Meaningful Access to Healthcare Services for Persons with a Preferred Language Other Than English

For Use with MCOs

MassHealth Managed Care Organization Quality and Equity Incentives Program

Language Access Self-Assessment Survey

Please note the survey below is for informational purposes only; the actual survey will be completed online via Qualtrics (survey link forthcoming).

Language Access Self-Assessment Survey for Managed Care Organizations (MCOs)

Introduction

This is a self-assessment of the language services available at your MCO. The purpose of this assessment is to promote high quality language services for all Medicaid patients.

Self-Assessment Requirements

The self-assessment guides your MCO to a progressively higher quality and more robust infrastructure of language services over time. Completion of this self-assessment will be required in Performance Years 2 and 3 of the MCO Quality & Equity Incentive Program (MQEIP) to meet the incentive metric reporting requirements for that Performance Year. **The survey will be reporting only in both Performance Years 2 and 3.**

The questions are organized into five domains. **Your MCO must answer all questions.** Your responses should reflect the language access policies, procedures, and services that were in place **organization-wide** at your MCO as of December 31, 2024.

When completing this survey, please consider the internal policies, procedures, and services at your MCO. This may include, but is not limited to, the direct services provided to members enrolled in enhanced care management by the MCO staff or contractors, MCO staff engaged in clinical programs, MCO staff engaged in customer services or member enrollment, the MCO's policies and procedures related to language services, and MCO policies or processes to support its Network providers to provide language services to members. Please note that unless otherwise specified, all questions about language preference or competency refer to spoken language.

This self-assessment must be completed by **March 31, 2025**.

Glossary of Terms and Phrases

- **Caregivers:** Individuals who give care to patients who need help taking care of themselves. Caregivers may include parents of pediatric patients.
- **Individuals served by your MCO:** All attributed MassHealth members who the MCO directly interact with (e.g., through care management, clinical programs, enrollment and engagement, member services) and their caregivers
- **In-language services:** Services where a multilingual staff member or provider provides care in a non-English language preferred by the member, without the use of an interpreter
- **Multilingual staff and providers:** MCO staff members and providers who can communicate competently with members and caregivers in a language other than English and provide in-language services

Additional Information

MassHealth reserves the right to request additional or clarifying information to support the responses you provide to this survey, including but not limited to additional details on how data are collected, example policies, and copies of translated materials.

For questions about this survey, please contact Health.Equity@mass.gov

Contact Information

Please enter the contact information for the primary and secondary points of contact if MassHealth has any follow-up or clarifying questions about your survey responses.

MCO. MCO Name:

Primary Contact (Person Completing This Survey):

NAME1. Name:

TITLE1. Title:

EMAIL1. Email Address:

Secondary Contact:

NAME2. Name:

TITLE2. Title:

EMAIL2. Email Address:

Domain 1: Data Collection and Identification of Communication Needs

The questions in this domain assess how well your MCO identifies and tracks the language assistance needs of your MassHealth members who prefer a language other than English for health care.

Please answer the questions based on the language services in place as of December 31, 2024.

The first few questions are about the types of data your MCO collects to understand the language assistance needs of the MassHealth members attributed to your MCO.

Note that by "**individuals served by your MCO**" we mean all attributed MassHealth members for which the MCO directly interacts with (e.g., through care management, clinical programs, enrollment and engagement, member services, etc.) and their caregivers.

A1. Thinking of the **individuals served by your MCO** each year, does your MCO calculate the following information? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Total number of individuals who **prefer a language other than English** for health care		
b. **Most common non-English languages** preferred		
c. **Prevalence of non-English languages** preferred (i.e., proportion of individuals served preferring a particular language)		

If responded "Yes" to A1b or A1c, answer A2.

A2. What are the most frequently encountered non-English languages preferred by members and caregivers served by your MCO? Please list all languages preferred by at least 200 individuals annually, for up to 10 languages. *List languages in order of prevalence, starting with the most frequently encountered language.*

If responded "Yes" to A1c, answer A3.

