South Country HEALTH ALLIANCE

Deegaanka.
Jawaab celin leh.
Lagu kalsoonaan karo.
Caymiska daryeelka caafimaadku wuxuu diiradda saarayaa adiga.

2027

Foomka Is Diiwaangelinta ee SeniorCare Complete (HMO D-SNP)

Adeegyada Xubnaha South Country Health Alliance Lambarada Telefoonka

1-866-567-7242.
TTY ee dadka maqalku ka culus 1-800-627-3529 ama 711.

Saacadaha Shaqada waa:
Oktoobar - Maarso, 7 maalmood toddobaadkii, 8 subaxnimo - 8 fiidnimo.;
Abriil - Sebtembar, Isniin - Jimce, 8 subaxnimo - 8 fiidnimo.

Wicitaanka waa lacag la'aan.

Ku soo celi foomka la buuxiyay, bogagga 1 ilaa 5:

South Country Health Alliance
6380 W Frontage Rd
Medford, MN 55049

FAAKIS: 507-431-6328

H2419_7787_C SeniorCare Complete (HMO D-SNP) waa qorshe caafimaad oo heshiis la leh Medicare iyo Minnesota Medical Assistance Program si uu uga faa'iideeyo is-diiwaangeliyaasha labada barnaamij. Diiwaangelinta SeniorCare Complete waxay ku xirantahay cusbooneysiinta qandaraaska.

Boggaan si ula kac ah ayaa looga tagay.

NO ENGLISH ☎ 1-866-567-7242

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ፡- አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် – အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរស័ព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH ☎ **1-866-567-7242**

TRS: 711

ဟ်သူဉ်ဟ်သး– နမ့်၊ကတိၤကညီကျိာ်အဃိ, နမၤန့်၊ ကျိာ်တၢ်ဆိဉ်ထွဲမၤစၢၤ လၢတလၢ်ဘူဉ်လၢ်စ့ၤ ဒီးတအိဉ်ဒီး တၢ်မၤယံာ်မၤနီၢ်သးဘဉ်နၟဉ်လီၤ. အါန့်အနၟဉ်, တၢ်အိဉ်စ့ၢ်ကီးဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူဒီး တၢ်မၤစၢၤတၢ်မၤတဖဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပှၤအါဂၤနၢ်ပၢၢ်အီၤသ့ လၢတအိဉ်ဒီးအဘူးအလဲ ဒီးချုးဆၢချုးကတိၢ်နၟဉ်လီၤ. ဝံသးစူၤ ကိးနိဉ်ဂံၢ်လၢထး မ့တမ့်၊ တဲသကိးတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်မၤစၢၤ တက့ၢ်. ကညီကျိာ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ຫມາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເຫມາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проволочек. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

Ogeysiiska Xuquuqda Madaniga ah

Takoorka waa ka mamnuuc xaga sharciga. South Country Health Alliance (South Country) kuma sameeyo takooro iyada oo lagu salaynayo mid ka mid ah kuwan soo socda:

- isir
- midab
- asal qaran
- caqiido
- diin
- jiheyn galmo
- xaaladda kaalmada dadweynaha
- da'da
- naafanimo (oo ay ku jirto naafo jireed ama maskaxeed)
- jinsiga (oo ay ku jiraan fikradaha jinsiga iyo aqoonsiga jinsiga)
- xaaladda guurka
- aaminsanaanta siyaasadeed
- xaalad caafimaad
- heerka caafimaad
- helitaanka adeegyada daryeelka caafimaadka
- sheegasho waayo-aragnimo
- taariikhda caafimaadka
- macluumaadka hiddaha

Waxa a xaq u leedahay in aad gudbiso cabashada takoorka haddii aad aaminsantahay in laguula dhaqmay si takoor ah South Country. Waxaad xereyn kartaa cabasho oo aad weydiisan kartaa caawinaad ku xereynta cabashada shaqsi ahaan ama boostada, teleefoonka, fakiska, ama iimaylka:

Civil Rights Coordinator
South Country Health Alliance
6380 West Frontage Road, Medford, MN 55049
Khadka bilaashka ah: 866-567-7242 TTY: 800-627-3529 ama 711 Faakis: 507-444-7774
Iimayl: grievances-appeals@mnscha.org

Kaalmada iyo Adeegyada Dheeraadka ah: South Country waxay bixisaa caawimo iyo adeegyo caawimo ah dheeraad ah, sida turjubaano aqoon leh ama macluumaadka oo loo dhigay qaabab kale, lacag la'aan ah iyo waqti ku habboon si loo xaqiijiyo fursad siman oo lagaga qayb qaato barnaamijyadeena daryeelka caafimaadka. **Kala xiriirn** Adeegyada Xubnaha members@mnscha.org ama wac 866-567-7242, TTY 800-627-3529 ama 711.

