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1.0 Policy Statement

- **1.1** Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group are committed to meeting the linguistic needs of Health Plan's diverse membership. The provision of accurate, consistent, quality written translations of member informing materials is essential to ensuring effective communication between Health Plan and its patients and Members.
- **1.2** Health Plan is committed to providing translated Vital Documents to Members in threshold languages as required by state and federal requirements.
- **1.3** Health Plan has established quality standards and processes by which departments can request written translations from preferred vendors with confidence that the documents will be translated accurately with consistent terminology and phrasing.
- **1.4** Health Plan only uses qualified translation professionals to translate, edit and proofread member informing documents.
- **1.5** Kaiser Permanente provides alternative formats of documents in accordance with the Equal Access to Facilities, Services, and Programs Policy (NATL.HPHO.008).
- **1.6** Kaiser Permanente honors all requests for alternative formats, regardless of document type or language and will be provided at no cost to members.
- **1.7** Health Plan honors all member requests for translation regardless of document type or language and will be provided at no cost to members.
- **1.8** Kaiser Foundation Health Plan, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group provide translated materials to Members, patients, and caregivers at no cost to the person requesting the translation.

2.0 Purpose

- **2.1** To establish procedures to ensure that Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group comply with translation requirements established under state and federal laws as well as Medi-Cal and Medicare program requirements.
- **2.2** To document the process by which Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California

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Permanente Medical Group ensure the quality, accuracy, and timeliness of translated documents.

- **2.3** To acknowledge that translation of written material requires specialized skills and knowledge of the rules and norms of the target language as well as cultural appropriateness of the message content.
- **2.4** To define processes to ensure that members/patients receive translated vital documents in their threshold language if they have designated a preference for those languages.
- **2.5** To promote consistency and quality of translation, streamline processes and drive towards cost efficiencies through the development of a centralized translation infrastructure. This infrastructure includes the use of the following tools:
 - **2.5.1** Glossary of Terms (for Spanish & Chinese)
 - **2.5.2** Style Guide (for Spanish & Chinese)
 - 2.5.3 Translation Memory
 - 2.5.4 Editor/Reviewer Checklist
- **2.6** To define processes to monitor compliance with various state and federal requirements surrounding the translation of vital documents.

3.0 Scope/Coverage

- **3.1** This policy applies to all employees who are employed by any of the following entities (collectively referred to as "Kaiser Permanente" or "KP"):
 - **3.1.1** Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals (together, KFHP/H)
 - **3.1.2** KFHP/H's subsidiaries
 - **3.1.3** Kaiser Permanente Insurance Company
 - 3.1.4 The Permanente Medical Group (TPMG); and
 - **3.1.5** Southern California Permanente Medical Group (SCPMG).

This policy applies to Kaiser Permanente Network Providers and Subcontractors. Policies and procedures for the Kaiser Permanente Insurance Company (KPIC) are maintained by KPIC and can be obtained at https://kpnational.policytech.com/.

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4.0 Definitions

- **4.1 Care Delivery** defined as location of health care or medical services that are provided at Plan Facilities where members or nonmembers received medical services.
- **4.2** Certificate of Accurate Translation Translation vendors provide upon request an "attestation" or "certificate of accurate translation" for translated documents to attest to the accuracy of the document.
- **4.3** Editor/Proofreader Individual whose profession is to review translated documents for translation accuracy, reading level, adherence to linguistic style and/or errors in punctuation, spacing, grammar, etc.
- **4.4 Health Plan** Kaiser Foundation Health Plan, Inc.
- **4.5 KFH** Kaiser Foundation Hospitals.
- **4.6 KPIC** Kaiser Permanente Insurance Company, Inc.
- **4.7** Limited English Proficient (LEP) An individual who does not speak English as his/her primary language and who has limited ability to read, write, speak, or understand English.
- **4.8 Member** an individual who is enrolled under an individual or group Kaiser Foundation Health Plan of California benefit plan for health insurance coverage. Also includes an individual who is enrolled in health insurance coverage through Kaiser Permanente Insurance Company, Inc.
- **4.9** Network Provider a TPMG or SCPMG provider or other contracted provider that is responsible for the provision of covered services to a Member.
- **4.10 Preferred Translation Vendor** A vendor that has (1) been evaluated as part of a formal California statewide Request for Proposal process, led by Procurement & Supply and (2) agreed to use all Health Plan translation tools and processes to support quality translation. For a list of preferred vendors, refer to the Translation Services website at: https://sp-cloud.kp.org/sites/Translation-Services.
- **4.11 Requester/Requesting Department** Department or individual representative of a department who is requesting translation of a document(s).
- **4.12 Required Documents** set of documents defined annually by the Centers of Medicare and Medicaid Services Medicare Marketing Guidelines that must be made available to Medicare members in Medicare Threshold Languages. Required Documents are further described in Section 5.3 of this policy document.

