Thank you for participating in today’s webinar

The presentation will start around 10:05 a.m.

• All attendees will be muted. Please do not unmute yourself if the program allows you to.
• We can not assist with technical issues and apologize if they keep you from participating.
• This webinar will be recorded and posted on the Benefits Administrator website.

hca.wa.gov/sebb-benefits-admins
SEBB Program Appeals Process Webinar

Addressing questions during the webinar

• Please use the “questions” feature to send questions throughout the webinar.
• We will address questions after the webinar via Email or FUZE.
• We also plan to add an FAQ on the Appeals website in the near future.

• For urgent matters, contact Outreach & Training (O&T) at 1-800-700-1555
SEBB Program
Appeals Process

School Employees Benefits
Outreach & Training
2020
Timeline of upcoming events

**October 26:** Annual OE period for the 2021 plan year begins.

**November 23:** Last day to enroll or make changes

**January 1, 2021:** New plan year begins. New elections are effective
Enrollment reminders

Employees can make enrollment decisions during:

• Initial enrollment window
  • 31 days from becoming eligible for benefits
• Annual Open Enrollment (OE)
  • Four-week period in the fall
  • Changes effective January 1 of the following year
• Special Open Enrollment (SOE) events
  • Typically a 60-day window
  • Effective dates are generally the later of the first of the month following the event or the date the form is received
• See SEBB Policy 45-2A: SOE Matrix- Summary of permitted election changes
Appealing a SEBB Program decision

Denial letters sent to subscribers from the SEBB Program will contain information on what the subscriber should include with their appeal:

• WAC 182-32-2070 provides what a written request for appeal should contain.

• The denial letter also explains that additional relevant documents should be included with their appeal.

*Generally*, subscribers will have **30 days** from the date of the denial letter to appeal.

• Appeals received after the deadline will be considered untimely.
Appealing an Employer Decision

Employees have the right to appeal a specific decision or denial made by their SEBB organization regarding eligibility, enrollment or premium surcharges. WAC 182-32-2010 and WAC 182-32-2020

• Eligibility decisions address:
  • Whether a subscriber or dependent is entitled to SEBB benefits

• Enrollment decisions address:
  • Application for SEBB benefits, including, but not limited to:
    • Submission of proper documentation
    • Enrollment deadlines
General guidance for SEBB organizations

**WAC 182-31-030** – SEBB Organization obligations in the application of employee eligibility

SEBB Outreach and Training (O&T) staff are available to offer guidance, but **not** decision making.

- The SEBB Org’s position must be in accordance with:
  - WAC Chapters 182-30, 182-31, and 182-32;
  - SEBB policies; and
  - RCW 41.05
Employee disagrees with SEBB Orgs decision and requests review by SEBB Org

Employee requests the SEBB Program’s review of employer’s decision

Employee disagrees with SEBB Programs decision

<table>
<thead>
<tr>
<th>If your situation is</th>
<th>Follow these instructions and submission deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>You disagree with a decision made by your employer and you are requesting your employer’s review about:</td>
<td>Instructions: Complete Sections 1-3 of this form and submit it to your employer’s payroll or benefits office.</td>
</tr>
<tr>
<td>• Premium surcharges</td>
<td></td>
</tr>
<tr>
<td>• Eligibility for or enrollment in:</td>
<td></td>
</tr>
<tr>
<td>• Medical coverage</td>
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<tr>
<td>• Dental coverage</td>
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<td>• Vision coverage</td>
<td></td>
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<tr>
<td>• Life insurance</td>
<td></td>
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<tr>
<td>• Long-term disability insurance</td>
<td></td>
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<tr>
<td>• Medical Flexible Spending Arrangement (FSA)</td>
<td></td>
</tr>
<tr>
<td>• Dependent Care Assistance Program (DCAP)</td>
<td></td>
</tr>
</tbody>
</table>

Deadline: You employer must receive this form no later than 30 calendar days after the date of the initial denial notice or decision you are appealing.

