2022 CCLAS Program Description

INTRODUCTION

Absolute Total Care provides culturally and linguistically sensitive services as a core business strategy for the entire health plan. Cultural competency within Absolute Total Care is defined as the willingness and ability of the organization to value the importance of culture in the delivery of services to all segments of the population. It is the use of a systems perspective which values differences and is responsive to diversity at all levels. Cultural competency is community focused, and family oriented. In particular, it is the valuing of differences and integration of cultural attitudes, beliefs and practices into diagnostic and treatment methods throughout the health care system to support the delivery of culturally relevant and competent care. It is also the development of skills and practices sensitive to cross-cultural interactions, and encouragement of practices that ensure services are delivered in a culturally competent manner.

Absolute Total Care acknowledges its obligation to provide members with culturally appropriate health care. Services are provided in an accessible and responsive manner to all beneficiaries, including those with diverse cultural and ethnic backgrounds, varied health beliefs and practices, limited English proficiency, disabilities, and differential abilities, regardless of race, color, national origin, sex, sexual orientation, gender identity, preferred language, or degree of health literacy. Absolute Total Care implements processes that assure the health care services provided have the flexibility to meet the unique needs of each member.

Population health management initiatives are reviewed to assure cultural issues and social determinants of health are identified, considered, and addressed. Additionally, Absolute Total Care is committed to improving disparities in care; an approach to improving HEDIS measures, reducing utilization costs and delivering locally tailored culturally relevant care. As such, Absolute Total Care has developed a health equity approach that identifies disparities in member demographics such as race, ethnicity, language, and geography, prioritizes opportunities at the neighborhood and health plan level, and collaborates across the community to reduce disparities by targeting member, provider, and community interventions.

The Absolute Total Care leadership team is committed to focusing clinical, network, and operational processes and resources towards improving the health of its diverse population by:

- Ensuring the provision of culturally and linguistically appropriate services;
- Empowering members and their caregivers in their health care choices through plain language innovation;
- Decreasing health care disparities;
- Improving understanding and sensitivity to cultural diversity among staff and network providers;
- Improving health outcomes by instilling cultural competency into all parts of the organization, such as member services, network development, population health, utilization and care management, and quality improvement.

PURPOSE

Absolute Total Care is committed to the provision of a well-designed and well-implemented Cultural Competence and Linguistics Appropriate Services (CCLAS) Program. Absolute Total

Care is guided by requirements set by its state/federal contract and in accordance with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards, or CLAS), as developed by the U.S. Department of Health and Human Services Office of Minority Health and Section 1557 of the Affordable Care Act.

To fulfill its responsibility to members, providers, the community and regulatory and accreditation agencies, the health plan has adopted the following Cultural Competence and Linguistic Assistance Services Program Description. The program description is reviewed and approved at least annually by the Quality Improvement Committee and the Board of Directors. The primary objective of the CCLAS Program is to establish an equitable, culturally, and linguistically appropriate program for our diverse population that optimizes members' comprehension and overall health care experience and improves health outcomes.

PROGRAM SCOPE

Absolute Total Care's CCLAS Program aims to reduce healthcare disparities and provide high-quality healthcare to the diverse population served. Absolute Total Care adopts the 15 CLAS standards as the foundation of its CCLAS Program. The national CLAS standards ensure that services comply with the Office of Civil Rights guidelines for culturally and linguistically appropriate access to health care services (Title VI of the Civil Rights Act). The principal CLAS standard is: "Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs". Absolute Total Care defines *diverse* to include the provision of culturally and linguistically appropriate services to those members that may have a disability (e.g., physical, learning, developmental, reading, etc.), various ethnic backgrounds, and members coming from historically disadvantaged groups within the community such as but not limited to the homeless and LGBTQ populations.

Areas addressed by the program encompass health literacy and plain communication, language services, reduction of health disparities, cultural competency capabilities, and support for members with disabilities.

CLAS STANDARDS

Absolute Total Care's CCLAS Program includes the following:

Standard 1 --- *Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.*

Absolute Total Care aligns policy CC.QI.CLAS.29 Cultural Competency and Linguistic Assistance across all departments. A nondiscrimination policy such as this assures that all members regardless of race, ethnicity, cultural background, English proficiency, ability or disability, gender, sexual orientation, or gender identity receive equal access to covered benefits. The Cultural Competency and Linguistic Assistance Policy includes the cultural and linguistic services that are provided to members, contracted providers, and major subcontractors. Absolute Total Care maintains this Cultural Competence and Linguistics Assistance Services Program Description that assures compliance with the Principal Standard of CLAS.

The CCLAS Program Description includes:
- A workplan that describes each activity and a timeline for completion;

- Collection, control and use of member race, ethnicity and language data;
- Health equity model and initiatives;
- Organization structure to support sustainability, leadership, and continuous process improvement of CLAS;
- Clear communication program and approaches to promote health literacy;
- CLAS goals and accountability for organizational alignment;
- Continuous process improvement and oversight, inclusive of grievance analysis, to ensure the delivery of high quality CLAS services;
- Community feedback and assessments that are incorporated into the design and implementation of population health strategies;
- Processes for CLAS assessments and barrier analysis that are used to inform initiative development and workplans;
- A cultural competency training program that is ongoing for all staff and providers and/or subcontractors; and
- The provision and oversight of language services including interpreter and translation services and alternate format documents for those with vision and/or hearing impairment.
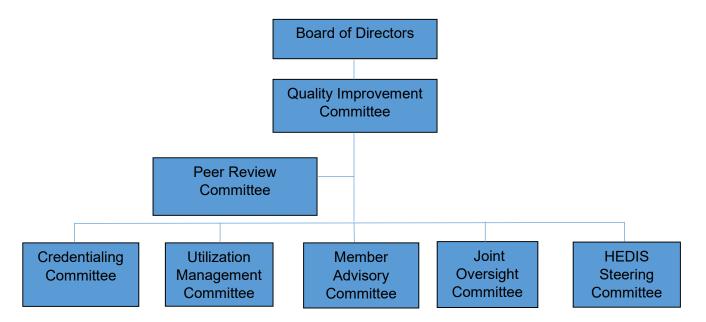
Standard 2 --- *Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.*

