



**Aetna Better Health of Kansas**  
*An Aetna Company*

**2019**  
**Cultural Competency Plan**

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## INTRODUCTION

Aetna Better Health of Kansas ensures culturally competent care and services by placing every member at the center of everything we do. We are committed to understanding and honoring every member's cultural and language preferences by advancing cultural competency. Therefore, Aetna Better Health of Kansas has established this Cultural Competency Plan (CCP) to outline the processes used to develop and maintain culturally competent staff, members, and provider network. This comprehensive plan includes strategies designed to assist our staff, providers and subcontractors with integrating cultural and linguistic competence and health literacy into every aspect of our organization. This CCP is a conceptual framework for cultural competence that pertains to all members, employees and providers within our health care delivery system.

Our CCP focuses on effective and equitable care and services by respecting and honoring each member's cultural health beliefs, practices, preferred language, special needs and socioeconomic background. We believe that cultural competency is part of the fabric of our organization and should infuse every aspect of member interaction and local, community based care delivery.

### What is Cultural Competency?

Aetna Better Health of Kansas regards cultural competency as a *process* in which we strive for the ability to effectively and respectfully bridge differences between one's own culture and the culture of others. Cultural competency refers to the practices and behaviors that ensure that all members receive high-quality, effective care, irrespective of cultural background, language proficiency, socioeconomic status, and other factors that may be informed by a member's characteristics.<sup>1</sup> In this way, members feel like they have been understood and that their beliefs, values, and behaviors are considered.

A plan for the process of cultural competency enables us to effectively function as an organization. It impacts our relationships with one another, our members, our community and our provider network. Furthermore, cultural competency is critical to reduce health care disparities. Addressing member health concerns without an understanding of cultural differences can hinder relationships and progress toward optimal health outcomes. Health care services that are respectful of and responsible to the health beliefs, practices and cultural and linguistic needs of diverse members can help improve health outcomes.

### Cultural Competency – the Path to Health Equity

The health-related choices and behaviors of our members depend on the opportunities they have. These opportunities are not the same for everyone. Health disparities occur when some groups of members have different access to opportunities and resources over their lifetime and across generations.<sup>2</sup> Eliminating disparities and moving toward health equity require “valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, and historical and contemporary injustices.”<sup>3</sup>

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<sup>1</sup> Aetna Better Health of Kansas Contract 5.5.4.A.1.a

<sup>2</sup> Robert Wood Johnson Foundation, 2018. 2018 County Health Rankings Report.

<sup>3</sup> Department of Health and Human Services. Office of Minority Health, National Stakeholder Strategy for Achieving Health Equity, [https://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS\\_05\\_Section1.pdf](https://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_05_Section1.pdf)

Aetna Better Health of Kansas is aware of the changing racial and ethnic composition of populations in the state and that all population growth in Kansas between 2000 and 2016 was driven by non-whites. At the same time, the non-Hispanic white population decreased from 84% in 2000 to 77.5% in 2016.<sup>4</sup>

Based on available public data, we are aware of the following demographic characteristics of the nonelderly Medicaid enrollees by race/ethnicity in Kansas statewide:

Race/Ethnicity, 2016<sup>5</sup>

- White: 59% / 218,900
- Black: 9% / 32,200
- Hispanic: 19% / 69,800

Further, we are aware of the persistence of many racial/ethnic health disparities in Kansas that may serve as a basis for assessing the needs of communities across the state. Achieving health equity requires an understanding of the local market and community. For example, according to the Kansas Health Assessment and Improvement Plan<sup>6</sup>:

- Kansas Native Americans die sooner than others from diabetes and report higher rates of risk behaviors related to injury and death
- Kansas African Americans have a higher infant mortality rate, die sooner than others from cancer, stroke and diabetes, and die more often from homicide.
- Kansas Asians and Pacific Islanders may be reluctant to submit to certain health screening tests and are, therefore, at risk for late detection of some diseases.
- Kansas Hispanics have the lowest rate of seeking early prenatal care and have the lowest educational attainment rates, a known predictor for poor health outcomes later in life.
- Kansas African Americans, American Indians/Alaska Natives and Hispanics 18 years old and older are more likely to have diabetes compared to white Kansans.
- Kansas African Americans are more likely to die from stroke compared to white Kansans.
- Kansans of color are more likely to live in poverty compared to white Kansans.

