

**Kaiser Permanente (KP) California  
Quality Improvement and Health Equity Committee (QIHEC)  
Summary for DHCS – Q2 2025**

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**QIHEC Meetings:**

- **Northern California (NCAL):** April 8, 2025 & June 10, 2025
- **Southern California (SCAL):** April 23, 2025 & June 25, 2025

**NOTE:** The June 25, 2025, meeting summary is not included in the Q2 2025 QIHEC summary as it will be included in the Q3 2025 QIHEC summary.

The following NCAL and SCAL departments and subcommittees reported to their respective NCAL/SCAL QIHECs in Q2 2025:

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

**NCAL**

- Overall MCAS Measure Performance YTD April 2025:
  - High Performance Level (HPL): 12 out of 18 measures (67%)
  - Between Minimum Performance Level (MPL) and HPL: 4 out of 18 measures (22%)
  - Below MPL: 2 out of 18 measures (11%)
- Actions Taken:
  - Well-Child Visits (WCV) in the First 30 Months of Life - First 15 Months (W30-6+): EHR enhancements implemented no support in-person encounters at 9-month and 30-month intervals, leading to 9.03% year-over-year improvement
  - Developmental Screening in the First Three Years of Life (DEV): Achieved 7.63% year-over-year improvement through enhanced screening protocols and provider education
  - Follow-Up After (FUA) Emergency Department (ED) Visit for Substance Use - 30 Days (FUA): Maintained high performance through care team coordination using in-person, telephone, and secure messaging outreach, achieving 5.39% year-over-year improvement
  - Lead Screening in Children (LSC): Implemented regional outreach programs with reminder letters and quarterly calls, enhanced Electronic Health Record integration with Community Health Worker toolkit, extended lab hours, and launched clinic education campaigns
  - Topical Fluoride for Children (TFL-CH): Launched statewide oral health initiative with enhanced clinical workflows and data capture processes, deployed member outreach campaigns, and collaborated with community organizations performing oral health assessments and fluoride applications. Advocated with DHCS for improved access to Medi-Cal Dental services.
- Next Steps for Measures Below MPL:
  - LSC: Refine EHR tools to streamline workflows, implementing follow-up via secure messaging and letters, and piloting point-of-care testing at select clinics with highest improvement potential.

- TFL-CH: Launch coordinated quality improvement initiative with KP's Northern California medical group, Medi-Cal teams, and regional/national Medicaid quality teams.

#### SCAL

- Overall MCAS Measure Performance as of April 2025:
  - High Performance Level (HPL): 11 out of 18 measures (61%)
  - Between Minimum Performance Level (MPL) and HPL: 7 out of 18 measures (39%)
  - Below MPL: 0 out of 18 measures (0%)
- Actions and Next Steps:
  - 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 meet or exceed MPL.
  - Well-Child Visits (15-30 Months): Address the W30-2+ measure at QIHEC and collaborate on regionwide performance improvement efforts.
  - LSC: Explore point-of-care testing during WCV.
  - TFL-CH: Strengthen workflows and increase access to dental services.
  - Continue to engage regional stakeholders in SCAL-wide performance improvement efforts to meet or exceed MPL for all counties.

### **DHCS Corrective Action Plan (CAP) Update**

#### Statewide

##### Well-Child Visit – CAP

- Inquiry CAP: Initiated in response to a member inquiry and DHCS request regarding adherence to the Well-Child Visit periodicity schedule.
  - Submitted to DHCS; two areas remain open with monthly updates.
  - Actions include updated policies, staff education, and revised member materials.
  - A self-monitoring structure has been implemented, including QIHEC oversight.
- Audit CAP: Triggered by the 2024 Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) audit, also focused on periodicity adherence.
  - Submitted on time; DHCS feedback pending.
  - Collaborative efforts with Medical Group Quality and Compliance are ongoing.
  - Work is aligned with the Inquiry CAP to streamline materials and responses.

#### SCAL

##### Blood Lead Screening (BLS)

CAP Focus: DHCS found Kaiser did not meet requirements for blood lead screening outreach to all members under age 6, as required by APL and contract; prior efforts only targeted ages 0–2.

- A 30-day CAP was submitted on May 29, 2025, with EHR updates and revised outreach workflows.

- Outreach now includes letters, emails, and SMS for all members up to age 6.
- DHCS feedback is still pending on this CAP and follow-up updates.

#### Behavioral Health Treatment (BHT)

- Issued following a November 2024 audit finalized in April 2025, which found Kaiser did not ensure delivery of authorized BHT services for members under 21.
- CAP Focus: DHCS cited gaps between approved and utilized BHT hours and recommended stronger monitoring to ensure alignment with treatment plans.
  - A six-month CAP was submitted on May 27, 2025, including process updates, stakeholder communications, and monthly oversight reporting.
  - Root cause analysis revealed inadequate tracking with new pilot and redlined monitoring process updates underway.
  - First monthly update submitted June 13 with next due July 11 with pilot outcomes and revised tracking protocols.

