



# 2023 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS	PLAN CONTACTS (Interpreter/ Translation)	ADDITIONAL RESOURCES	LAST UPDATE
<b>Aetna</b>	<p><b>Commercial</b> Spanish, Simplified Chinese, Korean, Tagalog, Vietnamese, Arabic, Armenian, Cambodian, Farsi</p> <p><b>Medicare</b> Spanish, Simplified Chinese, Korean, Tagalog, Vietnamese</p>	<p>Need help giving care to non-English speaking Aetna members? Providers can call 1-800-525-3148. This number bypasses provider services center and connects directly to qualified interpreters.</p> <p>Members can request interpretation services from our Language Assistance Program by calling the number on their ID card.</p>	<p>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</p> <p>Member Services: 1-855-772- 9076</p> <p><i>Please also log these request on your PPG LAP log</i></p>	<p>Interpreter Services 1-800-525-3148</p>		2/8/23
<b>Alignment</b>		<p>To access Alignment’s interpreter services for members, please contact Member Services at 1(866) 634-2247 at least seven (7) days prior to the service. TTY users should call 711.</p> <p>Hours are 8:00 a.m. to 8:00 p.m., seven (7) days a week (except Thanksgiving and Christmas) from October 1 through March 31.</p> <p>Hours are 8:00 a.m. to 8:00 p.m., - Monday to Friday (except holidays) from April 1 through September 30.</p> <p>Alignment provides free language services to people whose primary language is not English, such as:</p> <ul style="list-style-type: none"> <li>• Qualified interpreter</li> </ul> <p>Alignment provides free aids and services to people with disabilities to communicate effectively such as:</p> <ul style="list-style-type: none"> <li>• Qualified sign language interpreters</li> </ul>	<p>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</p> <p>Call Member Services at 1-866-634-2247 to get information on translation services.</p> <p>Alignment provides free aids and services to people with disabilities to communicate effectively such as:</p> <ul style="list-style-type: none"> <li>• Written information in other formats (large print, audio, accessible electronic formats, other formats).</li> </ul> <p>Provides free language services to people whose primary language is not English, such as:</p> <ul style="list-style-type: none"> <li>• Information Written in other languages</li> </ul> <p><i>Please also log these request on your PPG LAP log</i></p>			7/20/22



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<b>Anthem Blue Cross</b>	Spanish Traditional Chinese Vietnamese Tagalog Korean	<p><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).</p> <p><b>Applicable Integrated Plan</b> members may call Member Services at 1-855-817-5785 for interpreter assistance Monday through Friday, 8 am to 8 pm. (TTY:711)</p> <p>After hours, call the 24/7 Nurse line (Med Call) 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><b>Multi-Language Interpreter Services: Medicare</b>            1-888-230-7338 (TTY:711)</p> <p><b>Face to Face Interpreter Requests: Medi-Cal Members</b>            Call the Anthem Member Services number on the back of the Member’s ID card for help (TTY/TDD: 711).</p> <ul style="list-style-type: none"> <li>○ 1-800-407-4627 / 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: <a href="mailto:ssp.interpret@anthem.com">ssp.interpret@anthem.com</a> 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.</li> <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>○ 24 hours’ advance notice requested for cancellations</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>            Providers may call 1-(800) 677-6669, &amp; request to speak to an interpreter. Providers may also schedule by e-mailing <a href="mailto:ssp.interpret@anthem.com">ssp.interpret@anthem.com</a> Registration with our secure e-mail is required. Please type “secure” in the subject line.</p>	<p><i>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</i></p> <p><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 or call the number on the back of the Members ID card.</p> <p><b>Providers contacting plan on member’s 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.</p> <p><i>These request need to be logged and tracked in your LAP Log</i></p>	1 800-677-6669 Provider Care	<a href="https://mediproviders.anthem.com/ca/pages/face-interpreting-services.aspx">https://mediproviders.anthem.com/ca/pages/face-interpreting-services.aspx</a>	2/8/23



