Tseem Ceeb: Tsab ntawv faj seeb no piav qhia txog koj cov cai thov peb txoj kev txiav txim dua. Ua tib zoo nyeem tsab ntawv faj seeb no. Yog koj xav tau kev pab, koj hu cuag tau ib tug xov tooj teev rau ntawm nplooj ntawv kawg nram qab “Mus cuag kev pab & xav paub ntxiv.”

Tsab Ntawv Faj Seeb Txog Kev Tsis Kam Pab Them Nqi Kho Mob

(Notice of Denial of Medical Coverage)

{Replace *Denial of Medical Coverage* with *Kev Tsis Kam Them Nqi (Denial of Payment)*, if applicable}

|  |  |
| --- | --- |
| **Hnub tim:** Date Denial Mailed  **Hom Kev Kho Yuav Faj Seeb Txog:** Insert Service in Question | **Tswv Cuab Tus ID los yog MCI zauv:** Enter Number  **Hnub Kho:** Click here to enter text. |
| **Hnub Yuav Coj Raws Kev Txiav Txim:** Enter Date  **Npe:**  Enter Name | **Chaw Muab Kev Kho Npe: (optional)** Enter Provider Name |

**Chaw Nyob:** Enter Street Address

Enter City, State, and Zip Code

**Koj qhov Choose an item raug Insert appropriate term**

Peb tau Insert appropriate term Insert appropriate term li teev muaj nram no:

Insert service/item/drug in question

**Vim li cas peb thiaj Choose an item rau koj Choose an item?**

Peb Insert appropriate term Insert appropriate term teev muaj saum no vim yog:

Click here to enter text, include rationale and alternatives

Koj yuav tau luam tsab ntawv qhia kev txiav txim no qhia rau koj tus kws kho mob kom koj thiab koj tus kws kho mob paub sib tham txog cov kauj ruam tom ntej. Yog koj tus kws kho mob thov kev pab them nqi rau koj, peb twb luam tsab ntawv txiav txim no xa mus rau koj tus kws kho mob lawm.

**Koj muaj txoj cai thov kom peb txiav txim dua**

Koj muaj txoj cai thov Plan Name nrog tshab xyuas txog peb txoj kev txiav txim uas yog thov kom peb txiav txim dua**.** Yog koj xav kom txiav txim dua, thov hu cuag tus kws pab tshwj xeeb txog tswv cuab cov cai kom tau kev pab.

**Thov Kev Txiav Txim Dua Rau Txoj Kev Pab Them Nqi Kho Mob:** Thov Plan Name kom txiav txim dua ua ntej **60 hnub txij** li hnub teev ntawm tsab ntawv faj seeb no. Peb yuav muab tau sij hawm ntxiv rau koj yog koj muaj qhov laj thawj zoo tsim nyog uas yuav thov tsis raws hnub kawg. Xyuas ntu sau tias “Kev thov txiav txim dua Plan Name” kom tau cov ncauj lus qhia thov kev txiav txim dua txog qib kev pab them nqi kho mob.

**Kev muaj tau Medicaid cov kev pab kho mob twj ywm thaum peb tshab xyuas txog koj txhooj**

Yog koj thov kev txiav txim dua dhau los thaum Enter effective date of intended action, koj thov tau kom tsis txhob txo tsawg los yog txiav tu Medicaid cov kev pab kho mob rau koj kom txog thaum twg Plan Name txiav txim tag. Tej zaum koj yuav tau them rau cov kev pab cuam uas koj tau ntxiv rau thaum lub sij koj thov kev txiav txim dua thiab lub sij hawm uas Plan Name txiav txim tiav yog koj tsis yeej thaum txiav txim dua tiav. Tiam sis, yog tias nws yuav tsim muaj teeb meem nyiaj txiag nyuab ntxhov loj, tej zaum koj yuav tsis raug them qhov nqi no.

**Yog koj xav kom lwm tus neeg sawv cev tam koj**

Koj xaiv tau ib tug txheeb ze, phooj ywg, kws lij choj, kws kho mob los yog lwm tus neeg uas sawv cev tau tam koj. Yog koj xav kom lwm tus sawv cev tam koj, hu rau peb ntawm: Click here to enter phone number(s) kom paub xaiv ib tug neeg sawv cev tam koj. TTY cov neeg siv hu Click here to enter TTY number. Koj thiab tus neeg uas koj xav kom sawv cev tam koj yuav tsum kos npe thiab rau hnub tim rau ib nqe lus teev tias yeej yog li koj xav tau. Koj yuav tau muab nqe lus no xa los yog fax tuaj rau peb. Khaws ib daim luam cia rau koj cov ntaub ntawv.

