

NET1A – Cultural Needs and Preferences Study Summary

Annually, CalOptima Health composes a Cultural Needs and Preferences Study, titled the Cultural Needs and Preferences Study (NET1A) report. The report has been forwarded and reviewed by NCQA, Quality Improvement and Health Equity. In the report, CalOptima Health monitors members' ability to obtain health care services by ensuring an adequate network of practitioners and by analyzing the effectiveness of the network to meet the cultural needs and preferences of its membership.

To ensure member needs are met, CalOptima Health analyzes gender, race/ethnicity, language, and member needs/preference data of CalOptima Health members and compares the data against practitioners by health network to determine if there is adequate practitioner coverage to meet the member's needs. CalOptima Health collects data and utilizes ratios to compare against availability standards for:

- Gender Ratios: Male Member/Male Practitioner, Female Member/Female Practitioner.
- Language of Member/Practitioner ratio for Medi-Cal: Arabic, Chinese, Farsi, Korean, Spanish, and Vietnamese.
- Member Race/Ethnicity: CalOptima Health reviews data received via the Department of Health Care Services (DHCS) 834 eligibility files.
- Provider Race/Ethnicity: Review data from the California Department of Access and Information.
- Religion analysis: Review data from PEW research group to identify the religious composition of California's population.

The standard for practitioner to member ratio is 1:500. The standard is considered compliant if the practitioner to member ratio is less than 1:500. The gender data gathered in 2024 per health network for Male and Female Members is as per the following:

Medi-Cal Gender Data			
Male			
Date	12/31/2024		
Health Networks	Ratio	Provider	Member
Health Networks Combined	1:66	5,362	355,420
AltaMed Health Services	1:102	349	35,847
AMVI Healthcare	1:75	189	14,307
CalOptima Community Network	1:13	4,846	64,999
CHOC Health Alliance	1:54	1,347	73,906
Family Choice Health Network	1:72	306	22,239
Noble Mid-Orange County	1:63	200	12,632
Optum Care Network	1:120	685	82,304
Prospect Medical Group	1:51	419	21,776
Heritage - Regal	1:14	401	5,888

Medi-Cal Gender Data			
Female			
Date	12/31/2024		
Health Networks	Ratio	Provider	Member
Health Networks Combined	1:64	6,093	393,065
AltaMed Health Services	1:189	193	36,575
AMVI Healthcare	1:149	85	12,676
CalOptima Community Network	1:16	5,663	95,130
CHOC Health Alliance	1:49	1,400	68,848
Family Choice Health Network	1:197	119	23,548
Noble Mid-Orange County	1:124	93	11,624
Optum Care Network	1:210	454	95,648
Prospect Medical Group	1:97	225	21,997
Heritage - Regal	1:36	162	5,979
United Care Medical Group	1:131	160	21,040

CalOptima Health met the Male and Female practitioner to Male member and practitioner to female member ratio standard" with a ratio less than 1:500, additionally all health networks and medical groups also met the standard.

In 2024, CalOptima Health launched a Provider Satisfaction Survey aimed to gather race and

ethnicity data to better serve its diverse membership. The survey was conducted during the third quarter of the year when it was distributed to healthcare providers via email. Reminders were sent via email, and Provider Relations Representatives reached out directly to providers through emails, phone calls, and in-person interactions to encourage participation

CalOptima Health monitors the Cultural Competency of CalOptima Health staff, Providers, and provider's staff. In the study CalOptima Health identified CalOptima Health staff and practitioner's staff who have successfully completed the annual Cultural Competency training along with identified findings and a plan of action to address the findings.

The member data and the practitioner data collected for the report are extracted from CalOptima Health's core system (FACETS). This system contains member data for gender, language, and ethnicity, and is updated monthly from DHCS eligibility files and through daily member interactions with Customer Service Call Center staff.

CalOptima Health and health network member and practitioner data are summarized annually for gender and language. In the report most of the data is shown in ratios, the number of practitioners who meet the criteria compared to the number of members who meet the criteria. Members' needs and preferences data is displayed as a summary of the results.

CalOptima Health race/ethnicity is collected at the state level and received by CalOptima Health via the DHCS 834 eligibility files. The data is stored in CalOptima's Core eligibility system. CalOptima Health currently does not collect practitioner race/ethnicity and uses the California Department of Health Care Access and Information Health Workforce License Renewal Survey.

