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Language Barriers Pose a Risk for California HMO Enrollees

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Among California's adult HMO enrollees ages 18 to 64, 3.4 million speak a language other than English at home and of those, almost 30% report not being able to speak English well or not at all. Over one million of these HMO members with limited English proficiency (LEP) are at risk of facing problems accessing health care services and receiving quality treatment.

Our findings indicate a substantial need for language services for both commercial and public HMO members. Publicly-insured HMO members are generally offered more language services than their commercial counterparts. However, commercial HMOs have been inconsistent in offering such services across types of coverage¹ despite the fact that HMOs receive federal funds and are required to provide language services to members as described in policy guidance from the Office of Civil Rights.² A recent amendment to the Knox-Keene Health Care Service Act now requires the California Department of Managed Health Care to oversee and regulate language services in licensed HMOs, including interpreter and translation services for commercial enrollees in managed care plans.

Background

The absence of language services restricts access to and decreases the quality of health care for non-English speaking individuals. One study found that over 25% of non-English speaking patients who needed but did not get interpreter services could not understand their medication instructions. In comparison, only 2% of individuals who received interpreter services or who did not need them in the first place had

difficulty understanding these instructions.³ In addition, non-English speaking patients tend to utilize less primary care, preventive care and public health services; however, they utilize more emergency services. Yet, while in emergency rooms, they obtain fewer services when compared to their English-speaking counterparts. Easing the language barrier is a key to providing improved access and quality health care for these populations.

English Proficiency

Overall, 10.2% of total public and commercial HMO enrollees have limited English proficiency (Exhibit 1). When looking only at commercial HMO enrollees, 9.2% (807,000) indicate that they are LEP. These numbers demonstrate the challenge faced by individual HMOs with regard to the number of enrollees who may need interpretation or other language services due to LEP. Commercial HMOs have varying levels of LEP enrollees, but all of them make up a significant proportion of their membership: 9.8% of Blue Cross enrollees (117,000), 8.9% of Kaiser enrollees (308,000), 6.4% of Health Net enrollees (55,000), 6.6% of PacifiCare enrollees (49,000), and 5.9% of Blue Shield enrollees (44,000) reported LEP (Exhibit 2). The "other" category, which



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Exhibit 1

Percentage of Limited English Proficiency in California,
Ages 18-64, 2003

Limited English Proficiency	Commercial HMOs	Public HMOs	Total HMOs	Commercial PPO/FFS	Public PPO/FFS	Total PPO/FFS
Population Size	8,700,000	700,000	9,400,000	5,655,000	2,518,000	8,173,000
Speaks English Not Very Well/Not At All	9.2	21.5	10.2	5.7	31.0	13.5

Exhibit 2

Percentage of Limited English Proficiency in California, Commercial Health Plans,
Ages 18-64, 2003

Limited English Proficiency	Blue Cross	Blue Shield	Health Net	Kaiser	PacifiCare	Other	Unknown	Total Commercial HMOs
Population Size	1,187,000	736,000	849,000	3,462,000	737,000	1,400,000	356,000	8,700,000
Speaks English Not Very Well/Not At All	9.8	5.9	6.4	8.9	6.6	10.4	25.0	9.2

includes CIGNA, Aetna, and any HMO other than the five reported above, had 10.4% of members (146,000) reporting LEP, and the “unknown” HMO category had 25% of enrollees (89,000) with LEP.

Many HMO patients who saw their doctor in the last two years and were enrolled in commercial HMO plans reported problems understanding their own doctor. In total, there were over 300,000 commercially-insured HMO enrollees (3.7%) who reported this problem. The portion of commercial HMO enrollees varied by plan, from a low of 3.2% in Blue Cross to a high of 4.3% in Blue Shield and Health Net (Exhibit 4). Of these individuals, many reported needing someone else to help them understand the doctor. These percentages ranged from 2.1% among Health Net enrollees to 0.7% among PacifiCare enrollees. Often (87% of the time), this help was provided by family members, non-medical office staff or medical staff, rather than professional interpreters. About 5% of the patients reported not having anyone available to help them understand their doctor. Based on analysis of the 2003 California Health Interview Survey data, among commercial HMO enrollees in California, the most common languages spoken by LEP enrollees who are likely to need

additional materials and interpreters are Spanish, Chinese, Vietnamese and Korean.

