Health Plan of Nevada
A UnitedHealthcare Company

Health Plan of Nevada
Medicaid & Nevada Check Up
Cultural Competency Plan
2026-2027

Contents

Overview

Health Plan of Nevada Medicaid (HPN) is dedicated to improving the health and well-being of the members we serve and the communities in which they live. We collaborate with health care professionals, community-based organizations, trusted community leaders, and other key partners to expand access to culturally competent care and ensure members receive the services they need. We empower all members, including individuals with limited English proficiency, by providing information, guidance, and tools that support informed personal health decisions. Because Spanish is the most prevalent non-English language among our members, HPN tailor's programs, materials, and services to meet the needs of Spanish-speaking populations. Our cultural competency efforts focus on ensuring that members can access culturally relevant, high-quality care. HPN delivers services in a culturally competent manner by addressing members' language preferences, health literacy levels, and communication needs.

The Cultural Competency Plan is reviewed and updated annually and submitted to the State during the second quarter of each calendar year. The staff responsible for the plan is Rachel Rosensteel, Director of Health Equity and Social Drivers of Health. HPN oversees the delivery of culturally sensitive health care services to all members, including individuals with limited English proficiency (LEP) and those from diverse cultural and ethnic backgrounds. This plan ensures the health plan remains responsive to the needs of the diverse populations we serve.

HPN supports 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

HPN has established a comprehensive plan to promote staff awareness, understanding, and appreciation of the customs, values, and beliefs of the diverse populations we serve. This plan ensures staff are equipped to incorporate cultural considerations into assessment, treatment, communication, and overall interactions with members, thereby improving the quality, appropriateness, and effectiveness of health care services and outcomes.

All HPN teams with direct member contact, such as member services (concierge and call center), case managers, care coordinators, and inpatient and outpatient care teams, as well as any employee who may interact with a member, are required to participate in annual cultural competency training. These education and training opportunities are designed to ensure a tailored, role-specific approach that supports meaningful and culturally responsive engagement at every level of member interaction.

Care Management Commitment to Cultural Competency

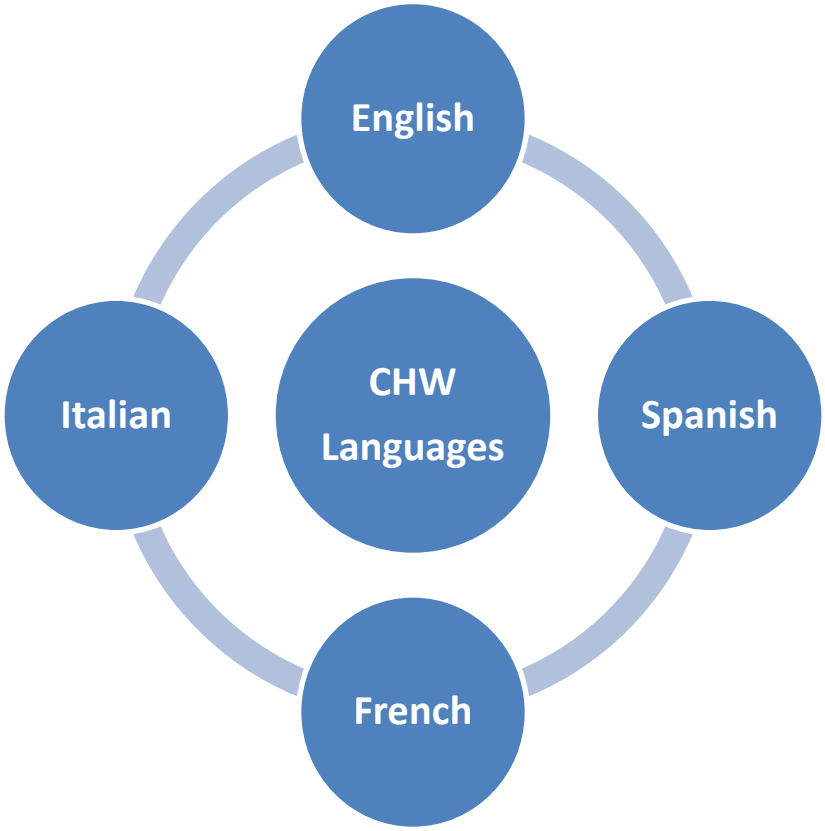
Care management teams, though diverse in their areas of specialization, all support medically and behaviorally complex members who may face barriers to care and a range of social drivers of health (SDOH) or health-related social needs (HRSN). To ensure high-quality, culturally sensitive care, teams use standardized assessment and screening tools that prompt care managers to discuss each member's cultural and linguistic preferences, as well as their religious beliefs, practices, gender identity, and preferred pronouns.

