

Health Equity Measure: Meaningful Access to Health Care Services for persons with limited English proficiency – MY2021 to MY2023

Measure Basic Information

Name and date of specifications used: The measure specifications were developed by OHA in collaboration with a [Health Equity Measure Workgroup](#).

URL of Specifications: N/A.

Measure Type:

HEDIS PQI Survey Other Specify: OHA-developed

Measure Utility:

CCO Incentive State Quality CMS Adult Core Set CMS Child Core Set Other Specify:

Data Source: Hybrid and CCO attestation

Measurement Period: January 1, 2021 – December 31, 2021; January 1, 2022 – December 31, 2022; January 1, 2023 – December 31, 2023

2021 Benchmark:

Component 1 – CCO language access self-assessment: minimum points required = 46
Component 2 – N/A

2022 Benchmark:

Component 1 – CCO language access self-assessment: minimum points required = 56
Component 2 – Must report **with 80% interpreter service data collection rate**; 2022 is sampled hybrid quantitative report

2023 Benchmark:

Component 1 – CCO language access self-assessment: minimum points required = 77
Component 2 – TBD percentage of interpreter services provided by certified or qualified interpreters (benchmark based on 2022 results); 2023 is CCO hybrid quantitative report for the full eligible population.

Note on telehealth: This measure is telehealth eligible, however, visits without human interaction can be excluded, such as online assessment forms or remote monitoring of blood sugar, blood pressure readings. For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Measure changes in specifications from MY2021 to MY2022/2023:

- OHA added an optional element in the Component 2 quantitative reporting that the CCO may specify reasons for member refusing interpreter services, starting MY2022. If the CCO attests

collecting corresponding refusal reasons in the Self-assessment Question 11, visits with refusal reasons 1 and 2 can qualify for denominator exclusion.

- For passing the MY2022 ‘reporting only’ requirement for Component 2 hybrid sample, OHA added 80% interpreter service reporting completion rate threshold. OHA also clarified hybrid reporting sample size and potential substitution of different members with confirmed interpreter needs.
- Updated the Self-assessment survey template to be consistent with the latest version used in the contract reporting, with question order changes and additional reporting elements. The total points for the language access self-assessment survey are also updated. Note minimum must-pass points remain the same from MY2021 to MY2023.

Measure Details

Measure Components and Scoring

There are two components in this measure:

- (1) CCO language access self-assessment survey – starting MY2021
- (2) Quantitative language access report – MY2022 with sampled hybrid review (OHA to provide sample), and starting MY2023, CCO to report the full eligible population and all visits from members with interpreter needs.

Component 1: CCO language access self-assessment survey – Starting MY2021

This measure promotes high quality language services for all Medicaid members. The self-assessment guides your CCO to progressively higher quality and a more robust infrastructure of language services over time. For each measurement year, 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.

Total possible points =	102	
Year 1 total minimum points required =	46	45.1%
Year 2 total minimum points required =	56	54.9%
Year 3 total minimum points required =	77	75.5%

	MY2021 (year1)		MY2022 (year2)		MY2023 (year3)	
	Total available Points	Minimum required	Additional available points	Additional minimum required	Additional available points	Additional minimum required
Domain 1: Identification and assessment for communication needs - This domain assesses how well your CCO identifies and tracks services to the Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve.	19	16	5	3	4	4
Domain 2: Provision of Language Assistance Services - This domain assesses how well you use data and work processes to effectively communicate with the Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve.	29	23	6	3	22	16
Domain 3: Training of staff on policies and procedures - This domain assesses how well your staff who provide services to Limited English Proficient (LEP), and Deaf and hard of hearing populations is trained on language access policies and procedures.	1	1	6	3	1	1
Domain 4: Providing notice of language assistance services - This domain assesses how well your CCO translates outreach materials and explains how Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve may access available language assistance services.	8	6	1	1	0	0

CCO must attest to have met all the must-pass items to meet Component 1 each year. No partial credit will be given. OHA reserves the right to request additional documentation and audit whether responses to self-assessment and language access plans are consistent with current workflows and processes for providing quality language access services.

See Appendix 1 for the survey template, and Appendix 2 for point value summary.

Component 2: Percent of member visits with interpreter need in which interpreter services were provided – Starting MY2022

Eligible population: Members to be included in the denominator visits.

MY2022: OHA to sample 30% or up to 411 members per CCO who are identified with interpreter needs as of December 31, 2021. They are identified based on MMIS for **members with spoken language interpreter needs** (IND_INTERPRETER = Y) or with sign language needs (IND_SL_INTERPRETER = Y)¹. CCO may request to adjust the sample member list based on information available, such as data inaccuracy in MMIS or to substitute with additional members self-identified to the CCO².

MY2023: CCO to report on the full eligible population for all members identified with interpreter needs in MMIS (IND_INTERPRETER = Y or IND_SL_INTERPRETER = Y) and other available data sources in 2023.

Continuous enrollment criteria: None.

Anchor date: None.

Data elements required denominator: Total number of visits during the measurement year from the Eligible Population (members who self-identified with interpreter needs), regardless of whether interpreter services were provided. Only visits during a member’s enrollment span with a CCO are required to be reported.

The CCO is responsible for reporting all required denominator visits, at the visit level, using the data system(s) best suited for their collection method. The CCO is also required to indicate the visit date, member ID and whether the member already has interpreter needs flag(s) in MMIS/834 file. The following stratifications are required:

By type of care:

- Physical health
- Mental/Behavioral health
- Dental health

By care setting:

¹ Note, the Low English Proficiency data element in MMIS documents the question leading to the member’s interpreter needs, but the LEP flag is not used for identifying eligible members in this metric. This metric only looks at IND_INTERPRETER = Y or IND_SL_INTERPRETER = Y.

² OHA will provide sample frame members (all who have interpreter needs flags in MMIS by end of 2021) in early 2022 and CCOs can work with members on corrections to the MMIS flag throughout the year if the data is inaccurate. The final sample for MY2022 hybrid reporting will be pulled in January 2023; members newly enrolled with the CCO in 2022 and members without interpreter needs flag by the end of 2021, will not be in the sample. 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. Additional instructions will be included in the MY2022 hybrid reporting submission template.