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Blue Shield of California	<p><b>Commercial &amp; Medicare</b> Spanish Korean Traditional Chinese Vietnamese</p>	<p><b><u>Over-the-Phone Interpretation:</u></b> Blue Shield provides access to telephonic interpretation services through Provider Customer Services at (800) 541-6652. The provider will be guided by Voice Response Unit (VRU) menu prompts to request access to spoken interpretation services for a member over the phone (in almost any language) or hear information on how to obtain vital document translation (available in Blue Shield’s threshold languages only) on behalf of a member.</p> <p><b><u>In-Person Interpretation</u></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. Five (5) business days advanced notice is preferred in order to make best efforts to accommodate the request for face-to-face interpreters</p> <p>For appointments made within 48 hours/Emergency (same or next day access for routine or urgent care), seek telephonic interpreter service (see Over-the-Phone Interpretation above).</p> <p>Members may get an interpreter or documents read and sent by calling the number on the back of the member’s ID card or 1-866-346-7198. Medicare members may call 1-800-776-4466.</p>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><b><u>Request for Translation</u></b> Providers are not delegated to provide translation of <b>non-standard vital documents</b> such as letters containing important information regarding eligibility and participation criteria and notices pertaining to the denial, reduction, modification, or termination of services and benefits must forward such requests received from enrollees to BlueShield.</p> <p>Blue Shield provides access to telephonic translation services through Provider Customer Services at (800) 541-6652. The provider will be guided by Voice Response Unit (VRU) menu prompts to hear information on how to obtain vital document translation (available in Blue Shield’s threshold languages only) on behalf of a member.</p> <p><b><u>Standard Vital Documents</u></b> Standard vital documents are translated into Blue Shield’s threshold languages in writing and are available upon request by the enrollee. A provider who receives a request for a vital document translation should forward it to Blue Shield within 1 business day for Urgent and 2 business days for Routine.</p> <p>Examples of Standard Vital documents:</p> <ul style="list-style-type: none"> <li>• Applications, consent forms</li> <li>• Notices of the right to file a grievance/appeal</li> <li>• Notice of language assistance at no cost</li> </ul> <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://www.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 the translation liaison 248-733-6331</li> </ul> <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>Call your Provider Relations representative or Provider Customer Services at (800) 541-6652.</p>	<p><a href="https://www.blueshieldca.com/provider">blueshieldca.com/provider</a></p> <p>For a translation request use the following document: <a href="https://www.blueshieldca.com/bsca/bsc/public/common/PortalComponents/provider/StreamDocumentServlet?fileName=PRV_SB853_070819.pdf">https://www.blueshieldca.com/bsca/bsc/public/common/PortalComponents/provider/StreamDocumentServlet?fileName=PRV_SB853_070819.pdf</a></p> <p>Or for a printed copy, call the Blue Shield C&amp;L Dept. at 1-800-468-9935</p>	7/18/22



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<b>Blue Shield of California</b>			<p>Examples of Non-Standard Vital documents:</p> <ul style="list-style-type: none"> <li>Letters containing important information regarding eligibility and participation criteria</li> <li>Notices pertaining to the denial, reduction, modification, or termination of services and benefits.</li> </ul> <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><i>These request need to be logged and tracked in your LAP Log</i></p>			
<b>Brand New Day</b>	<p><b>LA County:</b> English, Spanish, Chinese (Cantonese and Mandarin), Arabic, Armenian, Farsi, Tagalog, Vietnamese, Russian, Cambodian, Khmer, &amp; Korean</p> <p><b>Orange County:</b> English, Spanish, Vietnamese, and Farsi</p>	<p><b>Face to Face Interpreting Services</b> Brand New Day provides free aids and services to people with disabilities to communicate effectively with us, such as:</p> <ul style="list-style-type: none"> <li>Qualified sign language interpreters</li> </ul> <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> </ul> <p>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:</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> <li>Location of appointment (Name of Facility, Address, Suite/Room Number)</li> <li>Type/Purpose of appointment</li> </ul>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p>Brand New Day provides free aids and services to people with disabilities to communicate effectively with us, such as:</p> <ul style="list-style-type: none"> <li>Written information in other formats (large print, audio, accessible electronic formats, other formats).</li> <li>Information written in other languages</li> </ul> <p>Member Services Department at: (866) 255-4795, TTY 711</p> <p><i>Please also log these request on your PPG LAP log</i></p>		Compliance Dept. (562) 310-6868	7/18/22



