



3426 TX-1604 Loop, Ste. 109, San Antonio, TX 78245 | P: (726)248-0863 F: (210)251-3978

### **NOTICE OF NONDISCRIMINATION AND LANGUAGE ASSISTANCE SERVICES**

Clover Care Company, LLC complies with applicable federal civil rights laws, including Section 1557 of the Affordable Care Act, and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We provide free language assistance services and auxiliary aids to ensure effective communication with all individuals.

#### **FREE LANGUAGE ASSISTANCE SERVICES**

If you need help in a language other than English, we offer free assistance, including:

- Professional interpreters for verbal communication
- Translated documents and notices
- Bilingual staff support (if available)

These services are provided at **no cost** to you. Please inform a staff member if you need assistance.

For assistance, call your Medicaid health plan's interpreter service number listed below, or contact us for guidance.

#### **MANAGED CARE ORGANIZATION (MCO) INTERPRETER SERVICES**

If you are a Texas Medicaid recipient, you can access free interpreter services through your health plan:

<b>MCO Name</b>	<b>Interpreter Services Contact</b>
<b>HHSC</b>	1-800-368-1019
<b>Superior HealthPlan</b>	1-866-896-1844 (TTY: 711)
<b>BCBSTX (STAR/CHIP)</b>	1-866-256-7245
<b>UnitedHealthcare Community Plan</b>	1-888-887-9003
<b>Molina Healthcare of Texas</b>	1-866-449-6849
<b>Amerigroup (Wellpoint)</b>	1-800-600-4441
<b>Community Health Choice</b>	1-888-760-2600



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## **AUXILIARY AIDS & SERVICES FOR INDIVIDUALS WITH DISABILITIES**

To ensure accessibility for individuals with disabilities, we provide free auxiliary aids and service connections, including:

- Sign language interpreters (ASL)
- Large print, Braille, or electronic format documents
- Assistive listening devices

To request these services, please call: (726)248-0863

## **HOW TO FILE A COMPLAINT**

If you believe you have been discriminated against or denied access to language assistance or auxiliary services, you may file a complaint with:

### **Clover Care Company, LLC Compliance Officer**

Phone: (726)248-0863

Email: [clovercarecompany@gmail.com](mailto:clovercarecompany@gmail.com)

Address: 3426 TX-1604 Loop, Ste. 109, San Antonio, TX 78245

You may also file a complaint with the **U.S. Department of Health and Human Services, Office for Civil Rights (OCR):**

Phone: 1-800-368-1019

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint>



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### ATTENTION: Free Language Assistance Available

If you speak a language other than English, free language assistance services are available to you. Call the number listed above for your Medicaid health plan.

#### Translated in the Top 15 Languages in Texas:

- **Spanish:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número de su plan de salud de Medicaid.
- **Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số của chương trình bảo hiểm y tế Medicaid của bạn.
- **Chinese (Mandarin):** 注意: 如果您使用中文, 您可以免費獲得語言援助服務。請致電您的Medicaid健康計劃號碼。
- **Arabic:** الصحة Medicaid تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خطة الخاصة بك.
- **Urdu:** توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو مفت زبان کی مدد کی خدمات دستیاب ہیں۔ براہ کرم اپنے میڈیکل پلان نمبر پر کال کریں۔
- **Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga libreng serbisyo ng tulong sa wika. Tawagan ang iyong Medicaid health plan number.
- **Korean:** 주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 귀하의 Medicaid 건강 보험 플랜 번호로 전화하십시오.
- **French:** ATTENTION : Si vous parlez français, des services d'aide linguistique gratuits sont disponibles pour vous. Appelez le numéro de votre plan de santé Medicaid.
- **Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं। अपने मेडिकेड हेल्थ प्लान नंबर पर कॉल करें।
- **Farsi (Persian):** توجه: اگر به فارسی صحبت می‌کنید، خدمات کمک زبانی رایگان برای شما موجود است. لطفاً با شماره برنامه خود تماس بگیرید Medicaid بهداشتی.
- **German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachunterstützungsdienste zur Verfügung. Rufen Sie Ihre Medicaid-Gesundheitsplan-Nummer an.
- **Russian:** ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги перевода. Позвоните по номеру вашего плана медицинского обслуживания Medicaid.
- **Japanese:** 注意: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。Medicaidの健康保険プランの番号にお電話ください。
- **Portuguese:** ATENÇÃO: Se você fala português, estão disponíveis serviços gratuitos de assistência linguística. Ligue para o número do seu plano de saúde Medicaid.
- **Burmese:** သတိပြုရန် - သင်သည် မြန်မာစကားပြောဆိုနိုင်ပါက၊ ဤအခမဲ့ဘာသာစကားအကူအညီဝန်ဆောင်မှုများကို သင်ရရှိနိုင်ပါသည်။ သင့် Medicaid ကျန်းမာရေးအစီအစဉ်နံပါတ်သို့ ခေါ်ဆိုပါ။

This notice is displayed in accordance with Section 1557 of the Affordable Care Act and Medicaid program requirements.