Culturally and Linguistically Appropriate Services Program Description

TITLE: 2024 Culturally and Linguistically Appropriate Services (CLAS) Program Description
PUBLICATION DATE: 05/2024

CONTENTS

I. Introduction

Centene Corporation is a diversified, multi-national healthcare enterprise that provides a portfolio of services to government sponsored healthcare programs, focusing on under-insured and uninsured individuals. 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.

Absolute Total Care, a Centene Corporation health plan, is contracted with the State of South Carolina Department of Health and Human Services (SCDHHS) to deliver services to Medicaid recipients and is committed to the practical application of strategies and innovated interventions to transform the health of the community, one person at a time.

Absolute Total Care 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). Absolute Total Care 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. Absolute Total Care, 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.

A. Purpose

Absolute Total Care 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. Absolute Total Care 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 CLAS 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

B.   Program Description

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 Absolute Total Care CLAS 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 following CLAS Program Description. The program description is reviewed and approved at least annually by the Quality Improvement Committee and Absolute Total Care's Board of Directors.

C.   Monitoring and Evaluation

Absolute Total Care sets goals each year to improve the provision of culturally and linguistically appropriate services and reduction of health care disparities that reflect the identified needs of our population *(Standard 9)*. The CLAS Program priorities and objectives are aligned and driven by the National CLAS Standards and reflects the demographics of the community, known or expected needs of individuals and previously identified opportunities for improvement. To achieve our purpose and mission of better health outcomes at lower costs 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 CLAS Program goals are written in specific, measurable, achievable, relevant, and time-bound (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 Quality Improvement Committee 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.

Workplan

CLAS Work Plan *(Standard 9)*: The annual development of the CLAS Program Description includes a detailed work plan embedded in the Quality Improvement Workplan that is informed by the preceding CLAS Program Evaluation. The work plan considers performance in all aspects of the CLAS Program scope to achieve identified objectives and address overall effectiveness. The work plan identifies and documents all CLAS 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 CLAS Program Evaluation.

Quality Improvement 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 Quality Improvement Committee on a quarterly basis to reflect progress on CLAS 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 CLAS 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 CLAS Program Description

and work plan are formally approved (or accepted) by the Quality Improvement Committee and accepted by the Board of Directors on an annual basis.

A program evaluation will be conducted annually to evaluate the overall effectiveness of the CLAS 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 CLAS 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 CLAS Program Evaluation is presented for approval to the Quality Improvement Committee on an annual basis. The Quality Improvement 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 Senior Vice President, Population Health & Clinical Operations 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 CLAS 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 Advisory Committee (MAC) and /or Representatives, stakeholders, and the Board of Directors.

II.   Governance, Leadership, and Workforce

To ensure 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, Absolute Total Care emphasizes the importance of CLAS implementation as a systemic responsibility that requires the endorsement and investment of leadership that promotes CLAS and health equity through policy, practices, and allocated resources to support and/or training for all individuals within an organization.

Through strengthened data analytics capabilities, we seek to better understand our workforce, the progress of initiatives and opportunities to grow. It is important for Absolute Total Care to ensure that leadership and the workforce at all levels are culturally and linguistically diverse and representative of the diversity of members served as well as the current labor market. To evaluate the effectiveness of our DEI initiatives and develop new programs and resources to meet employee needs, we consistently work to understand the fabric of diverse identities within our workforce.

