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Limited English Proficiency (LEP) Plan Medica Health Plans

1. Purpose

The purpose of this plan is to document the policies and procedures as it applies to providing meaningful access (language access) to individuals with Limited English Proficiency (LEP) while accessing services and information at Medica Health Plans “Medica” a Managed Care Organization (MCO), contracted with the Minnesota Department of Human Services.

2. Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557).
<https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf>
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68FR 47311 (2003).
<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html>
- Department of Justice regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation. http://www.justice.gov/crt/grants_statutes/corregt6.txt
- Communications Services, Minnesota Status § 15.441, subd (1), (2), (3), (4).
<https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf>
- Information for persons with limited English language proficiency, Minnesota Status §256.01 subd 16. <https://www.revisor.mn.gov/statutes/?id=256.01>
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.
<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

3. Definitions

- **Bilingual staff** - Is the person who has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source languages), AND has demonstrated cultural responsiveness, AND Medica has documented the above.

If the bilingual staff is going to act as interpreter for others, the above criteria are required in addition to at least one of the following:

- i. the bilingual staff is Healthcare Certified Interpreter (CHI, CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter
 - ii. has received healthcare interpreting training (minimum of 40 hours)
 - iii. has received community interpreting training (minimum of 40 hours)
 - iv. has developed skills and abilities as an interpreter and understands boundaries and roles as an interpreter
 - v. abides by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and professional code of ethics
 - vi. maintains skills by receiving interpreting continuing education of at least 8 hours annually, AND
 - vii. Medica keeps records and documentation of the above
- **Culturally appropriate services** – Is the utilization or application of services, testing, and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color, or national origin, or do not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin. - 45 CFR 80.3(b)(2).
- **Effective communication** - In a healthcare and social services delivery settings effective communication occurs when provider staff have taken the necessary steps to make sure that a person with Limited English Proficiency is given adequate information to understand the services and covered services available and receives the information and services for which they are eligible. Effective communication also means that a person with Limited English Proficiency (LEP) is able to communicate the relevant circumstances of their situation to the provider, and for the provider has access to the adequate information to do their job.
- **I Speak Cards** - “I Speak” Cards say both in English and target language “I need a target language interpreter.”
- **Individual with Limited English Proficiency (LEP)** – A person with Limited English Proficiency or “LEP” is not able to speak, read, write or understand the English language well enough to allow them to interact effectively with healthcare, social services agencies, and other providers.
- **Interpreting** - Interpreting means the oral, verbal or spoken transfer of a message from the source language into the target language. There are different modes of interpreting such as consecutive, simultaneous, sight-translation, and summarization.
- **Language Block** – Is a block of text that informs readers, in 16 different languages, how they can get free help interpreting the information on a particular document or included as an insert in appropriate documents.
- **LEP Implementation Team (or responsible individuals for compliance)** - Individuals appointed by Medica in coordination with Medica’s Health Equity Committee to review LEP Implementation activities within Medica.

- **Meaningful access** - Meaningful access to programs, information, and services is the standard of access required of federally funded entities to comply with language access requirements of Title VI of the Civil Rights Act of 1964. To ensure meaningful access for individuals with Limited English Proficiency, service providers must make available to clients, patients and their families language assistance that is free of charge and without undue delay resulting in accurate and effective communication.
- **Office for Civil Rights (OCR)** - The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.
- **Primary languages** - Primary languages are the languages other than English that are most commonly spoken by clientele as identified by Medica collection of demographic data. Currently there are five primary languages: Spanish, Somali, Vietnamese, Hmong and Russian. **Qualified Interpreter** - A person who either has met training and competency requirements or who is a certified healthcare, certified federal or state court interpreter and in good standing before their certifying body, AND adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care –NCIHC), the canons of ethics and conduct for court interpreters, etc.
- **Sight translation** - The verbal translation (transfer) of a written document from the source language into the target language.
- **Translation** - Translation means the written transfer of a message from the source language into the target language.

4. Methods of Providing Services to individuals with LEP

Medica seeks to instill confidence in every member about using their benefits, which is why we design our member communications to align with the National Culturally and Linguistically Appropriate Services (CLAS) standards provided by the Office of Minority Health. These guidelines consist of multiple elements intended to advance health equity, improve quality and help eliminate health care disparities through the development of health policies and programs.

All Customer Service Representatives (CSRs) go through an extensive training program that includes cultural competency education such as communications procedures to assist members with limited English proficiency and how to communicate using plain language.

