HB 2359 Report:

Health Care Interpreter Services

Online Scheduling Portal

July 2022

Oregon Health Authority

Contents

Acknowledgments

Executive Summary

House Bill 2359 (2021) requires the Oregon Health Authority (OHA) to explore and make a number of improvements to the current Health Care Interpreter (HCI) program and HCI registry system in consultation with the Oregon Council on Health Care Interpreters (OCHCI). This work includes conducting a study to identify the best model for an online platform for health care providers to contract with health care interpreters.

Currently, there are nearly 1,000 qualified or certified HCIs listed on Oregon's central registry. They work as an employee or contractor for a health care provider or provider entity, a language service company, or independently. An independent contractor HCI is most likely to be interested in an optional online scheduling portal.

In Washington State, the Health Care Authority (HCA) and interpreters who use the HCA's online scheduling portal indicate high satisfaction with their system. Also, many of the interpreters currently utilizing the Washington scheduling portal report significant increases in the hourly reimbursement rates they are receiving through the portal.

In a survey, all HCIs listed on the OHA central registry were asked about their familiarity with Washington's online scheduling portal, what elements or functionality they thought would be important for a scheduling portal for Oregon, and the elements or functionality that are the highest priority to them. Of those who indicated they had used Washington's scheduling portal, 80% indicated that they thought Oregon should adopt something similar. More than 70% of all HCIs responding to the survey indicated they were likely to use a portal developed for Oregon. They identified their highest priorities as: 1) Online portal for scheduling; 2) Store all relevant interpreter contact and qualification information; 3) Text and/or email scheduling; 4) Allow interpreters to update their own contact information; 5) Track appointment start and finish times; 6) Process billing submissions on behalf of interpreter; 7) Tracking of patient preferences; and 8) Schedule a series of appointments.

There is significant interest within Oregon's HCI community to have additional ways of connecting health care providers, health care interpreters, and individuals with limited English proficiency to assure that people with LEP are able to meaningfully access their health care services. Oregon is well placed to benefit from the lessons learned from Washington, and then to make appropriate modifications and enhancements based on Oregon-specific needs and the recommendations of the Oregon HCI community. This implementation would most likely need to be done in a phased approach.

The options below are listed roughly in order of the ease of implementation, not by priority or preference. Cost and OHA staffing estimates are provided as ranges. Cost estimates include both start-up and ongoing costs, but not costs required for OHA

staffing. Also, the cost of actual interpreting services are already funded in a variety of ways and therefore not included in any of these cost estimates.

Federal Medicaid would cover up to 50% of the total costs associated with development and operation of the scheduling system for those individuals who are receiving services through the Oregon Health Plan (OHP). Because the large majority of individuals receiving interpreting services in Oregon are OHP members, this will cover for approximately half of the total estimated costs.

- **OPTION 1: Take a wait and see approach.**
  Estimated Total Cost (State + Federal): $0.00
  Estimated Additional Staffing: 0.00 FTE

- **OPTION 2: Add scheduling information and/or scheduling functionality to the existing HCI program central registry.**
  Estimated Total Cost (State + Federal): $50,000 – $100,000 (one time); $25,000 - $50,000/year (ongoing)
  Estimated Additional Staffing: 0.25 – 0.50 FTE (ongoing)

- **OPTION 3: Create model contracts that HCIs and health care providers could use to enter into uniform agreements for interpreting services.**
  Estimated Total Cost (State + Federal): $25,000 – $50,000 (one time); $10,000 - $25,000/year (ongoing)
  Estimated Additional Staffing: 0.00 – 0.25 FTE (ongoing)

- **OPTION 4: Develop vendor agreement(s) with a billing service company or companies and then allow HCIs to enroll with these contracted vendors to administer their invoicing activities.**
  Estimated Total Cost (State + Federal): $50,000 – $100,000 (one time); 3% - 5% per year of total billing for interpreting services (ongoing)
  Estimated Additional Staffing: 0.50 – 1.0 FTE (ongoing)

- **OPTION 5: Develop or purchase an online scheduling portal that only provides the ability to schedule, re-schedule, or cancel interpreting appointments.**
  Estimated Total Cost (State + Federal): $250,000 – $500,000 (one time); $750,000 - $1,500,000/year (ongoing)
  Estimated Additional Staffing: 1.5 – 2.5 FTE (ongoing)

- **OPTION 6: Implement an online scheduling system that is functionally similar to Washington HCA's interpreter services contracts.**
  Estimated Total Cost (State + Federal): $500,000 – $1,000,000 (one time); $1,500,000 – $2,500,000/year (ongoing)
  Estimated Additional Staffing: 3.0 – 4.0 FTE (ongoing)

Health Care Interpreter Services: Online Scheduling Portal

Governor Brown signed House Bill 2359 (HB 2359) into law on August 6, 2021. The new law requires the Oregon Health Authority to explore and make a number of improvements and enhancements to the current Health Care Interpreter (HCI) program in consultation with the Oregon Council on Health Care Interpreters (OCHCI)[1] and health care interpreters. This work includes conducting studies to determine the best model for an online HCI scheduling platform and national standards and best practices for sight translation. Specifically, HB 2359 directs:

> *(2) The Oregon Health Authority shall, in collaboration with the Oregon Council on Health Care Interpreters and health care interpreters, conduct a study:*
>
> *(a) Of the best model for an online platform for patients and health care providers to contract with health care interpreters and on how to use state and federal funds to finance the platform, to be completed no later than July 1, 2022; and*
>
> *(b) Regarding sight translation as it pertains to the definition of "health care interpreter" in ORS 413.550 and related best practices.*
>
> *(3) No later than January 1, 2022, the authority shall report to the interim committees of the Legislative Assembly related to health the results of the studies described in subsection (2) of this section and recommendations for legislative changes, if necessary, to implement the findings of the studies.[2]*

This report on identifying a model Oregon could consider for developing an online scheduling platform that health care interpreters and health care providers could use for scheduling interpreting appointments and establishing interpreting services contracts will:

- Outline the current experience of many HCIs currently providing interpreting services to people in Oregon. Because the group of HCIs who likely would be most impacted by implementation of an online scheduling portal are those who

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[1] More information about the OCHCI available at: https://www.oregon.gov/oha/oei/Pages/hci-council.aspx.

[2] HB 2359 (2021) https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2359.

are not employees of health care providers or language service companies, the focus of this current experience overview will be on independent contractor HCIs;

- Provide an overview of the history and current status of the online scheduling portal the Washington Health Care Authority has implemented to schedule and pay for interpreting services;

- Report on a recently completed survey of health care interpreters who are currently listed as qualified or certified on Oregon's central registry;

- Identify potential options for Oregon regarding implementing its own online scheduling portal; and

- Present a high-level summary work plan for implementation should Oregon decide to move forward with portal development and implementation.

Background

Language Accessibility

The federal government, through Title VI of the Civil Rights Act of 1964,[3] Executive Order 13166,[4] Section 1554 of the Affordable Care Act,[5] and a variety of other regulations and guidelines, requires entities that accept federal financial assistance to take reasonable steps to provide meaningful access to individuals with limited English proficiency (LEP). Meaningful access is defined by the US Department of Justice as:

> **Meaningful Access** – Language assistance that results in accurate, timely, and effective communication at no cost to the LEP individual. For LEP individuals, meaningful access denotes access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals.[6]

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[3] See https://www.hhs.gov/civil-rights/for-individuals/special-topics/needy-families/civil-rights-requirements/index.html.
[4] See https://www.justice.gov/crt/executive-order-13166.
[5] See https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html.
[6] From the Department of Justice Language Access Plan, March 2012. Available here: https://www.justice.gov/sites/default/files/open/legacy/2012/05/07/language-access-plan.pdf.

Oregon statute builds upon these federal language accessibility requirements by also requiring health care providers to provide interpreting services working with qualified or certified health care interpreters who are listed on the Oregon Health Authority's central registry. Recent updates and changes to Oregon requirements are implemented through House Bill 2359 from the 2021 legislative session. Most provisions of the bill go into effect July 1, 2022. With limited exceptions, Oregon requires:

> "…a health care provider shall work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English, unless the health care provider is a doctor or clinician who is proficient in the patient's preferred language."[7]

Given all of these considerations and requirements, the Oregon Health Authority is taking action to assure that working with health care interpreters is as efficient and effective as possible for all parties involved. That includes health care providers, health care interpreters, interpreting service companies, and individuals with limited English proficiency. One way to accomplish this goal is to make scheduling and working with HCIs from the registry as seamless as possible. This report therefore will explore how Oregon might best utilize an online scheduling portal to schedule and establish contracts for interpreting services.

