



PEBB Program Appeals Process

Public Employees Benefits
Outreach & Training
2021

Washington State
Health Care Authority

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 PEBB Policy 45-2A: SOE Matrix- Summary of permitted election changes

Appealing a PEBB Program Decision

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

- WAC 182-16-2070 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** specific decisions or denials made by their PEBB employer regarding eligibility, enrollment or premium surcharges.

- **Eligibility decisions** address:
 - Whether a subscriber or dependent is entitled to PEBB benefits
- **Enrollment decisions** address:
 - Application for PEBB benefits, including, but not limited to:
 - Submission of proper documentation
 - Enrollment deadlines

General Guidance for PEBB Employers

WAC 182-12-113: PEBB Employer obligations in the application of employee eligibility

- PEBB Outreach and Training (O&T) staff are available to offer guidance, but **not decision making**
 - The PEBB employer's position must be in accordance with:
 - WAC Chapters 182-08, 182-12, and 182-16;
 - PEBB policies; and
 - RCW 41.05

Review Process



PEBB
Employer



PEBB Employer denies eligibility/enrollment

Employee disagrees with PEBB Employer's decision and requests review by PEBB Employer



Employee requests the PEBB Program's review of employer's decision



Employee disagrees with PEBB Programs decision



PEBB Employee Request for Review/ Notice of Appeal



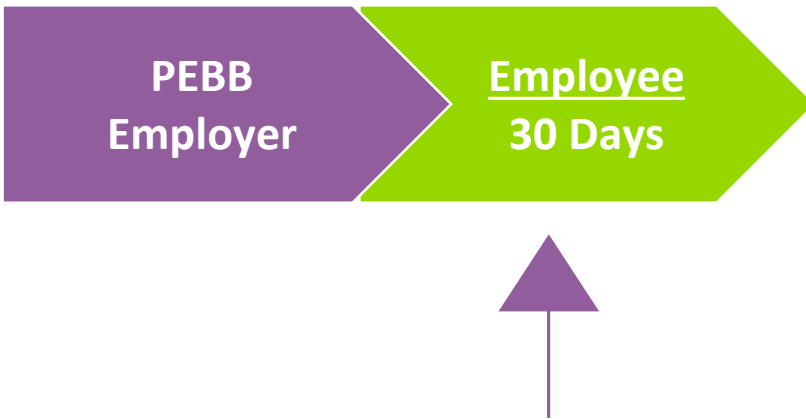
Type or print clearly in dark ink. Example: **J O H N**
Keep a copy of your completed form for your records.

If your situation is	And you	Follow these instructions and submission deadlines
You are a current or former state agency or higher-education employee (or their dependent)	Disagree with a decision made by the employer and you are requesting the employer's review about: premium surcharges or eligibility for or enrollment in: <ul style="list-style-type: none">• Premium payment plan• Medical coverage• Dental coverage• Life insurance• Accidental death and dismemberment (AD&D) insurance• Long-term disability (LTD) insurance• Medical Flexible Spending Arrangement (FSA)• Dependent Care Assistance Program (DCAP)	Complete Sections 1 through 3 of this form and submit it to the employer's payroll or benefits office. Deadline: The employer must receive this form no later than 30 calendar days after the date on the denial notice regarding the decision you are appealing.
	Disagree with a review decision made by your employer , or agree further review is needed because your employer believes that there was an error but did not grant you the relief you requested, and you are now requesting the PEBB Appeals Unit review of your employer's decision	Complete Section 7, sign and date Section 9 of this form, and submit it to the PEBB Appeals Unit. Deadline: The PEBB Appeals Unit must receive this form no later than 30 calendar days after the employer's written review decision date in Section 4.
	Disagree with a decision from the PEBB Program about: <ul style="list-style-type: none">• Eligibility or enrollment in:<ul style="list-style-type: none">• Premium payment plan• Medical Flexible Spending Arrangement (FSA)• Dependent Care Assistance Program (DCAP)• Life insurance• AD&D insurance• LTD insurance• Eligibility to participate in SmartHealth or receive a wellness incentive• Eligibility and enrollment for a dependent, extended dependent, or dependent child with a disability• Premium surcharges• Premium payments	Do not use this form. Follow the appeal instructions on the decision letter you received from the PEBB Program.

HCA 50-0122 (11/20)

1

Review Process



Employee will need to complete sections 1-3 of the PEBB Employee Request for Review/Notice of Appeal form within **30 calendar days** of denial and submit to their **PEBB Employer**.

Section 1: Appellant's Information

Employee request for review (initial employer review) Clear form

Your appeal must comply with all applicable deadlines on pages 1 and 2.

