



2026

Health Outcomes and Cultural Competency

Program Description

Aetna Better Health of Texas





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Executive Summary

The characteristics of our nation and state's population are constantly changing resulting in ever evolving diversity among consumers of healthcare. The demands of such significant diversity present a challenge to healthcare organizations, providers, practitioners, and policy makers to develop, implement and provide competent services that address cultural and linguistic needs of their members.

Aetna Better Health of Texas (ABHTX) believes that a person's health beliefs and communication style have a significant impact on how members perceive and approach medical care. Concerns such as effective communication among people from culturally diverse backgrounds and variations in belief systems not only influence customer satisfaction but can also impact clinical outcomes and shape the entire member experience.

Aetna understands the importance of developing a culturally competent approach to healthcare and the healthcare system to improve quality of care and reduce health disparities.

As a result, this Health Outcomes program description was strategically designed to reflect ABHTX's cultural and linguistic competency. ABHTX recognizes that a person's cultural norms, values, and beliefs shape how they approach and utilize health care services. Numerous cultural variables including, but not limited to ethnicity, race, sex, sexual orientation, religion, age, socio-economic status, primary language, and English proficiency influence the way in which a person seeks and utilizes health services and the way a person approaches and manages recovery. We believe that cultural responsiveness is part of the mission of our organization and should be part of every aspect of member interaction and local, community-based care delivery.

These principles apply to and involve all functional areas of our health plan and permeate into our processes, systems, policies and procedures to effectively address the diverse cultural and linguistic needs of our members and their families. This plan, described in the following pages, includes a comprehensive workplan that details specific strategies and tasks assigned to each health plan department. To this effect, this document is compiled in 2 sections:

- ❖ The Health Outcomes Program Description
- ❖ The Health Outcomes Work Plan and Annual Calendar of Activities

Our Commitment to Culturally and Linguistically Appropriate Services (CLAS)

ABHTX recognizes that a person's cultural norms, values, and beliefs shape how they approach and utilize health care services. Numerous cultural variables including, but not limited to, ethnicity, race, gender, age, socio-economic status,



primary language, English proficiency, spirituality, religion, and literacy level influence the way in which a person seeks and utilizes health services and the way a person approaches and manages recovery. ABHTX ensures culturally competent care and linguistically appropriate services by placing every member at the center of everything we do. We are committed to understanding and honoring every member's cultural and language preferences. Culturally and Linguistically Appropriate Services (CLAS) standards, aim to improve health outcomes by establishing guidelines for health care organizations. These standards ensure that services are respectful of and responsive to the cultural and linguistic needs of all patients. By implementing these standards, health care providers can offer more effective care, improve patient satisfaction, and reduce health disparities. The CLAS standards cover areas such as communication, language assistance, and cultural competency, promoting a more inclusive and equitable health care. Therefore, ABHTX has established a **Health Outcomes Plan (HOP)** that aligns with established CLAS standards, and a program description designed to outline the methods and processes used to develop and maintain a culturally responsive staff, and provider network, to address our members' cultural and linguistic needs.

The program has been developed to ensure that members receive care that is delivered in a culturally and linguistically sensitive manner. Our HOP focuses on effective and equitable care and services by respecting and honoring each member's cultural health beliefs, practices, preferred language, special needs, and socioeconomic background. The HOP is comprehensive and incorporates all members, employees, and providers and supports individual differences by recognizing that respecting the diversity of our membership has a significant and positive effect on outcomes of care. We believe that cultural responsiveness is part of the fabric of our organization and should infuse every aspect of member interaction and local, community-based care delivery.

The HOP is intended to address linguistic and cultural considerations including but not limited to:

- Race, Ethnicity, Age and Geographic Location
- Sexual Orientation
- Primary Language, English Proficiency, Literacy
- Community Networks

Program Structure

At the heart of the program is a commitment to ensuring that all members receive equitable access to care, regardless of their socio-economic background, ethnicity, or geographic location (race, ethnicity, language, sex/gender, sexual orientation, gender identity).

1. **Governance and Leadership Commitment:** Establish a dedicated HOP governance structure. They will oversee the program's strategic direction and ensure alignment with organizational goals.
2. **Data Collection and Analysis:** Implement robust systems for collecting and analyzing data on health disparities among members. This includes the collection



member and provider demographic information, member's health related social needs, and stratification of health outcomes by Race, Ethnicity, Language and Sexual Orientation Gender Identity to identify gaps and target interventions effectively.

3. **Community Engagement and Partnerships:** Build strong relationships with community organizations, advocacy groups, and local health departments to foster trust and collaboration. These partnerships are crucial for understanding community needs and co-developing culturally sensitive interventions.
4. **Culturally competent Care:** Where contractually required, provide training for healthcare providers and ABHTX staff to enhance cultural competency and sensitivity. This ensures that care is respectful of, and tailored to, the cultural and linguistic needs of diverse populations.
5. **Access to Care:** Develop initiatives to improve access to healthcare services, such as transportation assistance, extended clinic hours, and telehealth options. Focus on removing barriers that disproportionately affect underserved communities.
6. **Member Education and Empowerment:** Launch educational campaigns to empower members with knowledge about their health and available resources. Offer workshops and materials in multiple languages to accommodate diverse populations.
7. **Monitoring and Evaluation:** Establish metrics and benchmarks to regularly evaluate the effectiveness of the health outcomes initiatives. Use these data to make informed adjustments and improve program outcomes continuously (Plan-Do-Study-Act)
8. **Innovation and Best Practices:** Encourage innovation by piloting new approaches to address health inequities and sharing best practices across the organization. Stay informed about emerging trends and research in health outcomes to adapt strategies as needed.

This comprehensive program structure aims to create sustainable and impactful programs and services to ensure good health outcomes within the health plan, in the service areas we serve to ultimately improve health outcomes for all members.

The HOP leader is accountable for directing the development and implementation of the health outcomes programs and is responsible to overseeing the development of the workplan and assessment/analysis of the overall program annually.

Listed below is a chart outlining those who have accountabilities related to the CLAS program and their reporting structure.

Responsibilities and Reporting Structure

Staff	Accountability	Reports to:
Chief Medical Officer	<ul style="list-style-type: none"> • Advances strategy, programs, and policy to improve health outcomes across all CVS Health lines of business. 	EVP, Chief Medical Officer



	<ul style="list-style-type: none"> Facilitates and engages teams across the company. Operationalized through a Health Outcomes Council and supporting cross-functional workgroups. 	
Compliance Officer	<ul style="list-style-type: none"> The ABHTX Compliance Plan (“Compliance Plan”) is designed to prevent, detect, and correct non-compliant operational practices and improper or unethical conduct impacting ABHTX (CLAS is example of this). 	Exec. Dir., Corporate Compliance
Health Outcomes QM (Lead Director Quality)	<ul style="list-style-type: none"> Written program description Annual work plan Assessing applicable feedback from members about programs, quality initiatives, member materials, and other education and outreach tools Identifying opportunities to remove linguistic/cultural barriers to availability and accessibility to care by collecting data from all applicable departments collaborates with other departments to complete annual population assessment that include CLAS, disparity information, Data analysis and interpretation including assessment of health disparities Annual population assessment 	Medicaid Chief Executive Officer
Director of Member Services	<ul style="list-style-type: none"> Addresses member needs during incoming calls. Provides access to interpreter services for members and providers. Educate representatives on the importance of documenting member identifications of social needs, risks, CLAS issues/ complaints. 	Exec. Dir, Service Ops
Director of Provider Engagement (PE)	<ul style="list-style-type: none"> Collecting information about network that addresses CLAS needs of members (i.e. languages spoken) Provider Education Collecting feedback from providers about programs and initiatives 	Exec Dir, Network Management



