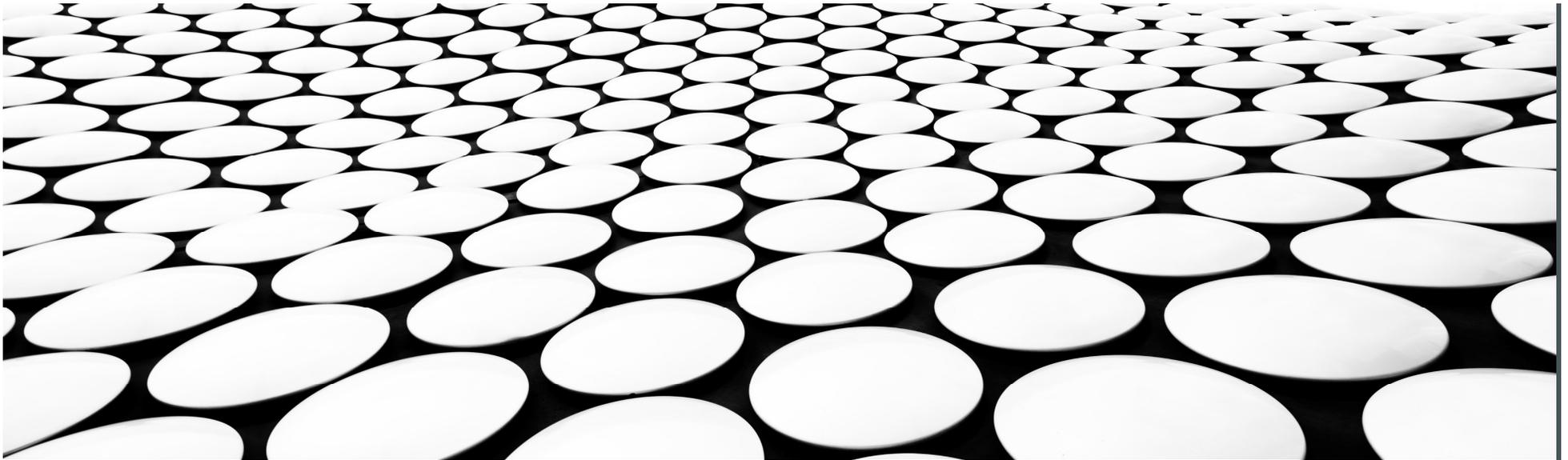

PROVIDER TRAINING CULTURAL COMPETENCY IN HEALTH CARE

ANNUAL TRAINING 2023



The Holman Group
Managed Behavioral Health Care Services



LEARNING OBJECTIVES AND COURSE CONTENT

After completing this course, you will understand:

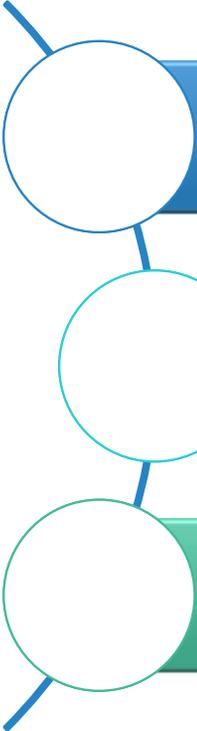
- The elements, benefits, and reasons to increase Cultural Competency.
- Services that promote equal access to health care services and are responsive to a member's cultural and linguistic needs.
- The impact of cultural differences.
- The meaning of culturally competent care.

Course Content:

- Definitions
- Elements & Components of Culture
- Culture Diversity
- Dimensions of Diversity
- Cultural Competence Pillars
- Available Resources
- Training Attestation



DEFINITIONS



Race: any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape.

Ethnic: a group having a common cultural heritage or nationality, as distinguished by customs, language, common history, etc.

Culture: the ideas, customs, skills, arts, etc. of a people or group, that are transferred, communicated or passed along, as in or to succeeding generational.

WHAT IS CULTURAL COMPETENCE?

