

Chapter 26

Interpreter Services

Overview

This chapter provides information on South Country Health Alliance's (SCHA) coverage for sign and spoken language interpreter services that assist members in obtaining their program's covered health services.

Definitions

- **Interpretation:** The oral replacement of one spoken language (source language) into another spoken language (target language). Four modes of interpretation exist: consecutive, simultaneous, summarization and sight translation (when the interpreter reads text in one language and speaks it in another language)
- **Interpreter** - A qualified individual, who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice published by the National Council on Interpreting in Health Care.
- **Interpreter services** - Provide an interpreter to facilitate communication between two or more users of different languages or deaf and or hard of hearing members.
- **Translation:** The written replacement of text from one language (source language) into an equivalent text in another language (target language).

Covered Programs

Interpreter services are covered for the following programs when provided outside a residential facility and the per diem in institutional facilities:

- Medical Assistance (PMAP)
- MinnesotaCare (MNCare)
- Minnesota Senior Care Plus (MSC+)
- Special Needs Basic Care (SNBC), AbilityCare, SingleCare and SharedCare
- Minnesota Senior Health Options (MSHO) SeniorCare Complete

Acceptable Locations

Face to face sign and oral language interpretation services will be reimbursed for covered services in the following settings:

- Medical Clinic
- Outpatient Hospital
- Ambulatory Surgery Center (ASC)

- Emergency Room
- Urgent Care
- Dialysis Facility
- Home
- Pharmacy
- County (only when the service is a Health Plan covered service)

Interpreter Requirements

SCHA covers spoken language interpreter services only when the interpreters are actively enrolled in the Minnesota Department of Health (MDH) Spoken Language Interpreter Roster. For additional information please visit: <http://www.health.state.mn.us/interpreters>.

- **Registration with the MDH** - Interpreter shall register all individual interpreters who provide face to face oral language interpreter services to SCHA enrollees with the MDH Spoken Language Health Care Roster established under Minnesota Statutes, § 144.058.
- **Criminal Background Check** - The interpreter, the interpreter service agency, or clinics, through which the interpreter is working, is required to perform a criminal background check through the Minnesota Bureau of Criminal Apprehension with the cost incurred by either the individual or the employer. Additionally, the interpreter or the interpreter's employer must check the interpreter's status using the Office of Inspector General Exclusion listing at <http://exclusions.oig.hhs.gov/search.aspx>. Interpreters must provide results of criminal background checks upon SCHA's request.
- **Individual credentials** - The following credentials should be recorded and maintained in the Interpreter Service Agency's application, interview notes, and subcontract/employment files:
 - The interpreter is proficient in the patient's native language and in the English language.
 - The interpreter understands and respects the culture of the patient and that of the medical professional.
 - The interpreter shall have a working knowledge of medical terminology and experience in medical interpretation.
 - The interpreter shall provide timely, reliable and competent interpreter services.
 - The interpreter will receive orientation to and follow guidelines based on Ethics for Professional Standards for Interpreters described at the end of this chapter.

Interpreter Services Expectations

The following are requirements and expectations of interpreters and interpreter service agencies:

- The agency must furnish and require the use of identification badges that include a picture ID, name of the agency, and full name of the interpreter identifying them as a medical interpreter. The agency will inform interpreters that they must wear their badge in a visible manner at all times while on health care facility premises and providing interpretation service to SCHA members.

- The agency may only employ or directly subcontract with individual interpreters. A contracted agency may not subcontract with any other interpretation agency and may not assign SCHA member interpretation services to any agency not directly contracted with SCHA.
- The agency will inform interpreters that direct solicitation of interpreter services to SCHA members or to any Minnesota Health Care Programs recipient is strictly prohibited. The agency is responsible for enforcing the policy.
- The agency must have provisions or policies to ensure that individual interpreters are billing services under the interpreting agency originally contacted to perform the service.
- The agency will monitor and assess the quality of interpreter performance. The agency agrees that if there are performance issues with specific interpreters, the agency is required to implement a corrective action plan or disciplinary action. In addition, SCHA or the clinic reserves the right to deny future assignments to that interpreter. Examples of possible performance issues include, but are not limited to:
 - Late arrival to appointments without a valid reason or notice;
 - Missing an appointment without a valid reason or notice;
 - Lack of English or target language fluency;
 - Leaving the appointment prior to completion of assignment without the agreement or permission of staff;
 - Failure to wear photo ID badge in a visible manner or to provide identification to staff when requested;
 - Soliciting business from clinic clients or staff; or
 - Fraudulent documentation.
- The agency must keep on file the following information:
 - Agency's name and/or logo;
 - Agency's address and phone number;
 - Arrival and departure time;
 - The member's name and address;
 - The member's SCHA ID number;
 - The date of service;
 - Appointment time (not applicable to pharmacy claims);
 - Name of clinic or place of service;
 - Address of clinic or place of service;
 - Practitioner's name;
 - Comment or Note section;
 - Interpreter's name, signature, and date; and
 - Clinic staff signature and date.
- Verification of SCHA member eligibility must be done by the agency and not the individual interpreters.

- The agency must, always record and maintain a written record of all interpreter services.
- Records must be kept at least 10 years. The agency must provide the written records to SCHA upon request.
- The agency must provide, upon request, a service report to SCHA.
- The use of the SCHA name or logo in any marketing efforts by the agency is strictly prohibited without prior approval from SCHA.
- Gender appropriate interpreters must be provided if requested by the patient or clinic.
- SCHA may conduct site visits to ensure all requirements and expectations are being met.
- The agency or individual interpreter is required to perform a clinic appointment reminder call to each client within 24 hours prior to the appointment.
- The interpreter is required to arrive 10 minutes early for an appointment.
- The interpreter is required to remain at the clinic 30 minutes past their arrival time to ensure their availability if the patient or physician arrives late. The interpreter may leave prior to the 30 minutes wait time if the clinic determines and documents that the appointment has been cancelled and the patient has been contacted and notified.
- The agency must respond to requests with one or more days notice as well as to urgent (same day) requests.
- The agency must provide the following:
 - **Same day requests:** Call the requesting clinic as soon as appointment is filled with an accurate estimated time of arrival for interpreter (keeping in mind traffic and parking delays).
 - **Future requests (next day and beyond):** Provide verbal confirmation to requesting clinic by 4:00 PM on the day the request is made.
- The agency must respond to requests during daytime operations (6 AM to 6 PM on weekdays) as well as after hours (6 PM to 6 AM evenings, weekends and holidays).
- The agency must respond to emergency situations. An unplanned event requiring an immediate response is considered an emergency. Examples include, but are not limited to:
 - Member's arrival in the Emergency Room;
 - Mental health situations, or
 - Member's health could be compromised if not seen immediately.
- The agency must respond to emergency requests within 15 minutes. A return phone call from the agency will let the requester know whether or not an interpreter can fill the request and provide an accurate estimated time of arrival.
- If the agency is unable to fulfill a particular request for interpreter services or needs to cancel an arranged interpreter and cannot find a replacement, the agency must notify SCHA Member Services immediately.
- The agency will inform interpreters of the requirement that, except on rare occasions which will be clearly communicated, they must be available for a minimum of 60 minutes

and that they must inform provider/staff a minimum of 15 minutes before they must leave, to give staff the opportunity to notify the agency of the need for a replacement interpreter. If there is a need for a replacement, the agency must assist the clinic with their request.

- Interpreters will arrive for appointments with the following information:
 - Client name;
 - Location;
 - Date;
 - Time;
 - Estimated duration of visit; and
 - Language required.
- If an interpreter request cannot be filled for a future scheduled appointment, a minimum of 48 hours advance notice will be given to the requesting party.

Professional Standards for Interpreters

Quality interpreting requires that the interpreter understands a set of core competencies and adheres to a code of ethics.

