Health Equity Measure: Meaningful Access to Health Care Services for Persons Who Prefer a Language Other than English (LOE) and Persons Who Are Deaf or Hard of Hearing- MY 2025

Link to Finalized OHA Technical Specifications

Who: All members – regardless of age – who self-identify with the OHA as having interpretation needs (documented within MMIS file at the time of OHP application), spoken or signed language, and had a health care visit in the measurement year. Members in this population are identified with interpreter needs as of December 31 of the previous calendar year. There are no continuous enrollment criteria for this measure.

Why: Increasing access to spoken and sign language services are critical tools for advancing equity and meaningful access to health care services.

Source: Health Equity Measure Proposal, submitted to Health Plan Quality Metrics Committee, OHA, May 2019

What: There are two components to this measure. A CCO language access self-assessment survey and a quantitative language access report.

Component 1: CCO language access self-assessment survey – The CCO must (1) answer all survey questions, (2) pass the questions required for that measurement period, and (3) meet the minimum points required for each measurement year. This self-assessment is to be completed at the CCO-level.

Component 2: Quantitative language access report – This component reports the percentage of member visits with interpretation need in which interpreter services were provided.

- Denominator: Number of physical, mental, or dental health visits for members in the eligible (members who self-identified with interpreter needs) population.
- Numerator: Number of those visits in which interpretation service was provided **by an OHA-certified/qualified interpreter**.

How: To help members have meaningful language access, the following strategies can help
- Ask member's their preferred spoken language and record this in their permanent record.
- Have a clear process and train staff to offer certified interpretation services to members. Interpretation is an essential service that requires advance planning. Have a process for scheduling interpreters as soon as members make their appointment.
- Have a process for documenting the provision of interpreter services in the EHR as structured data (not as a note). Documentation should include what language, the

modality (In-person, telephone, video), who provided the interpretation, whether they are certified or qualified, or if the member declines interpretation services.

- Interpreters can be clinic staff who are certified, or through a contracted interpretation vendor. The measure will be incentivized based on an increasing proportion of interpretation services provided by OHA-certified/qualified providers.
- CareOregon contracts with four language service agencies. To arrange for an interpreter to be present during an appointment, follow instructions explained on the CareOregon website at [CareOregon - Language services for providers](#)
- Only visits during a member's enrollment span with a CCO are required to be reported.

Exclusions:
- Only members who refuse interpreter services for the reasons of:
  - Refusal Reason #1: Member refusal because in-language visit is provided or,
  - Refusal Reason #2: Member confirms that OHA MMIS is inaccurate.
    - This data must be documented and work with the member to submit MMIS member information correction request with OHP member customer service
- Visits only involving pharmacy, or other ancillary services (such as lab, DME, ambulance transportation, supportive housing, etc.) can be excluded from the denominator reporting.
- Telemedicine visits without human interaction can be excluded, such as online assessment forms or remote monitoring of blood sugar, blood pressure readings.
- Members under Basic Health Plan (BHP), Cover all Kids (CAK), and Healthier Oregon Program (HOP) recipients have been excluded from Incentive Quality rates
- Members who died in the measurement period.

Data Reporting:
- Component 1:
  - The CCO is responsible for completing the language access self-assessment survey, but relies on the clinic network to help support specific domains of the component.
- Component 2:
  - Eligible population is identified by having an interpretation need documented in MMIS.
  - Denominator: Visits are identified by claims submitted to the CCO.
  - Numerator: Any information the CCO has available on interpretation service provision can be used for reporting: invoice from interpretation vendor, chart documentation, EHR data report, claims, etc.

Frequently Asked Questions: Meaningful Language Access

Q: What are clinics responsible for?

A: Clinics are responsible for documenting languages needs, refusal and services in a member's EHR. CareOregon will work with clinics on collecting sources of interpretation data for reporting.

Q: Do clinics need to proactively work on this measure?

A: Yes, clinics should work to identify members with language needs and schedule interpretation services for their appointments.

Q: What if a member declines interpretation service or insists on using a family member?

A: Explain the process and benefits of using qualified/certified interpretation services. If a member still declines, then document that services were offered, declined, and the reason for refusal in the EHR. Only members who refuse interpreter services for the reasons of 1) in-language visit is provided (for example by provider) or 2) member confirms interpreter needs flag in MMIS is inaccurate are acceptable for exclusion from the denominator of the metric.

Q: What if a provider or staff member is bilingual?

A: Bilingual staff services do not automatically qualify for the numerator unless the staff is OHA qualified or certified for interpreter services, and they are only performing interpreter services. It's important to accurately document the level of interpreter services provided and the metric is incentivized based on an increasing proportion of interpretation services provided by OHA-certified/qualified providers.

If a provider is bilingual, OHA will count the visit towards the metric if:
- The provider has a degree in high school or above in a country where instruction is primarily in the non-English language and the in-language provider is a native speaker of the non-English language ([see OHA specs, page 7](#)).
- Or, the provider has documented completion of an OHA-approved language proficiency test.

For this measure, interpreted visits is defined by an interpreter present (in-person/telephonic/video) whose sole purpose is to interpret. If a person is both interpreting and providing medical services that is NOT an interpreted visit.

Table 1: Does a visit with bilingual staff count for this measure?

	Staff* is Qualified/ Certified?	**Interpreter** is Qualified/ Certified?	Interpreter is Bi-lingual Staff	Member refuse interpreter	Member Refusal Reason	Metric Reporting Result
Bilingual staff providing medical services & interpretation	Yes	No**	No**	Yes	(1) In-Language Visit Provided	Exclude
	No	No**	No**	Yes	(1) In-Language Visit Provided	Exclude
Bilingual staff interpreting only	Yes	Yes	Yes	No	N/A	Include in numerator
	No	No	Yes	No	N/A	Not a numerator hit

*This field is not collected for this metric, but shown above to highlight if the staff are OHA qualified or certified

***In language services are not considered **interpreted** visits.*

Q: If a member does not have an interpretation need listed in MMIS, will they be included in the measure?

A: Only if an interpretation service was rendered and documented for that member. However, the goal is to provide meaningful access to language services to everyone regardless of whether they are in the measure. Please follow the same process for connecting members with interpretation even if their interpretation need is not in MMIS.

Resources

How to Get Your Staff OHA Interpreter-Certified with the Oregon Health Care Interpretation Association:
- Requirements: https://www.oregon.gov/oha/oei/Pages/hci-certification.aspx
- Registration/Training: http://ohcia.org/training/60hours

CareOregon Provider Interpreter Services Site:
- https://www.careoregon.org/providers/support/interpreters

Guidelines for medical providers for working with interpreters
- https://www.delamorainstitute.com/course-catalog

Best practice for using over-the-phone interpretation
- https://blog.cyracom.com/best-practices-for-using-phone-interpretation-in-a-healthcare-setting

Helping patient express their preferred language
- https://www.oregon.gov/oha/OEI/Documents/Preferred%20Language%20Cards%20Instructions%20for%20External%20Partners%2010_2017.pdf

Information on Telehealth
- https://www.oregon.gov/oha/HPA/DSI-HERC/SearchablePLdocuments/Prioritized-List-GN-A005.docx

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Performance Measure Set: ☒CCO Incentive ☐Medicare Star Rating

Quality Measurement Type: ☐Structure ☒Process ☐Outcome ☐Patient Experience

Data Type: ☐Claims ☐Chart Documentation ☐eCQM ☒Survey ☒Other: OHA-developed

2025 State Benchmark:
Component 1 – CCO-level language access self-assessment: minimum points required = 97/121
Component 2 – 50%, with 5% improvement floor (Committee Consensus)