New York City Health + Hospitals Corporation

Oversight of Language Access Services

Report 2023-N-11 | November 2025

OFFICE OF THE NEW YORK STATE COMPTROLLER
Thomas P. DiNapoli, State Comptroller

Division of State Government Accountability

Audit Highlights

Objective

To determine if New York City Health + Hospitals Corporation is adequately serving the needs of individuals with Limited English Proficiency, complying with State regulations and local laws, and providing sufficient oversight of Language Access Services. The audit covered the period from January 2019 through December 2024.

About the Program

The New York City Health and Hospitals Corporation (H+H), a public benefit corporation created by the New York City (NYC) Health and Hospitals Corporation Act of 1969, is the nation's largest municipal public health care system. H+H includes 11 acute care hospitals, five post-acute/long-term care centers, and 30 community health centers (Gotham Health) located across NYC's five boroughs. H+H also provides medical services through programs such as ExpressCare, Correctional Health Services, Community Care, and Street Health Outreach & Wellness (SHOW) mobile units.

H+H's mission is to provide high-quality, compassionate, respectful, and dignified health care services to all New Yorkers regardless of income, gender identity, where they come from, what languages they speak or understand, or their immigration status. H+H provides comprehensive health care services to approximately 1 million New Yorkers annually.

Title 10, Section 405.7 of the New York Codes, Rules and Regulations (NYCRR) requires hospitals to develop a language assistance program to ensure meaningful access to the hospitals' services as well as reasonable accommodation for all patients who require language assistance or who exhibit Limited English Proficiency (LEP). Individuals are classified as having LEP if English is not their primary or preferred language and they encounter difficulties in communicating in English. For instance, hospitals must designate a language assistance coordinator, referred to as a language access coordinator, who reports to hospital administration and manages the provision of language assistance services—also referred to as Language Access Services (LAS). Hospitals must also post signage in public areas listing the availability of free LAS. The 2023 American Community Survey conducted by the U.S. Census Bureau estimates over 1.7 million NYC residents have LEP, speaking hundreds of languages.

H+H provides LAS in multiple languages and dialects through Telephonic or Over-the-Phone Interpretation (OPI), Video Remote Interpretation (VRI), Spoken/Sign Proximal or Face-to-Face Interpretation, and Translated signs and essential documents. In fiscal year 2024, in response to 2.6 million requests for LAS, H+H provided 35.6 million minutes of interpretation services in 255 languages and dialects at a cost of $24.1 million.

Key Findings

We identified numerous weaknesses in H+H's administration and operation of its LAS that led to non-compliance with relevant standards and regulations and other LAS issues.

- H+H did not provide adequate oversight of LAS data:
  - LAS data had discrepancies, including missing or mislabeled information such as facility name and cost.
  - H+H could not confirm that interpretation services for rarer languages were provided.

- H+H did not reconcile LAS data with billed invoices, and there are no standard review procedures for invoices.

- H+H has not fully adhered to the requirements of 10 NYCRR 405.7, which mandates an annual needs assessment to identify limited-English speaking groups and requires in-service training:
  - H+H failed to perform required annual LEP needs assessments for years 2019–2023, limiting H+H's insight into current demographic needs and trends of its LEP population.
  - Between 2019 and 2023, workers at Bellevue Hospital did not complete a total of 4,061 annually required LAS training sessions. H+H failed to provide training records for Woodhull and Harlem hospitals.
- H+H lacks a centralized list of qualified in-house interpreters and bilingual staff. At the facility or program level, facilities acknowledged they had no such listing, or they stated a list exists but either they failed to provide it or the available lists were outdated. Further, interpretation services by some bilingual staff were not reported in LAS data.
- H+H requires its facilities/programs to develop LAS policies for their staff. We found 29 facilities/programs had no LAS policies. For the 21 facilities/programs with policies, we found discrepancies between the H+H LAS guidelines, facility policies, and actual practice.
- We have no assurance that H+H manages and tracks translations of patient medical records, after-visit summaries, and discharge papers into different languages to ensure the accuracy of information in these documents for patients. Also, H+H could not confirm that patient calls lasting 2 hours were reviewed to determine reasons for the lengthy calls and if LAS services were properly provided.
- Bilingual and multilingual OSC auditors conducted an anonymous unannounced survey of H+H facilities and programs to test the availability of LAS, and encountered several barriers:
  - Instances where H+H staff did not attempt to connect callers to an interpreter or to provide information.
  - Difficulty in navigating H+H's automated call systems and voicemails, particularly for LEP patients.
  - Inability to access LAS through SHOW mobile units.
- H+H did not sufficiently manage contract payments:
  - From January 2022 to June 2024, H+H made $215,879 in overpayments to vendors for LAS. For example, some OPI services were billed at VRI rates, which are higher, and some services for Spanish were billed at higher "Other Languages" rates. One vendor was also paid at the higher rates from an earlier contract, instead of the new, lower contract rates.
  - H+H would have saved a total of $8,247,840 for fiscal years 2023 and 2024 had it negotiated or used vendors with lower per-minute contract rates.

Key Recommendations

- Develop procedures to ensure information for all LAS requests is reported. Conduct periodic reviews to ensure that the LAS data is complete and accurate and that services are rendered.
- Adhere to the requirements of 10 NYCRR 405.7, including ensuring that annual assessments of LEP needs are conducted and that staff complete all annual LAS trainings.

- Prepare and maintain centralized and facility listings of in-house interpreters and bilingual staff.
- Ensure all facilities/programs develop LAS policies and/or update established policies to align with H+H LAS guidelines.
- Ensure information in patient records is accurately translated into various languages.
- Review and maintain documentation for patient calls lasting over 2 hours.
- Establish procedures to improve patients' experience in accessing and navigating LAS call lines and LAS access in mobile van units (e.g., bilingual staff, OPI/VRI).
- Review records and recoup outstanding overpayments made to vendors, as appropriate.
- Establish procedures to ensure the most cost-effective LAS vendors are selected, based on negotiation or using vendors with lower per-minute contract rates.

Office of the New York State Comptroller
Division of State Government Accountability

November 25, 2025

Mitchell Katz, M.D.
President and Chief Executive Officer
New York City Health + Hospitals Corporation
50 Water Street
New York, NY 10004

Dear Dr. Katz:

The Office of the State Comptroller is committed to helping State agencies, public authorities, and local government agencies manage their resources efficiently and effectively. By so doing, it provides accountability for the tax dollars spent to support government operations. The Comptroller oversees the fiscal affairs of State agencies, public authorities, and local government agencies, as well as their compliance with relevant statutes and their observance of good business practices. This fiscal oversight is accomplished, in part, through our audits, which identify opportunities for improving operations. Audits can also identify strategies for reducing costs and strengthening controls that are intended to safeguard assets.

The following is a report of our audit entitled *Oversight of Language Access Services*. The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and pursuant to the New York City Health and Hospitals Corporation Act, as amended.

This audit's results and recommendations are resources for you to use in effectively managing your operations and in meeting the expectations of taxpayers. If you have any questions about this report, please feel free to contact us.

Respectfully submitted,

Division of State Government Accountability

Contents

Glossary of Terms

Term	Description	Identifier
H+H	New York City Health and Hospitals Corporation	*Auditee*
2016 LAG	Language Access Guidelines (2016)	*Policy*
2019 LAP	Language Access Plan (2019)	*Policy*
LAC	Language access coordinator	*Key Term*
LAS	Language Access Services/language assistance services	*Key Term*
LEP	Limited English proficiency	*Key Term*
MIST	Medical Interpreter Skills Training	*Key Term*
NYCRR	New York Codes, Rules and Regulations	*Regulation*
OPI	Over-the-Phone Interpretation	*Key Term*
SHOW	Street Health Outreach & Wellness	*Facility*
VRI	Video Remote Interpretation	*Key Term*

Background

The New York City Health and Hospitals Corporation (H+H), a public benefit corporation created by the New York City (NYC) Health and Hospitals Corporation Act of 1969, is the nation's largest municipal public health care system. H+H includes 11 acute care hospitals, five post-acute/long-term care centers, and 30 community health centers (Gotham Health) located across NYC's five boroughs (see Exhibit). H+H also provides medical services through programs such as ExpressCare, Correctional Health Services, Community Care, and Street Health Outreach & Wellness (SHOW) mobile units.

H+H's mission is to provide high-quality, compassionate, respectful, and dignified health care services to all New Yorkers regardless of income, gender identity, where they come from, what languages they speak or understand, or their immigration status. H+H provides comprehensive health care services to approximately 1 million New Yorkers annually.

