

# 2008 Language Assistance Program Data Call LAP-2008 STATISTICAL PLAN

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## INTRODUCTION

This is a statistical plan for the LAP-2008 Data Call. A statistical plan contains the reporting requirements, due dates and related information needed to complete your company's reporting obligations under California Insurance Code Sections (CIC) §10133.8 & §10133.9 and Title 10, Chapter 5, Subchapter 3, California Code of Regulations (CCR) §2538.1 - §2538.8.

The statistical plan contains nine sections. These sections are outlined below:

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## A. SCOPE OF THE STUDY

This study is being released to all insurers licensed, by the **California Department of Insurance**, to write business in health insurance.

- The LAP-2008 Data Call specifically applies to companies that write or maintain **Health Insurance Policies [as defined under California Insurance Code Section §106(b)]**.

### **California Department of Insurance Jurisdiction:**

#### **Pursuant to California Insurance Code Sections (CIC): §10133.8 & §10133.9**

For a copy of the statute, visit the State of California Legislative Information website. The instructions are outlined in the following section:

- For a copy of CIC §10133.8 and §10133.9 visit the State of California Legislative Information website at <http://www.leginfo.ca.gov>.
- Upon entering the website, click on "CALIFORNIA LAW".
- Select the box entitled "Insurance Code" from the list of codes (located in 2<sup>nd</sup> column)
- Scroll down to bottom of page and ENTER "10133.8" or "10133.9" in the Search By Keyword field.
- Click "Search" button (located at the bottom of page)
- Select the appropriate link from the results page.

#### **Pursuant to California Code of Regulations Title 10, Chapter 5, Subchapter 3, Sections §2538.1 – §2538.8**

For a copy of the regulations, visit the State of California Office of Administrative Law's website. The instructions are outlined in the following section:

- For a copy of CCR Sections §2538.1-§2538.8 visit the State of California Office of Administrative Law website at <http://ccr.oal.ca.gov>.
- Upon entering the website, click on "SEARCH FOR A SPECIFIC REGULATORY SECTION".
- Click on the field entitled "SECTION" and enter CODE NUMBER (e.g. - 2538.1) in the field.
- Click "Search" button
- Select the appropriate link from the results page.

## A. SCOPE OF THE STUDY (continued)

### **Health Insurance:**

Health Insurance is defined in CIC §106(b).

#### **CIC §106 (b)**

(b) In statutes that become effective on or after January 1, 2002, the term "health **insurance**" for purposes of this **code** shall mean an individual or group disability insurance policy that provides coverage for hospital, medical, or surgical benefits.

The term "health **insurance**" shall not include any of the following kinds of **insurance**:

- (1) Accidental death and accidental death and dismemberment.
- (2) Disability **insurance**, including hospital indemnity, accident only, and specified disease **insurance** that pays benefits on a fixed benefit, cash payment only basis.
- (3) Credit disability, as defined in subdivision (2) of Section 779.2.
- (4) Coverage issued as a supplement to liability **insurance**.
- (5) Disability income, as defined in subdivision (i) of Section 799.01.
- (6) **Insurance** under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability **insurance** policy or equivalent self-**insurance**.
- (7) **Insurance** arising out of a workers' compensation or similar law.
- (8) Long-term care.

## B. GENERAL RULES

### **EXPERIENCE PERIOD:**

### **WHO MUST FILE:**

The LAP-2008 reporting requirements pertain to companies **that currently write or have existing business in health insurance.** For the purposes of the LAP-2008 reporting requirements, health insurance policies are defined by California Insurance Code Section §106(b).

- If your company currently writes or has existing business in health insurance, as defined by CIC 106(b), your company is subject to the reporting requirements in CIC §10133.8 & §10133.9 and CCR §2538.1 – §2538.8 and must respond to the LAP-2008 data call.
- If your company is licensed to conduct disability insurance (e.g. – maintains a Class-06 Disability license) in California but has never written or has no existing health insurance business, your company must complete the “No Experience To Report” section in the LAP-2008 Acknowledgement Form and return this form to the California Department of Insurance.

