



2020 Interpreter Services Provider Update

At Alameda Alliance for Health (Alliance), we appreciate our provider plan partnership to ensure that your Alliance patients have access to quality interpreters for all health care services. We have recently made updates to enhance the delivery of these services. We will be rolling these changes out in three (3) phases. We have put this packet together to help walk our provider partners through these updates, changes and phases.

THIS PACKET INCLUDES:

- Letter from Scott Coffin, Alliance CEO
- Provider Alert regarding our new telephonic interpreter services vendor, CyraCom
- Interpreter Services Provider Guide
- Interpreter Services Request Form
- Point to Your Language Card
- I Speak Cards

| PHASE | DESCRIPTION | LAUNCH DATE |
|-------|--|-----------------|
| 1 | Now Available for All Alliance Providers – New telephonic interpreter services vendor, CyraCom. | June 1, 2020 |
| 2 | <p>First group of Alliance clinics/providers will begin to follow the new guidelines for in-person interpreter services.</p> <ul style="list-style-type: none"> • Community Health Center Network (CHCN) clinics • Beacon Health Options providers <p>All Alliance providers will need to submit requests for in-person interpreters Services five (5) business days in advance.</p> | July 1, 2020 |
| 3 | <p>Second group of Alliance providers will follow the new guidelines for in-person interpreter services.</p> <ul style="list-style-type: none"> • Children’s First Medical Group • Alameda Health System • All other directly contracted clinics and providers | October 1, 2020 |

Questions? Below are ways that you can contact us for questions related to Alliance interpreter services:

- Contact the Health Education Manager:
Linda Ayala
Phone Number: **1.510.747.6038**
Email: layala@alamedaalliance.org
- Call our Provider Call Center:
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
- Visit the provider section of our website:
www.alamedaalliance.org/providers/provider-resources/language-access



June 30, 2020

Re: Interpreter Services for Alameda Alliance for Health Members

Dear Alliance Provider Partner,

At Alameda Alliance for Health (Alliance), we appreciate our dedicated provider community and the quality health care that you provide to our members. We understand that interpreter services are key to helping provide excellent care to our diverse membership. Almost 40% of our members prefer to communicate in a language other than English, and at many of our partner clinics, that percentage is significantly higher.

Over the next year, we will be moving most of our interpreter services from in-person to on-demand telephonic interpreting. We anticipate that increasing on-demand telephonic services will lift a significant administrative burden for you and your office staff. Telephonic interpreting services has the advantage of immediate access, and in most cases, there is no need to preschedule or confirm appointments.

To support this change, we will have a new vendor for telephonic interpreter services – CyraCom. They have specialized in health care interpretation for more than 25 years and provide on-demand services in over **230** languages.

Our on-demand telephonic interpreter services rollout with CyraCom was June 1, 2020. Required use of the updated interpret services guide and request form will begin as follows:

- **Wednesday, July 1, 2020** – Community Health Center Network (CHCN) and Beacon Health Options
- **Thursday, October 1, 2020** – Children First Medical Group (CFMG), Alameda Health System and all directly contracted providers

In-person interpreter services will still be available for American Sign Language (ASL) and sensitive or complex health care visits. For in-person interpreters, providers will still need to complete an *Interpreter Services Appointment Request Form*, and fax it directly to the Alliance at least **five (5) business days** before the appointment.

In this packet you will find our updated instructions for accessing interpreter services. Please note the implementation date. If you have any questions, please contact our project lead:

Linda Ayala, MPH, Health Education Manager
Phone Number: **1.510.747.6038**
Email: layala@alamedaalliance.org

We remain committed to ensuring that our members have access to quality interpreter services at each health care encounter, and look forward to our continued partnership.

Sincerely,

A handwritten signature in black ink that reads "Scott Coffin".

Scott Coffin
Chief Executive Officer
Alameda Alliance for Health



Important Update Starting Monday, June 1, 2020: New Alliance On-Demand Telephonic Interpreter Services Vendor CyraCom

At Alameda Alliance for Health (Alliance), we value our dedicated provider partners and appreciate all of the hard work you do to protect the health and wellbeing in our community. We are excited to announce our new on-demand vendor for interpreter services, CyraCom.