A3. What data sources does your MCO use to collect data on the prevalence of non-English languages used by the individuals it serves? *Please select all that apply.*

1. U.S. Census Bureau data (including the American Community Survey (ACS)
2. MassHealth 834 file
3. Electronic medical record (EMR) data
4. Data supplied by language services vendor
5. Other *(Please specify)*:_____

If responded "Yes" to A1c, answer A4.

A4. How often does your MCO update the data on the prevalence of non-English languages used by the individuals it serves?

1. Multiple times per year
2. Once per year
3. Once every two years
4. Once every three years
5. Less often than every three years

If responded 'Yes' to any A1a-c, answer the applicable A5 question(s) below.

A5. Over the past five years, has your MCO used the following information to periodically reassess the language assistance services that it offers? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
If responded 'Yes' to A1a a. Data on the total number of individuals served by your MCO each year who **prefer a language other than English** for health care		
If responded 'Yes' to A1b b. Data on the **most common non-English languages** preferred by individuals served by your MCO		
If responded 'Yes' to A1c c. Data on the **prevalence of non-English languages** preferred by individuals served by your MCO		

If responded 'Yes' to any A5a-c, answer A6.

A6. How often does your MCO review the data it collects to reassess the language assistance services it offers?

1. Multiple times per year
2. Once per year
3. Once every two years
4. Once every three years
5. Less often than every three years

A7. Does your MCO have a process for identifying gaps between the language assistance services that it offers and the needs of members and caregivers who prefer a language other than English for health care?

1. Yes
2. No

If responded 'Yes' to A7, answer A8.

A8. Briefly describe your MCO's process for identifying gaps between the language assistance services that it offers and the needs of members and caregivers who prefer a language other than English for health care.

A9. Does your MCO collect self-reported data from the following staff groups on the languages in which they can fluently communicate (spoken or sign language) with members and caregivers about health care? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Clinical staff (e.g., care management staff, clinical programs staff)		
b. Non-clinical staff (e.g., enrollment and engagement staff, member services)		

Next, we would like to understand how your MCO identifies members or caregivers needing language assistance services (i.e., those who prefer a language other than English for health care), and how this information is shared with staff.

A10. Does your MCO …

	Yes	**No**

	1	2
a. Have a process for individuals to **request language assistance services**?		
b. Have a process to **respond to requests** for language assistance services?		
c. Use open-ended questions to determine an individual's preferred language?		
d. Record the preferred language of **members** at enrollment?		
e. Record the preferred language of members' **caregivers**, if applicable, at enrollment?		
f. Record at enrollment if individuals **require language assistance services**?		

If responded 'Yes' to any A10a-f, answer A11.

A11. Does your MCO use any of the following methods to communicate with relevant staff (e.g., care management, member enrollment or services) that a member or caregiver **prefers a language other than English**? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Notation on EMR storyboard or banner		
b. Discrete field in the member's EMR or care management data system		
c. Flag in the member's EMR or care management data system		
d. Enrollment data system		
e. Another method *(Please specify)*:_____		

If responded 'Yes' to any A10a-f, answer A12.

A12. Does your MCO use any of the following methods to communicate with relevant staff (e.g., care management, member enrollment or services) that a member or caregiver **requests language assistance services**? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Notation on EMR storyboard or banner		
b. Discrete field in the member's EMR or care management system		
c. Flag in the patient's EMR or care management data system		
d. Enrollment data system		
e. Another method *(Please specify)*:_____		

If responded 'Yes' to any A10a-f, answer A13.

A13. Is information about whether a member needs language access services **readily visible** to relevant staff in the member's EMR, care management system, or other relevant medical record?

1. Yes
2. No

Domain 2: Provision of Language Assistance Services

Questions in this domain assess how your MCO communicates with members and caregivers who prefer a language other than English for health care and what data it collects about the delivery of language access services.

MCOs should answer questions based on language services in place as of December 31, 2024.

B1. You previously indicated that the languages below were the most frequently encountered non-English languages preferred by members and caregivers served by your MCO [**responses from A2**]. Does your MCO provide language assistance services in each of the following languages? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

B2. Does your MCO provide any language assistance services to communicate with individuals with hearing disabilities who use sign languages (such as ASL or CDI)?

