

Kaiser Permanente (KP) California Quality Improvement and Health Equity Committee (QIHEC) Summary for DHCS – Q4 2025

QIHEC Meetings:

- **Northern California (NCAL):** October 14 and December 9, 2025
- **Southern California (SCAL):** October 22 and December 17, 2025

The following NCAL and SCAL departments and subcommittees reported to their respective NCAL/SCAL QIHECs in Q4 2025:

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

NCAL Region

- Overall MCAS Measure Performance as of October 2025:
 - High Performance Level (HPL): 5 out of 18 measures (28%)
 - Between Minimum Performance Level (MPL) and HPL: 11 out of 18 measures (61%)
 - Below MPL: 2 out of 18 measures (11%)
- Next Steps for Measures Below MPL:
 - Lead Screening in Children (LSC): Comprehensive, system-wide actions including targeted member outreach, expanded lab access, Electronic Health Record enhancements, and sustained regional leadership engagement have driven a 10.41% year-over-year improvement in pediatric blood lead screening rates, the highest gain among all MCAS measures.
 - Topical Fluoride for Children (TFL-CH) Performance Improvement: KP is advancing a multi-pronged strategy to improve topical fluoride rates for children ages 0–20 through cross-functional collaboration, targeted and automated member outreach, enhanced data reporting and workflows, community and county partnerships, mobile dental services in underserved areas, and ongoing advocacy to expand Medi-Cal Dental access. The current performance rate of 17.08%, represents a 2.59 percentage-point improvement compared to the prior year.

SCAL Region

- Overall MCAS Measure Performance as of September 2025:
 - High Performance Level (HPL): 9 out of 18 measures (50%)
 - Between Minimum Performance Level (MPL) and HPL: 7 out of 18 measures (39%)
 - Below MPL: 2 out of 18 measures (11%)
- Actions and Next Steps:
 - Follow-Up After Emergency Department (ED) Visit for Substance Use – 30 Days: Continue to monitor Follow-Up After ED Visit for Substance Use (FUA)/Follow-Up After ED 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 with regionwide quality improvement efforts focused on supporting timely access and engagement through advanced pediatric scheduling (up to six months) and targeted member outreach.
 - LSC: Continue regionwide quality improvement efforts to close lead screening gaps through SureNet-supported member outreach and parent notification, use of care gap

alerts, expedited laboratory processing, and provider education aligned with the Medi-Cal Lead Screening Clinical Strategic Goal.

- TFL-CH: Initiated 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.

DHCS Bold Goals

Statewide

- The Bold Goals Initiative is a statewide effort to improve key MCAS measures by 50% by 2025, focusing on children’s preventive care, behavioral health, and maternity care.
- Performance across populations exceeds state minimum and high-performance levels, though some subpopulations fall below these levels.
- Areas of strong performance include:
 - Prenatal and postpartum depression screening
 - Follow-up after mental health visits
 - Well-child visits in the first 15 months of life
 - Adolescent immunizations
- Areas with ongoing opportunities for improvement include:
 - Lead screening and topical fluoride for children (trending upward)
 - Follow-up on positive prenatal depression screenings
 - Well-child visits from 15–30 months for Black/African American and Native Hawaiian/Pacific Islander populations
 - Childhood immunization completion for specific populations, with gaps narrowing over time
- Next Steps:
 - Continue targeted outreach and follow-up to support completion of preventive services and screenings.
 - Utilize technology and population health tools to identify patients due for appointments and follow-ups.
 - Maintain collaborative efforts across care teams to engage families and encourage timely care with cultural and linguistically appropriate outreach.
 - Monitor performance trends and disparities across subpopulations, focusing on areas with the greatest opportunity for improvement.
 - Support health equity-focused interventions to reduce gaps in care and ensure all members have access to recommended services.

