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Kaiser Permanente (KP) California
Quality Improvement and Health Equity Committee (QIHEC)
Summary for DHCS – Q3 2025

QIHEC Meetings:

- **Northern California (NCAL):** August 12, 2025
- **Southern California (SCAL):** August 27, 2025

The following NCAL and SCAL departments and subcommittees reported to their respective NCAL/SCAL QIHECs in Q3 2025:

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

NCAL

- Overall MCAS Measure Performance as of August 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:
  - Broad and recurring communication with senior service area leaders, Pediatric physician and administrative leaders about current performance and gap completion.
  - Well-Child Visits in the First 30 Months of Life - First 15 Months (W30-6+): Implemented Electronic Health Record (EHR) enhancements to support in-person encounters at 9-month and 30-month intervals, leading to 5.88% year-over-year improvement
  - Developmental Screening in the First Three Years of Life (DEV): Achieved 6.11% year-over-year improvement through enhanced screening protocols and provider education
  - 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, 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: Pilot point-of-care testing at select clinics with the highest improvement potential.
  - TFL-CH: Implement targeted member outreach to encourage completion of dental visits before year-end. Develop and budget for a sustained outreach campaign launching in early 2026 to reinforce the importance of preventive oral health and improve adherence to the TFL-CH measure.

SCAL

- Overall MCAS Measure Performance as of May 2025:
  - High Performance Level (HPL): 10 out of 18 measures (56%)

    - Between Minimum Performance Level (MPL) and HPL: 8 out of 18 measures (44%)
    - Below MPL: 0 out of 18 measures (0%)
    - Regional SCAL MCAS measures are performing above the MPL, with targeted quality improvement efforts underway in select counties and specific measures where performance is currently below the MPL.
- 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 continue to meet or exceed MPL.
    - Well-Child Visits (15-30 Months): Continue to monitor performance to ensure all SCAL counties continue to meet or exceed MPL. Address the W30-2+ measure at QIHEC and collaborate on regionwide performance improvement efforts.
    - LSC: Explore point-of-care testing during WCV.
    - TFL-CH: Initiate KP Internal 2025 CA Statewide Oral Health Initiative. Continue to engage regional stakeholders in SCAL-wide performance improvement efforts to meet or exceed MPL for all counties.

Quality Withhold & Incentive Program:
Statewide - The NCAL and SCAL QIHEC's reviewed key elements of the Medi-Cal Managed Care Quality Withhold and Incentive Programs, which was consistent with their advisory role in advancing statewide quality strategy.

External Quality Review (EQR):
Statewide

- The annual EQR assesses clinical quality, member experience, access to care, and compliance with current Medi-Cal program requirements.
- As part of the 2023–2024 EQR process, Kaiser Permanente received the following three (3) recommendations:
    - Review Performance Improvement Project (PIP) Submission Form instructions to ensure all required info is included for the 2025 nonclinical PIP.
    - Assess 2023 performance data and adjust quality improvement strategies based on updated reporting levels and county changes.
    - Collaborate with DHCS to address 2024 compliance review findings and ensure ongoing adherence to CFR standards.
- KP responded with action plans developed to align with regulatory requirements that support continued compliance with Medi-Cal program standards. Additionally, Kaiser Permanente continues to track progress on prior recommendations and implement initiatives to demonstrate continuous quality improvement.

Dual Special Needs Plan (D-SNP)
NCAL (SCAL scheduled to review in October 2025)

- Kaiser Permanente operates a Dual Special Needs Plan (D-SNP) for beneficiaries dually eligible for Medicare Advantage and Medi-Cal. The D-SNP is governed by the Centers for Medicare and Medicaid Services (CMS) and California's Department of Health Care Services (DHCS)-required Model of Care (MOC), which outlines the program's structure and operational standards. KP NCAL currently serves approximately 61,000 D-SNP members, with 88% dually enrolled in KP for both Medicare and Medi-Cal.
- Highlights:
    - Automated referrals for eligible members, utilizing an algorithm to streamline referrals for all populations of focus.
    - Enhanced member engagement with Health Risk Assessments (HRA) and Care Plan completion through diverse outreach strategies.
    - Launched an automated, patient-facing questionnaire, with plans to introduce text message outreach by Q4 2025.
- Next steps:
    - Increasing enhanced case management enrollments with greater transparency around member eligibility, referral status, and outreach/enrollment processes.
    - Addressing delays in questionnaire development, including translation into all CMS required languages, with a priority on Spanish language implementation as an initial phase to accelerate rollout.

Health Equity Activities: Transforming Maternal Health (TMaH)

Statewide

- TMaH is a 10-year Federal-State program focused on improving maternal health experience.
- DHCS secured funding to implement the program in the Central Valley and Kaiser Permanente is collaborating in this effort.
- Priority populations include Black, African American, American Indian, Alaska Native, and Pacific Islander pregnant and postpartum patients, with a focus on strengthening infrastructure, expanding the workforce, and developing a value-based payment model.

Healthy Equity Activities: Language Assistance Program Updates

SCAL

- Kaiser Permanente's California markets maintain standardized statewide Language Assistance policies to ensure operational compliance with federal and state requirements, including those outlined in DHCS All Plan Letters (APLs) and applicable civil rights laws. These policies are reviewed and updated annually in accordance with California law and govern the provision of qualified interpreters and accurate, timely translations for all lines of business, with specific requirements for Medi-Cal.
- Year to date (YTD) 2025, language preference data indicates near-complete documentation across the SCAL Medi-Cal population:
    - 99.57% or 613,664 out of 616,297 Medi-Cal members documented their spoken language preference.
    - 98.99% or 610,048 out of 616,297 Medi-Cal members documented their written language preference.