1. Yes
2. No

B3. Does your MCO have any of the following types of language assistance services, either in-house or through a contractor? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Multilingual clinical staff		
b. Multilingual non-clinical staff		
c. In-person interpreters (spoken language)		
If responded "yes" to B2, answer B3d: d. In-person sign language interpreters		
e. Telephonic interpreters (spoken language)		
f. Video interpreters (spoken or sign language)		
If responded "yes" to B2, answer B3g: g. Staff trained to use video relay or text telephone devices (TTY or TDD)		
h. Translators (for documents)		

If responded 'Yes' to any B3a-g, answer B4.

B4. Does your MCO provide interpreter services or multilingual staff for any of the following types of interactions? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Member enrollment		
b. Member interactions with clinical care management or clinical programs staff		
c. Member interactions with non-clinical care management or clinical programs staff		
d. Customer service (for example, member questions, billing)		
e. Member complaints		
f. Case management		
g. Other interactions *(Please specify):*_____		

B5. Are the following vital written documents translated into any non-English languages at your MCO? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Enrollment forms		
b. Consent forms		
c. Notices of member rights		
d. Complaint forms		
e. Other documents *(Please specify):*_____		

If responded 'Yes' to B3c or B3e-g, answer B6a.

B6a. Please indicate the availability of interpreter services at your MCO **[IF B2=1:**, not including sign language interpreter services**]**.

Number of days per week interpreter services are available: ___

Average number of hours per day that interpreter services are available: ___

If responded 'Yes' to B2, answer B6b.

B6b. Please indicate the availability of **sign language interpreter services** at your MCO.

Number of days per week interpreter services are available: ___

Average number of hours per day that interpreter services are available: ___

B7. Does the main page of your website include information or links to information in any languages other than English?

1. Yes
2. No

If responded 'Yes' to B7, answer B8.

B8. When your MCO updates information on its website, does it also translate the new content into any non-English languages?

1. Yes
2. No

B9. Is the signage in your MCO's buildings translated into any non-English languages so that members, caregivers, and visitors who prefer a language other than English can navigate the facility?

1. Yes, all signage is translated
2. Yes, some signage is translated
3. No, signage is not translated

B10. Does your MCO currently have a system in place for tracking the following? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Number of instances in which language assistance services are **requested** by members or caregivers		
b. Number of instances in which language assistance services are **delivered** to members or caregivers		
c. The **modality** through which spoken language assistance services are delivered (in-person, telephonic, or video)		
If responded 'Yes' to B3a or B3b, answer B10d. d. Number of instances in which members or caregivers receive **in-language services from multilingual staff**		
e. Number of instances in which members or caregivers with a language preference other than English **refuse interpretation services**		
f. Number of instances in which members or caregivers are **unable to request interpreter services** because of a medical reason (e.g., cognitive limitations)		

If responded 'Yes' to B10a, answer B11.

B11. Briefly describe how your MCO tracks **requests for interpreter services**.

If responded 'Yes' to B10b, answer B12.

B12. Briefly describe how your MCO tracks the **delivery of language assistance services**.

If responded 'Yes' to B10c answer B13.

B13. Briefly describe how your MCO tracks the **modality** through which interpreter services are delivered.

If responded 'Yes' to B10d, answer B14.

B14. Briefly describe how your MCO tracks **the provision of in-language services** from multilingual staff.

If responded 'Yes' to B10e, answer B15.

B15. Briefly describe how the MCO collects data on the number of members or caregivers with a language preference other than English who **refuse interpretation services**.

If responded 'Yes' to B10f, answer B16.

B16. Briefly describe how the MCO collects data on the number of members or caregivers who are **unable to request interpreter services because of a medical reason**.

If responded 'Yes' to B3a or B3b, answer B17.

B17. Is your MCO able to report the following for each interaction where **multilingual staff deliver in-language**

services? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. The date the service was delivered		
b. The member the service was delivered to		
c. The multilingual staff member who delivered the service		
d. The language used		

If responded 'Yes' to B3c-g, answer B18.

B18. Is your MCO able to report the following for each interaction where **interpretation services** are provided to a member or caregiver? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. The date the service was delivered		
b. The member the service was delivered to		
c. The in-house interpreter or contracted service who delivered the interpretation		
d. The language used		

Domain 3: Providing Notice of Language Assistance Services

Questions in this domain assess how well your MCO informs the populations you serve about the availability of language assistance services and how to access them.

MCOs should answer questions based on language services in place as of December 31, 2024.

C1. You previously indicated the most frequently encountered non-English languages preferred by members and caregivers served by your MCO. For members or caregivers who prefer one of these languages for health care, does your MCO inform them in their preferred language about the availability of free language assistance services?

1. Yes
2. No

C2. Does your MCO annually distribute a written notice to all members in English and up to 10 most commonly preferred languages about how to access the MCO's free language assistance services?

1. Yes
2. No

C3. Does your MCO use any of the following methods to inform members about the availability of free language assistance services? *Please select all that apply.*

1. MCO website
2. Signs or posters **in English** in and around the MCO's physical location(s)
3. Signs or posters **in non-English languages** in and around the MCO's physical location(s)
4. Posters or advertisements in public areas outside the MCO's physical location(s)
5. Language ID card
6. Information provided by member enrollment staff
7. Community advertisements, events, or fairs
8. Social media
9. Automated answering service or voicemail in multiple languages
10. Through community groups
11. Another method *(Please specify)*: _____
12. *None of the above*

Domain 4: Policies, Procedures, and Staff Training

Questions in this domain assess your MCO's language access policies and procedures as well as how it trains staff to serve individuals who prefer a language other than English for health care.

MCOs should answer questions based on language services in place as of December 31, 2024.

These next questions are about your MCO's language access policies and procedures.

D1. Does your MCO have a written policy and procedures for language access?

1. Yes
2. No

If responded 'Yes' to D1, answer D2.

D2. How often does your MCO review and, as needed, update its language access policies and procedures?

1. Multiple times per year
2. Once per year
3. Once every two years
4. Once every three years
5. Less often than every three years
6. Never

If responded 'Yes' to D1, answer D3.

D3. Do your MCO's language access policies and procedures include specific instructions on how to …

	Yes 1	**No** 2
a. **Identify language assistance needs** of members or caregivers?		
b. **Request interpreter services** for members or caregivers who prefer a language other than English?		
c. **Request the translation of written documents** into languages other than English?		
d. **Provide language assistance services** to members or caregivers who prefer a language other than English?		

If responded 'Yes' to D1, answer D4.

D4. Does your MCO have policies regarding the use of members' family or friends as interpreters?

1. Yes
2. No

If responded 'Yes' to D4, answer D5.

D5. According to your MCO's policies, in which of the following circumstances may a member's family or friend serve as an interpreter? *Please select all that apply.*

1. In **emergency situations** when a qualified medical interpreter is not immediately available
2. In **non-emergency situations** when a qualified medical interpreter is not immediately available
3. When the member specifically requests that an **adult** (18 years of age or older) family member or friend provides interpretation
4. When the member specifically requests that a **minor** (under 18 years of age) family member or friend provides interpretation
5. Another situation *(Please specify)*: _____
6. There are **no situations** where a patient's family or friend may serve as an interpreter

If responded 'Yes' to D1, answer D6.

D6. Do your MCO's policies and procedures specify circumstances in which oral interpretation of documents (sight translation) may be provided in place of written translation?

1. Yes
2. No

If responded 'Yes' to D1, answer D7.

D7. Does your MCO use any of the following means to inform staff about its language access policies and procedures? *Please select all that apply.*

1. Internet or intranet
2. In-service memos, emails, or MCO newsletter
3. Policy manual
4. Staff meetings
5. Interpreter service resource manual
6. Instructor-led training
7. Self-directed training
8. Another method *(Please specify)*: _____
9. *None of the above*

These next questions ask about how your MCO trains staff members who may work directly with individuals who prefer a language other than English.

