

COMMITMENT TO CULTURAL COMPETENCY



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CareSource Values

OUR MISSION

To make a lasting difference in our members' lives by improving their health and well-being

At CareSource®, our mission is one we take to heart. In fact, we call our mission our “heartbeat.” Our heartbeat is the essence of our company and our unwavering dedication to it is a hallmark of our success.

OUR VISION

Transforming lives through innovative health and life services

Executive Summary

CareSource is a non-profit, mission driven and member-centric company focused on providing the highest level of health care to our members. CareSource uniquely has an in-depth understanding of the needs of our members. This understanding is central to our commitment to cultural competency.

At the core of our commitment are the four pillars of Consumer Centricity: purposeful leadership, brand promise, consumer understanding and employee engagement. These four pillars are the roadmap to our success. Consumer Centricity empowers us to engage our members and their support system.

Key strategies to better understanding our members are employee engagement, development of culturally and linguistically appropriate engagement and marketing materials, and integration of cultural and linguistic understanding into organization policies. These strategies help us better understand our members' barriers to successfully navigating the health care system.

Our commitment to cultural competency aligns with our mission to make a difference in the lives of the people we serve by improving their health care. It is our responsibility as an organization to understand the unique needs of our members and their psychosocial barriers to navigating the health care system. Our commitment empowers us to truly engage our members and their support system so we can make a positive impact in their lives.

Our commitment to cultural competency is ingrained in everything we do, from hiring of CareSource staff to ensuring member engagement materials are culturally and linguistically appropriate. This commitment allows us to provide services that are culturally and linguistically appropriate and tailored to each member's unique needs.

About CareSource

CareSource serves more than 1.5 million members across Ohio, Indiana, Kentucky and West Virginia. Our members vary by age, belief system, ethnicity, health status and rate of literacy. They live in inner cities, suburbs, small towns and rural settings.

CONSUMER CENTRICITY

To achieve cultural competency, we begin with the members. Consumer Centricity, a component of our cultural competency strategy, keeps the focus of what we do on our members.

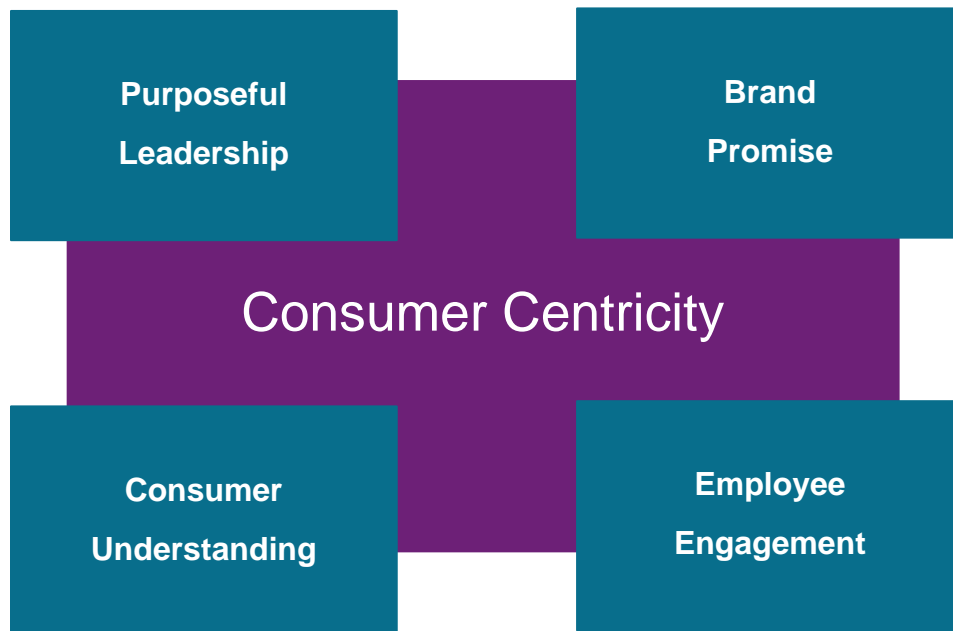
Consumer Centricity focuses on our consumers and their environments and supports (e.g., health partners, safety net organizations and the community). Our consumers include CareSource members and non-members in the community. To oversee our focus on Consumer Centricity, CareSource has invested in a Chief Consumer Officer.

