

LANGUAGE ACCESS PLAN

LAST UPDATED: SEPTEMBER 2018

Washington Health Benefit Exchange

I. GENERAL LANGUAGE ACCESS POLICY

1. WAHBE Policy Statement

The Washington Health Benefit Exchange (Exchange or WAHBE) will take reasonable steps to provide limited English proficient (LEP) persons with meaningful access to all Exchange programs or services. Such programs and services include: Washington Healthplanfinder (web portal); WAHBE Customer Support Center (CSC); the Appeals program; and customer assistance functions, such as the Navigator Program.

This policy is based on the principle that it is the responsibility of the Exchange to take reasonable steps to ensure effective communications between the Exchange and LEP persons and address potential obstacles related to the English proficiency of the individual.

Exchange staff will take reasonable steps to effectively inform the public of the availability of free language accessible programs and materials.

2. PURPOSE

The purpose of this Language Access Plan (LAP) is to promote effective communication with LEP individuals. It describes how the Exchange makes reasonable efforts to eliminate or reduce limited English proficiency as a barrier to accessing WAHBE programs or activities. This includes utilizing proven strategies to address language disparities including: the use of qualified language service providers, written translations, multimedia approaches, and other tools such as “taglines” that indicate the availability of language services.

This LAP was created by a workgroup consisting of representatives from each WAHBE component as well as leadership offices. This LAP was developed with involvement from the Health Equity Technical Advisory Committee (TAC) and other stakeholder groups. State-agency partners, including Health Care Authority (HCA), Department of Social and Health Services (DSHS) and the Office of the Insurance Commissioner (OIC) were also consulted to promote alignment with existing language access policies and procedures.

3. LANGUAGE ACCESS STANDARDS

This plan establishes guidelines designed to be consistent with the language access standards for state-based Exchanges set forth in the Affordable Care Act and subsequent regulations. The federal regulations that apply to WAHBE contain several references to the language services that must be provided for LEP applicants, including:

- 45 CFR §155.205: Requires that information be provided to applicants and enrollees in plain language¹ and in a manner that is accessible and timely to LEP individuals

¹ Plain language has the meaning given to the term in in section 1311(e)(3)(B) of the Affordable Care Act.

- through the provision of services at no cost to the individual, including (i) Oral interpretation; (ii) Written translations; (iii) Taglines in non- English languages indicating the availability of language services; and (iv) Web site translations.
- 45 CFR §155.210: Requires that Navigators provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency.
 - 45 CFR 155.230: Requires that all applications, forms, and notices, including the single, streamlined application, conform to the accessibility and readability requirements in 155.205. Also requires that the Exchange re-evaluate the appropriateness and usability of applications, forms, and notices.

This plan also establishes guidelines designed to be consistent with other applicable federal and state civil rights laws and regulations protecting the rights of individuals with LEP (e.g., Section 1557 of the Affordable Care Act, Title VI of the Civil Rights Act of 1964, and the Washington Law against Discrimination).

- Section 1557 of the Affordable Care Act² prohibits discrimination based on race, color, national origin, sex, age or disability in certain health programs and activities. It requires that reasonable steps be taken to provide meaningful access to individuals with limited English proficiency. Covered entities, including the Exchange, must: post notices of nondiscrimination and taglines that alert individuals with limited English proficiency to the availability of language assistance services. Taglines must be posted in at least the top 15 non- English languages spoken in the state in which the entity is located. Covered entities are also encouraged to develop and implement a language access plan.

II. BACKGROUND

In Washington State, over half a million residents are LEP³. Washington's LEP population has experienced one of the fastest growth rates in the country, rising 210% since 1990. This growing population of Washington LEP residents is more likely to experience health disparities than other residents. Individuals who primarily speak a language other than English are less likely to have insurance, see a health provider regularly, or follow instructions for medical care and are more likely to frequent emergency rooms or other safety net options.

In recognition of the impact of language barriers on access to insurance coverage and care, Exchange staff began a series of meetings with LEP stakeholders in December 2012, to inform development of WAHBE policies and procedures.

