Identifying and Meeting the Language Preferences of Health Plan Members

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  - You will be required to complete a post-test; a link to this test will appear at the end of the presentation.

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Identifying and Meeting the Language Preferences of Health Plan Members
Webinar Overview

- This session will be interactive (e.g., polls and interactive chat functions), with 60 minutes of presenter-led discussion, followed by 30 minutes of presenter and participant discussions.

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com
Accreditation

- Individuals are strongly encouraged to check with their specific regulatory boards or other agencies to confirm that courses taken from these accrediting bodies will be accepted by that entity.

- The Centers for Medicare & Medicaid Services (CMS) is accredited by the International Association for Continuing Education and Training (IACET). The Centers for Medicare & Medicaid Services complies with the ANSI/IACET Standard, which is recognized internationally as a standard of excellence in instructional practices. As a result of this accreditation, the Centers for Medicare & Medicaid Services is authorized to issue the IACET CEU.
The Centers for Medicare & Medicaid Services (CMS) is evaluating this activity for continuing education (CE) credit. The number of credits awarded will be calculated following the activity based on the actual learning time. Final CE information on the amount of credit will be available to participants within the Learning Management System (LMS) after the live activity.

Complete the post-test through CMS’ Learning Management System with a score of 80% or higher by midnight on Monday, October 1, 2018.
Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO develops technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

- To learn more about current efforts and resources, visit Resources for Integrated Care at: [https://www.resourcesforintegratedcare.com](https://www.resourcesforintegratedcare.com).
Introductions

- **Darci L. Graves**
  Special Assistant to the Director, CMS Office of Minority Health

- **Albert Cardenas**
  CalOptima, Director, Customer Service (Medicare and Support)

- **Marta Pereyra**
  Executive Director, Coalition of Limited English Speaking Elderly (CLESE)
Webinar Learning Objectives

1. Recognize the need for identifying and meeting language needs of members with limited English proficiency (LEP)
2. Identify a variety of methods for collecting member language preferences, such as using data provided by the state or health plan-generated data
3. Recognize approaches to meeting language needs, including translation and interpretation services
4. Identify strategies for hiring and training health plan staff to provide linguistically and culturally competent services
Webinar Outline

- Polls
- Effective Communication with Individuals with Limited English Proficiency (LEP)
- Identifying Health Plan Member Language Preferences
- Meeting Language Preferences through Partnering with Community-Based Organizations (CBOs)
- Q&A
- Evaluation
Effective Communication with Individuals with Limited English Proficiency (LEP)

Darci L. Graves
Special Assistant to the Director, CMS Office of Minority Health
The single biggest problem in communication is the illusion that it has taken place.

- George Bernard Shaw
Six Domains of Health Care Quality

Communication and the Patient Experience

Phone call
E-mail
Procedure
Office visit

Over 80 days:
• 40 communications
• 5 procedures
• 11 office visits


https://www.ResourcesForIntegratedCare.com
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<th>Various Points of the Patient Experience</th>
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<td><strong>Insurance Coverage</strong></td>
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<td><strong>Find a Doctor</strong></td>
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<td><strong>Get an Appointment</strong></td>
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<td><strong>Find the Front Door</strong></td>
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<td><strong>Find Your Doctor</strong></td>
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<td><strong>Check In – Fill Out Paperwork -- Wait</strong></td>
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<td><strong>Meet with Nurse/PA</strong></td>
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<td><strong>Meet with Doctor</strong></td>
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<td><strong>Check Out – Next Steps</strong></td>
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<td><strong>Get Home</strong></td>
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Patients Reporting Effective Communication Are More Likely To:

- Be satisfied with their care
- Share pertinent information for accurate diagnosis of their problems
- Follow advice
- Adhere to the prescribed treatment

Ineffective Communication May Lead To:

- Patient-provider miscommunication
  - May result in: delayed diagnoses, misunderstanding of care plan, medication errors, lack of follow-through by the patient, or misuse of health services
- Lack of trust and confidence in the provider
  - May result in: low patient satisfaction and lack of patient willingness to ask questions, follow prescribed treatment plans, or share information vital to making accurate diagnoses

Communicating with Individuals with Limited English Proficiency (LEP)

- Over 1.8 million individuals dually eligible for Medicare and Medicaid speak a language other than English at home or do not speak English fluently.
- Individuals with LEP face a greater risk for poor communication during health care encounters.
- LEP is also associated with lower quality of care and decreased access to health care services.
- Identifying and meeting individuals’ language preferences is vital for effective communication and high quality patient experience.

