

Kaiser Permanente (KP) California Quality Improvement and Health Equity Committee (QIHEC) Summary for DHCS – Q4 2024

QIHEC Meetings:

- **Northern California (NCAL):** October 8, 2024, & December 10, 2024
- **Southern California (SCAL):** October 23, 2024, & December 18, 2024

The following NCAL and SCAL departments and sub-committees reported to their respective NCAL/SCAL QIHECs in Q4 2024:

Performance on Managed Care Accountability Set (MCAS) Measures:

Northern California (NCAL) – The Permanente Medical Group (TPMG)

- Achieved \geq 50th percentile (MPL) on 89% of priority measures and \geq 90th percentile (HPL) on 72%.
- Challenges: Lead Screening in Children (LSC) and Topical Fluoride in Children (TFL-CH) remain below MPL.
- Interventions:
 - Secure patient notifications and health engagement messaging for LSC.
 - Well-Child Questionnaire for TFL.
 - Targeted outreach.
 - Mobile clinic services for fluoride application in Amador County.

Southern California (SCAL) – Southern California Permanente Medical Group (SCPMG)

- Achieved \geq 50th percentile (MPL) on 94% of priority measures and \geq 90th percentile (HPL) on 53%.
- Challenges: LSC remains below MPL in Kern, Orange, Riverside, San Bernardino, and Ventura counties.
- Interventions:
 - SureNet Project: Automated lead screening campaign with lab orders and parent notifications.
 - San Diego Capillary Testing Pilot: Expanded to 12 medical offices.
 - Health Connect EMR Alerts: Revised to identify care gaps for Medi-Cal members.
 - Parent Education: Office-based materials and online resources.
 - Population Health Strategy: Partnering with CalOptima on a Community Health Worker Blood Lead Toolkit.

Regulatory Compliance & Sanctions:

Statewide

- 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-Care 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).

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+)
 - Focus: 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.
 - Physician recruitment and annual care targeting ages 5-6.

NCAL Performance & Next Steps:

- Trends:
 - Disparities persist among key racial/ethnic groups.
 - Focus remains on improving W30-6 and WCV performance for priority populations.
- Future Actions:
 - Expand targeted interventions and outreach strategies.
 - Continue refining data analysis and performance improvement activities.

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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SCAL Performance & Next Steps:

- Trends:
 - Performance disparities persist among White, Black, and Native Hawaiian/Other Pacific Islander members.
 - San Diego leads in Wellness Visits (15-30 months); Kern and San Bernardino counties remain below MPL.
 - SCAL Clinical PIP (2023-2026) aims to improve W30-6 for Black/African American children.
- Interventions & Outcomes:
 - SCAL PDSA Project (San Diego, MY 2022) improved WCV rates (+11.91%) through outreach and appointment confirmations.
 - MPL benchmark increase (+2.67%) affected performance in some counties.
- Future Actions:
 - Expand PDSA initiatives region wide.
 - Conduct deeper data analysis at zip code/city level, including social determinants.
 - Implement additional performance improvement activities by February 2025.

Health Equity Activities – DHCS Bold Goals:

Kaiser Permanente’s Northern California (NCAL) and Southern California (SCAL) regions are advancing health equity through three priority areas:

- Children’s Preventive Care
- Behavioral Health Integration
- 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

- SCAL is building a comprehensive repository of Kaiser Permanente’s provider-led initiatives and innovative care models aligned with Bold Goals. Key activities include:
 - Cataloging existing quality initiatives from workgroups.
 - Conducting research on Kaiser Permanente platforms (e.g., KP.org, KP News) to identify relevant programs.
 - Developing an inventory categorized by focus area, Bold Goal, MCAS measures, champion, activity, and source.
 - Engaging KP leaders to support Bold Goal-aligned projects and identify opportunities for scaling successful models.

This work reflects Kaiser Permanente’s commitment to advancing health equity and improving outcomes for Medi-Cal members across California.

