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Eastern Oregon Coordinated Care Organization

Language Access Plan

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Introduction

Every person has the right to communicate with their health care provider and engage in their care in the language they feel most comfortable using. The Eastern Oregon Coordinated Care Organization (EOCCO) recognizes and supports the critical role that high quality language services and supports have in ensuring that members who prefer a language other than English (LOE) or who are Deaf or hard of hearing are receiving culturally responsive, equitable, care.

This Language Access Plan summarizes the key strategies, policies, and procedures EOCCO has in place to meet state and federal language access requirements, and to ensure that members have meaningful and universal access to CCO services, programs, and activities. Additionally, this plan identifies language access quality improvement areas and outlines specific goals to support EOCCO, subcontractors, and provider networks in addressing system gaps and advancing equitable care access for members.

It's intended for this Plan to be reviewed and updated annually to ensure alignment with, and responsiveness to, community needs/priorities and to maintain compliance with state and federal language access requirements.

Governance and Authority

The Oregon Health Authority requires contracted CCOs to develop and maintain a Language Access Plan as part of Component I of the 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 [Meaningful Language Access, MLA] incentive measure.

Additionally, there are several longstanding federal laws, and Oregon state laws, that outline requirements for provision of meaningful language access services to persons who speak a language other than English (LOE) or who are deaf or hard of hearing. The applicable laws are described below.

Federal Laws

Civil Rights Act (1964): Title VI

Prohibits discrimination on the basis of race, color, and national origin in programs and activities that receive federal financial assistance or funding. Revised guidance to Title VI published by the US Department of Health and Human Services in 2000 outlines that recipients of federal financial assistance/funding are required to take reasonable steps

to provide meaningful access to programs or activities for persons who speak a language other than English (LOE).

Americans with Disability Act (ADA, 1990)

Revised guidelines to the American with Disability Act (2010) outline that covered entities [state and local governments, public accommodations, and commercial facilities] must ensure that people who experience blindness, vision impairments, or who are deaf or hard of hearing are receiving quality and effective communication through their preferred communication mode or method.

Affordable Care Act (2010): Section 1557

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability for any health program or activity that receives federal funding through the Department of Health and Human Services (including Medicare and Medicaid). This includes ensuring that individuals who speak a language other than English who are served by, or who are likely to encounter, a health entity have meaningful and equal access to their programs or activities (including high quality oral and written language assistance, translation of materials, etc.)

National Standards for CLAS

The **National Standards for Culturally and Linguistically Appropriate Services (CLAS)** were developed by the federal department of Health and Human Services' Office of Minority Health. The 15 CLAS standards provide a blueprint for health care organizations to improve quality of services for all individuals by ensuring delivered care respects the whole person and is responsive to individuals' needs and preferences. Ultimately, CLAS is an actionable framework for addressing and helping to eliminate health disparities that has been adopted by many governing entities including the Oregon Health Authority.

Oregon Laws

House Bill 2359 (2022)

Oregon House Bill (HB) 2539 requires healthcare providers who receive public funding, CCOs, and interpretation service companies, to make a good-faith effort to work with Oregon Health Authority (OHA) certified or qualified health care interpreters from the Health Care Interpreter (HCI) Registry when providing interpretation services. HB 2359 also provides OHA authority to train and certify HCIs and maintain the central state HCI registry.

ORS 413.550

Oregon Revised Statute (ORS) 413.550 requires the State of Oregon to establish a program to certify health care interpreters who serve patients who speak a language

other than English in healthcare settings. The intent is to ensure that people who speak a language other than English are receiving quality health care and complete information in their preferred language.

- OAR 950-050 is the set of administrative rules that outline the standards for the implementation of ORS 413.550. This includes rules that:
  - Establish the state central HCI registry
  - Establish a process for the certification and qualification of sign and spoken language HCIs
  - Set standards for health care providers and CCOs working with HCIs and interpreter service companies in Oregon

OAR 410-141-3585

Requires CCOs to ensure critical member materials are translated into prevalent non-English languages in the service area and be made available in alternative formats. Additionally, CCOs shall have culturally responsive and linguistically appropriate mechanisms in place to help members understand the requirements and benefits of the health plan.

OAR 410-141-3590

Outlines member rights and standards for CCOs related to CLAS.

OAR 410-141-3580

Outlines requirements for ensuring that CCO staff who have contact with potential members are informed of language access rights including the availability of free certified or qualified health care interpreters and processes for requesting materials in alternative formats.