D8. Are the following staff groups in your MCO required to complete any training on working with members or caregivers who prefer a language other than English for health care? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Management or senior staff		
b. Clinical staff who interact with members		
c. Administrative staff who interact with members		

If responded 'Yes' to any D8a-c, answer D9.

D9. How often are the following staff groups in your MCO required to complete training on working with members and caregivers who prefer a language other than English? *Please select an answer for each item.*

	Multiple times per year 4	**Every year** 3	**Every two years or less often** 2	**One time only** 1
If responded 'Yes' to D8a, answer D9a. a. Management or senior staff				
If responded 'Yes' to D8b, answer D9b. b. Clinical staff who interact with members				
If responded 'Yes' to D8c, answer D9c. c. Administrative staff who interact with members				

If responded 'Yes' to any D8a-c, answer D10.

D10. Do mandatory staff trainings include specific instructions on how to …

	Yes 1	**No** 2
a. **Identify language assistance needs** of members or caregivers?		
b. **Request interpreter services** for members or caregivers who prefer a language other than English?		
c. **Communicate with members or caregivers** who prefer a language other than English through a qualified interpreter?		
d. **Request the translation of written documents** into languages other than English?		
e. **Provide language assistance services** to members or caregivers who prefer a language other than English?		

If responded 'Yes' to any B3c-g, answer D11.

D11. Does your MCO utilize in-house interpreters (individuals who are employees of the MCO), contracted interpreters (individuals who work for a contracted language service provider), or both?

1. In-house interpreters
2. Contracted interpreters
3. Both in-house and contracted interpreters

If responded 'Yes' to any B3a-h, answer D12.

D12. Does your MCO have specific training protocols for each of the following? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
If responded '1' or '3' to D11, answer D12a. a. In-house interpreters		
If responded '2' or '3' to D11, answer D12b. b. Contracted interpreters		
If responded 'Yes' to B3h, answer D12c.		

c. Translators		
If responded 'Yes' to B3b, answer D12d. d. Multilingual clinical staff		
If responded 'Yes' to B3a, answer D12e. e. Multilingual non-clinical staff		

If responded 'Yes' to D12a, answer D13.

D13. Does your MCO require **in-house interpreters** to periodically complete any of the following types of ongoing trainings related to medical interpreting knowledge and skills enhancement? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Trainings provided by the MCO		
b. Workshops or continuing education courses		
c. Medical interpreter recertification		
d. Conferences or events		
e. Another type of ongoing training *(Please specify)*: _____		

If responded 'Yes' to D12b, answer D14.

D14. Does your organization require **contracted interpreters** to periodically complete any of the following types of ongoing trainings related to medical interpreting knowledge and skills enhancement? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Trainings provided by the organization		
b. Workshops or continuing education courses		
c. Conferences or events		
d. Another type of ongoing training *(Please specify)*: _____		

These next questions ask about how your MCO assesses the qualifications and competency of staff members who provide language assistance services to individuals who prefer a language other than English.

If responded '1' or '3' to D11, answer D15.

D15. Does your MCO require **in-house interpreters** to have any of the following qualifications before they can be hired to provide interpretation services at your MCO? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Completion of a medical interpreting training program		
b. Medical interpreter certification		
c. Previous experience working as a medical interpreter		
d. Another qualification *(Please specify)*: _____		

If responded '1' or '3' to D11, answer D16.

D16. Does your MCO require **in-house interpreters** to **submit proof** of the following qualifications or otherwise verify that the requirement is met? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
If responded 'Yes' to D15a, answer D16a. a. Completion of a medical interpreting training program		
If responded 'Yes' to D15b, answer D16b. b. Medical interpreter certification		
If responded 'Yes' to D15c, answer D16c. c. Previous experience working as a medical interpreter		
If responded 'Yes' to D15d, answer D16d. d. [open response from D15d]		

If responded '2' or '3' to D11, answer D17.

D17. Does your organization require **contracted interpreters** to have any of the following qualifications before they can be hired to provide interpretation services at your organization? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Completion of a medical interpreting training program		
b. Medical interpreter certification		
c. Previous experience working as a medical interpreter		
d. Another qualification *(Please specify)*: _____		

If responded 'Yes' to B3a-h, answer D18.

