

[Return](#)

NEWS: LANGUAGE ASSISTANCE PROGRAM DATA CALL REPORTING INSTRUCTIONS

PURPOSE AND REGULATORY AUTHORITY

The purpose of this website is to provide the reporting instructions and related forms needed to fulfill your company's reporting obligations under [California Insurance Codes \(CIC\) 10133.8 & 10133.9](#) and [Title 10, California Code of Regulations \(CCR\) 2538.1 - 2538.8](#). LAP-2008 Data Call is the plan and reporting requirements which covers the 2008 reporting period.

Per the statutes and the regulations, every California Health Insurer is required to implement a Language Assistance Program to provide language assistance services (interpretation and translation) to their limited-English proficient insureds.

In cooperation with the California Department of Insurance's Legal Division, the Statistical Analysis Division has developed the LAP-2008 Data Call. This data call is intended to provide a uniform method of data collection, as well as, to provide companies with a convenient and efficient manner of fulfilling their reporting obligations.

[WHO IS REQUIRED TO REPORT?](#)

[NOTICE OF AVAILABILITY OF LANGUAGE SERVICES *](#)

[HOW DO COMPANIES FULFILL THEIR REPORTING OBLIGATIONS?](#)

[PENALTIES FOR NON-COMPLANCE](#)

[REPORTING FORMS AND RELATED INSTRUCTIONS](#)

[LAP-2008 IMPORTANT DATES TO REMEMBER](#)

[LAP CONTACT INFORMATION](#)

* IMPORTANT: Electronic copies of each notice that the health insurer has created must be provided as an attachment in LAP RESPONSE FORM DN (see LAP Statistical Plan for further details).

[WHO IS REQUIRED TO REPORT?](#)

The LAP-2008 Plan and reporting requirements pertain to companies that currently write or have existing business in health insurance. For the purposes of the LAP-2008 Plan and reporting requirements, health insurance policies are defined by [California Insurance Code Section 106\(b\)](#).

- If your company currently writes or has existing business in health insurance, as defined by [CIC 106\(b\)](#), your company is subject to the LAP Plan and reporting requirements in [CIC 10133.8 & 10133.9](#) and [CCR 2538.1 - 2538.8](#) and must respond to the LAP-2008 data call.
- If your company is licensed to conduct disability insurance (e.g. - maintains a Class-06 Disability license) in California but has never written or has no existing health insurance business, your company must complete the "No Experience To Report" section in the LAP-2008 Acknowledgement Form and return this form to the California Department of Insurance.

[Back to Top](#)

[NOTICE OF AVAILABILITY OF LANGUAGE SERVICES](#)

What is the Language Assistance Program (LAP) Notice?

[California Code of Regulations \(CCR\) §2538.3\(c\)](#) requires every health insurer to develop a written Notice that discloses the availability of language assistance services to insureds and explains how to access those services. Pursuant to [CCR §2538.3\(c\)\(2\)](#), to better ensure that all health consumers received the same information about LAP services, the Commissioner has developed the Notice that each health insurer shall provide to all insureds. The Commissioner's Notice was developed in collaboration with a group of health insurers, health plans and health consumer advocates.

What must the Notice contain?

The Notice shall include the paragraph provided in at least the following 13 languages as well as English: Arabic, Armenian, Chinese (traditional characters), Hmong, Japanese, Khmer (Cambodian), Korean, Persian (Farsi), Punjabi, Russian, Spanish, Tagalog and Vietnamese.

Health insurers shall substitute their telephone number for the "xxx-xxx" in the Notice. Any additional insurer specific information may be added to the Notice as long as no existing text is changed or deleted AND the information does not conflict or alter the meaning of the existing text. To assure accuracy, if additional text is required, it is recommended that the additional text be sent to a translation vendor.

When and to whom shall the Notice be sent?

The Notice shall be sent to all insureds with new enrollment packets, initial welcome packets, other annual statements, mailings and information and with each vital document. After the initial mailing of the Notice to all insureds, it shall be sent at least once a year ([pursuant to CCR 2538.5](#)).

