



silversummit healthplan

Cultural Competency Program Description 2025

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I. Introduction

SilverSummit Healthplan, a Centene Corporation health plan, is dedicated to improving the health of the communities we serve—one person at a time. As a contracted provider for Medicaid recipients, we implement innovative strategies and practical interventions to drive meaningful transformation in healthcare access and outcomes.

We are a quality-driven organization that embraces continuous quality improvement as a core business strategy. Our approach prioritizes culturally and linguistically responsive care to ensure that all members receive services tailored to their unique needs. Guided by the principles of cultural humility, we recognize the complexity of individual identities and the evolving nature of personal experiences, including social, cultural, and linguistic factors.

SilverSummit Healthplan values diversity at every level and fosters a community-focused, family-oriented approach to healthcare. By integrating cultural attitudes, beliefs, and practices into diagnostic and treatment methods, we ensure that care remains relevant, inclusive, and effective across our entire healthcare system.

As part of Centene Corporation—a national leader in government-sponsored healthcare—we are committed to holistic, customized care that addresses the physical, behavioral, pharmaceutical, cultural, and social needs of our members. Founded in 1984 as a single health plan, Centene has grown into a diversified, multi-national healthcare enterprise, serving underinsured and uninsured populations with innovative solutions that deliver real results for state governments, members, providers, and communities.

Our commitment to quality, equity, and inclusion is embedded in everything we do. SilverSummit Healthplan integrates Quality Management and Culturally and Linguistically Appropriate Services (CLAS) into every department and staff role as described below in our Cultural Competency Plan. We are dedicated to providing accessible, responsive services that respect diverse cultural and ethnic backgrounds, varying health beliefs and practices, language preferences, disabilities, and levels of health literacy—ensuring equitable care for all members, regardless of race, color, national origin, sex, sexual orientation, gender identity, or preferred language.

A. Purpose

SilverSummit Healthplan is committed to meeting the diverse needs of our members by recognizing the impact of culture on health services and outcomes. Through our Quality Program, we actively identify and address health inequities in clinical care, ensuring that all communications and services are culturally responsive, inclusive, and compliant with federal and state requirements.

We promote cultural humility as a guiding principle in care delivery—ensuring that all members, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and varied gender identities or sexual orientations, receive respectful, high-quality services tailored to their needs.

Our Population Health Management initiatives are continuously evaluated to incorporate cultural considerations, social determinants of health (SDOH), and health-related social needs (HRSN), ensuring a comprehensive approach to member well-being. By proactively addressing health inequities, SilverSummit Healthplan is dedicated to improving HEDIS measures, reducing healthcare costs, and delivering locally tailored, culturally relevant care that enhances health outcomes for all.

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. Health Equity 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. Cultural Competency Program description

SilverSummit Healthplan is guided by State Contract Requirements (Section 7.5.3.2.1) and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, developed by the Office of Minority Health. These standards provide a framework for delivering culturally and linguistically responsive care that respects individuals' health beliefs, preferences, and communication needs.

At the core of the National CLAS Standards is the Principal Standard (Standard 1), which establishes the overarching goal of providing equitable, high-quality care. By implementing and maintaining the other 14 standards, organizations naturally work toward achieving this Principal Standard.

Because the CLAS Standards are a framework rather than a prescriptive set of rules, SilverSummit Healthplan's Cultural Competency Program Description is structured around priority domains that align with both the National CLAS Standards and state contractual requirements. This strategic alignment ensures that culturally and linguistically appropriate care is integrated throughout our programs, ultimately enhancing health equity and improving member outcomes.

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 Cultural Competency Program is an integral part of SilverSummit Healthplan's Quality Program, utilizing a systematic, data-driven approach to monitor, evaluate, and improve healthcare delivery for all members. This program employs reliable and validated methods to assess and enhance both clinical and non-clinical aspects of care, ensuring sustainable improvements in health outcomes and health equity.

Aligned with the health plan's commitment to continuous quality improvement, this approach addresses both medical and non-medical drivers of health, promoting equitable access to care and culturally responsive services. The Cultural Competency Plan describes how care and services will be delivered in a culturally competent manner and identifies goals and objectives of the Cultural Competency Program that align and encompass the State's Quality Strategy, with a particular focus on goal 7 - Reduce and/or eliminate health care disparities for Medicaid members by December 31, 2027.

(https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Board/Quality_Strategy_2025-2027.pdf).

To uphold its responsibilities to members, communities, stakeholders, and regulatory bodies, SilverSummit Healthplan's Board of Directors has adopted the Cultural Competency Program Description,

which is reviewed and approved annually by the Quality Improvement Committee and the Board of Directors to ensure ongoing relevance and effectiveness.

C. Monitoring and Evaluation

Each year, SilverSummit Healthplan establishes goals to enhance the delivery of culturally and linguistically appropriate services (CLAS) and reduce healthcare disparities, aligning with Standard 9 of the National CLAS Standards. These priorities are shaped by the State's Quality Strategy, community demographics, identified member needs, and ongoing opportunities for improvement.

To support our mission of improving health outcomes while reducing costs, we develop an annual work plan with defined goals, activities, and timelines to achieve the following:

- Enhance access to care and improve health outcomes by ensuring culturally and linguistically responsive services for members and providers.
- Empower members and potential enrollees to actively participate in their health and healthcare through clear, effective communication.
- Drive innovation in cultural and linguistic services to improve engagement and care delivery.

Our Cultural Competency Program goals, written in SMART format, are incorporated within priority domains and outlined in the annual work plan. Data is regularly reviewed, analyzed, and updated by the Quality Improvement Committee to track trends, assess population changes, integrate new programs and services, and set future goals that address the evolving needs of our members. The Cultural Competency Plan is reviewed and updated annually and submitted to the State in the second quarter of each calendar year.

D. Workplan

Monitoring **Cultural Competency Plan** (Standard 9): Each year, SilverSummit Healthplan develops a Cultural Competency Program Description and an accompanying work plan, informed by the previous year's Cultural Competency Program Evaluation. This work plan outlines objectives, activities, timelines, and evaluation strategies to enhance CLAS-related efforts and address health disparities. It includes:

- Annual objectives and quarterly progress monitoring
- Defined activities, roles, and responsibilities
- Evaluation methods to track progress and address identified challenges

Monitoring & Accountability

The Quality Improvement leadership (or designee) oversees data collection and reporting to monitor progress on CLAS and state-required activities throughout the year. The Health Equity Improvement Committee and the Quality Improvement Committee (QIC) reviews and updates the work plan quarterly to reflect progress and align with 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
- Additional State Requirements

The Cultural Competency Plan is continuously refined to address changes in population needs, new programs, completed projects, accreditation standards, and evolving state and federal requirements. The

Quality Improvement Committee formally approves the Cultural Competency Program Description and work plan annually.

Annual Evaluation

Each year, a systematic evaluation assesses the effectiveness of the Cultural Competency Program and the work plan, including:

- Performance tracking using key indicators, data sources, and evaluation methods
- Identification of progress, limitations, and barriers
- Recommendations for program enhancements

The Cultural Competency Program Evaluation is reviewed and approved by the Health Equity Improvement Committee and QIC. Recommendations from the evaluation are integrated into quality improvement initiatives to enhance clinical services, health outcomes, and member experiences.

