Communications Accessibility for Individuals with Disabilities—Best Practices for Medicare Health and Part D Prescription Drug Programs

Centers for Medicare & Medicaid Services

Medicare Drug Benefit and C & D Data Group

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Submitted To

Centers for Medicare & Medicaid Services

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Attention

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Introduction

Millions of Americans with disabilities rely on the Centers for Medicare & Medicaid Services (CMS) for Medicare services and information. Among the U.S. population aged 65 and over—the primary group of beneficiaries with Medicare health or prescription drug coverage—about 38.7 percent reported having one or more disabilities (e.g., hearing, vision, cognition, or ambulation).[1] In addition, 8.8 million non-elderly people reported having disabilities.[2]

Both the Medicare Advantage and the Part D prescription drug programs (Medicare Health and Drug Plans) continue to grow and provide high quality care and services to Medicare beneficiaries.[3] To ensure Medicare Health and Drug Plan information is available and accessible to persons with disabilities, plans must abide by the relevant sections of the Rehabilitation Act of 1973 and subsequent amendments. Specifically, Section 504 of the Rehabilitation Act of 1973 (Section 504) and its amendments state:

"No otherwise qualified individual with a disability . . . shall, solely by the reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity conducted by any Executive agency . . . ."[4]

Plans must also comply with other relevant federal and state laws.

This document presents best practices for Medicare Health and Drug Plans to serve the communications needs of their beneficiaries with disabilities. These best practices are based on an environmental scan of how the health care industry is addressing communication accessibility for beneficiaries with disabilities. IMPAQ International, LLC (IMPAQ) conducted this environmental scan using publicly available guidelines and

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[1] He, W., & Larsen, L. J. (2014). Older Americans with a disability: 2008–2012. U.S. Census Bureau, American Community Survey Reports, ACS-29. Washington, DC: U.S. Government Printing Office.

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2018, January) CMS fast facts. Retrieved from https://www.cms.gov/fastfacts

[3] Centers for Medicare & Medicaid Services. (2018, September 28). 2019 Medicare Advantage and Part D prescription drug program landscape. Retrieved from https://www.cms.gov/newsroom/fact-sheets/2019-medicare-advantage-and-part-d-prescription-drug-program-landscape

[4] 29 U.S.C. § 794

toolkits, published literature, and interviews with accessibility experts and randomly selected Medicare Health and Drug Plans. This document represents a collection of best practices; it is not formal guidance and therefore does not introduce new requirements for Medicare Health and Drug plans.

SCOPE OF THE REPORT

Typical beneficiary interactions with Medicare Health and Drug Plans include the following:

- Reviewing materials such as plan documents, provider lists, and Explanations of Benefits (EOBs);

- Contacting call centers; and

- Accessing online patient portals and websites.

Therefore, this report focuses on auxiliary aids and services that address communication-related accessibility needs. While other accessibility needs such as physical accessibility aids may arise when beneficiaries interact with Medicare plans, for example during community sales presentations, these topics are not the focus of this report. Similarly, direct care interactions between beneficiaries and Medicare Advantage provider networks are not the focus of this report. Please refer to the relevant statutes, regulations, and guidance for additional information on these areas.

ORGANIZATION OF THIS DOCUMENT

We first discuss best practices for plans to use in designing communications accessibility processes. Next, we discuss the process for identifying and soliciting individual beneficiary communication-related accessibility needs. Then we discuss options for auxiliary aids and services to meet individual accommodation needs, as well as web and electronic information accessibility. We also discuss strategies for training staff in meeting needs and measuring and enhancing program success. Lastly, we include resources that Medicare plans can use when developing communications accessibility programs.

KEY POINTS

Medicare Health and Drug Plans must abide by Section 504, and other applicable laws and requirements, to ensure that Medicare information is available and accessible to persons with disabilities. As noted, typical beneficiary interactions with Medicare Health and Drug Plans include:

- Reviewing materials such as plan documents, provider lists, and EOBs;

- Contacting call centers; and

- Accessing online patient portals and websites.

To ensure equal opportunity to participate in their programs and benefit from their services, Medicare Health and Drug Plans provide auxiliary aids and services to beneficiaries with disabilities that include, but are not limited to:

- Large-print materials, Braille materials, and audio recordings for beneficiaries with low vision or blindness, and

- Text messaging, email, or relay services and text telephone (TTY) communications for beneficiaries who are hard of hearing or deaf or who have speech disabilities.

Summary of Best Practices for Medicare Health and Drug Plans to Meet the Communications Needs of Beneficiaries with Disabilities

- Consider the balance between universal design and individual accommodations. Providing more automatic services will result in fewer individual requests. However, maintain flexible accommodation procedures to provide information in a format that honors the request of the individual with a disability. Do not expect to apply the same format to all documents or for all beneficiaries.

- Develop workflows to ensure there is a clear mechanism for beneficiaries to make requests for accommodations and for the health plan to follow through on the request internally or via a vendor.

- Provide materials as quickly as possible. Arrange for customer service agents to address immediate needs when possible—for example, providing required information over the phone to the beneficiary, upon receiving an accessibility request.

- Conduct comprehensive employee trainings on how to identify and address individual accommodations. In this training, include content on both plan-specific procedures and how to communicate with patience and empathy with beneficiaries with disabilities.