Your appeal concerns a decision from the SEBB Program about:

Deadline: SEBB Appeals Unit must receive this form no later than 30 calendar days after the date of the denial notice or decision you are appealing.

Instructions: Complete Section 7 and sign and date Section 8 of this form.

Check with your employer to see if they need to review this form before you submit it to the SEBB Appeals Unit (see Section 7).
Employee will need to complete sections 1-3 of the SEBB Employee Request for Review/Notice of Appeal form within 30 calendar days of denial and submit to their SEBB Org.
Section 1
Appellant’s Information

Appellant’s Information

To be completed by the appellant (person filing the request for review or appeal).
Select one:

- Primary account holder
- Applicant (not currently enrolled in a SEBB benefit)
- Dependent of primary account holder

City: MAGICAL
State: W.A
ZIP/Postal Code: 98669
County: AS A
Country: U.S.A
Mailing address (if different from residential):
Mailing address line 1:
City: 
State: 
ZIP/Postal Code: 
County: 

hca.wa.gov/assets/pebb/20-0161-sebb-employee-request-for-review-notice-of-appeal.pdf
### Section 1
Other enrollee Information

<table>
<thead>
<tr>
<th>Appellant’s last name</th>
<th>First name</th>
<th>Middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTTER</td>
<td>HARRY</td>
<td>M</td>
</tr>
</tbody>
</table>

Other enrollee information (if appeal concerns individuals other than the appellant)

<table>
<thead>
<tr>
<th>Enrollee 1</th>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTTER</td>
<td>HERMONE</td>
<td></td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>Social Security number</td>
<td></td>
<td>777889999</td>
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<table>
<thead>
<tr>
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<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Suffix</th>
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<tbody>
<tr>
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<tr>
<td>Social Security number</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollee 3</th>
<th>Last name</th>
<th>First name</th>
<th>Middle initial</th>
<th>Suffix</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security number</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Sections 2-3
Description & Signature

2. Describe your request for review or appeal

Describe the situation that led to your appeal and what you’re asking for. Please be as detailed as possible. You may attach additional pages as needed.

EMPLOYEE MUST BE AS DETAILED AS POSSIBLE

3. Appellant signature

Sign and date this section. Keep a copy of this form for your records. Submit signed request to your employer for review, if applicable.

By signing or submitting this form, I declare that the information I have provided is true, complete, and correct.

Signature:

Harry Potter

Date (mm/dd/yyyy):

01/01/2020
Reviewed by one or more staff not involved in the initial decision. Employer completes sections 4-6 (as applicable) within 30 calendar days of the date of the request for review. A copy is provided to the employee and SEBB Org administrator or designee.
Section 4
Employer’s Response

Instructions for employers:

Complete Sections 4-6 (as applicable) to provide the requested review of your decision about the employee’s eligibility for benefits, enrollment, or a premium change.

1. Complete Section 4 and Section 6 after the employee completes Sections 1-3; see WAC 182-35-000 for guidance.

2. In addition, complete Section 6 if you agree that an incorrect decision or action occurred.
   a. If contacting an enrollment error as described in WAC 182-30-000, forward your recommendation for correction of the enrollment error by secure email to the SEBB Program for final determination.
   b. For life or long-term disability insurance eligibility, enrollment, or premium issues, forward your recommendation to correct the decision or actions caused by delay or error by secure email to the SEBB Program for final determination. Send a secure online message at hca.wa.gov/life-questions. You must set up a secure login for this feature.

3. Section 6 must be signed by a staff person who did not participate in the initial denial or decision-making process.

4. After completing all required sections:
   a. Return this form to the employee within 38 calendar days of receipt.
   b. Provide a copy to your agency administrator (or designee) for their records.

