Mercy Care Language Access Services Overview

Donna McHenry, Cultural Sensitivity Administrator



Housekeeping

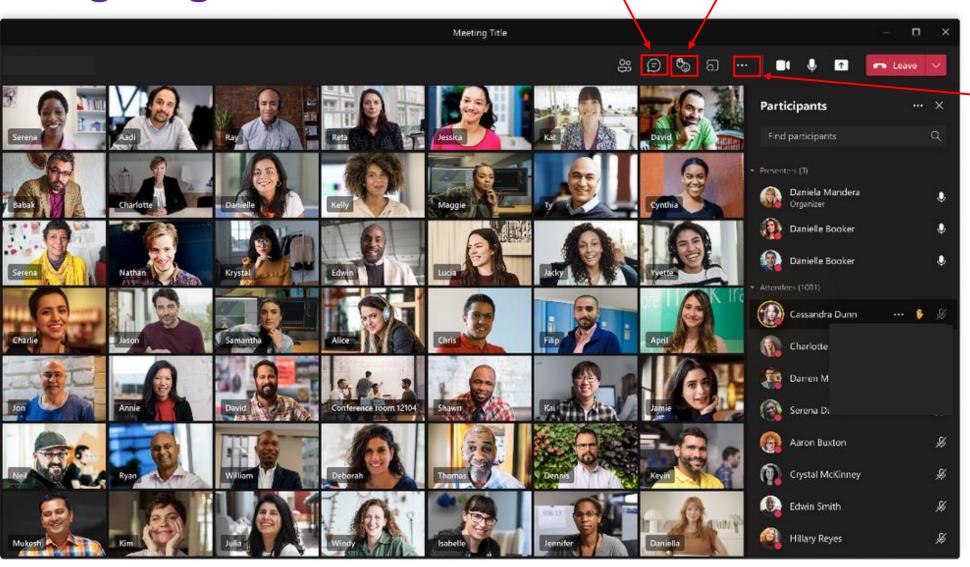
- We're hosting this webinar as a Teams event.
- Everyone other than presenters will be muted and off camera.
- If you have questions, you can enter them in the Q&A or Chat windows – we are monitoring these areas.
- You can also use the "raise hand" feature and we'll unmute your line.



Navigating Teams

Chat with panelists

Raise hand



More options for Q&A



Content

- Cultural Competency Office
- Interpretation services
- Language Access Services
- Qualified bilingual staff
- On-demand services
- Scheduled services
- Provider's role
- Interpretation roles and requirements
- Standards of Practice and Code of Conduct



Cultural Competency Office

- Cultural Sensitivity Administrator
 - Required position for all Mercy Care contracts
 - Responsible for implementation and oversight of Mercy Care's Cultural Competency Program and the Cultural Competency Plan
- Health Equity Workgroup
- Culturally and Linguistically Appropriate Services (CLAS) Committee
- Cultural Competency annual deliverable
- Cultural Competency Plan
 - Workforce cultural and linguistic competency
 - Communication and language access
 - Health outcomes



Who is impacted by language access limitations?

Limited English Proficient (LEP)

Limited English proficient (LEP) individuals do not speak English as their primary language and have a limited ability to read, write, speak, or understand English.

Deaf or Hard of Hearing (DHH)

Deaf individuals do not hear well enough to rely on their hearing to process speech and language. Hard of hearing includes individuals with conditions that affect the frequency or intensity of their hearing.

Blind or Low Vision (BLV)

Blind or low vision (BLV) individuals include those who are substantially limited in seeing or some other major life activity because of their vision loss.



Language Access and Communication Disabilities Data

2022 American Community Survey Arizona

- 26% speak a language other than English at home
- 8% speak English less than very well
- 19.8% speak Spanish at home
- 5.7% with a cognitive difficulty
- 3.7% with a hearing difficulty
- 2.5% with a vision difficulty

Most common languages other than English Arizona

- Spanish 19.8%
- Navajo 1.1%
- Arabic 0.4%
- Chinese 0.4%
- Vietnamese 0.4%
- Tagalog 0.4%
- Other Native languages of North America 0.3%



