

Sunshine Health



2018 Cultural Competency Plan

Applies to the following product lines:
Medicaid, Child Welfare, Long Term Care
Healthy Kids, Medicare Advantage (D-SNP & MAPD)
and Ambetter

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INTRODUCTION

Sunshine Health is a managed care organization that has multiple product lines for managed care products and specialty products; including Medicaid, Child Welfare and Long Term Care, Florida Healthy Kids (a CHIP product), Ambetter from Sunshine Health (an exchange product), Medicare Dual Special Needs Plan, and a Medicare Advantage plan. Sunshine Health is a provider of insurance coverage that enrolls multi-cultural members across the continuum of care and it is our responsibility as a health plan to ensure culturally competent care.

Sunshine Health assists in the reduction of racial and ethnic health disparities through contracting a culturally competent network, providing language support, and education. The education includes our staff, contracted providers, and vendors. To assist with the engagement of our members who do not speak English as their first language or are from a culturally diverse background, Sunshine Health hires staff who speak languages that are prevalent in our membership and understand various cultures. We also make available language interpreter services to assist members when interacting with our staff and practitioners.

Cultural competency is essential when developing methods to improve care. Our clinical and network strategic plans, goals, and objectives include promoting culturally competent care. This is supported through cultural competency training, monitoring of the unique barriers of specific populations and the development of actions to address those barriers. Those actions include collaborative efforts with our practitioners and providers, community partners and advocates who are trusted by specific racial, religious, and ethnic groups with the intent to continually improve the quality of service, appropriate of use of services and the member experience.

Sunshine Health addresses cultural competency through the following:

- Fostering a culture of social awareness, values, cultural sensitivity and customer service that supports our members, including those of varied cultural background
- Recruiting and retaining a culturally diverse and competent workforce to support the needs of our members
- Developing and delivering cultural competency training curriculum/materials
- 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 is able to meet 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 and most prevalent languages are available upon request
- Developing collaborative relationships within communities to help us understand and address the health beliefs and needs of ethnic and cultural populations
- Identifying opportunities to implement culturally sensitive initiatives that address disparities in health care under the direction of senior vice president of health services
- Conducting an annual population assessment of the membership that helps identify unique needs of vulnerable groups which may require the enhancement or development of targeted initiatives to maximize improved outcomes

PURPOSE

Sunshine Health Plan is committed to the provision of a well-designed and implemented Quality Improvement Program (QI Program) that addresses the unique needs of the members enrolled in our multiple products. The programs in place include methods to address the various culture and health care systems that influence the ability to improve the health of all enrolled members.

Sunshine Health's Cultural Competency Plan ensures that our members receive care delivered in a culturally and linguistically sensitive manner. Sunshine Health recognizes that respecting the diversity of our members has a significant and positive effect on care outcomes. Sunshine Health strives to adopt the Culturally and Linguistically Appropriate Services (CLAS) standards developed by the Department of Health and Human Services, Office of Minority Health as our guidelines for providing culturally sensitive services.

There is an annual evaluation of the Cultural Competency Plan that includes an assessment of how Sunshine Health network practitioners and providers, staff, and our operational systems effectively provide services to our members of all cultures, races, ethnic backgrounds, and religions. Specific goals will be set for targeted focus areas based on Sunshine Health's evaluation of our membership. The annual Cultural Competency Plan evaluation will include a review and analysis of the barriers to meeting goals and the identification of interventions that will be taken over the next year to impact those barriers and improve outcomes. The evaluation will include, but not be limited to the following: population analysis, Health Effectiveness Data Information Set (HEDIS) rates, outcomes of quality studies, practitioner access and availability studies, member Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, provider satisfaction surveys, and member complaints, appeals, and grievances. The results and action plan are reviewed by the Quality Improvement Committee (QIC). If deficiencies are identified, the senior quality director will implement work groups that involve the applicable Sunshine Health departments to develop an action plan and will monitor progress.

OBJECTIVES

Sunshine Health recognizes that our structure, staff, contracts, and approaches to delivering care are based on providing services to members of all cultures, races, ethnic backgrounds and religions in a manner that recognizes values, affirms and respects the worth of the individual members and protects and preserves the dignity of each member.

Sunshine Health Cultural Competency Plan annual goals and objectives are based on the following CLAS standards and regulatory requirements:

- Governance, leadership and workforce
- Communication and language assistance
- Engagement, continuous improvement and accountability
- Florida Agency for Healthcare Administration (AHCA) and the Center for Medicare and Medicaid (CMS) cultural competency requirements

Cultural Competency Standards and Goals

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations. Sunshine Health uses the CLAS standards in the development of our Cultural Competency Plan to assist in meeting national cultural competency standards. For each standard, Sunshine Health has identified a measurement method and goal. The following table summarizes the goals and methodology to measure each standard and goal:

Sunshine Health Standards	2018 Goals	Measurement Methods	Measurement Frequency
Ensure services provided are 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.	<ul style="list-style-type: none"> Comprehensive network based on Cultural Needs Assessment Access and Availability Analysis 	<ul style="list-style-type: none"> Population Analysis (race, language, ethnicity, demographics) Member Satisfaction (CAHPS) Survey Healthcare Disparities Studies 	Annually
Providers, Sunshine Health staff, and systems will effectively provide services to people of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms, and respects the worth of the individual enrollees and protects and preserves the dignity of each.	<ul style="list-style-type: none"> Comprehensive network based on Cultural Needs Assessment Access and Availability Analysis 	<ul style="list-style-type: none"> Population Analysis (race, language, ethnicity, demographics) Member Satisfaction (CAHPS) Survey Cultural Needs Assessment Practitioner Access and Availability Analysis for languages spoken by the network 	Annually

Sunshine Health Standards	2018 Goals	Measurement Methods	Measurement Frequency
Assess the effectiveness of the Cultural Competency Plan through, but not limited to the following measures: Member Satisfaction Survey, Provider Survey and the Access and Availability Audit Process. Sunshine Health tracks and trends any issues identified in the evaluation and implements interventions to improve the provision of services.	<ul style="list-style-type: none"> • Rating of Health Plan by racial/ethnic respondents that rate >8-10 favorably • Comprehensive network based on Cultural Needs Assessment Access and Availability Analysis 	<ul style="list-style-type: none"> • Member Satisfaction Survey (CAHPS) racial/ethnic composition and respondents rating of health plan • Cultural Needs Assessment Practitioner Access and Availability Analysis for languages spoken by the network 	Annually

A. Goal of the Cultural Competency Plan

Sunshine Health’s Cultural Competency Plan’s goal is to provide effective, equitable, understandable, and respectful quality care and services our members, which are responsive to the diverse racial, ethnic, religious, cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of the membership.

All Sunshine Health employees receive cultural competency training as part of their new employee orientation process and existing staff receive training annually as we continuously strive to promote awareness and sensitivity to cultural competency throughout the organization. The various cultural competency trainings are described below in section B under training.

Sunshine Health develops annual goals based on prior year results. Sunshine Health annually reviews the provider network and the population analysis to ensure adequate services are provided to members of all cultures, races, ethnic backgrounds, and religions in a manner that recognizes values, affirms, and respects the worth of each enrollee and protects and preserves the dignity of

each. The cultural competency plan is updated annually and a summary is posted on the provider website.

A member or a network provider may request a copy of the Cultural Competency Plan, by calling member services at 1-866-796-0530. The Cultural Competency Plan is also posted on our provider website.

Sunshine Health monitors and completes a barrier analysis and implements applicable interventions as required. The summary of findings and actions are reported to the Quality Improvement Committee at least annually. Feedback from the Committee is considered as an ongoing method of improving the Cultural Competency Plan. The senior director of quality is responsible for the collection of data, creation of reports and monitoring the effectiveness of the interventions.

B. Governance, Leadership and Workforce

1. Policy

Sunshine Health has an organization structure that supports the advancement and sustainment of an organizational governance and leadership that promotes health equity through policy, practices and allocated resources.

Sunshine Health has clinical, network and operational policies in place that support our assessment and actions to improve health equity. Key methods used are described below:

Clinical:

Sunshine Health conducts an annual review of our membership enrolled in various products through the population analysis to assess the cultural needs and health risks of the membership. Data utilized for assessment of the entire member population includes demographic information provided by CMS and the Florida Agency for Health Care Administration, including age and gender. Additional information that may be provided includes ethnicity, race, and/or primary language. The population assessment specifically assesses the needs of vulnerable populations including members with disabilities or serious and persistent mental illness.

Results of the population assessment are analyzed to identify gaps in care, which can be addressed through subsequent enhancements to our case management program. Potential revisions may include:

- Changes related to staffing, caseloads or program assignment
- Need to hire staff whom speak other languages or are familiar with various cultures
- Enhancements to current programs or the development of new programs
- Enhancements to or development of new training to effectively address the racial, ethnic and cultural needs of our members
- Identification of the need for new community partners

Network:

The network team annually assesses the cultural, ethnic, racial, and linguistic needs of our members through comparing data from external and internal sources to match membership needs

with practitioner demographics. The director, network development uses the outcomes of the analysis to enhance the practitioner network, if necessary.

Data used to identify the membership needs includes those provided by members through member services and case management contacts and outreach efforts (i.e. new member welcome call, health risk assessment, or case management assessments), in addition to CAHPS survey results and data from members' use of the language translation line.

The network team compares the provider data with member enrollment data to ensure we have a culturally diverse network that will meet the member's needs. All newly credentialed practitioners and providers are invited to participate in orientation that includes comprehensive training regarding cultural competency, sensitivity, and awareness

2. Diverse Workforce

Sunshine Health recruits, promotes, and supports a culturally and linguistically diverse governance, leadership and workforce that are responsive to our membership across our entire service area.

Sunshine continues to evaluate the backgrounds of our leadership and staff to ensure we have a culturally competent workforce. The diversity of members in the state of Florida is extensive. This also differs within the regions of Florida. Our staff are located in various offices throughout Florida. We do consider the staffing by region in addition to the entire state. Our vice president of human resources partners with our senior leaders to understand the needs of our membership and then assists all departments in recruiting leaders and staff who are able to meet the changing needs of our membership. This information is tracked and presented to our Board of Directors.

