Draft 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 – MY2027

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: OHA-developed

Measure Utility: CCO Incentive

Member type: CCOA, CCOB, CCOE, CCOF, CCOG

Data Source: CCO attestation (annual survey for Component 1 and quantitative contract language access for Component 2)

Measurement Period: Measurement Year (MY) equals calendar year (January 1 – December 31 of the year).

Table 1:Benchmark for OHA measurement year

Benchmark for OHA measurement year	2025*	2026*	2027**
Component 1 – minimum points from must pass questions	97 points	112 points	TBD
Component 2 – reporting method and data collection requirement	Full population	Full population	TBD
Component 2 – benchmark for percentage of visits provided with interpreter services by OHA certified or qualified interpreters	50% benchmark with Minnesota (MN) Method improvement target & 5 pct point floor	50% benchmark with Minnesota (MN) Method improvement target & 3 pct point floor	TBD
Source:	Committee Consensus	Committee Consensus	TBD

*Must meet both components to get credit for the measure.

**Metrics and Scoring will decide the benchmark in Fall 2026. Specifications will be updated to reflect decision.

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.

Note on BHP and HOP: CCO members with eligibility for Basic Health Plan (BHP) or Healthier Oregon Program (HOP) anytime during the required continuous enrollment period are excluded from the incentive quality rates.

CCOs are required to report services and data collection for all CCO members in Component 1, as well as all visits in Component 2 for all CCO members who have language access needs (defined in the Eligible Population and Denominator sections). OHA will flag the BHP and HOP members during the measurement period when reviewing the data submitted by the CCO and exclude them from the quality rate for the incentive program use.

Changes in specifications from MY2026 to MY2027:

No changes are proposed for Components 1 & 2. Several changes have been made for alignment and accessibility only.

OHA did remove the direct reference to proficiency tests for in language requirements. The measure intent has always been to align with the non-English proficiency requirements of the HCI program. We now directly reference the HCI program requirements for spoken language. If questions come up about provider proficiency related to the metric, please reach out directly to metrics staff at Metrics.Questions@odhsoha.oregon.gov.

The optional Oregon Healthcare Grouper (OHG) has a new clarification for M-84A in Appendix 4.

All tables now have titles and changes are in blue text with italics to increase accessibility per federal and state standards.

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Measure Details

Measure Components and Scoring

There are two components in this measure:

(1) CCO language access self-assessment survey
(2) Quantitative language access report

Component 1: CCO language access self-assessment survey

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 all the questions required for that measurement period, and (3) meet the minimum points required for the must pass questions for each measurement year.

Table 2: Possible Points for each Measurement Year

Measure Year	**Possible points**	% of possible points
Total possible points Year 1 thru 3 =	**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%
Total possible points Year 4 =	**115**	
Year 4 total minimum points required =	83	72.2%
Total possible points Year 5 =	**121**	
Year 5 total minimum points required =	97	80.2%
Total possible points Year 6 =	**134**	
Year 6 total minimum points required =	112	83.6%
Year 7 total minimum points required =	112	83.6%

Table 3: Points Available and Requirements by Domain Name

Domain Name	**MY2025 (year5)**		**MY2026 (year6)**		**MY 2027 (year7)**	
	Additional available points	**Additional 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 members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members you serve.	33	**28**	5	**5**	0	**0**

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Domain Name	MY2025 (year5)		MY2026 (year6)		MY 2027 (year7)	
	Additional available points	**Additional minimum required**	Additional available points	**Additional minimum required**	Additional available points	**Additional minimum required**
Domain 2: Provision of Language Assistance Services - This domain assesses how well you use data and work processes to effectively communicate with members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members you serve.	68	**56**	8	**8**	0	**0**
Domain 3: Training of staff on policies and procedures - This domain assesses how well your staff who provide services to members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members is trained on language access policies and procedures.	9	**5**	0	**1**	0	**0**
Domain 4: Providing notice of language assistance services - This domain assesses how well your CCO translates outreach materials and explains how members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members you serve may access available language assistance services.	11	**8**	0	**1**	0	**0**

CCO must attest to have met all the must-pass questions 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 annual due dates, and Appendix 2 for point value summary.

Component 2: Percent of member visits with interpreter need in which language access services were provided

Data source and submission: CCOs are required by the contract to report full population quantitative language access data twice a year, for a rolling 12-month period. Starting MY2024, MLA uses the contract report that aligns with the calendar year period. The MLA MY2027 quality rate review uses the data from the 2027 contract report due on April 1, 2028.

Note the other contract report required by the contract on October 1, 2027 are not used for MLA annual results, but OHA uses them for quality reviews.

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Eligible population: Members who self-identified with interpreter needs; all visits for the members in the eligible population need to be included in the reporting denominator.

The CCO must include all members who already have MMIS interpreter flags[1] during the measurement year for the Component 2 full-population reporting. Members can self-identify their spoken or sign language interpreter needs to OHA during the ONE eligibility process; this information is documented in MMIS for members with spoken language interpreter needs (IND_INTERPRETER = Y) or with a non-blank CDE_INTERPRETER_TYPE[2].

Members can also self-identify their interpreter needs to the CCO or the provider through intake questionnaire in different settings or by self-initiating an interpreter service request. If the CCO attests collecting interpreter needs information in Component 1 survey questions 1 and 3 in addition to using the MMIS information and identifies additional members who do not have MMIS flags for interpreter needs, the CCO can include the additional members in the report[3]. When including these individuals in the denominator, all the member's visits for the year must be included even those where interpreter services were not received.

Continuous enrollment criteria: None.

Anchor date: None.

