OREGON HEALTH AUTHORITY

Health Policy and Analytics Division
CCO Quality Incentive Program

2026

Frequently Asked Questions

Meaningful Language Access (Health Equity) Measure

Introduction

This frequently asked question (FAQ) document answers general questions related to the *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,* or MLA measure. For more information about the MLA measure, and to view additional resources, visit the CCO Quality Incentive Program webpage.

Definitions

- **Rendering provider:** For purpose of the MLA measure, the rendering provider is the primary clinical staff delivering services at a visit. Sometimes this is referred to as a "primary performing provider" or "main provider."
- **In-language provider:** The rendering provider that delivers services to a patient in their preferred language and the CCO has documented proof of the rendering provider's language proficiency.
- **Documented language proficiency:** When in-language providers demonstrate language proficiency for the MLA measure by either meeting education requirements (for native speakers) or through language proficiency testing, and document this with their CCO.
- **Credentialed interpreter:** A health care interpreter that is certified or qualified by the Oregon Health Authority (OHA) and is listed in the health care interpreter (HCI) central registry.

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General information about the MLA measure

What is the purpose of the MLA measure?

The Meaningful Language Access (MLA) measure supports an individual's right to communicate with health care providers in the language they feel most comfortable using. It ensures that members who communicate in a language other than English and members who are deaf or hard of hearing receive meaningful access to culturally appropriate and high-quality language access services.

The measure also increases accountability for providers, health systems and CCOs to provide quality language access services by collecting health care interpreter (HCI) and in-language service utilization data. The MLA measure specifications are not legal requirements for language access in the state of Oregon or federal law. Instead, the MLA measure provides a foundation for quality improvement work on language access and fixing systemic inequities in the healthcare system.

Which laws require CCOs and providers to offer language access services?

Coordinated care organizations (CCOs) should obtain their own legal advice about language access requirements. Below are federal and state laws and policies that require working with health care interpreters in health care settings.

- ORS 413.552 requires providers to work with an OHA-certified or OHA-qualified health care interpreter when administering health care services.
- OAR 410-141-3515 and 950-050-0180 require CCOs to work with OHA-certified or OHA-qualified health care interpreters to assure the quality of spoken and sign language interpretation.
- OAR 950-050-0160 outlines similar requirements, including what counts as a documented good faith effort attempt to schedule with an OHA-certified or OHA-qualified health care interpreter listed in the HCI central registry.
- Title VI of the Civil Rights Act, The Americans with Disabilities Act and Amendments Act of 2008, and Section 1557 of the Affordable Care Act **require any entity that receives federal funding, including Medicaid dollars, to provide meaningful language access** to persons who prefer a language other

than English and sign language interpretation for Deaf and Hard of Hearing persons, at no cost, during all healthcare encounters. The requirements apply to all providers regardless of size, including pharmacies, hospitals, primary care offices, occupational therapists, dentists, mental health providers, labs, and community-based organizations, among others.

- 42 CFR 438.10 requires that all Medicaid members are aware of the availability of language access services and have access to translated CCO materials.

What resources are available to help CCOs and providers provide language services?

Increasing Language Access in Oregon: A Workbook for Providers is available as a resource for providers and health systems, covering the following topics:

- Increasing organizational capacity for language services
- Defining credentialed (OHA-certified and OHA-qualified) interpreters
- Steps and best practices for providing interpreter services
- What is the Oregon Health Care Interpreter Registry?
- Meaningful Language Access Measure
- Appendix: A practical workflow for providers

What is the Health Care Interpreter (HCI) Program?

One of the main roles of the Health Care Interpreter (HCI) Program is to help health care interpreters (HCIs) in Oregon become trained and qualified or certified interpreters. To learn more about the program, visit the Health Care Interpreter (HCI) Program website.

Where can I find the latest MLA measure specifications?

All specifications and materials are on the CCO Quality Incentive Program webpage.

Where can I find information on statewide and CCO-level performance on the MLA measure and other measures?

The CCO Quality Metrics Dashboards and Reports webpage has the most recent reports available. MLA metric performance can be viewed in both the CCO Metrics Final Report and the CCO Performance Metrics Dashboard.

What parts of the MLA measure are incentivized?

The MLA measure has two components that CCOs must meet as part of the CCO Quality Incentive Program.

