NATIONAL HEALTH LAW PROGRAM

Medicaid and CHIP Reimbursement Models for Language Services

2024 Update

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About the National Health Law Program

The National Health Law Program (NHeLP) protects and improves access to health care for low-income and underserved people and works to advance health equity. We believe that everyone should have access to high quality, equitable health care and be able to achieve their own highest attainable standard of health. We enforce health care and civil rights laws; advocate for better federal and state laws and policies; train, support and partner with national, state and local health and civil rights advocates; and use strategic communications to achieve these goals.

Medicaid and CHIP Reimbursement Models for Language Services

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Executive Summary

Access to language services, such as oral interpreting or written translation services, is critical to enhancing patients' understanding of and adherence to medical treatments, improving health outcomes, improving quality of care, reducing health care costs, and promoting health equity.[1] Federal law—Title VI of the Civil Rights Act of 1964, Section 1557 of the Affordable Care Act (ACA), and Section 504 of the Rehab Act of 1973 as well as the 2003 Department of Health and Human Services (HHS) "LEP" guidance—requires that all Medicaid and Children's Health Insurance Program (CHIP) services providers, including State Medicaid agencies, who receive federal funds from HHS, make language services available to those with Limited English Proficiency (LEP) to ensure meaningful access to needed health care services.[2]

While State Medicaid agencies have the obligation to ensure meaningful access, they are not required to reimburse Medicaid providers for the cost of language services. However, states have the option of claiming Medicaid and CHIP reimbursement, either as an administrative expense or optional covered service, to reimburse the agencies and Medicaid providers for their cost to provide language services. Federal matching rates differ depending on how states claim for language services (as an administrative expense or as a covered service) and other state-specific Medicaid eligibility factors (See Table 1 for details). Under the CHIP Reauthorization Act of 2009, the Centers for Medicare & Medicaid Services (CMS) permits states to claim an increased federal match for Medicaid and CHIP language services for eligible children and their family members.[3] Further, states that expanded Medicaid under the ACA may receive a 90% match for language services provided to expansion populations as a covered service.[4]

Since 2009, in an effort to elevate states' approaches to helping Medicaid/CHIP providers meet their obligation to make language services broadly available to individuals with LEP and/or individuals who are deaf or hard of hearing, the National Health Law Program (NHeLP) has published information about state Medicaid programs that directly reimburse providers for language services for Medicaid and CHIP beneficiaries.[5] This issue brief, an update to the 2017 report, describes state efforts, with a focus on translation/interpreting services in

clinical settings. To the extent available, this brief highlights differences between states' fee-for-service (FFS) and managed care delivery systems, reimbursement processes and rates, use of telehealth, interpreter training and certification requirements, and recent budget and encounter data.

This issue brief covers **18 states** that are known to directly reimburse providers for language services or leverage their Medicaid managed care contracts to promote access to language services. This includes six states not highlighted previously: **California**, **North Carolina**, **North Dakota**, **Oregon, Rhode Island**, and **Wyoming**, and 12 states previously included: **District of Columbia**, **Idaho**, **Iowa**, **Kansas**, **Maine**, **Minnesota**, **Montana**, **New Hampshire**, **New York**, **Utah**, **Vermont**, and **Washington**. Connecticut has ceased reimbursement for language services since the 2017 publication.[8] The following profiles provide detailed information about each state that has been identified as having such a policy (see Methodology below), with supporting detail in Table 1 about the Federal Medical Assistance (FMAP) framework for claiming federal reimbursement, and Table 2 about each featured State's language services policy.

Medicaid managed care organizations (MCOs),[9] pursuant to their contracts with State Medicaid agencies, have the responsibility to ensure language access for their enrollees. Unless otherwise noted in individual state profiles, payment for language services is included in states' Medicaid managed care capitation rates. In addition, when providing access to interpreters to individuals with a disability, unless additional qualifications for interpreters are noted, providers must use interpreters who meet the definition of "qualified interpreter" established under the Americans with Disabilities Act (ADA).[10]

Use of Telehealth to Promote Access to Language Services

During the COVID-19 Public Health Emergency (PHE),[6] many states established or expanded their use of telehealth and have maintained these flexibilities following the PHE's end. Since federal Medicaid law and regulations do not specifically address telehealth delivery methods or the criteria for implementation of telehealth for most Medicaid benefits, including language services, states have broad flexibility with respect to covering Medicaid services provided via telehealth and in designing the parameters of telehealth delivery methods to furnish services as reflected in the various reimbursement practices captured in this brief.[7] One challenge of telehealth, however, is that many telehealth platforms were not designed to include external/third-party interpreters to participate and information about accessing telehealth is often only provided in English making access for LEP individuals difficult.

Methodology

There is no federal Medicaid requirement for states to specifically report whether and how they reimburse providers for language services nor any federal compilation of state practices with respect to the reimbursement for language services. The state profiles included in this report 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 since NHeLP's 2017 brief. All states' Medicaid 2021 claims data for Healthcare Common Procedure Coding System (HCPCS) code T1013, used to bill for sign language or oral interpreting services, were reviewed for further insight into their reimbursement practices, with a high number of claims prompting additional outreach to states as needed. All profiles included in this issue brief were shared with states for review prior to release.

State Profiles

California

Background

In addition to meeting all federal laws, the California Department of Health Care Services (DHCS) and California Medicaid (Medi-Cal) MCOs must abide by additional State laws related to nondiscrimination and language assistance services.[11] California requires all MCOs to provide, free of charge, oral and written language services to LEP enrollees and enrollees with disabilities.[12]

Reimbursement Process[13]

The State does not pay MCOs separately for providing language or interpreting services. Payment for these services is included in California's capitation rates for its managed care program. MCOs must contract directly with companies to provide language and interpreting services to enrollees. MCOs inform their network providers of the available language lines, and providers contact them directly to coordinate language and interpreting services for enrollees.

Reimbursement Rate

Rates for language and interpreting services are established independently between managed care plans and their contracted language lines.