If the employer does not render a decision within 30 days, the employee may contact the SEBB Appeals Unit. To be completed by the employer:

SEBB organization (employer)

HOGWARTS SCHOOLS

Potions Elementary

Organization contact last name

WEASLEY

Contact first name

RONALD

Contact phone number

555-222-3333

Contact's email

hca.wa.gov/assets/pebb/20-0161-sebb-employee-request-for-review-notice-of-appeal.pdf

Complete sections 4 and 6
Complete section 5 if necessary
Staff person signs section 6
Provide copy to employee and one for the SEBB Org
### Section 4 (next page)

**Employer’s Response**

Enter the date of the organization’s review decision

<table>
<thead>
<tr>
<th>Appellant’s last name</th>
<th>First name</th>
<th>Middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>POTTER</td>
<td>HARRY</td>
<td>M</td>
</tr>
</tbody>
</table>

Date of agency decision on *Employee’s Request for Review*. The next level of appeal must be received by the SEBB Appeals Unit **within 30 days of this date**. Employer fills in date of organization’s decision.

1/25/2020

If your initial appeal is confirmed as received by HCA by your appeal deadline, it will be considered timely. All future appeal-related deadlines must be received by the SEBB Appeals Unit within the relevant timeframes to be considered timely.

Check one (Employer must check one box):

- [ ] This appeal relates to a decision made by the SEBB Program. The employee is responsible for complying with the timelines described on page 1 to appeal to the SEBB Appeals Unit.
- [ ] The employer stands by the decision. The employee has the right to appeal this decision by completing Section 7. The SEBB Appeals Unit must receive this form no later than 30 calendar days after the date of the employer’s review decision.
- [ ] The employer believes that an incorrect decision or action occurred, and must complete Section 5.
How do SEBB Organizations Correct Enrollment Errors (WAC 182-30-060)(Policy 11-3)

A SEBB Organization that makes one or more of the following enrollment errors must correct the error as described in subsections (2) through (5) of WAC 182-30-060:

a) Failure to timely notify a school employee of their eligibility for SEBB benefits and the employer contribution as described in WAC 182-31-030;

b) Failure to enroll a school employee or their dependents in SEBB benefits as elected by the school employee, if the election was timely;
Continuation of Types of Enrollment Errors Qualifying for the Correction Process

c) Failure to enroll a school employee and their dependents in SEBB benefits as described in WAC 182-30-080(1)(b);
d) Failure to accurately reflect a school employee’s premium surcharge attestation on the school employee’s account;
e) Enrolling a school employee or their dependents in SEBB insurance coverage when they are not eligible as described in WAC 182-31-040 or 182-31-140, and it is clear there was no fraud or intentional misrepresentation by the school employee involved; or
f) Providing incorrect information, via a benefits administrator, regarding SEBB benefits to the employee that they relied upon.
Correcting SEBB Organization and contracted vendor enrollment errors (Policy 11-3)

The SEBB Organization must:

• Enroll the school employee and the school employee’s dependents, as elected, or terminate enrollment in SEBB benefits as described in WAC 182-30-060 subsection (3),

• Reconcile premium payments and applicable premium surcharges as described in WAC 182-30-060 subsection (4), and

• Provide recourse as described in WAC 182-30-060 subsection (5).
If the SEBB Organization determines a qualifying error for correction, there are two avenues to correct the error:

1. **The SEBB Organization agrees with the qualifying error and it is within the lower limit:**
   - The SEBB Organization fixes the error.

2. **The SEBB Organization agrees with the qualifying error and it is beyond the lower limit:**
   - The SEBB Organization submits it for review and determination by the SEBB Program through FUZE addressed to O&T - Subject line: Possible Error Correction. *(See Section 4, Subsection 2 of SEBB Request for Review, Notice of Appeal).*
Continued Actions to Take if the SEBB Organization Determines a Qualifying Error

There are two determinations SEBB Program’s O&T can make:

1. If SEBB O&T determines that the error meets the standard for error correction under WAC 182-30-060, Outreach and Training will contact the SEBB Organization and begin the error correction process.