Our staffing model promotes hiring bilingual CSRs who are scheduled during peak call times to provide frontline assistance to members as available. Additionally, CSRs assist members with free interpretive services using TransPerfect, a service that provides real time telephonic services for more than 215 languages. The interpreters we use through TransPerfect provide qualified language interpretative services and we hold them to the highest quality standards, including:

- Demonstrated cultural responsiveness to members.

- Certification as a Certified Healthcare Interpreter (CHI, CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter or having a minimum of 40 hours training as a health care or community interpreter.
- Linguistic proficiency in both English and the language(s) they interpret.

We use alternative communication devices and visual aids, such as picture boards and communication charts in 14-point type. We use these with TransPerfect language interpretation depending upon the member’s needs.

We provide written document translations free of charge and in a timely manner when needed to ensure members with limited English proficiency can access information and services.

We also provide specialized member materials such as:

- **Braille:** Documents are provided upon request and are mailed directly to the members by the State within 14 calendar days.
- **Large Print:** Member requests for large print materials are processed within 24 hours and mailed First Class to arrive within 3-7 days from the time of request.
- **Translated:** Members can receive assistance with obtaining translated materials by contacting customer service.

All materials sent by Medica to potential enrollees or enrollees under this contract will include the State’s 16 tagline language block.

Member materials are uniformly written at a seventh-grade level or lower, printed in at least 12-point type (with the exception of the member ID card).

By communicating in simple, conversational language and using visual cues and iconography, Medica guides members through written materials and enhances comprehension.

Medica ensures that any language representing at least 5% of persons eligible within Medica’s service area receives materials translated into that language. To make sure members can attend stakeholder meetings and understand and participate in discussions, we provide the following resources, provisions and assistance at Member Stakeholder Committee meetings to engage members who experience language barriers and special needs:

- Free interpretive services,
- Materials in alternative formats/languages upon request

The Health Equity Committee proposes and guides projects aimed at reducing disparities in health care access, experience and outcomes by removing barriers that may prevent our members from achieving their highest health care potentials.

Contracted Qualified Interpreters: ASL Interpreting Services, Intelligere Solutions, Intercultural Mutual Assistance Association, Jewish Community Center, Kim Tong, The Bridge World Language Services, West Central Interpreting

CSRs will arrange in-person interpreter services for our members and their family members during a visit with a network provider. This includes medical, dental, behavioral health and at-home appointments for nursing and other related services.

Telephone Interpreter Services: TransPerfect

Medica contracts with a vendor specifically for telephonic interpreter services, and we provide this vendor service for several of our delegated entities.

Video Remote Interpreting (VRI) Services: TransPerfect

TransPerfect supports Video Remote Interpreting (VRI) services for telehealth, considered the highest level of translation accuracy in combination with telehealth/virtual visits. The use of VRI for all members mitigates risks and improves health outcomes and quality of care.

Qualified and competent bilingual staff: None

Medica's staffing model promotes hiring bilingual CSRs who are scheduled during peak call times to provide frontline assistance to members as available. Additionally, CSRs assist members with free interpretive services using TransPerfect, a service that provides real time telephonic services for more than 215 languages including Somali and Hmong. The interpreters we use through TransPerfect provide qualified language interpretative services (e.g., telephonic, in-person) and we hold them to the highest quality standards, including:

- Demonstrated cultural responsiveness to members.
- Certification as a Certified Healthcare Interpreter (CHI, CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter or having a minimum of 40 hours training as a health care or community interpreter.
- Linguistic proficiency in both English and the language(s) they interpret.

LEP Liaison Contact:

1-866-269-6811 (toll-free) TTY: 711

401 Carlson Parkway

CP540

Minnetonka, MN 55305

LEP@medica.com

5. LEP Resources for Network Providers

Support for language services including shares eligible individual data on language needs with practitioners; shares organization or service area population data on language needs; provides practitioners with language assistance resources; makes in-person, video or telephone interpretation services available to practitioners; and offers training to practitioners on the provision of language services.

We offer educational and cultural competency training materials, including resources for working with LEP individuals. Trainings are available on the provider resource page on medica.com.

Our network contracting strategy focuses on culturally competent providers, including multilingual providers and providers of diverse ethnicities. We also retain information on network providers' degrees and licenses, areas of expertise, gender, ethnicity and languages spoken to aid referrals.

To continue to meet the unique equitable access to quality health care needs of our rural members, we actively seek available bilingual and culturally capable providers through ongoing communications with our community stakeholders that include members, counties, agencies and provider care systems.