	<ul style="list-style-type: none"> • Network analysis to assess gaps and act upon opportunities in the ability to provide CLAS to members 	
Principal Clinical Leaders (2) (Service Coordination)	<ul style="list-style-type: none"> • Development and implementation of case management activities to meet population needs • Directs staff in assessing member’s social risks and addresses social needs 	Executive Director, Clinical Health Services
Manager of Complaints/ Grievances/ Appeals	<ul style="list-style-type: none"> • Address member complaints about CLAS and any other social risk and/or need related items • Identify and act upon opportunities for improvement 	Lead Director, Business Consulting
Manager Community Cares	<ul style="list-style-type: none"> • Engages community organizations to assist the plan in meeting member needs. • Liaisons at MAG meetings for all service areas • Attends Enrollee Committees • Actively involved in mitigating social risks by developing repository for available social resources to be used by staff and updating at least quarterly and identifying and aligning organization with community partners • Assessment of regional plan social risks and needs 	Lead Director of Strategy & Innovation
Member Advisory Committees (MAGs)	<ul style="list-style-type: none"> • Cross departmental representation in the committee • Community partner, providers and plan enrollees are members of the committee • Reviews population assessment and analyses • Committee makes recommendations on quality improvement activities to QMC • Identifies social risks and needs • Contributes to the identification of interventions to address CLAS, social risks and needs 	Quality Management Oversight Committee (QMOC)

Department Specific Responsibilities

ABHTX is committed to providing competent health care that is culturally and linguistically



sensitive to members and their needs. We believe that CLAS is part of the fabric of our organization and should infuse every aspect of member interaction and local, community-based care delivery.

Community Resources Development (CARES) & Community Development Marketing & Outreach

The community outreach team creates and manages partnerships with key community organizations and actively relays information about the community and membership to all functional areas of ABHTX to improve quality of care and delivery of services to increase/sustain enrollment as well as meeting the needs of the community. The goal is to promote a mutual exchange of information, ideas and resources between community members and the health plan.

Our Community Outreach department is responsible for the following cultural competency requirements:

- Distributes informative material to the community that is culturally competent in a variety of formats to meet the needs of our members.
- Informs members of alternative formats during community engagement activities and ensuring that those materials are available as appropriate.
- Participates in and/or facilitates the Member Advisory Group Meeting (MAG) at a minimum of quarterly and acts upon their feedback.
- Transmits community feedback from various resources (needs/issues/wants) to ABHTX Quality Management Committee.
- Works with a cross-functional group of stakeholders to ensure members have access to and are aware of culturally and linguistically appropriate services and supports, including disability-related services.
- Utilizes feedback and interactions with communities to enhance cultural engagement, health outcomes, and training.
- Cultivates community partnerships to connect our members with resources within their community. Some examples of community partnerships include but are not limited to the following:
 - Public schools
 - Community leaders
 - Faith-based groups and organizations
 - Community-based organizations
 - Advocacy groups
 - Public housing facilities, etc.
 - Governmental agencies
- Obtain ongoing input from members who are at risk for disparate outcomes and engage in Plan services to incorporate the perspective of the member. These perspectives are incorporated into the tailoring of intervention strategies.



- Ensure each functional area with outward facing communications submits (may test) potential publications with members for understanding and conveyance of the intended message, as well as cultural appropriateness.
- Partner with community-based organizations to address the Non-Medical Drivers of Health (NMDOH/SDOH) to track active referrals and follow-ups.
- Enhance community-wide population health initiatives with key stakeholders.
- Engage providers, members, and families, partnering with community-based organizations to coordinate population health improvement strategies to improve health outcomes.
- Engage community members in improving the health of the community and addressing regional, cultural, socioeconomic, and racial disparities in health care that exist among member populations.
- Assure efforts addressed at improving health outcomes, reducing disparities, and improving cultural competence are designed collaboratively and that lessons learned are incorporated into future decision-making.

Compliance

The ABHTX Compliance Plan (“Compliance Plan”) is designed to prevent, detect, and correct non-compliant operational practices and improper or unethical conduct impacting ABHTX. The Compliance Plan is based on the requirements of 42 CFR §438.608, Aetna’s state program contract requirements, and the Seven (7) Elements of an Effective Compliance Program, as outlined in United States Office of the Inspector General (OIG) Compliance Program Guidance, and the United States Department of Health and Human Services (HHS) Office of Inspector General Compliance Program Guidance (published in November 2023).

The Compliance department works collaboratively with our business partners by always doing the right thing, for the right reason, to achieve and maintain compliance excellence. We accomplish this mission by implementing and managing a comprehensive compliance program designed to:

- Educate colleagues regarding ABHTX’s obligations to our state Medicaid program and partners, as well as the federal and state laws and regulations that govern our business
- Encourage collaboration and transparency at all levels of the organization
- Monitor, prevent, detect, and correct conduct that violates our state Medicaid program obligations, federal and state laws and regulations, or our Code of Conduct

In doing so, we will give all Aetna colleagues the ability to achieve success and serve our members, providers, and state Medicaid agency partners while adhering to Aetna’s high ethical standards.



In addition to our contractual obligations, ABH TX also complies with the following, as applicable:

Federal Regulations

- Title II and III of the American with Disabilities Act
- Section 504 of Rehabilitation Act of 1973
- Section 508 of Rehabilitation Act of 1973, as amended 29 U.S.C § 794(d)
- 42 CFR 438.206 – Availability of Services
- Title VI of the Civil Rights Act of 1964
- Section 1557 Nondiscriminatory Provision of the Patient Protection and Affordable Care Act
- Federal and State Limited English Proficiency (LEP) Guidelines
- National Standards for Culturally and Linguistically Appropriate Services (CLAS)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance

State & Local Requirements,

- Contractual obligation: Aetna Better Health, Inc. Texas Medicaid Managed Care Organization State Contract cultural competency at all levels of the Contractor's organization and with Network Providers, including promoting awareness of implicit biases and how they impact policy and processes.
- Incorporate in policies, administration, and service practice the values of the following: recognizing enrollee beliefs; addressing cultural differences in a competent manner; fostering in staff and Providers attitudes and interpersonal communication styles which respect Enrollee's cultural background.
- Communicate cultural competency policies to subcontractors and include requirements in Subcontracts.

Organizational Requirements: Plan-Wide Activities

- Obtain ongoing input from members who are at risk for disparate outcomes and engage in Plan services to incorporate the perspective of the member. These perspectives are incorporated into the tailoring of intervention strategies.
- Ensure each functional area with outward facing communications tests potential publications for understanding and conveyance of the intended message, as well as cultural appropriateness.
- Partner with community-based organizations to address NMDOH/SDOH-related needs; tracking active referral to close and follow-up.
- Use feedback from members and their family members to identify and execute program improvements.
- Enhance community wide population health with key stakeholders.
- Engage providers, members, and families, contracting with community-based organizations to coordinate population health improvement strategies to improve



health outcomes

- Engage community members and health care providers in improving the health of the community and addressing regional, cultural, socioeconomic, and racial disparities in health care that exist among member populations.
- Create partnerships to understand disparities, inform improvement initiatives, and provide comprehensive, holistic and community driven support – provider, member, and community support feedback – using community engagement framework and continuum.
- Ensure that efforts addressed at improving health outcomes, reducing disparities, and improving cultural competence are designed collaboratively and that lessons learned are incorporated into future decision-making.
- Solicit feedback from Medicaid consumers and trusted messengers, including community health workers, patient advocates, and/or community-based organizations, to improve access to quality care and reduce health disparities among ABHTX enrollees.

