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Starting October 1, 2018

Cultural Competency Program



- **Contract Year 2017 Arizona Cultural Competency Program Evaluations**
- **Contract Year 2018 Arizona Cultural Competency Program Plan**
- **Contract Year 2018 Language Access Plan**

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PREFACE

In 1985, then Secretary of Health and Human Services released a historic document called the Heckler Report that would initiate a national agenda and focus to improve the health of racial ethnic minorities in the US. The Heckler Report identified that people of color suffered disproportionately higher rates of preventable death and disease than their White counterparts. As a result, the nation turned its attention to the issue and began a long and arduous journey to eliminate health disparities.

In the US, racial/ethnic minorities experience shorter life spans, decreased years of quality life, greater morbidity and mortality rates, and suffer unequal treatment in healthcare. The Heckler Report initiated the first federal response to address the disparities. The federal government established the Office of Minority Health within the Department of Health and Human Services and the goal to establish state offices of minority health throughout the country. Later, in 2001, Cultural and Linguistic Appropriate Services (CLAS) standards were established to improve cultural and linguistic appropriate healthcare services. Although federal activities to eliminate health disparities became stagnant, efforts within the private sector, for example, universities, national non-profit health organizations, state health agencies, payors, and community based groups moved to action and remain the driving force behind most state and federal policy efforts.

The Institute of Medicine (IOM) report “Unequal Treatment” (2001) spurred national debate and validated minority health advocates claims that minorities experience differential treatment when they access health services. The IOM report identified that when all factors are the same between minorities and non-minorities such as age, gender, social economic status, insurance, disease group, and stage of illness, they are assessed and treated differently. Most often, they experience less aggressive treatment or are not treated at all.

Healthy People 2010, the Department of Health and Human Services public health blueprint reinforced the federal policy initiative to eliminate health disparities not only for racial/ethnic minorities but also inclusive of people with disabilities, rural Americans, and the poor. The policy agenda has the support of Commonwealth Fund, the Agency for Healthcare Research and Quality (AHRQ), Office of Minority Health, Center for Healthcare Strategies and the Center for Medicare and Medicaid Services (CMS) as well as many others. The policy agenda identified the following key elements to ensure success:

- Race specific data collection and the use of data to drive resources and services,
- Effective evaluation methods for disparity reduction programs,
- Expansion of state Offices of Minority Health,
- Increase the number of minorities in the healthcare workforce,
- Mandatory integration of CLAS standards in health services,
- Increase access to services including screening,
- Use of evidence based practices that include the identified target groups, and
- Increased involvement of key stakeholders including community based groups.

Fundamental goals of the National Stakeholder Strategy include:

- Awareness
- Leadership
- Health System and Life Experience

- Cultural and Linguistic Competency
- Data, Research and Evaluation

Central to these goals are four fundamental principles:

1. Change at the individual or community level is not sustainable without **community engagement** and leadership
2. The creation of **partnerships** is critical in any action plan to eliminate disparities
3. The level of **cultural and linguistic competency** of healthcare providers and health educators has a powerful impact on the success or failure of any efforts to help individuals achieve optimum health.
4. The requirement of **nondiscrimination** for healthcare access and delivery is not only mandated by federal civil rights laws, but also, it is a moral imperative and a practical necessity for achieving health equity. It must be present in our actions, services, leadership, and partnerships.

Cenpatco Integrated Care, Health Net Access, Health Net of Arizona, Inc., Allwell from Health Net, and Ambetter from Health Net (herein referred to as “the Arizona Programs”) and their parent company Centene Corporation© continue to support the national policy agenda to eliminate health disparities. Centene Corporation actively addresses health disparities through its partnerships with the Center for Health Care Strategies, CMS and through the Centene Foundation for Quality Healthcare. The Foundation specifically addresses health literacy, cultural competence, access to care and collaborative processes that include all key stakeholders.

The cultural competency plan outlined in this document serves as the blue print to assist the Arizona Programs in our efforts to continue to improve health outcomes. This strategic plan further demonstrates our commitment and the initiatives and activities that are being undertaken to meet the needs of our members, providers, and residents of Arizona.

INTRODUCTION

Culture is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes. The Arizona Programs remain committed to providing culturally competent care and services to all of our members.

The Arizona Programs have developed a Cultural Competency Program (CCP) to “support the creation of a culturally competent health system of care that embraces and supports individual differences to achieve the best possible outcomes for individuals receiving services.”

Culturally competent health care incorporates cultural considerations that include, but are not limited to the following:

Ethnicity	Sexual Orientation	Economic Status
Age	Physical Abilities and	Literacy
Gender	Limitations	Community Networks
Primary Language	Spiritual Beliefs and Practices	
English Proficiency	Family Roles	

The Arizona Programs are committed to providing members with health care information in a culturally competent manner via the Member Handbooks and direct member contact via plan staff (including Medical and when applicable, Case Management) that includes:

- Member rights and protections;
- Information on what is considered to be a health problem;
- How symptoms and concerns about the problem are expressed;
- Who should provide treatment for the problem; and
- What type of treatment should be given

The Arizona Programs evaluate the Cultural Competency Program on at least an annual basis in accordance with State and Federal requirements. The attached report details the contract year 2017 evaluation of the Arizona Programs Cultural Competency Programs. The program includes the plan for the Arizona Programs contracts for contract year 2018.

CULTURAL COMPETENCY PROGRAM EXECUTIVE SUMMARY



Health care services provided by the Arizona Programs were tailored to meet the needs of the populations in the areas served by the Programs. The successful and strategic Cultural Competency Plan drew upon the standards and assessment guidelines outlined in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (<https://www.thinkculturalhealth.hhs.gov/index.asp>), Healthy People 2010, the Department of Health and Human Services and others. The Arizona Programs understand that in order to promote excellent, quality health care, all staff and providers must be appropriately and adequately trained to meet the needs of members in a manner that is sensitive to their specific culture. The Arizona Programs' Cultural Competency program development, administration, and oversight are supported by organizational infrastructure.

The Arizona Programs understand the cultural competency, linguistic and disability-related access requirements of its members and is committed to ensuring that staff and subcontractors maintain an awareness of, and sensitivity to the linguistic, disability-related needs, and cultural differences of its members. Staff and subcontractors receive training on the Cultural Competency Plan initially and ongoing, and have access to the Member Handbook and Provider Manual via the Arizona Programs' websites.

Staff are qualified, both personally and professionally, to meet the cultural needs of the populations served. Oversight and monitoring of the Cultural Competency Plan and Training Program is conducted by the Compliance Officer. The Arizona Programs maintain a commitment to hiring and maintaining diverse staff and securing a diverse provider network. The Compliance Officer is responsible for ensuring that staff and providers with direct member contact receive initial and ongoing training regarding the Cultural Competency Plan.

The programs' networks include a myriad of providers of all specialties who maintain bilingual language capabilities to facilitate and ensure effective communication with members. Upon contracting, network providers and vendors are informed of the importance of providing services in a culturally competent manner. The Network, Provider Relations and Quality Management Departments ensure the provider network is culturally competent in the provision of health care to its patients through ongoing training and on-site visits. The Arizona Programs monitor the network through various mechanisms to ensure it is accessible from both a linguistic and disability standpoint including, but are not limited to: tracking languages spoken by providers, auditing medical record information, and tracking/trending grievances and appeal complaints related to cultural competency. The Provider Relations Department oversees subcontractors, provides ongoing training and assistance to all network providers and vendors to ensure compliance with Title III and VI of the Civil Rights Act of 1964 and other anti-discrimination laws, including the Americans with Disabilities Act.

