

UMPQUA HEALTH ALLIANCE

Language Access Plan

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DEFINITIONS

Appeal: OHP decides not to cover a health care service, members have options. They can appeal the decision with their CCO or dental plan. After the appeal they can also ask OHA for a hearing.

Bilingual/ Multilingual Staff: A staff person or employee who has demonstrated proficiency in English and reading, writing, speaking, or understanding at least one other language as authorized by his or her component.

Certified Health Care Interpreter: An individual who has been approved by the Oregon Health Authority (OHA) and issued a valid letter of certification by the Authority under these rules to perform health care interpreting services as outlined under ORS 413.558.

Coordinated Care Organization (CCO): A group of all types of health care providers who work together for people on the Oregon Health Plan (OHP) in each county of Oregon.

Department of Human Services (DHS): Oregon's principal agency for helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity, especially for those who are least able to help themselves.

Grievance: Grievance means an expression of dissatisfaction about any matter other than an adverse benefit determination.

Health Equity: When members are able to reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other social determined circumstances.

Health Insurance: A plan or program that pays for some or all of its members' health care costs. A company or government agency makes the rules for when and how much to pay.

Interpretation: The act of listening to a communication in one language and orally converting it to another language while retaining the same meaning.

Interpreter Services: Language or sign interpreters for persons who do not speak the same language as the provider or for persons who are hearing impaired.

Language Access: Is achieved when persons with LEP can communicate effectively with UHA employees, providers, and subcontractors and participate in UHA programs and activities.

Limited English Proficiency (LEP): Members or potential members who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

Medicaid: A national program that helps with the healthcare costs for people with low income. In Oregon, it's called the Oregon Health Plan.

Medicare: A health care program for people 65 and older, or people with disabilities at any age.

Meaningful Access: Language assistance that results in accurate, timely, and effective communication at no cost to the person with LEP. For persons with LEP, meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English proficient individuals.

NEMT: Transportation to or from a source of covered service, that does not involve a sudden, unexpected occurrence which creates a medical crisis requiring emergency medical services as defined in OAR 410-120-0000 and requiring immediate transportation to a site, usually a hospital, where appropriate emergency medical care is available

Network: Provider networks are made up of doctors, other healthcare providers, pharmacies, and facilities who contract with insurance companies to become an "in-network" provider.

Network Provider: The group of doctors, other health care providers, and hospitals that a UHA contracts with to provide medical care to its members. Also called a "Participating Provider".

Non-Network Provider: A provider who is not a Network Provider. Also called a “Non-Participating Provider”.

Oregon Health Authority (OHA): A government agency in the U.S. state of Oregon. It was established by the passage of Oregon House Bill 2009 by the 75th Oregon Legislative Assembly, and split off from Oregon Department of Human Services, OHA oversees most of Oregon's health-related programs including behavioral health (addictions and mental health), public health, Oregon State Hospital for individuals requiring secure residential psychiatric care, and the state's Medicaid program called the Oregon Health Plan. Its policy work is overseen by the nine member Oregon Health Policy Board.

Oregon Health Plan (OHP): A program that pays for the healthcare of low-income Oregonians.

Participating Provider: A provider that has a contractual relationship with UHA. A Participating Provider is not a Subcontractor solely by virtue of a Participating Provider agreement with UHA. “Network Provider” has the same meaning as Participating Provider. This is also called a “Network Provider”.

The Patient-Centered Primary Care Home (PCPCH) Program: Administers the application, recognition, and verification process for practices applying to become Patient-Centered Primary Care Homes.

Preferred or Primary Language: The language that a person identifies as the preferred language that he or she uses to communicate effectively.

Prevalent Non-English Language: Means all non-English languages that are identified during the eligibility process as the preferred written language by the lesser of five percent of the UHA's total OHP enrollment; or one thousand of UHA's members.

Provider: A licensed person or group that offers health care services. Examples are a doctor, dentist or therapist.

