

## **EXHIBIT A**

**POLICY TITLE:** Disenrollment

**PURPOSE:** To establish a uniform process for why and how a member can be disenrolled from the Healthy Kids insurance program.

**POLICY:** The Local Program Administrator is responsible for reviewing reports and information that concludes that a member no longer qualifies for Healthy Kids and for notifying the parents that their child is subject to disenrollment. The Regional Executive Director is responsible for reviewing disenrollment activities and for coordinating any second level appeals.

**PROCEDURE:**

I. Establishment of Disenrollment Criteria

- A. The Governing Board shall establish a minimum set of criteria which meets the terms of the health plan agreements and the funding sources. Such criteria shall be updated simultaneously with contract updates or changes. Such list shall be included as an addendum to this policy.

II. Local Program Administrator Review

- A. The Local Program Administrator (LPA) shall review the information that is available regarding member eligibility including reports on patient premium contributions, information regarding address changes, changes in size of family, employment status or other relevant information.
- B. When information indicates that the member may no longer be eligible for enrollment, the LPA shall be responsible for notifying the parent of the pending termination of coverage.
  - 1. A ‘Notice of Pending Termination of Coverage’ shall be sent giving the parent 15 days to respond and confirm or correct the eligibility information.
  - 2. If the parent does not respond within 15 days, a second letter shall be sent, ‘Termination of Coverage’ that will include information regarding the appeals process.
  - 3. At this time, information shall be entered into ‘TESS’ with the effective date of termination noted.
  - 4. Local member files shall be closed according to local protocols in accordance with HIPAA regulations.

III. Regional Program Administrator Review

- A. The Regional Executive Director will review the reports available from ‘TESS’ regarding disenrollments and bring any concerns she might have about the disenrollment process or trends to the attention of the Local Program Administrator or the HKHF Governing Board.

- B. The Regional ED shall be responsible for coordinating an appeals review should a second level review come forward for regional review and decision.

Attachments:

Disenrollment Criteria

Notice of Pending Termination of Coverage

Termination of Coverage Letter

**Healthy Kids Healthy Future  
Disenrollment Policy Criteria**

Members are eligible for enrollment at the local level if they meet all of the eligibility requirements for Healthy Kids. If any of the following situations occur, the member shall be deemed ineligible for coverage and terminated according to protocol.

- \_\_\_ Non- payment of premium
- \_\_\_ Child turned 6 years of age and there is no funding available for children 6 – 18 at this time.
- \_\_\_ Child turned 19 years of age and is no longer eligible for Healthy Kids
- \_\_\_ Parent did not complete the application or renewal process.
- \_\_\_ The child's primary residence is no longer in the enrolling county
- \_\_\_ The child is no longer living in the responsible parent's home
- \_\_\_ The parent requested disenrollment
- \_\_\_ Other Changes occurred which affect income level and eligibility



Date

Name

Address

City, State, Zip

Re: **Notice of Pending Termination of Coverage – Healthy Kids Program**  
Application # [Number]

Dear Name,

It is very important that you contact us right away in order to continue your child’s health coverage through Healthy Kids. If you do not contact us within 15 days, your child’s coverage will be cancelled effective [date] for the following reason[s]:

- \_\_\_ Non- payment of premium
- \_\_\_ Your child turned 6 years of age and there is no funding available for children 6 – 18 at this time. S/he has been placed on a wait list for continued coverage pending the availability of funds.
- \_\_\_ Your child has turned 19 years of age and is no longer eligible for Healthy Kids
- \_\_\_ You did not complete the renewal process.
- \_\_\_ Your child’s primary residence is no longer in \_\_\_\_\_ County
- \_\_\_ Your child is no longer living in your home
- \_\_\_ You requested disenrollment

If you do not contact us, your child’s coverage will end on the date noted above. If the above information is incorrect and you wish to continue your child’s health coverage, you should contact your local enrollment center.

Please call \_\_\_\_\_ right away in order to protect your child’s health.

Sincerely,

Name

Certified Application Assistor/Enrollment Specialist



Date

Name

Address

City, State, Zip

Re: **Termination of Coverage – Healthy Kids Program**

Application # [Number]

Dear Name,

This letter is to inform you that your child’s health coverage through Healthy Kids has been cancelled effective [date] for the following reason[s]:

- \_\_\_ Non payment of premium
- \_\_\_ Your child turned 6 years of age and there is no funding available for children 6 – 18 at this time. S/he has been placed on a wait list pending the availability of funds.
- \_\_\_ Your child has turned 19 years of age and is no longer eligible for Healthy Kids
- \_\_\_ You did not complete the renewal process.
- \_\_\_ Your child’s primary residence is no longer in [County] County
- \_\_\_ Your child is no longer living in your home
- \_\_\_ You requested disenrollment

Your coverage ends on the date noted above. If circumstances change and you wish to reenroll your child, you can make a new application by contacting your local enrollment center. If you need help finding your local application assistor, please refer to your Member Handbook or call 1 888 531-5437.

If you believe that a mistake has been made in disenrolling your child, you can file an appeal. A copy of the requirements for filing an appeal is included with this letter for your convenience.

If you have any questions concerning this letter you can reach me at [redacted].

Sincerely,

Name

Local Program Administrator

Enclosure: Appeals Process