Title 10, Section 405.7 of the New York Codes, Rules and Regulations (NYCRR) requires hospitals to develop a language assistance program to ensure meaningful access to the hospitals' services as well as reasonable accommodation for all patients who require language assistance or exhibit Limited English Proficiency (LEP). For instance, hospitals must designate a language assistance coordinator, also referred to as a language access coordinator (LAC), who reports to hospital administration and manages the provision of language assistance services—also referred to as Language Access Services (LAS). Hospitals must also post signage in public areas listing the availability of free LAS (see Figure 1).

Figure 1 – H+H poster of available interpretation services, Source: H+H

The 2023 American Community Survey (ACS) conducted by the U.S. Census Bureau estimates over 1.7 million NYC residents have LEP, speaking hundreds of languages (see Figure 2).

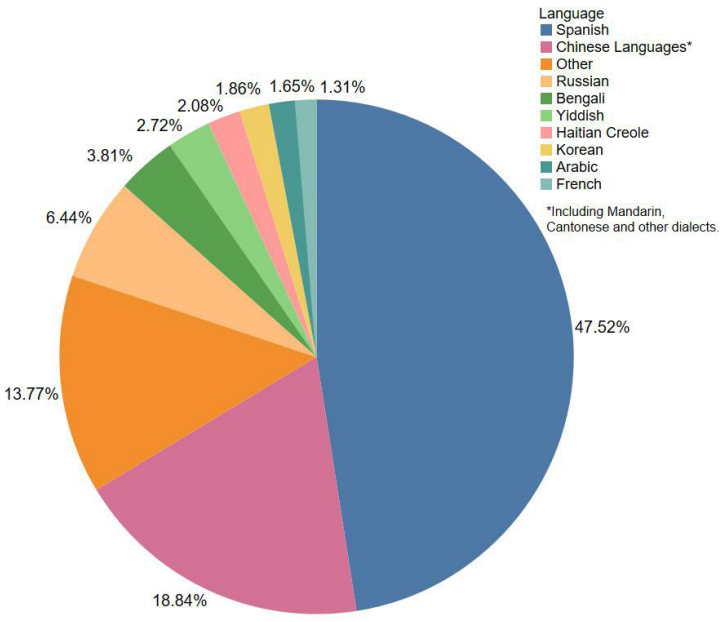

Figure 2 – Top 10 languages spoken by LEP individuals in New York City
Source: 2023 ACS 5-Year Data

H+H provides LAS in multiple languages and dialects through:

- Telephonic or Over-the-Phone Interpretation (OPI) – carried out remotely with an interpreter connected by telephone typically through a dual handset phone
- Video Remote Interpretation (VRI) – web-based service that connects with a video interpreter through a computer or mobile device so the patient and provider can see the interpreter and vice versa; includes sign language services
- Spoken/Sign Proximal or Face-to-Face Interpretation – provided in-person by a qualified interpreter; includes sign language services
- Translated signs and forms – essential documents pre-emptively translated into the most commonly used languages

Each fiscal year, H+H prepares an Interpretation Database Report. In fiscal year 2019, in response to 1 million LAS requests, H+H spent $10.2 million to provide 13.9 million minutes of interpretation services in 283 languages and dialects. In fiscal year 2024, in response to 2.6 million requests, H+H provided 35.6 million minutes of interpretation services in 255 languages and dialects at a cost of $24.1 million (see Table 1).

Table 1 – Requests for LAS

Fiscal Year	# of Requests for LAS	# of Languages and Dialects	Minutes of Interpretation Services
2019	1 million	283	13.9 million minutes
2020	1.1 million	261	14.5 million minutes
2021	1.4 million	264	18.6 million minutes
2022	1.6 million	244	23 million minutes
2023	2.1 million	279	28.5 million minutes
2024	2.6 million	255	35.6 million minutes

H+H offers the translation of essential documents and forms into 13 written languages understood by individuals with LEP. An individual is classified as having LEP if English is not their primary or preferred language and they encounter difficulties in communicating in English. The 13 languages are Albanian, Arabic, Bengali, French, Haitian Creole, Hindi, Korean, Polish, Russian, Spanish, Simplified Chinese, Traditional Chinese, and Urdu. H+H facilities may also translate documents into additional or less common languages based on local needs in the surrounding community.

H+H's 2019 Language Access Plan (2019 LAP) requires all H+H staff to provide timely LAS access to patients and their designated representatives who exhibit LEP. LAS is available at no cost to those individuals and should be available at all patient contact points, including inpatient and outpatient areas such as the main lobby, waiting rooms, and registration and intake areas during facility operating hours. Each facility must ensure that all employees understand language access policies and procedures, including how to identify people with LEP and to assist them

with accessing LAS. Training in these services is required during new employee orientation and as part of mandatory annual training. At the initial point of contact, such as the scheduling and registration process, staff must identify if patients have LEP and inform them of the availability of LAS.

During the period from January 2019 through October 2024, H+H contracted with 14 LAS vendors. Five of the 14 vendors provided OPI and VRI services and nine provided other interpretation and translation services such as Proximal, Sign Language, Medical Translation, Language Testing, and Communication Access in Real-Time Translation. Since November 2024, under new vendor contracts, H+H has just two vendors that provide OPI and VRI and only five vendors to provide other services (e.g., language proficiency assessments, interpreter skills training, on-site interpretation services). In addition to utilizing vendors, H+H hired in-house interpreters at four of its hospitals: Bellevue, Elmhurst, Harlem, and Lincoln.

H+H maintains a database for LAS data, which includes all requests for interpretation and the services provided—the facility name, type of interpretation requested, date and time of request, date and time service was provided, language, and interpreter ID as well as duration and costs. LAS data should also include supply failures (e.g., an interpreter for a language could not be found, a dropped call for VRI or OPI, cancellation of an in-person interpretation appointment).

The Office of the New York State Comptroller has developed a dashboard to supplement this report and provide a more visual and interactive experience.

Click on the image to view an interactive dashboard showing LEP populations by community district and H+H locations within those districts.

Audit Findings and Recommendations

H+H staff are required to provide timely access to LAS for patients and their designated representatives who exhibit LEP. However, we found numerous weaknesses in H+H's administration of LAS, including inadequate oversight of data, incomplete staff training, weak oversight of employees who provide in-house interpretations, missing and inconsistent facility-level LAS policies, and required annual LEP needs assessments not being conducted. Further, OSC's multilingual auditors conducted site visits to three hospitals and two Gotham Health Centers/community health centers. We also visited three SHOW mobile units and conducted an unannounced survey of H+H call lines. We found barriers to accessing LAS as well as a lack of strategies for evaluating and addressing these barriers. Additionally, we found $215,879 in overpayments to vendors and at least $8,247,840 in potential cost savings if lower-cost LAS vendors had been used. Moreover, certain reviews and analysis could not be completed due to H+H's failure to provide the requested information.

Inadequate Oversight of LAS Data

Discrepancies in LAS Data

H+H requires vendors and hospitals with in-house interpreters to submit monthly LAS data. However, H+H does not have a sufficient review process to verify the accuracy of LAS data. H+H's IT Unit consolidates LAS data submission and flags basic data entry errors (e.g., missing column headers, incomplete duration and cost fields, and missing or incorrect facility names). For errors it cannot resolve, it alerts the Director of LAS, who informs the vendor or facility. However, there is no follow-up by H+H to ensure corrections are made, nor is there further review to confirm the LAS data is accurate.

H+H provided us with two LAS datasets: raw data from vendors and final data from the IT Unit. We judgmentally selected 10 months of LAS final data from January 2022 through June 2024 to compare with the corresponding raw data. Despite some corrections made by the IT Unit, we found the final LAS dataset still contained many of the same discrepancies seen in the raw data. H+H officials could not explain the reasons for many of the discrepancies. This is an indication that their review process is inadequate. As a result, we can't confirm that H+H adequately ensures the accuracy of its LAS data.

Vendors must report supply failures; however, we identified a major OPI vendor that reported no instances of supply failure in the LAS data we reviewed for January 2022 through June 2024. It is unlikely this vendor had a 100% fulfillment rate over this nearly 3-year period. H+H officials could not explain why supply failure data was missing for this vendor and insisted it was insignificant, despite this vendor receiving 73% of all H+H's OPI requests in the first 6 months of 2024 and being awarded a new contract in November 2024. Also, this vendor is now H+H's primary LAS provider, which makes H+H's lack of knowledge and oversight of this vendor's supply failure concerning.

