

Quarterly Language Access Report Frequently Asked Questions

LANGUAGE ACCESS REPORTING

1. What is the Language Access Report?
2. Is the Language Access Report related to the Language Access incentive measure?
3. Who needs to complete this report?
4. When are these reports due?
5. What if our clinic is unable to complete the report?

LANGUAGE ACCESS REPORT COMPONENTS

6. Questions about using certain types of language services
 - Passport to Languages
 - Linguava
 - Bilingual Staff and In-house Interpreters
7. What types of patient visits needs to be included?
8. What if a patient refuses interpreter services?
9. What if a provider speaks the patient's preferred language and no interpreter is needed during a visit?

OHA CERTIFIED/QUALIFIED INTERPRETERS

10. Why must CCOs and providers work with OHA qualified and certified HCIs to provide interpreter services?
11. How do I know if the interpreter I used was OHA qualified or certified?
12. How do bilingual staff members become OHA qualified or certified interpreters?
13. Does EOCCO offer any funding to help staff become OHA qualified or certified interpreters?

ADDITIONAL QUESTIONS

14. Who do I contact for more information or to offer feedback?

Language Access Reporting

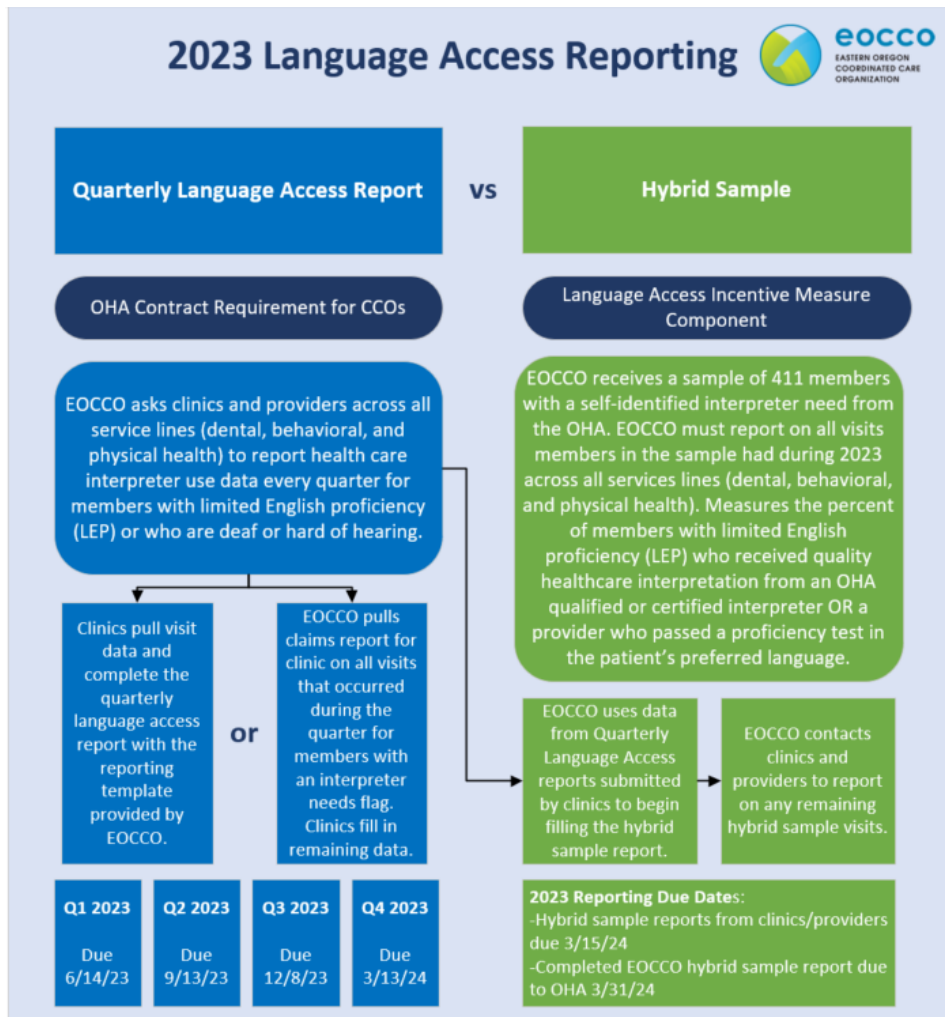
1. What is the Language Access Report?

