

ADVANCING HEALTH EQUITY THROUGH LANGUAGE SERVICES

Considerations for 2024

In 2024, health systems and health plans will intensify their efforts to reduce disparities and advance equity for the diverse populations they serve.

We anticipate that compliance factors, competitive pressures and economic forces will shape trends in healthcare interpretation and translation during the year ahead. These trends point to the importance of a robust language services program as an essential component of initiatives to expand access, boost engagement, improve outcomes and elevate the experience of coverage and care for **68 million Americans who speak a language other than English at home.**

Leslie Iburg, ULG's Director of Healthcare Accounts, breaks down these trends and shares considerations that should be top-of-mind for healthcare health equity, language services and marketing professionals as they establish goals and budgets for 2024.



1. Top Compliance Factors Include New Final Rule, Star Ratings and CMS Equity Framework

A large and ever-evolving body of laws, mandates, regulations and standards govern language accessibility in health care settings. Health systems and health plans need to stay up-to-date and adjust their strategies accordingly, but the sheer number and complexity of requirements can make it challenging to stay ahead of developments.

Non-compliance carries the risk of negative consequences: lawsuits, financial penalties, poor quality scores, loss of accreditation, reduced access to markets and customers, and reputational damage, to name a few. Ensuring meaningful language access reduces the risk of miscommunication, which can lead to misdiagnoses or inappropriate treatment, or cause consumers to not get the most from their benefit plans.

At the national level, the most significant language access requirements are found in:

- Title VI of the U.S. Civil Rights Act of 1964
- Section 1557 of the Patient Protection and Affordable Care Act
- Medicare Marketing Guidelines from the Centers for Medicare and Medicaid Services (CMS)
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care from the Department of Health and Human Services' (HHS)

New for 2024, CMS has released a Final Rule for Medicare Advantage (Part C) and Prescription Drug Plans (Part D). It requires health plans to provide meaningful access to materials on a standing basis for:

- Any non-English language that is the primary language of at least 5% of individuals in the plan service area;
- Upon request in accessible formats; or
- Upon otherwise learning the enrollee's primary language or language preference or need for an accessible format.

We recommend that health plans also understand which languages are just below the 5% threshold in their service area, in order to anticipate and prepare for future expansion of interpretation and translation services.

“Currently about half of all Medicare beneficiaries are enrolled in an Advantage plan, and we expect this managed care segment to keep growing. With capitated reimbursement for a growing and increasingly diverse over-65 market segment, health plans will shift from a reactive compliance mindset to be more proactive and strategic about understanding and meeting the language and format needs of their Medicare enrollees,” says Iburg.

The new rule requires all content – including health education and clinical programs – be available for languages above the 5% threshold.

Not just a few key documents. Health plans that provide a culturally and linguistically appropriate end-to-end experience will foster brand preference and loyalty among those diverse MA members.



Star Ratings are integral for consumers when choosing a Medicare plan. For health plans, achieving a high Star Rating can lead to increased enrollments and financial rewards. One of the components of these ratings is the experience of care, which includes language access. Plans that offer robust language services and ensure that all members have a smooth, barrier-free experience tend to score higher in this area.

The pressure to elevate the standard of care and service is clear, and the greatest opportunity to do so is to make it easier for plan members with low English proficiency (LEP) to access culturally relevant care and close gaps that result in health disparities.



“Targeting the cultural and linguistic drivers of negative outcomes and poor performance on quality measures is no longer like a spare tire. It’s the engine – the essential component – that can help plans narrow the disparities gap and get where they need to go faster,” says Iburg.

It’s also important to note that CMS included “language access, health literacy and the provision of culturally tailored services” as one of five strategic priorities within its **Framework for Health Equity, which will guide its efforts through 2032 to advance health equity, expand coverage and improve health outcomes for the more than 170 million people supported by CMS programs.**



2. Competitive Pressures Will Drive Continued Emphasis on Access and Equity

As CMS continues to raise the bar for health equity and member experience in the Medicare and Medicaid markets, competition among health plans is also intense for the increasingly diverse population who are covered through the individual insurance marketplace and employer-sponsored plans.

In its analysis of marketplace trends between the implementation of the ACA in 2014 and 2022, consulting firm McKinsey found that **consumers in the individual market have access to more insurer and plan choices than ever before.** By 2022, only about 2% of these consumers had access to just one insurer and well over half of these consumers could choose from five or more plans. Managed care plans accounted for 82% of plan offerings.



