



# 2020 HERITAGE PROVIDER NETWORK


## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>Aetna</b>	Spanish	1-800 525-3148. This number bypasses provider services center and connects directly to qualified interpreters.  Or call Member Services at 1855-772-9076 TTY 711	1-877-287-0117	Directly to interpreter Services 1800-525-3148	N/A		5/2019
<b>Alignment</b>		For California: To access Alignment's interpreter services for Members, please contact Member Services at (866) 634-2247 at least 7 (seven) days prior to the service.  Hours are 8:00 a.m. to 8:00 p.m., - 7 days a week (except Thanksgiving and Christmas) October 1 through March 31.  Hours are 8:00 a.m. to 8:00 p.m., - Monday to Friday (except holidays) from April 1 through September 30.  Alignment provides fee aids and services to people with disabilities to communicate effectively such as: <ul style="list-style-type: none"> <li>• Qualified sign language interpreters</li> <li>• Written information in other formats (large print audio, accessible electronic formats, other formats).</li> </ul> Provides free language services to people whose primary language is not English, such as: <ul style="list-style-type: none"> <li>• Qualified interpreter</li> <li>• Information Written in other languages</li> </ul>	1-866-634-2247				4/24/2019
<b>Anthem Blue Cross</b>	<b>Medical- Access Program (MCAP)</b>  <b>Major Risk Medical Insurance Program (MRMIP)</b>	<b>Telephone Interpreters : Medi-Cal Members</b> Customer Service Center (Medi-Cal) 1-800-407-4627 (outside LA County) 1-888-285-7801 (inside LA County). After hours, call the 24/7 Nurse line (MedCall) at 1-800-224-0336 1-877-687-0549: Medi-Cal Access Program (MCAP) 1-877-687-0549: Major Risk Medical Insurance Program (MRMIP)  <b>Face to Face Interpreter Requests : Med-Cal Members</b> <ul style="list-style-type: none"> <li>▪ Call the Anthem Member Services number on the Member's ID card for help (TTY/TDD: 711).</li> </ul>	<b>Translation Members</b> To ensure the timely translation of materials, encourage the Member to contact Anthem Blue Cross by calling 1-888-254-2721. <b>Providers contact on members behalf</b> 1-800-677-6669 to request translation on the Member's behalf. Urgent requests are handled within one business day and non-urgent requests are handled within two business days. A copy of the document is required in order to complete the translation request.	1 800-677-6669 Provider Care	<a href="https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx">https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx</a>	N/A	1/1/2020



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<b>Anthem Blue Cross</b>	Spanish Traditional Chinese Vietnamese Tagalog Korean	<ul style="list-style-type: none"> <li>800-407-4627 / 888-757-6034 (TTY) Monday-Friday 7am-7pm</li> <li>Call 24/7 Nurse Line for after-hours services at 1 800-224-0336</li> <li>E-mail: ssp.interpret@anthem.com California Relay Service (24 hours a day/ 7 days a week):</li> <li>Interpreters are available to members, providers and staff at key points of medical contact. <ul style="list-style-type: none"> <li>72 business hours or more advance notice are required to schedule services needed for scheduling face-to-face and sign language interpreters.</li> <li>Twenty-four hour advance notice requested for cancellations</li> </ul> </li> </ul> <p><b>Have the following available:</b></p> <ul style="list-style-type: none"> <li>Members ID number</li> <li>Need for an interpreter and state the language</li> </ul> <p><b>Providers Anthem Blue Cross Medicaid / Medi-Cal State Sponsored Business:</b> (800) 677-6669, request to speak to an interpreter. Providers may also schedule by e-mailing ssp.interpret@anthem.com Registration with our secure e-mail is required. Please type "secure" in the subject line.</p>	<i>These request need to be logged and tracked in your LAP Log</i>				
<b>Blue Shield of California</b>	Spanish Traditional Chinese Vietnamese	<p>Providers: Over-the-phone interpretation 800-541-6652, follow VRU menu.</p> <p>Member may get an interpreter or documents read and sent by calling the number on the back of the members ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357</p> <p><b>In-Person Interpretation (IPI), or Face-to-Face Routine Visit</b> To arrange for in-person interpretation services, the provider must call the Provider Customer Service number at (800) 541-6652 and speak to a Provider Customer Services Agent.</p> <p>Five (5) business days with advanced notice from the enrollee is preferred in order to make best efforts to accommodate the request</p>	<p><b>Request for Translation</b> Providers are not delegated to provide translation of non-standard vital documents and <i>must forward such requests received from Blue Shield enrollees to Blue Shield.</i> <i>These request need to be logged and tracked in your LAP Log</i></p> <p>A provider who receives a request for a vital document translation should forward it to Blue Shield</p> <p><b>Urgent</b> Within one business day.</p> <p><b>Routine</b> Within two business days</p>	Call your Provider Relations representative.	blueshieldca.com/provider  For a translation request use the following document.   BS_Lang. Asst. Req. Form.pdf		1/2020



