



**Quartz Medicare Advantage (HMO)**

840 Carolina Street  
Sauk City, WI 53583

**Important:** This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help and more information.”

**NOTICE OF DENIAL OF MEDICAL COVERAGE**

---

**Date:** **Member ID Number:**

**Member Name:**

**Address:**

**City, State, ZIP:**

**Date(s) of Service:**

**Provider:**

---

**Your request was denied**

We’ve denied the payment of medical services / items listed below requested by you or your provider:

---

(Name the specific medical service or item)

**Why did we deny your request?**

We denied the medical services/items listed above because:

As a Medicare Advantage plan, Quartz Medicare Advantage must provide covered services according to the coverage guidelines established by Original Medicare. This is stated in your Quartz Medicare Advantage Evidence of Coverage booklet in Chapter 4, Section 2.1 titled, *Your Medical Benefits and Costs as a Member of the Plan, Medical Benefits Chart*, and in Section 3.1 titled, *Benefits We Do Not Cover (Exclusions; services aren’t covered under original Medicare or by the plan.)*

**You have the right to appeal our decision**

You have the right to ask Quartz Medicare Advantage to review our decision by asking us for an appeal:

**Plan Appeal:** Ask Quartz Medicare Advantage for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See the section titled “How to ask for an Appeal with Quartz Medicare Advantage” for information on how to ask for a plan level appeal.

## **If you want someone else to act for you**

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at (800) 394-5566, to learn how to name your representative. TTY users call 711 or (800) 877-8973. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

## **IMPORTANT INFORMATION ABOUT YOUR APPEAL RIGHTS**

### **There are two kinds of appeals with Quartz Medicare Advantage**

**Standard Appeal** – We'll give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within 60 days.

**Fast Appeal** – We'll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 days for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a medical service you've already received.

**We'll automatically give you a fast appeal if a doctor asks for one for you or supports your request.** If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 days.

### **How to ask for an appeal with Quartz Medicare Advantage**

**Step 1:** You, your representative, or your provider must ask us for an appeal. Your request must include:

- Your name
- Address
- Member ID number
- Reasons for appealing
- Whether you want a Standard or Fast Appeal (for Fast Appeal, explain why you need one)
- Any evidence you want us to review, such as medical records, doctors' letters (such as a doctor's supporting statement if you request a fast appeal), or other information that explains why you need the item or service. Call your doctor if you need this information.

If you're asking for an appeal and missed the deadline, you may ask for an extension and should include your reasons for being late.

We recommend keeping a copy of everything you send us for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

**Step 2:** Mail, fax, deliver, email or call your appeal.

**For a Standard Appeal:** You can **mail** your appeal to Quartz Medicare Advantage, Attn: Appeals Specialist, 840 Carolina Street Sauk City, WI 53583. To **personally deliver** your appeal the address is: Quartz Medicare Advantage, 2651 Midwest Drive, Onalaska, WI 54650. To **email** your appeal: AppealsSpecialists@QuartzBenefits.com.

You can **call** your appeal request to us by phone: (608) 881-8284 or (800) 394-5566; TTY users call: 711 or (800) 877-8973 or **Fax** it to Quartz Medicare Advantage, Attn.: Appeals Specialist, fax number (608) 644-3500.

**For a Fast Appeal:** Call your appeal request to us by phone: (608) 881-8284 or (800) 394-5566; TTY users call: 711 or (800)877-8973 or fax it to Quartz Medicare Advantage, Attn.: Appeals Specialist, fax number (608) 644-3500. To email your appeal: AppealsSpecialists@QuartzBenefits.com.

## What happens next?

If you ask for an appeal and we continue to deny your request for payment of a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

## Get help and more information

- Quartz Medicare Advantage Toll free: (800) 394-5566; TTY users call: 711 or (800) 877-8973.
- Quartz Medicare Advantage Call Center hours: Monday through Friday from 8 a.m. to 8 p.m.
- You can also visit our website at QuartzBenefits.com/MedicareAdvantage
- You may also contact one of the organizations listed below for assistance.
  - 1-800-MEDICARE, (800) 633-4227, 24 hours, 7 days a week. TTY users call: (877) 486-2048
  - Medicare Rights Center: 1-888-HMO-9050
  - Elder Care Locator: (800) 677-1116 or [eldercare.acl.gov](http://eldercare.acl.gov) to find help in your community.
  - Contact your County Aging Disability Resources Center (ADRC)

**PRA Disclosure Statement.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0829. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn.: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call 1-800-MEDICARE or email: AltFormat@cms.hhs.gov.

## Multi-Language Insert

### Multi-Language Interpreter Services

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (TTY: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-394-5566 (TTY: 711)。

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

**Arabic:** ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة من أجلك، يُرجى الاتصال على الرقم 1-800-394-5566 (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

**Pennsylvania Dutch:** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

**Laotian:** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-394-5566 (TTY: 711).

**French:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

**Amharic:** ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ። 1-800-394-5566 (መስማት ለተሳናቸው: 711)።

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).

## NOTICE OF NONDISCRIMINATION

Quartz Medicare Advantage (HMO) is the marketing name operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

- We provide free aids and services to people with disabilities to communicate effectively with us, such as –
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language services to people whose primary language is not English, such as –
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at **(800) 362-3310**.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with –

**Kristie Meier, Compliance Officer; 840 Carolina Street, Sauk City, WI 53583**  
**Phone: (800) 362-3310; TTY: 711 or toll free (800) 877-8973; Fax: (608) 644-3500**  
**Email: AppealsSpecialists@QuartzBenefits.com**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at –

**U.S. Department of Health and Human Services**  
**200 Independence Avenue, SW**  
**Room 509F HHH Building**  
**Washington, D.C. 20201**  
**(800) 368-1019; (800) 537-7697 (TDD)**

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

The Quartz logo is displayed in a red, sans-serif font. The letter 'Q' is stylized with a small circle at the top right. The logo is centered within a white rectangular box with a thin black border.

GH00217 (0220)