



## Health Net UM and CM Translated Letter Templates

The Health Care Language Assistance Regulations require all California managed care health plans to provide language assistance and culturally responsive services to members with limited English proficiency (LEP), limited reading skills, who are deaf or have hearing impairments, or who have diverse cultural and ethnic backgrounds. To comply with this requirement, the Health Net Community Solutions, Inc. (Health Net) Language Assistance Program (LAP) offers interpreter services to members to ensure that Health Net members are able to obtain language assistance and communications in alternate formats while accessing health care services.

### UTILIZATION MANAGEMENT LETTER AVAILABLE ON ICE WEBSITE

Effective September 11, 2018, Health Net specific utilization management (UM) English and translated letter templates for Cal MediConnect will be available on the Industry Collaboration Effort (ICE) website at [www.iceforhealth.org/library.asp](http://www.iceforhealth.org/library.asp) in the *Library* located under *Approved ICE Documents > UM Templates & Tools (Cal MediConnect) - Health Plan-Specific Templates*. Health Net letter templates are accessible under the *Health Net* folders. Providers must use the templates when appropriate.

### CASE MANAGEMENT LETTER

Effective September 11, 2018, Health Net specific Cal MediConnect English and translated case management (CM) letter templates will be available on the Health Net provider portal at [provider.healthnet.com](http://provider.healthnet.com) > *Working with Health Net > Regulatory > CMS-Approved Cal MediConnect (CMC) Case Management Templates*. Provider case managers must use these templates when appropriate.

### REQUEST FOR MATERIALS IN ALTERNATE FORMATS

All UM and CM letters must be sent to the member in their preferred language and format. The member eligibility file lists the member's preferred language and alternate format. Health Net will create the alternate format. If the member has a preferred alternative format, such as large print, braille or accessible PDF, providers may send the English letter to the member and must also provide Health Net with the document to be made into an alternate format. When sending the document to Health Net, the provider must also include the member name, Health Net ID and date that the letter was sent in English. Providers may contact the Health Net Provider Services Center via email at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com) to submit a request for letters or documents in an alternate format.

### ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com) within 60 days, through the Health Net provider website at [provider.healthnet.com](http://provider.healthnet.com), or by telephone as listed in the right-hand column.

THIS UPDATE APPLIES TO  
**CAL MEDICONNECT**  
PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### PROVIDER SERVICES

[provider\\_services@healthnet.com](mailto:provider_services@healthnet.com)  
Los Angeles County – 1-855-464-3571  
San Diego County – 1-855-464-3572  
[www.healthnet.com](http://www.healthnet.com)

#### PROVIDER COMMUNICATIONS

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