

# 2022 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                             | ADDITIONAL RESOURCES | LANGUAGE FORM VERIFICATION SUBMITTAL | LAST UPDATE |
|------------------|------------------------|---|--|--|----------------------|--------------------------------------|-------------|
| <b>Aetna</b>     | Spanish                | <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 call 1-866-353-9802 or Member Services at 1-855-772- 9076 or TTY 711</p> <p>Members can request interpretation services from our Language Assistance Program by calling the number on their ID card.</p>   | 1-877-287-0117   | Directly to Interpreter Services<br>1-800-525-3148 | N/A                  |                                      | 12/23/21    |
| <b>Alignment</b> |                        | <p>For California: 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 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> <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>• Qualified interpreter</li> <li>• Information Written in other languages</li> </ul> | 1-866-634-2247   |  |                      |                                      | 12/23/21    |

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| <p><b>Anthem Blue Cross</b></p> | <p><b>Medical- Access Program (MCAP)</b></p> <p><b>Major Risk Medical insurance Program (MRMIP)</b></p> | <p><b>Telephone Interpreters: Medi-Cal Members</b><br/>Customer Service Center (Medi-Cal)<br/>1-800-407-4627 (outside LA County)<br/>1-888-285-7801 (inside LA County).</p> <p><b>Cal-Medicconnect/Duals members may call Member Services at 1-855-817-5785 for interpreter assistance Monday through Friday, 8 am to 8 pm. (TTY:711)</b></p> <p>After hours, call the 24/7 Nurse line (Med Call) at 1-800-224-0336<br/>1-877-687-0549: Medi-Cal Access Program (MCAP)<br/>1-877-687-0549: Major Risk Medical Insurance Program (MRMIP)</p> <p><b>Face to Face Interpreter Requests: Med-Cal Members</b><br/>Call the Anthem Member Services number on the Member's ID card for help (TTY/TDD: 711).</p> | <p><b>Translation Members</b><br/>To ensure the timely translation of materials, encourage the Member to contact Anthem Blue Cross by calling 1-888-254-2721.</p> <p><b>Providers contact on member's behalf</b><br/>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>1 800-677-6669<br/>Provider Care</p> | <p><a href="https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx">https://mediproviders.anthem.com/ca/pages/free-interpreting-services.aspx</a></p> | <p>N/A</p> | <p>12/23/21</p> |
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| <b>Anthem Blue Cross</b> | Spanish<br>Traditional Chinese<br>Vietnamese<br>Tagalog<br>Korean | <ul style="list-style-type: none"> <li>▪ 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.               <ul style="list-style-type: none"> <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> </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><u>Providers Anthem Blue Cross Medicaid / Medi-Cal State Sponsored Business:</u></b><br/> <u>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.</u></p> | <p><i>These request need to be logged and tracked in your LAP Log</i></p> |   |                      |                                      |             |

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| <p><b>Blue Shield of California</b></p> | <p>Spanish<br/>Traditional Chinese<br/>Vietnamese</p> | <p><b>Providers: Over-the-phone interpretation:</b><br/>1-800-541-6652, follow VRU menu.</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. <a href="#">Medicare members may call 1-800-776-4466</a>. For more help, call the CA Dept. of Insurance at 1-800-927-4357</p> <p><b><u>In-Person Interpretation (IPI), or Face-to-Face Routine Visit</u></b><br/>To arrange for in-person interpretation services, the provider must call the Provider Customer Service number at (800) 541-6652 and speak to a Provider Customer Services Agent.</p> <p>Five (5) business days with advanced notice from the enrollee is preferred in order to make best efforts to accommodate the request for face-to-face interpreters. At the time of the appointment, if a face-to-face interpreter has been scheduled and the interpreter does not show after a 15 minute wait time, the provider shall offer the enrollee the choice of using a telephone interpreter or the opportunity to reschedule the appointment</p> <p>For appointments made within 48 hours/Emergency (same or next day access for routine or urgent care): Provide services telephonically (see Over-the-Phone Interpretation above).</p> | <p><b>Request for Translation</b><br/>Providers are not delegated to provide translation of non-standard vital documents and <i>must forward such requests received from Blue Shield enrollees to Blue Shield</i>.</p> <p>A provider who receives a request for a vital document translation should forward it to Blue Shield</p> <p><b><u>Urgent</u></b><br/>Within one business day.</p> <p><b><u>Routine</u></b><br/>Within two business days</p> <p><b><u>Non-Standard Vital Documents</u></b></p> | <p>Call your Provider Relations representative.</p> | <p><a href="https://blueshieldca.com/provider">blueshieldca.com/provider</a></p> <p>For a translation request use the following document.</p> <p> <a href="#">BS_Lang. Asst. Req. Form.pdf</a></p> |  | <p>12/23/21</p> |
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| Blue Shield of California |   |  | <p>Non-standard vital documents contain enrollee-specific information. These documents are not translated into threshold languages.</p> <p>Blue Shield will include with any non-standard vital documents distributed to enrollees the appropriate DMHC/CDI-approved written notice of the availability of interpretation and translation services.</p> <p>If translation or interpretation of any non-standard vital document is requested by the enrollee, Blue Shield will provide the requested translation within 21 calendar days of that request, with the exception of expedited grievances.</p> <p><b>To forward the Vital Document to Blue Shield:</b></p> <ul style="list-style-type: none"> <li>• Complete Blue Shield's "Language Assistance Form" available at Provider Connection at <a href="https://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><i>These request need to be logged and tracked in your LAP Log</i></p> |   |   |                                      |             |
| Brand New Day             | <p><b>LA County:</b> English, Spanish, Chinese (Cantonese and Mandarin), Arabic, Armenian, Farsi, Tagalog, Vietnamese, and Russian.</p> | <p><b>Face to Face /Sign Language Interpreters</b> (including American Sign Language)</p> <p><b>Face to Face</b><br/>Brand New Day provides free aids and services to people with disabilities to communicate e effectively with us, such as:</p> <ul style="list-style-type: none"> <li>• Qualified sign language interpreters</li> </ul> |  |   | (562) 310-6868<br>Compliance Dept.<br>Connie Snyder |                                      | 12/23/21    |

