

**UnitedHealthcare Health Plan of Nevada  
Medicaid & Nevada Check Up  
Cultural Competency Plan  
2025-2026**

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## Overview

UnitedHealthcare Health Plan of Nevada Medicaid (UHPN) is dedicated to enhancing the health and well-being of the members we serve and the communities in which they live. We work with health care professionals, community-based organizations, trusted community leaders, and other key partners to expand access to culturally competent health care to ensure our members receive the care they need. We empower our members, including those with limited English proficiency, with the information, guidance, and tools they need to make personal health choices and decisions. The most prevalent non-English language spoken by our members is Spanish and our programs, materials, and services are tailored to meet the needs of Spanish speaking members. The activities in the cultural competency program are centered around ensuring access to culturally relevant and quality care. UHPN provides accessible and high-quality services in a culturally competent manner by being responsive to the languages, health literacy, and communication needs of members.

The cultural competency plan is reviewed and updated annually and submitted to the state in the second quarter of each calendar year. The staff member responsible for the cultural competency plan is Rachel Rosensteel, Director of Health Equity and Social Drivers of Health.

UHPN is responsible for overseeing the delivery of health care services in a culturally sensitive manner to all health plan members. This includes individuals with limited English proficiency (LEP) and individuals from diverse cultural and ethnic backgrounds. UHPN is committed to delivering accessible and high-quality services in a culturally competent manner. This plan allows the health plan to be responsive to the needs of the diverse population served.

UHPN provided culturally competent care and services through:

- Cultural Competency Training Courses
- Language Access and Availability
- Culturally Tailored Care
- Community Engagement
- Diverse Provider Network
- Patient Education
- Member, Provider, and Community Feedback

## Providing Culturally Competent Care and Services

UHPN has developed a comprehensive plan to provide staff awareness and appreciation of customs, values, beliefs, and the ability to incorporate them into the assessment, treatment, and interaction with any individual to increase the quality and appropriateness of health care services and outcomes.

UHPN teams that have direct contact with members, such as Member Services (Concierge or Call Center), Case managers or Care Coordinators, Inpatient or Outpatient teams, or any employee that may come into contact with a member, are all required to engage in annual education and training opportunities to ensure a tailored approach to cultural competency that is meaningful at their individual level of contact with the members.

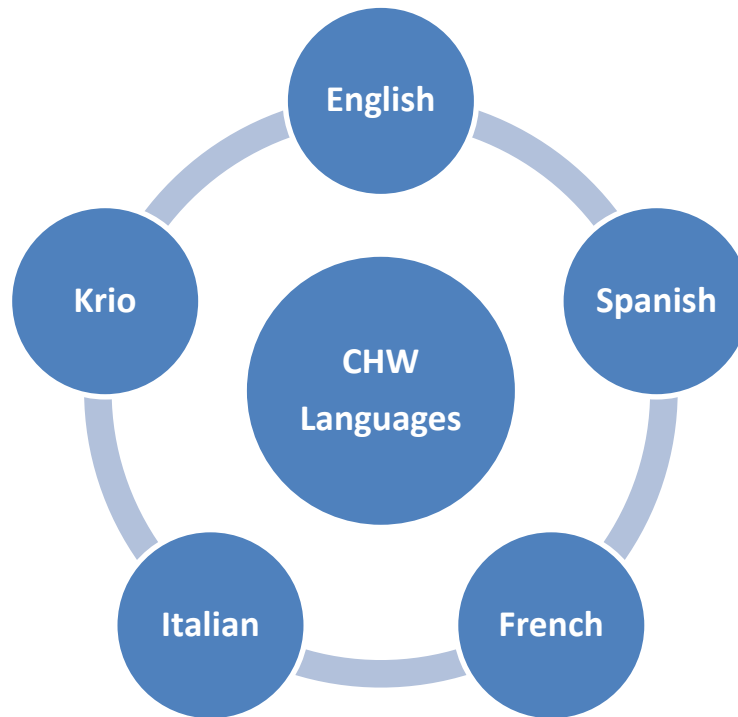
### *Care Management Commitment to Cultural Competency*

