



It's good to be Blue.

External Appeal Procedures

Claims denied for certain reasons may be eligible for external appeal review. If you wish to have an external review of your denied claim, please follow the steps below to ensure all of the necessary information is provided. All requests for external review must be submitted by the covered member or a legally-designated person authorized to make medical decisions on a member's behalf (e.g. Parent, Legal Guardian).

All requests for an external review, or expedited external review, must be submitted to:

Office of Insurance Commissioner
Mississippi Insurance Department
Attn: Life and Health Actuarial Division
P.O. Box 79
Jackson, MS 39205
(601) 359-3569

The Office of Insurance Commissioner will be responsible for delegating your claim review to an independent reviewer.

1. Within four (4) months after you are notified of your claim being denied, you or a legally-designated personal representative may file a request for an external review of your claim. **You may be eligible for an external review of your claim if the denial is made for the following reasons:**

- **Medical Necessity (experimental or investigational)**
- **Appropriateness**
- **Healthcare setting**
- **Level of care or effectiveness of a service or treatment**

***Please note* – If you have a medical condition that would jeopardize your life or health during the normal timeframe required for an external review, you may request an expedited review of your claim.**

2. Once the Office of Insurance Commissioner has received the request for an external review, Blue Cross & Blue Shield of Mississippi will notify you that your request has been submitted and is eligible for an external review. If the request for external review is denied, Blue Cross & Blue Shield of Mississippi will inform you as to why your claim is not eligible for external review. If your claim is determined to be ineligible, you may appeal that decision with the Office of Insurance Commissioner.

3. If your claim is eligible for external review, the Office of Insurance Commissioner will assign a random independent reviewer to review your claim. At this time, you will have the opportunity to submit supporting information for your appeal to the independent reviewer. The independent reviewer is not bound by any decisions made by Blue Cross & Blue Shield of Mississippi during its internal review process.

4. Once the external reviewer has your claim, Blue Cross & Blue Shield of Mississippi will provide the external reviewer with all the information needed to fully review your claim. The external reviewer will then provide Blue Cross & Blue Shield of Mississippi with any additional information provided by you. At this time, Blue Cross & Blue Shield of Mississippi may reconsider the initial denial based on the supporting information provided to the external reviewer.

5. As the external reviewer considers your claim, the following will be considered as it reaches a decision:

- Your medical records
- The attending healthcare professional's statement (e.g. Network Provider)
- Consulting reports
- Terms of coverage under your benefit plan
- Appropriate practice guidelines
- Blue Cross & Blue Shield of Mississippi's Medical Policy
- Opinion of the independent review board's clinical review professional

6. A final decision on the external review of your claim will be made within the following time frames:

For Standard External Reviews

Within 45 days after the request for external review, the independent reviewer will notify you in writing of its decision.

For Expedited External Reviews

As quickly as the member's medical condition requires, but not more than 72 hours after the request for external review is received. The external reviewer will then notify you of its decision to uphold the claim denial or to reverse it.



**BlueCross BlueShield
of Mississippi**

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