Medicaid and CHIP Reimbursement Models for Language Services

By: Mara Youdelman[1]

Executive Summary

In 2003, the Department of Health and Human Services (HHS) issued guidance to clarify the responsibilities of health and social services providers who receive federal financial assistance from HHS. HHS's guidance described providers' responsibilities to Limited English Proficient (LEP) persons as required by Title VI of the Civil Rights Act of 1964.[2] All Medicaid and CHIP service providers must ensure that LEP persons receive the language assistance necessary to meaningfully access needed health care services. The Affordable Care Act's (ACA) nondiscrimination provision—Section 1557—builds on Title VI and other federal civil rights laws by extending nondiscrimination protections to individuals participating in any HHS-funded health program or activity.[3] While states are not obligated to reimburse providers for the cost of language services, states do have the option of claiming Medicaid and/or CHIP reimbursement for the cost of interpreting services, either as an administrative expense or optional covered service. By claiming federal matching funds, states are able to reimburse providers for the cost of language assistance services, though states' federal matching rates differ depending on whether on whether they claim reimbursement as an administrative match or as a covered service (See Table 1). Under the CHIP Reauthorization Act of 2009, CMS permitted states to claim an increased federal match for the Medicaid and CHIP translation and interpreting services for eligible children and their family members.[4] Further, states that expand Medicaid under the ACA may receive enhanced reimbursement for language services provided to expansion populations as a covered service—100 percent in calendar years (CY) 2014-2016, 95 percent in CY 2017, 94 percent in CY 2018, 93 percent in CY 2019, and 90 percent in CY 2020 and beyond.[5]

In 2009, the National Health Law Program published an Issue Brief, "Medicaid and SCHIP Reimbursement Models for Language Services," summarizing existing state mechanisms for directly reimbursing providers for language services for Medicaid and CHIP enrollees.[6] This Issue Brief provides an update to the 2009 report and describes states' language services programs, reimbursement processes and rates, interpreter training and certification

requirements, and recent budget and encounter data, as available. State profiles were compiled based on a review of publicly available data, email correspondence, and telephone interviews with state Medicaid officials. Every state was contacted via email to solicit updates for the 2017 Issue Brief. With the exception of Kansas, all profiles included in this Issue Brief were validated by states prior to release.

Currently, only 15 states directly reimburse providers for language services: Connecticut, District of Columbia, Iowa, Idaho, Kansas, Maine, Minnesota, Montana, New Hampshire, New York, Texas (only sign language interpreters), Utah, Vermont, Washington, and Wyoming. Since 2009, two states, Hawaii and Virginia, ceased reimbursement for language services.[7] Existing states' language services programs can serve as a model for other states interested in accessing federal funds to support their language services programs. The use of such interpreters can improve patients' quality of care, enhance understanding of and adherence to medical treatments, and ultimately, decrease health care costs by reducing adverse health care outcomes.

The following pages provide detailed information on the 15 states currently reimbursing providers for the direct costs of language services. Table 1 outlines the available reimbursement rates to states and Table 2 provides an overall summary of the information detailed in the following pages. For general information on how states can use Medicaid and CHIP funds to pay for language services, see NHeLP's *How States Can Get Federal Funds to Pay for Language Services for Medicaid and CHIP Enrollees?*[8]

Connecticut

Background

Connecticut has been drawing down federal matching funds for translation and interpreting services for Medicaid and CHIP enrollees since January 1, 2012. Connecticut also adopted a self-insured Administrative Service Organization (ASO) model for HUSKY Health (the State's Medicaid and CHIP programs) in 2012. The Community Health Network of Connecticut, Inc. (CHCNT) administers the State's medical ASO, which is responsible for providing interpreting services. The State claims reimbursement for interpreting services as an administrative expense for all Medicaid and CHIP enrollees.

Enrollee Category	Administrative FMAP (Fiscal Year (FY) 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children[9]	75%
CHIP	75%

Reimbursement Process

CHNCT contracts with Interpreters and Translators, Inc. for oral translation, Lifebridge Community Services for sign language translation, and LanguageLine Solutions for telephonic interpreting. Providers may arrange for interpreters by contacting CHNCT's Provider Services or Medicaid enrollees may request an interpreter themselves through CHNCT's Member Services. Providers pay interpreters directly and then seek reimbursement from CHNCT. Billable interpreting services include in-person or telephonic oral and sign language interpreting.

Reimbursement Rate

CHNCT maintains undisclosed, negotiated reimbursement rates with its contracted interpreter and translation vendors.

Interpreter Training and Certification Requirements

The interpreter agencies that contract with CHNCT maintain their own qualification standards for their hired interpreters. Connecticut does not have statewide training or certification requirements for language service providers.

Total Expenditures & Encounter Information		
Calendar Year	**Expenditures**	**Encounters**
2013	$257,926.67	Not available
2014	$918,652.03	5,016
2015	$1,472,623.76	7,589

District of Columbia

Background

Enrollee Category	Administrative FMAP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	84%

Washington D.C. ("the District") has drawn down federal matching funds for translation and interpreting services for its Fee-for-Service (FFS) Medicaid enrollees since 2006. The District claims reimbursement as an administrative expense. Medicaid Managed Care (MMC) plans have the responsibility, pursuant to their contracts, to ensure language access. In addition to ensuring compliance with Title VI of the Civil Rights Act of 1964, the Department of Health Care Finance (DHCF), which oversees D.C.'s Medicaid program, also is subject to the requirements of the District of Columbia Language Access Act (LAA) of 2004. Under the LAA, DHCF must provide its limited English proficiency population with access to all programs and services offered by the agency.