The four pillars of Consumer Centricity – purposeful leadership, brand promise, consumer understanding and employee engagement – are our roadmap for success.

1. **Purposeful leadership** – From the chief executive officer (CEO) to the individual contributors within the organization, we demonstrate effective leadership and commitment to our members and their environment.
2. **Brand promise** – After purposeful leadership is in place, a thorough understanding of our brand and how it should be portrayed in the market is paramount. Every interaction with members and their support systems has to be consistent with the brand promise.
3. **Employee engagement** – Effective employee engagement is necessary to achieving Consumer Centricity. By investing in our employees, we empower them to invest in our members. For this reason, CareSource has invested greatly in CareSource University, our award-winning training and education program that provides resources for our employees' development.
4. **Consumer understanding** – CareSource has built marketing personas to better understand the health and social needs of our members. These personas represent a

cluster of members or consumers who exhibit similar behavioral patterns in their purchasing decisions, use of technology or products, customer service preferences, lifestyle choices and more. Behaviors, attitudes and motivations are common to a “type,” regardless of age, gender, education or other typical demographics. Our personas vastly span demographics. Our approach to reaching members or customers is customized within each persona.

Consumer Centricity empowers CareSource to truly engage our members and their support system with empathy to listen and learn how we can make an impact in their lives.



COMMITMENT TO CULTURAL COMPETENCY

Our commitment to cultural competency is demonstrated by communicating appropriately, recognizing our members' cultural needs and preferences, and ultimately making a personal connection to help improve the member's long-term health. Within our organization, the power of diversity is a business imperative. By leveraging that power, we hope to move beyond traditional corporate diversity and into "conversity" – the power and recognition of similarities. This innovative move into conversity is a departure from our traditional approach that focused on corporate diversity and the celebration of differences. Conversity helps us to better recognize, compare and understand health care barriers that many of our members experience.

In addition to supporting the various medical and psychosocial needs of the populations we serve, CareSource is also committed to ensuring that Culturally and Linguistically Appropriate Services (CLAS) are provided in a competent manner to all members, including those with limited English proficiency, hearing impairment, a speech or language disorder, physical disabilities, differential abilities, or diverse cultural and ethnic background. CareSource strives to provide services to people of all cultures, races, ethnic backgrounds and religions in a manner that recognizes their values. CareSource affirms and respects the worth of our members in order to protect and preserve their dignity.

As our member populations become more diverse, the need for the delivery of Culturally and Linguistically Appropriate Services is paramount. CareSource addresses cultural, linguistic and health literacy barriers proactively through education and training programs for staff at all levels, members and health partners. At no cost, we provide access to interpreters, bilingual support staff and bilingual health partners to better meet the needs of our members and make available easily understood, member-oriented materials, including posting signage in the most common languages represented in our service areas.

Understanding that cultural beliefs and literacy play an integral role in health care, we have adopted a broad-based, culturally sensitive health literacy approach. This approach includes materials and communications that promote health literacy as well as the education of members,

“Conversity helps us to better recognize, compare and understand health care barriers that many of our members experience.”

employees, health partners and vendors. We empower CareSource employees to help our members achieve their full health potential. To that end, building cultural competence into the services, policies and practices of our organization is ongoing.

Key strategies to better understanding our members include:

1. Employee engagement.
2. Development of culturally and linguistically appropriate engagement and marketing materials to meet the literacy levels and language of our membership.
3. Integration of cultural and linguistic understanding into organization policies.
4. Providing training and education to our staff and our health partners.
5. Offering simulations to our staff and partners to help them better understand the challenges our members may face in diverse cultural and socioeconomic situations.

