

EXPRESS SCRIPTS APPEAL PROCESS

For State of Delaware's Express Scripts Commercial Plan

OFFICE OF MANAGEMENT & BUDGET STATEWIDE BENEFITS OFFICE

INITIAL APPEAL

Employee receives a prescription and a claim is filed by the employee (or by provider on employee's behalf) with Express Scripts.

IF DENIED,

LEVEL I APPEAL – ADMINISTERED BY EXPRESS SCRIPTS

Employee must file an appeal with Express Scripts within 180 days from receipt of the notice of denial to request a second review of the claim,

- Express Scripts approves or denies the appeal with written notice to the employee
 - Within 15 days for Pre-Service
 - Within 30 days for Post-Service requests, or
 - Within 72 hours for expedited appeals under certain conditions

IF DENIAL IS UPHELD,

LEVEL II APPEAL – ADMINISTERED BY EXPRESS SCRIPTS

Employee must file a Level II appeal within 90 days from receipt of the notice of denial of the Level I appeal.

- Express Scripts approves or denies the appeal with written notice to the employee
 - Within 15 days for Pre-Service requests,
 - Within 30 days for Post-Service requests, or
 - Within 72 hours for expedited appeals under certain conditions

IF DENIAL IS UPHELD, LEVEL III APPEAL OPTIONS: THE EMPLOYEE CAN SUBMIT AN APPEAL TO **EITHER OR BOTH** THE STATE OF DELAWARE STATEWIDE BENEFITS OFFICE OR AN EXTERNAL REVIEW TO EXPRESS SCRIPTS.

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 (or an urgent level appeal) and/or notice of the denial of the Level III external review appeal.

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

Appeals Administrator RE: APPEAL
Statewide Benefits Office
Enterprise Business Park
97 Commerce Way, Suite 201
Dover, DE 19904

Appeal must contain how the employee may be contacted (mailing 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 Express Scripts.

This form is available at; <http://ben.omb.delaware.gov/medical/documents/auth-to-release-form.pdf?ver=1208>. 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 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 the carrier within 30 days of receiving the appeal.

LEVEL III APPEAL – EXTERNAL REVIEW PROVIDED BY EXPRESS SCRIPTS

Employee may request an external review. Information on how to submit for an external review is included in the denial letter sent by Express Scripts. An external review is performed by independent review organization with medical experts that were not involved in the prior determination of the claim.

The request must be received within four (4) 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. Upon completion of the external review, Express Scripts accepts the decision of the external reviewer.

Please submit external reviews to:

Express Scripts
Attn: External Review Department
PO Box 66588
St. Louis, MO 63166-6588

IF DENIAL IS UPHeld,

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

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 Statewide Benefits Office.

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

Chair, State Employee Benefits Committee (SEBC)
RE: APPEAL
Office of Management and Budget
Haslet Armory, Third Floor, Suite 301
122 Martin Luther King Boulevard South
Dover, DE 19901

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 the employee within 60 days; **OR**
- Hears the appeal, and notice of the decision is postmarked to the employee within 60 days of the hearing.