

n05135

## Diverse Population-Cultural and Linguistic Needs

---

### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

---

#### **Abstract Purpose:**

Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC (NHP/NHIC/NHAS) annually assesses the plan's population to determine whether appropriate services for cultural and linguistic needs are being met.

#### **Policy Detail:**

- I. NHP/NHIC/NHAS annually assesses the cultural, ethnic, racial and linguistic needs of its members/participants and ensures that all services, both clinical and non-clinical, are accessible to the entire population and are provided in a culturally competent manner, including those with limited English proficiency or reading skills, racial or religious minorities, those with disabilities, those who identify as lesbian, gay, bisexual, or other diverse sexual orientations, those who identify as transgender, nonbinary, and other diverse gender identities, or people who were born intersex, those who live in rural areas and other areas with high levels of deprivations, those who are otherwise adversely affected by persistent poverty or inequality, and those with diverse cultural and ethnic backgrounds by:
  - A. Assessing the volume of member/participants with special vision needs, and linguistic or cultural preferences.
  - B. Determining whether the provider network, marketing materials and other services are culturally appropriate.
  - C. Adjusting the availability of practitioners, member/participant materials and services to provide appropriate services within a culturally diverse population, if necessary.
- II. Network Health annually reviews demographic information prepared by local, state, and national organizations for the eligible counties covered by its Commercial, Marketplace, Medicare Advantage and Special Needs plans.
  - A. If it is found that any identified language, other than English, is the primary language spoken by >5% of the population or that an identified population >5% has special cultural preferences and needs, Network Health will implement the following:
    1. Review the languages and cultural backgrounds of practitioners in the provider network to assess whether they meet the language needs and cultural preferences of the member/ participant population.
    2. Take action to adjust the practitioner network if the current network does not meet the cultural and linguistic preferences of the population.
    3. Provide a mechanism for translation services for member/ participant

contacts with the Plan.

4. Provide translations of the Plan's required member/participant materials and make them available upon request in the identified prevalent language. In addition, basic enrollee information will also be available to the visually impaired upon request.
5. Notify Medicare Marketing that translated materials must be made available to members/participants if >5% of members/ participants speak a language other than English as their primary language.
6. NHP/NHIC/NHAS will note/designate those practitioners who speak languages other than English in its Practitioner Directories.
7. NH will track member/participant complaints and appeals regarding the Plan's ability to meet special linguistic and/or cultural preferences and needs.
8. NH will track and review member/participant satisfaction survey data regarding linguistic and/or cultural preferences and needs.
9. NH will track and review employer/members requests and complaints regarding the Plan's ability to meet special linguistic and/or cultural preferences and needs.

III. NH ensures that translator services are available for non-English speaking and relay services are available for hearing impaired members/participants.

- A. In the event that translator services cannot be provided by NHP/ NHIC/NHAS staff, non- English speaking members will have access to GLOBO translator services when contacting NH Customer Service, Care Management, Pharmacy or Sales departments.
- B. TTY Relay services for the hearing impaired will be provided through the TTY/TTD: 1- 800-947-3529 line.
- C. NH will provide translations of the required member/participant materials and make them available upon request in the identified prevalent language. In addition, basic enrollee information will also be available to the visually impaired upon request.
- D. Member/Participant materials will address information on how to obtain language assistance initially upon enrollment and annually thereafter.

IV. NH will adjust business practices to incorporate and better serve a culturally and linguistically diverse population.

- A. NH will analyze the existence of significant health care differences in clinical areas and annually identify a specific health disparity to reduce.
- B. Focus groups or interviews with an identified cultural or linguistic minority member will be conducted on an as needed basis to determine the needs of the group. Outreach materials that focus on race/ethnicity/language risks as identified in the focus groups will be available for use.
- C. Practitioner and provider chart reviews and interviews will be conducted if a variance of >5% of a diverse population is identified. Data will be analyzed and evaluated for favorable outcomes for all culturally diverse groups and interventions will be developed to improve unfavorable outcomes. Training, information, and tools will be provided to employees and practitioners to support culturally competent communication, services and care.

V. Compilation and analysis of NHP/NHIC/NHAS Diverse Population-Cultural and Linguistic Needs, including the items listed above, will be presented to and reviewed by the Quality Management Committee (QMC) with the annual Population Assessment. Action will be implemented by the appropriate department(s) if deemed necessary.

**Definitions:**

None

**Regulatory Citations:**

None

**Related Policies:**

None

**Related Documents:**

None

<b>Origination Date:</b> 08/11/2011	<b>Approval Date:</b> 09/12/2024	<b>Next Review Date:</b> 09/12/2025
<b>Regulatory Body:</b> Other	<b>Approving Committee:</b> Quality Management Committee	
<b>Policy Owner:</b> Amber Smits	<b>Department of Ownership:</b> Quality Health Integration	<b>Revision Number:</b> 4
<b>Revision Reason:</b> 05/21/2021 - Annual review with following changes: change of ownership and clarifications to LOB and responsible parties for action items. 08/09/2022- Annual review with following changes: change of ownership 08/01/2023-Annual update and additions based on CMS regulatory changes 08/24/2023 – Approved at Quality Management Committee 08/10/24 – Minor changes including adding in relay information; updated policy ownership. 09/30/2024 - Approved via consent at the Quality Management Committee on 09/12/2024.		