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| [Insert MCO logo here] |

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| **FAMILY CARE** **OGEYSIINTA GO'AAMINTA DIIDMADA MANAAFACAADKA****NOTICE OF ADVERSE BENEFIT DETERMINATION** |
| Insert Date Notice Mailed |
| Member Name | Member ID: Member's ID or MCI Number |
| Member/Legal Decision Maker's Street Address |
| City, State Zip Code |
| Gacaliye Members Name, |

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| **<<Use the three sentences below for all adverse benefit determinations except denials of provider claims. Then delete the provider claim denial specific language and these instructions.>>**Ogeysiintaan waxay xaqiijineysaa wadahadalkeena ee insert date. |
| Adeega ama taageerada laga hadlayo waa: insert service in question |
| Kadib dib kuula eegida dooyada iyada oo la isticmaalayo Resource Allocation Decision (Go'aanka Qoondeynta Illaha) (RAD) nidaamka, waxaan ku go'aansanay inaan:**<<For denials of provider claims, delete the three sentences above and use the following six sentences in their place. Then delete these instructions.>>**Insert provider name waxaan ka helnay codsi ah in la bixiyo lacag ah adeeg ama hawl laguu qabtay. Ficilkaas waxaa la yiraahdaa "qaansheegad." Wisconsin Department of Health Services (Waaxda Adeegyada Caafimaadka ee Wisconsin) waxay ay go'aansatay in aan Insert provider name wax lacag ah lagu siin karin qaansheegadkaas.Marka qaansheegad la diido ma aha khalad aad adigu sameysay. Adigu masuul **kama** tihid in aad lacag na siiso annaga, <<insert provider name>>, ama qof kale.Faahfaahinta diidmadan waa sida hoos ku qoran: |

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| [ ]  **Joojino adeega hadeer.** |
| Taariiqda bilowga ee tallaabada loogu tallogalay: |       |  |
| [ ]  **Yarey adeega hadeer.** |
| Taariiqda bilowga ee tallaabada loogu tallogalay: |       |  |
| Sharaxaada heerka hadeer: |       |
| Heer cusub yareynta kadib: |       |
| [ ]  **La joojiyay adeega hadeer.** |
| Taariiqda bilowga ee tallaabada loogu tallogalay: |       |  |
| Adeega taariiqda la filayo way soo laabaneysaa: |       |  |

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| [ ]  **Diidmada codsiga adeega ama taageerada.** |
| Taariiqda codsiga: |       |  |
| [ ]  **Yareynta codsi ah adeeg ama taageerid.** |
| Taariiqda codsiga: |       |  |
| Sharaxaada heerka la codsaday: |       |
| Heerka la ansixiyay ee adeega ama taageerada: |       |
| [ ]  **Diidmada lacag bixinta adeegga ama caawinta (codsiga qofka).** |
| Taariiqda codsiga: |       |  |
| Taariiqda (taariiqaha) adeega la bixiyay: |       |
| Bixiyaha ama qeybiyaha: |       |
|  Lacag bixinta tirada la diiday: $      |  |
| **[ ]  Diidmada lacag bixinta adeegga ama caawinta (qaansheegadka dhakhtarka).** |
| Adeeg ama caawimaad: |       |
| Taariikh(aha) Diidmada: |       |
| Taariikh(aha) qaansheegad(yada): |       |
| Dhaktar/Qalab: |       |
| **Sababta go'aankeena waa mida**: [ ]  Adeega ama taageerada ma ahan qaab wax ku ool ah oo lagu taageero natiijadaada (natiijooyinkaaga).[ ]  Uma baahnid adeegaan ama heerka adeega ama taageerada lagu taageerayo natiijadaada.[ ]  Waxaan kol hore taageereynaa natiijadaada oo qaab kale.[ ]  Adeega ama taageerada aad heshay lama ansixin.[ ]  Taageerid aan Rasmi ahayn ayaa la ogaaday oo waxaa la isku raacay in laguu qabto adeeg ama taageerid. [ ]  Adeegga ama taageeridda waxaa sameeya qof qoyskaaga ka mid ah oo adeegga ama taageeridda waxay manaafacaad u tahay dad kale oo guriga kugula nool.[ ]  Wax kale:       |
| Sharaxaada go'aanka: This detailed explanation is for the member. The rationale used to make the decision should always be included along with any recommended alternative(s). |
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| Haddii aad ku diido go'aankaan, boggaga xigga wuxuu sharaxayaa dooqyadaada. |
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| Daacadnimo,care manager namecare manager titlephone number RN care manager nameRN Care Manager titlephone number |
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| **Xuquuqda Racfaanka** |
| 1. **Sida go'aankan racfaan looga qaato**
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| **<<Include the paragraph directly below for denials of provider claims and delete these instructions. If the adverse benefit determination is unrelated to a denial of a provider’s claim, delete the paragraph below and these instructions>>**Waxaad xaq u leedahay in aad racfaan ka soo qaadato faahfaahinta qaansheegadka Provider name, laakiin khasab **kuguma** aha in aad sidaas sameyso. Haddii aad racfaan ka qaadato ama aadan ka qaadan, masuul kama tihid bixinta lacag ka mid ah qaansheegadka aan ka helnay, Provider name, ama dhakhtar kale. |