Although the care management teams have varying areas of focus, they all serve medically or behaviorally complex members with variable barriers to care and/or social drivers of health (SDOH) and health related social needs. The care management teams provide culturally sensitive care through assessment and screening tools that prompt the care managers to discuss each member's cultural and linguistic needs and their religious beliefs and practices. The screening tools also touch on each member's gender identity and their preferred pronouns. The teams provide culturally sensitive care management using several resources that foster effective communication with members whose preferred language is one other than English, those who are deaf or heard of hearing, and those with speech difficulties. To overcome language barriers, the care managers enlist the help of certified, bi/multi-lingual team members or utilize the Language Line that provides on-demand interpretation services for over 240 languages. Written communications are translated and/or enlarged to accommodate members' needs.

### *Health Plan Staff Recruitment, Training and Retention*

Our goal is to form a team as diverse as the people we serve while meeting our responsibility to improve the health system and building the health workforce with a diverse pipeline of talent. We are committed to and continue to prioritize pay equity for all employees. Fair and equitable compensation practices within a pay-for-performance framework support our culture and are critical to achieving our mission. UHPN uses employee feedback and experiences to inform and improve practices around employee recruitment, retainment, and training. We are gaining a deeper understanding of employee experiences and insights as well as identifying meaningful solutions to advance diversity, equity, and inclusion. UHPN uses Employee Resource Groups (ERGs) to inform talent strategy and provide insights into diverse communities.

We promote our commitment to diversity in all online job postings. Pre-employment language testing is included as part of the selection process for health plan applicants who report being bilingual. Bilingual staff are assessed and certified in language translation. Most departments have at least one member with Spanish speaking abilities. Our team of 11 community health workers (CHW) and housing navigators speak five different languages to accommodate diverse linguistic needs of our members.



#### *Identifying Training Programs Offered for Health Plan Staff Members*

Our staff has access to a library of online courses that relate to health equity, language preferences, cultural competency and diversity and inclusion. Live training courses are also provided to employees throughout the year from subject matter experts with the goal of improving cultural competency and promoting linguistically appropriate services to the members. These training courses are provided by providers, community-based organizations, and other key stakeholders. Training is customized to staff based on the nature of the contacts they have with providers and members. Each year all UHPN employees are required to complete a minimum of one cultural competency training course. Training providers and subcontractors on cultural competency is a priority for UHPN to ensure that members receive high quality and culturally sensitive care. Our method of training the provider network includes access to our online training system which offers a variety of courses where providers can earn CEU's and CME's. We provide educational materials, resources, and tools to help providers enhance their cultural competency skills. In-person training sessions are conducted in provider offices and virtually address cultural sensitivity and health equity. We offer an in-person training course called "Service with A Smile" which teaches providers and their office staff skills and tools to help provide quality and respectful service to our Medicaid members. Additionally, we provide training resources to our provider network through our provider newsletter, provider website, JOC's, provider advocates, and provider advisory boards.

#### *Trauma Informed Care*

Behavioral health services will be supported and provided through a trauma informed manner that emphasizes physical and psychological safety of members. Trauma informed care creates opportunities for members affected by trauma to rebuild a sense of control and empowerment.

UHPN will provide training for providers and staff on trauma-informed care. This training can help providers and staff understand the impact of trauma on health and behavior and promotes a safe and supportive environment for trauma survivors.

## NCQA Health Equity

### *Multicultural Health Care Distinction*

In 2022, UHPN Medicaid achieved Distinction in Multicultural Healthcare through NCQA. This distinction has assisted UHPN in evaluating efforts to improve culturally and linguistically appropriate services and reduce health care disparities.

