

Medi-Cal Program Guide (MPG) Letter #762

September 28, 2012

Subject DISCONTINUANCE OF POST OFFICE BOXES AND CHANGE OF ADDRESS FOR THIRD PARTY LIABILITY AND RECOVERY DIVISION (TPLRD)

Effective July 1, 2012

Reference Medi-Cal Eligibility Division Information Letter (MEDIL) I 12-05

Purpose The purpose of this letter is to provide the updated address for TPLRD.

Background Correspondence and checks may be mailed to TPLRD regarding the Health Insurance Premium Payment (HIPP) program, the 250% Working Disabled (250% WD) Program, or Health Insurance (HI).

Highlighted Changes The table below shows the Post Office Boxes that have been discontinued.

Address	Summary of Mail Delivered to Address
P.O. Box 997422 Sacramento, CA 95899-7422	HIPP correspondence HI correspondence/checks
P.O. Box 997423 Sacramento, CA 95899-7423	250% WDP correspondence/checks HI correspondence/checks
P.O. Box 997424 Sacramento, CA 95899-7424	HI correspondence/checks

Continued on next page

Medi-Cal Program Guide (MPG) Letter #7622, Continued

Required Action

All mail that would be sent to the addresses above must be mailed to:
P.O. Box 997421
Sacramento, CA 95899-7421

Mail sent to the boxes above will be forwarded to the current address through June 30, 2013. All mail sent to the boxes above will be returned to sender as undeliverable after June 30, 2013.

Workers are encouraged to direct beneficiaries to use the EFT system, which is located at <http://www.paycalifornia.com> or to set up payments in their bank's online bill-pay system.

Beneficiary Notification

A flyer will be sent to all 250% WDP beneficiaries with the change of address information, as well as information regarding the Electronic Fund Transfer (EFT) system. This flyer will direct beneficiaries to make payments either through the EFT system or by mail at the new P.O. Box. The Family Resource Centers will be notified when the flyer is sent.

Automation Impact

No impact.

Forms Impact

DHCS is no longer providing the envelope E-103. Medi-Cal Program still has some available. Once the current supply is depleted, there are no more envelopes available. Requests for envelopes may be sent to this [link](#) while supplies last. If a beneficiary wants to mail their premium payment, the beneficiary will need to provide their own envelope.

A ticket has been opened to update the address on Other Client Correspondence (OCC) 14-114 HHS, Important Information on Sending Your Medi-Cal 250% WD Program Premium Payments, to show the correct address. The current version may continue to be used as the mail will be forwarded until June 30, 2013.

Continued on next page

Medi-Cal Program Guide (MPG) Letter #762, Continued

**ACCESS
Impact**

ACCESS agents must be aware of the new address and inform 250% WD recipients of the new address to submit premium payments. Also, they are encouraged to inform recipients of the EFT process or to submit payments through their bank's online bill-pay system.

**Scanning
Impact**

No impact.

**PA Program
Impact**

No impact.

**QC/QA
Impact**

Effective with the October 2012 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

**Summary of
Changes**

The table below shows the changes made in the MPG cites.

Section	Summary of Change
Article 5, Section 19	Updated addresses for TPLRD.
Article 15, Section 1	Updated addresses for TPLRD.

**Approval for
Release**



DH

5.19.03 250 Percent Working Disabled (250% WD) Program

**Q.
250% WD
Program
Approvals**

Upon approval of the 250% WD Program the worker must:

ACWDLs
00-16
02-39
04-30
09-28
11-41

Step	Action
1	Inform the beneficiary via 14-114 HHSa that they have the following two options for payment of premium payments: <ul style="list-style-type: none"> • Electronic Fund Transfer (EFT) • Mail their premium payments to: <p style="margin-left: 40px;">Department of Health Care Services MC 4720-Dept 155 P.O. Box 997421 Sacramento, CA 95899-7421</p> <p>NOTE: Beneficiaries must write their name and CIN on the check or money order to avoid delays in processing.</p>
2	Mail the following NOAs to the beneficiary: <ul style="list-style-type: none"> • NOA MC 338D "APPROVAL FOR BENEFITS AS A 250% WD INDIVIDUAL OR COUPLE" NOTE: OCC 14-114 (HHSa) "IMPORTANT INFORMATION ON SENDING YOUR MEDI-CAL 250% WD PROGRAM PREMIUM PAYMENTS" will auto generate in CalWIN with MC338D. • MC 338G "250% WD PROGRAM PREMIUM PAYMENT SYSTEM"

MEDIL
12-05

Any correspondence and checks relating to the 250% WD Program billing or premium payments shall be referred to:

Department of Health Care Services
MC 4720-Dept 155
P.O. Box 997421
Sacramento, CA 95899-7421

MPG LTR 762 (09/12)

15.1.2 Responsibility for Reporting

**D.
Repayment of
Insurance
Reimbursement**

Applicant/beneficiaries must report and repay Medi-Cal for services received under Medi-Cal but reimbursed by their insurance provider.