In January 2013, Exchange staff shared with the WAHBE Board how LEP individuals would be able to access programs and services during the inaugural open-enrollment period. This included that:

² For additional information visit: <http://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html>

³ 2015 American Community Survey, Washington information available at: https://www.lep.gov/maps/2015/county/WA_cnty_LEP.ACS_5yr.2015.pdf

- *Washington Healthplanfinder* would be available in English and Spanish;
- The application and customer correspondence would be available (in hardcopy and online) in 8 languages: English, Cambodian, Chinese (Simplified), Korean, Laotian, Russian, Somali, Spanish and Vietnamese;
- Taglines would be available indicating the availability of language services at no cost in the same 8 languages;
- A Correspondence and Translation Manager would plan, manage and implement translation and printing business processes;
- Telephonic interpretation services would be available to CSC, Appeals, and Account Workers;
- LEP customers would be able to search for certified Navigators and brokers by language spoken.

In February 2013, the WAHBE Board created the Health Equity TAC, to provide expertise, experience, and professional perspectives on health equity in the Exchange, with a focus on: language access, health insurance literacy, hard-to-reach populations, cultural sensitivity, and other general access to coverage issues. Shortly thereafter, the TAC began to discuss language access priorities, including moving forward with the development of this plan. Exchange staff received initial recommendations from the TAC in July 2013 to inform development of this LAP, which was first published in September 2014.

III. OPERATIONAL GUIDELINES IN THE PROVISION OF LANGUAGE ASSISTANCE SERVICES

1. QUALITY CONTROL OF SPOKEN AND SIGNED LANGUAGE COMMUNICATIONS AND OF WRITTEN TRANSLATIONS

WAHBE is committed to providing LEP individuals with high quality and accurate language assistance services, particularly in the areas of oral and written translations.

Oral Language Assistance

WAHBE, through its staff and network of contracted service providers, strives to provide oral language assistance in both face-to-face and telephone encounters. Language assistance is provided through a variety of means, including certified bilingual and multilingual staff, contract interpreters (including telephonic interpretation), and contracted providers. WAHBE takes reasonable steps to ensure that all staff or contracted personnel who serve as translators, interpreters, or who otherwise communicate with LEP persons are competent to do so.

Considerations of competency in light of particular tasks may include: demonstrated proficiency in and ability to communicate information accurately in both English and the other language; identifying and employing the appropriate mode of interpreting translating or communicating fluently in the target language; understanding and adhering to their role as interpreters, translators, or bilingual/multilingual staff.

- A. Website: Information on how to access and utilize oral language assistance services at no cost is made available online in a conspicuous and accessible manner⁴.
- B. Bilingual/Multilingual Customer Support Center (CSC) Staff: The CSC requires bilingual and multilingual staff providing language services to LEP customers to be certified for interpreting and/or translating in that language by an established and reputable language testing and certification program (such as, Kenexa Assess, Alta Language Services or the Department of Social and Health Services language testing and certification program). Staff translation responsibilities are limited to “Client Specific” situations only. Bilingual staff are monitored by Bilingual Supervisors and QA staff.
- C. Navigator Program: Navigator Lead Organizations are required to verify the language proficiency of individuals or organizations in their network that provide bilingual and multilingual services to LEP customers.
- D. Telephonic interpretation services providing interpretation in over 175 languages are available to CSC staff, Appeals staff, and Account Workers.

Written Language Assistance

WAHBE utilizes the Washington State Written Translation Contract (04312), which is managed by Department of Enterprise Service (DES), for all written translations. Health Care Authority, and the Department of Social and Health Services also utilize this contract. Information about the translation vendors, certifications/qualifications, translation review guidelines, training, and certification can be found online in the contract documents⁵. All translation requests for Healthplanfinder are coordinated by a single point of contact at the Exchange. WAHBE makes available to the public any outreach materials that are available in languages other than English, at no cost.

- A. Necessary Documents: WAHBE prioritizes translation of necessary documents. Classification of a document as “necessary” depends upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner. The determination of what documents are considered “necessary” is left to the discretion of WAHBE. The Exchange is guided by applicable legal standards in making decisions as to translation. Stakeholder input and available data are also utilized. WAHBE acts diligently to ensure that necessary documents will be written in plain English and made available online in a timely fashion.

