



CENTER FOR BENEFICIARY CHOICES

TO: All Medicare Part C and D Sponsors

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SUBJECT: Best Practices for Addressing the Needs of Non-English Speaking and Limited English Proficient (LEP) Beneficiaries

The Centers for Medicare & Medicaid Services (CMS) is concerned that Medicare Part D sponsors may not be completely implementing Medicare marketing guidance regarding non-English speaking and limited English proficient (LEP) beneficiaries. In this memo, CMS is reiterating the marketing guidance regarding call center capabilities and printed materials for non-English speaking and LEP beneficiaries. Additionally, CMS is providing a list of call center best practices for serving these beneficiaries.

Medicare Marketing Guidance

Pursuant to CMS Medicare Part D guidance, “Call centers must be able to accommodate non-English speaking . . . 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.”¹ Based on CMS’ experience monitoring this requirement, one of the most effective ways to comply with the guidance is to contract with an organization that provides language interpretation services for all languages not spoken by the sponsor’s customer service representatives (CSRs).

For printed materials, the CMS Medicare Marketing Guidelines state, “Organizations should make marketing materials available in any language that is the primary language of more than ten percent (10%) of a plan’s (i.e., *plan benefit package*) geographic service area.”²

¹ Centers for Medicare & Medicaid Services, *Medicare Marketing Guidelines 2nd Revision 7/25/06* at p.115, available at

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf>

² Centers for Medicare & Medicaid Services, *Medicare Marketing Guidelines 2nd Revision 7/25/06* at p.115, available at

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/FinalMarketingGuidelines.pdf>.

Parentheticals added for clarity.

Call Center Best Practices

During the fall of 2006, a non-CMS sponsored study³ examined the compliance of nine Part D sponsors in California with CMS call center guidance regarding serving LEP beneficiaries. The study revealed that in California only 55% of LEP dual eligible beneficiaries were able to speak to a CSR or interpreter in their primary language, which is out of compliance with CMS guidance.

CMS is concerned that sponsors are either not following CMS guidance or the processes sponsors have in place to accommodate LEP beneficiaries break down at some point. Either way, compliance actions may result if sponsors do not follow or fail to successfully comply with CMS guidance.

In an effort to identify strategies to assist all Part D sponsors in accommodating non-English speaking and LEP beneficiaries, CMS conducted conference calls with all sponsors involved in the study. The goal of the calls was to highlight findings from the study and to develop a list of best practices for successfully identifying and accommodating LEP beneficiaries. The organization that conducted the study also developed a set of best practices in this area, which we also incorporated.⁴

Please see the last page of this memo for best practices for identifying and accommodating non-English speaking and LEP beneficiaries.

Other Resources for Serving LEP Beneficiaries

Sponsors may find the Department of Health & Human Service's Office of Civil Rights guidance on developing an effective plan for language assistance for LEP persons a useful tool when assessing and/or developing an approach to serving non-English speaking and LEP beneficiaries. This guidance is located at <http://www.hhs.gov/ocr/lep/reviseblep.html> (see section VII. Elements of Effective Plan on Language Assistance for LEP Persons) and at 68 Fed. Reg. 47,319-47,321 (Aug. 8, 2003).

Additionally, the National Senior Citizens Law Center (NSCLC), the National Health Law Program (NHelp), and the California Medicare Part D Language Access Coalition collaboratively produced a report entitled *Best Practices Serving Limited English Proficient Medicare Part D Beneficiaries*, which may provide ideas for sponsors on how to serve LEP beneficiaries. Please contact NSCLC directly for access to this report.⁵

If you have any questions about this memo, please contact your Regional Office Plan Manager (MA-PDs) or Central Office Account Manager (PDPs).

³ *Medicare Prescription Drug Plans Fail Limited English Proficient Beneficiaries*, National Senior Citizens Law Center (NSCLC), the National Health Law Program (NHelp), and the California Medicare Part D Language Access Coalition, February 2007, available at <http://www.nsclc.org> by typing the name of the study in the search box.

⁴ The complete best practices document can be found at <http://www.nsclc.org> by typing the name of the report in the search box.

⁵ Obtain National Senior Citizens Law Center contact information at www.nsclc.org.

BEST PRACTICES for NON-ENGLISH SPEAKING and LEP BENEFICIARIES

<p><u>LANGUAGE INTERPRETATION SERVICE</u></p> <ul style="list-style-type: none"> ➤ Utilize the interpretation service to identify the beneficiary’s language. ➤ Use interpretative services personnel who are familiar with healthcare terms and Medicare benefit concepts. 	<p><u>CALL CENTER SYSTEM</u></p> <ul style="list-style-type: none"> ➤ Include a note on the beneficiary’s call center record that indicates his/her preferred language, if other than English. ➤ Maintain and use a tracking system so that once a beneficiary’s language is identified, it is kept track of and used for future contacts (both oral and written).
<p><u>PHONE SYSTEM</u></p> <ul style="list-style-type: none"> ➤ If using an interactive voice response (IVR) system, ensure that beneficiaries who do not choose an option (e.g., by pressing a number or speaking a word) will automatically be connected with a CSR who can access the interpretation service, rather than having the IVR system automatically disconnect the call if the beneficiary does not choose an option. ➤ If using, or planning to use, an IVR system, offer prompts in more languages than English and Spanish. Automatically connect LEP beneficiaries into a three-way conversation with the CSR and interpreter, and provide the beneficiary with a message explaining that an interpreter is being contacted. ➤ Ensure that English-speaking CSRs can transfer calls to Spanish-speaking (or other in-house alternative language speaking) CSRs if the sponsor has in-house Spanish-speaking (or other in-house alternative language speaking) CSRs available. 	<p><u>CSR TRAINING</u></p> <ul style="list-style-type: none"> ➤ CSR training should include: <ol style="list-style-type: none"> (1) How to identify LEP beneficiaries. (2) How to request the beneficiary “hold on” or “wait” in languages most often served by the sponsor until the CSR can connect the beneficiary to an interpreter. (3) How to establish a three-way call with the interpreter. (4) How to conduct the call with the interpreter (e.g., CSR speaks slowly, says only 2-3 sentences at a time, and refrains from side conversations, etc.). (5) How to explain relevant healthcare concepts (e.g., the coverage gap, the difference between a co-pay and premium, and formulary details) to the interpreter, if needed. ➤ CSR training should be consistent for each of the sponsor’s call centers regardless of the call center’s location. ➤ Provide age and cultural sensitivity training. The training could include building awareness of issues faced by senior citizens (e.g., low vision, hearing impairments, dexterity problems, and cultural and traditional norms).
<p><u>CSR STAFF</u></p> <ul style="list-style-type: none"> ➤ CSRs that are in-house and under direct control of the sponsor were most successful because the CSRs could be monitored by management and deficiencies could be identified and corrected within minutes or hours of a CSR straying from protocol. ➤ CSRs who speak Spanish are dually useful to sponsors because of their language skills and healthcare benefit knowledge. 	<p><u>CSR OVERSIGHT</u></p> <ul style="list-style-type: none"> ➤ Monitor CSR calls to ensure that LEP beneficiary calls are being handled according to the sponsor’s policies and procedures. ➤ Conduct focus groups with CSRs who successfully serve LEP beneficiaries and share their strategies for success with other CSRs.