1.0 Policy Statement

1.1. Kaiser Foundation Health Plan, Inc. and Kaiser Foundation Hospitals, The Permanente Medical Group, 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 guidelines and 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. Health Plan provides alternative format materials in accordance with ADA Alternative Formats Policy.

1.6. Health Plan honors all member requests for translation and alternative formats, regardless of document type or language and will be provided at no cost to members.

2.0 Purpose

2.1 To adhere to several state and federal laws and regulations requiring Health Plan to translate member informing/vital documents into threshold languages1. These statutes and regulations also require Health Plan to establish and maintain a process to ensure the quality, accuracy and timeliness of translated documents.

2.2 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.

2.3 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.

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1 State and federal laws include the Patient Protection and Affordable Care Act (threshold languages are Spanish, Chinese, Navajo and Tagalog), Knox-Keene Act (threshold languages are Chinese and Spanish) and DHCS Medicaid Managed Care Division All Plan Policy Letter 02-003 (threshold languages vary by county).
2.4 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:

2.4.1 Glossary of Terms (for Spanish & Chinese)
2.4.2 Style Guide (for Spanish & Chinese)
2.4.3 Translation Memory
2.4.4 Editor/Reviewer Checklist

2.5 To define processes to monitor compliance with various state and federal requirements surrounding the translation of vital documents.

3.0 Scope/Coverage


4.0 Definitions

4.1 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.

4.2 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.

4.3 Health Plan – Kaiser Foundation Health Plan, Inc.

4.4 KFH – Kaiser Foundation Hospitals.

4.5 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.

4.6 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.

4.7 Requester/Requesting Department – Department or individual representative of a department who is requesting translation of a document(s).
4.8 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.

4.9 SCPMG – Southern California Permanente Medical Group.

4.10 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.

4.11 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.

4.12 Threshold Language – A non-English language that has been identified as a members preferred language based on a proportional value of patients and or members, as defined in statute and/or regulatory requirement.


4.14 Translating – The act of converting written text from one language into another language, conveying the meaning of the written message in a written form.

4.15 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.

4.16 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 5.1.

4.16.1 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.


5.0 Provisions

5.1 Provisions for Commercial Enrollees

5.1.1 Threshold Languages

5.1.1.1 Health Plan makes Standard Vital Documents available to LEP enrollees in accordance with federal and state requirements.
5.1.2 Vital Documents for Commercial Enrollees

5.1.2.1 Vital documents, as defined by Section 1367.04 of the California Health and Safety Code, include the following categories of documents produced by Health Plan:

5.1.2.1.1 Applications;

5.1.2.1.2 Consent forms, including any form by which an enrollee authorizes or consents to any action by the plan;

5.1.2.1.3 Letters containing important information regarding eligibility and participation criteria;

5.1.2.1.4 Notices pertaining to the denial, reduction, modification, or termination of services and benefits, and the right to file a grievance or appeal;

5.1.2.1.5 Notices advising LEP enrollees of the availability of free language assistance and other outreach materials that are provided to enrollees;

5.1.2.1.6 The plan’s explanation of benefits or similar claim processing information that is sent to an enrollee if the document requires a response from the enrollee.

5.1.3 Provision of Standard Vital Documents to Commercial Enrollees

5.1.3.1 Health Plan provides Standard Vital Documents that are produced by Health Plan to enrollees in their preferred language if that language is one of the threshold languages described in Section 5.1.1.

5.1.3.2 Health Plan departments are responsible for maintaining an inventory of those documents that may be considered Standard Vital Documents.

5.1.3.3 Health Plan departments are responsible for arranging for translation of Standard Vital Documents using the approved quality assurance tools outlined in Section 5.6. For operational implementation guidance, refer to Translation Guideline
5.1.3.4 For Standard Vital Documents which may be requested for submission to the Department of Managed Health Care, Health Plan departments are responsible for requesting a Certificate of Accurate Translation from the translation vendor.

5.1.4 **Provision of Non-Standard Vital Documents to Commercial Enrollees**

5.1.4.1 Health Plan provides Non-Standard Vital Documents to enrollees in English accompanied by the appropriate Notice of Language Assistance outlined in Section 5.1.5.

