

LANERN BENEFIT APPEAL PROCESS
For State of Delaware's Lanern Benefit By
Employer Direct Healthcare

DEPARTMENT OF HUMAN RESOURCES
STATEWIDE BENEFIT OFFICE

INITIAL SERVICE

Employee receives service and a claim is filed by the employee (or by provider on employee's behalf) with Employer Direct Healthcare.

IF DENIED

LEVEL I APPEAL – ADMINISTERED BY EMPLOYER DIRECT HEALTHCARE

Employee must file an appeal with Employer Direct Healthcare within 180 days from receipt of the notice of denial to request a review of the claim decision.

Employer Direct Healthcare will review the appeal and provide a written decision to the employee:

- **Within 15 days for Pre-Service requests**
- **Within 30 days for Post-Service Requests.**

IF DENIAL IS UPHELD

LEVEL II APPEAL – ADMINISTERED BY EMPLOYER DIRECT HEALTHCARE

Employee must file a Level II appeal **within 60 days** from receipt of the Level I appeal decision.

Employer Direct Healthcare approves or denies the appeal with written notice to the employee within 15 days for Pre-Service requests.

IF DENIAL IS UPHELD, LEVEL III APPEAL OPTIONS.

EMPLOYEE MAY SUBMIT AN APPEAL TO EITHER OR BOTH THE STATE OF DELAWARE STATEWIDE BENEFITS OFFICE OR AN EXTERNAL REVIEW TO EMPLOYER DIRECT HEALTHCARE.

LEVEL III APPEAL ADMINISTERED BY THE STATEWIDE BENEFITS OFFICE

Employee may file an appeal of the denial in writing to the Statewide Benefits Office **within 20 days** of the postmark date of the notice of denial of the Level II appeal and/or notice of the denial of the Level III external review appeal.

Please submit Level III appeals to the Statewide Benefits Office at this address:

Appeals Administrator
RE: APPEAL
Statewide Benefits Office
841 Silver Lake Blvd.
Suite 100

Dover, DE 19904

Appeal must contain the employee's contact information (mailing address, email address, telephone number, etc.) a written summary of events, applicable Explanation of Benefits (EOBs), and any additional documentation employee desires to provide to support his/her position. Additionally, employee must sign and submit with appeal the State of Delaware's Authorization for Release of Protected Health Information form to provide authorization to the Statewide Benefits Office to obtain applicable information from Employer Direct Healthcare.

This form is available at: <https://dhr.delaware.gov/benefits/lantern/appeal.shtml>. Employees submitting an appeal without the signed form will be requested, in writing, to submit the form.

The Statewide Benefits Office will not begin to review the appeal until the State of Delaware's Authorization for Release of Protected Health Information form is received.

The Appeals Administrator from the Statewide Benefits Office (or his/her designee) will conduct an internal review of the appeal and provide a written notice of the decision to the employee and Employer Direct Healthcare **within 30 days** of receiving the appeal.

LEVEL III APPEAL – EXTERNAL REVIEW PROVIDED BY EMPLOYER DIRECT HEALTHCARE

Employee may request an external review. The request for an external review must be filed with Employer Direct Healthcare. An external review is performed by an independent review organization with medical experts who were not involved in the prior determination of the claim.

The request must be received **within four months** from the date of the final internal adverse benefit determination. If that date within four months falls on a Saturday, Sunday or a holiday, the deadline will be the next business day. The independent review organization will provide a written decision **within 45 days** of the date on which the independent review organization received the request for external review. Upon completion of the external review, Employer Direct Healthcare accepts the decision of the external reviewer.

Please submit external reviews to:

Employer Direct Healthcare
Attn: Member Services
2100 Ross Avenue, Suite 1900
Dallas, Texas 75201

IF DENIAL IS UPHOLD

LEVEL IV (FINAL) APPEAL – ADMINISTERED BY THE STATE OF DELAWARE – STATE EMPLOYEE BENEFITS COMMITTEE (SEBC)

Employee may file a written appeal to the State Employee Benefits Committee (SEBC) **within 20 days** of the postmark date of the notice of denial for the Level III appeal from the Statewide Benefits Office.

Please submit Level IV appeals to the SEBC at this address:

Co-Chair, State Employee Benefits Committee (SEBC)
RE: APPEAL
Department of Human Resources
841 Silver Lake Boulevard
Suite 100
Dover, DE 19904

The SEBC receives the appeal and:

- Identifies a Hearing Officer (Division Director, Statewide Benefits Office). The Hearing Officer conducts a hearing and submits a report to the SEBC within 60 days of the date of the hearing. The SEBC accepts or modifies the report, and notice of the decision is postmarked to employee within 60 days; **OR**
- Hears the appeal, and notice of the decision is postmarked to employee **within 60 days** of the hearing.