- The state of being capable of functioning effectively in the context of cultural differences
- Attention to the dynamics of difference
- Continuing self-assessment regarding culture
- Acceptance and respect for difference
- Ongoing development of cultural knowledge and resources
- Dynamic and flexible application of service models to meet the needs of minority populations





FACTORS INFLUENCING CULTURE

- Age
- Gender
- Socioeconomic status
- Ethnicity
- National Origin
- Religion
- Geographical Location
- Migration
- Sexual Orientation

ELEMENTS AND COMPONENTS OF CULTURE



- Collective values, experience, beliefs – beliefs about health and health care, as well as behavioral styles
- Non-verbal communication
- Perspectives, world views, frames of reference
- Community motivation and social identification
- Cultural awareness
- Languages and dialect

REASONS TO INCREASE CULTURAL COMPETENCY

1. Perception of illnesses, diseases and their causes varies by culture, as do the belief systems regarding healing and wellness.
2. Culture and socioeconomic concerns influence help-seeking behaviors and attitudes toward health care providers and services.
3. Individual preferences affect traditional and nontraditional approaches to health care.
4. Patients benefit from overcoming personal biases about health care systems and services.
5. Health care providers from culturally and linguistically diverse groups are underrepresented in the current delivery system.

IMPACT OF CULTURAL DIFFERENCES

Cultural factors that may influence the way individuals:

- Define and evaluate situations
- Seek help for problems
- Present their problems, situations and information to others
- Respond to interventions and service plans

Your level of cultural awareness helps you modify your behaviors to respond to the needs of others while maintaining a professional level of respect, objectivity, and identity.

BENEFITS OF CULTURAL COMPETENCE

Culturally Competent Care:

The delivery of health care services that acknowledges and understands cultural diversity in the clinical setting, respects members' health beliefs and practices and values cross-cultural communication.



OBJECTIVES OF CULTURAL COMPETENCY AND TRAINING

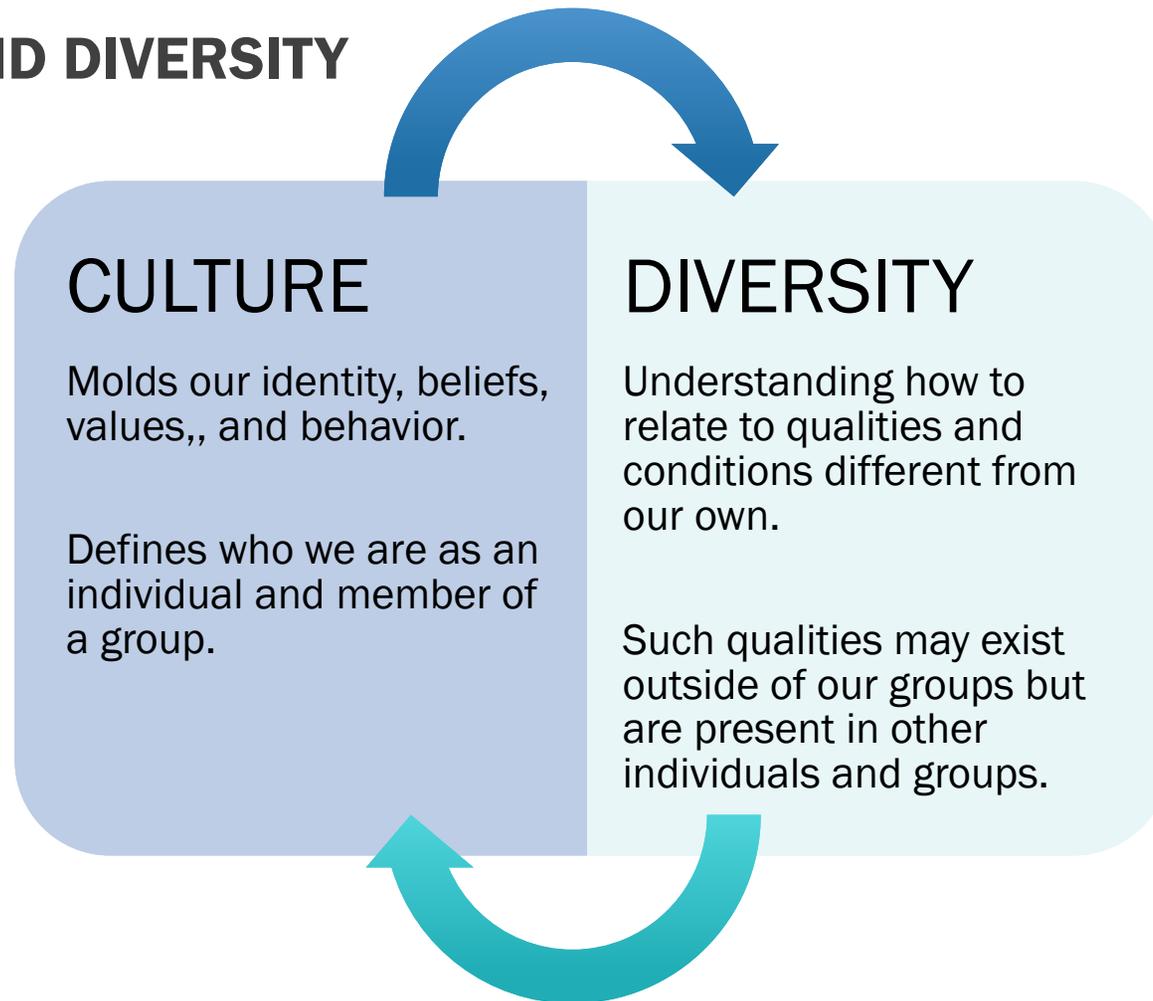
- Identify members with potential cultural or language needs where alternative communication methods are needed.
- Use informational materials that are culturally sensitive
- Determine that appropriate processes and tools are available to support communication and remove barriers
- Ensure persons interacting with Holman Group members have an understanding of how culture and language may influence healthcare.

