BRAVO APPEAL FORM INSTRUCTIONS

IMPORTANT INFORMATION ABOUT YOUR APPEAL

- The attached form must be completed by both the participant and his/her healthcare provider. Failure to complete the form with appropriate signatures will hinder the form from being processed in a timely matter.
- Any appeal and ALL supporting documentation must be received by Bravo within **thirty (30) days** from the date on the original results letter received by the participant.
- The appeal will be evaluated by Bravo and may include consultation with the participant's provider as needed. The decision rendered will apply to the applicable incentive period.
- Any re-testing and/or medical documentation supplied will generally be at the expense of the participant. If a wellness benefit is available through the current health plan and has not been exhausted, the re-testing cost may be covered by that benefit. Please verify coverage with your Plan Administrator.

The appeal form is color-coded for both the participant and provider to ensure both parties complete the appropriate sections. PARTICIPANT HEALTHCARE PROVIDER

STEP 1 - This section must be filled out completely—with all required information.

STEP 2 - Identify the type(s) of appeal you are filing.

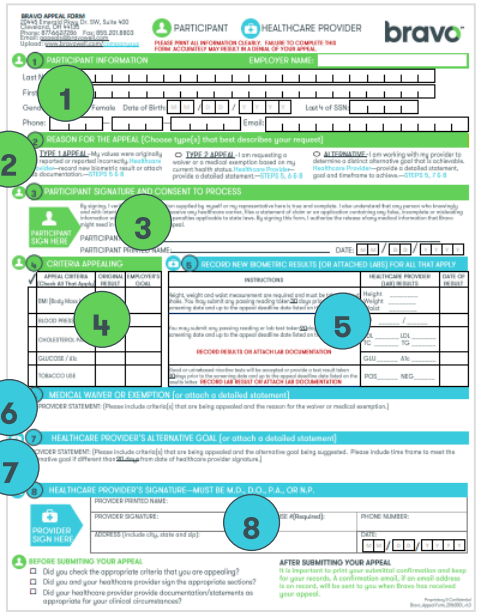
TYPE 1 APPEAL—DISPUTED ACCURACY - Your values were originally not reported on your screening form or reported incorrectly. By supplying an updated result, Bravo can update your record and recalculate your credit. - STEPS 5 & 8

TYPE 2 APPEAL—MEDICAL EXCEPTION OR WAIVER - You are requesting a waiver or a medical exemption based on your current health status. Visit your provider to discuss your employer's goals and whether they are achievable based on your medical history. Your provider may determine a new goal or attest that your current results are acceptable. .—STEPS 4, 6 & 8

ALTERNATIVE - You are working with your provider to determine a distinct alternative goal that is acceptable for criteria that you did not achieve during your screening. .—STEPS 4, 7 & 8

STEP 3 - Sign your form to authorize the processing of your appeal.

STEP 4 - Determine the results you are appealing. Check the appropriate criteria, fill in your results from your Bravo Results Letter.



STEP 5 - **IMPORTANT INFORMATION ABOUT BIOMETRIC and LAB DOCUMENTATION**

Biometric values and lab work must be authorized by a provider and may be performed by an approved health professional including the following: M.D., D.O., P.A., or N.P. (BMI & Blood Pressure readings may be completed by a Registered Nurse, Waist measurements can be taken by personal trainers at Meridian Fitness & Wellness in partnership with Tilton Fitness). You must be re-tested by a CLIA certified laboratory.

- **BODY MASS INDEX (BMI):** Height, weight and waist measurement are required. You may submit any passing reading taken **30 days** prior to the screening date and up to the appeal deadline date listed on the results letter. Height & weight must be measured without shoes.
- **BLOOD PRESSURE:** You may submit any passing reading taken **90 days** prior to the screening date and up to the appeal deadline date listed on the results letter.
- **GLUCOSE AND LDL CHOLESTEROL:** Record lab results or attach lab documentation. You may submit any passing test result taken **90 days** prior to the screening date and up to the appeal deadline date listed on the results letter.
- **TOBACCO USE:** Must include lab documentation. Blood or urine-based nicotine tests will be accepted or provide a test result taken 30 days prior to the screening date and up to the appeal deadline date listed on the results letter.

STEP 6 - Give a statement regarding a medical waiver or exemption for the criteria being appealed. Example: Patient is 21 weeks pregnant at time of screening and it is inadvisable for weight loss.

STEP 7 - Give an alternative goal for the criteria(s) being appealed by your patient. If a time frame other than **90 days** is pertinent, please provide specific details for the alternative you are suggesting. Example: Patient is advised to reach a 5% weight loss goal in 90 days.

STEP 8 - Sign your patient's form to authenticate results are complete and accurate.