Oral language interpreting services must be provided by a qualified interpreter, available on a 24-hour basis, at all key points of contact in medical settings. Services include in-person, telephonic, and video remote interpreting (VRI) services. MCOs must provide language services in all languages, beyond any identified threshold or concentration standard languages. MCOs must also provide appropriate interpreting services on-site or through VRI to ensure effective communication with individuals with impaired sensory, manual, or speaking skills, which includes utilizing real-time computer-aided transcription services; telephone handset amplifiers; assistive listening devices; telephones compatible with hearing aids; open and closed captioning, including real-time captioning; and voice, text, and video-based telecommunication products and systems.

MCOs are prohibited from requiring enrollees to provide their own interpreters. MCOs cannot rely on bilingual or multilingual staff who do not meet the standards of a qualified language interpreter. MCOs may only use providers to communicate directly with LEP enrollees in a non-English language if they have demonstrated to the MCO that they meet all the qualifications of a qualified language interpreter. MCOs are prohibited from relying on an adult or minor child accompanying an enrollee to interpret or facilitate communication except when: 1) there is an emergency involving an imminent threat to the safety or welfare of the enrollee or the public and a qualified interpreter is not immediately available; or 2) the enrollee specifically makes this request of an accompanying adult who agrees and is appropriate under the circumstances. Prior to using a family member, friend or, in an emergency only, a minor child as an interpreter for an enrollee, MCOs must first inform the enrollee that they have the right to free interpreter services and also ensure that the use of such an interpreter will not compromise the effectiveness of services or violate the enrollee's confidentiality. MCOs must also ensure that the enrollee's refusal of free interpreter services and their request to use family members, friends, or a minor child as an interpreter is documented in the medical record.

Interpreter Training and Certification Requirements[14]
Language services available through Medi-Cal MCOs must be provided by qualified interpreters. DHCS does not set training or certification standards for interpreters. Rather, MCOs are required to appropriately credential the companies they contract with to provide language assistance and interpreting services.

Qualified language interpreters must:

- have demonstrated proficiency in speaking and understanding both English and the language spoken by the LEP enrollee;
- be able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from the language spoken by the LEP enrollee and English, using any necessary specialized vocabulary, terminology, and phraseology; and
- adhere to generally accepted interpreter ethics principles, including client confidentiality.[15]

Interpreters qualified to interpret for an individual with a disability, such as sign language interpreters, must:

- adhere to generally accepted interpreter ethics principals, including client confidentiality; and
- be able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology, and phraseology.

Website
For more information, please see the DHCS All Plan Letter.

District of Columbia

Background

Washington D.C. ("the District") has drawn down federal matching funds for language services for its FFS Medicaid beneficiaries since 2006. The District claims reimbursement as an administrative expense. Medicaid MCOs have the responsibility, pursuant to their contracts, to ensure language access for their enrollees.

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.[16] Under the LAA, DHCF must provide its LEP population with access to all programs and services offered by the agency.

ENROLLEE CATEGORY	ADMINISTRATIVE FMAP (FY 2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	84%

Reimbursement Process

Upon timely receipt of a language service request on behalf of a FFS beneficiary receiving services from an eligible provider, the contracted language services vendor requests approval from DHCF. DHCF provides reimbursement for all approved language services directly to its contracted vendor. At this time, DHCF reimburses both in-person and virtual interpreting services at the same rate.

Reimbursement Rate

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

Interpreter Training and Certification Requirements

The District's contracted language services vendor maintains their own qualification standards for their hired interpreters. D.C. does not have any additional training or certification requirements for interpreters.[17]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
Fiscal Year	**Expenditures**	**Encounters**
2020	$63,326.07	Not available
2021	$31,260.07	
2022	$14,567.50	

Website
For more information, please see the D.C. DHCF's website.

Idaho

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

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	69.72%
Medicaid – Newly Eligible Adults (Expansion Population)	90%
CHIP	78.80%

Reimbursement Process
Idaho Medicaid reimburses for interpreting, translation, Braille and sign language services provided to FFS and Primary Care Case Management beneficiaries in-person or through telehealth. Reimbursement is also available when interpreting services are provided to the parent or guardian of a beneficiary under 18. The provider is only permitted to seek reimbursement if the provider has no alternative means of oral or

Reimbursement Rate

Idaho reimburses interpreters at $3.04/15 minute unit for oral interpreters and $12.50/15 minute unit for sign language interpreters. Rates are the same for in-person and virtual services.

written communication. No additional reimbursement is available for multilingual providers who share a language with the beneficiary. Providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement with specific interpreter billing codes. Providers can locate an interpreter by calling Idaho's CareLine.

Administrative services such as scheduling or cancelling appointments, making calls, travel time, or no show appointments are not reimbursed nor are interpreting services provided in conjunction with a non-covered, non-reimbursable, or excluded service. Services provided by an immediate family member such as a parent, spouse, sibling or child are also not reimbursed. The interpreter's waiting time is not reimbursed, except when the beneficiary is in surgery or receiving other covered services such as radiology. Additionally, teaching sign language and services through institutional providers, hospitals or facilities are also not reimbursed.

Interpreter Training and Certification Requirements
Interpreters and translators must meet state and professional licensure requirements and be at least eighteen years of age. Sign language interpreters must meet the definition of qualified interpreter consistent with the Americans with Disabilities Act Title II Regulations (28 C.F.R. § 35.104).[18]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
State Fiscal Year	**Expenditures**	**Encounters**
2021	$44,578.28	6,552
2022	$55,753.94	7,642
2023	$67,582.56	10,237

Website
For more information, please see Idaho's Department of Health and Welfare's Language Assistance website.

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 MCOs have the responsibility, pursuant to their

contracts with the State, to ensure language access for their enrollees. As of July 2023, three MCOs cover the majority of Medicaid and CHIP enrollees.

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	64.13%
Medicaid – Newly Eligible Adults (Expansion Population)	90%
CHIP	74.89%

Reimbursement Process

FFS providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement with specific interpreter billing codes (more detail below). Billable language services include in-person oral, sign language, video 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.

