



Appeals Process

**Health Care Authority
PEBB Outreach and Training
PPA Meeting – 2/26/2009**

Agenda

- When is it an Appeal?
- The Appeal Process
- New Forms
- Plan Appeals
- Account Adjustments
- Questions



When is it an Appeal?

- It's an appeal if there is a disagreement between the employer and the employee about enrollment or eligibility
- If there is no disagreement, it is not an appeal and the change should be handled internally
- Corrections may be made in PAY1 as far back as 90 days (lower limit date)
- Corrections beyond 90 days should be sent to PEBB via FUZE for keying
 - Please don't make a partial correction leaving the remainder for us – that doesn't work well in the system

The Appeals Process

- An employee disagrees with an employer's decision about eligibility or enrollment
 - The employee submits a request for review to the employer, in writing, within **30 days** of the denial
- When the employer receives the request for review, the agency
 - Has at least one or more staff, not involved in the initial decision, make a review of the request
 - The employer completes an Employer Decision Notice within **30 days** of receiving the request

The Appeals Process

- A copy of the Employer Decision Notice is sent to:
 - Your agency administrator or designee
 - The employee
 - The PEBB appeals manager (attached to a FUZE email)
- Your agency administrator or designee has **15 days** to overturn the decision. If the decision is overturned, a new copy of the decision is sent to:
 - Your Personnel, Payroll, or HR office
 - The employee
 - The PEBB appeals manager (attached to a FUZE email)
- If the administrator does not overturn the decision, no additional action or paperwork is required.