2025 Medi-Cal Provider Training – Diversity, Equity & Inclusion (DEI):

NCAL

- A DEI Training Program pilot will launch in January 2025.
- The training covers structural and institutional racism, health inequities, cultural beliefs about health and illness, local service area disparities, member experience, perceived discrimination, implicit bias, LGBTQIA+ concerns, DEI transgressions monitoring, and grievance and appeal tracking systems.

Health Education and Training:

SCAL

- Health education services are provided by the Southern California Permanente Medical Group’s (SCPMG) Center for Healthy Living (CHL), located in each of the 13 KPSC medical centers.
- Services include in-person and virtual health education, lifestyle behavior change workshops, healthy living webinars, Wellness Coaching by Phone, and health education materials in print, digital, and video formats.
- These services are available to all members, regardless of insurance line of business or payor.

Behavioral Health:

SCAL

- Updates were provided on the KP Behavioral Health Medi-Cal Program.

Organ Transplants:

Statewide

- Clinical workflows and referral processes were established for out-of-state liver transplant patients, resulting in 10 KP Medi-Cal patients receiving transplants.
- Collaborated with health plan partners to create an escalation process for referring liver transplant patients to County addiction services when necessary.
- Authorization requests for potential transplant candidates are processed within 72 hours.
- Pharmacy reminders are sent to patients for medication refills and troubleshooting assistance.
- Equity in transplant access is monitored through data tracking and reporting based on race and ethnicity.

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

NCAL

- Met goals for all UM measures exceeding stretch targets for six measures.
- Improvement in the following measures since Sept 2023:
 - Follow-up After ED Visit for Alcohol and Other Drug Dependence – 7-Day and 30-Day (FUA)
 - Prenatal and Postpartum Care (PPC)
- Measures currently below the 90th percentile stretch target:
 - 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 to identify best practices.
 - Follow-up After ED Visit for Alcohol and Other Drug Dependence – 30-day (FUA): Booking follow-up appointment before discharge, adding a substance use navigator role in the ED, scheduling patient appointments in order of preference, leveraging secure messaging encounters to support members, working with KFH to receive daily notification of members receiving care at non-KP Eds and chart/data review to ensure credit of follow-up care.
 - Well-Child Visits in the First 30 Months of Life (15-30 Months) – Targeted outreach

SCAL

- Over-/under-utilization measures were reported through the Clinical Strategic Goal (CSG) Steering Committee and the SCAL Quality Committee (SCQC), ensuring accountability and a specific focus on the Medi-Cal line of business.
- All Medi-Cal performance metrics exceeded the Minimum Performance Level (MPL), with efforts underway to reach the High-Performance Level (HPL).
- Achieved targets across all over-/under-utilization measures, with improvements in several measures since MY 2023:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM0)
- Follow-up After ED Visit for Alcohol and Other Drug Dependence (7-Day and 30-Day) (FUA1, FUA2)
- Follow-up After ED Visit for Mental Illness (7-Day and 30-Day) (FUM1, FUM2)
- Timeliness of Prenatal Care (PPC1)
- Well-Child Visits in the First 30 Months of Life (0-15 Months and 15-30 Months) (W30A, W30B)
- Measures below the 90th percentile stretch target include PCR, FUA1, FUA2, FUM1, FUM2, PPC2, and W30B.

Utilization Management, Denials & Timeliness:

NCAL

- Medi-Cal Enrollment Surge: Membership increased by 849.73% in Q1 2024 due to the KP direct contract.
- Increased Denial Rates/Volumes: Rising denial rates were observed across all categories, particularly in Medi-Cal, attributed to the drastic membership growth experienced in 2024:
 - Durable Medical Equipment (DME) denials surged by 388% (486 in Q2 2024 vs. Q3 2023).
 - Outside Services (OS) denials increased steadily but remained lower than DME.
- Denial Timeliness:
 - DME: 40% of decisions exceeded timeliness thresholds (95% target). Ongoing improvement activities include ensuring adequate staffing, enhancing staff training, and implementing robust tracking measures until desired improvements are achieved.
 - OS: 98% compliance with timeliness requirements.
 - Pediatric Developmental Disabilities Office (PDDO): 100% compliance.
- Appeals:
 - 40.5% of appeals were overturned (partially or fully), though appeals accounted for only 1.2% of 1,236 total denials.
 - 59.5% of appeals were upheld, reflecting consistency in denial decisions.