**PENALTIES FOR NON-COMPLIANCE:** Companies that fail to submit a completed LAP Acknowledgement of Receipt Form and LAP Report (if applicable) by the due date requested will be considered in non-compliance with **California Insurance Code Sections §10133.8 & §10133.9 and Title 10, California Code of Regulations §2538.1 – §2538.8** and will be subject to fines and penalties (up to \$100,000) under California Insurance Code Section §10508.7 and will be referred to the Department’s Legal Division for further action.

Non-compliant companies may also be referred to the **Field Rating & Underwriting Bureau** who will collect the required data and bill the time required for examination at the company’s expense pursuant to **California Insurance Code §1857.4.**

## B. GENERAL RULES (continued) -

- Insurers who file a **consolidated annual statement**, as a group of companies **MAY NOT SUBMIT CONSOLIDATED EXPERIENCE**. A separate company acknowledgment and report form filing must be submitted for each company under CIC §10133.8 & §10133.9 and CCR §2538.1 – §2538.8.
- **RE-SUBMISSIONS:**  
Submissions that do not pass the Department's validating tests will be returned to the company for corrections. No more than **one (1)** re-submission is acceptable. The company will be allowed **10 working days** to resubmit its data to the Department.
- **VALIDATING PROCEDURE:**  
Companies should establish their own validating programs and procedures to detect errors relating to POLICY FORMS, CODES and STATISTICAL DATA reported.

All data will be tested for accuracy and reasonability. Rejected data will be returned to the company for correction and resubmission. *If the company believes that the data is correct as submitted, but may be questioned by this Department, the company must provide an explanation in writing.*

## C. PROPRIETARY POLICY

**As a general rule, all data submitted to the California Department of Insurance (CDI) Statistical Analysis Division is deemed to be proprietary in nature and treated as confidential.** Data will only be released in the aggregate so no individual company experience is revealed, unless;

- a. Mandated by California Insurance Code or California Code of Regulations.
- b. Requested by other CDI Units for internal use, but continue to maintain confidentiality.
- c. Ordered by the Insurance Commissioner or Legislative Insurance Committee in the public interest, and does not conflict with proprietary protection under current law.

## D. REPORTING DUE DATES

- The **LAP Acknowledgement of Receipt Form** is due no later than **October 31, 2008**.
- The **LAP-2008 Reporting Forms** is due no later than **December 1, 2008**.
- **Requests for extensions in reporting** must be received no later than **November 10, 2008**.

All extension requests should be in writing and must be sent by e-mail to:  
**Dairyn Valencia at valenciad@insurance.ca.gov**

Should you have a question related to the statistical plan or LAP Reporting Forms, please address your inquiries to the contact person indicated below.

<p><b>Dairyn Valencia</b> LAP Data Call Team Leader</p> <p>California Department of Insurance Statistical Analysis Division 300 South Spring Street, 14th Floor Los Angeles, California 90013</p> <p>Email: valenciad@insurance.ca.gov Phone: 213-346-6326 Fax: 213-897-6571</p>	<p><b>Leo Lara</b> Life &amp; Health Project Manager</p> <p>California Department of Insurance Statistical Analysis Division 300 South Spring Street, 14th Floor Los Angeles, California 90013</p> <p>Email: laral@insurance.ca.gov Phone: 213-346-6474 Fax: 213-897-6571</p>
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## E. RETRIEVING THE LAP-2008 DATA CALL PACKAGE FROM THE INTERNET

To retrieve the LAP-2008 Data Call Package (Acknowledgement Form, Statistical Plan, Reporting Forms and the Affidavit Form), please follow the instructions below:

- Go to the Department of Insurance web site at <http://www.insurance.ca.gov>
- Click on the INSURERS link at the top portion of the webpage.
- Click on the DATA & REPORTS link, (located on the left-hand column of the page).
- Click on the STATISTICAL PLANS link and choose REPORTING YEAR 2008 STATISTICAL PLANS.
- A message will appear requesting the user name and password. Enter the following:  
USER NAME: DATANSTATS (case sensitive)  
PASSWORD: STAT2008 (case sensitive)
- Select "LAP-2008" (2008 Language Assistance Program Data Call)

