



Annual
Evaluation
2015-2016
Clear Health
Alliance
Cultural
Competency
Plan

June 1

2016



**Annual Evaluation
2015 Cultural Competency Program
Clear Health Alliance
June 1, 2016**

Clear Health Alliance (CHA) (non-Reform), an HMO Specialty Plan for Medicaid recipients living with HIV/AIDS, became operational in Miami-Dade County effective April 1, 2012. A Reform CHA contract was implemented in Broward County effective March 2013. Both of these contracts remained effective until the SMMC was implemented in 2014. In January 2014 CHA signed a contract to provide services as a Medicaid Managed Assistance Program provider in all Florida Regions except Region 4. Services under this new contract began rolling out on May 1, 2014. While this CCP addresses the new MMA Program specifically, it is preceded by similar, ongoing CCPs that have been in effect since April 1, 2012.

OVERVIEW

The evaluation draws from CHA records regarding member enrollment, member services, employees, provider credentialing, claims, case management, disease management and quality management.

Member language and race data used in this evaluation come from the member enrollment database. Data in this database are primarily obtained from the monthly Medicaid Program enrollment files provided to the Plan by AHCA.

Provider language and race data come from the Plan's credentialing files. All provider race, ethnicity, and language data are self-reported in the providers' credentialing application. This information is manually entered in the credentialing database by the Provider Credentialing Department. Notably, provider race and ethnicity data are not required for the credentialing application and most providers choose not to provide these data. As a result CHA has virtually no race and ethnicity data on our providers. Our record of languages spoken by each provider is more complete and is a good proxy for race and ethnicity when looking at how well the CHA provider network represents our members. Additionally, because the CHA provider panel represents a broad section of the population in the counties served, we do not believe that, at this time, this lack of information significantly affects our ability to assess how well providers in the network represent CHA members in terms of language, culture and ethnicity. Nevertheless, CHA continues to encourage our providers to share information regarding their cultural/ethnicity and race data, as reflected in our network provider credentialing applications.

Employee race, ethnicity, and languages spoken data come from the employee database, which draws on information provided in the employee application.



Information regarding availability of member materials, grievances, and accessibility to translation services is obtained from an analysis of website materials, committee meetings minutes and printed materials available to CHA members.

DEMOGRAPHIC ANALYSIS

MEMBERS

As of December 2015, CHA had a total of 9,047 members (based on data extracted on 3/19/2016). A review of the spoken language data reflects that the majority of CHA members who reported a preferred language speak either English. Specifically, 87.61% speak English and 9.51% speak Spanish. Less than two percent (1.26%) of CHA members speak Creole. No language preference is reported for 1.62% of members.

Member race/ethnicity data show that 15.21% of the members are Hispanic; 47.56% are African American; 22.45% are Caucasian. Race/ethnicity data were not reported for 13.58% of members.

Only 2.13% of members are younger than 21 years of age. The great majority of CHA members (90.85%) are between 21 and 64 years of age. Slightly more than seven percent (7.02%) are age 65 or older.

The table below shows demographic characteristics of the active population at December 31, 2015 (data extracted on 03/19/2016).

Table 1. Demographic characteristics of members, total numbers and percentage

	Number of Members at 12/31/2015*	Percentage of Members at 12/31/2015
Total Members	9,047	100.00%
Gender		
Male	5,018	55.47%
Female	4,029	44.53%
Age		
< 2 Years	15	0.17%
2-5 Years	62	0.69%
6-20 Years	116	1.28%
21-35 Years	1,266	14.00%
36-50 Years	2,863	31.65%
51-64 Years	4,090	45.21%
65-74 Years	528	5.84%
75 Years +	107	1.18%
Race/Ethnicity		



	Number of Members at 12/31/2015*	Percentage of Members at 12/31/2015
African American	4,303	47.56%
Caucasian	2,031	22.45%
Hispanic	1,376	15.21%
No Ethnicity Reported	1,229	13.58%
Unknown	108	1.19%
Spoken Language		
Creole	114	1.26%
English	7,926	87.61%
Spanish	860	9.51%
No Language Reported	147	1.62%

* Data extracted on 3/19/2016

PROVIDERS AND VENDORS

Providers are not required to include data on race/ethnicity in their credentialing applications. Although the CHA credentialing application encourages inclusion of these data, most physicians do not report and therefore we are unable to provide a racial/ethnic provider profile. There are no data on race/ethnicity or language spoken for Plan vendors.

A review of the provider language data, as reported by providers, indicates that 100% of the providers speak English. For all Providers, 63.0% speak Spanish and 7.0% speak Creole. The number of providers reporting that they are bilingual in Creole has increased from last year (5.0% in 2014).

The Provider Directory contains information on the languages spoken by providers in addition to English. The Provider Directory is available online on the member web portal and in writing upon request. .

EMPLOYEES

The Health Plan recruits and employs qualified leadership, management and staff to administer and support the functions of Plan services and programs. The Health Plan recruits bilingual associates reflecting the demographics of the membership by requiring bilingual capabilities in certain job positions.

As of 12/31/2015 the Plan had 934 employees. All Plan employees speak English, 72.0% are bilingual in English and Spanish, an increase from 69.13% in 2014. Two percent (2.0%) are bilingual in English and Creole.

SUMMARY OF RACE/ETHNICITY AND LANGUAGE DATA

Table 2 below provides a comparison of available language data for members, employees, and Plan Providers. The data are presented graphically in Chart 1 with a breakout of “speak Creole” in Chart 2.

