Enrollment and Access Barriers for People with Limited English Proficiency

Individuals with limited English proficiency (LEP) do not speak English as their primary language and have a limited ability to read, write, speak, or understand English (OCR 2013). In 2021, there were approximately 25.7 million people with LEP in the United States, including almost 4.9 million (19 percent) Medicaid and State Children's Health Insurance Program (CHIP) enrollees (SHADAC n.d.). In 2019, 23 percent of children enrolled in Medicaid had a parent that spoke English less than very well (Haldar et al. 2022).

In the United States, having limited English proficiency is associated with disparities in both health outcomes and access to care. People with LEP report poorer health and worse health outcomes, such as lower rates of glycemic control, higher rates of uncontrolled asthma, and higher odds of poorly controlled hypertension (Kim et al. 2017, Fernandez et al. 2011, Wisnivesky et al. 2009, Ponce et al. 2006). Individuals with LEP are also less likely to access medical care, have preventative screenings, or have a usual health care provider (Uscher-Pines et al. 2023, Sifuentes et al. 2020, Kim et al. 2011, Jacobs et al. 2005). These individuals are also more likely to face difficulties in understanding information about their care compared to proficient English speakers (Wilson et al. 2005).

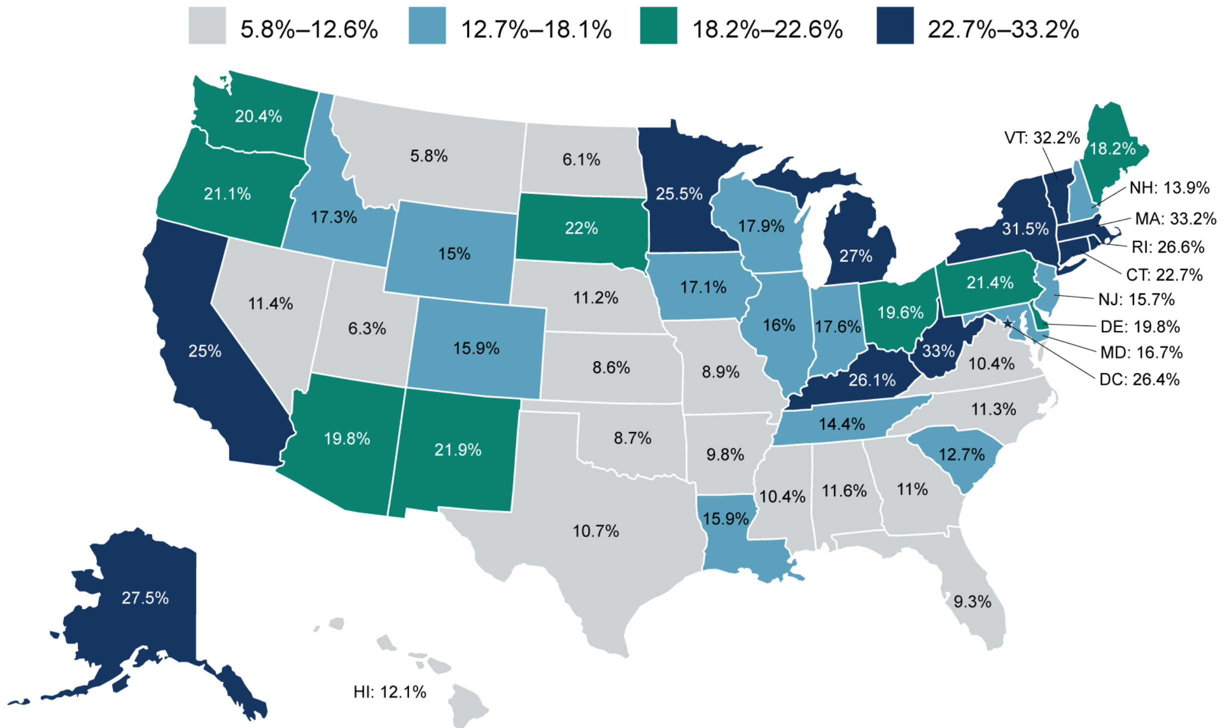
State Medicaid agencies are required to provide meaningful access for individuals with LEP, although the way in which states do so varies in part due to different state demographics and policy priorities. The most common language assistance services are written translations of materials and oral interpretation services (in-person and telephonically via language lines).