Where to Begin: Identifying Language Preferences

- Data collection standards as outlined by the U.S. Department of Health and Human Services
- Best practices and guidelines for health care organizations in implementing standardized data collection
- Training tools and webinars to help staff learn the importance of and best practices for data collection
- Sentinel articles and books that provide in-depth discussion of issues, challenges, recommendations, and best practices in standardized data collection

Where to Begin: Identifying Language Preferences

Any organization serving individuals with LEP should develop a language access plan.

Common Sections of a Language Access Plan:
1. Section 1: Needs Assessment
2. Section 2: Language Services
3. Section 3: Notices
4. Section 4: Training
5. Section 5: Evaluation

Visit: go.cms.gov/omh

CMS Office of Minority Health

Spotlight

CMS Rural Health Strategy

The Centers for Medicare & Medicaid Services (CMS) Rural Health Council released the agency's first Rural Health Strategy intended to provide a proactive approach on healthcare issues and to ensure that individuals who live in rural America have access to high quality, affordable healthcare.

Read the Strategy

CMS Office of Minority Health

The CMS Office of Minority Health offers a comprehensive source of information on eliminating health disparities and improving the health of all minority populations, like racial and ethnic minorities, people with disabilities, members of the lesbian, gay, bisexual, and transgender community, and rural populations.
Identifying Health Plan Members’ Language Preferences

Albert Cardenas
CalOptima, Director, Customer Service (Medicare and Support)
CalOptima Health Plan

- County organized health system in Orange County, California
- Orange County’s largest health insurer and only Medicare-Medicaid Plan (MMP)
- Serves over 750,000 dually eligible beneficiaries, administering health insurance for low-income children, adults, seniors and people with disabilities
- Also offers a Dual Eligible Special Needs Plan (D-SNP)
- CalOptima members speak over 50 languages

Better. Together.

Our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner.
CalOptima Members’ Language Preferences

- Six threshold languages: Spanish, Vietnamese, Farsi, Korean, Chinese, and Arabic
  - Per the state requirements set for Orange County, threshold languages are those spoken by at least 3,000 members, or those that meet the concentration standards of 1,000 members in one ZIP Code or 1,500 members in two continuous ZIP Codes
- CalOptima focuses on identifying and meeting language preferences to ensure members receive materials in their threshold languages and are greeted in their native language when they request assistance
CalOptima identifies health plan members’ primary language and language preferences through several methods, including:

- State Eligibility Data (834 files)
- Plan Enrollment process
- Health Risk Assessment (HRA)
- Daily customer service interactions
Methods for Identifying Members’ Language Preferences: State Eligibility Data

- As the only Medicaid provider in Orange County, all dually eligible members in Orange County are automatically enrolled. CalOptima initially learns of members’ language preferences through the state's Medicaid eligibility data file. The eligibility file:
  - Exchanges enrollment information between employers, payers, and the sponsor of the coverage or benefits; and
  - Includes language preference data
- At times, data in the eligibility file are incomplete or inaccurate, so CalOptima uses other methods to identify language preferences directly from members
Methods for Identifying Members’ Language Preferences: Plan Enrollment Process

- During the enrollment process for CalOptima’s MMP and D-SNP, the CalOptima Sales Agent confirms the member’s spoken and written language preferences.
- The CalOptima Sales Agent records the member’s preferred language in CalOptima’s enrollment application.
- CalOptima’s Enrollment & Reconciliation department records the member’s preferred language in CalOptima’s core eligibility system during the processing of the enrollment application.
Methods for Identifying Members’ Language Preferences: Health Risk Assessment (HRA)

- All members are assigned a Personal Care Coordinator (PCC) whose role includes completion of the HRA with the member
  - When possible, for threshold languages, the member is matched to a PCC who speaks their language
- HRAs are mailed to members upon enrollment and annually in the language preference on record for threshold languages
  - The PCC conducts outreach attempts to all members to complete the HRA, using an interpreter when needed
  - Any member speaking a non-threshold language receives an HRA in English, which an interpreter can explain over the phone.
- The PCC will also confirm or update the member’s language preference during the HRA process
Methods for Identifying Members’ Language Preferences: Customer Service Interactions

