

**Title: Required appeals related documents when the PEBB program is hearing an appeal**

**Policy 60-1**

<b>Contact:</b>	Rules Specialist, ERB Division	<b>Effective:</b>	January 1, 2018
		<b>Rescinded:</b>	
<b>Associated RCW:</b>	41.05.008	<b>Supersedes:</b>	
<b>Associated WAC:</b>			
<b>Assoc. fed law/reg:</b>		<b>Owner:</b>	Policy & Rules Manager, ERB Division
<b>Associated Procedures:</b>			
<b>Associated Forms &amp; Communication</b>		<b>Approved by:</b>	 Acting ERB Director
		<b>Position:</b>	ERB Division Director
		<b>Date approved:</b>	12/1/2017

**Purpose:**

This policy clarifies what appeals related documents are required from an employing agency or third-party administrator when the Public Employees Benefits Board (PEBB) program is hearing an appeal from one of its employees or subscribers.

**Policy:**

1. When the PEBB program hears an appeal from an employee of an employing agency or subscriber to a third-party administrator the PEBB program has 30 calendar days from receiving the notice of appeal to gather the needed information and to make a decision. This 30 calendar day timeline requires good information upfront so a quality decision can be made.
2. Once a notice of appeal is received by the PEBB program from an employee, it is analyzed for completeness. Often, important information is missing that is needed by the PEBB program to make an informed decision. When this happens the PEBB program contacts the employing agency or third-party administrator and requests the missing information. It is important that the information is provided by the employing agency or third-party administrator no later than three business days after the request so the appeal can be heard in a timely manner. If an employing agency or third-party administrator has problems meeting this three day requirement they must contact the PEBB program appeals unit to coordinate a new date to deliver the documents.
3. Many appeals require the same type of information so the table below contains some of the more common appeals that are heard by the PEBB program and the type of

information or documents that should be automatically sent by the employing agency or third-party administrator. While this is not a complete list for every circumstance, and the PEBB program may require additional documentation that must be provided under the timelines established in subsection (2), it does contain the most commonly needed information and documents.

<b>Type of Appeal</b>	<b>Documents to Send</b>
Waive medical	<ul style="list-style-type: none"> <li>- Generally, any supporting documents that support the agency's decision to deny the request.</li> <li>- Specifically, notices of eligibility, including when and how sent; date stamped enrollment forms, if any.</li> </ul>
Plan change request	<ul style="list-style-type: none"> <li>- Enrollment forms (date stamped), if any.</li> </ul>
Surcharge appeal	<ul style="list-style-type: none"> <li>- Current attestation form, if any.</li> <li>- If by default, notices of eligibility, including when and how sent; date stamped enrollment forms, if any.</li> <li>- If they wrongly attested by mistake, the attestation, if available.</li> </ul>
Subscriber states they moved and didn't receive notice	<ul style="list-style-type: none"> <li>- Date subscriber moved and when (if) they changed their address with employer.</li> </ul>
Enrolling dependent	<ul style="list-style-type: none"> <li>- If subscriber is defaulted, notices of eligibility, including when and how sent.</li> <li>- Did agency advise employee of need to provide dependent verification documents?</li> </ul>
Change in plan due to Special Open Enrollment (SOE)	<ul style="list-style-type: none"> <li>- Document(s) that supports having a SOE.</li> <li>- Date stamped enrollment forms requesting the change.</li> </ul>

Table #1