



Hospital Quality and Equity Incentive Program
Attestation to Program Providing Language Services by Qualified Interpreters
Effective December 31, 2023

One of MassHealth's key goals in this demonstration period is to improve quality of care and advance health equity, with a focus on initiatives addressing health-related social needs and health disparities demonstrated by variation in quality performance. MassHealth's Hospital Quality and Equity Incentive Program (HQEIP) aims to incentivize participating acute hospitals to achieve these goals by: 1) attaining complete, beneficiary-reported demographic and health-related social needs data, 2) identifying disparities and intervening to reduce disparities in access and quality, and 3) strengthening organizational capacity for health equity including through collaboration with health system and community partners.

This attestation form (the "HQEIP Language Services Attestation Form") addresses the importance MassHealth places on ensuring high quality language services for all MassHealth members. This includes the expectation that MassHealth patients with limited English proficiency (LEP) and/or a preferred language other than English are provided language services by qualified interpreters to promote equitable access and quality.

Further, beginning within Performance Year 2 (Calendar Year 2024) EOHHS expects to require acute hospitals to be able to identify, in the electronic health record or otherwise, whether a service was provided using an interpreter determined to be qualified according to the definition in 105 CMR 130.1101. Therefore, this attestation form requests confirmation that hospitals will begin moving towards that goal so that they may be ready to collect the necessary metrics expected to be due by the end of Performance Year 2.

This HQEIP Language Services Attestation Form is to be completed by the acute care hospital and submitted to EOHHS by Friday, March 31, 2023. **All completed HQEIP Language Services Attestation Forms must be submitted via email to Health.Equity@mass.gov.**

EOHHS also intends to require acute hospitals to submit supplemental qualified interpreter program information in the Health Equity Strategic Plan.

Participation and Interim Payments

The acute care hospital named below is licensed under Section 51 of Chapter 111 of the Massachusetts General Laws and is eligible to receive quarterly interim payments as part of the HQEIP, as detailed in the Health Quality and Equity Initiative Performance Year 1 Implementation Plan. The quarterly payment strategy employed by MassHealth will promote steady progress towards Performance Year 1 goals. Missing key milestones – such as timely completion of this HQEIP Language Services Attestation Form – will have immediate impacts on interim incentive payments. In addition, total incentive amounts paid to each hospital in Performance Year 1 will be distributed according to the weighting described in the Performance Year 1 Implementation Plan. If the amount paid to hospitals in interim payments is greater than the final total incentive amount due to each hospital – as determined during EOHHS reconciliation – the difference must be returned to EOHHS.

By signing below, the acute care hospital attests that it will have a program in place to provide language services by qualified interpreters no later than December 31, 2023, and accepts the interim incentive payment associated with this attestation.

EOHHS Attestation Requirements

The acute care hospital named below attests to compliance with acute hospital licensure regulations promulgated by the Department of Public Health regarding interpreter services at 105 CMR 130.1101 through 130.1108. Further, the acute hospital specifically attests to having “written policies and procedures, consistent with 105 CMR 130.1101 through 130.1108 that govern the provision of interpreter services” in accordance with 105 CMR 130.1102. Such written policies and procedures must include a description of how the hospital ensures that “staff and contract interpreters can demonstrate current bilingual proficiency and have received training that includes the skills and ethics of interpreting, and knowledge in both languages regarding the specialized terms (e.g., medical terminology) and concepts relevant to clinical or non-clinical encounters,” in accordance with 105 CMR 130.1106(A).

Further, no later than December 31, 2023, the acute care hospital named below attests to implementing a process for qualifying language interpreters.

Certification of Accurate and Complete Attestation

By signing below, I certify under the pains and penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I also certify that I am duly authorized to act on behalf of the acute care hospital named below.

Please note that the below forms of signatures will be accepted:

- *(Preferred method)* Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign; or
- Electronic signature that is:
 - Hand drawn using a mouse or finger if working from a touch screen device; or
 - An uploaded picture of the signatory’s hand drawn signature.
- Traditional “wet signature” (ink on paper); print out one original of the signature page, have an authorized signatory sign it, and scan the signed page.
- Please note:
 - If using an electronic signature, the signature must be visible and must be accompanied by the signatory’s printed legal name and title, the printed legal name of the acute care hospital represented by the signatory, and the signature date.
 - Typed text of a name not generated by a digital tool such as Adobe Sign or DocuSign, even in computer-generated cursive script, or an electronic symbol, are not acceptable forms of electronic signature.

Signature (Signature stamps and date stamps, or the signature of anyone other than a person legally authorized to sign on behalf of the acute care hospital, are not acceptable.).

Printed Legal Name and Title of Signatory:

Printed Legal Name of Acute Care Hospital Represented by Signatory:

Date:

Please submit completed HQEIP Language Services Attestation Forms via email to Health.Equity@mass.gov by Friday, March 23, 2023. If you have any questions about this attestation form, please e-mail inquiries to health.equity@mass.gov.