

Policy Title: Quality Translation Process for Member Informing Materials	Policy Number: CA.HP.Operations. LA 005001
Business Owner: Southern California and Northern California Human Resources	Effective Date: October 12, 2018
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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 enrollees.
- 1.2. Health Plan is committed to providing translated Vital Documents to enrollees 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 shall not charge members, patients, or caregivers for translated materials.

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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 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:
 - 2.5.1.1 Glossary of Terms (for Spanish & Chinese)
 - 2.5.1.2 Style Guide (for Spanish & Chinese)
 - 2.5.1.3 Translation Memory
 - 2.5.1.4 Editor/Reviewer Checklist
- 2.6 To define processes to monitor compliance with various state and federal requirements surrounding the translation of vital documents.

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3.0 Scope/Coverage

This document describes policies and procedures for Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Permanente Medical Group.

Policies and procedures for the Kaiser Permanente Insurance Company are maintained by KPIC and can be obtained at <http://npl.kp.org/pl/do/public/subcategory?rgid=900&catid=4820&VIEW=M&selcatid=5080>

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

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- 4.9 **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://wiki.kp.org/wiki/display/translationservices/Home>.
- 4.10 **Requester/Requesting Department** – Department or individual representative of a department who is requesting translation of a document(s).
- 4.11 **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 5.2 of this policy document.
- 4.12 **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.
- 4.13 **Significant Publications and Significant Communications** – defined by the Code of Federal Regulations (CFR) Title 45 section 92 as a written document containing significant information that a person may use to understand their rights, obligations or how to access medical care or services.
- 4.14 **SCPMG** – Southern California Permanente Medical Group.
- 4.15 **Sight Translation** – The act of reading out loud from a document written in one language into another language. For more information refer to Qualified Interpreter Services for Limited English Proficient Persons Policy Number CA.HP.Operations.LA005002.
- 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.

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- 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 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. Refer to section 5.1.2.1 for examples.
- 4.22.2 **Non-Standard Vital Document** – a Health Plan vital document that does contain member/patient specific information.

5.0 Vital Documents

- 5.1 Vital Documents for commercial enrollee
- 5.1.1 Vital documents for commercial enrollees are specified in the following state laws and regulations:
- California Health and Safety Code Section 1367.04

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- California Code of Regulations Title 28 Rule 1300.67.04

5.1.1 Vital Documents for commercial enrollees 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 enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;
- 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.

5.1 Vital Documents (Member informing) for Medi-Cal enrollees

5.1.1 Vital Documents for Medi-Cal enrollees are defined in the California Department of Health Services MMCD Policy Letter 99-04 and include the following documents:

- Evidence of Coverage Booklet, and/or Member Services Guide, and Disclosure Forms.
Enrollment and disenrollment information
- Information regarding the use of health plan services, including access to after-hours emergency, and urgent care services
- Access and availability of linguistic services
- Primary care provider (PCP) selection, auto-assignment, and instructions for transferring to a different PCP
- Process for accessing covered services requiring prior authorizations
- Process for filing grievance and fair hearing
Provider listings or directories
- Marketing materials
- Form letters (denial letters, emergency room follow-up)

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- Plan-generated preventive health reminders (appointments and immunization reminders, initial health examination notices, and prenatal care follow-up)
- Member Surveys
- Newsletters
- Advanced Directives

5.2 Vital (Required) Documents for Medicare Members

5.2.1 Required documents for Medicare enrollees 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
- Disenrollment notices
- Enrollment forms & Instructions
- Excluded provider letter
- Formulary
- Low-Income premium subsidy
- Low Income Subsidy (LIS) Rider
- Mid-year Change notification to Enrollees
- Non-Renewal/Termination letters
- Outbound enrollment verification
- 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

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6.0 Threshold Languages by Business Line

6.1 Threshold Languages 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
- 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 percent of membership with a stated preference for the language.
- 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 enrollees
- 6.1.4 As of September, 2016, the commercial threshold languages for Health Plan are Spanish and Chinese.