As of the first quarter of 2018, 73% of staff and 59% of supervisors and above represent minority populations. In addition, 84% of all of our staff are women.

Sunshine Health actively recruits bilingual staff to improve our communication with our members. The two areas who have the primary contact with members are member services and case management. In our member services department we have staff who speak the three most prevalent languages spoken by our members which are English, Spanish, and Creole. Of our total member services staff, 40% are bilingual Spanish/English.

Our case managers also speak multiple languages. There are 45 who speak Spanish and 11 who speak Creole (including French Creole). Of our total case management staff, 15% are bilingual. Sunshine Health's recruitment strategy includes the identification of bilingual candidates in these two essential departments.

3. Training

Sunshine Health has processes in place to continually evaluate and update our training and education programs for our staff and contracted providers to ensure that we reinforce the importance of approaching our members in a culturally sensitive manner. We also review our

policies at least annually and update those as needed to reflect any needed changes in order to meet this goal.

Sunshine Health utilizes a tracking system, Cornerstone, as the repository of training materials for all employees. This includes, but is not limited to member services, case management, and the appeals and grievances staff. All employees are required to complete the cultural competency training annually. The trainings are tracked and monitored through Cornerstone. The compliance department will notify the supervisor of their staff who fail to complete the training as required. The medical management training team collaborates with key departments to review and update the content annually based on the results of the population assessment, access studies, and other data. The training covers disability, diversity, and culture, which addresses dimensions of diversity, capabilities and disabilities, age, gender, socioeconomic backgrounds, sexual orientation, religion, ethnicity, and race.

All newly credentialed practitioners and providers are invited to participate in orientation that includes comprehensive training regarding cultural competency, sensitivity, and awareness. The network training team tracks the attendees of this training.

C. Communication and Language Assistance

1. Language Assistance

Sunshine Health provides language assistance, at no cost, to our members who have limited-English proficiency and/or other communication needs to facilitate their timely access to needed health care and services.

Sunshine Health offers members interpretive services for languages other than English and for members who are deaf or hearing impaired. This includes support for any service where the member may have interactions with Sunshine Health, including but not limited to member services, utilization management, disease management, case management, and grievance and appeals.

Sunshine Health provides oral translation services of information to any member who speaks any non-English language regardless of whether a member speaks a language that meets the threshold of a prevalent non-English language. Sunshine Health notifies its members of the availability of oral interpretation services and to inform them of how to access oral interpretation services. There is no charge to the member for translation services.

Sunshine Health staff will access interpreter services for those members/consumers speaking a language other than English. This interpretation service is also available for members when they access covered services. Sunshine Health member services staff or care managers can assist in arranging translation for upcoming appointments or other services. The following describes the various types of translation that is available:

Telephonic Interpreters

Sunshine Health offers language translation services through a contracted vendor. The service is available to members, our staff, including member services and case management, and to all participating network practitioners and providers.

Face-to-Face Interpreters

If the member needs face-to-face interpreters for languages other than English, Sunshine Health will:

- Place a three-way call with the interpreter service vendor.
- Provide the vendor with pertinent information regarding the Member's needs.
- Schedule a time and place for interpreter to meet with the Member.

TTY – Deaf or Hearing Impaired Support

Sunshine Health will:

- Contact the Relay Service via three-way calling.
- Provide pertinent information regarding the member's need.
- Schedule time and place for interpreter to meet with the member for their appointment (at least 2 working days prior to the needed appointment)

2. Availability of Documents in Other Languages

Sunshine Health communicates to our members that they can obtain information in other languages. Members are able to select 16 different translations on the member website for their convenience. We standardly add a tag line to member materials that informs the members on how to request materials in additional languages. Since Spanish is a prevalent language, many of our member materials are published in Spanish. That includes our member handbook, adverse determination letters sent from our utilization management department, educational materials such as promotion for preventive services, and our member incentive program. For other documents that the member may request to be translated, Sunshine Health has a contract with agencies who can translate the document into the requested language. Those documents are sent to the member and/or his/her designated authorized representative.

3. Competence of those Providing Language Assistance

Sunshine Health ensures the competence of individuals providing language assistance through contracting with a certified translation vendor. As a prior condition before contract execution, Sunshine Health evaluates the service level, vendor staff qualifications, and prior vendor performance to determine if the vendor is able to meet the needs of our membership. Sunshine Health does not promote the use of untrained individuals or family members who are minors, to provide interpretation for a member who cannot communicate in English.

D. Engagement, Continuous Improvement and Accountability

1. Marketing and Cultural Events Participation

Sunshine Health partners with local community practitioners, providers, and non-profit organization to promote health and wellness activities targeting cultural, ethnic, and underserved communities. Sunshine Health continuously develops relationship with multi stakeholders to include local federally qualified health centers, diverse cultural organizations and groups, and

community health centers to ensure we connect our members to culturally sensitive events that promote health and wellness.

