

How to Apply Online For Louisiana Medicaid

A Medicaid Guide for the Online Self-Service Portal

December 1, 2023



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Introduction

Medicaid is a program that pays for medical care, services and equipment for people who qualify, and if the provider accepts Medicaid. You must apply and qualify before Medicaid will pay for care.

There are four ways to apply for Medicaid:

- Online – Apply online at <https://MyMedicaid.LA.gov>.
- Phone – Call Medicaid Member Services toll free at 1-888-342-6207, Monday through Friday, from 8:00 a.m. to 4:30 p.m.
- Mail – Call Medicaid Member Services toll free at 1-888-342-6207 (Monday through Friday, from 8:00 a.m. to 4:30 p.m.) to request a paper application, or download and print an application from www.ldh.la.gov/medicaidapplications.
- In Person – Apply at the Medicaid office of your choice (www.ldh.la.gov/medicaidoffices), or visit www.ldh.la.gov/applicationcenters to find an application center near you.

Applying online is the fastest and easiest way to see if you qualify.

This guide explains the steps to apply for Medicaid online through the Self-Service Portal.

Icon Used Throughout the Guide.

The following icon is used throughout this guide.

Icon	Description
	<p>Long-Term Care Tip!</p> <p>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), also called Waiver Services.</p>

Section 1 – General Information about the Medicaid Application

Using the Self Service Portal is the fastest way to apply for Medicaid benefits. We recommend that you create an account. When you create an account in the Medicaid Self-Service Portal (SSP), you can perform these actions:

- Save your place in the application and finish later
- Check the status of your application
- View electronic copies of letters Medicaid sends you
- Report changes including address and phone number

If Medicaid needs additional information, they will send a letter listing what they need. Be sure to respond to any letters you receive. If you do not respond, Medicaid cannot approve benefits.

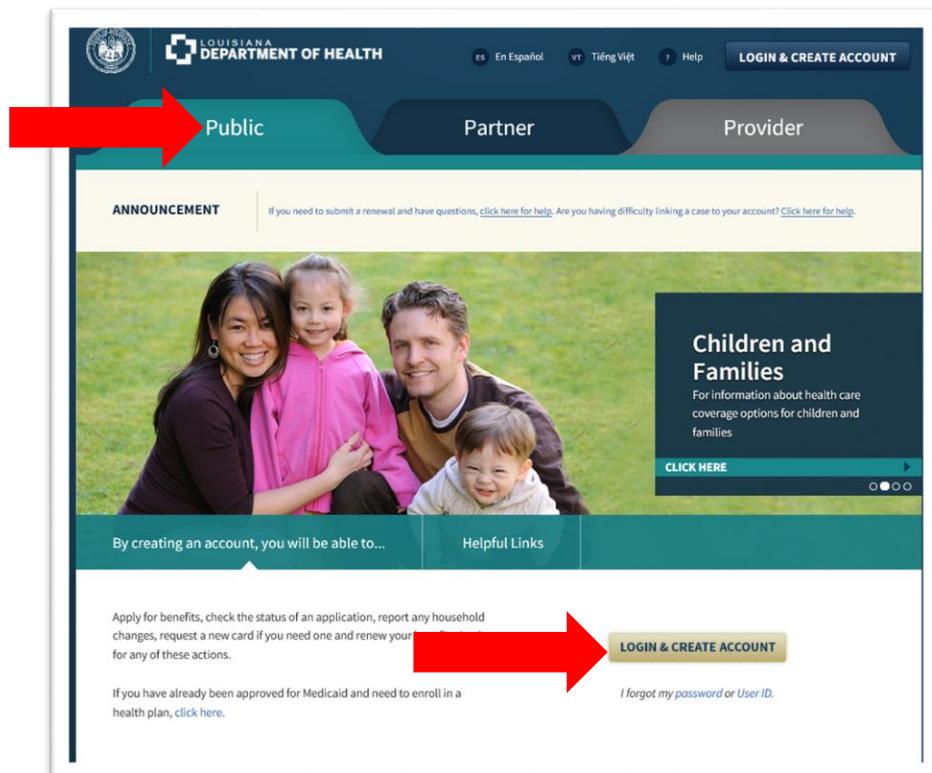
Section 2 – How to Set Up an Account and Log into the Self-Service Portal

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 <https://MyMedicaid.La.gov> 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.