Reimbursement Rate

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

Providers locate interpreters through the Medicaid member services call center or, for MCO enrollees, through MCOs' respective member services hotlines. Providers serving MCO enrollees bill the MCO directly; the State's managed care capitation rate includes the costs of language services.

Iowa permits hospitals to bill for interpreting 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 must use bill code T1013 for interpreting services. For video services, they must use modifier "UC" to indicate that the payment should be made at a per-minute unit. The lack of UC modifier will indicate that the charge is being made for the 15-minute face-to-face unit. Providers should enter the number of minutes actually used for the provision of the service and round up to 15 minutes if the service is provided for 8 minutes or more. Following the COVID-19

PHE, Iowa Medicaid established procedure codes for services that can be delivered via telehealth, stating that Sign language or oral interpreting services cannot be delivered by audio only.[19]

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 Iowa Board of Sign Language Interpreters and Transliterators.[20]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
State Fiscal Year	**Expenditures**	**Encounters**
2021	$16,032.88	225
2022	$23,302.78	241
2023	$19,721.65	217

Website
For more information, please see Iowa's Department of Human Services' Physician Services Provider Manual.

Kansas

Background
Since 2013, KanCare has required its MCOs to provide language services to their enrollees as part of their capitated payments. Kansas Medicaid continues to claim federal reimbursement as an administrative expense for language and interpreting services that are provided to FFS beneficiaries, who constitute approximately 2% of the State's Medicaid population.

ENROLLEE CATEGORY (FFS ONLY)	ADMINISTRATIVE FMAP (FY 2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	77.68%

Reimbursement Process
Kansas currently contracts with three Medicaid MCOs – Aetna Better Health of Kansas, Sunflower Health Plan, and United Healthcare Community Plan. Each plan contracts with their own interpreters, whom they pay directly for the language services they provide. The State does not reimburse MCOs separately for language and interpreting services. Managed care providers can access language services for their patients by calling a Plan's language services toll-free line listed in their provider handbook.

For beneficiaries enrolled in FFS Medicaid, the State's Medicaid fiscal agent administers the State's use of a telephonic language company, Propio Language Services. Providers call into the state's call center and speak to a call center representative (CSR). The CSR then connects the provider to Propio and the provider uses their services. The call center takes care of payment to Propio.

Reimbursement Rate (FFS only)

$0.49/minute for Propio Language Services for Spanish interpreting; $0.70/minute for other languages.

Rates for language and interpreting services are established independently between MCOs and their contracted language services lines.

Interpreter Training and Certification Requirements
MCOs must have interpreters certified in the language being used but the State does not set specifications on where or what that certification entails. Each time an MCO presents enrollee materials that are translated, the MCO must certify that a qualified individual performed the translation.

Maine

Background

Maine has been drawing down federal matching funds for translation and interpreting services for Medicaid FFS beneficiaries since 2001. While Maine previously claimed reimbursement for translation and interpreting services as a covered service, the State now claims reimbursement as an administrative expense. As of 2023, the State's Medicaid program operates only as FFS.

ENROLLEE CATEGORY	ADMINISTRATIVE FMAP (FY 2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	78.86%

Reimbursement Process

FFS 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 beneficiary'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 beneficiaries 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.

The State does not reimburse interpreters' travel-related expenses such as travel time, wait time, or mileage. Beneficiaries' family members or friends may provide interpreting, but the State does not reimburse for those services.[21] Private non-medical institutions, nursing facilities, and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) may not bill the State for interpreting costs, as those are included in providers' bundled payment rates.

Interpreter Training and Certification Requirements

Providers of interpreting services must be licensed by the Maine Department of Professional and Financial Regulation as Certified Interpreters/Transliterators,

Certified Deaf Interpreters, Limited Interpreters/Transliterators, or as Limited Deaf Interpreters.[22]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
State Fiscal Year	**Expenditures**	**Encounters**
2020	$3,752,905	46,662
2021	$5,042,197	59,417
2022	$4,117,150	68,129

Website
For more information, please see Maine's Department of Human Services' Effective Communication and Language Access website.

Minnesota

Background
Minnesota has drawn down federal matching funds for language services for Medicaid and CHIP FFS and MCO enrollees since 2001. For FFS providers, the State claims reimbursement as an administrative expense. MCOs have the responsibility, pursuant to their contracts, to ensure language access for their enrollees.

ENROLLEE CATEGORY (FFS ONLY)	ADMINISTRATIVE FMAP (FY 2024)
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 interpreting services include in-person oral and sign language, telemedicine, and telephonic. Providers serving MCO enrollees bill the MCO directly, and the

State's managed care 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. 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 for both in-person and virtual (telephonic and video) services.

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.[23] In 2015, the DOH submitted a report to the Legislature proposing a tiered registry system to replace the roster,[24] 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.[25]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
Calendar Year	**Expenditures**	**Encounters**
2021	$1,157,464	30,023

Website

For more information, please see Minnesota's Department of Human Services' Access Services 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 beneficiaries in its Medicaid, Healthy Montana Kids (CHIP) and Healthy Montana Kids Plus programs (operating as FFS). The State claims reimbursement as an administrative expense.

ENROLLEE CATEGORY	ADMINISTRATIVE FMAP (FY 2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	79.74%

Reimbursement Process

Montana reimburses interpreters directly for the language services that they provide.[26] Billable services include in-person, telephonic, and video interpreting for both oral and sign language. Providers schedule interpreters for beneficiaries 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 Medicaid and CHIP beneficiaries for the difference between the submitted charges and reimbursed amount.

Reimbursement Rate

Montana reimburses interpreters at the lesser of the usual and customary charge or $10/15 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.

