



Department: Human Resources
Policy Number: HUM-A053
Effective Date: 11/29/10

ADMINISTRATIVE POLICY

The online version of this policy is official.
Therefore, all printed versions of this
document are unofficial copies.

ADVERSE BLUE CROSS BLUE SHIELD BENEFIT APPEAL

It is the policy of Clarksville-Montgomery County Employee Insurance Trust (CMCEIT) to afford employees who have been subject to an adverse benefit determination (see definition below) by Blue Cross Blue Shield (BCBS) an appeal to the members of the CMCEIT. The CMCEIT does not review an appeal until a grievance hearing and a written decision indicating services have been denied by the BCBS Grievance Committee has been completed.

Definition:

Adverse benefit determination includes any denial, reduction, termination or failure to provide or make payment for what an employee believes should be a covered service under the dental and medical plan.

Implementing Procedures: [BEN-P023](#)

Associated Documents: BCBS insurance plans

Revision History:

<u>Date:</u>	<u>Rev.</u>	<u>Description of Revision:</u>
2/23/09		Initial Release
11/29/10	A	Added the word County to first sentence of first paragraph.
3/20/15		Reviewed, no changes (except logo)

***** End of Policy *****