Kern Health Systems Quality Improvement Annual Work Plan - 2025

Source	Key Performance Measure	Objective/Metrics	Previously Identified Issue	Measurable Goals	Actions/Improvement Activities	Target Date of Completion	Responsible Staff
I. Quality Program Structure							
NCQA 1D	QIHE Governance	Conduct quarterly EQIHEC Meetings	No issues identified	Meet quorum of voting members at every meeting		12/31/2025	Quality Improvement Director & Health Equity Manager
NCQA 1C	Annual QI Evaluation of 2024	Summary of completed and ongoing QI activities, trending of results and overall evaluation of effectiveness	No issues identified	Annual approval by the EQIHEC and the BOD		4/17/2025	Quality Improvement Director
NCQA 1A	2025 Quality Improvement Health Equity Program Description	QIHE Program description of committee accountability, functional areas and responsibilities, reporting relationship, resources and analytical support	QI and HE Programs were previously two separate documents.	Annual approval by the EQIHEC and the BOD	Combine QI and HE Program documents and update for 2025	4/17/2025	Quality Improvement Director & Health Equity Manager
NCQA 1B	2025 Annual Quality Improvement Health Equity Work Plan	Yearly planned objectives and activities	No issues identified	Annual approval by the EQIHEC and the BOD		4/17/2025	Quality Improvement Director
DHCS	Policies and Procedures	Annual review of KHS Quality Improvement P&Ps	No issues identified	100% of policies reviewed and updated as needed		12/31/2025	Quality Improvement Director
NCQA	NCQA Health Plan Accreditation	Attain Health Plan Accreditation	Initial Accreditation	Attain Full Health Plan Accreditation by 1/1/2026		12/31/2025	Quality Improvement Director
NCQA	NCQA Health Equity Accreditation	Attain Health Equity Accreditation	Initial Accreditation	Attain Full Health Equity Accreditation by 1/1/2026		12/31/2025	Health Equity Manager
II. Quality of Clinical Care							
DHCS	MCAS Measures	AMR	Met MPL for MY2023/RY2024. No issue	Meet minimum performance levels (MPLs)	none	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	BCS	Met MPL for MY2023/RY2024. No issue	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	CHL	Not Meeting MPL	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	CCS	Not Meeting MPL	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	CIS-10	Not Meeting MPL	Meet minimum performance levels (MPLs)	none	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	CBP	Met MPL for MY2023/RY2024. No issue	Meet minimum performance levels (MPLs)	none	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	DEV	Not Meeting MPL	Meet minimum performance levels (MPLs)	none	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	IMA-2	Not Meeting MPL	Meet minimum performance levels (MPLs)	none	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	LSC	Not Meeting MPL	Meet minimum performance levels (MPLs)	QI Senior Coordinators reached out to Top 10 provider that have less than 150 members to complete Lead Screening in Children before the 2 years of age (LSC)	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	FUA-30Day follow up	Not Meeting MPL	Meet minimum performance levels (MPLs)	Working with Tele Doc providers for FUA and FUM to schedule a follow-up visit with 30days.	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	FUM-30Day follow up	Not Meeting MPL	Meet minimum performance levels (MPLs)	Working with Tele Doc providers for FUA and FUM to schedule a follow-up visit with 30days.	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	HBD	Met MPL for MY2023/RY2024. No issue	Meet minimum performance levels (MPLs)	none	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	PPC-Pre	Met MPL for MY2022/RY2023. Did not meet MPL for MY2023/RY 2024. No issue	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director

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DHCS	MCAS Measures	PPC-Post	Met MPL for MY2023/RY2024. No issue	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	TFL-CH	Not Meeting MPL	Meet minimum performance levels (MPLs)	none	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	W30(0-15M)	Not Meeting MPL, but significant YOY improvement over the last two years.	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	W30(15-30M)	Not Meeting MPL, but significant YOY improvement over the last two years.	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director
DHCS	MCAS Measures	WCV	Not Meeting MPL, but significant YOY improvement over the last two years.	Meet minimum performance levels (MPLs)	Measure is part of Member Engagement and Rewards Program	8/31/2025	Quality Performance Director
