



## **OEBB Complaint and Administrative Review Policy and Procedures**

**EFFECTIVE DATE:** December 11, 2008

**APPROVED:** December 11, 2008

### **Policy Form**

**POLICY/  
PURPOSE:** The purpose of the OEBB Complaint and Administrative Review Policy and Procedures is to provide a process for OEBB Members to request an administrative review relating to an eligibility or coverage issue.

**APPLICABILITY:** OEBB Members

**DEFINITIONS:** OEBB Members: Employees, former employees and eligible retirees of any participating school district, education service district, community college or charter school

OEBB management team: the Administrator, Deputy Administrator, Director of Operations and Benefit Manager

OEBB Administrative Review Committee: Three OEBB Board members appointed by the Board Chair with approval of the Board members. These three committee members are appointed to evaluate and make the appropriate determination within their scope as defined under the Administrative Review section in this policy and in accordance with OEBB OAR's and carrier contracts.

**GUIDELINES:** OEBB Complaints and Administrative Review Policy and Procedures mandates and criteria

- I.** OEBB Staff and the Administrative Review Committee shall review and make determinations on Complaints, Requests for Reconsiderations and Administrative Reviews efficiently and within the timeframe stated in the procedure steps below.
- II.** Determinations will be made consistently and fairly between members, employee groups, and educational entities while also considering Collective Bargaining Agreement (CBA) or district wide policies.
- III.** Insurance benefit and claim appeals will be directed to the insurance carrier to follow their multi-level appeals process unless it is an issue that can be clarified and addressed by OEBB.
- IV.** The Carrier appeals process or OEBB Complaint and Request for Reconsideration processes must be exhausted before a complaint can be presented to the Administrative Review Committee.
- V.** Once the OEBB complaint or carrier appeal process is completed and all levels are

exhausted, the member has the right to request an Administrative Review provided the request meets the criteria in the OAR. Administrative Review requests related to coverage of a benefit or service will be limited to a determination of whether a service or benefit was intended (by the Board) to be covered under the current contract.

**VI.** Members have the right to appear before the Administrative Review Committee and the right to representation.

**VII.** No Personal Health Information (PHI) will be requested at anytime during the Complaint or Administrative Review process.

**VIII.** Questions or comments about the Complaints and Administrative Review Policy and Procedures shall be directed to the Benefit Manager or Lead Benefit Analyst. The Complaint and Request for Reconsideration procedures below apply to Eligibility or Enrollment related issues. The Administrative Review process follows the Complaint and Request for Reconsideration processes or the Carrier's multi-level appeals process.

## **PROCEDURES:**

### **Complaint**

1. The Complaint is received – either written or verbal and sent to the Member Service team.
2. The Complaint is logged into the tracking database and a file is set up.
3. The Benefit Analyst will gather or request all pertinent information including information in the MyOEBB system, from educational entities, or carriers to ensure a thorough and timely review. This will be completed within 5 working days from the date the Complaint is received.
4. If the Benefit Analyst needs additional information from the member, once obtained it will be entered into the file. If the additional requested information is not received within 30 days, the Complaint will be closed and the member will be notified in writing within 5 working days from the date the file is closed. In the event information from another party of interest is not received within 30 days, a decision will be made based on the information OEBB has received. A complaint may be reopened if the additional information requested is received within 30 days of the Complaint being closed due to the lack of information.
5. The Lead Benefit Analyst reviews the complaint and makes a predetermination in conjunction with the Benefit Manager within 5 working days from the date all the information is gathered.
6. The Educational Entity who is affiliated with the member will be notified of OEBB's predetermination and asked whether they would like to provide district-wide policies, CBA's, or comments or feedback to consider prior to the determination.
7. The member will be notified of the decision in writing within 5 working days from the date a determination is made, or the date in which the Educational Entity provided comments. The written notification will include the reason and options available if they are not satisfied with the outcome.

### **Request for Reconsideration**

1. The Request for Reconsideration is received by the Member Service team and logged into the tracking database and added to the initial Complaint file. The Request for Reconsideration must be received within 30 days from the date of the written Complaint Determination notification.