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| Haddii aadan ku qancin go'aankan, nagula soo xiriir waraaq, taleefan, fakis, ama cinwaanka boostada intarnetka (email):MCO nameMCO addressappropriate contact phone numberappropriate fax numberappropriate email addressWaxaad Codsiga Racfaanka ka heli kartaa intarnetka [www.dhs.wisconsin.gov/familycare/mcoappeal.htm](http://www.dhs.wisconsin.gov/familycare/mcoappeal.htm), ama taleefan kula soo xiriir mid ka mid ah xafiisyada wakiil ombudsman madax bannaan oo kuugu qoran dhinaca hoose ee ogeysiiskan.**Ogeysiiskan soo raaci koobbiga waraaqda ama foomka kuu buuxsan.**  |
| 1. **Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee)**

Ka dib marka ay MCO name soo gaarto codsigaaga, waxaa laguu sameynayaa kulan aad la yeelato Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee). Guddigu wuxuu ka kooban yahay wakiillada MCO name iyo ugu yaraan hal qof oo adeeg naga hela (ama qof kale oo metala qofkaas). Waxaad xaq u leedahay in aad timaaddo haddii aad rabto. Waxaa ku soo raaci kara qof kuu hadla, saaxiib, xubin qoyskaaga ka mid ah ama markhaati. Waxa kale oo aad guddiga u soo bandhigi kartaa caddeyn iyo inaad adigu hadasho.Waxaa laguu soo diri doonaa go'aan qoran oo ah racfaankaagii. Haddii aadan ku qanacsaneyn go'aanka Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee), waxaad codsan kartaa dacwad-dhageysiga gobolka. Eeg qeybta hoose ee "dacwad-dhageysiga gobolka" oo waa faafaahin dheeraad ah. |

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| **<<Delete the “3. Continuation of services” section in its entirety for situations involving a request for a new service, a member request for payment of a service/support, or a denial of a provider’s claim. Keep the section for reductions, suspensions, or terminations of a current service. After deciding whether to include or exclude the section, delete these instructions.>>**1. **Adeegyada in la sii wado**

Haddii aad qaadato lacag adigoo racfaan soo codsaday ka hor intaysan lacagtaadu is beddelin, lacagtaas waad sii qaadan kartaa ilaa ay racfaankaaga go'aan ka gaaraan Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee). Haddii aad rabto inaad sii qaadato lacagtaada inta racfaanku socdo, **waxaa khasab ah in aad codsigaaga boosto ahaan ugu soo dirto si ah waraaq, fakis, ama boostada intarnetka (email) kama-dambeys** **insert effective date of intended action**. Haddii Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee) ay yiraahdaan MCO name, go'aankoodii ayaa sax ahaa, waxaa laga yaabaa inaad dib u soo celiso lacagihii aad qaadatay intii u dhaxeysay wakhtigii aad racfaanka soo codsatay iyo wakhtigii ay go'aanka gaareen Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee). Hase yeeshee, haddii ay kugu keeneyso culeys dhaqaale oo weyn, waxaa laga yaabaa in lagaa cafiyo inaad lacag soo celiso. |

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| 1. **Kama-dambeys marka aad racfaan u soo dirsaneyso MCO name**

Waa in aad racfaankaaga u soo gudbisato sida ugu dhakhso badan.Racfaankaagii MCO name waxaa khasab ah in aad codsigaaga boosto ahaan ugu soo dirto si ah waraaq, fakis, ama boostada intarnetka (email) kama-dambeys ilaa 60 maalmood maalintii la soo diray ee ku qoran bogga hore ee ogeysiiskan. **Digniin**: Haddii aad qaadaneyso lacagtaada inta racfaanku socdo, waxaa khasab ah in aad racfaankaaga boosto ahaan ugu soo dirto si ah waraaq, fakis, ama boostada intarnetka (email) **insert effective date of intended action**. |
| 1. **Degdegsiinyaha racfaankaaga ee MCO name**