Table 2. Comparisons, by percent, at 12/31/2015*

	Hispanic	White, Non-Hispanic	Black, Non-Hispanic	Speak English	Speak Spanish	Speak Creole
Members	15.21%	22.45%	47.56%	87.61%	9.51%	1.26%
All Employees	UNK	UNK	UNK	100.00%	72.0%	2.0%
All Providers	UNK	UNK	UNK	100.00%	63.0%	7.0%

* Data extracted on 3/19/2016

Chart 1. Graphical Presentation of Table 2

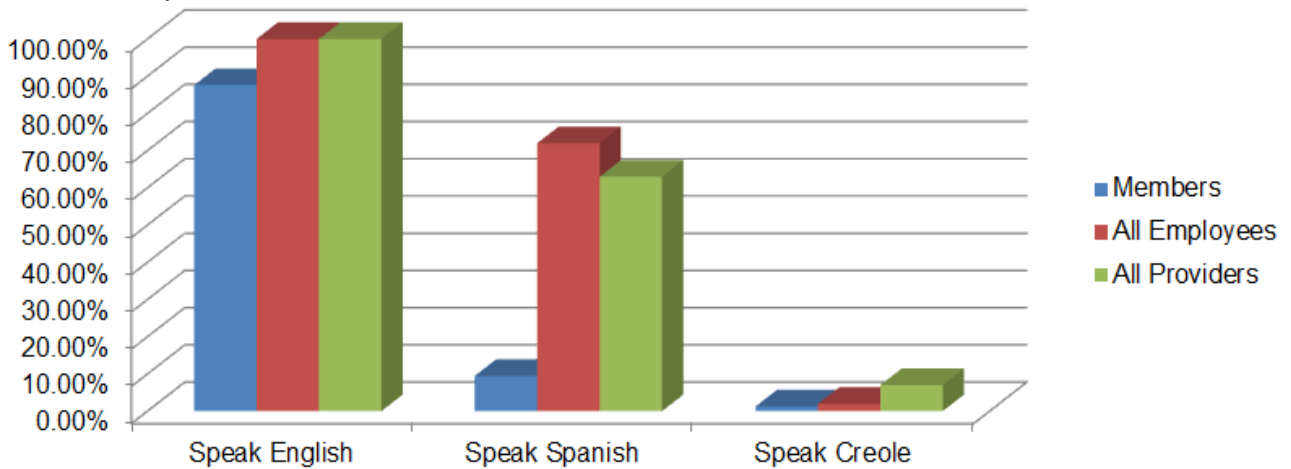
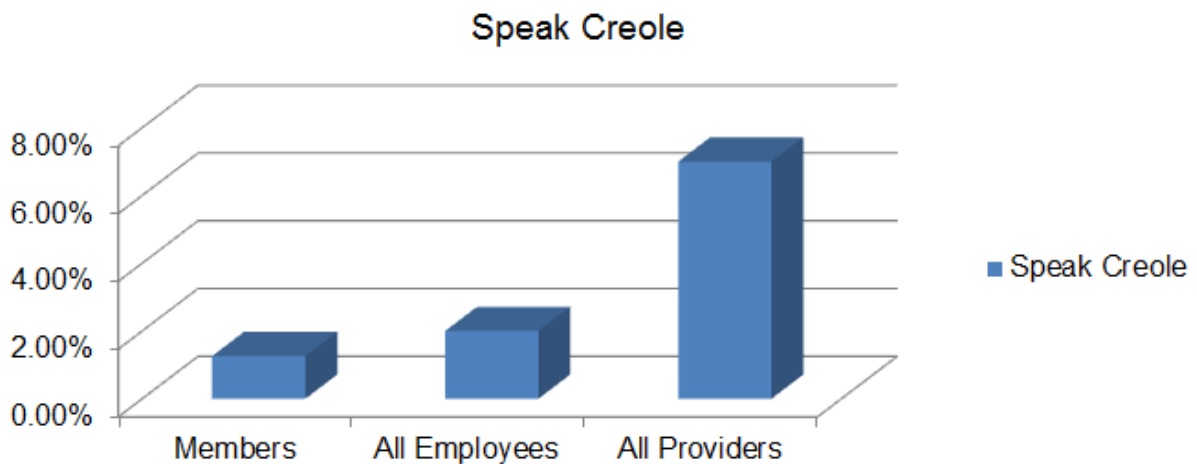


Chart 2. Breakout for “Speak Creole”





PLAN-WIDE CULTURAL COMPETENCY PRACTICES

CULTURAL COMPETENCE TRAINING

All Plan employees complete a cultural competency training module when hired. Training is provided as part of the *Simply U*, a web-based training center. All employees have access to the training center at www.robusttrainingcenter.com. In 2015, 99% of new plan employees were trained within 30 days of hire and 99% of all the Plan employees were re-trained.

As of December 2015, Clear Health Alliance through its parent company Anthem Inc. implemented a new Cultural Competency training as part of an initiative under Anthem's Diversion and Inclusion strategy. It centers on developing an organizational capability that capitalizes on the strengths of a diverse workforce and an inclusive work environment. It enables us to leverage diversity of thought and cultural insight to meet and exceed customer needs and expectations. All Plan employees have access to the new training center at <https://worknet.internal.das>.

Cultural competency training is part of the introductory package given to providers when they join the Plan's network. All CLAS-related information and contractual requirements are included in the welcome packet as part of the provider orientation. All providers are expected to complete the self-directed cultural competency training module prior to providing services to CHA members. They are also expected to be familiar with the current CHA Cultural Competency Plan, which is available on line at: <http://www.clearhealthalliance.com/providers.html>. The Provider Relations Department oversees this training. In 2015 100% of newly credentialed providers completed this training.

Delegated network vendors receive a copy of the CHA CCP. Contracts specify that vendors will assure that their providers offer culturally competent services to all CHA members as described in the CCP. In 2015 there were 29 Medicaid compliance audits. Of those, 100% provided supporting documentation for CCP. This represents an improvement from the 61% reported in 2014.

At the request of providers and subcontractors, CHA provides guidance and education regarding the design and implementation of policies and procedures that reflect CHA's philosophy of cultural competency and minority recruitment. No technical assistance requests were made between January 1, 2015 and December 31, 2015.