DHCS	Clinical PIP: Focus on Health Equity, specific to the W30 0-15 months African American Population	2023-2026 performance improvement project (PIP) overseen by HSAG focused on increasing the number of children ages 0 - 15 months old with completing an annual well care visit.	Did not meet MPL for multiple measures in Children's Domain of Care	Use MY2023 W30 (0-15months) baseline data to develop PIP interventions and get Annual Approval by HSAG.		12/31/2025	Quality Performance Director
DHCS	Non-Clinical PIP: Specific to FUA and FUM measures	2023-2026 performance improvement project (PIP) overseen by HSAG focused on improving Behavioral Health measures throug provider notivications with in 7-days of the ER visit.	Did not meet MPL for FUA and FUM measures	Use MY2023 baseline data to develop interventions that includes a process for notifying PCPs of ED visits for eligible population. Annual Approval by HSAG		12/31/2025	Quality Performance Director
IHI/DHCS	Health Equity Sprint Collaborative	Completion of well-care visits for African-American babies and children for W30 and WCV MCAS measures	Did not meet MPL for WCV or W30	Utilize MY2023 data to develop strategic provider partnerships to improve compliance for targeted population	2 provider partnerships and 1 CBO partnership in support of well-care visits	4/1/2025	Quality Performance Director
III. Safety of Clinical Care							
	Patient Safety Program/Clinical Network Oversight	Conduct Quarterly Audits of select measures (IHA, Lead Screening, etc.)	Baseline monitoring. No system of tracking provider performances.	Conduct quarterly monitoring of provider performance	Conduct quarterly monitoring of provider performance	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Improvement Director
DHCS	Potential Quality of Care Issue (PQI)	Monitoring of PQI volume month over month	No issues identified	<30/month	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Improvement Director
DHCS	Potential Quality of Care Issue (PQI)	PQI Rates by Provider	Baseline monitoring	Baseline monitoring	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Improvement Director
DHCS	Potential Quality of Care Issue (PQI)	PQI Rates by ethnicity, english as a second language, sexual orientation, gender identity	Baseline monitoring	Baseline monitoring	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Improvement Director
DHCS	Potential Quality of Care Issue (PQI)	Timeliness of resolution	No issues identified	Within 120 calendar days	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Improvement Director
DHCS	Facility Site Review	Conduct on site reviews at the time of initial credentialing or contracting, and every three years thereafter, as a requirement for participation in the California state Medi-Cal Managed Care (MMCD) Program	Issues were identified in Critical Elements while conducting FSR.	Complete FSR and medical record audit of 100% of practitioners due for credentialing or recredentialing	CSR will schedule and complete reviews timely.	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Performance Director

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Source	Key Performance Measure	Objective/Metrics	Previously Identified Issue	Measurable Goals	Actions/Improvement Activities	Target Date of Completion	Responsible Staff
DHCS	Physical Accessibility Review Survey (PARS)	Conduct PARS audit with FSR	No issues identified	Complete the PARS audit of 100% of practitioners due for credentialing or recredentialing	QP Senior coorninator will schedule and complete all PARS due 2025	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Performance Director
DHCS	Medical Record Review	Conduct medical record review of practitioners due for facility site reviews	Previously identified issues from MRR: 1. Emergency contact not documented 2. Dental/Oral Assessment not documented 3. HIV infection screening not documented	Achieve medical record review score of 85% for each practitioner	CSR will schedule and complete reviews timely.	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Quality Performance Director
	Drug Utilization Review	Treatment Authorization Request (TAR)	No issues identified	72 hrs for urgent, 5 days for routine	Continue quarterly monitoring & report findings to DUR	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Pharmacy Director
	Drug Utilization Review	Physician Administered Drugs (PAD)	No issues identified	72 hrs for urgent, 5 days for routine	Continue quarterly monitoring & report findings to DUR	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Pharmacy Director
