

Aetna Better Health of Florida

2023
Health Equity Program
Evaluation



Table of Contents

| | |
|--|----|
| DEFINITIONS..... | 2 |
| Introduction | 3 |
| 2023 CLAS Program Action Plan | 4 |
| THE ANNUAL PROGRAM EVALUATION | 4 |
| Population Assessment | 5 |
| Membership Profile..... | 5 |
| Gender..... | 7 |
| Age | 7 |
| Member Race/Ethnicity | 8 |
| Member Language..... | 10 |
| Social Determinants of Health | 12 |
| Assessment of CLAS and Inequities | 12 |
| Member Experience | 12 |
| Member Grievances | 12 |
| CAHPS..... | 13 |
| Language Line Usage | 17 |
| Member Experience with Translation Services | 19 |
| Provider Assessment | 20 |
| Provider Language | 20 |
| Staff Demographics | 21 |
| Promoting Diversity, Equity, and Inclusion Among Staff..... | 21 |
| Aetna Employee Engagement (Satisfaction) Survey Results | 22 |
| Staff Experience with Translation Services | 23 |
| Community Representatives’ Review and Feedback of the CLAS Annual Program Evaluation | 25 |
| Barrier Analysis & Opportunities for Improvement | 27 |
| Effectiveness | 27 |
| CONCLUSION..... | 36 |
| ATTACHMENT 1..... | 37 |
| ATTACHMENT 2..... | 39 |
| ATTACHMENT 3..... | 0 |
| ACKNOWLEDGEMENTS AND APPROVALS..... | 0 |

DEFINITIONS

Census Data: An official record of population collected by the United States Census Bureau with individual details as to age, sex, race, ethnicity, etc.

Cultural Competency: The Department of Health and Human Services (DHHS) defines cultural competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

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

Health Equity: The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Health Equity Plan (HEP): The formal document (work plan) that provides a guideline for markets to engage all health plan departments and leaders to successfully deliver culturally appropriate services. The HEP described methodologies and processes that are mindful of the language and cultural needs of our members, to measure and improve care and services delivered to every member we serve.

Health Inequity: A term that is frequently used in conjunction or in lieu of health disparities, it is worth mention in as health inequities specifically refers to attributes such as income, education, and race/ethnicity.

Social Determinants of Health: Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

Introduction

Each year an annual evaluation is conducted to assess the overall effectiveness of the Aetna Better Health of Florida Health Equity and Culturally and Linguistically Appropriate Services (CLAS) Program. This evaluation reviews aspects of the program, emphasizing completed and ongoing activities outlined in the Health Equity workplan including outcomes of targeted measures. As this is the first annual review of the program in alignment with the NCQA Health Equity Accreditation standards, trending may be limited as baselines are determined for each measure. Outcomes related to this program allow for evaluation, determination of program changes or restructuring and prioritization for the program the following year.

Aetna Better Health of Florida reviews the annual evaluation with internal Quality Management staff and senior leadership. The following pages provide results of areas related to the Aetna Better Health of Florida Health Equity/CLAS program. Opportunities for improvements identified in the evaluation, will drive ongoing improvements, as well as the development of future goals and objectives. Final approval of the Health Equity/CLAS program is provided through the ABHFL Quality Management Oversight Committee (QMOC). The following pages provide results of the areas related to the Aetna Better Health of Florida Health Equity/CLAS program.

The annual program evaluation includes:

- A description of completed and ongoing activities to promote health equity and CLAS for the Aetna Better Health of Florida
- Measurements and trending data to assess performance over time.
- A barrier analysis to identify opportunities for improvement.
- An evaluation of the overall effectiveness of the activities in the plan's CLAS Workplan and CLAS Program Action Plan to promote and implement Health Equity/CLAS standards.

2023 CLAS Program Action Plan

To measure the effectiveness of the Healthcare Equity Program, ABHFL has established effectiveness metrics to be measured and monitored throughout the year. The Healthcare Equity Program includes effectiveness metrics for all healthcare equity activities that are tracked through the Health Equity Work Plan. ABHFL's Health Equity Work Plan can be accessed as **ATTACHMENT 3**, at the end of this document. It shows metrics and goals for prioritized CLAS-focused activities from the Healthcare Equity Program. The interventions/action items implemented to improve CLAS and reduce healthcare disparities will be monitored throughout the year via the HE Work Plan and reported quarterly at CLAS committee. The activities are monitored by the Quality Management Oversight Committee (QMOC) via the CLAS committee meeting minutes each quarter, and fully evaluated the following year in the Health Equity Program Evaluation.

THE ANNUAL PROGRAM EVALUATION

ABHFL evaluates the effectiveness of its Healthcare Equity Plan (HEP) annually using the most current contractual requirements. The Healthcare Equity Work Plan **ATTACHMENT 3** is an evolving and dynamic document to meet the changing needs of our membership. To ensure effectiveness and responsive adaptation, the Healthcare Equity Work Plan is utilized and evaluated quarterly at CLAS committee.

The evaluation approach includes:

1. The Health Equity Director (or lead) leads the CLAS committee and reviews the plan quarterly to ensure that each business area is held accountable for cultural engagement processes and activities and identify opportunities for improvement.
2. Membership growth (year over year)
3. Analysis of population assessment (geography, gender, race, ethnicity, age, language, and SDoH)
4. We review member feedback on our cultural and linguistic competency and interpretation and translation services through member advisory meetings, surveys, review of member contacts to Member Services, complaints and grievances, and community outreach events and activities that provide a better understanding of members' culture and language preferences.
5. The Health Equity Director (or lead) completes an executive summary report and submits to plan stakeholders and to the Quality Management Oversight Committee (QMOC) for review.
6. Opportunities for improvement

The annual evaluation process identifies successes and barriers to cultural and linguistic competency and health care equity, potential program gaps, and offers recommendations for improvements which are incorporated into the next year's HEP strategy.

ABHFL's annual evaluation is comprised of:

1. A population assessment of our membership in terms of:
 - a. Geographic location
 - b. Gender

- c. Ethnicity/Race
- d. Age
- e. Language
- f. Social Determinants of Health (SDoH)
- 2. An Assessment of CLAS and Inequities:
 - a. Member Experience
 - b. Provider Assessment
 - c. Staff Demographics
 - d. Community Representatives Review and Feedback
- 3. Barrier Analysis & Opportunities for Improvement
- 4. Effectiveness

Population Assessment

Aetna Better Health of Florida strives to provide quality services that align with its membership’s population characteristics and needs to ensure the availability of culturally appropriate care and linguistic competency. Aetna Better Health of Florida assessed the population characteristics of its service area to better understand the needs of its membership. This assessment as well as other mechanisms helped to identify the health education needs of the community by soliciting feedback from the employees, members, providers, and other community stakeholders. A critical element to providing quality service involves developing and maintaining culturally appropriate services that address the population characteristics, demographic composition, and any identified gaps in the membership served.

MEMBERSHIP PROFILE

Aetna Better Health of Florida operates as a Comprehensive Managed Care Plan (MMA and LTC combined) in regions 6, 7 and 11 and in all regions for Florida Healthy Kids. This assessment as well as other mechanisms will help to identify the health education needs of the community.

| Reg | Counties | Products | | |
|-----|---|----------|-----|-----|
| 1 | Escambia, Okaloosa, Santa Rosa and Walton ^R | FHK | | |
| 2 | Bay, Calhoun ^R , Franklin ^R , Gadsden ^R , Gulf ^R , Holmes ^R , Jackson ^R , Jefferson ^R , Leon, Liberty ^R , Madison ^R , Taylor ^R , Wakulla ^R , and Washington ^R | FHK | | |
| 3 | Alachua, Bradford ^R , Citrus, Columbia ^R , Dixie ^R , Gilchrist ^R , Hamilton ^R , Hernando, Lafayette ^R , Lake, Levy ^R , Marion, Putnam, Sumter, Suwanee ^R , and Union ^R | FHK | | |
| 4 | Baker ^R , Clay, Duval, Flagler, Nassau, St. Johns, and Volusia | FHK | | |
| 5 | Pasco and Pinellas | FHK | | |
| 6 | Hardee ^R , Highlands ^R , Hillsborough, Manatee and Polk | FHK | LTC | MMA |
| 7 | Brevard, Orange, Osceola, and Seminole | FHK | LTC | MMA |

| Reg | Counties | Products | | |
|-----|---|----------|-----|-----|
| 8 | Charlotte, Collier, DeSoto ^R , Glades ^R , Hendry ^R , Lee, and Sarasota | FHK | | |
| 9 | Indian River, Martin, Okeechobee ^R , Palm Beach, and St. Lucie | FHK | | |
| 10 | Broward | FHK | | |
| 11 | Miami-Dade and Monroe ^R | FHK | LTC | MMA |

^R indicates a rural county (<100 persons/M²) according to 2023 US Census

The AHCA regions we serve include both urban and rural counties. Region 2 is mainly rural. The majority (2/3) of our entire membership reside in Miami-Dade County where we offer all 3 products.

Similar to previous years, the majority of our membership remains located in region 11. Although Monroe County and Miami-Dade County make up this region, Miami-Dade accounts for the highest concentration of members for all our lines of business.

Year over year, from 2022 to 2023, LTC and FHK (lines of business) products demonstrated an overall growth in membership with MMA membership declining by 25.5%:

- The MMA membership decreased by 26%
- The LTC membership increased by 16.5%
- The FHK membership increased by 23.1%

| Membership-By Program | December 31, 2022 | December 31, 2023 | Variance / % |
|-----------------------|-------------------|-------------------|-------------------------|
| MMA | 201,205 | 149,982 | ↓ 51,223 (25.5%) |
| LTC | 5,044 | 6,043 | ↑ 999 (16.5%) |
| FHK | 48,450 | 63,011 | ↑ 14,561 (23.1%) |
| TOTAL | 254,699 | 219,036 | ↓ 35,663 (14.4%) |

ABHFL’s membership has decreased by about 25% since 2022. For four consecutive years prior to 2023 there was a steady increase:

| ABHFL Membership | | | | |
|------------------|---------|---------|---------|---------|
| 2019 | 2020 | 2021 | 2022 | 2023 |
| 150,182 | 212,154 | 226,792 | 254,699 | 219,036 |

Our diverse membership necessitates us to be more aware of the various ethnic, cultural, and linguistic needs of our members and the communities where they reside to provide culturally competent service. Our growth in membership since 2019 is a perfect opportunity to expand on this plan and continue to provide quality care that is both comprehensive and personalized for the linguistic and cultural needs of our members.

MMA:

In 2023, the MMA Program served members in Florida Regions 6, 7 and 11 (Miami-Dade and Monroe Counties). Over the past several years the service areas have remained unchanged (from 2019 to 2023). Aetna continues to prepare for upcoming opportunities for program expansion when available.

Miami-Dade is a densely populated urban county with more than 2.6 million inhabitants with a highly dense Hispanic population, while Monroe County is primarily rural with just under

82,000 inhabitants. In 2023, the highest number (40%) of our MMA membership resided in Region 11. Miami-Dade, a large metropolitan area where medical and primary care services are readily available, had just over 59,300 MMA members. The MMA (Medicaid) membership decreased by about 23% from 2022 to 2023.

LTC:

In 2023, the LTC Program served members in Florida Regions 6, 7, and 11 as illustrated on the map on page 6. The service areas did not change from 2022 to 2023 and neither did the population characteristics of each region. The LTC membership was located mainly in urban areas surrounding major cities: Tampa in Hillsboro County (Region 6); Orlando in Orange County (Region 7); West Palm Beach (Palm Beach County) and Miami (Miami-Dade Region 11). The LTC Program membership increased by about 17% from 2022 to 2023.

FHK:

ABHFL serves FHK members across all of Florida, in all 11 Regions. The population characteristics of each region did not change significantly from 2022 to 2023. The regions we serve include both urban and rural areas. The FHK Program experienced an increase in enrollment (23%) in 2023. The increase was likely attributed to a recovery from financial hardships from the COVID-19 pandemic which had previously caused many FHK members to become eligible for Medicaid instead.

Gender

In 2023, there were more females (54%) than males (46%) in our entire membership (all 3 programs). Females outnumbered males about 2:1 in LTC. This data is consistent with 2022 (55% females and 45% males) and consistent with prior years of healthcare statistics for gender since no significant change was evident.

| Gender by Program - 2023 | Male | Female | Total Membership |
|--|------------------------|------------------------|------------------|
| MMA | 44.1% (66,173) | 55.9% (83,809) | 149,982 |
| LTC | 32.9% (1,992) | 67.0% (4,051) | 6,043 |
| FHK | 50.8% (32,016) | 49.2% (30,995) | 63,011 |
| Overall Total | 45.7% (100,181) | 54.3% (118,855) | 219,036 |
| <i>Based on enrollment data effective 12/31/2023</i> | | | |

Age

As of the most recent census year (2022) the US Census Bureau reported that Florida had a higher share of individuals, ages 65 and older, than any other state, reaching 21% of the state’s population, or over 3.8 million people. This data has stayed consistent with the previous census information that has been reported in previous years.