Oregon Health Care Interpreter Experience

Currently, there are nearly 1,000 qualified or certified HCIs listed on Oregon's central registry. While the central registry does not collect information about an HCI's place of employment or contract status, it is known from previous surveys,[8] public comments, and interviews conducted as part of this report[9] that HCIs provide interpreting services through a variety of different payment modalities. These include working as:

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[7] https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2359.
[8] Oregon Health Authority; A Mosaic of Interpreting in Oregon: Results & Analysis of Health Care Interpreters & Providers Survey Responses, August 2000. Available here: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2442.pdf.
[9] A subgroup of the OCHCI was formed in March 2022 to help inform and guide this report.

- **An employee for a health care provider or provider entity** such as a doctor's office, clinic, or hospital. These employees may be either hired specifically as an interpreter, whose primary responsibility is to provide interpreting services, or as a bilingual staff who is primarily performing another function but is called upon periodically to provide interpretation. Because these health care interpreters work directly for the provider, scheduling of interpreting sessions is typically done in the same fashion as other job-related responsibilities within the interpreters set hours and schedule.

- **A contractor for a health care provider or provider entity**. In this case, the provider will either have availability information for the contracted HCI and schedule interpreting appointments accordingly or the provider will reach out to a number of contracted HCIs to determine which interpreter is available and responsive to the inquiry.

- **An employee of a language service company**. In this case, the language service company typically has the HCI's availability information and schedules the HCI for interpreting appointments.

- **A contractor of a language service company**. This arrangement typically results in scheduling by reaching out to a number of contracted HCIs on their availability and scheduling the interpreting appointment with the HCI who first indicates their availability for the appointment.

- **An independent contractor**. These HCIs may contract with a variety of entities, including those listed above, and often do not contract exclusively with a single health care provider, language service company, or other entity. Instead, they may have standing contracts with multiple or many entities in need of health care interpreting services. Scheduling typically entails the provider or other entity reaching out to a number of HCIs regarding availability to deliver interpreting services and then scheduling the appointment with the HCI who provides availability and interest most quickly.

The type of HCI who would likely be most interested in having access to an optional online scheduling portal is the independent contractor HCI. These HCIs report significant complexity today with scheduling interpreting appointments, managing contracts, submitting and tracking invoices, etc. Several HCIs who provided information included in this report shared that they have current contracts with 10-12 agencies or more – each of which have their own policies and processes around scheduling, cancellations/no-shows, billing, and reconciliation of payments. These often unique and

inconsistent processes lead to additional administrative burden for these HCIs. Some examples they shared include:

- Scheduling varies widely across agencies. Some utilize a texting system with a link to go online to schedule, while others use telephone scheduling, and still others make use of a dispatcher or scheduler to schedule the HCI. In many cases, regardless of the scheduling method used, HCIs need to be vigilant in monitoring for scheduling requests as the first HCI to respond is typically the one who secures the appointment.

- Some health care providers contract with multiple language service companies (who then contract with HCIs), which sometimes results in double-booking of HCIs.

- Agencies have various policies on payment for no-shows, double-booking, sessions that are shorter or longer than expected, travel reimbursement, and payment rates.

- Differing agency policies on invoicing for services. Some require use of their specific forms while others require the HCI to develop their own. Some require same day invoicing while others only allow submissions every two weeks. And many have made payment errors requiring the HCI to monitor their invoices frequently to make sure they have been paid the correct amount.

State of Washington Online Scheduling Portal Experience

Background

Federal language accessibility requirements for meaningful access of health care services mean that most health care providers and state programs across the country have specific policies and procedures in place to assure that individuals with limited English proficiency (LEP) are able to utilize the health care system. Research for this report included reviewing a number of language access plans from other states to compare to Oregon's policies and procedures around interpreting service requirements.

Initial review of state language access plans sought to identify those states that have done significant work around developing comprehensive and innovative policies to assure meaningful access for individuals with LEP who receive health care services in their states. Identified states included Arizona,[10] California,[11] Colorado,[12] Massachusetts,[13] Minnesota,[14] New York,[15] Texas,[16] and Washington.[17]

None of these states, however, were found to have more advanced or inclusive language access policies and processes than Oregon. In fact, Oregon is on the leading edge of state language access policies in many areas. For example, requiring, with limited exception, that health care providers only utilize Health Care Interpreters (HCIs) who are listed as Qualified or Certified on the state HCI Registry.

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[10] https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/405.pdf.

[11] https://www.dhcs.ca.gov/Pages/Health_Care_Language_Assistance_Services.aspx.

[12] https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20Communication%20with%20Individuals%20with%20Limited%20English%20Proficiency%20Policy%20and%20Procedure.pdf.

[13] https://www.mass.gov/doc/masshealth-language-access-plan-2021-23-0/download.

[14] https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_157632.

[15] https://www.ny.gov/language-access-policy.

[16] https://www.hhs.texas.gov/handbooks/independent-living-services-standards-providers/appendix-f-interpreter-translator-communication-services.

[17] https://www.hca.wa.gov/about-hca/language-access.

Given the direction of HB 2359 regarding this study of on online scheduling portal, review of these other states also included attempting to identify resources within each of these states to provide assistance to HCIs and health care providers in scheduling interpreting appointments. Scheduling systems are common among language services companies and, in some cases, large health care provider systems. However, those scheduling systems are typically only available to employees and contractors of those companies and providers. Therefore, they would not be accessible to the broader HCI community that Oregon is contemplating.

Washington was the sole exception identified through this review. The state of Washington has done significant work around implementing consistent statewide policies and procedures for spoken language interpreter services. This includes recent legislation that requires most of Washington's state agencies to follow the model established by their Department of Enterprise Services (DES) when purchasing spoken language interpreter services.[18] Some state agencies with a history of purchasing interpreting services, such as the Health Care Authority (HCA) and the Department of Labor and Industries, are excepted from these requirements, allowing them to procure their own contracts directly with language access providers or coordinating entities. Most other Washington state agencies must utilize the DES model contracts.

After review of written and oral testimony provided on HB 2359, discussion with HCI Program staff at the Oregon Health Authority, collaboration with the Oregon Council on Health Care Interpreters and the HB 2359 subgroup of the Council, as well as conversations with a number of HCIs providing interpreting services in Oregon, it appears that Washington's most relevant language interpreter services contract is the contract held by the Washington Health Care Authority (HCA). Therefore, the next section of this report will detail some of the history and current requirements of the HCA language services contract.

Washington Health Care Authority (HCA) Interpreter Services Contract

Washington began purchasing interpreter services after the Washington state legislature passed Senate Bill 6832 during the 2002 legislative session. This legislation gave the Department of Social and Health Services the authority to enter into an interpreter services contract using a broker model. The broker model provided a

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[18] https://app.leg.wa.gov/RCW/default.aspx?cite=39.26.300.

gatekeeper function to ensure that language interpreters who are requested by medical providers are scheduled and reimbursed appropriately.

In 2009, through Senate Bill 6726, Washington language access providers were recognized as public employees solely for the purposes of collective bargaining over:

- Economic compensation;
- Professional development and training;
- Labor management committees; and
- Grievance procedures

In 2011, Washington restructured some of their state agencies, which resulted in the Medicaid program, including the Interpreter Services program, moving from the Department of Social and Health Services into the newly formed Health Care Authority (HCA). The Washington HCA is now the state agency responsible for administering and overseeing the language services contracts.[19]

In 2018, HCA issued a new Request for Proposals (RFP-2474) for statewide face-to-face interpreter services. That RFP, and its subsequent amendments, form the basis for the single, statewide contract that HCA currently has in place with Universal Language Service, Inc.[20] It is this contract, the supporting Collective Bargaining Agreement,[21] and conversations with HCA program staff that were used to inform the following summary of the Washington interpreter services program contract.

Scope of the Washington HCA Interpreter Services Contract
The current interpreter services contract administered by the Medicaid program within the Washington Health Care Authority has undergone notable change since its original inception in 2012. What started out as a brokerage model approach, similar to how many Medicaid programs administer their transportation services, has evolved into a robust system that maintains a pool of qualified interpreters, allows for scheduling of interpreting appointments, provides mechanism for documentation and verification of

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[19] State of Washington Health Care Authority Request for Proposals (RFP No. 2474): Face to Face Interpreter Services.
[20] https://www.hca.wa.gov/assets/billers-and-providers/K2474-Universal.pdf.
[21] https://ofm.wa.gov/sites/default/files/public/labor/agreements/21-23/nse_lap.pdf.

services provided, invoices for services, and makes payments to interpreters. More details on this below.