We monitor quality of care complaints related to care coordination, limited English proficiency (LEP) accommodations, and culturally appropriate care to identify opportunities for improvement.

6. Interpreter Services

Medica, without undue delay and at no cost to individuals with LEP and/or their families, provides meaningful access to information and service to all individuals with LEP and/or their families receiving services.

7. Translation of Documents

Medica contracts with qualified translators or translating agencies to assist individuals with LEP in translating all vital documents, or documents needed to perform services.

8. Dissemination and Mandatory Training to Agency Staff, Volunteers, and Others

Medica is committed to providing LEP training to:

- All staff at new employee orientation who may interact with enrollees, AND
- At least once a year to all staff, volunteers, and others who may interact with enrollees

Medica will keep record of those training sessions and individual record of attendance to training will be part of personnel files. Record of this training will be kept for a minimum of five years and readily available during DHS audits, investigations, or any proceeding and as required by the law.

This training is to include at least the following:

- Title VI of the Civil Rights Act of 1964
- How to work effectively with interpreters, and
- Any other cultural issues related to delivery of information and services to individuals with LEP served by Medica

This LEP plan is added to the Manual of Policies and Procedures of Medica.

Dissemination of Language Access Information in Public Areas

Medica makes available to individuals with LEP:

- Notice of language access services by posting in public areas the "[Language Poster](#)", available through DHS public Web site (<https://edocs.dhs.state.mn.us/lfservlet/Legacy/DHS-4739-ENG>)

- “[I need an interpreter](https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG)” card available in 16 languages and from DHS public Web site (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4374-ENG>)
- Catalogue of Languages (<https://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4059-ENG>)

9. Annual Review of LEP Plan

Medica reviews annually its LEP plan to adjust or modify its contingencies based on demographic data collected by Medica during its delivery of information and services to individuals with LEP throughout the year. This means, that the LEP Plan review must be done at least once a year.

Medica upon DHS request will complete and submit DHS LEP Plan review on an annual basis or as often as requested by DHS.

10. Collection of Data & Its Analysis

Medica is committed to monitor and make reasonable adjustments to comply with Title VI requirements.

Medica will collect:

- DOB, gender, preferred spoken language, preferred written language, needs interpreter, cultural background, ethnicity, etc.
- The purpose of collecting these data is to ensure that we have appropriate language resources for members
- We measure the outcome from these data by tracking outgoing documents in languages other than English
- Additionally, language may be shared with Medica staff to aid in better communication with individual members in their preferred language

Medica will not disclose information which is not required for treatment, payment, or health care operations. Additionally, this data will not be used in underwriting decisions or in denials of coverage or claims, unless medically appropriate.

This information is used internally within Medica, to ensure an adequate network is available to all individuals enrolled on Medica, regardless of LEP. Medica does this by:

- Annually identifying the languages spoken by individuals and the languages spoken by our network providers
- Annually Analyzing the results along with grievances and appeals

11. Complaint Process:

Individuals with LEP have the right to file a formal complaint with:

- Medica:
 - Medica Health Plans
State Public Programs
P.O. Box 9310, Route CP540
Minneapolis, MN 55440-9310

Medica DUAL Solution (HMO D-SNP), Medica AccessAbility Solution Enhanced (SNBC SNP), Medica MSC+, Medica AccessAbility Solution (SNBC) call: (888) 347-3630 (this call is free) TTY: 711
8am – 9pm CT, seven days a week

Medica Choice Care PMAP, Medica MinnesotaCare call: (800) 373-8335 (this call is free) TTY: 711
8am-6pm CT, Monday - Friday

- Minnesota Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator:
 - Alejandro Maldonado
651-431-4018
P.O. Box 64997
Saint Paul, MN
55164-0997
alejandromaldonado@state.mn.us
Fax 651-431-7444
MN Relay 711 or 1-800-627-3529

- Office for Civil Rights (OCR), Region V – Chicago, IL
 - Celeste Davis, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601
Voice Phone (800) 368-1019
FAX 312-886-1807
TDD 800- 537-7697
<http://www.hhs.gov/ocr/civilrights/complaints/index.html>

This LEP Plan is available in public areas of Medica, to all staff, volunteer, and contractors, and to members of the community.

Revisions to this LEP Plan

<i>Creation</i>	October 2017	James Bremer
<i>First Revision</i>	April 2022	J.Bremer, C.Conzet, L.Benrud, J.Hutchinson-Legler