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

##### SCAL

- 2023-2026 Clinical PIP: Improve Well Child Visits (WCV) for 0-15 Months (W30-6): 6 or more (W30-6) among the Black/African American Population
  - 2024 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 (MY 2024 Resubmission Status)
    - SCAL performance increased from 74.00% baseline to 76.26% (+ 2.26%)
  - Next Steps: Consider new SCAL intervention in 2025 targeting on 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
  - Progress: PCPs receive KP ED encounter notifications through the EHR referral system. Process improvements are needed for non-KP ED encounters.
  - Next Steps:
    - Explore technology solutions to support provider notification from Non-KP ED to KP Providers.
    - Explore the availability of Admissions, Discharges, Transfers (ADT) data report to identify Non-KP ED encounters.
    - Collaborate with the Care Coordination Team for alignment with provider notification.
    - Obtain a daily report from the Emergency Prospective Review Program (EPRP) to support data and planned intervention.

#### **Health Equity Activities - DHCS Bold Goals:**

##### NCAL Initiatives

- Children's Preventive Care: Outreach efforts include distributing culturally tailored materials on preventive services, participating in the Centers for Disease Control and Prevention's (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 with a Bluetooth-enabled blood pressure monitor with cuff and weight scale paired with a smartphone app.

#### 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 within SCAL.

#### **Americans with Disabilities Act (ADA) Civil Rights:**

##### Statewide

- All Medi-Cal member grievances are investigated by the Centralized Resolution and Intake Center (CRIC) and reported to the California Department of Health Care Services (DHCS) in accordance with DHCS All Plan Letter Standards for Determining Threshold Languages, Nondiscrimination Requirements, And Language Assistance Services ([APL 21-004](#)).
- Required and recommended corrective actions are fully documented in the grievance case file whenever grievances are substantiated and communicated to the responsible department(s).
- Transgender, Gender Diverse or Intersex Cultural Competency Training Program and Provider Directory Requirements ([APL 24-017](#)): requires transgender, gender-diverse, and intersex (TGI) cultural competency training for staff, with retraining after upheld grievances and updated directories for affirming care. Initial training must be completed by March 1, 2025, and then every two years (or within 45 days for new hires), with retraining required within 45 days following any upheld grievance, and MCPs must monitor, verify, and report outcomes to DHCS to ensure improved performance and accountability.

#### **Language Assistance Program:**

##### NCAL

- As of March 2025, language preference data indicates near-complete documentation across the NCAL Medi-Cal population:
  - 99.47% (439,276 members\*) documented spoken language preference.
  - 98.73% (436,003 members\*) documented written language preference.
- Next Steps: Implement language assistance oversight to track interpreter and translation quality audits for timeliness and performance, using data-driven insights to guide corrective actions and training.

#### **Member Complaints, Grievances, and Appeals (CGA):**

##### NCAL

- The Medi-Cal line of business accounts for 10% of CGA complaint issues while comprising 11% of the Plan's total membership.
- Top performing areas in the first quarter (Q1) of 2025

- Emergency Department complaints: 4% reduction when compared to Q1 of 2024
- Behavioral Health complaints: 19% reduction when compared to Q1 of 2024
- Digital services complaints: 22% reduction when compared to Q1 of 2024
- Areas of Opportunity with action plans reported in Q1 of 2025
  - Internal Medicine: increased by 7% when compared to Q1 of 2024
    - Launched the Reward, Efficiency, Set Priorities, Empower Teams (RESET) program region wide. The initiative has restructured primary care to ensure timely appointments with preferred providers, preventing delays in treatment and improving the perception of treatment quality. Real-time reporting of complaint and grievance data to leadership ensures resolution within regulatory periods.
    - Experience Oversight: A Regional Ambulatory Care Experience Committee was created to guide continuous improvements in patient experience.
  - Pharmacy: increased by 5% when compared to Q1 of 2024
    - Technology solutions and job aids are now available to further support accurate prescribing.
    - Provider level consumer experience data is shared with key stakeholders to aid performance improvement.
  - Obstetrics & Gynecology: increased by 19% when compared to Q1 of 2024 complaints
    - Complaints are directly addressed within workgroups and local departments with close monitoring of ongoing increases and trends in specific complaint categories, excluding outliers and expected seasonal variations.
  - Member Services Contact Center: increased by 5% when compared to Q1 of 2024
    - Proposed staffing increases to help meet the 90-second average handle time target.
    - Consolidating premium billing activities and actions under one accountable leader with rigorous governance to remove obstacles and risks.
    - Implementing technology solutions to improve prioritization and turnaround time.
- Next Steps: In 2025, the NCAL Region Consumer Experience team will continue to monitor member issues against initiatives across service areas through governance oversight, as established in the Member Concerns Committee, with quarterly and annual reporting structures.

