



# 2018 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>Aetna</b>	Spanish	1-800 525-3148. This number bypasses provider services center and connects directly to qualified interpreters.	1-877-287-0117	Nicki Theodorou at 415-645-8264 Megan Rooney at 650-279-6091	N/A	PDSDallas@aetna.com	1/18/2018
<b>Alignment</b>		Provides fee aids and services to people with disabilities to communicate effectively with us such as: <ul style="list-style-type: none"> <li>• Qualified sign language interpreters</li> <li>• Written information in other formats (large print audio, accessible electronic formats, other formats).</li> </ul> Provides free language services to people whose primary language is not English, such as: <ul style="list-style-type: none"> <li>• Qualified interpreter</li> <li>• Information Written in other languages</li> </ul>	1-866-634-2247				3/28/2018
<b>Anthem Blue Cross</b>	Medical-Access Program (MCAP)  Major Risk Medical Insurance Program (MRMIP)  Spanish Traditional	<b><u>Telephone Interpreters</u></b>  Customer Service Center (Medi-Cal) 1-800-407-4627 (outside LA County) 1-888-285-7801 (inside LA County). After hours, call the 24/7 Nurse line at 1-800-224-0336 1-877-687-0549: Medi-Cal Access Program (MCAP) 1-877-687-0549: Major Risk Medical Insurance Program (MRMIP)  <b>Have the following available:</b> <ul style="list-style-type: none"> <li>• Members ID number</li> <li>• Need for an interpreter and state the language</li> </ul> <b><u>Face to Face Interpreters including Sign Language</u></b> Interpreters are available to members, providers and staff at key points of medical contact. <ul style="list-style-type: none"> <li>• Three days or more advance notice needed for scheduling face-to-face and sign language interpreters.</li> <li>• Twenty-four hour advance notice requested for cancellations</li> </ul> Face-to-Face Interpreters Including Sign Language	1-888-254-2721  Materials translated prospectively include enrollment, eligibility and membership information, Explanation of Coverage (EOCs) and notices of language assistance.  Members must indicate their preferred written language to receive prospectively translated materials.	1 800-677-6669	<a href="https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx">https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx</a>	N/A	1/17/2018



# 2018 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>Anthem Blue Cross</b>	Chinese Vietnamese Tagalog Korean	Members and providers may call the Customer Care Center at the appropriate numbers above to schedule services during business hours. Seventy-two business hours are required to schedule services, and 24 business hours are required to cancel. Providers may also schedule by e-mailing <a href="mailto:ssp.interpret@wellpoint.com">ssp.interpret@wellpoint.com</a> . Registration with our secure e-mail is required. Please type "secure" in the subject line.  <b><u>TTY and Relay Services</u></b> (Members with Hearing or Speech Loss): Normal business hours 1-888-757-6034 After hours, member can call the 24/7 Nurse line TTY at 1-800-368-4424 or the California Relay Service number at 711.					
<b>Blue Shield of California</b>	Spanish Chinese-Traditional Vietnamese Hindi	Providers: Over-the-phone interpretation 800-541-6652, follow VRU menu.  Member may get an interpreter or documents read and sent by calling 1-866-346-7198 for more help call the CA Dept. of Insurance at 1-800-927-4357  <b><u>Face to Face</u></b> On-site interpretation services call 800-541-6652, dial "0" and speak to a Provider Services Agent to arrange for an interpreter.	Please fax Language Services Request Form & and document requiring translation to 209-371-5838	Call your Provider Relations representative.	<a href="http://blueshieldca.com/providers">blueshieldca.com/providers</a>	N/A	1/18/2018
<b>Brand New Day</b>	<b>LA County:</b> English, Spanish, Chinese (Cantonese and Mandarin), Arabic, Armenian, Cambodian/Khmer, Korean, Farsi, Tagalog,	<b><u>Telephonic Interpreter</u></b> 1-866-255-4795 Brand New Day Member Services for assistance  To request face-to-face interpreting services ( including American Sign Language), call Brand New Day's Member Services Department at (866) 255-4795 at least 5-10 business days prior to the patient's appointment.  Brand New Day TTY Line: (866) 321-5955 (TTY)  The hearing impaired member can call the provider through the California Relay Service at 1-800-735-2929 or 1-888-877- 5378 (for Spanish call 1-800-855-3000).	1-562-310-6868 Compliance Dept.	1-562-310-6868 Compliance Dept.	Compliance@ universalcare.com	Compliance@ universalcare.com	1/18/2018