The Vice President of Quality Improvement conducts the final review and approval of the program evaluation, and any modifications identified during quarterly progress monitoring. Additionally, an executive summary of the evaluation may be shared with accrediting agencies, regulators, the Member Advisory Council, stakeholders, and the Board of Directors.

II. Governance, Leadership, and Workforce (State Requirement 7.5.3.2.5.)

SilverSummit Healthplan is dedicated to delivering effective, equitable, and respectful care that meets the diverse cultural, linguistic, and health literacy needs of our members. We recognize that implementing Culturally and Linguistically Appropriate Services (CLAS) is a system-wide responsibility, requiring strong leadership commitment, strategic policies, and resource investment to promote health equity. This includes ongoing training and support for all staff to ensure culturally responsive care.

Strengthening our data analytics capabilities allows us to gain deeper insights into our workforce diversity, the impact of initiatives, and areas for growth. SilverSummit Healthplan prioritizes fostering leadership and workforce representation that reflects the diverse communities we serve and aligns with the current labor market.

To enhance workforce initiatives and develop new resources, we continuously assess and support the unique identities, perspectives, and needs within our workforce, ensuring an inclusive and equitable environment for both employees and members.

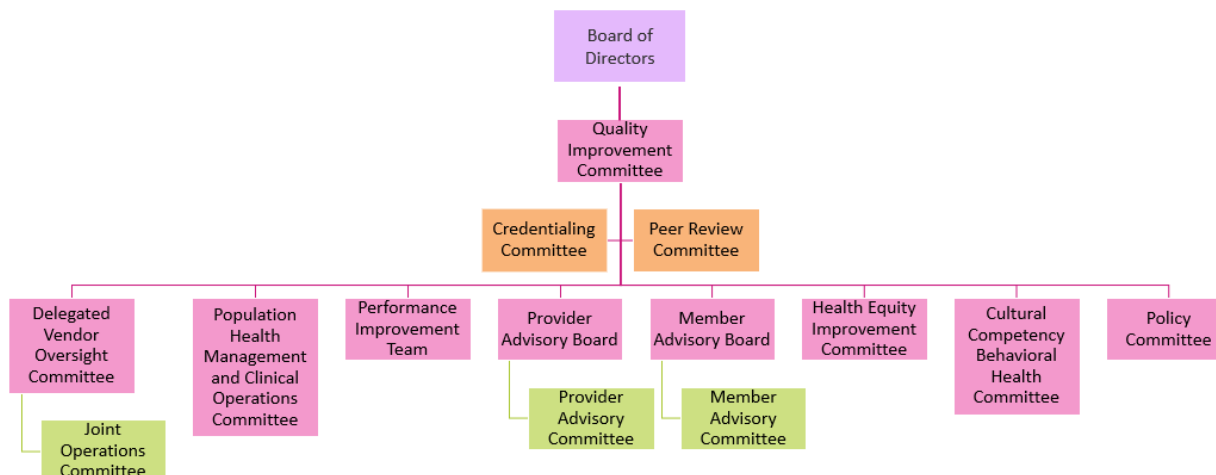
A. Governance and Leadership (Standard 2)

At SilverSummit Healthplan, quality is embedded across all departments, reinforcing our strong commitment to culturally and linguistically appropriate services for members. We provide direction, support, and oversight to ensure effective language assistance services, informed by data, member feedback, and field staff insights. Every department and advisory group collaborate to advance health equity, ensuring services are inclusive and responsive to diverse needs.

The Board of Directors provides oversight for the Quality Program, delegating development and implementation responsibilities to the Quality Improvement Committee (QIC). Chaired by the Chief Medical Director (or designee) or the Senior Quality Executive, the QIC reviews Cultural Competency Program activities, findings, and recommendations, presenting updates to the Board at least annually.

The Quality Improvement Committee serves as the central body for subcommittee activities, including the Health Equity Improvement Committee and the Behavioral Health Cultural Competency Committee. This structure ensures effective communication, data sharing, and continuous improvement, aligning with the Cultural Competency Plan to drive positive outcomes for providers, members, and stakeholders.

SilverSummit Healthplan Quality Improvement Committee Structure



The Vice President of Quality Improvement, Manager of Performance Quality Improvement, and other delegated Quality leaders work closely with department leaders to ensure the effective implementation of the Cultural Competency Program. SilverSummit Healthplan’s leadership actively supports Culturally and Linguistically Appropriate Services (CLAS) through policies, practices, and resource allocation to:

- Foster diverse, equitable, and inclusive hiring and recruitment practices that reflect the communities we serve.
- Integrate and align CLAS initiatives across all functional areas, including medical management, customer service, provider services, quality, and IT.
- Require Cultural Sensitivity and Humility education for all employees.
- Share key insights and information with stakeholders and partners to drive meaningful change.

B. Process to obtain Member and Stakeholder Feedback (7.5.3.2.6)

SilverSummit Healthplan (SSHP) is committed to fostering collaborative engagement with both members and providers to enhance cultural competency, health equity, and the overall quality of care. To achieve this, SSHP has established two key advisory boards: 1) Member Advisory Board and 2) Provider Advisory Board (with a sub Community Advisory Committee)

The Member Advisory Board (MAB) ensures the voices of culturally diverse communities are integrated into decision-making processes to address service gaps and improve member experiences. The member advisory board 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 MAB serves as a platform for:

- Identifying cultural competency and language service needs to improve member engagement.
- Providing feedback on community service needs to shape initiatives that address health disparities.

- Promoting health equity services by strengthening connections between SSHP and the diverse communities it serves.
- Informing members of our key Quality initiatives.

As defined by the charter, the member advisory board consists of community members, representatives of community-based organizations (CBOs), providers, and other invested stakeholders, representing $\geq 5\%$ of the geographic, cultural, racial/ethnic, and linguistic diversity of eligible individuals. The MAB is a demographically representative group that includes:

- Community members and advocates with lived experiences.
- Representatives from community-based organizations (CBOs) serving diverse populations.
- Healthcare providers and other key stakeholders invested in equitable healthcare access.

The MAB meets quarterly, with meeting outcomes shared with SSHP leadership to drive quality improvement initiatives and close identified gaps (Appendix B). Meeting minutes and information are shared with plan leadership and incorporated into quality improvement projects to close gaps as appropriate.

The Provider Advisory Board (PAB) serves as a consulting resource to SSHP on policy, operational matters, clinical quality, and access standards. It strengthens the bridge between SSHP and the provider community, ensuring that providers have a direct voice in shaping healthcare delivery.

The PAB represents the interests of the provider population by:

- Advising on clinical policies and operational improvements to enhance healthcare services.
- Monitoring quality, safety, and access standards to ensure providers can effectively meet patient needs.
- Serving as a direct communication channel between SSHP and the provider community.

The Community Advisory Workgroup operates under the PAB and focuses on addressing health plan performance from a community perspective by:

- Identifying key issues affecting specific populations and recommending service improvements.
- Providing community input on effective communication and outreach strategies for members.
- Offering guidance on SSHP programs to ensure they meet the needs of diverse communities.
- Collaborative Impact

The PAB meets quarterly, with meeting outcomes shared with SSHP leadership to drive quality improvement initiatives and close identified gaps (Appendix C). Meeting minutes and information are shared with plan leadership and incorporated into quality improvement projects to close gaps as appropriate.

