



# **Testing for Language Access in Charity Care Services in Washington State**

## **Final Report**

**Submitted by the Equal Rights Center**

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### Introduction

Under Washington State law, hospitals are required to offer charity care, a financial assistance program that provides free or reduced-cost hospital care to low income patients<sup>1</sup>. There is a significant Limited English Proficient (LEP) population of native Spanish speakers in Washington State, a portion of which are undocumented and therefore do not have access to health insurance. Hospitals are required to provide information about charity care to low income patients who are uninsured or underinsured, and to provide free translation or interpretation services for LEP patients. However, hospitals are providing very little charity care as a percentage of their revenue, and information about the program is not being properly relayed to LEP patients, particularly Spanish speakers.

In order to investigate this issue further, the Equal Rights Center (ERC) partnered with Columbia Legal Services to conduct a phone testing project. This phone testing examined 1) if hospitals in Washington State are providing English speaking individuals and LEP Spanish speaking individuals with information about financial assistance who indicate they are inquiring about payment options on behalf of a sick, low-income relative, and 2) if there is differential treatment of LEP Spanish speaking individuals and native English speaking individuals when inquiring about payment options on behalf of their sick, low-income relative.

### Site Selection

Phone tests were conducted at twenty (20) hospitals across Washington State, and each hospital was tested twice. Columbia Legal Services provided the list of hospitals to test, based on a desire to attain a

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<sup>1</sup> Patients with incomes at or below 100% of the Federal Poverty Level (FPL) should receive hospital care at no cost, and patients with incomes between 100% and 200% of the FPL (and sometimes even up to 300% of the FPL) should receive discounted care. See more information at <http://nohla.org/index.php/information-analysis/for-washington-residents/free-or-reduced-cost-hospital-care/>

variety of hospitals with different characteristics, in a variety of geographical locations, who serve a variety of demographics. Each hospital was tested twice, in hopes assessing whether testers would receive consistent treatment from hospital employees across both tests.

### **Website Research**

Website research was conducted to obtain information about each hospital prior to testing. Data was gathered about the following:

- The hospital's main contact phone number and the number for its billing or financial assistance department
- Does the website provide information about financial assistance?
- Is the hospital's charity care policy listed on the website?
- Is there information on the website about eligibility?
- Is there information on the website about how to apply for financial assistance?
- Is there any information about financial assistance on the web page provided in a language other than English?
- Is there any mention on the web page on providing language assistance (i.e. interpretation or translation services) to people who do not speak English?
- Is there a link to the charity care application from the web page?
- Is the application available in any other language besides English?

This information was used to help gather information about what individuals who are English speaking and non-English speaking might be able to learn from a hospital's website prior to making a phone call to request further information about financial assistance.

### **Methodology**

The ERC utilized matched-pair phone testing, by pairing a native Spanish speaking ("protected") tester with a native English speaking ("control") tester. Testers were closely matched by gender and other characteristics, and used ethnically identifiable names as part of their profile (see Appendix B for the Assignment Form), so the only difference between them will be their perceived national origin over the phone and their ability to understand and speak English. While protected testers were directed to make all inquiries in Spanish, all test reporting was completed in English. Each tester made calls using a Google Voice number, which allows calls to remain anonymous, as only the phone number shows up on a caller ID.

All testers were given a profile with a scenario, and were directed to inquire about health services on behalf of a low-income relative who is low income and uninsured, and may have trouble paying for services. (For example: *"My mom's had a sore throat for several days and has been coughing. She's worried about the bill because she doesn't make a lot of money. I want her to see a doctor in case they can help her. Will my mom be billed later for seeing the doctor?"*) The scenarios were carefully worded to

ensure that the request would not invoke the Emergency Medical Treatment and Active Labor Act (EMTALA), which requires that patients are seen and treated without regard to their ability to pay, when coming into an emergency department.<sup>2</sup> In addition, tester profiles also included some additional information about the relative they were inquiring about (e.g., the age of the relative, their history of illness, whether they had medical insurance, their status as a veteran, etc.) and their ability to pay. This additional information was only to be relayed to the hospital employee if they asked. This profile ensured that the interaction was solely for informational purposes, and tried to prevent testers from being asked specific questions about their relative's ailment or a bill for hospital services (which had not yet been incurred). See Appendix A for the detailed scenarios.

These scenarios were designed to prompt a hospital employee to volunteer information about financial assistance or charity care, after the tester indicates that their relative is low income. If the hospital employee did not volunteer any information about financial assistance or charity care after being prompted, then testers would reiterate that their relative is low income. If the hospital employee still did not offer any information about financial assistance or charity care, then the tester would ask directly if the hospital could provide any help with the bill.

Testers were directed to call the main hospital reception during business hours and relay their scenario to the person they spoke with, if they were able to reach a live person. If the testers reached a voicemail, they were instructed to leave a message on the third call attempt, and relay the scenario in addition to leaving their name and phone number for a return call. If testers were able to reach a live person who offered to transfer them to another department, then testers were asked to request the direct line (in case they get disconnected), and then wait to be transferred. Similarly, if they were transferred to a live person, they would relay the scenario to that person, or if they reached a voicemail, they would leave a message on the third call attempt with the scenario and their name and phone number for a return call.

Spanish speaking testers would make the test calls and state the scenario in Spanish. If necessary, the scenario can be repeated once in the event that the hospital employee does not understand. If the hospital employee still does not understand after the Spanish speaking tester has repeated the scenario twice, the tester will then say "No English, Spanish" and wait for the employee's reply.

In addition, to capture whether there are differences in the experience that testers have when talking to a hospital employee at the main reception vs. a financial assistance office, if testers were not transferred to another department to speak with somebody more knowledgeable about their scenario, then testers were instructed to call the billing or financial assistance office separately, after calling the main reception, and regardless of what information they were told (if any). Testers were instructed to make additional calls to the billing or financial assistance office when a phone number was easily found on the hospital's website. If there was not a specific phone number listed for the billing or financial assistance office, then testers just made the initial call to the main reception. The same protocol was used to make

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<sup>2</sup> See <http://www.emtala.com/faq.htm>

these calls to the billing or financial assistance office when either speaking to a live employee or reaching a voicemail.