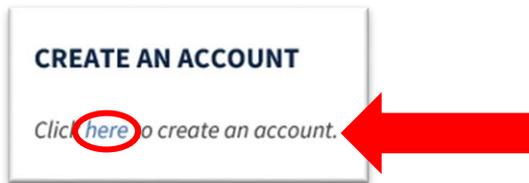
Make sure you are on the **Public** tab shown below. Click on the link labeled **Login & Create Account**.



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.

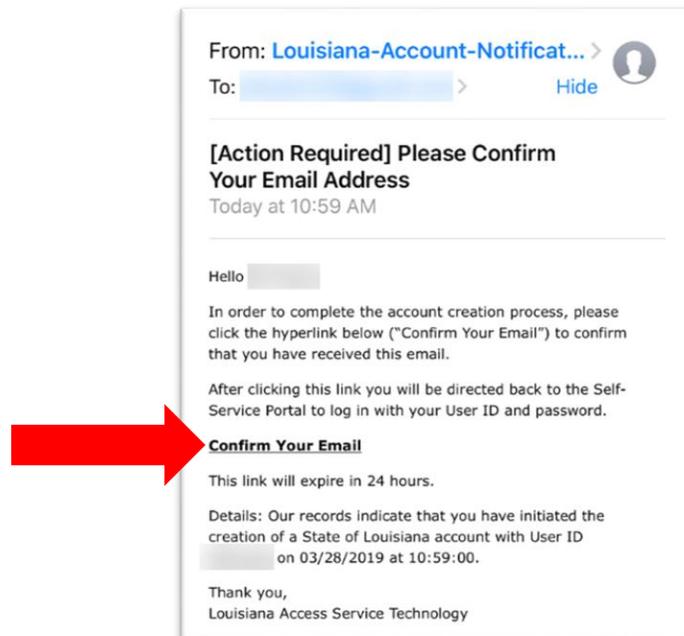
Step 1: Your Personal Information – Enter your name and email address. You will need an email address and access to that email. If you want to create a free email account, there are links on the page to websites you can visit.

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.