Even though the HCA's interpreter services system is robust, there are also significant limitations. For example, only interpreters (called Language Access Providers (LAP) in Washington) who have been certified, authorized, or registered through Washington's Language Testing and Certification (LTC) Program are eligible to participate. Interpreters with a national interpreting credential or an interpreting credential from another state are not able to participate unless they have also been certified, authorized, or registered by Washington's LTC program.[22] Until very recently, the LTC program testing and certification, authorization, and registration, processes were suspended due to the pandemic, so new interpreters were not able to join the pool. The LTC program has now restarted their testing and certification process allowing new interpreters to enroll and interpreters whose LTC credentials had previously expired to renew.

In addition, the HCA interpreting system is only available for scheduling and paying for spoken language,[23] in-person[24] interpreting sessions for client appointments (not agency business) delivered by the HCA to Medicaid participants, the Washington Department of Social and Health Services (DSHS), and the Washington Department of Children, Youth, and Families (DCYF). The HCA also allows Medicaid providers delivering services to Medicaid participants to utilize this contract if they wish. Use of this contract by Medicaid providers is not mandatory and many providers, especially those providing services through contracts with a Washington Medicaid managed care entity[25] rely on other contracts for purchasing interpreting services. The HCA reports they do not currently track what portion of Medicaid providers are utilizing interpreter

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[22] https://www.dshs.wa.gov/office-of-the-secretary/language-testing-and-certification-program.

[23] Earlier Interpreter Services Contracts included signed language interpreting but signed language was separated from spoken language about two years ago. The HCA's current approach for signed language interpreting is considerably different than spoken language interpreting and therefore is not discussed further in this report.

[24] Until very recently, the HCA Interpreter Services Contract did not include video or over the phone interpreting. There was, however, an emergency clause included in the amended contract to treat video and phone interpreting as in-person interpreting during the public health emergency created by the pandemic. The emergency clause is no longer applicable as Washington entered into a new sole source contract on May 1, 2022 with the current online scheduling portal contractor, Universal Language Service, Inc., to also schedule and pay for over the phone and video remote interpreting.

[25] Approximately 98% of Washington's Medicaid program is delivered under managed care.

services under this contract or which of the Medicaid participants receiving interpreting services under this contract are covered by a managed care entity.

Washington HCA Online Scheduling Portal Operations

The Washington HCA has contracted with a single, statewide contractor to administer the spoken language interpreter services scheduling, invoicing, and payment portal. The contract is a substantial and comprehensive document that covers a broad range of requirements, expectations, and performance standards for both the contractor and the state. While the contract should be carefully reviewed and evaluated prior to attempting to implement something similar in Oregon, it is not necessary to detail every component of the contract in this report. The Washington HCA makes the executed contracts easily accessible to the public by posting it online.[26]

Instead, key contract information and requirements that are most relevant to Oregon's consideration of implementing on online scheduling portal for use by its health care service providers and health care interpreters are included below. It should also be noted that many of the operating policies and functionalities of Washington HCA's online scheduling portal contract are governed by the Collective Bargaining Agreement (CBA)[27] between the state and the Union (Washington Federation of State Employees, AFSCME Council 28).

Key HCA contract elements most relevant to this report include:

DEFINITIONS[28]

"Authorized Requester" or "Requester" means:

a. Department of Social and Health Services (DSHS) staff; or
b. Contracted Healthcare Providers who are authorized by Health Care Authority (HCA) to make requests; or

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[26] Face-to face interpreting contract available here: https://www.hca.wa.gov/assets/billers-and-providers/K2474-Universal.pdf and over-the-phone and video remote interpreting contract available here: https://www.hca.wa.gov/assets/billers-and-providers/K4724-ULS-OPIVRI.pdf.
[27] The WFSE, AFSCME Council 28 Collective Bargaining Agreement (CBA) available here: https://ofm.wa.gov/sites/default/files/public/labor/agreements/21-23/nse_lap.pdf.
[28] Interpreter Services HCA Contract K2474-5 (pages 4-10)

c. Contracted Health Home providers directing patient-centered care to care coordinators; or
d. Department of Children's, Youth, Family's (DCYF) staff; or
e. Health Care Authority (HCA) program managers.

"Client/Clients" means any person needing language access services and determined eligible for, and/or receiving services from HCA, DSHS, or DCYF. This includes but is not limited to Limited English Proficiency (LEP: means a limited ability or inability to speak, read or write English well enough to understand and communicate effectively in normal daily activities).

"Contractor" means Universal Language Service, Inc., its employees, and agents. Contractor includes any firm, provider, organization, individual or other entity performing services under this Contract. It also includes any Subcontractor retained by Contractor as permitted under the terms of this Contract.

"Interpreter" means a language access provider (LAP) who completes HCA Medicaid, DSHS, and DCYF appointments through this contract.

"Interpreter Services Program" means the HCA program established to help ensure equal access to services by providing language access services to Authorized Requesters for their clients.

"Language Access Provider (LAP)" (RCW 41.56) means any independent contractor who provides spoken language interpreter services for Department of Social and Health Service, Department of Children, Youth and Families, or Medicaid enrollee appointments.

"ProviderOne" or "P1" means the system commonly referred to as the Medicaid Management Information System (MMIS), and is the federally approved system used by the Washington Medicaid program to pay provider claims for goods and services authorized under the State Plan. The MMIS is certified by CMS and is the primary information system used by HCA to pay for health care.

COMPENSATION[29] [*for the vendor/contractor*]

Total administrative consideration payable to the Contractor for satisfactory performance of the work under this contract for the full six-year term shall not exceed a maximum of **$8,874,756.**[30] **This total does not include the Amendment 2 Urgent Health Crisis Over-the-Phone Interpreter (OPI) Services funds.**

The administrative rate paid to the Contractor will be paid at $123,260.50 per month.[31] A proportionate share will be paid by HCA, DCYF and DSHS based on usage. The Contractor, on an approved A19-1A invoice, will bill these percentage amounts directly to HCA, DCYF and DSHS.

Amendment 2, effective 4/1/2020, Urgent Health Crisis OPI Services include a one-time telecom and networking cost of $257,099.15; ongoing monthly costs of $45,390 for staffing; and $0.56/minute administration charges to be invoiced monthly.

Over the phone and video remote interpreting compensation[32]

[*Beginning 5/1/2022*]

The administrative rate paid to the Contractor will be paid at $44,300 per month initially, based on 75,000 minutes of OPI/VRI jobs per month. HCA will review utilization regularly and may revise, at HCA's sole discretion, the monthly included minutes of OPI/VRI jobs, in accordance with the table below, in writing (email acceptable).

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[29] Interpreter Services HCA Contract K2474-5 (page 11)

[30] This is the current "not to exceed" amount for the entire 6-year period, but the HCA has historically made contract amendments to increase the NTE amount as necessary to not interrupt interpreting services.

[31] The administrative rate or "Administrative Costs" means the Contractor's costs of operations (salaries, accounting, information technology, supplies, utilities etc.), not including expenses or payment to LAPs for direct services. Also does not include Service Costs.

[32] OPI and VRI Services HCA Contract K4724 (page 11)

Monthly OPI/VRI Minutes Included*	Monthly Admin Cost	Additional OPI/VRI Minutes (per minute)
150,000	$82,335.00	$ 0.56
125,000	$ 69,680.00	$ 0.56
100,000	$ 57,020.00	$ 0.56
75,000	$ 44,300.00	$ 0.56
*Monthly minutes used are calculated based on the number of units a LAP is compensated for services provided on each job in one (1) minute increments, with any fraction of a minute rounded up to the nearest one (1) minute increment.		

DOCUMENTATION[33]

The authorized requestor, LAP and the language agency or coordinating entity shall be required to complete the appointment work order form and that shall be the only basis for payment by the State and/or third parties, unless otherwise required by Medicaid regulations.

LAPs will have electronic capabilities to view the specific duration and date(s) for when the provided services or [sic] were scheduled to provide such services.

LAPs will receive a text message and/or an email notification for appointment cancellations made twenty-four (24) hours or less before the originally scheduled appointment time. The LAPs may choose their preferred form of notification.

COMPENSATION[3435] [for the interpreter]

Rate of Pay

In-person interpreting services rate of pay will be paid a minimum of forty-two dollars and thirty-two cents ($42.32) per hour effective July 1, 2021.

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[33] Interpreter Services HCA Contract K2474-5 (pages 32-33)
[34] Interpreter Services HCA Contract K2474-5 (pages 34-35)
[35] OPI and VRI Services HCA Contract K4724 (pages 39-40)

Telephonic and Video Remote Interpreting Services Interpreters will be paid a minimum of sixty-two cents ($0.62) per minute when providing services via telephonic technologies, and three dollars ($3.00) per minute for the first ten (10) minutes and sixty cents ($0.60) per minute for every minute thereafter when providing services via video remote technologies.