Such an understanding of disparities in Kansas allows us to better tailor and respond with appropriate programs, resources, activities, and training. Our health equity activities are aimed at identifying and addressing risks and needs that result from barriers to healthy living, healthy communities, and access to services. Our collective focus on delivering culturally competent services will enable us to reduce disparities and move toward health equity.

Aetna Better Health of Kansas addresses health equity and cultural competency with approaches that include the following:

- Identifying and prioritizing health disparities that exist among Kansan member populations
- Assessing the contributing factors impacting these disparities
- Mitigating disparities with targeted initiatives with measurable outcomes
- Fostering a culture of social awareness, values, cultural sensitivity and customer service that supports our members, regardless of diverse cultural backgrounds

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<sup>4</sup> Kansas Health Institute, 2018 <https://kansashealth.org/wp-content/uploads/2018/06/KHF-KHI-Demographic-Report-060518.pdf>

<sup>5</sup> Kaiser Family Foundation estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social and Economic Supplements), 2014-2017.

<sup>6</sup> <http://www.healthykansans2020.com/KHAIP.shtml>

- Recruiting and retaining a culturally sensitive workforce to support the needs of our members
- Developing and delivering cultural competency training
- Ensuring our care management assessment and plans of care reflect a member driven approach and support the member’s cultural values and sensitivities
- Ensuring our network meets the cultural needs of our membership
- Providing language assistance services to all members with limited-English proficiency and/or impaired hearing at no cost to the member, practitioner, or provider
- Ensuring member materials are easily understandable at or below a 5.9 grade reading level and translations in the most prevalent non-English languages are available upon request
- Developing collaborative relationships within communities to help us understand and address the health beliefs and needs of diverse racial/ethnic and cultural populations
- Identifying opportunities to implement culturally sensitive initiatives that address health and health care disparities under the leadership of the Health Equity Strategy Director
- Conducting regular population assessments of the membership to identify unique needs of vulnerable groups which may require the enhancement or development of targeted initiatives to maximize improved outcomes

### **Cultural Competency Plan & Planning Process<sup>7</sup>**

Aetna Better Health of Kansas employs a full-time Health Equity Strategy Director, reporting to the Chief Medical Officer (CMO), who is responsible for the promotion of our health literacy, health education and cultural competency efforts. This director works closely with other business units to ensure member-centric service delivery.<sup>8</sup>

The Health Equity Strategy Director creates, implements and maintains the CCP to and leads the Cultural/Health Equity Task Force in quarterly review of the CCP to ensure that each business area is held accountable for cultural engagement processes and activities and identify evolving opportunities for improvement.<sup>9</sup>

We adhere to our Cultural Competency Program Policy that reflects how we value honoring member’s cultural beliefs, a sensitivity to cultural diversity, and the fostering in staff and providers’ attitudes and interpersonal communication styles which are respectful of the diverse cultural backgrounds of our members. Our CCP is an essential component of this policy.<sup>10</sup>

Under the direction of the Health Equity Strategy Director, the CCP planning process ensures engagement of department leaders, alignment with CLAS standards, and compliance with the CCP. Each Aetna Better Health of Kansas employee is responsible to comply with the CCP requirements including cultural competency training compliance requirements.