Reimbursement Process

Reimbursement Rate

DHCF negotiates different and undisclosed rates with each language services vendor.

FFS providers must request interpreting services at least ten business days prior to the date of service or appointment by sending an Order Form to DHCF, which reviews and approves or disapproves requests, or to one of the four language services vendors with which DHCF contracts. Each language services vendor is responsible for providing one type of langague access service: in-person interpreting; telephonic interpreting; American Sign Language; and written translation. However, DHCF only reimburses vendors for in-person oral or sign language interpreting services provided to patients of FFS providers. Once approved, DHCF sends the provider's request to the appropriate interpreter services agency to identify an available interpreter. The language services agency then notifies the requesting provider and Medicaid beneficiary that an interpreter is confirmed. DHCF reimburses the language services vendors directly. The District does not reimburse FFS providers for language services provided at hospitals, home health agencies or Federally Qualified Health Centers (FQHCs).

Providers serving Medicaid managed care (MMC) enrollees must request an interpreter directly from a Managed Care Organization (MCO). The MCO notifies the requesting provider and Medicaid beneficiary of the availability of an interpreter within three business days.

Interpreter Training and Certification Requirements

The District's contracted language services agencies maintain their own qualification standards for their hired interpreters. D.C. does not have any additional training or certification requirements for interpreters.[10]

Total Expenditures & Encounter Information		
Fiscal Year	**Expenditures**	**Encounters**
2013	$187,373.77	Not available
2014	$232,997.00	
2015	$324,329.38	

Website

DHCF is currently in the process of updating its website to include interpreting services information.

Idaho

Enrollee Category	Covered Service FMAP (FY 2017)
Medicaid	70.76%
CHIP	100%

Background

Idaho has been reimbursing providers for the cost of interpreters since at least 1990. The State claims reimbursement as a covered service for enrollees in the Medicaid and CHIP FFS and Primary Care Case Management programs.

Reimbursement Process

Providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement with specific interpreter billing codes. Providers may bill for both in-person oral and sign language services. Providers must use independent interpreters and may only submit claims for services provided by staff members if they can document the staff are not receiving any other form of wages or salary during the period of time they are interpreting. Providers can locate an interpreter by calling Idaho's CareLine.

Reimbursement Rate

Idaho reimburses interpreters at $3.04/15 minute unit for oral interpreters and $12.50/15 minute unit for sign language interpreters.

Hospitals, home health agencies, rural health clinics, FQHCs, Indian Health Centers, and long-term care facilities may not claim reimbursement for language services, as they are considered part of the facilities' overhead and administrative costs. The State also does not reimburse for telephonic interpreting services.

Interpreter Training and Certification Requirements

The State is developing a Medicaid policy website, which will include a comprehensive document on interpreting services. The policy document will address interpreter training and certification requirements.[11]

Total Expenditures & Encounter Information		
State Fiscal Year	**Expenditures**	**Encounters**
2013	$385,927.12	70,012
2014	$212,264.52	38,052
2015	$204,031.08	28,203

Website

Idaho's Department of Health and Welfare is updating its Medicaid website to include information about its language services

Iowa

Background

Iowa began reimbursing for oral and sign language services in its Medicaid and CHIP programs in July 2009. For FFS providers, the State claims reimbursement as a covered service. Medicaid Managed Care (MMC) plans have the responsibility, pursuant to their contracts with the State, to ensure language access. As of April 2016, three MMC plans cover the majority of Medicaid and CHIP enrollees.

Enrollee Category	Covered Service FMAP (FY 2017)
Medicaid – Children, Parents, Pregnant Women, Aged, Blind, Disabled	56.74%
Medicaid – Newly Eligible Adults	100%
CHIP	92.72%

Reimbursement Rate

Iowa reimburses interpreters at $14.39/15 minute unit of in-person sign language or oral interpreting and $1.63/minute for telephonic interpreting.

Reimbursement Process

Providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement with specific interpreter billing codes. Billable language services include in-person oral, sign language and telephonic interpreting. Providers can bill for language services only when using interpreters who exclusively provide interpreting services, are employed or contracted by the billing provider, and facilitate access to Medicaid covered services. Providers also may bill for interpreters' travel and wait time. Providers locate interpreters through the Medicaid member services call center or, for MMC enrollees, through MMC plans' respective member services hotlines. Providers serving MMC enrollees bill the MMC plan directly; the State's MMC capitation rate includes the costs of language services.

Unlike many other states, Iowa permits hospitals to bill for language services in inpatient settings. However, to do so, the hospital must submit a separate "outpatient" claim for the interpreting services that are reimbursed separately from the inpatient DRG (Diagnosis Related Group) payment.