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Brand New Day		<ul style="list-style-type: none"> <li>• Provider Specialty</li> <li>• Name and phone number of contact person at appointment site</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. during hours of:</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>				
CalOptima	<p><b>Medi-Cal</b> Spanish Vietnamese Farsi Korean Arabic Chinese: *Written- Traditional *Spoken- Mandarin</p> <p><b>OneCare</b> Spanish Vietnamese Farsi Korean Arabic Chinese</p>	<p><b>CalOptima provides:</b></p> <ul style="list-style-type: none"> <li>• Interpreter services for CalOptima patients with Limited English Proficiency.</li> <li>• Interpreter services &amp; ASL at no cost to members for all health care needs.</li> <li>• Health education and enrollment materials printed in several languages.</li> <li>• Materials in alternate formats, such as braille, audio or large print.</li> </ul> <p><b>Interpreter services are available 24 hours a day, 7 days a week for:</b></p> <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> <p><b>Medi-Cal and OneCare</b> The delegate is responsible for coordinating all interpreter services.</p> <p>Interpreters must be scheduled at least 5 working days before the member's appointment.</p> <ul style="list-style-type: none"> <li>• For ADOC/Regal members, Providers may call 1-844-292-5173 to request telephonic or face to face interpreter services.</li> <li>• HPN has contracted with <u>HANNA Interpreter Services</u> as the utilized company for <b>interpretation</b> services. HANNA provides ADOC &amp; Regal members with over the phone interpreting services free of charge. Interpretation services are available 7 days a week, 24 hours a day. Call</li> </ul>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><b>CalOptima and its Health Networks shall provide, upon a Member's request, a written translation of a non-standardized Member-specific documents into Threshold language within twenty-one (21) calendar days.</b></p> <p><b>Translation Services</b> HPN is contracted with Interpreting Services International, LLC. (ISI) for Written Member Informing Materials (WMIM) and member specific language in NOA letters. Contact (818) 753-9181.</p> <p>Contact the member's health network listed on the CalOptima ID card. For members enrolled in Cal Optima Direct, call 714-246-8500.</p> <p><i>These requests need to be logged and tracked in your LAP Log.</i></p>	<p>CalOptima C&amp;L Dept. <a href="mailto:CulturalLinguistic@caloptima.org">CulturalLinguistic@caloptima.org</a></p>		2/8/23



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CalOptima		<p>HANNA Interpreter Services at 1-855-803-8250.</p> <p><b>Hanna Interpreting Services</b> When contacting HANNA, the member is placed on a brief hold while the agent completes an outbound conference call to HANNA Interpreter Services.</p> <p>Information needed:</p> <ul style="list-style-type: none"> <li>▪ Your full name and call back number</li> <li>▪ Department name</li> <li>▪ The member's full name</li> <li>▪ The member's ID number</li> </ul> <p>Based on the linguistic need of its subscribers, the Delegate shall provide Interpreter services, including American Sign Language (ASL) to ensure effective communication regarding treatment, diagnosis, medical history, or health education. Interpretation can take place in-person, through a telephonic Interpreter, or via internet or video remote interpreting (VRI) services. VRI services, must provide real-time motion video and audio over a dedicated high-speed, wire-bandwidth video connection that delivers high-quality video images that do not produce lags, choppy, blurry or grainy images, or irregular pauses in communication; a sharply delineated image that is large enough to display the interpreter's face, arms, hand, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of body position; a clear, audible transmission of voices; and adequate training of users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.</p> <p>Delegate shall submit the following report(s) pursuant to the CalOptima Health Reporting Policy:</p> <ol style="list-style-type: none"> <li>1. Health Network Dashboard</li> <li>2. Interpreter Services Utilization Report</li> </ol>				
Central Health Plan		<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> </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> </ul> </li> </ul>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><b>Central Health Medicare Plan:</b></p> <ul style="list-style-type: none"> <li>▪ Provides free language services to people whose primary language is not English and free aids such as: <ul style="list-style-type: none"> <li>○ Written information in other formats (large print, audio, accessible electronic formats, other formats)</li> <li>○ Information written in other languages</li> </ul> </li> </ul>		<p>Email: <a href="mailto:memberservices@centralhealthplan.com">memberservices@centralhealthplan.com</a></p>	7/19/22



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<b>Central Health Plan</b>		<p><u>Telephonic /Sign Language Interpreter Services</u> Call Member Services at 1 866-314-2427 TTY: 711 8AM -8PM 7 days a week</p>	<p>Call Member Services at 1-866-314-2427 TTY: 711 8AM -8PM, 7 days a week</p>			
<b>Cigna</b>	<p><b>Commercial</b> Spanish Traditional Chinese</p>	<p>– 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 or 1.800.806.2059.</p> <p>You will need the:</p> <ul style="list-style-type: none"> <li>• Member Cigna ID number</li> <li>• Member date of birth</li> </ul> <p>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>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><u>Obtaining Cigna Translated Documents</u> 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>Cigna will also translate vital non-standard documents into Spanish and Traditional Chinese upon request and send documents w/in 21 days.</p> <p>Documents that are not considered vital will not be translated.</p> <p><u>Translations are not delegated to Providers</u> Provider-specific documents that must be translated upon customer request:</p> <ul style="list-style-type: none"> <li>• Notices pertaining to the denial, reduction, modification, or termination of services, benefits, and the right to file a grievance or Appeal.</li> <li>• An EOB or similar claim processing document that is sent to the customer and requires a response.</li> </ul> <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>Cigna has posted translated standard vital documents on the Cigna website next to the English vital documents.</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>Providers Request-</b> “How to Request a Translation”</p>	<p>California Language Assistance Program, please call Cigna Customer Service at 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>If the customer requires help, the notice instructs them to call Cigna at 1.800.244.6224.</p>	<p>Cigna California Language Assistance Program:  <a href="https://www.cigna.com/healthcare/providers/resources/California%20language%20assistance-program">https://www.cigna.com/healthcare/providers/resources/California language assistance-program</a></p>	7/19/22





