Kaiser Permanente (KP) California
Quality Improvement and Health Equity Committee (QIHEC)
Summary for DHCS – Q3 2024

QIHEC Meetings:
- Northern California (NCAL): August 12, 2024
- Southern California (SCAL): August 28, 2024
  NOTE: The SCAL QIHEC June 26, 2024, meeting summary is included in the Q3 2024 QIHEC summary; it was not included in the Q2 2024 summary.

The following NCAL and SCAL departments and sub-committees reported to their respective NCAL/SCAL QIHECs in Q3 2024:

Managed Care Accountability Set (MCAS) Data:
NCAL - The Permanente Medical Group (TPMG)
- County-specific data are available as of June 2024.
- NCAL surpassed the 50th percentile or the Minimum Performance Level (MPL) on 94% of the priority measures, and the 90th percentile or the High-Performance Level (HPL) on 59% of the measures.
- Lead Screening in Children (LSC) and Topical Fluoride (TFL) fell below the MPL.
  - Actions taken include secure patient notification and health engagement messaging for LSC, and implementation of a Well Child Questionnaire for TFL.
SCAL - Southern California Permanente Medical Group (SCPMG)
- County-specific data are available as of June 2024.
- Race and Ethnicity data on measures by county will be available end of August 2024 and reported in the QIHEC meeting in October 2024.
- SCAL surpassed the 50th percentile or the MPL on 32.2% of the priority measures, and the 90th percentile or the HPL on the 56.2% of the measures (47 measures, nine counties).
- 2024 Work Plan/Goals:
  - The standard was determined to reach performance measures at the 50th percentile of the National Medicaid benchmark or higher.
  - SCAL strives to achieve a stretch target of >90th percentile on MCAS measures.
  - Success was measured by comparing Kaiser Permanente (KP) SCAL's Medi-Cal performance against Medi-Cal benchmarks from (Measurement Year) MY 2022.
- LSC and Pharmacotherapy for Opioid Use Disorder (POD) fell below the MPL.
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Actions taken include utilizing data tracking tools, provider education, and adjusting processes to improve care delivery and performance.
Access / Medi-Cal Network Adequacy Status:
NCAL and SCAL
- Updated adequacy data for the Medi-Cal traditional network was presented including Primary Care Providers (PCPs), Specialists, and Non-Physician Mental Health (NPMH) providers.

- Monitoring continues to identify and address gaps per the DHCS Medi-Cal contract. Some of the current gaps include the following:
  - NCAL Gaps: Federally Qualified Health Center (FQHC), and Skilled Nursing Facility (SNF)/Long-Term Care (LTC)
  - SCAL Gaps: Federally Qualified Health Center (FQHC), and Community-Based Adult Services (CBAS)
- Action Plan/Gap Rationale:
  - Adequacy gaps were primarily due to business decisions to not pursue contracting with certain large groups and health systems
  - Lack of response or follow-up by providers
  - Failure to meet KP quality standards
  - New doulas were currently in the contracting process.

Over-/Under-Utilization of Utilization Management (UM)
SCAL (Presented at the June 2024 QIHEC Meeting)
- Background Information: This was a biannual overview of KP SCAL's rates on select MCAS measures related to Over/Under Utilization to the Medi-Cal QIHEC.
- Monitoring: The Regional Quality Team consistently monitored performance for each measure and collaborated with relevant stakeholders to address any significant performance declines that exceed typical fluctuations. In cases of concerning trends, corrective action plans were developed and tracked. Senior leadership was kept informed of any measures that did not show improvement toward goals or demonstrated a decline, along with progress updates on corrective actions.
- 2024 Work Plan/Goals:
  - The standard was set to reach the 50th percentile of the National Medicaid benchmark.
  - KP SCAL strives to achieve a stretch target of >90th percentile on all measures.
  - Success was measured by comparing KP SCAL's Medi-Cal performance against Medi-Cal benchmarks.