Both advisory boards play a critical role in shaping SSHP's cultural competency, health equity, and quality improvement efforts. Through ongoing engagement, feedback, and collaboration, the MAB and PAB help drive meaningful change that enhances member experiences, provider support, and equitable healthcare access.

*C. Workforce (Standard 3): Recruit and Retain Staff who can meet the cultural needs (7.5.3.2.5.)
Hiring and Recruiting Practices to Build a Diverse Staff*

SilverSummit Healthplan is committed to cultivating a workforce that reflects the communities we serve by embedding fairness, accessibility, and opportunity into our hiring, recruitment, and talent development practices. We strive to ensure that our governance, leadership, and workforce are representative, welcoming, and responsive to the needs of our members.

Our Talent Attraction (TA) team, in collaboration with hiring leaders and human resources, actively expands our talent pipeline through targeted outreach and strategic partnerships. Key initiatives include:

- **Specialized Training for Recruiters:** All talent advisors receive training to ensure fair and inclusive hiring practices.
- **Community & Academic Partnerships:** We strengthen recruitment efforts by collaborating with nonprofits, academic institutions, and Historically Black Colleges and Universities (HBCUs) to expand opportunities and attract a broad range of candidates.
- **Stakeholder Engagement:** We connect with local community leaders, community-based organizations (CBOs), universities, community colleges, and faith-based organizations to increase awareness of career opportunities and ensure a broad applicant pool.

To reinforce our commitment to a workforce that represents a wide range of backgrounds and experiences, we implement the following best practices:

- **Clear and Accessible Job Descriptions:** All job postings highlight our commitment to a welcoming and respectful workplace.
- **Targeted Job Fairs:** We participate in events designed to engage candidates from varied backgrounds and experiences.
- **Structured Hiring Processes:** We provide hiring leaders with tools such as:
 - The Partnership Guide, which outlines strategies for fair and representative recruitment.
 - Interview Structure Best Practices, including Selecting a Well-Rounded Interview Panel, to ensure inclusive decision-making in hiring.

By integrating these strategies, SilverSummit Healthplan actively fosters a workplace that values different perspectives and experiences. Through continuous improvement and partnership-driven initiatives, we strengthen our workforce while ensuring the highest quality of service for our members.

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 Effectiveness, 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 organization's 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. 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.

Education Program (7.5.3.3.1, 7.5.3.3.2): Training and Development (Standard 2, 4)

SilverSummit Healthplan is committed to ensuring that our governance, leadership, workforce, and external committee members are equipped to meet the needs of our diverse member population. To support this, we provide a range of learning opportunities in various formats to engage staff and leadership at all levels. Developing a process-oriented approach to cultural humility strengthens our ability to achieve our mission and reduce health disparities.

To ensure that training remains relevant to member needs and barriers to care, the health plan reviews demographic data and integrates findings into education and consulting services. Required annual training is tailored to the specific roles and interactions of employees, ensuring that staff across different functions—including call center operations, utilization management, grievance and appeals, provider relations, and case management—are well-prepared to engage effectively with members and providers. Topics incorporate cultural humility, CLAS, reducing bias, promoting inclusion, and Language Access Programs and resources for members. The following are examples of actual trainings:

- *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 Equity Learning Circle*
- *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*

In 2024, SilverSummit Healthplan launched an annual Cultural Competency and Health Equity Awareness Week to deepen our collective understanding of Health Equity (HE) and Cultural Competency (CC) and their impact on the care we provide. Through engaging discussions, we explored:

- The foundations of HE and CC and why they are essential to member care.
- The role of Culturally and Linguistically Appropriate Services (CLAS) and health literacy in reducing disparities.
- The importance of effective communication in ensuring equitable healthcare experiences.

- State and national regulations that guide our commitment to culturally competent care.
- Internal initiatives that foster an inclusive and supportive workplace.

By continuously evolving our education and training efforts, SilverSummit Healthplan remains dedicated to building a knowledgeable workforce and strengthening our ability to serve all members equitably.

Domain: Governance, Leadership, and Workforce	
Evaluation Requirement: Has recruiting and hiring processes that support diversity in staff, leadership, committees and governance bodies. State Requirement 7.5.3.2.5. The Contractor must demonstrate how it plans to recruit and retain staff who can meet the cultural needs of the Contractor’s membership and cultural competence must be included as part of job descriptions.	
Objective:	By 12/2025, the health plan will demonstrate how it recruits and retain staff who can meet the cultural needs of the membership and cultural competence must be included as part of job descriptions.
Evaluation Requirement: The organization identifies at least one opportunity to improve diversity, equity, inclusion or cultural humility for staff, leadership, committees, and governance bodies. The opportunities for each group may be different or may overlap, if appropriate.	
Objective:	By 12/2025, 2 internal committees, at minimum will hold 2 meeting(s) where a health equity case study or article will be shared for an open forum discussion to better understand and identify how to improve diversity, equity, inclusion, or cultural humility.
Objective:	By 12/2025, 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: At least annually, the organization provides one or more trainings to all employees, regardless of position level, on culturally and linguistically appropriate practices, reducing bias or promoting inclusion. State Requirement 7.5.3.3. Cultural Competency Education and Training, The training program must include the methods the Contractor will use to ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery to Members of all cultures. The Contractor must regularly assesses the training needs of the staff and update the training programs, when appropriate. Training must be customized to staff based on the nature of the contacts they have with Providers and/or Members.	
Objective:	By 12/2025, 100% of health plan staff will complete the Cultural Humility and Health Equity Training; results will be presented at the Health Equity Improvement Committee.

III. [Communication and Language Assistance \(State Requirement 7.5.3.4.\)](#)

SilverSummit Healthplan is committed to providing equitable care and effective communication for all members and caregivers. To support this, language assistance services are available through qualified interpreters, contracted translation services, technology solutions, and telephonic interpretation.

All workforce members are informed of the CC.QI.CLAS.29 policy and associated procedures to ensure appropriate communication with individuals who are Limited English Proficient (LEP), deaf, deaf-blind, or hard of hearing. Staff members who may interact with these populations receive specialized training on effective communication techniques, including proper use of interpreters and assistive services.

To maintain high-quality language access, the health plan conducts regular assessments of the linguistic needs of its member population, ensuring that services remain responsive and accessible to all.

Language Assistance: Access and Availability (*Standard 5*)

SilverSummit Healthplan is committed to ensuring effective communication and equitable access to healthcare services for all members, including those who are Limited English Proficient (LEP), deaf, deaf-blind, or hard of hearing. The Cultural Competency Program and CC.QI.CLAS.29 policy provide guidance to departments interacting with members and providers to ensure a continuum of language services is available when needed. Comprehensive Language Services Include:

- Over-the-Phone Interpretation (OPI): On-demand interpretation available in more than 150 languages.
- On-Site Interpretation: Scheduled, in-person interpretation at a defined location.
- Video Remote Interpretation (VRI): A tool for real-time communication with individuals who are deaf, deaf-blind, or hard of hearing. While on-site sign language interpretation is preferred, VRI is used when an in-person interpreter is unavailable.
- TTY/TDD (711 Relay): A toll-free communication service for members who are deaf or hard of hearing, ensuring they can contact the health plan call center.
- Written Translation: Documents converted from one language to another to support member understanding.
- Alternate Formats: Member materials available in accessible formats such as audio, Braille, large print, and machine-readable electronic text.

