

BEING HEARD

The Experience Of Non-English Speakers With
The MassHealth Call Center

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About MLRI

The Massachusetts Law Reform Institute (MLRI) is a state-wide poverty law center with the mission of securing economic, racial, and social justice for low-income people and communities. MLRI's Health Unit focuses primarily on expanding and ensuring access to MassHealth, Massachusetts' Medicaid agency. MLRI's Equity Unit houses the Language Access practice group which is co-leading legislation to ensure Massachusetts state agencies provide language access: An Act relative to language access and inclusion (S.2125).

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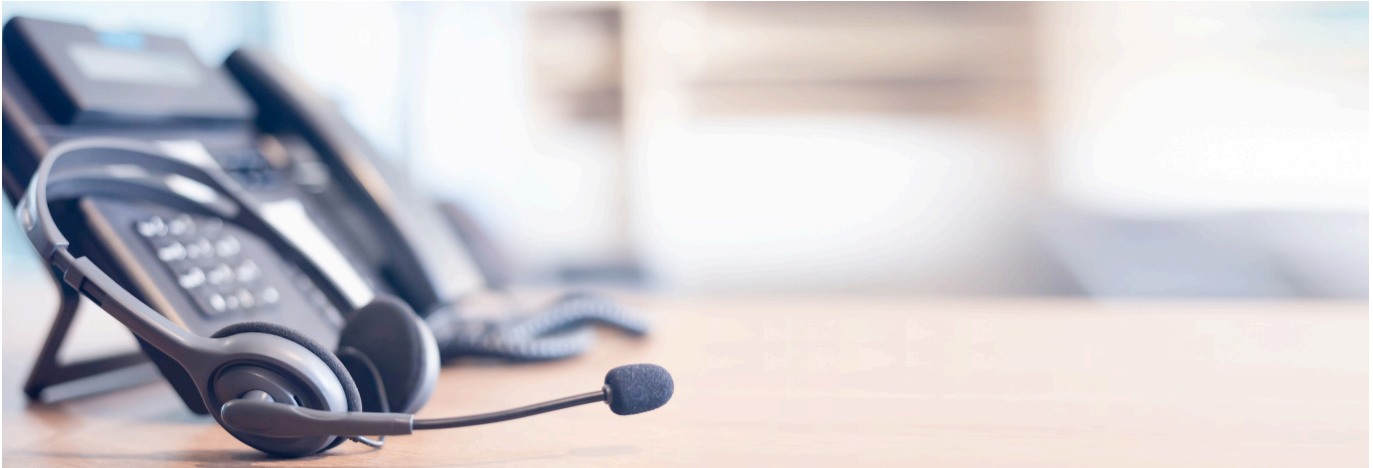
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EXECUTIVE SUMMARY



After three years of maintaining members' coverage regardless of their eligibility during the pandemic, on April 1, 2023, MassHealth began its year-long return to the routine of reviewing members' eligibility. Communication with MassHealth members about how and when to renew their coverage was more important than ever. Because MassHealth's member outreach focused on connecting people to the customer service phone line, we at MLRI's Health Unit quickly identified language access – the ability to communicate effectively with members with limited English language proficiency – as a significant area of concern.

In October 2023, we began investigating language access through MassHealth's customer service phone line. In this report, we will walk through the experience of calling MassHealth customer service for people with a preferred language other than English.

We report our findings of barriers to access and recommend improvements based on legal requirements, federal guidance, and best practices.

Our findings include barriers caused by MassHealth's automated phone system (phone tree), poorly-trained customer service representatives, poor quality control of interpreter services, and failure to collect feedback from callers seeking language services. Our findings also recognize where MassHealth has made improvements responsive to our feedback during our investigation.

We hope that MassHealth will use this report to remove language barriers and make further improvements to language access. We also hope it will inspire advocates from other states to make similar recommendations to their state Medicaid agencies.

INTRODUCTION

As of November 2023, at least 28% of MassHealth members reported a preferred written language other than English.¹ According to 2021 data, Massachusetts was the state with the 8th highest percentage of population with limited English proficiency.² In Massachusetts, language access is a critical component of ensuring equitable access to health coverage; it is also a racial justice issue. Nationwide, 89% of people with limited English proficiency are people of color.³ Failure to address language access can exacerbate already significant racial disparities in health.

Language access means that people with limited English proficiency (LEP) are able to access and use the same services and benefits as English speakers. Limited English proficiency is a term of art used in federal and state law and regulations. Federal regulations define an “individual with limited English proficiency” as “an individual whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.”⁴ In this report we use the term “people with a preferred language other than English” interchangeably with “LEP people.”⁵

This report explores how MassHealth attempts to ensure access to those who have a preferred language other than English, with a focus on MassHealth’s central point of communication: its customer service phone line.



Notably, this report addresses communication in spoken languages other than English and does not address language access for non-verbal communication, or deaf, blind and hearing impaired communities. However, The Language Access and Inclusion Act (S.2125), co-led by MLRI’s Language Access Practice Group, includes provisions addressing language access for the deaf, blind and hearing impaired communities.

A. Legal Requirements for Language Access

Language access is not only an essential component of a just and inclusive society, but a civil right when it comes to accessing federally funded programs, including Medicaid. Federal law requires Medicaid to provide meaningful access to individuals with limited English proficiency.

