Louisiana Medicaid/LaCHIP P.O. Box 91283 Baton Rouge, LA 70821-9278





# LOUISIANA DEPARTMENT OF HEALTH

### **Decision Letter**

STACEY L LEE-EASILEY 2536 S Galvez St New Orleans, LA 70125

Case ID #: 9213976005420 Date: 03/03/2023

Dear STACEY L LEE-EASILEY.

We made a decision on your Medicaid health care coverage.

Person(s)	What Do I Need to Know?	Effective Date
STACEY L LEE-EASILEY	Your Medicaid is <b>extended</b> . See You Have Been Approved below.	05/01/2021

#### What does this mean?

• Extended – You still qualify for coverage as of the Effective Date and we will continue paying for covered services that you receive.

You may check the status of all household members by visiting MyMedicaid.la.gov

## You Have Been Approved

#### **How to Report Changes**

This section is about: STACEY L LEE-EASILEY

- You must let us know if you move or change your phone number so we can let you know about important updates.
- You must report any changes in your situation within 10 days (like income changes, private health insurance changes, if someone moves in or out, and changes in jobs).
- You can report changes by:
  - Logging on to www.healthy.la.gov or
  - Calling us toll free at 1-888-342-6207

Policy Reference: MEM L-0000