



**NCIHC Open Call
December 8, 2006
12:00 – 3:00 PDT**

**Topic:
Funding Language Access in Health Care**

The NCIHC Open Calls are held quarterly, as a means of encouraging exchange among professionals working in the field of language access and soliciting input from practitioners in the field to inform NCIHC policy making.

Participants: about 34 total
4 from the West
10 from the Mid-west
13 from the East Coast
1 from Canada
6 Unknown

Introduction

The open call began with a short introduction. Cornelia E. Brown, from the NCIHC Outreach Committee, introduced our guest specialists, reviewed the mechanics of the call and then introduced this month's topic: the funding language access in health care.

Dr. Brown then introduced Mara Youdelman, JD from the National Health Law Program (NHeLP).

Federal Reimbursement for language access services

Ms. Youdelman discussed the availability of federal funding to support language access services.

- Through **Medicare** there is no earmarked funding available. Mara believes it would take (literally) an act of Congress to put a program in place.
- There is funding through the **Medicaid and SCHIP programs** for support of language access.
Medicaid and SCHIP are federal and state partnerships. That means that the Federal

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government puts up some of the money and the states put up some. The percent corresponding to each differs from state to state. So, in order to pull down a Federal Medicaid match for interpreter services, the state needs to agree to provide 25-50% of the funding.

- A letter from the Center for Medicaid and Medicare Services (CMS) confirming the availability of the Federal funds was issued in August of 2000; it can be found on the NHeLP website. The following states are now accessing these funds: HI, ID, KS, ME, MN, MT, NH, UT, WA, VA, VT. TX and NC are just starting up pilot programs. Two more states have advocates that are pushing for this program to be instated. MA used to access these funds, but the state has run out of funds for this program for FY 2006-2007, so the program is not in operation.
- States set reimbursement rates. There are four general models for implementing these programs:
 1. Some states contract directly with language companies that send interpreters. The language companies then bill Medicaid.
 2. Some states require providers to contract with and pay interpreters directly; they can then bill to get reimbursed at a set rate.
 3. Some states require interpreters to bill Medicaid directly.
 4. Kansas provides telephonic interpreting directly.
- Most states will cover only outpatient services that are reimbursed fee-for-service. Medicaid Managed Care programs are generally not covered, as it is assumed that the cost will be included in the managed care capitation fee paid by the state.
- For more information, see the issue brief available on the NHeLP website (www.healthlaw.org), as well as The Language Services Action Kit produced by NHeLP with the Access Project.
- If your state does not access these funds, now is a good time to start advocating for the state to do so, as generally, most states are in better fiscal condition, and the national political environment for this sort of program has improved.

Dr. Brown then introduced Oscar Arocha, Director of the Interpreter Services Department and Guest Support Services of the Boston Medical Center.

Oscar Arocha

Mr. Arocha runs a language access program that provides interpreters for 170,000 encounters per year. Over the years, as the program has grown, he reports having learned a number of important lessons:

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- It is vital to have a clear budget and make sure that any Federal Medicaid Match reimbursement gets funneled into your budget.
- Go after grant moneys carefully
These are hard to get to start an interpreter service or to complement current programs, but can be used for new innovations. When seeking grant funding, it is important to carefully assess whether the grant will really result in a net financial gain, or whether it will cost more to implement than it will bring in. Also, it is important to make sure that there are not too many strings attached.
- Ensure your share of donations and gifts
Make friends with the Development Director at your hospital, and make sure he or she knows about and understands your program. Donors may be interested in donating specifically for your program; if so, make sure those gifts make it into YOUR budget. It is also useful to make sure that Interpreter Services is included on the facility tour that upper management will give to prospective major donors.
- Assure support from the upper administration
Build support for your program at the administrative level of the medical center, to assure that sufficient funds are budgeted for your department. There are a number of actions that will help:
 - Make sure you report to a high level of administration.
 - Find the physician champions in your organization to help advocate for your programs to administrators.
 - Track other department budgets and expected increases so you know how your department may be impacted.
 - TRACK USEAGE DATA
 - Build relationships with ALL upper managers (CEO, Vice presidents, etc.)
 - Implement cost sharing (e.g. make requesting departments pay for the translations they request)
- Use technology wisely
Technology, if used appropriately, can extend the capacity of your program without compromising the quality. However, if you are going to implement a new technology, approach administrators when capital budgets are being discussed, which often occurs about 2 months before the normal budget season.

