

Appeal Process

Employees, Managers & HR Professionals



Types Of Appeals

Employee Appeals:

- ☒ Requesting a change to benefits outside of stated timeframes or without a qualifying event because of extenuating circumstances
- ☒ Requesting current policy be changed or an exception granted

Agency Error Correction Requests:

- ☒ Initiated by the Agency HR to request a correction/exception be made because of an error made by the Agency.

Appeal Responsibility Areas

The type of appeal determines the area responsible for reviewing and making a determination. The areas are:

- ◆ Carriers -- Responsible for handling all covered benefit/claim related appeals.
- ◆ People First -- Responsible for handling all eligibility/enrollment related appeals.
- ◆ DSGI -- Responsible for handling all policy related appeals.

Eligibility/Enrollment/Policy Appeal Guidelines

- ◆ Appeals must be submitted in writing, but can be either faxed or mailed.
- ◆ Employee Appeals must be submitted by the employee.
- ◆ Agency Error Correction Requests must be submitted by the Agency.

NOTE: The employee will need to check with the appropriate carrier to obtain their specific guidelines for covered benefit/claim related appeals.

How Do I Appeal A Benefit Decision?

The employee should follow the steps below when appealing a benefit related decision:

1. Document the issue and desired resolution, if appropriate. Remember to include all relevant details and any supporting documentation.
2. Submit appeal to the appropriate area for handling.
 - ◆ Covered Benefit/Claim Related -- Submit directly to the carrier according to their guidelines.
 - ◆ All others:
 - + Fax -- 904-828-6092
 - or
 - + Mail to the People First Service Center at:
People First Service Center -- Health and Insurance Benefits
P. O. Box 6830
Tallahassee, Florida 32314

Did You Know?

- ❓ Determinations are made based on the Florida Statutes and the 60P Rule.
- ❓ The status of an appeal and/or the actual determination cannot be provided over the phone. The Eligible Plan Participant will be notified regarding the determination and any other actions needed in writing.
NOTE: If this was an Agency Error Correction request, then the Agency HR Office will be copied on the Determination.
- ❓ If the Eligible Plan Participant is not satisfied with the Determination, s/he can request a second appeal. A Level II appeal is sent directly to DSGI for review and should include the Determination letter received as part of the supporting documentation.
- ❓ The employee also has the right to request an administrative hearing if the second appeal is also denied. This information is communicated to them in the Level II response letter from DSGI.