Quality is integrated throughout Absolute Total Care and represents a strong commitment to cultural competency and appropriate linguistic assistance services for members. Absolute Total Care provides direction, overall support, and oversight across departments in all aspects of language assistance services. Informed by data and feedback from field staff, every department and advisory group contributes to organizational cultural competency and works as a team to promote health equity.

The Board of Directors is the governing body designated for oversight of the Quality Program and has delegated the authority and responsibility for the development and implementation of the Quality Program to the Quality Improvement Committee.

The Quality Improvement Committee is chaired by the Chief Medical Director (or designee), who is the Senior Executive of Quality Improvement (SEQI). Reports on CCLAS Program activities, findings, recommendations, actions, and results are presented to the Board of Directors no less than annually. The Quality Improvement Committee serves as the umbrella committee through which all subcommittee activities are reported and approved. Absolute Total Care's Quality Improvement Committee structure is designed to promote information, reports, and improvement activity results, driven by the CCLAS Workplan, throughout the organization and to providers, members, and stakeholders.

Absolute Total Care Quality Improvement Committee Structure 2022

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The Director of Accreditation or designee collaborates with the heads of all functional units to ensure that the Cultural Competency and Linguistic Assistance Services program is properly executed. Absolute Total Care's leadership promotes CLAS through policy, practices, and allocated resources. This includes:

- Policies that are specific to the hiring of diverse staff that is representative of the community in all positions, including leadership.
- Integration and alignment of CLAS opportunities across health plan functional areas such as medical management, customer service, provider services and quality.
- Requiring and promoting Cultural Competence training and education throughout the organization such as Best in CLAS events and health equity learning circles.
- Establish a Cultural Competence/Social Determinants of Health Workgroup that provides guidance on staff policies that are supportive of a diverse workforce and diffusion of information throughout the organization.
- Diffusion of information to stakeholders and constituents.

Standard 3 --- *Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.*

Absolute Total Care strives to be responsive to our membership and to have a workforce that represents the diversity of our members and communities. In order to achieve this, Absolute Total Care recruits, promotes, and supports a diverse staff in all positions, including leadership, that is representative of local demographics. Approaches include utilizing online job postings and job fairs targeted at hiring a diverse work force representative of local and/or regional demographics. Additional avenues include working with local community leaders to advise them of job opportunities and how to apply. Absolute Total Care annually monitors progress towards achieving a workforce reflective of the community and documents results in the CCLAS Program Evaluation. The continuous growth of our people is a top business priority for Absolute

Total Care. Every individual is a leader, and as such, all staff set goals around and are measured against our Leadership Model, as well as individual business goals. This process enables staff from all backgrounds and cultures to collaborate, contribute, and be provided opportunities for development and advancement.

The Diversity, Equity & Inclusion (DEI) efforts of Absolute Total Care and its parent company include workforce metrics and tracking capabilities to ensure we value diversity, create equity, and embrace inclusion. This includes reporting mechanisms that ensure we are able to develop and monitor strategic initiatives that address areas of opportunity for DEI advancement. A new DEI dashboard for our DEI Councils, HR Business Partners, and Business Unit Leadership provides a way to track ongoing progress of programs and initiatives. Our Talent Attraction (TA) team, in partnership with hiring leaders, nurtures a talent pipeline that connects us to a diverse workforce. All of our talent advisors receive training to become Certified Diversity Recruiters. And the team works to activate stakeholder partnerships such as those with nonprofits and academic institutions, including Historically Black Colleges and Universities (HBCUs), to enhance our ability to recruit and develop diverse talent. Our Diversity of Slate practice is designed to increase diverse representation at leadership levels by including at least one woman and one person of color on candidate slates. To nurture talent within the company, we leverage and create programs for targeted leadership development of Black and African American employees as well as other people of color and women. Finally, we recognize that our people leaders play an important role in creating an inclusive and equitable work environment for the organization. Manager Central, the company's information hub for people leaders, includes curated DEI resources to help leaders develop and maintain a culture where all employees can thrive. Resources include eLearnings on inclusive leadership and allyship, resource guides on building inclusivity and cultural competency, and reading lists on disrupting bias and building a sense of belonging.

Additional support of the workforce includes the opportunity to participate in Inclusion Groups. These groups are the Veterans and Military Families Employee Inclusion Group (CENVET); the Multicultural Employee Inclusion Group (MOSAIC); I.N.S.P.I.R.E., the Women's Employee Inclusion Group; ABILITY, the People with Disabilities & Caregivers Employee Inclusion Group; and cPRIDE, the company's LGBTQ+ Employee Inclusion Group. Furthermore, the company maintains an Executive Diversity and Inclusion Council comprised of senior leaders who guide their respective business units in implementing and sustaining successful diversity and inclusion practices across the enterprise.

A respect for the diversity of our workforce is also seen in the company's provision for a flexible floating holiday chosen by individual employees, to allow staff members to recognize a personal cultural, religious, or local holiday or other observance on a day during which the company remains open.