### *Health Equity Accreditation*

In 2025, UHPN Medicaid achieved the Health Equity Accreditation (HEA) which will further enhance our internal culture that will support our external health equity work and commitment to eliminating health disparities. The Health Equity Accreditation focuses on the foundation of health equity work: building an internal culture that supports the organization's external health equity work; collecting data that helps the organization create and offer language services and provider networks mindful of individuals' cultural and linguistic needs; identifying opportunities to reduce health inequities and improve care.

## Availability and Accessibility of Translation Services

UHPN implements a multi-faceted approach to ensure health plan members receive information about health care and services in a way they can understand. Member services, member-facing teams, and education materials make members aware of available translation services. Our certified interpreters on our CHW team provide in-person interpretation services for members at provider visits, community-based organizations, and social service offices. UHPN staff and provider network are able to access an external language interpretation service to deliver additional support in providing information about health care, health plan benefits, health education, and other health plan programs for health plan members. UHPN utilizes the Nevada Relay service to assist members who are hearing impaired. Member materials are translated into Spanish and other requested languages. To ensure that materials are translated in a culturally appropriate manner UHPN uses a certified translation company. We solicit feedback from our members on our translated materials as a quality mechanism to ensure members can understand the information they receive from the health plan. Health plan provider advocates work with our provider network to ensure the presence of bilingual staff in practitioners' offices. Quarterly demographic attestation is completed with practitioner groups to collect data on bilingual staff in the offices. The objective of these methods is to determine whether language services meet the needs of members.

## Feedback Strategies

We obtain feedback on our cultural competency plan and activities through our Member Advisory Council, Provider Advisory Council, Provider/Partner Engagement, and Health Equity Collaborative. The Health Equity Collaborative meets monthly with options to attend remotely or in person. The Health Equity Collaborative solicits feedback on the plan and on related

activities. This collaborative ensures that culturally competent services and programs are prioritized and available.

### 2025 Population Evaluation:

	Membership Percentage		Average Members	
Age Group	Current Year	Prior Year	Current Year	Prior Year
0-17	44%	43%	93,222	97,609
18+	56%	57%	120,747	131,595
Grand Total	100%	100%	213,969	229,204

	Membership Percentage		Average Members	
Ethnicity	Current Year	Prior Year	Current Year	Prior Year
Hispanic	34%	33%	71,797	75,412
Black	24%	24%	51,816	55,391
White (Non-Hispanic)	24%	25%	51,186	57,092
Other Race or Ethnicity	9%	8%	18,876	18,994
Asian or Pacific Islander	7%	7%	14,966	16,663
American Indian or Alaskan Native	1%	1%	2,663	2,862
Subcontinent Asian American	1%	1%	1,679	1,711
Asian Pacific American	0%	0%	913	972
Not Provided	0%	0%	73	108
Grand Total	100%	100%	213,969	229,204

	Membership Percentage		Average Members	
Gender	Current Year	Prior Year	Current Year	Prior Year
Female	54%	55%	115,866	125,043
Male	46%	45%	98,103	104,161
Grand Total	100%	100%	213,969	229,204

### *2025-2026 Disparities by Race/Ethnicity: Physical Health*

A thorough analysis was completed for all physical health diagnoses.

1. **Diabetic A1C in Hispanic adult members:** The analysis revealed that overall Hispanic members had higher A1C's than other racial and ethnic groups. The table below outlines the number of members and the percentage of members with diabetes. In 2025, our goal is to decrease the number of adult Hispanic members with an A1C greater than 9 by 3%. Our baseline is 9% and the goal is 8.75%.
2. **Childhood Obesity:** Based on the success of our 2024 obesity interventions focused on Hispanic children, UHPN will continue to address childhood obesity amongst all children. The focus includes all overweight and obese children with the goal of getting them in for a consultation with a registered dietician. Our goal is to improve the number of overweight and obese kids who attend a consultation with a registered dietician by 93%. In 2024, 184 obese or overweight children engaged with a registered dietician. By the end of 2025, we aim to increase that number to 500 children.
3. **HIV in Black and Black Non-Hispanic members:** Disparities in HIV rates continue to exist amongst Black members. Engagement in care management services across all racial and ethnic groups for those living with HIV is low. In 2024, only 11.5% of members living with HIV participated in care management. In 2025, the health plan will engage members living with HIV in care management services. This will be a multi-year initiative starting in 2025 and continuing through 2027. In 2025 we seek to increase engagement in care management, specifically in our HIV outreach program to .75% of members with HIV. In 2026 our goal will be to engage 1% of members and 1.25% of members in 2027. The program will also focus on medication adherence in members engaged in the HIV outreach program.