Utilization Management, Denials & Timeliness: Presentation and analysis of denials, timeliness, appeals, and trends.
SCAL
- Background Information:
  - The UM Medi-Cal Denial Decision and Notification Timeliness Report tracks KP SCAL's compliance with denying UM referrals for Medi-Cal members within regulatory turnaround times, as well as notifying the member and requesting providers within regulatory turnaround times.
  - This quarterly report enables QIHEC to provide oversight of the UM process for Medi-Cal members.
- Activities and Action Plans:
  - 2024 Year to Date (YTD) Decision timeliness (93%) for Medi-Cal medical necessity denials; 2024 YTD physician and member notification 97.9% and 96.2%, respectively.
  - Weekly meetings with the Durable Medical Equipment (DME) team to discuss untimely and/or at-risk late denials affecting timeliness.

- New functionality on monthly timeliness report that facilitates identifying untimely decisions for deep dive analysis.
- Recommended adding fields to the daily DME referral aging report (tracks open DME referrals without a decision) that will facilitate immediate and accurate triage.
- The Regional DME team is developing a more effective training/messaging on how local DME managers can leverage DME referral aging report to process referral decisions.

Memorandum of Understanding (MOUs)

SCAL (Presented at the June 2024 QIHEC Meeting)

- Objective: Executed MOUs with nine counties and their agencies as well as Division of Financial Agreements (DOFRs) with Behavioral Health (BH) agencies.
- Activities/Key Points including Results/Analysis/Barriers:
  - BH Division of Financial Responsibilities - Validate volumes, fiscal impact, and establish negotiations approach.
  - Care Coordination & Closed-Loop Referrals – Engage with PMGs and Care Coordination teams to identify and collaboratively develop workflows.
  - Data Sharing - Finalize/socialize data exchange strategy for post-execution readiness and alignment.
- Action Plans/Additional Discussion/Information:
  - The Care Delivery Operations (CDO) MOU Implementation Team is accountable for overall MOU implementation, including establishing quarterly meetings, training and education, closed-loop referrals, care coordination enhancements, quality improvement, data exchange, dispute resolution processes, and more.

Community Engagement

SCAL

- KP is dedicated to building, enhancing, and deepening relationships with local stakeholders across all nine counties. Continuous Process Improvement (CPI) facilitators have expressed appreciation for KP's active participation and contributions in these forums.
- The SCAL Medi-Cal Quality Team attends Local Health Jurisdiction (LHJ) County meetings as required, facilitating learning, sharing best practices, and collaborating with other Managed Care Plans (MCPs).
- Local Engagement Accomplishments: Since the onset of DHCS readiness assessments, KP has participated in over 800 external stakeholder forums related to Medi-Cal, engaging with other MCPs, county agencies, and community-based organizations. In 2024 alone, KP has delivered over 70 training courses to external partners on Medi-Cal Transformation initiatives, including Enhanced Care Management (ECM) and Community Support.

Dual Eligible Special Needs Plan (CA D-SNP) Quality: D-SNPs serve beneficiaries eligible for both Medicare Advantage and Medicaid who choose D-SNP over traditional Medicare Advantage. These plans operate under a Model of Care (MOC) outlining specific requirements

from Centers of Medicare & Medicaid Services (CMS) and DHCS. In 2023, DHCS began requiring D-SNP plans in California to submit quarterly and annual performance measures. There has been no specific targets or thresholds set for these measures.

