



# 2026 CULTURAL COMPETENCY PLAN

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## Introduction

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At First Medical Health Plan, Inc., (FMHP), we are committed to understanding the challenges and seizing the opportunities that arise when providing healthcare to a population that is increasingly diverse in cultural and linguistic terms. FMHP's Cultural Competency Plan establishes how our providers, employees, medical advisors, contractors, and systems must effectively deliver services to individuals from different cultural and ethnic backgrounds, with disabilities, and without distinction of gender, sexual orientation, gender identity, or religion. All of this is carried out by recognizing individual values, affirming their dignity, and respecting the diversity of our subscribers and beneficiaries. Our primary goal is to ensure that all subscribers and beneficiaries have access to healthcare services in a culturally competent environment, in which employees, medical advisors, and providers value diversity within the organization. Likewise, we seek to meet linguistic needs, including those with limited proficiency in Spanish or who require assistance for effective communication.

FMHP's Cultural Competency Plan facilitates the integration of the knowledge, attitudes, and skills necessary to build a culturally competent organization. Its purpose is to ensure the delivery of services to all subscribers and beneficiaries, including those with limited proficiency in Spanish. FMHP will continue implementing initiatives that 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 from diverse ethnic backgrounds whose primary language is not Spanish.
- Address diversity through culturally sensitive initiatives that promote health and reduce costs associated with unnecessary medical services.
- Ensure the development of informational materials that reflect cultural sensitivity.
- Strengthen organizational infrastructure and processes to identify and reduce health disparities, thereby improving the quality of health for our subscribers, beneficiaries, and their communities.

## Our Mission Statement

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To provide excellent services in the field of medical plans, supported by the most advanced technology, in order to achieve the complete satisfaction of our subscribers and beneficiaries.

## Our Vision

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To be an institution recognized and respected for its ongoing commitment to excellence.

## Our Values

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- To serve our subscribers and beneficiaries with honesty, integrity, and human warmth.



- Provide excellent services in a prompt and efficient manner, in compliance with applicable regulations.
- Work as a team with enthusiasm and dedication, promoting a culture of compliance throughout the organization.
- Be accessible and effective in our communication.
- Always give our best to fulfill our commitment to quality and service excellence.

## Section 1

### *What is Cultural Competence in Healthcare?*

In general terms, cultural competence refers to the set of interpersonal skills that enable individuals to broaden their understanding, appreciation, acceptance, and respect for cultural differences and similarities within and among diverse groups. It also involves the sensitivity to recognize how these differences influence relationships with subscribers and beneficiaries. This requires the willingness and ability to consider the values, beliefs, traditions, and customs of the community in order to design strategies that effectively respond to the needs of subscribers and beneficiaries. Likewise, it entails collaborating with knowledgeable individuals from and within the community to develop focused interactions and effective communications.



A person's cultural identity is composed of multiple elements, including country of origin, language, race, ethnicity, educational level, family structure, spiritual traditions, dietary practices, and customs related to healthcare. In simple terms, cultural competence in healthcare is the ability to successfully interact with subscribers and beneficiaries from diverse ethnic and cultural groups. This translates into:

- To understand and respect the cultural identity of each subscriber and beneficiary;
- Establish effective intercultural communication, including access to linguistic resources such as interpreters and translated educational materials.
- Ensure that both healthcare providers and subscribers/beneficiaries can access cultural support services when needed.

FMHP's Cultural Competency Plan is a descriptive document, structured around objectives and strategies, designed to provide a measurable approach that ensures cultural competence within our organization. This plan establishes how employees, medical advisors, and systems within FMHP must effectively deliver services to individuals of all cultures, races, ethnicities, ages, sexual orientations, and religions, with the purpose of improving the quality of care and reducing health disparities.