The 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 EOCCO Member ID, type of appointment and visit setting, type of language services used, whether the interpreter was recognized by the OHA as a qualified or certified health care interpreter ([qualified and certified program requirements are listed here](#)), or whether a bilingual staff member or provider interpreted, by selecting from a list of predetermined reporting fields. See the *Language Access Reporting form for Clinics* excel template for more details.

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

The quarterly Language Access Reports and the Language Access Incentive Measure (*Meaningful Language Access to Culturally Responsive Health Care Services*) are separate reporting requirements. For 2023 Language Access Incentive Measure reporting, EOCCO will report healthcare interpreter use data for an OHA-provided sample of 411 members with a self-identified interpreter need—called the ‘hybrid sample’

Though they are separate reporting requirements, the quarterly Language Access Reports and the Language Access Incentive Measure both capture the same healthcare interpreter use information (aka the reporting fields are identical). Therefore, the quarterly Language Access Reports that clinics submit during the measurement year can be used to help complete the Language Access Incentive measure hybrid sample report. For 2023 hybrid sample reporting, EOCCO will pull data from the 2023 quarterly Language Access Reports into the hybrid sample and validate as many visits as possible. We will ask our clinics and providers to report on any of their assigned members’ hybrid sample visits we are missing data for [See the graphic below for an overview of this process].



Language Access Reporting Incentivized for 2023

The Language Access Incentive measure was added to EOCCO's 2023 Quality Bonus Payment Formula. This payment formula includes all the incentive measures that are tied to clinic quality payment funding [see formula below].

Language Access was added as a 2-point report-only measure, which means clinics will not be held accountable for meeting a measure target in 2023 but will be asked to submit language access data to EOCCO through the quarterly Language Access Reports and the hybrid sample to receive reporting points.

To receive reporting points for Language Access, clinics must submit:*

- Q1 2023 Language Access Report
- Q2 2023 Language Access Report
- Q3 2023 Language Access Report
- Q4 2023 Language Access Report
- Hybrid Sample Report (only if one or more of your assigned EOCCO members is included in the randomly selected 411-member hybrid sample)

*It is okay to submit the Quarterly Language Access report back to EOCCO blank if there were NO encounters that required an interpreter during the given reporting quarter. Please indicate that when the report is submitted.

Exceptions:

- A clinic will not be held accountable for Language Access incentive points if there were NO (i.e. zero) visits that required an interpreter during the 2023 calendar year. That means those two reporting points will be removed from the quality bonus payment formula when calculating the final quality payment.

EOCCO 2023 Quality Bonus Payment Formula

Incentive Measure	Points
Diabetes poor control	6 (report only 2)
Cigarette smoking prevalence	6
Well-child visits, 3-6 years	4
Childhood immunizations	4
Adolescent immunizations	4
Assessments for children in DHS custody	4
Initiation and engagement in drug or alcohol treatment	4
Depression screening	4
Alcohol and drug screening (SBIRT)	4
Meaningful Language Access	2 (report only)
Preventive Dental Services - Ages 1-14	4
TOTAL	46

3. Who needs to complete this report?

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

4. When are these reports due?

Due date for completing these reports are approximately 3 months after the end of the previous quarter (see below for complete dates). Reports can be emailed securely to EOCCOmetrics@modahealth.com.

