



STATE OF MISSISSIPPI
GOVERNOR PHIL BRYANT

DEPARTMENT OF FINANCE AND ADMINISTRATION
LAURA D. JACKSON
EXECUTIVE DIRECTOR

As Chairman of the State and School Employees Health Insurance Management Board, I would like to briefly address an issue that has been in the newspaper and on social media over the past several weeks regarding the State and School Employees' Health Insurance Plan's coverage for certain cancer treatment. While I cannot comment on specific claims and/or participants due to privacy and the Health Insurance Portability and Accountability Act (HIPAA) concerns, I would like to take this opportunity to clarify that this Board does not review nor make decisions on individual claim matters.

We do not have medical professionals sitting on the Board, and are not in a position to evaluate clinical evidence in order to make such decisions. For this reason, we contract with a third party claims administrator, who provides the Plan with the services of physicians and qualified medical review staff to render medical necessity decisions in support of the benefits approved by the Board.

If a participant believes that the third party administrator incorrectly denied a claim or requested procedure, he or she has the right to appeal for a full and fair review of that decision. The Department of Finance and Administration's Office of Insurance is delegated with the authority and responsibility for reviewing the appeals process to ensure that the Board's administrative procedures are followed, and that a participant's rights are properly protected. In addition, participants who have questions regarding an adverse decision or the process itself are able to discuss their concerns confidentially with the appropriate staff at the Office of Insurance to hopefully resolve any issues.

For any appeals that involve an issue of medical judgement – such as medical necessity, whether a treatment is experimental or investigational, effectiveness, etc. – the participant has the right to have the decision reviewed by an outside nationally-accredited independent review organization. These reviews are conducted by medical professionals credentialed in the specific areas of the requested treatment, and their decision is final and binding. The entire appeal process is more fully described in the Plan Document. (<http://.knowyourbenefits.dfa.ms.gov>)

This process exists to help ensure that only qualified, medical professionals are making clinical decisions regarding claims, not Board members or staff who may be ill-equipped to review and properly evaluate medical records and standards of care. This process also helps protect patient privacy and ensures compliance with HIPAA, while maintaining a fair and consistent avenue for managing appeals.

For the reasons stated above, this Board does not hear appeals on medical claims decisions. And while I certainly appreciate the concern of anyone seeking specific answers on a personal claims matter, I have no intention of violating HIPAA, the Board's policies and procedures, or any patient's privacy.

Laura D. Jackson
Chairman, Mississippi State and School Employees Health Insurance Management Board