### *Goals and Priorities: Physical Health*

These goals and priorities aim to improve the quality of care, reduce disparities, and promote inclusivity in physical health services.

1. **Goals:**
  - a. **Diabetic A1C in Hispanic adult members:** 3% decrease in number of adult Hispanic members with an A1C greater than 9.
  - b. **Childhood Obesity:** 93% increase in the number of overweight children who attend a consultation with a registered dietician.
  - c. **HIV in Black and Black Non-Hispanic members:** Engage .75% of all Medicaid members living with a diagnosis of HIV or AIDS in the HIV outreach program.
2. **Priorities:**
  - a. **Community Engagement:** Engaging with community organizations, leaders, and stakeholders to build partnerships and increase awareness of cultural competency initiatives within the community.
  - b. **Culturally Tailored Services:** Prioritizing the development and implementation of culturally tailored behavioral health services that meet the unique needs and preferences of diverse populations.



- c. Client-Centered Care: Prioritizing client-centered care that respects and honors the cultural beliefs, values, and preferences of individuals receiving behavioral health services.

### *2025-2026 Disparities by Race/Ethnicity: Behavioral Health*

A thorough analysis was completed for all behavioral health and substance use diagnosis.

1. The data reveals that American Indian or Alaska Native (AIAN) individuals consistently exhibit higher rates of mental health and substance use diagnoses compared to other racial and ethnic groups. For example, in alcohol-related disorders, AIAN members represent 2.40% of the population but show a diagnosis rate of 1.89%, with a disparity index of 193%, nearly double the expected rate. Similarly, for depressive disorders, 5.52% of AIAN members are diagnosed—significantly above the average—with a disparity index of 127%. This trend continues across other categories: 0.60% for miscellaneous mental disorders (188% disparity), 0.96% for substance and addictive disorders (199% disparity), and 1.42% for stimulant-related disorders (197% disparity). Even in critical areas like suicidal ideation and suicide attempts, AIAN individuals show elevated diagnosis rates and disparities (0.92% and 0.16%, with disparities of 193% and 123%, respectively). These figures highlight a pressing need for culturally responsive mental health services and targeted interventions within AIAN communities.

### *Goals and Priorities: Behavioral Health*

These goals and priorities aim to improve the quality of care, reduce disparities, and promote inclusivity in behavioral health services.

1. Goals:
  - a. Expand Access to Culturally Competent Behavioral Health Services
    - i. Increase the availability of mental health and substance use treatment programs that incorporate traditional healing practices, tribal values, and culturally informed care models. Trust and cultural relevance are essential for effective care in AIAN communities.
  - b. Strengthen Community-Led Prevention and Early Intervention
    - i. Support community organizations and providers in developing youth-focused, trauma-informed, and suicide prevention initiatives tailored to local needs. Early intervention can reduce long-term mental health challenges and substance use disorders.
  - c. Promote Intergenerational Healing and Resilience
    - i. Support programs that address historical trauma, strengthen cultural identity, and foster resilience through storytelling, language revitalization, and traditional practices. Healing from intergenerational trauma is foundational to improving mental health and community well-being.
2. Priorities:
  - a. Promote Culturally Competent Care:

- i. Increase training opportunities for services that integrate traditional healing practices, Indigenous languages, and community values. This builds trust and improves engagement.
- b. Expand Access and Infrastructure:
  - i. Focus on increasing access to care through telehealth, mobile clinics, and local behavioral health centers—especially in underserved areas.
- c. Strengthen Data and Evaluation Systems:
  - i. Improve data collection on AIAN populations to better track outcomes and identify gaps and barriers. Accurate, disaggregated data is essential for accountability and improvement.

