

Application Center Monthly Contact

Presented by:
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June 18, 2025

- Application Signatures
- Application Center Information Updates
- Reporting a Change (Case Changes)
- Refugee Medical Assistance Changes
- Out of State Addresses
- Train Your Brain
- Reminders

- When signing applications, Trusted Users should select, “I am the applicant signing for myself” and input the applicant’s name in the space indicated.
- If the applicant is deceased or incapacitated with no one to act on their behalf, the Trusted User can select, “I am signing on the applicant’s behalf” and input the name of the Trusted User. (AC Handbook page 15- “Required Signatures”)
- If the applicant is unable to sign on their own, please submit a Clearance form explaining the situation.

- A link will be added to the AC Resource Library soon that will allow Application Center Managers and administration to report necessary changes regarding their satellite location; such as, address, phone number, contact person. An announcement will be made when the link is ready.
- Trusted Users can continue to update their profile under the “Partner” tab of the Self Service Portal.

- If former employees need to be unlinked, please send an email to ApplicationCenter.Service@la.gov and I will process the change on my end.

Reporting a Change

- Trusted Users are able to assist members in reporting changes by selecting the “Report a Change” option on the My Application Center screen.
- The primary contact’s last name, date of birth, and SSN, Medicaid card number or Medicare Claim number are required to search for the appropriate case.

My Application Center



APPLICATIONS

Start new applications, finish incomplete applications, or review your submitted applications.



REPORT A CHANGE

Provide case credentials and submit a change report.

Report a Change

START A CHANGE REPORT - CASE CREDENTIALS

To submit a change report, you must provide the case credentials below. Enter the Last Name and Date of Birth of the Primary Contact on the case and enter the Nine-Digit SSN of the Primary Contact or Medicaid Card Number or Medicare Claim Number of any individual on the case. [Click here to see example pictures to help you locate your card numbers.](#)

* Primary Contact Last Name:

* Primary Contact Date of Birth:

* Please choose one of the following to provide: - -

SEARCH FOR CASE(S)

Reporting a Change (cont.)

- After the appropriate case is found, select “Start change” under the “Submit a Change Report” section.



CASE STATUS	CASE NUMBER	PRIMARY CONTACT	HOUSEHOLD MEMBERS	ADDRESS	CHANGE
Open					Start change

- Here are the changes that can be reported using a Change Report:

New Address/Changed Phone Number/Change your preferred spoken or written language	Someone needs a new Medicaid card	Someone moved into your home	Someone is incarcerated
Someone moved to a facility or is planning to move to a facility in the next 30 days	Someone is no longer part of your household because they moved out	Someone is deceased	Change in someone's name, SSN, marital status, or change in requesting health coverage benefits.



- Refugee Medical Assistance (RMA) is a short-term, federally funded program designed to ensure that refugees receive the medical care they need while they make the transition to life in the United States.
- In accordance with the Office of Refugee Resettlement (ORR) regulations, RMA has been reduced from 12-months to 4-months and will allow requests for retro coverage of up to 3 months prior to app date. Individuals will receive a reminder notice with the Ways to Apply notice 2 months before the RMA benefit period ends.

- In March, Louisiana Medicaid partnered with the Office of Motor Vehicles to run a search to verify residency for Medicaid members.
- If search results showed an out-of-state address, the member was mailed a letter giving them advance notice to contact Medicaid if they were still a Louisiana resident. If no contact was made, the Louisiana Medicaid benefits ended.
- This will be done on twice a year to identify Medicaid beneficiaries who may no longer be a resident of Louisiana.

Train Your Brain



Application Centers should keep copies of completed and signed Medicaid applications.

False

Trusted Users are prohibited from submitting applications for close friends or family members.

True

Refer the applicant to another site or to Customer Service at 888-342-6207 to apply by telephone.

Information obtained during the Medicaid application interview may be used for the specific purpose of assisting the applicant apply for Medicaid.

True

Question 4

The applicant's answers must be recorded on the application as given.

True

Use the Clearance form to document any inconsistent or questionable responses.

Question 5

Medicaid randomly samples applications. Ninety percent (90%) of the applicants sampled must indicate that the applicant requested the application and that the interviews occurred in person.

False

100% of the sample size must indicate that the applicant requested the application and that it was completed in person.

- 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 Meetings are conducted on your behalf. 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.
- 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
- Paige Logan

Outstation

- Outstation@la.gov
- Paige Logan

Healthy Louisiana

1-855-229-6848

Louisiana Medicaid

Customer Service

1-888-342-6207

Questions



THANK YOU