- Inpatient Stay
- Emergency Department
- Office Outpatient
- Home Health
- Telehealth
- Other

(see Appendix 3 for quantitative interpreter services reporting template.)

Note for MY2022 sample hybrid reporting: OHA will populate the MY2022 reporting template with all visits from members in the sample as the denominator for the measurement year. OHA will prepopulate information from the Member ID, type of care and care setting to the visit date confirmed by MMIS claims and OHG logic. (See the numerator section for interpreter service columns that the CCO is responsible for reporting in MY2022.)

Data elements required denominator exclusion:

- 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.
- CCO may document the reasons if a member refuses the interpreter service, and the visit can be excluded for the first two of the following reasons if the CCO also attests data collection for the corresponding reasons in the self-assessment Question 11:
 1. Member refusal because in-language visit is provided³
 2. Member confirms interpreter needs flag in MMIS is inaccurate⁴
 3. Member unsatisfied with the interpreter services available – not eligible for exclusion.
 4. Other reasons for patient refusal – not eligible for exclusion.

Note on OHA validation for the denominator visits: OHA performs validation on the portion of eligible population known to OHA (those with interpreter needs flagged in MMIS) and counts the total denominator visits from MMIS/DSSURS claims. OHA utilizes an existing, homegrown Oregon Health Grouper (OHG) and re-categorize claims into the ‘type of care’ and ‘care setting’ stratifications for this measure; certain OHG categories are also identified for denominator exclusion. The grouping method and OHG-to-HEM crosswalk table is provided in Appendix 4. For CCOs using claims to report the denominator visits, OHA suggests following the method, but it is not required.

Data elements required numerator: Total number of visits provided with interpreter services. See Appendix 3 for quantitative interpreter services reporting template.

³ If the member confirms the provider for the visit can perform in-language service and therefore no interpreter service is needed, the visit can be excluded. To note, if the in-language service provider is OHA qualified or certified, the visit does not need to be flagged as patient refusal and could be a numerator hit for the metric.

⁴ Note, if a member has interpreter needs indicated in MMIS but regularly refuses interpreter services, the CCO could work with the member to submit MMIS member information correction request with OHP member customer service.

CCO is responsible for tracking and reporting the numerator visits on the reporting with the following stratification:

- Services provided by OHA certified, qualified, or non OHA-certified or qualified interpreters – incentive measure based on higher proportion of interpreter services provided by OHA-certified or OHA-qualified providers⁵.
- Modality of the interpreter services (in-person, telephonic, video remote) - reporting-only, measure is not incentivized for certain modalities of the services.
- Services provided by clinic staff versus contracted language provider – reporting-only.

Note: MY2022 is a reporting-only year for sampled review, but the CCO must report to achieve Component 2. **The CCO must gather and provide interpreter service information for at least 80% of all visits sampled in the hybrid reporting template (including confirming no interpreter services provided for the visit) to be considered meeting the reporting-only requirement for the year. The MY2022 required reporting elements include:**

Report In-person, telephonic or video interpreter services provided (Yes/No in all three fields⁶)
=> if 'Yes' for any interpreter services, answer Was the interpreter OHA Certified or Qualified?
=> if the interpreter is OHA-certified or qualified, report the OHA Registry number
=> if no interpreter services provided, answer Did the member refuse interpreter service (Yes/No)⁷

Starting MY2023 Metrics & Scoring Committee will set benchmark and OHA will calculate CCO-specific improvement targets for 'percentage of interpreter services provided by certified or qualified interpreters' to determine whether the CCO meets the component.

Data elements required numerator exclusion: none.

Incentive Measure Rate Calculation: Percentage of interpreter services provided by OHA-certified or qualified interpreters = $\frac{\text{Total number of visits with interpreter services provided by OHA-certified or qualified interpreters}}{\text{Total number of visits from members in the eligible population}}^8$

Note, visits by the eligible members that were not provided with interpreter services, count as '0' for numerator hits; visits with interpreter services by providers that are not OHA certified or qualified, count as '0' for numerator hits.

OHA will report other non-incentive rates for observations, including 'total percentage of visits provided with any interpreter services,' percentage of visits provided with interpreter services by visit types (inpatient, outpatient, mental health, dental, etc.), and percentage of interpreter services by different modality.

⁵ Link to OHA Health Care Interpreter Registry: <https://hciregistry.dhsoha.state.or.us/Search>

⁶ CCO must answer Yes or No for all three fields to meet the 80% reporting completion rate. Answering Unknown or leaving blank in the template will count against the 80% threshold.

⁷ If the member refuses interpreter services, reporting the refusal reasons is optional.

⁸ The measure denominator is NOT restricted to only the visits when interpreter services were provided.

Version Control

- The specifications were updated on December 29, 2020:
 - Clarified CCOs are responsible for reporting the measure Component 2 denominator visits with required stratifications, but also introduced a new method using OHG and additional cross-walking and de-duplication methods for OHA to validate the CCO-reported denominator visits. Additional detail added in Appendix 4. (Note, OHA no longer uses HEDIS value sets for this measure).
 - Clarified the incentive measure rate which uses ‘the total visits from members with interpreter needs’ as the denominator, instead of only the visits when interpreter services were provided.
- The specifications were updated on December 29, 2021 for changes effective starting MY2022:
 - Clarified interpreter needs flags used for identifying the eligible population.
 - Added optional reporting elements for refusal reasons.
 - Added hybrid reporting completion requirement for MY2022 of 80% and clarified the data elements that the CCO is responsible for.
 - Updated the Self-assessment survey template to be consistent with the version used for contract reporting.

Appendix 1: CCO language self-assessment: Meaningful language access to culturally- responsive health care services (starting MY2021)

Introduction

This online survey asks each Coordinated Care Organization (CCO) to conduct a self-assessment on language services available in your organization. Your responses will be used to determine whether your CCO meets the 2021 incentive metric reporting requirements. Completion of the survey does not guarantee that CCOs have met the metric.