2. If SEBB O&T determines that the error does not meet the standard for error correction under WAC 182-30-060, O&T will notify the SEBB Organization of their decision.

The employee has the right to appeal this decision by completing Section 7 of the SEBB Request for Review, Notice of Appeal form.
Scenario

“The employee was newly eligible on March 15th. Employee completed enrollment and physically handed dependent verification documents to BA. In August, I realize I never received a medical card for my dependent. I check in SEBB My Account and see the dependent is still pending verification.”

• The BA reviews the enrollment to see if an employer error occurred.
  • BA finds that dependent verification documents were submitted and never processed in SEBB My Account.
  • BA fixes the account if it is within the lower limit date.
  • If outside of the lower limit, the BA reaches out to O&T.
Scenario

- If Employee feels that an error occurred, the Employee may submit a written Employee Request for Review/Appeal form for review.
  - The BA recognizes an enrollment error was made, and fills out sections 4 and 5 on the Request for Review/Notice of Appeal form.
  - A second reviewer (BA, administrator, or designee) reviews the decision and completes section 6.
  - BA then sends recommended correction through FUZE for SEBB Program’s (O&T) final determination.
Employer’s Signature

6 Employer signature
To be completed by the employer’s administrator or designee after completing Sections 4–5 as required. This section must be signed by a staff person who did not participate in the initial denial or decision-making process under appeal.

Reviewer’s last name

Reviewer’s first name

Reviewer’s signature

Reviewer’s phone number

Date (mm/dd/yyyy)
If the employee does not agree with the SEBB org’s final decision, they have **30 calendar days** from the date of the SEBB org’s decision to complete **section 7-9** of the Employee Request for Review/Notice of Appeal form and submit it to the **SEBB Appeals Unit via fax or mail**.
Section 7
Employee Notice of Appeal to SEBB Appeals Unit

Apellant's last name: POTTER
First name: HARRY
Middle initial: M

Employee notice of appeal to the SEBB Appeals Unit
Instructions for employee: Do not complete this section until you receive a completed copy of this form from your employer, unless you are directly appealing a decision made by the SEBB program.

- If you wish to appeal your employer's decision, or you agree with your employer's belief that an incorrect decision or action occurred, sign and date this section and submit this form to the SEBB Appeals Unit as instructed below.
- You may attach a statement that identifies the specific portion of the decision you are appealing. You may explain why you agree or disagree with the employer's decision and submit additional documentation for review.
- The SEBB Appeals Unit must receive this form no later than 30 calendar days after the employer's review decision date in Section 4.
- Your appeal must comply with all deadlines on page 1.

To be completed by the appellant:

Response to your employer's reason for denial above.
EMPLOYEE MUST BE AS DETAILED AS POSSIBLE

Additional information you want the SEBB Appeals Unit to consider, not previously stated above.
EMPLOYEE MUST BE AS DETAILED AS POSSIBLE (IF APPLICABLE)

Are you attaching additional documentation? Please identify the document and the reason you are submitting it.
- No
- Yes, I have attached additional documents, such as forms or correspondence between my employer or the SEBB Program and me.

EMAILS BETWEEN EMPLOYER AND MYSELF
Section 8-9
Representative & Appellant Information

If this section is filled out, this will Require the employer to include the “Authorization of Information” form.

If you have someone representing you, you must complete HCA’s Authorization for Release of information form. Please contact SEBB Appeals Unit for additional information at 1800-491-6827.

Can I have someone represent me in this appeal?
You may choose to be represented by another person, except employees of the Health Care Authority (HCA) or HCA’s authorized agents. This can include a non-attorney representative or an attorney that you personally hire to represent you. If you hire an attorney to represent you, the attorney must file a written notice of appearance. Both a non-attorney representative and a licensed attorney must provide the SEBB Appeals Unit with a written consent signed by you, permitting release of the relevant protected health information to the representative of your choosing.