The gender study looks at the ratio of female members to female practitioners and male members to male practitioners to determine if there are areas that need attention.

Gender is a social and cultural variable that encompasses several domains, each of which influences health: gender identity and expression, gender roles and norms, gender relations, power, and equality and equity. Gender socialization tends to influence decisions related to health-seeking behaviors. Several clinical studies have indicated that health decisions are based on gender preferences and culture. The study looks at the following criteria for gender:

1. The number of female practitioners with female members
2. The number of male practitioners with male member.

CalOptima Health applied a general standard for practitioners to member ratio, which is 1:500 for gender groups, female, and male, to establish a point of comparison. The standard is considered compliant if the practitioner to member ratio is less than 1:500 for each gender group.

The study aims to assess the linguistic needs of its members and collect language data of CalOptima Health members and practitioners to determine if there is adequate practitioner coverage by language. CalOptima Health uses this study to determine if there are members

who do not have access to a practitioner who speaks their language.

The language study looks at the ratio of members who speak the non-English language to practitioners who speak the same non-English language to determine if there are any areas where practitioner to member ratio for a threshold language is too high and needs attention.

CalOptima Health provides interpreter services to its members at no cost to the member in any language. Based on the 2024 interpreter services utilization data, CalOptima Health successfully met the members' needs in accessing interpretation services in any language.

CalOptima Health provides written translations for six threshold languages in addition to English, the six threshold languages are Spanish, Vietnamese, Farsi, Korean, Chinese, and Arabic for the Medi-Cal program.

For the study the focus was CalOptima Health's six (6) threshold languages spoken by limited English proficient (LEP) population groups meeting a numeric threshold: Spanish (23%), Vietnamese (6%), Farsi (2%), Korean (2%), Chinese (1%) and Arabic (1%).

Language of Member/Practitioner data for Medi-Cal were assessed by Health Network as per the following:

Medi-Cal Language Data			
Spanish			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:152	1,614	245,602
AltaMed Health Services	1:140	224	31,540
AMVI Healthcare	1:39	117	4,657
CalOptima Community Network	1:44	1,294	57,132
CHOC Health Alliance	1:97	613	59,709
Family Choice Health Network	1:65	173	11,317
Heritage - Regal	1:14	256	3,696
Noble Mid-Orange County	1:70	148	10,401
Optum Care Network	1:111	428	47,807
Prospect Medical Group	1:37	324	12,046
United Care Medical Group	1:39	186	7,297

Medi-Cal Language Data			
Vietnamese			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:98	544	53,612
AltaMed Health Services	1:9	75	720
AMVI Healthcare	1:76	122	9,279
CalOptima Community Network	1:8	419	3,631
CHOC Health Alliance	1:20	116	2,415
Family Choice Health Network	1:84	179	15,067
Heritage - Regal	1:2	172	514
Noble Mid-Orange County	1:8	67	552
Optum Care Network	1:21	149	3,262
Prospect Medical Group	1:54	123	6,655
United Care Medical Group	1:71	161	11,517

Medi-Cal Language Data			
Korean			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:32	215	6,970
AltaMed Health Services	1:12	20	255
AMVI Healthcare	1:4	14	57
CalOptima Community Network	1:13	174	2,298
CHOC Health Alliance	1:16	77	1,282
Family Choice Health Network	1:7	11	85
Heritage - Regal	1:7	24	168
Noble Mid-Orange County	1:5	19	110
Optum Care Network	1:53	41	2,197
Prospect Medical Group	1:16	27	442
United Care Medical Group	1:7	10	76

Medi-Cal Language Data			
Arabic			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:34	161	5,481
AltaMed Health Services	1:7	28	209
AMVI Healthcare	1:5	12	70
CalOptima Community Network	1:19	129	2,504
CHOC Health Alliance	1:15	47	748
Family Choice Health Network	1:7	23	163
Heritage - Regal	1:2	41	98
Noble Mid-Orange County	1:3	21	74
Optum Care Network	1:24	50	1,205
Prospect Medical Group	1:6	37	223
United Care Medical Group	1:6	27	187

