Muhiim: Ogeysiiskan wuxuu kuu sharxayaa xuquuqdaada racfaanka go'aan laguu soo diray. Si taxaddar badan u akhriso ogeysiiskan. Haddii aad u baahan tahay caawimaad, soo garaac mid ka mid ah lambarrada kuugu qoran bogga ugu dambeeya oo ah helidda caawimaad iyo faahfaahin ama “Get help & more information.”

Ogeysiis ah Diidmada Kharashka Caafimaadka

(Notice of Denial of Medical Coverage)

{Replace *Denial of Medical Coverage* with *Diidmo ah Lacag-bixin*, if applicable}

|  |  |
| --- | --- |
| **Taariikhda:** Date Denial Mailed  **Adeegga uu Ogeysiiskan Khuseeyo:** Insert Service in Question | **Lambarka aqoonsiga (Member ID) ama MCI lambarkaaga:** Enter Number  **Taariikhda Adeegga:** Click here to enter text. |
| **Bilowga Taariikhda ee Qasdiga Ficilkan:** Enter Date | **Magaca Dhakhtarka: (optional)** Enter Provider Name |

**Magaca:**  Enter Name

**Cinwaan:** Enter Street Address

Enter City, State, and Zip Code

**Wixii aad dooratay Choose an item waa Insert appropriate term**

Liiska Insert appropriate term hoose Insert appropriate term ka eego:

Insert service in question

**Sababta aan Choose an item kuugu Choose an item?**

Waxa Insert appropriate term kor Insert appropriate term ku qoran sababtu waa:

Click here to enter text, include rationale and alternatives

Waa inaad dhakhtarkaaga u geyso koobbiga go'aankan si aad uga wada hadashaan tallaabooyinka xigi doona. Haddii dhakhtar aad la xiriirto ay lacag-bixin ku soo codsadeen magacaaga, waxaan u dirnay koobbi ah jawaabta go'aankan.

**Waxaad xaq u leedahay inaad racfaan ka soo xareysato go'aanka**

Waxaad xaq u leedahay inaad soo codsato Plan Name dibu-eegista go'aankii aan gaarnay adigoo naga codsanaya racfaan**.** Haddii aad racfaan rabto, fadlan la soo xiriir qof shaqaale ah oo kugu caawin doona.

**Racfaanka Barnaamijka:** Ku soo codso Plan Name racfaanka **60 maalmood gudahood** laga soo bilaabo taariikhda ogeysiiskan. Waxaan ku siin karnaa wakhti dheeraad ah haddii aad haysato cudurdaar sax ah oo aad ka gaari weyday wakhtiga kama-dambeysta. Eeg qeybta ah sida aad racfaan u soo codson karto ama "How to ask for an appeal with Plan Name" wixii macluumaad ah oo khuseeya sida racfaan looga qaato heerka qorshaaga caafimaadka.

**Sidaad ku sii wadan karto Medicaid adeegyada intaan dib u   
eegeyno kiiskaaga**

Haddii aad hadda ka hor rafaan soo xareysatay Enter effective date of intended action, waxaad soo codsan kartaa inaan lagaa yareyn ama lagaa joojin Medicaid adeegyada ilaa Plan Name go'aan laga soo gaaro. Waxaa laga yaabaa inaad iska bixiso adeegyada dheeraadka ah ee laguu qabtay intii u dhaxeysay wakhtiga aad soo xareysatay racfaanka iyo wakhtiga Plan Name laga gaaray go'aanka racfaanka lagaa diiday. Hase yeeshee, haddii ay kugu keeneyso culeys dhaqaale oo weyn, waxaa laga yaabaa in lagaa cafiyo inaad lacag soo celiso.

**Haddii aad dooneyso in uu qof kale naftaada ku metalo**

Waxaad ka dhigan kartaa qof qaraabo ah, saaxiib, qareen, dhakhtar, ama qof kale oo wakiil kuu noqon kara. Haddii aad rabto in uu qof ku metalo, taleefan nagula soo xiriir: Click here to enter phone number(s) si aad u magacaabato qof wakiil kaa noqda, TTY dadka nagula soo xiriiraya Click here to enter TTY number. Adiga iyo qofka aad rabto in uu ku metalo waa khasab in qoraalka lagu xaqiijinayo aad saxiixdaan oo aad taariikheysaan waxa aad rabto. Waa inaad qoraalka oo saxiixan noo soo dirto. Adiguna waa in aad koobbi ka reebato.

**Koobbiga feylka kiiskaaga**

Waxaad xaq u leedahay koobbi bilaash ah oo ah macluumaadka kiiskaaga ee la xiriira go'aankan. Macluumaadka macnihiisu waa waraaqo badan, feylka caafimaadka, iyo waxyaabaha kale ee la xiriira go'aankan, sida macluumaad cusub ama dheeraad ku ah Plan Name oo la soo uruurin karo inta lagu jiro racfaanka. Si aad u codsato koobbiga kiiska feylkaaga, Enter Contact Name kala soo xiriir Phone Number.

