



Show me the Money – How Medicaid Can Pay for Language Services

Webinar: May 31, 2007

Roadmap

- Introduction
- How Medicaid Can Pay for Language Services
- States with Existing Reimbursement Methods
- Advocacy Efforts
 - ➤ California
 - Connecticut
 - ➢ New York

Welcome to the Online Meeting

- Reminders:
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- Let's Review the Features

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Questions & Answers

- If you have a question as the webinar proceeds, please type it in the Q & A box
 - Substantive questions about the presentations will be answered after all the presenters are finished
 - Technical questions about the operations of the webinar will be answered as they are received
 - Please disregard the "chat" box as we will not be using that feature
- This online meeting is being recorded and the recording and other materials will be available next week at: www.healthlaw.org

Language Characteristics of the Foreign Born

2005 American Community Survey Source: Migration Policy Institute Data Hub, <u>www.migrationinformation.org</u>

> APIAHF ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

The number of LEP persons has increased in the last 5 years

- The foreign-born LEP population age 5 and older in the U.S. increased by 18.6% between 2000 and 2005.
- 4.6% of households in the U.S. were linguistically isolated in 2005, including 27.6% of Spanish-speaking households, 16.3% households speaking Indo-European languages and 28% of households speaking Asian and Pacific Island languages.

APIA CONTRACTOR

Top 10 languages spoken by those who speak English less than very well

- Spanish
- Chinese
- Vietnamese
- Korean
- Tagalog
- Russian
- French
- Portuguese
- Polish
- Arabic





HHS "Dear State Medicaid Director" Letter

 Federal matching funds are available for states' expenditures related to the provision of oral and written translation administrative activities and services provided for SCHIP or Medicaid recipients. Federal financial participation is available in State expenditures for such activities or services whether provided by staff interpreters, contract interpreters, or through a telephone service.



Aug. 31, 2000, http://www.cms.hhs.gov/smdl/downloads/smd083100.pdf

State Financing Options

Covered Service –

- states receive 50-85% of costs from federal gov't
- BUT have to add language services to State Plan and receive CMS approval
- Administrative Costs –
 > states receive 50% of costs from federal gov't
 > no CMS approval required



Statewide Medicaid/SCHIP Programs

 Only a handful of states have set up programs to provide direct reimbursement using federal matching funds to pay for language services

DC, HI, ID, KS, ME, MN, MT, NH, UT, VA, VT, WA, WY

Other states exploring reimbursement

- TX to start pilot program
- NC developing credentialing prior to reimbursement
- CA has Task Force exploring reimbursement options
- CT and NY have legislative proposals



Medicaid Reimbursement for Language Services

- Four models
 - contract with language service agencies (DC, HI, UT, VA, WA)
 - reimburse providers for hiring interpreters (ID, ME, MN, VT)
 - reimburse interpreters (MT, NH, WY)
 - provide access to language line (KS)



Which Providers are Covered?

 Its up to the state
 Most states assist out-patient fee-forservice providers
 Three (TX, UT, WA) assist hospitals



How much are interpreters paid?

- Its up to the state
 - State sets the rate
 - Rates range from \$12.16/hour to \$190/hour



Current State Reimbursements (2007)

State	Enrollees Covered	Providers Covered	Who the State Pays	Reimbursement Rate	Admin or Service
DC	FFS	FFS < 15 emp.	Lang. agency	\$135-\$190/hour (in-person) \$1.60/min (telephonic)	Admin
HI	FFS	FFS	Lang. agencies	\$36/hr	Service
ID	FFS	FFS	Providers	\$12.16/hr	Service
KS	Managed Care	Managed Care	EDS (fiscal agent)	Spanish – \$1.10/min. other languages – \$2.04/min.	Admin
ME	FFS	FFS Providers		Reasonable costs	Service
MN	FFS	FFS	Providers	lesser of \$12.50/15 min or usual and customary fee	Admin
MT	All	All	Interpreters	\$6.25/15 minutes	Admin
NH	FFS	FS FFS Interpreters		\$15/hr; \$2.25/15 min after 1 st hour	Admin
UT	FFS	FS FFS Lang. agencies		\$28-35/hour (in-person) \$1.10/minute (telephonic)	Service
VA	FFS	FFS	AHEC & 3 health depts.	Reasonable costs	Admin
VT	All	All	Language agency	\$15/15 min	Admin
WA	FFS	Public entities	Public entities	50% expenses	Admin
WA	FFS FFS Brokers		Brokers	Brokers receive an admin. fee Language agencies – \$33/hour	Admin
WY	FFS	FFS	Interpreters	\$45/hour	Admin

NATIONAL HEALTH LAW PROGRAM

Medicaid Managed Care

- Only KS provides assistance to managed care organizations (MCOs)
- But states have flexibility to provide additional assistance
- Most states' Medicaid managed care contracts require MCO's to provide language services within their capitated rates



Medicaid and SCHIP Reimbursement – Considerations

- Discuss what model would be most appropriate
- Identify related issues
 - training/assessment of interpreters
 - contract amendments between state and providers
- Determine whether legislative and/or administrative action is needed
- Analyze cost implications actual costs and estimated cost savings
- Formulate action plan for advocacy efforts

Medicaid and SCHIP Reimbursement – Considerations

• Who is covered?

enrollees – FFS, managed care, hospitals
 providers – FFS, managed care, hospitals

- Which model should be used?
- What is the reimbursement rate?
 > must be sufficient to attract interpreters
 > travel time, waiting time, administrative time

Medicaid and SCHIP Reimbursement – Considerations

Managed Care Plans –

- does current capitation rate include language services? if so, is consideration sufficient?
- should managed care plans receive specific reimbursement on top of capitation rate?