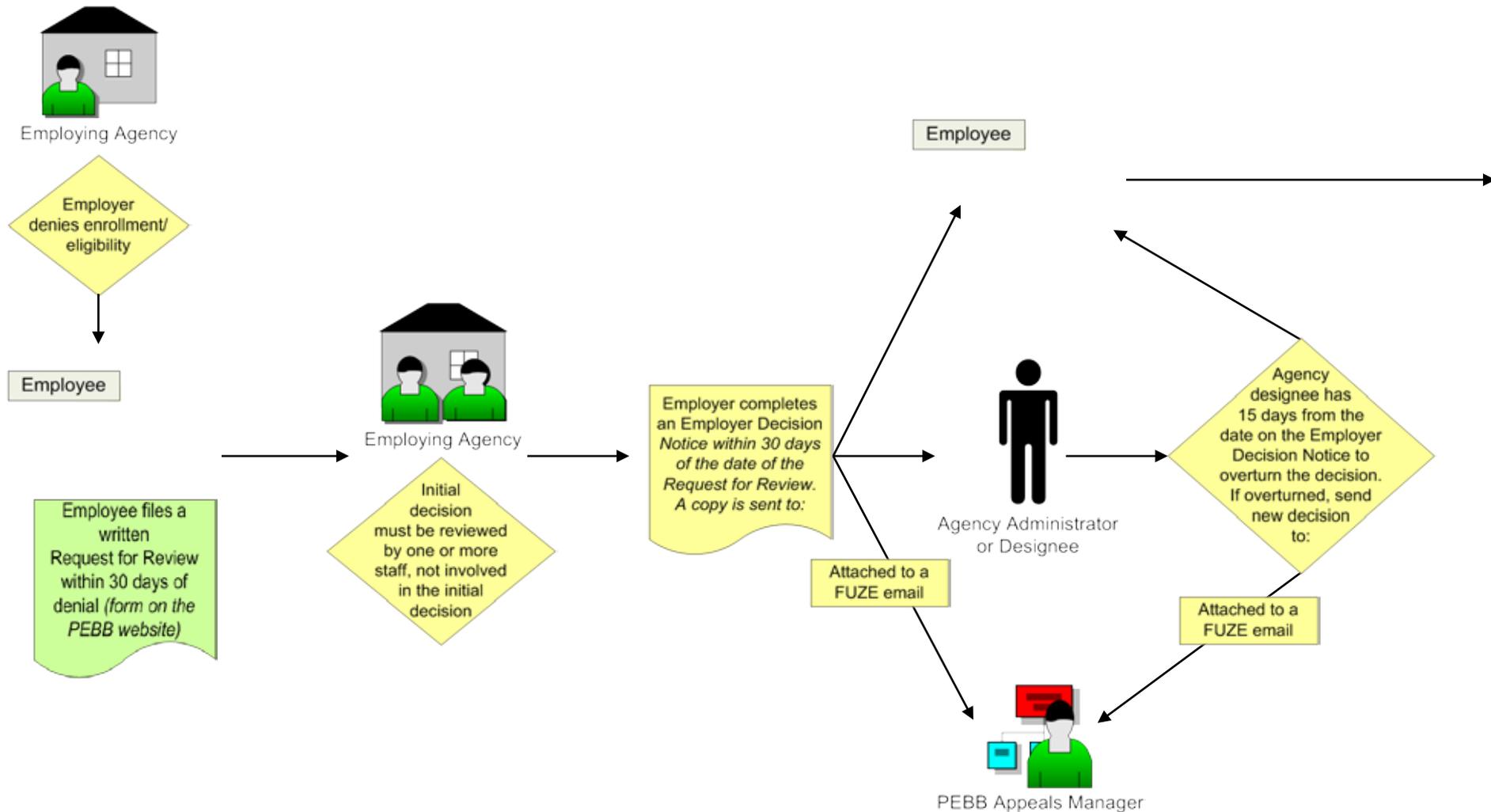
The Appeals Process

- If the employee does not agree with the final agency decision
 - The employee may submit a Notice of Appeal to the PEBB Appeals Committee within **30 days** of the date on the Employer Decision Notice
- The PEBB Appeals Committee has **30 days** to review the appeal and make a decision
 - The employee and employer will be notified, in writing, of the decision

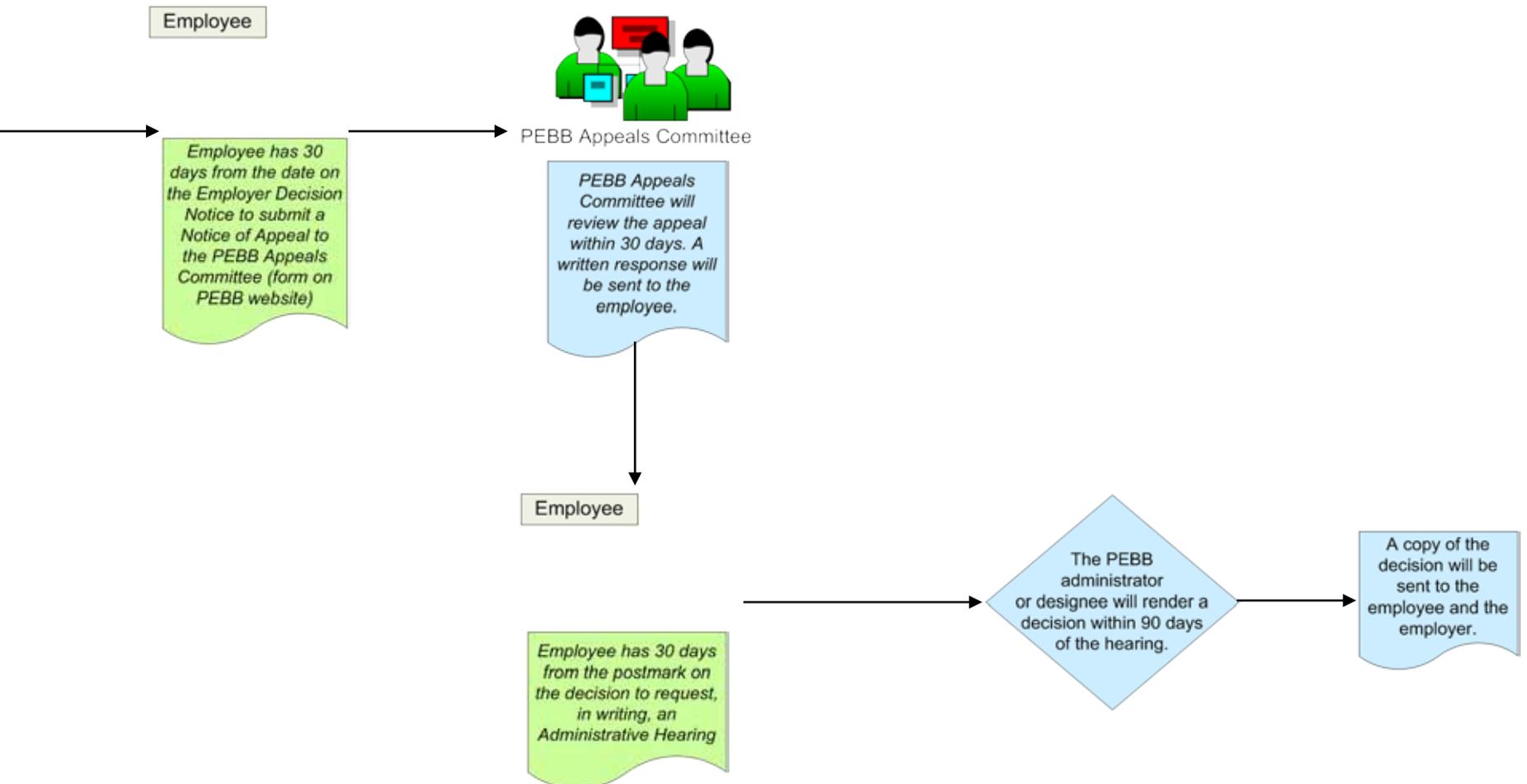
The Appeals Process

- If the employee does not agree with the PEBB Appeals Committee decision
 - The employee may request an administrative hearing, in writing, within **30 days** of the postmark on the appeals committee decision
 - The administrator or designee will render a decision within **90 days** after the hearing
 - A copy of the decision will be sent to the employer and employee