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- **4.13 Reviewer** Internal or external party who is responsible for providing overall review of the accuracy of the translated content. This individual should be bilingual with formal education in the target language and knowledge of content and internal style/voice guidelines.
- **4.14 SCPMG** Southern California Permanente Medical Group.
- **4.15 Sight Translation** The act of reading something written in one language (source language) and orally expressing it or signing it accurately into another language (target language). For more information refer to Qualified Interpreter Services for Limited English Proficient Persons Policy Number CA.HP.Operations. LA 005002.
- **4.16 Subject Matter Expert** Individual who understands the content of the English document to be translated and can provide consultation to translators on meaning and intent of the English document during the translation process.
- **4.17 Taglines** A short statement in multiple languages that informs Members, patients, and caregivers about the availability of language assistance services. The specific Tagline text varies by line of business.
- **4.18** Threshold Language A non-English language identified by a regulatory or federal program requirement based on enrollment or census data, as applicable to the line of business.
- **4.19 TPMG** The Permanente Medical Group, Inc.
- **4.20 Translating** The act of converting written text from one language into another language, conveying the meaning of the written message in a written form.
- **4.21 Translation Project Manager** Individual who is the internal point of contact for translation needs. This individual has in-depth knowledge of the translation project management process and is available to provide consultation and project management to departments requesting translation.
- **4.22** Vital Documents Written materials for commercial and Medi-Cal members that are essential for understanding health plan benefits or accessing covered health care services. Regulatory definitions for Vital Documents vary by line of business and are described in Section 5.0. For purposes of this policy, the term Vital Documents includes Required Documents as described in this policy.
 - **4.22.1 Standard Vital Document** a Health Plan vital document that does not contain member/patient specific information.

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4.22.2 Non-Standard Vital Document – a Health Plan vital document that does contain member/patient specific information.

5.0 Provisions for Vital Documents

- **5.1** Vital Documents for commercial Health Plan and KPIC Members.
 - **5.1.1** Vital Documents for commercial Members are specified in the following state laws and regulations:
 - California Health and Safety Code Section 1367.04
 - California Code of Regulations Title 28 Rule 1300.67.04
 - California Insurance Code section 10133.10
 - California Code of Regulations Title 10 Rule 2538.5
 - **5.1.2** Vital Documents for commercial Members include documents in the following categories:
 - Applications
 - 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 Members of the availability of free language assistance and other outreach materials that are provided to Members
 - Summary of benefits and coverage (SBC) documents
 - Outreach materials
 - Enrollment materials
 - Explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee.
- **5.2** Vital Documents (Member informing) for Medi-Cal Members.

