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| **TOPIC** | **RULES** | **MCO PROCESS** | **MCO Contact Information** |
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|  |  | **Process for Provider to Request an Interpreter** |  |
| Interpreter Service Request Process | 1. Face-to-Face requests require 1- week advance notice. 2. Video Requests require 72 Hours advance notice. 3. Requestor must provide at least 24-hour notice for cancellation of services. 4. Please submit only one member/email, but you may enter multiple request for that one member in the same email. Please provide a direct email/contact person info in case the interpreter must reach out to the provider for any reason. | 1. Call member services at: 1-866-207-8901 2. Email Member Services at [VAMedicaidMemberServices@aetna.com](mailto:VAMedicaidMemberServices@aetna.com) with the interpreter request.    1. Include the following information when calling or sending an email:       1. Member ID       2. Date/Time that services are required       3. Language required       4. Which interpreter services is needed: Video or Face-to-Face       5. Caller/Sender’s direct email address AND Phone number to send verification vi. Physical address of POS if F2F is required 3. If the interpreter is a No Show:    1. Contact member services at the number or email listed above. 4. Once request is received, the information will be sent to our vendor. 5. Once notification of the request being completed, Aetna will call or send an email (based on how the request was received) to the requestor that the request is complete.   Aetna will track until appointment is completed | Member Services:  1-866-207-8901  Email:  [VAMedicaidMemberServices@aetna.com](mailto:VAMedicaidMemberServices@aetna.com)  Alternate contact is Janice Flowers. |

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|  |  | **Process for Provider to Request an Interpreter** |  |
| Interpreter Service Request Process | 1. Member requests need to be made in advance of the appointment at least 5 business days.  If time does not allow, best efforts will be made to obtain a translator. 2. The HCM/Care Coordination Line associate works with contracted vendor to arrange for an interpreter to accompany the member to his or her appointment. 3. Cancellation require 24 hours’ notice. Urgent requests require 24 hours. Same Day requests:  Best efforts will be made to obtain a translator. | **Onsite and Over the Phone Translation Process**   1. Over the phone translation and onsite requests will be handled by the Health Plan 2. Providers can call Monday – Friday between 8am to 6pm 3. Anthem Healthkeepers Plus Medallion 4.0 EI Providers request to be transferred to Medallion Case Management  * **Call 1-800-901-0020 option 6 or call Care Management line at 844-533-1994 option 2.**  1. Anthem Healthkeepers Plus CCC Plus EI Providers request to be transferred to the Care Coordination Team  * **CCC Plus – EI Providers call 1-855-323-4687**  1. Onsite Interpreter Process Exceptions  * Virginia ***does not***allow face-to-face interpretations except in instances where member has special needs, and must be approved in advance by the members Care Coordinator or the Health Plan. Once the request is received, the information will be sent to our vendor. * If a member with special needs requires interpretation services to accompany him or her to an appointment with a provider, including interpreters for deaf members, the (Customer Service Representative) CCR transfers the call to health plan Health Care Management (HCM) department.   **Onsite Request Information**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Member Name | Member ID | DOB | Member Parent Name | Member Parent phone | Appointment Date | | Appointment Time | Type of Appointment | Length of Appointment | MD | Clinic (office #) | Clinic Address | | Clinic Name | Language required | Where to meet member | Caller Name | Caller’s phone number |  |   **Remote Video/Telehealth Requests Information**   |  |  |  |  | | --- | --- | --- | --- | | Organization Name | Clinic/Venue Address | Department (if applicable) | Requestor Name | | Requestor Phone # | Provider Name | Provider Phone # | Patient Information | | Patient/Member Name | DOB | Anthem ID | Appt Date | | Appointment Time | Language Requested | Telehealth Link (provided at time of request | Type of Appointment | | Over the phone translation, please call Care Management at  **1-844-533-1994 op 2 or 804-588-4521.**    Onsite Interpreter requests, please call Care Management at **1-844-533-1994 op 2.**  Remote Video/Telehealth Requests, please call Care Management at **1-844-533-1994 op 2.**  In urgent cases, please email at  [AnthemHKPtranslation@anthem.com](mailto:AnthemHKPtranslation@anthem.com). |

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|  |  | **Process for Provider to Request an Interpreter** |  |
| Interpreter Service Request Process | 1. The more advanced notice that can be given, the better. This allows time to locate and confirm a translator.  2. If translation services are needed, call Member Services for CCC Plus and Medallion 4.0.  3. Grievance Process | **Scheduling an On- Site Appointment**  For in-person translation, appointments should be made by calling into the customer service lines for either CCC Plus or Medallion 4.0 in advance and representatives will schedule the appointment through our translation portal.  **Telephone Interpreting**  Contact Center customer service representatives will be able to connect the member/provider to Globo to assist with the translation needs.    **Document Translation**  Contact Center customer service representative will be able to request document translation through our translation portal**. Time Frames**   * Video Remote Interpreting: at least **twenty-four (24) hours** advance notice * Onsite: at least **three (3) business days** advance notice * ***Short notice requests may be requested, but there is no guarantee*** * Appointments with GLOBO will be scheduled as quickly as possible and according to the requested date and time or availability.   **Grievance Process**  The Member or Provider should contact the Contact Center to file grievance if appears they are dissatisfied with the service GLOBO provided. This grievance will be reviewed and investigated with our Appeal and Grievance team.    **Time Frames**  Expedited request: 72 hours if meets criteria  Standard request: 90 days | **Medallion 4.0 Member Services**  **1 (800) 424-4518 TTY 711**  **Available Monday through Friday from 8am through**  **8pm local time**    **CCC Plus Member Services**  **1 (800) 424-4524 TTY 711**  **Available Monday through Friday from 8am to 8pm local time**  **Providers will not receive an email until an interpreter has been scheduled by Globo.** |