1 Appellant information

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

Select one:

- Employee or former employee
- Dependent of employee or former employee
- Applicant (not currently enrolled in PEBB benefits)

Employer name
T H E O F F I C E

Social Security number
1 2 3 - 4 5 - 6 7 8 9

Date of birth
0 1 - 0 1 - 1 9 8 0

Last name
S C H R U T E

First name
D W I G H T

Middle initial
K

Street address

State
W A

State

SCHRUTEBEETFARMS@THEOFFICE.COM

3

1 Appellant information

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

Select one:

- Employee or former employee
- Dependent of employee or former employee
- Applicant (not currently enrolled in PEBB benefits)

Section 1: Other Appellant Information

Employer name	T H E O F F I C E	
Social Security number	1 2 3 - 4 5 - 6 7 8 9	Date of birth
		0 1 - 0 1 - 1 9 8 0
Last name	S C H R U T E	
First name	D W I G H T	Middle initial
		K
Street address	1 0 0 0 S H R U T E B E E T F A R M S R D .	
Address line 2		
City	S C R A N T O N	State
		W A
ZIP/Postal code	9 8 5 0 0	
Mailing address (if different from above)		
Address line 2		
City		State
ZIP/Postal code		
Phone number	3 6 0 - 2 5 3 - 1 2 3 4	Alternate phone number
Email address	SCHRUTEBEETFARMS@THEOFFICE.COM	

Section 1: Other Enrollee Information

Appellant's last name SCHRUTE	First name DWIGHT	Middle initial K
Other enrollee information — if appeal concerns people other than the appellant		
Other enrollee 1		
Last name		Middle initial
First name	Social Security Number	
Other enrollee 2		
Last name		Middle initial
First name	Social Security Number	
Other enrollee 3		
Last name		Middle initial
First name	Social Security Number	

Section 2: Description & Signature

2 Describe your request for review or appeal

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

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

Appellant's signature Date

Dwight Schulte 0 1 - 0 1 - 2 0 2 1

4

Review Process



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 **PEBB Employer** or **designee**.

Section 4: Employer's Response

- Complete sections 4 and 6
- Complete section 5 if necessary
- Staff person signs section 6
- Provide copy to employee and one for the PEBB Employer

Appellant's last name	First name	Middle initial
SCHRUTE	DWIGHT	K

Employer response to appellant's request for review

Instructions for employers: Complete Sections 4 through 6 (as applicable) to provide the requested review of your decision about the employee's or dependent's eligibility for benefits, enrollment, or a premium surcharge.

- Complete Section 4 and Section 6 **after** the appellant completes Sections 1 through 3; see WAC 182-16-2020 for guidance.
- **In addition, complete Section 5 if you agree that a wrong decision or action occurred.**
 - If correcting an enrollment error as described in WAC 182-08-187 and PEBB Program Administrative Policy 11-3, forward your recommendation for correction of the enrollment error by FUZE secure email to the PEBB Program for final determination. Send a secure online message from the FUZE webpage at hca.wa.gov/fuze-questions. You must set up a secure login for this feature.
 - For life, AD&D, or LTD insurance eligibility, enrollment, or premium issues, forward your recommendation to correct the decision or action caused by delay or error by FUZE secure email to the PEBB Program for final determination.
- Section 6 must be completed by a staff person who **did not** participate in the initial denial or decision-making process.
- After completing all required sections:
 - Return this form to the appellant **within 30 calendar days** of receipt.
 - Provide a copy to your agency administrator (or designee) and the PEBB Appeals Unit for their records.

If the employer does not make a decision within 30 days, the appellant may contact the PEBB Appeals Unit.

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Employer response to appellant's request for review

To be completed by the employer.

Section 4: Employer's Response

4 **Employer response to appellant's request for review**

To be completed by the employer.

Employer name: T H E O F F I C E Agency/sub-agency code: 3 0 0 - A 4 1

Agency contact's last name: S C O T T

First name: M I C H A E L Contact's phone number: 3 6 0 - 2 5 3 - 4 3 2 1

Contact's email address: michaelscott@theoffice.com

Date you received the appellant's request for review: 0 1 - 0 1 - 2 0 2 1

Full name and job title of the person who made this initial denial or decision on the *Employee's request for review*

Last name: H A L P E R T

First name: J I M Middle initial: D

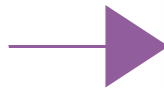
Job title: B E N E F I T S A D M I N I S T R A T O R

List the PEBB Program rule(s) the denial or decision was based on, if known:

5

Section 4: Employer's Response

Enter the date of the employer's review decision



Select one of the decision options



Appellant's last name SCHRUTE	First name DWIGHT	Middle initial K
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Date of employer's review decision on *Employee's request for review*.
The next level of appeal must be received by the PEBB Appeals Unit **no later than 30 days after this date**. If the PEBB Appeals Unit receives your appeal by the deadline, it will be considered timely.