⁴ Information is available at: <http://www.wahbexchange.org/new-customers/application-quick-tips/language-resources/>

⁵ Information about the translation vendors, certifications/qualifications, translation review guidelines, training and certification is available at: <https://fortress.wa.gov/ga/apps/ContractSearch/ContractSummary.aspx?c=04312>

Necessary documents are translated into 8 languages (English, Cambodian, Chinese (Simplified), Korean, Laotian, Russian, Somali, Spanish and Vietnamese). An individual's selection of the language needed for written communication is recorded in Washington Healthplanfinder and subsequent necessary documents are sent to that individual translated, at no cost.

Documents that may be considered “necessary” may include, but are not limited to:

- Application for Health Insurance⁶
- WAHBE Correspondences
- WAHBE Appeals Forms
- Outreach materials (including web-based materials) to LEP populations

See Appendix B for a list of materials currently translated into the 8 languages.

B. Washington Healthplanfinder Content (English & Spanish Website): Washington Healthplanfinder is reviewed for accessibility and accuracy through the usability testing process⁷. Spanish translations for the website are obtained through the WA State Written Translation Contract.

C. Glossary: WAHBE maintains a glossary of core WAHBE vocabulary for consistent use in Washington Healthplanfinder translations. This glossary has been made available to the translation vendors⁸.

2. ONGOING ASSESSMENT OF LANGUAGE ACCESS NEEDS IN WASHINGTON⁹

Following open enrollment each year, the Exchange solicits feedback from staff, vendors and navigators and brokers who work with LEP customers to inform whether the language assistance services provided by the Exchange are meeting their needs.

At least once every two years (on a bi-annual basis), WAHBE surveys LEP customers and community partners who assist LEP customers to gather information on potential language access barriers, including: how often language assistance services are being

⁶ Translated paper applications available at: Medicaid Forms (18-001P):

<http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>

⁷ Usability testing is part of the Exchange system design process. Consumers help test new, upcoming features for Washington Healthplanfinder, including textual changes. Feedback from consumer testing is used to improve system design. Stakeholders are broadly engaged to help recruit consumer testers.

⁸ A customer-facing Glossary of Terms is available at: <http://www.wahbexchange.org/glossary/>

⁹ To initially assess its critical public interface mechanisms (such as: marketing and outreach, face-to-face and over-the-phone customer service, Washington Healthplanfinder, and the corporate website) WAHBE used information from various sources including: consumer surveys, Navigator surveys, and referrals/complaints. The Exchange also conducted a self-assessment using a federally developed tool that is available [here](#). Information on the findings was presented to the Equity TAC and is available [here](#). This feedback informed updates to this Plan and related language access policies and procedures.

used, if they believe there should be changes in the way services are provided, and whether the language assistance services in place are meeting the needs of the LEP communities in their services areas. The scope and method of survey implementation will be subject to available WAHBE and community resources. Survey findings are shared with the Health Equity TAC and other interested stakeholders¹⁰.

3. IDENTIFYING LEP INDIVIDUALS

At the point of first contact, Exchange staff and vendors working with customers should make reasonable efforts to determine whether a person needs language assistance. This can be accomplished in several ways:

- Self-identification by the non-English speaker, LEP individual or companion (if preferred language is not identified, inquire as to the primary language);
- Asking a multilingual staff or qualified interpreter to verify an individual's primary language; or
- Using an "I Speak" language identification card or poster or other type of tool.
- All customers who choose to complete an application through Washington Healthplanfinder can indicate a need for oral or written language assistance. This applies to customers who complete the application on their own, or with the assistance of navigator, broker, or the CSC. If a customer indicates they do not speak English, they are asked if they would like an interpreter and, if so, in what language. If a customer indicates they do not read English, they are asked which language they would like their correspondences translated to.

All LEP individuals can request interpreter services in over 175 languages through the CSC and can search for certified navigators and registered brokers by language spoken through Washington Healthplanfinder.

4. METRICS AND REPORTING

On an ongoing basis, the Exchange monitors the languages most frequently encountered using Washington Healthplanfinder and CSC metrics. Metrics include but are not limited to: customers who request an interpreter and for which languages; customers who request to receive translated notices and in which languages; and customers who speak to bilingual or multilingual CSC representatives and in which languages.

The CSC tracks LEP clients through call interactions with bilingual/multilingual CSC representatives, and telephonic interpreter services.