Dual Special Needs Plan (D-SNP)

SCAL

- KP 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.
- Year-over-year performance was mixed, with just over half of measures meeting or exceeding prior-year results and established targets. Performance was influenced by factors beyond D-SNP-specific operations, including higher-than-anticipated enrollment growth and temporary staffing capacity constraints during the reporting period.
- Next steps:

- Maintain appropriate leadership oversight, regional coordination, and performance monitoring to support compliance with state and federal requirements and drive continuous quality improvement.
- Implement standardized assessment, outreach, and care management processes to ensure timely identification of member needs and appropriate referral to care management services, including for higher-acuity populations.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results:

SCAL

- Results from the KP administered CAHPS survey were used to evaluate member experience and inform ongoing quality monitoring and improvement efforts.
- Results demonstrated areas of strength across multiple experience domains, including provider relationships and customer service.
- Variation in performance was observed across populations and measures, indicating opportunities for continued focus and improvement.
- CAHPS findings support quality oversight activities and alignment with state and national reporting requirements.

Behavioral Health Treatment (BHT) Services Report:

Statewide

- BHT includes mental health and substance use disorder services, supporting learning, social interaction, and daily functioning, for members with and without Autism Spectrum Disorder (ASD).
- Services are coordinated across multiple systems, including the health plan, county mental health plans, regional centers, schools, and certified providers.
- Autism Spectrum Disorder prevalence increased 17% from 2023 to 2024, with a corresponding rise in ABA referrals.
- Oversight, coordination, and shared data tools support effective service delivery and compliance with DHCS and health plan audits.
- Next Steps:
 - Strengthen coordination across committees and service systems to improve oversight and referral tracking.
 - Ensure members are consistently linked to necessary services and reduce gaps in care.
 - Address documentation and treatment plan progress reporting to maintain compliance and quality monitoring.
 - Monitor demand trends and adjust service capacity to meet the needs of members.

Behavioral Health Quality Update:

SCAL

- The Southern California Permanente Medical Group (SCPMG) Regional Behavioral Health team oversees care coordination for Medi-Cal members needing specialty mental health (SMH) or substance use disorder (SUD) services with county partners.
- Patients are screened using DHCS tools; higher-need cases are referred to the county, with the team supporting connections and addressing barriers.
- Care coordination workflows have been enhanced in 2025, particularly for SUD services.
- Partnerships with counties have deepened, improving workflow understanding and problem-solving at both patient-specific and systemic levels.

- Communication and dispute resolution processes with the state have been strengthened, especially for complex cases such as eating disorders.
- Challenges remain, including delays in timely access to county services, patient understanding of referral processes, and variable county network capacity and staffing.
- Next Steps:
 - Continue strengthening county partnerships to address access delays and improve referral processes.
 - Expand education and engagement with patients to clarify the purpose of county referrals and reduce hesitancy.
 - Maintain enhancements in SUD care coordination workflows and share best practices across Southern California.
 - Monitor and refine dispute resolution processes in collaboration with the state for complex care cases.
 - Track county capacity, staffing, and network adequacy to anticipate barriers and adjust care coordination strategies

DHCS Corrective Action Plan (CAP) Update

Statewide - Both NCAL and SCAL QIHEC maintained ongoing oversight of DHCS CAPs, actively monitoring implementation progress and identifying areas requiring continued attention in support of the statewide quality strategy.

Member Complaints, Grievances, and Appeals (CGA):

NCAL

- The Medi-Cal line of business represents 11% of complaint issues while comprising 11.5% of NCAL membership. Overall complaint volumes showed improvement in some service areas, including digital services and OB/GYN care, while other areas, such as transportation and emergency services, experienced increases compared to the prior quarter.
- Targeted actions:
 - Transportation:
 - Continued routine vendor oversight, performance reviews, and ongoing monitoring to ensure transportation services meet required standards and that issues are addressed promptly.
 - Implemented regular cross-functional reviews, standardized reporting, and improved tracking tools to ensure complaints are accurately coded, monitored, and resolved in a timely manner
 - Emergency Services:
 - Established standard processes to explain tests, treatments, and discharge instructions, confirm patient understanding, review care for completeness, and address concerns in real time to improve quality of care and patient experience.
 - Established ongoing cultural awareness and inclusion training, along with language assistance and translated materials, to ensure patients can understand the care plan regardless of background or language.
- Next Steps: NCAL will continue analyzing trends and implementing targeted interventions to support members, including ensuring continuity of care during coverage changes or provider transitions, outreach for members at risk of care disruption, escalation of complex cases to regional teams, and ongoing collaboration across hubs and the Member Relations Department for process optimization and rapid response.

