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10 CA ADC § 2538.7

10 CCR § 2538.7

Cal. Admin. Code tit. 10, § 2538.7

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 10. INVESTMENT
CHAPTER 5. INSURANCE COMMISSIONER
SUBCHAPTER 3. INSURERS
ARTICLE 12.1. HEALTH CARE LANGUAGE ASSISTANCE PROGRAM
This database is current through 8/8/08, Register 2008, No. 32

§ 2538.7. Health Insurer Monitoring, Evaluation & Reporting.

(a) Every health insurer shall monitor the implementation and provision of its LAP and make modifications as necessary to ensure compliance with Insurance Code sections 10133.8 and 10133.9 and these regulations. The health insurer's policies and procedures shall include a description of the health insurer's method of (1) monitoring health insurer, contractor, health care provider, and network compliance with the health insurer's standards for the LAP Assistance Program, including the availability, quality and utilization of language assistance services, (2) tracking grievances and complaints related to its LAP Assistance Program, and (3) documenting actions taken to correct problems.

(b) Every health insurer shall evaluate the effectiveness of its LAP with regard to the following:

(1) Assessing indicated/threshold language(s) based on data collected;

(2) Assessing current language assistance needs of its insureds who are LEP persons;

(3) Documenting and responding to requests for translation and interpretation services;

(4) Whether the existing LAP Assistance Program meets the needs of its insureds who are LEP insureds;

(5) Whether health insurer staff know the health insurer's policies and procedures and how to implement them;

(6) Whether the resources and arrangements for language assistance identified in the health insurer's policies and procedures are still current and available; and

(7) Responding to communications from insureds, including via surveys and complaints.

(c) Every health insurer shall report the information and data requested by the Department of Insurance in a timely manner. Health insurers who do not report in a timely manner shall be subject to fines and penalties as authorized by the Insurance Code.

(1) By December 1, 2007, every health insurer shall report to the Department of Insurance on the status of the implementation of its LAP Assistance Program;

(2) Within one year after the health insurer's initial assessment but no later than December 1, 2009 and biennially by December 1st thereafter, every health insurer shall report to the Department of Insurance on its internal policies and procedures related to cultural appropriateness and any other information related to the health insurer's LAP as requested by the Commissioner, in a format specified by the department that shall include at least the following information:

(A) The data regarding the insured population based on the needs assessment as required by paragraph (2) of subdivision (b) of Insurance Code section 10133.8;

(B) The education of health insurer staff who have routine contact with insureds regarding the diverse needs of the insured population;

(C) The health insurer's recruitment and retention efforts that encourage workforce diversity;

(D) An evaluation of the health insurer's language assistance programs and services with respect to the health insurer's insured population, using processes such as an analysis of complaints and satisfaction survey results;

(E) The periodic provision of information regarding the ethnic diversity of the health insurer's insured population and any related strategies to health insurer's providers. Health insurers may use existing means of communication;

(F) The periodic provision of educational information to insureds on the health insurer's services and programs.

<General Materials (GM) - References, Annotations, or Tables**>**

Note: Authority cited: Sections 10133.8 and 10133.9, Insurance Code. Reference: Sections 10133.8 and 10133.9, Insurance Code.

HISTORY

1. New section filed 9-19-2007; operative 10-19-2007 (Register 2007, No. 38).

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