Qualified Health Care Interpreter: An individual who has been approved by the Authority and issued a valid letter of qualification by the Authority under these rules to perform health care interpreting services as outlined under ORS 413.558.

Readily Accessible: Electronic information and services which comply with modern accessibility standards such as section 508 guidelines, section 504 of the Rehabilitation Act, and W3C's Web Content Accessibility Guidelines (WCAG)2.0 AA and successor versions.

Social Determinates of Health (SDOH): The conditions in the environment that affect our overall health and quality of life. There are five key areas of SDOH:

- *Economic stability* - Such as job opportunities and income
- *Education access and quality* - Such as the level of education we complete, how well we read or our preferred written or spoken language
- *Health care access and quality*
- *Neighborhood and built environment* - Such as neighborhood access to safe and stable housing, transportation, healthy food and opportunities for physical activity; air and water quality
- *Social and community context* - Such as racism, discrimination, conditions in the workplace

Special Needs: Members are visually limited or have limited reading proficiency.

Subcontractor: Any participating provider or any other individual, entity, facility, or organization that has entered into a subcontract with UHA or with any subcontractor for any portion of the work under the CCO contract.

Telehealth: Video care or care over the phone instead of in a provider's office.

Translation: The conversion of written language from one language (source language) to a different language (target language).

Video Remote Interpreting (VRI): Interpreting service done through video phone calls to provide American Sign Language (ASL) or spoken language interpretation.

Vital Documents: Paper or electronic written material that contains information that is critical for accessing a component's program or activities or is required by law. Vital documents include, for example: applications, consent, complaint forms; notices of rights; and notices advising persons of the availability of free language assistance; and letters or notices that require a response from the beneficiary or patient.



INTRODUCTION

Communication challenges are a significant barrier to care for individuals with Limited English Proficiency (LEP). Individuals with LEP include those who are non-English speaking, who have a limited ability to read, write, speak, or understand English, and those who are blind, deaf, or hard of hearing. When individuals with LEP are not given the necessary language accommodations, they can experience a multitude of miscommunication issues which can negatively impact their health.

There are multiple state and federal laws that require Coordinated Care Organizations, like UHA, to ensure all services preserve meaningful language access. Providing meaningful language access is essential to promoting health equity and improving overall health outcomes. To this end, Umpqua Health Alliance (UHA) provides this Language Access Plan to ensure members and potential members receive healthcare services and information in a way they can understand. This document is updated annually and is intended to be a guide for best practices and a source of information about language assistance services offered by UHA. UHA's organizational policy for providing healthcare interpreter services is [MS5 – Requests for Interpreter or Alternative Format](#).

The Importance of Language Services

OHA has increased its focus on language access as a quality measure after a thorough review of the literature and information shared by community members during focus groups as part of the CCO 2.0 policy development process. Some of this information is summarized below.

- In the United States, 21 million individuals speak English “less than very well” and are thus said to have LEP.
- One million individuals in the United States use American Sign Language (ASL) as their primary language.
- Individuals with LEP have difficulties accessing health services; the same can be said for people that are deaf.
- LEP is a risk factor for poor health access and outcomes. It can result in challenges obtaining health insurance and completing processes associated with obtaining and maintaining coverage.
- Individuals with LEP are less likely to have a regular source of primary care and receive fewer preventive services for chronic conditions.
- LEP results in increased medical errors in hospital settings. In a meta-analysis, LEP patients were shown to be far safer with the presence of a

professional medical interpreter. Despite this evidence, other studies in the same meta-analysis pointed to healthcare professionals trying to “get by” without one in non-emergent settings.

Additional information can be found at: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/HEM-TC-NA-presentation-sept2020-v1B.pdf>.