This issue brief begins with an overview of the population with LEP and background on Medicaid requirements for making applications and communications accessible to those with LEP. It then describes the results of a MACPAC analysis of the availability of translated materials, including applications, renewal forms, and taglines (Appendix A).[1] It finishes with a brief discussion of state experiences providing translated materials and interpretation services based on stakeholder interviews.

Background

Individuals with LEP come from varied racial and ethnic backgrounds, speak diverse first languages, and live in geographically diverse regions of the country. The percentage of Medicaid and CHIP enrollees who are limited English proficient varies widely by state; ranging from about 6 percent in Montana, North Dakota, and Utah to more than 30 percent in Massachusetts, West Virginia, Vermont, and New York in 2021 (Figure 1) (SHADAC n.d.). In 2019, most individuals with LEP were Hispanic (70.4 percent) or Asian (16.1 percent) (Figure 2). While many languages are spoken by individuals with LEP, the most common are Spanish (71.4 percent), followed by Vietnamese (3.2 percent), Chinese (3.0 percent), and Arabic (2.3 percent). However, the number of people speaking these languages varies by and within states (Haldar et al. 2022). For example, in all but four states (Alaska, Hawaii, Maine, and Vermont), Spanish is the most commonly spoken non-English language (OCR 2017).

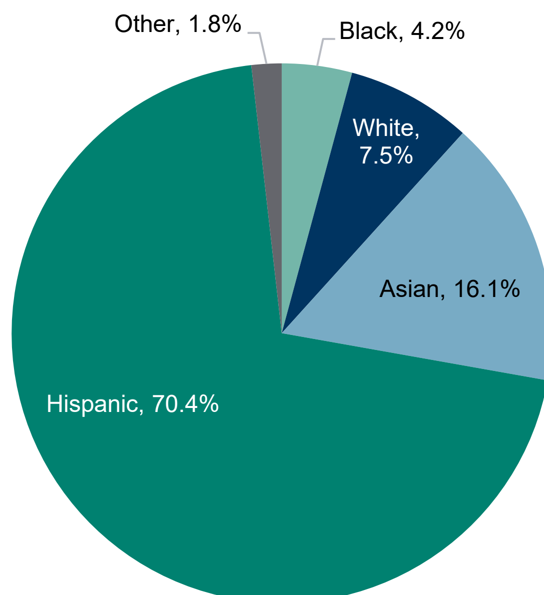
FIGURE 1. Percentage of Medicaid and CHIP Population that is Limited English Proficient by State, 2021



Notes: Rates of Medicaid and State Children's Health Insurance Program coverage by English proficiency for the non-institutionalized population 5 years and over. Limited English proficient is defined as speaking English less than 'very well.' English proficient includes people who speak English only or speak English 'very well.'

Source: SHADAC analysis of the American Community Survey (ACS) Public Use Microdata Sample (PUMS) files (SHADAC n.d.).

FIGURE 2. Percent of Nonelderly Adults in Medicaid Households Who are Limited English Proficient by Race and Ethnicity, 2019



Notes: Limited English proficient is defined as speaking English less than 'very well.' Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. "Other" includes American Indian and Alaska Native, Native Hawaiian or Other Pacific Islander, and Multiracial people. Includes nonelderly individuals 19-64 years of age. "Medicaid household" refers to a household in which at least one member is a Medicaid enrollee.

Source: KFF analysis of 2019 American Community Survey, 1-year estimates (Haldar et al. 2022).