Member-facing staff are trained to recognize and respond to language assistance needs at the point of contact with the health plan. They are equipped with:

- Request and provide appropriate language services for members.
- Utilize 711 relay services to communicate with members who are deaf or hard of hearing.
- Ensure all member communications clearly include the toll-free number for 711 relay access.

Language Access Services are provided at no cost to members at all points of contact where a covered benefit or service is accessed. The appropriate modality (OPI, VRI, etc.) is determined at the point of contact and scheduled through nationally recognized interpretation vendors (e.g., CyraCom, Language Service Associates) or local resources.

Additionally, contractors and subcontractors are required to implement language access and cultural competency programs in alignment with regulations. The health plan ensures compliance through contracting requirements and reporting mechanisms.

Access and Availability: Spoken and Sign Language Services (*Standard 7*)

SilverSummit Healthplan upholds strict quality standards for interpreters, translations, and alternate formats, aligned with 45 CFR 92 (Section 1557 of the ACA). The health plan ensures that spoken language and sign language interpreters accurately and effectively facilitate communication for individuals who are Limited English Proficient (LEP), deaf, deaf-blind, hard of hearing, or hearing impaired. These standards are contractually defined with language service vendors to ensure compliance and service quality.

- Health plan staff may serve as interpreters only if they have undergone a language proficiency assessment and completed required training in effective communication.
- Bilingual employees engaging directly with LEP members are evaluated in target languages, and their language proficiency is documented in the organization's Human Resources system.

- Practitioners and provider offices offering bilingual services attest to proficiency during the credentialing process. This information is included in the provider directory to ensure accurate representation.
- Providers are educated on the availability and appropriate use of health plan language services, in alignment with federal CLAS standards and company policies.

Access and Availability: Written Translation Services (Standard 8) (State Requirements 7.5.3.4.1-7.5.3.4.3.)

SilverSummit Healthplan is committed to ensuring that all member-facing materials are accessible, culturally relevant, and easy to understand. Member communications are written in plain language at or below the maximum reading grade level defined by the State of Nevada. Readability is assessed using tools such as Flesch Reading Ease, Flesch-Kincaid Grade Level, Readability Studio, and Health Literacy Advisor. Materials are also designed with consideration for literacy levels, disabilities, cultural differences, and age-specific learning needs. To further support clarity, training in plain language writing is available for all departments involved in producing member materials. Additionally, translation vendors must maintain the original English reading level in their translations to ensure consistency.

The health plan provides translated materials in threshold and prevalent languages as required by state and federal regulations. These materials are available in both mailed and electronic formats, ensuring members receive information in their preferred language. If a language is spoken by 3,000 members or 10% of the plan's LEP population (whichever is less), all materials must be translated into that language. For vital materials—such as notices related to the denial, reduction, suspension, or termination of services—translations are required when a language is spoken by 1,000 members or 5% of the LEP population (whichever is less). Additionally, if a contractor's caseload includes at least 1,000 members with LEP in a particular language, all notices informing members of their right to interpretation and translation services must be provided in that language.

To uphold quality standards, the health plan works exclusively with contracted translation vendors for all non-English written materials and alternate formats, including braille. These vendors are required to provide attestations of quality and adhere to strict accuracy and timeliness requirements outlined in their contracts. Certified bilingual staff may provide sight translation (oral translation of written materials) when available, ensuring members can access critical information in real time. All translation requests, including written and sight translations, are managed in accordance with Centene's CC.QI.CLAS.29 policy.

Notification of Language Access Services (Standard 6)

Member Notification: Ensuring members are aware of available language assistance services is essential for meaningful access to healthcare services. SilverSummit Healthplan informs members with limited English proficiency (LEP), as well as those who are deaf or hard of hearing, about language support at every point of contact, including member services, claims, utilization management, disease management, care management, and grievance and appeals processes.

To facilitate awareness, the health plan includes taglines on printed and electronic materials, explicitly informing members of their right to language assistance services at no cost. For instance, a Spanish-language tagline may state: *"If you speak Spanish, language assistance services are available at no charge to you. Call XXX-XXX-XXXX for assistance."* Members also receive written materials in threshold languages—languages spoken by 5% of the population or by 1,000 individuals, whichever is less. These threshold languages are reviewed at least every three years using census and community-level data to ensure services remain aligned with member needs.

As required under Section 1557 of the Patient Protection and Affordable Care Act and applicable state laws, members receive annual notification of available language assistance services. If non-English speakers reach a 1% threshold in a community, or meet other state and federal requirements, certain materials must be provided in that language for members who have documented a preference.

All significant member communications—including the Member Handbook and newsletters—contain information about language assistance services, written in plain language. A language insert accompanies new member materials, guiding individuals on how to request translations, alternate formats, or interpreter support. Notices regarding language access and non-discrimination policies are included in all key communications and posted in public spaces. To further ensure accessibility, these materials are also available on the health plan’s public and secure member portals. Provider and practice language capabilities are published in the provider directory, as detailed in policy CC.PRVR.19.

Practitioner Notification: Educating practitioners about language assistance services is equally important to ensuring equitable healthcare access for members with LEP or communication barriers. SilverSummit Healthplan provides practitioners with detailed information on the language patterns of their service areas and individual member-level language data via the Provider Portal, allowing them to prepare for member interactions and facilitate effective communication.

To support language access efforts, practitioners receive information about:

- The availability of no-cost interpreter and oral translation services through the health plan.
- The linguistic composition of their service area and/or state.
- Procedures for accessing language services, provided in the Provider Manual, Provider Portal, and the online provider newsletter.

Additionally, the health plan offers materials and resources for practitioners to display in their offices to educate members about available language services. Further support includes:

- Training in the provision of language assistance services.
- Cultural humility training to highlight the impact of language and culture on health outcomes and patient decision-making.

Domain: Communication and Language Assistance State Requirement 7.5.3.4 Culturally Competent Services and Translation/Interpretation Services - The Contractor must demonstrate that they use a quality review mechanism to ensure that translated materials convey intended meaning in a culturally appropriate manner.	
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 12/2025, the Provider Relations team will report and disclose language needs findings to 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 <i>Notification of Language services</i> (e.g., taglines) in the identified threshold languages.	
Objective:	By 12/2025, the Provider Relations team will report and disclose language needs findings to providers and practitioners in network to improve language service.
Objective:	By 12/2025, 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 12/2025, 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.
Evaluation Requirement: On an annual basis, the health plan evaluates member/enrollee grievances related to the delivery of language access services.	
Objective:	By 12/2025, 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.	
Objective:	By 12/2025, will have a documented process for collecting qualitative and/or quantitative data related to member experiences with language access services, for organizational functions and during health care encounters.
Objective:	By 12/2025, will have a documented process for collecting data related to the number of practitioners that have worked with an interpreter during health care encounters.

IV. Practitioner Network Cultural Responsiveness (State Requirement 7.5.3.2.8.)

A strong relationship between members, caregivers, physicians, and care teams is essential for enhancing care coordination and improving health outcomes. SilverSummit Healthplan conducts an annual evaluation of its practitioner network to assess alignment with the cultural, ethnic, racial, and linguistic needs and preferences of its member population. This evaluation ensures that outreach services, network accessibility, and overall care quality remain responsive to the diverse backgrounds of members.