Across the states in which we provide services, our members have varied needs and backgrounds. Many have suffered from a range of chronic and acute health conditions and limited access to health care. Some are reluctant to seek treatment for their medical conditions. Others prefer to see a health partner of their own ethnicity and gender. Many require assistance in understanding prescriptions, treatments, appointment slips, informed consent documents and other components and nuances of today's health care system. All of our members need compassion and assistance navigating the health care system in one form or another, and that is what we strive to provide. As we work with members, CareSource integrates cultural competence into utilization management, quality improvement and planning for the course of treatment.

Components of Cultural Competency

CareSource implements components of cultural competency in the various markets in which we conduct business. We modify the components to address the population characteristics of a specific demographic area.

The principles and activities of culturally and linguistically appropriate services will be integrated throughout the organization. CareSource is committed to working on issues surrounding health care disparities to ensure that all our members are receiving quality care that is respectful and culturally sensitive. Respecting cultural competencies are at the core of our model.

Cultural and social factors may influence a member's experience of illness, including:

- Socioeconomic status
- Immigration status
- Language
- Religious traditions
- Worldview
- Family relationships
- Beliefs about the supernatural world
- Fatalism
- Environmental impacts
- Food intake
- Understanding of the causation of illness.

CareSource will focus on culturally competent care by:

1. Ensuring members receive effective, understandable and respectful care that is provided in a manner compatible with their cultural health beliefs, practices and preferred language.
2. Maintaining strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

3. Ensuring that our staff receives ongoing education and training in:
 - a. Culturally and linguistically appropriate service delivery.
 - b. Meeting the needs of economically disadvantaged and culturally diverse individuals.

CareSource will also focus on Language Access Services (LAS) by:

- Notifying members of their rights and responsibilities in the corresponding plan Member Handbook or Evidence of Coverage.
- Notifying members, health partners and other appropriate audiences of our plans' telephonic services (including TTY information) and how and when to access these services through a variety of printed materials.
- Providing oral interpreter and oral translation services, sign language assistance, and access through a toll-free number with text telephone yoke (TTY) and interpreter services.
- Notifying members how to access our interpretation and translation services as well as alternative formats that can be provided.
- Offering and providing language assistance services including bilingual staff and interpreter services, at no cost to the member with limited English proficiency at all points of contact.
- Appropriately indicating member's with a primary language other than English within our systems to better meet their healthcare needs.
- Providing to members in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- Assuring the competence of language assistance provided to limited English proficient members by qualified medical interpreters and bilingual staff.

- Making available easily understood member-related materials and post signage in the languages of the encountered groups in the service area.
- Contracting with Language Line Services to provide telephonic interpreters for non-English speaking and limited English proficiency members. CareSource will ensure the vendor delivers high quality of services to members and complies with performance measures dictated by the Delegated Master Services Agreement and the corporate Delegation Oversight Policy.

Language access services (LAS) ensures mutual understanding of illness and treatment, increase member satisfaction, and improve the quality of health care for limited English proficiency (LEP) members.

Providing LAS is a legal requirement for health care systems that are recipients of Federal financial assistance.

CARE4U – POPULATION HEALTH MODEL

CareSource has implemented our innovative Care4U model to provide a dynamic, community based, member-centric model of service delivery. The model, designed as a population health management approach with care coordination for members, is implemented by regional, multi-disciplinary teams responsible for a defined population and sub-populations within a region.

Speaking different languages in a health care encounter can lead to confusion and has an impact on quality of care, treatment decisions, understanding, and compliance. CareSource recognizes that a common spoken language does not necessarily ensure cultural understanding.

CareSource will focus on organizational supports by:

- Conducting ongoing organizational self-assessments of CLAS Standards.
- Ensuring the data on the member's race, ethnicity, and spoken and written language are collected in health records, integrated into CareSource systems and periodically updated.

- Ensuring that the provision of health services, proposed treatment or utilization management of services is not influenced by member race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment.
- Maintaining a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Data collection is used to:

- Build an epidemiological profile of the community.
- Assess needs for language services and health literacy assistance.
- Monitor needs, use (including over and underutilization), quality of care and outcome patterns.
- Evaluate program effectiveness.
- Provide culturally competent disease management education and member interventions for high risk health conditions.
- Ensure equitable services.