SCAL

- The Medi-Cal line of business represents 10.8% of complaint issues while comprising 13.9% of SCAL membership. CGA rates for Medi-Cal members decreased year-over-year between January and August 2025.
- Next Steps: SCAL will continue monitoring member complaints and implementing targeted improvements in key areas, including:
 - Transportation: Reduce delays and improve reliability.
 - Digital Access: Improve kp.org teen proxy access to increase act for family member and caretaker access.
 - Pharmacy Benefits: Ensure accurate coverage and improve claims accuracy.
 - Behavioral Health: Enhance timely access to internal and external care.
 - Specialty and Emergency Care: Improve service experience and wait time communication.
 - Progress and outcomes will be reported through established governance structures to support ongoing oversight.

Community Advisory Committee (CAC)

Statewide:

- During Q3 2025, CAC meetings were held across California to gather input from Medi-Cal members and community partners. These meetings support ongoing quality improvement efforts by ensuring member and community perspectives inform programs and services.
- Highlights:
 - Medi-Cal member participation remained steady or increased compared to the previous quarter.
 - A pilot for in-person CAC meetings began in Q3, alongside virtual meeting options.
 - Members provided feedback on Medi-Cal services, including access to care, Community Supports, and member communications.
 - Feedback was reviewed and used to support continuous quality improvement.
 - Individual follow-up and resource information were provided when needed.
- Next Steps:
 - Continue offering both virtual and in-person CAC meetings to support accessibility and engagement.
 - Analyze and use CAC feedback to improve Medi-Cal communications and outreach.
 - Explore additional ways to strengthen member participation and engagement.

Community Based Adult Services (CBAS):

NCAL

- NCAL contracts with 34 CBAS facilities across 12 counties, serving approximately 330 members (~11% of regional Medi-Cal CBAS participants). NCAL implemented a CBAS Quality Oversight Program in 2025, including site visits, audits, and provider engagement to support quality and health equity.
 - Facility visits assessed service delivery, regulatory compliance, staff training, documentation, and participant experience.
 - Monthly open-office hours and ongoing communication with CBAS providers foster transparency, trust, and continuous improvement.
 - Compliance monitoring and provider reporting processes ensure adherence to state standards and participant safety.

- Next Steps:
 - Analyze Medi-Cal member data to identify CBAS eligible population, measure utilization, and guide future improvements.
 - Expand CBAS contracting to cover all 22 counties, including Monterey County.
 - Collaborate with the California Association for Adult Day Services (CAADS) to increase engagement and strengthen the provider network.
 - Continue ongoing communication with CBAS providers through email updates and scheduled meetings to ensure alignment with quality oversight expectations.

Long-Term Care and Support Services (LTSS) and Intermediate Care Facilities (ICF):

NCAL

- LTSS: KP has implemented enhanced oversight for Long-Term Care (LTC) and Intermediate Care Facilities (ICF) in alignment with DHCS and California Advancing and Innovating Medi-Cal (CalAIM) requirements, with a focus on quality oversight and care coordination. KP oversees quality monitoring for approximately 216 contracted LTC facilities serving about 2,000 KP-managed Medi-Cal members daily, with structured processes to receive, track, and address quality concerns ranging from environmental issues to sentinel events.
 - KP supports custodial LTC members through nurse- and social worker-led care coordination, including provider access, transportation, therapy authorization, and transition planning to lower levels of care when appropriate.
 - KP conducts regular engagement with LTC facilities, including standing monthly meetings, quality trend monitoring, and collaboration with facility leadership to support continuous quality improvement.
 - Quality concerns are tracked and trended centrally; the most frequently reported issues include falls, wounds (including pressure injuries), and orders not carried out, with follow-up conducted in collaboration with facility leadership.
 - KP has increased successful transitions from custodial LTC to community settings, supported by Enhanced Care Management (ECM), Community Supports, and discharge planning coordination.
- ICF: In 2024, KP established a dedicated ICF-DD oversight function for a newly carved-in population, coordinating care and quality oversight in partnership with regional centers. NCAL currently supports approximately 76 KP-managed Medi-Cal members residing in 95 contracted Intermediate Care Facility for the Developmentally Disabled (ICF-DD) homes, with monthly meetings with homes and quarterly coordination with nine regional centers.
- Next Steps:
 - Continue strengthening quality oversight, care coordination, and facility engagement across LTC and ICF settings.
 - Expand and formalize data reporting capabilities, including race and ethnicity stratification and key performance indicators.
 - Advance partnerships with regional centers through execution and implementation of Memoranda of Understanding (MOUs).
 - Maintain focus on fall prevention, wound management, order execution, and safe transitions to community-based settings.