In addition, during site visits and invoice reviews, we found instances where facilities and programs that use LAS were either missing from or mislabeled in the LAS data. H+H expressed that variations in facility or program names in the LAS data or the absence of facilities altogether are insignificant because these issues mainly apply to smaller facilities/programs. However, LAS data is the only consolidated record that is accessible for review. Incomplete or inaccurate data entries in the LAS data would make it difficult for H+H to verify that all public-facing facilities and programs have access to LAS as required by State regulations. As explained below, during our survey of facilities and programs, we found sites that did not have access to LAS. Additionally, H+H is an extensive system serving all of NYC, and the LEP needs of its population must be met and should be reflected in the LAS data.

Potential Unrendered LAS

OPI and VRI are typically provided on demand. However, access to rarer languages can have longer waiting times because fewer interpreters are available for those languages. One OPI vendor has the option to schedule interpretation services for less common languages such as Afghan, Fulani, Georgian, Hungarian, and Wolof. However, our review of LAS data from July 2023 through June 2024 showed services for these languages included all required information (e.g., date, facility, interpreter ID, and duration) except costs. H+H officials claimed these costs are recorded separately in the LAS data, but we could not locate them and H+H officials were unable to show them to us. As a result, we cannot verify the costs of these services or confirm they were rendered to meet the need for rarer languages.

No Reconciliation of LAS Data to Invoices

H+H does not reconcile LAS data with invoices or have standard invoice review procedures. H+H officials stated invoices are sent directly to facilities and each facility is responsible for its own bills—they do not go through H+H's Central Office. Officials also stated LAS data is not used for billing. However, because the data reflects the services provided, it should align with invoice details, such as costs. This lack of oversight contributed to overpayments to vendors, as discussed later in this report.

Lack of Annual Needs Assessments

Pursuant to 10 NYCRR 405.7, H+H is required to conduct an annual needs assessment to identify limited English-speaking groups constituting more than 1% of the total hospital service area population. An annual needs assessment is a comprehensive review of LAS and LEP needs, which should draw information from wider census and hospital data to inform and evaluate actions for LAS, such as determining what language translations are most needed. However, H+H has not conducted annual assessments for the years 2019 through 2024. Moreover, H+H LAS policies are silent on the requirement of an annual needs assessment. Therefore, we have no assurance that H+H's LAS program evaluates the current demographics and trends and reflects the current needs of its diverse LEP population.

Missed LAS Training and In-House Interpreter Issues

10 NYCRR 405.7 requires ongoing education and training on culturally and linguistically competent service delivery for all clinical, administrative, and other employees who are public facing (i.e., anyone who is intended to be seen by, interact with, or used by the general public, as opposed to being internal or behind the scenes). H+H's system-wide policies specifically require all staff to complete annual training on LAS regardless of whether they are contingent (temporary), non-public facing, or public facing.

To ensure meaningful access to hospital services, State regulations also require the management of the resource of skilled interpreters and regular availability of translations of commonly used forms and instructions. However, we found weaknesses such as incomplete LAS training and poor oversight of bilingual staff—all of which can hinder meaningful LAS for NYC residents and visitors. We also conducted an anonymous survey by multilingual OSC auditors and found some H+H facilities and programs are inaccessible to LEP clients. Barriers to accessing LAS included staff who did not attempt to provide an interpreter or who did not have access to LAS.

Incomplete LAS Training

We requested the training records for Bellevue, Harlem, and Woodhull hospital staff for our audit scope period. Despite multiple requests, H+H failed to provide training records for Harlem and Woodhull hospitals. Therefore, we have no assurance that staff at those facilities have completed the required LAS training. We reviewed the training records provided for Bellevue Hospital and found that a total of 4,061 LAS trainings sessions were not completed during 2019–2023. Incomplete LAS training by contingent or temporary staff made up 86% of all incomplete LAS training (see Table 2).

Table 2 – Bellevue Hospital Training Records, 2019–2023

	Incomplete Number of Sessions			Complete Number of Sessions		
Years	**Contingent Workers**	**Full-Time Employees**	**Totals**	**Contingent Workers**	**Full-Time Employees**	**Totals**
2019	885	76	961	840	2,420	3,260
2020	493	41	534	1,467	2,739	4,206
2021	562	162	724	1,729	2,964	4,693
2022	674	162	836	2,582	3,869	6,451
2023	869	137	1,006	3,633	4,901	8,534
Totals*	**3,483**	**578**	**4,061**	**10,251**	**16,893**	**27,144**

*The column totals do not represent unique individual employees, as staff could be counted in multiple years.

H+H staff who do not complete LAS training are likely to be uninformed of available LAS resources and the procedures for providing LAS. Without adequate interpretation services, communicating with an LEP patient and understanding their needs would be difficult and could lead to negative consequences affecting their well-being and care. H+H officials explained that the annual LAS training is not the only LAS-related training or resource provided to staff; however, we have not been provided with any other training records.

Insufficient Management of Personnel Providing LAS Interpretations

While H+H uses vendors to provide LAS services to patients, it also has bilingual employees who perform interpretations for patients. In 2020, H+H implemented the Medical Interpreter Skills Training (MIST) program, which involves current bilingual staff taking 40 hours of coursework and a proficiency assessment qualifying them to provide clinical interpretation for patients. According to H+H officials, staff who complete the MIST training may be assigned to work in different H+H facilities or departments and, although they are not tracked or monitored by H+H's Central Office (e.g., centralized listing), the LACs are aware of the MIST-qualified staff at their respective facilities. However, during our visits to Bellevue and Woodhull hospitals, the LACs at these hospitals stated they did not know the number of MIST-qualified staff working at their facilities and do not maintain a facility listing of MIST-qualified staff. Conversely, the LAC at Harlem Hospital stated a list of the MIST-qualified staff is maintained and it is reviewed and updated twice each year. However, on request, H+H officials failed to provide a copy of the list for Harlem Hospital.

In addition, we found that interpretation services provided by MIST-qualified staff are not reported in LAS data and are only recorded in individual patient medical records. Because LAS data reports cannot be generated from individual patient records, H+H risks the underreporting of services by excluding MIST interpretation services from the LAS data. Without adequate monitoring of the locations of MIST-qualified interpreters and the lack of their services in the LAS data, it is unclear how H+H evaluates the effectiveness and impact of the MIST program.

Besides the MIST program, some H+H hospitals employ in-house interpreters who provide in-person interpretation, and their services are reported in the LAS data. H+H provided us with a list indicating five such hospitals—Bellevue, Harlem, Elmhurst, Lincoln, and Woodhull—as well as information about the interpreters. We requested the credentials for a sample of in-house interpreters working at these hospitals to determine their qualifications and ability to provide LAS. However, H+H failed to provide this information. Additionally, while Woodhull Hospital is listed by H+H as having in-house interpreters, we found that it actually does not. Similarly, during our site visit to Bellevue Hospital, we found the listed American Sign Language in-house interpreter was no longer working there. Outdated facility and staff listings of in-house interpreters would inaccurately depict the LAS resources available and could obscure staffing shortages and needs.

Other Issues

Missing and Inconsistent Policies for LAS

While H+H provides system-wide guidance regarding LAS through its 2019 LAP and 2016 Language Access Guidelines (2016 LAG), it delegates the development of facility-specific policies to those facilities. We requested all LAS policies in use for the 50 facilities/programs (11 hospitals, five long term-care centers, 30 Gotham Health Centers, and four programs); however, we found 29 facilities/programs did not have established LAS policies. For the remaining 21 facilities/programs for which LAS policies were provided, we found high inconsistency between policy updates, ranging from 3 months to over 21 years.[1]

We also found discrepancies between H+H's system-wide guidelines, facilities' policies, and actual practice. For example, while the 2019 LAP, 2016 LAG, and Gotham Health's Policy and Procedure for Language Services state that bilingual providers can speak directly to patients in a common language after completing a self-attestation of language fluency, the Director of LAS advised that H+H stopped accepting self-attestations and promotes only the MIST program. However, the system-wide policies have not been updated to reflect this change. Some facility-level policies, such as the LAS policy for Gouverneur (a skilled nursing facility), allow clinical staff members who are fluent in a language to speak directly to a patient, without mentioning self-attestation or the MIST program. H+H lacks procedures for how facilities' policies should be reviewed and updated. Due to the inconsistent nature of H+H's LAS policies, we have no assurance that policies are properly reviewed to guide staff in serving all LEP patients.

No Assurance on the Accessibility of Translations and Resolution of Issues

Officials at Bellevue Hospital informed us that an Electronic Patient Information Center system can provide patient medical records, after-visit summaries, and discharge papers in 20 languages,[2] which are translated by a third-party vendor. We asked to review standard samples of these documents, excluding identifiable personal health information, in at least English, Spanish, and Chinese languages; however, H+H failed to provide them. Therefore, we have no assurance that H+H manages and tracks translations to ensure the accuracy of information and accessibility of these documents for patients.

During site visits to three hospitals and two community health centers, we experienced staff's procedures for identifying LEP needs and the interpretation services provided through equipment such as tablets for VRI and dual phone splitters for OPI. The Director of LAS stated that if a call is not answered within 2 minutes

1 Coler's current LAS policy is dated 6/20/2018 and replaced the 3/19/2018 policy; Kings County's current LAS policy is dated 7/1/2018 and replaced the 1/1/1997 policy.

2 Albanian, Arabic, Bengali, Cantonese, Dutch, English, French, German, Haitian Creole, Haitian NOS, Hindi, Korean, Mandarin, Polish, Portuguese, Russian, Spanish, Tagalog, Urdu, and Vietnamese

by the primary OPI vendor, it automatically rolls to the backup vendor. However, at Woodhull Hospital, one of our bilingual auditors tested OPI access for Cantonese at the reception desk and found that the call did not automatically roll to the backup vendor after 2 minutes. Rather, the call took 7 minutes to connect to an interpreter. H+H officials also explained that, where staff cannot identify a patient's language, they can call the vendor's customer service line and the live operator will assist in identifying the patient's language and transfer the call to the appropriate interpreter. We conducted a test call with the assistance of H+H officials and were unsuccessful in connecting to a live operator.

H+H has insufficiently monitored controls for ensuring access to LAS. Further, it did not provide any timely and meaningful solutions for addressing these challenges, which can complicate and prolong the process of accessing LAS.

Extended LAS Calls

During the period from January 2024 through June 2024, there were 973 LAS telephone calls that each lasted over 2 hours. H+H officials stated that the Director of LAS meets with the vendors quarterly to review calls that lasted over 2 hours. However, H+H does not maintain a record of these meetings; therefore, we were unable to confirm that these lengthy calls were reviewed.

OSC LAS Survey

To further assess the availability and efficiency of LAS provided by H+H, we conducted an anonymous unannounced survey of a judgmental sample of H+H facilities and programs across all five boroughs. Our survey entailed telephone calls and visits to SHOW mobile vans by bilingual and multilingual OSC auditors who attempted to receive interpretation services and basic program information (see Tables 3 and 4). The survey was conducted in July, August, November, and December 2024. The surveyors contacted H+H programs and spoke a non-English language or minimal English to experience, as closely as possible, what an LEP individual experiences when trying to access LAS. In total, 20 auditors, speaking 15 different languages and dialects,[3] participated in the survey.

Table 3 – LAS Survey: Telephone Calls to Facilities

Program	Location	Languages
Post-Acute/Long-Term Care Centers	Sea View (Staten Island)	Haitian Creole, Mandarin, Punjabi, Russian, Spanish, Sicilian
	Gouverneur (Manhattan)	Hindi, Mandarin, Polish, Tagalog, Yoruba
Gotham Health Centers	Jackson Heights (Queens)	Cantonese, French Creole, Mandarin, Spanish, Ukrainian, Yoruba
	Cumberland (Brooklyn)	Chinese, Punjabi, Russian, Sicilian, Spanish
Hospitals	North Central Bronx	Chinese, French Creole, Yoruba
	Queens	French, Haitian Creole, Polish, Russian, Sicilian, Spanish

3 Cantonese, Chinese dialects (Taishanese), French, French Creole, Haitian Creole, Hindi, Mandarin, Polish, Punjabi, Russian, Sicilian, Spanish, Tagalog, Ukrainian, and Yoruba

Table 4 – Visits to SHOW Program Mobile Van Units*

Location	Languages
Grand St. between Forsyth St. and Chrystie St. (Lower East Side)**	Chinese, Tagalog
Mount Morris Park West and W. 124th St. (East Harlem)	Chinese, Spanish
Hart St. between Broadway and Stuyvesant Ave. (Bedford-Stuyvesant)	Chinese, Spanish

*H+H operates a SHOW program that brings mobile health and social services to unsheltered NYC residents.
**This location was in operation at the time of the audit survey, but is no longer running.

Auditors made more than 55 telephone calls to six facilities—two post-acute/long-term care centers, two Gotham Health Centers, and two hospitals. On 12 calls, auditors were provided with an interpreter and received the basic program information they had asked for. However, on 43 calls, auditors encountered barriers in accessing information, as follows:

- H+H staff failed to connect 16 calls to an interpreter or provide information. H+H staff hung up on several auditors without explanation, even if auditors notified staff they needed an interpreter. In some cases where an interpreter was connected to the call, H+H staff would interrupt the interpreter or refuse to provide the basic information the auditor asked for.
- H+H's automated call systems and voicemails were difficult to navigate on 16 calls and 11 other calls were disconnected abruptly. The automated message for H+H's general line is a loop with a message repeated in nine languages, but the "other" option is invalid and there is no option to leave a voicemail. Auditors found the message looped two to four more times, and then the call ended without connecting to a live operator. For some facilities that have their own phone number, even when auditors spoke one of the available language options, they still found the system to be complicated and the call was often disconnected in the end. Additionally, some facilities had no option to leave a voicemail or only had prompts in English and Spanish.

In response, H+H officials requested documentation of the calls made for our LAS survey. Except for the names of the employees we spoke with, we provided H+H with the requested information (e.g., facility, date, and time). However, H+H officials stated that, without names, they cannot verify the calls took place, and declined to address any of the issues listed above. It is important to note that H+H does not conduct a risk assessment of potential barriers to accessing LAS at the facilities. Further, H+H could be proactive and perform a survey similar to the one we conducted to make its own conclusions and hence make changes to improve access. Without identifying any barriers, LEP individuals may face challenges to accessing LAS that are not recognized by H+H.

Auditors also visited three SHOW mobile units (see Figure 3) in operation at the time. We found none of the three had access to LAS (e.g., VRI, OPI).

Figure 3 (*above*) – SHOW mobile van
Figure 4 (*right*) – Poster at the Lower East Side SHOW unit

At the time of our visits, the East Harlem and Lower East Side locations in Manhattan had bilingual staff who could speak fluent Spanish but said they did not have access to interpretation tool(s) for assisting NYC residents who spoke another language. The Bedford-Stuyvesant location had no bilingual staff. We also found that, while the Lower East Side location had a signboard stating “We speak your language” in Chinese (see Figure 4), the staff said they only spoke English and Spanish and that Chinese was not available. On a visit to the same Lower East Side location on another date, H+H staff used Google Translate to assist an auditor who spoke Tagalog. However, there were misinterpretations that could have been avoided if the staff at the SHOW mobile units had access to OPI/VRI.

Overpayments and Potential Cost Savings

Overpayments to Vendors

H+H’s LAS contracts state the vendor must provide services at the rates set forth in the contracts. However, after reviewing invoices, we found instances where H+H did not pay vendors at approved contract rates, resulting in overpayments totaling $215,879 to four of the five OPI/VRI vendors from January 2022 through June 2024 on a total of approximately 5.5 million LAS requests (see Table 5).

Table 5 – Overpayments for OPI and VRI

	Jan–Dec 2022	Jan–Dec 2023	Jan–June 2024	Totals
Number of requests (based on invoices)	1,789,613	2,300,411	1,410,944	**5,500,968**
Invoice amount per contract	$16,508,998	$21,415,402	$12,424,859	**$50,349,259**
Amount paid	$16,627,575	$21,461,397	$12,476,166	**$50,565,138**
Overpayments	$118,577	$45,995	$51,307	**$215,879**

These overpayments occurred because H+H did not review and reconcile the LAS data. Therefore, H+H paid these four vendors at rates that deviated from the contracts. For example, some OPI services were billed at VRI rates, which are higher, and some services for Spanish were billed at higher "Other Languages" rates. Moreover, we found H+H paid one vendor at the higher rates from an earlier contract, instead of the new, lower contract rates. We initially identified $910,303 in overpayments and informed H+H's officials of this in a preliminary report. H+H subsequently reviewed and provided invoices to support $694,424 of the $910,303. However, $215,879 in overpayments remained. Furthermore, we were unable to determine if there were additional overpayments because H+H officials failed to provide the requested LAS data for one vendor for February 2024 and for all vendors from July 2024 to November 2024. H+H officials acknowledged the overpayments and advised they were due to inconsistent billing practices. However, they also asserted the dollar amount of overpayments we identified was insignificant. It's important that H+H perform reconciliations of LAS data and invoices as this ensures accuracy and detects errors, ultimately minimizing overpayments of any amount to vendors.