Appointment Times

In-Person

For in-person appointments scheduled for HCA Medicaid; an LAP will be paid for a minimum of one (1) hour for each in-person completed appointment.

For in-person scheduled for DSHS or DCYF an LAP will be paid for a minimum of ninety (90) minutes for each in-person completed appointment.

In-person, family member, or block-time appointments lasting longer than the minimum will be paid in fifteen (15) minute increments with any fraction of an increment rounded up to the nearest fifteen (15) minute increment.

The start time of the appointment will be the scheduled start time or the time the LAP arrives, whichever is later. If the authorized requestor, patient/client, and the LAP all agree to begin earlier than the scheduled start time, the LAP will be paid from when they begin providing interpreter services.

An authorized requestor may include no more than a one (1) hour unpaid break within a single request for services, and only if the total duration of the appointment including the unpaid break is three (3) or more hours. The break duration must be clearly indicated in the requested scheduled time and on the note section of the work order form for the LAP.

OPI and VRI

A LAP will be paid a minimum of three (3) minutes when they provide interpreting services via telephonic technologies, and a minimum of ten

(10) minutes when they provide interpreting services via video remote technologies (VRI). When a LAP provides telephonic or video remote interpreting services longer than for the minimum, the LAP will be paid in one (1) minute increments with any fraction of an increment rounded up to the nearest one (1) minute increment.

There is no requirement for prescheduling with a LAP to provide interpreter services via telephonic technologies or VRI. The State's third parties will use the first available DSHS authorized/certified/recognized language access provider, except when an authorized requester is unable to schedule an appointment at least twenty-four (24) hours before the start of the appointment due to an urgent or unforeseen need, or when the appointment is unfilled twenty-four (24) hours before the start of the appointment. Preference will be given to those located within the states of Washington, Idaho, or Oregon.

No-Shows and Cancellations

If an LEP client, patient or authorized requestor fails to show for in-person interpreting services or cancels six (6) hours or less before the start of the appointment, an LAP will be paid thirty (30) minutes or seventy-five percent (75%), whichever is greater.

If the authorized requestor cancels twenty-four (24) hours or less and greater than six (6) hours before the scheduled start of the appointment, an LAP will be paid thirty (30) minutes or fifty percent (50%), whichever is greater.

The twenty-four (24) hours for determining cancelled appointments shall not include weekends or state recognized holidays.

If an LAP accepts a new appointment that overlaps a cancelled or no-show appointment, payment for the cancellation or no-show will be reduced by the replacement work. (this does not apply to individual appointments within a series of family appointment.)

Under no circumstances shall an LAP be paid twice for the same period of time.

If an LAP accepts a job more than four (4) hours from the scheduled start time and it is then cancelled within thirty (30) minutes of being accepted by the LAP, the LAP will not be eligible for payment as a no-show or cancellation.

If an appointment ends earlier than the originally scheduled time, an LAP will be paid for seventy-five (75%) of the originally scheduled appointment length, or the completed appointment time, whichever is greater. Payment related to this section shall be capped at one-hundred thousand dollars ($100,000) per year.

If two (2) or more LAPs are scheduled for the same appointment, the LAP with the earliest documented appointment confirmation date and time will complete the appointment, unless otherwise agreed by the LAPs. The LAP that does not fulfil the appointment will be paid at the no-show and cancellation rate.

INTERPRETER SERVICES CONTRACT – CUSTOMER SERVICE AND SCHEDULING PORTAL REQUIREMENTS[36][37]

Customer Service

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[36] Interpreter Services HCA Contract K2474-5 (pages 37-41)

[37] It is worth noting again here that these contractor-related costs of operations (salaries, accounting, information technology, supplies, utilities etc.), not including expenses or payment to LAPs for direct services are included in the monthly administrative rate paid to the contractor.

Provide Interpreter Services through direct written Interpreter Services Provider Agreement (ISPA) with subcontracted LAPs that are DSHS Certified, Authorized, or Recognized.

Provide a mobile friendly web-based application to schedule pre-scheduled LAP Service Requests, including the ability for a bulk or mass upload feature.

Upon receipt of a request from a Medicaid Requester, or from HCA authorized staff, verify provider eligibility, client eligibility, and schedule, process, assign, and manage Interpreter Services in conjunction with a Client's scheduled appointment.

Requests submitted outside the web-based technology or bulk upload, are on an as needed or special circumstance basis. Requests may be submitted via email, telephone or facsimile transmission technologies as determined appropriate by the Contractor.

Provide a local and toll-free number for Authorized Requesters.

Provide a local and toll-free number for LAPs.

Provide staff and telephone lines to achieve 80% of all incoming calls, including hearing- impaired system calls, to be answered within 60 seconds during normal business hours (8:00am – 5:00pm Monday-Friday).

Provide staff to process, schedule, assign, manage and monitor the web-based application, email, telephone, electronic voice mail, or facsimile transmission requests during normal business hours.

Utilize and complete the appointment record form either electronically or in paper form for all appointment requests. The appointment record form will

be made available on the Contractor's dedicated website for Requesters and LAPs.

Ensure Authorized Requesters document the arrival and departure times of the LAP. Requests may be submitted via email, telephone or facsimile transmission technologies as determined appropriate by the Contractor.

Provide technology solutions that are OCIO (*Washington Office of the Chief Information Officer*) compliant for check in/out such as cell phone applications, tablets, Quick Response Code (QR) or other solutions that meet the needs of Authorized Requesters and/or LAPs.

Monitor technology solutions and implement changes or new technologies to improve the check in/out process.

Have the ability to send and receive electronic data files with HCA's ProviderOne system for the purposes of billing and the use of client eligibility inquiries, or build a retrieval system that interfaces with HCA's ProviderOne system.

Fill Rates

The Contractor is expected to identify and assign an LAP and fill all non-urgent requests (*for the top seven spoken languages and spoken languages of High Demand, Lesser Diffusion*) at a minimum of 90% for each quarter.

For Languages of high demand, lesser diffusion (which include languages outside the top seven where there are 100 or more requests per year), the contractor is expected to identify and assign an LAP and fill all non-urgent requests at a minimum of 70% for each quarter.

For Languages of low demand, lesser diffusion (which include languages outside the top 7 where there are less than 100 requests per year). The contractor is expected to attempt to identify and assign an LAP to fill the request and must be able to provide documentation of the attempt.

The Contractor is expected to take appropriate action to fill all requests (urgent and non- urgent) in all categories, and must be able to provide documentation of such actions. HCA will review and monitor trends and Contractor performance in filling urgent requests, and may impose corrective actions if improvements are not made, or repeat and/or continuous insufficiencies occur.

Scheduling Portal

Interpreters

The secure web-based application must have the capacity to allow LAPs to:

1. Review, accept, and reject appointments;
2. Return appointments prior to 24 hours of the scheduled appointment online;
3. Obtain and confirm appointment information and download to iCal or calendar through a software program;
4. Approve appointments for payment;
5. Dispute check-in and check-out times;
6. Review payment invoices; and
7. Review and respond to complaints

Health Care Providers ("requestors")

The secure web-based application must have the capacity to allow authorized requesters to:

1. Individually request, edit, and cancel appointments
2. Confirm appointment information and status
   (a) If the request is filled;
   (b) If the request cannot be filled;
   (c) If the appointment is still in a pending status; and
   (d) If the appointment has been returned by LAP.
3. Upload bulk appointment requests

4. Ability to duplicate appointment requests for clients/facilities
5. Select the language and type of interpretation needed:
   (a) Language and/or dialect if not listed.
6. Select their administration origin:
       (a) HCA;
       (b) DSHS; or
       (c) DCYF
7. Select the appointment service type,
8. Select a specific LAP: such as gender, cultural requirements, medically necessary or other criteria deemed necessary by the provider.
9. Ongoing treatments of medical conditions that may qualify as Medically Necessary to require a specific assigned Interpreter include:
       (a) Continuing counseling sessions
       (b) Applied behavior analysis (ABA) therapy sessions
       (c) Cancer treatments as requested by the provider
       (d) Pediatric private duty nursing sessions in the home setting, in which the treatment plan requires frequent communication, such as when the child's care needs are changing, where a change in LAP will impact the health outcome or effectiveness of the interaction.
       (e) Effectiveness of treatment plan or any treatment or medical procedure where a change in interpreter will impact the effectiveness and efficacy of the treatment or procedure.
10. Permit the requester to cancel a behavior health appointment and be eligible for the reimbursement process or leave the appointment in pending status and continue attempting to fill the request.
11. Check LAP in and out per start and end time of each job
12. Allow requester to provide feedback for LAPs.
13. Send notifications to the requester whenever the appointment has a status change, or requester self-selected notification.
14. Send appointment status updates to the requester if self-selected to include:
        (a) Jobs in a pending status three days after the requested date;
        (b) Jobs in a pending status two weeks prior to the appointment date; and
        (c) Jobs in pending status three business days prior to appointment date; or
        (d) Self-selected notification by requester.