In addition, 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 or CHIP beneficiary about his or her medical services. For example, a provider could bill for the time that an interpreter spends with a Medicaid or CHIP beneficiary 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 beneficiary'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 certification for oral or sign interpreters, it does require that providers hire "qualified interpreters" as defined by the ADA.[27]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
State Fiscal Year	**Expenditures**	**Encounters**
2020	$2,192.02	Not available
2021	$313.75	
2022	$711.25	

Website
For more information, please see Montana's
Cultural and Language Services Policy.

New Hampshire

Background
New Hampshire has reimbursed for language services for Medicaid and CHIP beneficiaries since the 1980s. For FFS beneficiaries, the State claims reimbursement as an administrative expense at its regular Medicaid/CHIP administrative match rate rather than the enhanced rates. The State also reimburses for interpreting services in a dental office setting as an administrative expense. MCOs have the responsibility, pursuant to their contracts with the State, to ensure language access for their enrollees. Today, MCOs serve the majority of the State's Medicaid recipients.

ENROLLEE CATEGORY	ADMINISTRATIVE FMAP (FY 2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	50%
CHIP	65%

Reimbursement Process
Sign and oral language interpreters providing services to FFS beneficiaries must enroll as Medicaid providers through an abbreviated enrollment process (since they do not provide medical services) to be reimbursed for 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. New Hampshire reimburses interpreters for both in-person and virtual interpreting services.

Reimbursement Rate

New Hampshire reimburses interpreters at $98.54/event (up to two hours) and $12.32 for each additional 15-minute unit for both in-person and virtual (*e.g.,* video or telephonic) interpreting services.

The State contracts with Conduent 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, including submitting invoices for interpreter reimbursement to the State through Conduent (a contractor who processes providers' claims). 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 beneficiary.

For Medicaid Medical and Adult Dental services, each MCO has a third-party vendor that provides communication access services to providers and enrollees. Providers would contact the MCO for any request on behalf of the enrollee. The state reports that MCOs prefer that providers and enrollees use their communications access vendor for these services. However, if an enrollee does use the Language Bank for these services, the MCO will reimburse them. The Language Bank submits claims through a MCO's billing platform and the MCO pays the Language Bank according to Medicaid rates. Providers can contact the Language Bank or the Medicaid client services hotline to receive a list of enrolled interpreters to arrange language services for an enrollee.

The State does not reimburse for non-face-to-face interpreting time, such as telephone calls to set up appointments. In addition, New Hampshire does not reimburse for interpreters' travel time or mileage, or for interpreting in provider settings that receive cost-based or all-inclusive reimbursement (*e.g.,* interpreting services provided in hospitals [inpatient or outpatient settings], community health centers, or nursing facilities); these providers negotiate their own reimbursement rates with 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 (RID) or New Hampshire Interpreter Classification System (NHICS) program.[28]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
State Fiscal Year	**Expenditures**	**Encounters**
2021	$21,835	Not available
2022	$34,059	
2023	$44,247	

Website
For more information, please see the New Hampshire Department of Health and Human Services' Communication Access and Language Assistance website.

New York

Background
New York has been drawing down federal matching funds for language services for Medicaid FFS beneficiaries 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.[29] The State claims reimbursement for interpreting services as a covered service. MCOs have the responsibility, pursuant to their contacts with the State, to ensure language access for their enrollees.

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Newly Eligible Adults (Expansion Population)	90%
CHIP	65%

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 $11.11 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.[30]

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

North Carolina

Background
North Carolina has been reimbursing Medicaid providers for Deaf, Hard of Hearing, and DeafBlind communication access services since January 2021, as part of its Medicaid Communication Access Service. This service is an initiative of the Department of Health and Human Services. The Division of Services for the Deaf and Hard of Hearing (DSDHH) oversees the operations of this service.[31] The State claims reimbursement as an administrative expense for Medicaid beneficiaries who are Deaf, Hard of Hearing, and DeafBlind. The State does not claim Medicaid reimbursement for spoken language services in any provider setting for non-English speakers.

The State provides $800,000 in funding for the Communications Access Service,

which is matched by CMS for a total of $1.6 million. These funds are received on an annual basis.

ENROLLEE CATEGORY	ADMINISTRATIVE FMAP (FY 2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	50%

Reimbursement Process
To enroll in the Medicaid Communication Access Service, Medicaid Providers must enroll with DSDHH by completing an online registration form. Once registered, healthcare providers can hire any communication access providers directly and then request reimbursement from DSDHH. DSDHH has seven regional centers that can assist healthcare providers in finding and hiring local communication access providers.

Reimbursement Rate

North Carolina reimburses between $35-$100/hour for interpreting services during business hours and between $52.50-$105/hour for interpreting services provided outside of regular business hours, depending on the type of service. provided.

The State reimburses for in-person and video services at the same rate. The State does not reimburse for telephonic services as these are not feasibly helpful for Deaf, Hard of Hearing, and DeafBlind beneficiaries. The State reimburses providers for expenses that the communication access provider bills for, including mileage, parking, additional travel time, and no-show appointments, under certain circumstances. For sign language interpreters, the State also reimburses providers when a communications access provider bills them at a two-hour minimum for their time.

Reimbursement is allowed in the following approved settings: medical offices outside of a hospital setting, personal care services, dental services, behavioral health services (outpatient only), home health services, Community Alternative Program for Children (CAP/C), health check early preventive screening, hospice services, Program of All-Inclusive Care for the Elderly (PACE) (*e.g.,* adult day programs), Olmstead decision related services (*e.g.,* community-based mental health services), optical services, and ambulatory surgery center services. Reimbursement is not allowed for interpreting services provided in conjunction with pharmacy services, hospital inpatient services, hospital outpatient services, hospital emergency department services, or ambulance services.

Interpreter Training and Certification Requirements
American Sign Language (ASL) interpreters working in North Carolina must be licensed by the North Carolina Interpreter and Transliterator Licensing Board to provide services in North Carolina.[32]

Other Communication Access Services Provided
In addition to reimbursing for ASL interpreting, the Medicaid Communication Access Service reimburses for Communication Access Real-time Translation (CART), Cued language transliteration, and oral interpreters, and pays for Support Service Providers for DeafBlind individuals. The Medicaid Communication Access service also provides a personal amplification device called a Pocketalker to every healthcare provider office that registers with this service.