Potential Cost Savings

According to H+H's 2018 Request for Proposals, the Evaluation Committee shall evaluate proposals and (1) award a contract based on initial proposals from all or a "short list" of proposers; or (2) conduct negotiations with all or a "short list" of proposers. However, we found H+H did not use the most cost-effective vendors for LAS, and identified a total of $8,247,840 in potential cost savings for 2023 and 2024. Facility management or the LACs had no selection guidelines and often selected higher-cost vendors, even though H+H asserted all five offered similar services.

For fiscal years 2023 and 2024, we compared the rates for the five vendors that provided OPI/VRI services and found the rates varied despite offering similar services. Based on our analysis, H+H could have potentially saved at least $8,247,840 for fiscal years 2023 and 2024 if it had used the OPI/VRI vendor with the lowest per-minute contract costs instead of vendors that had higher per-minute contract costs (see Table 6). We could not calculate potential savings for fiscal years 2019 through 2022 due to missing records.

Table 6 – Potential Cost Savings for Fiscal Years 2023 and 2024

Potential Cost Savings	FY 2023 (Jul 2022-Jun 2023)	FY 2024 (Jul 2023-Jun 2024)	Totals
OPI - Spanish	$2,541,467	$1,644,692	$4,186,159
OPI - All Other Languages	875,112	1,106,603	1,981,715
VRI	1,099,782	980,184	2,079,966
Totals	**$4,516,361**	**$3,731,479**	**$8,247,840**

As noted, since November 1, 2024, H+H contracted with just two vendors for OPI/VRI, with the primary vendor being the one offering the lowest per-minute costs.

Recommendations

1. Develop procedures to ensure information for all LAS requests is reported. Conduct periodic reviews to ensure that the LAS data is complete and accurate and that services are rendered.
2. Adhere to the requirements of 10 NYCRR 405.7, including ensuring that annual assessments of LEP needs are conducted and that staff complete all annual LAS trainings.
3. Prepare and maintain centralized and facility listings of in-house interpreters and bilingual staff.
4. Ensure all facilities/programs develop LAS policies and/or update established policies to align with H+H LAS guidelines.
5. Ensure information in patient records is accurately translated into various languages.
6. Review and maintain documentation for patient calls lasting over 2 hours.
7. Establish procedures to improve patients' experience in accessing and navigating LAS call lines and LAS access in mobile van units (e.g., bilingual staff, OPI/VRI).
8. Review records and recoup outstanding overpayments made to vendors, as appropriate.
9. Establish procedures to ensure the most cost-effective LAS vendors are selected, based on negotiation or using vendors with lower per-minute contract rates.

Audit Objective, Scope, and Methodology

The objective of this audit was to determine if H+H is adequately serving the needs of individuals with LEP, complying with State regulations and local laws, and providing sufficient oversight of LAS. The audit covered the period from January 2019 through December 2024.

To accomplish our objective and evaluate internal controls, we interviewed H+H officials, including facility-level staff, LACs, and IT Unit staff. We also reviewed relevant laws and regulations, H+H procedures and policies, vendor contracts, LAS training records, etc. to support our conclusions. As part of our audit procedures, the audit team used data visualization software to enhance understanding of our report (see Figure 2 as well as our interactive maps linked in the Background).

We used a non-statistical sampling approach to provide conclusions on our audit objectives and to test internal controls and compliance. We judgmentally selected different samples to review H+H's oversight of LAS. Because we used a non-statistical sampling approach, the results of our judgmental samples cannot be projected to the respective populations. Our samples, which are discussed in detail in the body of our report, include:

- A judgmental sample of 10 months of the 30 months of LAS data H+H officials were able to provide (January 2022 through June 2024), selecting one month from each quarter, to assess H+H oversight of LAS data collection.
- A judgmental sample of 3 of 11 hospitals selected based on population served and location, to review LAS training records.
- A judgmental sample of 2 of 5 hospitals listed as employing in-house interpreters, to determine their qualifications. (We subsequently determined that only four of the five hospitals were, in fact, employing in-house interpreters.)
- A judgmental sample of 5 of 46 H+H facilities (3 hospitals and 2 community health centers) based on LAS demand to verify compliance with LAS requirements and effectiveness of LAS operations.
- A judgmental sample of 6 of 46 H+H facilities based on type of program and location to test whether LEP individuals who called the facilities were given access to LAS.
- A judgmental sample of 3 of 9 SHOW mobile vans in operation at the time of our visits based on location to test whether LEP individuals seeking service were given access to LAS.
- A judgmental sample of 12 months of the 30 months of LAS data H+H officials were able to provide (January 2022 through June 2024), selecting one quarter from each of four facilities to review all invoices submitted during that month to reconcile with the LAS data.

As discussed in our report, H+H officials were unable to provide the requested supporting records for several of the samples listed above. In addition, we requested lists of MIST-qualified staff interpreters at the three hospitals we selected for review of training records (to verify MIST qualifications) and of translated medical records (to verify accuracy of translations) but were not provided with those lists and so were

unable to select any samples. The failure of H+H officials to provide the requested information is further evidence of H+H's poor oversight of LAS.

We assessed the reliability of the data by reviewing existing information and interviewing officials knowledgeable about the information in the various systems. We determined that the data from these systems were sufficiently reliable for the purposes of this report. Certain other data in our report was used to provide background information. Data that we used for this purpose was obtained from the best available sources, which were identified in the report. Generally accepted government auditing standards do not require us to complete a data reliability assessment for data used for this purpose.

Statutory Requirements

Authority

The audit was performed pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and pursuant to the New York City Health and Hospitals Corporation Act, as amended.

We conducted our performance audit in accordance with generally accepted government auditing standards. These standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objective. We believe that the evidence obtained during our audit provides a reasonable basis for our findings and conclusions based on our audit objective.

As is our practice, we notify agency officials at the outset of each audit that we will be requesting a representation letter in which agency management provides assurances, to the best of their knowledge, concerning the relevance, accuracy, and competence of the evidence provided to the auditors during the course of the audit. The representation letter is intended to confirm oral representations made to the auditors and to reduce the likelihood of misunderstandings. Agency officials normally use the representation letter to assert that, to the best of their knowledge, all relevant financial and programmatic records and related data have been provided to the auditors. They affirm either that the agency has complied with all laws, rules, and regulations applicable to its operations that would have a significant effect on the operating practices being audited, or that any exceptions have been disclosed to the auditors. Although H+H officials provided a representation letter, it did not include confirmation that H+H complied with all aspects of contractual agreements and with all applicable laws, rules, and regulations that would have a significant effect on our audit of LEP in the event of non-compliance. Therefore, we cannot be certain that H+H has complied with contracts and with applicable laws, rules, and regulations related to LEP, nor that they have notified us of any significant instances of non-compliance.

Reporting Requirements

A draft copy of this report was provided to H+H officials for their review and comment. Their comments were considered in preparing this final report and are attached in their entirety at the end of the report. H+H officials generally disagreed with the report's recommendations and indicated actions they have taken or will take to implement them. We address certain of their remarks in our State Comptroller's Comments, which are embedded within their responses.

Within 180 days after final release of this report, as required by Section 170 of the Executive Law, the President and Chief Executive Officer of New York City Health + Hospitals shall report to the Governor, the State Comptroller, and leaders of the Legislature and fiscal committees, advising what steps were taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons why.