Care managers draw on a variety of resources to promote effective communication with members whose preferred language is not English, as well as those who are deaf, hard of hearing, or have speech difficulties. When language barriers arise, care managers engage certified bi- or multi-lingual team members or utilize language line services, which provide on-demand interpretation in more than 240 languages. Written communications are translated and/or formatted, such as through enlarged text, to meet members' individual needs, ensuring equitable access to information and support.

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. HPN 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. HPN 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 14 community health workers (CHW) and housing navigators speak four different languages including a variety of Spanish dialects 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 HPN employees are required to complete a minimum of one cultural competency training course. Training providers and subcontractors on cultural competency is a priority for HPN 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. Patient Satisfaction Survey results consistently show that face-to-face interactions in provider offices do not always meet member expectations. To support improvement in this area, the health plan offers **Service With A Smile**, an educational presentation available upon request for provider groups and practices. Delivered by the Provider Advocate team, the Service With A Smile program uses an interactive format to help office staff recognize the value of positive engagement and develop practical, actionable skills to enhance patient interactions. The training focuses on fostering respectful

communication, empathy, and professionalism to create more positive and meaningful patient experiences.

Trauma Informed Care

Health Plan of Nevada recognizes the impact trauma can have on member health and engagement and applies trauma-informed principles across behavioral health access, care management, and member outreach. When members need outpatient behavioral health services, we consider provider reported areas of focus, including trauma related experience, and use our online provider directory and call center support to help connect members with providers who best meet their needs. Members with more complex needs may be supported by licensed clinical case managers who provide ongoing coordination and engagement. We also work with specialty providers that serve vulnerable populations, including those offering extended hours, to support timely access to care. These efforts are part of a broader approach that promotes respectful, person-centered care and supports members' behavioral health and social needs.

NCQA Health Equity

Multicultural Health Care Distinction

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

Health Equity Accreditation

In 2025, HPN 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

HPN 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. HPN 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. HPN 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 HPN 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, MCO Access Collaborative, 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.

2025-2026 Population Evaluation:

	Membership Percentage		Average Members	
Age Group	Current Year	Prior Year	Current Year	Prior Year
0-17	44%	44%	77,597	79,656
18+	56%	56%	97,218	102,702
Grand Total	100%	100%	174,815	182,385

	Membership Percentage		Average Members	
Ethnicity	Current Year	Prior Year	Current Year	Prior Year
Hispanic	35%	34%	60,842	62,109
Black	24%	24%	41,539	43,261
White (Non-Hispanic)	23%	24%	40,507	44,425
Other Race or Ethnicity	9%	9%	15,860	15,507
Asian or Pacific Islander	7%	7%	11,714	12,611
American Indian or Alaskan Native	1%	1%	2,143	2,214
Subcontinent Asian American	1%	1%	1,361	1,367
Asian Pacific American	0%	0%	746	749
Not Provided	0%	0%	103	115
Grand Total	100%	100%	174,815	182,358

	Membership Percentage		Average Members	
Gender	Current Year	Prior Year	Current Year	Prior Year
Female	58%	59%	102,095	106,792
Male	42%	41%	72,721	75,566
Grand Total	100%	100%	174,815	182,358

	Membership Percentage		Average Members	
Language	Current Year	Prior Year	Current Year	Prior Year
English	84%	86%	147,302	155,941
Spanish	16%	14%	26,888	25,822

Chinese	0%	0%	231	240
Vietnamese	0%	0%	141	150
Russian	0%	0%	83	93
French	0%	0%	77	30
Tagalog	0%	0%	60	48
Portuguese	0%	0%	18	15
Japanese	0%	0%	8	8
Central Khmer	0%	0%	5	5
Laotian	0%	0%	4	4
Italian	0%	0%	1	1
Non-English	0%	0%	0	0
Polish	0%	0%	0	0
Grand Total	100%	100%	174,815	182,358

2025-2026 Disparities by Race/Ethnicity: Physical Health

A thorough analysis was completed for all physical health diagnoses.

