CULTURAL COMPETENCY PLAN 2025

First MEDICAL HEALTH PLAN, INC.

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Introduction

At FMHP, we are prepared to understand the unique challenges and opportunities presented by providing health care to a more culturally and linguistically diverse population. FMHP's Cultural Competency Plan sets forth how providers, employees, consulting physicians, contractors and systems will effectively serve people of diverse cultural and ethnic backgrounds and disabilities, and regardless of gender, sexual orientation, gender identity or religion, in a manner that recognizes the values, affirms and respects the individual worth of subscribers and beneficiaries, and protects and preserves the dignity of each individual. Our primary objective is to ensure that our subscribers and beneficiaries have access to health care services in a culturally competent environment where employees, consulting physicians and providers value diversity within the organization to meet language service needs, including those who have limited Spanish proficiency or require communication assistance.

FMHP's Cultural Competency Plan will assist you in integrating the knowledge, attitudes and skills that are reflected in a culturally competent organization to ensure the delivery of services to all subscribers and beneficiaries, including those with limited Spanish proficiency. FMHP will continue to implement initiatives to enhance the experience of subscribers and beneficiaries through culturally and linguistically appropriate programs, services and materials. Our goal is to:

- Improve communication with subscribers and beneficiaries of different ethnic origin whose primary language is not Spanish.
- Address diversity through culturally sensitive initiatives that promote health and reduce the cost of unnecessary medical services.
- Guarantee the development of culturally sensitive materials.
- Support infrastructure and development processes to identify and reduce health disparities to improve the quality of health of subscribers, beneficiaries and communities.

Our Mission Statement

To offer services of excellence in the field of medical plans, supported by the most advanced technology, to achieve the total satisfaction of our subscribers and beneficiaries.

Our Vision

To be an institution known and respected for its continuous commitment to excellence.

Our Values

- To serve our subscribers and beneficiaries with honesty, integrity and human warmth.
- To offer excellent services quickly and efficiently.
- Work as a team, with enthusiasm and dedication.
- To be accessible and effective in our communication.
- To always give our best to fulfill our commitment to excellence.

Section 1

What is Cultural Competence in Healthcare?

In general, Cultural Competence refers to the set of interpersonal skills that enable individuals to increase their understanding, appreciation, acceptance and respect for cultural differences and similarities within and among diverse groups, and the sensitivity to how these differences influence relationships with subscribers and beneficiaries. This requires a disposition and capacity to take into consideration the values, beliefs, traditions and customs of the community, to design diverse strategies that best meet the needs of subscribers and beneficiaries, and to work with knowledgeable people from and in the community to develop focused interactions, effective communications, among others.

There are many elements that compose a person's cultural identity, including country of origin, language, race, ethnicity, education, family, spiritual traditions, traditional health care and dietary practices, and much more. In simple terms, cultural competence in health care is the ability to interact successfully with subscribers and beneficiaries from various ethnic and/or cultural groups. In the practice, this involves:

- Comprehend and respect the cultural identity of each subscriber/beneficiary;
- Effective intercultural communication between subscribers, beneficiaries and the health care provider, including the availability of health-related language resources, such as translators and translations of educational materials, and:
- The ability of the health care provider, as well as subscribers and beneficiaries, to access cultural assistance services when needed.

FMHP's Cultural Competency Plan is descriptive, organized around objectives and strategies, and was designed to provide a measurable approach to ensuring cultural competency in our Organization. The Cultural Competency Plan describes how employees, consulting physicians and systems within FMHP will effectively serve people of all cultures, races, ethnicities, ages, sexual orientations and religions to improve quality and reduce disparities in health care.

Cultural Competence is the ability to understand and respect people's cultural identity in order to communicate effectively when providing services.

Section 2

Why is Cultural Competence in Health Care Important?

FMHP recognizes the challenge for health care providers to serve patients who speak different languages or have different cultural backgrounds, including diverse perspectives on health and wellness. While Puerto Rico gains a more diverse community, providers will treat many more people of different ethnicities, cultures, belief systems, countries and backgrounds.

