



Translation Glossaries: The Need for Standardization of ACA-related Terms

Prepared By: Mara Youdelman
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The Affordable Care Act (ACA) not only expanded eligibility for enrollment in health insurance for millions, it also changed the way many individuals apply for and select their health care. Determining Medicaid and CHIP eligibility based on “MAGI”, providing tax credits and cost-sharing assistance in the Exchanges, and creating a single streamlined application will result in vast efficiencies in getting millions of currently and newly eligible individuals into the health care system. Yet for the same reasons, the new standards and terminology add complexity as new terms and requirements are implemented.

With 23 percent of Exchange applicants expected to be limited English proficient (LEP), it is critical that the Federally Facilitated Exchange, state-based Exchanges, navigators and assisters, brokers, Medicaid and CHIP agencies, and others have access to standardized definitions of the new terms that will be critical to ensuring all eligible individuals enroll in the program that is right for them. The Department of Health and Human Services (HHS) can assist by creating translation “glossaries” for standardizing the terminology used when developing materials in non-English languages. These glossaries, which should be available in multiple languages, will ensure consistency throughout an LEP individual’s interactions with varying entities/agencies. IRS has already created translation glossaries in Spanish, Chinese (traditional and simplified), Korean, Russian and Japanese.¹ HHS should adopt the common terms both to ensure consistency and also ease the process of creating its own translation glossaries.

Since translation costs are often based on the number of words needing translation, creating translation glossaries also saves money by preventing translators from having to continually translate the same terms. For example, a uniform Chinese translation glossary would save the FFE and each of the 19 or so state-based Exchanges time and money. Multiply this by the need for QHPs, navigators/assisters, brokers, entities conducting presumptive eligibility, and others to translate materials and the costs – and inefficiencies – quickly add up.

In addition to the cost-savings, having standardized translations will result in consistent use of terminology which will assist LEP individuals and those assisting them to effectively communicate. Since an LEP individual may interact with different entities throughout the application process – including a broker, navigator/assister/application counselor, Exchange, and/or QHP – having consistent terminology will ease understanding since the same term will have the same translation across all points of

¹ See <http://www.irs.gov/uac/IRS-Announces-New-Chinese,-Korean,-Russian-and-Vietnamese-Tax-Glossaries-to-Assist-Taxpayers>.

contact. Otherwise, an Exchange may have one translation of a term while a navigator uses another translation and entities doing presumptive eligibility yet a third.

According to the Robert Wood Johnson Foundation's Hablamos Juntos project:

The absence of a standardized vocabulary for translating in the health care industry adds greatly to the inconsistency and inaccuracy often seen in translations. To avoid these and related difficulties, each organization should ideally create its own:

- Standardized glossary of commonly used words, standard phrases and descriptions used in various health care texts.
- Conventions and guides for translating. . . name(s), business titles, proper names, frequently used acronyms and abbreviations, etc.
- Conventions and practices for translating medical terms and health care nomenclature (e.g., “managed care”, “health care provider”) in easy-to-read translations for readers with varying literacy and familiarity with health care environments. For example, an adopted standard might say that English terms will be used once, defined and given a common replacement in the target language. Then the replacement term will be used throughout.²

Creating translation glossaries will benefit all entities engaged in enrollment, outreach and education. These glossaries are also supportive of efforts to ensure nondiscrimination in health care. To sum up, the glossaries will assist entities to:

- **Comply with ACA § 1557 and Title VI of the Civil Rights Act of 1964** – for all entities covered by § 1557 and Title VI (including the FFE and state Exchanges, QHPs, navigators, assisters, brokers, and health care providers), having commonly translated terms helps prevent discrimination against LEP individuals based on their national origin since the standardized translations will assist in ensuring effective communication and ensure that LEP individuals can have meaningful access to the Exchanges and affiliated entities.
- **Assist the FFE, State-based and Partnership Exchanges** – by creating standardized translations, the FFE and state Exchanges will save money each time they translate documents because they will not have to pay to re-translate the standardized terms. Standardized terms can also be used for training call center bilingual staff and interpreters to ensure consistency and accuracy of communication, thus aiding effective enrollment and information dissemination.

² Hablamos Juntos, a project of the Robert Wood Johnson Foundation, *Tool 1: Getting Started with Translations in Health Care*, available at <http://www.rwjf.org/content/dam/web-assets/2009/04/getting-started-with-translations>.

- **Assist Qualified Health Plans, navigators, assisters, application counselors and brokers** – providing standardized terminology can assist these entities in communicating effectively and saving translation costs. QHPs, navigators, assisters and application counselors can also use glossaries to train bilingual staff and interpreters who provide in-person language assistance or staff call centers.
- **Assist health care providers** – since many health care providers will provide information to their patients about health care reform and new eligibility opportunities, as well as potentially conduct presumptive eligibility assessments, standardized terminology will aide their efforts and ensure consistency with outreach and education.

The steps needed to create translation glossaries will include the following:

- Identify needed terms with no equivalents;
- Create the equivalent terms; and
- Disseminate the terms (in formats easily usable by other entities).

In developing the glossaries, HHS should work with competent translators and linguists to ensure that the translated terms are correct, have equivalent (or near-equivalent) meaning, and are understandable if a language has multiple variations (e.g. Spanish from Mexico versus Guatemala versus Spain). In some cases, it may be most useful to keep the original term and provide a translation of the explanation in the target language. For example, proper names may not need translation but an explanation.