Also in 2022, the Commonwealth Fund published research that highlights marketplace equity strategies being pursued in California, Connecticut, the District of Columbia and Massachusetts. These state marketplaces are collecting and sharing race and ethnicity data with insurers, requiring insurers to achieve health equity accreditation from the National Committee for Quality Assurance (NCQA), designing plans specifically to meet the needs of people of color, and pursuing a variety of strategies to ensure that enrollees can use their plans and receive equitable care. These include network adequacy, quality improvement, enrollee education and health literacy strategies.

The work that health plans are doing will inevitably have an impact on health systems and other provider organizations that will likely surface in discussions at the contract negotiation table regarding clinical and service quality expectations.

At ULG, we're getting a lot more interest in our services from outside the Medicare and Medicaid health plan markets. For example, many employers are looking at their benefit programs and seeing more diverse employees who may not be fully utilizing their health benefits, which could be leading to suboptimal health outcomes. These employers are raising their requirements for their health plan partners to provide in-language communications and ensure services are easy to use by employees with a primary language preference other than English.



Across all lines of business, health plans will be pressured by customers and competitors to continuously improve access to in-language communications as part of the product and service experience, and to demonstrate how these efforts are creating a return on investment in the form of better outcomes and higher levels of satisfaction for members, as well as effective cost containment for purchasers. Where health plans go, health systems and other providers must be prepared to follow.

3. Economic Forces

Providing quality health care is a costly affair and budgets are often stretched thin across a host of operational priorities. This is especially true in today's post-pandemic world.

Common themes in the industry include:

- Significant pent-up demand for deferred health services
- Wider health disparities
- Rising levels of medical debt and heavier burden to collect
- Burned out and fatigued health care workforce
- Skyrocketing costs for labor and borrowing

“Trying to do more with less is always a concern,” says Iburg. “I always advise clients to look holistically at language services. For the greatest operational and cost efficiency, it’s best to centralize efforts with one full-service language service provider (LSP). This not only streamlines internal efforts, but it ensures quality and brand consistency across all platforms of communication, which is critical in healthcare.”

ULG’s Language Asset Management Solution and automation technology such as translation memory help organizations recycle previously translated content for greater accuracy and brand consistency, while reducing turnaround time and saving on translation costs. The more content that is fed into the centralized mechanism or partner, the more savings, consistency, and efficiency will result.

It would be shortsighted to view language services as just another expense to be trimmed. Over time, effective language services can elevate the experience while yielding significant cost savings. Here’s are just a few examples:

- **Language access fosters trust.** When patients can communicate in their native language, they are more likely to share vital information about their health status, leading to better outcomes.
- Competent interpreters and translation services contribute to **more accurate diagnoses and appropriate treatment plans.** This helps to reduce complications and costly readmissions.
- Patients who feel heard and understood are **more likely to adhere to treatment plans** and keep follow-up appointments.
- Feedback from LEP patients and health plan members yields **valuable insights** for continuously improving language services and, by extension, the overall patient experience.

Healthcare organizations are beginning to shift from reactive, compliance-oriented stances around language services to proactively striving for better outcomes and experiences. More sophisticated measurement strategies will naturally come to the forefront.

“For many organizations, the measure of success is timely availability of interpreter services and timely delivery of required documents translations. Obviously, this is important, but it should be the floor rather than the ceiling,” says Iburg. “I’m excited to see more organizations think about measuring the value of language services in terms of reduced calls to the call center, increased website traffic to linguistically and culturally appropriate content pages, and increased attendance at vaccination events or health education sessions that are promoted and delivered in languages other than English.”

To Advance Equity, Focus First on Language Access

Language access and health equity are intricately connected. As health systems and health plans head into 2024 and beyond, these considerations will be even more crucial. Compliance, competition and budgetary factors will have an impact on how well health plans and healthcare providers address language differences. Moreover, with the emphasis on language access in the Medicare Star Ratings, the stakes have never been higher. To achieve an equitable healthcare landscape, a relentless commitment to understanding, respect and inclusion is essential.

ULG is ready to partner with health plans and healthcare provider organizations to share our industry-leading expertise and experience delivering efficient, effective interpretation and translation solutions. We can help ensure your compliance with language access requirements and accelerate your efforts to advance health equity in the communities you serve.

For additional support and more information connect with a ULG expert today.

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