

<i>Policy and Procedure</i>			
Policy Name:	Language Assistance Program	Policy ID:	AA.004.01
Approved By:	Dental Director (Signature on file)	Effective Date:	1/1/2013
States:	All States	Revision Date:	N/A
Application:	All Government Programs and Commercial DHMO		

This policy applies for operations under Premier Access Insurance Company and Access Dental Plan. For the purposes of this Policy, Premier Access Insurance Company and Access Dental Plan shall be collectively referred to as "Premier Access".

Purpose

Under the direction of the Dental Director or designee, to provide a systematic process for Premier Access to identify the language assistance needs of its enrollee population; to ensure equal access to dental care services for limited English proficient Members through provision of high quality interpreter and linguistic services, to provide processes for the provision of language assistance services for members; and to provide processes for notifying members of the availability of the language assistance services.

Policy

Premier Access shall provide language assistance services for its members. Members shall be notified of the availability of the services and how to access services at the different points of contact. Notification to Members will include that oral interpretation is available for any language and written information is available in prevalent languages and how to access those services.

Oral interpretation services are available to all Members and potential enrollees free of charge in all non-English languages. All monolingual, non-English-speaking, or limited proficient (LEP) Members shall receive 24-hour interpreter services at all key Points of Contact either through interpreters or telephone language services.

Premier Access will make its written information available to all Members and potential enrollees in each Threshold non-English language identified by the applicable Program in the designated service area(s). Premier Access shall conduct assessments of the enrollee population to assess language assistance needs and identify threshold languages. Vital documents shall be translated into threshold languages and shall be available for members.

Premier Access shall monitor language assistance services.

The provision of language assistance services is not a delegated entity function.

Definitions

- "Bilingual" means proficient in English and non-English language and able to facilitate customer service functions in English and non-English language.
- "Demographic profile" means, at a minimum, identification of a member's preferred spoken and written language, race and ethnicity.
- "Interpreting Service" means Premier Access' contracted vendor which provides phone and face-to-face language interpreting service.

- “Language assistance services” means translation of standardized and enrollee-specific vital documents into threshold languages and interpretation services, including interpreters, signers, or bilingual providers, at all key points of contact.
- “Limited English Proficient or LEP member” means a member who has an inability or a limited ability to speak, read, write, or understand the English language at a level that permits that individual to interact effectively with health care providers or plan employees.
- “Member” means an enrollee under Premier Access’ programs.
- “Member notice” means the Member Notice of Language Assistance Services.
- “Point of contact” means an instance in which a member accesses the services covered under a plan, including administrative and clinical services, and telephonic and face-to-face contacts.

Key Points of Contact include:

- Dental care settings: telephone, advice and urgent care transactions, and encounters with dental care providers, including pharmacists.
- Non-medical care setting: Member services, orientations, and appointment scheduling.
- “Prevalent” means a non-English language spoken by a significant number or percentage of potential enrollees and enrollees in the State of California Medi-Cal Program. The State of California Department of Health Care Services (DHCS) establishes a methodology for identifying the prevalent non-English languages spoken by enrollees and potential enrollees..
- “Threshold language(s)” mean the language(s) identified by Premier Access pursuant to Section 1367.04(b)(1)(A) of the Act. Generally, threshold languages are determined by the size of the dental plan.
 - California Medi-Cal Dental Programs - For the purposes of the California Medi-Cal Dental GMC and LAPHP Programs, “Threshold language(s)” or “Concentration Standards Languages” are the State of California DHCS identified Prevalent languages and the languages identified by Premier Access enrollees assessment in non-English spoken languages.
- “Timely” means in a manner appropriate for the situation in which language assistance is needed.
- “Vital documents” means the following documents, when produced by Premier Access, including when the production or distribution is delegated by the plan to a dental provider or administrative services provider:
 - Applications;
 - Consent forms, including any form by which an enrollee authorizes or consents to any action by the plan;
 - Letters containing important information regarding eligibility and participation criteria;
 - Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;
 - Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;
 - Explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee; and
 - The standard disclosure of benefits, limitations and exclusions, and copayments document.
 - California Medi-Cal Dental Programs: Vital documents also includes, but is not limited to:
 - Member Services guides;
 - Enrollee information;
 - Welcome packets;
 - Any marketing information;
 - Form letters (including notice of action letters and grievance acknowledgement and resolution letters).