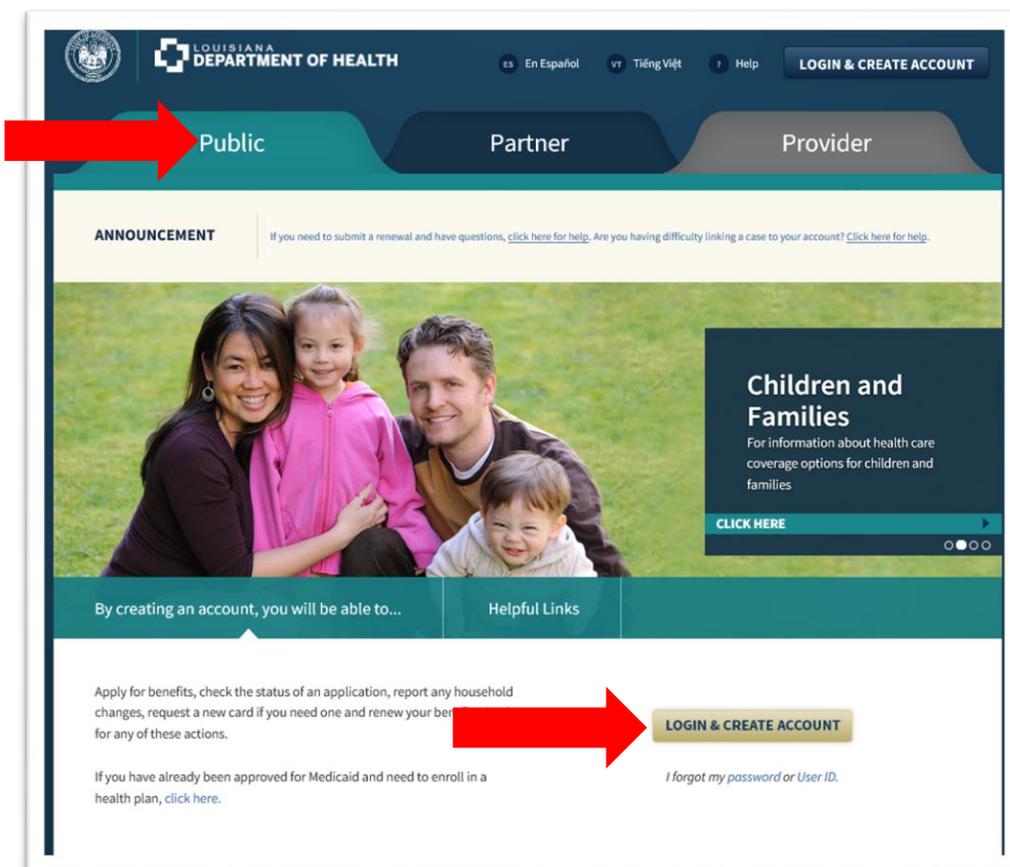


When you click on the link, you will be brought to a page that verifies that your account was updated successfully.



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

After you create an account, you can log in. Go to <https://MyMedicaid.La.gov> 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 or Create an Account

LOGIN

If you had a user ID and password prior to November 2018, you must create an account to use our new system.

* User ID: I forgot my User ID

* Password: I forgot my Password

[Resend Confirmation Email](#)

LOGIN

If you have already been approved for Medicaid and need to enroll in a health plan, [click here](#).

After you Login, click on **My Applications** to begin a new application.

LOUISIANA DEPARTMENT OF HEALTH Logged in as [user] 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.

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.

Section 3 – How to Complete the Medicaid Application in the Self-Service Portal

If you created an account:

- You can click **Save and Exit** anywhere in the application. The application saves your place so you can log back in later to finish your application.
- You can log in and view any applications you have completed through the Self-Service Portal within the past five years.
- You can check the status of your application.

Sections of the Medicaid Application

We will walk you through the six (6) sections of the application:

1. People
2. Health Coverage
3. Income
4. Expenses
5. Resources
6. Sign and Submit

After you click on **My Applications**, the next screen **Apply for Assistance** will tell you:

- Who can use this application
- What you will need to complete the application
- How to complete the application
- Who to include on the application

Review this information and click **Next** at the bottom of the screen. See a copy of the **Apply for Assistance** screen on the next page.

Apply For Assistance

You are ready to start your application. Here are some helpful hints.

WHO CAN USE THIS APPLICATION

- Use this application for anyone needing health care assistance.
- Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.

WHAT YOU WILL NEED

When you apply for coverage you'll need to provide some information about you and your household, including income, any insurance you currently have, and some additional items. Information you give us will be used to help determine benefit levels.

Please have the following items while completing your application:

- Social Security Numbers
- Citizenship or immigration information
- Income information for every member of your household
- Policy numbers for any current health insurance plans covering members of your household
- Medical bills from the past 3 months

If anyone in your household is claiming a disability or over age 65, you may also be asked for the following information:

- Power of attorney, Curator or Interdiction Documents
- Succession documents
- Account information for all Bank Accounts, Annuities, Certificates of deposit (CDs), IRAs, 401-Ks, Keoghs and Retirement accounts
- List of Safe-deposit box items
- Stock and Bonds information
- Vehicle Registration or Titles
- Property Owned or inherited property
- Life and Burial Insurance Policies
- Burial or Funeral Accounts including Pre-arranged Burial Contracts with Funeral Homes
- Burial Space Items
- Trust Documents
- Act of Donation and Bill of Sale Items

HOW TO COMPLETE THE APPLICATION

- It may take between 30-60 minutes to complete the application.
- You may use the "Previous" and "Next" buttons at the bottom of each page to go through the application.
- Your information is automatically saved every time you click "Next".
- You can start and then save your application. You can log back in to continue and complete your application(s).
- Once you have answered all the questions, click the "Submit" button at the end of the application.
- We will contact you if more information is needed regarding your application.
- Fields noted with an asterisk (*) are required.

