

## KFHP Southern California Region 2025 Quality Improvement Work Plan

Required By	GOALS	METRICS	TARGET COMPLETION DATE	ACTION STEPS & MONITORING	RESPONSIBLE LEADERS/ COMMITTEES
<b>MEDI-CAL QUALITY IMPROVEMENT &amp; HEALTH EQUITY TRANSFORMATION PLAN (QIHETP)</b>					
<b>2023-2026 Kaiser Permanente Statewide DHCS Clinical Performance Improvement Project (PIP): W30-6 in the Black/African American Population</b>					
DHCS	<p>Improve Well Child Visits in the First 30 Months of Life - Well Child Visits in the First 15 Months of Life - Six or More Well-Child Visits (W30-6) measure among Black/African American Medi-Cal Members</p> <p><b>Health Disparity</b> Improve the health of Black/African American Medi-Cal Members 0-30 months of age</p> <p><b>Goal:</b> Conduct required PIP in accordance with the DHCS contract and HSAG guidelines and meet 2025 deliverables timeline</p> <p><b>HSAG/DHCS Deliverable Timeline &amp; Objective:</b> 2025 – Submit baseline comparison to remeasurement data for current PIP interventions to HSAG/DHCS for CY 2024 for Well Care Visits in the first 30-months of Life 0-15 months: 6 or more well child visits (W30-6). Evaluate effectiveness of interventions assessing for statistically significant improvement, planning and initiating activities for increasing and sustaining improvement. Update steps 7 and 8 of Clinical PIP Submission form and submission of updated intervention worksheets</p> <p>2026 – Meet the target established in 2024. Submit final baseline comparison to remeasurement data for CY2025, narrative, and PIP report to HSAG/DHCS</p>	<p>HSAG/DHCS submission timelines met, and validation requirements achieved</p> <p>Improved W30-6 performance in the Black/African American Medi-Cal population by achieving significant improvement from MY 2023 baseline</p> <p><b>Baseline:</b> 2024 Submission: achieved HSAG validation high confidence level for acceptable methodology; Confidence level for significant improvement was not measured in 2024</p> <p>MY 2023 (KP CA GMC + Plan Partners): SCAL: 74.00 CA Total: 71.45</p> <p>MY 2024 November CA): SCAL: 75.85 (p=0.63765) <i>Requires 80.28% to</i></p>	<p>August 2025 Initial Submission</p>	<p>Submit 2025 deliverables to HSAG/DHCS by required deadlines (i.e., annual submission August 2025; resubmissions if applicable)</p> <p>Achieve high confidence level for Acceptable Methodology</p> <p>Achieve high confidence level for Significant Improvement</p> <p>Complete intervention effectiveness evaluation of 2024 SCAL interventions</p> <p>Conduct 2025 interventions. Explore SCAL interventions focused on Medi-Cal Black/African American population</p> <p>Report PIP outcomes/findings to stakeholders and committees for review/approval, recommendations, and support</p>	<p>Leaders:</p> <ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Executive Director, Chief Health Equity Officer, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>• Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>• Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> <p>Committee:</p> <ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>

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2025 Quality Improvement Work Plan**

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		<p><i>achieve statistically significant improvement (p&lt;0.05)</i> CA Total: 75.85 (p=0.061269) <i>Requires 76.16% to achieve statistically significant improvement (p&lt;0.05)</i></p> <p><b>Target:</b></p> <p>August 2025 submission based on 2024 metrics</p> <p>HSAG requirement is to continue through 2026, comparing yearly data to 2023 baseline for statistically significant improvement; also assessing for sustained statistically significant improvement year over year.</p> <p><b>Minimum:</b> Achieve HSAG validation high confidence level for acceptable methodology and moderate or high confidence level for</p>			

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		<p>significant improvement</p> <p>CA-wide Target: 2025 submission based on 2024 metrics. Based on CA statewide MY 2024 November analysis, to achieve statistically significant improvement (p&lt;0.05): Requires <math>\geq 75.85\%</math></p> <p>In MY 2025 will sustain MY 2024 improvement and achieve statistically significant improvement from MY 2023 baseline</p> <p><b>Maximum:</b> SCAL Region Target: August 2025 submission based on 2024 metrics</p> <p>Based SCAL MY 2024 November analysis, to achieve statistically significant improvement (p&lt;0.05): Requires 80.28%</p>			

