

Collecting Provider Race, Ethnicity and Language Data

Why does Select Health need this information?

Collecting accurate race, ethnicity and language (REL) data from providers and health plan members is critical in working to eliminate healthcare disparities and to improve quality of care. Studies show that the physician-patient relationship is strengthened, leading to higher feelings of trust, satisfaction and adherence to treatment when patients feel that their cultural beliefs, values and communication styles are acknowledged and understood by their physician.

How will this data be used? Who will have access to this information?

The data will be used internally to analyze the cultural and linguistic make up of our membership and provider network. Some of the REL data will also be made available to members in Select Health's Primary Care Directory and/ or on the online provider directory. This will give members the opportunity to choose a provider in their geographical area based on their cultural or linguistic preferences.

Doesn't Select Health already have this information?

Select Health currently collects language data from all participating providers. However, race and ethnicity data has not yet been collected from providers.

Does Select Health collect the same information from First Choice members?

Yes. We receive this information from the South Carolina Department of Health and Human Services (SCDHHS). Additionally, Select Health has implemented a uniform process for collecting and storing member race, ethnicity and language (REL) data. The uniform data collection process provides one centralized storage facility for all race, ethnicity and language data that is collected directly from the member at point-of-contact. Our Cultural Competency program monitors this data on a monthly basis to ensure that we are meeting the cultural and linguistic needs of our membership.

Practice Name _____

Provider Name _____ NPI # _____

Male Female

Race/ethnicity (optional):

<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Native American	<input type="checkbox"/> Native Hawaiian/other Pacific-Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Decline	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Other _____

Provider Languages (other than English) _____

Languages spoken by office staff (other than English) _____