

# County of San Diego, Health and Human Services Agency (HHSA) Processing Guide

NPP and Premium Refund/Waiver Processing Guide

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### Purpose:

To provide Procedures for Processing NPP lists and Premium Refund/Waiver requests.

### Background:

MPG LTR 771 informed staff of the requirement to discontinue Targeted Low-Income Children's Program (TLICP) and evaluate for other eligible programs when staff is informed that the beneficiary has failed to pay premiums for two consecutive months. In the Healthy Families Program, American Indians and Alaskan Natives paid no premiums. MEDIL 14-72 extended this policy to TLICP.

### Policy:

The Department of Health Care services implemented an NPP informing system that consists of a monthly list of beneficiaries on premium payment aid codes H3, H5, T1, T3, T6, T8 who have failed to pay their premiums for two consecutive months. TLICP beneficiaries with a premium payment can request Premium Refund/Waivers when they are granted Medi-Cal without a premium retroactively or the beneficiary's request to discontinue the TLICP with a premium aid codes is not processed by the last day of the month in which the request is made.

### Actions:

#### A. Premium Payment Questions and Receipt of Premium Payments at the County

**The county will not accept premium payments.** If a beneficiary turns in a premium payment to the county, workers will take the following actions:

If the check is payable to...	Then ...
the county	return the check to the beneficiary with instructions to make check payable to MPPS and send to MPPS.
MPPS	forward to the MPPS address below.

Medi-Cal for Families Premium Payment Section  
PO Box 138011  
Sacramento, CA 95813-8011

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Refer beneficiary questions regarding their premium payment to the MPPS number found on their premium payment notification (1-800-880-5305).

Workers may contact the MPPS liaison for urgent questions concerning premiums affecting eligibility at (916) 673-4602.

### **B. NPP List Processing**

The NPP list is generated on the 18<sup>th</sup> of each month after the premium payments are 60 days past due. The list will be posted monthly to [Sharepoint](#) under Monthly Reports – Monthly OTLICP NPP LTNA Report. Upon receipt of the NPP list:

1. Discontinue TLICP aid code in CalWIN by marking those individuals on the list as “Not Paying Premium” in the “Collect Case Individual Detail” window, and running EDBC.
2. Issue timely notice of discontinuance.
3. Submit 14-28 to request the EW40 discontinuance transaction with reason code G1.

### **NOTE**

TLICP premium aid codes can run concurrently with non-premium aid codes. In order to discontinue the premium aid codes, workers must complete a 14-28 to manually discontinue in MEDS.

### **C. Preventing Discontinuance**

When the beneficiary calls the worker to state they have paid or want to pay past due premiums before the due date:

1. Inform the beneficiary to call the MPPS to arrange the payment if they have not already paid.
2. After the client completes past due payments, verify by contacting the MPPS liaison at 916-673-4602 (note, only CALs and Supervisors may contact the MPPS).
3. Rescind the discontinuance if the payment is verified.

### **D. Reinstatement within 30 days of discontinuance**

When the beneficiary contacts the worker within 30 days of discontinuance and wants to reinstate TLICP:

1. Inform beneficiary to call the MPPS to arrange the payment if they have not already paid.
2. Verify the payment status with the MPPS at 916-673-4602. Beneficiaries have 90 days to pay past due premiums starting with the first notification of past due payments.
3. Reinstate the premium aid code without break in coverage.

### **E. Reinstatement after 30 days of discontinuance**

When the beneficiary contacts the worker after 30 days of discontinuance and wants to reinstate TLICP or be determined Medi-Cal eligible, the customer must re-apply.

### **F. Premium Refund/Waiver Requests**

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Take the following action to submit a Premium Refund/Waiver Request:

1. The worker will assist the CAL or Supervisor in completing the OTLICP PREMIUM REFUND/WAIVER REQUEST form.
2. Ensure that the phone number included is a direct line to the individual who completed the form.
3. Sign the form (unsigned forms will not be accepted).
4. Document the form in the case file.
5. Fax to the number on the form.
6. Do not share the fax number with beneficiaries.
7. Do not verify that the beneficiary actually paid premiums for the time period, MPPS will do this.
8. Direct beneficiaries to the MPPS at 1-800-880-5305 to follow up on the refund request progress.

**G. Premium Waiver Requests for American Indians and Alaskan Natives**

In order to initiate Premium Waiver Requests for American Indians and Alaskan Natives:

1. Obtain attestation from the parent or guardian that that the child is eligible to receive, or has received, services from an Indian Health Service/ Tribal 638/ Urban Indian Health Program or through Contract Health Services.
2. Document the attestation in the case file (narrative entry of the attestation is acceptable).
3. Complete the OTLICP PREMIUM REFUND/WAIVER REQUEST form as in section F except, mark the "other" box under reason for waiver and indicate American Indian or Alaskan Native.
4. List the name and CIN of each individual who is qualified for a waiver.
5. The date on the OTLICP PREMIUM REFUND/WAIVER REQUEST form is the start date of the premium waiver and must match the date of the customer's request for a premium waiver.
6. Fax it to the MPPS fax number listed on the form.

**Release Date:**

**4/23/2015**