Language Access Plan Goals

The goals of this Language Access Plan are:

- To promote health equity and reduce health disparities.
- To ensure members who are non-English speaking or have LEP continue to have meaningful access to services, programs and activities by using professional interpreters and linguistically and culturally diverse staff.
- To collaborate with providers and community partners to increase the collection of language access data and reporting of measurable outcomes.
- To promote self-determination, protects human rights, and support staff and provider training on language access.

This plan is critical to the mission accomplishing language access by working in partnership with state agencies, individuals, families, providers and communities.



NEEDS ASSESSMENT

UHA is committed to providing meaningful access to programs and services for individuals with LEP. UHA is taking a multifaceted approach to assess the needs of the community it serves. The results of these assessments are shared internally and externally to further refine the Language Access Plan, drive quality improvement activities and develop community informed outreach activities.

Community Demographic Assessment

One method UHA assesses the language assistance needs of the communities it serves is through internal and external reports to determine the most common languages spoken by its membership. The table below lists all languages spoken by its members from most to least prevalent:

Language	Total Members*	% Of Members*
English	35,219	96%
Undetermined	936	3%
Spanish	254	1%
Other	87	0%
Declined to answer	31	0%
Simplified Chinese	4	0%
Russian	3	0%
Vietnamese	3	0%
Achinese	2	0%
Bengali	1	0%
Blank	1	0%
Cambodian	1	0%
Hindi	1	0%
Indonesian	1	0%
Polish	1	0%
Punjabi	1	0%
Traditional Chinese	1	0%

**Membership data as of December 2022*

This data is used to ensure UHA staff is prepared to adequately meet the demand for language assistance services from our members. UHA's language assistance services are request driven, meaning language assistance services are provided when a member contacts UHA's Customer Care department to request interpreter and/or translation services. These requests are tracked for reporting purposes.

This data is also used to proactively assist members with their needs. For example, individuals who are identified as having LEP or a preferred language other than English are provided with 'I Speak Cards' that inform health care providers of their need for language assistance services as well as information for requesting an interpreter.

Member Touchpoint Assessment

To further the cause of health equity and accomplish the goal of providing readily available, high-quality language assistance services, in 2023, UHA will begin a member survey process for those who need or received language assistance services. This survey will assess the linguistic accessibility and

appropriateness of services provided when members call into UHA's Customer Care department, check-in with reception at provider offices, fill out paperwork, or document a grievance. The information collected from this survey will help determine if language assistance services met CLAS standards 5 – 8, which cover communication and language assistance. The data collected from this process will also help UHA assess the quality of the language assistance services received from the member's perspective and identify deficiencies. UHA will assess the collected data to identify deficiencies and create a plan to improve its language access services.

Quality Improvement Activities

The assessment of UHA's language assistance services is reported to the Network Performance & Contracting Sub-Committee quarterly. This Committee, along with the Quality Improvement Committee, will identify deficiencies and develop remediation strategies to improve the accessibility and quality of language assistance services. For more information, see the [Evaluation of Services](#) section of this plan.

Collaboration With Community Partners

The inclusion of community partners, such as providers, UHA's Community Advisory Council (CAC), local health departments, community-based organizations, faith-based organizations, schools, or other stakeholders, in efforts around communication and language services is essential to ensure information about its programs is provided in a manner that will resonate with the community. This also facilitates the dissemination of language assistance information into the community.

Collaboration with community partners occurs through the Community Advisory Council (CAC). On December 8th, 2022, the CAC met and made initial recommendations to help increase language access to the Douglas County community of Douglas County. Details regarding any resulting changes to the Language Access Plan are forthcoming.

UHA also communicates the availability of its language services through efforts and outreach facilitated by its Provider Relations department (see [Additional Information](#) section for Provider Relations contact information).



LANGUAGE SERVICES

UHA members have a right to receive healthcare services and information in a way they can understand. UHA provides linguistic services at no cost to members, their personal representatives, or potential members. Services are provided accurately and timely and protect the privacy and independence of the individual with LEP. UHA is fully committed to support its provider network to meet this requirement by providing reliable and readily available interpretation services. To ensure language access and further improve health outcomes of our members, UHA has partnered with several vendors. UHA covers the cost for the use of language services for all eligible members.