The health plan’s membership includes newborns, children, adolescents, and young adults through elder adults. The MMA Program serves members of all ages. The LTC Program serves qualified individuals at least 18 years old, and the FHK Program serves members from 5 to 18 years of age.

| Age by Program - 2023 | MMA | LTC | FHK | Total |
|-----------------------|-----|-----|-----|-------|
|-----------------------|-----|-----|-----|-------|

| | | | | |
|---|-------------------|------------------|-------------------|---------------------------------|
| <1 | 4.5% (6,770) | 0% (0) | 0% (1) | 3.1% (6,771) |
| 1-4 | 17.1% (25,577) | 0% (0) | 0% (0) | 11.7% (25,577) |
| 5-9 | 14.6% (21,843) | 0% (0) | 31.5% (19,859) | 19.0% (41,702) |
| 10-14 | 13.8% (20,755) | 0% (0) | 38.2% (24,070) | 20.5% (44,825) |
| 15-17 | 7.8% (11,696) | 0% (0) | 23.6% (14,890) | 12.1% (26,586) |
| 18-64 | 36.6% (54,864) | <1% (850) | 6.7% (4,191) | 27.3% (59,905) |
| 65+ | 5.7% (8,477) | 86.0% (5,193) | 0% (0) | 6.2% (13,670) |
| <i>Data source: Medicaid Tableau Member Demographic Profile- Florida 2023</i> | | | | |

Consistent with the previous years' evaluations, in 2023, most of our membership was comprised of MMA members, whose ages ranged from 1-64 years old. The majority of our FHK members were between 5 and 17 years old, and the majority of our LTC members were older than 65 years old. This age distribution throughout each of the three programs continue to line up with the intended design and age demographic of each program.

The health plan staff that communicates with our members is attuned to the differences in approach necessary between the various age groups. The clinicians who provide case management are licensed professionals with training and expertise in pediatric, adolescent, adult, and geriatric medicine.

Member Race/Ethnicity

Race

According to the US Census Bureau in 2023, the population in Florida exceeded 22 million residents. Furthermore, it was reported that the Florida population consisted of 77% White, 17% African American, 3% Asian, and less than 1% American Indian or Alaskan Native. More than 5.9 million (27%) of the Florida population identified themselves as Hispanic ¹.

In comparing data from the percentages of the various races reported by the health plan for the 2023 calendar year, it is evident that the majority of our members self-identify as a race other than Caucasian (18.3%), African American (22.2%), Asian (1.2%), or American Indian (0.01%). Members categorized as "Other Race" (59.2%), include those who either do not self-identify as Caucasian, African American, Asian, or American Indian and/or chose not to self-identify as any particular race. A portion of members in the "Other Race" category is also representative of, but not limited to multiracial individuals.

¹ <https://www.census.gov/quickfacts/fact/table/FL/PST045222>

| Race by Program – 2023 | | | | | | |
|---|---------------------------------|---------------------------------|-------------------------------|------------------------------|----------------------------------|----------------|
| | Caucasian | African American | Asian/Pacific Islander | Alaskan/ Am Indian | Other/ No Race/ No Info | Total Mbr |
| MMA | 18.3% (27,429) | 22.2% (31,737) | 1.2% (1,752) | 0.01% (263) | 59.2% (88,801) | 149,982 |
| LTC | 23.9% (1,445) | 12.6% (759) | 0.8% (50) | n/a (3) | 62.7% (3,786) | 6,043 |
| FHK | 29.8% (18,801) | 7.8% (4,919) | 1.7% (1,081) | 0.01% (74) | 60.5% (38,136) | 63,011 |
| Total | 21.8% (47,675) | 17.1% (37,415) | 1.3% (2,883) | 0.01% (340) | 59.7% (130,723) | 219,036 |
| Race information is voluntary. Individuals may identify with more than 1 race. Based on enrollment data effective 12/31/2023 | | | | | | |

Based on the data, the number of African American members outnumbered Caucasian members by about 4 percentage points in the MMA Program, Caucasian members outnumbered African Americans approximately 2:1 in the LTC Program, however, Caucasian members outnumbered African American members a little more than 4:1 in the FHK Program.

The race distribution in 2023, comparable to 2022, race and ethnicity (Hispanic/non-Hispanic). Some members who identified as Hispanic or non-Hispanic may not have indicated their race otherwise.

- In 2023 African Americans (22%) saw a two percentage point increase from 2022, exceeding Caucasians/White (18%), which is 0.4 percentage point higher than 2022 in the MMA program
- Caucasian’s (24%) exceeded African Americans (13%) almost 2:1 in the LTC program which is consistent with what was reported for 2022
- Caucasian’s (29.8%) exceeded African Americans by almost 5 percentage points in the FHK program, which is a decrease from 2:1 which was reported in 2022

ABHFL hires racially and ethnically diverse staff to ensure that we can meet the goal of being able to assist with and understand the needs of a multi-culture, multi-ethnic membership. All employees who speak and/or write other languages are required to be tested and certified in those languages before serving members.

Ethnicity

Referencing collected data, it was determined that as of December 31, 2023, the total ABHFL membership decreased by 35,607 members (219,036 in 2023 compared to 254,643 in 2022), which equated to about a 14% decrease. Overall, the membership was comprised of 33% Hispanic and 52% Non-Hispanic. Note that some included in the statistics for the Non-Hispanic membership population self-reported as other or chose not to report at all (15.6%) which was double compared to what was reported in 2022 (8.6%).

| Ethnicity by Program - 2023 | Hispanic | Non-Hispanic | No Ethnicity/ Not reported | Total Membership |
|-----------------------------|-------------------|-------------------|----------------------------|------------------|
| MMA | 37.8% (55,677) | 57.3% (85,911) | 5.6% (8,394) | 149,982 |
| LTC | 34.9% (2,107) | 44.3% (2,680) | 20.8% (1,256) | 6,043 |
| FHK | 21.3% | 39.7% | 38.9% | 63,011 |

| | | | | |
|--|---------------------------------|----------------------------------|---------------------------------|----------------|
| | (13,441) | (25,034) | (24,536) | |
| Total | 32.5% (71,225) | 51.9% (113,625) | 15.6% (34,186) | 219,036 |
| Ethnicity information is voluntary, based on enrollment data received from AHCA, as of 12/31/2023. | | | | |

Information about ethnicity is voluntary and provided in the enrollment file received from our state regulators. Overall, 15.6% (34,186) of our membership (all 3 programs) did not provide information about their ethnicity in 2023. This is about a 36% decrease in the collection of ethnicity data compared to 14% (22,012) of our members who didn't report their ethnicity in 2022.

In 2023, those MMA members who self-identified as non-Hispanic (57.3%) exceeded the Hispanic member population (37.8%). This is consistent with what was reported in 2022 which is based on the demographics of our MMA membership. This demonstrates that, although primarily located in South Florida with the highest concentration of Spanish-speaking, Hispanic people, the plans demographics are changing.

The proportion of Hispanics/Non-Hispanics was similar for the LTC membership, where non-Hispanic (44.3%) exceeded Hispanic (34.9%) by just under 10 percentage points. This is an decrease of about 10% from the previous year's data. There were 20.8% (1,256) LTC members who were unidentified/provided no ethnicity information. This was approximately a 5% increase from the previous year.

Non-Hispanics (39.7%) outnumbered Hispanics (21.3%) in the FHK program. This is also consistent with prior years and aligned with the geographic distribution of this membership. 38.9% (24,536) FHK members were listed as no ethnicity/not reported.

Due to the numbers reported by the state not being separated or differentiated by race versus ethnicity, some of the non-specific ethnicity categories percentages may be inclusive of some race data and therefore may not add up to 100%.

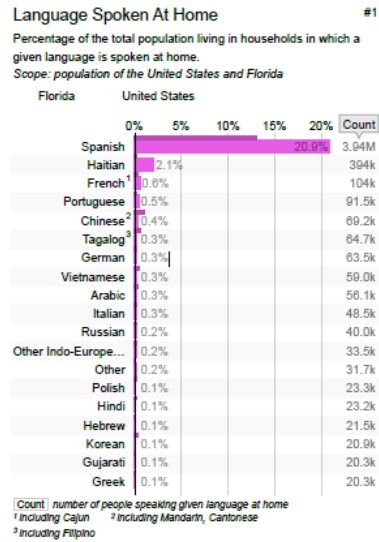
Member Language

According to the US Census Bureau for 2022, 21% of Florida's population was foreign-born. Just over one fourth of the population (27.5%) spoke a language other than English at home. In comparison to the number reported in last year (29.4%), there was a slight decrease in a language other than English spoken at home.

The data obtained from Statistical Atlas in 2024 regarding languages spoken at home in Florida, aligns with the Census data. The detailed results illustrated in the graphic below shows similar a similar distribution between the statewide data compared to the health plan statistics reported in 2023. The statewide data shows Spanish as the second most spoken language among the population of the State of Florida, accounting for 20.9% of the total population. Haitian was the third most spoken language, representing 2.1% of the total population in the State of Florida.



Languages in Florida (State)



<https://statisticalatlas.com/state/Florida/Languages>

As per the last U. S. census in 2022, our membership across all 3 programs was primarily English-speaking* as illustrated in the table below. Less than 1% of our combined membership (all 3 Programs) was Creole-speaking. These results have a similar distribution to the health plan’s language statistics for 2023, thus supporting the fact that most of the health plan’s membership across all 3 products, is primarily English-speaking.

| Language-By Program-2023* | English | Spanish | Creole | No Info/Other |
|---------------------------|--------------------|-------------------|----------------|-----------------|
| MMA | 68.0% (102,025) | 28.6% (42,863) | <1.0% (524) | 3.0% (4,570) |
| LTC | 54.7% (3,308) | 44.0% (2,657) | <1.0% (5) | 1.5% (73) |
| FHK | 33.7% (53,503) | 14.8% (9,301) | <1.0% (25) | 3.8% (182) |

Data source: Medicaid Tableau Member Demographic Profile- Florida 2023

* Based on optional language preference information provided with member enrollment.

ABHFL recognizes the multi-linguistic nature of the Florida population and hires staff bilingual in English and Spanish as well as English-Creole. Our telephonic Customer Service Center staff is fully bilingual. In addition, Aetna contracts with *Language Line Solutions*, a live, telephonic language interpreting services to assist callers with limited English proficiency.

See section “Language Translation” under Quality Indicators in the later portion of this document.

All materials distributed to our members, enrolled in any of our 3 programs, are printed in both English and Spanish. Based on each member preference, state-approved education materials distributed through Health Services are available in English and Spanish. Additional translation in other languages is available upon request by calling Aetna Better Health of Florida’s Customer Service Center.

Our website offerings are available in both English and Spanish and direct additional inquiries to our Customer Service Center and the multi-language translation available there.

Social Determinants of Health

Nearly 18% of the state’s population, which equates to almost 4 million people, were living in poverty in 2022². This rate was aligned with the national average. In addition, approximately 18% of those living in poverty were children under 18 which was a decrease from the 24% that was reported in the 2010 census.

Aetna Better Health of Florida covers medically necessary benefits that support member social determinants of health. When our members receive the support they need for transportation, housing, and other much needed services, they can better focus on managing their health. The following assistance is provided to our members as requested:

- Assistance reapplying for Medicaid benefits
- Transportation: ModivCare
- Cleaning: pest control, carpet cleaning, house cleaning
- Housing specialist: assist with housing searches, voucher applications, transitioning from institution to community
- Member advocates: assist with coordinating and access to community resources
- In-office care management support for provider or specialist visits
- Peer support specialist
- Disease management education
- Smoking cessation support services
- Assistance finding food, housing, goods, transportation, legal assistance, education, work, and more.

We are committed to reducing health inequities. As part of this commitment, we encourage our network providers to implement the use of Z (ICD-10) Codes to document SDOH including access to food, access to transportation, literacy issues, and other social and economic issues.