OAR 410-141-3515

Outlines CCO network adequacy requirements, including developing protocols for monitoring how the CCO provider network meets the language access and accommodation needs of individuals with limited English proficiency (LEP) and people with disabilities.

Needs Assessment

Access to culturally and linguistically appropriate health care services is critical to advancing health equity and ensuring individuals are able to participate in their health care in a meaningful way. Misunderstanding or misinformation due to inadequate or inappropriate language assistance services can contribute to adverse medical incidents

and errors, increased medical costs due to avoidable readmissions, excessive testing, and longer length of stay, and erode patient and provider trust. EOCCO is committed to furthering meaningful language access services and culturally appropriate care delivery to help reduce health disparities that exist among our member population, and to ensure that members can access the care and services they need to attain their optimal health.

As of April 2026, EOCCO serves nearly 80,000 members living in the 12 counties of Eastern Oregon: Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, and Wheeler. All EOCCO counties are designated as rural or frontier counties by the Oregon Office of Rural Health.

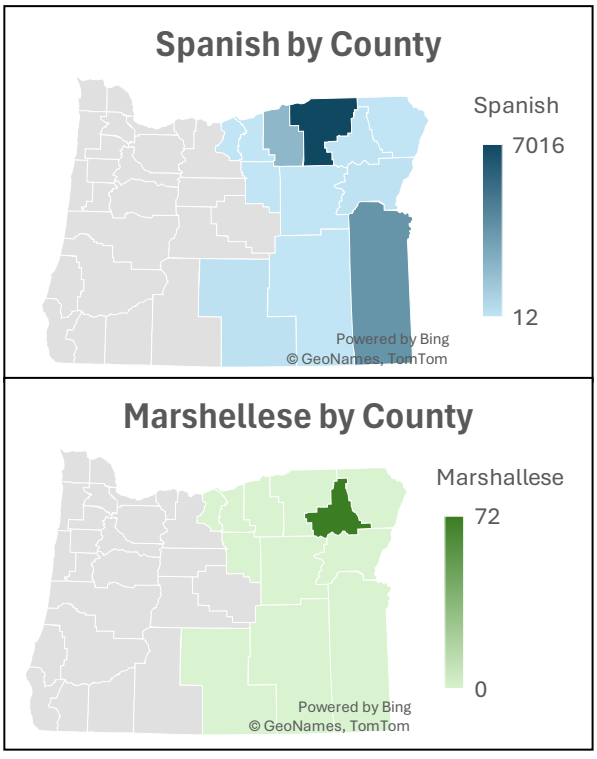
According to EOCCO membership/enrollment [834 File] data,18.22% of EOCCO's member population speaks a language other than English (LOE). A breakdown of the most prevalent languages spoken among EOCCO's member population is included in the table below:

Spoken Language	Total Members*	% of Members
English	65,384	81.78%
Spanish	13,499	16.88%
Other, Undetermined	487	0.61%
Mam	306	0.38%
Marshallese	72	0.09%
Simplified Chinese	20	0.03%

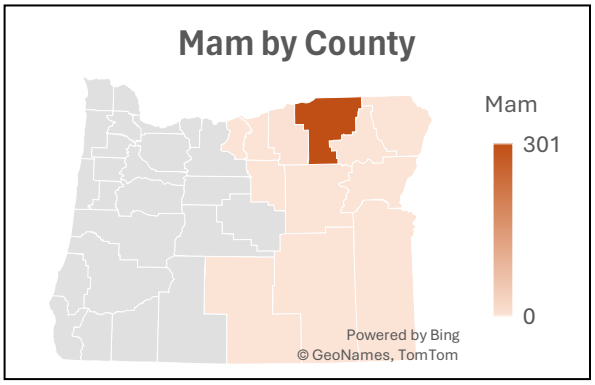
**EOCCO Membership data (834 File) as of 4/2026. Total members n=79,957*

As indicated in EOCCO REALD/SOGI Repository data (4/2026), 1962 (2.59%) EOCCO members identified as being Deaf or hard of hearing. There are also 8740 (11.52%) EOCCO members who indicated having a sign or spoken language interpreter need.

Given the geographic expansiveness of EOCCO's 12-county service area, EOCCO pays special attention to differences in languages spoken between counties. As depicted in the provided heat maps, certain counties have a higher prevalence of members who speak one of top three spoken languages other than English [Spanish, Mam, Marshallese]. For instance, Umatilla County has the largest number of Spanish-speaking members, followed by



Malheur and Morrow Counties. Umatilla County also has a significant population of EOCCO members who identify Mam as their preferred spoken language compared to other counties in the service area. Union is the only county in the EOCCO service area with an identified Marshallese-speaking member population.