Initial 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 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, Medicaid 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

[1] Note if a member has incorrect interpreter needs flags in MMIS which have been removed before the end of the measurement year, the member does not need to be included in the Component 2 full-population report. If the interpreter needs flags in error remain in the MMIS through the end of the measurement year, all visits for the member still need to be reported; in this case, the CCO can report Refusal Reason 2 (member confirms interpreter needs flag in MMIS is inaccurate) across all visits for the same member, so that the visits can be excluded from the denominator for the language service and quality rates calculations.

[2] The CCO must utilize MMIS IND_INTERPRETER = Y or a non-blank CDE_INTERPRETER_TYPE to meet the minimum requirements for the OHA denominator volume validation. To note, the additional MMIS field IND_SL_INTERPRETER previously used for the metric was discontinued after October 2022; a new CDE_INTERPRETER_TYPE field has been added to specify the type of interpreter needed by the member.

[3] Reporting members who self-identify (MMIS interpreter flag equals No) continues to be optional. If CCOs choose to report, use 'Interpreter need flagged in MMIS' column in the Component 2 reporting template and report 'No' to identify additional members who did not self-identify during the ONE eligibility process. Note that for the additional members who are added to the report, all of their denominator-qualifying visits must be included in the report, regardless of whether the interpreter services were provided.

By care setting:

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

See Appendix 3 for quantitative interpreter services reporting template.

Denominator exclusion:

- Members who died in the measurement period.
- 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.
- CCOs should document the reasons 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 14:
  1. Member refusal because in-language visit is provided[4]
  2. Member confirms interpreter needs flag in MMIS is inaccurate[5]
  3. Member unsatisfied with the interpreter services available – not eligible for exclusion.
  4. Other reasons for patient refusal – not eligible for exclusion.
  5. Member does not need interpreter services for the visit[6]
- A visit with good faith effort (GFE) can be flagged for exclusion[7] if ALL the criteria below are met:
  1. The health care provider has searched the OHA HCI registry and is unable to schedule an OHA certified or qualified interpreter consistent with OHA guidance[8]. This must be reconfirmed and documented for every visit.
  2. A non-OHA certified/qualified interpreter is provided[9].
  3. CCO attests to having met Component 1 attestation questions 10, 11, 12, 25, 31 thru 34, and 41 for all other components of good faith effort.

[4] 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 or has documented being a native speaker or passing an approved proficiency test in the members preferred language with the CCO, the visit does not need to be flagged as patient refusal and will be a numerator hit for the metric.
[5] 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.
[6] The member decides to refuse interpreter service for this reported visit, but the member may need language services for other visits. Each visit with refusal reason 5 can be excluded, but the member is not excluded from the measure all together.
[7] CCO must report visits qualified for GFE and follow the component 2 template instructions (see Appendix 3).
[8] Guidance Document for Compliance with "Good Faith Effort" GFE
[9] CCO must use the modality fields (in-person, video or telephonic) in the Component 2 template to report if the language services were provided. Visits with the GFE flag but without any modality fields reported, do not qualify for exclusion.

Final denominator: Initial denominator visits minus denominator exclusion visits

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. Additional validation effort will be required if, for the members with interpreter needs flagged in MMIS, the CCO reports 15% more or fewer counts of total denominator visits than that of OHA's data. 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. The OHG logic and OHG-to-HEM crosswalk method can be used by CCOs reporting the denominator visits based on claims data, but it is not required as the CCO may have its own data processing logic that can also achieve the type of care and care setting categorization.

Data for supporting Hospital QDP program: To support the hospital Qualified Directed Payments (QDP) program, OHA has added two additional fields to the language access reporting template (see Appendix 3):

- QDP Facility Name
- QDP Facility National Provider Identification (NPI)

These fields need to be reported when the visit is with a hospital or emergency department facility. See Appendix 5 for the hospitals.

Numerator criteria: Total number of visits provided with interpreter or in language provider services. See Appendix 3 for quantitative interpreter services reporting template.

CCOs are responsible for tracking and reporting the numerator visits on the reporting with the following stratifications:

- Interpreter services provided by OHA certified, qualified, and non-OHA certified or qualified interpreters.
- In-language visits with primary performing providers who are either a native speaker or have passed the proficiency test in the member's preferred language[10] , and those providers who are not a native speaker and have not passed the language proficiency test.
  * Incentive measure based on higher rate of denominator visits with interpreter services provided by OHA-certified or OHA-qualified interpreters, or in-language visit providers who are native speakers or have passed the proficiency test for the member's preferred language.

[10] Providers who have 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. Reporting visits with an in-language primary performing provider is optional in MY2027. For the proficiency test (also referred to as Oral Proficiency Interview), the Equity & Inclusion Division (E&I) maintains proficiency tests on the Health Care Interpreter Training Programs website. Under Approved Testing Centers for Language Proficiency header, CCOs can find the approved tests (i.e., Language Line Solutions and Language Testing International). After completing the test, the provider would receive a certificate of completion with a score. This document should be sent to CCOs to confirm that the provider qualifies as passing the proficiency test in the member's preferred language. *To pass the proficiency test, the provider must pass the proficiency test in alignment with the non-English requirements in the HCI program. If question exist about provider proficiency testing requirements, please reach out directly to Metrics.Questions@odhsoha.oregon.gov.*
When initially verifying in-language providers' proficiency, tests must be no more than four years old; after initial verification of proficiency, the test does not have to be retaken. The in-language provider reporting option is not available to general clinic staff, such as receptionist, certified nursing assistants, and schedulers.

- 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.

The required reporting elements include:

- Report In-person, telephonic or video interpreter services (or in-language provider visits, optional in MY2027) provided:
    - If Yes to any of the three modality fields, answer Was the interpreter (or in-language provider) OHA Certified or Qualified?
        - If the interpreter (or in-language provider) is OHA-certified or qualified, report the OHA Registry number.
    - If No to all three modality fields, answer Did the member refuse interpreter service (Yes/No)[11]

Numerator exclusion: none.