MEMBER MATERIALS: PRINTED AND WEB-BASED

The Plan prepares and distributes all member letters and ID cards in both Spanish and English. Member educational and outreach materials are also available in both languages. Currently, the percentage of Creole speakers is less than 5%. The Plan will continue to evaluate the need for materials printed in Creole. In the interim, CHA



continues to be willing and able to provide translation of any member materials from English to Creole, via telephone, as needed at no cost to the enrollee.

TRANSLATION SERVICES

The Member Services helpline handles calls from non-English speaking members, as well as calls from enrollees who are hearing impaired. Additionally, language translation services are available to all members at point of service. Between January 1, 2015 and April 30, 2015 CHA used translation services through Voiance, which offers over 100 different languages and corresponding interpreters. On May 1, 2015 CHA used translation services through CyraCom, a leading provider of language interpreting services to healthcare exclusively endorsed by the American Hospital Association. CyraCom supports hundreds of languages and operates 24/7. A review of all interpreter invoices of Voiance and CyraCom between January 1, 2015 and December 31, 2015 reflects a total of 8,065 calls referred for translation service, an increase of 44.8% over the previous year. The majority of the translation services utilized are for Spanish/English translations followed by Creole/English. In addition, translation for the following languages was requested: Vietnamese, Russian, Mandarin, French, Albanian, Arabic, Assyrian, Cantonese, Croatian, Brazil-Portugese, Tagalog, Polish, Hindi, Urdu, Italian, Filipino, Romanian, Bosnian, Greek, Malayalam, Bengali, Gujarati, Hmong, Turkish, Burmese, Korean, Lao, Portugese, Thai, Albanian, Armenian, Farsi, Hungarian, Ibo, Oromo, Serbian, Amharic, Bulgarian, Cambodian, Chuukese, Ga, German, Hausa, Japanese, Kurdish, Nuer, Persian, Ilocano, Punjabi, Somali, Telugu and Toishanese.

Oral interpretation services are provided to all CHA members, including notice of adverse action. There is no charge to the enrollee for translation services. Member Services notifies members of the availability of oral interpretation services and informs and assists them regarding how to access these services. This information is also included in the CHA Member Handbook. The Plan has a Member Services phone system with the capacity to handle all member calls that allows the routing of calls to different preferred language queues, as selected by the member.

MEMBER SATISFACTION SURVEY

The 2015 CHA CAHPS member satisfaction survey was conducted by NCQA accredited vendor Morpace. Relative to cultural competency, the following CLAS-related questions are included:

1. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
2. In the last 6 months, how often did your personal doctor show respect for what you had to say?
3. In the last 6 months, how often did your health Plan's customer service staff treat you with courtesy and respect?
4. In the last 6 months, how often did you have a hard time speaking with or understanding your personal doctor because you spoke different languages?



5. In the last 6 months, when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one? (question not included on child survey)

Table 3. Comparison of CLAS-Related Responses to CAHPS Survey – Adult Only

Question (see above)	2014	2015	Difference
#1	94%	93%	-1%
#2	97%	96%	Even
#3	96%	95%	-1%
#4	6% (reverse measure)	6% (reverse measure)	Even
#5	14% never got one (reverse measure)	21% never got one (reverse measure)	-7%

*Only 4.7% of sample population reported to have needed an interpreter in 2015

The 2015 CAHPS Member Satisfaction Survey data listed above are preliminary results as provided by NCQA-certified vendor Morpace. Due to the low number of children in the CHA population only an Adult CAHPS 5.0 Member Satisfaction Survey was conducted. The Plan will continue to explore the barriers specific to this population in our commitment to improving overall member satisfaction.

Upon receiving the final 2015 CAHPS survey tabulations the Plan will review and analyze all responses to ensure member-focused and member-driven services are both cultural and competent and linguistically appropriate.

A multi-disciplinary workgroup was formed in which the Plan addressed barriers to accessing interpreter services when requesting to help speak with a doctor or health provider, and improving Member Health Literacy. The Plan offers translation services that are accessible and free to members at all points of service delivery, including providers' offices, hospitals, etc. Preliminary barriers affecting access to interpreter services include lack of knowledge about the availability of the service in general, and lack of availability of emergency interpreter services. Preliminary barriers to improving Member Health Literacy include an understanding of basic health information needed to make appropriate health decisions, and a lack of preparation prior to medical appointments on the member and provider's part. The group will take all barriers through root cause analysis in order to develop effective interventions which will result in measurable and sustainable improvement.

Interventions:

To address the identified areas for improvement, the Plan developed member and provider communications for Health Literacy and Interpreter Services.

- Health Literacy - Provider Communication
 - The provider communication defined Health Literacy and communicated the importance that members understand medical instructions and have knowledge of their condition. Supporting literature regarding the high number of members with low health literacy was also provided.



- This document was approved by AHCA in 2015, and a communication is currently distributed on a quarterly basis.
- Health Literacy - Member Communication
 - This communication stressed the importance of understanding what doctors or other health providers tell the member about their health. Included is a list of essential items for members to have prepared prior to a medical visit.
 - A blank questionnaire is included, which members can use to compile a list of questions for providers in preparation for each medical visit. Sample questions are listed on the communication.
 - This document was approved by AHCA in 2015, and is available to all enrollees on the Plan website. The Plan is currently exploring different ways to distribute this information to enrollees.
- Interpreter Services – Member and Provider Communications
 - Communications were developed for members and providers informing them of the interpreter services offered by the Plan. Included on both communications are instructions on how to access these services.
 - Documents were approved by AHCA in 2015. This communication is available on the Plan website and provider portal. A provider communication is currently distributed on a quarterly basis.

MEMBER GRIEVANCES

Clear Health Alliance reviews and addresses any member complaint received concerning cultural or language competency. These grievances, like all other grievances and complaints, are reported quarterly to the QIC for discussion, recommendation and disposition, if applicable. Member grievances are never delegated. No cultural or language competency-related grievances were received from any CHA members between January 1, 2015 and December 31, 2015.

