



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



EDMUND G. BROWN JR.
GOVERNOR

DATE: February 3, 2017

ALL PLAN LETTER 17-002
(SUPERSEDES POLICY LETTER 10-012)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: HEALTH EDUCATION AND CULTURAL AND LINGUISTIC GROUP
NEEDS ASSESSMENT

PURPOSE:

The purpose of this All Plan Letter (APL) is to update and clarify the Health Education and Cultural and Linguistic Group Needs Assessment (GNA) contract requirements for Medi-Cal managed care health plans (MCPs) and to update the GNA Member Survey.

BACKGROUND:

MCPs are required to conduct a GNA to identify the needs of beneficiaries, available health education and cultural and linguistic (C&L) programs and resources, and gaps in services. MCP contractual requirements are based on Title 22, California Code of Regulations (CCR) Sections, 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), 53910.5(a)(2); Title 28, CCR, Section 1300.67.04(c)(1)(A) through (B); and Title 42, Code of Federal Regulations (CFR), Sections 438.206(c)(2), 438.330(b)(4), 438.242(b)(2). The updated requirements contained in this APL reflect current technologies, state and federal laws and regulations, and MCP contract requirements.

MCPs must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), beneficiaries with Limited English Proficiency (LEP), and beneficiaries from diverse cultural and ethnic backgrounds in the GNA findings. MCPs must use the GNA findings to plan and implement culturally competent and linguistically appropriate services, health education, and continuous quality improvement (QI) programs and services. MCPs must use multiple reliable data sources, methodologies, techniques, and tools to conduct the GNA as delineated in the GNA Report Format below.

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

- Evaluating beneficiary health risks,
- Identifying beneficiary health needs,
- Prioritizing health education and C&L services, and
- Prioritizing QI programs and resources.

The GNA identifies:

- Beneficiary health status and behaviors,
- Beneficiary health education and C&L needs,
- Community health education and C&L programs and resources,
- Health disparities, and
- Gaps in services.

POLICY:

GNA Contractual Requirements:

1. Oversight and Administration of the GNA

MCPs must maintain administrative oversight of this program requirement by the manager or director of health education and/or C&L services. MCPs must develop, implement, and evaluate procedures to ensure appropriate health education and C&L services staff are involved in the preparation of the GNA.

2. Data Sources and Methodology

MCPs must use multiple, reliable data sources, methodologies, techniques, and tools to conduct the GNA. These must include but are not limited to member surveys, Healthcare Effectiveness Data and Information Set (HEDIS[®]) data, Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) data, federal Healthy People guidelines, claims and encounter data. Additional relevant data sources may also be included, such as analysis of focus groups, key informant interviews, county data, and other relevant survey data from external organizations.

MCPs are required to use the most recent version of the standardized GNA Member Survey developed by the Department of Health Care Services (DHCS) and the statewide Health Education and Cultural and Linguistics Workgroup. The use of standardized questions makes it possible to analyze beneficiary needs and trends on a statewide basis, as well as, amongst MCPs operating in the same county or GNA Reporting Unit. DHCS will ensure that surveys are translated into all threshold languages and made available to MCPs. Each MCP may include additional questions at the end of the standardized survey. MCPs must complete a minimum of 411 GNA Member Surveys for each GNA Reporting Unit. The GNA Reporting Units are formulated based on HEDIS[®] Reporting Units and contiguous counties. A completed survey is any survey with five or more DHCS developed questions answered. Any survey with fewer than five answered questions cannot be counted towards the 411 GNA Member Survey requirement. In addition, the 411 Member Surveys must only be completed by beneficiaries who have been enrolled in the MCP for at least six continuous months.

3. Consumer Input

MCPs should provide their Community Advisory Committees (CAC) with an opportunity to provide input on the GNA planning process. MCPs must report GNA findings to their CACs and develop a process to obtain advice and recommendations regarding GNA findings from these committees. MCPs are encouraged to solicit input from other community advisory groups and organizations as well as from their CACs.