**Luam Cov Ntaub Ntawv Ntawm Koj Txhooj**

Koj muaj cai tau cov ntaub ntawv txuam nrog koj txoj kev txiav txim no dawb. Cov ntaub ntawv yog tau tag nrho tej ntawv sau, ntawv khaws tseg thiab lwm cov ntaub ntawv tshiab los yog tej ncauj lus muaj ntxiv uas Plan Name sau ua ke muaj thaum txiav txim dua rau koj. Xav thov kom luam koj cov ntaub ntawv, hu rau Enter Contact Name ntawm Phone Number.

**Ncauj Lus Tseem Ceeb Txog Koj Cov Cai Thov Kev Txiav Txim Dua**

**Muaj 2 hom kev txiav txim dua hauv Plan Name**

**Quag Kev Txiav Txim Dua –** Peb yuav sau ntawv qhia txoj kev txiav txim dua RAU Insert appropriate term ua ntej Insert appropriate term tom qab peb txais tau koj cov lus thov kev txiav txim dua. Peb txoj kev txiav txim yuav siv sij hawm ntev dua yog koj thov ncua sij hawm, los yog peb yuav tau muaj ntaub ntawv ntxiv txog koj txhooj. Peb yuav qhia rau koj yog tias peb yuav tau siv sij hawm ntev dua thiab yuav piav qhia seb yog vim li cas thiaj yuav tau siv sij hawm ntev dua. (Tsis muaj kev ncua sij hawm ntxiv rau cov kev txiav txim txog Medicare Part B cov tshuaj). Yog koj thov kev txiav txim dua txog kev them Insert appropriate term rau ib yam kev kho uas koj twb yeej tau txais lawm, peb yuav sau ntawv qhia kev txiav txim ua ntej **60 hnub** rau koj.

**Kev Txiav Txim Dua Sai** – Peb yuav qhia kev txiav txim dua rau koj sai ua ntej **72 teev** tom qab peb txais tau koj cov lus thov kev txiav txim dua. Koj thov tau kev txiav txim dua sai yog tias koj los yog koj tus kws kho mob ntseeg tias yog tos ntev txog Insert appropriate term mam txiav txim yuav tsim kev puas mob loj heev rau koj txoj kev noj qab haus huv. Koj thov tsis tau kev txiav txim dua sai yog koj yuav kom peb them rov qab rau Insert appropriate term uas koj twb yeej tau lawm.

**Peb yuav cia li txiav txim sai tau rau koj yog tias tus kws kho mob thov txog los yog koj tus kws kho mob txhawb koj cov lus thov.** Yog koj thov kev txiav txim dua sai uas tsis muaj kws kho mob txhawb, peb yuav xav seb koj txoj kev thov kom txiav txim dua sai puas tsim nyog. Yog peb tsis txiav txim dua sai rau koj, peb yuav txiav txim rau koj ua ntej Insert appropriate term.

**Kev thov txiav txim dua ntawm Plan Name**

**Kauj Ruam 1:** Koj, tus neeg sawv cev tam koj, koj tus kws kho mob los yog lub chaw kho mob thov tau kom peb txiav txim dua. Hu rau specialist phone number mus thov tus kws pab tshwj xeeb txog tswv cuab cov cai kom pab koj ua ntawv thov kev txiav txim dua. Koj puav leej pib cov txheej txheem tau yog xa tsab ntawv no los yog sau ib daim ntawv thov. Koj mus muab tau tsab ntawv ntawm Plan Name los yog hauv ib lub ntawm cov koom haum ywj pheej ombudsman sab nraud uas teev muaj nram no. Los sis koj mus tau rau saum huab cua thiab muab tau tsab ntawv ntawm [www.dhs.wisconsin.gov/familycare/mcoappeal.htm](https://www.dhs.wisconsin.gov/familycare/mcoappeal.htm).