 Absolute Total Care's demonstrated commitment to recruiting, promoting, and supporting a diverse workforce works hand-in-hand with its strong foundation of locally tailored health care and evidence-based CLAS activities to affirm itself as a leader in multicultural health care.

Network Responsiveness

Absolute Total Care understands the importance of culturally tailored clinical services. This includes member and provider cultural concordance, access to language services and the provision of culturally specific health care that treats the whole person within the context of their

cultural preferences. Absolute Total Care assesses the cultural responsiveness of our network through the following:

- Collecting provider and practice data including languages spoken, language services provided through the practice and provider race/ethnicity. Provider race and ethnicity data is obtained directly through the credentialing process and provider visits. This data is also supplemented with indirect data such as race and ethnicity state provider profiles. The direct collection of provider demographic data including race, ethnicity and language is explained in policy CC.PRVR.47.
- Publishing provider and practice language capabilities in the provider directory (see policy CC.PRVR.19).
- Providing provider race and ethnicity information for concordance matching upon request to members through the call center.
- Analyzing cultural and linguistic grievances (see CLAS Standard 14).
- Assessing provider and member cultural and language concordance through geo-mapping analysis and identifying barriers and solutions in CLAS evaluation barrier analysis and workplan. The geo-mapping report is submitted to Quality Improvement Committee at minimum every 3 years for review and comment. The analysis of network adequacy is intended to provide guidance to improve access to cultural and linguistic health care services. This includes a barrier analysis that informs the next year's activity.

Standard 4 --- *Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.*

Absolute Total Care ensures that our mission to promote cultural competency and reduce health disparities is central in every department across our health plan. Several learning opportunities are offered in multiple modalities to engage staff and leadership throughout the organization. These include health literacy challenges, panel discussions with leading professionals in health disparities, cultural sensitivity training, and learning circles which engage staff with diverse perspectives to collaboratively tackle a core problem and find ways to implement change throughout the organization. Collectively known as Best in CLAS, trainings are offered annually via Absolute Total Care's parent company, Centene.

This company-wide health equity campaign consists of a comprehensive framework focused on health equity, including education, tools, and action to reduce health disparities and improve delivery of Culturally & Linguistically Appropriate Services for Absolute Total Care's members.

As part of the Best in CLAS framework, Learning Circles provide an opportunity to engage diverse perspectives in tackling a core problem. Based on the series "UNNATURAL CAUSES: Is Inequality Making Us Sick?" employees engage with diverse perspectives, discuss, and take action to tackle a core problem. For example, the Health Equity Learning Circle comprises an innovative 4-phased curriculum that examines the root causes of health inequities through a series of film screenings and dialogue sessions, culminating in a local community health disparity initiative. Participating staff explore beliefs around health inequities and establish a common ground for action. This Learning Circle culminates in implementation and evaluation of one targeted health disparity project.

A newly launched Cultural Sensitivity 101 training highlights not only the true impact of systemic racism and its contribution to health disparities but also specific health equity laws, tools such as the accessing language services and new steps staff can take in their role to provide culturally relevant care and support to members.

To ensure that training material is relevant to member needs and barriers to care, Absolute Total Care reviews membership demographic profiles and ensure that training topics and consulting services integrate concepts reflective of the diverse membership. Required trainings are provided annually to staff from call center operations, utilization management, quality improvement, grievance and appeals, provider relations and case managers on topics such as member diversity, cultural beliefs, and steps to access language assistance and resources for members.

Absolute Total Care supports contracted providers in their efforts to provide culturally responsive and linguistically appropriate care and covered services to members. Contracted providers are advised on how to access language services in the provider operations manual, through routine provider updates and online newsletter articles. The services that are offered to contracted providers are intended to:
- Promote cultural responsiveness and awareness.
- Support access to language services, including:
  - how to coordinate for interpreter and translation services, and
  - tips for effective communication with interpreters.

Providers may request cultural competency training customized to the needs of their practice. Customized training includes specific strategies to address the cultural barriers to health care that are prevalent in the service area. Absolute Total Care may provide the training in person, using webinar technology or computer-based training modules. Providers are also encouraged to take the online cultural competency training offered by the Office of Minority Health on their website. The training encourages providers to focus on local population cultural needs and addresses and includes:

- Information on the cultural expectations for health care.
- Information on traditional or alternative health care.
- Tips and suggestions on how to address cultural issues.
- Patient-centered care and effective communication techniques.

Additional training courses offer specialized information for nurses, psychiatrists, psychologists, behavioral health professionals, maternal health providers, oral health professionals, and more.

Providers are reminded annually of their responsibility to take cultural competency training through an annual provider newsletter or an annual provider update and in the provider handbook. Providers may also call Absolute Total Care's toll-free Provider Relations number with any questions about cultural or linguistic issues they may have.

Standard 5 --- *Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.*

The CCLAS Program and CC.QI.CLAS.29 Cultural Competency and Linguistic Assistance address the provision of language support services with guidance to departments that interact with members and providers through the following:

- Absolute Total Care provides a continuum of language services to non-English speaking members and persons with disabilities. These services include interpreter services (telephonic, face-to-face, and video) for oral communication and timely translation services for written communication.

- Telephone interpreters are available at no cost, at all points of contact where a covered benefit or service is accessed.

- Absolute Total Care evaluates and arranges for qualified interpreter services at the time of the appointment that is appropriate to the member's situation, face-to-face or telephonic assistance. For phone interpreters, the caller does not have to hang up or call a separate number.

- A telephone interpreter vendor that can provide language assistance in more than 150 languages is available to assist Member Services or Call Center operations to assure that limited English proficiency (LEP) members have access to plan benefit information.