Internal Policies

- AMA 1100.00 Health Equity Policy
- AMA 1100.04 Health Equity Provider Policy
- Interpreter and Translation Services (Policy 4500.25)
- Member Advisory Committee (MAC) (Policy 4200.02)
- Provider Responsibilities (Policy 6300.10)
- Member Services Staff Training (Policy 4500.48)
- Americans with Disabilities Act (ADA) Compliance for Providers (Policy 6100.44)

Human Resources

To serve our members equitably and effectively, we strive for a diverse workforce, including our leadership teams.

ABHTX incorporates cultural priorities throughout the staff recruitment, training, and retention continuum. Job postings and descriptions include organizational cultural values and competencies. Recruiters and hiring managers are trained to identify and seek organizational cultural competencies and cultural understanding and education is infused through all employee foundational, core and role specific training.

Employee development and retention is supported throughout the life of the employee's role and is the collaborative responsibility of organization leadership, management, and the employee. Retention is supported by engagement in meaningful work, consistent feedback, and ongoing development opportunities. As a core value, multi-cultural learning opportunities, recognition for appropriate cultural engagement, and innovation that meets our members' unique cultural needs are an ongoing part of the employee experience.



We invest in cultural competency throughout each employee's cultural competency journey. Organizational cultural values and priorities are a standard part of job descriptions, job postings, recruitment, and the hiring process. We use a variety of internal, State, and Federal data sources and reporting tools to understand the changing demographics of member populations. We analyze year-over-year trends to identify and anticipate changes and adjust both our staff and network provider recruitment and training programs to serve our members best.

Because we have a diverse workforce and leadership team to serve our members equitably and effectively, our parent organization has been recognized nationally as an employer of choice for our commitment to building a culturally diverse workforce. DiversityInc placed Aetna on the DiversityInc Top 50 Companies for Diversity list every year from 2009 through 2016. We have made the list in previous years as well. The Human Rights Campaign named Aetna as one of the "Best Places to Work for lesbian, gay, bisexual and transgender (LGBT) employees" each year since this list was created in 2002.

Diversity is embedded in our culture. It is important in all aspects of our business for our workforce, customers, suppliers, and networks of health care professionals; in our products and services; and through our contributions to the communities, we serve. It is part of our way of doing business.

By leveraging all dimensions of diversity, raising awareness about the power of diversity, and demonstrating inclusive leadership, we are better positioned to understand and meet the unique needs of the people we serve across the health care system and empower them to live healthier lives.

By being inclusive, we draw out different points of view that result in stronger solutions and true innovation. With this understanding, and with the national support of Aetna, we have developed and implemented enterprise-wide culturally competent programs and initiatives.

Both diversity and inclusion are organizational priorities that drive business results. We achieve these results through the implementation of an integrated, comprehensive strategy which includes the following responsibilities of our Human Resources department:

- Hiring bi/multi-lingual staff members to have staff representation like that of our membership.
- Reviewing employee satisfaction and utilization data to identify areas of improvement related to diversity, training, education and language services and design appropriate interventions.
- Utilizing local recruiting and hiring practices to ensure staff is representative of the diverse demographic characteristics of the service area, as well as the members served.
- Demonstrating recruiting efforts to employ, train and promote individuals with



disabilities and covered veterans which is managed through affirmative action efforts.

Aetna/CVS has implemented processes to ensure that our employees are appropriately representative of the diverse cultural and language groups that exist within its membership.

Recruitment

Aetna’s recruitment and diversity outreach efforts encompass a variety of resources such as recruitment-related relationships, organizational sponsorships, the use of social media, online career fairs, partnerships with professional organizations, contracting with online vendors, internships, as well as taking part in community activities.

Colleague Resource Groups

CVS/Aetna has a Colleague Resource Groups (CRGs), for everyone, 17 Colleague Resource Groups are open to all colleagues which are comprised of 29K+ members across the company.

CRGs are voluntary, colleague-led organizations within the company that foster personal and professional development, promote community, and add business value. CRGs represent a wide range of professional, cultural, ethnic, religious, and personal affinities and interests and are open to all colleagues.

Through their work and influence, our CRGs offer:

- Fostering a sense of belonging
- Employee engagement and professional development
- Creating business value
- Community

The organizations 17 CRGs are noted below:

aNative - Native American, Native Alaskan, Native Hawaiian colleagues	FitClub - Fitness and Wellbeing
APNA - Asian Pacific colleagues	GreenTeam - Environmental Sustainability
BCRG - Black/African American colleagues	Juntos – Latin colleagues
BRAVE - Military Veterans	Mental Well-being
BRIDGES-Connecting Generations	Outliers - Analytics
CapAbilities - Individuals with Disabilities	Pride+ - LGBTQA+ colleagues
DRIVEN – Multigenerational colleagues	VIRTUAL - Remote Workers
Faith - Faith and Spirituality	WISE - Women
Family & Caregivers	



Aetna Clinical Solutions (ACS) University

Includes learning and development opportunities and resources for internal staff.

- Lunch & Learn Sessions (real time and on-demand)
- Heart of Inclusion Learning Journey
- Spanish Language Course Program

Self-Care Resources

Resources for well-being journey

- Well-being toolkits (chronic conditions, caregiver support, financial well-being, mental health support)
- Mental Wellbeing continued education resources (reducing stigma, EAP resources to share, etc.)
- Mindfulness Monday Calendar

Marketing

Our marketing organization developed brand standards that include guidelines to support clear communication, culture awareness/tone and member demographic information. ABHTX is required to use Aetna brand standards on all marketing material. All member presentations and materials will be written in what we call “plain speak”. This means all content will be written in a clear, purposeful tone. Since our members’ needs and cultural preferences are diverse, we tailor our words and tone of our messaging to meet their needs.

Our brand is more than just our logo or our tagline; brand is the sum of everything our customers experience with us. It is about how we think, act, and communicate. Below are some examples of how our Marketing department provides materials that achieve a level of cultural competence:

- Avoiding the use of jargon or technical language when possible.
- Writing all member presentations and materials using plain language, legible typography, simple layouts, and appropriate white space.
- Organizing written materials in a logical manner, using short sentences, paragraphs and/or infographics when appropriate.
- Writing materials at or below 6th grade reading level.
- Submitting member materials for legal, compliance, as well as relevant government services review prior to dissemination to certify that contractual obligations, federal and state guidelines are met.
- Submitting member materials for review by a member advisory committee for cultural and linguistic appropriateness.



