

Cultural Competency Plan

"Practicing Kīnā'ole for Hawai'i"

1. Summary

As a local health plan dedicated to managing the health and well-being of our members, UnitedHealthcare Community Plan fully recognizes the importance of serving our members in a culturally appropriate manner. The term *culturally appropriate* refers to the recognition of a member's unique ethnicity, social structure, language, values, faith and other attributes that define a person. Recognition of a member as a unique person, and not as just another plan member or patient, is critical in order for our health plan to interact and support the member in the best possible way towards achieving a common goal of improved and sustainable health and well-being.

UnitedHealthcare Community Plan's practice of Kīnā'ole is defined as:

"Doing the right thing, in the right way, at the right time, in the right place, to the right person, for the right reason, with the right feeling, the first time."

UnitedHealthcare Community Plan strives to impart upon our employees and business partners the meaning of Kīnā'ole as well as supporting and reinforcing the importance of the practice of Kīnā'ole as we interact and engage with our health plan members.

Our health plan aims to deliver the highest quality of care to every member while honoring their culture, race, ethnic background, language, sex or sexual orientation, physical and intellectual abilities, and religion in a manner that recognizes, affirms, and respects the worth of the individual member and protects and preserves the dignity of each member. Cultural competency is a key component of the Plan's continuous quality improvement efforts. The pursuit of cultural competency is one of our highest priorities and it requires a steadfast commitment to learning and evolving our practices. The Cultural Competency Program aims to ensure that:

- The Plan provides a healthcare delivery system that is informed by and consistent with the cultural framework and community environment of members and their families in Hawai'i:
- The Plan leverages the diversity of our employees and the strength of our partnership with key organizations, communities, and suppliers;
- The Plan fosters and supports a work environment that enables people to do their best work;
- All health plan staff are provided diversity/cultural competency education;
- Members with limited English proficiency have their communication needs met by providing free translation services for all members either orally or written; and
- Our providers and business partners fully recognize and are sensitive to the cultural and linguistic differences of the UnitedHealthcare Community Plan members they serve.

2. Program Goals and Objectives

The Goals for the Cultural Competency Program are:

- 1. Building and supporting a health plan team that is culturally competent;
- 2. Meeting the needs of our health plan members in a holistic and culturally competent manner;
- 3. Engaging members, providers, business partners, key stakeholders, and the community to continuously improve our cultural competency program.



- 4. Embrace diversity and inclusion by creating a continuum of culturally sensitive initiatives that promote health and prevent avoidable health care cost.
- 5. Reduce health disparities to improve the quality of health of consumers and communities.
- 6. Design programs, interventions, and services which effectively address cultural and language barriers to the delivery of appropriate and necessary health services, and address disparities identified.

The Objectives of the Cultural Competency Program are to:

- 1. Ensure that members receive from all staff effective, understandable, and respectful care and service that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language;
- 2. Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each member with limited English proficiency at all points of contact, in a timely manner during all hours of operation:
- 3. Proactively identify members that may have cultural or linguistic barriers for which alternative communication methods are needed;
- 4. Ensure services are provided in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, understand their condition(s), the recommended treatment(s), and the effect of the treatment on their condition, including side effects;
- 5. Utilize culturally sensitive and appropriate educational materials based on the member's race, ethnicity and primary language spoken;
- 6. Ascertain that providers care for and recognize the culturally diverse needs of the Hawai'i population;
- 7. Cultivate staff understanding of and appreciation for the value of diversity and uphold behaviors which honor and respect the uniqueness of the individual among their colleagues, the individuals we serve and throughout the community; and
- 8. Embrace diversity by creating a continuum of culturally sensitive initiatives that promote health and prevent avoidable health care cost; Refine the patient-centered approach based on member demographics; including race, ethnicity, and language preferences Member Demographic Data Collection and Analysis
- 9. Ensure that all UnitedHealthcare member written materials are available in languages that comply with Section 1557 of the Patient Protection and Affordable Care Act and other formats (Braille, large print, audio, TDD service, American Sign Language) upon request by the member or member's representative.
- 10. Ensure that all UnitedHealthcare Community Plan member written materials will include a language block indicating that materials are available in other languages and formats as required in Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 2000d and 45 CFR Part 80.
- 11. Ensure that all staff are trained to utilize the Language Line which offers over 150 different languages to ensure member access to interpretation/translation services.
- 12. Conduct member support activities such as welcome calls and health functional assessments that can be translated in the member's language
- 13. Ensure ongoing updates to the Participating Provider Tool on our website that lists providers' language fluency.
- 14. Identify opportunities and ways to improve our Cultural Competency Program through various formal and informal means to solicit member input.