Adeegyada Kaalmada Luuqadda: South Country waxay bixisaa dukumiintiyo la turjumay iyo turjumaad afka ah, lacag la'aan iyo waqti ku habboon, marka adeegyada kaalmada luuqaddu ay lagama maarmaan noqdaan si loo hubiyo in dadka ku hadla Ingiriisiga xaddidan ay si macno leh u helaan macluumaadka iyo adeegyadayada. **Kala xiriirn** Adeegyada Xubnaha members@mnscha.org ama wac 866-567-7242, TTY 800-627-3529 ama 711.

Cabashooyinka Xuquuqaha Madaniga ah

Waxa a xaq u leedahay in aad gudbiso cabashada takoorka haddii aad aaminsantahay in laguula dhaqmay si takoor ah South Country. Waxaad sidoo kale aad si toos ah ula xidhiidhi kartaa mid ka mid ah wakaaladaha soo socda si aad u soo gudbiso cabashada takoorka.

Xafiiska Xuquuqda Madaniga ah (Office for Civil Rights, OCR) ee U.S. Department of Health and Human Services Office

Waxaad xaq u leedahay inaad cabasho u gudbiso OCR, oo ah hay'ad federaal ah, haddii aad aaminsan tahay in laguugu takooray mid ka mid ah kuwan soo socda:

- isir
- midab
- asal qaran
- da'da
- naafanimo
- jinsiga
- diin (xaaladaha qaarkood)

Si toosa ula xiriir**OCR** si aad cabasho u gudbiso:

Office for Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240 Chicago, IL 60601
Xarunta Jawaab celinta Macaamiisha: 800-368-1019, TTY: 800-537-7697
Iimeel: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
Minnesota gudaheeda, waxaad xaq u leedahay inaad cabasho u gudbiso MDHR haddii lagugu takooray mid ka mid ah kuwan soo socda:

- isir
- midab
- asal qaran
- diin
- caqiido
- jinsiga
- jiheyn galmo
- xaaladda guurka
- xaaladda kaalmada dadweynaha
- naafanimo

Ula xidhiidh **MDHR** si toos ah si aad u xareysato cabasho:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201, St. Paul, MN 55104
651-539-1100 (cod), 800-657-3704 (lacag la'aan), 711 ama 800-627-3529 (Adeegga Gudbinta MN),
651-296-9042 (fakis)
Info.MDHR@state.mn.us (iimeel)

Waaxda Adeegyada adeegyada aadhanaha ee Minnesota (DHS)
Waxaad xaq u leedahay inaad cabasho u gudbiso DHS haddii aad aaminsan tahay in lagugu takooray barnaamijyadeena daryeelka caafimaadka mid ka mid ah kuwan soo socda:

- isir
- midab
- asal qaran
- diin (xaaladaha qaarkood)
- da'da
- naafanimo (oo ay ku jirto naafo jireed ama maskaxeed)
- jinsiga (oo ay ku jiraan fikradaha jinsiga iyo aqoonsiga jinsiga)

Cabashooyinka waa inay qoraal ahaadaan oo lagu xereeyaa 180 maalmood gudahooda laga bilaabo taariikhda aad ogaatay takoorka la sheegay. Cabashada waa inay ku jirtaa magacaaga iyo cinwaankaaga oo ay qeexdaa takoorka aad ka cabanayso. Dib ayaan u eegi doonaa oo qoraal ahaan ayaan kugu wargelin doonaa haddii aanu awood u leenahay inaanu baarno. Haddii aan sameyno, waxaan baari doonaa cabashada.

DHS ayaa qoraal kugu ogaysiin doonta natiijada baaritaanada. Waxaad xaq u leedahay inaad rafcaan ka qaadato haddii aadan ku raacsanayn go'aanka. Si aad rafcaan u qaadato, waa inaad soo dirtaa codsi qoraal ah si ay DHS dib u eegto natiijada baaritaanka. Si koob oo sheeg sababta aad u khilaafsan tahay go'aanka. Ku dar macluumaad dheeraad ah oo aad u malaynayso inay muhiim tahay.