Mercy Care Membership

| Language | 20 | 21 | 20 | 22 | 2023 | |
|-------------|---------|-------|---------|-------|---------|-------|
| | Members | % | Members | % | Members | % |
| | | | | | | |
| ENGLISH | 387,682 | 83.4% | 421,612 | 83.2% | 439,183 | 81.9% |
| | | | | | | |
| SPANISH | 58,591 | 12.6% | 63,756 | 12.6% | 70,172 | 13.1% |
| UNKNOWN | 8,825 | 1.9% | 11,091 | 2.2% | 15,818 | 2.9% |
| ARABIC | 3,809 | 0.8% | 4,100 | 0.8% | 4,332 | 0.8% |
| No Language | 1,580 | 0.3% | 1,651 | 0.3% | 1,705 | 0.3% |
| VIETNAMESE | 1,537 | 0.3% | 1,589 | 0.3% | 1,635 | 0.3% |

Source: Mercy Care Membership File/QNXT



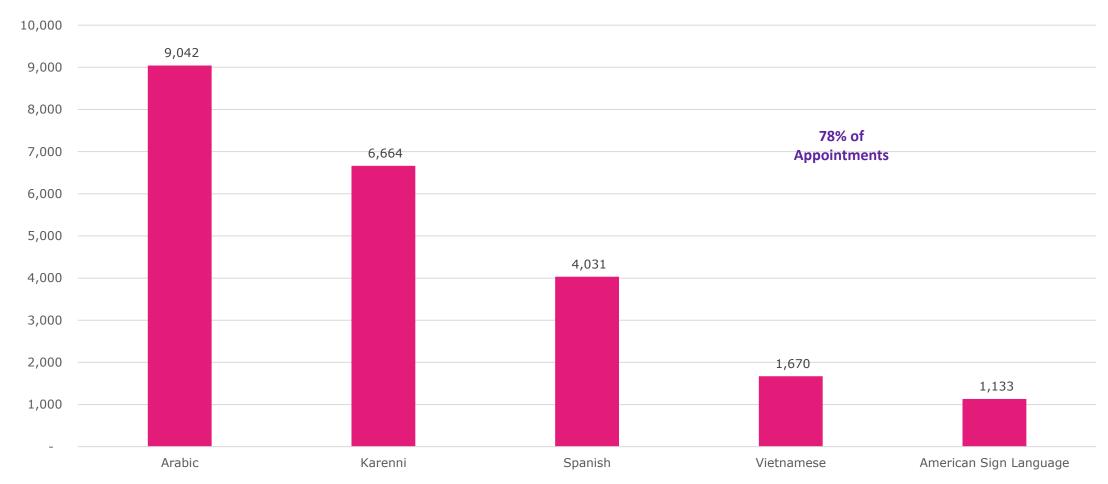
2023 Language Utilization

| Language | ACC | RBHA | ALTCS | MCA | DDD | NTXIX | DCSCHP | All |
|-------------------------|-------|-------|-------|-------|-------|-------|--------|-------|
| Arabic | 40.7% | 20.3% | 50.2% | 12.5% | 6.5% | 1.1% | 6.1% | 33.3% |
| Karenni | 30.9% | < 1% | 30.7% | 9.4% | 2.6% | < 1% | < 1% | 21.4% |
| Spanish | 9.2% | 26.4% | 2.7% | 45.0% | 63.9% | 95.9% | 34.6% | 17.9% |
| American Sign Language | 1.3% | 13.6% | < 1% | 7.4% | 14.7% | 1.9% | 45.2% | 5.1% |
| Vietnamese | < 1% | 17.5% | < 1% | < 1% | < 1% | < 1% | < 1% | 3.8% |
| Somali | 5.0% | < 1% | 1.5% | < 1% | 3.1% | < 1% | < 1% | 3.4% |
| Swahili | 4.0% | < 1% | < 1% | < 1% | 1.7% | < 1% | < 1% | 2.5% |
| Tigrinya | < 1% | 9.9% | < 1% | < 1% | < 1% | < 1% | < 1% | 2.2% |
| Russian | 1.6% | < 1% | 3.8% | 13.0% | < 1% | < 1% | < 1% | 1.9% |
| Burmese | < 1% | 4.4% | < 1% | < 1% | < 1% | < 1% | < 1% | 1.2% |
| Kinyarwanda (Rawanda) | 1.4% | < 1% | < 1% | < 1% | < 1% | < 1% | < 1% | 1.0% |
| 39 other languages < 1% | 5.3% | 6.8% | 10.2% | 11.8% | 6.0% | < 1% | 10.5% | 6.3% |

