

HEALTH PLAN OF SAN JOAQUIN			
Subject: Translation Process of Written Member Materials			
Department: Marketing			Policy #: C&L 06
Applies to: Medi-Cal, HF, Commercial			Scope: Marketing
Effective Date: 2/01/96	Revised Date: 08/08	Approved by: <i>Signature on file</i> Marketing Director	

PURPOSE

Written member materials that are originally written in English, must at a minimum, be translated into HPSJ threshold languages within 90 days after the English version is approved by the State.

DEFINITIONS

Threshold Language –

Department of Health Care Services (DHCS):

Languages spoken in the county designated as threshold languages by DHCS. These are primary languages spoken by limited English proficient (LEP) population groups meeting a numeric threshold of 3,000 eligible beneficiaries residing in a county. Additionally, languages spoken by a population of eligible LEP beneficiaries residing in a county, who meet the concentration standard of 1,000 in a single ZIP code or 1,500 in two continuous ZIP codes, are also considered threshold languages.

Managed Risk Medical Insurance Board (MRMIB):

Spanish, and any language representing the preferred mode of communication for the lesser of five percent (5%) of the Contractor’s enrollment or 3,000 subscribers of the Contractor’s enrollment in the program, as designated by MRMIB.

POLICY

- A. HPSJ will utilize a qualified translation vendor to translate the written member informing materials as defined in this policy. (See Attachment A.)
- B. HPSJ will submit translated materials to the appropriate state agency as defined in this policy.
- C. HPSJ will apply the Medi-Cal standards for threshold languages to its other lines of business (excluding Healthy Families).

PROCEDURES

- A. The Publications Coordinator is responsible for submitting member materials and vital documents for translation to the translation vendor and ensuring that a back translation and/or community review is performed on complicated or legal documents before said document is finalized.
- B. Translation Process—A flow chart (attached) sets forth the steps that shall be used in producing a translation.
 - 1. The translation process begins with the initial translation of the source document, followed with editing by a different translator.
 - 2. Decision must be made regarding back translation of complicated and legal documents.
 - 3. The document is designed, layout created and the text typeset. A draft of this document is then produced.
 - 4. A professional review will then be performed by individuals familiar with the content and intended use of the publication, usually HPSJ staff. These individuals may include providers, community-based organization leaders, or others familiar with the needs of the threshold population. The document will also be reviewed by the Health Education Committee and the Community Affairs Committee (CAC) of the Health Plan.
 - 5. If necessary, a field test and professional review can take place. The field test involves the submission of the document to members (and/or community based organizations) for review. This option will be used if deemed necessary by the CAC, and will take place under the direction of the Publications Coordinator.

6. Recommendations resulting from the field test and professional review may be incorporated into the document if deemed appropriate by the CAC.
 7. The document should be proofread once more after design and layout to ensure consistency with the source document, appropriate sentence and word breaks, titles, etc.
 8. The complexity of the written material will determine whether some or all of the translation process steps must be applied.
Examples:
 - A handbook explaining services to members must go through all the processes.
 - A simple appointment reminder card does not need to go through field testing or community review.
 - Back translation process (in written form) is primarily necessary for legal documents such as the Combined Evidences of Coverage and Disclosure Forms. Although, this option is rarely used, and is very costly. The in-house review by certified staff is adequate and time efficient.
- D.** The Director of Marketing is responsible for selecting translation vendors. The following criteria will be used in determining if the service meets recommended qualifications:
1. Experience working with low-literacy, health-related publications.
 2. Experience contracting with public agencies.
 3. Ability to use the translation process outlined within this policy in place of its own.
 4. Ability to provide certification that the translation was conducted according to the defined process, and by qualified translators.
- E.** Once the translated document is received from the translation vendor, the Publications Coordinator will forward the document to the Compliance Officer for submission to the appropriate state agency as defined below.
1. DHCS/Medi-Cal
 - The Compliance Officer will submit translated Medi-Cal documents to DHCS in a timely manner in order to make the document available within 90 calendar days from the DHCS approval of the English copy.

- Although DHCS does not approve the translations, HPSJ must submit the finalized translations to DHCS prior to using these documents.
2. MRMIB/ Healthy Families
 - The Compliance Officer will submit copies of the translated Healthy Families EOC and provider directory to MRMIB by September 30 of each year (This submission is for information only; MRMIB does not review or approve translated materials).
 3. DMHC/All Lines of Business
 - The Compliance Officer will submit to the DMHC advertisements for all lines of business that have been translated, and will include a copy of the English document from which the translated document is based, and the translator's attestation of the translation.

REFERENCE

- A. DHCS Contract, Exhibit A, Attachment 9, #13
- B. MRMIB Contract, Section III. C. 2. b.
- C. DHS MMCD Policy Letter 99-04
- D. Title 28, §1300.61
- E. HPSJ Policy C&L 05 *Translated Written Member Materials*

ATTACHMENTS

- A. Written Member Materials for Translation
- B. Definitions
- C. Translation Flow Chart

<i>Created by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>	<i>Revised by/Date</i>
2/1/96	D. Hurst 3/13/03	D. Hurst 11/04	N. Raymond 5/08	L. Futrell 6/08 & 8/08	

Written Informing Member Materials for Translation

1. Combined Evidence of Coverage and Disclosure Form
2. Notice of Privacy Practices (HIPPA)
3. Member Newsletters
4. Welcome Packets
5. Grievance procedures, including acknowledgement and resolution
6. Provider listings or directories
7. Notice of action letters pertaining to the reduction, denial, modification or termination of services

DEFINITIONS OF TERMS IN THE TRANSLATION PROCESS

QUALIFIED TRANSLATOR

- ◆ Formal education in the target language. Ability to read, write, and understand the target language.
- ◆ Ability to read and understand the source language.
- ◆ Knowledge and experience with culture(s) of the intended audience.
- ◆ Health and managed care background is recommended.

TRANSLATION EDITOR

- ◆ A translator other than the original Qualified Translator.
- ◆ Formal education in the target language. Ability to read, write, and understand the target language.
- ◆ Knowledge and experience with culture(s) of the intended audience.
- ◆ Ensures the translation conveys all source document information (grammar, flow, completeness, accuracy, punctuation, spelling, accents/diacritical marks, etc.).
- ◆ Health and managed care background is recommended.

PROOFREADER

- ◆ A Qualified Translator other than the translator who did the word-processing, desktop publishing, or typesetting. May be performed by the Qualified Translator or Translation Editor as long as this individual did not perform the word processing, desktop publishing, typesetting.
- ◆ Formal education in the target language. Ability to read, write, and understand the target language.
- ◆ Responsible for punctuation, spelling, accents/diacritical marks, and typographical errors.

PROFESSIONAL REVIEWER

- ◆ Experience with health care and topic of the document.
- ◆ Knowledge and experience with culture(s) of the intended audience.
- ◆ Ability to read and understand the target language.

- ◆ Direct experience working with intended audience.
- ◆ Knowledge of managed care preferred.

FIELD TESTING

- ◆ Conducted with a minimum of seven end-users per language.
- ◆ Field test coordinator – experience with health education materials.
- ◆ Must keep documentation or process, data and results of each field test on file.
- ◆ Process may include individual interviews, surveys, and focus groups.
- ◆ Field test should examine word choices, clarity of concept conveyed, cultural appropriateness, acceptability, appeal, literacy, graphic appeals, and appropriateness.

BACK TRANSLATION

- ◆ Conducted by a Qualified Translator other than the original translator, editor, and proofreader.
- ◆ Written translations from target language to source language.
- ◆ For legal documents to ensure accuracy and completeness.