Hadii aad dacwad u gudbiso habkan, dadka u shaqeeya wakaaladda ku magacaaban cabashada kaama aargoosan karaan. Tani waxay la micno tahay inaysan sinaba kuugu ciqaabi karin cabashada aad gudbisay. Cabashada habkan kama joojinayso inaad raadiso tallaabooyin kale oo sharci ama maamul ah.

Si toos ah ula xidhiidh **DHS** si aad u xarayso cabashada takoorka:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (cod) ama isticmaal adeegyada gudbinta ee aad doorbiday

Hindida Maraykanku way sii wadan karaan ama bilaabi karaan isticmaalka rugaha caafimaadka qabiilka iyo Hindida (Indian Health Services, IHS). Uma baahnneesid oggolaansho ka hor ama kuma soo rogi doono wax shuruud ah si aad adeegyo uga hesho rugahaan. Waayeellada da'doodu tahay 65 sano iyo wixii ka weyn tan waxaa ku jira adeegyada ka dhaafitaanka Waayeelka (Elderly Waiver, EW) ee lagu helo qabiilka. Haddii dhakhtar ama bixiye kale oo ku sugan ruge qabiil ama IHS kuu gudbiyo bixiyaha shabakadeena, kaagama baahan inaad aragto bixiyaha daryeelka koowaad ka hor inta aan la gudbin.

Magaca Xubinta: _____ Lambarka Xubinta ee MHCP: _____

Clear Form

Foomka Codsiga Is-Diiwaangelinta ee 2027 SeniorCare Complete (HMO D-SNP)

OFFICE USE ONLY - DATE STAMP AREA - OFFICE USE ONLY - DATE STAMP AREA - OFFICE USE ONLY - DATE STAMP AREA - OFFICE USE ONLY - DATE

Si aad ugu biirto SeniorCare Complete, waa inaad haysataa **Medicare Qaybta A, Medicare Qaybta B**, iyo **Medical Assistance oo aan lahayn kharash-bixin** caafimaad, **oo** ahaata da'da 65 ama ka sareeya, **oo** ku nooshahay aagga adeegga ee SeniorCare Complete. Waa inaad sidoo kale noqotaa muwaadin Maraykan ah ama si sharci ah ugu sugan Maraykanka.

Qaybta 1. Noo sheeg naftaada:

1	**Magaca: (hore, dhexe, dambe)**			
2	**Taariikhda dhalashada:** (M M / D D / Y Y Y Y) M M D D Y Y Y Y		**Jinsiga:** ☐ **Dheddig** ☐ **Lab**	
3	**Lambarka taleefanka:** (_____) _____ - _____		**Lambar taleefan kale (ikhtiyaari):** (_____) _____ - _____	
4	**Cinwaanka meesha aad ku nooshahay (Ha gelin sanduuqa boostada. Fiiro gaar ah: Haddii aad la kulanto hoy-la'aan, sanduuqa boostada (PO Box) waxaa loo tixgelin karaa cinwaankaaga deggenaansho joogto ah.):**			
	Magaalada:	**Gobolka:**	**Koodhka ZIP:**	**Degmada:**
5	**Cinwaanka aad ku hesho boostada (haddii uu ka duwan yahay meesha aad ku nooshahay):**			
	Magaalada:	**Gobolka:**	**Koodhka ZIP:**	**Degmada:**
6	**Ma ku nooshahay xarun daryeel muddo-dheer ah?** ☐ **Haa** ☐ **Maya** Haddii ay Haa tahay, buuxi macluumaadka hoose: **Magaca xarunta:** **Lambarka taleefanka:** (_____) _____ - _____			
7	**Ma u baahan tahay turjubaan?** ☐ **Haa** ☐ **Maya** Haddii ay Haa tahay, ku calaamadee luuqadda xagga hoose: ☐ 01 Isbaanish ☐ 02 Hamong ☐ 03 Fiyatnaamis ☐ 04 Khamer (Kaamboodhiyaan) ☐ 05 Lawo ☐ 06 Ruush ☐ 07 Soomaali ☐ 08 ASL (Luuqadda Naafada Maqalka Maraykanka) ☐ 09 Amxaari ☐ 10 Carabi ☐ 12 Oromo ☐ 14 Barmiis ☐ 15 Kaantoonays ☐ 16 Faransiis ☐ 20 Kuuriyaan ☐ 21 Karen ☐ 98 Mid kale _____			
8	**Wakiilka La Oggolaaday**:	**Lambarka taleefanka Wakiilka La Oggolaaday:** (_____) _____ - _____		