NCQA	Credentialing/Recredentialing	Credential/recredential practitioners timely	No QOC trends for provider re-credentialing in 2024 to prevent moving forward from a QI perspective	100% timely credentialing/recredentialing of practitioners	Review of trends for Grievances and PQIs, QOC look back review 3 years	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Credentialing Manager
IV. Quality of Service							
DHCS	Grievance & Appeals	Timeliness of acknowledgement letters	No issues identified	90% Within 5 calendar days	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Member Services Director
DHCS	Grievance & Appeals	Timeliness of resolution	No issues identified	90% within 30 calendar days and 72 hours for expedites	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Member Services Director
DHCS	Access to Care - PCP	Urgent Care within 48 hours	No issues identified	> 80%	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Provider Network Management Director
DHCS	Access to Care - PCP	Routine Care - 10 business days	No issues identified	> 80%	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Provider Network Management Director
DHCS	Access to Care - SCP	Urgent Care within 48 hours	No issues identified	> 80%	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Provider Network Management Director
DHCS	Access to Care - SCP	Routine Care - 15 business days	No issues identified	> 80%	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Provider Network Management Director
DHCS	Telephone Access to Member Services	Speed of Answer	No issues identified	< 30 seconds	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Member Services Director
DHCS	Telephone Access to Member Services	Call abandonment rate	No issues identified	< 5%	Continue quarterly monitoring & report findings to QIW	3/31/2025 6/30/2025 9/30/2025 12/31/2025	Member Services Director
V. Member Experience							
	CAHPS Survey	Adult and Child Medicad Survey	Getting Needed Care scored lowest in the Adult Survey	Monitor CAHPS Resutls and establish basline for Getting Care needed measure	Trending report on CAHPS results by survey questions	12/31/2025	Member Engagement Manager

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VI. Provider Engagement							
	Provider Satisfaction Survey	Would Recommend	No issues identified	Maintain 98th Percentile	Report survey results to QIW annually	9/30/2025	Provider Network Management Director
	Provider Satisfaction Survey	Utilization and Quality Management	No issues identified	Maintain 97th Percentile	Report survey results to QIW annually	9/30/2025	Provider Network Management Director
	Provider Satisfaction Survey	Degree to which the plan covers and encourages preventive care and wellness	No issues identified	Maintain 96th Percentile	Report survey results to QIW annually	9/30/2025	Provider Network Management Director
	Provider Education	Host at least one educational conference for Providers	No issues identified	Host one educational conference for Providers	Medical Management of Obesity for Primary Care Providers Conference	11/30/2025	Quality Improvement Medical Director

2025 Health Equity Office - Strategic Roadmap

GOAL	OBJECTIVE	RESPONSIBLE PERSON(S)	ACTIVITIES/INTERVENTIONS	MEASURE(S)	TIMEFRAME	TARGET %	PREVIOUSLY IDENTIFIED ISSUE
MEMBER DOMAIN (45%)							
Focus on member wellness, prevention, reducing health disparity and quality improvement/performance							
Create and maintain a comprehensive report of all organizational wide health equity related programs and interventions to better inform development of key programs and initiatives	Identify, track & report organizational wide, HE related targeted interventions/programs and develop effective tracking mechanism to capture and report health equity related programming	HEO Manager	Create tracking sheet of all targeted interventions including lead dept, focus population, etc.	HETSC reviews organization-wide targeted intervention and discuss engagement strategy for existing pro	Q2	90%	Yes
Enhance organizational workflows to improve the effectiveness of designed interventions in service of members	Create organization process flow that formalizes HEO engagement in initial design phase of developing targeted interventions or programs	HEO Manager	Create template and process for launch of new health equity related intiatives	Completion of template; review at HETSC & EQIHEC	Q3-Q4	80%	Yes