6.2 Threshold Languages for Medi-Cal Members

- 6.2.1 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 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.
- 6.2.2 Medi-Cal Threshold Languages are determined at the county level and are identified by the California Department of Health Care Services.

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6.2.3 The most recent communication from California Department of Health Care Services was in 2017 (DHCS Policy Letter 17-011) and identified the following Threshold Languages:

County	Threshold Languages (English is a threshold language for all counties)
Alameda	Chinese (Mandarin and Cantonese), Spanish, Vietnamese
Contra Costa	Spanish
El Dorado	Spanish
Fresno	Hmong, 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
Riverside	Spanish
Sacramento	Arabic, Chinese (Mandarin and Cantonese), Hmong, Russian, Spanish, Vietnamese
San Bernardino	Spanish
San Diego	Arabic, Spanish, Tagalog, Vietnamese,
San Francisco	Chinese (Mandarin and Cantonese), Spanish, Vietnamese
San Joaquin	Spanish
San Mateo	Chinese (Mandarin and Cantonese), Spanish, Tagalog
Santa Clara	Chinese (Mandarin and Cantonese), Spanish, Tagalog, Vietnamese
Santa Cruz	Spanish

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Solano	Spanish, Tagalog
Sonoma	Spanish
Stanislaus	Spanish
Ventura	Spanish
Yolo	Russian and Spanish

Note: Amador County's threshold language is only English.

6.3 Threshold Languages for Medicare Members

- 6.3.1 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
- 6.3.2 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 for Contract Year 2017.

7.0 Distribution of Vital Documents to Members and patients

7.1 Distribution of Health Plan Vital Documents to commercial Members

- 7.1.1 Health Plan Standard Vital Documents – Health Plan must produce Standard Vital Documents in Threshold Languages for commercial Members and send Standard Vital Documents proactively to Members in their preferred Threshold Language.
 - 7.1.1.1 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
 - 7.1.1.2 Standard Vital Documents must include the DMHC-approved Notice of Nondiscrimination.
 - 7.1.1.2.1 Standard Vital Documents produced in English must include the Notice of Nondiscrimination in English and commercial Threshold Languages

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- 7.1.1.2.2 Standard Vital Documents produced and sent to Members in a commercial Threshold Language need to include the Notice of Nondiscrimination in the same commercial Threshold Language as the primary document
- 7.1.1.3 Health Plan Non-Standard Vital Documents – Health Plan may send Non-Standard Vital Documents to Members in English and include the Notice of Nondiscrimination in English and commercial Threshold Languages and commercial Taglines
- 7.1.1.4 If a Member requests a written translation of a Non-Standard Vital Document, Health Plan must provide the written translation to the Members within 21 days of the request

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 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 Non-Standard Vital Documents, particularly those that are associated with timeframes, may be produced so that template text is in the Medi-Cal Threshold Language while the member-specific or case-specific text remains in English. Documents produced in this fashion must be approved by the California Department of Health Care Services prior to use.
- 7.2.4 Medi-Cal Vital Documents must be accompanied by the Medi-Cal 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 in the corresponding Threshold Language but do not need to include the Taglines

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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 upon request
- 7.3.2 Significant Medicare Documents must be accompanied by the Notice of Nondiscrimination and Taglines required by section 92 of Title 45 of the Code of Federal Regulations. English documents must include the Notice of Nondiscrimination in English as well as the Taglines. Documents in Threshold Languages for Medicare Members must include the Notice of Nondiscrimination in the corresponding Threshold Language but do not need to include the Taglines.