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		In MY 2025 will sustain MY 2024 improvement and achieve statistically significant improvement from MY 2023 baseline			
<b>2023-2026 Kaiser Permanente Statewide DHCS Non-Clinical Performance Improvement Project (PIP): ED SUD/SMH Provider Notification within 7 days</b>					
DHCS	<p>Improve % of provider notifications for Members with Substance Use Disorder (SUD) and Specialty Mental Health (SMH) diagnoses following or within 7-days of E.D. visit</p> <p><b>Goal:</b> Conduct required PIP in accordance with the DHCS contract and HSAG guidelines and meet the 2025 deliverable timeline (Year 3 annual submission due August 2025)</p> <p>2025 – Submit baseline to remeasurement data for CY2024 and narrative to HSAG/ DHCS. Update steps 5 and 8 of the Non-Clinical PIP submission form and intervention worksheet</p> <p>2026 – Meet the target established in 2024. Submit final baseline to remeasurement data for CY2025, narrative, and PIP report to HSAG/ DHCS</p>	<p>HSAG/DHCS submission timelines met and achieved validation requirements</p> <p>HSAG evaluation of overall validity of PIP results</p> <p>Increase the % of provider notifications for Medi-Cal members with SUD and SMH diagnoses within seven days of an E.D. visit by 10% from the current baseline</p> <p><b>Baseline:</b> MY 2024 SCAL Overall: 36.76%</p> <p><b>Target:</b> 40.44%</p>	12/31/2025	<p>Outcomes/findings from Performance Improvement Projects (PIPs)</p> <p>Submit 2025 deliverables to HSAG/DHCS by required deadlines (i.e., annual submission August 2025; resubmissions if applicable)</p> <p>Achieve high confidence level for Acceptable Methodology</p> <p>Achieve high confidence level for Significant Improvement</p> <p>Collaborate with Regional Stakeholders to implement / participate in performance improvement activities to achieve significant improvement</p> <p>Collaborate with KP Emergency Prospective Review Program (EPRP) to explore including healthcare coordinators for provider notifications</p> <p>Consider automated notification process which includes Non KP E.D. encounters</p> <p>Establish clear protocols and foster partnerships with Non KP E.D. to streamline courtesy notification and improve care transitions</p> <p>Incorporate MY 2025 NCQA definitions for mental health follow up of post E.D. visits into the Non-Clinical PIP</p>	<p>Leaders:</p> <ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Executive Director, Chief Health Equity Officer, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>• Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>• Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> <p>Committees:</p> <ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>

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<b>2025 Kaiser Permanente Statewide Internal Topical Fluoride in Children (TFL-CH) Initiative Project</b>					
DHCS	<p>Improve MCAS Topical Fluoride in Children (TFL-CH) performance: Children aged 1-20 years receive at least two topical fluoride applications within the MY at a medical provider office or dental provider office</p> <p>*New measure for 2025</p>	<p>Outcome Measure: MCAS/Dental Quality Alliance TFL-CH measure</p> <p><b>Baseline:</b> <b>MY 2023</b> SCAL Overall: Data not required for collection or reporting</p> <p>San Diego GMC: 20.39 (MY 2023 MPL: 19.30)</p> <p><b>MY 2024 September</b> SCAL overall: 21.70 Imperial: denominator &lt;30 Kern: 19.10 Los Angeles: 22.20 Orange: 23.90 Riverside: 20.70 San Bernardino: 21.10 San Diego 20.90 Ventura: 22.90 (MY 2024 MPL 19.00)</p> <p><b>Target:</b></p> <p>SCAL Region overall and all counties to improve the oral health of KP</p>	12/31/2025	<p>Participate in KP Statewide Internal TFL-CH Initiatives Project</p> <p>Collaborate with regional and statewide stakeholders to collaboratively develop targeted improvement initiatives to achieve targeted performance in all SCAL Medi-Cal Counties</p> <p>Conduct identified interventions and evaluated intervention effectiveness</p> <p>Report TFL-CH Initiatives Project progress/results to stakeholders and committees for review/approval, recommendations, and support</p> <p>Continue SCPMG Fluoride Varnish (FV) Proactive Office Encounter workflow:</p> <ol style="list-style-type: none"> <li>1. FV Proactive Office Encounter Alert – Once Age 9 -12 months, 18 months, once 2,3, 4 &amp; 5 years during well child visits</li> <li>2. Fluoride Varnish Smartset: Document Prophylactic FV administration orders; Document if received FV outside of KP</li> </ol>	<p>Leaders:</p> <ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Quality &amp; Safety Improvement Consultant VI, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>• Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>• Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> <p>Committee:</p> <ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>