15. Contractor will send notification via email to requester when a start or end time has not been completed two business days after the date of service.

Outreach and Education

Provide outreach, technical assistance and orientation to Authorized Requesters to access the Interpreter Services program. Emphasis will be put on the following:

a. Online Web-based application for coordinating scheduling and payment
b. How to access, navigate, schedule, review, edit and cancel appointments using the web-based application.
c. How to utilize the bulk/mass upload feature for scheduling appointments
d. How to provide feedback on an LAP.
e. The Authorized Requester's roles and responsibility for verifying client eligibility and benefit coverage.
f. Guidelines for working with an LAP.
g. The requester's legal responsibility to provide language access services.
h. How to request reimbursements
i. Specific LAP Requests
j. Requesting the appropriate LAP and language needs.
k. When a specific LAP request is valid.
l. When it is appropriate to request reimbursement for Behavioral Health (mental health and substance use disorder) services not filled by Contractor.
m. Reimbursement requirements, including 90-day billing timeline;
n. Availability of reimbursement request form;
o. How to submit the request for reimbursement.

Provide targeted outreach to increase provider utilization. This includes specific regions, provider types, appointment types, organizations and other factors;

Offer quarterly webinar Requester orientations and instructional sessions. Related costs will be borne by the Contractor.

Additional online-based materials as deemed necessary by HCA.

HCA reserves the right to review and approve all materials and require the Contractor to conduct additional outreach.

Provide outreach, technical assistance, and educational sessions to Interpreter to access the Interpreter Services program.

In addition to the contract requirements detailed above, the Washington HCA has invested significant resources in administering and overseeing their spoken language interpreter contracts. These resources include staffing within the HCA of three full-time program managers and two additional part-time staff to oversee the contract, requiring and evaluating a number of contractor performance metrics and required report submissions, and maintaining a data dashboard that is readily accessible to the public.[38] The most recent dashboards show nearly 90,000 interpreting requests per month and an overall fill rate of 88%.

The HCA reports they have seen continual improvements over the years in nearly all metrics for spoken language interpreting. These improvements include operational enhancements of the online scheduling system and policies surrounding the system, contractor deliverable performance, and the state's ability to oversee and manage the contract. Some examples of improvement shared by HCA include:

- Improving the state's access to real-time or near real-time interpreting data and the ability to develop and routinely run complex reports.
- Increased contractor knowledge of Medicaid billing requirements and improved connectivity between the relevant systems.
- Rolling out captcha technology to prevent bot scheduling.
- Prevention of multiple, simultaneous log-ins to avoid double booking of appointments.
- Improved web interfaces with mobile devices to allow interpreters options for how they access the scheduling system.

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[38] Spoken language data dashboard available here: https://app.powerbigov.us/view?r=eyJrIjoiNmM4MDIwNzctMmFkNy00N2EyLTkyODQtM2QyODA0ZjUzNWMxIiwidCI6IjExZDBlMjE3LTI2NGUtNDAwYS04YmEwLTU3ZGNjMTI3ZDcyZCJ9.

- Improved reconciliation of invoicing and payments and introduction of more user-friendly pay statements for interpreters.
- New filtering technology so interpreters can better see and select the appointments they are interested in scheduling for interpreting.
- Assuring interpreters are not able to accidently accept appointments that they are not qualified to interpret.

Again, the above contract information reflects only a small portion of the Washington HCA's contract requirements for in-person, over the phone, and video remote spoken language interpreting. There are also additional details from the Collective Bargaining Agreement (CBA) that are not fully reflected in the above summary. Instead, the key contract and CBA information and requirements included here are the most relevant to Oregon's evaluation of the HCA's program and are intended as a starting point rather than a comprehensive listing of all contract and CBA components.

Both the Washington HCA and interpreters delivering interpreting services utilizing the HCA's online scheduling portal, indicate significant satisfaction with the system in operation today. Additionally, many of the interpreters currently utilizing the Washington scheduling portal report significant increases in the hourly reimbursement rates they are receiving through portal scheduling versus what they received prior to using the portal. Should Oregon ultimately decide to implement something similar to Washington HCA's approach, OHA, the Oregon Council on Health Care Interpreters, and other partners will need to work together on what elements and requirements are most applicable to Oregon's current interpreting needs and identify those that will best meet the overall goals of the programs and the state.

Oregon HCI Survey on Online Scheduling Portal Functionality

As part of the HB 2359 study on evaluating the best model for an online platform for health care providers to contract with health care interpreters, a survey was distributed to HCIs listed on the OHA central registry. (The full survey text is available in Appendix 1 of this document.) An invitation to complete the survey was sent to the more than 900 qualified and certified HCIs on the registry who had a current email address on file. The survey was live for approximately two weeks. Of those HCIs who received the email invitation, 139 responded to the survey. Of the 139 survey respondents, 110 fully completed the survey while 29 abandoned the survey prior to full completion.

The 29 abandoned surveys were further evaluated to determine any trends or indications as to why individuals did not complete the survey. The majority of the incomplete surveys had no answers completed at all. This is likely attributable to the fact that all invited survey respondents were provided the same survey link, rather than a unique survey link for each invited respondent, and that the survey itself requires entry of both the name of the survey respondent and their OHA central registry number. Individuals without an OHA central registry number, who may have received a forwarded invitation, likely terminated the survey once they realized the registry number was required.

The other type of incomplete survey appears to be individuals on the registry who started the survey but where interrupted prior to submitting the completed survey. This was determined because many of these individuals ultimately submitted a completed survey in addition to their incomplete survey. For these reasons, evaluation of survey results is limited to only those 110 fully completed surveys.

Completion of the survey is estimated to have taken approximately ten minutes or less for most survey respondents. Qualified and certified HCIs from OHA's central registry were asked to respond to a series of questions beginning with some background information about themselves including the language(s) they were qualified or certified to interpret and then questions about their familiarity with Washington's online scheduling portal, what elements or functionality they thought would be important for an operational scheduling portal for Oregon, and of those they thought most useful, the

elements or functionality that were the highest priorities for them. There was also opportunity throughout the survey for survey participants to provide additional narrative information about their responses or recommendations.

TOP LANGUAGES INTERPRETED BY SURVEY RESPONDENTS

Spanish	**55%**
ASL	**13%**
Arabic	**5%**
Cantonese	**4%**
Russian	**4%**
Swahili	**4%**