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- **5.2.1** Vital Documents for Medi-Cal Members are defined in the California Department of Health Services All Plan Letter 21-004 along with All Plan Letter 18-016. Vital Documents are also called Member Informing Documents. Vital Documents may be printed or digital and include the following:
 - Member Handbook/Evidence of Coverage
 - Provider directory
 - Enrollment and disenrollment information
 - Welcome packets
 - Documents that are vital or critical to obtaining services and/or benefits
 - Marketing information
 - Form letters, including Notice of Action letters
 - Notices related to grievances or appeals, including acknowledgement and resolution letters
 - Notices about the availability of language assistance services
 - Information on how to use Health Plan's website
 - Notices promoting a program or benefit
 - Plan-generated preventive health reminders (appointments and immunization reminders, initial health examination notices, and prenatal care follow-up). This includes notices and reminders for flu vaccinations
 - Member Surveys
 - Newsletters
- **5.3** Documents for Medicare Members subject to the provisions of this policy.
 - **5.3.1** Required documents for Medicare Members are defined in the Medicare Marketing Guidelines issued annually by the Centers of Medicare and Medicaid Services and include the following:
 - Annual Notice of Change (ANOC)/Evidence of Coverage (EOC)
 - Annual Notice of Change (ANOC)/Evidence of Coverage (EOC) Errata
 - Appeals and Grievance notices

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- Disenrollment notices
- Enrollment forms & Instructions
- Excluded provider letter
- Formulary
- Low-Income premium subsidy
- Low Income Subsidy (LIS) Rider
- Mid-year Change notification to Members
- Non-Renewal/Termination letters
- Outbound enrollment verification
- Organization Determination Notices, as specified in 42 CFR 422.2267
- Part C and Part D Explanation of Benefits (EOB)
- Part D transition letter
- Plan Ratings Information
- Provider/Pharmacy Directories
- Pre-enrollment checklist
- Prescription transfer letter
- Scope of appointment
- Summary of Benefits
- Termination notices, including plan termination and provider termination

6.0 Threshold Languages by Business Line

- **6.1** Threshold Languages (Enrollee Assessment) for Health Plan commercial Members.
 - **6.1.1** Threshold languages are determined every 3 years based on Health Plan's demographic profile that is submitted to the California Department of Managed Health Care, pursuant to California Health and Safety Code Section 1367.04.
 - **6.1.2** Threshold languages are the non-English languages for which commercial enrollment in Health Plan comprises the lower of 15,000 individuals or 0.75

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percent of membership with a stated preference for the language. These criteria are set forth in California Health and Safety Code section 1367.04.

- **6.1.3** KFHP uses the data collected in the written language preference field in its membership administration database as the source to determine threshold languages for commercial Members.
- **6.1.4** As of September 2022, the commercial Threshold Languages for Health Plan are Spanish, Chinese and Vietnamese.
- 6.2 Threshold Languages for KPIC commercial Members
 - **6.2.1** Threshold languages are determined using the methodology described in California Insurance Code section 10133.8(b)(3)(A).
 - **6.2.2** As of July 2021, the Threshold Languages for KPIC are Spanish, Chinese, and Vietnamese
- **6.3** Threshold and Concentration Languages for Medi-Cal Members.
 - **6.3.1** The requirements for establishing threshold and concentration languages are set forth in Welfare and Institutions Code section 14029.91.
 - Medi-Cal Threshold Languages are the languages identified as the primary language, as indicated on the MEDS (Medi-Cal Enrollment Data System), of 3,000 Medi-Cal beneficiaries or five percent of the Medi-Cal managed care eligible beneficiary population, whichever is lower, in an identified geographic area.
 - Medi-Cal concentration languages are languages spoken by a population group of eligible beneficiaries who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes.
 - **6.3.2** Medi-Cal Threshold and Concentration Languages are determined at the county level and are identified by the California Department of Health Care Services.
 - **6.3.3** The most recent communication from California Department of Health Care Services All Plan Letter 21-004, which identifies the following non-English Threshold and Concentration Languages:

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County	Threshold Languages (English is a threshold language for all counties)
Alameda	Chinese (Mandarin and Cantonese), Spanish, Tagalog, Vietnamese
Contra Costa	Chinese (Mandarin and Cantonese), Spanish
El Dorado	Spanish
Fresno	Spanish, Hmong
Imperial	Spanish
Kern	Spanish
Kings	Spanish
Los Angeles	Arabic, Armenian, Cambodian, Chinese (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese
Madera	Spanish
Marin	Spanish
Napa	Spanish
Orange	Arabic, Chinese (Mandarin and Cantonese), Farsi, Korean, Spanish, Vietnamese
Placer	Spanish
	Concentration Language: Russian
Riverside	Spanish
	Concentration Lanuage: Chinese
Sacramento	Arabic, Chinese (Mandarin and Cantonese), Farsi, Hmong, Russian, Spanish, Vietnamese
San Bernardino	Chinese (Mandarin and Cantonese), Spanish, Vietnamese

