



Non-Discrimination, Cultural Competency, Language Proficiency and ADA 2020

This plan is a compilation of Federal and State Regulations following Health and Humana Services (HHS) recommendation for Language Assistance Plan (LAP) and Office of Civil Rights recommendations for Cultural Competency plans.

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Introduction

Humana's Language Assistance and Alternative Formats Services recognizes cultural differences and the influence race, ethnicity, disabilities and primary language have on the health care experience, quality of care and health outcomes.

Humana employs a functional application of cultural competence, through the use of evidence-based tools and resources, to reduce inequity across the health care system and serve its multicultural population.

Humana is committed to developing strategies that reduce gaps in quality and strive toward the elimination of health disparities.

Tactics for quality improvement include provider and workforce development and training, data collection and analysis, and the provision of language-access services.

Requirements are a direct result of the following Federal laws:

- Title VI of the Civil Rights Act 1964
- Section 504/508 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Americans with Disabilities Act (ADA) of 1990, 2008, and 2010,
- Executive Order 13166 of 2000
- Section 1557 of Affordable Care Act (ACA) of 2010 and 2016

Mission

The Language Assistance and Alternative Formats Services mission is to ensure the provision of culturally and linguistically appropriate services at all levels of care and to develop interventions to reduce disparities and promote optimal health outcomes.

Vision

Humana's vision for the program's vision is to understand enrollees' personal contexts of health, special accommodations and encourage action through targeted outreach.

Humana seeks to provide services that are respectful of and responsive to the cultural beliefs and needs of a diverse population.

Governance

The Corporate Quality Improvement Committee (CQIC), as delegated by the internal board/ management team, provides oversight for the Language Assistance and Alternative Formats Plan (Cultural Competency Plan).

Accountability

Two groups, clinical and operations, administer the Language Assistance and Alternative Formats Services as a direct result of federal and state laws/regulations.

Humana's medical director of quality strategies serves as the executive responsible for executing and monitoring the clinical disparities, health literacy and cultural competency of the Language Assistance and Alternative Formats Services and as the chair of the corporate quality improvement committee.

Humana's Language Assistance Plan (LAP)/Limited English Proficiency (LEP) and ADA Compliance Officer serves as the executive responsible for executing and monitoring the operations and consumer experience of the concierge service for accessibility.

Humana Strategy for Meaningful Access

Humana's strategy is focused on "equality of opportunity" for meaningful access to health care services and activities for all enrollees.

The strategies and tactics defined below are aimed at identifying disparities and developing initiatives to improve health outcomes and care among diverse enrollee populations.

Humana's guidance is based on federal and state laws/regulations, as well as aligned with national CLAS (Culturally and Linguistically Appropriate Services) standards and guidelines (CLAS standards 5-8 are the only federal requirements).

Sample laws and regulations include (but are not limited to): Title VI of the Civil Rights Act of 1964, Section 504/508 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, Title II and III of the Americans with Disabilities Act (ADA, 1990, 2008 and Department of Justice Final Rule 2010), Executive Order 13166 (2000) (meaningful access of limited English proficiency members), and Section 1557 of the Patient Protection and Affordable Care Act 2010.

Collection/Reporting of Cultural Preference Data

Humana collects member's race, ethnicity, language, sex, sex orientation, disability and alternative format preference data on an on-going basis based on Federal and State regulation requirements.

Language is collected in at minimum 150 languages and alternative format request are set up in a "single request" process.

Alternative formats are available in Braille, Large Print (Print or PDF), Audio-MPG, Audio-WAV, Audio-Daisy (Audio files are available via USB, CD, Daisy or Cassette), Screen Reader PDF or Orally over the Phone.

Humana utilizes the collected cultural data to identifying variations in the quality of care provided to different groups, developing and implementing effective prevention and treatment strategies, training and facilitating the provision of culturally and linguistically appropriate health care.

Collecting data on enrollees' language preferences helps determine the need to translate materials based on the populations served, assess the need for interpreter services and identify opportunities for culturally appropriate interventions.

Health care providers play a significant role in reducing disparities and delivering appropriate services to all enrollees, regardless of race, ethnicity, culture and primary language.

Humana network providers must abide by Federal and State regulations regarding Over the Phone interpretation at minimum 150 languages and sign language interpretation requirements either in-person or via Video Remote Interpretation, if the provider is not compliant Humana will provide interpretation services while the provider becomes compliant.

Humana seeks to maintain a provider network capable of meeting the cultural and linguistic needs of a diverse population.

The Humana Concierge Service for Accessibility monitors disabled, Non-English and other enrollees that require additional assistance in accessing Humana.

This includes providing direct videophone capabilities with deaf members, scheduling of interpretation, assistance with appointments, reading of the website or Humana communication for blind enrollees.

Humana's tactics for collection/reporting of provider data include:

Data collection of foreign languages spoken in provider offices through credentialing and re-credentialing processes.

Display of foreign languages spoken in provider offices in a Web-based provider directory, available in English and Spanish.

Humana's tactics for collection/reporting of member data include:

Voluntary collection and storage of member self-reported race/ethnicity data through Humana's health risk assessment (yearly).

Language and communication preference form found on MyHumana.com.

Data collection of foreign languages in 200 languages via over the phone interpretation usage.

Collection of secondary race/ethnicity data from the Centers for Medicare & Medicaid Services (CMS) on Medicare, Medicaid and long-term care enrollees through monthly electronic data files.

Collection of secondary race/ethnicity data from state agencies through electronic data

files.

Storage and reporting of race/ethnicity and some language preference data on Medicare and Medicaid Plan enrollees through the customer interface (CI) system.

Annual state-by-state analysis of American Community Survey and U.S. Census data on race/ethnicity and language spoken at home to determine overall population demographics and language needs.

Use of Geoscape and RAND Corp. geo-coding and surname analysis of race/ethnicity data in combined Office of Management and Budget (OMB) format.

Routine reporting of relevant race, ethnicity and language preference data to the corporate quality improvement committee for review and stakeholder input.

Development of placeholder fields for race/ethnicity and language preference data in clinical profile (clinical member database) for storage and retrieval.

Collection through integrated clinical systems of self-reported race/ethnicity and language preference data in combined OMB format, through enrollee participation in a clinical program (i.e. disease management, case management, personal nurse, etc.).

Enrollee Care Plans

Cultural considerations play a key role in the development of enrollee care plans and in care management.

Humana also works to develop individualized care plans to meet enrollees' unique needs, such as transportation and accommodation for enrollees with developmental and cognitive disabilities, as well as the provision of services for homebound enrollees.

Humana case managers collect data on member language preferences, social and cultural history and personal health preferences.

The data are used to develop individualized care plans. Humana's case management program has detailed policies and procedures outlining the role that cultural, linguistic and disability considerations play in developing enrollee care plans.

Training/Development Cultural Competence

Humana seeks to develop associates' abilities to meet the cultural and linguistic needs of enrollees and has undertaken quality improvement efforts to enhance workforce sensitivity to diversity, disparities and the need to provide appropriate and effective services.

Part of this strategy includes a commitment to hiring associates from diverse backgrounds.

Humana collects data on the race and ethnicity of Humana associates through our inclusion and diversity program and will compare these data with the race and ethnicity enrollment data received from state agencies.

The comparison data will be incorporated into Humana's recruiting strategy to help ensure Humana employs staff with backgrounds representative of plan enrollment.

In addition to hiring staff who reflect the diversity of member demographics, Humana recognizes that staff training is a key component in providing culturally competent care.

Humana conducts yearly ethics training with internal staff and specialized training to specific areas that require direct contact or interaction with enrollees.

Network Providers and Contractors Cultural Competency

Effective communication and understanding is important in delivering quality care and service through our network providers and contractors.

