Cultural competency

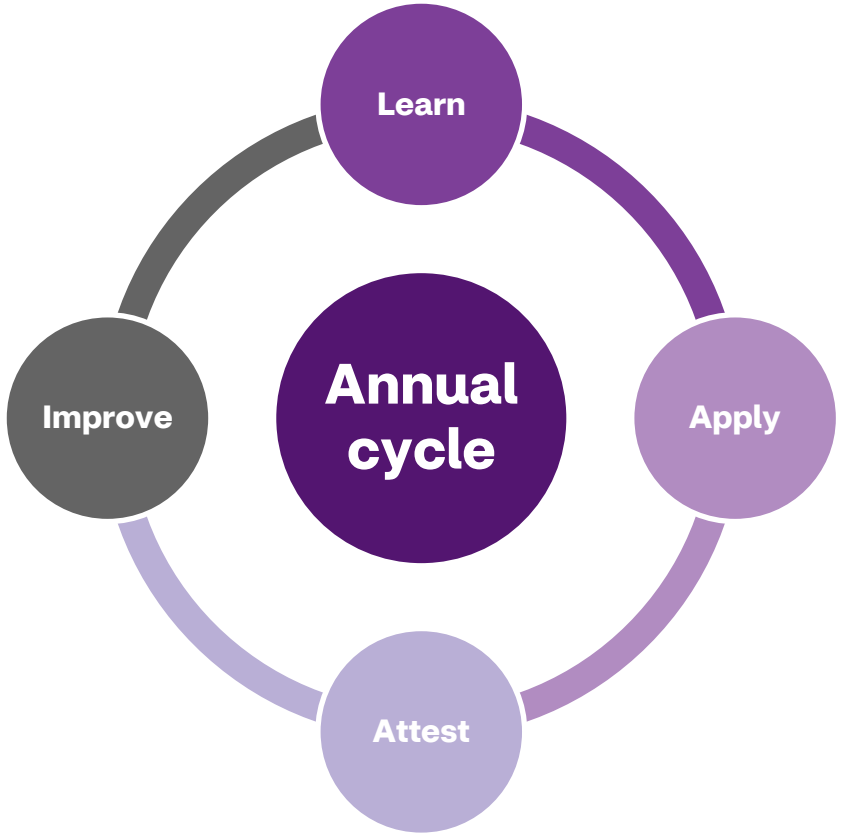
Provider education
Illinois Medicaid

Aetna Better Health® of Illinois

Annual training requirements

Cultural competence training must include:

- Health equity
- Unconscious bias
- Align with National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care



Complete the approved training and attestation process for each annual cycle.

Learning objectives

Explain

Cultural competence, health equity, unconscious bias and CLAS.

Recognize

Populations and barriers named in the Illinois contract.

Apply

Language access, accessibility and respectful communication practices.

Complete

The annual Aetna Medicaid training and attestation process.

Agenda

1. Foundations and provider obligations
2. Health equity, access barriers and SDOH
   - Unconscious bias and trust-building
3. CLAS, language assistance and health literacy
4. Disability-inclusive and person-centered care
5. Knowledge check, completion and resources

Foundations

Culturally competent care begins with respect, responsiveness and understanding.

What is cultural competency?

The ability to effectively and respectfully bridge differences between one's own culture and the culture of others.

- Ask rather than assume
- Consider beliefs, values and preferences
- Adapt communication and access supports
- Partner in decisions

Why cultural competency matters

Better experiences

Respect and understanding strengthen care relationships.

Improved access

Language, disability and transportation barriers can be addressed.

Health equity

Responsive care helps reduce avoidable disparities.

Contract alignment

Provider practices support Illinois Medicaid requirements.

Culture can shape the care experience

Culture informs care; it does not predict an individual.
Ask each member about their own needs and preferences.

- **Health and wellness beliefs**
- **How symptoms are described**
- **When and where care is sought**
- **Treatment preferences**
- **Family and decision roles**

Provider obligations

- Provide clinical and nonclinical services in a culturally competent and accessible manner
- Offer understandable, respectful and timely care compatible with individual needs and preferred language
- Honor member beliefs and foster respect for cultural backgrounds
- Do not segregate Medicaid members from other people receiving services

Use the same evidence-based standard of care while adapting communication, support and access to the individual.

Health equity

A fair opportunity for every member to attain their highest level of health.

Equality and health equity

Equality

Everyone receives the same resource or approach.

This may not overcome different communication, disability, transportation or social barriers.

Health equity

Support is tailored so each person has a fair opportunity to access care and achieve health.

Different needs may require different supports.

Equity removes avoidable barriers to the same high-quality care.

Look beyond “non-compliance”

Ask → Understand → Connect

Explore barriers before labeling behavior. Offer practical support and document the plan.

- **Transportation**
- **Work or caregiving**
- **Cost or benefit confusion**
- **Language or health literacy**
- **Physical or digital access**
- **Prior discrimination or mistrust**

Social determinants of health and Z codes

Screen → Document → Code

ICD-10 Z codes (Z55–Z65) make social needs visible in the record and in claims data.