Individuals with LEP often face challenges in enrolling in and renewing their Medicaid coverage due to difficulties understanding or completing forms, especially if the forms are not translated into their preferred language. One study assessing the experiences of Medicaid enrollees with LEP in Illinois found that of those with a primary language other than English, individuals with LEP were over five times more likely than those who were English proficient to become disenrolled. Ninety-nine percent of respondents with LEP said that the renewal notice they received was in English, 85 percent said that they needed help reading the notice, and 94 percent needed help completing the form (Mirza et al. 2021). The readability of these documents may pose additional challenges; one study of Medicaid applications translated into Spanish found that these documents had reading levels equivalent to “at least fifteen years of schooling,” which can act as a barrier for some individuals (Hansen et al. 2011).

Lack of interpretation services can also hinder individuals’ ability to secure Medicaid coverage. In the study of Medicaid-eligible individuals with LEP in Illinois, many reported scarce availability of interpreters at Department of Human Services offices, which inhibited their ability to get help completing the required enrollment and renewal paperwork (Mirza et al. 2021). In focus groups with beneficiaries from 13 states and with people who work directly with beneficiaries (e.g., assisters, social workers, and lawyers), many individuals who indicated a primary language other than English still received communications in English and phone calls were not in Spanish even when the beneficiary’s account indicated they were a Spanish speaker (Greene and Gibson 2022).

Medicaid requirements

State Medicaid and CHIP agencies are required to provide program information, including information related to eligibility requirements and available services, to applicants and beneficiaries in both paper and electronic formats. This information must be written in plain language and be accessible to individuals with LEP, and at no cost to the individuals, via oral interpretation and written translations. Individuals must be informed of the

availability of language services and how to access such information and services, including through the use of non-English taglines (42 CFR 435.905). To aid states in doing so, the Office for Civil Rights (OCR) within the U.S. Department of Health and Human Services (HHS) released a list of frequently asked questions, along with sample taglines in 64 languages and a list of the top 15 languages spoken by individuals with LEP in each state (OCR 2017).

A number of federal laws require that state Medicaid agencies make language assistance services available to individuals with LEP. Provisions relating to access for individuals with LEP are based in Title VI of the Civil Rights Act of 1964 (P.L. 88-352), which prohibits discrimination on the basis of race or national origin. Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) requires providers and entities receiving federal funding to make language services available to individuals with LEP. Executive Order 13166, which reinforced the requirements of Title VI, directed agencies to develop their own guidance for serving individuals with LEP (EOP 2000). HHS first published its guidance in 2003, and has provided updated information since then (HHS 2003). For example, in 2023, HHS released a language access plan to support the implementation of federal language access requirements (HHS 2023). The plan directs all divisions within HHS, including the Centers for Medicare & Medicaid Services, to develop and implement agency-specific language access plans, and outlines key elements such as providing interpretation language assistance services, written translations, and notification of the availability of language assistance at no cost.[2]

Section 1557 of the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended), the nondiscrimination provision of the ACA, applies to virtually all health care providers and to federal health programs, including Medicaid. Since its enactment in 2010, each administration has issued rules implementing or changing the many provisions of Section 1557, including final rules in 2016, 2020, and 2024. The most recent final rule, released in May 2024, includes a number of provisions affecting individuals with LEP. The final rule reinstates definitions for language assistance services, requirements to take reasonable steps to provide meaningful access to individuals with LEP, and requirements that individuals with LEP be notified of the availability of language services. Covered entities must provide notice in English and the state's top 15 languages. Entities, such as Medicaid agencies, will have to provide notice annually, upon request, on their website, and in a clear and prominent physical location. This requirement applies to electronic and written communications such as applications, eligibility notices, and notices of denial or termination of benefits or services (Youdelman et al. 2024).