This section of the language access plan specifically describes how UHA ensures meaningful language access through the provision of the following language assistance services:

- Interpretation in non-English languages provided in-person or remotely by a qualified interpreter for an individual who communicates ASL or in a spoken language other than English.
- The use of qualified bilingual or multilingual staff to communicate directly with individuals who communicate with ASL or in a spoken language other than English.
- Written translation, performed by a qualified translator, of written content in paper or electronic form into languages other than English.
- Auxiliary aids and services such as assistive listening systems and devices, captioning and communication access real-time translation (CART), text telephones (7-1-1 TTY), videophones, captioned telephones, the use of communication boards, diagrams, digital tablets, picture diagrams or other devices.

Details for the provision of these language services are outlined in the sub-sections below. Please refer to the [Regulations and Standards](#) section for the applicable rules and guidelines that apply to the provision of these services.

Interpreter Services

Health Care Interpreters (HCIs) serve as an important connection to allow effective communication between healthcare staff and patients or members. Interpreters not only facilitate communication, but through their presence and role as patient educator, they also help keep the patient engaged and facilitate more informed and expeditious decision making.

The OHA has established a strategic goal of advancing health equity in Oregon and eliminate health inequities by 2030 and UHA is committed to achieving this goal. A critical component to meeting this goal is ensuring meaningful access to services for everyone in Oregon, regardless of their language and ability. UHA is required to offer potential or existing members, and the representatives the option to utilize an Oregon certified or qualified healthcare interpreter. This benefit is paid for by UHA provided they support a covered Medicaid service including but not limited to physical health, behavioral health, dental, and home health. All healthcare interpretation should be provided by an Oregon certified or qualified interpreter.

Providers can elect to utilize UHA's contracted vendors to provide language assistance services. See directions below for accessing UHA's available interpreter services. Providers may instead opt to bill for staff employed by their practice who are Oregon qualified or certified interpreters by using HCPCS code T1013 or CDT Code D9990 for dental visits. Providers and staff members may provide interpreter services if they have been designated by the employer to provide oral language or ASL assistance as part of their current, assigned job responsibilities. They must meet all the following requirements:

- Proficient in speaking and understanding spoken English and at least one other spoken language or ASL, including any necessary specialized vocabulary, terminology, and phraseology.
- Can effectively, accurately, and impartially communicate directly with individuals who use ASL or with limited English proficiency, in their primary languages.
- Are qualified or certified by the HCI Training Program.

Patients or members must be informed that free HCI services are available. The patient may decline the offer of the HCI in favor of using an adult friend or family member as their interpreter. Title VI and Section 1557 of the ACA prohibit the use of children as interpreters.

[Tips for using a Health Care Interpreter](#)

When a HCI is needed, before meeting with the patient or member, there are some important factors to be considered to ensure optimal outcome:

Before the visit:

- Schedule the interpreter in advance because they are scarce and can be far away (especially in rural areas)
- Provide interpreters with as much information as possible in advance, such as any relevant documents, diagnoses, background information, or any concerns that may impact the flow of communication such as emotionally charged news (so the interpreter can mentally prepare)

During the visit:

- Start with an introduction of all parties and state your role in the session
- Explain any changes to planned activities or information
- Speak to the patient or member and not the interpreter
- Keep eye contact with patient or member when possible
- Speak about one topic at a time and in short ideas to allow the HCI to complete interpretation before starting another sentence
- Do not engage in side conversations as this complicates the interpreter's role as they must interpret them also
- Be aware that the interpreter may bring your attention to any culturally sensitive information

UHA has the following telephonic and Video Remote Interpretation (VRI) services available and offers the use of an assisted listening device tablet for patients who are deaf or hard of hearing or who require American Sign Language (ASL) services. Some providers prefer to have a desk phone and a laptop set up in an exam room for ease of use. Providers should allow extra time, up to 20 minutes, for appointments that require the services listed below.

