

How to Renew Your Medicaid or LaCHIP Coverage Online

A Medicaid Guide for the Online Self-Service Portal

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Introduction

In general, all Medicaid recipients must renew their coverage every year. This includes people who live in a nursing facility or receive home and community-based waiver services.

There are three ways to renew your Medicaid coverage:

1. Renew online at www.healthy.la.gov.
2. Call toll free at 1-888-342-6207 and renew over the phone.
3. Call toll free at 1-888-342-6207 and request a paper application that we will mail to the Medicaid recipient or authorized representative. You will need to fill out this form and send it back to us.

In this guide, we will take you through the process of renewing Medicaid online through the Self-Service Portal.

Renewing online is the fastest way to renew your coverage!

Section 1 – General Information about Medicaid Renewal

Subsection 1.1 – When do I renew my Medicaid coverage?

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

Your letter lists three ways to renew (see below). **The fastest way to renew is online.**

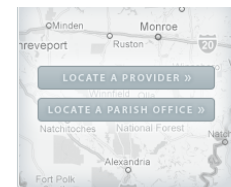


Subsection 1.2 – Where do I renew my Medicaid coverage online?

1. Go to www.healthy.la.gov on your computer or your mobile device or smart phone.
2. In the middle of the page, there is a blue box that reads **Apply/Renew Medicaid**. Click on this box. The screenshot on the next page shows you what your screen will look like.
3. Clicking the **Apply/Renew Medicaid** button will take you to the [Self-Service Portal](#) where you can renew your Medicaid coverage. It should take between 30 minutes to 60 minutes to complete the renewal.
4. You will need to have an account in order to renew your coverage online. The next section of this guide tells you how to set up an account.

How to respond to a Request for more Information from Medicaid

Medicaid will send you a letter when we need more information from you. We might need information to complete your application, or you may already be covered but we need more information to make sure you can keep your Medicaid. [Click here](#) for how to respond to a request for information from Medicaid.



ACTION CENTER

- [Report Fraud](#)
- [Get Application Assistance](#)
- [Medicaid Renewal](#)
- [Fluor](#)

Section 2 – How to Set up and Access Your Online Medicaid Account

Using the online Self-Service Portal is the fastest way to renew your Medicaid coverage. In order to do this, you will need to have an account.

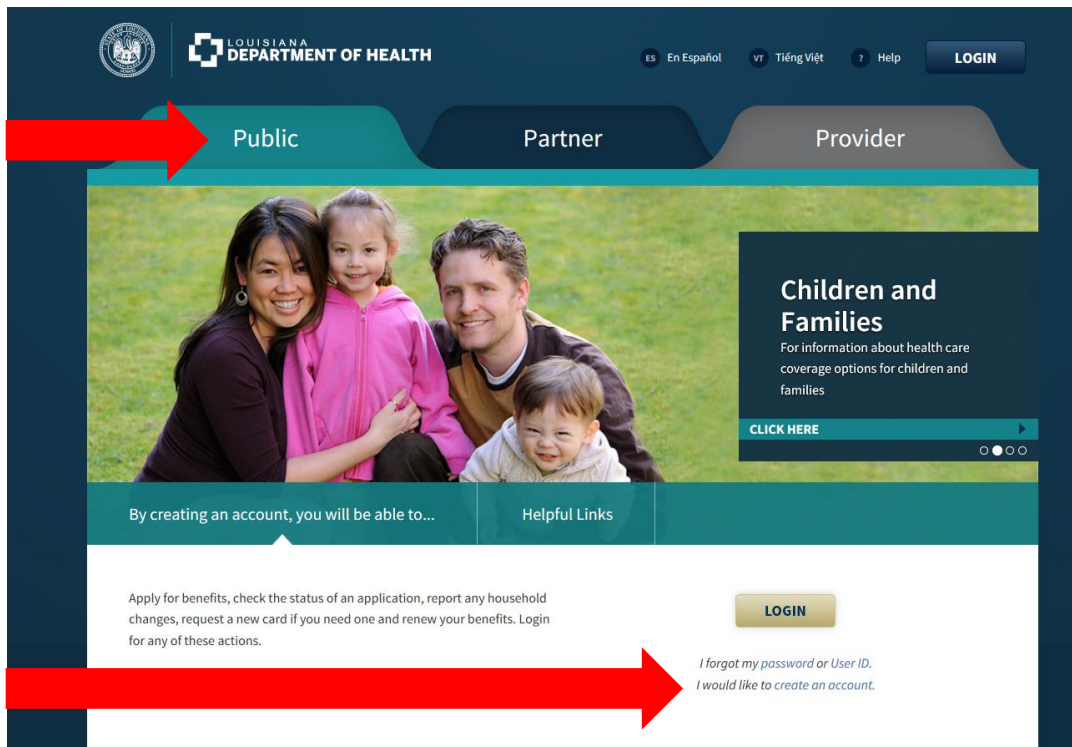
Subsection 2.1 will guide you through establishing an account.