SCAL

- In Q3 2024, KP SCAL reported Q1 2024 results for D-SNP Care Coordination Quality Performance Metrics. New quality measures were selected for MOC that align with regulatory requirements by CMS and DHCS. Key measures for Q1 2024 include:
  o Health Risk Assessment (HRA)- Assessments for new members were completed within 90 days of enrollment and included the five domains
  o HRA - Assessments for existing members were completed within 365 days of the last assessment and included the five domains
  o Individualized Care Plan Development within 90-days of enrollment into D-SNP
  o Care transition call will be performed for post-acute discharges to home setting
- The D-SNP team reported several barriers to meeting their targets, including intense membership growth from 2023 to 2024 and ongoing month-over-month growth.
- Actions Taken and Planned:
  o Increased program visibility by meeting quarterly with local D-SNP leadership to review performance.
  o Established a central relief pool to temporarily fill care manager vacancies.
  o Launched a regional telephony platform to enhance cross-coverage and enable innovative outreach campaigns.
  o Developed a new outreach technique to boost care manager productivity.
  o Transitioned SCAL Kaiser Foundation Hospital D-SNP leadership under the California Medi-Cal program.
  o Required corrective action plans from locations not meeting D-SNP Care Management Star Measure targets and other care coordination metrics.
  o Pass CMS and DHCS audits and implement any noted recommendations.

NCAL

- In Q2 2024, KP NCAL improved HRA and Care Plan metrics, with the NCAL D-SNP team streamlining processes while meeting CMS outreach requirements. Key program elements included the following:
  o In home assistance for eligible Medi-Cal Members through In-Home Support Services (IHSS) and Multipurpose Senior Servies Program (MSSP).
  o Enhanced Care Management (ECM) Requirement: DHCS mandated D-SNPs to offer "ECM-like services" for at least four Populations of Focus (POF). KP NCAL selected Adults Experiencing Homelessness, Adults at Risk for Avoidable Hospital or ED Utilization, Adults with Serious Mental Health (SMI) and/or Substance-Use Disorder (SUD) Needs and Adult Nursing Facility (NF) Residents Transitioning to the Community.
    ▪ D-SNP patients who met the ECM algorithm already used for Medi-Cal patients will be automatically referred to the NLEs for ECM-like service.
    ▪ D-SNP Care Managers referred additional patients from the POFs for ECM.
    ▪ The KP NCAL D-SNP automated referral process will go live by the end of 2024. in 3Q 2024.

- o <u>Palliative Care Focus:</u> DHCS added palliative care to the 2024 D-SNP focus areas. KP NCAL has an initiative-taking Specialty Palliative Care Registry aligned with Medi-Cal criteria, and D-SNP teams received updated training on life care planning, registry criteria, and referral workflows through KP NCAL Supportive Care Services.

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.

SCAL (Presented at the June 2024 Meeting)

- 72 APLs were released by DHCS from 2022 through May 2024.
- 25 have been completed to date, 37 are In Process, one is On Hold (APL 24-001 – Street Medicine Provider), nine have been Superseded

NCAL

- Summaries for all 2024 APLs were presented along with links to the full APL.

Medi-Cal Provider Manual Update

NCAL

- The Medi-Cal Provider Manual was updated effective 7/1/2024 to align with DHCS requirements for the carve-out of Specialty Mental Health Services (SMHS) to County Mental Health in Sacramento and Solano Counties.

Health Equity Reports:

NCAL and SCAL: Update on CAHP Health Plans (CAHP) Forum in Southern California in May 2024: Driving Equity Californian Association

SCAL (Presented at the June and August 2024 Meetings)

- The Diabetes Tiger Team expanded member participation with the vision of eliminating the disparity in A1c control among Hispanic/Latinx populations by 2035. For 2024, the goal is to reduce this disparity by 1% and improve A1c control rates by December 31, 2024, through initiatives such as organizing Mobile Health Vehicle (MHV) events and establishing a regional Community of Practice. Additionally, Hispanic/Latino diabetes events were scheduled for the Baldwin Park pilot site on July 10 and July 26, 2024.
- The 2024 SCAL/HI Equity Inclusion and Diversity (EID) Regional Collaborative "One KP for Diabetes Equity" event on October 7, 2024, provided an overview of system integration efforts to address diabetes disparity gaps, highlighted member and community insights on social determinants affecting diabetes management and offered an opportunity to shape the 2025 strategic direction.
- Culturally and Linguistically Appropriate Services Training is scheduled for January 2025 to equip healthcare providers and staff with skills to respectfully care for diverse populations.

