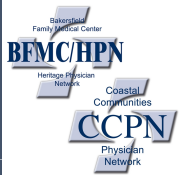




HERITAGE PROVIDER NETWORK

2024 Health Plan Language Assistance Sheet
Protocols for Accessing Health Plan Interpreter
and Translation Services



2024 HERITAGE PROVIDER NETWORK

Health Plan Language Assistance

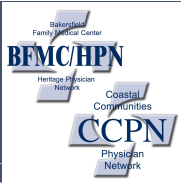
HEALTH PLAN	THRESHOLD LANGUAGE ¹	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS	PLAN CONTACTS (Interpreter/ Translation)	ADDITIONAL RESOURCES	LAST UPDATE
Aetna	<p>Commercial Spanish, Simplified Chinese, Korean, Tagalog, Vietnamese, Arabic, Armenian, Cambodian, Farsi</p> <p>Medicare Spanish, Simplified Chinese, Korean, Tagalog, Vietnamese</p> <p>Non EAE DSNP Spanish</p>	<p>Providers can call 1-800-525-3148 (TTY: 711). This number bypasses provider services center and connects directly to qualified interpreters.</p> <p>Members can request interpretation services by calling the number on their ID card.</p>	No translation information available	Interpreter Services 1-800-525-3148		2/2024
Alignment	<p>Medicare Spanish</p>	<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">Qualified interpreter <p>Alignment provides free aids and services to people with disabilities to communicate effectively such as:</p> <ul style="list-style-type: none">Qualified sign language interpreters	<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">Written information in other formats (large print, audio, accessible electronic formats, other formats). <p>Provides free language services to people whose primary language is not English, such as:</p> <ul style="list-style-type: none">Information Written in other languages			2/2024

¹ May include threshold and plan designated languages



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HEALTH PLAN	THRESHOLD LANGUAGE ¹	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS	PLAN CONTACTS (Interpreter/ Translation)	ADDITIONAL RESOURCES	LAST UPDATE
Anthem Blue Cross	<p>Commercial Spanish, Traditional Chinese, Korean, Tagalog, Vietnamese</p> <p>DSNP EAE Arabic Armenian Chinese Farsi Khmer Korean Russian Spanish Tagalog Vietnamese</p> <p>Medicare Spanish</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).</p> <p>Applicable Integrated Plan 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>Multi-Language Interpreter Services: Medicare 1-888-230-7338 (TTY:711)</p> <p>Face to Face Interpreter Requests: Medi-Cal Members 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">1-800-407-4627 / 888-757-6034 (TTY) Monday-Friday 7am-7pmCall 24/7 Nurse Line for after-hours services at 1 800-224-0336E-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.72 business hours or more advance notice is required to schedule services needed for scheduling face-to-face and sign language interpreters.24 hours advance notice requested for cancellations <p>Have the following available:</p> <ul style="list-style-type: none">Members ID numberNeed for an interpreter and state the language <p>Providers Anthem Blue Cross Medicaid / Medi-Cal State Sponsored Business: Providers may call 1-(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>	<p>Translation Members 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>Providers contacting plan on member’s 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.</p>	1-800-677-6669 Provider Care	https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx	2/2024



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HEALTH PLAN	THRESHOLD LANGUAGE ¹	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS	PLAN CONTACTS (Interpreter/ Translation)	ADDITIONAL RESOURCES	LAST UPDATE
Blue Shield of California	Commercial & Medicare Spanish, Traditional Chinese, Korean, Vietnamese	<u>Over-the-Phone Interpretation:</u> 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.	<u>Request for Translation</u> Providers are not delegated to provide translation of non-standard vital documents 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. 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.	Call your Provider Relations representative or Provider Customer Services at (800) 541-6652.	blueshieldca.com/provider	2/2024
	EAE DSNP and Non EAE DSNP Arabic Armenian Chinese Farsi Khmer Korean Russian Spanish Tagalog Vietnamese	<u>In-Person Interpretation</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. Five (5) business days advanced notice is preferred in order to make best efforts to accommodate the request for face-to-face interpreters 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). 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.	<u>Standard Vital Documents</u> 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. Examples of Standard Vital documents: <ul style="list-style-type: none">• Applications, consent forms• Notices of the right to file a grievance/appeal• Notice of language assistance at no cost <u>To forward the Vital Document to Blue Shield:</u> <ul style="list-style-type: none">• Complete Blue Shield’s “Language Assistance Form” available at Provider Connection at <i>blueshieldca.com/provider</i> under Guidelines & resources, Patient care resources, and then Language Assistance Program• Attach a copy of the document to be translated• Fax the request the translation liaison 248-733-6331 <u>Non-Standard Vital Documents</u> Non-standard vital documents contain enrollee-specific information. These documents are not translated into threshold languages. Examples of Non-Standard Vital documents: <ul style="list-style-type: none">• Letters containing important information regarding eligibility and participation criteria• Notices pertaining to the denial, reduction, modification, or	For a translation request use the following document: https://www.blueshieldca.com/bsca/bsc/public/mon/PortalComponents/provider/StreamDocumentServlet?fileName=PRV_SB853_070819.pdf Or for a printed copy, call the Blue Shield C&L Dept. at 1-800-468-9935		



