



## **Communication Accessibility for Individuals with Disabilities**

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*Meleah Jensen, CMS*

*Kara Ringer, CareSource*

*Rosie Kirchner, Cigna*

*Sean O'Reilly, Humana*

Kristen Renkes: Our next session will focus on the recent release of the Communications Accessibility Best Practices for Individuals and Disabilities, including a panel discussion on strategies for effectively communicating with individuals with disabilities. Please welcome Kim Snowden, Meleah Jensen, Kara Ringer, Rosie Kirchner, and Sean O'Reilly. They'll be coming in from back there.

Meleah Jensen: Good afternoon, everyone. My name is Meleah Jensen, and I am with the Customer Accessibility Resource Staff here at the Centers for Medicare and Medicaid Services. I have with me my Director, Kim Snowden, and we are excited to be here this afternoon. And we are also excited to have some partners of our joining us on stage, and you'll get to hear more about them in a couple of minutes.

Section 504 has been around, as many of you may know, since 1973. CMS thought that we were doing a good job of being compliant, and it was brought to our attention that we had some improvements to make. And that is when CARS, as we are known, or the Customer Assisted Living Resource Staff, was stood up in 2016.

We started meeting with components here at CMS, and we got a lot of pushback. There was a lot of concern about what was it going to cost?

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Was it going to be hard? And were these components going to be left high and dry to do all of this alone?

I am happy to say that today, after working with our partners and showing them that this was, in fact, a collaborative effort across the entire CMS enterprise, that CMS is in an excellent space. Earlier this fall, we did – we had strategic conversations with the plans to talk about how they get accessible materials to their participants. And that is what this panel discussion this afternoon came out of.

We believe that peer-to-peer learning is important, and so we wanted to give you the opportunity to hear from other plans to hear what they're doing to serve their beneficiaries who need accessible communications and what they've learned along the way.

And now, to introduce our panelists and get our discussion started, I'm going to turn it over to Kim Snowden.

Kim Snowden: Thanks, Meleah. Hi, everybody. I am Kim Snowden. I'm the Director of the Customer Accessibility Resource Staff, and I am super excited to be here today as well as I super excited to have some panelists joining us from plan organizations who have gratefully given us their wonderful time to have a fantastic discussion about accessible communications and what they're doing within their organization.

As Meleah previously mentioned, we worked with the account managers that are in the regions to have some strategic conversations with your plan organizations. Some of you may have been involved in those conversations, but I definitely can tell you we received wonderful information from the plans during those conversations, but at the same time we found out from the plans that you are extremely interested in understanding what other organizations are doing within their organizations to ensure that they are providing information to their

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members and beneficiaries in an accessible format. So, we decided that we were going to reach out to some of the plans and ask them to join us on stage to share with you what they're doing, best practices that they're utilizing within their organizations to see if it will help you to ensure that you're providing information in an accessible format or communication to your members and beneficiaries that you're servicing.

So, let's get the party started! Let's start talking about it. So, I'm going to introduce to you our wonderful panel. So, obviously, to the left of me, if I'm actually giving you the correct direction, we have Kara Ringer. She is the Associate Vice President of Member and Provider Marketing from CareSource. We have Rosie Kirchner. And she is the Medicare Compliance Officer from Cigna HealthSpring. And we have Sean O'Reilly. He is the Vice President and Chief Compliance Officer from Humana.

So, moving on to our first topic for the conversation. We're going to start with Kara, and briefly discuss your organization's ability to support accessible communications.

Kara Ringer:

Sure. You know, keeping the members' need at the forefront is really important. Our mission at CareSource is to make a lasting difference in members' lives by improving their health and wellbeing. So our organization's ability to support accessible communications is highlighted by people, process, and systems we have in place. You know, it truly is a cross-functional effort when it comes to accessible communications. Whether it's our call center, clinical teams, marketing, consumer experience, compliance, legal, or even IT, we all play a role. And it incurs with an incredible amount of care to ensure the member is secure – is served, excuse me, appropriately, accurately, and timely.

