



# Limited English Proficient Enrollee Access to Health Plan Grievance Systems

*An Assessment of Health Plan Compliance with  
DMHC Regulations Title 28 Section 1300.68 (b)(3)*





## California Pan-Ethnic Health Network (CPEHN)

CPEHN was established in 1992 and incorporated as a 501c(3) nonprofit organization in 1998 in response to the need for a representative community-driven and community responsive voice in health policy. We are a statewide network of multicultural health organizations, including community-based organizations, health care providers, and policy experts working together to develop and advocate for a proactive multicultural health agenda that advances the health of California's diverse communities. Our mission is to improve access to health care and eliminate health disparities by advocating for public policies and sufficient resources to address the health needs of communities of color. Through a collaborative process with its partners in the African American, Asian and Pacific Islander, Latino and Latina, and Native American communities, CPEHN monitors, analyzes, and informs health care policies and legislation affecting minority populations.

### Project Partners:

Asian & Pacific Islander American Health Forum

Asian Pacific American Legal Center

Health Access California

Latino Coalition for a Healthy California

Latino Issues Forum

Mexican American Legal Defense and Educational Fund

National Health Law Program

Western Center on Law and Poverty



## Ensuring access to grievance procedures for Limited English Proficient Enrollees

### *Health Plans and the Department of Managed Health Care must do more*

In an analysis of health plan reports to the California Department of Managed Health Care (DMHC), the California Pan-Ethnic Health Network (CPEHN) found critical limitations in the reports and procedures used by DMHC to ensure that all members of managed health care plans have full access to grievance procedures. In late 2002, DMHC issued regulations that included, among other provisions, requirements to ensure access to grievance systems for persons with Limited English Proficiency (LEP). The regulation also required health plans to report to DMHC on their compliance with this aspect of the regulations. This policy brief provides a description of the shortcomings of the current compliance procedures and provides solutions to address those problems. Our recommendations will enable health plans and DMHC to improve services to LEP enrollees.

The relevant text of Title 28 Section 1300.68(b)(3), which went into effect on December 12, 2002, is as follows:

“The grievance system shall address the linguistic and cultural needs of its enrollee population as well as the needs of enrollees with disabilities. The system shall ensure all enrollees have access to and can fully participate in the grievance system by providing assistance for those with limited English proficiency or with a visual or other communicative impairment. Such assistance shall include, but is not limited to, translations of grievance procedures, forms, and plan responses to grievances, as well as access to interpreters, telephone relay systems and other devices that aid disabled individuals to communicate. Plans shall develop and file with the Department a policy describing how they ensure that their grievance system complies with this subsection within 90 days of the effective date of this regulation.”



## Language access is essential for quality health care

The 2000 Census reported that a majority (53%) of California's population are people of color and that almost 40% of Californians speak a language other than English at home. Studies have shown that the lack of language services limits access to health care and preventive care services,<sup>1</sup> often results in preventable use of emergency departments,<sup>2</sup> impedes patients from comprehending diagnoses and asking questions,<sup>3</sup> and increases the likelihood of patients missing appointments.<sup>4</sup> In a survey of providers, over 70% report that language barriers compromise the patient's understanding of treatment advice and their disease, increase the risk of complications, and make it harder for patients to explain their symptoms.<sup>5</sup> Misunderstandings of cultural practices and beliefs can result in serious injury and even death to the patient.<sup>6</sup> To ensure access to quality health care for all their enrollees, health plans and providers must remove barriers to communications and gain an understanding of how culture strongly influences the perception of disease, attitudes toward prevention, and other health-related behavior.

### SB 853 will improve language services

The findings and recommendation in this brief will help inform the implementation of Senate Bill 853, authored by Senator Martha Escutia and sponsored by CPEHN, the Western Center on Law and Poverty, and the Mexican American Legal Defense and Education Fund. SB 853 was signed into law in 2003 and requires DMHC to develop regulations by 2006 to ensure LEP access. These regulations will define: (1) requirements for access to health interpreters, (2) training and performance standards for health interpreters, (3) requirements for informing enrollees of their right to access interpreters, and (4) standards for the translation of documents.

The law requires health plans to report to DMHC on their efforts to improve the provision of care for persons of diverse backgrounds. SB 853 will also require DMHC to modify audit tools to survey health plan compliance with the regulations.<sup>7</sup>

### CPEHN found shortcomings in current practices

CPEHN's analysis of health plan compliance reports found shortcomings in the oversight policies and procedures used by DMHC and in the practices and procedures reported by health plans.



*CPEHN found shortcomings in the oversight policies and procedures used by DMHC and in the practices and procedures reported by health plans.*



The reports from the managed care plans demonstrated a wide variance in the descriptions of how plans addressed the requirement to make grievance processes LEP accessible and a lack of clear adherence to best practices in the area of cultural and linguistic services. The ability of an enrollee to communicate effectively with their health plans concerning grievances is essential. Therefore, DMHC must refine its oversight processes to gather the information it needs to fully enforce the access to grievance system regulation.