Assessment of CLAS and Inequities

MEMBER EXPERIENCE

Member Grievances

² US Census Bureau (<https://data.census.gov/cedsci/profile?g=0400000US12>)

| 2023 Member Grievances | | | | | | |
|--|-----------------|------------------------|-----------------|------------------------|-----------------|------------------------|
| Grievance Type | 2023 Grievances | | 2022 Grievances | | 2021 Grievances | |
| | # of Grievances | Per 1000 Member Months | # of Grievances | Per 1000 Member Months | # of Grievances | Per 1000 Member Months |
| Access: Geographic Accessibility/Availability | 0 | 0 | 0 | 0 | 0 | 0 |
| Attitude and Service: Cultural insensitivity or language related barrier | 0 | 0 | 0 | 0 | 1 | <0.004 |
| Attitude and Service: Communication/Relationships | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | <0.004 |

Quantitative Analysis:

As similarly reported in 2022, there were no complaints and/or grievances related to member culture or language in 2023 (all 3 Programs). This is consistent with the results of the member satisfaction survey(s). In addition, there were no Quality of Care (QOC) and/or Quality of Service (QOS) issues related to member culture or language reported since 2022 (all 3 Programs). In addition, no members reported dissatisfaction with the health plan’s ability to accommodate language translation or other culturally fitting requests.

CAHPS

Background

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program encompasses the full range of standardized surveys that ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as accessibility of services and provider communication skills.

On an annual basis, Aetna Better Health of Florida evaluates data from the CAHPS survey. ABH-FL contracted with the Center for the Study of Services (CSS), a National Committee for Quality Assurance (NCQA)- certified survey vendor, to administer the CAHPS® 5.1H Adult and Child Medicaid Surveys. Results of members’ ratings of and experiences with the medical care they receive are used to identify potential improvement opportunities and develop an action plan that address these areas.

Purpose

The purpose of this analysis is to:

- Assess member satisfaction with services and quality of care provided by Aetna Better Health of Florida
- Document health plan performance
- Develop interventions to improve the member experience with the health plan
- Compare performance against other Medicaid plans for ongoing process improvements

Methodology

Data Source and Collection

Aetna Better Health contracted with the Center for the Study of Services (CSS), a National Committee for Quality Assurance (NCQA)- certified survey vendor, to administer the CAHPS® 5.1H Adult and Child Medicaid Surveys on behalf of Aetna Better Health of Florida. CSS designed all member-facing materials for Aetna Better Health in accordance with the NCQA guidelines detailed in *HEDIS 2022, Volume 3: Specifications for Survey Measures*. Standard NCQA text was used for all materials. Prior to being customized with the health plan name, logo, and other branding elements, all generic materials designed by CSS were approved by NCQA.

Population

For the Adult Medicaid survey, sample-eligible members were defined as plan members who were 18 years or older as of December 31, 2022; were currently enrolled; had been continuously enrolled for six months (with no more than on enrollment break of 45 days or less); and whose primary coverage was through Medicaid.

For the Child Medicaid survey, sample-eligible members were defined as plan members who were 17 years old or younger as of December 31, 2022; were currently enrolled; had been continuously enrolled for six months (with no more than one enrollment break of 45 days or less); and whose primary coverage was through Medicaid.

Response Rate

Adult CAHPS – During the survey fielding period, 245 sample members completed the survey. After final survey eligibility criteria were applied, the resulting NCQA response rate was 10.61 percent.

Overall Results

Adult

| Domain | 2023 | 2022 | Variance |
|--|---------|---------|----------|
| Participation Rate (245 completed) | 10.61% | 8.88% | ↑1.73 |
| Rating of All Health Care (9 or 10) | 52.52% | 57.33% | ↓4.81 |
| Rating of Personal Doctor (9 or 10) | 68.86% | 66.27% | ↑2.59 |
| Rating of Specialist Seen Most Often (9 or 10) | *70.41% | *61.62% | ↑8.79 |
| Rating of Health Plan (9 or 10) | 54.81% | 54.82% | ↓0.01 |
| Getting Care Quickly (9 or 10) | 74.17% | 75.00% | ↓0.83 |
| Getting Needed Care (9 or 10) | 73.46% | 69.22% | ↑4.24 |
| How Well Doctors Communicate | 93.62% | 88.57% | ↑5.05 |
| Got care as soon as needed when care was needed right away | 75.34% | 75.00% | ↑0.34 |
| Got check-up/ routine appointment as soon as needed | 72.99% | 85.00% | ↓2.01 |
| Ease of getting care, tests or treatment | 77.70% | 71.14% | ↑6.56 |
| Got appointment with specialist as soon as needed | 69.23% | 67.29% | ↑1.94 |
| Personal doctor explained things | 92.86% | 90.98% | ↑1.88 |
| Personal doctor listened carefully | 94.49% | 88.81% | ↑5.68 |
| Personal doctor showed respect | 96.83% | 90.38% | ↑6.53 |
| Personal doctor spent enough time | 90.32% | 84.21% | ↑6.11 |

| Domain | 2023 | 2022 | Variance |
|---|--------|--------|----------|
| Coordination of Care | 85.71% | 78.48% | ↑7.23 |
| Customer Service | 89.40% | 86.15% | ↑3.25 |
| Customer Service provided info | 82.69% | 76.85% | ↑5.84 |
| Customer Service treated member with respect and courtesy | 96.12% | 95.45% | ↑0.66 |

Child

| Domain | 2023 | 2022 | Variance |
|--|--------|--------|----------|
| Participation Rate (395 completed) | 12.11% | 11.02% | ↑1.09 |
| Rating of All Health Care (9 or 10) | 67.73% | 69.14% | ↓1.41 |
| Rating of Personal Doctor (9 or 10) | 72.47% | 81.28% | ↓8.81 |
| Rating of Specialist Seen Most Often (9 or 10) | 71.26% | 75.41% | ↓4.15 |
| Rating of Health Plan (9 or 10) | 72.47% | 71.48% | ↑0.99 |
| Getting Care Quickly (9 or 10) | 85.35% | 88.04% | ↓2.69 |
| Getting Needed Care (9 or 10) | 82.39% | 83.68% | ↓1.29 |
| How Well Doctors Communicate | 93.35% | 96.09% | ↓2.74 |
| Got care as soon as needed when care was needed right away | 87.50% | 91.46% | ↓3.96 |
| Got check-up/ routine appointment as soon as needed | 83.20% | 84.62% | ↓1.42 |
| Ease of getting care, tests or treatment | 88.31% | 91.98% | ↓3.67 |
| Got appointment with specialist as soon as needed | 76.47% | 75.38% | ↑1.09 |
| Personal doctor explained things | 93.75% | 97.62% | ↓3.87 |
| Personal doctor listened carefully | 96.69% | 95.83% | ↑0.86 |
| Personal doctor showed respect | 96.30% | 99.40% | ↓3.11 |
| Personal doctor spent enough time | 86.67% | 91.52% | ↓4.85 |
| Coordination of Care | 80.20% | 81.82% | ↓1.62 |
| Customer Service | 88.66% | 87.65% | ↑1.02 |
| Customer Service provided info | 82.73% | 77.92% | ↑4.81 |
| Customer Service treated member with respect and courtesy | 94.59% | 97.37% | ↓2.77 |

Disparity Analysis

Individual questions from the adult survey were chosen that assess member experience with access and availability, overall experience of care, and communication with doctors. The responses to these questions compose the basis for this analysis.

- Access and Availability to Services
 - Question #4 – In the last 6 months, when you needed care right away, how often did you get care as soon as needed (Response *Usually or Always*)
 - Question #6 – In the last 6 months, how often did you get an appointment for a check-up or routine care for you as soon as needed (Response *Usually or Always*)
 - Question #9 Adult Survey/ Question, In the last 6 months, how often was it easy to get the care, tests, or treatment you needed? (Response *Usually or Always*)
- Overall Experience with Care

- Question #8 Adult Survey – Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months? (Response 9 or 10)
- Communication with Doctor
 - Question #12 Adult Survey/ Question- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? (Response *Usually or Always*)
 - Question #13 Adult Survey/ Question – In the last 6 months, how often did your personal doctor listen carefully to you? (Response *Usually or Always*)
 - Question #14 Adult Survey/ Question – In the last 6 months, how often did your personal doctor show respect for what you had to say? (Response *Usually or Always*)

| Adult CAHPS® Measures | Ethnicity | | Race | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | Hispanic/Latino | Not Hispanic | White/Caucasian | Black / African American | Other |
| Question #4 Needed Care Right Away | 84.2% (n=32) | 71.4% (n=20) | 76.5% (n=26) | 69.2% (n=9) | 78.9% (n=15) |
| Question #6 Get an Appointment for a Check-Up or Routine Care As Soon As You Needed | 71.8% (n=56) | 75.9% (n=41) | 74.2% (n=49) | 69.9% (n=16) | 67.6% (n=25) |
| Question #8 Rating of Health Plan | 65.8% (n=50) | 34.5% (n=20) | 55.9% (n=38) | 34.8% (n=8) | 57.1% (n=20) |
| Question #9 Easy to Get Care, Tests or Treatment: | 84.2% (n=64) | 69.0% (n=40) | 80.9% (n=55) | 60.9% (n=14) | 82.9% (n=29) |
| Question #12 Personal Doctor Explained Things: | 91.4% (n=64) | 96.0% (n=48) | 93.2% (n=55) | 91.3% (n=21) | 94.1% (n=32) |
| Question #13 Personal Doctor Listened to You: | 94.3% (n=66) | 94.1% (n=48) | 91.5% (n=54) | 95.8% (n=23) | 97.1% (n=33) |
| Question #14 Personal Doctor Showed Respect For What You Had to Say: | 97.1% (n=68) | 96.0% (n=48) | 96.6% (n=56) | 95.8% (n=23) | 97.1% (n=33) |

†Caution should be taken with “n” sizes less than 30 as they are not a valid representation for an expected normal distribution for statistical analysis.

Responses with Ethnic Disparities

There were two questions with responses that showed significantly lower positive responses as indicated below:

- Rating of Health Plan: Hispanic 65.8% vs. Non-Hispanic 34.5%, a 31.3-percentage point difference
- Easy to get care, tests or treatment: Hispanic 84.2% vs. Non-Hispanic 69.0%, a 15.2-percentage point difference

Responses with Racial Disparities

There were two questions with responses that showed significantly lower positive responses as indicated below:

- Rating of Health Plan: African American 34.8% compared to
 - Caucasian 55.9%, a 21.1-percentage point difference
 - Other 57.1% a 22.3-percentage point difference
 - the very small denominator for African-Americans (n=8) responding to this

question is noted.

- Easy to get care, tests or treatment: African American 60.9% compared to
 - Caucasian 80.9%, a 20-percentage point difference
 - Other 82.9% a 22-percentage point difference
 - the very small denominator for African-Americans (n=11) responding to this question is noted.

No Significant Disparities

The responses to the other five questions showed no significant disparities which is a positive finding, as we are meeting the needs of our members in these are equally well from a race and ethnicity standpoint.

| Child CAHPS® Measures | Ethnicity | | Race | | |
|--|------------------|-----------------|------------------|--------------------------|-----------------|
| | Hispanic/Latino | Not Hispanic | White/Caucasian | Black / African American | Other |
| Question #4 Needed Care Right Away | 91.0% (n=61) | 84.8% (n=28) | 90.8% (n=59) | 66.7% (n=8) | 94.4% (n=17) |
| Question #6 Get an Appointment for a Check-Up or Routine Care As Soon As You Needed | 85.0% (n=142) | 84.1% (n=58) | 87.2% (n=109) | 83.3% (n=25) | 82.6% (n=57) |
| Question #8 Rating of Health Plan | 68.9% (n=175) | 72.2% (n=78) | 70.9% (n=139) | 74.5% (n=38) | 67.0% (n=69) |
| Question #9 Easy to Get Care, Tests or Treatment: | 88.7% (n=149) | 87.7% (n=57) | 87.4% (n=111) | 81.5% (n=22) | 91.0% (n=61) |
| Question #12 Personal Doctor Explained Things: | 95.1% (n=154) | 91.7% (n=55) | 96.0% (n=119) | 87.5% (n=21) | 92.2% (n=59) |
| Question #13 Personal Doctor Listened to You: | 98.8% (n=161) | 91.8% (n=56) | 99.2% (n=124) | 84.0% (n=21) | 96.6% (n=62) |
| Question #14 Personal Doctor Showed Respect For What You Had to Say: | 97.6% (n=160) | 93.4% (n=57) | 98.4% (n=122) | 96.0% (n=24) | 92.3% (n=60) |

†Caution should be taken with “n” sizes less than 30 as they are not a valid representation for an expected normal distribution for statistical analysis.

No Significant Disparities

The responses to all seven questions showed no significant disparities which is a positive finding, as we are meeting the needs of our members in these are equally well from a race and ethnicity standpoint.

Language Line Usage³

ABHFL monitors the use of the language translation services in use at the Customer Service Center to ensure members receive assistance in the language of their choice and in a manner that meets their cultural and linguistic needs. This translation service is available at no cost to all members.