The how-to and the rules of engagement, so to speak, are depicted in our processes, such as receiving and fulfilling requests for communications in an accessible format. At no cost to the member, all reasonable assistance

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is offered for oral interpretation or oral translation services, sign language, assistance, access to toll-free numbers with TTY and interpreter capabilities, just to name a few.

Appropriate measures are taken to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services, language-assistance services, or documents in an accessible format.

You know, our processes are reinforced by our corporate policies and procedures. Some examples include our nondiscrimination and language assistance. Safeguarding the accuracy of our marketing materials. As well as material development for non-English speaking and special needs populations or electronic delivery of materials.

You know, some of these policies and procedures were established to help us meet requirements, while others originated from identified gaps or to address opportunities for improvement. And lastly, our systems really help with intake, member communication preference capture, as well as communication fulfillment.

Kim Snowden: Wonderful. Thanks, Kara.

So, Rosie, do you have anything to share on the topic?

Rosie Kirchner: Pretty much similar to what Kara's organization does. We really put the member at the center of all of our interactions. And we know it's not a one-size-fits-all approach, right? So we tailor to meet that beneficiary's needs.

The majority of our beneficiaries relay their accessibility preferences through our enrollment process as well as by contacting our customer service team. And we house all that information in a central repository. That allows all the different departments across our organization that

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interact with members to know what those preferences are so that we can fulfill those requests real time.

Kim Snowden: That's wonderful.

Rosie Kirchner: Um hmm.

Kim Snowden: How about you, Sean? Do you have anything to add to that?

Sean O'Reilly: Yeah, I think one thing we developed at Humana back in 2015 or 2016 was we had to centralize the process for – for capturing a member's communication accessibility preferences and ensure that all the related operational processes tied into that – that central hub. So we developed something we call the Humana Concierge Services for Accessibility. So it's one central entity that works across the organization to capture member communication preferences wherever they may come in. So, it could come in in the sales process, in the enrollment process, through a member interaction somewhere throughout the member's lifecycle with Humana. And we want one source of truth, one system of record to say this member has a specific need or want, and any communication process that's initiated for that member then down the line, it pings that central source of truth to ensure that we're communicating with them the way they've asked us to communicate with them, the way they need us to communicate with them, to make it the most effective communication possible.

Kim Snowden: That's wonderful. Okay.

So for topic number two, I'm going to start off with Rosie.

Rosie Kirchner: Sure.

Kim Snowden: And –

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Some real-life examples.

Rosie Kirchner: Yes.

One of the things that we do while we're fulfilling a request is typically, like I said, the request will come in through our customer service department. So, for example, a beneficiary may call in and ask for a particular document in large print. That will take some time to fulfill, right? So, while we're waiting for that information to be fulfilled, and we have that beneficiary captive on the phone, we take that opportunity to actually read the information to them. We think it's a great mechanism to keep them informed, but not only does it provide them the information they're asking for at hand, but it also gives us an opportunity to educate the beneficiary and address any questions that they may have about the document that they've requested.

Kim Snowden: Wonderful. Do you have anything to add to that, Sean?

Sean O'Reilly: Sure. You know, one thing that I think we've learned from each other through the course of this process is that we all think about not just the requirement of what we're expected to deliver, but – but how to put the consumer first. So as a company, at Humana we try to think about what the consumer's needs and wants are and then work backwards to develop a process to deliver that. And one example is we had a deaf member who really wanted to access one of their benefits, which was Silver Sneakers program, which is to be able to go to a – go to a gym and exercise. They were – they didn't feel comfortable doing that, and at the end of the day they communicated to one of our care managers that it was because they were – they were deaf and they didn't think the gym had folks who could support them and they were uncomfortable just approaching using a gym. Through connecting them with – with a translator and a sign language translator and communicating directly with the gym, that member was a lot more interested and a lot more

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comfortable taking advantage of their benefit, and – and was then using the gym five days a week, you know, 18 months in a row.

So – so this was – how do we ensure they have – they live the healthiest life possible by meeting them where they are and considering their specific consumer needs, not just the black-letter requirements of the rules.

Kim Snowden: That's wonderful. How about you? Do you have anything to add, Kara?

