
Documentation and reporting of language assistance services provided to CCO members

CCO Learning Collaborative – June 25, 2021
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Outline of presentation

- Measure background and goal
- Documentation and measurement
- Observations from contract reporting
- Potential changes to the reporting templates
- Q&A

Measure background and goal

Goal



- Ensure meaningful access to health care services for all CCO members who need spoken and sign language interpreter services.
- **What is meaningful access?** Access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals.

(Department of Justice, 2012).

Documentation and measurement

Documentation

- Setting up systems to identify members who need interpreter services
- Timeliness of appropriate language services
- Verifying that anyone who provides interpretation services has the requisite training and or language proficiency.
- Ensuring that invoices from contracted services include the required information for completing the reporting templates.
- Documenting information in the appropriate fields of the reporting templates.
- Successful practices in this area have dedicated staff in charge of these processes.

Measurement

There are two measurement components:

- 1) Language Access Self-Assessment annual survey.
- 2) Utilization of Language Access Services quarterly reporting of stratified data on member visits with interpreter needs.

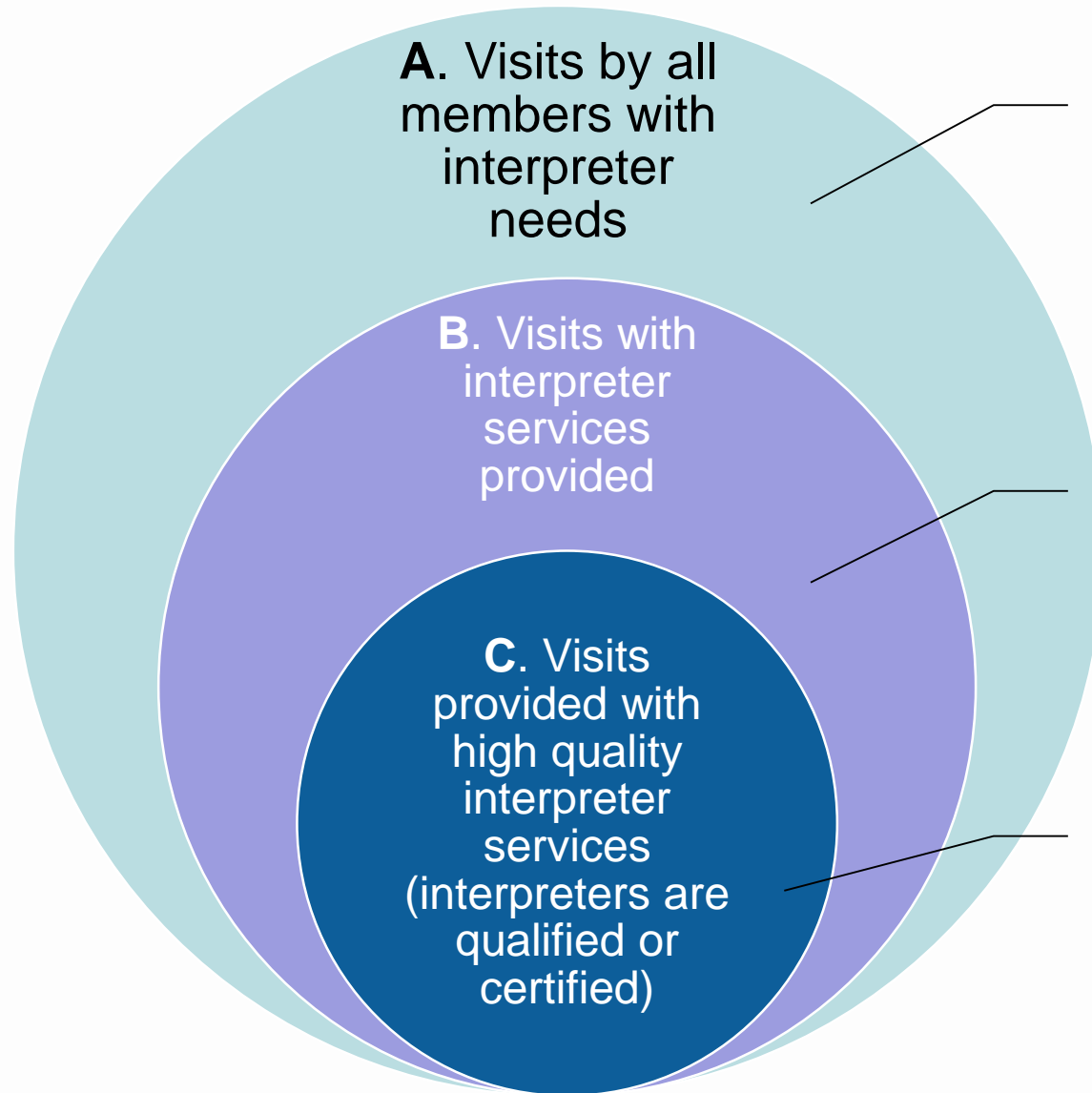
Requirements for contract and for incentives:

- CCO Contract: reporting has started for both requirements.
- CCO Incentives: reporting for incentives in 2021 onward...
 - A multi-year glide path to build and integrate structures and workflows for providing **QUALITY** service.
 - Denominator: Total counts of visits from members who need interpreter services.
 - Numerator: Total counts of denominator visits when spoken and sign language interpreter services were provided by certified or qualified interpreters(deduplicated).

Quantitative Data Reporting Template

Member need	<ul style="list-style-type: none"> Members ‘flagged’ as needing interpretation services in the 834-enrollment file/MMIS CCO/Provider intake process, etc.
Type of services provided and care domains	<ul style="list-style-type: none"> Physical, Dental, Behavioral, Inpatient, Emergency Department, Office Outpatient, Home Health, Telehealth, Others.
Modality of Interpreter Service Delivery	<ul style="list-style-type: none"> In-person, Telephonic, Video Remote, Other
Quality of Service Delivery	<ul style="list-style-type: none"> <u>OHA certified or qualified</u>, not certified or qualified by OHA Interpreters OHA Registry numbers.
Was the interpreter a bilingual/multilingual provider	<ul style="list-style-type: none"> Yes, No.
Did the member refuse interpreter service	<ul style="list-style-type: none"> Yes, No.

Measuring 'Quality' Interpreter Services: Getting to C / A (%)



Opportunities

Not all members with interpreter needs are identified in OHP eligibility process (therefore flagged in MMIS). Some CCOs have been providing interpreter services to additional members => Relying on OHA's data alone to identify eligible population and denominator visits is not preferred.

CCOs are legally required to provide interpreter services to all members in need so ideally B / A should = 100%, but there are data collection gaps (services can be contracted/paid by either CCOs or clinics therefore data flow is different; existing invoices do not include specific patient/visit detail), patient refusal, etc.

Availability of quality services; some contracted interpreters' credential are not tracked, bilingual providers should at least have verifiable language proficiency, etc.

Using the **Self-Assessment as a road map** for system development

Example 1 - Domain 1: Identification and assessment for communication needs:

- Beginning in Year 1, must attest to have utilized at least 5 of 7 available data sources to identify members with language access needs (Question #1 on the self assessment).
- Must be able to identify and document the following which helps to identify MMIS data issues (Question #11).
 - Member refusal of interpreter services
 - Did not need interpreter services
 - Needed interpreter services but were not identified as such by form 834.
- Beginning in Year 3, must collect data on wait times for members who need appointments with interpreter services (Question #12) and report average wait times (Question #13).

