**Required Grievance and Appeal Template Language**

**Issued by the Department of Health Services (DHS) for**

**use by Managed Care Organizations (MCOs)**

As directed by the DHS-MCO contract, MCOs are required to use DHS-issued template language in certain correspondence to members regarding grievances and appeals. MCOs should copy the applicable language below and paste it into the required communication.

**Acknowledgement of grievance receipt:** MCOs are required to send an acknowledgement of receipt letter when they receive a grievance from a member. DHS does not have a template letter for this notice. DHS does require MCOs to include the following language in their notice.

**Required Language**

<<MCO name>> 于 <<date>> 收到您的申诉。我们会在 90 天内解决您的申诉，并且将在 <<date the MCO received the grievance + 90 calendar days>> 之前向您发送我们的决定。如果作出决定的所需时间超过 90 天，我们将以书面形式通知您。

如果您没有在 <<date the MCO received the grievance + 90 calendar days>> 之前收到我们寄出（带邮戳）的决定，或收到我们需要更多时间的通知，您可以要求 Department of Health Services (DHS) 审查您的申诉。DHS 与外部质量审查组织 MetaStar 签订合同，由其完成该项审查。有关如何请求审查的说明在本信的末尾。

**End of letter**:

如果我们没有在 <<date the MCO received the grievance + 90 calendar days>> 或之前向您提供书面的申诉决定书，您可以要求 MetaStar 从 <<date the MCO received the grievance + 91 calendar days>> 开始对您的申诉进行审查。您的审查请求必须在 <<date the MCO received the grievance + 90 calendar days + 45 calendar days>> **或之前**以邮寄（带邮戳）、传真或电子邮件的方式发送至 MetaStar。

要请求 MetaStar 审查您的申诉，请致电 888-203-8338。您也可以通过邮寄、传真或电子邮件的方式要求进行 DHS 审查。

DHS Family Care Grievances

MetaStar

2909 Landmark Place

Madison, WI 53713

传真：608-274-8340
电子邮件：dhsfamcare@dhs.wisconsin.gov

请在您的请求中附上本通知的副本。

**协助：谁能帮您了解本通知和您的权益？**

a. <<MCO name>> 会员权益专家可将您的权益告知于您，并协助您向 MetaStar 提交 DHS 审查请求。会员权益专家不能代表您参与审查流程。要联系会员权益专家，请致电 <<Member Rights Specialist phone number>>。

b. 任何接受 Family Care、Family Care Partnership 或 PACE (Program of All-Inclusive Care for the Elderly) 服务的人士都可以获得 **独立 ombudsman 的**免费协助。以下机构为 Family Care、Family Care Partnership 和 PACE 会员提供支持：

**18 至 59 岁的会员：**

Disability Rights Wisconsin

免费电话：800-928-8778

电传打字机：711

**60 岁及以上的会员：**

Wisconsin Board on Aging and Long Term Care

免费电话：800-815-0015

电传打字机：711

**Notice of extension of time to decide grievance**: MCOs are required to send a notice to a member when the MCO determines that they need more than the standard amount of time (90 calendar days) to make a decision on the member’s grievance. DHS does not have a template for this notice. DHS does require MCOs to include the following language in their notice.

**Required Language**

如果您在 <<date the MCO received the grievance + 90 calendar days + number of additional extension days>>之前没有收到我们寄出（带邮戳）的决定，您可以要求 Department of Health Service (DHS) 审查您的申诉。DHS 与外部质量审查组织 MetaStar 签订合同，由其完成该项审查。有关如何请求审查的说明在本信的末尾。

**End of letter**:

如果我们没有在 <<date the MCO received the grievance + 90 calendar days + number of additional extension days>> 或之前向您提供书面的申诉决定书， 您可以要求 MetaStar 从 <<date the MCO received the grievance + 90 calendar days + number of additional extension days +1 calendar day>> 开始对您的申诉进行审查。您的审查请求必须**在** <<date the MCO received the grievance + 90 calendar days + number of additional extension days + 45 calendar days>> **或之前**以邮寄（带邮戳）、传真或电子邮件的方式发送至 MetaStar。

要请求 MetaStar 审查您的申诉，请致电888-203-8338。您也可以通过邮寄、传真或电子邮件的方式要求进行审查。

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a. <<MCO name>> 会员权益专家可将您的权益告知于您，并协助您向 MetaStar 提交 DHS 审查请求。会员权益专家不能代表您参与审查流程。要联系会员权益专家，请致电 <<Member Rights Specialist phone number>>。

b. 任何接受 Family Care、Family Care Partnership 或 PACE (Program of All-Inclusive Care for the Elderly) 服务的人士都可以获得 **独立 ombudsman 的**免费协助。以下机构为 Family Care、Family Care Partnership 和 PACE 会员提供支持：

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**Grievance decision letter:** MCOs are required to make a decision on a member’s grievance and send notice to the member explaining the decision. DHS does not have a template letter for this notice. DHS does require MCOs to include the following language in their grievance decision letter.

