

Utilization Management	 ASPIRE HEALTH PLAN	<u>Effective Date</u>	
		01/01/2021	
		<u>Policy #</u>	
		AHP-HS053	
	LANGUAGE ASSISTANCE PROGRAM (LAP) and Translation Services	<u>Review Date</u>	<u>Applicable to:</u>
		11/15/2023	<input checked="" type="checkbox"/> Medicare Advantage <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Anthem HMO <input checked="" type="checkbox"/> Blue Shield Trio
	<u>Approver's Name & Title</u>		
	Gilly Guez, MD – Chief Medical Officer		

1.0 PURPOSE

- 1.1 This policy and procedure addresses Aspire Health Plan's ("AHP") language assistance program ("LAP") and language translation services, which complies with applicable requirements and standards.
- 1.2 AHP ensures that members are provided access to interpreter services at key medical points of contact, including the Utilization Management department.
- 1.3 AHP is not delegated to provide language assistance services via its commercial product contract. However, AHP will ensure all members who request language services, during normal business hours, will receive language services in the requested language through bilingual staff or an interpreter to assist members with their utilization management issues, concerns, and questions. This policy does not apply to after-hours telephone calls.

2.0 POLICY

2.1 Anthem and Blue Shield

- 2.1.1 AHP will timely direct and/or forward all member-related interpretation and translation requests received via telephone call, facsimile, email, or mail to commercial clients for appropriate language assistance services.
- 2.1.2 AHP will communicate notices to members in clear, concise language and drafted at an 8th grade reading level.

2.2 All Lines of Business

- 2.2.1 Aspire Health Plan (AHP) will provide individual enrollees which have been identified as Limited English Proficient (LEP) access to interpretation services, either telephonic or in person, at key points of contact and at no charge to the member.
- 2.2.2 Points of Contact may include:
 - 2.2.2.1 AHP administrative offices
 - 2.2.2.2 Specialist office sites
 - 2.2.2.3 Ancillary provider sites (PT, OT, ST, Labs, Radiology)

- 2.2.2.4 Centralized appointment lines
- 2.2.2.5 Afterhours line
- 2.2.2.6 Telephone advice line with licensed health professionals
- 2.2.2.7 Other key medical points of contact

2.3 Medicare Advantage

- 2.3.1 AHP will provide materials to enrollees on a standing basis in any non-English language that is the primary language of at least 5 percent of the individuals in that service area and/or accessible formats.
- 2.3.2 Notification of the enrollee/member's preferred non-English language or accessible format includes notification by the enrollee/member, or authorized representative, through any touchpoint, including but not limited to:
 - 2.3.2.1 During the enrollment process, or via the application
 - 2.3.2.2 During collection of the health risk assessment
 - 2.3.2.3 While contacting customer service on any issue
 - 2.3.2.4 During plan outreach for gap closure or other campaigns
- 2.3.3 Once AHP learns of an enrollee or member's primary language and/or need for an accessible format, the plan will provide required materials in that language and/or accessible format as long as the enrollee remains enrolled in the plan or until the enrollee/member requests that the plan provide required materials in a different manner.
- 2.3.4 If an enrollee/member requests a material to be translated in a language that is not 5 percent of the individuals in that service area, AHP will translate the material upon the enrollee/member's request.

3.0 DEFINITIONS

- 3.0 A complete list of terms and definitions can be found in the AHP Definitions Manual
- 3.1 "Interpretation" means the act of listening to something spoken or reading something written in one language (source language) and orally expressing it accurately and with appropriate cultural relevance into another language (target language).
- 3.2 "Limited English Proficient" or "LEP" Enrollee means an enrollee 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.
- 3.3 "Qualifying Non-English Language" is a language that is the primary language of at least 5 percent of the individuals in that service area. At the time of this writing, Spanish is the only non-English language qualifying.
- 3.4 "Threshold Language(s)" means the language(s) identified by a plan pursuant to HSC Section 1367.04(b)(1)(A).
- 3.5 "Translation" means replacement of a written text from one language (source language) with an equivalent written text in another language (target language).
- 3.6 "Vital Documents" include the following documents, when produced by the Full-Service Health Plan Partner, including when the production or distribution is delegated, that must be translated:
 - 3.6.1 Applications;
 - 3.6.2 Consent forms, including any form by which an enrollee authorizes or consents to any

- action by the plan;
- 3.6.3 Letters containing important information regarding eligibility and participation criteria;
- 3.6.4 Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;
- 3.6.5 Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;
- 3.6.6 A plan's explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee; and
- 3.6.7 Subject to subsection (c)(2)(F)(ii), the enrollee disclosures required by Section HSC Section 1363(a)(1), (2) and (4).