Drug Utilization:

NCAL

- Activities:
 - Collaborated with the Permanente Medical Group (TPMG) Quality Team and Pharmacy to review pharmacy quality measures.
 - Reinforced deprescribing efforts through presentations at the Medical Center Drug Use Management (McDRUM) webinar, led by the Regional High-Risk Medication Lead.
 - Enhanced Kaiser Permanente HealthConnect (KPHC) support tools, including best practice alerts and Smart Phrases.
 - Continued implementation of the Polypharmacy Initiative, which aims to reduce unnecessary medication use, particularly among anticholinergic drug classes such as antimuscarinics for overactive bladder. The impact of these interventions is reflected in a 12-month continuous data methodology.

- Recognized that deprescribing conversations may require additional time, as patients may be hesitant to discontinue previously prescribed medications.
- 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
 - DrUM will update polypharmacy measures criteria by September 2024. New resources include a Clinician Guide, Medication Alternatives, a Polypharmacy Toolkit, and KPHC updates.

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.
 - DDI: 1% increase in distinct members with a DDI and 3% increase in total claims compared to Q4 2023.
 - Duplicate Therapy: Reviewed top 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.
 - Min/Max Dosing: Reviewed top 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:
 - If inappropriate prescribing is identified, targeted provider and pharmacy educational interventions will be conducted.
 - Medication Treatment Appropriateness Committee (MedTAC) Medi-Cal Report: MedTAC, a multidisciplinary group of local and regional leaders, oversees initiatives to enhance treatment appropriateness, with a focus on patient safety and care quality.
 - Executive Scorecard Reporting: Quarterly reports track performance on key prescribing metrics, enabling medical centers to assess their progress and identify Medi-Cal-specific opportunities for improvement.
 - SUPPORT Act Monitoring: Retrospective analyses assess opioid prescribing patterns and concurrent use with other medications, such as benzodiazepines, antipsychotics, and medication-assisted treatment (MAT), to prevent misuse and abuse. Additionally, psychiatric drug prescribing in children is monitored to ensure appropriateness and compliance with safety guidelines.

Member Complaints, Grievances, and Appeals (CGA):

NCAL

- The Medi-Cal line of business accounts for 12% of complaint issues while comprising 10% of membership.
- Top complaint categories within the last 13 months:
 - Internal Medicine: 28.6% (4,538 complaints) – Primarily within Quality of Care – Diagnosis, Treatment, or Care.

- Behavioral Health: 9.8% (1,561 complaints) – Primarily within Appointments and Referrals.
- Emergency Department: 9.6% (1,520 complaints) – Primarily within Quality of Care – Diagnosis, Treatment, or Care.
- Key areas for improvement (October 2023 – October 2024):
 - Transportation – Facility Environment: Complaints increased by 27.7%, mainly related to rideshare reliability and member experience.
 - KP Digital – Quality of Service: Complaints increased by 98.4%, mainly due to difficulties performing simple tasks on the website (technical errors, navigation, messaging providers, refilling prescriptions, and proxy processes).
- Action Plans:
 - Enhancements to KP.org to improve ease of use and technical functionality.
 - Timely appointments, staff communication, and management awareness initiatives.
 - Local Grievance Committees engage facility and department leaders to create and track action plans.
 - Regular data sharing (monthly, quarterly, and ad hoc reports) with regional and department leadership to drive awareness and accountability.
 - High-priority complaints are escalated to leadership to ensure resolution within regulatory time limits.

