

Population Needs Assessment (PNA) 2022 Results

Health Education and
Cultural & Linguistic Services Team



Your Extended Family

Population Needs Assessment (PNA) Requirement

APL 19-011 (2019) requires all Medi-Cal Plans to conduct PNA annually.

The goal of the PNA is to improve health outcomes for members by:

- Identifying member health needs and health disparities;
- Evaluating health education, cultural and linguistic, and quality improvement (QI) activities and available resources to address identified concerns;
- Implementing targeted strategies



Report Methodology

- Data was pulled and analyzed:

- Membership Enrollment
- Chronic Conditions
- Claims, Encounters, Diagnosis
- Optum iPro Member Health Status

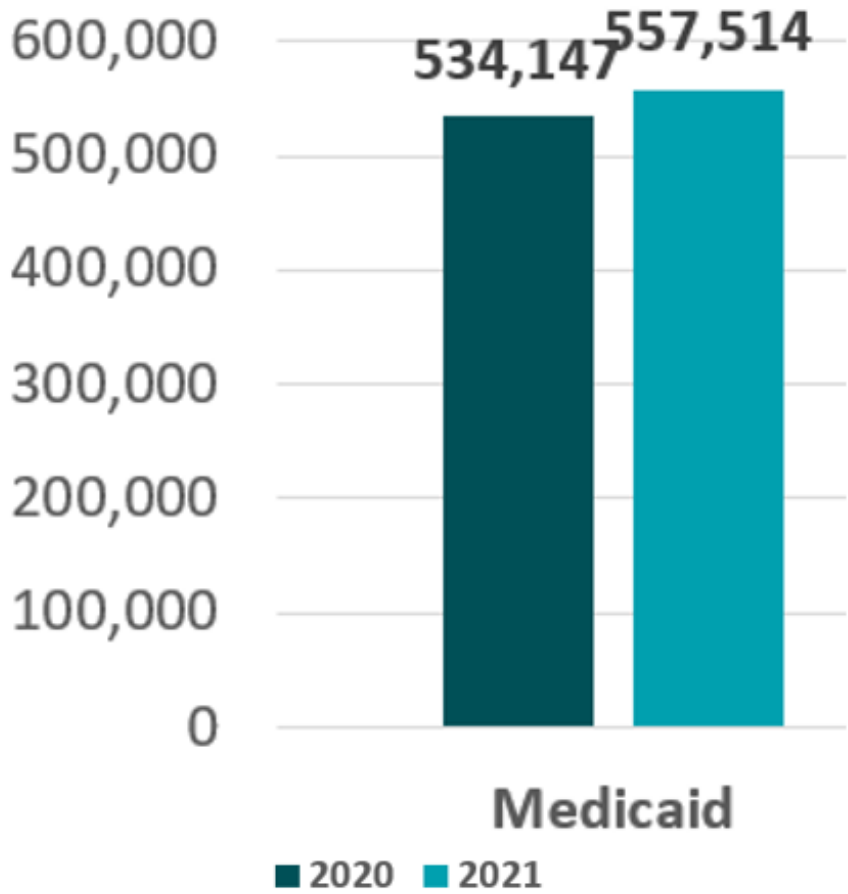
- Emergency Department Admits
- HEDIS Rates
- DHCS Health Disparities Data
- MAC/CAC Health Ed, Cultural and Linguistic Survey

- Reviewed Data Sources:

- QM Population Assessment
- Culturally and Linguistically Appropriate Services (CLAS)
- Pregnancy and High-Risk OB
- Child/Adult CAHPS Report
- County Data

- US Census
- Network Provider Time and Distance Adequacy Report
- Health Education Report
- Cultural and Linguistic Report
- HEDIS Summary Assessment
- Interpreter Satisfaction Report

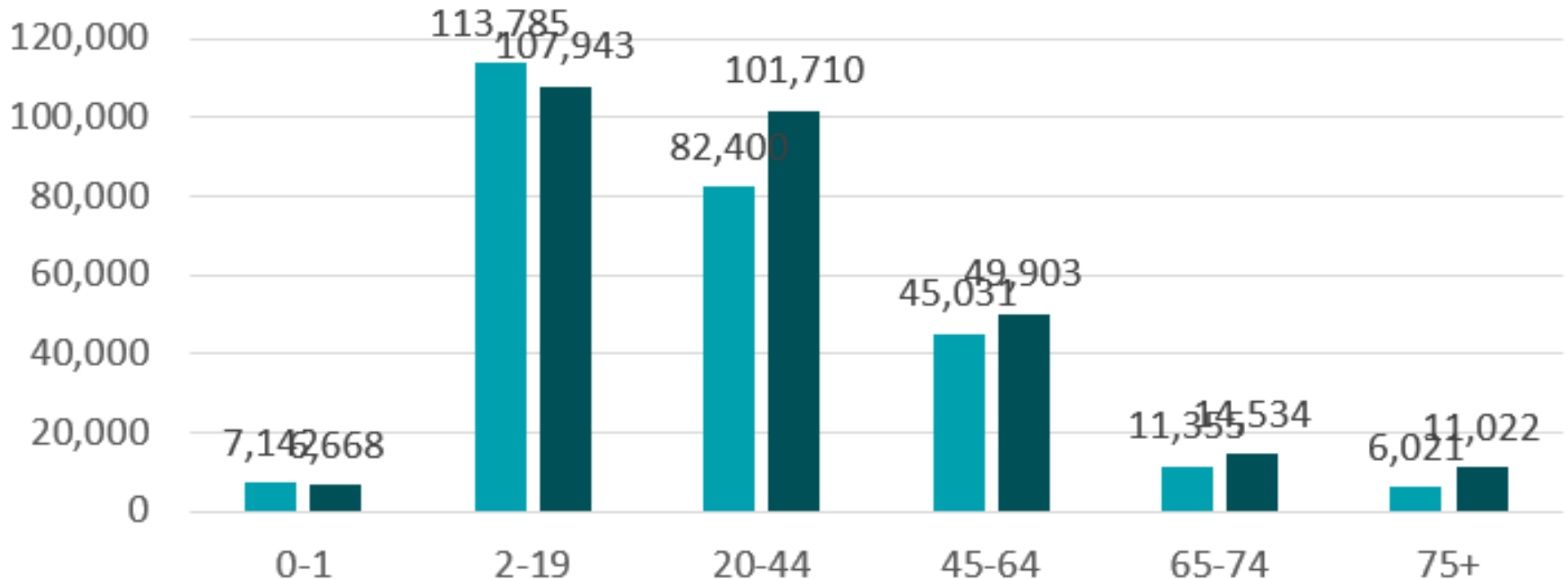
Total Medicaid Membership



Molina Healthcare of California had a total membership of 628,118 members, which is a 7% increase compared to total membership last year.