Incentive Measure Quality Language Access Rate Calculation: Percentage of visits provided by high quality interpreter services (or high quality in-language provider visit[12]) = Total number of visits with interpreter services provided by OHA-certified or qualified interpreters (or in-language visits with providers who are native speakers or have passed the proficiency test for members' preferred languages[13]) / Total number of visits for members in the eligible population[14]

> Note: visits by the eligible members that were not provided with interpreter services (or in language provider services, if reporting), count as '0' for numerator hits; visits with interpreter services by providers that are not OHA certified or qualified and the provider has not documented being native speaker or passing the proficiency test in the members preferred language with the CCO, 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 or are in-language visit,' percentage of visits provided with interpreter services by visit types (inpatient, outpatient, mental health, dental, etc.), and percentage of interpreter services by different modalities.

[11] If no records of member refusal exist, it is considered that the member did not refuse (fill in No in template). If the member refuses interpreter services, reporting the refusal reasons is optional.
[12] Reporting visits with an in-language provider is optional in MY2027.
[13] Reporting visits with an in-language provider is optional in MY2027.
[14] The measure denominator is NOT restricted to only the visits when interpreter services were provided.

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 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). For MY 2027, the due date is January 17, 2028.

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 (Year 1 through 3) = 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%

Total possible points (Year 4) = 115

- Year 4 minimum points required = 83 or 72.2%

Total possible points (Year 5) = 121

- Year 5 minimum points required = 96 or 79.3%%

Total possible points (Year 6) = 134

- Year 6 minimum points required = 112 or 83.6%
- Year 7 minimum points required = 112 or 83.6%

Additional Information

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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 Metrics.Questions@odhsoha.oregon.gov.

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 members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members 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., LOE, sign language users). Must pass beginning MY2021 (year 1) with minimum points required = 5; total points available =7.

Table 4: Member Communication Access

Criteria	Yes	No
A. The CCO has a **process to respond to individual requests** for language assistance services (including sign language).	( )	( )
B. The CCO has a **process for self-identification** by the Deaf or Hard of Hearing person, non-English speaker or individual who prefers a Language Other than English (LOE).	( )	( )

Criteria	Yes	No
C. The CCO has a **process for using open-ended questions** to determine language proficiency on the telephone or in person.	( )	( )
D. The CCO customer service staff are **trained to use video relay or TTY** for patient services.	( )	( )
E. The CCO **uses "I Speak" language identification cards** or posters.	( )	( )
F. The CCO has a **process for responding to member complaints** about language access and clearly communicates this process to all members.	( )	( )
G. 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.

Table 5: Collecting Data

Criteria	Yes	No
A. The CCO collects data on the **number of members served who prefer a Language Other than English (LOE).**	( )	( )
B. The CCO collects data on the **number of members served who are Deaf or Hard of Hearing**.	( )	( )
C. The CCO collects data on the **number and prevalence of languages spoken by members** in your service area.	( )	( )

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 LOE and Deaf or Hard of Hearing members in your service area. Must pass beginning MY2021 (year 1) with minimum points required = 5; total points available = 6.

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Table 6: Data Sources

Criteria	Yes	No
A. OHA MMIS	( )	( )
B. CCO specific enrollment information on members interpreter needs.	( )	( )
C. Local community-based organizations (CBOs), Community Advisory Councils (CACs), or Regional Health Equity Coalitions (RHECs)	( )	( )
D. Online data (e.g., LEP.gov or US Census/American Community Survey (ACS))	( )	( )
E. REALD & SOGI repository	( )	( )
F. Members' interpreter needs collected by providers.	( )	( )

4) Does your CCO use any of the data sources listed in questions 1 and 2 above to assess LOE and Deaf or Hard of Hearing member needs, at least quarterly? Must answer, no points available.

( ) Yes

( ) No

5) Does your CCO use data sources in question 3 above to identify system gaps and improve services for LOE and Deaf or Hard of Hearing members, at least quarterly? Must answer, no points available.

( ) Yes

( ) No

6) Does your CCO record the interpreter needs and primary language from LOE or Deaf and hard of hearing members when they first contact your CCO, for example, at the CCO's new enrollee intake survey, or the first encounter with a health care provider and the information is shared back to the CCO? Must pass beginning MY2021 (year 1) by answering "Yes"; total available points = 1.

( ) Yes

( ) No

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7) Does your CCO have a process for sharing information about members who need spoken and sign language interpretation services with all provider networks? Must pass beginning MY2021 (year 1) by answering "Yes"; total available points = 1.

( ) Yes

( ) No

8) If yes to question 7, 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.

9) If yes to question 7, how frequently do you share this information? Must answer this question beginning MY2021 (year 1); total available points = 1.

( ) A. Weekly

( ) B. Monthly

( ) C. Quarterly

( ) D. Annually

10) Does your CCO have a process for sharing the monthly OHA credentialed health care interpreter registry file from OHA with the following groups for Component 2 reporting accuracy? Must pass beginning MY2026 (year 6) by answering "Yes" or "Not Applicable (NA)" with minimum points required = 3; total available points = 3.

Table 7: Sharing HCI Registry

Criteria	Yes	No	Not Applicable
A. Language service coordinators in your network	( )	( )	( )
B. Interpreting service companies you contract with	( )	( )	( )
C. Healthcare Providers in your Network	( )	( )	( )

11) If yes to the previous questions, please briefly describe how your CCO shares the monthly registry files with service coordinators and provider networks. Must answer this question beginning MY2024 (year 4) if Yes to previous question; total available points = 1.