CCOs must answer all questions and meet the minimum points required for the questions marked as must pass for that measurement year (e.g. Must pass beginning in measurement year 2021 – year 1). Questions have a point value and are organized by measurement year within each of the four domains. In general, each statement is worth one point and some questions have multiple statements.

Answers should be based on language services in place on the December 31st of the measurement year. Survey responses are due on or before the 3rd Monday of January following the measurement year (MY). These dates are as follows:

MY2021: Due January 17, 2022

MY2022: Due January 16, 2023

MY2023: Due January 15, 2024

Self-assessment requirements

This measure promotes high quality language services for all Medicaid members. The self-assessment guides your CCO to progressively higher quality and a more robust infrastructure of language services over time. For each measurement year, 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.

Total possible points = **102**

- Year 1 minimum points required = 46 or **45.1%**
- Year 2 minimum points required = 56 or **54.9%**
- Year 3 minimum points required = 77 or **75.5%**



Additional Information

OHA reserves the right to request additional or clarifying information to support responses provided through this survey, including but not limited to further detail on data collected, example policies, or translated materials.

For questions about this survey, or the CCO incentive metric, please contact metrics.questions@dhsoha.state.or.us.

Contact Information

The contact person is the one completing the survey and the first point of contact if OHA has any follow-up or clarifying questions about survey responses. If multiple individuals for the same CCO submit survey responses, OHA will follow-up with the CCO as to which of the respondents should be the primary contact.

Name: _____

CCO Name: _____

Email Address: _____

Domain 1: Identification and assessment for communication needs

CCOs should answer questions based on language services in place on December 31 of the measurement year.

Questions in this domain assess how well your CCO identifies and tracks services to limited English proficient (LEP), and Deaf and hard of hearing populations you serve. Your responses will help OHA to evaluate how well your CCO is performing these critical and meaningful language access functions.

1) Please answer yes or no for each of the following statements on how your CCO identifies members needing communication access (e.g. LEP, sign language users). Must pass beginning MY2021 (year 1) with minimum points required = 5; total points available =7.

	Yes	No
The CCO has a process to respond to individual requests for language assistance services (including sign language).	()	()
The CCO has a process for self-identification by the Deaf or hard of hearing person, non-English speaker or LEP individual.	()	()
The CCO has a process for using open-ended questions to determine language proficiency on the telephone or in person.	()	()
The CCO customer service staff are trained to use video relay or TTY for patient services.	()	()
The CCO uses “I Speak” language identification cards or posters.	()	()
The CCO has a process for responding to member complaints about language access and clearly communicates this process to all members.	()	()
The CCO uses MMIS/ enrollment data from OHA about primary language.	()	()

2) Please answer yes or no for each of the following statements about collecting data. Must pass beginning MY2021 (year 1) with minimum points required = 3; total points available =3.

	Yes	No
The CCO collects data on the number of members served who are Limited English Proficient (LEP) .	()	()

The CCO collects data on the number of members served who are Deaf and hard of hearing.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO collects data on the number and prevalence of languages spoken by members in your service area.	<input type="checkbox"/>	<input type="checkbox"/>

3) Please answer yes or no for each of the following data sources that your CCO uses to determine the needs and/or population size of the LEP and Deaf and hard of hearing members in your service area. Must pass beginning MY2021 (year 1) with minimum points required = 2; total points available =3.

	Yes	No
OHA MMIS	<input type="checkbox"/>	<input type="checkbox"/>
CCO specific enrollment information on members interpreter needs.	<input type="checkbox"/>	<input type="checkbox"/>
Local community organizations and/or on-line data (example LEP.gov; census data or the American Community Survey (ACS) data).	<input type="checkbox"/>	<input type="checkbox"/>

4) How often does your CCO use any of the above-listed data sources to assess LEP and Deaf and hard of hearing member needs? Must answer, no points available.

- Monthly
- Quarterly
- Annually

5) Does your CCO record the primary language from LEP or Deaf and hard-of- hearing members when they first contact your CCO (for example, at intake or first encounter)? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

- Yes
- No

6) Does your CCO have a process for sharing information about members who need spoken and sign language interpretation needs with your provider network? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

- Yes
- No

7) If yes to the previous question, please briefly describe how your CCO shares primary spoken language or hearing assistance needs with provider networks or service coordinators. Must answer this question beginning MY2021 (year 1); total available points = 1.

8) If yes to question 6, how frequently do you share this information? Must answer this question beginning MY2021 (year 1); total available points = 1.

- Weekly
- Monthly
- Quarterly
- Annually

9) Does your CCO have the capability to identify the number of members needing spoken and sign language interpretation services that were not identified in form 834 from OHA? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

- Yes
- No

10) What are the top SIX most frequently encountered spoken and sign languages by members in your CCO for the measurement year? CCOs must rank the languages members often request language services in to meet the must pass criteria for this question beginning MY2021 (year 1); total available points = 1.

Write in language

11) Please answer yes or no for each of the following statements about members who refused, did not need, needed interpretation services but were not identified as needing interpreter services, or requested and received in language services from bilingual providers. Must pass beginning MY2022 (year 2) with minimum points required = 3; total points available = 5.

	Yes	No
The CCO collects data on members served who self-identified as LEP but refused interpretation services.	()	()
The CCO collects data on members served who are Deaf and hard of hearing but refused interpretation services.	()	()
The CCO collects data on members served who did not have MMIS language flag but requested interpreter services.	()	()
The CCO collects data on members served who had an MMIS language flag but did not need interpreter services.	()	()
The CCO collects data on the members served who requested and received in-language services from bilingual providers and therefore trained interpreters were not needed for the visits.	()	()

12) Please answer yes or no for each of the following statements about appointment wait times. Must pass beginning MY2023 (year 3) with minimum points required = 2; total points available = 2.

