REVIEW OF THE WASHINGTON STATE MEDICAID INTERPRETER SERVICES PROGRAM

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Background Information

- In 2010, freelance spoken language interpreters unionized under Local 1671/AFSCME Council 28.[i]

- On July 1, 2011, the first Collective Bargaining Agreement went into effect. Ever since, spoken language interpreters' payment rates are set through collective bargaining.[ii]

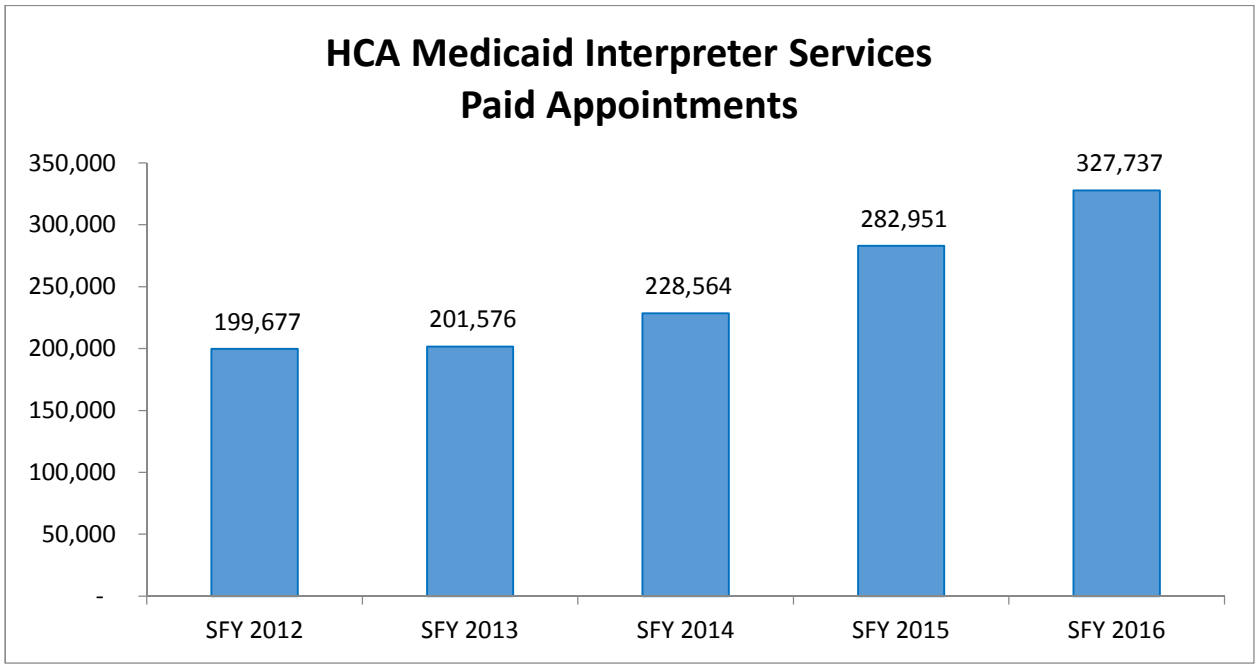
- In 2012, CTS LanguageLink — a language company headquartered in Vancouver, WA — won the contract through competitive bidding to become the statewide vendor for the Washington State Health Care Authority (HCA) Medicaid Interpreter Services Program.[iii]

- Under this coordinating entity procurement model, payments to interpreters are independent from those to the vendor. The vendor's payments are a monthly flat fee stipulated in the HCA contract K-618/9 signed on July 23, 2012. The state's payments to interpreters simply pass through the vendor.