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| Brand New Day | Cambodian/Khmer, Korean,<br><br><b>Orange County:</b> English, Spanish, Vietnamese, and Fars | <ul style="list-style-type: none"> <li>Written information in other formats (large print, audio, accessible electronic formats, other formats)</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> <li>Information written in other languages</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. - Hours are:</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> <p>Wait for the representative to connect you with an interpreter through Pacific Interpreters.</p> <p>When the interpreter joins the line, brief the interpreter: Explain the purpose of the call Give any special instructions you may have</p> <p><b>Face to Face</b><br/>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 in order to access an interpreter:</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> </ul> |   |   |                      |                                      |             |

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|             |                        | <ul style="list-style-type: none"> <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> <li>▪ Provider Specialty</li> <li>▪ Name and phone number of contact person at appointment site</li> <li>▪ Other special instructions</li> </ul>   |  |   |  |                                      |             |
| Cal Optima  |                        | <p><b>Cal Optima Provides:</b></p> <ul style="list-style-type: none"> <li>▪ Staff who speak your language.</li> <li>▪ Interpreter services, along with American Sign Language, at <b>no cost</b> to members for all health care needs.</li> <li>▪ <b>Interpreter services are available 24 hours a day, 7 days a week for:</b> <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> </li> <li>▪ Health education and enrollment materials printed in several languages at no cost to you.</li> <li>▪ Materials in other formats, such as braille, audio or large print at <b>no cost</b>.</li> </ul> <p>Providers may request interpreter services for their Cal Optima patients with Limited English Proficiency. Providers may request either telephonic or face to face interpreter service, depending on the situation (Cal Optima Provider Manual Section N7) ADOC/RMG: 1(844)-292-5173</p> <p><b>Telephonic or Face to face Interpretation (Members)</b><br/>714 246-8500</p> | <p>Cal Optima and its Health Networks shall provide, upon a Member's request, a written translation of a non-standardized Member-specific document into Threshold language within twenty-one (21) calendar days.</p> <p>Cal Optima and its Health Networks shall provide translations of written informing documents at a reading level no higher than sixth (6th) grade</p> <p>Contact the member's health network listed on the Cal Optima ID card. For members enrolled in Cal Optima Direct, call 1714-246-8500.</p> <p><i>These request need to be logged and tracked in your LAP Log</i></p> | <p>Contact the member's health network listed on the Cal Optima ID card. For members enrolled in Cal Optima Direct, call (714) 246-8500</p> | <p><a href="http://www.CalOptima.org">www.CalOptima.org</a><br/>CulturalLinguistic@caloptima.org</p> |                                      | 12/23/21    |

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| Cal Optima  |                        | <p>1 888-587-8088 Toll Free Monday through Friday, 8 a.m. to 5:30 p.m.<br/>1 800-735-2929 TDD/TTY</p> <p>For scheduled appointments, make sure to ask for an interpreter at least 5 working days before the member's appointment.</p> <p>*If the member is in a health network, please use their specific group*</p> <p><b>ADOC/RMG (DELEGATED) Hanna Interpreting Services –</b><br/>Interpretation 24-hour access to interpreter services at no cost to members ADOC &amp; REGAL. 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 "HANNA Interpreter Services" 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>Cal Optima<br/>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> |   |   |                      |                                      |             |



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| Cal Optima  |                        | <p>Contacting HANNA Interpreter Services 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> <p>Dial HANNA Interpreter Services at: (1-855-803-8250) ☒ <b>The language needed for interpretation</b></p> <ul style="list-style-type: none"> <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>Translation Services ISI. Inc. – Translation Services for Written Member Informing Materials (WMIM) and member specific language in NOA letters (818) 753-9181</p> <p>If the member is in Cal Optima Direct, (N/A) 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> |   |   |                      |                                      |             |

