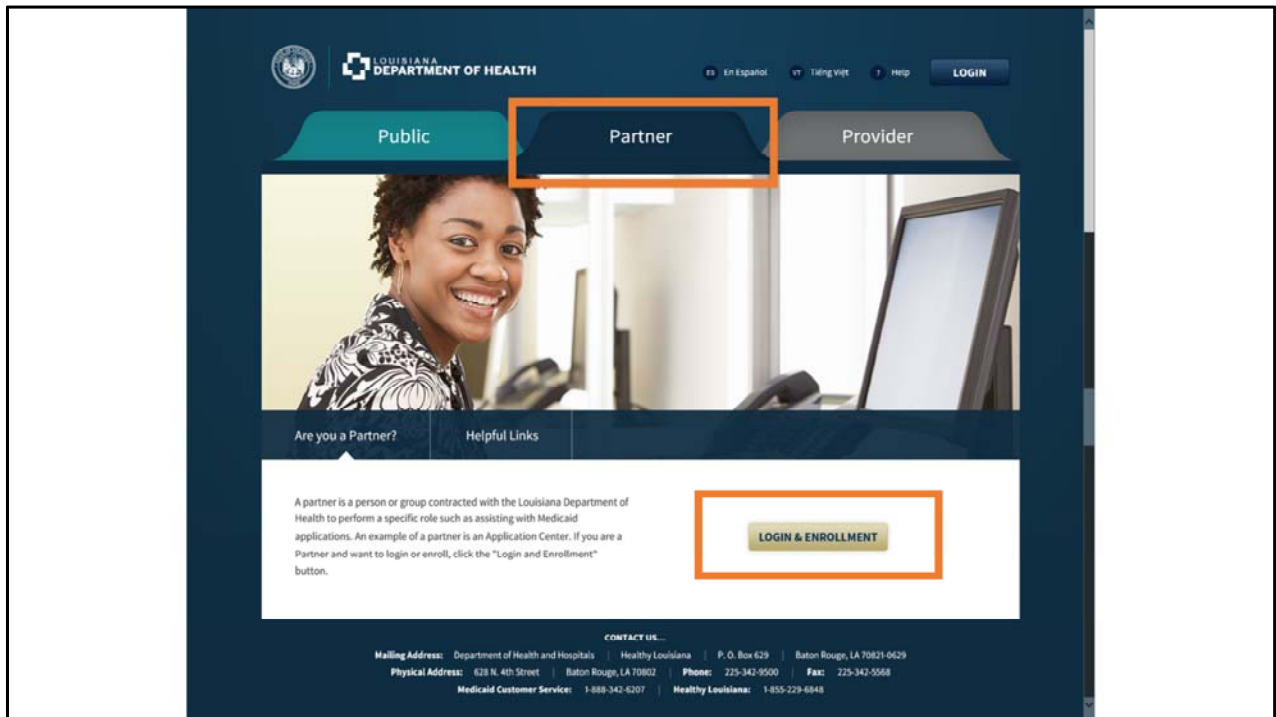


Application Center Facility Enrollment

July 2019



To enroll as a LA Medicaid Application Center, the Application Manager, CEO or Administrator must create an account on the Partner Portal for the facility, Click the Partner Portal tab and then click Login & Enrollment.

Application Center Login & Enrollment

LOGIN

* User ID: [I forgot my User ID](#)

* Password: [I forgot my Password](#)

[Resend Confirmation Email](#)

LOGIN

ENROLL AN APPLICATION CENTER

[Click here to enroll an Application Center and its satellite locations.](#)

ENROLL AS A TRUSTED USER

To enroll as an Application Center Representative, Manager, or CEO/CFO you must first create a Trusted User account.

[Click here to create your Trusted User Account.](#)

If you would like to apply by mail to be an Application Center or an Application Center Representative, the required forms can be found [here](#).

Click the blue hyperlink that says Click here to enroll and Application Center and its satellite locations.

Application Center Contractual Agreement

PRIMARY (MAIN) APPLICATION CENTER – IDENTIFYING INFORMATION

* Application Center Name:

* Federal Tax ID: -

Please enter contact information for the Primary (Main) Application Center's point of contact below.

* First Name: * Last Name: * Email Address:

* Phone Number: - - Fax Number: - -


Complete all of the details on the Application Center Contractual Agreement. You must fill out all 8 sections to enroll your application center and satellite offices.

Primary (Main) Application Center - Identifying Information: This is where you enter the AC's name and tax ID, and the name, phone number, and fax number of the AC's primary point of contact.

CEO/CFO INFORMATION

Please enter the information for the Application Center CEO/CFO below.

* First Name: Middle Initial: * Last Name:

* Date of Birth: 

* Phone Number: - - * Email Address (Non-Shared):

PHYSICAL ADDRESS

Please enter the physical address of the Primary (Main) Application Center.

* Address:

Apt., Suite, etc.:

* City: * State: * Zip Code:

* Parish:

CEO/CFO Information: Enter the name, date of birth, phone number, and email for either the CEO or CFO of your AC

Physical & Mailing Address: Enter the physical and mailing addresses for the AC. If you note that the physical address is the same as the mailing address, the mailing address fields pre-populate and are disabled.

MAILING ADDRESS

Please enter the mailing address of the Primary (Main) Application Center.

* Is the mailing address the same as the physical address above? Yes

* Address: 3020 Knight Street

Apt., Suite, etc.:

* City: Shreveport * State: Louisiana * Zip Code: 71105

TYPE OF FACILITY

* Facility Type: All OTHER Approved

CONTROL OF FACILITY

* Control Type: Public-State Agency

Type of Facility: Select a facility type from the drop-down menu. This includes, but is not limited to, Pharmacies, Hospitals, and Religious Organizations.

Control of Facility: Enter the control type from the drop-down menu or type it in if the control type is not available in the drop-down. This includes, but is not limited to, Federal Agencies, Charitable or Religious Organizations, and Privately Owned entities.