SCAL

- The Medi-Cal line of business accounts for 10% of complaint issues while comprising 13% of membership.
- Complaints have increased by 8.6% year-over-year, while Medicaid membership has grown by 5.4%.
- Issues linked to medical center operations are improving year-over-year. However, shared service drivers remain a priority for improvement in 2025.
- Action Plans:
 - Robust improvement plan for shared services prioritized for Q1 2025.
 - Sustaining improvements in medical centers from 2024, particularly in behavioral health and pharmacy.
 - KP Cares Service Behavior Standards Program to be fully implemented by the end of 2025.
 - Optimizing the quality review process for diagnosis & treatment of CGAs by June 2025.
 - Enhancing data tracking: Incorporate business and development requirements to track CGA data across all lines of business, including race, gender, ethnicity, and preferred language.

CAHPS Survey Results and Future Strategy:

Statewide

- The 2024 CAHPS survey will focus on robust member outreach and a comparative analysis of results across Medi-Cal, commercial, and Medicare lines of business.

Timely Access Survey:

NCAL

- Outperformed Medi-Cal Statewide in both urgent and non-urgent appointment availability across most measures.
- Key process improvements to ensure timely access:
 - Established workflows to accommodate urgent and non-urgent appointments.
 - Leveraged KP's integrated system to enable members to be seen by a covering provider when necessary.
 - Ensured triage for urgent conditions to expedite care.
 - Identified data-sharing opportunities through the Community Provider Portal to enhance coordination.
 - Strengthened Member Services Contact Center operations, with a dedicated team serving Medi-Cal members.
 - Reinforced Language Assistance policy education through new hire training to improve linguistic access.

Access and Medi-Cal Network Adequacy:

SCAL

- Ongoing monitoring and assessment to address network adequacy gaps in alignment with DHCS Medi-Cal contract requirements.
- Identified Gaps:
 - Federally Qualified Health Centers (FQHCs)
 - Community-Based Adult Services (CBAS)
- Action Plan and Gap Rationale:
 - Limited provider response and lack of follow-up during contracting efforts.
 - Providers failing to meet KP's quality standards.
 - New doulas are currently undergoing the contracting process to expand access.

Initial Health Appointment (IHA):

SCAL

- Transitioned from visit-type-based reports to the SCAL IHA Rate and Trend Report, which aligns with industry standards by using procedure codes for more accurate data identification.
- The reporting change significantly increased adult visit rate calculations from approximately 30% to 80%-90%, while child visit rates remained high due to well-child visits.
- The new report has been submitted for audit readiness, is tracked monthly, and will be presented to the committee annually.

Memorandum of Understanding (MOUs):

SCAL

- The Care Delivery Operations (CDO) MOU Implementation Team oversees MOU execution, including quarterly meetings, training, closed-loop referrals, care coordination, quality improvement, data exchange, and dispute resolution.
- Key Achievements:

- Engaged 37 third-party entities across 21 counties to introduce the closed-loop referral platform.
- Identified 17 priority counties for Phase 1 of data sharing and distributed a data-sharing questionnaire.
- Completed training for seven MOUs and held 14 kickoff meetings on Behavioral Health Division of Financial Agreements (DOFR).

Facility Site Review (FSR) & Medical Record Review (MRR) Update:

FSR & MRR Oversight: KP Health Plan RNs, as DHCS Certified Master Trainers or Certified Site Reviewers, conduct FSRs and MRRs for primary care clinics every three years. The FSR Software Database launched in 2023; trend analysis expected post-three-year cycle.

NCAL

- The 2024 Medi-Cal Direct Contract added three new service areas and 80 external sites.
- Surveys:
 - 2023 Initial Surveys: 12 MOBs
 - 2024 Periodic Surveys: 44 MOBs (144 clinics)
 - 2024 Interim Surveys: 100% completed
- MRR Expansion:
 - DHCS increased MRR requirements from 35 charts per service area to 30 charts per MOB, raising the total from 350 to 1,320 MRRs.
 - 100% of MRRs completed by 12/31/24.
- Contracted Providers:
 - FSR/MRR Scores for contracted primary care sites require ongoing updates; 78 of 80 secured.
 - MOUs for MCPs: Responses received for 9 of 13.
- HEDIS MY 2023:
 - Extracted 1,950 charts for HEDIS Hybrid Measures.
 - 100% timely delivery of four data runs and Hybrid charts.