1. **Diabetic A1C in adult members:** Achieve a 3% reduction in the percentage of adult Medicaid members with diabetes who have an A1c > 9% by 2027, decreasing the baseline rate from 15.07% to 14.62%. Adults with diabetes and A1C levels greater than 9% experience notable disparities driven by social and structural factors. Racial and ethnic minority groups, especially Black and Hispanic populations, are more likely to have poor glycemic control, even with similar insurance coverage. Contributing factors include limited access to healthy foods, lower income, reduced access to diabetes education, and barriers to consistent healthcare, all of which affect the ability to manage blood sugar effectively. These disparities reflect broader inequities in healthcare access and social conditions rather than individual behaviors alone.

2. **Childhood Obesity**: Increase engagement and length of stay in the Child Nutrition Program by raising the percentage of members who complete 2–9 visits. Children enrolled in Medicaid experience significant disparities in obesity, with rates more than twice as high as those with private insurance (about 26% vs. 11%). These disparities are driven largely by social factors, as Medicaid primarily serves low-income families where children face higher levels of food insecurity, limited access to healthy foods, and fewer safe opportunities for physical activity. Obesity is also more prevalent among racial and ethnic minority children within Medicaid, reflecting broader inequities tied to income, environment, and access to preventive services. Overall, childhood obesity in Medicaid populations highlights how socioeconomic conditions, not just individual choices, shape health outcomes.

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 2026, the health plan will continue to engage members living with HIV in care management services. This is a multi-year

initiative starting in 2025 and will continue through 2027. We will seek to increase engagement in our HIV care management program year over year.

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 adult members**: Achieve a 3% reduction in the percentage of adult Medicaid members with diabetes who have an A1c > 9% by 2027, decreasing the baseline rate from 15.07% to 14.62%.
    b. **Childhood Obesity:** Increase engagement and length of stay in the Child Nutrition Program by raising the percentage of members who complete 2–9 visits.
    c. **HIV in Black and Black Non-Hispanic members:** Increase engagement in the HIV outreach program among Medicaid members who are Black or Black Non-Hispanic and living with an HIV or AIDS diagnosis by implementing targeted, culturally responsive outreach strategies, with the goal of improving program participation rates from 2025 to 2026.

2. Priorities:
    a. **Diabetes Management & A1C Reduction**: Focus on improving diabetes care outcomes by increasing access to regular A1C testing, care coordination, and education for adult members with diabetes. Implement targeted outreach and culturally responsive interventions to reduce the percentage of members with A1C > 9%.
    b. **Childhood Nutrition Engagement**: Prioritize increasing participation and retention in the Child Nutrition Program by enhancing engagement strategies, reducing barriers to attendance, and ensuring programs are accessible, family-centered, and culturally relevant to encourage completion of 2–9 visits.
    c. **HIV Program Engagement for Black/Black Non-Hispanic Members**: Strengthen outreach, trust-building, and participation in HIV programs by implementing culturally tailored, community-informed engagement strategies. Focus on improving connection to care and sustained involvement among Black and Black Non-Hispanic Medicaid members living with HIV/AIDS.