TYPES OF APPLICANTS TO BE SERVED FOR MEDICAID APPLICATIONS

Please select the types of applicants to be served from the options below

<input checked="" type="checkbox"/> Walk-Ins by General Public	<input type="checkbox"/> Referrals from Hospitals	<input type="checkbox"/> Referrals from Community Centers or other Application Centers
<input type="checkbox"/> Referrals from the Medicaid office	<input type="checkbox"/> Referrals from Doctors' Offices	<input type="checkbox"/> NONE-Will Interview only Own Patients/Applicants

ADD SATELLITE APPLICATION CENTER LOCATION

* Would you like to add a Satellite Application Center Location?

NOTE: If all Satellite Application Center Locations are not added during this enrollment, you will have to contact ApplicationCenter.Service@la.gov to add satellite locations.

Types of Applications To Be Served For Medicaid Applicants: Check the box or boxes next to the types of applicants you intend to serve at your AC
Add Satellite Application Center Location: If you have more than one physical location, select yes to enter the addresses for each location.

CONFIRM PHYSICAL ADDRESS

The following address was suggested as a valid address:

3020 Knight St
Shreveport, Louisiana 71105

* Would you like to use this address?

CONFIRM MAILING ADDRESS

The following address was suggested as a valid address:

3020 Knight St
Shreveport, Louisiana 71105

* Would you like to use this address?

Once you click Next on the Application Center Contractual Agreement screen, you are asked to confirm the Physical and Mailing addresses you entered. Sometimes, the SSP will suggest a valid address to review. This valid address either matches what was entered on the previous screen or provides a slightly different suggested address based on information from an interface. It is important to review this information because if it is incorrect, it will affect the state’s ability to contact you and send payment information.

Electronic Funds Transfer(EFT) Enrollment Form

CONTACT INFORMATION
Please enter the contact information of the individual who is responsible for the Application Center's finances.

* Application Center Name:

* First Name: * Last Name: * Email Address:

* Phone Number: - - Fax Number: - -

ACCOUNT INFORMATION

* Account Type:

* Name on Account (must match name on the Facility's Contract Agreement):

* Account Number:

* ABA Routing Number:

Please be advised that you will be required to submit a voided check or a letter on bank letterhead with the above information, signed by a bank representative, in order to completely process your enrollment.

ELECTRONIC SIGNATURE

*I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge.

*I/We understand that LDH may revoke this authorization any time.

*I/We understand that if a Board of Director's approval was necessary to enter into this agreement approval has been obtained and the signature below is authorized by the stated Board of Directors to enter into this agreement.

* Please enter the following fields of the Authorized Agent:

* First Name: * Last Name: * Title:

Once you finish entering the information for your primary location, you get the Electronic Funds Transfer (EFT) Enrollment Form. This screen appears for all primary and satellite AC locations.

It has 3 sections:

Contact Information: Enter the contact information for the individual who is responsible for the AC's finances.

Account Information: Enter information about the bank account where you want payments from the state to be deposited.

Electronic Signature: To agree to the terms, check the boxes, and enter your name as an electronic signature.

ELECTRONIC SIGNATURE

*I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge.

*Please check this box to let us know that you agree to the Notice

*Please check this box to let us know that you agree to the Administrator/CEO Confidentiality Statement

*Please check this box to let us know that you agree to the Agreements and Responsibilities

* First Name: * Last Name:

[« PREVIOUS](#) [NEXT »](#)

After you fill out the Contractual Agreement and Electronic Funds Transfer Enrollment Form screens for all AC locations, there are 3 screens you must agree to and electronically sign.

Application Center Agreements & Responsibilities: This screen outlines the responsibilities that you have as an application center to serve applicants and enrollees, and work with the state.

Confidentiality Responsibilities/Agreement: This screen outlines the federal regulations about confidentiality and precautions you should take to safeguard sensitive personal and medical information.

HIPAA Business Associate Addendum: This screen serves as an attachment to the confidentiality agreement, and further clarifies the responsibilities of Application Centers to handle personal and health information with care.

Take your time when reading through, acknowledging, and electronically signing all 3 of these agreements.

You have completed this request for enrollment and your information has been sent to the department mentioned below for review. We will contact you when your request has been processed.

REQUEST SUMMARY

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 - APPLICATION CENTER PROGRAM

Your information has been sent to the department mentioned below:

Louisiana Department of Health - Application Center Program

P.O. Box 629

Baton Rouge, LA 70801-0629

Customer Service Number: 1-888-342-6207

Fax Number: 1-877-523-2987

Email: ApplicationCenter.Service@LA.Gov

After reading, acknowledging, and signing all three of the agreement screens, you have successfully enrolled your AC! This screen confirms that the enrollment request has gone to the state. Here, you can also print a PDF of your enrollment request for your records, and take note of the LDH contact information in case you need to reach out with any questions.



Wait for an email from
ApplicationCenter.Service@la.gov that contains
the Application Center ID before you register any
Trusted Users.

Application Center Representative/Manager Enrollment

Trusted Users

Who needs a Trusted User Account?