4.0 PROCEDURE

4.1 Anthem and Blue Shield

- 4.1.1 Directing and Forwarding Interpretation and Translation Requests to Anthem:
 - 4.1.1.1 Enrollees, their authorized representative, or their provider may contact AHP by telephone call, facsimile or mail to request language assistance services, including but not limited to interpretation, including American Sign Language and TTY services, and translation of Vital and other documents, including in threshold languages, braille, large print, and other accessible formats.
 - 4.1.1.2 Requests received via telephone will be provided Anthem's language assistance request contact information and, if desired, transferred real-time by forwarding the call to Anthem 1-888-254-2721 (TTY/TDD: 711). The name and contact information for the individual making the request shall be documented in the system of record.
 - 4.1.1.3 Urgent requests for translation or interpretation received via facsimile or mail will be date stamped (system generated or hand stamped) and emailed within one (1) business day of receipt to ssp.interpret@Anthem.com with the word "secure" in the subject line. A copy of the request will be scanned and saved to the system of record, along with the name and contact information for the individual making the request.
 - 4.1.1.4 Non-urgent requests for translation or interpretation received via facsimile or mail will be date stamped (system generated or hand stamped) and faxed within two (2) business days of receipt to ssp.interpret@Anthem.com with the word "secure" in the subject line. A copy of the request will be scanned and saved to the system of record, along with the name and contact information for the individual making the request.
- 4.1.2 Directing and Forwarding Interpretation and Translation Requests to Blue Shield:
 - 4.1.2.1 Enrollees, their authorized representative, or their provider may contact AHP by telephone call, facsimile or mail to request language assistance services, including but not limited to interpretation, including American Sign Language and TTY services, and translation of Vital and other documents, including in threshold languages, braille, large print, and other accessible formats.
 - 4.1.2.2 Access to telephonic interpretation services through Provider Customer Services at (800) 541-6652. AHP will be guided by Voice Response Unit (VRU) menu prompts to request access to spoken interpretation services for a member over the phone (in almost any language) or hear information on how to obtain vital document translation (available in Blue Shield's threshold languages only: Spanish, Chinese – Traditional, and Vietnamese) on behalf of a member.
 - 4.1.2.3 If AHP receives a request for a vital document translation, it will forward it to Blue Shield within 1 business day if it is urgent or within 2 days if it is not urgent.

- 4.1.2.4 To forward the vital document to Blue Shield:
- 4.1.2.5 Complete Blue Shield's "Language Assistance Form" available at Provider Connection at blueshieldca.com/provider under Guidelines & resources, Patient care resources, and then Language Assistance Program;
- 4.1.2.6 Attach a copy of the document to be translated;
- 4.1.2.7 Fax the request to (248) 733-6331.
- 4.1.3 Informing the member of interpretation services offered by the commercial plan partner
 - 4.1.3.1 Prior to forwarding interpretation requests to the commercial plan partner, AHP will inform members that:
 - 4.1.3.1.1 They are not required to provide their own interpreter or rely on a staff member who is not qualified to communicate directly with the member; and,
 - 4.1.3.1.2 They are not required to rely on an adult or minor child accompanying the member to interpret or facilitate communication except in an emergency or in an appropriate circumstance at the members' request of the accompanying adult and the accompanying adult agrees to provide assistance.
- 4.1.4 Ensuring Decisions meet commercial client readability standards
 - 4.1.4.1 Denial letters will be drafted by the UM Nurse in simple, clear language at an 8th grade readability level, based on the Medical Director's reason for denial. The coordinator will transfer the reason into the denial letter and test it for readability at the 8th grade level per the Flesch-Kincaid Tool prior to sending.
- 4.1.5 Tracking Requests
 - 4.1.5.1 AHP will track member requests (e.g., log, electronic monitoring, copy retention) for translation services includes. Tracking will include:
 - 4.1.5.1.1 Date and time the request for translation or vital document was received
 - 4.1.5.1.2 Date and time the member request and/or vital document was forwarded to the Health Plan
 - 4.1.5.1.3 The preferred written and spoken language, race and ethnicity of the member
- 4.1.6 Member Notice of Translation Requirements
 - 4.1.6.1 The approved LAP Notice of Translation is required to accompany the following non-standardized Vital Documents when issued in English:
 - 4.1.6.1.1 UM denial notifications, including denial, modification, or delay in service; and,
 - 4.1.6.1.2 UM delay notifications for additional information or expert review; and,
 - 4.1.6.1.3 Specialist termination letters to members.

