

# PROVIDER Update



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## Use Language Assistance Program to Meet Members' Language Needs

### The Language Assistance Program (LAP) makes it easy for you to follow language service requirements

You can request no-cost interpreter services for your patients:

- Contact Community Health Plan of Imperial Valley Member Services at the phone number on the member's identification (ID) card or at 833-236-4141.
- Send the request as soon as the appointment is made, but not less than five business days before the appointment.
- Use phone interpreter services for same day appointments or when an in-person interpreter is not available.

Our LAP supports members who have limited English proficiency (LEP), have hearing impairment or have low vision. LAP requires contracted providers to adhere to the requirements outlined in this update.

#### Threshold languages information

The threshold languages for Community Health Plan of Imperial Valley members is:

- Spanish

Participating physician groups (PPGs) have access to members' preferred spoken and written languages through the Plan's Eligibility Report available on the provider portal at [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com). Search under *Provider Reports*. Individual and ancillary providers can get members' language preferences by contacting the Plan's Provider Services Center.

Provider groups delegated for case management (CM) or utilization management (UM) may send any member information that needs translation to the member's threshold language or alternate formats to the Plan at [provider\\_services@healthnet.com](mailto:provider_services@healthnet.com). We cannot accept scanned or faxed documents. Please follow these directions for materials sent for translation or an alternate format:

- Send the material in a Word or unlocked PDF format with member name, member ID and member address.
- Care plans must send documents at 6th grade reading level or below.

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

#### PROVIDER SERVICES

CHPIV Medi-Cal  
(including ECM and CS providers) –  
833-236-4141

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

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## Learn about members' demographics

In 2024 our membership data indicates the population of our members was as follows:

African American/Black	0.8%	White/Caucasian	3.8%	Of this population, <b>58.4%</b> were members with LEP. The top preferred non-English spoken language was Spanish (99.9%).
American Indian/Alaska Native	0.4%	Other	0.3%	
Asian	1%	Unknown	1.1%	
Hispanic	92.6%			

## Take cultural competency training

We urge all providers to take cultural competency trainings offered by the Office of Minority Health (OMH). OMH offers no-cost computer-based training to help providers better serve a diverse population. The training programs are available at [cccm.thinkculturalhealth.hhs.gov](http://cccm.thinkculturalhealth.hhs.gov). The Institute for Healthcare Improvement has free material and resources to improve language communication with patients. Download at [bit.ly/AskMe3Questions](http://bit.ly/AskMe3Questions). The Plan does not sponsor these trainings or materials. You can also access the Plan's cultural competency training for providers and PPG staff at [bit.ly/HN\\_CulturalCompetencyTraining](http://bit.ly/HN_CulturalCompetencyTraining). For information about interpreter services, cross-cultural communication and health literacy, contact the Health Equity Department at [cultural.and.linguistic.services@healthnet.com](mailto:cultural.and.linguistic.services@healthnet.com) or by phone at 800-977-6750.

## Provide your race and ethnicity

Consider providing your race and ethnicity information to the Plan. This information is voluntary and is used for health disparity reduction efforts.

## Ensure your language services meet standards

Members with LEP must be provided with interpreter services. The Plan does not delegate the provision of interpreter services to providers. We encourage you to use the interpreters available from the Plan. Members have the right to file a grievance with the Plan and to file a discrimination complaint with the Office of Civil Rights if their language needs are not met. The Plan's LAP complies with the Health Care Language Assistance Regulations.

Health Equity resources to Identify a patient's language, interpreter services, and more are available in the Provider Library at [providerlibrary.healthnetcalifornia.com](http://providerlibrary.healthnetcalifornia.com) > *Health Equity, Cultural and Linguistic Resources*.

## Additional information

Providers are encouraged to access the provider portal online at [provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact Community Health Plan of Imperial Valley at 833-236-4141.

Language services requirements	Prohibited language service practices
<ul style="list-style-type: none"> <li>• Make sure interpreters are available at no cost to members at the time of the appointment.</li> <li>• Make sure members with LEP are not subject to unreasonable delays in the delivery of services, including after hours.</li> <li>• Extend the same program and activity to all members regardless of language preference.</li> <li>• Provide services to members with LEP that are as effective as those provided to all members.</li> <li>• Record the member’s language needs, and request or refusal of interpreter services.</li> <li>• Send UM or CM document alternate format or translation requests to Health Net within 48 hours of request from the member.</li> <li>• Use interpreters or qualified bilingual staff to communicate with members with LEP.</li> <li>• Provide translated member grievance forms upon request.</li> </ul>	<ul style="list-style-type: none"> <li>• Ask or require members to take their own interpreter.</li> <li>• Rely on staff other than qualified bilingual staff to communicate directly with members with LEP.</li> <li>• Use of a minor or attending adult to interpret or help with communication, except: <ul style="list-style-type: none"> <li>- In an emergency where a qualified interpreter is not available. You must note the emergency in the member’s medical record. <b>A parent cannot give permission for a minor child to interpret in any circumstances.</b></li> <li>- If the member asks for the attending adult to interpret, that adult must agree to assist and the reliance on that adult is fitting. Note in the member’s medical record the reason for the use of an attending adult as an interpreter.</li> </ul> </li> <li>• Delay the appointment time due to no availability of interpreter services.</li> </ul>

**LAP FOR ALL PROVIDERS**

Language assistance service or document	Explanation
<b>Qualified interpreter services that comply with California requirements</b>	In-person, video remote or phone interpreters are available at no cost. Phone interpreters are available in more than 150 languages 24/7. Use of phone interpreters does not require advance notice. Interpreters can offer insights on common cultural communication issues. We provide guidance on compliance with state requirements for the use of bilingual staff.
<b>Sign language services</b>	American Sign Language (ASL), Tactile, Certified Deaf, Pidgin Signed English (PSE) and Signed Exact English (SEE) interpreters are available.
<b>Medical record documentation</b>	Document the member’s language preference (including English) and the refusal or use of interpreter services in the member’s medical record.
<b>Member grievance/complaint forms</b>	Provide translated member grievance forms upon request (available in the Provider Library at <a href="http://providerlibrary.healthnetcalifornia.com">providerlibrary.healthnetcalifornia.com</a> , select your line of business and search under <i>Forms and References &gt; Member Grievance/Complaint Form</i> ).

**LAP FOR PPGs ONLY**

Language assistance service or document	Explanation
<b>Non-discrimination notice and notice of availability</b>	Include the Plan’s non-discrimination notice and notice of availability with information sent to all members (available in the Provider Library at <a href="http://providerlibrary.healthnetcalifornia.com">providerlibrary.healthnetcalifornia.com</a> , select your line of business and search under <i>Forms and References &gt; Nondiscrimination Notice and Notice of Availability</i> ).
<b>Translation services</b>	UM or CM materials must be made available to members who have a preferred language or format listed on the Plan’s Eligibility Report. The PPG must send the document within 48 hours. Refer to the threshold languages information on page 1.