



## Requesting Interpreter Services

At `Ohana Health Plan, we value everything you do to deliver quality care to our members – your patients – and to ensure they have a positive health care experience. That’s why we strive to see that members who need language services have adequate communication support. We have resources available to provide assistance when you identify members who have potential cultural or language barriers. These include:

- Interpreter services for languages other than English or members who have limited English proficiency
- Sign language interpreter services for the hearing impaired
- Telephone system technology (TTY line) for the hearing impaired

Providers can access communication support for medical encounters as follows:

- Non-urgent– If a member needs a sign language or foreign language interpreter for a medical appointment, the Customer Service Department arranges for this service through a locally contracted vendor. **Live, in-person translation is preferred to telephonic translation in non-urgent cases; the telephonic service will only be used when an interpreter for the required language cannot be found in or near the particular area.** Please request interpreter services at least 5 business days in advance by completing the Interpreter Request Form and emailing it to [CSHI\\_Interpreter@wellcare.com](mailto:CSHI_Interpreter@wellcare.com).
- Urgent/Emergent– If a member needs language translation at the time of an urgent or emergent encounter and the provider does not have bilingual staff, the provider should call Customer Service. The Customer Service agent will work to patch in a translator for telephonic translation.

As a general rule, `Ohana discourages the use of patients’ family members, particularly minor children, as translators. Family members may not be capable of translating medical terminology. In addition, patients may hesitate to speak candidly about their health problems in the presence of young family members.

`Ohana pays all costs of commercial language services required by its members, including services rendered in a provider’s office or facility, as long as the translator is not on the staff of the facility.

### Electronic Media for the Hearing Impaired

Members have access to the TTY line for hearing impaired services. `Ohana’s Customer Service Department is responsible for any necessary follow-up calls to the member. The toll-free TTY number can be found on the member’s identification card.

Cost Center:  
(Internal Use Only)

## Interpreter Request Form

\* **Indicates required field.** Please complete all required fields or the request will not be fulfilled.

\* Please check type of Interpreter:

ASL (American Sign Language) \* If Trilingual, specify what third language is required: \_\_\_\_\_

Tactile  Spanish  Other Language: \_\_\_\_\_

\* Person Needing Interpreter: \_\_\_\_\_ `Ohana Member ID: \_\_\_\_\_

\* Member/Prospective Member's Phone Number: \_\_\_\_\_

\* Appointment Date: \_\_\_\_\_ \* Appointment Time and Duration: \_\_\_\_\_

\* Appointment Address: \_\_\_\_\_

Member's Interpreter Preference (Female/Male): \_\_\_\_\_

\* Event Description/Appointment Type: \_\_\_\_\_

\* Primary Contact Name: \_\_\_\_\_ \* Contact's Phone Number: \_\_\_\_\_

\* Provider Name: \_\_\_\_\_ Provider's `Ohana ID: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Please email the completed form to **CSHI\_Interpreter@wellcare.com**.

Requests cannot be made more than 30 days in advance of the scheduled appointment date.

*We cannot guarantee an interpreter if the request is received less than 5 business days before the appointment.*

Quality care is a team effort. Thank you for playing a starring role!