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Cigna			<p>Providers can forward the English document to be translated to Cigna’s Cultural and Linguistic Unit Translation Department                      By email: <a href="mailto:CulturalandLinguisticsUnit-TranslationRequest@Cigna.com">CulturalandLinguisticsUnit- TranslationRequest@Cigna.com</a> or                      By fax: 1.866.931.3068                      Please remember to:</p> <ul style="list-style-type: none"> <li>• Include provider contact information</li> <li>• Protect personal health information (PHI) by using encryption and following standard operating procedures.</li> </ul>			
Wellcare of California	Chinese Spanish Vietnamese Korean	<p><b>Wellcare is responsible for providing interpreter services; including ASL. Wellcare 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 Wellcare Customer Service at 1-866-999-3945 for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for Wellcare.</p> <p><b><u>Hearing-Impaired, Interpreter and Sign Language Services</u></b>                      Hearing-impaired, interpreter and sign language services are available to Members through Wellcare 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 1-888-550-5252, TTY:711. This is a free service.</p>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><b>Wellcare Health Plans, Inc.:</b></p> <ul style="list-style-type: none"> <li>▪ Provides free written information in other languages and other formats (Braille, large print, audio, accessible electronic formats)</li> <li>▪ Provides free language services to people whose primary language is not English.</li> </ul>	1-866-999-3945		2/8/23
Health Net	<p><u>MEDI-CAL/</u>                      Applicable Integrated Plan                      Kern, San Joaquin, Stanislaus, and Tulare: Spanish                      Los Angeles:</p>	<p><b>INTERPRETER SERVICES</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></p>	<p><b>TRANSLATION SERVICES: Medi-Cal, Applicable Integrated Plan, Medicare Advantage, Commercial</b></p> <p>Provider groups delegated for CM or UM, may send any member information that needs translation into the member’s threshold language or alternate formats to Health Net at <a href="mailto:Provider_services@healthnet.com">Provider_services@healthnet.com</a></p> <ul style="list-style-type: none"> <li>○ Send the material in a Word or unlocked PDF format (Health</li> </ul>		<p><b>PROVIDER SERVICES</b>  <b>Medi-Cal</b>                      1-800-675-6110                      provider.healthnet.com</p> <p><b>PROVIDER SERVICES</b>  <b>Applicable Integrated Plan</b></p>	2/8/23





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<p><b>Health Net</b></p>	<p>Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese</p> <p><b>San Diego:</b> Arabic, Chinese, Farsi, Spanish, Tagalog, and Vietnamese</p> <p><b>MEDICARE</b> Spanish, Based on Health Net Members Benefits'</p> <p><b>COMMERCIAL</b> Traditional Chinese, Korean, Spanish</p>	<p>Contact Health Net Member Services at the telephone number on the members' ID Card</p> <p><b>Medicare Advantage</b> Call number on members' card or Provider Services: 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>Applicable Integrated Plan - Los Angeles Interpreter Services:</b> 1 (855) 464-3571 24 hours/ day</p> <p><b>Applicable Integrated Plan - San Diego Interpreter Services:</b> 1 (855) 464-3572 24 hours/day</p> <p><b>Face to Face Appointments</b> <b>Call: 800-675-6110 (TTY: 711)</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>	<p>Net cannot accept scanned or faxed documents).</p> <ul style="list-style-type: none"> <li>○ Care plans must send document at 6th grade reading level or below. (Medi-Cal)</li> <li>○ Care plans must send document at 8th grade reading level or below. (Medicare)</li> <li>○ Send the member's name, member ID, address and the document requested.</li> </ul> <ul style="list-style-type: none"> <li>• Health Net must provide translations and alternate formats of utilization management and case management materials for members that have a preferred language or format listed in the Health Net eligibility file. <ul style="list-style-type: none"> <li>○ If a member requests translation or an alternative format of an English document produced by a delegated PPG, the provider must refer the member to the Health Net 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> </ul> </li> <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> </ul> <p>Materials must be in a Word or unlocked PDF format. Scanned or faxed documents are not accepted.</p> <p>Care plans must include proof the document is at or below 8<sup>th</sup> grade reading level for Commercial &amp; Medicare or 6<sup>th</sup> grade reading level for Medi-Cal &amp; <b>Applicable Integrated Plan.</b></p> <p>Providers will use the same process for requesting an alternate format of any UM or CM materials.</p> <p><i>Please also log these request on your PPG LAP log</i></p>		<p><a href="mailto:providerservices@healthnet.com">providerservices@healthnet.com</a></p> <p>Los Angeles County 1-855-464-3571 San Diego County 1-855-464-3572</p> <p><b>PROVIDER SERVICES</b> <b>Medicare</b> 1-800-929-9224 <a href="mailto:provider_healthnetcalifornia.com">provider_healthnetcalifornia.com</a></p>	



