



Appeals/Grievances Process

The following guidelines pertain to provider involvement in the process of patient/enrollee grievances.

Patient/enrollee has the right to file a grievance at any time for any reason. These reasons may include, but are not limited to the following:

- Dispute of charges;
- Dissatisfaction with provider service;
- Dissatisfaction with service.

Patient/ enrollee needs to call CMC Help Desk to discuss their grievance with a Customer Service Associate. However, if they choose, they may report their grievance via filing a grievance form with CMC Help Desk. Once CMC is contacted, the Customer Service Associate will direct the grievant to the website for obtaining a grievance form on line if this method is preferred.

CMC staff will review the grievance and respond within 30 days. At that time, the grievant has the right to an informal review if he/she remains dissatisfied.

CMC will review and determine the outcome and forward comments to patient/ enrollee.

If the matter is not resolved during the informal review process, the grievant may request a formal hearing with the Clinical Director by contacting 423-928-7898.

Respectfully—

CMC Customer Service Associates



Appeals/ Grievance Form

Personal Information

Relationship to Patient: Self Family Member Other

Name of person filing appeal/ grievance: _____ Date: _____

Patient Name: _____

Patient Address: _____

Patient's Primary Care Physician: _____

Patient ID number: _____ Pt's Date of Birth: _____

Complaint:

CMC Review Date: _____

CMC decision/ response:

Date decision returned to enrollee: _____

For additional information contact:

CMC

P.O. Box 5289

Johnson City, TN 37602-5289

423-928-7898