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County	Threshold Languages (English is a threshold language for all counties)
San Diego	Arabic, Chinese (Mandarin and Cantonese), Farsi, Spanish, Tagalog, Vietnamese
San Francisco	Chinese (Mandarin and Cantonese), Russian, Spanish, Vietnamese
	Concentration Lanuage: Tagalog
San Joaquin	Spanish
	Concentration Lanuage: Chinese
San Mateo	Chinese (Mandarin and Cantonese), Spanish
	Concentration Lanuage: Tagalog
Santa Clara	Chinese (Mandarin and Cantonese), Spanish, Tagalog, Vietnamese
Santa Cruz	Spanish
Solano	Spanish
	Concentration Lanuage: Tagalog
Sonoma	Spanish
Stanislaus	Spanish
Sutter	Spanish
Tulare	Spanish
Ventura	Spanish
Yolo	Spanish
	Concentration Language: Russian
Yuba	Spanish

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- **6.4** Threshold Languages for Medicare Members.
 - **6.4.1** Medicare Threshold Languages are the languages identified as the primary language of five percent of the beneficiary population in the Health Plan's Service Area.
 - **6.4.2** The Centers for Medicare and Medicaid Services provides data for the five (5) percent threshold languages via the Material Language Lookup module within the Health Plan Management System (HPMS). This data is reviewed annually. In California, the Medicare Threshold Languages are defined to be Chinese and Spanish.

7.0 Distribution of Vital Documents to Members and patients

7.1 Distribution of Health Plan and KPIC Vital Documents to commercial Members

- **7.1.1** Health Plan Standard Vital Documents Health Plan and KPIC must produce Standard Vital Documents in Threshold Languages for commercial Members and send Standard Vital Documents proactively to Members in their preferred Threshold Language.
- **7.1.2** Standard Vital Documents sent in English must be accompanied by the commercial Taglines for Standard Documents. Standard Vital Documents produced in a non-English Language are not required to include Taglines, as outlined in 28 CCR 1300.67.04(c)(2)(C)(ii).
- **7.1.3** Health Plan Non-Standard Vital Documents Health Plan and KPIC may send Non-Standard Vital Documents to Members in English and include Taglines.
- **7.1.4** If a Member requests a written translation of a Health Plan or KPIC Non-Standard Vital Document, Health Plan or KPIC must provide the written translation to the Members within 21 days of the request.
- **7.1.5** When a Member requests a written translation of a Non-Standard Vital Document, any timeframes associated with the document must reset to reflect the date of the translated document.

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7.2 Distribution of Health Plan documents to Medi-Cal Members

- **7.2.1** Health Plan must produce Vital Documents in Threshold Languages for Medi-Cal and proactively distribute documents to Members in their preferred Medi-Cal Threshold Language.
- **7.2.2** Medi-Cal does not differentiate between Standard and Non-Standard Vital Documents.
- **7.2.3** Medi-Cal Vital Documents must be accompanied by Taglines as well as the Notice of Nondiscrimination. English documents must include the Notice of Nondiscrimination in English as well as the Taglines. Documents in Threshold Languages for Medi-Cal Members must include the Notice of Nondiscrimination as well as the Taglines, pursuant to DHCS APL 21-004.

7.3 Distribution of Health Plan Documents to Medicare Members

- **7.3.1** Health Plan must produce Required Documents in the five (5) percent threshold languages for Medicare Members and distribute documents to Members based on threshold language preference.
- **7.3.2** For Members enrolled in Exclusively Aligned Enrollment Duals Special Needs Plans (EAE D-SNP), Health Plan must produce integrated materials, as defined by the Centers for Medicare and Medicaid Services, in both the Medicare and Medi-Cal threshold languages and proactively distribute those integrated materials to Members based on threshold language preference.

