# Waraaqda Go'aanka Lacagbixinta

# *MUHIIM: Si aad u hesho caawimaad ah ogeysiiskan, la soo xiriir <Plan Name> at <Plan customer service phone number> (TTY: <TTY number>) OR <Ombudsman or other program office> taleefanka <phone number> (TTY: <TTY number>)]*

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

[*Insert Member name*]

Lambarka Qorshehaaga Ceymiska Caafimaadka:

Waraaqdan/qoraalkan waxa uu ku saabsan yahay:

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

<Plan name> waxaa laga wadaa “ceymiska” ama “anaga” waraaqdan. Waxaan nahay qorshe ceymis caafimaad oo qandaraas kula jira Medicare iyo Medicaid [*Replace with state-specific term for Medicaid, if applicable*] si ay uga shaqeeyaan bixinta kharashka labada ceymis. Qorshaha ceymiska ee Medicare iyo Medicaid waxa uu ku xiran yahay [*Replace with state-specific term for Medicaid, if applicable*], adeegyada iyo dhakhaatiirta, isbitaallada, farmashiyeyaasha, iyo goobaha kale ee caafimaadka.

### Qorsheheenu <wuu diiday *or* qeyb ahaan ayuu diiday *or* wuu yareeyey *or* wuu joojiyey *or* wuu hakiyey *or* wuu beddelay> [*Insert if applicable*: wuxuu bixiyey] kharashka <adeegyada caafimaadka/wax ah *or* Daawada Qeybta *or* Daawada Medicaid> ee hoos ku qoran:

[*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*: **Fadlan ogow, waxaa lagugu soo dallacayaa kharashka ama lacagta lagaa rabo ee** *[insert as applicable:* **adeegyada caafimaadka/waxa ah** *or* **Daawada Qeybta B** *or* **Daawada Medicaid***]****.****]*

Qorshaha ceymiska ayaa go'aankan soo gaaray sababtoo ah [*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:* **Qorsheheenu wuxuu** <**yareynayaa** *or* **joojinayaa** *or* **hakinayaa**> **adeegyadaada** *<***caafimaadka/waxa ah** *or* **Qeybta daawada B** *or* **daawada Medicaid***>* taariikh *<***effective date***>* Eeg cinwaanka “Sida aad ku heli karto <adeegyada caafimaadka/waxa ah *or* Medicare Qeybta daawada B *or* daawada Medicaid> inta uu kuu socdo racfaanka” qeybta dambe ee waraaqdan oo ah macluumaadka laguugu sii wadayo <adeegyada caafimaadka/waxa ah *or* Medicare Qeybta daawada B *or* daawada Medicaid> inta uu kuu socdo racfaanka.*]*

## Waxaad xaq u leedahay in aad racfaan ka qaadato go'aankan.

Racfaan ayaad go'aankan ka qaadan kartaa. Waraaqdan waa in aad tusto <dhakhtarkaaga *or* shaqaalaha caafimaadka> oo weydiiso waxaad sameyn karto. Haddii aad rafcaan ka qaadato oo wax laga beddelo qorshaha go'aanka ceymiska, waxa laga yaabaa in lagaa bixiyo <adeegyada caafimaadka*/*waxa ah *or* daawada Qeybt B *or* daawada Medicaid>.

Waxa kale oo aad soo garaaci kartaa *<plan phone number for appeal requests*> (*TTY*: *<TTY number>*) oo waxaad na weydiisan kartaa macluumaadka aan go'aanka ku gaarnay. Waxaa ka mid noqon kara feylka caafimaadka, habraacyada, iyo waxyaabo kale. Waa in aad macluumaadkan u geyso <dhakhtarka *or* shaqaalaha caafimaadka> si ay kaaga caawiyaan in aad go'aansato haddii ay dan kuugu jirto in aad rafcaan qaadato.

**Waa in aad racfaan ka qaadato qorshaha kama-dambeys** [*Insert specific appeal filing deadline date in month, date, year format – 65 calendar days from date of letter. Insert deadline date in bold text*]**.** Ceymiska caafimaadka wakhtiga ayuu kuu dheereyn karaa markaad sabab sax ah u haysato.