	Yes	No
The CCO collects data on the wait times for LEP members that need appointments with interpreter services.	()	()
The CCO collects data on the wait times for Deaf and hard of hearing members that need appointments with interpreter services.	()	()

13) Please mark the average wait time for the each of the following appointments. (choose only one answer per statement). Must pass beginning MY2023 (year 3) with minimum points required = 2; total points available = 2.

	Same day	1-3 days	4-7 days	More than 7 days
The average wait time for Limited English Proficient members needing interpretation services is:	()	()	()	()
The average wait time for Deaf and hard of hearing members needing interpretation services is:	()	()	()	()

14) What is the average wait time for members that do not need interpretation services? Must answer, no points available.

- Same day
- 1-3 days
- 4-7 days
- More than 7 days
- The CCO does not collect this information

15) How frequently do you track the average number of encounters by spoken and sign languages and share the data with provider networks or service coordinators? Must answer, no points available.

- Weekly
- Monthly
- Quarterly
- Annually

16) Does your CCO have a process for identifying the total number of Deaf and hard of hearing members that prefer sign language or assistive communication devices to ensure effective communication in your CCO and provider network? Must answer, no points available.

- Yes
- No

17) Does your CCO use local community organizations or on-line data source such as LEP.gov or census to determine interpretation needs or population size of the LEP and Deaf and hard of hearing members in your service area? Must answer, no points available.

Yes

No

Domain 2: Provision of Language Assistance Services

CCOs should answer questions based on language services in place on December 31 of the measurement year.

Questions in this domain assess how well you use data and work processes to effectively communicate with the Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve. Your responses will help OHA to evaluate how well your CCO is performing these critical meaningful language access functions.

18) Please answer yes or no to each of the following statements about tracking language assistance services at the CCO and provider network levels. Must pass beginning MY2021 (year 1) with minimum points required = 3; total points available = 4.

	Yes	No
The CCO tracks the primary language of persons encountered or served.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO tracks the use of language assistance services such as interpreters and translators.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO tracks staff time (including bilingual providers) spent providing bilingual spoken and sign language assistance services.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO tracks the use of spoken and sign language assistance services by modality (in-person; telephonic, video remote, other modalities).	<input type="checkbox"/>	<input type="checkbox"/>

19) Please select yes or no to the types of language assistance services that are provided by your CCO and provider network. Must pass beginning MY2021 (year 1) with minimum points required = 5; total points available = 7.

	Yes	No
Bilingual staff and providers	()	()
In-house interpreters (spoken and sign)	()	()
In-house translators (for documents)	()	()
Contracted in-person interpreter services	()	()
Contracted translators (for documents)	()	()
Contracted telephonic interpreter services	()	()
Contracted video interpreter services	()	()

20) Please select yes or no to the following care delivery settings in which your CCO provides spoken and sign language interpretation service for member visits. Must pass beginning MY2021 (year 1) with minimum points required = 5; total points available = 8.

	Yes	No
Medical (in-patient)	()	()
Medical (office/out-patient)	()	()
Emergency Department	()	()
Dental	()	()
Telehealth	()	()
Home Health	()	()
Pharmacy connected to a provider network	()	()
Lab services connected to a provider network	()	()

21) Does your CCO and provider network have policies on the use of family members or friends to provide interpretation services? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

Yes

No

22) If yes to the previous question, please briefly describe your policies on when or how family members or friends can provide interpretation services. Must answer this question beginning MY2021 (year 1); total available points = 1.

23) Does your CCO provide staff who coordinate interpreter services with information on how to access OHA approved spoken and sign language interpreters? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

Yes

No

24) Please select yes or no to each of the following statements about the translation of vital written documents into non-English languages. Must pass beginning MY2021 (year 1) with minimum points required = 6; total points available = 6.

	Yes	No
Consent forms are translated into non-English languages.	<input type="checkbox"/>	<input type="checkbox"/>
Complaint forms are translated into non-English languages.	<input type="checkbox"/>	<input type="checkbox"/>
Intake forms are translated into non-English languages.	<input type="checkbox"/>	<input type="checkbox"/>
Notices of rights are translated into non-English languages.	<input type="checkbox"/>	<input type="checkbox"/>
Notice of denial, loss or decrease in benefits or services are translated into non-English languages.	<input type="checkbox"/>	<input type="checkbox"/>
Information on programs or activities to receive additional benefits or services are translated into non-English languages.	<input type="checkbox"/>	<input type="checkbox"/>

25) Are the translated documents available in alternate formats that include large prints or braille? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

- Yes
- No

26) When your CCO updates information on its website, does it also include non-English language translation of the content? Must answer, no points available.

- Yes
- No

27) Does your CCO track the following data regarding language assistance services provided by the CCO and provider network? Please mark yes or no for each of the following statements. Must pass beginning MY2022 (year 2) with minimum points required = 3; total points available = 6.

	Yes	No
The CCO validates invoices from interpreting agencies to ensure they include member level details.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO compares invoice information with an internal data system (for example MMIS flag) to confirm member level details.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO tracks invoices by service modality (in-person, telephonic, video remote).	<input type="checkbox"/>	<input type="checkbox"/>
The CCO has a system for tracking the unit cost of each language assistance service provided.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO tracks the cost of services provided by bilingual staff interpreters.	<input type="checkbox"/>	<input type="checkbox"/>
The CCO tracks the cost of translation of materials into non-English languages.	<input type="checkbox"/>	<input type="checkbox"/>

28) Please answer yes or no to each of the following statements about tracking language assistance services at the CCO and provider network levels. Must pass beginning MY2023 (year 3) with minimum points required = 3; total points available = 4.

	Yes	No
The CCO tracks training and OHA credentialing of contracted interpreters.	()	()
The CCO tracks training and OHA credentialing of staff members who interpret for patients (such as full-time staff interpreters or dual-role interpreters).	()	()
The CCO tracks the total cost of interpreter services.	()	()
The CCO tracks the cost of translation of materials into non-English languages.	()	()

29) Please select yes or no to the language assistance services that your CCO can provide detailed member level information, such as member ID, date of service, and interpreters' credentials. Must pass beginning MY2023 (year 3) with minimum points required = 5; total points available = 7.