Waxaad ka soo codsan kartaa MCO name in laguu dadajiyo racfaankaaga. Haddii go'aanka MCO name wakhtiga caadiga ah ee uu qaadanayo uu halis daran ku yahay caafimaadkaaga iyo awoodda aad ku qabsan karto shaqadaada maalin kasta, waxaa laguu ballan qaadayaa racfaan degdeg ah oo la yiraahdo “expedited appeal.” Taas macnaheedu waa in aad go'aanka codsigaaga ku heli karto muddo ku siman 72 saacadood. Haddii aad rabto inaad go'aanka degdegga ah fahamto, kala xiriir MCO name taleefanka MCO phone number. |
| 1. **Dacwad-dhageysi heer gobol**

Waxaad xaq u leedahay inaad soo codsato dacwad-dhageysiga gobolka haddii aadan ku qanacsaneyn go'aanka racfaankaaga ee Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee). Haddii aad soo codsato dacwad-dhageysiga gobolka, waxaa dacwad-dhageysiga kuu sameyn doona Garsooraha Dacwooyinka Dowladda (Administrative Law Judge ama ALJ). Waxaa ku soo raaci kara qof kuu hadla, saaxiib, xubin qoyskaaga ka mid ah ama markhaati. Waxa kale oo aad dacwad-dhageysiga ku soo bandhigi kartaa caddeyn iyo in aad adigu kiiskaaga ka hadasho. MCO name oo aqoon u leh xuquuqda xubnaha ayaa kugu caawin kara buuxinta codsiga dacwad-dhageysigaaga. Si aad ula xiriirto qof aqoon u leh xuquuqda xubnaha, soo garaac Member Rights Specialist phone number. Waxaad foomka dacwad-dhageysiga ka heleysaa mid ka mid ah xafiisyada wakiillada ombudsman madax bannaan oo ku qoran dhinaca hoose ama aad ka heleyso intarnetka [www.dhs.wisconsin.gov/library/f-00236.htm](http://www.dhs.wisconsin.gov/library/f-00236.htm).Codsigaaga oo buuxsan iyo koobbiga ogeysiiskan u soo dir warqad ahaan adigoo soo sheegaya in aad rabto dacwad-dhageysi: Family Care Request for Fair HearingWisconsin Division of Hearings and AppealsPO Box 7875Madison, WI 53707-7875Fakis: 608-264-9885**Digniin Muhiim ah:** Ma soo codsan kartid dacwad-dhageysiga gobolka ilaa aad ka hesho go'aanka racfaankaaga Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee) ama MCO name aad uga heli weydo go'aankaagii oo qoraal ah 30 cisho gudahood markaad hesho racfaankaaga. Waxaad haysataa 90 maalmood maalinta aad hesho go'aanka qoraalka ah ee racfaankaaga ee Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee) si aad u codsato dacwad-dhageysiga gobolka. Haddii MCO name aad ka heli weydo go'aan qoraal ah 30 maalmood gudahood, 90-ka maalmood ayaa kuu bilaabaneysa maalinta ku xigta ee markay kuu dhammaato 30 maalmood.  |
| 1. **Yaa kugu caawin kara fahamka ogeysiiskan iyo xaquuqahaaga?**
	1. MCO name oo aqoon 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 xuquuqda xubnaha **kuguma** metali karo kulanka Guddiga Racfaanka iyo Cabashada (Grievance and Appeal Committee) ama dacwad-dhageysiga gobolka. Si aad ula xiriirto qof aqoon u leh xuquuqda xubnaha, soo garaac Member Rights Specialist phone number.
	2. Qof walba oo loo qabto adeegyada Family Care (Daryeelka Qoyska) wuxuu caawimaad bilaash ah ka heli karaa wakiil ah **ombudsman madax bannaan**. Xafiisyada soo socda ayaa u hadla xubnaha Family Care (Daryeelka Qoyska):
 |
| **Dadka ay da'doodu tahay 18 ilaa 59:**Disability Rights Wisconsin Taleefan Bilaash ah: 800-928-8778TTY: 711 |
| **Dadka ay da'doodu tahay 60 iyo ka weyn:**Wisconsin Board on Aging and Long Term Care Toll Free: 800-815-0015TTY: 711 |
| **Koobbiga feylka kiiskaaga** Waxaad xaq u leedahay koobbi bilaash ah oo ah macluumaadka kiiskaaga ee la xiriira go'aankan. Macluumaadka waxaa looga jeedaa waraaqo, feylka caafimaadka, iyo waxyaabaha kale ee go'aankan la xiriira. Haddii aad racfaan ka qaadato go'aankan, waxaad xaq u leedahay macluumaad kasta oo cusub ama lagu daray kiiskaaga oo uu MCO name uruuriyey intii lagu jiray racfaankaaga. Si aad koobbi uga codsato feylka kiiskaaga, kala soo xiriir appropriate contact taleefanka phone number. |