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| <p><b>Blue Shield of California Promise Health Plan</b></p> | <p>English, Spanish, Arabic, Armenian, Farsi, Korean, Chinese, Khmer (Cambodian), Russian, Tagalog, and Vietnamese</p> | <p><b>Telephonic /Face to Face Interpreters</b><br/>Call Member Service Dept. during business hours.</p> <p><b>24/7 Interpreting Services:</b><br/><a href="#">Medi-Cal (LA County)</a> 1-800-605-2556</p> <p>During Business Hours: For members to request telephonic or face-to-face interpreting services, please call Member Services at:</p> <ul style="list-style-type: none"> <li>• 1-800-605-2556 for Medi-Cal members</li> <li>• 1-800-544-0088 for Medicare members</li> <li>• 1-855-905-3825 for CalMediConnect members</li> </ul> <p><b>Medicare &amp; Commercial (All counties) 1-800-544-0088 (TTY 711)</b><br/>Seven days a week from October 1 through March 31,<br/>Monday through Friday from April 1 through September 30</p> <p><b>Cal Medi Connect (All counties) 1-855-905-3825 (TTY 711)</b><br/>Contact us 8 a.m. - 8 p.m., seven days a week:</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>When is Over-the-Phone Interpreting Services recommended?</b></p> <ul style="list-style-type: none"> <li>• When you identify a patient as being limited English proficient (LEP) and the patient is already present at the office, telephone interpretation should be used immediately to avoid any delay in service.</li> <li>• When a LEP patient requests it.</li> <li>• Telephone interpretation is available 24 hrs. a day, 7 days a week.</li> </ul> |  |  | <p>C&amp;L Department 1800-468-9935</p> |  | <p>1/23/21</p> |
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| Blue Shield of California Promise Health Plan |                        | <p><u><a href="#">AFTER BUSINESS HOURS:</a></u><br/> <b>1. Call Pacific Interpreters-</b><br/>                     All counties (ACCESS CODE: 828201) 1-877-904-8195<br/>                     A Pacific Interpreters Member Services Agent will ask for the following information:<br/>                     · ACCESS CODE<br/>                     · Member's First &amp; Last Name &amp; Blue Shield of California Promise Health Plan ID#<br/>                     · Language Needed<br/>                     · Is this a Medi-Cal, Medicare, or Cal-Medi Connect Member?<br/> <b>2. If your office has After Hours Answering Services:</b><br/>                     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.<br/> <b>3. If your office has On-Call Physicians/Nurses:</b><br/>                     Please ensure that they know how to connect to an interpreter over the telephone.<br/> <b>4. If your office has an answering machine:</b><br/>                     Please let the patients know that they need to call Pacific Interpreters.</p> |   |   |                      |                                      |             |

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| <p><b>Central Health Plan</b></p> |  | <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> <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><b>Telephonic /Sign Language Interpreter Services</b><br/>           Call Member Services at 1 866-314-2427<br/>           TTY: 711<br/>           8AM -8PM 7 days a week<br/>           Email: <a href="mailto:memberservices@centralhealthplan.com">memberservices@centralhealthplan.com</a></p> |  |  |   |  | <p>12/23/21</p> |
| <p><b>Cigna</b></p>               | <p>Spanish<br/>Traditional Chinese</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>– To engage an interpreter once the Cigna participant is ready to Receive services, please call the number listed on the back of the Members ID card 1.800.806.2059.</li> </ul>  | <p><b>Obtaining Cigna Translated Documents</b><br/>           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>California Language Assistance Program, please call Cigna Customer Service at 1.800.88Cigna (1.800.882.4462).</p> | <p>Cigna California Language Assistance Program:<br/><br/> <a href="https://www.cigna.com/healthcare/providers/resources/California-language-assistance-program">https://www.cigna.com/healthcare/providers/res ources/California language assistance-program</a></p> |  | <p>12/23/21</p> |

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| Cigna       |                        | <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><b>Individuals may register</b> their written or spoken language preference, as well as their race or ethnicity, in two ways:</p> <ol style="list-style-type: none"> <li>1. Call the telephone number on their ID card, or</li> <li>2. Complete and send us the survey provided with their enrollment materials.</li> </ol> <p>Cigna will also translate vital non-standard documents into Spanish and Traditional Chinese upon request. Documents that are not considered vital will not be translated.</p> <p><b>Translations are not delegated to providers.</b> 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>If the customer requires help, the notice instructs them to call Cigna at 1.800.244.6224.</p> <p>Translations must be sent within 21 calendar days of the customer request. We will contact the provider for a copy of the letter to be translated.</p> <p><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>If you are calling about a patient with a GWH-Cigna ID card, please call 1-866-494-2111.</p> |                      |                                      | 12/23/21    |