Click the "Next" button to save your information and continue.

WHO TO INCLUDE ON THE APPLICATION

Who do you need to include on this application?

Tell us about all the family members who live with you. If you file taxes, we need to know about everyone on your tax return. (You don't need to file taxes to get health coverage.)

Do Include:

- Yourself
- Your spouse
- Your children under 21 who live with you
- Your unmarried partner who needs health coverage
- Anyone you include on your tax return, even if they don't live with you
- Anyone else under 21 who you take care of and lives with you

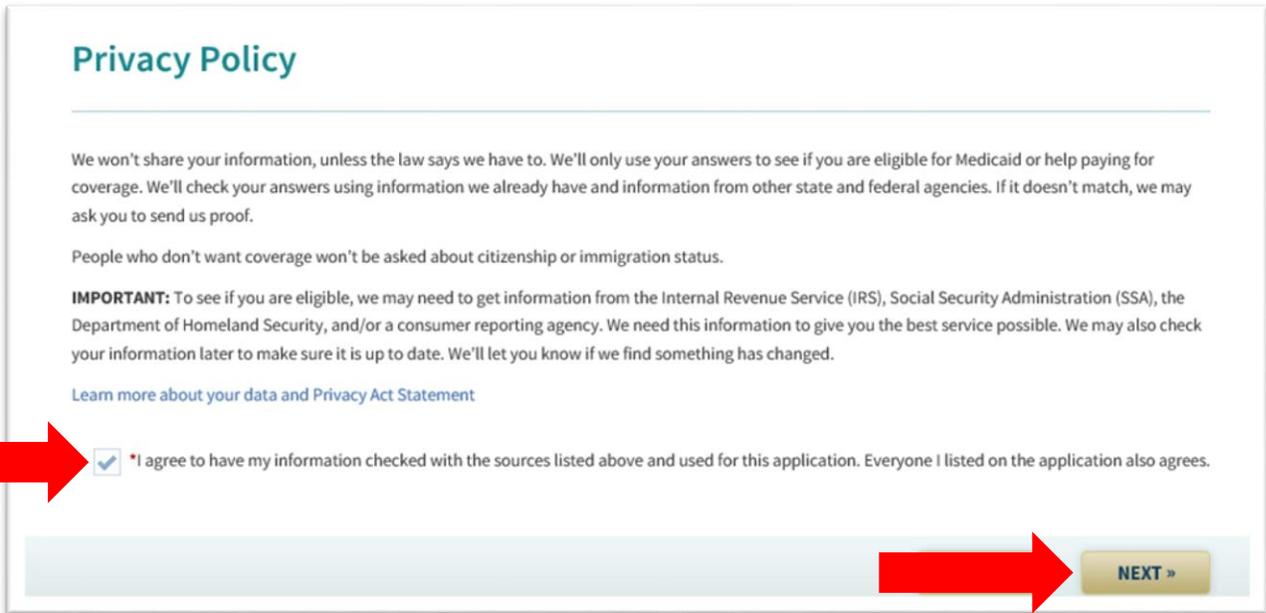
DO NOT Include:

- Your unmarried partner who doesn't need health coverage
- Your unmarried partner's children
- Your parents who live with you, but file their own tax return (if you're over 21)
- Other adult relatives who file their own tax return
- Non-relatives that will not be included as a dependent when you file taxes

◀ PREVIOUS

NEXT ▶

The next screen you will see is the **Privacy Policy** screen. To begin the application you must agree to allow Medicaid to check the information you provide on your application. If you agree check the box and click **Next**.