## 2024 Evaluation: Physical Health

### *Disparities and Goals Analysis*

- Population: Diabetes in Asian/Pacific Islanders
- Goal: Decrease the number of diabetic members with an A1c  $\geq 9$  with focus on the Asian Pacific Islander population.

The Medicaid adult Asian Pacific Islander population was identified as a focus area for the diabetes disease management (DM) team. The DM scheduling team reached out to these members to encourage participation with a registered nurse specializing in diabetes education. It was noted that a significant percentage of these members did not have a recent A1c test, making them more likely to decline participation in the diabetes program. To address this, the team consulted a network provider of Asian Pacific Islander descent for best practices on engaging this population. The provider offered valuable suggestions on how to effectively engage these members in diabetes self-management. Despite these suggestions, the nurse team faced challenges in changing some members' behavior, particularly regarding the high consumption of white rice, a cultural factor that impacted diabetes outcomes. Over 21 months, 68 Asian Pacific Islander members enrolled in the diabetes program. Members with an A1c  $\geq 9$  were offered 8 weeks of diabetes-friendly meals delivered to their homes to encourage participation. However, due to cultural challenges, the average ending A1c was lower than expected with RN intervention.

- Population: Hispanic Women and Children
- Goal: Improvement in children diagnosed with obesity

A child nutrition program was developed for overweight or obese children to include monthly consultations with a UHPN registered dietitian (RD) for a minimum of four months for overweight children and six months for obese children. As an incentive for Medicaid children, UHPN partnered with *FarmBox* to provide a box of fruits and vegetables shipped directly to the members home after each RD consultation. These services were offered in both English and Spanish. All members participating in the program are routinely screened for food insecurity, and if a member requires assistance, the appropriate referrals are placed in Unite Us or with a care coordinator for resource assistance. Over the course of 21 months, the RDs worked with 264 Medicaid children and their families of these, 117 were of Hispanic ethnicity. Multiple children in the program showed a decrease in weight as well as

an improvement in cholesterol levels. Families shared that the healthy habits encouraged by the RDs to assist in weight management were adopted by multiple family members who also saw improvements in weight and cholesterol levels. UHPN will continue to provide this program to children and their family members due to its overwhelming success and the direct impact it is having on the future health and wellbeing of our Nevada families.

**Member success story:** Pediatric UHPN Medicaid member \*Kelly self-referred to the Child Weight Management Program. Since September 2024 Kelly has been working with the RD from the UHPN Health Education and Wellness team to focus on making healthy changes to her diet, such as lowering her sugar intake and eating more fruits and vegetables. As part of participating in the program, Kelly received a Farmbox which gave her family the opportunity to try new, healthy foods. Kelly's mother stated that they both love Farmbox and enjoy finding new ways to prepare the produce. Both Kelly and her mother have been focusing on making better food choices to include more veggies and protein with their meals. Kelly's mother reported losing 17 pounds during this journey with her daughter and is hopeful Kelly's upcoming bloodwork will show positive changes as well.