### ***The information contained in health plan reports varied widely***

CPEHN reviewed 82 health plan reports submitted to DMHC to assess the accessibility of health plans' grievance system to LEP enrollees. As a result of the variance in reporting, the reviewers could not fully assess the compliance of health plans with the regulation. All of the plans reported that enrollees have access to interpreters, but details such as how enrollees and contract providers are informed of the availability of interpretation services were often not reported. Most health plans reported using bilingual staff or external interpreter services for meeting the language needs of their enrollees. Only 70 of the 83 plans explicitly reported that they have translated grievance-related documents available for enrollees, even though the regulations specify that this is required. Only 22 plans provided a list of the languages into which the grievance documents are translated.



### ***DMHC does not verify information reported by the health plans***

The inconsistency and shortcomings of the information provided in the health plan reports indicate the need for independent validation of their contents. Recognizing some of the problems with health plan reports, DMHC conducted a follow-up email survey of health plans asking three specific questions relating to LEP access to their grievance systems:

- Are translations of grievance procedures, forms, and plan responses to grievances available to enrollees not proficient in English?
- Do enrollees have access to interpreters to assist them with the grievance process?
- Has the plan developed a policy describing how the health plan's grievance system complies with this regulation?

If a health plan answered yes to the questions, the plan was deemed in compliance. If a plan did not answer yes to all of the questions, DMHC staff continued an e-mail dialogue with the plan until the respondent could answer all questions affirmatively.

The approach taken by DMHC to gather and update information fails to

provide even minimal validation of health plan claims that limited English proficient enrollees have adequate access to the plan's grievance process. First, the reports made by plans after prompting may be based on what they plan to do and not reflect current practice. Second, even when plans have policies and procedures in place to provide access to grievance systems, telephone and written reports do not allow a determination of the degree to which plan staff comply with those written plan policies. This should be accomplished through on-site audits, which can also provide valuable information about the impact of compliance with the regulation on patient services and plan operations.

### *Some health plans fail to adhere to acceptable practices*

Two commercial health plans reported that they ask enrollees if a family member or friend is available to act as an interpreter *before* the plan offers to provide an independent interpreter. Use of family and friends as interpreters risks the possibility of inaccurate interpretation and breach of confidentiality. Even if the enrollee would like to have another person present during grievance procedures, an independent trained interpreter provides the best method for ensuring information is communicated accurately and confidentially.

## Solutions: DMHC should improve reporting, enhance oversight, and promote adoption of best practices

CPEHN recognizes that DMHC considers compliance with this regulation to be important and that plans need to be encouraged to and educated about how they can comply. As California's populations continues to grow more diverse, DMHC will need to incorporate provisions related to LEP access into many, if not all, new regulations, in addition to those required by SB 853, and aggressively ensure compliance. To this end, CPEHN proposes the following solutions to enhance plan compliance and monitoring.

### *Improve Reporting*

Future health plan compliance reports for regulations related to LEP access must include the following information on the plan's policies and procedures:

1. How enrollees are informed, in their preferred language, of the availability of interpreters and translated documents.
2. How the language of enrollees is tracked through the health plan system and at the provider level.



**DMHC should**  
*. improve reporting*  
*. enhance oversight*  
*. promote adoption of*  
*best practices.*



3. Documents that are immediately available in translated format, documents that are only translated upon request, and the languages into which each set of documents are translated.
4. How enrollees are informed of changes in language access policies.
5. Specify how plan and provider care givers and administrative staff are informed of the availability of interpreters and the procedures for their use.

Health plans that have multiple lines of business, such as covering Medical and Healthy Families enrollees, should also specify if LEP access procedures and policies vary based on the program into which individuals are enrolled. They should also describe how cultural and linguistic services for LEP enrollees in non-threshold language groups differ from those in threshold language groups. Some health plans included most or all of this information their reports to DMHC.

### ***Improve oversight***

DMHC should incorporate assessment of LEP access into its on-site audits. The inconsistency of health plan reports calls into question their reliability as a monitoring tool. It is a significant oversight that DMHC's audit tools have yet to be modified to assess compliance with the LEP access requirements in the grievance regulations, which have been in effect since 2002. Each time DMHC issues new regulations the auditing tools must be appropriately modified. SB 853 requires DMHC to modify its audit tools to assess compliance with LEP access standards. DMHC should develop and test appropriate tools as early as possible so that health plans can develop a better understanding of these new requirements and identify best practices.



### ***Adopt Best Practices***

DMHC should encourage managed health care plans to adopt the following cultural and linguistic best practices, including:

1. Except in the case of extreme medical necessity, discourage family members and friends from serving as language interpreters. Family members and friends should not be allowed to interpret unless specifically requested by the enrollee after being informed of the availability of a trained interpreter and told of the disadvantages to using family or friends.
2. Enrollees should not be required to pay extra charges for utilizing languages services.
3. Encourage/require health plan staff to receive cultural competency, cultural awareness, and diversity training. Staff participation in this type of training should be documented and rewarded.



