



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: September 30, 2019

ALL PLAN LETTER 19-011
SUPERSEDES ALL PLAN LETTER 17-002

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: HEALTH EDUCATION AND CULTURAL AND LINGUISTIC POPULATION
NEEDS ASSESSMENT

PURPOSE:

The purpose of this All Plan Letter (APL) is to update and clarify the Health Education and Cultural and Linguistic (C&L) Population Needs Assessment (PNA) contract requirements for Medi-Cal managed care health plans (MCPs). The MCP contracts with the Department of Health Care Services (DHCS) refer to the PNA as the group needs assessment or GNA. For clarity, this APL only uses the acronym PNA.

BACKGROUND:

The PNA identifies member health status and behaviors, member health education and C&L needs, health disparities, and gaps in services related to these issues. MCP contractual requirements related to the PNA are based on Title 22 of the California Code of Regulations (CCR), sections 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), and 53910.5(a)(2), and Title 42 of the Code of Federal Regulations (CFR), sections 438.206(c)(2), 438.330(b)(4), 438.242(b)(2).^{1, 2}

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:

MCPs are required to conduct a PNA. MCPs 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

¹ The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>

² 42 CFR, Part 438 is available at: <https://www.ecfr.gov/cgi-bin/text-idx?SID=1e1bce051e31df7ab188a92eff8209bf&mc=true&node=pt42.4.438&rgn=div5>

diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use the PNA findings to identify and act on opportunities for improvement. MCPs must use reliable data sources to conduct the needs assessment as outlined in the requirements below.

PNA Requirements:

1. PNA Data Sources

MCPs must use reliable data sources to identify member health needs and health disparities. MCPs are 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 MCP-specific health disparities data to each MCP 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 MCP-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

MCPs are 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. MCPs 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 MCP-specific health disparities data must be taken into consideration when selecting and evaluating strategies targeting health disparities.

3. Stakeholder Engagement

MCPs must provide their Community Advisory Committees (CAC) with an opportunity to provide input on the PNA. MCPs must report PNA findings to their CACs, have a process to discuss improvement opportunities, and update CACs on

progress made towards PNA goals. MCPs are encouraged to solicit input from other community advisory groups and organizations, as well as from their CACs.

MCPs must 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 MCP staff to increase their understanding of members' needs.

4. Report Format

MCPs must complete a PNA report, which includes a PNA action plan annually. DHCS will provide ongoing instruction and guidance on the PNA format and submission deadlines. The PNA report must show a clear link between data sources, key data findings, and identified opportunities for improvement. MCPs must complete one report that includes all reporting units (county/region). MCPs must submit the PNA report to DHCS for approval annually. The full PNA report must be electronically submitted for approval to MMCHHealthEducationMailbox@dhcs.ca.gov, with a cc: to the MCP's assigned Managed Care Operations Division Contract Manager.

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 the MCP.

MCPs are 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.

ALL PLAN LETTER 19-011
Page 4

Questions regarding this APL and specific questions about the Population Needs Assessment should be sent to MMCDHealthEducationMailbox@dhcs.ca.gov.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division