

# **Application Center Monthly Contact**

**June 16, 2021**

**Valerie McManus: Application Center Program Monitor**

# Agenda Items

- AC-7 RightFAX Cover and Transmittal Log
- Zoom Name Display
- Importance of Accuracy on Applications
- Newborn in a Facility
- Updates
- Reminders

## RightFAX Cover and Transmittal Log

This fillable form **MUST** accompany all documents regardless of whether submitted by fax, mail, or in-person.

To: Louisiana Department of Health/Medicaid Fax Number: (877) 523 – 2987

Pages (including cover):  MEDICAL RECORDS attached (Y or N):

### DATES:

Initial Contact Date:	<input type="text"/>
Interview Date:	<input type="text"/>
Transmittal Date:	<input type="text"/>

### APPLICATION CENTER (AC) INFORMATION:

AC Satellite Location Name:	<input type="text"/>
AC Satellite Location ID Number:	<input type="text"/>

### AC TRUSTED USER (TU) INFORMATION:

AC Trusted User Printed Name:	<input type="text"/>
AC Trusted User ID Number:	<input type="text"/>
AC Trusted User Phone Number:	<input type="text"/>
AC Trusted User Email Address:	<input type="text"/>

### APPLICATION INFORMATION: (Please enter all information available)

Applicant Name:	<input type="text"/>
Applicant Date of Birth:	<input type="text"/>
Applicant Social Security Number:	<input type="text"/>
Application ID Number:	<input type="text"/>
Case ID Number:	<input type="text"/>

### TRUSTED USER ACKNOWLEDGEMENT: (REQUIRED FOR PAPER APPLICATION/RENEWAL SUBMISSION)

By signing below, you certify that you have complied with the requirements set forth in the Application Center Handbook.

\_\_\_\_\_  
Trusted User Signature

Date(mm/dd/yyyy)

### NOTES:

<input type="text"/>
<input type="text"/>
<input type="text"/>

# AC-7 Right Fax Cover - Updates

- Include when submitting documents by any means other than SSP upload
- One form per application
- Complete all fields if possible
- **NEW REQUIRED FIELD:** Trusted User Acknowledgment

# Zoom Name Display

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

# Importance of Accuracy on Applications

- Ensure accuracy to avoid
  - Systems issues
  - Processing delays
  - Denial of reimbursement
- Use documents and verifications when available
- Face to Face interviews are required
  - Ask the questions
  - Record the answers
  - Do not use other resources to complete the application
- Summary sections should be reviewed with applicant

# Reminder

- Verifications may be requested but not required
- Do not deny anyone the opportunity to apply due to not having a SSN.

# Newborn in a Facility

- If a newborn remains hospitalized for more than 30 days, submit an application
- Living Arrangement: Indicate residence in a medical facility

Start People Health Coverage Income Expenses Resources Submit

Application Number # 202145153

## People In Your Home

You have told us that there is another person in your home. Please provide more information about this person.

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### PERSONAL INFORMATION

Please enter your name exactly as it appears on your Social Security card or birth certificate.

\* First Name:  Middle Name:  \* Last Name:  Suffix:

Maiden Name:

\* Sex:  Male  Female

\* Date of Birth:

Marital Status:

\* Is this person requesting health coverage?

**We need your Social Security Number if you want health coverage and have an SSN.** Providing your SSN can be helpful even if you don't want health coverage, and can speed up the application process. We need your Social Security Number to check income and other information to see who's eligible for help with health coverage costs. If someone does not have an SSN and wants help getting one, call 1-800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov). TTY users should call 1-800-325-0778.

Social Security Number:  -  -

\* If you did not provide a Social Security Number (SSN), have you applied for one?

### LIVING ARRANGEMENT

\* What is this person's living arrangement?

## More About Living Facility — Catness [04/01/2021]

You have told us that Catness either lives in or will be moved in the next 30 days to a:

- Nursing facility
- Developmental center
- Group home

Please provide more information about Catness's living facility.

### FACILITY DETAILS

Facility Name:

Address:

Apt., Suite, etc.:

City:  State:  Zip Code:

When did Catness enter the Medical facility?  End/Discharge Date:

Is Catness expected to stay in the Medical facility for at least 30 days?

If Catness has a patient fund account at this facility, what is the amount in the account? \$

# Newborn in a Facility

- Residence in a facility for more than 30 days indicates institutionalization
- Eligibility rules may change
- Facility details are required



# Updates

- For non-citizens EMS reviews, please submit
  - progress notes, and
  - Discharge summary
- Update AC and Trusted User information as changes occur
- Training documents and reference sheets are in development.

# 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](mailto:NEU@la.gov)
- EMS
  - Submit medical bills and records immediately upon denial due to non-citizenship.
  - For aged EMS claims, email [MEDT@la.gov](mailto:MEDT@la.gov) and cc [Kathryn.Loechelt@la.gov](mailto: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](mailto:ApplicationCenter.Service@la.gov)
- (225) 342 – 6312
- Valerie McManus

## Medical Eligibility Determinations Team (MEDT)

- [MEDT@la.gov](mailto:MEDT@la.gov)
- (225) 219 – 7873
- Miranda Winters

## • Newborn Eligibility Unit (NEU)

- [NEU@la.gov](mailto:NEU@la.gov)
- 337-447-4145

## Optional State Supplement (OSS)

- [OSS@la.gov](mailto:OSS@la.gov)
- (225) 342 – 1646
- Paige Logan

## Outstation

- [Outstation@la.gov](mailto:Outstation@la.gov)
- (225) 342 – 1646
- Paige Logan

## Medicaid Outreach

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

## EPO Programs Manager

- [Kathryn.Loechelt@la.gov](mailto:Kathryn.Loechelt@la.gov)
- (225) 219 – 0912

# Questions