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		<p>Medi-Cal Members aged 1 to 20 years by achieving Topical Fluoride in Children (TFL-CH) measure performance</p> <p><b>Minimum:</b> 19.57% or greater (3% above the MY 2024 MPL 19.00%) <i>3% Formula: 19.00 MY 2024 MPL x 1.03 = 19.57</i></p> <p><b>Maximum:</b> 19.95% or greater (5% above the MY 2024 MPL 19.00%) <i>5% Formula: 19.00 MY 2024 MPL x 1.05 = 19.95</i></p>			
<b>DHCS Collaborative Initiatives</b>					
DHCS	<p>Participate in DHCS Collaborative initiatives:</p> <ol style="list-style-type: none"> <li>1. 2024-2025 DHCS IHI Child Health Equity Collaborative (Phase 1)</li> <li>2. 2025-2026 DHCS IHI Child Health Equity Collaborative (Phase 2)</li> </ol> <p>*New measure for 2025</p>	<p>Submit agreed upon deliverables in accordance with initiative requirements</p> <p>DHC IHI Child Health Equity Collaborative:</p> <p><b>Target:</b></p> <p>Successfully complete Phase 1 interventions.</p>	12/31/2025	<p>Participate/conduct required 204-2025 DHCS IHI Child Health Equity Collaborative projects and initiatives</p> <p>Successfully complete Phase 1 interventions</p> <p>Report outcomes/findings from DHCS collaborative Initiatives to stakeholders and committees for review/approval, recommendations, and support</p> <p>Evaluate feasibility and value of entering 2025-2026 DHCS IHI Child Health Equity Collaborative (Phase 2) in collaboration and partnership with SCPMG</p>	<p>Leaders:</p> <ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Quality &amp; Safety Improvement Consultant VI, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>• Regional Director Quality &amp; Safety</li> </ul>

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					Southern California Medi-Cal Quality <ul style="list-style-type: none"> <li>Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> Committee: <ul style="list-style-type: none"> <li>Quality Improvement and Health Equity Committee</li> </ul>
<b>Annual External Quality Review (EQR) Technical Report QI Recommendations</b>					
DHCS	Address HSAG 2023-2024 External Quality Review Recommendations directed to Kaiser SoCal: <ul style="list-style-type: none"> <li>Nonclinical PIP</li> <li>MY 2023 MCAS performance</li> <li>Findings from DHCS' 2024 compliance review scoring process related to the following CFR standards</li> </ul> *New measure for 2025	Address 2023-2024 EQRO recommendations  <b>Target:</b>  Submit annual analysis of actions taken to address 2023-2024 EQR Recommendations to HSAG by requested deadline – Due in Q2/Q3 2025  HSAG accepts KP EQR recommendation analysis of actions	12/31/2025	Complete an analysis of actions taken to address recommendations in the annual External Quality Review (EQR) technical report specific evaluation reports  Address 2023-2024 EQR Recommendations: <ul style="list-style-type: none"> <li>Review the PIP Submission Form Completion Instructions to ensure Kaiser includes all required information in the MCP's 2025 annual nonclinical PIP submission.</li> <li>Based on the audited performance measure rates changing from reporting unit level in measurement year 2023 to plan level in measurement year 2024, and the counties in which the MCP operates changing as of January 1, 2024, Kaiser should assess measurement year 2023 performance to determine priority areas for improvement. The MCP should continue implementing interventions that have resulted in positive outcomes and identify new quality improvement strategies as applicable to address factors affecting performance.</li> <li>Work with DHCS to resolve the identified findings from DHCS' 2024 compliance review scoring process related to the following CFR standards to ensure Kaiser</li> </ul>	Leaders: <ul style="list-style-type: none"> <li>Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>Executive Director, Chief Health Equity Officer, National Medicaid and State Programs</li> <li>Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> <li>KP CA Medi-Cal Compliance Leader</li> </ul> Committee:

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				<p>meets all CFR standard requirements moving forward:</p> <ul style="list-style-type: none"> <li>- Coverage and Authorization of Services—§438.210</li> <li>- Grievance and Appeal Systems—§438.228</li> <li>- Practice Guidelines—§438.236</li> <li>- Quality Assessment and Performance Improvement Program—§438.330</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>
<b>DHCS Managed Care Accountability Set (MCAS) Measure Lead Screening in Children (LSC)</b>					
DHCS	<p>Improve Lead Screening in Children (LSC) rates among Kaiser Permanente Medi-Cal Members by their second birthday in Kaiser Permanente Southern California Region</p>	<p>Increase the percentage of children who turn 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday</p> <p><b>Outcome measures:</b> MY 2025 MCAS Lead Screening in Children (LSC) rate</p> <p><b>Baseline:</b> <b>MY 2023</b> KP SCAL Overall: 61.00 San Diego GMC: 59.00 (MY 2023 MPL: 62.79)</p> <p><b>MY 2024 November</b> KP SCAL Overall: 62.89 Kern: 64.50 Los Angeles: 65.08</p>	12/31/2025	<p>Continue current initiatives:</p> <ol style="list-style-type: none"> <li>1. Regional Complete Care SureNet Automated STAT Blood lead lab order and parent letter</li> <li>2. Health Connect Care Gap Alert flags twice at ≥12 months and 24 months if lead lab was not completed</li> <li>3. SCAL Complete Care Medi-Cal LSC Clinical Strategic Goal</li> <li>4. Partner and participate on County Local Health Jurisdiction (LHJ) collaborative workgroups Population Health Management (PHM) Strategy Deliverables. i.e.: PHM Shared Goal with Orange County Local Health Jurisdiction: reduce disparities and gaps in timely blood lead screening among children</li> </ol> <p>Collaborate with Regional stakeholders to collaboratively develop targeted improvement initiatives to achieve targeted performance in all SCAL Medi-Cal Counties</p> <p>Track, evaluate, and report progress and goal status to stakeholders and committees, including the QIHEC for review/approval, recommendations, and support</p>	<ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Executive Director, Chief Health Equity Officer, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>• Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>• Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> <p>Committee:</p> <ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>

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		Riverside: 62.20 San Bernardino: 56.64 San Diego: 66.29 Ventura 56.94 Imperial & Tulare: Denominator <30 (MY 2024 MPL: 63.84)  <b>Target:</b>  <b>Minimum:</b> 65.18 or greater (2% above the 2024 LSC MPL 63.84. <i>2% Formula: 63.84 MY 2024 MPL x 1.02 = 65.18)</i>  <b>Maximum:</b> DHCS MY 2025 SCAL Bold LSC Bold Goal Target: 69.99			
<b>DHCS Comprehensive Quality Strategy Bold Goals 50 x 2025 Initiative: Children’s Health Domain</b>					
DHCS	Close the gap in Children’s Health Domain baseline MY 2021 performance for Bold Goal Specific Measures to exceed the MPL by 2025 to help achieve DHCS’s vision of eliminating health care disparities  <b>Measures:</b> WCV: Child and Adolescent Well Care Visits (3-21 years) CIS-10: Childhood Immunizations Combination 10 CHL: Chlamydia Screening (16-24 years) DEV: Developmental Screening in the First 3 Years of Life	<b>Goal:</b> Track progress of each specific measure for movement toward the DHCS Bold Goals targeted rates for Children’s Health measures  <b>Baseline:</b> KP SCAL GMC San Diego:	12/31/2025	Implement focused initiatives around children’s health, preventive care, behavioral health integration, and maternity care, focusing on health equity to improve applicable measure performance  Report progress and goal status to stakeholders and committees for review, support, recommendations, and approval  Partner and participate in the county's Local Health Jurisdiction (LHJ) collaborative committees on the 2024 Population Health Management (PHM) Strategy Deliverable	<ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Executive Director, Chief Health Equity Officer, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> </ul>