7.4 Distribution of Health Plan Grievance and Appeals communications

7.4.1 Health Plan translates member complaints, grievances, and appeals correspondence in accordance with California Member Services: Policies on Complaints, Grievances, and Appeals.

8.0 Notice of Nondiscrimination

- 8.1 Notice of Nondiscrimination for Commercial Members
 - **8.1.1** California Health and Safety Code section 1367.042 and California Insurance Code section 10133.11 require the Notice of Nondiscrimination be included with the following:

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- Upon enrollment
- Annually in outreach materials that are routine disseminated to members; and
- Health Plan's website.
- 8.2 Notice of Nondiscrimination for Medi-Cal Members
 - **8.2.1** California Welfare and Institutions Code section 14029.91 requires the Notice of Nondiscrimination be included with the following:
 - **8.2.1.1** Upon enrollment
 - **8.2.1.2** Annually in outreach materials that are routine disseminated to members
 - 8.2.1.3 Locations where Health Plan interacts with the public
 - 8.2.1.4 Health Plan's website
 - **8.2.1.5** Informational Notices, which are defined in DHCS All Plan Letter 21-004 to include all Member Informing Documents
 - **8.2.2** The Notice of Nondiscrimination must accompany all Vital Documents or Member Informing Documents, regardless of the size of the publication, that are sent to Medi-Cal members. See section 5.2 of this policy for information on what documents are considered Member Informing documents.
- **8.3** The Notice of Nondiscrimination must include the elements specified in state law.
- **8.4** For commercial line of business, the Notice of Nondiscrimination must be approved by the California Department of Managed Health Care.
- **8.5** The current approved notice (and applicable translations) for commercial are available at this link:
- **8.6** For Medi-Cal, the Notice of Nondiscrimination must be approved by the California Department of Health Care Services and the California Department of Managed Health Care (same Notice used for commercial line of business): <u>https://sp-cloud.kp.org/sites/Translation-Services/SitePages/Nondiscrimination-Notice-(NDN).aspx</u>

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8.7 For KPIC, the Notice of Nondiscrimination must be approved by the California Department of Insurance: https://sp-cloud.kp.org/sites/KPICRegulatoryStrategyandContracts/Grids/Forms/AllItems.aspx

9.0 Taglines

- **9.1** California Health and Safety Code section 1367.042 requires taglines in a minimum of 15 languages, as specified by DHCS, to be provided to members upon enrollment and annually thereafter, in outreach materials that are routinely disseminated to members, and on Health Plan's website.
- **9.2** California Welfare and Institutions Code section 14029.91 requires that the taglines, as specified DHCS should be included with Member Informing documents, as defined by DHCS.
 - **9.2.1** DHCS All-Plan Letter 21-004 increases the number of languages required to be included in the Taglines to 18 non-English languages.
- **9.3** For commercial line of business, the Taglines must be approved by the California Department of Managed Health Care and must also comply with state laws and regulations.
- **9.4** Additional federal requirements for commercial disclosure of language assistance services:
 - **9.4.1** Section 147.136 of Title 45 of Code of Federal Regulations require a Tagline to be included in languages spoken by ten percent of a county's population.
- **9.5** For Medi-Cal, the Taglines must be approved by the California Department of Health Care Services and the California Department of Managed Health Care.
 - **9.5.1** Medi-Cal Taglines must also comply with federal Medicaid regulations and state Medi-Cal program requirements.
- **9.6** For commercial and Medi-Cal lines of business, there are two variations of Taglines that must be used based on the context of the communication to the Member. The current approved taglines for commercial and Medi-Cal are available at this link: <u>https://sp-cloud.kp.org/sites/Translation-Services/SitePages/Taglines.aspx</u>
- **9.7** For KPIC, the Taglines must be approved by the California Department of Insurance: https://sp-

cloud.kp.org/sites/KPICRegulatoryStrategyandContracts/Grids/Forms/AllItems.aspx.

