

KP Child Health Plan FAQs

Eligibility Questions

Who Is Eligible for KP Child Health Plan?

- Children ages birth to 19 years who DO NOT qualify for Medi-Cal or Healthy Families, or who are undocumented, can apply to KP Child Health Plan. To become a member they must meet all other eligibility requirements
- The child (the prospective member), must be 18 years old or younger
- The child does not have health coverage, or will lose health coverage within 90 days of the KP Child Health Plan application (this includes any government or employer-sponsored coverage)
- Family income must be less than 300% of the FPLs (Federal Poverty Level)
- **Child must live in a Kaiser Permanente service area**

Please note: Children currently enrolled in Emergency Medi-Cal or Medi-Cal with a Share of Cost (SOC) are eligible to apply for Child Health Plan. The parent/guardian must provide a copy of the award letter for either with their Child Health Plan application.

Who is NOT Eligible for KP Child Health Plan?

The following children are NOT eligible for KP Child Health Plan:

- Unborn children are not eligible
- An emancipated minor (someone younger than age 18 who has been granted the status of adulthood by a court order or other formal arrangement) with or without children is not eligible for membership in KP Child Health Plan
- A minor (someone 18 years old or younger) cannot apply for coverage on their own behalf as the Applicant
- A child enrolled in CCS (California Children's Services) is not eligible for membership in KP Child Health Plan, children who are covered under CCS will be denied enrollment in Child Health Plan unless they have been receiving services from Kaiser Permanente providers for their CCS condition as Medi-Cal, Healthy Families or commercial members and denying their application for CHP would effectively disrupt their health care. Please refer to the "Exclusions" section in the "Exclusions, Limitations, and Reductions" section of the DF-EOC for additional information on CCS eligibility
- A child enrolled in any other employer-sponsored health coverage who will not lose coverage within 90 days of the time the Child Health Plan application is submitted.
- If an employer offers to pay all or some portion of a child(ren)'s health coverage, they are not eligible for Child Health Plan.
- Persons who have had entitlement to receive Services through the Child Health Plan terminated for cause are not eligible
- Persons who have had entitlement to receive Services through Child Health Plan terminated twice in any 12-month period for failure to pay individual (nongroup) plan dues cannot enroll for 12 months after the second termination date. For the purposes of this paragraph, a termination does not count if we reinstated a Member's entitlement to receive Services because you made full payment on or before the next scheduled payment due date following the one you missed.
- An Applicant/Applicant's spouse is not eligible for membership in Child Health Plan

Can a KP Child Health Plan member have dual coverage?

No, if a member is found to have dual coverage (for example Medi-Cal & Child Health Plan), the Child Health Plan coverage will be terminated at point of discovery.

Are undocumented children eligible for membership in KP Child Health Plan?

Undocumented children are eligible to apply for membership in KP Child Health Plan; however, some children who are not U.S. citizens may qualify for Medi-Cal despite immigration status.

How often do KP Child Health Plan members renew their membership?

Charitable Health Coverage Operations (CHCO) will notify the parent/guardian approximately three months before their child's 24-month membership ends. At that time they must verify that the Member (the child) continues to live in a Service Area, that the Member (the child) is not eligible for or enrolled in other coverage, and that the family income continues to meet the income requirement for participation in Child Health Plan.

What should a parent/guardian do if they say they did not receive their child's recertification packet for Child Health Plan?

The parent/guardian should call the Charitable Health Coverage Operations Customer Service call bank at 1-800-255-5053 to request another recertification packet.

Who should a parent/guardian call to inquire about the status of a new application, recertification application or to ask general questions about the application?

Parent/Guardian should call the Charitable Health Coverage Operations (CHCO) Customer Service call bank at 1-800-255-5053, to find out the status of an application. Completion of the application does not guarantee enrollment in KP Child Health Plan. If an applicant would like assistance filling out the application, please refer them to an agency in their service area. See Enrollment Assister flyer.

Who should a parent/guardian of a Child Health Plan member call if they have benefit questions?

Member Services should be able to answer all Child Health Plan benefit questions. Please reference the ***KP Child Health Plan Individual Plan Membership Agreement and Disclosure Form and Evidence of Coverage*** booklet for benefit information. Please call 1-800-464-4000.

Income Questions

Is proof of income required for membership in KP Child Health Plan?

Yes. The parent/guardian must submit current proof of monthly income for the household, with a completed application to be considered for the plan. Current proof of monthly income is defined as income received in the last 4 consecutive weeks or the last month. For example, if an application is submitted on June 15th, the last 4 weeks of income should be submitted. If an application is submitted on June 4th, all household income for the month of May should be submitted.