4. Ensure that enrollees of color and LEP enrollees have equal access to health care services, support services, health education and grievance systems.
5. Collect and use race and ethnicity data to identify trends in the patterns of grievances filed by LEP enrollees and enrollees of color and the outcome of those grievances.

## Continued Advocacy Will Enhance Access to Quality Healthcare

CPEHN and its project partners will continue to collaborate with DMHC to enhance access to quality healthcare for culturally and linguistically diverse enrollees.

We have worked closely with DMHC since its creation in 2000 as the first-in-the-nation consumer rights government agency designed to help California consumers resolve problems with their HMOs and ensure a better managed health care system.<sup>8</sup> We will continue to advise DMHC on issues related to the improvement of the health of California's communities of color. We will also continue to advocate for the development of cultural and linguistic requirements integrated into patient care and enrollee rights regulations promulgated by DMHC. And, we will continue to monitor and assess the effectiveness of DMHC strategies to monitor and audit health plan compliance with regulations. The analyses and recommendations in this policy brief are key elements of this ongoing effort.



*CPEHN and its project partners will continue to collaborate with DMHC to enhance access to quality healthcare for culturally and linguistically diverse enrollees.*

<sup>1</sup> Woloshin, S., et. al. "Is Language a Barrier to the Use of Preventative Services?" *JGIM*, 12: 472-477, August 1997.

<sup>2</sup> Manson, A. "Language Concordance as a Determinant of Patient Compliance and Emergency Room Use in Patients with Asthma," *Medical Care*, 26 (12), p. 1119-1128, December 1988

<sup>3</sup> Smith, M. and Ryan, A. "Chinese-American families of children with developmental disabilities: an exploratory study of reactions to service providers," *Mental Retardation*, 23: 345-350, 1987.

<sup>4</sup> Manson, A. "Language Concordance as a Determinant of Patient Compliance and Emergency Room Use in Patients with Asthma," *Medical Care*, 26 (12), p. 1119-1128, December 1988. And

Woloshin, S. and Bickell, N. "Language barriers in medicine in the United States," *Journal of the American Medical Association*, 273: 724-727, 1995.

<sup>5</sup> Robert Wood Johnson Foundation, "New Survey Shows Language Barriers Causing Many Spanish-speaking Latinos to Skip Care," Media Release, December 12, 2001.

<sup>6</sup> Fadiman, A. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*, New York: Farrar, Straus, Giroux, 1997.

<sup>7</sup> Federal law requires that enrollees in public programs have access to linguistic services. The Medi-Cal Managed Care Division of the California Department of Health Services conducts audits of health plans' Medi-Cal lines of business to ensure compliance with cultural and linguistic requirements in their contracts with the state. However, there is currently no auditing for LEP access in individual- or employer-based health plan coverage, or coverage through the Healthy Families program.

<sup>8</sup> More information about DMHC can be found at [www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)





# Summary of Reports to DMHC by Health Plans

The following is a summary of the reports sent to DMHC by health plans on their compliance with language access requirements in grievance regulations, Title 28 Section 1300.68(b)(3). CPEHN received the reports from DMHC in late 2003 in response to a public records request. We note information on enrollment where available from Cattaneo & Stroud’s “2003 Statewide HMO & Special Programs Enrollment Study.” This study provides information on health plan enrollment as a percentage of the total managed care population in California, which includes all lines of business, commercial, Medi-Cal, and Healthy Families.

---

**Access Dental Plan**

The report from this health plan indicates that enrollees with cultural and linguistic needs can utilize the plan’s free interpreting services, which are available 24 hours per day, 7 days a week. The plan uses multilingual Member Service Representatives, and contracts with the AT&T Language Line. Materials are translated into languages such as Spanish, Hmong, Russian, Chinese, Korean, and Vietnamese.

---

**ACN Group of California, Inc.**

CHIROPRACTIC

Plan provides interpreter assistance using the AT&T language line. Spanish speaking staff on site.

---

**Aetna**

*394,508 enrollees, 2.24% of California’s managed care population, inclusive of all lines of business*

Reports that Aetna Customer Service and the Complaints and Appeals Unit are trained to address the linguistic and cultural needs of enrollees. Additionally, Aetna utilizes AT&T’s language line. They also have a separate Spanish hotline and a Spanish version of the Member Rights and Responsibilities is mailed to enrollees.

---

**Alameda Alliance for Health**

*79,908 enrollees, 0.45% of California’s managed care population, inclusive of all lines of business*

Reports that the plan determines the primary language of the enrollee immediately upon taking the call and arranges for linguistic services for all subsequent contacts. Cultural and linguistic officer is informed by email within one day of receiving the grievance that a grievance has been filed by an LEP individual. Tracks whether the complaint is about linguistic access or has a different subject but is being made by an LEP individual.

---

**American Healthguard**

DENTAL

Multilingual staff is available to provide assistance in filing a grievance when a toll free number is called.

---

**Avante Behavioral Health Plan**

Will provide translation and interpretation services on a case by case basis to ensure each enrollee has access to the grievance system.




