Policy:
It is the policy of Scripps Health Plan Services Customer Service Department to assist our non-English speaking and hearing-impaired enrollees to communicate with the Managed Care Operations (MCO) staff. In additions, Customer Service and Utilization Management Staff are available to practitioner offices for assistance in coordination of support services for such members.

Purpose:
The purpose of this policy is to provide a mechanism to ensure that Customer Service Specialists (CSS) and MCO staff can communicate with enrollees that are Limited English Proficient (LEP) or hearing impaired and follow the regulatory requirements with relations to Language Assistant program. The California Department of Managed Health Care (“DMHC”) regulations require effective January 1, 2009, that health plans offer a Language Assistance Program (“LAP”) for members that are limited English proficient (“LEP”). HMO and PPO plans (“health plans”) licensed by the DMHC must provide interpreter and translation assistance to their members when services are rendered, if requested. Health Plans are required to provide these services in accordance with the law.

If a patient has coverage with one of the health plans that are governed by the Department of Managed Health Care (DMHC) and needs an interpreter or help with translation of a document, you should contact the patient’s health plan directly to help arrange services. If a patient refuses the services offered it should be documented in the PMA system.

Procedure:
Member contacts Customer Service Specialist (CSS) requesting translation of any non-standard vital document.

1) Start CSR in PMA system.

CSR Category Reason Code
231 LAP Claims 387 Claim Request
232 LAP UM 386 UM Request

2) CSS documents the date and time of request in PMA in the CSR function.
3) If the member can not communicate effectively in English, the CSS will obtain
members’ ID number. Verify members’ preferred spoken language. While
member is holding, contact the health plan LAP services and will put member
back on the line. Stay on line to assist.
4) Ask translator if document was generated by SHPS or health plan, if health plan,
CSS may politely leave call.
5) If document was generated by SHPS, CSS must determine if a Claim or UM
document.
6) If Claim document, send email to the Claims auditors requesting the document.
If UM document, pull letter from PMA and verify with member this is the correct
document.
7) If SHPS is acting as the Primary Plan, CSS will coordinate translation of
document free of charge with our vendor of choice (Crycom).
8) Notify caller that the letter will be faxed to the health plan/vendor for translation.
Fax document to the appropriate health plan/vendor LAP department within the
timeframes below:
   - Urgent request or service: **One business day**
   - Non-urgent or post-service request: **Two business days**
9) Document in the CSR when it was sent, the number, and names it was faxed to.
10) Also document if the member refuses the translation service.
11) If a request is received from the health plan for a SHPS produced document,
follow procedure above.

If the patient is not governed under a product regulated by the Department of Managed
Health Care (DMHC) please follow steps outlined below:

**Limited English Proficiency (LEP) Member is identified**

1) Contact the Language Service Line.
   a) Detailed instructions are available at every workstation in the Customer
      Service Department and/or available through every manager.
   b) CSS stays on the line with the caller and the Language Line until all
      questions/concerns have been addressed.
   c) If a call back is necessary, arrangements are made with the member and
      Language Line Services to call at a specific day and time that is convenient
      for all parties.
d) The CSS will notify the Primary Care Physician’s office of the member’s interpretation needs for documentation in their file.

2) For services in a provider’s office, Customer Service has access to the Provider Profile database that indicates the foreign languages spoken by physicians and staff.
   a) Should a Customer Service Representative become aware that a LEP member requires care; every effort will be made to establish the patient’s care with a practitioner that speaks the same language.
   b) If no practitioner within the network speaks the required language, and no family member or friend is available to translate for the member during office visits, the CSS will refer the member back to the Health Care Service Plan (HCSP) for assistance in finding another physician in the HCSP network that speaks the needed language.
   c) If SHPS is acting as the Primary Plan translation services are coordinated with Cyrcom.

**Hearing Impaired Enrollees:**

1) When a CSS becomes aware that a member is hearing impaired, the CSS will determine if the member uses TTY for telephone communications from the home, the CSS will document the TTY phone number in the member’s enrollment record as the primary phone number, unless otherwise instructed by the member. In addition, all CSS will use the member’s TTY phone number as the primary callback number when contacting the member by phone.

2) The CSS will notify the Primary Care Physician’s office of the member’s interpretation needs for documentation in their file.

3) Members can use TTY: 888-515-4065 if need to contact our Customer Service Department.

4) For services in a provider office, if the patient does not have a preferred interpreter service with whom they wish to work, the CSS will provide contact information as follows:

   Deaf Community Services of San Diego, Inc.
   7851 Mission Center Court, Suite 310
   San Diego, CA  92108-1328
   Voice: 619-682-5001        TTY:  619-682-5000        Fax:  619-682-5040

5) It is the member or provider office responsibility to make contact with the interpreter’s office to make arrangements for services.
6) SHPS will cover sign language interpreter services for any patient receiving covered services in accordance with current health plan benefits.
   a) Should the member be receiving care for non-covered services, it will be the member's responsibility to arrange for and pay any fees related to interpreter services.

7) If the provider's office has not already done so, the CSS will enter an authorization for interpreter services for the specific date of service and immediately approve the authorization with status “AMCS.” In addition, if invoices for service are received from any sign language interpreter service after the date of service for a covered visit or service, an approved authorization will be entered immediately and the invoice will be submitted for reimbursement.

Attachment A- Flow Chart Member Calls to request translation
Attachment B- Flow Chart Health Plan Calls to request translation

**Revision Date:**
03/18/2011
03/26/2013
03/21/2014
03/25/2015

**Review Date:**
06/07/2012
02/13/2013