Procedure

ENROLLEE ASSESSMENT

1. For State-sponsored programs, Premier Access will collect member primary language, race and ethnicity data through electronic enrollment data provided by State dental program enrollment administrators. 2. For commercial programs, Premier Access will collect member primary language, race and ethnicity data through enrollment applications.
3. Primary language, race and ethnicity will be maintained on each member record. The confidentiality of each member record is maintained, in accordance with Premier Access' privacy standards. The primary language, race and ethnicity data will represent Premier Access' demographic profile for purposes of the Language Assistance Program.
4. Member demographic profile data will be disclosed to contracting providers upon request for lawful purposes, including language assistance and health care quality improvement purposes.
5. Member demographic profile data will be disclosed to the Department of Managed Health Care, upon request.
6. Threshold languages will be calculated using the demographic profile, as follows:
 - ◆ Based on the following enrollment levels:
 - For enrollment of 1,000,000 members, the threshold languages are the top two languages (other than English) and any additional languages when 0.75% or 15,000, whichever is less, indicates in the needs assessment a preference for written materials in that language.
 - For enrollment of 300,000 to 1,000,000, the threshold language is the one top language other than English and any additional languages when 1% or 6,000 enrollees, whichever is less, indicates in the needs assessment a preference for materials in that language.
 - For enrollment of less than 300,000, the threshold language is any language other than English when 5% or 3,000 enrollees, whichever is less, indicate in the needs assessment a preference for materials in that language.; and
 - ◆ Any applicable State or Program specific criteria, as established.
 - California Medi-Cal Dental Programs - For the purposes of the California Medi-Cal Dental GMC and LAPHP Programs, "Threshold language(s)" or "Concentration languages are identified by the Department of Health Care Services (DHCS) within the Contractor's service area. Premier Access shall include the following calculations, as determined by DHCS:
 - a. A population group of mandatory Medi-Cal beneficiaries residing in the service area who indicate their primary language as other than English and that meet a numeric threshold of 3,000;
 - b. A population group of mandatory Medi-Cal beneficiaries residing in the service area who indicate their primary language as other than English and who meet concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes.
7. Enrollment levels will be assessed at least once every 3 years to determine if changes are required to threshold languages as part of the Quality Management Annual Review.
 - California Medi-Cal Dental Programs: For the purposes of the California Medi-Cal Dental GMC and LAPHP Programs, Premier Access will ensure that the composition of the provider network meets the ethnic, cultural, and linguistic needs of the enrolled Members on a continuous basis, in accordance with **Policy AA.006.01, Access & Availability – General.**

8. A survey disclosure will be included in new member welcome packets and annual member mailings. The survey disclosure will state that free language assistance service is available for members and provide direction for how to inform Premier Access and providers regarding preferred spoken and written languages.
9. The threshold languages will be identified in the Quality Management Program Annual Review and Work Plan.

MEMBER NOTICE

1. The Member Notice notifies members of the availability of free language assistance services ,how to access the services, and how to inform Premier Access and providers regarding preferred spoken and written languages.
2. The Member Notice will be in English and Premier Access' threshold languages, as applicable based on the Member's enrollment.
3. The Member Notice will be sent with all vital documents, enrollment materials for new and renewing members, and other periodic member correspondences, such as brochures, newsletters, outreach, or marketing materials.

PROVISION OF LANGUAGE ASSISTANCE/LINGUISTIC SERVICES

1. Language assistance/linguistic services are available to members at no charge, including but not limited to:
 - ◆ Interpreters, signers or bilingual providers and provider staff at all key points of contact.
 - ◆ Fully translated vital documents.
 - ◆ Referrals to culturally and linguistically appropriate community service programs.
 - ◆ Telecommunications Device for the Deaf (TDD) and Telecommunications Relay Service (711).
2. Interpreter services are available 24 hours a day, 7 days a week at all key points of contact either through interpreters or telephone language services.
3. Members shall receive timely access to language assistance services.

