# How to Renew Your Medicaid or LaCHIP Coverage Online

A Medicaid Guide for the Online Self-Service Portal

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# Contents

Introduction	2
Section 1 – General Information about the Medicaid Renewal	3
Section 2 – How to Set Up an Account and Log into the Self-Service Portal	4
Subsection 2.1 – How to Set up an Account in the Self-Service Portal	4
Subsection 2.2 – How to Log into the Self-Service Portal	6
Subsection 2.3 – How to Link your Medicaid Case to Your Self-Service Portal Account	8
Section 3 – How to Renew your Medicaid Benefits in the Self-Service Portal	10
Subsection 3.1 – How to Start Your Renewal	11
Subsection 3.2 – How to Review and Update Your Information	12
Subsection 3.3 – About the Sign and Submit Screen	17
About Asset Verification	18
What to Expect After You Submit Your Renewal	

## Introduction

In general, all Medicaid members must renew their coverage every year. This includes people who live in a nursing facility and people who receive Home and Community Based Services.

In this guide, we will take you through the process of renewing Medicaid online through the Self-Service Portal at <u>https://MyMedicaid.la.gov</u>.

#### Renewing online is the fastest way to renew your coverage!

### Icon Used Throughout the Guide.

The following icon is used throughout this guide.

lcon	Description
LTC	Long-Term Care Tip! This icon is used to introduce a tip that is specific to people who get long-term care services through Louisiana Medicaid. This includes people who live in a nursing facility or group home, and people who live in their own home and get Home and Community Based Services (HCBS).

# Section 1 – General Information about the Medicaid Renewal

When it is time to renew, Medicaid will send you a renewal packet. If you receive a renewal packet from the Louisiana Department of Health that says "**Renewal Letter**," you **must contact Louisiana Medicaid to renew**. If you do not contact Medicaid by the date in the letter, <u>you will</u> <u>lose your coverage</u>.

There are four ways to renew. The fastest way to renew is online.

- 1. Renew online at www.healthy.la.gov.
  - Log into your account and choose "Renew my Coverage."
  - Haven't created an online account yet? Use the same link to create an account. You'll need your Medicaid card number to create an account.
- 2. Renew over the telephone by calling toll-free at 1-888-342-6207.
- 3. Fill out and return the attached renewal packet
  - U.S. Mail:
    - Louisiana Medicaid/LaCHIP, P.O. Box 91283, Baton Rouge, LA 70821-9278
  - Email: <u>MyMedicaid@la.gov</u>
  - Fax: 1-877-523-2987
- 4. Renew in person at the Medicaid office of your choice.

# Section 2 – How to Set Up an Account and Log into the Self-Service Portal

Using the online Self-Service Portal (SSP) is the fastest way to renew your Medicaid coverage. To do this, you will need to create an account.

# Subsection 2.1 – How to Set up an Account in the Self-Service Portal

This section will guide you through the steps to create an account.

Go to <u>https://MyMedicaid.La.gov</u> on your computer, mobile device or smartphone. If you already have an account, skip ahead to **Subsection 2.2**. The picture on your screen may be different from the one shown below.

Make sure you are on the **Public** tab shown below. Click on the link labeled **Login & Create Account**.



You will then see the Login or Create an Account screen.

Follow the steps below.

1. On the Login or Create an Account screen you will see a section called Create an Account and a link called Click here to create an account. Click on the word here.



2. You will see the **Create an Account** screen.

**Step 1: Your Personal Information** – Enter your name and email address. You will need an email address and access to that email. If you want to create a free email account, there are links on the page to websites you can visit.

**Step 2: Account Credentials** – You will need to create your own user ID, password and a six-digit numerical PIN number. Be sure to save the user ID, password and PIN in a safe place. You will need them later. **Note:** DO NOT use your email address as your User ID. **Step 3: Security Check** – Enter the letters and numbers from the image on the screen to prove you are not a robot.

3. Click the Create Account button.

You will get an email from Medicaid asking you to click a link to finish creating your account. Click the link in the email to finish setting up your account.