- Informing all members of our language assistance services and alternative clearly and in their preferred language, verbally and in writing. Materials are available in the following formats:
 - Braille, for our visually impaired members
 - Large print, for our visually impaired members
 - Languages that are prevalent in the community
- Ensuring translation of all materials when a language in compliance with Section 1557 of the ACA as well as threshold populations is not captured in the Limited English Proficiency (LEP) requirements.
- Ensuring member materials are written in a culturally appropriate manner to meet the local language dialect.
- Collaborating with the Member Services department to ensure materials and website are compliant with Section 1557 of the Patient Protection and Affordable Care Act
- Providing content on our website that is easily adjustable to make reading easier for those with visual impairments, and is also compatible with voice recognition software in compliance with Section 508 of the Rehabilitation Act of 1973
- Identifying and including language preferences early in the member engagement process to ensure Aetna supplies information to members in the language of their preference.
- Understanding the population segments' wants and needs from a cultural and individual level in collaboration with 3rd party marketing and advertising vendors (as appropriate) to ensure appropriate communications and increase market penetration.
- Consistently reviewing and modifying website content to ensure that it reflects updated lists of resources (e.g., community based, governmental agencies and supportive services) and materials to support Cultural Competency initiatives and strategies.
- Using photographs and colors that are culturally appropriate and would resonate with our membership.
- Monitoring language reports and ensuring materials are translated in languages based on local and federal requirements (thresholds).
- Developing and managing communication plans to ensure organization understands and manages the language requirements.
- Managing policies and procedures (desktops) to ensure that all communication and language requirements are met and reviewing desktops with departments on an annual basis.

Medical Management

Our Health Plan uses innovation and versatility to provide members with appropriate services to improve their health. We adhere to clinical guidelines and strive to reduce the overuse and underuse of medical services. Ongoing training and education for all medical management staff is key to delivering culturally competent and sensitive care.



Medical Management is committed to being culturally and linguistically responsible and will demonstrate this by:

- Ensuring all staff, specifically Service Coordination staff, use the language line as appropriate.
- Incorporating family and culturally defined objectives as part of care planning and other critical treatment decisions, including religious and spiritual needs of the member, natural support systems, and socioeconomic conditions, except when clinically contraindicated.
- Coordinating care across the continuum, including social services and NMDOH.
- Collecting and utilizing demographic and NMDOH data of ABHTX members to identify gaps in care and/or health disparities through standard business practice, as well as participation in the Quality Committee structure.
- Ensuring that both member and provider have access to culturally and linguistically appropriate resources and support.
- Developing service coordination / disease management programs appropriate for the populations we serve.
- Profiling providers, including medical services and pharmacy utilization.
- Minimizing variations by monitoring appropriateness, quality, effectiveness, and accessibility of care (i.e., utilization management, health outcomes, etc.).

Member Services

Member services is the first stop for most member-level requests. Although some functions may not be the responsibility of member services, such as development of materials, they are the procurers of these materials and services (i.e., member requests of the handbook in their preferred language, transportation services and other requests with attention to culturally appropriate services). Our Member Services team assures that employees are knowledgeable of culturally sensitive services through training and active monitoring.

The member services team will provide guidance and support to instill a service of excellence to ABHTX members through the application of culturally competent services in the following ways:

- Offering language assistance services and resources, such as American Sign Language and/or Teletypewriter (TTY) for the Deaf, hard of hearing, or speech impaired in accordance with Section 1557 of the Affordable Care Act
- Actively monitoring the language line and Teletypewriter (TTY) line use
- Providing assistance to members who request materials in alternative formats and languages.
- Participating in and/or facilitating the Member Advisory Committee and providing timely member feedback to cultural competency steering committee
- Offering language assistance services at no cost at all points of contact during all



hours of operation

- Continuously monitoring utilization and quality of language service vendor(s) to identify high volume language needs and adjust for appropriate coverage, when necessary
- Investigating and resolving complaints, grievances and/or appeals from members.
- Actively recruiting and hiring bi-lingual staff to assist members who have limited English proficiency. Bi-lingual employees that translate for members must successfully complete an interpretation certification course.

Provider Engagement

Provider Services acts as a provider advocate and single point of contact for all interaction requests to best serve our members. We empower well-trained employees to deliver accurate, timely and culturally competent resolutions through the following channels:

- Maintaining the Provider Operations Manual including the HOP section
- Educating staff and providers on proper use of the online Provider Directory and appropriate referral of members to specialists that accommodate specific language needs or other services.
- Monitoring of providers via provider satisfaction and CAHPS surveys to ensure culturally competent services are being provided and placing providers on a corrective action plan and/or additional training for their actions related to complaints, grievances, audits, and other reports indicating potential problems.
- Utilizing community and member information (e.g., preferred language, health disparities, and population demographics) to recruit and build a network of diverse providers to assist with closing the gaps in healthcare disparities and to reflect the community and their needs.
- Facilitating information sharing about the community in which they serve by sharing member/ community information such as health risk factors related to disparities and member demographic information.
- Educating providers through the publications of newsletters and the provider manual on the availability of the language line service for health plan members
- Conducting provider on-site visits to determine if:
 - they have resources to effectively communicate with the members.
 - the facility is compliant with Federal and State regulations (i.e., ADA compliant)
 - barriers exist that prohibit or inhibit a member's access including environmental factors (i.e., neighborhood, cleanliness of office)
- Ensuring Cultural Competency Training is delivered during provider orientation to assist providers in meeting our expectations regarding cultural and linguistic competency.
- ABHTX will maintain a number of provider recruitment-related relationships and associations in order to directly add to the diversity of our potential provider pools.



Quality Management

A key focus of our Quality Assessment Performance Improvement (QAPI) Program is to improve the member's biological, psychological, and social well-being with an emphasis on quality of care and the non-clinical aspects of all services, including cultural and linguistic competency. ABHTX's QAPI Program is designed to continuously monitor and evaluate service delivery to improve medical care, member safety, and behavioral health services. This monitoring includes the following:

- Implement/adjust interventions to address Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is a registered trademark of NCQA measure.
- Coordinate the Analysis of member demographic, HEDIS, health outcomes data, and claims data to identify subpopulations that would benefit from Population Health Management (PHM) Programs; plan, implement, and monitor effectiveness of PHM Programs.
- Ongoing assessment of program standards to determine the quality, accessibility, and appropriateness of care, case management and coordination of services.
- Monitoring CLAS in Health and Health Care standards via annual assessment.
- Analyzing member satisfaction surveys including CAHPS from a cultural perspective; identifying gaps and opportunities for improvements and creating subsequent action plans.
- Assessment of complaints/grievances related to culturally competent care, access to care, and/or the quality of services delivered by providers pertaining to attitude and/or discrimination and addressing as appropriate.
- Reporting Potential Quality of Care Concerns (PQoC) from various sources and addressing as appropriate to ensure member safety and the complaints made.
- Subcontractor oversight pertaining to culturally competent services and/or grievances related to subcontractors' provision of services.
- Quarterly review of the HOP, with revisions as needed, in committee ensures that the plan is current regarding State, Federal and contractual requirements and continues to culturally guide competency policies, programs and processes across all departments of ABHTX.
- Member language thresholds in accordance with state requirements are reviewed annually to ensure that all member materials are following translation requirements and that interpreter services are available to meet threshold language needs.

Health Outcomes Program (HOP) Objectives

The Health Outcomes Program provides an objective and systematic framework for reporting and monitoring healthcare services and outcomes with the primary objective of actively identifying and addressing health care disparities in pursuit of equitable care for all health plan enrollees. The HOP formalizes activities and oversight necessary to ensure the health plan meets the needs of our culturally diverse membership. Since equitable health



care is essential to high quality care, the HOP is a component of ABHTX's Quality Assurance and Performance Improvement plan (QAPI).

