

## **POLICY AND PROCEDURE**

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|---------------------------------------|---|
| <b>DEPARTMENT:</b><br>Member Services | <b>DOCUMENT NAME:</b><br>Certificate of Credible Coverage |
| <b>PAGE:</b> 1 of 2                   | <b>REPLACES DOCUMENT:</b>                                 |
| <b>APPROVED DATE:</b>                 | <b>RETIRED:</b>   |
| <b>EFFECTIVE DATE:</b> 1/1/23         | <b>REVIEWED/REVISED:</b>                                  |
| <b>PRODUCT TYPE:</b> Medicaid         | <b>REFERENCE NUMBER:</b> LA.MBRS.01                       |

### **SCOPE:**

**Centene Corporate and Health Plan Member Services.**

### **PURPOSE:**

**To provide direction on the handling of inquiries regarding for Certificates of Creditable Coverage, or portability letters.**

**Certificates of Creditable Coverage, or portability letters, are written certificates issued by a health plan or health insurance issuer to show prior healthcare coverage. LDH determines the eligibility of individuals for enrollment into an MCO.**

### **POLICY:**

**The MCO shall direct any requests for a Certificate of Creditable Coverage to LDH.**

**The MCO should route enrollees to the Medicaid Recovery and Premium Assistance Unit at 225-342-8662 to request the certificate.**

### **PROCEDURE:**

- **Advise caller they need to contact the Medicaid Recovery and Premium Assistance Unit at 225-342-8662.**
- **Open Interaction – Member**
- **In OMNI: Intent > Benefits/Auths/Claims > Benefit & Eligibility**
  - **Verify member eligibility**
  - **Is the eligibility request for today's date? Yes or No**
  - **If no, then enter the requested eligibility date**
- **Select Eligibility span using radio button**
- **Does caller need benefit information? Yes or No**
- **Submit**
- **Is this related to Behavioral Health? Yes or No**
- **Does the member have additional benefit questions? Yes or No**
- **Enter detailed notes in the Comments box**
- **Is this related to Behavioral Health? Yes or No**
- **Submit**

### **REFERENCES:**

**MCO Manual – Page 31 – Certificate of Credible Coverage**

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| <b>APPROVED DATE:</b>                 | <b>RETIRED:</b>   |
| <b>EFFECTIVE DATE:</b> 7/1/22         | <b>REVIEWED DATE:</b>                                     |
| <b>PRODUCT TYPE:</b> Medicaid         | <b>REFERENCE NUMBER:</b> LA.MBRS.01                       |

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| <b><u>ATTACHMENTS:</u></b> |
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| <b><u>DEFINITIONS:</u></b> |
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|--------------------------|-----------------------|
| <b><u>REVISION</u></b>   | <b><u>DATE</u></b>    |
| <b><u>New Policy</u></b> | <b><u>10/2022</u></b> |

### **POLICY AND PROCEDURE APPROVAL**

***The electronic approval retained in Archer is considered equivalent to a physical signature.***