The provision of linguistic services is available through telephone interpreter services ("the language line") via a contracted vendor, Voiance that is available 24 hours, seven days a week, and is available to both members and providers. The Arizona Programs make written translation services available through a qualified translation service, accessed through the Member Services Department. The Arizona Programs also offers auxiliary aids through AZ Sign Language for members who are Deaf and Hard of Hearing. Members have access to vital materials translated in other languages and formats.

Members are made aware of the availability and accessibility of translation and interpretation services via the Member Handbook, in periodic Member Newsletters, from a Case Manager, and on the Arizona Programs' websites.

The Cultural Competency Program involves the entire organization and provider network in efforts to address member needs as effectively and efficiently as possible. The Arizona Programs recognize that family members and other representatives are a primary source of support for their health care and decision making process. Their involvement is appreciated and recognized. The Arizona Programs recognize that these support systems are key to the healthcare decision making process. As such, include family members and representatives in assessments and consultations when requested. When the need for additional resources is identified, the Arizona Programs assist in connecting members to services within their community. The Arizona Programs are able to share information regarding the availability of service systems and personnel to support the family's role as decision makers.

During the initial member assessment, the Arizona Programs document any specific or unique characteristics or needs identified within the support unit. When no family support system exists, other support systems are identified, including neighbors and faith-based organizations. In addition to hiring linguistically and culturally competent staff, the Arizona Programs utilize Member Advisory Committees to obtain direct input from members and the community at large, regarding available services. The Arizona Programs provide members with access to culturally and linguistically appropriate community health and social service resources.

The Arizona Programs utilize the following relevant materials in conveying information regarding cultural competency, linguistic, and disability-related access to members and providers. Communication mechanisms include:

- Member Handbooks
- Member Newsletters
- Member Advisory Councils
- Provider Manuals
- Ad-Hoc/Special Mailings
- Websites

The Arizona Programs remain committed to providing linguistic services and culturally competent care for all members and have a robust monitoring system including member surveys and reviews of the latest member data (e.g. grievance and appeal data, quality of care complaints, etc.). The Arizona Programs solicit member and community feedback to improve and aid in ensuring that member's needs are being met appropriately.

Cultural Competency Program Leads

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ARIZONA STATE DEMOGRAPHICS

U.S. Census Report Information (estimated for 2014)

	2014 Estimates- Arizona	2014 Estimates- US
White (not Hispanic)	83.7%	62.1%
Black or African American	4.7%	13.2%
American Indian/Alaska Native	4.6%	1.2%
Asian	3.3%	5.4%
Hispanic or Latino	30.5%	17.4%
Two or More Races	2.7%	2.5%

U.S. Estimated Census Data by Arizona County (Contract Service Areas)

	Arizona	Maricopa	Pinal	Gila	Cochise	Graham	Greenlee
White (not Hispanic)	83.7%	84.4%	83.2%	80.2%	87.9%	81.1%	91.5%
Black or African American	4.7%	5.7%	4.9%	0.9%	4.7%	2.1%	1.8%
American Indian/Alaska	4.6%	2.8%	5.6%	14.8%	1.2%	14.4%	2.3%
Asian	3.3%	4.1%	1.9%	0.8%	2.2%	0.7%	0.8%
Hispanic or Latino	30.5%	30.3%	29.2%	18.8%	34.6%	32.1%	46.6%
Two or More Races	2.7%	2.8%	2.8%	1.6%	3.1%	1.8%	2.3%

The U.S. Census information represents the increased diversity in Arizona's population. The Arizona Programs utilize this information in coordination with monthly monitoring of the enrollment and demographic information in the development of culturally competent member materials and provider training tools and materials.

ENROLLMENT AND LANGUAGE INFORMATION

Demographics (Race/Ethnicity) Information (as of November 2017)

Arizona Demographics

The Arizona Programs do not currently have a consistent approach for obtaining member reported demographic information include self-identified race, ethnicity and preferred language. AHCCCS currently provides the information for the Acute plan enrollments, and previously for the long term care (LTC) population; and member demographic information for RBHA enrollments has been limited. For CY2018, the Arizona Programs are developing an optional member survey to capture member demographic information that will be utilized to inform the Arizona Programs' Cultural Competency Program. The following is a reporting excerpt of acute member demographic information reported for November 2017. The largest classification for self-identified race and ethnicity is unknown (79.749%) and White/Caucasian (44.662%). The classification of Black / African American amounts to 10.273% followed by Asian at 2.414%.

At the end of November 2017, a majority of Health Net Access members identified English as their written language preference 77.227%. Spanish is the preferred written language by 9.849%.

IDENTIFIED ETHNICITY	PERCENT
UNKNOWN/NO DATA PROVIDED	79.749%
HISPANIC OR LATINO/A	20.212%
N/A	0.026%
MEXICAN	0.007%
DECLINED TO STATE	0.003%
OTHER	0.002%
SOUTH AMERICAN	0.002%

IDENTIFIED RACE	PERCENT
WHITE/CAUCASIAN	44.662%
UNKNOWN/NO DATA PROVIDED	39.719%
BLACK/AFRICAN AMERICAN	10.273%
ASIAN	2.878%
AMERICAN IND OR ALASK NATIVE	2.414%
UNKNOWN	.028%
HISPANIC/LATINO AND WHITE	.021%
DECLINED TO STATE	.002%
OTHER	.002%
HISPANIC/LATINO AND AMER IND/ALAS NATIVE	.002%

IDENTIFIED LANGUAGE SPOKEN	PERCENT
ENGLISH	77.227%
DECLINED TO STATE	11.618%
SPANISH	9.849%
VIETNAMESE	0.494%
UNKNOWN	0.37%
ARABIC	0.172%
KOREAN,CHOSON-0	0.062%
FARSI,PARSIAN,PERSIAN	0.047%
SOMALI	0.044%
HINDI	0.028%
FRENCH	0.02%
RUSSIAN	0.016%
LAOTIAN,LAOTHIAN,PHA XA LOA	0.01%
AMHARIC	0.008%
HAITIAN,CREOLE/FRENCH CREOLE	0.007%
TAGALOG	0.005%
POLISH	0.005%
GREEK	0.003%
PORTUGUESE	0.003%
SERBIAN,SRPSKI	0.002%
ITALIAN	0.002%
HUNGARIAN,MAGYAR	0.002%
ARMENIAN,HAYEREN	0.002%
JAPANESE,NIHONGO	0.002%
ALBANIAN,SHQIP	0.002%
CAMBODIAN,KHMER	0.002%

Cultural Competency Program Priorities

The Cultural Competency Strategy is based within two frameworks: DCH's definition of cultural competency and the federal CLAS standard guidelines. Understanding cultural competence is a developmental process that evolves over an extended period and includes people at various levels of cultural competence. Our program defines our commitment to the principles, behaviors, attitudes, policies, and structure that enables our employees to work effectively across cultures. As part of our commitment, we will continue to conduct self-assessments and manage the dynamics of differences throughout our company. The foundation of our program incorporates our nine priorities and all fifteen aspects of the CLAS standards. The program is designed to ensure that we deliver a culturally appropriate service that respects diversity and assures the delivery of culturally and linguistically appropriate care to the members and communities we serve.