Availability of Translated Applications, Renewal Forms, and Taglines

Availability of translated materials varied among states and document type, with paper applications being more likely to be translated into non-English languages than electronic application portals. As of August 2022, a majority of states had paper and electronic MAGI applications available in at least one non-English language (Table 1).[3] Some states offered paper applications translated into several languages, such as 15 languages in Washington and 13 in Oregon, while other states offered no translated documents and few, if any, taglines. Although Spanish is the most common language spoken by individuals with LEP in most states, approximately a quarter of states did not offer paper or electronic applications in Spanish.[4]

Translations of other documents, including non-MAGI applications and renewal forms, were more varied among states (Table 1). Non-MAGI applications, when not integrated with MAGI applications, were less likely to be translated. Of the 23 states that had an available paper non-MAGI application, 13 were translated into at least one language other than English. Of the six states that had electronic non-MAGI applications, three offered translations, all of which were in Spanish. In the 32 states with online renewal forms, 26 offered a form in a language other than English; no states offered the form in more than 2 languages.[5] Five of the eight states with available paper renewal forms had translated forms. Two of these states offered paper renewal forms in more than five languages.

States also varied in the number of taglines that they offered, both on electronic application sites and paper forms. Of the 50 states with paper MAGI applications publicly available, 33 had taglines included in the application packet, and 19 had taglines in more than five languages. Twenty-six states' electronic applications had taglines available, and 23 of these states had more than five taglines posted (Table 1).[6]

TABLE 1. Availability of Medicaid Applications, Renewal Forms, and Taglines in Languages Other Than English, Total Number of States, 2022

Document	Number of non-English languages available					
	0	1–5	6–10	11–15	16+	Could not locate[1]
Paper MAGI application	12	35	–	3	–	1
Electronic MAGI application	14	37	–	–	–	–
Paper non-MAGI application	10	11	1	1	–	28
Electronic non-MAGI application	3	3	–	–	–	45
Paper renewal form	3	3	1	1	–	43
Electronic renewal form	6	26	–	–	–	19
Paper taglines	17	14	1	12	6	1
Electronic taglines	25	3	2	11	10	–

Notes: MAGI is modified adjusted gross income.

– Dash indicates none.

[1] Could not locate means we were unable to find any translated applications, renewal forms, or taglines on state websites.

Source: MACPAC analysis, 2022.

For each state, we compared the languages offered on the paper and electronic applications, renewal forms, and taglines to the top 15 most commonly spoken languages by individuals with LEP in the state. While states varied greatly in the number of non-English translations and taglines provided, translations were generally done for the most common language(s) spoken by LEP individuals in the state. In 2022, about a third of states were providing taglines for the top 15 most common languages.

State Experiences and Barriers to Providing Translated Materials and Interpreting Services

States provide two main types of language assistance services: written translations of materials and oral interpreting services (typically in-person and telephonically via language lines). From November 2022 to February 2023, we conducted eight stakeholder interviews with state officials, national experts, beneficiary advocates, and navigators.[7] These interviews shed light on state differences in the availability of language services and the barriers states face in making materials accessible to individuals with LEP.

Translated materials

The states we spoke with varied in the extent and manner in which they provided translated materials. Of the four states we spoke with, three translate their paper applications. In one of these states, the state translates its application into four languages, but only the Spanish application is available on the state website while the other three translated applications are only available upon request. The state without any translated paper applications provides taglines in 16 languages and directs people to the language line for assistance with an application in another language. All four states translate at least some notices.[8] States also translate other program materials, such as the Medicaid handbook or program brochures about how to access benefits, to varying degrees. For

example, one state reported that they do not receive many requests for translated materials, while another state reported receiving almost daily requests from case managers for translations of documents such as applications and notices.