This planning process includes the CMO, senior leadership, and executive management from each Aetna Better Health of Kansas functional area, in collaboration with Aetna Medicaid Learning & Performance. This team is responsible for the development, implementation, monitoring, and annual revisions of the cultural competency program and plan. The Health Equity Strategy Director is responsible for ensuring that the CCP is posted on Aetna’s public website<sup>11</sup> and submitted to the state initially 90 days post

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<sup>7</sup> Aetna Better Health of Kansas Contract 5.5.4.B.4

<sup>8</sup> Aetna Better Health of Kansas Contract 5.17.2.C.12

<sup>9</sup> Aetna Better Health of Kansas Contract 5.5.4.B.4

<sup>10</sup> Aetna Better Health of Kansas Contract 5.5.4.A.4

<sup>11</sup> Aetna Better Health of Kansas Contract 5.10.4.D.10

award date and annually thereafter.<sup>12</sup> Member Advocates are responsible for investigating and resolving any identified access and cultural sensitivity issues.<sup>13</sup>

Based on federally-provided information, we are aware of the following top fifteen languages spoken by Kansans with limited English proficiency statewide<sup>14</sup>:

Rank/Language	Estim.	Rank/Language	Estim.	Rank/Language	Estim.
1. Spanish	83,374	6. Laotian	1,998	11. Japanese	777
2. Vietnamese	7,435	7. Arabic	1,647	12. Russian	748
3. Chinese	5,876	8. Tagalog	1,223	13. Hmong	590
4. German	2,202	9. Burmese	830	14. Persian (Farsi)	549
5. Korean	2,022	10. French	786	15. Swahili	525

Aetna Better Health of Kansas ensures the competence of individuals providing language assistance through contracting with a certified translation vendor. As a prior condition before contract execution, we evaluate the service level, vendor staff qualifications, and prior vendor performance to assess the ability of the vendor to meet the needs of our members. We do not promote the use of untrained individuals or family members who are minors, to provide interpretation for a member who cannot communicate in English.

It is a national Aetna Medicaid policy to implement and maintain a comprehensive Cultural and Linguistic Services Program (CLSP) intended to provide understanding of and improved access to readily accessible, high quality health care translation and interpretation services for the diverse membership of Aetna Better Health of Kansas. For additional detail of the CLSP, please see the Cultural and Linguistic Services Program in the appendix.

## DELIVERY OF CULTURALLY COMPETENT CARE AND SERVICES

To best serve our diverse members, providers, and their communities in Kansas, we use the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as the framework for developing and implementing the policies, procedures, and practices that govern our delivery of culturally competent care and services across all departments. We will strive to meet all 15 standards, and have developed this Cultural Competency Plan (CCP) to address each of the fourteen standards in support of the first, the “Principle Standard.” These 15 standards are organized by themes as follows:

- Principle Standard (Standard 1)
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement and Accountability (Standards 9-15)

<sup>12</sup> Aetna Better Health of Kansas Contract 5.5.4.B

<sup>13</sup> Aetna Better Health of Kansas Contract 5.17.2.C.27.b

<sup>14</sup> U.S. DHHS OCR (2016). Resource for Entities Covered by Section 1557 of the Affordable Care Act Estimates of at Least the Top 15 Languages Spoken by Individuals with Limited English Proficiency for the 50 States, the District of Columbia, and the U.S. Territories.