➤ **LAP-2008 Acknowledgement Form – DUE October 31, 2008\***

➤ **LAP-2008 Reporting Forms – DUE December 1, 2008**

➤ **NOTE:** *There are ten (10) LAP Reporting Forms that comprise a completed LAP Filing. These 10 sections are listed in Section – H and Section-I of this statistical plan. Please be sure to complete and submit all ten (10) sections. Download each LAP Reporting Form to your local drive. If you encounter any problems downloading these forms, please contact CDI representative listed in Section-G (CDI Contact Information).*

➤ **LAP-2008 Statistical Plan – Contains Detailed Instructions On How To Complete The LAP-2008 Reporting Forms.**

➤ **LAP-2008 Affidavit Form - A signed affidavit confirming the validity of the Reporting Forms DUE December 1, 2008**

\* **IMPORTANT** Regardless of your reporting experience, the **ACKNOWLEDGEMENT FORM MUST BE ELECTRONICALLY SUBMITTED NO LATER THAN OCTOBER 31, 2008** to the e-mail address listed in the LAP-2008 Statistical Plan.

We **will not accept** scanned copies, photo copies or "pdf" versions of the acknowledgement form. It must be submitted in the original excel file format.

## F. METHOD OF REPORTING

The LAP Reporting Forms is available on the Internet (see Section E for retrieval instructions).

The data may be submitted two ways (*CHOOSE ONLY ONE OPTION*):

1. Via **e-mail attachment** to e-mail address: [LAP\\_filing@insurance.ca.gov](mailto:LAP_filing@insurance.ca.gov)
2. Via **mail on a DVD or CD-ROM**. If you are unable to e-mail the LAP Reporting Forms, as instructed in option 1, you may save the forms and related attachments on DVD or CD-ROM and mail it to the Statistical Analysis Division of the California Department of Insurance at the address provided below.

### NOTE:

**LAP Reporting Forms (as discussed in Section-H and Section-I) must be submitted via electronic submission. A printed "hard copy" (without accompanying DVD/CD-ROM) will not be accepted by the Department.** The Department will only accept an electronic submission from either of the two methods mentioned in Section F. We will print a hard copy of your data upon receiving the electronic submission. If you are unable to work with the LAP report forms (in Adobe PDF format), please contact this office for further instructions.

Any attachments and/or related documents pertaining to your company's responses in the LAP reporting forms may be submitted via hardcopy. The instructions for handling hardcopy attachments for each of the reporting forms are outlined in Section-I.

### **\*\* MAILING ADDRESS & CONTACT INFORMATION \*\***

**CALIFORNIA DEPARTMENT OF INSURANCE**  
**Statistical Analysis Division**  
**Attn: LAP-2008**  
300 South Spring St., S. Tower, 14th Floor  
Los Angeles, CA 90013

**AFFIDAVIT FORM – Mandated legislative filings must be submitted with an affidavit completed and signed under oath before a notary public. Submit this form via mail to the address listed above. Faxing the notarized Affidavit Form is not acceptable.**

## G. CDI CONTACT INFORMATION

Should you have an **extension request**, and/or **questions related to the statistical plan or the LAP Reporting Forms**, please address your inquiries to the contact persons indicated below.

<p><b>Dairyn Valencia</b> LAP Data Call Team Leader</p> <p>California Department of Insurance Statistical Analysis Division 300 South Spring Street, 14th Floor Los Angeles, California 90013</p> <p>Email: <a href="mailto:valenciad@insurance.ca.gov">valenciad@insurance.ca.gov</a> Phone: 213-346-6326 Fax: 213-897-6571</p>	<p><b>Leo Lara</b> Life &amp; Health Project Manager</p> <p>California Department of Insurance Statistical Analysis Division 300 South Spring Street, 14th Floor Los Angeles, California 90013</p> <p>Email: <a href="mailto:laral@insurance.ca.gov">laral@insurance.ca.gov</a> Phone: 213-346-6474 Fax: 213-897-6571</p>
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Should you have a question regarding **substantive matters, or legal requirements**, please contact.