Exhibit

H+H Facilities

Facility Type	Facility Name	Borough
Hospitals	H+H Bellevue	Manhattan
	H+H Elmhurst	Queens
	H+H Harlem	Manhattan
	H+H Jacobi	Bronx
	H+H Kings County	Brooklyn
	H+H Lincoln	Bronx
	H+H Metropolitan	Manhattan
	H+H North Central Bronx	Bronx
	H+H Queens	Queens
	H+H Ruth Bader Ginsburg	Brooklyn
	H+H Woodhull	Brooklyn
Long-Term Care Centers	H+H Carter	Manhattan
	H+H Coler	Manhattan
	H+H Gouverneur*	Manhattan
	H+H McKinney	Brooklyn
	H+H Sea View	Staten Island
Gotham Health Centers	H+H Bedford	Brooklyn
	H+H Belvis	Bronx
	H+H Broadway	Brooklyn
	H+H Brownsville	Brooklyn
	H+H Bushwick	Brooklyn
	H+H Crown Heights	Brooklyn
	H+H Cumberland	Brooklyn
	H+H Dyckman	Manhattan
	H+H East New York	Brooklyn
	H+H Fort Greene**	Brooklyn
	H+H Gouverneur	Manhattan
	H+H Greenpoint	Brooklyn
	H+H Gun Hill	Bronx
	H+H Jackson Heights	Queens
	H+H Jonathan Williams	Brooklyn
	H+H Judson	Manhattan
	H+H Lefrak	Queens
	H+H Morrisania	Bronx
	H+H Parsons	Queens
	H+H Ridgewood	Queens
	H+H Roberto Clemente Center	Manhattan
	H+H Roosevelt	Queens
	H+H South Queens	Queens
	H+H Springfield Gardens	Queens
	H+H St. Nicholas	Manhattan
	H+H Sydenham	Manhattan
	H+H Tremont	Bronx
	H+H Vanderbilt	Staten Island
	H+H Williamsburg	Brooklyn
	H+H Woodside	Queens

*Gouverneur is both a long-term care facility and a Gotham Health Center.
**According to H+H's website, Fort Greene closed in August 2024.

NYC HEALTH + HOSPITALS

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Mr. Kenrik Sifontes, Audit Director
Office of the State Comptroller 59 Maiden Lane
New York, NY 10038

September 25, 2025

Re: Audit Report 2023-N-11 – Oversight of Language Access Services

Dear Mr. Sifontes:

On August 21, 2025, the Office of the State Comptroller (the "OSC") submitted its draft audit report (the "Draft Report") based on your review of NYC Health + Hospitals' oversight of Language Access Services (LAS). As requested in the Draft Report, this letter serves as NYC Health + Hospitals' response to the Draft Report. All capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Draft Report. NYC Health + Hospitals' response identifies areas of disagreement with the stated conclusions that the OSC issued in its Draft Report (the "OSC Findings") and provides the basis for the disagreement.

During fiscal year 2024, NYC Health + Hospitals provided more than 35 million minutes of interpretation services in 255 languages. The volume of interpretation services provided demonstrates not only how much NYC Health + Hospitals prioritizes the provision of LAS, but also the trust that its Limited English Proficiency (LEP) patients have in the system given that they continue to come to the system's facilities for medical treatment in their preferred language.

State Comptroller's Comment – Volume of interpretation service is an output metric reflecting only the quantity of services provided; it is not an outcome metric, which would measure the effectiveness of that work—H+H is incorrectly equating the two.

NYC Health + Hospitals takes issue with the following *OSC findings* and responds as detailed below:

OSC Findings - "Inadequate Oversight of LAS Data"

- *H+H did not provide adequate oversight of LAS data:*
  - *LAS data had discrepancies, including missing or mislabeled information such as facility name and cost.*
  - *H+H could not confirm that interpretation services for rarer languages were provided.*
  - *H+H did not reconcile LAS data with billed invoices, and there are no standard review procedures for invoices.*

The auditors had requested that NYC Health + Hospitals provide raw data for review. This raw data originated from NYC Health + Hospitals' vendors and details all LAS transactions made for a particular

period and had not been further reviewed by NYC Health + Hospitals to correct for discrepancies. In general practice, NYC Health + Hospitals imports such raw data from its vendors into its own system where many discrepancies are identified and corrected. The discrepancies cited by the auditors contained in the raw data set provided included items such as varying facility names. An example of this was the use of the label HHC-South Brooklyn in comparison to Coney Island Hospital. These names refer to the same facility that recently underwent a legal name change. Another example discrepancy cited is the use of the language label Mandarin/Chinese and the use of the language label Chinese/Mandarin elsewhere. These cited discrepancies that remained in the data provided to the auditors are minimal and expected given the size of the data set. Moreover, the Draft Report does not indicate that any such discrepancy would have a significant impact on the efficient operation of the LAS program or on any actionable insights that could be derived from the data.

State Comptroller's Comment – H+H officials are mistaken. As stated on page 10 of our report, the discrepancies we identified are the errors that remained after H+H's review of the LAS raw data. Additionally, the examples cited by H+H were selectively chosen from the numerous discrepancies identified and downplay the broader pattern of errors. Nonetheless, even the errors cited are an issue when conducting data analytics, as variation in names leads to inconsistent, inaccurate, and duplicated records, which ultimately corrupts the analysis. Without proper data cleaning, variation in names prevents analysts from accurately matching and counting individual entities, skewing results. Moreover, such inaccuracies, coupled with incomplete LAS data, limit H+H's ability to verify that all public-facing facilities and programs have access to LAS and make it difficult to identify the unique LAS needs of each area and H+H's entire patient population.

NYC Heath + Hospitals is unaware of the basis of OSC's statement that "H+H could not confirm that interpretation services for rarer languages were provided" given that documentation pertaining to the provision of LAS for rarer languages was provided to OSC auditors on numerous occasions.

State Comptroller's Comment – Our review of the data H+H officials provided found that not all cost data was provided for the rarer languages. Without appropriate cost data, we cannot verify that the services were delivered as agreed upon.

It is worth noting that during FY 2024, there were only three documented cases in which interpretation for a particular language was unavailable when it was sought. NYC Health + Hospitals provided the auditors with a listing of all languages for which NYC Health + Hospitals provided interpretation services. As indicated in OSC's Draft Report, NYC Health + Hospitals provided services in 255 languages in FY 2024.

As to the Draft Report's finding that NYC Health + Hospitals did not conduct billed invoice reviews during the audit period, NYC Health + Hospitals reported to the auditors that as of November 2024, NYC Health + Hospitals developed a centralized invoice review process for its LAS contracts. In February 2025, a Director of Finance was hired to refine and centralize the invoice review process and presently is in the process of developing AI tools to assist in this review.

State Comptroller's Comment – Our audit period spanned 72 months—from January 2019 through December 2024. While H+H officials informed us they developed a centralized invoice review process in November 2024—2 months prior to the end of the audit period—they did not provide us with any documentation to support they implemented the new centralized invoice review process.

OSC Findings - "Lack of Annual Needs Assessment"

- *H+H has not fully adhered to the requirements of 10 NYCRR 405.7, which mandates an annual needs assessment to identify limited-English speaking groups and requires in-service training:*

- *H+H failed to perform required annual LEP needs assessments for years 2019–2023, limiting H+H's insight into current demographic needs and trends of its LEP population.*

NYC Health + Hospitals' LAS process undergoes constant monitoring and oversight both internally by LAS administration and externally by vendors. NYC Health + Hospitals presented documentation of these reviews to the auditors and in its response to OSC's preliminary findings.

State Comptroller's Comment – The documentation H+H officials provided consisted of email communications from one vendor summarizing meetings it held with some H+H facilities. Under 10 NYCRR 405.7, the hospital is required to conduct an "annual needs assessment utilizing demographic data, school system data, or other sources, that will identify limited English speaking groups constituting more than 1% of the total hospital service area population." Email communication from a vendor is insufficient documentation to meet the requirements.

NYC Health + Hospitals Language Access Policy Guidelines directs that a review take place at least annually and include the items specified below. These guidelines were provided to the OSC auditors.

> To assure the success of the language assistance program, the designated Language Access Coordinator should monitor the LEP program periodically, but not less than annually, to assess the effectiveness and efficiency of its program. This monitoring may include, but need not be limited to:
>
> - Systematic feedback from LEP patients and their representatives;
> - Systematic feedback from staff;
> - Languages services utilization review (vendors and in-house staff interpreters or dual role interpreters);
> - Periodic in-house reviews to assess that the method(s) of language services in use and the language availability are appropriate based on the communications needs of LEP patients;
> - Periodic chart review to determine if language services were properly documented in patient records;
> - Evaluation of the # of LEP persons in facility's service area.
>
> In order to be able to conduct a comprehensive review, facilities should have processes in place to be able to track the following information:
>
> - The number of limited-English-proficient individuals served, disaggregated by preferred language and type of language assistance needed.
> - Interpreter-assisted encounters by unique patient.
> - The number of bilingual and interpreter staff, disaggregated by language.
> - A list of documents that have been translated and disseminated, specifying the applicable languages translated.