Hospitals –

- should hospitals receive specific reimbursement separate from administrative expenses?
- does current rate sufficiently address language services?
- direct reimbursement or inter-local/government agreement?

CALIFORNIA

Funding Efforts in California

Background

SB 1405 (Soto)
 DHS created Task Force
 Composition: 22 members



DHS Medi-Cal Language Services Task Force

Purpose

- Public meetings
- ➤ Website:

http://www.dhs.ca.gov/director/omh/html/mc_language

access services taskforce.htm

Work Groups

- Delivery Systems
- Cost & Financing
- Quality & Standards
- Oversight and Accountability



Language Access Advocacy Coalition (LAAC)

- Develop and seek input for reimbursement mechanism
- Broaden Coalition
- Work with DHS Medi-Cal Language Services TF
- Continue advocacy efforts



Considerations for CA Delivery Systems Workgroup

- Which model fits CA?
- FFS v. managed care
- Who can request interpreters?
- What should rate be?
- Reimbursement Issues



Considerations for CA Cost & Financing Workgroup

- Context of state budget deficits
- Context of pressures on provider reimbursement rates
- Use of local public hospital funding to meet state match
- Admin. v. Service Expense
- Does current hospital admin. rate include language services?



Considerations for CA Quality & Standards Workgroup

- Statement of Principles
- Minimum standards & qualifications for interpreters and bilingual staff
- Reimbursement rates
- Cultural and linguistic competency training
- Complaint process



Next Steps

Advocacy

- Work with LAAC and provide input
- Support any legislative strategy
- Support any administrative strategy
- Help develop an action plan with specific steps involving all interested stakeholders

Research

- Conduct research on costs
- Improve data collection systems
- Monitoring and Enforcement



CONNECTICUT

Who We Are

Hispanic Health Council

Latino Policy Institute

 Connecticut Coalition for Medical Interpretation (CCMI)



Background

- Connecticut Health Foundation research
- Current Services: Language Line vs. face to face interpretation services
- Medical Interpreter Trainings



Connecticut

- An estimated **22,000** Medicaid recipients in Connecticut have limited English proficiency.
- **Sixty-five** different languages are spoken by low-income residents with limited English proficiency (LEP) in Connecticut.
- State law requires acute care hospitals to provide interpretation for patients whose primary language is spoken by at least 5% of the population in the service area (Public Act No. 00-119) and to notify all patients of their right to participate in making informed decisions about treatment and care (Public Act No. 05-128).
- Connecticut's share of the cost for providing face-to-face interpreter services would be approximately \$2.35 million (half the estimated total cost of \$4.7 million) and the federal government would pay the rest.



CCMI Advocacy Work

- Monthly coalition meetings since January 2007
- Legislative outreach
- April 11th Lobby Day/ buttons
- Grassroots outreach: phone calls, e-mails, letter to the editor
- Literature/ button drop at the legislature
- Subcommittee working with DPH to outline standards/qualifications for medical interpreters
- Wrap up and plans for next legislative session



Bills

- Medical interpretation for Medicaid recipients is currently included in two bills, S.B.1 and S.B.3
- The necessary funding has been including in the budget by the Appropriations Committee, the final budget has not yet been approved by legislature.



NEW YORK

Overview







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HISTORY OF MEDICAID REIMBURSEMENT IN NYS



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Legislation Proposed 2003

- Advocates inform NYC public hospital system (HHC) about Medicaid reimbursement for language services.
- •HHC retains law firm to draft legislation.
- Bill introduced but doesn't pass.





Elements of 2003 Legislation

- Rate add-on structure
- Good definition of LEP
- Providers covered:
 - Hospital outpatient & emergency services
 - Hospital inpatient
 - Diagnostic & treatment centers
 - Federally-qualified health centers (FQHCs)



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Timeline

- February 2007: Advocates go to Albany; introduce Medicaid reimbursement as part of immigrant health agenda.
- March 2007: Legislation for Medicaid reimbursement introduced in Senate & Assembly.
- April 2007: Funding allocated in state budget for language services.





Budget Funding: What?

- Can be viewed as a Medicaid reimbursement "pilot" at NYC hospitals
- \$76M over two years (1/2 federal match)
- Year 1: Allocated based on Medicaid patient visits and discharges.
- Year 2: Allocated based on Department of Health (DOH) regulations.
 - Up to 1/3 based on number of foreign languages spoken by 1% or more of service area population for each hospital.



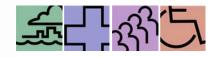


Legislation: What?

- Rate add-on structure
- Good definition of LEP
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Legislation: How?

- Introduced without warning
- "Draft" form—expectation of amendments
- Post-budget process—no expectation of passage this year





Legislation: Advocacy Strategy

- Coalition includes advocates, providers, interpreter community
- Immediately drafted response letter with recommendations:
 - Expand providers covered
 - Quality standards & incentives
 - Accountability
- Met with bill sponsors and DOH
- Follow-up materials: bill language + state models





Legislation: Moving Forward

- Expand coalition:
 - Begin lobbying with major provider groups (e.g. HHC)
 - Reach out to deaf & hard of hearing community, other allies
- Educate on policy options & state models, e.g. interpreter billing code
- Strategize: legislation or administrative advocacy?







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Statewide Momentum

- Enthusiasm for developing certification & quality standards—sub-group forming
- Centralization/inter-agency coordination on LEP issues
- Data collection









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