




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
Aetna	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		2/5/2020
Anthem Blue Cross	<p>Medical- Access Program (MCAP)</p> <p>Major Risk Medical insurance Program (MRMIP)</p> <p>Spanish Traditional Chinese Vietnamese Tagalog Korean</p>	<p>Telephone Interpreters : Medi-Cal Members 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)</p> <p>Face to Face Interpreter Requests : Med-Cal Members</p> <ul style="list-style-type: none"> Call the Anthem Member Services number on the Member's ID card for help (TTY/TDD: 711). 800-407-4627 / 888-757-6034 (TTY) Monday-Friday 7am-7pm Call 24/7 Nurse Line for after-hours services at 1 800-224-0336 E-mail: ssp.interpret@anthem.com California Relay Service (24 hours a day/ 7 days a week): Interpreters are available to members, providers and staff at key points of medical contact. <ul style="list-style-type: none"> 72 business hours or more advance notice are required to schedule services needed for scheduling face-to-face and sign language interpreters. Twenty-four hour advance notice requested for cancellations <p>Have the following available:</p> <ul style="list-style-type: none"> Members ID number Need for an interpreter and state the language <p>Providers Anthem Blue Cross Medicaid / Medi-Cal State Sponsored Business: (800) 677-6669, request to speak to an interpreter.</p>	<p>Translation Members To ensure the timely translation of materials, encourage the Member to contact Anthem Blue Cross by calling 1-888-254-2721.</p> <p>Providers contact on members behalf 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. <i>These requests need to be logged and tracked in your LAP Log</i></p>	1 800-677-6669 Provider Care	https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx	N/A	1/1/2020



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		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.					
Blue Shield of California	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><u>In-Person Interpretation (IPI), or Face-to-Face Routine Visit</u> 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 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>Request for Translation 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></p> <p>A provider who receives a request for a vital document translation should forward it to Blue Shield</p> <p><u>Urgent</u> Within one business day.</p> <p><u>Routine</u> Within two business days</p> <p><u>Non-Standard Vital Documents</u> 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><u>To forward the Vital Document to Blue Shield:</u></p> <ul style="list-style-type: none"> • Complete Blue Shield's "Language Assistance Form" 	Call your Provider Relations representative.	<p>blueshieldca.com/provider</p> <p>For a translation request use the following document.</p>  <p>BS_Lang. Asst. Req. Form.pdf</p>		1/2020



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			<p>available at Provider Connection at blueshieldca.com/provider under Guidelines & resources, Patient care resources, and then Language Assistance Program;</p> <ul style="list-style-type: none"> • Attach a copy of the document to be translated; • Fax the request <p><i>These requests need to be logged and tracked in your LAP Log</i></p>				
Cigna	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"> • You will need the member’s Cigna ID number, • member date of birth • your TAX ID number • (or NCPDP for pharmacist) to confirm eligibility and access interpretation services. It is not necessary to arrange for these services in advance. 	<p>Obtaining Cigna Translated Documents</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>Individuals may register their written or spoken language preference, as well as their race or ethnicity, in two ways:</p> <ol style="list-style-type: none"> 1. Call the telephone number on their ID card, or 2. Complete and send us the survey provided with their enrollment materials. <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>Vital documents 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>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>https://www.cigna.com/healthcareproviders/resources/californialanguageassistance-program</p>		