3. Review and Adapt UnitedHealthcare Community Plan Training Materials

UnitedHealthcare Community Plan's training materials on cultural competence are reviewed annually to ensure that training materials cover the issues of primary importance in Hawai'i. The Plan tracks cultural needs and experiences of our members over time and where gaps are identified, our leadership team will collaborate internally and externally to update and adapt materials. Gaps and opportunities will be identified through various sources such as grievance and appeals, feedback from member services, health coordination, other internal partners as well as external partners and stake holders.



4. Education Processes

A. Member

The Plan strives to ensure its members and their representatives are aware of what cultural competency is and how to gain access to information available. Members and their representatives are educated and informed of the member rights and responsibilities, benefits, covered services and all other aspects of their health care program through the QUEST Integration Member Handbook and other materials such as member newsletters (Health Talk), new member enrollment kits, brochures, and other member materials and other forms of communication. Many of these materials are also available online at myuhc.com/communityplan. These materials include information on the following services and how to access these services free of charge:

- The plan's Cultural Competency Plan
- Free aids and services, such as Telecommunications Relay Service (TRS)
- Interpreting and translation services
- Written materials in other languages
- Written materials in large braille
- Information in audio tapes
- How to contact Member Services for translation services and other services

The Plan also provides member education through other member support activities such as:

- Member welcome calls
- During inbound and other outbound phone calls
- Health functional assessments
- Targeted member education and trainings (i.e., face to face, virtual, member events, etc.)
- Through Advocate4Me
- During initial assessments and reassessments
- Through face to face visits with health coordinators/health advocates
- Through other interactions

B. Provider

UnitedHealthcare Community Plan strives to increase cultural awareness of providers, support providers to be sensitive to the cultural diversity of Hawai'i and educate providers on available resources. Our provider contracts with our network providers require our providers to:

- Participate in the Plan's efforts to promote the delivery of services in a culturally competent manner to all
 members, including those with limited English proficiency, physical or mental disabilities, diverse cultural
 and ethnic backgrounds regardless of gender, sexual orientation or gender identity, and shall provide
 interpreter services in the member's primary language and for the hearing impaired for all appointments
 and emergency services.
- Provide information to members regarding treatment options and alternatives, as well as information on complaints and appeals in a manner appropriate to the member's condition and ability to understand.
- Provide physical access, reasonable accommodations, and accessible equipment for members with physical or mental disabilities.

Provider education will be available through the following mechanisms:

• The Care Provider Manual contains a summary of the Cultural Competency Program including resources available to further explain Cultural Competency. In-network providers may access the Cultural Competency training at no charge to them. Cultural competency awareness and issues are highlighted in the training program. For example, in some cultures, family members accompany patients during visits to health care providers. It is helpful if the providers are aware of these customs and take steps to accommodate them to the greatest extent possible.



- Cultural competency topics are addressed in the quarterly Care Provider Newsletter, or in our monthly network bulletin.
- Provider service advocates assist providers on obtaining information on cultural competency and encourage providers to be culturally aware.
- Provider Services provided through our local Customer Service department can assist providers in using the telephonic translation service, Language Line.
- The Plan's provider services team will:
 - Provide educational training; included in some of the townhall sessions will be updates and education on cultural competency (See sample in Attachment A); and
 - Make cultural competency training available through our online tool
 - Ensure cultural competence will be an agenda item at Physician Advisory Committee (PAC) meetings.
- UnitedHealthcare Community Plan's network providers are required to comply with, Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section § 2000d, 45 CFR Part 80 and 42 CFR §§ 438(c) (2), 42 CFR 438.100(d), and 42 CFR 438.6(d) (4) and (f).
 - The Plan will monitor its network compliance with these requirements through the review of member grievance and appeals reports, provider complaint, grievance and appeals reports, feedback from our local Member/Provider Services staff, UnitedHealthcare Community Plan internal and field staff, providers, and external partners.
- The Plan will take necessary action(s) to address, correct, fix and/or educate or re-educate those providers not meeting the requirements. Action(s) may include a corrective action plan (CAP) up to suspension and/or termination of a provider from the network. The Plan will follow the process outlined in its Credentialing and Recredentialing policy to ensure providers are afforded their appeals rights. In the event a provider is suspended or terminated from the network, the Plan will notify all affected members via the process outlined in the Provider Termination Notice to Members policy to ensure service continuity.
- Refer to Attachment-A for Sample Provider Cultural Competency Training