Our commitment to cultural competence is demonstrated by communicating appropriately, recognizing the cultural needs and preferences of our subscribers, beneficiaries and the public, and ultimately establishing a connection with them to help them improve their health, achieve better adherence to treatment and reach an optimal level of wellness. At FMHP, the power of diversity is one of our greatest assets.

Section 3

FMHP Cultural Competency Plan Goals

The goals established by FMHP in the Cultural Competency Plan are:

- Embrace diversity by creating ongoing culturally sensitive initiatives that promote health and prevent avoidable health care costs.
- Support infrastructure and process development to identify, track and reduce health disparities to improve the quality of health for subscribers, beneficiaries and communities.
- Ensure that culturally sensitive material is produced based on the results of the membership analysis.
- Increase collaborative opportunities in association with state and community agencies to reduce population health disparities.
- Amplify other efforts to collect and effectively use race, ethnicity, and language data to improve health equity.

Section 4

Legal Requirements for Culturally Competent Health Care

FMHP recognizes that respecting the diversity of our population has a positive impact on care results. FMHP's Cultural Competency Plan is an active and integral effort that incorporates FMHP's subscribers, beneficiaries, employees, consulting physicians and providers. The legal background of FMHP's Cultural Competency Plan establishes compliance with the following federal and state regulations associated with Cultural Competency:

I. Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 stipulates that entities such as companies or corporations receiving federal financial assistance must not engage in any of the following practices, according to their protected status:

- Denying an individual a service, aid or other benefit;
- Provide a benefit that is different or is provided differently;
- Submitting an individual to segregation or separate treatment;
- To restrict an individual's enjoyment of benefits, privileges, etc.;
- Treat an individual differently in determining eligibility, and
- Select sites or locations in facilities that exclude protected persons.

II. Federal Executive Order 13166

FMHP, as a corporation receiving and administering Federal financial assistance, recognizes and agrees that it will comply with, and will require subcontractors to comply with, applicable provisions of Federal and political civil rights laws prohibiting discrimination, including, but not limited to, Title VI of the Civil Rights Act of 1964, which prohibits recipients from discriminating on the basis of race, color, or national origin, including limited English proficiency.

III. Culturally and Linguistically Appropriate Services Standards (CLAS)

The National Standards for Culturally and Linguistically Appropriate Health and Care Services (CLAS National Standards) aim to improve the quality of health care and promote health equity by establishing a framework for organizations to serve increasingly diverse communities. FMHP has adopted the fifteen National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) as a guide to guarantee that all subscribers and beneficiaries enrolled in the health care system receive equitable treatment and effective treatment. FMHP disseminates the information in its Cultural Competency Plan to its employees through training and education at new hire and annually.

A. Principal Standard

1) Provide quality, effective, equitable, understandable, understandable and respectful care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health education and other communication needs.

B. Governance, Leadership and Workforce

2) Promote and maintain organizational governance and leadership that promotes the National CLAS Standards and health equity through policies, practices and assigned resources.
3) Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that is responsive to the population in the service area.
4) Educate and provide training to governance, leadership, and the workforce on culturally and linguistically appropriate policies and practices

C. Communication and Linguistic Assistance

5) To provide language assistance to subscribers and beneficiaries with limited English proficiency and other communication needs, at no cost to them, to facilitate timely access to all health care services and care.
6) Inform all subscribers and beneficiaries, verbally and in writing, about the availability of language assistance services in a clear manner and in their preferred language.
7) Ensure the competence of subscribers and beneficiaries by providing language assistance, recognizing that the use of nonqualified persons and/or minors as interpreters should be avoided.
8) Provide printed material, multimedia, and easy-to-understand signs in the languages commonly used by the population in the service area.

D. Commitment, Continuous Improvement and Responsibility

9) Establish goals, policies and administrative responsibility, culturally and linguistically appropriate, and infuse them throughout the planning and operation of the organization.
10) Conduct ongoing evaluations of the organization's activities related to the National CLAS Standards and integrate measures into evaluation measurement and continuous quality improvement activities.
11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of the National CLAS Standards on equity and health outcomes to inform service delivery.
12) Conduct periodic evaluations of community health assets and needs and use the results to plan and implement services that are responsive to the cultural and linguistic diversity of the populations in the service area.
13) Partnership with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic competency.
14) Create culturally and linguistically appropriate grievance and conflict resolution processes to identify, prevent, and resolve conflicts or grievances.
15) Communicate the organization's progress in implementing and maintaining the CLAS National Standards to all interested parties, constituents, and the public.