## SCAL

- The Medi-Cal line of business accounts for 10% of CGA complaint issues while comprising 14% of membership. Complaints have decreased by 7.4% year-over-year, while Medicaid membership has grown by 10.1%. Cases per 1k member rate decreased in Dec 24-Feb 25 by 15.9% YoY (2.45 to 2.06) compared to Dec 23-Feb 24.
- Issues linked to medical center operations are improving year-over-year. However, shared service drivers remain a priority for improvement in 2025. Top focus areas include HP Administration/Benefits, KP.org, Member Services Contact Center (MSCC), and Transportation.
- Next Steps:
  - Robust improvement plan in shared services prioritized for Q2 2025.

- Sustaining improvements in medical centers from 2024, particularly in behavioral health and pharmacy.
- The KP Cares Service Behavior Training Program is to be fully implemented by the end of 2025. This program begins with new employee orientation and is followed by a manager and existing employees to be completed by the end of 2025.
- Optimizing the quality review process for identification and management by CGAs by the end of June 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.
- In the first quarter of 2025, Northern California's five (5) Community Advisory Committees (CACs) and Southern California's four (4) CACs gathered feedback from Medi-Cal members, documented it for analysis and improvement, provided member resources as needed, and updated past open items.
- Next Steps:
  - Identifying follow-up actions based on feedback themes such as communication, member experience, community needs, support resources, system navigation, and access to care. These themes were shared with accountable leaders at the CAC Feedback Committees in June 2025.

### **Populations of Focus: Justice Involved**

#### NCAL

The Justice Involved Reentry Program is a new statewide Medi-Cal initiative, guided by DHCS policy, supporting individuals transitioning from county jails and state prisons (excluding federal prisons) by reactivating Medi-Cal benefits suspended during incarceration to help overcome post-release care barriers.

- The program rollout by county is from October 1, 2024, to September 30, 2026, with readiness assessments due six (6) months prior.
- Next Steps: Collaborating with KP's internal quality team to define long-term success metrics, implementing provider training on KP systems and Enhanced Care Management (ECM) best practices, and developing outreach strategies to increase enrollment within correctional facilities.

### **Regulatory Compliance & Sanctions:**

DHCS imposed sanctions on Medi-Cal managed care plans (MCPs) for MCAS performance below the 50th percentile (MPL). KP received the following sanctions:

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

**Regulatory Update – DHCS All Plan Letters (APLs):**

- The Regional Medi-Cal Quality Teams participate in APL draft reviews and work with internal regulatory teams to provide quality oversight of care delivery to KP's Medi-Cal members.
- Updated/new APLs were presented at the April 2025 Meeting (NCAL) and the June 2025 Meeting (SCAL)
  - 2024-2025 Medi-Cal Managed Care Health Plan Meds/834 Cutoff and Processing Schedule ([APL 25-001](#))
  - Skilled Nursing Facility Workforce Quality Incentive Program ([APL 25-002](#))
  - Establishing Dual Eligible Special Needs Plans by 2026 ([APL 25-003](#))
  - Community Reinvestment Requirements ([APL 25-004](#))
  - Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services, and Alternative Formats ([APL 25-005](#))
  - Timely Access Requirements ([APL 25-006](#))
  - Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions ([APL 25-007](#))
  - Hospice Services and Medi-Cal Managed Care ([APL 25-008](#))

**Policy & Procedure Updates:**

- Recently Published Policies in Q2 2025:
  - Medi-Cal External Quality Review: This policy details KP's commitment to cooperate with and assist the External Quality Review Organization (EQRO) designed by DHCS in fulfilling its EQR of KFHP.
  - Medi-Cal Quality and Health Equity Performance Measures Requirements: This policy defines guidelines for quality and health equity performance measures reporting, including cooperation with the External Quality Review Organization (EQRO) designed by DHCS to conduct its External Quality Review of KP, which includes oversight of MCAS and health equity measures.
  - Medi-Cal Palliative Care: The policy outlines KP's obligation to provide palliative care to Medi-Cal members.
  - Medi-Cal Provision of and Access to Services: This readiness policy outlines Medi-Cal covered services which KP Medi-Cal members may access through the Local Health Department (LHD), as required by the LHD MOU.
  - Medi-Cal Child Welfare Liaison Policy: This new policy establishes the intent and objectives of the Child Welfare Liaison role as well as provides guidance regarding the requirements and expectations in relation to the role and responsibilities of the Child Welfare Liaison.
  - Continuity of Care (CoC) for Foster Youth and Former Foster Youth: This policy establishes enhanced Continuity of Care guidelines and policies for newly enrolled Foster Youth or former Foster Youth Medi-Cal Members in Single Plan Counties who transition into KP effective January 1, 2025.