- Application Center Manager
- Application Center Representative

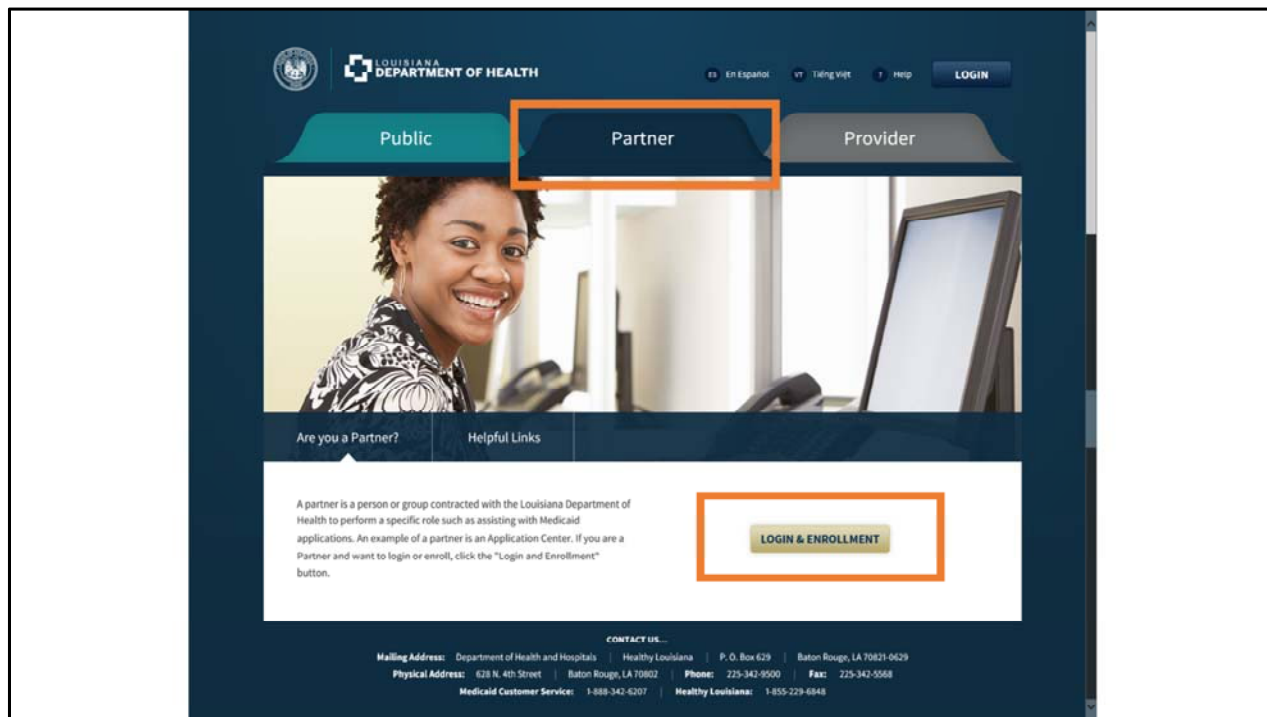
After receiving your AC ID number, you will Enroll as a Trusted User.

You will receive this from the Application Center Admin.

Representatives and Managers need to enroll.

CEOs and Administrators will be enrolled automatically using the information entered on the Application Center Contractual Agreement screen.

Step 1: Create Trusted User Account



After the CEO/Application Center Manager has received the Application Center ID, they need to distribute the App Center ID to anyone that needs to enroll as a Trusted User.

Click the Partner Portal tab and then click Login & Enrollment.

Application Center Login & Enrollment

LOGIN

* User ID: [I forgot my User ID](#)

* Password: [I forgot my Password](#)

[Resend Confirmation Email](#)

LOGIN

ENROLL AN APPLICATION CENTER

[Click here](#) to enroll an Application Center and its satellite locations.

ENROLL AS A TRUSTED USER

To enroll as an Application Center Representative, Manager, or CEO/CFO you must first create a Trusted User account.

[Click here](#) to create your Trusted User Account.

If you would like to apply by mail to be an Application Center or an Application Center Representative, the required forms can be found [here](#).

BACK TO HOME PAGE

Click the **blue hyperlink** that says Click here to create your Trusted User Account.

CREATE A TRUSTED USER ACCOUNT

SETTING UP YOUR ACCOUNT

There are three steps to setting up a secure account. After completing the three steps on this page, you will be able to login to your new account. Keep in mind that this is a secure website run by the Louisiana Department of Health. By law, we must keep your information private and secure. If you already have an online account, [click here to log in to your account](#).

If you have questions about setting up your account, please email the Application Center Services team at ApplicationCenter.service@la.gov.

Some items have an asterisk (*) next to them. You must fill these items in before you can create your account.

STEP 1: YOUR CONTACT INFORMATION

Please fill in your name and email address below.

* First Name: Middle Name: * Last Name:

In order to setup an account, you are required to enter a non-shared email address.

* Email Address:

* Confirm Email Address:

Phone Number (this number must have text messaging capabilities): - -

After indicating that you want to enroll as a Trusted User, you are taken to the Create A Trusted User Account screen,.

Step 1: Fill out your contact information like name and email address, and phone number.

STEP 2: ACCOUNT CREDENTIALS

To create an account, you will need to create a user ID, password, and PIN. For all of these, you should choose something that's easy for you to remember but hard for other people to guess. **Keep in mind that you will need your PIN when electronically signing anything you submit to LDH.**

User IDs must have a minimum of 8 characters and a maximum of 64 characters. User IDs must contain at least 1 letter, and can contain numbers and the following special characters: "_", "@", "-", and "." (underscore, at symbol, hyphen, and period). User IDs cannot contain two consecutive allowable special characters.

* User ID:

MedicaidTrain

Password must have a minimum of 8 characters and contain at least 3 of the following 4 categories: Numeric Character (0-9), English Uppercase (A-Z), English Lowercase (a-z), and special characters (, !@#\$%^&*()_-+{[=\/<:;>}).

* Password:

●●●●●●●●

* Retype Password:

●●●●●●●●

PINs must consist of a combination of 6 base digits (0-9).

* PIN:

●●●●●●

Step 2: Create account credentials including User ID, Password and PIN. Make a note of the details that you provide, you will need them in the future.

STEP 3: SECURITY CHECK

Please enter the letters and/or numbers you see below. If you cannot tell what letter or numbers are being displayed, click on the "Refresh" button and the system will display new letters and/or numbers. If you are using screen reader software or cannot tell what the letter and/or numbers are, you can click on the "Listen" button and the system will read them to you (please note: your computer must be able to play sound and your volume must be on for this to work).