Of the 110 responses, the most frequent language for interpreters was Spanish (55%). Next was American Sign Language (13%), followed by Arabic (5%), and then Cantonese (4%), Russian (4%), and Swahili (4%) all tied for the fourth most frequent language interpreted by survey respondents. These representations are fairly consistent with the overall numbers of HCIs on OHA's central registry with approximately 50% interpreting in Spanish, 30% interpreting in ASL, 4% in Russian, 3% in Arabic, 2% in Cantonese, and less than 1% in Swahili. While there are some differences in the survey sample versus the distribution of the entire registry, the differences are not deemed to be statistically significant.
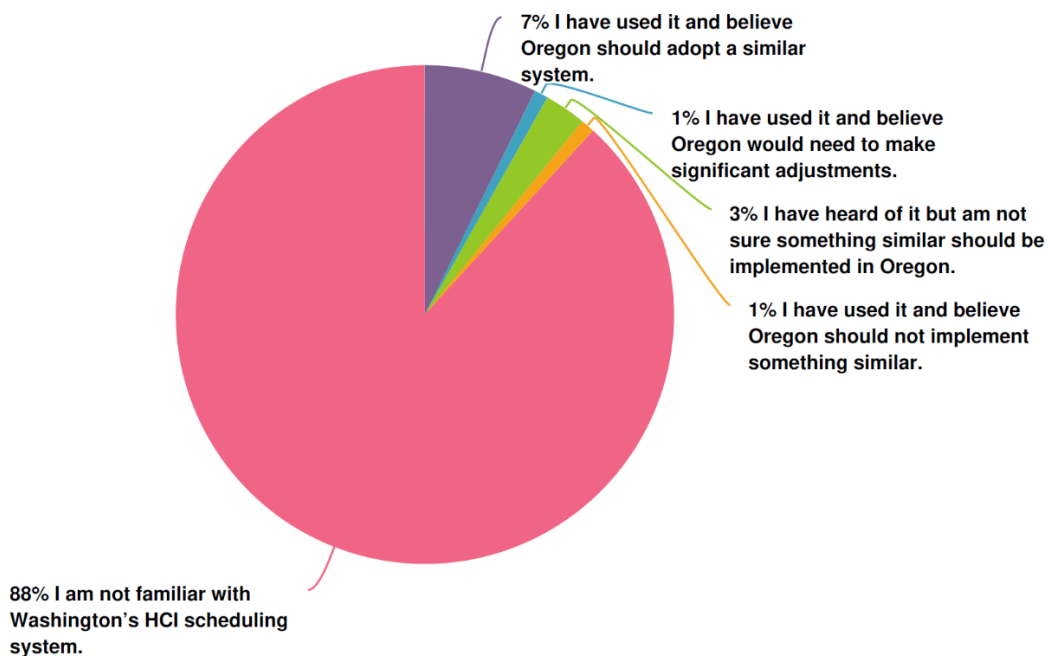
The overall response rate to the survey was approximately 12%. This response rate is lower than what was originally targeted (20% or higher) and therefore additional caution should be given in interpreting the responses. However, there was substantial consistency across many of the responses and many respondents clearly took care in providing comprehensive answers and narrative explanations to further explain why they responded in the way they did. Given this, it is certainly worthwhile to explore the survey responses received in this report. However, OHA will also want to assure there are additional opportunities to involve interpreters, especially through the OCHCI and the Union, as well as other partners and interested stakeholders, as they make decisions on how and when to move forward and on key online scheduling portal development and design options.

In exploring what Oregon HCIs knew and thought about an online scheduling portal, they were first asked about their familiarity with Washington's online scheduling portal for interpreting. The large majority (approximately 88%) indicated they had not used or were not familiar with Washington's scheduling system. However, of those who indicated they had used Washington's scheduling portal, 80% indicated that they thought Oregon should adopt something similar. See below for details.

Survey Question

OHA has found that the HCI scheduling system used by the Washington Health Care Authority in the state of Washington has much of the functionality that Oregon HCI partners believe to be important. Are you familiar with Washington's HCI scheduling system?

Responses

7% I have used it and believe Oregon should adopt a similar system.

1% I have used it and believe Oregon would need to make significant adjustments.

3% I have heard of it but am not sure something similar should be implemented in Oregon.

1% I have used it and believe Oregon should not implement something similar.

88% I am not familiar with Washington's HCI scheduling system.

The next question asked HCIs to select from a list of potential portal features or functions that they thought should be included, those that they thought should not be included, and those that they were either unsure whether or not they should be included or they had no opinion about including or not including that particular function. Answers are reflected in the table below. The provided list included portal functionality or features that are:

- Currently available in Washington HCA online scheduling platform;

- Identified by Washington HCA or the Washington Language Access Providers' Union as areas for future portal development; or

- Priority areas for Oregon interpreters and other partners as identified in interviews and discussions conducted for this report.

Survey Question

When thinking about an online appointment scheduling platform that health care interpreters and health care providers could use to schedule interpreting appointments and establish interpreting services contracts, please identify which of these features you think should be included in the scheduling platform?

	Should be included	Should not be included	Unsure / No opinion
Store all relevant interpreter contact and qualification information Count Row %	92 86.8%	3 2.8%	11 10.4%
Maintain interpreter credentialing information such as HIPAA qualifications, vaccine records, etc. Count Row %	78 72.2%	18 16.7%	12 11.1%
Allow interpreters to update their own contact information Count Row %	103 94.5%	1 0.9%	5 4.6%
Online portal for scheduling (e.g., log on to system to view and claim available appointments) Count Row %	95 87.2%	7 6.4%	7 6.4%
Text and/or email scheduling Count Row %	88 80.7%	11 10.1%	10 9.2%
Real-time interpreter availability Count Row %	91 83.5%	8 7.3%	10 9.2%
Track appointment start and finish times Count Row %	80 74.1%	9 8.3%	19 17.6%
Store interpreter appointment notes Count Row %	66 60.6%	22 20.2%	21 19.3%
Interface with provider Electronic Health Records (EHR) Count Row %	27 25.5%	41 38.7%	38 35.8%
Tracking of patient preferences (e.g., male/female interpreter; use interpreter again; etc.) Count Row %	82 75.9%	11 10.2%	15 13.9%
Schedule a series of appointments (e.g., monthly physical therapy sessions for four months) Count Row %	85 78.0%	14 12.8%	10 9.2%
Store patient/provider feedback for interpreter Count Row %	68 62.4%	11 10.1%	30 27.5%
Patient ratings of interpreter Count Row %	57 52.8%	24 22.2%	27 25.0%
Provider ratings of interpreter Count Row %	60 56.1%	21 19.6%	26 24.3%
Identify specialized interpreter qualifications or experience (e.g., sight translation; behavioral health; cultural considerations; pediatric; etc.) Count Row %	85 78.0%	9 8.3%	15 13.8%
Process billing submissions on behalf of interpreter (e.g., Medicaid or other payer) Count Row %	71 65.7%	10 9.3%	27 25.0%
Apply billing reimbursement to interpreter-directed payments such as union dues or health insurance Count Row %	47 43.5%	24 22.2%	37 34.3%

Survey respondents also had an opportunity to identify portal functionality that they believed to be important but was not included in the provided lists of functions. No additional functionality was identified by a large number of people, but some that were mentioned more than once include:

- A complaint tracking system.

- Map and mileage details for in-person appointments.

- Direct interface with the interpreters' calendars.

- Additional details about the appointment once booked (in a HIPAA compliant way).

- Educational information about interpreting for health care providers and HCIs.

- Ability to pay rate differentials based on HCIs' specialized credentials and experience.

Some of these functionalities are present or partially present in Washington's system while others may be able to be included without significant additional cost or programming. It is likely that other recommended additional functionality may ultimately prove to be too complex or cost prohibitive to include in an online scheduling portal for Oregon, especially during its first iteration. As system development is explored further, OHA will want to engage its HCI partners in discussions about what individuals who are actively using the system want and need to make it most worthwhile for their work.

Next, individuals completing the survey were asked to identify their top priorities for the most critical elements for an online scheduling portal. The following eight portal features/functionality clearly rose to the top as highest priorities for HCIs responding to the survey. Interestingly, all of these are within the current functionality of Washington HCA's system except the "tracking of patient preferences." There is a similar function in the Washington system currently, but it is more specific to a health care provider's identification that there needs to be consistency of interpreters from session to session for a number of identified health conditions to assure continuity of care.

It is also worth noting that even though the remaining eight areas of functionality from the provided list of functions were not identified as a highest priority for a majority of respondents, that should not be interpreted to mean that HCIs are not interested in having that functionality as part of a scheduling portal in the future. All identified functionality was supported by a significant number of survey respondents and OHA will want to closely evaluate inclusion of as many of these areas as possible in either the initial portal design or through future enhancements.

The one area that respondents were most ambivalent about was having the portal directly connect to a patient's electronic health record (EHR). Some respondents were highly supportive of having that connection to an EHR while many expressed significant concern about HIPAA, the ability to protect patient confidentiality, and the added responsibility of an HCI potentially having access to this information. This is definitely an area that warrants further investigation to weigh the pros and cons of this connection to an EHR and the ability of a potential vendor or system to provide adequate protection of a patient's personal health information.

Survey Question

If we could only implement five features at initial launch, what would they be? Please rank your top five priorities for an online scheduling system.

Item	Overall Rank
Online portal for scheduling (e.g., log on to system to view and claim available appointments)	1
Store all relevant interpreter contact and qualification information	2
Text and/or email scheduling	3
Allow interpreters to update their own contact information	4

| Item	Overall Rank
Track appointment start and finish times	5
Process billing submissions on behalf of interpreter (e.g., Medicaid or other payer)	6
Tracking of patient preferences (e.g., male/female interpreter; use interpreter again; etc.)	7
Schedule a series of appointments (e.g., monthly physical therapy sessions for four months)	8

The final survey question asked respondents to share what the likelihood was that they would utilize an online scheduling portal if it were available. More than 70% of HCIs responding to the survey indicated they were likely or very likely to use the portal. This is particularly interesting given the fact that this same group of respondents shared that they were not familiar with the operational scheduling portal available through the Washington HCA. It seems that even though many Oregon HCIs have not used the Washington portal, they are still very interested in having additional options available to them to assist with scheduling interpreting appointments.