Privacy Policy

We won't share your information, unless the law says we have to. We'll only use your answers to see if you are eligible for Medicaid or help paying for coverage. We'll check your answers using information we already have and information from other state and federal agencies. If it doesn't match, we may ask you to send us proof.

People who don't want coverage won't be asked about citizenship or immigration status.

IMPORTANT: To see if you are eligible, we may need to get information from the Internal Revenue Service (IRS), Social Security Administration (SSA), the Department of Homeland Security, and/or a consumer reporting agency. We need this information to give you the best service possible. We may also check your information later to make sure it is up to date. We'll let you know if we find something has changed.

[Learn more about your data and Privacy Act Statement](#)

*I agree to have my information checked with the sources listed above and used for this application. Everyone I listed on the application also agrees.

NEXT »

Subsection 3.1 – People

Primary Contact

If you are applying for a child, list a parent or guardian as the primary contact.



Primary Contact

ABOUT YOU

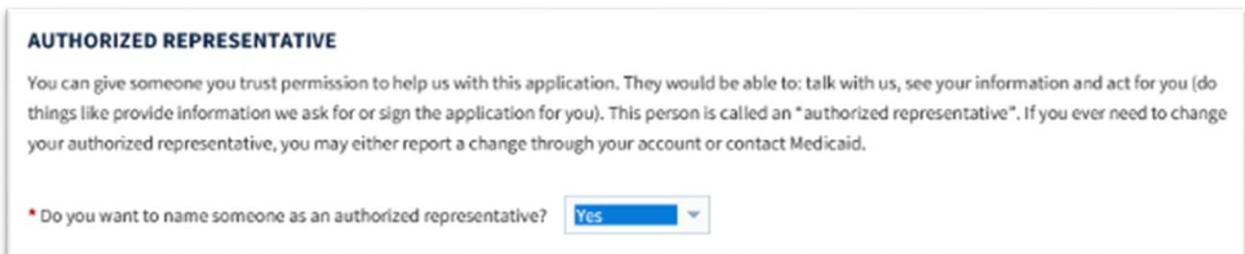
* First Name: Middle Name: * Last Name: Suffix:

Hidden Name:

* Sex: Male Female

* Date of Birth:

At the bottom of the **Primary Contact** screen, there is a question, “Do you want to name someone as an authorized representative?” If you need a friend or family member to help with the Medicaid case, or, if you want mail to go to someone other than the primary contact, answer **yes** to this question.



AUTHORIZED REPRESENTATIVE

You can give someone you trust permission to help us with this application. They would be able to: talk with us, see your information and act for you (do things like provide information we ask for or sign the application for you). This person is called an “authorized representative”. If you ever need to change your authorized representative, you may either report a change through your account or contact Medicaid.

* Do you want to name someone as an authorized representative?

After the Primary Contact screen, you will be asked to verify your mailing and physical addresses. If the addresses are listed correctly, select **Yes** in the dropdown boxes and click **Next**.

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

CONFIRM WHERE YOU LIVE

The following address was suggested as a valid address:

██████████
██████████

* Would you like to use this address?

CONFIRM MAILING ADDRESS

The following address was suggested as a valid address:

██████████
██████████

* Would you like to use this address?

« PREVIOUS | SAVE & EXIT | NEXT »

Next, you will be asked to confirm your identity by answering questions like the ones shown below. Click the arrow in the dropdown box and select the accurate option for each question.

CONFIRM YOUR IDENTITY

These questions come from an information services company called Experian. Your answers will help us to confirm who you are. The Louisiana Department of Health will not store your answers to these questions.

These questions are only available in English and Spanish. If you cannot read these questions, please click "Next".

QUESTIONS

Please answer the below questions to confirm your identity.

1) Please select the county for the address you provided.