Qaybta 2. Noo sheeg xog dheeraad ah oo ku saabsan naftaada:

Lagaagama baahna inaad ka jawaabto su'aalaha ama aad wax macluumaad ah ka bixiso qaybtan. Waa ikhtiyaarkaaga inaad nala wadaagto macluumaadkan. Kuuma diidi karno caymiska haddii aanad ka jawaabin.

9	**Ma rabtaa inaan macluumaad kuugu soo dirno luuqad aan Ingiriisi ahayn?** ☐ **Haa** ☐ **Maya** Haddii ay Haa tahay, qor luuqadda: _____
10	**Ma rabtaa inaanu macluumaad kuugu soo dirno qaab la heli karo?** ☐ **Haa** ☐ **Maya** Haddii ay jawaabtu haa tahay, hoos ka sax qaabka. ☐ Farta Indhoolka ☐ Daabacaad weyn ☐ Cajalad maqal ah (Audio CD) ☐ Cajalad xog ah (Data CD) Fadlan kala xiriir SeniorCareCare halkan 1-866-567-7242 haddii aad u baahan tahay macluumaad qaab la heli karo oo ka duwan oo ka duwan inta kor ku xusan. Saacadaha xafiiskayagu waa 7 maalmood usbuucii, 8 subaxnimo - 8 galabnimo (Oktoobar - Maarso); Isniinta - Jimcaha, 8 subaxnimo - 8 galabnimo (Abriil - Sibteembar). Macaamiisha TTY waxay wici karaan 1-800-627-3529 ama 711.
11	**Ma rabtaa inaad macluumaadka ku hesho iimayl?** ☐ **Haa** ☐ **Maya** Haddii jawaabtu haa tahay, hoos ku qor cinwaankaaga iimaylka. **Iimayl:** _____
12	**Ma shaqaysaa?** ☐ **Haa** ☐ **Maya** **Ma shaqeeyaa xaaskaaga ama lamaanahaaga?** ☐ **Haa** ☐ **Maya** ☐ Ma khusayso
13	**Magaca xarunta daryeelka aasaasiga ah/nidaamka daryeelka aad dooranayso:**

Qaybta 3. Noo sheeg wax ku saabsan caymiskaaga Medicare iyo Medical Assistance:

Hoos ku buuxi macluumaadkaaga Medicare iyo Barnaamijka Daryeelka Caafimaadka ee Minnesota (Medicare and Minnesota Health Care Program, MHCP). Macluumaadka Medicare waxaad ka heli kartaa kaadhkaaga cas, cad, iyo buluugga ah Medicare ama warqad ka timid Aminga Bulshada ama Guddiga Hawlgabka Tareenka (the Railroad Retirement Board). Sidoo kale, fadlan u qor Lambarka Xubinta ee Barnaamijka Daryeelka Caafimaadka ee Minnesota (Minnesota Health Care Program, MHCP) sida ay uga muuqato halka hore ee kaadhkaaga. Tan waxaa sidoo kale loo yaqaanaa Lambarka Xubinta Kaalmada Caafimaadka.

14	**Lambarka Medicare:** _____	**Lambarka Xubinimada MHCP:** _____

Qeybta 4. Noo sheeg wax ku saabsan caymiskaaga caafimaadka, oo ay ku jirto daboolida daawooyinka laguu qoro:

Dadka qaar waxay caymis kale oo caafimaadka ama caymiska daboolida daawooyinka ku leeyihiin caymiska gaarka loo leeyahay, TRICARE, Shaqaalaysiiyaha, Ururada, Veterans Affairs, ama Barnaamijyada Gargaarka Dawooyinka ee Gobolka (State Pharmaceutical Assistance Programs).

