

# Clinical Management Concepts

Prescribing Intervention Program

## Appeals / Grievances Process

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

Patient / enrollee have 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 need 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 immediately mail a grievance form and self-addressed, stamped envelope to the grievant or visit website www.ClinicalConcept.com and complete the form on-line.

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 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 Program Director by contacting 423-232-9842.

Respectfully –

CMC Customer Service Associates

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## Clinical Management Concepts - CMC Appeals / Grievance Form

8.05

### 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

PO Box 5289

Johnson City TN 37602-5289

423-232-9842 / 800-946-3338

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**R**ight drug    **R**ight person    **R**ight reason