

Transition of Care

Now that you are an RMHP Member, follow these steps to ensure a smooth move.

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. In the Denver Metro area, Littleton Adventist, Porter Adventist, Parker Adventist, St. Anthony's North, and St. Anthony's Central are not participating hospitals for Rocky Mountain HMO plans. 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.**

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