In addition to federal law, Massachusetts Executive Order No. 615 requires MassHealth (Massachusetts' Medicaid program) to make “programs, services, and information accessible for individuals with limited English proficiency.”⁶ The executive order also requires MassHealth to develop a language access plan and update it every two years.

Co-led by MLRI's Language Access Practice Group, the Mass Speaks Coalition is leading a legislative campaign for the Language Access and Inclusion Act,⁷ which would ensure equal access to the services, programs, and activities of public-facing state agencies. Aside from the requirements in Executive Order 615, the Language Access and Inclusion Act would also require state agencies to designate full-time personnel dedicated to language access as well as ensure multilingual staff meets the needs of the communities it serves. The bill also creates an advisory board to work with agencies to implement best practices, like the recommendations contained in this report, and improve language access for equal access of state services to all Massachusetts residents.

Language Access is a Civil Right

Title VI of the Civil Rights Act of 1964 states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” In 1974, the U.S. Supreme Court interpreted this prohibition on “national origin” - based discrimination as requiring an affirmative effort to offer language access.⁸ In 2000, President Clinton issued Executive Order 13166⁹ further recognizing language access as part of the Civil Rights Act's prohibition on discrimination on the basis of national origin. Executive Order 13166 ordered federal agencies to ensure meaningful language access to applicants and beneficiaries of their programs.

Language Access and Medical Leave

In addition to Title VI of the Civil Rights Act, Section 1557 of the Affordable Care Act (ACA) also prohibits Medicaid agencies from discriminating on the basis of national origin - and by extension, language spoken. Federal regulations and guidance from the Centers on Medicare and Medicaid Services (CMS) further elaborate on how Medicaid agencies must comply with Section 1557 of the ACA by taking “reasonable steps to provide meaningful access to each limited English proficient individual eligible to be served or likely to be directly affected by its health programs and activities.”¹⁰

It is worth noting that the political landscape has changed since we began working on this report. Nonetheless, meaningful language access is still required by law. The March 1, 2025 Executive Order¹¹ that declared English the official language of the U.S. and revoked Executive Order number 13166 does not change Title VI of the Civil Rights Act, Section 1557 of the Affordable Care Act, or case law that requires federally funded programs like Medicaid to ensure meaningful language access to the people they serve.

B. Language Access and the Unwinding

Usually states check members' eligibility for Medicaid every year: first they try to renew members based on information they find on their own, but if they don't have enough information to renew the member, they'll send the member a renewal form to complete. States then end coverage for those who are no longer eligible, or those who do not respond to the state's renewal form in time.

But in 2020, at the beginning of the COVID-19 pandemic, the federal government gave states extra Medicaid funding if they met "maintenance of effort" requirements. This meant that states could not end coverage for most members, even if they were no longer eligible.¹² Congress ended this coverage protection on March 31, 2023, and states began returning to the normal process of checking members' eligibility on April 1, 2023.¹³ This process of returning to the normal course of business is called "the unwinding." Once the unwinding began, members had to figure out how to renew their coverage and prove their eligibility, or risk losing their coverage.



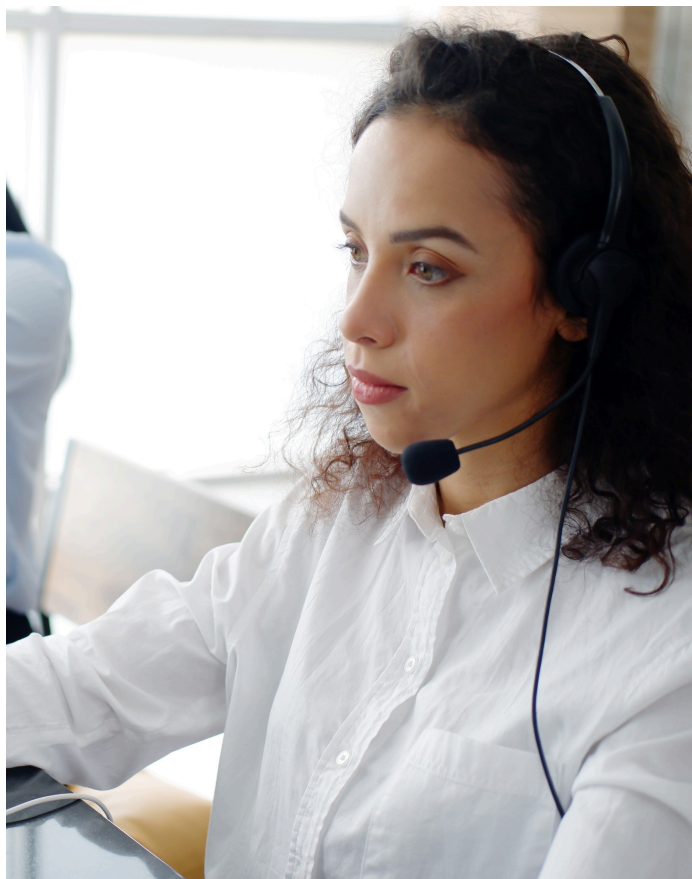
When people lose their Medicaid coverage they tend to delay needed health care, are less likely to fill their prescriptions, and end up in the emergency room more often.¹⁴ The Director of the Office of Civil Rights at the U.S. Department of Health and Human Services ("HHS") stressed the importance of language access during the unwinding: "As states head into this unwinding period, prioritizing language access and effective communication obligations will go far to prevent people of color and individuals with LEP or disabilities from being disenrolled as a result of inaccessible communications."¹⁵

