

County of San Diego, Health and Human Services Agency (HHS) Agency (HHS) Agency (HHS)
Program Guide Letter

Interim Non-Payment of Premium Process for the Pre-ACA Optional Targeted Low-Income Children Program (TLICP) and Premium Refund/Waiver Requests	Number	Page
	816	1 of 2

Issue Date:

4/23/2015

Effective Date:

Upon Receipt

Purpose:

To inform staff of the following changes to TLICP:

- Process for discontinuing TLICP for non-payment of premiums (NPP).
- Process for submitting Premium Refund/Waiver requests.
- Regulations related to premium waivers for American Indians and Alaskan Natives.

Background:

MPG LTR 771 informed staff of the requirement to discontinue TLICP and evaluate for other programs when staff are informed that the beneficiary has failed to pay premiums for two months in a row. Previous direction required a Medi-Cal redetermination when individuals were discontinued for Non-Payment of Premiums (NPP). In the Healthy Families Program, American Indians and Alaskan Natives paid no premiums. MEDIL 14-72 extended this policy to TLICP.

Policy Change:

Non-Payment of Premiums

The Department of Health Care services implemented an NPP informing system that consists of a monthly list of beneficiaries who have failed to pay their premiums for two months in a row. This list is for Pre-ACA TLICP beneficiaries only. DHCS will shut down any beneficiaries in NPP status in the transitional 5D aid code. Payment of Premiums is a condition of eligibility for TLICP with a premium and workers are not required to complete a redetermination of Medi-Cal eligibility upon the discontinuance of the Premium based TLICP for NPP. The NPP process for MAGI-based OTLICP has not been issued by DHCS and will be shared when it is made available.

Premium Refund/Waiver Requests

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 the request is made.

American Indian and Alaskan Natives Premium Refund/Waiver Requests

Effective immediately, submit a Premium Refund/Waiver form to the Administrative Vendor for Native Americans and Alaskan Natives.

Summary of Changes:

Added NPP Regulations to [Article 5, Section 12](#).

Added NPP Procedures to NPP and Premium Waiver Processing Guide.

Added Premium Refund/Waiver Requests Regulations to [Article 5, Section 12](#)

Added Premium Refund/Waiver Requests Procedures to NPP and Premium Waiver Processing Guide.

**County of San Diego, Health and Human Services Agency (HHSa)
Program Guide Letter**

Interim Non-Payment of Premium Process for the Pre-ACA Optional Targeted Low-Income Children Program (TLICP) and Premium Refund/Waiver Requests	Number	Page
	816	2 of 2

References:

ACWDLs [15-10](#), [14-43](#) [14-29E](#) and [14-29](#)

Sunset Date:

This policy will be reviewed for continuance by 4/23/2018.

Approval for Release:

A handwritten signature in blue ink that reads "Rick Wanne, 4-27-15". The signature is written in a cursive style.

Rick Wanne, Director
Eligibility Operations

County of San Diego, Health and Human Services Agency (HHS) Program Guide

Targeted Low-Income Children's Program (TLICP)	Number	Page
	05.12.05	1 of 3

Issue Date:

4/23/2015

Effective Date:

Upon Receipt

Background:

Affordable Care Act Information – The below TLICP section applies to Pre-ACA TLICP only. As of 2014 OTLICP is a MAGI Medi-Cal based program. See [Special Notice 13-09](#) and [MPG section 21](#) for details about determining MAGI Medi-Cal eligibility.

TLICP is a property disregard program that provides coverage for children who would have previously been enrolled in the HFP. Eligibility to the different programs is based on age. The below chart describes how the age groups are determined:

Begin	End
At birth	The end of the month of the child's 1st birthday
At age one	The end of the month of the child's 6 th birthday
At age six	The end of the month of the child's 19 th birthday

Continuous Eligibility for Children (CEC) applies to the TLICP refer to MPG 5.15.05.

A. Aid Codes and Income Limits:

To qualify for TLICP, the net non-exempt income of the MFBU must be as follows:

Age Group	Percent Level	Aid Code	Premium?
0-1	Above 200% - up to 250%	H1	No
1-6	Above 133% - up to 150%	H2	No
1-6	Above 150% - up to 250%	H3	Yes
6-19	Above 100% - up to 150%	H4	No
6-19	Above 150% - up to 250%	H5	Yes

Aid code H3 and H5 are premium payment aid codes.

There are no restricted scope aid codes for TLICP. If an applicant fails to provide citizenship/identity documentation at the end of their reasonable opportunity to provide period, they must be re-evaluated for limited scope Medi-Cal with a SOC.