- Develop mechanisms to measure the success of accessibility programs, e.g., that requests are fulfilled as planned. Implement procedures and trainings to address beneficiary complaints or issues.

- Convene governance bodies, such as an accessibility committee, a public policy committee, or a group of disability advocates and experts, specifically for the purpose of addressing accessibility barriers and creating and disseminating accessible documents.

- Specify standards for equal access in policies, such as a general equal access policy, or an anti-discrimination policy.

- Ensure that electronic accessibility requirements, including Section 508 and the Information and Communication Technology (ICT) Standards and Guidelines provided by the U.S. Access Board, are met and tested.

- Require and ensure that contractors, subcontractors, and vendors adhere to the organization's accessibility policies and procedures, as well as any applicable laws and guidelines. This will provide consistency across activities.

Best Practices to Meet Communications Accessibility Needs for Individuals with Disabilities

BALANCE FLEXIBILITY WITH STANDARD PROCEDURES

There is no "one size fits all" solution to accommodating requests. While a range of auxiliary aids and services are available to meet specific needs (see Table 1), adequately addressing requests may require flexibility for each beneficiary. For example, a beneficiary may need some materials (such as their Evidence of Coverage) in large print, but not others. Similarly, beneficiaries may request a list in large print of specific providers in their geographic area instead of the entire provider directory. Individuals with multiple or severe disabilities may require a variety of communication modes to establish functional communication.[5]

Design the format and process used to provide accessible materials with use and flexibility in mind. To develop multiple format choices proactively for beneficiaries, organizations may find it helpful to ask the following questions[6]

Question 1: Is this a document that is likely only to be read once and then discarded? Or must the information be retained and reviewed over several years? Depending on whether the material is intended for short- or long-term access, different formats may be most suitable.

Question 2: Are you producing text that will need to be searched? If so, electronic text that follows 508 compliance provisions may be the most appropriate.

Question 3: Are readers likely to be technologically sophisticated? If not, then hard copy materials may be more helpful.

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[5] National Joint Committee for the Communicative Needs of Persons With Severe Disabilities. (1992). Guidelines for meeting the communication needs of persons with severe disabilities. *ASHA, 34* (March, Supp. 7), 1–8.

[6] Sutton, J. (2002). *A guide to making documents accessible to people who are blind or visually impaired.* Washington, DC: American Council of the Blind. Retrieved from https://www.sabeusa.org/wp-content/uploads/2014/02/A-Guide-to-Making-Documents-Accessible-to-People-Who-are-Blind-or-Visually-Impaired.pdf

Question 4: Will beneficiaries need to complete and return the document to you? If so, providing the document as a text file, or fully fillable form, may be the most appropriate option.

Establish an accessibility request workflow/triage process to make the process go smoothly. Document this workflow in standard operating procedures and job aids. The workflow should include flexibility based on plan and beneficiary needs, but typical points to consider include:

- **Materials and services to provide routinely versus on demand.** Plans may find it efficient to provide highly accessed or easy-to-produce materials, such as large-print materials, without a specific request versus on demand. Thinking ahead about what materials to make available without a specific request—as well as mechanisms to fulfill on-demand requests rapidly—may be particularly important during the Initial and Annual Enrollment periods, when there is likely to be a greater volume of beneficiary communication.

- **What to produce internally versus through a vendor.** While it is helpful for plans to generate some materials in house, it is common to use a vendor for many Section 504-related requests. For example, plans often fulfill some requests such as large print internally, but use a vendor for other requests such as Braille. When utilizing vendors, it is key to have established relationships, clearly defined contractual obligations, and clear steps in the workflow for vendor communication. Some beneficiaries have unique needs, which can require close communication and potentially involvement of staff with specialized training to meet needs adequately. A formal escalation and triage process for accessibility requests helps meet a range of needs.

- **Timing required to provide materials.** The specific production format and process will influence timing. In general, providing materials as quickly as possible is a best practice. A key consideration when providing accessible materials is to ensure that beneficiaries receive the information they need to make decisions in an appropriate amount of time, and that beneficiaries are not penalized for lateness if they are waiting for accessible materials. Anticipating beneficiary needs and having a well-developed process help ensure timeliness. Keeping beneficiaries informed of any delays in request fulfillment through monitoring and evaluation of requests is also important.

> **Tip:** A flow chart illustrating the workflow can be a helpful reference for staff fulfilling the request and overseeing the process. See the "Sample Workflow" diagram at the end of this document for an example.