If you already have an account but are not sure how to log in, skip to Subsection 2.2.

Subsection 2.1 – Setting up an Account

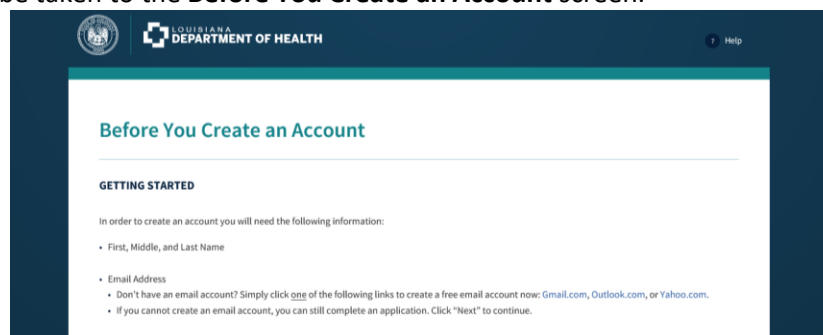
If you followed the steps in Section 1, you have clicked the **Apply/Renew Medicaid** button and are now at the Self-Service Portal. The picture on your screen may be different from the one of a family shown below.

Step 1: Make sure you are in the “Public” tab indicated below. Then click the link that says, “I would like to create an account.”



Follow the steps below.

Step 2: You will be taken to the **Before You Create an Account** screen.



This will tell you what you need to get started, including that:

- You will need an email address and access to that email. To finish creating your account we must send an email to you to be sure we have the right contact for your account. That is the last step to create your account. There will be links to websites you can click if you need to create an email account.
- You will be asked to create a user ID, password and a six-digit PIN. Be sure to save the user ID, password and PIN in a safe place. You will need them later. **DO NOT use your email address as your User ID.**

Step 3: Click **Next** at the bottom right corner of the screen to move to the **Create an Account** screen.

There are three sections you must fill out to create an account:

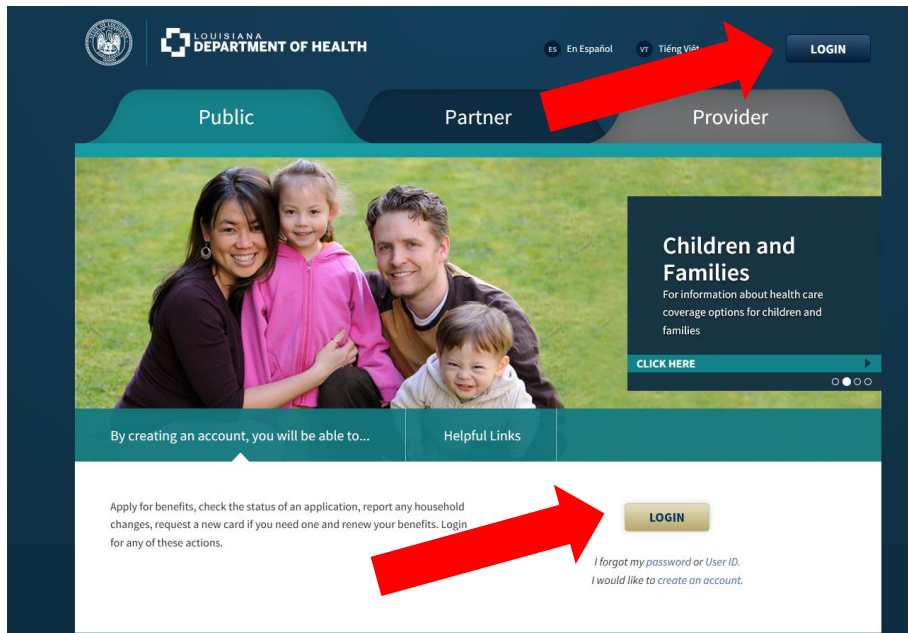
- a. Step 1: Personal Information – you will enter your name, phone number, and email address.
- b. Step 2: Your Account Credentials – this is where you pick out your User ID, password and PIN. **DO NOT use your email address as your User ID.**
- c. Step 3: The Security Check – enter the letters or number from the image to prove you are not a robot.