SCAL

- Medi-Cal LTSS oversees quality monitoring for 189 contracted LTC facilities. In 2024, SCAL achieved a 98% Annual Site Visit (ASV) completion rate (185 of 189 facilities), reflecting strong compliance with DHCS quality monitoring requirements.

- SCAL conducted 19 onsite in-services in 2024 and 54 in-services in 2025 to date, distributed four quarterly newsletters, and supported 10 Performance Improvement Projects (3 completed and 7 ongoing), with a primary focus on reducing 30-day readmissions.
- Next Steps:
 - Maintain a 95–100% annual site visit completion rate across SCAL LTC facilities.
 - Continue onsite in-services, quarterly communications, and Performance Improvement Project support based on LTSS partner needs.
 - Strengthen collaboration with LTC providers and sustain focus on readmission reduction initiatives.

Complex Youth:

Statewide:

KP meets all requirements for 2024 Whole Child Model (WCM) county transitions. KP is positioned to meet all requirements for 2025 California Children’s Services WCM transition and Foster Youth Single Plan County transition.

Facility Site Review/Medical Record Reviews (FSR/MRR):

NCAL

- Facility Site Reviews, Interim Monitoring Reviews, and Medical Record Reviews were conducted across Northern California in alignment with DHCS requirements to support safe and effective primary care delivery. In 2025, the FSR/MRR Team completed 100% of all required reviews early or on time, reviewing over 600 medical records and 58 Facility Site Reviews.
 - Monthly open office hours and ongoing communication with outpatient nursing executives to share best practices, learnings, foster transparency, trust, and continuous improvement.
 - Implemented simplified standardized workflows to improve efficiency and consistency.
 - Certified Site Reviewers (CSR) are training to achieve Certified Master Trainer (CMT) designations in 2026 under the leadership of the senior CMT which will create bench strength and increased internal review capacity.
 - Ongoing focus on training, technology-enabled process enhancements, and trend analysis to support readiness and efficiency in 2026 and beyond.
- Next Steps:
 - Increase completion of health assessments, social history documentation, and vaccination completion.
 - Expand community and clinic-based preventive services, including fluoride varnish and supplementation.

SCAL

- KP Southern California successfully completed the DHCS Facility Site Review (FSR) cycle, reviewing over 900 medical records and conducting 42 FSR surveys with all medical office locations meeting required standards, submitting acceptable corrective actions, and reinforcing compliance through regional training and oversight.
 - Common review themes included; opportunities to strengthen timely completion and documentation of required clinical trainings, screening and preventive service documentation, and select clinical workflow accuracy.
 - All locations met DHCS requirements during interim review activities.
- Next Steps:

- Implement targeted education and training for clinical and nursing leadership to address common findings and reinforce DHCS standards.
- Continue focusing on standardizing documentation practices, onboarding and annual training compliance, and preventive screening workflows to support sustained readiness for future reviews.