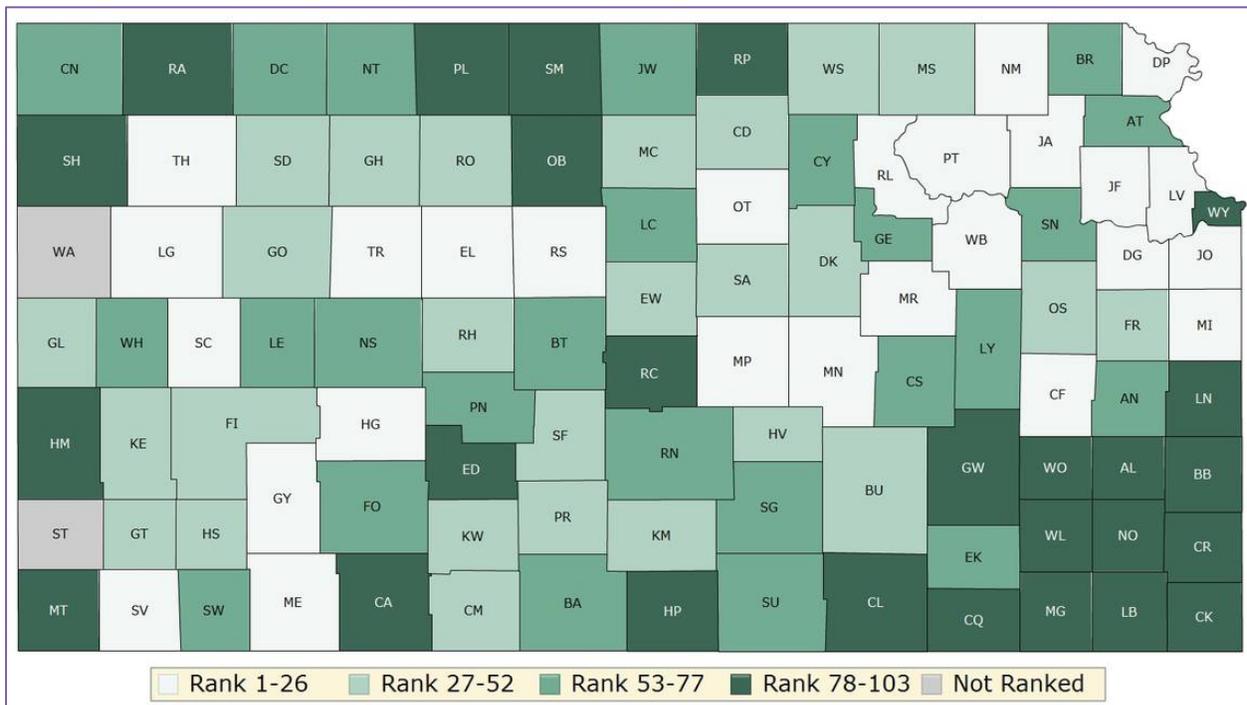
The standards are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, vulnerable and traditionally underserved population groups, including those who live in rural or remote areas that may experience unequal access to health services.

### Assessing and Addressing Group Needs

Aetna Better Health realizes that a critical element to providing quality service involves 1) ensuring that all populations, depending on their need, receive the appropriate level of service<sup>15</sup>, and 2) developing and maintaining appropriate services that address differentiating population characteristics, demographic composition, and other factors that may drive identified gaps in our membership. At a minimum, we will analyze and review the following:

- Geography
- Gender
- Race/Ethnicity
- Age
- Language
- Education (where data is available)

Publicly available data, such as that shown below, are useful to understanding how health is influence by geographic location and represent a starting point for identifying and prioritizing the delivering relevant culturally competent care and services.



Overall rankings in health outcomes, 2018.<sup>16</sup>

<sup>15</sup> Aetna Better Health of Kansas Contract 5.4.1.B.10

<sup>16</sup> Robert Wood Johnson Foundation, County Health Rankings & Roadmaps, 2018.

Aetna Better Health of Kansas will analyze data about member cultural, ethnic, racial and linguistic needs and preferences at least every other year to determine whether the current services and provider network are addressing these needs.

Member cultural, ethnic, racial and linguistic needs and preferences will be assessed through:

- Integrated Service Coordination member needs assessment
- CAHPS survey results on respondent race and ethnicity
- Data on member linguistic needs based on customer service language translation requests
- Analysis of member complaints for member expression of needs regarding providers meeting their ethnic, racial, cultural or linguistic concerns

Approximately 28% of Kansans live in non-urban communities and recent shifts to these areas are driven by non-Whites.<sup>17</sup> We are helping the Kansas population living in either more populated or rural and underserved areas receive high quality care in a manner that honors their cultural diversity. For example, telemedicine technologies that adhere to our established cultural competence plan is critical to fulfill this commitment.

## **IMPROVING AND SUSTAINING POSITIVE HEALTH OUTCOMES BY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND INDEPENDENCE**

Health disparities are rooted in the social, economic, and environmental circumstances in which people live, and achieving health equity will require addressing these social and environmental determinants among other factors.<sup>18</sup> The health-related choices our members *make* are based on the choices they *have*. Aetna Better Health of Kansas is committed to help our members achieve healthier, more independent lives by looking beyond the clinical care settings and including the provision of services and supports to help address Social Determinants of Health and Independence (SDOH/I).