C. MassHealth’s Customer Service Phone System

MassHealth’s customer service phone line is a primary source of contact for people with a preferred language other than English. Included with all notices MassHealth mails to its members is a list of taglines (short statements) translated into 16 languages. These taglines tell people to call MassHealth customer service to access language services.¹⁶ During the COVID pandemic, MassHealth created flyers, posters, and brochures about renewing coverage, and translated them into eight other languages. This outreach material also instructed members to call MassHealth customer service.¹⁷

MassHealth contracts with Automated Health Systems (AHS) to staff its customer service phone line. MassHealth provides training to these customer service representatives, who are the front-line workers answering most customer service calls. MassHealth also has its own much smaller staff, MassHealth Enrollment Center (MEC) workers, who are trained to handle more complex issues.

The first thing a caller hears when they call MassHealth customer service is an automated phone system (“phone tree”) with menu options for seven different languages, including English.¹⁸ MassHealth has been a leader among state Medicaid agencies by offering menu options in a large number of languages: in 2022, MassHealth offered the second highest number of menu options for different languages.¹⁹ While MassHealth is far ahead of other states in this regard, our investigation and interviews with community advocates reveal significant opportunities for improvement; from issues related to MassHealth’s phone tree, to interactions with poorly trained customer services representatives, to quality control of interpreter services.



D. Our Methodology

To gather the information used to make the findings we share in this report, we made a series of test calls to MassHealth’s customer service phone line, we interviewed 11 advocates who help a high volume of MassHealth members; we spoke directly with MassHealth members; we frequently engaged in conversations with MassHealth; and we made a public record request for documents related to MassHealth’s telephonic language services.

Between October 2023 and July 2024 we made 17 test calls to MassHealth’s customer service line, and selected one of the non-English language menu options each time. We chose the “other language” option five times, Spanish five times, Mandarin five times, Portuguese two times, and Vietnamese one time. During these calls we noted whether the customer service representative answered in English, and we asked if they knew we had selected a non-English language and, if so, which one.

In November 2024, after MassHealth made some language access improvements, we made a series of nine calls to the three most commonly spoken non-English languages to test how frequently callers were directly connected to bilingual representatives. Of these nine calls, we selected Spanish three times, Portuguese three times, and Haitian Creole three times.

Between December 2023 and February 2024, we interviewed 11 advocates from six different organizations, plus two MassHealth members. The six organizations included immigrant-serving community-based organizations, health care advocacy organizations, and a civil legal aid organization. All six organizations serve a high volume of MassHealth members and help them apply for and renew their coverage, and troubleshoot problems with their coverage.

FINDINGS AND RECOMMENDATIONS



A. MassHealth’s Automated Phone System

Before a caller can speak to a MassHealth representative, they must navigate MassHealth’s automated phone system (hereinafter “phone tree”). After a brief message in English about the call being monitored and a warning that menu options have changed, the next thing a caller hears is a recorded list of menu options for seven different languages including English, plus an option to select “0” for “all other languages.” While offering these menu options is good practice, callers still face barriers navigating them. At best, callers have to listen to 15–30 seconds of a recording in languages they don’t understand before hearing their language; the longer they wait, the more likely they are to give up. At worst, their language isn’t included in the phone tree at all. One advocate told us that one of her clients tried to navigate MassHealth’s phone line, but wasn’t aware that there was a Portuguese menu option:



I had a client that I helped a couple of months ago. Both her and her husband don't speak English and they didn't know how to navigate the system. She said she tried to call MassHealth several times and couldn't get through. She spoke Portuguese. She said that she tried to do it in English and I don't think she was aware that she could request a Portuguese speaker. Her husband hadn't gotten his high blood pressure medication in months.

During the unwinding, CMS highlighted use of multi-language taglines as a way to ensure members are able to access language services when they have to renew their coverage.²¹ MassHealth has taglines in 16 languages—ten of them are “other languages” not included in MassHealth’s phone tree options. These multi-language taglines instruct people to call customer service, but they don’t say anything about how to connect with an interpreter. MassHealth could use its taglines to improve language access by including more helpful instructions. For the languages included in MassHealth’s phone tree, the tagline could include which number to press for their language.

For the ten “other languages,” the taglines could instruct callers to press “0” for “other languages” and could give the phonetic spelling of the English word for their language, so they’re able to tell the representative which language they speak. Ideally, however, the burden should not be placed on callers to communicate their language needs. A better solution would be to add some of the “other languages” to the menu options in the phone tree.

- ▶ **MassHealth should make its multi-language taglines more useful by including instructions on how to navigate its phone tree to connect with an interpreter, and by adding more languages to its phone tree.**

However, these changes to the taglines would require the menu options in MassHealth’s phone tree to stay the same. A static menu may be difficult to maintain, and it still requires the caller to sit through a lengthy recording. In its 2024 report on language access in Medicaid, The National Immigration Law Center recommended having dedicated phone numbers for different languages, and cited California, which has dedicated phone lines for 13 languages, as a model.²² Ideally, MassHealth would have a designated phone number for as many of the most commonly spoken languages as possible.