## Waxaa jira laba nooc oo ah racfaan.

**Waxaa jira laba nooc oo rafcaan ah—rafcaan caadiga ah iyo rafcaan degdeg ah.**

1. Haddii aad soo xareysato **racfaanka caadiga ah**, waxaa go'aan qoraal ah laguugu soo diri doonaa [*for a Part B drug, insert:* **7 maalmood oo isku xiga** *or for any other medical service/item, insert:* **30 maalmood oo isku xiga** *or a shorter timeframe if required by the state*] **ka dib markaan kaa helno racfaanka**.
2. Haddii aad soo xareysato **racfaanka degdeg ah**, waxaa go'aanka laguugu soo diri doonaa ilaa [*insert:* **72 saacadood** *or a shorter timeframe if required by the state*]  **ka dib markaan kaa helno racfaanka**. Waxaad soo codsan kartaa racfaan degdeg ah haddii aad adiga ama <dhakhtarkaaga *or* shaqaalaha caafimaadka> rumeysan tihiin in uu caafimaadkaagu **si weyn uga sii darayo** markaad sugtaan ilaa [*for a Part B drug, insert:* **7 maalmood oo isku xiga** *or for any other medical service/item, insert:* **30 maalmood oo isku xiga** *or a shorter timeframe if required by the state*] oo go'aan la soo gaari doono.

Qorshaha ceymiska **wuxuu si toos ah** racfaan degdeg ah kuu siinayaa haddii ay <**dhakhtarka** *or* **shaqaalaha caafimaadka**> **adiga kuu soo codsadaan** ama haddii ay <**dhakhtarka** *or***shaqaalaha caafimaadka**> **taageeraan codsigaaga**. Haddii aad soo xareysato rafcaanka degdeg ah adiga oo aan taageero ka haysan <dhakhtar *or*shaqaalah caafimaadka>, ceymiska ayaa soo go'aasan doona haddii aad heli karto racfaanka degdeg ah. Haddii ceymisku kaa yeeli waayo racfaan degdeg ah, waxaa go'aanka racfaanka laguugu soo diri doonaa ilaa [*for a Part B drug, insert:* **7 maalmood oo isku xiga** *or for any other medical service/item, insert:* **30 maalmood oo isku xiga** *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:* Racfaanka caadiga ah iyo kan degdegga ah, labadaba go'aankoodu waxa uu nagu qaadan karaa wakhti dheer haddii aad soo codsato ama haddaan kaa rabno macluumaad dheeraad ah. Ceymisku wuxuu kuu soo diri doonaa waraaq uu kuugu soo sheegi doono haddii loo baahan yahay wakhti dheeraad ah iyo sababta.]

## Sida loo soo xareysanayo racfaanka

Adiga, qof aad hab qoraal ah ku soo magacaabatay oo wakiil kuu ah (sida qaraabo, saaxiib, ama qareen), ama <dhakhtarka *or* shaqaalaha caafimaadka> ayaa codsiga soo diri kara. Mid ka mid ah siyaabaha hoose ayaad ceymiska ula soo xiriiri kartaa si aad rafcaan u qaadato:

* **Taleefanka:** Soo garaac *<plan phone number for appeal requests>* (TTY: *<TTY number>*)
* **Fakiska:** Fakiska ku soo dir *<plan fax number for appeal requests>*
* **Boostada:** Ku soo dir cinwaanka *<plan mailing address for appeal requests>*
* [*Insert if appropriate:* **Adigoo Keena:** Waxaad u keentaa *<plan in-person delivery address>]*

Haddii rafcaankaagu yahay mid qoraal ah, koobbi ka sameyso. Haddii aad taleefan ahaan ku soo codsato, waxaan kuu soo direynaa waraaq ay ku qoran tahay wixii aad taleefanka noogu sheegtay.

Markaad racfaan qaadaneyso, waa in aad ceymiska u soo sheegto:

* Magacaaga
* Cinwaankaaga ama cinwaanka laguugu soo dirayo macluumaadka racfaankaaga. (Haddii aadan cinwaan haysan, si kasta racfaan waad qaadan kartaa.)
* Lambarkaaga aqoonsiga ee ceymisku ku siiyey
* Sababta(sababaha) aad racfaanka uga qaadaneyso go'aanka
* Haddii aad rabto rafcaan ah caadi ama mid degdeg ah. (Racfaanka degdegga ah, noo sheeg sababta aad ugu baahan tahay.)
* Wax kasta oo aad rabto in ceymisku kuu eego oo muujinaya sababta aad ugu baahan tahay <adeegga caafimaadka/ waxa ah *or* Qeybta daawada B *or* daawada Medicaid>. Tusaale ahaan, waxaad noo soo diri kartaa:
	+ Feylkaaga caafimaadka ee <dhakhtarka *or* shaqaalaha caafimaadka>,
	+ Waraaq ka socota <dhakhtarka *or* shaqaalaha caafimaadka> (sida qoraal ah caddeynta <dhakhtarka *or* shaqaalaha caafimaadka> oo ka hadleysa sababta racfaanka degdegga ah), ama
	+ Macluumaad kale oo sheegaya sababta aad ugu baahan tahay <adeeg caafimaad/waxa ah *or* Qeybta daawada B *or* daawada Medicaid>