L5W F U K

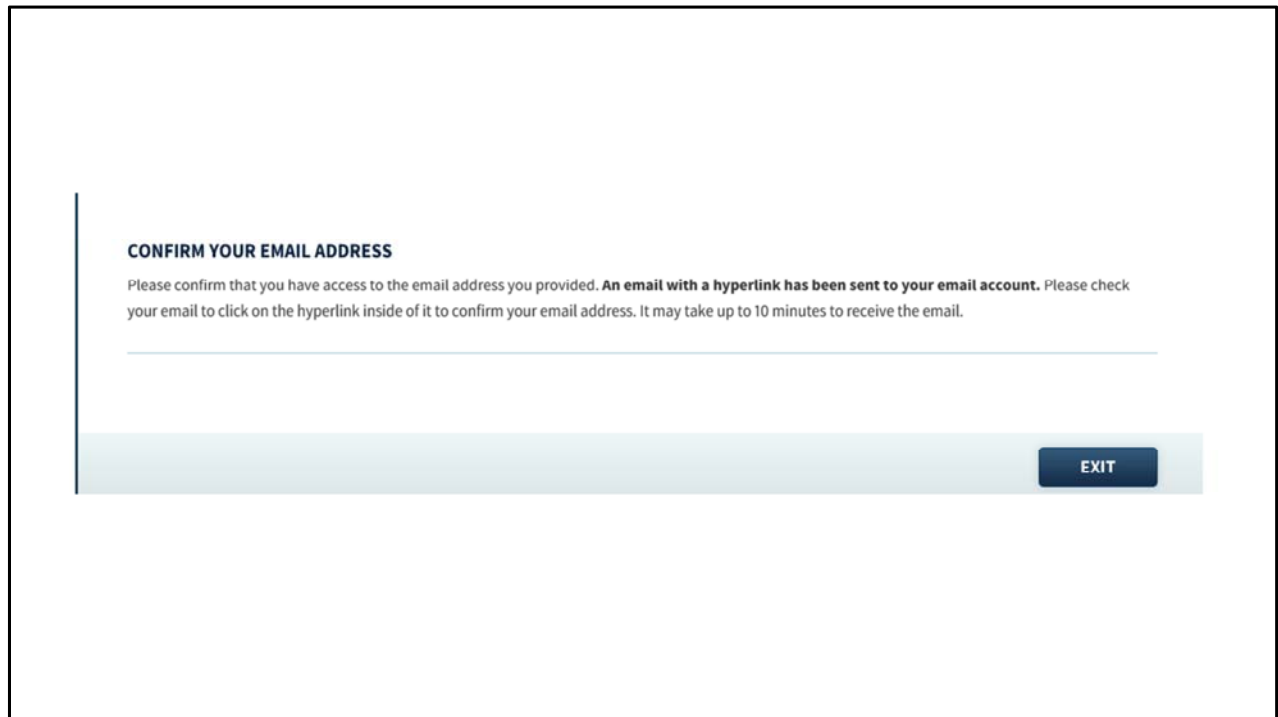


* Enter the letters and/or numbers you see above:

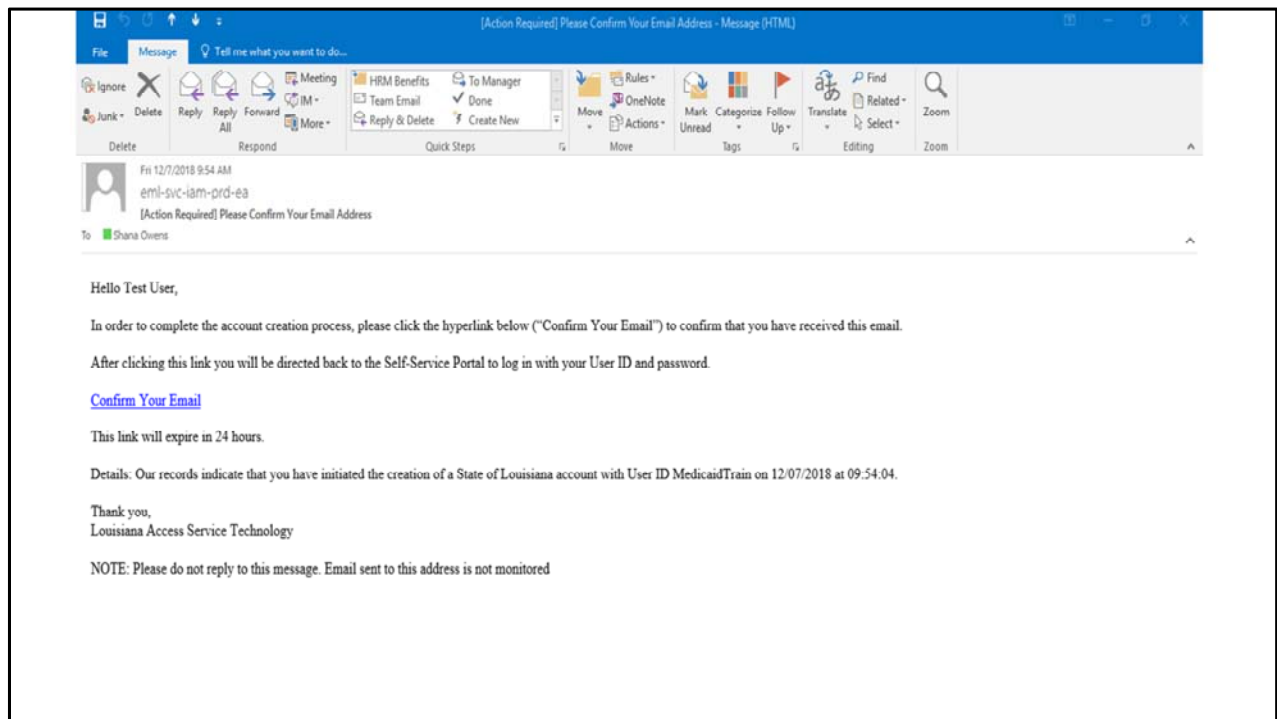
« PREVIOUS

CREATE ACCOUNT »

