

# WASHINGTON HEALTH BENEFIT EXCHANGE

## LANGUAGE ACCESS PLAN

*Last Revised September 2016*

### 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; 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 will continue to make 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 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 language<sup>1</sup> and in a manner that is accessible and timely to LEP individuals 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 §155.215: Requires individuals who carry out the consumer assistance functions receive training in providing culturally and linguistically appropriate services and working effectively with individuals with limited English proficiency. Also requires that information provided as part of consumer assistance functions be culturally and linguistically appropriate to the needs of the population

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

being served, including individuals with limited English proficiency. Any federally-funded entity or individual carrying out consumer assistance functions must:

- (1) Develop and maintain general knowledge about the racial, ethnic, and cultural groups in their service area, including each group's diverse cultural health beliefs and practices, preferred languages, health literacy, and other needs;
  - (2) Collect and maintain updated information to help understand the composition of the communities in the service area, including the primary languages spoken;
  - (3) Provide consumers with information and assistance in the consumer's preferred language, at no cost to the consumer, including the provision of oral interpretation of non-English languages and the translation of written documents in non-English languages when necessary or when requested by the consumer to ensure effective communication. Use of a consumer's family or friends as oral interpreters can satisfy the requirement to provide linguistically appropriate services only when requested by the consumer as the preferred alternative to an offer of other interpretive services;
  - (4) Provide oral and written notice to consumers with limited English proficiency, in their preferred language, informing them of their right to receive language assistance services and how to obtain them;
  - (5) Receive ongoing education and training in culturally and linguistically appropriate service delivery; and
  - (6) Implement strategies to recruit, support, and promote a staff that is representative of the demographic characteristics, including primary languages spoken, of the communities in their service area.
- 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).

- The recently published final federal rule implementing Section 1557 of the Affordable Care Act<sup>2</sup> 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.

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

## **II. BACKGROUND**

In Washington State, more than 8% of the state population is LEP<sup>3</sup>. Over the past two decades, 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:

- *Washington Healthplanfinder* would be available in English and Spanish;
- The application and customer correspondence would be available (in hardcopy and online) in the 8 threshold languages used by the Washington Apple Health (Medicaid) program: English, Cambodian, Chinese (Simplified), Korean, Laotian, Russian, Somali, Spanish and Vietnamese;
- A Correspondence and Translation Manager would be hired to plan, manage and implement translation and printing business processes;
- Telephonic interpretation services would be available to Customer Support Center, Appeals, and Client Services staff;
- LEP customers would be able to search for certified Navigators by language spoken;
- Taglines in the 8 threshold languages used by the Washington Apple Health program would be available on our websites indicating the availability of language services at no cost.

In February 2013, the WAHBE Board created the Health Equity Technical Advisory Committee (TAC), to provide expertise, experience, and professional perspectives on health equity in the Exchange. This TAC was directed to 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 finalized 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, will strive to provide oral language assistance in both face-to-face and telephone encounters. Language assistance may be provided through a variety of means, including certified bilingual and multilingual staff, contract interpreters (including telephonic interpretation), and contracted providers. WAHBE will take reasonable steps to ensure that all staff or

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<sup>3</sup> 2010-2014 American Community Survey 5-Year Survey

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 will be made available online in a conspicuous and accessible manner.<sup>4</sup>
- B. Bilingual/Multilingual Customer Support Center Staff: The WAHBE CSC will require 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, “Proveit” testing, 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 shall be monitored by Bilingual Supervisors and QA staff.
- C. Navigator Program: Navigator Lead Organizations articulate the criteria that individuals or organizations in their network must meet to deliver bilingual services or interpreters services to LEP customers, with involvement from stakeholders and existing customer assistance organizations that serve LEP individuals.
- D. Telephonic interpretation services providing interpretation in over 175 languages will be available to Customer Support Center, Appeals, and Client Services staff.

### **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 documents.<sup>5</sup> The translation process are managed by the Access and Education Specialist at the Exchange. WAHBE will also make 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 will be guided by applicable legal standards in making decisions as to translation. WAHBE will also act diligently to ensure that necessary documents will be written in plain English and made available online in a timely fashion.

Recognizing that translations can be resource and time intensive, WAHBE has developed a protocol for determining what information and resources are translated. This protocol takes into consideration the needs identified in the assessment (described below). WAHBE will seek stakeholder input in determining which documents should be prioritized for translation.