To support this effort, demographic data—including race, ethnicity, and language proficiency—is collected from practitioners and practices through the credentialing and enrollment process, as outlined in CC.PRVR.47. Self-reported demographic information is made available upon request to help members select practitioners who align with their personal preferences. By analyzing this data, the health plan identifies gaps in network adequacy and takes corrective action as needed. The annual network assessment report details the methodology, monitoring processes, results, and steps taken to address deficiencies, reinforcing SilverSummit Healthplan’s commitment to reducing healthcare disparities stemming from cultural and linguistic barriers.

Education and Development (Standard 4) (State Requirement 7.5.3.3.3.)

SilverSummit Healthplan provides ongoing support to contracted practitioners to ensure culturally responsive and linguistically appropriate care for members. Providers receive guidance on accessing

language services through the Provider Operations Manual, routine updates, and the online provider newsletter. These resources help practitioners:

- Enhance cultural responsiveness and awareness in their practice.
- Navigate and coordinate language services, including interpretation and translation.
- Improve communication strategies when using interpreters.

Practitioners may also request customized cultural competency training tailored to their practice needs. These trainings address specific cultural barriers to healthcare in the service area and can be delivered in person, via webinar, or through computer-based learning modules. Additionally, the health plan encourages providers to participate in cultural competency trainings offered by the Office of Minority Health, which focus on local population needs and include:

- Cultural expectations and traditional health practices.
- Strategies for addressing cultural barriers in healthcare.
- Patient-centered care and effective communication techniques.

Specialized training modules are also available for providers in fields such as behavioral health, maternal health, oral health, psychiatry, and nursing. To reinforce the importance of cultural competency, providers are reminded annually of their training responsibilities through the provider newsletter, annual updates, and the provider manual. For additional support, providers can contact SilverSummit Healthplan's toll-free Provider Relations line for assistance with cultural or linguistic concerns.

Domain: Practitioner Network Cultural Responsiveness State Requirement 7.5.3.2.8. Culturally competent care requires that the Contractor regularly evaluates its Network, outreach services and other programs to improve accessibility and quality of care for its membership. The CCP must also describe the provision and coordination needed for linguistic and disability-related services.	
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 12/2025, 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. 100% of practitioners will be contacted after new provider orientation and language spoken will be requested. 100% of practitioner are asked during the enrollment process to share their language services. Quarterly Provider Newsletters and the website also have prompts requesting providers to complete our Practitioner Data Form.
Objective:	By 12/2025, 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. 100% of practitioners will be contacted after new provider orientation and race and/or ethnicity will be requested. 100% of practitioner are asked during the enrollment process to share their language services. Quarterly Provider Newsletters and the website also have prompts requesting providers to complete our Practitioner Data Form.

Objective:	By 12/2025, completed an assessment or survey of practitioner race and ethnicity from self-reported data or enrollment applications to calculate concordance with member needs. 100% of practitioners will be contacted after new provider orientation and race and/or ethnicity will be requested. 100% of practitioner are asked during the enrollment process to share their language services. Quarterly Provider Newsletters and the website also have prompts requesting providers to complete our Practitioner Data Form.
Evaluation Requirement: On an annual basis, the health plan analyzes the capacity of its network to meet the language needs of members, provides culturally appropriate care, identify and prioritize opportunities, and implements interventions to address gaps, if applicable. State Requirement 7.5.3.3.3. The education program must include methods the Contractor will use for Providers and other Subcontractors with direct Member contact. The education program must be designed to make Providers and Subcontractors aware of the importance of providing services in a culturally competent manner. The Contractor must make sufficient efforts to train Providers and Subcontractors or assist Providers and Subcontractors in receiving training on how to provide culturally competent services.	
Objective:	By 12/2025, will have a documented process for making providers and subcontractors aware of the importance of providing services in a culturally competent manner.
Objective:	By 12/2025, will make sufficient efforts to train 100% Providers and Subcontractors <u>or</u> assist Providers and Subcontractors in receiving training on how to provide culturally competent services.

V. [Data and Infrastructure \(State Requirement 7.5.3.2.7.\)](#)

SilverSummit Healthplan leverages advanced technology infrastructure and data analytics to enhance health outcomes, cultural competency, linguistic assistance services, and quality management. The health information system collects, analyzes, integrates, and reports encounter and demographic data to support disparity analysis, utilization trends (including language services), complaints, appeals, and care coordination. These capabilities ensure continuous monitoring and improvement in healthcare delivery for all members, including those with special health needs.

The IT system captures race, ethnicity, language, sexual orientation, and gender identity (REL-SOGI) data for comprehensive evaluation. Data stratification occurs at regional levels, across provider types, and within specific member populations. Internal and external sources, such as state agencies, CMS, health information exchanges (HIEs), and electronic health records (EHRs), supplement self-reported data to maintain robust demographic profiles.

Demographic Data Collection and Utilization

Direct Collection Methods: Members or their guardians voluntarily provide race, ethnicity, language, sex, sexual orientation, gender identity, and pronouns through surveys, enrollment data, and secure member portals. SilverSummit ensures compliance with the Children’s Online Privacy Protection Act (COPPA) by not collecting sexual orientation or gender identity data for minors under 13. Member Services representatives, using scripted interactions, confirm and update demographic information during member interactions.

Indirect Collection Methods: To supplement missing demographic data, analytics and AI tools predict race/ethnicity based on first name, surname, and zip code. These estimates adhere to U.S. Office of Management and Budget (OMB) guidelines. Additionally, census data is reviewed to determine prevalent languages in the service area, establishing threshold languages when spoken by at least 1% of the population or 200 individuals, up to a maximum of 15 languages.

Data Security and Member Privacy

Member demographic data is protected under strict privacy policies. Information is used solely to enhance healthcare quality, never to determine benefit eligibility. Members who decline to provide demographic data have their records coded as “Declined to State” and are not prompted again for this information.

Stratification and Health Equity Analysis

Each year, SilverSummit employs data analytics to stratify its membership and inform Population Health strategies. This assessment drives program development, intervention design, and continuous evaluation of services.

The health plan, in collaboration with its parent company, Centene, conducts an annual quality improvement assessment to pinpoint healthcare disparities. This includes evaluating HEDIS measures, utilization trends, and member experience data to identify gaps and improve health outcomes. Data-driven insights support the development of culturally and linguistically appropriate interventions, reinforcing commitment to health equity and high-quality care for all members.

Engagement, Continuous Improvement, and Accountability to Improve Health Equity

The health plan is committed to implementing a comprehensive and data-driven Cultural Competency Program that is deeply embedded in its mission to improve the health and well-being of all enrolled members. This commitment extends beyond clinical care to include health outcomes, healthcare process measures, and the overall member and provider experience. Recognizing that disparities in healthcare access and quality persist across diverse populations, the health plan integrates equity-focused strategies to ensure culturally and linguistically appropriate services that meet the unique needs of its members.

As part of the Quality Program, the Cultural Competency Program employs a systematic and evidence-based approach to monitoring, analyzing, evaluating, and improving healthcare delivery. This framework prioritizes both medical and non-medical drivers of health, acknowledging that social determinants—such as language barriers, socioeconomic factors, and historical inequities—play a critical role in health outcomes. Through continuous quality improvement efforts, the health plan works to identify disparities, address gaps in care, and implement sustainable solutions that enhance health equity.