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION FOR DEAF, HARD OF HEARING, AND DEAFBLIND INTERPRETING SERVICES		
State Fiscal Year	**Expenditures**	**Encounters**
January 26, 2021 to June 30, 2021	$3,323.16	28
2021	$108,934.40	628
2022	$274,878.79	1,280

Website
For more information, please see North Carolina's Medicaid Communication Access Service website.

North Dakota

Background
North Dakota has been claiming reimbursement for sign language and oral language interpreting services since January 1, 2022. The State claims reimbursement as a covered service for Medicaid beneficiaries in both FFS and managed care.

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	53.82%
Medicaid – Newly Eligible Adults (Expansion Population)	90%
CHIP	67.67%

Reimbursement Process

Interpreting services are eligible for reimbursement when provided in conjunction with a Medicaid covered service and when billed by professional service providers, including physicians, podiatrists, optometrists, nurse practitioners, dentists, office-based practitioners, public health units, and behavioral health providers. ND Medicaid reimburses for services rendered virtually, by telephone or video, when provided in conjunction with approved Telehealth Covered Services in the appropriate modality.[33] The provider, beneficiary, and the interpreter all must participate for the service to be covered. Interpreters may be employed by or contracted with the billing provider. Interpreters cannot enroll as a Medicaid provider. A staff member at the provider's office who is qualified in ASL or competent in spoken language interpreting may serve as an interpreter but that service is not billable if the staff member also provides other services. The provider must document the location, type of interpreting provided, name of interpreter, date and time of interpreting, agency, service duration, and the cost of providing the service (agency invoice) in the beneficiary's medical records.

Reimbursement Rate

Services are reimbursed using T1013 at $16.78/15 minute unit. At least 8 minutes must be spent to report one unit. Providers can submit claims for a maximum of 8 units (2 hours) per office visit. The time billed for interpreting services cannot exceed the length of time of the office visit.[34]

ND Medicaid does not cover interpreting services provided in conjunction with a non-covered service, provided by a family member, friend or volunteer, for travel time or for wait time. ND Medicaid also does not reimburse for administrative tasks such as scheduling, cancelling appointments, or making reminder calls, or for no shows or cancelled appointments. North Dakota does not reimburse for interpreting services in conjunction with services provided in inpatient settings, day treatment or nursing facilities, ICF/IID, Basic Care Facilities, Indian Health Service (IHS), FQHCs, Rural Health Clinics, Psychiatric

Residential Treatment Facilities (PRTFs), Home Health Agencies, or emergency and non-emergency medical transportation.

Interpreter Training and Certification Requirements
Interpreters must adhere to national standards developed by the National Council on Interpreting in Healthcare (NCIHC). All sign and oral language interpreters must be qualified, competent, and demonstrate proficiency in both English and the targeted language (sign or spoken). They also must use the appropriate mode of interpreting given the situation (*e.g.*, consecutive, simultaneous, summarization, or sight translation); have received appropriate interpreter training that includes instruction in the skills and ethics of interpreting, and rules of confidentiality and data privacy; understand their role as interpreters without deviating into other roles, such as counselor or legal advisor; and be sensitive to the patient's culture.

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
State Fiscal Year	**Expenditures (FFS Only)**	**Encounters**
2022	$1,927.32	33
2023 (January – July)	$260.64	4

Website
For more information, please see the North Dakota Medicaid Provider Manual.

Oregon

Background
Oregon has been reimbursing providers for the cost of language services for FFS Medicaid beneficiaries since January 1, 2021. FFS reimbursement for language services initially began as part of the State's COVID-19 PHE declaration and is now permanent. The State claims reimbursement as a covered service. The State's Coordinated Care Organizations (CCOs) are required to provide language services, pursuant to their contracts with the state.

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	59.31%
Medicaid – Newly Eligible Adults (Expansion Population)	90%
CHIP	71.52%

Reimbursement Process

Oregon reimburses both in-person and virtual oral and signed interpreting services provided to FFS beneficiaries if they are provided by a qualified or certified health care interpreter,[35] and when interpreting services are billed in conjunction with a covered Oregon Health Plan service or medically necessary follow-up visit(s) related to the initial covered service. Healthcare providers may identify interpreters by accessing Oregon Health Authority (OHA)'s Health Care Interpreter Registry. Providers can also utilize a local CCO's interpreting services for FFS beneficiaries so long as those interpreters are registered with OHA's Health Care Interpreter Registry. Enrolled Oregon Medicaid providers can bill OHA the add-on fee permitted for interpreting services when billing for the covered health care visit.

Reimbursement Rate

Oregon reimburses both oral and sign language interpreters at $60 per covered health care visit. The rate is the same for in-person and virtual services.[36]

OHA will not reimburse separately for language services that are billed in conjunction with bundled rate services that incorporate administrative costs such as inpatient hospital stays, home health or hospice visits, services provided by long-term care facilities, services billed at an encounter rate by rural health clinics, FQHCs, and tribal health centers.

Interpreter Training and Certification Requirements

Oregon requires, with limited exceptions, the utilization of certified or qualified health care interpreters to ensure accurate and adequate provision of health care to persons with limited English proficiency and to persons who communicate through sign language. In 2021, Oregon Legislature established the 15-member Oregon Council on Health Care Interpreters (OCHCI) within the Oregon Health Authority to oversee the state's Health Care Interpreter Program. The OCHCI oversees the testing, certification, and qualification standards for health care interpreters. The OCHCI also coordinates with other states, the

federal government, and professional organizations to create educational and testing programs for health care interpreters.[37]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
Fiscal Year	**Expenditures (FFS Only)**	**Encounters**
2021	$16,987.46	324
2022	$93,273.73	1750
2023	$147,393.59	2845

Website
For more information, please see Oregon Health Authority's Equity and Inclusion Division website and FFS Reimbursement for Interpreting Services Flyer.