State Comptroller's Comment – While H+H describes an annual review process, we were not provided with any documentation of such reviews, including when they occurred, the results of such reviews, or conclusions reached. Therefore, we have no assurance the procedures described were implemented. Moreover, the monitoring process H+H describes does not satisfy or equate to an annual needs assessment as described in 10 NYCRR 405.7.

NYC Health + Hospitals continuously works with the vendors to review data and track trends, patterns, and identify any growing needs. Given the large volume of services provided, the effect of one LAS request on overarching language access needs trends is de minimis. NYC Health + Hospitals meets with its language service vendors each quarter to review their key performance indicators and address any potential issues or patterns.

State Comptroller's Comment – H+H's response is misleading. Except for the email communication with one vendor, H+H officials did not provide us with any documentation to show they met with LAS vendors quarterly to review key performance indicators and to address any potential issues or patterns.

Propio became NYC Health + Hospitals' primary vendor for LAS as of November 1, 2024. In addition to these quarterly meetings, Propio, as the current primary vendor for Over-the-Phone (OPI) and VRI (Video Remote Interpretation), meets with each of the acute site's Language Access Coordinators (LAC) on a bi-weekly or monthly basis. In addition, LAS management staff are typically on the calls to discuss and resolve any needs or issues that arise and to determine how the vendor will address them. It is during these calls that NYC Health + Hospitals will often hear of any individual issues that may have arisen over the past two weeks, such as, an interpretation cart having an issue. NYC Health + Hospitals and the vendor will also review the call data together, including the number of calls, top languages, average connection times, and satisfaction ratings. After each of these calls, Propio sends a summary email including a snapshot of the data to NYC Health + Hospitals. Propio also shares a weekly summary of all site visits, meetings, and general information to LAS management to ensure that NYC Health + Hospitals is aware of any and all efforts being made to continue to provide high quality interpretation services to all of its patients.

The auditors cite to 10 NYCRR 405.7 which sets forth the obligation to perform an annual needs assessment. NYC Health + Hospitals is meeting this obligation by performing ongoing assessments which include systematically incorporating input from its primary vendor.

State Comptroller's Comment – H+H officials did not provide us with support for the ongoing assessments they assert they performed. Moreover, H+H's descriptions of such ongoing assessments do not satisfy the requirement of an annual needs assessment that is required in 10 NYCRR 405.7.

OSC Findings – "Incomplete LAS Training "

- *… we found weaknesses such as incomplete LAS training and poor oversight of bilingual staff—all which can hinder meaningful LAS for NYC residents and visitors. We also conducted an anonymous survey by multilingual OSC auditors and found some H+H facilities and programs are inaccessible to LEP clients. Barriers to accessing LAS included staff who did not attempt to provide an interpreter or who did not have access to LAS.*
- *We requested the training records for Bellevue, Harlem, and Woodhull hospital staff for our audit scope period. Despite multiple requests, H+H failed to provide training records for Harlem and Woodhull hospitals. Therefore, we have no assurance that staff at those facilities have completed the required LAS training. We reviewed the training records provided for Bellevue Hospital and found that a total of 4,061 LAS trainings sessions were not completed during 2019–2023. Incomplete LAS training by contingent or temporary staff made up 86% of all incomplete LAS training.*

10 NYCRR 405.7 (a) (7) (iv) requires "ongoing education and training for administrative, clinical and other employees with **direct** patient care contact regarding the importance of culturally and linguistically competent service delivery and how to access the hospital's language assistance services on behalf of

patients" (**emphasis added**). The auditors in their finding did not consider that many of the staff who have not completed training are not charged with direct patient care contact and are therefore not required to complete LAS training. Notwithstanding the limitation on the obligation, NYC Health + Hospitals strives to train as many staff as possible in this area.

State Comptroller's Comment – While 10 NYCRR 405.7 requires only public-facing employees receive training, multiple H+H officials—including the LACs at facilities—informed us that H+H's own policy requires annual LAS training for all their employees—whether they are public facing or not. This is a clear indication of the importance of all employees being trained in order to meet the needs of their LEP patients. Further, H+H's Language Access Plan states that "each facility is responsible for taking reasonable steps to ensure employees, temporary workers and affiliate staff understand language access policy and procedures"—no exemptions are cited.

OSC Findings – "Insufficient Management of Personnel Providing LAS Interpretations"

- *H+H lacks a centralized list of qualified in-house interpreters and bilingual staff. At the facility or program level, facilities acknowledged they had no such listing, or they stated a list exists but either they failed to provide it or the available lists were outdated. Further, interpretation services by some bilingual staff were not reported in LAS data.*

NYC Health + Hospitals provided the auditors with lists of qualified staff interpreters on several occasions.

State Comptroller's Comment – The lists of qualified staff interpreters (working at the facilities and/or in the MIST program) were either not provided or the provided lists contained outdated information. As a result, this would inaccurately depict the LAS resources available and could obscure staffing shortages and needs.

NYC Health + Hospitals did not provide the auditors with the interpreters' personnel files, on the basis of privacy interests and lack of relevancy to the audit.

State Comptroller's Comment – We requested personnel folders in order to determine whether interpreters had the required credentials to perform interpretation services. Although H+H officials agreed to provide us with the credentials for the in-house interpreters they hired, they did not provide this information. Thus, we have no assurance these employees were qualified to perform interpretation services.

Staff interpreters provide less than 1% of interpretation services overall and where staff interpreters are not available, access to vendor interpreters is always available as an alternative.

State Comptroller's Comment – This statement is misleading. While we recognize that OPI and VRI services have a higher demand and provision of interpretation services compared to H+H staff who perform spoken proximal services (e.g., in-person interpretation), it does not minimize the need to assure the quality and availability of the spoken proximal services provided—which are mostly performed by in-house/staff interpreters. For example, in calendar year 2023, H+H's in-house interpreters provided 97% of spoken proximal services (49,569 of 50,876 spoken proximal services provided).

OSC Findings – "Missing and Inconsistent Policies for LAS"

- *H+H requires its facilities/programs to develop LAS policies for their staff. We found 29 facilities/programs had no LAS policies. For the 21 facilities/programs with policies, we found discrepancies between the H+H LAS guidelines, facility policies, and actual practice.*

NYC Health + Hospitals provided its system-wide guidance pertaining to LAS, which is generally applicable to all sites. This umbrella guidance may be used by a given facility. In addition, a facility may have its own supplemental policy and such policy may vary from system guidance in order to address unique challenges, workflows or configurations at the facility location based on the facility's size and the community it generally serves.

State Comptroller's Comment – On page 14 of our report, we acknowledge that H+H policies provide system-wide guidance pertaining to LAS. However, these policies require each facility to develop its own facility-level procedures. Surprisingly, H+H's response does not address the 29 of 50 (58%) facilities/programs that did not have established LAS policies. Further, H+H's response also did not address the outdated policy information among the 21 facility-level policies that we reviewed.

OSC Findings – "No Assurance on the Accessibility of Translations and Resolutions of Issues"

- *We have no assurance that H+H manages and tracks translations of patient medical records, after-visit summaries, and discharge papers into different languages to ensure the accuracy of information in these documents for patients. Also, H+H could not confirm that patient calls lasting 2 hours were reviewed to determine reasons for the lengthy calls and if LAS services were properly provided.*

On April 16, 2024, NYC Health + Hospitals demonstrated its management and tracking system to the auditors in person during a live run through of its electronic health record system Epic. The translations in Epic are performed via one of NYC Health + Hospitals' contracted translation vendors and then implemented into Epic. NYC Health + Hospitals appropriately relies on contracted professional medical translators for this process which ensures that the translations cannot be altered. Epic has advised NYC Health + Hospitals that NYC Health + Hospitals is one of the top three providers in the country in terms of the number of translated documents such as after visit summaries that are provided to patients. NYC Health + Hospitals offers after visit summaries in 11 languages and produced 3.7 million such summaries from September 1, 2024 through August 31, 2025.

State Comptroller's Comment – The demonstration provided only showed how LAS information is recorded in a patient's medical record—it did not show how staff can access the translated documents already available, nor how translations are requested. Further, although H+H officials agreed to provide sample translations for our review, no documentation was provided. Therefore, we have no assurance that H+H manages and tracks translations to ensure the accuracy of information and accessibility of these documents for all facilities and staff.

OSC Findings – "Extended LAS Calls"

NYC Health + Hospitals takes issue with OSC's findings regarding extended LAS calls. The auditors were provided with documentation from Propio which indicates the process for reviewing calls with a duration of over two hours. As a part of standard practice, NYC Health + Hospitals asks the vendors to review any call over two hours and assess the types of services that the patient was receiving. For example, it is expected that a call pertaining to a surgery or labor and delivery may require an extended LAS call.

