

## ***2022 Amerigroup Cultural Competency Plan***

\* Voiance, a division of the CyraCom International, Inc. company, is an external vendor that provides telephonic services on behalf of Amerigroup.

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

## Cultural Competency Plan 2022

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### Introduction

With the accelerated growth of minority populations, the face of health care continues to rapidly change. Amerigroup (Amerigroup Texas, Inc. and Amerigroup Insurance Company) has a unique understanding of the health care and social needs of the members we serve that affords us the opportunity to effectively manage current and future health care concerns. Furthermore, we firmly believe that we must recognize and thoroughly understand the role that culture and ethnicity play in the lives of our members in order to ensure everyone receives equitable and effective health care.

To assist in the integration of the knowledge, attitudes and skills reflective of a culturally competent organization, Amerigroup maintains a cultural competency plan that serves as the blueprint. It reflects a comprehensive, organized and methodical approach to the strategic planning, development, implementation and evaluation of cultural competency. It also serves as a guide in the ongoing developmental process of a multicultural competent service delivery system. The plan is descriptive, organized around objectives and strategies, and designed to provide a measurable approach to ensuring the cultural competence of Amerigroup as an organization.

Within this plan, cultural competency objectives and strategies are developed to run in a parallel course. And in this evolving demographic landscape, Amerigroup continually re-evaluates our approach.

Amerigroup addresses cultural competency through the following:

- Provides a high-performance organizational culture of social awareness, values, cultural sensitivity and customer service that supports, attracts and retains a diverse staff. Additionally, Amerigroup recruits and retains a culturally diverse and competent workforce that is similar to the STAR, STAR+PLUS, STAR Kids and CHIP members we serve.
- Develops a comprehensive cultural competency training curriculum and ensures all associates receive culturally and linguistically appropriate education and training.
- Ensures clinical assessment and plans of care reflect relevant cultural issues.
- Provides language assistance services, at all points of contact, to members with limited-English proficiency and/or impaired hearing at no cost to the member or provider.
- Ensures member-related materials can be easily understood and are available in a member's language of preference.
- Develops collaborative relationships with communities to address the health beliefs and needs of ethnic and cultural populations.
- Ensures culturally competent care is delivered to all members. To this point, Amerigroup strives to credential providers who understand and appreciate the socioeconomic and cultural challenges that our members face in addition to their complex medical needs.
- Assures stakeholder participation in the service delivery process to identify and evaluate community resources. Additionally, Amerigroup solicits feedback from members and community-based organizations regarding the cultural appropriateness of member materials and programs.
- Identifies opportunities to implement culturally sensitive initiatives that address disparities in health care under the direction of the health care disparities (HCD) workgroup. This cross-functional group is the key to implementing a focused approach to

clinical improvement initiatives. One role of the workgroup is to notify Provider Experience if network gaps related to cultural and ethnic needs and preferences are identified.

- Conducts an annual population assessment of our membership that helps identify critical conditions and health care needs that require targeted initiatives to maximize improved outcomes.

Amerigroup embraces a **Three R approach** to delivering culturally competent services — **recognition** of, **respect** of and **response** to the culture, ethnicity, values, beliefs, strengths, gender identities, disabilities and desires of our members while preserving and elevating their dignity. Respecting our members includes recognizing, understanding and honoring the role that culture, ethnicity and other forms of self-identification play in their lives. This helps ensure that every member receives equitable and effective health care and support. Amerigroup remains committed to promoting the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, religions, disabilities, and regardless of sex or sexual orientation, in accordance with *Title VI of the Civil Rights Act* guidelines and the provision of auxiliary aids and services, in compliance with the *Americans with Disabilities Act, Title III, Department of Justice Regulation 28 C.F.R. § 36.303, 42 C.F.R. § 438.2106(cf)(26)(i), and 1 Tex. Admin. Code § 353.411*. We recognize, respect and respond to the needs and preferences of each member, value each individual's worth, and protect and preserve each individual's dignity.

### Mission Statement

Amerigroup recognizes the increasing importance of delivering culturally relevant health care benefits, solutions and education that address the diverse needs of individuals and families in the communities we serve. Amerigroup takes an interdepartmental collaborative approach to help ensure the implementation of culturally and linguistically appropriate health care related services to members with diverse health beliefs and practices, limited English proficiency (LEP) and variable literacy levels.