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Blue Shield of California		<p>for face-to-face interpreters. At the time of the appointment, if a face-to-face interpreter has been scheduled and the interpreter does not show after a 15-minute wait time, the provider shall offer the enrollee the choice of using a telephone interpreter or the opportunity to reschedule the appointment</p> <p>For appointments made within 48 hours/Emergency (same or next day access for routine or urgent care): Provide services telephonically (see Over-the-Phone Interpretation above).</p>	<p><b><u>Non-Standard Vital Documents</u></b> Non-standard vital documents contain enrollee-specific information. These documents are not translated into threshold languages.</p> <p>Blue Shield will include with any non-standard vital documents distributed to enrollees the appropriate DMHC/CDI-approved written notice of the availability of interpretation and translation services.</p> <p>If translation or interpretation of any non-standard vital document is requested by the enrollee, Blue Shield will provide the requested translation within 21 calendar days of that request, with the exception of expedited grievances.</p> <p><b><u>To forward the Vital Document to Blue Shield:</u></b></p> <ul style="list-style-type: none"> <li>• Complete Blue Shield's "Language Assistance Form" available at Provider Connection at <a href="https://blueshieldca.com/provider">blueshieldca.com/provider</a> under <b>Guidelines &amp; resources, Patient care resources, and then Language Assistance Program;</b></li> <li>• Attach a copy of the document to be translated;</li> <li>• Fax the request</li> </ul>				
Brand New Day	<p><b>LA County:</b> English, Spanish, Chinese (Cantonese and Mandarin), Arabic, Armenian, Farsi, Tagalog, Vietnamese, and Russian. Cambodian/Khmer, Korean,</p>	<p><b><u>Face to Face /Sign Language Interpreters</u></b> ( including American Sign Language)</p> <p><b><u>Face to Face</u></b> Brand New Day provides free aids and services to people with disabilities to communicate e effectively with us, such as:</p> <ul style="list-style-type: none"> <li>• Qualified sign language interpreters</li> <li>• Written information in other formats (large print, audio, accessible electronic formats, other formats)</li> </ul>			1-562-310-6868 Compliance Dept. Connie Snyder		1/27/2020



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## Health Plan Language Assistance

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Brand New Day	<p><b>Orange County:</b> English, Spanish, Vietnamese, and Fars</p>	<p>Brand New Day also provides free language services to people whose primary language is not English, such as:</p> <ul style="list-style-type: none"> <li>• Qualified sign language interpreters</li> <li>• Information written in other languages</li> </ul> <p><b>Telephonic Interpretation Services</b> Call Brand New Day's Member Services Department at: (866) 255-4795 TTY 711, speak to a member service representative. Member Services Dept. - Hours are:</p> <ul style="list-style-type: none"> <li>▪ October 1 – March 31: 7 days a week, 8 am – 8 pm,</li> <li>▪ April 1 – September 30: Monday – Friday, 8 am – 8 pm</li> </ul> <p>Give the Member Services Representative the following information:</p> <ul style="list-style-type: none"> <li>▪ Language being requested</li> <li>▪ Member's name</li> <li>▪ Member's ID number</li> </ul> <p>Wait for the representative to connect you with an interpreter through Pacific Interpreters.</p> <p>When the interpreter joins the line, brief the interpreter: Explain the purpose of the call Give any special instructions you may have</p> <p><b>Face to Face</b> Call Brand New Day's Member Services Department at (866) 255-4795 at least 5-10 business days prior to the patient's appointment. The following information will be required in order to access an interpreter:</p> <ul style="list-style-type: none"> <li>▪ Provider name</li> <li>▪ Language being requested</li> <li>▪ Member's name and ID number</li> <li>▪ Member's date of birth</li> <li>▪ Member's preferred gender of interpreter ( if requested)</li> <li>▪ Requestor name and contact number</li> <li>▪ Date, time and duration of appointment</li> </ul>					