**Cultural Competence is the ability to understand and respect the cultural identity of individuals, in order to facilitate effective communication when providing services.**

## Section 2

### ***Why is Cultural Competence Important in Healthcare?***

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FMHP recognizes the challenge that healthcare providers face when caring for patients who speak different languages or come from diverse cultures, each with unique perspectives on health and well-being. As Puerto Rico's community becomes increasingly diverse, providers will serve a growing number of individuals from different ethnicities, cultures, belief systems, countries of origin, and backgrounds.

Our commitment to cultural competence is reflected in our ability to communicate effectively, recognizing the cultural needs and preferences of our subscribers, beneficiaries, and the general public. This connection allows us to support them in improving their health, fostering greater adherence to treatment, and contributing to the achievement of an optimal level of well-being. At FMHP, diversity is one of our greatest assets.

## Section 3

### ***Goals of FMHP's Cultural Competency Plan***

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

- Promote diversity through the continuous implementation of culturally sensitive initiatives that foster health and help avoid unnecessary medical costs.
- Strengthen organizational infrastructure and processes to identify, monitor, and reduce health disparities, with the aim of improving the quality of life of subscribers, beneficiaries, and their communities.
- Ensure the production of culturally appropriate informational materials, based on the results of demographic analysis of membership.
- Increase opportunities for collaboration with the state government and community agencies to reduce health disparities within the population.
- Expand efforts to collect and effectively use data related to race, ethnicity, and language as a tool to improve equity in healthcare services.

## Section 4

### ***Legal Requirements for Culturally Competent Healthcare***

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FMHP recognizes that respecting the diversity of our population has a positive impact on healthcare outcomes. FMHP's Cultural Competency Plan represents an active and comprehensive effort that involves subscribers, beneficiaries, employees, medical advisors, and providers.

The legal background of this plan establishes compliance with the following federal and state regulations related to cultural competence.

## **I. Title VI of the Civil Rights Act of 1964**

Title VI of the Civil Rights Act of 1964 establishes that entities including companies, corporations, and organizations, that receive federal financial assistance must not engage in discriminatory practices against individuals protected under this law. Among the prohibited actions are:

- Denying an individual access to services, assistance, or benefits;
- Providing a benefit that is different or delivered in a different manner;
- Subjecting an individual to segregation or separate treatment;
- Restricting an individual's enjoyment of benefits, privileges, or rights;
- Treating an individual differently when determining eligibility;
- Selecting locations or facilities that exclude protected persons.

## **II. Federal Executive Order 13166**

FMHP, as a corporation that receives and administers federal financial assistance, recognizes and accepts that we will comply and require subcontractors to comply with the applicable provisions of federal laws and civil rights policies that prohibit 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 (CLAS) Standards**

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

### **A. Principal Standard**

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

### **B. Governance, Leadership, and Workforce**

- 2) Promote and sustain organizational governance and leadership that advance the National CLAS Standards and health equity through policies, practices, and allocated resources.
- 3) Recruit, promote, and support governance, leadership, and a workforce that is culturally and linguistically diverse, responsive to the population in the service area.

- 4) Educate and train governance, leadership, and the workforce continuously in culturally and linguistically appropriate policies and practices.

### C. Communication and Language Assistance

- 5) Offer 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 healthcare services and care.
- 6) Inform all subscribers and beneficiaries, verbally and in writing, about the availability of language assistance services clearly and in their preferred language.
- 7) Ensure the competence of subscribers and beneficiaries by providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters must be avoided.
- 8) Provide printed materials, multimedia resources, and signage that are easy to understand in the languages commonly used by the population in the service area.

### D. Commitment, Continuous Improvement, and Accountability

- 9) Establish culturally and linguistically appropriate goals, policies, and administrative responsibilities, and integrate them throughout the organization's planning and operations.
- 10) Conduct ongoing evaluations of organizational activities related to the National CLAS Standards and incorporate CLAS-related measures into assessment, evaluation, 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, as well as 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 that ensure cultural and linguistic capacity.
- 14) Create culturally and linguistically appropriate conflict and grievance resolution processes to identify, prevent, and resolve conflicts or complaints.
- 15) Communicate the organization's progress in implementing and sustaining the National CLAS Standards to all stakeholders, constituents, and the general public.