State Comptroller's Comment – H+H officials provided emails from one vendor, Propio, that described its review process for extended LAS calls. However, we were not provided with any documentation showing the actual reviews that were performed or the results for any of the 973 calls that lasted over 2 hours through either Propio or other OPI vendors.

OSC Findings "OSC LAS Survey"

- *Bilingual and multilingual OSC auditors conducted an anonymous unannounced survey of H+H facilities and programs to test the availability of LAS and encountered*

several barriers:

- *Instances where H+H staff did not attempt to connect callers to an interpreter or to provide information*
- *Difficulty in navigating H+H's automated call systems and voicemails, particularly for LEP patients*
- *Inability to access LAS through SHOW mobile units.*

NYC Health + Hospitals requested documentation of these anonymous unannounced calls by OSC auditors including the name of the NYC Health + Hospitals staff that engaged with the surveying auditor. The auditors did not provide NYC Health + Hospitals with such data for further review which prevented NYC Health + Hospitals from investigating and addressing these claims.

State Comptroller's Comment – As described in detail on page 16 in our report, we provided H+H with the facility name, and the date and time of our unannounced survey. We did not provide the names of the employees because our objective was to test the accessibility of LAS resources and the performance of the LAS program as a whole—not the performance of individuals. Moreover, staff names are not relevant to instances where calls were disconnected or instances where the auditors had difficulty navigating H+H automated call systems and voicemails. H+H's call lines are publicly accessible for anyone to call, and we encourage H+H to perform a similar survey as part of a risk assessment for LAS.

In addition, data provided to OSC indicates that SHOW mobile units use LAS. Propio's data for Show Vans for February 2025 indicates that 474 minutes of LAS was provided which consisted of 38 calls and spanned 4 languages.

State Comptroller's Comment – H+H's response is misleading. The LAS data for SHOW mobile units was for the program—as a whole—and while it shows some units have access to and use LAS, the locations we visited during our audit did not always have access to LAS. This also demonstrates how LAS data can obscure the fact that some SHOW mobile units do not have access to LAS.

OSC Findings "Overpayments to Vendors"

H+H did not sufficiently manage contract payments:

- *From January 2022 to June 2024, H+H made $215,879 in overpayments to vendors for LAS. For example, some OPI services were billed at VRI rates, which are higher, and some services for Spanish were billed at higher "Other Languages" rates. One vendor was also paid at the higher rates from an earlier contract, instead of the new, lower contract rates*

Total spending for LAS services over this period was more than $60 million. An overpayment amount of $215,879 indicates a payment error rate of approximately .3596% which is well within an acceptable error rate in any large program. As such, the payment accuracy rate is approximately 99.64%. Of course, NYC Health + Hospitals always looks for opportunities to improve its payment accuracy.

State Comptroller's Comment – It is important that H+H perform reconciliations of LAS data and invoices to ensure accuracy and detect errors to minimize overpayments. H+H did not have a process in place to perform such reviews and was not aware of the overpayments to the vendors until we brought it to its attention during the audit. Furthermore, H+H's response that the $215,879 overpayment identified is just .3596% of total payments it made is misleading. H+H fails to mention that it did not provide all the requested LAS data for the audit period—in essence, $215,869 represents a limited sample and the total amount overpaid is most likely higher. Nevertheless, H+H officials indicated in their response that they have developed a centralized invoice review process and hired a Director of Finance to oversee this process—

indicators that H+H acknowledges and understands the importance of performing reconciliations of LAS data and invoices, regardless of the amount.

OSC Findings "Potential Cost Savings"

- *H+H would have saved a total of $8,247,840 for fiscal years 2023 and 2024 had it negotiated or used vendors with lower per-minute contract rates.*

NYC Health + Hospitals advised the OSC during the preliminary finding process that cost comprised 25% of a vendor's score during the Request for Proposals (RFP) process. While cost is an important factor, it is not the only factor that drives vendor selection. Given the size of NYC Health + Hospitals and the high demand for services, it is imperative that any vendors awarded a contract have the ability to handle high and variable volume while still providing high quality services. NYC Health + Hospitals always looks for ways to reduce costs and therefore in November 2024 it standardized certain aspects of vendor selection to ensure more cost optimization.

State Comptroller's Comment – Throughout the audit, H+H asserted it contracts with multiple vendors for the same interpretation services because H+H has a high volume of demand for LAS, and one vendor cannot handle all the volume by itself. We found that vendors charge different rates even though H+H asserted their services are comparable and interchangeable. However, the LAS data consistently showed one vendor received the majority of requests for each type of LAS, instead of all vendors equally sharing the volume. It is noteworthy that in November 2024, H+H contracted with just two vendors for OPI and VRI services—with the primary vendor being the one offering the lowest per-minute cost.

During the course of the audit, NYC Health + Hospitals provided the auditors with documentation related to both the 2017 and 2024 RFPs. This documentation included information regarding the vendor selection process. NYC Health + Hospitals also provided the auditors with the vendor contracts that resulted from the RFP process.

The OSC bases its assessment of potential cost savings on the assumption that lower prices could be negotiated but provides no evidence as to the feasibility of obtaining a lower negotiated price. The OSC also assumed that the least expensive vendor could be used in every circumstance without considering the vendor's ability to handle volume or provide necessary equipment.

State Comptroller's Comment – According to the RFPs H+H provided, H+H had the ability to negotiate with the vendors. However, although requested, H+H did not provide any documentation to show how the RFPs and contract negotiations were handled. H+H officials also failed to provide any documentation and/or explanation for the selection of vendors and guidance for use by facilities.

The claim that NYC Health + Hospitals would have saved costs had it used a vendor with a lower per minute rate fails to account for costs associated with equipment used in service provision. Several vendors such as Propio included the necessary equipment at no additional cost, while other vendors such as Cyracom and Linguistica did not provide such equipment at no cost. The auditors in their assessment did not consider the additional price of equipment that would have been required to be leased or purchased in order to utilize the lowest cost vendor. This factor should have been considered by the auditors when calculating the savings.

State Comptroller's Comment – Our review of H+H contracts regarding equipment and associated costs found the contracts do not clearly state what LAS equipment is provided. Further, equipment usage and costs were not included in the LAS data. While H+H provided us with an explanation of cost considerations regarding the 2024 RFP, it's important to note that an analysis of equipment costs was not included in H+H's own explanation—thus impeding our ability to take equipment costs into consideration.

In addition, the auditors did not consider interpreter availability for specific languages and assumed that one would always be available. For example, the vendor that the auditors utilized in their assessment of cost savings did not have a Bangla/Bengali interpreter available on weekends – a language that is often requested by patients at NYC Health + Hospitals' facilities.

State Comptroller's Comment – We acknowledge the availability for specific languages is an important factor to consider, but as we indicated in our report, the potential cost savings determination was based on rates and associated costs—another important factor. In response to our preliminary findings, H+H also cited the example above of the Bangla/Bengali interpreter. We requested additional periods to review (in order to confirm its assertions) as well as additional information such as the month and year. However, H+H did not provide us with the necessary information to take interpreter availability into consideration.

There are significant cost savings in NYC Health + Hospitals utilizing a vendor who bundles equipment costs into their pricing in comparison to using vendors that charge a separate fee for equipment as was the case in prior agreements. This clearly demonstrates how NYC Health + Hospitals has carefully and effectively balanced the priority of patient care with the importance of cost savings. Moreover, by generally consolidating to one primary vendor, NYC Health + Hospitals has been able to keep costs as low as possible.

State Comptroller's Comment – We recognize H+H's steps to consolidate vendors for cost optimization; however, it is noteworthy to mention that this contradicts H+H's reasoning for having multiple vendors to handle a large volume of LAS requests.

Conclusion

The above summarizes NYC Health + Hospitals responses to, and disagreements with, various of the OSC's findings. Of note, the OSC's recommendations detailed in their Draft Report do not consider the changes that NYC Health + Hospitals already made in November, 2024, such as a centralized invoice review process managed by LAS Central Office personnel. NYC Health + Hospitals informed the OSC of these changes on multiple occasions, both orally and in writing. NYC Health + Hospitals remains strongly committed to providing high quality health care in conjunction with achieving excellence in its provision of LAS to its patient population.

Please feel free to contact us should you have any questions or need additional information.

Sincerely,

Joseph Okeefe

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