

Application Center Monthly Contact

January 20, 2021

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Agenda Items

- **DOA Registration**
- **COVID-19 – Public Health Emergency**
- **Purpose of Change Requests**
- **Demonstration- Completing Change Requests**
- **Reminders**

DOA Registration

- Each Application Center satellite location need to be registered in the LaGov Supplier Portal; however, this is not the only step in the DOA Registration process. OSRAP will also need an IRS W-9 and ISIS EFT form for each location. These forms are available on the AC Resource Library as well as the Office of Statewide Reporting and Accounting Policy (OSRAP)'s webpage <https://www.doa.la.gov/Pages/osrap/IndexOLD2.aspx> .
- The completed EFT Form should be faxed to 225-342-0964 and the completed W-9 form should be faxed to 225-342-0960 or emailed at DOA-OSRAP-LAGOV@la.gov.

DOA Registration (continued)

- If you registered with DOA in the past, you will need to ensure that DOA has accurate contact and banking information. Please contact DOA at 225-342-6356 for assistance with resolving conflicts such as duplicate registrations.

COVID 19- Public Health Emergency

- The COVID 19- Public Health Emergency is still in effect. Face-to-Face applications are still a requirement. If your facility is unable to complete Face-to-Face applications for any reason, please refer the applicant to the Louisiana Medicaid Customer Service Unit (CSU) at 1-888-342-6207.
- CSU's hours of operation are 8:00am-4:30pm Monday through Friday.

Purpose of Change Requests

- Change requests are used to report changes to case information or request closure of a recipient's case. They can be submitted by Outstation Analysts, Customer Service employees, or Medicaid recipients in the Public Portal.
- Change requests are used for several reasons. In fact, there are 16 types of change reports which include report of pregnancy, address change, incarceration, new health insurance, change in income, change in living situation, changes in expenses, disability, card replacement request, retroactive coverage request and report of death.

TYPES OF CHANGES TO REPORT

* Please check the boxes for all of the changes you want to report. **Please call 1-855-229-6848 to request a change to your Health Plan.**

You moved, or get your mail at a new address, changed your phone number, or want to change your preferred spoken or written language

You want to change, add, or remove an Authorized Representative

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 (nursing facility, developmental center, group home, etc.)

Someone is deceased

Someone is no longer a part of your household because they moved out

Change in someone's name, SSN, marital status, or change in requesting health coverage benefits

Someone became disabled or someone's disability ended

Someone became pregnant or someone's pregnancy ended

Someone had a change in employment income (a job ended, a new job started, or wages changed) or another type of income (unemployment, child support, SSI, etc.)

Someone had a change in expenses

Someone had a change in resources or someone sold, transferred, or gave away a resource

Someone has new health coverage

Someone needs a new Medicaid card

Someone needs to request coverage for medical bills received in the 3 months before they started receiving health benefits

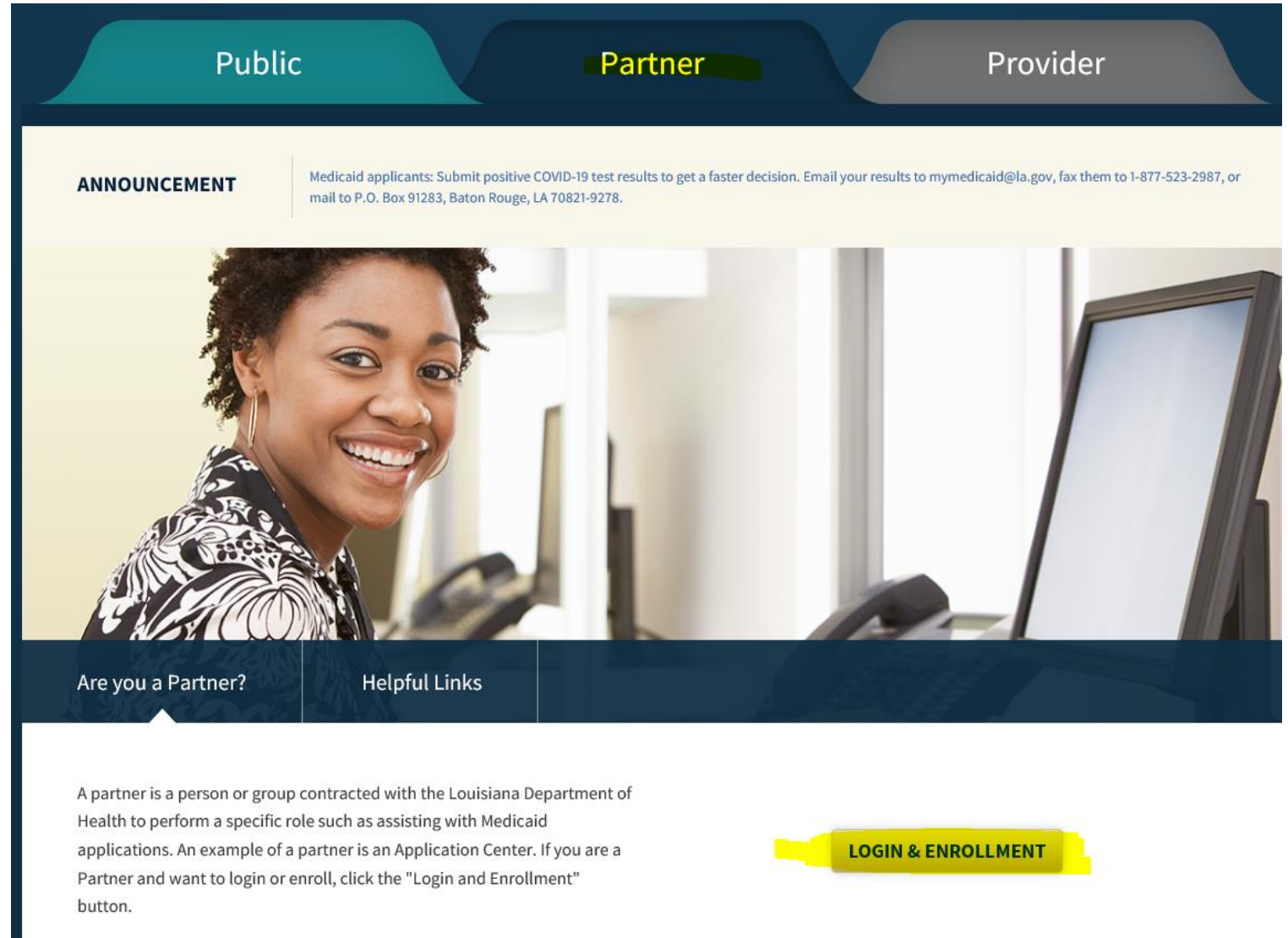
Live Demonstration: How to complete a change request

