

INSTRUCTIONS ON FILING ELIGIBILITY APPEALS

A Member can file an appeal if they or their dependent(s) have been denied healthcare coverage with SHBP due to eligibility¹ or, if a typographical error was entered into the SHBP Call Center web portal during Open Enrollment or was made regarding Member and/or dependent information which will affect the Member / dependent eligibility with SHBP. THIS PROCESS IS NOT TO BE USED FOR MEDICAL CLAIMS. Appeals for Medical Claims should be filed directly with the appropriate vendor.

The appeal process is a two-tier process as follows:

TIER 1:	Telephone Review
TIER 2:	Formal Appeal (written)

Below are instructions on how to file a Tier 1 -Telephone Review and Tier 2 - written Formal Appeal.

TIER 1 - TELEPHONE REVIEW INSTRUCTIONS

A Tier 1 -Telephone Review is the first step in the two (2) tier appeal process. If eligibility into SHBP is denied or there is an error made during enrollment (i.e., incorrect spelling of Member/Dependent name or social security number, etc.), or if you have a Qualifying Event (QE), you may call SHBP Call Center at: 800-610-1863 within thirty-one (31) days of the QE or denial of eligibility into SHBP.

If you request a Tier 1 appeal to correct a typographical error made in the SHBP Call Center web portal during Open Enrollment (“OE”) or Retired Option Change Period (“ROCP”), the SHBP Benefit Administration Vendor has the authority to approve your Tier 1 appeal request immediately and correct all necessary errors.

If the Tier 1 - Telephone Review results in a denial, you will have thirty (30) days from the date of the denial to submit a written request for a Tier 2 - Formal Appeal.

Please see instructions and the form for a Tier 2 - Formal Appeal below.

¹ “Eligibility” includes Qualifying Events. Qualifying Events must be reported within thirty-one (31) days after the event.



TIER 2 – WRITTEN FORMAL APPEAL INSTRUCTIONS

A Tier 2 - Formal Appeal is the final step in the two (2) tier appeal process. If your request for Tier 1 is denied, you may file a written Tier 2 Formal Appeal. If you receive a denial for a Qualifying Event submitted through the SHBP Call Center web portal, you may also file a Tier 2 Formal Appeal.

To file a Tier 2, you must complete all applicable sections on the "Formal Appeal" form and attach any supporting documents. If the Tier 2 form is submitted before a Tier 1 - Telephone Review is completed, the Tier 2 and all accompanying paperwork will be returned to you without any further action taken.

A Tier 2 - Formal Appeal request sent by U.S. mail must be postmarked within thirty (30) days following the date of the Tier 1 - Telephone Review decision to deny. If you choose to send your Tier 2 request by fax, the fax must be received by SHBP within thirty (30) days of the Tier 1 denial.

Generally, a decision by the Formal Appeal Committee will be issued in writing within sixty (60) days; however, the number of days may be extended by notice from SHBP. The written notice of the decision by the Appeal Committee is the final step in the administrative proceedings and will exhaust all administrative remedies.

To file a Tier 2 - Formal Appeal, mail or fax the completed and signed Formal Appeal form along with any additional information to:

State Health Benefit Plan
P. O. Box 1990
Atlanta, GA 30301-1990
Attention: Formal Appeals

Fax No.: 866-828-4796



State Health Benefit Plan
P.O. Box 1990
Atlanta, GA 30301-1990
Fax: 866-828-4796

FORMAL APPEAL REQUEST FORM

EMPLOYEE/MEMBER OR DEPENDENT INFORMATION

Member/Employee Name: _____ Member ID#: _____
 Dependent Name (if applicable): _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: () _____ - _____ Alternate Phone: () _____ - _____

DESCRIPTION/COMMENTS

Describe the reason for your request (attach additional sheets, if needed). Attach any supporting documentation related to the review. _____

AUTHORIZATION: I hereby authorize the release of any necessary information for the purpose of evaluating this Formal Appeal Review. I understand that the SHBP may contact other entities on my behalf, and I authorize the SHBP to release such information for the purpose of resolving my Formal Appeal Review. The Health Insurance Portability and Accountability Act (HIPAA) require that the person authorize this release (unless the person is a dependent under the age of 18). If the dependent is under the age of 18, the dependent's legal guardian must sign this authorization on behalf of the minor dependent.

Member / Authorized Signature

Date

DCH USE ONLY

Formal Appeal Review #: _____ Date Received: _____

Date of Committee Review: _____ Date Completed/ Notified: _____

File Location			
Person Reviewing	Date Received	Date Completed	File Given To: