

2024 Health Equity & Diversity Program



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Introduction

Peach State Health Plan™ (Peach State, the Plan) and its parent company Centene Corporation actively address Health Equity and Diversity (inclusive of Cultural Competence) and awareness, through a comprehensive, data-driven, systematic, multidisciplinary Program designed to improve outcomes of Peach State members. This is done by addressing, cultural, ethnic and language barriers, as well as, intervening to decrease disparities in care. Founded as a single health plan in 1984, Centene Corporation (Centene) has established itself as a national leader in the healthcare field. Today, through a comprehensive portfolio of innovative solutions, we remain deeply committed to delivering results for our stakeholders: state governments, members, providers, uninsured individuals and families, and other healthcare and commercial organizations through a holistic, customized approach to care for our members based on their unique physical, behavioral, pharmaceutical, cultural and social needs.

Peach State Health Plan is a quality-driven organization that adopts continuous quality improvement that includes culturally and linguistically sensitive services as a core business strategy for the entire health plan. Guided by the concept of cultural humility that acknowledges the complexity of identities and the evolving and dynamic nature of an individual's experience and needs (e.g., social, cultural, linguistic). The Plan employs a system perspective that values differences and is responsive to diversity at all levels. Cultural humility is community focused, and family oriented, valuing the differences and integration of cultural attitudes, beliefs and practices. These core components are integrated into diagnostic and treatment methods throughout the health care system to support the delivery of culturally relevant and competent care.

The health plan develops, embeds and implements a quality management strategy and a Culturally and Linguistically Appropriate Services (CLAS) Program that is embedded within every staff role and department function. Peach State Health Plan approaches quality assurance, quality management, and quality improvement as a culture, integral to all day-to-day operations to provide services that are accessible and responsive to all members. This manner accounts for diverse cultural and ethnic backgrounds, varied health beliefs and practices, limited English proficiency (LEP), disabilities, and differential abilities, regardless of race, color, national origin, sex, sexual orientation, gender identity, preferred language, or degree of health literacy.

Purpose and Brand Pillars

Peach State Health Plan, in alignment with Centene, is driven by the purpose: *transforming the health of the community, one person at a time*. The purpose is reinforced by the three brand pillars:



Focus on the individual

Empowering people to create healthy habits that last a lifetime



Whole Health

Delivering a full spectrum of care from physical health to emotional wellness



Active Local Involvement

Helping our neighbors create a stronger, healthier community

Overview

Peach State Health Plan endeavors to meet the needs of all members with sensitivity to cultural needs and the impact of cultural differences on health services and outcomes. Specifically, the Quality Program identifies and addresses clinical areas of health inequity. The health plan ensures communications are culturally sensitive, appropriate, and meet federal and state requirements. The Plan also promotes the delivery of services through a cultural humility lens to all members, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. Population health management initiatives are reviewed to ensure cultural issues and social determinants of health (SDOH) are identified, considered, and addressed. Additionally, the health plan is committed to improving inequities in care as an approach to improving Healthcare Effectiveness Data and Information Set (HEDIS) measures, reducing utilization costs, and delivering locally tailored, culturally relevant care.

The purpose of the Health Equity and Diversity Program Description is to ensure the integration of the National CLAS Standards within the organization's operational framework to ensure equitable, culturally, and linguistically appropriate programs for our diverse population and to advance health equity. The identified goals and objectives are integrated, ensuring services are provided in an accessible and responsive manner to all members.

The health plan implements processes that ensure the health care services provided have the flexibility to meet the unique needs of each member, accounting for the 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. Population health management initiatives adhere to the National CLAS Standards and achieve success within the following priority domains:

- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Practitioner Network Cultural Responsiveness
- Data and Infrastructure

Program Description

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health and by merging the cultural competency/ Culturally and Linguistically Appropriate Services (CLAS) program(s) and health equity programs, into the Health Equity & Diversity (HE & D) Program, the Plan will use resources more effectively and potentially have a greater impact on the community.

The health plan is guided by the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care developed by the Office of Minority Health. The Principal Standard (Standard 1) of the National CLAS Standards has been made the Principal Standard with the understanding that it frames the essential goal of all the Standards, and if the other 14 Standards are adopted, implemented, and maintained, then the Principal Standard will be achieved.

The National CLAS Standards describes a framework to deliver services that are culturally and linguistically appropriate and respectful, and that respond to the individual's cultural health beliefs, preferences, and communication needs. To achieve the Principal Standard, the CLAS Program Description is organized by priority domains and identifies alignment with the National CLAS Standards. Since the National CLAS Standards are not prescriptive and simply provides a framework, the Peach State Health Plan Health Equity and Diversity Program

Description identifies and aligns multiple standards across our program domains with the goal of achieving the Principal Standard.

Principal Standard (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.*

The CLAS Program is embedded within the Quality Program and utilizes a systematic approach using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all members. Whenever possible, the health plan's Quality Program supports processes and activities designed to achieve demonstrable and sustainable improvement in the health status of its members. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services by addressing both medical and non-medical drivers of health and promoting health equity.

To fulfill its responsibility to members, the community and other key stakeholders, and regulatory and accreditation agencies, the health plan's Board of Directors has adopted the Health Equity and Diversity Program Description. The program description is reviewed and approved annually by the Quality Oversight Committee and the Peach State Health Plan Chief Medical Director.

Legal/Regulatory Framework & Governance

Peach State Health Plan strives to provide effective, equitable, understandable, and respectful quality care and services to members. In collaboration with providers and the community, the Plan continues to work to be responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication requirements of the membership.

Regulatory Requirements

Peach State Health Plan adheres to Federal standards related to cultural competency, Cultural and Linguistically Appropriate Services (CLAS), health equity and non-discrimination. Peach State will follow (not all inclusive).

- 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:** Also, as an organization that receives federal financial funding, Centene Corporation must comply with Executive Order 13166, which sets forth that persons with limited-English language skills have meaningful access to services.
- **1557 Non-Discrimination Law:** Section 1557 of the Affordable Care Act (ACA), prohibits discrimination based on race, color, national origin, sex, age, or disability and builds upon longstanding nondiscrimination laws and provides new civil rights protections.
- CLAS STANDARDS National CLAS 15 Standards, developed by the U.S. Department Health & Human Services,

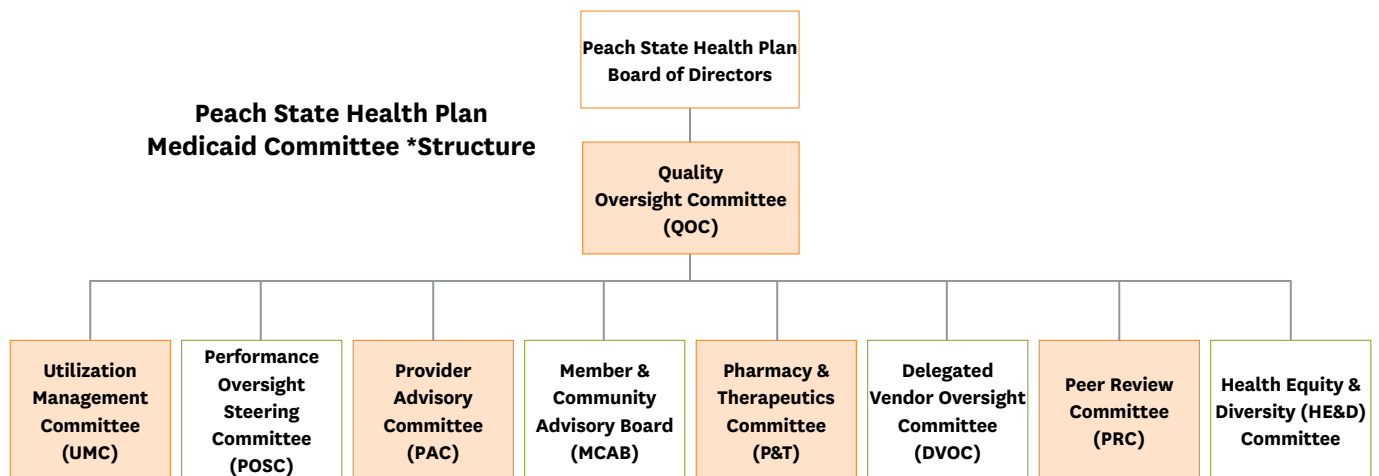
Office of Minority Health, as our guidelines for furnishing equitable and culturally competent services to all members, by improving quality and eliminating health care disparities through the CLAS standards organized below into one Principal Standard and three themes:

- » Governance, Leadership, and Workforce
 - » Communication and Language Assistance
 - » Engagement, Continuous Quality Improvement, and Accountability
- The Affordable Care Act
 - National Committee for – Quality Assurance (NCQA) Health Equity Accreditation (accredited January 2023)
 - Georgia Department of Community Health (Contract Section 4.3.9).

Accountability

Quality is integrated throughout Peach State Health Plan and represents a strong commitment to cultural competency and appropriate linguistic assistance services for members. Peach State Health Plan 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 Assessment and Performance Improvement (QAPI) Program and has delegated the authority and responsibility for the development and implementation of the QAPI Program to the Quality Oversight Committee.

The Quality Oversight Committee is chaired by the Chief Medical Director. Reports on HE & D Program activities, findings, recommendations, actions, and results are presented to the Board of Directors no less than annually. The Quality Oversight Committee serves as the umbrella committee through which all subcommittee activities, including those of the Health Equity Work Group are reported and approved. The Peach State Health Plan Quality Oversight Committee structure is designed to promote information, reports, and improvement activity results, driven by the HE & D Workplan, throughout the organization and to providers, members, and stakeholders.



*Committees in orange have external practitioner participation.

As of December 2022

The Manager of Health Equity collaborates with the heads of all functional units to ensure that the Health Equity and Diversity Program is properly executed. Peach State Health Plan's leadership promotes CLAS through policy, practices, and the allocation of human and financial resources to ensure:

- Hiring and recruitment practices, and related policies, promote diversity, equity, and inclusion at all levels and reflect the composition of the community served.
- Integration and alignment of CLAS opportunities across the health plan and functional areas (e.g., medical management, customer service, provider services, quality, Information Technology, etc.).
- Cultural Sensitivity/Humility education is required within the organization.
- Best in CLAS Awareness Week and/or Health Equity Learning Circles are promoted within the organization.
- Diffusion of information to stakeholders and constituents.

Peach State Health Plan has the staffing resources, technology infrastructure and data analytics capabilities to support goals for HE & D Program. For additional staffing and analytic resources, refer to the 2024 QAPI Program Description.

Plan Specific Goals and Proposed Initiatives

The Plan has five focus areas that align with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Peach State's five focus areas for the HE & D Program and 2024 aligned goals are in the next table. The table is followed by proposed interventions.

CLAS THEME	Area of Focus	2024 Goals
Governance, Leadership and Workforce	Organizational and Administrative Improvements	<p>In 2024, Peach State Health Plan will complete and submit a HE & D Plan (including Cultural Competency), work plan and Evaluation to the QOC inclusive of:</p> <ul style="list-style-type: none"> ■ goals and outcomes from the previous year and cultural and linguistic grievances ■ provider and practice data regarding languages spoken ■ analysis of language interpreter requests and top five languages requested ■ annual review of Interpreter service vendor reports to include assessments
	Cultural Competency	<p>In 2024, Peach State Health Plan will:</p> <ul style="list-style-type: none"> ■ Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. ■ Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. ■ Educate and train governance, leadership, and workforce in HE&D including culturally and linguistically appropriate policies and practices on an ongoing basis. At least 90% will complete assigned annual training ■ Ensure the availability of HE & D Training for providers

Communication and Language Assistance	Communication and Language Assistance	<p>In 2024, Peach State Health Plan will:</p> <ul style="list-style-type: none"> ■ 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. ■ Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. ■ Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. ■ Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
Engagement, Continuous Improvement and Accountability	Health Equity	In 2023 Peach State Health Plan will conduct internal workgroup meetings to include QI, UM and CM. Topics to include SDOH analysis, resource and referral processes, Health Equity model
	Engagement, Continuous Improvement, and Accountability	<p>In 2023 Peach State Health Plan will perform the following:</p> <ul style="list-style-type: none"> ■ Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. ■ Conduct ongoing assessments of the organization's CLAS-and HE related activities and integrate related measures into measurement and continuous quality improvement activities. ■ Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS and health equity on outcomes and to inform service delivery. ■ 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. ■ Identify 2-5 health opportunity priority communities during 2024 and partner with the community to design, implement, and evaluate policies, practices, and services to ensure programs are culturally and linguistically appropriate to the community. ■ Maintain the grievance resolution processes that is culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. ■ Communicate the organization's progress in implementing and sustaining CLAS and HE to all stakeholders, constituents, and the public.

2024 Proposed Initiatives

In addition to continuing initiatives in place in 2023, the Plan may implement the below activities to ensure that members receive care that is delivered in a culturally sensitive manner.