Providers who submit cost reports that include language services are reimbursed pursuant to those cost reports. These providers may include Federally Qualified Health Centers (FQHCs), rural health clinics, community mental health centers, remedial, local education agencies, and targeted case management. The State does not cover interpreting services made available by bilingual staff employed by the provider.

Interpreter Training and Certification Requirements

Billing providers are responsible for determining an interpreter's competency. The State suggests that providers use the National Council on Interpreting in Health Care's standards for determining the competency of oral interpreters. Sign language interpreters must be licensed, pursuant to the State's requirements by the Board of Interpreter for the Hearing Impaired Examiners.[12]

Total Expenditures & Encounters Information		
Calendar Year	**Expenditures**	**Encounters**
2013	$644.764.11	Not available
2014	$605,410.07	
2015	$699,404.99	

Website

For more information about Iowa's reimbursement process, please see this document. *Note: Reimbursement rate has been updated since July 2009 (see above).*

Kansas

Note: *This information is current as of 2009. Kansas did not respond to requests for updated information.*

Enrollee Category	Administrative FMAP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	75%

Background

In 2003, Kansas began offering Medicaid Managed Care (MMC) healthcare providers access to a telephone interpreter/language line in response to results from a provider survey as well as due to federal MMC regulations. As of 2009, the service was provided to primary care providers and specialists. The State claimed reimbursement as an administrative expense.

Reimbursement Process

As of 2009, the State's Medicaid fiscal agent administered the State's use of two language lines—Propio Language Services for Spanish interpreting and Certified Languages International for other languages. Providers called into the Managed Care Enrollment Center (MCEC) and provided a password to the customer service representative (CSR). The CSR then connected to the language line and the provider used their services. The bill was returned to the MCEC who then passed it to the State's Medicaid agency for reimbursement. Providers were not reimbursed directly.

Reimbursement Rate

$1.10/minute for Propio Language Services for Spanish interpreting and $2.04/minute for Certified Languages International for non-Spanish languages.

Interpreter Training and Certification Requirements

As of 2009, there were no interpreter training or certification requirements.

Maine

Enrollee Category	Covered Service FMAP (FY 2017)
Medicaid	64.38%
CHIP	98.07%

Background

Maine has been drawing down federal matching funds for translation and interpreting services for Medicaid FFS enrollees since 2001. The State claims reimbursement as a covered service.

Reimbursement Process

Providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement with specific interpreter billing codes. Billable interpreting services include in-person oral, sign language and telephonic interpreting. Providers must include a statement of verification in the patient's medical record documenting details of the interpreting services, such as duration and cost; they also must ensure that interpreters protect patient confidentiality and adhere to an interpreter code of ethics. The State allows two interpreters for deaf or hard of hearing patients who utilize non-standard signing and request both a deaf and a hearing interpreter. Providers can access a list of licensed sign language interpreters from the Maine Office of Professional & Occupational Regulation, or spoken language interpreters through local resources.

Reimbursement Rate

Maine reimburses interpreters at the lesser of $20/15 minute unit or the usual and customary fee.

While the interpreter's travel time can be included in the claim, the State does not reimburse for wait time or the cost of transportation, such as mileage reimbursement. Patients' family members or friends may provide interpreting, but the State does not reimburse for those services.[13] Private non-medical institutions, nursing facilities, and intermediate care facilities for developmentally disabled patients may not bill the State for interpreting costs, as those are included in providers' bundled payment rates.

Interpreter Training and Certification Requirements

The Maine Department of Professional and Financial Regulations licenses sign language interpreters as Certified Interpreters/Transliterators, Certified Deaf Interpreters, Limited Interpreters/Transliterators, or as Limited Deaf Interpreters. Oral language interpreters do not require licensure from the State to be reimbursed for their services.[14]

Total Expenditures & Encounter Information		
Calendar Year	**Expenditures**	**Encounters**
2013	$1,450,224.07	25,141
2014	$1,982,874.48	31,934
2015	$3,241,785.94	42,419

Website

For more information on the State's Language Access Requirements, please visit this website.

Minnesota

Background

Minnesota has drawn down federal matching funds for translation and interpreting services for Medicaid and CHIP FFS and Medicaid Managed Care (MMC) enrollees since 2001. For FFS providers, the State claims reimbursement as an administrative expense. MMC plans have the responsibility, pursuant to their contracts with the State, to ensure language access.

Enrollee Category	Administrative FMAP (FY 2017)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	75%

Reimbursement Process

All FFS providers can claim reimbursement for the use of interpreters when providing outpatient services. To do so, providers must both arrange and pay for interpreting services and then seek reimbursement from the State. Billable language services include in-person oral and sign language, telemedicine, and telephonic. Providers serving MMC enrollees bill the MMC plan directly, and the State's MMC capitation rate includes the costs of language services.

Hospitals may obtain reimbursement for interpreting costs provided for outpatient care but not for inpatient care. The costs of language services provided in inpatient settings are bundled into the hospital payment rate, otherwise known as the Diagnosis Related Group (DRG) rate, which is adjusted based on historical claims data. Further, other providers, including nursing facilities, rural health clinics, and FQHCs, cannot claim reimbursement for interpreting services since these costs are included in their bundled or cost based rate payment rates.