DISCUSSION OF CCP EVALUATION RESULTS

A more aggressive minority recruitment (MR) plan was developed and implemented effective 9/1/2014. This new MR plan enabled the Plan to close the race/ethnicity gap entirely for all employee groups with direct member interactions. Additionally, we look at these data by County, as across the state of Florida the racial/ethnic and language profiles of Medicaid Plan members are likely to vary.

In general bilingual staffing is CHA's preference as it reduces the number of employees necessary to staff language-specific phone queues, thus increasing efficiency and minimizing hold times. With the majority of CHA's population speaking either English or Spanish, the Plan continues to meet the requirement to provide service in a culturally and linguistically appropriate manner. Although only 1.26% percent of our members speak Creole, Table 2 and Charts 1 and 2 show that the percentage of employees and providers who speak Creole is higher than the percentage of members who speak



Creole. Special attention continues towards adding customer service and case/disease management staff who are bilingual in English and Creole based on the minority recruitment plan described above.

Most providers supply information regarding spoken language capabilities on their credentialing applications so CHA is able to monitor how well members' language needs are met. The Plan continues to have a significant number of providers who speak Spanish, and this number has increased. All providers must be able to communicate with members in English. The number of providers who report speaking Creole has also increased and exceeds member levels.

As described above, CHA has the ability to provide translation services in any language via the Plan's contracted translation vendor. Information about this service is in the Plan's member handbook, Plan website, and Provider Portal online. Members and providers are advised of the availability of these services, if translation services needs are identified. Also, Plan providers are advised of this service and are required to assure that the members' translation needs are met.

PROGRESS WITH REGARD TO 2015 CULTURAL COMPETENCY PLANS GOALS

Table 3 below provides a review of goals implemented in September 1, 2015 per the June 1, 2015 Cultural Competency Plan (CCP), follow-up and action plans.

Table 3. 2015 CCP goals, evaluation and action plans

Goals as of September 1, 2015	Mid-year evaluation	Follow-up Action Plan
Cultural competency training materials are current and relevant.	<p>CHA implemented revised cultural competency trainings for Plan employees and providers. These trainings were approved by AHCA and became effective September 1, 2014.</p> <p>As of December 2015, Clear Health Alliance through its parent company Anthem Inc. implemented a new Cultural Competency training as part of an initiative under Anthem's Diversity and Inclusion strategy.</p> <p>All Plan Providers complete an AHCA-approved Cultural Competency training prior to providing services to CHA</p>	CHA will continue to monitor and evaluate the cultural competency trainings for Plan employees and providers.



Goals as of September 1, 2015	Mid-year evaluation	Follow-up Action Plan
	members.	
CHA will provide cultural competency training to all new employees	99% of all 2015 new hires completed the cultural competency training within 30 days of employment.	Results exceed the 95% minimum; Plan will continue to work toward 100% compliance
CHA will provide cultural competency training to all employees ongoing, as necessary.	99% of all employees who started before 2015 completed the annual cultural competency refresher training	Results exceed the 95% minimum; Plan will continue to work toward 100% compliance
New participants in the CHA Provider Network will complete the cultural competency training within 30 days of signed contract with the Plan.	<p>Cultural Competency training for providers was approved by AHCA September 1, 2015. All materials were posted on the provider web sites.</p> <p>In 2015, 100% of all CHA newly credentialed providers completed this training and a self-assessment within 30 days of signed contract with the Plan.</p>	Fully compliant
All current CHA providers will complete a cultural competency re-training each year.	Currently, CHA does not require providers to submit verification of annual refresher trainings. However Providers are able to obtain a copy of CHA's Cultural Competency Plan on the provider web sites.	<p>A Cultural Competency communication was developed and distributed to all Plan providers to complete the annual refresher training. How to access this training was also included in the communication.</p> <p>QM will continue to work with Provider Relations and Provider Administration to identify additional ways</p>



Goals as of September 1, 2015	Mid-year evaluation	Follow-up Action Plan
		for providers to complete and submit verification of annual refresher training.
CHA delegated agencies must have a cultural competency plan within their organization.	In 2015 there were 29 Medicaid compliance audits of delegated agencies. 100% of all delegates provided supporting documentation for CCP.	Fully compliant Delegated agencies will continue to receive a copy of the CHA CCP. Contracts specify that vendors will assure that their providers offer culturally competent services to all CHA members as specified in the CCP. QM will continue to work with the Delegation Department to assure that 100% of delegated vendors are in compliance in 2016.
CHA will create a Member Advisory Committee which will include a representative sample of members who use CHA services.	Meetings were held on 3/31/15, 4/8/15, 4/30/15, 6/16/15, and 8/27/2015 with Medicaid members enrolled in CHA. No recommendations were made by members. The only suggestion was for CHA to continue sending educational materials that were language appropriate.	This goal has been met
CHA's member satisfaction questionnaire will continue to include additional questions to	The Plan distributed member and provider education materials as it relates to interpreter services and health literacy. (See "Member Satisfaction	CHA will continue to include cultural/ linguistic related questions on the member satisfaction



Goals as of September 1, 2015	Mid-year evaluation	Follow-up Action Plan
<p>assess CHA's performance as it relates to member satisfaction with the Plan's ability to satisfy the members' language and cultural needs. This survey was distributed to members during 2015.</p>	<p>Survey" section above).</p>	<p>survey and monitor these results. QM will work on identifying ways to assure that all members who need interpreter services when speaking with providers are able to get those services.</p> <p>Fax communications are distributed to providers quarterly by the Plan.</p>
<p>CHA will develop and distribute material to members that will promote and increase health literacy.</p>	<p>The Plan distributed member and provider education materials as it relates to health literacy. (See "Member Satisfaction Survey" section above).</p>	<p>QM finalized health literacy materials along with a distribution plan for these materials. Currently, health literacy provider communications are distributed quarterly.</p> <p>The Plan will continue to develop ways of effectively educating members and providers on the importance of understanding and overcoming barriers related to language and health literacy.</p>
<p>CHA will recruit employees at Florida colleges and universities that</p>	<p>In 2015 open position lists were sent to Carlos Albizu University, Bethune Cookman, Edward Waters College, Florida A&M, Florida Memorial</p>	<p>This goal was met in 2015 however was discontinued in 2016 as the Plan is working on</p>