Step 4: Click the **Create Account** button as indicated in picture below.

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

Subsection 2.2 – Logging In

Log in at the [Self-Service Portal](#). There are two places to log in (see below). The picture of a family on the webpage may be different from the one you see below.



If you do not remember your User ID or your Password, the Login page gives you an opportunity to get those from Medicaid.

When you log in, you will go to the **My Account Home Page**. Click **Renew My Benefits** as indicated by the red arrow below. **DO NOT submit a new application.** Submitting a new application will delay renewal of your Medicaid coverage.

LOUISIANA DEPARTMENT OF HEALTH Logged in as Help LOGOUT

My Account Home Page

MY APPLICATIONS
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.

CHECK MY BENEFITS
View information about your health coverage case or health coverage.

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.](#)

MY DOCUMENTS
Upload information we need from you.

MANAGE MY ACCOUNT
Link to your case, change or reset your password, PIN and other account information.

APPLY/REGISTER FOR THE FOLLOWING DCFS PROGRAMS/SERVICES

- SNAP (Supplemental Nutrition Assistance Program)
- LaCAP (Louisiana Combined Application Project)
- FITAP (Family Independence Temporary Assistance Program)
- KCSP (Kinship Care Subsidy Program)
- CSE (Child Support Enforcement)
- DSNAP (Disaster Supplemental Nutrition Assistance Program)

Section 3 – Starting Your Renewal

After you click **Renew My Benefits**, you may be asked to provide **Case Linking Information**, which is located in the **Manage My Account** section of the Self-Service Portal. If that happens, select **Yes** from the drop down menu asking, “Would you like to link an existing case to your account?” and provide the information requested: your name, date of birth, and either the Medicaid Card Number or the Medicare Claim Number of the primary contact. Your Medicaid card number is found on the front of your Medicaid card. It is called the CCN on the card.

CASE LINKING INFORMATION

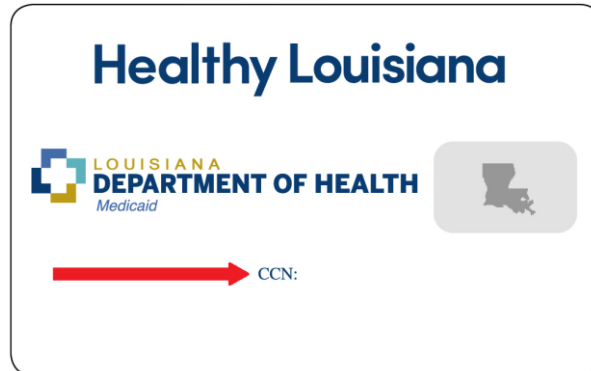
* Would you like to link an existing case to your account? Yes

To link a case to your account, enter the Last Name and Date of Birth of the Primary Contact on the case and enter the Medicaid Card Number or Medicare Claim Number of any individual on the case. [Click here to see example pictures to help you locate your card numbers.](#)

* Last Name:

* Date of Birth:

* Please choose one of the following to provide: Medicaid Card Number



Once you have entered the Case Identifying Information and your account is updated, you will be taken to a new screen that says **Renew My Benefits** at the top. Click on **Start Renewal**.