5.1.4.2 Health Plan departments are responsible for maintaining an inventory of those documents that may be considered Non-Standard Vital Documents that must be sent with the Notice of Language Assistance.

5.1.4.3 For grievances that require expedited plan review and response in accordance with subdivision (b) of Section 1368.01 of the California Health and Safety Code, the Health Plan provides notice of the availability and access to oral interpretation services.

5.1.5 **Notice of Language Assistance for Commercial Enrollees**

5.1.5.1 The Notice of Language Assistance is provided to Commercial enrollees in Spanish and Chinese and accompanies the following categories of documents:

5.1.5.1.1 All Non-Standard Vital Documents sent in English to enrollees (each department that owns the documents is responsible).

5.1.5.2 Health Plan Regulatory Services is responsible for obtaining regulatory approval for the Notice of Language Assistance from the California Department of Managed Health Care.

5.1.6 If any of the documents listed in Section 5.1.2.1 are sent to enrollees in a threshold language, then the Notice of Language Assistance does not need to accompany the document.

5.1.6.1 There are three approved versions of the Notice of Language Assistance. Health Plan departments may use only one of the following three variations within each member communication:

5.1.6.1.1 **For time-sensitive urgent communications (Post-Stabilization type situations, etc.)**
5.1.6.1.2 For documents that require a response from the enrollee

“This is urgent information from Kaiser Permanente and requires you to take immediate action. If you need help understanding this information, it is important that you call [insert department’s identified phone number here] within 48 hours and ask for language assistance. Help is available from [insert hours and days here].”

5.1.6.1.3 For non-urgent, informational communications

“This is important information from Kaiser Permanente. If you need help understanding this information, please call [insert department’s identified phone number here] and ask for language assistance.”

5.1.6.2 Health Plan departments determine what contact information is included in the Notice of Language Assistance.

5.1.7 Request for Translation of Non-Standard Document by Commercial Enrollee

5.1.7.1 An enrollee may request a written translation of a Non-Standard Vital Document.

5.1.7.2 If the written translation request is for one of the threshold languages, Health Plan must provide the translation to the enrollee within 21 calendar days. All timeframes associated with the document must be reset to start from the day the translated document is sent to the enrollee.

5.1.7.3 If an enrollee requests a written translation of a Non-Standard Vital Document in a non-threshold language, then Health Plan must also provide the enrollee with the translation in a timely manner, but timeframes do not have to be reset.
Statement of Availability of Language Assistance Services

5.1.7.4 Statements informing enrollees that language assistance services are available and instructions on how to access language assistance services are included with the following types of materials:

5.1.7.4.1 enrollment and renewal materials
5.1.7.4.2 newsletters
5.1.7.4.3 brochures
5.1.7.4.4 outreach materials.
5.1.7.4.5 KP website at kp.org

5.1.7.5 If the documents listed in section 5.1.7.4 are sent to members in threshold languages, then the statement informing members about the availability of language assistance services does not need to be included.

5.1.7.6 The following is the text that must be provided in English and in threshold languages and accompany enrollment materials going to prospective enrollees: “Interpreter services, including Sign language, are available during all hours of operation at no cost to you. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may request health plan materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs. For more information, call our Member Service Contact Center 24 hours a day, seven days a week (except closed holidays) at 1-800-464-4000 (TTY users call 711).”

5.1.7.7 The following text must accompany enrollment, renewal, confirmation of enrollment, and other outreach materials going to current enrollees. The statement is included in English and threshold languages: “Interpreter services, including Sign language, are available during all hours of operation at no cost to you. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may request health plan materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs. For more information, call our Member Service Contact Center 24 hours a day, seven days a week (except closed holidays) at 1-800-464-4000 (TTY users call 711).”
5.2 Provisions for Medi-Cal Enrollees

5.2.1 Threshold languages for Medi-Cal enrollees are determined by the California Department of Health Care Services and are updated periodically. Threshold languages for Medi-Cal enrollees are determined at the county level.