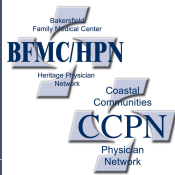
2024 HERITAGE PROVIDER NETWORK
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Blue Shield of California			<p>termination of services and benefits.</p> <p>Blue Shield will include with any non-standard vital documents distributed to enrollees the appropriate DMHC/CDI-approved written notice of the 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>			
Cigna	Commercial 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 or 1.800.806.2059.</p> <p>You will need the:</p> <ul style="list-style-type: none">• Member Cigna ID number• Member date of birth <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>Cigna now offers video remote interpreting (VRI) services for Cigna-eligible LEP customers through their language service vendor, CQ fluency.</p> <p>To engage a VRI interpreter for Cigna-eligible LEP customers using a computer or smart device:</p> <ul style="list-style-type: none">• Go to https://LanguageAccessProgram-Cigna.CQFluencyVRI.com.• Enter access code CignaProviderVRI (case sensitive)• Have the following information available:<ul style="list-style-type: none">- Customer last name- Customer (member) ID- State where customer lives- State where provider office is located	<p><u>Obtaining Cigna Translated Documents</u></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>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></p> <p>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>Vital documents are those that affect your patients’ benefits and coverage. They may be produced by the plan, or delegated to a contracting provider or vendor.</p> <p>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>Vital non-standard documents are customer-specific and may contain</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:</p> <p>https://www.cigna.com/healthcare/providers/resources/California language assistance-program</p>	2/2024



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HEALTH PLAN	THRESHOLD LANGUAGE ¹	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS	PLAN CONTACTS (Interpreter/ Translation)	ADDITIONAL RESOURCES	LAST UPDATE
Cigna			<p>personal health information, such as denial letters and explanations of benefits. The document is originally send in English, and translated into Spanish or traditional Chinese upon request.</p> <p>Providers Request- “How to Request a Translation”</p> <p>Providers can forward the English document to be translated to Cigna’s Cultural and Linguistic Unit Translation Department</p> <p>By email: CulturalandLinguisticsUnit- TranslationRequest@Cigna.com or</p> <p>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.			
Health Net	<p>Medi-Cal/Applicable Integrated Plan Kern, Stanislaus, and Tulare: Spanish</p> <p>Los Angeles: Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese</p> <p>San Joaquin: Chinese and Spanish</p> <p>Sacramento County: Arabic, Chinese, Farsi, Hmong, Russian, Spanish and Vietnamese</p> <p>San Diego: Arabic, Chinese, Farsi, Spanish, Tagalog, and Vietnamese</p>	<p>INTERPRETER SERVICES</p> <p>HMO, HSP, PPO, EPO, POS, Medicare</p> <p>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</p> <p>Contact Health Net Member Services at the telephone number on the members’ ID Card</p> <p>IFP On Exchange Interpreter Services : (888) 926-2164 (M-F 8AM-6PM)</p> <p>IFP Off Exchange Interpreter Services: (877)857-0701 (M-F 8AM-6PM)</p> <p>Small Group Off Exchange Interpreter Services: (800) 361-3366 (M-F 8AM-6PM)</p> <p>Large Group Off Exchange Interpreter Services: (800) 641-7761 (M-F 8AM-6PM)</p> <p>SHOP (Small Group on Exchange) Interpreter Services: (888) 926-5133 (M-F 8AM-6PM)</p> <p>All CA Commercial After Hours, weekends and holidays: (800) 546-4570</p> <p>Medicare Advantage</p> <p>Call number on members’ card or Provider Services: 1-800-929-9224 M-F 8AM – 5PM</p> <p>Medi-Cal</p> <p>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>TRANSLATION SERVICES: Medi-Cal, Applicable Integrated Plan, Medicare Advantage, Commercial</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 Provider_services@healthnet.com</p> <ul style="list-style-type: none">○ Send the material in a Word or unlocked PDF format (Health Net cannot accept scanned or faxed documents).○ Care plans must send document at 6th grade reading level or below. (Medi-Cal)○ Care plans must send document at 8th grade reading level or below. (Medicare)○ Send the member’s name, member ID, address and the document requested. <ul style="list-style-type: none">• 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">○ 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.○ When Member Services receives the request, Health Net		<p>PROVIDER SERVICES</p> <p>Medi-Cal</p> <p>1-800-675-6110</p> <p>provider.healthnet.com</p> <p>PROVIDER SERVICES</p> <p>Applicable Integrated Plan</p> <p>providerservices@healthnet.com</p> <p>Los Angeles County</p> <p>1-855-464-3571</p> <p>San Diego County</p> <p>1-855-464-3572</p> <p>PROVIDER SERVICES</p> <p>Medicare</p> <p>1-800-929-9224</p> <p>provider.healthnetcalifornia.com</p>	2/2024