Koj tsab ntawv thov yuav tsum muaj:

* Koj lub npe
* Chaw nyob
* Tus zauv cim tswv cuab
* Cov laj thaj thov kev txiav txim dua
* Seb koj xav tau qhov Quag Kev Txiav Txim Dua los yog Txiav Txim Dua Sai (kom tau Kev Txiav Txim Dua Sai, piav qhia seb yog vim li cas).
* Tej pov thawj uas koj xav muab rau peb tshab xyuas, xws li tej ntaub ntawv teev kab mob kev nkeeg, kws kho mb cov ntawv sau (kws kho mob nqe lus sau txhawb yog koj thov kev txiav txim dua sai), los yog lwm cov ncauj lus uas piav qhia tias vim li cas koj thiaj yuav tsum tau yam khoom los yog hom kev pab kho Insert appropriate term Hu rau koj tus kws kho mob yog koj xav tau cov ntaub ntawv no.

Yog koj thov kev txiav txim dua thiab mus tsis cuag hnub teem, koj thov tau kom ncua sij hawm ntxiv thiab yuav tsum teev qhia koj qhov laj thawj mus tsis cuag.

Peb pom zoo kom koj luam tseg cia txhua yam ntaub ntawv uas koj xa rau peb.

**Kauj Ruam 2:** Muab koj tsab ntawv thov kev txiav txim dua xa, fax, los yog nqa mus rau. Los yog hu rau peb ntawm tus xov tooj nram no.

**Rau Qhov Quag Kev Txiav Txim Dua:** Chaw nyob: Click here to enter text.

Xov tooj: Click here to enter phone number

Fax: Click here to enter fax.

Email: Click here to enter email.

Lub Chaw Pab Them Nqi Kho Mob Cov Sij Hawm Qib:

Yog koj thov quag kev txiav txim dua hauv xov tooj, peb yuav sau ib tsab ntawv teev meej cov lus koj qhia rau peb xa tuaj rau koj.

**Rau Kev Txiav Txim Dua Sai:** Xov Tooj: Click here to enter phone number.

Fax: Click here to enter fax number.

Email: Click here to enter email.

**Yuav tshwm sim li cas tom ntej?**

Yog koj thov kev txiav txim dua thiab peb tsis kam ua raws li koj thov txog insert "qhov nyiaj them rau (payment of)" if applicable. Medicare yam kev pab kho, peb yuav sau ntawv qhia txoj kev txiav txim tuaj rau koj thiab yuav cia li muab koj txhooj xa mus rau ib tug nyob ib cag sab nraud nrog tshab xyuas. **Yog tias tus nyob ib cag sab nraud tshab xyuas tsis kam ua raws li koj thov txog, tsab ntawv qhia kev txiav txim yuav piav qhia rau koj paub yog tias koj muaj lwm cov cai thov kev txiav txim dua ntxiv.**

Yog koj thov kev txiav txim dua txog yam kev pab kho los sis kev pab txhawb uas Medicaid kav them rau los sis Medicare tsis kav them rau, peb yuav tsis cia li xa koj txhooj mus rau ib tug nyob ib cag sab nraud nrog tshab xyuas. Koj thov tau xeev lub rooj sib hais ncaj ncees yog tias koj tsis pom zoo nrog txoj kev txiav txim.

|  |
| --- |
| Kev Thov Xeev Lub Rooj Sib Hais Ncaj Ncees Txog Medicaid Li Cas  Yog Plan Name tsis kam ua raws li koj thov kom txiav txim dua, koj rhais tau cov kauj ruam teev nram no mus thov xeev lub rooj sib hais ncaj ncees.  Kauj Ruam 1: Koj los yog tus neeg sawv cev tam koj yuav tsum sau ntawv thov xeev lub rooj sib hais ncaj ncees ua ntej 90 hnub txij li hnub teev ntawm tsab ntawv faj seeb uas tsis kam muab raws li koj tau thov.  Koj tsab ntawv thov yuav tsum muaj:   * Koj lub npe * Chaw nyob * Tus zauv cim tswv cuab * Cov laj thawj thov lub rooj sib hais ncaj ncees * Tej pov thawj uas koj xav muab rau peb tshab xyuas, xws li tej ntaub ntawv teev kab mob kev nkeeg, kws kho mob cov ntawv sau, los yog lwm cov ncauj lus uas piav qhia tias vim li cas koj thiaj yuav tsum tau yam khoom los yog hom kev pab kho. Hu rau koj tus kws kho mob yog koj xav tau cov ntaub ntawv no.   **Kauj Ruam 2:** Xa koj tsab ntawv thov mus rau:  Request for Fair Hearing  Wisconsin Division of Hearings and Appeals  PO Box 7875  Madison, WI 53707-7875  Fax: 608-264-9885  (If not applicable, delete entire sentence) Luam tsab ntawv faj seeb xa mus rau: |