Questions

- Physician offices often complain that the cost of implementing Language Access programs is prohibitive. Can we argue that providing this service is a business expense that can be deducted from taxes?
There was no clear answer. Ms. Youdelman said that she would look into this.

- What can patients do if they have Medicaid, but no interpreter is provided when they go to the doctor?
Patients can demand an interpreter, but it won't get them far. Coalitions and organizations must educate providers instead. Patients can file complaints with the DHHS Office for Civil Rights. They can also contact the state Medicaid Office if the provider's Medicaid contract requires the provision of language access, or they can sue if a bad outcome results from language barriers.
- One caller reported that in her area, 911 dispatchers were hanging up on LEP callers. All 911 programs have an obligation to provide language access as they accept federal funds. Advocates would need to set up meeting with call center or whichever agency oversees the 911 call center to call their attention to this deficit. DOJ has specific guidance that mentions emergency response systems, which can be found at www.lep.gov. If there is no response, advocates can take the case to the local media.
- What is being done to bring disparate groups to the table on this issue?
NHeLP has formed a language access policy coalition that includes provider groups, advocacy organizations -- over 100 groups in all. The group has agreed on a statement of principles that underlines areas of consensus, which can be found at the NHeLP website.
- Do any insurance companies pay for language access?
Many HMOs do provide language services. Fully private insurers are required to provide it ONLY in California, where a new law requires all insurers to cover language services.
- Do contracts between states and Medicaid Managed Care organizations include language requiring that the MCO pay for any interpreting services needed by its LEP members?
Yes, they do. Mara Youdelman will do more research on this question. Such a contractual requirement, if it exists, would require state Medicaid MCO's to pay for interpreting services, regardless of whether the state has bought into a federal/state partnership to support language access.
- Would insurers ever be willing to cover language services?
If all insurers were covering these services (as in California), insurers would probably do it, but nobody is going to be the first.
- Would it be useful to conduct a 4-5 year longitudinal study to see if providing interpreting is cost effective?
Maybe, however, all medical policy decisions don't necessarily require a business case to be implemented (e.g. the use of MRIs). Indeed, in some specific situations, trying to make the business case may backfire. It is important to link language access issues to patient safety, quality of care, etc.

- Would it be worth targeting successful immigrant businesses for donations specifically for Interpreter Services? Would a hospital's Development Office be willing to look into this?
It is important to work closely with Development Office so that if they come across potential donors with interest in international issues, they'll think of you. Get on the potential donors tour. Get your projects on the "Special Funds" list of programs to which people can donate.
- Regarding on-site and telephonic interpreting, which is more cost-efficient?
The cost analysis will differ by organization, depending on languages, efficiency of the system, average length of appointment etc. About 6-7 years ago, Mr. Arocha found that on-site and telephonic services ended up costing BMC exactly the same. He emphasized that this is not an either/or question; both are necessary and work together to form a coherent system.
- Comment: In CA, now that payors are being forced to look at which is more cost-efficient, they are looking at video. Mr. Arocha agreed that video is the future of interpreting in health care, however right now it is expensive and confusing. BMC is currently engaged in a pilot program. Did video make BMC's interpreter staff more productive? The current pilot with an external provider, so there is no answer available to that question.

Summary and conclusion

At 2:45 PDT, Cindy Roat, who had been taking notes on the discussion, summarized the ideas that had been shared on the call.

Additional calls will take place on:

- February 2: The Special Challenges of Providing Services in Languages of Limited Diffusion
- March 23: Dual Role Interpreters: Where do they fit in a Language Access Program?
- May 4: Remote and In-person interpreters: When are each Most Appropriate?

Thanks to everyone who participated!