

**Kaiser Permanente (KP) California
Quality Improvement and Health Equity Committee (QIHEC)
Summary for DHCS – Q1 2025**

QIHEC Meetings:

- **Northern California (NCAL):** February 11, 2025
- **Southern California (SCAL):** February 26, 2025

The following NCAL and SCAL departments and subcommittees reported to their respective NCAL/SCAL QIHECs in Q1 2025:

Medi-Cal Quality Performance on Managed Care Accountability Set (MCAS) Measures:

NCAL

- Overall MCAS Measure Performance for Measurement Year (MY) 2024 (*Market level data available as of December 31, 2024)
 - High Performance Level (HPL): 13 out of 18 measures (72.2%)
 - Between Minimum Performance Level (MPL) and HPL: 3 out of 18 measures (16.7%)
 - Below MPL: 2 out of 18 measures (11.1%)
- Actions:
 - Follow-Up After ED Visit for Substance Use (FUA) – 30 Days: Daily patient outreach lists managed by care teams using in-person, telephone, and secure messaging to connect patients with follow-up care and internal programs.
 - Chlamydia Screening: Enhanced tech tools and Care Gaps logic to initiate screening at age 15.
 - Well-Child Visits (WCV) (15-30 Months): PROMPT system enhancements support timely in-person visits at 9 and 30 months.
- Next Steps:
 - Lead Screening in Children (LSC): Implement lab smart sets, extend lab hours, and regional outreach with secure messages/letters. A health engagement campaign and exploration of point-of-care screening are in progress.
 - Topical Fluoride for Children (TFL-CH): Well Child Questionnaire will trigger fluoride varnish applications needed, Medical Assistants are trained to administer and document application of fluoride treatment; Regional efforts focus on strengthening workflows and increasing access to dental services (e.g., targeted KP Medi-Cal member outreach efforts via direct phone calls and secure messaging, external dental office outreach performed to determine acceptance of Medi-Cal Dental and appointment availability).

SCAL

- Overall MCAS Measure Performance for Measurement Year (MY) 2024 (*Market level data available as of November 30, 2024)
 - High Performance Level (HPL): 10 out of 18 measures (55.5%)
 - Between Minimum Performance Level (MPL) and HPL: 7 out of 18 measures (38.9%)
 - Below MPL: 1 out of 18 measures (5.6%)

- **Actions:**
 - Follow-Up After ED Visit for Substance Use – 30 Days: Continue to monitor Follow-Up After Emergency Department Visit for Substance Use (FUA)/Follow-Up After Emergency Department Visit for Mental Illness (FUM) measure performance to ensure that all SCAL counties maintain performance above the MPL.
 - Well-Child Visits (15-30 Months): Will address the W30-2+ measure at QIHEC and collaborate with regional stakeholders on SCAL-wide performance improvement efforts to increase MPL.
 - LSC: Explore point-of-care testing during WCV.
 - TFL-CH: Regional efforts focus on strengthening workflows and increasing access to Medi-Cal dental services.
- **Next Steps:**
 - Leverage QIHEC support to engage regional stakeholders in SCAL-wide performance improvement efforts to achieve above MPL for all Counties & Medical Centers.

Regional Medi-Cal Quality Performance Improvement Plans (PIPs):

SCAL

- **2023-2026 Clinical PIP: Improve Well Child Visits for 0-15 Months (W30-6): 6 or more (W30-6) among the Black/African American Population**
 - **2024 SCAL Interventions:** Outreach efforts included 1) 12-month well child visit scheduling reminders via letter and 2) 14-month scheduling reminders via text/call if a 12-month well child visit was not completed
 - **Progress:** There was a slight improvement in W30-6+ performance from baseline, with continued efforts focused on further improvements.
 - **Next Steps:** Explore new interventions in 2025 aimed at increasing engagement in the Medi-Cal Black/African American population.
- **2023-2026 Non-Clinical PIP: Improve Provider Notifications for Substance Use Disorder (SUD) or Specialty Mental Health (SMH) Diagnosis Following ED Visit**
 - Enhance provider notifications for SUD or SMH diagnoses following Emergency Department (ED) visits.
 - **Progress:** PCPs receive KP ED encounter notifications through Health Connect In-Basket. Process improvements are needed for non-KP ED encounters.
 - **Next Steps:** Explore technology solutions to improve notifications for non-KP ED encounters, leverage available data, and collaborate with KP's Care Coordination Team (CCT) to drive performance improvements.