WHAT IS CULTURAL DIVERSITY?

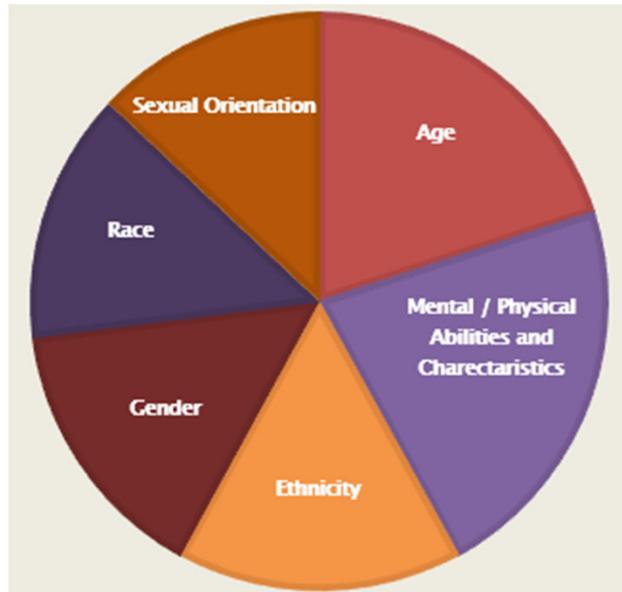
The inevitable variety in customs, attitudes, practices, and behavior that exists among groups of people from different ethnic, racial, or national backgrounds who come into contact.