2. Appeals and Grievance Process for Culturally Sensitive Matters

Sunshine Health has a grievance system in place to investigate and resolve member grievances and appeals and provide access to the Medicaid Fair Hearing system. Sunshine Health assesses member complaints, grievances, and appeals related to cultural and language issues through the annual Cultural Needs and Preference Availability Analysis. The analysis assesses the number of complaints/grievances in comparison to membership to determine if opportunities exist with multiple or individual providers. The Sunshine Health member advocate team addresses each complaint and grievance through investigation and follow-ups with practitioners and/or providers on the complaint, when applicable. The member advocate team strives to resolve complaints the same day. If complaints are not resolved in one business day, the complaint becomes a grievance and follows the established processes. Sunshine Health will provide members assistance in completing forms and other procedural steps, including, but not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.

3. Sunshine Health Organizational Awareness

Sunshine Health continuously strives to communicate the importance of cultural competency through various trainings, resources, and systems. Sunshine Health clinical teams utilize patient education materials produced by Krames, a product of Staywell, to support health literacy and promote cultural sensitivity and awareness. As an ongoing effort, Sunshine Health communicates changes to the cultural competency plan through the Quality Improvement Committee (QIC) and the provider website to promote cultural awareness.

Sunshine Health



2017 Cultural Competency Evaluation

CULTURAL NEEDS EVALUATION & ASSESSMENT

Sunshine Health analyzes data about member cultural, ethnic, racial and linguistic needs and preferences at least every other year to determine whether the current practitioner network is meeting these needs.

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

- CAHPS survey results on respondent race and ethnicity
- Data on member linguistic needs based on customer service language translation requests
- Member expressed needs regarding practitioners who meet their ethnic, racial, cultural or linguistic needs through analysis of member complaints
- 2017 baseline year to evaluate birth outcomes of Sunshine Health members to assess the impact of a variety of factors including geographic region, product line, and prematurity by race & ethnicity where data is available

Sunshine Health offers multiple products in different regions and the below table summarizes the service areas for each product line.

Product	Region
Medicaid (MMA)	Regions 3, 4, 5, 6, 7, 8, 9, 10, and 11
Medicaid (Child Welfare)	All Regions (67 Florida counties)
Medicaid (Specialty Long Term Care)	Regions 1,3,4,5,6,7,8,9,10,11
Exchange (Ambetter)	Regions 4, 5, 6, 7, 8, 9, 10, 11
Commercial (Healthy Kids)	All Regions (67 Florida counties)
Medicare (DSNP)	Regions 3,4,5,6,7,9,10,11
Medicare Advantage	Regions 3,4, 6, 7

Regions are defined as follows:

- Region 1 & 2: Northwest Region includes (18) counties as follows:
 - Escambia, Okaloosa, Santa Rosa, Walton, Bay, Calhoun, Franklin, Gadsen, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Walkulla, Washington
- Region 3 & 4: NorthEast Region includes (23) counties as follows:
 - Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marlon, Pulnam, Sumter, Suwanee, Union, Baker, Clay, Duval, Flegler, Nassau, St. Johns, Volusia
- Region 5 & 6: Central/Central West Region includes (7) counties as follows:
 - Pasco, Pinellas, Hardee, Highlands, Hillsborough, Manatee, and Polk
- Region 7 & 9: Central East Region includes (9) counties as follows:
 - Brevard, Orange, Osceola, Seminole, Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
- Region 8: South West Region includes (7) counties as follows:
 - Charlottee, Colliar, DeSolo, Glades, Hendry, Lee, Sarasola
- Region 10 & 11: South East Region includes (2) counties as follows:
 - Broward, Miami-Dade, Monroe

Background

Sunshine Health takes necessary steps to engage with members in their preferred language. Additionally, awareness of, and respect for, members' cultural backgrounds is very important to Sunshine Health.

Sunshine Health's member services department is the primary information resource center for all members. Sunshine Health documents members' contacts with the plan and updates demographic information when provided. The care managers will note a member's language preference in the care management tracking system which assists them in communicating with the member and/or their caregivers. Our member services and care management staff have bilingual staff to meet the linguistic needs of members.

Sunshine Health captures languages spoken by each practitioner through the application process and compiles this information in the provider-credentialing database. This information is provided to members via the Provider Directory, which specifies languages spoken including English for each practitioner. Members are instructed to contact member services if they have specific questions regarding a practitioner.

Sunshine Health evaluates the racial and ethnic composition of respondents in comparison to the racial and ethnic response to the question of rating of health plan to assess if disparities exist based on ethnicity and/or race.

Sunshine Health Plan completes an annual population analysis and cultural needs assessment availability analysis to determine if the network adequately meets the needs of our members. The cultural assessment monitors member's complaints regarding cultural barriers, and assesses the responses of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results to determine from Medicaid members if different race and/or ethnicities rate the question "rating of health plan" favorably. The 2018 goals are outlined as follows:

2018 Goals	Measurement Methods	Measurement Frequency
<ul style="list-style-type: none">• Comprehensive network based on Cultural Needs Assessment Access and Availability Analysis• Favorable Rating of Member satisfaction scores for Rating of Health Plan by race/ethnicity	<ul style="list-style-type: none">• Population Analysis (race, language, ethnicity, demographics)• Member Satisfaction (CAHPS) Survey	Annually

2018 Goals	Measurement Methods	Measurement Frequency
	<ul style="list-style-type: none"> • Cultural Needs Assessment Practitioner Access and Availability Analysis for languages spoken by the network • Healthcare Disparities Studies 	