Plans can employ a range of organizational strategies to address communications accessibility requests in a timely and suitable manner. Some of these mechanisms include:

- **Policies and procedures** setting the standards for equal access, such as an equal access policy, an anti-discrimination policy that prohibits discrimination based on disability, a policy for creating special versions of marketing materials, a beneficiary special accommodations policy, or an accessible format policy;

- **Governance bodies**, for example an accessibility committee, a public policy committee, or a group of disability advocates and experts, specifically for the purpose of addressing accessibility barriers and creating and disseminating accessible documents;

- **Training and strategies for measuring success** (these items are addressed in more detail later in this report); and

- **Inclusionary approaches**, including hiring employees with disabilities and gathering input from beneficiaries with disabilities and their families and caregivers. Providing sensitivity training to staff interacting with beneficiaries can also raise awareness and improve understanding of the needs of people with disabilities. Much of the literature reviewed for this report recommends that service providers utilize their best asset—the beneficiary—when designing accessible services to ensure that an individual's program is addressing all needs. For example, Williamson et al. note that program planning with stakeholders is key to ensure the readiness of managed care organizations to work with individuals with intellectual and developmental disabilities.[7] Taking the time to plan and phase in programs helps program administrators understand the current system. By having a better understanding of the system, gaps in service

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[7] Williamson, H. J., Perkins, E. A., Levin, B. L., Baldwin, J. A., Lulinski, A., Armstrong, M. I., Massey, O. T. (2017). Implementation of Medicaid managed long-term services and supports for adults with intellectual and/or developmental disabilities in Kansas. *Intellectual and Developmental Disabilities, 55*(2), 84–96. https://doi.org/10.1352/1934-9556-55.2.84

that may have been passed over initially can be identified and allow for more opportunities to meet the needs of beneficiaries with disabilities.

> *One health plan explained, "Any time an associate is able to put themselves in the shoes of the beneficiary, they gain valuable insight. There are some plans in the industry that do beneficiary sensitivity training, where associates can get firsthand experience with simulated disability. These types of training do raise a level of awareness for associates and what the beneficiaries are going through.*

The case study below illustrates how a health plan can approach accessibility for individuals with disabilities in several ways.

Health Plan Case Study

- The plan sets standards in equal access policies.

- All documents available online follow digital accessibility standards.

- Any document that is provided to the public is provided in an accessible format upon request.

- Upon hire, all employees must complete an initial training course on communicating with people with disabilities. Annually, all employees must complete a refresher course on the topic. Staff with disabilities and expertise in accessibility help develop training.

- A tracking system is used to monitor the volume of each type of request to inform the work queue and to ensure requests are fulfilled.

MECHANISMS TO IDENTIFY AND SOLICIT INDIVIDUAL ACCOMMODATION NEEDS

Plans can use multiple mechanisms to educate beneficiaries and identify and solicit individual accommodation needs. The process to request accommodations should be considerate of the beneficiary population. For example, a plan could offer options for beneficiaries to make requests by mail, over the phone, or in person. A best practice is to offer several mechanisms. After the initial request is made, it is beneficial to both the health plan and their beneficiaries to provide continuing accommodations in the appropriate formats automatically. This practice can save time and resources, as well as improve the beneficiary experience. Below are several examples from our research of how plans can work with beneficiaries with disabilities and/or their caregivers to identify the need for accessible materials on an initial and ongoing basis.

> *Some health plans direct beneficiaries that request large-print formats to the plan's website, where beneficiaries can use the "zoom" feature to enlarge text.*

Practices to Enhance Beneficiary Awareness of Accommodation Options:

- **During enrollment periods**, provide options to select what format (e.g., large print, Braille, audio) works best for the beneficiaries' personal needs.

- **Distribute notices** about the organization's accessibility and nondiscrimination requirements. These notices should outline the aids and services routinely available for beneficiaries with disabilities to communicate effectively, describe how beneficiaries can submit a request, note that no evidence of the disability is required, and mention that the aids are available to the beneficiary at no charge. It is often helpful to include this information with anti-discrimination statements.

- **Indicate in print materials** that alternative versions are available. This will help make beneficiaries, or their third-party representatives, aware of available options so they can request specifically what they may need.

- **Educate network providers** on the alternative formats available for documents. Encourage them to discuss these options in person with beneficiaries during appointments if applicable.

- **Ensure that sales agents and brokers know your policies.**

Considerations for Initial Intake of Requests:

- **Train customer service agents** to initiate the request process. While health plans may have multiple departments that handle Section 504 or other requests related to communications accessibility, intake occurs most commonly through the customer service department. In addition to generating the accessible format request, customer service agents should assist the beneficiary by addressing any immediate needs, such as reading information over the telephone.

- **Any department** that has contact with an enrolled or prospective beneficiary should be prepared to initiate the request process, or, at the very least, to direct the beneficiary to the proper channel.

- **Communicate with beneficiaries** at regular intervals to update accessibility requests as needed. Offer a mechanism for beneficiaries to update format preferences.

Mechanisms for Automatic Provision of Accessible Formats with Future Documents:

- **Maintain beneficiary records** (for previously identified requests) so that future requests are fulfilled in the appropriate format. For example, once Medicare beneficiaries request an EOB in an accessible format, that format becomes the default format for an EOB and other materials mailed to the beneficiary in the future (see Table 1 for examples).

- **Log and track** accessible format requests in a data system, or attach the request to beneficiaries' records. These records can also be used to ensure that requests are completed in a timely manner, and to facilitate reporting.

- **Use the system when preparing mass mailings** to ensure automatic distribution of materials in the proper accessible formats to beneficiaries who had previously requested them.

> *Some health plans store commonly requested documents in large-print format so the accommodation can be mailed immediately upon request.*

- How may I assist you?

- Do you have a representative with you that you would like me to speak with to assist you more effectively? (Note: It is not an acceptable practice to require an individual to have their own representative.)

- For individuals with hearing and speech impairments: Would you like to use relay (711) to communicate with us?

