



## **OEBB Appeal, Reconsideration and Administrative Review Policy and Procedures**

**EFFECTIVE DATE:** December 11, 2008

**APPROVED:** December 11, 2008

**REVISED DATE:** September 24, 2009

**APPROVED:** November 5, 2009

**REVISED DATE:** March 22, 2010

**APPROVED DATE:** April 8, 2010

**POLICY/  
PURPOSE:** The purpose of the OEBB Appeal, Reconsideration and Administrative Review Policy and Procedures is to provide a process for OEBB Members to request a formal review of an eligibility, enrollment or coverage issue.

**APPLICABILITY:** OEBB Members

**DEFINITIONS:** OEBB Members: Employees, former employees and early retirees of any participating school district, education service district, local government, community college or charter school and their dependents who are eligible to receive OEBB benefits.

OEBB Staff: the Benefit Manager, Lead Benefit Analyst and Benefit Analysts

OEBB Management Team: the Administrator and Director of Operations

OEBB Administrative Review Committee: The committee made up of three OEBB Board members appointed by the Board Chair.

“Benefits” means goods and services provided under benefit plans.

**GUIDELINES:** OAR 111-080-0030; Administrative Review Committee Charter; OEBB Board Bylaws

**I.** OEBB Staff, the OEBB Management Team and the Administrative Review Committee shall review and make determinations on Appeals, Requests for Reconsiderations and Administrative Reviews, respectively, efficiently and within the timeframes stated in the Procedure steps below.

**II.** Determinations will be made consistently and fairly between members, employee groups and entities while also considering collective bargaining agreement (CBA) provisions and formal documented district policies.

**III.** Insurance benefit and claim appeals must be directed to the insurance carrier to follow their

appeals process unless it is an issue that can be clarified and addressed by OEGB.

**IV.** The Carrier appeals process or the OEGB Appeal and Request for Reconsideration processes must be exhausted before a complaint can be presented to the Administrative Review Committee.

**V.** Administrative Review requests related to coverage of a benefit will be limited to a determination of whether a benefit was intended (by the Board) to be covered under the current contract.

**VI.** Administrative Review requests related to enrollment or eligibility will be limited to a determination of whether: 1) OEGB staff followed established policy and procedures in a timely manner; 2) OEGB rules and policies were applied appropriately; and 3) decisions by staff were reasonable based on the information provided.

**VII.** Members have the right to appear before the Administrative Review Committee and the right to representation. If the member chooses to have a representative, OEGB must be notified in writing at least 5 business days prior to the Administrative Review Committee meeting. Notification must include the name, title, and degree or specialty of the representative. The Administrative Review Committee or OEGB Board reserves the right to discuss with and receive input from legal or other specialty experts. Administrative Reviews are held in a public meeting, and such public meeting may be held partly in executive session if the content meets exemption criteria under Oregon Public Meeting Law.

**VIII.** No Personal Health Information (PHI) will be requested at any time during the Appeal, Request for Reconsideration, or Administrative Review process. If PHI information should be necessary due to the nature of the issue, the member will be asked to sign an Authorization to Release Medical Information that is relevant to the issue.

**IX.** Questions or comments about the Appeal, Reconsideration and Administrative Review Policy and Procedures document must be directed to the Benefit Manager or Lead Benefit Analyst.

The Appeal and Request for Reconsideration procedures below apply to eligibility and enrollment related issues.

## **PROCEDURES:**

### **Appeal**

1. A formal Appeal is received – Appeals must be in writing and can be mailed, hand-delivered, or e-mailed to the Member Service team.
2. The Appeal is logged into the tracking database and a file is set up within two business days from the date the Appeal was received.
3. The Benefit Analyst obtains all pertinent information that may be needed to make a determination including information in the MyOEGB system, or information from the member, entity and the carrier to ensure all facts are considered. The entity and carrier will be given 5 business days from the date OEGB made the request to provide the additional information.
4. If the Benefit Analyst needs additional information from the member, the member will be given 30 calendar days to provide the additional information. Additional information is entered into the file. If the additional requested information is not received within 30 calendar days, the Appeal will be closed and the member will be notified by certified mail within 5 business days from the date the file is closed. An Appeal closed due to an untimely response from a member may be reopened if the additional information requested is received within 10 business days of

the postmarked notice of the Appeal being closed. In the event information from the entity or carrier is not received within 5 business days, a decision will be made based on the information OEGB has received. Any information not submitted once a decision is made, or not within the stated time period, will be considered at the next level of the appeal process, if the member is not satisfied with the decision and requests to proceed to the next level.

5. The OEGB Staff reviews the Appeal and makes a predetermination within 5 business days from the date all the information is received, or the response deadline, whichever is sooner.

6. The entity affiliated with the member is notified of OEGB's predetermination and given 5 business days to provide additional information, comments, or feedback relating to the OEGB decision.