Telephonic Interpreting Instructions

1. Contact Linguava at 1-888-215-1476
2. You will be asked to provide the following information:
 - a. Your information:
 - i. Customer code 19751
 - ii. Company name/department
 - iii. Your name and phone number
 - b. Appointment details:

- i. Date/time
 - ii. Language needed
 - c. Patient information:
 - i. Patient's full name
 - ii. Patient's DOB
 - iii. Patient's insurance information
 - d. Additional information
 - i. Do you need a third-party dial out?
 1. If yes, provide the patient's phone number
 - ii. Request specific interpreter or gender preference
3. For immediate assistance with phone interpreters Monday through Friday 8:00 am to 5:00 pm:
 - a. Contact UHA Customer Care at 541-229-4842
 - b. Advise staff that you need an interpreter
 - c. You will need to provide the following information:
 - i. Patient's full name
 - ii. Patient's DOB
 - d. Customer Care staff will place you on hold and conference an interpreter for you

Video Remote Interpreting (VRI) for Telehealth Instructions

1. Enter the video conference platform (i.e., Zoom, GoToMeeting, etc.)
 - a. Enter access code 2019101
2. Add an interpreter
 - a. Click on attendees
 - b. Click on add attendees
 - c. Select add by phone
 - d. Enter 1-888-215-1476
3. You will need to provide the following information:
 - a. Patient's insurance ID
 - b. Patient's full name
 - c. Patient's DOB
 - d. Patient's insurance information

UHA's Assisted Listening Device Tablet for ASL Instructions

1. Contact UHA Customer Care either by phone at 541-229-4842 or by email at UHCustomerCare@umpquahealth.com (hours of operation are Monday through Friday 8:00 am to 5:00 pm)
2. You will need to provide the following information:

- a. Patient's full name
 - b. Patient's DOB
 - c. Appointment time, date, and location
3. UHA staff will schedule the tablet and a UHA Care Coordinator or Customer Care representative will attend the appointment with the tablet

ASL Interpreting Instructions

1. National Interpreting Service (NIS) carefully matches the interpreter with the patient and provider for more positive patient experiences
2. Contact NIS via phone at 503-932-8460 they will take you through the intake process and provide a quote of rates for services
3. More information about NIS is available on their website
<https://nationalinterpretingservice.org/medical-interpreting/>

Translation of Written Documents

UHA provides accurate and effective written translations of vital documents in the appropriate reading levels to ensure meaningful access and equal opportunity for healthcare services for members with LEP.

If the threshold for prevent non-English language is met, written informational materials are fully translated into all prevalent non-English languages within 90 days after the English version is approved by the state. Materials in non-threshold languages are made available upon request within 5 days of the request. Currently, there are no non-English languages among UHA's membership that meet the threshold to qualify as a prevalent non-English language. However, as a service, UHA currently translates written materials into Spanish to accommodate the largest identified LEP population in Douglas County. At time of enrollment, UHA Customer Care staff identify members whose preferred language is Spanish according to the OHA's eligibility file and mails Spanish-translated materials to those members.

UHA prioritizes the translation of vital documents and documents containing critical information for obtaining services and/or benefits. Examples include, but are not limited to:

- Complaint Forms;
- Consent Forms;
- Patient Rights and Responsibilities;
- Member Handbook;
- Member ID Cards;

- Non-emergent Medical Transportation (NEMT) Riders Guide;
- Notice of Privacy Policy (NPP);
- Notice of Adverse Determination (NOABD);
- Benefit and Educational Materials; and
- Written Correspondence.