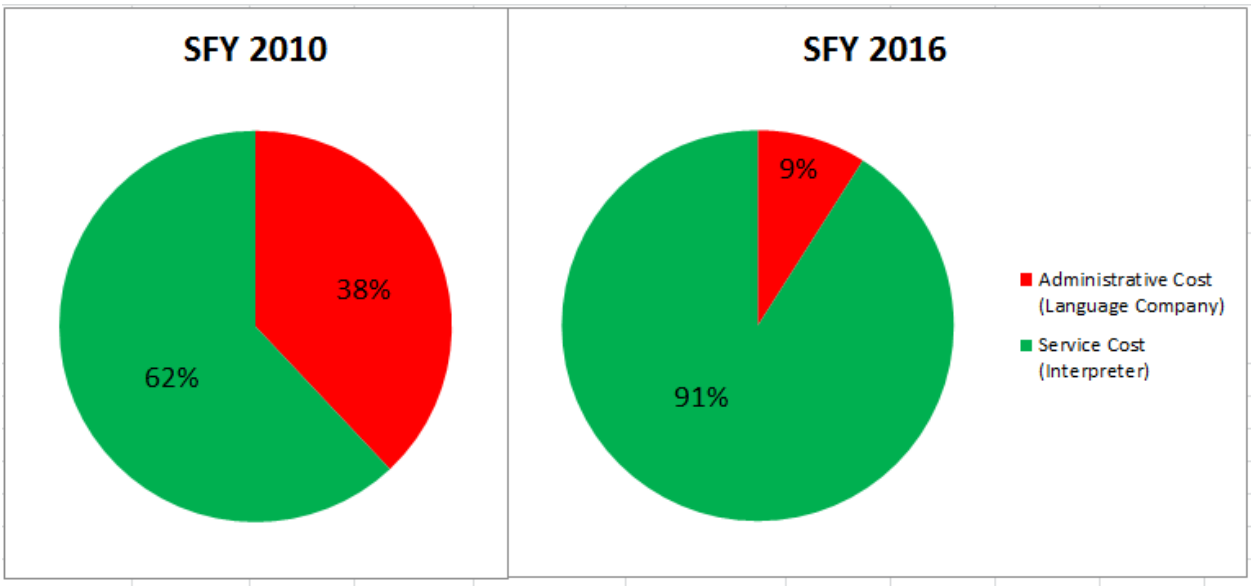
- In September 2012, CTS LanguageLink unveiled its dedicated web portal on which Medicaid network providers place their requests. Interpreters log into the web portal to view those requests and book themselves. Upon completion, the web portal issues an automated invoice and bills the state. Once the state releases the funds, CTS sends payments to interpreters through electronic funds transfer.

- The state is expected to issue a new Request for Proposal (RFP) in 2018.

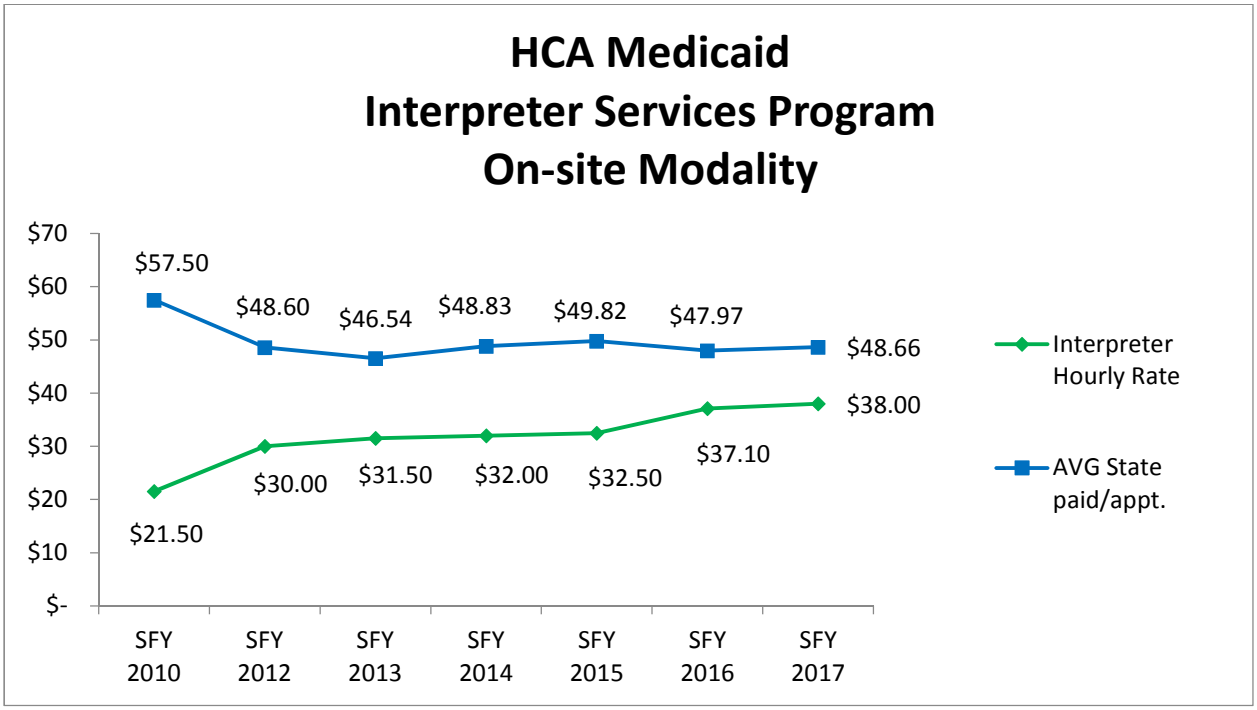
Increased Demand



Decreased Administrative Cost



Fiscal Success (Appendix A)



