Health Plan Compliance with Language Assistance Requirements

Fourth Biennial Report to the Legislature

January 2013 – December 2014

DEPARTMENT OF Managed Health Care

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EXECUTIVE SUMMARY

The Department of Managed Health Care (DMHC) is required by Section 1367.04(g) of the Health and Safety Code to report biennially to the Legislature regarding health plan compliance with the language assistance requirements of section 1367.04 and its accompanying regulations, section 1300.67.04 of Title 28 of the California Code of Regulations.

Under the language assistance regulation, California health plans are required to provide language assistance services, including translation and interpretation services, to limited-English-proficient (LEP) enrollees. The regulation became effective on January 1, 2009. The DMHC Division of Plan Surveys monitors compliance with the regulation in its routine medical survey process, which takes place at least every three years for each health plan. In addition, the DMHC tracks complaints filed with its Help Center to identify trends in compliance with the regulation.

The first biennial report, issued in 2009, covered the review period February 23, 2007 through December, 2008, which was the initial timeframe when the language assistance regulation first became operative. This first biennial report described the DMHC's review of health plans' processes to conduct assessments of their enrollees' language assistance needs. The second biennial report, issued in 2011, examined health plans' implementation of this regulation during the review period January 1, 2009 through December 31, 2010. The third biennial report, issued in 2013, discussed the DMHC's routine medical survey findings regarding health plan compliance with the language assistance regulation during the review period January 1, 2011 through December 31, 2012.

This fourth biennial report covers the period January 1, 2013 through December 31, 2014. The DMHC completed 45 routine medical surveys during this reporting period. The DMHC identified language assistance regulation-related deficiencies in some of these medical surveys, and health plans corrected these deficiencies as a result of this process. To date, there have been no serious concerns identified during the medical surveys, and there have been few consumer complaints submitted to the DMHC Help Center regarding language assistance.

INTRODUCTION

In 2003, the California Legislature passed Senate Bill 853, codified at Health and Safety Code section 1367.04, to improve health care access for non-English-speaking and LEP individuals enrolled in health plans. Pursuant to this legislation, the DMHC developed Rule[1] 1300.67.04, which required health plans to meet regulatory deadlines for achieving certain language assistance implementation milestones, and requires health plans to do all of the following:

- Assess the linguistic needs of enrollees;
- Provide translation and interpretation services to enrollees;
- Train staff in effectively providing language services to enrollees; and
- Provide oversight to ensure that enrollees receive the language assistance services needed in order to understand and communicate with health care providers.

The DMHC is required to provide biennial reports to the Legislature on health plan compliance with the standards under the language assistance regulation. The information in this report was gathered through medical surveys conducted by the DMHC Division of Plan Surveys and though the aggregation and analysis of consumer complaints submitted to the DMHC Help Center.

While the DMHC has found few serious deficiencies in health plan language assistance programs, there is still an ongoing need to educate providers about the requirements of the language assistance regulation, and to inform enrollees regarding the availability of free and easily accessible language assistance services.

[1] Title 28, California Code of Regulations is referred to throughout this Report as "Rule."

PART I: LANGUAGE ASSISTANCE REGULATION REQUIREMENTS

The language assistance regulation requires:

Enrollee Assessment

Determination of Threshold Languages through Population Analysis

Recognizing that health plans serve different and diverse communities, Health and Safety Code section 1367.04[2] provides health plans with the ability to tailor language assistance services to each plan's enrollee population. Each health plan is required to complete an assessment every three years of the linguistic needs of its enrollee population. Under the regulation, based on the plan's size and language needs assessment, the plan determines its "threshold languages". The statute requires the translation of vital documents into the plan's threshold languages. (See "Language Assistance Services" below.)

Criteria for determining a plan's threshold languages are defined in Section 1367.04(b)(1)(A)(i)-(iii). Table 1 summarizes the criteria for determining a plan's threshold language(s).