12) Does your CCO require *the following groups* to download the OHA credentialed health care interpreter registry on a monthly basis as part of their language access workflow? *Must pass beginning* MY2026 *(year 6) by answering "Yes" or "Not Applicable (NA)" with minimum points required = 3; total available points = 3.*

Table 8: OHA HCI Registry

Criteria	Yes	No	Not Applicable
A. Language service coordinators in your network	( )	( )	( )
B. Interpreting service companies you contract with	( )	( )	( )
C. Healthcare Providers in your network	( )	( )	( )

13) 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

14) 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.

15) 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.

Table 9: Member Language Access Refusal

Criteria	Yes	No
A. The CCO collects data on members served **who self-identified as preferring a language other than English (LOE) but refused interpretation services**.	( )	( )

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Criteria	Yes	No
B. The CCO collects data on members served **who are Deaf or Hard of Hearing but refused interpretation services**.	( )	( )
C. The CCO collects data on members served who **did not have MMIS language flag but requested interpreter services**.	( )	( )
D. The CCO collects data on members served who **had an MMIS language flag but did not need interpreter services.**	( )	( )
E. The CCO collects data on the members served who **requested and received in- language services from bilingual providers** and therefore credentialed health care interpreters were not needed for the visits.	( )	( )

16) Does your CCO have a process to follow up with and add/remove MMIS flags for members who confirmed the interpreter flag is inaccurate? Must answer; no points available.

( ) Yes

( ) No

17) Please answer yes or no for each of the following statements about appointment wait times (not the time to arrange interpreter service at a visit). Must pass beginning MY2023 (year 3) with minimum points required = 2; total points available = 2.

Table 10: Average Wait Times

Criteria	Yes	No
A. The CCO collects quality data on average wait times for **LOE members** that need appointments with interpreter services.	( )	( )
B. The CCO collects quality data on average wait times for **Deaf or Hard of Hearing members** that need appointments with interpreter services.	( )	( )

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18) Please mark the average wait time for each of the following groups (not the time to arrange interpreter service at a visit). (Choose only one answer per statement). Must pass beginning MY2023 (year 3) with minimum points required = 2; total points available = 2.

Table 11: Average Wait Time Results

Criteria	**Same day**	**1-3 days**	**4-7 days**	**More than 7 days**
A. The average wait time for members who prefer a language other than English (LOE) needing interpretation services is:	( )	( )	( )	( )
B. The average wait time for Deaf or Hard of Hearing members needing interpretation services is:	( )	( )	( )	( )

19) What is the average wait time (not the time to arrange interpreter service at a visit) for members that do not need interpretation services? Must answer, no points available.

( ) A. Same day

( ) B. 1-3 days

( ) C. 4-7 days

( ) D. More than 7 days

( ) E. The CCO does not collect this information

20) Does your CCO verifiably track when members appointments are cancelled or rescheduled due to a lack of interpretation services? Must answer, no points available.

( ) Yes

( ) No

21) 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.

( ) A. Weekly

( ) B. Monthly

( ) C. Quarterly

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( ) D. Annually

22) Does your CCO have a process for identifying the total number of Deaf or 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

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 members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members you serve. Your responses will help OHA to evaluate how well your CCO is performing these critical meaningful language access functions.

23) 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 = 3.

Table 12: Tracking Language Access Services

Criteria	**Yes**	**No**
D. The CCO tracks **the primary language** of persons encountered or served.	( )	( )
E. The CCO tracks **the use of language assistance services** such as interpreters and translators.	( )	( )
F. The CCO tracks **staff time (including bilingual providers) spent providing bilingual spoken and sign language** assistance services.	( )	( )

24) 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.

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Table 13: Language Service Provider Types

Criteria	Yes	No
A. Bilingual clinic staff and providers	( )	( )
B. CCO in-house interpreters (spoken and sign)	( )	( )
C. CCO in-house translators (for documents)	( )	( )
D. Contracted in-person interpreter services	( )	( )
E. Contracted translators (for documents)	( )	( )
F. Contracted telephonic interpreter services	( )	( )
G. Contracted video interpreter services	( )	( )

25) 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 = 8; total points available = 10.

Table 14: Language Access Care Delivery Settings

Criteria	Yes	No
A. Medical (in-patient)	( )	( )
B. Medical (office/out-patient)	( )	( )
C. Behavioral Health (inpatient)	( )	( )
D. Behavioral Health (outpatient/office)	( )	( )

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E. Emergency Department	( )	( )
F. Dental	( )	( )
G. Telehealth	( )	( )
H. Home Health	( )	( )
I. Pharmacy connected to a provider network	( )	( )
J. Lab services connected to a provider network	( )	( )

26) Please select yes or no to indicate whether your CCO provides spoken and sign language interpretation service for member visits in each of the following situations. Must answer MY2024. Must pass beginning MY2025 (year 5) with minimum points required = 6; total points available = 6.

Table 15: Services Where Language Access Exists

Criteria	**Yes**	**No**
Scheduling appointments	( )	( )
Care navigation	( )	( )
During member appeals process	( )	( )
Customer Service Inquiry	( )	( )
Support for understanding member benefits	( )	( )
Member care consent process	( )	( )

27) Does your CCO utilize language triaging when LOE members call to make an appointment via telephone? Must pass beginning MY2025 (year 5) by answering "Yes"; total available points = 1.

( ) Yes

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( ) No

28) 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

29) 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.

30) 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

Good Faith Effort

31) Does your CCO have a policy that your provider networks work with OHA certified and qualified spoken and sign language interpreters, consistent with OAR 950-050-0160, including making a good faith effort? Must pass beginning MY2024 (year 4) by answering "Yes"; total available points = 1.

( ) Yes

( ) No

32) Does your CCO's contract with interpreting services companies require the companies to work with OHA-credentialed spoken and sign language interpreters consistent with OAR 950-050-0170 when providing interpretation services to your CCO and/or provider network? Must pass beginning MY2025 (year 5) by answering "Yes" or "We do not have an interpreter services vendor"; total available points = 1.