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|  |  | **Process for Provider to Request an Interpreter** |  |
|  | 1. Members with special needs should call Member Services at the number on the back of the Member ID Card. 2. Multiple appointments can be made with one phone call; however, you will need to have the dates and times for each appointment. 3. Sentara Health Plan Case Managers may assist members and providers with arranging for Interpreter Services. It is best to go through Care Coordinators when setting up appointments. | 1. Providers are to contact Sentara Health Plans Provider Services for interpreter services through the SENTARA LANGUAGE LINE. Interpreter services for Sentara Community Plan Members are coordinated and reimbursed by Sentara Health Plans as required by the Virginia Department of Medical Assistance (DMAS).   **Provider Services**   * **Medical**   **Phone: (800) 229-8822 (Press option #3, then Option #3again)**  **Monday - Friday 8:00 a.m. to 5:00 p.m.**   * **Behavioral Health**   **Phone: (800) 648-8420 Monday - Friday 8:00 a.m. to 7:00 p.m.**  *After dialing phone number, press option #3, and follow directory prompts*   1. The following information is required:  * Appointment Date\* * Appointment Time\* * Approximate length of appointment * What services are being provided to the member? - (example: Early Intervention services, speech therapy, physical therapy, testing, etc.) * The practice name, address, and phone number * Sentara Language Line needed for the member (Spanish, Arabic, etc.) * The type of interpreter; (i.e. on-site, etc.) * Email (if request is for telephone interpreter  1. Provider will then receive a confirmation number attached to the interpreter request 2. Providers may email specific issues or concerns:  * contactmyrep@sentara.com | Provider Services  Medical – 1-800-229-8822  Behavioral Health – 1-800-648-8420  Provider Issues/Concerns:  contactmyrep@sentara.com |

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|  |  | **Process for Provider to Request an Interpreter** |  |
| Interpreter Service Request Process | 1. UHC Plan of Virginia uses Language Line Solutions to fulfill telephonic, virtual, and onsite interpreting requests. 2. During the public health emergency, onsite interpreters are being made available telephonically, using video conference links on a scheduled basis, as well as in person. 3. Virtual Interpreter Request – Please provide us **(2)** business days’ notice. However, we realize this is not always possible and we will do our best to fill any Virtual Onsite or In-Person Interpreting request. 4. Onsite Interpreter Request – Please provide us **3 to 5** business days’ notice. However, we realize this is not always possible and we will do our best to fill any onsite-interpreting request. | 1. Please contact Provider Services at the following numbers or contact the member’s Care Coordinator.      * Cardinal Care Provider Services - 844-284-0146 Medallion  1. **Telephonic Interpreter Request:** (ON DEMAND for Spoken Languages 24/7/365)  * Contact Provider Services or Care Coordinator * INDICATE: the language you need * INDICATE: if member is on the line or not * PROVIDE: Member’s name and Phone Number * PROVIDE: If member does not answer, share the voicemail message with the interpreter to leave along with United Healthcare’s member services number (844)-284-0146 and your call back number  1. **Virtual Interpreter Request Information**:  * Requestor Name * Requestors Telephone Number (and cell phone number or alternative number to put on file if applicable) * Requestor’s E-mail Address (required information) * Requested Language * Preferred Interpreter (if any) * Represented facility address (to ensure this is applied to the correct account) * Which virtual meeting platform you will use? **REQUIRED** (Zoom GoTo Meeting, Google Hangouts, etc). * Hyperlink to video bridge (Zoom, etc) **REQUIRED** * Doctor’s or Provider’s Name (If applicable) * Nature of the request (i.e., new patient, interview, sick visit, follow up, etc.) * Date (s) of Appointment: * Start Time (s) * How long Interpreter (s) Needed * Interpreter Gender Preference (if any)  1. **Onsite Interpreter Request Information (for Spoken and Signed Languages)**  * Name on your insurance company * Client ID (if applicable) * Requestor’s Name * Requestor’s Direct Telephone Number or Supervisor’s Direct Phone (**required)** * Requestor’s E-mail Address or Supervisor’s E-mail Address **(required)** * Requested Language * Place of appointment and any special check-in instructions (**THIS MUST BE VERY SPECIFIC** i.e. address where the interpreter is needed, name on the building, floor, where to check in, suite# department, etc.) * Phone Number to Clinic or Place of the Appt (**required)** * Name(s) of LEP (Limited English Proficient) Client * Doctor’s or Provider’s Name: * Nature of the Request (i.e., new patient, interview, sick visit, follow up, etc.) *The more details we have the better:* * Date(s) of Appointment: * Start Time(s): * How long Interpreter(s) Needed: * Interpreter Gender Preference (if any): * When possible, schedule onsite interpreters for assignments to take place Monday through Friday between the hours of 8am and 5 pm. * Contact us at least one (1) full business day in advance to cancel an interpreter request. | Provider Services  Cardinal Care – 1-844-284-0146 |