SCAL

- FSRs Completed: 45, with an average score of 89%.
 - County Performance:
 - Orange & San Bernardino: 93% (+1% from last year)
 - Target Clinics: 96% (-2%)
 - Los Angeles County: 91%; LAMC Service Area: 87% (-5%)
 - San Diego County: 88% (-5%)
 - Riverside County: 84% (-7%)
- MRRs Completed: 1,320 YTD, average score 89%.
 - San Bernardino County: 90%
 - LAMC Service Area: 85%
 - Kern Valley Health District: 77% (did not pass; largest opportunity for improvement).

Population Health Management (PHM) Strategy:

Statewide

- KP actively participates in Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) with 35 Local Health Jurisdictions (LHJs) across California Medi-Cal counties.
- In November 2024, KP submitted a PHM Strategy for each of the 35 counties, outlining:
 - Engagement in LHJ initiatives through funding, data sharing, and participation.
 - Updates to shared goals/SMART objectives.
 - Support for DHCS' BOLD Goals.
- PHM will continue to collaborate with LHJs to address upstream drivers of health in each county.

CalAIM & State Programs:

ECM, Community Supports (CS), & Community Health Workers (CHW):

NCAL

- ECM, CS, and CHW services address complex medical and social needs, providing education, advocacy, and care coordination.
- Enrollment increased in 2024, with full regulatory compliance and network adequacy met for all programs.
- KP has a network of 109 community-based providers in the NCAL region.
- Fifteen Medical Center Onsite Educational Forums were completed to raise awareness.
- 97% of clean claims processed within 30 days across all service types.
- Medi-Cal Quality Oversight Program launched in Q1 2024, including quarterly/annual audits and 2025 pay-for-performance goal implementation for NLEs and subcontractors.

SCAL

- NLE audits for CS & CHW (Q1 & Q2 2024) reviewed, covering 10 subcontractors and 1 internal NLE.
- 1:1 KP & NLE meetings conducted to review scores, trends, missing items, and PAP notifications.
- 2025 Pay-for-Performance Goals in finalization, developed collaboratively with NLEs.
- NLE training on audit criteria conducted in Q1 2024, with refreshers in August and ongoing updates based on feedback, feasibility, regulations, and data availability.

Community-Based Adult Services (CBAS):

CBAS is a skilled nursing day program for managed Medi-Cal members aged 18+, formerly known as Adult Day Health Care (ADHC).

NCAL

- 353 members received CBAS services from January – September 2024, reflecting a 153-member increase compared to 2023.
- As of January 2024, KP administers CBAS in all Medi-Cal counties, expanding from 13 centers in 5 counties (2023) to 33 centers in 9 counties (2024).
- NCAL CBAS Quality Oversight Program is in development.

SCAL

- 211 facilities serve 1,148 KP members, with a goal of 60 facility quality oversight reviews in 2024.

- As of November 2024, 137 facilities have completed quality oversight reviews, which began in March 2024.

Long-Term Care and Support Services (LTSS) Carve-In:

SCAL

- 100% completion of Annual Site Visits (ASVs) targeted for facilities expiring in 2024.
- Tracking CMS Star ratings for quality performance.
- Joint Operations Meetings (JOM) established with LTSS partners.
- Comprehensive quality improvement program in place to support facilities.
- Medi-Cal LTSS department established to comply with APL 23-004, with the following accomplishments:
 - 186 facilities under contract, supported by 8 RN Consultants.
 - 100% compliance with meet-and-greet activities.
 - ASVs began in June 2024, with continued progress.
 - 2 virtual and 3 onsite in-services held YTD.
 - Engaged in 2 Skill Fairs and 2 social events YTD.
 - 2 newsletters shared with LTSS partners.
- Ongoing activities: Completing ASVs, JOMs, and in-services to reach 100% ASV completion by the end of 2024.
- Onsite in-services will continue based on LTSS partners' needs.