NCAL
- Equity, Inclusion, and Diversity presentation on prenatal and in-hospital beliefs toward infant feeding focused on improving exclusive breastfeeding rates among Asian Pacific Islander and Latinx mothers.
  - Literature review and interviews with patients and lactation consultants revealed cultural factors affecting breastfeeding initiation and exclusivity.
  - Recommendations: Improve patient education, clinician tools, workflow, and community resources.
  - Results: Exclusive breastfeeding improved by 0.7%.

Regional Medi-Cal Quality
SCAL (Presented at the June and August 2024 Meetings)
- Through June 2024, SCAL's MCAS results show 16 of 17 measures (94%) meet or exceed the (MPL, with ten above the High-Performance Level (HPL). Notably, Los Angeles, Orange, and San Diego Counties, along with Downey and Los Angeles Medical Centers, performed the best. However, LSC was below the MPL.
- Key Areas for Improvement:
  - Children's Health & Lead Screening: SCAL overall, especially in San Bernardino and South Bay, where three measures fell below the MPL.
  - San Diego: Performance measures under the 50th percentile in MY 2022 led to monetary sanctions and corrective actions. San Diego remains at risk in MY 2023.
- Well-Child Visit (WCV) and LSC Initiatives:
  - June 2024 data shows improvements in WCVs for ages 0-30 months since March.
  - The DHCS Lean A3 project emphasizes San Diego's WCVs and LSC. Current efforts include office encounter alerts, well-care letters, birthday postcards for ages 3-17, and stat orders for lead screening to encourage lab visits at appointments.
- Other Notable Efforts:
  - TFL-CH: Performance in MY 2023 for ages 1-20 aligns with Bright Futures/AAP guidelines. San Diego was exploring partnerships to improve fluoride varnish delivery, with County Partner Dr. Fadra Whyte.
  - Moving forward, SCAL will continue performance monitoring and engage in process improvements, particularly in children's health and lead screening, to meet state requirements.

Drug Utilization: Metrics, activities, analysis, and action plans
SCAL (Presented at the June 2024 Meeting)
- Drug-Drug Interaction (DDI): Reviewed the top ten severity level 1 interacting drugs, noting an 8% increase in distinct members with a DDI and a 10% increase in total DDI claims compared to the 2023 baseline.
- Duplicate Therapy: Analyzed the top ten duplicate therapy categories, showing a 2% increase in distinct members for allowance 0 (no duplicate therapies allowed) and a 19% increase for allowance 1 (one duplicate therapy allowed). Total claims increased by 2% for allowance 0 and 12% for allowance one compared to the 2023 baseline.

- Min/Max: Reviewed top ten drugs that were below First Databank (FDB) minimum or above FDB maximum dose.
- Next Steps: If potentially inappropriate prescribing is identified, perform provider and pharmacy educational interventions.

Community Advisory Committee (CAC)
NCAL and SCAL
- The Community Advisory Council (CAC) launched in June 2024, involving Medi-Cal members, their parent advocates, and Community-Based Organizations.
- CAC discussion topics include the following: culturally appropriate services, health education priorities, outreach strategies, marketing materials, service access information, and community resources.
- Open forum sessions allow CAC members to ask questions and share comments.
- CAC meetings are held quarterly, with minutes presented to the QIHEC.
NCAL
- Activities:
  - June 2024 CAC topics included a sharing information on how KP is focused on serving Medi-Cal Members and non-specialty mental health.
- Action Plans:
  - General information related to access, care coordination and other topics were provided to CAC members.
  - Individual follow-up will be completed with members who had specific questions related to their care.
  - CAC members were provided with an email contact for any questions or feedback related to the CAC.
SCAL
- Activities:
  - Committee meetings had high participation and active engagement with members. This included 23 Medi-Cal members, two parent advocates of Medi-Cal members, and two Community Based Organizations.
  - General themes of concerns from CAC were the following: concerns about access to mental health, especially 1:1 therapy, wait times for appointments, questions about the mental health network, and availability of alternative mental health resources.
  - The CAC reported during the open forum segment and had robust discussions about clarity within after-visit summaries, advocacy for moms, kids, and women of color.
  - Positive experiences shared during the open forum segment which included the following: gratitude expressed for the labor and delivery experience, appreciation for the convenience of multiple services at KP locations, and appreciation of the Medi-Cal-specific phone numbers shared with CAC members.
- Action Plans:
  - Review input from members and consider areas where action can be incorporated into the QIHEC Transformation Plan, especially items where more than one member provided similar input.

