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Increasing Language Access In Oregon: Learning Modules



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HEALTH
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Chapter 5: Meaningful Language

Access Measure

Chapter 5

Discusses Oregon's Meaningful Language Access measure

Chapter 5. Meaningful Language Access Measure

In this chapter, we will learn about Oregon's meaningful language access (MLA) measure. The full name of the measure is 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. Throughout the document and this chapter, we refer to the measure as "MLA measure."

The MLA measure is part of [Oregon's Quality Incentive Program](#), which gives coordinated care organizations (CCOs) the opportunity to earn financial bonuses each year by improving on a set of health care quality measures.

What is the MLA measure?

The 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. The language service utilization data requirements for language access measure provides a foundation for tracking progress in language access and fixing systemic inequities.

Why is it important to collect data?

Collecting data on language access is an important part of the language access efforts. It allows providers, health systems, and CCOs to identify gaps in access remain. These insights can help providers make changes to their policies and workflow changes to make it easier for members to communicate. Documenting when you work with interpreters and in-language providers can demonstrate compliance with state and federal laws.

Table 5. Components of the MLA measure

Self-assessment survey (component 1)	Detailed questions about policies, workflows, and infrastructure to support language access
Quantitative report (component 2)	Percentage of member visits where language services were provided by OHA-certified or -qualified interpreter or by in-language providers who meet proficiency standards

Self-assessment survey

Component 1 of the MLA measure, the **self-assessment survey**, focuses on the availability of language services within an organization and provider network. CCOs are responsible for implementing the activities outlined in the self-assessment survey. CCOs will guide providers on needed policies and procedures to meet component 1 requirements.

Chapter 5 Details

- Introduces Oregon's Meaningful Language Access (MLA) measure
 - Explains what the MLA measure is and why it matters.
 - Describes how it supports equitable communication and care quality.
- Highlights the components of the MLA measure
 - Describes the self-assessment survey, which focuses on policies and infrastructure for language access.
 - Describes the quantitative report, which tracks how often credentialed interpreters and in-language providers are scheduled.
 - Clarifies which visits count toward the measure and why accurate documentation is essential.

The MLA Measure

The MLA measure tracks how well health systems provide language access to patients who communicate in a language other than English and those who use sign language.

It helps ensure that patients receive safe, high-quality, and equitable care in the language they feel most comfortable using and increases accountability by collecting data on interpreter and in-language service use.

Why data collection matters:

- Shows how consistently interpreters and in-language providers are scheduled and helps identify where gaps in access remain.
- Guides training, resource allocation and workflow changes to make it easier for patients to receive services.
- Builds transparency and demonstrates compliance with state and federal requirements by documenting interpreter and in-language provider use.

The MLA Measure

Includes two components:

- **Self-assessment survey** – focuses on policies, workflows, and infrastructure to support language access.
- **Quantitative report** – tracks how often credentialed interpreters and in-language providers deliver care.

Self-Assessment Survey

Component 1 of the MLA measure is a self-assessment survey. It helps organizations evaluate how they currently support language access for patients who communicate in a language other than English or use sign language.

Coordinated care organizations:

- Implement the activities outlined in the self-assessment survey.
- Guide providers on needed policies and procedures to meet component 1 requirements.

Quantitative Report

Component 2 of the MLA measure evaluates how well providers and health care organization met patients' language needs over time.

Measures actual use of language access services during patient visits.

Calculated using data submitted through the Language Access and Interpreter Services Report.

Visits with Language Services Provided* (numerator)

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

Quantitative Report

The Language Access and Interpreter Services Report captures detailed visit-level information that OHA uses to calculate Component 2 scores.

The report includes the following data elements for Component 2:

- Medicaid Member ID
- Type of Care
- Care Setting
- Visit Date
- Modality of Language Service
- Language Interpreted
- Certified or Qualified Health Care Interpreter present
- OHA HCI Registry Number
- Proficient In Language Provider
- Interpreter was bilingual staff (optional)
- Member Refused Language Access (Y/N)
- Reason for Refusal
- Hospital Facility
- Hospital National Provider Identifier (NPI)
- Good Faith Effort

Visits Included in the MLA Measure Denominator

Visits for members with language access needs are included in the measure denominator, minus the following exclusions:

- A good faith effort to find a credentialed interpreter did not succeed and a non-credentialed interpreter was scheduled.
- A member declined interpreter services because they did not need language services for the visit.
- A member declined interpreter services because the visit was with an in-language provider without documented proficiency. An interpreter must be offered in this scenario.

Numerator: visits that meet the measure and get credit.

Denominator: visits that are eligible for the measure.

Exclusions: visits that are taken out of the denominator.

Numerator

Denominator - Exclusions

Visits Included in the MLA Measure Numerator

Visits that get credit toward the measure numerator:

- Visits with a provider with documented proficiency in the patient's preferred language.
- Visits with a credentialed interpreter, regardless of employment type (in-house, contracted, language service company).

Visits that do not get credit toward the measure:

- Visits with interpreters who are not credentialed, including bilingual staff.

Numerator: visits that meet the measure and get credit.

Denominator: visits that are eligible for the measure.

Exclusions: visits that are taken out of the denominator.

Numerator

Denominator - Exclusions

Thank You!

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