**Macluumaad Muhiim ah oo ku Saabsan Xuquuqdaada Racfaanka**

**Waxaa jira 2 nooc oo ah racfaan Plan Name**

**Racfaan Caadi ah –** Waxaa lagu siin doonaa go'aan qoraal ah oo ku saabsan racaafanka caadiga ah Insert appropriate term ilaa Insert appropriate term iyo ka dib marka lagaa helo racfaanka. Go'aanka adeegyada ama waxyaabaha, go'aanka wuu dheeraan karaa haddii aad soo codsato dibu-dhigid, ama haddii aan rabno macluumaad dheeraad ah oo ku saabsan kiiskaaga. Waan kuu soo sheegeynaa haddii ay nagu qaadaneyso wakhti dheeraad ah oo waan kuu sharxaynaa sababta aan u rabno wakhtiga dheeraadka ah. (Dibu-dhigid looma oggola go'aammada la xiriira Medicare Part B maandooriyaha). Haddii uu racfaankaagu yahay lacag-bixin Insert appropriate term lagaa sugaayo, waxaa lagu siin doonaa go'aan qoraal ah **60 maalmood gudahood**.

**Racfaan Degdeg ah** – Waxaa lagu siin doonaa go'aan ah degdeg **72 saacadood** gudahood racfaankaaga ka dib. Waxaad soo codsan kartaa racfaan degdeg ah haddii aad adiga ama dhakhtarkaagu rumeysan tihiin in caafimaadkaagu halis daran ku jiro oo aan go'aanka la sugi karin Insert appropriate term. Ma soo codsan kartid racfaan la dedejiyey haddii aad codsaneyso in lagaa bixiyo lacag hore laguugu lahaa Insert appropriate term.

**Waxaad si toos ah u heleysaa racfaan toos ah haddii uu dhakhtar adiga awgaa u soo codsado ama haddii dhakhtarkaagu codsigaaga taageero.** Haddii aad soo codsato racfaan degdeg ah oo uusan dhakhtar kugu taageerin, waxaa go'aan laga gaarayaa haddii aad u baahan karto. Haddii aan lagu siin racfaan degdeg ah, waxaa go'aan lagugu siin doonaa Insert appropriate term.

**Sida loo soo codsado racfaanka Plan Name**

**Tallaabada 1-aad:** Adiga, wakiilkaaga, ama dhakhtarkaagu waa in uu naga soo codsado racfaanka. Taleefan specialist phone number kula soo xiriir qof aqoon u leh xuquuqda dadka in uu kugu caawiyo racfaanka feylkaaga. Waxa kale oo aad bilaabi kartaa habraaca adigoo soo dirsanaya foomka codsiga ama waraaq. Waxaad foomka codsiga ka heli kartaa Plan Name mid ka mid ah wakiillo madaxbannaan ama ombudsman kuugu qoran qeybta ugu dambeysa waraaqdan. Ama waxaad foomka ka heli kartaa intarnetka [www.dhs.wisconsin.gov/familycare/mcoappeal.htm](https://www.dhs.wisconsin.gov/familycare/mcoappeal.htm).

Codsigaagu waa in ay ku jiraan:

* Magacaaga
* Cinwaankaaga
* Taleefanka xubnaha
* Sababaha racfaanka
* Haddii aad rabto Racfaanka Caadiga ah ama mid Degdeg ah (Racfaanka Degdegga ah, faahfaahi sababta aad ugu baahan tahay).
* Wixii caddeyn ah oo aad rabto in dibu-eegid lagu sameeyo, sida feylka caafimaadka, waraaq dhakhtar (sida dhakhtar taageeraya hadalkaaga haddii aad codsato racfaan degdeg ah), ama macluumaad kale oo faahfaahiya sababta baahidaada Insert appropriate term. La xiriir dhakhtarkaaga haddii aad macluumadkaas u baahan tahay.

Haddii aad codsaneyso racfaan ama wakhtiga oo kaa dhacay, waxaad soo codsan kartaa dibu-dhegid iyo inaad soo sheegto sababta daahidda.

Waxaan kugula talineynaa in aad koobbi ka sameysato wax kasta oo aad noo soo dirto.

**Tallaabada 2-aad:** Ku soo dir boostada, fakis, boostada intarnetka (email) ama gacantaada ku keen racfaankaaga. Ama nagala soo xiriir lambarka taleefanka hoose.

**Racfaanka Caadiga ah:** Cinwaan: Click here to enter text.

Taleefan Click here to enter phone number

Fakis Click here to enter fax.

Email: Click here to enter email.

Saacadaha Barnaamijka:

Haddii aad taleefan ku soo codsato racfaan caadi ah, waxaa laguu soo dirayaa waraaq caddeyn u ah wixii aad noo sheegatay.

**Racfaanka Degdegga ah:** Taleefan: Click here to enter phone number.

Fakis: Click here to enter fax number.

Email: Click here to enter email.