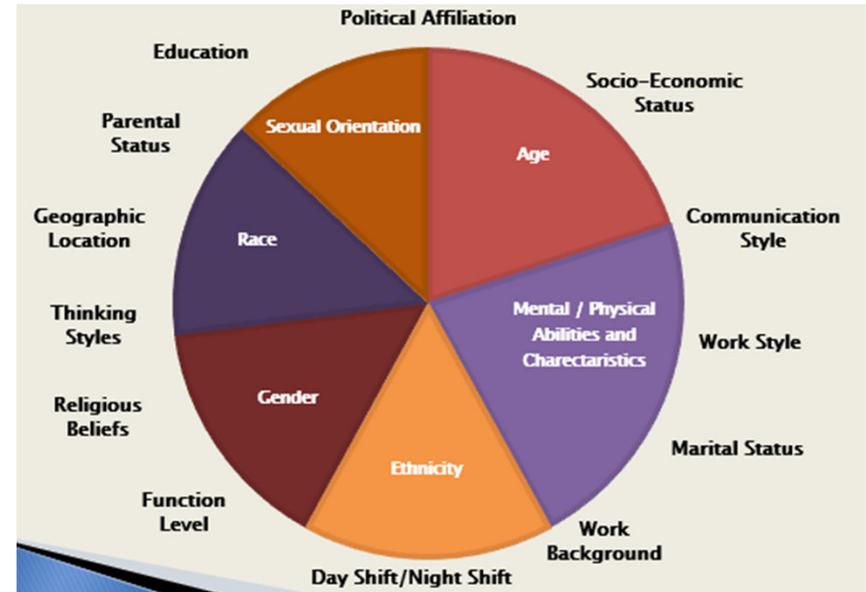
CULTURE AND DIVERSITY



PRIMARY



SECONDARY



DIMENSIONS OF DIVERSITY

THREE PILLARS OF CULTURAL COMPETENCY

Language
Access
Services

Culturally
Competent
Care

Organizational
Support

Develop attitudes that value and respect diversity.

Enhance knowledge and awareness of beliefs, behaviors, and preventive health practices

Develop communication skills for members with diverse language needs, including sign language interpreter services.

Develop the ability to address the health needs of Holman's diverse population.

COMMITMENT TO CULTURAL COMPETENCY

- We actively recognize and understand the roles age, culture, ability, socioeconomic status and ethnicity play in the lives of our members to ensure equal and effective access to health care, support systems and community services.
- We recruit and contract with providers who reflect and appreciate the socioeconomic and cultural differences, primary languages spoken, functional abilities, and complex health care and service needs of our members.
- Our provider directories show languages spoken in providers' offices so members can make informed decisions when choosing where they go to receive care.
- We educate providers to ensure they promote and use interpreter services for members.
- Create and maintain a culturally competent network that acknowledges and incorporates the following steps at all levels:
 - Value of diversity
 - Cultural self-assessment and self-improvement
 - Vigilance about understanding the dynamics resulting from cultural differences
 - Continuous expansion of cultural knowledge
 - Consistent adaptation of services to meet culturally unique needs



CULTURAL COMPETENCY TRAINING ATTESTATION

- Please sign the Cultural Competency Attestation form to attest you have received the Cultural Competency training.
- Return the signed and dated form to The Holman Group's Provider Relations Department at PR@holmangroup.com. Additional instructions and information can be found on the attestation form. Please visit The Holman Group website to access this training and the attestation form; www.holmangroup.com

WHO CAN FILE A GRIEVANCE OR APPEAL?

- A member or a member's authorized representative.
- **Authorized Representative:**
 - A member's authorized representative may file a grievance on the member's behalf. Authorized Representatives may include, but are not limited to:
 - Parents of minor children (under 18)
 - Human Resources Representative(s)
 - Patient Advocates



HOW CAN MEMBERS AND PROVIDERS FILE AN APPEAL OR GRIEVANCE?

Method	Contact Information
Phone	Contract the Holman Group directly at 800-321-2843. All Holman employees are trained on documenting member/ provider grievances and routing the documentation to the appropriate Team Members; grievance@holmangroup.com
Fax	Members and Providers may fax a written letter or grievance form to 818-704-4252 BGO
Mail	Members and Providers may submit a written grievance via mail to: PO Box 8011 Canoga Park, CA 91309
Email	Member and Providers may submit a written grievance via email to grievance@holmangroup.com
Holman's Website	Members and Providers may submit written grievances through Holman's website by visiting the following link: https://www.holmangroup.com/file-a-grievance/

Note: All appeals must be in writing, except for expedited appeals. A member, or authorized representative, may request an expedited appeal when there is serious risk to the member's life or health.

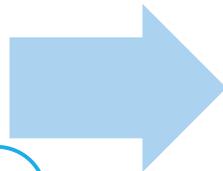
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BGO Sent an email to Derric to verify if this fax line is ported over to QC.
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HOW TO SUBMIT A GRIEVANCE?

Complete Grievance Notification Form (PDF)

- Document the member grievance details on the “Grievance Notification and Provider Evaluation Form”.



