

PREMIUM REFUNDS

0913.02.03

MinnesotaCare:

When canceling coverage, check financial control to see if the household has a credit balance or has paid for a future month for which they will not receive coverage. If the household has a credit or will have one because of the cancellation, track and submit a refund request to the MMIS User Services Help Desk 31 days after the payment was posted.

EXCEPTION:

Workers may request refunds for payments made **by cash, money order, or cashier's check** any time after the payment is posted without waiting 31 days. **Contact the MMIS User Help Desk if you are unsure what payment method was used.**

People cannot receive a refund for any month for which a capitation payment has been made.

See MMIS User Manual MC-VII-1-2 for refund instructions.

DHS Financial Management issues refund checks every 2 weeks to the provider listed on the MinnesotaCare case. Contact the household to confirm the mailing address before requesting a refund. Enter the contact and the refund request in case notes. Households will receive refunds 2-4 weeks after the worker submits the refund request.

MMIS issues a monthly report of closed cases with credits. The MMIS User Services Help Desk will notify workers to review cases with credits of \$100 or more. Verify the mailing address and initiate a refund if appropriate. Do not request refunds for cases for which you are unable to confirm the current mailing address.

Generally, credits on active cases will be applied against future billings. If an active enrollee requests a refund of credit balances, submit and track a refund request following the procedures in this section.

MA:

See 0913.01.03 (MA-EPD Premiums).

GAMC:

No provisions.