

External Review Options

As a member of a Highmark Blue Cross Blue Shield Delaware (Highmark DE) health benefits plan, you have the right to a fair review of all claim decisions. If Highmark DE has completed an appeal on your behalf and you are not satisfied with the decision, you may have the right to an external review. Highmark DE will provide copies of records relevant to your claim, upon written request, at no cost. Contact information is below if you have any questions related to this process.

Standard External Review Process

- For review of decisions involving medical judgment, including experimental and investigational care, you or your authorized representative must contact Highmark DE, in writing, within four months from the date Highmark DE issued the appeal decision (i.e., the date listed on your decision letter). External review requests should be submitted, using the *Request for Appeal/External Review* form available at highmarkbcbsde.com/downloads/AppealForm.pdf, and sent to us by mail.
- For reviews of all other decisions, please contact the Delaware Department of Insurance (DOI) directly within four months from the date Highmark DE issued the appeal decision (i.e., the date listed on your decision letter).

Additional Information for Members in an Administrative Service Only (ASO) Group Health Plan:*

- You are **not** eligible for external review if your plan is considered grandfathered under the Patient Protection and Affordable Care Act of 2010.*
- If your plan is subject to the Employment Retirement Income Security Act (ERISA), and you have exhausted all available appeal and external review options, you also have the right to file a civil action under Section 502(a) of ERISA.*

* Please contact your employer to determine ASO, grandfathered or ERISA status.

External Review Process for the State of Delaware Group Health Insurance Plan (Except CDH Gold Members**):

If you have completed the Highmark DE appeal process and are not satisfied with a decision involving a medical judgment, including cosmetic or experimental care, you are eligible for an independent review. Contact Highmark DE Customer Service, in writing, within 60 days of the date you received the Highmark DE appeal decision. Please include the Highmark DE appeal decision letter and all relevant information. There is no cost to you for this service. You will receive a written decision within 45 days. An expedited review is available if your physician certifies that a delay in receiving the service would jeopardize your health. Expedited reviews are decided within three to five calendar days.

**Members in the State of Delaware's CDH Gold Plan should refer to the standard external review process listed at the top of this document.

Mediation Services Available to All Members: The Delaware Department of Insurance (DOI) may be available to provide mediation services or assistance with filing your external review. For information, please contact the DOI directly. *Please note that the four-month external review deadline will still apply if you choose mediation services.*

Delaware Department of Insurance/Consumer Assistance Program

Phone: 302.674.7300 (local); 800.282.8611 (toll-free)

Email: consumer@state.de.us

Mail/In-Person: 841 Silver Lake Blvd, Dover, DE 19904

Highmark DE Contact Information

Online Customer Self-Service: highmarkbcbsde.com

Phone: 800.633.2563

Requests for External Review: Highmark DE, P.O. Box 8832, Wilmington, DE 19899-8832

Important Note: Upon written request, Highmark DE will provide the diagnosis and procedure codes submitted for the service(s) referenced in this mailing, as well as explanations of those codes. Please send your request to Highmark DE, PO Box 8799, Wilmington, DE 19899-8799.

Para obtener asistencia en Español, llame al 800.633.2563.

Kung kailangan niyo ang tulong sa Tagalog tumawag sa 800.633.2563.

如果需要中文的帮助, 请拨打这个号码 800.633.2563.

Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 800.633.2563.