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|--|------------------------|---|---|---|----------------------|--------------------------------------|-------------|
|  |                        |   | <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><br/>                     “How to Request a Translation”<br/>                     Providers can forward the English document to be translated to Cigna’s Cultural and Linguistic Unit Translation Dept.<br/>                     By email: <a href="mailto:CulturalandLinguisticsUnit-TranslationRequest@Cigna.com">CulturalandLinguisticsUnit-TranslationRequest@Cigna.com</a><br/>                     By fax: 1.866.931.3068</p> <p>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> |   |                      |                                      |             |
| <p><b>Well Care of California</b><br/><br/><i>Formerly Easy Choice</i></p> |                        | <p><b>Well Care 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 Well Care Customer Service for help or you can ask Customer Service to put you in touch with a Civil Rights Coordinator who works for Well Care.</p> | Not Covered   | 1-866-999-3945                                      |                      |                                      | 12/23/21    |

# 2022 HERITAGE PROVIDER NETWORK Health Plan Language Assistance



| HEALTH PLAN         | LAP THRESHOLD LANGUAGE | PLAN INTERPRETER ACCESS  | PLAN TRANSLATION ACCESS<br>(Vital Non-Standard Documents) | PLAN CONTACT QUESTIONS<br>(interpreter/translation) | ADDITIONAL RESOURCES | LANGUAGE FORM VERIFICATION SUBMITTAL | LAST UPDATE |
|---------------------|------------------------|--|---|---|----------------------|--------------------------------------|-------------|
|                     |                        | <p><a href="#">Hearing-Impaired, Interpreter and Sign Language Services</a><br/>Hearing-impaired, interpreter and sign language services are available to Members through Well Care 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>  |   |   |                      |                                      |             |
| <b>Golden State</b> |                        | <p>Member Services has free language interpreter services available for non-speak English speakers.<br/>Call 1-877-541-4111. Calls to this number are free. Hours are 8 AM – 8 PM, 7 days a week from October 1 – March 31. From April 1 – September 30, hours are 8 AM – 8 PM Monday through Friday.<br/>TTY: 711<br/>Member Services Email: <a href="mailto:customer.service@gsmhp.com">customer.service@gsmhp.com</a> or <a href="http://www.gsmhp.com">www.gsmhp.com</a></p> |   |   |                      |                                      | 12/23/21    |

# 2022 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance



|                          |  |  |  |  |  |                     |
|--------------------------|--|--|--|--|--|---------------------|
| <p><b>Health Net</b></p> | <p>Oral translations in 150 languages,</p> <p><b><u>MEDI-CAL/CMC</u></b><br/> <b>Kern, San Joaquin, Stanislaus, and Tulare:</b> Spanish<br/> <b>Los Angeles:</b> Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese<br/> <b>San Diego:</b> Arabic, Spanish, Tagalog, and Vietnamese</p> <p><b><u>MEDICARE</u></b><br/>         Based on Health Net Members Benefits'</p> <p><b><u>COMMERCIAL</u></b></p> | <p><b><u>INTERPRETER SERVICES</u></b></p> <p><b><u>LINE OF BUSINESS</u></b><br/> <b>HMO, HSP, PPO, EPO, POS, Medicare</b><br/>         Supplemental members- 1(800) 641-7761 M-F 8 AM - 6PM<br/>         After hours and weekends- 1(800) 546-4570 M-F 5 PM - 8AM including Weekends and Holidays.</p> <p><b>Commercial</b><br/>         Contact Health Net Member Services at the telephone number on the members' ID Card</p> <p><b>Medicare Advantage</b><br/>         1(800) 275-4737<br/>         Feb – September M – F 8AM – 8PM<br/>         Oct – February 7/days a week 8AM -8PM</p> <p><b>Medi-Cal</b><br/>         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>Translation Services: MediCal, Cal MediConnect, Medicare Advantage</b></p> <ul style="list-style-type: none"> <li>Health Net must provide translations and alternate formats of utilization and case management materials for members that have a preferred language or format listed on the Health Net eligibility file.</li> <li>All LEP members may request a translation or alternate format of utilization management (UM) or case management (CM) letters.</li> <li>If a Health Net member requests translation or an alternative format of an English document produced by a delegated PPG, the provider must refer the member to the Member Services telephone number on the member's identification (ID) card.</li> </ul> |  | <p>Health Net Provider Manual</p> <p><b>PROVIDER SERVICES</b><br/> <b>Medi-Cal</b><br/>         1-800-675-6110<br/>         provider.healthnet.com</p> <p><b>PROVIDER SERVICES</b><br/> <b>Cal Mediconnect</b><br/> <a href="mailto:providerservices@healthnet.com">providerservices@healthnet.com</a><br/>         Los Angeles County 1-855-464-3571<br/>         San Diego County 1-855-464-3572</p> <p><b>PROVIDER SERVICES</b><br/> <b>Medicare</b><br/> <a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a><br/>         Medicare (individual)</p> | <p>1/18/2022 MW</p> |
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# 2022 HERITAGE PROVIDER NETWORK Health Plan Language Assistance