Table 1: Threshold Language Criteria[3]

Number of Enrollees in the Health Plan	Minimum number of non-English Threshold Languages	Additional Threshold Languages if either of these are met:	
		Percent of total Enrollees in a LEP group	Total number of LEP Enrollees in a LEP group
≥ 1,000,000	2 languages	0.75%	15,000
300,000 – 1,000,000	1 language	1.0%	6,000
≤ 300,000	1 language	5.0%	3,000

Each plan's initial assessment is required to be based on statistically valid population analysis methods, and plans are required to collect and record enrollees' language data using reasonable survey methods. Plans must also use valid population analysis methods to update the enrollee language needs assessment at least once every three years after the initial assessment.

[2] All references to "Section" are to the Health and Safety Code unless otherwise indicated. All references to "Rule" are to Title 28 of the California Code of Regulations unless otherwise indicated.
[3] Section 1367.04(b)(1)(A)

Language Assistance Services

The language assistance regulation requires health plans to develop extensive policies and procedures, describing how they will provide effective language assistance services at all points of contact where language assistance may be reasonably anticipated. These polices must address four specified elements[4]: the standards for enrollee assessment, the standards for providing language assistance services, the standards for staff training, and the standards for compliance monitoring.

Assessment of Services

Health plans are required to assess and describe all points of contact where the need for language assistance might reasonably arise. In addition, plans are required to independently assess and describe the resources necessary to provide those services to enrollees, and to describe the steps they take to notify enrollees of the availability of free language assistance services at those points of contact.

Translation Services

For the purposes of the language assistance regulation, the term "translation" refers to the conversion of a document written in a source language to a document written in a target language. Plans must provide translation services for their identified threshold languages, as determined by the periodic Enrollee Assessment, described above.

The documents that plans must translate[5] are termed "Vital Documents," and include:

- Applications for coverage
- Consent forms, including any form by which an enrollee authorizes or consents to any action by the plan
- Letters containing important information regarding eligibility and participation criteria
- Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal
- Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees
- The Summary of Benefits and Coverage
- Explanation(s) of benefits (EOB) or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee
- Specified portions of the plan's disclosure forms regarding the principal benefits and coverage, exclusions, limitations, and cost-sharing requirements applicable under a plan contract

[4] Rule 1300.67.04(c)
[5] Rule 1300.67.04(b)(7)(A-G)

Vital documents must be translated into the enrollee's preferred language if it is one of the plan's threshold languages. If a vital document contains a section that is enrollee-specific and tailored to the specific circumstances of the enrollee, a health plan is not required to translate the non-standardized portion of the document. However, the plan must provide the enrollee notice of the availability of language assistance services if the enrollee needs assistance to understand the non-standardized document. If the enrollee requests translation, the translated document must be provided to the enrollee within 21 calendar days. The language assistance regulation requires that non-English translations of vital documents must preserve the accuracy or meaning of the information provided in the English language version of those documents, and must meet the various Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) content requirements.

Interpretation Services

Interpretation services must be provided to enrollees at all plan points of contact where the enrollee might reasonably need such services[6]. For purposes of the language assistance regulation, the term "interpretation" refers to the conversion of a verbal communication or a written document into a verbal communication in a target language. Plans are required to provide interpretation services for *any* language requested by an enrollee, irrespective of whether the language is identified as one of the plan's threshold languages.

Although the range of interpretation services to be provided is not specified in the regulation, the range of services available must be appropriate for the particular point of contact. The regulation provides examples of some of the services that may be provided by the plan including:

- Arranging for the availability of bilingual plan or provider staff
- Hiring staff interpreters who are trained and competent in interpreting
- Contracting with trained and competent interpreters
- Formally arranging for the services of voluntary community interpreters who are trained and competent in interpreting
- Contracting for telephone, videoconferencing, or other telecommunication-based language services

Interpretation services must be offered to the enrollee even if the enrollee is accompanied by a family member or friend who is able to provide interpretation services. If the enrollee declines the service, the declined offer must be noted in the enrollee's file.

[6] Rule 1300.67.04(c)(2)(G)

Notice of the Availability of Language Assistance Services

Health plans must have processes for including the notice of the availability of free language assistance services[7] with the following documents: all English versions of the plans' vital documents, all enrollment materials, all correspondence from the plan confirming a new or renewed enrollment, brochures, newsletters, outreach and marketing materials, and other materials routinely disseminated to enrollees. Health plans may develop their own language assistance notices, subject to the DMHC's approval, that include information sufficient to advise LEP enrollees of the availability of free language assistance services.