4. Provider Engagement

MCPs must ensure contracted health care providers, practitioners, and allied health care personnel receive pertinent information regarding the GNA findings and how the MCP proposes to address identified needs. MCPs must use the most appropriate method(s) to assure the information can be accessed and understood. The information must address the overall needs of beneficiaries, as well as the specific needs of CSHCN, SPDs, beneficiaries with LEP, and beneficiaries from diverse cultural and ethnic backgrounds. This information must also be provided to other MCP department staff to increase their understanding of beneficiary needs.

5. GNA Report Format and Due Date

A. GNA Report

MCPs shall complete a GNA every five years and prepare a GNA Report following the standardized GNA Report format. MCPs must complete a separate GNA Report for each GNA Reporting Unit. MCPs must maintain the GNA Report and make it available for DHCS to review upon request.

B. Executive Summary

MCPs must electronically submit the executive summary of each GNA Report. The executive summary of each GNA Report must consist of no more than five pages and must include a summary of the following:

- Data sources and methods;
- Beneficiary demographics;
- Beneficiary health status, disease prevalence, gap analysis;
- Beneficiary health education and C&L needs; and
- Conclusions and planned actions, including comparison to current activities.

C. Excel Survey Data Table

MCPs must complete and electronically submit the Excel Survey Data Template developed by DHCS. MCPs are required to complete a minimum of 411 GNA

Member Surveys for each GNA Reporting Unit and to include the information on the Excel Survey Data Template using the Code Books developed by DHCS. Only beneficiaries who have been enrolled in the MCP for at least six months may be included in the survey sample.

D. Due Date

The next GNA completion will be required in 2021. MCPs must electronically submit the executive summary of each GNA Report along with a completed Excel Survey Data Template to DHCS on October 15, 2021, and every five years thereafter. If October 15 falls on a weekend, the due date will be the following Monday. The due date is the same for all DHCS contracted MCPs.

The executive summary and Excel Survey Data Template must be electronically submitted to MMCDHealthEducationMailbox@dhcs.ca.gov, with a cc: to the MCP's assigned Managed Care Operations Division Contract Manager.

Annual Work Plan

MCPs' annual Health Education and Cultural and Linguistics Work Plans must incorporate and reflect findings from the GNA Report and from the annual and ongoing review of data, such as beneficiary demographics, claims and encounter data, HEDIS® rates, CAHPS® data, and beneficiary health status. The findings from the GNA Report must be used to establish health education, C&L, and QI program priorities, necessary levels of intervention for specific health issues and target populations, and to ensure appropriate allocation of resources.

MCPs that begin operation during a non-GNA report year are expected to use the data listed above, when available, to develop health education, C&L, and QI program priorities and work plan(s). Other data sources may be used such as analysis of focus groups, key informant interviews, county data, and other relevant survey data from external organizations.

The annual work plan(s) must include goals and objectives, implementation activities, timelines, and responsible staff. Beginning in 2017, MCPs are required to submit their annual Health Education and Cultural and Linguistic Work Plan(s) to the health education mailbox on an annual basis. The work plan may be a standalone document or the information can be submitted as part of the QI program description and/or QI evaluation. However, if the annual work plan is contained as part of another document submission, it must also be separately submitted to MMCDHealthEducationMailbox@dhcs.ca.gov.

DHCS OVERSIGHT:

DHCS will monitor timeliness of submissions, as well as the content of GNA executive summaries, Excel Survey Data Templates, and annual work plans. DHCS will review GNA reports as needed to assess beneficiary needs and MCP activities to address those needs.

Questions regarding this APL, specific questions about the GNA, and/or requests for copies of any of the GNA documents listed below should be sent to MMCDHealthEducationMailbox@dhcs.ca.gov.

The following is a complete list of all GNA documents mentioned in this APL:

- GNA Member Surveys
- GNA Reporting Units
- GNA Report Format
- Excel Survey Data Template
- Code Books

Sincerely,

Original Signed by

Sarah Brooks, Deputy Director
Health Care Delivery Systems
Department of Health Care Services