Kara Ringer: Yeah. I think similar to Rosie and Sean, you know, when we think about auxiliary aids and services, you know, it's really important to make sure that the member is able to access care in the way that they need it. And so, oftentimes those auxiliary aids and supports extend into other services, like the healthcare setting, with providers. And so, we've seen an increase in our American Sign Language requests in 2018 compared to – to last year. And so, as the year draws to a close, and provider office visits start to increase, you know, the ability to have an interpreter visually from a video remote standpoint, on the screen, from a mobile device or even a laptop, really gives real-time support and flexibility at the moment that the provider needs it.

Kim Snowden: That's wonderful.

Okay. So moving on to our next topic, discuss strategies and tools your organization uses to measure the success of the accessibility communications program. I'm going to pick on you time this time, Sean.

Sean O'Reilly: Sure. Sure. Yeah.

So, like a lot of organizations, we've spent some time thinking about monitoring and ensuring we have adequate controls across three lines of defense, terminology a lot of us use. In the case of communications accessibility, the Concierge Service for Accessibility, we think of as that

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first-line operation. They have – they track metrics around, you know, how many requests we receive for communications in Braille, and how timely we respond, and how many of those are followed through to the end. And they track those through a central source system and have dashboards and reporting. So that's – we think that's effective.

As a second-line, organization and compliance, we have the ability to text mine complaints and CTM data. So look for signs that we've got members who are not being communicated with effectively, which may be an accessibility issue.

From a third-line perspective, we – we work with external vendors to come in from time to time quarterly to evaluate our websites, to do regression testing to make sure that we're – we are meeting the accessibility and the standards around communicating with members with specific needs.

So, we think across those three lines of oversight, that we're – we're doing an effective job capturing our opportunities to get better. And then we – we take action.

Kim Snowden: Wonderful. Do you have anything to add, Kara?

Kara Ringer: Sure. You know, I think from the standpoint of what Sean said around tracking and monitoring, you know, I would add in that element of feedback. And from a feedback perspective, you know, it takes several forms at CareSource in terms of capturing that information from member, and I'll just highlight a couple. But we have a Member Advisory Council, and they're basically our – our in-person listening posts that are conducted quarterly with CareSource members. And so, in those councils, you know, we take topics that are important to the members. And in this quarter, in particular, there have been various activities for user testing around our website. And the format of that advisory



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committee, you know, consists of new members as well as established members who consistently attend those meetings to provide feedback on ways that we can improve our services. And so having that feedback from members, capturing that information even from surveys, allows us to create strategies and tactics that improve the effectiveness of our communication programs for individuals with disabilities as well as address, you know, quality of care and services.

Kim Snowden: Wonderful. Anything for you?

Rosie Kirchner: Yes. So, as like Sean does, we also employ three modes of defense. You know, we have different lines of defense within the organization. Our first line of defense at the business level also listens to live calls with our customers. And they're looking out for instances where perhaps the customer service agent hasn't picked up on the need. And they conduct appropriate coaching for those individuals within our customer service team.

Another thing that we do within our organization is, of course, take in the feedback from our beneficiaries so that we can improve our own process. We have a customer experience team within Cigna HealthSpring that focuses on communication with the beneficiary based on that feedback that we get. One of the initiatives that we did was redesign the EOB, right? We got a lot of feedback from our beneficiaries that the layout was confusing. You know, some of the language was confusing. So we set up a whole committee. It was comprised of different partners across the business including Compliance. We redesigned the layout. It's a lot more beneficiary friendly right now. I think we've gotten some very positive feedback from our beneficiaries about it. Because before it was one of our top calls, you know. they thought this was a bill. Well, now, it clearly says at the top right where their attention is drawn, this is not a bill. And then we go into explaining –

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Right.

What we're really trying to communicate to them.

Kim Snowden: That's wonderful. So following up on what you had mentioned, Sean, you stated something about your website. So, I know that you're doing that as one of your, you know, defense mechanisms. Do you actually utilize like any type of automated testing tools or anything like that within your organization?

Sean O'Reilly: Yeah. So, we have three different groups that do testing of the website to make sure that they're – they're meeting the standards. First is the – the user experience or digital design team. So, we've taken the requirements of needs to be done and – and basically created checklists for them as they develop and roll out websites into production. They go through a first-line assessment of whether they met the requirement or not.