- For individuals with visual impairment: Would you like me to read the document to you over the phone? Would you like me to fulfill the request in another way?

- Have I assisted you with everything that you need?

- Would you like to receive future information from (name of plan) in this format?

AUXILIARY AIDS AND SERVICES TO MEET ACCESSIBILITY NEEDS

Every person with a disability requires a targeted approach to accommodate their needs and personal preferences. As deduced from our research, the most commonly requested accommodations for delivering information are large print materials and 711 TTY. By dialing 711, beneficiaries with hearing or speech accessibility needs can communicate over the telephone by connecting their TTY to a Telecommunications Relay Service operator. Even if plans do not typically receive other requests, they should be aware of options to honor additional requests from beneficiaries with disabilities.

A beneficiary may make a particular request that the plan may not be able to fulfill, for example, a request for a new and very expensive technology. In these cases, the plan should communicate with the beneficiary directly to understand his or her needs and work to identify a suitable accommodation. In all instances, special consideration should be given to the beneficiary's wishes. Plans should refer to the CMS Frequently Asked Questions memorandum dated August 30, 2017 for additional information.[8]

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[8] Brauer, R., Slade, J., & Berardino, B. (2017, August 30). *Frequently asked questions regarding accessible communications for individuals with disabilities, pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504) and Section 1557 of the Affordable Care Act (Section 1557)* [Memorandum]. Baltimore, MD: Centers for Medicare & Medicaid Services.

Table 1 summarizes auxiliary aids and services that may be requested to meet specific accessibility needs; however, it is not exhaustive. The table shows both commonly requested services, as reported by a selection of Medicare Health and Drug Plans, as well as additional requests we identified in the environmental scan. As the table demonstrates, some aids and services, such as TTY or qualified note taker/reader, may address accessibility needs for multiple types of disabilities. The Resources section contains specific details on the guidelines regarding accessible print formatting and web accessibility.

Table 1: Accessibility Service Request by Need

Accessibility Needs	Commonly Requested Services	Examples of Other Requests
Low Vision/Blind	Large-print materials, Braille materials, audio recordings	Qualified reader and/or note taker, taped texts (e.g., Web Braille, Digital Talking Book, DAISY [Digital Accessible Information System]), text descriptions of images
Hard of Hearing/Deaf	711 TTY/TTD, text messaging, emailing, sign language interpreters with video conferencing	Assistive listening devices, qualified note taker, sign language or cued-speech interpreter, open/closed/ real-time captions, telephone handset amplifier
Deaf-Blind	Nothing reported	Qualified note taker, tactile interpreting services
Speech Disabilities	711 TTY, TDD	Qualified speech-to-speech transliterator
Cognitive Disabilities	Nothing reported	Staff navigator (e.g., nurse, care manager), visual schedule

Abbreviations: TTY = Text Telephone; TDD = Telecommunication Device for the Deaf

WEB AND ELECTRONIC INFORMATION ACCESSIBILITY

Section 508 compliance and digital accessibility is a broad topic with a number of subspecialties and compliance requirements. This section includes some major elements to consider, including web accessibility policies, procedures, and training. This is not a comprehensive document, and the development of an accessibility program should include input from specialists and individuals experienced with the depth and breadth of digital accessibility issues and resources.

> See the **Resources** section for additional guidance and references on web and electronic information accessibility.

Web Content Accessibility Standards

Use web accessibility standards, guidelines, and rulesets to help your organization meet the needs of your beneficiaries, effectively design and develop digital tools, and enable compliance. Adherence to the Web Content Accessibility Guidelines (WCAG) can also help to avoid developing inaccessible content, and can reduce or eliminate the need for costly and time-intensive remediation efforts. Examples of these standards include but are not limited to:

- An accessible CAPTCHA, if required, for initial registration or login;[9]

- A tool on your organization's home page allowing the user to customize the website (e.g., skip to content, change text size or text contrast); and

- An accessibility link where a user can find information on how the website is accessible or what accessibility guidelines the organization follows.

The preeminent set of standards was developed by the World Wide Web Consortium (W3C) and has three levels: A, AA, and AAA. Level A compliance enables the most basic levels of accessibility. In this document, we presume plans are applying the Level A standard already, and will continue to do so. Level AA is the most commonly

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[9] CAPTCHA is an acronym of "Completely Automated Public Turing Test to Tell Computers and Humans Apart." It refers to programs that people add to websites to guard against bots. CAPTCHAs create and grade tests that humans can pass but computer programs cannot. For example, a CAPTCHA may present a photo of a street overlain with a grid and ask the user to select all squares with cars.

accepted standard of web accessibility compliance. Level AAA is considered the "gold standard." Although a worthwhile target, it may or may not be attainable for a given site. WCAG 2.0 AA was recently updated and adopted by the federal government's ICT Standards and Guidelines, also called the Section 508 Refresh. Therefore, it is recommended that websites comply with WCAG 2.0 AA.[10,11]

Document Accessibility on Websites

Although format-specific standards also exist, using WCAG 2.0 AA standards allows for consistent levels of accessibility across all formats. Documents available for viewing on or downloading from your website should be accessible and 508 compliant. Some examples of what might be required to enable accessibility are using alternative text (alt text), properly formatted tables, properly formatted web links, and proper heading tags. These are described below in more detail.