| HEALTH PLAN | LAP THRESHOLD LANGUAGE                     | PLAN INTERPRETER ACCESS  | PLAN TRANSLATION ACCESS<br>(Vital Non-Standard Documents)   | PLAN CONTACT QUESTIONS<br>(interpreter/translation) | ADDITIONAL RESOURCES   | LANGUAGE FORM VERIFICATION SUBMITTAL | LAST UPDATE |
|-------------|--|--|---|---|--|--------------------------------------|-------------|
| Health Net  | Chinese<br>Korean<br>Vietnamese<br>Spanish | <p><b>Covered California</b><br/>1(888)926-2164 M – F 8AM -6PM<br/>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><br/>1 (855) 464-3571 24 hours/ day</p> <p><b>Cal Medi-Connect- San Diego Interpreter Services:</b><br/>1 (855) 464-3572 24 hours/day</p> <p><b>Face to Face Appointments</b><br/><b>Call: 800-675-6110 (TTY: 711)</b><br/>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><br/>Sign Language Interpretation is available. Please request a sign language interpreter as soon as the appointment is made, but not less than 5 business days before the appointment.</p> | <ul style="list-style-type: none"> <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> <li>Tagline and nondiscrimination notices must be included in correspondence sent to the member on Health Net’s behalf.</li> <li>Delegated provider groups can send in member information requiring translation to:<br/><a href="mailto:provider_services@healthnet.com">provider_services@healthnet.com</a><br/><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> <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>8<sup>th</sup> grade</b> reading level (<b>Commercial &amp; Medicare</b>) <b>6<sup>th</sup> grade</b> reading level (<b>Medi-Cal &amp; CMC</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>1-800-929-9224<br/><a href="http://provider.healthnetcalifornia.com">provider.healthnetcalifornia.com</a><br/>Medicare (employer group)<br/>1-800-929-9224<br/>provider.healthnet.com</p> <p><b>PROVIDER COMMUNICATIONS</b><br/><a href="mailto:provider.communications@healthnet.com">provider.communications@healthnet.com</a><br/>fax 1-800-937-6086</p> |                                      |             |
|             |  | <p><b>Humana</b></p> <p><b>Providers are contractually and federally required</b> to ensure equality of opportunity for meaningful access” to healthcare services and activities. This includes during the doctor visits/appointments/follow up ensuring that Non-English/ Limited English and Disabled members are provided effective communication of “vital information” that could create a consequence or an adverse</p>  |   |   |  |                                      |             |

# 2022 HERITAGE PROVIDER NETWORK Health Plan Language Assistance



| HEALTH PLAN | LAP THRESHOLD LANGUAGE | PLAN INTERPRETER ACCESS   | PLAN TRANSLATION ACCESS<br>(Vital Non-Standard Documents) | PLAN CONTACT QUESTIONS<br>(interpreter/translation) | ADDITIONAL RESOURCES | LANGUAGE FORM VERIFICATION SUBMITTAL | LAST UPDATE |
|-------------|------------------------|---|---|---|----------------------|--------------------------------------|-------------|
| Humana      |                        | <p>risk to the patient/member (i.e. Over the Phone Interpretation, Video Interpretation, In person)</p> <p>Providers when creating appointment with members (current and future) must provide:</p> <ul style="list-style-type: none"> <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> 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><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>To request language assistance or alternative formats, members can visit the HUMANA customer support page or Call Member Services on the back of the Member ID Card 1-877-320-1235 option 9 (TTY:711) for assistance<br/>Hours of operation 8AM – 8PM EASTERN</p> <p>Providers with questions about HUMANA’s language assistance requirements can learn more in the provider education or by calling 1877-320-2233</p> <p>Members with Disabilities For our customers with disabilities or limited English proficiency, we provide the following communication services at no cost when interacting with Humana:</p> |   |   |                      |                                      |             |

# 2022 HERITAGE PROVIDER NETWORK Health Plan Language Assistance



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|-------------|------------------------|--|--|--|---|--------------------------------------|-------------|
| IEHP        | Spanish                | <p>IEHP offers free interpreter services for member appointments. IEHP arranges and covers the cost of the interpretation services for member visits to PCP and Specialist outpatient visits.</p> <p>Members have the right to request interpreters at no charge for discussions for medical information and behavioral health information.</p> <p>If you don't have medical staff who speak the same language as our members, call IEHP member services at 1-800-440-4347 or 1-800-718-4347 for TTY users.</p> <p>All request for interpretation services must be scheduled and authorized by IEHP.</p> <p><b>Telephonic Interpreter 24 hours/day 7 days a week</b><br/>IEHP 24-hour Nurse Advice Line: 1-888-244-4347</p> <p><b>Alternative Formats</b><br/>You can get this information for free in other auxiliary formats, such as braille, 16-point font large print and audio.</p> <p>Face to Face Interpreter 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 seven days a week 8am – 5pm</p> | IEHP Policy and Procedure Manual Medicare Dual Choice MA_09A | <p>Member Services – Scheduling, Gabriel Uribe – Operations <a href="mailto:uribe-g@iehp.or">uribe-g@iehp.or</a></p> <p>IEHP Provider Relations Team<br/>(9 09) 890-2054</p> | <a href="https://ww3.iehp.org">https://ww3.iehp.org</a> |                                      | 1/18/2022   |
| IVHP        |                        | <p><b>Interpretation Services</b><br/>1-800-251-8191 (TTY/TDD 711)</p> <p>October 1 to March 31, 8 am to 8 pm, 7 days a week.<br/>April 1 to September 30, 8 am to 8 pm, Monday through Friday.</p>  |  |  |   |                                      | 1/18/2022   |

