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LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

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- Directs

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- Directs
- IPA

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- Other

FOR QUESTIONS CALL PROVIDER SERVICES:

(855) 322-4075, Extension:

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ALL PLAN LETTER 19-011 HEALTH EDUCATION AND CULTURAL AND LINGUISTIC POPULATION NEEDS ASSESSMENT

This is an advisory notification to Molina Healthcare of California (MHC) network providers. The Department of Health Care Services (DHCS) has issued All Plan Letter (APL) 19-011 regarding Health Education and Cultural and Linguistic Population Needs Assessment.

PURPOSE:

The purpose of this APL is to update and clarify the Health Education and Cultural and Linguistic (C&L) Population Needs Assessment (PNA) contract requirements for Medi-Cal Molina members.

BACKGROUND:

The PNA identifies member health status and behaviors, member health education and C&L needs, health disparities, and gaps in service related to these issues. MHC contractual requirements related to the PNA are based of the California Code of Regulations and of the Code of Federal Regulations.

The goal of the PNA is to improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members by:

- Identifying member health needs and health disparities;
- Evaluating health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns;
- Implementing targeted strategies for health education, C&L, and QI programs and services.

POLICY:

MHC is required to conduct a PNA. MHC must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from diverse cultural and ethnic backgrounds in the PNA findings. MHC must use the PNA findings to identify and act on opportunities for improvement. MHC must use reliable data sources to conduct the needs assessment as outlined in the requirements below.

PNA Requirements:

1. PNA Data Sources

MHC must use reliable data sources to identify member health needs and health disparities. MHC is required to evaluate the most recent results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, including responses to CAHPS survey supplemental questions selected by DHCS, when conducting the PNA. DHCS will provide MHC with specific health disparities data for use in the PNA and the development of an action plan.

Data sources must include the most recently available CAHPS survey results and DHCS MHC with specific health disparities data. Other recommended data sources may include, but are not limited to, member surveys; Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Set performance measurement results; claims and encounter data; analysis of focus groups; key informant interviews; local health department and county data; member grievance and appeals data; and compliance findings such as the DHCS Timely Access Survey results.

2. PNA Findings and Action Plan

MHC is required to review and update health education, C&L, and QI activities, in light of the PNA data findings, to develop an action plan that addresses identified member needs. The action plan must outline health education, C&L, and QI efforts taken and planned to improve health outcomes for members. MHC must identify health education, C&L, and QI program targeted strategies, including those designed to reduce health disparities, and make any necessary adjustments to these strategies annually. The DHCS MHC specific health disparities data must be taken into consideration when selecting and evaluating strategies targeting health disparities.

3. Stakeholder Engagement

MHC must provide their Community Advisory Committees (CAC) with an opportunity to provide input on the PNA. MHC must report PNA findings to their CACs, have a process to discuss improvement opportunities, and update CACs on progress made towards PNA goals. MHC is encouraged to solicit input from other community advisory groups and organizations, as well as from their CACs.

MHC will ensure contracted health care providers, practitioners, and allied health care personnel receive pertinent information regarding the PNA findings and the action plan. MCPs must use the most appropriate method(s) to assure the information can be accessed and understood. The information shared should address the overall needs of members, as well as the specific needs of CSHCN, SPDs, members with LEP, and other member subgroups from diverse cultural and ethnic backgrounds. This information should also be provided to other Molina staff to increase their understanding of members' needs.

DHCS OVERSIGHT:

DHCS will monitor the timeliness of submissions, as well as the content of the PNA reports, and request revisions for incomplete submissions as needed. Confirmation of approved PNA reports and action plans, as well as revision requests for incomplete reports, will be electronically sent to MHC.

MHC is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance materials, including APLs and Policy Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.