Ensuring mutual understanding, however, may be more difficult during a cross-cultural interaction between member and provider.

Some disparities may be attributed to miscommunication between providers and enrollees, language barriers, cultural norms and beliefs and attitudes that determine health-care-seeking behaviors.

In addition to contracting with a culturally diverse network of providers of both genders and prioritizing recruitment of bilingual or multilingual providers, there are other strategies underway to strengthen culturally appropriate communication.

Humana employs the following initiatives to support the provision of culturally and linguistically appropriate care:

- Data collection of languages spoken in provider offices through credentialing and re-credentialing processes.
- Display of languages spoken in provider offices in a Web-based provider directory, available in English and Spanish.
- Provision of Web-based content and links, including a description of Humana's cultural competency program.
- Resources for recognizing disparities and meeting the cultural and linguistic needs of patients, tools to facilitate clear health communication with patients and improve health literacy and nationally recognized disparities literature.

Language Assistance and Alternative Formats

Humana's strategy is to ensure "equality of opportunity" for meaningful access to health care services and activities.

Effective communication with enrollees promotes increased compliance and adherence to follow-up treatment, improved use of and access to preventive care, better understanding of covered services, navigation of the complex health care system and improved member satisfaction.

Humana provides, at no cost, appropriate access to oral interpretation services in 200 languages, video interpretation in 24 languages, including American Sign Language and translated written materials of vital documents based on threshold languages and auxiliary aids required by disabled enrollees (current and future).

Humana follows the Department of Health and Human Services' framework for Limited English Proficiency (LEP) and ADA enrollees for the development of the language assistance and alternative formats section of the Language Assistance and Alternative Formats Services. The framework is described below:

Element 1: Assess Needs and Capacity

Humana regularly reviews current member mix, federal, state and local statistics to ensure consistent sources for evaluating language and disability needs are used when determining the effective and efficient mix of communication methods (i.e., U.S. Census data, American Community Survey, etc.).

Self-reporting form on MyHumana for enrollees to self-report language preference or disability (i.e., deaf, blind, limited sight, etc.).

RAND/Geoscape-enhanced county mapping of threshold and frequently encountered languages (5 percent and 10 percent guidance).

Member IDs tied to interpretation data.

Mapping of member mix to develop predictive models on member behaviors.

Oral interpretation dashboard.

Element 2: Oral Language Assistance Services

Testing and attestation of internal and external translators to confirm proficiency and ethics of staff.

Oral interpretation services offered in more than 200 languages (over the phone), plus video remote interpretation (VRI) in 27 languages, including American Sign Language.

Review of requirements with providers regarding oral interpretation services (150 languages at minimum) and sign language capabilities (in person or by video) to ensure providers meet the requirements of Limited English Proficiency (LEP) and sign language interpretation (ADA).

Humana has partnered with Voiance to create an easy process for providers to meet the government regulations.

Access is available at:

<https://www.voiance.com/services/AccountSignUp/ServiceAgreement.aspx?g=d0db2690-d029-4197-8eee-27e292848969>.

Interagency language proficiency assessments for associates who speak with enrollees in a language other than English (i.e., Spanish).

Humana's customer service automated information line in Spanish, which assists Spanish-speaking enrollees in requesting new identification cards, obtaining a proof of insurance fax, creating a health savings account withdrawal and routing calls appropriately.

Examples include:

VRI – American Sign Language for Deaf enrollees with smartphones is available 24/7 (i.e., pharmacy visit).

In-person sign language interpreter provided for Humana enrollees.
Linguistically trained oral interpreters for blind enrollees (trained to speak with blind enrollees).

Oral interpretation of “vital” documents upon request (i.e., non-English enrollees, blind and hard-to-see).

Element 3: Alternative Delivery of Vital Documents (i.e., written translations and auxiliary aids)

Humana uses the four-factor analysis in determining the translation of “vital” written materials into a language at threshold or “frequently encountered” populations.

“Vital” documents within a health care plan are those that ensure access to a benefit, service, right or encounter and may create a consequence to the health of the LEP member if not provided in a timely manner in a format the LEP/ADA member can understand.

Translation of vital information into Spanish is performed according to written translation standards of quality, accuracy and timeliness.
Member materials are compliant with state readability requirements.

Internally and externally produced translations are evaluated for quality, accuracy and timeliness.

Alternative formats are available upon request and once the request is made this is a single request or standing request. The disabled or Non-English member/enrollees information is provided in that format.

Alternative formats are available in Braille, Audio-CD, Audio- USB, Accessible Screen Reader PDF, Daisy, Large Print and Orally Over the Phone.

Oral Interpretation of vital documents is available in more than 200 languages on request.

Alternative Format Materials are available in English and Spanish.

Oral interpreters for blind enrollees are trained to speak with blind enrollees and to read communications.

Element 4: Policies and Procedures

Humana has a central process and procedure repository where policies and procedures are stored for customer-facing staff (Mentor).

Customer-facing associates have access to member information through our centralized technology platforms; notes are captured with member records and available for subsequent calls.

The policies and procedures in relation to non-English and ADA enrollees are reinforced during specialized training of staff.

Element 5: Notification of Availability

Humana informs enrollees of the availability of language assistance and alternative formats services at all points of contact at no cost and provides enrollees with information on how to access these services based on Department of Justice/Health and Human Services/CMS/Office of Civil Rights/state departments of insurance guidance for LEP and ADA enrollees.

Potential enrollees are informed that information is available in alternative formats and how they may be accessed.

Humana's enrollee handbook informs enrollees that interpretive services are available to them and how to access these services.

Enrollees may contact Humana requesting plan materials in versions that vary from

those routinely mailed to enrollees.

Element 6: Training

Humana seeks to hire and develop associates' abilities to meet the cultural and linguistic needs of enrollees and mimic the population that we serve.

Providing proficiency assessments for associates speaking with enrollees in language other than English.

Providing specialized language assistance and ADA training as part of job role training.

Quality interactions are used as a Web-based cross-cultural communication training program for Humana clinical and nonclinical associates.

Cultural, linguistic and disability customer service training helps ensure covered services are delivered in a culturally competent manner to the target population.

This is especially important for customer-facing associates with regular contact with non- English and disabled enrollees.

Examples of training include:

- Policies and procedures for accessing language assistance and working effectively with LEP enrollees.
- Training on how to work effectively with in-person and telephonic interpreters and information on cultural differences and diversity within our enrollee population.
- Use of teletype (TTY), video relay services and remote interpreting services.
- How to access oral interpretation services and written materials in prevalent languages.
- How to access materials for blind, limited sight and deaf enrollees.
- Provider training policies and procedures and training materials are in place to ensure culturally competent services are delivered to enrollees.
- Providers may view a complete copy of Humana's cultural competency plan on Humana's website at www.humana.com/providers/clinical/resources.aspx.
- Providers are to follow Section 1557 of the Affordable Care Act by providing the notice of non-discrimination as required by the Office of Civil Rights (OCR)
- <https://www.humana.com/provider/support/whats-new/nondiscrimination-notice>.

Providers also may request a paper copy of Humana's cultural competency plan at no charge by contacting Humana customer services at 1-800-4HUMANA (1-800-448-6262) or by calling their provider contracting representative.

Examples of training include:

- Web-based content and links with a description of Humana's cultural competency program.
- Resources for recognizing disparities and meeting the cultural and linguistic needs of patients and tools to facilitate clear health communication with patients and improve health literacy.
- Provider newsletter articles with tips for providing culturally competent care.
- Multilingual health education Web resources.
- Oral interpretation and ADA requirements.

Element 7: Access and Quality

Humana benchmarks models and proven strategies to improve member experience and clinical outcomes for our non-English-speaking and disabled enrollees.