# 2023 HERITAGE PROVIDER NETWORK

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Humana		<p>Humana provides language assistance services for members with limited proficiency in English. Providers may call Humana at the phone number on the member’s Humana ID card to access interpretation services while the member is in the office.</p> <p><b>Humana Language Line for Interpreter Services:</b> 1-877-228-9235, Client Code: 248207 24/7</p> <p>When creating appointment for members, please 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> <li>▪ Notification of availability of video or in-person sign language interpretation for hearing impaired members.</li> </ul> <p><b>Oral Interpretation Vendor Voidance</b> This is 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: <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><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><b>Humana Language Line for Translation Services:</b> 1-877-228-9235, Client Code: 248207 24/7</p> <p>For alternative formats, members can visit the HUMANA customer support page or call Member Services on the back of the Member ID Card or 1-877-320-2233. Hours of operation: 8AM – 8PM EST</p> <p>Spanish versions of Humana’s website and member materials can be accessed by selecting the “Español” link in <u>the upper right corner of Humana’s website.</u></p> <p><i>Please also log these request on your PPG LAP log</i></p>	<p>Providers with questions about Humana’s language assistance program can call: 1-877-320-2233</p>		7/27/22
IEHP	Spanish	<p><b>IEHP offers free interpreter services for member appointments.</b> IEHP arranges and covers the cost of the interpreter services for member visits to PCP and Specialist outpatient visits.</p> <ul style="list-style-type: none"> <li>➤ <b>Medi-Cal</b> Providers &amp; members can call IEHP member services at 1-800-440-4347 during business hours or 1-800-718-4347 for TTY to arrange interpreter services.</li> <li>➤ <b>Applicable Integrated Plan</b> Providers &amp; members can call IEHP member services at (877) 273-4347 or (800) 718-4347 for TTY users, during business hours to arrange interpreter services.</li> </ul> <p><b>Medi-Cal &amp; Applicable Integrated Plan After Hours &amp; 24/7 Access to Telephonic Interpreters:</b> After hours, call the IEHP 24-hour Nurse Advice Line at 1-888-244-4347 or 1-866 577-8355 for TTY</p>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><b>Alternative Formats- Medi-Cal</b> Members can get plan materials in other formats, such as braille, 20-point font large print, audio and accessible electronic formats.</p> <p><b>Alternative Formats- Applicable Integrated Plan</b> Members can get the Member Handbook for free in other formats, such as large print, braille, and/or audio. Call IEHP <b>Applicable Integrated Plan</b> Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. To make a standing request to receive materials in Spanish or alternate format, please call IEHP <b>Applicable Integrated Plan</b> Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347.</p>	<p>Member Services Scheduling- Gabriel Uribe <a href="mailto:uribe-g@iehp.org">uribe-g@iehp.org</a></p> <p>IEHP Provider Relations Team (909) 890-2054</p>	<p><b>Member Services email:</b> <a href="mailto:Memberservices@IEHP.org">Memberservices@IEHP.org</a></p>	2/8/23