C. Employee/Staff

- All new staff (including any business partners and subcontractors) serving UnitedHealthcare Community
 Plan QUEST Integration members and providers will receive cultural competency and diversity training as
 part of new employee orientation. Major elements of the training curriculum include:
 - o The rationale and need for providing culturally and linguistically competent services; and
 - Methods individuals from different cultures typically use to seek health care and effective approaches to communicating health information to a diverse population.
- Staff (including any business partners) that have face to face interaction with members will be required to
 complete a comprehensive cultural competency training that emphasizes the importance of
 acknowledging differences in people and how to address the needs of their members in a holistic
 approach taking into consideration variables such as:
 - o Cultural background
 - Ethnic background
 - o Religious beliefs
 - Physical and intellectual abilities
 - o Economic situation
 - Living environment
 - Family and social situation
 - Gender identity and sexual orientation
- Annually, all staff will be required to complete a training on cultural competency skill development and harassment issues.
 - The training is completed utilizing a variety of methods including traditional classroom presentations, on-line training, and informal brown bag lunch discussions.



- o Refer to Attachment-B for additional information on cultural competency training resources
- UnitedHealthcare Community Plan obtains staff feedback after cultural competency trainings are completed.

D. Capturing Information on Provider Language Skills

UnitedHealthcare Community Plan's online provider directory "Find a Doc" search tool and hard copy (PDF) available on the Plan's website www.uhccommunityplan.com/hi identifies providers with the ability to communicate with people whose primary language is not English. All members are provided with a hard copy of the provider directory at the time of enrollment with the Plan and at least annually.

Attachment C shows a template for information identifying the languages spoken by our providers and how many providers are available for those languages.

5. Language Documentation

A. Alternate Language Requests to Member Services and the Plan

To ensure language preference is observed during phone communications, all new QUEST Integration members will receive a new member assessment conducted by a health plan representative. The questionnaire asks if the member prefers a primary language other than English for verbal communications with the health plan. If a different preferred language is requested, the information is documented in the Plan's information system (which includes a date stamp). The Plan will complete and submit a Demographic Change Form to DHS. If English is the member's primary language, then the representative will document the decline of a translator in the Plan's information system(s).

For each member requesting written materials in a non-English language, the Member Services Representative shall record the member's:

- First and last name
- ID number
- Date of request
- · Date the documents were mailed or provided
- Language requested

On an ongoing basis, Member Services Representatives are trained on detecting and offering of a translator if a caller is having difficulty due to a language barrier, as well as ensuring no indication is made to the member regarding providing their own interpreter.

B. Information Transfer

UnitedHealthcare Community Plan receives the electronic eligibility file from the State of Hawaii (DHS), which includes the member's language preference. The file is loaded into UnitedHealthcare Community Plan's information system(s) which is available for reporting and internal use (such as by Member Services). Mailing lists for member materials are pulled from the Plan's information systems. If the member is flagged for "all written materials" in one of the requisite alternate languages, the member material(s) will be sent in that alternate language.

C. Member Requisite Language Requests



Members can request that all member materials be sent in one of the requisite other languages as stated in section 4A. Such requests can be received from a variety of sources (e.g. from the member, member's representative, member's provider, written or fax communication, email).

If the member, member's representative, Health Coordinator, or a provider asks that a specific member material be sent to a member in one of the requisite alternate languages, the Plan will do so (a "one-off request" vs. "all materials" in item 5B above).

6. Feedback Mechanisms

We will track the needs and experiences of our members over time, including but not limited to the following mechanisms:

- Translation/Interpretation Services Report, includes the following information on Language Line activities during the previous quarter:
 - o name and member identification number for each member to whom translation/interpretation service was provided
 - o date of the request
 - date provided
 - o type of service including the language requested
 - o identification of the translator/interpreter

The Plan submits quarterly reports to the State of Hawai'i (DHS).

- Requests for Documents in Alternate Languages Report, includes the following information on Member Services activities during the previous quarter:
 - o name and member identification number for each member requesting documents in an alternative language
 - o language requested
 - o data of the request
 - date the documents were mailed or provided

The Plan submits quarterly reports to the State of Hawai'i (DHS).

- CAHPS® Consumer Survey and/or member and provider satisfaction surveys conducted annually which include a cultural competency component.
- Monitoring member grievance and appeals, and provider complaints, grievances and appeals relating to cultural competency issues.

7. Analysis

Performance data are systematically collected and analyzed as defined in the UnitedHealthcare Multicultural Health Care (MHC) QI Program Description (QIPD). The language, race and ethnicity disparities are identified using the HEDIS® and CAHPS® measures. The measurement and analysis provide information to guide decision-making related to improving both the overall quality of clinical care and service provided to members. Interdepartmental and cross-functional resources, along with corporate resources are leveraged to guide the structure and processes implemented to improve outcomes for members.