5.2.2 Counties in the Health Plan service area with threshold languages are as follows:

<table>
<thead>
<tr>
<th>County</th>
<th>Threshold Languages (English is a threshold language for all counties)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>Chinese (Mandarin and Cantonese), Spanish, Vietnamese</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>Spanish</td>
</tr>
<tr>
<td>El Dorado</td>
<td>Spanish</td>
</tr>
<tr>
<td>Fresno</td>
<td>Hmong, Spanish</td>
</tr>
<tr>
<td>Kern</td>
<td>Spanish</td>
</tr>
<tr>
<td>Kings</td>
<td>Spanish</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>Arabic, Armenian, Cambodian, Chinese (Cantonese and Mandarin), Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese</td>
</tr>
<tr>
<td>Madera</td>
<td>Spanish</td>
</tr>
<tr>
<td>Marin</td>
<td>Spanish</td>
</tr>
<tr>
<td>Napa</td>
<td>Spanish</td>
</tr>
<tr>
<td>Orange</td>
<td>Arabic, Chinese (Mandarin and Cantonese), Farsi, Korean, Spanish, Vietnamese</td>
</tr>
<tr>
<td>Placer</td>
<td>Spanish</td>
</tr>
<tr>
<td>Riverside</td>
<td>Spanish</td>
</tr>
<tr>
<td>Sacramento</td>
<td>Chinese (Mandarin and Cantonese), Hmong, Russian, Spanish, Vietnamese</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>Spanish</td>
</tr>
<tr>
<td>San Diego</td>
<td>Arabic, Spanish, Tagalog, Vietnamese,</td>
</tr>
<tr>
<td>San Francisco</td>
<td>Chinese (Mandarin and Cantonese), Russian, Spanish, Vietnamese</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>Spanish</td>
</tr>
<tr>
<td>San Mateo</td>
<td>Chinese (Mandarin and Cantonese), Spanish, Tagalog</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>Chinese (Mandarin and Cantonese), Spanish, Tagalog, Vietnamese</td>
</tr>
<tr>
<td>Solano</td>
<td>Spanish</td>
</tr>
<tr>
<td>Sonoma</td>
<td>Spanish</td>
</tr>
<tr>
<td>Yolo</td>
<td>Russian and Spanish</td>
</tr>
<tr>
<td>Ventura</td>
<td>Spanish</td>
</tr>
</tbody>
</table>

Note: Amador County’s threshold language is only English.
<table>
<thead>
<tr>
<th>Policy Title: Quality Translation Process for Member Informing Materials</th>
<th>Policy Number: (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Department: Compliance</td>
<td>Effective Date: 02/07/17</td>
</tr>
<tr>
<td>Custodian: Compliance Officer</td>
<td>Page: 9 of 17</td>
</tr>
<tr>
<td>Creation Date: 09/01/04</td>
<td>Last Review Date: 11/09/16</td>
</tr>
<tr>
<td>Approval Date: 02/07/17</td>
<td>Last Revision Date: 12/16/16</td>
</tr>
<tr>
<td>Approving Committee: Medical Executive Committee of the Professional Staff</td>
<td></td>
</tr>
<tr>
<td>NCAL.CA.HP.Operations.LA.005001</td>
<td></td>
</tr>
</tbody>
</table>

5.2.3 **Provision of Standard Vital Documents to Medi-Cal Enrollees** –

5.2.3.1 Health Plan makes available translated Standard Vital Documents that are produced by Health Plan to Medi-Cal enrollees in the appropriate threshold languages described in Section 5.1.1 of this document.

