



Column name	Valid input value	Additional instructions for completing the report
Member ID	Member's Medicaid ID	
Interpreter needs flagged in MMIS	Yes No	Data available in 834-member enrollment file
Type of care	Medical Dental Mental/behavioral	
Visit type/care setting	Inpatient Stay Emergency Department Office outpatient Home Health Telehealth Other	If multiple types of visits occurred on the same day, then please select one type of visit <b>using the order of selections as a hierarchy</b> . For example, report as 'emergency department' visits only when it did not result in an inpatient stay; if an office outpatient visit and telehealth occurred on the same day, report the office outpatient visit, etc.  <b>Do not report as a visit when only filling prescriptions at a pharmacy is involved on that date.</b>
Visit date	Visit date: YYYY/MM/DD	<b>Please report only one visit per member per day.</b> For an inpatient stay, report the admission date as the visit date, and report one inpatient stay in a facility as one visit regardless of the total length of stay; count as a separate inpatient stay, if the patient is transferred to a different facility.
In-person interpreter service	Yes No	
Telephonic interpreter service	Yes No	Report all that apply during the visit date/inpatient stay
Video remote interpreter service	Yes No	
Was the interpreter OHA certified or qualified	OHA certified OHA qualified Not certified or qualified by OHA	
Interpreter's OHA registry number	OHA registry number	
Was the interpreter a bilingual staff	Yes No	Bilingual staff services do not automatically qualify for numerator hits unless the staff (including the provider for the visit) is OHA qualified or certified for interpreter services. This flag is for information that an outside/contracted interpreter is not used; it helps the CCO to identify staff who may receive training for becoming OHA qualified/certified. If patient received a satisfying in-language visit and the provider is not OHA qualified/certified, the visit can be flagged as 'patient refusal for reason #1' and may be excluded. See detail on member refusal reporting.
Did the member refuse Interpreter Service	Yes No	
Reason for member refusal (optional)	Enter reason codes 1-4: 1. Member refusal because an in-language visit is provided. 2. Member confirms interpreter needs flag in MMIS is inaccurate. 3. Member unsatisfied with the interpreter services available. 4. Other reasons for patient refusal	<b>Scenario 1:</b> The member confirms the provider for the visit can perform in-language service and therefore no interpreter service is needed. To note, if the in-language service provider is OHA certified or qualified, it could be a numerator hit for the metric. <b>Scenario 2:</b> OHA recommends initiating correction of the interpreter flag in MMIS.