Source: InterAct Report and Language Vendor Invoice files



2023 Top 5 Languages



Source: InterAct Report and Language Vendor Invoice files



Common language access barriers

- Quality of care is lowered when:
 - Members do not understand their health care providers
 - Members and providers do not speak the same language
 - A provider's approach is not linguistically competent
- Barrier accessing health care services and understanding health information
 - Less likely to have a place to go when sick
 - Less likely to have preventive care visits in the past year
 - More likely to report a poor/fair health status
 - Challenges understanding health information
 - Proper medication use



Interpretation -Title VI of the Civil Right Act of 1964

- Prohibits discrimination on the basis race, color, and national origin in programs and activities receiving federal financial assistance.
- Recipients of Federal financial assistance, such as Medicaid funding, must take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons. Recipients include, but are not limited to, managed care organizations, providers and subcontractors.
- In our Provider Manual, providers must comply with federal and state laws by offering interpreter and translation services, including sign language interpreters, to members with limited English proficiency.



Mercy Care Language Access Services

- Mercy Care works with its providers and subcontractors to ensure adherence and compliance with regulations enforced by AHCCCS related to language access services.
- Providers and subcontractors are required to provide interpretative services to Mercy Care members accessing covered services through the provider or subcontractor.
- If a provider is unable to meet a member's interpretive needs, the provider may consider using Mercy Care's Language Access Services.
- Mercy Care's Language Access Services does not exempt the provider from providing their own services to the members.



Mercy Care interpretative services

- Use nationally certified and licensed language interpreters
- Use qualified bilingual staff
- Ensure accurate and complete communication between a provider and member
- Ensure provider's message is delivered as intended
- Ensure members with limited English proficiency (LEP) can access quality care and engage in managing their health



ACOM 405 – Accompanying adult

Members are permitted to use an adult accompanying the member with LEP for translation and/or interpretation only:

- 1) In an emergency when there is no qualified interpreter immediately available or,
- 2) When the member with LEP requests the accompanying adult to interpret or facilitate the communication, the accompanying adult agrees to provide the communication assistance, and reliance on the accompanying adult for assistance is reasonable under the circumstances.

Members are not permitted to rely on a minor child for translation and/or interpretation except in an emergency when a qualified interpreter is not immediately available.



Provider's role

- Responsible for member's care and coordination of care
- Inform of the availability of language assistance services
- Offer language services at no cost
- Provider of service schedules interpretation service
- Cancel request in a timely manner
- Avoid using untrained individuals and minors as interpreters
- Verify interpreter's service time
- Direct incidents (such as fraud, waste and abuse) and quality concerns to Mercy Care



Language Access Services

- Qualified Bilingual Staff
 - o T1013 Code
- On-Demand Services
 - Over the Phone
 - Spoken languages
 - Video Remote Interpreting
 - American Sign Language only
- Scheduled Services
 - Face to Face
 - Over the Phone
 - Scheduled Virtual Interpreting
 - Video-telecommunication service





Qualified bilingual staff

- Proficiency score of nine (9) or better on the ALTA Language Test
 - Writing
 - Listening and speaking
- Deliver covered service in another language other than English
- Bill the T1013 code in addition to the covered service
- Providers responsible for testing expense



On-demand services

- Access to an interpreter 24/7/365
- Spoken languages
 - Language Line Solutions
 - Over the phone
- American Sign Language (ASL)
 - Pending
 - Video Remote Interpreting (VRI)
 - VRI application or Web browser





On-demand services: Spoken languages

- Refer to the Language Line Solutions Quick Reference Guide for call in details located on Mercy Care website www.MercyCareAZ.org
- 4-Digit PIN Codes:
 - ACC, LTC, DD, DCS-CHP, and Mercy Care Advantage:
 - Clinical 1203
 - Non-Clinical 1204
 - Mercy Care ACC-RBHA:
 - Clinical 2076
 - Non-Clinical 1205