Cultural Competency Program Priorities:

- 1) Ensure ongoing strategic plan development, implementation, monitoring, and evaluation of the Cultural Competency Plan.
- 2) Maintain diverse representation throughout all levels of the company. Staff, providers, and company leadership will mirror the demographics of the communities we serve.
- 3) Maintain current demographic, cultural, epidemiological profiles of our communities; and conduct a needs assessment of the community that will enable the Arizona Programs to appropriately plan and implement services that respond to the cultural and linguistic characteristics of our membership.
- 4) Establish participatory and collaborative partnerships with community organizations and agencies through formal and informal mechanisms to facilitate community and member involvement in designing and implementing CLAS related activities.
- 5) Maintain contracts with vendors and provide language assistance services, including interpreters, translators, signers and TTY services free of charge to its members.
- 6) Provide the tools and resources necessary for the competence of language assistance services delivered by staff, vendors, and providers.
- 7) Provide culturally appropriate and competent care and services to members, including those with limited English proficiency. Ensure that members of all cultures, races, ethnic backgrounds, and religions receive effective, understanding, and respectful care that is centered on the individual and provided in a manner compatible with their cultural health beliefs, practices and preferred language.
- 8) Ensure members have the ability to resolve conflicts and grievances through process and procedures that preserve individual worth and dignity and are sensitive, linguistically and culturally appropriate, and capable of identifying, preventing, and resolving cross-cultural conflicts and complaints.
- 9) Ensure accurate data is collected about individual members that identify the members' race, ethnicity, and language. This information will be collected and integrated into the management information systems. Members will not be compelled to provide such data and the data collected will never be used to deny services or discriminate against members.

The Arizona Programs have completed an analysis of the 2017 strategies and outcomes to identify areas of the program that will be of focus in 2018 including:

- Annual review of “1557” policies and procedures
- Continued expansion of sponsorships with community organizations that are addressing cultural competency in their work
- Continued membership and participation with the Arizona Diversity Council
- Staff training focusing on various cultures
- Ad-hoc training (including use of mobile resources, “mental health first aid”)
- Conduct at least one (1) all Spanish speaking member council meeting in a rural community
- Expand functional area assessments related to incorporation of cultural competency program elements in strategic plans and programs
- More robust oversight of delegated provider cultural competency programs (including training)

The following section are the 2017 program evaluations.

CONTRACT YEAR 2017 PROGRAM EVALUATION

The overall strategy for the Cultural Competency Program for 2017 was to enhance employee training and network access to resources and tools. Some highlights of achievement for 2017 include:

- Implemented solicited cultural competency program feedback given via the Cenpatco Integrated Care (CIC) and Health Net Access’ (HNA) “Stakeholder Council” including member, providers, advocates, and general community partners
- Expanded community partnerships that impact goals established in the programs’ Cultural Competency Program
- Continued membership and participation with the Arizona Diversity Council
- Staff training focused on working with individuals identified as having “disabilities”
- Conducted one (1) all Spanish speaking member council meeting in a rural community
- Implemented functional area assessments related to incorporation of cultural competency program elements in strategic plans and programs
- Continued partnership and collaboration with other MCOs to enhance overall cultural competency program within the Medicaid Program (C3 workgroup activities, AHCCCS workgroup meetings, etc.)
- Adoption of one set of “cultural competency” program policies and procedures across all Arizona products offerings.

An evaluation of the Cultural Competency Plan (CCP) revealed that there were no material issues related to language services identified as a result of monitoring data on cultural and linguistic grievances. The evaluation also confirmed a need to expand the ability to obtain, and utilize member demographic and preference information to further enhance the cultural competency program.

Cultural Competency Provider and Associate Training

Provider Training

Cultural competency training was made available to all contracted providers. A HNA provider update was sent to all contracted providers requesting that providers take the Office of Minority Health's Cultural Competency course. The provider update also advised providers to contact the Cultural and Linguistic Services department to request a cultural competency training that could be customized to meet the needs of the specific provider practice or service area. No requests from providers were received for customized cultural competency training. CIC providers had access to a training program designed to assess and enhance the competence of provider staff who deliver services to participants and their families. Basic knowledge and skill sets for each provider type are identified based on Arizona Health Care Cost Containment System (AHCCCS) requirements. CIC implemented pre and post testing to determine the competency of each provider. Training, testing, and technical assistance were available through a variety of innovative, evidence-based training technologies, including live-events, web-based modules, webinars and video-conferencing. CIC and HNA have not received any negative feedback from its provider network related to available services.

Associate Training

In plan year 2017, CIC and HNA conducted various cultural competency trainings for associates. CIC and HNA hosted a Heritage Day celebration in both its Tucson and Tempe Arizona offices. Over 100 employees attended the events with displays providing them with an opportunity to learn about and experience multiple diverse cultures. Additionally, there were booths sharing information on programs and topics, such as cultural information and myths, a refugee program, LGBTQ issues, CLAS standards and a migrant-worker program.

Promotion of Language Services

The Compliance Department has promoted language support services through all functional areas internally, to encourage both members and providers to use our interpreter services to overcome cross cultural communication barriers. Language line services assist in reducing cultural and linguistic barriers for our member and, members and providers continued to use interpreter services. The Arizona Programs are implementing consistent monitoring of language line uses for CY2018. The monitoring reports will be utilized to make training determinations and applicable policy revisions.

Member Informing Materials Are Written in Plain Language

The compliance Department continues to review member materials for plain language and cultural competency. Training on cultural competency is provided to applicable associates on the principles of plain language and the use of material review databases and readability software. CIC and HNA translate documents as required by law, regulatory agency, contract, or oversight agency. For the CY2017 Medicaid program, they translated required materials into a language that is spoken by 3,000 or 10% (whichever is less) of membership who also have limited English proficiency in that language. They translated all vital materials into a language that is spoken by 1,000 or 5% (whichever is less) of membership who also have limited English proficiency in that language.

Monitoring Member Satisfaction and Provision of Culturally Competent Care

Member Satisfaction

Monitoring of member satisfaction with language services and culturally competent care is conducted by monitoring of member grievances. Member grievance data is monitored and tracked on a monthly basis. There were no significant issues reported during CY2017 related to CIC and HNA cultural competency program.

The Arizona Programs will continue to monitor, track and trend grievance data to evaluate member satisfaction with both language services and whether care provided is culturally competent. If issues are identified actions will be taken to resolve those issues.

CY18 STRATEGIC PLAN GOALS AND OBJECTIVES

The Cultural Competency mission of the Arizona Programs is to develop a culturally competent system of care that acknowledges and incorporates, at all levels, the importance of culture, the assessment of cross-cultural relations, and the expansion of cultural knowledge and adaptation of services to meet the needs of our members.

For CY18, the Culturally Competency Programs are combined into one comprehensive system-wide approach to ensuring compliance with the Affordable Care Act (ACA), CLAS standards, and State Medicaid cultural competency program requirements for the overall goal of improved member experience and health outcomes.