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	<p>IMA-2: Adolescent Immunizations Combination 2            LSC: Lead Screening in Children            W30-2: Well Child Visits 1st 15-30 months            W30-6: Well Child Visits 1st 15 months            TFL-CH: Topical Fluoride in Children</p>	<p>MY 2024 DHCS Targeted Rate Achievement:            5 of 9 measures achieved DHCS Targeted Rates (DEV, IMA-2, LSC, W30-2, W30-6)            4 of 9 measures did not achieve DHCS Targeted Rates (WCV, CIS-10, CHL, TFL-CH)</p> <p><b>Target:</b></p> <p>Achieve DHCS MY 2025 Targeted Rates with annual increases to move the needle to achieve MPLs and allow for increasing MPL benchmarks            (Note: DHCS Bold Goals Targets are not the MPL targets)</p> <p><b>DHCS MY 2025 Bold Goal Targets:</b>            WCV: 53.58            CIS-10: 60.91            CHL: 73.01            DEV: 40.70            IMA-2: 59.74            LSC: 69.99            W30-2: 76.67            W30-6: 71.33            TFL-CH: 25.30</p>			<ul style="list-style-type: none"> <li>Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>Quality &amp; Safety Improvement Consultant, Clinical Quality Consulting</li> </ul>

**MY 2025 DHCS MCAS Measure Set Performance**

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	<p>The 18 MY2025 MCAS measures held to Minimum Performance Level (MPL) Performance meet or exceed the NCQA Quality Compass Medicaid 50th Percentile MPL or CMS calculated national median is considered the MPL in all Kaiser Permanente Southern California Region counties</p> <p><b>Goal:</b> Meet or exceed the 2025 Minimum Performance Level (MPL); Note: MY 2025 MPLs will be available in Q4 2025; MY 2024 MPLs provided for reference</p> <ol style="list-style-type: none"> <li>1. FUA - Follow-up After ED Visit for Substance Abuse - 30 days (MY2024 MPL 36.18%)</li> <li>2. FUM - Follow-up After ED Visit for Mental Illness - 30 days (MY 2024 MPL 53.82%)</li> <li>3. WCV - Child and Adolescent Well-Care Visits: ages 3-21 (MY 2024 MPL 51.81%)</li> <li>4. CIS-10 - Childhood Immunization Status: Combination 10 (MY 2024 MPL 27.49%)</li> <li>5. Dev - Developmental Screening in the First Three Years of Life (MY 2024 MPL 35.70%)</li> <li>6. IMA-2 - Immunizations for Adolescents: Combo 2 (MY 2024 MPL 34.30%)</li> <li>7. LSC - Lead Screening in Children (MY 2024 MPL 63.84%; KP stretch goal 65%)</li> <li>8. TFL-CH - Topical Fluoride for Children (MY 2024 MPL 19.00%)</li> <li>9. W30-2+ - Well-Child Visits in the First 30 Months of Life - for Age 15 Months -30 Months (2 or more well-child visits) (MY 2024 MPL 69.43%)</li> </ol>	<p>MCAS measures meet or exceed 2025 MPL performance levels. <i>(Note: MY 2025 MPLs will be available from DHCS in Q3/Q4 2025)</i></p> <p><b>Outcome Measures:</b> MY 2025 MCAS measure performance rates</p> <p><b>Baseline:</b> <b>MY 2023</b> San Diego GMC: 16 of 18 measure met or exceed MPL Below MPL: WCV and LSC</p> <p><b>MY 2024 November:</b> SCAL Region Overall: 17 of 18 measures meet or exceed MPL Below MPL: LSC</p> <p>Six SCAL Counties had measures below the MPL:  <ol style="list-style-type: none"> <li>1. Orange (LSC)</li> <li>2. San Diego (WCV)</li> <li>3. Ventura (LSC)</li> <li>4. Kern (WCV, W30-2)</li> <li>5. Riverside (LSC, WCV)</li> </ol> </p>	12/31/2025	<p>Track MCAS performance results status for measures held to MPLs and implement a plan of action to address performance deficiencies</p> <p>Implement equity-focused interventions to improve measure performance</p> <p>Conduct DHCS APL 24-004: Quality &amp; Health Equity Framework process requirements related to improve MY 2023 measure performance deficiencies</p> <p>Conduct DHCS APL 23-012 DHCS Enforcement Actions correct action requirements to improve measure performance deficiencies</p> <p>Report performance results status and plan of action to address performance deficiencies to stakeholders and committees for review/approval, recommendations, and support</p> <p>Partner and participate on County Local Health Jurisdiction (LHJ) collaborative workgroups Population Health Management (PHM) Strategy Deliverables</p>	<p>Leaders:</p> <ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Executive Director, Chief Health Equity Officer, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>• Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>• Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> <p>Committee:</p> <ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>