---

### **Basic Chiropractic Health Plan, Inc.**

Can accommodate incoming calls or letters regarding grievances in other languages. Has Spanish speakers on staff, and has a relationship with a company that can provide translations in other languages. Any fees related to interpretation are paid for by the health plan.

---

### **Blue Cross of California**

*2,853,227 enrollees, 16.11% of California's managed care population, inclusive of all lines of business*

Writes that they most frequently encounter Spanish-speaking enrollees and have telephone queues developed for Spanish-speakers. They state they have bilingual associates at the local level to handle most interpretation needs. Human Resources has lists of multilingual associates throughout the business divisions to handle situations where other languages are needed and not available locally. Writes that the majority of LEP enrollees indicate a desire for the grievance to be handled orally so there is no receipt of a written grievance. They have developed a training program for customer service representatives to address the needs of LEP enrollees. The translation of grievance procedures will be done at the request of the enrollee. Customer service representatives 'will disclose the availability of translated procedures when appropriate and necessary'. Procedures and forms will be translated on an as-needed basis for individuals who are not in the state-sponsored programs.

---

### **Blue Shield of California**

*1,345,924 enrollees, 7.60% of California's managed care population, inclusive of all lines of business*

Blue Shield has service representatives who speak Spanish. Additionally utilizes the AT&T Language Line. Maintains a list of employees available to translate written correspondence into various languages at the request of the enrollee. Select enrollee materials are available in Spanish. Healthy Families Program materials available in Spanish and Korean.

---

### **California Dental Network**

When requested by the enrollee, the plan will assist the enrollee in obtaining translation and interpretation of the plan's grievance forms and procedures.

---

### **CalOptima Healthy Families Program**

*256,119 enrollees, 1.45% of California's managed care population, inclusive of all lines of business*

Customer Service Department has dedicated lines in English, Spanish and Vietnamese, and uses the AT&T Language Line for other languages. Each contracted health network is required to have interpreters available for populations in the Healthy Families threshold languages and are forbidden from requiring enrollees to use friends or family as interpreters. Utilizes an enrollee advisory committee and a provider advisory committee to make recommended changes to the cultural and linguistic policies. The report details policies that respond to the Healthy Families contract requirements.

---

### **Care 1<sup>st</sup> Health Plan**

*189,397 enrollees, 1.07% of California's managed care population, inclusive of all lines of business*

Access to interpreters is provided, and all materials related to the grievance process are translated into threshold languages.

---

### **Central Coast Alliance for Health**

*83,538 enrollees, 0.47% of California's managed care population, inclusive of all lines of business*

Translates documents into Medi-Cal threshold languages, which is Spanish. Bilingual English/Spanish staff available; for other languages the plan uses the AT&T Language Line.

---

### **Chinese Community Health Plan**

*10,865 enrollees, 0.06% of California's managed care population, inclusive of all lines of business*

Will provide translated grievance forms and access to interpreters.




---

### **CIGNA Behavioral Health of California**

Callers who speak Spanish are forwarded to Spanish speaking line. Other LEP callers are communicated with through the assistance of a language line. Materials can be translated at request and when appropriate. If the translated document is not already in house it will be translated by an external contractor.

---

### **CIGNA HealthCare, National Appeals Unit**

*584,586 enrollees, 3.30% of California's managed care population, inclusive of all lines of business*

Callers are initially asked if there is a family member or friend whom they would like to act as an interpreter. (Note that this is not consistent with best practices.) If there is not one available, staff is identified who can speak the callers language, and if none is found, a language line is utilized. Materials can be translated upon request and when appropriate. If the translated document is not already in house it will be translated by an external contractor.

---

### **CIGNA Dental Policy**

Callers are initially asked if there is a family member or friend whom they would like to act as an interpreter. (Note that this is not consistent with best practices.) If there is not one available, staff who can speak the caller's language is identified or a language line is utilized. Materials can be translated upon request and will be sent if available.

---

### **Community Dental Services**

Enrollees are informed annually that they may contact Member Services toll-free should they require communication assistance as a result of cultural or linguistic needs. Translated materials are distributed at the time of enrollment, or at the request of the employer or enrollee at the time of enrollment. Complaint forms are available in English and Spanish, or when a language is required by 5% or 3,000 enrollees. Uses an interpretation services phone line for oral communication in languages other than Spanish.

---

### **Community Health Group**

*93,611 enrollees, 0.53% of California's managed care population, inclusive of all lines of business*

Provides access to translated documents and interpreters.

---

### **Community Health Plan**

*176,600 enrollees, 1.00% of California's managed care population, inclusive of all lines of business*

Enrollees are advised of their right to interpreters at no-cost, and will not experience delays in the receipt of interpreter services. No minors will be used as interpreters. Other family members may be used as interpreters at the request of the enrollee after being informed of the availability of free interpretation services. Face to face and telephone interpreters are available at medical and non-medical points of contact. There are translated signs at key points of contact informing enrollees about linguistic services. Makes appropriate referrals to culturally and linguistically appropriate community services programs. Linguistic services are reviewed using satisfaction surveys.

