
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 2000-13

Date: March 21, 2000

Fee-for-service [11] Experience-rated HMO [13] Community-rated [13]

SUBJECT: Request for Feedback on Disenrollment Regulations

On November 4, 1998, we published final regulations allowing FEHB carriers to disenroll individuals in specific situations. These regulations took effect on December 4, 1998. On February 9, 1999, we issued carrier letter 1999-07 containing details and procedures on the new disenrollment authority.

In the year since we issued carrier letter 1999-07, you should have received several enrollment reconciliation reports from the agencies and contacted them to resolve any discrepancies between your enrollment records and the reports. You should have issued disenrollment notices to individuals whose enrollments you were unable to reconcile, and proceeded with some disenrollments.

We want to determine the success of the disenrollment regulations in reducing erroneous enrollments and cleaning up your membership files. Please complete the enclosed checklist so we can assess your experience with the regulations allowing you to disenroll individuals when you can not reconcile their enrollment. Please fax your completed checklist to Jay Fritz at (202) 606-0633 or email it to him at jdfritz@opm.gov no later than April 10, 2000. If you have any questions, please call Jay at (202) 606-0004.

Sincerely,

Signed

Frank D. Titus
Assistant Director
for Insurance Programs

Enclosure

DISENROLLMENT REGULATIONS FEHBP PLAN CHECKLIST

Please complete using your experience since the regulations took effect on December 4, 1998.

Plan name: _____ **Plan code(s):** _____

_____ **Number of discrepancies between agency quarterly reports and carrier enrollment records (individual on carrier enrollment rolls, but not on agency report)**

_____ **Number of these discrepancies resolved by contacting the agency**

_____ **Number of these discrepancies agency was unable to resolve**

_____ **Number of disenrollment notices sent**

_____ **Number of non-responses to disenrollment notices**

_____ **Number of non-responses disenrolled**

_____ **Number of disenrollment notices for which a response was received**

_____ **Number of responses containing sufficient documentation to resolve discrepancy (individual remains enrolled)**

_____ **Number of responses containing insufficient documentation to resolve discrepancy (individual disenrolled)**

_____ **Total number of individuals disenrolled (individual either did not respond to disenrollment notice or supplied insufficient documentation to resolve discrepancy)**

_____ **Number of disenrolled individuals who sought reconsideration by their agency, if known**

_____ **Number of reconsiderations which overturned carrier's disenrollment**

_____ **Number of reconsiderations which sustained carrier's disenrollment**

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