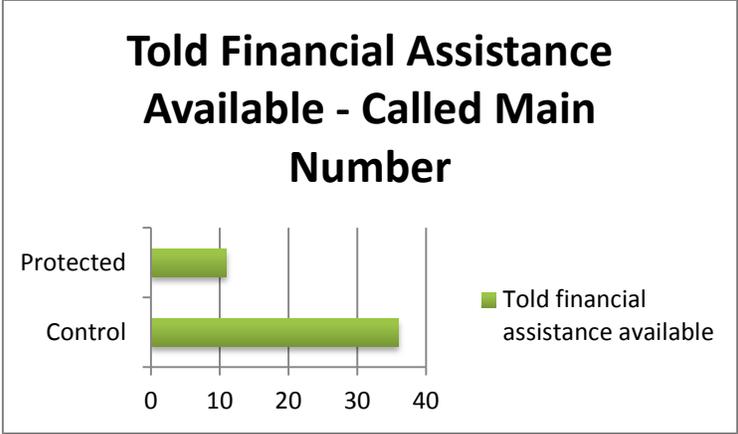
For all calls, testers were directed to complete a test report form and narrative to document the test. If testers were told that financial assistance was available, but not offered any materials or copies of documents, then testers were directed to ask the hospital employee if the hospital has any documents available. Spanish speaking testers, if told that financial assistance documents are available, were directed to ask if these documents were available in Spanish, and if not, could assistance be provided with translation or completing the documents. In addition, all testers were directed to ask if their relative should bring anything with them to the hospital, if this information is not volunteered.

### **Data Analysis and Findings**

The test report forms (see Appendix C) captured a number of data points about whether testers were able to obtain information about financial assistance, and whether the protected tester was able to get language access. A side-by-side comparison can be drawn between the test report of the protected and control testers, to assess whether testers were provided with the same information and received the same treatment. Since twenty hospitals were selected for testing and each hospital was tested twice, the first and second tests can be compared for differences in treatment. In addition, since testers were instructed to call not only the main reception but also the billing or financial assistance office (if necessary), so a comparison can be drawn between the information provided by the main reception and the information provided by the billing or financial office.

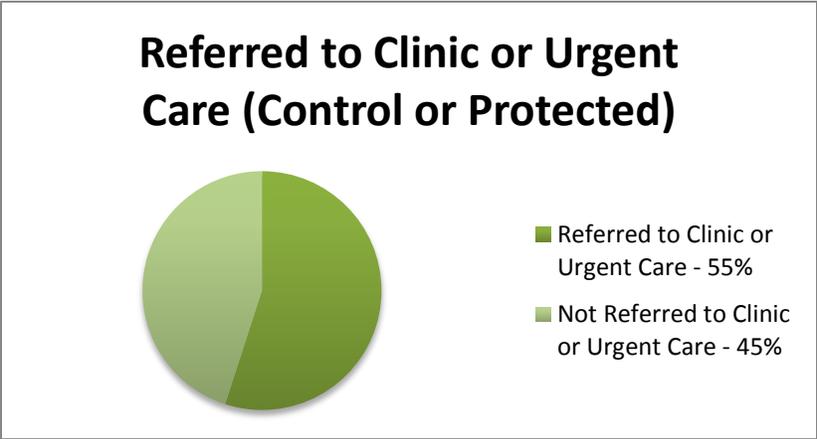
#### *Were Testers Told that Financial Assistance is Available?*

In 90% of tests (36 of 40 total) where the main hospital number was dialed, the control tester was told that financial assistance is available for their relative. The protected tester was only told that financial assistance is available in 28% of tests (11 of 40 total) where the main hospital number was dialed. The control tester was told about the availability of financial assistance at least once at all 20 hospitals (100%) where the main hospital number was dialed, while the protected tester was told about the availability of financial assistance at least once at only 8 out of 20 hospitals where the main number was dialed (40%). When the protected tester called the billing or financial assistance office directly (when they were not transferred there from the main reception) five additional hospitals (13 in total, or 65%) were able to tell the protected tester that financial assistance is available.



There were 3 tests where testers were explicitly told that financial assistance was not available. In 2 of the 3 tests, the protected tester was told that financial assistance was not available. In one instance, the protected tester reached the billing department, and after explicitly asking if the hospital would provide any assistance with the bill, was told that he would have to call “Camden Outreach” and they would provide financial assistance. In another instance, the protected tester was told to go to “Harbor View” (a local clinic) to get financial assistance, and that the hospital does not offer that service. For both of these tests, the control tester was told that financial assistance was available from the hospital. In 1 of the 3 tests, the control tester was told that financial assistance was not available, after directly asking the hospital employee if the hospital would provide any assistance with the bill. For this test, the protected tester was told that the hospital would provide financial assistance.

In 2 tests (5%) where the main hospital number was dialed, the protected tester was referred to a clinic or urgent care facility for care. In contrast, there were 11 tests (28%) where the control tester was referred to a clinic or urgent care facility for care, where the main hospital number was dialed. In addition, there were 2 additional tests where the control tester where the control tester was referred to a clinic or urgent care facility for care, where the billing or financial assistance office was directly dialed. 55% of hospitals tested referred either the control or protected tester to a clinic or urgent care facility in at least one test.