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		<ul style="list-style-type: none"> <li>▪ Location of appointment ( Name of Facility, Address, Suite/Room Number)</li> <li>▪ Type/Purpose of appointment</li> <li>▪ Provider Specialty</li> <li>▪ Name and phone number of contact person at appointment site</li> <li>▪ Other special instructions</li> </ul>					
Cal Optima		<p><b>Cal Optima Provides:</b></p> <ul style="list-style-type: none"> <li>▪ Staff who speak your language.</li> <li>▪ Interpreter services, along with American Sign Language, at <b>no cost</b> to members for all health care needs.</li> <li>▪ <b>Interpreter services are available 24 hours a day, 7 days a week for:</b> <ul style="list-style-type: none"> <li>○ <b>Medical services</b> such as doctor visits, after-hours services, urgent care services, pharmacy services and health education classes.</li> <li>○ <b>Non-Medical services</b> such as customer service, member complaints and member orientation meetings.</li> </ul> </li> <li>▪ Health education and enrollment materials printed in several languages at no cost to you.</li> <li>▪ Materials in other formats, such as braille, audio or large print at <b>no cost</b>.</li> </ul> <p><b>Telephonic or Face to face Interpretation</b> 714 246-8500 1 800-587-8088 Toll Free Monday through Friday, 8 a.m. to 5:30 p.m. 1 800-735-2929 TDD/TTY</p> <p>For scheduled appointments, make sure to ask for an interpreter at least 5 working days before the member’s appointment.</p>	<p>Cal Optima and its Health Networks shall provide, upon a Member’s request, a written translation of a non-standardized Member-specific document into Threshold language within twenty-one (21) calendar days.</p> <p>Cal Optima and its Health Networks shall provide translations of written informing documents at a reading level no higher than sixth (6th) grade</p> <p>Contact the member's health network listed on the Cal Optima ID card. For members enrolled in Cal Optima Direct, call 1714-246-8500.</p> <p><i>These request need to be logged and tracked in your LAP Log</i></p>	<p>Contact the member's health network listed on the Cal Optima ID card. For members enrolled in Cal Optima Direct, call 1-714-246-8500</p>	<p>www.Caloptima.org, Cultural Linguistic@caloptima.org</p>		2/4/2020



# 2020 HERITAGE PROVIDER NETWORK Health Plan Language Assistance

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Cal Optima		<p>*If the member is in a health network, please use their specific group*</p> <p>ADOC/UCMG/RMG (DELEGATED) Hanna Interpreting Services – Interpretation 24 hour access to interpreter services at no cost to members ADOC &amp; REGAL All Customer Service Representatives have been trained to ensure that members are able to communicate their questions and or concerns in their language with the HANNA Interpreter Services.</p> <p>HPN has contracted “HANNA Interpreter Services” as the utilized company for interpretation services. HANNA Interpreter Services provides HPN members with over the phone Interpreting Services at free of charge to the Enrollees. Interpretation Services are offered 7 days a week 24 hours a day at 1-855-803-8250.</p> <p><b>PROCEDURE</b> Customer Service Representatives are to follow the steps below in order to connect a member with an interpreter that can assist them in their threshold language:</p> <p><b>Incoming Queue Call</b></p> <p>Cal Optima Customer Service Representative (CSR) identifies member to be a limited English speaker and or member requests a specific language when speaking with the CSR.</p> <p>Contacting HANNA Interpreter Services Member is placed on a brief hold while CSR completes an outbound conference call to HANNA Interpreter Services. Below is the process for completing a conference call from the Cisco Telephone System:</p> <p>Dial HANNA Interpreter Services at: (1-855-803-8250) ☎ The language needed for interpretation</p> <ul style="list-style-type: none"> <li>▪ Your full name and call back number</li> <li>▪ Your department name</li> </ul>					



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Cal Optima		<ul style="list-style-type: none"> <li>▪ The member’s full name</li> <li>▪ The member’s ID number</li> </ul> <p>Translation Services ISI. Inc. – Translation Services for Written Member Informing Materials (WMIM) and member specific language in NOA letters (818) 753-9181</p> <p>If the member is in Cal Optima Direct, (N/A) Customer Service Dept. 714-246-8500. Prior authorization is not required. Have the following ready:</p> <ul style="list-style-type: none"> <li>▪ Member’s name, ID , gender, and age</li> <li>▪ Date and time of appt.</li> <li>▪ Language needed</li> <li>▪ Type of visit</li> <li>▪ Approximate duration</li> <li>▪ Type of visit</li> <li>▪ Name of doctor/ facility</li> <li>▪ Address and phone number of appointment/location</li> </ul>					
Blue Shield of California Promise Health Plan	<p>English, Spanish, Arabic, Armenian, Farsi, Korean, Chinese, Khmer (Cambodian), Russian, Tagalog,</p>	<p><b><u>Telephonic /Face to Face Interpreters</u></b> Call Care 1<sup>st</sup> Member Service Dept. during business hours:</p> <p><b><u>Medi-Cal (All counties)</u></b> 1-800-605-2556 8 a.m. - 6 p.m., Monday – Friday.</p> <p><b><u>Medicare &amp; Commercial (All counties)</u></b> 1-800-544-0088 (TTY 711) Seven days a week from October 1 through March 31, Monday through Friday from April 1 through September 30</p> <p><b><u>Cal Medi Connect (All counties)</u></b> 1-855-905-3825 (TTY 711) Contact us 8 a.m. - 8 p.m., seven days a week:</p> <p>In case of emergency or after business hours for American Sign Language (ASL) interpreter, please call: Life Signs at 1-800-633-8883</p>					