2. If needed, the Benefit Analyst will contact relevant parties within 5 working days for additional information.
3. Any additional information obtained will be added to the file. If additional requested information from the member is not received within 30 days, the Request for Reconsideration will be closed and the member will be notified in writing within 5 working days from the date the file is closed. In the event information from another party of interest is not received within 30 days, a decision will be made based on the information OEGB has received. A request for reconsideration may be reopened if the additional information requested is received within 30 days of the request being closed due to the lack of information.
4. The OEGB management team will review the request for reconsideration and make a determination within 5 working days from the date all the information is received.
5. The determination on the Request for Reconsideration will be sent to the Educational Entity who the member is affiliated with. The Educational Entity has 5 working days to provide OEGB with comments or feedback on the determination.
6. The member will be notified in writing within 5 working days, or the date in which the Educational Entity provided comments. The written notification will include the reason and outcome of the determination.

## **Administrative Review**

1. The Administrative Review request is received by the Member Service team who will log into the tracking database and if applicable, add to the initial Complaint file. The Administrative Review request must be received within 30 days from the date the written notification of the Request for Reconsideration or from the date the carrier appeal process is completed. 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 OEGB management team will review the Administrative Review request within 5 working days from the date it was received to ensure that it meets the criteria outlined in OAR 111-080-0030 that limits the administrative review requests received from the carriers to a “determination of whether or not a service or benefit was intended to be covered under the current contract.” The initial review will ensure the decision the carrier made complies with the contract. If the Administrative Review request does not meet the specified criteria, the member will be notified in writing within 5 working days from the date of the OEGB management team’s decision. This information will be reported to the Administrative Review Committee on a monthly basis.

3. Once determined that the Administrative Review request meets the criteria it is referred to the Administrative Review Committee, OEGB staff will contact relevant parties within 5 working days from the date of the OEGB management team’s decision for additional information. Information gathered will include:

- Carrier coverage, limitation, and exclusion information on the benefit or service being appealed will be gathered from all carrier’s within the coverage type that the benefit or service is in question
- Success rates, evidence, standard practices, and other pertinent information to consider
- Carrier Contracts and other related carrier materials and information

Note: No personal health information (PHI) will be gathered. 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 documents related to the Administrative Review.

4. All information obtained will be added to the file. Information may come from the educational entity, carrier, or 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 in writing within 5 working days from the date the administrative review is closed. In the event information from another party of interest is not received within 30 days, a decision will be made based on the information OEGB has received. An administrative review request may be reopened if the additional information requested is received within 30 days of the request being closed due to the lack of information

5. If the request for administrative review is presented to the Administrative Review Committee, a determination will be made within 20 working days from the date all the needed information is obtained. The member may be present when their case is being reviewed by the Administrative Review Committee, however, their identity will no longer be protected.

**Determinations by the Administrative Review Committee require unanimous agreement by all the Committee members. If agreement can not be reached, the Administrative Review will be referred to the full Board. Decisions by the full Board shall require a majority vote.**

If the Administrative Review Committee determines the benefit or service falls within the scope of the contract, they will notify the relevant carrier.

If the Administrative Review Committee determines the eligibility or enrollment meets the criteria as specified in the OAR's, CBA's, or documented district policies, they will notify the educational entity.

Additional information from the carriers, consultants, and staff may need to be obtained including the potential cost and premium impact. The additional information will be used by staff, Board, and any other relevant parties to determine when and how implementation shall occur.

OEBB staff will partner with the carriers and districts to provide consistency wherever applicable.

6. The member will be notified in writing within 5 days of the determination. The written notification will include the reason and outcome of the Administrative Review decision.

A member may appeal decisions under the Oregon Administrative Procedures Act, Oregon Revised Statutes Chapter 183. A member will receive notification of their request for reconsideration within 15 days of receipt of request by the reviewing agency.

(ORS Chapter 183 covers agency administrative reviews, contested case hearings and judicial reviews)