- **Component 1** of the MLA measure, the CCO **self-assessment survey**, focuses on the availability of language services within CCOs and their provider network. Each section of the CCO self-assessment has a specific number of must-pass questions and minimum required points. To meet the benchmark, the CCO must:
    a. answer all survey questions,
    b. pass the questions required for that measurement period, and
    c. meet the minimum points required for that measurement year.
- **Component 2** is a **quantitative report** that assesses how well providers and CCOs met patient language needs. For each measurement year, the CCO Quality Incentive program publishes the technical specifications and benchmarks, improvement targets, and other requirements needed to pass the measure on the CCO Quality Incentive Program webpage.

  The incentive measure rate calculation is the percentage of health care visits with high quality language access services. CCOs must meet improvement targets to pass this component of the measure. The measure is:

$$\frac{\text{\# Visits with Language Services Provided* (numerator)}}{\text{\# Visits that Needed Language Services (denominator)}}$$

*by an OHA-qualified or -certified health care interpreter or an in-language provider (clinician) with documented language proficiency

Component 1: CCO Language Access Self-Assessment Survey

How does OHA define language triaging?

For the purposes of the MLA measure, language triaging refers to a telephonic system (i.e., multilingual phone tree or multilingual integrated voice prompts) that allows callers who communicate in a language other than English to hear and respond to the

automated options presented over the phone in the language they feel most comfortable using.

We use the term “language triaging” instead of “multilingual phone trees” to include clinics that may not have the resources to implement an automated system but can still develop a workflow for how to communicate effectively with members. For example, a clinic may provide a simple script for their scheduling and front desk staff to inform callers of language services available to them.

There is no standard process for conducting language triaging, but OHA staff are available to help CCOs problem-solve.

What is the intent of the component 1 question, “Does your CCO inform LOE and Deaf and Hard of Hearing members about resources they can use to schedule an appointment with a provider”?

This question assesses if CCOs are providing notice of language access services and resources to members who communicate in a language other than English and Deaf or Hard of Hearing members, especially when scheduling an appointment over the phone (by calling the clinic) or online (on CCO or clinic websites). Examples of this could include sharing translated materials with notice of navigator resources and step-by-step instructions for members who communicate in a language other than English to schedule an appointment online in their preferred language.

Component 2: Percent of Visits with Interpreter Needs where Language Access Services were Provided

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

All OHA-certified and OHA-qualified health care interpreters (HCIs) have a unique registry number (usually five to six digits). The HCI registry can be used to confirm if an interpreter has current credentials. If you cannot find an interpreter’s registry number, contact HCI.Program@odhsoha.oregon.gov. OHA also sends out a monthly list with all HCI interpreter registry numbers (**monthly HCI registry list**) where you can look up an interpreter’s registry number.

How should CCOs and providers use the monthly HCI registry list?

The **monthly HCI registry list,** sent via the CCO TAG listserv, is shared with CCOs to help validate HCI registry numbers submitted by providers for the MLA measure.

This list includes the following information (for the previous 18 months):

- All health care interpreters with an HCI registry number (including active and inactive interpreters).
- Multiple rows if the HCI has transitioned from being an OHA-qualified interpreter to an OHA-certified interpreter.
- A row for each language in which an HCI has been an OHA-qualified and/or OHA-certified interpreter.

This list does not include:

- Interpreter contact information
- Interpreter scheduling availability

To get the monthly HCI registry list, contact Metrics.Questions@odhsoha.oregon.gov.

What is the health care interpreter registry?

HCI central registry is a searchable, public database of all OHA-certified and OHA-qualified health care interpreters. **The HCI central registry list contains:**

- The interpreter's registry number, name, service areas and language(s) they are OHA-certified or OHA-qualified to interpret in.
- Interpreters with active credentials.
- An availability field with the interpreter's schedule for interpreting, phone number, address, and/or email (only for interpreters who wish to be contacted).
- A filter for contactable and non-contactable HCIs.

To download the HCI central registry list:

- Visit the **HCI central registry**
- Click **Search**

- Click **Download a Spreadsheet** (located under the “Search Results” heading).

What is the Language Access and Interpreter Services Report?

The **Language Access and Interpreter Services Report** is a spreadsheet (previously referred to as a template) used to calculate component 2 of the MLA measure. This report is required and available on the CCO Contract Form webpage under **Other Reports.**

The Language Access and Interpreter Services Report must be submitted twice yearly to CCO Contracts. OHA will provide quality feedback on the October 1 submission. The April 1 submission will be used to calculate component 2 of the MLA measure to reduce administrative burden on CCOs. The Language Access and Interpreter Services Report must follow with the component 2 MLA measure specifications for the applicable year, as posted on the CCO Quality Incentive Program webpage.

