EqualityCare News

May 2006

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Bulletin
06-004

ATTENTION PROVIDERS

Interpretation Services

The Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services (DHHS) enforces Federal laws that prohibit discrimination by healthcare and human service providers that receive funds from the DHHS. Such laws include Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990.

In efforts to maintain compliance with this law and ensure that EqualityCare clients receive quality medical services, interpretation service will be a covered service for clients who have Limited English Proficiency (LEP) or are deaf/hard of hearing effective July 1, 2006. **The purpose of providing services must be to assist the client in communicating effectively about health and medical issues.**

1. Interpretation between English and a foreign language is a covered service for EqualityCare clients who have LEP. LEP is defined as "the inability to speak, read, write, or understand the English language at a level that permits an individual to interact effectively with healthcare providers."

2. Interpretation between sign language or lip reading and spoken language is a covered service for EqualityCare clients who are deaf or hard of hearing. Hard of hearing is defined as "limited hearing which prevents an individual from hearing well enough to interact effectively with healthcare providers."

EqualityCare providers should arrange this service for their client by contacting an enrolled interpretation provider prior to the medical appointment. ACS, Inc. will maintain a current list of enrolled interpretation providers and will provide this information on their website (http://wyequalitycare.acs-inc.com) or upon request by calling 1-800-251-1268. Interpretation services may be provided telephonically (via a language line service) or in person. When coordinating interpreter services for a client, please provide the enrolled interpretation service with the following information:

1. Name of client
2. EqualityCare identification number of client
3. Name of referring provider
4. Time and date service will be required
5. Location of where service will take place (telephonically or in person)
6. Estimated length of time service will be required

EqualityCare **will not pay** for interpreter services in conjunction with the following services:

1. Inpatient or Outpatient hospital services
2. Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR)
3. Nursing facilities
4. Ambulance services by public providers
5. Residential treatment facilities
6. Comprehensive inpatient or outpatient rehabilitation facilities
7. Other agencies/organizations receiving direct federal funding

Interpreter services provided by family members or by a volunteer, associate or friend **will not** be reimbursed by EqualityCare.

EqualityCare **will** reimburse for interpreter services provided for the same client on the same day more than once if provided in conjunction with EqualityCare healthcare services delivered by different providers.

Guidance for Interpretation Services:

1. Need for interpreter service is determined for a medical appointment.
2. Healthcare provider accesses EqualityCare website or contacts ACS, Inc. for a current list of enrolled interpretation providers
3. Healthcare provider contacts enrolled interpretation service and provides the following information:
   a. Name of client
   b. EqualityCare identification number of client
   c. Name of referring provider
   d. Time and date service will be required
   e. Location where service will take place (telephonically or in person)
   f. Estimated length of time service will be required
4. Medical appointment occurs with interpretation service. If any follow-up appointments are needed, interpretation services may be arranged at this time.

Enrolled Interpreter Standards:

Enrolled providers assisting EqualityCare clients with oral interpretation or sign language interpretation must adhere to national standards developed by the National Council on Interpreting in Health Care (NCIHC). These include:

- Accuracy: To enable other parties to know precisely what each speaker has said.
- Confidentiality: To honor the private and personal nature of the health care interaction and maintain trust among all parties.
- Impartiality: To eliminate the effect of interpreter bias or preference.

Enrolled Interpreter Standards:

- Role Boundaries: To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.
- Professionalism: To uphold the public's trust in the interpreting profession.
- Professional Development: To attain the highest possible level of competence and service.
- Advocacy: To prevent harm to parties whom the interpreter serves.

Billing and Documentation Requirements:

- Interpretation provider may bill EqualityCare for time spent with the client only.
- Reimbursement for travel to and from the appointment is not covered.
- Diagnosis code for interpretation service is V65.1. HCPCS code T1013 should be billed according to the number of units provided. 1 unit = 15 minutes of service.
- It is not appropriate to "round up" when considering the appropriate number of units to bill.
- **Billing for interpretation provided, other than in-person, must be billed with the GT modifier.**
- Enrolled interpretation provider must maintain documentation to support that the service occurred. This should include (at minimum) the client's name, date of service, times in and out, service provided and signature of provider.

For information regarding rights and responsibilities related to the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, or Title II of the Americans with Disabilities Act of 1975, please access the following websites:

https://www.ADA.gov

https://www.LEP.gov

The "I Speak" Language Identification Flashcard (From the Department of Commerce, Bureau of the Census) is written in 38 languages and can be used to identify the language spoken by individual accessing healthcare services:

http://www.lep.gov/ISpeakCards2004.pdf

If you have additional questions regarding billing or covered services, please contact the ACS Provider Relations Unit at (307) 772-8401 or toll free at (800) 251-1268.

2004 Census Test

United States Census 2010

LANGUAGE IDENTIFICATION FLASHCARD

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
Mark this box if you read or speak English.	11. English
اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi

DB-3309

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☐ Cocher ici si vous lisez ou parlez le français.	13. French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
☐ Marchi questa casella se legge o parla italiano.	21. Italian
☐ 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

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☐ Assinale este quadrado se você lê ou fala português.	26. Portuguese
☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.	27. Romanian
☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
☐ Обележите овај квадратић уколико читате или говорите српски језик.	29. Serbian
☐ Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
☐ Marque esta casilla si lee o habla español.	31. Spanish
☐ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
☐ ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
☐ Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
☐ באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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Wyoming Department of Health
Public Health Insurance Program

Pharmacy
Group
6530

Important Changes! Please read!

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We're on the Web!

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