## IV. Patient Protection and Affordable Care Act, Section 1557

Section 1557 is the nondiscrimination provision established in 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 programs or activities. Section 1557 builds upon 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.

Section 1557 extends nondiscrimination protections to subscribers and beneficiaries who participate in:

- Any health program or activity that has received funding from the U.S. Department of Health and Human Services (HHS);
- Any health program or activity administered directly by HHS;
- Health insurance marketplaces and all plans offered by issuers participating in those marketplaces.

It is the first law that specifically prohibits discrimination on the basis of sex, including:

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

The Section 1557 has been in effect since it was enacted in 2010, and the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services (HHS) has enforced this provision since then. On May 13, 2016, the HHS Office for Civil Rights issued the Final Rule implementing Section 1557, which went into effect on July 18, 2016. Any individual who believes they have been discriminated against based on the protected classes under Section 1557 may file a complaint with the Office for Civil Rights.

## **V. 42 CFR 438.206 - Availability of Services**

This federal regulation establishes that FMHP must have a complete, written Cultural Competency Plan that describes how it will ensure that services are provided in a culturally competent manner to all its subscribers and beneficiaries.

## **VI. Americans with Disabilities Act (ADA)**

The ADA is a federal civil rights law for individuals with disabilities. This law helps eliminate barriers that may prevent qualified individuals with disabilities from enjoying the same opportunities available to those without disabilities.

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

The Article 9 establishes the rights regarding participation in treatment decision-making:

- b) Every physician or healthcare professional must provide patients with sufficient and adequate information, as well as a genuine opportunity to participate meaningfully in decisions related to their medical and healthcare. This ensures that the patient can give valid consent to such decisions, including, but not limited to the discussion of treatment options in



a manner the patient can understand, the option to refuse or not receive any treatment, and full disclosure of all costs, risks, and probabilities of success of such treatment or non-treatment options. It also includes respecting any future preferences expressed by the patient in the event that, at some point, they lose the capacity to validly express consent to different treatment options.

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

d) All providers and all insurance entities must maintain the confidentiality of records, clinical files, or documents that contain information about a patient's medical condition. All providers and all insurance entities must also take measures to protect the privacy of their patients, safeguarding their identity.

#### **VIII. Law 297 of 2018 – Uniform Law on Express Service Lines and Assignment of Priority Turns.**

The purpose of this law is to provide individuals with physical limitations every possible opportunity for fulfillment as human beings, eliminating unnecessary barriers that prevent this group in our society from carrying out their affairs in the quickest and simplest way possible. The law requires agencies and instrumentalities of the Government of Puerto Rico, as well as its municipalities and private entities that receive public funds, to grant priority turns to individuals with physical, mental, or sensory limitations who visit their facilities, whether on their own or accompanied by family members, guardians, or others, to conduct business, carry out errands, or perform administrative procedures.

#### **IX. Normative Letter Number 19-0305 of the Puerto Rico Health Insurance Administration (ASES) This public policy establishes anti-discrimination protections for beneficiaries on the basis of gender identity, gender expression, or actual or perceived sexual orientation when requesting and receiving healthcare services.**

Normative Letter 19-0305 – Puerto Rico Health Insurance Administration (PRHIA), (ASES, by its Spanish acronym) Through Normative Letter 19-0305, ASES establishes a public policy that prohibits any form of discrimination against beneficiaries of the Government of Puerto Rico Health Plan (Plan Vital) on the basis of gender identity, gender expression, or actual or perceived sexual orientation.

It also establishes that Health Insurance Organizations, Healthcare Service Providers under Plan Vital, and others who have entered into a contract with ASES must comply with the following requirements:

1. Equitable Access: All beneficiaries must receive healthcare services without discrimination, prejudice, or unequal treatment.
2. Claims Identifier: The use of a modifier (such as KX) is required to eliminate sex-based restrictions in clinical services, ensuring proper coverage and payment.
3. Cultural Sensitivity: Training of staff in cultural competence and sensitivity toward the LBGT+ community is promoted.
4. Protection of Rights: Beneficiaries have the right to receive respectful, inclusive, and stigma-free medical care.