Starting Monday, June 1, 2020, the Alliance will partner with CyraCom to provide on-demand telephonic interpreter services for our members. CyraCom has specialized in health care interpretation for more than 25 years and provides services in over 230 languages.

Telephonic interpreter services is the fastest and most efficient way to obtain an interpreter. To access services, please call **1.510.809.3986** and follow the prompts. This is the same phone number that we have always had for telephonic interpreter services.

The automated system will request the following:

1. **The PIN number for the network you are contracted with:**
 - If you are a **CHCN** provider – **1001**
 - If you are a **CFMG** provider – **1002**
 - If you are a **Beacon** provider – **1003**
 - If you are an **Alliance** provider – **1004**
2. **A number to request the language you need:**
 - For Spanish – press **1**
 - For Cantonese – press **2**
 - For Mandarin – press **3**
 - For Vietnamese – press **4**
 - For all other languages – press **0**
3. **The member's 9-digit Alliance Member ID number.**

Requesting an interpreter for Telehealth: CyraCom also offers interpretation for telehealth visits! When you are ready to connect to an interpreter, please call **1.510.809.3986**. Follow steps 1-3 above, and provide the telehealth phone number and log in information. The interpreter will then call in to join your telehealth visit.

For more information on interpreter services, including how to schedule American Sign Language (ASL), telephonic interpretation for less common languages, or in-person services, please contact:

Alliance Provider Services Department
Phone Number: **1.510.747.4510**
www.alamedaalliance.org/providers/provider-forms

Questions? Please call Alliance Health Programs
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4577**
www.alamedaalliance.org

ALAMEDA ALLIANCE FOR HEALTH INTERPRETER SERVICES GUIDE

At Alameda Alliance for Health (Alliance), we are committed to continuously improve our provider and member customer satisfaction. The Alliance provides no-cost interpreter services including American Sign Language (ASL) for all Alliance covered services, 24 hours a day, 7 days a week.

Effective Monday, June 1, 2020, please use this guide to better assist Alliance members with language services. Please confirm your patient's eligibility before requesting services.

TELEPHONIC INTERPRETER SERVICES

Common uses for telephonic interpreter services:

- Routine office and clinic visits.
- Pharmacy services.
- Free standing radiology, mammography, and lab services.
- Allied health services such as physical occupational or respiratory therapy.

To access telephonic interpreters:

1. Please call **1.510.809.3986**, available 24 hours a day and 7 days a week.
2. Provide the nine-digit Alliance member ID number.
3. For communication with a patient who is deaf, hearing or speech impaired, please call the California Relay Service (CRS) at **7-1-1**.

IN-PERSON INTERPRETER SERVICES

Members can receive in-person interpreter services for the following:

- Sign language for the deaf and hard of hearing
- Complex courses of therapy or procedures, including life-threatening diagnosis (Examples: cancer, chemotherapy, transplants, etc.)
- Highly sensitive issues (Examples: sexual assault or end of life)
- Other conditions by exception. Please include your reason in the request.

To request in-person interpreters:

1. You must schedule in-person interpreter services at least **five (5) business days** in advance. For ASL, **five (5) days** is recommended, but not required.
2. Please complete and fax the **Interpreter Services Appointment Request Form** to the Alliance at **1.855.891.9167**. To view and download the form, please visit **www.alamedaalliance.org/providers/provider-forms**.
3. The Alliance will notify providers by fax or phone if for any reason we *cannot* schedule an in-person interpreter.
4. If needed, please cancel interpreter services at least **48 hours** prior to the appointment by calling the Alliance Provider Services Department at **1.510.747.4510**.

PLEASE NOTE:

The Alliance discourages the use of adult family or friends as interpreters. Children should not interpret unless there is a life-threatening emergency and no qualified interpreter is available. If a patient declines interpreter services, please document the refusal in the medical record.

Questions? Please call Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone number: **1. 510.747.4510**





Interpreter Services Request Form

At Alameda Alliance for Health (Alliance), we provide no-cost interpreter services including American Sign Language (ASL) for all Alliance covered services, 24 hours a day, 7 days a week. Please confirm your patient's eligibility before requesting services. Please complete this form to request interpreter services.

