

ADVERSE BLUE CROSS BLUE SHIELD BENEFIT APPEAL PROCEDURE (BEN-P023)

Clarksville-Montgomery County School System

1.0 SCOPE:

- 1.1 This procedure outlines the process for appealing an adverse benefit determination by Blue Cross Blue Shield under the Adverse Blue Cross Blue Shield Policy.

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

2.0 RESPONSIBILITY:

- 2.1 Chief Human Resources Officer
- 2.2 Benefits Associate
- 2.3 Director of Human Resources

3.0 APPROVAL AUTHORITY:

- 3.1 Clarksville-Montgomery County Employee Insurance Trust (CMCEIT)

4.0 DEFINITIONS:

- 4.1 CMCEIT: Clarksville-Montgomery County Employee Insurance Trust consists of 16 voting members from the Teacher Association, Classified Staff, Administrators and the County Government.
- 4.2 BCBS: Blue Cross Blue Shield, the third party administrator for the medical and dental insurance plans.
- 4.3 Adverse Benefit Determination: Any denial, reduction, termination or failure to provide payment for what an employee believes should be a covered service under the dental and medical plans.
- 4.4 BCA: Benefit Consulting Alliance, provides consulting services to CMCEIT.

5.0 PROCEDURE:

Note: 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.

- 5.1 Employee advises the Benefits Department by phone, email, letter or fax of their intents to appeal to the CMCEIT.
 - 5.1.1 This intent must be dated within 30 business days of receiving denial from BCBS.
- 5.2 Employee provides a copy of documentation regarding denial letter from BCBS and a letter from employee requesting that CMCEIT review the adverse benefit determination to Benefits Department.
 - 5.2.1 Employee should include any supporting documentation to be considered.
- 5.3 Benefits Associate contacts BCBS service representative to request additional information and verify denial justification.

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- 5.4 Benefits Associate contacts BCA to request research on industry standard and comparison to State plan in regards to services being denied.
- 5.5 Appeal is placed on the upcoming CMCEIT meeting agenda.
- 5.6 Benefits Associate prepares documentation for meeting.
 - 5.6.1 All identifying information of the requesting employee or family member is omitted.
- 5.7 Appeal is by written documentation and/or written testimony to the CMCEIT and is reviewed only by CMCEIT members, Benefits Associates and BCA in a closed meeting.
- 5.8 CMCEIT members vote to determine upholding or overturning BCBS adverse benefit determination after review of all documentation.
- 5.9 Employee is notified in writing within five (5) business days of the decision.
- 5.10 BCBS account manager and Reinsurance Carrier are notified of changes if plan is revised due to CMCEIT decision.

6.0 PERFORMANCE MEASURE(S):

- 6.1 None identified.

7.0 INTERACTIONS:

- 7.1 Employees covered under BCBS.
- 7.2 Benefits Office.

8.0 ASSOCIATED DOCUMENTS:

- 8.1 Adverse Blue Cross Blue Shield Benefit Appeal ([HUM-A053](#))
- 8.2 BCBS Insurance Plans
- 8.3 Employee and Meeting Documentation

9.0 RECORD RETENTION TABLE:

<u>Identification</u>	<u>Storage</u>	<u>Retention</u>	<u>Disposition</u>	<u>Protection</u>
Minutes and Correspondence	Central Office	Indefinitely	Permanent	Locked Office/ Building

10.0 REVISION HISTORY:

<u>Date:</u>	<u>Rev.</u>	<u>Description of Revision:</u>
2/18/09		Initial Release



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11.0 FLOWCHART:

11.1 A flowchart detailing this process can be found in "Exhibit A" of this procedure.

***** End of Procedure *****

Adverse BCBS Benefit Appeal Flowchart

