Quarterly Language Access Report Frequently Asked Questions

LANGUAGE ACCESS REPORTING

LANGUAGE ACCESS REPORT COMPONENTS

OHA CERTIFIED/QUALIFIED INTERPRETERS

CORRECTING A MEMBER's INTERPRETER NEEDS FLAG

ADDITIONAL QUESTIONS

Language Access Reporting

1. What is the Quarterly Language Access Report?

The Quarterly Language Access Report is an Oregon Health Authority (OHA) contract requirement that was introduced in 2020. It asks CCOs to report on each patient encounter that required an interpreter, or an encounter where an interpreter was requested, but the patient denied language (interpretation) services. The report allows for clinics to record details such as type of language services used, whether the interpreter was an OHA certified or qualified care interpreter ([qualified and certified program requirements are listed here](#)), whether a bilingual staff member interpreted, or whether a bilingual clinician provided an in-language visit, by selecting from a list of predetermined reporting fields. See the Prefilled *Language Access Reporting form for Clinics* excel template for more details.

2. Is the Quarterly Language Access Report related to the Language Access incentive measure?

Yes. Starting in 2024, the Quarterly Language Access Reports will be utilized as the data source for Language Access Incentive Measure (*Meaningful Access to Health Care Services for Persons with Limited English Proficiency and Persons who are Deaf and Hard of Hearing*) reporting. Specifically, the Q4 2024 Language Access report submitted to the Oregon Health Authority (which contains language access report data from 1/1/24 to 12/31/24) will be used to calculate EOCCO's rate for the Language Access Incentive Measure.

The Language Access Incentive measure rate captures the percent of members with limited English proficiency (LEP) who receive health care interpretation from an OHA qualified or certified health care interpreter or who receive an in-language visit with a provider who has passed a proficiency test in the patient's preferred language.

See [EOCCO's 2024 Incentive Measure Guide](#) for more information.

2a. How is the Quarterly Language Access Reporting process changing now that it is the data source for the Language Access Incentive Measure?

The Oregon Health Authority has defined a specific OHP member population for inclusion in the Language Access Incentive Measure. The population includes all OHP members who have an interpreter needs flag in OHP Enrollment data (834 Eligibility File or MMIS).

OHA flags OHP members as having an interpreter need based on how members self-identify their spoken and written language preferences and/or assistive communication device needs when they enroll in the Oregon Health Plan.

Due to the specific member population included in the Language Access Incentive measure, EOCCO will now be sending all dental, mental/behavioral, and physical health providers pre-filled Quarterly Language Access reporting templates. These pre-filled reporting templates will include all visits that EOCCO members with an interpreter needs flag had at your clinic/provider office based on EOCCO service claim data. You will be asked to report on what language/interpreter services were provided during each member visit included in the prefilled reporting template. Please see Questions 5-9 for more detailed information on how to complete the prefilled Quarterly Language Access reporting template.

NOTE: EOCCO's claims data may not be inclusive of all visits that patients with sign or spoken language interpreter need had at your clinic. You can include additional visits beyond those included in the pre-filled reporting template. Be sure to include **at minimum** the patient's EOCCO Member ID, First Name, Last Name, DOB and indicate the Type of Care, Visit Type/Care Setting, and Visit Date within the template. Then identify what language/interpreter services were provided during the visit by completing columns K-U.

2b. Is Language Access Reporting Incentivized for 2024?

Yes. The Language Access Incentive measure is included in EOCCO's **2024 Quality Bonus Payment Formula.** This payment formula includes all the incentive measures that are tied to clinic quality payment funding [see formula below].

For 2024, Language Access is weighted at 4 points in the Quality Bonus Payment Formula, with 2 points available for reporting language access data.