Qualified Workforce

Studies show that using professional interpreters to communicate with limited English proficient patients improves health outcomes and decreases overall health costs.[iv]

Pursuant to the HCA-CTS contract, and in accordance with Washington Administrative Code 388-03-030, interpreters rendering services on-site or remotely must be:

- Washington State Department of Social and Health Services (DSHS) certified or authorized; or
- Washington State Administrative Office of the Courts certified; or
- Administrative Office of the United States Courts certified; or
- Certified by a DSHS recognized national interpreter certification body; or
- Certified by a DSHS recognized nonprofit organization that uses a credible certification program to certify professional interpreters; or
- Certified by other state or U.S. territory or another country whose certification program is comparable to DSHS certification and based upon similar requirements.

All interpreters rendering services for Medicaid covered encounters must:

- Abide by the code of professional conduct WAC 388-03-050;
- Pass a criminal background check, and
- Have proof of immunizations on file.

Low Complaint Rate

April 1, 2014 -March 31, 2016		
Paid Appointments	621,659	100%
Incidents/Complaint Rate	**10,950**	**1.76%**
Invalid/Undetermined	2,747	0.44%
Unrated	4,274	0.69%
Rated Incidents/Disciplined Rate	**3,929**	**0.63%**
Low Severity	3,235	0.52%
Medium Severity	627	0.10%
High Severity	67	0.01%
Terminated Interpreters	**14**	

High Overall Fill Rate

SFY 2015 Requests by Language	Total Requests	Average Fill Rate
Total	374,615	91%

Inaccurate Language Information

The lack of a drop down menu on the CTS web portal results in requesters placing orders for either languages that are misspelled or non-existent. These erroneous requests generally go unfilled.

In December 2016, only 33 languages had interpreters that provided services through the CTS web portal (Appendix B). Several factors can explain this scarcity:

- For some languages, there are no DSHS certified/authorized interpreters.

- Many interpreters on the DSHS/LTC database are not actively providing services because they have either died, moved out of state or left the profession. The first deadline for

compliance with the ethics continuing education requirement was on December 31, 2016. DSHS/LTC has yet to purge its database by removing those interpreters for non-compliance. Without purging, the database gives the impression that there are a lot more qualified interpreters than there really are.

- There are no mechanisms or incentives in place for the statewide vendor or the state to recruit new interpreters.

- Some language categories need improving both in the DSHS/LTC database and on the CTS web portal (e.g. Persian, former Yugoslavia, and Chinese).

Low Fill Rates for Languages of Low Demand (Appendix C)

SFY 2015 Requests by Language	Total Requests	Average Fill Rate	Total Requests
High Demand >2000 requests per month Spanish (50%) - Russian (16%) - Vietnamese (7%)	272,900	96%	73%
Medium Demand 2000 <> 100 requests per month Arabic (5%) - Somali (4%) - Cantonese (3%) - Korean (2%) 1% = Punjabi - Cambodian - Farsi - Mandarin 0.9% = Burmese - Ukrainian 0.8% = Amharic - Nepali Tigrinya (0.6%) - ASL (0.5%)	89,047	75%	24%
Low Demand < 100 requests per month	12,668	10%	3%
Total	374,615	91%	100%

For good language access management, it is important to understand the difference between Languages of Lesser Diffusion and Languages of Low Demand:

- Portuguese is a Language of Great Diffusion because it has 215M native speakers distributed in three continents. In Washington State, however, Portuguese is a Language of Low Demand because there are less than 100 requests per month for interpreting services.

- Somali is a Language of Lesser Diffusion because it has only 17M native speakers residing mostly in the Horn of Africa. In Washington State, however, Somali enjoys a relatively good fill rate (70%) because it is the fifth most requested language for interpreting services.

At its core, interpreters are vendors selling their services to buyers such as healthcare providers, courts, school district, etc. Language access managers should take under consideration basic market laws when procuring interpreting services.

	DEMAND	
SUPPLY	High # of requests	Low # of requests
High # of interpreters	COMPETITIVE MARKET	BUYER'S MARKET
Low # of interpreters	SELLER'S MARKET	NO MARKET

The low fill rates in Languages of Low Demand can be due to several factors:

- In the HCA-CTS contract, the incentive for the vendor is to maintain the overall fill rate at 90%. Any improvement to the fill rate for Languages of Low Demand (3% of all requests) would have a negligible statistical impact on the overall fill rate.