POINTS OF CONTACT

1. Language assistance services are available to members at all key points of contact, including but not limited to:
 - ◆ **Premier Access** Member Service Line
 - Members in all service areas contact the Member Service Line by calling the toll-free Member Service Line phone number provided on each member identification card (phone numbers differ based on dental program).
 - Member Service Line is available between the hours of 8:00 a.m. and 6:00 p.m., Pacific Time, Monday through Friday (holidays excluded).
 - During non-business hours, a recorded message directs members to call (800) 870-4290 if they have an emergency. The 24 hour answering service initiates a call to **Premier Access'** Interpreting Service if the member requires interpreting services.
 - ◆ **Premier Access** Complaints/Grievances Department

- Members in all service areas contact the Complaints/Grievance Department by telephone, online or mail, or in person between the hours of 8:00 a.m. and 6:00 p.m., Pacific Time, Monday through Friday (holidays excluded), at the Plan's headquarters located at:

Premier Access Insurance
Complaints/Grievances Department
8890 Cal Center Drive
Sacramento, CA 95826
1-800-70 smile

- Members contacting the Complaints/Grievances Department by mail to report a grievance submit a letter or Grievance Form.
 - Grievance Forms translated into Premier Access' threshold languages.
 - Grievance Forms are included in the Evidence of Coverage booklet and in the provider manual. Grievance Forms are also available in provider offices and online at the Premier Access website: www.premierlife.com.
- Members contacting the Complaints/Grievances Department will be advised of their right to file a grievance with Premier Access or the Department of Managed Health Care and seek an independent medical review. (IMR is not available to dental enrollees unless services of a physician are covered under the plan, so this IMR notice requirement will not apply to most dental plans).

◆ **Provider offices**

- Member demographic profile data will be disclosed to contracting providers upon request for lawful purposes, including language assistance and health care quality improvement purposes.
- Members can request phone or face-to-face interpreting service for appointments.
 - Members request interpreting service for an appointment by contacting the Premier Access Member Service Line.
 - The Premier Access representative will schedule the appointment with the Interpreting Service.
- Premier Access will retain financial responsibilities to provide language assistance services to the members.

WRITTEN TRANSLATION SERVICES

1. Premier Access translates vital documents, member outreach materials, and our website content.
2. Vital documents will be fully- translated into Premier Access' threshold languages, as applicable based on the Member's enrollment, at no charge to enrollees.
 - ◆ California Medi-Cal Dental Programs: For the purposes of the California Medi-Cal Dental GMC and LAPHF Programs, Premier Access will provide fully-translated vital documents to all monolingual or LEP Members that speak the identified threshold language(s).
3. For other documents that are not standardized, but which contain enrollee-specific information, Premier Access will provide the English version together with written notice of the availability of interpretation and translation services (as approved by applicable State and/or Program agencies).
4. Translations of vital documents will meet the same standards required for the English language version of the documents, in accordance with **Policy AA.007.01, Readability, literacy and alternate formats**

5. The following vital documents will be translated into Premier Access' threshold languages and are available to members upon request. For the purposes of the California Medi-Cal Dental GMC and LAPHP Programs, these translated documents will be provided to the Members identified to speak an applicable threshold language

◆ Vital Documents

- Applications
- Consent forms, including any form by which an enrollee authorizes or consents to any action by the plan
- Welcome Packet
- Benefit and Copay Schedule
- Exclusions and Limitations
- Grievance Form
- Member Notification of Change in Primary Care Dentist
- Privacy Notice
- HIPAA-related forms
- Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;
- Member Services guides
- Enrollee information;
- Any marketing information;
- Form letters

◆ Enrollee-specific Vital Documents

- Explanation of Benefits
- Grievance Acknowledgment Letter
- Grievance Resolution Letter
- Referral Notice
- Notice of Authorization
- Letters containing important information regarding eligibility and participation criteria;
- Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;
- Explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee.