- Special training for call center staff to assist in identifying the language needs of monolingual non-English speakers.

- Absolute Total Care contracts with nationally known interpreter services such as Voiance and/or Language Service Associates as well as local resources for telephonic and face-to-face translation services including American Sign Language.

- Call center staff are trained on the use of the 711 relay to communicate with hearing impaired members. Hearing impaired members will be able to contact the call center using 711 relay operations. Member communications identify the toll-free number that hearing impaired members should provide to the 711relay operator for the call center.

- Members with visual and/or reading impairments may receive information in an alternate format such as audio recording.

- Additionally, Absolute Total Care supplements cultural and linguistic services by contracting with community organizations including tribal organizations in order to meet the full range of cultural and linguistic needs of members.

Standard 6 --- *Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.*

Absolute Total Care works to ensure that members are educated about how to access language services at all points of contact (member services, claims, utilization management, quality improvement, disease management, case management and/or grievances and complaints). To support this, information on how to access language assistance services is available to members orally and in writing. Call center staff, case managers and staff who interact with members are trained to provide language service information to members. Members also receive written material informing them of the availability of language services. Written communication includes a member handbook and newsletter article(s) written in plain language and distributed annually to members. The article provides information on accessing interpreters or requesting translations and advises members that these services are available at no cost to them. A language

insert is also sent with new member materials advising members how to request a translation, alternate format or arrange for interpreter support. The language notice and nondiscrimination notice are included with all significant communications and posted in public spaces. To ensure members have unlimited access to information on language services and the plan's nondiscrimination efforts, Absolute Total Care's website also contains these materials on both its public and secure member portals.

Absolute Total Care trains contracted providers and specialists, on how members can get access to no-cost interpreter services and oral translation services. Providers share this information to members so that members can have access to language services at all points of contact. Providers, members, or representatives of the member may request language services for the member. Providers receive training on language assistance services through provider updates, the Provider Manual and online provider newsletter articles. Materials are available for providers to use in their offices to educate members about language services. This includes the distribution of a language identification poster that can be posted in the waiting room of the provider location. The poster advises members to point to a language and an interpreter is called. Providers are given information on the impact that culture has on health care outcomes and patient decisions through provider cultural competency training. The annual Language Assistance and Cultural Competency provider update advises providers on how to take the cultural competency training offered by the Office of Minority Health and to request a customized training to address any specific cultural needs they may have in their practice or community.

Contractors, major subcontractors, and subcontractors are responsible for implementing language services and cultural competency programs as aligned with regulations. Absolute Total Care incorporates this requirement through contracting and/or the submission of reports demonstrating compliance.

Standard 7 --- *Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.*

Absolute Total Care has established quality standards for interpreters, translations and alternate formats that are based on the definitions provided in 45 CFR 92 (Section 1557 of the ACA). Quality standards for contracted interpreter services include an assessment process to demonstrate that the interpreter is versed in health care and medical terminology and is familiar with interpreter ethics. Quality standards for translators are documented in a translation style guide and are consistent with American Translator Association and the definitions in 45 CFR 92. The style guide is provided to each translation vendor to assure quality and consistency between vendors and languages. Quality standards for alternate formats are based on 2010 ADA Standards for Accessible Design published by the Department of Justice.

Quality standards are included in contracts between Absolute Total Care or its parent company and language service vendors. Interpreter quality standards include:

- Standards to adhere to generally accepted interpreter ethics principles, such as those published by the National Council for Interpreting in Health Care, including patient confidentiality;
- Demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and

- Demonstrated ability to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such languages and English, using any necessary specialized vocabulary, terminology, and phraseology.
- An adherence to agreed-upon standards for timeliness in producing translations.

Bilingual providers and staff are considered qualified to provide language services if they have a demonstrated proficiency in speaking and understanding both English and at least one other language, including any necessary specialized vocabulary, terminology, and phraseology; are able to effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary language; and are evaluated using a language proficiency assessment. Absolute Total Care verifies language capability of health plan staff through bilingual assessments in target languages and through the interview, hiring, training and evaluation process for staff in English. Providers and offices who provide bilingual services attest to proficiency during the credentialing process. This information is included in the provider directory.

Providers are advised of the quality standards and both providers and members are encouraged and educated on the use of language services that are available from Absolute Total Care. In compliance with the federal CLAS standards, providers are advised that:

- Federal law prohibits providers and staff from recommending or requiring the use of family or friends as interpreters or requesting them to provide an interpreter.
- The use of a minor as an interpreter is limited to emergencies involving an imminent threat to the member's safety or welfare and no qualified interpreter immediately available.
- Similarly, an adult may be used to interpret or aid communication in an emergency involving imminent threat to the safety and welfare of an individual or the public where there is no qualified interpreter available or when the LEP individual specifically requests that an accompanying adult interpret, the adult agrees and reliance on that adult is appropriate under the circumstances.
- Bilingual staff must meet quality standards provided in the definitions section of 45 CFR 92.
- Documentation of the refusal for qualified interpreter services offered by the provider is completed at the time of service.
- Interpreter services must be available at the time of the appointment.

Standard 8 --- *Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.*

Absolute Total Care provides easy-to-read, culturally sensitive materials in English and threshold languages. Materials are written in plain language at or below grade level no higher than the sixth (6th) grade, and take into consideration language proficiencies, type of disabilities, literacy levels, cultural variation, age-specific targeted learning skills and ability to access and use technology. Plain language is assessed through resources such as the Flesch Reading Ease and Flesch-Kincaid grade level scales, in addition to tools such as Readability Studio and Health Literacy Advisor available through Centene. Training materials on how to write and communicate using plain language are available to all departments that produce member

materials. Translation vendors are required to maintain the reading level of the English in their translations.