Goal 1

Ensure ongoing strategic plan development, implementation, evaluation, and monitoring

Objectives:

- Complete annual evaluation/ monitoring and conduct ongoing organizational assessments
- Conduct regular assessments of community health assets and use the results to inform plan strategy with respect to the cultural and linguistic needs of the Arizona Programs' population
- Make available to the public and providers information about plan progress and successes in implementing CLAS standards
- Report to plan's Quality Management/ Performance Improvement (QMPI) and Quality Improvement Committee (QIC) on status of strategies throughout CY18 and to solicit feedback / recommendations

Goal 2

Maintain diverse representation throughout all levels of the company

Objectives:

- 2.1 Recruit, hire and retain diverse board and committees
- 2.2 Recruit and develop diverse provider network
- 2.3 Establish recruitment and retention programs

- 2.4 Recruit, hire and retain diverse staff

Goal 3

Maintain updated community needs assessments and partnerships

Objectives:

- 3.1 Continue membership and participation with the Arizona Diversity Council
- 3.2 Expand community partnerships to assist in implementing CLAS standards

Goal 4

Provide competent and appropriate language services

Objectives:

- 4.1 Provide access 24 hours a day, seven (7) days a week to bilingual interpreter services
- 4.2 Provide information at points of member contact about the availability of language services and inform members how to access information in an alternative format
- 4.3 Continue language assessments for staff providing interpretation for members
- 4.4 Establish minimum standards for cultural competency training and interpreter services for all contracted interpreter/translator and subcontracted service providers
- 4.5 Ensure, document and report on provider education and training on use of interpreter services
- 4.6 Research availability of pertinent staff training specifically to address interpretation of “case management/ medical” terminology
- 5.8 Annual review of formal Language Assistance Plan as recommended in final regulation “1557”

Goal 5

Provide Culturally Appropriate and Competent Care and Services to its members, including those with limited English proficiency

Objectives:

- 5.1 Maintain implementation of a training curriculum for providers, vendors, staff, and Board of Directors – Ensure ongoing trainings specific to those with direct member contact
- 5.2 Recognize staff who attain cultural proficiency standards
- 5.3 Implement ongoing monitoring and assessment of cross functional strategies related to cultural competency
- 5.4 Ensure that member concerns are addressed and resolved in a manner that is sensitive and takes into consideration their linguistic and cultural needs
- 5.5 Ensure grievance and appeal processes are culturally appropriate
- 5.6 Ensure members are aware of processes and commitment to address all complaints in a sensitive and culturally appropriate manner
- 5.7 Ensure provider awareness with a focus on reduction of health disparities

Goal 6

Ensure accuracy of collected data that identifies the members' race, ethnicity, and preferred language

Objective:

- 6.1 Collect and distribute ongoing, accurate, and consistent race, ethnicity and language data

Goal 7

Ensure compliance with Final Regulation 1557

Objective:

- 7.1 ensure enterprise-wide compliance with final regulation 1557 (medical claims, pharmacy claims, member materials disclaimers, physical postings, grievance processes)

Goal 8

Develop robust provider network and delegated provider oversight program form compliance with ACA 1557 requirements

Objective:

- 8.1 Review training and policy oversight program for network providers in coordination with the Arizona Network and Provider Services teams
- 8.2 Review training and policy oversight program for delegated vendors in coordination with the Arizona Delegated Vendor Oversight (DVO) team
- 8.3 Continue regular oversight reporting for plan QMPI and QI Committee for any improvement recommendations f and/or if needed, corrective action plans
- 8.4 Continue regular oversight reporting for plan Board of Directors for any improvement recommendations and/or if needed, corrective action plans

Goal 9

Provide Additional Employee Education on Cultural Competency and 1557 regulations

Objective:

- 9.1 ensure enterprise-wide compliance with final regulation 1557 (medical claims, pharmacy claims, member materials disclaimers, physical postings, identification of 1557 coordinator, grievance processes)

GOAL 1

ENSURE ON GOING STRATEGIC PLAN DEVELOPMENT, IMPLEMENTATION, EVALUATION AND MONITORING.

The first goal addresses CLAS standards 8, 9 and 14. It enables the Arizona Programs to monitor and assess accountability of key departments and accurately plan strategies, to conduct self-assessment of CLAS related activities for improvement and evaluation of progress. Although cultural competency development is a continuum that evolves and expands, a strategic plan allows the Arizona Programs to accurately plot a course and make necessary adjustments.

Objective 1.1

Complete annual evaluation and monitor ongoing organizational assessments

Actions:

1. Develop an audit tool for functional areas to conduct self-assessments and audits of CLAS related activities, and conduct ongoing annual assessments of the Arizona Programs to evaluate and monitor the status of the program
2. Complete, at a minimum, an annual assessment of the program
3. Conduct annual Cultural Competency trainings or meetings with leadership represented at meetings to monitor Cultural Competency
4. Hold Quality Management Performance Improvement (QMPI) and the Quality Improvement Committee (QIC) responsible and accountable for reviewing and approving program goals and ensuring the company maintains areas of achievement and monitoring progress throughout year as applicable

Indicators:

1. Agendas, minutes, sign in sheets or work plans of committee meetings used to oversee the Cultural Competency Strategic Plan, annually
2. Leadership presence from contracting, compliance, human resources, member services, network, case management, case management, pharmacy medical management, marketing/ outreach, quality management and operations
3. List of departments participating in CLAS assessments to identify progress, barriers and solutions in reaching the strategic plan goals annually
4. Approval from the Arizona Programs' QMPI and QI Committees and Board of Directors on program assessments as applicable

Outcomes:

- Integration of CLAS related responsibilities and accountability into all functional areas
- Established goals, policies and planned activities relevant to CLAS services into each business functional area
- Designated management staff from each department with the authority to implement CLAS-specific activities, monitor progress, and direct activities

- Executive level leadership is engaged in CLAS activities

Evaluation:

The Arizona Programs will conduct an annual assessment to monitor and track its progress against established goals and objectives. Each affected department will have an established cultural competency goal with identified objectives that must be completed annually. Write an annual cultural competency report that identifies the goals, accomplishments, and areas for improvement.

Accountable-Functional Areas:

Compliance & Regulatory Affairs, Human Resources, Quality Improvement, Member Services, Network, Case Management, Medical Management, Marketing & Communications, and Operations.

Objective 1.2

Make information available to the public and providers about progress and success implementing CLAS standards.

Actions:

1. Post the Cultural Competency Program on the programs' websites
2. Ensure Cultural Competency guidelines and resources in Provider Manual
3. Present Cultural Competency materials at on-site visits
4. Present Cultural Competency program topics during Member Council meetings where applicable

Indicators:

1. Number of providers outreached Face-Face for cultural competency information and summary progress updates
2. Number of Community events included in updates of cultural competency progress
3. Cultural competency information items posted on the website
4. CLAS awareness items available in member handbooks
5. CLAS awareness items available in Provider Manuals

Outcomes:

- Easily accessible information on Cultural Competency activities, goals and objectives
- Publicized progress updates to include community initiatives
- Demonstration of our accountability to our members, providers, the state and the public

Evaluation:

Compliance will have the responsibility of ensuring that information is presented in both print and electronic media. Executive management will ensure the accuracy of the content. Documents will be reviewed and compared to previous years.

Functional Areas Accountable:

Vice President Compliance & Regulatory Affairs, Marketing & Communications, Government & Legislative Affairs and Network

GOAL 2

MAINTAIN DIVERSE REPRESENTATION THROUGHOUT ALL LEVELS OF THE COMPANY

The second goal addresses CLAS standards 1 and 2. The National Center for Cultural Competence publication “It all starts at the Front Desk” states that “staff requires organizational support to develop the attitudes, behaviors, skills, and knowledge necessary to serve families in culturally and linguistically competent ways.” (S. Bronheim, PhD). Organizational support starts at the top through the recruitment of culturally and linguistically diverse board members and staff. Diversity at decision-making levels increases the likelihood of input and consideration of how decisions could disproportionately affect people of color. Incorporated into recruitment strategies, cultural competency develops welcoming environments that encourage active and open participation.

Objective 2.1

Recruit, hire and retain diverse staff, board, and committee members that are reflective of the communities we serve.