In addition, Amerigroup develops quality improvement activities to reduce disparities in care. Reducing health disparities requires systematic change that is targeted to the needs of individual members. On an annual basis, the plan evaluates available data on the race, ethnicity, and primary language of the member population. This analysis builds the foundation for understanding and reducing disparities. Data analysis, including root cause and barrier analysis, is conducted to identify areas of greatest need, allowing the plan to address disparities within the population and improve care for all members. Cultural competency training and materials act as the foundation to improve care.

The processes are described in this Cultural Competency Plan.

### Cultural competency

Cultural competence can be defined as the willingness and ability of a system to value the importance of culture and to display that value in the delivery of services. At all levels, a culturally competent system acknowledges and incorporates diversity, cultural self-assessment, attentiveness toward the dynamics that result from cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs (Cross, et.al., 1989).

Cultural factors may influence the way individuals:

- Define, evaluate and communicate their problems.
- Seek help for their problems.
- Present their problems to service providers.
- Respond to intervention plans.

Amerigroup further defines cultural competency as the delivery of integrated health care within the context of a member's cultural beliefs, behaviors, practices, disabilities and language preferences.

To gain a better understanding of our members, we routinely collect information on different cultural backgrounds. We also train and educate associates and participating providers regarding ways to promote effective interaction with members. This promotes respect for all individuals regardless of culture, language, age, ethnicity, race or disability. Associate and provider cultural competence is then monitored through our quality improvement process. Additionally, Amerigroup assesses and monitors the cultural, ethnic, racial and linguistic needs of members and adjusts network availability.

### Laws and regulations

The three major federal legal standards related to cultural competency that Amerigroup adheres to are *Title VI* of the *Civil Rights Act of 1964*, federal *Executive Order 13166* and the CLAS standards. Additionally, the Texas Health and Human Services Commission (HHSC) has requirements relating to cultural competency that we follow.

#### *Title VI of the Civil Rights Act of 1964*

*Title VI* of the *Civil Rights Act of 1964* states that entities, such as companies or corporations, receiving federal financial assistance shall not do any of the following based on protected status:

- Deny an individual a service, aid or other benefit
- Provide a benefit that is different or is provided in a different manner
- Subject an individual to segregation or separate treatment
- Restrict an individual in the enjoyment of benefits, privileges, etc.
- Treat an individual differently when determining eligibility
- Select sites or facility locations that exclude protected individuals

#### *Federal Executive Order 13166*

As a corporation that receives federal financial assistance, Amerigroup must comply with *Title VI* of the *Civil Rights Act of 1964* as well as *Executive Order 13166*, which sets forth that persons with limited-English language skills have meaningful access to services.

### CLAS standards

Amerigroup complies with the Department of Health and Human Services Office of Minority Health's *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (the National CLAS standards). These CLAS standards serve as a guide to Amerigroup to assure that all members entering the health care system receive equitable and effective treatment.

Amerigroup is committed to improving quality and eliminating health care disparities through the CLAS standards grouped by theme below.

### Principal CLAS standard

**CLAS standard one: 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.**

Amerigroup believes cultural competence impacts every aspect of care and service including all medical plans and the provider network. From the broadest of operational perspectives, this plan provides senior management the direction for corporate, medical plan and network processes as well as policies and procedures (clinical as well as administrative) to ensure their cultural relevance. The plan also provides for the structured training of management, staff and providers to assist in the integration of knowledge, attitudes and skills reflective of a culturally competent organization. Therefore, identified cultural competency objectives and strategies address the total organization and network.

### Theme one — governance, leadership and workforce

#### **CLAS standard two: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.**

The cornerstone of the Amerigroup cultural competency plan is the top-down, pervasive commitment in our organization. It begins with senior management and extends to employees who have direct contact with members. All commit to the philosophy, objectives and goals of the cultural competency plan. The Quality Management Committee oversees and monitors the implementation of the plan to ensure the provision of health education and outreach services to members and potential members meet community cultural, linguistic and social needs.

#### **CLAS standard three: Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.**

Amerigroup provides a high-performance organizational culture of social awareness, values, cultural sensitivity and customer service that supports, attracts and retains a diverse staff. Additionally, Amerigroup strives to hire associates from cultural backgrounds similar to those of our STAR, STAR+PLUS, STAR Kids and CHIP members. Amerigroup posts all open positions on Niche Job Boards that target minorities such as African Americans, Hispanics, U.S. Veterans and persons with disabilities. Amerigroup supports internship programs that offer professional/career development for low-income populations and minorities. By doing this, we ensure associates have a greater understanding of our members' cultural norms, languages and folk beliefs, which in return enables them to better work with members on treatment options and results in more positive health outcomes.