In addition to available data sources, EOCCO relies on feedback from community groups such as the 12-county Local Community Health Partners (LCHPs), Community Advisory Council (CAC), and regional collaboratives hosted by OHA's Office of Community Health and Engagement team, to help identify language access or accessibility gaps or needs within counties. In 2024, EOCCO engaged in a regional Community Health Assessment which identified language access as a priority health improvement area for members and community partners. In EOCCO's 2025-2029 Community Health Improvement Plan (CHIP), goals related to improving language access for EOCCO members to help them understand medical information and communicate effectively with healthcare providers are monitored and evaluated for impact over time. Close partnerships with community groups have been critical to developing meaningful and community-centered language access strategies/initiatives across Eastern Oregon.

Policies and Procedures

EOCCO and its subcontractors review and update all language access policies and procedures annually to ensure compliance with state and federal laws.

EOCCO's internal language access policies include:

- Language Access and Effective Communication Policy
- Approved Health Care Interpreter Requirements and Guidelines Policy
- Cultural Competence Policy
- Training and Education Policy
- Member Request for Material Translation and Alternative Formats Policy
- Assurance of Network Adequacy Policy

Furthermore, EOCCO's Non-Discrimination statement is publicly posted to both member and provider website, handbooks, and contracts reiterating that all members will be treated equally, regardless of their preferred language or ability to speak English.

Monitoring and Evaluation

EOCCO will also work to improve monitoring and evaluation of language access policies and procedures at the provider level, leveraging current processes such as the bi-annual provider Timely Access to Care Survey to collect enhanced language access information from providers. Collecting this information will support EOCCO in developing actionable and systems-level strategies to improve language access services across EOCCO's network.

Current Policy Monitoring and Evaluation Goal:

- By end-of-year 2026, the bi-annual provider **Timely Access to Care Survey** will be updated to collect specific information about language access policies and procedures implemented at the clinic-level. Providers will be asked to include brief narrative description of policies, describe monitoring activities, and evaluate whether the policies are meeting the language needs of Medicaid members served.

Language Access Services

EOCCO provides a variety of language access services to ensure LOE and deaf or hard of hearing members are able to interact with EOCCO, understand their benefits, and receive care in their preferred sign or spoken language.

Language Access Services- Internal

EOCCO staff comply with internal policies and procedures surrounding training and use of language access services.

Bilingual/multilingual staff receive an FTE differential and are required to demonstrate language proficiency through approved testing or through becoming an OHA qualified HCI in accordance with state requirements if relevant for their position.

All staff have access to qualified telephonic interpretation and translation services to support member engagement/outreach and member material development. EOCCO also accepts all forms of relay calls, including TTY.

Current Internal Language Access Goal:

- By EOY 2026, create and maintain an up-to-date central list of all qualified bilingual and multilingual EOCCO staff to support in identifying staff who can provide interpretation or material translation, and develop internal procedures for appropriately documenting interpretation and translation events by staff.

Interpreter Services

EOCCO contracts with two language service providers (LSPs), Certified Languages and Passport to Languages, to ensure members are able to receive quality interpreter services in any care setting free of charge. Contracted LSPs provide both scheduled and on-demand phone and video interpreter services and are held responsible for routing calls to available OHA certified or qualified health care interpreters (HCIs) first to ensure compliance with state law.

Additionally, providers can utilize certified or qualified staff HCIs employed by their facility and bill EOCCO for qualifying services using the **T1013** code.

EOCCO makes interpreter service information available to contracted providers through the EOCCO Provider Manual (updated annually), EOCCO's Healthcare Interpreter Billing Guide, the provider Language Access webpage, and Language Access Reporting FAQ guide.

Current Interpreter Service Goals:

- By 7/1/27, develop and administer a language access billing workshop/webinar to EOCCO's provider network. The intent of the billing workshop/webinar is to help sustain in-person HCI availability, to incentivize clinic staff who are interpreting to become OHA certified/qualified HCIs, and to ensure appropriate and accurate language access service documentation and reporting.
- By EOY 2026, establish a baseline rate of LSP certified/qualified interpreter utilization and conduct quarterly assessments of EOCCO LSP invoice data to track compliance with routing calls to OHA certified/qualified interpreters.