With a community-focused personalized health approach, we start with collecting data about our members in order to focus on those populations experiencing the greatest disparities. Aetna Better Health of Kansas will assess information about the age, race, ethnicity, sex, primary language, and disability statuses for each member based on data received from the state-transmitted 834 Eligibility and Enrollment file.

We analyze the social determinants of health and independence conditions of our members to identify opportunities to assist with needs related to accessing affordable housing, food security, employment, and others to increase independence and stability, and improve health outcomes. We then work with community-based organizations to provide locally tailored solutions that integrate community initiatives and the health care delivery system.<sup>19</sup>

Publicly available data provides an awareness of SDOH/I opportunities to help lift communities in Kansas. For example, food benefit participation rates in Kansas statewide are as follows:

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<sup>17</sup> Kansas Health Institute, 2018

<sup>18</sup> 2018 KanCare Quality Management Strategy (May 21, 2018 Draft)

<sup>19</sup> Aetna Better Health of Kansas 2.5

SNAP, 2015<sup>20</sup>

- 71% (of those eligible, 71% were actually enrolled)

WIC, 2015<sup>21</sup>

- Infants: 69%
- 1 year old: 61%
- 2 year old: 37%
- 3 year old: 37%
- 4 year old: 27%
- Pregnant women: 43%
- Postpartum women: 57%

Adult Produce Non-Consumption, 2011-2015<sup>22</sup>

- Non-Hispanic White: 86.6%
- African American: 87.4%
- Hispanic: 84.0%

Based on such data, we may work with community-based organizations to determine whether food security is a priority focus area and if so, develop or leverage locally relevant initiatives to enhance food security and the consumption of fruits and vegetables.

We use our CareUnify<sup>SM</sup> population health platform to store and share personalized member-centered plans, create awareness of emergency department visits and inpatient admissions discharges and transfers, and to support care transitions for providers in value based arrangements. In addition the resource is available for viewing and utilization by our service coordination team.<sup>23</sup>

Social Determinants of Health/Independence (SDOH/I) information is used to guide Plan of Service development. Service coordination staff and community health workers may capture within the care management documentation system SDOH/I data elements from the following (6) categories as defined by Healthy People 2020:

- Demographics
- Economic Stability
- Education
- Health and Health Care
- Neighborhood and Built Environment
- Social and Community Context

Evaluation of the SDOH/I is an ongoing relational process to ensure all members have equal access to benefits and services in a way that acknowledges their values/ preferences and overcomes social, cultural and geographical barriers. To that end, we have included questions in our assessments that are intended to elicit cultural beliefs so that the service coordinator can begin to understand how these are impacting the member's health and how they can coordinate the care and services that will meet the member's cultural needs. Cultural competency is a part of all service coordination training and is expected to be an integral part of the mentoring of integrated service coordination staff by their

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<sup>20</sup> <https://www.fns.usda.gov/snap/reaching-those-need-estimates-state-supplemental-nutrition-assistance-program-participation-2>

<sup>21</sup> <https://fns-prod.azureedge.net/sites/default/files/ops/WICEligibles2015-Volume1.pdf>

<sup>22</sup> Kansas Health Institute, 2018

<sup>23</sup> Aetna Better Health of Kansas Contract 5.12 and 5.4

managers and clinical leaders. Members are identified and engaged in culturally aligned and appropriate projects and programs to meet their individual needs.<sup>24</sup>

### **Community Partnerships<sup>25</sup>**

The Community Outreach team creates and manages partnerships with key community organizations and actively relays information about the community and membership to all functional areas of Aetna Better Health of Kansas to improve quality of care and delivery of services in an effort to increase/sustain enrollment as well as meeting the needs of the community. The goal is to promote a mutual exchange of information, ideas and resources between community members and the health plan.

## **ASSESSING AND RESPONDING TO THE HEALTH LITERACY NEEDS OF MEMBERS<sup>26</sup>**

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand back health information and services needed to make appropriate health decisions.<sup>27</sup> Limited health literacy is associated with poor health and adverse health outcomes.