Additional objectives of the HOP are to:

- Focus on issues relevant to the needs of the health plan's membership by identifying those which would reduce health care disparities and/ or improve health outcomes.
- Promote health literacy by facilitating mechanisms for enrollees to obtain, understand and use health information and services so that they can make appropriate choices.

The ABHTX Health Outcomes lead, in collaboration with the health plan Medical Director, is responsible for initiating the development of the HOP and leading the cross-functional governance structure. It is comprised of department leads and health plan stakeholders that collaborate to develop a dynamic plan that engages and holds accountable leads from each functional area.

The HOP lead is responsible for annual submission and leading the review of the HOP. The HOP is subject to ongoing review by internal and external resources, and an annual formal review and approval session led by members of the Board of Directors who have delegated oversight to members of members of the Quality Management Oversight Committee (QMOC). The summary of the HOP will be presented annually at the Member Advisory Group (MAG) meeting or Wellness Matters for review and member feedback. The plan is submitted to the Director of Health Outcomes and accreditation governance team annually for review.

Our goal with respect to our relationship with our community collaborators is to be both transparent and accountable. With their active participation in shaping the way we operate on a day-to-day basis, we will be able to serve our members with the honor and respect each one deserves.

Health Outcomes Program Scope

The HOP is focused on equitable health care services. It is comprehensive in nature, promoting continuous improvement and aligning with the goals of our governing bodies such as with Health and Human Services contract requirements and the National Committee for Quality Assurance (NCQA). The HOP is developed and implemented by professionals with adequate and appropriate experience in quality and medical management. Key areas of focus include, but are not limited to:

- Ensuring the program activities and initiatives undertaken are based upon regulatory requirements or quantitative and/or qualitative analysis of applicable encounter



data, member demographics, practitioner network information, HEDIS, CAHPS, or other identified performance areas.

- Ensuring the HOP is integrated with activities and initiatives undertaken by other operational areas such as Network Management, Provider Services, Member Services, Community Development, Medical Management, Quality Management, Operations, and Grievances & Appeals.
- Providing mechanisms for feedback and interpretation of findings from the program data analysis to identify and prioritize opportunities for improvement.

Mission and Values

Our mission is to improve health outcomes by promoting inclusive policies, practices, and programs that empower communities and individuals. We embrace diversity, champion accessibility, and advocate for systematic change to ensure all voices are heard and respected.

Our core values guide our efforts:

1. **Inclusivity:** We honor and celebrate diverse perspectives, ensuring that everyone has a seat at the table.
2. **Integrity:** We act with honesty and transparency, building trust with the members and communities we serve.
3. **Empowerment:** We equip staff, members and communities with the knowledge and resources needed to achieve health and well-being.
4. **Collaboration:** We partner with internal departments, members and community-based organizations to create sustainable, community-driven solutions.
5. **Innovation:** We embrace new ideas and approaches to create health solutions

Together, we are dedicated to creating a healthier, more equitable future for all.

Members and community representatives' advisory committees

ABHTX leadership recognizes the importance of engaging with culturally diverse communities to enhance health outcomes. The first step is to conduct a comprehensive assessment of the community demographics and identify key cultural groups within the service area.

ABHTX engages community leaders, organizations, and stakeholders to form a collaborative partnership. This involves inviting representatives from diverse cultural backgrounds to participate in advisory groups. The selection process is inclusive, ensuring that a wide range of perspectives and experiences are represented.

Once the advisory groups are established, the health plan organizes initial meetings to discuss the goals and objectives of the collaboration. During these meetings, members are



encouraged to share their insights and experiences regarding health disparities and barriers faced by their communities.

The advisory groups work together to identify and prioritize opportunities for improvement in health outcomes. This involves analyzing data, sharing personal stories, and leveraging cultural knowledge to highlight critical areas of need. The groups also provide feedback to the health plan on their potential strategies and interventions that are culturally appropriate and effective.

Throughout the process, the health plan maintains open communication and transparency, ensuring that advisory group members are informed and engaged. Regular follow-up meetings and progress reports are shared to keep the momentum going and to celebrate successes.

Finally, the health plan integrates the insights and recommendations from the advisory groups into their policies and programs. This collaborative approach not only addresses health disparities but also fosters a sense of trust and partnership between the health plan and the communities it serves, ultimately contributing to more equitable health outcomes for all.

Measurable Goals and Program Evaluation

The HOP is an evolving document and must be responsive and fluid to meet the changing needs of our member populations. To ensure effectiveness and responsive adaptation, the HOP is utilized and evaluated regularly.

ABHTX conducts an annual evaluation to assess the overall effectiveness of the HOP. The evaluation reviews aspects of the program, emphasizing completed and ongoing activities outlined in the HOP, including outcomes of targeted initiatives.

The HOP Evaluation is a comprehensive annual summary of completed and ongoing improvement activities performed under the scope of the HOP. Where available, performance is included in comparison to goals and objectives. This also includes barriers that may have affected the achievement of those goals and objectives, as well as significant events that have taken place during the year. This report will review Health Plan improvement initiatives related to cultural and linguistically appropriate services. The contents of this report will be reviewed by the QMOC. Findings included in this document will serve as the framework for developing the Health Outcomes Work Plan for 2026.

Our evaluation approach and plan include:

- The HOP lead has ongoing monitoring and review of the HOP and Work Plan to



- ensure that each business area is held accountable for cultural engagement processes and activities and identify evolving opportunities for improvement.
- The HOP lead completes a summary report and submits to QMOC leadership for review.
 - Regular assessment of provider and subcontractor network. We routinely assess our provider/subcontractor panels for compliance with language assistance requirements. We employ corrective actions as needed to achieve and maintain compliance with CLAS and internal standards.
 - Member engagement and feedback:
 - Solicit member feedback on our cultural competency and interpretation and translation services through member/advocacy council meetings, surveys, review of member interactions with Member Services, community outreach events and activities.
 - Assessment of language utilization and member services reports are used to measure cultural and linguistic services are provided for translation and interpretation to ensure quality and accuracy.
 - Analysis of Population Assessment (geography, gender, ethnicity/race, age, language, socio-economic status)
 - Reporting on special needs population (STAR Kids, LTSS and or by conditions i.e., vision impairment)
 - Membership growth (year over year)
 - Opportunities for Improvement

To measure effectiveness of the 2026 HOP, the HOP Lead has established goals to be measured and monitored throughout the measurement year. The table below shows specific, measurable, achievable, and reasonable goals that address the needs of our members and programs. These goals were identified and prioritized for the improvement of a CLAS opportunity and reduction of health care inequities. These goals have been identified from the 2025 HOP, Wellness Matters (member Health Education and Health Promotion) monthly meeting with members and the ABHTX annual QAPI. Based on the opportunities identified the below goals have been prioritized as high priority for 2026. These goals are high priority because they address significant health disparities such as hypertension in Black/African American members, gaps in Well Child Visits among Hispanic/Latino children, and communication barriers for members with limited English proficiency. Strengthening CLAS Standards across member programs ensures culturally and linguistically appropriate care, improving engagement, trust, and overall health outcomes for ABHTX members.



2026 Health Outcomes Goals:

Goal 1: Increase Hypertension Control (CBP <140/90) by +2 percentage points YoY among Black or African American.	
Goal	ABHTX members particularly Black or African American communities have lower engagement with PCPs (appointments) to monitor and manage their hypertension.
Business Owner	Quality Management / Service Coordination / Outreach
Priority Ranking	HIGH – Access to culturally relevant health education, health promotion materials, and interpreter services supports effective communication between providers and members who prefer a language other than English. Enhancing communication, outreach campaigns, and access to language services can directly improve understanding, satisfaction, and adherence to treatment plans.
S	Implement a targeted hypertension-control initiative for Black or African American members that includes: <ul style="list-style-type: none"> • mPulse campaign (IVR/SMS) to drive up PCP follow-ups and medication adherence among members. • Providing gaps-in-care outreach lists that includes REL to providers for scheduling BP checks and follow-ups. • Promotion of the Cultural Competency and Health Outcomes Provider Toolkit through PTAs, ensuring provider staff have access to bilingual (English/Spanish) educational materials. • Conduct community BP screening event/health fair in collaboration with one to-be-identified provider group as our pilot. .
M	Increase the CBP control rate for Black or African American members (baseline: 3.9%) by +2 percentage points year over year beginning with the baseline rates.
A	Collaborate with local healthcare providers, community organizations, and cultural leaders to facilitate workshops, health fairs, and individual consultations.
R	This goal is essential for addressing the significant disparities in hypertension prevalence and management within these populations, contributing to overall cardiovascular health and reducing the risk of related chronic diseases.
T	The program will be launched by June 2026 with a target for completion and evaluation of results by June 2027.



Rationale	This SMART goal aims to enhance cardiovascular health of Black or African American individuals through a structured program over a one-year period. By focusing on culturally relevant education and community engagement, we anticipate fostering an environment where participants feel supported in adopting healthier lifestyles. Targeted outreach, language-appropriate education, and provider workflow support can increase BP follow-ups and documented control. Using REL-stratified data and a provider-based pilot creates a manageable path to drive measurable change in CBP rates among Black or African American members.
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Goal 2: Increase the number of Well Child Visits (WCV) in the Hispanic or Latino population	
Goal	By December 31, 2026, ABHTX will increase the number of members completing preventive WCV visits by 2 percentage points from the 2024 baseline, with a focused effort on Hispanic or Latino members who complete these visits at lower rates than other demographic groups.
Business Owner	Quality Management/ Outreach
Priority Ranking	HIGH - A significant portion of ABHTX membership consists of Hispanic/Latino individuals, who represent the largest demographic group. Increasing Well Child Visit (WCV) completion supports stronger overall health outcomes by improving immunization status, developmental and behavioral health screening, and early identification of risks that can influence long-term health and well-being.
S	Texas will revise the Gaps in Care report to include race and ethnicity, enabling targeted outreach for adolescent preventive care visits. How it will be done: <ul style="list-style-type: none"> • Add REL (Race, Ethnicity, Language) fields to the member WCV gaps report. • Identify one provider group or event with high Hispanic/Latino members to pilot focused outreach. • Build a monthly REL-stratified list of members due for WCV; validate contact information; flag NMDOH barriers (transportation, language, hours) and share with providers. • Increase the number of WCV visits by 2 percentage points within one year of implementation from baseline 2024 baseline 56.73% Hispanic/Latino.



<p>M</p>	<ul style="list-style-type: none"> • Within one year, 1 to-be identified provider group will be engaged in assessing REL and demonstrating 1 focused intervention that will be mutually agreed upon. • Gaps in Care will be assessed for REL and agreed collaborations by Q3 2026.
<p>A</p>	<p>Collaborate with/on one provider group (identified in “S” for goal #2 above)/ event to facilitate a workshop for health fair.</p>
<p>R</p>	<p>This goal directly addresses observed disparities in preventive care and aligns with HEDIS WCV performance expectations, Medicaid quality strategy, overall health outcome goals, member experience priorities, and state/regulatory requirements. Strengthening preventive care supports early identification of health needs, improves continuity of care, and helps reduce avoidable utilization over time.</p>
<p>T</p>	<ul style="list-style-type: none"> • Q1 2026: Comprehensive planning activities and requirements assessment will be completed by the end of Q1. • Q2 2026: All necessary revisions to the report will be finalized by the end of Q2. • Q3 2026: The pilot intervention will be initiated by Q3, with implementation activities proceeding according to the established timeline. • Q1 2027: Completion of the pilot, including full analysis and evaluation of outcomes, will be finalized by Q1, 2027,
<p>Rationale</p>	<p>Preventive well-care visits support long-term health by catching risks early, keeping immunizations up to date, and ensuring ongoing connection to primary care. This leads to better management of emerging health issues and reduces preventable problems over time.</p>



Goal 3: Improve access to interpreter services for members with limited English proficiency to support clear communication and stronger engagement in their healthcare.	
Goal	By December 2026, conduct a <i>PCP survey</i> to assess providers' awareness and use of CLAS standards specifically interpreter services, language-line access, and bilingual staffing and implement at least one targeted improvement action to strengthen linguistically appropriate communication across the network
Business Owner	Quality Management / Provider Engagement (QM/PE)
Priority Ranking	HIGH – Interpreter services are essential for accurate communication between providers and members who prefer a language other than English. Strengthening these services supports member understanding, improves satisfaction, and helps ensure that care instructions are clearly communicated and followed.
S	<ul style="list-style-type: none"> • Develop and distribute a PCP survey assessing provider knowledge, awareness, and use of CLAS-aligned language-access practices. • Increase provider awareness of interpreter resources available through ABHTX. • Implement at least one targeted improvement action such as enhanced training, workflow prompts, or expanded resource access informed by survey results. • Expand or reinforce interpreter service access in at least three major community healthcare facilities based on identified gaps.
M	<ul style="list-style-type: none"> • Achieve at least a 15% provider response rate on the PCP survey. • Maintain or improve member satisfaction to ≥95% for plan calls and ≥93% for provider-office experiences within one year of implementing improvements.
A	<ul style="list-style-type: none"> • Collaborate with local organizations that provide interpretation services and train staff on the importance of accessing these resources. • Collaborate across QM (PTA), Provider Engagement, and internal language services teams to execute improvement activities • Utilize existing communication channels (provider newsletters, PTAs, PR reps, provider portal) to support adoption
R	This goal addresses the immediate communications barriers faced by non-English speaking members and ensures they receive appropriate care. Stronger interpreter use helps ensure members understand instructions, can ask questions, and feel supported during care.



T	<ul style="list-style-type: none">• Q1 2026: Finalize and distribute PCP survey.• Q2 2026: Analyze survey results and identify language-access gaps and opportunities.• Q3 2026: Select and implement at least one targeted improvement action such as enhanced training, workflow prompts, or expanded resource access informed by survey results.• Q3 2027: Reassess interpreter service utilization and satisfaction metrics (or one year post-implementation, whichever is sooner) to measure impact.
Rationale	Language barriers are one of the most significant obstacles to timely, high-quality healthcare for members with limited English proficiency. When communication is unclear, members are less likely to understand provider instructions, adhere to treatment recommendations, or feel confident navigating their care. Strengthening access to culturally and linguistically appropriate interpreter services promotes equitable care, supports compliance with CLAS Standards, improves health outcomes, and reduces avoidable disparities across ABHTX’s diverse member population.



