STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

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April 2, 1999

MMCD Policy Letter 99-04

TO:
[X] County Organized Health System Plans
[X] Geographic Managed Care Plans
[X] Prepaid Health Plans
[X] Primary Care Case Management Plans
[X] Two-Plan Model Plans

SUBJECT: TRANSLATION OF WRITTEN INFORMING MATERIALS

PURPOSE

This policy letter provides clarification regarding Medi-Cal managed care plans' (hereafter referred to as Plans) contract responsibilities in providing quality translation of written informing materials to members who have limited English proficiency and speak one of the languages which meet the threshold and concentration standards. It also provides recommended guidelines on what constitutes a quality translation process for plan-developed informing materials. This policy letter applies only to Plans with these contract responsibilities.

POLICY

Plans must provide translated informing materials in the threshold languages determined by the Department of Health Services (DHS) for the county in which the Plan is operating. Plans are strongly encouraged to use the standardized process described below to ensure the consistent production of well translated materials for its members.

I. Documents Requiring Translation

Some Plans have the following contract requirements: "The Contractor will provide the following services to those Member groups (who meet numeric threshold or concentration standards) with translated written materials."

Written informing documents provide essential information to all members regarding access to, and usage of Plan services. The following written informing documents require translation into threshold languages:

1. Evidence of Coverage Booklet, and/or Member Services Guide, and Disclosure Forms. The contents of these documents include, but are not limited to, the following information:
   a. Enrollment and disenrollment information.
   b. Information regarding the use of health plan services, including access to after-hours emergency, and urgent care services.
   c. Access and availability of linguistic services.
   d. Primary care provider (PCP) selection, auto-assignment, and instructions for transferring to a different PCP.
   e. Process for accessing covered services requiring prior authorizations.
   f. Process for filing grievance and fair hearing.
2. Provider listings or directories.
3. Marketing materials.
4. Form letters (denial letters, emergency room follow-up).
5. Plan-generated preventive health reminders (appointments and immunization reminders, initial health examination notices, and prenatal care follow-up).
6. Member surveys.
7. Newsletters.

II. Timelines

Existing State-approved English versions of the above listed documents must be available in threshold and concentration standard languages within 180 days of the issuance of this policy letter. Plans must translate all newly developed informing documents listed above into threshold languages within 90 days after the English version is approved by the State. Although DHS does not approve the translations, the Plan must submit the finalized translations to DHS prior to using these documents.

III. Plan Members Receiving Translated Materials

The Plan must implement procedures to identify members whose primary language is a threshold language. Sources for identification of limited English proficient members include the Medi-Cal Enrollment Data Set (MEDS), health plan enrollment data, initial health assessments, or other databases generated by the health plan. The Plan must implement procedures for sending these members translated materials on a routine basis.

DISCUSSION

Quality Translation

Plans are strongly encouraged to use the Translation Process described below to produce well-translated informing documents. The translation process begins when DHS or another state agency (e.g., the Department of Corporations) approves the finalized English version of the source document. Translated documents must be available within three months from the date the State approves the English version.

If the Plan contracts with an outside translation vendor, the Plan is strongly encouraged to ensure that a quality-control process as described below is used by the vendor. The Translation Process Flow Chart (Enclosure I) explains the process for producing culturally and linguistically appropriate translation. The Flow Chart Instructions delineate the steps needed to translate a source document to the target language (Enclosure II). The definitions for the terms used in the Flow Chart are in Enclosure III.

The use of different Qualified Translators is essential during several stages of the translation process to ensure accuracy, completeness, and reliability of the translated material. Back translations are critical for complex or legal documents (i.e., Evidence of Coverage booklet, release forms, or agreements). Back translation ensures accuracy and completeness by requiring that a translator, not involved in the original translation process, translate the document back into its source language for comparison and accuracy.

If you have any questions regarding this policy letter, please contact your contract manager.

