



DO YOU SPEAK E-N-G-L-I-S-H?

*Medicare Part D Plans Fail
Limited English Proficient Beneficiaries*

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INTRODUCTION

Since 2006, the Medicare Part D prescription drug program has been responsible for delivering necessary medications to seniors and individuals with disabilities nationwide. The program, which requires beneficiaries to pick from among dozens of private drug insurance plans offering coverage, has caused widespread confusion and frustration. For low income beneficiaries, the story is even worse: when the annual enrollment period ends on December 31st, 2007, more than 2.5 million¹ low income Medicare recipients will face changes in their coverage or increases in their premiums. In California alone, an estimated 500,000 low income beneficiaries will be switched to new plans that may or may not cover their drugs.² According to the California Healthcare Foundation, nationwide about three quarters of enrollees in drug plans would face premium hikes of an average of 17% if they stay in the same plan next year,³ and in California premiums will shoot up an average of 31%.⁴ This volatile market makes it difficult for Part D enrollees to figure out how their coverage has changed and what options are available to them.

INTRODUCTION (CONT.)

For low income Limited English Proficient (LEP) individuals, these difficulties are compounded. Medicare and the private drug plans have relied on the internet and regular mailings in order to communicate essential information about plan changes in 2008. For the most part, this material comes only in English. As such, low-income LEP beneficiaries struggle to obtain adequate language services and materials. Government regulations require that the private Part D plans make information available in other languages through toll-free hotlines. Studies have found, however, that the Part D plans routinely fail to meet this obligation to their LEP customers.

LANGUAGE SERVICES PROVE INADEQUATE

Two separate surveys coordinated within the past year and a half, one by the National Senior Citizens Law Center (NSCLC) with the National Health Law Program and the California Medicare Part D Language Access Coalition (“the NSCLC report”)⁵ and one by the Greenlining Institute (Greenlining)⁶ conclude that the services offered by private Medicare plans through their hotlines and hard copy materials often do not meet the needs of those with limited English proficiency who try to access their services. NSCLC and Greenlining’s findings indicate that LEP beneficiaries who called provider hotlines attempting to access information about the various plans in different languages were able to do so only 36.9% (54.7% of the time after weighting to reflect the relative prevalence of the test language within the dual eligible population in California) and 37.4% of the time, respectively.

LEP callers who speak languages other than English or Spanish face an even higher bar. When Spanish, the non-English language spoken by the largest number of Californians,⁷ is removed from the equation, the percentage of calls in which LEP beneficiaries were able to access services

dropped to 33% (36.6% after weighting to reflect the relative prevalence of the test language within the dual eligible population in California)) and 26.2% for the NSCLC and Greenlining reports, respectively.

Callers failed to connect to individuals speaking their language for various reasons, including:

- Representative not being able to identify the language spoken;
- Representatives misidentifying the language;
- Representatives refusing to connect the caller to an interpreter; and
- Poor customer service.

Instances of poor customer service were particularly egregious. Many callers reported that plan representatives were not only ill-equipped to handle calls in different languages, but treated the callers with a lack of cultural sensitivity and a clear disregard for them as customers. Many representatives were patronizing, inconsiderate, condescending and rude.

“The operator was rude. He asked me why I called if I didn’t speak English. He told me to get a pen and spelled C-A-L-L B-A-C-K. Then he hung up on me”⁸

HMONG CALLER

“Korean callers faced patronizing representatives who mockingly spoke gibberish”⁹

KOREAN CALLER

*“A hotline operator... provided the inspiration for the title of the [Greenlining] report, by asking...
“Do you speak E-N-G-L-I-S-H, verbally spelling out the word English.”¹⁰*

CANTONESE CALLER

These types of interactions between LEP callers and plans are alarming. Low-income Part D enrollees must join a Medicare prescription drug plan in order to secure prescription drug coverage. It is irresponsible, dangerous and potentially life threatening for these plans to continue practices which effectively prevent beneficiaries from obtaining the basic information necessary to enroll in a plan, disenroll from a plan or access benefits.

Furthermore, while the NSCLC report found that the quality of interpretation provided to those beneficiaries who actually connected to an interpreter was generally good, there remains room for improvement.¹¹ Callers who were connected to interpreters reported incidents of “rudeness and interference and failure to properly interpret conversations by interpreters, including failure to maintain impartiality and the boundaries of the professional interpreter role.”¹² In addition, some interpreters did not understand the complexity of the issues involved in Part D, leading to miscommunication. As one test caller noted, “The interpreter didn’t understand Plan D, so some interpretations were wrong.”¹³ Callers in the NSCLC survey were also unable to obtain written materials in different languages. Although some plan representatives indicated that written materials were available in Spanish and Mandarin, these materials were never received. Other plan representatives indicated that materials were only available in English.