8. Evaluation of Cultural Competency Plan



Each year, the UnitedHealthcare Community Plan leadership team and all managers will:

- Review and update, as necessary, the Plan's Cultural Competency Program to ensure it continues to meet the needs of the health plan's members
- Assess progress in meeting the cultural competency goals for the prior year
- · Review and update, as necessary, the cultural competency goals for the coming year

The leadership team and all managers will provide input on the Cultural Competency Plan, with final review and approval at Quality Management Committee (QMC). The Member Advisory Group (MAG) and PAC will also have the opportunity to review the program and offer feedback before final approval.



Attachment A Sample Provider Cultural Competency Training

Cultural competency's effect on patient care

What is provider cultural competency? What the research shows

The ability of health care professionals to effectively deliver health care services that meet a patient's social, cultural and linguistic needs.

- · Patient and health care professional socio -cultural differences can impact patient satisfaction, adherence and health outcomes
- Patients respond better when care instructions are delivered in their own language and their cultural background is taken into account
- · Knowledge of and sensitivity to cultural issues can:
 - o Impact the way patients share their medical needs
 - o Enhance physician and nurse communication, diagnosis and treatment
- Patient care is improved when health care professionals recognize cultural subtleties
- Health care professional cultural education can enhance care quality delivered to diverse patient populations and help address racial/ethnic disparities in health care



UnitedHealthcare Cultural Competency program

Program goals

- · To meet membership needs
- · To address linguistic and cultural barriers that can negatively affect health care access and care participation

To participate

Visit <u>UHCprovider.com</u>> Resource Library > Patient Health and Safety > Cultural Competency.

Training: Cultural Competency and Americans with Disability Act s training discusses why cultural competency and the Americans with Disabilities Act (ADA) requiren portant to care providers, including information on: Impact of these requirements on care providers · Cultural competency overview (View the course [2])







Attachment B Cultural Competency Training Resources

LearnSource: LearnSource is the enterprise system which enables employees to take courses to learn new skills, track learning progress and complete courses. All employees are required to complete an annual review of the following trainings and these trainings are part of the new employee orientation as well:

- Cultural Diversity Awareness (required)
- Disability Awareness (recommended)
- Community and State Developing Proficiency Hawaii (recommended)

Civil Rights Awareness training: In partnership with Hawai'i Department of Human Services (DHS), all Hawai'i UnitedHealthcare employees and subcontractors shall complete annually the following training modules provided by Hawai'i DHS:

- Civil Rights Awareness Module 1
- Civil Rights Awareness Module 2
- Civil Rights Awareness Module 3

Note: UHC employees and/or subcontractors may use approved alternate Civil Rights training modules.

Attachment C Languages Spoken by UnitedHealthcare Participating Providers

UnitedHealthcare Community Plan actively develops and recruits providers who speak languages prevalent in our community. The following list of providers is updated periodically and at least on a quarterly basis.

Language	# of Providers	Language	# of Providers	Language	# of Providers
Spanish	611	Ukrainian	5	Yiddish	2
Tagalog	533	Swedish	5	Haitian	2
Ilocano	493	Persian	5	Creole	2
Japanese	199	Laotian	5	Lithuanian	2
Filipino	111	Armenian	5	Hausa	1
French	106	Turkish	5	Albanian (Tosk)	1
Chinese	98	Indian	5	Afar	1
Mandarin	92	Panjabi	4	Bangladesh	1
Korean	74	Danish	4	Nepali	1
Cantonese	71	Tonga	4	Bulgarian	1
Vietnamese	58	Croatian	4	Faroese	1
German	58	Burmese	4	Twi	1
Hindi	40	Karen	4	Serbo-Croatian	1
Arabic	28	Czech	3	Fiji	1
Russian	27	Serbian	3	Scanian	1
Polish	23	Malayalam	3	Belgian	1
Taiwanese	23	Dutch	3	Mon-Khmer (Other)	1
Italian	21	Cambodian	3	Tulu	1
Portuguese	20	Hungarian	3	Malagasy	1
American Sign Language	18	Tamil	3	Pakistani	1
Thai	18	Marathi	3	Slovak	1
Punjabi	15	Malay	3	Mon	1
Samoan	12	Indonesian	3	Somali	1
Javanese	12	Norwegian	3	Truk	1
Bisaya	12	Finnish	2	Amharic	1
Urdu	10	Germanic (Other)	2	Pashto	1
Sign Language	9	Macedonian	2	Bosnian	1
Hebrew	9	Swahili	2	Keres	1
Farsi	9	Haitian; Haitian Creole	2	Vlaams/Flemmish	1
Gujarati	9	Romanian	2	Marshallese-Ebon	1
Greek	7	Bengali	2	Malayan	1
Hawaiian	7	Afrikaans	2	Kurdish	1
Telugu	6				

Visit the **Cultural Competency** page to learn more.