If the parent/guardian receives cash as income, how should they report it when applying for membership or renewing their membership in KP Child Health Plan?

The parent/guardian should ask their employer to submit the following on company letterhead: A

statement that the applicant works for them, how much they are paid and how often. As last resort, the applicant can report cash income using the KP Child Health Plan Affidavit.

If a parent/guardian is unemployed and they do not receive unemployment benefits, what should they submit as income?

The parent/guardian should call the Charitable Health Coverage Operations Customer Service call bank at 1-800-255-5053 to discuss their options.

How should a parent/guardian report child or spousal support income?

They should submit copies of the award letter or use the KP Child Health Plan Affidavit to report this income.

Who should sign the witness signature on the KP Child Health Plan Affidavit?

The witness signature can be provided by any one of the following: spouse, domestic partner, employer, other relative, and enrollment assister.

If a parent/guardian would like to report self-employment income, what are their options?

The self-employed parent or guardian can report self-employment income by submitting Schedule C and page 1 (the adjusted gross income page) of last year's federal income tax return or they can submit the KP Child Health Plan Profit and Loss statement for the last three months. See Profit & Loss Statement.

Effective Date of Coverage

How is the effective date of coverage assigned for KP Child Health Plan members?

The effective date of coverage for applications approved by the 20th of the month will be the first day of the following month. The effective date of coverage for applications approved after the 20th of the month will be the first day of the second following month. Membership begins at 12:00 a.m. on the effective date.

Effective Date of Coverage for Newborns

How is the effective date of coverage assigned for newborns applying for KP Child Health Plan?

To enroll a newborn, the parent/guardian must complete and submit a Child Health Plan enrollment application for the newborn. The effective date of coverage for newborns enrolling in Child Health Plan is as follows:

- A newborn child born to an existing Member is covered under the member's health coverage from the moment of birth, if the Applicant enrolls the child within 31 days after birth the newborn's effective date of coverage will be the first of the month following birth. Any Premiums required for the newborn will be effective the first of the month following birth.
- All other newborn children will receive an effective date of coverage based on their application's approval date. Applications approved by the 20th of the month will be the first day of the following month. The effective date of coverage for applications approved after the 20th of the month will be the first day of the second following month

- The membership of a newly adopted child (including a child placed with you for adoption) will begin on first of the month following the date when the adopting parent gains the legal right to control the child's health care

Please note: If a parent/guardian of a newborn would like to add that child to an existing account, please use the Child Health Plan Membership Update Form to add the child. Do not use a new CHP application.

Billing Questions

Who should a member call if they have billing questions?

The parent/guardian of a KP Child Health Plan member should call Billing at 1-888-236-4490 for all Billing related questions, this includes all reinstatement and late payment issues.

Termination Questions

If a Member is terminated for non-payment, who should they contact about reinstatement?

The parent/guardian of the terminated member should call Billing at 1-888-236-4490 about the termination. All Billing related issues and/or questions should be resolved through Billing, this includes all reinstatement and late payment issues.

Denied Applications

If a KP Child Health Plan application is denied for any reason, who should the applicant contact?

The parent/guardian should call the Charitable Health Coverage Operations Customer Service call bank at 1-800-255-5053 to inquire about the denial reason.

Adding/Removing a child from an account

If a parent/guardian would like to add a child to an existing KP Child Health Plan account, what should the applicant do?

If the parent/guardian contacts a Member Services call center, the call center representative should send the parent/guardian a Child Health Plan Membership Update Form. The parent/guardian should send the completed form to the address listed on the form via USPS, or by fax. The fax number is on the back of the update form.

Dental Questions

Can a parent/guardian choose the dental provider for their child?

Effective August 1, 2009, the parent/guardian will no longer need to submit a separate enrollment form for their child's membership in DeltaCare USA. The child will automatically be enrolled in DeltaCare USA and assigned a dentist in their area who is accepting new patients. The parent/guardian should receive a DeltaCare USA membership packet in the mail within four weeks of their child's enrollment in Kaiser Permanente Child Health Plan. For information about their child's dental coverage, refer them to **deltadentalins.com** or they can call toll-free **1-800-422-4234**, weekdays from 5 a.m. to 6 p.m. Customer service representatives can answer benefit questions, assist with changes to their child's dentist, and arrange facility transfers or urgent care referrals.

Grievances/Complaints

If Member Services receives a Child Health Plan grievance and/or complaint, where should it be sent?

Please send all grievances/complaints to tanisha.x.thompson@kp.org and copy nancy.d.waring@kp.org.