

Developing a Comprehensive Language Services Program: A Health Plan's Response to SB 853

Presentation for:
American Public Health Association Annual Meeting

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5 Nov 2007



Learning Objectives



1. Define challenges and identify solutions in implementing language access legislation.
2. Identify successes in implementing language access legislation.
3. Identify management strategies within a managed care setting that foster effective collaboration with regulators and key stakeholders.



Language Services for California's Insured



New California State Law- Senate Bill(SB) 853

Enacted in 2004, the law requires the Department of Managed Health Care and the California Department of Insurance to create regulations to guide insurers (health plans) in the implementation of language services to support insured that may have limited English proficient skills.

- Department of Managed Health Care- HMO, Healthy Families (Schip)
- California Department of Insurance – PPO, Healthy Families (Schip)



What Does SB 853 Require?



The law and its accompanying regulations require that health plans establish and support a language assistance program for enrollees that are limited English proficient.

The basic requirements are:

- Standards to assess the language needs of enrollees
- Standards for providing language assistance services
- Standards for staff training
- Standards for monitoring compliance



Language Assistance Program



Elements of a language assistance program required by the regulations

- Written policies and procedures
- Enrollee assessment to identify the linguistic needs of each enrollee. This will include identifying written and spoken language needs.
- Develop a demographic profile of plan's enrollee population, which include enrollee race and ethnicity.
- Using criteria established in the bill, identify threshold languages for the plan



Language Assistance Program

- Identify where language assistance may be needed
- Identify resources to provide language assistance
- Promote language assistance
- Monitoring and compliance processes for the program
- Work with provider community to promote services
- Translation of vital documents
- Interpreter services at points of contact
- Standards for translation and interpreter services
- Staffing training on the language assistance program and cultural diversity of plan's enrollee population relevant to interpretation

Key Challenges



- New services and programs for the plans, providers and enrollees
- Assessing operations
- Organizing to develop and implement
- A thousand key decisions
- Time management



Where to Begin



- Thinking about it phase
- Analyze
 - What operational areas will be impacted
 - Identify what already exists
- Identify the executive sponsor to champion the process
- Identify stakeholders
- Identify existing best practices, resources, subject matter needs and possible partners.



Partners for Implementing Language Assistance Program



- Industry Collaborative Effort (ICE) for Health

Provider and health plan collaborative that focuses on legislative issues.

- California Association of Health Plans (CAHP)

Trade association for health plans. Interacts with regulatory and government agencies.

- National collaborations

National Association of Health Plans, America's Health Insurance Plans (AHIP)





Industry Collaborative Effort (ICE) for Health

www.iceforhealth.org

- Organization of health plans that operate in California, provider groups, state and federal agencies and accrediting bodies.
- Basic goal - focus on implementing legislation or regulations that will impacting both.
- Administration is web based
- Works through topic specific teams and work groups.
- Requires active participation
- Produces deliverables with input from key stakeholders and regulatory agencies.



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Industry Collaborative Effort (ICE) for Health

www.iceforhealth.org

Benefits

- Pre-existing organizational structure
- Administrative support for communication between providers, plans and regulatory agencies.
- Subject matter experts
- Multiple perspectives
- Consistency between plans and providers

Keep in Mind

- Slow
- Remote contact with participants





California Association of Health Plans

- Wide range of health plan participation
- Interactions with regulatory agencies
- Can form work groups on single subjects or areas of concern.
- Face to face contact
- Can move as fast as participants are willing to work.
- Distribute work plan deliverables to wide range of health plans.
- Consistency between plans
 - ✓ Produced list of categories and codes for race, ethnicity, spoken and written language.



Collaborations, cont'd



National Collaborations

- Available research
- Tips, guidelines and resources already available.
- Subject matter experts with nationally recognized expertise.
- Accessible for discussion

3 Phases of Implementation

- Phase 1-Begin

 - Planning

 - Internal preparations

 - Begin the internal work

- Phase 2-Provide services

 - Language assistance services are available and utilized by enrollee.

- Phase 3- Monitor

 - Evaluate services to determine if language assistance is effective.



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Put a Plan Together

- Thinking about it part of Phase 1
 - Internal analysis
 - Find the champion
 - Know what you need to know
 - Learn from what already exists

- Develop a road map/work plan for Phase 1- Internal preparations
 - What needs to be done
 - Who should be involved
 - What are internal deliverables- P&P, work flow diagrams (these should aid monitoring)



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Beginning a language assistance program

Begin the Work

Internal Preparations

- Bring in standard organizational processes EARLY.
 - Project management, work groups, time lines, work plans
- Find your champion or executive sponsor.
- Develop knowledge about the services that will be included in the language assistance program.
 - Are translation and interpretation the same or different?
- What do you need to know about your enrollees?
- How does the organization interact with enrollees?
- Where will services be delivered?
- What resources exist and which need to be found?



Language Assistance Program



Elements of a Language Assistance Program in a Managed Care Health Plan

- Interpreter services at medical point of contact
 - Bilingual staff assistance at the health plan
 - Telephone interpreter services
 - Face to face interpreter services
- Translation service for vital documents in threshold languages
- Monitor language needs of enrollees
- Oral translation of print materials
- Ongoing support structure- policy and procedures, monitoring and compliance processes
- Promotion of language services
- Evaluation of language assistance program

Who Needs Language Assistance?

Information about enrollees to develop a language assistance program:

- Preferred spoken language
- Preferred written language
- Race
- Ethnicity
- Cultural preferences
- Other demographic variables that could impact the utilization of language services- sex, urban/rural distribution, literacy



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Resources

➤ Census data

- Census 2000, Modern Language Association (MLA.org), American Community Survey

➤ Membership Surveys

- Consumer Assessment Health Plan Survey (CAHPS®), Patient Assessment Survey (PAS)

➤ Academic institutions

- UCLA- California Health Information Survey

➤ HIPAA 834 data feeds from employer and state agencies for some enrollees



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Evaluation



What exists today to evaluate

- Effectiveness of language services
 - Monitor grievances, changes in primary care provider due to language, utilization rates of services
- Quality of language services
 - Evaluation of vendor services
- Enrollee satisfaction with language services
 - Member satisfaction surveys
- Compliance at medical points of contact
 - Auditing tools, self-reporting to health plans



Lessons learned



- Start early
- Take the time to understand the services, the operational needs and identify resources
- There is a fine line between keeping all stakeholders informed and overwhelmed
- There are more information technology needs than it looks like
- It is more complex than it sounds
- Manage costs by planning



Acknowledgments



Thank and acknowledge the support of

- Health Net's Project Management staff for all of their organizational and knowledge assistance.
- Executive sponsor- David Friedman, the champion of the project.
- Nancy Wongvipat-Kalev and Robert O'Reilly for their leadership.
- All the wonderful Team Leaders