How do health insurers use and create the Notice?

Health insurers shall use the translated paragraphs as provided on the Language Assistance Program Data Call website to create their Notice which shall contain all 13 translated languages as well as English.

Insurers shall determine which translated paragraph to include in the Notice based upon the determination of threshold languages. If threshold languages have been identified by the insurer's Survey of insureds, the [threshold language paragraphs](#) shall be used for the identified threshold languages and the non-threshold language paragraphs shall be used for the remainder of the 13 languages. If threshold languages have not yet been identified, the insurer

shall use the [non-threshold language paragraphs](#) for all 13 of the translated languages as well as English. Once it is determined which translated paragraphs will be used (threshold & non-threshold), the insurer specific phone number and other information will be added to each individual mini pdf for that language. Those paragraphs will then be pasted onto one new pdf document for distribution.

Click on the following links to download the required language paragraphs:

- [Threshold Language Paragraphs](#)

- [Non-Threshold Language Paragraphs](#)

[Back to Top](#)

[HOW DO COMPANIES FULFILL THEIR REPORTING OBLIGATIONS?](#)

Companies that currently write or have existing business in health insurance, as defined by [CIC 106 \(b\)](#), must complete the following steps in order to fulfill their reporting obligations under [CIC 10133.8 & 10133.9](#) AND [CCR 2538.1 - 2538.8](#) :

1. **Complete & Return the acknowledgement form** to the California Department of Insurance. Regardless of your reporting experience, acknowledgement form must be electronically submitted **NO LATER THAN October 31, 2008**. We will not accept scanned copies, photo copies or "pdf" documents in lieu of the original excel file format.
2. Download the [statistical plan](#) and [report forms](#).
3. Review the reporting instructions in the statistical plan and collect the information pursuant to the instructions and definitions stated in the statistical plan.
4. Enter the information required in the report forms.
5. E-mail the report forms to the California Department of Insurance. E-mail instructions are contained in the statistical plan. **DUE December 1, 2008**
6. Complete & Return the [affidavit form](#). **DUE December 1, 2008**

[Back to Top](#)

[PENALTIES FOR NON-COMPLIANCE:](#)

Companies that fail to submit a completed LAP Acknowledgement of Receipt Form and LAP Report (if applicable) by the due date requested will be considered in non-compliance with [California Insurance Code Sections 10133.8 & 10133.9](#) and [Title 10, California Code of Regulations 2538.1 - 2538.8](#) and will be subject to fines and penalties (up to \$100,000) under California Insurance Code Section 10508.7 and will be referred to the Department's Legal Division for further action.

Non-compliant companies may also be referred to the Field Rating & Underwriting Bureau who will

collect the required data and bill the time required for examination at the company's expense pursuant to California Insurance Code 1857.4.

[Back to Top](#)

LAP-2008 IMPORTANT DATES TO REMEMBER:

- [LAP Regulatory Timeline](#) (detailed timeline covering all regulatory requirements)
- The LAP Acknowledgement of Receipt Form is due no later than **October 31, 2008**.
- Requests for extensions in submitting the LAP-2008 Plan and Report Forms must be received no later than **November 10, 2008**.
- The LAP-2008 Plan and Report Forms are due no later than **December 1, 2008**.

All extension requests must be in writing and must be sent by e-mail to: Dairyn Valencia at valenciad@insurance.ca.gov

[Back to Top](#)

REPORTING FORMS AND RELATED INSTRUCTIONS:

The links provided below will allow you to download the HIDR related forms and related instructions.

- [LAP REGULATORY TIMELINE](#)
- [CIRCULAR LETTER](#)
- [ACKNOWLEDGEMENT FORM](#) - **DUE OCTOBER 31, 2008**
- [STATISTICAL PLAN](#) (reporting instructions)
- [AFFIDAVIT FORM](#) - **DUE DECEMBER 1, 2008**
- [LAP RESPONSE FORMS](#) ¹ - **DUE DECEMBER 1, 2008**

¹ Adobe Acrobat Document - These documents are in Adobe Acrobat (pdf) format. To download a free copy of Adobe Acrobat Reader, click on the following link: [Adobe Acrobat Link](#).