At the second line, the Concierge Service does random testing of the websites on an unplanned basis, when they're in production. And then where they have findings, they work with the Operations to correct them.

And then at the third-line level, we work with the vendor. Level Access is their name. Who does quarterly regression testing.

So – so that's – that's how we've approached it operationally. And that's – it's given us good feedback of where we're – where we have opportunities to improve.

Kim Snowden: So, I see you shaking your head. Are you doing something similar over there, too, Rosie?

Rosie Kirchner: Very similar. And we also use a vendored solution that conducts a sweep of our websites to make sure that we are 508 compliant.

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Kim Snowden: Okay.

Rosie Kirchner: So, making sure that the PDFs are searchable. That, you know, the font can be enlarged. All of those good things.

Kim Snowden: Okay. Same thing on your site?

Kara Ringer: Yeah. I would just add that our internal teams actually built some custom software. And it's been used for years to actually check every page of our website.

Kim Snowden: Okay.

Kara Ringer: 508 compliant. And that software also fixes tagging issues. If it finds any, the tool validates every page upon changes in our content to ensure we're compliant. And then PDFs that are loaded to our website, or visible on our website, we use an external vendor to remediate from a 508 perspective.

Kim Snowden: Wonderful. That's great. So, just going a little bit off topic, so just adding something more to the conversation, so, Rosie, are you – do you have anything that you're doing for your employees as far as training? Like, do you have a training program set up?

Rosie Kirchner: Absolutely. Yeah. So for any of our new hires, it's part of their training at a customer service level.

Kim Snowden: Uh huh.

Rosie Kirchner: It's also included in the refresher training. And as I mentioned earlier, for monitoring activities, at times we do find instances where the customer service agent could have serviced the beneficiary a little better.

Kim Snowden: Um hmm.

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Rosie Kirchner: And so we take those opportunities to definitely reeducate our team.

Kim Snowden: Wonderful. So, are you doing anything, Kara, on your side for employee training or –

Kara Ringer: Yeah, it would be very similar. We have simulation training that pretty much every staff member participates in and they're able to give that real, live experience of what the member encounters as part of, you know, their receipt of health care. So –

Kim Snowden: Okay. Wonderful. And so, I'm assuming something similar also exists within Humana?

Sean O'Reilly: Yeah, very similar. You know, 1557 ADA, cultural competency is all included in the annual ethics and compliance training. Concierge Service for Accessibility does department-level training.

Kim Snowden: Um hmm.

Sean O'Reilly: It's required of folks in like the call center and sales that we know are going to have these sort of member interactions. But then, they do ad hoc departmental – department-level training throughout the course of the year. And there's also an Inclusion in Diversity Week every year at Humana, and accessibility is one of the key themes and messages of that – that week.

Kim Snowden: Wonderful. Okay.

Well, first of all I want to thank Kara, and Rosie, and Sean for their wonderful information that they've provided today. Really appreciate you all joining the conversation. I think that it's absolutely wonderful.

So, I also want to mention that while it is the plan's responsibility to make sure that they're meeting this requirement, CMS wants you all to know

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that we're here to help you address your concerns, talk about anything that you want to talk about when it comes to accessibility, meeting the requirement. If you're having issues, please let us know.

We want to keep this conversation going. We want to work with you collaboratively, and we want to do everything that we can with you on partnership to strengthen accessibility communications for individuals with disabilities. I mean, it's the right thing to do, so let's do it. And we want to work with you to make that happen.

This is the information to reach the Customer Accessibility Resource Staff, CARS. I am Kim Snowden. I am the Director. Meleah Jensen is on the team, and we're here to support you and we really, really, really appreciate everything that you all do for us. And we look forward to continuing this conversation.

And, again, thank you to Kara, Rosie, and Sean. We really appreciate the conversation.

Kristen Renkes: Do we have any questions for this session? Go ahead.

Christina Rockwell: Hi there. I'm Christina Rockwell with Anthem. And first off, thank you so much for putting this panel together. I found it really helpful, and I'm sure my colleagues did as well.