Testers were instructed to allow the hospital employee to volunteer as much information as possible, but were instructed to ask certain questions to ask if the employee did not volunteer the information. One of the items testers were instructed to collect data about was whether the employee volunteered any information about the process of applying for financial assistance, or offered the testers an application for financial assistance. The control tester reported that in 40% of tests (16 of 40 total tests) where the main hospital number was dialed, hospital employees either explained the application process for financial assistance or offered an application for financial assistance. The protected tester reported that the hospital employees either explained the application process for financial assistance or offered an application for financial assistance in only 13% of tests (5 of 40 total tests). These numbers did not greatly differ when comparing the tests where the main hospital number was dialed to the tests where the billing department was directly dialed. For the control tester, financial assistance application information was offered in 15 tests where the billing or financial assistance department was directly dialed, compared to 16 tests when the main hospital number was dialed. For the protected tester, the number of tests where the tester was offered financial assistance information remained the same (5 tests) when calling the main hospital number and the billing or financial assistance departments.

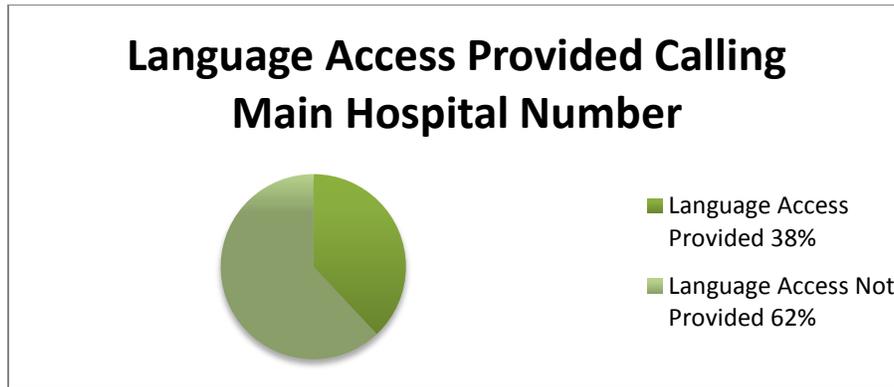
Another piece of information that testers were instructed to ask about was whether their relative should bring anything to the hospital. While the data did not point to any particular trends, as both testers were told at various times to bring (photo) identification and proof of income (paystubs, W-2s, tax returns, etc.), one instance stood out. At Peace Health Island Medical Center, an employee in the billing department advised (via an interpreter) that the tester's relative should bring some sort of identification, specifically a Green Card or Passport, because "sometimes their last names are kind of backward". When the tester had called previous to this (possibly speaking with the same employee through an interpreter), he was told that his relative should bring a social security card.

#### *Was Language Access Provided to Spanish Speaking Testers?*

One of the main factors why the protected tester was told less often than the control tester that financial assistance is available was because of the language barrier. In many of the tests that were conducted, the protected tester experienced hang-ups by hospital employees who could not speak or understand Spanish. Additionally, protected tester encountered a limited number of bilingual hospital employees that were able to assist in Spanish and a limited number of interpreters. As a result, the protected tester wasn't able to obtain as much quality information about financial assistance.

In providing language access, hospital employees acknowledged that the tester required language assistance; were able to identify the language with or without prompting from the tester; were able to speak Spanish and willing to switch over and continue the conversation in Spanish; were willing to get assistance from another bilingual hospital employee; or were willing and knowledgeable about how to call upon an interpreter (either on staff at the hospital, or through a service similar to Language Line Solutions).

Language access was provided to the protected tester in 38% of tests (15 of 40 total) where the main hospital number was dialed. Language access was also provided in 17 tests where the protected tester directly called the billing or financial assistance office, or was transferred there from the main reception. For 75% of hospitals tested (15 of 20 total), the protected tester was provided with language access for at least one call to either the main reception or the billing/financial assistance office.



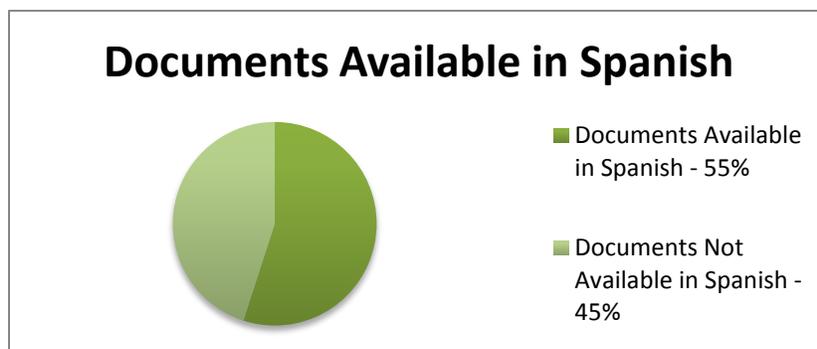
In 58% of tests (23 out of 40 total) where the main hospital number was dialed, the protected tester did not receive language access or any assistance from the receptionist due to the hospital employee hanging up the phone after the tester stated their scenario in Spanish. In some cases, the tester was not even able to finish reciting their scenario before the employee hung up the phone without any explanation. Other times, the employee might say that he/she does not understand, and specify, "English only". While the majority of hang-ups occurred when the protected tester dialed the main hospital number, some occurred when the tester directly called the billing or financial assistance office, or was transferred there from the main reception. In 9 tests where the tester directly called the billing or financial assistance office, or was transferred there from the main reception, the employee who answered the call hung up the phone after the tester stated the scenario in Spanish, without providing any assistance. For 80% of hospitals tested (16 of 20 total), the protected tester experienced at least one hang-up from either the main reception or the billing/financial assistance office.



For those tests where language access was provided, the protected tester was assisted by either a bilingual employee or an interpreter. In 33% of tests (13 of 40 total), the protected tester was connected

to a bilingual employee or somebody who solicited the assistance of a bilingual employee to provide language access when the main hospital number was dialed. In contrast, the protected tester was connected to an interpreter in 10% of tests (4 of 40) to provide language access when the main hospital number was dialed. The protected tester also reached a bilingual employee or somebody who solicited the assistance of a bilingual employee in 9 tests and was connected to an interpreter in 8 tests, both where the protected tester directly called the billing or financial assistance office, or was transferred there from the main reception. For 50% of hospitals tested (10 of 20 total), the protected tester reached a bilingual employee or somebody who solicited the assistance of a bilingual employee for at least one call to either the main reception or the billing/financial assistance office. This is in contrast with the 30% of hospitals tested (6 of 40) where the protected tester was connected to an interpreter for at least one call to either the main reception or the billing/financial assistance office.