Goal 4: Implement and promote CLAS Standards within Wellness Matters (member health education program) and Member Advisory Group (MAG) meetings to strengthen culturally and linguistically appropriate member engagement and improve health outcomes across ABHTX members.	
Goal	By Q2 2026, implement at least three CLAS-aligned enhancements such as translated materials, culturally relevant examples, and improved language access within Wellness Matters and MAG meetings to strengthen culturally and linguistically appropriate member engagement.
Business Owner	Quality Management / Outreach
Priority Ranking	HIGH: CLAS alignment strengthens culturally responsive care, improves member trust, and supports critical quality outcomes. Also, CLAS alignment strengthens the quality of member-facing materials and improves accessibility for diverse populations, including those with limited English proficiency or cultural barriers. Enhancing CLAS practices helps reduce health disparities, increases the effectiveness of health education, and supports compliance with quality measures.
S	Develop and implement CLAS-aligned practices during Wellness Matters sessions and MAG meetings, including culturally responsive content, improved language access, and integration of member feedback to ensure programming aligns with the needs of diverse member groups.
M	Incorporate at least three CLAS-aligned enhancements (e.g., translated materials, culturally relevant examples, community representation, availability of multilingual resource handouts) into Wellness Matters and MAG meetings by Q2 2026.
A	<ul style="list-style-type: none"> • Leverage existing Wellness Matters infrastructure, translation vendors, and MAG member feedback to ensure all materials and discussions reflect CLAS principles, cultural relevance, and linguistic accuracy. • Implement CLAS standards into all presentations to have culturally diverse imagery and examples in Wellness Matters slides along with readability for low-health-literacy audiences (6 grade level or below). • Provide a verbal reminder at the start of each session informing members that interpreter services and translated materials are available at no cost. • Offer Wellness Matters materials in English and Spanish languages.
R	Supporting CLAS standards directly aligns with Aetna’s Medicaid goals around: <ul style="list-style-type: none"> • health outcomes, • culturally competent care, • improved member experience,



	<ul style="list-style-type: none"> • and stronger community engagement.
T	Implement enhancements by Q2 2026.
Rationale	Integrating CLAS standards into Wellness Matters sessions and MAG meetings ensures Medicaid member education and engagement are culturally and linguistically responsive. This strengthens member trust, increases relevance of health messages, reduces misunderstandings, and supports compliance with state quality expectations. Applying CLAS in member-facing education and advisory meetings directly improves health outcomes by ensuring diverse populations have meaningful access to information and feel represented in programming decisions.

Monitoring against goals

ABHTX monitors progress against its goals through a structured and comprehensive approach that involves the collection of specific measures, regular monitoring, and clear accountability. Process is implemented:

1. **Measures Collected:** ABHTX identifies key performance indicators (KPIs) aligned with its goals, focusing on areas such as HEDIS measures, healthcare access, patient outcomes, equity initiatives, and community engagement. These measures are designed to provide a clear picture of progress and impact.
2. **Frequency of Monitoring:** Monitoring is conducted at regular intervals to ensure timely assessments of progress. This typically includes monthly reviews for operational goals, quarterly evaluations for strategic initiatives, and annual assessments for long-term objectives. These intervals are chosen to balance detailed oversight with the need for actionable insights. Monitoring will take place during the Quality Management Committee and summary reports such progress, barriers and performance will be reported to Quality Management Committee / SIC.
3. **Staff Responsible:** A dedicated team of staff member is responsible for overseeing the monitoring process. This team includes members from the Quality Management Oversight Committee and relevant department leads as identified above. They are tasked with collecting data, analyzing results, and preparing comprehensive monitoring reports.
4. **Review and Sign-off:** Monitoring reports are reviewed by the Quality Management Oversight Committee which evaluates the data, assesses progress, and identifies areas for improvement. The committee then provides feedback and recommendations to ensure alignment with organizational goals. The annual and final approval of the program description and work plan is completed via Board of directors.



5. Feedback and Adaptation: In addition to regular monitoring, ABHTX engages with community stakeholders to gather feedback and insights, examples include Member Advisory Groups and Wellness Matters. This input is crucial for adapting strategies and ensuring that initiatives remain responsive to community needs. By fostering a culture of collaboration and innovation, ABHTX strives to achieve its goals and make meaningful progress in promoting health outcomes and improving service delivery.

Conclusion

ABHTX's Health Outcomes Plan is committed to addressing the systemic barriers that contribute to health disparities, ensuring that all individuals, regardless of their background or socioeconomic status, have access to the care and resources they need to achieve optimal health. By focusing on targeted interventions, community engagement, the program aims to create sustainable, equitable health outcomes for underserved populations. Through continued collaboration and a focus on inclusivity, the program strives to promote health outcomes as a fundamental right for everyone.



Appendix A: National CLAS Standards

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.
 - ABHTX maintains a Health Outcomes & Cultural Competency Plan that demonstrates its commitment to providing Culturally and Linguistically Appropriate Services (CLAS). The Cultural Competency Plan is available to all employees and shared with the organization's Compliance and Quality Committees. The plan is also available to our provider community on website.
 - Through the implementation of and adherence to our Cultural Competency Plan, ABHTX creates a welcoming environment that fosters appreciation for employee diversity and demonstrates respect for the culturally and linguistically diverse populations we serve.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
 - ABHTX's commitment to culturally competent care is reflected in the organization's mission of creating a healthier future for children and women throughout our global community.
3. ABHTX governance structure includes our Quality Management Committee, whereby the Cultural Competency Plan and associated activities, including policies and procedures, are reviewed at least annually. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
 - ABHTX recruits, retains, and promotes at all levels of the organization a diverse leadership that reflects the demographic characteristics of the population in its service areas.
 - ABHTX evaluates language and communication proficiency of staff to determine fluency and appropriateness for serving as interpreters.
 - ABHTX provides multiple monthly opportunities for employees to volunteer in the community and to learn about community members and other cultures and work with community-based organizations to create such interactions.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.



- ABHTX employees are introduced to Health Outcomes/CLAS Plan and Annual Training in New Employee Orientation.
- ABHTX employees are offered online Cultural Competency training module each year.

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.
 - ABHTX offers language assistance at no cost to individuals who have limited English proficiency. Interpretation is provided in multiple languages, and includes Braille, American Sign Language, or large print per member's request. The services can be provided over the phone or in person. This service is offered to members whenever they are interacting with ABH, including when talking to Member Services, Nurse Line, outreach Call Campaigns, when receiving texts or IVR, etc. Members may also call-in advance to arrange for a virtual, or in-person interpreter to attend clinic visits with them.
 - Employees are trained on the use of language assistance services, including the use of 2-1-1 for communication with individuals who may be hearing impaired. This information is shared in Learning Hub courses for Health Outcomes. The Language Line information is also provided in the Outreach Call Campaign scripts to encourage use of this service.
 - All member materials are written at 6th grade reading level or less. This is confirmed or verified in Marketing Materials Review meetings for any member-facing materials before they are sent to HHSC for state approval.
 - All member materials are available in Spanish. This is completed after HHSC approves the materials; then translation is completed by our Interpreter Services vendor.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
 - Members receive written communication through multiple channels about the language services available to them. This information is available to members via the ABHTX website, in the Member Handbook (which is updated annually), and in any mailed materials.
 - All member materials are written at a 6th grade or lower reading level. This is confirmed by Marketing Materials team. Member materials specify how to