From: Louisiana-Account-Notificat>
To: > Hide
[Action Required] Please Confirm
Your Email Address
Today at 10:59 AM
Hello
In order to complete the account creation process, please click the hyperlink below ("Confirm Your Email") to confirm that you have received this email.
After clicking this link you will be directed back to the Self Service Portal to log in with your User ID and password.
Confirm Your Email
This link will expire in 24 hours.
Details: Our records indicate that you have initiated the
creation of a State of Louisiana account with User ID on 03/28/2019 at 10:59:00.
Thank you,
Louisiana Access Service Technology

When you click on the link, you are brought to a page that verifies that your account was updated successfully.



#### Subsection 2.2 – How to Log into the Self-Service Portal

After you create an account, you can log in. Go to <u>https://MyMedicaid.La.gov</u> on your computer, mobile device or smartphone. Make sure you are on the **Public** tab. Click on **Login & Create Account**. The picture you see on your screen may be different from the one below.



Enter your User ID and Password, and then click **Login**. If you do not remember your User ID or Password, click the links that say, "I forgot my User ID" or "I forgot my Password."

LOGIN				
If you had a user ID a	nd password prior to No	vember 2018, you must crea	te an account to use our new system.	
* User ID:			I forgot my User ID	
* Password:			I forgot my Password	
Resend Confirmati	on Email			
Resend Confirmati	on Email			

#### Subsection 2.3 – How to Link your Medicaid Case to Your Self-Service Portal Account

Many features in the Self-Service Portal (SSP) are not available unless you link a Medicaid case to your SSP account. If you have already linked your Medicaid case to your SSP account, skip ahead to **Subsection 2.4** to start your renewal.

If you followed the steps in **Subsection 2.2**, you have logged into the SSP and should see the **My Account Home Page**. Click on **Manage My Account**.

	MY APPLICATIONS
ΕĒ	Fill out an application for health coverage, complete an application that you have already started and saved, or print a summary of an application you have submitted. You can also check the status of your submitted applications.
Q	CHECK MY BENEFITS View information about your health coverage case or health coverage.
ŧ	ORDER MEDICAID CARD Order a Louisiana Medicaid card for a member of your household. Please verify your mailing address is correct before ordering card(s). Card(s) should arrive in an estimated 7 – 10 days.
	REPORT MY CHANGE Report changes to your information online that may affect your benefits, complete a change report that you have already started and saved or print a summary of a change report you have submitted.
	RENEW MY BENEFITS Submit a renewal, complete a renewal that you have already started and saved, or print a summary of a renewal you have submitted. Click here for instructions on how to complete a renewal.
a	MY DOCUMENTS View your mail and upload information we need from you.

You will see the Manage My Account screen.

To link your Medicaid case, follow these steps:

 Scroll to the bottom of the screen to the section called Case Linking Information. For the question, "Would you like to link an existing case to your account," select "Yes" from the drop-down menu.



 Provide the last name and date of birth for the primary contact person. Then, choose whether you want to provide a Medicaid Card Number/CCN, Medicare Number, or Social Security Number. Enter the corresponding number. Then click Update Account.

CASE LINKING INFORMATION	
* Would you like to link an existing case to your ac	count? Yes
or Medicaid Card Number or Medicare Number / M	e and Date of Birth of the Primary Contact on the case and enter the Nine-Digit SSN of the Primary Contact ledicare Claim Number of any individual on the case. Your Medicaid card number is on the front of your ledicaid card. If you do not have your Medicaid card, you will need to call Medicaid to get that number. The
* Primary Contact Last Name:	
Primary Contact Date of Birth:	
<ul> <li>Please choose one of the following to provide:</li> </ul>	Social Security Number   Medicaid Card Number / CCN Medicare Number / Medicare Claim Number Social Security Number
	« PREVIOUS UPDATE ACCOUNT »

**Note:** Your **Medicaid Card Number/CCN** is on the front of your Healthy Louisiana card.



After clicking on **Update Account** you will see a screen that verifies that your account was updated.