Reimbursement Rate

Minnesota reimburses interpreters at $12.50/15 minute unit with a max of 8 units (2 hours) per day without authorization.

Interpreter Training and Certification Requirements

To be reimbursed by the State for spoken language services (vs. sign language services), FFS providers must use interpreters listed on the State's Department of Health (DOH)-maintained roster, as established by law in 2008.[15] In 2015, the DOH submitted a report to the Legislature proposing a tiered registry system to replace the roster,[16] but the Legislature has not yet acted on the recommendation. The State does not set any certification or training requirements to be included on the roster; interpreters pay a fee to be listed. The Department of Human Services Office of Deaf and Hard of Hearing Services maintains a separate list of sign language interpreters.[17]

Total Expenditures and Encounter Information		
Calendar Year	**Expenditures**	**Encounters**
2013	$2,268,099.73	Not available
2014	$2,419,646.53	
2015	$2,853,177.20	

Website

For more information, please visit this website.

Montana

Background

Montana began reimbursing interpreters in its Medicaid and CHIP program in 1999. In May 2015, Montana released an updated Cultural and Language Services policy that governs language services for the State. Montana covers interpreting services provided to eligible Medicaid enrollees in its Medicaid, Healthy Montana Kids (CHIP) and Healthy Montana Kids *Plus* programs. The State claims reimbursement as an administrative expense.

Enrollee Category	Administrative FMAP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	80.89%

Reimbursement Process

Reimbursement Rate

Montana reimburses interpreters at the lesser of the usual and customary charge or $10.00/15 minute unit for sign language, $8.75/15 minute unit for in-person oral, and $6.25/15 minute unit for video or telephonic services.

Montana reimburses interpreters directly for the language services that they provide. Billable services include in-person, telephonic, and video interpreting for both oral and sign language services. Providers schedule interpreters for their patients and must sign the interpreter's billing invoice to verify that the services were medically necessary and performed on the date noted. Providers may access oral language interpreters through a list maintained by the Montana Department of Transportation and certified sign language interpreters through Montana's Registry of Interpreters for the Deaf. Interpreters must submit the signed and dated Cultural and Language Services Invoice to the Health Resources Division of the Department of Public Health and Human Services (DPHHS) within one year of the service date for reimbursement. If the interpreters' fees are greater than the State's allowable reimbursement rate, interpreters are prohibited from billing the Medicaid member for the difference between the submitted charges and reimbursed amount.

Interpreters may seek reimbursement for up to one 15-minute unit of time that an interpreter spends outside of a provider's office providing information or instructions to a Medicaid enrollee about his or her medical services. For example, a provider could bill for the time that an interpreter spends with a Medicaid enrollee at the pharmacy picking up prescription medications.

The State does not reimburse for interpreting services that may be reimbursed by other programs or sources or that are administered by a provider's paid employee or a patient's

family member. Interpreters may not claim reimbursement for travel, waiting time, or "no-show" appointments.

Interpreter Training and Certification Requirements

While Montana does not require accreditation for oral or sign interpreters, it does require that providers hire "qualified interpreters" as defined by the Americans with Disabilities Act (ADA). The ADA defines a "qualified interpreter" as "an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively using any necessary specialized vocabulary."[18,19]

Total Expenditures & Encounters Information		
Calendar Year	**Expenditures**	**Encounters**
2013	$5,192	Not available
2014	$8,877	
2015	$12,924	

Website

For more information, please see Montana's Cultural and Language Services Policy at this link.

New Hampshire

Background

New Hampshire has reimbursed for translation and interpreting services for Medicaid and CHIP enrollees since the 1980s. For FFS enrollees, the State claims reimbursement as an administrative expense. Medicaid Managed Care (MMC) plans have the responsibility, pursuant to their contracts with the State, to ensure language access for their enrollees. Today, MMC plans enroll the majority of the State's Medicaid recipients.

Enrollee Category	Administrative FMAP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	75%

Reimbursement Process

Sign and oral language interpreters must enroll as Medicaid providers through an abbreviated enrollment process (since they do not provide medical services) to be reimbursed for translation and interpreting services by the State. Interpreters can bill the State directly for their services, or an agency that coordinates interpreting services can bill on behalf of the interpreter. The State contracts with Xerox to manage Medicaid provider enrollment and billing for interpreters. The Language Bank, a nonprofit interpreting and translation services agency, coordinates the majority of the State's interpreting services. Providers can contact the Language Bank or the Medicaid client services hotline to receive a list of enrolled interpreters to arrange language services for a patient.

Reimbursement Rate

New Hampshire reimburses interpreters at $90/event (up to two hours) and $11.25 for each additional 15 minute unit, a significant increase from pre-December 1, 2011 reimbursement rates of $15/hour for the first hour and $2.25 for each additional 15 minute unit.

The State does not reimburse for non-face-to-face interpreting time, such as telephone calls to set up appointments or travel time. In addition, New Hampshire does not reimburse for interpreters used in provider settings that receive cost-based or all-inclusive reimbursement. For example, interpreters may not claim Medicaid reimbursement for interpreting services provided to hospitals (inpatient or outpatient settings), community health centers, or nursing facilities; these providers negotiate their own reimbursement rates with interpreters.