Health Equity Report:

The Health Equity Quality Measures Report (HEQMS) provides QIHEC with an overview of key performance measures segmented by race and ethnicity within the Medicaid population.

NCAL Measures and Action Plans:

- **Childhood Immunization Status (CIS) – Combo 10**
 - **Priority populations:** African American (AA)/Black and White children.

- Strategies: In-visit vaccinations, appointment scheduling, enhanced kp.org support, targeted outreach, and immunization education.
- Postpartum Care
 - Priority populations: AA/Black and White individuals.
 - Initiatives: Chart reviews, standardized scheduling checklist, and daily follow-ups.
- Controlling High Blood Pressure (CBP)
 - Priority population: AA/Black individuals.
 - Actions: Clinic-integrated BP banners, BP kit distribution, streamlined scheduling, and outreach campaigns.
- Hemoglobin A1c Control for Diabetes (HBD)
 - Priority populations: Latino and AA/Black individuals.
 - Approaches: A1c testing outreach, drop-in lab visits, cultural competency training, and targeted engagement.
- Well-Child Visits (W30-6+)
 - Priority Populations: Ensuring six or more visits by 15 months for AA/Black children.
 - Strategies: In-reach reminders, automated scheduling, and follow-ups.
- New DHCS Performance Improvement (PI) Focus:
 - Well-Child Visits (WCV) for ages 3-21.
 - Pediatrician recruitment and annual care targeting ages 5-6.

SCAL Measures and Action Plans:

- Childhood Immunization Status (CIS) – Combo 10
 - Priority populations: African American (AA)/Black and White children.
 - Strategies: In-visit vaccinations, appointment scheduling, enhanced kp.org support, targeted outreach, and immunization education.
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- Well-Child Visits (W30-6+)
 - Focus: Ensuring six or more visits by 15 months for AA/Black children.
 - Strategies: In-reach reminders, automated scheduling, and follow-ups.
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Health Equity Activities – DHCS Bold Goals:

KP's NCAL and SCAL regions are advancing health equity through three priority areas:

- Children's Preventive Care,
- Behavioral Health Integration, and

- Maternity Care.

Statewide Activities

- The National Medicaid Quality team is developing a centralized repository of Bold Goals initiatives across California.
- Medical centers have implemented successful population-focused interventions, while the National Health Plan Equity, Inclusion, and Diversity (EID) team has curated a collection of resources, including the Equitable Care Toolkit.
- MCAS measures are utilized to assess progress toward achieving Bold Goals.

NCAL Initiatives

- Children's Preventive Care: Outreach efforts include distributing culturally tailored materials on preventive services, engaging Black/African American members, participating in the CDC's Vaccine Safety Data Link, and expanding lab access.
- Behavioral Health: Initiatives focus on online self-assessments, wellness guides, mental health resources for pregnant individuals, and workforce expansion.
- Maternity Care: Efforts include remote patient monitoring and maternal health initiatives to improve care access and outcomes.

SCAL Initiatives

- Child Health Equity Collaborative (March 2024 – March 2025): Partnership with the Department of Health Care Services (DHCS) and the Institute for Healthcare Improvement with a focus on increasing Child & Adolescent Well-Child Visits (WCV) for ages 18-21.
- Quality Accountability A3 Project: Aimed at improving children's health outcomes in the Southern Coast Region. Final recommendations received with next steps under consideration for 2025.

Community Advisory Committee (CAC):

Statewide

- Launched in June 2024, the CAC includes Medi-Cal members, parent advocates, and Community-Based Organizations to discuss issues such as culturally appropriate services, health education, outreach, marketing, and community resources.
- KP collaborates with 35 local health departments and other health plans to address community needs.

NCAL

- December 2024 CAC focused on gathering feedback from Medi-Cal members about the Community Health Worker program, CAC expansion plans for 2025, and overall, 2024 CAC experiences. An open forum also allowed members and public guests to share input and ask questions.
- Action Plan: Feedback was documented for analysis and used to identify opportunities for improvement. Resources were provided to members as needed, and insights will inform future planning and program development.

SCAL

- December 2024 CAC focused on gathering input for the Community Health Worker program, sharing updates on the 2025 CAC expansion, and reflecting on the 2024 CAC experience. An open forum encouraged additional feedback and questions.
- Action Plan: Feedback was documented for review and will be used to support program development and continuous improvement. Participant's input will help shape future CAC efforts and inform planning for the Community Health Worker initiative.