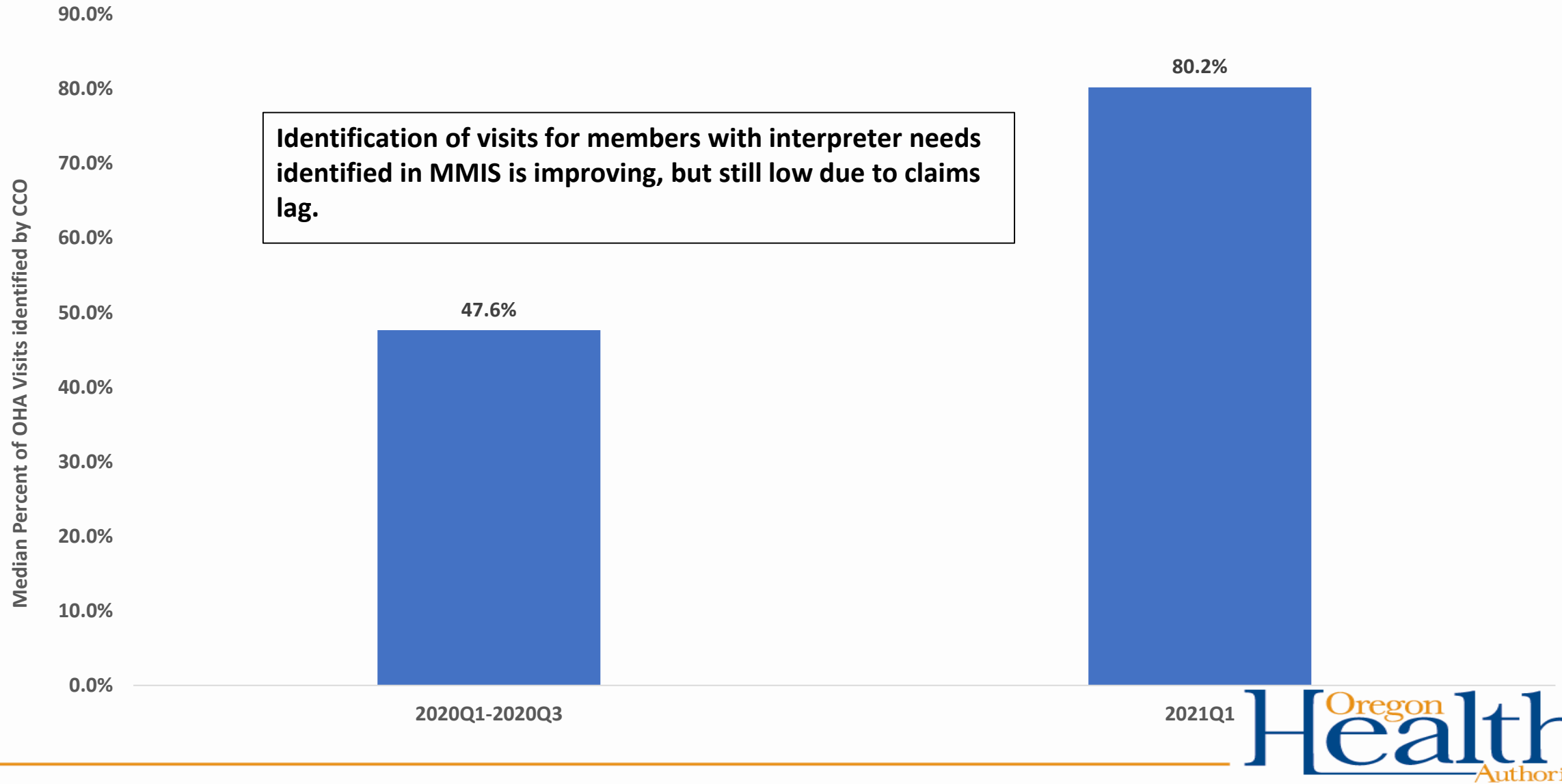
Using the **Self-Assessment as a road map** for system development

Example 2 - Domain 2: Provision of Language Assistance Services:

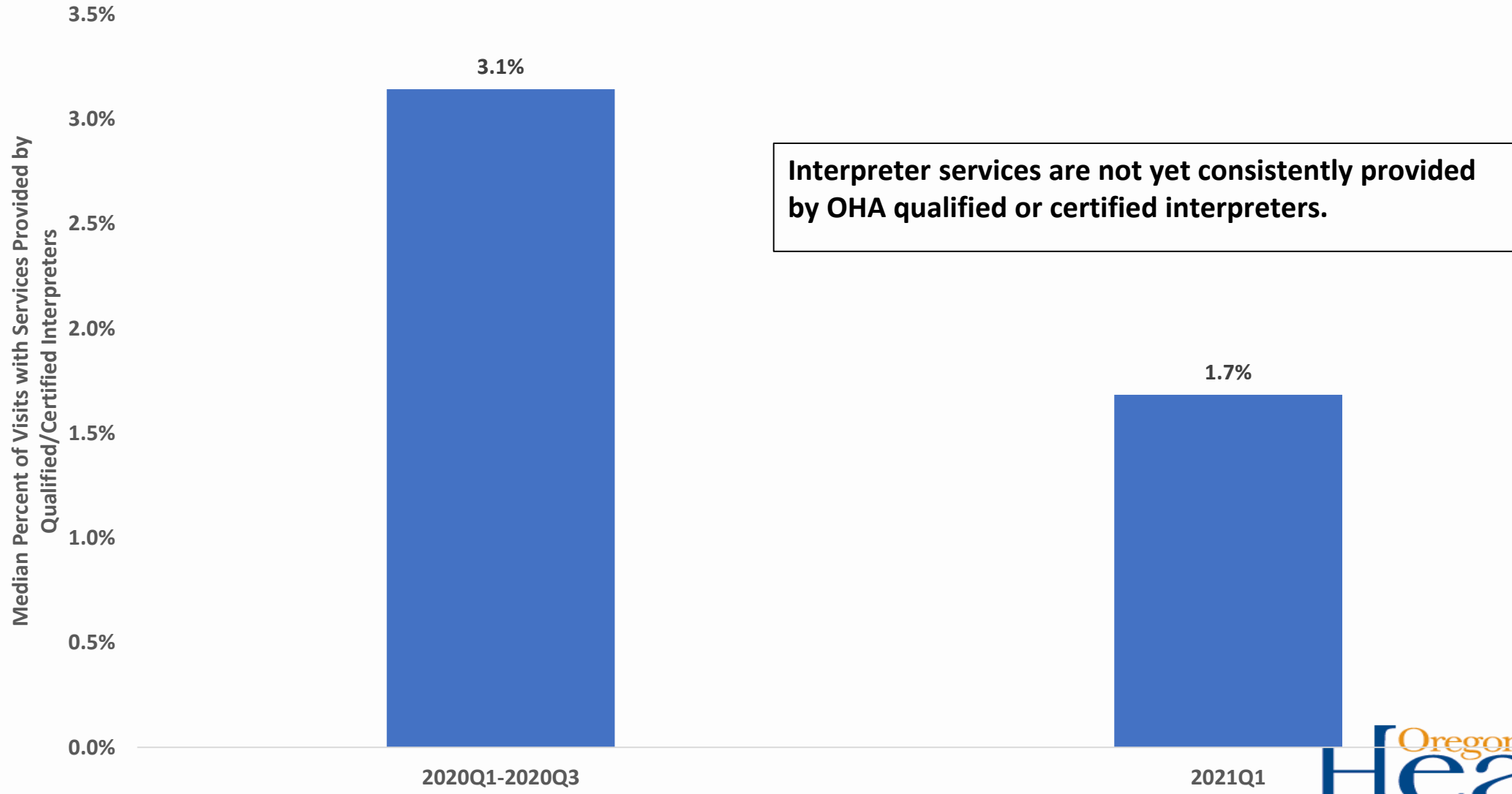
- Beginning in Year 1, must track 3 out of 4 basic language services data components such as the language service provided and the modality of the service delivery (Questions #18, 19 and 20).
- Tracking the following:
 - Data components from invoice information (Question #27).
 - Credentialing of contracted and staff interpreters, bilingual staff (Q#s28 and 29)

