**Template for**

**Notification of Non Covered Benefit Letter**

<<Date mailed>>

<<Member’s name>>

<<Street address>>

<<City>> <<State>> <<Zip Code>>

Nyob zoo txog <<Member Name>>,

Hauv hnub <<Date>>, koj tau thov <<Non-Covered Benefit>>. Tsab ntawv no yog siv los qhia kom koj paub meej tias qhov kev pab cuam/qhov khoom uas koj tau thov tsis yog ib feem ntawm Family Care pob txiaj ntsig thiab yog li ntawd <<name of the MCO>> yuav tsus muab nws rau koj.

Yog tias koj muaj lus nug dab tsi hais txog tsab ntawv no, thov tiv tauj tus tswv cuab ntawm koj pab pawg muab kev saib xyuas ntawm cov nab npawb teev tseg hauv qab no.

Hmov tshua,

<<Care Manager’s Name>>

Care Manager (Tus Thawj Saib Xyuas Qhov Teeb Meem)

<<Telephone Number>>

<<RN Care Manager’s Name>>

RN Care Manager (RN Tus Thawj Saib Xyuas Qhov Teeb Meem)

<<Telephone Number>>

**Leej twg thiaj li tuaj yeem pab kom kuv nkag siab txog tsab ntawv no thiab txog kuv cov cai?**

<<Name of MCO>> tus kws paub tshwj xeeb cov cai ntawm tus tswv cuab tuaj yeem qhia rau koj txog koj cov cai thiab pab koj ua daim ntawv kev tsis txaus siab. Feem ntau lawv yuav siv cov rooj sib tham tsis raws cai los daws koj qhov teeb meem. Yog xav tiv tauj tus kws paub tshwj xeeb txog cov cai ntawm tswv cuab, thov hu rau <<member rights specialist phone number>>.

Yog tias koj xav nrog qee tus neeg tham sawb nraud ntawm <<Name of MCO>>, thov tiv tauj rau Ombudsman (Tus Saib Xyuas) yog tias koj muaj cov kev txhawj xeeb twg. Tus Ombudsman (Tus Saib Xyuas) yog tus muab kev txhawb nqa los sis tus neeg pab. Lawv tuaj yeem teb cov lus nug hais txog cov kev tsis txaus siab thiab qhia rau koj hais txog koj cov cai. Cov kev pab cuam pab dawb xwb thiab tsis pub lwm tus paub. Lub koom haum yuav tiv tauj ntawd nce rau ntawm koj lub hnub nyoog.

**Rau cov tswv cuab nyob nruab nrab ntawm cov hnub nyoog 18 xyoo thiab 59 xyoos**:

Disability Rights Wisconsin

Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

Tus Email: [info@drwi.org](mailto:info@drwi.org)

**Rau cov tswv cuab hnub nyoog 60 nce mus**:

Wisconsin Board on Aging and Long Term Care

Xov Tooj Hu Dawb: 800-815-0015

TTY: 711

Tus Email: [BOALTC@wisconsin.gov](mailto:BOALTC@wisconsin.gov)