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10.0 Documents Received in a Non-English Language

- **10.1** Entities subject to this policy cannot require a member or patient to submit correspondence or complete forms in English.
- **10.2** If information is received in a non-English language, it must be translated into English using the Quality Translation Process (refer to Section 13.1) and at no cost to the member.

11.0 Provisions for Quality Translation

- **11.1** Translation quality is supported by the use of tools that promote consistency and apply quality standards to all translation jobs, whether standard or non-standard in nature. Health Plan's quality translation standards include, but are not limited to the use of the following tools:
 - **11.1.1** Glossary of Terms
 - 11.1.2 Style Guide
 - **11.1.3** Editor Review Checklist
 - **11.1.4** Translation Memory
- **11.2** Translation quality is also supported by infrastructure and processes to monitor the quality of translations performed. It is the responsibility of the requesting department (shared responsibility with Northern California Regional Language Access Program and Southern California Equity, Inclusion & Diversity) to complete the following steps to support translation quality:
- **11.3** Requesting department verifies that the document meets the following criteria for translation:
 - **11.3.1** It is a vital document
 - **11.3.2** It will be used by a significant number of members, addresses a high-risk diagnosis, or translation of the document is required for regulatory compliance
 - 11.3.3 It is being translated into a threshold language
 - **11.3.4** It has not already been translated by another facility with similar demographics and is not available through a regional department (such as Document Services, Health Engagement Consulting Services, Center for Healthy Living or Health Plan Regulatory Services) (for standard documents).

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- **11.4** If the document does not meet the above criteria, the requesting department provides additional information to confirm that the translation is needed.
 - **11.4.1** The requesting department verifies that the source document is ready for translation:
 - **11.4.1.1** It is the most up to date version
 - **11.4.1.2** It is written at an appropriate reading level
 - **11.4.1.3** It has been approved through the appropriate bodies.
 - **11.4.2** If the document requires revision prior to translation, the department requesting the translation revises the document or requests that the document owner revise the document (as appropriate).
- **11.5** Health Plan contracts with preferred translation vendors to consolidate translation volume and manage quality control of translated work. It is the responsibility of the preferred translation vendors to utilize the quality Translation tools mentioned in 11.5.1 and a three-step translation process (Translation, Editing and Proofreading) using three separate qualified linguists to complete translation of all documents.:
 - **11.5.1** Vendors must use Health Plan proprietary tools to complete translation requests. These tools include:
 - 11.5.1.1 Glossary of Terms
 - 11.5.1.2 Style Guide
 - **11.5.1.3** Editor Review Checklist
 - **11.5.1.4** Translation Memory
- **11.6** Upon completion of each translation request, the vendor must return to Health Plan a list of new terms, if any, to be added into the Glossary as well as new content to be added to Translation Memory.
- **11.7** Health Plan contracts with preferred translation editors and reviewers to review completed translations when applicable to ensure quality and accuracy.
 - **11.7.1** Editors and reviewers must use Health Plan proprietary tools to review translated content against source content. These tools include:
 - **11.7.1.1** Glossary of Terms
 - **11.7.1.2** Style Guide

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11.7.1.3 Editor Review Checklist

11.7.1.4 Translation Memory

- **11.8** Upon completion of each review, the editor/reviewer must provide feedback using a proprietary Editor/Reviewer Checklist which requires review of grammar, formatting, and translation accuracy.
- **11.9** Disputes between editors and translators are resolved using an issue resolution process facilitated by the Translation Project Manager to ensure that documents are translated accurately, and any needed corrections occur.

12.0 Provisions for Compliance Monitoring

12.1 Responsibilities of Health Plan Departments

- **12.1.1** Health Plan departments are responsible for identifying those Vital Documents required to be translated. For additional vital document guidance, refer to Northern California Regional Language Access Program and Southern California Equity, Inclusion & Diversity website.
- **12.1.2** Health Plan departments are responsible for maintaining an inventory of all translated documents and the languages in which they are available.
- **12.1.3** Health Plan departments are responsible for tracking enrollee requests for translation of vital documents.
- **12.1.4** Health Plan departments are responsible for ensuring that enrollee requests for translation of Non-Standard Vital Documents for commercial Members are fulfilled within 21 calendar days.
- **12.1.5** Health Plan also ensures that KFH, TPMG, and SCPMG provide Standard Vital Documents to Medi-Cal Members in the appropriate threshold languages described in Section 6.3 of this policy.