Goals as of September 1, 2015	Mid-year evaluation	Follow-up Action Plan
primarily serve minority students.	University, Jones College, Miami Dade College, St. Thomas University.	developing a more aggressive approach to better serve the minority population.
Annual assessment of employee perceptions regarding internal cultural competence demonstrated by co-workers and management.	<p>Develop/find a survey that addresses employee perceptions regarding internal cultural competence demonstrated by co-workers and management</p> <p>Analyze and report on survey results to the QIC.</p> <p>Have managers discuss aggregate results in departmental meetings within one month following the survey.</p>	<p>CHA through its parent company Anthem Inc. addresses and conducts an internal assessment of cultural competency through its CCP training module completed by every employee.</p> <p>The Plan will work with its parent company Anthem Inc. in possibly analyzing these results to develop ways in addressing any areas of concern. These results (if available) will be included in the 2016 Cultural Competency Plan Evaluation.</p> <p>The Plan will continue working on developing ways to assess employee perceptions regarding internal cultural competence.</p>
Membership, employee and provider language	See Table 2 and Charts 1 and 2 and Discussion of Results Section.	Plan will continue to monitor balance.



Goals as of September 1, 2015	Mid-year evaluation	Follow-up Action Plan
<p>profiles are current. Additionally, racial/ethnic profiles are updated every 6 months for membership.</p>		
<p>Analyze performance data through the lens of cultural competency</p>	<p>Report measures to the QIC quarterly</p> <p>% of member complaints and grievances based on concerns regarding cultural competency</p>	<p>There were no CLAS-related member complaints and grievances in 2015.</p>
<p>Ensure that all regions are supported by an CHA Provider Network (including specialists) that reflects the ethnic/racial profile of its membership.</p>	<p>Coordinate with the CHA Provider Administration and Credentialing team to provide ongoing CCP related information for each region. CHA will evaluate the cultural and linguistic needs of each member population before accepting or rejecting any additional providers.</p>	<p>The Plan is currently coordinating with the CHA Provider Administration and Credentialing team on creating a new Quality Indicator to be provided quarterly which will show the percentage of members with a specific cultural, racial and language preference compared to its Provider Network in that region.</p>
<p>Incorporate a minority requirement strategy (MRS) into the CCP in accordance with s. 641.217, F.S. per the CHA MMA contract.</p>	<p>A MRS was incorporated into the CCP and implemented on September 1, 2014.</p>	<p>This requirement has been met.</p>



Clear Health Alliance
Medicaid Medical Assistance
Program
Cultural Competency Plan

June 1

2016



Section I: Introduction

BACKGROUND:

Clear Health Alliance (CHA) (non-Reform), an HMO Specialty Plan for people with Medicaid living with HIV/AIDS, became operational in Miami-Dade County effective April 1, 2012. A Reform CHA contract was implemented in Broward County effective March 2013. Both of these contracts remained effective until the SMMC was implemented in 2014. In January 2014 CHA signed a contract to provide services as a Medicaid Managed Assistance Program provider in all Florida Regions except Region 4. Services under this new contract began rolling out on May 1, 2014 and were fully implemented as of August 1, 2014. While this CCP addresses the new MMA Program specifically, it is preceded by similar, ongoing CCPs that have been in effect since April 1, 2012. As of December 31, 2015 there were 9,047 members enrolled in the CHA MMA.

POLICY:

Clear Health Alliance (CHA) Medicaid Medical Assistance Plan will assure that Plan employees, network providers and delegated contractors and subcontractors are culturally diverse and competent to interact with our culturally diverse members. As required, the Cultural Competency Plan (CCP) describes how providers, CHA employees, and systems will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms and respects the worth of the individual enrollees and protects and preserves the dignity of each.

The CCP is designed in accordance with 42 CFR 438.206 and implicitly commits to compliance with all contractual requirements identified in Section I.K. Civil Rights Requirements/Vendor Assurance of the MMA contract. The CCP will be updated annually and submitted to the Agency by June 1 for approval and implemented by September 1 of each contract year as required in the MMA contract. Additionally, CHA will complete an annual evaluation of the effectiveness of the previous year's CCP to be submitted to the Agency by June 1 and will develop interventions for elements of the CCP that do not perform to expectations as specified within the CCP or expressed by the Agency.

The CHA Policy and Procedure (QM023) that guides this Cultural Competency Plan (CCP) is included here as Attachment A.

RESPONSIBILITY FOR THE CULTURAL COMPETENCY PLAN:

It is the responsibility of the following CHA department heads to assure that members have access to cultural diversity in the provider network and among Plan employees in the areas of Member Services, Grievance and Appeals, Case Management, and



Disease Management in accordance with CHA Policy and Procedure QM023 (Attachment A):

Director or Provider Relations
Member Services Director
Director of Quality Management
Director of Health Care Management Services, and
Chief Medical Officer/Medical Director

Additionally, the Quality Improvement Committee meets at least quarterly. The CCP status and barriers to compliance are standing agenda items for this committee.

Contracted networks and vendors, such as behavioral health, vision, and dental will comply with the CHA CCP to assure a culturally competent network of providers, consistent with the requirements of the Medicaid contract. The Provider Manual contains a description of the CCP. This manual is distributed to all providers when they are accepted into the network and is available online on the provider website portal. The complete CCP is also posted on the providers' website. Network providers are informed that they may request a hard copy of the CHA Cultural Competency Plan at no cost by calling CHA's Provider Relations Department.