<p><b>Elena Fishman</b></p> <p>Senior Staff Counsel California Department of Insurance 300 Capitol Mall Sacramento, California 95814 Email: <a href="mailto:fishmane@insurance.ca.gov">fishmane@insurance.ca.gov</a> Phone: 916-492-3507 Fax: 916 324-1883</p>
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## H. INSTRUCTIONS FOR COMPLETING THE LAP-2008 REPORTING FORMS

The purpose of this section is to provide you with the reporting instructions necessary for completing the LAP-2008 Reporting Forms.

The Language Assistance Program (LAP) Plan and Report is comprised of ten (10) sections. These sections are outlined below.

- Section C - Company Contact Information
- Section DS - Survey of Language Preferences & Assessment of Linguistic Needs
- Section DN - Notice of Availability of Language Services
- Section DCP - Contracting Providers
- Section DWT - Written Translation of Vital Documents
- Section DOI - Individual Access to Oral Interpretation Services
- Section DST - Staff Training
- Section DCG - Complaints and Grievances
- Section DCM - Compliance Monitoring
- Section DEE - Evaluation of Effectiveness of Language Assistance Program (LAP)

For each of the reporting sections listed above, the Department of Insurance has developed one or more report questions.

Your company's LAP reporting obligation will be deemed complete when it has satisfied the following criteria:

- 1) Your company has completed ***all*** reporting forms for each of the LAP sections specified in this statistical plan and **there are no resubmissions pending/required for any LAP section**;
- 2) **The Department's Legal Division has completed their review of the company's responses and related data** (including attachments/explanations) pertaining to your company's responses in the LAP Data Call.

## H. INSTRUCTIONS FOR COMPLETING THE LAP-2008 REPORTING FORMS (continued)

### HOW DO I COMPLETE LAP RESPONSE FORMS AND SUBMIT THE DATA?

- **Download and review** all ten (10) LAP Forms (listed on page 10). Instructions are provided on the website and in Section-E of this statistical plan.
- **Provide your company's responses** to questions and provide your company's responses in each of the LAP Response Forms.
- **E-mail the completed forms** (10 forms total) to:  
[LAP\\_Filing@insurance.ca.gov](mailto:LAP_Filing@insurance.ca.gov)
- **Submit any required attachments** (either by e-mail or mail) by following the instructions listed in their respective LAP Form.

In order to complete this filing you will need to complete the LAP Response Forms in:

**Adobe Acrobat Reader** – The LAP Reporting Forms will only run on Adobe Acrobat Reader. If you are experiencing difficulty in downloading or opening the reporting forms, please contact the Department of Insurance contact person listed in Section G of this statistical plan.

**The latest version of Adobe Reader is available by accessing the following link:** <http://www.adobe.com/products/acrobat/readstep2.html>

**ENTERING DATA:** As stated in the beginning of Section H, there are ten (10) LAP Response Forms. There are fields to enter your company's NAIC Number, Company Name and your company's responses to each LAP question.

**IMPORTANT: Be sure that your company's Contact Information is filled out completely.**

**VALIDATE** and confirm your entries.

**DO YOU NEED ADDITIONAL SPACE?** The adobe forms should allow for enough room to type or paste your company's responses into the form. However, if you feel you need additional space, please provide your company's response as an attachment. Instructions for submitting as an attachment are included in each LAP Response Form.

## H. INSTRUCTIONS FOR COMPLETING THE LAP-2008 REPORTING FORMS (continued)

**SAVE:** Save the entire workbook on your local hard drive (e.g. – “c:\my documents folder” or your company’s shared network drive.

**SUBMISSION OF DATA:** A completed LAP Filing is comprised of the following:

1. **Ten (10) Completed LAP Response Forms;**
2. **All required attachments (supporting your company’s responses provided in the LAP Response Forms);**
3. **A completed LAP Affidavit Form.**

HOW TO SUBMIT LAP RESPONSE FORMS:

- Submit your completed LAP Reporting Forms directly to the California Department of Insurance via e-mail to the following address:  
[LAP\\_Filing@insurance.ca.gov](mailto:LAP_Filing@insurance.ca.gov)

HOW TO SUBMIT LAP ATTACHMENTS:

- Required attachments to the California Department of Insurance following the instructions listed on each LAP Response Form.