To assist the health plans in meeting the language assistance notice requirements, the DMHC developed the following sample notice of the availability of language assistance:

> **"IMPORTANT**: You can get an interpreter at no cost to talk to your doctor or health plan. To get an interpreter or to ask about written information in (your language), first call your health plan's phone number at 1-XXX-XXX-XXXX. Someone who speaks (your language) can help you. If you need more help, call the HMO Help Center at 1-888-466-2219."

The DMHC funded, and posted on its public website, the translation of the above language assistance notice in Spanish, Chinese (traditional), Arabic, Armenian, Khmer, Farsi, Hmong, Korean, Laotian, Russian, Tagalog, and Vietnamese.

Health plans are encouraged to use these notices even if some of the languages are not among the plan's threshold languages. During the DMHC's review of plan filings, analysts confirmed that many health plans are using the DMHC's notice (or slightly modified versions of the notice) to achieve compliance with the language assistance notice requirements.

Quality of Services

Proficiency Standards

The language assistance regulation[8] requires plans to have policies and procedures for ensuring the proficiency of individuals or organizations providing translation and interpretation services.

Plans must both develop and apply appropriate criteria for ensuring the proficiency of translation and interpretation services. Alternatively, plans may adopt standards, issued by an association acceptable to the DMHC, to certify proficiency of the individuals providing translation and interpretation services. At a minimum, a plan's language assistance proficiency standards must require that its interpreters have:

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[7] Rules 1300.67.04(c)(2)(C)(ii-iii)
[8] Rule 1300.67.04(c)(2)(H)

- A documented and demonstrated proficiency in both English and the target language
- A fundamental knowledge in both languages of health care terminology and concepts relevant to health care delivery systems
- Education and training in interpreting ethics, conduct, and confidentiality

Access to Qualified Interpreters

Plans must have policies and procedures for providing enrollees with qualified interpreters at points of contact at no charge[9], including, but not limited to:

- A list of the non-English languages likely to be encountered among the plan's enrollees
- A description of how the plan shall provide LEP enrollees with interpretation services for information contained in plan produced documents
- A description of how qualified interpreters will be offered to LEP enrollees at points of contact
- A description of the arrangements the plan will make to provide or arrange for timely interpreter services

The plans must provide language assistance services within the timeframes appropriate for the situation in which language assistance is needed. In addition, a plan's language assistance program must specify quality assurance standards for timely delivery of language assistance services for emergency, urgent, and routine health care services, and must include standards for coordinating interpretation services with appointment scheduling.

Specialized plans providing dental, vision, chiropractic, acupuncture or employee assistance services may demonstrate that their bilingual providers and office staff are (1) adequately available and accessible, and (2) competent and qualified if all of the following conditions are met:

- The plan identifies within its Provider Directories those contracting providers who are bilingual or who employ bilingual providers and/or staff. The plan may determine the provider's bilingual abilities by requiring completion of language capability disclosure forms signed by the bilingual providers and/or office staff. These disclosure forms would require the bilingual providers and/or office staff to attest their fluency in languages other than English.
- The plan requires all contracting providers to provide quarterly updates regarding any changes in the language capabilities of currently employed providers.
- The plan's quality assurance audits of contracting providers confirm and document the accuracy of provider language capability disclosure forms and attestations.

[9] Rules 1300.67.04(c)(2)(G)(i-iii) and (v)

Staff Training

Plans must deliver language assistance training to all plan staff that have routine contact with LEP enrollees. As per Rule 1300.67.04(c)(3)(A-D), the basic topics that health plans must cover in their language assistance training include:

- Knowledge of the plan's policies and procedures for language assistance
- Working effectively with LEP enrollees
- Working effectively with interpreters in person and through video, telephone, and other media as may be applicable
- Understanding the cultural diversity of the plan's enrollee population
- Sensitivity to cultural differences relevant to delivery of health care interpretation services

Compliance Monitoring

Health plans must have policies and procedures to[10]: (1) monitor their language assistance programs, including the parts of their programs that have been delegated to their providers; and (2) to make modifications to their programs, and any delegated parts of their programs, to ensure compliance with the language assistance regulation.