Contact
SEBB Appeals Unit
PO Box 453196
Olympia, WA 98504-3196
Telephone: 1-800-393-4573
Fax: 360-785-4379

Forms and publications
Authorization for release of information
School Employee Request for Decision/Notice of Appeal
SEBB Continuation Coverage Request/Notice of Appeal

Release can be found here on the website. https://www.hca.wa.gov/about-hca/file-appeal-sebb
# Section 9
## Appellant Information

**Electronic Service**

By checking this box, I agree to receive service of appeal documents and orders from the SEBB Appeals Unit by email. I understand that service is complete when the email is sent to the correct email address I have listed below, not when I view the email. I understand that HCA will use a secure email platform to serve documents and orders on me at this email address below. Please print clearly.

This appeal form must be faxed or mailed to the SEBB Appeals Unit at the contact information listed for processing.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**How to submit this form**

The SEBB Appeals Unit must receive this form no later than 30 calendar days after the employer's review decision date in Section 4 to request a brief adjudicative proceeding. Submit this completed form by mail or fax (choose one):

- **Mail**
  - Health Care Authority
  - Attn: SEBB Appeals Unit
  - PO Box 45504
  - Olympia, WA 98504-5504
  - Fax
  - 366-763-4709

The most current version of the form can be found here: [https://www.hca.wa.gov/about-hca/file-appeal-sebb](https://www.hca.wa.gov/about-hca/file-appeal-sebb)
The **SEBB Appeals Unit** must notify the appellant in writing when the request for brief adjudicative proceeding (BAP) has been received.
Presiding Officer authority WAC 182-32-2140

- The presiding officer is required by rule to decide the issue based on the information provided by the parties.
- The presiding officer is required to apply the WACs as the first rule of law.
- The Presiding officer does not have authority to decide that a rule is invalid or unenforceable.
The SEBB appeals unit will send a request for documentation and information to the SEBB organization.

- The SEBB Org will then have **two business days** to respond and provide the requested material to the SEBB appeals unit and the appellant.

The BAP file will be reviewed by a presiding officer.

The presiding officer will issue a written initial order within **10 business days** of receiving the Request/Notice of Appeal form.

- A continuance (which may be up to **30 days**) may be granted.
What is a submission of documents order?

- The Presiding Officer (PO) may need to request additional information from either the Appellant, the SEBB Organization, or the SEBB Program.
- To do this the PO issues a “Submission of Documents” (SOD) order, requesting the additional information/documentation, and a deadline for when the documents must be received by.
- If no documents are received, then the PO will have to make a decision based on what is in the Brief Adjudicative Proceeding (BAP) File, which could lead to a negative result.
Converting to a Formal Hearing

WAC 182-32-2160- The Presiding officer or the review officer may convert a brief adjudicative proceeding to a formal administrative hearing.

What does this mean? What will happen?-

1. A hearing officer will send out a notice of hearing.
2. Telephonic hearing.
3. May need witnesses or declarations depending on the situation.
Case number and appellant name

Issue statement summarizes the Appellant’s request the presiding officer is making a decision on

The BAP File is the evidence used to write the initial order
3. Findings of Fact

I find the following facts by a preponderance of evidence:

3.1. The Appellant is an employee with the Kent School District (SEBB Organization). BAP File, p. 2.

3.2. On October 30, 2019, the Appellant made her dental plan election, selecting DeltaCare. BAP File, p. 12.

3.3. On July 20, 2020, the Appellant submitted a request to change her dental plan from DeltaCare to the Uniform Dental Plan. BAP File, p. 2.

3.4. On July 20, 2020, the SEBB Organization denied Appellant's request. BAP File, p. 4.

Statement of facts relevant to the case and decision. All facts are found in the Brief Adjudicative Proceeding (BAP) File, and page number cited.
4. Conclusions of Law

Based on the facts above, I make the following conclusions:

4.1. A party aggrieved by a decision of their SEBB Organization may request administrative review. WAC 182-32-2000 (Use of BAP); WAC 182-32-2020 (Appealing a decision by a SEBB Organization regarding enrollment).