It is estimated that in Kansas, the overall rate for low health literacy is about 9%. However, Hispanic and Black Kansans have low health literacy rates of about 15% and 17%, respectively (compared to the White rate of 7%). Moreover, residents in rural areas comprised 44% of the low health literacy group.<sup>28</sup>

Culturally and linguistically appropriate interventions and programs directed at low health literacy levels are necessary to improve health literacy and the poorer outcomes associated with low health literate populations. Assessing member-level health literacy is a necessary tool for providers.

We will foster and enhance provider understanding and application of techniques to identify and adapt to members' cultural preferences and health literacy needs as an integrated component of service delivery. This may include, but not be limited to, interactive and ongoing training, dedicated staff for providers to consult as needed, a resource library of best practices and national standards, and other resources as appropriate to support the importance of cultural competency and health literacy in service delivery.<sup>29</sup>

## **GOALS FOR THE COMING YEAR<sup>30</sup>**

Aetna Better Health has set specific goals for inaugural year 2019 and intends to complete the following:

1. Assess our member population for cultural and linguistic needs
2. Identify emerging claims-based member disparities, where possible

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<sup>24</sup> Aetna Better Health of Kansas Contract 5.4.4.1.D.11 and 5.4.1.B.5 and 5.4.1.E.10

<sup>25</sup> Aetna Better Health of Kansas Contract 5.17.2.G

<sup>26</sup> Aetna Better Health of Kansas Contract 5.5.4.B.3

<sup>27</sup> Aetna Better Health of Kansas Contract 5.5.4.A.1.b

<sup>28</sup> Chesser, A.K. (2016). Identifying health literacy in Kansas using the Behavioral Risk Factor Surveillance System (BRFSS). *J Fam Med Dis Prev*, 2(2).

<sup>29</sup> Aetna Better Health of Kansas Contract 5.5.4.A.5

<sup>30</sup> Aetna Better Health of Kansas Contract 5.5.4.B.5

3. Identify and prioritize opportunities to impact at least one Social Determinant of Health and Independence
4. Collaborate with community-based organizations to launch at least one locally tailored solution that integrates community initiatives and the health care delivery system for future measurable outcomes<sup>31</sup>

## **TRAINING AND EDUCATION METHODS TO EDUCATE STAFF, PARTICIPATING PROVIDERS, AND MEMBERS ABOUT CULTURAL COMPETENCY, INCLUDING A DESCRIPTION OF THE TRAINING PROGRAMS**

### **Cultural & Linguistic Suite of Learning Opportunities<sup>32</sup>**

An integral part of the Aetna Better Health cultural competency strategy is continuous education for Aetna Better Health plan staff. We believe that in order to effectively serve our members employees must receive appropriate training, both initial and ongoing. Cultural competency training is available through a variety of learning formats:

- Online courses in the Aetna Learning Center
- Instructor Led training sessions
- Virtual training sessions
- Small group activities
- Self-study alternatives, optimizing participation in Continuing Professional as well as Personal Development

Training offered by Aetna Better Health will be designed to meet the following goals:

- To promote a consistent integrated care approach philosophy across the physical and behavioral health system
- To develop a qualified, knowledgeable, sensitive and culturally competent workforce by providing ongoing sensitivity training and culturally linguistically appropriate training to personnel
- To provide timely information regarding new initiatives and best practices that affect the delivery of integrated care services
- To improve learning module content by having subject matter experts involved in all aspects of the learning process
- To consistently track and measure the fidelity and outcomes of all training delivered by Aetna Better Health

All Aetna Better Health employees are required to complete onboarding and ongoing cultural competency training. The following required cultural competency courses as a part of the onboarding process:

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<sup>31</sup> Aetna Better Health of Kansas 5.5.4.B.2

<sup>32</sup> Aetna Better Health of Kansas 5.5.4.B.6

- Medicaid Cultural Competency 101
  - A dynamic 90 minute instructor led course that covers the following objectives:
    - Describes why cultural awareness and sensitivity are important both at the office and with members
    - Provides an understanding of different aspects of culture
    - Identifies at least five cultural impacts.
    - Defines “social determinants of health.”
    - Provides an overview of the National CLAS Standards.
    - Defines health literacy and health disparities.
    - Employees required to describe five things that can be done to embrace cultural diversity.