Amerigroup strives to hire associates who speak languages similar to those spoken in the areas that we serve. This helps minimize the need for outside interpretation. We are committed to making it easy for our members to access and receive health care, and we are proud of our employee diversity. For example, we have many Health Promotions/Outreach staff, Community Relations, and Community Health Workers who are bilingual in Spanish.

Amerigroup is fully committed to developing future leaders who reflect the diversity of our communities and our consumers. We are proud of our overall diversity and we continue to challenge ourselves to do more.

By implementing a robust succession-planning process that drives conversations and decisions on how to strategically position and promote talent through our leadership ranks, we also ensure we are providing development opportunities to a diverse group of individuals with the potential to advance and lead our business.

Amerigroup has several signature leadership development programs aimed at individuals at different stages in their leadership journey, starting with aspiring leaders up to senior executives. They prepare our highest potential associates and leaders for the advanced business challenges they face as they progress into more senior roles. Participation of minorities and women in these programs is closely monitored as we seek to increase diversity of background, thought, and experience in our leadership ranks.

One of these programs, now in its fifth year, gives a group of mid-level minority leaders access to mentoring, sponsorship and business insight to help fine-tune leadership skills and give them exposure to leadership networks, thus increasing opportunities for growth. This 12-month program was developed in partnership with the SOAR™ organization.

Fostering leadership behaviors that sustain a culture of inclusion is a key area of focus in leadership education. In the last couple of years, Amerigroup has been delivering programs about mitigating unconscious bias in decisions that impact how we hire, advance, develop and evaluate associates. Raising awareness is an important aspect of this work along with helping leaders challenge and enhance existing processes and practices in order to make more effective decisions based on relevant data, facts and information.

### **CLAS standard four: Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.**

Amerigroup has developed a comprehensive training curriculum for cultural competency. All associates receive education and training in CLAS delivery. The training meets the following goals:

- To respond to current and projected demographic changes in the United States
- To continue to improve our quality of services and health outcomes
- To meet legislative, regulatory and accreditation mandates
- To coincide with the Amerigroup diversity initiatives

Upon hire, Amerigroup requires all associates to take cultural competency training. In addition, each year all associates are required to complete a training course on cultural competency as part of the mandatory compliance refresher training. Learning objectives include the ability to do the following:

- Describe laws and regulations concerning cultural competence
- Identify the cultural groups served by Amerigroup
- Assess cultural beliefs that impact a member's world view and how these beliefs impact patient care procedures
- Explore innovative approaches to better serve our culturally diverse members
- Identify how culture influences a member's approach to patient care
- Define approaches that promote self-awareness
- Identify actions taken to accommodate our diverse members and their families
- Describe techniques to overcome language barriers

The training includes the development of disability-related cultural competency skills, a better understanding of the perspectives of people who rely on supports — including the creativity and resiliency of individuals and families in their local communities, and knowledge related to improving social determinants of health. The training will be required to be completed by all team members in roles that include direct or indirect member support, such as call center staff, service coordinators, care management teams, health plan leadership and Provider Experience. Additionally, clinical associates that specialize in working with members that have chronic illnesses and/or disability are offered the opportunity to attend an annual Chronic Illness and Disability Conference: Transition from Pediatric to Adult Based Care. The conference provides the clinical associates with the knowledge to develop strategies to plan for health care



transition for children and youth with special health care needs.

Amerigroup has established several cross-functional Councils charged with overseeing our approach to specific topics, issues, and processes. Comprised of associates from across the enterprise, the Councils' responsibilities range from allocating investments and making critical decisions about how to compete in the market to setting a vision and strategy for the integration of diversity and inclusion in everything we do. Together, the Councils and their members play an important role in helping Amerigroup realize our vision to be America's valued health partner, while also ensuring we continue to advance our strategic pillars.

The Councils provide visible leadership to:

- Develop initiatives tied to the diversity strategy and goals.
- Act on commitments.
- Champion/role model behaviors, council work and deliverables.
- Influence, lead implementation of decisions related to diversity strategies.
- Attend Diversity and Inclusion (D&I) related training to enhance knowledge and capability.
- Sponsor or champion associate resource groups and D&I initiatives.
- Drive accountability and reinforce D&I's impact on the business through key performance indicators and success measures.
- Embed D&I practices deeper into the organization through relationships, influence and authority scope.

