

Application Center Monthly Contact

Valerie McManus, AC Program Manager

4/17/2024

- Trusted User Do and Don'ts Refresher
- Listing Minors as Primary Contact
- Resetting SSP PIN Number
- Application Signatures
- Reminders
- Q&A

- Take applications
- Assist applicants in completing the application
- Provide information and referrals
- Obtain required documentation to complete processing of the application
- Assure that the information contained on the application is complete and accurate
- Conduct necessary face-to-face interviews

- Refuse assistance to anyone applying for Medicaid, regardless of circumstances
- Make a determination of eligibility or ineligibility or evaluate the information received.
- Use the information obtained during the Medicaid Application interview for any purpose other than determining Medicaid eligibility.
- Screen applicants for Medicaid benefits
- Solicit Medicaid applications in the pursuit of unpaid claims

- Please ensure that accurate details are provided on applications. An adult should always be listed as the primary contact person, even if a child is the only applicant.
- If a child is listed as the primary contact, an unnecessary case could be created and cause issues with the household member linkage.

Resetting SSP PIN Number

CURRENT PIN NUMBER

Update your PIN in the field below. Keep in mind that you will need your PIN when electronically signing anything you submit to LDH. So it's a good idea to write this down and keep it in a safe place.

* PIN: PIN must be 6 numbers long and can only contain numeric characters (0-9).

APPLICATION CENTER LINKING INFORMATION

* Do you have a Trusted User ID?

Your Trusted User ID was emailed to you if you already completed your training. You do not have to provide a Trusted user ID to create an account, but you are required to have one to link an account to your Application Center information.

To associate your account with the Application Center(s) you work for, enter your Last Name, Date of Birth, and the Trusted User ID that was provided to you during enrollment.

* Last Name:

* Date of Birth:

* Trusted User ID:

- Log into your account on the Self-Service Partner Portal
- Select “Manage My Account” under My Application Center
- Clear out the current pin number and enter a new 6 digit pin number
- Under Application Center Linking Information, answer “Yes” to the question, “Do you have a Trusted User ID?”
- Next, enter your last name, date of birth, and Trusted User ID. Then, click on “Update Account” at the bottom of the screen and you will receive a message indicating that your account was updated successfully.

Application Signatures

ELECTRONIC SIGNATURE

I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge, including the information I have given regarding the U.S. citizenship or immigration status of all household members. I understand that I and any adult household member will be subject to disqualification and prosecution and will be required to repay ineligible benefits or services if we knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain health care assistance. By signing this application, I give permission for the release of information to the Louisiana Department of Health by any persons or agencies who have knowledge of my circumstances.

* Are you a LDH employee, or are you related to a LDH employee? Yes No

*Please check this box to let us know that you have read your rights and responsibilities

*Please check this box to let us know that you have read the "Electronic Signature Agreement".

* Please select the correct description of the person signing this application:

I am the applicant signing for myself

I am signing on the applicant's behalf

* First Name:

* Last Name:

* User PIN:

- When signing applications, select the option that says, “I am the applicant signing for myself” and sign the applicants name.
- Enter the applicant’s first and last name and enter your User Pin on the application.
- The option that says, “I am signing on the applicant’s behalf” should be selected only if the applicant is deceased or incapacitated.

- AC Resource Library – Check it DAILY
- Ensure you log into the PARTNER portal and not the Public or Provider portal.
- Adhere to Medicaid guidelines
- Trusted Users must conduct Face-to-Face interviews
- For issues with newborns, email NEU@la.gov
- EMS
 - Submit medical records immediately upon receiving the denial due to non-citizenship. They should be sent to the EMS Rightfax (225) 389-2748 (Local) or (877) 747-0996 (Toll-free).
 - For aged EMS claims, email the EMS Aged Claims Status Request form (on the AC Resource Library) to MEDT-EMS@la.gov.
- AC meeting attendance is required and participation is encouraged.

Code 155 Denials

- Individuals with Emergency Services limitations on their benefits require a medical review by Medicaid's Medical Eligibility Determination Team (MEDT).
- Fax medical records for the EMS date of service to **(225) 389-2748 Local or (877) 747-0996 Toll-free**. Medicaid will not pay for non-emergent medical services rendered to EMS individuals.

- The only records that should be faxed to the EMS fax numbers are the ones pertaining to EMS-related certifications that are still open due to COVID.
- The number is not for new applications.
- Verifications for new applications should still be faxed to the LaCHIP Rightfax number, 1-877-523-2987.

Application Centers (AC)

- ApplicationCenter.Service@la.gov
- (225) 342 – 6312
- Valerie McManus

Medical Eligibility Determinations Team (MEDT)

- MEDT@la.gov
- Angel Wilson Jolivette

Newborn Eligibility Unit (NEU)

- NEU@la.gov
- Kiarah Dugas

Medicaid Outreach

- MedicaidOutreach@la.gov

Optional State Supplement (OSS)

- OSS@la.gov
- (225) 342 – 1646
- Paige Logan

Outstation

- Outstation@la.gov
- (225) 342 – 1646
- Paige Logan

Healthy Louisiana

1-855-229-6848

Louisiana Medicaid Customer Service

1-888-342-6207

Questions



THANK YOU