We recommend that HHS develop translation glossaries in multiple languages in a timely manner and in a format accessible to all the potential users. This will ensure the benefits accrue before many of these entities have to embark on their own translation projects, increasing costs and decreasing standardization. The Appendix to this document includes a suggested list of terms for inclusion in a translation glossary.

Appendix: Potential Terms for Translation Glossary

We developed this list of terms by reviewing the draft single streamlined application posted in the Federal Register on January 29, 2013. Many states may have already translated some of these terms for Medicaid/CHIP applications or CMS may have translated them for Medicare (CMS' EEOC developed a plan to translate beneficiary-related Medicare forms into 15 languages over three years). Pending a quality review (to ensure the same contextual use of these terms), existing translations could be adopted by HHS for its translation glossaries. HHS should aggregate available translations and translate terms that do not have current or accurate translations.

NOTES:

- Items marked * have been translated into 11 languages for California's Medi-Cal mail-in application and instructions (<http://www.dhcs.ca.gov/services/medi-cal/pages/medicalapplications.aspx>).
- Items marked ** have been translated into 5 languages by the IRS (<http://www.irs.gov/uac/IRS-Announces-New-Chinese,-Korean,-Russian-and-Vietnamese-Tax-Glossaries-to-Assist-Taxpayers>).
- Items marked ^ have been translated into for 12 languages for Washington's Medicaid program (<http://www.dshs.wa.gov/onlinecso/applying.shtml#pdf>). .
- We reviewed the documents in the order listed above. Once we found a term, we did not check if it was also translated in the other documents so additional translations may exist and all should be evaluated for accuracy.

I. My Account

- Social Security Number*

II. Privacy

- Privacy*
- Use of your information
- Consent
- Data** sources

III. Getting Started

- Authorized** Representative^

IV. Help Paying for Coverage

- Health insurance*
- Health Benefits**
- Tax Credit**

- Monthly Premium
- Household* income*
- Federal income tax return
- Joint Federal income tax return
- Health Insurance Marketplace
- Income*
- Personal situation

VI. Family & Household

- Household*
- Spouse*
- Dependent(s)*
- Tax Filer
- Domestic Partner
- Parent's Domestic Partner
- Child of Domestic Partner
- Stepparent
- Stepdaughter/stepson

- Nephew/niece
- First Cousin
- Adopted son/daughter
- Foster child**
- Guardian
- Son-in-law/daughter-in-law
- Brother-in-law/sister-in-law
- Father-in-law/mother-in-law
- Former spouse
- Sponsored dependent
- Trustee**
- Ward
- Court-appointed guardian
- Collateral dependent
- Other relative
- Other related
- Suffix
- Medicaid**
- Children's Health Insurance Program**
- Paper application

VII. Personal Information

- Social Security card*
- U.S. citizen*
- U.S. national*
- Naturalized citizen
- Naturalization certificate
- Certificate of citizenship
- Immigration status*
- Ethnicity*
- Race*

IX. Special circumstances

- Disability*
- Activities of daily living
- Personal assistance services
- Nursing home**
- Medical facility
- Foster care system
- Foster care

X. Yearly Income

- Yearly income
- Federal income tax return* data

XI. Current Monthly Income

- Wages**
- Tips**
- Before taxes**
- Job*
- Self-employment**
- Social Security benefits**
- Unemployment**
- Retirement**
- Pension**
- Capital gains**
- Investment income
- Rental^ or royalty income
- Farming or fishing income**
- Alimony* received
- Other income^
- Current or former employer
- Type of work
- Net Income**
- Distribution from Retirement investment**
- Net**
- Child Support**
- Veteran's payment
- Supplemental Security Income (SSI)^
- Student Loan interest
- Deducted
- "Per capita payments from the tribe that come from natural resources, usage rights, leases or royalties"
- "Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)"
- "Money from selling things that have cultural significance"
- steady month-to-month

XII. Discrepancies

- Hours decreased
- Salary**
- Electronic records
- Seasonal worker**

XIII. Health Coverage (APTC eligible): Access

- Employer Identification Number**
- Health coverage**
- COBRA
- Retiree health plan
- Veterans health program

XIV. Employer health coverage information

- Health plan
- lowest cost self-only health plan
- premium**
- affordable

XV. Other Insurance

- Medicare*
- TRICARE^
- Peace Corps
- Other state or federal health benefit program

XVI. American Indian/Alaska Native

- federally recognized tribe

XVIII. Special Enrollment Periods

- adopted or placed for adoption
- gain eligible immigration status
- released from incarceration (jail* or prison*)

XIX. Medicaid & CHIP Questions

- Indian Health Service^
- tribal health program
- urban Indian health program
- medical bills^
- work history

XX. Review and Sign

- Medical expense*
- Legal settlement

- Medical support*
- Absent parent
- Renewal process
- Notice
- Eligibility^
- Permission
- Penalty of perjury*
- Best of my knowledge
- If I'm not truthful, there may be a penalty
- Required documents
- Proof*
- Eligible*
- Pending
- Mistake
- Appeal**
- Fair review of decision
- Federal law*
- Discrimination^
- Complaint of discrimination^
- Withdraw
- Full determination

XXI. Plan Enrollment

- Tobacco products
- advance payments
- premium tax credit
- personal exemption** deduction
- reconcile

Other Useful Terms

- Individual Mandate
- Exemption
- Co-payment
- Co-insurance
- Summary of Benefits and Coverage