The following is a summary of the race/ethnicity as obtained from our 2017 Medicaid CAHPS survey as compared to 2015-2016:

Medicaid CAHPS Race/Ethnicity Data

Trended CAHPS Data MMA Adult: Racial and Ethnic Composition of Respondents			
	2015	2016	2017
Total Number answering question	314	253	235
White	65.6%	65.7%	58%
Black or African-American	27.1%	25.2%	28%
Asian	4.9%	3.5%	4%
Native Hawaiian or other Pacific Islander	0.8%	0.4%	0%
American Indian or Alaska Native	3.6%	1.7%	2%
Other	9.7%	12.2%	10%
Proportion of respondents of Hispanic or Latino descent	27.1%	22.7%	31%

Trended CAHPS Data MMA Child: Racial and Ethnic Composition of Respondents			
	2015	2016	2017
Total Number answering question	436	341	316
White	58.3%	55.7%	52%
Black or African-American	33.1%	37.4%	32%
Asian	4.3%	3.1%	5%
Native Hawaiian or other Pacific Islander	1.1%	2.2%	1%
American Indian or Alaska Native	3.2%	1.9%	1%
Other	20.2%	19.8%	16%
Proportion of respondents of Hispanic or Latino descent	40.4%	40.6%	43%

The 2017 CAHPS survey racial and ethnic composition of respondents show that the Caucasian (white) Medicaid child response rate was 6 percentage points lower than the adult survey. The Hispanic proportion of respondents for Hispanic or Latino for the responding Medicaid adults was 31 percent and Medicaid-child was 43 percent. Medicaid Child represent the largest number of Hispanic/Latino respondents.

Racial Composition and Rating of Health Plan

Medicaid Adult Total Respondents	Racial Composition (specific to the respondents to the survey - Q55,Q56)	Rating of Health Plan (composite summary and answers by race for these questions - Q35 for score of 8 – 10)	Rating Of Health Plan (composite summary and answers by race for these questions - Q35 for score of 9 or 10)
RACE/ETHNICITY	White	69.7%	54.5%
	Black/African-American	72.6%	53.2%
	Other***	62.9%	48.6%
	Hispanic/Latino	80.0%	70.8%
	Non-Hispanic/Latino	63.6%	48.3%

**question 55 "Ethnicity Hispanic or Latino, Not Hispanic or Latino yes or no

**question 56 "Race White, Black African-American, And Other Yes Or No

**question 35 "Rating of Health Plan

8-10=*some-what satisfied*

9-10= *Very satisfied*

*** "Other" includes respondents who selected "Asian," "Native Hawaiian or other Pacific Islander," "American Indian or Alaska Native," or "Other"

Medicaid Child Total Respondents	Racial Composition (specific to the respondents to the survey Q76, Q77)	Rating of Health Plan (composite summary and answers by race for these questions – Q54 for score of 8 – 10)	Rating Of Health Plan (composite summary and answers by race for these questions – Q54 for score of 9 or 10)
RACE/ETHNICITY	White	84.7%	69.7%
	Black/African-American	81.9%	67.8%
	Other***	87.7%	69.7%
	Hispanic/Latino	91.5%	76.1%
	Non-Hispanic/Latino	80.3%	63.5%

** question 76 "Ethnicity Hispanic or Latino, Not Hispanic or Latino yes or no

**question 77 "Race White, Black African-American, And Other Yes Or No

** question 54 Rating of Health Plan

8-10=*some-what satisfied*

9-10= *Very satisfied*

*** "Other" includes respondents who selected "Asian," "Native Hawaiian or other Pacific Islander," "American Indian or Alaska Native," or "Other"

Overall, both Medicaid child and adult results appear that they were relatively satisfied with Sunshine Health. The racial composition for both Medicaid adult and child Hispanic/Latino rating of the health plan was relatively high with 70.8% of the adult respondents rating was very satisfied, and 76.1% of Medicaid child respondents were very satisfied. Both African-Americans and Other race results appear relatively the same and favorable overall.

**Sunshine Health Languages Spoken
Top 5 Enrollment Files
By Product
October 2016-September 2017**

Language Spoken	Rank/percent of MMA-TANF Membership	Rank/percent of MMA-SSI ND Membership	Rank/percent of MMA-SSI dual Membership	Rank/percent of Child Welfare Membership	Rank/percent of Ambetter Membership	Rank/percent of Healthy Kids Membership	Rank/percent of Medicare D-SNP Membership
English	1/68.22%	2/43.98%	2/1.93%	1/78.95%	1/66.56%	1/61.81%	1/76.90%
Unknown	2/22.77%	1/49.99%	1/97.81%	2/20.46%	3/6.22%	2/28.41%	3/6.77%
Spanish	3/8.95%	3/5.97%	3/0.26%	3/0.59%	2/26.01%	3/9.76%	2/13.22%
Creole-French	4/0.01%	4/0.01%	Not Ranked	Not Ranked	4/0.36%	Not Ranked	Not Ranked
Chinese	Not Ranked	Not Ranked	Not Ranked	Not Ranked	5/0.24%	Not Ranked	Not Ranked

- With the exception of MMA-SSI Non Dual and MMA-SSI Duals, the most prevalent language spoken for all products was English.
- MMA-SSI Non Dual and MMA-SSI Duals most prevalent language was “Unknown,” at 49.99% and 97.81%, respectively. Secondary ranking for each product was English, followed by Spanish.
- MMA-TANF, Child Welfare, and Healthy Kids membership ranked “Unknown” secondary, followed by Spanish as the tertiary ranking. MMA-TANF “Unknown” language percent was 22.77%, Child Welfare was 20.46%, and Healthy Kids was 28.41%.
- The most prevalent Spanish speaking populations were Ambetter (26.01%) followed by Medicare D-SNP (13.22%). Both of these products ranked Spanish secondary, and “Unknown” tertiary.