# 2018 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>Brand New Day</b>	Vietnamese, and Russian.  <b>Orange County:</b> English, Spanish, Vietnamese, and Farsi.						
<b>Cal Optima</b>	Spanish Vietnamese Farsi	<p><b>*If the member is in a health network, please use their specific group*</b></p> <p><b>ADOC/UCMG/RMG (DELEGATED)</b> <i>Hanna Interpreting Services – Interpretation</i> 24 hour access to interpreter services at no cost to members</p> <p><b>ADOC &amp; REGAL</b> All Customer Service Representatives have been trained to ensure that members are able to communicate their questions and or concerns in their language with the HANNA Interpreter Services.</p> <p>HPN has contracted <b>“HANNA Interpreter Services”</b> as the utilized company for interpretation services. HANNA Interpreter Services provides HPN members with over the phone Interpreting Services at free of charge to the Enrollees. Interpretation Services are offered 7 days a week 24 hours a day at 1-855-803-8250.</p> <p><b>PROCEDURE</b> Customer Service Representatives are to follow the steps below in order to connect a member with an interpreter that can assist them in their threshold language:</p> <p><b>Incoming Queue Call</b></p> <p>Customer Service Representative (CSR) identifies member to be a limited English speaker and or member requests a specific language when speaking with the CSR.</p>	Contact the member's health network listed on the Cal Optima ID card. For members enrolled in Cal Optima Direct, call 1-714-246-8500.	Contact the member's health network listed on the Cal Optima ID card. For members enrolled in Cal Optima Direct, call 1-714-246-8500.	www.Caloptima.org, Cultural Linguistic@caloptima.org	N/A	1/18/2018



# 2018 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
Cal Optima		<p><b>Contacting HANNA Interpreter Services</b></p> <p>Member is placed on a brief hold while CSR completes an outbound conference call to HANNA Interpreter Services. Below is the process for completing a conference call from the Cisco Telephone System:</p> <ul style="list-style-type: none"> <li>• Dial HANNA Interpreter Services at: (1-855-803-8250)</li> <li>• The language needed for interpretation</li> <li>• Your full name and call back number</li> <li>• Your department name</li> <li>• The member's full name</li> <li>• The member's ID number</li> </ul> <p><b>Translation Services</b> ISI. Inc. – Translation Services for Written Member Informing Materials (WMIM) and member specific language in NOA letters (818) 753-9181</p> <p><b>If the member is in CalOptima Direct, (N/A)</b> Customer Service Dept. 714-246-8500. Prior authorization is not required. Have the following ready:</p> <ul style="list-style-type: none"> <li>• Member's name, ID , gender, and age</li> <li>• Date and time of appt.</li> <li>• Language needed</li> <li>• Type of visit</li> <li>• Approximate duration</li> <li>• Type of visit</li> <li>• Name of doctor/ facility</li> <li>• Address and phone number of appointment/location</li> </ul>					