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 Section 92.8 of Title 45 of the Code of Federal Regulations requires that significant documents that may be used to understand to patient rights, obligations or how to access medical services, must include a Notice of Nondiscrimination.
- 8.2 The Notice of Nondiscrimination must include the elements specified in the federal regulations.
- 8.3 For commercial line of business, the Notice of Nondiscrimination must be approved by the California Department of Managed Health Care.
- 8.4 Significant Communications used in Care Delivery will use the approved commercial Notice of Nondiscrimination, including patient rights as required for patients admitted to the hospice, home health, skilled nursing facilities, hospitals, ambulatory surgical centers and end stage renal disease programs.
- 8.5 The current approved notice (and applicable translations) for commercial are available at this link:
<https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>
- 8.6 For Medi-Cal, the Notice of Nondiscrimination must be approved by the California Department of Health Care Services (same Notice used for commercial line of business):
<https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>

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- 8.7 For Medicare, the Notice of Nondiscrimination must be submitted and approved by the Centers for Medicare and Medicaid Services: <https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>
- 8.8 For KPIC, the Notice of Nondiscrimination must be approved by the California Department of Insurance: <https://sites.sp.kp.org/services/cusmemsvc/hppsa/kpic/reg/Grids/Forms/AllItems.aspx>

9.0 Taglines

- 9.1 Section 92.8 of Title 45 of the Code of Federal Regulations requires that Health Plan Vital Documents (significant) documents and Care Delivery must include Taglines in the top 15 languages spoken in each state as determined by United States Census Data
- 9.2 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. Significant Communications used in Care Delivery will use the approved commercial Taglines
- 9.3 For commercial line of business, there are multiple variations of Taglines that must be used based on the context of the communication to the Member
- 9.3.1 The current approved notice (and applicable translations) for commercial are available at this link: <https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>
- 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
- 9.4.2 For ease of administration, Kaiser Permanente Legal and Compliance have determined that Taglines should be added in applicable documents in the following languages: Spanish, Chinese, Tagalog, and Navajo
- 9.4.3 Unless otherwise directed by Legal, the Taglines for Section 147.136 are included in addition to the Taglines in the top 15 languages
- 9.5 For Medi-Cal, the Taglines must be approved by the California Department of Health Care Services (same Notice used for commercial line of business)
- 9.5.1 Medi-Cal Taglines must also comply with federal Medicaid regulations and state Medi-Cal program requirements

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9.5.2 Medi-Cal Taglines must include a disclosure in large print 18-point font:

<https://wiki.kp.org/wiki/display/translationservices/Additional+Resources>

9.6 For Medicare, the Taglines must be submitted to and approved by the Centers for Medicare and Medicaid Services:

<https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>

9.7 For KPIC, the Taglines must be approved by the California Department of Insurance:

<https://sites.sp.kp.org/services/cusmemsvc/hppsa/kpic/reg/Grids/Forms/AllItems.aspx>

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:

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- 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, Regional Health Education, or Health Plan Regulatory Services) (for standard documents)
- 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:

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- 11.7.1.1 Glossary of Terms
- 11.7.1.2 Style Guide
- 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 enrollees 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 enrollees in the appropriate threshold languages described in Section 6.2.3 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

- 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.

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12.4 Responsibilities of Health Plan Regulatory Services

12.4.1 Health Plan Regulatory Services Survey Readiness Unit is responsible for auditing Health Plan Claims Departments, Health Plan Member Services Departments, and Health Plan Utilization Management Departments in Northern and Southern California on compliance with provisions in this policy.

12.5 Responsibilities of Northern California Regional Language Access Program and Southern California Equity, Inclusion & Diversity

12.5.1 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 Language Assistance requirements and evaluate the regional Language Assistance Program. Regional Language Access Program annually reports results to the Northern California Quality Oversight Committee (QOC)

12.5.2 Health Plan Southern California Equity, Inclusion & Diversity 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 Language Assistance requirements and evaluate the Language Assistance Program, including delegated programs if applicable. Regional D&I annually reports results to the Southern California Quality Committee (SCQC).

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13.0 References/Appendices

- 13.1 Requesting Department completes a Translation Request Form and sends form, with source documents for translation, to the Translation Project Manager via Lotus Notes address: 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 3 step document translation process (Translation, Editing and Proofreading) using 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