The department Directors listed above will assure that all written member materials are available in a culturally competent manner. Initially, all member materials will be available in Spanish and in English.

CULTURAL COMPETENCY OVERVIEW:

Cross et al. (1998) defined cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system or organization and enable that system or organization to work effectively in multi-cultural situations.

The word **culture** implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word **competence** implies having the capacity to function effectively.

Five essential elements contribute to a system or organization's ability to become more culturally competent. These include:

1. Valuing diversity
2. Having the capacity for cultural self-assessment
3. Being conscious of the dynamics inherent when cultures interact
4. Having institutionalized cultural knowledge
5. Having developed adaptations to service delivery reflecting an understanding of cultural diversity



These five elements should be manifested at every level of a culturally competent organization including policy-making, administration, and practice. Further these elements should be reflected in the attitudes, structures, policies, and services of the organization. (**Reference:** Cross, T., Bazron, B., Dennis, K., & Isaacs, M., (1989). *Towards a Culturally Competent System of Care, Volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.)

Understanding and addressing poor health literacy among some plan members has been identified as an important element in assuring organization-wide cultural competence. Other cultural barriers to full member participation that are addressed through policies and activities described in the CCP include:

- Less availability of providers in some minority areas may result in greater travel times and a limited choice of providers in some minority neighborhoods.
- Communication challenges between members and providers may result in a provider's inability to solicit a patient's impression or input about their illness, making effective care more difficult and increasing patient frustration. The provider may also be uncertain about the patient's compliance to treatment.
- Some members are not able to speak and/or read in English or Spanish.

Examples of negative health consequences that may result from lack of cultural competence include missed opportunities for screening due to unfamiliarity with the prevalence of conditions among certain minority groups, failure to take into account differing responses to medication, lack of knowledge about traditional remedies leading to harmful drug interactions, and diagnostic errors resulting from miscommunication.

USING THE CULTURAL COMPETENCY PLAN:

This CCP is organized around six core areas that represent the foundation for CHA-wide cultural competence and the activities associated with each of these areas: foster cultural competence, build community partnerships, collect diversity data, measure performance and evaluate results, reflect and respect diversity, and ensure effective communication and language access. Within each of the six areas, the CCP describes objectives and implementable activities planned to work toward each objective, as well as the measurable outcomes that will form the basis of the CCP evaluation.



Section II: Cultural Competency Plan

A. Foster Cultural Competence

Objectives	Action Plans	Outcomes
Cultural competency training materials are current and relevant	<ul style="list-style-type: none"> All cultural competency training materials for employees and providers will be reviewed annually (before September 1) and updated as needed to reflect CHA members 	<ul style="list-style-type: none"> Cultural competency training materials are marked with a revision date in the current year on or before September 1
Timely employee and provider cultural competency training	<ul style="list-style-type: none"> All employees will complete cultural competency training within one month of hire and an annual refresher training thereafter All providers will complete a cultural competency training within one month of approval as a network provider and an annual refresher training thereafter 	<ul style="list-style-type: none"> Date of cultural competency training documented for new hires Date of annual refresher training documented for all employees Date of new provider training documented Date of annual refresher training documented for all providers Percent of non-compliant new and refresher training reported to QI committee quarterly is \leq 5%
Provider Sensitivity Training	<ul style="list-style-type: none"> All providers participating in the Clear Health Alliance plan will be offered and encouraged to attend sensitivity training on how to work effectively with people living with HIV/AIDS. 	<ul style="list-style-type: none"> Sensitivity training materials are marked with a revision date in the current year on or before September 1.
Contracted and subcontracted	<ul style="list-style-type: none"> Review cultural competency plans and 	<ul style="list-style-type: none"> Delegation Department

CHA MMA 2015-2016 Cultural Competency Evaluation and Plan

Approval Dates: AHCA xx/xx/2016

Board of Directors xx/xx/2016

QIC xx/xx/2016



Objectives	Action Plans	Outcomes
network vendors have active cultural competency plans in place in their organizations	<p>most recent evaluation of such plans as part of the network vendor selection process</p> <ul style="list-style-type: none"> Require new network vendors to develop cultural competency plans prior to providing services to CHA members; confirm that plans are in place and that vendor employees are appropriately trained through review of vendor documentation 	<p>checklist for new vendors includes confirmation of review of cultural competency plan by September 1, 2016</p> <ul style="list-style-type: none"> Each vendor's Delegation Department file (paper or electronic) includes a copy of their cultural competency plan
Services are delivered in a culturally competent manner	<ul style="list-style-type: none"> The Member Advisory Committee (MAC) meets at least one time each year (before September 1) and makes recommendations to the Quality Improvement Committee The MAC includes a representative sample of enrolled members who use CHA services 	<ul style="list-style-type: none"> There is a copy of minutes from at least one MAC meeting each year; attendance of enrolled member representatives is documented QIC minutes include report from MAC at least one time each year
CCP includes member input regarding demonstrated gaps in cultural competence	<ul style="list-style-type: none"> Include at least one item regarding each of the following on annual member survey: member's ability to understand provider; member's perception of provider's ability to understand member; member's perception of respectful treatment by providers and providers' staff; member's perception of respectful treatment by CHA employees in Enrollment, Member Services and CM 	<ul style="list-style-type: none"> The annual member survey includes the listed items Responses to cultural competency items on the annual member survey are maintained at an 80% or greater approval level