In support of members that do not speak a threshold language, oral translations of print documents are available upon request from a member. Oral translations are also offered to members to support acute needs while translations for materials in the threshold language are prepared. Oral translations are available in all languages and may be provided by either a bilingual associate or contracted interpreter vendor. Translations of member materials are provided in accordance with federal and state requirements.

To assure that translations are easy to read, translation services include quality standards for translators, a style guide to promote consistency in our translations and an attestation of accuracy from the vendor. Member materials may also be made available in alternate formats such as large print, Braille, digitized voice/audio. Training materials on the types of alternate formats are made available to all departments that produce member materials. Member materials posted to the plan's website are fully accessible. Members are advised through newsletters, the member handbook and the Non-Discrimination Notice to contact Member Services to request documents for translation or alternate formats.

Member materials that will be translated include vital materials. Foreign language versions of Materials are required if the population speaking a particular foreign (non-English) language in a county is greater than five percent (5%). Examples are:

- Information about benefits and services such as member handbooks and directories;
- Form letters such as, but not limited to, utilization management letters such as benefit determination notices, appeals, grievance acknowledgement and PCP change/termination letters.

Standard 9 --- *Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.*

Absolute Total Care sets goals each year to assure that cultural competency approaches and language services are implemented throughout the organization and with contracted providers. To achieve our purpose and mission of better health outcomes at lower costs for our members and the communities we serve, Absolute Total Care identifies cultural and linguistic goals, and records activities and timelines in an annual workplan. Absolute Total Care's overall cultural competency and language service goals are:

- To ensure meaningful access and positive health outcomes through the provision of culturally and linguistically responsive services to members and providers.
- To ensure that members and potential enrollees are active participants in their own health and health care through clear and effective communication.
- To advance and sustain cultural and linguistic innovations into Absolute Total Care and the larger enterprise.

The following specific, measurable, achievable, relevant, and time-bound (SMART) objectives ensure continuous improvement is made within Absolute Total Care's CCLAS Program. On an annual basis or as needed, Absolute Total Care reviews and updates the CCLAS Workplan to reflect changes in the population, new programs and services, projects completed, and sets goals to meet the needs of the targeted population within the following five areas of focus:

1. Organizational and Administrative Improvements

- Provide staff with one or more educational opportunity around the benefits of sharing pronouns in introductions, email signatures, and meeting profiles.

2. Cultural Competency

- In 2022, 80% of Absolute Total Care staff will complete cultural sensitivity training.

3. Health Equity

> *CAHPS*

- In 2023, improve member satisfaction by 2% among Black or African American members as measured by percent change in prior CAHPS reporting year for "Getting Care Quickly".

> *HEDIS or HEDIS-Like Options*

- In 2022, complete a health equity analysis, prioritization, and identification of a health equity initiative.

4. Language Services

- In 2022, analyze 100% of substantiated cultural and linguistic grievances quarterly and implemented improvement to address gaps identified (see barrier analysis).

5. Health Literacy

- Implement one member facing staff health literacy training or project during 2022, with 75% participation.

Standard 10 --- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

CCLAS Program Evaluation - The CCLAS Program Evaluation includes an annual summary of all culturally competent and linguistic assistance related-activities, the overall effectiveness of the program, an analysis of the achievement of stated goals and objectives, and the need for program revisions and modifications. The CCLAS Program Evaluation provides a description of the completed and ongoing activities of the previous year that address cultural and linguistically appropriate services; trending of measures collected over time to assess performance; and analysis of whether there have been demonstrated improvement; and identification of limitations and barriers to achieving program goals.

The CCLAS Program Evaluation is presented for approval annually to the Quality Improvement Committee (QIC). The QIC reviews the report, makes any necessary recommendations to assure that the member experience is culturally and linguistically

appropriate, and utilizes the results in relevant Absolute Total Care's quality improvement projects and improving the delivery of clinical services. The QIC is also responsible for assuring that the linguistic and cultural needs are included in the Quality Program process and is part of the Quality Program evaluation.

The annual Program Evaluation, or an executive summary as appropriate, can be used to provide information to a larger audience such as, accrediting agencies, regulators, the Member Advisory Committee and /or Representatives, stakeholders, and the Board of Directors.

Components of CCLAS evaluation include but are not limited to:

- Annual demographic summary of membership by language, race and ethnicity.
- Utilization of language services such as interpreters and translations.
- Member experience and community feedback on language services, health disparities, cultural competency and clear communication; including issues identified through grievances (discrimination/segregation, communication barriers, language barriers).
- Summary of language assistance program efforts.
- Opportunities for health disparity reduction.
- Barrier analysis of identified barriers to the use of cultural or language services.
- Staff Experience – A component of Absolute Total Care's CCLAS program includes the internal administration of a brief questionnaire to seek input from Call Center, Member Services or other departmental staff regarding front line experience with language services. The findings are reported in the CCLAS Program Evaluation.

Modifications to the CCLAS Program are based on the results of annual evaluation and incorporated into strategies for the following year's CCLAS Workplan.