0 1 - 2 5 - 2 0 2 0

Select one (employer must check only one box):

- The employer stands by the denial. The appellant has the right to appeal this decision by completing Section 7. The PEBB Appeals Unit must receive this form **no later than 30 calendar days** after the date of the employer's review decision noted above.
- The employer believes that a wrong decision or action occurred and must complete Section 5.

Note: If the appeal relates to a decision made by the PEBB Program, the appellant is responsible for complying with the timelines described on the decision letter. (This form is not required if the PEBB Program has already sent a decision letter.)

Section 5: Employer's Response - when agreeing a wrong decision or action occurred

5	Employer response (if applicable)
To be completed by the employer only when the employer agrees a wrong decision or action occurred.	
Why do you believe a wrong decision or action occurred? <input type="checkbox"/> Agency delay <input type="checkbox"/> Agency error	
Please explain the delay or error:	
<div style="background-color: #d9e1f2; height: 150px;"></div>	
What do you recommend to correct the decision or action?	
<div style="background-color: #d9e1f2; height: 150px;"></div>	

How do PEBB Employers Correct Enrollment Errors?

Identify the error: 6 categories under WAC 182-08-187 that a PEBB employer must correct as described I subsections (2) through (5) :

- Failure to timely notify an employee of their eligibility for public employee benefits board (PEBB) benefits and the employer contribution as described in WAC 182-12-113(2);
- Failure to enroll the employee and their dependents in PEBB insurance coverage as elected by the employee, if the elections were timely;
- Failure to enroll an employee in PEBB insurance coverage as described in WAC 182-08-197 (1)(b); (Default enrollment)

How do PEBB Employers Correct Enrollment Errors?

A PEBB Employer that makes one or more of the following enrollment errors must correct the error as described in subsections (2) through (5) of WAC 182-08-187:

- Failure to accurately reflect an employee's premium surcharge attestation on the employee's account;
- Enrolling an employee or their dependent in PEBB insurance coverage when they are not eligible as described in WAC 182-12-114 or 182-12-260
- Providing incorrect information regarding PEBB benefits to the employee that they relied upon

Actions: PEBB Employer determines a qualifying error

If the PEBB Employer determines a qualifying error for correction, there are two avenues to correct the error:

1. The PEBB Employer agrees with the qualifying error and **it is within the lower limit:**
 - The PEBB Employer fixes the error.
2. The PEBB Employer agrees with the qualifying error and **it is beyond the lower limit:**
 - The PEBB Employer submits it for review and determination by the PEBB Program through FUZE addressed to O&T - Subject line: Possible Error Correction. *(See Section 4, Subsection 2 of PEBB Request for Review, Notice of Appeal).*

Correcting Employer Enrollment Errors

WAC 182-08-187 states that the Employer must correct the account:

The employing agency or the applicable contracted vendor must enroll the employee and the employee's dependents, as elected, or terminate enrollment in PEBB benefits as described in subsection (3) of this section, reconcile premium payments and applicable premium surcharges as described in subsection (4) of this section, and provide recourse as described in subsection (5) of this section.

Actions to take if the PEBB Employer determines a qualifying error

There are two determinations PEBB Program's O&T can make:

1. If PEBB O&T determines that the error meets the standard for error correction under WAC 182-08-187, Outreach and Training will contact the PEBB Employer and begin the error correction process.
2. If PEBB O&T determines that the error does not meet the standard for error correction under WAC 182-08-187, O&T will notify the PEBB Employer of their decision.

The employee has the right to appeal this decision by completing Section 7 of the PEBB 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 PEBB 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 PEBB 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 PEBB Program's (O&T) final determination.

Section 6: Employer's Signature

6

Employer signature

To be completed by a reviewer who did not participate in the initial denial or decision-making process under appeal, such as the employer's administrator or a designee. Complete this section after the employer completes Sections 4 (and 5 if applicable).

Reviewer's last name

[Grid of 26 blue boxes for last name]

First name

[Grid of 15 blue boxes for first name]

Phone number

[Grid of 10 blue boxes for phone number]

Reviewer's signature

[Light green rectangular box for signature]

Date

[Grid of 8 blue boxes for date]

Review Process



If the **employee** does not agree with the **PEBB Employer's** final decision, employee has **30 calendar days** from the date of the **PEBB Employer's** decision to complete section 7-9 of the Employee Request for Review/Notice of Appeal form and submit it to the **PEBB Appeals Unit** via fax or mail.

Section 7: Employee Notice of Appeal to PEBB Appeals Unit

Appellant's last name SCHRUTE	First name D W I G H T	Middle initial K
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Employee notice of appeal to the PEBB Appeals Unit

Your appeal must comply with all applicable deadlines on pages 1 and 2.

7 Employee notice of appeal to the PEBB Appeals Unit

To be completed by the appellant.