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	and Vietnamese	Please allow at least 5-7 business days for the request of face-to-face interpretation, and at least 14 business days for sign language assistance.					
<b>Central Health Plan</b>		<p><b>Central Health Medicare Plan:</b></p> <ul style="list-style-type: none"> <li>▪ Provides free aids and services to people with disabilities to communicate effectively with us, such as:                             <ul style="list-style-type: none"> <li>○ Qualified sign language interpreters</li> <li>○ Written information in other formats (large print, audio, accessible electronic formats, other formats)</li> </ul> </li> <li>▪ Provides free language services to people whose primary language is not English, such as:                             <ul style="list-style-type: none"> <li>○ Qualified interpreters</li> <li>○ Information written in other languages</li> </ul> </li> </ul> <p><b>Telephonic /Sign Language Interpreter Services</b> Call Member Services at 1 866-314-2427 8AM -8PM 7 days a week Email: <a href="mailto:mbrsvcs@centralhealthplan.com">mbrsvcs@centralhealthplan.com</a></p>					
<b>Cigna</b>	Spanish Traditional Chinese	<p>– Cigna does not delegate interpreter services to medical groups</p> <p>– Cigna offers free telephonic interpretation for Cigna LEP Participants through our language service vendor.</p> <p>– To engage an interpreter once the Cigna participant is ready to Receive services, please call the number listed on the back of the Members ID card 1.800.806.2059.</p> <ul style="list-style-type: none"> <li>• You will need the member’s Cigna ID number,</li> <li>• member date of birth</li> <li>• your TAX ID number</li> <li>• (or NCPDP for pharmacist) to confirm eligibility and access interpretation services. It is not necessary to arrange for these services in advance.</li> </ul>	<p><b>Obtaining Cigna Translated Documents</b></p> <p>Cigna will proactively send standard translated vital documents to those who have registered with Cigna indicating that their written language preference is Spanish or Traditional Chinese.</p> <p><b>Individuals may register</b> their written or spoken language preference, as well as their race or ethnicity, in two ways:</p> <ol style="list-style-type: none"> <li>1. Call the telephone number on their ID card, or</li> <li>2. Complete and send us the survey provided with their enrollment materials.</li> </ol> <p>Cigna will also translate vital non-standard documents into Spanish and Traditional Chinese upon request. Documents that are not considered vital will not be translated.</p>	<p>California Language Assistance Program, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).</p> <p>If you are calling about a patient with a GWH-Cigna ID card, please call 1.866.494.2111.</p>	<p>Cigna California Language Assistance Program:</p> <p><a href="https://www.cigna.com/healthcareproviders/resources/californialanguageassistance-program">https://www.cigna.com/healthcareproviders/resources/californialanguageassistance-program</a></p>		





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			<p><b>Vital documents</b> are those that affect your patients' benefits and coverage. Vital standard documents are generic and contain no specific health plan participant information, such as applications and consent forms.</p> <p><b>Vital non-standard documents</b> are customer-specific and may contain personal health information, such as denial letters and explanations of benefits.</p>				
<p><b>Well Care of California</b>  <i>Formerly Easy Choice</i></p>		<p><b>Well Care Health Plans, Inc.:</b></p> <ul style="list-style-type: none"> <li>▪ Provides free aids and services to people with disabilities to communicate effectively with us, such as:               <ul style="list-style-type: none"> <li>- Qualified sign language interpreter</li> <li>- Written information in other formats (large print, audio, accessible electronic formats, other formats)</li> </ul> </li> <li>▪ Provides free language services to people whose primary language is not English, such as:               <ul style="list-style-type: none"> <li>- Qualified interpreters</li> <li>- Information written in other languages</li> </ul> </li> </ul> <p>If you need these services, contact Well Care Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for Well Care.</p> <p><b>Hearing-Impaired, Interpreter and Sign Language Services</b> Hearing-impaired, interpreter and sign language services are available to Members through Well Care Customer Service. PCPs should coordinate these services for Members and contact Customer Service if assistance is needed. To get an interpreter, just call us at 1 866-999-3945. Someone who speaks English/Language can help you. This is a free service.</p>	Not Covered	1-866-999-3945			1/21/2020



