

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

For Use with ACOs

MassHealth Accountable Care Organization Quality and Equity Incentive Program

*PY3 Language Access Self-Assessment Survey*

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

**Language Access Self-Assessment Survey for Accountable Care Organizations (ACOs)**

## Introduction

This is a self-assessment of the language services available at your ACO. The purpose of this assessment is to promote high quality language services for all Medicaid members. This self-assessment will be completed by all MassHealth Accountable Care Partnership Plans (ACPPs) and Primary Care Accountable Care Organizations (PCACOs), together ACOs.

## Self-Assessment Instructions

### *Requirements for Completion*

The self-assessment guides your ACO to a progressively higher quality and more robust infrastructure of language services over time. Completion of this self-assessment was required in Performance Year 2 and will be required in Performance Year 3 of the ACO Quality & Equity Incentive Programs (AQEIP) to meet the incentive metric reporting requirements for that Performance Year. **The survey will be reporting only in both Performance Years 2 and 3.** This self-assessment must be completed by March 31, 2026.

### *Responding Provider ID and Service Locations (PIDSLS)*

Recognizing that your ACO Network consists of a diverse group of providers and provider organizations, this self-assessment requires you to respond on behalf of **the five primary care PIDSLS in your ACO with the most outpatient visits for MassHealth members in 2025**. If your ACO has five primary care PIDSLS or fewer, please respond on behalf of all of your PIDSLS.

At the start of this survey, you will be asked to identify your top 5 primary care PIDSLS. The language services questions in this survey will then be repeated for each primary care PIDSLS you identify. ACO staff should work with their primary care PIDSLS to collect accurate responses to each question. If there are differences in the policies, practices, or procedures within an individual PIDSLS, the ACO staff should work with them to identify the most common policies, practices, and procedures at the PIDSLS when answering this survey. This survey must be submitted at one time by an ACO staff member.

### *Content of the Self-Assessment*

The questions for each primary care PIDSLS are organized into five domains. **Your ACO must answer all questions for each of up to five PIDSLS.** Your responses should reflect the outpatient language access policies, procedures, and services that were in place at each primary care PIDSLS as of December 31, 2025.

Please note that unless otherwise specified, all questions about language preference or competency refer to spoken language.

## Glossary of Terms and Phrases

- **Caregivers:** Individuals who give care to members who need help taking care of themselves. Caregivers may include parents of pediatric members.
- **Individuals served by your PIDSL:** All ACO attributed members with an outpatient encounter at the PIDSL
- **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:** PIDSL staff members and providers who can communicate competently with members and caregivers in a language other than English and provide in-language services
- **Outpatient visits:** Defined by the NCQA HEDIS® Value Set: [Outpatient Value Set](#).
- **Primary Care Provider ID and Service Location (PIDSL):** Each provider's National Provider Identifier (NPI) is stored in MassHealth's Medicaid Management Information System (MMIS) with a corresponding MassHealth provider ID and service location (PID/SL). The full list of each ACO's Primary Care PIDSLs can be found in the ACPP contracts here: <https://www.mass.gov/lists/1st-amended-and-restated-acpp-contracts> (Amendment 1, Appendix L) and the PCACO contracts here: <https://www.mass.gov/lists/1st-amended-and-restated-pcaco-contracts> (Amendment 1, Appendix J).

## 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](mailto: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.

ACO.            ACO Name:

**Primary Contact (Person Completing This Survey):**

NAME1.        Name:

TITLE1.        Title:

EMAIL1.       Email Address:

**Secondary Contact:**

NAME2.        Name:

TITLE2.        Title:

EMAIL2.       Email Address:

**PIDSL Information**

Please enter the PIDSL name and total number of outpatient visits in 2025 for the five primary care PIDSLs in your ACO with the most outpatient visits for MassHealth members. *If there are fewer than five primary care PIDSLs in your ACO, enter all the PIDSLs in your ACO and leave subsequent boxes blank.*

PIDSL\_NAME1.            PIDSL #1:  
PIDSL1\_num.            Number of outpatient visits in 2025:

PIDSL\_NAME2.            PIDSL #2:  
PIDSL2\_num.            Number of outpatient visits in 2025:

PIDSL\_NAME3.            PIDSL #3:  
PIDSL3\_num.            Number of outpatient visits in 2025:

PIDSL\_NAME4.            PIDSL #4:  
PIDSL4\_num.            Number of outpatient visits in 2025:

PIDSL\_NAME5.            PIDSL #5:  
PIDSL5\_num.            Number of outpatient visits in 2025:

**[Note: the survey will repeat up to five times for the five PIDSLs entered above. ACOs will answer all questions for a single PIDSL before the “loop” repeats itself.]**

**Domain 1: Data Collection and Identification of Communication Needs**

The questions in this domain assess how well [PIDS� Name] identifies and tracks the language assistance needs of the members it serves that prefer a language other than English for health care.