Instructions for appellant:

- Do not complete this section until you receive a completed copy of this form from the employer, unless you are directly appealing a decision made by the PEBB Program.
- If you wish to appeal the employer's decision, or you agree with the employer that a wrong decision or action occurred, complete this section, sign and date Section 9, and submit this form to the PEBB Appeals Unit as instructed below.
- You may attach a statement that identifies the specific portion of the decision you are appealing and explains why you agree or disagree with the employer's decision, and submit additional documentation for review.
- The PEBB Appeals Unit must receive this form **no later than 30 calendar days** after the employer's review decision date in Section 4.

Response to the employer's reason for denial listed in Section 4, if applicable.

Additional information you want the PEBB Appeals Unit to consider that was not mentioned before.

Are you attaching additional documentation?

No.

Yes. I have attached additional documents, such as forms or correspondence between the employer or the PEBB Program and me. Please identify the document and the reason you are submitting it.

Section 8-9: Representative & Appellant Information

Appellant's last name
SCHRUTE

First name
DWIGHT

Middle initial
K

8 Representative information (if applicable)

If you have someone representing you, you must complete the *Authorization for Release of Information* form available on the HCA website at hca.wa.gov/health-care-services-supports under Forms & publications. Or, you may submit a power of attorney document. Please contact the PEBB Appeals Unit for additional information at 1-800-351-6827.

Representative's last name

First name Middle initial

Mailing address

Address line 2

City State

ZIP/Postal code

Phone number Alternate phone number

Email address

Relationship to appellant Washington State Bar Association number (if applicable)

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

Forms and publications

- [PEBB employee request for review/notice of appeal](#)
- [PEBB retiree/Continuation Coverage notice of appeal](#)

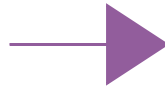
Related links

- [Authorization for release of information](#)
- [Employee eligibility and enrollment](#)
- [Retiree eligibility and enrollment](#)
- [PEBB Continuation Coverage eligibility and enrollment](#)
- [Contact the plans](#)

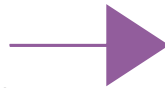
← Release can be found here on the website.
www.hca.wa.gov/about-hca/file-appeal-pebb

Section 9: Employer's Response

Electronic Service Option



The most current version of the form can be found here: www.hca.wa.gov/about-hca/file-appeal-pebb



9 Appellant signature and electronic service option

Sign and date this section. Keep a copy of this form for your records.

Electronic service

By checking this box, I agree to receive service of appeal documents and orders from the PEBB 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 the email address below. (Please print clearly.)

Email address

This appeal form must be faxed or mailed to the PEBB Appeals Unit at the contact information listed below. By signing this form, I declare that the information I have provided is true, complete, and correct.

Appellant's signature _____ Date _____

How to submit this form

The PEBB 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: PEBB Appeals Unit PO Box 45504 Olympia, WA 98504	Fax: 360-763-4709
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Appeals Process



The **PEBB Appeals Unit** must notify the appellant in writing when the request for brief adjudicative proceeding (BAP) has been received.

Presiding Officer Authority

- 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.

PEBB Appeals Unit Response

The PEBB appeals unit will send a request for documentation and information to the PEBB Employer.

- The PEBB Employer will then have **two business days** to respond and provide the requested material to the PEBB 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 PEBB Employer, or the PEBB 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 182-16-2160 says 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

Reading Initial Orders

**STATE OF WASHINGTON
HEALTH CARE AUTHORITY
PUBLIC EMPLOYEES' BENEFITS BOARD PROGRAM**

In the matter of: APPELLANTS NAME, Appellant	CASE NUMBER: 12-2020-PEBB-00XXX INITIAL ORDER
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1. Issue

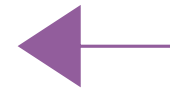
Did the Public Employees Benefits Board (PEBB) Organization properly deny Appellant's request to change her dental plan?

2. Brief Adjudicative Proceeding

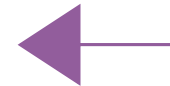
2.1. Presiding Officer: OFFICER NAME

2.2. Documents Considered: The Brief Adjudicative Proceeding (BAP) File – consisting of 28 pages.

3. Findings of Fact



Case number and appellant name



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



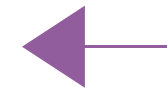
The BAP File is the evidence used to write the initial order

Reading Initial Orders

3. Findings of Fact

I find the following facts by a preponderance of evidence:

- 3.1. The Appellant was employed by the Washington Department of Transportation (Employing Agency). *See generally*, BAP File.
- 3.2. The Appellant is eligible for PEBB benefits. BAP File, page 27.
- 3.3. On November 3, 2020, the Appellant made her dental plan election selecting, DeltaCare. BAP File, page 12.
- 3.4. On December 21, 2020, the Appellant submitted a request to change her dental plan from DeltaCare to the Uniform Dental Plan. BAP File, page 2.
- 3.5. On December 22, 2020, the Employing Agency denied the Appellant's request. BAP File, page 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.