If unable to submit data to this Department via the desired e-mail method, you may save data onto a DVD/CD-ROM and mail the data to the address provided in Section F above.

**IMPORTANT: As discussed in Section F of this Statistical Plan, a completed and signed AFFIDAVIT FORM must be submitted after you have e-mailed your LAP Reporting Forms to the California Department of Insurance and may be mailed or faxed . The LAP Reporting Forms can also be submitted either via DVD/CD-ROM, call CDI contact listed in Section-G for more details..**

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET

The Language Assistance Program (LAP) Report is comprised of ten (10) sections. These sections are as follows:

### LAP Response Form – C: Company Contact Information

**PURPOSE:** This is intended to collect basic contact information from your company. Provide the contact information of the person responsible providing the data and responding to questions.

**NOTE: All fields are required.** Failure to provide data will result in an incomplete filing and request for resubmission.

### LAP Response Form – DS: Survey of Language Preferences & Assessment of Linguistic Needs

**REGULATORY AUTHORITY:** CCR §2538.3(b)(3) & CCR §2538.4(a),(b).

**DESCRIPTION:**

This form contains two (2) questions and requires your company to also provide attachments supporting your company's responses. The questions are as follows:

#### LAP Question #: DS-1

- **Describe/Explain** in detail how the insurer surveyed the insured population. Include who specifically was surveyed (i.e. named insureds? every insured?) and attach a copy of the survey.
- **What methodology was used** for collecting, summarizing and reporting the data to the Department?

#### LAP Question #: DS-2

- **Describe/Explain** the timelines for the survey and assessment. Include the calculations the insurer used to determine the threshold languages.

#### Attachments for LAP Questions #: DS-1 & DS-2

Pursuant to your company's Language Survey [CCR §2538.4(a) & CCR §2538.4(b)], include documentation of the results of the survey of insured population, assessment of linguistic needs, and demographic profile.

Required items to be submitted as attachments

- Include **the results of the survey** of insured population, assessment of linguistic needs, and demographic profile.
- Attach a **copy of the survey** as discussed in your response to LAP Question DS-1.

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### LAP RESPONSE FORM – DN: Notice of Availability of Language Services

REGULATORY AUTHORITY: CCR §2538.3(b)(1), CCR §2538.3(c)(1), CCR §2538.4(a), (b) and CCR §2538.6(b)(3)

**DESCRIPTION:**

This form contains (1) question and requires your company to also provide attachments supporting your company's responses. The question is as follows:

**LAP Question #: DN-1**

- **Describe/Explain** how the insurer informs its insureds of the availability of language assistance services and how to access those services. Include a detailed description of how the Notice has been, and will be distributed to insureds.

**Attachments for LAP Question #: DN-1**

Pursuant to your company's responses under question DN – 1 [CCR §2538.3(b)(1), CCR §2538.3(c)(1), CCR §2538.4(b) and CCR §2538.6(b)(3)], provide documentation of the policies and procedures discussed.

- **Attach ALL Notices of Availability used by the insurer.**  
NOTE: The Commissioner developed notice shall be used by all insurers and may include any additional insurer specific information.

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### LAP RESPONSE FORM – DCP: Contracting Providers

REGULATORY AUTHORITY: CCR §2538.3(b)(2), CCR §2538.3(d), CCR §2538.4(a) & CCR §2538.4(b)

**DESCRIPTION:**

This form contains (1) question and requires your company to also provide attachments supporting your company's responses. The question is as follows:

**LAP Question #: DCP-1**

- **Describe/Explain** how the health insurer notifies its contracting health providers of its LAP and of the providers' obligation to follow the LAP requirements to provide interpretation services to their clients upon request.

