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| | | Process for Provider to Request an Interpreter | |
| <p>Interpreter Service Request Process</p> | <ol style="list-style-type: none"> 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. | <ol style="list-style-type: none"> 1. Call member services at: 1-866-207-8901 2. Email Member Services at VAMedicaidMemberServices@aetna.com with the interpreter request. <ol style="list-style-type: none"> a. Include the following information when calling or sending an email: <ol style="list-style-type: none"> i. Member ID ii. Date/Time that services are required iii. Language required iv. Which interpreter services is needed: Video or Face-to-Face v. 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: <ol style="list-style-type: none"> a. 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. <p>Aetna will track until appointment is completed</p> | <p>Member Services: 1-866-207-8901 Email: VAMedicaidMemberServices@aetna.com Alternate contact is Janice Flowers.</p> |



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| <p>Interpreter Service Request Process</p> | <ol style="list-style-type: none"> 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. The HCM/Care Coordination Line associate works with contracted vendor to arrange for an interpreter to accompany the member to his or her appointment. Cancellation require 24 hours' notice. Urgent requests require 24 hours. Same Day requests: Best efforts will be made to obtain a translator. | <p>Onsite and Over the Phone Translation Process</p> <ol style="list-style-type: none"> Over the phone translation and onsite requests will be handled by the Health Plan Providers can call Monday – Friday between 8am to 6pm Anthem Healthkeepers Plus Medallion 4.0 EI Providers request to be transferred to Medallion Case Management <ul style="list-style-type: none"> Medallion 4.0 – EI Providers call 1-800-901-0020 Anthem Healthkeepers Plus CCC Plus EI Providers request to be transferred to the Care Coordination Team <ul style="list-style-type: none"> CCC Plus – EI Providers call 1-855-323-4687 Onsite Interpreter Process Exceptions <ul style="list-style-type: none"> 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 (case management) or Care Coordination Provider should call these toll free numbers: Medallion 4.0 -1-800-901-0020 CCC Plus 1-855-323-4687 <p>Onsite Request Information</p> <table border="1" data-bbox="768 959 1916 1118"> <tr> <td>Member Name</td> <td>Member ID</td> <td>DOB</td> <td>Member Parent Name</td> <td>Member Parent phone</td> <td>Appointment Date</td> </tr> <tr> <td>Appointment Time</td> <td>Type of Appointment</td> <td>Length of Appointment</td> <td>MD</td> <td>Clinic (office #)</td> <td>Clinic Address</td> </tr> <tr> <td>Clinic Name</td> <td>Language required</td> <td>Where to meet member</td> <td>Caller Name</td> <td>Caller's phone number</td> <td></td> </tr> </table> <p>Remote Video/Telehealth Requests Information</p> <p>Remote video/telehealth requests are handled by customer services</p> <ul style="list-style-type: none"> Medallion 4.0 – 1-800-901-0020 option 1- Case Management CCCPlus – 1-855-323-4687 option 1 Care Coordination <table border="1" data-bbox="768 1240 1916 1430"> <tr> <td>Organization Name</td> <td>Clinic/Venue Address</td> <td>Department (if applicable)</td> <td>Requestor Name</td> </tr> <tr> <td>Requestor Phone #</td> <td>Provider Name</td> <td>Provider Phone #</td> <td>Patient Information</td> </tr> <tr> <td>Patient/Member Name</td> <td>DOB</td> <td>Anthem ID</td> <td>Appt Date</td> </tr> <tr> <td>Appointment Time</td> <td>Language Requested</td> <td>Telehealth Link (provided at time of request)</td> <td>Type of Appointment</td> </tr> </table> | 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 | | 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 | <p>Medallion 4.0 EI Provider request to Case Management: 1-800-901-0020</p> <p>CCC Plus EI Provider request to Care Coordination Team: 1-855-323-4687</p> <p>Onsite Interpreter Process Exceptions Medallion 4.0 – 1-800-901-0020 CCC Plus 1-855-323-4687</p> <p>Remote Video/Telehealth Requests Medallion 4.0- 1-800-901-0020 option 1 Case Management CCCPlus – 1-855-323-4687 option 1 Care Coordination</p> <p>In emergency cases, please include AnthemHKPtranslation AnthemHKPtranslation@anthem.com</p> |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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| <p>Interpreter Service Request Process</p> | <p>1. The more advanced notice that can be given, the better. This allows time to locate and confirm a translator.</p> <p>2. If translation services are needed, call Member Services for CCC Plus and Medallion 4.0.</p> <p>3. Grievance Process</p> | <p>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.</p> <p>Telephone Interpreting Contact Center customer service representatives will be able to connect the member/provider to Globo to assist with the translation needs.</p> <p>Document Translation Contact Center customer service representative will be able to request document translation through our translation portal. Time Frames</p> <ul style="list-style-type: none"> ○ 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. <p>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.</p> <p>Time Frames</p> <p>Expedited request: 72 hours if meets criteria Standard request: 90 days</p> | <p>Medallion 4.0 Member Services 1 (800) 424-4518 TTY 711 Available Monday through Friday from 8am through 8pm local time</p> <p>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.</p> |