Alternative text for images
All images in a document, from logos to pictures and graphs, should have alt text. Alt text provides a non-visual representation of the content or function of an image. In other words, alt text provides the same information to a non-visual user that a visual user receives by looking at an image. The following are best practices for alt text.

- Consider context. Where does the image appear, and what is it intended to convey or highlight? Better than describing an image in a health plan guide as "a group of people" would be to write "the customer service team."

- Refrain from beginning alt text with the words "image of" or "picture of," because screen readers will announce an image as a graphic.

- Include experts or third-party resources in the development of accessibility policies, procedures, and training.

Tables
There are generally two basic uses for tables: data and layout. The accessibility rule of thumb when creating any table is "the simpler the better." Nested tables, embedded

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[10] World Wide Web Consortium. (2018, June 22). Web Content Accessibility Guidelines (WCAG) overview. Retrieved from https://www.w3.org/WAI/standards-guidelines/wcag
[11] U.S. General Services Administration. (2018, January). Revised 508 standards roadmap. Retrieved from https://www.section508.gov/manage/program-roadmap

lists, and merged cells all make navigation difficult for users who move through the table using only the arrow keys.

Links

All hyperlinks in web content and documents should be accessible and user-friendly. Hyperlinked text should:

- Be descriptive and not dependent on the surrounding text (e.g., use "*Download the application*" instead of "To download the application *click here*."

- Be concise.

- Be indicated clearly by text that is underlined and in a different color that stands out from the surrounding text.

Other Best Practices

Here are some other best practice recommendations for accessible electronic documents, including those that might be printed.

- Use plain language to help ensure that all readers and users are able to understand the content.

- Ensure that font size is sufficiently large—generally a minimum of 12 points for use on a standard screen and 18 points for large-print production.

- Avoid the use of pictures of text (such as a scanned image of a document).

- Do not use color variation as the only way to convey meaning or other important attributes.

- Be careful with the use of watermarks. They can affect readability and create low contrast.

- Provide a table of contents, with appropriate tags and hyperlinks, for long documents or documents with numerous headings and subheadings.

- Set the language of a document, and ensure that the correct language attribute is set for the document, to prevent screen access software from speaking in an incorrect language or dialect.

- Avoid underlined text except for hyperlinks. Use italics for titles and bold font for emphasis (although screen readers will ignore italics and bold, it is still helpful for users with low vision).

- Use heading styles for section titles instead of simply bolding and italicizing text. This is better for consistency and avoids the problem of screen readers ignoring bold and italicized text.

- Create web forms rather than other forms (such as PDF forms) whenever possible.

User and Automated Testing

Formulating and implementing an accessibility testing strategy is a best practice for achieving and maintaining accessible web content and documents. The most accurate and comprehensive results are obtained through a combination of automated web testing tools and manual testing by a human user.

- It is a best practice to consult with experts to help design and implement your automated and manual testing strategies. Once a few testing cycles are complete, you can decide if your organization is comfortable taking those tasks "in house" or if you want to continue to use dedicated external resources. Either way, regular, rigorous testing will show you areas in need of improvement or, hopefully, confirmation that your website and digital assets are usable by your beneficiaries and employees with disabilities.

- Automated testing tools can be used to screen quickly for conformance with web accessibility standards and identify many common errors or "fails." Automated tools can also flag certain elements, such as information that is not supported by specific browsers, or problematic elements that appear on multiple pages. Ultimately, many accessibility checks will require judgment to understand and resolve, making user testing a key best practice.

- Manual testing commonly involves assessment of site templates, representational content pages, interactive forms, dynamic content pages, and primary entry and exit pages (including log-on and recovery pages). It is a best practice to test with multiple configurations of hardware and software.

- Testing during the development process can identify and remediate errors or problems and avoid rework after implementation.

ACCESSIBILITY TRAINING FOR STAFF

Implementing a training program helps staff understand Sections 504 and 508, as well as other nondiscrimination laws, compliance requirements, and company procedures, to identify and address accommodation needs for beneficiaries with disabilities. In published articles pertaining to health care accessibility, authors raise concerns that the health care community is not equipped with the skills or experience necessary to work with individuals with disabilities.[12,13,14] Thus, an effective training program helps plans engage staff in better supporting people with disabilities.

> *Training opportunities can foster a shared learning environment to engage staff on how to work with individuals with disabilities.*

To support the development of appropriate compliance procedures and related training materials, the plans IMPAQ interviewed drew on a variety of internal and external resources. External resources included federal guidelines, such as 45 C.F.R. Parts 84, 85, and 92; CMS conferences; and professional networks. Internally, plans tended to draw on resources such as legal and communication staff.

Based on our environmental scan, suggested elements of health plan training programs on compliance and accessibility include:

- Content for new employees as well as ongoing program and guideline updates.

- Soft skills training to help representatives understand how to interact with different types of people with empathy and patience. For example, offering simulation training to staff, so that they can experience a simulated disability, raises the level of awareness for staff and helps them develop a deeper understanding of what beneficiaries with disabilities experience daily.

- Information about beneficiary demographics and the technologies they use.

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[12] Withers, J., & Speight, C. (2017). Health care for individuals with health loss or vision loss: A minefield of barriers to accessibility. *North Carolina Medical Journal*, *78*(2), 107–112.

