

CIGNA

California Language Assistance Program



January 2009

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Overview

- Effective January 1, 2009 CA law (SB 853) and its accompanying regulations require that health plans establish and support a Language Assistance Program (LAP) for enrollees that are limited English proficient (LEP).
- To support this requirement, CIGNA has developed a California Language Assistance Program for eligible CIGNA participants.

Overview

To comply with the law, health plans must:

- Conduct an assessment of enrollee demographics
- Identify “threshold” languages into which vital documents must be translated
- Collect and store enrollees preferred languages and race/ethnicity
- Proactively send translated vital documents to enrollees in threshold languages
- Translate vital non-standard documents upon request
- Provide verbal interpretation at CIGNA and physician or other health care professional points of contact
- Provide training for all health plan staff that routinely interact with CALAP eligible enrollees
- Use qualified interpreters or bilingual staff that have knowledge of medical and health care benefit terminology in the non-English language
- Document complaints about the Language Assistance Program (LAP)

Key Definitions and Terms

- **Limited English Proficient**

A Limited English Proficient (LEP) enrollee is an enrollee who has an inability or a limited ability to speak, read, write or understand the English language on a level that permits that individual to interact effectively with health care providers or plan employees.

LEP patients can be identified by any/all of the following:

- Self identifies as LEP by requesting language assistance
- Patient has trouble communicating in English or you may have trouble understanding what they are trying to communicate
- Patient is unusually quiet and does not respond to questions
- Patient simply answers “yes” or “no” or gives inappropriate/inconsistent answers

- **Threshold Language(s)**

Threshold language(s) are identified by a health insurer pursuant to California Insurance Code section 10133.8 and regulations into which vital documents shall be translated. **CIGNA has determined its threshold languages to be Spanish and Traditional Chinese.** CIGNA participants that register a written language preference with CIGNA for Spanish and Traditional Chinese will have access to translated vital documents.

Key Definitions and Terms

- **Translation**

Written word. It is the conversion of a written text in one language into a written text in a second language corresponding to and equivalent in meaning to the text in the first language. **CIGNA will translate written documents into Spanish and Traditional Chinese.**

- **Language Assistance Program (LAP) Notice of Translation**

Written notice of availability of translation services, free of charge, must accompany all vital non-standard documents. Medical groups delegated for utilization management (UM) or claims must send the LAP notice with all vital documents. Examples of vital documents include UM denials and Claim denials/notices requiring a response from the enrollee.

The CIGNA LAP notice is in English, Spanish and Traditional Chinese. The notice is available on ICE Website:

[http://ice4health.org/library/documents/ICE_DMHC_Notice_of_Translation_Cigna_09-03-08\(1\).pdf](http://ice4health.org/library/documents/ICE_DMHC_Notice_of_Translation_Cigna_09-03-08(1).pdf)

Key Definitions and Terms

- **Interpretation**

Spoken word. The process of listening, understanding and analyzing something spoken or reading something written in one language (source language) and orally re-expressing that message faithfully, accurately and objectively in another spoken language (target language), taking the cultural and social context into account. According to the law, enrollees have the right to interpretation in any language.

*Please note: interpretation services are not limited to just Spanish and Chinese. **CIGNA will provide telephonic interpreter services in all languages.***

- **Vital Document**

Documents that provide CIGNA participants with information on how to access services and benefits. They may be produced by the plan or the production or distribution may be delegated to a contracting provider/vendor.

Examples of vital documents are: Applications, Consent Forms, Letters, Denial notices, free language assistance notices and explanation of benefits.

Key Definitions and Terms

- **Vital Standard Document (VS)**

General documents that are not specific to a particular enrollee. They are generic and repeatable. They must be proactively translated and sent by the plan in threshold languages to enrollees who have a threshold language preference on file with the plan.

- **Vital Non-Standard Document (VNS)**

A document containing enrollee-specific information, such as a service authorization or claim denial. The document is originally sent in English and translated upon request.

Examples:

- Notices pertaining to the denial, reduction, modification, or termination of services, benefits and the right to file a grievance or appeal
- An EOB or similar claim processing document that is sent to the enrollee if the document requires a response from the enrollee.

CIGNA Language Assistance at a Glance

- **Racial/Ethnic & Linguistic Diversity of CIGNA's Membership**

CIGNA collects member language preference, race and ethnicity data. Until we have a statistically valid number of member records, we are using California demographic data as a proxy for our membership.

California Population Facts:

- 42% of the California population (over 5 years old) speak a language other than English
- 2 top languages spoken in California:
 - 28% Spanish
 - 3% Chinese
- California racial/ethnic demographics:
 - 77 % Caucasian
 - 36 % Hispanic
 - 12 % Asian
 - 7 % African American
 - 1 % American Indian
 - <1 % Native Hawaiian/other Pacific Islander

CIGNA Language Assistance at a Glance

- **Participant Eligibility**

The Language Assistance Program only impacts membership under the jurisdiction of the Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI). To ease administration for health care professionals, however, CIGNA is providing language services to all CIGNA participants residing in California, regardless of product/funding.

