Administrative Policy No. 19.25.05

Subject: Benefit Eligibility Appeal Process

Contact: Office of Accounting Services
        Chief, (360) 664-5716

Authorizing Sources: Revised Code of Washington (RCW)
                     41.05.008, Duties of employing agencies.
                     Washington Administrative Code (WAC)
                     182-16-030, How can an employee or an employee's
dependent appeal a decision made by an employing agency
about eligibility or enrollment in benefits?
                     State Administrative & Accounting Manual (SAAM) Chapters
                     20, Internal Control
                     22, Auditing
                     25, Payroll

Effective Date: August 14, 2009

Revised: July 16, 2018

Approved By: Original signed by Judy Fitzgerald
              Chief Financial Officer / Assistant Secretary
              Facilities, Finance, and Analytics Administration

Purpose

The purpose of this policy, as required by Washington Administrative Code (WAC) 182-16-030, is
to outline and document the process for current or former employees, or their dependents to appeal
eligibility decisions made by Department of Social and Health Services (DSHS) staff.

Scope

This policy applies to all current and former DSHS employees, or their eligible dependents, and
encompasses all benefits administered through the Health Care Authority (HCA).

Additional Guidance

Internal Revenue Service (IRS) Publications:
       501, Exemptions, Standard Deduction, and Filing Information.
       929, Tax Rules for Children and Dependents.
WAC 182-16-040. What should the request for review or notice of appeal contain?

**Health Care Authority (HCA) forms**

50-122, Request for Review/Notice of Appeal

**Definitions**

**Benefits** are those services and products offered through the DSHS Payroll Office by the Health Care Authority (HCA).

**Department** refers to the Department of Social and Health Services (DSHS).

**Dependent** is an individual(s) tied to an employee as defined by Internal Revenue Service (IRS) rule (Publications 501 and 929).

**DSHS Facilities, Finance, and Analytics Administration (FFAA) Payroll Office (or Payroll Office)** is the office within the Facilities, Finance, and Analytics Administration that manages payroll for the Department.

**DSHS Institution Payroll Office** is the payroll office located at each of the DSHS Institutions and is responsible for processing payroll for all employees at that Institution.

**Employee** means an individual in DSHS who:

1. Is paid a salary, or wages, and receives benefits for work performed for the department;
2. Has been issued a state employee identification number;
3. Is recognized as a state employee by the state Department of Enterprise Services (DES); and

**Policy**

**A.** DSHS current or former employees, or their dependents aggrieved by an eligibility or enrollment decision for health benefits, must appeal the decision to the DSHS FFAA Payroll Office. The DSHS FFAA Payroll Office must receive the appeal no later than 30 days after the date of the initial denial notice. The appeal must:

1. Comply with the requirements listed in WAC 182-16-030 and WAC 182-16-040; and
2. Be submitted in writing to DSHS Payroll Team via email or mail.

**B.** The DSHS Payroll Manager must issue a written decision of the review for department error or delay within 30 calendar days of receiving the request for review. The written decision must be sent:

1. To the Current or former employee filing the appeal;
2. The DSHS Secretary or designee;
3. The Public Employees Benefits Board (PEBB) Appeals Manager; and
4. If applicable, the DSHS Institutional Payroll Office.
C. Individuals that were involved in the initial decision must not perform the review.

D. If the DSHS Secretary or designee chooses to overturn the decision, they must do so within 15 calendar days of the date of the DSHS Payroll Manager’s decision.

Procedures

A. A current or former employee, or their dependents who wish to appeal the decision must:
   1. Complete a Request for Review/Notice of Appeal (HCA Form 50-122), within 30 calendar days of issuance of the decision.
   2. Send a completed copy of the form (HCA Form 50-122) via email or mail to:

      Mailing Address:
      DSHS Payroll Office
      Attn: Payroll Manager
      P.O. Box 45854
      Olympia WA 98504-5854

      Email Address: DSHS HQ Payroll Support

B. DSHS Payroll Team must:
   1. Review the initial decision for department error or delay; and
   2. Provide review of the initial decision in writing to the DSHS Payroll Manager for approval.

C. DSHS Payroll Manager or the Office of Accounting Services (OAS) Office Chief must:
   1. Conduct an optional formal meeting or hearing, if needed;
   2. Issue a written decision of the review, within 30 calendar days, by completing Section 5 Employer Response to Employee’s Request for Review on the Request for Review/Notice of Appeal (HCA Form 50-122); and
   3. Send the completed Request for Review/Notice of Appeal (HCA Form 50-122) to:
      a. The current or former employee filing the appeal;
      b. The DSHS Secretary or designee;
      c. The Public Employees Benefits Board (PEBB) Appeals Manager; and
      d. If applicable, the DSHS Institutional Payroll office.

D. DSHS Secretary or designee must:
   If appropriate, issue the decision to overturn the DSHS Payroll Manager’s decision within 15 calendar days.
E. If the current or former employee, or dependent does not agree with the final agency decision, the current or former employee, or dependent may:

1. Complete Section 8 Employee Notice of Appeal to the PEBB Appeals Committee on the Request for Review/Notice of Appeal (HCA Form 50-122);

2. Send a completed hard copy Request for Review/Notice of Appeal (HCA Form 50-122) to the PEBB Appeals Committee (address is on the form), within 30 calendar days; and

3. Wait for a response from the PEBB Appeals Committee.