[Back to Top](#)

LAP CONTACT INFORMATION:

<p>Questions regarding the statistical plan or related forms, please contact:</p>	<p>For questions about substantive matters, or legal requirements, please contact:</p>
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[Back to Top](#)

[NOTICE OF AVAILABILITY - THRESHOLD & NON-THRESHOLD LANGUAGES: DOWNLOAD INSTRUCTIONS](#)

The Notice of Availability of Language Services is required by [California Code of Regulations \("CCR"\) §2538.3\(b\)\(1\), CCR §2538.3\(c\)\(1\), CCR §2538.4\(a\), \(b\), and CCR §2538.6\(b\)\(3\)](#).

A health insurer is required to use the Notice to let its insureds know that the health insurer will provide both translation and interpretation services.

The Commissioner has created paragraphs from which each health insurer must create its own Notice. As of October 2008, all health insurers are required to use these paragraphs.

The Notice must be sent to insureds yearly and with all vital documents [pursuant to [CCR §2538.3\(b\)\(4\), CCR §2538.4\(a\), CCR §2538.4\(b\)](#). Per [CCR §2538.4\(a\)](#), insurers must survey their insureds to determine its threshold languages (the languages other than English spoken by the insureds)]. Insurers must survey their insureds to determine its threshold languages ([per CCR 2538.5](#)).

This website contains different paragraphs from which the health insurer is required to create its Notice. The "non-threshold wording" paragraphs are provided in English plus 13 additional languages. The "threshold wording" paragraphs are provided in English plus 5 additional languages. After you have downloaded the paragraphs, your company must perform the following:

1. The health insurer must insert its own telephone number.
 2. The health insurer may add its name and logo to the Notice.
 3. The electronic copies of each notice that the health insurer has created must be provided as an attachment in LAP RESPONSE FORM DN (see LAP Statistical Plan for further details).
 4. The health insurer may also add additional wording, as long as that wording does not conflict with the purpose of the Notice and as long as the health insurer provides that additional wording in all of the non English languages on its Notice.
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If the health insurer has **already determined its threshold languages**, it must create a Notice using use the "threshold wording" paragraphs in English + its threshold languages and the "non threshold wording" paragraphs in English + the remaining languages.

[THRESHOLD LANGUAGE FORMS](#) - PLEASE NOTE: Electronic copies of each notice that the health insurer has created must be provided as an attachment in LAP RESPONSE FORM DN (see LAP Statistical Plan for further details).

[Threshold Language - English](#)

[Threshold Language - Chinese](#)

[Threshold Language - Korean](#)

[Threshold Language - Spanish](#)

[Threshold Language - Tagalog](#)

[Threshold Language - Vietnamese](#)

[Back to Top](#)

If the health insurer has **not yet determined its threshold languages**, it must create a Notice using the "non threshold wording" paragraphs - English + 13 additional languages.

[NON-THRESHOLD LANGUAGE FORMS](#) - PLEASE NOTE: Electronic copies of each notice that the health insurer has created must be provided as an attachment in LAP RESPONSE FORM DN (see LAP Statistical Plan for further details).

[Non-Threshold Language - English](#)

[Non-Threshold Language - Arabic](#)

[Non-Threshold Language - Armenian](#)

[Non-Threshold Language - Chinese](#)

[Non-Threshold Language - Hmong](#)

[Non-Threshold Language - Japanese](#)

[Non-Threshold Language - Khmer](#)

[Non-Threshold Language - Korean](#)

[Non-Threshold Language - Persian](#)

[Non-Threshold Language - Punjabi](#)

[Non-Threshold Language - Russian](#)

[Non-Threshold Language - Spanish](#)

[Non-Threshold Language - Tagalog](#)

[Non-Threshold Language - Vietnamese](#)

[Back to Top](#)