- Applicable Grievance and Appeals
- Staff to be assigned and complete training focused on recognizing language service-related complaints
- The HE & D Workgroup will work to create conflict and grievance resolution processes that are culturally and

linguistically appropriate to identify, prevent, and resolve conflicts or complaints

- The Plan will present an executive summary to QOC and make the document available to members and providers upon request by Q4, 2024

Overall Education:

- Amplify provider website to include additional training and education resources.
- Utilize CNET and the Peach State Employee Newsletter to educate employees on different aspects of health equity and cultural competency
- Remind providers of health equity and cultural competency training available by visiting the provider website
- Health Equity Lunch and Learns for all Peach State Staff
- Promotion of provider cultural competency training on Centene Institute
- Health Equity and Health Literacy related materials and resources within member and provider newsletters

Address language:

- Identify potential training for at least one outreach staff in American Sign Language.
- Continue to provide training to all HALO and EPSDT staff with basic healthcare Spanish courses (conversational Spanish).
- Seek bilingual certification for staff speaking more than one language.
- Evaluate needs of provider network to enhance interpretation services

Geographic Area

- Continue to hold a ‘talk’ session with diabetics in the southwest (who are more non-compliant than other regions) for root cause analysis.
- Work with Centene to identify health equity zones in both urban and rural areas to provide focused interventions based on disparity data.
- Generate analysis based on member location and provide services in accordance with member access and needs.

Health Equity and Diversity/CLAS Work Plan (Standard 9): The annual development of the Health Equity and Diversity Program Description includes a detailed work plan that is informed by the preceding Health Equity & Diversity Program Evaluation. The work plan considers performance in all aspects of the Health Equity & Diversity Program scope to achieve identified objectives and address overall effectiveness. The work plan identifies and documents all Health Equity & Diversity related activities outlining annual objectives, quarterly progress monitoring, associated activities to achieve stated objectives within a designated timeframe, defined roles and responsibilities for each identified activity, and includes a monitoring and evaluation plan to track and assess previously identified issues, and Health Equity & Diversity Program Evaluation.

Quality Improvement and Health Equity leadership, or designee, is responsible for review of data collected and/or reports used to monitor progress against goals, for all measures, throughout the year. The workplan status is monitored and updated through the Health Equity & Diversity Committee, on a quarterly basis to reflect progress on Health Equity & Diversity activities within the program priorities:

- Governance, Leadership, and Workforce
- Communication and Language Assistance

- Engagement, Continuous Improvement, and Accountability to Improve Health Equity
- Practitioner Network Cultural Responsiveness
- Data Infrastructure

The health plan reviews and updates the Health Equity & Diversity Work plan to reflect changes in the population, new programs and services, projects completed, and sets goals to meet the needs of the targeted population 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. The Health Equity & Diversity Program Description and work plan are formally approved (or accepted) by the Quality Oversight Committee on an annual basis.

A program evaluation will be conducted annually to evaluate the overall effectiveness of the Health Equity & Diversity Program. Deliverables and activities identified in the work plan will include an evaluation plan that describes how we will monitor and evaluate the program, objectives, and/or activities, where applicable. The evaluation includes indicators and performance measures, data sources, and methods, as well as roles and responsibilities, to meet the program goals.

A systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of the program and related activities is employed to support continuous program improvement. The Health Equity & Diversity Program Evaluation provides a description of the completed and ongoing activities of the previous year; 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 Health Equity & Diversity Program Evaluation is presented for approval to the Quality Oversight Committee on an annual basis. The Quality Oversight Committee reviews the evaluation, makes any necessary recommendations to ensure the program goals and objectives are met and utilizes the results in relevant health plan quality improvement projects to improve the delivery of clinical services, quality outcomes, and the members experience when engaging in health care. The Vice President of Quality Improvement is responsible for the final review and approval of the program evaluation and revisions/modifications identified in the quarterly progress monitoring of the work plan. The annual Health Equity & Diversity 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 Community Advisory Board (MCAB) and /or Representatives, stakeholders, and the Board of Directors.

Delivery of Care and Services

Cultural norms, values, beliefs, customs, histories, and behaviors influence how individuals approach care delivery, the course of treatment and the attainment of positive outcomes. Accordingly, the Plan's approach is to emphasize culturally sensitive, ethnicity competent and linguistically appropriate at every point of care/service. The purpose of Peach State's Health Equity and Diversity Program is to make certain that the Plan meets the individual, culturally and linguistically diverse needs of all members; to ascertain that the providers of the Plan value diversity within the organization; meet the needs of the members that need culturally sensitive information; and enable members to obtain adequate communication support.

Peach State's policies and procedures outline how the Plan's HE & D Program provide information to members and have the linguistic skills required for meeting the needs of all. The Program utilizes the following relevant materials in conveying information regarding cultural competency, linguistic, and disability-related access to members and providers. Communication mechanisms include:

- Member Handbooks & Provider Manuals
- Member & Provider Newsletters and websites
- Member/Community and Provider Advisory Councils
- In-person and virtual member, community and provider meetings/events
- Ad-Hoc/Special Mailings

Community Engagement

It is important to note Peach State Health Plan also establishes a Member Community Advisory Board (MCAB) to ensure members of culturally diverse communities are included in processes to assist in identifying and prioritizing opportunities for improvement. The MCAB assists with identifying cultural competency and/or language service-related issues, provides feedback on service needs of the community, and promotes health equity services to community members (Standard 13, 15).

The MCAB is comprised of a diverse and demographically representative group of participants that reflect the community. As defined by the charter, the MCAB consists of community members, representatives of community-based organizations (CBOs), providers, and other invested stakeholders, representing ≥ 5% of the geographic, cultural, racial/ethnic, and linguistic diversity of eligible individuals. The MCAB meets quarterly to share issues and opportunities with the health plan. Meeting minutes and information are shared with plan leadership and incorporated into quality improvement projects to close gaps as appropriate.

The Plan solicits member and community feedback to improve and aid in ensuring that members' needs are being met appropriately at MCAB meetings and provider feedback during PAC meetings.

Education and Training

Peach State Health Plan's overall approach to HE & D (including CLAS) across the organization aligns with the Centene purpose of 'Transforming the health of the community, one person at a time.' 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 Policy includes the cultural and linguistic services that are provided to members, contracted providers and major subcontractors. Peach State Health Plan maintains the HE & D Program that assures compliance with the Principal Standard of CLAS.

All Plan staff and network providers are required upon hire and/or initial contracting, and annually thereafter, to complete HE & D Training. Internally, Peach State provides staff training through Centene University, the virtual learning portal. HE & D training is required for all Plan and sub-contractor associates upon hire and annually, to ensure that services are provided effectively to our members of different cultures.

Peach State provides training materials for all staff and network providers at no cost to the provider. The training materials include ideas on how to assist providers with servicing the member's health care needs appropriately. Providers can access educational materials through the following websites:

- Physician Toolkit and Curriculum: <http://minorityhealth.hhs.gov/assets/pdf/checked/toolkit.pdf>
- Physician's Practical Guide: <https://cccm.thinkculturalhealth.hhs.gov>

- Provider's Guide to Quality and Culture: <https://innovations.ahrq.gov/qualitytools/providers-guide-quality-culture>
- HHS: <https://thinkculturalhealth.hhs.gov/about>
- Peach State Health Plan website 'Provider Resources' tab: <https://www.pshpgeorgia.com/providers/resources/provider-training/cultural-competency-provider-training.html>

Translation Services

Peach State Health Plan 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. Peach State Health Plan 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. Other services offered to assist with non-English languages include:

- Telephone/face-to-face interpreters are available at no cost, at all points of contact where a covered benefit or service is accessed.
- Hearing and speech access for members who are impaired is available by calling 711 or calling Member Services.
- Language Line services that are available 24 hours a day, seven (7) days a week in 140 languages to assist providers and members in communicating with each other during urgent/emergent situations, non-urgent/emergent appointments as requested, or when there are no other translators available for the language requested. Accessed through Member Services during regular business hours or through Envolve People Care, the medical triage advice line, after normal business hours.
- Member mailings are sent in English and are available in Spanish upon request.

Peach State Health Plan 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. Special training is provided for call center staff to assist in identifying the language needs of monolingual non-English speakers.

Peach State Health Plan works to ensure that members are educated about how to access language services at all points of contact (member services, claims, utilization management, 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 in easy-to-understand, ≤5th grade reading level.

The Peach State Health Plan Provider Credentialing Applications captures the capacity to recruit providers of racial and ethnic background by documenting the provider's self-identified ethnicity, culture and race (if provided). The application also includes a question about other languages spoken by providers to indicate their linguistic diversity – this information is used in the provider directory for informational purposes.

Evaluation and Monitoring

Peach State Health Plan implements ongoing initiatives to identify and address disparities in health care. The Plan identifies network gaps related to cultural/ethnic needs and preferences and provides information to Provider Relations if availability issues are identified. Additionally, QI leads the annual Evaluation efforts of the effectiveness of its Health Equity and Diversity Program. To achieve our purpose and mission of better health outcomes for our members and the communities we serve, goals are identified, and activities and timelines are documented in an annual workplan to achieve the following:

- 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.

The Health Equity and Diversity Program goals written in SMART format, are referenced in tables within each of the subsequent priority domains and are also included in the annual work plan. On an annual basis or as needed, data are reported, analyzed, and modified, with the CLAS Workplan, by the QOC to identify trends, reflect changes in the population, new programs, and services, projects completed, and sets goals to meet the needs of the targeted population within the priority domains.

Peach State Health Plan monitors the delivery of care and services in relation to the provision of HE & D services through a comprehensive set of quality methods that include the CAHPS Member Experience Survey, Provider Satisfaction Survey and member communications such as Complaints (Grievances). Survey results are assessed to identify areas for improvement and revision. The evaluation will serve as the foundation for planning the upcoming year’s plan and activities relating to elevating cultural awareness. The Plan further tracks and reviews requests for translation services, requests for member information in alternate languages and requests for providers who speak specific languages. The Plan monitors the activities determined to implement to improve outcomes. The three National CLAS standard themes (inclusive of the five focus areas) are monitored, ongoing and reported to the HE & D Committee and the QOC.

Organizational & Administrative Improvements

HE&D Program Documents - Annually, Peach State Health Plan completes a trilogy of documents as part of the HE & D Program.

<ul style="list-style-type: none">■ HE&D Program Evaluation: This document contains outcomes of goals/objectives from the previous year and provides direction for planning the program for the subsequent year.	<ul style="list-style-type: none">■ HE&D Program Plan: This current year document provides basic program structure, scope, structure, goals/objectives and potential initiatives	<ul style="list-style-type: none">■ HE&D Work Plan: As a companion to the Program Plan, the work plan outlines owners, due dates and tracks progress of initiatives
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The documents are provided/presented (via entire document or executive summary with the option of requesting the entire document) to the Quality Oversight Committee (QOC) at least annually with feedback used to modify current activities and/or in planning future endeavors.

- **Advance and sustain organizational governance and leadership** — Peach State Health Plan has a robust

governance and leadership structure that promotes CLAS and health equity. Quality is integrated throughout Peach State Health Plan and represents a strong commitment to cultural competency and appropriate linguistic assistance services for members. Peach State 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 providing input and expertise into ensuring Peach State maintains an organizational governance that promotes inclusivity and equity.

- **Recruit, promote & support a culturally and linguistically diverse governance, leaders, and workforce** — Peach State Health Plan strives to be responsive to the membership and to have a workforce that represents the diversity of our members and communities. To achieve this Peach State Health Plan recruits, promotes, and supports a diverse staff in all positions, including leadership, which 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.

To ensure organizational governance, leadership, and workforce are responsive and representative of our member population, health plan hiring and recruitment practices, and related policies, promote diversity, equity, and inclusion, at all levels and positions, and reflect the composition of the community served. Our Talent Attraction (TA) team, in partnership with hiring leaders and human resources, nurtures a talent pipeline that connects us to a diverse workforce. All 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, to reflect the diversity of Health plan membership. Recruitment and hiring practices that support diversity include:

- Developing and posting online job descriptions emphasizing organizational values on diversity and inclusion,
- Targeted job fairs to engage diverse candidates and underrepresented groups,
- Engagement with local community leaders, community-based organizations (CBO), universities, community colleges, and faith-based organizations to promote opportunities within the organization,
- Provide guides and resources for hiring leaders, such as, the Partnership Guide and Interview Structure Best Practices: Selecting a Diverse Interview Panel to promote diverse hiring,

Promoting and Monitoring Diversity, Equity, and Inclusion in the Workplace

Our commitment to diversity, equity, and inclusion starts at the top of the organization with our board of directors and permeates every layer and level. To help our employees maintain their level of excellence in support of our members, we provide programs, resources, and support tools to ensure employee development and growth. Every individual is a leader, and as such, all staff set goals around and are measured against our Leadership Model. This process enables staff from all backgrounds and cultures to collaborate, contribute, and provides opportunities for development and advancement.

The Diversity, Equity & Inclusion (DEI) efforts of the health plan and the Centene Corporate enterprise include workforce metrics and tracking capabilities to ensure we value diversity, create equity, and embrace inclusion. Centene believes that a diverse workforce and an inclusive workplace fuel improved service, innovation, and performance. We strengthen our workforce by hiring a range of candidates with varying life experiences and professional backgrounds, and we thoughtfully engage them throughout their employee life cycles with dedicated support and leadership development opportunities (Corporate Policy CC.HUMR.12). This includes reporting mechanisms that ensure we have the capability 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.

Another monitoring activity involves the deployment of the Shaping Centene enterprise-wide surveys to obtain employee feedback on what is most important to them while measuring employee engagement and sentiment on current DEI initiatives, People Leader Effectiveness, and Company Culture. The surveys create opportunities for employees to feel valued and heard throughout the year, and the insights gathered serve as an important catalyst in how we further improve our employee experience, and the organizations commitment to DEI.

Additional support of a diverse workforce includes the opportunity to participate in Inclusion Groups. These groups are the Veterans and Military Families Employee Inclusion Group; the Multicultural Employee Inclusion Group; MOSAIC, I.N.S.P.I.R.E., STAGES, 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.

Training and Development (Standards 2, 4): To ensure organizational governance, leadership, workforce and those external to the organization, but serve on committees, are prepared to meet the needs of our diverse population, we provide a range of learning opportunities in a variety of modalities to engage staff and leadership throughout the organization. Understanding and developing a process-oriented approach to cultural humility, though complex, positions our organization to better achieve our mission and reduce health disparities. Selected education and development opportunities that support diversity, equity, inclusion, and cultural humility are included below:

- Cultural Humility and Health Equity
- Cultivating Equity and Inclusion Playlist
- Cultural Humility Playlist
- DEI: Introduction to Unconscious Bias
- DEI: Unconscious Bias Fundamentals
- DEI: Inclusive Leadership
- Health Equity 101
- Health Equity Learning Circle
- Language Access
- Moving From Cultural Competence to Cultural Humility
- Tribal Sovereignty 101
- Unnatural Causes: Is Inequality Making Us Sick?
- Using Gender Inclusive Language
- Writing in Plain Language

To ensure education and development opportunities are relevant to member needs and barriers to care, the health plan reviews membership demographic profiles and ensures that training topics and consulting services integrate concepts reflective of the diverse membership. Required trainings are provided annually to all staff, utilization management, grievance and appeals, provider relations, and case management on topics such as cultural humility, CLAS, reducing bias, promoting inclusion, and Language Access Programs and resources for members.

Additionally, our health plan engages in the Centene Corporate Health Equity Learning Circles that provides an opportunity to engage diverse perspectives with our health plan partners across the nation. The CLAS Learning Circle is based on the series “UNNATURAL CAUSES: Is Inequality Making Us Sick?” presented by the Corporation for Public Broadcasting. The associated curriculum developed for the original series was modified to enhance the impact and opportunities within the managed care model and provides employees engage in collaborative learning and discussion while identifying and tackling CLAS related issues impacting the member population. The Health Equity Learning Circle comprises an innovative curriculum that examines the root causes of health inequities through a series of film screenings and dialogue sessions, with the opportunity to culminate in a community health equity initiative. Participating staff explore beliefs around health inequities and establish a common ground for action.

Domain: Governance, Leadership, and Workforce	
Evaluation Requirement: The health plan annually identifies and evaluates opportunities to improve diversity, equity, inclusion or cultural humility for staff, leadership, committees, and governance bodies, where applicable.	
Objective:	By 12/2024, conduct an employee survey and assess staff feedback on and satisfaction with the organization’s promotion of diversity, equity, inclusion and cultural humility and identify opportunities, if applicable.

Evaluation Requirement: The health plan provides all employees, regardless of position within the organization, with training and educational opportunities at least annually on diversity, equity, inclusion, recognizing and reducing the effects of bias, and cultural humility and evaluates completion rates.	
Objective:	By 12/2024, 90% of health plan staff will complete cultural humility training and results presented at the Health Equity & Diversity Committee Meeting.

- Educate and train governance, leadership, and workforce - Peach State Health Plan ensures that our mission to promote cultural competency and reduce health disparities is central in every department across our health plan. 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. Peach State Health Plan 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 via online newsletter articles. The services offered to contracted providers are intended to:
 - » Promote cultural responsiveness and awareness.
 - » Support access to and coordination of language services such as interpreters and translation services.
 - » Offer tips for effective communication using interpreters.

Providers may request cultural competency training tailored to the needs of their practice. Customized training may include specific strategies to address the cultural barriers to health care prevalent in the service area. Peach State Health Plan may provide the training in person, as a webinar, or in computer-based training modules

Communication and Language Assistance

To ensure that health plan provides equitable care and effective communications to all members and caregivers, language assistance will be provided through use of competent interpreters, contracted to provide interpretation

or translation services, or technology and telephonic interpretation services. All work force members are provided notice of the CC.MBRS.16 policy and associated procedures to govern direct contact with people who are Limited English Proficient (LEP), deaf, deaf-blind, or hard of hearing. All staff who may have contact with members in need of such services are trained in effective communication techniques, including the effective use of an interpreter. The health plan conducts regular reviews of the language access needs of the member population.

Language Assistance: Access and Availability (Standard 5):

The CLAS Program and CC.QI.CLAS.29 policy addresses the provision of language access services with guidance to departments that interact with members and providers to ensure a continuum of language services to members and/or caregivers who are LEP, are deaf, deaf-blind, hard of hearing, and/or those who requests language services. Language Services include:

- **Over-the-phone (OPI):** interpretation that occurs over the telephone.
- **On-site Interpretation**, otherwise known as in-person or face-to-face interpreting, when a language interpreter is scheduled to meet a member at a defined location.
- **Video Remote Interpretation (VRI):** available to mitigate communication barriers to individuals who are deaf, deafblind, and hard of hearing. All attempts will be made to secure an on-site sign language; however, it is recommended that the VRI device be introduced into the communication process as soon as possible in the case that on-site interpreter cannot be secured.
- **TTY/TDD (toll-free number) capability.** TTY is presently the preferred term for this technology.
- **Written Translation:** transposition of a text from one language to another.
- **Alternate Format:** materials as an alternative to traditional print: audio, Braille, large print, and machine-readable electronic formats.

Member facing staff are trained to receive and effectively access language services requested or required by members at the point of contact with the health plan. OPI services are available on-demand in more than 150 languages and accessed by the health plan at the point-of-contact to ensure that members with LEP have access to plan benefit information. Additionally, Member facing staff are trained on the use of the 711 relay to communicate with members who are deaf and hard of hearing. Members who are deaf and/or hard of hearing will be able to contact the call center using 711 relay operations. Member communications from Peach State Health Plan must clearly identify the toll-free number for members who are deaf and/or hard of hearing to provide to the 711-relay operator to reach the call center.

Language Access Services are available at no cost, at all points of contact where a covered benefit or service is accessed. The Language Access Service modality (i.e., OPI, VRI, etc.) requested and/or required for practitioner interactions is evaluated at the point-of-contact with the health plan staff and scheduled on the members behalf through the network of nationally known interpretation vendors (i.e., Voiance, Language Service Associates, etc.) and/or local resources. Additionally, the health plan supplements cultural and linguistic services by contracting with community organizations including tribal organizations to meet the full range of cultural and linguistic needs of members. Contractors and subcontractors are responsible for implementing language services and cultural humility programs as aligned with regulations. The health plan incorporates this requirement through contracting and/or the submission of reports demonstrating compliance.

Access and Availability: Spoken and Sign Language Services (Standard 7):

Peach State Health Plan 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). The health plan ensures the use of

competent spoken language and sign language interpreters to facilitate communication accurately and effectively with people who are LEP, deaf, deaf-blind, hard of hearing and hearing impaired. Quality standards for contracted interpreter services are documented in detail in contracts with individual language services vendors.

Bilingual workforce at the health plan may be used for interpreting if the staff member has been assessed for language proficiency and completed the requisite education and training programs in effective communication techniques. Bilingual workforce at the health plan engaging in direct communication with LEP individuals are assessed for language proficiency through bilingual assessments in target languages and can perform their responsibilities either in English or in another language. Evaluation and documentation are maintained in the employee profile with the organization's Human Resource system.

Practitioners and offices who provide bilingual services are 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 the health plan, in compliance with the federal CLAS standards and Company policy.

Access and Availability: Written Translation Services (Standard 8)

The health plan provides easy-to-read, culturally sensitive materials in English and threshold languages. Materials are written in plain language at, or below maximum reading grade level defined by the state of Georgia 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 also required to maintain the reading level of the English version in their translations.

The health plan provides required translated materials in threshold/prevalent languages in accordance with state and federal requirements for mailed materials and materials available electronically. At a minimum, these materials are provided upon request by the member. Written translations are available as required by contract or regulation and ensures that all non-English translations and alternate formats meet the standards of quality required by law, regulatory agency, contract, or oversight agency. The organization uses contracted vendors for all non-English translations and braille. Translation vendors provide an attestation of quality for all materials and adhere to agreed-upon standards for timeliness in producing translations, as documented in contracts.

Notification of Language Access Services (Standard 6)

Member Notification: Communication and dissemination of the health plan's availability of language assistance services is critical to ensure members with limited English proficiency, are deaf, and/or hard of hearing can meaningfully access program services. The health plan works to ensure that members are informed on how to access language services at all points of contact (member services, claims, utilization management, disease management, care management, and/or grievances and appeals).

The organization disseminates notice of Language Access Services using Taglines on printed and electronic materials. Taglines are designed to inform individuals with limited English proficiency about the availability of language assistance services. For example, a tagline written in Spanish might say: "If you speak Spanish, language assistance services are available free of charge. Call 1-800-704-1484 for assistance." Members also receive written materials informing them of the availability of language services in threshold languages. Threshold languages are all languages other than English spoken by 5 percent of the population or by 1,000 individuals, whichever is less. Threshold languages are evaluated at least every three years using census or community-level data.

The notification of language assistance must be provided annually 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 1 percent threshold, or other threshold outlined in federal law, state law, or contractual obligations of Peach State Health Plan, certain materials may be required to be provided in a threshold language to individuals with a documented preference for the threshold language.

Written communications (i.e., Member Handbook, Newsletters, etc.) provide notice of Language Access Services available and written in plain language. 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, the health plan’s website also contains these materials on both its public and secure member portals. Provider and practice language capabilities are published in provider directory (see policy CC.PRVR.19).

Practitioner Notification: Communication and dissemination of the health plan’s availability of language assistance services to practitioners is critical to ensure members with limited English proficiency, are deaf, and/or hard of hearing can meaningfully access program services. To facilitate language access services, information about the language patterns of the community or service area are provided and individual member level data is available through the Provider Portal to prepare the practitioner for interaction and educates contracted practitioners on how members can get access to no-cost interpreter services and oral translation services.

The organization disseminates information and resources on Language Access Services to Practitioners to assist in the provision of services. Practitioners receive information on the availability of language assistance services contracted through the health plan, language composition of the service area and/or state, and how to access services. Information is disseminated through the Provider Manual, Provider Portal, and online provider newsletter. Additionally, materials and resources are available for practitioners to deploy at their locations to educate members about language services. Resource and materials include:

- **I speak Cards:** these cards are cards to help identify what language an individual speaks, and to identify what language an interpreter will need to speak to communicate effectively with that individual. “I speak” cards are also called language identification cards and contain the text “I speak” in a variety of languages. They are intended to help an individual point to a language they understand.
- Practitioners are offered training on the provision of language services
- Practitioners are offered cultural humility training demonstrating the impact that culture and language has on health care outcomes and patient decisions.

Domain: Communication and Language Assistance	
Evaluation Requirement: On an annual basis, the health plan collects the language characteristics of our member population to gain a greater understanding of the demographic characteristics and identify any emerging needs. Evaluation includes preferred languages identified in the member demographics profile and language services requests.	
Objective:	On an annual basis, the health plan collects the language characteristics of our member population to gain a greater understanding of the demographic characteristics and identify any emerging needs. Evaluation includes preferred languages identified in the member demographics profile and language services requests.