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IEHP		<p><b>Face to Face Interpreter:</b> 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. TTY users, please call 1-800-718-4347 seven days a week 8am – 5pm</p> <p><b>Video Remote Interpretation (VRI)</b> services are also available for IEHP members who are deaf or hard of hearing while accessing health plan services at contracted Urgent Care Facilities and SNFs. Providers may call the Provider Relations Team for VRI set-up at (909) 890-2054.</p>	<p>IEHP <b>Applicable Integrated Plan</b> will keep your information as a standing request for future mailings and communications.</p> <p><i>Please also log these request on your PPG LAP log</i></p>			
LA Care	<p><b>Medi-Cal &amp; Medicare Plus</b> English Spanish Chinese Armenian Arabic Farsi Cambodian Khmer Korean Russian Tagalog Vietnamese</p> <p><b>L.A. Care Covered</b> English Spanish Chinese</p>	<p><b>LA Care retains the responsibility of 24-hour, 7 days a week, qualified face to face and telephonic interpreting services, including American Sign Language (ASL).</b></p> <p><b>Telephonic Interpreting Services</b> PPG: 1-855-322-4022 Providers/Practitioners: 1-855-322-4034</p> <p>Please provide the following information to an operator to be connected with an interpreter:</p> <ul style="list-style-type: none"> <li>• <b>Language Needed</b></li> <li>• <b>LA Care Member ID</b></li> <li>• <b>Name of IPA/PPG or physician's NPI (practitioner)</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>Face to Face Interpreting Services for PPGs &amp; Network Providers</b> To request a face to face medical interpreter, including ASL, call LAC Member Services at least <b>10 business days</b> prior to the medical appointment. Call L.A. Care immediately if there are any changes to the appointment. Member Services contact information by LOB:</p> <ul style="list-style-type: none"> <li>▪ <b>Medi-Cal:</b> 1-888-839-9909, TTY 711</li> <li>▪ <b>Applicable Integrated Plan:</b> 1-833-522-3767</li> <li>▪ <b>LA Care Covered:</b> 1-855-270-2327</li> </ul> <p><b>Provide the following Information</b></p> <ul style="list-style-type: none"> <li>• Patient's name</li> </ul>	<p><b>Translation Services (HP Responsibilities)</b></p> <ul style="list-style-type: none"> <li>• LA Care retains the responsibility of translation of member informing materials and templates which are <u>created</u> by LA Care, including NOA templates, in LA County threshold languages.</li> <li>• Large print and alternative formats are available upon request for materials created by LA Care.</li> </ul> <p><b>Translation Services (PPG Responsibility- ALL LOB)</b></p> <ul style="list-style-type: none"> <li>• Translation and alternative formats of <u>PPG created</u> materials and/or verbiage including: <ul style="list-style-type: none"> <li>○ Verbiage within plan templates</li> <li>○ Non-template verbiage in NOA letters beyond materials developed and translated by LA Care, into LA County threshold languages.</li> </ul> </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.) PPGs are responsible for making these materials available in alternative formats, such as large print and audio.</li> </ul> <p><b>Quarterly C&amp;L Reporting to LA Care</b></p> <ul style="list-style-type: none"> <li>• If PPG translates member materials, submit a tracking log of all documents translated, including document title, languages translated into, type of document, product line, and date sent to the member.</li> <li>• If PPG contracts with own vendor, submit a log of interpreting services provided to LAC members.</li> </ul> <p><b>Quarterly Due Dates:</b></p> <ul style="list-style-type: none"> <li>• Qtr. 1: May 15</li> </ul>	<p>For more information about these services, contact LA Care's C &amp; L Services at: <a href="mailto:CulturalandLinguisticServices@lacare.org">CulturalandLinguisticServices@lacare.org</a>.</p> <p><b>Or Member Services:</b> Medi-Cal: 1-888-839-9909 Applicable Integrated Plan: 1-888-522-1298 LA Care Covered: 1-855-270-2327</p> <p><a href="mailto:CulturalandLinguisticServices_Mailbox@lacare.org">CulturalandLinguisticServices_Mailbox@lacare.org</a></p>	<p>Online training modules and educational resources: <a href="https://www.lacare.org/providers/provider-central/provider-programs/classes-seminars">https://www.lacare.org/providers/provider-central/provider-programs/classes-seminars</a></p> <p>C&amp;L Toolkit, Interpreting Services Poster, Language Assistance Brochure, Telephonic Interpreting Card: <a href="http://healtheducation.chi.v6.pressero.com/log-in">http://healtheducation.chi.v6.pressero.com/log-in</a></p>	2/10/23



