

2 Language Assistance Program

Health Care State and federal laws and regulations established specific requirements regarding the availability of language assistance to health plan and health insurance enrollees. These regulations are intended to help reduce language and cultural barriers that may impact the Member's use of services and programs and to better manage the Member's health and well-being through enhanced communication and increased knowledge. These regulations apply to health plan/insurer interactions with Members as well as provider/practitioner interactions at the point of service. Health plans/insurers are obligated to require providers/practitioners to comply with the health plan's Language Assistance Program. A summary of the provider/practitioner requirements is found below. Details of the Language Assistance Program can be found in the policy accessed through your ASHLink account login at www.ASHLink.com on the *Resources > Provider Education Library > Policies* page.

2.1 Identification of Limited English Proficient Members

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient (LEP). The most common non-English threshold languages in the country are: Spanish, Chinese, Tagalog and Navajo. In California, the most common threshold languages are: Spanish, Chinese, Japanese, Vietnamese, Tagalog, Korean, Armenian, Farsi-Persian, Russian, Arabic, Punjabi, Hmong, Hindi, Thai, Cambodian, Laotian, Ukrainian, and Mien. If you identify a Member who has limited English proficiency or has difficulty communicating with you or your office staff regarding their health care, you are required to offer language assistance at all points of contact where the need for interpretation is reasonably anticipated. (Note: ASH Group maintains ongoing administrative responsibility for implementing and operating this language assistance program for Members interpretation services. As such, there is no charge to the Contracted Virtual Provider or Member for utilizing such services).

2.2 Identification and Support for Hearing Impaired Members

For Members that need assistance due to hearing impairment, ASH Group offers relay services by utilizing the local relay service of 711 for Members to communicate with ASH Group Customer Service. As a Contracted Virtual Provider, you must also provide or arrange for auxiliary aids and services that are necessary to ensure equal access to services, unless an undue burden or fundamental alteration would result. Auxiliary aids and services include, but are not limited to, qualified sign language interpreters, computer-aided transcription services, written materials, assistive listening devices, captioning, or other effective methods of making aural information and communication accessible.

2.3 Offer of Language Assistance

If a Member appears to be limited-English proficient and the language spoken by the Contracted Provider is not understood by the Member, language assistance must be offered even if the Member has a friend or family member that can provide interpretation services. The intent of these regulations is to discourage the use of family members and friends and strongly discourage the use of minors as interpreters; however, nothing is intended to create a barrier to care for Members:

1. A Member may request the use of an adult family member or friend as an interpreter. Once the Member has requested the use of an adult family member or friend as his or her interpreter, the Member shall be fully informed, through interpretation by the family member or friend in his or her primary/preferred spoken language, that a qualified interpreter is available at no charge to the Member. If the Member declines the offer of the qualified interpreter, the offer of a qualified interpreter and the Member's decision to use a family member or friend must be documented in the medical record file.
2. A minor may be used as an interpreter if the following conditions are met:
 - a. The situation is emergent/urgent;
 - b. The minor demonstrates the ability to interpret complex medical information in an emergency/critical situation; and,
 - c. The Member is fully informed by the minor in his or her primary/preferred spoken language that a qualified interpreter is available at no charge to the Member. If the Member declines the offer of the qualified interpreter, the offer and the Member's decision to use the minor as the interpreter must be documented in the medical record file.

Member Acceptance of Offer for Interpretation Services

If the Member chooses to accept interpretation services they must be arranged in a timely manner. Interpretation services (not including sign language) must be arranged by calling ASH Group Customer Service at **1.800.678.9133**, Monday through Friday 5 AM to 6 PM Pacific Time, regardless of individual language skills. A Customer Service Agent will conference in a qualified interpreter from its contracted language interpreter service to provide interpretation services between you and the Member.

Documentation of Offer

The offer of a qualified interpreter, along with acceptance or denial of interpretation services, must be documented in the Member's medical record. Documentation regarding language assistance may be requested in support of medical record audits. An optional form, the Language Assistance Offer of Interpretation Services, is available through your ASHLink account login on the *Resources > Forms* page to assist in the documentation process.

2.4 Language Assistance Program Training and Education

ASH Group requires you to complete initial and ongoing training on language assistance, cultural competency, and disability sensitivity as outlined in your Provider Services Agreement. This training is located on ASHLink on the *Resources > Provider Education Library > Administrative Topics* page listed as *Language Assistance Program and Cultural Competency Training*..