Susanne Hughes

Susanne M. Hughes
Acting Chief
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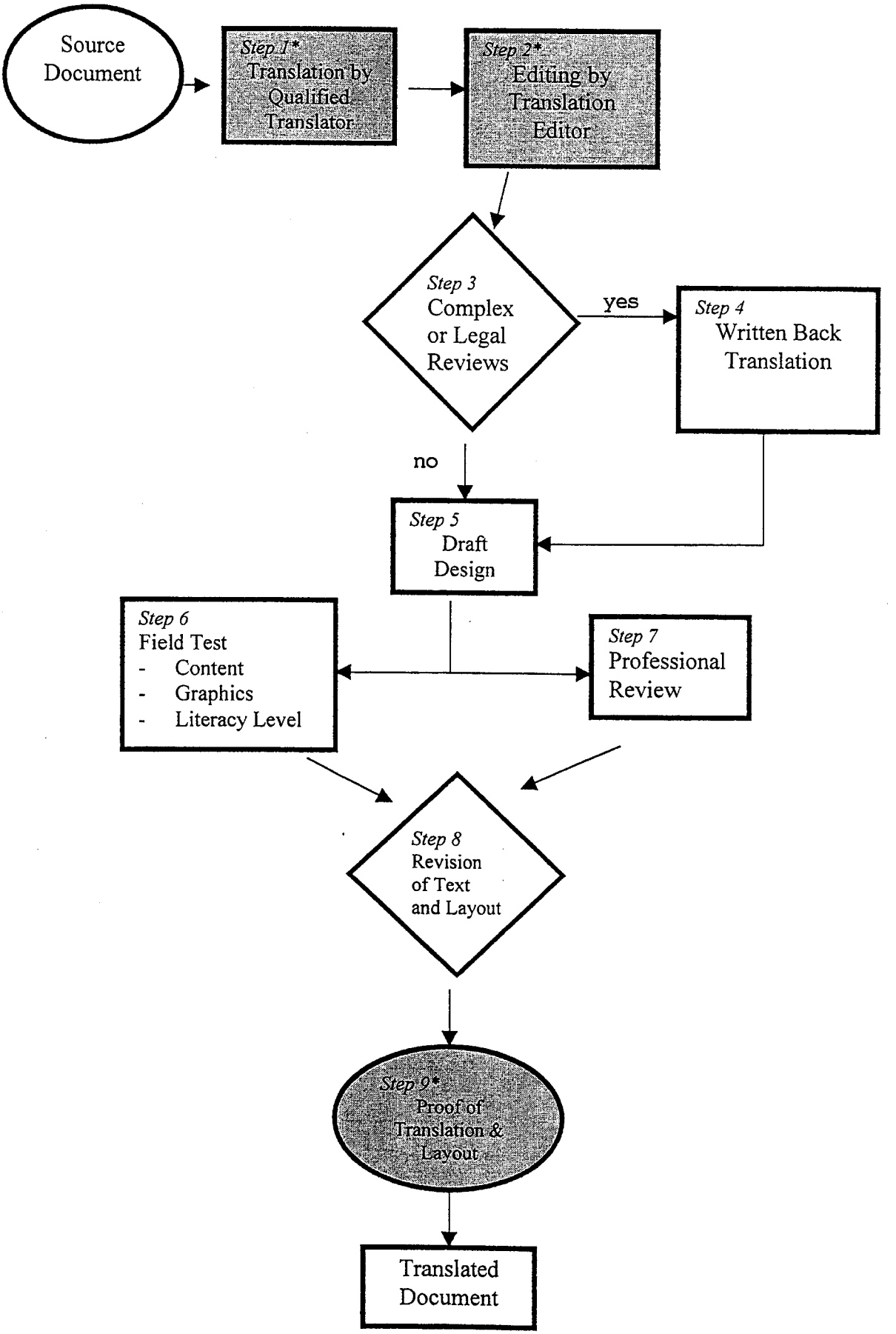
Enclosures

Translation Process Flowchart



Translation Process Flowchart Instructions

Using the Translation Process Flowchart

Choosing the correct steps depends on the document to be translated. The steps that are **bolded** are mandatory.

Steps 1 & 2 **By using two different qualified translators (one to translate and the other to edit), the quality of the translation will be enhanced, the risk of error will be reduced, and the diversity within a culture will be considered. It is recommended that familiarity with the regional language variations and cultural diversity of the intended audience be considered in the selection of the translation team. Word processing may be done by the Qualified Translator, Translation editor, or a word processor. Depending upon the target language and the number of translation process steps that are needed and used, word processing may take place at any point along the process.**

Step 3: Complex and legal documents require a more intensive review.

Step 4: If it has been determined in Step 3 that the document is a complex or legal document, then a back translation is **mandatory**.

Step 5: A pre-field test version of the document is rendered and proofed, including layout and graphics.

Step 6: During field testing, the document is tested with members of the intended audience. It serves a four-fold purpose:

1. To ensure that the document conveys the desired message to the intended audience;
2. To ensure that the literacy level is appropriate for the intended audience;
3. To allow correction of inaccuracies and misconceptions; and
4. Identify and correct geographical or regional differences in language.

Step 7: During professional review the document is sent to health professionals and experts who are literate in both English and the target language, familiar with the content areas, and with the intended audience.

Step 8: The results of steps 7 and 8 are incorporated into the document. Revisions to the source document may be made to address problematic issues uncovered during the field test and professional review.

Step 9: The combined layout and revised text are proofread.

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 development.
- Must keep documentation of 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 appeal, 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.