



## Transition of Care

### Arrange for Primary Care

- If your current physician participates with Rocky Mountain Health Plans and you or a covered family member plan to continue seeing that doctor, please contact his or her office and tell them you are changing your health plan.
- If you will be seeing a new primary care physician and you or a covered family member are currently being treated for an illness or injury, we encourage you to make an appointment as soon as possible. You and your new doctor will need to discuss your health situation and future treatment by participating providers.

### Identify Participating Providers

- RMHP plans require that you use participating providers and hospitals in order to receive in-network coverage. If you or a covered family member are being seen by a non-participating provider and meet RMHP's definition of ongoing care, a RMHP Care Manager will work with you and your provider to preauthorize and access your out-of-network benefits at your in-network level until your care can safely be transitioned to a RMHP provider. If you or a covered family member are receiving or are scheduled to receive services from a nonparticipating provider, please complete the back of this form.

### Let RMHP care coordinators help you manage your current care and/or chronic conditions.

- If you or a covered family member are currently being treated for an illness or injury, have surgery scheduled, or are pregnant, please complete this Transition of Care form and return it to us in the enclosed envelope or to:

**Rocky Mountain Health Plans**  
**PO Box 10600**  
**Grand Junction, CO 81502-5600**

- RMHP case managers are available to provide special services and support to Members who are pregnant, have a chronic condition such as diabetes or asthma, or are going through a complex recovery or course of treatment. A care coordinator may be calling you to see how we can help your health care run smoothly.

The information you provide is strictly confidential and will only be used by Rocky Mountain Health Plans to be sure you receive the care you need as you change health plans.

Subscriber's Name \_\_\_\_\_ Subscriber's Member Number \_\_\_\_\_

Subscriber's Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Subscriber's County of Residence \_\_\_\_\_

Subscriber's Primary Care Physician \_\_\_\_\_

**To best serve your future health care needs, RMHP needs to know about the health care you are currently receiving. Please complete the other side of this form.**

*(continued on back)*

**Remember, the information you provide here will be used only to be sure you receive appropriate care.**

Please tell us if you or any covered family member is currently receiving medical treatment or services of any kind for conditions such as:

- Asthma
  - Cancer (type) \_\_\_\_\_
  - Diabetes
  - Follow-up after surgery
  - Heart disease
  - Home Health
  - Hospice care
  - Hypertension
  - Inpatient hospital services
  - Kidney problems
  - Low back pain
  - Lung disease
  - Migraines
  - Outpatient services
  - Pregnancy
  - Therapy
  - Transplant
  - Upcoming surgery
- or any other treatment or services currently being received or scheduled to receive.

Please attach additional pages as necessary.

Name of family member currently receiving care or treatment	Treatment		Physician/Provider's Name or Facility	RMHP Primary Care Physician
	Reason	Date		

Was surgery performed?  Yes  No If so, what type of surgery? \_\_\_\_\_

Would you or any covered family member like to be contacted by an RMHP Case Management nurse about managing an illness?  Yes  No

Preferred language:  English  Spanish  Other: \_\_\_\_\_

If you have any specific questions or concerns about your current medical condition or treatment that a care coordinator should know, please include them with this form or call us at 800-416-2157.

Please sign below to authorize any physician, health care provider, hospital or other medical facility, insurance company, or other entity or person that now or hereafter has records or knowledge of the health of any covered person to give Rocky Mountain Health Plans such information and supplement such information as Rocky Mountain Health Plans requests.

\_\_\_\_\_  
Subscriber or Member's Signature

\_\_\_\_\_  
Date

## Multi-Language Insert



<b>English</b>	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-346-4643 (TTY: 711).
<b>Spanish</b>	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-346-4643 (TTY: 711).
<b>Vietnamese</b>	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-346-4643 (TTY: 711).
<b>Chinese</b>	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 1-800-346-4643 (TTY: 711)。
<b>Korean</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-346-4643 (TTY: 711)번으로 전화해 주십시오.
<b>Russian</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-346-4643 (телетайп: 711).
<b>Amharic</b>	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክላው ቁጥር ይደውሉ 1-800-346-4643 (መስማት ለተሳናቸው: 711)።
<b>Arabic</b>	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 3464 --643-008-1 (رقم هاتف الصم والبكم: 117).
<b>German</b>	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-346-4643 (TTY: 711).
<b>French</b>	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-346-4643 (ATS : 711).
<b>Nepali</b>	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-346-4643 (टिटिवाइ: 711) ।
<b>Tagalog</b>	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-346-4643 (TTY: 711).
<b>Japanese</b>	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-346-4643 (TTY:711) まで、お電話にてご連絡ください。
<b>Cushite/Oromo</b>	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-346-4643 (TTY: 711).
<b>Persian</b>	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 3464-643-008-1 (117:YTT) تماس بگیرید.
<b>Ibo/Igbo</b>	Ige nti: O buru na asu lbo asusu, enyemaka diri gi site na call 1-800-346-4643 (TTY: 711).
<b>Kru-Bassa</b>	Dè dɛ nià kɛ dyédé gbo: Ǿ jũ ké m̄ [Bàsóò-wùdù-po-nyò] jũ ní, níí, à wuɖu kà kò dò po-poò b̄éin m̄ gbo kpáa. Ǿá 1-800-346-4643 (TTY: 711)
<b>Yoruba</b>	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-346-4643 (TTY: 711).



## Notice of Nondiscrimination

Rocky Mountain Health Plans (RMHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity.

RMHP takes reasonable steps to ensure meaningful access and effective communication is provided timely and free of charge:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters (remote interpreting service or on-site appearance)
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters (remote or on-site)
  - Information written in other languages

If you need these services, contact the RMHP Member Concerns Coordinator at 800-346-4643, 970-243-7050, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643.

If you believe that RMHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, sexual orientation, or gender identity, you can file a grievance with: the RMHP EEO Officer at 800-346-4643, 970-244-7760, ext. 7883, or TTY 970-248-5019, 800-704-6370, Relay 711; para asistencia en español llame al 800-346-4643, or [eeoofficer@rmhp.org](mailto:eeoofficer@rmhp.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the RMHP EEO 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 <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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

RMHP is a Medicare-approved Cost plan. Enrollment in RMHP depends on contract renewal.