Add a Customer Service/ Support Ticket in QuickCap

- Login to the QuickCap system and add a customer service/ support ticket. Attach the Grievance Notification and Provider Evaluation Form to the ticket.
- Assign the support ticket to the Grievance Manager and/or his/her designee.
- Click “Save” to successfully route the ticket within QuickCap.

HOW TO COMPLETE THE GRIEVANCE NOTIFICATION AND PROVIDER EVALUATION FORM?

- If a Member or Provider request to file a grievance, the Holman employee should complete the “Grievance Notification and Provider Evaluation Form” and submit the completed form in the QuickCap system to the Holman Representatives responsible for the Grievance Process; compliance@holmangroup.com .
- It is the employee's responsibility to complete the following sections of the form prior to submission.
 - Section 1: Grievance Notification Information
 - Section 2: Grievance Details
 - Section 3: Desired Resolution
- Grievances must be submitted through the QuickCap system **immediately; the same day of receipt**. The Compliance Department may be required to submit or process the grievance/ complaint within 24-hours of receipt.

MEMBER GRIEVANCE CATEGORIES/TYPES

- Grievances are categorized by type for reporting purposes.
- Members may submit a grievance with multiple complaint categories.

Grievance Category/ Type	Examples
Coverage Disputes	<ul style="list-style-type: none">■ Scheduling Problems■ Billing Issues
Quality of Care	<ul style="list-style-type: none">■ Poor Treatment by Provider or Facility
Access to Care	<ul style="list-style-type: none">■ Provider Availability Issues■ Appointment Schedule Issues■ Waiting Time for Appointments
Quality of Service	<ul style="list-style-type: none">■ Attitude of provider/provider's staff
Medical Necessity	<ul style="list-style-type: none">■ Level of care issues■ Authorization for care issues
Other	<ul style="list-style-type: none">■ Grievances that do not fit in any of the previous categories.