Actions:

1. Write hiring, retention and recruitment policies that address diversity
2. Develop diverse retention programs
3. Develop diverse leadership

Indicators:

1. Percentage breakdown of Board of Directors, committees, and staff reflective of the communities we serve
2. Employee advisory committees/ representatives are reflective of the communities we serve

Outcomes:

- Board of Directors who understand the communities and members served
- Cultural Competency support and influence throughout the organization to include the executive level
- Improved patient care and outcomes by ensuring the availability and accessibility of staff that can relate to members culturally

Evaluation:

Senior Management report to board leadership, their affiliations, and other unique qualities that provide resources to the health plan and support the company’s cultural competency initiatives. Committees/groups will have established operating guidelines and reporting mechanisms that ensure their comments, concerns, and suggestions reach the senior management. Information will be provided to the committee regarding all identified concerns and actions taken or planned to address issues.

Functional Areas Accountable:

Senior Management, Compliance, Case Management and Human Resources

Objective 2.2

Recruit, contract, and develop a racial/ethnic, linguistic, and culturally diverse provider network.

Actions:

1. Present face-to-face cultural assessment and language interpretation information at provider office
2. Issue Provider Tool kits which includes cultural assessment and language interpretation information to all new physicians
3. Evaluate Network outreach services to improve accessibility and quality of care for members
4. Ensure providers have the tools and resources necessary to provide and coordinate care for members with linguist and disability-related needs
5. Recruit physicians reflective of the communities we serve

Indicators:

1. Providers within the network - assessed and identified by race/ethnicity, and language speaking abilities
2. Community regions needing additional physician recruitment efforts based on assessments
3. New physicians received Provider Tool Kits in provider recruitment program that takes into consideration criteria that supports the development of a diverse network that is culturally and linguistically proficient to provide care to the patient demographic served by the Arizona Programs
4. Physicians received face-to-face trainings

Outcomes:

- Diverse Provider Network
- Targeted and strategic recruitment efforts
- Culturally Proficient Provider Network to ensure improved patient care and outcomes by ensuring the availability and accessibility of providers that can relate to members racially, linguistically and culturally

Evaluation:

The Contracting Departments will have established processes for data sharing and comparison to enable the development of strategic recruitment and contracting plans. Upon identifying current baseline data for provider race, ethnicity and language ability, the Arizona Programs will establish yearly recruitment goals. Monitor, plan and evaluate provider-training programs to improve providers' cultural competency and proficiency skills.

Functional Areas Accountable:

Network, Medical Management and Case Management

GOAL 3

MAINTAIN CURRENT DEMOGRAPHIC, CULTURAL, EPIDEMIOLOGICAL PROFILES AND NEEDS ASSESSMENTS OF THE COMMUNITY TO ENABLE APPROPRIATE PLANNING AND IMPLEMENTATION OF SERVICES THAT RESPOND TO THE CULTURAL AND LINGUISTIC CHARACTERISTICS OF THE SERVICE AREAS.

Goal 3 addresses CLAS standards number 11, 12, and 14. Taking the time to learn as much as possible about the culture of those who could potentially use program services is accomplished by reaching our third goal. The Arizona Programs will make a conscious effort to learn as much as possible about our members. How members access care, how they define and view healing, their language, and social structure and preferred method of obtaining information are just a few of the pearls of wisdom that will be accessed through community profiles and needs assessments. The Arizona Programs will use information gathered to adapt services and develop skills.

Objective 3.1

Develop and complete a comprehensive community needs assessment that at a minimum identifies demographic make-up, health indicators, health disparities, preferred modes of communication (i.e. how a community receives its information), and epidemiological profiles that identify health trends by community and as it pertains to our membership.

Actions:

1. Partner with community agencies to complete community needs assessments, inventory of existing needs assessments and existing advocacy groups
2. Solicit feedback during Member Council meetings/ Advocacy meetings on the Arizona Programs' cultural competency program where applicable
4. Assess community health assets and use the results to plan, implement and assist providers in providing services that respond to the cultural and linguistic diversity of populations in service area(s). Methods of assessment will include Stakeholder feedback, online surveys, member council feedback and grievance monitoring and auditing where applicable.

Indicators:

1. Partnerships with community agencies, health fairs, faith-based and advocacy organizations were encountered to complete community needs assessments, inventory of existing needs assessments and to raise cultural awareness
2. Member responses (combined) from surveys and agents' input from group meetings were used to assess the member's cultural experiences identify community perceptions and experiences, access to health care issues and gaps in existing health services

Outcomes:

- Appropriate assessment tools
- Raised cultural awareness

- Community and member input into Plan processes
- Community assessments and profiles

Evaluation:

- Documentation and review of group findings, minutes from meetings with community partners and completed assessments
- Comparison of observed cultural diffusion in communities to previous years

Functional Areas Accountable:

Compliance, Case Management, Marketing & Communications, and Stakeholder Council

Objective 3.2

Engage various group meetings to gather member and community input for ongoing development of the cultural competency plan.

Action:

1. Engage and solicit feedback from the Stakeholder Council (includes member advocacy and agents from community) where applicable
2. Engage and solicit feedback specifically in Member Council meetings where applicable

Indicators:

1. Assess feedback regarding member's cultural experience
2. Ensure members from various service regions are represented

Outcomes:

- Ongoing input into the Cultural Competency plan
- Increased ability to gauge the needs of the community and members
- Early identification of emerging community health related issues

Evaluation:

- Member Surveys reviewed to identify responses related to cultural awareness and competency as compared to surveys in previous years
- Review of meeting documents to assess interaction and cultural awareness with community advocacy groups or agencies

Functional Area Accountable:

Compliance, Case Management, Quality Management, Marketing & Communications and Stakeholder Council

Objective 3.3

Expand and develop additional community partnerships to assist in implementing CLAS standards. The partnerships will include community organizations, and groups conducting state initiatives to address health disparities.

Actions:

1. Identify faith and community based organizations, health related activities, and health fairs, and other health related special initiatives within each service region
2. Identify and assign appropriate staff to participate on community-based boards and planning groups
3. Determine/estimate an annual budget to support community related activities

Indicators:

1. Partnerships with community agencies, health fairs, faith-based and advocacy organizations were encountered to complete community needs assessments, inventory of existing needs assessments and to raise cultural awareness
2. Staff participated in community events
3. Plan Sponsorship and Event Calendar

Outcomes:

- Clearly identifiable and recognizable community partnerships
- Community assistance and involvement in developing appropriate and accepted services
- Ability to identify what is important to the members and community
- Staff engagement with the communities we serve

Evaluation:

- Identify and review partnerships, activities, experienced outcomes, appropriate annual budget and resources allocated to activities
- Compare outcomes to previous years

Functional Areas Accountable:

Compliance, Marketing & Communications, and Finance

GOAL 4

MAINTAIN, OFFER, AND PROVIDE LANGUAGE ASSISTANCE SERVICES INCLUDING INTERPRETERS, TRANSLATORS, SIGNERS, AND TTY SERVICES. THE ARIZONA PROGRAMS WILL MONITOR AND ADDRESS THE COMPETENCE OF LANGUAGE ASSISTANT SERVICES DELIVERED BY STAFF, VENDORS AND PROVIDERS

The fourth goal addresses CLAS standard number 4, 5, 6, and 7. Too often, the development of linguistic competence is ignored. Members belonging to minority groups face barriers when accessing or receiving healthcare. Many have difficulty communicating with healthcare staff and providers. It is the responsibility of the Arizona Programs to ensure our staff and providers have the resources needed to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, low literacy skills, and individuals with disabilities. As a part of our cultural competence strategic plan, this goal will ensure that the Arizona Programs have the capacity, practices, procedures and dedicated resources to support our efforts. The Arizona Programs' methods for evaluating the cultural diversity of our membership to assess needs and priorities in order to provide culturally competent care (languages spoken ethnicity of membership) is primarily based on member self-reporting.