IV. Patient Protection and Affordable Care Act, Section 1557

Section 1557 is the nondiscrimination provision of the Patient Protection and Affordable Care Act (ACA). This law prohibits discrimination based on race, color, national origin, sex, age, or disability in certain health care programs or activities. Section 1557 is based on well-known federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

The Section, 1577, extends nondiscrimination protections to subscribers and beneficiaries who participate in:

- Any health program or activity that has received funding in any form from the U.S. Department of Health and Human Services (HHS);
- Any health program or activity that HHS itself administers;

- Health insurance markets and all plans offered by issuers participating in those markets.

It is the first law that specifically prohibits discrimination on the basis of sex based on the following:

- A person's sex;
- Pregnancy, labor, and related medical conditions;
- Gender identity; and
- Gender stereotyping.

Section 1557 has been in effect since it was enacted in 2010, and the HHS Office for Civil Rights has implemented this provision since its enactment. On May 13, 2016, the HHS Office for Civil Rights issued the Final Rule implementing Section 1557. This Rule became effective on July 18, 2016. Any person who believes that he or she has been discriminated against on the basis of the classes protected by Section 1557 may file a complaint with the Office for Civil Rights.

V. 42 CFR 438.206 - Availability of Services

These are the set of federal regulations that state that FMHP must have a comprehensive, written Cultural Competency Plan that describes how FMHP will ensure that services are provided in a culturally competent manner to all of its subscribers and beneficiaries.

VI. Individuals with Disabilities Act (ADA)

The ADA law is a federal civil rights law for people with disabilities. This Act helps remove barriers that may prevent qualified individuals with disabilities from enjoying the same opportunities available to those who are not disabled.

VII. Law 194 of 2000, also known as the Patient's Bill of Rights.

The Law 194 of 2000, also known as the Patient's Bill of Rights. Establishes in Article 9 the rights regarding participation in treatment decision-making:

> b) Every physician or health care professional shall provide his or her patients with sufficient and appropriate information, as well as the actual opportunity, to participate meaningfully in decisions relating to their medical and health care so that such patient may consent to such decisions, including, but not limited to, the discussion of treatment options in a manner such patient understands, and the option to refuse or not to receive any treatment, as well as all costs, risks, and probabilities of success of such treatment or non-treatment options and any future preferences of the patient in the event that at any time the patient may lose the ability to validly express consent to different treatment options.

In Article 11, the law establishes the rights regarding confidentiality of information and medical records as follows:

d) All providers and insurers shall maintain the confidentiality of records, clinical files or documents containing information about a patient's medical condition. All providers and insurers shall also take measures to protect the privacy of their patients by safeguarding their identities.

VIII. Act 297 of 2018 - Express Service Lines and Priority Turns Assignment Uniform Act.

The intention of the law is to offer people with physical limitations every possible opportunity for their realization as human beings, eliminating unnecessary barriers that prevent this group of our society from conducting their activities as quickly and easily as possible. The Act mandates agencies and instrumentalities of the Government of Puerto Rico, as well as its municipalities and private entities that receive public funds, to grant priority shifts to persons with physical, mental, or sensory limitations who visit their facilities, either by themselves or in the company of family members, guardians or persons, to make arrangements, conduct proceedings or make administrative arrangements.

IX. The Regulatory Letter Number 19-0305 of the Puerto Rico Health Services Administration (ASES) - Public policy of anti-discrimination to beneficiaries based on gender identity, gender expression or perceived sexual orientation, when requesting and receiving health services.

By Normative Letter 19-0305, ASES informs that, by virtue of Administrative Bulletin Executive Order 2017-037, it reiterates as public policy of the Government of Puerto Rico the prohibition of discrimination in all its manifestations, including discrimination based on gender identity, gender expression or perceived sexual orientation, when beneficiaries of the lesbian, gay, bisexual, transgender, transsexual (LGBTT+) population seek health services.

