CORPORATE POLICY & PROCEDURE

	Policy Name: MS5 - Requests for Interpreter or Alternative Format
Department: Customer Care	Policy Number: MS5
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Line of Business: ☐ All ☒ Umpqua Health Alliance ☐ Umpqua Health - Newton Creek	☐ Umpqua Health Management ☐ Umpqua Health Network
Approved By: Nancy Rickenbach (Chief Operating Officer)	Date: 12/03/2021

POLICY STATEMENT

Umpqua Health Alliance (UHA) and its subcontractors shall ensure members and potential members understand that Certified or Qualified Healthcare Interpreter Services and alternative formats of written and electronic UHA materials are available to them. Thus appropriately tailoring communications to comply with modern accessibility standards as required under the Oregon Health Authority's (OHA) Coordinated Care Organization (CCO) Contract, 42 Code of Federal Regulation (CFR) § 438.10, Section 508 Guidelines, Rehabilitation Act Section 504, and W3C's Web Content Accessibility Guidelines (WCAG) 2.0 AA and successor version.

PURPOSE

The purpose of this policy is to ensure that all members and potential members have access to available communications, outreach, and services in alternative formats, as well as languages, that meet members and potential members needs to create and to ensure health equity, improve quality of care, and help eliminate disparities for all its members as required by Federal and State laws, as well as, the OHA CCO Contract.

RESPONSIBILITY

Customer Care

DEFINITIONS

Alternative Formats: Means of communication in English and non-English languages, such as large print, Braille, audiotape, oral presentation, electronic format, and other aids and services for disabilities including sign language and sited guide in accordance with Title II of the American with Disabilities Act and Title VI of the Civil Rights Act.

Certified or Qualified Health Care Interpreter (HCI): UHA contracts with Certified or Qualified HCI services that provide Health Insurance Portability and Accountability Act (HIPAA) compliant HCI services.

Coordinated Care Organization (CCO): A group of all types of health care providers who work together for people on the Oregon Health Plan (OHP) in each county of Oregon.

Health Equity: When members are able to reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual

orientation, social class, intersections among these communities or identities, or other social determined circumstances.

Limited English Proficiency (LEP): Members or potential members who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

Oregon Health Plan (OHP): A program that pays for the healthcare of low-income Oregonians.

Readily Accessible: Electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG)2.0 AA and successor versions.

SOP: Standard operating procedure.

Special Needs: Members are visually limited or have limited reading proficiency.

Subcontractor: Any participating provider or any other individual, entity, facility, or organization that has entered into a subcontract with UHA or with any subcontractor for any portion of the work under the CCO contract.

Video Remote Interpreting (VRI): Interpreting service done through video phone calls to provide sign language or spoken language interpretation.

PROCEDURES

1. Members are informed at enrollment, or when seeking to enroll, that they may seek linguistically appropriate services and receive assistance in obtaining a Certified or Qualified HCI (including a telephonic oral interpreter and American Sign Language), use of bilingual UHA personnel, if available, auxiliary aids, or translation of notices in languages other than English, including alternative formats, including Braille, of UHA's written materials free of charge by doing the following actions:
    a. Make a request by phone. Members and potential members may call UHA's Customer Care department at 541-229-4842 / TTY 541-440-6304.
    b. Make a request in person either through UHA's Customer Care department or through the member's provider. Any request made by potential members, potential members' family members, or potential members' caregivers will be accommodated.

   c. Make a request through any other reasonable methods, such as but not limited to, using the patient portal to communicate needs.