Tracking metrics are used to assess the need for additional language access resources, including translated materials and additional bilingual or multilingual customer support

¹⁰ Most recent survey findings available at: <https://www.wahbexchange.org/event/health-equity-tac-meeting-14-2018-09-25/2018-09-25/>

staff. Aggregate information about LEP customers is also made available twice a year in public enrollment reports¹¹.

5. STAFF TRAINING & RESOURCES

Exchange staff who communicate with LEP individuals on a regular basis need to know how and when to access language assistance services. For policies and procedures to be effective, managers should take reasonable efforts to ensure that new and existing Exchange staff who interact with LEP individuals periodically receive training on: the content of the Language Access Plan and related policies and procedures; identifying language access needs; and, providing language assistance services to LEP individuals. The Exchange has the discretion to determine the nature, form, and frequency of this and other ongoing training provided to staff.

All Exchange staff have received cultural competency training. The Exchange has also made available culturally and linguistically appropriate services (CLAS) training consisting of e-learning modules developed by the Governor's Interagency Council on Health Disparities to all Exchange staff. The Exchange, in collaboration with the Health Equity TAC and interested community partners, has also made available a basic language access procedure manual for staff and vendors that interact or communicate with LEP individuals, staff whose job it is to arrange for language support services, and managers of such staff. Topics in the procedures manual include:

- Identifying the language needs of an LEP individual;
- Working with an interpreter in person or on the telephone;
- Requesting documents for translation;
- Tips on providing effective assistance to LEP individuals.

The Exchange values the bilingual and multilingual skills of its employees. All departments should take reasonable steps to develop quality control procedures to ensure that Exchange employees who communicate or correspond in a non-English language with LEP individuals do so in an accurate and competent manner. Multilingual Exchange employees with frequent interaction with LEP individuals or whose job description includes the provision of language assistance services will be certified for the interpreting and/or translating in that language by an established and reputable language testing and certification program (such as, Kenexa Assess, Alta Language Services or the Department of Social and Health Services language testing and certification program). Each department should maintain a list of certified multilingual staff.

6. CONTRACTING FOR LANGUAGE ASSISTANCE SERVICES

In applicable contracts, WAHBE explains legal and program language requirements and makes reasonable efforts to ensure that requests for proposals or contracts for language

¹¹ Enrollment reports with language access related metrics are available at: <https://www.wahbexchange.org/about-the-exchange/reports-data/enrollment-reports-data/>

assistance service providers establish adequate quality control process for all deliverables. WAHBE continues to work with the Health Equity TAC, the Interagency LEP Workgroup, and other interested stakeholders to identify promising practices with respect to negotiating and securing high quality language assistance services.

7. NOTIFICATION OF THE AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AT NO COST

WAHBE is responsible for taking steps to ensure meaningful access to Exchange programs, including notifying all current and potential customers about the availability of language assistance services at no cost. Notification methods may include multilingual posters, signs and brochures, and informational material distributed to the public in electronic formats such as WAHBE websites, taglines, written documents, etc. As notification methods are developed, WAHBE makes those resources available to contractors and vendors who deliver language assistance services.

WAHBE also leverages ethnic and social media to increase awareness and utilization by individuals with LEP of WAHBE programs, activities, language assistance services, and products available in non-English languages.

8. STAKEHOLDER ENGAGEMENT

WAHBE convenes the Health Equity TAC to provide expertise, experience, and professional perspectives on language access, health literacy, hard-to-reach populations, cultural sensitivity, and other general access to coverage issues.

WAHBE participates in the Interagency LEP Workgroup and collaborates with language access staff at DSHS, HCA, OIC, and at other agencies/interagency groups (such as the inter-agency Notices Workgroup), to identify common language access issues, identify best-practices, and align policies. WAHBE staff routinely presents to interested stakeholder groups, including the Washington State Coalition for Language Access.

WAHBE will continue to solicit feedback from customers, staff, vendors, navigators and brokers, and other stakeholders who work with LEP customers to gather information on potential language access barriers (see Section 2 above).

9. PERFORMANCE MEASUREMENTS AND EVALUATION

At least once every two years the Exchange reassess and, where appropriate, update this plan to ensure that the scope and nature of language assistance services provided reflect updated information on relevant LEP populations, language assistance needs, and changes in technology.