- ▶ **MassHealth should consider creating dedicated phone numbers for different languages and include those direct numbers in its multi-language taglines.**²³



B. Interacting with Customer Services Representatives

Once MassHealth ensures that callers know how to navigate the phone tree, it must also ensure that customer service representatives are equipped to connect callers to interpreters. Unfortunately, our investigation revealed that they frequently are not. Specifically, we learned that even after callers



select their language, (1) representatives answer the phone in English and often don't know that the caller selected a language other than English, and (2) representatives needlessly require callers to confirm their need for an interpreter in English.

Representatives Answer the Phone in English

After the caller selects their language from the phone tree and listens to a recorded message in their language, a MassHealth representative answers the phone. Unfortunately, they frequently answer in English.²⁴

Between October 2023 and July 2024, we made 17 calls to MassHealth, for five of them we selected the “other languages” option; for 12 of them we selected specific languages. Ten of those 12 specific-language calls were answered by a representative speaking English.²⁵

Our finding was confirmed by other advocates we interviewed.

“

“That happens frequently where the person that picks up doesn't even speak the language that they asked for.”

“They call and they do have the Portuguese option, but whenever they press this option, someone that speaks English picks up the phone.”

”

Further, for about half the total test calls we made (eight of 17), the representative told us they did not know we had selected a language other than English. This made the language

menu options effectively meaningless; the customer service representatives didn't have the information they needed to know the caller's language needs. The U.S. Department of Justice (DOJ) recommends that agencies "ensure that agency staff can competently identify LEP contact situations and take the necessary steps to provide meaningful access"²⁶ and that "training should explain how staff can identify the language needs of an LEP individual."²⁷

- ▶ **MassHealth should ensure that the caller's language selection is visible to customer service representatives, and should train representatives on how to identify the caller's language when they haven't selected a specific language option.**

Ideally, however, when a caller selects a language, a representative fluent in that language would answer the phone. In guidance on federal language access law, the U.S. Department of Health and Human Services (HHS) cited "hiring bilingual staff" as "one of the best, and often most economical, options."²⁸ During the unwinding, CMS also recommended that agencies "[h]ire or deploy multilingual staff who speak certain frequently spoken languages within the states' population."²⁹

To MassHealth's credit, recent test calls made in November 2024, show that they have made significant improvements: MassHealth now has representatives fluent in Spanish, Portuguese, and Haitian Creole (the three most common non-English languages spoken in Massachusetts). In eight out of nine of our November test calls where we selected those three languages, a representative answered in the language we selected.

- ▶ **MassHealth should continue to make its best effort to ensure its customer service phone line is staffed with bilingual workers in Massachusetts' most common languages.**

Confirming the Need for an Interpreter

Our interviews and test calls revealed another troubling barrier for non-English speakers: even when the representative already knew what language the caller spoke, they often required the caller to speak English to confirm that they needed an interpreter.

One advocate told us that when she called with a non-English speaking client, the representative insisted that the client had to request the interpreter in English:

"They require that the client request the interpreter themselves. They would not let me request the interpreter for her although I stated several times that she cannot ask for an interpreter in English because she doesn't speak it, not even a word. And the rep kept telling me that I cannot request, they can only get the interpreter on the line if the client themselves requests the interpreter in English."



This was such a common occurrence that other advocates described how they helped their non-English speaking clients ask for an interpreter in English.

“

“I said they don't speak English. They need an interpreter. Okay. And then the lady, the representative said, let me ask, can I ask the member? I said, yes. And then I told the member, they're going to ask you if you need an interpreter. You say, yes, please.”

“Usually we write down the sentence that the client needs to say in English so they can try to memorize it, but a lot of them just can't.”

”

It can be difficult for people to say even just a few words in a language they do not speak. We spoke to a Spanish-speaking MassHealth member who told us that when she selects the Spanish menu option, and the representative answers in English, she tries to say that she does “not speak English” in English, but the representative frequently does not understand her, so she just hangs up.

One advocate talked about how insensitive it is to require non-English speaking callers to request an interpreter in English.

“

“Some people, it triggers them, they get nervous and I know that by the tone of voice, because they start gagging, they repeat the same word over and over, so it's very uncomfortable for the person also. So I don't know why they do that. I don't know if they try to see if they speak a little English or I don't know. Honestly, I don't know why they make the customers go through that, feeling uncomfortable like that.”

It's no surprise so many representatives require the caller to confirm their need for an interpreter: through a public record request for customer service training material, we learned that MassHealth instructed representatives to ask "do you need a language interpreter today?" and said nothing about using the caller's language selection from the phone tree to determine their need for an interpreter. LEP callers should not have to speak English to get access to an interpreter. In its 2024 report on language access in Medicaid, The National Immigration Law Center recommended that agencies connect callers to interpretation services as soon as possible, without having to respond to English prompts.

- ▶ **MassHealth should train its representatives to connect the caller to an interpreter as soon as possible, without requiring the caller to first communicate with them in English.**

The only time that it's reasonable for a representative to try to communicate in English with a non-English speaking caller is when the representative cannot know what language the caller speaks because they did not select one of the specific language menu options. As described above, this can be mitigated by expanding the number of languages in MassHealth's phone tree, by creating designated numbers for different languages, by including instructions on how to connect with an interpreter in the multi-language taglines, and by training customer service representatives on best practices for identifying the language of a caller with a preferred language other than English.