Rhode Island

Background
Rhode Island has been reimbursing providers for the cost of language services for FFS Medicaid beneficiaries since August 1, 2016. The State claims reimbursement as a covered service. Rhode Island's MCOs have the responsibility, pursuant to their contracts, to ensure language access for their enrollees.

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	55.01%
Medicaid – Newly Eligible Adults (Expansion Population)	90%
CHIP	68.51%

Reimbursement Process
Reimbursable language services in Rhode Island include both oral and sign language interpreting services to adequately serve FFS beneficiaries with LEP,

hearing impairments, and/or deafness. Only language and interpreter services provided during a one-on-one, face-to-face medically necessary outpatient visit are eligible for reimbursement.

Healthcare providers are responsible for establishing a relationship with one or more language service agencies that can provide trained and competent interpreters to their patients. Providers eligible to receive reimbursement for language services include dentists, physicians, podiatrists, optometrists, nurse practitioners, outpatient hospital clinics, and behavioral health providers. Interpreting services administered by providers or their staff are not eligible for reimbursement.

Reimbursement Rate

Rhode Island reimburses both oral and sign language interpreters at $17.65/15-minute unit. Providers can submit claims of up to 8 units per visit. Time billed for interpreting services may not exceed the length of time of the office visit.[38]

A modifier is utilized for early intervention and home-based therapeutic services (HBTS) for children which is billed at $25.59/15-minute unit.

Health care providers claim reimbursement for services online using a single claim form to bill for both the office visit and interpreting services using code T1013 to bill for interpreting services.

Interpreter Training and Certification Requirements

Sign language interpreters in the state must have a bachelor's degree, meet the screening requirements defined by the Rhode Island Department of Health or the certification requirements developed by the Registry of Interpreters for the Deaf (RID), and pay a fee to obtain a license from the Department. At the time of their initial application for licensure, they are also required to provide verification of a background check with the Bureau of Criminal Investigation in the Office of the Attorney General. Interpreters must comply with the Code of Professional Conduct for both the RID and the National Association of the Deaf (NAD) which require practitioners to uphold the highest standards of professionalism and ethical conduct.[39]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
Year	**Expenditures (FFS Only)**	**Encounters**
2021	$31,732	403
2022	$15,422	257
2023	$19,527	255

Website
For more information, please visit The Executive Office of Health and Human Services State of Rhode Island's Interpreting Services website.

Utah

Background

Utah reimburses providers for language services as an administrative expense when they are provided to Medicaid and CHIP beneficiaries in conjunction with covered services delivered through the State's FFS program. Utah's MCOs must provide interpreting services for their enrollees as part of their contracts with the State. Utah Medicaid has continued to expand its Medicaid managed care program since its original implementation in 2013 and as such, Utah's spending on reimbursement for language services in its FFS program has declined in recent years.

ENROLLEE CATEGORY	ADMINISTRATIVE FMAP (FY 2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	81.13%

Reimbursement Process

Utah Medicaid utilizes six interpreting services providers (ISPs) with contracts through the Utah Department of Administrative Services, Division of Purchasing & General Services for FFS beneficiaries. Two ISPs provide ASL interpreting services, three ISPs provide remote and in-person language interpreting

services, and one ISP provides in-person language interpreting services. Health care providers are required to call one of the ISPs to arrange for needed interpreting 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 rates vary by setting, time of day, service provider, in-person vs. virtual, and language of interpretation.

Reimbursement Rate

In person interpreting services: $30-$48/hour (one-hour minimum)

Virtual interpreting services, both video and telephonic: $.60-$1.10/minute (with no time minimum)

ASL services: $57-$90/hour (2-hour minimum)

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

Interpreter Training and Certification Requirements

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

Website

For more information, please see Utah's guide to medical interpreting services at this link, and the Utah Medicaid Provider Manual at this link.

Vermont

Background

Vermont has drawn down federal matching funds for language services for Medicaid beneficiaries for nearly 20 years. The State claims reimbursement as a covered service when a beneficiary is provided interpreting services in a clinical setting. The State claims reimbursement as an administrative service for a limited amount of interpreting and translation services, such as the translation of educational materials, notices, signage, and in-person interpreting services in non-clinical settings where necessary. The State is committed to expanding its field of language access planning and services, such as through the creation of a comprehensive Language Access Plan (LAP) to support restarting Medicaid renewals in 2023.

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	56%
Medicaid – Newly Eligible Adults (Expansion Population)	90%
CHIP	69.73%

Reimbursement Process
Providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement using 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.[40]

TOTAL (FEDERAL & STATE) EXPENDITURES & ENCOUNTER INFORMATION		
Calendar Year	**Expenditures (FFS Only)**	**Encounters**
2020	$261,050.45	7,785
2021	$433,278.41	12,440
2022	$387,639.03	10,945

Website

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

Washington

Background

The Washington Health Care Authority (HCA), which oversees the State's Medicaid and CHIP programs, known as Apple Health, reimburses for language services provided to eligible Medicaid and CHIP enrollees. The State claims federal reimbursement as an administrative expense.

ENROLLEE CATEGORY	ADMINISTRATIVE FMAP (FY2024)
Medicaid – Adults, Pregnant Women, Aged, Blind, Disabled	50%
Medicaid – Children	75%
CHIP	75%

Reimbursement Process

Washington reimburses contracted language providers for interpreting services when provided to Apple Health enrollees, the interpreting services accompanies a covered medical service, and the health care provider delivering medical services is enrolled in HCA Medicaid.[41] HCA covers in-person, over-the-phone, and video-remote spoken-language interpreting services, as well as in-person sign language interpreting services. Spoken language interpreters are known as Language Access Providers (LAPs). Washington reimburses LAPs' parking fees in addition to the time spent providing interpreting services during a covered visit. LAPs are also paid for select instances where the service is refused, the client is a no-show, or the appointment is cancelled with short notice. Sign language interpreters are reimbursed for mileage, travel time, and tolls.