The Exchange has a process for customers to submit concerns, complaints or issues related to language access, including a point of contact for facilitating resolution. The



Exchange reviews and addresses feedback and complaints received from individuals with LEP and interested stakeholders with respect to language assistance services and products provided by the Exchange in a timely manner. Language access related feedback, complaints, and improvements are regularly shared with the Health Equity TAC.

The Exchange also monitors the effectiveness of language assistance services using Washington Healthplanfinder and CSC metrics and equity related benchmarks established by the Health Equity TAC. Additional methods for monitoring the effectiveness of language assistance services may include reviewing available data on community demographics and needs and observing interactions with LEP individuals.

Appendix A. Language Access Related Resources

Washington State:

- Governor's Interagency Council on Health Disparities:
<http://healthequity.wa.gov/TheCouncilsWork/LanguageAssistance.aspx>
- Washington State Coalition for Language Access, Multilingual Consumer Health Resources: <http://www.wascla.org/>
- Northwest Justice Project, Language Access & LEP Advocacy videos:
<http://www.youtube.com/playlist?list=PLEDBA3D39A7D52DBD&feature=plcp>
- The Cross-Cultural Health Care Program (CCHCP): <http://xculture.org/resources/>

National:

- Limited English Proficiency (LEP) Resources: <http://www.lep.gov/>
- Federal Plain Language Guidelines:
<http://www.plainlanguage.gov/howto/guidelines/index.cfm>
- The Interagency Language Roundtable (ILR): <http://www.govtilr.org/>
- National Action Plan to Improve Health Literacy: <http://www.cdc.gov/healthliteracy/>
- Office of Minority Health, HHS Action Plan to Reduce Racial and Ethnic Health Disparities <http://minorityhealth.hhs.gov/npa/>
- Office of Minority Health, Think Cultural Health National CLAS Standards Cultural and Linguistic Policy and Education Initiatives <https://www.thinkculturalhealth.hhs.gov/>
- Health Literacy Tools: <http://www.health.gov/communication/literacy/#tools>
- Health Literacy Studies: <http://www.hsph.harvard.edu/healthliteracy/>

Appendix B: Exchange Materials Currently Translated into 8 Languages

The following materials are currently available in English, Spanish, Chinese (simplified), Vietnamese, Korean, Russian, Somali, Cambodian and Laotian:

Document Type	Description
Correspondence	Contact Information Updated
Correspondence	Password Expiring
Correspondence	Individual/Employee Email Notification
Correspondence	In-Person Help Update
Correspondence	Important Deadline to Submit Information
Correspondence	Enrollment Deadline for Coverage
Correspondence	Complete Your Application
Correspondence	WA Apple Health Information Request
Correspondence	WA Apple Health Renewal
Correspondence	WA Apple Health Renewal Action Required
Correspondence	WA Apple Health Denial
Correspondence	WA Apple Health Termination
Correspondence	Coverage Termination
Correspondence	Important Information
Correspondence	Eligibility Results
Correspondence	Time to Renew Coverage
Correspondence	Plan Selection Confirmed
Correspondence	Address Update Needed
Correspondence	Important Account Information
Appeal	Acknowledgement Notice and Scheduling Order
Appeal	Order of Continuance
Appeal	Designate a Representative
Appeal	Required Appeal Rights Information
Appeal	Order of Dismissal Checkbox
Appeal	Order of Dismissal Upon Request
Appeal	Order of Dismissal Verbal Withdrawal
Appeal	Request a Withdrawal Form
Appeal	Request an Appeal
Appeal	Request an Interpreter
Appeal	Request for Review of Dismissal
Appeal	Appeals Landing Page
Appeal	Appeals FAQs
Appeal	Appeals Hearing Reminder (Postcard)
Appeal	Assister Appeals Information (Brochure)
Outreach	Citizenship and Immigration Eligibility Chart
Outreach	Customer Support Resources
Outreach	Quick Reference Guide for Immigrants and Refugees

Outreach	Road Map to Health
Outreach	User's Guide to Key Terms

The WAHBE Appeals Program translates documents into any language upon request. Information about how an appellant can access interpretive services or special accommodations is available online at www.wahbexchange.org/appeals.

Outreach materials are available at <http://www.wahbexchange.org/toolkit>