Objective:	By 12/2024, health plan will report and disclose language needs findings to members, providers, and practitioners in network to improve language service offering
Evaluation Requirement: On an annual basis, the health plan evaluates state-level census data to determine the languages spoken in its service area and determine threshold languages for translation. The language assessment identifies languages spoken by 1 percent of the population or 200 individuals, whichever is less, up to a maximum of 15 languages to ensure the health plan provides a Notification of Language services (e.g., taglines) in the identified threshold languages.	
Objective:	By 12/2024, health plan will assess member demographic data for REL from public data such as the American Community Survey or the MLA Language Map Data Center, or other data source
Objective:	By 12/2024, health plan will conduct a threshold languages analysis of the 1%, 5%, and Top 15 non-English languages spoken in the community to identify any emerging trends within the community
Objective:	By 12/2024, notification of language assistance in the HHS Office of Civil Rights list of Top 15 languages will be provided to all members per section 1557 of the Patient Protection and Affordable Care Act
Evaluation Requirement: On an annual basis, the health plan evaluates member/enrollee grievances related to the delivery of language access services.	
Objective:	By 12/2024, health plan will have a documented process for collecting qualitative and/or quantitative data related to member experiences with language access services
Objective:	By 12/2024, health plan will monitor and evaluate grievance data to identify any emerging trends, annually.
Evaluation Requirement: On an annual basis, the health plan evaluates the provision of language services to assess utilization of languages services for organizational functions, individual experiences with language services for organizational functions, staff experiences with obtaining and utilizing language services, and individual experience with language services during health care encounters.	

Practitioner Network Cultural Responsiveness

Recognizing that a strong relationship between the individual/caregiver, physician, and care team enhances care coordination and is the key to improving the health and care experience for our members, we evaluate our practitioner network annually against the cultural, ethnic, racial, and linguistic needs and/or preferences of our member population.

To support this effort, demographic data is collected from practitioners and practice. Race, ethnicity, and language proficiency is obtained through the credentialing and enrollment process as outlined in the CC.PRVR.47 policy. Self-reported, practitioner demographic information is available upon request for member access preferences. Through data, we can expose and analyze deficiencies in our practitioner network and adjust the network as appropriate. The annual report describes our assessment, methodology, monitoring, results, and analysis for each data source, and actions initiated to improve the network adequacy. The health plan is committed to ensuring that its policies and infrastructure are attuned to the diverse needs of all members, thereby taking active steps to reduce known healthcare disparities that stem from cultural and linguistic issues.

Education and Development (Standard 4)

The health plan supports contracted practitioners 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 via online newsletter articles. The services offered to contracted providers are intended to:

- Promote cultural responsiveness and awareness.
- Support access to and coordination of language services (i.e., interpretation and translation)
- Offer tips for effective communication using interpreters.

Providers may request cultural competency training tailored to the needs of their practice. Customized training may include specific strategies to address the cultural barriers to health care prevalent in the service area. The health plan may provide the training in person, as a webinar, or in computer-based training modules. Providers are also encouraged to take the online cultural competency trainings offered by the Office of Minority Health on its website. These training modules encourage providers to focus on local population cultural needs 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 manual. Providers may also call the health plan's toll-free Provider Relations number with any questions about cultural or linguistic issues they may have.

Domain: Governance, Leadership, and Workforce	
Evaluation Requirement: To ensure the health plan supports health equity goals and takes actions toward reducing bias and improving diversity, equity, and inclusion, the practitioner network is annually evaluated to ensure the availability of primary care, behavioral healthcare, and specialty care practitioners meet the cultural, ethnic, racial, and linguistic needs of our diverse member population.	
Evaluation Requirement: On an annual basis, the health plan collects information about languages in which a practitioner is fluent when communicating about medical care, language services available through the practitioner practice, and collects practitioner race/ethnicity data.	
Objective:	By 12/2024, complete an assessment or survey of all non-English languages spoken by practitioners from self-reported data or enrollment applications to calculate concordance with member needs. Goal is full concordance.
Objective:	By 12/2024, complete an assessment or survey of language services available through the practitioner practice from self-reported data or enrollment applications to assess the network's language capacity. Goal is the language services available meet membership's reported preferred language.
Objective:	By 12/2024, complete an assessment or survey of practitioner race and ethnicity from self-reported data or enrollment applications to calculate concordance with member needs. Goal is full concordance.
Evaluation Requirement: On an annual basis, the health plan analyzes the capacity of its network to meet the language needs of members, provide culturally appropriate care, identify and prioritize opportunities, and implements interventions to address gaps, if applicable.	
Objective:	By 12/2024, increase participation in cultural sensitivity/humility training of Peach State Health Plan's network practitioners by 10%

Data and Infrastructure

The health plan has the technology infrastructure and data analytics capabilities to support goals for cultural competency and linguistic assistance services. Health plan'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 CLAS activities. The IT infrastructure integrates REL 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.

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 retrieve data from internal, subcontractor, and external sources for effective use through a suite of data informatics and reporting solutions.

Demographic Data (Standard 11)

Self-identification of member demographic data is the gold standard and is always preferred to indirect imputation methods. Direct methods of data collection include methods for which a member, or a parent, guardian or caregiver on behalf of a member, self-reports race, ethnicity, preferred language, alternate format through survey or enrollment data. Direct member demographic data is initially collected and maintained from third-party sources for Medicaid and Marketplace lines of business (e.g., state or local agencies, CMS enrollment data, health information exchange (HIE), electronic health records (EHR) data) to capture race, ethnicity, and preferred language.

Post enrollment, the health plan employs additional direct collection methods to enhance member demographic data at various points of interaction. When a member engages with member services, staff are provided a script and trained to review contact information, as well as race/ethnicity, and language at each point of contact. Members can self-report gender identity to member services and staff will notate their file in the appropriate remarks/notes section within Omni.

- **Member Services:** Member race, ethnicity, and preferred language collection and updates are completed through the Centene Corporate, Member Services call center system. When a member contacts Member Services, and a member's demographics are not populated, a customer service representatives requests (directly or through an interpreter) language, race, and ethnicity information. The customer service representative utilizes a standard script to communicate intent:

"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 information, the customer service representative 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."

If the member has previously provided the information, Opted Out during enrollment, or the member has declined to answer, the member record is coded as "Declined to State" in REL fields and they will no longer be asked for REL preference.

Direct data collection for race/ethnicity are mapped according to U.S. Office of Management and Budget (OMB) guidelines. OMB requires that race data be collected for a minimum of five groups: American Indian or Alaska Native, Asian, Black/African American, Caucasian/White, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category – Some Other Race. In alignment with the OMB, the health plan defines ethnicity within two minimum categories, Hispanic or Latino and Not Hispanic or Latino, and considers race and Hispanic origin to be two separate and distinct concepts. If direct race/ethnicity data is not available for a minimum of 80% of the member population, the health plan utilizes indirect data sources that have been evaluated for reliability and validity for the population to which it will be applied (e.g., age group, geography, product line).

Indirect race/ethnicity estimations and local data sources aid in creating a demographic profile when member reported data is not sufficient. Peach State Health Plan 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. Indirect data are also mapped according to U.S. Office of Management and Budget (OMB) guidelines.