---

### **Concern: EAP**

BEHAVIORAL HEALTH

Contracts with AT&T Language Line as necessary. Maintains a list of qualified providers capable of meeting language needs for counseling referrals for LEP enrollees. Forms are maintained in Spanish. If other languages are needed the plan arranges, at the plan's expense, for interpretive/translation assistance.

---

### **Contra Costa Health Plan**

*57,796 enrollees, 0.33% of California's managed care population, inclusive of all lines of business*

Cultural and linguistic needs of their population are provided by the Department of Health Services. Spanish speaking member services representatives comprise 40% of staff, and other language are provided by AT&T Language Line. Cultural diversity training has been conducted with all health plan staff.




---

### **Delta Dental Plan of California**

Interpretive staff available in 11 languages, as well as language line services. Web-based grievance materials in Spanish. States a commitment to developing better data to assess cultural and linguistic needs and availability of staff to accommodate that need. Translated materials will be available upon request. If staff cannot handle the translations, the job will be resourced outside the plan. Bilingual staff directory was provided with the report.

---

### **Dental Benefit Provider of California (DBPC)**

Language assistance will be provided to enrollees via bilingual customer service representatives or the AT&T Language Line.

---

### **Dental Health Services**

Provides assistance to LEP individuals including assistance in the enrollment process, understanding benefits, grievance procedures, understanding grievance resolutions and appeals. Responses to grievances are provided in English and Spanish as necessary and in other languages as available through staff. Member Services Specialists can provide interpreters when staff who speak the appropriate language are unavailable. Many materials are printed in Spanish. Provider directory lists the languages available in each provider office.

---

### **Eyexam of California, Inc.**

According to their report, it is their policy that communication should not be impaired because of cultural differences or language limitations. Maintains doctors, technicians, and customer services personnel on staff at locations throughout the state who are proficient in many of the languages spoken by enrollees, and contracts with interpretation services that provides certified medical translation in over 140 languages.

---

### **For Eyes Vision Plan, Inc.**

Plan will attempt to provide translations of grievance procedures, forms and responses to enrollees not proficient in English. Plan locations have personnel able to assist LEP enrollees with interpretation of grievance procedures.

---

### **Fortis**

Ensures access through a Tele-Interpreter Service.

---

### **GE Wellness Plan Dental and Vision**

States the plan has bilingual staff and translation services where staff is unable to meet the needs of enrollees.

---

### **Golden West Dental and Vision**

Has bilingual Member Services Representatives proficient in Spanish. Member Services Representatives have also been provided with a list of resources that provide translation services. Any enrollee expressing a need to communicate in another language and who does not have their own interpreter will be encouraged to contact a local resource. Written grievances other than those in English and Spanish will be translated using local translation resources. Responses to enrollees will be translated into the language of the original grievance.

---

### **HealthNet**

*1,934,398 enrollees, 10.92% of California's managed care population, inclusive of all lines of business*

HealthNet will provide assistance, including but not limited to, translation of appeal and grievance procedures, forms and plan responses, as well as access to interpreters. Interpreters will be provided at no cost for communication with the plan, will notify enrollees of the availability of interpreters and other rights through written communication, including but not limited to the member handbook and the plan website, and will monitor the provision of interpreter services.

---

### **Health Net Dental and Vision**

Utilizes the AT&T language line and translates documents.




---

### **Health Plan of San Joaquin**

*64,105 enrollees, 0.36% of California's managed care population, inclusive of all lines of business*

A description of the grievance process and grievance forms are translated for enrollees. As for plan responses, an insert is included with the response that indicates in all threshold languages that an interpretation of the response is available by request over the phone. Requests for translation in other languages are honored through a language line. Phone interpretations are provided by bilingual staff and the AT&T Language Line.

---

### **Health Plan of San Mateo**

*46,189 enrollees, 0.26% of California's managed care population, inclusive of all lines of business*

Amended grievance protocols as a result of the new DMHC regulations to include provisions for the translation of all grievance-related correspondence, including instructions on filing a grievance, and access to interpreters.

---

### **Holman Group**

BEHAVIORAL HEALTH

Maintains in-house Spanish translations of grievance forms and procedures, and relationships with translation services to accommodate other languages as needed. Staffed with bilingual English/Spanish employees and has access to a languages line for other languages.

---

### **Human Affairs International of California**

BEHAVIORAL HEALTH

Assistance in filing a grievance for LEP enrollees will be provided. Upon a receipt of a call the plan tries to identify bilingual staff or contacts a contracted language service. The response to the grievance is translated into the enrollee's requested language, and both the English and translated versions are kept in the enrollee's file

---

### **Inland Empire Health Plan**

*255,196 enrollees, 1.44% of California's managed care population, inclusive of all lines of business*

Grievance Coordinators are proficient in both English and Spanish. Others callers can have access to the Language Line. Translates informing documents into Spanish. Grievance Department tracks quarterly complaints that are related to language access. Plan reviews these reports at least annually to identify any trends.