- It is very difficult for interpreters of Languages of Low Demand to make a living only through interpreting because there is little market for their services and there are no financial incentives (e.g. higher pay).

- For many languages other than Spanish and Russian, there are no interpreters residing outside the Puget Sound area. On the CTS web portal, there is no way for requesters to find out — at the moment of placing an order — whether or not there are any interpreters available in that language for their desired date, time and location. Therefore, requesters cannot adjust their order until it is too late.

Unknown Pool of Interpreters

Since 1995, DSHS has certified a total of 6556 medical interpreters:

- 3441 in Spanish
- 1678 in Russian
- 378 in Vietnamese
- 386 in Mandarin
- 338 in Korean
- 251 in Cantonese
- 66 in Cambodian
- 17 in Laotian

Since 1996, DSHS has authorized 1349 medical interpreters in all the other languages.

Only about 1/3 of DSHS certified/authorized interpreters are still providing services but, since DSHS/LTC has yet to purge its database, there is no way of knowing where to concentrate interpreter recruitment efforts.

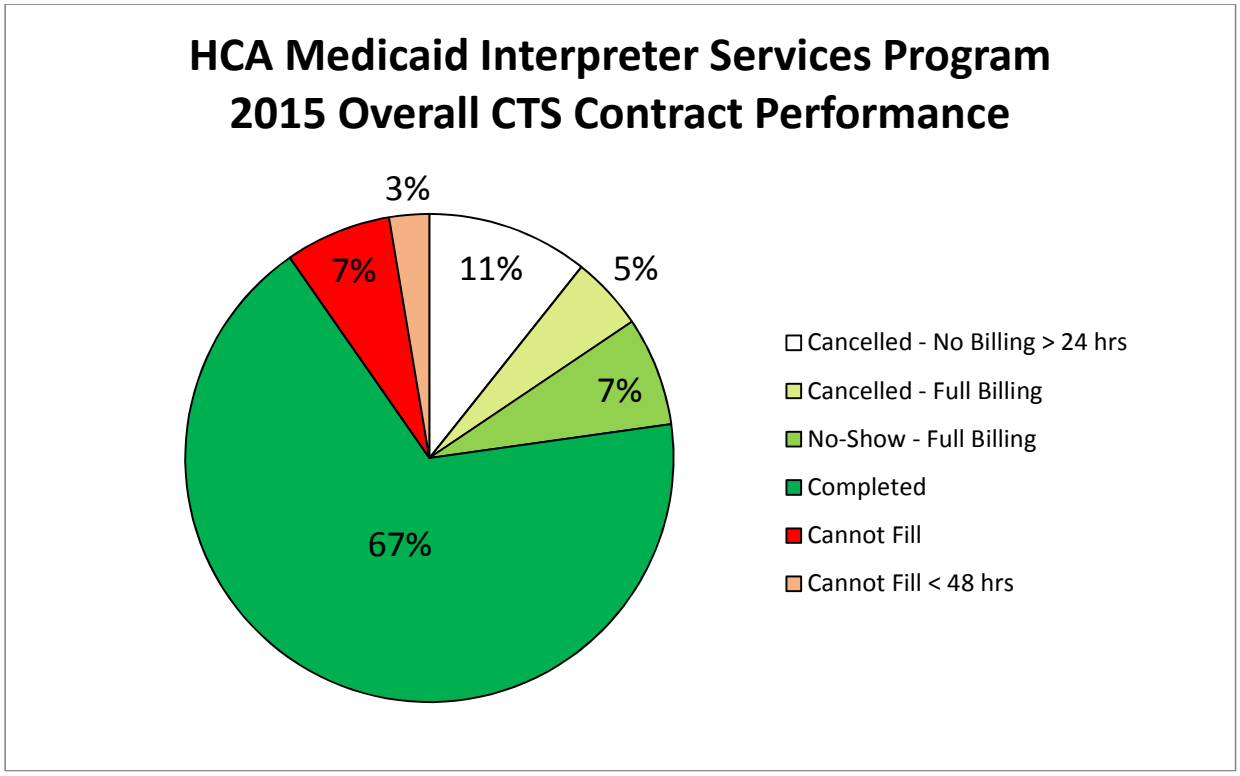
Unnecessary Pre-approval

Under the current HCA-CTS contract, all requests must be pre-approved for Medicaid eligibility. Since healthcare providers have to provide interpreting services regardless of patients' insurance status, all requests could be placed on the same statewide web portal regardless of Medicaid eligibility. The web portal vendor could then bill HCA only for Medicaid eligible services and bill healthcare providers directly for the remainder.