TYPES OF MEMBER GRIEVANCES AND TIMEFRAMES

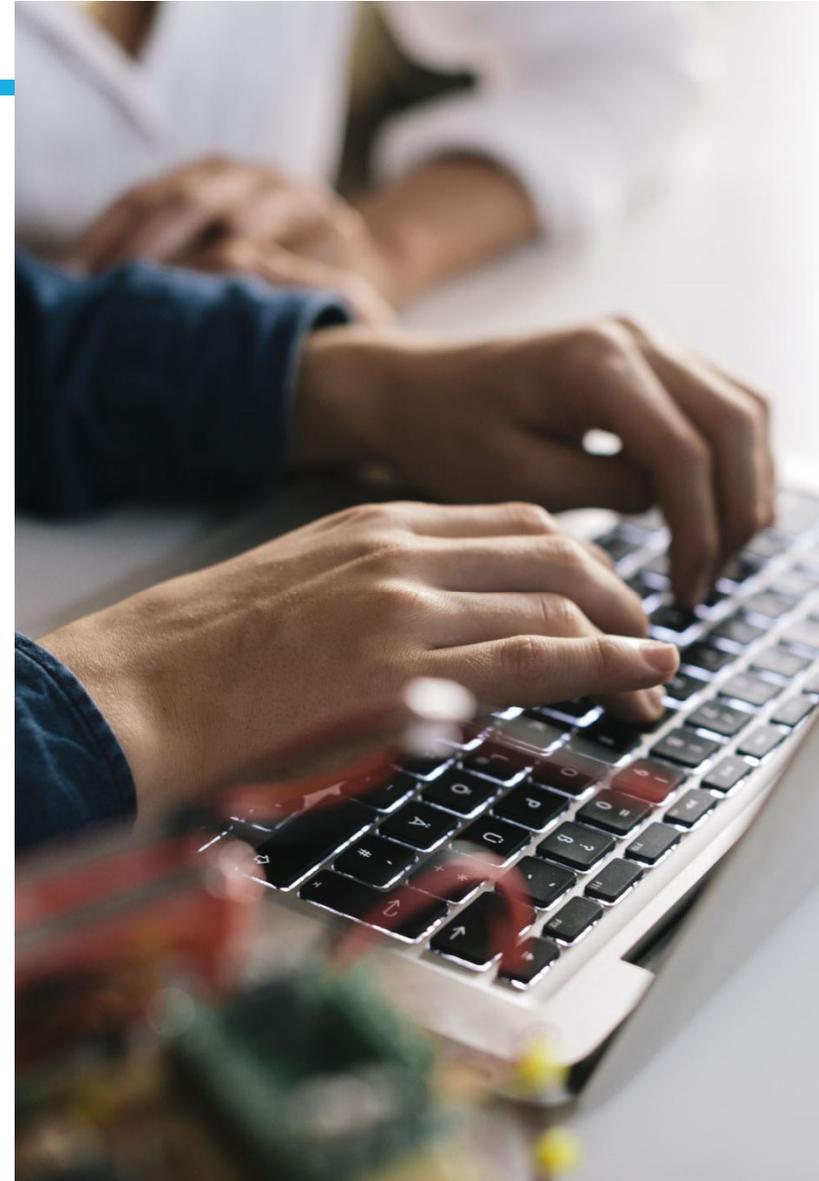
Non-Exempt	Exempt	Expedited
<p>Also known as a “Formal” grievance.</p>	<p>Also known as a “24-hour” grievance.</p>	<p>Also known as an “Urgent” grievance.</p>
<p>Disputes involving coverage disputes, medical necessity or experimental/ investigational issues are always considered “non-exempt” grievances.</p>	<p>Grievances received over the phone, by fax, email, or online through the Holman Group’s website are resolved the next day and are considered 24 Hour “Exempt” Grievances.</p> <p>Examples of 24 “Exempt” Grievances:</p> <ul style="list-style-type: none"> ▪ Quick reassignments ▪ Issues that you can resolve for the member during the phone call that do not involve Coverage Disputes, medical necessity or experimental/investigational issues. 	<p>When the Holman Group knows the grievance is an emergency, The Holman Group will immediately inform the Enrollee in writing of his or her right to notify the Department of Managed Health Care (DMHC) of his or her grievance.</p> <p>The Holman Group will also provide the complainant and the Department of Managed Health Care (DMHC) a written statement on the disposition or pending status of the grievance no later than three (3) days from receipt of the grievance.</p> <p>The Holman Group will consider the Enrollee’s medical condition when determining the response time.</p> <p>Eligible cases for an expedited grievance involve those that pose an imminent and serious threat to the health of the patient, including, but not limited to severe pain, and/or potential loss of life, limb, or major bodily function.</p> <p>The Senior Vice President of Clinical Services or his/her designee is listed as the Plan’s responsible party at the DMHC to receive urgent grievances 24 hours per day, 7 days per week.</p>
<p>Acknowledgment Letter: Homan must send a written acknowledgment within five (5) calendar days from the date the grievance was received.</p> <p>Resolution Letter: Holman must send a written resolution within thirty (30) calendar days from the date the grievance was received.</p>	<p>Resolution Letter: Homan must send a written acknowledgment within 24-hours from the date/time the grievance was received.</p>	<p>Resolution Letter: Homan must send a written acknowledgment within three (3) calendar days from the date the grievance was received.</p>

RESPONDING TO MEMBER GRIEVANCES

The Compliance Department is responsible for ensuring all grievance communication sent to the member and/or provider is complete, accurate, and meets the requirements outlined in regulatory or state guidelines.

Written Correspondence/ Letter

- Every written HPCC communication with a Member/ Enrollee of The Holman Group regarding a grievance will contain the following statement:
 - **DMHC Required Statement** - *"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 1-800-321-2843 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online."*
- The grievance acknowledgement and resolution correspondence/ letter must address all expressions of dissatisfaction received by the Member or Provider.
 - **Written Acknowledgment** – a grievance must be acknowledged within five (5) calendar days from the date of receipt.
 - *Note: The date of receipt is considered day 1.*
 - **Written Resolution** – a grievance must be resolved within thirty (30) calendar days from the date the complaint/ grievance was received.





The End.

THANK YOU FOR YOUR TIME!

If you have any questions regarding any of the information within this training, please send an email to the compliance team at compliance@holmangroup.com