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To: New York State Language Access Advocates
Date: January 26, 2011
Re: Talking Points: Include Medicaid Reimbursement for Language Assistance Services as part of Medicaid Redesign

This memo pulls out key points supporting the inclusion of Medicaid reimbursement for language assistance services as a part of the planned Medicaid Redesign.

Background

- 2.3 million New Yorkers are limited English proficient (LEP), meaning they do not speak, read, write or understand English well enough to communicate effectively with their health care provider about sensitive information regarding their health and wellbeing or to understand their diagnosis and treatment plan.
- In order to comply with federal, state and local laws, hospitals, clinics, and community health centers must provide free interpretation and translations services to their limited English proficient patients.
- Including Medicaid reimbursement for language assistance services as part of redesigning Medicaid will achieve the Medicaid Redesign Team's stated goals to reduce costs and increase quality and efficiency by (1) increasing patient safety, (2) eliminating health disparities, (3) improving patient outcomes, and (4) achieving Medicaid savings.

Problem

- Lack of language assistance services undermines quality of care and Medicaid patients needlessly suffer physically, emotionally, and economically. Consequences include:
 - Avoidance of and delays to care. Patients avoid cost-effective visits for primary and preventive care until their health condition becomes more serious, resulting in crises that require more costly intervention – often in emergency rooms;
 - Unnecessary over-treatment and mistreatment add unnecessary costs. Misdiagnoses due to communication barriers result in multiple visits and procedures, and physicians tend to practice “defensive medicine” by ordering unnecessary tests, procedures and medication;
 - Lower health outcomes, poor quality of care, and low patient satisfaction. Ineffective communication means that patients may not understand their diagnosis and treatment plan and are unable to follow-up properly or comply with their medication regimen. Physicians can't provide appropriate care and patients feel disrespected and generally mistrustful.
- Many health care providers continue to rely on the inappropriate and dangerous use of family members and other untrained interpreters to assist in a medical setting. This practice violates professional standards and patients' rights to privacy, and results in errors in interpretation.
- The main deterrent to major improvements in these language services is lack of reimbursement.

Solution

- To reduce Medicaid costs and improve quality and efficiency, the Medicaid Redesign Team should enable Medicaid reimbursement for language assistance services, or move in the right direction by creating a targeted pilot reimbursement program. This would provide needed funding and support for hospitals, clinics and health centers to fulfill their missions to provide quality care, address the health care needs of their diverse communities, and encourage best practices of language assistance services.
- Improved language assistance services will result in Medicaid savings because:
 - Clinicians will better understand the patient's symptoms and circumstance, enabling them to order only necessary testing and procedures;
 - Chances of adverse events in LEP patients will fall to same level as those of English-speaking patients, eliminating associated costs;
 - Patients will understand their treatment plans and be empowered to comply, resulting in improved patient outcomes;
 - There will be fewer readmissions and reduced provision of unnecessary services.
- Leverage federal financing: In February 2009, President Obama signed the Children's Health Insurance Program Reauthorization Act (CHIPRA), which includes a provision for enhanced federal CHIP and Medicaid payments to states for translation and interpretation services to children and pregnant women. Under this law, the federal government will pay 75% of the costs.
- Twelve other states have already made it possible for health providers to receive federal Medicaid reimbursement for communication assistance services. As New York struggles with the economic downturn and lobbies for increased federal support, the proposed legislation would bring a sorely needed stream of federal funding into the state and enable hospitals, clinics, and community health centers to meet legal and professional mandates.