Please answer the questions based on the policies, procedures, and services in place at [PIDS� Name] as of December 31, 2025.

We would like to understand how [PIDS� Name] 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.

A1. Thinking of the **individuals served by [PIDS� Name]** each year, does the site calculate the following information? *Please answer “Yes” or “No” for each item.*

	Yes 1	No 2
a. Total number of individuals who <b>prefer a language other than English</b> for health care		
b. <b>Most common non-English languages</b> preferred		
c. <b>Prevalence of non-English languages</b> 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 [PIDS� Name]? 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.*

A3. Does [PIDS� Name] ...

	Yes 1	No 2
a. Have a process for members to <b>request language assistance services</b> ?		
b. Have a process to <b>respond to requests</b> for language assistance services?		
c. Use open-ended questions to determine a member’s preferred language?		
d. Record the preferred language of <b>members</b> at registration?		
e. Record the preferred language of members’ <b>caregivers</b> , if applicable, at registration?		
f. Record at registration if members <b>require language assistance services</b> ?		

If responded "Yes" to any A3a-f, answer A4.

A4. Is information about whether a member needs language access services **readily visible** to relevant staff in the member's EMR at [PIDS Name]? *"Relevant staff" include any staff member who provides clinical care or customer service to the member and needs to be aware of the member's language services needs.*

1. Yes
2. No

**Domain 2: Provision of Language Assistance Services**

Questions in this domain assess how [PIDSL Name] 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.

Please answer the questions based on the policies, procedures, and services in place at [PIDSL Name] as of December 31, 2025.

B1. Does [PIDSL Name] 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 providers who provide in-language services		
b. Multilingual staff who provide in-language services		
c. In-person interpreters (spoken language)		
d. In-person sign language interpreters		
e. Telephonic interpreters (spoken language)		
f. Video interpreters (spoken or sign language)		
g. Staff trained to use video relay or text telephone devices (TTY or TDD)		
h. Translators (for documents)		

**If responded “Yes” to B1a or B1b, answer B2.**

B2. Is [PIDSL Name] able to report the following for each visit where **multilingual staff or providers 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 any B1c-g, answer B3.**

B3. Is [PIDSL Name] able to report the following for each visit 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

This domain assesses how well [PIDS� Name] informs the populations it serves about the availability of language assistance services and how to access them.

Please answer the questions based on the policies, procedures, and services in place at [PIDS� Name] as of December 31, 2025.

- C1. You previously indicated the most frequently encountered non-English languages preferred by members and caregivers served by [PIDS� Name] were: [Responses to A2]. For members or caregivers who prefer one of these languages for health care, does [PIDS� Name] inform them in their preferred language about the availability of free language assistance services?
1. Yes
  2. No

**If responded “Yes” to any B1a-h, answer Domain 4.**

**Domain 4: Assessing Staff Language Competency**

This domain assesses the language access policies and procedures related to assessing staff language competency at **[PIDSL Name]**.

Please answer the questions based on the policies, procedures, and services in place at **[PIDSL Name]** as of December 31, 2025.

**If responded “Yes” to any B1c-g, answer D1.**

D1. Does **[PIDSL Name]** utilize in-house interpreters (individuals who are employees of the PIDSL, hired specifically for providing interpretation services), 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 B1a-h, answer D2.**

D2. Does **[PIDSL Name]** have a process of assessing competency in source and target languages for each of the following? *Please answer “Yes” or “No” for each item.*

**Note:** For *contracted interpreters*, assessment of competency may be conducted by the vendor, consistent with the ACO’s contractual or oversight requirements.

	Yes 1	No 2
<i>If responded “1” or “3” to D1, answer D2a.</i> a. In-house interpreters		
<i>If responded “2” or “3” to D1, answer D2b.</i> b. Contracted interpreters		
<i>If responded “yes” to B1h, answer D2c.</i> c. Translators		
<i>If responded “Yes” to B1b, answer D2d.</i> d. Multilingual staff		
<i>If responded “Yes” to B1a, answer D2e.</i> e. Multilingual providers		

## Domain 5: Monitoring and Evaluation

This domain assesses how [PIDSL Name] monitors the quality of the language assistance services it provides.

Please answer the questions based on the policies, procedures, and services in place at [PIDSL Name] as of December 31, 2025.

- E1. Does [PIDSL Name] solicit feedback from members or caregivers specific to their experience receiving language assistance services?
1. Yes
  2. No

**[Note: survey above repeats up to five times. E2 below is asked once at the end of the survey.]**

- E2. 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. (maximum 1250 characters)

**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](mailto:Health.Equity@mass.gov).**