**Attachments for LAP Question #: DCP-1**

Pursuant to your company's responses under question DCP – 1 [CCR §2538.3(b)(2) and CCR §2538.3(d)], **provide applicable documentation** relating to your company's response.

- Attach documentation of the policies and procedures described in DCP-1.

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### LAP RESPONSE FORM – DWP: Written Translation of Vital Documents

REGULATORY AUTHORITY: CCR §2538.3(b)(4), CCR §2538.4(a) & CCR §2538.4(b).

**DESCRIPTION:**

This form contains two (2) questions and requires your company to also provide attachments supporting your company's responses. The questions are as follows:

**LAP Question #: DWT-1**

- o **Describe/Explain** how the health insurer translates its Vital Documents into the threshold languages.
- o **Describe/Explain** the standards the health insurer uses to ensure the quality and accuracy of the written translations and the proficiency of the person providing the translation.

**Attachments for LAP Question #: DWT-1**

Pursuant to your company's responses under LAP Question #: DWT-1.

**Attach the following documents:**

- a) a list of Vital Documents that have been translated and the languages into which they have been translated;
- b) copies of the Vital Documents, both as translated and in English which may be submitted electronically; certification that the insurer has translated its Vital Documents into the threshold languages;
- c) the insurer's policies to ensure the proficiency of the people providing the written translations, including documented and demonstrated proficiency both English and target languages and knowledge of applicable specialized terminology in both English and target languages
- d) The Notice of Availability that insurer sends with all vital documents.

NOTE: If the insurer requests a phase-in of the translation of Vital Documents such request should be included here. [Pursuant to CCR §2538.5(c)]

NOTE: The insurer is free to translate Vital Documents into a greater number of languages than the IT languages. [Pursuant to CCR §2538.5(e)]

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### **LAP RESPONSE FORM – DOI: Individual Access to Oral Interpretation Services**

REGULATORY AUTHORITY: CCR §2538.3(b)(5), CCR §2538.6(b)(1)-(4) & CCR §2538.6(d), CCR §2538.6(c)(1) & CCR §2538.6(c)(2)

#### DESCRIPTION:

This form contains two (2) questions and requires your company to also provide attachments supporting your company's responses. The questions are as follows:

#### **LAP Question #: DOI-1**

##### **Describe/Explain**

- a) how the health insurer will provide individual access to oral interpretation services for insureds;
- b) the health insurer's standards and mechanisms the insurer will use to ensure timeliness, quality and accuracy of oral interpretations
- c) the health insurer's standards and criteria to ensure the proficiency of interpreter services;
- d) points of contact where the need for interpretation is reasonably anticipated and how the insurer will provide timely access to interpretation services at all points of contact;
- e) the range of interpreting services to be provided and the types of resources needed to provide effective interpreting to the insureds;
- f) the insurer's mechanisms for ensuring its sensitivity to LEP person's culture.

#### **LAP Question #: DOI-2**

##### **Describe/Explain how the health insurer will monitor their health care providers/contractor's compliance with the following:**

- a) how the health care provider/contractor will provide individual access to oral interpretation services for insureds;
- b) the health care provider/contractors standards and mechanisms to ensure timeliness, quality and accuracy of oral interpretations
- c) the health care provider/contractors standards and criteria to ensure the proficiency of interpreter services;
- d) points of contact where the need for interpretation is reasonably anticipated and how the health care provider/contractor will provide timely access to interpretation services at all points of contact;
- e) the range of interpreting services to be provided and the types of resources needed to provide effective interpreting to the insureds;
- f) the health care provider/contractor's mechanisms for ensuring its sensitivity to Limited English Speaking (LEP) person's culture.
- g) The health care provider/contractor policies and procedures regarding an insured's request, in a non-emergency, to use a family member or friend as the interpreter;
- h) The health care provider/contractor's policies and procedures regarding use of a minor as interpreter in an emergency.

#### **Attachments for LAP Questions #: DOI-1 & DOI-2**

Pursuant to your company's responses under questions DOI-1 and DOI-2, provide documentation of the policies and procedures in support of your company's responses.