CCLAS Workplan - The CCLAS Workplan supplements the CCLAS Program Description and is developed annually after completing the CCLAS Program Evaluation for the previous year and includes the recommendations for improvements from the annual Program Evaluation. The CCLAS Workplan reflects the ongoing progress of the CCLAS activities, including:

- Network cultural responsiveness;
- Program scope;
- Yearly planned activities and objectives for;
    - (a) Language services
    - (b) Health literacy
    - (c) Cultural competency
    - (d) Health disparities, and
    - (e) Disability accessibility
- Timeframe for implementation and accomplishment of each activity/objective;
- Staff members responsible for each activity;
- Monitoring of previously identified issues; and
- Evaluation of the culturally and linguistically appropriate services program.

Absolute Total Care annually reviews the existing CCLAS Workplan and confirms compliance with the health plan's current needs, accreditation requirements, and current state and/or federal requirements and deliverables related to the Quality Program, as applicable. CCLAS Workplan status reports are reviewed by the Quality Improvement Committee on a regular basis (e.g.

quarterly or semiannually). The CCLAS Workplan is a living document; designated staff make frequent updates to document progress of the CCLAS Program throughout the year.

At the discretion of Absolute Total Care, the CCLAS Workplan may be an independent document or included in the overall QI Workplan with activities for all applicable departments (Member Services, Utilization Management, Care Management, Provider Services, Credentialing, etc.) within the organization. The Program Description and Workplan are formally approved or accepted by the Quality Improvement Committee at least annually.

Standard 11--- *Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.*

Methodology for Collecting Member Race, Ethnicity and Language Preferences (REL)

Absolute Total Care Collection of Race, Ethnicity & Language Preference Data			
Line of Business	**Incoming File Feeds**	**Direct collection via Member Services Support Center**	**Website**
Medicaid	**834**	**Yes**	**No**
Marketplace	**834**	**Yes**	**No**
Medicare	**DTRR**	**Yes**	**No**
MMP	**834**	**Yes**	**No**

Only by understanding the demographics of the population can strategies be developed to tailor care that will improve health outcomes and deliver services that truly focus on the individual. Absolute Total Care collects and maintains member demographic data including Race, Ethnicity, Language and Alternate Formats received from various sources such as state or federal electronic file feeds (primary source) and enrollment forms to capture member demographic data including race, ethnicity, preferred language, alternate format preferences and disability status. Data is uploaded into membership records with the ability to generate member level reporting. Post enrollment, direct methods are available to obtain the member's race, ethnicity, and language (REL) data. Member REL updates are completed through the Centene call center system and roll up into the federal Office of Management and Budget (OMB) categories of American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, Other, or "declined to state." The following touchpoints are used to update member REL data post-enrollment:

- When a member contacts Member Services, customer service representatives ask callers for their language, race and ethnicity information unless the member has previously provided the information or "Opted Out," by declining to state. Once a member has declined to answer, their member record is coded as "Declined to State" in REL fields and they will no longer be asked for REL preference. If a member speaks a language other than English, using a competent bilingual staff member or telephone interpreter service, members are asked in their preferred spoken language for their race, ethnicity and written and spoken language preferences.

- The following scripting should be used to collect members' preferred race, ethnicity, and language information. If the member's preferences are not populated, staff should select

the Update Member Preferences Intent and ask: "We show your member preferences are not updated, which consists of race, ethnicity and written/spoken language. Would you like to update your preferences today? This information helps us understand your culture and provide higher quality healthcare."

- If the member provides their information, the staff member must inform the member: "Race, Ethnicity and Language data is protected health information. As such, we have strict policies on how your information can and cannot be used. For example, we may share your information with doctors to help them in your treatment. We may not use your information to make decisions on benefits. For detailed information on how your information can and cannot be used, please go to our website and view the Notice of Privacy Practices."

The CCLAS Program includes analysis of member race, ethnicity and language on a quarterly basis. An annual evaluation of member language needs, alternate formats, age group, gender, race and ethnicity are conducted to identify any emerging language needs and to gain a deeper understanding of the demographic composition of plan members. Members may be informed of the need to collect demographic information through newsletters, annual or targeted mailings and direct contact with Member Services as noted above. Members are informed at the point of data collection of the permissible/impermissible uses of race and ethnicity data. This includes call center scripting to address questions and directing members to the website where full privacy protections are documented. Data sources on race, ethnicity and language estimates are applied to all members and is available in membership tables in Centene databases.

Census data, indirect race/ethnicity estimations and local data sources aid in creating a demographic profile when member reported data is not sufficient. Absolute Total Care utilizes the analytics and artificial intelligence services of Ethnic Technologies to predict a person's ethnicity based on first name, surname, and nine-digit zip code. The analysis is applied to all members and results are available in membership tables in Centene databases.

The member language portion of the demographic evaluation identifies any language spoken by members that meets the 5 percent language threshold criteria. Every three years, through the CCLAS Program Evaluation, the community language profile is assessed using public data such as the MLA Language Map Data Center[1]. The data is included in the CCLAS evaluation and trends are provided to the QIC. Language is also used as a proxy to indicate cultural variation. An assessment of member race and ethnicity is used to identify potential cultural needs that are then included in staff or provider training. The membership demographic analysis is reported annually to the QIC so that quality improvement efforts may be prioritized by culture, language, race and ethnicity.

Once language data for the community served is obtained, Absolute Total Care performs an analysis to determine the 1 percent, 5 percent, and Top 15 non-English languages spoken in the community, and compare the data to benchmarks such as the U.S. Department of Health & Human Services Office of Civil Rights list of the Top 15 languages[2] spoken by individuals with

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[1] MLA Language Map Data Center, accessed Nov. 30, 2020; select "Create Detailed Tables": https://www.mla.org/Resources/Research/MLA-Language-Map

[2] Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency for the 50 States, the District of Columbia, and the U.S. Territories, accessed Nov. 30, 2020: https://www.hhs.gov/sites/default/files/resources-for-covered-entities-top-15-languages-list.pdf

limited English proficiency in each state or territory. The threshold language data for the year, and an analysis to determine community trends, are then reported in the End of Year Language Assistance Program Report. Trends for the prior three years are included in the CCLAS Program Evaluation.