ACCOUNT UPD	TED SUCCESSFULLY			
Your account has b account.	een successfully updated. Pleas	e click on the "Next" b	outton at the bottom of	the page to return to your

You have now linked your Medicaid case to your SSP account.

# Section 3 – How to Renew your Medicaid Benefits in the Self-Service Portal

#### These are a few things to remember about your renewal:

- If you are unable to finish the renewal now, you may save the information you enter and finish your renewal later.
- You can view renewals that you have submitted through the Self-Service Portal from the past five years.

#### Subsection 3.1 – How to Start Your Renewal

After you completed the steps in **Subsection 2.2 Logging In**, you should be on a page called **My Account Home Page**. Click on **Renew My Benefits**.



On the **Renew My Benefits** screen, you will see a section called **Submit a Renewal**. This section will list all cases that are due for renewal. If no cases show up here, you have no cases up for renewal.

SUBMIT A RENEW	AL				Ν
CASE STATUS	CASE NUMBER	PRIMARY CONTACT	HOUSEHOLD MEMBERS	ADDRESS	RENEW
Open					Start renewal

Click on **Start Renewal** next to the case whose renewal you want to complete.

After you click **Start Renewal**, the next screen will show you the information you need to submit the renewal, how to complete the renewal, and who should be included on your renewal. Review this information and click "**Next**" at the bottom of the screen.

**Note:** Not all household members may be up for renewal at the same time.

The next page shows the screen called **Renew my Benefits**.

#### Subsection 3.2 – How to Review and Update Your Information

The Self-Service Portal (SSP) renewal displays information that you provided to Medicaid. On each summary screen, you have the option to accept, change or add information.

If you need to make an update, click the **Change** box, and you will see a screen that allows you to modify the information.

Go through each section of the renewal and review the information carefully. It is important that you make any changes necessary to update the information on your Medicaid case.

#### This is an example of when you would need to update information.

When Barbara applied for Medicaid last year, her household consisted of Barbara, her son Jim and her daughter Betty. Since that time, Barbara's adult son moved out of her home, and Barbara no longer claims him as a dependent on her taxes. Barbara should click the **Change** box so that she can report that her son no longer lives in the home.

ire is a summary of your cum	ent information. If you would like to change	r your information, click "Change"	
OUSEHOLD INFORMATI	ON		
PERSON	SOCIAL SECURITY NUMBER PROVIDED?	MARITAL STATUS	ACTION
Barbara	Yes	Single Never Married	Change
1 Jim	Yes	Single Never Married	Carge
Betty	Yes	Single Never Namled	Charge
NX INFORMATION	TAX INFORMATION		CTION
A Barbara	Does this person hav		ves ✓ No

On the other hand, if someone new has moved into the home, Barbara would select **yes** next to the **Add a New Person** question on the Household screen so that she can enter the new person's information.

• **People in Your Home** – On this screen answer the question in the section called **Living** Arrangement.





#### Long-Term Care Tip!

If someone is in a nursing home or group home, select those choices as the living arrangement. Most people who receive Home and Community Based Services will choose "In home" as the living arrangement.

• Additional Person Details – On this screen check the box next to each person who has a disability. If no one in the home has a disability, put a check next to "No one."

Additio	nal Persona	al Details			
<ul> <li>Mark all individual activities (like b)</li> </ul>		iores, etc.). If none of	f the individuals be	low are blind, disa	that causes limitations in or have a physical, mental or

• More about Disability – Under Disability Information click the drop-down and choose whether you are disabled, blind or have tuberculosis. Answer the question, "Does individual have another disability," and click Next.

You have	told us that Taylo (like bathing, dre	or is blind, has	a disability, has				lth condition that c	auses limitations in	n
DISABIL	ITY INFORMA	TION							
Select the	e type of conditio	n has:	Disabled		-				
ADD AN	OTHER								
Does	have another	disability?		Yes •	No				

More About Living Facility —
You have told us that 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 living facility.
FACILITY DETAILS
Facility Name:
Address:
Apt., Suite, etc.:
City: State:: Tip Code:
Admit Date: mm/dd/yyyy 🗰 End/Discharge Date: mm/dd/yyyy
If has a patient fund account at this facility, what is the amount in the account?

