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| **DEPARTMENT OF HEALTH SERVICES** **STATE OF WISCONSIN**  Division of Medicaid Services Wis. Stats. § 46.287(2)(c)  F-00237SO (01/2019) | | | | | | | | |
| **codsiga racfaanka – Independent care health plan appeal request – Independent care health plan** | | | | | | | | |
| Buuxinta foomkaan waa ikhtiyaari. Macluumaad shaqsi ahaan loo aqoonsan karo ee lagu aruuriyay foomkaan waxaa loo isticmaalaa in lagu aqoonsado dacwadaada iyo nidaamka aad codsatid kaliya. | | | | | | | | |
| Magaca – Xubinta | | | | | | | Taariikhda Maanta | |
| Ciwaanka Boostada | | | | | | | | |
| Magaalada | | | Gobolka  WI | | | Lambarka Boostada | | |
|  | | Sax sanduuqaan haddii aad jeclaan laheyd inaad ka racfaan qaadatid go'aanka Independent Care Health Plan iyada oo laga codsanayo Grievance and Appeal Committee (Guddiga Cabashada iyo Racfaanka) Independent Care Health Plan. | | | | | | |
| **Sii wadida adeegyadaada inta lagu jiro racfaan ka dhimista, hakinta ama joojinta adeega**  Haddii aad heleysid faa'idooyin oo aad weydiisid racfaan ka hor inta aysan faa'idooyinkaaga isbadelin, waxaad joogteyn kartaa helida isla faa'idooyinka illaa go'aanka racfaankaaga la sameeyo. Haddii aad rabtid inaad joogteysid faa'idooyinkaaga inta lagu jiro racfaankaaga, codsigaaga waa in boosto lagu soo diraa ama fakis ***oo markaas ama ka hor* taariikhda bilowga ee tallaabada loogu talogalay**. Haddii Grievance and Appeal Committee go'aamiyaan in go'aanka Independent Care Health Plan. ahaa mid saxan, waxaad u baahan kartaa inaad dib u bixisid faa'idooyinka dheeraadka ah ee aad heshay inta u dhaxeyso waqtiga aad weydiisay racfaankaaga iyo waqtiga ee Guddiga Cabashada iyo Racfaanka sameeyaan go'aan. Si kastaba ha ahaatee, haddii ay sababayn karto culeys dhaqaale oo wayn, waxaa laga yaabaa inaan lagaa rabin inaad dib ubixiso kharashkan.  **Sax sanduuqaan haddii aad jeclaan laheyd inaad codsatid isla adeegyada la sii wadayo inta lagu jiro racfaanka.**  **Nuqulka faylka kiiskaaga**  Waxaad xaq u leedahay nuqul bilaash ah ee macluumaadka faylka dacwadaada ku jirto ee la xiriirto racfaankaaga. Warbixin waxaa lagaa wadaa waraaqo, diiwaano iyo qoraalada kale ee la xiriiro oo ay ku jiraan warbixin walboo cusub ama dheeraad ah ee Independent Care Health Plan isu keenaan inta lagu jiro racfaankaaga.  **Sax sanduuqaan haddii aad jeclaan laheyd inaad ka heshid macluumaad faylka dacwadaada Independent Care Health Plan ee la xiriiro racfaankaaga.** | | | | | | | | |
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|  | **SAXIIXA** – Xubinta | | |  | Taariikhda la saxiixay | | |  |
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| Udir fakis ama boosto foomkan:  Independent Care Health Plan  1555 N River Center Dr, Suite 206  Milwaukee WI 53212-3958  Fakiska: 414-231-1090  Si loo bilaabo racfaankaaga sida ugu dhaqsiha badan oo suurtogalka ah, waxaad ka soo wici kartaa Independent Care Health Plan 414-231-1076 ka hor inta aadan dirin foomkaan.  Racfaankaaga waa in boosto lagu soo diraa ama fakis oo aan ka dambeyn **60 maalmood oo kaleendarka** laga bilaabo taariikhda ogaysiiska go'aaminta faa'idada ladnaanta. | | | | | | | | |
| Independent Care Health Plan:  Waxay bixisaa gargaaro bilaash ah iyo adeegyo dadka naafada ah si ay si wax ku ool ah inoola xiriiraan, sida:   * Calaamada u qalanta turjumaanada luuqada * Macluumaadka qoran oo qaabab kale (daabacaad waaweyn, dhageysi, qaababka korontada la geli karo, qaabab kale)   Waxay bixisaa adeegyo luuqadeed oo bilaash ah oo loogu talagalay dadka luuqadooda koowaad aysan ahayn Ingiriiska, sida:   * Turjubaanada u qalma * Macluumaad ku qoran luuqadaha kale   Haddii aad u baahantahay adeegyadaan, ka soo wac Independent Care Health Plan 414-231-1076 ama taleefonka-bilaashka ah 800-777-4376, Isniinta illaa Jimcaha, 8 a.m. illaa 4:30 p.m. TTY isticmaalayaasha waa inay soowacaan 800-947-3526. | | | | | | | | |