A telephonic Humana health assessment in Spanish and a health profile tailored to the member are available within 14 days of completion (information from the assessment is analyzed to determine if the member might benefit from early referral to Humana's clinical programs).

Spanish versions of member satisfaction surveys are available.

The 360 Feedback in 2015 is capturing self-reporting from MyHumana regarding language and ADA preferences, as well as map Voiance oral interpretation (over-the-phone) data to member information.

360 Feedback supports operational aspects of customer service and clinical, as well as statistical analysis to identify trends, aggregate data by population segment, track call resolution and highlight policy/process improvement opportunities or training needs.

Access and quality examples include:

- Cross-functional/multidepartment collaborations focused on strategic planning and integration of data collection and culturally competent services within health plan operations.
- Annual submission of Humana market quality improvement program evaluations that include market analysis of enrollees, race/ethnicity and linguistic composition

analyses to identify cultural requirements and opportunities to improve services to enrollees.

- A work-plan documenting initiatives operationally to improve the consumer experience of non-English-speaking and ADA enrollees.

Participation in the National Health Plan Collaborative, an AHIP-led partnership of commercial, Medicare and Medicaid health insurance plans, the goals of which are to reduce racial and ethnic health care disparities.

Review of customer complaints and grievances for non-English and ADA members.

Element 8: Stakeholder Consultation

Humana also recognizes the importance of community-level involvement in maintaining effective Language Assistance and Alternative Formats Services program.

Ultimately, Humana's objective is to understand personal contexts of health and encourage action through targeted outreach.

Through these efforts, Humana seeks to deliver appropriate and personalized services to all enrollees, regardless of race, ethnicity, culture, disability or primary language.

Examples include:

- Regular focus groups throughout the country.
- Community meetings (i.e., Florida Comprehensive Plan, Kentucky, Louisiana, Virginia and Illinois Medicaid).
- Ethnographic research (language and disability).

Element 9: Emergency and Business Continuity Preparedness

Humana has emergency and business continuity plans that include LEP/ADA language within each customer-facing area to mitigate the effects of a natural disaster or other emergency.

The plans identify how to access an oral interpreter or alternative formats if the normal procedures or processes are not available.

Element 10: Digital Information

Humana ensures all enrollees (current and future) can use language assistance services to access important digital information.

Humana websites are available in English and Spanish as well as section 508 and WCAG 2.0 compliant and accessible.

Element 11: Compliance, Evaluation and Reporting

Humana's Language Assistance and Alternative Formats Services plan is designed to focus on continuous improvement to ensure "equality of opportunity" for meaningful access for all enrollees.

The premise behind compliance, evaluation and reporting is ensuring process and performance management activities target the identification of improvement possibilities, the design of new and revised services or processes, the implementation of innovative solutions aimed at our diverse enrollee populations from a clinical and operational perspective.

Humana's Language Assistance and Alternative Formats Services work plan is available upon request and is posted on the Humana website.

Humana's quality improvement initiatives include:

- Annual submission of Humana market quality improvement program evaluations that include market analysis of membership, race/ethnicity and linguistic composition analyses to identify cultural requirements and opportunities to improve services to specific groups of members.
- Participation in the National Health Plan Collaborative, an AHIP-led partnership of commercial, Medicare and Medicaid, the goals of which are to reduce racial and ethnic health care disparities.
- Incorporation of ethnically specific health information in Humana Active Outlook magazine, a regular publication for Medicare Advantage, group Medicare and Medicare supplement members, or Humana Family, a regular publication for Medicaid Plan members.

Conclusions

Disparities in health care are the result of complex issues that cannot be eliminated with a single strategy.

Reducing health disparities requires systematic changes targeted to the needs of individuals.

Humana has adopted a multidisciplinary approach to improving quality, promoting equity and delivering culturally competent care.

The Humana Language Assistance and Alternative Formats Services plan is reviewed annually by June 1st.