The three councils are as follows:

1. The Executive Council meets quarterly and includes a Chairperson and the D&I team. Its purpose is to:
  - Approve global D&I strategy.
  - Lead/advocate global D&I strategy.
  - Oversee progress/KPIs.
  - Support ongoing communication.
2. Business Unit teams meet quarterly and are chaired by Business Leaders and D&I. Local Action Teams (LATs) attend at Business Leaders' discretion.  
Teams:
  - Advocate/represent D&I strategy at functional and business unit level.
  - Champion/advocate for new D&I initiatives at functional and business unit level. (i.e., sales, marketing, customer service, workforce diversity gaps, culture, etc.)
3. Local Action Teams meet bi-monthly and:
  - Advocate/lead implementation of diversity strategy at local and site levels.
  - Guide local relevance for D&I.
  - Oversee implementation and monitors adoption in partnership with applicable stakeholders.

As part of our associate diversity and inclusion D&I program, Amerigroup associates have access to a dedicated cultural competency toolbox. The toolbox is a comprehensive, searchable database that helps associates explore and understand the influence of culture on one's beliefs, values and behaviors in general and specifically in a health care environment. The tool provides

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information on over 50 different cultural groups on such topics as communication, family patterns, nutrition, treatment protocols and ethnopharmacological issues.

In addition, Amerigroup associates can join Business Resource Groups (BRGs) to develop a deeper understanding of diversity and cultural competency in the workplace and marketplace. BRGs also promote opportunities for leadership, development and growth among all associates and provide opportunities to act as internal consultants by providing cultural insight to business initiatives targeted at different segments of our multicultural marketplace.

The nine BRGs include:

- ACE — Asians Committed to Excellence
- ABLE — Abilities Beyond Limited Expectations
- PRIDE — Promoting Respect, Individuality, Diversity and Equality (LBGTQ & Allies)
- APEX — African American Professional Exchange
- MERGE — Multigenerational BRG
- SOMOS — Hispanic/Latino
- VOA — Veterans of Anthem
- WIN — Women's Inspired Network
- W@VE — Working @ Anthem in a Virtual Environment

### Theme two — communication and language assistance

**CLAS standard five: Offer language assistance, at no cost, to individuals who have limited-English proficiency and/or other communication needs in order to facilitate timely access to health care and services.**

Amerigroup provides language assistance services, at all points of contact, to members with limited-English proficiency and/or impaired hearing at no cost to the member or provider. We assure the availability of interpreter services through bilingual staff and qualified interpreters.

Policies are designed to ensure members with low-English proficiency and/or hearing impairment have meaningful access to health care and to assist members in overcoming barriers and allowing them to fully utilize services and benefits. In accordance with the Amerigroup member handbook, members have the right to receive health care that is free of communication and/or physical barriers in a timely manner. This includes the right to:

- Have phone access with a medical professional 24 hours a day, 7 days a week to address any emergency or urgent care needed.
- Get in and out of a health care provider's office. (In accordance with *Americans with Disabilities Act [ADA]*, this includes barrier-free access for those with disabilities and those with other conditions that limit mobility.)
- Have interpreters, if needed, during appointments and when members speak with Amerigroup. (Interpreters include people who can speak in the member's native language, help someone with a disability or help the member understand the information.)
- Receive information they can understand about the medical plan rules including the medical care they can get and how to get it.

In order to ensure members have timely access to medical and behavioral health care providers as well as prompt response to phone inquiries, Amerigroup monitors provider appointment accessibility, after-hours accessibility and phone accessibility. We use the following data sources to formally assess performance against standards for accessibility at least annually:

- Surveys conducted by a National Committee for Quality Assurance (NCQA)-certified survey vendor
- CAHPS® (adult and child as appropriate)
- Complaints and grievances related to appointment access
- National Call Center member service phone statistics

Monitoring accessibility standards allows us to identify any issues related to member rights; contractual obligations; and STAR, STAR Kids, STAR+PLUS and CHIP requirements. This activity also allows us to identify opportunities and make recommendations for actions to improve performance.

Through continued efforts to build prominent and mutual partnerships with our providers, Amerigroup is dedicated to assisting members with access to timely medical service and quality care. This commitment is accomplished through ongoing quality process improvement consisting of data collection from member complaints and surveys and multidisciplinary analysis of the data. While there are opportunities to improve access to health care, the established monitoring process has been instrumental in targeting areas for improvement. Accessibility will continue to be monitored annually and reported to the Medical Advisory Committee and the Quality Management Committee. Recommendations from both committees will be incorporated into future monitoring procedures for availability and accessibility standards.

**CLAS standard six: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.**

Language assistance options are available in many different languages and dialects (including Spanish) and are available at no cost to the member.