When language access was provided, the protected tester was told that financial assistance documents are available in Spanish in only 8% of tests (3 of 40 total) when the main hospital number was dialed. However, in 12 tests where the protected tester directly called the billing or financial assistance office, or was transferred there from the main reception, the tester was told financial assistance documents are available in Spanish. For 55% of hospitals tested (11 of 40 total), the protected tester was told that financial assistance documents are available in Spanish. Additionally, the protected tester was only told that translation or other assistance with completing the financial assistance forms would be available for Spanish speakers for two out of the 40 tests; once when calling the main hospital number and once when calling the billing or financial assistance office, or being transferred there from the main reception.



### *Other Issues*

Overwhelmingly, testers were able to reach an employee when they called either the hospital's main number or the direct number for the billing or financial assistance office. In 14 tests, testers reached a recorded voicemail greeting. Out of 14 voicemail recordings, 12 were recorded in English only. Two voicemail recordings were recorded in English and in Spanish, and the content of the greeting was reported to be the same in both languages (reported by the Spanish speaking tester). It was not reported that testers encountered voicemail recordings that discouraged callers from leaving a message or from leaving multiple messages, or told callers to call back at another time. None of the voicemail recordings that testers encountered had any information about financial assistance on the recording.

Testers frequently reached automated menus when making the phone calls to either the hospital's main number or the billing or financial assistance office. Both the control and protected testers combined reported having reached an automated menu in 54 tests with menu options in English. In only 17 tests, it was reported that there were Spanish language options on the automated menu. In some cases, the Spanish language option connected the Spanish speaking tester directly with an interpreter.

### *How These Results Compare?*

According to the 2010 report titled "Best Kept Secrets: Are Non-Profit Hospitals Informing Patients about Charity Care Programs?"<sup>3</sup> that surveyed 99 hospitals in Washington State (via website review or phone call):

- 85 hospitals mentioned the availability of charity care
- Fewer than half of these (42) provided application forms.
- Only about a quarter of the hospitals (26) provided information about who qualified for charity care.
- Only about a third (34) provided information in a language other than English.

It appears that there are similarities to the results from the 2010 report. For example, approximately 80% of hospitals tested indicated that financial assistance was available for the control tester, as compared with about 85% from the 2010 study. Also, testing found that about 40% of hospitals offered an application or explained the application process to the control tester, as compared with about 50% of hospitals that provided application forms in the 2010 study.<sup>4</sup>

Since testers were asking for information on behalf of a relative, they were not instructed to ask directly about eligibility requirements, as they presumably did not have all of the information about their relative's financial situation. Therefore, the subject of eligibility did not come up as often in the testing data. Also, only the protected tester was directed to ask about the availability of forms and/or documentation in Spanish. Since the protected tester experienced so many hang-ups, we only know how many hospitals provided such information of the hospitals that were able to provide language access.

### *What Information are Hospitals Featuring on their Websites for LEP Individuals?*

Based on the website research that was completed prior to the start of testing, it appears that LEP individuals may encounter difficulty at some locations with getting information about financial assistance from a hospital's website. Out of the 20 hospital websites examined, 13 provided financial

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<sup>3</sup> The bullets mentioned are the key findings of this report, which can be found here:

[www.communitycatalyst.org/doc-store/publications/best\\_kept\\_secrets\\_may\\_2010.pdf](http://www.communitycatalyst.org/doc-store/publications/best_kept_secrets_may_2010.pdf)

<sup>4</sup> For this testing study, information about the application process and whether hospital employees offered an application was lumped together for analysis purposes.

assistance or charity care applications on their websites. In addition, only 5 mentioned anything about providing language assistance (i.e., interpretation or translation services) to people who do not speak English, who are requesting information about financial assistance. Many of the links provided to the various languages are written in English, as is much of the website text, even if it explains language assistance.

When thinking about how a LEP individual might go about looking up information on a hospital website and contacting the hospital for information about financial assistance, it's plausible that the LEP individual will be able to access the main hospital number from the main page, but may not be able to navigate through all the English text on a website to find the specific phone numbers (if available) for the billing or financial assistance office.

For this testing project, testers were directed to call the main hospital reception to see if they can get information from a receptionist or get transferred to the correct department to get detailed information about financial assistance. Additionally, testers were directed to make a separate call the billing or financial assistance office if they were not transferred there by the main reception. This was to be able to capture the most information about financial assistance, and to see how the information varied as relayed by an employee at the main reception vs. an employee in the financial assistance office. Overall, testers were able to get more detailed information from a representative in the billing or financial assistance office. For several tests, the protected tester experienced a high number of hang-ups from the main reception, but then received detailed information when making a separate call to the billing or financial assistance office. It's possible that a LEP individual might not get any detailed billing information if they are unable to ascertain the billing or financial assistance number from a website, and therefore not able to directly reach that office.

## **Recommendations**

This exploratory testing study found that there is a huge barrier for Spanish speakers when contacting hospitals to inquire about financial assistance. Spanish speakers are more likely to experience hang-ups, therefore decreasing their chance of getting detailed information about the availability of financial assistance, eligibility requirements, and the application process. The ERC recommends the following as possible ways to address the issue:

- Further testing to examine the issue in more detail, possibly with an in-person component
- Testing for enforcement
- Education and outreach to address potential issues and/or violations

## Appendix A: Script Scenarios

### Script Scenarios

Call the main hospital number.