Due to the continued challenges with limited language demographics provided in member enrollment files, Sunshine Health began evaluating alternate sources to support insight regarding member language preferences. Sunshine Health contracts with Voiance, a vendor that provides over-the-phone interpretation services for more than 230 languages to Sunshine Health to help support communication between Sunshine Health staff and members. Voiance interpreters serve as a confidential conduit via conference call, which is initiated by Sunshine Health for the purpose of interpreting between the staff and the member in English and a target language. Interpreters do not initiate calls or have relationships with either Sunshine Health staff or members. Interpreters communicate what is discussed between staff and member only. If the interpreter must step outside of the conduit role, they use prescribed protocols to advise both parties for clarification or repetition, so the topic of the conversation is understood. A summary of the languages spoken based upon request for services is provided in the tables below.

**Sunshine Health Languages Spoken Requests
Top 20 Voiance Requests Rank
By Product
October 2016-September 2017**

Language Spoken	MMA (TANF/ SSI/CW) & Healthy Kids Rank	Ambetter Rank	Medicare (D-SNP & MAPD) Rank
Spanish	1	1	1
Haitian Creole	2	2	2
Arabic	3	9	5
Russian	4	6	4
Mandarin	5	3	8
Vietnamese	6	4	3
Brazil-Portuguese	7	5	6
Bosnian	8	Not in Ambetter Top 20	18
Burmese	9	Not in Ambetter Top 20	Not in Medicare Top 20
Farsi	10	Not in Ambetter Top 20	Not in Medicare Top 20

When examining both enrollment files and members translation requests both Spanish and Haitian Creole were most frequently requested however it is evident members are in need of a variety of languages which also include frequent requests for Arabic, Mandarin, and Vietnamese across all lines of business. The diversity in languages spoken by Sunshine members is similar to the cultural diversity found throughout Florida.

The following table contains the languages spoken by Sunshine Health practitioners. This information is obtained during the credentialing application process and is available via the Provider Directory or through member services. Submission of languages is a voluntary field on the credentialing application, so it is possible that this data under represents actual network capabilities. The other category includes 105 languages spoken beyond the five listed in the table.

Languages Spoken by Practitioners 2017

Practitioner Type	Spanish	French	Hindi	Urdu	Arabic	Other
Primary Care - Internal Medicine						
Region 1	3	1	0	0	0	5
Region 2	1	0	1	3	1	19
Region 3	11	2	7	2	2	35
Region 4	7	2	4	1	2	19
Region 5	8	1	2	0	1	15
Region 6	31	1	6	2	1	53
Region 7	21	1	6	2	1	26
Region 8	10	0	0	0	2	15
Region 9	22	1	4	2	2	22
Region 10	27	3	2	2	1	24
Region 11	60	7	2	0	1	35
Practitioner Type	Spanish	French	Hindi	Urdu	Arabic	Other
Primary Care - Family Practice, General Practice						
Region 1	8	3	2	0	2	27
Region 2	4	3	1	0	2	22
Region 3	33	3	2	0	0	48
Region 4	39	3	5	2	4	89
Region 5	19	1	3	0	0	46
Region 6	40	7	7	0	1	62
Region 7	70	1	3	0	1	51
Region 8	21	4	1	1	0	17
Region 9	28	6	2	3	1	28
Region 10	56	6	3	2	2	34
Region 11	105	17	2	0	2	54
Practitioner Type	Spanish	French	Hindi	Urdu	Arabic	Other
Primary Care - Pediatricians						
Region 1	4	1	0	0	1	22
Region 2	3	0	0	0	1	8
Region 3	30	2	10	7	4	53
Region 4	44	2	7	0	9	66
Region 5	32	2	4	0	0	41

Region 6	79	5	10	3	3	66
Region 7	78	5	10	7	8	80
Region 8	52	4	1	0	0	39
Region 9	94	9	4	3	1	83
Region 10	88	6	4	3	1	40
Region 11	147	8	1	1	1	53
Practitioner Type	Spanish	French	Hindi	Urdu	Arabic	Other
OB/GYN						
Region 1	6	0	0	0	0	18
Region 2	3	0	0	0	0	4
Region 3	22	0	3	1	6	30
Region 4	30	5	4	1	0	35
Region 5	27	0	2	0	0	34
Region 6	50	1	3	1	3	46
Region 7	55	11	1	0	0	52
Region 8	24	1	1	0	1	31
Region 9	70	7	0	0	2	81
Region 10	74	12	0	1	3	77
Region 11	97	18	1	1	6	66
Practitioner Type	Spanish	French	Hindi	Urdu	Arabic	Other
Oncology						
Region 1	2	0	0	0	1	4
Region 2	0	0	1	0	1	11
Region 3	23	5	8	1	5	56
Region 4	25	8	7	2	1	47
Region 5	14	1	6	3	2	30
Region 6	27	1	2	1	1	38
Region 7	28	2	14	2	3	42
Region 8	21	1	1	1	1	41
Region 9	20	4	5	1	0	43
Region 10	32	9	8	2	6	45
Region 11	46	9	1	0	4	34

Race/Ethnicity

As of Q3 2017, the following tables shows the race/ethnicity of our members by product.