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| HEALTH PLAN     | LAP THRESHOLD LANGUAGE  | PLAN INTERPRETER ACCESS  | PLAN TRANSLATION ACCESS<br>(Vital Non-Standard Documents)  | PLAN CONTACT QUESTIONS<br>(interpreter/translation)   | ADDITIONAL RESOURCES  | LANGUAGE FORM VERIFICATION SUBMITTAL | LAST UPDATE  |                |                      |                |                 |                |                   |               |  |  |  |
|-----------------|---|--|--|---|---|--------------------------------------|--------------|----------------|----------------------|----------------|-----------------|----------------|-------------------|---------------|--|--|--|
| LA Care         | Spanish<br>Chinese<br>Armenian<br>Arabic<br>Farsi<br>Cambodian<br>Khmer<br>Korean<br>Russian<br>Tagalog<br>Vietnamese | <p><b>Telephonic Interpreting Services (PPG)</b><br/>Call <b>1-855-322-4022</b> Press:</p> <ul style="list-style-type: none"> <li>▪ <b>1 for Spanish</b></li> <li>▪ <b>2 for Other Languages</b></li> <li>▪ <b>3 for Operator</b></li> </ul> <p>Please provide the following information to an operator to be connected with an interpreter:</p> <ul style="list-style-type: none"> <li>• <b>LA CARE Member ID</b></li> <li>• <b>Independent Physician Association (IPA)</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>Telephonic Interpreting Services (Provider)</b> Call <b>1-855.322.4034</b> and provide the following information to an operator to be connected with an interpreter:</p> <ul style="list-style-type: none"> <li>• <b>Physician's National Provider Identifier (NPI)</b></li> <li>• <b>LA CARE Member ID</b></li> </ul> <p><b>Face to Face Interpreting Services (PPG)</b><br/>Call Member Services to request an interpreter at least <b>10 business days</b> prior to the medical appointment. American Sign Language is also available for deaf and hard of hearing patients: CALL L.A. CARE immediately if there are any changes to a patient's appointment.</p> | <p><b>Translation Services (PPGs Responsibilities)</b><br/>Members have the right to receive written informing materials in their preferred threshold language and format.</p> <ul style="list-style-type: none"> <li>▪ PPGs must provide written informing materials in member's preferred language and format on a routine basis.</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.)</li> <li>▪ Written informing materials and other significant publications should also include a tagline and a non-discrimination notice.</li> <li>▪ PPGs are responsible for making these materials available in alternative formats, such as large print and audio.</li> </ul> <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> | <p>For more information about any of these services, contact LA Care's C &amp; L Services at:<br/><a href="mailto:CulturalandLinguisticServices@lacare.org">CulturalandLinguisticServices@lacare.org</a>.</p> | <p>To receive more information about upcoming trainings or to schedule an onsite training session, contact<br/><a href="mailto:CLStrainings@lacare.org">CLStrainings@lacare.org</a></p> |                                      | 1/14/2022 NM |                |                      |                |                 |                |                   |               |  |  |  |
|                 |   | <table border="1"> <tr> <td>Medi-Cal</td> <td>1.888.839.9909<br/>TTY 711</td> <td>Anthem Blue</td> <td>1.888.285.7801</td> </tr> <tr> <td>CMC</td> <td>1.888.522.1298</td> <td>Care 1<sup>st</sup></td> <td>1.800.605.2556</td> </tr> <tr> <td>LA Care Covered</td> <td>1.855.270.2327</td> <td>Kaiser Permanente</td> <td>1800.464.4000</td> </tr> </table>   | Medi-Cal   | 1.888.839.9909<br>TTY 711   | Anthem Blue   | 1.888.285.7801                       | CMC          | 1.888.522.1298 | Care 1 <sup>st</sup> | 1.800.605.2556 | LA Care Covered | 1.855.270.2327 | Kaiser Permanente | 1800.464.4000 |  |  |  |
|                 |   | Medi-Cal   | 1.888.839.9909<br>TTY 711  | Anthem Blue   | 1.888.285.7801  |                                      |              |                |                      |                |                 |                |                   |               |  |  |  |
|                 |   | CMC  | 1.888.522.1298   | Care 1 <sup>st</sup>  | 1.800.605.2556  |                                      |              |                |                      |                |                 |                |                   |               |  |  |  |
| LA Care Covered | 1.855.270.2327  | Kaiser Permanente  | 1800.464.4000  |   |   |                                      |              |                |                      |                |                 |                |                   |               |  |  |  |
|                 |   |  |  |   |   |                                      |              |                |                      |                |                 |                |                   |               |  |  |  |
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# 2022 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance

| HEALTH PLAN | LAP THRESHOLD LANGUAGE  | PLAN INTERPRETER ACCESS  | PLAN TRANSLATION ACCESS<br>(Vital Non-Standard Documents)   | PLAN CONTACT QUESTIONS<br>(interpreter/translation) | ADDITIONAL RESOURCES  | LANGUAGE FORM VERIFICATION SUBMITTAL | LAST UPDATE |
|-------------|---|--|---|---|---|--------------------------------------|-------------|
| LA Care     |   | <p>PASC-SEIU 1.844.854.7272</p> <p><b>Provide the following Information</b></p> <ul style="list-style-type: none"> <li>• Patient's name</li> <li>• LA CARE member ID number</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</li> <li>• Address and phone number</li> <li>• Purpose of appointment</li> </ul>   |   |   |   |                                      |             |
| Molina      | Arabic<br>Chinese<br>Hmong<br>Russian<br>Spanish<br>Vietnamese<br>Tagalog | <p>Molina offers the following on-site interpretation:<br/><b>Qualified face-to-face interpreter services at medical appointments</b> 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>Qualified sign language interpreter services at medical appointments</b> to all deaf and hard of hearing members.</p> <ul style="list-style-type: none"> <li>• Molina needs 3-5 working days' notice to identify a qualified sign language or face-to-face preferred language interpreter.</li> <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>24 Hour Access to Interpreters</b><br/>Please call Molina's Member and Provider Contact Center to arrange for this service:<br/><b>Medi-Cal</b> members contact Member Services at</p> | <p>Call Molina Healthcare Member Services: 1-888-665-4621</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, please call the Member and Provider Contact Center.</li> <li>• Molina offers a variety of low literacy health education materials in English and Spanish at no cost to Providers or members.</li> <li>• These materials can be accessed online at: <a href="http://www.molinahealthcare.com/providers/ca/medicaid/comm/Pages/Health-EducationMaterials.aspx">http://www.molinahealthcare.com/providers/ca/medicaid/comm/Pages/Health-EducationMaterials.aspx</a>.</li> </ul> |   | <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</li> </ul> | 1/18/2022                            |             |

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|-------------|------------------------|---|--|---|--|--------------------------------------|-------------|
| Molina      |                        | <p>(888) 665-4621 24/7<br/> <b>Covered California</b> (Marketplace) members contact Member Services at: <b>(888) 858-2150</b> 24/7<br/> <b>Medicare</b> members contact Members Services at <b>(800) 665-0898</b> 24/7<br/> <b>Cal Medi Connect</b> (Duals) members contact Member Services at (855) 665-4627 24/7</p> <p><b>Provider Services</b> (855) 322-4075</p> <p><b>For after-hours and weekends</b>, please call Molina's Nurse Advice Line English (888) 275-8750 or Spanish (866) 648-3537 to arrange for this service.</p> <p><b>Sign Language Interpretation</b><br/>           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.).</p> | <p>Upon request, Molina will translate existing health education materials into members' preferred language. Please call the Member and Provider Contact Center.</p> <p><i>Please also log these request on your PPG LAP log</i></p> |   | <p>Answer forum 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 our provider website:<br/> <a href="http://molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx">http://molinahealthcare.com/providers/ca/medicaid/resource/Pages/ask_cultural.aspx</a></p> |                                      |             |

# 2022 HERITAGE PROVIDER NETWORK

## Health Plan Language Assistance



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| <p><b>SCAN</b></p> | <p>Spanish<br/>(all counties)<br/>Chinese<br/>(San Francisco)</p> | <p><b>Telephonic and in – Person Interpreters</b><br/>SCAN provides over-the-phone, in-person and virtual remote (VRI) interpreter services for our member’s appointments.</p> <ul style="list-style-type: none"> <li>• Phone or in-person 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> <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> </ul> <p>TTY: Dial 711. The representative will provide access to telephonic interpreters or schedule an appt. requiring a face to face interpreter.</p> <p><b>Providers</b><br/>To access free interpreter services for Members, call the Provider Information Line, 24 hours a day at (877) 778-7226 (TTY User: 711) and select the Interpreter Services option when prompted on the menu.</p> <p>You can also access SCAN Virtual Remote Interpretation (VRI) at <a href="https://scan.cqfluencyvri.com">https://scan.cqfluencyvri.com</a>, enter access code: tpscan and 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.</p> <p>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 and select the Interpreter Services option when prompted. You can also access SCAN Virtual Remote Interpretation (VRI) at <a href="https://scan.cqfluencyvri.com">https://scan.cqfluencyvri.com</a>, enter access code: tpscan and select language.</p> | <p>Please call our Member Services number at 1-800-559-3500</p> |  | <p><a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a><br/>Provider Information Line<br/>1 (877)-778-7226</p> | <p>1/10/2022</p> |
|--------------------|---|--|---|--|--|------------------|