To receive FULL (4) reporting points for Language Access, clinics must*:

1) Achieve the Language Access Incentive Measure target rate (which will be established by the Oregon Health Authority in June 2024) for the percent of visits that received quality health care interpretation from an OHA qualified or certified health care interpreter or had an in-language visit with a provider who has passed a proficiency test in that patient's preferred language
2) Submit data for all Quarterly Language Access reports
   - ☐ Q1 2024 Language Access Report
   - ☐ Q2 2024 Language Access Report
   - ☐ Q3 2024 Language Access Report
   - ☐ Q4 2024 Language Access Report

If clinics submit data for all the 2024 Quarterly Language Access reports but do not achieve the Language Access Incentive Measure target rate, they will receive 2 out of 4 points for the Language Access Incentive measure within the Quality Bonus Payment Formula.

Exceptions:

- If NO EOCCO members with an interpreter needs flag had visits at your clinic during the 2024 calendar year your clinic will not qualify for Language Access Incentive Measure points. That means the four Language Access reporting points will be removed from the Quality Bonus Payment formula when calculating the final quality payment.

2024 Quality Bonus Payment Formula:

Incentive Measure	Measure Type	Minimum Denominator	Points
Assessments for children in DHS custody	Claims	5 patients	4
Childhood Immunizations	Claims	10 patients	4
Immunizations for Adolescents	Claims	10 patients	4
Initiation and Engagement of SUD Treatment	Claims	10 patients	4
Preventive Dental Services- Ages 1-5 & 6-14	Claims	10 patients	4
Well Care Visits, Ages 3-6 & 7-21	Claims	10 patients	4

Meaningful Language Access	Hybrid	10 encounters	4 (report only 2)
Cigarette Smoking Prevalence	EHR	10 patients	4
Depression Screening	EHR	10 patients	4
Diabetes A1c Poor Control	EHR	10 patients	6 (report only 2)
SBIRT	EHR	10 patients	4
		Total Points:	46

3. Who needs to complete this report?

EOCCO is reaching out to all PCP, dental, and mental/behavioral health clinic administrators/staff or providers to help collect the data for these reports.

4. When are these reports due?

The Language Access reports are due approximately 3 months after the end of the previous quarter (see below for complete dates). Completed reports can be emailed securely to EOCCOmetrics@modahealth.com.

2024 Reporting Cycles and Due Dates:

Q1 2024	1/1/24-3/31/24		7/1/2024
Q2 2024	4/1/24-6/30/24		10/1/2024
Q3 2024	7/1/24 – 9/30/24		1/1/2025
Q4 2024	10/1/24-12/31/24		4/1/2025

* EOCCO is requesting the Q3 report early to accommodate those who will be out of the office in December

Language Access Report Components

5. Questions around using certain types of language services

Passport to Languages

EOCCO has a contract with Passport to Languages and can pull information for any visits where services <u>were used and billed to the EOCCO account</u>. If a clinic does not indicate that they are working with an EOCCO member when they call Passport to Languages, the EOCCO metrics team will not be sent that information. For more information on how to request a phone interpreter see Connecting to a Phone Interpreter on the EOCCO website.

Linguava

In addition to Passport to Languages, EOCCO offers interpretation services through Linguava. Linguava is an Oregon-based company that provides pre-scheduled and on-demand phone and video interpretation services. Having multiple contracted language service platforms available to our clinics and providers will help increase healthcare interpreter accessibility and availability.

Before clinics can use Linguava services they will need to sign a service agreement with Linguava. This is a one-time agreement that will provide you with an access code to request services for EOCCO members. EOCCO will be billed directly by Linguava for all services provided to EOCCO members. Please contact Linda@Linguava.com with any questions about Linguava's services or to sign a user agreement.