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| <p>Interpreter Service Request Process</p> | <ol style="list-style-type: none"> Members with special needs should call Member Services at the number on the back of the Member ID Card. Multiple appointments can be made with one phone call; however, you will need to have the dates and times for each appointment. Optima Case Managers may assist members and providers with arranging for Interpreter Services. It is best to go through Care Coordinators when setting up appointments. | <p style="text-align: center;">Process for Provider to Request an Interpreter</p> <ol style="list-style-type: none"> Providers are to contact Optima Health Provider Services for interpreter services through the SENTARA LANGUAGE LINE. Interpreter services for Optima Family Care and Optima Health Community Care Members are coordinated and reimbursed by Optima Health as required by the Virginia Department of Medical Assistance (DMAS). <p><u>Provider Services</u></p> <ul style="list-style-type: none"> 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. The following information is required: <ul style="list-style-type: none"> 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.) Providers may email specific issues or concerns: <ul style="list-style-type: none"> Medallion 4.0 – VA_MEDICAID@Sentara.com CCC Plus – OHCC_MEDICAID@Sentara.com | <p>Provider Services Medical – 1-800-229-8822 Behavioral Health – 1-800-648-8420</p> <p>Provider Issues/Concerns: Medallion 4.0 – VA_MEDICAID@Sentara.com CCC Plus – OHCC_MEDICAID@Sentara.com Emergency Member Issues only cc: Doris Living deliving@sentara.com</p> |



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| <p>Interpreter Service Request Process</p> | <ol style="list-style-type: none"> UHC Plan of Virginia uses Language Line Solutions to fulfill telephonic, virtual, and onsite interpreting requests. 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. 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. 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. | <ol style="list-style-type: none"> Please contact Provider Services at the following numbers or contact the member’s Care Coordinator. <ul style="list-style-type: none"> 844-284-0146 Medallion Provider Services 877-843-4366 CCC Plus Provider Services Telephonic Interpreter Request: (ON DEMAND for Spoken Languages 24/7/365) <ul style="list-style-type: none"> 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 (866-622-7982) and your call back number Virtual Interpreter Request Information: <ul style="list-style-type: none"> 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 | <p>Provider Services Medallion 4.0 – 1-844-284-0146 CCC Plus – 1-877-843-4366 Share complaints: vaenhanced@uhc.com</p> |



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| | | <ul style="list-style-type: none"> • Interpreter Gender Preference (if any) 4. Onsite Interpreter Request Information (for Spoken and Signed Languages) <ul style="list-style-type: none"> • 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.) <i>The more details we have the better:</i> • 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. | |