Objective 4.1

Provides its members access to language, disability and auxiliary services 24 hours a day, seven (7) days a week.

Actions:

1. Continue contracts with vendors to provide language services. Services will include translations, interpretation (written, telephonic and face to face) certified signers for the deaf and TTY services
2. Provide timely translation services by trained bilingual staff available that has completed competency assessment testing
3. Continue use of local language interpreter service to provide onsite language interpretation services when needed
4. Ensure that Medicaid written materials critical to obtaining services (also known as vital materials) shall be made available in the prevalent non-English language spoken for each LEP population in the Contractor's service area. Oral interpretation services shall not substitute for written translation of vital materials.
5. Ensure that all Medicaid written materials for members shall be translated into Spanish regardless whether or not they are vital
6. Develop formal policies and procedures that upon request by a member, the Arizona programs are able to produce and provide easy-to-understand print and member information materials (including for members with LEP or limited reading skills, those with diverse cultural and ethnic backgrounds, and those with visual or auditory limitations)
7. Research opportunities to provide additional staff training specifically related to "translation of medical and case management" terminology

8. Research expansion of gathering member “cultural” information via other methods including as part of the initial enrollment visit.

9. Educate members and representatives of the availability of language and auxiliary assistance services availability (including oral interpretation, translation, sign language, disability-related services, and provide auxiliary aids and alternative formats) via the following methods: Member Handbook, website, newsletters and other communication mechanisms as identified.

Indicators:

1. Various language assistance services (translations, interpretation -written, telephonic and face to face - certified signers for the deaf and TTY) were offered to members, staff and physicians
2. Trained bilingual staff available to provide translation services
3. Type of language assistance service used most often, and least
4. Staff of various disciplines utilizing translation/ interpreter services
5. Posting of the availability of translation services in the Member Handbook, on the website, part of the face to face meeting with Case Managers during initial enrollment, and in the lobby of the Arizona Programs’ office
6. Member Handbooks
7. Plan websites

Outcomes:

- Continual availability and access to language services
- Timely multiple access and back up services
- Convenience and easy access for members

Evaluation:

Review the cultural competency annual report to identify and review needs assessment, translation vendor agreements, services available by type, hours of operation, numbers of staff and community based language bank partnerships.

Functional Areas Accountable:

Compliance, Call Center and Case Management

Objective 4.2

Have available understandable, easily identifiable, and linguistically appropriate information at points of member contact about the availability of language services and how to access.

Actions:

1. Marketing & Communications ensure that all member materials including but not limited to: handbooks, newsletters, and member website access areas clearly identifies in appropriate literacy levels details on the availability of language services, when and how to access services and members rights to receive services free of charge
2. Ensure that providers and staff have policies and procedures that outline how to use and access language services for members, clear policy guidelines on the legal and ethical use of language services and interpreters code of ethics. Network outreach will include information on improving accessibility and quality of care for our members. The Provider Service Representative in-service tool includes an overview regarding the coordination of linguistic and disability-related services (including step-by-step for access free interpretation services for members in the office).
3. Marketing & Communications will ensure that all member materials including but not limited to: handbooks and newsletters comply with the required reading level and include information offering materials in alternative formats and languages upon request

Indicators:

1. Timely translation/ interpreter services to members and providers
2. Multiple available sources of information in member/physicians preferred languages both verbal and written about their rights to receive language interpretation assistance (member handbooks, member newsletter, member materials and Website)
3. Member access areas clearly identifies details on the availability of language services, when and how to access services and members rights to receive services free of charge (in appropriate literacy levels)
4. Utilization rate translation/ interpreter services
5. Policies, procedures and guidelines

Outcomes:

- Clearly communicated language service standards
- Increased utilization of language services
- Appropriate utilization of language services
- Communicated ethical and legal standards for interpreters

Evaluation:

Evidence and review of policies, guidelines in member and provider manual, member materials, State approved postings, special mailings, and articles in newsletters about language services.

Functional Areas Accountable:

Compliance, Network, Marketing & Communications

Objective 4.3

Assess interpreter capabilities for bilingual staff providing in-house interpretation for members.

Action:

1. Assess all self-identified and voluntary bilingual staff interacting with members or providing interpreter services. Assessment includes proficiency in second language, medical terminology, cross cultural communication, cultural competency.

Indicator:

1. Proficiency assessment results

Outcomes:

- Uniformed service delivery
- Quality Interpreter Services
- Competency and proficiency development
- Reduction of errors in translation and interpretation

Evaluation:

Completed assessments maintained by Compliance.

Functional Areas Accountable:

Compliance.

Objective 4.4

Have established minimum standards for cultural competency training and ensure standards are set and monitored for all contracted interpreter/translator service providers.

Actions:

1. Complete an annual assessment of vendors to identify skills sets, training requirements, staff proficiency, and cultural competency levels
2. Provide through contract requirements: All vendors providing services to members meet established minimum standards for interpreter services

Indicators:

1. Vendors are audited/assessed to identify cultural competency readiness
2. Vendors providing services to members are meeting established minimum standards for interpreter services

Outcomes:

- Quality Service Delivery
- Improved Client understanding of services provided
- Monitoring and oversight of vendor performance

Evaluation:

Utilization reviews, quality review of translated services, member satisfaction surveys and review of vendor policies and procedures to ensure culturally competent and proficient services

Functional Areas Accountable:

Compliance

GOAL 5

PROVIDE CULTURALLY APPROPRIATE AND COMPETENT CARE AND SERVICES TO ITS MEMBERS, INCLUDING THOSE WITH LIMITED ENGLISH PROFICIENCY

Goal 5 addresses CLAS standard number 1, 3 and 13. Ensure members receive respectful care provided in a manner compatible with their cultural health beliefs, practices and preferred language. Members will have the ability to resolve conflicts and grievances through process and procedures that are sensitive, linguistically/culturally appropriate, and capable of identifying, preventing, and resolving cross-cultural conflicts and complaints.

Objective 5.1

Develop and implement training curriculum for network providers, vendors, subcontractors Board of Directors and Staff

Actions:

1. Execute a cultural competency training curriculum for network providers, vendors, Board of Directors and staff annually
2. Provide mandatory cultural competency training activities for all staff and board members
 - New staff training will occur within 30 days of hire and annually thereafter
 - New hire training will include overall understanding of the Arizona Programs' cultural competency program and expectation of staff with respect to providing culturally competent care to members
 - Annual Staff training topics will vary annually based on stakeholder feedback, State requirements and specific needs identified for the population being served and overall important of providing culturally competent care to plan members
3. Provide cultural sharing and learning experiences of internal company activities via QMPI, QIC, and the Arizona Programs' Stakeholder Council where applicable
4. Provide availability and access to Cultural Competency training resources for the providers within its network. Provider training curriculum will be level oriented and provided online and in print when requested.
5. Conduct on site Provider Cultural Competency training for the providers within network at the office where applicable
6. Provide reference tools and guides for the network related to cultural competency (including overall important of providing culturally competent care to plan members)
7. Conduct annual vendor/ subcontractor training annually (those with direct member contact) that meets AHCCCS ACOM requirements and plan expectations (including but not limited to AHCCCS minimum requirements, CLAS standards, 1557 regulations and overall important of providing culturally competent care to plan members) where applicable
8. Encourage subcontractors and vendors and require where applicable (those with direct member contact) to complete and annually attest to conducting training that meets AHCCCS ACOM requirements and plan expectations (including but not limited to AHCCCS minimum requirements, CLAS standards, 1557 regulations and overall important of providing culturally competent care to plan members)

Indicators:

- Mandatory Cultural Competency training activities for all staff
- Provider outreach related to cultural competency training information
- Cultural competency educational information items are posted on the Website
- CLAS awareness items are available in Provider Manual
- Tool kits to all new providers

Outcomes:

- Improved Provider/patient relationships
- Reduced cross cultural complaints and grievances
- Improved quality of care
- Positive Patient Experiences
- Appropriate utilization of services
- Increased staff awareness, sensitivity and abilities during member interaction

Evaluation:

- Member satisfaction survey results indicating positive experiences, feeling welcomed and satisfied with level of care
- Staff performance reviews to compare number of staff who reach and maintain the level of advanced cultural competence as compared to previous years
- Network reporting

Functional Areas Accountable:

Compliance, Network, Case Management and Marketing & Communications

Objective 5.2

Recognize and reward Staff who attain cultural proficiency standards.