- Population: Black and Black Non-Hispanic members
- Goal: Reduction in HIV and STIs

New data mining techniques improved the identification of positive HIV and STI cases. The HPN Sexual Health Equity Program was launched in March 2024 with \$75K in funding provided to the FQHC Hope Christian Health Center to provide comprehensive services through mobile clinics and pop-up STI screening sites to under-served populations. The program utilized mobile clinics to deliver school-based health education on sexual health to children and parents, focusing on low-income schools with high-risk populations. Hope Christian Health Center launched several STI pop-up events in 2024, providing over 600 tests and connecting twenty HIV-positive patients to care. The pop-up clinics offered a range of services, including primary care, behavioral health services, STI testing, and treatment. As a result of this partnership, new testing protocols were implemented across all Hope Christian Health Center FQHC locations, ensuring every patient was tested for STIs and HIV. The mobile clinic outreach extended sexual health services to African American families in healthcare deserts. The partnership leveraged the Street Medicine Team who played a crucial role in educating and testing individuals in the community, supported by peer support specialists and community health workers. Education and resources were also provided at various sites, including shelters and substance use treatment centers. The program collaborated with Chicanos Por La Causa (CPLC) for youth programming and the local housing authority to offer mobile care in low-income housing areas. At the La Quinta Shelter, the program provided sexual health, behavioral health, and primary care services to over 600 families with children. In 2024, only 11.5% or 103 members out of 892 living with HIV engaged with care management services. As a result, we created an HIV case management program to better support the needs of members with HIV or at risk of HIV.

### *Annual Training Evaluation*

All employees are required to complete a minimum of one cultural competency course per year and that course must differ from trainings taken I previous years.

Cultural Proficiency 2024 Training Course - 100% of internal team completion; The course provides learners with an understanding of what equity in and out of the workplace looks like and how to develop and enact equitable practices to support staff, members, and the communities we serve. Topics discussed include language, diversity dimensions, cultural proficiency, bias and challenging our thinking, health equity, intercultural competence, and LGBTQ+ communities.

## 2024 Evaluation: Behavioral Health

In 2024, a thorough analysis was completed for all behavioral health and substance use diagnosis and identified the following areas as key priorities.

1. **Access to Care:** To address the disparity in behavioral health access to care in 2024 we increased our behavioral health network by 15% and included culturally diverse providers. We contracted with a community provider group that targets underserved populations. This community provider provides same/next day appointments, therapy, and medication management services and provides additional services such as care coordination, health literacy training, and social supports services to members regardless of location. These services are brought directly to the members wherever they are to eliminate barriers and increase engagement. We have revamped our behavioral health care management structure to better align with the needs of members. This new structure allows for improved coordination between the health plan, hospital and outpatient providers.
2. **Opioid Use Disorders:** We partnered with several community providers, including Certified Community Behavioral Health Center (CCBHC) and Substance Use Treatment (SUT) providers (PT 93) who offer services such as; Medication Assisted Treatment (MAT), Methadone Maintenance, Detoxification, and Residential Treatment Services. Additionally, UHPN maintains stronger relationships with psychiatric hospitals and community providers that offer immediate/same day access to care. We leveraged internal and external Peer Recovery Support Specialists (PRSS) to engage with members with Opioid Use Disorders (OUD). Our new care management structure has been developed based on member feedback to better support the needs of members with OUD and SUD.
3. **Trauma and Stressor Related Disorders:** Our behavioral health network includes 211 culturally diverse providers who offer services in multiple languages and bring unique perspectives shaped by their backgrounds and experiences. We have prioritized expanding our network to specialize in trauma-informed care, including support for individuals affected by abuse, bullying, domestic violence, PTSD, sexual abuse, and those within the LGBTQIA+ community. In 2024, our internal care coordination teams completed specialized training in trauma and stressor-related disorders and earned certifications in domestic violence advocacy. Our Peer Recovery Support Specialists draw on their lived experiences to support members coping with trauma. We've partnered with organizations like Hope Christian Health Center to deliver integrated physical and behavioral health services across various settings, enhancing access and engagement. Additionally, we've strengthened collaborations with community-based organizations such as CCBHCs and FQHCs to provide integrated care to underserved populations. To further support vulnerable groups, we launched a



dedicated care coordination program for refugee members, staffed by a specialized team with expertise in refugee health and trauma.