	Yes	No
Bilingual staff and providers	()	()
In-house interpreters (spoken and sign)	()	()
In-house translators (for documents)	()	()
Contracted in-person interpreters	()	()
Contracted translators	()	()
Contracted telephonic interpretation services	()	()
Contracted video interpretation services	()	()

30) When spoken and sign language interpretation services are provided during member visits, can your CCO collect detailed member level information (such as member ID, date of service, and interpreter's credential) for appointments in each of the following care delivery settings? Please select yes or no to the following statements. Must pass beginning MY2023 (year 3) with minimum points required = 5; total points available = 8.

	Yes	No
Medical (inpatient)	()	()
Medical (outpatient/office)	()	()
Emergency Department	()	()
Dental	()	()
Telehealth	()	()
Home Health	()	()
Pharmacy connected to a provider network	()	()
Lab services connected to a provider network	()	()

31) Please answer yes or no to the following statements related to standardized proficiency assessments for bilingual staff and interpreters. Must pass beginning MY2023 (year 3) with minimum points required = 2; total points available = 2.

	Yes	No
For Limited English Proficient (LEP) members, the CCO requires a standardized proficiency assessment for bilingual staff interpreters and bilingual providers before allowing them to interpret or translate documents.	()	()
For Deaf and hard of hearing members, the CCO requires a standardized proficiency assessment for bilingual staff interpreters and or bilingual providers before allowing them to interpret.	()	()

32) If yes to either statements in the previous question, please briefly describe your proficiency assessment. (For example, online training, in person training, scored skill test). Must answer this question beginning MY2023 (year 3); total available points = 1.

Domain 3: Training of staff on policies and procedures

CCOs should answer questions based on language services in place on December 31 of the measurement year.

Questions in this domain assess how well your staff who provide services to Limited English Proficient (LEP), and Deaf and hard of hearing populations is trained on language access policies and procedures. Your responses will help OHA to evaluate how well your CCO is performing these critical meaningful language access functions.

33) Does your CCO staff procedures handbook include specific instructions on how to provide language assistance services to LEP and Deaf and hard of hearing members? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

Yes

No

34) Please select yes or no to each of the following staff groups that receive training at regular intervals on working with Limited English Proficient (LEP) and Deaf and hard of hearing members. Must pass beginning MY2022 (year 2) with minimum points required = 3; total points available = 6.

	Yes	No
Management or senior staff	<input type="checkbox"/>	<input type="checkbox"/>
Employees who interact with or are responsible for interactions with non-English speakers or LEP members	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual staff and providers	<input type="checkbox"/>	<input type="checkbox"/>
New employees	<input type="checkbox"/>	<input type="checkbox"/>
All employees	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>

35) Are all staff members who interpret for patients (such as full-time staff interpreters or dual-role interpreters) trained and certified or qualified by OHA? Must pass beginning MY2023 (year 3) by answering “Yes”; total available points = 1.

Yes

No

36) Do staff who provide care or services to Limited English Proficient (LEP) and Deaf and hard of hearing members receive training at regular intervals on how to request the translation of written documents into other languages and alternate formats? Must answer, no points available.

Yes

No

Domain 4: Providing notice of language assistance services

CCOs should answer questions based on language services in place on December 31 of the measurement year.

Questions in this domain assess how well your CCO translates outreach materials and explains how Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve may access available language assistance services. Your responses will help OHA to evaluate how well your CCO is performing these critical meaningful language access functions.

37) Does your CCO translate signs or posters announcing the availability of language assistance services? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

Yes

No

38) Please answer yes or no to the methods that your CCO uses to inform members and communities in your service area about the availability of language assistance services. Must pass beginning MY2021 (year 1) with minimum points required = 4; total points available = 6.

	Yes	No
Frontline and outreach by multilingual staff	<input type="checkbox"/>	<input type="checkbox"/>
Posters in public areas in clinics	<input type="checkbox"/>	<input type="checkbox"/>
“I Speak” language identification cards distributed to frontline staff	<input type="checkbox"/>	<input type="checkbox"/>
CCO and providers websites	<input type="checkbox"/>	<input type="checkbox"/>

Social networking websites (e.g. Facebook, Twitter, other)	()	()
E-mail to members or a list serv	()	()

39) Does your CCO inform LEP and Deaf and hard of hearing members about the availability of free language assistance services? Must pass beginning MY2021 (year 1) by answering “Yes”; total available points = 1.

() Yes

() No

40) Does the main page of your website include non-English information that is easily accessible to LEP members? Must pass beginning MY2022 (year 2) by answering “Yes”; total available points = 1.

() Yes

() No

Thank you for taking our survey. Your response is very important to us.

Appendix 2: CCO self-assessment available points and minimum required point value summary

Total possible points for each measurement year =	102	
Year 1 minimum points required =	46	45.1%
Year 2 minimum points required =	56	54.9%
Year 3 minimum points required =	77	75.5%

	MY2021 (year1)		MY2022 (year2)		MY2023 (year3)	
	Total available Points	Minimum required	Additional available points	Additional minimum required	Additional available points	Additional minimum required
Domain 1: Identification and assessment for communication needs - This domain assesses how well your CCO identifies and tracks services to the Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve.	19	16	5	3	4	4
Domain 2: Provision of Language Assistance Services - This domain assesses how well you use data and work processes to effectively communicate with the Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve.	29	23	6	3	22	16
Domain 3: Training of staff on policies and procedures - This domain assesses how well your staff who provide services to Limited English Proficient (LEP), and Deaf and hard of hearing populations is trained on language access policies and procedures.	1	1	6	3	1	1
Domain 4: Providing notice of language assistance services - This domain assesses how well your CCO translates outreach materials and explains how Limited English Proficient (LEP), and Deaf and hard of hearing populations you serve may access available language assistance services.	8	6	1	1	0	0