12.2 Responsibilities of KFH and TPMG/SCPMG

12.2.1 Hospital and Medical Group departments conduct performance monitoring with provisions in this policy that apply to them.

12.3 Responsibilities of Regional and National Compliance

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12.3.1 The California Regional Compliance offices and National Compliance office partner to periodically audit Health Plan departments for compliance with provision outlined in this policy.

12.4 Responsibilities of Northern California Regional Language Access Program and Southern California Equity, Inclusion & Diversity (EID)

- **12.4.1** Health Plan Northern California Regional Language Access Program is responsible for providing consultation to KFH, TPMG, and departments to ensure compliance with the provision outlined in this policy Regional Language Access program is also responsible to monitor ongoing compliance with Department of Managed Health Care (DMHC) translation requirements and evaluate the Language Assistance Program, as required by DMHC. Regional Language Access Program annually reports results to the Northern California Quality Oversight Committee (QOC).
- **12.4.2** Health Plan Southern California Equity, Inclusion & Diversity (EID) is responsible for providing consultation to KFH, KFHP, and SCPMG departments to ensure compliance with the provisions outlined in this policy. Regional EID is also responsible to monitor ongoing compliance with Department of Managed Health Care (DMHC) translation requirements and evaluate the Language Assistance Program, as required by DMHC. Regional EID annually reports results to the Southern California Quality Committee (SCQC).

13.0 Appendices/References

- **13.1** Requesting Department completes a Translation Request Form and sends form, with source documents for translation, to the Translation Project Manager at: Translation.Services@kp.org. Requesting Department may also submit the request(s) directly to preferred translation vendors via email or using the Translation Services online request form available: http://mc.ca.kp.org/kptranslationrequestform.
 - **13.1.1** If request is sent to Translation Services, Translation Project Manager reviews the request and consults with Requesting Department as needed before sending the request to a preferred translation vendor for a price quotation.
 - **13.1.2** Vendor reviews request and provides a Quote Proposal to the Requesting Department and/or the Translation Project Manager for approval.
 - **13.1.3** Upon approval of the quotation by the requester, the Vendor completes the 3step document translation process (Translation, Editing and Proofreading) using

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KP Glossaries, Translation Memory, and Style guides. During the translation process, Translation, Editing and Proofreading (TEP) is performed by three separate qualified linguists. Requesting Department (requester and/or identified Subject Matter Expert) is available to Translation Project Manager and Translation Vendor throughout the translation process, should questions arise.

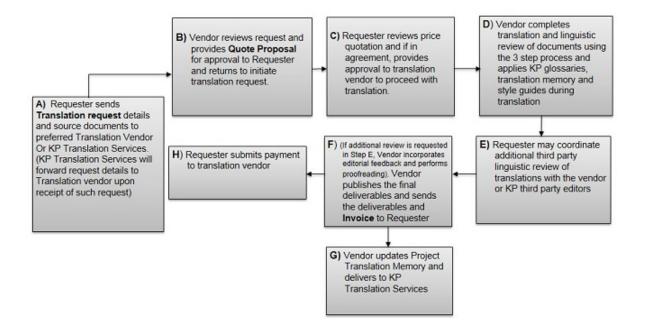
- **13.1.4** Requesting department may coordinate an additional round of linguistic review of preliminary completed translation, if necessary (text only or formatted text, depending on Requesting Department). Vendor will review and incorporate feedback reported from additional document review and will perform final proofreading of the document. Proofreading is performed by a separate qualified linguist other than the translator or editor.
- **13.1.5** Vendor delivers final published translated documents, Certificate of translation accuracy (i.e., attestation) upon request, and Invoice to the Requester for appropriate processing and archiving. Vendor updates project Translation Memory and delivers it to the Translation Project Manager.

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ATTACHMENT

KP Translation Workflow



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