When calling, after getting connected to a live person, relay the following scenario in [your test language]:

1. My mom's had a sore throat for several days and has been coughing. She's worried about the bill because she doesn't make a lot of money. I want her to see a doctor in case they can help her. Will my mom be billed later for seeing the doctor?

*If asked:*

- *She is 54 years old.*
- *She seemed fine before this, from what you know.*
- *She makes minimum wage and cannot afford to pay.*

2. My younger sister fell and hurt her finger a couple days ago. She didn't want to go to the hospital to be seen because she just lost her job and has no savings. I want to bring her anyway because her finger is still swollen. If I bring her today, will she have to pay while she's here or will she get a bill later?

*If asked:*

- *She is 24 years old*
- *Her finger still hurts, but she is feeling fine otherwise*
- *She does not have insurance because she was getting it through her job*

3. I think my aunt has an ear infection. She doesn't want to visit the hospital because she says she can't afford to pay. I'm worried that her condition will get worse if she doesn't go, so I'm going to take her. Will she need to pay up front at the time of her visit?

*If asked:*

- *She is 43 years old*
- *She says she's been feeling this way for about two days.*
- *She hasn't had any other ear issues for years*

4. My uncle had the flu a few weeks ago, but he is still coughing badly and is congested. Normally, he wouldn't go see a doctor for this because it'll be expensive for him; he doesn't make a lot of money. I'm worried that it will get worse, so I want to take him to the hospital. Can he pay later for any treatment?

*If asked:*

- *He is 59 years old*
- *He is a non-smoker, and hasn't been sick in a long time before this*
- *He only works part time and doesn't have a lot of money*

**For all scenarios, if asked:**

- **Your relative does not have health insurance and/or cannot afford to pay. You are not aware of their exact income level.**
- **You don't think your relative has any preexisting health issues**
- **Your relative is not a Veteran, did not get hurt on the job, nor is somebody else responsible for the incident (i.e., a car accident, assault, etc.)**

**For all scenarios:**

- **If the hospital staff member does not offer any information about financial assistance after stating the scenario, then reiterate that your relative may not be able to pay the bill.**
- **If the hospital staff member still does not offer information about financial assistance, ask them directly if the hospital is able to provide any assistance with the bill.**
- **If the hospital staff member offers to transfer you to the billing department or another department, please say yes, thank them, and ask to get the direct number in case you get disconnected. After you are transferred, wait on the line for somebody to answer the phone, and then repeat the scenario for them. If you get transferred to a voicemail, do not leave a message. Wait and try to call back the direct number that was given to you at another time of day. Call up to three times, and on the third call, if you still have not reached a live person, leave a message stating your scenario.**
- **If the hospital staff member asks if your relative has applied for Medicaid, say that you don't know, and that you are not sure if they are eligible**

## Appendix B: Assignment Form

### Assignment Form (Spanish)

Test Number:	
Tester Name:	
Name of Hospital:	
Main Hospital Phone Number to Dial:	
Billing Dept. Phone Number to Dial:	
Date and Time to make first call attempt:	
Test language:	Spanish

#### Instructions:

- Call the main hospital number
- If you are connected to a hospital employee, relay the following scenario in Spanish:

***My uncle had the flu a few weeks ago, but he is still coughing badly and is congested. Normally, he wouldn't go see a doctor for this because it'll be expensive for him; he doesn't make a lot of money. I'm worried that it will get worse, so I want to take him to the hospital. Can he pay later for any treatment?***

If asked, you can relay the following information about your relative:

- *His name is Julián*
- *He is 59 years old*
- *He is a non-smoker, and hasn't been sick in a long time before this*
- *He only works part time and doesn't have a lot of money*

*Additionally, if asked:*

- *Your uncle does not have health insurance and/or cannot afford to pay. You are not aware of his exact income level*
  - *You don't think your uncle has any preexisting health issues*
  - *Your uncle is not a Veteran, did not get hurt on the job, nor is somebody else responsible for the incident (i.e., a car accident, assault, etc.)*
  - *If the hospital staff member asks if your uncle has applied for Medicaid, say that you don't know, and that you are not sure if he is eligible*
- If the hospital staff member does not offer any information about financial assistance after stating the scenario, then reiterate that your relative may not be able to pay the bill
    - If the hospital staff member still does not offer information about financial assistance, ask them directly if the hospital is able to provide any assistance with the bill

- If the hospital staff member you speak with offers to transfer you to another department or hospital employee for assistance, please say yes, thank them, and ask to get the direct number in case you get disconnected. After you are transferred, wait on the line for somebody to answer the phone, and then repeat the scenario for them and follow the same instructions above
- If you are connected to an automated menu when calling the main hospital number, follow the menu prompts to speak to a live employee at the main reception desk
- If you are connected to a recorded voicemail message upon calling the main hospital number, or if you are transferred to voicemail after speaking with a hospital employee at the main reception:
  - Do not leave a message on the first attempt
  - Wait at least an hour, and call back a second time. If you were transferred and were able to obtain the direct number, then use that number to make your second call. Do not leave a message on the second attempt if you are connected with voicemail again.
  - If after two calls you were not able to reach a live employee, then call back a third time. If you were transferred and were able to obtain the direct number, then use that number again to make your third call. If you still are connected with voicemail on the third attempt, leave a message:
    - State your name, your scenario question, and a phone number where you can be reached for a call back.
- If you are given information about the availability of financial assistance, regardless of the level of detail you receive, but you are not referred to the hospital website or offered any copies of any documents (eligibility requirements, covered health services, application, etc.), please ask if the hospital has any documents available
  - If need be, you can explain that you want to be prepared as much information as possible before you bring your relative to the hospital
  - If you are offered information about any documents, please ask if the documents are available in Spanish
    - If you are told that no documents are available in Spanish, please ask if the hospital is able to help with translation, or can provide any assistance with completing the documents
- Ask if there is anything you should have your relative bring to the hospital with him/her when you bring him/her in, if this information is not previously volunteered by the hospital employee