( ) Yes

( ) No

( ) We do not have an interpreter services vendor

33) Please select yes or no to each if your CCO requires health care provider networks to do the following. Must pass beginning MY2026 (year 6) by answering "Yes" with minimum points required = 4; total available points = 4.

Table 16: Health Care Provider Network Requirements

Criteria	Yes	No
A. Use the health care interpreter registry to find certified and qualified interpreters.	( )	( )
B. Comply with good faith effort before scheduling member visit appointments with non-OHA certified and qualified interpreters	( )	( )
C. Document good faith effort to schedule OHA certified and qualified interpreter at the visit level	( )	( )
D. Create workflows to increase working with OHA certified and qualified interpreters in the future.	( )	( )

34) Does your CCO staff who coordinate interpreter services have a process for validating the OHA credentials of the following spoken and/or sign language interpreters before allowing the interpreter's visit to be reported as delivered by an OHA-certified and/or qualified health care interpreter? Must pass beginning MY2025 (year 5) by answering "Yes" with minimum points required = 3; total available points = 3.

Table 17: Credentialing Interpreters

Criteria	Yes	No
A. In-person interpreters	( )	( )
B. Telephonic interpreters	( )	( )
C. Video remote interpreters	( )	( )

35) 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.

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Table 18: Translation

Criteria	Yes	No
A. Consent forms are translated into non-English languages.	( )	( )
B. Complaint forms are translated into non-English languages.	( )	( )
C. Intake forms are translated into non-English languages.	( )	( )
D. Notices of rights are translated into non-English languages.	( )	( )
E. Notice of denial, loss or decrease in benefits or services are translated into non-English languages.	( )	( )
F. Information on programs or activities to receive additional benefits or services are translated into non-English languages.	( )	( )

36) 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

37) 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

38) 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.

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Table 19: Language Access Services Billing

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

39) 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.

Table 20: Tracking Language Access Services

Criteria	Yes	No
A. The CCO tracks training and **OHA credentialing of contracted interpreters**.	( )	( )
B. The CCO tracks training and **OHA credentialing of staff members who interpret for patients** (such as full-time CCO staff interpreters or dual-role interpreters).	( )	( )
C. The CCO tracks the **total cost of interpreter services**.	( )	( )

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Criteria	Yes	No
D. The CCO tracks the **cost of translation of materials** into non-English languages.	( )	( )

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

Table 21: Data Collection for Language Access Services

Criteria	Yes	No
A. Bilingual clinic staff and providers	( )	( )
B. CCO in-house interpreters (spoken and sign)	( )	( )
C. CCO in-house translators (for documents)	( )	( )
D. Contracted in-person interpreters	( )	( )
E. Contracted translators	( )	( )
F. Contracted telephonic interpretation services	( )	( )
G. Contracted video interpretation services	( )	( )

41) 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 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 = 8; total points available = 10.

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Table 22: Data Collection in Care Settings

Criteria	Yes	No
A. Medical (inpatient)	( )	( )
B. Medical (outpatient/office)	( )	( )
C. Behavioral Health (inpatient)	( )	( )
D. Behavioral Health (outpatient/office)	( )	( )
E. Emergency Department	( )	( )
F. Dental	( )	( )
G. Telehealth	( )	( )
H. Home Health	( )	( )
I. Pharmacy connected to a provider network	( )	( )
J. Lab services connected to a provider network	( )	( )

42) Please answer yes or no to the following statements related to standardized proficiency assessments for bilingual clinic staff interpreters (this question does not apply to in-language visit providers). Must pass beginning MY2023 (year 3) with minimum points required = 2; total points available = 2.

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Table 23: Standardized Assessments

Criteria	Yes	No
A. For members who prefer a language other than English (LOE), the CCO requires a standardized proficiency assessment for bilingual clinic staff interpreters before allowing them to interpret or translate documents.	( )	( )
B. For Deaf or Hard of Hearing members, the CCO requires a standardized proficiency assessment for bilingual clinic staff interpreters before allowing them to interpret.	( )	( )

43) Does your CCO track and document the following elements related to standardized proficiency assessments for in-language service providers? Must answer, no points.

Table 24: Standardized Assessment Details

Criteria	Yes	No
A. Type of language proficiency assessment	( )	( )
B. Passing score of language proficiency assessment	( )	( )
C. Specific language assessed	( )	( )

*CCOs must attest 'yes' to A, B, and C to be able to count in language providers for numerator credit in component 2.

44) Does your CCO have a process for validating that the language of the member matches the language of the health care interpreter and the language of the in-language service provider? Must answer 'yes' beginning MY2025 (year 5); total available points = 1.

( ) Yes

( ) No

*CCOs must attest 'yes' to be able to count in language providers for numerator credit in component 2.

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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 CCO staff who provide services to members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members 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.

45) Has your CCO developed a Language Access Plan (LAP) that describes how your CCO and provider network provide language access services to LOE and Deaf and hard of hearing members? *Must pass beginning MY2026 (year 6) by answering "Yes"; total available points = 1.*

( ) Yes

( ) No

46) Does your CCO staff procedures handbook include specific instructions on how to provide language assistance services to LOE and Deaf or Hard of Hearing members? *Must pass beginning MY2021 (year 1) by answering "Yes"; total available points = 1.*

( ) Yes

( ) No

47) Please select yes or no to each of the following CCO staff groups that receive training at regular intervals on working with members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members. *Must pass beginning MY2022 (year 2) with minimum points required = 3; total points available = 6.*

Table 25: Training Recipients

Criteria	Yes	No
A. Management or senior staff	( )	( )
B. Employees who interact with or are responsible for interactions with non-English speakers or LOE members	( )	( )
C. Bilingual CCO staff	( )	( )

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Criteria	Yes	No
D. New employees	( )	( )
E. All employees	( )	( )
F. Volunteers	( )	( )

48) Are all CCO staff members who interpret for patients (such as full-time staff interpreters or dual-role interpreters) and/or healthcare professionals who receive funds from your CCO for health care interpreter training certified or qualified by OHA? *Must pass beginning MY2023 (year 3) by answering "Yes"; total available points = 1.*

( ) Yes

( ) No

49) Do CCO staff who provide care or services to members who prefer a language other than English (LOE) and Deaf or 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 members who prefer a language other than English (LOE) and Deaf or Hard of Hearing members 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.