Reading Initial Orders, cont.

4. Conclusions of Law

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

- 4.1. A party aggrieved by a decision of their Employing Agency may request administrative review. WAC 182-16-2000 (Use of BAP); WAC 182-16-2010(1) (appealing a decision made by an employing agency in regard to enrollment).
- 4.2. This matter is governed by the Administrative Procedure Act 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 182-16-066(2).



State if laws and statutes
Applied to the findings of
Fact.

Reading Initial Orders

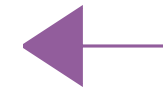
5. Order

It is hereby ordered that:

5.1. The decision of the P|EBB Organization is AFFIRMED. The Appellant cannot change plans at this time.

ISSUED at Olympia, Washington on the date of service.

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 Employer's or Program's decision.

**Overtaken
or Reversed**



A finding that the decision of the PEBB Employer's or Program is incorrect.

In Part: A portion of the PEBB Employer or PEBB Program decision is affirmed or overturned.

Employer Notification of Results

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.

Brief Adjudicative Proceeding File Request: If you would like a copy of the Brief Adjudicative Proceeding file, please contact the PEBB Appeals Unit at 800-351-6827.

Certificate of Service

I declare under penalty of perjury under the laws of the state of Washington that on the _____ day of _____, 2020, I served a copy of this Initial Order on the entities and persons listed below, by the methods described below.

Appellant:

NAME
ADDRESS
CITY ST ZIP
Email

Placed in Consolidated Mail Service to be Mailed First Class, Postage Prepaid

Enclosures: HCA 57-401 (10/19) & HCA 57-245 (8/19)

PEBB Organization Name, Agency Number, and Sub Number:

XXXXX

Electronically delivered

Public Employees' Benefits Board Program

Electronically delivered

EMPLOYEE NAME
EMPLOYEE TITLE
Health Care Authority

Appeals Process



If the **employee** does not agree with the written initial order, employee has **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 PEBB 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 182-16-2100. To request review, you must file a written request for review or make an oral request for review with the Public Employees Benefits Board (PEBB) Appeals Unit. Your request for review must be received by the PEBB 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, PEBB Appeals Unit
PO Box 45504
Olympia, WA 98504-5504

Fax: (360)763-4709

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

If you request review of the Initial Order, you have the opportunity to explain your view by submitting a statement and any additional information you want considered. Submit this information with your request.

During the review, the Review Officer will consider your request for review, the Initial Order, the entire Brief Adjudicative Proceeding file, and any other information you submit.

Appeals Process



The **PEBB 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.
- PEBB may not request judicial review of final orders.
- Judicial reviews are heard in Superior Court.

Employee Request for Review/Notice of Appeal

The screenshot shows the Washington State Health Care Authority website. At the top left is the logo with the text "Washington State Health Care Authority". At the top right are navigation links: "Search", "Home", "About HCA", "Contact HCA", and "In crisis?". Below the navigation is a banner image of a person on a boat with a dark overlay containing the text "COFA Islander open enrollment (November 1 through January 15)" and a button "Are you eligible?". Below the banner is a yellow warning bar: "Due to COVID-19, HCA's lobby is closed. Learn more about your customer service options." Below that is a dark blue menu with three columns. The first column is "Health care services and supports" with a heart icon and a list of services. The second column is "Employee and retiree benefits" with an umbrella icon and a list of employee categories. A yellow arrow points from the "Health care services and supports" column to the "Employee and retiree benefits" column. The third column is "Billers, providers, and partners" with a stethoscope icon and a list of services. Each column has a "See more ..." button at the bottom.

Washington State Health Care Authority

Search Home About HCA Contact HCA In crisis?

COFA Islander open enrollment (November 1 through January 15)

Are you eligible?

Due to COVID-19, HCA's lobby is closed. [Learn more about your customer service options.](#)

- Health care services and supports
 - Apple Health (Medicaid) coverage
 - Behavioral health and recovery
 - Program administration
 - Alternate help with prescriptions
- Employee and retiree benefits
 - Public employees
 - School employees
 - Retirees
 - Continuation coverage
- Billers, providers, and partners
 - Prior authorization, claims, and billing
 - ProviderOne resources
 - Programs and services
 - Apple Health (Medicaid) providers

Employee Request for Review/Notice of Appeal

The screenshot shows the 'Public employees' section of the Washington State Health Care Authority website. It features a navigation menu with links for COVID-19 information, open enrollment, and a virtual benefits fair. A yellow banner below the menu contains a warning about the closed lobby. The main content area is titled 'In this section' and lists various topics such as eligibility, medical plans, dental plans, and benefits after layoff. At the bottom, there is a 'How do I...' section with a list of actions including 'File an appeal', which is highlighted with a yellow arrow.