6. Subscriber contracts, Evidence of Coverage booklets and other large disclosure forms and enrollee handbooks will not be translated in their entirety. A summary matrix, translated into the threshold languages, is available for LEP members. This matrix includes the following information:

- ◆ Major categories of benefits covered under the plan;
- ◆ Corresponding copayments and coinsurance;

- ◆ Exclusions and limitations; and
- ◆ Any applicable deductible and lifetime maximums.

California Medi-Cal Dental GMC and LAPHG Programs: For the purposes of the California Medi-Cal Dental GMC and LAPHG Programs, this section does not apply. Evidence of Coverage booklets and enrollee handbooks will be fully-translated into all applicable Program threshold languages.

7. Premier Access requires certification from its contracted translation vendor validating the accuracy of all translated documents including:

- ◆ quality standards for translations, (e.g., 3 review points: translator, proofreader, and final reviewer and/or back review translations)
- ◆ quality standards for translators,
- ◆ a translation and alternate format style guides to promote consistent translation quality, and
- ◆ a glossary of common terms in threshold languages.

8. If a translation is requested, Premier Access shall provide the requested translation within 21 days of the receipt of the request for translation.

INTERPRETING SERVICES

1. Interpreting services and Signers are available at all key points of contact, free of charge to members. Interpreting services are provided through Premier Access' interpreting service vendor.
2. Premier Access' interpreting service vendor's documented interpreter certification standards require all individuals who provide interpreting services to meet stringent criteria. These criteria include, but are not limited to, the following qualifications:
 - ◆ Proficiency in English and the non-English language for which the individual is performing interpretive services.
 - ◆ Fundamental knowledge and understanding of dental terminology and concepts related to the dental care delivery system.
 - ◆ Understanding and acceptance of interpreter standards – accuracy, confidentiality, impartiality, professionalism and cultural sensitivity.
 - ◆ All individual interpreter should maintain interpreter certification standards including proof of three year interpreting re-certification.
3. When a member is identified to be an LEP member, the Premier Access representative will offer interpreter services to the member. Interpreter services are offered, regardless of the language code on the member record.
4. Premier Access bilingual staff members are available to speak to members in non-English languages.

Bilingual staff members conduct calls in the non-English language only to the extent necessary to facilitate administrative customer service functions.

- ◆ Bilingual staff member proficiency in English and non-English language is assessed by Premier Access through language proficiency testing
- ◆ For all positions that require bilingual capability, language proficiency testing is conducted by the Human Resources department as a component of the pre-employment screening.

- Language proficiency testing is conducted after a candidate has passed the initial screening process. Testing consists of verbal and written proficiency tests in English and the other language(s).
 - A candidate must successfully pass all proficiency tests for English and the other language(s) in a single attempt in order to proceed in the interview process as a bilingual speaker. If the candidate passes the English proficiency tests but does not pass the proficiency tests in the other language, the candidate may still be considered for a position that does not require bilingual capability.
 - The results of the language proficiency testing shall be maintained by the Human Resources department.
5. Contracting provider staff will offer an interpreting service to LEP members, including when a member is accompanied by a family member or friend who has the ability to provide interpretation services.

CONTRACTING PROVIDERS

1. Contracting providers must offer the language assistance services included in the provider contract, which are as follows:
 - ◆ Provider office will contact **Premier Access** to obtain information regarding a member's language preference, as necessary.
 - ◆ Provider office will record member's language preference in the patient record.
 - ◆ The offer of interpreting service, and the acceptance or denial by the member, shall be documented in the member record or file, as applicable.
2. Premier Access will confirm the provider office's compliance with Language Assistance Program policies and procedures during provider office quality assurance audits. The following review criteria shall be assessed during the audits:
 - ◆ Staff is aware of free language services provided by Plan and the process for accessing services.
 - ◆ Limited English Proficient (LEP) members are offered interpreting services, even when member is accompanied by a family member or friend with ability to interpret. The offer of interpreting service, and acceptance or denial by member, is documented in patient record. Staff shall discourage the use of family members or friends as interpreters.
 - ◆ Member language preference recorded in patient record.
3. Provider offices may have bilingual providers and/or office staff available to speak to members in non-English languages.
 - ◆ Provider office linguistic proficiency is established based on provider attestation and monitored as part of the routine Provider Relations onsite follow up visits. Changes in language capabilities are updated as needed.
 - ◆ Bilingual office staff converse with members in the non-English language only to the extent necessary to facilitate administrative customer service functions.
 - ◆ Providers shall provide quarterly updates regarding any changes in the bilingual language capabilities of currently employed providers and/or office staff by submitting quarterly provider survey to **Premier Access**.
 - ◆ Provider directories shall identify contracting providers who are themselves bilingual or who employ other bilingual providers and/or office staff.
 - ◆ **Premier Access** will monitor and review changes in dental provider language capabilities during periodic provider contacts and onsite reviews,

