

DST POLICIES AND PROCEDURES

DST Reference:	SHP-POL-3004-SHP
Title:	Enrollment Exceptions and Appeals Policy and Procedure
Chapter:	Operations
Current Effective Date:	October 31, 2018
Original Effective Date:	September 26, 2016

Applies to: NC Department of State Treasurer – State Health Plan Division

Keywords: enrollment, exception, benefit, grievance, appeal, premium, credit, qualifying life event

Purpose

The purpose of this Policy is to inform State Health Plan subscribers of the rules on how to file exceptions and appeals related to enrollment related activities, including enrollment, changes in benefit elections, premiums and premium credits, and terminations.

Related Statutes, Rules, and Policies

1. Chapter 135, Article 3B, of the North Carolina General Statutes
2. The Public Health Services Act (PHSA), 42 U.S.C. § 300bb-1, et seq.
3. Section 125 of the Internal Revenue Code

Policy

This Policy provides the State Health Plan for Teachers and State Employees' (the Plan) criteria and process for the review of enrollment exception requests and appeals. These requests may be related to changing a subscriber's health plan option, applying premium credits, enrolling a new employee beyond the thirty day window, adding new dependents outside of the established period from a qualifying life event, terminations, and changing an enrollment effective date. The requests may come directly from Plan Vendors, the Health Benefits Representative (HBR), or from subscribers.

The Plan shall review each enrollment exception request carefully to determine whether the request will be granted. The Plan shall take into consideration the reason for the request, the timeliness of the request, and whether or not granting an approval will be in conflict with Chapter 135 Article 3B of the North Carolina General Statutes, the federal Public Health Service Act (PHSA) (42 U.S.C. § 300bb-1, et seq.), Section 125 of the Internal Revenue Code, or any other applicable law or regulation.

DST Reference:	SHP-POL-3004-SHP	Page 1 of 8
Title:	Enrollment Exceptions and Appeals Policy and Procedure	
Chapter:	Operations	
Current Effective Date:	October 31, 2018	

DST POLICIES AND PROCEDURES

Nature of the Policy

The Policy serves as the State Health Plan's rules governing Enrollment Exceptions and Appeals. This Policy defines, interprets, or explains the meaning of the laws and/or regulations listed above. Those laws or regulations, not this Policy, shall take priority if they conflict in any way.

Roles and Responsibilities

1. Customer Experience Specialist – Assists subscribers with Plan enrollment and benefit questions or inquiries. Retirees, disabled members, surviving dependents, and other subscribers not associated with an employing unit may submit enrollment exception requests through the Plan's Customer Experience Specialists.
2. Senior Director of Plan Integration or designee – Reviews all enrollment exception requests and determines approval or denial which is then communicated back to the requestor.
3. Deputy General Counsel or designee – Reviews all appeals to any Senior Director of Plan Integration decision regarding an enrollment exception request and makes a legal recommendation for approval or denial to the Executive Administrator.
4. Executive Administrator – Determines whether appeals will be granted or denied.
5. Health Benefits Representative (HBR) – An employee of an employing unit through which a subscriber is enrolled. The HBR is responsible for enrolling new employees, reporting changes, explaining benefits, reconciling group statements, and remitting group fees as well as submitting enrollment exception requests on behalf of the employing unit's Plan subscribers.
6. Subscriber – The primary holder (i.e. Employee, Retiree, Disabled Member, etc.) of the State Health Plan policy who is responsible for making the initial exception request to the HBR or the Plan.
7. Office of Administrative Hearings – Available to subscribers as a last level of appeal of the Executive Administrator's decision on an enrollment appeal.

Implementation

Enrollment Exception Requests

Active Employees

To make an enrollment exception request, active subscribers must contact their HBR and request that the HBR file an enrollment exception request (Appendix 1) with the Plan. Enrollment exception requests must be submitted to the Plan within the following timeframe:

DST Reference:	SHP-POL-3004-SHP	Page 2 of 8
Title:	Enrollment Exceptions and Appeals Policy and Procedure	
Chapter:	Operations	
Current Effective Date:	October 31, 2018	

DST POLICIES AND PROCEDURES

- a) Within sixty days of enrollment, termination, or change in benefit election; or
- b) Within thirty days of paycheck deduction or premium payment due date reflecting enrollment, termination, or change in benefit election, whichever is later.

Exceptions should be submitted by the HBR via a secure online exception form on the Plan's web site, shpnc.org. The online form is secure and the exception is confidential. Instructions on how to complete the online exception form are attached to this Policy as Appendix 1 and can be found on the Health Benefits Representative section of the Plan's website.