It also establishes that health insurance organizations, Vital Plan health service providers and others that have signed into a contract with the ASES, must comply with the following requirements:

1. Use a claims' identifier that eliminates the restriction by sex, in the services that require it to be provided and that guarantees the provision of the service and the corresponding payment of the claim to the provider.
2. Provide personnel with education and training on cultural sensitivity and competency in serving the LGBTQ+ community.
3. Ensure that all providers contracted to provide services to ASES beneficiaries comply with the protocol for providing service to LGBTT+ beneficiaries.
4. All health care providers must have a minimum of two hours in a three-year period of education and training on cultural sensitivity and competency in serving the LGBT+ population.

X. Rights of Conscience ("Safeguarding Rights of Conscience Protected by Federal Statute")

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights, announced a Final Rule to clarify the process for enforcing federal conscience laws and strengthen protections against religious and conscious discrimination. It also allows you to file a complaint with the Office for Civil Rights if you have been subjected to discrimination in violation of the Federal Health Care Conscience Protection Statutes.

This Final Rule is the ultimate action by the U.S. Department of Health and Human Services in compliance with Executive Order 13985, entitled Promoting Racial Equity and Support for Underserved Communities Across the Federal Government.

Section 5

Education and Training

The employees, consulting physicians, FMHP administration and any other individuals who have direct or indirect access to our subscribers and beneficiaries will receive education on the Cultural Competency Plan at the time of hire, and annually thereafter. We train our personnel to improve understanding and sensitivity to our culturally diverse population. All employees and consulting physicians are required to participate in Cultural Competency Plan trainings within ninety days of hire and annually as outlined in the FMHP Regulatory Training Program.

The training discusses important considerations related to caregiving and care planning for subscribers and beneficiaries from diverse cultures, such as recognizing that religion and other beliefs may influence how subscribers, beneficiaries, and families respond to illness, conditions, and death; respecting and permitting the inclusion of complementary and/or alternative treatment practices; and accepting that the family is defined in different ways by different cultures and that the family needs to be involved in a culturally appropriate manner.

The personnel training related to cultural competency sensitizes our employees and counselors to the cultural and linguistic characteristics and special health care needs of the subscribers and beneficiaries we serve. Trainings are focused on a wide variety of topics, including:

- Use of the primary language of the subscriber/beneficiary;
- Cultural awareness and understanding of health disparities among different cultural groups;
- Cultural beliefs related to health, illness, health care, and end-stage problems
- The need to treat each person with dignity and respect;
- How to avoid prejudice and stereotypes;
- Communication protocols for subscribers/beneficiaries with limited Spanish proficiency; and,
- Characteristics and barriers faced by people with special health care needs.

FMHP health care providers must provide services to people of all cultures, races, ethnicities, disabilities, and regardless of gender, sexual orientation, gender identity, or religions, in a manner that recognizes the values,

affirms and respects the worth of subscribers and beneficiaries, protects and preserves the dignity of each individual.

Our provider education efforts focus on encouraging our providers to understand cultural and geographic disparities in accessing and using health care services. FMHP sends a copy of this Cultural Competency Plan to providers, free of charge, during the contracting process and upon request. In addition, training on FMHP's Cultural Competency Plan is published on the FMHP website under the Provider Section, permitting our providers to conduct training at their own self-paced pace. This training addresses the same elements described in the training offered to employees.

Finally, recognizing that providers may require assistance in communicating with subscribers and beneficiaries who speak languages other than Spanish, we train providers through initial orientation and ongoing courtesy visits to contract interpreter services. Provider training is an important part of our focus on Provider Network Management, Quality Improvement and Customer Service. Providers will be responsible for providing Cultural Competency Plan training to all of their office staff. FMHP will provide the training materials free of charge. They are also responsible for ensuring effective communication with their patients and including them in decision making about their health condition.

Section 6

Effective Communication

The best health care comes from effective communication between the patient and his or her care team. Seeking medical care in a new country can be intimidating. Having someone in the office who speaks the language of the subscriber/beneficiary can be comforting and can make the transition easier. We encourage our employees and providers to take the time for the following:

6.1 Meet the person from a cultural perspective:

To do this you may need to ask the following questions:

- What language do you speak?
- Do you belong to any religious or social group?
- How are medical decisions made in your family?
- Have you ever had difficulty understanding your medication or appointment reminder?