Actions:

1. Recognize employees who attain demonstrated cultural proficiency
2. When appropriate, incorporate key skills and ability ratings for staff evaluations that impact pay grade
3. Incorporate cultural competency requirements, where applicable, in job descriptions/responsibilities

Indicators:

1. Employee survey demonstrates cultural awareness
2. Staff rewarded for attainment of cultural proficiency
3. Employees included 'increase of cultural competency/awareness' as one of their goals

Outcomes:

- Motivated Staff for Cultural Proficiency attainment
- Employee satisfaction
- Incentives that further staff development of cultural competency skills

Evaluation:

Review of responsibilities and accountability that communicate the importance of Cultural Competency at all levels of the Arizona Programs as compared to efforts in previous years

Functional Areas Accountable:

Human Resources

Objective 5.3

Track and monitor member complaints, grievances and appeals to ensure that member concerns are addressed and resolved in a manner that is sensitive and takes into consideration their linguistic and cultural needs.

Actions:

1. Process incoming member complaints within AHCCCS and CMS-specified timelines as applicable
2. Acknowledge member complaints in member's primary language
3. When necessary, appropriate and/or requested, utilize language services to ensure timely and sensitive process of complaints and appeals
4. Track complaints and appeals of non- English speaking members regarding inability to access the appropriate interpreter to submit a complaint
5. Report grievance/ complaint trending related to cultural competency to QMPI and QIC as applicable

Indicators:

1. % of non-English or Spanish cross cultural complaints and appeals processed
2. % non-English resolution cases processed
3. % complaint regarding inability to access an appropriate interpreter to submit a complaint in their language
4. # of complaints related to "cultural competency"
5. trending of issues related to "cultural competency"

Outcomes:

- Early identification, prevention and resolution of cross-cultural conflicts and concerns raised by members
- Oversight and monitoring of culturally or linguistically related complaints/grievances as part of the overall quality assurance program

Evaluation:

Review quarterly reports to QMPI and QIC of complaints and trends to ensure oversight and appropriate resolution as applicable.

Functional Areas Accountable:

Grievance System, Quality Management, Case Management and Call Center

Objective 5.4

Ensure grievance and complaint process is culturally appropriate.

Actions:

1. Have cultural competency related questions asked during member council meetings to solicit member feedback on grievance and complaint procedures where applicable
2. Identify key existing questions that indicate member experiences when interacting with the Arizona Programs and their providers
3. Note any additional questions needed to assist in collecting cultural experience/interaction
4. Solicit feedback on grievance procedure through the Arizona Programs' Stakeholder Council where applicable
5. Collect community demographics and profiles data, annually

Indicators:

1. % of tracked Member complaints, grievances and appeals addressed and resolved in English and Spanish (verbal and written) to ensure consideration of linguistic and cultural needs
2. % of Member concerns addressed and resolved in a timely manner
3. Cultural competency related questions are in the annually administered connections/member services satisfaction survey to solicit member feedback on grievance and complaint procedures.
4. Feedback on grievance procedure from member council and Stakeholder Council

Outcomes:

1. Accurate and relevant data collection
2. Identification and tracking of problems
3. DE stigmatize the grievance process to include member input

Evaluation:

1. Review of data collected to look for trends
2. Review of documentation of member suggestions, activities to address identified issues and development of corrective actions will be provided to the Board of Directors

Functional Areas Accountable:

Compliance, Grievance System and Quality Management

Objective 5.5

Ensure members are informed of the processes and commitment to address all complaints in a sensitive and appropriate manner.

Actions:

1. Published in English and Spanish simplified details of the administrative review rights to appeal decisions and right to information on the disposition of cases in Member Handbooks
2. Make available the process and procedures in the members' primary language upon request to member and staff
3. Post information at appropriate literacy and language levels of grievance rights and procedures via the Web site

Indicators:

1. Member handbooks contains simplified detail of the administrative review rights to appeal decisions at appropriate literacy and language levels
2. All outreach information/reminders are in English and Spanish and/or primary language
3. Information available upon request in members' primary language
4. Grievance rights and procedures are available at appropriate literacy and language levels via the website

Outcomes:

- Identification in all member materials of when, where, and how a member can file a complaint
- Awareness of the B commitment and policy to address all complaints in a culturally sensitive and appropriate manner
- Available and accessible information on the administrative review processes and procedures

Evaluation:

Review approved materials, Member Handbooks, Websites, Member newsletters for inclusion of best information

Functional Areas Accountable:

Compliance, Case Management, Marketing & Communications

Objective 5.6

Ensure provider awareness and focus on reduction of health disparities

Actions:

1. Inform providers about the availability and utilization of disparities data and follow up with targeted educational mailings to providers with high volume minorities

2. Provide educational outreach to members with high risk conditions

Indicators:

- Network reporting and feedback

Outcomes:

- Reduced health disparities

Evaluation:

1. 2. Review content and count of educational report

Functional Areas Accountable:

Provider, Quality Management, Marketing & Communications

GOAL 6

ENSURE ACCURACY OF COLLECTED DATA THAT IDENTIFIES THE MEMBERS RACE, ETHNICITY, AND PREFERRED LANGUAGE.

Goal 6 addresses CLAS standard numbers 10 and 11. The collection of race, ethnicity, and language data presents a substantial challenge. Members cannot be compelled to provide this information; confusion around standard race/ethnicity categories and exhaustive lists of spoken languages in the USA makes it difficult to ensure the uniformed collection of data across the healthcare industry. The Arizona Programs realize the need for the collection and accuracy of cultural data to facilitate the provision of quality services and improvement in health outcomes for its membership. As a result, data will be collected and integrated into management information systems (i.e. Amysis). Information will also be obtained from the State eligibility files and integrated into the system. Data collected will be used to compile and update community assessments, to assist in the design of quality initiatives and studies to identify health trends within the member population. Members will be advised that providing race, ethnicity and/or language, data is voluntary and will never be compelled to provide information. All staff will follow an established script (if needed) to ensure information is requested in sensitive, inoffensive, and culturally competent manner.

Objective 6.1

Collect ongoing, accurate, and consistent race, ethnicity, language and preference data.

Actions

1. Observe race, ethnicity, and language data fields to all existing information systems
2. Observe verified data from State eligibility files, Corporate, HEDIS, and CMS and integrate into the system
3. Monitor the top five languages used by members
4. Track and monitor population changes by region

Indicators:

1. Language line services access reports
2. Health Risk Assessment (HRA)
4. Tracked and monitored population changes by region
5. Updated health records with race/ethnicity data

Outcome:

1. Member spoken languages, race and ethnicity are integrated into the Information Management System/database
2. Initial assessments conducted by Case Management includes cultural and linguistic needs and background on each active participant
3. Increased understanding of membership composition

Evaluation:

Compare integrated information management systems to previous years

Functional Areas Accountable:

Quality Improvement, Marketing & Communications, Information Systems

GOAL 7

ENSURE PLAN COMPLIANCE WITH FINAL REGULATION 1557

On May 18, 2016, the U.S. Department of Health & Human Service (HHS) issued the Final Rule, Non Discrimination in Health Programs and Activities, implementing the prohibition of discrimination under Section 1557 of the Affordable Care Act of 2010 (ACA).