States use different practices to determine how many and in what languages they translate documents and use for taglines. For example, one state translates materials into a particular language if 1,000 individuals or 5 percent of their Medicaid caseload speaks that language, including for their paper application and taglines. Two states noted that state statute requires translations into certain languages, and each opted to provide additional translations to reach more people and to keep pace with changing state demographics. For example, one state provides taglines in 19 languages. Another state described reviewing the most common non-English language requests they received each year and providing taglines for the top five languages. Beneficiary advocates agreed that taglines are useful, but also noted the benefit of making them more prominent or tailored to specific situations. One stakeholder noted that in their state, the taglines and time sensitive information in notices, such as due dates to return information, are highlighted in yellow.

States ask beneficiaries their preferred language on the application, and some states reported using the information to inform the languages for translation. For example, one state described that they were working to automate the process so that if a person selects a particular language on the application, future communications would be sent in that language. Two states with managed care explained that they share people's preferred language with the health plans.

Staff capacity and funding constraints limit actions states can take to improve language accessibility, particularly the number of translated documents. One state discussed interest in implementing improved automated systems and providing additional translated versions of its online application, but having to weigh competing priorities. They noted it takes a high level of effort to translate the online application. Another state noted they wanted to better respond to the state's changing demographics and translate materials into additional languages.

All interviewees discussed the importance of states working with community-based organizations (CBOs) and other local partners to ensure access for individuals with LEP and to improve state offerings of translated materials. For example, one state noted soliciting feedback specifically from beneficiaries who have requested translated materials. Three interviewees described states soliciting feedback on translated materials and adjusting the messaging based on stakeholder input. A few interviewees said it would be helpful to have community members review translations and provide feedback to the state. One interviewee noted that translations for less common languages are not always well done. Finally, another advocate noted that in addition to simply providing translated materials, cultural competency and ease of access to those translated materials should also be considered.

Interpretation services and language lines

States we spoke with relied on both state staff and CBOs to provide in-person interpretation services. While states provide both in-person and telephonic interpretation services, some states noted that finding state staff to serve as interpreters can be challenging. One state described an incentive program that provides a 10 percent pay increase and a bonus to state employees certified as bilingual. The state noted that in some counties with large Spanish-speaking populations, the incentive program has been successful in increasing the number of staff who serve as interpreters. In some places, CBOs provide much of the interpreting services. For example, one state indicated that a large navigator network of application assisters provides interpretation assistance to individuals with LEP.

All states also reported using language lines to serve enrollees with LEP, and most interviewees had positive views of this service. All four states we spoke with contract with vendors, with one state also noting that state staff may take calls as well. A few stakeholders specifically noted that phone options are beneficial for populations with low literacy or comfort using technology, such as online applications. One state that saw a shift to phone applications during the COVID-19 public health emergency found that having an interpreter led to an improved

understanding on the part of the applicant. Another state, however, said that an application completed over the phone with an interpreter can take twice as long as a phone application conducted in English. The most commonly cited issue with the language lines was finding interpreters for less common languages, which can sometimes result in long wait times for an individual applying for or renewing coverage. However, three of the states we spoke with noted there had not been any instances where the language lines were unable to provide assistance in a requested language, and the fourth state noted that rarely have the language lines been unable to find an interpreter.

Conclusion

State Medicaid agencies are required to provide meaningful access for individuals with LEP, although the way in which states do so varies in part due to different state demographics and policy priorities. Our review of translated documents and use of taglines, as well as interviews with states and other stakeholders highlighted how states vary in the extent to which they provide translated materials and make decisions about what materials to translate. States noted that staff capacity and funding constraints can limit actions states take to improve language accessibility. Our interviews also highlighted the key role that language lines and CBOs play in providing interpretation services.

Endnotes

[1] Taglines are generally short statements in non-English languages informing individuals of their right to obtain language assistance services and how to do so (e.g., by providing the number of a language line that provides interpreting services).

[2] In 2023, HHS also published the first annual progress report on providing meaningful language access to people with LEP (OCR 2023).