50) 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

51) 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 = 5; total points available = 7.*

Table 26: Language Access Information Methods

Criteria	Yes	No
A. Frontline and outreach by bilingual or multilingual staff (CCO staff and provider staff)	( )	( )
B. Posters in public areas in clinics	( )	( )
C. "I Speak" language identification cards distributed to frontline CCO and provider staff	( )	( )
D. CCO and providers websites	( )	( )
E. Social networking websites (e.g., Facebook, Twitter, other)	( )	( )
F. Email to members or a listserv	( )	( )
G. Community-based organizations (CBOs), Community Advisory Councils (CACs), or Regional Health Equity Coalitions (RHECs)	( )	( )

52) Does your CCO inform LOE and Deaf and hard of hearing members about resources they can use to schedule an appointment with a provider? *Must pass beginning MY2026 (year 6) by answering "Yes"; total available points = 1.*

( ) Yes

( ) No

53) Does your CCO inform LOE and Deaf or 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

54) Does the main page of your website include non-English information that is easily accessible to LOE 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.

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

Table 27: Component 1 Minimum Points

Year	Points	Percentage
Total possible points for Year 1 thru 3=	**102**	
Year 1 (2021) minimum points required =	46	45.1%
Year 2 (2022) minimum points required =	56	54.9%
Year 3 (2023) minimum points required =	77	75.5%
Total possible points Year 4 =	**115**	
Year 4 (2024) total minimum points required =	83	72.2%
Total possible points Year 5 =	**121**	
Year 5 (2025) total minimum points required =	97	80.2%
Total possible points Year 6 thru 7 =	**132**	
Year 6 (2026) total minimum points required =	110	83.3%
Year 7 (2027)* total minimum points required =	110	83.3%

*No changes to Component 1 between Year 6 & 7.

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Appendix 3: Quantitative Interpreter Services Reporting Template

This template has been updated for full population reporting. CCO should only submit a data table with 'one row per visit' using the columns specified below.

Data submission deadline is April 1st, 2028.

Table 2830: Quantitative Interpreter Services Reporting Template

Column Name	***Valid Input Value***	***Instructions***	***Field Type***
CCO Name	CCO Name	Corresponds to Health Analytics reporting CCO Name	Required
Member ID	Member's Medicaid ID		Required
Interpreter need flagged in MMIS	Yes No	Use this field to confirm whether the member has interpreter needs flags in MMIS. CCO can include additional visits from members needing or utilizing interpreter services but do not have interpreter information in OHA's system by selecting No in this field. See specifications, the Eligible Population section for detail.	Required
Type of Care	Physical Mental/Behavioral Dental	The person can have multiple types of care on the same day. See appendix 4 of the technical specifications for reference to potential methodology.	Required
Visit Type/Care Setting	Visit Type: Inpatient Stay Emergency Department Office Outpatient Home Health Telehealth Other	On a given visit date, each type of care should have only one visit type/care setting. The visit type listed is determined based on the following hierarchy: Inpatient Stay Emergency Department Office Outpatient Home Health Telehealth Other For example, if a person had an emergency room visit and was admitted for an inpatient hospital stay, CCOs should report the inpatient visit for one type of care. If a person had an office outpatient visit and a telehealth appointment for only one type of care, CCOs should report the office outpatient visit. If the person has more than one type of care in a day, report each type of care separately. If the member has a physical health office outpatient visit and a dental health office outpatient visit on the same day, report both visits separately. Please see appendix 4 of the technical specifications on the Oregon Health Grouper (OHG).	Required

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Visit Date	YYYY/MM/DD	For an inpatient stay, CCOs should report the admission date as the visit date and one inpatient stay in a facility as one visit regardless of the total length of stay. If the patient is transferred to a different facility, CCOs should count as a separate visit.	Required
In-person Interpreter Service (or in-language visit[1])	Yes No	Answer Yes or No for all three fields. Reporting of in language provider visits is optional in MY2027. Indicate Yes if the CCOs data collection system for the measure indicates Yes for interpreter services (or in-language provider services, if reporting), or all possible data sources were reviewed for the use of language assistance services and it was found the member received interpreter services (or in-language provider services, if reporting) during the visit. Indicate No if the CCOs data collection system for the measure indicates No for interpreter services (or in-language provider services, if reporting), or all possible data sources were reviewed and cannot find any evidence that interpreter service (or in-language provider services, if reporting) was provided for the visit. Leave the modality fields blank if the visit does not exist in the CCOs data collection system for the measure, or there are other known data sources for language services and the CCO is unable to review and report on these data sources. For example, the clinic orders/pays for the interpreter services and keeps the records, but the data is not tracked at the member and visit-level detail (unable to capture the required reporting data elements), or the CCO cannot retrieve the data during the hybrid review process.	Required
Telephonic Interpreter Service (or in-language visit[1])	Yes No		Required
Video Remote Interpreter Service (or in-language visit[1])	Yes No		Required
Language Interpreted	3-Letter ISO 639 Language Code	Fill out field if the member received interpreter services or had an in-language provider visit. Field should reflect what non-English language was primarily spoken with the member during the visit.	Required
Was the Interpreter (or in-language provider[1]) OHA Certified or Qualified ?	OHA Certified OHA Qualified Not Certified or Qualified Blank - Unknown or Not Applicable	OHA Certified and OHA Qualified should be used for visits with interpreter services where the interpreter, provider, or bilingual staff has an OHA registry number. If OHA Certified or OHA Qualified is indicated, a valid OHA Registry number must be provided in the next field. Indicate Not Certified or Qualified if the interpreter, bilingual staff, or in language provider was not OHA certified or qualified.	Required if Yes for any of the three language service modality fields (In Person, Telephonic, Video Remote).