[13] Krause, M., Vainio, L., Zwetchkenbaum, S., & Inglehart, M. R. (2010). Dental education about patients with special needs: A survey of U.S. and Canadian dental schools. *Journal of Dental Education, 74*(11), 1179–1189.

[14] Pharr, J. R. (2013). Accommodations for patients with disabilities in primary care: A mixed methods study of practice administrators. *Global Journal of Health Science, 6*(1), 23–32.

- Formats including web-based training, role play, and stakeholder workgroups. For example, Kaiser Permanente has held a National Diversity & Inclusion Conference every year for the past 40 years. Patient-centered sessions feature Kaiser Permanente beneficiaries with disabilities who have roles in patient and family education within the health system and "provide a venue for health care providers to engage with practice leaders and researchers who are at the forefront of innovation of rehabilitation and health care delivery, including culturally competent care, to people with disabilities."[15] In addition, Kaiser Permanente's Rehabilitation Center houses a multimedia library of materials that address topics such as accessibility to services, community organizations and resources, and information about how to advocate for care and special needs in the health care setting.

- Handouts, job aids, and presentations that can be distributed across the organization to ensure front-end staff are prepared to address any beneficiary questions related to requesting alternative formats and anti-discrimination policies. These resources include CMS and company-generated PowerPoint presentations.

Exhibit 1 summarizes helpful content to cover in training provided to call center and other relevant staff.

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[15] Sandel, M. E., Appelman, J., Kotch, M. J., Biter-Mundt, G., Lal, N., Samuels, S., & Crespo, Y. (2010). The California Kaiser Permanente Health System: Evolving to meet the needs of people with disabilities. *Disability and Health Journal*, *3*(4), 240–244.

Exhibit 1: Content Guidelines for Communications Accessibility Training

1. Understanding the common communication accessibility barriers faced by individuals with disabilities

2. Information on available assistive technologies, and other auxiliary aids and services

3. Education on ensuring accessibility for a wide range of documents, such as spreadsheets and presentation documents, in addition to other formats such as multimedia, workplace devices, and digitally created documents

4. Communication practices not only for interpreters, but also for any employee who will be interacting with an individual with disabilities

5. The importance of electronic information accessibility and Section 508 requirements including WCAG 2.0

6. End-of-training evaluation to show understanding

Take into account the nature, length, complexity, and context, as well as the individual's normal method of communication.

Explain clearly what will happen prior to beginning; tell and show what you will do and why.

Choose appropriate and concrete language.

Establish rapport with the individual.

Listen to what the individual says and allow enough time for communication.

Use visual aids, or act or demonstrate ideas, with persons with limited language abilities.

Sources: National Federation of the Blind, Jernigan Institute. (2014, July). *Creating nonvisually accessible documents.* Retrieved from https://nfb.org/blog/creating-nonvisually-accessible-documents; Vanderbilt University. (2018). Communicating effectively. In *Health care for adults with intellectual and developmental disabilities: Toolkit for primary care providers*. Retrieved from https://vkc.mc.vanderbilt.edu/etoolkit/general-issues/communicating-effectively

STRATEGIES TO MEASURE THE SUCCESS OF ACCESSIBILITY PROGRAMS

To optimize accessibility programs, organizations can take steps to measure how well their policies and procedures are meeting Beneficiary needs. Mechanisms to do so include establishing systems with the following functions:

- Recording accessibility requests in the beneficiary record. This helps not only to track when the request was completed, but also to provide a history of the types of requests that the beneficiary submitted to the plan. Supervisors can use this information to follow up with associates to ensure all accommodation requests are fulfilled in a timely manner.

- Marking a request as "complete" when an item is sent to the beneficiary. Having this time stamp allows the plan to monitor how long it took to respond to the beneficiary's request, and the plan could potentially use this data for future monitoring or improvement activities.

- Tracking, triaging, and resolving complaints. This can assist plans in addressing issues quickly and smoothly, even if complaints are rare. Maintaining step-by-step instructions for how to handle a complaint is an effective way for plans to ensure that they address any complaints that arise from beneficiaries. Tracking complaints, and how they were resolved, also provides an additional measure that plans could use to monitor the success of their programs. Plans may find it efficient to track Section 504-related complaints as part of a broader complaint tracking process.

Additional mechanisms to measure and improve accessibility program success include the following:

- Review current plan documents and websites to identify problematic errors that can prevent accessibility;

- Utilize accessibility checkers to discover high-impact issues limiting accessibility;

- Reach out to individuals with disabilities to identify areas where the organization can improve their provision of services to better meet their needs;

- Discuss accommodation requests at the departmental level to ensure past experience can be shared, questions are answered, and procedures are updated to reflect all resources available to beneficiaries; and

- Conduct internal audits or annual compliance reviews.

Resources

Medicare beneficiaries can download the "Medicare & You" handbook in different formats at https://www.medicare.gov/forms-help-resources/medicare-you-handbook/download-medicare-you-in-different-formats. This handbook contains the CMS Accessibility & Nondiscrimination Notices, which are also available at https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice.

ACCESSIBILITY BEST PRACTICES

- The National Organization on Disability offers an online assessment tool available at https://www.nod.org/services/disability-inclusion-accelerator.