6.2 Conduct a cultural history:

The following questions may help you to obtain a better understanding of the subscriber/beneficiary's cultural perspective on the disease.

- What do you call this disease?
- What do you think caused this problem?

- Why do you think it started?
- When did it start?
- What do you fear about this disease?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to get from this treatment?

Section 7

Effective Strategies to Address Inequalities

Cultural sensitivity plays an important role in achieving our objective of supporting the recovery of subscribers and beneficiaries with individual health needs and their unique circumstances, as well as the ability to recover in ways that are meaningful and appropriate for individuals and communities and relevant to their own unique cultural experiences.

FMHP has implemented a Cultural Competency Integration Model where employees, providers and systems create a unique synergy to meet the individual needs of our subscribers and beneficiaries. The visibility of the Cultural Competency Modifier in our systems helps our employees ask more appropriate questions, participate in the resolution of the most relevant issues, and also allows us to offer, at the request of our subscribers and beneficiaries, educational material in their preferred language. FMHP employees are focused on improving the quality of services and closing gaps in health care service delivery. Analysis of clinical and service quality metrics, along with subscriber and beneficiary demographic information, helps us develop services centered on their needs.

Section 8

Cultural/Linguistic Services available to Subscribers and Beneficiaries

Approaching language access issues requires multifaceted strategies. FMHP sends communications and educational materials in Spanish and English, the predominant languages in Puerto Rico. All health-related materials for subscribers and beneficiaries are written at a fourth grade reading comprehension level. Materials are available in other languages and/or formats, such as Braille, CD Audio or any other applicable format, depending on the subscriber or beneficiary's needs and preferences. If you receive a request for material in an alternate format, you should immediately contact the Compliance Department.

FMHP strives to hire employees who can speak more than one language. This initiative has been useful and valuable in helping the subscriber/beneficiary communicate. In addition, providers who speak a second language other than Spanish are identified in the Provider Directory. The telephone system accommodations are used to communicate with subscribers and beneficiaries who require the use of a TTY/TDD line for the hearing impaired. Information on accessing TTY/TDD services is available in the materials we develop for TTY/TDD services. The information is also posted on the FMHP website and can be requested by calling Customer Service.

Section 9

Interpretation Services

Interpreters are people who are trained to explain to others, in a language they understand, what is said in another language that is unfamiliar to them. Interpreters facilitate communication and assist providers in providing important medical information to their patients. FMHP will notify subscribers and beneficiaries of the availability of interpreter services and will provide oral interpreter services, free of charge, to any subscriber or beneficiary who speaks a language other than English or Spanish as his or her primary language and comes to any Plan office for an appointment. FMHP will arrange in advance, if possible, for an interpreter to be on site at the time of the subscriber's, beneficiary's or Authorized Representative's visit. This includes, but is not limited to, sign language interpreter services.

It is the providers' responsibility to contact an interpreter to ensure the interchange of information and the patient's participation in medical decision making. It is important to know that family and friends of the patient should not be used to provide interpreter services (unless requested by the patient).

Section 10

Acquisition and Diffusion of Culturally and Linguistically Appropriate Health Promotion and Health Materials

The following resources will be made available to FMHP subscribers and beneficiaries, providers and employees through the website. In addition, information on the availability of these materials will be provided to our employees as part of their orientation and training programs.

- U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR).
  https://www.hhs.gov/civil-rights/for-individuals/section-1557/index.html
- Fundamentals of Culturally Appropriate Basic Health Care:
  https://nccc.georgetown.edu/resources/espanol/ncccpolicy1esp.php
- Cultural Competency Curriculum for Disaster Preparedness and Crisis Response:
  https://cccdpcr.thinkculturalhealth.hhs.gov/
- The U.S. Census Bureau developed an "I speak" document that has the following statement in 38 languages: "Check this box if you read or speak (language)."
  http://www.justice.gov/crt/about/cor/Pubs/ISpeakCards.pdf
- Brief Assessment of Health Literacy: Spanish and English (SAHL-S & E):
  https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy/index.html#short