A comprehensive Population Health and Disparity Assessment is conducted annually to assess the characteristics, needs, and barriers experienced by our diverse member populations. By stratifying data based on clinical and sociodemographic factors, the health plan gains deeper insights into disparities in healthcare utilization, health outcomes, and access to services. These insights drive Population Health Management (PHM), Quality, and Health Equity strategic planning, ensuring that programs and interventions are designed to target high-risk populations, improve access to culturally competent care, and reduce disparities.

The analysis of this data is reviewed by the Population Health Management and Clinical Operations Committee, Health Equity Improvement Committee, and Quality Improvement Committee to assess the effectiveness of current programs. Through predictive analytics from the NEST Model, the health plan proactively develops partnerships and targeted initiatives that bridge care gaps, enhance access to community resources, and address social determinants of health. This collaborative approach ensures that members receive comprehensive, person-centered support that extends beyond traditional healthcare services.

In alignment with our commitment to reducing disparities, the health plan routinely evaluates and updates programs, services, and resources to improve health outcomes for all populations. This includes

strengthening community partnerships, enhancing culturally responsive care models, and continuously adapting Population Health Management, Quality and Health Equity strategies to reflect the evolving needs of our members. By prioritizing health equity in all aspects of care, the health plan fosters a system where every member—regardless of race, ethnicity, language, gender identity, or socioeconomic status—has access to high-quality, equitable healthcare.

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, SilverSummit Healthplan has developed a health equity approach that identifies inequities, prioritizes projects and collaborates across the community to reduce inequities through evidence-based methodologies targeting members, providers 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 humility, 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 approach that includes analysis of inequities, identification of health equity opportunities in HEDIS, identification/mitigation of social risks, identification/addressing of social needs, obtaining stakeholder (member driven) feedback and partnership, and implementing strategies across member, provider, and community systems
- Improving health outcomes by instilling cultural humility and responsiveness into all parts of the organization, such as member services, network development, population health, utilization and care management, and quality improvement.

Domain: Data and Infrastructure State Requirement 7.5.3.2.7. The Contractor must describe in the CCP the method for the ongoing evaluation of the cultural diversity of its membership, including maintaining an up-to-date demographic and cultural profile of the Contractor’s Members. A regular assessment of needs and/or disparities is performed, which is used to plan for and implement services that respond to the distinct cultural and linguistic characteristics of the Contractor’s membership.	
Objective:	By 12/2025, health plan has a documented process for the ongoing evaluation of the cultural diversity of its membership, including maintaining an up-to-date demographic and cultural profile of the Contractor’s Members.
Objective:	By 12/2025, health plan has an assessment of needs and/or disparities, which is used to plan for and implement services that respond to the distinct cultural and linguistic characteristics of the Contractor’s membership.

VI. [State Requirements related to Behavioral Health pursuant to NRS 422.2734](#)

SilverSummit Healthplan is committed to ensuring that behavioral health services are delivered in a culturally and linguistically competent manner, in alignment with state and federal requirements. The Cultural Competency Behavioral Health (CCBH) Committee is a subcommittee of the Health Equity Committee and aligns with the requirements in the NV State Medicaid contract (\$1457) as well as NRS 422.2734. The purpose of the CCBH Committee is to ensure that behavioral health services for SilverSummit Healthplan members are provided in a culturally competent manner. The committee will

assist with the development, ongoing review, and approval of the cultural competence plan and development of culturally responsive strategies to identify, address, and reduce disparities in behavioral health access, utilization, and outcomes while promoting trauma-informed care and incorporating member and stakeholder engagement in all improvement efforts.

The CCBH analyzes behavioral health disparities related to race, ethnicity, national origin, disability, gender identity, sexual orientation, immigration status, primary language, income level, and other social factors, using available data. Our approach ensures data-driven decision-making to improve access to care, service utilization, and behavioral health outcomes for underserved populations.

The CCBH implements evidence-based strategies to address disparities, ensuring services are equitable and culturally responsive. Each strategy is developed with a clear rationale, measurable objectives, and a focus on sustainable impact. Key performance metrics track the effectiveness of our strategies and evaluate progress toward reducing disparities. Data is reviewed biennially to assess achievement of goals and to refine strategies as needed.

Our strategies include analyzing HEDIS data and identifying disparities compared to the highest performing benchmark populations which serve as a standard against which we compare other populations. This helps us understand what is achievable and set realistic goals for improvement. This is then stratified by race, ethnicity, sex, age, spoken language, zip code. Highlighting where disparities exist allows us to clearly see which groups are not meeting the benchmark and coupled with our SDOH/HRSN data we can understand the why. This insight is crucial for developing effective strategies to close these gaps. We use this data to also determine the impact of gap closures on the overall HEDIS rate, showing how much performance in specific HEDIS measures can improve if disparities are eradicated. Regular monitoring helps us identify persistent or emerging disparities in health outcomes among different population groups. This is essential for targeting our interventions where they are most needed and for reducing disparities. Year over Year monitoring outcomes is an integral part of our strategy and the PDSA Cycle. It ensures that we are continuously improving our interventions, making data-driven decisions, and staying accountable to our mission of providing equitable care. Through rigorous outcome monitoring, we can effectively address disparities and promote a healthier community for our members. The health plan specifically monitors the follow HEDIS measures related to behavioral health (FUM) and substance use (FUA) are as follows: Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM), Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM), Follow-Up After Emergency Department Visit for Substance Use – 7 Days (FUA) and Follow-Up After Emergency Department Visit for Substance Use – 30 Days (FUA). Once disparate populations are identified, the goal is to reduce the disparities by 5% through prioritized outreach strategies. This is a collaborative effort with our Quality, Population Health and Community Health Solutions teams.

SilverSummit Healthplan ensures that all behavioral health services are delivered in a trauma-informed manner by offering on going trauma informed training to our providers that emphasizes :

- Knowledge of and responsiveness to the effects of trauma.
- A focus on physical, psychological, and emotional safety for members.
- Strategies that empower members and restore control over their health and well-being.
- Stakeholder and Member Engagement

We actively solicit input from members, community partners, behavioral health providers, and other stakeholders to shape our culturally competent behavioral health initiatives. Feedback mechanisms ensure ongoing collaboration and responsiveness to community needs.

CCBH is an open-invitation committee that reviews and guides the Cultural Competency Behavioral Health Plan. This committee includes state and local government officials, behavioral health providers, consumer advocates, and experts in health equity to provide input. Meetings occur at least quarterly and are open to the public, fostering transparency and community involvement.

The Cultural Competency Behavioral Health Plan is updated biennially to reflect changes in population needs, services, and identified disparities. Updates are submitted for state review and posted on a publicly available website for transparency. The updated plan is submitted to the state and made publicly accessible to demonstrate goal achievement and ongoing improvement efforts.

SilverSummit Healthplan works closely with state and regulatory agencies to ensure compliance and access to demographic data and technical assistance necessary for program implementation. Additional data may be solicited from members and community organizations to enhance culturally responsive service delivery.

By integrating these components, SilverSummit Healthplan ensures that cultural competence, health equity, and trauma-informed care are embedded into every aspect of behavioral health service delivery. Through data-driven strategies, continuous improvement, and meaningful community engagement, we strive to eliminate disparities and improve behavioral health outcomes for all members.