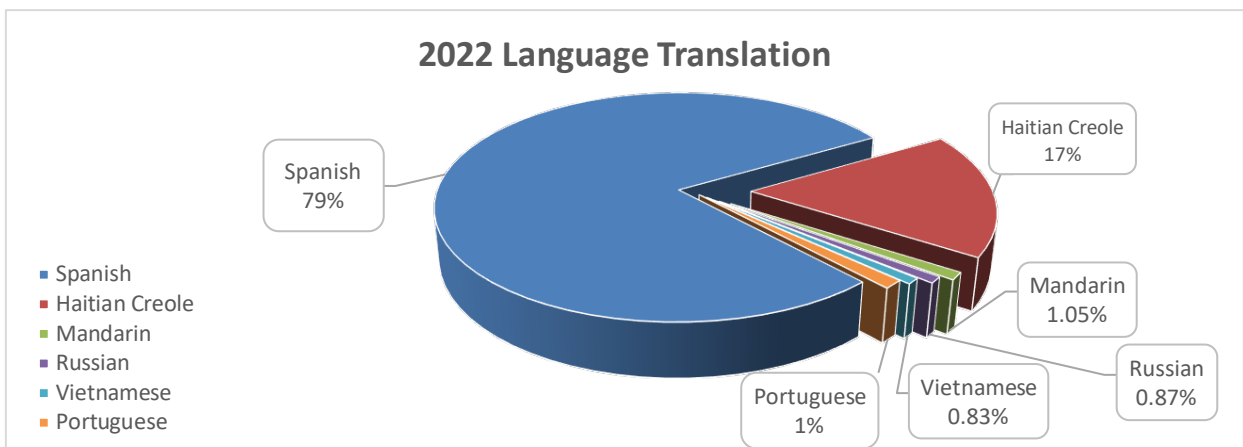
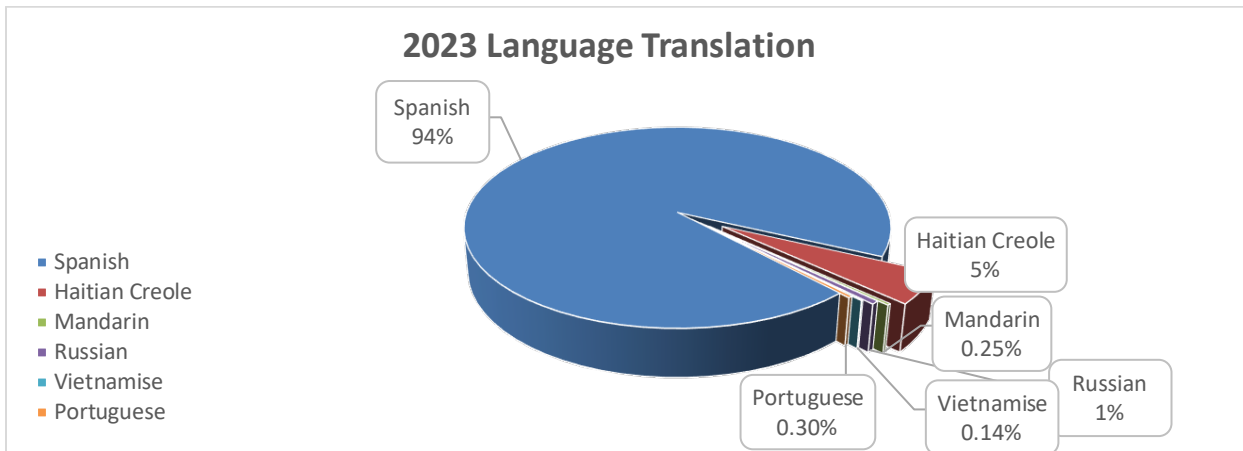
Language Line Solutions, the language translation service, reported more than 44,000 requests for language services in 2023 across all 3 lines of business. This was an increase of about 14,000 from 2022. Language interpretation remains a small fraction of the total volume of calls received at ABHFL. When members contact the plan for any reason, ABHFL’s Member

³ 2024 NCQA Health Equity Standards and Guidelines: HE 6C Factor 1

2023 ABHFL Health Equity Program Evaluation

Services staff utilizes Language Line services as needed to assist the caller in their language of preference. This helps address any language barriers that may arise during calls.

| LANGUAGE | BILLED CALLS | MINUTES | AVG CONNECT TIME | % OF BILLED CALLS | % OF MINUTES |
|-------------------------|---------------|----------------|------------------|-------------------|----------------|
| SPANISH | 41,012 | 553,514 | 8.81 | 93.03% | 90.72% |
| HAITIAN CREOLE | 2,152 | 39,984 | 89.36 | 4.88% | 6.55% |
| RUSSIAN | 225 | 4,526 | 37.78 | 0.51% | 0.74% |
| PORTUGUESE | 133 | 2,092 | 30.96 | 0.30% | 0.34% |
| MANDARIN | 110 | 1,870 | 34.41 | 0.25% | 0.31% |
| ARABIC | 80 | 1,261 | 51.89 | 0.18% | 0.21% |
| UKRAINIAN | 58 | 1,211 | 21.69 | 0.13% | 0.20% |
| VIETNAMESE | 62 | 996 | 47.35 | 0.14% | 0.16% |
| ITALIAN | 20 | 663 | 14.45 | 0.05% | 0.11% |
| POLISH | 11 | 441 | 11.09 | 0.02% | 0.07% |
| CANTONESE | 13 | 342 | 29.31 | 0.03% | 0.06% |
| BENGALI | 11 | 312 | 13.00 | 0.02% | 0.05% |
| FARSI | 22 | 262 | 18.77 | 0.05% | 0.04% |
| FRENCH | 15 | 228 | 40.00 | 0.03% | 0.04% |
| KOREAN | 23 | 225 | 19.13 | 0.05% | 0.04% |
| TURKISH | 9 | 220 | 106.22 | 0.02% | 0.04% |
| BUURMEE | 12 | 219 | 19.75 | 0.03% | 0.04% |
| PASHTO | 15 | 218 | 7.20 | 0.03% | 0.04% |
| SWAHILI | 10 | 218 | 50.30 | 0.02% | 0.04% |
| DARI | 20 | 209 | 34.50 | 0.05% | 0.03% |
| KAREN | 3 | 131 | 96.33 | 0.01% | 0.02% |
| TAGALOG | 6 | 126 | 52.83 | 0.01% | 0.02% |
| URDU | 4 | 108 | 1.75 | 0.01% | 0.02% |
| PORTUGUESE BRAZILIAN | 8 | 90 | 97.38 | 0.02% | 0.01% |
| JAPANESE | 3 | 77 | 2.00 | 0.01% | 0.01% |
| ARMENIAN | 4 | 68 | 4.00 | 0.01% | 0.01% |
| GREEK | 3 | 58 | 35.67 | 0.01% | 0.01% |
| BOHINGYA | 3 | 47 | 173.33 | 0.01% | 0.01% |
| GUJARATI | 3 | 45 | 3.33 | 0.01% | 0.01% |
| HINDI | 4 | 44 | 3.25 | 0.01% | 0.01% |
| AMHARIC | 2 | 35 | 2.50 | 0.00% | 0.01% |
| ALBANIAN | 3 | 33 | 14.67 | 0.01% | 0.01% |
| PORTUGUESE CAPE VERDEAN | 3 | 26 | 8.00 | 0.01% | 0.00% |
| CHIN HAKHA | 1 | 22 | 3.00 | 0.00% | 0.00% |
| ROMANIAN | 2 | 21 | 3.50 | 0.00% | 0.00% |
| HMONG | 1 | 20 | 3.00 | 0.00% | 0.00% |
| HUNGARIAN | 1 | 20 | 661.00 | 0.00% | 0.00% |
| TELUUGU | 1 | 19 | 3.00 | 0.00% | 0.00% |
| AKAN | 1 | 17 | 4.00 | 0.00% | 0.00% |
| INDONESIAN | 1 | 17 | 2.00 | 0.00% | 0.00% |
| TIGRIGNA | 1 | 17 | 2.00 | 0.00% | 0.00% |
| KRIO | 3 | 12 | 105.67 | 0.01% | 0.00% |
| GERMAN | 1 | 10 | 2.00 | 0.00% | 0.00% |
| KARENHI | 1 | 10 | 4.00 | 0.00% | 0.00% |
| CROATIAN | 1 | 9 | 196.00 | 0.00% | 0.00% |
| KHMER | 1 | 7 | 3.00 | 0.00% | 0.00% |
| TAMIL | 1 | 6 | 159.00 | 0.00% | 0.00% |
| SLOVAK | 1 | 4 | 2.00 | 0.00% | 0.00% |
| SOMALI | 1 | 4 | 1.00 | 0.00% | 0.00% |
| LAOTIAN | 1 | 4 | 2.00 | 0.00% | 0.00% |
| FUZHOU | 1 | 4 | 23.00 | 0.00% | 0.00% |
| HEBREW | 1 | 4 | 4.00 | 0.00% | 0.00% |
| PUNJABI | 1 | 2 | 2.00 | 0.00% | 0.00% |
| Grand Total | 44,085 | 610,128 | 13.31 | 100.00% | 100.00% |



The top language requested in 2023 was Spanish (93%), lower than 2022 (79%). This is consistent with the population and membership analysis described earlier in this section. There were no requests for on-site translation at the provider office (including telephonic translation) and there were no member complaints related to language translation. The data available demonstrates that ABHFL was able to address the member’s language translation needs competently in 2023.

Aetna’s network of providers (PCP and specialists) and their office staff offers services in multiple languages in addition to our telephonic translation services. Our Provider Directory includes information about the languages spoken at provider offices and directs members to receive services in their language of preference.

Member Experience with Translation Services

Purpose

The purpose of evaluating our member and staff experience with language services is to ensure that services are available when needed and meet the needs of our internal staff and the populations we service through the Aetna Better Health of Florida Managed Care Organization. By assessing annually, we seek to understand the following:

- Utilization of language services
- Availability of language services when requested
- Satisfaction when language services are used

This evaluation will assess language services utilized by ABHFL members during a healthcare encounter and or at a provider’s office.

Data Collection and Indicators

Member satisfaction with the utilization of language services when contacting Aetna Better Health of Florida⁴: Rate your overall satisfaction with the language services provided when you called ABHFL with 1 being the worst service and 5 being the best service

- Denominator: Total number of members who responded to the survey regarding language services used when contacting the plan
- Numerator: Percentage of members whose response was 4 or 5 to the following:
- Data source: Member survey conducted telephonically

Member satisfaction with the utilization of language services when visiting a provider’s office⁵: Rate your overall satisfaction with the language services provided by ABHFL when you were in your providers office with 1 being the worst service and 5 being the best service

- Denominator: Total number of members who responded to the survey regarding language services used when in a provider office setting
- Numerator: Percentage of members whose response was 4 or 5 to the following:
- Data source: Member survey conducted telephonically

Results

| Member Experience with Translation Services Responses | | | | | | |
|--|--------------------|-----------------|-----------|--------------------|-----------------|-----------|
| Measure | Positive Responses | Total Responses | 2023 Rate | Positive Responses | Total Responses | 2022 Rate |
| Rate the experience with the language services provided with 1 being the worst and 5 being the best service. | 3 | 3 | 100% | 29 | 35 | 82.4% |
| Rate your experience with the language services provided when you were in the provider's office with 1 being the worst service and 5 being the best service. | | 0 | | 19 | 22 | 86.3% |

Quantitative Analysis

Overall, the results did meet our desired goals for members satisfaction. The lack of need for services in an office setting may be due to the plan’s network of providers who speak various languages and therefore the services were not needed. There may also have been individuals who used services but chose not to participate in the surveys. Follow-up discussion on results will be conducted with the ABHFL leadership and language services vendor with the goal of determining ways to improve member and staff satisfaction.

PROVIDER ASSESSMENT

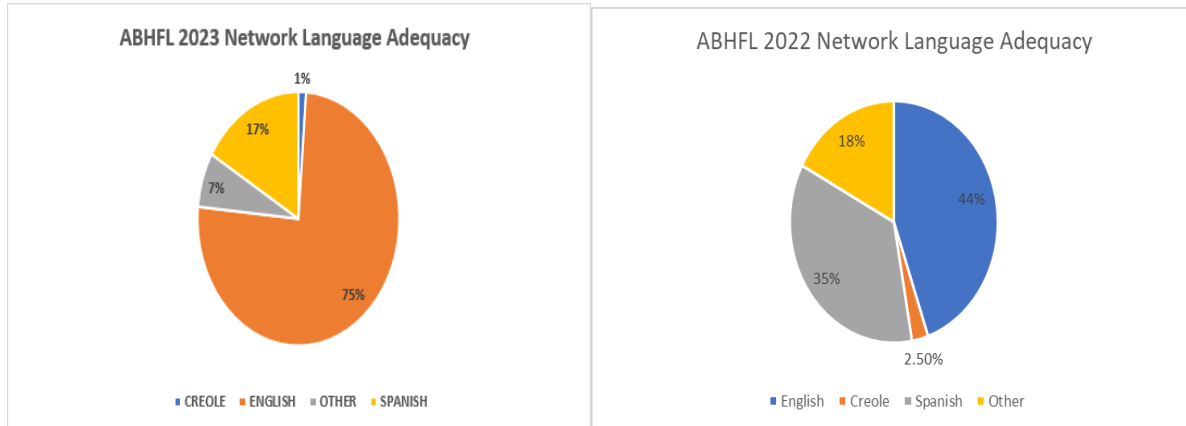
Provider Language

As we have in previous years, in 2023 the health plan conducted a language analysis of its provider network to ensure that services are provided accordingly and, in the languages

⁴ 2024 NCQA Health Equity Standards and Guidelines: HE 6C Factor 2

⁵ 2024 NCQA Health Equity Standards and Guidelines: HE 6C Factor 4

warranted for our membership. Other than English, Spanish is the most prevalent in all the regions we serve, especially in Region 11 (Miami-Dade/Monroe Counties), based on these findings, the expectation is for network providers to deliver health care services culturally and linguistically suitable for the demographics they serve.