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LA Care		<ul style="list-style-type: none"> <li>LA CARE member ID number</li> <li>DOB</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 &amp; specialty</li> <li>Address and phone number</li> <li>Purpose of appointment</li> </ul> <p>To communicate with deaf or hard of hearing L .A. Care members over the phone, call CRS at 711.</p>	<ul style="list-style-type: none"> <li>Qtr. 2: Aug. 15</li> <li>Qtr. 3: Nov. 15</li> <li>Qtr. 4: Feb. 15</li> <li>(Refer to HP Reporting Grid for more information)</li> </ul> <p><i>Please also log these request on your PPG LAP log</i></p> <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>			
Molina	Arabic Chinese Hmong Russian Spanish Vietnamese Tagalog	<p>Qualified face-to-face interpreter services are available at medical appointments 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>VRI appointments can be requested by calling the Contact Center</b></p> <p>Molina offers Video Remote Interpretation (VRI) if a telephonic interpreter will not provide meaningful access for an appointment. VRI can be accessed through any standard smartphone, tablet, or laptop equipped with a webcam. No specific software is needed, and the platform is HIPAA compliant and can be used for telehealth visits as well as in-person appointments. Appointments can be requested by calling the Contact Center. Requests should be made 48 hours in advance of an appointment.</p> <p><b>24 Hour Access to Interpreters for LEP members</b></p> <p><b>Medi-Cal, Medicare, Applicable Integrated Plan, Covered CA/Marketplace-</b> Providers may call Molina contact center at: (855) 322-4075</p> <p><b>For After-Hours and Weekends interpreter assistance,</b> call Molina's Nurse Advice Line:</p> <ul style="list-style-type: none"> <li>✓ English (888) 275-8750</li> <li>✓ Spanish (866) 648-3537</li> </ul> <p><b>Sign Language Interpretation</b></p> <p>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</p>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></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, see websites below or call the Member and Provider Contact Center.</li> <li>Low literacy health education materials are available in member's preferred languages such as English, Spanish, and other languages as requested. Network physicians may download and print health education materials from the provider website to meet the needs of Molina members. Online materials can be found at:</li> </ul> <p><b>Medi-Cal and Applicable Integrated Plan:</b>  <a href="https://www.molinahealthcare.com/providers/ca/medicaid/resource/Health-Education-Materials.aspx">https://www.molinahealthcare.com/providers/ca/medicaid/resource/Health-Education-Materials.aspx</a></p> <p><b>Medicare:</b>  <a href="https://www.molinahealthcare.com/providers/common/medicare/Culturally-Linguistically-Appropriate-Resources.aspx">https://www.molinahealthcare.com/providers/common/medicare/Culturally-Linguistically-Appropriate-Resources.aspx</a></p> <p><b>Marketplace:</b>  <a href="https://www.molinamarketplace.com/markHMetplace/ca/en-us/Providers/Health-Resources/Health-Management.aspx">https://www.molinamarketplace.com/markHMetplace/ca/en-us/Providers/Health-Resources/Health-Management.aspx</a></p>	<p>Molina Healthcare Member Services: 1-888-665-4621</p> <p>Molina Provider Contact Center: (855) 322-4075</p> <p>Please call the Member and Provider Contact Center for all language services.</p> <p>For Medi-Cal members call (888) 665-4621 Mon-Fri, 7am-7pm.</p> <p>For Marketplace members call (888) 858-2150 Mon-Fri, 8am-6pm.</p> <p>For Medicare members call (800) 665-0898 Mon-Fri, 8am-8pm.</p> <p>For Applicable Integrated Plan members call (855) 665-4627 Mon-Fri, 8am-8pm.</p> <p>For after-hours and weekends,</p>	<p>Cultural and Linguistic Consultation and Training</p> <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 (888) 562-5442 ext.121306.</li> <li>Molina also offers "Ask the Cultural and Linguistics Specialist," an interactive web-based Question and Answer forum</li> </ul>	7/25/2022



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<b>Molina</b>		<p>(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> <p><b>Qualified sign language interpreter services at medical appointments</b> to all deaf and hard of hearing members. Molina needs 3-5 working days' notice to identify a qualified sign language or face-to-face preferred language interpreter. 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.</p>	<ul style="list-style-type: none"> <li>Members may also download and print health education materials in the topic area of interest. Molina will translate materials into other languages and alternative formats, at no cost to the provider or Member, as requested.</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>please call the <b>Nurse Advice Line</b>:</p> <ul style="list-style-type: none"> <li>English and all other languages (888) 275-8750</li> <li>Spanish (866) 648-3537</li> </ul>	<p>on providing culturally appropriate care.</p> <p><b>All inquiries receive a response within 72 hours from Molina's Cultural Anthropologist.</b></p> <p>To access, go to the provider website: <a href="https://www.molinahealthcare.com/providers/ca/medicaid/resource/ask-cultural.aspx">https://www.molinahealthcare.com/providers/ca/medicaid/resource/ask-cultural.aspx</a></p>	
<b>SCAN</b>	<p><b>Medicare</b> Spanish, Simplified Chinese, Korean, Tagalog, Vietnamese</p>	<p><b>Interpreter Services</b></p> <ul style="list-style-type: none"> <li>SCAN provides free interpreter services to Members. To access services, call the Provider Information Line, twenty-four (24) hours a day at: (877) 778-7226 (TTY User: 711) and select the Interpreter Services option when prompted.</li> <li>You can also access SCAN Virtual Remote Interpretation (VRI) at <a href="https://scan.cqfluencyvri.com">https://scan.cqfluencyvri.com</a>, enter access code: <b>scan</b> and then select language. VRI requires no prior scheduling, offers professional interpreters in ASL and 170 languages, reduces wait times and provides high quality care in minutes.</li> <li>Phone or in-person interpreter services can be requested by calling Member Services at (800) 559-3500 (TTY User: 711)</li> <li>For over-the-phone translation, SCAN has Spanish-speaking Member Services Advocates on-staff. To connect the member to an interpreter for other languages, press 2 for a list of available languages.</li> </ul>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <ul style="list-style-type: none"> <li>SCAN Providers shall have a process to ensure all appropriate departments contact the SCAN Provider Information Line at 1-877-778-7226, Option 5 upon member request for alternative format communication.</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 at 1-800-559-3500.</li> </ul> <p><i>Please also log these request on your PPG LAP log</i></p>	<p>Member Services: 1-800-559-3500</p>	<p><a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a> Provider Information Line 1 (877)-778-7226</p>	2/8/23
<b>United Healthcare</b>	<p>Spanish Chinese (Traditional Chinese Characters)</p>	<p><b>Medi-Cal:</b> If a UHC Community Plan member needs interpreter services, they can call the number on their ID card. Interpreter services are available over the phone, video interpreting or face-to-face. If you need a professional interpreter during regular business hours between 8 a.m.- 5 p.m. Monday to Friday, call Provider Services at 866-270-5785.  After-Hours call 877-261-6608 and enter the Client ID 209677</p>	<p><b>No contractual documentation was found on specifically whom (HP vs. PPG) is delegated for translation of documents or for alternate formats.</b></p> <p><b>Materials for limited English speaking (Medi-Cal) Members:</b> UHC provides simplified materials written at or below a 6th grade reading level to members with limited English proficiency and who speak languages other</p>	<p>Medi-Cal Member Services: 866-270-5785</p> <p>Commercial &amp; Medicare Member Services contact information can be found on the back of members' ID card.</p>	<p><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></p>	7/26/2022