Compliance with Medi-Cal Standards

Health plans that participate in California's Medi-Cal program were required to provide language assistance services prior to enactment of Senate Bill 853. The Medi-Cal requirements generally meet or exceed Knox-Keene Act standards for language assistance. In recognition of this, Rule 1300.67.04(a)(2) specifies that health plans that comply with the Medi-Cal language assistance requirements will be deemed to be compliant with the Knox-Keene Act language assistance requirements, if:

- The plan makes a request to the DMHC to be considered in compliance because of its adherence to the Medi-Cal standards.
- The Medi-Cal standards are equivalent to or exceed the standards of the Knox-Keene Act regulation.
- The plan applies the Medi-Cal standards for language assistance to the plan's non-Medi-Cal lines of business.
- The plan is in compliance with Medi-Cal standards which may be shown through audits, reports or over oversight and enforcement methods used by the Department of Health Care Services (DHCS).

[10] Rule 1300.67.04(c)(4)(A)

PART II: PLAN COMPLIANCE WITH STANDARDS

Overview of the DMHC Division of Plan Surveys

The DMHC Division of Plan Surveys conducts compliance audits (routine onsite medical surveys) of licensed health plans at least once every three years. Beginning in January 2009, the DMHC incorporated a review of each health plan's language assistance program into the routine medical survey.

Additionally, pursuant to an Inter-Agency Agreement with the DHCS, the DMHC evaluates health plan compliance regarding interpretation and translation services for seniors and persons with disabilities (SPDs) who were transitioned into Medi-Cal managed care as part of the 1115 Waiver project. This evaluation measures health plan compliance with the requirements to provide appropriate language assistance that are set forth in the contracts between the health plans and the DHCS.

The DMHC Division of Plan Surveys completed 45 routine surveys during the January 1, 2013 to December 31, 2014 reporting period that assessed plan compliance with the language assistance regulation. The size and type of these health plans varies from plans with commercial enrollment smaller than 10,000 commercial enrollees to plans with more than a million commercial enrollees. The DMHC surveyed full service plans and specialized plans offering vision, dental, behavioral health, or chiropractic services (see Table 2).

During the same reporting period, the DMHC Division of Plan Surveys also conducted 11 surveys of full service plans regarding compliance with DHCS's health plan contractual requirements for providing services for their SPD populations. Per the Inter-Agency Agreement with DHCS, the DMHC issued summary reports to DHCS outlining potential contractual deficiencies. The Medi-Cal enrollment of the plans surveyed varies between 150,000 and 900,000 SPD enrollees. The DHCS provides corrective action plan oversight monitoring for those plans cited for contractual deficiencies.

Survey Results: Plan Type

Table 2: Number of Surveys Completed by Year[11]

Health Plan Type	2013	2014
Full Service/ Commercial	11	5
Full Service/ SPD	7	4
Dental	7	5
Behavioral Health	5	3
Vision	3	3
Chiropractic	2	1
Total	**35**	**21**

Total of 45 Routine Medical Surveys 1/1/2013 – 12/31/2014
Total of 11 SPD Section 1115 Waiver Surveys 1/1/2013 – 12/31/2014

For the 45 routine medical surveys, the DMHC found 17 deficiencies in 12 plans' commercial language assistance programs (see Table 3 for deficiencies by health plan type.) Compared with the survey period for the 2013 Report, during which the DMHC found 25 deficiencies by 16 plans, this constitutes a decrease in both the total number of deficiencies and the number of plans with any deficiencies. For the 11 SPD surveys, the DMHC found 4 potential deficiencies[12] in 4 plans providing services to SPD enrollees. Because the DMHC reports SPD deficiencies to the DHCS, which determines if a plan is in violation of its contract and conducts any corrective actions, the DMHC regards SPD deficiencies as "potential" deficiencies.

Dental plans accounted for 7 of 17 of the deficiencies found in language assistance programs[13] during the two-year survey period. This is consistent with the findings from the 2011 and 2013 reports.