- To utilize the Language Line Voiance,\* non-English-speaking individuals can call Member Services to connect to an available language line.
- Oral interpretive services are available in-office or by phone. This service is also available by contacting Member Services.
- Members who are deaf, hard of hearing or speech impaired can use TDD/TTY for phone interpretation. Members can also call 711 toll free.
- In-office sign language assistance is also available and can be arranged by contacting Member Services.

Members are notified of how to obtain interpretation services in the member handbook and on the website as well as through calls to Member Services.

We also assure the availability of interpreter services through either case management bilingual staff or qualified interpreters for our members. Amerigroup also strives to hire associates who speak languages similar to those spoken in the areas that we serve. This helps minimize the need for outside interpretation.

Providers are able to obtain interpreter services for telephonic contact and in-office visits. Information on how to obtain these services is documented in the provider manual and through other means, such as the provider newsletter. Amerigroup, at a minimum, annually assesses utilization of interpreter services as well as individual and staff experiences with language services by reviewing utilization reports and member feedback.

**CLAS standard seven: Ensure the competence of individuals providing language assistance and recognize that the use of untrained individuals and/or minors as interpreters should be avoided.**

To the extent possible, customer care representatives (CCRs) are comprised of associates from similar cultural and linguistic backgrounds as our members. All CCRs receive training on how to assist members with language difficulties, and they have access to in-house bilingual staff as well as contracted interpreters via the Language Line, Voiance. Associates also receive training

on how to access local interpreters and TDD/TTY. All other interpretive services are provided by professional over-the-phone interpreter (OPI) service vendors or locally contracted interpreter service vendors. Oral communication with members is offered through OPIs. Written communication, other than the state required Spanish, is available upon member request. A toll-free Member Services number, with access to OPIs, is available for limited-English proficient (LEP) individuals. If a member with language difficulties or bilingual needs calls Member Services after hours, they will be routed to the Nurse HelpLine. The Nurse HelpLine has access to Voiance for translation services. In addition, for those who do not speak English and/or who are hard of hearing, Amerigroup can assist members with interpreter services for doctor visits as noted under CLAS standard six. Associates are trained to offer interpretation services whenever they encounter a member who may benefit from them and to educate members about the availability of services.

**CLAS standard eight: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.**

Amerigroup assures easy-to-understand member-related materials are available. Written materials (such as member handbooks and member notices) are available in a variety of formats and in English, Spanish, Braille and large print as well as by audio. Written member materials are also available in other languages upon request. In addition, all member materials are written at or below a 6th grade reading level according to the Flesch-Kincaid Grade Level scale. Information on our website is available in both English and Spanish.

To ensure materials are culturally appropriate and meet cultural competency requirements, an internal team reviews all materials available to members. The review is conducted by subject-matter experts in Compliance, Health Promotion, Regulatory, Medical Management, Legal and other departments as necessary.

### **Theme three — engagement, continuous improvement and accountability**

**CLAS standard nine: Establish culturally and linguistically appropriate goals, policies and management accountability and infuse them throughout the organization's planning and operations.**

Amerigroup is committed to identifying and addressing health care disparities among our members and within their communities. We endorse the HHSC definition of disparity — unequal or different treatment or services provided to a group as compared to another group — and understand that it can refer to how one is treated or the types, quantity or quality of services made available. Amerigroup has a health care disparities program with the sole purpose of reducing health care disparities that disproportionately affect our members. A multi-departmental Health Care Disparities (HCD) Workgroup supports these efforts and reports to the Quality Management Committee to assure accountability to health plan leadership. The HCD Workgroup is representative of the racial/ethnic and linguistic groups that represent 5% of the members we serve and includes community partners from organizations across Texas. The workgroup meets at least quarterly and ad hoc with a focus on aligning the components of our CLAS and HCD Program with industry standards.

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Amerigroup looks at continuously improving the quality of care and health outcomes of our members through the implementation of cost-effective, evidence-based practices. Our QM program encompasses the objective and systematic monitoring of quality, appropriateness, accessibility and availability, of safe and equitable health care as well as essential infrastructures, resources and processes to achieve desired health outcomes. Associates and committees assess and take action to improve clinical service quality and safety within that framework.

The guiding principles for cultural competency are the character and nature of Amerigroup. They are the filters through which we make our decisions. Their meaning, and sometimes expression, are expected to evolve as staff reflect and talk about the principles and as the principles are utilized to guide decisions and actions. It is the expectation that everyone will follow and reinforce the principles with each other regardless of position or level.