In 2011, the State significantly increased its interpreter reimbursement rate (see "Reimbursement Rate" above). As a result of this and other targeted outreach efforts, the State has increased the number of available interpreters.

Interpreter Training and Certification Requirements

The State does not maintain certification or training for oral language interpreters. However, the Language Bank, which handles the majority of providers' requests for interpreters, monitors the quality and training of interpreters through its hiring process. Sign language interpreters must be certified by the Registry of Interpreters for the Deaf, the New Hampshire Registry of Interpreters for the Deaf, or the New Hampshire Department of Education to claim reimbursement as a Medicaid provider.[20]

Total Expenditures & Encounter Information
Aggregated data on interpreter spending & encounters are not available due to recent systems changes.

Website
For a recent Provider Bulletin detailing the State's reimbursement policies for interpreting services, please visit this link.

New York

Background

New York has been drawing down federal matching funds for translation and interpreting services for Medicaid FFS enrollees in certain outpatient provider settings since 2012. In addition, CMS approved a New York Medicaid State Plan Amendment in 2012 to allow for enhanced reimbursement for inpatient hospital services that require language assistance.[21] The State claims interpreter services reimbursement as an administrative expense. Medicaid Managed Care (MMC) plans have the responsibility, pursuant to their contacts with the State, to ensure language services access for Medicaid members who are deaf and hard of hearing or have limited English proficiency.

Enrollee Category	Administrative FMAP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	75%

Reimbursement Process

The following providers may bill the State for interpreting services: providers in hospital settings, mental health clinics, substance abuse and alcoholism clinics, treatment facilities for individuals with developmental disabilities, hospital Emergency Departments, Diagnostic and Treatment Centers, FQHCs, and medical offices. Providers must contract with or employ third-party interpreters, pay them directly, and then submit claims to the State for reimbursement. Billable interpreting services include in-person or telephonic oral and sign language interpreting.

Reimbursement Rate

New York reimburses interpreters at $11.00 for sessions that last 8 to 22 minutes, and $22.00 for sessions that last 23 or more minutes.

FQHCs that receive federal prospective payment rates instead of the State's Ambulatory Patient Group rates may not bill separately for interpreting services, as the federal payment rate includes coverage for these services.

Interpreter Training and Certification Requirements

Interpreters must demonstrate competency and skills in medical interpreting techniques, ethics, and terminology. The State recommends, but does not require, that interpreters be recognized by the National Board of Certification for Medical Interpreters.[22]

New York's expenditures and encounters data is not available.

Website

For more information, please see New York State's October 2012 Medicaid Newsletter at this link.

Texas

Background

Enrollee Category	Covered Service FMAP (FY 2017)
Medicaid	56.18%
CHIP	92.33%

Texas has been reimbursing certain Medicaid FFS providers for sign language interpreting since September 2007.[23] The State claims reimbursement as a covered service for Medicaid FFS enrollees who are deaf or hard of hearing or for a parent or guardian of a Medicaid enrollee if the parent or guardian is deaf or hard of hearing. The State does not provide reimbursement for oral language services in any provider setting.

Reimbursement Process

Reimbursement Rate

Texas reimburses sign language interpreters at $76.05 for the first hour of service and $19.01/each additional 15 minute unit for up to 7 hours per day.

FFS providers in private or group practices with fewer than 15 employees may seek Medicaid reimbursement for sign language interpreting. They must arrange and pay for interpreting services and then seek reimbursement from the State. Providers can locate sign language interpreters through an online list maintained by the State's Division for Rehabilitative Services' (DARS) Office for Deaf and Hard of Hearing Services. Billable services include provision of voice-to-sign, sign-to-voice, gestural-to-sign, sign-to-gestural, voice-to-visual, visual-to-voice, sign-to-visual, or visual-to-sign. Providers must include documentation of the interpreting services in the patient's medical record, including the interpreter's name and certification level.

The State does not reimburse FFS practices with more than 15 employees; the State expects those providers to comply with federal civil rights law and make language services accessible to patients who need them. MMC plans are contractually obligated to offer interpreting services (including sign language) for members.

Interpreter Training and Certification Requirements

The State requires that sign language interpreters be certified by either the DARS Office for Deaf and Hard of Hearing Services, Board for Evaluation of Interpreters or the National Registry of Interpreters for the Deaf to receive reimbursement for language services.[24]

Total Expenditures & Encounter Information		
State Fiscal Year	**Expenditures**	**Encounters**
2013	$3,367.90	58
2014	$1,383.79	37
2015	$23,528.53	1,153

Website

For more information, please see Section 9.2.65 of Texas' Medicaid Provider Procedures Manual available at this link.

Utah

Background

Utah reimburses providers for language services as an administrative expense when three criteria are met: 1) the client is eligible for a federal or state medical assistance program (including Medicaid and CHIP); 2) the client is FFS; and 3) the health care service needed is covered by the medical program for which the client is eligible. Effective 2013, Utah Medicaid subscribed to a MCO model of care for the majority of its enrollees; MCOs must provide interpreting services for their patients as part of their contracts with the State. In State FY 2016, Managed Care expanded to nine additional counties, reducing the amount expended for interpreting services on a FFS basis.