Renew My Benefits

SUBMIT A RENEWAL

CASE STATUS	CASE NUMBER	PRIMARY CONTACT	HOUSEHOLD MEMBERS	ADDRESS	RENEW
Open	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Start renewal

If you would like to link a case to your account, you may do so by going to the [Manage My Account](#) page.

If you would like to change your address, you may do so by going to [Report My Change](#).

A few things to remember:

- You can start a renewal and save it and finish it later. Just be sure to complete and submit the renewal before the due date in the “Submit By” column.
- You can view your renewals submitted through the Self-Service Portal from the past five years.

After you click **Submit a 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.

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

Section 4 – Reviewing and Updating Your Information

If you are covered by Medicaid and live in a nursing home or group home, or if you receive home and community-based services, the following screens have information relevant to you in case you need to make any updates:

- **People in Your Home** screen – Answer the question in the section called **Living Arrangement**. If someone is in a nursing home or group home, this is where you indicate that the enrollee is not in the home. This will ensure that Medicaid reviews for coverage in a program that pays for facility care or home and community-based services.

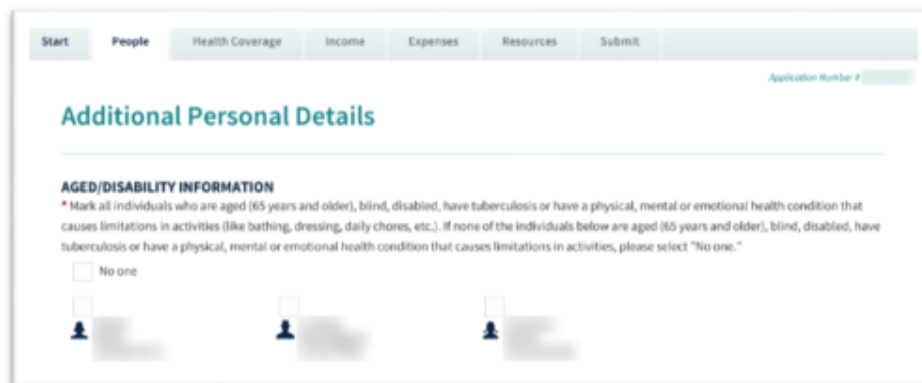


LIVING ARRANGEMENT

* What is this person's living arrangement?

- In home
- Nursing Home
- Group Home
- Medical Facility
- Public Institution
- Attending School
- Job Corps
- National Guard Youth Challenge
- Incarcerated

- **Additional Person Details** screen – Check everyone who is age 65 and over and everyone who has any disabilities.



Start People Health Coverage Income Expenses Resources Submit Application Number #

Additional Personal Details

AGED/DISABILITY INFORMATION

* Mark all individuals who are aged (65 years and older), blind, disabled, have tuberculosis or have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.). If none of the individuals below are aged (65 years and older), blind, disabled, have tuberculosis or have a physical, mental or emotional health condition that causes limitations in activities, please select "No one."

No one

- **More about Aged/Disability** screen – Select whether the people you checked are aged (age 65 or over) or disabled. If the recipient gets home and community-based services, answer yes to the question, “Have you been offered a Home and Community Based waiver slot?” It is important you answer yes to this question if you are a waiver recipient in order to ensure your renewal is completed properly and that you continue to get service if eligible.

- **More about Living Facility** screen – If the recipient is in a nursing home or group home, add the facility details here.

Subsection 4.1 – Review and Change

The Self-Service Portal displays information that you provided during your Medicaid application or previous renewals so that you do not have to reenter it. Each section of the application will have a summary screen like the one pictured below.

The summary screen shows the information from your most recent application or renewal. For each entry, there is an option to change the entry. If the information has changed since your application or previous renewal, click the **Change** box, and you will be taken to a screen that

will allow you to modify the information listed. You can also add information if something relevant has changed.

Here is an example of when you would need to update the information:

When Barbara applied for Medicaid last year, her household consisted of Barbara, her spouse, a son, and a daughter (both minor children). Since that time, Barbara's son has reached adulthood and moved out of her house, and Barbara no longer claims him as a dependent on her taxes. Barbara should click the **Change** box so that she can remove her son from the list of people in her household.