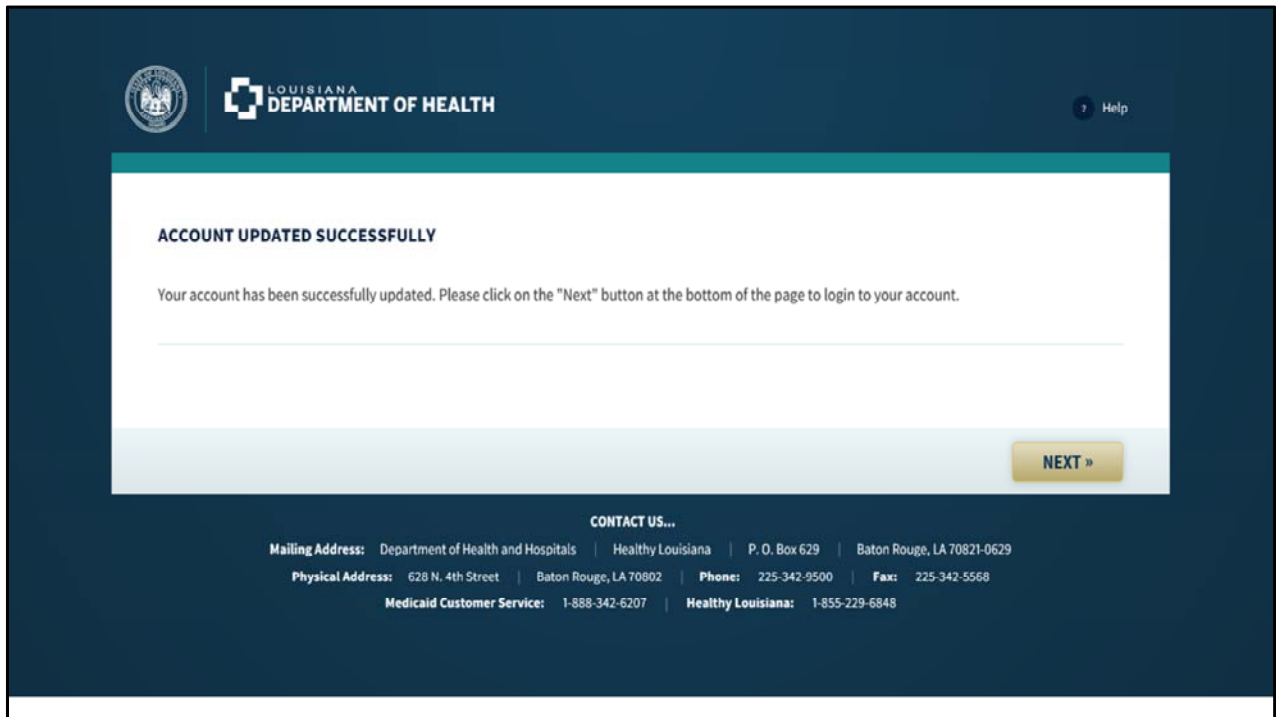
Step 3: Complete security check. Click **Create Account**.



You'll get the Confirm Your Email Address screen explaining that you will receive an email with your validation link shortly. You can click exit.



Check your email for a unique link to confirm your email address.
Click the Confirm your email hyperlink.



This is the screen that appears after clicking the link in the email. Clicking Next takes you back to Application Center Login & Enrollment Page.

Step 2: Request Trusted User ID

Application Center Login & Enrollment

LOGIN

* User ID: [I forgot my User ID](#)

* Password: [I forgot my Password](#)

[Resend Confirmation Email](#)

LOGIN

ENROLL AN APPLICATION CENTER

[Click here](#) to enroll an Application Center and its satellite locations.

ENROLL AS A TRUSTED USER

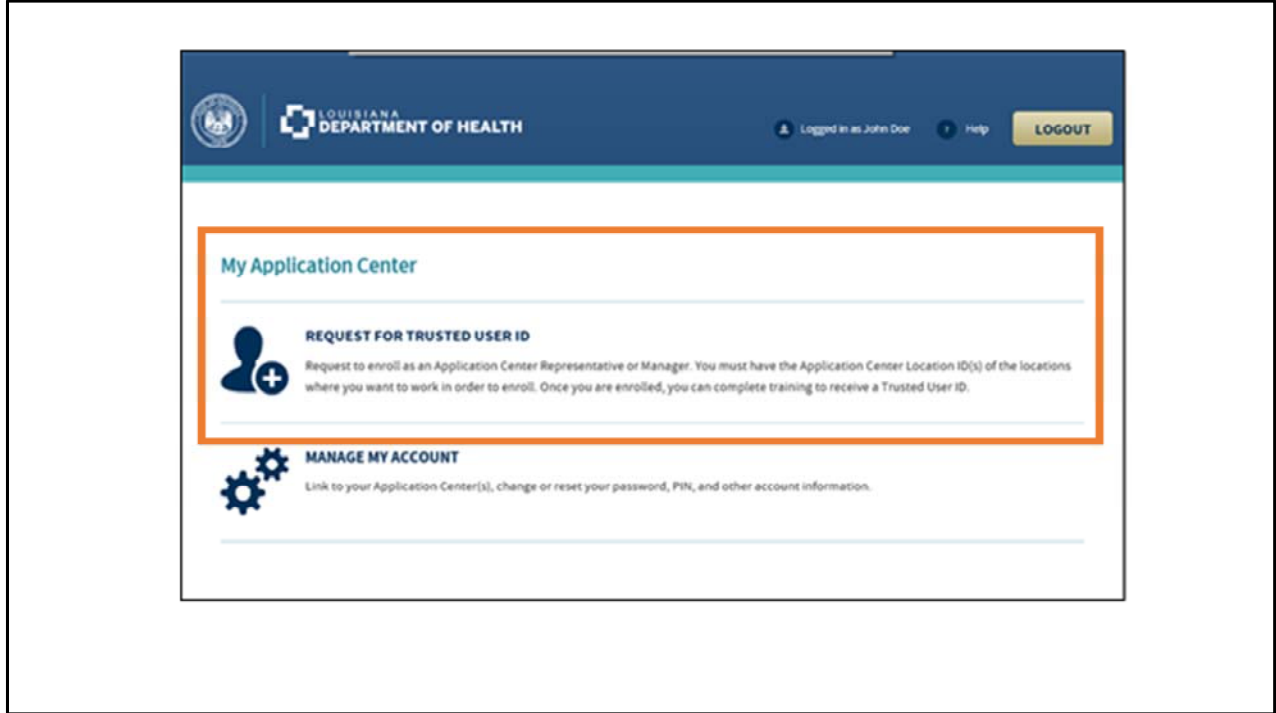
To enroll as an Application Center Representative, Manager, or CEO/CFO you must first create a Trusted User account.