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	10. W30-6+ - Well-Child Visits in the First 30 Months of Life -in the first 15 months (6 or more well-child visits) (MY 2024 MPL 60.38%) 11. AMR - Asthma Medication Ratio (Ages 5-64) (MY 2024 MPL 66.24%) 12. CBP - Controlling High Blood Pressure (age 18-85) (MY 2024 MPL 64.48%) 13. GSD -Glycemic Status Assessment for Patients with Diabetes (>9%). (MY 2024 MPL 33.33%) 14. CHL - Chlamydia Screening in Women (Ages 16-24) (MY 2024 MPL 55.95%) 15. PPC-Post - Prenatal & Postpartum Care - Postpartum Care (MY 2024 MPL 80.23%) 16. PPC-Pre - Prenatal & Postpartum Care -Timeliness of Prenatal Care (MY 2024 MPL *84.55%) 17. BCS-E – Breast Cancer Screening (MY 2024 MPL 52.68%) 18. CCS – Cervical Cancer Screening (MY 2024 MPL 57.18%)	6. San Bernardino (LSC, WCV, W30-2)  <b>Target:</b>  MY 2025 meet MPL for all measures in all SCAL counties  <b>Minimum:</b> Meet MY 2025 MPL  <b>Maximum:</b> Meet MY 2025 High Performance Level (HPL)			
<b>Network Lead Entity (NLE): Enhanced Care Management (ECM), Community Support (CS), Community Health Worker (CHW)</b>					
DHCS	Quality oversight of Network Lead Entity (NLE) vendors and subcontracted vendors Enhanced Care Management (ECM), Community Supports (CS), and Community Health Workers (CHW) as outlined in contract Exhibit A, Attachment III, Section 4.4 (Enhanced Care Management), Section 4.5 (Community Supports), Section 5.3.7 (Services for All Members)  Conduct quality oversight audits for ECM, CS and CHW	<b>Target:</b>  <b>Minimum:</b> NLE to achieve a passing audit score of 85% for ECM, CS and CHW  <b>Maximum:</b> NLE to achieve an audit score of 95% for ECM, CS and CHW	12/31/2025	Complete training on ECM, CS and CHW audit tool in Q1 2025  Complete quarterly executive summaries of audit findings for ECM, CS and CHW  Conduct quarterly audit validation meetings with the three NLEs  Conduct retrospective quarterly audits for 2024 for ECM and ongoing quarterly audits on an ongoing basis for the three NLEs  Monitor and track progress on action plans based on the quarterly audits	Leaders: <ul style="list-style-type: none"> <li>• Executive Director Medi-Cal Care Coordination</li> <li>• Director, Medicaid Care Coordination and External Partnerships</li> <li>• Regional Sr. Director, Quality &amp; Safety Oversight, Continuum Program Management, Southern California</li> <li>• Regional Director Quality &amp; Safety</li> </ul>