A.   Governance and Leadership *(Standard 2)*

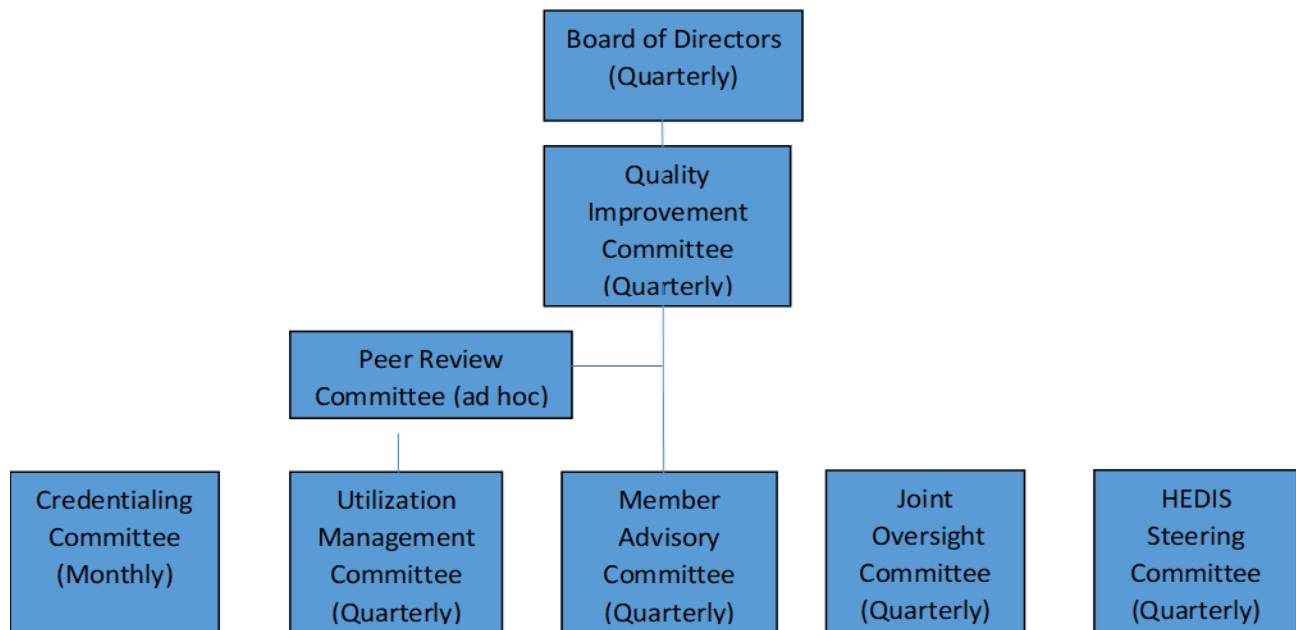Quality is integrated throughout the health plan and demonstrates a strong commitment to culturally and linguistically appropriate assistance services for members. Health plan provides direction, overall support, and oversight across departments in all aspects of language assistance services. Informed by data and feedback from field staff, every department and advisory group contributes and works as a team to promote health

equity.

The Board of Directors is the governing body designated for oversight of the Quality Program and has delegated the authority and responsibility for the development and implementation of the Quality Program to the Quality Improvement Committee. The Quality Improvement Committee is chaired by the Chief Medical Director (or designee), or the Senior Quality Executive. Reports on CCLAS Program activities, findings, recommendations, actions, and results are presented to the Board of Directors no less than annually. The Quality Improvement Committee serves as the umbrella committee through which all subcommittee activities, are reported and approved. Absolute Total Care's Quality Improvement Committee structure is designed to promote information, reports, and improvement activity results, driven by the CLAS Workplan, throughout the organization and to providers, members, and stakeholders.

Absolute Total Care Committee Structure

Quality Improvement Committee Structure

```
                    ┌─────────────────────┐
                    │  Board of Directors │
                    │     (Quarterly)     │
                    └─────────────────────┘
                               │
                    ┌─────────────────────┐
                    │       Quality       │
                    │     Improvement     │
                    │      Committee      │
                    │     (Quarterly)     │
                    └─────────────────────┘
                               │
        ┌──────────────────┐   │
        │   Peer Review    │   │
        │ Committee (ad hoc)│   │
        └──────────────────┘   │
```

| Credentialing Committee (Monthly) | Utilization Management Committee (Quarterly) | Member Advisory Committee (Quarterly) | Joint Oversight Committee (Quarterly) | HEDIS Steering Committee (Quarterly) |

The Director of Accreditation and Accreditation staff collaborates with the heads of all functional units to ensure that the CLAS Program is properly executed. Absolute Total Care'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.

B.   Community Engagement

It is important to note Absolute Total Care also establishes a Member Advisory Committee (MAC) to ensure members of culturally diverse communities are included in processes to assist in identifying and prioritizing opportunities for improvement. The MAC 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 MAC is comprised of a diverse and demographically representative group of participants that reflect the community. As defined by the charter, the MAC consists of members, parents/guardians of members, family members, health plan staff, Medical Management staff, Director of Community Relations, representing ≥ 5% of the geographic, cultural, racial/ethnic, and linguistic diversity of eligible individuals. The MAC 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.

C.   Workforce *(Standard 3)*
Hiring and Recruiting Practices to Build a Diverse Staff

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,
- encouraged staff participation in employee inclusion groups (EIG) to enhance diversity, mentorship and mentee opportunities and access to enhance job skills.

