



<b>Title:</b>	Cultural Needs and Preferences for Members				
<b>Department/Line of Business:</b>	Quality Improvement				
<b>Approver(s):</b>	VP CMP, SWHP				
<b>Location/Region/Division:</b>	SWHP				
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## LINE OF BUSINESS

This document applies to the following line(s) of business:  
All SWHP & ICSW

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

**Cultural** — Integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

**Cultural Competence** — is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professional that enables effective work in cross-cultural situations.

**Quality Improvement Subcommittee (QIS)** — Scott & White Health Plan’s (SWHP's) Quality Improvement (QI) department governing body that is ultimately responsible for the quality improvement program and shall approve the quality improvement program, approve an annual quality improvement work plan, meet no less than annually to receive and review reports of the Quality Improvement Committee or group of committees, and take action when appropriate; and review the annual evaluation of the Quality Improvement Program.

## POLICY

SWHP maintains an adequate network of primary care, behavioral healthcare and specialty care practitioners, and monitors how effectively the network meets the needs and preferences of our members.

For Medicaid members, SWHP provides culturally competent services, linguistic access, and disability-related access, through the Medicaid Cultural Competency Plan, which builds on our experience and relationship with the community, its members and health care providers. Cultural needs and preferences is supported by SWHP's organizational structure and sustained through management and staff who are qualified to meet the needs of the entire population served. SWHP strives to employ staff who are bilingual, and supplement internal staff with contacts to provide communication, translation, and interpreter services. Additionally, SWHP's network includes providers of most specialists who maintain bilingual language capabilities to facilitate communication with patients.

## PROCEDURE

SWHP collects data on cultural, ethnic, racial and linguistic needs of its members and conducts a quantitative assessment of needs to determine unmet needs. SWHP's practitioner network has the types and number of

practitioners necessary to meet the cultural, ethnic, racial and linguistic needs of its members within defined geographical areas. Based on the results of the data collected, SWHP adjusts the availability of practitioners within its network to ensure the above named needs are met.

## ATTACHMENTS

None.

## RELATED DOCUMENTS

SWHP Medicaid Cultural Competency Plan

## REFERENCES

- National Committee for Quality Assurance (NCQA) 2017 Health Plan Accreditation Standards
- NCQA- Multicultural Health Care: A Quality Improvement Guide
- Health and Human Services Commission (HHSC) Uniform Managed Care Contract (UMCC) Attachment B -1 Section(s) 8.1.5.8 (V 2.22)
- CMS Medicare Marketing Guidelines
- Code of Federal Regulations: 45 CFR 80.3(b)(2) and 45 CFR 156.200, 7 CFR 15
- Title IV of the Civil Rights Act of 1964
- HHSC Medicaid/CHIP Managed Care Services Contract & RFP 4.3, 8.1. and 8.2
- HHSC Uniform Managed Care Manual (UMCM): 3.4 and 4.3

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.