Amerigroup guiding principles:

- We acknowledge that a person's culture is relevant to their recovery and the services they receive.
- We believe that cultural, ethnic and linguistic diversity enhances the personal and professional experiences of all stakeholders.
- We are committed to developing culturally sensitive practices that can help reduce barriers to effective care.
- We are committed to broadening access for multicultural participation within Amerigroup and its network.
- We are committed to educating our staff, provider network, client organizations and their members, and the community in cultural competency as a right.
- We are committed to promoting models of communication, giving voice to all cultures.
- We are committed to ensuring all organizational and individual activities are culturally competent.

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

The HCD workgroup focuses on aligning the components of our cultural competency plan with industry standards. They develop a solid program that includes mission and vision statements; objectives; and specific, measurable, action-oriented, realistic and time-bound (S.M.A.R.T) goals.

### Mission

To improve the overall health of Amerigroup members in a culturally sensitive manner by reducing health care disparities

### Vision

A healthier Texas in which all members have an equal opportunity to health care through anchoring partnerships in communities, promoting health education and advocacy in order to live healthy and active lives

### Objectives

- Provide education and tools to help providers address health care disparities, thus, improving health outcomes for our members.
- Maintain ongoing communication with those who experience health care disparities — minority, ethnic and other populations including the underserved.
- Develop effective strategies that have an impact on minority groups and their health outcomes.
- Foster existing relationships and develop new relationships with community partners.
- Increase cultural competency awareness amongst Amerigroup associates to decrease health care disparities.
- Develop strategies that will assure compliance with the 15 National CLAS Standards.

The HCD workgroup evaluates multiple data sources such as HEDIS® and CAHPS data by race, ethnicity and language preferences of our members to identify and prioritize improvement opportunities, ongoing initiatives and monitoring of CLAS and HCD activities throughout the year. Community partners provide input on initiatives and propose recommendations and next steps that are incorporated into the program. The HCD workgroup works toward enhancing training materials and making them more visible to our associates and provider network. The HCD workgroup recognizes that the decisions and interventions we make can have a profound, immediate and lasting impact on the lives of our members. For this reason, we are committed to fostering partnerships with our provider network and community partners, augmenting cultural competency awareness amongst the staff, and developing replicable models to reduce health care disparities through identifying members of various racial and ethnic groups to develop strategies to improve health outcomes.

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

We understand our member's disposition towards accessing and engaging in care and service programs can depend on the trust that comes from shared language and experience. On an annual basis, Amerigroup conducts a population assessment to evaluate the characteristics and needs of member population. We use multiple data sources including the State Medicaid Agency, HEDIS Race/Ethnicity Diversity of Membership (RDM) Measure, and the US Census Bureau, and to identify the cultural, ethnic, racial and linguistic needs of our members. The population assessment also looks at Individuals with Disabilities and Serious Persistent Mental Illness (SPMI). This helps us analyze our membership needs by various disease cohorts, selected disabilities disease bands and SPMI disease bands. This in-depth analysis allows Amerigroup to review and update clinical and service programs, processes, and resources to address the health care needs of the members such as establishing relationships with outpatient behavioral health providers that provide Care Coordination and Intensive Case Management. Their services range from therapy to education on their disease process including substance abuse. They also provide additional services such as taking members to appointments, assisting with referrals, picking up medications for the members, rehabilitation services and crisis services.

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Information gathered from the population analysis about our members' health, to include individual member-level data, is private. In accordance with the federal law, protected health information is kept safe for our members, and we inform our members of what we do to keep it safe in writing or on the computer. All Amerigroup associates are trained and must take an annual ethics and compliance training to ensure adherence to all Amerigroup privacy policies.

Amerigroup works to recruit and retain a diverse provider network. We seek primary care providers and specialists located near our members that represent the cultural, ethnic and language preferences of our members and, subsequently, often have life experiences in common with our members. This helps assure that they receive care that is compatible with their cultural health beliefs and in their preferred language. We utilize a local approach to network development by assessing the natural patterns of accessing health care in Texas communities, which are extremely diverse across the state, to identify providers who already serve the population and we target these providers for inclusion in our network.

Provider directories contain information on the languages that are spoken in provider offices, so that members can make informed decisions when selecting providers. Additionally, translator services are available for member office visits to meet membership language needs if the provider office does not offer these services. See details provided above under CLAS six.