Notification of language assistance in these 15 languages must be provided to all individuals as per Section 1557 of the Patient Protection and Affordable Care Act or under state law, whichever provides more robust guidelines for notification. If the percentage of community individuals speaking any non-English languages reach a 5 percent threshold, or other threshold outlined in federal law, state law, or contractual obligations of Absolute Total Care, certain materials may be required to be provided in a threshold language to individuals with a documented preference for the threshold language.

Community Advisory Committee and ad hoc neighborhood committees devoted to specific place-based disparity reduction initiatives are other sources of local data available to Absolute Total Care in the creation, monitoring, evaluation, and successful realization of health equity initiatives.

Absolute Total Care and its parent company, Centene, is committed to innovation in health equity and population health, and values proven outcomes across departments. As such, the plan annually assesses its quality improvement program to identify targeted Healthcare Effectiveness Data and Information Set (HEDIS) measures, utilization outcomes, and opportunities for member experience improvements, with a focus on population size and disparities that if addressed, have the ability to improve metrics such as minimum performance levels and STAR ratings. Centene has sophisticated approaches to disparity analytics that allow Absolute Total Care to produce disparity dashboards and design culturally tailored initiatives. These analytic approaches use members' direct and indirect race and ethnicity data to measure population outcomes in HEDIS and utilization. The methodology uses logistic regression models that regress select outcomes measures on race/ethnicity variables, with non-Hispanic whites serving as a benchmark for comparison. After the initial model, additional variables are included within the regression to control for different factors and analyze factors that drive high-level race and ethnicity disparities. These additional variables include age, sex, member product, IPRO's Risk Score (as a measure of member's health and clinical history), and a measure of the rurality of the zip code associated with the member's address.

Confidential information is defined as any data or information that can directly or indirectly identify a member or provider. Absolute Total Care and all network providers and subcontractors comply with the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and all applicable federal and state privacy laws. The proceedings of the CCLAS associated committees, subcommittees, work groups, and/or any ad hoc committees are considered "Privileged and Confidential" and are treated as such. Additionally, race, ethnicity and language data is protected health care information as stipulated in CC.COMP.04 Confidentiality and Release of Protected Health Information.

Standard 12 --- *Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.*

Absolute Total Care implements strategies to support the reduction of health disparities and facilitates the Health Equity workgroups which are responsible for developing and implementing an action plan to reduce health disparities in targeted HEDIS measures. The workgroups look systematically and deliberately at resources and the development of strategies to reduce targeted health disparities. The workgroups are aligned with requirements from NCQA Health Equity Accreditation, and Absolute Total Care internal directives to address health disparities. Disparity reduction efforts are implemented through a model that integrates departments across the organization. The model utilizes a multidimensional approach to improving quality and delivery of care inclusive of community outreach and media, provider interventions and system level initiatives led by the Health Disparity Governance Committee. The following highlights the core components of the disparity reduction model:

- Planning is inclusive of key informant interviews, literature reviews and data analysis (spatial and descriptive). Planning includes reviewing existing community health assessments and supplements the results with additional research through key informant interview, literature review data analysis and SDOH summaries of opportunities and strengths in disparate neighborhoods. The collective information is pulled together into a barrier analysis that explains the root causes of low performance. This information lays the foundation of the health equity initiative workplan.
- Implementation of efforts is targeted at one or more of three core levels:
    o Member/Community where partnerships are formed to identify existing initiatives and leverage support of community feedback to design and implement interventions;
    o Provider interventions targeting high volume low performing groups and providers who have disparate outcomes; and
    o Internal programs to improve disparities in identification, engagement and outcomes in Case Management and Population Health Management.
- Evaluation and improvement of health disparity reduction efforts.

Standard 13 --- *Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.*

The foundation of everything Absolute Total Care does is best summed up in our parent company's purpose: "Transforming the Health of the Community, One Person at a Time." What sets us apart as a company are our focus on individuals, our commitment to whole health, and most importantly to this standard, active local involvement. To that end, Absolute Total Care convenes and may additionally implement neighborhood committees.

Absolute Total Care holds regular Member Advisory Council (MAC) meetings to assist with identifying cultural competency and/or language service-related issues, obtain feedback on service needs of the community, and promote health equity services to community members. These Member Advisory Council are made up of community members, representatives of community-based organizations (CBOs), providers, and other pertinent stakeholders. The Community Advisory Committee represents at least 5 percent of the geographic, cultural, racial/ethnic and linguistic diversity of eligible individuals and meets at least once a year or more often as determined by the plan. The purpose of these meetings is for plan members and/or community stakeholders to share issues and opportunities with the plan. Topics include health literacy, health disparities, cultural competency, and language services. Meeting minutes and

information are shared with plan leadership and incorporated into quality improvement projects to close gaps as appropriate.

When place-based disparity reduction initiatives are implemented, then Absolute Total Care may convene a neighborhood committee or committees comprised of representatives from community-based organizations (CBOs), providers, community members, and other pertinent stakeholders to focus on supporting the work of the local disparity reduction initiative. These neighborhood committees are distinct from the larger Absolute Total Care Member Advisory Council and are aligned around health disparity reduction pilot sites and supporting the plan in identifying health equity related concerns, obtaining feedback on cultural and linguistic service needs of the community, and promoting these services to community members. Absolute Total Care is also active in the community through participation in local community workgroups and collaboratives and other pertinent CBO activities. Creating and maintaining a strong community network provides Absolute Total Care with valuable input and guidance on member services and programs and assures that the CCLAS Program reflects the needs of Absolute Total Care's members.