Reminders

Check the AC Resource Library daily.

- Make it a habit to access useful links from the Library.
- Review the updates and announcements

- Ensure you are in the Partner Portal
 - Click on the word partner; and
 - Use the LOGIN & Enrollment option at the bottom of the page.
- Make sure you select your AC satellite location prior to starting an application to ensure that the appropriate facility is reimbursed.
- Managers must ensure the Partner Portal is updated as items change.
 - Contact Info;
 - Remittance Advice, etc



The screenshot shows the Partner Portal interface. At the top, there are three tabs: 'Public', 'Partner' (which is highlighted in yellow), and 'Provider'. Below the tabs is an 'ANNOUNCEMENT' section with the text: 'Medicaid applicants: Submit positive COVID-19 test results to get a faster decision. Email your results to mymedicaid@la.gov, fax them to 1-877-523-2987, or mail to P.O. Box 91283, Baton Rouge, LA 70821-9278.' Below the announcement is a large image of a smiling woman in an office setting. At the bottom of the page, there are two buttons: 'Are you a Partner?' and 'Helpful Links'. A yellow button labeled 'LOGIN & ENROLLMENT' is positioned at the bottom right of the page.

If disability is alleged:

- Complete and upload/fax situational forms as required.
- Upload/fax medical bills
 - Month of application
 - Up to 3 months prior
- Upload/fax medical records

- Emergency Medical Services (EMS) during the Public Health Emergency (PHE):
 - Citizenship is a requirement of Medicaid. While pregnant and qualified non-citizens may qualify for LaCHIP phase IV, non-citizens are typically only eligible for EMS.
 - Normally EMS certs are open /closed
 - Until the PHE ends, however, the EMS certs remain open.
 - Claims submitted are sent by manual file to our MEDT manager for processing.
 - This file is extensive so it is taking longer than expected.
 - Send in bills and medical records for non-citizens who received emergency medical services at your facility.
 - Inquiries may be submitted to MEDT@la.gov

Health Benefit Plan Coverage

| Benefit | Service Type Code | Insurance T |
|---------------------|------------------------------|-------------|
| Active Coverage | Health Benefit Plan Coverage | Medicaid |
| Deductible | Health Benefit Plan Coverage | Medicaid |
| Deductible | Health Benefit Plan Coverage | Medicaid |
| Limitations | Emergency Services | Medicaid |
| Benefit Description | Health Benefit Plan Coverage | Medicaid |
| Active Coverage | | Medicaid |
| Co-Insurance | | Medicaid |
| Co-Payment | | Medicaid |

We will be conducting cold-calls to applicants when deemed necessary in order to:

- confirm that the interview occurred in person; and/or
- verify whether the responses were as the applicant provided; and/or
- ensure the rights and responsibilities were read, etc.

Application Center Monthly Zoom Meetings:

- Third Wednesday of each month
- Registration required
 - Links will be posted on the AC Resource Library by the Monday before
 - Each session will require registration.
 - Invites will no longer be emailed.
 - The PowerPoint presentations used in previous contact meetings can be located in the Application Center Forms library under the heading “Application Center Monthly Contact Presentations”.

CONTACT INFO

EPO Programs

Application Center Program Monitor

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Medicaid Eligibility Determinations Manager

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 - (225) 219 - 7873

Newborn Eligibility Program Monitor

- Shauna Meche
 - NEU@la.gov
 - 337-447-4145

Optional State Supplement Program Manager

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

Medicaid Outreach Program Manager

- Paige Logan
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Outstation Program Manager

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Eligibility Programs Team Manager

- Kathryn “Kate” Loechelt
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 - (225) 219 – 0912

Questions