The results for 2023 indicate that at least 17% of all ABHFL network providers list Spanish as a secondary language and/or have staff that can fluently speak Spanish and can thoroughly address members’ linguistic needs. This 17% was a 18-percentage point decrease from 2022. This assessment is conducted every year to ensure the language accuracy of the health plan’s network is suitable and adequate for the members we serve.

STAFF DEMOGRAPHICS

Aetna Better Health of Florida strives to recruit and retain staff that reflects the market’s membership, and is representative of member gender, race/ethnicity, language, disability, and sexual orientation/gender identity.

Promoting Diversity, Equity, and Inclusion Among Staff

ABHFL embraces a global mindset and diversity of ideas, perspectives, and backgrounds in its hiring practices. Talent development incorporates the principles of cultural, ethnic, and linguistic diversity. One-on-one, classroom type and technology-based trainings about cultural, ethnic, and linguistic diversity and healthcare disparities are offered to all employees. The curriculum necessary to fulfill one’s role at the health plan is designed individually using existing corporate and health plan-specific training programs. Training about the Healthcare Equity Program (HEP) is mandatory for all employees upon hiring and annually thereafter. In addition, all employees who speak and/or write other languages are required to be tested and certified in those languages before serving members.

ABHFL’s Intranet and home page include hypertext and navigation buttons that allows employees to navigate to and invoke hyperlinks to other corporate information, bulletins, articles, and education that support and enhance one’s knowledge of cultural, ethnic, and linguistic competency. The Intranet and employee communication bulletins continuously target cultural diversity in the workplace through education, presentations, and success stories.

Aetna’s Learning and Performance training reminders are sent to all Aetna employees on a quarterly basis to promote cultural diversity, inclusion, and acceptance amongst Aetna personnel.

Cultural Competency training is available through a variety of learning formats:

- Technology based learning in the CVS-Aetna learning hub
- Instructor led training sessions
- Virtual learning sessions
- Small group activities
- Self-study alternatives and personal development

Health Equity trainings emphasize:

- How personal and organizational values impact healthcare delivery
- How communication and empathy create connections
- How knowledge and skill integration improve outcomes

All ABHFL employees must complete the following required cultural competency courses as part of the on-boarding process and continuing education:

- Striving for Health Equity
- ABHFL Cultural Competency
- Striving for Health Equity refresher course

Aetna Employee Engagement (Satisfaction) Survey Results

The health plan conducts an annual Employee Engagement survey (EES) for all Aetna employees to assess employee satisfaction with our internal diversity and inclusion practices among other things. The diversity and Inclusion index measures the extent to which employees believe Aetna values diversity, delivers consistent experience across dimensions of diversity, treats people fairly, and leverages the differences between people. Some of the questions in the survey tool assess employees’ satisfaction with Aetna’s efforts to meet the standards for a diverse and inclusive workplace environment such as:

- *I feel a sense of belonging at CVS Health.*
- *Everyone at CVS Health has an equitable opportunity to succeed.*
- *I am treated with dignity and respect.*

In the past there were more survey questions (6) that focused on Diversity Management but effective 2023 the questions addressing Diversity Management have dwindled down. In the table below, the survey questions in bold are the 2023 Diversity Management questions that were addressed.

| Diversity Management Questions | 2023 | 2022 | 2022 Aetna Corporate Average |
|--|-------------|-------------|-------------------------------------|
| Colleagues at CVS Health are treated fairly regardless of their differences. | n/a | 78% | 85% |
| CVS health makes an effort to promote and develop colleagues of diverse backgrounds. | n/a | 75% | 82% |
| Sufficient effort is made to get the options and thinking of people who work here. | n/a | 70% | 75% |

| | | | |
|--|-----|-----|-----|
| There is an equal opportunity for people to have a successful career at CVS Health, regardless of their differences or background. | n/a | 83% | 82% |
| My immediate supervisor treats me with respect. | n/a | 94% | 94% |
| I feel a sense of belonging at work. | 81% | 81% | 82% |
| Everyone at CVS Health has an equitable opportunity to succeed. | 78% | n/a | n/a |
| I am treated with dignity and respect. | 83% | n/a | n/a |

The Employee Engagement survey questions and survey methodology were established internally by CVS-Aetna. In comparison to 2022, in 2023 many of the questions pertaining to diversity were not asked. The 2023 Employee Engagement survey showed three (3) questions in reference to diversity management, one (1) of which was used in previous years. We will continue to monitor and strive for improvement in the before mentioned survey items and expect an increase in these numbers as we all become accustomed to the new roles and structure.

CVS-Aetna supports ongoing efforts and initiatives towards workplace inclusiveness and promoting diversity, respect, and acceptance.

Staff Experience with Translation Services⁶

A survey was distributed to all Aetna Better Health of Florida member facing staff regarding their satisfaction with translation services in the past one-year period. Satisfaction was assessed for use of telephonic translation services, in-person translation services, and written translation services.

Data Collection and Indicators

To assess the experience of ABHFL staff with Language Line interpreter services, ABHFL conducted a staff survey from September 18, 2024 to September 24, 2024. The survey was implemented using *Survey Monkey* and was offered to all ABHFL staff. The following questions were included in the staff survey:

1. What is your department?
2. Did you use language services with Aetna Better Health of Florida this year?
3. Did you use language services for an interpreter with Aetna Better Health of Florida this year?
4. Rate your experience with language services interpreter. With 1 being the worst and 5 being the best.
5. Did you use language services for written translation with Aetna Better Health of Florida this year?
6. Rate your experience with language services for written translation. With 1 being the worst and 5 being the best.
7. Rate your overall satisfaction with Aetna Better Health of Florida language services when you were assisting members. With 1 being the worst and 5 being the best.

Indicator: Staff satisfaction with the utilization of language services when members contacted ABHFL telephonically

⁶ 2024 NCQA Health Equity Standards and Guidelines: HE 6C Factor 3

- Denominator: Total number of staff members who responded to the survey regarding use of language services during calls with members
- Numerator: Percentage of staff members whose response was 4 or 5 to the following:
 - Rate your overall satisfaction with the language services provided by ABHFL when you were assisting members with 1 being the worst service and 5 being the best service
- Data source: Staff survey via Email (Survey Monkey) to all ABHFL staff

Results

A total of 25 staff members responded to the survey. A breakout of survey respondents is as follows:

| Department Responses - Staff Survey Regarding Translation Services | | |
|--|----------------------------|----------------------------|
| Department | Number of Respondents 2023 | Number of Respondents 2022 |
| Care/Case Management | 6 | 1 |
| Utilization Management | 0 | 2 |
| Quality Management | 12 | 8 |
| Member Services | 0 | 2 |
| Grievances and Appeals | 1 | 1 |
| Community Development | 0 | 2 |
| Other | 6 | 5 |
| Total | 25 | 21 |

| Staff Experience with Translation Services Responses | | | | | | |
|---|-----------------|--------------------|-----------|-----------------|--------------------|-----------|
| Measure | Total Responses | Positive Responses | 2023 Rate | Total Responses | Positive Responses | 2022 Rate |
| Rate your experience with language service interpreter. | 11 | 6 | 54.5% | 15 | 12 | 80% |
| Rate your experience with the language services for written translation. | 6 | 4 | 66.6% | 11 | 9 | 81% |
| Rate your overall satisfaction with Aetna Better Health of Florida language services when you were assisting members. | 11 | 7 | 63.3% | 16 | 14 | 88% |

Quantitative Analysis

The survey results indicated that ABHFL staff had unfavorable experiences with the ABHFL Language services. ABHFL will review the results of the survey at QMOC and gather feedback and recommendations for actions for improvement to be incorporated into the next year’s HEP strategy. ABHFL will continue to monitor staff’s experience with language services and report results at least annually.

Community Representatives' Review and Feedback of the CLAS Annual Program Evaluation⁷

On November 6, 2024, ABHFL met with community partners to review and obtain feedback on the Health Equity Program Documents from community representatives. Aetna Better Health of FL has partnered with many community organizations to invest in community health at the local level. Below are some of the Plan's current community partners that participated in the meeting to review the Health Equity Program Documents:

- **Carter's Corner:** Carter's Corner provides professional community and athletic consulting to local agencies, sports program, and families. Our services include fundraising, community events, athletic consultation, career planning, vending and more. We provide quality-coaching tips to each athlete and feature stories highlighting many of our athlete's accomplishment.
- **Zeal of Xander:** We believe that the health of a community is directly linked to the health of its mothers and children. Therefore, we are committed to providing comprehensive, culturally competent services to black mothers in our community. Our services include training for practitioners, program audits for established programs to promote effectiveness within the community, doula services to women that will experience loss, and bereavement care. In our quest to promote inclusion and community sustainability, we have excitedly introduced our new initiative -town hall strategy sessions. These sessions serve as a platform for community members, healthcare professionals, and policymakers to come together and discuss strategies to improve black maternal health outcomes. We believe that these discussions will lead to innovative solutions that address the unique challenges faced by black mothers in our community.
- **Healthy Start of Broward:** Our mission is to promote the health and well-being of women, infants, and families to achieve a successful pregnancy and a healthy start in life.
- **Urban League of Broward County:** The mission of the Urban League movement is to enable African Americans and others in historically underserved communities to secure economic self-reliance, parity, power, and civil rights.
- **FLITE (Fort Lauderdale Independence, Training & Education) Center** was created in 2009 through a partnership of the Community Foundation of Broward, the United Way of Broward, and the Junior League of Greater Fort Lauderdale, with the intent of offering comprehensive access to services for youth aging out of foster care. FLITE Center has become the hub of all support services for our transitioning youth to become successful adults within a safe, nurturing environment that promotes personal growth while developing practical life skills. FLITE Center is Broward County's one-stop resource center offering all supportive services.

⁷ 2024 NCQA Health Equity Standards and Guidelines: HE 5B Factor 4

- Empower U: Liberty City faces unique challenges, with average incomes trailing behind both Miami-Dade County and the national average. Against this backdrop, our community grapples with unemployment, homelessness, educational disparities, crime, substance abuse, teenage pregnancies, and HIV concerns. A lack of adequate insurance coverage further hinders access to essential healthcare services for a significant portion of our population. Empower Community U Health Center is not just a healthcare provider; we are catalysts for transformation. As a federally qualified clinic, our mission is to break down barriers and provide vital healthcare services at affordable rates. Our patient-centered approach empowers individuals to take charge of their health journey.
- EZRI: The Empowerment Zone Reentry Initiative is a 501c3 nonprofit organization (EIN 86-2855642). Our mission includes collaborating to provide employment, mental health counseling and case management services, reducing recidivism among previously incarcerated people, and focusing on individual strengths, human dignity, and the right to self-determination.
- March of Dimes of Miami: Partnering with local government, state leaders, corporate health partners and community-based organizations and stakeholders, our Local Collective Impact Initiative will confront challenges by building solutions to achieve health and racial equity for all moms and babies.
- Project Upstart: Project UP-START, under the Division of Student and Family Support Programs/Title I Administration, is the Education Program for Children and Youth Living in Unstable Housing in Miami-Dade. The program assists schools with the identification, enrollment, and attendance of students in unstable housing to help ensure their successful academic achievement.

