



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) or Epiphany RX an appeal to the members of the CMCEIT. The CMCEIT does not review an appeal until a second-level grievance hearing and a written decision indicating services have been denied by the BCBS Grievance Committee have been completed. If the appeal is regarding the pharmacy plan, CMCEIT will review after Notice of Adverse Benefit Determination 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)
4/5/21	B	Added a second level grievance that must be completed before the CMCEIT will review an appeal.
2/24/23	C	Added Epiphany RX and updated the appeal process to specify that if the appeal is only regarding the pharmacy plan, the appeal will be reviewed with the Notice of Adverse Benefit Determination completed.

*** End of Policy ***