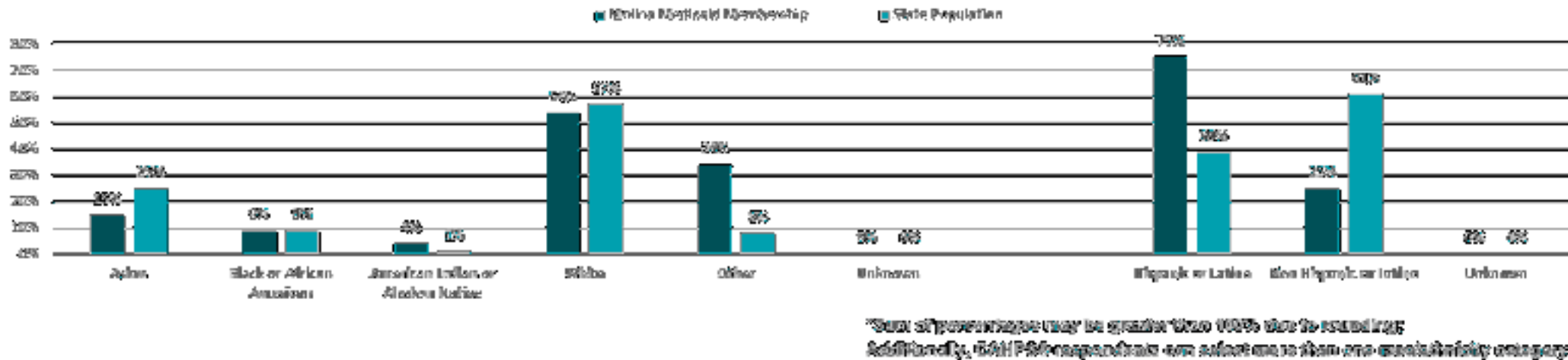
Membership by Gender and Age

■ Male ■ Female



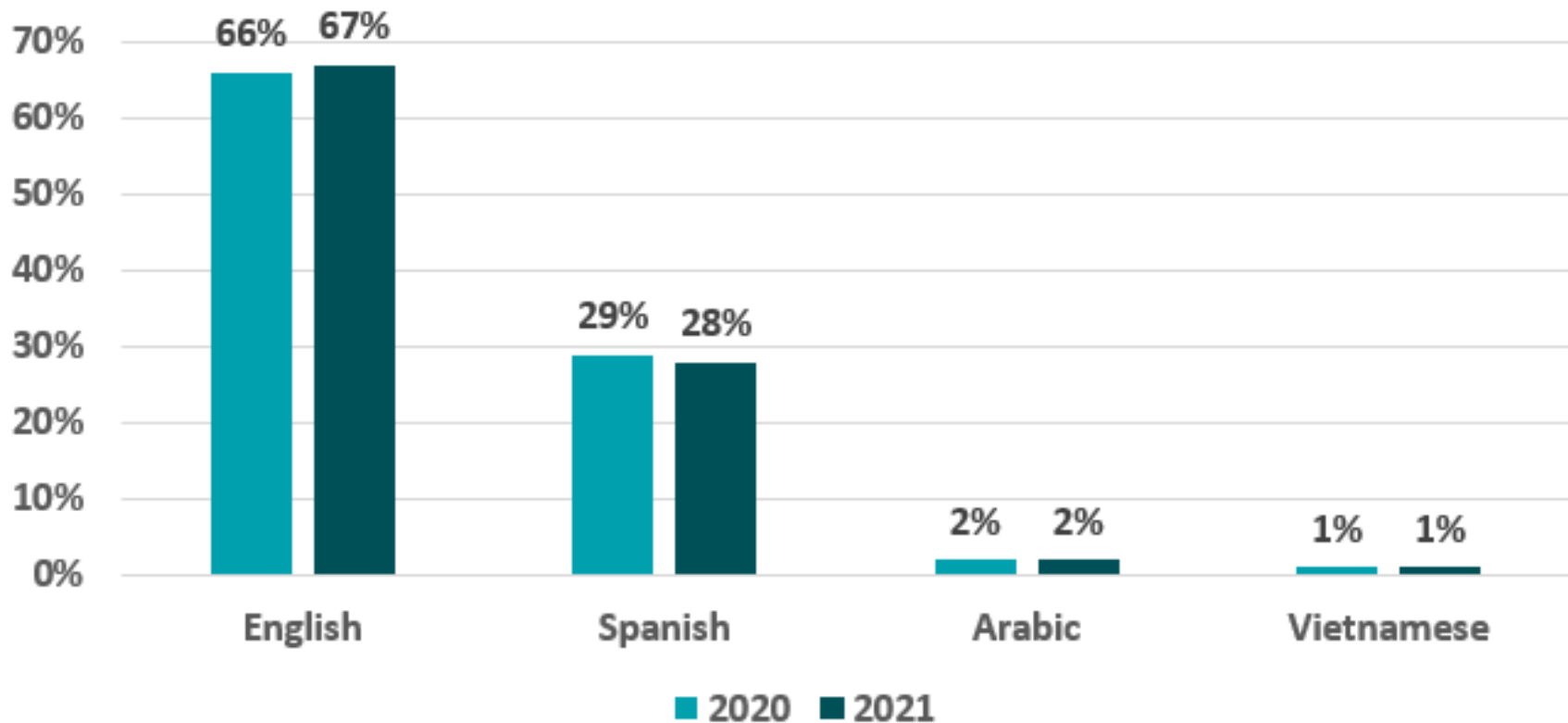
- The majority of Molina's membership comprises of children and young adults ages 2 to 19. The second largest group of members are adults between 20 and 44, and the third largest group is between 45 and 64 years of age. Molina has fewer members in the 0-1 and the 65-75+ categories.
- Members less than 20 years of age represent 42% of Molina's Medicaid membership. Medicaid member composition is 52% female and 48% male

Membership by Race and Ethnicity



- Molina’s Medicaid member population has a similar proportion of African American individuals (9% Molina members compared to 9% statewide) and a smaller proportion of White individuals (54% Molina members compared to 57% statewide). Molina’s Medicaid Hispanic or Latino members comprises 75% of the overall membership, which is a larger proportion compared to state overall (39%).

Membership by Language Preference

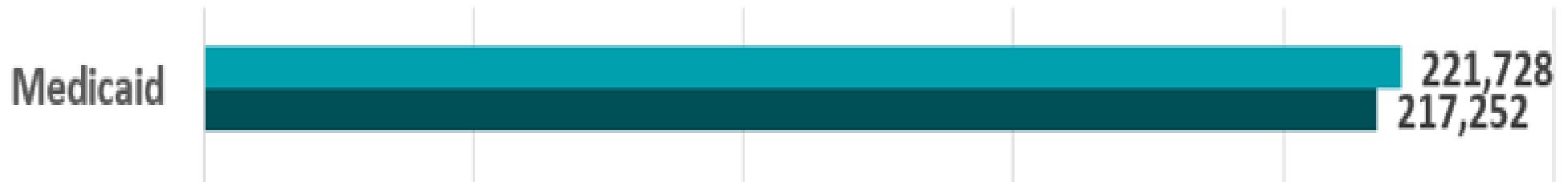


- 67% of Medicaid members specified English as their preferred language. Spanish as a preferred language was identified by 28% of Medicaid members.
- A smaller percentage of members prefer to communicate in Arabic (2%) and Vietnamese (1%). The percentage of preferred languages remain constant between 2020 and 2021.

Children and Adolescents Membership by Age 2-19

Children and Adolescents

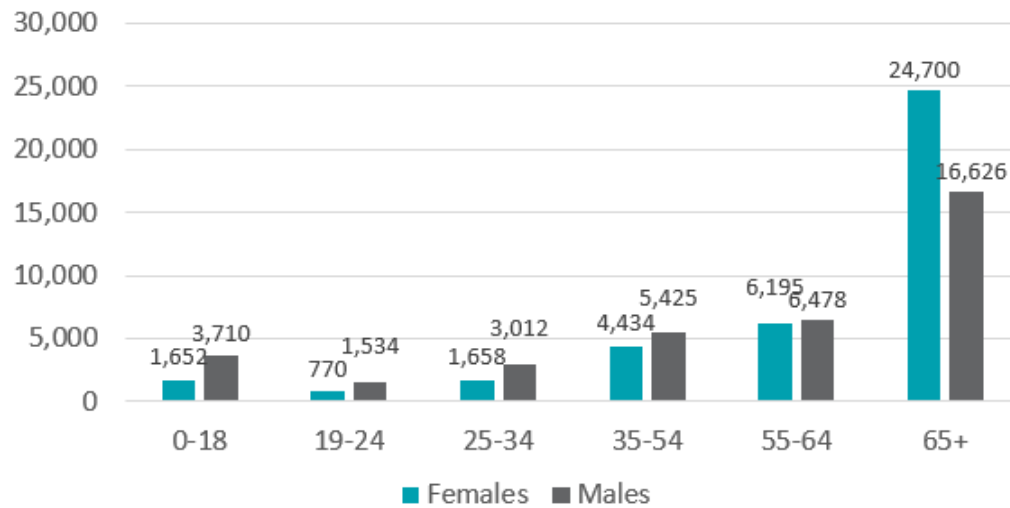
■ 2021 ■ 2020



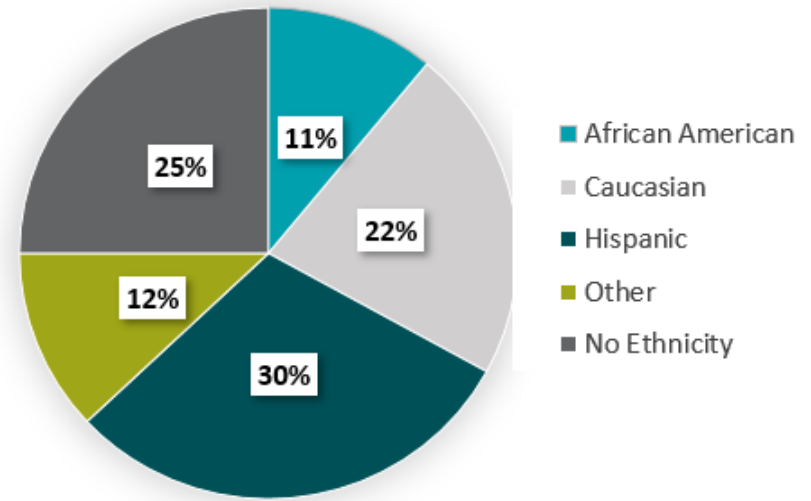
- Approximately 36% of Molina's membership is in the 2-19 years age group.
- The majority of members age 2-19 are enrolled in the Medicaid product (99%). Medicaid children and adolescents 2-19 age groups are comprised of 49% female and 51% male.
- Between 2020 and 2021, overall children and adolescent membership increased by 2%.