Member Needs Assessment	Conduct an annual member needs assessment. Identified gaps in the provider network will be addressed through the recommendations of the Network Adequacy Committee.	Director of Provider Network Management	Run report to assess needs of members. Review with stakeholders. Adjust provider network as necessary.	Percentage increase of providers; # of findings taken to NAC	Q1-Q2	100%	No
Collection of Providers' Race/Ethnicity Demographic Data	Expand and increase data integrity and reportability related to the the Collection of Provider's Demographic data to enable more effective decision making	Director of Provider Network Management & HEO Manager	Run current report, identify areas of opportunity to validate & update existing data and expand data collection	# of providers with updated demographic collection categories, data sharing capabilities etc	Q1	88%	Yes
Share CLAS Progress with Stakeholders	Share CLAS progress with stakeholders, including obtaining MHC distinction	Sr Director of Wellness & Prevention	Share with Stakeholders		Q2-Q3	100%	Yes
Annual evaluation of the CLAS program	Conduct annual evaluation of the CLAS program	Sr Director of Wellness & Prevention	Share with Stakeholders Identify and address areas for improvement	# of actionable items taken to committee; # of actions taken to address gaps	Q2-Q3	100%	Yes
Improve tracking mechanism of grievances	Enhance current tracking mechanism to capture and easily report types of grievances (particularly discrimination related) and monitor regularly to identify trends	Complaints and Grievances Manager & HEO	Assess current report, add necessary columns and include in HESTC report	Create tracking mechanism with a minmum 2 year look back to establish initial tracking mechanism for grievances with a focus on HE	Q4	80%	No
Assessment of member experience with Language Resources	Assess baseline of member experience with language resources	Director of Member Services	Run Annual Report Share with Stakeholders Identify and address areas for improvement	# of actionable items taken to committee; # of actions taken to address gaps	Q1 & Q3	100%	No
						92%	
PROVIDER DOMAIN (15%)							
Provide training, programmatic support and incentives ato provider network to ensure the delivery of quality care to all members							
Multicultural Practices Provider Survey	Assesss provider cultural responsiveness. Additional goals and objectives with a timetable for implementation are documented in the C&L	Director of Provider Network Management	Conduct Survey Review results Adjust provider network and/ or address gaps	# of actionable items taken to committee; # of actions taken to address gaps	Q1-Q2	100%	No
Assess KHS Provider Network Language Capabilities	Assesss provider language capabilities to that of the KHS member language needs.	Director, Member Services	needs of members. Review with stakeholders. Add to Provider Directory	By December 31, 2024, KHS will increase language access through translation and/or interpreter services to at least 20 events where specific language needs are determined.	Q3-Q4	94%	No
Provider Training on Language Resources	Offer KHS contracted providers access and availability of language assistance resources	Director Member Services	Run report to assess needs of members. Review with stakeholders.	HEO to review current provider resources available to providers re: language assistance resources - expand current offerings	Q3-Q4	95%	No
Collection of Providers' Race/Ethnicity Demographic Data	Assess provider's race/ethnicity demographic profile to that of the member race/ethnicity profile	Director of Provider Network Management	Assess race/ethnicity profiles of providers to members Review reports with stakeholders. Take corrective actions	Initial measurement: Meet with at least 2 districts; Once launched measures will be performance based on specific intervention	Q2-Q3	100%	No
Doula Benefit Implementation	Launch & implement Doula Benefit & Program to asa party of the Birthing Care Pathway to help reduce maternal morbiidy and mortality and address the significant racial and ethnic disparities among Black, American Indian/Alaska native, and Paciifc Islander Individuals	PHM Director & HEO Manager	Establish Doula program by training and onboarding providers; support pathways to Doula training to meet demands and communicate Program benefit to memebers	# of contracxed providers; # of educatoinal and/or training opportunities to expand program with providers & members; # of target population enrolled in Doula program	Q1-Q4	80%	Bi