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

- Decision Timeliness: Achieved a 94% timeliness rate for 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:
  - Targeted training, workflow updates, an aging report, and weekly monitoring resulted in faster decisions regarding durable medical equipment (DME).
  - Strong adherence to best practices, reinforced by training and inter-rater reliability testing resulted in Low Denial Rate.
- Opportunity & Action: Weekly workgroup efforts, previously spread across all case types, are now focused on urgent cases, as routine cases remain within required periods.

## **Drug Utilization:**

### **NCAL**

- Activities:
  - Collaborated with the Permanente Medical Group (TPMG) Quality and Pharmacy Teams to review pharmacy quality measures.
  - Reinforced deprescribing efforts through presentations at the Medical Center Drug Use Management (McDRUM) online seminar, led by the Regional High-Risk Medication Lead.
  - Enhanced KP HealthConnect (KPHC) support tools, including best practice alerts and Smart Phrases.
  - Ongoing efforts to reduce prescribing unnecessary medications by targeting common anticholinergics, such as those for overactive bladder, with progress tracked using a 12-month continuous data methodology, despite limited alternatives that make deprescribing challenging
- Next Steps
  - Continue physician education and shared decision-making strategies for deprescribing.
  - Continue sharing initiative performance via monthly Drug Use Management (DrUM) scorecard and initiative report.

### **SCAL**

- Conducted clinical drug utilization reviews (DUR) focusing on drug-drug interactions (DDI), duplicate therapy, and minimum/maximum (Min/Max) dosing to mitigate fraud, waste, and abuse (FWA).
  - Reviewed top ten (10) duplicate therapy categories with allowances of 0 (no duplicates allowed) and 1 (one duplicate allowed). Compared to Q4 2023, there was a 7% increase in distinct members and total claims for allowance 0 and a 19% and 20% increase, respectively, for allowance 1.
  - Reviewed top ten (10) drugs with doses outside First Databank (FDB) guidelines. Compared to Q1 2024, there was a 5% increase in distinct members and total claims for both Min/Max scenarios 1 and 2.
- Next Steps:
  - Educational outreach will be conducted for providers and pharmacies when inappropriate prescribing is identified.
  - Utilize the Medication Treatment Appropriateness Committee (MedTAC) Medi-Cal Report to engage a multidisciplinary group of local and regional leaders in guiding



initiatives aimed at improving treatment appropriateness, with an emphasis on patient safety and care quality

- Generate quarterly reports to track key prescribing metrics, enabling medical centers to monitor progress and identify Medi-Cal-specific areas for improvement.
- Conduct retrospective reviews to track opioid prescribing and concurrent use with benzodiazepines, antipsychotics, and Medications for Addiction Treatment (MAT), aiming to prevent misuse. Additionally, monitor psychiatric prescriptions in children to ensure safety and adherence to guidelines.

### **Access and Medi-Cal Network Adequacy:**

#### **Statewide**

- Ongoing monitoring and assessment to address network adequacy gaps for alignment with DHCS Medi-Cal contract requirements.
- Ongoing Action Plan: Substantial work has been undertaken to establish and sustain the 32 county Medi-Cal network, particularly across Mandatory Provider Types, Long Term Care, and Other Provider Types. Efforts continue to address any existing gaps and proactively respond to any newly emerging deficiencies.

### **Population Needs Assessment (PNA):**

#### **Statewide**

- The PNA implementation team developed a county-level summary to support collaboration between quality and operational teams, local health jurisdictions, and MCPs on targeted improvement efforts.
- PNA findings are a new resource not previously produced at KP. The PNA findings supplement but do not replace the Medi-Cal Population Needs Assessment that is prepared separately for DHCS.
- KP categorized Local Health Department (LHD) priorities into six (6) domains: Wellness & Prevention, Chronic Disease, Behavioral Health, Environmental Factors, Social Determinants of Health, and Linkages/Infrastructure.
- Top three (3) most frequently cited issues:
  - Access to Health Care
  - Behavioral Health
  - Housing
  - Homelessness.
- Next Steps: LHDs prioritize upstream interventions, such as expanding access to affordable housing, increasing awareness and availability of mental health services, and aiming to improve long-term health outcomes through preventive strategies.

### **Voted and Approved:**

- February and April 2025 QIHEC Meeting Minutes
- Medi-Cal Provider Training Manual (SCAL)

### **QIHEC Meeting Summaries are submitted to:**

NCAL: Quality Oversight Committee (QOC) - Quarterly

SCAL: SCAL Quality Committee (SCQC) - Biannually

### **Next QIHEC Meetings:**

NCAL: August 12, 2025

SCAL: August 27, 2025

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**Approved on:** July 25, 2025

**Publication date:** August 15, 2025

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