

Humboldt Del Norte Foundation For Medical Care

QUALITY MANAGEMENT

Language Assistance Program

1/09	8/2009	05/10	9/2010							
New	Update	Reviewed	Revised							

Purpose: This policy describes the processes that Foundation employees and providers will use to ensure that the Foundation complies with the Language Assistance Regulations in California Senate Bill 853.

Policy: All Foundation HMO and PPO health plan members with Limited English Proficiency (LEP) will receive Language Assistance Program (LAP) services upon request. Member requests for LAP services may include interpreter services as well as translation of Foundation issued non-standard vital documents and Health Plan issued documents.

The Foundation refers LAP requests for HMO members to Anthem Blue Cross of California and Blue Shield of California. These plans offer LAP interpretive and translation services at no cost to the member or provider. LAP requests related to urgent healthcare services will be forwarded within one business day of receipt of the request. LAP requests related to non-urgent healthcare services will be forwarded within one business day of receipt of the request.

The Foundation will provide resource and referral information for LAP services requested for PPO members.

In addition, as per the Access policy, Foundation Customer Service Representatives (CSRs) provide written and verbal translation services for Spanish-speaking members. Other language interpretive services are available on the AT&T line and through interpreters available through the Humboldt Community Switchboard at (877) 460-6000. Additional resources are arranged as needed.

Note: The demographic makeup of Humboldt County is such that well over 90% of the population is English speaking.

Procedure: All HMO member communications will include the “Notification of Language Assistance” (NOLA) form approved by their health plan and available on the ICE website. Following are examples of such communications:

- UM denials
- UM delay for additional information or expert review
- Specialist termination letters
- Claims denied as member responsibility

LAP Service Request Documentation and Responses

Requests for LAP services will be accepted from any entity on behalf of the member and will be directed to the Foundation’s CSRs. CSR staff will:

- Document details of the request in the member’s information in EZCap using the subject line “LAP”. Details to be documented include:
 - Date and time the request was received

- Name of person making the request and their contact information
- Type of request: interpreter services for a visit, translation of document(s), etc.
- Urgent (respond within one business day) or non-urgent (respond within five business days) nature of the request.
- Date and time the request was forwarded to the plan (HMO plan members) or information provided (PPO plan members).
- Forward the request to the HMO plan per required timeframes and provide resource information for PPO plan members.
- Scan and attach all related documents to the member's file.

LAP Service Education

All new Foundation employees are oriented to the LAP and their LAP review is documented on the Foundation's Orientation Checklist. Providers and their office staff are notified of the Foundation's LAP services via the Foundation website www.hdnfmc.com.

Approval	Signature	Date
Linda D'Agati Chief Operations Officer		
Shawna denHeyer Claims and Customer Service Department Manager		
Keri Meza Customer Service Supervisor		

Sample Anthem Blue Cross LAP Notice

English

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-254-2721 Anthem Blue Cross.

Spanish

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos ayudarlo a leerla. También es posible que reciba esta carta escrita en su idioma. Para obtener ayuda gratuita, llame ahora mismo al 1-888-254-2721 Anthem Blue Cross.

Chinese (Traditional)

重要事項:您是否能閱讀此信?如果無法閱讀,我們將為您提供專員協助服務。我們也能將此信翻譯成您所使用的語言。欲洽詢免費服務,請立即致電 1-888-254-2721 Anthem Blue Cross.

Korean

중요 공지: 이 서신을 읽은 데 어려움은 없으십니까? 만일 어려움이 있다면 이 서신을 잘 읽을 수 있도록 도움을 드릴 수 있습니다. 또한 여러분은 이 서신의 한국어 번역본을 제공받으실 수 있습니다. 이 무료 서비스를 원하시는 분은 지금 바로 1-888-254-2721 Anthem Blue Cross 로 전화하십시오.

Vietnamese

QUAN TRỌNG: Quý vị có đọc được lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận thư này bằng tiếng Việt. Để được giúp đỡ miễn phí, xin gọi ngay số 1-888-254-2721 Anthem Blue Cross.

Tagalog

MAHALAGA: Nababasa ba ninyo ang sulat na ito? Kung hindi, makakakuha kami ng taong makakatulong sa inyo na basahin ito. Maaari ninyo ring makuha ang liham na ito sa inyong wika. Para sa libheng tulong, mangyaring tumawag kaagad sa 1-888-254-2721 Anthem Blue Cross.

Sample Blue Shield of California LAP Notice

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card or 866-346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda gratuita, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al 866-346-7198.
(Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話866-346-7198。
(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số 866-346-7198.
(Vietnamese)