

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

English

There is important information about your coverage or application with Rocky Mountain Health Plans (RMHP) in this notice. Review it carefully. Look for actions you may need to take and deadlines. You have the right to get information in your language at no cost. Call 800-346-4643 for assistance.

Spanish

Hay información importante sobre su cobertura o solicitud de Rocky Mountain Health Plans (RMHP) en este aviso. Revíselo meticolosamente. Tome las acciones necesarias y considere las fechas de vigencia. Usted tiene el derecho a obtener esta información en su idioma sin ningún cargo. Llame al 800-346-4643 para obtener asistencia.

Arabic

في هذه المذكرة هناك معلومات هامة بخصوص التغطية الخاصة بك أو التطبيق الخاص بك مع الخطط الصحية لروكي ماونتن (RMHP). عليك مراجعتها بعناية. وقم بالتصرف الذي قد يكون عليك القيام به ومدد المهلة المطلوبة لذلك. إن من حقه الحصول على المعلومات بلغتك بدون مقابل. ويكون عليك الاتصال على الرقم 800-346-4643 للمساعدة.

German

Es gibt wichtige Informationen über Ihre Absicherung oder Anwendung bei Rocky Mountain Health Plans (RMHP) in dieser Mitteilung. Sehen Sie diese sorgfältig durch. Schauen Sie, ob sie Maßnahmen ergreifen oder Termine einhalten müssen. Sie haben das Recht, kostenlos Informationen in Ihrer Sprache zu erhalten. Rufen Sie 800-346-4643 an, wenn Sie Hilfe benötigen.

French

Cette notice comprend des informations importantes sur votre assurance ou votre demande aux régimes de Rocky Mountain Health Plans (RMHP). Veuillez l'examiner attentivement. Voyez quelles actions que vous devez prendre et leurs échéances. Vous avez le droit d'obtenir gratuitement des renseignements dans votre langue. Appelez le 800-346-4643 pour obtenir de l'aide.

Japanese

この通知にはロッキー・マウンテン・ヘルス・プラン (RMHP) の補償範囲と申請に関する重要な情報が掲載されていますので、よくお読みください。行う必要のある手続きおよび締め切り日にご注意ください。お客様には、関連情報を無料で母国語で受け取る権利があります。800-346-4643 までご連絡いただきサポートをご依頼ください。

Korean

이 안내문은 로키 마운틴 의료 보험 (Rocky Mountain Health Plans (RMHP))의 보험 적용 범위 또는 신청서에 대한 중요한 정보를 포함하고 있습니다. 신중하게 검토하시기 바랍니다. 취해야 할 조치와 마감기일에 유의하세요. 고객님의 언어로 된 정보를 무료로 받으실 수 있습니다. 서비스 관련 문의는 800-346-4643 로 전화주시기 바랍니다.

Nepali

यो सूचनामा तपाईंको बीमाकृत राशि वा रकी माउन्टेन हेल्थ प्लान्स (RMHP) लाई तपाईंले पेश गर्नुभएको आवेदनका बारेमा महत्त्वपूर्ण जानकारीहरू छन्। यसलाई ध्यानपूर्वक हेर्नुहोस्। तपाईंले चालन आवश्यक हुन सक्ने कदमहरू र समय सीमाबारे थाहा पाउनुहोस्। तपाईंसँग आफ्नो भाषामा निःशुल्क रूपमा जानकारीहरू प्राप्त गर्ने अधिकार छ। सहायताका लागि 800-346-4643 मा फोन गर्नुहोस्।

Persian

در این یادداشت اطلاعات مهمی راجع به درخواست یا پوشش مد نظر شما از سوی Rocky Mountain Health Plans (RMHP) ارائه می شود. با دقت آنرا مطالعه فرمایید. به اقداماتی که باید انجام دهید و مهلت مقرر آنها توجه نمایید. شما حق دارید اطلاعات را به زبان خودتان بدون پرداخت هزینه ای دریافت کنید. برای درخواست کمک به شماره 800-346-4643 زنگ بزنید.

Russian

В данном уведомлении содержится важная информация касательно Вашего страхового покрытия или заявления в организацию Rocky Mountain Health Plans (RMHP). Просим Вас внимательно его изучить. Вам необходимо наметить порядок действий и сроки. У Вас есть право на бесплатное получение информации на родном языке. За помощью обращайтесь по номеру телефона 800-346-4643.