INSTRUCTIONS

1. Please print clearly, or type in the fields below.
2. Forms must be submitted by fax at least **five (5) working days** prior to the appointment date. For ASL, **five (5) working days** is recommended, but not required.
3. Please return form by fax to the Alliance at **1.855.891.9167**.

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

| SECTION 1: PATIENT INFORMATION | |
|-----------------------------------|-----------------------------|
| Full Name: _____ | Alliance Member ID #: _____ |
| Date of Birth (MM/DD/YYYY): _____ | Phone Number: _____ |

| SECTION 2: INTERPRETER SERVICE TYPE (CHECK ONLY ONE TYPE OF SERVICE) | |
|---|---|
| <input type="checkbox"/> Telephone Interpreting by Appointment | <input type="checkbox"/> In-Person Interpreting |
| <input type="checkbox"/> Video Interpreting by Appointment <i>(if available at clinic location)</i> | |
| Language: _____ | Special Requests (optional): _____ |

| SECTION 3: APPOINTMENT DETAILS | |
|---|-----------------------------------|
| <i>For in-person appointments, please include address information.</i> | |
| <i>For prescheduled video or telephonic appointments, please provide call-in information and/or link.</i> | |
| Date (MM/DD/YYYY): _____ | Start Time: _____ Duration: _____ |
| Provider Name: _____ | Provider Specialty: _____ |
| Address (include dept./floor/suite): _____ | |
| City: _____ | State: _____ Zip Code: _____ |
| Call-In Information/Link: _____ | |
| Please complete if requesting an in-person interpreter: What is the nature of the request? | |
| <input type="checkbox"/> Complex course of therapy or procedure including life-threatening diagnosis <i>(Examples: cancer, chemotherapy, transplants, etc.)</i> | |
| <input type="checkbox"/> Highly sensitive issues <i>(Examples: sexual assault, abuse, end-of life, etc.)</i> | |
| <input type="checkbox"/> Other condition <i>(please include justification):</i> | |

| SECTION 4: REQUESTOR INFORMATION | |
|----------------------------------|--------------------------|
| Name: _____ | |
| Phone Number: _____ | Date (MM/DD/YYYY): _____ |

Telephonic interpreter services are available for Alliance members at anytime, 24 hours a day, 7 days a week without an appointment by calling **1.510.809.3986**. To view and download this form, please visit www.alamedaalliance.org/providers/provider-forms.

"I SPEAK" CARDS

FOR ALLIANCE MEMBERS

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We are committed to continuously improving our provider and member customer satisfaction.

The Alliance has created "I Speak" cards as a resource for our provider partners and members to use during doctor visits. This resource includes information to help Alliance members get an interpreter for their health care visits. Alliance members can show the card to your office staff to let them know what language they speak. It also has instructions on how your office can contact the Alliance to get an interpreter.

Furthermore, you can help your patients if you are sending them to receive other services such as laboratory or radiology. The "I Speak" card will let the medical office staff know how to call an interpreter for your patient. Alliance telephonic interpreters are available 24 hours a day, 7 days a week at **1.510.809.3986**.

INSTRUCTIONS

1. Please fill in the member's preferred language.
2. Ask the patient to show the card to the health care provider for help in their language.

Please see back to view samples of the "I Speak" card.

To request a supply of "I Speak" cards, please email Alliance Health Programs at **livehealthy@alamedaalliance.org**. Please provide your name, clinic, mailing address, phone number, and quantity needed for each language. I speak cards are available in English, Spanish/English, Chinese/English and Vietnamese/English.

Thank you for partnering with us to ensure that our members are receiving care in their language!



Questions? Please call Alliance Health Programs
Monday - Friday, 8 am - 5 pm
Phone Number: **1.510.747.4577**
www.alamedaalliance.org

SAMPLES OF "I SPEAK" CARDS*

ENGLISH CARD - USE FOR ANY LANGUAGE

Front

ALAMEDA Alliance FOR HEALTH

I Speak: _____

PLEASE CALL AN INTERPRETER.
Thank You.

Back

Providers: To request a phone interpreter on demand, please call **1.510.809.3986**.

Alameda Alliance for Health (Alliance) members can receive interpreter services for covered health care services.
Please have the member ID ready.