[Click here](#) to create your Trusted User Account.

If you would like to apply by mail to be an Application Center or an Application Center Representative, the required forms can be found [here](#).

BACK TO HOME PAGE

Log in with the **User ID** and **Password** you just created.
Click **Login**.



Click the **Request for Trusted User ID** hyperlink.

The screenshot shows a web form for requesting a Trusted User ID. At the top, there is a dark blue header with the Louisiana Department of Health logo on the left, a user profile for 'John Doe' in the center, and a 'LOGOUT' button on the right. Below the header, the main content area has a title 'Application Center Request for Trusted User ID' and a sub-section 'REQUEST FOR ASSOCIATION TO AN APPLICATION CENTER'. This section includes a text input for 'Satellite Application Center Location ID' and a dropdown menu for 'Requested Role'. An '+ ADD' button is positioned to the right of the 'Requested Role' dropdown. Below these fields, a note states: 'To request to be associated with an additional Satellite Application Center Location and/or Role, click the "ADD" button. Please note that you will only receive one Trusted User ID, but you will be linked to all associated Satellite Application Center Locations through that Trusted User ID.' The next section is titled 'YOUR INFORMATION' and contains the instruction 'Please enter the information for the Application Center Representative below.' This section includes several input fields: 'First Name', 'Middle Initial', and 'Last Name' (all text inputs); 'Sex' with radio buttons for 'Male' and 'Female'; 'Date of Birth' with a date picker; 'Phone Number' with three separate text inputs; and 'Email Address (Non-Shared)' with a text input.

The Application Center Request for Trusted User ID screen has 4 sections:

Request for Association to an Application Center: When you request your Trusted User ID you have to associate it with an Application Center using the App Center Location ID. If you don't know the location ID, ask the App Center Administrator. If you work at more than one facility, you can associate your Trusted User ID with more than one location.

Your Information: This section asks for your name, sex, date of birth, phone number, and email address

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is hereby made a part of the above referenced contract in its entirety as an attachment to the contract in its entirety as an attachment to the contract.

1. The U.S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information. See 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"). The Louisiana Department of Health, ("LDH"), as a "Covered Entity" as defined by HIPAA, is a provider of health care, a health plan, or otherwise has possession, custody or control of health care information or records.

ELECTRONIC SIGNATURE

*I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge.

*Please check this box to let us know that you have read and agree to the HIPAA Business Associate Addendum.

* Please enter your First Name and Last Name:

* First Name: * Last Name:

[- PREVIOUS](#) [NEXT -](#)

HIPAA Business Associate Addendum: Read the HIPAA Business Associate Addendum carefully to understand what you need to do to protect the personal and health information of applicants and enrollees

Electronic Signature: After reviewing the information you entered, check the boxes to indicate that you have provided true, complete, and correct information and that you have read the HIPAA Business Associate Addendum. Then enter your first name and last name to sign.

Confidentiality Responsibilities/Agreement

FEDERAL REGULATIONS

Federal regulations 42 CFR 431.202 restricts the use or disclosure of information concerning applicants/enrollees to purposes directly connected with the administration of Medicaid. Federal regulations 45 CFR Part 160 and 164 governs the privacy of individually identifiable health information (HIPAA Privacy Rule.)

Purposes directly related to Medicaid include:

- Establishing Medicaid eligibility and,
- Determining the type and amount of medical assistance.

Confidential information which shall be protected from disclosure includes, at the minimum, the following:

- Name, SSN, and address of applicant
- Medical services provided
- Social and economic condition or circumstances
- Evaluation of personal information, and
- Medical data, including diagnosis and past history of diseases or disability

It shall be unlawful for any person to solicit, disclose, receive, make use of, or to authorize knowingly permit, participate in, or acquiesce in the use of applications or applicants case records or the information contained therein for any purposes not directly connected with the administration of Medicaid Program.

Publication of lists of names of applicants is prohibited.

PRECAUTIONS IN SAFEGUARDING INFORMATION

- **Informal Discussions:**
All individuals, clinical as well as professional, shall refrain from discussing applicant situations informally in offices, restrooms, while in transit or at social gatherings, regardless of whether the applicant's name is used. The use of names or of descriptions of unusual circumstances in discussions may easily lead to identification of the applicant. Regardless of the possibility of identification, such discussions may create the impression that staff deals lightly with information received and does not have the proper respect for the affairs of others.

Application Interview:
The Application Center Representative shall rely on the applicant as the initial and primary source of information. If there is incomplete, unclear, inconsistent or otherwise questionable information, the AC Rep. shall be careful not to engage in any activity which will violate the applicant's rights. The AC Rep. shall be businesslike and give the applicant the opportunity to participate in the determination of his or her eligibility to the greatest extent possible.

Record Materials:
Material used at staff discussions or training classes shall be edited for all identifying names and circumstances. If the group discussion is about a case under a fictitious name, the danger of the applicant's identity being determined is lessened.