In SFY 2017, HCA is paying on average a total of $41.19/hr. for interpreters of proven quality. This is a very competitive price. HCA could consolidate requests for interpreter services for the entire Washington State healthcare provider network under its coordinating entity. This would allow healthcare providers to access guaranteed quality interpreting services at a lower cost.

Too Many No Shows and Late Cancelations

In 2015, there were 7% provider/patient no shows and 16% cancelations of which 5% were late cancelations (less than 24 hrs.). These requests unnecessarily tie up interpreters' calendars making them unavailable for other appointments.



Too Popular Time Slots

Qualified interpreters are a scarce resource.

- When all requesters place orders for the same time slot (e.g. 10 am) in one language, they will not be able to fill it even for languages with lots of interpreters.

- Interpreters lose money every time they drive from one assignment to another. Accordingly, interpreters flock to half days or full day block time appointments.

You can't manage what you don't measure. Requesters need to analyze their data and figure out which are their most popular languages. This in turn would allow them to create block time appointments and stagger appointments for the same language.

Poor Use of Remote Interpreting

Outside Puget Sound, language diversity decreases dramatically making remote interpreting a good alternative for languages other than Spanish and Russian. Unfortunately, requesters do not know how to customize their orders because they have a poor understanding of the four delivery modalities in remote interpreting:

- Pre-scheduled remote interpreting:
    - telephone
    - video
- On demand remote interpreting:
    - telephone
    - video

In addition to the frequently mentioned technology glitches, remote interpreting faces other challenges:

- Convenience is at odds with quality. The priority for on-demand remote interpreting is connection speed therefore many on-demand remote interpreting providers do not use certified interpreters. This can result in costly lawsuits[v], as in the botched 911 call in Portland. The Spanish interpreter misunderstood the address and the person died because the ambulance arrived too late. Requesters should verify that remote interpreters are of the same quality as on-site interpreters.

- Remote interpreting is deceptively cheap because it is more expensive per hour than on-site interpreting.

- Remote interpreting makes filling out intake forms, signing authorization forms and scheduling follow up appointments or procedures a lot harder.

- Interpreters resist providing services remotely because the pay is lower and the interpreting is harder.[vi]

Summary

Guaranteed Savings

While there is always room for improvement, the HCA Medicaid Interpreter Services Program is an unqualified success story. Under the coordinating entity procurement model, interpreters' pay has increased while the state's expenditures have decreased despite a steep rise in demand. The consolidation of requests under one single vendor coupled with online scheduling make management and accountability a lot easier. Because interpreters' pay is now divorced from payment to the language company, competition among these companies centers in improving their management efficiencies instead of lowering workers' wages with the inevitable loss of quality. Interpreter services programs in other government agencies spend somewhere between 40-60% in administrative costs. With an administrative cost of less than 15%, there are guaranteed savings should the state expand this procurement model to other types of appointments (e.g. workers compensation).

Accountability

There is probably no other interpreting services contract that has been subjected to so much public scrutiny as the HCA-CTS one. Before each collective bargaining cycle, Local 1671 requests from the state detailed information, which comes in huge electronic databases. It takes many days to analyze and summarize the results so that the bargaining team can negotiate based on facts instead of perceptions. Proposals made at the bargaining table are subject to public disclosure.

Private-Public Partnership

The collective bargaining agreement has stipulated quarterly union-management meetings to discuss contract performance. The coordinating entity procurement model has three main stakeholders — the government, the language company and the union — who frequently have competing interests. This three-legged stool only stands straight when win-win solutions for all three stakeholders are implemented. All three have now become partners in the quest to provide meaningful language access to Washington State's limited English proficient population.

[i] Revised Code of Washington 41.56.510

[ii] Washington State Office of Financial Management, Collective Bargaining Agreements http://www.ofm.wa.gov/labor/agreements/

[iii] *CTS LanguageLink to Service all Interpretation Needs for Washington Healthcare Authority*. August 1, 2012. https://www.ctslanguagelink.com/about_news_080112.php. Retrieved on May 5, 2017.

[iv] *Professional language interpretation and inpatient length of stay and readmission rates*. Lindholm M, Hargraves JL, Ferguson WJ, Reed G. Journal of General Internal Medicine 2012 Oct;27(10):1294-9.

[v] *Spanish interpreter botched 911translation, sent ambulance to wrong address, $3 million suit claims*. Aimee Green. The Oregonian. April 14, 2014.

http://www.oregonlive.com/portland/index.ssf/2014/04/spanish_interpreter_botched_9-.html Retrieved on May 5, 2017.

[vi] *Remote Interpreting: Issues of Multi-Sensory Integration in a Multilingual Task.* Barbara Moser-Mercer Meta : journal des traducteurs / Meta: Translators' Journal , vol. 50, n° 2, 2005, p. 727-738.