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Interpreter's OHA Registry Number	OHA Registry Number	If multiple OHA certified and/or qualified health care interpreters were used, please report only one interpreter's OHA registry number. OHA will confirm the submitted value exists on the OHA registry number. Only records with valid OHA registry numbers count towards the incentive quality language access rate.	Required if OHA Certified or OHA Qualified is indicated
If visit had in language provider, was the provider a native speaker or did the provider pass a proficiency test[1]?	Yes No Blank	Yes – The primary performing provider was a native speaker or passed proficiency test No – The primary performing provider was not a native speaker and did not pass a proficiency test Blank - Unknown or Not Applicable Only the primary performing provider for the visit qualifies for these two options. This field is not available to other supporting providers or general clinic staff. Indicate yes for a provider who is a native speaker or passed proficiency test. The field should ONLY be indicated if the in-language provider is a native speaker of the same preferred language of the member or has passed the proficiency test in the member's preferred language (see requirements on page 7). The CCO must have documentation that the provider's native language and/or proficiency test languages match (e.g., a provider passed proficiency test for Korean does not qualify for a member with preferred language as Spanish). Only records with the provider meeting these requirements count towards the incentive quality language access rate. CCO must attest to tracking language proficiency tests and matching languages in Component 1 question #43 and #44 to qualify for numerator credits. Indicate No if the provider is not a native speaker of the member's preferred language and has not passed the proficiency test in the member's preferred language. Leave blank if native speaker or proficiency test records are not tracked.	Optional

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Was the Interpreter a Bilingual Staff	Yes No Blank	Yes - Bilingual Staff No - No Bilingual Staff Blank - Unknown or Not Applicable Do not use this field for the primary performing provider who provides an in-language visit. Bilingual staff services do not automatically qualify for numerator hits unless the staff (is OHA qualified or certified for interpreter services, or the in-language visit provider has passed the proficiency test for the member's preferred language. 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 and certified, or take a proficiency test	Optional
Did the member refuse Interpreter Service	Yes No Blank	Yes - Member Refused Interpreter Services No - Member did not Refuse Interpreter Services Blank - Unknown or Not Applicable If no records of member refusal exists, member did not refuse (fill in No in template) can be indicated.	Required if No for all of the three language service modality fields (In Person, Telephonic, Video Remote)
Reason for Member Refusal	1 2 3 4 5 Blank	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 5 – Member does not need interpreter services for the visit Blank - Unknown or Not Applicable Scenario 1: The member confirms the provider for the visit can perform in-language service and therefore refused interpreter service. To note, if the in-language service provider is OHA certified or qualified or has passed the language proficiency requirements, it could be a numerator hit for the metric. Scenario 2: OHA recommends initiating correction of the interpreter flag in MMIS. Scenario 5: The member decides to refuse interpreter service for this reported visit, but the member may need language services for other visits.	Required if No for all of the three language service modality fields (In Person, Telephonic, Video Remote)

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		Visits with refusal reasons 1,2 or 5 can be excluded IF the CCO attests collecting corresponding information in the CCO self-assessment survey question #15. Scenarios 3 and 4 do not qualify for denominator exclusion.	
Hospital Facility Name	Text	Report facility name when the visit is with a hospital facility. See Appendix 5 for facility name reference table.	Hospital and Emergency Department visits[2] only; required
Hospital Facility NPI	numeric	Report facility name when the visit is with a hospital facility. Provide the facility's NPI for the hospital location the patient is receiving services, as specified in OAR 410-120-0000(198). DO NOT provide the NPI or any other identifier associated with a health care professional. "National Provider Identification (NPI)" means federally administered provider number mandated for use on HIPAA covered transactions; individuals, provider organizations, and subparts of provider organizations that meet the definition of health care provider (45 CFR 160.103) and who conduct HIPAA covered transactions electronically are eligible to apply for an NPI. Medicare and Medicaid covered entities are required to apply for an NPI.	Hospital and Emergency Department visits[2] only; required
Good Faith Effort	Yes No Blank	Yes – The visit had documented GFE No – The visit did not have documented GFE A visit with good faith effort (GFE) can be flagged for exclusion if ALL the criteria below are met: 1. The health care provider has searched the OHA HCI registry and is unable to schedule an OHA certified or qualified interpreter consistent with OHA guidance. This must be reconfirmed and documented for every visit. 2. A non-OHA certified/qualified interpreter is provided.	Optional starting MY2026

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		3. CCO attests to having met Component 1 attestation questions 10, 11, 12, 25, 31 thru 34, and 41 for all other components of good faith effort.	

[1] In language provider who is a native speaker or has passed a proficiency test in member's preferred language reporting is optional in MY 2027. See page 7 for requirements.

[2] Hospital visit means the member received a qualifying visit from an on or off campus-based hospital facility inclusive of inpatient, outpatient, emergency room, ambulatory surgery, and telehealth services.

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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 measure[15].

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, and claim lines containing modifier code 26 or place of service (POS) 81 are excluded[16].