Advanced analytics are used as a foundation for the model to help understand and prioritize the care needs of the entire membership within defined regions. Informed by this robust clinical analysis, regional care coordination teams will:

- Gain an understanding of prevalent medical, non-medical, socioeconomic and behavioral needs, patterns of care and barriers to access for the assigned population;
- Leverage corporate resources (technical, analytics, health and wellness programs, and condition management programs) to ensure members in the region receive care coordination services consistent with defined stratification levels; and, which includes

identifying and employing resources and interventions for high-risk health conditions found in certain cultural groups; and

- Work collaboratively with local health care and community-based service providers to engage members with services appropriate to their level of need, at the time of their need. We work to identify community advocates and agencies who can help our members with limited English proficiency and/or provide other culturally competent services, including outreach and referral.

Through this model, members have access to a full continuum of services at a corporate level with community-based regional care coordination teams positioned so members are able to access services that meet their specific, individual needs.

CareSource will use the population streams identified in Care4U to inform our cultural competency strategies. When moving into a new market or revisiting the market space in which we are currently, we will use data to drive our key strategies. We look deeply at the demographics of the population to determine how best to outreach. The culture of the population as a whole and the culture of the individual person are used to mold our health care program and allow us to better focus on whole person care that takes into account one's biopsychosocial status.

Company-Wide Commitment to Cultural Competency

Cultural competency is not a commitment made by select departments within CareSource. It is instead a company-wide commitment, as all employees directly or indirectly have an impact on our members. Departments such as Health Services, Marketing, Sales and Member Services are member facing and directly and quickly impact the consumer experience. Other non-member facing departments, such as Human Resources, CareSource University and Vendor Management enhance the consumer experience as they require concentrated employee engagement. For this reason, an understanding of our members is embedded in the work produced by every department within CareSource.

EMPLOYEE ENGAGEMENT – INTEGRATION OF CULTURAL AND LINGUISTIC UNDERSTANDING

By engaging employees who believe in the CareSource culture and understand our consumers, we can seamlessly integrate our consumers' cultural and linguistic needs into our day-to-day operations. CareSource believes that at the heart of cultural competency is a true understanding of the socioeconomic needs, linguistic and disability-related access requirements of the members we serve. CareSource is committed to ensuring that its staff are educated about, cognizant of, and are sensitive to the needs and cultural differences of its members.

Minority Diversification Strategy

CareSource is committed to diversity in the work force. An important aspect of employee engagement is hiring the right people who align with our culture and brand. To that end, we have in place a minority diversification strategy to ensure cultural competency within the organization. CareSource works to recruit staff members and leaders that represent the demographics of Indiana. We track this strategy relative to staff turnover, minorities who hold management positions, minorities who receive performance based promotions, etc. If the target is not maintained, initiatives are put in place to improve the performance.

Employee Engagement Assessment

Workforce engagement is an ongoing process to recruit, reward and retain productive and effective employees. In doing so, we enhance our employees' understanding of organized practices and employees' priorities, attitudes, behaviors and intentions, especially those priorities, attitudes and behaviors as related to cultural competency. Those employees who are more deeply engaged in CareSource and its mission are those who are more committed to cultural competency.

CareSource is committed to maintaining strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Ensuring the staff receives ongoing education and training in:

- Culturally and linguistically appropriate service delivery.
- Meeting the needs of economically disadvantaged and culturally diverse individuals.

CareSource University

CareSource drives focused learning actions and behaviors throughout the organization and into the communities we serve. To that end, we created our CareSource University (CSU) learning center in 2008. CSU is committed to fostering a culture of excellence by creating a dynamic learning environment that focuses on development of employees. Since 2010, CSU has continually been on Training Magazine's Top 125 list.



