

# 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>August 15, 2017</b>
<b>Revision History:</b>	<b>June 2, 2017; August 15, 2017</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. 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 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/Review 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.
V2.1	8/15/2017	Updated with new titles/roles.

## Attachments

Attachment 1 – Enrollment Exception Form

Attachment 2 – Uploading Exception Forms to Leapfile

*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](#).*

# ENROLLMENT EXCEPTION FORM

FOR HEALTH BENEFITS REPRESENTATIVE USE ONLY

**E-mail completed forms securely to [hbr.inquiries@nctreasurer.com](mailto:hbr.inquiries@nctreasurer.com). If you do not have the ability to e-mail this form securely, please go to <http://nctreasurer.shp.leapfile.net/>. Follow the instructions here. **The following sections must be completed or the exception will not be processed:****

Agency/Organization Name

HBR Contact Name

HBR E-mail Address

Phone

Type of Request: Reinstatement  Retro Term  Retro Add   
 Change Term Date  Change Effective Date  Premium Credit  Other   
 How Was Error Made: Member  HBR  System/BF

Today's Date:

Effective Date of Requested Change:

SUBSCRIBER'S PERSONAL INFORMATION

Record name and mailing address	Telephone Number
	Employee SS# or SHP Member ID#

REASON FOR EXCEPTION *(Include reason for delayed notification):*

TO BE COMPLETED BY STATE HEALTH PLAN

Date Received:	Date of Decision	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
Reason if denied:			
SHP Rep. Name			

TO BE COMPLETED BY BCBSNC IF APPROVED

Date Received:	Date Completed:
BCBSNC Representative Name:	Phone Number:

## Uploading Exception Forms to Leapfile

1. Go to <http://nctreasurer.shp.leapfile.net>. You should see the screen below



2. Click on Secure Upload. The screen below will open up.



3. Select the hbr inquiries mail box. All exception forms must go to the HBR Inquiries mailbox. Click on Submit.

4. When you hit submit, the page below opens up. Fill in the areas outlined in red below. When finished click on the Select Files to Send (regular upload)

**North Carolina State Health Plan**  
for Teachers and State Employees  
www.shpnc.org

**Secure Upload**

**Deliver To: hbr inquiries**

Please enter your contact information

**Name**  
Jane Doe

**Email**  
jane.doe@shpnc.org

**Confirm Email**  
jane.doe@shpnc.org

Please create a message for the recipient

It's a good idea to describe exactly what you are sending and include any additional contact info.

**Subject**  
Exception Form

**Message/Description/Instructions**  
Attached is an exception request for Sally Sue

Select delivery options

Notify me when the files have been downloaded.

Select files to send (Regular Upload)

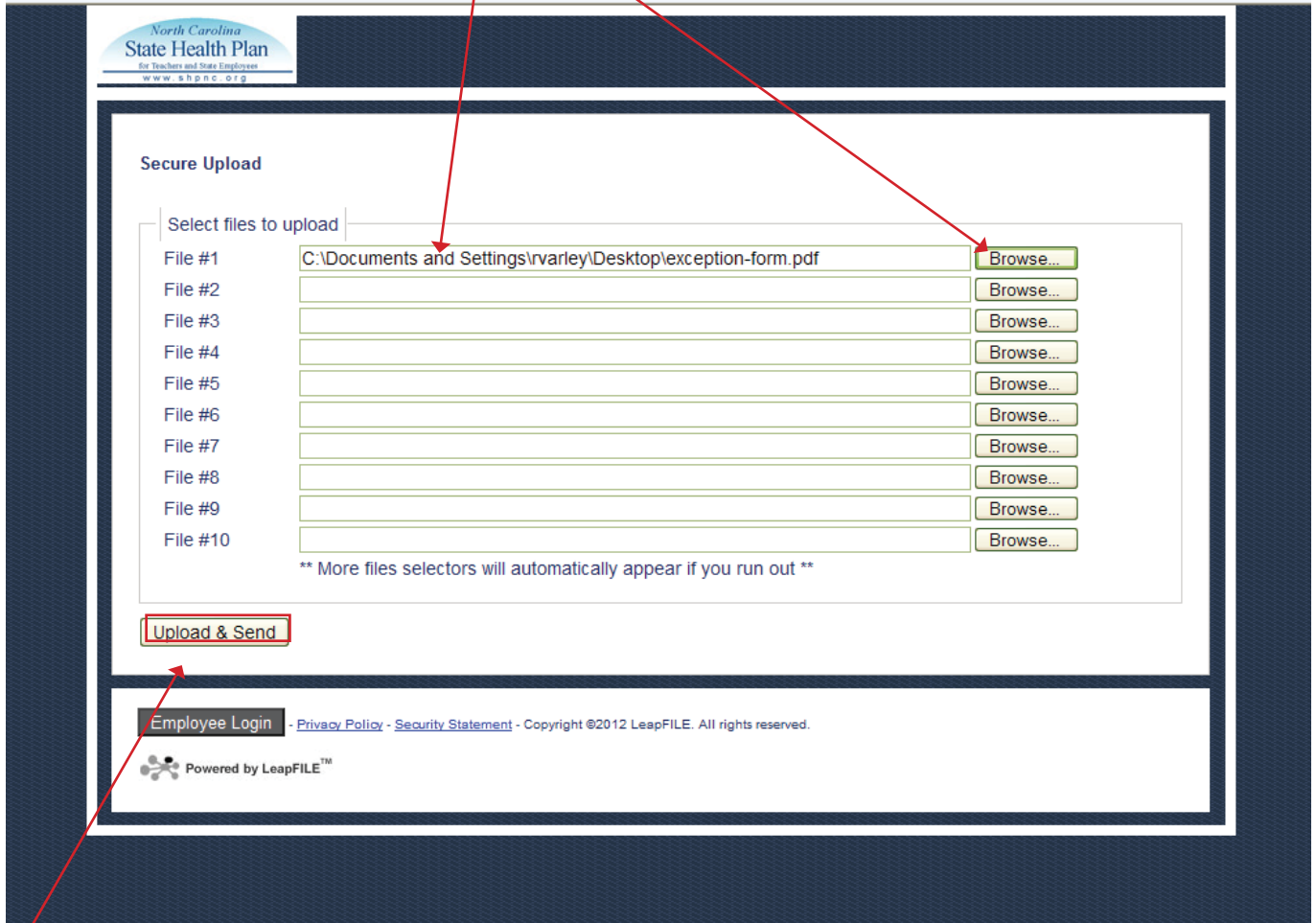
Select files and folders to send (Enhanced upload)

**Browser Requirement:** Enhanced upload requires Java support in the browser. If the enhanced upload page does not load or work, please [download and install Java](#) from [www.java.com](#).

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5. The screen below will open up. Click on Browse and find the form on your computer that you are uploading. It will automatically populate it's location.



6. Click on Upload & Send. You will get a final screen letting you know that the upload was successful.

