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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Medicaid Services Wis. Stats. § 46.287(2)(c)  F-00237H (01/2019) | | | | | | | | |
| **thov kev rov txiav txim dua – Independent care health plan appeal request – Independent care health plan** | | | | | | | | |
| Kev teb tsab ntawv no yog nyob ntawm siab yeem. Cov ncauj lus qhia tus kheej uas sau los ntawm tsab ntawv no tsuas yog siv kom paub koj qhov txhooj thiab lis koj cov kev thov nkaus xwb. | | | | | | | | |
| Npe – Tswv Cuab | | | | | | | Hnub No | |
| Chaw Xa Ntawv | | | | | | | | |
| Zos | | | Xeev  WI | | | Zauv Cim Zip | | |
|  | | Kos rau kem no yog koj xav thov Independent Care Health Plan txoj kev txiav txim dua uas yog thov sib tham nrog Independent Care Health Plan Grievance and Appeal Committee (Pab Tswj Xyuas Kev Chim Siab thiab Kev Rov Txiav Txim Dua). | | | | | | |
| **Kev tau cov kev pab kho koj thaum lub caij thov kev rov txiav txim dua txog kev txo tsawg, kev txiav tu los yog kev kaw ib txoj kev pab kho**  Yog tias koj yeej tau cov txiaj ntsim zoo thiab thov kev rov txiav txim dua ua ntej hloov koj cov txiaj ntsim zoo, koj yeej tau cov txiaj ntsim zoo li qub mus kom txog thaum twg rov txiav txim dua tiav rau koj. Yog koj xav kom tseem tau cov txiaj ntsim zoo thaum koj thov kev rov txiav txim dua, koj cov lus thov yuav tsum yog muab ntaus thwj sij hawm xa los yog xa hauv xov tooj ***rau hnub los yog ua ntej* hnub yuav pib siv raws li txoj kev txiav txim**. Yog tias Grievance and Appeal Committee (Pab Tswj Xyuas Kev Chim Siab thiab Kev Rov Txiav Txim Dua) pom tias Independent Care Health Plan txoj kev txiav txim yeej yog lawm, tej zaum koj yuav raug them rov qab cov txiaj ntsim zoo uas koj tau tshaj thaum lub caij koj thov kev rov txiav txim dua mus txog thaum Grievance and Appeal Committee ( Pab Tswj Xyuas Kev Chim Siab thiab Kev Rov Txiav Txim Dua) txiav txim tiav. Tiam sis, yog tias nws yuav tsim muaj ib qho teeb mem nyiaj txiag kub ntxhov heev, tej zaum koj yuav tsis raug them rov qab qhov nqi no.  **Kos rau kem no yog tias koj xa thov kom tau cov kev pab kho li qub rau lub sij hawm koj thov kev rov txiav txim dua.**  **Luam cov ncauj lus ntawm koj rooj plaub**  Koj muaj txoj cai luam tau dawb cov ncauj lus hauv koj rooj plaub uas txuam nrog koj cov lus thov kev rov txiav txim dua. Cov ncauj lus txhais tau tias yog tej ntaub ntawv, ntaub ntawv khaws cia thiab lwm cov ntaub ntawv tshiab los yog ncauj lus tshiab uas Independent Care Health Plan sau tau thaum txoj kev rov txiav txim dua rau koj.  **Kos rau kem no yog koj xav tau cov ncauj lus hauv koj rooj plaub ntawm Independent Care Health Plan uas txuam rau koj txoj kev thov rov txiav txim dua.** | | | | | | | | |
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|  | **KOS NPE** – Tswv Cuab | | |  | Hnub Kos Npe | | |  |
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| Muab tab ntawv xa raws kev xa ntawv los yog xa hauv xov tooj mus rau:  Independent Care Health Plan  1555 N River Center Dr, Suite 206  Milwaukee WI 53212-3958  Xov tooj xa ntawv: 414-231-1090  Xav kom pib txoj kev rov txiav txim dua sai li sai tau, koj hu tau rau Independent Care Health Plan ntawm 414-231-1076 ua ntej muab tsab ntawv no xa.  Yuas tsum ntaus thwj sij hawm xa los yog xa hauv xov tooj tsis pub lig dua **60 hnub** txij li hnub teev ntawm Notice of Adverse Benefit Determination (Tsab Ntawv Faj Seeb Txog Kev Txiav Txim Nyhav Txog Txiaj Ntsim Zoo). | | | | | | | | |
| Independent Care Health Plan:  Muab cov khoom pab thiab kev pab cuam dawb rau cov tib neeg muaj cov kev tsis taus kom sib txuas lus tau zoo nrog peb, xws li:   * Cov neeg muaj peev xwm piav tes txhais lus * Txhais cov ntaub ntawv sau ua lwm hom (sau loj loj, kaw ua suab lus, siv tshuab qhib, lwm hom)   Muaj cov kev pab txhais lus dawb rau cov tib neeg uas thawj hom lus tsis yog Lus Askiv, xws li:   * Cov neeg muaj peev xwm txhais lus * Txhais cov ntaub ntawv sau ua lwm cov hom lus   Yog koj xav tau cov kev pab no, hu rau Independent Care Health Plan ntawm 414-231-1076 los yog tus xov tooj hu dawb 800-777-4376, hnub Zwj Hli txog Zwj Kuab, thaum 8 teev sawv ntxov txog 4:30 tav su. Cov neeg siv TTY yuav tau hu rau 800-947-3526. | | | | | | | | |