Regulatory Compliance & Sanctions:

DHCS imposes sanctions on Medi-Cal managed care plans (MCPs) for MCAS performance below the 50th percentile (MPL).

- 2022 Sanctions: \$25,000 for LSC and Child/Adolescent Well-Child Visits (WCV) (Sacramento GMC & San Diego GMC)
- 2023 Sanctions:
 - Sacramento Geographic Managed Care: \$35,000 (LSC & TFL-CH below MPL)
 - San Diego Geographic Managed Care: \$25,000 (LSC & WCV below MPL)

Regulatory Update - All Plan Letters (APLs):

The Regional Medi-Cal Quality Teams participate in APL draft reviews and work with regulatory partners and leaders to provide active implementation. Updated/new APLs were presented in both NCAL and SCAL at the February 2025 Meeting. **Policy & Procedure Updates:**

- Medi-Cal Moral Objections: Details KP's commitment to ensuring Medi-Cal Member access to all covered services while complying with the conscience protection rights of provider and staff under state and federal laws
- Responsibilities Regarding Indian Members and Indian Health Care Providers: Defines the required administrative and operational procedures for effectively managing Indian Health Care Providers and American Indian Members per DHCS APL 24-002 *Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members*
- Duties and Responsibilities of KP Indian Health Service Tribal Liaison: Outlines role and responsibilities of KP's Indian Health tribal liaison per DHCS APL 24-002: *Medi-Cal Managed Care Plan Responsibilities for Indian Health Care Providers and American Indian Members*
- Community-Based Adult Services (CBAS) Eligibility Authorization Availability and Care Coordination Processes: Defines the scope of coverage, eligibility determination, authorization, care coordination, and Emergency Remote Services (ERS) for members enrolled in CBAS
- Community Supports: Describes provision of Community Supports (CS) to Medi-Cal Members, including auth procedures, oversight, and duration/ frequency of CS

Utilization Management (UM): Monitoring for Denials & Timeliness:

SCAL

- Decision Timeliness: Achieved a 94% timeliness rate for MCAL medical necessity denials
- Notification Compliance: Met notification requirements with 98% for Medical Directors and 97% for members, exceeding the 95% target for all metrics
- Highlights & Best Practices:

- Faster decisions regarding durable medical equipment (DME) resulted from targeted training, workflow updates, an aging report, and weekly monitoring
- Low Denial Rate resulted from strong adherence to best practices, reinforced by training and inter-rater reliability testing
- Opportunity & Action: Weekly workgroup efforts, previously spread across all case types, are now focused on urgent cases, as routine cases remain within the required timeframes

Utilization Management (UM): Monitoring for Over-/Under-Utilization of Services:

NCAL

- Met goals for the following measures, exceeding HPL targets and nearing general population performance:
 - Follow-up After ED Visit for Alcohol and Other Drug Dependence – 7-Day (FUA)
 - Follow-up After ED Visit for Mental Illness – 7-Day and 30-Day (FUM)
- Improvement observed since July 2024: Prenatal and Postpartum Care (PPC) had 1–3% increase in follow-up rates across most race/ethnicity groups
- Measures currently below 90th percentile stretch targets:
 - Plan All-Cause Readmissions (PCR)
 - Follow-up After ED Visit for Alcohol and Other Drug Dependence – 30-Day (FUA)
 - Well-Child Visits in the First 30 Months of Life (15–30 Months) (W30)
- Action Plans:
 - Plan All-Cause Readmissions (PCR): Weekly local and monthly regional meetings to assess readmissions and identify best practices.
 - FUA – 30-Day: Pre-discharge appointment scheduling, substance use navigator role in ED, patient-preferred scheduling, secure messaging follow-up, daily alerts from KFH for non-KP ED visits, and chart/data review for follow-up credit.
 - W30: Targeted outreach and scheduling next visit during the current encounter, with a focus on family convenience

Voted and Approved:

- December 2024 QIHEC Meeting Minutes
- QIHEC 2025 Charter and Membership

QIHEC Meeting Summaries are submitted to:

NCAL: Quality Oversight Committee (QOC) - Quarterly

SCAL: SCAL Quality Committee (SCQC) - Biannually

Next QIHEC Meetings:

NCAL: April 8, 2025, and June 10, 2025

SCAL: April 23, 2025, and June 25, 2025

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