- Behavioral health, vision, and chiropractic plans each had two plans with a single deficiency. The two vision plans that were cited for commercial language assistance program deficiencies reflects a forty-percent reduction from the previous figure of five plans.
- Two full service plans had deficiencies in their commercial language assistance programs.

[11] "Surveys Completed" indicates the issuance of the final report to the Plan. The actual onsite survey may or may not have been in the same calendar year.
[12] No percentage change figures are included because data for plans assessed under the Inter-Agency Agreement is included for the first time in this report.
[13] Potential deficiencies of contractual compliance are not included in this statistic, as the commercial and SPD language programs are assessed differently.

Table 3: Deficiencies by Health Plan Type[14]

Health Plan Type	Deficiencies	Number of Plans with Deficiencies
Full Service/Commercial	4	2
Full Service/SPD	4	4
Dental	7	5
Behavioral Health	2	2
Vision	2	2
Chiropractic	2	2
Total	**21**	**17**

Small and medium size plans together accounted for 76% of the total deficiencies (19 of the 25 deficiencies cited) identified in the 2013 Report. The 2013 Report identified a disproportionately high number of language assistance deficiencies in plans with fewer than 150,000 enrollees--16 of the 25 deficiencies cited, or 64% were in "small" plans. The 2013 Report also identified that 3 of the 25 deficiencies cited, or 12%, were in "medium" size plans. Table 4 identifies the number of deficiencies based on the size of the commercial plan enrollment for the 2013 Report and the current reporting period.

During the current reporting period of January 1, 2013 to December 31, 2014, DMHC surveys found that small and medium size plans accounted for almost 88% of the total deficiencies identified. While the percentage of deficiencies identified in small plans has fallen (8 of the 17 deficiencies cited, or 47%), the number of language assistance deficiencies identified in medium plans (7 of 17 deficiencies cited, or 41%) has risen by over 133%. For the small plans, 5 of the 8 (62.5%) deficiencies cited were in dental and vision plans, and 3 (37.5%) were in a full-service plan. For medium plans, 3 of the 7 (43%) deficiencies cited were in dental and vision plans, 2 (33%) were in chiropractic plans, 1 (17%) was in a behavioral health plan, and 1 (17%) was in a full-service plan. All 4 of the full service plans surveyed under the 1115 Waiver Inter-agency Agreement where potential deficiencies of contractual compliance are identified are medium size plans.

[14] Total number of commercial plan deficiencies cited, 17. Total number of potential deficiencies of contractual compliance identified, 4. Total number of commercial plans with deficiencies, 12. Total number of SPD Plans with potential deficiencies of contractual compliance, 4.

Table 4: Survey Deficiencies by Health Plan Enrollment

Health Plan Enrollment	2011 – 2012 Deficiencies 2013 Report	2013 - 2014 Deficiencies 2015 Report
Large (≤ 500,000)	6	2
Medium (150,000 to 499,999)	3	7
Small (≥ 150,000)	16	8
Total	**25**	**17**

Table 5 sets forth the health plans surveyed in 2013 and 2014 for compliance with the language assistance regulation.

Table 5: List of Health Plans Surveyed

2013 Surveys	2014 Surveys
Full Service Plans	**Full Service Plans**
Aetna Health of California, Inc.	Chinese Community Health Plan
Alameda Alliance for Health	GEMCare Health Plan, Inc.
Association Healthcare Management, Inc.	*Health Net of California, Inc.
dba: Family Care	Kaiser Foundation Health Plan, Inc.
California Physicians' Service	
dba: Blue Shield of California	
County of Ventura	
Inland Empire Health Plan	
*Local Initiative Health Authority for LA County	
dba: L.A. Care Health Plan	
PRIMECARE Medical Network, Inc.	
Santa Clara County	
dba: Valley Health Plan	
PRIMECARE Medical Network, Inc.	
Santa Clara County dba: Valley Health Plan	
Santa Cruz-Monterey-Merced Managed Medical Care Commission	
dba: Central California Alliance for Health	
UHC of California	

*These Plans were surveyed for both Knox-Keene Health Care Service Plan Act / Title 28 of the California Code of Regulations compliance and Section 1115 Waiver contractual compliance during the same onsite survey. The findings are reported separately in this Report.