Point value for each question

Domain	Question	year 1	minimum	Year 2	minimum	Year 3	minimum	
1	1	7	5					
	2	3	3					
	3	3	2					
	4	0						
	5	1	1					
	6	1	1					
	7	1	1					
	8	1	1					
	9	1	1					
	10	1	1					
	11				5	3		
	12						2	2
	13						2	2
	14	0						
	15	0						
	16	0						
	17	0						
2	18	4	3					
	19	7	5					
	20	8	5					
	21	1	1					
	22	1	1					
	23	1	1					
	24	6	6					
	25	1	1					
	26	0						
	27				6	3		
	28						4	3
	29						7	5
	30						8	5
	31						2	2
	32						1	1
3	33	1	1					
	34			6	3			
	35					1	1	
	36	0						
4	37	1	1					
	38	6	4					
	39	1	1					
	40			1	1			
Total new points by year		57	46	18	10	27	21	
Total minimum required by year			46		56		77	

Appendix 3: Quantitative Interpreter Services Reporting Template (starting MY2022)

Health Care Interpreter Services Utilization by CCOs and Provider Network		
Component 2: Template for Reporting Stratified Individual Level Services		
Column Name	Valid Input Value	Additional Instructions
Member ID	Member's Medicaid ID	
Interpreter need flagged in MMIS	Yes No	Data available in MMIS/834 member enrollment file
Type of Care	Physical Dental Mental/Behavioral	Report separately if a member had more than one type of care on the same day. (See Appendix 4 for reference on OHA's method)
Visit Type/Care Setting	Inpatient Stay Emergency Department Office Outpatient Home Health Telehealth Other	If multiple visit types/care settings occurred on the same day, then please select one type of visit using the order of selections as a hierarchy: Inpatient Stay > Emergency Department > Office Outpatient > Home Health > Telehealth > Other . For example, report as 'emergency department' visits only when it did not result in an inpatient stay; if an office outpatient visit and telehealth occurred on the same day, report the office outpatient visit, etc. Do not report as a visit when only filling prescriptions at a pharmacy is involved on that date. Ancillary or services without human interaction can also be excluded. (See Appendix 4 for reference on OHA's method)
Visit Date	Visit Date YYYY/MM/DD	Please report only one visit per member per day. For an inpatient stay, report the admission date as the visit date, and report one inpatient stay in a facility as one visit regardless of the total length of stay; count as a separate inpatient stay, if the patient is transferred to a different facility.
In-person Interpreter Service	Yes No	Report all that apply during the visit date/inpatient stay
Telephonic Interpreter Service	Yes No	
Video Remote Interpreter Service	Yes No	
Was the Interpreter OHA Certified or Qualified	OHA Certified OHA Qualified Not Certified or Qualified by OHA	

Interpreter's OHA Registry Number	OHA Registry number	
Was the Interpreter a Bilingual Staff	Yes No	<p>Bilingual staff services do not automatically qualify for numerator hits unless the staff (including the provider for the visit) is OHA qualified or certified for interpreter services. This flag is for information that an outside/contracted interpreter is not used; it helps the CCO to identify staff who may receive training for becoming OHA qualified/certified.</p> <p>If patient received satisfying in-language visit and the provider is not OHA qualified/certified, the visit can be flagged as 'patient refusal for reason #1' and may be excluded. See detail on member refusal reporting.</p>
Did the member refuse Interpreter Service (no need)	Yes No	
Reason for member refusal	<p>Enter reason code 1-4:</p> <ol style="list-style-type: none"> 1. Member refusal because in-language visit is provided 2. Member confirms interpreter needs flag in MMIS is inaccurate 3. Member unsatisfied with the interpreter services available 4. Other reasons for patient refusal 	<p>Scenario 1: The member confirms the provider for the visit can perform in-language service and therefore no interpreter service is needed. To note, if the in-language service provider is OHA certified or qualified, it could be a numerator hit for the metric.</p> <p>Scenario 2: OHA recommends initiating correction of the interpreter flag in MMIS.</p> <p>Visits with refusal reasons 1 or 2 can be excluded IF the CCO attests collecting corresponding information in the CCO self-assessment survey question #11.</p> <p>Scenario 3 and 4 do not qualify for denominator exclusion.</p>

Note: CCO to submit a data table with 'one row per visit' using the columns specified above. This NOT a "form" to fill in for each visit.

Appendix 4: Categorizing Denominator Visits based on Oregon Health Grouper (OHG) and modifications

OHA uses a homegrown Oregon Health Grouper (OHG) with recategorization and modifications to count denominator visits in the required stratifications for the measure⁹.

Step1: All MMIS/DSSURS claims data are categorized into OHG categories, then rolled up into larger categories using the following crosswalk table below. Note, only paid claims are used.

OHG-to-HEM Crosswalk Table:

CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
D-01	Dental Diagnostic	dental	Office Outpatient
D-02	Dental Preventative	dental	Office Outpatient
D-03	Dental Restorative	dental	Office Outpatient
D-04	Dental Endodontics	dental	Office Outpatient
D-05	Dental Periodontics	dental	Office Outpatient
D-06	Dental Prosthodontics Removable	dental	Office Outpatient
D-07	Dental Implants/ Prosthodontics Fixed	dental	Office Outpatient
D-08	Dental Oral Maxillofacial Surgery	dental	Office Outpatient
D-09	Dental Orthodontics	dental	Office Outpatient
D-10	Dental Anesthesia	dental	Office Outpatient
D-99	Dental Adjuvive General Services (Unbucketed)	dental	Office Outpatient
I-08	Inpatient Maternity C-Section Delivery	physical	Inpatient
I-09	Inpatient Maternity Non-Delivery	physical	Inpatient
I-10	Inpatient Maternity Normal	physical	Inpatient
I-11A	Inpatient Newborn Complicated	physical	Inpatient
I-11B	Inpatient Newborn Well	physical	Inpatient
I-12	Inpatient Rehabilitation	physical	Inpatient
I-13	Inpatient Medical/Surgical (Medical Only)	physical	Inpatient
I-14	Inpatient Medical/Surgical (Surgical Only)	physical	Inpatient
I-15	Inpatient Un-Bucketed Missing DRG	physical	Inpatient
I-99	Inpatient Unbucketed	physical	Inpatient
M-01	Emergency Lifeflight	exclude	exclude