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Health Net	<p>Medicare Spanish, Chinese</p> <p>Commercial Traditional Chinese, Korean, Spanish</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>Applicable Integrated Plan - Los Angeles Interpreter Services: 1 (855) 464-3571 24 hours/ day</p> <p>Applicable Integrated Plan - San Diego Interpreter Services: 1 (855) 464-3572 24 hours/day</p> <p>Face to Face Appointments Call: 800-675-6110 (TTY: 711) 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>	<p>will request the document from the PPG. The PPG must submit the document within 48 hours</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 addressMaterials must be in a Word or unlocked PDF format. Scanned or faxed documents are not accepted. <p>Care plans must include proof the document is at or below 8th grade reading level for Commercial & Medicare or 6th grade reading level for Medi-Cal & Applicable Integrated Plan.</p> <p>Providers will use the same process for requesting an alternate format of any UM or CM materials.</p>			
Humana	<p>Medicare Spanish</p>	<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>Humana Language Line for Interpreter Services:</p> <ul style="list-style-type: none">• Call 855-680-1056• Enter PIN 4310 when prompted• Select language<ul style="list-style-type: none">○ Press 2 for Spanish○ Press 3 to select language using 3 digit code○ Press 0 for operator assistance <p>When creating appointment for members, please 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><u>Oral Interpretation Vendor Voidance</u></p>	<p>Humana Language Line for Translation Services:</p> <ul style="list-style-type: none">• Call 855-680-1056• Enter PIN 4310 when prompted• Select language<ul style="list-style-type: none">○ Press 2 for Spanish○ Press 3 to select language using 3 digit code○ Press 0 for operator assistance <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 “Espanol” link in <u>the upper right corner of Humana’s website</u>.</p>	<p>Providers with questions about Humana’s language assistance program can call: 1-877-320-2233</p>		2/2024



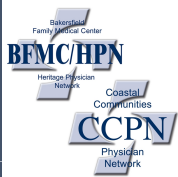
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Humana		<p>This is an “Over the Phone” and “Video Interpreter” vendor setup a no-contract, pay as you go model for providers to offer interpretation services in 200 languages and video interpretation in 24 languages (including American Sign Language) to meet providers contractual and federal requirements, please click the link below to sign up:</p> <p>https://www.voiance.com/services/AccountSignUp/ServiceAgreement.aspx?g=d0db2690-d029-41978eee-27e292848969</p>				
United Healthcare	Medicare Spanish Chinese (including Mandarin & Cantonese)	<p>Members have the right to a certified medical interpreter or sign language interpreter to accurately translate health information.</p> <p>Commercial Plans: 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>Verbal Interpreter / Written Translation Services The United Healthcare West Call Center is a central resource for both care providers and members. Please call 1-800-624-8822 DIAL 711 TDHI. The following information and services are accessible through the call center:</p> <ul style="list-style-type: none">• Access to and facilitate oral interpretation services for members needing language assistance in any language• 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 <p>The member’s preferences for spoken language, written language and eligibility for written language service is displayed when checking eligibility and benefits in the UnitedHealthcare Provider Portal.</p>	<p>Materials for limited English speaking Members: UHC provides materials to visually impaired members, and in alternative formats. For more support for translated materials or materials format, call Provider Services. Or go to: https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notice</p>	<p>Commercial & Medicare Member Services contact information can be found on the back of members’ ID card.</p> <p>For questions about language assistance services, contact UHC at: uhchealthed@uhc.com</p>	Language Assistance for Providers, Monday thru Friday, 8am to 8pm EST: 1-877-842-3210	2/2024



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Health Plan Language Assistance



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
KERN (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
LOS ANGELES (11)	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N	Y	Y	Y	N	Y
ORANGE (7)	Y	N	N	Y	Y	Y	N	N	N	Y	N	N	N	N	Y	N	N	Y
RIVERSIDE (3)	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
SAN BERNARDINO (4)	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	N	Y
SAN DIEGO (7)	Y	N	N	Y	Y	Y	N	N	N	N	N	N	N	N	Y	Y	N	Y
SAN LUIS OBISPO (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
VENTURA (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N