2) According to our records, you previously lived on (LAUREL). Please choose the city from the following list where this street is located.

3) Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.

4) According to our records, you graduated from which of the following High Schools?

« PREVIOUS | NEXT »

After each section of the application, a summary screen is displayed, showing the information that you provided. If you need to change anything, click **Change**. If the information is correct, click **Next** to go to the next section of the application.

Start People Health Coverage Income Expenses Resources Submit

Primary Contact Summary

Here is a summary of what you've told us so far. You are not required to give all information before you submit the application.

- If you would like to change your answers, click on "Change".
- If you would like to remove information, click on "Erase".
- If you would like to add information, click on "Add".
- 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: PRIMARY CONTACT INFORMATION

PRIMARY CONTACT	RESIDENT ADDRESS	PARISH	MAILING ADDRESS	LANGUAGE	CHANGE
		East Baton Rouge			CHANGE

REVIEW YOUR ANSWERS: AUTHORIZED REPRESENTATIVE

NAME	ORGANIZATION	ADDRESS	ACCESS LEVEL/RECEIVES MAILINGS?	CHANGE	ERASE
You did not appoint an Authorized Representative.					

To add an Authorized Representative, click the "Add" button.

« PREVIOUS **SAVE & EXIT** NEXT »

People in Your Home

On the **People in Your Home** screen, there is a question, "Is this person requesting health coverage?" If you answer **yes**, Medicaid will review to see if they qualify for benefits.

* Is this person requesting health coverage? Yes



Long-Term Care Tip!

On the **People in Your Home** screen, there is a question, “What is the person’s living arrangement?” 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.

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

Citizenship Information

If you answer **yes** to the question, “Is this person a U.S. citizen or U.S. national?” a second question appears. The question is, “Is this person a naturalized or derived citizen?” If you were born in the U.S., you should answer **no** to this question.

CITIZENSHIP INFORMATION

* Is this person a U.S. citizen or U.S. national? Yes

* Is this person a naturalized or derived citizen? No



Long-Term Care Tip!

HCBS Waiver Slot

If you have been offered Home and Community Based Services, answer the **HCBS Waiver Slot** question **Yes**. This will ensure that your application is routed correctly.

HCBS WAIVER SLOT

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

If you are unsure if you have been offered a Home and Community Based Services waiver slot, [click here](#) for more information. Yes

Additional Person Details

On the **Additional Person Details** screen, check all people who:

- Have a disability
- Are filing taxes next year
- Are pregnant or had a pregnancy that ended in the last three months
- Have been diagnosed with breast or cervical cancer by an Early Detection Program
- Are now deceased

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

TAX FILERS

• Mark everyone who will file a federal income tax return NEXT year (only applies to ages 14 and up). If none of the individuals below are filing taxes next year, please select "No one"

No one

PREGNANCY

Mark everyone who is currently pregnant or had a pregnancy that ended in the last 3 months.

BREAST AND CERVICAL CANCER

Mark everyone who has been diagnosed with breast or cervical cancer and has proof of the Early Detection Program screening and diagnosis.

DECEASED

• Are any individuals on the application deceased? [Why are we asking this?](#)

• Mark anyone who is deceased.

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- **More about Disability** – If you checked that someone has a disability, the screen **More About Disability** displays. 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**.

The screenshot shows a web form titled "More About Disability" with a navigation bar at the top containing "Start", "People", "Health Coverage", "Income", "Expenses", "Resources", and "Submit". The "Health Coverage" tab is active. The application number "220000284" is displayed in the top right corner. The main heading is "More About Disability" followed by a blurred name. Below this is a paragraph: "You have told us that Taylor is 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 Taylor's disability." The "DISABILITY INFORMATION" section contains the text "Select the type of condition [redacted] has:" followed by a dropdown menu showing "Disabled". A red arrow points to this dropdown. The "ADD ANOTHER" section contains the question "Does [redacted] have another disability?" with radio buttons for "Yes" and "No". The "No" radio button is selected, and a red arrow points to it. At the bottom right, there are two buttons: "« PREVIOUS" and "NEXT »". A red arrow points to the "NEXT »" button.