**If you were not transferred to another department for information:**

- Call the billing department phone number
- Use the same instructions as listed above for calling the hospital's main number

## Assignment Form (English)

Test Number:	
Tester Name:	
Name of Hospital:	
Main Hospital Phone Number to Dial:	
Billing Dept. Phone Number to Dial:	
Date and Time to make first call attempt:	
Test language:	English

### Instructions:

- Call the main hospital number
- If you are connected to a hospital employee, relay the following scenario in English:

***Hello. My mom's had a sore throat for several days and has been coughing. She's worried about the bill because she doesn't make a lot of money. I want her to see a doctor in case they can help her. Will my mom be billed later for seeing the doctor?***

If asked, you can relay the following information about your relative:

- *Her name is Mary*
- *She is 54 years old*
- *She seemed fine before this, from what you know*
- *She makes minimum wage and cannot afford to pay*

*Additionally, if asked:*

- *Your mom does not have health insurance and/or cannot afford to pay. You are not aware of their exact income level*
- *You don't think your mom has any preexisting health issues*
- *Your mom is not a Veteran, did not get hurt on the job, nor is somebody else responsible for the incident (i.e., a car accident, assault, etc.)*
- *If the hospital staff member asks if your mom has applied for Medicaid, say that you don't know, and that you are not sure if she is eligible*
- If the hospital staff member does not offer any information about financial assistance after stating the scenario, then reiterate that your relative may not be able to pay the bill
  - If the hospital staff member still does not offer information about financial assistance, ask them directly if the hospital is able to provide any assistance with the bill
- If the hospital staff member you speak with offers to transfer you to another department or hospital employee for assistance, please say yes, thank them, and ask to get the direct number

in case you get disconnected. After you are transferred, wait on the line for somebody to answer the phone, and then repeat the scenario for them and follow the same instructions above

- If you are connected to an automated menu when calling the main hospital number, follow the menu prompts to speak to a live employee at the main reception desk
- If you are connected to a recorded voicemail message upon calling the main hospital number, or if you are transferred to voicemail after speaking with a hospital employee at the main reception:
  - Do not leave a message on the first attempt
  - Wait at least an hour, and call back a second time. If you were transferred and were able to obtain the direct number, then use that number to make your second call. Do not leave a message on the second attempt if you are connected with voicemail again.
  - If after two calls you were not able to reach a live employee, then call back a third time. If you were transferred and were able to obtain the direct number, then use that number again to make your third call. If you still are connected with voicemail on the third attempt, leave a message:
    - State your name, your scenario question, and a phone number where you can be reached for a call back.
- If you are given information about the availability of financial assistance, regardless of the level of detail you receive, but you are not referred to the hospital website or offered any copies of any documents (eligibility requirements, covered health services, application, etc.), please ask if the hospital has any documents available
  - If need be, you can explain that you want to be prepared as much information as possible before you bring your relative to the hospital
- Ask if there is anything you should have your relative bring to the hospital with him/her when you bring him/her in, if this information is not previously volunteered by the hospital employee

**If you were not transferred to another department for information:**

- Call the billing department phone number
- Use the same instructions as listed above for calling the hospital's main number

## Appendix C: Test Report Form

### Test Report Form – Charity Care Language Access Testing

Test Number:	2016-SI-SHS-
Tester name:	
Name of Hospital:	
Date:	
Phone number dialed:	
Time of first call attempt:	
Time of second call attempt (if necessary):	
Time of third call attempt (if necessary):	
Second phone number dialed (if applicable):	
Time of first call attempt:	
Time of second call attempt (if necessary):	
Time of third call attempt (if necessary):	

#### Section 1: Calling the Hospital's Main Reception

1. When you dialed the assigned phone number, did this connect you with the main hospital reception?  Yes  No
  - a. If no, what department did you reach using this number?

\_\_\_\_\_

- b. If yes, did you encounter:  An automated menu  
 A receptionist  
 Voicemail

#### Section 1A: If you reached an automated menu:

2. Were the menu options given in English?  Yes  No
3. Were there language options besides English offered in the automated menu?  Yes  No

- a. If yes, what language(s) were offered? \_\_\_\_\_

#### Section 1B: If you reached a recorded voicemail greeting on any call attempts:

4. If you reached a voicemail, was the recorded message in English?  Yes  No
5. Was there a recorded voicemail message or part of a recorded voicemail message in another language besides English?  Yes  No

- a. If yes, what additional language(s) were you able to identify on the recorded voicemail message?
  - Spanish
  - Other \_\_\_\_\_
  - Don't know

If you reached a recorded voicemail message in English or Spanish:

- 6. Did the voicemail message instruct you to leave a message to get a return call?
  - Yes  No
  - a. If yes, did the message indicate how long it would take to receive a return call?
    - Yes  No
    - i. If yes, specify. \_\_\_\_\_

- 7. Did the voicemail system allow you to leave a message?
  - Yes  No

- 8. Did the voicemail message instruct you to call back another time?
  - Yes  No
  - a. If yes, when were you instructed to call back?  
\_\_\_\_\_

- 9. Did the voicemail message discourage you from leaving multiple messages?
  - Yes  No

- 10. Did the voicemail message ask you to call another phone number for assistance?
  - Yes  No

- 11. Did the voicemail message mention anything about financial assistance or charity care?
  - Yes  No

- a. If yes, what did it mention? \_\_\_\_\_

12. Please document the recorded voicemail message that you heard when you called (*Document to the best of your ability. Paraphrasing is acceptable.*):

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**Section 1C: If you reached a hospital employee:**

- 13. Who did you speak with (if information given)?

- a. Name: \_\_\_\_\_
- b. Position: \_\_\_\_\_
- c. Perceived race and/or ethnicity:
  - White/Caucasian
  - Black/African American
  - Hispanic/Latino
  - Asian/Pacific Islander
  - Other
  - Don't Know
- d. Perceived sex:
  - Male
  - Female
- e. Perceived age:
  - 18-30
  - 31-45
  - 46-65
  - 65+

14. Did you disclose your scenario question at the beginning of the call?

- Yes  No

a. If no, why not? \_\_\_\_\_

b. If yes, did you disclose your scenario question in English or Spanish?