The worker will instruct the applicant/beneficiary to forward reimbursement payments to:

California Department of Health Care Services
Third Party Liability Branch – MS 4719
P.O. Box 997421
Sacramento, CA 95899-7421

MEDIL
I 12-05

Beneficiaries should endorse checks from insurance carriers as follows:

- "For Deposit Only to Health Care Deposit Fund" -- This will ensure that the check will be properly applied to the State fund only.
- Name of Payee -- Party to whom the check is made payable.
- Medi-Cal Identification Number of Beneficiary -- This may be a person different than the one who received the check.
- Payment must be signed by either the payee or his/her agent.

The applicant/beneficiary must enclose with the check the following information:

- Date(s) of service,
- Provider's name, and
- Daytime phone number where they can be reached.

MPG LTR 762 (09/12)

15.01.05 Medicare HMO Premium Payments, Health Insurance Premium Payment (HIPP), and Employer Group Health Plan (EGHP)

B. Health Insurance Premium Payment Program

DHCS is authorized to pay health coverage premiums on behalf of medical beneficiaries through the Health Insurance Premium Payment (HIPP) Program whenever it is cost effective. Paying these premiums for high cost medical users results in reduced Medi-Cal costs.

ACWDL
90-23 &
95-72

Counties are responsible for identifying the existence or availability of private or group health insurance and assisting Medi-Cal beneficiaries in completing a DHCS 6172 ([Appendix G](#)). Information from the DHCS 6172 is used to help DHCS evaluate for HIPP. DHCS will notify the county on form DHS 6036A if it will be paying the health care premiums. When the county is notified that the beneficiary has been accepted to the HIPP program, the worker will review the SOC and recompute the budget if necessary.

ACWDL
09-25

HIPP Qualifying Factors

A person is potentially qualified for HIPP if:

- There is current Medi-Cal eligibility.
- There is a high cost medical condition for which the average Medi-Cal covered monthly cost is twice the amount of the monthly health insurance premium, or the medical condition is one of those listed in [Appendix E](#).
- There is a current private or group health insurance coverage, or COBRA continuation, or a conversion policy, in effect or available.
- Application is made in a timely manner.
- The policy does not exclude the high cost medical condition.
- The premiums are not the responsibility of an absent parent.
- There is no enrollment in a Medi-Cal related pre-paid health plan.
- The client's health insurance policy must not be issued through the California Major Risk Medical Insurance Board.

ACWDL
91-08 &
09-02

ACWDL
I-97-15

ACWDL
95-71

Required Worker Actions

The worker will:

ACWDL
09-25

Step	Action
1	Issue a DHCS 6172 to the beneficiary to complete during the application and redetermination process when the beneficiary indicates: <ul style="list-style-type: none"> • That private or group health insurance is available, but has not been applied for, or • That he/she is about to terminate health insurance

	coverage, or • That his/her health insurance coverage has lapsed.
2	Retain a copy of the DHCS 6172 with the case record.
3	Advise the beneficiary that private health insurance must be used prior to using Medi-Cal.
4	Tell the beneficiary that DHCS may require that Medi-Cal eligibles with existing third party coverage participate in HIPP if it is cost effective for the Department.
5	Mail the DHCS 6172 within five days to: Department of Health Care Services Medi-Cal Third Party Liability Branch HIPP Unit MS 4719 P.O. Box 997421 Sacramento, CA 95899-7421
6	After the County receives a confirmation notice from DHCS that the beneficiary has been accepted to the HIPP program, recompute the beneficiary's share of cost if necessary.

ACWDL
93-37
MEDIL
I 12-05

MPG LTR 762 (09/12)

**C.
COBRA**

If a beneficiary provides evidence that continuation of medical benefits is available under COBRA, and the beneficiary has a high cost medical condition, the worker must complete a new DHCS 6172 and send it to:

Department of Health Care Services
Health Insurance Premium Payment Unit
MS 4719
P.O. Box 997421
Sacramento, CA 95899-7421

MEDIL
I 12-05

MPG LTR 762 (09/12)