Note: If your clinic uses Linguava services, you are still required to report on <u>all visits</u> included in your Prefilled Quarterly Language Access Report template. For any visits that utilized Linguava for health care interpreter services, please list:

- How the Linguava interpreter joined the appointment by inputting '*Yes*' in the appropriate modality column: **In-Person Interpreter Service, Telephonic Interpreter Services or Video Remote Interpreter Service.**
- Whether or not the Linguava interpreter is an OHA certified or qualified interpreter in **Was the Interpreter OHA Certified or Qualified** report column by selecting: '*OHA certified'* '*OHA qualified'* or '*Not OHA Certified or Qualified'*. If the Linguava interpreter is OHA certified or qualified include their unique OHA Health Care Interpreter registry number in the **Interpreter's OHA Registry Number** column.
  - See Question 11 below for how to identify if a health care interpreter is OHA certified or qualified and include the staff member's OHA health care interpreter registry number if they are a qualified or certified interpreter.
  - If your clinic does not know if the Linguava interpreter who joined the appointment is OHA qualified or certified, please note "LINGUAVA INETPERTER" in the **Notes From Clinic** column. EOCCO might be able to acquire this data from Linguava, but we encourage clinics work individually with Linguava to develop a system for capturing the Linguava Interpreter information (Such as Interpreter Name and OHA certified or Qualified status) at the <u>beginning</u> of an appointment for documentation in the patient's chart note/EHR record, or within any Linguava reports or invoices (if applicable)

Bilingual Staff and In-house Interpreters

Interpretation provided by bilingual staff members should be recorded in the Language Access Report by selecting:

- '*Yes'* in the **Was the Interpreter a Bilingual Staff Member** report column
- How the staff member joined the appointment by inputting '*Yes'* in the appropriate modality column : **In-Person Interpreter Service**, **Telephonic Interpreter Services** or **Video Remote Interpreter Service**.
- Be sure to indicate if the bilingual staff member is an OHA certified or qualified interpreter in the **Was the Interpreter OHA Certified or Qualified** report column by selecting: '*OHA certified'* or '*OHA qualified'*. If the bilingual staff member is OHA certified or qualified include their unique OHA Health Care Interpreter registry number in the **Interpreter's OHA Registry Number** column.

    o See Question 11 below for how to identify if a health care interpreter is OHA certified or qualified and include the staff member's OHA health care interpreter registry number if they are a certified or qualified interpreter.

6. What types of patient visits are included in the Quarterly Language Access reports need to be included?

The following visit types are included in the Quarterly Language Access Reports:

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

Clinics do not have to report on pharmacy encounters, telephone encounters for medical questions, front desk and scheduling activities, and lab visits. For a full list of excluded visit types see this Language Access Reporting Resource created by the OHA.

7. What if a patient included in the Quarterly Language Access Reporting template does not have an interpreter need and interpreter services were not used during the patient's visit?

Occasionally, OHA's OHP member Enrollment File (834 File or MMIS) contains data that misrepresents patient's actual healthcare interpreter or language needs. If a patient does not have limited English proficiency or is bilingual/multilingual and does not need a language interpreter (i.e. prefers to have visits in English) this should be indicated in the Quarterly Language Access report.

To capture this information in the report, please select:

- '*Yes*' in **Member Refused Interpreter Services** column
- '*Member confirms interpreter needs flag in MMIS is inaccurate*' in **Reason for Refusal** column

Please see Question 14 below for more information on how to submit a request to EOCCO to have a patient's health care interpreter need flag REMOVED from OHA's Enrollment File data. **Removing a patient's health care interpreter need flag will exclude the patient from future Language Access Incentive Measure reporting**.

8. What if a patient brought a family member or a friend to interpret during a visit?

Patients should always be informed of their right to a health care interpreter. EOCCO has contracted with Passport to Language and Linguava to ensure quality interpreter services are accessible and available for EOCCO members free of charge.

For more information on how to request an interpreter through Passport to Language please reference the document **linked here**. To begin Linguava services, your clinic must sign a service agreement with Linguava. This is a one-time agreement that will provide you with an access

code to request services for EOCCO members. EOCCO will be billed directly by Linguava for all services provided to EOCCO members. Please contact Linda@Linguava.com with any questions about Linguava's services or to sign a user agreement.

If a patient refuses the health care interpreter services available at your clinic and decides to bring a family member or friend to their visit to interpret, this should be reported as a reason for refusal in language access hybrid reporting.