Enrollee Category	Administrative Expense FMAP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged/Blind/Disabled	50%
Medicaid – Children	75%
CHIP	83.93%

Reimbursement Process

Utah Medicaid utilizes 10 language service organizations (LSOs) with contracts through the Utah Department of Administrative Services, Division of Purchasing & General Services for FFS Medicaid enrollees. Three LSOs provide American Sign Language interpreting services, two provide telephonic interpreting services, and five provide in-person interpreting services. Health care providers are required to call one of the LSOs to arrange for needed interpreter services. Providers do not receive any rate enhancements for being bilingual or having interpreters on staff. Providers do not bill Medicaid directly; rather, interpreters bill the Medicaid agency.

Reimbursement Rate

Utah reimburses its LSOs between $30-66/hour for a one-hour minimum, with variability by company, time of day, and less frequently encountered languages.

Hospitals can utilize Medicaid-funded interpreters for FFS Medicaid enrollees for all services covered by Medicaid, both in- and out-patient, but the hospital is required to cover interpreting costs for in-patients. Hospitals are not permitted to use the Medicaid language services for MMC enrollees.

Total Expenditures (FFS Only)		
State Fiscal Year	**Expenditures**	**Encounters**
2014	$182,339.92	Not available
2015	$118,146.39	
2016	$78,735.81	

Interpreter Training and Certification Requirements

Utah does not have training or certification for interpreters but requires the contracted LSOs to provide information on quality assurance measures, including ethics standards, confidentiality, cultural competence and training in medical terminology.[25]

Website

For more information, please see Utah's Guide to Medical Interpretive Services at this link and the Utah Medicaid Provider Manual at this link.

Vermont

Background

Vermont has drawn down federal matching funds for translation and interpreting services for Medicaid enrollees since the mid-2000s. The State claims reimbursement as an administrative expense.

Enrollee Category	Administrative FMAP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	75%

Reimbursement Process

Providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement with specific interpreter billing codes. Billable interpreting services include in-person or telephonic oral and sign language interpreting. The Vermont Agency of Human Services Green Mountain Care Provider Manual provides a list of interpreter provider agencies as a resource to providers, though providers may hire any interpreter. Vermont permits reimbursement for time spent with an interpreter filling out forms or reviewing instructions outside of the provider encounter. The State does not reimburse for travel time, waiting time, "no show" appointments, or bilingual staff who serve as interpreters.

Reimbursement Rate

Vermont reimburses interpreters at the lesser of $15/15 minute unit or the usual and customary fee.

Interpreter Training and Certification Requirements

The State's recommended interpreter agencies maintain their own qualification standards for their hired interpreters. Vermont does not have any additional training or certification requirements for interpreters.[26]

Total Expenditures & Encounter Information		
Calendar Year	**Expenditures**	**Encounters**
2013	$165,925.05	4,454
2014	$166,991.68	4,153
2015	$195,566.99	4,687

Website

For more information, please see Section 9.8 of Vermont's Medicaid Provider Manual available at this link.

Washington

Background

The Washington Health Care Authority (HCA), which oversees the State's Medicaid program, reimburses for language services provided to Medicaid and CHIP enrollees in both public and non-public healthcare settings. Across both settings, the State claims federal reimbursement as an administrative expense, but the reimbursement processes and rates vary.

Enrollee Category	Administrative FMAP/FFP (FY 2017)
Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	75%

Washington partially reimburses governmental entities for the administrative expense of providing interpreting services to Medicaid and CHIP enrollees through its Medicaid Administrative Claiming (MAC) Program. An administrative fee is required to participate in MAC. For Medicaid enrollees receiving services from non-public entities, the HCA contracts with CTS LanguageLink to serve as the statewide coordinating entity managing language access providers. The State pays CTS LanguageLink an administrative fee.

Reimbursement Process: Public Entities

Reimbursement Rate – *Public Entities*

Medicaid: 50% Federal Financial Participation (FFP) of allowable expenses

CHIP: 75% FFP of allowable expenses

To seek reimbursement for interpreting services under the MAC Program, governmental entities such as public hospitals and local health jurisdictions must contract directly with the HCA. The public entities may request partial reimbursement for administrative activities which can include the salary and benefits for staff interpreters and contract expenses for interpreting agencies that directly support the administration of the Title XIX Medicaid State Plan. The State reimburses contracted governmental entities through the Certified Public Expenditure (CPE) process, in which contracted governmental entities submit reimbursement invoices to HCA on a quarterly basis. The MAC Program contract requires contracted governmental entities to:

- Provide local matching funds and ensure matching funds meet federal funding requirements;
- Use only certified interpreters (see below for certification requirements);
- Coordinate and deliver interpreter services as specified by the State;
- Collect, submit and retain client data as required; and,
- Accept all disallowances that may occur.