2023 Reporting Cycles and Due Dates:

Reporting Cycle	Dates Included	Report Due Date to EOCCO	EOCCO to Submit Final Report to OHA
Q1 2023	1/1/23-3/31/23	6/14/2023	7/1/2023
Q2 2023	4/1/23-6/30/23	9/13/2023	10/1/2023
Q3 2023	7/1/23 – 9/30/23	12/08/2023*	1/1/2024
Q4 2023	10/1/23-12/31/23	3/13/2024	3/31/2024

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

5. What if our clinic is unable to complete the report?

If you are struggling to pull data, EOCCO can pull a pre-filled report to send to your clinic. This will rely on EOCCO's internal claims data to identify all members with an interpreter needs flag who had at least one visit at your facility within the last three months. Clinics will be responsible for filling out the type of interpreter used, OHA interpreter registry number (if applicable), or whether the member declined interpreter services. To request a pre-filled claims report, please contact EOCCOmetrics@modahealth.com.

We encourage clinics to invest time in refining this process as this will become an incentivized measure in 2023.

Language Access Report Components

6. 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 were used and billed to the EOCCO account. 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's 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.

Bilingual Staff and In-house Interpreters

The modality of interpreter service delivery (In-Person, Telephonic, or Video) is documented in Language Access Report template columns 'E-G'. Interpretation provided by bilingual staff members should be recorded in the Language Access Report under column J (*Was the Interpreter a Bilingual Staff Member*). Be sure to include the staff member's OHA registry number if they are a qualified or certified interpreter.

If your clinic is having difficulty collecting language service information you can reach out to EOCCOmetrics@modahealth.com.

7. What types of patient visits need to be included?

The report allows for the user to select from the following visit types:

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

While we encourage clinics to follow best practices whenever they communicate with patients with limited-English proficiency (LEP), 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 included visit types see this [Language Access Reporting Resource](#) created by the OHA.

8. What if a patient refuses interpreter services?

All visits where interpreter services were refused/denied should be documented. Interpreter service refusal [Yes or No] is documented in column 'K' in the 'Language Access Reporting Form for Clinics'. In column 'L' there is an optional space to narratively document a reason for interpreter service refusal.

Some reasons for refusal might include:

- Patient refusal because in-language visit provided (i.e. provider conducted the visit in patient's preferred language)

- Patient confirms that interpreter flag need in Oregon’s Medicaid Management Information System (MMIS) is incorrect, and they do not need interpreter services
- Patient is unsatisfied with the interpreter services available
- Other reasons for refusal (such as a family member or friend interpreting during an appointment)

Some of these refusal reasons count as denominator ‘exclusions’ for the Language Access Incentive measure. More information about measure exclusions can be found in OHA’s [2021-2023 Meaningful Access to Health Care Services for People with Limited English Proficiency Specifications](#) document.

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

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 ‘bilingual staff’.

In 2023, a new reporting field was added to the Language Access Report. This field is “If visit had an in-language provider, did the provider pass a proficiency test?” [Column J]. This field is OPTIONAL for reporting but captures whether or not a provider has documented proficiency (i.e. passed a proficiency test) in a patient’s preferred language. If a provider does have documented proficiency in a patient’s preferred language and an in-language visit was conducted, this counts as a positive numerator ‘hit’ for the Language Access Incentive Measure. More information can be found in OHA’s 2023 [Language Access Incentive Measure specifications](#).

In this reporting field [Column J], ‘Provider with proficiency test’ should only be marked if 1) the billing provider for the visit passed an approved proficiency test in the patient’s preferred language AND 2) EOCCO has documentation of the proficiency test on file. It is okay to leave this column blank on the Language Access Report or mark ‘Provider with no proficiency test’ if language proficiency testing does not apply to your clinic’s providers.

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?

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 include any registry numbers on your clinic's invoice (unless services are being billed to EOCCO). Alternatively, you are able to search the OHA's [Health Care Interpreter Registry](#) by the interpreter's name to see if they are credentialed. The EOCCO metrics team is happy to help with this as well.

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 student to complete online and in-person trainings. Scholarships are available to those who qualify. 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](#).

Additional Questions

14. 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.