Medicaid and Child Welfare Product Race/Ethnicity October 2016-September 2017				
Race/Ethnicity	Rank/percent of MMA- TANF Membership	Rank/percent of MMA-SSI non dual Membership	Rank/percent of MMA-SSI duals Membership	Rank/percent of Child Welfare Membership
UNKNOWN	1/49.92%	1/81.70%	1/99.97%	1/33.43%
CAUCASIAN	2/15.30%	3/5.35%	2/0.01%	2/32.86%
BLACK	3/14.57%	2/7.22%	3/0.01%	3/22.79%
HISPANIC	4/13.05%	4/4.09%	4/0.01%	4/6.81%
OTHER	5/6.32%	5/1.18%	Not ranked	5/3.87%
ASIAN OR PACIFIC ISLANDER	6/0.73%	6/0.41%	Not ranked	6/0.15%
AMERICAN INDIAN OR ALASKAN NATIVE	7/0.10%	7/0.05%	Not ranked	7/0.09%

- For MMA-TANF and Child Welfare membership in 2017, member race was ranked identically from 1st-7th.
- MMA-SSI duals were not ranked for Other, Asian or Pacific Islander, or American Indian or Native Alaskan Native, thereby only producing a ranking from 1st-4th.
- “Unknown” was the primary race ranking for all Medicaid programs and Child Welfare.
- The Caucasian race ranked 2nd most prevalent for MMA-TANF, MMA-SSI duals, and Child Welfare and ranked 3rd for MMA-SSI non dual.
- Black members ranked 3rd in prevalence for MMA-TANF, MMA-SSI dual, and Child Welfare, and 2nd with MMA-SSI non dual.

Ambetter, Healthy Kids and Medicare D-SNP Product Race/Ethnicity October 2016-September 2017				
Race/Ethnicity	Rank/percent of Ambetter Membership	Rank/percent of Healthy Kids Membership	Rank/ percent of Medicare D-SNP Membership	Rank/percent of Medicare MAPD Membership
UNKNOWN	1/33.85%	1/47.81%	1/100%	1/100%
CAUCASIAN	2/31.19%	3/23.26%	N/A	N/A
BLACK	4/10.98%	4/2.86%	N/A	N/A

Ambetter, Healthy Kids and Medicare D-SNP Product Race/Ethnicity October 2016-September 2017				
HISPANIC	3/11.27%	2/24.67%	N/A	N/A
OTHER	5/8.01%	Not ranked	N/A	N/A
ASIAN OR PACIFIC ISLANDER	6/4.62%	5/1.37%	N/A	N/A
AMERICAN INDIAN OR ALASKAN NATIVE	7/0.08%	6/0.03%	N/A	N/A

Ambetter:

- Race/ethnicity data was provided on membership files about 66% of the time. “Unknown” members represented 33.85% of membership, Caucasian members represented 31.19% of membership, and Hispanic members represented 11.27%. Black, Other, and Asian or Pacific Islander represented 10.98%, 8.01%, and 4.62% of membership, respectively. With the majority of Ambetter enrollees located in either of the two ethnically diverse counties of Miami-Dade and Broward, it was expected to see a significant portion of membership identified as either Hispanic, Black or Other which would represent the melting pot of ethnicities residing in South Florida.

Healthy Kids:

- Race/ethnicity data was provided on membership files about 52% of the time. “Unknown” members represented 47.81% of membership, Hispanic members and Caucasian members represented 24.67% and 23.26% of membership respectively. Black members represented 2.86% of membership.

Medicare D-SNP:

- Race/ethnicity data was not provided on membership files because they are special needs members with a Medicaid product offered either through Sunshine or another MMA health plan. The race/ethnicity of this population is assumed similar to the MMA-SSI membership which was clustered with three primary populations of Black members, Caucasian members, and Hispanic members representing 7.22%, 5.35% and 4.09% of the membership, respectively.

Medicare MAPD:

- Race/ethnicity data was not provided on membership files for this population.

Member Complaints/Grievances – 2015 to 2017	2015 MMA	2015 Ambetter	2016 MMA	2016 Ambetter	2017 MMA	2017 Ambetter
Practitioner: Language Barrier	0	0	0	0	0	0
Practitioner: Cultural Competency Issue	0	0	0	0	0	0

Member complaint and grievance data is reviewed at minimum annually and often quarterly for any issues related to language barriers or potential cultural competency issues. Since 2015 there has not been any identified language barrier or cultural competency barriers identified as a complaint or grievance by Sunshine members.

