# FAQs: Meaningful Language Access to Culturally Responsive Health Care Services - CCO Incentive Metric

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FAQs: Meaningful Language Access to Culturally Responsive Health Care Services CCO Incentive Metric

This FAQ answers common questions about the CCO Quality Incentive Program's *Health Equity Measure: Meaningful Access to Health Care Services for persons with limited English proficiency*. Current technical specifications for the measure can be found here. This FAQ is primarily for providers and CCOs implementing data collection for the measure.

## Increasing Meaningful Language Access

### What is the intent of the measure?

The *Health Equity Measure: Meaningful Access to Health Care Services for persons with limited English proficiency* measure supports an individual's right to fully communicate with health care providers. To do this, it ensures that members who have limited English proficient (LEP) and who are Deaf and hard of hearing receive meaningful access to culturally appropriate and high-quality language access services. The incentive measure, therefore, requires either an OHA qualified or certified health care interpreter (HCI) or an in-language provider with a high level of proficiency in the member's preferred language deliver language access services.

The measure increases accountability for provider systems and CCOs to provide quality language access services through the collection of HCI and in-language utilization data.

### How will the measure affect members'/patients' choice?

Patients deserve high-quality interpreters and in language providers who are able to effectively communicate complex medical information. Patients are still able to bring family and friends to an appointment, but this measure supports patients' access to high quality language services. The measure makes it less likely that appointments will be delayed if friends and family are not available to interpret for the member.

The incentive measures requires that policies are in place to provide high quality interpreter services at appointments and health care events when requested. The measure applies to physical, behavioral and dental health care services delivered in all settings including, but not limited to, hospitals, emergency departments, outpatient settings, home health, and telehealth.

### Why does the measure incentivize OHA-certified and/or -qualified health care interpreters (HCI)?

Ensuring health care workers are properly licensed and qualitied is a fundamental part of the health care delivery system. **Everyone** who provides interpreter services must be appropriately trained and tested for language proficiency. This is required by federal and state laws and endorsed by the Joint Commission, the American Medical Association, and the National Committee for Quality Assurance. Just as Oregon requires a specific level of proficiency and training for medical assistants, nurses, therapists, and doctors, **this measure requires that HCIs be OHA certified or qualified and that in language providers pass proficiency tests to count towards the component 2 incentive measure - percentage of health care visits by members with interpreter needs who receive high quality language access services**.

Additional reasons for the requirement include:

- Complying with Oregon law (ORS 413.552 and OAR 950-050-0160) and the federal statutes (see question below).
- The quality and professionalism of OHA Qualified or Certified HCIs is nationally recognized based on their comprehensive training and recognition standards.

- The accreditation and state registry enrollment process for OHA qualified and certified HCIs provide convenient access to a state recognized and locally available quality workforce on the HCI registry.
- Working with OHA approved HCIs is good for the local economy.

### Which laws require CCOs and providers to offer health care interpreter (HCIs) services?

Federal and state laws and policy require the use of Health Care Interpreters (HCI) in health care. Below are the consequences for noncompliance.

- Oregon Administrative Rules require onsite and telehealth health care interpreting be provided by OHA certified and qualified HCIs and in language providers who have passed a proficiency test. For more detail and exceptions, see OAR 950-050-0160.
- 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. (https://www.justice.gov/sites/default/files/open/legacy/2012/05/07/language-access-plan.pdf; Department of Justice, 2012)
- Title VI of the Civil Rights Act, The Americans with Disabilities Act and Amendments Act of 2008, and Section 1557 of the Affordable Care Act require any entity that receives federal funding, including Medicaid dollars, to provide **meaningful access** to limited English proficiency (LEP) persons and sign language interpretation for the deaf and hard of hearing persons, at no cost, during all healthcare encounters. The requirements apply to all providers regardless of size, including pharmacies, hospitals, primary care offices, occupational therapist, dentists, mental health providers, labs, and community-based organizations, among others.
- Oregon Administrative Rule 410-141-3220 require CCOs to use OHA approved spoken and sign language interpreters to assure the quality of spoken and sign language interpretation.
- OHA has dedicated significant efforts to the development of the Healthcare Interpreter workforce; however, available data indicate that this workforce has been underutilized.

## Incentive Metrics and Reporting

### What parts of the measure are incentivized as part of the CCO Quality Incentive Program?

The measure has two components. The measure has two components that CCOs must meet as part of the CCO Quality Incentive Program. Component 1 gives CCOs credit for creating the infrastructure for high quality communication and language access services, and establishing data collection processes for measuring the language service quality in Component 2. Component 2 provides information on what percentage of health care visits by members with interpreter needs who receive high quality language access services. For each measurement year, the CCO Quality Incentive program publishes the technical specifications and benchmarks, improvement targets, and other requirements needed to pass the measure here.

For component 1, each section of the CCOs self-assessment has a specific number of must-pass questions and minimum required points that increases with each measurement year. To meet the benchmark, the CCO must:

- answer all survey questions,
- pass the questions required for that measurement period, *and*

- meet the minimum points required for that measurement year.

For component 2, the incentive measure rate calculation is the percentage of health care visits by members with interpreter needs who receive high quality language access services. This measure is:

$$\frac{\text{Number of visits with interpreter services provided by OHA-certified or qualified interpreters or in language provider who passed a proficiency test in members' preferred language}}{\text{Number of visits for members with interpreter needs}}$$

## Component 2 Percent of Interpreter Services Provided by OHA-Certified or -Qualified Health Care Interpreter (HCI)

### What happens if an individual in my sample does not need interpreter services?

For MY2022 and MY2023, OHA uses the interpreter flag in MMIS to pull the sample for Component 2. OHA recognizes that this flag may not accurately reflect the current language access needs of a patient. If a member confirms that the interpreter needs flag in MMIS is inaccurate, the visit can be excluded from the denominator. In the hybrid reporting template, the CCO should report Member Refusal = Yes and Refusal Reason field = 2 for all visits sampled for these members.