- **Threshold Languages**

CIGNA has determined it's threshold languages to be Spanish and Traditional Chinese.

- **Contracts**

Physician, medical group, facility or other health care professional contracts that are issued, amended, delivered or renewed as of January 1, 2009 shall require compliance with CIGNA's Language Assistance Program.

- **Sharing Enrollee Preferred Language**

CIGNA will share participant language preferences with contracted medical groups that are delegated for utilization management and claims through the eligibility vendor, PRNLink, Inc. They will be shared with directly contracted physicians and other health care professionals upon request. Race/ethnicity data will not be shared.



CIGNA Language Assistance at a Glance

- **Translation Services**

CIGNA will perform all translation services of vital documents in the threshold languages – Spanish and Traditional Chinese. CIGNA will contact the medical group to obtain documents for translation upon the request of the CIGNA participant.

Translation is not delegated to medical groups.

- **Interpreter Services**

CIGNA is offering free telephonic interpretation for CIGNA LEP participants through our language service vendor beginning January 1, 2009. CIGNA will provide telephonic interpreter services in all languages.

CIGNA does not delegate interpreter services to medical groups.

- **Reporting**

Regulations require tracking and trending of LAP complaints.

Example: the physician or other health care professional is unable to meet the enrollee's cultural, language, ethnic, racial needs/preferences. This may include but is not limited to:

- not having interpreters available
- being intolerant of an enrollee's health-related or cultural beliefs
- refusal to provide an interpreter

Translation Requirements

- **Translation (written word) of Vital Documents**

CIGNA will perform all translations. Translation is not delegated to medical groups or other health care professionals.

Specific documents generated by a medical group delegated for utilization management and claims that must be translated upon a CIGNA participant's request include:

- Notices pertaining to the denial, reduction, modification, or termination of services, benefits and the right to file a grievance or appeal.
- An EOB or similar claim processing document that is sent to the enrollee if the document requires a response from the enrollee.

If an enrollee requires help, the LAP Translation Notice instructs them to call CIGNA at 800-244-6224.

Translations must be sent within 21 days of a participant's request. CIGNA will contact the medical group for a copy of the letter to be translated.

English letters to be translated can be sent to CIGNA's Cultural and Linguistic Unit translation e-mail address: Culturalandlinguisticsunit@cigna.com or by fax to: 866-931-3068 . Follow standard operating procedures to protect PHI using encryption.



Translation Requirements

- **Sample of a Translation 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 CIGNA 1-800-244-6224. (English)

IMPORTANTE: ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al CIGNA 1-800-244-6224. (Spanish)

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 CIGNA 1-800-244-6224。 (Traditional Chinese)

Translation Requirements

- **Translation Timeliness (developed by ICE)**

Element	Minimum Policy Requirements
<p>Request for translation of a non-standard vital document comes <u>from the enrollee to the provider organization.</u></p>	<p>Urgent:</p> <ol style="list-style-type: none">1. Forward the translation request and copy of document to the contracted health plan <i>within one business day.</i>2. Log the date request received from the enrollee, and the date request and document were forwarded to the health plan. <p>Non-Urgent:</p> <ol style="list-style-type: none">1. Forward the translation request and copy of document to the contracted health plan <i>within two business days.</i>2. Log the date request received from the enrollee, and the date request and document were forwarded to the health plan.

Translation Requirements

- **Translation Timeliness (developed by ICE)**

Element	Minimum Policy Requirements
<p>Request for a non-standard vital document comes <u>from the health plan to the provider organization</u></p>	<p>Urgent:</p> <ol style="list-style-type: none">1. Forward a copy of document to the contracted health plan <i>within one business day.</i>2. Log the date request received from the enrollee, and the date request and document were forwarded to the health plan. <p>Non-Urgent:</p> <ol style="list-style-type: none">1. Forward a copy of document to the contracted health plan <i>within two business days.</i>2. Log the date request received from the enrollee, and the date request and document were forwarded to the health plan.

Translation Requirements

- **Translation Timeliness (developed by ICE)**

Element	Minimum Policy Requirements
<p>Request for a <u>plan-produced vital document comes from the enrollee to the provider organization</u></p>	<p>All Plan-produced vital documents:</p> <ol style="list-style-type: none">1. Forward enrollee's request <i>within one business day.</i>2. Log the date request received from the enrollee, and the date request and document were forwarded to the health plan.