⁹ More detail documentation in excel format is available on the metrics website:

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
M-02	School Based Services	physical	Office Outpatient
M-03	Transportation Ambulance	exclude	exclude
M-04	Outpatient Basic ASC (ASC = Ambulatory Surgical Center)	physical	Office Outpatient
M-05	Physician Primary Care E-M (Evaluation & Management)	physical	Office Outpatient
M-05A	Physician Primary Care E-M (Evaluation & Management) Mental Health	mental/behavioral	Office Outpatient
M-06	Physician Other E-M (Evaluation & Management)	physical	Office Outpatient
M-06A	Physician Other E-M (Evaluation & Management) Mental Health	mental/behavioral	Office Outpatient
M-07	Evaluation & Management PCP (PCP = Primary Care Physician)	mental/behavioral	Office Outpatient
M-08	Mental Health ACT (ACT = Assertive Community Treatment)	mental/behavioral	Office Outpatient
M-09	Mental Health AFC (AFC = Adult Foster Care)	exclude	exclude
M-10	Mental Health Assessment & Evaluation	mental/behavioral	Office Outpatient
M-11	Mental Health Case Management	mental/behavioral	Other
M-12	Mental Health Consultation	mental/behavioral	Office Outpatient
M-13	Mental Health Crisis Services	mental/behavioral	Office Outpatient
M-14	Mental Health Interpretive Services	exclude	exclude
M-15	Mental Health Medication Management	mental/behavioral	Other
M-16	Mental Health Alternative to Inpatient	mental/behavioral	Outpatient
M-17	Mental Health MST (MST = Multi-Systemic Treatment)	mental/behavioral	Office Outpatient
M-18	Mental Health PAITS (PAITS = Post Acute Intensive Treatment Services)	mental/behavioral	Office Outpatient
M-19	Mental Health PDTS (Psychiatric Day Treatment Services)	mental/behavioral	Office Outpatient
M-20	Mental Health Respite	mental/behavioral	Other
M-21	Mental Health RTF Part A (RTF = Residential Treatment Facility)	exclude	exclude
M-22	Mental Health RTF Part B (RTF = Residential Treatment Facility)	exclude	exclude
M-23A	Mental Health SCIP, SAIP, STS (SCIP = Secure Children's Inpatient Program 0 - 11, SAIP = Secure Adolescent Inpatient Program 12 - 17, & STS = Stabilization Transition Services)	mental/behavioral	Inpatient
M-23B	Mental Health SCIP, SAIP, STS (SCIP = Secure Children's Inpatient Program 0 - 11, SAIP = Secure Adolescent Inpatient Program 12 - 17, & STS = Stabilization Transition Services)	mental/behavioral	Inpatient
M-24	Mental Health Skills Training	mental/behavioral	Office Outpatient
M-25	Mental Health SRTF (SRTF = Secure Residential Treatment Facility 18+)	exclude	exclude
M-26	Mental Health Sub Acute	mental/behavioral	Office Outpatient
M-27	Mental Health Supportive Employment	exclude	exclude

CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
M-28	Mental Health Therapy	mental/behavioral	Office Outpatient
M-29	Mental Health Therapy Inpatient	mental/behavioral	Inpatient
M-30	Mental Health Wrap-Around Services	mental/behavioral	Other
M-31	Mental Health Intensive Rehab Services	mental/behavioral	Office Outpatient
M-32A	Physician Therapeutic Abortion Part A	physical	Office Outpatient
M-32B	Physician Therapeutic Abortion Part B	physical	Office Outpatient
M-33	Behavioral Rehab Services	mental/behavioral	Office Outpatient
M-34	Excluded Admin Exams	physical	Other
M-35	Targeted Case Management (TCM) Leveraged	physical	Other
M-36	Non-Emergent Transportation (NEMT)	exclude	exclude
M-37	Chemical Dependency OHP Outpatient (OHP = Oregon Health Plan)	mental/behavioral	Office Outpatient
M-40	Mental Health Outpatient Therapy	mental/behavioral	Office Outpatient
M-41	Mental Health Physician Outpatient	mental/behavioral	Office Outpatient
M-42	Mental Health Supportive Day Treatment	mental/behavioral	Office Outpatient
M-43	Mental Health Supportive Housing	exclude	exclude
M-44	Anesthesia	physical	Office Outpatient
M-45A	Outpatient Dental Anesthesia	dental	Office Outpatient
M-45B	Outpatient Dental Fluoride	dental	Office Outpatient
M-46	Physician Family Planning Part B	physical	Office Outpatient
M-47	Physician Family Planning Part C	physical	Office Outpatient
M-48	Physician Hysterectomy	physical	Office Outpatient
M-49	Lab	exclude	exclude
M-50	Other Medical Maternity Management	physical	Office Outpatient
M-51	Other Medical Durable Medical Equipment	exclude	exclude
M-52	Other Medical Supplies	exclude	exclude
M-53	Maternity	physical	Office Outpatient
M-53A	Physician Maternity Primary Care	physical	Office Outpatient
M-54	Neonate Newborn Care	physical	Office Outpatient
M-55	Radiology	physical	Other
M-56	Physician Sterilization	physical	Office Outpatient
M-57	Surgery	physical	Office Outpatient
M-58	Speech & Hearing	physical	Office Outpatient
M-59	Vision Exams & Therapy	physical	Office Outpatient
M-60	Physician Other Services	physical	Other
M-61	Other Drugs & Supplies	exclude	exclude
M-62	Community Detox	mental/behavioral	Office Outpatient
M-63	Chemical Dependency Assessment Screening	mental/behavioral	Office Outpatient
M-64	Chemical Dependency Methadone Treatment	mental/behavioral	Office Outpatient
M-65	Chemical Dependency Methadone AMH (AMH = Addictions and Mental Health)	mental/behavioral	Office Outpatient
M-66	Physical Somatic Mental Health	mental/behavioral	Office Outpatient
M-67	Not Covered	exclude	exclude
M-68	SBIRT Part A (SBIRT = Screening, Brief Intervention, & Referral to Treatment)	mental/behavioral	Office Outpatient

CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
M-69	SBIRT Part B (SBIRT = Screening, Brief Intervention, & Referral to Treatment)	mental/behavioral	Office Outpatient
M-70	Mental Health Children and Adolescent Needs Assessment	mental/behavioral	Office Outpatient
M-71	ABA Services - Mental Health	mental/behavioral	Office Outpatient
M-72A	Chemical Dependency Residential Treatment Child	mental/behavioral	Inpatient
M-72B	Chemical Dependency Residential Treatment Adult	mental/behavioral	Inpatient
M-72C	Psychiatric Residential Treatment Services	physical	Inpatient
M-75	Urgent Care Visits	physical	Office Outpatient
M-76	Preventative Well Baby Exams	physical	Office Outpatient
M-77	Preventative Immunizations	physical	Office Outpatient
M-78	Preventative Care Covered Service	physical	Office Outpatient
M-79	Preventative Care Non-Covered Service	physical	Office Outpatient
M-80	Inpatient Visits	physical	Inpatient
M-81	Outpatient	physical	Office Outpatient
M98-A		mental/behavioral	Other
M98-B		mental/behavioral	Other
M98-C		mental/behavioral	Other
M-99	Professional Unbucketed	physical	Other
O-01	Outpatient Therapeutic Abortion Outpatient Hospital	physical	Office Outpatient
O-02	Outpatient Excluded Administrative Exams	physical	Other
O-03	Outpatient Prescription Drugs Mental Health	mental/behavioral	Office Outpatient
O-04	Outpatient Mental Health Other Outpatient	mental/behavioral	Office Outpatient
O-05	Outpatient Emergency Room Somatic Mental Health	mental/behavioral	ED
O-06A	Outpatient Chemical Dependency -- Part A	mental/behavioral	Office Outpatient
O-06B	Outpatient Chemical Dependency -- Part B	mental/behavioral	Office Outpatient
O-07	Outpatient Hysterectomy	physical	Office Outpatient
O-08	Outpatient Sterilization -- Female	physical	Office Outpatient
O-09A	Outpatient Family Planning -- Part A -- No Modifier	physical	Office Outpatient
O-09B	Outpatient Family Planning -- Part B -- With Modifier	physical	Office Outpatient
O-09C	Outpatient Family Planning -- Part C -- With Modifier	physical	Office Outpatient

CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
O-10	Outpatient Maternity	physical	Office Outpatient
O-11	Outpatient Prescription Drugs Basic	physical	Office Outpatient
O-11A	Outpatient Skilled Nursing Facility	physical	Office Outpatient
O-12	Outpatient Post Hospital Extended Care	physical	Office Outpatient
O-13	Outpatient Maternity Case Management	physical	Office Outpatient
O-14	Outpatient Hospice Services	physical	Office Outpatient
O-15	Outpatient Transportation Ambulance	exclude	exclude
O-16	Outpatient Emergency Room	physical	ED
O-17A	Outpatient Lab Services -- Part A	exclude	exclude
O-17B	Outpatient Radiology Services CT -- Part B (CT = Computerized Tomography)	physical	Other
O-17C	Outpatient Radiology Services MRI -- Part C (MRI = Magnetic Resonance Imaging)	physical	Other
O-17D	Outpatient Radiology Services PET -- Part D (PET = Positron Emission Tomography)	physical	Other
O-18	Outpatient Home Health	physical	Home Health
O-19	Outpatient Somatic Mental Health	mental/behavioral	Office Outpatient
O-20	Outpatient Physician Administered Drugs	physical	Other
O-21	Outpatient Diagnostic Services Other	physical	Office Outpatient
O-22	Outpatient Lab Injections Other	exclude	exclude
O-23	Outpatient Supplies & Devices	exclude	exclude
O-24	Outpatient Operating Room Other	physical	Office Outpatient
O-25	Outpatient Anesthesia Other	physical	Office Outpatient
O-26	Outpatient Clinics	physical	Office Outpatient
O-27	Outpatient Therapy & Rehabilitation	physical	Office Outpatient

CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
O-28	Outpatient Professional Fees	physical	Office Outpatient
O-29	Outpatient Surgery	physical	Office Outpatient
O-30	Preventative Care Covered Service	physical	Office Outpatient
O-31	Preventative Care Non-Covered Service	physical	Office Outpatient
O-99	Outpatient Unbucketed	physical	other
RX-01	Pharmacy Prescription Drugs Basic	exclude	exclude
RX-02	Pharmacy Over The Counter (OTC)	exclude	exclude
RX-03	Pharmacy Family Planning Contraceptives	exclude	exclude
RX-04	Pharmacy Carved-Out Drugs	exclude	exclude
RX-05	Pharmacy Immunization Drugs	exclude	exclude
RX-06	Pharmacy Durable Medical Equipment (Pill Splitters)	exclude	exclude
RX-07	Pharmacy Medication Assisted Treatment (MAT)	exclude	exclude

Step 2: Telehealth visits are identified separately for claims with:

- Procedure code: 98966-98972, 99421-99458, D9995, D9996, G0427, G0508, G0509, G2010, G2012, G2025, or
- Modifier: GT, GQ, G0, 95, or
- Place of Service code: 02

Step 3: Claims are de-duplicated into unique visit dates, but report separately if a member had more than one type of care (physical, mental/behavioral or dental) on the same day.

Step 4: If multiple visit types/care settings occurred on the same day for a given type of care (physical, mental/behavioral or dental), only one category is selected based on the hierarchy: Inpatient Stay > Emergency Department > Office Outpatient > Home Health> Telehealth > Other.