

## **2013 Wellness Incentive Appeal Process**

If you or your covered Spouse, or both, are advised that your 2013 Wellness Appeal was denied, you may appeal this decision directly to the State Health Benefit Plan (SHBP). Appeals, along with the requested documents, must be submitted by 4:30pm, EDT **January 31, 2014**. Administrative Wellness Appeals submitted after this date will be denied.

### **Level I – Administrative Wellness Appeal**

To file an Administrative Wellness Appeal, complete all applicable sections on the 2013 Wellness Appeal Form located at <http://dch.georgia.gov/shbp-plan-documents>, sign and date the form. If the 2013 Wellness Requirement in question was not satisfied due to circumstances beyond your control, you should explain why in space provided on the 2013 Wellness Appeal Form. Examples of “circumstances beyond your control” include, but are not limited to, the following: incarceration, long term hospital stay, and hospice stay.

You should submit the form, along with the supporting documentation, to the fax or mailing address located on the 2013 Wellness Appeal Form. Examples of appropriate supporting documentation are listed on the 2013 Wellness Appeal Form. Directions on how to download copies of the referenced Confirmation Statements are provided below, along with a Physician’s Office Attestation Form if needed. **Please NOTE:** You will **not** be able to download copies of your 2013 Health Assessment Confirmation Statements or 2013 Health Education Module Confirmation Statements after **12/31/13**. Therefore, it is important to secure copies of these documents prior to this date.

### **Level II – Formal Appeal**

If your 2013 Administrative Wellness Appeal is denied, you may file a Formal Appeal, which must be postmarked within 60 days following the date of the 2013 Administrative Wellness Appeal decision. To file a Formal Appeal, you must complete the applicable form and attach a copy of the 2013 Administrative Wellness Appeal decision, along with any supporting documentation. The Formal Appeal form is located at <http://dch.georgia.gov/shbp-publications-forms>. Instructions are included on the form.

Generally, a decision by the Formal Appeal committee will be issued within ninety (90) days following receipt; however, the number of days may be extended by notice from the Department of Community Health. The written notice of the decision by the Committee is the final step in the administrative proceedings and will exhaust all administrative remedies.

Please forward all written requests for Formal Appeal along with a completed appeal form to: State Health Benefit Plan, Vendor Program Management Unit, P.O. Box 1990, Atlanta, GA 30301. The appeal form is available through your Personnel/Payroll office, website address [www.dch.georgia.gov/shbp](http://www.dch.georgia.gov/shbp) or directly from the Department of Community Health (DCH),

SHBP Division. All member correspondence sent to the DCH, SHBP Division should include the enrolled member's Social Security Number (SSN) to prevent a delay in processing your request.

## **Instructions for Downloading Confirmation Statements**

### **Printing a Copy of Your CIGNA Health Assessment Confirmation Statement:**

- a) Log into your myCIGNA.com account;
- b) On the navigation tool bar under Manage My Health, click My Health Assessment;
- c) When redirected to My Health and Wellness Center, under My Health Assessment, click View Confirmation; and
- d) Click on the Confirmation ID for the Confirmation Statement.

### **Printing a Copy of Your UnitedHealthcare Health Assessment Confirmation Statement:**

- a) Log into your myuhc.com account;
- b) On the home page click “health assessment”;
- c) Click the red button “Review your health assessment results”;
- d) At the bottom of the results page click “continue”;
- e) Click “print out this page”

### **Printing a Copy of Your Online Module Confirmation Statement.**

- a) Access your mylearning dashboard at AHealthierSHBP.com;
- b) Select the “mylearning” link in the top right corner;
- c) Enter your information as a returning visitor using the same information provided originally;
- d) Print the completion code from your mylearning dashboard.

**SHBP 2013 Physician's Office Attestation**

On \_\_\_\_/\_\_\_\_/\_\_\_\_(enter date the 2013 Physician Screening Form was faxed) our office staff faxed a fully completed SHBP 2013 Biometric Screening Form to the number on the form for the individual listed below. The form contained all of the required biometric data and was completed with the physician's signature.

I \_\_\_\_\_ (print name) attest that the completed and signed form was faxed on the date listed above.

\_\_\_\_\_ (signature)

**Member/Covered Spouse Information**

SHBP Enrollee Last Name: \_\_\_\_\_ First: \_\_\_\_\_  
DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

SHBP Enrollee ID# (from Medical ID card): \_\_\_\_\_

Check one (as applicable): Member \_\_\_ Spouse \_\_\_