Bravo
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Upload: www.bravowell.com/teammeridian

PARTICIPANT HEALTHCARE PROVIDER

bravo℠

PLEASE PRINT ALL INFORMATION CLEARLY. FAILURE TO COMPLETE THIS FORM ACCURATELY MAY RESULT IN A DENIAL OF YOUR APPEAL.

1 PARTICIPANT INFORMATION

EMPLOYER NAME: Meridian Health

Last Name:

First Name:

Gender: ○ Male ○ Female Date of Birth: M M / D D / Y Y Y Y Last 4 of SSN:

Phone: — — Email:

2 REASON FOR THE APPEAL (Choose type(s) that best describes your request)

○ **TYPE 1 APPEAL** - My values were originally not reported or reported incorrectly. Healthcare Provider—record new biometric result or attach lab documentation.—STEPS 5 & 8

○ **TYPE 2 APPEAL** - I am requesting a waiver or a medical exemption based on my current health status. Healthcare Provider—provide a detailed statement.—STEPS 4, 6 & 8

○ **ALTERNATIVE** - I am working with my provider to determine a distinct alternative goal that is achievable. Healthcare Provider—provide a detailed statement, goal and timeframe to achieve.—STEPS 4, 7 & 8

3 PARTICIPANT SIGNATURE AND CONSENT TO PROCESS

PARTICIPANT SIGN HERE

By signing, I verify that the information supplied by myself or my representative here is true and complete. I also understand that any person who knowingly and with intent to injure, defraud or deceive any healthcare carrier, files a statement of claim or an application containing any false, incomplete or misleading information will be subject to criminal penalties applicable to state laws. By signing this form, I authorize the release of any medical information that Bravo might need in order to process this appeal.

PARTICIPANT SIGNATURE: _____

PARTICIPANT PRINTED NAME: _____ DATE: M M / D D / Y Y Y Y

4 CRITERIA APPEALING

✓	APPEAL CRITERIA (Check All That Apply)	ORIGINAL RESULT	EMPLOYER'S GOAL
	BMI (Body Mass Index)		≤25.5 or Waist Female≤33" Male≤35"
	BLOOD PRESSURE		≤120/80
	CHOLESTEROL PANEL		LDL Cholesterol ≤100
	GLUCOSE		≤100
	TOBACCO USE		Negative

5 RECORD NEW BIOMETRIC RESULTS (OR ATTACHED LABS) FOR ALL THAT APPLY

INSTRUCTIONS	HEALTHCARE PROVIDER (LAB) RESULTS	DATE OF RESULT
Height, weight and waist measurement are required and must be taken without shoes. You may submit any passing reading taken 30 days prior to the screening date and up to the appeal deadline date listed on the results letter. Waist measurements can be taken by personal trainers at Meridian Fitness Wellness in partnership with Tilton Fitness	Height _____ Weight _____ Waist _____	
You may submit any passing reading or lab test taken 90 days prior to the screening date and up to the appeal deadline date listed on the results letter. RECORD RESULTS OR ATTACH LAB DOCUMENTATION	BP _____ / _____	
	HDL _____ LDL _____ TC _____ TG _____	
	GLU _____ A1c _____	
Blood or urine-based nicotine tests will be accepted or provide a test result taken 30 days prior to the screening date and up to the appeal deadline date listed on the results letter. MUST INCLUDE LAB DOCUMENTATION	POS_____ NEG_____	

6 MEDICAL WAIVER OR EXEMPTION (or attach a detailed statement)

PROVIDER STATEMENT: (Please include criteria(s) that are being appealed and the reason for the waiver or medical exemption.)

7 HEALTHCARE PROVIDER'S ALTERNATIVE GOAL (or attach a detailed statement)

PROVIDER STATEMENT: (Please include criteria(s) that are being appealed and the alternative goal being suggested. Please include time frame to meet the alternative goal if different than 90 days from date of healthcare provider signature.)

8 HEALTHCARE PROVIDER'S SIGNATURE—MUST BE M.D., D.O., P.A., OR N.P.

PROVIDER SIGN HERE

PROVIDER PRINTED NAME:

PROVIDER SIGNATURE: | LICENSE # (Required): | PHONE NUMBER:

ADDRESS (include city, state and zip): | DATE: M M / D D / Y Y Y Y

BEFORE SUBMITING YOUR APPEAL

- ☐ Did you check the appropriate criteria that you are appealing?
- ☐ Did you and your healthcare provider sign the appropriate sections?
- ☐ Did your healthcare provider provide documentation/statements as appropriate for your clinical circumstances?

AFTER SUBMITTING YOUR APPEAL

It is important to print your submittal confirmation and keep for your records. A confirmation email, if an email address is on record, will be sent to you when Bravo has received your appeal.