## **X. Conscience Rights (Safeguarding Conscience Rights Protected by Federal Statutes)**

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

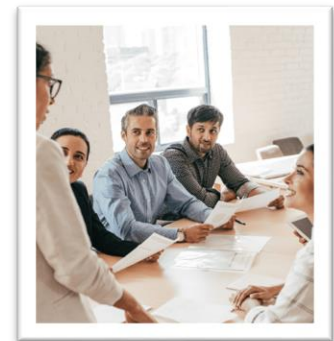
The Final Rule represents the most recent action by HHS in compliance with Executive Order 13985, entitled “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.” This order seeks to ensure that all individuals, regardless of their religious beliefs, receive healthcare services free from discrimination and in an environment that respects their personal convictions.

### **Section 5**

#### **Education and Training**

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Employees, medical advisors, FMHP administration, and any other individual who has direct or indirect access to our subscribers and beneficiaries will receive education on the Cultural Competency Plan at the time of hiring and subsequently on an annual basis. We train our staff to improve understanding and sensitivity toward our culturally diverse population. All employees and medical advisors must participate in training on the Cultural Competency Plan within the first ninety days after hiring and annually thereafter, as established by FMHP's Regulatory Training Program.



The training addresses important considerations related to providing care and planning services for subscribers and beneficiaries from diverse cultures. These include:

- Recognize that religion and other beliefs may influence how subscribers, beneficiaries, and their families respond to illness, medical conditions, and death;
- Respect and allow the inclusion of complementary and/or alternative treatment practices;
- Accept that family is defined in different ways across cultures and promote family participation in a culturally appropriate manner.

Staff training related to cultural competence raises awareness among our employees and advisors about the cultural and linguistic characteristics, as well as the special healthcare needs, of the subscribers and beneficiaries we serve. The training focuses on a wide variety of topics, including:

- Use of the subscriber's/beneficiary's primary language.
- Cultural awareness and understanding of health disparities among different cultural groups.
- Cultural beliefs related to health, illness, medical care, and end-of-life issues.
- The need to treat every person with dignity and respect.
- How to avoid prejudice and stereotypes.

- Communication protocols for subscribers/beneficiaries with limited proficiency in Spanish.
- Characteristics and barriers faced by individuals with special healthcare needs.

FMHP healthcare service providers must deliver services to individuals of all cultures, races, ethnicities, disabilities, and regardless of gender, sexual orientation, gender identity, or religion, in a manner that recognizes values, affirms and respects the worth of subscribers and beneficiaries, while protecting and preserving the dignity of each individual.

Our provider education efforts focus on encouraging providers to understand cultural and geographic disparities in access to and use of healthcare services. FMHP sends a copy of this Cultural Competency Plan to providers, free of charge, during the contracting process and upon their request. In addition, FMHP's Cultural Competency Plan training is published on FMHP's website under the Providers Section, allowing providers to complete the training at their own 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 encourage them to contract interpreter services. Provider training is an important part of our approach to Network Administration, Quality Improvement, and Customer Service. Providers are responsible for delivering training on the Cultural Competency Plan to all office staff, and FMHP will provide training materials free of charge. They are also responsible for ensuring effective communication with their patients and including them in decision-making regarding their health condition.

## Section 6

### **Effective Communication**

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The best health care arises from effective communication between the patient and their care team. Seeking medical services in a new country can be intimidating. Having someone in the office who speaks the language of the subscriber or beneficiary can provide peace of mind and ease the transition. For this reason, we encourage our employees and providers to take the time for the following:



#### **6.1 Understand the individual from a cultural perspective:**

To achieve this, consider asking 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 had difficulty understanding the labels on your medications or the appointment reminder cards?