- Customer Service Call Center staff frequently interact with members through routine incoming calls or during outreach to members.
- Members are routed to a Customer Service representative speaking their language, for threshold languages, or are connected with the Language Line for non-threshold languages.
- Customer service representatives are trained to check the language on record and the language that is being spoken during the call.
  - If the language on record and the language spoken during the call matches CalOptima’s eligibility system, no action is taken.
  - If the language on record and the language spoken during the call does not match CalOptima’s eligibility system, the customer service representative asks for the preferred language and whether they would like to update the system.
    - If there is a language preference change, a request is forwarded to the Enrollment and Reconciliation department to process the update.
Communicating Members’ Language Preferences

- Members’ preferred languages are recorded in CalOptima’s core eligibility system and updated daily.
- Language preference information in the core eligibility system is shared with providers:
  - Daily and monthly eligibility files are sent to capitated contracted providers.
  - Non-capitated and non-contracted providers can access the information in the CalOptima Provider Portal.
- Any updates received by the Customer Service Call Center are also shared with providers and uploaded to CalOptima’s Provider Portal.
- All future correspondence is issued in the updated language, if it is a threshold language.
Hiring Staff to Meet Language Preferences

- CalOptima hires multilingual staff to support six threshold languages:
  - Spanish, Vietnamese, Farsi, Korean, Chinese, and Arabic
- Bilingual and multilingual staff are hired in the Customer Service, Cultural and Linguistics, Grievance and Appeals, Community Relations, Case Management, and Behavioral Health departments.
- Hiring bilingual/multilingual staff rather than just hiring telephonic interpreters helps members feel more connected to their health plan.
  - Members tend to call more often when they have issues because they know they will connect with a familiar voice rather than a different interpreter every time they call.
Training CalOptima Customer Service Staff

- CalOptima Customer Service staff go through five weeks of training during onboarding
  - Additional training is provided as needed during monthly staff meetings and in one-on-one situations
- Training addresses cultural competency and the step-by-step process for identifying member language preferences
- The customer service trainer stresses the importance of capturing members’ language preferences as part of an overall customer service value and high-quality, person-centered care
- Customer Service Supervisors conduct daily call audits throughout the month.
  - The audit form contains a section that captures whether the Customer Service staff accurately identified the language preference of the member during the call
Meeting Members’ Language Preferences

- Language preference data inform how CalOptima staff serve members through:
  - **Written Materials**: Language preference information is used to identify members that would benefit from materials in languages other than English. Materials are translated into all threshold languages through a three-step process:
    - Translation
    - Review by a second translator
    - Final review
  - **Interpretation**: CalOptima contracts with vendors to provide face-to-face, video, and telephone interpreting for threshold and non-threshold languages
Meeting Members’ Language Preferences, cont.

- **Interpretation**
  - Telephonic interpretation is available 24/7
  - For face-to-face interpretation during medical appointments, members can schedule two weeks in advance
    - The member calls Customer Service to request a face-to-face interpreter
    - Customer Service forwards the request to CalOptima’s Cultural & Linguistics (C&L) department
    - C&L contacts the contracted vendor to arrange the face-to-face interpreter and contacts the member to provide the update
Meeting Language Preferences through Partnering with Community-Based Organizations (CBOs)

Marta Pereyra
Executive Director,
Coalition of Limited English Speaking Elderly (CLESE)
The Coalition of Limited English Speaking Elderly (CLESE)

- The Coalition of Limited English Speaking Elderly (CLESE) was formed in 1989 by a group of immigrant and refugee community leaders to assist with an extensive ethnic elderly needs assessment conducted by the City of Chicago.
  - Findings from the assessment showed that a lack of language proficiency and cultural barriers prevented LEP older adults from getting the services they needed.

**CLESE Mission:**

*To improve the lives of limited English speaking elderly by providing leadership, education and advocacy. CLESE has been operating in the state of Illinois for the past 30 years.*
About CLESE

- Composed of 55 diverse community-based social service organizations, including community centers and ethnic associations
- Represents more than 50 ethnic groups and over 100 different languages
- Member agencies serve over 200,000 clients per year; 75 percent are 60+ years old
- Supports the coalition of ethnic service providers by providing leadership, education, and advocacy; educating members about policy changes; and helping members understand system changes
- Also provides direct services, including interpretation services
Partnering with Health Plans to Serve LEP Older Adults