Long-Term Care Tip!

- **More about Living Facility** screen – If you said you live in a nursing home or group home, a screen displays where you will add details about the facility.

Subsection 3.2 – Health Coverage

Provide information about all health insurance that covers anyone who is applying for Medicaid. This includes insurance that a parent has through their job.

Subsection 3.3 – Income

In the **Income** section, check all household members who have income from a job, self-employment, or from other sources such as Social Security, Retirement or Unemployment.



Long-Term Care Tip!

If someone under age 21 is applying for Medicaid Waiver and a parent claims them on their federal income tax return, you must tell us about income and resources for the parent.

Subsection 3.4 – Expenses

Provide information about expenses that you claim on your federal income tax return.

Subsection 3.5 – Resources

Provide information about your home, bank accounts, vehicles and other things of value that you own.

	<p>Long-Term Care Tip!</p> <p>Health Plan Selection</p> <p>Most Medicaid members get all of their care through a health plan. If you qualify for a Home and Community Based (Waiver) program, you may opt to get benefits for physical care through a health plan or through fee-for-service Medicaid, called Legacy Medicaid. However, your behavioral health care will be provided through a health plan. You may wish to contact behavioral health care providers to see which health plans they accept. If you do not select a health plan, Medicaid will assign one to you.</p>
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Subsection 3.6 – About the Sign and Submit Screen

After you complete all sections of the application, you will provide an electronic signature, and then you will submit your application. Medicaid will not review your application until after you complete this step.

The **Sign and Submit** page has several sections. See descriptions of the sections 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 **DO NOT** affect your Medicaid eligibility.

[Electronic Signature](#)

The final step in completing your application 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**.

Confirmation

After you sign and submit your application, you will see the **Confirmation** screen with an application number. You can print this page for your records. You can also click the **Print PDF** button to save a copy of your application.

Confirmation

Application Number #

You have completed this application and your information has been sent to the department mentioned below for review.

APPLICATION INFORMATION

Application #

If you would like to review the summary of the application you submitted and print or save a copy of your application for your files, please click the Print PDF button below. If you decide to print or save, please keep in mind that your application has your private, personal information on it.

[PRINT PDF](#)

Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print the summary. If you don't have this program on your computer, you may install it for free by clicking on the button below:



LOUISIANA DEPARTMENT OF HEALTH

Your information has been sent to the department mentioned below:

Louisiana Medicaid/LACHIP
P.O. Box 91283
Baton Rouge, LA 70821-9278
Customer Service Number: 1-888-342-6207
Fax Number: 1-877-523-2987
Email: MyMedicaid@la.gov

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)

OPTIONAL SURVEY

Click the Survey button to take a short survey about your online application process. It should just take a few minutes to complete the survey. Your answers will not be shared with your local agency or used to make a decision about your benefits.

[SURVEY](#)

[BACK TO MY ACCOUNT](#)

If you do not have access to a computer and you cannot apply in person, call 1-888-342-6207 for assistance. You may apply over the telephone or request a paper application. Office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m.

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.

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 Application

After you submit your application, 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 application, they will send a letter telling you if you qualify for benefits.

Electronic Letters

People who get Louisiana Medicaid have the option to view letters in the Self-Service Portal instead of getting paper copies in the mail. Below are some reasons why Medicaid may send letters:

- To tell you when you have been approved or denied for coverage.
- To tell you when it's time to renew your eligibility.
- To request information or proof of things like paystubs from a job.

If you opt to receive mail electronically, Medicaid will send an email letting you know when there is a letter for you to view in the SSP.

If you want to receive letters electronically through the SSP, follow the instructions in the guide titled "How to View Letters" online at this address: <https://ldh.la.gov/page/medicaid-resources>.

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