Vital documents, including individualized treatment planning, acceptance and denial of services, disaster response and other time sensitive documents, will be translated immediately. Providers may request the translation of vital documents for members and potential members by contacting UHA Customer Care at 542-229-4842 or by emailing UHCustomerCare@umpquahealth.com with "Written translation request" in the subject line. The turnaround time for fulfillment of such requests depends on the critical nature of the information contained in the document, and the document size and complexity. Many documents have already been translated to the most prevalent non-English languages. These documents are accessible to the public on UHA's website, www.umpquahealth.com.

All written materials for members, including translated materials, will use easily understood language at or below a sixth grade reading level using the Flesch-Kincaid scores, will use a font size no smaller than 12 points, and will generally use easily readable fonts, such as Sans Serif, Arial or Calibri. Written documents also include taglines in large print (18 point) and prevalent non-English languages describing how to request auxiliary aids and Certified or Qualified HCI services, including written translation or oral interpretation, the toll-free and TTY/TDY customer service number, and availability of materials in alternative formats.

Alternate Formats

Alternate format is a form of assistive technology and refers to the conversion of written materials (see list of vital documents above) into a format other than standard print. Such materials may be provided as a reasonable accommodation for UHA members and potential members with print-related disabilities, including visual and reading disabilities, or physical disabilities that make it difficult to carry or hold standard reading material. Alternate formats available through UHA include large print, eText (structured PDF or Word format), audio file, Braille, Auxiliary Aids and other formats, aids and services for disabilities including ASL and sited guide in accordance with Title II of the American with Disabilities Act and Title VI of the Civil Rights Act.

UHA members and potential members are informed at enrollment, or when seeking to enroll, that they may request alternate formats of UHA's written materials at no cost by:

1. Calling UHA's Customer Care department at 541-229-4842 / TTY 541-440-6304;
2. Emailing UHCustomerCare@umpquahealth.com with "alternative format request" in the subject line; or
3. Submitting a request through any other reasonable method.

Members who request alternative formats are identified through an internal flagging process and tracked through reporting. All requests received are considered high-priority and are completed within five business days.



NOTICES

UHA reflects the languages regularly encountered in its service area through our signs, materials, and multimedia resources. For those who may be LEP, information can be conveyed orally or through signage using symbols or pictures. UHA, its provider network and subcontractors will collaborate to disseminate information on the availability of interpretation and translation services at no cost to the member. Some of the dissemination efforts include, but are not limited to the following:

- Multilingual posters in prominent locations, such as lobbies and other member frequented areas;
- Posting notices about the availability of language assistance services at points of entry or intake, such as in lobbies or other member accessible areas;
- Brochures or print materials on the topic of language access;
- Language access statements on forms and paperwork;
- Media use, such as websites and member newsletters;
- Promoting the use of "[I Speak Cards](#)" by healthcare providers; and
- Multilingual messaging on UHA's Customer Care call center phone line.

Additionally, UHA will continue the coordination of routine promotion of available language access services and sharing UHA's Language Access Plan as appropriate.



TRAINING

Staff training is an important step in providing language assistance services to individuals with limited English proficiency to prevent barriers to care and ensure member interactions are effective and respectful. UHA training helps ensure all UHA employees, providers, and subcontractors are:

- Aware of the resources available at no cost to members, potential members, and their representatives;
- When to use these resources (such as interpreter services);
- The procedures to access these resources (e.g., interpreters, bilingual staff, translation services, telephonic interpretation, on-site interpretation, ASL, and Braille); and
- The UHA [points of contact](#) for questions about these resources.

To ensure interactions with individuals with LEP are respectful and effective, UHA provides cultural competency and diversity training. UHA requires and provides annual cultural competency training for UHA employees. UHA communicates cultural competency, sensitivity, or diversity training for staff, Network Providers, and First Tier, Downstream and Related Entities with direct member interaction through notifications of upcoming events that are being held by OHA or other vendors.