C. Interacting with Interpreters

If all goes well and a caller is connected to an interpreter, MassHealth's ability to resolve the caller's issue depends on the quality of the interpretation. Unfortunately, we heard many complaints of poor interpretation services from the advocates we interviewed. Specifically, we heard complaints that the interpreters aren't aware of MassHealth-specific terminology, which can lead to misunderstandings with significant consequences:



"A lot of the times the interpreters don't understand MassHealth lingo. So for example, if the rep tells the client they need to have proof of residency and they interpret that to the member, they're thinking they need proof of immigration status rather than just address."

Federal regulations require that interpreters used by Medicaid agencies be “able to interpret effectively, accurately, and impartially... using any necessary specialized vocabulary or terms.”³¹ Further stressing the importance of specialized terminology, the DOJ advised that “[a]n interpreter must be competent and have knowledge in both languages of the relevant terms or concepts particular to the program or activity.”³²

► **MassHealth should ensure that its interpreters and the interpreters used by its customer service vendor understand key MassHealth terminology.**

In addition to understanding MassHealth terminology, it’s important that interpreters be competent and professional. Several of the advocates we interviewed recounted hearing inaccurate interpretations from MassHealth’s interpreter service.



“A lot of times they don't interpret what you said or they don't interpret that in the right way.”

“The interpreter wasn't interpreting correctly what was being asked.”

“Sometimes when I'm on the line, the interpreter will summarize certain things and not give all the details or when they relay the information back to the MassHealth rep, they don't provide the exact answer that the client gave.”



Federal regulation requires MassHealth to use interpreters who are “able to interpret effectively, accurately, and impartially... without changes, omissions or additions.”³³ In its 2024 report on language access in Medicaid, the National Immigration Law Center recommends that “[s]tates should regularly audit the quality and compliance of the language services their contractors provide to ensure they are providing meaningful access for all language groups.”³⁴

► **MassHealth should implement oversight and accountability for its interpreters, and the interpreters used by its customer service vendor, to ensure that interpretation is accurate, competent, and professional.**

A critical component of oversight involves collecting feedback from users of MassHealth’s interpreter services, discussed below.

D. Technical Barriers to Language Access

Even the best policies are meaningless without effective implementation. Some of the language access barriers we learned about were caused by technical challenges. Specifically, we learned that (1) interpreters are not transferred with callers, (2) some phone tree selections didn't work, and (3) MassHealth frequently drops calls during transfers or while connecting with interpreters.

Interpreters Are Not Transferred with Callers

Once a caller navigates the phone tree and connects with a representative who gets an interpreter on the phone, they can finally begin to resolve the issue they called about. However, callers face another common barrier at this stage: when MassHealth customer service representatives need to transfer a call to the MassHealth Enrollment Center (MEC), the interpreter is not transferred along with the caller. This is because the MEC contracts with a different interpreter service than MassHealth's customer service vendor.



For some reason if they need to transfer the call, they transfer the call, but they cannot transfer the interpreter. So they transfer the call and then someone else that speaks in English picks up the phone.

Once a caller is transferred, they must struggle again to communicate their need for an interpreter, hope that they aren't disconnected, and wait to be connected to a new interpreter. Only then can they get back to resolving the issue they called about.

We heard a frustrating story from one advocate about a mother who called because her son needed to get his insulin.



"We stayed on the phone for about maybe 50 minutes and the issue could not be resolved. And when it was time to transfer her to a different department, the interpreter did not go along on the phone call and then we had to request another one, and that never happened... We waited for 10 extra minutes and all of a sudden they dropped the line. So we just got disconnected. She was frustrated. I was frustrated and we were on the phone for an hour and 28 minutes."

HHS advises that “language assistance should be provided at a time and place that avoids the effective denial of the service, benefit, or right at issue or the imposition of an undue burden on or delay in important rights, benefits, or services to the LEP person.”³⁵ By not transferring interpreters along with the callers, MassHealth risks effective denials of services and creating undue burdens on LEP callers.

- ▶ **MassHealth should manage its customer service contracts and vendors so that interpreters can be transferred across all units.**

Malfunctioning Phone Tree Options

Federal law requires Medicaid agencies to provide “meaningful access” to LEP individuals.³⁶ To ensure that its language services are meaningful, MassHealth’s phone tree programming (and any dedicated phone lines it creates for different languages) has to direct callers to the right place. In 2023, we tested MassHealth’s phone tree by selecting the “all other languages” option and discovered that it took us right back to the beginning of the phone tree, putting us in an endless loop. We notified MassHealth of this problem and within a few months they had fixed it. Similarly, we heard from another advocate that the Haitian Creole menu option also put the caller into a continuous loop.

- ▶ **To ensure meaningful access, MassHealth should regularly test and troubleshoot the functionality of its phone tree options.**

Dropped Calls

One of the most common issues raised by the advocates we interviewed was that calls to customer service are frequently dropped, particularly when the representative is connecting the caller to an interpreter.



“I’ve actually been on the line before when someone says, oh, I’ll go get an interpreter and they just hang up.”

“I’ve had people where I’ve sent them over to MassHealth customer service to do a SACA renewal and they’ll call me back saying that MassHealth hung up on them.”