Children with Special Health Care Needs (CSHCN):

SCAL

- Conduct Risk Segmentation and consider findings from the PNA on behavioral, developmental, physical, and oral health, as well as LTSS needs, health risks, rising risks, and SDOH-related needs.
- Annual stratification of members and re-assessment during significant changes in health status, level of care, or receipt of new information.
- Ensure timely access to pediatric specialists, sub-specialists, ancillary therapists, transportation, and durable medical equipment (DME) for CSHCN.

Whole Child Model & California Children's Services (CCS):

SCAL

- Whole Child Model (WCM): KP provides comprehensive care for Medi-Cal eligible CCS members in 8 counties, expanding to 4 more counties in 2025.
- California Children's Services (CCS): KP offers primary care and prevention in 24 "Classic CCS Counties", referring members to CCS-approved services. KP operates 20 certified hospitals and 88 Special Care Centers statewide.
- 2025 WCM Expansion: Finalizing deliverables and assessing gaps for 4 new counties.
- Develop cross-functional workflows for clear roles in CCS service delivery.
- Focus on KP CCS Certification priorities and statewide partnerships.
- Create technology tools for CCS identification, referrals, and documentation.
- Host quarterly WCM Advisory Committees.

Justice Involved:

SCAL

- KP's Justice Involved Program serves individuals transitioning from the criminal justice system, addressing socio-economic barriers to health.
- Implemented in Santa Clara and Humboldt counties, with plans to expand to Orange County in spring 2025 and statewide on a county-by-county basis.
- Offers early enrollment in managed Medi-Cal for individuals re-entering the community, ensuring healthcare access during their vulnerable transition to reduce risks of suicide, overdose, and homelessness.

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

- September 2024 CAC focused on serving Medi-Cal members and non-specialty mental health, with discussions on access, care coordination, and more.
- Action Plan: Feedback from CAC members will guide future programs, with updates on how input is used.

SCAL

- September 2024 CAC responded to unanswered questions and key resources (phone numbers, website links, and handbooks) provided to members.
- Action Plan: The CAC's role was clarified, and members contributed to county-level findings being developed in partnership with local health departments and community organizations.

Regional Medi-Cal Quality (MCAS, Quality PIPs, A3):

Statewide

- 2023-2026 PIPs:
 - Clinical PIP: Improve Well Child Visits for Black/African American children (W30-6). 2024 interventions include outreach via phone, letter, and text.
 - Non-Clinical PIP: Improve provider notifications for members with SUD or SMH diagnoses after E.D. visits. 2024 interventions include notifications from Non-KP E.D.s.
 - Submitted baseline data and QI activities on 9/11/24, received initial validation feedback on 10/31/24. Resubmitted partial elements on 12/2/24. Final feedback expected by January 2025. Annual submissions due in August 2025 and 2026.