Drug Utilization Review (DUR):

Statewide

- Most measures were met or exceeded targets for Q1 and Q2 2025, reflecting continued progress in safe and effective medication management.
- Drug-Drug Interactions & Dose Thresholds: Targets met; continue pharmacy and prescriber level alerts.
- Duplicate Therapy: Overall targets met, with exceptions reflecting clinically appropriate therapy (e.g., step-down smoking cessation treatment).
- Polypharmacy in Older Adults:
 - Poly-Anticholinergic Agents (Poly-ACH): Target met in Q2 2025 after initial Q1 gap; aligns with updated Pharmacy Quality Alliance (PQA) and American Geriatrics Society (AGS) Beers Criteria.
 - Poly-Central Nervous System Agents (Poly-CNS): Target consistently met; continued alignment with regulatory display measures.
- Opioid and Benzodiazepine Management: Most measures met targets, including concurrent use and new starts.
- Pediatric Psychiatric Medications: Targets met; increases reflect improved access to behavioral health care.
- Other Opioid Measures: Fill limits and cumulative dosing in morphine milligram equivalents (MME) per day remained within established thresholds.
- Next Steps
 - Implement ongoing monitoring and review for measures exceeding targets, particularly Opioid Medication-Assisted Treatment concurrent use.
 - Maintain alignment with latest PQA and AGS Beers Criteria for polypharmacy measures.
 - Continue provider and pharmacy education initiatives to support safe prescribing practices.
 - Track quarterly performance trends to ensure sustained compliance and improvement across all measures.
 - Prepare for upcoming regulatory reporting requirements, including measures designated for CMS Stars evaluation in 2027.

Initial Health Appointments (IHA):

Statewide

- NCAL/SCAL both demonstrate strong Initial Health Appointment (IHA) performance. SCAL completion rates average ~90%, with compliance rates in the upper 90% range; NCAL shows 99% compliance rate and Primary Care Provider (PCP) assignment was 98%.
- Member Engagement Specialists support outreach, screening, and referral to care coordination, while scheduling is handled by integration teams. Challenges remain in sustaining member engagement after initial contact.
- Next Steps

- Align IHA reporting statewide by Q2 2026 to ensure consistent measurement of completion and compliance rates across all regions.
- Align new member onboarding processes across regions.

American Specialty Health (ASH) Delegated Quality Oversight – Audit Report:

Statewide

- The 2024 Quality Oversight delegation audit for ASH was completed in October 2025. The audit confirmed that ASH maintains an effective Quality Assurance Program and meets delegation agreement requirements across program structure, practitioner oversight, continuity of care, timeliness, and communication services. No corrective actions were identified.
- Next steps include ongoing alignment with regulatory and accreditation standards, updating the KP audit tool in 2026, and developing quality improvement initiatives such as clinical outcomes and race/ethnicity reporting. The KP Statewide Quality Oversight Delegation Workgroup, established in Q4 2025, will guide these efforts.

Justice Involved:

Statewide

- Justice Involved (JI) Enhanced Care Management (ECM) launched on January 1st, 2024, with eight (8) counties currently active with the California Department of Corrections and Rehabilitation (CDCR) as of 12/2025. Approximately 3,300 members are expected once all 32 counties are live. As of 12/2025, referrals are being processed, with timing and system factors influencing enrollment reporting.
- Next Steps: DHCS is developing solutions to the escalated issues brought by both KP and other Managed Care Plans in Q2 2025. Future improvements include Secure File Transfer Protocol (SFTP) implementation, completion of county/CDCR Data Use Agreements (DUAs), and execution of the JI Memorandum of Understanding (MOU) to support streamlined referral and enrollment processes.

Medi-Cal Diversity, Equity, and Inclusion (DEI) Training:

Statewide:

- DEI training is mandated under the All -Plan Letter (APL) 24-016 for Medi-Cal and applies to all Managed Care Plan (MCP) staff, subcontractors, and network providers. Training was focused on sensitivity, diversity, culture, cultural humility and addressed multiple demographic factors such as age, race, and ethnicity.
- Content was developed collaboratively with hospital and plan partners, Equity, Inclusion and Diversity (EID) leaders, NCAL and SCAL Permanente Medical Groups and health plan subject matter experts and stakeholders. DHCS approved the training in March 2025, with a request for more county and region-specific components.
- Coordination is ongoing with other MCPs to align content and avoid duplicative outreach.
- Next Steps:
 - Finalize approval for longitudinal county and region-specific cultural humility trainings.
 - Complete rollout in coordination with other MCPs.