APPENDIX A

State Fiscal Year	HCA Medicaid Hourly Rate	Number of Paid Appts.	Paid Units (15 minutes)	Total Paid	AVG paid to interpreter /appt.	AVG Length in hours	AVG paid to interpreter /hr.	Total State Paid CTS for Administration	Total State Payments Vendor + Interpreters	AVG State Paid per appt.	AVG State paid per hour	Admin Cost
SFY 2010 Brokers	$21.50 + travel					1.25				$57.50		38%
SFY 2012 CBA + Brokers	$30.00 + travel	199,677							$ 9,703,477.64	$48.60		
SFY 2013 CBA + Brokers/ CTS	$31.50 + travel	201,576		$ 8,395,318.81	$41.41	1.17	$33.89		$ 9,251,100.73	$46.54	$39.87	18%
SFY 2014 CBA+CTS	$32.00 + travel	228,565	1,077,998	$ 9,833,377.46	$42.89	1.18	$36.40	$ 1,283,672.88	$11,117,050.34	$48.83	$41.44	14%
SFY 2015 CBA+CTS	$32.50 + travel	282,951	1,330,615	$ 12,767,718.95	$45.16	1.18	$38.42	$ 1,283,672.88	$14,051,391.83	$49.82	$42.38	10%
SFY 2016 CBA+CTS	$37.10	327,737	1,549,265	$14,439,001.09	$44.06	1.18	$37.28	$ 1,283,672.88	$15,722,673.97	$47.97	$40.59	9%
SFY 2017 CBA+CTS	$38.00				$44.98	1.18	$38.07			$48.66	$41.19	8%

- SFY 2010 data from ESSB 6726 DSHS Report to the Legislature on February 18, 2010
- SFY 2012 the Collective Bargaining Agreement (CBA) began on July 1, 2011 still under the brokerage procurement model
- SFY 2013 the statewide vendor's (CTS) online scheduling system went live on September 24, 2012. Data collection was spotty until then.
- SFY 2017 missing data will be available after July 31, 2017

APPENDIX B
LANGUAGES FOR WHICH CTS HAS INTERPRETERS SIGNED UP AND WERE ACTIVELY PROVIDING SERVICES IN DECEMBER 2016

1. Amharic
2. Arabic
3. Burmese
4. Cambodian
5. Chinese Cantonese
6. Chinese Mandarin
7. Persian (Farsi-Dari)
8. French
9. Hindi
10. Ilocano
11. Japanese
12. Kinyarwanda
13. Kirundi
14. Korean
15. Kurdish
16. Laotian
17. Nepali
18. Oromo
19. Portuguese
20. Punjabi
21. Romanian
22. Russian
23. Somali
24. Spanish
25. Swahili
26. Tagalog
27. Thai
28. Tigrinya
29. Turkish
30. Ukrainian
31. Urdu
32. Vietnamese
33. Yugoslavia (Bosnian-Croatian-Serbian)

APPENDIX C

The requests are only those made through the CTS web portal. They do not reflect the entire need of Washington State's LEP population.

SFY 2015 Medicaid & DSHS Jul 1 2014 - Jun 30 2015 Requests by Language	Requests Rate	Filled Rate	Total Requests	Filled	Unfilled	Monthly Average
Grand Total	**100%**	**91%**	**374,615**	**339,812**	**34,803**	**31,218**
Spanish	50%	96%	185,590	177,746	7,844	15,466
Russian	16%	99%	60,343	59,895	448	5,029
Vietnamese	7%	93%	26,967	25,085	1,882	2,247
Arabic	5%	89%	18,078	16,012	2,066	1,507
Somali	4%	70%	14,741	10,390	4,351	1,228
Cantonese	3%	92%	11,800	10,830	970	983
Korean	2%	92%	9,283	8,580	703	774
Punjabi	1%	88%	4,801	4,214	587	400
Cambodian	1%	61%	4,614	2,806	1,808	385
Farsi	1%	86%	4,389	3,792	597	366
Mandarin	1%	95%	4,342	4,117	225	362
Burmese	0.94%	68%	3,525	2,384	1,141	294
Ukrainian	0.87%	86%	3,256	2,804	452	271
Amharic	0.85%	84%	3,189	2,685	504	266
Nepali	0.82%	27%	3,061	827	2,234	255
Tigrinya	0.60%	70%	2,246	1,580	666	187
Sign language ASL	0.46%	41%	1,722	702	1,020	144
Tagalog	0.29%	60%	1,096	661	435	91
French	0.29%	53%	1,088	575	513	91
Romanian	0.26%	73%	971	712	259	81
Oromo (Oromifa)	0.26%	35%	971	342	629	81
Laotian	0.24%	58%	895	521	374	75
Yugoslavian Bosnian	0.19%	59%	723	427	296	60
Hindi	0.15%	77%	546	420	126	46
Chinese (Cantonese+Mandarin)	0.14%	72%	540	390	150	45
Swahili	0.14%	31%	514	161	353	43
Karen	0.13%	3%	471	13	458	39
Marshallese	0.12%	8%	438	35	403	37
Thai	0.10%	61%	379	231	148	32