# 2018 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
Care1st	English, Spanish, Arabic, Armenian, Farsi, Korean, Chinese, Khmer (Cambodian), Russian, Tagalog, and Vietnamese	<p><b><u>Telephonic /Face to Face Interpreters</u></b>            Call Care 1<sup>st</sup> Member Service Dept. during business hours:  <i>Medi-Cal (All counties) 1-800-605-2556</i>  <i>Medicare &amp; Commercial (All counties) 1-800-544-0088</i>  <i>Cal Medi Connect (All counties) 1-855-905-3825</i></p> <p>In case of emergency or after business hours for American Sign Language (ASL) interpreter, please call: Life Signs at 1-800-633-8883</p> <p>Please allow at least 5-7 business days for the request of face-to-face interpretation, and at least 14 business days for sign language assistance.</p> <p><b>Call Pacific Interpreters for After business hours:</b>            All counties (Access code: 828201) 1-877-904-8195. Have following information ready:</p> <p>A Pacific Interpreters Customer Service Agent will ask for the following information:</p> <ul style="list-style-type: none"> <li>• ACCESS CODE Los Angeles (ACCESS CODE: 840609)</li> <li>• Members first and last name and ID number</li> <li>• Language needed</li> <li>• Is this a Medi-Cal/Medicare/Dual Demo or Commercial Member</li> </ul> <p><b><u>When your office staff need to communicate with the hard-of-hearing or deaf patients,</u></b>            please call California Relay Service:  <i>English 1-888-877-5379</i>  <i>Spanish 1-888-877-5381</i></p> <p>When your hard-of-hearing or deaf patients need assistance to call your office or Care1st, please dial 1-800-735-2929 (Los Angeles) or 711 and 1-866-461-4288 (San Diego).</p>		Contact Member Services Dept.	www.care1st.com	N/A	1/18/2018



# 2018 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
Care 1 <sup>st</sup>		<p>All requests must be made with advance notice (amount of days may vary based on the company), please contact Care1st Member Services Department for further assistance:</p> <p>Please contact Care1st Member Services Department at least 48 Hours in advance if the appointment has been CANCELLED or RESCHEDULED.</p> <ul style="list-style-type: none"> <li>- <i>If your office has After Hours Answering Services:</i> Please ensure that their staff members can speak languages other than English; Please ensure that they know how to connect to an interpreter over the telephone.</li> <li>- <i>If your office has On-Call Physicians/Nurses:</i> Please ensure that they know how to connect to an interpreter over the telephone.</li> <li>- <i>If your office has an answering machine:</i> Please let the patients know that they need to call Pacific Interpreters.</li> </ul> <p><b>Alternative Format</b> To request materials in another language or in an alternative format, Braille, Electronic Text File, Audio, or Large Print after format. Please contact Care1st C&amp;L Department at 1-800-605-2556.</p>					



# 2018 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
<p><b>Central California Alliance for Health</b></p>	<p>Spanish</p>	<p>Medi-Cal, Medi-Cal Access Program (MCAP), In-Home Supportive Services (IHSS)</p> <p>Telephonic Interpreter Services: (855) 469-5222                      Telephonic Indigenous Interpreting: (855) 662-5300                      Face-to-Face Interpreting Services: (800) 700-3874 ext. 5580</p>	<p>Member Services                      Dept.: 800-700-3874, ext. 5508 or 831-430-5508</p>	<p>Point of Contact:                      Health Education Coordinator III,                      Alliance Health Education Line                      (800) 700-3874, ext. 5580</p>	<p><a href="http://www.ccah-alliance.org">www.ccah-alliance.org</a></p> <p>Point of Contact:                      Health Education Coordinator III, Alliance Health Education Line                      (800) 700-3874, ext. 5580</p> <p>Provider Information:                      Cultural and Linguistic Services Program:  <a href="http://www.ccah-alliance.org/cultural_linguistic.html">www.ccah-alliance.org/cultural_linguistic.html</a></p> <p>Member Information:                      Language Assistance:  <a href="http://www.ccah-alliance.org/languages.html">www.ccah-alliance.org/languages.html</a></p> <p>Asistencia de Lenguaje (Spanish): <a href="http://www.ccah-alliance.org/otraslinguas.html">www.ccah-alliance.org/otraslinguas.html</a>                      Kev Pab Txhais Lus (Hmong): <a href="http://www.ccah-alliance.org/languagesHM.html">www.ccah-alliance.org/languagesHM.html</a></p>	<p>Mary Bahni,                      Provider Services Dept.:                      mbahni@ccah-alliance.org</p>	<p>1/17/2018</p>
<p><b>Cigna</b></p>	<p>Spanish                      Chinese-traditional</p>	<ul style="list-style-type: none"> <li>- Cigna does not delegate interpreter services to medical groups</li> <li>- Cigna offers free telephonic interpretation for Cigna LEP participants through our language service vendor.</li> <li>- The Cigna Reference Guide for California provides interpreter access instructions (as outlined below).</li> <li>- To engage an interpreter once the Cigna participant is ready to receive</li> </ul>	<p>N/A</p>	<p>Cigna California Language Assistance Program:  <a href="https://www.cigna.com/healthcare-">https://www.cigna.com/healthcare-</a></p>	<p>Provider Reference Manual</p> <p>Cigna California Language Assistance Program:  <a href="https://www.cigna.com/">https://www.cigna.com/</a></p>	<p>N/A</p>	<p>1/17/2018</p>