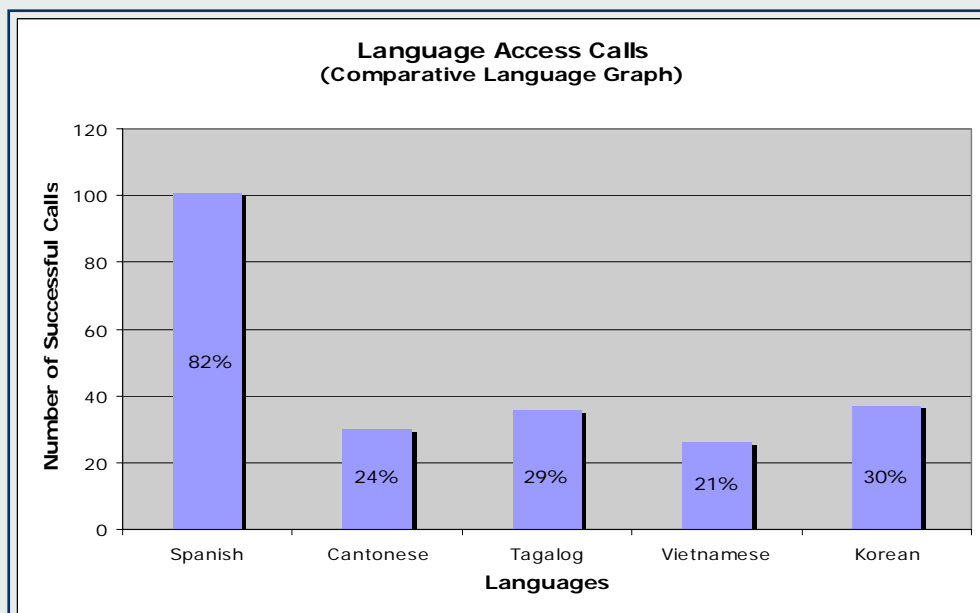


Figure 1. SOURCE: Buendia, Jessica & Lia Muñoz. “Do You Speak E-N-G-L-I-S-H? Medicare Part D Language Access Report.” Spring 2007. Graph of number of calls with language access across each of the five languages examined in this study (n=123 calls for each language). Displayed on the bars is the percentage of calls that received language access in each language tested. Language access is measured by the ability of the caller to be connected with a customer service representative or a third-party interpreter who spoke in their requested language.

In summary, both the NSCLC and Greenlining reports show that Medicare Part D plans and the Centers for Medicare and Medicaid Service (CMS), the agency responsible for implementation of Part D and oversight of the private plans, are failing LEP beneficiaries who attempt to access provider services for their medical needs. According to CMS:

Call centers must be able to accommodate non-English speaking/reading beneficiaries. Organizations should have appropriate individuals and translation services available to call center personnel to answer questions non-English speaking beneficiaries may have concerning aspects of the prescription drug benefit.¹⁴

This policy should be enforced. Organizations must be subject to verifications, monitoring review and penalties for violation of CMS policy.



RECOMMENDATIONS

In addition to existing requirements, we offer the following further recommendations:

TO MEDICARE PART D PROVIDERS:

- Make a public commitment to serving Limited English Proficient beneficiaries.
- Develop detailed plans with comprehensive strategies for providing services to LEP individuals.
- Provide lines to in-house representatives who have received language assistance training (in at least the four most common foreign languages in the county of operation), including cultural and linguistic training in procedures to communicate with and correctly identify LEP beneficiaries.
- Train front line customer service representatives on techniques for communicating effectively with LEP beneficiaries.
- Ensure that all language proficient representatives and interpreters are also proficient in medical, healthcare system and Part D program terminology and are fully equipped to handle inquiries regarding their products.
- Ensure that information made available online is up to date and correct.
- Develop and distribute written translated materials.

TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES:

- Strengthen and enforce the CMS Marketing Guidelines on Language Access for Medicare Part D plans.
- Create mandatory guidelines or other accountability mechanisms for translation of relevant documents, and enforce them.
- Conduct its own nationwide study of language access services and make the results available to the public.

With the New Year rapidly approaching and the enrollment window coming to a close, all stakeholders must ensure that low income LEP beneficiaries are afforded the same opportunities to access Medicare Part D services. The practice of denying (intentionally or unintentionally) full and complete service to Medicare beneficiaries must stop.

ENDNOTES

1. Macias, Tina Marie. "A switch is ahead for drug benefit enrollees: Many poorer recipients must pick new Medicare plans this year to avoid either paying more or risking some coverage." Los Angeles Times. 10 November, 2007
2. Colliver, Victoria. "Medicare drug plans are changing - and costing more." San Francisco Chronicle. 8 November, 2007
3. "The Medicare Drug Benefit: Changes in California for 2008." California Health-Care Foundation. <http://www.chcf.org/documents/policy/TheMedicareDrugBenefitChangesInCA2008.pdf>. 18 December 2007.
4. Ibid.
5. "Medicare Prescription Drug Plans Fail Limited English Proficient Beneficiaries," National Senior Citizens Law Center (NSCLC), with the National Health Law Program (NHelp), and the California Medicare Part D Language Access Coalition, February, 2007, available at <http://www.nsclc.org>. The NSCLC survey analyzed the results of telephone calls placed to Medicare Part D plans in eleven commonly used languages in California (Armenian, Cantonese, Cambodian, Farsi, Hmong, Korean, Lao, Mandarin, Russian, Spanish & Vietnamese). The results of calls were weighted to reflect the prevalence of the test language within the dual eligible population in California
6. Buendia, Jessica & Lia Muñoz. "Do You Speak E-N-G-L-I-S-H? Medicare Part D Language Access Report." Spring 2007. The Greenlining survey analyzed the results of telephone calls placed to Medicare Part D plan plans in the five most commonly used foreign languages in California (Spanish, Tagalog, Cantonese, Vietnamese and Korean).
7. Ibid. Spanish Speakers make up 25.8% of the total population of California and account for 65.4% of LEP individuals in the state. Do you want the duals stat?
8. NSCLC Report, p. 8
9. Greenlining Report
10. Greenlining Report
11. NSCLC Report, p. 8
12. NSCLC Report, p. 9
13. NSCLC Report, p. 9
14. <http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf> (Accessed December 19, 2007)

For more information please visit The Greenlining Institute's website at www.greenlining.org or National Senior Citizens Legal Center's website at www.nsclc.org.