Public employees

- Information about novel corona virus (COVID-19)
- Open enrollment (PEBB)
- Virtual benefits fair (PEBB)

Due to COVID-19, HCA's lobby is closed. [Learn more about your customer service options.](#)

In this section

- Eligibility & enrollment
- Medical plans & benefits
- Dental plans & benefits
- Additional benefits
- Plan costs
- Surcharges
- Medicare & PEBB Program benefits
- Benefits after layoff or separation
- Frequently asked questions (FAQs)
- Find a provider
- Change your coverage
- Cancel your coverage
- Help with PEBB My Account login
- Contact the plans

How do I...

- Learn about and log into MetLife
- Compare medical plans
- Verify my dependents
- Waive medical coverage
- Pay for my benefits
- File an appeal
- Get my plan's certificate of coverage

Employee Request for Review/Notice of Appeal

Washington State Health Care Authority

Search Home About HCA Contact HCA In crisis

Home > About HCA > Appeals > File an appeal: PEBB

Appeals

- File an appeal: Apple Health (Medicaid)
- File an appeal: PEBB**
- Board of Appeals >
- File an appeal: SEBB

File an appeal: PEBB

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

On this page

- [Who can appeal?](#)
- [What is the appeals process?](#) ←
- [How do I file an appeal?](#)
- [How do I appeal a decision made by a Presiding Officer?](#)
- [How do I appeal a decision made by a plan?](#)
- [How can I make sure my personal representative has access to my health information?](#)

Who can appeal?

If you are a subscriber, dependent, or applicant for PEBB Program benefits, you may be able to file an appeal of a decision made by your employer or the PEBB Program. The rules for filing an appeal are in [Chapter 182-16 WAC](#).

If you are seeking an appeal of a decision by a PEBB Program health plan, insurance carrier, or benefit administrator, see [How can I appeal a decision made by a plan?](#) For example, you would contact your health plan to appeal a denial of a medical claim.

Employee Request for Review/Notice of Appeal form

What is the appeals process?

The appeals process varies depending on your situation. Select your demographic to find the appeals process for your situation.

State agency or higher-education employee (or their dependent) ▼

If your situation is:	Follow these instructions and submission deadlines:
<p>You disagree with a decision made by your employer and you are requesting your employer's review about:</p> <ul style="list-style-type: none">• Premium surcharges• Eligibility or enrollment in:<ul style="list-style-type: none">◦ Medical◦ Dental◦ Life insurance◦ Accidental death and dismemberment insurance	<p>Instructions: Submit the PEBB Employee Request for Review/Notice of Appeal form to your payroll or benefits office.</p> <p>Deadline: Your payroll or benefits office must receive the form no later than 30 days after the date of the initial denial notice or decision you are appealing.</p>



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

Certificate of Coverage (COC)

Employee and retiree benefits

[Forms & publications](#) [News](#) [Wellness](#) [PEB Board](#) [SEB Board](#) [Rules & policies](#) [Contact](#)

Search

Customer Type: Public employee

Document Type: All Document Types

Topic: Certificate of coverage

Year: All Years

Plan: - Any -

Sort by: Name (A-Z)

[Search](#) [Reset filters](#)

DeltaCare (PEBB) Certificate of Coverage (COC) 2020 Publication

This benefits book describes what is covered under DeltaCare, including dental services as well as specific services not covered by the plan, finding preferred providers and how much you'll pay, including deductibles, coinsurance, and copays. It also includes how to request an appeal and how to submit a claim.

[Get Publication](#)

DeltaCare (PEBB) Certificate of Coverage (COC) 2021 Publication

This benefits book describes what is covered under DeltaCare, including dental services as well as specific services not covered by the plan, finding preferred providers and how much you'll pay, including deductibles, coinsurance, and copays. It also includes how to request an appeal and how to submit a claim.

[Get Publication](#)

Kaiser Permanente NW Certificate of Coverage (COC) COVID-19 Endorsement Publication

On April 1, 2020, the Washington Office of the Insurance Commissioner (OIC) ordered the filing of this COVID-19

PEBB Appeals

Where do employees or dependents appeal decisions?

Decision made by:	Appeal to:
PEBB Employer	PEBB Employer WAC 182-16-2020 <i>PEBB Employee Request for Review/Notice of Appeal form</i>
PEBB Program	PEBB Appeals Unit WAC 182-16-2030
PEBB Health Plan or Insurance Carrier	Contact the Health Plan or Insurance Carrier <i>Certificate of Coverage (COC)</i>