# 2018 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
Cigna		<p>services, please call toll free at 1.800.806.2059. You will be asked to confirm eligibility to access interpretation services:</p> <ul style="list-style-type: none"> <li>- Once eligibility is verified, you will be connected with the language vendor.</li> <li>- The language vendor will collect information that is required for regulatory reporting.</li> <li>- It is not necessary to arrange for these services in advance.</li> </ul> <p><b>Telephonic Interpreters</b> Call 1-800-806-2059.</p> <ul style="list-style-type: none"> <li>• You will need the member's Cigna ID number,</li> <li>• member date of birth</li> <li>• your TAX ID number</li> <li>• (or NCPDP for pharmacist) to confirm eligibility and access interpretation services. It is not necessary to arrange for these services in advance.</li> </ul> <p>If the member is having difficulty understanding English, we offer language assistance and interpretation services at no cost to you. For help, please call the Customer Service number on the back of your ID card. If the member is unable to locate their ID card, in the U.S. please call 1.800.244.6224.</p>		<a href="#">professionals/resources-for-health-careprofessionals/clinical-payment-and-reimbursement-policies/claim-proceduresand-guidelines/</a>	<a href="#">healthcare-professionals/resources-for-health-careprofessionals/clinical-payment-and-reimbursement-policies/claim-policies-proceduresand-guidelines/</a>		
Easy Choice Health Plan		<p>In order to provide care to all eligible members in the language that the beneficiary is most comfortable with, Easy Choice Health Plan has representatives who are fluent in Spanish, Korean, Vietnamese, Mandarin and English available onsite, and has contracted with Language Select for other languages.</p> <p><b>Telephonic Interpretation</b> English: We have free interpreter services to answer any questions you may have <i>about our health or drug plan</i>. To get an interpreter, just call us at 1 866-999-3945. Someone who speaks English/Language can help you. This is a free service.</p>	N/A	1 (866)-999-3945	Provider Manual	N/A	1/18/2017





# 2018 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
Easy Choice Health Plan		<p>When a member needs to interact with the customer service department and does not speak a language in which the other party is fluent, the Language Line Service is to be utilized.</p> <p><b>Member Complaints &amp; Grievances</b> The Customer Services Department is designed to assist members in obtaining health services according to their needs. If a member has a complaint regarding Easy Choice Health Plan or any of its contracted providers, they may contact Customer Services toll free at (866) 999-3945.</p>					
Health Net of California, Inc.	<p>Oral translations in 150 languages,</p> <p><b>Kern, San Joaquin, Stanislaus, and Tulare:</b> Spanish</p> <p><b>Los Angeles:</b> Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese</p> <p><b>San Diego:</b> Arabic, Spanish,</p>	<p><b>INTERPRETER SERVICES</b></p> <p><b>LINE OF BUSINESS</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 6 PM - 8AM including Weekends and Holidays.</p> <p><b>Medicare Advantage</b> 1(800 )929-9224 M – F 8AM – 5PM</p> <p><b>Medi-Cal-</b> 1(800) 675-6110 24 hours a day/7 days a week</p> <p><b>Covered California-</b> 1(888)926-2164 M – F 8AM -6PM 1(800)546-4570 After Hours M-F 6PM to 8AM including Weekends and Holidays</p> <p><b>Cal Medi-Connect- Los Angeles Interpreter Services:</b> (855) 464-3571 (24 hours a day/7 days a week)</p> <p><b>Cal Medi-Connect- San Diego Interpreter Services:</b> (855) 464-3572 (24 hours a day/7 days a week)</p> <p><b>Face to Face Appointments</b> You may request an interpreter by calling the appropriate telephone numbers below or the number on the member’s identification (ID) card a <i>minimum of three 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>UM/CM delegated provider groups can send in member information requiring translation to: <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a></p> <p>Request must include:</p> <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>	<p>Culture &amp; Linguistic Services Dept. contact info: 1-800-977-6750 or email: <a href="mailto:cultural.and.linguistic.services@healthnet.com">cultural.and.linguistic.services@healthnet.com</a></p>	<p>Health Net Provider Manual</p> <p><b>PROVIDER SERVICES MediCal</b> 1-800-675-6110 provider.healthnet.com</p> <p><b>PROVIDER SERVICES Cal Mediconnect</b> <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a> Los Angeles County 1-855-464-3571 San Diego County 1-855-464-3572</p> <p><b>PROVIDER SERVICES Medicare</b> <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a> Medicare (individual) 1-800-929-9224 provider.healthnetcalifornia.com</p>	N/A	7/27/2018