All Aetna Better Health employees must complete the following required cultural competency course on an annual basis:

- Medicaid Cultural Competency 101 refresher course
  - An annual customized course that discusses current events in cultural competency and health equity

Available ongoing cultural competency training for Aetna Better Health includes the following options:

- Population specific cultural competency training
  - Employees will understand the current membership profile including languages spoken and top chronic conditions of our membership and the impact on delivering culturally appropriate care
- Mental Health First Aid
  - An 8 hour training that teaches employees how to identify, understand and respond to signs of mental illness
- Poverty Simulation Experience
  - A two hour simulation event where participants play the role of a family member living a month in poverty

### **Training Program Compliance**

Each Aetna Better Health plan departmental or functional area director or supervisor shall be responsible for ensuring that his/her direct reports have completed new hire and ongoing training requirements by collecting and maintaining training records. The Learning and Performance organization will run reports in the Learning Management System, as requested, to identify which participants have taken required training courses.

### **Training Program Evaluation**

Aetna Better Health will identify the learning needs of the community by soliciting feedback from the employees, members, providers and other stakeholders. Mechanisms for identifying learning needs include, but are not limited to:

- Results of training surveys issued at the end of training
- Results of Assessments performed 45-90 days after initial implementation training
- State Department of Health Services Initiatives
- Annual Training Surveys
- Active participation in internal and external meetings, as required by leadership

## ASSESSING THE PROVIDER NETWORK TO ENSURE SERVICES ARE PROVIDED IN A CULTURALLY COMPETENT MANNER TO DIVERSE POPULATIONS<sup>33</sup>

### Provider Experience

The Provider Experience department serves as a provider advocate and single point of contact for all interaction requests in order to best serve our members. We empower well-trained employees to deliver accurate, timely and culturally competent resolutions through the following channels:

- Maintaining the Provider Operations Manual including the Cultural Competency section
- Educating staff and providers on proper use of the online Provider Directory and appropriate referral of members to specialists that accommodate specific language needs or other services
- Monitoring of providers via provider satisfaction and CAHPS surveys to ensure culturally competent services are being provided and placing providers on a corrective action plan and/or additional training for their actions related to complaints, grievances, audits, and other reports indicating potential problems<sup>34</sup>
- Utilizing community and member information (e.g. preferred language, health disparities, and population demographics) to recruit and build a network of diverse providers in an effort to assist with closing the gaps in healthcare disparities and also to reflect the community and their needs
- Facilitating information sharing about the community in which they serve by sharing member/ community information such as health risk factors related to disparities and member demographic information
- Educating providers through the publications of newsletters and the provider manual on the availability of the language line service for health plan members
- Conducting provider on-site visits to determine if:
  - they have resources to effectively communicate with the members
  - the facility is compliant with Federal and State regulations (i.e. ADA compliant)
  - barriers exist that prohibit or inhibit a members access including environmental factors (i.e. neighborhood, cleanliness of office)<sup>35</sup>
- Ensuring Cultural Competency Training is delivered during provider orientation to assist providers in meeting our expectations regarding cultural and linguistic competency<sup>36</sup>
- Development and maintenance of provider recruitment-related relationships and associations in order to directly add to the diversity of our potential provider pools

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<sup>34</sup> Aetna Better Health of Kansas Contract 5.5.4.B.7

<sup>35</sup> Aetna Better Health of Kansas Contract 5.5.4.B.7

<sup>36</sup> Aetna Better Health of Kansas 5.5.4.B.6

## ACKNOWLEDGEMENTS & APPROVALS

The Aetna Better Health 2019 Cultural Competency Program (CCP) has been reviewed, and approved.

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Aetna Better Health

Reviewed by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keith Wisdom  
Chief Executive Officer  
Aetna Better Health of Kansas

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joseph Eberwein  
Chief Operations Officer  
Aetna Better Health of Kansas

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