The Appeals Process



The Appeals Process



New Forms

Request for Review

Request for Review	
Public Employees Benefits Board (PEBB) Program	
Use this form to ask your employer to review its action taken regarding your enrollment or eligibility for PEBB benefits. Your employing agency must receive this form within 30 days of the initial denial.	
Employee information:	
Last name	First name Middle initial
Social security number	Phone number ()
Address	
Employer information: (if the employer is a dependent)	
Last name	First name Middle initial
Representative's information: (if you have named someone to represent you on this issue)	
Last name	First name Middle initial
Address	
What action by your employing agency do you want reviewed?	
Date of employing agency's action	
Why do you think your employing agency should make its action? For example, its action there was a documented mistake or delay on the part of its employing agency; I did not receive the necessary information, etc. Please explain your situation and attach any related documents.	
What would you like done about the action taken?	
Signature	Date
THIS SECTION IS FOR THE EMPLOYING AGENCY	
Date received:	
Employing agency: Upon receiving this form, make a complete review of the initial denial by one or more of the following: (1) the initial denial, (2) the date of receiving this Request for Review, (3) the PEBB Program and your administrative, and attach it to a PEBB appeal and send it to the PEBB Program via email.	
The employing agency may only reverse eligibility or enrollment decisions based on circumstances shown by the employing agency.	
Washington State Health Care Authority Public Employees Benefits Board	
HCA 16-132 (201)	

Employer Decision Notice

Employer Decision Notice	
Public Employees Benefits Board (PEBB) Program	
An employing agency may only reverse eligibility or enrollment decisions based on its own delays or errors. The employing agency must make a decision within 30 days of receiving an employee's request for review.	
Employee information:	
Last name	First name Middle initial
Agency number	Agency number
Social security number	Contact of agency
Phone number	
Dependent's information: (if the case concerns a dependent)	
Last name	First name Middle initial
Description of action employee requests reviewed:	
We have reviewed your case.	
<input type="checkbox"/> We agree with our agency's initial action. You have the right to appeal this action by our PEBB Appeals Committee. Instructions on how to do this are at www.pebb.wa.gov or you can call the PEBB Program at 1-800-342-7262.	
<input type="checkbox"/> We agree with you. We will reverse our initial action.	
Employer's response:	
Actions to be taken:	
Reviewer's name	
Reviewer's signature	Date
Washington State Health Care Authority Public Employees Benefits Board	
HCA 16-132 (201)	

Notice of Appeal

Notice of Appeal	
Public Employees Benefits Board (PEBB) Program	
Use this form to file an appeal to the PEBB Appeals Committee. For more information about the appeals process, go to www.pebb.wa.gov . Attach any documents or correspondence that should be considered.	
Employee's information:	
Last name	First name Middle initial
Dependent's social security number	Phone number ()
Dependent type (select one): <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Spouse for active coverage <input type="checkbox"/> Other	Address City State ZIP code
Dependent's information: (if the appeal concerns a dependent)	
Last name	First name Middle initial
Social security number	
Representative's information: (if you have named someone to represent you on this issue)	
Last name	First name Middle initial
Phone number ()	
Address City State ZIP code	
What action do you want reviewed?	
<input type="checkbox"/> I have attached additional documents. (For example, letters or correspondence with my employer or PEBB.)	
Date of PEBB's original action (attach social letter). Employees give date of Employer Decision Notice.	
Why do you think we should reverse the action? (For example, the request complies with PEBB rules; there was a documented mistake or delay on the part of my employing agency; I did not receive the letter or documents needed; extenuating circumstances, etc.) Please explain your situation and attach any related documentation.	
What would you like done about your situation?	
Signature	Date
Washington State Health Care Authority Public Employees Benefits Board	
HCA 16-132 (201)	

Mail completed form and attachments to:
Washington State Health Care Authority, PEBB Appeals
P.O. Box 42851, Olympia, WA 98504-0284

Plan Appeals

- If an employee disagrees with the decision of one of the insurance plans, the employee may:
 - Appeal to the plan following the appeal procedures in the plan's Certificate of Coverage
- If the employee disagrees with the decision made by ASIFlex (FSA and DCAP), the employee may:
 - Appeal to ASIFlex following the appeal procedures in the ASIFlex Enrollment Guide
 - If the employee does not agree with the decision of the ASIFlex Administrator, the employee may then follow the procedures to appeal to the PEBB Appeals Committee

Account Adjustments

- Account adjustments are not appeals since there is no disagreement between the employee and the employer
- Employees do not need to go through the appeals process in cases where the employing agency has decided there was an agency error
- Employing agencies may only reverse eligibility or enrollment decisions based on circumstances that arose due to documented delays
 - An example of a “documented delay” would be a copy of the enrollment form with a date indicating the employee met enrollment deadlines

Account Adjustments

- Agencies may key reversals in PAY1 that occurred within the last 90 days (lower limit date)
- Reversals over 90 days must be submitted to PEBB through FUZE for keying
 - Please do not key back as far as you can and then contact us to key back to the actual effective date of the change
 - Contact us first and we will make the entire effective date change for you

Questions