In 2015, CSU's comprehensive service offerings translated into:

- More than 207,000 hours of learning (75 hours/employee vs. 37.5 hours/employee national average)
- More than 25,000 e-learning hours
- Coaching for 100 percent of new leaders
- More than 7,800 in-house hours of professional licensure
- Over 20 customized team building offerings
- An enhanced focus on talent management for more than 2,700 employees

CSU offers courses to promote cultural competence at all levels of the organization to ensure everyone receives ongoing education and training in culturally and linguistically appropriate service delivery. CSU courses may include course on relevant cultural populations, as well as other courses such as health literacy, multi-generations in the workplace and English as a second language. All courses have the overarching goal of providing employees the tools they need to ensure that members receive the highest quality care.

CSU also provides our unique “Gotta Have Heart” diversity course. In this CSU course, designed on the discovery learning method, employees work together in a collaborative community to discover the uniqueness of our members across markets, the inter relationships across the organization that support our mission passion, and how our values permeate and guide everything we do.

Poverty Simulation

Our employees must exhibit an ability to understand our consumers’ environment. Our employees are encouraged to participate with community partners, stakeholders and decision makers in an innovative program called Walk in My Shoes – A Poverty Simulation. This simulation takes participants through four 15 minute “weeks” of living in poverty. It is critical for staff to experience the challenges faced by our diverse members both in their daily lives and in their health care choices. After participating in the simulation, staff members are able to place a greater focus on educating members about how to use the health system appropriately. We also invite participation from a variety of community partners, key decision makers and legislators to further raise community awareness.

“It is critical for staff to experience the challenges faced by our diverse members both in their daily lives and their health care choices.”

Life Services

CareSource looks for opportunities to serve our members in more than health care. We are invested in them and want them to live to their aspirations. As a result of our resolve to provide more than insurance, CareSource is helping Hoosier Healthwise and Healthy Indiana Plan members create a path to self-sufficiency through an innovative program called Life Services.

Life Services is a division of CareSource that provides a broad approach to addressing the factors that impact a member’s health, life situation and overall well-being. This program identifies a member’s barriers and offers life coaching and the identification of resources to stabilize lives and create a path to success for members on their life’s journey.

The Life Services program has developed a bank of community partners connecting members to needed human services and a growing job referral component to move program participants to gainful employment.

CareSource Foundation

An important part of living our culture is the CareSource Foundation. The CareSource Foundation assists health and human service initiatives by providing grants to those organizations that serve our members and have missions and values closely aligned the markets we serve. These organizations serve some of our most diverse member groups, meaning that the grants provided through our Foundation can have a direct, positive impact on our membership and our broader consumer demographic. CareSource grants have included the following:

- **Equitas Health** –A premier non-profit provider of a comprehensive and coordinated response to HIV/AIDS, from prevention, to diagnosis and treatment; and now expanding health and wellness programming to the broader LGBT community.
- **The Foodbank: Diabetic Food Box Program** – Strategic outreach to high-risk CareSource members to help educate, address and monitor issues around their diabetes diagnosis.
- **Preschool Promise** – A broader partnership strategy that will ensure that all four year olds in targeted communities have access to affordable or free high-quality preschool.
- **United Rehabilitation Services** – Progressive approach to addressing the needs of children and adults with disabilities.

CULTURALLY AND LINGUISTICALLY APPROPRIATE ENGAGEMENT AND MARKETING MATERIALS

When engaging our members, CareSource uses the National Standards on CLAS as a guideline. The principles and activities of CLAS are integrated throughout the organization. These activities include:

- Culturally and linguistically competent services from CareSource staff
- Ongoing education in culturally and linguistically appropriate service delivery
- Interpreter services for each individual with limited English proficiency, using medical interpreters (sign and spoken languages) when appropriate
- Easily understood member materials available in alternative formats
- Activities and goals relevant to culturally and linguistically appropriate services
- Maintenance of demographic, cultural and epidemiological profile of membership to respond to cultural and linguistic service needs
- Development of collaborative partnerships within communities to facilitate involvement in designing and implementing CLAS-related activities
- Use of conflict and grievance processes that are culturally and linguistically sensitive
- Sharing of information with our members about cultural and linguistic competence

Member Materials

We use a culturally and linguistically sensitive approach when developing our member materials. Our Marketing, Care and Disease Management, Quality, Utilization Management, and other internal teams work in close coordination to develop printed materials directed at targeted members. Our materials are strategically targeted to specific populations based on disease states and are focused on quality outcomes. Materials are written directly for the targeted population's age, gender, health literacy and culture. We understand that our members want materials that

are visually appealing and easy to understand, including signage available in the languages of the most commonly encountered group/groups represented in a service area. .