NCQA Health Plan (HP) Accreditation for Medi-Cal Line of Business:

SCAL received NCQA Medicaid HMO accreditation based on 2025 standards, recognizing service and clinical quality that meet or exceed NCQA requirements for consumer protection and quality improvement. Accreditation was granted on 11/19/2025 and is valid through 11/19/2028. NCAL to report NCQA Medicaid HMO accreditation in Q1 2026.

Network Lead Entity (NLE) Oversight Report/Quality Update:

Statewide

- KP partners with three Network Lead Entities (Full Circle Health Network, Independent Living Systems, and Partners in Care Foundation) across 32 counties to coordinate Enhanced Care Management (ECM), Community Supports (CS), and Community Health Worker (CHW) services, addressing whole-person care and social drivers of health.
- 2024 quality oversight included standardized audit tools, annual NLE audits, and quarterly sub-provider audits. All NLEs and sub-providers that served KP Medi-Cal Members were reviewed; a mitigation plan is in place to address documentation and submission gaps.
- ECM served 7,600 active members in 2024, CS supported 12,000 members since 2022, and CHW enrollment reached 636 by year-end. Networks have broad provider capacity across high-need populations, and claims timeliness consistently met benchmarks.
- Next Steps:
 - Execute and monitor mitigation plans to strengthen documentation and audit submissions.
 - Enhance sub-provider oversight through training, monitoring, and accountability measures.
 - Refine network capacity to ensure coverage and quality across ECM, CS, and CHW programs.
 - Sustain annual NLE audits, quarterly sub-provider audits, and quality performance tracking.
 - Continue performance validation and health equity-focused quality improvement initiatives.

Medicaid Transplant Report:

Statewide:

- Kaiser Permanente implemented systemwide improvements beginning in 2024 to strengthen transplant referral timeliness and access following a DHCS audit. Medi-Cal transplant activity remains stable with modest improvement, and recipient demographics align with overall Medi-Cal membership.
- Next Steps:
 - Sustain timely, compliant transplant referral processes through ongoing monitoring.
 - Use utilization and demographic trends to inform continuous quality improvement and equitable access efforts.

Population Health Management (PHM) Strategy:

SCAL:

- KP is developing the annual DHCS PHM Strategy Deliverable, which outlines collaboration with Local Health Jurisdictions (LHJs), progress toward shared community health goals, and includes a new focus on statewide behavioral health priorities.
- Next Step: Complete county-level analysis of behavioral health performance and disparities and submit the finalized PHM Strategy Deliverable to DHCS by the February 2026 deadline.

School Based Services:

Statewide:

- School-Linked Behavioral Health Readiness: KP is progressing toward required school-linked behavioral health provisions, with timelines aligned to updated state guidance, while continuing engagement with local education partners to support future implementation.
- Collaborative Implementation: KP supports school-based behavioral health services through coordinated partnerships with education agencies, counties, and health plan partners, and remains engaged in statewide initiatives across its service areas.

Timely Access Survey:

Statewide:

- KP consistently outperformed statewide averages for urgent and non-urgent appointment availability in 2025, with telehealth inclusion improving the results.
- Additional measures, including ancillary/non-urgent appointments, 10-day mental health follow-up, and call center/nurse advice line access, showed strong performance.
- Survey methodology changes between 2024 and 2025 caused some variation in reported results; future consistency is anticipated. Transition to customer experience research methodology is planned for 2028 per Medicaid final rule.
- Next Steps:
 - Monitor ongoing performance trends and correct remaining data anomalies.
 - Maintain alignment with DHCS survey measures and reporting methodology.
 - Prepare for implementation of “secret shopper” survey methodology in 2028.
 - Continue internal monitoring to supplement DHCS data and validate access and service performance.

Transportation:

Statewide:

- Kaiser Permanente (KP) provides Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) to support Medi-Cal members’ access to covered medical appointments and pharmacies, with high reported member satisfaction.
- KP collaborates with counties and across regions to ensure clear understanding of transportation benefits, consistent oversight, and strengthened compliance monitoring of transportation providers.
- KP monitors NMT/NEMT performance metrics, including no-show rates and door-to-door assistance requirements, and supplements vendor networks as needed to support reliable, high-quality services.
- Next Steps:
 - Address transportation-related grievances by identifying root causes and coordinating corrective actions with KP transportation vendors.
 - Enhance the Explanation of Coverage (EOC) to improve clarity on eligibility, access, and use of Medi-Cal covered transportation benefits.
 - Update the KP website to provide clear, accessible Medi-Cal transportation information in threshold languages, including guidance on benefit scope and limitations.

