

ARTICLE VIII

APPEALS

Any applicant, Insured or participating insurer who feels aggrieved by any ruling or decision of the Plan may appeal to the Office of the Insurance Commissioner for resolution of a dispute. Before a demand for hearing is made to the Office of the Insurance Commissioner, the appeal must be made in accordance with the following procedures:

1. Denial of Eligibility for Reasons Other than Non-Payment of Premiums

- A.** In the event an applicant or Insured (the “Aggrieved Party”) has been denied eligibility by the Plan for reasons other than non-payment of premiums, the Aggrieved Party must deliver electronic notice of the dispute (the “Dispute Notice”) to the Plan Executive Director. The Dispute Notice shall state the nature of the dispute and shall include supporting documentation. The Plan Executive Director shall promptly forward the Dispute Notice and supporting documentation to the Plan Chair. The Plan Chair shall review the dispute and may propose to the Aggrieved Party a resolution of the dispute or may confirm the denial of eligibility. The written decision of the Plan Chair shall be provided to the Aggrieved Party within 10 business days of receipt of the Dispute Notice by the Plan Director.
- B.** If the Aggrieved Party is not satisfied with a resolution proposed by the Plan Chair or the confirmed denial of eligibility, the Aggrieved Party shall so notify the Plan Executive Director by electronic submittal of a second notice of dispute, (the “Second Dispute Notice”). Upon receipt of the Second Dispute Notice by the Plan Executive Director, the Plan Chair shall appoint three members of the Committee to serve as a Dispute Review Subcommittee. The Chair may serve as one of the three members of the Dispute Review Subcommittee. The Plan Executive Director shall serve as a nonvoting fourth member of the Dispute Review Subcommittee. The Plan Executive Director shall schedule a meeting of the Dispute Review Subcommittee and the Aggrieved Party to be held within 20 business days of the receipt of the Second Dispute Notice by the Plan Executive Director. The timelines for a meeting with the Dispute Review Subcommittee may be extended by mutual agreement of the Plan Chair and the Aggrieved Party.
- C.** The Plan Chair’s proposed resolution or confirmation of denial of eligibility shall be deemed to be a final order of the Plan unless the Second Dispute Notice is received by the Plan Executive Director within 60 calendar days of the Aggrieved Party’s receipt of the Plan Chair’s proposed resolution or confirmation of denial of eligibility,.
- D.** Prior to a meeting of the Dispute Review Subcommittee and the Aggrieved Party, the Plan Chair may ask the Aggrieved Party to produce additional documentation within the Aggrieved Party’s possession or control which is of material relevance to the dispute.

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- E. The purpose of the meeting with the Dispute Review Subcommittee, the Aggrieved Party and the producer is to attempt to reach a resolution of the dispute. The Dispute Review Subcommittee shall have full authority to bind the Plan to a settlement agreement. The meeting must be attended by a person who has full authority of the Aggrieved Party to enter into a settlement agreement with the Plan. The Aggrieved Party's producer must attend the meeting. The attendees of the meeting are encouraged to freely discuss the issues and any form of resolution. All admissions made during the course of the meeting are deemed to be privileged settlement discussions, made without prejudice to any party's legal position, and are deemed inadmissible for any purpose in any legal proceeding, including a hearing held by the Office of the Insurance Commissioner. The meeting may be adjourned and reconvened if the participants so decide. If the dispute is not resolved as a result of the meeting, within five business days of the conclusion of the meeting, the Plan Executive Director shall provide the Plan's written ruling or decision to the Aggrieved Party and its producer stating that the dispute has not been resolved and that the ruling or decision of the Plan is final. Upon receipt of the written ruling or decision, the Aggrieved Party may demand a hearing before the Office of the Insurance Commissioner in accordance with RCW 48.04.
- F. Any party may, but is not required to, be represented by counsel at a meeting with the Dispute Review Subcommittee and Aggrieved Party.

2. Other Disputes of Applicant or Insured

For premium disputes and disputes other than those described in Section 1, an applicant or Insured aggrieved by any final ruling or final decision of the Plan shall appeal to the Office of the Insurance Commissioner for resolution of the dispute pursuant to the procedures of RCW 48.04. Such appeal should be filed with the Office of the Insurance commissioner within 30 days of receipt of the Plan's final decision, in writing.

3. Aggrieved Participating Insurer

- A. In the event a participating insurer has a dispute with a ruling or decision of the Plan, the aggrieved participating insurer or its designated representative must deliver electronic notice of the dispute to the Plan Executive Director who shall promptly forward the notice to the Plan Chair. The electronic notice shall set forth the nature of the grievance and shall include supporting documentation. The dispute shall be presented for appeal by the aggrieved participating insurer at the next regularly scheduled quarterly Committee meeting. In the sole discretion of the Plan Chair, a special Committee meeting may be called to address the dispute. Within 10 business days of the conclusion of the meeting where the aggrieved participating insurer presents its dispute, the Committee shall issue a written final order on the dispute. The aggrieved participating insurer may request one extension of not more than 90 calendar days for presentation of its dispute to the Committee. If the dispute is not resolved as a result of the issuance of the Committee's written final order, the aggrieved participating insurer may appeal the Committee's written final order to the Office of the Insurance Commissioner in accordance with RCW 48.04.
- A. Prior to the time of a Committee meeting where an aggrieved participating insurer will present its dispute, the Plan Chair may request the aggrieved participating insurer to produce additional documentation within its possession or control which is of material relevance to the dispute.