Health Care Interpreter (HCI) requirements for coordinated care organizations (CCOs)

State regulations currently require CCOs to provide free certified or qualified interpretation services to their members. This directly aligns with the goals of better health, better care, and lower costs. It also ensures patient safety for Oregon's diverse and rapidly growing Limited English Proficiency (LEP) population. This fact sheet is intended to address questions about this requirement.

1. What regulations require the provision of HCI services to CCO members?

Title VI of the Civil Rights Act of 1964 and ORS 413.556 establish the requirement.

Oregon Administrative Rule (OAR) 410-141-3220 (9) states:

> CCOs shall develop policies and procedures for communicating with, and providing care to members who have difficulty communicating due to a medical condition or who are living in a household where there is no adult available to communicate in English or where there is no telephone:
>
> (a) The policies and procedures shall provide certified or qualified interpreter services by phone, in person, in CCO administrative offices, especially those of member services and complaint and grievance representatives and in emergency rooms of contracted hospitals;
>
> (b) CCOs shall ensure the provision of certified or qualified interpreter services for covered coordinated care services including medical, behavioral health or dental care (when the CCO or DCO is responsible for dental care) visits, and home health visits, to interpret for members with hearing impairment or in the primary language of non-English speaking members. All interpreters shall be linguistically appropriate and be capable of communicating in English and the members' primary language and be able to translate clinical information effectively. Interpreter services shall be sufficient for the provider to understand the member's complaint; to make a diagnosis; respond to member's questions and concerns; and to communicate instructions to the member;

Exhibit B of the January 1, 2014 CCO contract states the following requirement:

> Make Certified or Qualified Health Care Interpreter services available free of charge to each Potential Member and Member. This applies to all non-English languages, not just those that OHA identifies as prevalent. Contractor shall notify its Members and Potential Members that oral interpretation is available free of charge for any language and that written information is available in prevalent non-English languages in Service Area(s). Contractor shall notify its Members how to access oral interpretation and written translation services. (Part 3, Page 52)

2. Who pays for the provision of HCI services?

CCOs are responsible to ensure that members have access to HCI services. CCOs are allowed flexibility in how this obligation is met, so DMAP anticipates variation among CCOs. The only requirement is that members and potential members may not be charged.

3. Does Medicaid reimburse CCOs for providing HCI services?

There is no specific line item in the CCO global budget for HCI services. However, the cost of HCI services would be considered within the scope of the CCO administrative budget.

4. How should CCOs code expenses for HCI and document translations?

DMAP is exploring options to address this concern, and will provide additional guidance once a decision is made.

5. There is no code assigned to justify HCI use and payment. Can OHA fix this?

DMAP is exploring options to address this concern. CCOs may use HCPCS code T1013, "Sign language or oral interpretive services, per 15 minutes." DMAP is aware that this code may not meet all the billing and reporting needs of CCOs. CCOs may also process payment off of invoices.

6. Are CCOs responsible for paying for HCI training or certification?

No; CCOs are only required to use trained or certified HCIs.

7. How does OHA evaluate CCO contract compliance when there are not enough qualified or certified HCIs, especially in the coastal and rural areas?

DMAP and OHA's Office of Equity and Inclusion (OEI) are developing methods to verify compliance with the OAR and the CCO contract. OHA is also looking into options to help ensure that qualified and certified HCIs are available in all parts of the state.

8. Are language service providers (LSPs) required to hire qualified or certified HCIs?

DMAP does not regulate the health care interpreting industry. However, it is our expectation that CCOs hire only qualified and certified HCIs. CCOs contracting with LSPs may address this through contract language.

9. How can CCOs help with HCI training, qualification and certification?

It is important that CCOs engage in ongoing discussion and planning around this issue. Statewide, we need to find prompt and cost-effective resolutions to develop and fund HCI training programs that are affordable, accessible to all interpreters and meet the needs of the needs of LEP and deaf members in a transformed health system. This includes ensuring the following:

- The cost of HCI certification is not a barrier to individual interpreters and HCI workforce development, and
- Interpreters can easily access HCI training, regardless of geographic location.

CCOs are key partners with OEI, the Oregon Health Care Interpreters Association, LSPs, health care providers, and health care interpreters in addressing this issue. For more information see www.interpreters.oregon.gov.

10. Where can I find a copy of the CCO OARs?

The OARs governing CCOs are located in Division 141 at http://arcweb.sos.state.or.us/pages/rules/oars_400/oar_410/410_141.html.

11. Where can I find a copy of the 2014 CCO's contract?

A sample 2014 contract is available at www.oregon.gov/oha/OHPB/docs/2013-1224-cco-model-contract.pdf.