Limited English Proficiency and Special Needs

We regularly and effectively respond to the special communication needs of all our members, including those with limited English proficiency, and we effectively relate with economically and ethnically diverse member populations. We pride ourselves in going out of our way to ensure that each and every member receives the same quality of care.

Upon request and free of charge, we offer sign and language interpreters in over 170 languages for members who need assistance communicating with us or their health partner. We notify

Our member handbook informs members of interpretation, TTY and other services available for those who are non-English speaking or have other special needs.

members of the availability of interpreter services through the member handbook, certain member materials, and our website. A member, her or his representative, or a health partner can call us to arrange for interpreter services over the phone or in person free of charge. We also identify community advocates and agencies who can assist members with limited language proficiency and provide culturally competent services, including outreach and referral.

Upon request and free of charge, we also provide printed member materials in multiple languages or formats such as large print or Braille. We notify members of the availability of translation services through the member handbook, certain member materials and our website. A member, her or his representative, or a health partner can also call us to arrange for translation and interpreter services over the phone or in person free of charge. Finally upon request, we will provide printed member materials and interpretive services in multiple languages or formats. Consistent with the respective state requirements, we will provide all materials and interpretive services to our members regardless of whether the member speaks a language that meets the threshold of a prevalent non-English language.

CareSource produces and makes available all member materials in English and all prevalent, non-English languages spoken within the State, as identified through the Center for Medicare &

Medicaid Service's guidance. On a semi-annual basis (or upon OMPP request), CareSource reassesses the prevalent, non-English languages and ensures that all materials are translated into any newly-identified prevalent, non-English languages.

To ensure staff is aware of the member's need, we house language and special needs information within a centralized database that is updated based on information received from members, health partners and state files. Additionally, we gather this information from members as they complete their health assessment.

Professional translators and organizations that have expertise in alternative formatting are consulted for member materials that are written in non-English languages. Additionally, we require official translation certifications from translators/organizations for any materials that are translated or created in braille. Members are notified of interpretive services and/or translated resources available to them using a variety of mechanisms, including but not limited to:

- Member Services
- Assigned health partner
- Member handbook
- Website and member portal
- Member newsletters and other materials.

Primary medical providers receive their members' special need requirements on the roster that is available to them on our website 24 hours a day, seven days a week. We educate our health partners on the importance of recognizing and supporting members with special needs and how to access special services that support our members. On a semi-annual basis (or upon OMPP request), CareSource reassesses the prevalent, non-English languages and ensures that all materials are translated into any newly-identified prevalent, non-English languages.

Health Literacy

Our marketing team utilizes the Health Literacy Advisor (HLA) software developed by Health Literacy Innovations™ to measure the reading level of all of our member materials. The software scans and searches documents for difficult-to-understand syllables, sentences with 15 or more words and paragraphs of 25 or more words and suggests plain-language alternatives that are easier for some of our members to understand.

By using HLA, we ensure that the reading level is at or below a targeted level on the rating scale. We make every possible effort to ensure that our member materials are easy to read and understand to enhance communication and help members improve their health outcomes. In addition, we develop our reading materials at a reading level consistent with the respective state's requirements.

Teleprinter or Teletype Services

We use federal teletype (TTY) lines to communicate with deaf and hearing-impaired consumers. If a state has a local service, we tie into that service to build upon what is already in place. We have detailed processes that ensure deaf consumers receive excellent customer service. All Member Services representatives are trained in responding to TTY calls.

Monitoring and Evaluation of Spoken Language Preference

CareSource annually assesses the volume of membership which may have special linguistic and cultural preferences and needs in order to determine if our health partner network, materials and services are sufficient to meet such needs.