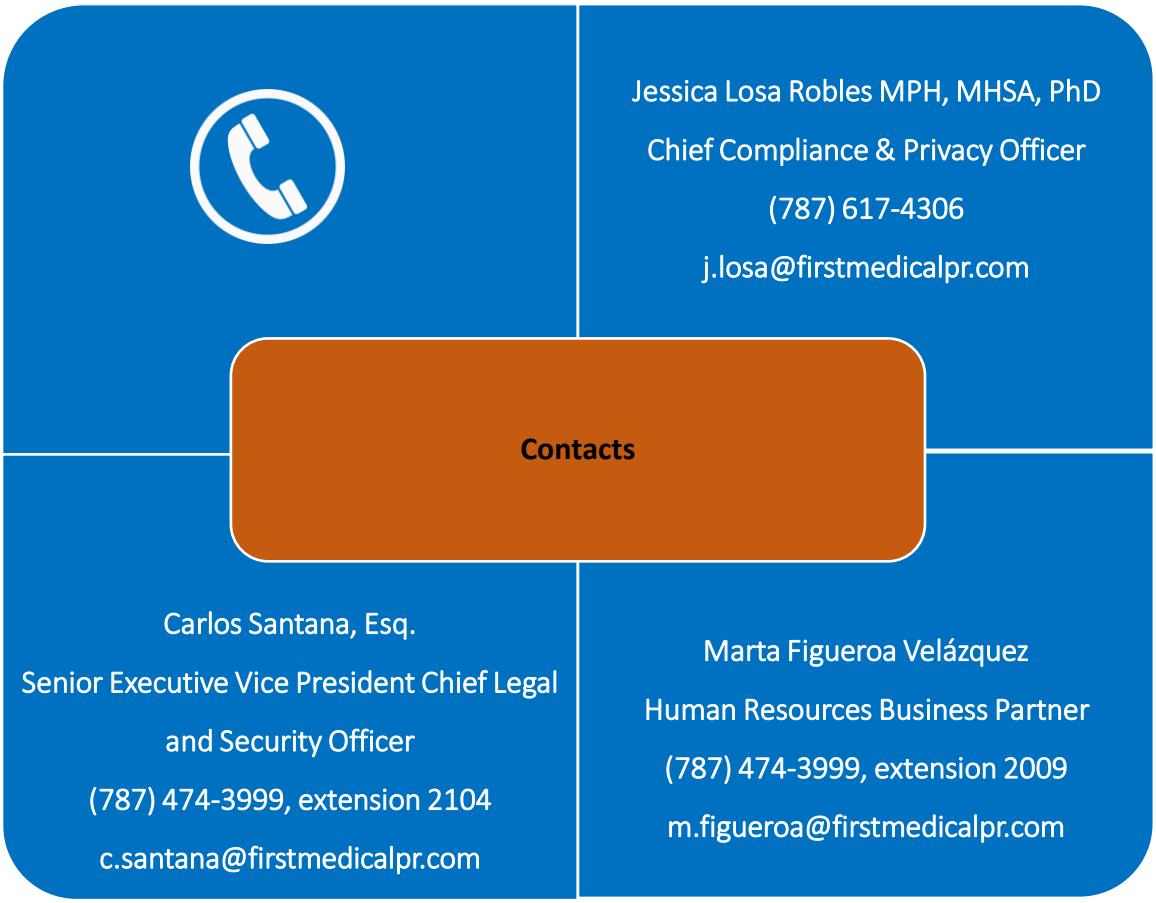
Amendments

This Cultural Competency Plan may be amended and/or modified upon recommendation of the Corporate Compliance Committee or express determination of the FMHP Board of Directors.

This Cultural Competency Plan was revised and approved on November 22, 2024.

Jessica Losa Robles, MPH, MHSA, PhD
Chief Compliance & Privacy Officer

José Pagán
Senior Executive Vice President
Chief Legal and Security Officer


Jessica Losa Robles MPH, MHSA, PhD
Chief Compliance & Privacy Officer
(787) 617-4306
j.losa@firstmedicalpr.com
Contacts
Carlos Santana, Esq.
Senior Executive Vice President Chief Legal and Security Officer
(787) 474-3999, extension 2104
c.santana@firstmedicalpr.com
Marta Figueroa Velázquez
Human Resources Business Partner
(787) 474-3999, extension 2009
m.figueroa@firstmedicalpr.com