5.2.3.2 Medi-Cal Notices of Action are translated in accordance with regional Policy and Procedures.

5.2.4 **Vital Documents for Medi-Cal Enrollees**

5.2.4.1 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:

5.2.4.1.1 Evidence of Coverage Booklet, and/or Member Services Guide, and Disclosure Forms. The contents of these documents include, but are not limited to, the following information:

- 5.2.4.1.1.1 Enrollment and disenrollment information
- 5.2.4.1.1.2 Information regarding the use of health plan services, including access to after-hours emergency, and urgent care services
- 5.2.4.1.1.3 Access and availability of linguistic services
- 5.2.4.1.1.4 Primary care provider (PCP) selection, auto-assignment, and instructions for transferring to a different PCP
- 5.2.4.1.1.5 Process for accessing covered services requiring prior authorizations
- 5.2.4.1.1.6 Process for filing grievance and fair hearing

5.2.4.1.2 Provider listings or directories

5.2.4.1.3 Marketing materials

5.2.4.1.4 Form letters (denial letters, emergency room follow-up)
5.2.4.1.5 Plan-generated preventive health reminders (appointments and immunization reminders, initial health examination notices, and prenatal care follow-up)

5.2.4.1.6 Member Surveys

5.2.4.1.7 Newsletters

5.2.4.1.8 Advanced Directives.

5.2.5 Provision of Non-Standard Vital Documents to Medi-Cal Enrollees

5.2.5.1 Health Plan departments are responsible for maintaining an inventory of those documents that may be considered Non-Standard Vital Documents that must be sent with the Notice of Language Assistance.

5.2.5.2 Non-Standard Vital Documents may be sent to Medi-Cal enrollees with template language translated into threshold languages and enrollee-specific language in English with an insert informing enrollees that a fully translated letter is forthcoming.

5.2.6 Notice of Language Assistance for Medi-Cal Enrollees –

5.2.6.1 Medi-Cal Strategy, State Programs (SCAL) and Medi-Cal Strategy & Operations (NCAL) are the content owners for the Notice of Language Assistance and collaborate to provide revisions as needed. These departments then coordinate with the California Medi-Cal and State Sponsored Programs (CMSSP) department to obtain regulatory approval for the notice from the California Department of Health Care Services Medi-Cal Managed Care Program.

5.2.6.2 The Medi-Cal Notice of Language Assistance must be provided in all Medi-Cal threshold languages.

5.2.6.3 The approved insert text for Medi-Cal communications is as follows:

“This is an important letter from Kaiser Permanente. According to our records, your language preference for written correspondence is another language. You will be receiving your translated letter shortly.”

5.3 Provisions for Patient Protection and Affordable Care Act (PPACA)
5.3.1 As required by health care reform, Health Plan will include a Statement of Translation Assistance (Notice of Language Assistance) in adverse benefit determination (ABD) notices sent to participants of any non-grandfathered group health plan.

5.3.1.1 The PPACA Notice of Language Assistance must be in threshold languages, defined as Spanish, Chinese, Tagalog, and Navajo.

5.3.1.2 Threshold languages are defined as languages spoken by 10% or more of the population in one county.

5.3.1.3 The approved PPACA Notice of Language Assistance is as follows: “This is important information from Kaiser Permanente. If you need help understanding this information, please call 1-800-464-4000 and ask for language assistance. Help is available from 7:00am – 7:00pm, Monday – Friday and 7:00am – 3:00pm, Saturday and Sunday.”

5.3.2 Translations of notices are only provided upon members’ request.

5.4 **Provisions for Translating Complaints, Grievances and Appeals**

5.4.1 Health Plan translates member complaints, grievances and appeals correspondence in accordance with California Divisional Policy 50-2 (Member Services: Complaint, Grievance and Appeal Process and Resolution).

5.5 **Provisions for Handling Documents Received in Non-English Languages**

5.5.1 Health Plan cannot require members to submit correspondence or complete forms in English.

5.5.2 If information is received in a non-English language, it must be translated into English using the Quality Translation Process (refer to Section 6.1) and at no cost to the member.

5.6 **Provisions for Quality Translation**

5.6.1 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:

5.6.1.1 Glossary of Terms

5.6.1.2 Style Guide

5.6.1.3 Editor Review Checklist

5.6.1.4 Translation Memory
5.6.2 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 Regional Diversity & Inclusion) to complete the following steps to support translation quality:

5.6.2.1 Requesting department verifies that the document meets the following criteria for translation:

5.6.2.1.1 It is a vital document (standard or non-standard)

5.6.2.1.2 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

5.6.2.1.3 It is being translated into a threshold language

5.6.2.1.4 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)

5.6.2.2 If the document does not meet the above criteria, the requesting department provides additional information to confirm that the translation is needed.

