



## HEALTHCARE BENEFITS ENROLLMENT AND/OR ELIGIBILITY REQUEST FOR REVIEW

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### I. INTRODUCTION

- A. This Administrative Procedure is written to implement WAC's 182-16-030 and -040 which allow an employee or employee's dependent aggrieved by an *enrollment* or *eligibility* decision made by a College representative to request a review of that decision.
- B. *Enrollment* decisions address the application for PEBB benefits as described in PEBB rules and policies including, but not limited to, the submission of proper documentation and meeting enrollment deadlines.
- C. *Eligibility* decisions address whether an employee or an employee's dependent is entitled to insurance coverage as described in PEBB rules and policies.

### II. APPLICABILITY

This Administrative Procedure applies to any employee or employee's dependent who is aggrieved by a decision made by a College representative with regard to benefits enrollment or eligibility (other than student dependents, extended dependents, dependents with disabilities, or an adult dependent).

### III. SCOPE OF AUTHORITY

Walla Walla Community College can only reverse enrollment or eligibility decisions based on circumstances that arose due to delays caused by a College representative or error(s) made by a College representative.

### IV. REVIEW PROCESS

- A. Any employee or employee's dependent aggrieved by an *enrollment* or *eligibility* decision made by a Walla Walla Community College Human Resource representative or Payroll representative may request a review of the decision by submitting a written request for review to Sherry Hartford, Human Resources Director. The request for review must be on the Eligibility or Enrollment Review/Appeal form (attached) and must be received by the Human Resource Director within thirty (30) days of the date of the initial denial notice.
- B. Upon receiving the request for review, the Human Resources Director shall make a complete review of the initial denial. As part of the review, the Human Resources Director may hold a formal meeting or hearing, but is not required to do so.

- C. The Human Resources Director shall render a written decision within thirty (30) days of receiving the request for review. The written decision will be provided on the Eligibility or Enrollment Review/Appeal form and shall be sent to the employee requesting the review.
- D. A copy of the Human Resource Director's written decision shall be sent to the College President and to the PEBB Appeals Manager. The Human Resource Director's written decision shall become the College's final decision effective fifteen (15) days after the date it is rendered.
- E. Any employee or employee's dependent who disagrees with the Human Resource Director's written decision, in response to a request for review, may appeal that written decision by completing Section 6: Employee Notice of Appeal and the entire Eligibility or Enrollment Review/Appeal form and submitting them to the Health Care Authority, PEBB Appeals, P.O. Box 42699, Olympia, WA 98504-2699. The PEBB appeals manager must receive the notice of appeal within thirty (30) days of the date of the Human Resource Director's written decision on the request for review.

**V. ATTACHED FORM**

Eligibility or Enrollment Review/Appeal form [HCA 50-122 (01/11)]

**VI. REFERENCES**

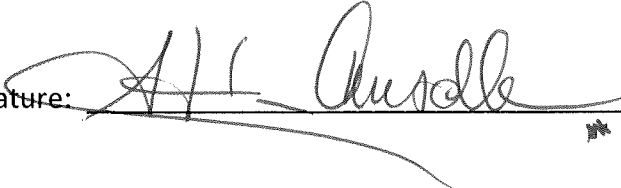
WAC 182-16-030

WAC 182-16-040

**VII. AUTHORITY**

The Administrative Council approved a Medical Benefits Enrollment and/or Eligibility Request for Review Process for the College on March 16, 2009. This Administrative Procedure supersedes the March 16, 2009 Administrative Procedure.

The authority for this Administrative Procedure comes from the Board of Trustees Delegation of Authority Policy approved April 20, 2005.

Authorizing Signature:  \_\_\_\_\_

2/4/2011  
(Date)