# 2022 HERITAGE PROVIDER NETWORK Health Plan Language Assistance



| HEALTH PLAN                     | LAP THRESHOLD LANGUAGE  | PLAN INTERPRETER ACCESS  | PLAN TRANSLATION ACCESS<br>(Vital Non-Standard Documents)   | PLAN CONTACT QUESTIONS<br>(interpreter/translation)  | ADDITIONAL RESOURCES  | LANGUAGE FORM VERIFICATION SUBMITTAL | LAST UPDATE      |
|---------------------------------|---|--|---|--|---|--------------------------------------|------------------|
| <p><b>United Healthcare</b></p> | <p>Spanish<br/>Chinese<br/>(Traditional Chinese Characters)</p> | <p>United Healthcare of California members who have limited English proficiency have access to translated written materials and oral interpretation services, free of charge, to help them get covered services. For more program information, call 866-270-5785.</p> <p><b>Verbal Interpreter/Written Translation Services</b><br/>The United Healthcare West Call Center is a central resource for both care providers and members. The following information and services are accessible through the call center:</p> <ul style="list-style-type: none"> <li>● How to access and facilitate oral interpretation services for members needing language assistance in any language, or</li> <li>● Request for an in-person interpreter for a member by selecting the appropriate phone number (based on language preference) to speak with a customer service representative and/or to conference in an interpreter:</li> </ul> <p><b>United Healthcare of California Signature Value</b><br/>(HMO): 800-624-8822 DIAL 711 TDHI<br/>Spanish: 800-730-7270; 800-855-3000 TDHI<br/>Chinese: 800-938-2300</p> <p><b>Where to Obtain the Member's Language Preference</b><br/>The member's preferences for spoken language, written language and eligibility for written language service is displayed in the eligibility Link app on Link.</p> | <p>1-800-730-7270 Spanish;<br/>1-800-938-2300 Chinese;<br/>1-800-624-8822 English (and All Other Languages)</p> <p>To access a professional interpreter during regular business hours between 8 a.m. - 5 p.m. Monday through Friday, call Provider Services at 866-270-5785.</p> <p>After Hours call 877-261-6608 enter the Client ID 209677 (do not hit #). Press 1 for Spanish and 2 for all other languages.</p> | <p>1-800-730-7270 Spanish;<br/>1-800-938-2300 Chinese;<br/>1 -800-624-8822 English (and all other languages)</p> | <p><a href="http://www.myuhc.com">www.myuhc.com</a><br/><a href="http://www.uhclatino.com">www.uhclatino.com</a><br/><a href="http://www.uhcasian.com">www.uhcasian.com</a></p> <p>More program information:<br/>1-800-752-6096</p> <p>If you have any questions about language assistance services, you can contact our Quality Department for Health Education, Cultural, Linguistics and Language Assistance Services at <a href="mailto:uhchealthed@uhc.com">uhchealthed@uhc.com</a>.</p> |                                      | <p>1/13/2022</p> |



# 2022 HERITAGE PROVIDER NETWORK Health Plan Language Assistance



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|-------------------|------------------------|--|---|---|----------------------|--------------------------------------|-------------|
| United Healthcare |                        | <p><b>Availability of Grievance Forms</b><br/>California Commercial HMO members may access grievance forms online. Please direct members to myuhc.com &gt; Find a Form. The form accessible in two places: From the California member welcome page or, Library tab page, on the left side, and click on Grievance Form. You and your staff are required to assist the member to obtain a form if the member asks. You may print a form from myuhc.com or by provide a number for the member to call Member Services to file the grievance orally. Grievance forms are available in English, Spanish and Chinese.</p> <p><b>Virtual Onsite Interpreting in Response to COVID-19</b> United Healthcare Community Plan of California is committed to serving our members and care providers through this public health emergency. We understand that your offices may be experiencing difficulty arranging in-person interpreters due to the COVID-19 national emergency. Our vendor Language Line® confirms that they are still able to assist you with interpreter services through your virtual patient office visits. Getting Started Setting up an appointment with a virtual Language Line interpreter is simple.</p> <p><b>It only 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 onsiterequests@languageline.com to schedule an interpreter.</li> </ol> <p>If you would like technical assistance or would like to confirm your digital platform is compatible, please contact Language Line at 888-225-6056, option 1. Language Line will also continue to provide telephonic interpreter services, which can be accessed by calling 866-270-5785. The client ID number is 209677 (do not hit #).</p> |   |   |                      |                                      |             |

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|-------------|------------------------|---|---|---|----------------------|--------------------------------------|-------------|
|             |                        | <p>These services are available to you at no cost. Resources If you have any questions about language assistance services, you can contact our Quality Department for Health Education, Cultural, Linguistics and Language Assistance Services at <a href="mailto:uhchealthed@uhc.com">uhchealthed@uhc.com</a>.</p> |   |   |                      |                                      |             |