Translation of Written Documents

EOCCO utilizes Propio, a vetted translation vendor, to ensure all vital member documents/materials are translated in a standardized, culturally concordant, way. All translated materials meet the ISO 17100 :2015 global standards for translation.

Bilingual or multilingual staff will not translate written materials unless they have demonstrated language proficiency through approved testing or through becoming an OHA qualified HCI.

As illuminated in the Needs Assessment above, there are many languages of lesser diffusion, such as Mam and Marshallese, spoken by EOCCO's member population. EOCCO has leveraged partnerships with culturally responsive Community-Based Organizations (CBOs) in Eastern Oregon to review member materials translated into languages of lesser diffusion to ensure materials are culturally responsive and meet plain language requirements.

Current Translation of Written Document Goals:

- Beginning in 2026, proactively translate vital member documents/materials into languages of lesser diffusion to ensure member populations in counties with a higher prevalence of a given language can meaningfully access materials and understand information/benefits.
- During 2027, work in collaboration with culturally responsive CBOs and language access coordinators across EOCCO's service area to review translated member materials for cultural responsiveness, understanding, and plain language to ensure translated materials are at a 6th grade or below reading level.

Alternative Formats

All member materials can be provided in alternative formats, such as large print or braille, upon request. Alternative formats also encompass different ways that members can interact with information or materials explaining their benefits, such as audio or video. EOCCO is committed to making information accessible by ensuring members are able to interact with materials, programs, and resources in a way that feels most supportive to them and their needs/preferences.

Current Alternative Format Goals:

- By EOY 2026, all vital EOCCO documents will be converted into machine-readable formats.
- By mid-year 2027, develop translated versions of existing videos explaining EOCCO member benefits as an alternative way of communicating vital information and sharing EOCCO resources. Videos will be posted on EOCCO's website and shared via new social media channels.

Member Identification & Notification

When applying for the Oregon Health Plan (OHP) individuals can indicate their preferred language and any oral and written language assistance needs. EOCCO uses OHP member enrollment files to identify members with a sign or spoken language interpreter need or alternative format/communication preference. Upon a member's first contact with EOCCO, EOCCO staff document a member's preferred language and any language assistance needs in an internal claims/care management system to ensure appropriate communication methods and interpreter usage moving forward.

EOCCO also utilizes monthly PCP member roster reports to share member preferred language and language assistance needs with the provider network. EOCCO's provider network is required to indicate the type of language assistance services available at their clinic, including on-site certified/qualified HCIs, language proficient bilingual providers, video remote or phone interpretation services, translation services, and I-speak cards, in the bi-annual Timely Access to Care Survey. EOCCO closely monitors survey results to identify any network gaps in available language access services or resources.

Current Member Identification & Notification Goal:

- By EOY2026, develop at least one "I-Speak" tool/resource to support members in easily identifying their preferred spoken or sign language when seeking care or scheduling health care appointments.

Training

All EOCCO staff are required to participate in annual Diversity, Equity, and Inclusion (DEI) trainings which include topics related to cultural responsiveness, working with LOE and deaf or hard of hearing individuals, and how to access available language services. Member-facing staff and staff who develop member materials are provided additional training on the content of language access policies, how to use language assistance/translation services, and how to identify member language preferences or needs. Moving forward, all relevant staff will be asked to review the content of the EOCCO Language Access Plan annually.

Additionally, EOCCO works to ensure that subcontractors and providers are meeting the cultural and linguistic needs of members by sharing language access policies/procedures, offering training opportunities, and educating the network on state and federal language access requirements.

Current Training Goals:

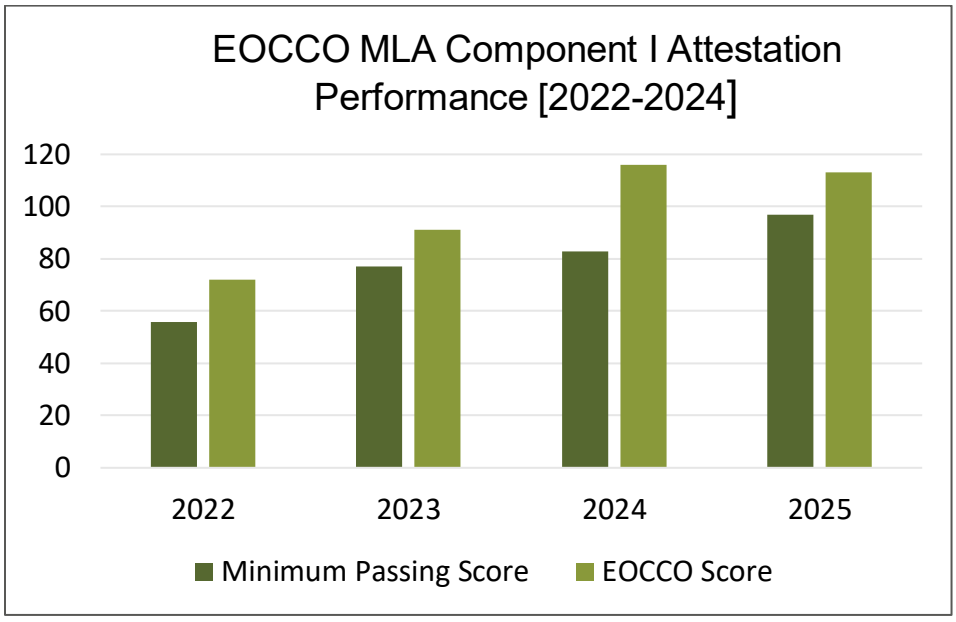
- By 7/1/27, develop and facilitate a live recorded language access training for EOCCO's provider network This training will cover a range of topics including compliance, language access resources, CLAS, and steps to developing an organization-specific, evidence-based, Language Access Plan
- By end-of-year 2026, update the bi-annual provider **Timely Access to Care Survey** to collect information about any DEI, cultural competency, and language access specific trainings clinics require staff to complete to garner a better understanding of any training/information gaps across EOCCO's provider network.

Quality Improvement Activities

The 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 [Meaningful Language Access, MLA] incentive measure was added to the CCO/Medicaid incentive measure set in 2021. This measure supports individuals' right to communicate with their care team in the language they feel most comfortable using and helps ensure that Medicaid members have meaningful access to high-quality, culturally appropriate, language services.

EOCCO utilizes Component I of the MLA measure as a framework and glidepath for developing system-wide policies, procedures, and initiatives, and the data infrastructure, to ensure members who prefer a LOE or who are deaf or hard of hearing are being identified appropriately and are receiving the language access supports/services needed to understand their benefits and meaningfully interact with EOCCO and their healthcare providers.

EOCCO has consistently scored well above the minimum passing Component I MLA attestation score year over year [*see the chart below*]. In 2025, EOCCO scored 113 on MLA Component I, surpassing the 97 minimum passing score threshold.

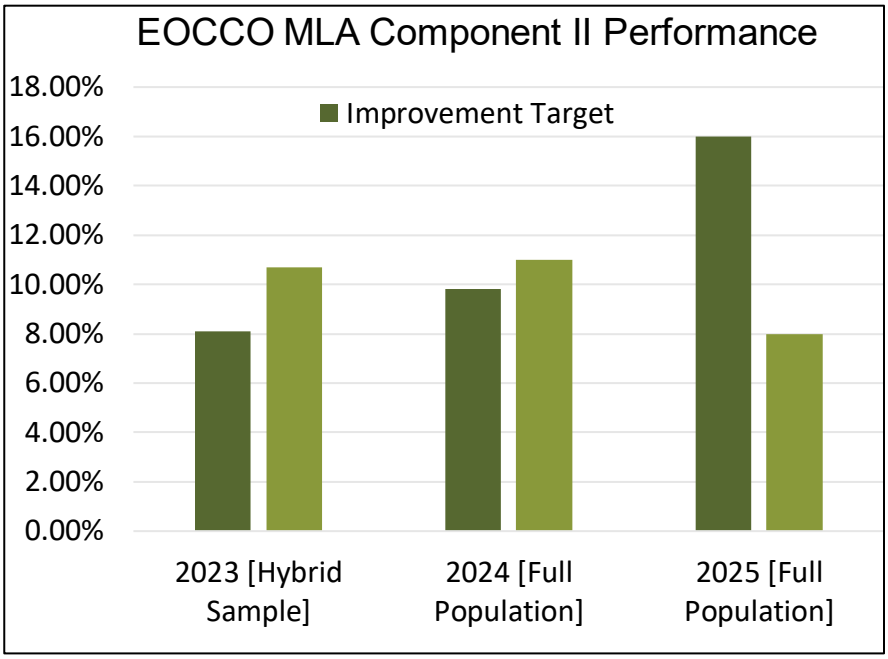


MLA Measure Reporting

Component II of the MLA measure tracks the percentage of visits that members with a self-identified sign or spoken language interpreter need had that received quality language services by an OHA certified/qualified HCI or by a provider with demonstrated proficiency in the member's preferred language. MLA measure data is collected through

the *Language Access and Interpreter Services* report, a CCO contract requirement with bi-annual submission of a calendar's year worth of encounter data.