- o It was decided during the SCAL QIHEC meeting on August 28th, 2024, for the SCAL CAC Medi-Cal member representative to present their personal KP experience story during the next SCAL QIHEC meeting.

National Committee for Quality Assurance (NCQA)
Accreditation for Health Equity Plus and Medi-Cal LOB Update
NCAL and SCAL: Pursuing Health Equity Plus Accreditation for all lines of business enterprise-wide in June 2026.
   NCAL
- Received NCQA Health Equity Accreditation in late 2023. The renewal survey will be in 2026.
- Pursuing Health Plan Accreditation for the Medi-Cal Line of Business (LOB) in Fall 2025.
   SCAL
- Received NCQA Health Equity Accreditation for all lines of business in July 2024. The renewal survey will be in 2027.
- Scheduled Health Plan Accreditation survey for all lines of business for September 2025.

Member Concerns/Complaints, Grievances, and Appeals (CGA)
Data and trends were updated through June 2024. The QIHEC have tasked the CGA group to report back on regional action plans in December 2024.
   SCAL
- As of year-to-date 2024, 11.7% of all cases originated from the Medi-Cal segment.
- Complaint Trends: Over the past 13 months, the leading categories for member complaints include Quality of Service, Quality of Care, and Access. Notably, nearly 31% of Medi-Cal complaints stem from adult primary care (23.1%) and pharmacy (7.4%). Medi-Cal members report Access-related complaints 5% less frequently than other segments.
- Medi-Cal complaints increased by 5% compared to the previous year. Key drivers included perceptions of Diagnosis Treatment or Care Quality, delays in Appointment Access, and staff courtesy.
- Family Medicine complaints rose by 7%, primarily related to treatment quality, ease of obtaining prescriptions, and staff courtesy.
- There was a significant improvement in the Delayed/Failed Contact category, which decreased by 16%.
- Appeal Trends: Most Medi-Cal appeals were linked to claim denials and internal benefits requests, with Durable Medical Equipment (DME) and Emergency Services being the top reasons for member appeals.
- Action Plan: To has the CGA group report back on regional action plans in December 2024 to SCAL QIHEC.
   NCAL
- As of year-to-date 2024, 11.8% of cases were attributed to members in the Medi-Cal line of business. The Medi-Cal population comprised 11% of our total membership, indicated that the rate of grievances was proportional to the size of our Medi-Cal membership.

- Over the past 13 months, the top three categories for member complaints have been Quality of Service, Quality of Care, and Access.
- Notably, Medi-Cal complaints have increased by 23% compared to year-to-date 2023, driven primarily by member perceptions related to Diagnosis Treatment or Care, Behavior, Appointment Access, and Message Management.

Voted and Approved
  NCAL and SCAL
  o QIHEC Meeting Minutes
  o QIHEC Charter Addendum: Contract Requirement 2.2.6.C – Qualifications of Staff
  SCAL
  o Quality Improvement Health Equity Transformation Program (QIHEPT) and Quality Program Description (SCAL approved on June 26, 2024)

QIHEC Meeting Minutes are submitted to
  NCAL: Quality Oversight Committee (QOC) - Quarterly
  SCAL: SCAL Quality Committee (SCQC) – Biannually

Next QIHEC Meetings
  NCAL: October 10, 2024
  SCAL: October 23, 2024

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