

Instructions: How to Request Interpreter Services

Sunshine Health wants to help providers deliver quality care to our members — your patients — and ensure they have a positive healthcare experience. That’s why we provide interpreters for members who face potential cultural and/or language barriers. These services include:

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

Here’s the communication support available to providers for medical appointments and encounters:

Non-urgent:

- If a member needs a **sign language or foreign language interpreter**, providers have 2 options for requesting these services.
 - Contact Provider Services to assist in arranging for this service via a locally contracted vendor. Call [1-844-477-8313](tel:1-844-477-8313).
- OR
 - Complete and return the translation request form below and email it to InterpreterRequests@centene.com. Please request interpreter services at least 5 days in advance.
- Live, in-person translation is preferred to telephonic translation in non-urgent cases. Telephonic services will only be used when an interpreter for the required language cannot be found in or near the particular area.

Urgent/Emergent:

- If a member needs **language translation** during an urgent or emergent encounter and the provider does not have bilingual staff, the provider should contact Provider Services. A representative will help patch in a translator electronically. Call [1-844-477-8313](tel:1-844-477-8313).

Sunshine Health discourages the use of patients’ family members — particularly children — as translators. They may not be able to translate medical terminology properly, and patients may not speak candidly in the presence of young family members.

- Sunshine Health 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. This applies to all products (Medicaid, Medicaid specialty, Marketplace and Medicare plans).



Interpreter Request Form

Electronic Media for the Hearing Impaired

Members have access to the TTY line for hearing impaired services. Sunshine Health Provider Services 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.

Type of Request

- New Request
- Modification to Initial Appointment Request
- Cancellation

Appointment Type:

- First Available
- Face-to-Face / In-Person Interpretation
- Pre-Scheduled Phone Interpretation
- Virtual / Video Interpretation
 - If video is preferred, list platforms the provider uses: _____
 - If video is preferred, please provide meeting URL/access link: _____

If the member's preference is unavailable can any of the following options be provided?

- Face-to-Face / In-Person Interpretation
- Pre-Scheduled Phone Interpretation
- Virtual / Video Interpretation
 - List platforms the provider uses: _____

Member, Prospective Member, or Provider Needing Interpretation Services

Name: _____

Member ID: _____

This person is a:

- Member
- Prospective Member
- Provider

Phone Number: _____

Alternative Phone Number: _____

Email: _____





INITIAL Appointment Details

Appointment Date: _____ Appointment Time: _____
Estimated Duration _____ (Minimum 120 minutes; do not lessen)

Are there recurring appointments?

Please list all dates and times: _____

Appointment Type (e.g., annual physical, physical therapy, surgery): _____

If the appointment is for surgery, is the interpreter needed for an extended period?

Yes No Duration: _____

Does this appointment have recurring visits for the same member and provider but on different dates?

- No, this is the only appointment at this time
- Yes, there are multiple visits for different dates

List dates needing Onsite Interpretation Visits _____

Facility Name: _____

Appointment Street Address: _____

Appointment Building/Suite/Room/Floor: _____

City, State ZIP code: _____

Provider's Name (Name of physician): _____

Provider NPI: _____

On-Site Contact Name: _____

On-Site Phone Number: _____

Please email the completed form to InterpreterRequests@centene.com.

The Interpreter Request Form should be submitted at least 5 business days prior to the date the interpreter is needed. Requests cannot be made more than 30 days in advance of the scheduled appointment date.

Sunshine Health cannot guarantee an interpreter if the request is received less than 72 hours before the appointment.