Simplified Chinese

本通知中包含有关落矶山健康计划 (RMHP) 范围和应用的的重要信息。请仔细阅读。寻找您可能需要采取的措施和最终期限。您有权免费获得以自己的语言提供的信息。请致电 800-346-4643 寻求帮助。

Vietnamese

Trong thông báo này có thông tin quan trọng về phạm vi bảo hiểm hoặc đơn xin của quý vị với Chương Trình Chăm Sóc Sức Khỏe Rocky Mountain Health Plans (RMHP). Vui lòng xem kỹ thông báo này. Hãy tìm các hành động quý vị cần thực hiện và hạn chót của các hành động đó. Quý vị có quyền nhận thông tin bằng ngôn ngữ của quý vị mà không bị tính phí. Hãy gọi 800-346-4643 để được hỗ trợ.

Yoruba

Ìfítónílétí pàtàkì wà nípa ìdarapọ̀ rẹ̀ àbí ibèèrè rẹ̀ pèlù Àwọn Èto Ìlera Rocky Mountain [RMHP] nínú àfíyèsí yí. Fí pèlèpèlè gbé e yèwò. Wò àwọn igbésẹ̀ tí o lè gbé àti àwọn àkókó tí ó dópín. O ní ètò láti gbà ìfítónílétí yí ní èdè rẹ̀ l'òfẹ́. Pè 800-346-4643 fún ìrànlọ́wọ̀.

Ibo/Igbo

Enwere ozi dị mkpa gbasara mkpuchi ma ọ bụ akwụkwọ anamachoihe gị na Rocky Mountain Health Plans (RMHP) n'okwa a. Gugharja ya nke ọma. Chọọ ihe ndị i ga-eme yana nduzi. I nwere ikike inweta ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Kpọọ 800-346-4643 maka enyemaka.

Tagalog

May mahalagang impormasyon tungkol sa iyong coverage o aplikasyon sa Rocky Mountain Health Plans (RMHP) sa paalalang ito. Suriin ito nang mabuti. Alamin ang mga pagkilos na maaaring kailangan mong gawin at hanggang kailan mo dapat maisagawa ang mga iyon. May karapatan kang humiling ng impormasyon sa iyong wika nang libre. Tumawag sa 800-346-4643 para sa tulong.

Amharic

በዚህ ግንኙነት ላይ Rocky Mountain Health Plans (RMHP) ስለሚሰጥዎት ሽፋን ወይም ማመልከቻዎን በተመለከተ ጠቃሚ መረጃ አይገኝልም። በጥንቃቄ ይገምግሙት። መውሰድ ሊኖርብዎት ስለሚችሉ እርምጃዎችና የግዜ ገደብ ላይ ያተኮሩ። ያለምንም ከፍተኛ በጽንጽ መረጃ የማግኘት መብት አለዎት። እርዳታ ለማግኘት በ 800-346-4643 ይደውሉ።

Cushite — Oromo

Facaatii yokin iyyanoo kee Rocky Mountain Health Plans (RMHP) walín qabiduu ilalichisee odeeffannoo baribaachisaatu jiraa. Irra deebi'an siriti xiinxalii. Kan itifuxachoo qabidu fi guyyaa itti xumramuu itti hojachofi ilaalii. Kafalitii malle odeeffanno afani ketiinarigachofi miriga qabidaa. Garigarisafi 800-346-4643 lakofisaa kananii bilbilii.

Kru-Bassa

Li bihne lini li gwe banga bi niigana. Li bihne lini li gwe banga bi niigana nyu nam ma kolbaha ndjombi yong tole ma teeda mong ngueda Rocky Mountain Health Plans (RMHP). Yeng ma kel ma ngui munu li bihne lini. Bebeg le u nlama bon ngui man nwaale guim di loo i nkwo nyu l teda mateda ma mboo yong tole l bana mi nsombog mi mahola. U gwee Kundei kosna biniiguene bini ni mahola i hop wong nni nsaa wogui wo. Sebel 800-346-4643.

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. RMHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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, 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. 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, 1-800-868-1019, 800-537-7697 (TDD).

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