UHA provides training on the provision of language assistance services to ensure staff understand the company's language access policies and procedures. During the new employee onboarding process for staff who directly interact with members, UHA provides detailed training on language assistance services, such as interpretation and translation policies, instructions for accessing the services, how to facilitate the provision of these services, and how to capture data around members' language needs and preferred language. In addition to the new employee onboarding training, UHA provides training to existing staff, especially those who interact with members, potential members, and their representatives. The Customer Care Department has been trained to record updates to members' and their personal representative(s)' cultural and linguistic capabilities and preferences, including standing requests for material in alternate languages and formats as made by such parties. UHA's Customer Care and Care Coordination staff have been trained to update members' language preferences using the CCO Data Submission portal.

The UHA Provider Network Department is responsible for ensuring that the composition of the provider network continuously meets members' ethnic, cultural and linguistic needs on an ongoing basis. Provider language capabilities, including certification and proficiency documentation, are reviewed and documented during the contracting and credentialing process. The information collected is used to update UHA's provider directory. Staff use the OHA Health Care Interpreter Registry to verify providers meet OHA's requirement to be a qualified or certified health care interpreter. Network providers are informed of Cultural and Linguistic Services (C&L) training requirements as part of Provider Orientation. UHA also provides regular training and information sessions to ensure employees and providers are informed and aware of UHA's policies and procedures regarding the provision of CLAS. Training on culturally and linguistically appropriate care and care coordination is made available to UHA staff. Specifically, UHA offers:

- Department-specific periodic training on C&L issues on topics such as health literacy, utilization of interpreter services, identifying and handling C&L grievances, customer service to a diverse membership, etc.;
- New provider orientations that cover Cultural Competency and UHA C&L policies and procedures and Provider Handbook specifically addressing provider responsibilities for providing CLAS and utilization of interpreter services;
- One-on-one provider and provider office staff training on C&L issues when a need is identified to improve provider effectiveness in meeting members' C&L needs; and
- Training, educational materials and tools regarding various cultures and CLAS to UHA staff and network providers.



EVALUATION OF SERVICES

UHA will evaluate and update this Language Access Plan annually to ensure that the language access program continues to facilitate quality language access services that is accessible to persons with LEP. Any improvements identified will be incorporated into this document.

Policies and Procedures Monitoring and Continuous Improvement

UHA conducts regular monitoring and enforcement activities of staff, provider, and interpreter performance to ensure adherence to UHA's Language Access Plan and related policies and procedures, and that these policies and procedures are effective in providing language assistance services. Monitoring activities include, but are not limited to:

- Consumer/member satisfaction surveys;
- Provider satisfaction surveys;
- Review of complaints, grievances and suggestions submitted by members with LEP, community members, and employees regarding language assistance services provided, and UHA's responses to these complaints, grievances, or suggestions;
- Interviewing community members, and employees regarding the quality of language assistance services provided and suggestions for improvement;
- Reports on demographic information and data collection processes;
- Tracking of utilization rates of the different types of language access services being used throughout UHA and provider network;
- Language services provider quality; and
- Analysis of health outcomes for individuals with LEP.

Health disparities and utilization patterns by race, ethnicity, language, disability, sexual orientation and gender identity are investigated by UHA's Quality Improvement Department and appropriate interventions are implemented as needed.

Reporting

In UHA's contract with the OHA, UHA is required to complete a quarterly Language Access Report that gathers information on eligible LEP members. As a result, health care providers who provided in-person care to UHA's members are required to provide UHA's Customer Care staff detailed information about the encounter including, but not limited to:

- The member ID;
- Type of care setting;
- Date;
- Type of interpreter service (in-person, telephonic, etc.); and
- If the interpreter is a qualified or certified health care interpreter by the OHA (this report is a component of the CCO Incentive Measure for

Meaningful Access to Health Care Services for Persons with Limited English Proficiency).

Additionally, UHA is required to submit the following information regarding language access to OHA:

- Policies regarding language service use;
- Annual Language Self-Assessment: Meaningful Language Access to Culturally Responsive Health Care Services; and
- Reviews of Grievances and Appeals related to communication and access.

