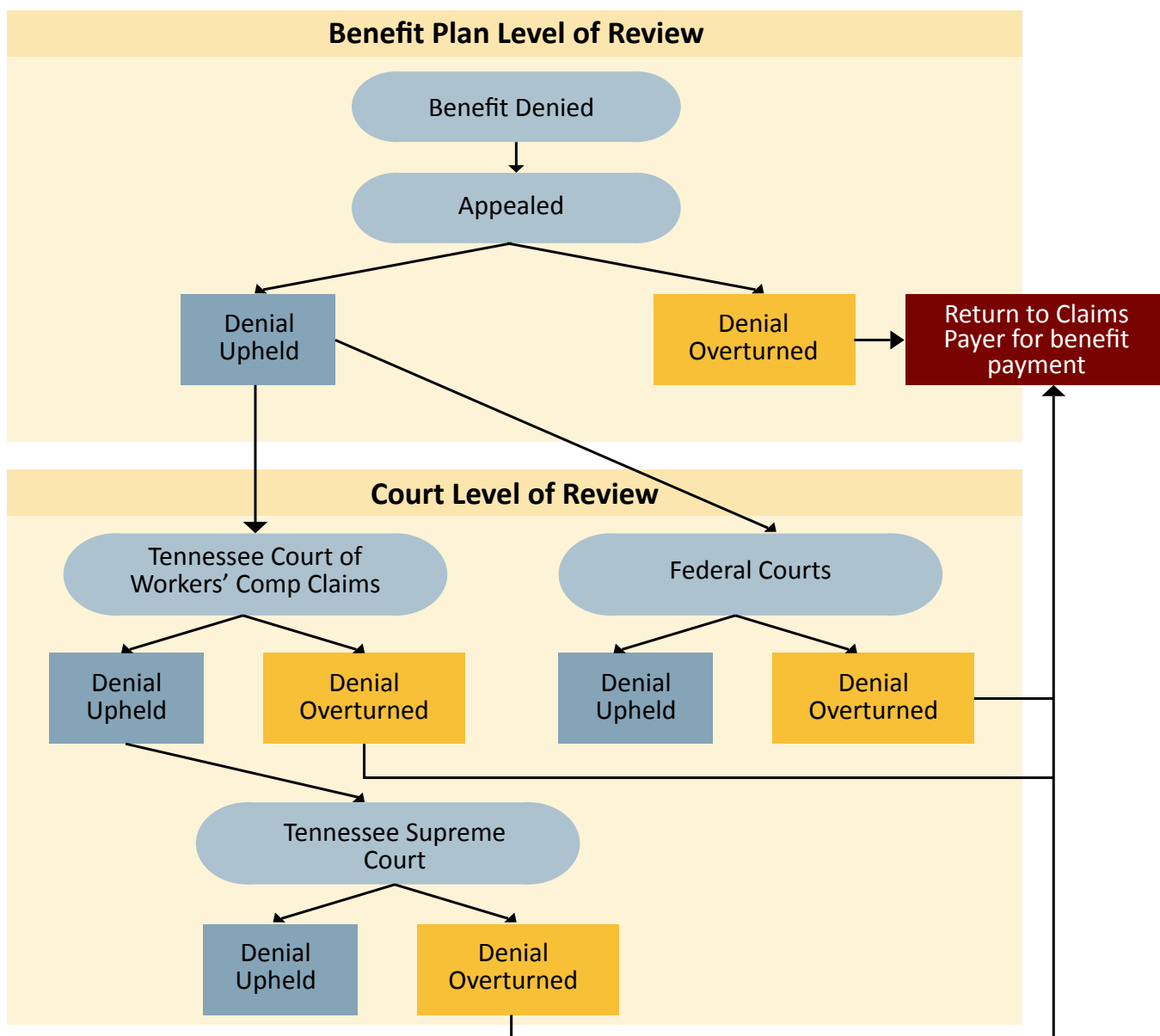




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Association for Responsible Alternatives to Workers' Compensation

## Tennessee Option Benefit Appeals Process



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# Tennessee Option Benefit Appeals Process

## Fiduciary Duty

- Any person making a claim decision under an injury benefit plan is considered a fiduciary.
- By law, fiduciaries have a duty of loyalty to employees. They must interpret and apply all benefit plan provisions in the best interest of the employee and must communicate truthfully.
- Any fiduciary who breaches any of these duties may be held personally liable for harm caused by that breach.

## Benefit Plan Level of Review

- Any initial benefit denial is made by the designated plan fiduciary (insurance carrier, TPA, or employer representative).
- Appeals of denied claims are heard by a Committee or Final Review Officer.
- Persons handling appeals are fiduciaries (as described above) and can be:
  - a. Other employees (typically, senior company management) who were not involved in initial claim decision and are not subordinate to the initial claim decision maker; or
  - b. Vendors hired to perform Appeal functions.
- Appealed claim must be reviewed “de novo” (from the beginning) with no deference to initial claim decision.
- Medical judgments on appeal require advice from a new medical provider.
- Injured worker can include information in and review the claim file.
- Nationally, approximately 50% of all claim denials are overturned on appeal.

## Court Level of Review

- At the Court Level of Review, any potential conflicts of interest are considered as judges weigh the evidence, set the bounds of discovery, and render decisions.
- Employee can file any dispute in TN workers’ comp court or federal court after exhausting Benefit Plan Level of Review.