

Application Center Monthly Contact

Presented by:
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September 17, 2025

- **Ways to Request Medicaid Closure**
- **Denial Reason on Decision Letters**
- **Medicaid Application Review**
 - **Renewals**
 - **Living Arrangement**
 - **Ordering a Replacement Medicaid card in the Partner Portal**
- **AR Designation**
- **Reminders**

- Louisiana Medicaid has simplified the process for Medicaid members to close their coverage. A new website, www.ldh.la.gov/close-your-medicaid, outlines the ways to request closure and the information necessary to make the request.
- When Medicaid members have changes in their circumstances, they may no longer need or qualify for Medicaid. Examples may include changes to their household size or income, gaining other health coverage or moving to a different state.

- Members can complete their request for closure online, through Medicaid's Self-Service Portal in four easy steps. They can also make the request by phone, in-person at a regional Medicaid office, or by submitting a letter or one-page form by mail, fax or email.
- Once the request is made, a Medicaid analyst will review and process the request. Members will be sent a letter to let them know when their coverage ends.

- During the August meeting, it was mentioned that the denial reason is not listed on some of the decision letters. This matter is being researched. Please assist by sending sample letters to the AC Program Account at ApplicationCenter.Service@la.gov.

1.) Renewals – Application centers do not have an option for renewal in the Partner portal, so is it best to call in for the clients that come to the center for renewals or generate a new application?

Solution: There is no renewal option in the Partner portal at this time, but if a person is within 60 days of their renewal, an application can be processed as their renewal. However, phone renewals are still an option.

2.) Living Arrangement – The application does not include an option for people who are homeless, so we have to choose ‘In Home,’ which requires us to enter an address. What’s the best way to handle this situation?

Solution: In the physical address section, use the last residential address. For the mailing address section, use the address of the local post office. The Homeless Address Table can be found in the forms section of the AC Resource Library.

3.) Ordering a Replacement Medicaid in the Partner Portal –
Is there a way for trusted users to order replacement
Medicaid cards for clients.

Solution: Yes, under the “Report a Change” section, select the option that says, “Someone needs a new Medicaid card.” The change will be processed by a Medicaid caseworker who will order the Medicaid card for the client. The client should receive their card in 10-14 business days.

- You may refer to the June 18, 2025 for a refresher on completing Case Changes.
- If a client needs a new health plan card, they should contact their plan to request it.

- When a case is closed, the Authorized Representative (AR) designation is also terminated.
- If an individual reapplies and wishes to designate the same AR as before, that person's name must be included on the new application.
- Applicants always have the option to choose a different AR if they prefer.
- You can find more details about our Authorized Representative Policy in the Louisiana Medicaid Eligibility Manual, section R-0000.

R-0000 AUTHORIZED REPRESENTATIVE (AR)

R-100 GENERAL INFORMATION

The authority to act as an AR remains valid until one of the following occurs:

- The applicant or beneficiary, or a person with legal authority, notifies the agency to cancel the designation;
- The AR notifies the agency that they are no longer acting as representative;
- There is a change in the applicant's or beneficiary's legal authority;
- The agency has made a determination to deny or terminate coverage, and the appeal period has ended;
- The agency issues a final order disqualifying the representative; or
- The representative dies.

- 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

Outstation

- Outstation@la.gov

Healthy Louisiana
1-855-229-6848

**Louisiana Medicaid
Customer Service**
1-888-342-6207

Contact Information (cont.)

Aetna Better Health

- 1-855-242-0802

AmeriHealth Caritas Louisiana

- 1-888-756-0004

Healthy Blue

- 1-844-521-6941

Humana Healthy Horizons in LA

- 1-800-448-3810

Louisiana Healthcare Connections

- 1-866-595-8133

United Healthcare Community Plan

- 1-866-675-1607

Questions



THANK YOU