These reports and other reports related to LEP and SDOH are reviewed by UHA's Network Performance & Contracting Sub-Committee. This Committee will review the data presented and report its findings and recommendations to UHA's Quality Improvement Committee.



REGULATIONS AND STANDARDS

Longstanding civil rights laws require that health care providers provide language services. The applicable laws are listed below.

Civil Rights Act

Title VI of the Civil Rights Act (Title VI), Section 1557 of the Affordable Care Act (ACA), and the corresponding Code of Federal Regulation (CFR) at 45 CFR Part 92 (Section 1557), require that any entity who receives federal funding, such as Coordinated Care Organizations (CCOs), are required to all individuals who are served in the health program or related activities.

The Americans with Disabilities Act (ADA)

The Americans with Disabilities Act of 2008 (ADA) requires that all health care providers who receive federal funding make reasonable modifications to serve or provide accommodations to people with disabilities as effective as those for individuals who do not have disabilities. The Northwest ADA Center has a great [Healthcare Toolkit](#) and resources to help health care providers meet these requirements.

Oregon Administrative Rules (OARs)

[OAR 410-141-3515\(12\)](#) requires CCOs to implement procedures for communicating with and providing care to members who have difficulty

communicating due to a medical condition, who need accommodation due to a disability, or who have Limited English Proficiency, living in a household where there is no adult available to communicate in English or there is no telephone.

[OAR 410-141-3580](#), requires CCOs to ensure the provision of free certified or qualified interpretation services to individuals with a disability and individuals with LEP.

[ORS 413.550 and ORS 413.552](#) requires the use of interpreters.

National Standards for Culturally and Linguistically Appropriate Services (CLAS)

The National CLAS Standards were created by the U.S. Department of Health and Human Services Office of Minority Health for the purpose of advancing health equity and eliminating health care disparities by establishing a blueprint for health care providers and health care organizations to follow. These standards consist of a set of 15 action steps found at www.ThinkCulturalHealth.hhs.gov which outline best practices for providing quality care and language access to patients.

The document [A Practical Guide to Implementing the National CLAS Standards](#) is a recommended resource to help individuals, providers and health care organizations to have a greater understanding of the CLAS Standards and how to incorporate them into their day-to-day practices. UHA as an organization works to implement and follow all 15 Standard as they are vital to advancing health equity, improving quality, and eliminating health care disparities. The benefits of implementing CLAS Standards are undeniable and UHA strongly recommends adoption by its contracted providers and subcontractors. For more information on the CLAS Standards, please refer to the HHS.gov Think Cultural Health website.



ADDITIONAL INFORMATION

Additional Resources

- Preferred Language cards are available in 10 languages
www.Oregon.gov/OHA/OEI/Pages/HCI-Resources-Events-Policy-Laws.aspx

- OHA Approved Health Care Interpreter (HCI) Training information <https://www.oregon.gov/oha/oei/Pages/hci-training.aspx>
- Oregon Health Care Interpreters Association <http://ohcia.org/>
- Video - How to become a Qualified or Certified interpreter in the State of Oregon <https://www.youtube.com/watch?v=51uMFFNP0Ns>
- HHS.gov Limited English Proficiency Resources <https://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/limited-english-proficiency/index.html>
- Tips for Working with Telephone Interpreters https://www.lep.gov/sites/lep/files/media/document/2020-03/TIPS_Telephone_Interpreters_0.pdf
- AAMC Guidelines for Use of Medical Interpreter Services <https://www.aamc.org/system/files/c/2/70338-interpreter-guidelines.pdf>

Contact Information

General Question or Comments About This Plan

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Oregon Health Authority (OHA) Email: OHA.InternalCivilRights@state.or.us

UHA's Language Access Coordinator

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The right care, at the right place, at the right time.



UHA's mission works to achieve health equity for all population groups by allocating resources towards designing policies and programs to create greater social justice in health.