SFY 2015 Medicaid & DSHS Jul 1 2014 - Jun 30 2015 Requests by Language	Requests Rate	Filled Rate	Total Requests	Filled	Unfilled	Monthly Average
Kinyarwanda	0.10%	16%	363	59	304	30
Kurdish	0.09%	48%	330	159	171	28
Portuguese	0.07%	73%	277	201	76	23
Japanese	0.06%	82%	209	171	38	17
Urdu	0.06%	36%	207	75	132	17
Acholi	0.05%	18%	202	37	165	17
Persian-Dari	0.05%	4%	200	7	193	17
Samoan	0.05%	12%	184	22	162	15
Pashto	0.03%	3%	128	4	124	11
Chuukese (Trukese)	0.03%	2%	123	3	120	10
Ilocano	0.03%	6%	94	6	88	8
Bengali	0.02%	5%	93	5	88	8
Mien	0.02%	4%	92	4	88	8
Mongolian	0.02%	3%	79	2	77	7
Kirundi (Rundi)	0.02%	24%	71	17	54	6
Turkish	0.02%	7%	61	4	57	5
Chin-Hahka	0.02%	3%	61	2	59	5
Bulgarian	0.02%	22%	59	13	46	5
Haitian Creole	0.01%	0%	56	-	56	5
Polish	0.01%	6%	51	3	48	4
Sundanese	0.01%	20%	49	10	39	4
Susu	0.01%	5%	43	2	41	4
Tongan	0.01%	2%	42	1	41	4
Toishanese	0.01%	10%	42	4	38	4
Hmong	0.01%	0%	40	-	40	3
Armenian	0.01%	38%	37	14	23	3
Albanian	0.01%	5%	37	2	35	3
Chin-Tedim	0.01%	3%	36	1	35	3
Nuer	0.01%	0%	33	-	33	3
Yugoslavian Serbo Croatian	0.01%	7%	30	2	28	3
Moldavian	0.01%	7%	29	2	27	2
Soninke	0.01%	0%	28	-	28	2
Signed Language	0.01%	15%	27	4	23	2
Portuguese-Brazilian	0.01%	19%	27	5	22	2
Indonesian	0.01%	7%	27	2	25	2
Mandinka (Mandingo)	0.01%	12%	26	3	23	2
Tamil	0.01%	4%	24	1	23	2
Wolof	0.01%	4%	23	1	22	2
Yugoslavian Serbian	0.01%	4%	23	1	22	2
Mixteco (which one?)	0.01%	0%	22	-	22	2

SFY 2015 Medicaid & DSHS Jul 1 2014 - Jun 30 2015 Requests by Language	Requests Rate	Filled Rate	Total Requests	Filled	Unfilled	Monthly Average
Fulani (Fula)	0.01%	5%	20	1	19	2
Kosraen	0.01%	5%	19	1	18	2
MaayMaay	0%	6%	17	1	16	1
Signed language Deaf	0%	13%	16	2	14	1
Sutsol (non-existant)	0%	0%	15	-	15	1
Gujarati	0%	0%	15	-	15	1
Ibo (Igbo)	0%	7%	14	1	13	1
Dinka	0%	0%	14	-	14	1
Yugoslavian Croatian	0%	21%	14	3	11	1
Visayan-Cebuano	0%	0%	12	-	12	1
Tigre	0%	0%	12	-	12	1
Romani (which one?)	0%	8%	12	1	11	1
Lingala	0%	0%	11	-	11	1
Pohnpeian	0%	0%	10	-	10	1
Hungarian	0%	20%	10	2	8	1
Bambara	0%	0%	9	-	9	1
Uighur	0%	50%	8	4	4	1
Chin-Falam	0%	0%	8	-	8	1
Maya Akateko	0%	13%	8	1	7	1
Taiwanese	0%	14%	7	1	6	1
French Creole	0%	14%	7	1	6	1
Czech	0%	0%	7	-	7	1
Signed language ASL-Tactile	0%	14%	7	1	6	1
Swedish	0%	17%	6	1	5	1
Chamorro	0%	0%	6	-	6	1
Twi	0%	40%	5	2	3	0
Turkmen	0%	0%	5	-	5	0
Sinhalese	0%	20%	5	1	4	0
Shanghainese	0%	0%	5	-	5	0
Malaysian	0%	0%	5	-	5	0
Malay (Bahasa Melayu)	0%	0%	5	-	5	0
Kunama	0%	0%	5	-	5	0
Maya Kanjobal	0%	0%	5	-	5	0
Tibetan	0%	0%	4	-	4	0
Sotho	0%	0%	4	-	4	0
Sgaw	0%	0%	4	-	4	0
Sara	0%	0%	4	-	4	0
Mixteco Alto	0%	0%	4	-	4	0
English Liberian	0%	0%	4	-	4	0
Italian	0%	0%	4	-	4	0