“Sometimes they call us to get help and they say, oh, I tried to call MassHealth and I tried to get the interpreter, and I was waiting on the line and the call just dropped.”



One advocate told us about a Spanish-speaking non-US citizen caller who tried calling MassHealth just to report her pregnancy. After reporting her pregnancy, MassHealth would immediately upgrade her from emergency Medicaid to comprehensive coverage that includes pre- and post-natal care. What should have been a five-minute phone call took this caller weeks to get resolved. Every time she called, an English



speaking representative answered the phone and put her on hold for up to an hour until the call disconnected. The whole time, she was postponing her prenatal doctor appointment.



“She spent weeks trying to get in touch with [MassHealth] in order to be eligible for MassHealth Standard, the program to cover pregnancy. And for weeks she couldn't see a doctor because [she] couldn't get in touch with anybody until she ended up with me. So I was able to fix that and it didn't take that long to update her information.”

These stories mirrored our own experience during our test calls. The one time that a representative offered to transfer us to a Spanish-speaking representative, the call dropped immediately.

Both the malfunctioning phone tree options and the frequency of dropped calls illustrate the need for MassHealth to be able to track, understand, and correct quality control issues. To ensure quality control, the DOJ recommends that agencies actively monitor the efficacy of their language access program, specifically by “[o]bserving and evaluating agency interactions with LEP individuals.”³⁷

- ▶ **MassHealth should regularly monitor its customer service interactions with LEP individuals to identify common points of failure.**

E. Consumer Feedback

When a LEP caller encounters a barrier to language access, there is no obvious way for them to provide feedback. MassHealth’s language access plan says people can file complaints with the Language Access Coordinator, and includes her contact information,³⁸ but few consumers read the language access plan, and that information doesn’t appear to be readily accessible anywhere else.

Meaningful language access requires more than just putting systems in place: those systems also need to be regularly tested to ensure that they’re working as intended, and not creating additional barriers. The DOJ’s guidance on language access says that “[f]or a language access program to continue to be effective, an agency must periodically monitor, evaluate, and update the plan, policies and procedures.”³⁹ Specifically, the DOJ recommended conducting customer satisfaction surveys of LEP applicants and beneficiaries.

- ▶ **MassHealth should solicit feedback from LEP callers about their experience accessing language services.**

Perhaps the biggest lesson we took away from this project is that talking to community-based organizations and advocates was an extremely effective way to identify barriers to language access and points of failure. MassHealth needs to evaluate its systems from the member perspective. The DOJ affirms this strategy by recommending that agencies “[solicit] feedback from community-based organizations and other stakeholders about the agency’s effectiveness and performance in ensuring meaningful access for LEP individuals.”⁴⁰



- ▶ **MassHealth should create a process of gathering feedback from community-based organizations and other stakeholders about the performance of its language access plan.**

MOVING FORWARD

Massachusetts is fortunate to have a Medicaid agency that truly cares about improving access to health coverage for eligible people. During the “unwinding,” MassHealth worked closely with health advocates and trusted community-based organizations to ensure eligible people kept their coverage. Throughout the “unwinding,” MassHealth often responded quickly and effectively when MLRI and other advocates pointed out barriers and made suggestions for improvement. This is illustrated by the improvements they made to their customer service phone line in the past couple of years, some of which are listed below:

- ◆ MassHealth’s phone tree originally offered only one option for several different languages, spoken in English. After we suggested MassHealth improve this, they added an option for each different language, spoken in that language, and added another option for “other languages.”
- ◆ After we told MassHealth that the “other language” menu option just redirected callers back to the beginning of the phone tree, MassHealth fixed this error so it directed callers to a customer service representative.
- ◆ After we suggested that MassHealth simplify its phone tree and put the language menu options up front, they did just that. MassHealth now has only a brief message in English about the call being monitored and menu options changing before offering menu options for English and six other languages.
- ◆ After we informed MassHealth that LEP callers who selected a different language from the phone tree would be confused by a representative answering the phone in English, MassHealth added a warning to the recording that plays after the phone tree selection that an English speaking representative will answer the phone before connecting to an interpreter.
- ◆ After we raised the issue of representatives always answering the phone in English, MassHealth now has bilingual representatives routinely answering the phone in Spanish, Portuguese, and Haitian Creole.

MassHealth deserves credit for being ahead of most other states in its language access services, and for the recent improvements it has made. However, MassHealth has an opportunity to step up as a leader and set a much-needed high bar for language access.

Here is a list of recommendations we made in this report:

1

MassHealth should add more languages to its phone tree.

2

MassHealth can make its multi-language taglines & translated documents more useful by including instructions on how to navigate its phone tree to connect with an interpreter.

3

MassHealth should consider creating dedicated phone numbers for different languages and include those direct numbers in its multi-language taglines.

4

MassHealth should ensure that the caller's language selection is visible to customer service representatives, and should train representatives on how to identify the language of a LEP caller when they haven't selected a specific language option.

5

MassHealth should continue to make its best effort to ensure its customer service phone line is staffed with bilingual workers in Massachusetts' most common languages.

6

MassHealth should train its representatives to connect the caller to an interpreter as soon as possible, without requiring the caller to first communicate with them in English.

7

MassHealth should ensure that its interpreters and the interpreters used by its customer service vendor understand key MassHealth terminology.