- **Housing instability**
- **Food insecurity**
- **Transportation barriers**
- **Financial strain**
- **Education or literacy**
- **Social isolation or environment**

Provider incentive for documenting SDOH

We offer provider incentives for documenting SDOH with code Z55 – Z65.

Screen

Use a standardized tool such as PRAPARE or AHC-HRSN.

Document

Record the social need in the clinical note, then assign the Z code.

Submit

Include the Z code on the claim; submission is required for incentive credit.

Connect

Refer to care management or community resources and follow up.

Unconscious bias

Automatic associations can influence communication and decisions without conscious intent.

- Can affect symptom interpretation
- Can influence pain assessment and referrals
- Can shape assumptions about adherence
- Good intent does not eliminate impact

Interrupt bias: A four-step pause

1. Pause

Slow down when a judgment feels immediate.

2. Check

Use standardized clinical criteria and the full record.

3. Ask

Use open-ended questions; do not fill gaps with assumptions.

4. Reflect

Would the same options be offered to another patient?

Medical mistrust and trust-building

- Acknowledge concerns without defensiveness
- Explain what will happen and why
- Offer choices when clinically appropriate
- Use shared decision-making
- Follow through on commitments
- Invite questions and confirm understanding

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Who must receive culturally competent care?

1. Limited English proficiency
2. Diverse cultural and ethnic backgrounds
3. Disabilities
4. Pregnancy or related concerns
5. Experience with discrimination and medical distrust
6. All sexual orientations and gender identities
7. Care free from sex stereotypes
8. Developmental and cognitive disabilities

CLAS and communication

Respectful care must also be understandable, accessible and responsive.

CLAS standards: Provider-focused overview

Principal standard

Effective, equitable, understandable and respectful care responsive to cultural health beliefs, preferred languages, health literacy and communication needs.

Communication and language assistance

Offer qualified language help at no cost, inform people of availability, and provide easy-to-understand materials.

Engagement and accountability

Use goals, data, community input, improvement activities and culturally responsive complaint resolution.

Language assistance: What providers must do

- Identify and record the preferred language and communication needs
- Offer qualified language assistance at no cost
- Give assistance accurately, timely and with privacy
- Inform members that language assistance is available
- Use translated and accessible information when appropriate
- Document the assistance used

Working with an interpreter

Do

- Speak directly to the member.
- Use short, complete statements.
- Pause for interpretation.
- Confirm understanding.
- Protect privacy and document the service.

Avoid

- Speaking only to the interpreter.
- Using minors as interpreters.
- Relying on untrained people when qualified help is required.
- Charging the member for interpretation.
- Assuming fluency from appearance.

Follow Aetna policy and applicable law for any limited emergency or member-request exceptions.

Health literacy: Plain language and teach-back

Plain language

Use familiar words, short sentences and focused next steps.

Teach-back

Ask the member to explain the plan in their own words—without testing or shaming.

"I want to be sure I explained this clearly. How will you take this medicine at home?"

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Disability-inclusive care

Accessible care includes physical, sensory, cognitive, communication and digital access.

Disability inclusion: Start with the person

- Speak directly to the member
- Ask what assistance or accommodation is needed
- Do not make assumptions about ability
- Allow adequate time for history and examination
- Respect mobility devices and personal space
- Ensure accessible exam areas and equipment

Sensory, developmental and cognitive access

Hearing and vision

Ask the preferred communication method; provide qualified interpretation, auxiliary aids and accessible formats.

Developmental and cognitive

Use concrete language, one idea at a time, pictures or demonstrations, and additional processing time.

Support persons

Include a chosen support person when appropriate and authorized, while preserving the member's voice.

Pregnancy-related inclusive and accessible care

- Use respectful, person-centered language
- Consider cultural, linguistic, psychosocial and access needs
- Use shared decision-making and informed consent
- Provide high-quality care without assumptions based on identity or family structure
- Ask whether transportation affects appointments or follow-up
- Connect members to available plan resources

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Cultural competence at every level

The member should not have to restart the conversation about language, accessibility or preferences at every touchpoint.

Training review

Knowledge check

A member with limited English proficiency arrives with an adult family member who offers to interpret. What is the best first step?

A. Use the family member automatically.

B. Offer a qualified interpreter at no cost.

C. Reschedule until bilingual staff are available.

D. Ask the member to sign a waiver first.

Correct answer: B

Annual completion and attestation

1. Complete

Review this training at least annually.

2. Share

Ensure applicable personnel receive required education.

3. Attest

Complete the approved **Aetna Better Health of Illinois Cultural Competency Attestation**.

4. Retain

Maintain completion evidence under approved requirements.

Resources and references

Provider training and orientation

Current Aetna Better Health of Illinois provider-facing materials and orientation resources.

National CLAS standards

HHS guidance for culturally and linguistically appropriate services.

Accessibility resources

ADA information and disability access guidance.

Regulatory foundation

42 CFR 438.206 availability and furnishing of Medicaid managed care services.


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