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<p><b>United Healthcare</b></p>		<p>(do not hit #). Press 1 for Spanish and 2 for all other languages.</p> <p><b>Commercial Plans:</b> UHC members with limited English proficiency have access to translated written materials and oral interpretation services, free of charge, to help them get covered services. For information, call 1-800-752-6096.</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. Please call 800-624-8822 DIAL 711 TDHI</p> <ul style="list-style-type: none"> <li>• Access to and facilitate oral interpretation services for members needing language assistance in any language</li> <li>• Request 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</li> </ul> <p><b>Virtual Onsite Interpreting</b> Our vendor Language Line® can assist you with interpreter services through your virtual patient office visits. <b>It requires you to:</b></p> <ol style="list-style-type: none"> <li>1. Have a web-based meeting platform, such as Zoom, GoToMeeting, Google Hangouts, WebEx, etc.</li> <li>2. Fill out the Language Line form and email it to <a href="mailto:onsiterequests@languageline.com">onsiterequests@languageline.com</a> to schedule.</li> </ol> <p>If you need technical assistance or would like to confirm your digital platform is compatible, please contact Language Line at 888-225-6056, option 1. Language Line also provides telephonic interpreter services which can be accessed by calling 866-270-5785. The client ID number is 209677 (do not hit #).</p>	<p>than English or Spanish. We also provide materials to visually impaired members, and in alternative formats. For more support for translated materials or materials format, call Provider Services. Or go to: <a href="https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice">https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice</a></p> <p><i>Please also log these request on your PPG LAP log</i></p>	<p>For questions about language assistance services, contact UHC at: <a href="mailto:uhchealthed@uhc.com">uhchealthed@uhc.com</a></p>	<p>More program information: 1-800-752-6096</p> <p><b>(Medi-Cal) Multilingual/ Telecommunication Device for the Deaf (TDD) Services:</b> 866-270-5785. After hours, you may contact 877-261-6608 and enter the Client ID 209677 (do not hit #) Press 1 for Spanish and 2 for all other language TDD 711</p>	

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## Health Plan Language Assistance

**Our Heritage**  
Your Health In Good Hands



### HPN Counties and Threshold Languages for Medi-Cal

County / # of Languages that meet T/CS	Arabic	Armenian	Cambodian	Chinese	English	Farsi	Hindi	Hmong	Japanese	Korean	Laotian	Mien	Punjabi	Russian	Spanish	Tagalog	Thai	Vietnamese
<b>KERN (2)</b>	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
<b>LOS ANGELES (11)</b>	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N	Y	Y	Y	N	Y
<b>ORANGE (7)</b>	Y	N	N	Y	Y	Y	N	N	N	Y	N	N	N	N	Y	N	N	Y
<b>RIVERSIDE (3)</b>	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
<b>SAN BERNARDINO (4)</b>	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	N	Y
<b>SAN DIEGO (7)</b>	Y	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	Y
<b>SAN LUIS OBISPO (2)</b>	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
<b>VENTURA (2)</b>	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N