Highmark Blue Cross Blue Shield Delaware (Highmark Delaware)
HEALTH PLAN APPEAL PROCESS

For State of Delaware's Highmark Delaware non-Medicare Health Plans

DEPARTMENT OF HUMAN RESOURCES
STATEWIDE BENEFITS OFFICE

INITIAL SERVICE

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

IF DENIED and employee has potential liability to provider,

LEVEL I APPEAL – ADMINISTERED BY HIGHMARK DELAWARE

Employee may file an appeal with Highmark Delaware within 180 days from receipt of the notice of denial to request a review of the initial claim decision,

- Highmark Delaware will review the appeal and provide a written decision to the employee
    a) Within 15 days for Pre-Service requests
    b) Within 30 days for Post-Service requests

Expedited appeals may be requested for a denial relating to urgent care; Highmark Delaware will notify the employee and provider within 72 hours. In the event that the denial of an expedited appeal is upheld, or if the care requested is now considered urgent, the employee would skip the Level II Appeal and move directly to a Level III Appeal.

IMPORTANT NOTICE ABOUT YOUR APPEAL DEADLINE DURING THE COVID-19 NATIONAL AND STATE PUBLIC HEALTH EMERGENCIES

The COVID-19 National Emergency ended on April 10, 2023. The State of Delaware's COVID-19 Public Health Emergency Order ended on May 11, 2023. The period of March 1, 2020 through July 10, 2023 will be disregarded when determining your appeal filing timeframe for State Group Health Insurance Plan (GHIP) health appeals. The days during this period will not be counted toward the 180- day deadline to appeal an adverse benefit determination. Contact Highmark Delaware with questions.

IF DENIAL IS UPHELD,

LEVEL II APPEAL – ADMINISTERED BY HIGHMARK DELAWARE

Employee must file a Level II appeal within 60 days from receipt of the Level I appeal decision. Note: If denial is related to urgent care, employee would skip the Level II appeal and move directly to a Level III Appeal.

Highmark Delaware will review the appeal and provide a written decision to the employee

a) Within 15 days for Pre-Service requests
b) Within 30 days for Post-Service requests

IMPORTANT NOTICE ABOUT YOUR APPEAL DEADLINE DURING THE COVID-19 NATIONAL AND STATE PUBLIC HEALTH EMERGENCIES

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IF DENIAL IS UPHELD,

LEVEL III APPEAL – ADMINISTERED BY THE STATE OF DELAWARE STATEWIDE BENEFITS OFFICE (SBO) AND/OR HIGHMARK DELAWARE

For medical judgment or necessity, including care that is cosmetic or experimental, the employee may choose to file a Level III voluntary appeal to the SBO and/or an appeal administered by Highmark.

VOLUNTARY APPEAL TO THE STATEWIDE BENEFITS OFFICE

a) Employee may file an appeal of the denial in writing to SBO within 20 days of the postmark date of the notice of denial of the Level II appeal (or within 20 days of the postmark date of the notice of denial of an expedited Level I appeal). The appeal must contain employee contact information (mailing address, telephone number, etc), a written summary of events, applicable Explanations of Benefits (EOBs), a copy of the employee's Identification Card or the plan name and employee's identification number (as on Identification Card), any additional documentation employee desires to provide to support his/her position. Additionally, employee must sign and submit with the 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 Highmark Delaware and the SBO's Health Plan Appeal Form and Checklist, both of which are available at **https://dhr.delaware.gov/benefits/medical/highmark/appeal.shtml**.

Employees submitting an appeal without a signed Authorization Form and/or completed Health Plan Appeal Form and Checklist will be requested, in writing, to submit the forms. Statewide Benefits Office will not begin to review the appeal until the Authorization Form and the Appeal Form and Checklist are 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 Highmark Delaware with 30 days of receiving the appeal. The request for appeal should be sent to:

Appeals Administrator
RE: APPEAL
Statewide Benefits Office

841 Silver Lake Blvd.
Suite 100
Dover, DE 19904
Tel: (302) 739-8331/ Fax: (302) 739-8339
Email: Benefits@delaware.gov

INDEPENDENT EXTERNAL REVIEW FACILITATED BY HIGHMARK DELAWARE

b) Employee may file a Level III appeal for an external review for decisions involving medical judgment or necessity, including care considered to be cosmetic or experimental care, to Highmark DE in writing within 4 months from the receipt of Highmark Delaware appeal notice. Please include the Highmark DE appeal decision letter and all relevant information. Highmark DE will initiate an independent review through an Independent Review Organization (IRO). The IRO will provide a written decision within 45 days of assignment to the IRO. If the treating physician certifies that a delay in receiving the services would jeopardize the health of the employee, the IRO will provide the employee with a written decision within 72 hours.

- Appeal must contain how the employee may be contacted (mailing address, telephone number, etc.) a written summary of events, applicable Explanation of Benefits (EOBs), a copy of the employee's Identification Card or the plan name and employee's identification number (as on Identification Card) 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 to provide authorization to the Statewide Benefits Office to obtain applicable information from Highmark Delaware. This form is available at **https://dhr.delaware.gov/benefits/medical/highmark/appeal.shtml**. Employees submitting an appeal without signed form will be requested, in writing, to submit form. Statewide Benefits Office will not begin to review the appeal until 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 Highmark Delaware within 30 days of receiving the appeal.

IMPORTANT NOTICE ABOUT YOUR APPEAL DEADLINE DURING THE COVID-19 NATIONAL AND STATE PUBLIC HEALTH EMERGENCIES

The COVID-19 National Emergency ended on April 10, 2023. The State of Delaware's COVID-19 Public Health Emergency Order ended on May 11, 2023. The period of March 1, 2020 through July 10, 2023 will be disregarded when determining your appeal filing timeframe for State Group Health Insurance Plan (GHIP) health appeals. The days during this period will not be counted toward the 180- day deadline to appeal an adverse benefit determination. Contact Highmark Delaware with questions.

IF DENIAL IS UPHELD,

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 from the Level III Appeal.

Co-Chair, State Employee Benefits Committee (SEBC)
RE: APPEAL
Department of Human Resources
841 Silver Lake Blvd.
Suite 100
Dover, DE 19901
Email: SEBC@delaware.gov

The SEBC receives the appeal and:

a) 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 the employee within 60 days; **OR**

b) Hears the appeal, and notice of the decision is postmarked to the employee within 60 days of the hearing.