Domain: State Requirement 7.5.3.2.9 pursuant to NRS 422.2734	
<p>Evaluation Requirement: On an annual basis, the health plan evaluates the</p> <ul style="list-style-type: none"> • Identification of disparities in the incidence of behavioral health problems, in access to or usage of behavioral health services and in behavioral health outcomes based on race, color, ancestry, national origin, disability, familial status, sex, sexual orientation, gender identity or expression, immigration status, primary language and income level, to the extent that data is available to identify such disparities; • Strategies for reducing the disparities identified pursuant to paragraph (a) and the rationale for each strategy. • Mechanisms and goals to measure the effectiveness of the strategies prescribed pursuant to paragraph (b) and, if applicable, the degree to which the managed care organization has achieved goals set forth in previous plans. • Strategies for addressing trauma and providing services in a trauma-informed manner <ul style="list-style-type: none"> ○ As used in this section, “trauma-informed manner” means a manner that: <ul style="list-style-type: none"> ▪ Is informed by knowledge of and responsiveness to the effects of trauma. ▪ Emphasizes physical, psychological and emotional safety for persons receiving services. ▪ Creates opportunities for a person affected by trauma to rebuild a sense of control and empowerment. • Strategies for soliciting input from persons to whom the managed care organization provides services and other interested persons. • Biennially update the plan to reflect changes in the population served and submit the updated plan to the Division for approval and for technical assistance and feedback concerning the implementation of the plan. • Post the plan and each updated version of the plan on a publicly available Internet website. • Biennially compile, submit to the Division and post publicly on the Internet a report concerning the degree to which the managed care organization has achieved or is progressing toward achieving the goals set forth pursuant to paragraph (c) of subsection 2. 	
Objective:	By 12/2025, will maintain a documented process for collecting qualitative and quantitative data related to behavioral health disparities.

Objective:	By 12/2025, will maintain a documented process for identifying and addressing strategies for reducing behavioral health disparities: 1) Reduce FUM/FUA HEDIS disparities by 5% for MY2025 for Hispanic members. 2) EPSDT Screenings - Equity Focus: Improve race and ethnicity data capture to identify disparities and target outreach. 3) SBIRT Screenings – Improve disparities in completions for Black, Hispanic, and Asian populations 4) Perinatal mood and anxiety disorders (PMAD) - increase health literacy for disparate populations 5) Choose Tomorrow Program - Early identification of at-risk individuals and outreach improves outcomes for disparate populations.
Objective:	By 12/2025, will maintain a documented process for soliciting input from persons to whom the managed care organization provides services and other interested persons.
Objective:	By 12/2025, will have submitted the updated plan biennially to the Division for approval and include any concerns with achieving the goals set forth. Approved plan and any updated versions will be posted on a publicly available Internet website.
Evaluation Requirement: Establish, through an open invitation, a committee of interested persons for the purpose of <u>conducting an ongoing review of the plan</u> . The committee must include, without limitation, state and local government officers and employees, consumers of behavioral health services, advocates for consumers of behavioral health services, experts on reducing disparities in behavioral health and providers of behavioral health services. <ul style="list-style-type: none"> • Must <u>meet at least quarterly</u>. Such meetings: <ul style="list-style-type: none"> ○ May be conducted <u>remotely or in person</u>; and ○ <u>Must be open to the public</u>. 	
Objective:	By 12/2025, will maintain a quarterly committee of interested persons for the purpose of conducting an ongoing review of the plan that meets the above requirements.

VII. Cultural Competency Program Evaluation – Previous Year

Full evaluation of the cultural competency program is included in the NV MCD 2024 CLAS Program Evaluation, which will be submitted as a secondary attachment.

VIII. Governance Approval

To fulfill its responsibility to members, providers, the community and regulatory and accreditation agencies, the health plan has adopted the following Cultural Competency 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 SilverSummit Healthplan Board of Directors. The primary objective of the Cultural Competency Program is to establish an equitable, culturally, and linguistically appropriate program for our diverse population.

Approvals		
Oversight Body	APPROVAL DATE	Revision Approval Date
SilverSummit Healthplan Board of Directors		
Quality Improvement Committee		
Health Equity Improvement Committee		

IX. Appendices

A. Appendix A: National CLAS Standards

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.

B. Appendix B: Advisory Board Member

Member Advisory Board (MAB)
<p>Charter Statement: The Member Advisory Board (MAB) is a group of members, parents, legal representative/guardian, and SilverSummit Healthplan (SSHP) staff as appropriate, that reviews and reports on a variety of quality improvement issues, initiatives, and activities.</p> <p>Purpose: The primary purpose is to keep members informed of quality initiatives and results; review Member Satisfaction results, improve service quality and member experience in the program.</p> <p>Objectives of the Committee and Relationship to Strategic Objectives: Solicit member input into the quality improvement program, quality initiatives and member experience with the quality improvement program.</p>
<p>Committee Structure and Operation:</p> <p>Frequency: Quarterly.</p> <p>Committee Chair: VP/Director of Quality</p> <p>Committee Recorder: MAB designee.</p> <p>Reports To: QIC</p> <p>Committee Composition:</p> <ul style="list-style-type: none">• Manager Legislative & Government Affairs• Manager, Quality Improvement• Manager, Justice Systems• Population Health Management designee• Healthy Equity designee• Behavioral Health designee• Designee(s) from each applicable functional area: Operations, Quality, Member Experience and potentially Case Management• Enrollees*/Representatives (Parents/foster parents/guardians/representatives) - may volunteer or be suggested by staff <p><i>*At a minimum, the committee involves twelve members and individuals representing the racial/ethnic and linguistic groups that constitute at least 5 percent of eligible individuals</i></p> <p>Scheduling: MAB Chair</p> <p>Agenda: MAB Chair will develop Agenda items for the next meeting in collaboration with relevant member input. Agenda and presentation will need to go to Compliance and the State for approval before sharing with committee members.</p> <p>Minutes: Draft minutes are completed no later than within 15 days of the meeting. Meeting minutes are provided to the State within thirty calendar days of the meeting. 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.</p> <p>Attendance Requirement: Members may not be standing members of the committee. Therefore, there is no minimum meeting attendance requirement</p> <p>Quorum: At minimum, (12) SSHP members in attendance.</p>

Committee Data/Document Responsibilities: Meetings will be agenda driven. All agendas and minutes will follow SSHP standard format.

Decision Authority: The MAB is a non-voting committee to solicit feedback from SilverSummit membership perspective. This committee reports to the QIC, and meeting minutes forwarded to DHCFP.

Evaluation: The Committee will review the charter annually.

Confidentiality: Each committee member is accountable to identify confidential information or situations when/if the dissemination of the information is managed in a specific manner.