8

MassHealth should implement oversight and accountability for its interpreters and the interpreters used by its customer service vendor, to ensure that interpretation is accurate, competent, and professional.

9

MassHealth should manage its customer service contracts and vendors so that interpreters can be transferred across all units.

10

MassHealth should regularly test and troubleshoot the functionality of its phone tree options.

11

MassHealth should regularly monitor its customer service interactions with LEP individuals to identify common points of failure.

12

MassHealth should solicit feedback from LEP callers about their experience accessing language services.

13

MassHealth should create a process of gathering feedback from community-based organizations and other stakeholders about the performance of its language access plan.

Language access has a huge impact on the lives of MassHealth members. In this report, we told several stories of people who were unable to get the health care they needed because of language access barriers: a man who couldn't get his blood pressure medication for months, a child who needed insulin, and a pregnant mother who couldn't get prenatal care. Investing in language access is worth it; the human cost of not doing enough is too high.



MLRI is committed to continuing to work with other advocates, community partners, and MassHealth to ensure that people with a preferred language other than English have meaningful access to coverage and get the care and services they need.

End Notes

- 1 In reality, this number is likely higher, as MassHealth records members who do not select a preferred language as English-speakers. MassHealth Language Access Plan, 2024-2025, page 3 <https://www.mass.gov/doc/mashealth-language-access-plan-2024-25-0/download>
- 2 Sweta Haldar, Drishti Pillai, & Samantha Artiga, Overview of Health Coverage and Care for Individuals with Limited English Proficiency (LEP), Kaiser Family Foundation, (Jul. 7, 2023), (<https://www.kff.org/racial-equity-and-health-policy/issue-brief/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/>).
- 3 Nambi Ndugga, Latoya Hill, & Samantha Artiga, Key Data on Health and Health Care by Race and Ethnicity, Kaiser Family Foundation, (Jun. 11, 2024), <https://www.kff.org/key-data-on-health-and-health-care-by-race-and-ethnicity/?entry=social-determinants-of-health-citizenship-and-english-proficiency>.
- 4 45 C.F.R. § 92.4.
- 5 We recognize that “limited English proficient” (LEP) is not an ideal term because it is deficit-based language. However, because it is a term of art in federal and state law, we sometimes use it in this paper to avoid confusion. When we can, we also use the term “people with a preferred language other than English” to mean the same thing as “LEP person”. To read more about why “LEP” is not a preferred term, and what terms might replace it, read <https://publications.aap.org/hospitalpediatrics/article/13/1/e11/190233/Language-Matters-Why-We-Should-Reconsider-the-Term?autologincheck=redirected>
- 6 Massachusetts Exec. Order No. 615, Promoting Access to Government Services and Information by Identifying and Minimizing Language Access Barriers, (Sept. 13, 2023). <https://www.mass.gov/executive-orders/no-615-promoting-access-to-government-services-and-information-by-identifying-and-minimizing-language-access-barriers>.
- 7 The Language Access and Inclusion Act, formally titled An Act relative to language access and inclusion, senate bill 2125, is available at <https://malegislature.gov/Bills/194/SD1757>. A factsheet for this bill is available at <http://bit.ly/41EvrVh>
- 8 Lau v. Nichols, 414 U.S. 563, 568-69 (1974).
- 9 Exec. Order No. 13166, 65 F.R. 50121 (2000). <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>; A March 1, 2025 Executive Order, titled Designating English as the Official Language of The United States, both declares English as the official language of the U.S. and revokes Executive Order 13166. However, the law referenced in Executive Order 13166 is still the law of the land, and Executive Order 13166 and federal guidance derived from that Order remain a model of best practice.
- 10 45 C.F.R. § 92.201.
- 11 March 1, 2025 Executive Order, Designating English as the Official Language of The United States, available at: <https://www.whitehouse.gov/presidential-actions/2025/03/designating-english-as-the-official-language-of-the-united-states/>
- 12 Except for cases where the member died, moved out of state, or asked for their coverage to end.
- 13 Suzanne Wikle & Jennifer Wagner, Unwinding the Medicaid Continuous Coverage Requirement, Center on Budget and Policy Priorities, (Apr. 28, 2023), <https://www.cbpp.org/research/health/unwinding-the-medicaid-continuous-coverage-requirement>.
- 14 Assistant Secretary for Planning and Evaluation (ASPE), Office of Health Policy, Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic, (Apr. 12, 2021), <https://aspe.hhs.gov/sites/default/files/private/pdf/265366/medicaid-churning-ib.pdf>.
- 15 U.S. Department of Health and Human Services, HHS Reminds States of Legal Obligations to Federal Civil Rights Protections as States Transition from Medicaid Continuous Coverage Changes as the Public Health Emergency Ends, (Apr. 5, 2023), <https://www.hhs.gov/about/news/2023/04/05/hhs-reminds-states-legal-obligations-federal-civil-rights-protections-states-transition-medicaid-continuous-coverage-changes-public-health-emergency-ends.html>.
- 16 MassHealth Language Access Plan, 2024-2025, Mass.gov, (last updated May 14, 2024), <https://www.mass.gov/doc/mashealth-language-access-plan-2024-25-0/download>.
- 17 The other options sometimes presented in this outreach material were not as accessible: either log into their online accounts (which are only available in English, Spanish and later Portuguese), visit one of only a few open MassHealth Enrollment Centers with limited walk-in capacity, or call MassHealth customer service. Flyers, Posters and Member-Facing Materials for MassHealth Redeterminations, Mass.gov, (last visited Nov. 25, 2024), <https://www.mass.gov/lists/flyers-posters-and-member-facing-materials-for-mashealth-redeterminations>.
- 18 MassHealth has phone tree options for 7 languages: English, Spanish, Portuguese, Haitian Creole, Mandarin, Vietnamese, and Arabic. They also have an option for all “other languages.”