2025-2026 Disparities by Race/Ethnicity: Behavioral Health

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

1. Behavioral health readmissions are a significant concern, showing consistently high rates across most populations and notable disparities among minority groups. The majority of populations cluster between 30%–37% readmission rates, which is well above the overall average of 25%, indicating a systemic issue. The Asian Pacific American group stands out as a major outlier at 47%, suggesting either instability due to small sample size or serious gaps in care continuity. Overall, this points to behavioral health as a key driver of

readmissions, disproportionately impacting minority populations. Length of Stay (LOS) patterns show more moderate variation across groups. Asian or Pacific Islander (7.3 days) and Hispanic (7.0 days) populations experience the longest stays, while White populations have the shortest LOS at 5.4 days. Other groups fall within a narrower mid-range (approximately 5.6–6.8 days). While LOS differences exist, they are less extreme than readmission disparities, suggesting that factors beyond inpatient duration—such as post-discharge support and access to follow-up care, are likely contributing more significantly to readmission outcomes.

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. **Reduce Behavioral Health Readmission Rates:** Decrease overall behavioral health readmissions from 25% to below 20%, with targeted reductions in high-risk populations (e.g., Asian Pacific American). Focus on improving care continuity, discharge planning, and follow-up engagement.
    b. **Improve Post-Discharge Care and Support:** Increase timely follow-up care (e.g., within 7 days of discharge) and access to outpatient behavioral health services. Strengthen coordination between inpatient and community-based care to reduce preventable readmissions, especially in pediatric populations with longer LOS and higher variability.
2. Priorities:
    a. **Reduce Behavioral Health Readmission Rates:**
        i. **Expand Access and Infrastructure:** Telehealth, mobile clinics, and local behavioral health centers improve timely access to care and follow-up, directly reducing preventable readmissions.
        ii. **Promote Culturally Competent Care**: Building trust through culturally aligned services increases patient engagement and adherence to treatment plans, lowering the likelihood of readmission.
    b. **Improve Post-Discharge Care and Support**
        i. **Ensure Timely Follow-Up (Within 7 Days):** Implement scheduling protocols before discharge and track completion rates of follow-up appointments as a core performance metric for the Hispanic pediatric population
        ii. **Strengthen Discharge Planning Processes**: Standardize multidisciplinary discharge planning with clear care plans, medication reconciliation, and patient education tailored to health literacy levelsfor the Hispanic pediatric population.

2025-2026 Evaluation: Annual Training

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

'Your Team Needs Intercultural Creativity' 2026 Training Course - 100% of internal team completion; The course introduces leaders to the concept of intercultural creativity combining cultural competence with creative thinking to strengthen team innovation. Led by expert Genein Letford, the course explains why understanding and valuing diverse perspectives is essential in today's workplace and how fostering curiosity unlocks creative potential across all levels of an organization. Learners explore the "7 Gems of Intercultural Creativity," a framework for developing creative capacity through cultural awareness, perspective-shifting, and inclusive collaboration. By the end, leaders gain strategies to cultivate curiosity, enhance cultural competence, and guide their teams toward higher creativity and more innovative outcomes.

2025 Evaluation: Physical Health

Disparities and Goals Analysis

- Population: Diabetes in Hispanic population
- Goal: Decrease the proportion of Hispanic adult members with diabetes who have an A1C greater than 9% by 3%.

A 3% reduction target was established for adult Medicaid Hispanic members with diabetes who had an A1c > 9, with a baseline rate of 15.98% and a goal of 15.55% by 2027. As of December 2025, the rate decreased to 14.1%, surpassing the target and indicating that the goal was successfully achieved. This outcome reflected the effectiveness of culturally and linguistically appropriate interventions designed to meet the unique needs of the Hispanic population. Targeted outreach efforts by the disease management call team focused on engaging members in a culturally sensitive manner and encouraging participation in care management services. Members were offered access to Spanish-speaking registered nurses and registered dietitians (RDs), which helped reduce language barriers, improve communication, and foster trust. These culturally responsive strategies contributed to increased member engagement, improved adherence to diabetes management, and better health outcomes, supporting efforts to reduce disparities within this population.

- Population: Overweight children
- Goal: Achieve improvement in weight status or health outcomes in 97% of children diagnosed with overweight or obesity who attend at least one consultation with a registered dietitian.