- request materials in different languages.
- Members can access Spanish via the interactive voice response (IVR) system when calling into ABHTX. Voice prompt, or TTY gives members the option to choose Spanish.
 - Call Center Representatives have access to Interpreter Services for any of their calls with members. The reps inform and assist members with limited English proficiency to obtain language assistance in their preferred language at no cost.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- ABHTX evaluates language and communication proficiency of staff upon hiring to determine fluency and appropriateness for serving as interpreters. If needed, use of vendors who are certified as Interpreters is also available for translation services.
 - Employees are trained on the use of language assistance services, including the use of 2-1-1 for communication with individuals who may be hearing impaired. This information is available on ABH website for all employees to view.
 - ABHTX offers language assistance for numerous languages at no cost to individuals who have limited English proficiency. This information is available on ABHTX Member Website, and in Member Handbook. Members may also contact Member Services rep for this information.
 - Language assistance is also available at no cost to providers in the network delivering care and services to ABHTX Members. This information is available to providers in the Provider Manual. It is also available on the Provider Website, in Provider Newsletter article annually, and in Cultural Competency Provider Toolkit.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- ABHTX contracts with a national vendor that provides multi-language interpretation for print material and health information pieces. We partner with our vendor to create our Member Newsletter articles in English & Spanish. Members may also request other common languages for our population, including Vietnamese, large print, or braille.
 - ABHTX has a process for translating material into languages other than English and for evaluating the quality of these translations. Responsibility for adherence to this process is held by Marketing Materials Review team. Our vendor for translated member materials also provides us a Certificate of Translation to verify



- quality and accuracy of their work.
- All member materials are written at a 6th grade or less reading level and include information about how to request materials in different languages. Reading grade level is confirmed in member materials before being distributed to members.
- All member materials are available in Spanish.
- ABHTX website is also available in Spanish.

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.
 - ABHTX maintains a Cultural Competency Policy and Procedure that is available to all employees.
 - ABHTX governance structure includes a Health Outcomes/Cultural Competency workgroup that reports to Quality Management Committee, whereby the Cultural Competency Plan and associated activities, including policies and procedures, are reviewed at least annually.
 - ABHTX employees are introduced to the Cultural Competency Plan and Annual Training at New Employee Orientation.

All ABHTX employees are offered to complete the online Cultural Competency training module each year.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
 - ABHTX CLAS-related activities are outlined in the Health Outcomes/ Cultural Competency Plan. ABHTX's governance structure includes a Health Outcomes/ Cultural Competency Workgroup that reports to ABHTX's Quality Management Committee, whereby the Cultural Competency Plan and associated activities, including policies and procedures, are reviewed at least annually.
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.
 - ABHTX links demographic data with other types of data, e.g., quality of care data or considers demographic data in the development of specific health related programs to promote health equity and deliver outcomes that further inform service delivery to its members. We use tools (such as Socially Determined), Informatics, Z codes, our Community CARES team, and enterprise created dashboards to assess member demographics.



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.
 - ABHTX has in place a Member Advisory Group (MAG) in each service area that represents the cultural and linguistic diversity of populations in the service areas. The MAG meetings are held quarterly, either virtually or in-person. Spanish-speaking ABHTX staff attends these as well.
 - ABHTX has Wellness Matters Monthly Member Education Session that is used to gather feedback on the needs of the community. This includes a Community CARES team, and a Wellness Matters Session. At conclusion of the session, an optional survey is collected with member feedback.
 - ABHTX seeks input/feedback from members and families in the community to help plan and implement services that respond to the cultural and linguistic diversity of populations in the service areas. This information is collected through CAHPS Survey annually, Service Coordination member surveys, Member Satisfaction surveys, ABHTX Exit Survey, and Global Conditions survey. Member input/feedback is also collected by our Community Outreach team at community events held in our service areas.
 - ABHTX collaborates with other organizations and stakeholders in data collection, analysis, and reporting efforts to create the opportunity to better understand the cultural and linguistic diversity of populations in its service areas. Our Community CARES team collaborates with community-based organizations to assess community needs. ABHTX Informatics team collects and analyzes this data as well.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
 - ABHTX employs trained Community Health Workers (CHWs) who are trusted members of the community served. The CHWs provide input/feedback to ABHTX leaders as appropriate to ensure cultural and linguistic characteristics of the community are represented. This is achieved by our Community Outreach Team, our Community CARES team, and by guest speakers within the communities we serve at our MAG meetings. ABHTX Quality Management team also creates surveys, scripts, and phone campaigns to ask members about any barriers they may have in getting the care they need.



14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
 - Members are informed through multiple channels about their rights to provide feedback, including the right to file a complaint or grievance. This is done by our Grievance & Appeals team, in our Member Handbook, New Member Welcome packet, on our Member Website, and by our ANE (Abuse, Neglect & Exploitation) committee. Our Practice Transformation Advisor (PTA) also work face-to-face with providers to get this information to them; and to get feedback from them on member concerns or barriers.
 - ABHTX has a clear process to address instances of conflict and grievance that includes follow-up and ensures that the individuals are contacted with a resolution. This is a function of our Grievance & Appeals team.
 - ABHTX employs Member Advocates and Provider Complaint Resolution Specialists who are available to guide and support Members and Providers through the conflict resolution and/or grievance processes. For additional information on how to file a member or provider complaint or grievance, calls may be made to our Member Services and Provider Services Hotline. Our Community Outreach Team trains the Member Advocates to assist members in reporting or assisting to resolve complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.
 - ABHTX utilizes various communication channels to share the organization's commitment and progress in implementing and sustaining CLAS. This is achieved through Member and Provider newsletters, Member and Provider websites, Aetna-hosted community events, or our participation in community-organized events. We also share information at Committee Meetings (e.g.: PAC/CAAC, QMOC, QAPI). And, at our Provider Webinars, meetings with provider groups, monthly or quarterly PTA/Provider Performance Meetings, we also share ABHTX programs or initiatives related to Health Outcomes or Cultural Competence. Our enterprise also has CVS Website, TV commercials, and posts on social media to reach the general public with this information.



Appendix B: Definitions

Culturally and Linguistically Appropriate Services (CLAS) Standards – A set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.

Cultural Competency – The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes.¹

Demographics – Refers to the characteristics of a population, that often include age, gender, race, ethnicity, language, disability status, sexual orientation, gender identity, etc.

Health Equity – Achieving health equity and putting employees and members on a path to better health is a priority for this organization. “Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”² This is not the same as ‘equality,’ whereas a member with worse health or fewer resources would need to expend more effort to improve their health.

Health Outcomes Plan (HOP) – A strategic and operational document designed to systematically address disparities in health care access, quality, and outcomes among diverse populations.

Health Outcomes Director (or lead) – The lead who facilitates the Health Outcomes Plan (HOP) planning process to ensure engagement of all department leaders, alignment with CLAS standards, and compliance with the HOP.

Functional Area- Various departments in the health plan that collaborate with the HEAL Council to develop a dynamic HOP. The functional area leads are responsible for the development, implementation, monitoring and annual revisions of the HOP and process.



Signature Page

Signature:

A handwritten signature in black ink that reads "K. Thompson".

Quality Management
Director

Date: 03/27/2026

Signature:

A handwritten signature in black ink that reads "C. Tapia".

Chief Medicaid Director

Date: 03/27/2026