4.2. This matter is governed by the Administrative Procedure Act, chapter 34.05 RCW, and the regulations in the Washington Administrative Code (WAC) cited below.

4.3. The standard of proof in a BAP is a preponderance of the evidence, meaning that something is more likely to be true than not. WAC 182-32-066(2).

4.4. The Appellant’s appeal, received on August 4, 2020, came within 30 days of the SEBB Organizations decision and is timely. WAC 182-32-2030(3).

4.5. A subscriber may make changes to her SEBB benefits during the annual open enrollment or during a special open enrollment. WAC 182-30-090.
Reading Initial Orders, cont.

5. Order

It is hereby ordered that:
The decision of the SEBB Organization is AFFIRMED. Appellant cannot change plans at this time.
ISSUED at Olympia, Washington on the date of service.

[Signature]
Officer Name, WSBA #12345
Presiding Officer
Health Care Authority

Presiding Officer’s decision on the Employee’s request and explanation of what the employee may or may not receive.
Understanding Judgements

**Affirmed:**
A finding that agrees with and confirms the SEBB Organization’s or Program’s decision.

**Overturned or Reversed:**
A finding that the decision of the SEBB Organization or Program is incorrect.

**In Part:** A portion of the SEBB Organization or SEBB Program decision is affirmed or overturned.
Once the Initial Order has been issued, an email with a courtesy copy of the order will be sent to the Benefits Administrator on file for your district.

Any questions regarding these results, should be directed toward 1-800-351-6827.
If the **employee** does not agree with the written initial order, they have **21 calendar days** from the date the initial order was issued to request further review by a review officer.
Appeals Process: Request for Review

The **employee** must file a written request for review or make an oral request for review with the SEBB Appeals Unit.

May submit request for review by:
- Mail or Fax
- Telephone number provided for requests for oral review

---

How to Request Review of this Initial Order

You can request review of this Initial Order. WAC 182-32-2100. To request review, you must file a written request for review or make an oral request for review with the School Employees' Benefits Board (SEBB) Appeals Unit. Your request for review must be received by the SEBB Appeals Unit within 21 calendar days of the date of service (date of service is stated below in the Certificate of Service section below) of the Initial Order using the contact information listed below. If you have additional information to submit, please submit it at the time you make your request for review. If a request for review is not received within 21 calendar days of service of this Initial Order, it becomes final without further action by the Health Care Authority.

**You may mail or fax your written request for appeal to:**
Health Care Authority
Attn: Division of Legal Services, SEBB Appeals Unit
Post Office Box 45504
Olympia, WA 98504-5504

(360)763-4709 fax

**You may hand deliver your appeal to the Health Care Authority at:**
626 8th Ave SE
Olympia, WA 98504-5504

**You may make an oral request for review by calling:**
1-800-351-6827
The **SEBB review officer** will issue a final order within **20 calendar days** of the request for review. A copy of the final order is sent to all parties.
Appeals Process: Request for Judicial Review

• An employee may request judicial review of the final order.

• The employee must file a written petition for judicial review that meets the requirements of RCW 34.05.510 through 34.05.598.

• SEBB may not request judicial review of final orders.

• Judicial reviews are heard in Superior Court.
SEBB Employee Request for Review/Notice of Appeal
SEBB Employee Request for Review/Notice of Appeal

hca.wa.gov/employee-retiree-benefits/school-employees
SEBB Employee Request for Review/Notice of Appeal

Due to COVID-19, HCA’s lobby is closed. Learn more about your customer service options.

File an appeal: SEBB

Find out how you can appeal a decision or denial by your employer or the School Employees Benefits Board (SEBB) Program.

Who can appeal?