CHA MMA 2015-2016 Cultural Competency Evaluation and Plan

Approval Dates: AHCA xx/xx/2016

Board of Directors xx/xx/2016

QIC xx/xx/2016



B. Build Community Partnerships

Objectives	Action Plans	Outcomes
<p>A workforce that reflects the diverse consumers and communities served by the Plan.</p>	<ul style="list-style-type: none"> • Clear Health Alliance through its parent company Anthem Inc. will recruit, hire, train and promote persons in all job titles without regard to age, ethnicity, disability, gender (including gender identity), marital status, national origin, race, religion, sex, sexual orientation, veteran status, or other status protected by applicable law. • All personnel actions such as compensation, promotion, demotion, benefits, transfers, staff reductions, terminations, reinstatement and rehire, company-sponsored training, education and tuition assistance, and social and recreational programs will be administered in accordance with the principles of equal employment opportunity. • Through partnerships with external organizations, Clear Health Alliance seeks to recruit and retain the best talent, and to learn about and implement best-in-class diversity practices. Our key partnerships include: <ul style="list-style-type: none"> • National Association for Black MBAs • National Society for Hispanic MBAs 	<ul style="list-style-type: none"> • All applicants undergo an assessment specific to the job of interest. Assessments are scored and individuals are then ranked through the Plan's Taleo recruiting system. This allows recruiters and hiring managers to review and interview the most qualified candidates for each job. Candidate evaluation forms are then completed by hiring managers during the interview process to ensure the most qualified person is selected. • Clear Health Alliance through its parent company Anthem Inc. - HR Compliance Team conducts internal audits reviewing candidate pools and confirming that all ethics policies and procedures have been followed.



C. Collect Diversity Data

Objectives	Action Plans	Outcomes
Identify populations that are frequently served by CHA	<ul style="list-style-type: none"> • Maintain aggregate membership profiles sorted by Region (1-11) based on spoken language and race/ethnicity • Develop and maintain aggregate profiles of members with specific diagnoses, including analysis by race/ethnicity • Make member profiles and prevalence data by race/ethnicity available to all Plan employees 	<ul style="list-style-type: none"> • Aggregate membership profiles are posted on the employee and provider web sites and updated at least one time each year • Diagnosis-specific profiles are posted on the employee and provider web sites and updated at least one time each year • Member profiles and prevalence data by race/ethnicity are made available to all employees through the annual QI evaluation, which is posted on the employee shared drive

D. Measure Performance and Evaluate Results

Objectives	Action Plans	Outcomes
Annual assessment of employee perceptions regarding internal cultural competence demonstrated by co-workers and management	<ul style="list-style-type: none"> • CHA through its parent company Anthem Inc. addresses and conducts an internal assessment of cultural competency through its CCP training module completed by every employee. • The Plan will work with its parent company in possibly analyzing these results to develop ways in addressing any 	<ul style="list-style-type: none"> • % of employees who perceive respectful interactions on the part of co-workers and management • % of employees who perceive their co-workers are being inclusive in their day-to-day interactions

CHA MMA 2015-2016 Cultural Competency Evaluation and Plan

Approval Dates: AHCA xx/xx/2016

Board of Directors xx/xx/2016

QIC xx/xx/2016



Objectives	Action Plans	Outcomes
	areas of concern. These results, if available will be included in the 2016 Cultural Competency Plan Evaluation.	
Analyze performance data through the lens of cultural competency	<ul style="list-style-type: none"> Report measures to the QIC quarterly 	<ul style="list-style-type: none"> % of member complaints and grievances based on concerns regarding cultural competency

E. Reflect and Respect Diversity

Objectives	Action Plans	Outcomes
Ensure that all regions are supported by a CHA Provider Network (including specialists) that reflects the ethnic/racial profile of its membership.	<ul style="list-style-type: none"> Coordinate with the CHA Provider Administration and Credentialing team to provide ongoing CCP related information for each region. CHA will evaluate the cultural and linguistic needs of each member population before accepting or rejecting any additional providers. 	<ul style="list-style-type: none"> Percentage of members with a specific cultural, racial and language preference compared to its Provider Network in that region.
Provider Materials - Support Maintenance and Development as Necessary	<ul style="list-style-type: none"> Support provider Medicaid C&L resource development and updates: <ul style="list-style-type: none"> Fax communication distributed to Providers on a quarterly basis as it relates to Interpreter Services and Health Literacy 	<ul style="list-style-type: none"> Percentage of members who respond negatively on the CAHPS 5.0 Member Satisfaction questions listed below. <ul style="list-style-type: none"> “In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand”? “In the last 6 months,

CHA MMA 2015-2016 Cultural Competency Evaluation and Plan

Approval Dates: AHCA xx/xx/2016

Board of Directors xx/xx/2016

QIC xx/xx/2016



Objectives	Action Plans	Outcomes
		when you needed an interpreter to help you speak with doctors or other health providers, how often did you get one”?
Ensure that 100% of Delegated Network Vendors offer culturally competent services to all CHA members as specified in the CCP.	<ul style="list-style-type: none"> • Have all Delegated Network Vendors submit an attestation or a copy of their current CCP in place. 	<ul style="list-style-type: none"> • Percentage of delegated network vendors who have a CCP in place.

F. Ensure Effective Communication and Language Access

Objectives	Action Plans	Outcomes
Assess service and language needs for members	<ul style="list-style-type: none"> • Assure that language preference and need for translation services is addressed in every interaction between CHA employees and members • Assure that there is a centralized location for information regarding each member’s language preference and need for translation services, as well as the most recent date this information was updated 	<ul style="list-style-type: none"> • Percent of members in enrollee database with a specified language preference • Percent of members in enrollee database with a specified language preference other than English or Spanish with a notation that translation services are needed
Provide effective language access services, including interpreters and printed materials in multiple languages that reflect the cultural/ethnic/racial composition of the member population	<ul style="list-style-type: none"> • CHA offers translation services that are accessible and free to members at all points of service delivery, including providers’ offices, hospitals, etc. • Members are advised that translation services are available and informed regarding how to request this service • All member materials are available in 	<ul style="list-style-type: none"> • Number of requests for translation services • Timeliness of response to requests for translation services • Information about how to access translation services is included in the Member Handbook and posted on the