ABD: Individual with Disabilities by Age and Gender and Race/Ethnicity

ABD Products: Age and Gender Distribution 2021

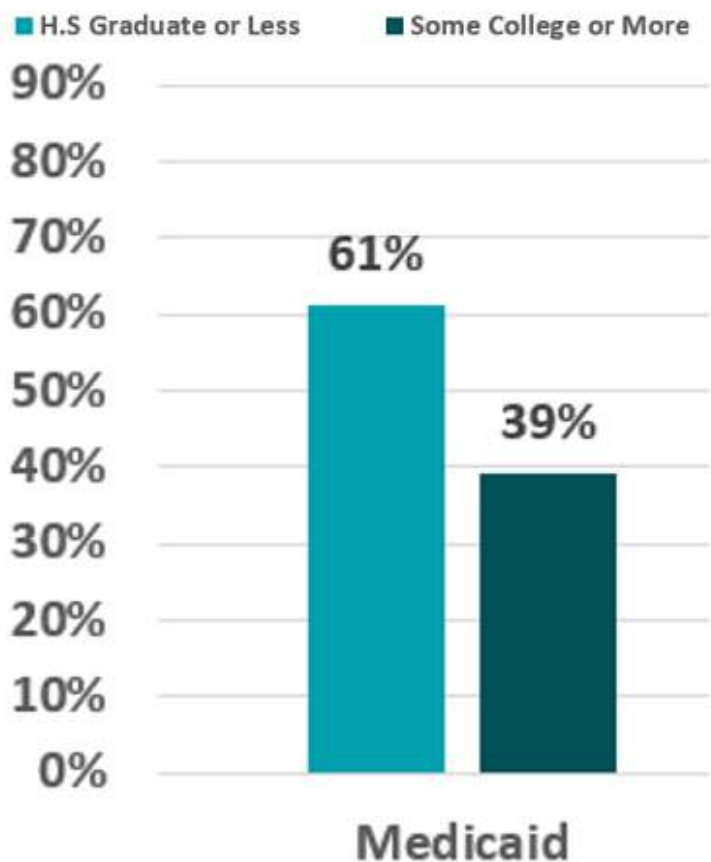


ABD Products: Race/Ethnicity Distribution 2021



- MHC has 76,194 members enrolled in ABD products representing 12% of the total membership (ABD Products = ABD Dual, ABD LTC Dual and ABD Non-Dual).
- Among the members with disabilities, 52% are female and 48% are male. The largest group of members with disabilities are females age 65+ (32%).
- The Hispanic (30%) and No Ethnicity (25%) groups are the largest ethnic groups among ABD members.

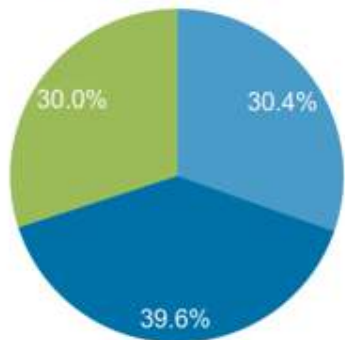
Educational Attainment



- The majority of members specified high school or less as their highest level of education (61%), followed by some college or more (39%).
- Compared to CA overall HS graduation rate of 83% and the overall US HS graduation rate of 88%, Molina members have a lower HS graduation rate.

Health Status of Molina Membership

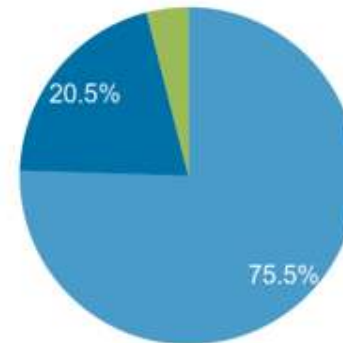
Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2021	30.4%	39.6%	30.0%
2020	32.0%	40.4%	27.6%
2019	34.6%	35.9%	29.5%
SPH	30.8%	34.0%	35.2%
QC	NA	NA	NA

Child's Health Status



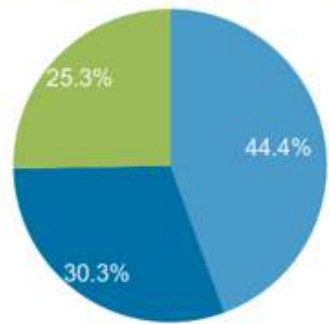
■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2021	75.5% ‡	20.5% †	4.0% †
2020	75.2%	18.8%	6.1%
2019	66.8%	26.1%	7.1%
SPH	76.5%	18.7%	4.8%
QC	NA	NA	NA

- 30.4% of **adults** said their health was Excellent or Very Good, 40% said their health was Good, and 30% said their health was Fair or Poor. There were no statistically significant changes from 2020 to 2021.
- For **Children's** health status, 75.5% reported their health to be Excellent or Very Good, which is a statistically significant increase from 2020. Approximately 20.5% ranked their health as Good, and 4.0% of children rated their health as Fair or Poor.
- Overall, children's health status is higher than adults.

Mental and Emotional Health Status of Molina Membership

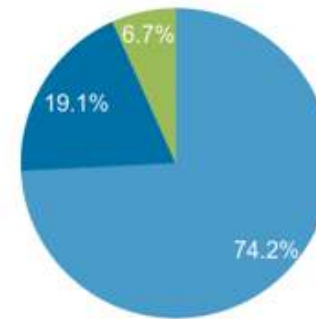
Mental/Emotional Health Status



■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2021	44.4%	30.3%	25.3%
2020	45.1%	32.8%	22.1%
2019	43.1%	32.9%	24.1%
SPH	37.3% ▲	31.1%	31.6% ▼
QC	NA	NA	NA

Child's Mental/Emotional Health Status

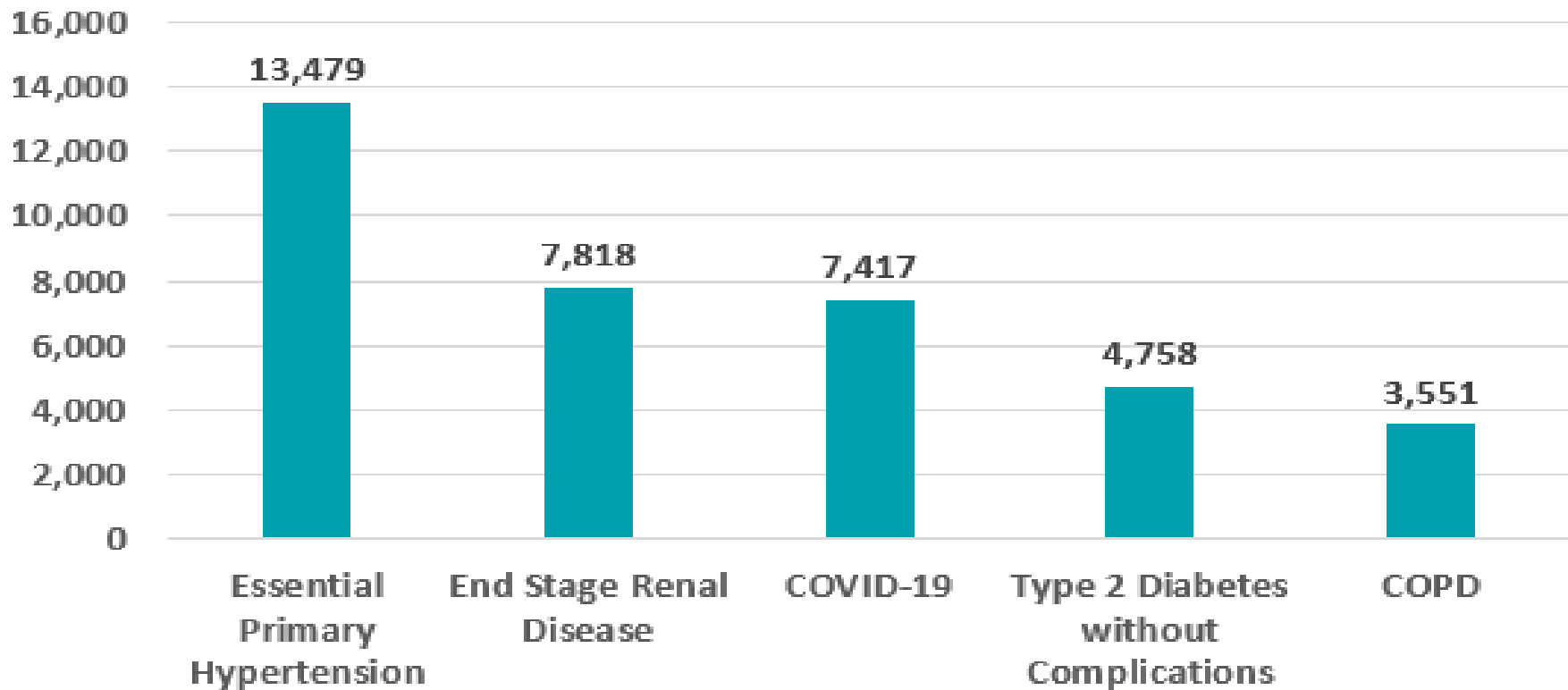


■ Excellent/Very Good ■ Good ■ Fair/Poor

	Excellent/ Very Good	Good	Fair/Poor
2021	74.2%	19.1%	6.7%
2020	73.5%	18.3%	8.1%
2019	71.3%	19.4%	9.3%
SPH	68.3% ▲	20.5%	11.3% ▼
QC	NA	NA	NA

- 44.4% of **adult** members rated their mental and emotional health as Excellent or Very Good, 30.3% said their emotional health was Good, and 25.3% ranked their mental health as Fair or Poor. Compared to the SPH benchmark, there was a statistically significant increase in the percentage of members who ranked their health as Excellent or Very Good.
- For **Children's** health status, 74.2% rated their mental and emotional health as Excellent or Very Good, 19.1% said their mental health was Good, and 6.7% rated their mental health as Fair or Poor. Compared to the SPH benchmark, there was a statistically significant decrease in the percentage of members who ranked their health as Fair or Poor.
- Overall, children's mental and emotional health status is higher than adults.