# 2020 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

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		If the member speaks a language other than English, language assistance services free of charge are available at 1 877-374-4056 (TTY 711)					
<b>Golden State</b>		If you speak English, language assistance services, free of charge, are available to you. Call 1-877-541-4111 (TTY: 1-877-551-4111). Member Services Email: <a href="mailto:customer.service@gsmhp.com">customer.service@gsmhp.com</a>					1/22/2020
<b>Health Net</b>	<p>Oral translations in 150 languages,</p> <p><b><u>MEDI-CAL /CMC</u></b> <b>Kern, San Joaquin, Stanislaus, and Tulare:</b> Spanish <b>Los Angeles:</b> Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese <b>San Diego:</b> Arabic, Spanish, Tagalog, and Vietnamese</p> <p><b><u>MEDICARE</u></b> Based on Health Net Members Benefits'</p> <p><b><u>COMMERCIAL</u></b> Chinese Korean Vietnamese Spanish</p>	<p><b><u>INTERPRETER SERVICES</u></b></p> <p><b><u>LINE OF BUSINESS</u></b> <b>HMO, HSP, PPO, EPO, POS, Medicare</b> Supplemental members- 1(800) 641-7761 M-F 8 AM - 6PM After hours and weekends- 1(800) 546-4570 M-F 5 PM - 8AM including Weekends and Holidays.</p> <p><b>Commercial</b> Contact Health Net Member Services at the telephone number on the members ID Card</p> <p><b>Medicare Advantage</b> 1(800) 929-9224 M – F 8AM – 5PM</p> <p><b>Medi-Cal</b> Contact Health Net Member Services at the telephone number on the members ID Card or by calling the Health Net Provider Services Center 1(800) 675-6110 , for After-hours select member option</p> <p><b>Covered California</b> 1(888)926-2164 M – F 8AM -6PM 1(800)546-4570 After Hours M-F 6PM to 8AM including Weekends and Holidays</p> <p><b>Cal Medi-Connect- Los Angeles Interpreter Services:</b> 1 (855) 464-3571 (M-F 8AM – 5PM) 1 (800) 546-4570 (M-F 5PM -8AM) Afterhours, Weekends and Holidays</p>	<p><b><u>Translation Services:</u> MediCal, Cal MediConnect, Medicare Advantage</b></p> <ul style="list-style-type: none"> <li>Health Net must provide translations and alternate formats of utilization and case management materials for members that have a preferred language or format listed on the Health Net eligibility file.</li> <li>All LEP members may request a translation or alternate format of utilization management (UM) or case management (CM) letters.</li> <li>If a Health Net member requests translation or an alternative format of an English document produced by a delegated PPG, the provider must refer the member to the Member Services telephone number on the member's identification (ID) card.</li> <li>When Member Services receives the request, Health Net will request the document from the PPG. <b>The PPG must submit the document within 48 hours</b></li> <li>Tagline and nondiscrimination notices must be included in correspondence sent to the member on Health Net's behalf.</li> </ul>		<p>Health Net Provider Manual</p> <p><b>PROVIDER SERVICES</b> <b>MediCal</b> 1-800-675-6110 provider.healthnet.com</p> <p><b>PROVIDER SERVICES</b> <b>Cal Mediconnect</b> <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a> Los Angeles County 1-855-464-3571 San Diego County 1-855-464-3572</p> <p><b>PROVIDER SERVICES</b> <b>Medicare</b> <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a> Medicare (individual) 1-800-929-9224 provider.healthnetcalifornia.com Medicare (employer group) 1-800-929-9224 provider.healthnet.com</p>		1/22/2020



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Health Net		<p><b>Cal Medi-Connect- San Diego Interpreter Services:</b> 1 (855) 464-3572 (M-F 8M-5PM) 1 (800) 546-4570 (M-F 5PM -8AM) Afterhours, Weekends and Holidays</p> <p><b>Face to Face Appointments</b> You may request an interpreter by calling the appropriate telephone numbers below or the number on the member's identification (ID) card a <i>minimum of five days prior to the appointment</i>. Have ready:</p> <ul style="list-style-type: none"> <li>Member ID number</li> <li>Language needed when calling</li> </ul> <p><b>Sign Language</b> Sign Language Interpretation is available. Please request a sign language interpreter as soon as the appointment is made, but not less than 5 business days before the appointment.</p>	<ul style="list-style-type: none"> <li>Delegated provider groups can send in member information requiring translation to: <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a> <b>Request must include:</b> <ul style="list-style-type: none"> <li>Member ID</li> <li>Member name</li> <li>The document requested</li> <li>The members address</li> </ul> </li> <li>Materials must be in a Word or unlocked PDF format, scanned or faxed documents are not accepted.</li> <li>Care plans must include proof the document is at or below <b>8<sup>th</sup> grade</b> reading level (<b>Commercial &amp; Medicare</b>) <b>6<sup>th</sup> grade</b> reading level (<b>Medi-Cal &amp; CMC</b>).</li> <li>Providers use the same process for requesting an alternate format of any UM or CM materials in English or a threshold language.</li> </ul>		<p><b>PROVIDER COMMUNICATIONS</b> <a href="mailto:provider.communications@healthnet.com">provider.communications@healthnet.com</a> fax 1-800-937-6086</p>		
Humana		<p><b>Providers are contractually and federally required</b> to ensure "equality of opportunity for meaningful access" to healthcare services and activities. This includes during the doctor visits/appointments/follow up ensuring that Non-English/ Limited English and Disabled members are provided effective communication of "vital information" that could create a consequence or an adverse risk to the patient/member (i.e. Over the Phone Interpretation, Video Interpretation, In person</p> <p>Providers when creating appointment with members (current and future) must provide:</p> <ul style="list-style-type: none"> <li>Notification of availability of oral interpretation (over the phone, video or in-person) for Non English/Limited English appointments.</li> </ul>					11/27/2018



