



10. ELIGIBILITY AND ENROLLMENT

Who Is Eligible for CHIP?

Children must meet the following basic requirements to be eligible for CHIP:

- Pennsylvania resident
- U.S. citizen or permanent status alien
- Under age 19
- Not covered by any other health insurance plan, and not eligible for Medical Assistance

Please note that enrollment is also subject to Commonwealth of Pennsylvania funding availability. Should funding be unavailable, applicants may be placed on a waiting list. When funding is again available, enrollment would be offered to new members in the order that complete applications were received.

If eligible for CHIP, family income will determine whether a child may be enrolled on a free, low-cost or full-cost basis. If your children are enrolled for low-cost or full-cost coverage, you will be required to pay monthly premiums for this coverage, and copays for services received.

There are no copays in the free CHIP program. There are no copays for preventive health services for low-cost or full-cost CHIP members

How Long Does Coverage Last?

If your children are enrolled into CHIP, their coverage will be effective for 12 calendar months.

How Is Coverage Renewed?

CHIP rules require that children's eligibility for CHIP be reviewed yearly. Every year, three months before your children's anniversary date in the program, we will send you a renewal form. (The anniversary date is the date your children were originally enrolled in the program.)

To keep your children's coverage in force, you must fully complete and return the form to us before your children's anniversary date. Or, you may renew by using the COMPASS online application: Go to www.compass.state.pa.us click on "Renew your benefits" and follow the instructions there. Your children's CHIP coverage will end if all renewal information is not received when due.

What Happens if Premium Payments Are Not Made, or Not Made on Time?

If your children are enrolled in KidzPartners low-cost or full-cost coverage, and you do not pay applicable premiums by the due date, coverage will stop. Coverage will end automatically on the last day of the month that coverage has been paid for.

Health Partners Plans provides flexible payment options, including check and money order payments and recurring credit card and debit payments, to help make paying premiums convenient for you. Premium rate changes are subject to prior review and approval by the Pennsylvania Insurance Department.

What Is Eligibility Review?

If you have any questions about a KidzPartners eligibility determination, please call Member Relations anytime at 1-888-888-1211 (TTY 711). You should also keep in mind that if your child's circumstances (including family income) change, you can reapply for CHIP coverage or for different CHIP coverage.

You have the right to request an impartial review of Health Partners Plans' determination. (You may also ask us for a copy of the procedures that our eligibility decision was based on). If you request a review, the Pennsylvania Insurance Department (PID) will complete it.

An interview with you, a representative of Health Partners Plans and a representative of the PID will be conducted to consider the information used to determine that your children were not eligible, or that they were eligible for low-cost or full-cost rather than free coverage. You may submit information to the PID review officer to explain why you think the decision made was not correct. You may also choose to have someone act as your children's representative.

To request a review, you must send a letter explaining the reason(s) you are requesting a review and a copy of the KidzPartners notice (the denial or disenrollment notice, or letter approving low-cost or full-cost coverage). You must send your request within 30 days of the date on the KidzPartners notice to:

Eligibility Review Committee
Health Partners Plans
901 Market Street, Suite 500
Philadelphia, PA 19107

If we cannot resolve your issue, we will forward your written request and any additional information to the Pennsylvania Insurance Department.

The Pennsylvania Insurance Department will contact you with detailed information, including the date and time when the interview is scheduled. Reviews are usually done by phone, but you may request an interview in person.

Loss of Coverage

In addition to the issues discussed above (failure to pay applicable premiums when due and failure to fully comply with renewal requests), there are other reasons why KidzPartners coverage may be ended. These include but are not limited to:

- Aging out: CHIP coverage generally ends on the last day of the month of the member's 19th birthday. If the member is hospitalized or receiving other inpatient care at this time, however, coverage will be extended until the member is discharged from the facility.

- Moving out of the KidzPartners service area (if you move elsewhere in Pennsylvania, you will need to choose another CHIP program)
- Willful misrepresentation or fraud in applying for your children's KidzPartners coverage
- Violation of the material terms of the application
- Misuse of your children's ID cards, including allowing use of the cards by anyone other than your enrolled children (if the subscriber is responsible for the misuse, all of the subscriber's enrolled children are subject to loss of coverage)
- Failure of the member and PCP to establish a satisfactory patient-doctor relationship, if the plan has provided the member an opportunity to select another PCP in good faith; the member has repeatedly refused to follow the doctor's treatment plan; and the plan has notified the member in writing at least 30 days in advance that it considers the patient-doctor relationship to be unsatisfactory, and specific changes are necessary to avoid disenrollment, subject to the plan's grievance procedure. (Disenrollment of the member's entire family will not result unless the member is the subscriber.)
- Another reason approved by the Commissioner of Insurance

If Health Partners Plans intends to end your children's coverage for one of the reasons listed, you will be notified in writing at least 15 days in advance. The notice will include the reason for disenrollment, and information about your rights. If any member is an inpatient in a hospital or skilled nursing facility when coverage is due to be ended, coverage will be extended until the member is discharged (or at least until the member's benefit limit has been reached, if this date is earlier.)

Your children will never lose their coverage based on their health status. Nor will they lose their coverage as a result of your filing a complaint or grievance with the plan.

You can choose to disenroll your children for any reason. If you decide to leave KidzPartners, you can choose any other CHIP program that serves your county. However, we value having your children as KidzPartners members and hope that you will call Member Relations first if you are thinking about leaving. This way, you can give us the chance to help fix any problems you may be having. You and your children are important to us!