



REQUEST FOR CONTINUITY OF CARE (KFHCM D-SNP)

You may use this form to request if you are receiving care or scheduled to receive care from a provider leaving your plan's network, and your treatment from a provider that is not contracted with Kern Family Health Care.

Requests should be mailed to the following address:

**Member Services Department
Kern Family Health Care Medicare (HMO D-SNP)
2900 Buck Owens Boulevard
Bakersfield, CA 93308**

If you have questions or need help filling out this form, please call our Member Services Department at **866-661-3767 / 661-716-5342**

You can also fax it to: **661-605-0166** or email it to KFHCM-UM@UHCMSO.COM

We will review your request and send you a letter that explains our decision.

Member Information	Member Name: _____ Date of birth: _____ KFHCM ID Number: _____ Phone Number: _____ Address: _____ _____ _____
Current (Out of Network) Provider Information	Name of the Provider Treating You: _____ Type of Specialty: _____ Provider Address: _____ Provider Phone Number: _____
Continuity of Care Information	1. Reason for Continuity of Care Request: <input type="checkbox"/> You are getting treatment at this time. <input type="checkbox"/> You are scheduled for surgery or procedure. Surgery date: _____ <input type="checkbox"/> You are pregnant <input type="checkbox"/> You are in treatment for your mental health. <input type="checkbox"/> You are still getting therapy (PT/OT/ST, DME, etc.) <input type="checkbox"/> Other: _____
Treatment Information	2. When your treatment started: _____ Last visit date: _____

Release of Information	<p>5. Authorization to Release Information</p> <p>I authorize the health plan and my provider(s) to exchange medical information necessary to process this Continuity of Care request.</p> <p>Member or Authorized Representative Signature: _____</p> <p>Date: _____</p> <p>If signed by an authorized representative:</p> <p>Name: _____</p> <p>Relationship: _____</p>
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Si usted necesita esta carta en Español, por favor llame al Departamento de Servicios de Miembros al 866-661-3767 / 661-716-5342.

Notice of Non-Discrimination

Kern Family Health Care Medicare (HMO D-SNP) plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex. Kern Family Health Care Medicare (HMO D-SNP) does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kern Family Health Care Medicare (HMO D-SNP) Health Plan

- Provides 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)
- Provides 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 Service at 1-866-661-3767 (TTY 711).

If you believe that Kern Family Health Care Medicare (HMO D-SNP) 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:

Kern Family Health Care Medicare (HMO D-SNP)

Attn: Appeals & Grievances

PO Box 9187, Bakersfield, CA 93389-9187

1-866-661-3767 (TTY 711)

Fax 1-661-605-0200

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call TTY **1-800-537-7697**.

In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

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

Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Kern Family Health Care Medicare (HMO D-SNP), a Medicare Medi-Cal Plan, is a Medicare Advantage organization with Medicare and Medi-Cal contracts. Enrollment in Kern Family Health Care Medicare (D-SNP) depends on contract renewal. Kern Family Health Care Medicare (D-SNP) complies with applicable federal civil rights laws and does not discriminate on the base of race, color, national origin, age, disability or sex. Call Kern Family Health Care Medicare (D-SNP) Member Services toll-free at **1-866-661-3767** (TTY **711**), 24 hours a day, 7 days a week. Visit us at www.kernfamilyhealthcare.com.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-275-2583 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-275-2583 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-275-2583 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-275-2583 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-275-2583 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-275-2583 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-275-2583 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-275-2583 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-275-2583 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-275-2583 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY 711) 1-800-61-3767. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे सा. या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्रदान करने के लिए, बस हमें 1-800-275-2583 (TTY: 711) पर फोन करें। कोई भी जो हिंदी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-275-2583 (TTY: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-275-2583 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-275-2583 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-275-2583 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-275-2583 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。