SFY 2015 Medicaid & DSHS Jul 1 2014 - Jun 30 2015 Requests by Language	Requests Rate	Filled Rate	Total Requests	Filled	Unfilled	Monthly Average
English	0%	0%	4	-	4	0
Signed language TTY (teletypewriter)	0%	0%	3	-	3	0
Sango	0%	0%	3	-	3	0
Palauan	0%	0%	5	-	5	0
Mixteco Bajo	0%	0%	3	-	3	0
Maya Mam	0%	0%	3	-	3	0
Malayalam	0%	0%	3	-	3	0
Krahn	0%	0%	3	-	3	0
Maya K'ichi' (Quiche)	0%	0%	3	-	3	0
Amoy (Xiamen)	0%	0%	3	-	3	0
Yoruba	0%	0%	2	-	2	0
Uzbek	0%	0%	2	-	2	0
Triqui	0%	0%	2	-	2	0
Thonga	0%	0%	2	-	2	0
Slovenian	0%	50%	2	1	1	0
Slovak	0%	0%	2	-	2	0
Newari	0%	0%	2	-	2	0
Lithuanian	0%	0%	2	-	2	0
Latin	0%	0%	2	-	2	0
Kpelle	0%	0%	2	-	2	0
Grebo	0%	0%	2	-	2	0
Georgian	0%	0%	2	-	2	0
Lakota Dakota	0%	0%	2	-	2	0
Chi (non-existant)	0%	0%	2	-	2	0
Cham	0%	0%	2	-	2	0
Yugoslavian	0%	0%	1	-	1	0
Welsh	0%	0%	1	-	1	0
Unknown Language	0%	0%	1	-	1	0
Maya Tz'utujil	0%	0%	1	-	1	0
Tokelau	0%	0%	1	-	1	0
Tai Dam	0%	100%	1	1		0
Spanish-Catalan	0%	0%	1	-	1	0
Sindhi	0%	0%	1	-	1	0
Rhade	0%	0%	1	-	1	0
Ossetic	0%	0%	1	-	1	0
English Nigerian	0%	0%	1	-	1	0
Arabic Moroccan	0%	0%	1	-	1	0
More (non-existant)	0%	0%	1	-	1	0
Macedonian	0%	0%	1	-	1	0

SFY 2015 Medicaid & DSHS Jul 1 2014 - Jun 30 2015 Requests by Language	Requests Rate	Filled Rate	Total Requests	Filled	Unfilled	Monthly Average
Luo (Dhuluo)	0%	0%	1	-	1	0
Luganda	0%	0%	1	-	1	0
Lakota	0%	0%	1	-	1	0
Kikuyu (Gikuyu)	0%	0%	1	-	1	0
Kashmiri	0%	0%	1	-	1	0
Maya Kaqchikel	0%	0%	1	-	1	0
Kapampangan (Pampangan)	0.00%	0%	1	-	1	0
Javanese (Ngoko)	0.00%	0%	1	-	1	0
Harari	0.00%	0%	1	-	1	0
Greek	0.00%	0%	1	-	1	0
German	0.00%	0%	1	-	1	0
Frisian	0.00%	0%	1	-	1	0
Finnish	0.00%	0%	1	-	1	0
Fijian	0.00%	0%	1	-	1	0
Edo	0.00%	0%	1	-	1	0
Cora	0.00%	0%	1	-	1	0
Chau-jo (non-existant)	0.00%	0%	1	-	1	0
Chaozhou (Teochew)	0.00%	0%	1	-	1	0
Cape Verde Creole	0.00%	0%	1	-	1	0
Balochi	0.00%	0%	1	-	1	0
Agaw	0.00%	0%	1	-	1	0
Afrikaans	0.00%	0%	1	-	1	0