4. Provider offices have access to Grievance Forms translated into the threshold languages as part of the provider manual, or Plan website. The provider office will provide these for the member upon request.
5. California Managed Care and Government Programs: Premier Access informs contracted providers that informational notices explaining how members may contact the plan, file a complaint, obtain assistance from the California Department of Managed Health Care (DMHC) and seek an independent medical review are available in non-English languages through the DMHC's web site. (The notice and translations can be obtained online at www.hmohelp.ca.gov for downloading and printing. In addition, hard copies may be requested by submitting a written request to: Department of Managed Health Care, Attention: HMO Help Notices, 980 9th Street, Suite 500, Sacramento, CA 95814.)

STAFF TRAINING

1. Premier Access shall provide on-going training on the language assistance program for staff members who have routine contact with LEP members. 2. Training shall include the following information and direction:
 - ◆ Knowledge of Premier Access policies and procedures for language assistance;
 - ◆ Working effectively with LEP enrollees;
 - ◆ Working effectively with interpreters in person and over the phone; and
 - ◆ Understanding the cultural diversity of the member population and sensitivity to cultural differences relevant to delivery of health care interpretation services.

COMPLIANCE MONITORING

1. A sample of Phone log records for members who requested interpreter services will be reviewed quarterly by Premier Access' Member Services Department to validate that the correct procedures are followed and documented when a member requests interpreter services. Metrics and related corrective actions will be reported and monitored through the Quality Management Program as part of the Audits & Metrics key performance indicators.
2. Member grievance records relating to language assistance services will be reviewed and monitored through the Quality Management Program.
3. Provider offices will be assessed during provider site interview and facility audit tool to verify compliance with Language Assistance Program requirements, in accordance with **Policy QM.008.01, Facility and Chart Reviews**
4. Member surveys will be used to gather member feedback related to Premier Access' language assistance program, accordance with **Policy QM.034.01, Member Satisfaction Surveying..**
5. Feedback from members and member representatives during health plan meetings or other events will be reviewed to determine if language assistance services are not being provided according to the policies and procedures of the Plan.
6. Utilization reports from the Plan's contracted interpreter vendor will be reviewed and monitored through the Quality Management Program.
7. Language Assistance Program policies and procedure will be evaluated on an annual basis, during which time its effectiveness will be assessed as part of the overall Quality Management Annual Review. The policies and procedures will be modified as necessary based on this annual evaluation.

References

This policy was previously tracked as *Quality Management Program Policy and Procedure AA-05 – Language Assistance Program*.

42 CFR 438.10(c)

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 11, Provision H, Linguistic Services

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 8, Provision I, Ethnic and Cultural Composition

Medi-Cal Dental GMC and LAPHP Contract Provisions, Exhibit A, Attachment 14, Provision D, Written Member Information

See also Related Policies

Policy AA.006.01, Access & Availability – General, Policy AA.007.01, Readability, literacy, and alternate formats, Policy QM.008.01, Facility and Chart Reviews, Policy QM.009.01, Performance Measures, Policy QM.034.01, Member Satisfaction Surveying

Revision History

Date:	Description
01/01/2013	Conversion to updated naming convention and template. Incorporated provisions related to Medi-Cal Dental GMC and LAPHP Program requirements (Exhibit A, Attachment 11, Provision H, Linguistic Services).