Si aad u hesho macluumaadka sida rafcaanka loo sameysto, soo garaac Xafiiska Macaamiisha taleefankooda ah *<toll-free plan Member Services phone number>* (TTY: *<toll-free TTY number>*). Waxaad sidoo kale macluumaadka ka heli kartaa ceymiska [*insert Evidence of Coverage, Member or Enrollee Handbook, or other term plan uses*], [*p*lans may insert chapter and/or section reference, as applicable]. Wax kasta oo cusub [*insert Evidence of Coverage, Member or Enrollee Handbook, or other term plan uses*] waxaa mar kasta laga heli karaa barteena intarnetka ee *<web address>* ama marka taleefan lagula soo xiriiro ceymiska.

## *[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:* Sida laguugu soo wadi aro <adeegyada caafimaadka*/*waxa ah *or* Qeybta daawada B *or* daawada Medicaid> intuu kuu socdo racfaanka

Haddii laguu sii wado <adeeg caafimaad/ waxa ah *or* Qeybta daawada Medicare B *or* daawada Medicaid > oo ku qoran bogga hore ee waraaqdan, waxaad soo codsan kartaa in laguu sii wado inta uu racfaanku kuu socdo.

* **Waa in aad racfaad ka qaadato oo aad ceymiska ka soo codsato in laguu sii wado** <**adeegyada caafimaadka*/*waxa ah** *or* **Qeybta daawada Medicare B** *or* **daawada Medicaid**> **kama-dambeys** [*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*].
* Ka eego qeybta kore ee waraaqdan "Sida rafcaanka loo qaato" wixii macluumaad ah oo ku saabsan sida ceymiska loola soo xiriiro.
* Haddii aad codsato in laguu sii wado <adeegyada caafimaadka*/*waxa ah *or* Qeybta daawada Medicare B *or* daawada Medicaid> kama-dambeys [*Insert continuation of benefits request filing date*], <adeeggaaga caafimaadka*/*waxa ah *or* Qeybta daawada Medicare B *or* daawada Medicaid> waxba iskama beddeleyaan inta uu racfaanku socdo.
* Haddii <dhakhtar *or* shaqaale caafimaad> adiga kuu soo gudbiyaan racfaanka oo aad rabto in laguu wado <adeegyada caafimaadka*/*waxa ah *or* Qeybta daawada Medicae B *or* daawada Medicaid>, markaas <dhakhtarka *or* shaqaalaha caafimaadka> waa in ay ku jiraan oggolaanshahaaga qoraalka ah.

## Waxa dhacaya markaas ka dib

Racfaanka ka dib, ceymisku wuxuu kuu soo diri doona waraaqda go'aanka rafcaanka si laguugu sheego haddii lagaa yeelay ama lagaa diiday racfaankaagii. Haddii ceymisku kaa diido [*Insert if applicable*: lacagbixin ah] <adeegyada caafimaadka/waxa ah *or* Qeybta daawada Medicare B *or* daawada Medicaid> ee ku qoran bogga hore ee Waraaqda Go'aanka Lacagbixinta, waraaqda go'aanka rafcaanka ayaa laguugu soo sheegi doonaa waxa kuugu xigi doona, sida macluumaadka ku saabsan rafcaanka Heerka 2aad ee Medicare ama sida loo soo codsado *<state name>* Dacwad-dhageysi Caddaaladeysan [*Insert if appropriate:* (oo waxaa la yiraahdaa *<state-specific term for Fair Hearing>*)].

## Waxaad sameyneyso haddii lagaa caawinayo racfaankaaga

Waxaad heli kartaa in uu qof kuu xareeyo racfaanka oo uu magacaaga kugu matalo. Waa in aad marka hore qoraal ahaan ugu magacaabato in uu qofku “wakiil” adiga kuu yahay oo aad raacdo tallaabooyinka hoose. Wakiil waxaa kuu noqon kara qof kuu ah qaraabo, saaxiib, qareen, dhakhtar, shaqaalaha caafimaadka, ama qof kasta oo kale oo aad ku kalsoon tahay.

Haddii aad rabto in uu qof kuu xareeyo racfaanka:

* Soo garaac taleefanka ceymiska ee *<plan phone number for representative requests>* (TTY: *<TTY number>*) si aad u fahamto sida aad u magacaaban karto qofka wakiilka kuu noqonaya. Ama, waxaad booqan kartaa [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.*]
* Adiga iyo wakiilka waa inaad saxiixdaan oo aad taariikhda ku qortaan waraaqda caddeynta ah.
* Caddeyntaas noogu soo dir boostada ama fakis ahaan:

*<plan address for representative requests>*

*<plan fax number for representative requests>*

* Adiguna koobbi ka sameyso.