If specific language or other needs are identified, we:

- Review the health partner network of primary medical providers (PMPs) and high-volume specialists to ensure member availability and accessibility to CareSource health partners who can accommodate the particular linguistic and/or special needs
- Give preference to hiring bilingual staff with the requisite language skills

- Provide a mechanism for translation services for members
- Provide translation of member materials in the identified prevalent language
- Note/designate those health partners who speak languages other than English in our Provider Directory

We track our member complaints and appeals related to our ability to meet specific linguistic and/or special needs.

Navigators

CareSource Navigators assist our members in navigating the health care system. The Navigator plays a key role in ensuring member compliance through barrier identification and maintaining member independence. The Navigator provides one-on-one guidance, support, education, referrals and other assistance to members as they move through the health care continuum as directed by the Care Manager. Navigators are culturally sensitive to the issues our members face and are cognizant of this sensitivity when helping to overcome barriers to health care.

Health Partners

Participating health partners are expected to provide services in a culturally competent manner, which includes removing all language barriers to service and accommodating the unique ethnic, cultural and social needs of the member. Participating health partners must also meet the requirements of all applicable state and federal laws and regulations as they pertain to provision of services and care.

Health partners can address racial and ethnic gaps in health care with an awareness of cultural needs and improving communication with their growing numbers of diverse patients. CareSource prohibits its providers or partners from refusing to treat, service or otherwise discriminate against an individual because of race, color, religion, national origin, sex, age, gender orientation (i.e. intersex, transgendered and transsexual) or disability. In consideration of cultural differences, including religious beliefs and ethical principles, CareSource will not discriminate against health partners who practice within the permissions of existing protections

in provider conscience laws, as outlined by the U.S. Department of Health and Human Services (HHS). Other initiatives give health partners resources and materials, including tools from health-related organizations that support awareness of gaps in care and information on culturally competent care. Further, CareSource requires its health partners to fully comply with its cultural competency plan and provides a summary of its approach to cultural competency within the health partner handbook and online, including to on-demand CLAS training and resources. We provide a link to our providers on the full content of the CareSource Cultural Competency plan at **CareSource.com**. An email copy is available upon request at no cost to health partners.

Initial Health Partner Assessment

At the time of recruitment and contracting, physicians and facilities are required to complete an in-depth health partner application. For purposes of efficiency, the application may also be completed via the Council for Affordable Quality Healthcare's (CAQH) Universal Credentialing Data Source. CareSource's health partner application contains specific information such as languages, specialties, cultural competencies and other information critical to determining a health partner's ability to render appropriate member-centric care including American Disabilities Act (ADA) compliance data fields and questions regarding external site access and internal site navigation. This information is utilized to complete our health partner files with cultural information available to CareSource members.

INTEGRATION OF CULTURAL AND LINGUISTIC UNDERSTANDING INTO ORGANIZATION POLICIES

Cultural competency is a company-wide commitment that begins first with our employees. We send a non-verbal message of our company culture that shows that cultural competency is ingrained in everything that we do. The commitment begins with the company and is lived by our employees.

Health Literacy and Cultural Competence Workgroup

CareSource launched a Health Literacy and Cultural Competence Workgroup that is responsible for ensuring that CareSource meets the National Committee for Quality Assurance and state and

regulatory standards relating to CLAS and health literacy. The workgroup monitors and tracks changes and updates to accreditation and state or federal requirements relating to CLAS. The workgroup includes staff from CSU, Communications, Health Services, Service Operations, Health Partnerships and Quality Departments.

To carry out CareSource's health literacy initiative, the workgroup focused on the following areas:

- **Services** – Integrate cultural and linguistic competence expectations into all services and programs
- **Training and education** – Integrate cultural and linguistic competence into all educational activities
- **Collaboration** – Increase cultural and linguistic competence through partnership strategies to reach key audiences
- **Data** – Collect and analyze data, focusing on identifying disparities that will be useful to track over time to improve access, availability, utilization, quality, and outcomes

CareSource ensures company-wide compliance and integration of NCQA, state and federal regulatory and/or accreditation requirements relating to CLAS and health literacy principles.