# 2018 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
<p><b>Health Net of California, Inc.</b></p>	<p>Tagalog, and Vietnamese</p>	<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><b>Translation Services: MediCal, Cal MediConnect, Medicare Advantage</b></p> <ul style="list-style-type: none"> <li>For member requested translation of an English document, the provider refers the member to HN Member Services phone number on members ID card.</li> <li>After HN Member Service receives the request, they request the document from the PPG and PPG must submit it within <b>48 hrs.</b></li> <li>Tagline and nondiscrimination notices must be included in correspondence sent to the member on Health Net’s behalf.</li> </ul> <p><b>Requesting Document Translation:</b></p> <ul style="list-style-type: none"> <li>UM or Case Management delegated provider groups can send in member information requiring translation to: <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a></li> <li>Materials must be in a Word or unlocked PDF format, scanned or faxed documents are not accepted</li> <li>Care plans must include proof the document is at or below <b>6<sup>th</sup> grade</b> reading level.</li> <li>PPG must send <b>member’s name, ID#, members address with the document requested.</b></li> <li>Providers use the same process for requesting an alternate format of any UM or CM materials in English or a threshold language.</li> </ul>			<p>Medicare (employer group) 1-800-929-9224 provider.healthnet.com</p> <p><b>PROVIDER COMMUNICATIONS</b> <a href="mailto:provider_communications@healthnet.com">provider_communications@healthnet.com</a> fax 1-800-937-6086</p>		



# 2018 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>Inland Empire Health Plan</b>	Spanish	<p><b>Telephonic Interpreter</b> Call Member Services at 1-800-440-IEHP (4347) for telephone interpretation, 24/7</p> <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.</p> <p>TTY users, please call 1-800-718-4347 Mon-Fri 8am – 5pm</p>	IEHP Policy and Procedure Manual Medicare Dual Choice MA_09A.	Member Services – Scheduling, Gabriel Uribe – Operations uribe-g@iehp.org	<a href="https://ww3.iehp.org">https://ww3.iehp.org</a>	N/A	6/10/2016
<b>Inter Valley Health Plan</b>	Spanish	<p><b>Interpretation Services</b> It is the provider group’s responsibility to pay and arrange assistance for members who require interpretation and translation services. Inter Valley Health Plan contracts with vendors to provide interpretation and translation services to accommodate the hearing/speaking impaired or language barrier.</p> <ul style="list-style-type: none"> <li>• <u>Provider groups</u> are welcome to utilize the Plan’s vendors, but <u>remain responsible for all incurred costs.</u></li> <li>• Provider groups are also welcome to utilize their own vendors.</li> </ul> <p><b>Telephonic Interpreter:</b> You may contact Life Signs, Inc. to establish an account as follows during business hours of Mon-Fri 8:30-5:00pm excluding weekends and all state holidays.  <i>LA County:</i> 1-323-550-4210 or 1-888-930-7776  <i>Riverside/San Bernardino Counties:</i> 1-951-275-5035  <i>Afterhours/ Emergency - Monday – Friday after 5:00pm and before 8:30am, weekends and holidays</i> 1-800-633-8883</p> <p>When requesting an interpreter, generally the request should be made 3 to 5 working days in advance and the following is required:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Address</li> </ul>	Translation Services Inter Valley Health Plan contracts with Language Translation, Inc. (Speakeasy) to provide access in moments to language interpreters who interpret from English into as many as 240 languages, 24 hours a day, 365 days a year. To access Language Translation, Inc. (Speak Easy), and establish an account, call 1-877-626-0684.	N/A	<a href="https://www.ivhp.com">https://www.ivhp.com</a>	N/A	11/21/2016