## 6.2 Conduct a cultural history:

The following questions may help you gain a better understanding of the subscriber's or beneficiary's cultural perspective regarding their health condition:

- What do you call this illness?
- What do you believe caused this problem?
- Why do you think it began?
- When did it begin?
- What concerns or fears do you have about this illness?
- What type of treatment do you believe you should receive?
- What are the most important outcomes you expect to achieve from this treatment?

## Section 7

### ***Effective Strategies for Addressing Inequities***

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Cultural sensitivity plays a fundamental role in achieving our objective: supporting the recovery of subscribers and beneficiaries by recognizing their individual health needs, their unique circumstances, and their ability to overcome challenges in a meaningful and appropriate way, while taking into account the unique cultural experiences of individuals and communities.

FMHP has implemented a Cultural Competence Integration Model in which employees, providers, and systems create a unique synergy to meet the individual needs of our subscribers and beneficiaries. The visibility of the Cultural Competence Modifier in our systems helps our employees ask more appropriate questions, engage in solving the most relevant problems, and also allows us to provide, upon request from our subscribers and beneficiaries, educational material in their preferred language.

FMHP employees are focused on improving the quality of services and closing gaps in the delivery of health care. The analysis of clinical and service quality metrics, together with demographic information about subscribers and beneficiaries, helps us develop services that are centered on their needs.

## Section 8

### ***Cultural/Linguistic Services Available for Subscribers and Beneficiaries***

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Addressing 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, audio CD, or any other applicable format, according to the needs and preferences of the

subscriber/beneficiary. If you receive a request for material in an alternate format, you must immediately contact the Compliance Department.

FMHP strives to hire employees who speak more than one language. This initiative has been useful and valuable in helping subscribers and beneficiaries communicate. In addition, providers who speak a second language other than Spanish are identified in the Provider Directory. Telephone system adaptations are used to communicate with subscribers and beneficiaries who require the use of a TTY/TDD line for individuals with hearing impairments. Information on how to access TTY/TDD services is available in the materials we develop for these services. The information is also published on FMHP's website and may be requested by calling the Customer Service Department.



## Section 9

### ***Interpreter Services***

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Interpreters are trained individuals who explain to others, in a language they understand, what has been said in another language unfamiliar to them. Interpreters facilitate communication and help providers deliver important medical information to their patients. FMHP will notify its subscribers and beneficiaries about the availability of interpreter services and will provide these oral interpretation services, at no cost, to any subscriber or beneficiary whose primary language is other than English or Spanish and who visits any of the Plan's offices. FMHP will make arrangements in advance, whenever possible, to ensure that an interpreter is present at the time of the subscriber's, beneficiary's, or Authorized Representative's visit. This includes sign language interpreter services.

It is the responsibility of providers to contact an interpreter to ensure the exchange of information and the patient's participation in medical decision-making. It is important to note that the patient's family and friends should not be used to provide interpretation services, unless specifically requested by the patient.

## Section 10

### ***Acquisition and Dissemination of Culturally and Linguistically Appropriate Health Promotion Materials***

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



- U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR).  
<https://www.hhs.gov/civil-rights/for-individuals/index.html>
- Foundations of Culturally Appropriate Basic Medical Care.  
<https://nccc.georgetown.edu/resources/espanol/ncccpolicy1esp.php>
- Cultural Competence Program for Disaster and Emergency Preparedness.  
<https://cccdpcr.thinkculturalhealth.hhs.gov/>
- U.S. Census Bureau “I Speak” Document – includes the following statement in 38 languages.  
<http://www.justice.gov/crt/about/cor/Pubs/ISpeakCards.pdf>
- Brief Assessment of Health Literacy: Spanish & English (SAHL-S & E).  
<https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy/index.html#shor>

## Amendments

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

This Cultural Competence Plan was reviewed and approved on November 17, 2025.



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



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José Pagán  
Senior Executive Vice President  
Chair of the Compliance Committee

## Important Contacts