Data Stratification and Analysis (Standard 11, 12)

Annually, the health plan uses a reporting and analytics platform to stratify the entire enrolled membership into meaningful subsets. The annual assessment drives the Population Health planning and strategy and uses the information to evaluate current programs and services for impact and the development new interventions and programs to meet needs of our members based on their clinical and sociodemographic factors. IT systems and informatics tools support advanced assessment and improvement of culturally and linguistically appropriate 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 retrieve data from internal, subcontractor, and external sources and for effective use through a suite of data informatics and reporting solutions.

The Health Plan and its parent company, Centene, is committed to 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 to identify disparities.

Engagement, Continuous Improvement, and Accountability to Improve Health Equity

The health plan is committed to the provision of a well-designed and well-implemented CLAS Program. The health plan's culture, systems, and processes are structured around the purpose and mission to improve the health of all enrolled members which includes a focus on health outcomes as well as healthcare process measures, and member and provider experience.

The CLAS Program is embedded with the Quality Program and utilizes a systematic approach using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all members. Whenever possible, the health plan's Quality Program supports processes and activities designed to achieve demonstrable and sustainable improvement in the health status of its members. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services by addressing both medical and non-medical drivers of health and promoting health equity.

The health plan conducts a comprehensive Population Health and Disparity Assessment to identify the needs of our members. By assessing the characteristics and needs of the entire member population we can better understand, appropriately segment, and address the needs of our member populations.

Annually, the health plan uses Centene’s reporting and analytics platform to stratify the entire enrolled membership into meaningful subsets. The annual assessment drives the PHM planning and strategy and uses the information to evaluate current PHM programs and services for impact and the development of new interventions and programs to meet the needs of our members based on their clinical and sociodemographic factors. Data for the annual assessment is supplied through analytic and reporting applications.

Analysis of the data is reviewed by the quality improvement and population health departments and is used to determine if changes are required to PHM programs, activities, or resources to evaluate the extent to which the programs facilitate access and connection to community resources that address member needs outside the scope of health plan benefits to reduce disparities. Through the NEST Model’s predictive analytics, the health plan develops partnerships and programs to support members.

A review of community resources for integration into program offerings to support member needs is completed to facilitate access and connection as additional support to the membership. Updating activities or resources to address health care disparities will be conducted and modifications to the PHM strategy, program design and resources are made based on these findings (Standard 12).

Domain: Data and Infrastructure	
Evaluation Requirement: On an annual basis, the health plan evaluates the percentage of direct data on member race/ethnicity to identify opportunities to improve collection. If direct race/ethnicity data is not available for ≥ 80% of the member population, the health plan utilizes indirect data sources that have been evaluated for reliability and validity for the population to which it will be applied (e.g., age group, geography, product line).	
Evaluation Requirement: Annually evaluates the collection of direct member race and ethnicity data to identify opportunities to improve collection, if not meeting a threshold of 80 percent.	
Objective:	By 12/2024, conduct an employee survey and assess staff feedback on and satisfaction with the organization’s promotion of diversity, equity, inclusion and cultural humility and identify opportunities, if applicable.

Commitment to Health Equity

Centene is committed to Health Equity through focusing clinical, network, and operational processes and resources towards improving the health of its diverse population. As such, the health plan 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. Core components of our health equity approach include:

- Enhance and sustain organizational structure for promoting health equity including training and advocacy on cultural sensitivity, promoting diversity in recruiting and hiring, enhancing the demographic data collection, internal and external governance structure, and incorporation of our health equity improvement model across the organization.
- Empowering members and their caregivers in their health care choices through plain language and language services innovation
- Deliberately addressing health inequities through a data-driven 4 step approach including analysis of inequities, identification of health equity opportunities in HEDIS, obtaining stakeholder (member driven) feedback and partnership and implementing strategies across member, provider, and community systems

- Improving understanding and sensitivity to cultural diversity among staff and network providers
- Improving health outcomes by instilling cultural sensitivity into all parts of the organization, such as member services, network development, population health, utilization and care management, and quality improvement.
- Monitors all grievances and aggregates by type and category to identify the underlying reason for member grievances, including perceptions of ethnic, racial, cultural, or linguistic bias in access and deficiencies in organizational processes were interpreted to identify barriers to improvement and/or impacting our ability to achieve our member experience goals. To facilitate the analysis and aggregation of data, perceptions of ethnic, racial, cultural, or linguistic bias are grouped into two primary CLAS sub-categories of cultural needs and discrimination. (Standard 14).

Governance Approval

To fulfill its responsibility to members, providers, the community and regulatory and accreditation agencies, the health plan has adopted the following Health Equity & Diversity Program Description and work plan. The program description and work plan are reviewed and approved at least annually by the Quality Improvement Committee and the Peach State Health Plan Board of Directors. The primary objective of the HE&D Program is to establish an equitable, culturally, and linguistically appropriate program for our diverse population.

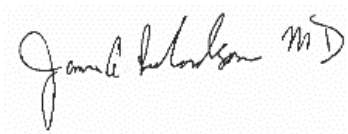
Approvals	
Oversight Body	Approval Date
Health Equity & Diversity Committee	
Quality Improvement/Oversight Committee	
Board of Directors	
Chief Medical Officer	

Acknowledgement and Approval Signatures

Members and providers may obtain paper copies of the HE&D Program documents by calling Member Services and practitioners may obtain paper copies by contacting their Provider Services Representatives. Further, input from members, providers, community partners, Plan staff and other stakeholders are obtained and used when developing the Plan.

This Health Equity & Diversity Plan serves as the blueprint to assist Peach State Health Plan in its ongoing efforts to provide culturally competent, ethnically fitting and linguistically appropriate awareness, services and tools. Incorporating HE&D with accountability throughout the organization’s planning and operations, supports business operations in providing equitable, understandable, and respectful quality and safe member care. This HE&D Plan further demonstrates Peach States’ commitment to meeting needs of the Plan’s members, providers, associates and communities serviced by the Plan.

The annual 2023 Health Equity & Diversity Program Plan has been reviewed and approved by the Quality Oversight Committee and will be presented to the Peach State Health Plan Board of Directors.



James Richardson, MD	Date Signed
Chief Medical Director, Peach State Health Plan	

Principle CLAS Standards and Themes

The CLAS 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.

Theme One – Governance, Leadership and Workforce

Standard 1 – Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

Standard 2 – Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

Standard 3 – Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Theme Two – Communication and Language Assistance

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.

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

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.

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

Theme Three – Engagement, Continuous Improvement and Accountability

Standard 9 – Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

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.

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.

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.

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

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

Standard 15 – Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the public