After extensive review of the Program Documents and discussion about “health equity” in Florida from the community perspective, the following key points were noted:

- One agency discussed working with people who are coming out of jail and the members are not linked to services. ABHFL informed the group that an ongoing initiative is new welcome calls that informs members about their benefits and how to get help. A suggestion presented by community representatives is for the health plan to set up times to meet with members at specific agencies to accommodate barriers such as no phone or address to receive communications.
- One representative commented that they were happy to see the health plan improving health literacy efforts. They inquired about specific programs for literacy. ABHFL informed the group about the programs we have for pregnancy through Progeny Health and discussed how all members are eligible for a free cell phone.
- One representative explained their members are survivors of human trafficking and many of them are unaware of their benefits. They suggested the health plan send a representative on site monthly or quarterly to speak to members in person.
- A representative from the group inquired about transportation benefits. ABHFL explained the transportation benefits available to members to get to doctor appointments. The group also inquired about if members have the opportunity to evaluate transportation services. AHHFL confirmed that member can evaluate the use of transportation services.

- A representative from the group inquired about the accessibility of translation services. ABHFL informed the group about the Language Line services available to members.

Aetna Better Health of FL intends to continue our partnership and support with these valuable community partners.

The feedback received from community partners is documented in minutes and presented to the QMOC to consider and suggest actions for improvements which are incorporated into the next year’s HEP strategy.

Barrier Analysis & Opportunities for Improvement

To address CLAS and health equity gaps and disparities, the health plan will continue to conduct ongoing tracking and analyses of barriers to healthy outcomes for our members in the annual Health Equity Work Plan, and to develop appropriate culturally appropriate mechanisms of improvement at the member, group, and community level.

| Barrier Analysis | | | | | | |
|--|--|--|---|--|----------------|----------|
| Gap/ Disparity | Barrier | Rationale/ Opportunity for Improvement | Action | Goal | Timeframe | Priority |
| Disparity between black and white members for the controlling HBP measure | Social determinants of health including resources gaps in the community, supporting SDoH screening and social care connections for members, providers and caregivers | Improve member knowledge of importance of BP control | Implement Aetna Hearts and Minds Program | 50% reduction in racial disparities in blood pressure control | By end of 2024 | high |
| Leon County is determined to lower health literacy | Lower health literacy is potentially impacting the support of men on their partner’s prenatal/postpartum care | Increase literacy should improve pregnancy outcomes and support compliance in prenatal/postpartum care | Develop education opportunities to provide health education and health literacy | Have at least one Fatherhood Resource Fair | By 2Q of 2024 | med |
| Lack of diverse representation | Lack of community representation at CLAS Committee | Increase community representations | Invite community representatives to CLAS Committee | Have at least 5 – 8 community representatives at CLAS Committee Meetings | By end of 2024 | med |
| Use of Language Line limits natural conversation to support members | Lack of bilingual staff to make outreach calls | Expand bilingual staff | Work with Outreach team leaders to recruit bilingual staff | Ensure 70% of outreach staff are bilingual (Spanish/English) | By end of 2024 | high |

Effectiveness

Aetna Better Health of Florida will conduct ongoing tracking and analyses of its CLAS Workplan /CLAS Program Action Plan activities and measurements to determine whether its performance is improving, declining, or remaining stable throughout each calendar year. Aetna Better Health of Florida recognizes that achieving health equity is an ongoing process that requires engagement from its staff, in-network providers, and community partners.

ABHFL used the following quality indicators to monitor its performance and evaluate the effectiveness of its Healthcare Equity Program (HEP) in 2023:

a. Member Satisfaction

1. CAHPS Survey – MMA

Annually, the health plan conducts a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for adults and one separately for children to assess MMA member satisfaction with our network of providers, multiple facets of our program administration and with our health plan. The survey asks health care consumers and patients to report on and evaluate their experiences with health care. ABHFL reviews the results of the CAHPS survey and develops, implements, and monitors year over year results to address areas in need of improvement.

Some of the questions in the CAHPS survey instrument assess members’ satisfaction with our efforts to meet their cultural and linguistic needs and identify disparities in healthcare, such as:

Q17. Did your personal doctor explain things in a way that was easy to understand?

Q18. Did your personal doctor listen to you carefully?

Q19. Did your personal doctor show respect for what you had to say?

Q29. Did the written materials or the internet provide the information you needed about how your health plan works?

Q31. Did you get the information or help you needed from Customer Service?

Q32. Did the customer service staff treat you with courtesy and respect?

Q34. Were the forms from the health plan easy to fill out?

| Adult CAHPS Survey Results | Difference Between 2023 Rate and... | | |
|--------------------------------------|--|------------------------|---------------------------|
| Survey Measure | ABHFL Rate 2023 | ABHFL Rate 2022 | 2022 National Avg. |
| Rating of Personal Doctor | 68.86% | 66.27% | 2.59% |
| Rating of Specialist Seen Most Often | 70.41% | 61.62% | 8.79% |
| Rating of All Health Care | 52.52% | 57.33% | -4.81% |
| Rating of Health Plan | 54.81% | 54.82% | -0.01% |
| Getting Care Needed | 73.46% | 69.22% | 4.24% |
| Getting Care Quickly | 74.17% | 75.00% | -0.83% |
| How Well Doctors Communicate | 93.62% | 88.57% | 5.05% |
| Customer Service | 89.40% | 86.15% | 3.24% |
| Coordination of Care | 85.71% | 78.48% | 7.23% |

The CAHPS survey questions and survey methodology did not change from 2022 to 2023. The results of the 2023 Adult CAHPS survey showed satisfaction ratings were all below the National Average for the questions above. From 2022 to 2023, the drops

were in the “Rating of All Health Care” survey metric (-4.81 percentage points), “Rating of Health Plan” (-0.83 percentage points), and “Rating of Personal Doctor” (-0.01 percentage points). The majority of the survey measures showed improvements noted in the adult CAHPS Survey in comparison from 2022 to 2023.

| Child CAHPS Survey Results | | Difference between 2023 Rate and... | |
|--------------------------------------|-----------------|-------------------------------------|--------------------|
| Survey Measure | ABHFL Rate 2023 | ABHFL Rate 2022 | 2022 National Avg. |
| Rating of Personal Doctor | -72.47% | -8.81% | 0.56% |
| Rating of Specialist Seen Most Often | -71.26% | -4.15% | 1.58% |
| Rating of All Health Care | -67.73% | -1.41% | 0.92% |
| Rating of Health Plan | 72.47% | 0.99% | 3.50% |
| Getting Care Needed | -82.39% | -1.29% | 3.21% |
| Getting Care Quickly | -85.35% | -2.69% | -2.11% |
| How Well Doctors Communicate | -93.35% | -2.74% | 1.30% |
| Customer Service | 88.66% | 1.01% | -0.41% |
| Coordination of Care | -80.20% | -1.62% | -2.83% |

The findings were very similar and slightly better overall for the Child CAHPS survey. There were several improvements in percentage points from 2022 to 2023; the largest increase was in “Rating of Health Plan” which increased by 3.50 percentage points. Referencing the chart, three (3) out of nine survey metrics displayed scored below 2022 NCQA Quality Compass National Average, our benchmarks. The Member and Provider Satisfaction Work Group meet on an ad-hoc basis and maintain an action plan to address members’ and providers’ concerns; improve our communication with members and providers and improve overall member satisfaction. Actions for improvement in 2023 continued to focus on enhancing access to and availability of network providers and improving the content and usability of our Provider Directory listings. Member (and provider) satisfaction is at the forefront of everything we do.

2. LTC Member Satisfaction Survey

Aetna Better Health of Florida usually conducts an LTC-specific Member Satisfaction survey every year to assess members’ satisfaction with various aspects of the LTC Program. The survey tool includes questions that evaluate how well we provide culturally and linguistically competent services to our LTC members including:

Q28. How often did staff treat you with courtesy and respect?

Q31. How often did staff explain things in a way that was easy to understand?

The survey tool and methodology changed from 2021 to 2022, but remained the same in 2023 by continuing to allow a caregiver to respond to the survey on behalf of a LTC member. In 2023, ABHFL evaluated member satisfaction via NCQA’s HCBS CAHPS Survey 1.0, which specifically evaluates LTC member satisfaction with home and community-based services. The HCBS CAHPS survey is a standardized survey tool that asks consumers and patients to report on and evaluate their experiences with the services they received.

| Measure (Goal ≥ 85%) | 2023 Results | 2022 Results | 2021 Results |
|-------------------------|--------------|--------------|--------------|
|-------------------------|--------------|--------------|--------------|

| | | | |
|--|-------|-------|-------|
| How often did staff treat you with courtesy and respect? | 98.6% | 94.3% | 94.9% |
| How often did the staff explain things in a way that was easy to understand? | 95.1% | 91.5% | 87.9% |

In contrast with the LTC Member Satisfaction Survey results that were available from 2022 and comparing them with the 2023 scores for the two sample questions mentioned earlier in this section, the scores show that there was an improvement of 4.3 percentage points for Q28 and an increase of 3.6 percentage points for Q31. The results of the LTC member survey were correlated with the member complaints/grievances received in 2023; there were no complaints/grievances related to cultural or linguistic concerns.

3. FHK Member Satisfaction Survey

Based on response to changes in 2021 with care delivery toward telemedicine, NCQA updated the FHK CAHPS Health Plan Survey to version 5.1H which included rewording of several questions.

The survey evaluated and or measured member satisfaction using nine criteria:

| FHK Member Satisfaction Survey Criteria | | | |
|---|------------|------------|--------------------|
| Survey Measures | Results | | |
| | 2023 ABHFL | 2022 ABHFL | 2022 NCQA Natl Avg |
| Getting Needed Care | 83.60% | 81.26% | 77.15% |
| Getting Care Quickly | 87.01% | 86.48% | 84.19% |
| How Well Doctors Communicate | 96.07% | 94.92% | 94.16% |
| Customer Service | 86.42% | 85.77% | 88.06% |
| Rating of Personal Doctor | 74.35% | 72.73% | 77.15% |
| Rating of Specialist Seen Most Often | 75.33% | 66.11% | 73.04% |
| Rating of All Health Care | 69.01% | 69.16% | 70.72% |
| Rating of Health Plan | 63.32% | 63.53% | 71.95% |
| Coordination of Care | 82.79% | 83.17% | 84.71% |

In 2023 the plan met the 2022 NCQA National average in three (3) out of nine measures, which when compared to the survey results was equivalent to the 2022 survey results of the nine (9) measures overall.

4. Behavioral Health Member Satisfaction Survey

In 2023, Aetna Better Health of Florida conducted a behavioral health survey tool to assess members’ satisfaction with various aspects of the behavioral health program. The survey tool, defined by the National Committee for Quality Assurance (NCQA), includes statements that evaluate how well we provide culturally and linguistically competent services to our Behavioral Health membership including:

Q5. *My doctor treats me with respect.*

Q6. *My doctor is sensitive to who I am. This includes my race, religion, ethnicity, gender identification, language, disability, etc.*

| Measure (Goal ≥ 85%) | 2023 Results | 2022 Results |
|-------------------------|--------------|--------------|
|-------------------------|--------------|--------------|

| | | |
|---|-----|-----|
| My BHCP treats me with respect. | 94% | 95% |
| My BHCP is sensitive to who I am. This includes my race, religion, ethnicity, gender identification, language, disability, etc. | 94% | 88% |

The survey tool and methodology did not change since 2018. The results of the 2023 BH Member Satisfaction survey showed that an average 94% of the members surveyed agreed and or strongly agreed with the above statements. This was an improvement by two (2) percentage points from 2022. In addition, the results were correlated with the complaints/grievances received in 2023; there were no complains/grievances related to cultural or linguistic concerns.