Members: For any questions, please call the Alliance Member Services Department at **1.510.747.4567**.

BILINGUAL CARD - AVAILABLE IN SPANISH, CHINESE AND VIETNAMESE

Front

ALAMEDA Alliance FOR HEALTH

I speak Spanish

PLEASE CALL AN INTERPRETER.
Thank you.

Back

Providers: To request a phone interpreter on demand, please call **1.510.809.3986**.

Alameda Alliance for Health (Alliance) members can receive interpreter services for covered health care services.
Please have the member ID ready.

Members: For any questions, please call the Alliance Member Services Department at **1.510.747.4567**.

Inside

ALAMEDA Alliance FOR HEALTH

Yo hablo español

LLAME A UN INTÉRPRETE.
Gracias.

Proveedores: Para solicitar el servicio de interpretación por teléfono por encargo, llame al **1.510.809.3986**.

Los miembros de Alameda Alliance for Health (Alliance) pueden recibir servicios de interpretación para los servicios de cuidado de la salud cubiertos.
Tenga a la mano su número de identificación del miembro.

Miembros: Si tiene alguna pregunta, llame al Departamento de Servicios al Miembro de Alliance al **1.510.747.4567**.

*Actual "I Speak" Cards are standard business card size.

Point to your language. We will get you an interpreter.

| | |
|---|--|
| Arabic اللغة العربية أشر الى لغتك وسنادى المترجم حالا | Laotian ພາສາລາວ ຊື່ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້ ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້ |
| Cambodian សូមចងលក្ខណសារបស់អ្នក យើងនឹងហៅអ្នកបកប្រែមកជូន | Mam Mam Yectz tyola. K,o co jel yolon tejun xal toj tell tyola. |
| Cantonese 請指認您的語言 以便為您請翻譯 | Mandarin 國語 請指認您的語言 以便為您請翻譯 |
| Dari دری شما به کدام زبان گپ می زنید؟ یک ترجمان می آید. | Mien Mienh Nuqv meih nyei waac mbuox yie liuz, yie heuc faan waac mienh bun meih oc. |
| Eritrean ፍብቃንቃኹም ከያመልከቱ ከተርጓሚ ከድወለሉ ክዩ | Pashto پښتو خپله ژبه وښه. ژر به ترجمان درسره خیری وکړ. |
| Ethiopian ወደቅንቃው ከያመልከቱ ከተርጓሚ ከንጠራለን | Punjabi ਪੰਜਾਬੀ ਅਪਣੀ ਬੋਲੀ ਇਸਾਰੇ ਨਾਲ ਦਸੋ । ਤੁਹਾਡੇ ਵਾਸਤੇ ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਬੁਲਾਇਆ ਜਾਏਗਾ । |
| Farsi فارسی به زبانی که صحبت می کنید اشاره کنید، برای شما مترجم می آوریم. | Russian Русский Язык Укажите, на каком языке Вы говорите. Сейчас Вам вызовут переводчика. |
| Hindi हिंदी अपनी भाशा इशारे से दिखाइये । आपके लिए दुभाशिया बुलाया जाएगा । | Spanish Español Señale su idioma. Se llamará a un intérprete. |
| Hmong Hmoob Thov taw tes rau koj yam lus. Peb yuav hu ib tug neeg txhais lus rau koj. | Tagalog Tagalog Ituro mo ang iyong wika. Matatawagan ang tagapag-salin. |
| Indonesian Bahasa Indonesia Tunjukkan bahasamu. Jurubahasa akan disediakan. | Thai ภาษาไทย ช่วยชี้ให้เราดูหน่อยว่า ภาษาไหนเป็นภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน |
| Japanese 日本語 あなたの話す言語を指で、示してください。 通訳をお呼びします。 | Urdu اردو زبان مین بات کرنا پسند کریں گی؟ سی آپ کون آپ کی مدد کیلئے آپہی کی ترجمان کو بلایا جائے گا. |
| Korean 한국어 당신이 쓰는 말을 지적하세요. 통역관을 불러 드리겠습니다. | Vietnamese Tiếng Việt Chỉ rõ tiếng bạn nói. Sẽ có một thông dịch viên nói chuyện với bạn ngay. |