The question I wanted to ask today was if you had any best practices for sharing the member preferences information with your FDR?

Kim Snowden: FDR?

Rosie Kirchner: (Inaudible). So I think one of the best practices that plans can employ is transmitting that preference information through the enrollment data that you send over to your FDRs. And ensuring that they know how to leverage the data, right? Because you may do a very good job at training

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in-house, but if you need to do as good of a job at educating your FDRs on how they can leverage that information, what their responsibilities are to communicate an alternate language and send forms.

Sean O'Reilly: And assessing their ability to actually execute on that, assuming they have the information, during your, you know, annual auditing, your quarterly auditing of your FDRs is something we've made a priority.

Sure.

Christina Rockwell Thank you.

Lindsey Rodriguez: Hi. My name is Lindsey Rodriguez, and I'm from PerformRx in Philadelphia. And I guess I was just asking, I know Rosie was talking about, and I think even all of you were talking about how you take the beneficiary information and you put it in a central place. But how do the beneficiaries get in contact with you in the first place? Do you just take them through customer service calls or is there a way they can email you so that you know that they have a request or some sort of issue?

Rosie Kirchner: Yeah. So, for us, by various mechanisms. You know, like I mentioned earlier, I don't think it's a one-size-fits-all. But we do get a lot of our requests through customer service. Now at times it may come in through another interaction. It could be through a case manager, you know. And so we make sure that folks know where to route those requests to. Our enrollment team takes the lead on making sure that that's documented within our system. But everyone that interacts with our beneficiaries within the organization can access that repository to confirm what that preference style is.

You know, and sometimes we don't have anything documented because the beneficiary has never shared it. But it could be through an interaction when you're working on a coverage determination or an appeal, and the

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beneficiary happens to communicate at that point in time what their preference is.

So, most of our departments have individuals within the department who could communicate in different languages, whether it be verbally or in writing. We tend to do that in areas like appeals, organization determinations, coverage determinations. In some instances, we don't have folks that communicate in that language or alternate form, so we do have a cultural linguistics unit that we leverage within the organization to be able to fulfill those requests. And we, you know, we agree upon standard times for them to turn that around so that we could treat all of those beneficiaries the same way.

Kara Ringer: I would just add that, you know, we think of communication preferences that can extend into email and text. And so it's for our members. They can go onto our provider – or, excuse me, our member portal, which is a secured login for them, and they can identify their communication preference. I think similar to what Rosie said, you know, first line of defense oftentimes is the call center. And so they're able to share their preference at the point of call. That can happen face-to-face with other, you know, members of the organization, like a sales team or even a care management team as well.

Sean O'Reilly: One thing we've – we've seen a benefit from is by having one central location where all that information needs to funnel internally, whether it's a sales associate, whether it's a care manager, anyone who gets a sense of a communication preference from a member routes that to one email box, one 800 number. And then the Concierge Service outreaches out to that member to confirm the information. So we can't assume the information we got internally, or we thought we got, was accurate. We want to outreach and say, this is our understanding. Do you – do you want to be communicated with in this way? And then capture that in the

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Source system. So you've got to be flexible to allow yourself to take in that information or – or even awareness that there may be a communication preference. And then have a process to go out and confirm it. So.

Lindsey Rodriguez: Thank you.

Patrick Edlin: Hi. Patrick Edlin from the Ochsner Clinic Foundation. I'm curious, do you all see opportunity to collect and record this information and – and maybe it's not legal or ethical – during the sales process? Because I imagine you're able to – to know if somebody has a – an ability prior to getting them on the plan.

Rosie Kirchner: Yeah, most definitely. Our enrollment application forms actually allow our beneficiaries to be able to identify their communication preferences. And that also gets stored at the central repository that I mentioned earlier.

Kristen Renkes: Okay. I think that's all the live questions we have. Thank you so much for your participation for your session today.

Thank you.

If you would like to evaluate session five, please text A to 22333 or go to [pollev.com/cms2019fall](https://pollev.com/cms2019fall).

We will now take a short break and we will resume with session six at 2:00. There is a photo panel just outside this door if you would like to take any photos.