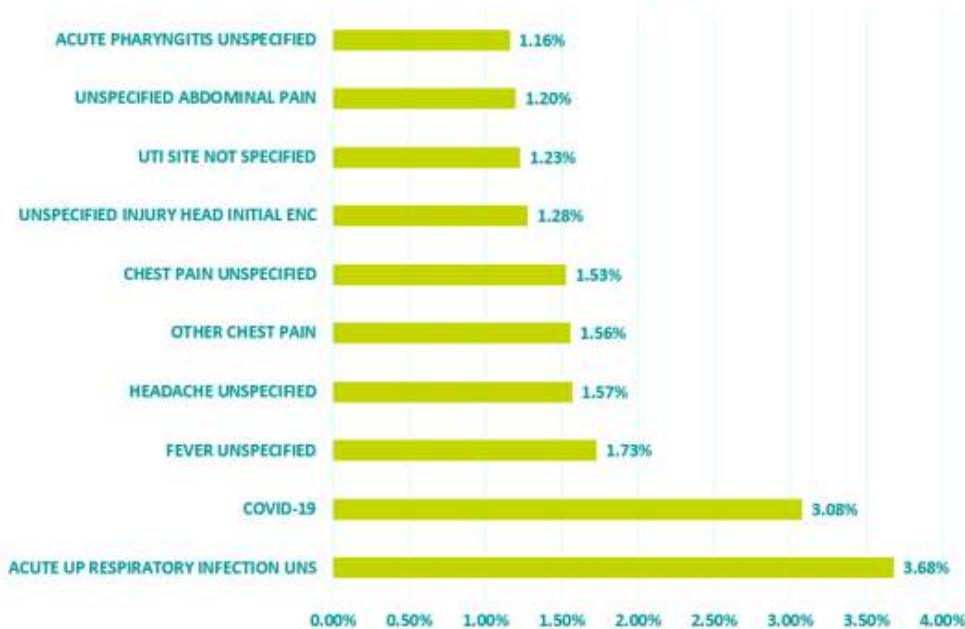
Top 5 Diagnosis by Claims Count



- Among Medicaid members and using Claims information, Hypertension was the top diagnosis among Medicaid members in 2021, followed by end stage renal disease and COVID-19.
- The top diagnoses among Medicaid members in 2020 were end stage renal disease, hypertension and autistic disorder.

Top 10 ED Primary Diagnosis by County

2021 Top 10 ED Diagnosis in San Diego



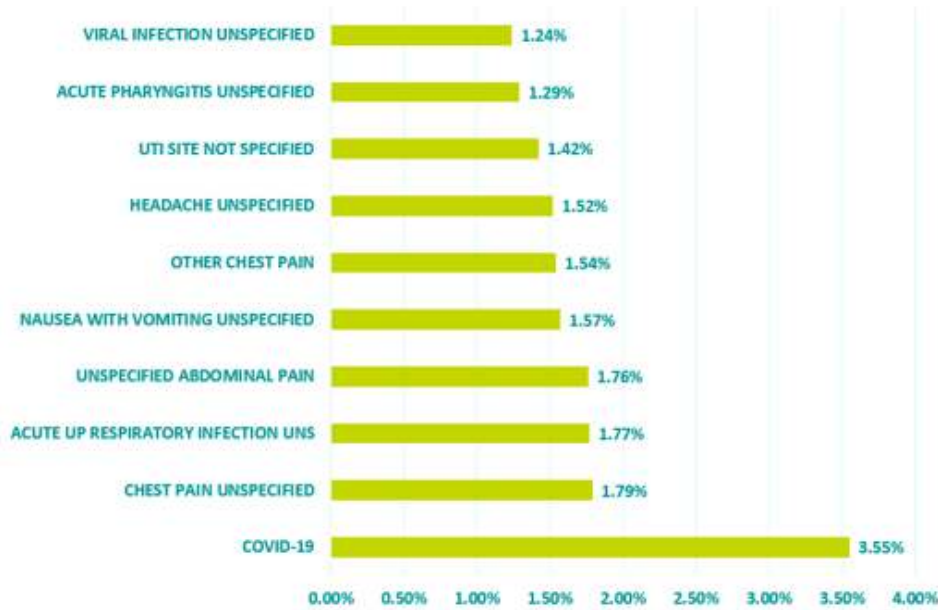
2021 Top 10 ED Diagnosis in Imperial



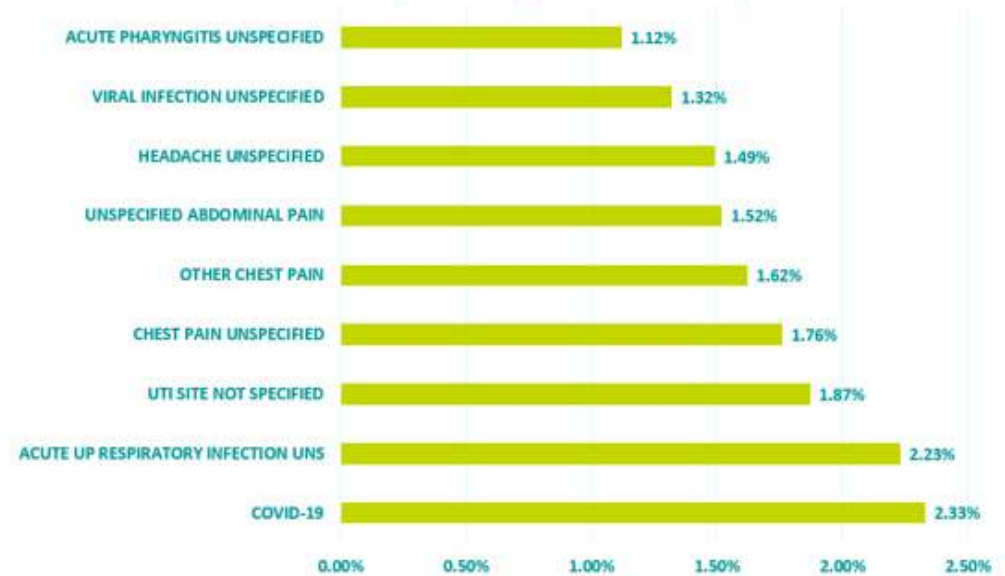
- In 2021, the top three ED diagnosis in San Diego was Acute Upper Respiratory Infections, COVID-19, and Fever. This is similar to 2020 when the top three diagnosis in San Diego was Acute upper respiratory infections, Fever, and Acute pharyngitis.
- The top three ED diagnosis in Imperial was Acute Upper Respiratory Infections, COVID-19, and Abdominal Pain. Again, these diagnoses are similar to 2020 diagnosis which were COVID-19, Abdominal pain, and Acute respiratory infections.

Top 10 ED Primary Diagnosis by County

2021 Top 10 ED Diagnosis in Sacramento



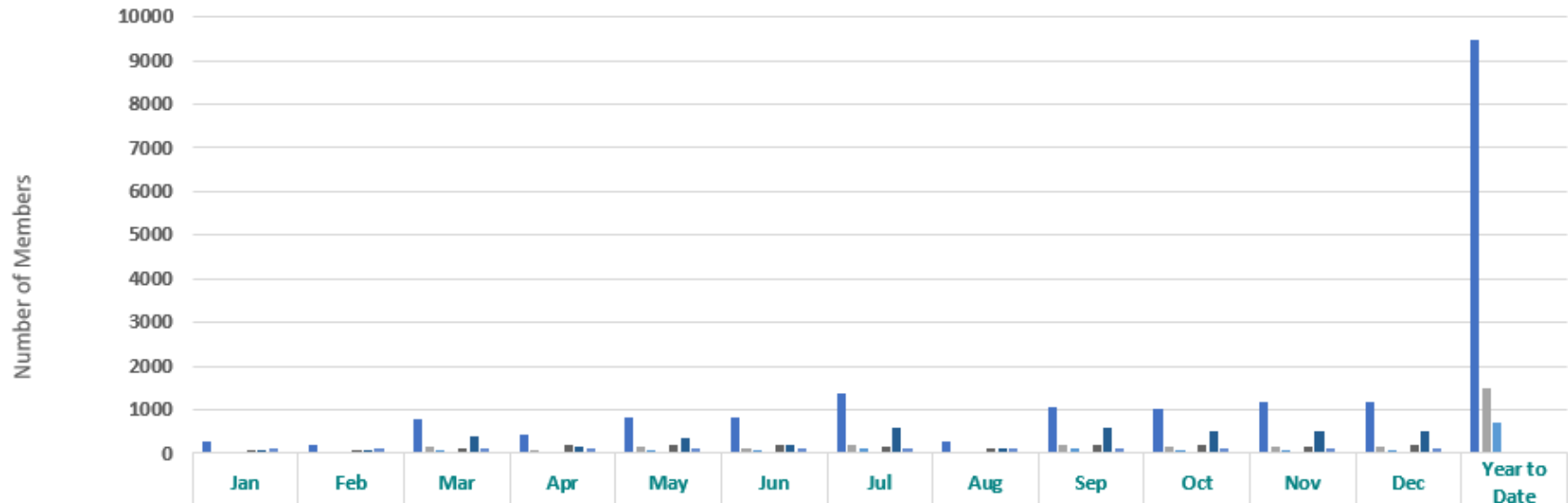
2021 Top 10 ED Diagnosis in Inland Empire



- The top ED diagnosis in Sacramento was COVID-19, Chest Pain, and Acute Respiratory Infections. In 2020, the top three diagnosis were different including Suicidal ideations, Pain in left knee, and Psychosis.
- The top three diagnosis for Inland Empire was COVID-19, Acute Respiratory Infections, and UTI. In 2020, the top diagnosis was Chest pain, Suicidal ideations, and UTI.