7. The member will be notified of the decision via certified mail within 5 business days from the date a final determination is made. The written notification will include the reason for the decision and options available if the member is not satisfied with the outcome. It will also include the requirement that the Request for Reconsideration must be received by close of business 30 days from the signed receipt of the certified letter or the USPS date of the second notification of certified mail, whichever occurs first.

### **Request for Reconsideration**

1. The Request for Reconsideration is received, logged into the tracking database and added to the initial Appeal file.

2. Staff reviews the Request for Reconsideration and identify whether additional information is needed to make a determination. If additional information is needed, OEGB Staff will contact relevant parties and obtain requested information within 2 business days.

3. Once all information is received, the file is then forwarded to the OEGB Management Team within two business days of receiving. The Request for Reconsideration must be received within 30 days from the receipt date of the certified notification of the written Appeal Determination notification.

4. If the OEGB Management Team needs additional information from the member, the member will be given 30 calendar days to provide the requested information. Additional information is entered into the file. If the requested information is not received within 30 calendar days, the Request for Reconsideration will be closed and the member will be notified by certified mail within 5 business days from the date the file is closed. A Request for Reconsideration closed due to an untimely response from a member may be reopened if the additional information requested is received within 10 business days of the postmark notifying the member that the Request for Reconsideration has been closed. In the event information from the entity or carrier is not received within 5 business days, a decision will be made based on the information OEGB has received. Any information not submitted once a decision is made, or not within the stated time period, will be considered at the next level of the appeal process, if the member is not satisfied with the decision and requests to proceed to the next level.

5. The OEGB Management Team will review the Request for Reconsideration and make a determination within 5 business days from the date all the information is received, or the response deadline, whichever is sooner.

6. If additional information received will change the Appeal decision, the determination on the Request for Reconsideration will be sent to the entity affiliated with the member. The entity will be given 5 business days to provide additional information, comments, or feedback relating to the OEGB Management Team decision.

7. The member will be notified via certified mail within 5 business days from the date a final

determination is made. The written notification will include the reason for the decision and options available if the member is not satisfied with the outcome. It will also include the requirement that the Administrative Review Request must be received by close of business 30 days from the signed receipt of the certified letter or the USPS date of the second notification of certified mail, whichever occurs first.

### **Administrative Review**

1. The Administrative Review Request must be in writing and sent via USPS to the OEBC office. It must be signed, dated and obtain any additional information the member would like considered. Once received, the Administrative Review Request is logged into the tracking database and added to the Appeal file within two business days. The Administrative Review Request must be received within 30 days from the receipt date of the certified notification of the written Request for Reconsideration Determination notification or Carrier's final decision, whichever is applicable. If the Administrative Review request pertains to an eligibility or enrollment issue, then step 2 can be skipped since it only applies to carrier denials of services or benefits.

2. The OEBC Contract Officer reviews the Administrative Review Request within 5 business days from the date received to ensure it meets the criteria outlined in our contracts that limits these reviews to a "determination of whether or not a service or benefit was intended to be covered under the current contract." The initial review will assess whether there is documentation contained within the contract or its attachment or exhibits relating to the benefit that was denied. If the Administrative Review request does not meet the specified criteria the Contracts Officer will refer it to the OEBC Management Team and the member will be notified in writing within 5 business days from the date of the OEBC Management Team's decision. This information will be reported to the Administrative Review Committee (ARC) on a monthly basis.

3. If it is determined the Administrative Review request meets the criteria and timelines for consideration by the ARC, OEBC staff will schedule an ARC meeting to be held within 15 business days of the assessment, but no more than 30 calendar days from the date the request is received. OEBC staff will notify the member and all applicable parties and request any additional information that may be needed allowing not less than 5 business days for a response. Any additional information related to the Administrative Review must be submitted to OEBC at least 5 business days prior to the scheduled ARC meeting. Any information that is not received by OEBC within this timeframe will not be considered by the ARC. For requests relating to denied benefits or services, additional information gathered may include:

- Carrier coverage, limitation and exclusion information on the benefit or service being appealed from all OEBC contracted carriers.
- Success rates, evidence, standard practices and other pertinent information.
- Carrier contracts and other related carrier materials and information.

Note: No personal health information (PHI) will be requested. If PHI information is necessary due to the nature of the issue, the member will be asked to sign an Authorization to Release Medical Information that is relevant to the issue. When the Administrative Review is presented, it will not contain any personal information. The Member will be given a unique identification number. The unique identification number will be included in the log, file and on all public documents related to the Administrative Review.

4. All information obtained will be added to the file. Information may come from the member, entity, carrier, consultant, or through staff research. Staff will document the source of all information. If additional requested information from the member is not received within 30 days, the Administrative Review will be closed and the member will be notified via certified mail within 5 business days from the date the Administrative Review is closed. An Administrative Review closed due to an untimely response from a member may be reopened if the additional information requested is received within 10 business days of the postmark notifying the member that the Administrative Review has been closed. In the event information from the entity or carrier is not received within 5 business days, a decision will be made based on the information OEGB has received.