15	**Ma leedahay caymis caafimaad oo kale?** ☐ **Haa** ☐ **Maya** Haddii ay haa tahay, ku buuxi macluumaadka xaga hoose:	
16	**Magaca qorshahaaga (iyo shaqaalaysiiyaha, haddii ay khuseyso):**	**Lambarka kooxda:** **Lambarka aqoonsiga ama siyaasadda:**

Haddii aad hadda caymis caafimaad ku haysato cida aad u shaqayso ama ururka shaqaalaha, adiga ama ku tiirsanayaashaada waad wayn kartaan caymiskaas markaad ku biirto SeniorCare Complete. Cida aad u shaqayso ama ururka shaqaalaha ayaa ku siin kara macluumaad dheeraad ah oo ku saabsan caymiskaaga. Haddii aad qabtid su'aalo, la hadal qofka xafiiskaaga ku jira maamula dheefahaaga.

Qaybta 5. Noo sheeg xaq u yeelashadaada isdiiwaangelinta.

Fadlan si taxadar leh u akhri bayaamada soo socda oo sax sanduuqa haddii bayaanku ku khuseeyo. **Sax dhammaan inta khuseysa**. Markaad saxdo mid ka mid ah sanduuqyada soo socda waxaad qiraysaa in, illaa inta ugu fiican ee aqoontaada, aad u qalanto Muddada Is Diiwaangelinta. Haddii aanu goor dambe ogaano in macluumaadkan uu khaldan yahay, waxaa laga yaabaa in lagaa saaro is-diiwaangelinta.

☐ Waxaan codsanayaa inta lagu jiro muddada isdiiwaangelinta sanadlaha ah ee Medicare Advantage, laga bilaabo Oktoobar 15 ilaa Diseembar 7, waxaana doonayaa in is-diiwaangelintayda ay billaabato Janaayo 1.

☐ Waan ku cusbahay Medicare.

☐ Waxaan haystaa Medicare iyo Medical Assistance labadaba (ama gobolkaygu wuxuu iga caawiyaa bixinta khidmadaha Medicare) ama waxaan helayaa Caawinaad Dheeraad oo aan ku bixinayo caymiska daawada Medicare, laakiin ma sameyn wax isbeddel ah.

☐ Waxaan haystaa Medicare waxaana helaa dheefaha Medical Assistance oo buuxa. Waxaan rabaa inaan ku biiro ama aan u wareego qorshe isku xira caymiska u dhexeeya qorshayaashayda daryeelka la maareeyay ee Medicare iyo Medical Assistance. Qorshahan waxaa loo yaqaan Qorshaha Baahiyaha Gaarka ah ee Isku-dhafan ee Labada-u-qalmo (Dual Eligible Special Needs Plan (D-SNP).

☐ Dhawaan waxaa ku yimid isbeddel Medical Assistance ee bixinta caymiska daawada la qoray ee Medicare (helay Medical Assistance oo cusub, isbeddel ku yimid heerka Medical Assistance, ama lumisay Medical Assistance) markay ahayd (taariikhda) _____.

☐ Dhawaan waxaa ku yimid isbeddel Kaalmada Caafimaadkayga (helay Kaalmada Caafimaad oo cusub ama isbeddel ku yimid heerka Kaalmada Caafimaadka, ma waayay Kaalmada Caafimaadka) markay ahayd (taariikhda) _____.

☐ Waxaan u guurayaa, ku noolahay, ama dhawaan ka guuray xarunta daryeelka muddada dheer (tusaale ahaan, guri daryeelka waayeelka). Waxaan u guuray ama waan ka guuray, ama waan u guuri doonaa ama ka guuri doonaa xarunta markay tahay (taariikhda) _____.

☐ Dhawaan waxaan u guuray meel ka baxsan aagga adeegga qorshahayga hadda, ama dhawaan ayaan u guuray waxaana ii furan ikhtiyaarro cusub. Waxaan u guuray markay ahayd (taariikhda) _____.

☐ Waxaan ka baxayaa caymiska shaqo-bixiyaha ama ururka markay tahay (taariikhda) _____.

☐ Waxaan ka diiwaangashanahay qorshaha caymiska Advantage Medicare waxaanan doonayaa inaan isbeddel sameeyo inta lagu jiro Muddada Is Diiwaangelinta Furan ee Medicare Advantage (Advantage Open Enrollment Period, MA OEP).

☐ Dhawaan waxaan si khasab ah u lumiyay caymiskeyga daawooyinka la qoray ee la aqoonsan yahay (oo u dhigma caymiska Medicare). Waxaan lumiyay caymiskeyga daawooyinka markay ahayd (taariikhda) _____.