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### LAP RESPONSE FORM – DST: Staff Training

REGULATORY AUTHORITY: CCR §2538.3(b)(6)

DESCRIPTION:

This form contains (1) question and requires your company to also provide attachments supporting your company's responses. The question is as follows:

**LAP Question #: DST-1**

- **Describe/Explain** the health insurer's plan to provide adequate and ongoing training for the health insurer's staff that have contact with Limited English Speaking (LEP) insureds.

**Attachments for LAP Question #: DST-1**

Pursuant to your company's responses under question DST-1, provide the health insurer's policies and procedures for instructing insurer staff pursuant to CCR §2538.3(b)(6).

**Attach documentation:** health insurer's policies and procedures for instructing insurer staff as to:

- accessing language assistance;
- working effectively with Limited English Speaking Person (LEP) insureds;
- working effectively with in-person and telephonic interpreters, and, cultural differences among insured population.

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### LAP RESPONSE FORM – DCG: Complaints and Grievances

REGULATORY AUTHORITY: CCR §2538.3(b)(7), CCR §2538.7(a)(c)

DESCRIPTION:

This form contains (1) question and requires your company to also provide attachments supporting your company's responses. The question is as follows:

**LAP Question #: DCG-1**

- **Describe/Explain** health insurers policies and procedures designed to collect, track and analyze complaints/grievances from insureds including complaints contained in response to satisfaction surveys and actions taken to correct the problems identified in those complaints/grievances.

**Attachments for LAP Question #: DCG-1**

Pursuant to your company's responses under question DCG – 1 [CCR §2538.3(b)(7), CCR §2538.7(a)(c)], provide documentation of the policies and procedures discussed.

- **Attach all applicable documents** pertaining to health insurer's policies and procedures designed to track grievances and complaints related to its LAP as well as actions taken to correct problems identified in those complaints.
- **Provide a report** pertaining to grievances and complaints related to its LAP.

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### LAP RESPONSE FORM – DCM: Compliance Monitoring

REGULATORY AUTHORITY: CCR §2538.7(a), CCR §2538.3(d)

DESCRIPTION:

This form contains (1) question and requires your company to also provide attachments supporting your company's responses. The question is as follows:

**LAP Question #: DCM-1**

- **Describe/Explain** how the health insurer monitors compliance of its contractors, health care providers and networks with insurers' LAP including the availability, quality and utilization of language assistance services.
- **Describe/Explain** how the health insurer will resolve non-compliance by health care providers/contractors with the LAP requirements.

**Attachments for LAP Question #: DCM-1**

Pursuant to your company's responses under question DCM – 1 & DCM-2 [CCR §2538.7(a), CCR §2538.3(d)], provide documentation of the policies and procedures discussed.

## I. EXPLANATIONS OF EACH LAP-2008 WORKSHEET (continued)

### LAP RESPONSE FORM DEE - Evaluation of Effectiveness of Language Assistance Program (LAP)

REGULATORY AUTHORITY: CCR §2538.7(b)(1)-(7)

**DESCRIPTION:**

This form contains (1) question and requires your company to also provide attachments supporting your company's responses. The question is as follows:

**LAP Question #: DEE-1**

- **Describe/Explain** how the health insurer will evaluate the effectiveness of its Language Assistance Program (LAP) including:
  - a) how the health insurer will assess the indicated/threshold languages based on the data collected;
  - b) how the health insurer will assess the current language assistance needs of its LEP insureds;
  - c) how the health insurer will document and respond to requests for translation and interpretation services;
  - d) how the health insurer will evaluate whether the LAP meets the needs of its insureds;
  - e) how the health insurer will evaluate whether its staff is familiar with the LAP policies and procedures and how to implement it;
  - f) how insurer will evaluate whether the resources and arrangements for language assistance identified in the LAP are current and available;
  - g) how the health insurer will evaluate its system for responding to complaints and other communications from insureds.

**Attachments for LAP Question #: DEE-1**

Pursuant to your company's responses under question DEE – 1[CCR §2538.7(b)(1)-(7)], include any supporting documentation if necessary.