5. The member or a representative may be present during the scheduled ARC review and may provide public comment to the Committee relating to the request under consideration as directed by the Committee Chair.

**All Administrative Reviews will be held in public meetings, and such public meeting may be held partly in executive session if the content is exempt under Oregon Public Meeting Law. Decisions by the Administrative Review Committee require unanimous agreement by all Committee members. If unanimous agreement cannot be reached, the Administrative Review will be referred to the full Board. Decisions by the full Board shall require a majority vote.**

If the ARC determines the benefit or service falls within the scope of the contract, the relevant carrier or carriers will be notified.

Additional information from the carriers, consultants and staff may be needed, including the potential cost and premium impact. This information may be used by staff, consultants and the Board to determine when and how implementation will occur.

If the ARC determines the eligibility or enrollment criteria are met as specified in the OEGB administrative rules, a collective bargaining agreement, or documented district policy, the entity and applicable carrier will be notified.

OEGB staff will partner with the carriers and entities to provide consistency wherever applicable.

6. The member will be notified via certified mail within 5 business days of the ARC's determination and include the reason(s) for the decision.

## **Addendum to OEGB Appeal, Reconsideration and Administrative Review Policy and Procedures**

### **ADDENDUM #1**

**EFFECTIVE DATE: November 5, 2009**

**APPROVED: November 5, 2009**

The following is a template to be used by the Administrative Review Committee (ARC) during an Administrative Review.

1. The ARC Chair calls the meeting to order and notify everyone that the meeting is being recorded. Note: ARC meetings will not be streamed on OEGB's Web site during an Administrative Review. The ARC meeting will be recorded.
2. The ARC Chair states the steps (3-11) below that describe the ARC meeting's process.
3. Individuals present and on the telephone (if applicable) are asked to introduce themselves.
4. Committee members are asked to confirm they received all information provided by OEGB staff related to the appeal.
5. The ARC Chair explains the purpose of the Administrative Review Committee (see next page).
6. The ARC Chair explains that the guidelines for the introduction of new information have been followed, and that all information presented is information that everyone has reviewed prior to the meeting.
7. The ARC Chair reads or explains the member's request for an Administrative Review.
8. The ARC Committee allows a 5-10 minute presentation/statement from the OEGB staff on the appeal.
9. The ARC Committee allows the appellant(s) an equal amount of time for a presentation/statement.
10. The ARC Committee asks clarifying questions, if any.
11. The ARC Committee considers whether to overturn or uphold the Reconsideration or carrier's decision.
12. The ARC Chair explains that the member and/or affected parties will receive a letter containing the ARC decision and the member's options if they disagree with the outcome.
13. The ARC Chair adjourns the meeting.

Purpose of the Administrative Review Committee:

The purpose is to consider an appeal by a member to determine three key points:

1. Did OEGB staff follow the established policy and procedures in a timely manner?
2. Were the OEGB rules and policies followed in a timely manner?
3. Were decisions by OEGB staff reasonable based on the information provided?

## **Addendum to OEBC Appeal, Reconsideration and Administrative Review Policy and Procedures**

### **ADDENDUM #2**

**EFFECTIVE DATE: November 5, 2009**

**APPROVED: November 5, 2009**

The following is a template to be used by the OEBC Board during an Administrative Review.

1. The OEBC Board Chair calls the meeting to order and notify everyone that the meeting is being recorded.
2. The OEBC Board Chair states the steps (3-11) below that describe the OEBC Board meeting's process.
3. Individuals present and on the telephone (if applicable) are asked to introduce themselves.
4. Committee members are asked to confirm they received all information provided by OEBC staff related to the appeal.
5. The OEBC Board Chair explains the purpose of the OEBC Board's purpose related to the appeal (see next page).
6. The OEBC Board Chair explains that the guidelines for the introduction of new information have been followed, and that all information presented is information that everyone has reviewed prior to the meeting.
7. The OEBC Board Chair reads or explains the member's request for an Administrative Review.
8. The OEBC Board allows a 5-10 minute presentation/statement from the OEBC staff on the appeal.
9. The OEBC Board allows the appellant(s) an equal amount of time for a presentation/statement.
10. The OEBC Board asks clarifying questions, if any.
11. The OEBC Board considers whether to overturn or uphold the Reconsideration or carrier's decision.
12. The OEBC Board Chair explains that the member and/or affected parties will receive a letter containing the OEBC Board's decision and the member's options if they disagree with the outcome.
13. The OEBC Board Chair adjourns the meeting.

Purpose of the OEBC Board related to the appeal:

The purpose is to consider an appeal by a member to determine three key points:

1. Did OEBC staff follow the established policy and procedures in a timely manner?
2. Were the OEBC rules and policies followed in a timely manner?
3. Were decisions by OEBC staff reasonable based on the information provided?