Start People Health Coverage Income Expenses Resources Submit Renewal Number #

Your Household

Here is a summary of your current information. If you would like to change your information, click "Change".

PERSON	SOCIAL SECURITY NUMBER PROVIDED?	MARITAL STATUS	ACTION
Barbara	Yes	Married	<input type="checkbox"/> Change
Spouse	Yes	Single-Never Married	<input type="checkbox"/> Change
Son	Yes	Single-Never Married	<input type="checkbox"/> Change
Daughter	Yes	Single-Never Married	<input type="checkbox"/> Change

On the other hand, if Barbara had another child since she applied last year, she would select **Yes** next to the **Add A New Person** question on the Household screen and enter the child's information.

TAX INFORMATION

PERSON	TAX INFORMATION	ACTION
	Does this person have tax information?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

ADD A NEW PERSON
* Do you want to add a new person to the household? No

Subsection 4.2 – Adding New Information

If you did not enter information in your original application or last renewal, you will be given the opportunity to do so. For instance, you may want to designate an authorized representative. An authorized representative is a person, frequently a family member, you want Medicaid to be able to speak to on your behalf. If you have not already designated an authorized representative, you would see the screen below. If you would like to designate an authorized representative, check **Yes**. If you do not want or need one, check **No**. This can be a useful feature for nursing home and home and community-based waiver recipients that need assistance with their application and renewals.

Start People Health Coverage Income Expenses Resources Submit Renewal Number #

Your Authorized Representative

Here is a summary of your current information. If you would like to change your information, click "Change". If you would like to remove an Authorized Representative, click "Remove".

AUTHORIZED REPRESENTATIVE INFORMATION

NAME	ADDRESS	ACCESS LEVEL	LEGAL ROLE	RECEIVES MAILINGS?	ACTION
Would you like to add a new Authorized Representative?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

« PREVIOUS **SAVE & EXIT** NEXT »

Similarly, you may have previously said that you do not have employer-provided insurance. You will see the screen below, which says, "You have not provided any Employer Health Coverage Information." If you now have health insurance through your job, you should click the **Add** button, and answer the required questions. The same applies for any private or other insurance you may have. If you now have other health insurance, you should click the **Add** button under the corresponding heading, and answer the required questions.

Start People **Health Coverage** Income Expenses Resources Submit

Renewal Number #

Health Coverage Summary

Here is a summary of your information. You are required to tell us if any of your information has changed.

- If you would like to change information, click on the "Change" link.
- If you would like to erase information, click on the "Erase" link.
- If you would like to add information, click the "Add" button.
- Once you've reviewed this summary and all the information is correct, click the "Next" button at the bottom of the page.

REVIEW YOUR ANSWERS: EMPLOYER HEALTH COVERAGE

PERSON	ENROLLED?	EMPLOYER	WHO IS ELIGIBLE/COVERED	ACTION
You have not provided any Employer Health Coverage information.				

To add employer health coverage, select that person's name from the drop down menu below. Then, click the "Add" button.

REVIEW YOUR ANSWERS: PRIVATE HEALTH INSURANCE

PERSON	INSURANCE NAME	POLICY NUMBER	START DATE	END DATE	ACTION
You have not provided any Private Health Insurance information.					

To add private health insurance, select that person's name from the drop down menu below. Then, click the "Add" button.

REVIEW YOUR ANSWERS: OTHER HEALTH COVERAGE

PERSON	TYPE	MEDICARE TYPE	START DATE	END DATE	ACTION
You have not provided any Other Health Coverage information.					

To add other health coverage, select that person's name from the drop down menu below. Then, click the "Add" button.

Go through each section of the renewal and review the answers carefully. Information on your household, income, health insurance coverage, assets, and expenditures frequently change. It is important that you make any changes necessary to update the information the Medicaid office has.

Subsection 4.3 – Asset Verification

Recent changes in federal regulations require Louisiana Medicaid to use an electronic system to verify assets of Medicaid applicants and recipients 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 recipient reports a change. They look for 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, they authorize Medicaid to electronically check for assets. If the applicant or recipient 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, their parents 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. The form is only needed one time. Once the form is signed and submitted to Medicaid, another form is not needed.