- Accessibility consultants can help identify best practices for a specific organization.[16]

- National conferences such as Accessing Higher Ground: Accessible Media, Web and Technology Conference (https://accessinghigherground.org) provide additional resources.

WEB ACCESSIBILITY REFERENCES

- WCAG Overview: https://www.w3.org/WAI/intro/wcag

- Revised Section 508 federal standards, which integrate WCAG 2.0: https://www.section508.gov/refresh-toolkit

- Creating Nonvisually Accessible Documents: https://www.nfb.org/images/nfb/products_technology/creating_accessible_documents.docx

- Alternative Text: https://www.webaim.org/techniques/alttext

- Top 10 Tips for Making Your Document Braille Ready: http://ruralinstitute.umt.edu/media-accessibility-resources/other-accessibility-information/preparing-word-documents-for-braille

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[16] Umeda, C. J., Fogelberg, D. J., Jirikowic, T., Pitonyak, J. S., Mroz, T. M., & Ideishi, R. I. (2017). Expanding the implementation of the Americans with Disabilities Act for populations with intellectual and developmental disabilities: The role of organization-level occupational therapy consultation. *American Journal of Occupational Therapy*, *71*(4), 7104090010p1–7104090010p6. https://doi.org/10.5014/ajot.2017.714001

- Layout Tables Example: Four Columns:
  https://html.cita.illinois.edu/style/layout/layout-example-four-cols.php

- Data Tables:
  https://www.webaccessibility.com/best_practices.php?technology_platform_id=329

- Best Practices: https://www.webaccessibility.com/best_practices.php

- Creating Accessible Microsoft Word Documents:
  https://webaim.org/techniques/word

- Fonts: https://webaim.org/techniques/fonts

- Use of Color for Inclusive Product Design: https://www.linkedin.com/pulse/use-color-inclusive-product-design-anthony-fernando

- Why All Designers Need to Understand Color Blindness:
  https://99designs.com/blog/tips/designers-need-to-understand-color-blindness

- U.S. Department of Health and Human Services document accessibility checklists: https://www.hhs.gov/web/section-508/making-files-accessible/index.html

- Creating Accessible Forms: https://webaim.org/techniques/forms

- Forms Tutorial: https://www.w3.org/WAI/tutorials/forms

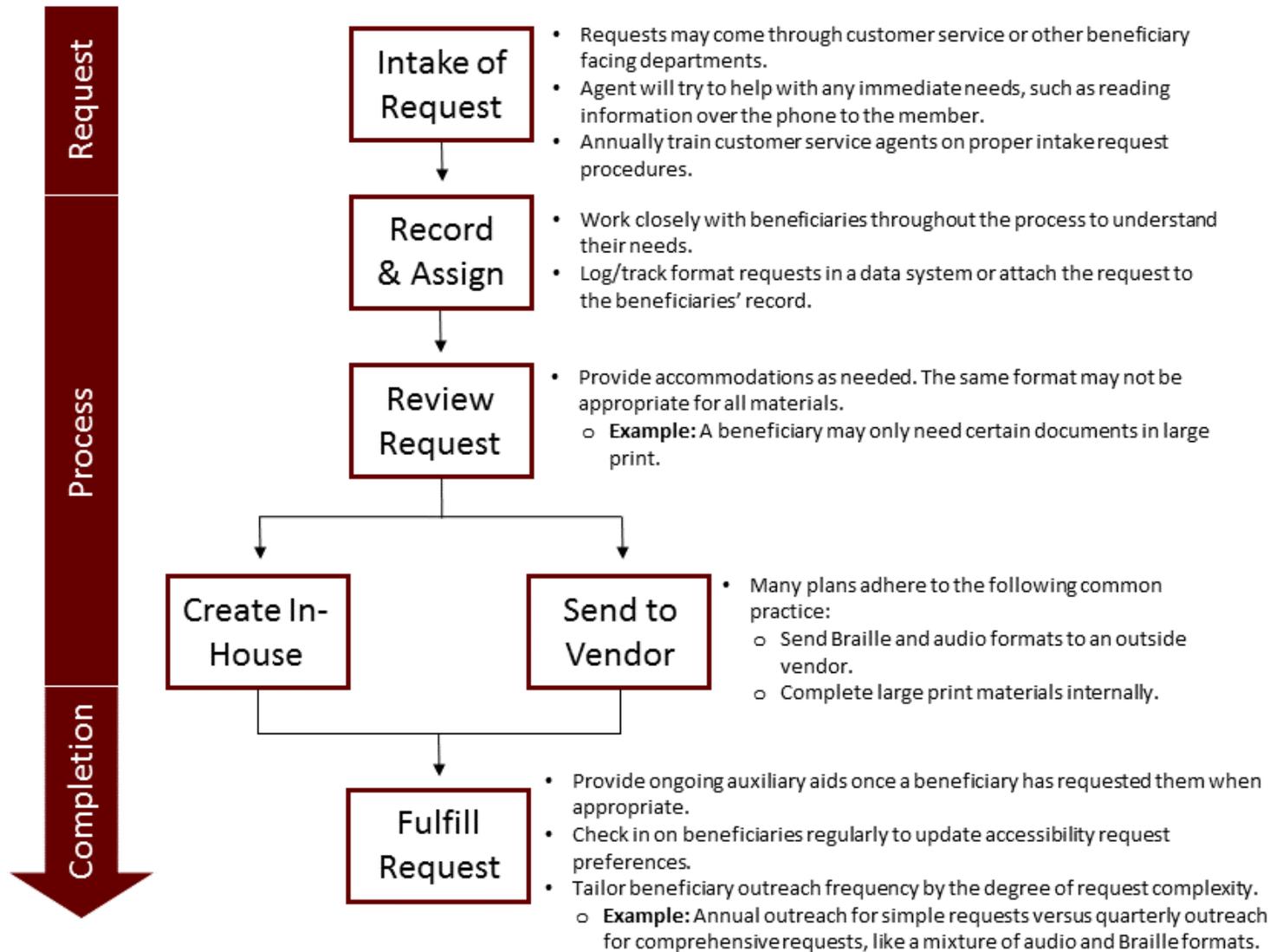- CAPTCHAs: https://www.w3.org/TR/UNDERSTANDING-WCAG20/text-equiv-all.html