- CLESE is comprised of minority provider groups and has firsthand knowledge of the immigrant experience. Learning from this experience can help plans to better understand the language needs and preferences of their members.
- Partnering with health plans is a mutually beneficial collaboration that profoundly impacts the lives of LEP members.
- CLESE’s successful partnerships with plans paved the way for the development of a formalized Language Access Center.
Barriers to Care among LEP Older Adults

- Language and culture differences can create barriers for LEP older adults when accessing and navigating care, such as:
  - Reading and understanding enrollment letters or any other correspondence from the state or health plans
  - Understanding the importance of enrollment deadlines
  - Not knowing how opting out of plans will affect services
  - Communicating effectively with care coordinators
  - Navigating the managed care system
Example: The Impact of the Managed Care Transition

- A 2011 Illinois Medicaid reform law mandated that 50% of beneficiaries be enrolled in managed care by 2015.
- This change created challenges and confusion for providers and LEP older adults. It also highlighted the need for health plans to address language preferences.
- In response, CLESE began reaching out to plan leadership to talk about the impact of the transition to managed care on the LEP older adult population.
Example: The Impact of the Managed Care Transition

To help plans, providers, and LEP older adults with the transition, CLESE:

- Facilitated in-person meetings on at least a bi-monthly basis to bring health plan staff and home and community-based service providers together to address the language and cultural barriers of LEP older adults.

- Trained providers through monthly meetings, webinars, and one-on-one consultation webinars to help them understand the transition and meet additional plan requirements.
Example: The Impact of the Managed Care Transition, cont.

- Began holding quarterly cultural competency trainings for health plan staff
- Worked with the state enrollment broker to improve communication with LEP enrollees
- Began providing Senior Health Insurance Program benefits counseling to low-income dually eligible beneficiaries in partnership with the Illinois Department of Aging
Example: The Impact of the Managed Care Transition, cont.

- Educated ethnic seniors on making informed decisions when choosing their health plan provider through educational sessions, media campaigns, and provider outreach
- Contracted with plans to provide interpretation services for care coordination home visits, follow-up visits, doctor’s appointments, and hospital and institutional settings
- Created the Language Access Center to assist health plans’ care coordinator staff serving LEP members
Language Access Center

- The Language Access Center (LAC) provides comprehensive in-person and telephonic language access care coordination assistance to health plans.
- LAC contracts with five health plans to provide language assistance to care coordination staff. LAC employs between 120-150 professionally certified interpreters trained in assisting care coordinators.
  - The training curriculum focuses on care coordination in various settings, challenges that may come up, how to interpret during the various aspects of the visit, and understanding the purpose and background of each visit.
Care Coordination Language Assistance for LEP Older Adults

- Having an interpreter accompany care coordinators on home visits:
  - Helps members feel comfortable by allowing them to communicate in person in their native language with their care coordinator
  - Empowers the member to reach out to their care coordinator
  - Helps build relationships between members, interpreters, and plans through in-person communication
  - Improves communication between the care coordinator and the member as the interpreter also serves as a cultural broker
  - Ensures that the member understands the purpose of the visit and any necessary follow-up
Care Coordination Language Assistance: Case Study

- Ms. Torres, 75 year old female originally from Ecuador
- Speaks Spanish
- Under the HealthChoice Illinois program, Ms. Torres had been auto-assigned to a new health plan without her knowledge
- The language barrier and lack of knowledge of how to navigate the managed care system prevented Ms. Torres from making an informed choice about her health plan
- Initially, she refused the home visit by the new health plan’s care coordinator as she had already met with her previous plan’s care coordinator
CLESE reached out to Ms. Torres and offered to help set up another home visit with the care coordinator

- A LAC interpreter had previously assisted this member during a home visit, which made the member feel more comfortable accepting the visit

The CLESE interpreter explained why the member was assigned to a new health plan and the purpose of the visit

Because of the trust established between CLESE interpreter and Ms. Torres, the care coordinator was able to gather all necessary information, including data for the Health Risk Assessment and the member’s needs assessment.
Strategies for Plans for Partnering with CBOs

- Identify opportunities for partnerships with community-based organizations (CBOs) that are already connected with members in the community
- Recognize the value that ongoing relationships with CBOs and members can have on understanding and meeting language needs
- Collaborate with minority leaders and CBOs in order to improve plans’ understanding of cultural and language differences that affect health outcomes
Audience Questions
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