

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 Medicaid coverage every year, including if you are covered by Medicaid and live in a nursing home or receive home and community-based waiver services. Medicaid pays for your nursing home care or your home and community-based services. In order to remain in your nursing home or keep your waiver services, you must renew Medicaid annually.

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 conduct the renewal over the phone.
3. Call toll free at 1-888-342-6207 and request a paper application that we will mail to you. 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.

Online renewal 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 received a letter that says it is a **Renewal Letter** at the top from the Louisiana Department of Health, you **must contact Louisiana Medicaid to renew** your Medicaid. 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.**

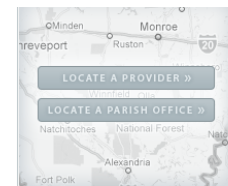


Subsection 1.2 – Where do I renew my Medicaid coverage online?

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 Eliver](#)



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

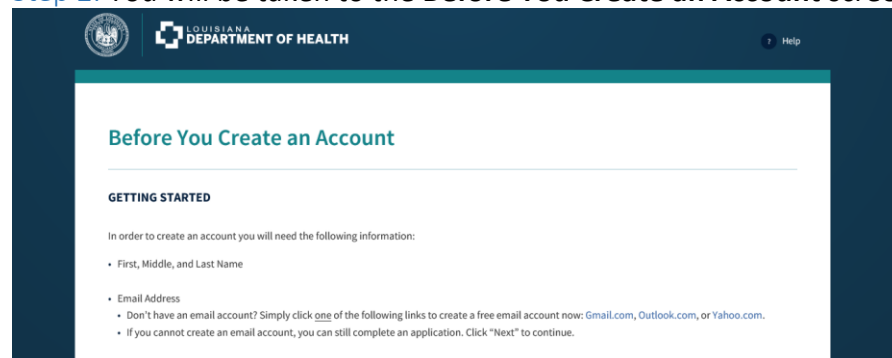
If you followed the steps in Section 1, you have clicked the **Apply/Renew Medicaid** button and are now at the Self-Service Portal. The picture on your screen may be different from the one of a family shown below.

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



Follow the steps below.

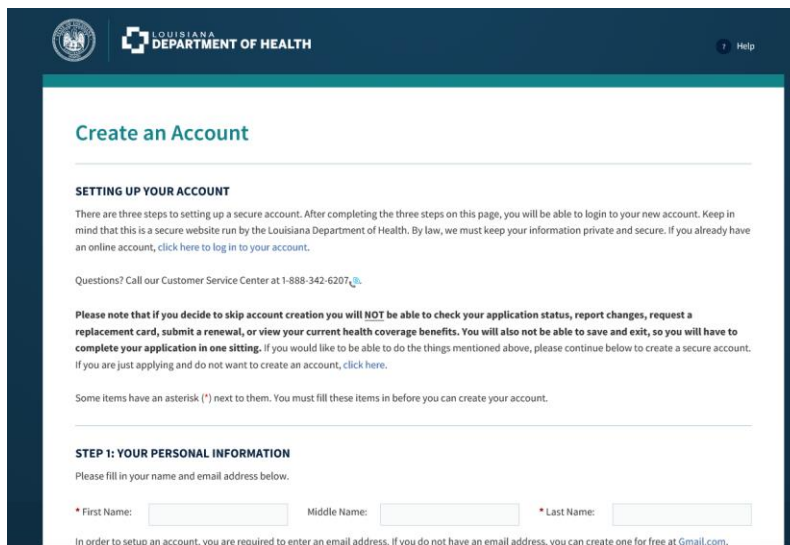
Step 2: You will be taken to the **Before You Create an Account** screen.