Table 2931:OHG to HEM Crosswalk

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 Adjuctive General Services (Unbucketed)	dental	Office Outpatient
I-01	Ip-Ther-Abort-Ip-Hosp	physical	Inpatient
I-02A	Ip-Mh-Acute-Ip-A	mental/behavioral	Inpatient
I-02B	Ip-Mh-Acute-Ip-B	mental/behavioral	Inpatient
I-03	Ip-Acute-Detox	mental/behavioral	Inpatient
I-04	Ip-Steril-Maternity	physical	Inpatient
I-05	Ip-Hyster-Hosp	physical	Inpatient

[15] More detail documentation in excel format is available on the metrics website: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

[16] This exclusion is to avoid counting visits from independent lab claims or providers interpretation of test results without provider and patient interpretation. With the visit setting hierarchy, higher level qualifying visits on the same day can still be identified and be included in the report.

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
I-06	Ip-Steril-Hosp-F	physical	Inpatient
I-07	Ip-Post-Hosp-Ext-Care	physical	Inpatient
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-15A	Ip-Or-Spec-Drg-Rehab	physical	Inpatient
I-15B	Ip-Or-Spec-Drg-NeoNates	physical	Inpatient
I-99	Inpatient Unbucketed	physical	Inpatient
M-01	Emergency Lifeflight	exclude	exclude
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

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
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 = Muti-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

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
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
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

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
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
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

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
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
M-82	In-Lieu of Service (ILOS)	physical	Other
M-83	Health-Related Social Needs	Under review	Under review
M-84A	Peer Provider Supports without Substance Abuse Diagnosis	*mental/behavioral*	Other
M-84B	Peer Provider Supports with Substance Abuse Diagnosis	mental/behavioral	Other
M-98A	Professional MH unbucketed	mental/behavioral	Other
M-98B	Professional SUD unbucketed	mental/behavioral	Other
M-98C	Professional MH/SUD unbucketed	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

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
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
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

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
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
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

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CDE OHG	OHG Description	HEM Type of Care	HEM Care Setting
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, 99473, 99474, 99091, D9995, D9996, G0425-G0427, G0508, G0509, G2010, G2012, G2025, G2061-G2063, Q3014 or
- Modifier: GT, GQ, G0, 95, or
- Place of Service code: 02 or 10

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.

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Appendix 5: Hospital Facility Names and NPI

This list is not an exhaustive of all hospital facility NPIs in use and is meant to provide general guidance. NPIs will be updated on an annual basis. As previously noted, if choosing to report the hospital facility name and NPI, report the facility NPI of the hospital and not the professional health care provider level NPI. A known hospital facility NPI should still be reported even if it is not on the list below.

Table 3032: Hospital Facility Name and NPI

Facility Name	Primary NPI	Secondary NPI
Adventist Columbia Gorge Medical Center	1275880148	1306842752
Adventist Medical Center	1801887658	
Adventist Tillamook Regional Medical Center	1871575225	1184607020
Asante Ashland Community Hospital	1386644029	1407271398
Asante Rogue Valley Medical Center	1770587107	
Asante Three Rivers Medical Center	1801891809	1598895690
Bay Area Hospital	1225016561	
Blue Mountain Hospital	1356414395	
Columbia Memorial Hospital	1134146939	
Coquille Valley Hospital	1730223967	
Curry General Hospital	1487696985	
Good Shepherd Medical Center	1295789667	
Grande Ronde Hospital	1467446195	
Harney District Hospital	1285742338	
Kaiser Sunnyside Medical Center	1124182902	
Kaiser Westside Medical Center	1891048807	
Lake District Hospital	1376698522	
Legacy Emanuel Medical Center	1831112358	
Legacy Good Samaritan Hospital	1780608216	1679597108
Legacy Meridian Park Medical Center	1184647620	

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Facility Name	Primary NPI	Secondary NPI
Legacy Mount Hood Medical Center	1255354700	
Legacy Silverton Medical Center	1669424354	
Lower Umpqua Hospital	1003874819	1538249081
McKenzie-Willamette Medical Center	1568413573	
Mercy Medical Center	1023306800	1477590198
OHSU Health Hillsboro Medical Center	1275591984	
OHSU Hospital	1609824010	
PeaceHealth Cottage Grove Medical Center	1902892391	
PeaceHealth Peace Harbor Medical Center	1578552402	
PeaceHealth Sacred Heart Medical Center - Riverbend	1083888515	
Pioneer Memorial Hospital - Heppner	1376572099	
Providence Hood River Memorial Hospital	1255429338	
Providence Medford Medical Center	1689755670	
Providence Milwaukie Hospital	1215168711	1366536963
Providence Newberg Medical Center	1952482275	
Providence Portland Medical Center	1003991845	
Providence Seaside Hospital	1578500492	1952449985
Providence St Vincent Medical Center	1114015971	1083866933
Providence Willamette Falls	1912282369	
Saint Alphonsus Medical Center - Baker City	1386636355	1326313305
Saint Alphonsus Medical Center - Ontario	1891891792	1013276831
Salem Health Salem Hospital	1265431829	
Salem Health West Valley Hospital	1245237486	
Samaritan Albany General Hospital	1154372340	
Samaritan Good Samaritan Regional Medical Center	1962453134	1811235070

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Facility Name	Primary NPI	Secondary NPI
Samaritan Lebanon Community Hospital	1689625980	1790928125
Samaritan North Lincoln Hospital	1306897491	
Samaritan Pacific Communities Hospital	1801847066	
Santiam Memorial Hospital	1154302214	
Shriners Hospital for Children	1982793139	
Sky Lakes Medical Center	1659340370	
Southern Coos Hospital & Health Center	1417094145	1588684484
St Anthony Hospital	1649276734	
St Charles - Bend	1982621447	
St Charles - Bend Redmond Campus	1225056146	
St Charles - Madras	1356389894	
St Charles - Prineville	1972699106	1710160445
Wallowa Memorial Hospital	1558366229	
Willamette Valley Medical Center	1346269982	

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