Dental Plans
Access Dental Plan
California Dental Network, Inc.
ConsumerHealth, Inc.
Dental Benefit Providers of California, Inc.
Golden West Health Plan, Inc.
United Concordia Dental Plans of California, Inc.
UDC Dental California, Inc.
Western Dental Services, Inc.

Dental Plans
Aetna Dental
Liberty Dental Plan of California, Inc.
Safeguard Health Plans, Inc.
dba: Metlife
The CDI Group, Inc.
formerly Coastal Dental

Behavioral Health Plans
CONCERN: Employee Assistance Program
Human Affairs International of California
Holman Professional Counseling Centers
Kaiser Foundation Health Plan, Inc.
U.S. Behavioral Health Plan, California

Behavioral Health Plans
Empathia Pacific, Inc.
Health and Human Resource Center
ValueOptions of California, Inc.

Vision Plans
FirstSight Vision Services, Inc.
Safeguard Health Plans Inc.
dba: Metlife
Visioncare of California

Vision Plans
Delta Dental of California (DeltaVision)
March Vision Care, Inc.
Medical Eye Services, Inc.

Chiropractic Plans
ACN Group of California, Inc.
Landmark Healthplan of California, Inc.

Chiropractic Plans
American Specialty Health Plans, Inc.

Table 6 lists the health plans surveyed in 2013 and 2014 for compliance with DHCS contractual requirements under the SPD program.

Table 6: List of SPD Health Plans Surveyed for DHCS Contractual Compliance

2013 Surveys	2014 Surveys
Alameda Alliance for Health	Blue Cross of California
Fresno-Kings-Madera Regional Health Authority	Care 1st Health Plan
CHG Foundation	Kern Health Systems
dba: Community Health Group Partnership Plan	Molina Healthcare of California
Contra Costa Health	
*Health Net of California, Inc.	
Kaiser Foundation Health Plan, Inc.	
*Local Initiative Health Authority for LA County	
dba: L.A. Care Health Plan	

*These Plans were surveyed for both Knox-Keene Health Care Service Plan Act / Title 28 of the California Code of Regulations compliance and Section 1115 Waiver contractual compliance during the same onsite survey. The findings are reported separately in this Report.

Survey Results: Commercial Plans Language Assistance Program Standards

Table 7 identifies the deficiencies relating to the five primary language assistance program elements for commercial health plans required by Rule 1300.67.04(c): 1) Implementation; 2) Standards for Enrollee Assessment; 3) Standards for Staff Training; 4) Standards for Language Assistance Services; and 5) Standards for Compliance Monitoring.

With 12 deficiencies, the program elements of Standards for Language Assistance Services and for Compliance Monitoring accounts for more than half of all the deficiencies cited. All but three of the deficiencies in Language Assistance Services and Compliance Monitoring elements occurred in specialized plans[15]. The most common issues found in the Standards for Providing Language Assistance Services were:

- A lack of a clearly defined process for obtaining language assistance at all points of contact;
- Failure to notify enrollees and providers of the availability of language assistance services; and
- Failure to notify providers of the requirement to comply with the plan's language assistance program, and include this requirement in the provider contract.

[15] All specialized health plans are commercial plans.

During this reporting period, the compliance oversight issue most frequently cited by the DMHC Surveys' division among commercial plans was not ensuring the proficiency of individuals, specifically bilingual providers, and/or the bilingual providers' use of contracted language vendors when required.

Table 7: Commercial Plan Survey Deficiencies by Language Standard

Language Standard	Deficiencies
Implementation	2
Standards for Enrollee Assessment	1
Standards for Staff Training	2
Standards for Language Assistance Services	7
Standards for Compliance Monitoring	5
Total	**17**

When a deficiency in a commercial plan's language assistance program is identified, the plan is required to submit a corrective action plan within 45 calendar days describing the action taken to correct the deficiency and the results of such action. The DMHC then monitors the plan's activities to ensure implementation of the activities to achieve compliance. Any remaining uncorrected deficiencies and deficiencies that were corrected (including a description of the plan's corrective action) are identified in the final public report. Frequently, deficiencies that remain uncorrected remain so because of the time required to ensure sustained implementation of correction. The DMHC then conducts a follow-up review of the plan no later than 18 months following release of the final report. If the plan has not demonstrated compliance by the conclusion of the follow-up period, the DMHC may take additional enforcement actions such as issuing fines, penalties, injunctions, cease and desist orders, or other administrative penalties or actions depending on the facts surrounding the deficiency.