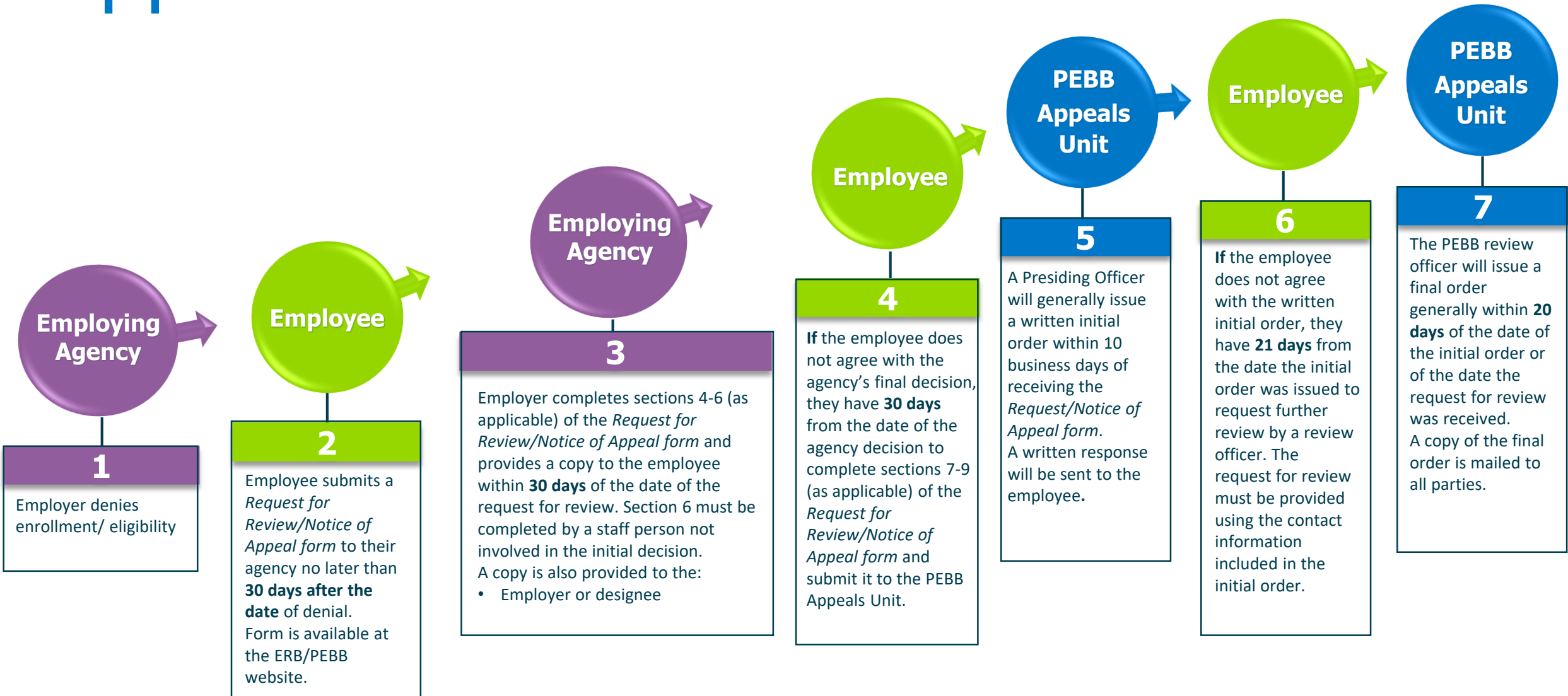
Review

- **Employee** has **30 calendar days** to file a request for review after the date of the denial notice
- The **PEBB Employer** 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 PEBB Employer
- **Employee** has **30 calendar days** after PEBB Employer's final decision to appeal to the PEBB Appeals Unit

Review

- **PEBB 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
- **PEBB review officer** has **20 calendar days** from the request for review to issue final order

Appeals Process



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!