- English  
 Spanish

15. At any point during your call, did the hospital staff member hang up before providing you with assistance?

- Yes  No

a. If yes, please describe: \_\_\_\_\_

**Section 1D: If you spoke Spanish to the hospital employee you reached:**

16. Did the hospital employee acknowledge that you needed language assistance?

- Yes  No

17. Was the hospital employee able to identify that you were speaking in Spanish after you begun speaking?

- Yes  No

a. If yes, did they switch over to speaking in Spanish in order to accommodate your language needs (i.e., were they bilingual)?

- Yes  No

b. If no, did you identify your test language to the hospital employee you reached?

- Yes  No

i. If no, why not? \_\_\_\_\_

18. Did the hospital employee solicit the help of another bilingual employee to assist you with your question?  Yes  No
19. Did the hospital employee solicit the help of an interpreter or interpretation service such as Language Line Solutions to assist you with your question?  Yes  No
- a. If yes, did the employee know how to access interpretation services?  Yes  No
- b. If no, did the employee get assistance from another hospital staff member to access interpretation services?  Yes  No
20. At any point, while waiting to receive assistance, were you placed on hold?  Yes  No
- a. If yes, approximately how long were you placed on hold?
- 

21. Were you able to get language assistance from the hospital employee?  Yes  No

a. If no, why not?

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22. At any point during your call, did the hospital staff member hang up before providing you with assistance?  Yes  No

a. If yes, please describe:

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## **Section 2: If You Were Transferred to Another Hospital Employee or Department, or if You Dialed Another Hospital Employee or Department Directly**

**Section 2A: If you spoke in English or Spanish to a hospital employee at the main reception and were either transferred to another department or hospital employee, or were given the direct number of another department or hospital employee to help answer questions (on any call attempt):**

23. If a hospital employee offered to transfer you to a different department or person, did you get the direct number of the department or person?  Yes  No

24. After being transferred or dialing the other department or person, did you disclose your scenario question at the beginning of the call?  Yes  No

a. If no, why not?

---

b. If yes, did you disclose your scenario question in English or Spanish?

- English
- Spanish

**Section 2B: If you were transferred to an automated menu or dialed another number that was answered by an automated menu:**

- 25. Were the menu options given in English?  Yes  No
- 26. Were there language options besides English offered in the automated menu?  
 Yes  No
  - a. If yes, what language(s) were offered? \_\_\_\_\_

**Section 2C: If you were transferred to a recorded voicemail greeting or dialed another number that was answered by a recorded voicemail greeting:**

- 27. If you reached a voicemail, was the recorded message in English?  
 Yes  No
- 28. Was there a recorded voicemail message or part of a recorded voicemail message in another language besides English?  Yes  No
  - a. If yes, what additional language(s) were you able to identify on the recorded voicemail message?  
 Spanish  
 Other \_\_\_\_\_  
 Don't know

If you reached a recorded voicemail message in English or Spanish:

- 29. Did the voicemail message instruct you to leave a message to get a return call?  
 Yes  No
  - a. If yes, did the message indicate how long it would take to receive a return call?  
 Yes  No
    - i. If yes, specify. \_\_\_\_\_
- 30. Did the voicemail system allow you to leave a message?  
 Yes  No
- 31. Did the voicemail message instruct you to call back another time?  
 Yes  No
  - a. If yes, when were you instructed to call back?  
\_\_\_\_\_
- 32. Did the voicemail message discourage you from leaving multiple messages?  
 Yes  No
- 33. Did the voicemail message ask you to call another phone number for assistance?  
 Yes  No

34. Did the voicemail message mention anything about financial assistance or charity care?

[ ] Yes [ ] No

a. If yes, what did it mention? \_\_\_\_\_

35. Please document the recorded voicemail message that you heard when you called (*Document to the best of your ability. Paraphrasing is acceptable.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3D: If you were transferred to another hospital employee or dialed another number that was answered by a hospital employee:**

36. Who did you speak with (if information given)?

a. Name: \_\_\_\_\_

b. Position: \_\_\_\_\_

c. Perceived race and/or ethnicity: [ ] White/Caucasian  
[ ] Black/African American  
[ ] Hispanic/Latino  
[ ] Asian/Pacific Islander  
[ ] Other  
[ ] Don't Know

d. Perceived sex: [ ] Male  
[ ] Female

e. Perceived age: [ ] 18-30  
[ ] 31-45  
[ ] 46-65  
[ ] 65+

37. Did you disclose your scenario question at the beginning of the call?

[ ] Yes [ ] No

a. If no, why not? \_\_\_\_\_

b. If yes, did you disclose your scenario question in English or Spanish?  
[ ] English  
[ ] Spanish

38. At any point during your call, did the hospital staff member hang up before providing you with assistance?  Yes  No

a. If yes, please describe: \_\_\_\_\_

**Section 2E: If you spoke Spanish to the hospital employee you reached:**

39. Did the hospital employee acknowledge that you needed language assistance?  Yes  No

40. Was the hospital employee able to identify that you were speaking in Spanish after you begun speaking?  Yes  No

a. If yes, did they switch over to speaking in Spanish in order to accommodate your language needs (i.e., were they bilingual)?

Yes  No

b. If no, did you identify your test language to the hospital employee you reached?

Yes  No

i. If no, why not? \_\_\_\_\_

41. Did the hospital employee solicit the help of another bilingual employee to assist you with your question?  Yes  No

42. Did the hospital employee solicit the help of an interpreter or interpretation service such as Language Line Solutions to assist you with your question?

Yes  No

a. If yes, did the employee know how to access interpretation services?

Yes  No

b. If no, did the employee get assistance from another hospital staff member to access interpretation services?

