

# DST POLICIES AND PROCEDURES

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<b>DST Reference:</b>	<b>SHP-POL-3004-SHP</b>
<b>Title:</b>	<b>Enrollment Exceptions and Appeals Policy and Procedure</b>
<b>Cross Reference:</b>	
<b>Chapter:</b>	<b>Operations</b>
<b>Current Effective Date:</b>	<b>6/2/17</b>
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**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 provide State Health Plan members with information 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. N.C.G.S. 135, Article 3B
2. The Public Health Services Act (PHSA), 42 USC §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' (SHP or Plan) criteria and process for the review of enrollment exception requests and appeals. These requests may be related to changing a member's health plan option, applying premium credits, enrolling a new employee beyond the thirty (30) day window, adding new dependents outside of the thirty (30) day period, terminations, and changing an enrollment effective date. The requests may come directly from Plan Vendors, the Health Benefits Representative (HBR), or from members.

SHP must review each enrollment exception request carefully to determine whether or not approval will be granted. SHP will 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 N.C.G.S. 135 Article 3B, the federal "Public Health Service Act" (PHSA) (42 USCS § 300bb-1 et seq.), with Section 125 of the Internal Revenue Code or any other applicable law or regulation.

## Nature of the Policy

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The Policy serves as a nonbinding interpretative statement, within the delegated authority of the Department of State Treasurer that 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 members with SHP enrollment and benefit questions or inquiries. Retirees may submit enrollment exception requests through the State Health Plan’s Customer Experience Specialists.
2. Chief Operating Officer (COO) or designee – Reviews all enrollment exception requests and determines approval or denial which is then communicated back to the requestor.
3. Deputy Executive Administrator – Reviews all appeals to any COO decision regarding an enrollment exception request and makes a 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 member 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 SHP members.
6. Office of Administrative Hearings – Available to members as a third level of appeal.

## Implementation

### Enrollment Exception Requests

#### Active Employees

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

Within sixty (60) days of enrollment, termination or change in benefit election or within thirty (30) days of paycheck deduction or premium payment due date reflecting enrollment, termination, or change in benefit election, whichever is later.

2. Completed enrollment exception forms, if applicable, should be sent by the HBR to SHP’s HBR Inquiry email box by using the secure file exchange “LeapFile.” All of the transfers are confidential and encrypted. Instructions on how to securely upload the completed

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exceptions forms to the HBR inquiry box are attached to this policy as Attachment 2 and can be found on the Health Benefits Representative section of the Plan's website.

3. The HBR Inquiry email box monitor will submit all enrollment exception requests to the Chief Operating Officer or designee for a determination.
4. The State Health Plan will respond back to the HBR via secure email with a final disposition. The Plan's decision will be communicated within fifteen (15) State business days of receipt of the exception request.
5. The HBR shall communicate the Plan's decision to the employee and provide information regarding the right to appeal and the appeals process within 2 business days of the Plan's communication to the HBR of the Plan's decision.

## Retirees and COBRA Members

1. To make enrollment exception requests, members must contact the State Health 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:

Within sixty (60) days of enrollment, termination, or change in benefit election or within thirty (30) days of pension deduction or premium payment due date reflecting enrollment, termination, or change in benefit election, whichever is later.

2. The Customer Experience Specialist will submit Retiree and COBRA enrollment exception requests to the Chief Operating Officer or designee for a determination.
3. The State Health Plan will contact the member directly in writing regarding whether the enrollment exception is granted or denied. The Plan's decision will be made within fifteen (15) business days of receipt of the exception request and include information regarding the right to appeal and the appeals process.

## Appealing the Enrollment Exception Request Determination

1. Members not satisfied with the determination made regarding their enrollment exception request may submit an appeal of the determination made with 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](mailto:PPO.inquiries@nctreasurer.com).
2. Appeals should include any relevant information that the member believes should be considered by SHP 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

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Administrative Hearings. The Plan's decision will be made within fifteen (15) State business days of receipt of the appeal.

## Enforcement

This policy may be modified at any time by SHP's Executive Administrator.

## Revision History

Version/Revision	Date Approved	Description of Changes
V1	9/26/16	New Policy
V2	6/2/17	Updated to include information regarding communication of appeal rights and process and include a time limit for filing an appeal.

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