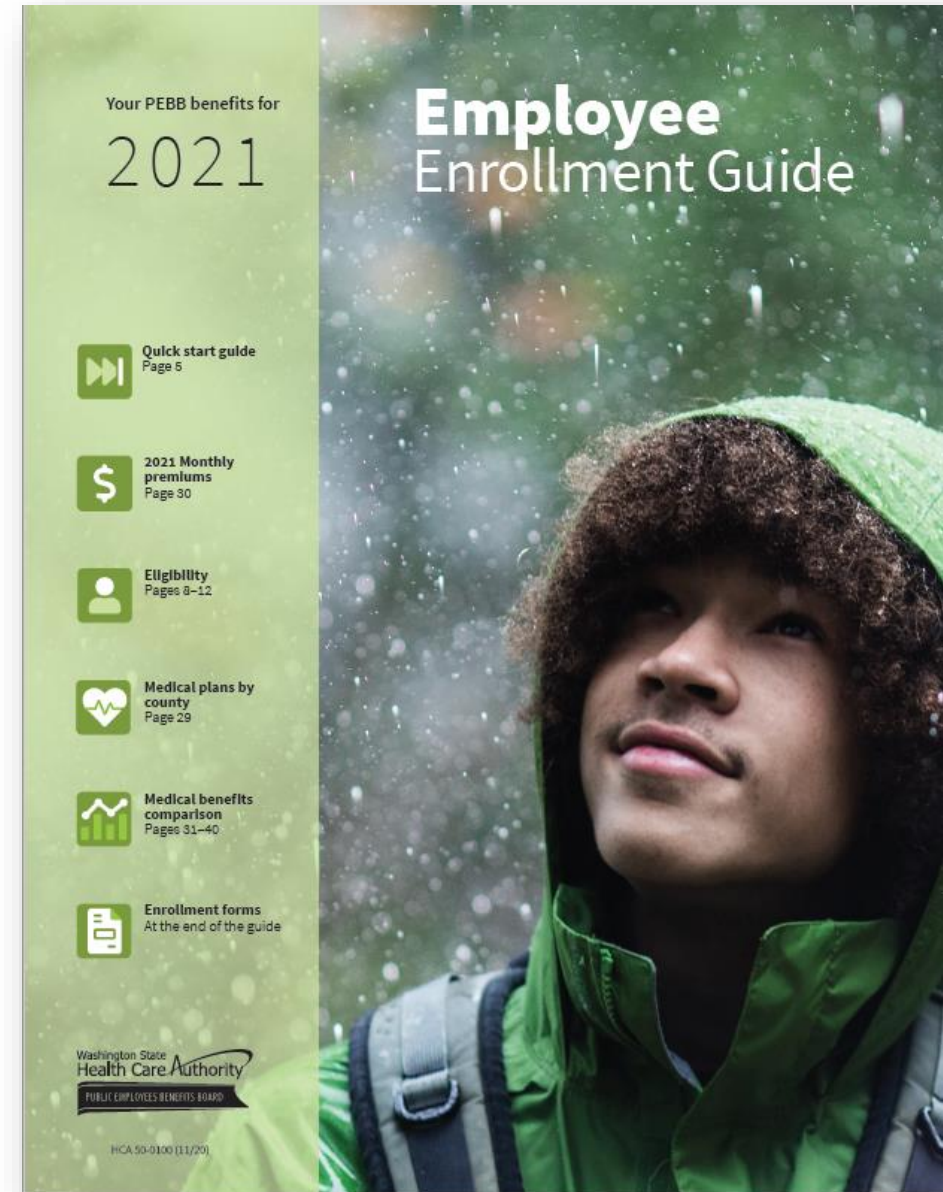
Resources

PEBB Employee Enrollment Guide

- Appeals
 - Page 63 (2021 enrollment guide)

PEBB Appeals Unit

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



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

www.hca.wa.gov/employee-retiree-benefits/forms-and-publications

Reminders

Employees should submit appeals to HCA by fax or mail:

- Contact:
 - PEBB Appeals unit
 - Phone: 1-800-351-6827
 - Fax: 1-360-763-4709
- Mailing address:
 - Health Care Authority
 - Attn: PEBB Appeals Unit
 - PO Box 45504, Olympia, WA 98504-2699

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

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

Washington State
Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

PEBB Employee Request for Review/ Notice of Appeal

Type or print clearly in dark ink. Example: J O H N
Keep a copy of your completed form for your records.

If your situation is	And you	Follow these instructions and submission deadlines
You are a current or former state agency or higher-education employee (or their dependent)	Disagree with a decision made by the employer and you are requesting the employer's review about: premium surcharges or eligibility for or enrollment in: <ul style="list-style-type: none">• Premium payment plan• Medical coverage• Dental coverage• Life insurance• Accidental death and dismemberment (AD&D) insurance• Long-term disability (LTD) insurance• Medical Flexible Spending Arrangement (FSA)• Dependent Care Assistance Program (DCAP)	Complete Sections 1 through 3 of this form and submit it to the employer's payroll or benefits office. Deadline: The employer must receive this form no later than 30 calendar days after the date on the denial notice regarding the decision you are appealing.
	Disagree with a review decision made by your employer , or agree further review is needed because your employer believes that there was an error but did not grant you the relief you requested, and you are now requesting the PEBB Appeals Unit review of your employer's decision	Complete Section 7, sign and date Section 9 of this form, and submit it to the PEBB Appeals Unit. Deadline: The PEBB Appeals Unit must receive this form no later than 30 calendar days after the employer's written review decision date in Section 4.
	Disagree with a decision from the PEBB Program about: <ul style="list-style-type: none">• Eligibility or enrollment in:<ul style="list-style-type: none">• Premium payment plan• Medical Flexible Spending Arrangement (FSA)• Dependent Care Assistance Program (DCAP)• Life insurance• AD&D insurance• LTD insurance• Eligibility to participate in SmartHealth or receive a wellness incentive• Eligibility and enrollment for a dependent, extended dependent, or dependent child with disability• Premium surcharges• Premium payments	Do not use this form. Follow the appeal instructions on the decision letter you received from the PEBB Program.

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Thank you!