**Waxa kuugu xigi doona?**

Haddii aad soo codsato racfaan oo codsiga laguugu soo diido insert “payment of” if applicable adeeg Medicare aad hesho, waxaan kuu soo direynaa go'aan qoraal ah oo si toos ah ayaan kiiskaaga ugu direynaa dibu-eegid madaxbannaan. **Haddii dibu-eegidda madaxabannaan laguugu soo diido codsigaaga, go'aan qoraal ah ayaad ku arkeysaa faahfaahin inaad racfaan heleyso.**

Haddii aad codanseyso Medicaid adeeg Medicare lama taageero aan lagaa bixineyn, kiiskaaga uma direyno dibu-eegid madaxbannaan. Hase ahaatee, waxaad soo codsan kartaa codsi-dhageysiga gobolka haddii aad dacwo ka qabto go'aanka aan gaarnay.

|  |
| --- |
| Sida aad u soo codsaneyso Medicaid Dacwad-dhageysiga Gobolka  Haddii Plan Name codsigaaga la soo diido, waxaad sameyn kartaa tallaabooyinka hoos ku qoran si aad u codsato dacwad-dhageysiga gobolka.  Tallaabada 1-aad: Adiga ama wakiilkaaga waa in aad 90 maalmood gudahood ku soo  codsataan dacwad-dhageysiga gobolka laga soo bilaabo taariikhda ogeysiiska laguugu diiday  codsiga racfaankaaga.  Codsigaagu waa in ay ku jiraan:   * Magacaaga * Address * Taleefanka xubnaha * Sababaha codsiga dacwad-dhageysiga * Wixii caddeyn ah oo aad rabto in dibu-eegid lagu sameeyo, sida feylka caafimaadka, waraaq dhakhtar, ama macluumaad kale oo faahfaahiya sababta baahidaada wax gaar ah ama adeeg. La xiriir dhakhtarkaaga haddii aad macluumadkaas u baahan tahay.   **Tallaabada 2-aad:** Ku soo dir codsigaaga:  Request for Fair Hearing  Wisconsin Division of Hearings and Appeals  PO Box 7875  Madison, WI 53707-7875  Fakis: 608-264-9885  (If not applicable, delete entire sentence) Koobbiga ogeysiiskan waxaa loo diray: |

**Hel caawimaad & faahfaahin dheeraad ah**

* Plan Name

Taleefan Lacag La'aan Lagu Soo Garaaco: Click here to enter toll free phone number

TTY dadku waxay soo garaaci karaan: Click here to enter TTY phone number

Saacadaha Barnaamijka:

* 1-800-MEDICARE (1-800-633-4227), 24-ka saac, 7-da maalmood ee usbuus kasta. TTY dadku waxay soo garaaci karaan: 1-877-486-2048
* Medicare Rights Center: 1-888-HMO-9050
* Elder Care Locator: 1-800-677-1116 ama [www.eldercare.acl.gov](https://eldercare.acl.gov/) si aad caawimaad uga hesho deegaankaaga.
* Qofka Plan Name aqoonta u leh xuquuqda xubnaha ayaad ka heleysaa wargelinta xuquuqdaada, in aad xal u hesho racfaanka ka hor, iyo caawimaadda ah buuxinta racfaanka Qofka aqoonta u leh xuquuqdaa xubnaha **kuguma** metali karo kulankaaga Plan Name Guddiga Racfaanka & Cabashada (Grievance & Appeal Committee) ama dacwad-dhageysiga dowladda. Si aad ula xiriirto Plan Name qof aqoon u leh xuquuqda xubnaha, soo garaac, specialist phone number .
* Qof walba oo loo qabto PACE adeegyo caawimaad bilaash ah ayuu ka heli karaa qof madaxbannaan oo ah ombudsman. Xafiisyada soo socda ayaa u hadla PACE xubnaha:

**Dadka ay da'doodu tahay 18 ilaa 59:**

**Disability Rights Wisconsin**

Toll Free: 800-928-8778

TTY: 711

**Dadka ay da'doodu tahay 60 iyo ka weyn:**

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

Taleefan Lacag La'aan Lagu Soo Garaaco: 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 Shaacinta Xogta** Marka la eego sharciga yareynta waraaqaha ee Paperwork Reduction Act 1995, qofna laguma khasbi karo jawaabaha macluumaad la ururinayo haddii aan loo haysan sabab jirta oo loo cuskado OMB control number. Sababta OMB control number loo cuskanayo ururinta xogtan waa 0938-0829. Wakhtiga lagu dhammenayo ururinta macluumaadkan qiyaasta isku celceliska waa 10 daqiiqo halkii jawaab, sida wakhti lagu akhristo tilmaamaha, macaluumaad lagu raadinayo xog jirta, laguna helayo xog loo baahan yahay, iyo sameynta dibu-eegid buuxda oo ah macluumaadka la ururinayo. Haddii aad wax faallo ah ka bixineyso qiyaasta wakhtiga sida ay sax u tahay, ama aad talo nooga hayso si foomka loo hagaajin karo, noogu soo gudbi CMS, 7500 Security Boulevard, Attn:   
PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS qofna kuma takoorto barnaamijyada iyo hawlaha. Si qoraalkan loogu codsado hab kale, fadlan nagala soo xiriir taleefanka   
1-800-MEDICARE ama boostada intarnetka (email): AltFormatRequest@cms.hhs.gov