

MAC Meeting

Language Access

November 21st, 2024



Interpreter and translation services for members

Anthem Medicaid Member Services offers free oral interpretation services and translations of written materials for you at no cost. These services include:

- **Face-to-face and sign language interpreter services**

- You may schedule face-to-face and sign language interpreter services by contacting Member Services at **855-690-7784 (TTY 711)**.

- **Telephonic interpreter services**

- You can call Member Services to access interpreters during business hours. **855-690-7784 (TTY 711)** Monday through Friday, 7 a.m. to 7 p.m. Eastern time, except holidays.
- If you would like to speak Spanish, you can talk directly to a Spanish-speaking staff member.
- If Spanish-speaking staff members aren't available or if you speak a different language, you can talk to a staff member who can connect you to a multi-language interpreter.
- Our 24/7 Nurseline can connect you to interpreter services.

- **Hearing impairment services**

- You can use the TTY or the National Relay 711 TTY line for assistance if you have any hearing impairments.

If you feel like you didn't get these services, or we discriminated against you for the reasons above, you can file a complaint by:

Phone: **855-690-7784 (TTY 711)**

Email: **KYMEDICAIDCOMPLIANCE@anthem.com**

Fax: **855-443-7820**

Mail: **Attn: Compliance Nondiscrimination**
13550 Triton Park Blvd
Louisville, KY 40223

Interpreter and translation services for providers

Anthem Medicaid supports providers with interpreter services for members who are either hearing impaired or speak a foreign language. Anthem will work with local interpreter services to find a face-to-face interpreter or translator at no cost to the member or you.

At least five business days prior to the appointment, provider's requiring assistance should contact us at **855-661-2028** or fill out the Face-to-Face Interpreter Request Form:

https://providers.anthem.com/docs/gpp/KY_CAID_FaceToFaceInterpreterRequestForm.pdf

Fax the completed form to 855-270-9584.

Please fill out all fields.	
Interpreter language required: <input type="checkbox"/> American Sign Language <input type="checkbox"/> Tactile <input type="checkbox"/> Spanish <input type="checkbox"/> Other language:	
Specify other language if member is trilingual:	
Member name:	Member phone number:
Anthem Blue Cross and Blue Shield Medicaid ID number:	Member preferred interpreter gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference
Primary contact (submitter of request):	
Phone number:	Email address:
Date requested:	
Appointment 1 type:	Duration:
Appointment 1 date and time:	
Provider name:	Provider address:
Provider phone number:	
Appointment 2 type:	Duration:
Appointment 2 date and time:	
Provider name:	Provider address:
Provider phone number:	
Appointment 3 type:	Duration:
Appointment 3 date and time:	
Provider name:	Provider address:
Provider phone number:	
Additional information:	
Please fax the completed form to: 1-855-270-9584 (must be received at least five business days prior to the appointment).	
Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.	

In the Member Handbook and member newsletters, members are informed of their right to:

- Free interpreter services 24 hours a day, 7 days a week, including sign language interpreters;
- TTY services
- Materials in non-English languages and alternative formats (including Braille, large print, and audio CD) at no cost
- Language assistance with the grievance and appeals process

A language assistance tagline is also included with all member materials. Signage regarding language assistance availability and member language identification is available to providers on the Health Plan's provider portal.

The Health Plan translates written informing materials, including but not limited to:

- Medicaid Member Handbook /Evidence of Coverage
- New member packets
- Marketing materials
- Form letters including notice of action letters
- Grievance acknowledgements and resolution letters

When a member is unable to read or understand printed materials, the Health Plan provides additional assistance, including provision of member materials in alternate formats such as Braille, large print or audio CD, upon request.