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	*New measure for 2025				Southern California Medi-Cal Quality <ul style="list-style-type: none"> <li>Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> Committee: <ul style="list-style-type: none"> <li>Quality Improvement and Health Equity Committee</li> </ul>
<b>Quality Delegation Oversight: American Specialty Health (ASH), Delta Dental, and Hear USA</b>					
DHCS	<p>Quality delegation oversight of vendors and subcontracted vendors ASH, Delta Dental, and Hear USA as outlined in the contract Section 3.1 (Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties)</p> <p>ASH and Delta Dental: Quality oversight is conducted through audits and quality metrics work.</p> <p>In 2025 Hear USA, KP Health Plan does not delegate quality but partners with Hear USA in developing quality metrics.</p> <p>*New measure for 2025</p>	<p>Addressing issues with vendors through quarterly reports received from vendors, ensuring any areas of concern are promptly identified, trended, analyzed, resolved, and actionable items and next steps identified as applicable.</p> <p>Compliance with contractual requirements for all delegated activities, including quality oversight audits, monitoring, and reporting.</p> <p>Annual Audit Program of ASH and Delta Dental ensures that all delegated activities comply</p>	12/31/2025	<p>Participate in Joint Operations Committee (JOC) Quarterly Meetings where vendors discuss actions they are taking to address unmet goals and/or metrics.</p> <p>Review quarterly reports submitted by vendors to monitor compliance with the contract, identify areas needing attention, and assess performance to ensure ASH and Delta Dental are meeting their goals and implementing corrective actions when necessary.</p> <p>Ensure all identified issues are addressed promptly and well in advance of the annual audit through regular monitoring and corrective action processes.</p> <p>Conduct annual quality oversight audits for ASH, and Delta Dental to ensure compliance with the contract and identify areas for improvement.</p> <p>Schedule routine virtual meetings for ongoing validation of continuity and coordination of medical care, to begin Q1 2025.</p> <p>Submit an annual summary report of the annual audit results to the Southern California Quality Committee (SCQC)</p>	<p>Leaders:</p> <ul style="list-style-type: none"> <li>Regional Senior Director Quality &amp; Safety Oversight-Continuum Program Management-Regional SCAL &amp; HI</li> <li>Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>Consultant IV</li> </ul>

## KFHP Southern California Region 2025 Quality Improvement Work Plan

Required By	GOALS	METRICS	TARGET COMPLETION DATE	ACTION STEPS & MONITORING	RESPONSIBLE LEADERS/ COMMITTEES
		<p>with contractual requirements, including quality oversight audits, monitoring, and reporting.</p> <p><b>Target:</b></p> <ul style="list-style-type: none"> <li>• <b>Compliance met:</b> Vendors meet all required standards and implement corrective actions when necessary.</li> <li>• <b>Compliance not met:</b> Vendors fail to meet contractual obligations. KP Recommends Corrective Action.</li> </ul>		<p>Monitor and track progress on action plans based on annual audits, ensuring corrective actions are completed on time.</p> <p>Hear USA and KP to begin the process of developing quality metrics through the workgroup.</p>	
<b>Population Health Management and Coordination of Care: Quality Oversight through Quality Improvement Health Equity Committee</b>					
DHCS	<p>Quality oversight through Quality Improvement Health Equity Committee (QIHEC) of Population Health Management (PHM) activities and findings as outlined in contract Exhibit A, Attachment III, Section 4.3 (PHM and Coordination of Care):</p> <p>4.3.1 Population Health Management Program Requirements <i>(Note: new in 2025: Justice Involved Re-entry)</i></p> <p>4.3.2 Population Needs Assessment</p> <p>4.3.3 Data Integration and Exchange</p> <p>4.3.4 Population Health Management Service</p>	<p>PHM program ensures all member have equitable access to necessary wellness and prevention services, care coordination and care management</p> <p>PHM Program meets, at a minimum, all NCQA PHM standards as well as applicable federal</p>	12/31/2025	<p>Develop and maintain a (PHM) program that ensures all Members have equitable access to necessary wellness and prevention services, care coordination and care management</p> <p>Fulfill 4.3.2 Population Needs Assessment (PNA) requirements by meaningfully participating in the Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) conducted by the 11 SCAL Local Health Jurisdictions (LHJ)</p> <p>Monitor and report PHM program 4.3.1 through 4.3.24 activity compliance with regulatory</p>	<p>Leaders:</p> <ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Executive Director, Chief Health Equity Officer, National Medicaid and State Programs</li> <li>• Regional Assistant Medical Director,</li> </ul>