# 2020 HERITAGE PROVIDER NETWORK Health Plan Language Assistance

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		<ul style="list-style-type: none"> <li>Notification of availability of video or in-person sign language interpretation for hearing impaired members.</li> </ul> <p><b>Oral Interpretation Vendor</b> Voiance an “Over the Phone” and “Video Interpreter” vendor setup a no-contract, pay as you go model for providers to offer interpretation services in 200 languages and video interpretation in 24 languages (including American Sign Language) to meet providers contractual and federal requirements, please click the link below to sign up:</p> <p><a href="https://www.voiance.com/services/AccountSignUp/ServiceAgreement.aspx?g=d0db2690-d029-41978eee-27e292848969">https://www.voiance.com/services/AccountSignUp/ServiceAgreement.aspx?g=d0db2690-d029-41978eee-27e292848969</a></p> <p>Telephonic Interpreter Call Member Services on the back of the Member ID Card 1877-320-1235 (TTY:711) for assistance</p> <p>Members with Disabilities For our customers with disabilities or limited English proficiency, we provide the following communication services at no cost when interacting with Humana:</p>					
IEHP	Spanish	<p><b>Telephonic Interpreter and Alternative Formats</b> Call Member Services at 1-800-440-IEHP (4347) Duals Member Services at 1-877-273-4347 8AM – 8PM – 7days/week</p> <p><b>Alternative Formats</b> You can get this information for free in other auxiliary formats, such as braille, 16-point font large print and audio.</p> <p>Face to Face Interpreter Call IEHP Member Services at least 5 working days before the scheduled appointment to make arrangements for a foreign language or sign language interpreter. To cancel your request, call at least 2 days before your Doctor visit.</p> <p>TTY users, please call 1-800-718-4347 seven days a week 8am – 5pm</p>	IEHP Policy and Procedure Manual Medicare Dual Choice MA_09A	Member Services – Scheduling, Gabriel Uribe – Operations <a href="mailto:uribe-g@iehp.org">uribe-g@iehp.org</a>	<a href="https://ww3.iehp.org">https://ww3.iehp.org</a>		1/22/2020



# 2020 HERITAGE PROVIDER NETWORK Health Plan Language Assistance

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IVHP		<p><b>Interpretation Services</b> 1-800-251-8191 (TTY/TDD 711)</p> <p>October 1 to March 31, 8 am to 8 pm, 7 days a week. April 1 to September 30, 8 am to 8 pm, Monday through Friday.</p>					1/28/2020
LA CARE	Spanish Chinese Armenian Arabic Farsi Cambodian Khmer Korean Russian Tagalog Vietnamese	<p><b>Telephonic Interpreting Services (PPG)</b> Call <b>1-855.322.4022</b> Press:</p> <ul style="list-style-type: none"> <li>▪ <b>1 for Spanish</b></li> <li>▪ <b>2 for Other Languages</b></li> <li>▪ <b>3 for Operator</b></li> </ul> <p>Please provide the following information to an operator to be connected with an interpreter:</p> <ul style="list-style-type: none"> <li>• <b>LA CARE Member ID</b></li> <li>• <b>Independent Physician Association (IPA)</b></li> </ul> <p>Document the interpreter name and ID # for reference. Brief the interpreter, and give any special instructions. Dial the patient into the call.</p> <p><b>Telephonic Interpreting Services (Provider)</b> Call <b>1-855.322.4034</b> and provide the following information to an operator to be connected with an interpreter:</p> <ul style="list-style-type: none"> <li>• <b>Physician's National Provider Identifier (NPI)</b></li> <li>• <b>LA CARE Member ID</b></li> </ul> <p><b>Face to Face Interpreting Services (PPG)</b> Call Member Services to request an interpreter at least <b>10 business days</b> prior to the medical appointment. American Sign Language is also available for deaf and hard of hearing patients: CALL L.A. CARE immediately if there are any changes to a patient's appointment.</p>	<p><b>Translation Services (PPGs Responsibilities)</b> Members have the right to receive written informing materials in their preferred threshold language and format.</p> <ul style="list-style-type: none"> <li>▪ PPGs must provide written informing materials in member's preferred language and format on a routine basis.</li> <li>▪ PPGs are responsible for translating any written informing materials that they generate, including member specific information in form letters (e.g., Notice of Adverse Benefit Determination letters, denial letters, etc.)</li> <li>▪ Written informing materials and other significant publications should also include a tagline and a non-discrimination notice.</li> <li>▪ PPGs are responsible for making these materials available in alternative formats, such as large print and audio.</li> </ul> <p><i>Please note member requests are logged and submitted LA CARE quarterly</i></p> <p><i>Please also log these request on your PPG LAP log</i></p>	For more information about any of these services, contact LA Care's C & L Services at <a href="mailto:CulturalandLinguisticServices@lacare.org">CulturalandLinguisticServices@lacare.org</a> .	To receive more information about upcoming trainings or to schedule an onsite training session, contact <a href="mailto:CLStrainings@lacare.org">CLStrainings@lacare.org</a>		1/16/2020