Section 1557 is the civil rights provision of the ACA. It's the first Federal Civil Rights Law to prohibit sex discrimination in healthcare. Section 1557 builds upon the pre-existing nondiscrimination regime in healthcare and provides for new protections.

It is intended to protect some of the most vulnerable populations from discrimination in the provision of health care services and programs.

Objective 7.1

Ensure organization compliance with ACA Final Regulation 1557.

Actions

1. Review of member material requirements (tagline) including website (monitoring & auditing)
2. Public posting requirements (monitoring & auditing)
3. Medical Claims Edits (monitoring & auditing)
4. Pharmacy Claims Edits (monitoring & auditing)
5. Staff training on 1557 regulation (monitoring & auditing)

Indicators:

1. Pharmacy Claims audit reports
2. Medical claims audit reports
3. Formal 1557 policies & procedures
4. Language Services Plan

Outcome:

1. Implementation of effective "1557 policies and procedures"
2. Completion of Staff Training
3. Monitoring & Auditing of pharmacy claims for compliance
4. Monitoring & Auditing of medical claims for compliance
5. Subcontractor/ Delegated Entity Compliance with Regulation 1557

Evaluation:

Quarterly evaluation of compliance with ACA 1557 regulation.

Functional Areas Accountable:

Compliance, Regulatory Operations, Quality Improvement, Medical Management, Network, Provider Services, Programs, Marketing & Communications, Pharmacy and Operations

GOAL 8

DEVELOP ROBUST PROVIDER NETWORK AND DELEGATED PROVIDER OVERSIGHT PROGRAM FORM COMPLIANCE WITH ACA 1557 REQUIREMENTS

On May 18, 2016, the U.S. Department of Health & Human Service (HHS) issued the Final Rule, Non Discrimination in Health Programs and Activities, implementing the prohibition of discrimination under Section 1557 of the Affordable Care Act of 2010 (ACA). Section 1557 is the civil rights provision of the ACA. It's the first Federal Civil Rights Law to prohibit sex discrimination in healthcare. Section 1557 builds upon the pre-existing nondiscrimination regime in healthcare and provides for new protections. It is intended to protect some of the most vulnerable populations from discrimination in the provision of health care services and programs.

Objective 8.1

Review training and policy oversight program for network providers in coordination with the Arizona Network and Provider Services teams.

Actions

1. Establish ongoing communications with Arizona Network and Provider Services teams
2. Revise training and oversight program for network providers as needed
3. Share revisions with Arizona Programs' staff and providers

Indicators:

1. Meeting correspondence
2. Revisions if made
3. Plan staff and provider correspondence

Outcome:

- Updated network provider training as applicable to reflect current information
- Enhanced understanding of ACA 1557 among network and providers
- Strengthening of network provider oversight related to ACA 1557 requirements

Evaluation:

Compare training and oversight to prior year

Functional Areas Accountable:

Compliance, Quality Improvement, Provider Network Relations

Objective 8.2

Review training and policy oversight program for delegated vendors in coordination with the Arizona Delegated Vendor Oversight (DVO) team.

Actions

1. Establish ongoing communications with Delegated Vendor Oversight team
2. Revise training and oversight program for delegated vendors as needed
3. Share revisions with Plan staff and vendors

Indicators:

1. Meeting correspondence
2. Revisions if made
3. Arizona Programs' staff and provider correspondence

Outcome:

- Updated DVO training as applicable to reflect current information
- Enhanced understanding of ACA 1557 among delegated vendors
- Strengthening of delegated vendor oversight related to ACA 1557 requirements

Evaluation:

Compare training and oversight to prior year

Functional Areas Accountable:

Compliance, Quality Improvement, Provider Network Relations

Objective 8.3

Continue regular oversight reporting for Plans' QIC Committee for any improvement recommendations and/or if needed, corrective action plans.

Actions

1. Attend QIC meetings
2. Develop tracking spreadsheet to review during QIC meetings
3. Follow-up as needed on recommendations and/or corrective action plans

Indicators:

1. Meeting correspondence
2. Spreadsheet with tracking updates
3. Communications regarding actions as applicable

Outcome:

- Enhanced collaborations with QIC
- Receipt of key feedback from QIC regarding improvement recommendations and/or corrective action plans
- Improvement in provider network and delegated oversight form compliance with ACA 1557 requirements

Evaluation:

The Arizona Programs will conduct quarterly QIC meetings which will provide an opportunity to discuss improvement recommendations and/or corrective action plans. Input will be sought related to any identified issues, and action will be taken to address them.

Functional Areas Accountable:

Compliance, Quality Improvement, Provider Network Relations

Objective 8.4

Continue regular oversight reporting for plan Board of Directors for any improvement recommendations and/or if needed, corrective action plans.

Actions

1. Attend applicable Board of Director meetings
2. Share tracking spreadsheet as needed
3. Follow-up as applicable to recommendations and/or corrective action plans

Indicators:

1. Meeting correspondence
2. Spreadsheet with tracking updates
3. Communications regarding actions as applicable

Outcome:

- Enhanced collaborations with Board of Directors
- Receipt of key feedback from Board of Directors regarding improvement recommendations and/or corrective action plans
- Improvement in provider network and delegated oversight form compliance with ACA 1557 requirements

Evaluation:

The Arizona Programs will conduct regular meetings with the Board of Directors which will provide an opportunity to discuss improvement recommendations and/or corrective action plans. Input will be sought related to any identified issues, and action will be taken to address them.

Functional Areas Accountable:

Compliance, Quality Improvement, Provider Network Relations

GOAL 9

PROVIDE ADDITIONAL EMPLOYEE EDUCATION ON CULTURAL COMPETENCY AND 1557 REGULATIONS

On May 18, 2016, the U.S. Department of Health & Human Service (HHS) issued the Final Rule, Non Discrimination in Health Programs and Activities, implementing the prohibition of discrimination under Section 1557 of the Affordable Care Act of 2010 (ACA). Section 1557 is the civil rights provision of the ACA. It's the first Federal Civil Rights Law to prohibit sex discrimination in healthcare. Section 1557 builds upon the pre-existing nondiscrimination regime in healthcare and provides for new protections. It is intended to protect some of the most vulnerable populations from discrimination in the provision of health care services and programs.

Objective 9.1

Ensure enterprise-wide compliance with final regulation 1557 (medical claims, pharmacy claims, member materials disclaimers, physical postings, identification of 1557 coordinator, grievance processes).

Actions

1. Review and update contract assessments pertaining to ACA 1557
2. Develop and distribute a White Paper pertaining to Member Material Checklist 1557 considerations to educate staff on requirements and what to look for when reviewing/developing member materials
3. Educate enterprise regarding gaps/risks as applicable

Indicators:

1. Contract assessments will be up to date
2. White paper distributed
3. Gaps/Risks identified and shared as applicable

Outcome:

- Employee education on cultural competency and 1557 regulations
- Increased awareness of 1557 compliance requirements
- Increased ability to identify 1557 issues

Evaluation:

Implementation of effective "1557 policies and procedures".

Functional Areas Accountable:

Compliance, Quality Improvement, Medical Management, Marketing & Communications, Pharmacy and Operations

APPENDIX A

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Attachments