- 19 MaryBeth Musumeci et al., A 50-State Review of Access to State Medicaid Program Information for People with Limited English Proficiency and/or Disabilities Ahead of the PHE Unwinding, Kaiser Family Foundation, (Aug. 26, 2022), <https://www.kff.org/report-section/a-50-state-review-of-access-to-state-medicaid-program-information-for-people-with-limited-english-proficiency-and-or-disabilities-ahead-of-the-phe-unwinding-appendix/>.
- 20 To MassHealth’s credit, callers used to have to wait longer to hear the option for their language; since the unwinding began, MassHealth shortened the time a caller had to wait before hearing the language options.
- 21 Centers For Medicare & Medicaid Services, Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations, 9, (Nov. 2021), <https://www.medicaid.gov/state-resource-center/downloads/strategies-for-covrg-of-indiv.pdf>.
- 22 The National Immigration Law Center makes this recommendation in its 2024 report on language access in Medicaid, and cites California’s state-based health insurance marketplace as an example. Gabrielle Lessard and Ben D’Avanzo, Improving Access to Medicaid for People with Limited English Proficiency, National Immigration Law Center, (Apr. 2024), <https://www.nilc.org/wp-content/uploads/2024/04/Medicaid-LEP-April-2024.pdf>
- 23 The dedicated phone numbers would be in addition to, not a replacement for the existing language menu options in MassHealth’s phone tree, as not all callers will be aware of the dedicated phone number for their language.
- 24 Notably, after we told MassHealth that callers who selected a different language would be understandably confused by an English-speaking representative answering the phone, MassHealth improved the recording it plays after a caller makes their language selection. Now the recording says, in the caller’s selected language, “We are connecting you to a representative who speaks English. The representative will connect to an interpreter to assist on the call if necessary.”
- 25 The two other calls were answered by Spanish-speaking representatives.
- 26 Office of the Attorney General, Memorandum for Heads of Federal Agencies, General Counsels, and Civil Rights Heads; Federal Government’s Renewed Commitment to Language Access Obligations under Executive Order 13166, (Feb. 17, 2011), https://www.lep.gov/sites/lep/files/resources/AG_021711_EO_13166_Memo_to_Agencies_with_Supplement.pdf.
- 27 U.S. Department of Justice, Civil Rights Division, Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, (May 2011), https://www.lep.gov/sites/lep/files/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf.
- 28 United States Department of Health & Human Services, Office for Civil Rights, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, (Oct. 4, 2006), <https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/lep/leppguidance.pdf>.
- 29 Centers For Medicare & Medicaid Services, Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations, 9, (Nov. 2021), <https://www.medicaid.gov/state-resource-center/downloads/strategies-for-covrg-of-indiv.pdf>.
- 30 The National Immigration Law Center makes this recommendation in its 2024 report on language access in Medicaid, and cites California’s state-based health insurance marketplace as an example. Gabrielle Lessard and Ben D’Avanzo, Improving Access to Medicaid for People with Limited English Proficiency, National Immigration Law Center, (Apr. 2024), <https://www.nilc.org/wp-content/uploads/2024/04/Medicaid-LEP-April-2024.pdf>
- 31 45 C.F.R. § 92.4.
- 32 U.S. Department of Justice, Civil Rights Division, Common Language Access Questions, Technical Assistance, and Guidance for Federally Assisted Programs, (Aug. 2011), https://www.lep.gov/sites/lep/files/resources/081511_Language_Access_CAQ_TA_Guidance.pdf.
- 33 45 C.F.R. § 92.4.
- 34 Gabrielle Lessard & Ben D’Avanzo, Improving Access to Medicaid for People with Limited English Proficiency, National Immigration Law Center, (Apr. 2024), <https://www.nilc.org/wp-content/uploads/2024/04/Medicaid-LEP-April-2024-1.pdf>
- 35 See, e.g. United States Department of Health & Human Services, Office for Civil Rights, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, (Oct. 4, 2006), <https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/lep/leppguidance.pdf> ; Exec. Order No. 13166, 65 F.R. 50121 (2000).
- 36 Exec. Order No. 13166, 65 F.R. 50121 (2000). <https://www.govinfo.gov/content/pkg/FR-2000-08-16/pdf/00-20938.pdf>
- 37 U.S. Department of Justice, Civil Rights Division, Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, (May 2011), https://www.lep.gov/sites/lep/files/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf.

- 38 MassHealth Language Access Plan, 2024-2025, Mass.gov, (last updated May 14, 2024), <https://www.mass.gov/doc/mashealth-language-access-plan-2024-25-0/download>
- 39 U.S. Department of Justice, Civil Rights Division, Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, (May 2011), https://www.lep.gov/sites/lep/files/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf
- 40 U.S. Department of Justice, Civil Rights Division, Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs, (May 2011), https://www.lep.gov/sites/lep/files/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

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