# 2020 HERITAGE PROVIDER NETWORK Health Plan Language Assistance

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		<table border="1" data-bbox="518 480 1051 737"> <thead> <tr> <th colspan="2">LA CARE</th> <th colspan="2">PLAN PARTNERS</th> </tr> </thead> <tbody> <tr> <td>Medi-Cal</td> <td>1.888.839.9909 TTY 711</td> <td>Anthem Blue</td> <td>1.888.285.7801</td> </tr> <tr> <td>CMC</td> <td>1.888.522.1298</td> <td>Care 1<sup>st</sup></td> <td>1.800.605.2556</td> </tr> <tr> <td>LA Care Covered</td> <td>1.855.270.2327</td> <td>Kaiser Permanente</td> <td>1800.464.4000</td> </tr> <tr> <td>PASC – SEIU</td> <td>1.844.854.7272</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Provide the following Information</b></p> <ul style="list-style-type: none"> <li>• Patient’s name</li> <li>• LA CARE member ID number</li> <li>• Language Requested</li> <li>• Preferred gender of interpreter</li> </ul> <p><b>Appointment Information</b></p> <ul style="list-style-type: none"> <li>• Date, time, and duration of appointment</li> <li>• Doctor’s name</li> <li>• Address and phone number</li> <li>• Purpose of appointment</li> </ul>	LA CARE		PLAN PARTNERS		Medi-Cal	1.888.839.9909 TTY 711	Anthem Blue	1.888.285.7801	CMC	1.888.522.1298	Care 1 <sup>st</sup>	1.800.605.2556	LA Care Covered	1.855.270.2327	Kaiser Permanente	1800.464.4000	PASC – SEIU	1.844.854.7272							
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Molina	Arabic Chinese Hmong Russian Spanish Vietnamese Tagalog	<p>Molina offers the following on-site interpretation:</p> <p><b>Qualified face-to-face interpreter services at medical appointments</b> for complex care including: some medical or surgical procedures or tests, end of-life care, cancer care, organ transplants, behavioral health appointments, initial physical therapy, hearing loss appointments, and other appointments as directed by a medical director.</p> <p><b>Qualified sign language interpreter services at medical appointments</b> to all deaf and hard of hearing members.</p> <ul style="list-style-type: none"> <li>▪ Molina needs 3-5 working days’ notice to identify a qualified sign language or face-to-face preferred language interpreter.</li> </ul>	<p>Call Molina Healthcare Member Services: 1888-665-4621</p> <p><b>Translation of Written Documents</b></p> <ul style="list-style-type: none"> <li>▪ Written member-informing documents that provide information regarding access to and usage of plan services are translated into appropriate threshold languages in Molina’s counties of operation.</li> <li>▪ Molina also offers vital documents in large print, Braille and in audio format. For more information please call the Member and Provider Contact Center.</li> </ul>	Victoria Luong, 562-901-1032	Cultural and Linguistic Consultation and Training	<ul style="list-style-type: none"> <li>▪ For cultural and linguistic consultations, questions regarding cultural beliefs and practices that may affect patient care, or to request cultural competency trainings, contact Molina at</li> </ul>	2/3/2020																				