# 2018 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
Inter Valley Health Plan		<ul style="list-style-type: none"> <li>Contact person</li> <li>Phone number</li> <li>Situation and billing information including an authorizing person and phone number.</li> </ul> <p><b>Alternative Formats</b> Alternate Formats and languages are available. Please call 1-800-251-8191 or TTY 711.</p>					
LA Care	Spanish Chinese Armenian Arabic Farsi Cambodian Khmer Korean Russian Tagalog Vietnamese	<p><b>Telephonic Interpreting Services</b> Call 1-888-839-9909 and provide the following information to an operator to be connected with an interpreter:</p> <ul style="list-style-type: none"> <li>Member name and ID</li> <li>Language requested</li> <li>Medical board license number</li> </ul> <p><b>Face to Face Interpreting Services</b> Call Member Services to request an interpreter at least 10 business days prior to the medical appointment: 1-888-839-9909</p> <p>Provide the following information: <i>Patient Information</i></p> <ul style="list-style-type: none"> <li>Members name, &amp; LA CARE ID</li> <li>Language requested</li> <li>Preferred gender of interpreter</li> </ul> <p><i>Appointment Information</i></p> <ul style="list-style-type: none"> <li>Date, time and duration of appointment</li> <li>Doctor's name</li> <li>Address and phone number</li> <li>Purpose of appointment</li> </ul> <p>TTY: Dial 711 to access the California Relay Services</p>	Translation Services (PPGs) Members have the right to receive written informing materials in their preferred threshold language. PPGs are delegated to translate any written informing materials that they generate, including member specific information in the Notice of Action letters.  You can get member materials in the Language or Format 1-888-839-9909 (TTY 711)	For more information about any of these services, contact LA Care's C & L Services at CLServices@lacare.org	CLStrainings@lacare.org	N/A	11/19/2018



# 2018 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>Molina Healthcare of California</b>	Arabic Chinese Hmong Russian Spanish Vietnamese Tagalog	<p>Molina provides free 24-hour access to interpreter services for members with limited English proficiency.</p> <p><b>Telephonic Interpretation</b></p> <ul style="list-style-type: none"> <li>Please call Molina’s Member Services Department to arrange for this service:                             <ul style="list-style-type: none"> <li>o For <i>Medi-Cal members</i> contact Member Services at (888) 665-4621 (Monday-Friday, 7am-7pm)</li> <li>o For <i>Covered California</i> (Marketplace) members contact Member Services at: (888) 858-2150 (Monday-Friday, 8am-6pm)</li> <li>o For <i>Medicare members</i> contact Members Services at (800) 665-0898 (Monday-Friday, 8am-8pm)</li> <li>o For <i>Cal MediConnect (Duals)</i> members contact Member Services at (855) 665-4627 (Monday-Friday, 8am-8pm)</li> </ul> </li> <li>For after hours and weekends, please call Molina’s Nurse Advice Line [English (888) 275-8750 or Spanish (866) 648-3537] to arrange for this service.</li> <li>To speak to members who are deaf, hard of hearing, or have a speech difficulty, Providers may use the California Relay Service. Dial 711 and give the Relay Operator (RO)/Communication Assistant (CA) the member’s area code and telephone number. The RO/CA will connect and communicate via the member’s preferred type of communication (TTY, VCO, Internet, ASCII, etc.).</li> </ul> <p><b>Sign Language Interpretation</b></p> <p>Sign Language interpretation is available for member’s clinical appointments at no cost.</p> <ul style="list-style-type: none"> <li>Please call Molina’s Member Services Department to request a sign language interpreter. Please refer to the phone numbers listed above to contact Member Services.</li> <li>Requests may also be sent via email to MHC-Interpreters@molinahealthcare.com.</li> <li>We recommend that provider offices give at least three to five business days’ notice so that an interpreter can be identified for the</li> </ul>	Call Molina Healthcare Member Services: 1-888-665-4621	Victoria Luong, 562-901-1032	<a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>	Provider Services Rep.	1/27/2017