Amerigroup providers are expected to meet federal and state accessibility standards and those defined in the *Americans with Disabilities Act of 1990*. Health care services provided through Amerigroup providers must be accessible to all members. To protect the health and safety of our members, Amerigroup has a process for evaluating a physician office site. If we identify a physician/practitioner office site receiving three or more complaints within a six-month period related to the following components (with the exception of physical accessibility for which the complaint threshold is one), a Practitioner Office Site Quality Assessment will be conducted that will include a review of the following:

- Physical accessibility
- Physical appearance
- Adequacy of waiting or examining room space
- Adequacy of medical/treatment record-keeping practices

We may choose to conduct an office site quality assessment if any single complaint is determined to be severe enough to potentially endanger a member's health or well-being. Providers are required to take actions to remove an existing barrier and/or to accommodate the needs of members who are qualified individuals with a disability.

Amerigroup maintains a practitioner database that includes self-reported race/ethnicity demographic data and languages spoken in the office to capture the composition of our practitioner network. We compare the data to the race/ethnicity and language preferences of our members and recruit additional providers to improve the match when possible.



**CLAS 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.**

Amerigroup has a diverse race and ethnic membership. Therefore, we recognize the increasing importance of delivering culturally relevant health care benefits, solutions and education that address the diverse needs of our population. Amerigroup takes an interdepartmental approach to help ensure the implementation of culturally and linguistically appropriate health care-related services to members with diverse health beliefs and practices, LEP and variable literacy levels.

As noted above under CLAS standard four, Amerigroup associates have access to a dedicated cultural competency toolbox through our associate D&I program. The toolbox is a comprehensive, searchable database that helps associates explore and understand the influence of culture on one's beliefs, values and behaviors, in general and specifically in a health care environment. The tool provides information on over 50 different cultural groups on such topics as communication, family patterns, nutrition, treatment protocols and ethno-pharmacological issues.

Amerigroup ensures clinical assessment and plans of care reflect relevant cultural issues of the member. Case managers help ensure this by working closely with members and/or their representatives and gathering member feedback in the development of the care plan. Additionally, the *Member Assessment Form* and the *Health Risk Assessment* administered by case managers contains questions related to primary language preference and cultural expectations. Plans of care are individualized and reflect appropriate integration and utilization of the member's culture (to include race and ethnicity as appropriate).

The initial assessment examines a broad range of domains to determine the member's individual situation and risk of adverse outcomes. These domains include physical and mental health; social, economic and emotional status; capability for self-care; the members' goals; and the current treatment plan. Assessments are completed via phone interviews and/or home visits to collect and assess information from the members and/or their representatives. Case managers also obtain information from PCPs and specialists from early case finding assessments. All of this information is used to determine appropriateness for care management services and to guide, develop and implement the care plan. Care plans are individualized using the industry-recognized Case Management Society of America approach. Working closely with the member and/or their representatives, case managers develop care plans that include prioritized long- and short-term goals; the scope, duration and frequency of services; and scheduled re-evaluation of service recommendations. The member's needs for social, educational, therapeutic and other nonmedical services are also considered. By working closely with members and/or their representatives, case managers help ensure that members' cultural needs are met in the development of their individualized care plans.

Our case managers, member advocates, and outreach associates maintain a list of community resources for use in referring members as appropriate to support their needs. Resources include food assistance, housing and shelter, veteran assistance, mental health services, etc.

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

Amerigroup develops collaborative relationships with communities to improve health outcomes for members and the community at large. We establish collegial relationships and utilize resources of federally qualified health centers, community-based organizations, advocacy groups and industry partners to provide the broad range of services members may require outside of the scope of the managed care program. Amerigroup provides AmeriTips to community-based organizations in need of bilingual health information. We also use educational materials developed by community organizations when they are of benefit to our members. Additionally, we work closely with local minority health coalitions, and we sponsor educational seminars on minority and disability-related topics.

Due to our diverse culture and ethnic membership, as part of their onboarding, Amerigroup case managers complete an online cultural competency course. The course, sponsored by the Texas Health Steps program, improves staff recognition of health care disparities and increases their knowledge regarding eliminating barriers in the access and use of health care services by racial and ethnic minority populations. The course also provides an overview of the CLAS standards that are intended to advance health equity, improve quality and help eliminate health care disparities. The standards 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.<sup>1</sup>

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

Amerigroup has a comprehensive process for handling member complaints expressed either orally or in writing in accordance with regulatory, state, federal, and accreditation standards. The health plan recognizes that members are an important source of information regarding our performance. Amerigroup evaluates complaint data to help improve services provided to members. Amerigroup has operationalized this goal through an established complaint process to acknowledge and resolve member complaints in a timely and satisfactory manner. Members also have the right to file a complaint with the state Medicaid program about their health care provider and/or health plan.