Reimbursement Process: Non-Public Entities

Authorized Requestors (including fee-for-service providers, managed care organizations, and private hospitals) may request in-person, video-remote, and telephonic interpreters for spoken and sign language services provided in non-public healthcare settings for eligible Medicaid services. Authorized Requestors request interpreting services through an online portal developed and maintained by the CTS LanguageLink. HCA provides payment to CTS LanguageLink for eligible services, and CTS LanguageLink pays language access providers the negotiated reimbursement rates (see Reimbursement Rate box). The State does not reimburse for travel time, waiting time, or interpreting services provided by a provider's bilingual employee or a patient's family member.

Reimbursement Rate – *Non-Public Entities*

Washington reimburses interpreters in non-public entities at $38/hour for in-person oral services, $0.60/minute for telephonic and video oral services in accordance with a collective bargaining agreement (7/2016), and $80-$125/hour for sign language interpreters.

Interpreter Training and Certification Requirements

The Washington Department of Social and Health Services (DSHS) manages a comprehensive Language Testing and Certification (LTC) program for interpreters working in both public and non-public settings. The State requires that for eight foreign languages (Spanish, Vietnamese, Cambodian, Lao, Mandarin, Cantonese, Russian, and Korean), interpreters become certified by taking either a DSHS LTC medical or social service certification test. Interpreters for all other languages must complete a different DSHS LTC testing process to be deemed "authorized" rather than "certified" (the "authorization" does not provide in-language testing but is more akin to a screening test). To receive certification or authorization, all interpreters must attend orientation and ethics training and pass the LTC examination. To maintain their qualifications, interpreters must either earn continuing education credits, including ethics training, or retake the State's examination every four years. The State offers testing three to six days per month at four sites. To date, the State has administered tests in 88 languages, plus major dialects.[27]

Total Expenditures & Encounters Information		
State Fiscal Year	**Expenditures**	**Encounters**
NON-PUBLIC ENTITIES		
2014	$11,964,707.52	248,639
2015	$14,729,295.47	301,386
2016	$12,606,193.66	263,846
PUBLIC ENTITIES		
2015	$2,255,612.28	Not available

Website

For more information, please visit the HCA's interpreting services website at this link.

Table 1. Federal Medical Assistance Percentages (FMAP) Framework

	Type of Beneficiary	FMAP
Covered Service[28]	Medicaid – Newly Eligible Adults	100% for 2016 / 95% for 2017 *(Expansion States Only)*
	Medicaid – Children / Adults	State's Traditional FMAP
	CHIP	Enhanced FMAP (eFMAP) + 23 percentage points
Administrative Cost[29]	Medicaid –Adults, Pregnant Women, Aged, Blind, Disabled	50%
	Medicaid – Children	75%
	CHIP	75% *OR* eFMAP + 5 percentage points (whichever is higher but not to exceed 100%)

Table 2. Overview of States' Language Services Programs

State	Medicaid and CHIP providers who can submit reimbursement	Providers the state reimburses	Reimbursement rates for language services provided to Medicaid/CHIP enrollees	Administrative or Service Claims
CT	All providers	Providers	Not available	Administrative
DC	Fee for Service (FFS)	Language agency vendors	Not available	Administrative
IA	FFS providers who do not submit cost reports	Providers	$14.39/15 min. (oral); $1.63/min. (telephonic)	Service
ID	FFS and Primary Care Case Management programs	Providers	$3.04/15 min. (oral); $12.50/15 min. (sign language)	Service
KS*	Not applicable	Fiscal agent	Spanish: $1.10/min.; Other languages: $2.04/min.	Administrative
ME	FFS	Providers	Lesser of $20/15 min. or usual and customary fee	Service
MN	FFS	Providers	$12.50/15 min.	Administrative
MT	All	Interpreters	Lesser of usual and customary or $10/15 min. for sign language, $8.75/15 min. for in-person oral, and $6.25/15 min. for video/telephonic	Administrative
NH	FFS	Interpreters enrolled as	$90/event (up to two hours); $11.25 for each	Administrative

State	Medicaid and CHIP providers who can submit reimbursement	Providers the state reimburses	Reimbursement rates for language services provided to Medicaid/CHIP enrollees	Administrative or Service Claims
		Medicaid providers	additional 15 min.	
NY	FFS	Providers	$11/8-22 min.; $22/>23 min.	Administrative
NC	FFS	Counties	Varies by county	Administrative
TX	FFS providers in private or group practices with < 15 employees	Providers	$76.05 for first hour; $19.01 for each additional 15 min.	Service
UT	FFS	Language agencies	$30-66/hour	Administrative
VT	FFS	Providers	Less of $15/15 min. or usual and customary fee	Administrative
WA	Public entities	Public entities	50% for Medicaid; 75% for CHIP[30]	Administrative
	Non-public entities	CTS Language Link	$38/hour (oral); $.60/min. (telephonic); $80-125 (sign language)	Administrative
WY	FFS	Interpreters	$11.25/15 min.	Service