**Mus cuag kev pab & tau ncauj lus ntxiv**

* Plan Name

Tus Xov Tooj Hu Dawb: Click here to enter toll free phone number

TTY cov neeg siv hu: Click here to enter TTY phone number

Lub Chaw Pab Them Nqi Kho Mob Cov Sij Hawm Qib:

* 1-800-MEDICARE (1-800-633-4227), 24 teev, 7 hnub ib lim tiam. TTY cov neeg siv hu:   
  1-877-486-2048
* Medicare Rights Center: 1-888-HMO-9050
* Elder Care Locator: 1-800-677-1116 los sis [www.eldercare.acl.gov](https://eldercare.acl.gov/) kom nrhiav tau kev pab hauv koj   
  lub zej zog.
* Tus kws pab tshwj xeeb txog tswv cuab cov cai hauv Plan Name qhia tau rau koj txog koj cov cai, sim nrog daws koj txoj kev txhawj xeeb nws tus kheej thiab yuav pab koj ua ntawv thov kev txiav txim dua. Tus kws pab tshwj xeeb txog tswv cuab cov cai  **sawv cev** tsis tau tam koj nyob rau hauv lub rooj sib tham nrog Plan Name Pab Tswj Xyuas Kev Tu Siab & Kev Txiav Txim Dua los yog hauv xeev lub rooj sib hais ncaj ncees. Xav ntsib nrog Plan Name tus kws tshwj xeeb paub zoo txog tswv cuab cov cai, hu rau specialist phone number .
* Txhua tus uas tau cov kev pab cuam ntawm PACE yuav tau kev pab dawb los ntawm ib lub   
  koom haum ywj pheej ombudsman. Cov koom haum pab tswv yim nram no yog rau PACE cov tswv cuab:

**Rau cov tswv cuab hnub nyoog 18 txog 59 xyoos:**

**Disability Rights Wisconsin**

Tus Xov Tooj Hu Dawb: 800-928-8778

TTY: 711

**Rau cov tswv cuab muaj hnub nyoog 60 xyoo thiab siab dua:**

**Wisconsin Board on Aging and Long Term Care**

Tus Xov Tooj Hu Dawb: 800-815-0015

TTY: 711

May insert instructions for how enrollees can receive this notice in an alternate language or format from the plan.

**PRA Nqe Lus Qhia Tawm Raws** li txoj cai Paperwork Reduction Act hauv 1995, txoj cai tsis yuam ib tug neeg twg kom muab ntaub ntawv rau ib txoj kev rub ua ketej ntaub ntawv, tshwj tsis yog nws teev pom tus zauv OMB control number tseeb meem. Tus OMB control number tseeb meej rau txoj kev rub ua ke ntaub ntawv no yog 0938-0829. Lub sij hawm siv los rub ua ke cov ntaub ntawv ntawm no yog kwv yees li 10 feeb uas yog qhov nruab nrab rau ib zaug twg teb rau, uas xam nrog kev tshab xyuas cov lus qhia, kev tshawb nrhiav cov ntaub ntawv uas yeej muaj thiab rub ua ke cov ntaub ntawv uas xav tau, thiab muab rub ua ke thiab tshab xyuas cov ntaub ntawv kom tiav. Yog koj muaj ncauj lus tswv yim txog kev kwv yees lub (cov) sij hawm kom yog los sis muaj tswv yim txhim kho tsab ntawv no, thov sau ntawv mus rau CMS, 7500 Security Boulevard, Attn:   
PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS tsis ntxub ntxaug nyob rau hauv lawv cov kev pab cuam thiab tes dej num. Xav thov tsab ntawv no ua lwm hom, thov hu  
1-800-MEDICARE los yog sau ntawv email rau: AltFormatRequest@cms.hhs.gov