

Appeals Process

Employees have the right to appeal decisions about benefits offered through PEBB.

An appeal is more than a complaint or criticism. An appeal is made in response to a denial or decision about the employee's account. In making an appeal, the employee must explain why he/she thinks the denial or decision was wrong.

The process for review is determined by the nature of the request.

Agency Requests for Account Adjustments

Account adjustment requests are triggered when there is documented evidence that PEBB or an employing agency was responsible for an error or delay that affected a subscriber's account. In most cases, account adjustments are the responsibility of the employing agency and PEBB HIBS in Operations and Outreach and Training. Account adjustments are not appeals because there is no disagreement between the subscriber and PEBB /the employing agency about a specific decision or action.

- Employing agencies may only reverse eligibility or enrollment decision based on circumstances that arose due to documented delays caused by the employing agency or documented error(s) made by the employing agency. An example of a "documented" error or delay would be a copy of an employee's enrollment form with a date on it that indicated that the employee met enrollment deadlines but the agency did not key it in time. Employing agencies may discover these errors or delays on their own or after an employee requests a review of a decision that he/she disagrees with.
- If the employing agency reverses an eligibility or enrollment decision that occurred within the last three (3) months, the employing agency may key the correct eligibility and enrollment into the PAY1 system.
- If an agency reverses an eligibility or enrollment decision that is older than three (3) months, the employing agency should submit a request for an account adjustment through FUZE PersPay incident email (www.fuzeqna.com/perspay/consumer/question.asp) and provide documentation of the error or delay.

Note: The employee does not need to go through the appeal process in cases where the employing agency has decided that there was an agency error or delay, and the employee is not at fault. In cases where there is a disagreement as to an enrollment or eligibility decision made by the employing agency, the employee should complete a Request for Review form and submit it to the agency. If aggrieved by the agency's decision on the request for review, the employee may appeal to the PEBB appeals committee.

Employee Request for Review to the Employing Agency

When an employee disagrees with an agency's decision about enrollment or eligibility concerning themselves or an eligible dependent (other than student dependents, extended dependents, dependents with disabilities, or an adult dependent), the employee may:

1. Within 30 days of the denial, complete and submit to their agency a Request for Review form. The form is available on the PEBB website. Refer the employee to WAC 182-16-030 for information on the process and WAC 182-16-040 for guidance on what should be included in the request.

Agency Process for Request for Review

1. When the agency receives the Request for Review form, the employing agency must make a complete review of the denial by one or more staff who did not take part in the initial denial, as part of the review, the employing agency may hold a formal meeting or hearing but they are not required to do so.
 2. A decision must be made and a Employer Decision Notice completed within 30 days of the date the Request for Review is submitted. The Employer Decision Notice is available on the Pers/Pay website.
 3. Send a copy of the Employer Decision Notice to the employee, your agency's appointed authority, and to the PEBB appeals manager through FUZE. *Note: The copy sent to the PEBB appeals manager does not require a signature, an electronic version of the document is sufficient. The copies to your agency's appointed authority and the employee should be printed and signed.*
 4. The decision is final 15 days after the date on the decision. Within the 15 days the agency administrator or designee may override the decision.
2. If the employee disagrees 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.
 3. The PEBB Appeals Committee will make a decision within 30 days of the receipt of the Notice of Appeal. The employee will be notified in writing of the decision.
 4. If the employee disagrees with the decision of the PEBB Appeals Committee, the employee may request an Administrative Hearing.

Employee Appeals to PEBB Appeals Committee

When an employee disagrees with a decision about eligibility or enrollment of a student dependent, extended dependent, dependent with disabilities, or an adult dependent, or a decision about premium payments:

1. Within 30 days of the initial denial, the employee must submit a Notice of Appeal to the PEBB Appeals Committee. The form is available on the PEBB website. The employee should include supporting documentation.
2. The PEBB Appeals Committee will make a decision within 30 days. The employee will be notified in writing of the decision.
3. If the employee does not agree with the decision of the PEBB Appeals Committee, the employee may request an Administrative Hearing.

Employee Request for an Administrative Hearing

When an employee disagrees with a decision by the PEBB Appeals Committee, the employee may:

1. Within 30 days of the date the Appeals Committee decision was mailed, send a request for an administrative hearing, in writing, to the PEBB appeals manager.
2. The employee will receive 20 days notice of the time and place of the hearing.
3. The administrator or designee will render a decision within 90 days after the hearing. A copy of the decision, including reasons for the decision, will be given to everyone involved with the appeal.

Employee Appeals to the Plans

When the employee disagrees with the decision of a medical plan, dental plan, life insurance, long-term disability, long-term care, property and casualty insurance, flexible spending accounts or dependent care assistance programs, the employee may appeal to the individual plan according to the plan's procedures. Appeal procedures are included in the employee's Certificate of Coverage for the plan or the FSA and DCAP enrollment guides.

If the employee disagrees with a decision concerning their FSA or DCAP account the employee may appeal to the administrator (ASIFlex) of those plans. If the employee disagrees with the appeal decision by the administrator of ASIFlex, the employee may appeal to the PEBB Appeals Committee following the procedures mentioned in the Employee Appeals to PEBB Appeals Committee section.