



To: Participating Practitioners of AmeriHealth Caritas District of Columbia

From: The Quality Department

Date: 9/26/2016

Subject: Cultural Responsiveness to language services, race and ethnicity

As a health plan, our intent is to maintain a practitioner network that can meet the cultural and linguistic needs of our members. We strive to provide the most accurate and up-to-date information to our members about race, ethnicity and language of our network practitioners. We wish to facilitate high-quality care by providing a choice of practitioners that includes all major racial/ethnic and linguistic groups represented by our membership.

Please complete this voluntary survey below so that we can update our files. Your prompt reply is appreciated.

To return, please fax this survey to 202-326-8931, or complete the survey online at <a href="https://www.surveymonkey.com/r/rel-survey">https://www.surveymonkey.com/r/rel-survey</a>.

Practitioner/Provider Name:	 
NPI #:	

## 1. Which race best describes you? (Please choose only one.)

- Black or African American
- o Native Hawaiian or Other Pacific Islander
- o White
- o Asian
- o American Indian or Alaska Native
- o Middle Eastern/North African
- o Some other race
- o Decline to say

2.		What is your ethnicity?
	0	Hispanic or Latino
	0	Non-Hispanic/Non-Latino
	0	Unknown or decline to say
3.		What language(s) do you, or clinical members of your staff, speak?
4. spe	ecifi	Do you provide any dedicated language services (i.e., to serve the language needs of a ic linguistic minority in your local community)?
	0	Yes, please specify below.
	0	No
Ple	ase	specify:

Thank you for participating!