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			Vital non-standard documents are customer-specific and may contain personal health information, such as denial letters and explanations of benefits.				
Golden State		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: customer.service@gsmhp.com					1/22/2020
Health Net	<p>Oral translations in 150 languages,</p> <p>MEDI-CAL /CMC Kern, San Joaquin, Stanislaus, and Tulare: Spanish Los Angeles: Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese San Diego: Arabic, Spanish, Tagalog, and Vietnamese</p> <p>MEDICARE Based on Health Net Members Benefits'</p> <p>COMMERCIAL Chinese Korean Vietnamese Spanish</p>	<p>INTERPRETER SERVICES</p> <p>LINE OF BUSINESS HMO, HSP, PPO, EPO, POS, Medicare 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>Commercial Contact Health Net Member Services at the telephone number on the members ID Card</p> <p>Medicare Advantage 1(800) 929-9224 M – F 8AM – 5PM</p> <p>Medi-Cal 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>Covered California 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>Cal Medi-Connect- Los Angeles Interpreter Services: 1 (855) 464-3571 (M-F 8AM – 5PM)</p>	<p>Translation Services: MediCal, Cal MediConnect, Medicare Advantage</p> <ul style="list-style-type: none"> 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. All LEP members may request a translation or alternate format of utilization management (UM) or case management (CM) letters. 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. When Member Services receives the request, Health Net will request the document from the PPG. The PPG must submit the document within 48 hours Tagline and nondiscrimination notices must be included in correspondence sent to the member on Health Net's behalf. 		<p>Health Net Provider Manual</p> <p>PROVIDER SERVICES MediCal 1-800-675-6110 provider.healthnet.com</p> <p>PROVIDER SERVICES Cal Mediconnect provider_services@healthnet.com Los Angeles County 1-855-464-3571 San Diego County 1-855-464-3572</p> <p>PROVIDER SERVICES Medicare provider_services@healthnet.com 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>1 (800) 546-4570 (M-F 5PM -8AM) Afterhours, Weekends and Holidays</p> <p>Cal Medi-Connect- San Diego Interpreter Services: 1 (855) 464-3572 (M-F 8M-5PM) 1 (800) 546-4570 (M-F 5PM -8AM) Afterhours, Weekends and Holidays</p> <p>Face to Face Appointments 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"> Member ID number Language needed when calling <p>Sign Language 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"> Delegated provider groups can send in member information requiring translation to: provider_services@healthnet.com Request must include: <ul style="list-style-type: none"> Member ID Member name The document requested The members address Materials must be in a Word or unlocked PDF format, scanned or faxed documents are not accepted. Care plans must include proof the document is at or below 8th grade reading level (Commercial & Medicare) 6th grade reading level (Medi-Cal & CMC). Providers use the same process for requesting an alternate format of any UM or CM materials in English or a threshold language. 		<p>PROVIDER COMMUNICATIONS provider.communications@healthnet.com fax 1-800-937-6086</p>		
Humana		<p>Providers are contractually and federally required 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>					11/27/2018



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Humana		<ul style="list-style-type: none"> Notification of availability of oral interpretation (over the phone, video or in-person) for Non English/Limited English appointments. Notification of availability of video or in-person sign language interpretation for hearing impaired members. <p>Oral Interpretation Vendor 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>https://www.voiance.com/services/AccountSignUp/ServiceAgreement.aspx?g=d0db2690-d029-41978eee-27e292848969</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>					
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>Verbal Interpreter/Written Translation Services 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"> How to access and facilitate oral interpretation services for members needing language assistance in any language, or 	1-800-730-7270 Spanish; 1-800-938-2300 Chinese; 1-800-624-8822 English (and All Other Languages)	1-800-730-7270 Spanish; 1-800938-2300 Chinese; 1-800-624-8822 English (and All Other Languages)	<p>www.myuhc.com</p> <p>www.uhclatino.com</p> <p>www.uhcasian.com</p> <p>More program information: 1-800-752-6096</p>		1/28/2020



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United		<ul style="list-style-type: none"> Request for an in-person interpreter for a member by selecting the appropriate phone number (based on language preference) to speak with a customer service representative and/or to conference in an interpreter: <p>United Healthcare of California Signature Value (HMO): 800-624-8822 DIAL 711 TDHI Spanish: 800-730-7270; 800-855-3000 TDHI Chinese: 800-938-2300</p> <p>Where to Obtain the Member's Language Preference 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>Availability of Grievance Forms California Commercial HMO members may access grievance forms online. Please direct members to myuhc.com > 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>					