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.**

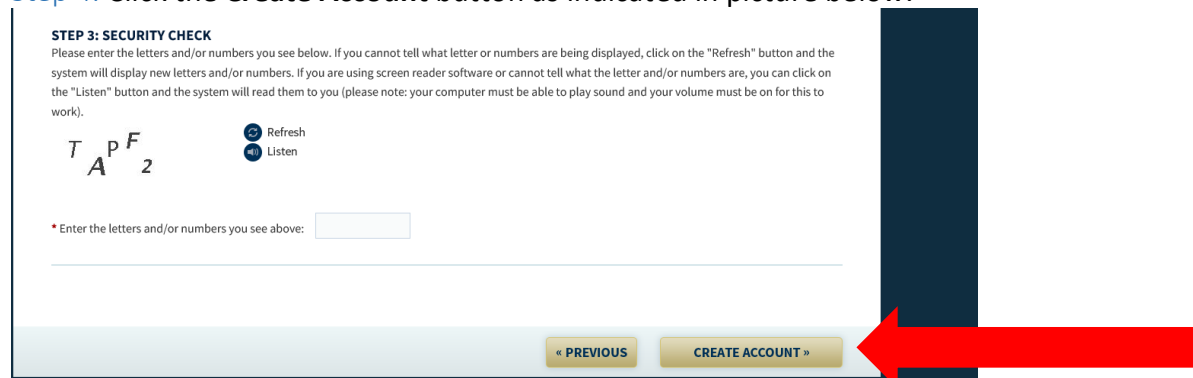
Step 3: Click **Next** at the bottom right corner of the screen to move to the **Create an Account** screen.



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.

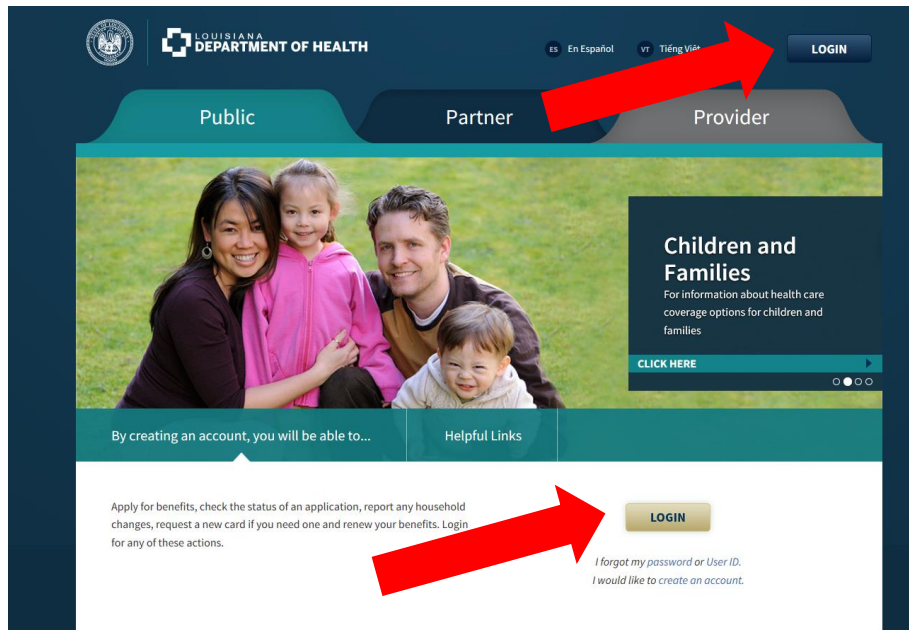
Step 4: Click the **Create Account** button as indicated in picture below.