Scheduled services

- Pre-scheduled interpretation services
- Direct request to Mercy Care Member Services
 - Mercy Care ACC/DDD/ALTCS: 1-800-624-3879
 - Mercy Care ACC-RBHA: 1-800-564-5465
 - Mercy Care Advantage: 1-877-436-5288
 - Mercy Care DCS CHP: 1-833-711-0776
- Member Services <u>will not</u> schedule appointments more than 30 days in advance
- Requests exceeding three (3) hours require clinical justification



Interpretation request

Confirm clinical need of the interpretative service Confirm eligibility before request Include member eligibility and AHCCCS ID Include appointment information (i.e. appointment link) Delivered with a covered service In Clinical Team's presence



Interpretation services for Mercy Care members

Provider contacts Mercy Care Member Services to schedule interpretation service

Mercy Care Member
Services enters the request details into InterACT

Vendor accepts/declines requests routed to their agency and fulfills the appt as applicable

Any scheduled interpretation services delivered outside of this scheduling process will not be paid by Mercy Care.



Interpretation services for Mercy Care members

Provider of Service Vendor accepts/ declines requests **Mercy Care Member Provider** contacts routed to their **Services** enters the Mercy Care Member agency and fulfills request details Services to schedule the appt as into InterACT interpretation service **Coordinator of** applicable Service



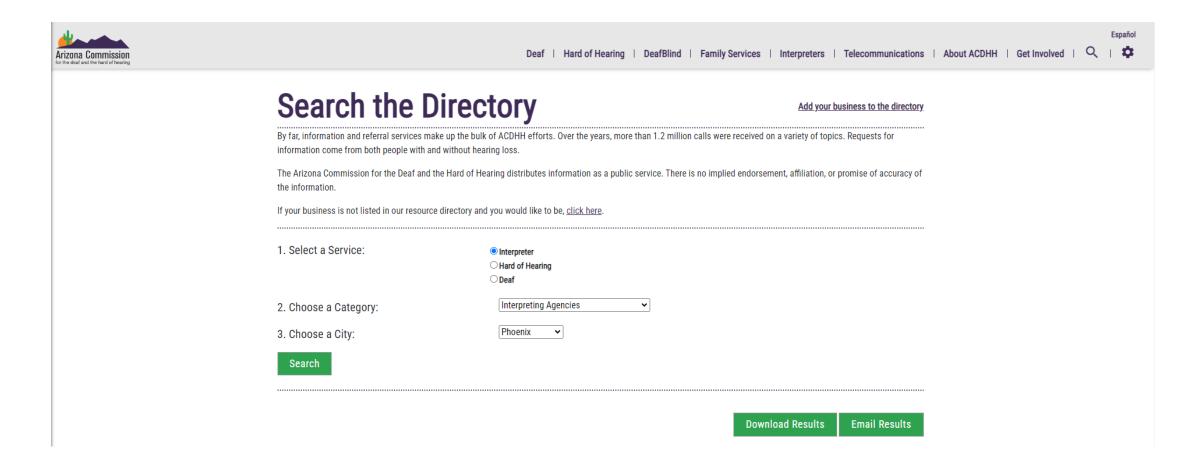
Appointment recommendations

| Do | Don't | | | | |
|---|---|--|--|--|--|
| Use OPI or VRI for all appointments lasting one (1) hour or less | Schedule meetings on holidays or when the agency is not open | | | | |
| If face-to-face interpretation is needed for appts. lasting one (1) hour or less, try to combine services to make use of the time | Whenever possible, do not schedule last minute appointments (within 3 business days of appointment) – cannot guarantee appointment will be filled in person | | | | |
| Take note of members with frequent cancellations – we are tracking them | Allow interpreters to schedule appointments | | | | |
| Use qualified bilingual staff to perform covered services whenever possible | Allow interpreters to provide transportation | | | | |

On Demand Services are available 24/7 to assist with continuity



Arizona Commission for the Deaf and Hard of Hearing





Preferred interpreter

- Interpreters are scheduled at time of request
- Request for specific gender
- Clinical exceptions are reviewed on a case-by-case basis
 - Submit to <u>CulturalCompetency@mercycareaz.org</u>
- On-Demand Services to ensure continuity



Rare languages

- Languages that are not commonly spoken and available in the community
 - Check other common languages known and/or used by the member
 - Ask if other languages can be used for appointments
 - Document identified language as part of assessing the member's language need in their service plan
- The availability of services through Mercy Care does not absolve a provider's responsibility to ensure a member can access their program and activities.



