

2018

CALIFORNIA LANGUAGE ASSISTANCE PROGRAM

Report of Health Insurer Compliance

Sixth Biennial Report to the Legislature
January 2016 – December 2017



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INTRODUCTION

In 2003, the California Legislature passed Senate Bill 853 to ensure that limited-English proficient (LEP) and non-English speaking consumers have meaningful access to language assistance services when obtaining health care. Pursuant to this law, codified in California Insurance Code (CIC) sections 10133.8 and 10133.9, the California Department of Insurance (Department) developed Language Assistance Program (LAP) regulations (Title 10, California Code of Regulations sections 2538.1-2538.8) to establish standards and requirements for health insurers to provide insureds with appropriate access to translated written materials and oral interpretation services. Every two years, the Department surveys health insurers to monitor compliance with these requirements, then reports the results, along with the results of other audits and reviews, to the Legislature.

This report covers the period from January 1, 2016 to December 31, 2017. 150 health insurers submitted the 2016-17 surveys. This report reviews survey results from the 15 health insurers with the largest number of covered lives in California, here referred to as “the major insurers,” which make up approximately 90% of the health insurance market. This report also makes recommendations to health insurers to improve their LAP, discusses results of other audits and reviews, and provides notice of recent legislation that imposes additional language assistance requirements on health insurers.

LAP REQUIREMENTS & SURVEY RESULTS

This section describes survey results from the major insurers regarding the following requirements:

- Surveying language preferences and assessing the linguistic needs of the insured population;
- Translating vital documents into threshold languages;
- Providing individual access to oral interpretation services;
- Providing notice of availability of language assistance services to insureds;
- Monitoring and providing information to network providers;
- Training staff in required language services and how to access them; and
- Evaluating the health insurer’s LAP.

Surveying Language Preferences and Assessing the Linguistic Needs of the Insured Population

Every three years, health insurers must survey their entire California insured population to determine the preferred spoken and written languages. The results of this survey determine the health insurer’s threshold languages (defined in subdivision (b) of Section 2538.2 of Title 10 of the California Code of Regulations).

Survey Results: All the major insurers either surveyed their insured populations within the last three years or conduct ongoing surveys. Common methods include mailing surveys, using census data, and contracting with third party companies to provide language preference data.

Translating Vital Documents into Threshold Languages

Health insurers must translate vital documents into threshold languages. Vital documents include letters, notices, summaries of benefits and coverage, and other documents containing important information. For vital documents that contain insured-specific information, health insurers must



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notify insureds of the availability of translation services, and if requested, must provide the translated documents within 21 days.

Survey Results: All the major insurers translate vital documents into threshold languages. All the major insurers contract with language/translation companies to provide translation services.

Individual Access to Oral Interpretation Services

Upon request, health insurers must provide interpreters at all points of contact, in a timely manner, at no cost to insureds.

Survey Results: All the major insurers have systems in place to provide interpretation services to insureds when speaking with the insurer, and to ensure interpreter services are available to insureds when accessing network providers.

Notice of Availability of Language Assistance Services

Health insurers must notify insureds of the availability of free interpretation and translation services at all points of contact. The notice must be included in all welcome and renewal packets, as well as with vital documents.

Survey Results: All the major insurers include the required notice in welcome and renewal packets as well as with vital documents. Some include the notice on their websites and in emails to insureds.

Monitoring and Providing Information to Network Providers

Health insurers must monitor provider compliance with the insurer's LAP standards, and must periodically provide information to providers regarding the ethnic diversity of the insured population as well as any LAP-related strategies.

Survey Results: All the major insurers monitor provider compliance with the insurer's LAP standards. Common methods include reviewing grievances from insureds and conducting satisfaction surveys. Some of the major insurers require providers to maintain logs of requests for LAP services, which the insurers periodically review. All the major insurers also provide diversity information to providers, generally through provider manuals, mailings such as newsletters or bulletins, and/or through a provider web portal. Few of the major insurers reported providing LAP-related strategies to network providers.

Staff Training, Recruitment, and Retention

Health insurers must provide regular training about language services and the diverse needs of the insured population to all employees who have routine contact with insureds. Health insurers must also make efforts to recruit and retain a diverse workforce.

Survey Results: All the major insurers have LAP training programs for employees. Most require re-training on a regular basis, and have active recruitment programs to hire multi-cultural/multi-lingual employees.

Evaluating the Health Insurer's Language Assistance Program

Health insurers must evaluate their LAP using processes such as analysis of complaints and satisfaction survey results. Health insurers must also evaluate the effectiveness of specific aspects of



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their LAP, including the documentation and responses to requests for language assistance services, whether their LAP meets their insured population's needs, and whether resources for language assistance identified in policies and procedures are current and available.

Survey Results: All the major insurers use customer surveys, complaints, grievances and internal audits to evaluate their LAP. Many that use a contracted interpreter service receive reports from the contractor as part of their evaluation process. Several of the major insurers have in-house quality improvement programs. Others have a Cultural and Linguistic Unit or Compliance Unit that administers the LAP and handles evaluation.

RECOMMENDATIONS TO INSURERS

The following recommendations to health insurers are based upon the best practices identified in the survey results:

- Use multiple methods to assess the linguistic needs of your insured population. This can include using census data or third party companies to provide data, telephone surveys, and mailing surveys to insureds in multiple languages.
- Conduct consumer satisfaction surveys in multiple languages, not just English.
- Require network providers to maintain logs of language assistance requests and setup periodic reviews of those logs.
- Require staff training on LAP requirements on a regular basis and have active recruitment programs to hire multi-cultural/multi-lingual employees.

OTHER AUDITS AND REVIEWS

In addition to the biennial survey, the Department evaluates insurer compliance with the LAP regulations by reviewing complaints submitted to the Department's Consumer Complaint Center and results of on-site examinations performed by the Department's Market Conduct Division.

Consumer Complaint Center

The Department's Consumer Complaint Center is responsible for gathering and responding to consumer inquiries and complaints regarding insurance company activities. The Consumer Complaint Center received approximately 148,000 calls last year. During this reporting period, the Consumer Complaint Center received no LAP-related complaints.

Market Conduct On-Site Examinations

The Department's Market Conduct Division enforces insurance laws by investigating consumer complaints against insurers and conducting on-site examinations of insurer claims and underwriting files. Additionally, as required by law, the Division's Consumer Services & Market Conduct Branch examines all licensed insurance companies at least every five years. The Market Conduct Division is currently examining six health insurers, five of which are major insurers, and has found no violation of LAP-regulations.



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RECENT LEGISLATION

Senate Bill 223 (October 13, 2017) revised CIC § 10133.8 by including more detailed standards for language assistance services and adopted CIC § 10133.11, which creates new notice requirements for health insurers. The Department will include questions about compliance with Senate Bill 223 in the 2019 data call to insurers.

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