



## **Interpreter/Translator Request from Providers to an Agency**

*iCare* will work with the provider and the Interpreter/Translator Agency to make sure the member's rights are met during their appointment. Providers make their request for an interpreter to *iCare*. For an American Sign Language interpreter the agency needs 5-7 business days prior to the appointment to make arrangements. For other languages, the agency asks for at least 3 business days. If a request can be made at least 14 days in advance to *iCare*, it will be helpful.

### **Provider Role**

After a provider determines that an interpreter is needed for an *iCare* member, the following steps are taken:

1. Send a request for assistance to the Customer Service Mailbox at [callcen@icare-wi.org](mailto:callcen@icare-wi.org) include the following:
  - a. Name of member
  - b. Medicaid ID number
  - c. Date of appointment/Length of time
  - d. Provider name and phone number
  - e. Contact name of person at the provider. Once an interpreter is available for the appointment, the contact person will receive the information from customer service.
2. If an interpreter is not available the provider's office will be notified via phone or e-mail.
3. If there is a cancellation of service, please provide more than a 24 hour notice to *iCare*.

### **Agency Role**

4. *iCare* contacts a contracted agency for an available interpreter.
5. The agency provides the name of the person that will be at the appointment.
6. *iCare* sends the Translator/Interpreter Payment Form to the agency.
  - a. The interpreter takes the form to the appointment.

## **INDEPENDENT CARE HEALTH PLAN**

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[www.icare-wi.org](http://www.icare-wi.org)

- b. The form must be completed and signed by the interpreter, hospital/clinic staff, and the hospital/clinic staff must print their name before a payment is made.
- c. The agency submits the invoice(s) and the payment form to *iCare* for payment. The address is:

Independent Care Health Plan

Attention: Accounts Payable

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