2. When members request written materials in a language that needs translated, those materials can be read to the member with a translator over the phone or in person if the information is needed prior to the written translation services being completed (see SOP-MS5-1 – Interpreter Alternative Format Process and SOP-MS5-2 – Written Documentation Translation Services
   a. UHA does not have any prevalent languages in its service area, however all Member materials are currently translated to Spanish and are available to be given to a member upon request.
   b. The Member Handbook, NEMT Riders Guide and Provider Directory, in English and Spanish, are posted in electronic format on the UHA website or available in paper upon request, for UHA members and contracted providers.
   c. UHA strives to make its written member material available through its website so that it is readily accessible to its members, including establishing audio versions of its material to be effective in 2020.
   d. At time of enrollment into UHA, Customer Care will filter out the "language" criteria provided to it by the 834 eligibility file and mail Spanish materials to that member.
   e. All written materials for members will use easily understood language and format at or below a sixth-grade reading level using the Flesch-Kincaid scores, use a font size no smaller than 12 point, be available in alternative formats and through provision of auxiliary aids and Certified or Qualified HCI services that takes into consideration the special needs of members with disabilities or limited English proficiency (LEP). It will also include taglines in large print (18 point) and prevalent non-English languages describing how to request auxiliary aids and Certified or Qualified HCI services, including written translation or oral interpretation and the toll-free and TTY/TDY customer service number, and availability of materials in alternative formats.
3. Due to the rural nature of Douglas County, in-person HCI's may not be readily available. Therefore, UHA offers visual interpretation. When a current UHA member requests visual interpretation, Customer Care will follow the documented departmental step-by-step process for VRI services. This service will be provided in the format of a tablet that is set up with UHA's Certified or Qualified HCI service provider (see SOP- MS5-1 – Interpreter Alternative Format Process). Members can obtain this service by the following actions:
   a. Make a request by calling Customer Care at 541-229-4842 / TTY 541-440-6304.

b. Make a request through Case Management when a Case Manager is involved.
c. When in a provider's office.
   i. If the provider does not have an interpreter service of their own, they can call Customer Care or Case Management to request the tablet be brought to them for the member's next appointment.
d. A member can make a request in person by coming to the Customer Care office during operating hours.
e. Customer Care will keep track of who checks out the tablet and who uses the tablet utilizing the Tablet Sign-Up Sheet (see sample below).

4. Customer Care staff will confirm a request for alternate format or language and the item requested.
   a. Customer Care staff will track all requests utilizing the Requests for Alternate Format Materials Log (see sample below).

Sample Requests for Alternate Format using the VRI Tablet

Date	Time Out	Time In	CM/PR Name	Provider	Member ID	Member Name	Language	Dept. to Bill	Suite 101 – Out	Suite 101- In
5/20/19	2:20PM	5:00PM	John	Dr. ABCD	AB12345C	Jane Doe	Spanish	MS	Andrea	Tena

Sample Requests for Alternate Format Materials Log

Date of Request	Member Service Staff Who Received Request	Member ID Number	Item(s) Requested	Format Requested	Language Requested	Date Item Sent	Method Used to Provider Materials	Email Address Material(s) Sent to…

<u>Reporting of Language Access and Interpreter Services</u>

1. UHA will use the Language Access Report template located on the CCO Contract Forms website to collect and report language access and interpreter services to OHA.
2. 2.UHA will submit the reported language access data to OHA quarterly with monthly detail via Administrative Notice on the third Monday of the months January, April, July and October.

Staff and In-Network Provider Training

1. UHA trains all new hires on how to provide members access to interpreter and written translation services during the onboarding process.
2. Additionally, UHA's Language Access Plan is on the provider page of its website as are source for both network provider and staff.

Family Members, Friends or Provider of Medical Services Providing Interpretation Services

1. It is not recommended that family members or friends provide interpretation services as these persons typically are not familiar with medical terms, which could result in interpretation or translation errors. This may prompt information to be incorrectly communicated, overlooked, or withheld.
2. However, UHA recognizes there are extenuating circumstances when a family member, friend, or even provider may be required to interpret for a member.
    a. These circumstances include, but are not limited to:
        i. The scheduled HCI fails to arrive to the appointment and there is not an HCI in-person replacement available.
            1. HCI's are always available by electronic methods
        ii. When the provider or member fails to schedule a needed HCI for the appointment, and the provider, family member or friend attending interprets for the member.
        iii. In the event of a medical emergency where a member becomes unable to speak for themselves and the HCI or provider is required to speak with the member's family or friend.

Department	Standard Operating Procedure Title	SOP Number	Effective Date	Version Number
Customer Care	NA	NA	NA	NA