

EXHIBIT B

POLICY TITLE: Eligibility Appeals

PURPOSE: To establish a uniform process for how and when a family may request a higher level review of the eligibility determination of the Local Program Administrator.

POLICY: Families can file an appeal (formal request for reconsideration) with HEALTHY KIDS HEALTHY FUTURE if they disagree with a decision regarding their child/children's eligibility, effective date of coverage, or disenrollment. Note: There is no appeal process if the child is placed on a waiting list due to lack of funding. All responses to written appeals will be made in writing. The appeals process has two review levels.

PROCEDURE:

I. First Level of Appeal

A. Step One

The parent must file the First Level Appeal in writing with the Enrollment Center where they enrolled their child within 30 days of the decision notice. The Enrollment Information Center will have available copies of the form for a First Level Appeal. A written letter is also acceptable. The parent(s) can make the appeal or they can ask a representative (e.g. relative, pastor, friend) to assist with the request on the family's behalf.

The First Level Appeal must be in writing and *must* include the following information:

- A copy of the written decision notice or statement regarding the decision that is disputed
- An explanation of why the parent(s) thinks the decision is wrong
- How the parent(s) wants the appeal to be settled
- Any other information the parent(s) wants to be considered in the appeal
- The HEALTHY KIDS Enrollment Member Number on each document

B. Step Two

The parent must mail or fax the First Level Appeal to the Enrollment Center where the child was enrolled. The address and phone number can be found on the enrollment receipt or by calling the Enrollment Information Center.

The postmark on the envelope or the date a fax is sent is considered the "filing date."

C. Step Three

The county's Enrollment Center Administrative Director will review and respond to the First Level Appeal in writing within 30 days of the time the appeal form or letter was filed.

II. Second Level AppealA. Step One

If the parent(s) do not agree with the local Enrollment Center's decision, they may file a Second Level Appeal **in writing with HEALTHY KIDS HEALTHY FUTURE within 30 days of the decision notice.** The parent(s) can make the appeal or they can ask a representative (e.g. relative, pastor, friend) to assist with the request on the family's behalf.

Second Level Appeals must be in writing and *must* include the following information:

- A copy of the written decision notice received about the First Level Appeal
- An explanation of why the parent(s) think the decision is wrong
- How the parent(s) want the appeal to be settled
- Any other information the parent(s) want to be considered in the appeal
- The HEALTHY KIDS Enrollment Member Number on each document

B. Step Two

Mail or fax the Second Level Appeal to the following address:

HEALTHY KIDS HEALTHY FUTURE

Executive Director
1321 Garden Highway, Suite 200
Sacramento, CA 95833
Fax: 916.922.4024
Phone: 888.531.KIDS (5437)

The postmark on the envelope or the date a fax is sent is considered the "filing date."

C. Step Three

An Appeals Panel will meet within 25 workdays of receiving the Second Level Appeal. The panel includes the Executive Director of HEALTHY KIDS HEALTHY FUTURE (HKHF) and a member of the HKHF governing board, among others. **The Appeals Panel will review and respond to the Second Level Appeal in writing within 30 days of the time the second appeal letter was filed.**

III. Status of the child's coverage care during the First and/or Second Level Appeal:

If the family appeals a disenrollment decision before the disenrollment date, the child(ren) will continue to be enrolled in HEALTHY KIDS until a First Level Appeal decision is made and until the conclusion of the Second Level Appeal process (if filed).

IV. What to do if the appeal is granted:

If the appeal is granted, the parent(s) must submit a Continue Enrollment request in writing before the end of the month in which the disenrollment would have occurred. The parent(s) may use the Continue Enrollment Request Form provided with the appeal decision letter or obtain one from their local Enrollment Center, or they can simply write a letter indicating their request.

The Continue Enrollment request should be faxed or mailed to the following address:

HEALTHY KIDS HEALTHY FUTURE
Executive Director
1321 Garden Highway, Suite 200
Sacramento, CA 95833
Fax: 916.922.4024
Phone: 888.531.KIDS (5437)

The postmark on the envelope or the date a fax is sent is considered the “request date.”

V. How to appeal a medical, dental or vision plan decision:

If the parent(s) disagrees with something that Health Net, Delta Dental or Vision Service Plan did or did not do, they must address their problem directly with that plan, according to the plan’s policies. Policies are listed in each health plan’s Evidence of Coverage (EOC) or Certificate of Insurance (COI) document, which the parents receive directly from each plan after the child’s enrollment in HEALTHY KIDS. Documents from all three health plans will be mailed within two weeks after the enrollment has been approved and submitted by the Local Program Administrator.

There are no penalties for complaining to a plan, and a child will not lose insurance coverage if the parent(s) express disagreement with something the plan did or did not do.

The parent(s) can review a plan’s EOC or COI before they enroll a child in the HEALTHY KIDS insurance program. They can call the plan directly or ask their local Enrollment Information Center for a copy.

Health Net.....800.327.9040
Delta Dental.....877.580.1042
Vision Service Plan.....800.877.7195

If the parent(s) cannot resolve their problem with a specific health plan, they can contact California's Department of Managed Health Care or Department of Insurance, which license the plan. The contact phone numbers are in the EOC or COI booklet.