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 Effectives, 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; I.N.S.P.I.R.E., the Women's Employee Inclusion Group; ABILITY, the People with Disabilities & Caregivers Employee Inclusion Group; and cPRIDE, the company's LGBTQ+ Employee Inclusion Group, and STAGES, the intergenerational 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 *(Standard 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 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 Literacy*
- *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 but not limited to Network Management, Quality Improvement, Operations, Member Services, Utilization Management, Grievance and Appeals, Provider Relations, and Care Management on topics such as cultural humility, CLAS, reducing bias, promoting inclusion, and Language Access Programs and resources for members.

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, 100% of health plan staff will complete Cultural Humility and Health Equity and presents at Q4 Quality Improvement Committee.

III.   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.QI.CLAS.29 and CC.MBRS.16 policies 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, deaf-blind, 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 Absolute Total Care 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. Contractors, major subcontractors, 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*)

Absolute Total Care 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.

Practitioners and offices who provide bilingual services attest to proficiency during the credentialing process. This information is 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 SCDHHS, 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.

Requests for written translation and for sight translation (oral translation) of print materials are managed in accordance with the following policies Cultural Competency and Linguistic Assistance (CC.QI.CLAS.29);

Member Marketing: Marketing and Educational Materials and Activities (SC.COMM.06); and Member Materials Readability (SC.COMM.19).

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, Quality Improvement and Population Health Management).

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 1-866-433-6041 (TTY: 711) 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 Absolute Total Care, 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 website 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, new provider orientation and quarterly townhall training deck on the Provider website, 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:

- 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 09/2024, 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 06/2024, 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 06/2024, 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 Q2 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
Objective	By Q4 2024, the health plan will have language services training resource for staff to assist with ease of language training services for staff and members.
Evaluation Requirement: On an annual basis, the health plan evaluates member/enrollee grievances related to the delivery of language access services.	
Objective:	By Q2/2024, will have a documented process for collecting qualitative and/or quantitative data related to member experiences with language access services
Objective:	By Q2/2024 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.	

IV.   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: Practitioner Network Cultural Responsiveness
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 07/2024, completed 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 07/2024, completed 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 07/2024, completed 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 Absolute Total Care's network practitioners by 15 percentage points with a goal of 30%.

V.   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. Absolute Total Care 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 new interventions and programs to meet 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 Quality Improvement, Care Management, HEDIS Steering Committee, Member and Provider Satisfaction Workgroup, Population Health Team, SDOH Team and Quality Improvement Committee 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 Neighborhood, Economic, and Social Traits (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, increase percentage in collection of direct members REL data from 62% to 65% by encouraging members to self-report REL data

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*).

VI.   Governance Approval

To fulfill its responsibility to members, providers, the community and regulatory and accreditation agencies, the health plan has adopted the following Culturally and Linguistically Appropriate Services (CLAS) 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 Absolute Total Care Board of Directors. The primary objective of the CLAS Program is to establish an equitable, culturally, and linguistically appropriate program for our diverse population.

Approvals	
Oversight Body	**APPROVAL DATE**
Quality Improvement Committee	05/28/24
Board of Directors	[MM/DD/YYYY]

Appendices

NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES STANDARDS

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 to:

Principal 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.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. 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

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
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.
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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Appendix B: Member Advisory Committee

Member Advisory Committee	
Charter Statement	The Member Advisory Committee is a group of members, parents, guardians, member advocacy groups, and health plan staff as appropriate, that reviews and reports on a variety of quality and service issues. The health plan understands that the ability to effectively engage stakeholders, including members/family members/caregivers, advocates, and community organizations in the quality program is a crucial component of our collaborative efforts to enhance a patient-centered service delivery system, to optimize clinical outcomes, and to positively affect program operations.
Purpose	The purpose of the Member Advisory Committee is to solicit member input into the approach and effectiveness of the health plan programs, policies, and services, and to promote a collaborative effort to enhance the service delivery system in local communities. The Member Advisory Committee represents the geographic, cultural and racial diversity of our membership across the state. The committee provides input for quality improvement activities, program monitoring and evaluation, and member, family, and provider education, and/or other topics as defined by the Performance Improvement Team or Quality Improvement Committee Name.
Responsibilities	The Member Advisory Committee solicits member input into the quality programs. Based on the health plan size and distribution, the Member Advisory Committee may include regional level committees. • Members are randomly selected in accordance with the Managed Care Reform and Patient Rights Act; • Members may be informed about the committee through such materials as the member handbook, member newsletters, contacts at community events, and the health plan website; • The health plan will provide an orientation and ongoing training for Member Advisory Committee members so they have sufficient information and understanding of the managed care program to fulfill their responsibilities; • The Member Advisory Committee meets in-person to promote two-way communication where members can provide input and ask questions and the health plan can and obtain direct feedback from members; and • The Member Advisory Committee recommends program enhancements, review satisfaction survey results, and provide feedback on the health plan performance levels.
Reports To	Quality Improvement Team
Committee Chair	Director of Community Relations
Committee Composition	• Director of Community Relations • Members - may volunteer or be suggested by staff. • Parents/foster parents/guardians of child members - may volunteer or be suggested by staff. • Health plan staff as indicated. • Medical Management designee • Members and families/significant others of members.
Frequency	Quarterly
Attendance Required	No minimum attendance required.
Quorum	This is not a voting committee.
Agenda	Meetings are agenda driven. Agenda items for the next meeting are developed by the Committee Chair in collaboration with relevant member input.
Recorder	Delegated committee designee.
Minutes/Meeting Packets	Draft minutes are completed no later than within 30 days of the meeting, or as needed for regulatory reporting. Minutes are stored in a secure area. Meeting packets are distributed by

