

**Quartz Medicare Advantage (HMO)**

2650 Novation Parkway  
Fitchburg, WI 53713

**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 & more information."

**Notice of Denial of Medical Coverage**

Date	Date of Admission		
Name	Member number		
Patient Address	City	State	ZIP Code
Attending Physician's Name	Patient Representative		

**Your request was denied**

We've denied the medical services/items listed below requested by you or your doctor:

Admission to \_\_\_\_\_.

**Why did we deny your request?**

We denied the medical services/items listed above because:

As a result of your examination in the \_\_\_\_\_, we find that your evaluation for \_\_\_\_\_ is not serious enough to place you in a hospital bed. It was determined that your condition could be safely cared for in another setting (at home, at home with home health services, in an assisted living facility, or a nursing home).

This decision was based upon our understanding of current Medicare guidelines. Medicare guidelines state hospital services must be reasonable and necessary for the treatment of a patient's illness or injury. This means that your illness or injury must be serious enough that it can only be taken care of in a hospital bed with intense treatment that is only available in a hospital. If you wish to stay in the hospital, you will be responsible for paying all hospital charges beginning \_\_\_\_\_. The doctor caring for you in the Emergency Room or a social worker can help you make arrangements for additional care that you may need (nursing care at home, physical therapy).

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

## You have the right to appeal our decision

You have the right to ask Quartz Medicare Advantage (HMO) to review our decision by asking us for an appeal.

**Plan Appeal:** Ask Quartz Medicare Advantage for an appeal within **65 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. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us. Keep a copy for your records.

## Important Information About Your Appeal Rights

### ***There are 2 kinds of appeals with Quartz Medicare Advantage (HMO)***

**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 item or 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 doctor must ask us for an appeal. Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- Whether you want a Standard or Fast Appeal (for a 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 medical 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 reason 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, or deliver your appeal. You can also call us or submit your appeal electronically.

**For a Standard Appeal:** You can mail your appeal to:

Quartz Medicare Advantage (HMO)  
Attn.: Appeals Specialist  
2650 Novation Parkway  
Fitchburg, WI 53713

To personally deliver your appeal, our address is:

Quartz Medicare Advantage (HMO)  
2650 Novation Parkway  
Fitchburg, WI 53713

To email your appeal: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)

You can call your appeal request to us at (800) 394-5566. TTY users, call 711, or fax it to: Quartz Medicare Advantage, Attn.: Appeals Specialist, (608) 644-3500.

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

**For a Fast Appeal:** Call your appeal request in to us at (800) 394-5566. TTY users, call 711, or fax it to: Quartz Medicare Advantage, Attn.: Appeals Specialist, (608) 644-3500.

To email your appeal: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)

## What happens next?

If you ask for an appeal and we continue to deny your request for coverage or payment of a medical item or service, we'll 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 & 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.  
October 1 through March 31, we are also available Saturdays and Sundays from 8 a.m. to 8 p.m.
- You can also visit our website at QuartzBenefits.com/MedicareAdvantage
- 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 [www.eldercare.acl.gov](http://www.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

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

# Notice of nondiscrimination

## Discrimination is against the law.

Quartz Medicare Advantage (HMO) and Quartz Med Advantage Dual Eligible w/Rx are the marketing names 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 (includes sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity; and sex stereotypes). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

- We provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, contact Customer Success 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:

**Chief Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713**

**Phone: (800) 362-3310 (TTY: 711); 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, our Chief 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](http://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](http://hhs.gov/ocr/office/file/index.html).



# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**ATTENTION:** If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 394-5566 (TTY: 711) or speak to your provider.

## **Español / Spanish**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (800) 394-5566 (TTY: 711) o hable con su proveedor.

## **Lus Hmoob / Hmong**

**LUS CEEV TSHWJ XEEB:** Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 394-5566 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

## **Soomaali / Somali**

**FIIRO GAAR AH:** Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo aaya sidoo kale bilaa lacag heli karaa. Wac (800) 394-5566 (TTY: 711) ama la hadal bixiyahaaga.

## **Việt / Vietnamese**

**LƯU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 394-5566 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

## **中文 / Chinese**

**注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电(800) 394-5566（文本电话：711）或咨询您的服务提供商。**

## **РУССКИЙ / Russian**

**ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону (800) 394-5566 (TTY: 711) или обратитесь к своему поставщику услуг.

## **Deutsch / German**

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie (800) 394-5566 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

## ລາວ / Laotian

ເຊື່ອນຈາກ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ລະ ມີບັນດາການຈ່ວຍລັດ້າພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຈ່ວຍ ແລະ ການບັນດາການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເຜື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທທາເບີ (800) 394-5566 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບັນດາການຂອງທ່ານ.

አማርኛ / Amharic

ማስለበት፡፡ አማርኛ የሚገኘውን ከሆኑ፣ የቃንቃ ደንብ አገልግሎት በንግድ ይቀርባል፡፡ መረጃን በተደረገው ቅርጫት ለማቅረብ ተገብር የሆኑ ተጨማሪ አገልግሎቶች አንድሆ በንግድ ይገኘል፡፡ በስልክ ቁጥር (800) 394-5566 (TTY: 711) ደረሰኑ ወደም አገልግሎት አቅራቢዎን የፍጥሩ፡፡

## ထာန်လီဖဲအံ့ / Karen

## Српски / Serbian

**ПАЖЊА:** Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите (800) 394-5566 (ТТУ: 711) или разговарајте са вашим пружаоцем услуга.

## ភាសាខ្មែរ / Khmer

សូមយកចិត្តទុកធាក់ប្រសិនបានអ្នកនិយាយភាសាខ្មែរបសវាកម្មដែនធមួយភាសា តើតើត្រូវមានសង្គមអ្នក។  
ដែនធមួយនឹងបសវាកម្មដែនធបែងជាការផ្តល់យ៉ែងមរមយកនុងការផ្តល់ព័ត៌មានតាមទប់ដែនធបែង  
ដែនធបែងអាជ្ញាប្រើបុគ្គល់នានកំអាថរការបង្ហាញតិចត្រូវខ្លួនខ្លួន។ លោកស្រីរសពទេចោរ (800) 394-5566 (TTY:  
711) ឬអ្នកនិយាយដោយការអ្នកផ្តល់បសវារែស់អ្នក។

## Français / French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (800) 394-5566 (TTY : 711) ou parlez à votre fournisseur.

## 한국어 / Korean

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. (800) 394-5566 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

## Tagalog / Tagalog

**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (800) 394-5566 (TTY: 711) o makipag-usap sa iyong provider.