☐ Qorshahayga wuxuu joojinayaa qandaraaska uu la leeyahay Medicare, ama Medicare ayaa joojinaya qandaraaska uu la leeyahay qorshahayga.

☐ Waxaan ka diiwaangashanaa qorshe ay Medicare (ama gobolkayga) ii diiwaangelisay, waxaanan doonayaa inaan doorto qorshe kale. Diiwaangelintayda qorshahaas waxay billaabatay markay ahayd (taariikhda) _____.

☐ Dhawaan ayaa xabsiga la iga sii daayay. Waxaa la iga sii daayay markay ahayd (taariikhda) _____.

☐ Waxaan dhawaan ku soo laabtay Mareykanka ka dib markii aan si joogto ah ugu noolaa meel ka baxsan Mareykanka, waxaan ku soo laabtay Mareykanka (taariikhda) _____.

☐ Dhawaan waxaan helay joogitaanka sharciga ah ee Mareykanka. Waxaan sharcigan helay markay ahayd (taariikhda) _____.

Magaca Xubinta: _____ Lambarka Xubinta ee MHCP: _____

☐ Waxaa i saameeyay xaalad degdeg ah oo la xiriirta cimillada ama musiibo weyn sida ay ku dhawaaqday Hay'adda Maareynta Xaaladaha Degdegga ah ee Federaalka (Federal Emergency Management Agency, FEMA) ama hay'ad dawladeed oo heer Federaal, Gobol, ama deegaan ah. Mid ka mid ah bayaanada kale ee halkan ku qoran ayaa i khuseeyay, laakiin ma aanan awoodin in aan iska diiwaangeliyo sabab la xiriirta musiibada dabiiciga ah.

Haddii midkoodna aanu ku khuseyn ama aanad hubin, fadlan kala xidhiidh SeniorCare Complete halkan 1-866-567-7242 (Isticmaalayaasha TTY waa inay wacaan 1-800-627-3529 ama 711) si aad u ogaato haddii aad u qalanto inaad is diiwaangeliso. Waxaanu furanahay 7 maalmood ee usbuucii, 8 subaxnimo - 8 fiidnimo. (Oktoobar - Maarso), Isniinta - Jimcaha, 8 subaxnimo - 8 fiidnimo. (Abriil - Sibteembar).

Bayaanada Macluumaadka iyo Qiraalada

- Jawaabtayda foomkan waa ikhtiyaari. Hase yeeshe, ku guuldaraysiga inaad ka jawaabto waxay saamayn kartaa iska diiwaangelinta qorshahan.
- Waa inaan sii haystaa Medicare Qaybta A iyo Qaybta B iyo Kaalmada Caafimaad si aan u sii joogo SeniorCare Complete.
- Waxaan fahamsanahay in aan isku diiwaangelin karo kaliya hal qorshe MA hal mar - iyo in is diiwaangelinta qorshahan ay si otomaatig ah u joojin doonto is diiwaangelinteyda qorshe kale oo MA ah (ka reebitaanku waxay khuseeyaan qorshayaasha MA PFFS, MA MSA).
- Anigoo ku biiraya AbilityCare, waxaan qirayaa in qorshuhu la wadaagi doono macluumaadkayga Medicare, oo u isticmaali kara si loola socdo is diiwaangelintayda, lacag bixinta, iyo ujeedooyin kale oo sharcigu oggol yahay oo u oggolaanaya ururinta macluumaadkan (tixraac Bayaanka Xeerka Xogta ee hoose).
- Waxaan fahamsanahay in marka caymiskayga SeniorCare Complete uu bilaabanayo, waa inaan SeniorCare Complete ka helaa dheefaha caafimaadka iyo daawooyinka la qoray.
- Dheefaha iyo adeegyada ay bixiso SeniorCare Complete oo ku jira Buugyaraha *Xubinta waa* la daboolay. Medicare iyo SeniorCare Complete midna ma bixin doonaan dheefaha ama adeegyada aan la daboolin.
- Waxaan fahamsanahay in SeniorCare Complete aanay inta badan daboolin dadka inta ay ka maqan yihiin dalka marka laga reebo duruufo kooban.
- Waxaan dooran karaa inaan ka tago SeniorCare Complete bil kasta oo sanadka ah. Waxaan fahamsanahay in layga diiwaangelin doono SeniorCare Complete iyada oo loo marayo maalinta ugu dambeysa ee bisha. Waxaan fahamsanahay in si otomaatig ah la iiga diiwaangelin doono qorshaha the Minnesota Senior Care Plus (MSC+) plan, kaas oo dabooli doona dheefahayga Kaalmada Caafimaadka (Medical Assistance Benefits). Haddii aan qoraal ku codsado, waxaa la igu diiwaangelin doonaa qorshahaygii hore ee MSC+ plan.
- Haddii aan helo kharash bixin caafimaad markii aan iska diiwaan-geliyay SeniorCare Complete oo aanan lacag siin Gobolka, waxa la iga saari doonaa diiwaangelinta SeniorCare Complete.
- Macluumaadka foomkan is diiwaangelinta waa sax ilaa inta ogaalkayga ah. Waxaan fahamsanahay in haddii aan si ula kac ah u bixiyo macluumaad been ah oo ku saabsan foomkan, la iga saari doono is diiwaangelinta qorshaha.
- Waxaan fahamsanahay in saxeexayga (ama saxeexa wakiilkayga la oggolaaday) ee foomkan macnaheedu yahay inaan akhriyey oo aan fahmay foomkan. Haddii wakiilka la oggolaaday saxiixo, saxiixaas macnihiisu waa: 1) in qofkani uu si waafaqsan sharciga Gobolka awood u leeyahay inuu buuxiyo is-diiwaangelintan, iyo 2) in dukumiintiyada caddeynaya oggolaanshahan la heli karo marka ay codsato Medicare iyo/ama Medical Assistance.