EPT Program Administration	Adminstor and support 12 selected Equity Practice Transformation Program participants with EPT program deliverables - 2025 Program Year (Cycle 2, 3 Milestone Completion)	HEO Manager	EPT Program Support; Work with practices to meet established 2025 DHCS milestones and deliverables	Completion of established milestones and deliverables pursuant to DHCS guidelines	Q1-Q4	100%	No
						94%	
COMMUNITY DOMAIN (25%)							
Build relationships and invest in communities & community based orgnzations (CBOs)							
HEO Regional Listening Sessions	Gather qualitative data directly from members and the community regarding their experience	HEO Manager	Assess baseline of member experience for medical access, quality and trust	On an annual basis, conduct Regional Listening sessions in each of the 5 designated regions of Kern.	Q1	100%	No

Regional Access Committees's	Gather qualitative data directly from members and the community regarding their experience	HEO Manager	Assess baseline of member experience for medical access, quality and trust	By December 31, 2024, a process will be implemented to track the organizational diversity of community partners outreached for each RAC.	Q3-Q4	100%	No
Develop Comprehnsive Community Investment Strategy	Assess KHS community investments to ensure equitable and effective use of organizational resources	HEO Manager	Track, analyze and report community investments by activity (sponsorships, contracts, community grants programs), identify areas of improvement & address gap	By December 31, 2024, a process will be implemented to effectively track organizational investments in the community across departments.	Q3-Q4	80%	No
Develop Comprehensive School Partnership Strategy	Assess KHS school partnership strategy to ensure equitable and effective use of organizational resources and maximize impact	HEO Manager	Streamline and formalize educational partnerships with schools; co-create a strategy with district and multiple KHS depts on health initiatives	Initial measurement: Meet with at least 2 districts; Once launched measures will be performance based on specific intervention	Q3-Q4	80%	No
Assess KHS Provider Network Language Capabilities	Assessss provider language capabilities to that of the KHS member language needs.	PNM Director, HEO Manager	needs of members. Review with stakeholders. Add to Provider Directory	Identify threshold languages and p	Q3-Q4	98%	No
						92%	
EMPLOYEE DOMAIN (15%)							
Engage and develop employees with training, culture inititiaves, and state-mandated DEIB programs. Ensure employments practices are fair & equitable.							
Assessment of KHS Workforce Demographics	Analyze KHS workforce demographics	Health Equity Manager & HR	workforce activities. Review with stakeholders. Monitor workforce demographics for hiring	Complete demographic analysis in line with NCQA HEA requirements; identify opportunities and develop/implement action plans	Q1	100%	No
Diversity, Equity and Inclusion (DEI) Task Force Development	Development of the KHS DEI Task Force will serve as the stepping stone to mobilize efforts around implementation of DEI practices, policies, engagement, climate pulse checks, and training opportunities.	Health Equity Manager & HR	Solicit workforce participation for task force development Establish task force with regular occuring meeting schedule	Y1: Development & launch of committee;	Q2-Q3	100%	No
Organizational Climate Assessment	Conduct Annual Organizational Climate Assessment	Health Equity Manager & HR	Develop KHS Organizational Climate Assessment Tool in conjunction with HR Facilitate Organizational response to results	Launch of survey; survey participation	Q1	100%	No
Diversity, Equity and Inclusion (DEI) Training	Develop organization- wide divesity, equity and inclusion training curriculum	Health Equity Officer	Assess organizational training needs Create DEI Training Curriculum - APL-025		Q1-Q3	100%	No
Ensure Bilingual KHS Workforce	Maintain a bilingual Member Services Department workforce that is representative of 5% of the population	Director of Human Resources Director of Member Services	Maintain Member Service Staffing Share with Stakeholders Add to Qualified	Stated in goal	Q1	100%	No
Bi-Lingual Staff Competency Assessment	Conduct Language Proficiency Test for all new bilingual applicants	Director of Human Resources Director of Member Services	Facilitate LPT Assessment Provide LPT assessment scores	% complete	Q1-Q4	100%	No
Staff Experience with Language Assistance Resources	Assess baseline of staff experience with language resources	Director of Member Services/HR	Run Annual Report Share with Stakeholders Identify and address		Q1 & Q3	95%	No