All telephonic or written member complaints received are documented in the Amerigroup core processing system with supporting documentation in a confidential, secure data repository system. All member complaints are assigned into a major category type and sub-type based on the issues of concern. Possible triggers for complaints may include, but are not limited to, the quality of care or services provided, aspects of interpersonal interactions such as rudeness of a provider or provider office staff, or failure to value the rights of a member. Member complaints are reviewed to determine if any complaints related to race, ethnicity, culture or linguistic preferences/needs are received and logged with a discrimination related sub-type. The member advocate team investigates each complaint and completes follow-up with provider offices when indicated.

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<sup>1</sup> <http://www.txhealthsteps.com/cms/?q=office-of-minority-health-and-health-equity>

Member advocates and liaisons represent the interests of all members. Their responsibilities include handling complaints, ensuring members are informed of their rights and responsibilities, and helping them understand their benefits. They serve as ombudsmen and interact with members at events and by phone.

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

Amerigroup assures stakeholder participation in the service delivery process. Amerigroup recognizes that members receive their advice and guidance from various entities in the community. To that end, on a quarterly basis, we hold advisory group meetings with members in each service delivery area to gather feedback and perspectives on a number of topics including: their medical plan, available local community resources, changes in Medicaid and CHIP programs, and topics proposed by local advisory group participants. Notices are publicly posted in advance of the meetings in dominant languages for the area (specifically English and Spanish), and we are currently translating Vietnamese languages to the posting template. These meetings occur in community settings and include member advocates and community relations representatives that speak various languages.

In addition, the member advisory group meetings identify and evaluate involvement of community resources. Amerigroup ensures the member advocate and liaison role includes assisting ethnic and cultural populations. The member advisory group solicits feedback from members and community-based organizations regarding the cultural appropriateness of member materials and programs.

In addition, on a quarterly basis, we hold our HCD workgroup meetings, as described in CLAS standard nine. The HCD workgroup membership includes community partners that represent the racial/ethnic and linguistic groups we serve. The HCD workgroup gathers the community partner feedback and perspectives on a number of topics including available local community resources that may aid in the healthcare disparity efforts.

Our provider website offers information regarding cultural competency as well as cultural competency trainings, and all of our providers are encouraged to participate in these trainings. The provider manual outlines and addresses our cultural competency plan. During provider orientation, providers are educated regarding cultural competency and where additional information can be found. This information is also shared with provider offices throughout the year (i.e., during Lunch and Learns and workshop sessions).

On an annual basis, Amerigroup presents our cultural competency plan and our progress on implementing CLAS standards to the Medical Advisory and Quality Management Committees. We gather input from the committee members and incorporate suggestions into the plan as appropriate.

Both Amerigroup Texas, Inc. and Amerigroup Insurance Company hold NCQA Multicultural Health Care Distinction. This signifies our commitment to, and external validation of, establishing organization wide programs aimed at reducing health care disparities. Amerigroup

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posts the NCQA Multicultural Health Care Distinction seals to our provider and member websites.

### Summary

Within the context of guiding principles is the Amerigroup philosophy regarding cultural competency. Amerigroup believes that compliance with treatment plans as well as preventive and restorative health care is more likely to occur when systems, services and providers are culturally competent. This includes developing attitudes and utilizing knowledge and skills reflecting a cultural competence compatible with the backgrounds of the person served, their families and communities. Within this philosophy, Amerigroup has developed the following definitions:

- Organizational cultural competency is the integration of congruent behaviors, skills, attitudes, policies and procedures that come together in a system to enable people to work effectively across cultures.
- Individual cultural competency is the ability to use knowledge and interactive skills to work effectively with people of different cultures.

Individual cultural competence at a provider level also includes the acknowledgment and incorporation of the acceptance of various behaviors, beliefs and values in determining a person's physical and mental wellness or illness and incorporating those variables into the assessment and treatment of the person.

In accordance with this philosophy, Amerigroup has developed a statement of diversity: Managing diversity is the key to the Amerigroup competitive edge. On behalf of our members and associates, we create and maintain an inclusive, respectful and equitable environment through effective leadership, policies and practices.

Overall, this philosophy includes the expectation that management, staff and providers will attain the knowledge, attitudes and skills to provide effective care and services to people of different cultures and to work within that person's values and reality conditions.

In summary, to allow us to better serve our members, Amerigroup is committed to being culturally competent. We do this by recognizing the unique needs of our members and knowing how to successfully communicate vital information about their health care.