Yes  No

43. At any point, while waiting to receive assistance, were you placed on hold?

Yes  No

a. If yes, approximately how long were you placed on hold?

\_\_\_\_\_

44. Were you able to get language assistance from the hospital employee?

Yes  No

a. If no, why not? \_\_\_\_\_

45. At any point during your call, did the hospital staff member hang up before providing you with assistance?  Yes  No

a. If yes, please describe: \_\_\_\_\_

### Section 3: Information about financial assistance

#### Section 3A: If you were able to speak with a hospital employee who provided you with information about financial assistance:

46. Did the hospital employee that you spoke with volunteer information about financial assistance or charity care?  Yes  No

a. If no, did you then ask directly about help with the bill?  
 Yes  No

i. If not, why not? \_\_\_\_\_

47. If the hospital employee that you spoke with volunteered information about financial assistance or charity care, or you asked directly about help with the bill, what were you told?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48. Were you told that financial assistance or charity care is available?

Yes  No

a. If yes, did the hospital employee explain eligibility requirements (income limits, insurance requirements, covered procedures, etc.)?

Yes  No

i. If yes, what were you told?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. If yes, did the hospital employee offer to send you any documents that explain eligibility requirements (income limits, insurance requirements, covered procedures, etc.)?

Yes  No

i. If no, did you ask if the hospital has these documents available?

Yes  No

1. If yes, what were you told?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. If yes, did the hospital employee explain the application process?  
 Yes  No
- d. If yes, did the hospital employee offer to send you an application, or direct you to find an application on the hospital's website?  
 Yes  No
  - i. If no, did you ask if the hospital has this document available?  
 Yes  No
    - 1. If yes, what were you told?

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- 49. Were you asked if your relative has insurance?  
 Yes  No
- 50. Were you asked about your relative's income level?  
 Yes  No
- 51. Were you asked if your relative has applied for Medicaid?  
 Yes  No
- 52. Were you told to have your relative bring any documents or identification to the hospital?  
 Yes  No
  - a. If yes, what documents or identification were you told to have your relative bring to the hospital?  


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  - b. If no, did you ask if you need to have your relative bring anything to the hospital?  
 Yes  No
    - i. If yes, what documents or identification were you told to have your relative bring to the hospital?  


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- 53. Were you told to go visit a website to get more information?  
 Yes  No
  - a. If yes, what is the name of the website and/or URL?  


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- 54. Were you told that information about financial assistance would be provided upon your hospital visit?  
 Yes  No

55. Were you given any resources for alternate payment assistance programs (aside from charity care), insurance, or anything else while on the phone?

[ ] Yes [ ] No

a. If yes, please specify what resources you were given:

---

---

56. At any point during the call, were you told that the hospital would not provide financial assistance?

[ ] Yes [ ] No

a. If yes, please describe what you were told:

---

---

---

57. At any point during the call, were you told not to come into the hospital with your relative, or were you told that the relative would not be seen if they could not afford to pay?

[ ] Yes [ ] No

a. Please describe what you were told:

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58. Were you referred to another hospital or clinic for care?

[ ] Yes [ ] No

a. If yes, to what hospital or clinic were you referred?

---

b. Were you given a reason why you were being referred to another hospital for care?

[ ] Yes [ ] No

i. If yes, what was the reason you were given?

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**Section 3B: For Spanish speakers who were able to get language assistance and were able to get information about financial assistance:**

59. If you asked about or were offered any documents about the hospital's financial assistance program such as eligibility requirements, covered services, or an application, did the hospital employee indicate if the document is available in English or Spanish?

[ ] Yes [ ] No

a. If no, did you ask if the document(s) are available in Spanish?

[ ] Yes [ ] No

i. If yes, what were you told? \_\_\_\_\_  
\_\_\_\_\_

b. If you were told that documents are not available in Spanish, did you inquire about translation services or obtaining language assistance with completing an application?

[ ] Yes [ ] No

i. If yes, what were you told? \_\_\_\_\_  
\_\_\_\_\_

#### **Part 4: Narrative**

Please complete a detailed narrative to document your test experience.

## Appendix D: Data Tables

### Financial Assistance:

Told about financial assistance?	# of Tests	% of Tests
Protected tester, main rec.	11	28%
Protected tester, billing (or other)	8	-
Control tester, main rec.	36	90%
Control tester, billing (or other)	22	-
At least one test at a given hospital, main or billing, control or protected	-	100%

Explained application process or offered application?	# of Tests	% of Tests
Protected tester, main rec.	5	13%
Protected tester, billing (or other)	5	-
Control tester, main rec.	16	40%
Control tester, billing (or other)	15	-
At least one test at a given hospital, main or billing, control or protected	-	95%

Referred to another clinic?	# of Tests	% of Tests
Protected tester, main rec.	2	5%
Protected tester, billing (or other)	0	-
Control tester, main rec.	11	28%
Control tester, billing (or other)	2	-
At least one test at a given hospital, main or billing, control or protected	-	55%

### Language Access:

Provided Language Assistance?	# of Tests	% of Tests
Main reception	15	38%
Billing	17	-
Either	15	75%

Hang-ups?	# of Tests	% of Tests
Main reception	23	58%
Billing	9	-
Either	16	80%

Encountered bilingual employee?	# of Tests	% of Tests
Main reception	13	33%
Billing	9	-
Either	10	50%

Encountered interpreter?	# of Tests	% of Tests
Main reception	4	10%
Billing	8	-
Either	6	30%

Documents available in Spanish?	# of Tests	% of Tests
Main reception	3	8%
Billing	12	-
Either	11	55%

**Other:**

Reached Voicemail?	# of Tests	% of Tests
In English only	12	-
In English and Spanish	2	-
Either	14	-

Reached Automated Menu?	# of Tests	% of Tests
Options in English only	37	-
Options in English and Spanish	17	-
Either	54	-