



Better Health Inc. Medicaid
Medical Assistance Program
Cultural Competency Plan

June 1

2016





Section I: Introduction

BACKGROUND:

Better Health FFS Reform PSN (BET) was operational in Broward County between May 1, 2009 and July 1, 2014. Better Health FFS Non-Reform PSN (BET) was operational in Dade County between September 1, 2011 and July 1, 2014. In January 2014 BET signed a contract to provide services as a Medicaid Managed Assistance Program provider in Regions 6 and 10. Services under this new contract began on June 1, 2014 (Region 6) and July 1, 2014 (Regions 10 and 11). While this CCP addresses the new MMA Program specifically, it is preceded by similar, ongoing CCPs that have been in effect since June 1, 2009. As of December 31, 2015 BET enrollment was 95,320.

POLICY:

Better Health, Inc. (BET) 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, BET 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, BET 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 BET 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 BET 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 BET Policy and Procedure QM023 (Attachment A):

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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 BET 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 BET Cultural Competency Plan at no cost by calling BET'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 BET-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 BET 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%
Contracted and subcontracted network vendors have active cultural competency plans in place in their organizations	<ul style="list-style-type: none"> Review cultural competency plans and most recent evaluation of such plans as part of the network vendor selection process Require new network vendors to develop 	<ul style="list-style-type: none"> Delegation Department checklist for new vendors includes confirmation of review of cultural competency plan by September 1, 2016

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Objectives	Action Plans	Outcomes
	<p>cultural competency plans prior to providing services to BET members; confirm that plans are in place and that vendor employees are appropriately trained through review of vendor documentation</p>	<ul style="list-style-type: none"> Each vendor's Delegation Department file (paper or electronic) includes a copy of their cultural competency plan
<p>Services are delivered in a culturally competent manner</p>	<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 BET 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
<p>CCP includes member input regarding demonstrated gaps in cultural competence</p>	<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 BET employees in Enrollment, Member Services and Case Management 	<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

B. Build Community Partnerships

Objectives	Action Plans	Outcomes
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<p>A workforce that reflects the diverse consumers and communities served by the Plan.</p>	<ul style="list-style-type: none">• Better Health Inc. 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, Better Health Inc. 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.• Better Health Inc. 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.
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C. Collect Diversity Data

Objectives	Action Plans	Outcomes
Identify populations that are frequently served by BET	<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"> • BET 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 	<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

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Objectives	Action Plans	Outcomes
	<p>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>interactions</p>
<p>Analyze performance data through the lens of cultural competency</p>	<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
<p>Ensure that all regions are supported by a BET Provider Network (including specialists) that reflects the ethnic/racial profile of its membership.</p>	<ul style="list-style-type: none"> • Coordinate with the BET Provider Administration and Credentialing team to provide ongoing CCP related information for each region. • BET 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.
<p>Provider Materials - Support Maintenance and Development as Necessary</p>	<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

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		things in a way that was easy to understand"? <ul style="list-style-type: none"> • “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”?
Ensure that 100% of Delegated Network Vendors offer culturally competent services to all BET 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 BET 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	<ul style="list-style-type: none"> • BET offers translation services that are accessible and free to members at all points of service delivery, including 	<ul style="list-style-type: none"> • Number of requests for translation services • Timeliness of response to

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Objectives	Action Plans	Outcomes
languages that reflect the cultural/ethnic/racial composition of the member population	providers' offices, hospitals, etc. <ul style="list-style-type: none"> • Members are advised that translation services are available and informed regarding how to request this service • All member materials are available in 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 	requests for translation services <ul style="list-style-type: none"> • Information about how to access translation services is included in the Member Handbook and posted on the 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 BET 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

Better Health Inc. (BET) 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, BET 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, BET 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 BET 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 BET Cultural Competency Plan at no cost by calling BET's Provider Relations department.



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

C. Assuring Cultural Competency

BET will address cultural competency around six core areas that represent the foundation for BET-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

BET 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)

BET 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.