

Reimbursement

NJHA conducted a survey of hospitals to identify the challenges they encounter when developing and administering programs and services for the LEP population within their communities. The cost associated with offering such services was among the most significant challenges. What is not well known is that in August 2000, the Healthcare Financing Administration, which is now known as the Centers for Medicare & Medicaid Services (CMS), stated the Medicaid and State Childrens Health Insurance Programs (SCHIP) funds can be used for language activities and services, thereby allowing states to seek partial reimbursement from the federal government for costs incurred by themselves or by healthcare providers serving those enrolled in these programs.

Given that the federal government will provide partial reimbursement for costs associated with services for the LEP population, the question then becomes how do healthcare providers, in turn, receive reimbursement for services established to serve their LEP patients. States have the right to determine which providers are eligible for reimbursement. For example, some states have limited reimbursement for fee-for-service providers. (NHLP) Some states will incorporate the cost of language services in reimbursement rates to hospitals, managed care organizations, clinics, among other entities, covered under administrative or overhead costs. And finally, states have the option of allowing providers to submit requests for reimbursement.

When states elect to reimburse providers for language services, they have the authority to determine the payment rate. As reflected in the National Health Law Programs and The Access Project Language Services Action Kit, states may take into consideration labor costs as well as training or certification requirements. States also should consider travel time, waiting time and other activities that are associated with providing interpreter services.

Medicaid Managed Care

A significant percentage of New Jersey's population is enrolled in managed care programs, including commercial and Medicaid Managed Care Plans (MMCPs). Representatives from DHSS provided specific information regarding the responsibilities of MMCPs under their contract with the state. The following reflects information that hospitals should be aware of:

- **Do Medicaid Managed Care Organizations (MMCOs) have programs in place to assess enrollees' needs and to provide interpretation/translation services?**

MMCOs are required to have such programs in place. The state is responsible for providing the organizations with the primary languages spoken by enrollees, which is determined by information that is now collected on the state's enrollment form.

- **Are MMCOs required to provide interpretation/translation services to all enrollees in need or only to those who request it?**

Those enrolled in MMCOs will receive services upon request.

- **Are MMCPs required to educate enrollees and publicize the availability of access to language services? If so, what are the requirements?**

MMCOs are required by their contract with the state to educate enrollees about availability of services.

- **Are there requirements regarding who may or may not serve as interpreters (family members, children, trained interpreters, bilingual staff, volunteers, etc.)?**

The contract the state holds with MMCOs includes language that family members and children should not serve as interpreters.

- **Are MMCPs required to submit reports on compliance with interpretation/translation services requirements?**

MMCPs always are required to demonstrate compliance with the state's contract requirements. They may not be required to address interpreter services specifically, however, they will more than likely simply state that they are in compliance with the terms of the contracts they hold with New Jersey's Department of Human Services.

- **Does Medicaid Managed Care pay for interpretation/translation services? If so, how?**

Medicaid Managed Care does pay for interpretation/translation services. Costs have been factored into the MMCOs operation costs at the time they submit their bids.

According to feedback received from hospitals, MMCOs are not reimbursing for costs associated with interpreter/translation services. The problem is that hospitals have not negotiated a separate reimbursement fee for this service along with a corresponding billing code. Hospitals should ensure that contracts have a specific fee associated with interpreter services, and that the contract includes language that indicates that if a patient requires and/or requests interpreter services, the HMO will reimburse for such services at the negotiated rate and that prior authorization for these services is not required.

Commercial Plans

According to some hospitals, commercial managed care plans do, in fact, negotiate reimbursement rates for interpreter/translation services. The challenge for hospitals, however, is ensuring that they receive reimbursement, which appears to be a rare event.