> 70.4% of the HCIs responding to the survey indicated they would likely use an online scheduling portal if developed for Oregon.

Survey Question

Given the above information about an online appointment scheduling platform: If OHA put an online scheduling system in place, how likely is it that you would use it to schedule your interpreting services appointments?

Response

13.9% Very Unlikely

6.5% Unlikely

9.3% Neutral

52.8% Very Likely

17.6% Likely
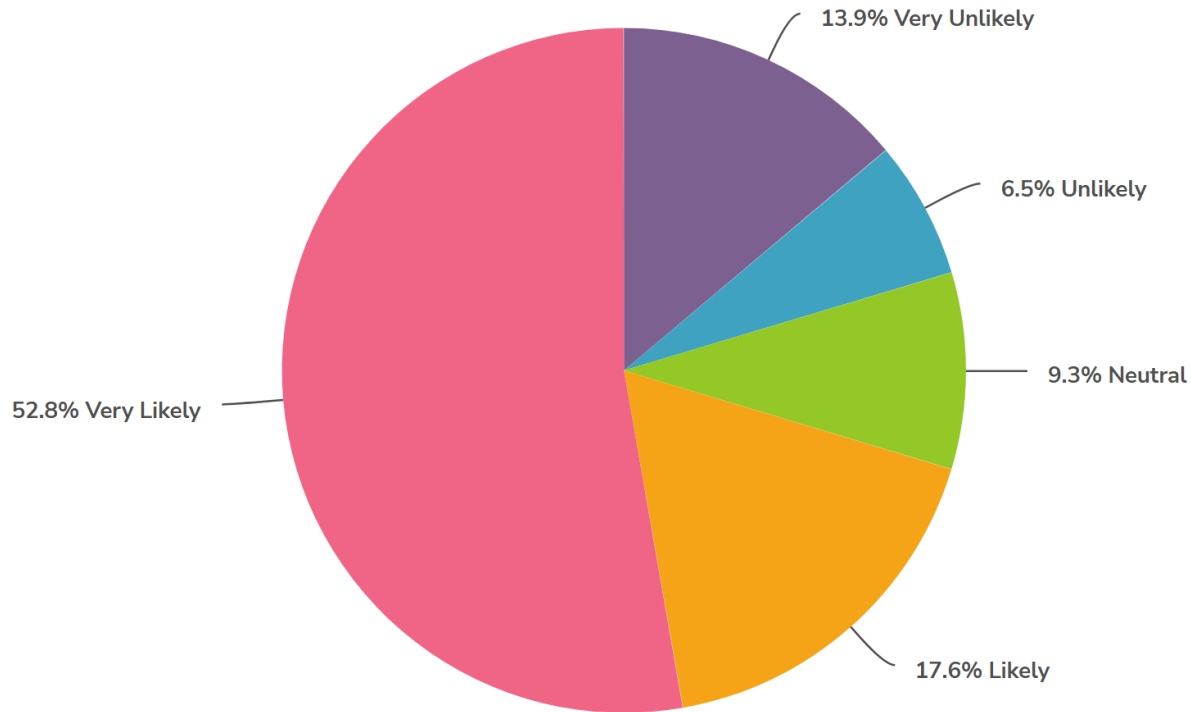
Recommendations and Online Scheduling Portal Options for Oregon

Recommendations

There is significant interest within the HCI community to have additional ways of connecting health care providers, health care interpreters, and individuals with limited English proficiency to assure that people with LEP are able to meaningfully access their health care services. Washington has developed expertise in this area by initially introducing a broker model for scheduling of interpreting sessions in 2002 and then shifting to their current online scheduling portal approach beginning in 2018. They have seen significant improvements in the approach over this time and are continuing to make substantial gains in their oversight and outcome monitoring for interpreting services and increasing interpreter payment rates, in collaboration with the Union, for interpreters who choose to provide services through the portal.

Oregon is well placed to benefit from the lessons learned by Washington and begin development of an online scheduling portal utilizing the current system in place in Washington as a starting point. Oregon may then be able to make appropriate modifications and enhancements based on Oregon-specific needs and the recommendations of the Oregon HCI community. This implementation would most likely need to be implemented in a phased approach so that Oregon was able to benefit from some of the functionality offered through a scheduling portal while evaluating and, as, appropriate, updating policies, to allow for full functionality of a Washington HCA-type scheduling portal.

Options

The options included below are listed roughly in order of the cost and time to implement rather than by priority or preference. In other words, options listed earlier in the list below are generally believed to be able to be implemented more quickly, or at a lower cost, or both, rather than the "best" option being listed first, then the next "best" option second, and so on. These options are also not necessarily intended to be mutually exclusive options. It may be that the state will want to choose several options for further investigation and then choose to move forward with one or more, either concurrently or in succession.

Estimated cost and OHA staffing impacts (Full-Time Equivalent – FTE) are also included for each option. These estimates are based on review of similar projects within OHA or other state agencies, similar programs or contracts at the Washington HCA, review of publicly available information from potential vendors, and conversations with relevant partners.

Cost and staffing estimates are provided as ranges. Cost estimates include figures for both start-up/development costs and ongoing vendor/maintenance costs. Cost estimates do not include staffing costs required to onboard and maintain additional OHA staffing identified in the estimated staffing impacts. Those staffing costs will need to be calculated separately by OHA once they have identified the appropriate staff classifications and added in benefits, indirect expenses, and other employer-related costs. Also, the cost of actual interpreting services is already funded in a variety of ways and therefore not included in these cost estimates.

Federal Medicaid would cover, through Medicaid administrative claiming,[39] up to 50% of the costs associated with development and operation of the scheduling system for those individuals who are receiving services through the Oregon Health Plan (OHP).

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[39] More information about Federal Medicaid administrative claiming available here: https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/index.html.

Given the large majority of individuals receiving interpreting services in Oregon are OHP members, this will account for approximately half of the total estimated costs identified. Prior to claiming those costs with federal Medicaid, (Centers for Medicare and Medicaid Services – CMS), the state will need to assure that is the case. If there are costs associated with developing and maintaining any of these options that are not related to Medicaid members, Oregon will need to develop a cost allocation method to assign costs based on the relative benefit to the Medicaid program and any other government or non-government programs. Finally, because program design decisions and current unpredictable cost drivers (staffing shortages, high inflation, etc.) may have significant impacts on the ultimate cost experience for Oregon, the program should closely evaluate final cost estimates after program design decisions have been made and prior to beginning implementation of any of the options.

- **OPTION 1**

  Take a wait and see approach. The legislature, through HB 2359, made significant changes to the requirements around health care interpreting in Oregon. The state may want to focus on implementing these changes, monitoring successes and challenges, and then re-evaluating the HCI needs for an online scheduling portal in the future.

  Estimated Total Cost (State + Federal): $0.00
  Estimated Additional Staffing: 0.00 FTE

- **OPTION 2**

  Add scheduling information and/or scheduling functionality to the existing HCI program central registry. The current HCI application includes questions about when the HCI is available to provide interpreting services. This information is generally not very specific (e.g., "Monday – Friday 8am to 5pm," or "weekends") and is also not currently being uploaded into the registry. OHA is in the process of making system updates to allow HCIs to input and update some of their own information in the registry. These or future system updates may be able to accommodate including availability information within the registry and there may be an opportunity to explore the level of detail that HCIs who want to could include about their own availability for interpreting.

Estimated Total Cost (State + Federal): $50,000 – $100,000 (one time); $25,000 - $50,000/year (ongoing)
Estimated Additional Staffing: 0.25 – 0.50 FTE (ongoing)

- **OPTION 3**

  Create model contracts that HCIs and health care providers could use to enter into uniform agreements for interpreting services. Under this approach, health care providers and HCIs would have access to boilerplate contracts that would detail critical contracting provisions and requirements for each party. They could opt to utilize the model contract as-is or could choose to make changes agreed to by both parties. Utilizing these model contracts could remove the burden of developing contracts for health care providers, especially independent providers or smaller clinics, and independent HCIs and increase the consistency of contract requirements.

  Estimated Total Cost (State + Federal): $25,000 – $50,000 (one time); $10,000 - $25,000/year (ongoing)
  Estimated Additional Staffing: 0.00 – 0.25 FTE (ongoing)

- **OPTION 4**

  Develop vendor agreement(s) with a billing service company or companies and then allow HCIs to enroll with these contracted vendors to administer their invoicing activities. Utilizing these preferred vendors could create economies of scale for HCIs so the rate for these billing services could be reduced versus what they might pay for billing services on their own. OHA could also consider covering or subsidizing the cost of these billing services for any HCIs who would like to enroll. Covering the cost of this service may attract additional interpreters and maintain existing interpreters who are providing interpreting services to people in Oregon. In addition, health care interpreting capacity in Oregon may be increased with this approach because HCIs could work at the "top of their license," focusing their time on interpreting rather than submitting invoices and monitoring payments.