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

NCAL

- Overall, 2025 showed improvements in timeliness across decisions and notifications:

- Medi-Cal routine decision timeliness for Durable Medical Equipment (DME), Orthopedic Supplies (OS), and Prescription Drug Coverage Program (PDCP) has been strong, with recent improvements narrowing gaps with other lines of business.
- Urgent decision timeliness for Medi-Cal remained near established targets during the reporting period.
- Routine notifications for Medi-Cal have been consistently timely since August 2025, with minor fluctuations earlier in the year.
- Next Steps:
 - Finalize testing of the updated Medical Necessity Denial due date logic for urgent and non-urgent referrals before rollout.
 - Implement the updated process in production to enhance visibility and monitoring of referrals throughout the denial process.
 - Ensure continuous tracking from initial referral through denial letter processing to support timely and transparent decision-making.

Utilization Management: Monitoring Over-/Under- Utilization of Services

NCAL

- Follow-Up After Emergency Department Visit for Substance Use (FUA) 30-day rates are near or above high-performance levels (Medi-Cal 53.6%), with lower performance noted for Black/African American members. Efforts are underway to improve data capture, standardize workflows, and automate follow-ups.
- Follow-Up After Emergency Department Visit for Mental Illness (FUM) for Medi-Cal exceeded the high-performance level at 76.3%.
- Prenatal and postpartum care rates are strong, with prenatal care rates ~92% for Medi-Cal, and postpartum care rates for Medi-Cal are 88.8%. Structured prenatal checklists and inpatient rebooking support these outcomes.
- Well-child visits in the first 30 months show strong early performance; later visits for Medi-Cal are near minimum performance level. Readmission rates improved and remain below benchmarks.
- Next Steps:
 - Strengthen capture of non-KP emergency visits and streamline automated follow-up workflows.
 - Sustain monitoring to maintain strong FUM and prenatal/postpartum outcomes.
 - Focus on improvement efforts on later well-child visits, particularly for Medi-Cal, using real-time prompts.
 - Continue coordinated efforts to reduce readmissions.

Regulatory Update – DHCS All Plan Letter (APL):

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
 - Targeted Provider Rate Increases: [APL 25-012](#)
 - Medi-Cal Rx Pharmacy Benefit and Cell and Gene Therapy (CGT) Coverage: [APL 25-013](#)
 - Data Sharing and Quality Production for Directed Payment Initiatives and Alternative Payment Methodology Program: [APL 25-015](#)
 - Alternative Format Selection for Members with Visual Impairments: [APL 25-016](#)

Policy & Procedure Updates:

Statewide

- Policies Published in Q4 2025:
 - Enhanced Care Management Model of Care
 - Hospice Services and Medi-Cal Managed Care
 - Prop 56 Directed Payments for Family Planning Services
 - Medi-Cal Network Certification Requirements

Voted and Approved:

- NCAL August and October 2025 QIHEC Meeting Minutes
- NCAL Behavioral Health Quality Oversight Committee (BHQOC) Report on MCAS Measures
- SCAL August and October 2025 QIHEC Meeting Minutes
- Statewide 2024 NLE Annual Audit Report
- Statewide Complaints, Grievances, and Appeals (Q3 2025)
- Statewide Community Advisory Committee (Q3 2025)
- Statewide Health Education Services (YTD 2025)
- Statewide Medi-Cal Policy Review

QIHEC Meeting Summaries are submitted to:

NCAL: Quality Oversight Committee (QOC) - Quarterly

SCAL: SCAL Quality Committee (SCQC) - Biannually

Next QIHEC Meetings:

NCAL: February 10, 2026

SCAL: February 25, 2026

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Approved on: January 29, 2026**Publication date:** February 13, 2026**Address questions to:** For NCAL: NCAL-QIHEC@kp.org / For SCAL: SCAL-QIHEC@kp.org