Applying a decision from your employer? You need to submit the SEBB Employee Request for Review/Notice of Appeal to your employer before filing your appeal.
When to Appeal to your health plan

- A decision by your health plan regarding claims payment, processing, or reimbursement for services or supplies, or
- A preauthorization decision

More information is found in your plan’s Certificate of Coverage
Certificates of Coverage (COC’s)
## SEBB Appeals

### Where do employees or dependents appeal decisions?

<table>
<thead>
<tr>
<th>Decision made by:</th>
<th>Appeal to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEBB Organization</td>
<td>SEBB Organization</td>
</tr>
<tr>
<td></td>
<td>WAC 182-32-2020</td>
</tr>
<tr>
<td></td>
<td><em>SEBB Employee Request for Review/Notice of Appeal</em></td>
</tr>
<tr>
<td>SEBB Program</td>
<td>SEBB Appeals Unit</td>
</tr>
<tr>
<td></td>
<td>WAC 182-32-2030</td>
</tr>
<tr>
<td>SEBB Health Plan or Insurance Carrier</td>
<td>Contact the Health Plan or Insurance Carrier</td>
</tr>
<tr>
<td></td>
<td><em>Certificate of Coverage (COC)</em></td>
</tr>
</tbody>
</table>
Review

- **Employee** has **30 calendar days** to file a request for review after the date of the denial notice.

- The **SEBB Org** has **30 calendar days** after the date the request for review is received to conduct a review and provide a written response to the employee with a copy to the SEBB Org administrator.

- **Employee** has **30 calendar days** after SEBB Org’s final decision to appeal to the SEBB Appeals Unit.

- **SEBB Appeals Unit** has **10 business days** from receiving the Request/Notice of Appeal form to provide employee with written initial order.

- **Employee** has **21 calendar days** from the date the initial order was issued to request further review.

- **SEBB review officer** has **20 calendar days** from the request for review to issue final order.
Employee submits a Request for Review/Notice of Appeal form to their organization no later than 30 days after the date of denial. Form is available at the SEBB website.

If the employee does not agree with the agency's final decision, they have 30 days from the date of the agency decision to complete sections 7-9 (as applicable) of the Request for Review/Notice of Appeal form and submit it to the SEBB Appeals Unit.

A Presiding Officer will generally issue a written initial order within 10 business days of receiving the Request/Notice of Appeal form. A written response will be sent to the employee.

If the employee does not agree with the written initial order, they have 21 days from the date the initial order was issued to request further review by a review officer. The request for review must be provided using the contact information included in the initial order.

The SEBB review officer will issue a final order generally within 20 days of the date of the initial order or of the date the request for review was received. A copy of the final order is mailed to all parties.
Resources

Outreach & Training for guidance

• 1-800-700-1555
• Online via FUZE secure messaging system

Contact us with employee’s questions—employees should not contact us directly!

hca.wa.gov/sebb-benefits-admins
Resources

2021 School Employee Enrollment Guide

• Appeals
  • Pages 73-74

SEBB Appeals Unit

• Phone: 1-800-351-6827
• Fax: 1-360-763-4709

BA website/ Forms & publications
Reminder

**Employees** should submit appeals to HCA by fax or mail:

- **Contact:**
  - SEBB Appeals unit
  - Phone: 1-800-351-6827
  - Fax: 1-360-763-4709

- **Mailing address:**
  - Health Care Authority
  - Attn: SEBB Appeals Unit
  - PO Box 45504
  - Olympia, WA 98504-2699

Please send appeal related **questions** through FUZE!

Please **do not** submit appeals through FUZE!

[Link to PDF for SEBB Employee Request for Review/Notice of Appeal]

hca.wa.gov/assets/pebb/20-0161-sebb-employee-request-for-review-notice-of-appeal.pdf
Upcoming Webinars

November 20: SEBB Data for Form 1095 Reporting

How to register: hca.wa.gov/sebb-benefits-admins/training-schedule

All past webinars are recorded and posted to the BA website.
Thank you for your input!