A 97% improvement goal was established to increase the number of Medicaid children with overweight or obesity attending a registered dietitian (RD) consultation, with a baseline of 147 children seen in 2024 and a target of 290 children in 2025. In 2025, Health Education & Wellness (HEW) supported 227 Medicaid children and their families in scheduling an RD consultation. This reflected a substantial increase in participation compared to the 2024 baseline and demonstrated meaningful progress in improving equitable access to culturally appropriate nutrition services. Although the 2025 goal of 290 children was not fully met, the significant growth in engagement indicated that outreach strategies were effective in reaching diverse populations and reducing barriers to care. Efforts to connect with families, provide education, and promote participation in nutrition services contributed to improved access and engagement, supporting the delivery of culturally responsive care and helping to address disparities in pediatric obesity.

- Population: Black and Black Non-Hispanic members
- Goal: Reduce HIV incidence among Black and Black non-Hispanic members by engaging 0.75% of the eligible population in the HIV outreach program.

The HIV Outreach Program (HIVOP) was launched on May 1, 2025, with the goal of improving culturally responsive care coordination and engagement for members living with HIV. In its first year, the program demonstrated measurable impact while prioritizing culturally competent, stigma-free care and establishing strong interdisciplinary and community partnerships. A total of 47 cases were opened, representing 43 unique members, of whom 67% (29) were Medicaid members. The program achieved a reach rate of 42% and an engagement rate of 14%, while 58% of members were unable to be contacted and 28% declined participation, highlighting ongoing opportunities to enhance culturally appropriate outreach strategies. A key strength of the program was its emphasis on cultural competency, with 100% of the RN team completing training in HIV epidemiology, current treatments, cultural competency, motivational interviewing, and anti-stigma practices to ensure respectful, person-centered interactions. In addition, four RNs obtained AIDS Nursing Certification through the National HIV Curriculum, further strengthening clinical expertise in serving this population. The addition of a dedicated Licensed Social Worker enhanced the program's ability to address social determinants of health and provide holistic, culturally sensitive support. Community collaboration was also a critical component, including a partnership with the Southern Nevada Health District and the implementation of monthly interdisciplinary rounds to coordinate care for shared patients. Overall, the HIVOP established a strong foundation for delivering culturally competent care, improving member engagement, and reducing barriers to services, positioning the program for continued growth and expanded impact in 2026.

2025 Evaluation: Behavioral Health

In 2025, a thorough analysis was completed for all behavioral health and substance use diagnosis and identified the following areas as key priorities.

1. **Expand Access to Culturally Competent Behavioral Health Services**: We expanded access to culturally competent behavioral health services by building and sustaining a provider network to reflect the cultural values of American Indian and Alaska Native (AIAN) communities. We made efforts to contract with tribal and urban Indian health programs, supporting the integration of traditional healers into care teams, and reimbursing for culturally specific practices where allowable. We also invested in training programs for providers offering CEUs and CMEs on culturally responsive care, trauma-informed approaches, and AIAN-specific health disparities to improve trust and engagement. Additionally, we leveraged telehealth and mobile outreach to increase access in rural or underserved areas while ensuring services remain culturally grounded. Collectively, these strategies helped ensure care was not only available, but also respectful, relevant, and effective for the populations served.

2. **Strengthening Community-Led Prevention and Early Intervention:** To strengthen prevention and early intervention, we partnered directly with community-based organizations, schools, and tribal entities to fund and implement locally designed programs. This included offering funds for youth focused initiatives addressing mental health, substance use, and suicide prevention, as well as embedding screening and early intervention services within primary care and community settings. By aligning care management strategies with community priorities and providing flexible funding mechanisms, we prioritized sustainable, grassroots solutions that reduced the need for more intensive interventions later.

3. **Promote Intergenerational Healing and Resilience:** We promoted intergenerational healing and resilience by supporting programs that address historical trauma and strengthen cultural identity as core components of behavioral health. This included funding initiatives focused on storytelling, language revitalization, cultural education, and traditional practices. We hired a tribal liaison to partner with tribal leaders and cultural experts to ensure these programs are authentic and community driven. By prioritizing resilience and cultural continuity, we can help foster long-term mental wellness and empower communities to build on their inherent strengths.