

REMINDER CALIFORNIA LANGUAGE ASSISTANCE PROGRAM



Please be aware, as required by the State of California, California Language Assistance Program (CALAP), Section 1300.67.04 of the California Code of Regulations, Anthem Dental and its Participating Dental Offices are responsible to provide and utilize language assistance services to patients/members with limited English proficiency (LEP).

Provider Responsibilities

Notification: Providers must notify Anthem patients/members of the availability of the Anthem interpreter services.

The Process: To utilize the Anthem Language Assistance Program for a patient/member with limited English proficiency, you should contact Anthem Dental at **800-627-0004** between 8 a.m. and 5:00 p.m. Monday through Friday or call the phone number listed on the members' identification card.

Be prepared to give the representative the Anthem Dental patient's identification number for eligibility verification, your dental practice name and tax identification number. Upon verification of eligibility, the appropriate translator will be obtained and you will be connected to the "language line" for telephonic interpretation.

Required Documentation of Notification: In the event the Anthem patient/member chooses to decline plan interpreter services, chooses to use a friend, family member or minor as an interpreter after being notified of the availability of free interpreter services, the provider must document this refusal choice in a prominent place in the patient/member dental records.

Required Updates to Anthem: CALAP requires the Provider to notify Anthem, on a quarterly basis, of changes in the language capabilities of the office.

Plan Responsibilities

Telephone interpreters during working hours: Anthem is required to facilitate, at no cost to the dental office or the patient/member, a three way telephone connection to the "Language Line" for telephonic interpretation for your Anthem patients.

Plan will also be provide written documents; informational notices on how to contact Anthem, how to file a complaint, obtain assistance from the Department and seek independent medical review, to the members in their spoken language. The notice and translations can be obtained only at www.hmohelp.ca.gov for downloading and printing. Hard copies may be requested, in writing, to the **Department of Managed Health Care, Attention: HMO Help Notices, 980 9th Street, Suite 500, Sacramento, CA 95814.**