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	4.3.5 Population Risk Stratification and Segmentation, and Risk Tiering 4.3.6 Screening and Assessments 4.3.7 Care Management Programs 4.3.8 Basic Population Health Management 4.3.9 Other Population Health Requirements for Children 4.3.10 Transitional Care Services 4.3.11 Targeted Case Management Services 4.3.12 Mental Health Services 4.3.13 Alcohol and Substance Use Disorder Treatment Services 4.3.14 California Children’s Services 4.3.15 Services for Persons with Developmental Disabilities 4.3.16 School-Based Services 4.3.17 Dental 4.3.18 Direct Observed Therapy for Treatment of Tuberculosis 4.3.19 Women, Infants, and Children Supplemental Nutrition Program 4.3.20 Home and Community-Based Services Programs 4.3.21 In-Home Supportive Services 4.3.22 Indian Health Care Providers 4.3.23 Managed Care Liaisons Justice Involved Reentry Coordination 4.3.24 Managed Care Liaisons <i>(Note: new in 2025: Justice Involved Re-entry)</i>  *New measure for 2025	and State requirements as set forth in APL 22-024: Population Health Management Policy Guide  Obtain NCQA Health Plan Accreditation and NCQA Health Equity Accreditation  PHM Program activities 4.3.1 through 4.3.24 are compliant with contract/regulatory requirements		requirements to ensure that population health initiatives meet the needs of KP Medi-Cal. Members to stakeholders and committees for review/approval, recommendations, and support  Partner with the KP SCAL Justice Included Program for identification of Quality measures; implementation of Quality oversight which includes Justice Included reporting to QIHEC	Quality & Complete Care <ul style="list-style-type: none"> <li>• Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>• Executive Director, Medicaid Care Delivery and Operations</li> <li>• Managerial Consultant VI, Medicaid Care Delivery and Operations, Population Health Management</li> <li>• Director Medi-Caid Care Coordination External Partnerships</li> <li>• Managerial Consultant VI, Justice Involved Lead, Medi-Caid Care Delivery &amp; Operations</li> </ul> Committee: <ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>
<b>Consumer Satisfaction Surveys: Medi-Cal Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey</b>					
DHCS	Evaluation of Consumer Satisfaction Survey Results.  *New measure for 2025	Conduct an annual assessment of publicly reported member experience results including Medi-Cal CAHPS®	12/31/2025	Medi-Cal CAHPS® Adult (18 years or older) and Child (17 years or younger) population surveys are conducted annually according to DHCS Medi-Cal contract and NCQA specifications  Perform analysis of survey outcomes/findings and identify trends to focus on strengths and opportunities for improvement	Leaders: <ul style="list-style-type: none"> <li>• Vice President, Associate Chief Medical Officer, National Medicaid and State Programs</li> <li>• Quality &amp; Safety Improvement</li> </ul>

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				<p>Strategies are identified and implemented to address opportunities for improvement Present findings and recommendations to stakeholders and QIHEC for leadership feedback of next steps, including review and approval, and recommendations</p> <p>Presentations to other QIHEC participant groups such as Community Advisory Committee (CAC)</p>	<p>Consultant VI, National Medicaid and State Programs</p> <ul style="list-style-type: none"> <li>• Regional Assistant Medical Director, Quality &amp; Complete Care</li> <li>• Regional Director Quality &amp; Safety Southern California Medi-Cal Quality</li> <li>• Quality &amp; Safety Improvement Consultants, Clinical Quality Consulting</li> </ul> <p>Committee:</p> <ul style="list-style-type: none"> <li>• Quality Improvement and Health Equity Committee</li> </ul>