---

### **Jaimini Health, Inc.**

DENTAL

Plan provides translations of its grievance procedures, forms, and responses, including a toll-free telephone number, and access to interpreters.

---

### **Kaiser Permanente**

*6,080,055 enrollees, 35.33% of California's managed care population, inclusive of all lines of business*

LEP enrollees provided with access to interpreters.

---

### **Kern Health Systems**

*75,351 enrollees, 0.43% of California's managed care population, inclusive of all lines of business*

Reports that providers and/or their office staff who have been identified as qualified interpreters should assist enrollees with language needs. If the provider and provider's staff cannot accommodate the language need, the provider may call the plan for help in securing an interpreter or for help in connecting to the AT&T Language Line. As for contacting the plan, enrollees are notified of the availability of interpretation services through the member handbook, and are assisted by either bilingual staff or the Language Line. After business hours, providers or members can call a Telephone Triage Line for assistance utilizing the Language Line. Calls to the Language Line are documented, certain information collected, and the information logged by a Member Services Representative. Family members and friends are discouraged from interpreting for the member. Members or providers may request face-to-face interpreters.




---

### **L.A. Care Health Plan**

*12,876 enrollees, 0.07% of California's managed care population, inclusive of all lines of business. However this number for L.A. Care's enrollment should be understood in context. L.A. Care subcontracts with other health plans to provide services for most of its enrollees, and the Cattaneo & Stroud study does not include those enrollees in the 0.07% figure. Therefore this number severely understates the number of enrollees for whom L.A. Care is responsible for providing services.*

Ensures that Medi-Cal members have access to informing materials in threshold languages and at a sixth grade reading level. Binds all plan partners to provide cultural and linguistic requirements, which LA Care describes in detail, including the provision of qualified interpreters. Translates a wide array of documents within 90 days and tracks the distribution of those documents to known LEP members. For non-threshold languages, translations will be made when needed; otherwise oral interpretation of the information will occur, with documentation signed by both the patient and provider that the interpretation was rendered. Specifies that Medi-Cal enrollees shall not be required to use their friends or family as interpreters and that minors should not interpret for adults.

---

### **Landmark**

#### CHIROPRACTIC

Grievance forms, procedures, and responses are translated into Spanish and are available upon request. Translations into other languages will occur when the need arises. Translations performed by an outside service.

---

### **Liberty Dental Plan of California**

Documents the availability of translated forms and interpreters to enrollees in its grievance forms, member and provider bulletins and newsletters. Translations will be coordinated through the administrative office and offered at the request of the enrollee. Interpreters will be offered through independent contractors. Provider Manuals distributed to providers will give instructions on how to coordinate interpreters. Bulletins and newsletters will inform providers of the availability of interpreters.

---

### **Managed Dental Cares**

If a member calls requiring assistance in a language not spoken by staff, use of language line assistance is provided.

---

### **Medical Eye Services, Inc.**

Has a policy of full access for LEP members. Provides access to representatives who speak Spanish, and contracts with an interpretation service for other languages.

---

### **Merit Behavioral Care of California, Inc.**

Assistance to LEP members is provided. Translates grievance forms, procedures and plan responses when needed.

---

### **MHN**

#### BEHAVIORAL HEALTH

Will provide interpretation services at no cost to the member. Will provide assistance to the grievance process by verbally translating procedures and forms and plan responses through contracted real-time telephonic translation services. Written translations will be provided on a case by case basis.

---

### **Molina Healthcare of California**

*254,653 enrollees, 1.44% of California's managed care population, inclusive of all lines of business*

Reviews on a monthly basis the language needs of members. Utilizes the Medi-Cal thresholds and states that additional services are provided in non-threshold languages when there are 30 calls to the language line in a given language in a month, or that 10% of the membership has requested grievance materials in other languages. Grievance forms are translated into the following threshold languages: Hmong, Russian, Vietnamese, Chinese. Appropriate steps are taken in response to data analyses.

---

### **Newport Dental**

Policy ensures reasonable access to dental care for enrollees with special health care needs, as well as special cultural needs or preferences. Plan instructs providers on ways to access language services for LEP members, and audits to ensure



availability of such services from providers. Plan provides translation services for providers, presumably for oral interpretation purposes and not the transcription of documents.

---

#### **NVAL Visioncare Systems of California, Inc.**

Staff will be instructed to direct LEP members to AT&T Language Line. Grievance and appeals forms are available in English and Spanish, and can be translated, through the Claremont Language Academy, into other languages at the request of the enrollee. Members starting in mid 2003 should have been able to communicate in emails via their own language.

---

#### **On Lok Senior Health**

*865 enrollees*

Persons filing grievances will have access to bilingual staff, volunteers, or the AT&T Language Line. Grievance forms are translated into Chinese and Spanish.

---

#### **One Health Plan of California, Inc.**

*176,097 enrollees, 0.99% of California's managed care population, inclusive of all lines of business*

Customer Sales Representatives place calls to the Omni Translation Service to assist LEP members.