2017 Community Events

As an ongoing effort of evaluating Sunshine Health participation with local and community health events that promote culturally sensitive health activities through the promotion of health and wellness, Sunshine Health participated in the following 2017 list of events:

2017 Event Dates	Events	Region	Product	Event Overview
Feb. 18 th	Bridge A Life Hero 5k	8	CW, MMA	The Super Hero 5K family fun walk exists to show support for broken children in our community. As a result of this walk, others will become more aware of the struggles and difficulties of foster children in Manatee/Sarasota counties.
Feb. 23 rd	Florida's Children First	10	CW	<ul style="list-style-type: none"> Broward County child advocates and former foster children recognition event.
March 15 th	Pediatric Associates	10	MMA	Kids Bike Ride to Health and Safety
April 24 th	March of Dimes	10	MMA	Every day, thousands of babies are born too soon, too small and often very sick. March for Babies walk for stronger, healthier babies.
June 3 rd	Hispanic Health Initiative	7	MMA	HHI has been utilizing bilingual/bicultural Community Health Workers (CHWs), teach medically and socially under-served individuals and their families, how to navigate the social and health systems
July 25 th – 28 th	James Jones Legacy Foundation Crew 22 Training Camp	11	CW	The camp, sponsored by Sunshine Health, offers at-risk children, many

2017 Event Dates	Events	Region	Product	Event Overview
				of whom are in foster care and face socioeconomic challenges, an experience rich in life skills and fun. The children learned about teamwork, fitness and nutrition and enjoyed tennis, kick ball, basketball and bowling. Empowerment was the real focus. Kids worked through a series of sessions led by nationally recognized role models, community partners and staff with expertise in areas such as leadership, social development, etiquette, stress management, public speaking and decision-making.
Aug. 28 th – Aug. 30 th	Florida Conference on Aging	6		Three day event with educational sessions, workshops and keynote speakers that offers training and network opportunities for professionals working within the field of aging.
2017 (ongoing)	Orange Bowl Committee	11	MMA	<p>Orange Bowl’s Family Fun & Fit Day at the Betty T. Ferguson Recreational Complex, which helps kids get ready for the school year with activities such as health screenings and free haircuts.</p> <ul style="list-style-type: none"> • The Orange Bowl Basketball Classic in December. • Orange Bowl’s Countdown to 2018, a family-friendly street festival in downtown Fort Lauderdale. Thousands joined us at the Kids Health Zone and the 7 p.m. kids countdown.

Conclusions

- Sunshine Health has participating practitioners who speak the most common member primary languages. The most prevalent language for Sunshine members is English, followed by Spanish, and Haitian Creole ranks third with some variation among products. Language data is voluntary, self-reported data therefore at least two data sources are reviewed annually. Both enrollment file data and language translation requests are analyzed to ensure that the provider network is meeting the language and cultural needs of the membership. The language translation requests rank Spanish as number one followed by Haitian Creole, and Mandarin, Vietnamese, and Arabic are ranked third depending on product.
- Sunshine Health offers language translation services for members and participating practitioners via Voiance Language Services. Sunshine Health has observed an increase in requests when comparing 2016 to 2017 for Asian and Middle Eastern languages, specifically Russian, Vietnamese, Arabic, and Mandarin.
- Sunshine Health has received no member complaints or grievances relative to language, race/ethnicity, or cultural competency issues in the last three years.
- At this time, the network appears to be meeting the member cultural, linguistic, racial, and ethnic needs.

Recommendations

- Continue to monitor member contacts with the Plan to identify members' racial, ethnic and cultural preferences, and adjust network as necessary.
- Continue to capture information relative to practitioner's race, ethnic, or cultural background during credentialing and recredentialing.
- Continue monitoring of foreign languages spoken by the members via the Enrollment Reports and through Member Service's monthly reports.
- Continue to actively recruit bi-lingual member services and case management staff.
- Add a geographical analysis of the network based on language spoken by the members compared to PCPs who speak that language.

References

- U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved May 11, 2017 from <http://minorityhealth.hhs.gov/npa>
- March of Dimes. (2017). *2017 Premature Birth Report Card*. Retrieved May 31, 2017, from March of Dimes: <https://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1®=12>
- World Population Review. (2018). *Florida Population*. Retrieved May 29, 2017, from World Population Review: <http://worldpopulationreview.com/states/florida-population/>

Sunshine Health Quality Improvement Committee (QIC) has reviewed **(WILL BE REVIEWED DURING NEXT QIC 6/13/18)** and adopted this document. ENDORSEMENT OF The Cultural Competency Plan

Plan Product President, Health Services

This signature page shall be signed by the Individual Sunshine Health Board of Directors Chairman, and Plan Product President, Health Services, as appropriate, once approved.

Appendix A: Florida Population

State of Florida population by Race

Estimated population by Race & Origin (Hispanic) for the State of Florida

Race	Population
White	15,574,165
Black or African American	3,310,428
American Indian and Alaska Native	52,738
Asian	559,393
Native Hawaiian and Other Pacific	12,540
Two or More Races	532,751

World Population Review, (2018)