If the CCO identifies more than 50% of visits in OHA's sample are from members who do not need interpreter services based on CCO's data, the CCO can submit substitution request on a one-to-one basis at the member level; all visits from the substitution members should be included in the report, regardless whether the visits were provided with interpreter services. Please see the technical specifications for the measurement year of interest here. Additional instructions will be included in the MY2023 hybrid reporting submission template.

For the full-population quarterly contract reporting and the report to be used for the CCO metric starting MY2024, the CCOs are required to include all visits from all members with interpreter needs flags in MMIS. The CCO can use the same methodology in the full-population reporting template (Member Refusal = Yes and Refusal Reason field = 2) to indicate the visits should be excluded.

### How can we get the most recent registry of OHA-certified and/or -qualified Health Care Interpreters to calculate the incentive metric for component 2?

OHA provides full updates of the OHA Health Care Interpreters (HCI) Registry on a monthly basis in csv format. If you would like to receive the list on a monthly basis, please email Metrics Questions at Metrics.Questions@odhsoha.oregon.gov.

### If we use remote Health Care Interpreters (HCIs) through a third-party service vendor, does that count toward the incentive measure numerator?

Yes, remote interpretation is allowed by the metric, if the interpreters are OHA credentialed qualified or certified. To ensure that services provided by remote interpreters are counted as part of the numerator, CCOs and providers must proactively setup workflow processes to ascertain whether interpreters are OHA qualified or certified.

### How can I verify that an interpreter is OHA-qualified or -certified?

All OHA -qualified and/or -certified Health Care Interpreters (HCIs) have a unique six-digit registry number and a badge that identifies the credential. OHA also maintains Health Care Interpreter list where individuals can look up interpreter's registry number.

We recommend that you require interpreters to include their OHA qualified and/or certified number on their invoices for payment. Doing so will also help ensure that contractors work with OHA qualified and certified interpreters and this information is readily available to your CCO or clinic for reporting to OHA.

### What happens when a member's family member or friend provides interpreter services and the member doesn't have an interpreter present?

Unless the patient's family member or friend is an OHA certified and/or qualified interpreter, the visit will not be counted as a numerator hit. Having a family member or friend providing interpreter services does not qualify for a denominator exclusion unless member refused because 1) in-language visit is provided by a provider who is not certified and qualified or who hasn't passed a proficiency test in the member's preferred language and/or 2) the member confirms that the interpreter flag is inaccurate.

### Which clinical staff qualify as an in language provider visit versus clinical staff providing interpreter services during the visit?

An in-language provider visit means that the main performing provider delivering the services for the visit can speak the member's preferred language, so the communication between the provider and the patient is direct, without the need of any interpreter. If the provider delivering the services has passed the proficiency test for the member's preferred language, this visit counts as a numerator hit for the measure. If the provider delivering the services has not passed a proficiency test at the level required for a numerator hit, it does not count towards the incentive measure. This type of in language visit can be excluded if there is documented evidence that the member was offered but the member:

- Refused free of charge interpreter services,
- Attested that they were satisfied with the direct communication for this type of in language visit, and
- Refused any type of interpreter services including the help of a different clinic staff.

This type of visit could be documented as Member Refusal Reason "1" in the language access reporting template and the visit can be excluded from the metric.

If a different supporting clinic staff other than the provider delivering services (such as supporting registered nurse or medical assistant) helped interpret between the patient and the rendering provider, the visit should be counted as "bilingual staff interpreter service". The visit would **not** be an in-language provider visit and would not qualify for a denominator exclusion. Using a clinic staff interpreter is a form of interpreter service and staff who interpret during the visit need to become an OHA certified or qualified health care interpreter (HCI) to count as a numerator hit for the metric.

### What if an in-language provider has taken a proficiency test that is not listed in the technical specifications?

Please send the name of the proficiency test and the score received to Metrics.Questions@odhsoha.oregon.gov if you do not see the proficiency test listed in the measurement specifications. OHA requires that the language proficiency test be a valid, commonly recognized test in the language certification field. OHA requires that the passing score be equivalent to:

- 2+ or higher for Interagency Language Roundtable (IRL) (i.e. Language Lines Solutions' proficiency test) or
- Advanced-mid level or higher for American Council on the teaching of Foreign Language (ACTFL) (i.e. Language Testing International).

## Becoming an OHA-certified and/or -qualified Health Care Interpreter (HCI)

## How can I become an OHA credentialed Qualified or Certified Interpreter?

Details on how to complete the OHA credentialing process, including language proficiency testing and required background checking information for the applicationprocess can be found on OHA's Division of Equity and Inclusion website.

## What are the requirements to become an OHA-certified and/or -qualified Health Care Interpreter (HCI)?

To become qualified or certified, an HCI must demonstrate a minimum of 15 hours of interpreting experience and complete a 60-hour training. Applicants must also pass a language proficiency test. Detailed requirements are here. OHA has worked to reduce barriers to joining the HCI Central Registry by waiving the $25 application fee and no longer requiring a background test.

## Where can I find information on how to sign up for OHA approved health care interpreter training programs?

The approved HCI training programs are published on OHA's Equity and Inclusion Division website. Most of the approved training programs offer online courses and provide flexible scheduling options for completing required training modules. The 60 hours of HCI training requirements are listed in OAR 222-002-0060. The curriculum includes interpreting concepts, modes, ethics and language proficiency testing.

## Who can I reach out with additional questions about the measure?

All additional questions can be sent to Metrics Questions at Metrics.Questions@odhsoha.oregon.gov.