To capture this scenario in the report select:

- 'Yes' in **Member Refused Interpreter Services** column
- "Member confirms that interpreter needs flag in MMIS is inaccurate" in **Reason for Refusal** column

If a patient refuses interpreter services because they are unsatisfied with the interpreter services available, that scenario should be reported as:

- 'Yes' in **Member Refused Interpreter Services** column
- "Member is unsatisfied with the interpreter services available" in **Reason for Refusal** column

9. What if the visit provider speaks the patient's preferred language and no interpreter is needed?

If a provider speaks the patient's preferred language and is able to provide an in-language visit instead of using an interpreter, this is an allowable denominator 'exclusion' for the Language Access Incentive Measure. Please note that this exclusion only applies to the billing provider for the visit, not bilingual clinic staff. If a bilingual staff member provides interpretation during a visit, it should be reported as **Yes** in the "Was the interpreter a bilingual staff member" reporting field [See Question 5 above].

How to report for in-language visit with a bilingual provider scenario:

- Input '*Yes*' in **Did member refuse interpreter services** reporting field
- In **Reason for Refusal** reporting field selection option '*1- Member refused interpreter services because in-language visit provided*'
- In **If Visit had an in-language provider, did the provider pass a proficiency test?** Column indicate '*Yes*' or '*No*'
    - The reporting field should only be marked '*Yes*' if:
        - 1-The billing provider for the visit passed an OHA approved language proficiency test in the patient's preferred language within the last three years AND
        - 2- EOCCO has documentation of the provider's proficiency test score on file

9a. What are the OHA approved language proficiency tests?

For the Language access Incentive Measure, the following tests or scenarios qualify as a demonstration of language proficiency for bilingual providers:

Approved Test	Test Scale	Passing Test Score
Language Line Solutions	Interagency Language Roundtable (IRL)	2+ or higher
Language Testing International	American Council on the Teaching of Foreign Language (ACTFL)	Advanced mid-level or higher
Other Demonstrations of Provider Language Proficiency		
Bachelor, masters, or doctorate or any other degree from an institution of higher education where instruction is primarily in the non-English language and the provider is a native speaker of the non-English language		
Graduation from high school in a country where instruction is primarily in the non-English language and the provider is a native speaker of the non-English language		

Note: *The language proficiency test must be completed within the last three years to be considered valid.*

For more information on OHA approved demonstrations of language proficiency and proficiency testing, please reference the [Oregon Health Care Interpreter Program Requirements for Spoken Languages Guide](#).

9b. How to Submit Provider Language Proficiency Test Documentation to EOCCO?

If your clinic has providers who have taken a language proficiency tests within the past three years but have not yet submitted test certification documentation to EOCCO, please email: EOCCOmetrics@modahealth.com. EOCCO will send you a provider proficiency test spreadsheet to complete and return. Submitting provider proficiency test data to EOCCO is important to count in-language provider visits towards the Language Access Incentive Measure rate. This will help your clinic, and EOCCO, achieve the Language Access Incentive measure target.

9c. How to Schedule a Language Proficiency Test for a Provider?

Please reach out to EOCCOmetrics@modahealth.com to discuss language proficiency test options. EOCCO might be able to help subsidize or cover language proficiency test costs for a provider and assist with test scheduling.

You can also reach out to Language Line or Language Testing International directly to schedule a proficiency test for a provider.

Language Line: https://www.languageline.com/
Language Testing International: https://www.languagetesting.com/

OHA Certified/Qualified Interpreters

10. Why must CCOs and providers work with OHA qualified and certified HCIs to provide interpreter services?

According to the Oregon Health Authority's [Language Access FAQ and Talking Points](#) document:

- The primary goals are to:
  - Provide quality services
  - Improve and protect the member experience; and
  - Ensure that the individual providing interpretation services can accurately interpret health related information.
- Additional reasons include:
  - To comply with Oregon law (ORS 413.552) and the federal statutes mentioned above.
  - The quality and professionalism of OHA Qualified or Certified HCIs is nationally recognized based on their comprehensive training and recognition standards.
  - The accreditation and state registry enrollment process for OHA qualified and certified Health Care Interpreters (HCIs) provide convenient access to a state recognized and locally available quality workforce on the HCI registry. Working with OHA approved HCIs is good for the local economy.

