

Application Center Monthly Contact

July 21, 2021

Valerie McManus: Application Center Program Monitor

Zoom Name Display

- Full name should be displayed
- To update your login name
 - Right click on your login
 - Click rename
 - Click ok to save

Agenda Items

- AC Resource Library Updates
- Demonstrations-
 - AC Resource Library Navigation
 - New Online Application Training
- Application Signatures
- Reminders

AC Resource Library Updates

- Training Tab added
- Online Application Training

Demonstrations

- AC Resource Library Navigation
- How to locate the Online Application Training

Online 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".
- Enter the applicant's first and last name and enter your User Pin number on the application.

← PREVIOUS

SAVE & EXIT

SUBMIT →

Reminders

- AC Resource Library – Check it regularly
- Ensure you are in the PARTNER portal
- Follow Medicaid guidelines
- For issues with newborns send email to NEU@la.gov
- EMS
 - Submit medical bills and records immediately upon denial due to non-citizenship.
 - For aged EMS claims, email MEDT@la.gov and cc Kathryn.Loechelt@la.gov
- AC Meetings are conducted the third Wednesday of each month at 9:00am and 1:30pm. The same information is discussed at both meetings. Please register for the meeting of your choice on the AC Resource Library.

Application Centers (AC)

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

Medical Eligibility Determinations Team (MEDT)

- MEDT@la.gov
- (225) 219 – 7873
- Miranda Winters

• Newborn Eligibility Unit (NEU)

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

Optional State Supplement (OSS)

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

Outstation

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

Medicaid Outreach

- MedicaidOutreach@la.gov

EPO Programs Manager

- Kathryn.Loehelt@la.gov
- (225) 219 – 0912

Questions