While examining English proficiency is important, it is also imperative to look at what HMOs are doing to assist their LEP members. Each year the State of California, Office of the Patient Advocate (OPA) sends a survey to commercial and public HMO plans (28 in 2005) to obtain information about the language services they offer to LEP members. In general, survey findings indicate that California HMOs are working to ensure access to appropriate language services for their LEP members. However, although the gap is narrowing between what plans do for members across types of coverage (i.e., Medi-Cal, Healthy Families, Medicare and commercial products), distinctions remain.

During business hours, 81% of plans with Medi-Cal and Healthy Families’ product lines provide or arrange for access to face-to-face interpreters, while only 67% of commercial and 50% of plans with a Medicare line of business report they provide or arrange for access for LEP members. Plans may also delegate the responsibility for language services to contractors (medical groups or providers) who are responsible to provide these services

Percentage of Patients with Trouble Understanding Health Care Provider in California, Ages 18-64, 2003

Exhibit 3

	Commercial HMOs	Public HMOs	Total HMOs	Commercial PPO/FFS	Public PPO/FFS	Total PPO/FFS
Experienced Trouble Understanding the Doctor	3.7	5.6	4.1	2.2	7.0	4.4
Had Trouble Because Spoke Another Language	2.4	3.0	2.5	1.2	4.2	2.6
Needed Someone Else to Understand the Doctor	1.3	3.0	1.6	0.5	4.3	2.2

Percentage of Patients with Trouble Understanding Health Care Provider in California, Commercial HMO Enrollees, Ages 18-64, 2003

Exhibit 4

	Blue Cross	Blue Shield	Health Net	Kaiser	PacifiCare	Other	Unknown	Total Commercial HMOs
Experienced Trouble Understanding the Doctor	3.2	4.3	4.3	3.5	4.0	3.3	5.0	3.7
Had Trouble Because Spoke Another Language	1.8	2.5	1.8	2.4	3.1	2.3	4.3	2.4
Needed Someone Else to Understand the Doctor	1.8	1.0	2.1	1.0	0.7	1.3	2.6	1.3

to members. With respect to services for specific non-English languages, 93% of plans report having a Spanish-speaking interpreter available during business hours across lines of business compared to 81% for Chinese, 80% for Russian, and 79% for Vietnamese.

Other languages are reported as follows: Tagalog (76%), Hmong (70%), Farsi (66%), Armenian (64%), Korean (67%), Arabic (63%), and Khmer (61%). Access to telephone interpretation at medical points of contact is between 81 and 86% for all languages across lines of business.

All plans report that face-to-face interpreter services are provided free of charge for Medi-Cal and Healthy Families members. For commercial members, 84% of plans (16 of 19) report services are provided free of charge and 67% of plans (8 of 12) report services are provided free of charge for Medicare members.

Conclusions and Policy Implications

The findings from CHIS 2003, along with the results from the OPA survey, indicate that HMOs continue their efforts to meet the language needs of their LEP members. The disparity evident between what health plans do for commercially-insured and publicly-insured enrollees may affect how consumers receive care in a commercial HMO. The Department of

Managed Health Care regulations to be released in 2006 are intended to help close the gap between public and commercial health plans in terms of the language services that are available for all members, and will help clarify what language services LEP enrollees should expect from their HMO.

Additionally, the findings presented here may serve as an impetus for HMO plans to further develop their language services programs in such areas as trainings for contracted providers and their staff, as well as to spur efforts to increase the diversity and languages spoken in their provider workforce. Improved language services could lead to reduced barriers in accessing health care for LEP members, better communication between providers and enrollees, and ultimately improved patient outcomes.

Health plans have voiced concern that issues in information systems make it difficult to collect and assess patient needs based on race/ethnicity and language spoken. Nevertheless, it is clear that health plans must continue their efforts to identify the language preferences of all their LEP members and tailor their language services programs to meet the needs of an increasingly diverse clientele.



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Data Source and Methods

The 2003 California Health Interview Survey was
used for this study. All respondents ages 18 to 64
were included. For additional information on
CHIS data collection and methodology, or for
further data, please visit www.chis.ucla.edu.

The data on language services in California
HMOs is a summary of information from a
survey developed by the Office of the Patient
Advocate with input from the ad hoc OPA
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The information is based on voluntary self-reports.
For more information, please visit
www.opa.ca.gov/report_card.

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Notes

- 1 HMOs may offer several types of coverage known as
lines of business, including commercial, Medicare,
Medi-Cal and Healthy Families, based on the source
of payment.
- 2 U.S. Department of Health and Human Services.
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