- Next Steps: Support consistent interpreter services, focusing on telehealth, by reinforcing protocols through monthly Cultural & Linguistic Quick Tips, providing refresher training during member complaint resolution, and collaborating across care teams to increase awareness of available language services.

DHCS Corrective Action Plan (CAP) Update

Statewide - The NCAL and SCAL QIHEC's reviewed key elements of current DHCS CAP's, which was consistent with their oversight and advisory roles in advancing statewide quality strategy.

Member Complaints, Grievances, and Appeals (CGA):

NCAL

- National Member Relations established a 4% annual reduction target in member complaints per 1,000 members across all lines of business. This effort is part of a three-(3) year regional strategy led through service area and regional committees focused on complaint reduction design, evaluation, and oversight.
- Next Steps: The NCAL Consumer Experience team will monitor member complaint trends and related improvement efforts, and report quarterly to support oversight through established governance structures, including the Member Concerns Committee and QIHEC.

SCAL

- Scheduled to review in October 2025.

Community Engagement:

Statewide

- Local stakeholder engagement activities fulfilled DHCS regulatory requirements while advancing county-level relationships and collaborations with large statewide organizations to improve community-based care.
- In Q1 2025, Kaiser Permanente conducted over 500 external engagements and 200+ trainings focused on enhancing access, referrals, and provider capacity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Care Management and Care Experience Services.
- Efforts prioritized identifying local barriers and deploying targeted KP resources to drive meaningful, community-informed solutions. Notably, birth equity-focused content received strong engagement, with 600–1,000 views.
- Next Steps: Continue expanding strategic relationships to strengthen service access, close equity gaps, and improve outcomes.

Community Based Adult Services (CBAS):

SCAL

- CBAS is a structured outpatient program providing facility-based, bundled services for at least four (4) hours per day to eligible older adults and adults with disabilities. The program supports functional independence, reduces social isolation, and helps maintain optimal self-care capacity.

- Kaiser Permanente contracted with 227 CBAS centers serving 1,342 Members where quality oversight responsibilities are exercised through continuous compliance monitoring and biannual site visits. In 2024, 142 site visits were completed. As of August 1, 2025, 29 site visits were completed.
- All CBAS centers under quality oversight have met or exceeded the 85% performance benchmark, with sustained efforts underway to maintain these outcomes.

NCAL

- Scheduled to review in December 2025

Non-Specialty Mental Health Services (NSMHS) Outreach and Education Plans:

Statewide

- Kaiser Permanente is implementing a statewide outreach and education strategy to increase member awareness of NSMHS, in alignment with Senate Bill (SB) 1019 and APL 24-012.
- Efforts include culturally tailored communications, direct member outreach, and support for frontline staff and community partners to reduce stigma and improve access.
- In response to member feedback received in 2024, which indicated low awareness of available benefits and how to access them, a two (2) -page flyer is in development. The flyer will outline covered services and multiple access pathways and is scheduled for Q4 2025 distribution, pending DHCS approval.

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

SCAL

- Decision Timeliness: Achieved a 93% timeliness rate for medical necessity denials.
- Notification Compliance: Met notification requirements with 99% for Medical Directors and 98% for Members, exceeding the 95% target for all metrics.
- Highlighted best practice: training and inter-rater reliability (IRR) testing resulting in low denial rates.
- Opportunity & Action:
  - Decision timeliness for non-Durable Medical Equipment (DME) denials has decreased due to staffing challenges in the service area with the highest volume of these cases.
  - Ongoing collaboration with service area leaders is focused on enhancing processes and outcomes.

NCAL

- Scheduled to review in October 2025.

Federal and State Policy Update:

Statewide – The NCAL and SCAL QIHECs reviewed recent developments in the federal and state policy landscape relevant to Medi-Cal quality and equity initiatives, providing context to inform the committees' strategic guidance and enable fulfillment of their advisory role as outlined in the charters.

Regulatory Update – DHCS APLs:

Statewide

- The Regional Medi-Cal Quality Teams participate in APL draft reviews and collaborate with internal regulatory teams to provide quality oversight of care delivery to KP's Medi-Cal members.
- Updated/new APLs were presented at the August 2025 Meetings in both NCAL and SCAL.
    - Community Advisory Committee (CAC): **APL 25-009**
    - Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services: **APL 25-010**
    - H.R. 1 –Federal Payments to Prohibited Entities: **APL 25-011**

Policy & Procedure Updates:

Statewide

- Policies Published in Q3 2025:
    - Medi-Cal Coverage of Intermediate Care Facilities/Development Disabilities Under the Long-Term Care Benefit
    - California Children's Services (CCS)
    - Medi-Cal Minor Consent for Non-Specialty Outpatient Mental Health
    - Medi-Cal Coverage of Skilled Nursing Facilities, and Subacute Care Facilities Under the Long-Term Care Benefit
    - Primary Care Provider Selection/Assignment

Voted and Approved:

- NCAL and SCAL June 2025 QIHEC Meeting Minutes
- NCAL and SCAL QIHEC Charter Membership Updates
- NCAL Behavioral Health Quality Oversight Committee Report on MCAS Measures
- NCAL Complaints, Grievances, and Appeals (Q2 2025)

QIHEC Meeting Summaries are submitted to:

NCAL: Quality Oversight Committee (QOC) - Quarterly
SCAL: SCAL Quality Committee (SCQC) - Biannually

Next QIHEC Meetings:

NCAL: October 14 and December 9, 2025
SCAL: October 22 and December 17, 2025

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