11. How do I know if the interpreter I used was OHA qualified or certified?

In order to become an OHA qualified or certified Health Care Interpreter, a healthcare interpreter must demonstrate proficiency in English and the target non-English language, complete an OHA approved 60 hour Health Care Interpreter training program, and submit a Health Care Interpreter application.

See the Oregon Health Care Interpreter Program Requirements Document for more information.

Oregon-based language service providers (such as Linguava or Passport to Languages) may be able to provide you with information on whether the interpreter was OHA qualified or certified. If your clinic is using an Oregon-based language service, we encourage you to work with them to provide an interpreter's OHA registry numbers when the interpreter joins the appointment or on your clinic's invoice (unless services are being billed to EOCCO).

Alternatively, you are able to search OHA's Health Care Interpreter Registry by the interpreter's first and name to see if they are OHA certified or qualified, and identify their unique OHA Health Care Interpreter Registry number.

While the OHA qualified and certified interpreter program is in place to ensure patients are receiving quality interpretation, these standards are unique to Oregon. Language service providers who serve clients across the nation may not recognize these terms, even if they have similar requirements. These national language service providers may include Cyracom, Language Line, Certified Languages International, etc.

12. How do my bilingual staff members become OHA qualified or certified interpreters?

OHA's Health Care Interpreter Program Requirements outline what is needed to apply to become a qualified or certified interpreter. Two substantial requirements include:

- Completion of a 60-hour Approved Health Care Interpreter (HCI) Training Program

- Evidence that the staff member is proficient in English and the second language which they wish to interpret for

If applying to become an OHA certified interpreter, staff will also need to pass a national certification exam. See Health Care Interpreter Program Requirements for more details.

Once these requirements are satisfied, staff will need to submit their Health Care Interpreter (HCI) Application to the state for review.

13. Does EOCCO offer any funding to help staff become OHA Qualified or Certified interpreters?

EOCCO has partnered with Oregon State University to host a Health Care Interpreter Training program for English-Spanish proficient individuals. This is a 64-hour training program that requires students to complete online and in-person trainings. Scholarships are available to qualifying students who live in Eastern Oregon. For more information on the training program visit Spanish-English Health Care Interpreter Training | OSU Continuing Education (oregonstate.edu). To review the scholarship requirement and apply for a scholarship visit EOCCO Health Care Interpreter Scholarship Application.

Correcting A Member's Interpreter Needs Flag

14. How can an EOCCO Member's Interpreter Needs Flag be removed?

If an EOCCO member does not need a healthcare interpreter during visits and would like their Interpreter Need's flag to be removed from OHA's system [OHP Enrollment data aka 834 Eligibility File/MMIS], they can log into the state of Oregon's ONE portal to update their language preference/interpreter need information.

Oregon ONE Portal: https://one.oregon.gov/UserRegistration/LoginCA

Alternatively, EOCCO can update a member's interpreter need information in the OHP Enrollment system on their behalf. A clinic/provider can submit a request to EOCCO to update a member's language preference/interpreter need information **with the member's consent to do so**. Clinics or providers can use the **EOCCO Member Language Interpreter Need Update Form** to securely/confidentially submit that request. **Please note:** to submit the request form to EOCCO, you will need to gain and document member consent and identify the member's:

- Language(s) spoken at home
- Preferred Spoken Language
- Preferred Written Language
- Interpreter Need (type of spoken or sign language interpreter)
- Alternative Format Needs (for print, spoken, or video materials)

Please contact EOCCOmetrics@modahealth.com with any questions regarding the OHA Interpreter Needs Flag correction process.

Additional Questions

15. Who can I contact for more information or to offer feedback?

We are working to make this process easier for clinics going forward. If you have any questions or would like to provide feedback on the quarterly language access reporting process, please contact Mikayla Briare at EOCCOmetrics@modahealth.com.