

2012 SHBP Wellness Promise Biometrics Appeal Process

If you have been advised that you or your covered Spouse has not met one or more of the biometric screening requirements of the SHBP Wellness Promise or that your Physician Fax Form was incomplete or not received by CIGNA by June 30, 2012, and you wish to appeal that determination, you must complete the appropriate steps as follows:

If you or your enrolled Spouse completed a biometric screening at your physician's office between July 1, 2011, and June 30, 2012, you must:

- 1) Obtain the fully completed, signed and dated Physician Fax Form submitted to Cigna by your physician;
- 2) Obtain a copy of the Physician Fax Form fax confirmation page from your physician's office *or* have your physician complete the Physician's Attestation Form (**see back of this page**) confirming that the Physician Fax Form was completed, signed, dated and faxed to CIGNA between January 1, 2012, and June 30, 2012; and
- 3) Fax a copy of the completed, signed and dated Physician Fax Form (per #1 above) and the Physician Fax Form fax confirmation page or the completed, signed and dated Physician's Attestation Form (see back of this page)(per #2 above) to CIGNA at 1-860-256-6767 by August 3, 2012.

If you or your enrolled Spouse completed a biometric screening at an SHBP sponsored worksite biometric screening event between July 1, 2011, and June 30, 2012, you must:

- 1) Obtain a copy of your SHBP sponsored biometric screening test results (including all 4 markers; i.e., BMI, Total Cholesterol, Blood Sugar and Blood Pressure);
- 2) Complete the member information section of the Physician Attestation Form (see back of this page) using information as it appears on your ID card; and
- 3) Fax of copy of the copy of your biometric screening test results (per #1 above) and the completed Member information section (per #2 above) to CIGNA at 1-860-256-6767 by August 3, 2012.

See reverse for Physician's Attestation Form and Member Information section.

SHBP – Cigna 2012

Physician's Office Attestation

On _____ (enter date Fax Form sent to Cigna) our office staff faxed a fully completed SHBP Biometric Physician Fax Form to Cigna for the SHBP member listed below. The form contained all required biometric data and was completed with physician signature.

I _____ (printed name) attest that the completed form was faxed on the date listed above _____ (signature).

Member Information

Member Last Name: _____ First _____ DOB ____/____/____

Cigna ID: U _____ Check one/both (as applicable): Employee ___ Spouse ___

If appeal is for both the employee and an enrolled spouse supporting documents listed above for each person is required.

**Appeals must be received by Cigna at
fax number 1-860-256-6767
no later than August 3rd, 2012.**