# 2018 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>Molina HealthCare of California</b>		<p>appointment. Sign language interpreters are in high demand and may require at least five business days' notice.</p> <ul style="list-style-type: none"> <li>Molina cannot guarantee the availability of an interpreter at all times, however we will try our best to have an interpreter at the member's appointment.</li> </ul> <p><b>Alternative Format</b> To get information and other health education material in an alternate format. Call (888) 665-4621; TTY (800) 479-3310 for any other material or format not listed</p>					
<b>SCAN</b>	Spanish (all counties) Chinese (San Francisco)	<p><b>Telephonic and In – Person Interpreters</b> SCAN provides over-the-phone and in-person interpreter services for our members' appointments. These services can be requested by calling Member Services at (800) 559-3500 (TTY User: 711) (8am-8pm), 7 days a week October 1 to February 14, 8am-8pm February 15 to September 30, 8am – 8pm M-F</p> <ul style="list-style-type: none"> <li>For over-the-phone translation, SCAN has Spanish-speaking Member Service Advocates on-staff. To connect the member to an interpreter for other languages, press 2 for a list of available languages.</li> <li>For in-person appointments, SCAN offers free translation services for members in several languages, including American Sign Language. Members should call to request this service at least 72 hours before the scheduled appointment</li> <li>TTY: Dial 711. The representative will provide access to telephonic interpreters or schedule an appt. requiring a face to face interpreter.</li> </ul>	Please call our Member Services number at 1-800-559-3500, 8:00 A.M. – 8:00 P.M., seven days a week	Please call our Member Services number at 1-800-559-3500, 8:00 A.M. – 8:00 P.M.	www.scanhealthplan.com	Kirsten Jorgensen, Regulated & Member Communications KJorgensen@scahealthplan.com	1/17/2018
	Spanish, Chinese (Traditional Chinese Characters)	<p><b>Telephonic Interpreters</b> To access and facilitate oral interpretation services for members needing language assistance in any language, select the phone number below (based on the member's health plan or language preference) to conference in an interpreter:</p>	1-800-730-7270 Spanish; 1-800-938-2300 Chinese;	1-800-730-7270 Spanish; 1-800-938-2300 Chinese;	<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>	N/A	1/18/2018



# 2018 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

HEALTH PLAN	LAP THRESHOLD LANGUAGE	PLAN INTERPRETER ACCESS	PLAN TRANSLATION ACCESS (Vital Non-Standard Documents)	PLAN CONTACT QUESTIONS (interpreter/translation)	ADDITIONAL RESOURCES	LANGUAGE FORM VERIFICATION SUBMITTAL	LAST UPDATE
<b>United Health Care</b>		<p><i>United Healthcare of California Signature Value (HMO):</i> 800-624-8822, TDHI: 800-442-8833 English (and All Other Languages)  <i>United Healthcare Signature POS® (POS):</i> 800-913-9133 TDHI 800-442-8833</p> <p>Spanish: 800-730-7270; TDHI: 800-828-1120                      Chinese: 800-938-2300; TDHI: 800-828-1120</p> <p><b><u>Member Grievance Form</u></b>                      Members may access a grievance form online at uhcwest.com. After logging in, the member can access the form two ways:</p> <ul style="list-style-type: none"> <li>• Via a link from the Welcome page to the Online Grievance Form.</li> <li>• By clicking on the Library tab at the top of the Welcome page, then selecting “Grievance Form” from the sub-tabs on the left side of the page.</li> </ul>	1-800-624-8822 English (and All Other Languages)	1-800-624-8822 English (and All Other Languages)	More program information: 1-800- 752-6096		