Standard 14 --- *Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.*

Absolute Total Care establishes a grievance process that is culturally and linguistically appropriate by accepting grievances in writing or telephonically in any language spoken by the member. Absolute Total Care monitors all grievances to evaluate the provider network for the provision of cultural and linguistically appropriate services. Quality of translations and interpreters may be monitored through a review of linguistic grievances and member complaints. Absolute Total Care evaluates its member services and other programs on their effectiveness by monitoring grievances and conducting annual analysis to identify any trends related to discrimination, cultural, linguistic and disability access. Analysis and trending of cultural and linguistically related grievances is provided in the end of year CCLAS Program Evaluation.

To assist members with this process, reasonable assistance is provided members in completing forms and taking other procedural steps of the member grievance system, including, but not limited to, auxiliary aides and services, such as providing translation services, communications in alternative formats and threshold languages and toll-free numbers with TTY/TDD and interpreter capability. Absolute Total Care ensures member accommodations are provided should the member require and request accommodations during the appeals process and/or if previously reported, as applicable.

Standard 15 --- *Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.*

Evaluation of CCLAS workplan activities, efforts and accomplishments in meeting the National CLAS Standards is conducted with upward reporting to the QIC and other committees as applicable. The cultural and linguistic efforts and accomplishments are communicated through existing channels of communication with staff and practitioners through media publications such as the staff newsletters, and Member/Provider newsletters. Additionally, results are shared and discussed annually with community/member advisory committees.

CCLAS PROGRAM RESOURCES: INFRASTRUCTURE AND DATA ANALYTICS

Absolute Total Care has the technology infrastructure and data analytics capabilities to support goals for cultural competency and linguistic assistance services. Absolute Total Care's health information systems collect, analyze, integrate, and report encounter data and other types of data to support demographic analysis, disparity outcomes and analysis, utilization of language services, and other CCLAS activities. The IT infrastructure integrates data for monitoring, analysis, evaluation, and improvement of the delivery, quality and appropriateness of health care furnished to all members, including those with special health care needs. Absolute Total Care's IT systems and informatics tools support advanced assessment and improvement of cultural competency and linguistic assistance services, including collection of performance data, with the ability to stratify data at the regional level, across provider types, and across member populations. These systems capture, store, and analyze data from internal, subcontractor, and external sources and for effective use through a suite of data informatics and reporting solutions.

APPENDIX

I. Staff Roles and Responsibilities

- **Chief Medical Director**
  The health plan's Chief Medical Director and supporting Medical Directors (including a behavioral health Medical Director) have an active unencumbered license in accordance with the health plan's state laws and regulations to serve as Medical Director to oversee and be responsible for the proper provision of core benefits and services to members, the Quality Program, the Medical Management Programs, and the Grievance System.

- **VP Population Health & Clinical Operations (VPPHCO)**
  The VP Population Health and Clinical Operations is responsible for implementing and maintaining a cultural competency plan, which includes cultural awareness and sensitivity to the linguistic, disability-related, and cultural differences of the health plan's membership, staff, and providers. Responsibilities include promoting an environment of cultural competence through identification and implementation of a culturally inclusive best practices and innovations aligned with the CLAS standards and national priorities/initiatives; conducting ongoing assessments of social determinants of health-related activities to integrate into quality activities; and partnering with communities' leadership to assess and implement services that address the needs of all members.

- **Clinical Director Case Management**
  The Clinical Director Case Management reports to and supports the VPPHCO in the delivery of cultural and linguistic related activities. Responsibilities include ensuring that cultural and linguistically appropriate services are provided to members, providing trainings to staff and providers as necessary and assisting with data collection and analysis.

- **VP of Quality Improvement**
  The VP of Quality reports to identified executive leadership and is responsible for directing the activities of the quality staff in monitoring and auditing the health plan's health care delivery system, including, but not limited to, internal processes and procedures, provider network(s), service quality, and clinical quality. The VP of Quality assists the senior executive staff, both clinical and non-clinical, in overseeing the

activities of the operations to meet the goal of providing health care services that improve the health status and health outcomes of its members. Additionally, the VP of Quality coordinates the Quality Improvement Committee proceedings in conjunction with the Chief Medical Director, supports corporate initiatives through participation on committees and projects as requested, reviews statistical analysis of clinical, service and utilization data, and recommends performance improvement initiatives while incorporating best practices as applicable.

- **Director of Accreditation**
  The Director of Accreditation reports to and supports of Quality and is responsible for collaborating with internal departments to ensure implementation of the CCLAS Program meets all NCQA and regulatory requirements.

- **Quality Coordinator/Specialist**
  Quality Coordinator/Specialist are highly trained clinical and non-clinical staff with significant experience in a health care setting; experience with data analysis and/or project management. The Quality Coordinator/Specialist scope of work may include medical record audits; data collection for various quality improvement studies and activities; data analysis and implementation of improvement activities; review, investigation, and resolution of quality of care issues; and complaint response with follow up review of risk management and sentinel/adverse event issues. The Quality Coordinator/Specialist collaborates with other departments as needed to implement corrective action or improvement initiatives as identified through health plan's quality improvement activities and quality of care reviews.

ABSOLUTE TOTAL CARE REVISION LOG			
DATE	**CHANGES MADE**	**EDITOR**	**COMMITTEE APPROVAL DATE**