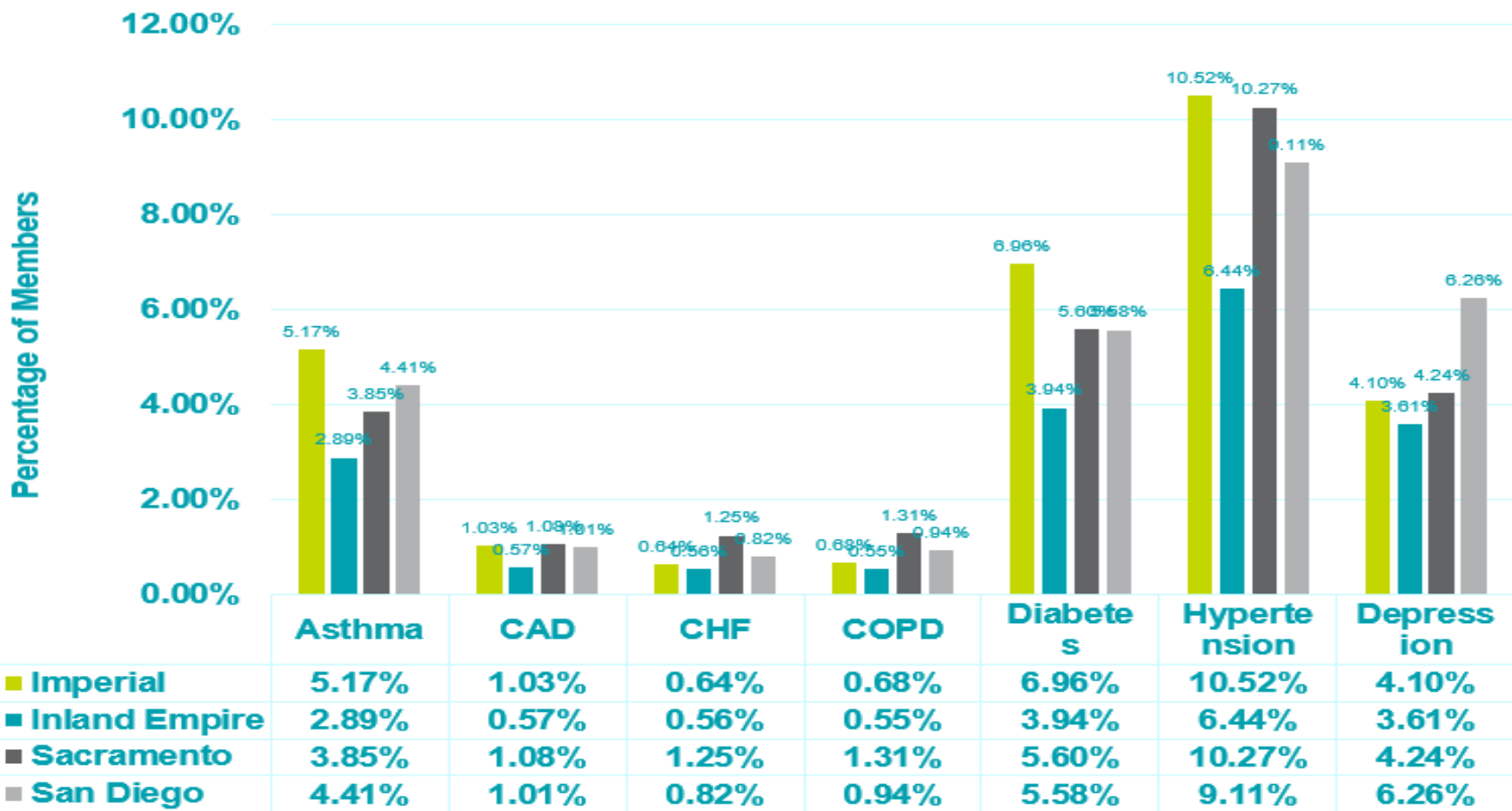
Women's Health: Pregnancy Screening

CA- Maternity Screening Results 2021



- Molina received notifications for 9,479 compared to 9,915 in 2020.
- In 2021, 1,510 members completed Maternity HRA's and 726 were triggered to High-Risk OB case management.

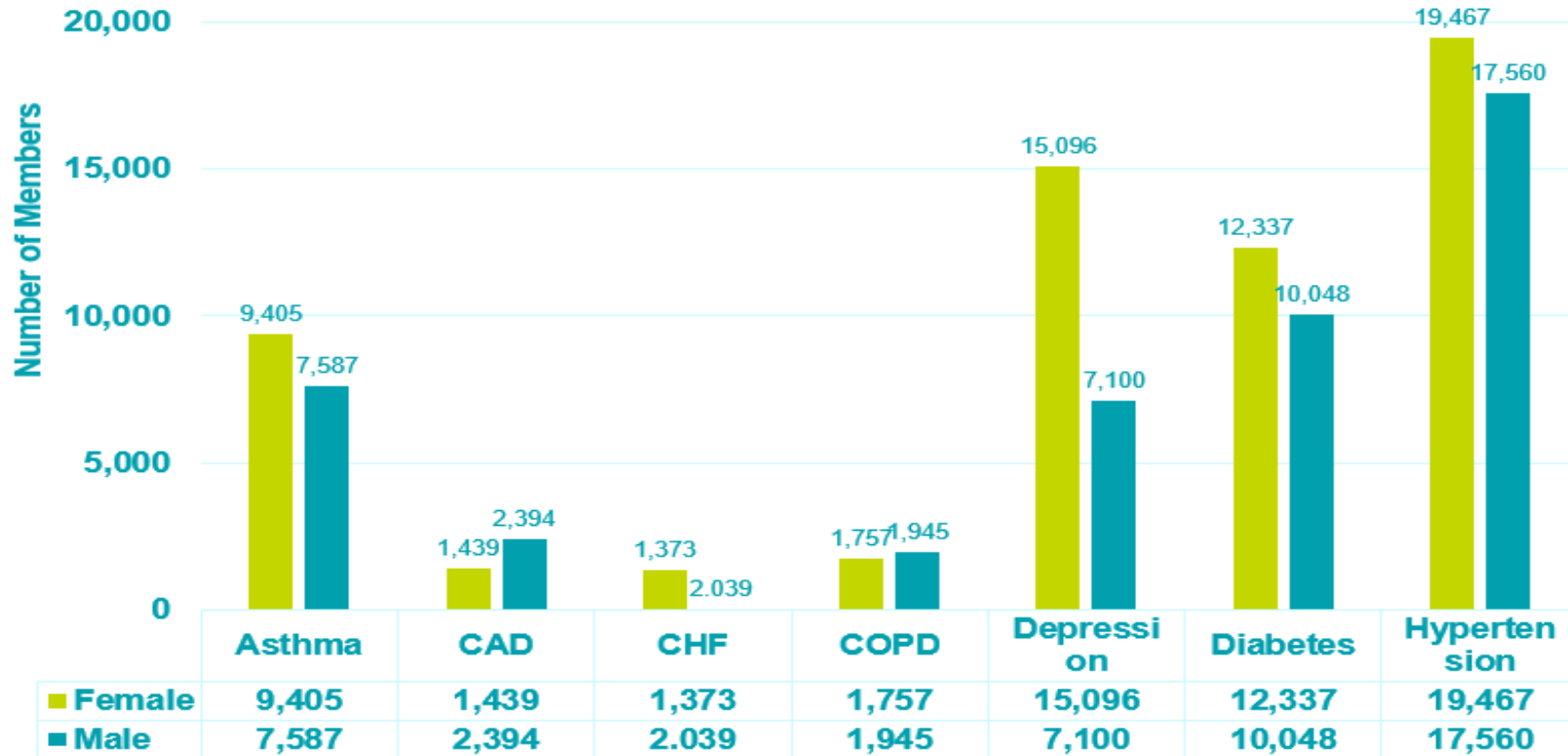
Chronic Disease Conditions by County



Top three chronic conditions by County:

- **Imperial:** Hypertension, Diabetes, Asthma
- **Inland Empire:** Hypertension, Diabetes, Depression
- **Sacramento:** Hypertension, Diabetes, Depression
- **San Diego:** Hypertension, Depression, Diabetes

Chronic Disease Conditions by Gender



- The number of female members with Hypertension, Diabetes, Depression, and Asthma is higher than males.
- The number of males with COPD, CHF, and CAD is slightly higher than females.
- Overall, females disproportionately suffer from chronic illness compared to males, especially Depression.

Access to Care: Ratio of Primary Care Practitioners

Provider/Practitioner Type	Performance Goal	Standard Member Ratio	Q4 2021 Ratio	Met/Not Met
General Practice	100%	<u>1</u> : 2,000	<u>1</u> : 315	Met
Family Practice	100%	<u>1</u> : 2,000	<u>1</u> : 267	Met
Internal Medicine	100%	<u>1</u> : 2,000	<u>1</u> : 304	Met
Pediatrics (Peds)	100%	<u>1</u> : 2,000	<u>1</u> : 346	Met
OBGYN- Primary	100%	<u>1</u> : 2,000	<u>1</u> : 376	Met

- As of Q4 2021, Molina met all goals for provider to member ratio for the below listed Primary Care providers.