**Required Language**

**End of letter**:

如果您不同意我们对您的申诉所作出的决定，您可以要求 Department of Health Services (DHS) 进行审查。DHS 与外部质量审查组织 MetaStar 签订合同，由其完成该项审查。MetaStar 将做出最终决定。

您对我们的申诉决定的审查请求必须在收到本通知后 **45 个日历日内** 以邮寄（带邮戳）、传真或电子邮件的方式发送至 MetaStar。

要请求 MetaStar 审查您的申诉，请致电 888-203-8338。您也可以通过邮寄、传真或电子邮件的方式要求进行审查。

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**Acknowledgement of appeal receipt:** MCOs are required to send out an acknowledgement of receipt letter when they receive an appeal from a member. DHS does not have a template for this notice. DHS does require MCOs to include the following language in their notice.

**Required Language**

<<MCO name>>收到了您于<<date>>提出的上诉。

我们会在 30 天内解决您的上诉，并且将在 <<date the MCO received the appeal + 30 calendar days>> 之前向您发送我们的决定。如果作出决定的所需时间超过 30 天，我们将以书面形式通知您。如果您没有在 <<date the MCO received the appeal + 30 calendar days>> 之前收到我们寄出（带邮戳）的决定，或收到我们需要更多时间的通知，您可以申请举行州公平听证会。有关如何申请举行州公平听证会的说明见本信末尾。

**End of letter**:

如果我们没有在 <<date the MCO received the appeal + 30 calendar days>> 或之前向您提供书面的上诉决定书，您可以申请从 <<date the MCO received the appeal + 31 calendar days>> 开始举行州公平听证会。 您的州公平听证会申请必须**在** <<date the MCO received the appeal + 30 calendar days + 90 calendar days>> **或之前**以邮寄（带邮戳）或传真的方式发送至 Wisconsin Division of Hearings and Appeals (DHA)。

如果您要求举行州公平听证会，将有一名独立的行政法法官（Administrative Law Judge, ALJ）主持您的听证。您可以随带一名辩护人、朋友、家人或证人。您还可以在听证会上出示证据并提供证词。

<<MCO name>> 的会员权益专家可协助您提出公平听证请求。要联系会员权益专家，请致电 <<member rights specialist phone number>>。您也可以从本通知末尾所列的独立 ombudsman 机构处或 [www.dhs.wisconsin.gov/library/f-00236.htm](http://www.dhs.wisconsin.gov/library/f-00236.htm)上获取听证会表格。

将填妥的申请表或申请听证会的信函及本通知的副本寄至：

Family Care Request for Fair Hearing

Wisconsin Division of Hearings and Appeals

PO Box 7875

Madison, WI 53707-7875

传真：608-264-9885

**协助：谁能帮您了解本通知和您的权益？**

a. <<MCO name>> 会员权益专家可将您的权益告知于您，协助您填写和提交书面上诉，并协助您要求举行公平听证会。会员权益专家不能代表您参加我们的申诉和上诉委员会（Grievance and Appeal Committee）会议或州公平听证会。如需联系会员权益专家，请拨打 <<Member Rights Specialist phone number>>。

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如果您没有在 <<date the MCO received the appeal + 30 calendar days + number of additional extension days>> 收到我们寄出（带邮戳）的决定，您可以要求举行州公平听证会。有关如何申请举行州公平听证会的说明见本信末尾。

**End of letter**:

如果我们没有在 <<date the MCO received the appeal + 30 calendar days>> 或之前向您提供书面的上诉决定书，您可以申请从 <<date the MCO received the appeal + 31 calendar days>> 开始举行州公平听证会。 您的州公平听证会申请必须**在** <<date the MCO received the appeal + 30 calendar days + 90 calendar days>> **或之前**以邮寄（带邮戳）或传真的方式发送至 Wisconsin Division of Hearings and Appeals (DHA)。

如果您要求举行州公平听证会，将有一名独立的行政法法官（Administrative Law Judge, ALJ）主持您的听证。您可以随带一名辩护人、朋友、家人或证人。您还可以在听证会上出示证据并提供证词。

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