GUIDELINES FOR ACCESSIBLE PRINT DOCUMENTS

The guidelines for accessible print documents are summarized in the following text.

Guidelines for Accessible Print Documents
Font
• Use 16-point font at minimum; 18- to 24-point font is preferable. • Use sans serif fonts such as Arial or APH (designed specifically for those with low vision). • Avoid decorative fonts, italics, or all caps font.
Layout and Paper Type
• Limit use of graphics with print. • Increase contrast (print text on a background with the highest possible contrast), i.e., light text on dark background. • Increase leading (space between lines of text) and tracking (space between letters).
Page Organization
• Use short and concise headings to provide a hierarchical structure to the document. • Limit number of heading levels used to six. • Use ordered (numbered) or unordered (bulleted) lists. • When using tables, provide a brief summary and row and column headers. • Ensure that content will be accessible and maintain the proper reading order if a screen access device is used.

Sources: Vision Aware. (n.d.). Tips for making print more readable. Retrieved from http://www.visionaware.org/media/VisionAware_2016_GS_PrintReadable_EN_Accessible_FINAL.pdf; National Federation of the Blind, Jernigan Institute. (2014, July). *Creating nonvisually accessible documents.* Retrieved from https://nfb.org/blog/creating-nonvisually-accessible-documents

SAMPLE WORKFLOW

Request

Intake of Request
- Requests may come through customer service or other beneficiary facing departments.
- Agent will try to help with any immediate needs, such as reading information over the phone to the member.
- Annually train customer service agents on proper intake request procedures.

Record & Assign
- Work closely with beneficiaries throughout the process to understand their needs.
- Log/track format requests in a data system or attach the request to the beneficiaries' record.

Process

Review Request
- Provide accommodations as needed. The same format may not be appropriate for all materials.
  - **Example:** A beneficiary may only need certain documents in large print.

Create In-House

Send to Vendor
- Many plans adhere to the following common practice:
  - Send Braille and audio formats to an outside vendor.
  - Complete large print materials internally.

Completion

Fulfill Request
- Provide ongoing auxiliary aids once a beneficiary has requested them when appropriate.
- Check in on beneficiaries regularly to update accessibility request preferences.
- Tailor beneficiary outreach frequency by the degree of request complexity.
  - **Example:** Annual outreach for simple requests versus quarterly outreach for comprehensive requests, like a mixture of audio and Braille formats.

Accessible Text for Sample Workflow Image

This diagram portrays a step-by-step process for how health plans could fulfill alternative format requests from beneficiaries with disabilities, from inception to completion. Best practices to be considered at each step of the process are also described.

1. **Intake of Request:** The process begins with plans receiving a request from a beneficiary for an alternative format or accessibility need. These requests may come through customer service or other beneficiary-facing departments, so annual training of customer service agents on proper intake requests and procedures can help to ensure that the beneficiary's request is triaged appropriately. If a customer service representative receives a request from a beneficiary over the phone, the agent should try to help with any immediate needs, such as reading information over the phone to the beneficiary.

2. **Record & Assign:** Following intake, it can be helpful to log or track a beneficiary's format request by entering the request in a data system or attaching it to the beneficiary's record.

3. **Review Request:** Before the aid or material is generated, requests should be reviewed for completeness and accuracy. It is important for plans to provide accommodations for the beneficiary as needed, because the same format may not be appropriate for all a beneficiary's materials. For example, a beneficiary may only need certain documents in large print.

4. **Create in House or Send to Vendor:** Depending on the type of material that has been requested, plans may opt to generate the material in house, or send it to an outside vendor to be developed. Many plans tend to send Braille and audio formats to an outside vendor and produce large-print materials internally.

5. **Fulfill Request:** To complete the workflow, once the requested material has been developed, it is delivered to the beneficiary. Even though the request has been fulfilled, plans should consider providing ongoing auxiliary aids, once a beneficiary has requested them, when appropriate. Additionally, plans can check in on beneficiaries regularly to update their accessibility request preferences and tailor beneficiary outreach frequency by the degree of request complexity. For example, plans could consider annual outreach for simple requests, versus quarterly outreach for comprehensive requests.