If Medicaid needs a form signed, they will mail the form to the recipient or authorized representative. If the recipient signed up to get electronic notifications, the letter and form will be available in the Self-Service Portal. Recipients do not have to wait to get the form in the mail. If a Medicaid recipient lives in a nursing facility or gets waiver coverage, they can print the form online and send it in. They can visit the **Online Medicaid Forms** page at <http://ldh.la.gov/index.cfm/page/1383> and select **Other Medicaid Forms**. The form is called **Authorization for Verification of Resources Form**. 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 recipients to provide documents to verify values of assets they own.

Section 5 – Sign and Submit

After you have completed each section of the renewal, you will be asked to sign your renewal application 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, at least once each year Medicaid must review your case to determine if you still qualify. You can give Medicaid permission to use electronic sources to try to renew Medicaid 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 the correct mailing address** as all correspondence and requests for information are sent through the mail. **Failure to respond could result in loss of Medicaid coverage.**

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 and checking benefits.

Rights and Responsibilities

This section explains your rights and responsibilities as a Medicaid recipient. Please read this section carefully as it includes certain consents as well as the responsibility to notify Medicaid if there has been a change in your life 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.

Your voter registration does not affect your Medicaid eligibility.

[Electronic Signature](#)

The final step in applying for Medicaid is to provide an electronic signature.

Provide an electronic signature by typing your first name, last name, and PIN. Then click Submit.

Frequently Asked Questions for Medicaid Renewals

Q: I just sent Medicaid some information about my income, and now they sent me another letter wanting more information from me. Do I have to respond to this new letter?

A: Yes. You should always respond to any letter Medicaid sends you asking for more information. You could lose your coverage if you do not.

Medicaid sends letters for lots of reasons. When we need more information from you to complete your application or make sure you can keep the coverage you already have we will send you a letter.

- You may get a letter telling you it is time to renew.
- You may get a letter asking for proof of your income or other information.
- It is possible that you may get both of these letters at or near the same time.

You need to respond to all requests for more information from Medicaid or you could lose your coverage.

Q: How long will it take for my renewal application to be reviewed? When should I expect to see it approved on the self-service portal?

A: Once you complete your renewal for Medicaid, you can expect a decision by mail within 45 days. If your renewal is related to a disability, it may take up to 90 days to make a decision. Renewal turnaround times are the same as application turnaround times.

Q: When I create an account, can I use my email address as my User ID?

A: No. Your User ID must be different from your email address.

Q: What happens if I don't renew my Medicaid by the date on the letter?

A: If you do not renew your Medicaid, we will close your case and you will lose your Medicaid coverage. You will get another letter about your coverage ending.

Q: How do I link a case to my account?

A: To link a case to your account, follow these steps:

1. Login to your account on the [Self Service Portal](#).
2. From the My Account Home Page, click on the Manage My Account section. The Manage My Account section has five different sections that let you complete five different actions.
3. On the Manage My Account page, scroll down to the Case Linking Information section. In this section, the first question asks, "Would you like to link an existing case to your account?" Click the drop down menu to answer **Yes** to this question.

4. When you answer **Yes** to that first question, additional questions will appear and you will need to answer those. You will be asked to enter the last name, date of birth and either the Medicaid Card Number or the Medicare Claim Number of the primary contact. Medicare Claim Number of the primary contact.

CASE LINKING INFORMATION

* Would you like to link an existing case to your account? Yes

To link a case to your account, enter the Last Name and Date of Birth of the Primary Contact on the case and enter the Medicaid Claim Number of any individual on the case. [Click here to see example pictures to help you locate your card numbers.](#)

* Last Name: Geller

* Date of Birth: 10/19/1992

* Please choose one of the following to provide: Medicaid Card Number 111111111111

- The date of birth you enter must be the date of birth of the primary contact on your case. For example: if you are renewing for a child, you might need to use the date of birth of a parent or guardian.
- Your Medicaid Card Number can be found on the front of your Medicaid card (see the picture to the right). The number you will use is the one that follows “CCN:” on the front of your card.