[3] MAGI is modified adjusted gross income and refers to those individuals whose eligibility is determined using MAGI methodologies, including children, pregnant women, parents, and non-disabled adults. Eligibility for those who are over age 65 and eligible on the basis of a disability or a need for long-term services and supports continues to be determined through pre-ACA methods.

[4] These results are similar to a KFF study which found that 39 of 48 states with online PDF applications offer it in a language other than English, with Spanish as the most common language (Musumeci et al. 2022).

[5] To renew beneficiaries' Medicaid coverage, state Medicaid agencies must first attempt to confirm ongoing eligibility using reliable information available to the agency without requiring information from the individual. Reliable information may include information available in the beneficiary's account and other more current information available to the state through electronic data sources and from other benefit programs (CMS 2020). This requirement is known as ex parte or administrative renewals. If the state cannot renew eligibility using available information, the state must provide beneficiaries eligible on a MAGI basis a prepopulated renewal form and 30 days to provide any requested information. States have the option of using a prepopulated form for non-MAGI individuals (42 CFR 435.916). During our review, we did not have access to states' prepopulated renewal forms.

[6] These results are also similar to the KFF study that found 35 of 48 states with PDF applications included multilingual taglines (Musumeci et al. 2022).

[7] Interviewees includes state officials from the District of Columbia, Hawaii, South Carolina, and Washington, as well as the National Health Law Program, Unidos, Asian Health Services, and the Texas Association of Community Health Centers.

[8] Non-state entities we spoke with identified additional issues with notices around readability and timeliness, persistent concerns raised in prior MACPAC work (MACPAC 2022, 2020, 2018).

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APPENDIX A: Methodology

In June through August 2022, MACPAC reviewed state Medicaid websites for all 50 states and the District of Columbia to assess the availability of paper and electronic applications as well as taglines in languages other than English. We searched for translated applications used for both the modified adjusted gross income (MAGI) and non-MAGI populations.

Applications

Paper and electronic Medicaid applications were accessed through state websites, and the languages each application was available in were recorded.[1] Paper applications were considered to be available if they were located on a webpage with information about applying for Medicaid or in a larger list of available forms. MAGI and non-MAGI applications were assessed separately, although in 39 states, the online application includes both populations (Brooks et al. 2022). In cases where a supplemental form is required for non-MAGI groups, the availability of the supplement was considered to be the state's non-MAGI Medicaid application. Electronic applications were considered to be available if the page containing the electronic form had a built-in translation option and form instructions and field labels were translated. In cases where account creation was necessary to complete the application, an application was considered to be translated if the account creation page included a translation option. The presence of an automated translation plug-in (e.g., Google Translate) on a state's webpage was not considered to be a translation of an application form, given the unverified quality of the translations produced by these automated plug-ins, although it was noted during data collection.

Renewal forms

Similarly, paper and electronic renewal forms were accessed through state websites. In a number of instances, the online renewals are completed through the same portal used to apply for Medicaid. We used data from KFF to determine whether or not this was the case for each state and we noted discrepancies between our observations and what KFF reports (Brooks et al. 2022).

Taglines

Taglines were also accessed through state websites. Taglines were recorded if they were available on the English version of the paper Medicaid application form and if they were available on a state's electronic Medicaid application page, sometimes under the heading "language services" or "language assistance."

Languages included

The 15 most common languages in each state were identified through the use of data from the 2014 American Community Survey (ACS) 5-year estimates, as provided by OCR (OCR 2016). Despite the publication of more recent ACS data, we used this data because it was available in an easy-to-use format, was more detailed than publicly available summary data from later versions of the ACS, and was the resource states used when originally implementing Section 1557 under the 2016 final rule.

Endnotes

[1] MACPAC staff searched online for Medicaid applications with the search phrases "apply for Medicaid in [state]," "[state] Medicaid application," and "[state] paper Medicaid application." We also used the Centers for Medicare & Medicaid Services' webpage of state Medicaid links, accessed here.