How should the HCI central registry identifier be reported?

The HCI central registry identifier is usually five or six digits. In the past, some identifiers were alphanumeric (i.e., HCI0000).

OHA prefers that CCOs submit the HCI registry number as a numeric field when reporting visits for members with language access needs in the Language Access and Interpreter Services Report. OHA uses this report to calculate Component 2 of the MLA measure.

If an interpreter’s credentials have expired, does the visit count toward the MLA measure?

The MLA measure specifications (available on the CCO Quality Incentive Program webpage) don’t require the interpreter to have an active OHA-certified or OHA-qualified status at the time of the service nor at the time of data collection or reporting. For example, in the 2023 calculation, OHA gave credit to all valid HCI numbers assigned as of April 15, 2024.

Please note that health care providers, language service companies and CCOs are required to work with central registry-listed, OHA-certified or OHA-qualified interpreters when available, in alignment with OAR 950-050-0160 and 950-050-0180.

How should cancelled visits be reported?

If a visit for a member with an identified language need never occurred, regardless of whether it was a cancellation or a patient no-show, it should not be reported.

How should long inpatient stays with multiple providers be reported?

To reduce administrative burden, the 2026 MLA measure specifications call for reporting long inpatient stays with multiple providers as one visit for a unique inpatient stay. CCOs can combine all claims during the entire inpatient stay into one reported event and report one "maximum qualification" of any language access services provided throughout the entire stay.

CCOs can also choose to report the professional services or visit as separate events during the stay (in addition to the single inpatient event) and get separate numerator credits for language services provided at separate visits.

Please note: Reporting for the MLA measure and legal requirements around language access services are **different**. Healthcare providers must provide language access services for all communication during an inpatient stay. This reporting requirement should not be seen as the legal requirement for inpatient language access services.

Should deceased members be included in component 2 of the MLA measure?

Deceased members are excluded from the measure-eligible population. All visits from members who died in the year should be excluded from the component 2 reporting.

What visits qualify for component 2 of the MLA measure?

The MLA measure technical specifications for each year (available on the CCO Quality Incentive Program webpage) contain denominator exclusions in the component 2 section. Additionally, detailed medical billing codes are available in the Oregon Healthcare Grouper appendix of the technical specifications to indicate which types of visits should be included.

For example, OHA received a question about whether dialysis visits are included. Dialysis visits are included in the MLA measure since dialysis involves patient interaction and is not classified as an ancillary service in the Oregon Health Grouper

(see Appendix 4 of the 2026 MLA measure technical specifications). Dialysis is mapped to the M-60 classification. Dialysis visits should be reported in the same manner as all other qualifying visits under the MLA metric.

What coverage codes should be included in component 2 of the MLA measure?

The MLA measure includes all CCO coverage types and eligibility categories and does not have any continuous enrollment requirements. OHA uses the Language Access and Interpreter Services Report to calculate component 2 of the MLA measure. OHA requires that CCOs report all members in the eligible population, including Healthier Oregon Program (HOP) and Basic Health Plan (BHP) members. However, due to federal rules related to incentive programs, HOP and BHP member results are excluded from the quality rate used for determining incentive funds.

What CCO members should be included in component 2 of the MLA measure?

Members who have self-identified their spoken or sign language interpreter needs and have this reflected in the Medicaid Management Information System (MMIS) are included in component 2. Members mainly have this need indicated through the ONE system. MMIS interpreter need data is communicated to CCOs through the 834 file.

In the 834 file, members with spoken language interpreter needs are identified as:

- IND_INTERPRETER = Y
- Or CDE_INTERPRETER_TYPE = Black/NULL

The CCO must include all members with identified interpreter needs in the 834 MMIS file. CCOs report component 2 data to OHA in Language Access and Interpreter Services Report.

CCOs can include additional members with interpreter needs in the Language Access and Interpreter Services Report. All visits for these additional members must be included, not just the visits where the member received interpreter services.

Does remote interpretation count toward the measure numerator?

Yes, remote interpretation is allowed by the MLA measure and is a numerator hit if the interpreters are OHA-certified or OHA-qualified.

