

MEM – Provision of Medical Certificate of Creditable Coverage Requested by Member

Purpose:

This procedure explains how calls from members requesting a proof of Medicaid coverage are handled.

Identification of Roles:

Customer Service Representatives (CSR)
Administrative Assistance (AA)

Performance Standards:

Member Services is required to answer 80% of all calls within 30 seconds.

Path of Business Procedure:

Step 1: Calls are routed by an Automated Call Distributor (ACD) into an enrollment queue and answered by the next available CSR.

Step 2: CSR access the member's file and will verify that the caller is Health Insurance Portability and Accountability Act of 1996 (HIPAA) authorized to obtain information and make changes to the member's file.

- a. Verify the person calling is listed as the member, the case name or the name in Social Services Number information (SSNI).
- b. Verify the mailing address on file.
- c. Request the caller's current phone number.

Step 3: CSR will determine the caller is requesting a Certificate of Credible Coverage (COC), otherwise known as a Proof of Medicaid Notice.

Step 4: CSR will follow the steps in Member Services Reference Manual, Requesting a COC.

Step 5: Once the COC is requested it will drop into a queue in OnBase Workflow to be processed. See Member Services Reference Manual for Processing COCs in Workflow.

Step 6: After the COC is processed, automatically it will print out the next day.

Step 7: The Administrative Assistant will do Quality Assurance (QA) on the COC and send it to the mailroom to be mailed.

Forms/Reports:

None

RFP References:

Interfaces:

MMIS RECIPIENT ELIGIBILITY SUBSYSTEM

OnBase Workview

Attachments:

None