---

#### **Pacific Union Dental**

Has a policy for ensuring access for LEP members, which the report writes may include the use of internal or external translation services, and interpreters. When the Customer Service or Quality Assurance Department identify that these special needs are involved in a case they will take the appropriate steps.

---

#### **PacifiCare Behavioral Health, Inc.**

Utilizes the translation services of Online Interpreters, The Global Connection.

---

#### **PacifiCare Dental**

LEP members who call will be connected to Online Interpreters. Members submitting written complaints will have forms sent to Language Line Document Translation Service for the translation of the concern and the resolution with a 30 day turnaround.

---

#### **PacifiCare of California - Health Services**

*1,715,200 enrollees, 9.68% of California's managed care population, inclusive of all lines of business*

Interpreters available without cost to the member or prospective member. Members are informed that an interpreter can be provided at no cost before they are invited to use a friend or family member. Contracts with a full service contractor which provides translation and 24-hour, seven-days-a-week interpretation services. Materials are translated upon request, either over the phone or to be sent to the enrollee, whichever the enrollee prefers.

---

#### **Pearle Visioncare, Inc.**

Provides translation of grievance procedures, forms and plan responses, as well as access to interpreters through the Language Line at no cost to the enrollee. Forms are currently available in English, Spanish and French, and can be made available in other languages at no cost to the enrollee upon request. Updates to the plan's cultural and linguistic needs policy are communicated through the Plans' provider and member newsletters.

---

#### **Private Medical-Care, Inc. (PMI)**

DENTAL/VISION

Members are provided with interpreter services from bilingual staff in 21 different languages, and the Language Line, and grievance forms in English and Spanish via the web. Collects data to determine overall language needs of the plan and the availability of bilingual staff. Upon request, written materials will be translated by staff or an outside source. Directory of staff language resources provided to DMHC. ProMed Health Care Administrators

Staff and affiliates are strongly recommended to take continuing cultural awareness/competency training programs. Plan will provide and promote opportunities for such training to physician office staff, document cultural competency promotion to providers, and retain copies of training curriculum, attendance and dates. Plan maintains a list of cultural resource materials used in the training programs. Provides linguistic services for medical, pharmaceutical,



and non-medical encounters in the language of the member through contracted phone services. Will develop and update policies and procedures regarding language access services and coordinate provider education on these issues. Provider forums are held quarterly. Provider network includes a sufficient number of bilingual providers. Has after-hours protocols for members and providers seeking linguistic services. Ensures interpreters for medical and non-medical sites are proficient in the LEP threshold language through the credentialing process. Contracted providers must not require or suggest that LEP members provide their own interpreters or use family or friends. Will ensure there are not unreasonable delays in providing linguistic services.

---

#### **SafeGuard**

DENTAL/VISION

Has a policy to assist LEP members with translated grievance forms and procedures and access to interpreters.

---

#### **San Francisco Health Plan**

*33,990 enrollees, 0.19% of California's managed care population, inclusive of all lines of business*

Utilizes interpreters and bilingual staff, translates documents. Members have right to language services during any part of the grievance process. Standard documents available in threshold languages. For interpretation, face to face and phone interpreters are used at no cost to the enrollee. Members have the right to interpreters during medical visits and should not be required to use friends or family as interpreters. Providers must document preferred language and requests for interpreters. Member Handbook informs members of the availability of linguistic services. Plan assesses bilingual staff during the hiring process by evaluating oral and writing ability in both languages. Provider directory lists languages spoken by providers. Continually reviews policies for improvements and problems. Attempts to maintain interpreter continuity through multiple medical visits. Translation of documents process is monitored to ensure accuracy.

---

#### **Santa Barbara Regional Health Authority**

*51,167 enrollees, 0.29% of California's managed care population, inclusive of all lines of business*

Provides interpreter services at no charge through staff and the Language Line. Language Line is training component for new providers' staff. Trains providers in workshops. Informs and assist members in choosing providers appropriate for their language needs. Monitors and tracks linguistic issues as part of Quality Assessment and Improvement Program. Annually, members are informed of their right to interpreters at no cost and to their right not to use family and friends as interpreters. Translated documents available in threshold languages.

---

#### **Santa Clara Family Health Plan**

*83,613 enrollees, 0.47% of California's managed care population, inclusive of all lines of business*

Staff are able to serve LEP members, or will contract with interpretation service when necessary. Language needs are documented by Members Service Representatives to ensure continued communication with LEP members. Documents are available in threshold languages. Informs members of their right to an interpreter.

---

#### **Senior Care Action Network (SCAN)**

*51,406 enrollees, 0.29% of California's managed care population, inclusive of all lines of business*

Has a policy of providing access to LEP members at no charge. Primarily utilizes the Language Line. Documents the use of the Language Line.

---

#### **Sharp Health Plan**

*125,399 enrollees, 0.71% of California's managed care population, inclusive of all lines of business*

Policy states that access to grievance system is guaranteed and will provide assistance to LEP members, including but not limited to translation of documents and access to interpreters.

---

#### **SIMNSA Health Plan**

*Sistemas Medicos Nacionales, S.A., full service*

Provides translations and oral communications in Spanish. Requests for access to an interpreter





for other languages will be honored. Policy will be continually reviewed.