B. Premiums

Premiums are \$13 per child monthly, with a maximum of \$39 per family monthly. When workers approve a beneficiary for one of the TLICP premium payment aid codes, the information will be transmitted to MAXIMUS via MEDS. Beneficiaries may pay premiums in the following forms:

- Cash, check, Western Union
- Electronic Funds Transfer

County of San Diego, Health and Human Services Agency (HHS) Agency (HHS) Agency (HHS) Program Guide

Targeted Low-Income Children's Program (TLICP)	Number	Page
	05.12.05	2 of 3

- Credit Card Transactions

MAXIMUS is the administrative vendor of premium payment collection and will be known as the Medi-Cal Premium Payment Section (MPPS). The MPPS will:

- Maintain premium payment case files
- Bill beneficiaries
- Send overdue payment notices
- Notify counties when a beneficiary on a premium payment aid code has not paid premiums for 60 days
- Verify when a beneficiary previously discontinued for non-payment of premiums has paid and should be reinstated.

C. Non-Payment of Premiums (NPP) Condition

The Non-Payment of Premium Condition is when a beneficiary is two monthly payments past due. A reminder letter is mailed by the MPPS prior to 60 days past due. Upon receipt of notification of NPP, discontinue the beneficiary with timely notice. Beneficiaries are billed until they pay past due payments or are discontinued from TLICP. Premium Payment is a condition of eligibility for premium payment aid codes. No reevaluation of Medi-Cal is required when a beneficiary is discontinued from a premium based aid code for NPP.

D. Reinstate TLICP Discontinued Due to NPP

Beneficiaries can reinstate TLICP prior to termination, or within 30 days of termination by paying their past due premiums. After 30 days discontinuance, the customers must re-apply. If discontinued customers are determined eligible for OTLICP with a premium again, they will be billed for all past due premiums. Procedures for reinstatement of premium based TLICP is in the NPP and Premium Refund/Waiver Processing Guide sections C, D, and E.

E. Requests for Discontinuance of TLICP

- The request for discontinuance must be in writing and documented in the case file.
- Discontinuances of TLICP can only be made for the future months and cannot be made retroactive to the client's request unless a change in circumstance reported timely makes the individual eligible for a non-premium aid code.

F. Premium Refund/Waiver Requests

The MPPS must continue billing the beneficiary until the Premium aid code is discontinued in MEDS. TLICP beneficiaries with premiums can request a waiver or refund of premiums in the following conditions:

- They are found retroactively eligible to a non-premium aid code. They can request a refund of the premiums paid for the months where they are eligible for a non-premium aid code.
- A beneficiary requests discontinuance of a premium based aid code and the discontinuance is not effective the last day of the request month (example: client requests discontinuance in May 2014, but the worker does not take action until July 2014, the refund request would be for June 2014 and July 2014 paid premiums).

County of San Diego, Health and Human Services Agency (HHS) Agency (HHS) Agency (HHS)
Program Guide

	Number	Page
Targeted Low-Income Children's Program (TLICP)	05.12.05	3 of 3

Submit a premium refund/waiver request if the discontinuance is not processed by the end of the month of request, even if the beneficiary has not paid because the MPPS will still bill for the months where the client shows active in MEDS on a premium aid code. If the client goes back on a premium aid code within a year, the MPPS will bill the beneficiary for past due payments. Instructions for submitting Premium Refund/Waiver requests can be found in the NPP and Premium Refund/Waiver Processing Guide.

G. American Indian/Alaskan Native Premium Waivers

American Indians/Alaskan Natives who are eligible to receive or have received service from an Indian Health Service/ Tribal 638/ Urban Indian Health Program or through a referral to a Contracted Health Services, are eligible to a premium waiver for TLICP Premium-based aid codes. Initiate the premium waiver process for these individuals following the directions in the NPP and Premium Refund/Waiver Processing Guide section G.

References:

ACWDLs [12-33](#), [14-29](#), [14-29E](#), [14-43](#), and [15-10](#)
[MPG LTR 771](#)

Sunset Date:

This policy will be reviewed for continuance by 4/23/2018.

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

NPP and Premium Refund/Waiver Processing Guide

Page
1 of 3

Table of Contents:

Purpose
Background
Policy
Actions
<ul style="list-style-type: none">• Premium questions or receipt of premium payments• Non-Payment of Premium (NPP) List Processing• Preventing Discontinuance• Reinstatement within 30 days of discontinuance• Reinstatement after 30 days of discontinuance• Premium Refund/Waiver Requests• Premium Refund/Waiver Requests for American Indians and Alaskan Natives

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 and H5 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

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

NPP and Premium Refund/Waiver Processing Guide

Page
2 of 3

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 (H3 and H5 aid codes only)

The NPP list is generated on the 18th of each month after the premium payments are 60 days past due. The list will be posted monthly to [Sharepoint](#). Upon receipt of the NPP list:

1. Issue timely notice of discontinuance.
2. Discontinue TLICP aid code in CalWIN.
3. Submit 14-28 to request the EW40 discontinuance transaction with reason code G1.

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. Reinstatement 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

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.

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

NPP and Premium Refund/Waiver Processing Guide

Page
3 of 3

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 OTLICIP PREMIUM REFUND/WAIVER REQUEST form as in section E 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 OTLICIP 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