	secure means to committee members prior to the scheduled meeting date with sufficient time to provide review of meeting materials, as applicable based on need for prior review and privacy/sensitivity of materials.
Decision Authority	The Member Advisory Committee is a non-voting committee to solicit feedback from local community representatives.
Evaluation	The committee reviews the charter annually.
Confidentiality	Each committee member is accountable to identify confidential information or situations when/if the dissemination of the information will be managed in a specific manner. Each committee member must agree to and sign a committee confidentiality statement on an annual basis.

Appendix C: Staff Roles and Responsibilities

- **Chief Medical Director**

The health plan's Chief Medical Director and supporting Medical Directors (including a behavioral health Medical Director) have an active unencumbered license in accordance with the health plan's state laws and regulations to serve as Medical Director to oversee and be responsible for the proper provision of core benefits and services to members, the Quality Program, the Medical Management Programs, and the Grievance System.

- **SVP Population Health & Clinical Operations (SVPPHCO)**

The SVP Population Health and Clinical Operations is responsible for implementing and maintaining a cultural competency plan, which includes cultural awareness and sensitivity to the linguistic, disability-related, and cultural differences of the health plan's membership, staff, and providers. Responsibilities include promoting an environment of cultural competence through identification and implementation of a culturally inclusive best practices and innovations aligned with the CLAS standards and national priorities/initiatives; conducting ongoing assessments of social determinants of health-related activities to integrate into quality activities; and partnering with communities' leadership to assess and implement services that address the needs of all members.

- **Director of Care Management**

The Director of Care Management reports to and supports the SVPPHCO in the delivery of cultural and linguistic related activities. Responsibilities include ensuring that cultural and linguistically appropriate services are provided to members, providing trainings to staff and providers as necessary and assisting with data collection and analysis.

- **VP of Quality Improvement**

The VP of Quality reports to the SVPPHCO and is responsible for directing the activities of the quality staff in monitoring and auditing the health plan's health care delivery system, including, but not limited to, internal processes and procedures, provider network(s), service quality, and clinical quality. The VP of Quality assists the senior executive staff, both clinical and non-clinical, in overseeing the activities of the operations to meet the goal of providing health care services that improve the health status and health outcomes of its members. Additionally, the VP of Quality coordinates the Quality Improvement Committee proceedings in conjunction with the Chief Medical Director, supports corporate initiatives through participation on committees and projects as requested, reviews statistical analysis of clinical, service and utilization data, and recommends performance improvement initiatives while incorporating best practices as applicable.

- **Director of Accreditation**

The Director of Accreditation reports to and supports the VP of Quality and is responsible for collaborating with internal departments to ensure implementation of the CLAS Program meets all NCQA and regulatory requirements.

- **Quality Coordinator/Specialist**

Quality Coordinator/Specialist are highly trained clinical and non-clinical staff with significant experience in a health care setting; experience with data analysis and/or project management. The Quality Coordinator/Specialist scope of work may include medical record audits; data collection for various quality improvement studies and activities; data analysis and implementation of improvement activities; review, investigation, and resolution of quality-of-care issues; and complaint response with follow up review of risk management and sentinel/adverse event issues. The Quality Coordinator/Specialist collaborates with other departments as needed to implement corrective action or improvement initiatives as identified through health plan's quality improvement activities and quality of care reviews.