---

**Spectera Vision Services of California, Inc.**

Bilingual personnel and interpreters are available to translate grievance procedures, forms, and plan responses.

---

**Sterling Visioncare**

Will provide interpreters and translation of documents. Plan will absorb the cost of the services. Communication with enrollees will be properly documented.

---

**U.S. Behavioral Health Plan, California**

Provides language assistance for complainants upon request.

---

**UCSD Health Plan**

*13,081 enrollees, 0.07% of California's managed care population, inclusive of all lines of business*

Provides all marketing materials in Medi-Cal threshold languages, and ensures that bilingual staff are available and trained for LEP enrollees and uses the additional support of the Language Line. Works to ensure information about face to face interpretive services and other resources are available in the community. Staff is trained in cultural diversity. Assists enrollees in selecting providers who can meet their cultural and linguistic needs. Face to face interpreters can be arranged at the request of the member or the provider. Provided information on ways plan complies with several Medi-Cal cultural and linguistic requirements, such as utilizing quarterly meetings of a community advisory committee.

---

**UHP Healthcare**

*103,045 enrollees, 0.58% of California's managed care population, inclusive of all lines of business*

Policy ensures grievance system is accessible to LEP enrollees through the use of interpreters and translators as needed.

---

**United Concordia Dental Health Plans of California, Inc.**

Translates grievance procedures, forms and plan responses as needed. Provides access to phone interpreters.

---

**Universal Care**

*289,781 enrollees, 1.64% of California's managed care population, inclusive of all lines of business*

Provides translated documents and interpretation services to LEP members.

---

**Valley Health Plan**

*9,467 enrollees, 0.05% of California's managed care population, inclusive of all lines of business*

Maintains bilingual English/Spanish and English/Vietnamese employees to assist members. Staff will translate any document on request. For other languages, the plan will seek assistance from the Valley Health and Hospital System's Language Services Department.

---

**ValueOptions, Inc.**

BEHAVIORAL HEALTH

Calls from LEP members are handled by either bilingual staff or the Network Omni Translation Line.

---

**Ventura County Health Care Plan**

*10,824 enrollees, 0.06% of California's managed care population, inclusive of all lines of business*

Bilingual English and Spanish Member Service Representatives are available during business hours and after hours through the primary care provider.

---

**Vision First**

Has adopted a new policy that all new provider staff be bilingual. The great majority of plan staff are bilingual in Spanish, Vietnamese or Chinese. Bilingual staff are trained in appropriate medical terminology. Plan reports that they are unable to



accommodate every language for the provisions of qualified interpreters for medical appointments, but can do so in 95% of cases. Language needs are considered when assigning a member to a provider or to outside specialists. Family and friends are discouraged from acting as interpreters. Only staff personnel who have been trained appropriately are authorized to provide interpretation services. Translated documents are available. A new grievance code has been created to track complaints related to language access. The plan will use data revealed by the new code to identify systemic problems in addressing linguistic access issues. Language needs will be documented in the medical record and updated in the computer system to ensure continuity of language services. Annually uses multiple data sources to assess the linguistic and cultural needs of their member population. Plan staff are trained on the cultural and linguistic policy.

---

#### **Vision Plan of America**

The plan has made available a telephone line for interpretative assistance regarding translations and procedures for filing a grievance. Interpreters are available at the plan office during business hours. Enrollees who wish to file a grievance online can do so in English or Spanish.

---

#### **Vista Behavioral Health Plans**

##### BEHAVIORAL HEALTH

If a member requires language assistance during the grievance process, health plan staff will try to identify a bilingual employee or utilize a contracted translation service.

---

#### **VSP (vision)**

Policy of guaranteeing access to the grievance process for LEP members by maintaining availability of translated grievance forms and procedures and access to phone interpreters.

---

#### **Western Dental Services, Inc.**

Members are notified at the time of enrollment of their right to file a grievance. The notifications are made in English and Spanish, and are available in other languages within three working days upon receipt of a request for the notifications in other languages. Interpretation services are available using the Language Line by contacting the provider or the plan. Services are available to any member filing a grievance.

---

#### **Western Health Advantage**

*63,733 enrollees, 0.36% of California's managed care population, inclusive of all lines of business*

Has a policy statement on the importance of cultural competency. Has Spanish-speaking staff. For other languages, calls third-party provider of linguistic services. Holds health care providers accountable for providing linguistic services. Notification of linguistic services is through the member handbook and in individual letters. Provider directory identifies bilingual providers. Performs cultural and linguistic needs assessments.



For more health policy resources and data or to  
support our work, go to  
CPEHN's Multicultural Health Web Portal at:

*[www.cpehn.org](http://www.cpehn.org)*



California Pan-Ethnic Health Network

654 13th Street  
Oakland, California 94612

**(510) 832-1160** tel  
(510) 832-1175 fax

[info@cpehn.org](mailto:info@cpehn.org)

[www.cpehn.org](http://www.cpehn.org)