# 2020 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

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Molina		<ul style="list-style-type: none"> <li>Molina cannot guarantee the availability of an interpreter at all times, however we will try our best to have an interpreter at the member's appointment.</li> </ul> <p><b>24 hours Access to Interpreters</b> Please call Molina's Member Services Department to arrange for this service: <b>Medi-Cal</b> members contact Member Services at (888) 665-4621 (Monday-Friday, 7am-7pm) <b>Covered California</b> (Marketplace) members contact Member Services at:(888) 858-2150 (Monday-Friday, 8am-6pm) <b>Medicare</b> members contact Members Services at (800) 665-0898 (Monday-Friday, 8am-8pm) <b>Cal Medi Connect</b> (Duals) members contact Member Services at (855) 665-4627 (Monday-Friday, 8am-8pm)</p> <p><b>For after-hours and weekends</b>, please call Molina's Nurse Advice Line English (888) 275-8750 or Spanish (866) 648-3537] to arrange for this service.</p> <p><b>Sign Language Interpretation</b> To speak to members who are deaf, hard of hearing, or have a speech difficulty, Providers may use the California Relay Service. Dial 711 and give the Relay Operator (RO)/Communication Assistant (CA) the member's area code and telephone number. The RO/CA will connect and communicate via the member's preferred type of communication (TTY, VCO, Internet, ASCII, etc.).</p>	<ul style="list-style-type: none"> <li>Molina offers a variety of low literacy health education materials in English and Spanish at no cost to Providers or members.</li> <li>These materials can be accessed online at: <a href="http://www.molinahealthcare.com/providers/ca/medicaid/comm/Pages/Health-EducationMaterials.aspx">http://www.molinahealthcare.com/providers/ca/medicaid/comm/Pages/Health-EducationMaterials.aspx</a>.</li> <li>Upon request, Molina will translate existing health education materials into members' preferred language. Please call the Member and Provider Contact Center.</li> </ul> <p><i>Please also log these request on your PPG LAP log</i></p>		<p>(888) 562-5442 ext.121306.</p> <ul style="list-style-type: none"> <li>Molina also offers "Ask the Cultural and Linguistics Specialist," an interactive web-based question and answer forum on providing culturally appropriate care.</li> </ul> <p><b>All inquiries receive a response within 72 hours from Molina's Cultural Anthropologist.</b></p> <p>To access, go to our provider website: <a href="http://molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx">http://molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx</a></p>		
Scan	Spanish (all counties) Chinese (San Francisco)	<p><b>Telephonic and In – Person Interpreters</b> SCAN provides over-the-phone and in-person interpreter services for our members' appointments. These services can be requested by calling Member Services at (800) 559-3500 (TTY User: 711)</p>	<p>Please call our Member Services number at 1-800-559-3500</p> <p>October 1 to February 14, 8am-8pm 7 days a week</p>		<p><a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a> Provider Information Line 1(877) 778-7226</p>	<p>Kirsten Jorgensen, Regulated &amp; Member Communications <a href="mailto:KJorgensen@scanhealthplan.com">KJorgensen@scanhealthplan.com</a></p>	1/16/2020



# 2020 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
Scan		<p>October 1 to February 14, 8am-8pm 7 days a week February 15 to September 30, 8am – 8pm M-F</p> <ul style="list-style-type: none"> <li>For over-the-phone translation, SCAN has Spanish-speaking Member Service Advocates on-staff. To connect the member to an interpreter for other languages, press 2 for a list of available languages.</li> <li>For in-person appointments, SCAN offers free translation services for members in several languages, including American Sign Language. Members should call to request this service at least 72 hours before the scheduled appointment</li> </ul> <p>TTY: Dial 711. The representative will provide access to telephonic interpreters or schedule an appt. requiring a face to face interpreter.</p> <p><b>Providers</b> To access free interpreter services for Members, call the Provider Information Line, 24 hours a day at (877) 778-7226 and select the Interpreter Services option when prompted on the menu.</p>	February 15 to September 30, 8am – 8pm M-F				
United	Spanish Chinese (Traditional Chinese Characters)	<p>United Healthcare of California members who have limited English proficiency have access to translated written materials and oral interpretation services, free of charge, to help them get covered services. For more program information, call 800-752-6096.</p> <p><b>Verbal Interpreter/Written Translation Services</b> The United Healthcare West Call Center is a central resource for both care providers and members. The following information and services are accessible through the call center:</p> <ul style="list-style-type: none"> <li>How to access and facilitate oral interpretation services for members needing language assistance in any language, or</li> <li>Request for an in-person interpreter for a member by selecting the appropriate phone number (based on</li> </ul>	1-800-730-7270 Spanish; 1-800-938-2300 Chinese; 1-800-624-8822 English (and All Other Languages)	1-800-730-7270 Spanish; 1-800-938-2300 Chinese; 1-800-624-8822 English (and All Other Languages)	<a href="http://www.myuhc.com">www.myuhc.com</a> <a href="http://www.uhclatino.com">www.uhclatino.com</a> <a href="http://www.uhcasian.com">www.uhcasian.com</a> More program information: 1-800-752-6096		1/28/2020





# 2020 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

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United		<p>language preference) to speak with a customer service representative and/or to conference in an interpreter:</p> <p><b>United Healthcare of California Signature Value</b> (HMO): 800-624-8822 DIAL 711 TDHI Spanish: 800-730-7270; 800-855-3000 TDHI Chinese: 800-938-2300</p> <p><b><u>Where to Obtain the Member's Language Preference</u></b> The member's preferences for spoken language, written language and eligibility for written language service is displayed in the eligibilityLink app on Link.</p> <p><b><u>Availability of Grievance Forms</u></b> California Commercial HMO members may access grievance forms online. Please direct members to myuhc.com &gt; Find a Form. The form accessible in two places: From the California member welcome page or, Library tab page, on the left side, and click on Grievance Form. You and your staff are required to assist the member to obtain a form if the member asks. You may print a form from myuhc.com or by provide a number for the member to call Member Services to file the grievance orally. Grievance forms are available in English, Spanish and Chinese.</p>					