Observations

Are CCOs identifying member visits with interpreter needs?



Are CCOs providing quality interpreter services?



Sample Self Assessment Questions

Question#	Questions	Aggregate Scores (%)
1E:	CCOs use “I Speak” language identification cards or posters.	66
10:	List the top <u>SIX</u> most frequently encountered languages by your CCO for the measurement year.	0
18C:	CCOs track bilingual and sign language providers/staff time providing language assistance services.	47
19D:	CCOs track services provided by contracted in-person interpreters.	86*
19E	CCOs track contracted translation services.	86
19F	CCOs track interpretation services provided by contracted telephonic companies.	100*
19G:	CCOs track interpretation services provided by contracted video remote companies.	100*

What we have learned from contract reporting

- We have seen measurable progress, but there are opportunities for continuous improvement.
- CCOs are at different stages of establishing workflows to collect and report data.
- Are unable to identify all their members who need interpretation services
 - Using the self assessment to inform data collection structures and workflow processes can be beneficial.
- Need for improving the reporting of complete data based on all fields of the reporting template.
- Most CCOs are reporting some detailed information. For example:
 - Flagged and not flagged visits.
 - Care setting and modality of interpreter service delivery.

What we have learned from contract reporting

- The quality of interpreter services (working with OHA credentialed interpreters) continues to lag.
 - Capturing and reporting interpreter credentials and their state registry numbers.
- Data lag issues persist:
 - Interpreter need flag from the 834 is not sufficient for identifying all denominator visits.
 - Invoices from vendors and claims data use for reporting
- Capturing and reporting data on all member visits needing interpreter services instead of only members who received interpreter services.

Potential changes to reporting templates

- Extending reporting interval to account for data lag:
 - Memo to CCOs on April 23, 2021, stated the following “*the due date for each quarterly report is extended to 90 days following the end of each calendar quarter. This change is to account for CCO and DCO claims lag*”.
 - *2021Q2 report is now due on 9/28/2021 instead of 7/19/2021*
- Including additional changes to the self assessment questions and quarterly reporting template:
 - Was the interpreter a bilingual staff provider
- We sent comprehensive feedback to CCOs in March and will send individual data with additional feedback next month.

“If our patients don’t understand us well enough to make good health-care decisions, then we didn’t treat them.” (Regina Benjamin, Former U.S Surgeon General).

- Please reach out to the us if you are still having issues with this metric. We want CCOs to be successful and we are collectively invested in the outcome of this measurement process
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- Please send measurement related questions to: (Metrics.Questions@dhsoha.state.or.us) and we will respond to your questions.