

Anti-Discrimination Notice and Multi-Language Interpreter

Kansas Health Advantage (HMO I-SNP), offered by Kansas Health Advantage, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kansas Health Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kansas Health Advantage:

- 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 Kansas Health Advantage Member Services.

If you believe that Kansas Health Advantage 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: Kansas Health Advantage, ATTN: Member Grievances, 201 Jordan Road, Suite 200, Franklin, TN 37067, telephone: 1-800-399-7524 (TTY/TDD 833-312-0046) 8:00 A.M. to 8:00 P.M., seven (7) days a week, October 1 through March 31; 8:00 A.M. to 8:00 P.M., Monday to Friday, April 1 through September 30, fax: 1-844-280-5360, email: Compliance@AmHealthPlans.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kansas Health Advantage Member Services 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, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Disclaimers

English

Kansas Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak limited English, language assistance services, free of charge, are available to you. Call 1-800-399-7524 (TTY/TDD: 833-312-0046).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-399-7524 (TTY/TDD: 833-312-0046).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-399-7524 (TTY/TDD: 833-312-0046).

繁體中文 (Chinese)

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 1-800-399-7524 (TTY/TDD: 833-312-0046)。

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-399-7524 (TTY/TDD: 833-312-0046).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-399-7524 (TTY/TDD: 833-312-0046)번으로 전화해 주십시오.

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າ ທ່ານ ກຳລັງ ນຳ ພາສາ ລາວ, ການ ພົວ ບວ ການ ຊ່ວຍ ຈຸ ລາຍ ມີ ຕັ້ງ ຢູ່ ທີ່ ບໍ່ ຈ່າຍ ຄ່າ. ໂທ ສາ ການ ຈຸ ລາຍ ທີ່ 1-800-399-7524 (TTY/TDD: 833-312-0046).

العربية (Arabic)

ملاحظة: إذا كنت تتحدث لغة عربية، فنحن نقدم خدمات المساعدة اللغوية مجاناً. اتصل بنا على رقم 1-800-399-7524 (TTY/TDD: 833-312-0046).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-399-7524 (TTY/TDD: 833-312-0046).

မြန်မာစာ(Burmese)

သတိပေးချက် - အကယ်၍ သင်သည် မြန်မာစာကို အသုံးပြုပါက၊ ဘာသာစကား အကူအညီ



အခမဲ့သံ့အာဝတကု စတုဝေဝေဝေဆာဝေကုဝေဝေဝေတားပါမည့်။ ဖန့်ဝတားနပဝ

ဝေဝေဝေ 1-

800-399-7524 (TTY: 833-312-0046) သဝေဝေဝေဝေ ဝေဝေဝေဝေပါ။

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-399-7524 (ATS : 833-312-0046).

日本語 (Japanese)

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。1-800-399-7524 (TTY/TDD: 833-312-0046) まで、お電話にてご連絡ください。

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-399-7524 (телетайп: 833-312-0046).

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-399-7524 (TTY/TDD: 833-312-0046).

تفہرہ

توجہ: گوان افرسی تگومی یھد لاتانی ووست ایگن ای ا
اس گبیرید. 1-800-399-7524 (TTY: 833-312-0046) اھم می .

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-800-399-7524 (TTY/TDD: 833-312-0046).