EOCCO's performance on the Component II of the MLA measure is depicted in the chart to the right. In measurement year 2023 and 2024, EOCCO achieved the set Component II improvement target rate. However, in 2025 EOCCO had a final Component II rate of 8.0% and did not achieve the 16% improvement target.



To support and incentivize complete and accurate MLA data reporting and the development of language service quality improvement strategies across the provider network, EOCCO has incorporated the MLA measure into the existing primary care Shared Savings Model (SSM) infrastructure. Participating providers have the opportunity to earn quality/incentive funding for reporting accurate MLA data for *Language Access and Interpreter Services* report submissions, and for achieving the EOCCO-specific improvement target for the percent of member visits utilizing quality language access services [OHA certified/qualified HCI or language proficient provider]. EOCCO shares a variety of accessible resources with providers to support MLA measure activities and reporting, including a comprehensive Language Access FAQ Guide, reporting templates and data dictionaries, and scheduled monthly quality improvement office hour sessions.

EOCCO also has several strategies in place to support the growth of the OHA certified/qualified HCI and language-proficient provider workforce across Eastern Oregon. These include:

Healthcare Interpreter (HCI) Trainings

In partnership with Oregon State University, EOCCO has worked to develop and fund Health Care Interpreter trainings to support bilingual clinic staff and individuals who live

and work in Eastern Oregon in becoming OHA certified or qualified HCIs. Current HCI training course offerings include:

- Spanish-English Health Care Interpreter Training
- Language Neutral Health Care Interpreter Training

All 64-hour training courses are entirely virtual or conducted in a hybrid learning format, with both virtual sessions and in-person learning in locations across Eastern Oregon. EOCCO has provided scholarships to cover the entire cost of language proficiency testing and the training course for individuals, and participants who live and work in Eastern Oregon receive a discount for training course tuition.

Since program launch in 2023, 88 individuals have completed an EOCCO-sponsored Healthcare Interpreter Training program, providing them with a direct pathway to become an OHA certified or qualified HCI.

Provider Language Proficiency testing

EOCCO has contracted with OHA approved testing vendor Language Line to provide free Bilingual-Fluency Assessment for Clinician's (BFAC) language proficiency tests to bilingual providers.

The BFAC test is conducted over the phone and takes about 30-45 minutes to complete, making it convenient for providers to schedule and complete testing. As of June 2026, seven EOCCO contracted providers have completed language proficiency testing and passed with a score of "Competent" or above on the BFAC testing scale.

Given the diverse array of languages spoken among EOCCO's member population, EOCCO is committed to maintaining MLA measure quality improvement efforts to grow the available certified/qualified and language proficient provider workforce—particularly for languages of lesser diffusion.

Current Quality Improvement Activities Goals:

- EOCCO will continue to promote available Healthcare Interpreter training opportunities to clinical and community partners across Eastern Oregon. EOCCO aims to increase the number of individuals who have successfully completed a HCI training to 100 by the end of 2026.
- EOCCO will increase the number of contracted providers who completed and passed BFAC language proficiency testing through Language Line to 12 providers by the end of 2026.

- Through sustained MLA measure quality improvement activities, EOCCO's Component II MLA rate will increase to at least 10% for measurement year 2026.

Plan Implementation, Oversight, and Evaluation

It is intended for goals outlined in this Language Access Plan to be collaboratively implemented by EOCCO and its subcontractors.

Central oversight of Language Access Plan implementation will be the responsibility of EOCCO's DEI Subcommittee underneath the Quality Assessment and Performance Improvement (QAPI) Committee. An accountability structure will be developed with quarterly goal progress check-ins. The DEI Subcommittee members will be responsible for evaluating progress towards outlined goals, synthesizing language access research, and garnering feedback from community partners and network providers. The DEI Subcommittee can recommend new goals, and any changes to current goals, to ensure the Plan is responsive to community priorities/needs and grounded in language access best practices/evidence. The Language Access Plan will be updated annually to reflect any recommended changes, and to ensure compliance with state and federal requirements.

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