**Webinar Question**: Is working with a health care interpreter (HCI) from Oregon's central registry a requirement for healthcare providers who only accept commercial plans?

**Response:**

**From Oregon Health Care Interpreter Program FAQ:**

**Question: If a health care provider is providing services to a patient who does not utilize "public funds" (for example, they have private insurance), is the health care provider still required to work with qualified or certified HCIs from the central registry?**

The term "public funds" applies to any "public funds" received by the health care provider's office. Providers who accept no "public funds" would not be required to comply with Oregon's HCI rules. Otherwise, providers who do accept any "public funds" are required to meet the requirements outlined in Chapter 950, Division 50 of the OARs for all patients seen by their office, regardless of the source of payment for those specific services See definition of public funds here: Section (16) of OAR 950-050-0010.

**Question: When the HCI rules talk about "public funds," does that mean all public health services or just Medicaid?**

From Section (16) of OAR 950-050-0010:

(16) "Public funds" means any financial reimbursement or support provided directly or indirectly by the state, county, city, or federal government or any other public entity for the purpose of covering health care services, and includes but may not be limited to:

(a) Medicaid or the Oregon Health Plan;

(b) Medicare;

(c) The U.S. Department of Veterans Affairs;

(d) The Indian Health Service; and

(e) Any medical assistance program administered by the Oregon Health Authority, the Oregon Department of Human Services, or any county or city within Oregon.

**Webinar Question:** Why are CCO's allowed to deny charges for services provided by an interpreter in the HCI database?

**Response:** This question has been sent to the team working with CCOs. To follow up with them, you may write directly to questions.languageaccess@oha.oregon.gov.

**Webinar Question:** We've had a difficult time scheduling and using on-demand interpreter services for less common languages. If we've offered an

interpreter but are unable to schedule one, does OAR allow us the wiggle room to allow patients to use their own family members as interpreters?

**Response:** OHA would be interested to learn more about which languages are difficult to find HCIs to interpret. You may contact the program to share that information at hci.program@oha.oregon.gov**.**

**From Oregon Health Care Interpreter Program FAQ**:

**Can a patient work with a family member or a friend to provide interpreting services?**
No, unless the patient is told that interpreting services are available at no cost and the patient declines. In that case, the patient may instead choose to work with an accompanying adult to interpret rather than the credentialed health care interpreter provided by the health care provider.

**What steps does a health care provider or interpreting service company need to take when arranging for an HCI and what do the rules mean by "good faith effort"?**
Please read **Health Care Provider Requirements** at **950-050-0160** and **Interpreting Service Companies  950-050-0170**

Health care providers and interpreting service companies may view this additional guidance document on meeting the "good faith effort" requirement. This guidance was developed by the Oregon Council on Health Care Interpreters, in collaboration with OHA. Upon request, health care providers and interpreting service companies should be ready to share with OHA, or with the appropriate licensing or certification board, the policies and procedures they have developed for locating and working with HCIs on the central registry and the steps they take when none are available. These processes should include:

- Steps they take for finding an HCI for a health care appointment
- The overall efforts they are making to reduce their reliance on HCIs who are not on the central registry, and
- How those quality improvement efforts are increasing the number of health care interpreting appointments scheduled with HCIs from the central registry.

**Webinar Question:** Are health care interpreters required to provide their full name, registry number, and language interpreted? And are health care providers required to collect this information?

**Response:** Yes and yes.
**950-050-0040**
**Eligibility Standards for Central Registry Enrollment, Qualification and Certification**
(1) To be enrolled in the Health Care Interpreter (HCI) central registry, an individual must:

(g) Agree to provide their full name (to include first and last name), their OHA central registry number, and the language they are interpreting for each interpreting session to health care providers, interpreting service companies, and Coordinated Care Organizations.

## 950-050-0160

### Health Care Provider Requirements

(2) Beginning July 1, 2022, health care providers shall maintain records of each encounter in which the provider worked with a health care interpreter from the health care interpreter central registry or worked with an interpreter not on the central registry and met one of the exceptions in section (1) of this rule. Records for interpreting services provided on or after September 1, 2022, shall be provided to the Authority upon the Authority's request. The record shall include:

(a) The full name of the health care interpreter.

(b) The health care interpreter's central registry number, if applicable.

(c) The language interpreted.

## 950-050-0170

### Interpreting Service Companies

(2) Beginning September 1, 2022, an interpreting service company shall maintain records for each referral of a health care interpreter to work with a health care provider. These records shall be provided to the Authority upon the Authority's request. The record shall include:

(a) The full name of the health care interpreter.

(b) The health care interpreter's central registry number, if applicable.

(c) The language being interpreted.

**Webinar Question:** What steps can the health care providers take to help the interpreters prepare to provide skilled service to the patient/client before the appointment?

**Response:**

**Discussion included:**

- An opportunity for 2-minute huddle before entering room to review encounter topic or patient need.
- Provider introduction of HCI to patient; acknowledgement from provider of HCI
- Through OPI, a quick briefing before starting the actual section.
- If huddle not possible, HCI can ask the provider: "What do you need me to know before we go into the room"?

**Webinar Question:** What is the cost for the certification? Does cost present a barrier for some interpreters?

**Response:**

- [Approved training programs](#) each have their own cost for the 60-hour HCI training.
- [Language proficiency](#) testers have their own costs.
- Some CCOs fund the cost of trainings.
- "Certification" (optional) is offered by [two organizations](#).
- To maintain and renew qualification or certification, HCIs must accrue 24 hours of CEUs over the 4-year credential period.
- OHA funds [free or reduced-cost trainings](#).

**Webinar Question:** Why are there HCIs on the registry but they are not visible on the public facing registry?

**Response:** As of February 1, 2026, HCIs must make their names visible on the registry, with limited exceptions. They may choose not to be contacted and may choose not to list their contact information.

**Webinar Question:** Are CCOs required to distribute the monthly list of HCIs they receive from OHA?

This question has been forwarded to the group working with the CCOs. You may contact them directly by writing questions.languageaccess@oha.oregon.gov.

**Webinar Question:** Does OHA require all CCO's to pay for the HCPCS add on code T1013? It seems some CCOs do and some do not. Why?

**Response:** This question has been forwarded to the group working with CCOs. You may contact them directly by writing questions.languageaccess@oha.oregon.gov.