Access to Care: Ratio of High-Volume Practitioners

Provider/Practitioner Type	Performance Goal	Standard Member ratio	Actual Member Ratio	Met/Not Met
OB/GYN	100%	<u>1</u> : 2,000	<u>1</u> : 376	Met
Dermatology	100%	<u>1</u> : 5,000	<u>1</u> : 904	Met
Gastroenterology	100%	<u>1</u> : 5,000	<u>1</u> : 926	Met
Ophthalmology	100%	<u>1</u> : 5,000	<u>1</u> : 345	Met
Ortho Surgery	100%	<u>1</u> : 5,000	<u>1</u> : 542	Met
Cardiology	100%	<u>1</u> : 5,000	<u>1</u> : 439	Met
Hematology*	100%	<u>1</u> : 5,000	<u>1</u> : 1,159	Met
Oncology*	100%	<u>1</u> : 5,000	<u>1</u> : 974	Met
General Surgery*	100%	<u>1</u> : 5,000	<u>1</u> : 334	Met

- As of Q4 2021, Molina met all goals for provider to member ratio for High-Volume Specialty providers.

Access to Care: PCP to Member Language Ratio

Goal: <1:2,500 PCP to Member Ratio

Language	Number of members who speak language	Percentage of members who speak language	Number of providers who speak language	Percentage of providers who speak language*	PCP to Member Ratio
English	373,323	67%	16,745	94%	1:22
Spanish	158,826	28%	5,011	28%	1:32
Arabic	12,948	2%	514	3%	1:25
Vietnamese	6,740	1%	507	3%	1:13

*Total equal greater than 100% due to providers speaking multiple languages

- English is spoken by 67% of members and 94% of providers.
- Spanish is spoken by 28% of members and providers.
- Arabic is spoken by 2% of members and 3% of providers.
- Vietnamese is spoken by 1% of members and 3% of providers.
- There are no other languages spoken by one percent or more of members.
- The PCP to Member ratio goal is met for all languages outlined in the table.

Access to Care: OBGYN Provider and Member Gender

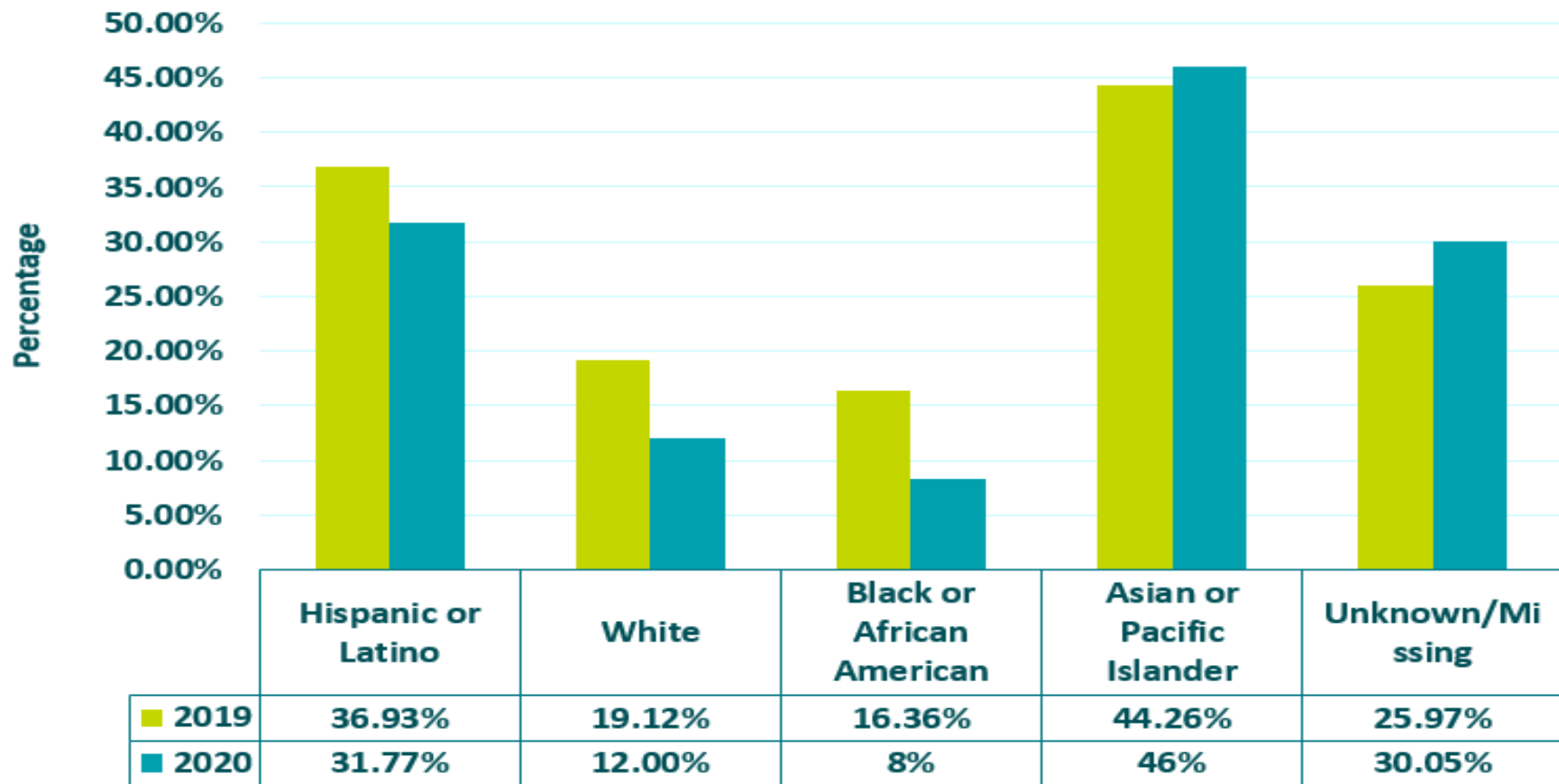
Goal: <1:5,000 Female OB/GYN to Female Member Ratio

County	Female Member Count (20+)	Female OB/GYN Provider Count	Ratio of Female OB/GYN Provider to Female Members*
San Diego	75,832	151	1:502
Riverside	29,598	135	1:219
Los Angeles	24,047	253	1:95
Sacramento	16,861	76	1:222
Imperial	5,487	16	1:343

* Ratios are rounded to nearest whole number

- All adult female Medicaid members (age 20+) have adequate access to OB/GYNs in the counties outlined above.
- San Diego County has the largest OB/GYN to member ratio (1:502), while Los Angeles County has the smallest (1:95).

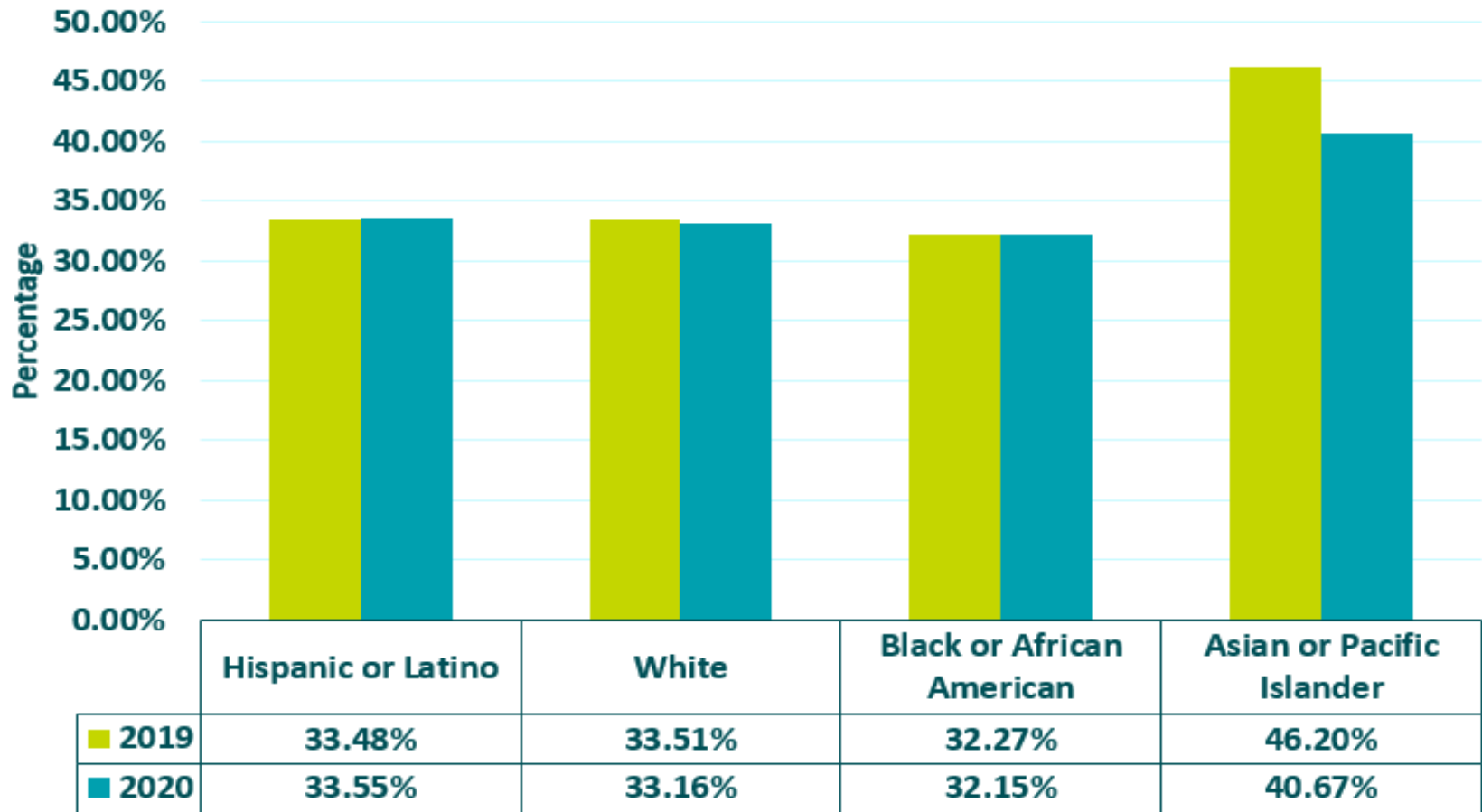
Health Disparities: Sacramento CIS-10 Rates 2019 & 2020