b. Member Complaints and Grievances

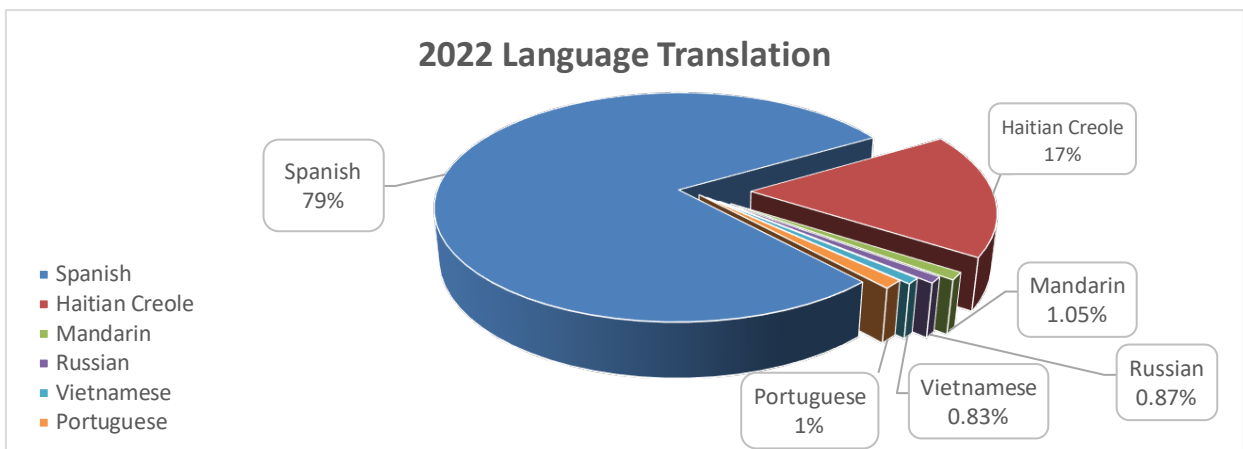
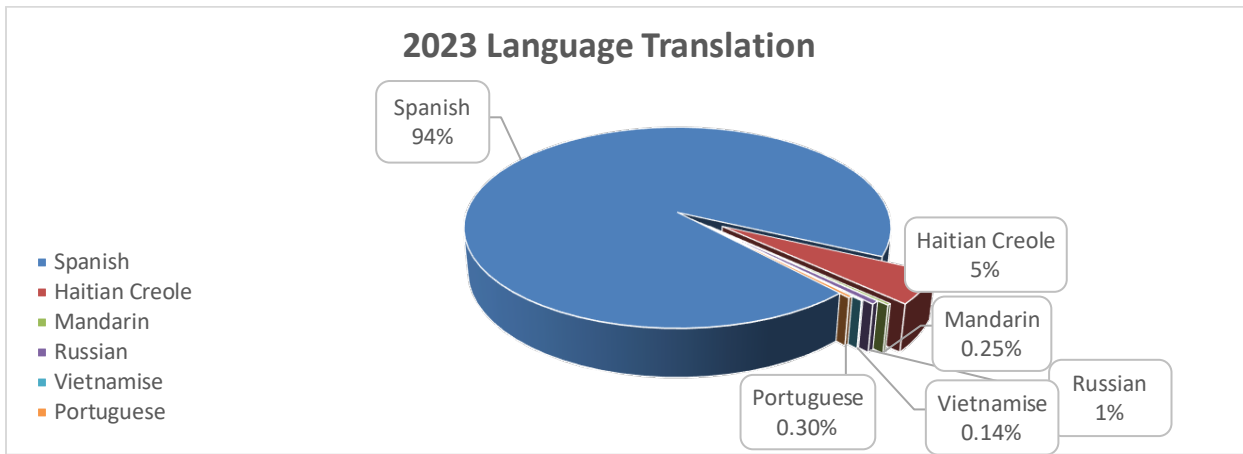
As similarly reported in 2022, there were no complaints and/or grievances related to member culture or language in 2023 (all 3 Programs). This is consistent with the results of the member satisfaction survey(s). In addition, there were no Quality of Care (QOC) and/or Quality of Service (QOS) issues related to member culture or language reported since 2019 (all 3 Programs). In addition, no members reported dissatisfaction with the health plan’s ability to accommodate language translation or other culturally fitting requests.

c. Language Translation

ABHFL monitors the use of the language translation services in use at the Customer Service Center to ensure members receive assistance in the language of their choice and in a manner that meets their cultural and linguistic needs. This translation service is available at no cost to all members.

Language Line Solutions, the language translation service, reported more than 44,000 requests for language services in 2023 across all 3 lines of business. This was an increase of about 14,000 from 2022. Language interpretation remains a small fraction of the total volume of calls received at ABHFL. When members contact the plan for any reason, ABHFL’s Member Services staff utilizes Language Line services as needed to assist the caller in their language of preference. This helps address any language barriers that may arise during calls.

The top language requested in 2023 was Spanish (93%), lower than 2022 (79%). This is consistent with the population and membership analysis described earlier in this section. There were no requests for on-site translation at the provider office (including telephonic translation) and there were no member complaints related to language translation. The data available demonstrates that ABHFL was able to address the member’s language translation needs competently in 2023.



Aetna’s network of providers (PCP and specialists) and their office staff offers services in multiple languages in addition to our telephonic translation services. Our Provider Directory includes information about the languages spoken at provider offices and directs members to receive services in their language of preference.

d. Education and Training

1. Employees

ABHFL embraces a global mindset and diversity of ideas, perspectives, and backgrounds in its hiring practices. Talent development incorporates the principles of cultural, ethnic, and linguistic diversity. One-on-one, classroom type and technology-based trainings about cultural, ethnic, and linguistic diversity and healthcare disparities are offered to all employees. The curriculum necessary to fulfill one’s role at the health plan is designed individually using existing corporate and health plan-specific training programs. Training about the Healthcare Equity Program (HEP) is mandatory for all employees upon hiring and annually thereafter. In addition, all employees who speak and/or write other languages are required to be tested and certified in those languages before serving members.

ABHFL’s Intranet and home page include hypertext and navigation buttons that allows employees to navigate to and invoke hyperlinks to other corporate information, bulletins, articles, and education that support and enhance one’s knowledge of

cultural, ethnic, and linguistic competency. The Intranet and employee communication bulletins continuously target cultural diversity in the workplace through education, presentations, and success stories.

Aetna's Learning and Performance training reminders are sent to all Aetna employees on a quarterly basis to promote cultural diversity, inclusion, and acceptance amongst Aetna personnel.

Cultural Competency training is available through a variety of learning formats:

- Technology based learning in the CVS-Aetna learning hub
- Instructor led training sessions
- Virtual learning sessions
- Small group activities
- Self-study alternatives and personal development

Health Equity trainings emphasize:

- How personal and organizational values impact healthcare delivery
- How communication and empathy create connections
- How knowledge and skill integration improve outcomes

All ABHFL employees must complete the following required cultural competency courses as part of the on-boarding process and continuing education:

- Striving for Health Equity
- ABHFL Cultural Competency
- Striving for Health Equity refresher course

2. Network Providers

Providers can access the health plan's Healthcare Equity Program (HEP) via the provider portal on the website and may request a copy from Customer Service at any time. There were no such requests in 2023. The health plan monitored and tracked the number of providers visiting its website.

ABHFL expects network providers to render healthcare services in a cultural and linguistic competent manner as incorporated in the individual Provider Service Agreement (contract) and reinforced in the Provider Manual. The Provider Manual is distributed to every provider who joins the network and is available on the provider portal of the health plan's website.

e. Community Outreach

During 2023, community outreach activities were more than doubled in comparison the amount of community outreach that was done in 2022 (141) due to the negative affected by the COVID-19 pandemic. Outreach events, meetings, and conferences for 2023 included:

- 389 Outreach Events and activities, highlights included:
 - Florida Coalition to End Homelessness Annual Conference
 - Susan G. Komen More than Pink Walk to Fight Breast Cancer

- School Pantry Initiative Launch and Media event for Second Harvest Food Bank, Aetna and Children’s Home Society of Florida Biz Kids Annual Expo and Student Entrepreneur Competition (Over 500 attendees)
- Mental Health Initiative Press Event with Mort Elementary School and Children’s Home Society
- Tampa Bay Hispanic Heritage Expo
- Breast Cancer Awareness Conference
- Love Fellowship Ministries 7th Annual Health and Wellness Fair
- Pace Center for Girls of Polk Family Engagement Night
- West Florida Foster Care Services Annual Foster Family Holiday Extravaganza
- National Fatherhood Initiative 24/7 Dad Master Training
- Tampa General Hospital Health Park Volunteer Event
- Starting Right Now Annual Luncheon and Hygiene Kit distribution initiative
- 13th Annual Red Ribbon Run with Inneract Alliance
- Gulf Coast Kid’s House Annual Fundraiser
- Empowered Minds Paternity Fishing Event
- Leto Highschool Hispanic Heritage Festival
- Perinatal Mental Health Conference

f. Aetna Employee Engagement (Satisfaction) Survey Results

The health plan conducts an annual Employee Engagement survey (EES) for all Aetna employees to assess employee satisfaction with our internal diversity and inclusion practices among other things. The diversity and Inclusion index measures the extent to which employees believe Aetna values diversity, delivers consistent experience across dimensions of diversity, treats people fairly, and leverages the differences between people. Some of the questions in the survey tool assess employees’ satisfaction with Aetna’s efforts to meet the standards for a diverse and inclusive workplace environment such as:

- *I feel a sense of belonging at CVS Health.*
- *Everyone at CVS Health has an equitable opportunity to succeed.*
- *I am treated with dignity and respect.*

In the past there were more survey questions (6) that focused on Diversity Management but effective 2023 the questions addressing Diversity Management have dwindled down. In the table below, the survey questions in bold are the 2023 Diversity Management questions that were addressed.

| Diversity Management Questions | 2023 | 2022 | 2022 Aetna Corporate Average |
|--|-------------|-------------|-------------------------------------|
| Colleagues at CVS Health are treated fairly regardless of their differences. | n/a | 78% | 85% |
| CVS health makes an effort to promote and develop colleagues of diverse backgrounds. | n/a | 75% | 82% |
| Sufficient effort is made to get the options and thinking of people who work here. | n/a | 70% | 75% |
| There is an equal opportunity for people to have a successful career at CVS | n/a | 83% | 82% |

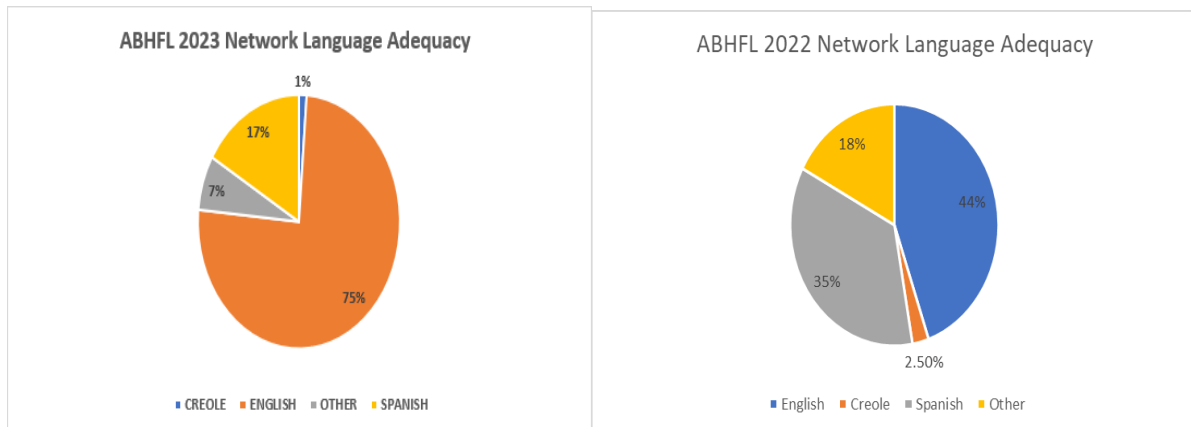
| | | | |
|--|-----|-----|-----|
| Health, regardless of their differences or background. | | | |
| My immediate supervisor treats me with respect. | n/a | 94% | 94% |
| I feel a sense of belonging at work. | 81% | 81% | 82% |
| Everyone at CVS Health has an equitable opportunity to succeed. | 78% | n/a | n/a |
| I am treated with dignity and respect. | 83% | n/a | n/a |

The Employee Engagement survey questions and survey methodology were established internally by CVS-Aetna. In comparison to 2022, in 2023 many of the questions pertaining to diversity were not asked. The 2023 Employee Engagement survey showed three (3) questions in reference to diversity management, one (1) of which was used in previous years. We will continue to monitor and strive for improvement in the before mentioned survey items and expect an increase in these numbers as we all become accustomed to the new roles and structure.

CVS-Aetna supports ongoing efforts and initiatives towards workplace inclusiveness and promoting diversity, respect, and acceptance.

g. Provider Network Language Adequacy

As we have in previous years, in 2023 the health plan conducted a language analysis of its provider network to ensure that services are provided accordingly and, in the languages warranted for our membership. Other than English, Spanish is the most prevalent in all the regions we serve, especially in Region 11 (Miami-Dade/Monroe Counties), based on these findings, the expectation is for network providers to deliver health care services culturally and linguistically suitable for the demographics they serve.



The results for 2023 indicate that at least 17% of all ABHFL network providers list Spanish as a secondary language and/or have staff that can fluently speak Spanish and can thoroughly address members’ linguistic needs. This 17% was a 18-percentage point decrease from 2022. This assessment is conducted every year to ensure the language accuracy of the health plan’s network is suitable and adequate for the members we serve.

CONCLUSION

The Annual Evaluation of ABHFL's Health Equity Program (HEP) is a comprehensive annual summary of completed and ongoing activities to improve our health plan's cultural, ethnic, racial, and linguistic competency and healthcare equity. Based upon an extensive and comprehensive review and evaluation of the HEP, and the related activities outlined in this document, Aetna Better Health of Florida successfully executed its Healthcare Equity program strategy in 2023 and opportunities for improvement will be carried over into the next annual program.