#### Subsection 3.3 – About the Sign and Submit Screen

After you have completed all sections of the renewal, you will be asked to sign your renewal electronically and submit it. If you do not complete this final step, your renewal will not be processed.

The **Sign and Submit** page has several sections, which are described below:

#### Renewal of Coverage in Future Years

Generally, Medicaid must review your case at least once each year to determine if you still qualify. You can give Medicaid permission to use electronic sources to try to renew coverage for future years. Even if you give Medicaid permission to use electronic sources, you may still need to provide information. Please make sure you always provide us with your correct mailing address.

#### **Privacy Option**

You have the option to make your case private so that it cannot be seen on the Self-Service Portal (SSP). If you check **yes** to make the case private, **you will not be able to use SSP features**. These features include checking the status of your application, reporting changes, completing a renewal and checking benefits.

#### **Rights and Responsibilities**

This section explains your rights and responsibilities as a Medicaid member. Please read this section carefully. It tells you what you agree to as a Medicaid member, as well as your responsibility to notify Medicaid if there are changes that may impact your Medicaid coverage.

#### **Voter Registration**

This section allows you to tell us if you want to register to vote. If you click **No**, Medicaid will not take any action. If you click **Yes**, Medicaid will send you a paper voter registration application in the mail. This section also has links you can click in order to register online or print a copy of a voter registration application.

Note: The choices you make about voter registration **<u>DO NOT</u>** affect your Medicaid eligibility.

#### **Electronic Signature**

The final step in completing your renewal is to provide an electronic signature. Provide an electronic signature by typing your first name, last name and your six-digit numerical PIN you gave when you created your account. If you do not have your PIN, call Medicaid Member Services at 1-888-342-6207.

Then click Submit.

You should see a screen verifying that your renewal was submitted. When your renewal is processed Medicaid will send a letter telling you if you still qualify.

#### **About Asset Verification**

Changes in federal regulations require Louisiana Medicaid to use an electronic system to verify assets of Medicaid applicants and members who get benefits based on age, disability or blindness. This applies to people who live in a nursing facility or get home and community based waiver services. Medicaid verifies assets during initial application, at renewal and any time a member reports a change. We look at assets like bank accounts, investments and property. Property can include things like land, houses, automobiles and recreational vehicles.

When an applicant signs a Medicaid application or renewal, they authorize Medicaid to electronically check for assets. If the applicant or member is married, the spouse must sign a form to authorize Medicaid to verify their assets. If an applicant is under 18 years of age and has a disability, a parent must sign a form to authorize Medicaid to verify their assets. If the form was not completed at the time of application, Medicaid will request the form during the next renewal.

If Medicaid needs a form signed, they will mail the form to the member or authorized representative. If the member signed up to get electronic notifications, the letter and form will be available in the Self-Service Portal. Members do not have to wait to get the form in the mail. They can print the form online and send it in. Visit the **Online Medicaid Forms** page at <a href="https://ldh.la.gov/assets/medicaid/MedicaidEligibilityForms/AVS.pdf">https://ldh.la.gov/assets/medicaid/MedicaidEligibilityForms/AVS.pdf</a>. There are instructions on the form about where to send the completed form. Uploading the form through the Self-Service Portal is the easiest and fastest way to submit it to Medicaid.

**Note:** Even though Medicaid checks assets electronically, they may still ask applicants and members to provide documents to verify what assets are worth.

#### What to Expect After You Submit Your Renewal

After you submit your renewal, watch your mail for letters from Medicaid. If Medicaid needs information, like proof of income, they will send a letter asking for it.

When Medicaid processes your renewal, they will send a letter telling you if you still qualify for benefits. If you opted to receive mail electronically, Medicaid will send an email letting you know there is a letter for you to view in the SSP.

**Note:** Be sure to save or print your electronic notices because they are only available in the SSP for 90 days.