NCAL MCAS

- Lead Screening in Children (LSC):
 - MY 2024 results: Below MPL by 9.69% Counties below MPL: Alameda, Amador, Contra Costa, El Dorado, Madera, Marin, Placer, Sacramento San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Stanislaus, Yuba
 - Year-end Sprint: Outreach calls informed parents/guardians of pending lab orders and walk-in availability at any Kaiser Permanente (KP) laboratory using a TPMG-provided script.
 - Actions: In 2024, in-room blood draws were introduced in the EBY service area, improving screening completion rates. LSC informational flyers were placed in pediatric exam rooms, waiting areas, and health education spaces to enhance awareness. CDPH delivered a Grand Rounds presentation to TPMG physicians, reinforcing LSC guidelines and their clinical significance. Additional initiatives launched in 2024 aim to further awareness and engagement in LSC practices.
- Topical Fluoride (TFL-CH)
 - MY 2024 results: Below MPL by 4.90% Counties below MPL: Alameda, Amador, Contra Costa, El Dorado, Fresno, Madera, Marin, Placer, Sacramento, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Yolo, Yuba
 - Year-end Sprint: Partnered with the South Sacramento Mobile Health Van to provide fluoride varnish (FV) applications in Amador County, targeting areas with limited access while ensuring compliance with minimum performance levels (MPL).
 - Actions: NCAL pediatricians screen for oral health during well-child visits, ensuring Medi-Cal documentation compliance. Efforts focus on strengthening referral pathways for fluoride applications, improving patient communication, enhancing KP's dental provider listings, and guiding members to services. Advocacy with DHCS aims to reduce wait times and expand provider access. Coordination with Care Delivery, Operations, and Regional TPMG Quality to support standard workflows and care-gap alerts for ages 0-5.

SCAL MCAS

- Lead Screening in Children (LSC):
 - San Diego: MY 2024 above MPL. Increased by 5.72 from MY 2023 to MY 2024 September. Pending determination from DHCS regarding potential sanctions for San Diego MY 2024
 - SCAL Region Medi-Cal Overall: MY 2024 September SCAL Medi-Cal Overall below MPL. Increased by 1.29 from MY 2023 to 2024 September.
 - Counties below MPL: Orange, Riverside, San Bernardino, Ventura.
 - Action: Addressing key barrier of parents not bringing children in for lab draws.
- Child and Adolescent (WCV):
 - San Diego: MY 2024 September below MPL. Increased by 3.80 from MY 2023 to MY 2024 September.
 - SCAL Region Medi-Cal Overall: MY 2023 & MY 2024 September above MPL. Increased by 2.81 from MY 2023 to MY 2024 September.

- MY 2024 September Counties Below MPL: Kern, Riverside, San Bernardino & San Diego.
- Next Steps: Address LSC and WCV measures at QIHEC and collaborate with regional stakeholders by 2/1/2025 for performance improvement activities SCAL-wide.

SCAL Quality Improvement and Health Equity Projects:

- Child Health Equity Collaborative (March 2024-March 2025): Partnering with DHCS SCAL Region and Institute for Healthcare Improvement. Targeting child/adolescent WCV (ages 18-21). Three of six submissions were completed.
- Quality Improvement & Health Equity Lean A3 Project (2024): MY 2022 Quality Accountability A3 to address Southern Coast Region disparities in WCV & LSC. Two submissions completed. Final feedback received 12/2/2024 with recommendations for future interventions.

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 quality oversight of care delivery to KP's Medi-Cal members.

- NCAL: Updated/new APLs were presented at the December 2024 Meeting
- SCAL: Updated/new APLs were presented at the October 2024 Meeting

NCQA Health Equity Plus Accreditation & Health Plan Accreditation for Medicaid:

- NCAL: Received NCQA Health Equity Accreditation in late 2023, renewal in 2026. Health Plan Accreditation for Medi-Cal Line of Business (LOB) planned for Fall 2025.
- SCAL: Received NCQA Health Equity Accreditation in July 2024, renewal in 2027. Health Plan Accreditation for all LOBs scheduled for September 2025.
- Both regions are pursuing Health Equity Plus Accreditation for all LOBs in June 2026.

Voted and Approved:

NCAL and SCAL

- QIHEC Meeting Minutes
- Medi-Cal Policies:
 - New: Medi-Cal Behavioral Mental Health Global Policy
 - Updated: Medi-Cal Quality Improvement and Health Equity Performance Measure Requirements
 - Updated: Medi-Cal External Quality Review

QIHEC Meeting Minutes are submitted to:

NCAL: Quality Oversight Committee (QOC) - Quarterly

SCAL: SCAL Quality Committee (SCQC) - Biannually

Next QIHEC Meetings:

NCAL: February 11, 2025

SCAL: February 26, 2025

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