**To maximize graph legibility, categories with small populations have been omitted

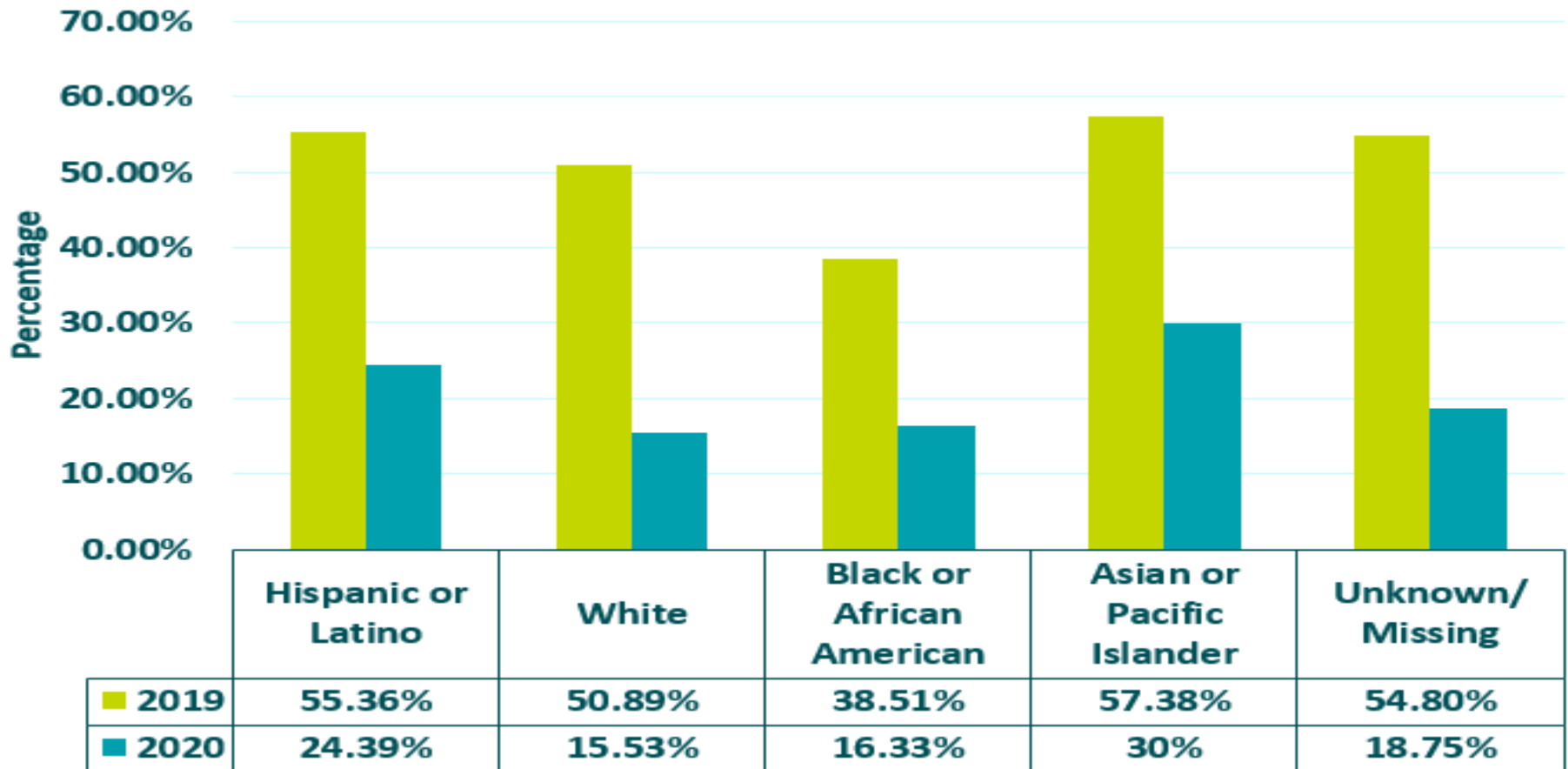
- There is a downward trend from 2019 to 2020 for Hispanics/Latinos, White, and Black or African American members. MPL goal is 37.47%.
- Asian or Pacific Islander group’s performance met the MPL.

Health Disparities: Sacramento HbA1c Control <8%



- The HEDIS 2020 rate of 37.12% for A1C Control fell well below the goal of meeting or exceeding the MPL rate of 87.83%.
- African American members had an A1C Control rate of only 32.27% in 2019 and remained low at 32.15% in 2020. This was lower than the rates for Asian, Hispanic, and White members.

Health Disparities: Well Child Visits in the First 15 Mo



- Rates for Latinos decreased from 55.36% to 24.39%, for Whites declined from 50.89% to 15.33%, for Blacks, the rate dropped from 38.51% to 16.33%, and lastly for Asian/PI, the rate decreased from 57.38% to 30%.
- This measure was changed from a hybrid to an administrative measure

HEDIS Improvement Projects

- Chronic Disease – Comprehensive Diabetes Control (CDC) HbA1C Testing
- Preventive Service – Child and Adolescent Well Care Measures
- Cervical Cancer Screening (CCS) and Breast Cancer Screening (BCS)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Behavioral Health Measures FUH/FUM/MRP
- Chronic Disease, CDC Poor Control (>9)
- Chronic Disease: Overall COVID Vaccination
- Immunizations for Adolescents Combination 2 (IMA)
- Women’s Health Measures: BCS, PPC-Pre, CCS
- Controlling High Blood Pressure (CBP)



Increasing Access to Preventive Health Screenings: Member Incentive Programs

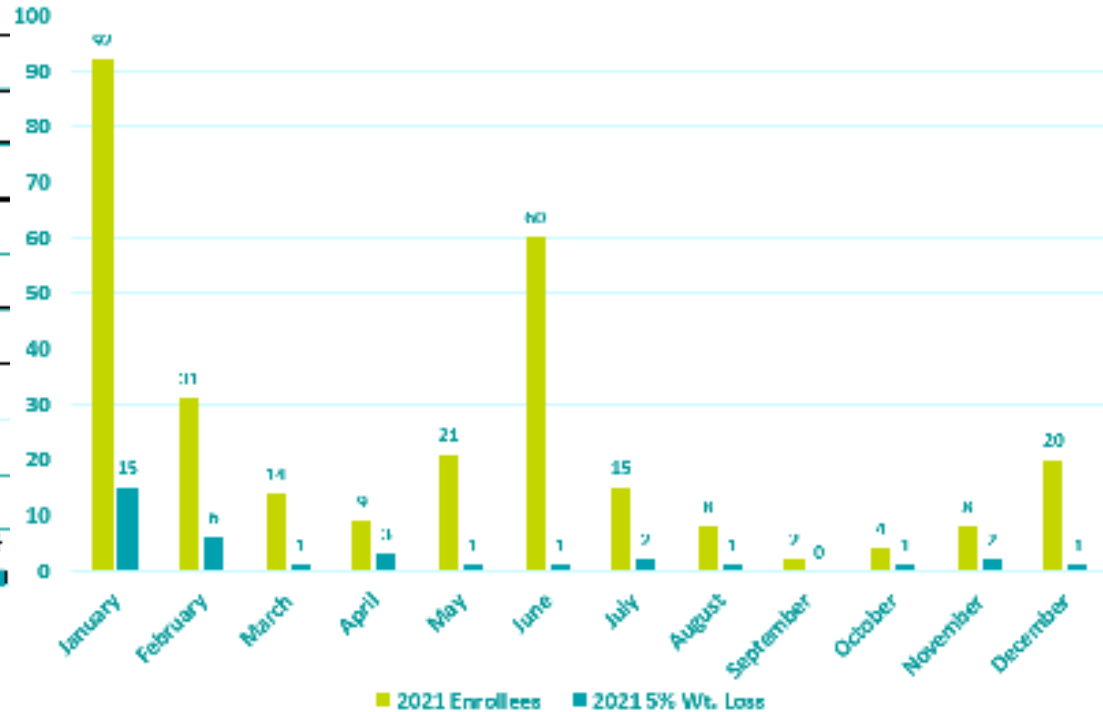
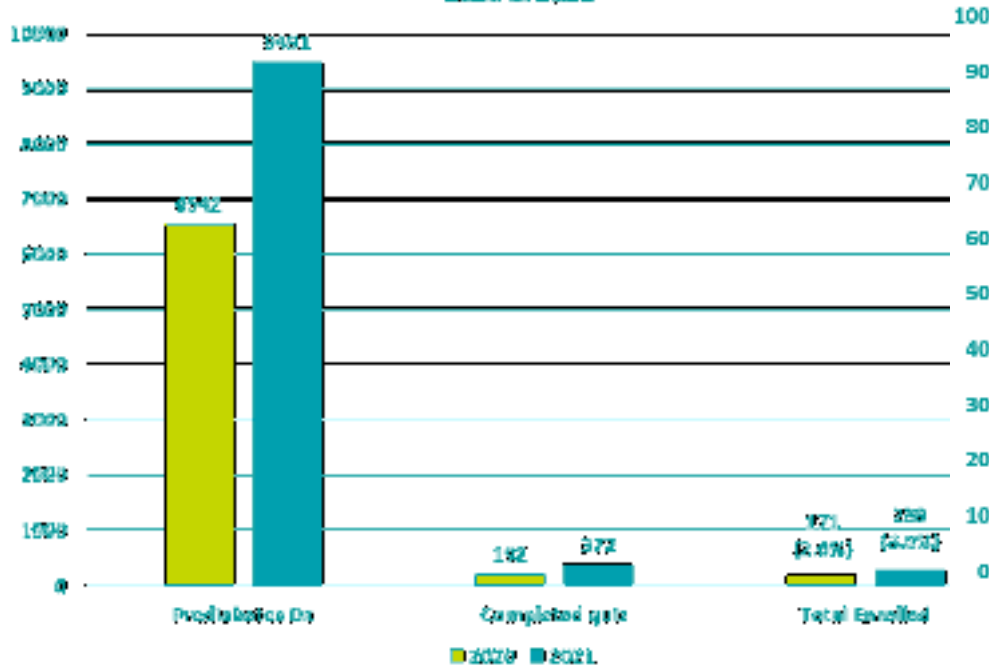
- Well Care Adult
- Childhood Immunizations (CIS-10)
- Annual Well Child Visits (0-15 months)
- Diabetes Care (CDC-Screening)
- Cervical Cancer Screening (CCS)
- Breast Cancer Screening (BCS)
- Prenatal Care (PPC-Pre)
- Postpartum Care (PPC-Pst)
- Controlling Blood Pressure