The 2024 Healthcare Equity Program (HEP) will continue to raise awareness of healthcare disparities and decrease the related and persistent gaps that exist in the healthcare delivery system. The health plan's goals are to maintain a competent level of service for all members, to deliver care in the most culturally and linguistically appropriate manner for all members, and to value the diversity that exists among members, providers, and colleagues. We recognize that achieving healthcare equity is an ongoing process and must engage all stakeholders (health plan staff, members, providers) in continuous learning and experimental learning opportunities in order to keep pace with the rapidly evolving cultural landscape of our nation.

ATTACHMENT 1 -AHCA Policy Transmittal 2021-13



RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

May 4, 2021

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2021-13

Applicable to the 2018-2023 SMMC contract benefits for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

Re: Non-Discrimination Compliance Requirements

The managed care plan and the dental plan must comply with all applicable federal and State civil rights laws, regulations, rules and policies, including but not limited to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Titles II and III of the ADA of 1990, Section 1557 of the Patient Protection and Affordable Care Act (ACA), and the Age Discrimination Act of 1975. (Attachment II, Section X.B.6.) In 2016, the Centers for Medicare & Medicaid Services (CMS) finalized a rule, Nondiscrimination in Health Programs and Activities (“Nondiscrimination final rule”), implementing Section 1557 of the Affordable Care Act (ACA). The purpose of this policy transmittal is to inform the managed care plan and the dental plan of revisions to the 2016 Nondiscrimination final rule that impact the contract.

In the 2016 Nondiscrimination final rule, CMS required that a covered entity (which includes the managed care plan and the dental plan) must include taglines in the top 15 prevalent non-English languages in the state, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided. On June 19, 2020, CMS issued a revised rule, [Nondiscrimination in Health and Health Education Programs or Activities, Delegation of Authority](#), in which changed these requirements. Effective immediately, the managed care plan and the dental plan are no longer obligated to comply with the non-discrimination provisions in Attachment II, Section V.B.2.e. of the contract.

The managed care plan and the dental plan must still provide taglines in the prevalent non-English languages in compliance with 42 CFR 438.10(d)(3), that include both (a) the top three languages in each region; and (b) the languages spoken by more than five percent (5%) of the population in the regions. The top two spoken languages in all Florida regions are English and Spanish. In addition, the managed care plan and the dental plan must make member materials available in the following languages in each of the regions.

| AHCA Regions | Third Most Prevalent Language | Other Languages > 5% |
|------------------------------|-------------------------------|----------------------|
| 1, 2, & 5 | Vietnamese | None |
| 3, 4, 5, 6, 7, 8, 9, 10 & 11 | Haitian-Creole | None |

If you have questions or concerns, please contact your Agency contract manager.

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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL

Statewide Medicaid Managed Care (SMMC) Policy Transmittal 2021-13
Re: Non-Discrimination Compliance Requirements
May 4, 2021
Page 2 of 2

Sincerely,



Beth Kidder
Deputy Secretary for Medicaid

BK/sar

ATTACHMENT 2 - CLAS Standards⁸

| |
|--|
| Principle Standard: |
| 1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. |
| Governance, Leadership and Workforce: |
| 2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. |
| 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. |
| 4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. |
| Communication and Language Assistance: |
| 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all healthcare and services. |
| 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally or in writing. |
| 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minor as interpreters should be avoided. |
| 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. |
| Engagement, Continuous Improvement, and Accountability: |
| 9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. |
| 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. |
| 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. |
| 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. |
| 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. |
| 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. |
| 15. Communicate the organization's progress in implementing and sustaining. |

⁸ Department of Health and Human Services (www.thinkculturalhealth.hhs.gov/content/clas.asp)


ATTACHMENT 3 – ABHFL Health Equity Work Plan 2024

| ABHFL 2024 Health Equity Work Plan (Yearly Planned Activities) | | | | | | | | | |
|---|---|--|--|--|--|------------------------------------|---|---|--|
| Area | Objective/Description | Subcategory | Activity Owner | Activity | Metric (How do we measure/track?) | Deliverable Date | Committee Oversight | Barriers | Action Plan |
| Admin/HR | Recruit and hire diverse staff as a CVS Enterprise initiative (Promote diversity, offer training to support cultural competency, bias, and inclusion. Support the NQQA Health Equity Accreditation) | 1. Member-facing staff race/ethnicity/language will mirror that of the membership population within 25% variance 2. Provider network staff race/ethnicity will mirror that of the provider | Enterprise Human Resources CVS Managers Admin/PR ABHFL Supervisors (Member Ser) | Collect policies in place for recruitment - HR CVS | collect 2024 HR policy that shows diverse staff, training on cultural competency and support. Demonstrate inclusion, and support equity in the organization. | 12/31/2024 | CLAS Committee QMOC | None Identified | collect policy for 2024 showing approval and committee review date |
| Admin | Improve cultural competency, reduce bias and provide opportunities to learn about health equity. | 1. 100% of plan staff participating in annual health equity training (LearningHub) 2. 100% of new network providers will participate in health equity (cultural competency) training (Provider relations to report). Currently, the existing training content for Health Equity and cultural competency meet the requirements for | Health Equity Enterprise Dept Health Equity Enterprise Team (HEET) Lead ABHFL Provider Relations | 1. Provide education on annual Health Equity training 2. Promote education to providers during provider orientation and on-boarding 3. Monitor and track the number of language translation requests | Participation for staff training measured annually Provider training measured annually Analysis of language translation requests annually | 12/31/2024 | CLAS Committee | None Identified | Collect course completion data from the LearningHub - for staff health equity training. Collect data from our plan website to review how many providers have accessed the health equity section on our "for providers" tab. Identify opportunities for |
| Quality | Reduce healthcare disparities in member populations for chronic conditions (NQQA HE Element 6) using HEDIS measures | 1. Controlling High Blood Pressure (CBP) in African American adults 2. Hemoglobin A1c Control for patients with Diabetes (HBO) 3. Improve timeliness of prenatal care HEDIS rate by 5 percentage points for Non-hispanic Black Women 4. Child and Adolescent Well Care Visits (WCV) for children 3-21 years of age 5. Improve health inequities around breast cancer, cancer screenings, high blood pressure, and access to primary care | MCO Quality Community Outreach Case Management Network (VBS) Value Based Solutions ABHFL HEDIS Mgr. ABHFL Outreach Coordinators | 1. Aetna/ CVS data systems will provide analyzed reports stratified by population for each of the indicators 2. Provide HEDIS data with staff at committees and workgroups and discuss areas for improvement. 3. Review and approve the selected measures with Chronic Disease & Access to Care workgroup (set goals). Update or create HealthCrowd messaging for additional layer to address disparities and track progress for text campaigns. 4. Create a PPT deck with disparity education of selected measures and provide education on healthy behaviors and preventative measures. | 1. Stratification reports on Disparity 2. Provide HEDIS data with staff at committees and workgroups and discuss areas for improvement. 3. Review and approve the selected measures with Chronic Disease & Access to Care workgroup (set goals). Update or create HealthCrowd messaging for additional layer to address disparities and track progress for text campaigns. 4. Create a PPT deck with disparity education of selected measures and provide education on healthy behaviors and preventative measures. | 12/31/2024 | QMOC | HEDIS interventions need to be modeled by each disparity | Work with HEDIS enterprise team and review HEDIS Health Equity dashboard for measures that are broken down by race/ethnicity/language. Document gaps in care and identify disparities in the indicated measures (see subcategory). Work with messaging vendor to address disparities and track progress for text campaigns. |
| Care Management | Create a process to improve community top Social Determinants of Health (SDOHs) and/or social needs for ABHFL members. Build community partnerships. | 1. Housing (finding housing and paying for housing) 2. Food insecurity (Food Pantry) 3. Establish community partnerships with organization(s) that align with the SDOH identified for ABHFL membership | Population Health ABHFL Community Outreach MCO Quality SDOH Analytics Team | 1. ABHFL Housing Program outlines how ABHFL in partnerships with community orgs will provide safe housing with direct access to care 2. Expand Food Pantry initiative in 2024 | 1. Report on Outreach events and community events targeting SDOH. 2. Report on membership trends. | 12/31/2024 | QMUM Committee SIC Committee CLAS Committee | None Identified | Receive reports from community outreach manager and team to assess membership trends and review activity taking place in the community. Receive SDOH reports on trends for FL Medicaid market at least quarterly |
| Network | Increase number and/or percentage of ABHFL providers' cultural competence completion Attestation and offer training (Which align with Consumer Assessment Healthcare Provider and Systems (CAHPS) & Managed Care Organizations (MCO) report | Promote and encourage provider to complete self-attested cultural competency training ABHFL Provider Relations staff and ABHFL providers | Enterprise Quality MCO Quality (CAHPS initiatives) Provider Relations | Create a routine process to analyze the percentage of practitioners who have participated in training on cultural competency Provide various program/institute for provider education on health equity (cultural competency) | Number of providers who completed self-attestation for completion of cultural competency Number of resources of cultural competency/Health Equity on ABHFL website and Provider Manual | 12/31/2024 | QMOC | None Identified | Analyze reports to see how many providers access our health equity and cultural competency trainings available via the plan website under "for providers" tab. Complete NETIA Analysis: Cultural Assessment of Provider Network (availability of providers to meet Medicaid members cultural needs |
| Network/Quality | Analyze the capacity of its network to meet the language needs of members *Critical Factor for HE *Use NET IA *Use HE Program | Analyze the current state and then develop percentile for improvement | MCO Quality Provider Relations | Compare the number of practitioners who speak a specific language with the number of members residing in the service area who speak that language (Analysis may focus on common language categories in the membership; for example, languages spoken by at least 5% of members in | increase the visibility in the provider directory with race/ethnicity and languages spoken by providers | 12/31/2024 | QMOC | None Identified | Complete NETIA Analysis: Cultural Assessment of Provider Network (availability of providers to meet Medicaid members cultural needs and preferences) |
| Quality/Admin | Complete annual written evaluation of the culturally and linguistically appropriate services program (HE Program) that includes the following: 1. Description of completed and ongoing activities for CLAS 2. Trending of measures to assess performance. 3. Analysis of intervention results, including barrier analysis. 4. Review and interpretation of the results by community representatives. 5. Evaluation of the overall effectiveness of the program. 6. Program scope and goals 7. Member experience with language translation services | Annual analysis and evaluation of HE Program effectiveness and satisfaction with language services | Quality | 1. Identifies and prioritizes opportunities to reduce health care disparities. 2. Identifies and prioritize opportunities to improve CLAS. 3. Implements at least one intervention to address a disparity. 4. Implements at least one intervention to improve CLAS. 5. Evaluates the effectiveness of an intervention to reduce a disparity. 6. Evaluates the effectiveness of an intervention to improve CLAS. | Metric will be developed after annual evaluation | June 2024 (Annually thereafter) | CLAS Committee QMOC | Currently working on analyzing the top SDOH categories in areas we serve to identify opportunities and implement interventions. | Review HEDIS health equity dashboard Review ABHFL Health Equity program annually and conduct analysis and evaluation of all program activities Host CLAS Committee quarterly Review SDOH data and document opportunities for improvement. Select a prominent disparity in the ABHFL membership and implement an intervention to reduce it. Track and trend intervention status via CLAS and QMOC committees. |
| Member Services | Access and Availability of Language Services | The organization communicates effectively with eligible individuals. The organization provides vital information in threshold languages. | Member Services | 1. Use of competent translators 2. A mechanism for providing translation in a timely manner 3. Specifying when translations will be written and when sight translation (oral interpretation) of written information will be provided 4. A mechanism for evaluating the quality of the translation | Assessment of the language line services. Reports of the QA results for all calls using translation. | Annually | CLAS Committee QMOC | None Identified | Review Language Line Solutions reports to identify trends. Report on the use of written translation Report on use of on-site oral interpretation Report on quality of service for all calls/on-site |

ACKNOWLEDGEMENTS AND APPROVALS

This document was prepared by the Quality Management team at Aetna Better Health of Florida. The Aetna Better Health of Florida 2024 Health Equity Workplan and 2023 HEP Program Evaluation have been reviewed and approved by the Quality Management Oversight Committee comprised of several network and local representatives.

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| <p>Sharon HATCH, MPH, DHA Director, Quality Management <i>Aetna Better Health of Florida</i></p> |  <p>(Signature)</p> | <p>11/19/24 Date</p> |
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| <p>Olunwa Ikpeazu, MD Chief Medical Officer <i>Aetna Better Health of Florida</i></p> |  <p>(Signature)</p> | <p>11/19/24 Date</p> |
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| <p>Jennifer SWEET Chief Executive Officer <i>Aetna Better Health of Florida</i></p> |  <p>(Signature)</p> | <p>11/19/24 Date</p> |
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Approved by Aetna Better Health of Florida's QMOC: 11/19/24