



Quartz Medicare Advantage (HMO)

2650 Novation Parkway
Fitchburg, WI 53713

Date:

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: @FDATE@

Member’s Name: @CNAME@

Member ID Number: @RFLUCVGMEMNUM@

Your request was denied

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

Continued skilled nursing stay

Why did we deny your request?

We denied the medical services/items listed above because:

Quartz Medicare Advantage (HMO) has authorized coverage for your stay through midnight of _____ for a cumulative total of 100 days, which is the maximum number of days per spell of illness allowed under the plan benefit. After this date, you will be responsible for all charges incurred for your skilled nursing stay.

Alternative resources for care may be available to you through local and state-funded agencies. Please call 211, or you can visit their website 211wisconsin.org. They will listen to your concerns, answer questions, and link you to the right community resources.

If you need help understanding the information in this letter or require language assistance at no cost to you, please contact a Quartz Champion at (800) 394-5566.

For people who are deaf, hard of hearing or speech impaired, please call TTY 711 or (800) 877-8973, or you may call through a video relay service company of your choice.

A Quartz Champion is available to assist you Monday through Friday from 8 a.m. to 8 p.m. October 1 through March 31, seven days a week from 8 a.m. to 8 p.m. You can also visit our website at QuartzBenefits.com/MedicareAdvantage.

Our Medical Director is available to discuss this decision with your physician upon request. If you would like a copy of the policy or coverage guidelines used to make this decision, please contact a Quartz Champion at (800) 394-5566.

You should share a copy of this decision with your doctor so you and your doctor can discuss the 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 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 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

Standard Appeal – We'll give you a written decision on a standard appeal within 30 days for a medical service/item or 7 days for a Part B drug, 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 medical service/item or Part B drug 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 medical service/item or 7 days for a Part B drug, for a decision. You cannot request an expedited appeal if you are asking us to pay you back for a medical service/item or Part B drug you've already received.

We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor 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 for a medical service/item or 7 days for a Part B drug, after we get your appeal.

If you want someone else to act for you:

Contact Quartz Appeals at (608) 881-8284 or (800) 394-5566 ext. 308284, TTY/TDD users call: 711 or (800) 877-8973.

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 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.

For a Standard Appeal:

You can **mail** your appeal to Quartz Medicare Advantage, Attn: Appeals Specialists, 2650 Novation Pkwy, Fitchburg, WI 53713.

To **personally deliver** your appeal the locations are:

2650 Novation Pkwy, Fitchburg, WI 53713

To **email** your appeal: AppealsSpecialists@QuartzBenefits.com

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 to us by Phone: (608) 881-8284 or (800) 394-5566 ext. 308284;

Fax it to Quartz Medicare Advantage, Attn: Appeals Specialists, Fax number (608) 644-3500,

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 or item or Part B drug, 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/TDD users call: 711 or (800) 877-8973
Quartz Medicare Advantage Call Center Hours: Monday through Friday from 8:00 a.m. to 8:00 p.m.
From October 1 through March 31, we are also available to assist you on Saturdays and Sundays from 8:00 a.m. to 8:00 p.m.; You can also visit our website at www.QuartzBenefits.com/MedicareAdvantage
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116 or www.eldercare.acl.gov to find help in your community.

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, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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 Schprooch. 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 አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት 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) 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, gender identity, or sexual orientation.

- 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 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, gender identity, or sexual orientation, you can file a grievance with:

Kristie Breunig, 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, Kristie Breunig, 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** 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**.

