
Abbreviated Multicultural Health Care Standards

Prepublication DRAFT

Final abbreviated standards and the full Standards and Guidelines will be available at www.ncqa.org.

MHC 1: Race/Ethnicity and Language Data

The organization gathers race/ethnicity and language data using standardized methods.

Intent

The organization collects information that helps it provide culturally and linguistically appropriate services (CLAS).

Element A: Collection of Data on Race/Ethnicity

The organization's methods to assess the race/ethnicity of its eligible individuals include the following:

1. Direct collection of data from eligible individuals
2. Estimation of race/ethnicity using indirect methods
3. Validation of estimation methodology
4. Process to roll up race/ethnicity data to Office of Management and Budget (OMB) categories
5. System for data storage and retrieval of individual-level data
6. Reporting HEDIS *Diversity of Membership* measure (race/ethnicity component), if applicable.

Element B: Collection of Data on Language

The organization's methods to assess the language needs of its eligible individuals include the following:

1. Direct collection of language needs from its eligible individuals
2. A system for data storage and retrieval of language data
3. Assessment of the population's language profile at least every three years
4. Determination of threshold languages
5. Determination of languages spoken by at least 1 percent of the population or 200 eligible individuals, whichever is less
6. Reporting the HEDIS *Diversity of Membership* measure (language component), if applicable.

Element C: Privacy Protections for R/E/L Data

The organization has policies and procedures for managing access to and use of race/ethnicity and language data, including:

1. Controls for physical and electronic access to the data
2. Permissible uses of the data
3. Impermissible uses of the data, including underwriting and denial of coverage and benefits.

Element D: Notification of Privacy Protections

When the organization collects data, it discloses to eligible individuals its policies and procedures for managing access to and use of race/ethnicity and language data, including:

1. Controls for physical and electronic access to the data
2. Permissible uses of the data
3. Impermissible uses of the data, including underwriting and denial of coverage and benefits.

MHC 2: Access and Availability of Language Services

The organization provides materials and services in the languages of eligible individuals.

Intent

The organization communicates effectively with eligible individuals.

Element A: Written Documents

The organization has a documented process for providing vital information in threshold languages that includes:

1. Use of competent translators
2. A mechanism for providing translations in a timely manner
3. Specifying when translations will be written and when sight translation (oral interpretation) of written information will be provided
4. A mechanism for evaluating the quality of the translation.

Element B: Spoken Language Services

The organization uses competent interpreter or bilingual services to communicate with eligible individuals who need to communicate in a language other than English.

Element C: Support for Language Services

The organization supports practitioners in providing competent language services, including:

1. Sharing eligible individual data on language needs with practitioners
2. Sharing organization or service area population data on language needs
3. Providing practitioners with language assistance resources
4. Making in-person, video or telephone interpretation services available to practitioners
5. Offering training to practitioners on the provision of language services.

Element D: Notification of Language Services

Annually, the organization distributes written notice in English and any languages spoken by 1 percent or 200 eligible individuals, whichever is less, up to a maximum of 15 languages, that the organization provides free language assistance, and how the eligible individual can obtain the service.

MHC 3: Practitioner Network Cultural Responsiveness

The organization maintains a practitioner network that is capable of serving its diverse membership and is responsive to member needs and preferences.

Intent

The organization maintains a practitioner network that can meet the cultural and linguistic needs of its members.

Element A: Assessment & Availability of Information

To enable members to choose practitioners best able to meet their cultural and linguistic needs, the organization:

1. Collects information about languages in which a practitioner is fluent when communicating about medical care
2. Collects information about language services available through the practice
3. Collects practitioner race/ethnicity data
4. Publishes practitioner languages in the provider directory
5. Publishes language services available through the practice in the provider directory
6. Provides practitioner race/ethnicity on request.

Element B: Enhancing Network Responsiveness

At least every three years, the organization:

1. Analyzes the capacity of its network to meet the language needs of its members
2. Analyzes the capacity of its network to meet the needs of its members for culturally appropriate care
3. Develops a plan to address any gaps identified as a result of analysis, if applicable
4. Acts to address any gaps based on its plan, if applicable.

MHC 4: Culturally and Linguistically Appropriate Services Programs

The organization continually improves its services to meet the needs of multicultural populations.

Intent

The organization improves care and services for all eligible members.

Element A: Program Description

The organization has a written program description for improving culturally and linguistically appropriate services that includes the following:

1. A written statement describing the organization's overall objective for serving a culturally and linguistically diverse population
2. A process to involve members of the culturally diverse community in identifying and prioritizing opportunities for improvement
3. A list of measurable goals for the improvement of CLAS and reduction of health care disparities
4. An annual work plan
5. A plan for monitoring against the goals
6. Annual approval by the governing body.

Element B: Annual Evaluation

There is an annual written evaluation of the culturally and linguistically appropriate services program that includes the following:

1. A description of completed and ongoing activities for culturally and linguistically appropriate services
2. Trending of measures to assess performance
3. Analysis of results of initiatives, including barrier analysis
4. Review and interpretation of the results by community representatives
5. Evaluation of the overall effectiveness of the program.

MHC 5: Reducing Health Care Disparities

The organization uses race/ethnicity and language data to assess the existence of disparities and to focus quality improvement efforts towards improving the provision of culturally and linguistically appropriate services and decreasing health care disparities.

Intent

The organization uses data about its population to improve services and reduce disparities.

Element A: Use of Data to Assess Disparities

The organization uses race/ethnicity and language data and the following methods to determine if health care disparities exist.

1. Analyze one or more valid measures of clinical performance, such as HEDIS, by race/ethnicity
2. Analyze one or more valid measures of clinical performance, such as HEDIS, by language
3. Analyze one or more valid measures of eligible individual experience, such as CAHPS, by race/ethnicity or language

Element B: Use of Data to Monitor & Assess Services

The organization assesses the following at least annually:

1. Utilization of language services for organization functions
2. Eligible individual experience with language services for organization functions
3. Staff experience with language services for organization functions
4. Eligible individual experience with language services during health care encounters.

Element C: Use of Data to Measure CLAS and Disparities

Based on the results of measurement of health care disparities and language services, the organization annually:

1. Identifies and prioritizes opportunities to reduce health care disparities
2. Identifies and prioritizes opportunities to improve CLAS
3. Implements at least one intervention to address a disparity
4. Implements at least one intervention to improve CLAS
5. Evaluates the effectiveness of an intervention to reduce a disparity
6. Evaluates the effectiveness of an intervention to improve CLAS.