1. The Customer Experience Specialists will monitor the online submissions and route them to the Senior Director of Plan Integration, or designee, for a determination.
2. If the Plan approves an enrollment exception request related to a termination for non-payment of premiums, the subscriber may be required to pay all outstanding premiums by personal credit card or ACH from the subscriber's bank account in order to be reinstated.
3. The Plan will respond back to the HBR via secure email with a final disposition. The Plan's decision will be communicated within fifteen State business days of receipt of the exception request.
4. The HBR shall communicate the Plan's decision in writing to the employee within two business days of the Plan's communication to the HBR of the Plan's decision. The communication to the employee shall include information about the right to appeal the decision and the appeals process.

Subscribers not associated with an employing unit (including retirees, disabled members, RIF members, surviving dependents, former legislators, etc.)

To make enrollment exception requests, subscribers must contact the Plan directly by calling 919-814-4400 and asking to speak with a Customer Experience Specialist. Enrollment exception requests must be submitted within the following timeframe:

- a) Within sixty days of enrollment, termination, or change in benefit election; or
 - b) Within thirty days of pension deduction or premium payment due date reflecting enrollment, termination, or change in benefit election, whichever is later.
1. The Customer Experience Specialist will submit the enrollment exception requests to the Senior Director of Plan Integration, or designee, for a determination.
 2. If the Plan approves an enrollment exception request related to a termination for non-payment of premiums, the subscriber may be required to pay all outstanding premiums by personal credit card or ACH from the subscriber's bank account in order to be reinstated.
 3. The Plan will contact the subscriber directly in writing regarding whether the enrollment exception is granted or denied. The Plan's decision will be made within fifteen business days of receipt of the exception request and will include information regarding the right to appeal and the appeals process.

DST POLICIES AND PROCEDURES

Appealing the Enrollment Exception Request Determination

1. Subscribers not satisfied with the determination made regarding their enrollment exception request may submit an appeal of the determination made within sixty days of the notice of the denial of an enrollment exception request. Appeals should be made in writing to: NC State Health Plan, Deputy General Counsel Appeal, 3200 Atlantic Avenue, Raleigh, NC 27604 or submitted to PPO.inquiries@nctreasurer.com.
2. Appeals should include any relevant information that the subscriber believes should be considered by the Plan in reviewing the appeal.
3. The Plan will contact the subscriber directly in writing regarding whether the appeal is granted or denied. If denied, the letter will provide information regarding the ability to file a grievance with the Office of Administrative Hearings. The Plan's decision will be made within fifteen State business days of receipt of the appeal. For purposes of beginning the time period in which to render a decision on an appeal, the date of receipt is the later of the date the Plan receives notice of the appeal or the date it has sufficient information to render an informed decision on the appeal.

Enforcement

This Policy may be modified at any time by the Plan's Executive Administrator.

Revision/Review History

Version/Revision	Date Approved	Description of Changes
1.0	9/26/16	New Policy
2.0	6/2/17	Updated to include information regarding communication of appeal rights and process and include a time limit for filing an appeal.
2.1	8/15/2017	Updated with new titles/roles.
3.0	10/31/2018	Replace LeapFile with online form, other changes to match policy to current process.

Appendix

Appendix 1 – Online Exception Form

For questions or clarification on any of the information contained in this Policy, please contact the policy owner or designated contact point: Caroline Smart, Senior Director of Plan Integration at Caroline.Smart@nctreasurer.com. For general questions about department-wide policies and procedures, contact the [DST Policy Coordinator](#).



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Exception Form

Group Information

1 / 3 33%

* Agency/Organization Name

* HBR Contact Name

* HBR E-Mail Address

Next

Page 2 requires the subscriber's information and details of the request:



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Exception Form

Member Information

2 / 3

67%

* Type of Request

How was error made?

* Effective Date

* Member Details

Name

ID# or SSN

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

* Reason for Exception

Prev

Next

DST Reference: SHP-POL-3004-SHP
Title: Enrollment Exceptions and Appeals
Chapter: Operations
Current Effective Date: October 31, 2018

Page 6 of 8

Page 3 displays the Appeal Instructions:



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Exception Form

Appeal Instructions

3 / 3


100%

1. Members not satisfied with the determination made regarding their enrollment exception request may submit an appeal of the determination made within sixty (60) days of the notice of the denial of an enrollment exception request. Appeals should be made in writing to: NC State Health Plan, Deputy Executive Administrator – Appeal, 3200 Atlantic Avenue, Raleigh, NC 27604 or submitted to PPO.inquiries@nctreasurer.com.
2. Appeals should include any relevant information that the member believes should be considered by the State Health Plan in reviewing the appeal.
3. The State Health Plan will contact the member directly in writing regarding whether the appeal is granted or denied. If denied, the letter will provide information regarding the ability to file a grievance with the Office of Administrative Hearings. The Plan's decision will be made within fifteen (15) State business days of receipt of the appeal.


Prev

Done

Page 4 indicates a successful submission. Clicking “Done” will allow you enter a new exception.



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer



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Exception Form

Exception Submitted!

Done