Group session

When scheduling interpretation for a group session or shared appointment involving multiple members who speak the same language:

- Schedule by time and not by member
- Use 3:1 ratio: 3 members to one interpreter

Example: Group session has five (5) members who speak Spanish, two (2) requests should be submitted to ensure members can have meaningful access to programs and activities.



Team interpreters

Submit one request per language when interpretation is needed in two or more languages for a member's appointment.

Example: A member who is deaf and hard of hearing requests American Sign Language (ASL) and a Certified Deaf Interpreter (CDI), two (2) requests should be submitted to ensure members can have meaningful access to programs and activities.



Cancellations

- Contact Mercy Care Member Services in a timely manner
- If rescheduling is required, notify Member Services of change
- Reason tracked by the provider





Role of interpreter:

Conduit

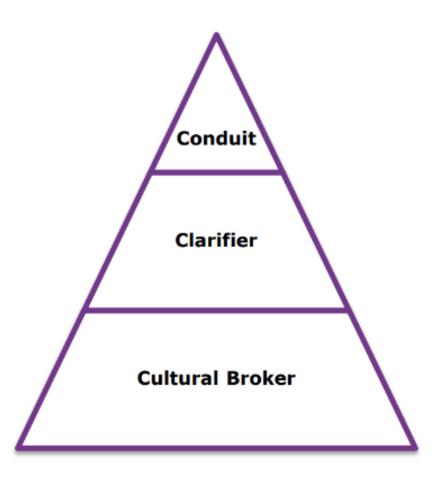
Ensures accurate and complete flow of communication and maintains the integrity of the interpretation through meaning for meaning interpreting.

<u>Clarifier</u>

The clarifier ensures resolution of any confusion or miscommunication dur to the language used, including speaker's vocabulary and syntax.

Cultural Broker

A cultural broker intervenes only to share or exchange cultural information with the intent of ensuring clear communication.





Interpreter is NOT

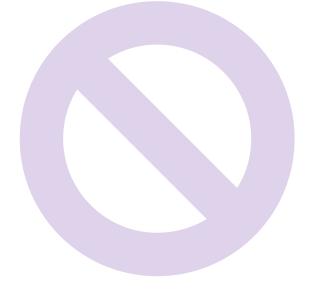
- Advocate
- Companion
- Chauffer
- Babysitter
- BHT
- Member of clinical team

The interpreter <u>is not</u> responsible for the member's care or coordination of care.



Interpreter should not

- Encourage to request them by name
- Engage member or provider outside the role of an interpreter
- Socialize or communicate with members with LEP outside of the presence of the provider
- Provide transportation or other support to the member
- Complete paperwork for members
- Discuss compensation with the doctor/provider/care coordinator/case manager/ member.





Questions?

Mercy Care resources and support

(not for scheduling or rescheduling appointments)

Cultural Competency: <u>CulturalCompetency@MercyCareAZ.org</u>

Network Management:

MercyCareNetworkManagement@MercyCareAZ.org

Ombudsman: OIFATeam@MercyCareAZ.org

Grievance System Department:

602-586-1719 or 866-386-5794 (TTY 711)

Fraud Hotline: 1-800-810-6544



Mercy Care provider manual and notices

- AHCCCS Contractor Interpreter Process
- Provider Manual May 2024 Update
- Preferred Interpreter
- Interpreter Standards
- Phone Interpretation Services
- Interpretation Services completed in a physician's office
- Mandatory use of OPI or VRI for interpretation sessions one hour or less





Standards of Practice and Code of Conduct

Providers and vendors only use nationally certified or qualified language interpreters for language interpretation services.

Interpreters who serve Mercy Care members comply with the standards of practice for interpreters as set by the US Department of Health and Human Services by the National Council on Interpreting in Health Care, Registry of Interpreters for the Deaf, Inc. (RID) and any requirements of government sponsor.

National Standards of Practice for Interpreters in Health Care

National Code of Ethics for Interpreters in Health Care

NAD-RID Code of Professional Conduct



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Thank you