D18. Does your MCO have a process of assessing competency in source and target languages for each of the following? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
If responded '1' or '3' to D11, answer D18a. a. In-house interpreters		
If responded '2' or '3' to D11, answer D18b. b. Contracted interpreters		
If responded 'Yes' to B3h, answer D18c. c. Translators		
If responded 'Yes' to B3b, answer D18d. d. Multilingual staff		
If responded 'Yes' to B3a, answer D18e. e. Multilingual non-clinical staff		

If responded 'Yes' to D18a, answer D19.

D19. Does your MCO use any of the following methods to assess the competency of **in-house interpreters** when they are initially hired to provide interpretation services at your MCO? *Please answer "Yes" or "No" for each item.*

	Yes 1	**No** 2
a. Competency test (e.g., medical terminology, language competency, interpreting skills, cultural competency, ethics)		
b. Shadowing assessment		
c. Performance evaluation over a probationary period		
d. Assessment by a contracted service		
e. Another method *(Please specify)*: _____		

If responded 'Yes' to D18d, answer D20.

D20. Briefly describe your policies related to the assessment and documentation of language competency for **multilingual clinical staff**.

If responded 'Yes' to D18e, answer D21.

D21. Briefly describe your policies related to the assessment and documentation of language competency for **multilingual non-clinical staff**.

Domain 5: Monitoring and Evaluation

Questions in this domain assess how your MCO monitors the quality of the language assistance services it provides and the processes that are in place for continual improvement.

MCOs should answer questions based on language services in place as of December 31, 2024.

If responded 'Yes' to any B3c-g, answer E1.

E1. Does your MCO use any of the following methods to assure the quality of medical interpretation provided by interpreters? *Please select all that apply.*

1. Member satisfaction surveys
2. Provider/staff satisfaction surveys
3. Observation or shadowing by an experienced medical interpreter
4. Pairing with a more experienced medical interpreter
5. Mentoring by an experienced medical interpreter
6. Annual job performance assessments
7. Another method *(Please specify)*: _____
8. *None of the above*

If responded 'Yes' to any B3c-g, answer E2.

E2. Does your MCO collect data on the amount of time it takes for members or caregivers who prefer a language other than English to be connected with a qualified interpreter (i.e., wait time)?

1. Yes
2. No

If responded 'Yes' to B3h, answer E3.

E3. Does your MCO collect data on turnaround times for translating documents for individuals who need the information in a language other than English?

1. Yes
2. No

If responded 'Yes' to B3h, answer E4.

E4. Does your MCO have a process in place, conducted either in-house or by a contractor, for evaluating the quality of translations to ensure that the intended meaning of the source document is appropriately conveyed and culturally appropriate?

1. Yes
2. No

E5. Does your MCO solicit feedback from members or caregivers specific to their experience receiving language assistance services?

1. Yes
2. No

If responded 'Yes' to E5, answer E6.

E6. Which of the following methods does your MCO use to evaluate member experience with language

assistance services? *Please select all that apply.*

1. Surveys about members' overall experience with the MCO (e.g., Press Ganey, CG-CAHPS)
2. Surveys about members' specific experience receiving language assistance services
3. Brief member satisfaction surveys conducted immediately after language assistance service is provided (e.g., automated after-call survey)
4. One-on-one in-depth interviews
5. Focus groups
6. Another method *(Please specify)*: _____

E7. Does your MCO solicit feedback and suggestions from providers or staff members about the language assistance services that the MCO offers?

1. Yes
2. No

E8. Does your MCO have a formal language access complaint process that is clearly communicated to all members?

1. Yes
2. No

E9. Does your MCO have a process for responding to member complaints about language access and language assistance services?

1. Yes
2. No

E10. Please provide any comments or feedback you have for MassHealth about this self-assessment, including any technical difficulties you experienced or particular questions that you found confusing or had difficulty answering.

Thank you for taking the time to complete this survey. If you have any questions about this survey, please contact us at Health.Equity@mass.gov.