  Estimated Total Cost (State + Federal): $50,000 – $100,000 (one time); 3% - 5% per year of total billing for interpreting services (ongoing)
  Estimated Additional Staffing: 0.50 – 1.0 FTE (ongoing)

- **OPTION 5**

  Develop or purchase an online scheduling portal that only provides the ability to schedule, re-schedule, or cancel interpreting appointments. Invoicing, payments, etc. would still need to occur outside this scheduling system option. This is the option that most closely aligns with the direction given by the legislature through final HB 2359 language and current Oregon Health Plan policies regarding how HCIs are reimbursed.

  Estimated Total Cost (State + Federal): $250,000 – $500,000 (one time); $750,000 - $1,500,000/year (ongoing)
  Estimated Additional Staffing: 1.5 – 2.5 FTE (ongoing)

- **OPTION 6**

  Implement an online scheduling system that is functionally similar to Washington HCA's interpreter services contracts. While Oregon does have an opportunity to implement some of the functionality of Washington's model in the nearer term, implementing other parts of their approach, especially around how the Oregon Health Plan (OHP) pays for interpreting, could require significant changes to OHP policy. Given that necessary policy development work, fully adopting a scheduling portal similar to Washington will likely take significant time. That certainly does not mean that Oregon should not choose this option. Instead, just that it is important to recognize that implementation of this option would most likely benefit from a phased implementation approach.

  Estimated Total Cost (State + Federal): $500,000 – $1,000,000 (one time); $1,500,000 – $2,500,000/year (ongoing)
  Estimated Additional Staffing: 3.0 – 4.0 FTE (ongoing)

Implementation Strategies – Online Scheduling Portal

Should Oregon decide to move forward with development of an online scheduling portal using one or more of the options provided above, the OHA will want to create a formal project team and implement formal project management tools and strategies to assure that all relevant options, risks, and benefits are considered and that a reasonable and workable timeline is established to meet project milestones and deliverables. Because the work will span multiple divisions within OHA, the following project team structure and project initiation procedures are recommended:

Project Team

Project Sponsors

- (1) Executive Leader from the OHA Equity and Inclusion Division
- (1) Executive Leader from the OHA Health Systems Division

OHA Project Core Team Members

- (1) HCI Program Staff
- (1) Office of Information Services Staff
- (1) Oregon Health Plan Staff – CCO policy expertise
- (1) Oregon Health Plan Staff – Fee-For-Service policy expertise
- (1) Health Systems Division – Systems expertise (MMIS, eligibility, etc.)
- (1) Government Relations Staff

External Partner Project Team Members

- (2) Oregon Council on Health Care Interpreters Members
- (2) Qualified or Certified Health Care Interpreters
- (2) Health Care Providers
- (2) Coordinated Care Organizations Staff
- (2) Individuals with limited English proficiency (or individuals who can represent their interest and perspectives)
- (1) Language Services Company Staff

Project Initiation

As these teams get started on developing and implementing option(s) for an online scheduling portal for health care interpreting, they will want to address the following:

Initial Questions and Considerations for Project Scope Setting:

- Are there other OHA staff or external partners who should be added to the project teams?

- What other OHA staff or external partners (beyond those on the project teams) will need to be consulted or informed on the progression of the work?

- Should any of the identified options be eliminated?

- Are there any additional options that should also be considered?

- What area of OHA will be the business owner for any of the implemented options?

    o Considerations for these decisions should include an evaluation of closely related work and expertise already being overseen by each potential business owner unit.

    o Where required, how and when will additional staff identified in the options be integrated into these business units?

- What is a realistic timeline for implementing each of the identified options?

- Do OHA and its partners prefer an incremental approach, where some elements of an online scheduling portal could be implemented sooner, or an approach that focuses on designing and ultimately implementing a scheduling portal with full functionality at the time it goes live?

- How will needed resources for project management and coordination be staffed?

- What are the exit criteria for each option? In other words, how will the project team know that each option has been fully implemented and is on a path for success?

- What measurement and monitoring should occur after implementation for each option to assure that the identified objectives are being met? Who will be responsible for this?

- How will OHA make adjustments over time to any implemented options that are not fully meeting their identified goals and objectives?

Appendix 1

Oregon Qualified or Certified HCI – Scheduling Portal Survey

HCI Scheduling Portal

1. Your Name *

2. Your OHA central registry number *

3. Your Email

4. Language(s) you are qualified or certified on OHA central registry to interpret

5. OHA has found that the HCI scheduling system used by the Washington Health Care Authority in the state of Washington has much of the functionality that Oregon HCI partners believe to be important. Are you familiar with Washington's HCI scheduling system?

- ○ I have used it and believe Oregon should adopt a similar system.
- ○ I have used it and believe Oregon would need to make significant adjustments.
- ○ I have heard of it but am not sure something similar should be implemented in Oregon.
- ○ I have used it and believe Oregon should not implement something similar.
- ○ I am not familiar with Washington's HCI scheduling system.

6. When thinking about an online appointment scheduling platform that health care interpreters and health care providers could use to schedule interpreting appointments and establish interpreting services contracts, please identify which of these features you think should be included in the scheduling platform:

	Should be included	Should not be included	Unsure / No opinion
Store all relevant interpreter contact and qualification information	○	○	○
Maintain interpreter credentialing information such as HIPAA qualifications, vaccine records, etc.	○	○	○
Allow interpreters to update their own contact information	○	○	○
Online portal for scheduling (e.g., log on to system to view and claim available appointments)	○	○	○
Text and/or email scheduling	○	○	○

Real-time interpreter availability	○	○	○
Track appointment start and finish times	○	○	○
Store interpreter appointment notes	○	○	○
Interface with provider Electronic Health Records (EHR)	○	○	○
Tracking of patient preferences (e.g., male/female interpreter; use interpreter again; etc.)	○	○	○
Schedule a series of appointments (e.g., monthly physical therapy sessions for four months)	○	○	○
Store patient/provider feedback for interpreter	○	○	○
Patient ratings of interpreter	○	○	○
Provider ratings of interpreter	○	○	○
Identify specialized interpreter qualifications or experience (e.g., sight translation; behavioral health; cultural considerations; pediatric; etc.)	○	○	○
Process billing submissions on behalf of interpreter (e.g., Medicaid or other payer)	○	○	○
Apply billing reimbursement to interpreter-directed payments such as union dues or health insurance	○	○	○
Enter another option	○	○	○
Enter another option	○	○	○
Enter another option	○	○	○

Comments

7. If we could only implement five features at initial launch, what would they be? Please rank your top five priorities for an online scheduling system.

Drag items from the left-hand list into the right-hand list to order them.

- Store all relevant interpreter contact and qualification information
- Allow interpreters to update their own contact information
- Online portal for scheduling (e.g., log on to system to view and claim available appointments)
- Text and/or email scheduling
- Real-time interpreter availability
- Track appointment start and finish times
- Store interpreter appointment notes
- Interface with provider Electronic Health Records (EHR)
- Tracking of patient preferences (e.g., male/female interpreter; use interpreter again; etc.)
- Schedule a series of appointments (e.g., monthly physical therapy sessions for four months)
- Store patient/provider feedback

for interpreter

| Patient ratings of interpreter | ⤷ |

| Provider ratings of interpreter | ⤷ |

| Identify specialized interpreter qualifications or experience (e.g., sight translation; behavioral health; cultural considerations; pediatric; etc.) | ⤷ |

| Process billing submissions on behalf of interpreter (e.g., Medicaid or other payer) | ⤷ |

| Apply billing reimbursement to interpreter-directed payments such as union dues or health insurance | ⤷ |

Comments

8. Given the above information about an online appointment scheduling platform: If OHA put an online scheduling system in place, how likely is it that you would use it to schedule your interpreting services appointments?

Very Unlikely	Unlikely	Neutral	Likely	Very Likely
○	○	○	○	○

9. Please provide any additional information you would like to share about why you would or would not use an online appointment scheduling platform.

10. Is there anything else you would like to share with OHA about implementing an online HCI scheduling system?

You can get this document in other languages, large print, braille or a format you prefer. Contact External Relations Division at 503-945-6691 or email OHA.ExternalRelations@state.or.us. We accept all relay calls, or you can dial 711