Magaca Xubinta: _____ Lambarka Xubinta ee MHCP: _____

Fadlan akhri macluumaadka ku yaalla bogga 4, kadibna hoos ku saxiix.

Marka aad saxeexdo foomkan, macnaheedu waa inaad fahamtay macluumaadka aad akhriday.

_____
Magaca Codsadaha (Fadlan daabac)

_____ _____
Saxiixa Taariikhda Maanta

Haddii aad tahay wakiilka la oggolaaday, waa in **aad saxiixdaa xagga sare** oo aad bixisa macluumaadka soo socda.

_____ _____
Magaca (Qoran) Xiriirka aad la leedahay Is diiwaangeliyaha

_____ _____
Cinwaanka (Qoran) Lambarka Taleefanka

Loogu talagalay shakhsiyaadka ka caawiya is diiwaangeliyaha buuxinta foomkan oo kaliya

Buuxi qaybtan haddii aad tahay shaqsi (tusaale ahaan wakiilada, dillaaliinta, la-taliyayaasha SHIP, xubnaha qoyska, ama dhinacyada kale ee saddexaad) oo ka caawinaya is diiwaangeliyaha inuu buuxiyo foomkan.

Magaca: _____ Xiriirka lala leeyahay qofka isdiiwaangeliya: _____

Saxiixa: _____ Lambarka Soo-saaraha Qaranka (Wakiilada/ Dalaaliyeyaasha oo keliya): _____

Marka foomka la buuxiyo, boostada ama fakis ku dir bogagga 1 illaa 5 si aad u hesho South Country Health Alliance. Cinwaankayaga iyo lambarka faakiska ayaa ku yaala jeldiga.

BAYAANKA XEERKA XOGTA

Xarumaha Adeegyada Medicare & Medicaid (The Centers for Medicare & Medicaid Services, CMS) waxay ururiyaan macluumaadka qorshayaasha Medicare si ay ula socdaan is diiwaangelinta dheef-helayaasha ee Qorshayaasha Medicare Advantage (MA), hagaajinta daryeelka, iyo bixinta dheefaha Medicare. Qaybaha 1851 iyo 1860D-1 ee Xeerka Amniga Bulshada iyo 42 CFR § 422.50 iyo 422.60 waxay oggol yihiin ururinta macluumaadkan. CMS waxay isticmaali kartaa, shaacin kartaa, isla markaana is-weydaarsan kartaa xogta diiwaangelinta ee ka-faa'ideystayaasha Medicare, sida lagu qeexay Ogeysiiska Nidaamka Diiwaannada (System of Records Notice, SORN) ee "Medicare Advantage Prescription Drug (MARx)", Nidaamka Lambarkiisu yahay 09-70-0588. Jawaabahaaga foomkan waa ikhtiyaari. Hase yeeshe, ku guuldaraysiga inaad ka jawaabto waxay saamayn kartaa iska diiwaangelinta qorshaha.