



2021 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
Alignment		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 free aids and services to people with disabilities to communicate effectively such as: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Qualified interpreter • Information Written in other languages 	1-866-634-2247				2/5/2020
Anthem Blue Cross	Medical- Access Program (MCAP) Major Risk Medical Insurance Program (MRMIP)	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) Face to Face Interpreter Requests : Med-Cal Members <ul style="list-style-type: none"> ▪ Call the Anthem Member Services number on the Member's ID card for help (TTY/TDD: 711). 	Translation Members To ensure the timely translation of materials, encourage the Member to contact Anthem Blue Cross by calling 1-888-254-2721. 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.	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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Anthem Blue Cross	Spanish Traditional Chinese Vietnamese Tagalog Korean	<ul style="list-style-type: none"> 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. 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>				
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>In-Person Interpretation (IPI), or Face-to-Face Routine Visit 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>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>Urgent Within one business day.</p> <p>Routine Within two business days</p> <p>Non-Standard Vital Documents</p>	Call your Provider Relations representative.	<p>For a translation request, use the document located here: https://www.blueshieldca.com/provider/content_asset/documents/Announcements/122208_SB853FormFinal120508.pdf</p> <p>Fax the completed translation request to the translation liaison at (209) 371-5838</p>		3/29/2021



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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>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>To forward the Vital Document to Blue Shield:</p> <ul style="list-style-type: none"> • Complete Blue Shield's "Language Assistance Form" available at Provider Connection at blueshieldca.com/provider under Guidelines & resources, Patient care resources, and then Language Assistance Program; • Attach a copy of the document to be translated: • Fax the request to the translation liaison at (209) 371-5838 <p><i>These request need to be logged and tracked in your LAP Log</i></p>				
Cigna	Spanish Traditional Chinese	<ul style="list-style-type: none"> - Cigna does not delegate interpreter services to medical groups - Cigna offers free telephonic interpretation for Cigna LEP Participants through our language service vendor. - 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>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>	California Language Assistance Program, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).	Cigna California Language Assistance Program: https://www.cigna.com/healthcareproviders/resources/californialanguageassistance-program		



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Cigna		<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>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>Translations are not delegated to providers. Provider-specific documents that must be translated upon customer request:</p> <ul style="list-style-type: none"> • Notices pertaining to the denial, reduction, modification, or termination of services, benefits, and the right to file a grievance or Appeal. • An EOB or similar claim processing document that is sent to the customer and requires a response. <p>If the customer requires help, the notice instructs them to call Cigna at 1.800.244.6224.</p> <p>Translations must be sent within 21 calendar days of the customer request. We will contact the provider for a copy of the letter to 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>If you are calling about a patient with a GWH-Cigna ID card, please call 1.866.494.2111.</p>			



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Cigna			<p>Vital non-standard documents are customer-specific and may contain personal health information, such as denial letters and explanations of benefits.</p> <p>Providers Request “How to Request a Translation” Providers can forward the English document to be translated to Cigna’s Cultural and Linguistic Unit Translation Dept. By email: CulturalandLinguisticsUnit-TranslationRequest@Cigna.com By fax: 1.866.931.3068</p> <p>Please remember to:</p> <ul style="list-style-type: none"> ▪ Include provider contact information ▪ Protect personal health information (PHI) by using encryption and following standard operating procedures. 				
Golden State		<p>If you speak English, language assistance services, free of charge, are available to you. Call 1-877-541-4111 (TTY: 1-877-551-4111).PM M-F 8AM-8PM Member Services Email: customer.service@gsmhp.com</p>					1/25/2021



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<p>Health Net</p>	<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) 275-4737 Feb – September M – F 8AM – 8PM Oct – February 7/days a week 8AM -8PM</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 24 hours/ day</p> <p>Cal Medi-Connect- San Diego Interpreter Services: 1 (855) 464-3572 24 hours/day</p> <p>Face to Face Appointments</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. 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 		<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> <p>PROVIDER COMMUNICATIONS provider_communications@healthnet.com fax 1-800-937-6086</p>		<p>1/25/2021</p>



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Health Net		<p>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"> 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. 				
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> <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</p>					1/25/2021



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Humana		<p>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>To request language assistance or alternative formats, members can visit the HUMANA customer support page or Call Member Services on the back of the Member ID Card 1877-320-1235 option 9 (TTY:711) for assistance Hours of operation 8AM – 8PM EASTERN</p> <p>Providers with questions about HUMANA’s language assistance requirements can learn more in the provider education or by calling 1877-320-2233</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 Healthcare	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 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: 	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> <p>If you have any questions about language assistance services, you can contact our Quality Department for Health Education, Cultural, Linguistics and Language</p>		1/25/2021



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<p align="center">United Healthcare</p>		<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> <p>Virtual Onsite Interpreting in Response to COVID-19 UnitedHealthcare Community Plan of California is committed to serving our members and care providers through this public health emergency. We understand that your offices may be experiencing difficulty arranging in-person interpreters due to the COVID-19 national emergency. Our vendor Language Line® confirms that they are still able to assist you with interpreter services through your virtual patient office visits. Getting Started Setting up an appointment with a virtual Language Line interpreter is simple.</p> <p>It only requires you to: 1. Have a web-based meeting platform, such as Zoom, GoToMeeting, Google Hangouts, WebEx, etc.</p>			<p>Assistance Services at uhchealthed@uhc.com.</p>		

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<p>United Healthcare</p>		<p>2. Fill out the Language Line form and email it to onsiterequests@languageline.com to schedule an interpreter.</p> <p>If you would like technical assistance or would like to confirm your digital platform is compatible, please contact Language Line at 888-225-6056, option 1. Language Line will also continue to provide telephonic interpreter services, which can be accessed by calling 866-270-5785. The client ID number is 209677 (do not hit #).</p> <p>These services are available to you at no cost. Resources If you have any questions about language assistance services, you can contact our Quality Department for Health Education, Cultural, Linguistics and Language Assistance Services at uhchealthed@uhc.com.</p>					