5.6.2.3 The requesting department verifies that the source document is ready for translation:

5.6.2.3.1 It is the most up to date version

5.6.2.3.2 It is written at an appropriate reading level

5.6.2.3.3 It has been approved through the appropriate bodies.

5.6.2.4 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).

5.6.3 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 5.6.3.1 and a three-step translation process (Translation, Editing and Proofreading) using three separate qualified linguists to complete translation of all documents.
5.6.3.1 Vendors must use Health Plan proprietary tools to complete translation requests. These tools include:

5.6.3.1.1 Glossary of Terms
5.6.3.1.2 Style Guide
5.6.3.1.3 Editor Review Checklist
5.6.3.1.4 Translation Memory

5.6.3.2 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.

5.6.4 Health Plan contracts with preferred translation editors and reviewers to review completed translations when applicable to ensure quality and accuracy.

5.6.4.1 Editors and reviewers must use Health Plan proprietary tools to review translated content against source content. These tools include:

5.6.4.1.1 Glossary of Terms
5.6.4.1.2 Style Guide
5.6.4.1.3 Editor Review Checklist
5.6.4.1.4 Translation Memory

5.6.4.2 Upon completion of each review, the editor/reviewer must provide feedback using a proprietary Editor/Reviewer Checklist which required review of grammar, formatting and translation accuracy.

5.6.4.3 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.

5.7 Provisions for Compliance Monitoring

5.7.1 Responsibilities of Health Plan Departments

5.7.1.1 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 Regional Diversity & Inclusion website.
5.7.1.2 Health Plan departments are responsible for maintaining an inventory of all translated documents and the languages in which they are available.

5.7.1.3 Health Plan departments are responsible for tracking enrollee requests for translation of vital documents.

5.7.1.4 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.

5.7.1.5 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 5.1.1 of this policy.

5.7.2 Responsibilities of KFH and TPMG/SCPMG

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

5.7.3 Responsibilities of Regional and National Compliance

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

5.7.4 Responsibilities of Health Plan Regulatory Services

5.7.4.1 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.

5.7.5 Responsibilities of Northern California Regional Language Access Program and Southern California Regional Diversity & Inclusion

5.7.5.1 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 Health Plan Compliance Committee (HPCC).
5.7.5.2 Health Plan Southern California Regional Diversity & Inclusion (D&I) is responsible for providing consultation to KFH, KFHP, and SCPMG departments to ensure compliance with the provisions outlined in this policy. Regional D&I 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).

6.0 References/Appendices

6.1 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.

6.1.1 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.

6.1.2 Vendor reviews request and provides a Quote Proposal to the Requesting Department and/or the Translation Project Manager for approval.

6.1.3 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 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.

6.1.4 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.

6.1.5 Vendor

6.1.6 Vendor delivers final published translated documents, Certificate of translation accuracy (i.e., attestation) upon request, and Invoice to the

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Requester for appropriate processing and archiving. Vendor updates project Translation Memory and delivers it to the Translation Project Manager.
KP Translation Workflow

A) Requester sends Translation request details and source documents to preferred Translation Vendor or KP Translation Services. (KP Translation Services will forward request details to Translation vendor upon receipt of such request)

B) Vendor reviews request and provides Quote Proposal for approval to Requester and returns to initiate translation request.

C) Requester reviews price quotation and if in agreement, provides approval to translation vendor to proceed with translation.

D) Vendor completes translation and linguistic review of documents using the 3 step process and applies KP glossaries, translation memory and style guides during translation.

E) Requester may coordinate additional third party linguistic review of translations with the vendor or KP third party editors.

F) (If additional review is requested in Step E, Vendor incorporates editorial feedback and performs proofreading). Vendor publishes the final deliverables and sends the deliverables and Invoice to Requester.

G) Vendor updates Project Translation Memory and delivers to KP Translation Services.

H) Requester submits payment to translation vendor.

ATTACHMENT