C. Appendix C: Community Advisory Workgroup under the Provider Advisory Board

Provider Advisory Board (PAB)
<p>Charter Statement: The Provider Advisory Board (PAB) serves as a consulting resource to SilverSummit Healthplan (SSHP) in policy and operational matters, and further strengthen the bridge between SSHP and the provider community.</p> <p>Purpose: The PAB is responsible to represent the interest and viewpoint of the provider population to ensure that providers have a direct voice in developing and monitoring clinical policies and operational issues in addition to quality and safety of clinical care, quality of services, and access standards. The Committee is comprised of external providers and Plan representation.</p> <p>Objectives of the Committee and Relationship to Strategic Objectives:</p> <ul style="list-style-type: none"> • Provider input on QIC activities, program monitoring, and evaluation • Establish and review process for responding to provider concerns • Provide review and comment on quality and access standards • Provide review and comment on Grievance and Appeals Process • Providing review and comment on Provider Manual • Providing review and comment on provider education materials • Providing review and comment on policies that affect providers • Providing review and comment on Provider Incentive programs
<p>Sub-Committees:</p> <ul style="list-style-type: none"> • Community Advisory Workgroup: This group identifies key issues related to programs that may affect specific community groups and provide community input on potential service improvements. They offer effective approaches from reaching or communicating with members or other issues related to the member population. They are responsible for making recommendations regarding health plan performance from a community-based perspective.
<p>Committee Structure and Operation:</p> <p>Frequency: Quarterly.</p> <p>Committee Chair: Chief Medical Director</p> <p>Committee Recorder: PAB designee or VP/Director of Contracting and Network Management.</p> <p>Reports To: QIC</p> <p>Committee Composition:</p> <ul style="list-style-type: none"> • Chief Medical Officer • VP/Director of Quality Improvement • VP/Director of Network Contracting & Development • VP/Director of Population Health • Medical Director • Designee(s) from each applicable functional area-Operations, Quality, Human Resources, Compliance, Network, Case Management • Network practitioners as prescribed by the State of Nevada <p>Scheduling: PAB designee.</p> <p>Agenda: PAB Chair or designee will develop Agenda items for the next meeting.</p>

Meeting Packets: Meeting packets will be distributed at the meeting.

Minutes: Draft minutes are completed no later than within ten calendar days of the meeting and provided to the DHCFP within thirty calendar days of meeting. 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.

Attendance Requirement: 75% of scheduled meetings

Quorum: A minimum of (1) PCP serving children & adolescents, (1) PCP serving adults, (1) OB/GYN, (1) psychiatrist, (1) licensed behavioral healthcare clinical professional, (1) substance abuse professional, (1) community-based care coordinator or community case manager serving a Network Provider, and (1) peer support specialist from all recommendations from this committee will be presented to the operational areas within the Healthplan. Both the majority and minority opinions will be documented.

Committee Data/Document Responsibilities: Meetings will be agenda driven. All agendas and minutes will follow Silver Summit's standard format.

Decision Authority: The PAB is a non-voting committee to solicit feedback from the local provider network. This Committee reports to the QIC.

Evaluation: The Committee will review the PAB charter annually.

Confidentiality: Each committee member is accountable to identify confidential information or situations when/if the dissemination of the information needs to be managed in a specific manner. Members must agree to and sign a committee confidentiality statement on an annual basis.

D. Appendix D: Meeting Minutes

Meeting Minutes Template

[illegible]

<u>[Health Plan Logo]</u>		<u>[Committee Name] Meeting Minutes</u> <u>[Meeting Date/Time]</u>	
<u>Agenda Item</u>	<u>Discussion</u>	<u>Decision (Approved or Denied)</u>	<u>Follow-up Action Needed (Date)</u>
I. Call to Order			
B. Announcements *			
II. Review/Approval of the Minutes *	Example Dr. Blue presented the meeting minutes of 1/16/2017 for discussion and approval.	Example: Dr. Kait made a motion to approve the minutes as presented Motion seconded by Dr. Smith Motion Approved	
IV. Old Business *			
V. New Business Example: A Q Program Description YEAR *	Example: Dr. Blue presented the health plan QI Program Description for 2017. Dr. Blue explained the purpose of the QI Program and the systems that support the assessment and improvement of member health. The Committee discussed several components of the program including the methodology on measuring program effectiveness. Dr. Smith suggested that additional information be included in the program description on how the effectiveness of the population health management program would be evaluated.	Example: Dr. Smith made a motion to send approval of the 2017 QI Program Description information for an update to include a description of Population Health Management effectiveness measurement Motion seconded by Dr. Kait Motion Approved	Follow up: The 2017 Program Description will be revised to include a description of Population Health Management Return to Committee by 4/12/2017
VI. Adjournment *			

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E. Appendix E: Annual Workplan

[Attachment B Cultural Competency Work Plan]

F. Appendix F: Staff Roles and Responsibilities

Chief Medical Director Medical Director(s)	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 and the Quality Program, the Population Health and Clinical Operations (PHCO) Programs, and the Grievance System..
Quality Improvement VP/Director	The VP/Director of Quality is a registered nurse or other qualified person with experience in health care, data analysis, barrier analysis, and project management as it relates to improving the clinical quality of care and quality of service provided to the members. The Quality VP/Director reports to identify executive leadership 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 Quality VP/Director assists the senior executive staff, both clinical and non-clinical, in overseeing the activities of the operations to meet the goal of providing healthcare services that improve the health status and health outcomes of its members. Additionally, the Quality VP/Director 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.
Quality Improvement Manager	The Quality Improvement Manager holds a bachelor's degree in nursing or a related field or has equivalent managed care experience. The Quality Improvement Manager is responsible for management and oversight of quality department functions and performance monitoring. The responsibilities include working with multiple departments to establish objectives, policies and strategies; assure quality initiatives focused on improving operational and program efficiencies; focus on initiatives to improve member outcomes; develop systematic processes and structures that will assure quality and the commitment to enabling quality improvements. The Quality Improvement Manager is also responsible for maintaining departmental documentation to support state contract requirements and accreditation standards including, but not limited to, applicable policies and procedures, quality focus studies, quality improvement activities, routine control monitoring reports, access and availability analysis, member experience analysis, continuity and coordination of care, and annual evaluation of effectiveness of the Quality Program. Additionally, the Quality Improvement Manager coordinates the documentation, collection and reporting of HEDIS measures to both National Committee for Quality Assurance (NCQA) and the State as required.

Accreditation Specialist	The Accreditation Specialist is responsible for the Cultural Competency Plan and reports to and supports the Quality Improvement Manager in the achievement of as well as the ongoing maintenance of health plan NCQA Accreditation, Health Equity Accreditation and HEDIS reporting processes and requirements. The incumbent implements objectives, policies, and strategies to maintain a continual state of accreditation readiness and to achieve successful accreditation status for the health plan. The Accreditation Specialist supports the document prep and submission for the accreditation survey and serves as the Subject Matter Expert for accreditation for the health plan. Additionally, the Accreditation Specialist is responsible for implementing the health plan's Health Equity/Cultural Competency Program, including its Health Equity Plan focused on Culturally and Linguistically Appropriate Services (CLAS) and leading its health disparities efforts such as: developing, implementing and providing oversight for Health Equity programs, ensuring the integration of cultural competency into operational programs and coordinating workforce staff development in cultural competency.
Quality Improvement Coordinator/Specialist	Quality Coordinators/Specialists are highly trained clinical and non-clinical staff with significant experience in a health care setting; experience with data analysis and/or project management. At least one of the health plan's Quality Coordinators/Specialists is a registered nurse. Quality Coordinators/Specialists 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. A Quality Coordinator/Specialist may specialize in one area of the quality process or may be cross trained across several areas. 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.
Program Coordinator	The Program Coordinator is a highly motivated and engaging member of the Quality Team that conducts outreach to members to educate, coordinate and support quality of care initiatives. The Program Coordinator facilitates ongoing engagement and collaboration with members and is a direct connection from the Quality Team to health plan members. The Program Coordinator will also review member experience survey results to drive initiatives targeted at CAHPS or other related member surveys and is responsible for coordinating participation in member boards.
Quality Improvement Additional Staff	Program Manager Member Risk Adjustment Coordinator Data Analyst