Survey Results: Plan Compliance with DHCS Contractual Obligations

The 11 Section 1115 Waiver SPD plans surveyed under the Inter-Agency Agreement were assessed only for contractual compliance for the provision of interpreter services and availability of translated member-informing materials. For the four plans where potential deficiencies of contractual compliance were identified, all were in the area of translation. The two plans surveyed for both DHCS contractual compliance and for language assistance regulation compliance were found compliant in both areas.

When potential deficiencies of contractual compliance are identified by the DMHC, a Summary Report outlining the potential deficiencies is prepared for the DHCS. The DHCS then issues a Preliminary Report to the plan, reviews the plan's corrective action plan, and determines the sufficiency of the proposed corrective action. The DHCS monitors and conducts follow-up as necessary to ensure contractual compliance.

Enrollee Inquiries and Complaints Related to Language Assistance Services

The DMHC Help Center provides information to consumers on accessing language assistance services through their health plans and facilitates communication between the consumer and health plan to promptly arrange language services when needed, as well as accepts consumer complaints. Overall, the DMHC received few consumer complaints related to language access during this reporting period. The DMHC Help Center received ten complaints regarding Language Assistance during the period covered by this Report, eight related to interpreter access, and two related to translation access.

Table 8 provides a 24-month summary of the number of inquiries received by the Help Center related to language assistance. The most common inquiry is a consumer requesting information on how to obtain an interpreter. Overall, the number of inquiries dropped by 28% from the prior two-year (January 2011 - December 2012) reporting period, possibly due to a better understanding of the requirements of the language assistance regulation on the part of health plans.

Table 8: Language Assistance Inquiries

Type of Issue	Number of Inquiries 2009-2010	Number of Inquiries 2011-2012	Number of Inquiries 2013-14	Total	Percentage of Total Language Assistance Inquiries by Inquiry Type 2009-2014
Consumer – Inquiry about how to obtain translated documents	31	6	8	45	18.60%
Consumer – Inquiry about how to obtain an interpreter	26	18	16	60	24.79%
Consumer – Inquiry about the language assistance laws	39	8	0	47	19.42%
Consumer – Requested interpreter, but none was provided	9	5	0	14	5.79%
Consumer - Requesting a provider that speaks their language	0	12	12	24	9.92%
Provider – Unsure how to access a plan's language assistance program	7	1	1	9	3.72%
Provider – Inquiry about the language assistance laws	19	2	1	22	9.09%
General – Inquiry about how to become employed as an interpreter	20	1	0	21	8.68%
Total Calls Regarding Language Assistance	**151**	**53**	**38**	242	100.00%

Information current as of December 31, 2014

CONCLUSION

During this two-year report period of January 1, 2013 through December 31, 2014, the DMHC noted no serious concerns with health plans' language assistance programs. Small plans accounted for almost half of all the language assistance deficiencies cited. The majority of the small plans cited for language assistance deficiencies were dental and vision plans. These small plans lack adequate systems to monitor compliance with language assistance requirements regarding the language proficiency of provider and plan staff, and training to provide interpretation services.

While the DMHC Help Center received few consumer complaints regarding language assistance, the Help Center will continue to investigate and resolve consumer issues related to language access, and if any systemic barriers to language assistance services are identified, the DMHC will act promptly to remove them.

The DMHC will continue its ongoing oversight and assessment of the effectiveness of the plans' language assistance programs. The DMHC also will work with its contracted community-based organization partners to provide consumer assistance in the Medi-Cal "threshold" languages and alternative formats, and conduct outreach regarding consumers' rights to access language assistance The DMHC Help Center continues to assist individuals with language access problems.