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

<sup>5</sup>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 will continue to be translated into the 8 threshold languages used by the Medicaid program (English, Cambodian, Chinese (Simplified), Korean, Laotian, Russian, Somali, Spanish and Vietnamese). An individual's selection of the language needed for written communication will continue to be recorded through *Washington Healthplanfinder* and subsequent necessary documents will be sent to that individual translated, at no cost.

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

- Application for Health Insurance<sup>6</sup>
- 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 threshold languages used by the Medicaid program.

- B. *Washington Healthplanfinder* Content (English & Spanish Website): Text on both the English and Spanish version of *Washington Healthplanfinder* will be reviewed for accessibility and accuracy through the usability testing process.<sup>7</sup> Spanish translations for the website will also be obtained through the WA State Written Translation Contract 04312.
- C. Glossary: WAHBE will maintain a glossary of core WAHBE vocabulary for consistent use in WAHBE translations. This glossary has been made available to the translation vendors.<sup>8</sup>

## **2. Ongoing Assessment of Language Access Needs in Washington<sup>9</sup>**

Following open enrollment each year, the Exchange will solicit 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 will survey 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 used, if they believe there should be changes in the way services are provided or the providers that are used, 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 will be shared with the Health Equity TAC and other interested stakeholders.

WAHBE has also developed a process for customers to submit concerns, complaints or issues, including those related to language access, including a point of contact for facilitating resolution.

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<sup>6</sup> Translated paper applications available at: Medicaid Forms (18-001P): <http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx>

<sup>7</sup> 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. Interested stakeholders may also participate (subject to available testing resources).

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

<sup>9</sup> 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 is available [here](#). These assessments informed updates to this Plan and related language access policies and procedures.

### **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* must 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 Customer Support Representative. If a customer indicates they do not speak English, they must record 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 language through the Customer Support Center, and will also continue to be able to search for certified navigators and registered brokers by language spoken through *Washington Healthplanfinder*.

### **4. Metrics and Reporting**

On an ongoing basis, the Exchange will monitor the languages most frequently encountered using *Washington Healthplanfinder* and Customer Support Center metrics. *Washington Healthplanfinder* 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 a bilingual Customer Support Representative and in which languages.

The Customer Support Center (CSC) will track LEP clients through call interactions with bilingual/multilingual Customer Support Representatives, and telephonic interpreter services.

Tracking metrics will be used to assess the need for additional translated materials, and additional bilingual/multilingual customer support staff. Aggregate information about LEP customers will also be made available to the public.

### **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.

The Exchange has 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 customer services staff at WAHBE. The Exchange will explore additional cultural humility training options.

Additionally, the Exchange will make 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. The Health Equity TAC and interested community partners will review the procedures manual. Topics in the procedures manual will 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 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, “Proveit” testing, 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 will explain legal and program language requirements and make reasonable efforts to ensure that requests for proposals or contracts for language assistance service providers establish adequate quality control process for all deliverables. WAHBE will 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 will make those resources available to contractors and vendors who deliver language assistance services.

WAHBE will explore opportunities to leverage 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 will continue to convene the Health Equity Technical Advisory Committee 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 will continue to have a representative to attend the Interagency LEP Workgroup and will continue collaborating 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 will continue to solicit feedback from staff, vendors and navigators and brokers who work with LEP customers following open-enrollment each year, and will develop bi-annual stakeholder survey to gather additional information on potential language access barriers (see Section 2 above).

## **9. Performance Measurements and Evaluation**

At least once every two years the Exchange will 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 will review and address 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. A summary of feedback or complaints (and their resolution, if applicable) will be reviewed with the Health Equity TAC.

The Exchange will also monitor the effectiveness of language assistance services using *Washington Healthplanfinder* and Customer Support Center 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 Update
Correspondence	Individual/Employee Email Notification
Correspondence	Additional Verification Required
Correspondence	Incomplete Application
Correspondence	Eligibility Decision
Correspondence	Updated Eligibility Decision
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	General Correspondence (for account specific information)
Correspondence	Yearly Health Insurance Premium Tax Credit Summary
Correspondence	Open Enrollment Notice
Correspondence	Special Enrollment Document Request
Correspondence	Upcoming Enrollment Deadline Notice
Correspondence	Health Benefit Termination
Correspondence	Individual Invoice
Correspondence	Individual Payment Overdue
Correspondence	Individual Payment Receipt
Correspondence	Scheduled Payment Cancellation during Open Enrollment
Correspondence	Washington Connection Referral 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](http://www.wahbexchange.org/appeals).

Outreach materials can be downloaded online and printed. Outreach materials are available at <http://www.wahbexchange.org/toolkit>.