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| <p>Interpreter Service Request Process</p> | <ol style="list-style-type: none"> 1. Follow process for over-the-phone (OPI) Interpreter, On site Interpreter, and Remote video and/or audio Interpreter 2. Call as soon as possible to schedule interpreters | <ol style="list-style-type: none"> 1. Over-the-Phone (OPI) Interpreter – call 1-844-DIAL-SLL (1-844-342-5755), select Option 1 Use either a dual-handset phone or a regular phone with the speaker turned up. <ul style="list-style-type: none"> • Tell the operator: <ul style="list-style-type: none"> ○ Your name and access code (see below): <ul style="list-style-type: none"> • Medallion Clinical 4.0 Access Code: <u>2150814</u> • MLTSS (CCC+) Clinical Access Code: <u>2150813</u> • DSNP Clinical Access Code: <u>2150815</u> ○ The language needed ○ The patient name and MRN should be given to the translator for tracking purposes ○ If you need to call the patient/customer at home or connect to multiple parties • When calling a patient at home, tell the interpreter: <ul style="list-style-type: none"> ○ Who to ask for ○ What voicemail message to leave, including Sentara's patient access number 844-809-6648 and your call back number <ul style="list-style-type: none"> • Medallion 4.0 – 1-800-727-7536 • MLTSS – 1-877-719-7358 • DSNP – 1-877-739-1370 • Or use your personal extension if you choose 2. On Site Interpreter – call 1-844-DIAL-SLL (1-844-342-5755), select Option 2 <ul style="list-style-type: none"> • Tell the operator: <ul style="list-style-type: none"> ○ Your name and access code (see below): <ul style="list-style-type: none"> • Medallion Clinical 4.0 Access Code: <u>2150814</u> • MLTSS (CCC+) Clinical Access Code: <u>2150813</u> • DSNP Clinical Access Code: <u>2150815</u> ○ The language needed ○ The patient name and MRN should be given to the translator for tracking purposes ○ The date, time and location of the appointment | <p>Over the Phone (OPI) 1-844-342-5755</p> <p>Sentara Patient Access Number 1-844-809-6648 Medallion 4.0 – 1-800-727-7536 MLTSS – 1-877-719-7358 DSNP – 1-877-739-1370</p> <p>On Site Interpreter 1-844-342-5755, Option 2</p> <p>Telehealth Visits 1-844-342-5755 Option 2</p> |

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| | | <p>3. Remote Video and/or Audio Interpreter – use SaLLi</p> <ul style="list-style-type: none"> ● The iPad’s power and volume buttons are behind the  &  icons on the blue SLL frame. ● To unlock the screen, scroll up from the bottom of the screen and enter salli passcode. ● Click the Sentara Language Line app. <i>Always allow access to the microphone.</i> ● Enter your access code (see below) <ul style="list-style-type: none"> ● Medallion Clinical 4.0 Access Code: <u>2150814</u> ● MLTSS (CCC+) Clinical Access Code: <u>2150813</u> ● DSNP Clinical Access Code: <u>2150815</u> ● Enter the following information (click return for the next field): <ul style="list-style-type: none"> ○ Patient’s first and last name <ul style="list-style-type: none"> ● Use “Unknown” if no patient name is available ○ Patient’s MRN <ul style="list-style-type: none"> ● Use “12345” if no MRN is available ○ Your first and last name as requester ● Select the language needed, and click the... Blue camera icon to connect to an interpreter by video. White phone icon to connect to an audio only interpreter. <p>4. To request an interpreter for Telehealth Visits - Call 1-844-DIAL-SLL (1-844-342-5755), Option 2 Note: It may take up to 15 minutes to get an interpreter for immediate needs. Call as soon as you can.</p> <ul style="list-style-type: none"> ● Tell the operator: <ul style="list-style-type: none"> ○ You need to schedule an interpreter for a ZOOM meeting ○ The date and time of the appointment ○ Your name, email, phone number <ul style="list-style-type: none"> ● Medallion Clinical 4.0 Access Code: <u>2150814</u> ● MLTSS (CCC+) Clinical Access Code: <u>2150813</u> ● DSNP Clinical Access Code: <u>2150815</u> ○ The language needed ○ The patient name and MRN should be given to the translator for tracking purposes ● You will receive a confirmation email (and phone call for immediate needs) ● Set up the Zoom meeting with your patient as you normally do. To include the interpreter: <ul style="list-style-type: none"> ○ For scheduled appointments: Reply to the vendor’s confirmation email with the Zoom link, as soon as you have it. The | |

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| | | <p>interpreter will join the Zoom meeting as a third party at the scheduled time.</p> <ul style="list-style-type: none"> ○ For unscheduled appointments, or if you do not have access to the Zoom link before the scheduled time: Call the vendor to provide the Zoom meeting number (and meeting passcode if applicable). You will need the vendor’s confirmation number. The interpreter will join when they receive the meeting number (and meeting passcode if applicable) | |