- **Introduces self and explains role** - The interpreter consults first with the provider to learn the goals of the medical encounter, and with the patient to assess language requirements. Then, if this is their first meeting, the interpreter explains their role to both the patient and the provider. The interpreter must emphasize the professional obligation to transmit everything that is said in the encounter to the other party and to maintain confidentiality.
- **Positions self to facilitate communication** - The interpreter should be seen and heard by both parties. They should position themselves in the place that is least disruptive to direct communication between provider and patient, and most respectful of the patient's physical privacy.
- **Accurately and completely relays the message between patient and provider** - The interpreter converts oral messages expressed in one language into their equivalent in the other, so that the interpreted message can elicit the same response as the original. The interpreter does not alter or edit statements from either party, or comment on their content.
- **Uses the interpretation mode that best enhances comprehension** - The interpreter encourages direct communication between patient and provider, using whatever modes are appropriate. Usually, the best mode will be to use "I..." in reference to the speaker, rather than "he said that..." or "she said that..." and to interpret for the patient and the provider alternately (known as consecutive interpreting.)
- **Reflects the style and vocabulary of the speaker** - The interpreter attempts to preserve the register (special vocabulary and level of formality) as well as the emphasis and degree of emotion expressed by the speaker.
- **Ensures that the interpreter understands the message to be transmitted** - The interpreter asks for clarification or repetition if the message from either party is unclear.

- **Remains neutral** - In situations where there is conflict between patient and provider, the interpreter continues interpreting completely, lets the parties speak for themselves, and does not take sides.
- **Identifies and separates personal beliefs from those of the other parties** - The interpreter does not project their own values into the discussion.
- **Identifies and corrects own mistakes** - The interpreter checks the accuracy of their own interpretation.
- **Addresses culturally based miscommunication, when necessary** - The interpreter identifies instances in which cultural differences between provider and patient have the potential to seriously impair their communication. In those instances, the interpreter shares relevant cultural information with both parties or assists the speaker in developing an explanation that can be understood by the listener.

Reimbursement and Billing Information

- Bill all interpreter claims in the electronic 837P format.
- Interpreter shall bill for services provided to SCHA enrollees only when the individual interpreter is registered with the Minnesota Department of Health.
- Beginning 1/1/19 all claims must include the oral Interpreter’s name in the procedure code description field. The claim will be rejected if the Interpreter’s name is not included on the claim.
- Face to face oral and sign language services will be reimbursed only for covered services under the member’s benefit and/or coverage. One (1) unit equals 15 minutes (at least 8 minutes must be spent to report one unit).
- A patient or physician “no show” is not covered.
- Interpreter services provided at pharmacies will be reimbursed per unit.
- Interpreting providers should coordinate services and billing directly with the FQHC or RHC location.
- Interpretation services for dialysis treatment will be reimbursed as follows:
 - The member’s first treatment will be reimbursed at the 1 hour unit rate.
 - Time beyond the 1 hour minimum (4 units) will be reimbursed at the quarter hour unit rate.
- Subsequent treatments must use medical telephone conference interpretation at a flat rate.

Service Description	Service Code
Face to face interpreter	T1013
No shows	Not a covered service
Face to face sign language Interpreter service	T1013 mod. U3

Telephone interpreter service	T1013 mod. U4
Interpreter service provided for multiple recipients in a group setting.	T1013 Modifiers: UN, UP UQ, UR or US
Mileage (contracted providers only).	S0215 – Miles 1 through 20 are not payable. Provider is to bill all miles with reimbursement starting with mile 21. Place of service 99

Code of Ethics for Interpreters in Health Care

- The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.
- The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.
- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.
- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.
- The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.
- The interpreter treats all parties with respect.
- When the patient’s health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.
- The interpreter strives to continually further his/her knowledge and skills.
- The interpreter must at all times act in a professional and ethical manner.

Reference: A National Code of Ethics for Interpreters in Health Care
<https://www.ncihc.org/ethics-and-standards-of-practice>