Embright

POLICY TITLE	Cultural Needs and Preferences	NUMBER	NET001
DEPARTMENT	Network Development	PAGE	**1** of **3**

PURPOSE

To ensure that Embright maintains sufficient number and types of primary care, specialty care providers, and behavioral health within its network.

POLICY

Embright will shall maintain an adequate network of primary care, behavioral healthcare and specialty care providers and shall monitor how effectively this network meets the needs and preferences of its members. This policy and procedure describes how Embright analyzes data and information to understand the needs of its members, assesses those needs up against the network composition and adjusts the network to address the needs and characteristics of the population.

DEFINITION

Clinical Integration Committee (CIC)	The Committee is advisory to the Board of Managers ("Board"). Based on recommendations, status updates and other briefings from Company management, the Committee will make recommendations to the Board regarding certain care integration activities or will make decisions where the Board has delegated decision-making authority.
Member	A person insured or otherwise provided coverage by a health insurance organization.

PROCEDURE

1. **Cultural Needs and Preferences Data Collection and Assessment**

    1.1. Embright annually assesses the cultural, ethnic, racial and linguistic needs of its members and ensures that all services, both clinical and non-clinical, are accessible to the entire population and are provided in a culturally competent manner, including those with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds.

        1.1.1. The Senior Provider Network Manager, or their delegate, is responsible for developing the annual report and evaluation of member's needs.   The analysis and report includes evaluation of the following four needs:

        - Cultural
        - Ethnic
        - Racial
        - Linguistic

        1.1.2. The member need analysis is conducted every year using the most recent data available in the prior year.

        1.1.3. The member need analysis is then compared to the practitioner characteristics in order to identify opportunities for network adjustment in the current year.

    1.2. The Senior Provider Network Manager collects data, researches literature and conducts research on publicly available data relevant to members in its network catchment area. In addition, Embright obtains member information and preferences through member feedback and surveys conducted either by Embright or provided by payors. The information includes the following sources and data types.

Embright

1.2.1 U.S. Census data on the racial/ethnic and linguistic composition of the population within the service area.

1.2.2. State, county and local published statistics about language, religion, cultural and ethnic patterns within the population.

1.2.3 Member feedback such as complaints and requests related to network language, gender, religion, culture or other preferences obtained through the Embright member support line.

1.2.4 Payor-provided member survey and preference information related to health preferences and cultural, ethnic, racial, and linguistic needs.

1.3 The analysis includes a summary of prevalence of characteristics as well as changes over time. This ensures that the network responds to changes across the membership or within a specific geography that may occur year to year.

1.4 The Senior Provider Network Manager, or their delegate, then collects, summarizes and analyzes information about the current Embright practitioner network that includes cultural, ethnic, racial and linguistic characteristics. The information may also include characteristics about practitioner office staff that may assist in addressing the cultural needs of members.

1.4.1 Practitioner and office staff information may be obtained from recruiting, contracting, and credentialing records. It may also be contained in the provider file or roster.

1.5 The Senior Provider Network Manager then summarizes the member data and findings and identifies cultural, ethnicity, race and language key characteristics and needs. The Manager then assesses the network characteristics relevant to these needs and identifies gaps or areas for opportunities. These opportunities and needs are then summarized and recommended actions are documented. In subsequent years, the Manager also assesses the impact of the prior year's recommendations.

1.6 The annual report and recommendations are presented to the Embright's Clinical Integration Committee and once approved, the interventions are then implemented by the Network Development Department.

2. Practitioner Network Availability and Adjustment based on Assessment Findings

2.1 Embright annually assesses the cultural, ethnic, and linguistic needs of its members and ensures that all services, both clinical and non-clinical, are accessible to the entire population and are provided in a culturally competent manner, including those with limited English proficiency or reading skills and those with diverse cultural and ethnic backgrounds by:

2.1.1 Assessing the volume of members with linguistic or cultural preferences

2.1.2 Determining whether the provider network is appropriate

2.1.3 Adjusting the availability of practitioners and services to provide appropriate services within a culturally diverse population.

2.2 Using the approved annual assessment and recommendations Embright may elect to implement a number of interventions including:

2.2.1 Recruit, credential and contract with practitioners who speak a language that reflects members' linguistic needs.

Embright

POLICY TITLE	Cultural Needs and Preferences	NUMBER	NET001
DEPARTMENT	Network Development	PAGE	3 of 3

2.2.2 Recruit, credential and contract with practitioners whose cultural and ethnic backgrounds are similar to the underrepresented member population.

2.2.3 Encourage or incentivize practitioners to complete cultural competency training courses based on the racial/ethnic composition of the member population.

2.2.4 Conduct cultural competency training within Embright including member service and provider service staff.

2.2.5 Identify office staff and resources who are aligned with cultural and ethnic background needs of the members and support access to those resources through member services and case management.

2.3 If any identified language, other than English, is the primary language spoken by >5%, or >5% has special cultural preferences and needs of the identified population, Embright shall implement the following:

2.3.1 Review the languages and cultural backgrounds of providers to assess whether they meet the language needs and cultural preferences of the member population.

2.3.2 Adjust the provider network if the current network does not meet the cultural and linguistic preferences of the identified population.

2.3.3 Provide a mechanism for translation services for when member contacts Embright.

2.3.4 Provide translations of Embright's member materials and make them available upon request in the identified prevalent language. In addition, basic enrollee information will also be available to the visually impaired upon request.

2.3.5 Notify marketing team that translated materials must be made available to members if >5% of its members speak a language other than English as their primary language.

2.3.6 Embright shall designate those providers who speak languages other than English in its directories.

REGULATION

NCQA HP 2020 NET 1.A: Availability of Practitioners

REVISION

Revision Date	Revision