

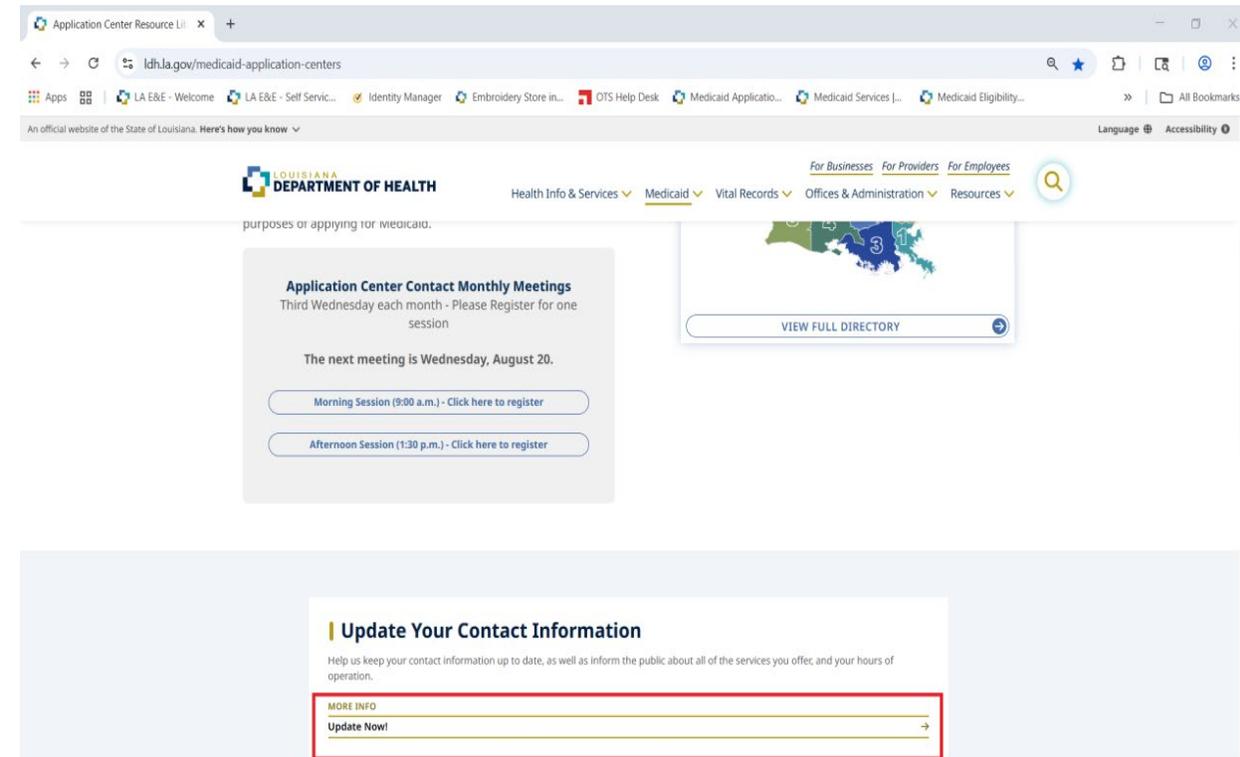
# Application Center Monthly Contact

Presented by:  
Valerie McManus, AC Program Manager  
April Walker and Catherine Berry, Trainers  
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- **Contact Information Update Form**
- **Out of State Addresses**
- **Application Signatures**
- **Reminders**

# Contact Information Update Form

- There was a recent addition to the homepage of the AC Resource Library homepage titled, “Update Your Contact Information.”
- By clicking on the “Update Now!” hyperlink, under the “Update Your Contact Information” section, interested parties can request contact information updates for their facility and request information on how to become an application center.
- AC Managers are responsible for making any phone number, address, or contact changes on the Self-Service Partner Portal and the Contact Information Update Form.



# Contact Information Update Form (cont.)

## Application Center Information

- \*  
 I am interested in becoming an application center, please contact me.  
 I am updating details of a current application center.

Contact Person \*

Contact Phone \*

Contact Email \*

Name of Business \*

Who will you assist? \*

- We will assist members of the public with their Medicaid application.  
 We will only assist our clients with their Medicaid application.

Hours of Operation

Description of Business

Services Available

- 24-hour Residential Services  
 Adult Brain Injury  
 Adult Day Health Care  
 Ambulatory Surgery  
 Audiology  
 Beauticians  
 Behavioral Health  
 Birth Certificates  
 Birth Control  
 Cardiology  
 Care Coordination  
 Case Management

- If former employees need to be unlinked from your satellite location, please send an email to [ApplicationCenter.Service@la.gov](mailto:ApplicationCenter.Service@la.gov) and I will unlink them as soon as possible.
- This clip displays the Application Center Information Form. The Application Center Manager can feel free to complete it for any satellite location that requires updates.
- All fields with an asterisk are required.
- Application Center details can be viewed on the homepage of the AC Resource Library using the map feature, where you can view the full directory or search for ACs in your region.

- 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 quarterly to identify Medicaid beneficiaries who may no longer be a resident of Louisiana.
- Due to the Office of Motor Vehicles reporting Medicaid beneficiaries having an out-of-state driver's license, self-attestation is not an acceptable verification source.

- Primary acceptable verifications include:
  - Copy of a valid non-expired Louisiana driver's license/ID card issued on or after the Request for Information letter issue date.
  - Copy of current mortgage, lease or rental agreement along with proof of payment within the last 30 days. The mortgage, lease, or rental agreement must identify the residential address located in Louisiana and the name of the beneficiary must appear on the document.
  - Copy of utility bill (gas/water/electricity) issued within the last 30 days. The utility bill must identify the residential address located in Louisiana and the name of the beneficiary must appear on the document.
  - Copy of a recent pay stub issued within the last 30 days that identifies the residential address located in Louisiana and the name of the beneficiary must appear on the document.

- If a person does not have a primary acceptable verification, a secondary acceptable verification will be required.
- Secondary acceptable verifications include:
  - A written statement from a third party/collateral source such as the beneficiary's landlord, neighbor, or relative.
  - The written statement must include the third party/collateral source's name, how the source knows the beneficiary (relationship), the source's mailing address, the source's phone number, and source's statement confirming beneficiary's physical/residence address and source's signature.

- 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.

# Sample Application Signature

## 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:

Monica

\* Last Name:

Stephens

\* User PIN:

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

## Medical Eligibility Determinations Team (MEDT)

- [MEDT@la.gov](mailto:MEDT@la.gov)
- Angel Wilson Jolivette

## Newborn Eligibility Unit (NEU)

- [NEU@la.gov](mailto:NEU@la.gov)
- Kiarah Dugas

## Medicaid Outreach

- [MedicaidOutreach@la.gov](mailto:MedicaidOutreach@la.gov)

## Optional State Supplement (OSS)

- [OSS@la.gov](mailto:OSS@la.gov)
- Paige Logan

## Outstation

- [Outstation@la.gov](mailto:Outstation@la.gov)
- Paige Logan

**Healthy Louisiana**

1-855-229-6848

**Louisiana Medicaid**

**Customer Service**

1-888-342-6207

# Questions



**THANK YOU**