CareSource recognizes that limited health literacy has been linked to poor health outcomes, such as higher rates of hospitalization. Health literacy affects a consumer's ability to:

- Navigate the health care system, including completing forms and finding health partners and services
- Engage in self-care and chronic disease management
- Obtain necessary preventive services offered by health plans

Minority, Women and Veteran-Owned Business Enterprises

At CareSource, we believe in the power of diversity as a business imperative. CareSource maintains a strong commitment to diversity in all aspects of our business, including the engagement of a diverse vendor base. Our commitment to Economic Inclusion and Vendor Diversity encourages and promotes the economic development of businesses in the markets we serve. Depending upon our market, our focus may have a mix of minority-, women-, and veteran-owned business enterprises (M/W/VBE)(BEP), small, woman and minority owned business (SWAM/SWaM) and economically and socially disadvantaged business enterprises (DBE or EDGE) in the vendor pool.

A diverse vendor pool that includes diverse vendors creates competitive sources for materials, supplies and services; enriches strategic sourcing strategies and business decisions; enhances CareSource competitiveness in the marketplace; and reflects CareSource's current and future members. We engage the very best vendors, particularly those who share our commitment to integrity, quality, collaboration, innovation and performance. Diverse vendors add to our success and to that of the states or regions in which we operate.

Our strategic focus on M/W/VBE, BEP, SWAM/SWaM and DBE/EDGE vendors enables us to deliver exceptional value to our members, provide quality service to our customers, stimulate innovation and creativity within our vendor-based services, and ultimately build the economic wealth of the communities we serve.

CareSource develops long-term relationships with diverse vendors by:

- Sourcing, mentoring, and developing economically disadvantaged, minority, women- and veteran-owned vendor businesses
- Leveraging CareSource participation in supplier diversity events/organizations
- Seeking new ideas, products, and solutions from the diverse vendor pool

Vendor diversity provides the means for CareSource to serve as a mentor to developing and established diverse businesses, providing insight and direction where appropriate – from

guidance on becoming certified as a diverse business, to the facilitation of partnerships between the vendor and internal stakeholders based on capabilities and upcoming opportunities.

Another important aspect of this effort is a focus on local businesses. We support and recognize that businesses that are located in the markets where we do business are key to our commitment to economic inclusion as well. By keeping more of our spending inside the markets we serve, we have a greater positive impact on our members' communities. This impact can be felt through creation of jobs, particularly for those who fit our members' demographics, generated revenue which can be passed onto the community and a sense of pride and loyalty from community members.

Community Partners and Advocates

At CareSource we believe that clearing a path for diversity and cultural awareness touches every part of our community, organization and culture. We work hard to build strong partnerships within our communities to help identify supports and services that meet our members' socioeconomic needs, as well as uncover opportunities to better aid them with their journey toward English proficiency. We work with our partners and our members to design and implement a program that utilizes CLAS standards in a member-centric way. Examples of partnering organizations include, but not limited to:

- Local governmental health agencies
- Voluntary health organizations
- State health departments and other State agencies
- Community interest groups, cultural centers, local businesses, and civic organizations
- Faith-based groups and collaborations
- Private organizations and foundations
- Professional organizations.

Americans with Disabilities Act

CareSource is committed to ensuring that special needs populations, particularly those members with developmental or other disabilities, have access to much needed services. We serve members with real limitations who require specialized attention and sensitivity for the coordination of their care. We understand that for these special needs populations, “access” includes physical access to health partner sites that meet all ADA requirements. For that reason, we require health partner locations meet requirements of the ADA and local requirements as they relate to adequate space, supplies, sanitation and fire/safety procedures. CareSource maintains a series of checks and balances to ensure our health partners are ADA-accessible.

Annual Report

A final way we reinforce our commitment to our brand, culture and consumer centricity is through our annual report. CareSource publishes a yearly annual report that is available on our website and is also distributed to community leaders. With purpose, our annual report focuses on aspects of our business that directly impact members. For example, we focus on money awarded through our CareSource Foundation to community organizations that impact our members and on those activities and stories through the year that made a difference in our members’ lives. The information captured in our annual report is a reflection of our commitment to cultural competency.

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