Medi-Cal Language Data			
Farsi			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:25	296	7,415
AltaMed Health Services	1:7	32	247
AMVI Healthcare	1:6	15	93
CalOptima Community Network	1:6	228	1,581
CHOC Health Alliance	1:8	85	732
Family Choice Health Network	1:10	16	170
Heritage - Regal	1:5	37	190
Noble Mid-Orange County	1:3	21	75
Optum Care Network	1:40	91	3,684
Prospect Medical Group	1:8	46	381
United Care Medical Group	1:9	29	262

Medi-Cal Language Data			
Chinese			
Date	12/31/2024		
Health Networks	Ratios	Provider	Member
Combined Medi-Cal	1:7	181	1,424
AltaMed Health Services	1:1	31	61
AMVI Healthcare	1:1	14	25
CalOptima Community Network	1:2	148	351
CHOC Health Alliance	1:3	60	225
Family Choice Health Network	1:2	27	76
Heritage - Regal	1:3	23	80
Noble Mid-Orange County	1:1	16	24
Optum Care Network	1:9	52	469
Prospect Medical Group	1:1	34	57
United Care Medical Group	1:2	25	56

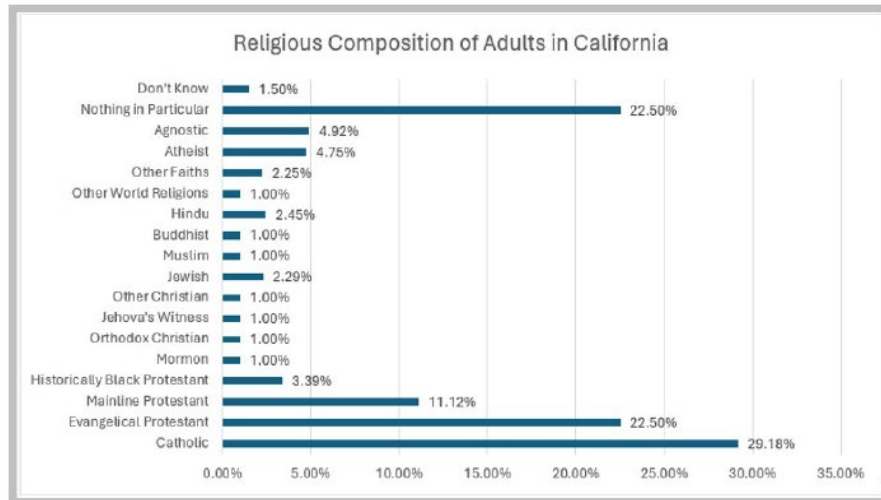
Based on 2024 interpreter services utilization data, CalOptima Health successfully met the members' needs in accessing interpretation services in any language. CalOptima Health met the language standard of 1:500 for Spanish, Vietnamese, Korean, Arabic, Farsi and Chinese.

Department of Healthcare Services (DHCS) threshold and concentration language requirements are:

- Eligible beneficiaries residing in CalOptima Health's service area who indicate their primary language as a language other than English, and that meet a numeric threshold of 3,000 or five percent (5%) of the eligible beneficiary population, whichever is lower (Threshold Standard Language); and
- Eligible beneficiaries residing in the CalOptima Health's service area who indicate their primary language as a language other than English and who meet the concentration standards of 1,000 in a single ZIP code or 1,500 in two contiguous ZIP codes (Concentration Standard Language).
- DHCS updates the threshold and concentration language requirements once every three fiscal years.

CalOptima Health's data does not capture religion data for its members or the providers. The members are not required to provide this information during the enrollment process. The providers do not provide this information during the credentialing or recredentialing process as it is not one of the fields in the credentialing application.

This is one of the limitations of the data available to CalOptima Health. Hence, CalOptima Health uses the PEW research group to identify the potential cultural needs for the members. The Pew Research Center is a nonpartisan fact tank that informs the public about social and cultural issues, attitudes and trends shaping the world. It is a widely recognized and utilized source of religion data for health plans across the country, outlined in the chart below.



- Christians represent 70% of California Adults, this includes Catholic, Protestants, Mormon, and Jehovah's Witness.
- Non-Christian faiths, including Jewish, Muslim, Buddhist Hindu, and other faiths represent 96% of California Adults.
- 23% are unaffiliated with any religion and 1.5% don't know

CalOptima Health continues to implement and improve its existing interventions to address upcoming cultural needs and preferences of members.