## Caawimaad iyo faahfaahin waxaad ka heleysaa

* **<Plan name> Adeegyada Macaamiisha** Soo garaac *<toll-free plan Member Services phone number>* (TTY: *<toll-free TTY number>*), *<days and hours of operation>*. Waxa kale oo aad booqan kartaa *<plan website>.*
* [*If the state uses an Ombudsman or other enrollee support program, insert the following language, with state-specific information here:* **Wakiilka Madaxabannaan**: Wakiilka Madaxabannaan wuxuu ka jawaabi karaa su'aalaha haddii aad dhibaato kala kulanto racfaankaaga. Waxa uu sidoo kale kaa caawin karaan in aad fahamto waxa xiga ee aad sameyn doonto. Shaqaalahan kuma xirna qorshaha ama ceymiska caafimaadka ama qorsheyaasha ceymiska. Adeegyada ay qabtaan waa bilaash.]

**Xubnaha da'doodu tahay 18 jir ilaa 59 jir:**

**Ururka Xuquuqaha Naafada ee Wisconsin**

Taleefan Lacag La'aan ah: 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/)

**Xubnaha da'doodu tahay 60 iyo ka weyn:**

**Wisconsin Board on Aging and Long Term Care (Guddiga Wisconsin ee Waayeelka iyo Daryeelka Muddada Dheer)**

Taleefan Lacag La'aan ah: 800-815-0015

TTY: 711

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

* **Aging and Disability Resource Centers (Xarumaha Tasiilaadka Waayeelka iyo Naafada ama ADRC).** Booqo [www.dhs.wisconsin.gov/adrc/consumer](http://www.dhs.wisconsin.gov/adrc/consumer) oo ka baaro ADRC xafiiskooda kuugu dhow.
* **Wisconsin State Health Insurance Assistance Program (Barnaamijka Kaalmada Ceymiska Caafimaadka Dowladda ama SHIP)**: Soo garaac 800-242-1060 (TTY: 711). La-taliyeyaasha barnaamijka Caawimaadda ee Medigap ayaa kugu caawin kara dacwadaha Medicare, oo waxaa ka mid ah sida loo codsado racfaanka. Medigap Helpline kuma xirna shirkadaha ceymiska caafimaadka ama qorsheyaasha ceymiska. Adeegyada ay qabtaan waa bilaash. <https://longtermcare.wi.gov/Pages/Medigap.aspx>
* **Medicare:** Soo garaac 1-800-MEDICARE (1-800-633-4227), 24 saac ee maalin kasta, 7da maalmood ee usbuuca (dadka isticmaala TTY waa in ay soo garaacaan 1‑877‑486‑2048). Ama, booqo [Medicare.gov](http://www.Medicare.gov).
* **Xarunta Xuquuqaha Medicare:** Soo garaac 1-800-333-4114, ama booqo [www.medicarerights.org](http://www.medicarerights.org/).
* **Daryeelka Waayeelka**: Soo garaac 1-800-677-1116, ama booqo [www.eldercare.acl.gov](http://www.eldercare.acl.gov) si aad caawimaad ugu hesho bulshada gudaheeda.
* Su'aalaha Daawooyinka Dhakhtarka

**Xubnaha da'doodu tahay 18 jir ilaa 59 jir:** Soo garaac Taleefanka Caawimaadda Naafada ee Daawooyinka Dhakhtarka 800-926-4862.

**Xubnaha da'doodu tahay 60 iyo ka weyn:** Soo garaac qorshaha Qeybta D Taleefanka Caawimaadda Daawooyinka Dhakhtarka 855-677-2783.

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

Waxaad waraaqahan oo bilaash ah ku heli kartaa [*Insert, as appropriate*: *<*non-English language(s)> or] siyaabo kale, sida far waaweyn, farta indhoolaha, ama cajalad cod ah oo duuban. Soo garaac *<toll-free phone and TTY numbers, days and hours of operation>*. Taleefankuna waa lacag la'aan.

Waxaad xaq u leedahay in aad macluumaadka Medicare ku heli karo habka naafada, sida far waaweyn, farta indhoolaha, ama cajalad cod a oo duuban. Waxa kale oo aad xaq u leedahay in aad soo xareysato cabasho haddii lagu takooro. Booqo [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), ama soo garaac 1-800-MEDICARE (1-800-633-4227) oo aad ka heleyso macluumaad dheeraad ah. Taleefanka TTY waxay soo garaacayaan 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)*]*