Reimbursement Rate

In-person services are paid at a maximum of $46.09/hour.

Telephonic services are paid at a maximum of $0.62/minute.

Video remote interpreting services are paid at a maximum of $3.18/minute.

The State will not pay for interpreting services for inpatient hospital services, nursing facility services, administrative services, family member interpreters, answering or responding to general phone inquiries or reminder calls, or other miscellaneous office tasks.

The HCA provides spoken language interpreter services to Apple Health clients through a single contracted coordinating entity, which assigns LAPs to requesting providers. To request language interpreting services, the health care

provider must register with the coordinating entity and submit requests directly to the entity. Sign language interpreting services are provided to Apple Health clients through the HCA and the Washington State Office of Deaf and Hard of Hearing (ODHH). The State contracts with independent sign language interpreters and with sign language interpreter referral agencies, which identify and schedule interpreters for requesting providers.[42] To request sign language interpreting services, health care providers must set up an account through ODHH and complete an online HCA Apple Health Services Request.[43]

The coordinating entity or sign language contractor must include the T1013 procedure code and appropriate modifier on each claim to indicate what type of interpreting service was provided.

Interpreter Training and Certification Requirements
LAPs must meet a number of requirements, including being subcontracted with the State's coordinating entity and certified, authorized, or recognized by the Department of Social and Health Services (DSHS) as an interpreter.

For sign language interpreters, ODHH is responsible for quality assurance and data collection. All of the sign language interpreters are certified interpreters either through Registry of Interpreters of the Deaf (RID) or have obtained Board for Evaluation of Interpreters (BEI) credentials.

TOTAL (FEDERAL & STATE) FFS AND MCO EXPENDITURES & ENCOUNTERS INFORMATION (ADDITIONAL ENCOUNTERS DATA CAN BE FOUND ONLINE VIA THIS LINK.)		
State Fiscal Year	**Expenditures**	**Completed Appointments**
2021	$12,400,864	1,907 (Sign language only)
2022	$15,381,964	2,853 (Sign language only)
2023	$17,129,968	269,215 (Foreign language and Sign Language)

Website
For more information, please see the HCA's Interpreting Services website and Sign Language Interpreting Services website.

Wyoming

Background

Wyoming has been reimbursing providers for the cost of language services for Medicaid beneficiaries since 2017. The State claims reimbursement as a covered service for beneficiaries of Wyoming Medicaid and Kid Care CHIP programs, which operate as FFS.[44]

ENROLLEE CATEGORY	COVERED SERVICE FMAP (FY 2024)
Medicaid – Children, Adults, Pregnant Women, Aged, Blind, Disabled	50%
CHIP	65%

Reimbursement Process

Healthcare providers may identify qualified interpreters through Wyoming Department of Health, Health Equity Information and Resources website. Reimbursable language services in Wyoming include both in-person and virtual oral and sign language interpreting. Providers hire and pay interpreters directly and then submit claims to Medicaid for reimbursement using procedure code T1013, with a modifier for services not provided in-person. Providers must maintain documentation to support that the service occurred, including the beneficiary's name, date of service, times in and out, service provided, and provider's signature.

Reimbursement Rate

Wyoming reimburses both oral and sign language interpreters at $10.61/15 minute unit. Rates are the same for in-person and virtual services.[45]

Providers can only bill Medicaid for the time interpreters spend with beneficiaries in tandem with Medicaid healthcare services. The State will not reimburse for interpreting services that are provided in conjunction with inpatient or outpatient hospital services, ICF/IIDs, nursing facilities, ambulance services by public providers, PRTFs, comprehensive inpatient or outpatient rehabilitation facilities, or other agencies or organizations that receive direct federal funding. The State also does not reimburse for interpreting services provided by family members or by a volunteer, associate, or friend, or for services provided to a beneficiary on an ALEN program (which provides Medicaid Emergency Services for Non-Citizens, that are not emergency services). Further, the State does not reimburse for interpreters' travel time.[46]

Interpreter Training and Certification Requirements

Provider reimbursement requires that individuals assisting Medicaid beneficiaries with oral interpreting and/or sign language interpreting must

adhere to national standards developed by the National Council on Interpreting in Health Care (NCIHC). NCIHC's standards include ensuring all interpreters maintain accuracy, confidentiality, impartiality, role boundaries, professionalism, professional development, and advocacy. Providers may use their own interpreters or may identify qualified interpreters through a Medicaid link to the Wyoming Department of Health, Health Equity Information and Resources website.

TOTAL (FEDERAL & STATE) EXPENDITURES INFORMATION	
State Fiscal Year (July 1, 2022 – June 30, 2023)	**Expenditures**
2023	$7,656.57

Website

For more information, please see the WY Department of Health Equity Information and Resources website and the WY BMS CMS-1500 Provider Manual.

Table 1. Federal Medical Assistance Percentage (FMAP) Framework for Language Services provided through Medicaid Fee-for-Service

	TYPE OF BENEFICIARY	FMAP
Covered Service[47]	Medicaid – Newly Eligible Adults (Expansion Population)	90% (Expansion States Only)
	Medicaid – Children, Adults (Non-Expansion), Pregnant Women, Aged, Blind, Disabled	State's Traditional FMAP
	CHIP	State's Enhanced FMAP (eFMAP)
Administrative Cost[48]	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 BENEFICIARIES	ADMINISTRATIVE EXPENSE OR COVERED SERVICE
CA	Managed Care	Language service lines	Rates for language and interpreting services are established independently between managed care plans and their contracted language lines	Payment for language services is included in the capitation rates for the managed care program
DC	Fee for Service (FFS)	Language agency vendors	Not available	Administrative
IA	FFS	Providers	$14.39/15 minutes (in-person sign language or oral interpreting); $1.63/ minute (video interpreting)	Covered Service
ID	FFS and Primary Care Case Management programs	Providers	$3.04/15 minutes (oral); $12.50/15 minute (sign language); rates are the same for in-person and virtual services	Covered Service
KS	FFS	Fiscal agent	Spanish: $0.49/minute; Other languages: $0.70/minute	Administrative
ME	FFS	Providers	Lesser of $20/15 minutes or usual and customary fee	Administrative
MN	FFS	Providers	$12.50/15 minutes	Administrative