Independent Medical Review

- Informational notices about how to contact a plan, file a complaint, obtain assistance from the DMHC and seek an Independent Medical Review (IMR) are available in non-English languages on the DMHC site at:
www.hmohelp.ca.gov.
- IMR forms available in English, Spanish, Arabic, Armenian, Chinese, Farsi, Hmong, Khmer/ Cambodian, Korean, Lao, Russian, Tagalog and Vietnamese are available at:
http://www.dmhc.ca.gov/dmhc_consumer/pc/pc_imrapp.aspx

Interpretation Requirements

- **Interpreter Access (spoken word)**

- CIGNA does not delegate interpreter services to medical groups.
- Beginning January 1, 2009, CIGNA is offering free telephonic interpretation for CIGNA LEP participants through our language service vendor.
- The Physician and Hospitals Reference Guides provide interpreter access instructions (as outlined below).
- To engage an interpreter once the CIGNA participant is ready to receive services, please call toll free at **1-800-806-2059**. You will be asked to confirm eligibility to access interpretation services:
 - Once connected, you will be asked to enter the participant's CIGNA ID number, date of birth and your Tax ID number (pharmacists will need NCPDP number).
 - Once eligibility is verified, you will be connected with the language vendor.
 - The language vendor will collect information that is required for regulatory reporting.
 - We appreciate your patience with the process to connect you with an interpreter as rapidly as possible.
- It is not necessary to arrange for these services in advance.



Interpretation Requirements

- **Provider Based Interpretation**

- A professionally trained **interpreter must be offered** when a LEP participant is accessing care in any health care professional setting (pharmacy, physician office, ER room, etc.) Use of family and friends as interpreters should be discouraged, especially minors.
- **Document interpreter refusal in the patient medical record** when a patient prefers to use a family member or friend (for example) to provide interpretation services, after s/he has been told that a trained interpreter is available free of charge. This not only protects you and your practice, it also ensures consistency when your medical records are monitored through site reviews/audits by contracted health plans to ensure adequacy of the plan's Language Assistance Program.
- Smart practice tips:
 - If a CIGNA patient prefers to use family/friend as an interpreter, consider using a telephonic interpreter in addition to ensure accuracy of interpretation.
 - Document the patient's preferred language in paper and/or electronic medical records (EMR) in the manner that best fits practice flow.
 - i.e. for paper records, post colored stickers on pt chart to flag when an interpreter is needed (Orange=Spanish, Green=Russian etc).

Medical Group Responsibilities Summary

- Insert or include Language Assistance Notification on Vital Non-standard documents.
- Provide the English copy of letters to be translated in a timely manner (per the Translation Timelines).
- Offer telephonic interpreter services to CIGNA LEP participants (Refer to the reference guide for interpreter access information).
- Provide training to staff as needed to allow for a general awareness of SB 853, its requirements and how to access plan services.
- Execute contract upon renewal beginning January 1, 2009.

Resources

- **ICE Approved Documents:**

<http://ice4health.org/library.asp?sf=&scid=1618#scid1618>

- Frequently Asked Questions
- Interpreter Quality Standards
- Tips for working with Interpreters
- Tips for Working with Limited English Proficient Members
- Tips for Documenting Refusal of Interpreter Services

- **Senate Bill 853:** http://www.leginfo.ca.gov/pub/03-04/bill/sen/sb_0851-0900/sb_853_bill_20031009_chaptered.html

- **DMHC 1300.67.04 Language Assistance Programs Regulations:** http://wps0.dmhc.ca.gov/regulations/CCR2008P/webhelp/2008P_Title_28.htm

- **CDI 2538.3. Language Assistance Program Regulations:** http://www.iceforhealth.org/library/documents/CDI_LAP_FINAL_APP_ROVED_20070915.doc

Frequently Asked Questions

- **Can I use my bilingual staff as interpreters?**

CIGNA does not delegate interpreter services:

- The law obligates health plans to provide and monitor the delivery of qualified interpreter services to LEP patients at all points of contact in order to ensure meaningful access to health care. CIGNA provides telephonic interpreter services.
- The law neither requires a LEP enrollee to access the plan's interpreter services, nor prevents a LEP enrollee from speaking with bilingual provider staff.
- It is strongly recommended that health care professionals help LEP patients make informed decisions about when to use highly skilled, qualified interpreters at no cost to LEP patients or health care professionals.
- The plan's interpreters are trained in medical and insurance terminology, in addition to being proficient in—and culturally sensitive to— diverse ethnic and linguistic nuances.
- LEP patients may prefer to rely upon the objectivity, accuracy, and confidentiality of professional interpreter services.
- However, if the LEP patient refuses to access CIGNA's interpreter services, it is recommended that the health care professional document that refusal in the patient's medical record.

Frequently Asked Questions

- **Do these regulations prohibit family members from serving as interpreters for enrollees?**

No. Family members are not banned from serving as interpreters for enrollees under this legislation; however, the availability of free, quality interpretation services must be offered. Refusal of an interpreter needs to be documented in the patient's medical record.

- **Which staff needs training regarding the LAP program?**

To ensure compliance with the law, it is recommended that staff who interact with patients be trained on the Language Assistance Program regulations and how to access language services from CIGNA.

Questions?

Contact your CIGNA Representative
for additional assistance.

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