



PERMANENT ADMINISTRATIVE ORDER

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CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: New Healthcare Interpreter Services Rule in Division 120 General Rules

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ADOPT: 410-120-0001

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RULE SUMMARY: This rule implements sections of HB 2359 applicable to Medicaid reimbursement. This new rule requires Medicaid providers to work with health care interpreters from the OHA health care interpreter registry in order to be reimbursed by OHP for interpretation services. The rule also includes documentation requirements, limitations, and exclusions.

CHANGES TO RULE:

410-120-0001

Interpreter Services

(1) Health care providers are required to provide health care language interpreter services for Medicaid members with Limited English Proficiency (LEP) and communication services for people who are deaf and hard of hearing pursuant to Title VI of the Civil Rights Act, The Americans with Disabilities Act (ADA), ORS 413.550 to 413.558, and subject to the requirements in OAR Chapter 333 Division 002. These services must be provided at no cost to the member. This rule applies to Fee-For-Service providers; for those contracting with a Coordinated Care Organization, refer to OAR 410-141-3515(12) or contact your contracted CCO for requirements.¶

(2) Enrolled OHP providers who wish to bill the Authority for Interpreter services when communicating with a patient who prefers to communicate in a language other than English, including signed languages:¶

(a) Shall work with a qualified or certified health care interpreter from the health care interpreter central registry administered by the Authority;¶

(b) Exceptions to working with the central registry interpreters are specified in OAR 333-002-0250;¶

(c) The Health Care Interpreter Registry can be searched online at <https://hciregistry.dhsosha.state.or.us/>.¶

(3) Documentation requirements: When OHP enrolled providers request reimbursement for interpreter services, the services must be included in the member record. This information can be in any area of the member records if it would be accessible later in the event of an audit or for other review purposes. Documentation shall include:¶

(a) The name of the health care interpreter;¶

(b) The health care interpreter's registry number;¶

(c) The language interpreted (spoken or signed);¶

(d) Date, time and duration of service. ¶

(e) If not working with a Registry interpreter, documentation shall also include: ¶

(A) A description of the attempts taken to use a Registry interpreter, and why these were not successful; or¶

(B) Documentation that the patient declined the Registry interpreter and chose a different interpreter. ¶

(4) Coverage limitations: ¶

(a) OHP will reimburse for interpreter services required for limited and non-English speaking members and/or deaf/hard of hearing members, when these services are necessary and reasonable to communicate effectively with members regarding health need;¶

(b) Interpreter services can only be covered in conjunction with another covered OHP service or medically necessary follow-up visit(s) to the initial covered service;¶

(c) OHP will not reimburse for family members or personal friends used as interpreters unless they are on the registry and doing so is appropriate under federal standards. For the purposes of this rule, "Family" means any of the following: husband or wife, natural or adoptive parent, child, or sibling, stepparent, stepchild, stepbrother or stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent or grandchild, spouse of grandparent or grandchild or any person sharing a common abode as part of a single-family unit;¶

(d) OHP will not reimburse for interpretation provided by doctors, clinicians or staff who are not listed on the registry or who are not proficient in the preferred language of the person consistent with nationally recognized professional standards of care as outlined by organizations such as the American Medical Association, the Joint Commission, the National Committee for Quality Assurance, or another equivalent national standard.¶

(5) Pursuit to OAR 410-120-1280 providers and provider entities are prohibited from billing the Medicaid member for the interpreter services or for the difference between submitted charges and the reimbursement amount. Providers are prohibited from using the Agreement to Pay form 3165 or 3166 to collect these charges to the OHP member.¶

(6) Providers ineligible for separate reimbursement. The Authority will not separately reimburse for interpreter services for the following provider types:¶

(a) Inpatient Hospitals-- included in the inpatient hospital DRG payment method;¶

(b) Federally Qualified Health Centers (FQHCs) - costs are included in the encounter rate;¶

(c) Rural health clinics (RHCs) - costs are included in the encounter rate;¶

(d) Indian Health Service (IHS) - costs are included in the encounter rate;¶

(e) Long-term care facilities - included in the per diem rate;¶

(f) Non-Emergency Medical Transportation providers - the service of transporting a patient does not include interpreter service reimbursements.¶

(g) Home Health Agencies- reimbursement based on Medicare cost report;¶

(h) Certified Community Behavioral Health Clinics (CCBHCs) - costs are included in the encounter rate;¶

(i) Residential Treatment Facilities and Residential Treatment Homes as defined in ORS 443.400 - included in the per diem rate;¶

(j) Authority Licensed Mental Health Adult Foster Homes as defined in ORS 443.705- included in the per diem rate;¶

(k) Hospice.

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: ORS 414.025, 414.065