Table 2. Overview of States' Language Services Programs (continued)

MT	All eligible Medicaid beneficiaries including those enrolled in Healthy Montana Kids (CHIP) and Healthy Montana Kids Plus Programs	Interpreters	Lesser of usual and customary or $10.00/15 min. (sign language); $8.75/15 minutes (in- person oral); and $6.25/15 minutes (video or telephonic services)	Administrative
NC	Providers registered with DSDHH for the Communication Access Service	Providers	Between $35-$100/hour for services during business hours; $52.50-$105/ hour for services provided outside of regular business hours, depending on the type of service provided	Administrative
ND	All	Providers	$16.78/15 minutes	Covered Service
NH	FFS	Interpreters enrolled as Medicaid providers	$98.54/event (up to two hours); $12.32 for each additional 15 minutes unit for both in-person and virtual services	Administrative
NY	FFS	Providers	$11.11/session of 8-22 minutes; $22.00/session of 23+ minutes	Covered Service
OR	FFS	Providers	$60 per date of service for oral and signed interpreting services offered both in-person or virtually	Covered Service

Table 2. Overview of States' Language Services Programs (continued)

RI	FFS	Providers	$17.65/15 minutes (oral and signed); language services provided with Home based therapeutic services (HBTS) for children are billed at $25.59/15 minutes	Covered Service
UT	FFS	Language Agencies	In-person: $30-$48/hour (one-hour minimum); virtual (telephonic/ video): $0.60-$1.10/minute (no time minimum); ASL services: $57-$90/ hour (2-hour minimum)	Administrative
VT	All	Providers	Less of $15/15 minutes or usual and customary fee	Covered Service
WA	All	Service coordinating entities and interpreters	$46.09/hour (in-person services); $0.62/minute (telephonic services); $3.18/minute (video remote interpreting services)	Administrative
WY	FFS	Providers	$10.61/15 minutes for oral and sign language interpreting services offered both in-person or virtually	Covered Service

Endnotes

1 Karliner, L. S. et al. (2017), *Convenient Access to Professional Interpreters in the Hospital Decreases Readmission Rates and Estimated Hospital Expenditures for Patients with Limited English Proficiency,* University of California and National Institute on Aging, National Institutes of Health, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5309198/; Aery, A et al. (2018), *Access to Language Interpretation Services and its Impact on Clinical and Patient Outcomes: A Scoping Review,* Wellesley Institute, https://www.wellesleyinstitute.com/wp-content/uploads/2018/04/Language-Interpretation-Services-Scoping-Review.pdf.

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), https://www.gpo.gov/fdsys/pkg/FR-2003-05-29/html/FR-2003-05-29-FrontMatter.htm; Section 504 of the Rehabilitation Act of 1973, codified at 29 U.S.C. § 701, https://www.dol.gov/agencies/oasam/centers-offices/civil-rights-center/statutes/section-504-rehabilitation-act-of-1973; Health and Human Services Department, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (August 8, 2003), https://www.federalregister.gov/documents/2003/08/08/03-20179/guidance-to-federal-financial-assistance-recipients-regarding-title-vi-prohibition-against-national; Section 1557 of the Patient Protection and Affordable Care Act, codified at 42 U.S.C. § 18001; 45 C.F.R. § 92, https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf.

3 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.

4 Section 1905(y)(1) of the Social Security Act, codified at 42 U.S.C. § 1396d.

5 Youdelman, M. (2017), *Medicaid and CHIP Reimbursement Models for Language Services (2017 Update)*, National Health Law Program, https://healthlaw.org/wp-content/uploads/2017/02/Medicaid-CHIP-LEP-models-FINAL.pdf.

6 U.S. Department of Health and Human Services, COVID-19 Public Health Emergency (PHE), https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html.

7 Centers for Medicare & Medicaid Services, "Telehealth," https://www.medicaid.gov/medicaid/benefits/telehealth/index.html; U.S. Department of Health and Human Services, *Telehealth Policy Changes After the COVID-19 Public Health Emergency,* https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency; U.S. Department of Health and Human Services, *Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth,* https://www.medicaid.gov/sites/default/files/2023-02/medicaid-telehealth-services-doc.pdf.

8 Connecticut pays its Medicaid providers a set rate for delivering a healthcare service and providers are responsible for securing translation/interpreting services for their patients. The State does not pay providers separately for translation/interpreting services.

9 While states may utilize different terminology for their managed care entities, this Brief uses "Managed Care Organizations (MCOs)" throughout.

10 Americans with Disabilities Act Title II Regulations, https://www.ada.gov/law-and-regs/title-ii-2010-regulations/.

11 C.A. Legislative Assembly, SB-223, Reg. Session 2017-2018 (2017), https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB223; C.A. Legislative Assembly, SB-1423, Reg. Session 2017-2018 (2018), https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1423.

12 State of California Health and Human Services Agency, Department of Health Care Services, *All Plan Letter (APL) on Standards For Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services,* https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-004.pdf.

13 *Id.*

14 *Id.*

15 *Id.*

16 D.C. Language Access Act, https://code.dccouncil.gov/us/dc/council/code/titles/2/chapters/19/subchapters/II/; Know your Rights information and regulations, https://ohr.dc.gov/service/know-your-rights-language-access.

17 D.C. Department of Health Care Finance, http://dhcf.dc.gov/.

18 Americans with Disabilities Act Title II Regulations, https://www.ada.gov/law-and-regs/title-ii-2010-regulations/.

19 Iowa Department of Health and Human Services Telehealth Approved List, https://hhs.iowa.gov/ime/unwind/PHE.

20 State of Iowa, 645 Iowa Administrative Code 361, https://www.legis.iowa.gov/docs/iac/chapter/645.361.pdf.

21 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, https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf.

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