CHA MMA 2015-2016 Cultural Competency Evaluation and Plan

Approval Dates: AHCA xx/xx/2016


Board of Directors xx/xx/2016

QIC xx/xx/2016



Objectives	Action Plans	Outcomes
	English and Spanish; materials will be available in other languages whenever at least 5% of members in a service region prefer a specific other language	member website
Assure that all programs include strategies to address linguistic differences	<ul style="list-style-type: none"> • Staff in Member Services, Grievances and Appeals, Case Management and Disease Management speak English and many are bi-lingual in Spanish and/or Creole • The CHA provider network includes providers who speak Spanish and Creole, in addition to English 	<ul style="list-style-type: none"> • Percent of staff who speak languages in addition to English • Percent of providers who speak languages in addition to English

ATTACHMENT A

POLICY AND PROCEDURE		
	DEPARTMENT: Quality Management	Policy#: QM023
	Reference: Medicaid MMA Contract, Attachment II Section IV B4a,b,c	Effective Date: 06/1/2010 Revised Date: 03/21/2011, 11/18/2011, 09/01/2012, 6/1/2014 Reviewed Date: 6/1/2015
	SUBJECT: Cultural Competency Plan (CCP)	

Date: 6/1/2015	Reviewed/Approved by: Lila Labarces	Title: Director of Quality Management
Date: 6/1/2015	Reviewed/Approved by: Vincent Pantone, M.D.	Title: Chief Medical Officer

A. Policy

Clear Health Alliance (CHA) Medicaid Medical Assistance Plan will assure that Plan employees, network providers and delegated contractors and subcontractors are culturally diverse and competent to interact with our culturally diverse members. As required, the Cultural Competency Plan (CCP) describes how providers, CHA employees, and systems will effectively provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual enrollees and protects and preserves the dignity of each.

The CCP is designed in accordance with 42 CFR 438.206 and implicitly commits to compliance with all contractual requirements identified in Section I.K. Civil Rights Requirements/Vendor Assurance of the MMA contract. The Cultural Competency Plan ensures that services are provided in a culturally competent manner to all enrollees, including all services and settings and including those with limited English proficiency. The CCP will be updated annually, submitted to the Agency by June 1 for approval and implemented by September 1 of each contract year as required in the MMA contract. Additionally, CHA will complete an annual evaluation of the effectiveness of the previous year's CCP to be submitted to the Agency annually by June 1 and will develop interventions for elements of the CCP that do not perform to expectations as specified within the CCP or expressed by the Agency. The CCP and the annual evaluation will be combined into a single comprehensive document and shall address the following:

- (1) The CCP describes how providers, employees, and systems are effectively providing services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes, values, affirms, and respects the worth of the



individual enrollees and protects and preserves the dignity of each. The Plan identifies in its CCP whether it is an MMA, Specialty, or Comprehensive LTC Plan. The Plan provides a demographic description of its membership. Specialty Plans must address the unique needs of the members they serve.

- (2) The annual evaluation includes information demonstrating a direct link between the CCP and the annual evaluation that includes an analysis of the successes and challenges of meeting the previous year's goals and objectives. The evaluation includes results from the CAHPS or other comparative member satisfaction surveys, outcomes for certain cultural groups, member grievances, member appeals, provider feedback and Managed Care Plan employee surveys. The Plan tracks and trends any issues identified in the evaluation and implements interventions to improve the provision of services. A description of the evaluation, its results, the analysis of the results and interventions to be implemented are described in the CCP submitted to the Agency.

The Plan maintains a minority recruitment and retention plan in accordance with s. 641.217, FS. The minority recruitment and retention plan is companywide for all product lines.

The Plan distributes a summary of the CCP to participating providers. The summary includes information about how the provider may access the full CCP on the website. This summary also details how the provider can request a hard copy of the cultural competency plan from the Managed Care Plan at no charge to the provider.

B. Responsibility

It is the responsibility of the following department heads to assure that members have access to a culturally diverse provider network and Plan staff in the areas of customer service, grievance and appeals, case management, and disease management: Director of Provider Relations, Member Services Director, Director of Quality Management, Director of Utilization Management, and Chief Medical Office/Medical Director.

The Quality Improvement Committee meets quarterly. Status of the CCP, barriers to compliance and appropriate improvement strategies are standing agenda items for this committee.

Contracted networks and vendors, such as Behavioral Health, Vision, and Dental will comply with the CHA CCP to assure a culturally competent network of providers, consistent with the requirements of the Medicaid Contract. The Provider Manual contains a description of the CCP. This Manual is distributed to all providers when they are accepted into the network and is available online on the provider website portal. The complete CCP is also posted on the providers' website. Network providers are informed that they may request a hard copy of CHA Cultural Competency Plan at no cost by calling CHA's Provider Relations department.

The Department Directors listed above will assure that all member written materials are

CHA MMA 2015-2016 Cultural Competency Evaluation and Plan

Approval Dates: AHCA xx/xx/2016

Board of Directors xx/xx/2016

QIC xx/xx/2016



available in a culturally competent manner. Initially all member materials will be available in Spanish and in English.

C. Assuring Cultural Competency

CHA will address cultural competency around six core areas that represent the foundation for CHA-wide cultural competence and the activities associated with each of these areas as specified in the annual CCP: foster cultural competence, build community partnerships, collect diversity data, measure performance and evaluate results, reflect and respect diversity, and ensure effective communication and language access.

D. Evaluating Cultural Competency

CHA will conduct ongoing evaluation of the effectiveness of the CCP. Semi-annually a report will be submitted to the QIC for review. In compliance with contractual requirements, an annual evaluation will be submitted on June 1 of each year.

E. DEFINITIONS

Cultural Competency: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work among cross-cultural situations. (University of Maryland-School of Public Health)

CHA members are entitled to confidentiality of Protected Health Information (PHI). The QM Department will ensure that all member documents containing personal and medical data are maintained in a confidential manner compliant with HIPAA Privacy Regulation and all state and federal confidentiality regulations.