Transporting Case Materials:
No case material shall be taken out of the office, except to transport it directly from one office to another; if the material is carried by automobile or public carrier, every precaution shall be taken to protect it from being observed or from falling into the hands of another person. LDM shall be notified immediately if case material taken out of the office is lost.

Any person who violates any of the provisions of confidentiality is subject to a fine of not more than two thousand, five hundred dollars (\$2500) or imprisonment for not more than **two (2) years** in the parish jail or both, not less than five hundred dollars (\$500) or **sixty (60) days** on each count. In addition to these criminal penalties, violation of confidentiality requirements shall result in the termination of certification to complete Medicaid applications.

ELECTRONIC SIGNATURE

I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge.

I have read, understood, and will abide by the confidentiality regulations in this agreement.

* Please enter your First Name and Last Name:

* First Name: * Last Name:

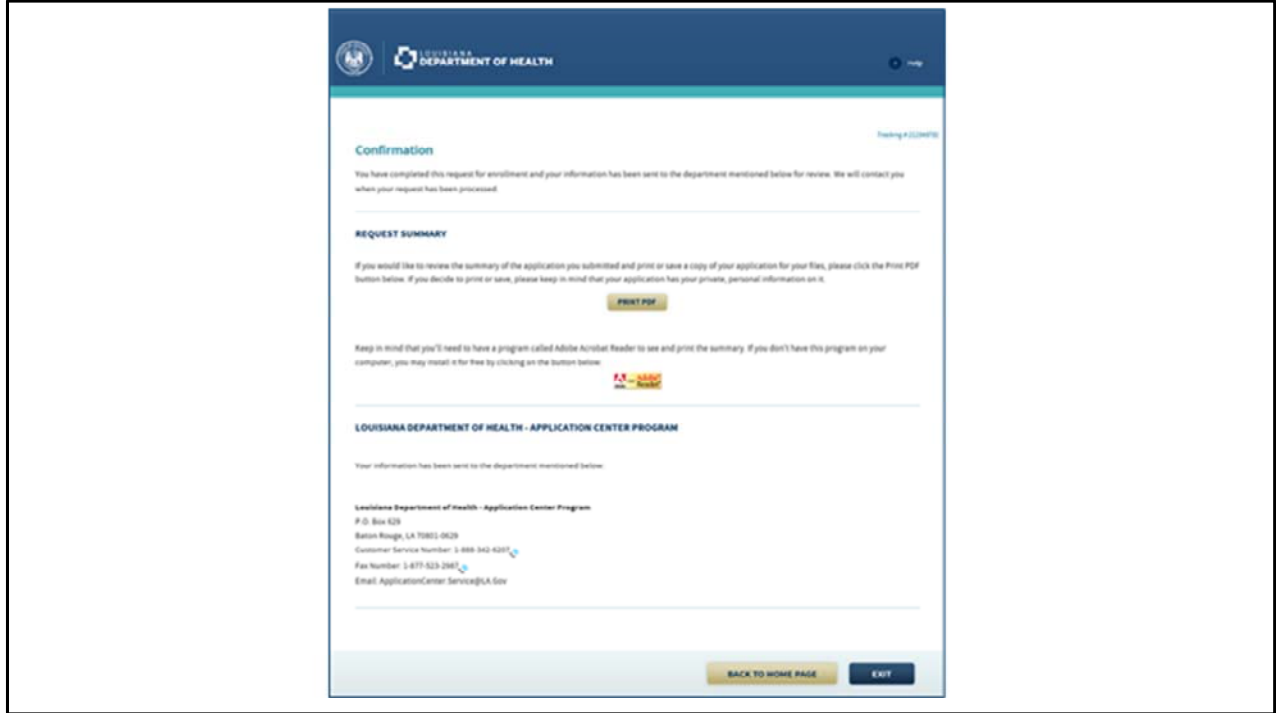
[» PREVIOUS](#) [NEXT «](#)

The Confidentiality Responsibilities and Agreement screen is separated into 3 sections:

Federal Regulations: This section outlines what you need to know about the federal regulations about protecting applicant and enrollee information.

Precautions in Safeguarding Information: This section highlights precautions you can take to safeguard sensitive personal and medical information.

Electronic Signature: After reviewing the information you entered, check the boxes and enter your first name and last name. Click **Next** to proceed.



After clicking Next on the Confidentiality Responsibilities & Agreement screen, you get the Confirmation screen. This means that the request for your Trusted User ID has gone to the state for review. You have the option to view a PDF of the Request Summary.



Wait for an email from LAMedicaid.Training@la.gov that contains the link to your training curriculum and details for logging into Coursemill.