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

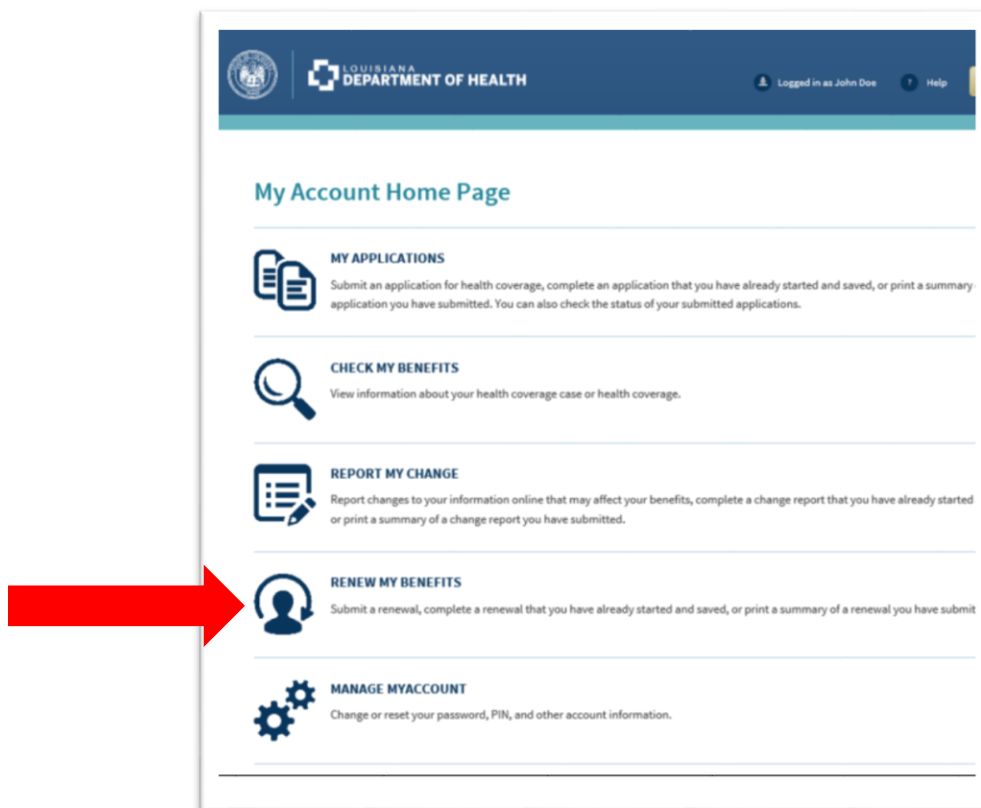
Log in at the [Self-Service Portal](#). There are two places to log in (see below). The picture of a family on the webpage may be different from the one you see below.



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

This screenshot shows the 'Login to Your Account' page. It has a title 'Login to Your Account' and a 'LOGIN' section. There are two input fields: 'User ID' and 'Password'. To the right of each field is a link: 'I forgot my User ID' and 'I forgot my Password'. Below the input fields is a 'Resend Confirmation Email' link and a 'LOGIN' button. A red arrow points to the 'I forgot my Password' link.

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.



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?

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:



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					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

Long Term Care: Nursing Facility, Group Home, or Waiver Services

If you are covered by Medicaid and live in a nursing facility 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 facility 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

[Person 1] [Person 2] [Person 3]

- **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 waiver 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 services if eligible.

More About Aged/Disability —

You have told us that [Person] is aged (65 years and older), blind, has a disability, has tuberculosis, or has a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.). Please provide more information about Sallie's disability.

AGED/DISABILITY INFORMATION

* Select the type of condition [Person] has: Disabled

Have you been offered a Home and Community Based Services waiver slot? Yes

ADD ANOTHER

* Does [Person] have another disability? Yes No

< PREVIOUS SAVE & EXIT NEXT >

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

The screenshot shows a web form titled "More About Living Facility — [redacted]". Below the title, it says "You have told us that [redacted] either lives in or will be moved in the next 30 days to a:" followed by a bulleted list: "• Nursing facility", "• Developmental center", and "• Group home". Below this, it says "Please provide more information about [redacted] living facility." The form is divided into a section titled "FACILITY DETAILS" which contains several input fields: "Facility Name:", "Address:", "Apt., Suite, etc.:", "City:", "State:" (a dropdown menu), "Zip Code:", "Admit Date:" (with a date picker showing "mm/dd/yyyy"), and "End/Discharge Date:" (with a date picker showing "mm/dd/yyyy"). At the bottom of this section, it asks "If [redacted] has a patient fund account at this facility, what is the amount in the account?" with a dollar sign and an input field. At the very bottom of the form, there are three buttons: "« PREVIOUS", "SAVE & EXIT", and "NEXT »".

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".

HOUSEHOLD INFORMATION

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 facility 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.

+ ADD

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.

+ ADD

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.

+ ADD

« PREVIOUS

SAVE & EXIT

NEXT »

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.

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.

- 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.

CASE LINKING INFORMATION

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

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:

* Date of Birth:

* Please choose one of the following to provide:



