# Daim Ntawv Txiav Txim Txog Kev Pab Them Rau

# *TSEEM CEEB: Yog xav tau kev pab nrog rau daim ntawv ceeb toom no, tiv tauj rau <Plan Name> at <Plan customer service phone number> (TTY: <TTY number>) OR <Ombudsman or other program office> ntawm <phone number> (TTY: <TTY number>)]*

***<*Date of letter*>***

[*Insert Member name*]

Tswv Cuab Phiaj Xwm Kho Mob Tus ID:

Qhov Kev Pab Cuam/cov nqe nyob hauv tsab ntawv no yog hais txog:

[*Insert additional field(s) as needed or when required by state, such as provider or Member Medicaid ID*]

<Plan name> yog hu ua “peb txoj phiaj xwm” los sis “peb” nyob hauv tsab ntawv no. Peb txoj phiaj xwm yog muaj ntawv cog lus nrog Medicare thiab Medicaid [*Replace with state-specific term for Medicaid, if applicable*] los muab kev pab them rau ob lub khoos kas tib si. Peb txoj phiaj xwm pab txuas lus rau koj cov kev pab cuam ntawm Medicare thiab Medicaid [*Replace with state-specific term for Medicaid, if applicable*] thiab koj cov kws kho mob, cov tsev kho mob, cov tsev muag tshuaj, thiab lwm cov kws muab kev pab cuam kho mob.

### Peb txoj phiaj xwm <tsis kam lees paub *or* tsis kam lees paub ib nrab *or* txo qis *or* nres lawm *or* raug tshem tawm *or* hloov pauv lawm> [*Insert if applicable*: kev them nyiaj rau] qhov <kev pab cuam kho mob/yam khoom *or* tshuaj Ntu B *or* tshuaj Medicaid> tau teev npe hauv qab no:

[*Insert description of medical service/item or Part B drug or Medicaid drug, including the amount, duration, and scope, of what the enrollee requested (e.g., physical therapy visits 2 times per week for 1 year), and the outcome, denied, partially denied, reduced, stopped, suspended, or changed, and include the doctor or provider’s name if a particular doctor or provider requested the service or item. If a service or item request is partially denied, reduced, or changed, include specifically what was requested and what is approved (e.g., We are approving acupuncture services for 3 months instead of a full year, or We are approving moving a toilet to the south wall instead of the east wall of the bathroom, or We previously approved 18 acupuncture visits per year but are now reducing the visits to only allow 10.)*]

*[Insert if this is a post-service case for which there is no member liability*: **Thov nco ntsoov, koj yuav tsis raug tsub nqi los sis tshuav nuj nqis dab tsi rau qhov no** *[insert as applicable:* **kev pab cuam kho mob/khoom** *or* **tshuaj Ntu B** *or* **tshuaj Medicaid***]****.****]*

Peb txoj phiaj xwm ua qhov kev txiav txim siab no vim yog [*Provide a specific denial reason and a concise explanation of why the medical service/item or Part B drug or Medicaid drug was denied and include state or federal law and/or Evidence of Coverage/Member or Enrollee Handbook provisions to support the decision in plain language. The plain language explanation of the decision should include: (1) relevant context for the decision (e.g., if the medical service/item or Part B drug or Medicaid drug was approved for the enrollee in the past, the description should include what was previously approved, when it was approved and by whom, and what has changed or is otherwise different now); (2) coverage information considered including Medicare and Medicaid coverage benefits; and, (3) if applicable, information on how or why the requested service or item is not supported by the enrollee’s needs – see instructions for more information*].

[*Insert if denial will result in a stoppage, suspension, or reduction of a service/ item or Medicare Part B drug or Medicaid drug the individual has already been receiving:* **Peb txoj kev phiaj xwm yuav** <**txo qis** *or* **nres** *or* **ncua**> **koj qhov** *<***kev pab kho mob/yam khoom** *or* **tshuaj Ntu B** *or* **tshuaj Medicaid***>* ntawm *<***effective date***>* Saib "Txoj hauv kev kom tau txais koj li <kev pab cuam kho mob/yam khoom *or* tshuaj Medicare Ntu B *or* tshuaj Medicaid> thaum koj qhov kev thov kom rov txiav txim dua" ntu tom qab hauv tsab ntawv no rau cov ntaub ntawv hais txog kev txuas ntxiv tau txais koj li <kev pab cuam kho mob/yam khoom *or* tshuaj Medicare Ntu B *or* tshuaj Medicaid> thaum koj qhov kev thov kom rov txiav txim dua.*]*

## Koj muaj cai thov kom rov qab txiav txim dua rau peb qhov kev txiav txim siab

Koj tuaj yeem thov tau kom muab peb li kev txiav txim siab los txiav txim dua. Faib tsab ntawv no nrog koj tus < kws kho mob *or* chaw kho mob> thiab nug txog ntawm cov kauj ruam tom ntej. Yog tias koj thov kom rov txiav txim dua thiab peb txoj phiaj xwm hloov pauv nws qhov kev txiav txim siab, peb tuaj yeem them rau <kev pab cuam kho mob*/*yam khoom *or* tshuaj Ntu B *or* tshuaj Medicaid>.

Koj los kuj tuaj yeem hu *<plan phone number for appeal requests*> (*TTY*: *<TTY number>*) thiab hais kom peb pab theej cov ntaub ntawv uas peb tau siv los ua kev txiav txim siab. Qhov no yuav muaj nrog cov ntaub ntawv kho mob, cov lus qhia, thiab lwm yam ntaub ntawv. Koj tsim nyog muaj tej ntaub ntawv no qhia rau koj tus < kws kho mob *or* chaw kho mob> los pab koj txiav txim seb koj puas tsim nyog thov kom rov qab txiav txim dua.

**Koj yuav tsum thov kom rov txiav txim dua rau peb txoj phiaj xwmj ua ntej** [*Insert specific appeal filing deadline date in month, date, year format – 60 calendar days from date of letter. Insert deadline date in bold text*]**.** Peb txoj phiaj xwm yuav muab sij hawm ntxiv rau koj yog koj muaj zoo laj thawj.

## Nws muaj ob hom thov kom rov qab txiav txim dua

**Peb txoj phiaj xwm muaj ob hom thov kom rov qab txiav txim dua—qhov thov kom rov qab txiav txim dua raws qauv cai thiab thov kom rov qab txiav txim dua ceev.**

1. Yog tias koj thov rau **txoj kev thov kom rov txiav txim dua raws tus qauv**, peb txoj phiaj xwm yuav xa tsab ntawv txiav txim rau koj hauv [*for a Part B drug, insert:* **7 hnub raws daim ntawv qhia hnub** *or for any other medical service/item, insert:* **30 hnub raws daim ntawv qhia hnub** *or a shorter timeframe if required by the state*] **tom qab peb tau txais koj qhov kev thov kom rov txiav txim dua**.
2. Yog koj thov kom **rov qab txiav txim dua ceev**, peb txoj phiaj xwm yuav muab kev txiav txim siab rau koj nyob rau [*insert:* **72 teev** *or a shorter timeframe if required by the state*]  **tom qab peb tau txais koj qhov kev thov kom rov qab txiav txim dua**. Koj tuaj yeem thov kom rov txiav txim dua ceev yog tias koj los sis koj <tus kws kho mob *or* tus kws muab kev pab cuam kho mob> ntseeg tias koj txoj kev noj qab haus huv tuaj yeem yuav **muaj kev phom sij loj heev** los ntawm kev tos ntev txog li [*for a Part B drug, insert:* **7 hnub raws daim ntawv qhia hnub** *or for any other medical service/item, insert:* **30 hnub raws daim ntawv qhia hnub** *or a shorter timeframe if required by the state*] rau kev txiav txim siab.

Peb txoj phiaj xwm yuav **cia li muab** kev txiav txim ceev rau koj yog tias koj tus <**kws kho mob** *or* **tus kws muab kev pab cuam kho mob**> **thov ib qhov rau koj** los sis yog tias koj tus <**kws kho mob** *or* **tus kws muab kev pab cuam kho mob**> **pab txhawb koj qhov kev thov**.Yog tias koj thov kom rov qab txiav txim dua ceev yam uas tsis muaj kev pab txhawb los ntawm tus <kws kho mob *or*tus kws muab kev pab cuam kho mob>, peb txoj phiaj xwm yuav txiav txim seb koj puas tuaj yeem tau txais qhov kev rov txiav txim dua ceev. Yog tias peb txoj phiaj xwm tsis pom zoo rau kev thov kom rov txiav txim dua ceev, peb yuav muab kev txiav txim rau koj ntawm koj qhov kev thov kom rov txiav txim dua hauv [*for a Part B drug, insert:* **7 hnub** *or for any other medical service/item, insert:* **30 hnub** *or a shorter timeframe if required by the state*].

[*Delete if the letter is for a denial of a Part B drug or if the state does not allow extensions:* Rau qhov kev thov kom rov qab txiav txim dua raws li tus qauv cai thiab ceev tib si, tej zaum peb qhov kev txiav txim yuav siv sij hawm ntev zog yog tias muaj kev thov los ntawm koj kom muab sij hawm txiv los sis yog tias peb xav tau ntaub ntawv kev paub ntxiv los ntawm koj. Peb txoj phiaj xwm yuav xa ib tsab ntwv tuaj rau koj thiab qhia rau koj paub yog tias peb xav tau sij hawm ntxiv thiab lub laj thawj.]

## Txoj hauv kev thov kom rov qab txiav txim dua

Koj, qee tus neeg uas koj teev npe rau hauv ntaub ntawv ua koj tus neeg sawv cev ua kev nqis tes sawv cev rau koj (xws li tus txheeb ze, tus phooj ywg, los sis tus kws lij choj), los sis koj tus < kws kho mob *or* tus kws muab kev pab cuam kho mob> tuaj yeem thov tau kom rov qab txiav txim dua. Koj tuaj yeem txuas lus tau rau peb txoj phiaj xwm txhawm rau thov kom rov qab txiav txim dua nyob rau ib ntawm cov hauv kev no:

* **Xov tooj:** Hu rau *<plan phone number for appeal requests>* (TTY: *<TTY number>*)
* **Fev:** Xa fev mus rau *<plan fax number for appeal requests>*
* **Hauv chaw xa ntawv:** Xa ntawv mus rau *<plan mailing address for appeal requests>*
* [*Insert if appropriate:* **Tim ntsej tim muag:** Xa nws mus rau *<plan in-person delivery address>]*

Yog tias koj thov kom rov qab txiav txim dua sau ua ntaub ua ntawv, ces khaws daim ntawv theej cia. Yog tias koj hu mus, peb yuav xa ib tsab ntawv tuaj rau koj uas hais tej yam uas koj tau qhia rau peb nyob rau hauv xov tooj.

Thaum koj thov kom rov qab txiav txim dua, koj yuav tsum muab cov txuas mus no rau peb lub phiaj xwm:

* Koj lub npe
* Koj li chaw nyob los sis qhov chaw nyob uas peb tsim nyog xa cov ntaub ntawv hais txog koj qhov kev thov kom rov qab txiav txim dua. (Yog tias koj tsis muaj chaw nyob tam sim no, los yeej tseem tuaj yeem thov tau kom rov qab txiav txim dua.)
* Koj tus nab npawb ua tswv cuab nrog rau koj lub phaij xwm
* Lub(cov) laj thawj uas koj thov kom rov qab txiav txim dua rau peb qhov kev txiav txim
* Yog tias koj xav tau qhov kev thov kom rov qab txiav txim dua raws li tus qauv cai los sis ceev. (Rau qhov kev thov kom rov qab txiav txim dua ceev, ces qhia peb tias vim li cas koj ho xav tau ib qho.)
* Txhua yam uas koj xav kom peb txoj phiaj xwm los saib qhov qhia tau tias yog vim li cas koj thiaj xav tau <kev pab cuam kho mob/yam khoom *or* tshuaj Ntu B *or* tshuaj Medicaid>. Piv txwv li, koj tuaj yeem xa tau cov ntaub ntawv txuas mus no rau peb:
	+ Cov ntaub ntawv sau tseg fab kev kho mob los ntawm koj tus <kws kho mob *or* tus kws muab kev pab cuam kho mob>,
	+ Cov tsab ntawv los ntawm koj tus <kws kho mob *or* kws pab kho mob> (xws li daim ntawv qhia los ntawm koj tus <kws kho mob *or* tus kws pab kho mob> uas hais txog lub laj thawj uas koj xav tau qhov kev txiav txim ceev), los sis
	+ Lwm cov ntaub ntawv uas hais tias yog vim li cas koj thiaj li xav tau <kev pab cuam kho mob/yam khoom *or* tshuaj Ntu B *or* tshuaj Medicaid>

Txhawm rau kom tau txais cov ntaub ntawv ntau ntxiv txog kev thov kom rov txiav txim dua, hu rau Lub Chaw Pab Cuam Tswv Cuab ntawm *<toll-free plan Member Services phone number>* (TTY: *<toll-free TTY number>*). Koj tuaj yeem pom cov ntaub ntawv ntau ntxiv hauv peb txoj phiaj xwm [*insert Evidence of Coverage, Member or Enrollee Handbook, or other term plan uses*], [*p*lans may insert chapter and/or section reference, as applicable]. Daim ntawv theej tawm tshiab tshaj plaws [*insert Evidence of Coverage, Member or Enrollee Handbook, or other term plan uses*] yog muaj nyob rau hauv peb lub vev xaib tas li *<web address>* los sis los ntawm kev hu rau peb txoj phiaj xwm.

## *[Optional to delete this section if the decision relates to a medical service/item or Medicare Part B drug or Medicaid drug that has not been received by the enrollee under a previous authorization of the medical service/item or Medicare Part B drug or Medicaid drug:* Txoj hauv kev kom tau txais koj qhov <kev pab cuam kho mob*/*yam khoom *or* tshuaj Ntu B *or* tshuaj Medicaid> thaum koj qhov kev thov kom rov txiav txim dua

Yog tias koj twb tau txais <kev pab cuam kho mob/yam khoom lawm *or* tshuaj Medicare Ntu B *or* tshuaj Medicaid > tau teev nyob rau hauv thawj nplooj ntawv ntawm tsab ntawv no, koj tuaj yeem thov kom tau txais nws thaum koj thov kom rov txiav txim dua.

* **Koj yuav tsum thov kom rov txiav txim dua thiab nug peb txoj phiaj xwm kom tau txais koj li** <**kev pab cuam kho mob*/*yam khoom** *or* **tshuaj Medicare Ntu B** *or* **tshuaj Medicaid**> **los ntawm** [*Insert continuation of benefits request filing date in month, date, year format. Date will be the later of the following: (1) 15 calendar days from date of letter or (2) date the decision takes effect. Insert date in bold text*].
* Saib tshooj “Txoj hauv kev thov kom rov qab txiav txim dua” ua ntej no nyob rau hauv tsab ntawv no rau ntaub ntawv kev paub txiv txog txoj hauv kev txuas lus rau peb txoj phiaj xwm.
* Yog tias koj nug peb txoj phiaj xwm mus txuas ntxiv koj <kev pabcuam khomob*/* yam *or*  Medicare Part B tshuaj *or* Medicaid tshuaj> los ntawm [*Insert continuation of benefits request filing date*], koj qhov <kev pab cuam kho mob*/*yam khoom *or* tshuaj Medicare Ntu B *or* tshuaj Medicaid> yuav nyob zoo li qub thaum koj thov kom rov txiav txim dua.
* Yog tias koj <tus kws kho mob *or* tus kws muab kev pab cuam kho mob> tab tom sau ntawv thov kom rov txiav txim dua rau koj thiab koj xav kom tau txais koj qhov <kev pab cuam kho mob*/*yam khoom *or* tshuaj Medicare Ntu B *or* tshuaj Medicaid>, ces koj <tus kws kho mob *or* tus kws muab kev pab cuam kho mob> yuav tsum suav nrog koj qhov kev tso cai ua ntawv sau.

## Yuav ua cas mus tom ntej

Tom qab koj thov kom rov qab txiav txim dua, peb txoj phiaj xwm yuav xa tsab ntawv hais txog qhov kev txiav txim ntawm kev thov kom rov qab txiav txim dua tuaj rau koj txhawm rau qhia rau koj paub yog tias peb pom zoo los sis tsis pom zoo rau koj qhov kev thov kom rov qab txiav txim dua. Yog tias peb txoj phiaj xwm tseem tsis kam lees paub [*Insert if applicable*: kev them nyiaj rau] qhov <kev pab cuam kho mob/yam khoom *or* tshuaj Medicare Ntu B *or* tshuaj Medicaid> ua tau teev nyob rau hauv thawj nplooj ntawv ntawm Tsab Ntawv Txiav Txim Kev Duav Roos, tsab ntawv txiav txim thov kom rov txiav txim dua yuav qhia rau koj tias yuav muaj dab tsi tshwm sim tom ntej, xws li cov ntaub ntawv hais txog Medicare Theem 2 los sis txoj hauj kev los thov *<state name>* rau Lub Rooj Sib Hais Txog Kev Ncaj Ncees [*Insert if appropriate:* (kuj tseem hu ua *<state-specific term for Fair Hearing>*)].

## Tej yam uas yuav ua yog tias koj xav tau kev pab nrog rau koj qhov kev thov kom rov qab txiav txim dua

Koj tuaj yeem thov tau kom qee tus neeg los thov kom rov qab txiav txim dua rau koj thiab ua kev nqis tes sawv cev koj. Koj yuav tsum sau lawv lub npe rau hauv ntaub ntawv ua koj "tus neeg sawv cev" los ntawm kev ua raws li cov kauj ruam hauv qab no. Koj tus neeg sawv cev tuaj yeem yog tus txheeb ze, tus phooj ywg, tus kws lij choj, tus kws kho mob, tus kws pab kho mob, los sis lwm tus neeg uas koj tseeg siab.

Yog tias koj xav kom qee tus neeg los thov kom qab txiav txim dua rau koj:

* Hu rau peb txoj phiaj xwm ntawm *<plan phone number for representative requests>* (TTY: *<TTY number>*) txhawm rau kawm paub ntau ntxiv txog txoj hauv kev sau npe tus neeg ntawd ua koj tus neeg sawv cev. Los sis, koj tuaj yeem mus saib tau [Medicare.gov/claims-appeals/file-an-appeal/can-someone-file-an-appeal-for-me](http://Medicare.gov/claims-appeals/file-an-appeal/can-someone-file-an-appeal-for-me). [*Plans may replace with a plan-specific web address that explains how members can appoint a representative.*]
* Koj thiab koj tus neeg sawv cev yuav tsum kos npe thiab rau hnub tim rau hauv daim ntawv qhia uas hais tias nws yog yam uas koj xav tau.
* Xa hauv chaw xa ntawv los sis fev daim ntawv qhia uas tau kos npe mus rau peb ntawm:

*<plan address for representative requests>*

*<plan fax number for representative requests>*

* Khaws daim ntawv theej tawm cia.

## Thov kev pab thiab ntaub ntawv kev paub ntxiv

* **<Plan name> Cov Kev Pab Tswv Cuab:** Hu rau *<toll-free plan Member Services phone number>* (TTY: *<toll-free TTY number>*), *<days and hours of operation>*. Koj tuaj yeem mus saib tau *<plan website>.*
* [*If the state uses an Ombudsman or other enrollee support program, insert the following language, with state-specific information here:* **Tus Kws Tshuaj Ntsuam Av Ywj Pheej**: Tus Kws Tshuaj Ntsuam Av Ywj Pheej tuaj yeem teb cov lus nug yog tias koj muaj teeb meem nrog koj qhov kev thov rov txiav txim dua. Lawv kuj tseem tuaj yeem pab kom koj nkag siab tias yuav ua li cas txuas ntxiv. Lawv tsis txuas nrog peb txoj phiaj xwm los sis nrog ib lub tuam txhab tuav pov hwm los sis phiaj xwm kev noj qab haus huv twg. Lawv cov kev pab cuam yog pub dawb xwb.]

**Rau cov tswv cuab uas muaj hnub nyoog 18 txog 59 xyoo:**

**Wisconsin Cov Cai Rau Cov Neeg Xiam Oob Qhab**

Tus Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

[www.disabilityrightswi.org/learn/family-care-and-iris-ombudsman-program](http://www.disabilityrightswi.org/learn/family-care-and-iris-ombudsman-program/)

**Rau cov tswv cuab hnub nyoog 60 thiab laus dua:**

**Wisconsin Pawg Thawj Coj Saib Xyuas Cov Muaj Hnub Nyoog Siab thiab Saib Xyuas Ncua Ntev**

Tus Xov Tooj Hu Dawb: 800-815-0015

TTY: 711

<https://longtermcare.wi.gov/Pages/Ombudsman.aspx>

* **Aging and Disability Resource Center (Lub Chaw Pab Cuam Rau Neeg Laus Thiab Kev Xiam Oob Qhab) (ADRC):** Mus saib [www.dhs.wisconsin.gov/adrc/consumer](http://www.dhs.wisconsin.gov/adrc/consumer) txhawm rau nrhiav ADRC nyob ze koj tshaj plaws.
* **Wisconsin State Health Insurance Assistance Program (Xeev Wisconsin Lub Khoos Kas Pab Kev Tuav Pov Hwm Kev Noj Qab Haus Huv) (SHIP)**: Hu rau 800-242-1060 (TTY: 711). Cov kws sab laj Tus Xov Tooj Muab Kev Pab Medigap tuaj yeem pab tau koj nrog rau cov teeb meem Medicare, suav nrog txoj hauv kev thov qhov kev thov kom rov qab txiav txim dua. Tus Xov Tooj Muab Kev Pab Medigap tsis txuas nrog ib lub tuam txhab tuav pov hwm los sis phiaj xwm kev noj qab haus huv. Lawv cov kev pab cuam yog pub dawb xwb. <https://longtermcare.wi.gov/Pages/Medigap.aspx>
* **Medicare:** Hu rau 1-800-MEDICARE (1-800-633-4227), 24 teev rau ib hnub, 7 hnub rau ib vij (cov neeg siv TTY tuaj yeem hu tau rau 1-877-486-2048). Los sis, mus saib [Medicare.gov](http://www.Medicare.gov).
* **Lub Chaw Rau Cov Cai Medicare:** Hu rau 1-800-333-4114, los sis mus saib [www.medicarerights.org](http://www.medicarerights.org/).
* **Qhov Chaw Nyob Kev Saib Xyuas Tus Neeg Laus**: Hu rau 1-800-677-1116, los sis mus saib [www.eldercare.acl.gov](http://www.eldercare.acl.gov) txhawm rau nrhiav kev pab hauv koj lub zej zog.
* Cov Lus Nug Txog Tshuaj Kho Mob Raws Ntawv Sau Yuav

**Rau cov tswv cuab uas muaj hnub nyoog 18 txog 59 xyoo:** Hu rau Tus Xov Tooj Muab Kev Pab Txiaj Ntsig Tshuaj Kho Mob Rau Neeg Xiam Oob Qhab ntawm 800‑926‑4862.

**Rau cov tswv cuab hnub nyoog 60 thiab laus dua:** Hu rau Tus Xov Tooj Muab Kev Pab Phab D thiab Tshuaj Kho Mob Raws Ntawv Sau Yuav ntawm 855-677-2783.

* [*If applicable, insert other state or local aging/disability resources contact information*.]

Koj tuaj yeem thov tau cov ntaub ntawv no yam tsis xam nqi ua [*Insert, as appropriate*: *<*non‑English language(s)> or] lwm tus qauv, xws li luam ua tus ntawv loj, ntawv xuas, los sis ua suab. Hu rau *<toll-free phone and TTY numbers, days and hours of operation>*. Tsab xov tooj yog hu dawb.

Koj muaj txoj cai kom tau txais cov ntaub ntawv Medicare hauv ib hom ntawv uas nkag siv tau, xws li tus ntawv loj, ntawv rau Neeg Dig Muag, los sis ua suab lus. Koj kuj tseem muaj cai ua ntawv tsis txaus siab yog tias koj hnov tau tias koj tau raug kev ntxub ntxaug. Mus saib [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), los sis hu rau 1-800-MEDICARE (1-800-633-4227) yog xav paub ntau ntxiv. Cov neeg siv TTY tuaj yeem hu rau 1-877-486-2048.

*[Insert appropriate language taglines from* [*https://www.dhs.wisconsin.gov/publications/p02057.docx*](https://www.dhs.wisconsin.gov/publications/p02057.docx)*]*