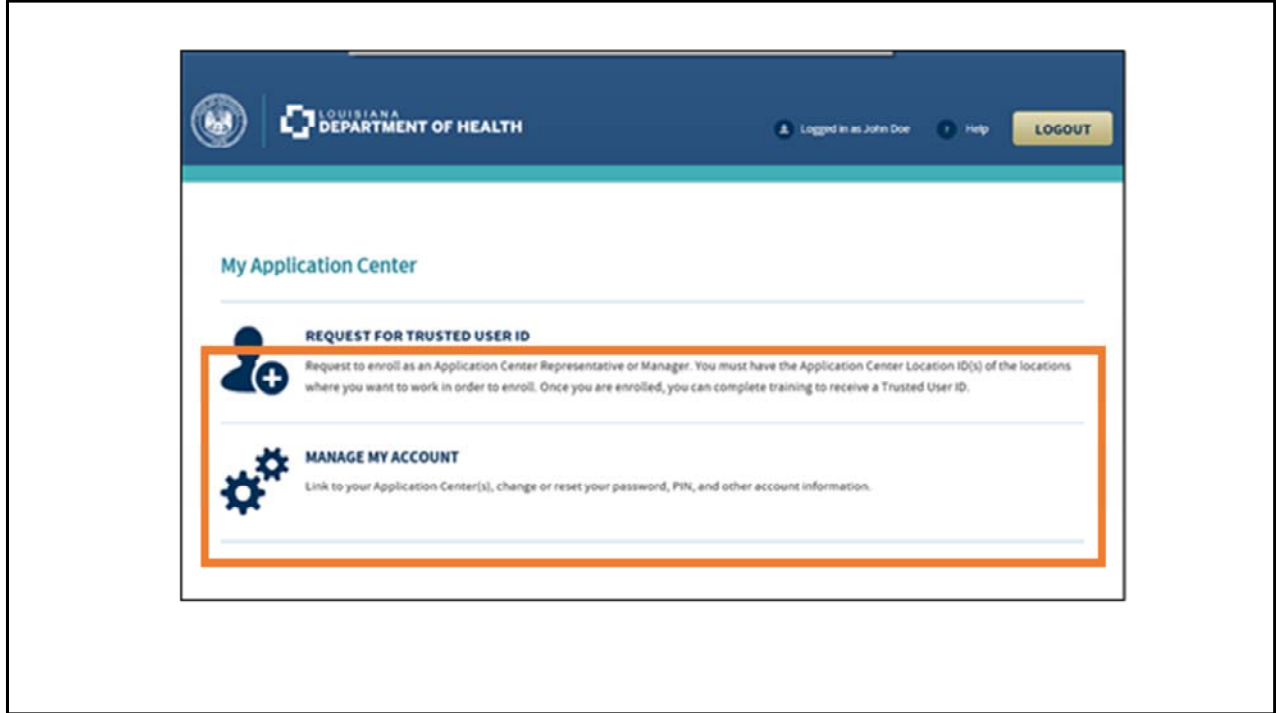
Wait for an email from LAMedicaid.Training@la.gov that contains the link to your training curriculum and details for logging into Coursemill.

Step 3: Complete Training on Coursemill



After the Curriculum is completed on CM, you will receive an email from ApplicationCenter.Service@la.gov with your Trusted User ID.

Step 4: Link Trusted User ID to Trusted
User Account



Click **Manage my Account** to proceed.

APPLICATION CENTER LINKING INFORMATION

* Do you have a Trusted User ID?

Your Trusted User ID was emailed to you if you already completed your training. You do not have to provide a Trusted user ID to create an account, but you are required to have one to link an account to your Application Center information.

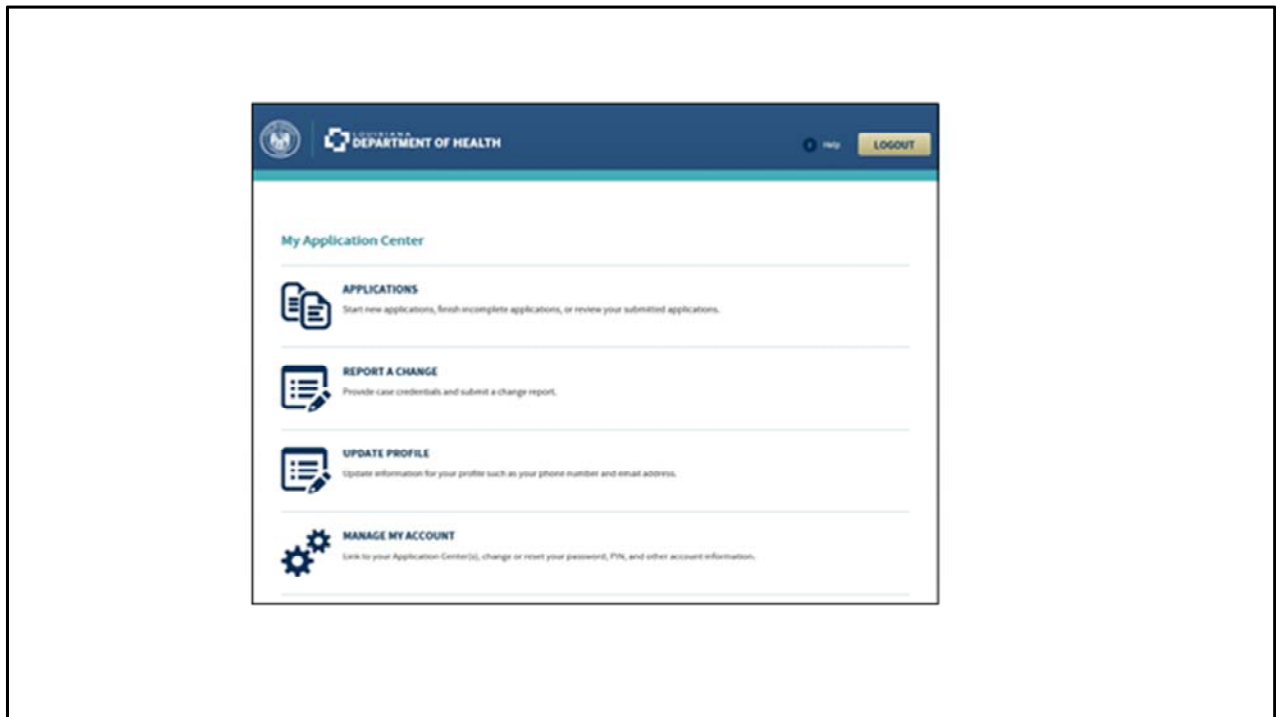
To associate your account with the Application Center(s) you work for, enter your Last Name, Date of Birth, and the Trusted User ID that was provided to you during enrollment.

* Last Name:

* Date of Birth:

* Trusted User ID:

In the Application Center Linking Information section, select **Yes** for the question, Do you have a Trusted User ID. Enter your **Last Name, Date of Birth, and Trusted User ID.** Click **Update Account.**



When you return to the My Application Center Home Page, you will see that the Request Trusted User ID section has disappeared, and there are three new sections: Applications, Report a Change, and Update Profile. If you are a manager or CEO/CFO, you will see extra sections as well, such as Payment History and Update Application Center, Location, and Representative Profiles.