

Language Access and the Department of Managed Health Care

Health Plan and Provider Group Roles

CAPG Presentation – January 29, 2009

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Disclaimers

- Nothing in this presentation shall waive any of the health plans' requirements of the Knox-Keene Act or its associated regulations.
- Opinions of the presenter are to assist in the understanding of the language assistance program requirements.

Overview

- SB 853 (2003)
- Requires Knox-Keene Licensees to Provide comprehensive language assistance services.
 - Requirements contained in Title 28 of the California Code of Regulations, section 1300.67.04 (a.k.a. “Rule 1300.67.04”).



Background of SB 853

- Supported by California Pan-Ethnic Health Network (CPEHN) and other consumer advocates.
- 2000: In collaboration with other consumer oriented groups, began lobbying the DMHC to pass regulation.



Background of SB 853

- ❑ Passed in 2003.
- ❑ Health and Safety Code § 1367.04, §1367.07
- ❑ Required DMHC to adopt regulations to ensure appropriate access language assistance in obtaining health care services.
- ❑ Regulations adopted February 23, 2007.
- ❑ Significant collaborative implementation.



LAP Implementation Timelines

- Completion of Enrollee Assessment
 - February 23, 2008
- Quality Assurance Amendment due to DMHC
 - August 1, 2008
- Full Implementation
 - January 1, 2009



Overview of LAP Requirements

- Needs Assessment by Feb. 23, 2008
 - Demographic profile of enrollees.
 - Demographic profile of the service area.
- Interpreter Services
 - Identify areas (Points of Contact) within the Plan network that need interpreters.
 - Provide access to interpreters at that point.



Overview of LAP Requirements

□ Translation Services

- Required to translate “vital documents” into identified threshold languages.
- Includes translation of notices of the right to file grievances and appeals.
- Not required for individual letters, but notice must still be provided in threshold languages.



Overview of LAP Requirements

□ Quality Assurance

- Adequate oversight, responsiveness to problems identified in order to maintain compliance.
- Ensuring competency of translators in both English and target languages.
 - Competent in translating for health care terminology.
 - Interpreter ethics, conduct, confidentiality.
- Plan oversight of translation done by bilingual providers.



Overview of LAP Requirements

- Staff Training Requirements
 - Language assistance policies and procedures.
 - Working effectively with limited English proficient people.
 - Working with interpreters in various forms of communication (in person, telephone, etc.).
 - Understanding of cultural differences relevant to the health care system.



Overview of LAP Requirements

- Health plans were required to file policies and procedures by July 1, 2008.



Results

- 82 plans should have filed
- 73 plans filed on-time (by July 1, 2008)
- 1 of 82 plans did not file
- 80 filings closed (accepted) by December 30, 2008.
- Generally required one round of comment letters from DMHC to achieve compliance.



Language Assistance Surveys

- Language Assistance Surveys Will Examine:
 - Grievances and Complaints.
 - Provider Complaints.
 - Compliance with and actual implementation of Policies and Procedures.
 - Effectiveness of Policies and Procedures.
 - Language Assistance Data
 - “Other”



What Providers Need to Know

- Health Plans are ultimately responsible for providing translation and interpretation services to its enrollees.
- *Unless delegated by agreement.
- *But DMHC will still expect full compliance by the Health Plan.



What Providers Need to Know

- Language assistance services should be actively offered to enrollees.
- Provider staff serving as interpreters should be certified interpreters.
 - Health care terminology.
 - Cultural awareness.
- Check your Provider Handbook for more information.



Questions?