Program Analysis: Diabetes Prevention Program (DPP)

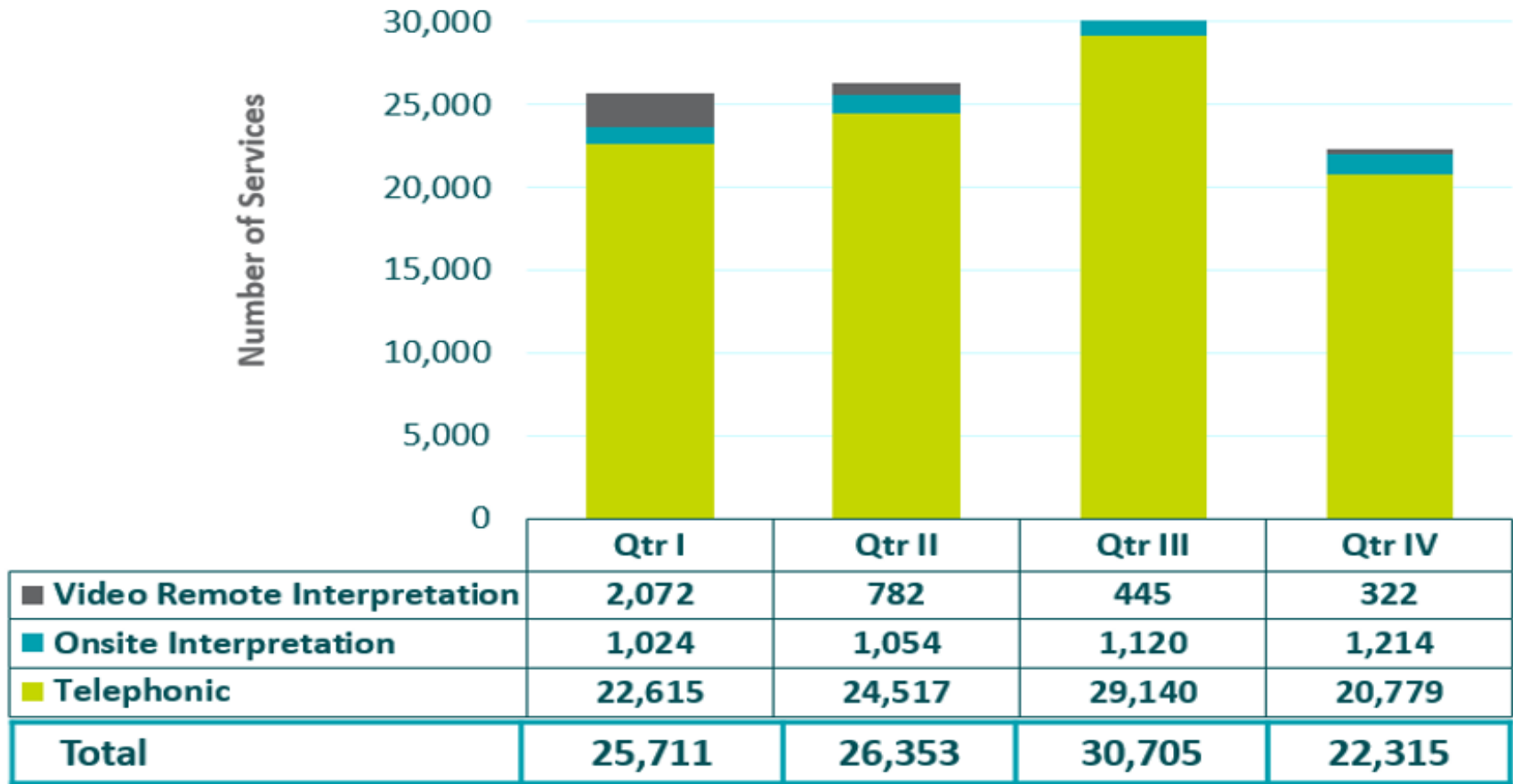
DPP Enrolled Members & 5% Wt. Loss 1-12 Months 2021

Diabetes Prevention Program Utilization
2020 & 2021



- 9,491 members were identified as having a prediabetes diagnosis and 372 members enrolled into the program (3% enrollment).
- While the program enrollment is low, the members that join the program do have significant outcomes. Please note that members that achieved the 5% weight loss may have enrolled in 2020 as this is a progressive program.

Program Analysis: Cultural & Linguistic Services



- In 2021, we provided a total of 105,084 interpretation sessions which is a 35.37% increase from 2020.
- Due to the COVID pandemic, we have seen continued increases in utilization of our telephonic interpretation services, onsite services, as well as VRI services.

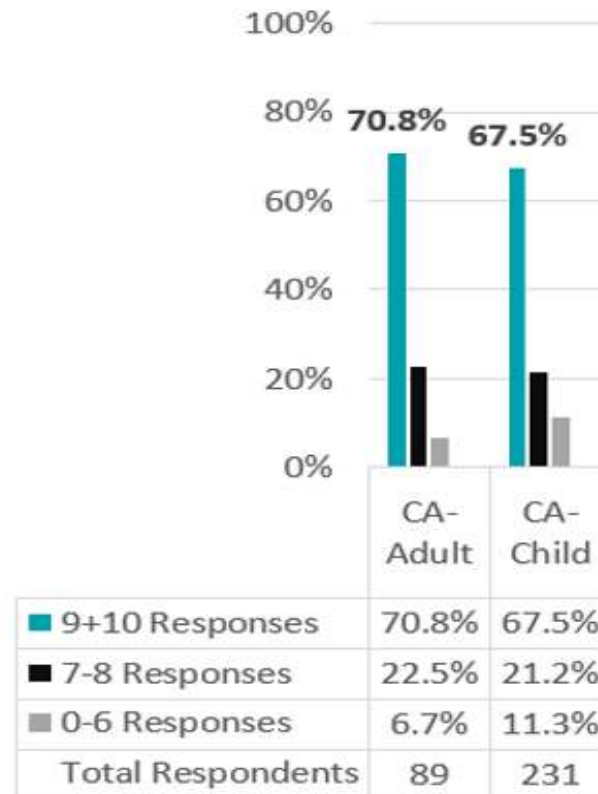
Program Analysis: Satisfaction with Interpreter Services

Provider Satisfaction	Very Good and Excellent Rating		
Language Assistance Program Survey Questions	Molina 2021	Molina 2020	All Other Health Plans 2021
24A. Satisfaction with the coordination of appointments with an interpreter.	34%	30%	31%
24B. Satisfaction with availability of an appropriate range of interpreters.	35%	32%	35%
24C. Satisfaction with the training and competency of available interpreters.	34%	30%	32%

- Molina’s 2021 Summary Rate Scores slightly increased on all three Language Assistance Program measures when compared to 2020.
- The slight dip in 2020 scores was due to COVID and the challenges of in-person interpretation during the first year of the pandemic. The slight increase in satisfaction for 2021 suggest that interpretation is now returning to pre-pandemic levels. When compared to all other Health Plans in 2021 Molina performed similarly (no statistically significant changes).

Program Analysis: Satisfaction with Interpreter Services

If you utilized an interpreter or language services to help speak with your/your child's doctors or other healthcare providers, how would you rate your experience?



Source: CAHPS 2021

- Overall, 93% of adult members and almost 89% of child members rated their experience with interpreter services 7 to 10 on the CAHPS survey.

Action Plan

- Increase Access to Childhood Immunizations Combo 10
- Increase Access to Well Child Visits in the First 15 Months (W15)
- Increase CDC – HbA1c Control (< 8%)
- Increase Diabetes Prevention Program Participation
- Increase Access to Interpretation Services
- Increase Provider Satisfaction with Interpreter Services
- Increase Provider Competency on Disability Diversity