** State information current as of 2009.*

ENDNOTES

[1] Special thanks to Arielle Traub and Kinda Serafi at Manatt, Phelps & Phillips, LLP for their assistance updating this brief.
[2] Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency, 68 Fed. Reg. 103 (May 29, 2003). Available at https://www.gpo.gov/fdsys/pkg/FR-2003-05-29/html/FR-2003-05-29-FrontMatter.htm.
[3] Section 1557 of the Patient Protection and Affordable Care Act, codified at 42 U.S.C. § 18001; 45 C.F.R. § 92. Available at https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf.
[4] The enhanced administrative match is 75% under Medicaid and 75% or the state's enhanced Federal Medical Assistance Percentages (FMAP) + 5%, whichever is higher, under CHIP, subject to the 10% statutory limit on CHIP administration.
[5] Section 1905(y)(1) of the Social Security Act, codified at 42 U.S.C. § 1396d.
[6] Youdelman, M. (2009). *Medicaid and SCHIP Reimbursement Models for Language Services (2009 Update).* National Health Law Program. Available at https://protect-us.mimecast.com/s/wXYmBQHAnqkUD?domain=healthlaw.org.
[7] When Hawaii shifted from Medicaid fee-for-service (FFS) to Medicaid Managed Care (MMC) in August 2014, the State began wrapping the cost for such services into its MMC capitated payments. Similarly, Virginia piloted a project for reimbursement in 2006 but opted not to renew the project.
[8] See http://www.healthlaw.org/publications/browse-all-publications/how-states-get-federal-funds-medicaid-chip-2010#.WBjtji0rKM8.

[9] The increased CHIP match rate is available for translation and interpreting services provided to children of families for whom English is not their primary language and family members of those children. For instance, if a child's parent/guardian requires interpreting services during the child's medical appointment, that service would be reimbursable at the state's increased CHIP match rate. However, if that child's parent/guardian goes to a doctor's appointment on his/her own and requires interpreting services, that service would be reimbursed at the standard 50 percent Medicaid administrative matching rate.
[10] D.C. Department of Health Care Finance. Available at http://dhcf.dc.gov/.
[11] Idaho Department of Health and Welfare. Available at http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx.
[12] State of Iowa, Informational Letter No. 818, https://dhs.iowa.gov/sites/default/files/818TIforHospitals.pdf.
[13] Under the Affordable Care Act, this practice is strongly discouraged, except in emergencies or adult friend/family member with consent. 45 C.F.R. § 92. Available at https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf.
[14] State of Maine Department of Health and Human Services, Language Access Requirements. Available at http://www.maine.gov/dhhs/language_access.shtml.
[15] Interpreter Services Quality Initiative, Section 144.058 (2008) – Available at https://www.revisor.mn.gov/statutes/?id=144.058.
[16] "Interpreting in Health Care Settings: Recommendations for a Tiered Registry." Minnesota Department of Health, Health Regulation Division. February 2015. Available at http://www.health.state.mn.us/divs/opa/2015interpreterrpt.pdf.
[17] Minnesota Department of Health, Interpreter Roster: Spoken Language, Health Care. Available at http://www.health.state.mn.us/interpreters.
[18] ADA Requirements. U.S. Department of Justice, Civil Rights Division, Disabilities Rights Section. Available at https://www.ada.gov/effective-comm.htm.
[19] Montana Department of Public Health and Human Services, Cultural and Language Services Policy. https://medicaidprovider.mt.gov/Portals/68/docs/forms/hrdculturallanguageservicespolicy052015.pdf.
[20] New Hampshire, Provider Bulletin. Available at https://nhmmis.nh.gov/portals/wps/wcm/connect/032c3c80477c9ea0978adf16d3137f96/provider+notice+2+interpreter+codes+dec+2014final.pdf?MOD=AJPERES.
[21] New York Medicaid State Plan Amendment, available at: https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NY/2013/NY-12-28.pdf.

[22] New York State Medicaid Update (October 2012). Available at https://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf.
[23] H.B. 3235, 79th Legislature, Regular Session, 2005.
[24] Texas Medicaid Provider Procedures Manual (September 2016). http://www.tmhp.com/TMPPM/TMPPM_Living_Manual_Current/Vol2_Medical_Specialists_and_Physicians_Services_Handbook.pdf.
[25] Utah's Guide to Medical Interpretive Services. Available at https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid Provider Manuals/All Providers General Attachments/InterpretGuide9-15.pdf; Utah Medicaid Provider Manual. Available at https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid Provider Manuals/All Providers General Information Section I/SECTION_I_7-16.pdf.
[26] Green Mountain Care Provider Manual. Available at https://vtmedicaid.com/Downloads/manuals/New Consolidated Manual/VTMedicaidProviderManual.pdf.
[27] Washington Health Care Authority, Interpreter Services. Available at http://www.hca.wa.gov/billers-providers/programs-and-services/interpreter-services.
[28] Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, "Federal Medical Assistance Percentages or Federal Financial Participation in State Assistance Expenditures." Available at https://aspe.hhs.gov/federal-medical-assistance-percentages-or-federal-financial-participation-state-assistance-expenditures.
[29] CMCS Informational Bulletin (April 26, 2011), "Recent Developments in Medicaid." Available at https://downloads.cms.gov/cmsgov/archived-downloads/CMCSBulletins/downloads/Info-Bulletin-4-26-11.pdf.
[30] Washington partially reimburses governmental entities for the administrative expense of providing interpreting services to Medicaid and CHIP enrollees through its Medicaid Administrative Claiming (MAC) Program.