Does a family member or friend interpreting for a member count toward the MLA measure numerator?

No, visits where a family member or friend interpret for a member do not count toward the MLA measure numerator. If the member is told that an OHA-certified or OHA-qualified interpreter is available at no cost, they decline interpretation, and the member chooses to work with an accompanying adult instead, this decision should be clearly documented to show that the member made an informed choice. In such cases, denominator exclusion 5 can be used in the Language Access and Interpreter Services Report. This denominator exclusion cannot be assigned for this scenario unless the visit meets the exception criteria listed above.

At what age are patients able to refuse interpreters for themselves?

Age of consent may vary by health care setting type. In Oregon, the age of medical consent is generally 15 years of age, at which point a pediatric patient can refuse an interpreter service for themselves. Separate from the MLA requirement, the best practice is to verifiably document such refusals.

In-language providers

What is the difference between a visit with an in-language provider and a health care interpreter?

In-language provider visit

- An **in-language provider visit** is when the rendering provider speaks directly with the patient in the patient's preferred language and the CCO has documented proof of language proficiency of the rendering provider. In these visits, an interpreter is not needed.

Health care interpreter visit

- A **health care interpreter visit** is when a health care interpreter interprets between the rendering provider and the patient. The interpreter communicates

in both English and the preferred language of the patient. The person interpreting may be a health care interpreter, nurse or other clinic staff. While this **does not count** as an in-language provider visit, it may count as health care interpreter visit if the interpreter is an OHA-certified or OHA-qualified. The interpreter's first and last name, HCI central registry number, and the language interpreted must be submitted and recorded with the visit.

In rare cases, a provider who is sometimes an in-language provider may also be an OHA-certified or OHA-qualified interpreter and interpret for other rendering providers. In these cases where a provider interprets between a patient and another rendering provider, the provider needs to also be an OHA-certified or OHA-qualified health care interpreter.

How does an in-language provider visit count toward the MLA measure?

In-language provider visits *with* documented language proficiency

- A visit where the rendering provider conducts a visit in the language the member prefers (sign language or the non-English language), and has **documented language proficiency** in that language, counts toward the MLA measure (numerator credit).

In-language provider visits *without* documented language proficiency

- A visit where the rendering provider conducts a visit in the language the member prefers (sign language or the non-English language), **but the rendering provider does not have documented language proficiency,** does not count toward the MLA measure (no numerator credit). However, this visit type **may be excluded** from the MLA measure for that visit if there is documented evidence that the member:
    - Refused the offer of interpreter services free of charge.
    - Attested that they were satisfied with the direct communication for this type of in-language visit.
    - Refused any type of interpreter services, including different clinic staff.

  This visit may be documented as "Member Refusal Reason 1" in the Language Access and Interpreter Services Report.

Visits with staff interpreters

- A visit counts toward the MLA measure **only** if the clinic staff interpreting is an OHA-certified or OHA-qualified health care interpreter.

What is "documented language proficiency" for in-language providers?

For an in-language visit to count toward meeting the MLA measure (numerator credit), CCOs must **confirm and document** that in-language providers have met the language proficiency requirements for the measure.

Providers may demonstrate language proficiency for the MLA measure by either meeting education requirements (for native speakers) or through testing.

Any of the options listed below can be used to demonstrate language proficiency:

- A **college or graduate degree** (bachelor's, master's, doctorate, or similar) from a higher education institution where classes were mainly taught in the non-English language, and the provider is a native speaker of that language.
- **High school graduation** from a country where classes were mainly taught in the non-English language, and the provider is a native speaker of that language.
- **Approved language proficiency tests** are posted on the HCI Program webpage. Test results must be no more than four years old at the time of verification and do **not** need to be retaken after initial verification.

CCOs should keep a copy of providers' test results (certificate of completion with a score) or documentation of meeting educational requirements, whichever is applicable.

Do in-language providers need an HCI central registry number?

Generally, no. Only OHA-certified or OHA-qualified interpreters have HCI registry numbers. However, if an in-language provider is also an OHA-certified or OHA-qualified interpreter, the provider would have a registry number.

Do native speakers count as in-language providers for the MLA measure?

Yes, if they meet educational requirements and provide documentation to their CCO. Organizations may still choose to require proficiency tests for in-language providers.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact metrics.questions@odhsoha.oregon.gov or 503-931-4567. We accept all relay calls.

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