4.2 All Lines of Business

4.2.1 Point of Contact Interpretive Services

- 4.2.1.1 AHP will obtain member language preference information for LEP members via various methods, such as the member services department, the provider portal or patient rosters. AHP will assist all providers, if needed, with obtaining access to the

individual health plan websites or portals which contain member language preference information.

- 4.2.1.2 AHP customer service representatives will be available to assist providers with obtaining appropriate interpretive services.
- 4.2.1.3 Once identified, the LEP member's language preference will be indicated on the patient chart.
- 4.2.1.4 If it is determined that a member has a language preference, the member will be offered interpretive services and informed that the service will be provided at no charge even if they are accompanied by a personal interpreter.
- 4.2.1.5 If interpretive services are declined by the member, the offer of a qualified interpreter and the declination will be noted in the patient's record.
- 4.2.1.6 Every effort will be made by the provider to ensure that interpretive services are provided in a timely manner without delay to the health care needs of the member. Individual health plans are required to provide interpretive services within the following timelines:
- 4.2.1.7 Phone Interpreter (web/video): 10 min. Begins at contact with the plan for services and ends when the interpreter is connected.
- 4.2.1.8 Routine with in-person interpreter, if applicable, must be schedule at least five (5) business days in advance of the member appointment.
- 4.2.1.9 Facility: under H & S Code 1259, facilities are required to provide interpreter services. If delays in providing services are identified, implement health plan interpreter services with timelines as stated above.

4.2.2 Medicare Advantage

- 4.2.2.1 Language or alternate format requests received by non-member experience team staff members will be communicated to the Member Experience Team, via email to memberadvocate@aspirehealthplan.org.
- 4.2.2.2 The Member Experience team will verify that requesting party is a current member, and that the requested update has not yet been made. If the change needs to be made, an email will be sent to PH Tech (enrollments@PHTech.com), and a note will be entered in CIM.
- 4.2.2.3 If Customer Service learns of an enrollee/member's primary language or need for an alternate format, an email will be sent to PH Tech (enrollments@PHTech.com), and a note will be entered in CIM.

5.0 TRAINING

- 5.1 Training for employee will occur within 90 days of hire and upon updates to this policy.
- 5.2 AHP provides adequate training regarding its LAP to all plan staff who have routine contact with LEP enrollees. The training shall include instruction on:
- 5.3 Knowledge of the plan's policies and procedures for language assistance;
- 5.4 Working effectively with LEP enrollees;
- 5.5 Working effectively with interpreters in person and through video, telephone and other media, as may be applicable; and
- 5.6 Understanding the cultural diversity of the plan's enrollee population and sensitivity to cultural

differences relevant to delivery of health care interpretation services. Training of applicable personnel regarding Language Assistance requirements will occur within ninety (90) days of hire, annually, upon updates to the policy, and as otherwise needed.

6.0 REVIEW PERIOD

6.1 Regulatory and compliance policies are reviewed by the Policy Owner annually at a minimum (more frequently if a change, regulatory, or otherwise, that causes a change to the policy).

7.0 REGULATORY REQUIREMENTS AND REFERENCES

7.1 California Health and Safety Code 1367.04(1)(A)(i)

7.2 28 CCR Rule 1300.67.04

7.3 Section 1557 of the Affordable Care Act (ACA)

7.4 42 C.F.R §§ 422.2267(a)(4) and 423.2267(a)(4)

8.0 POLICY VIOLATION

Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.