

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number: MCEP6002</b>		<b>Lead Department: Health Services</b>	
<b>Policy/Procedure Title: Quality Improvement and Health Equity Committee (QIHEC)</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 11/08/2023</b>		<b>Next Review Date: 11/08/2024</b> <b>Last Review Date: 11/08/2023</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input checked="" type="checkbox"/> <b>BOARD</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b> <input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature: Robert Moore, MD, MPH, MBA</b>		<b>Approval Date: 11/08/2023</b>	

**I. RELATED POLICIES:**

- A. MCEP6001 – Quality Improvement and Health Equity Transformation Program (QIHETP) Description
- B. MPQP1004 – Internal Quality Improvement Committee
- C. MPQP1002 – Quality/Utilization Advisory Committee
- D. MPQP1003 – Physician Advisory Committee (PAC)
- E. MPQD1001 – Quality Improvement Program Description
- F. CMP10 – Confidentiality
- G. ADM21 – Stipends for Committee Members
- H. MPQP1008 – Conflict of Interest Policy for QI Activities

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Member Services
- C. Provider Relations

**III. DEFINITIONS:**

- A. **QIHETP:** Partnership HealthPlan of California’s (PHC) Quality Improvement and Health Equity Transformation Program (QIHETP) which outlines the systematic and continuous activities to monitor, evaluate, and improve upon the Health Equity and health care services delivered to members in accordance with the standards set forth in applicable laws, regulations and Department of Health Care Services (DHCS) Medi-Cal contract.
- B. **QIHEC:** Partnership HealthPlan of California’s (PHC) Quality Improvement and Health Equity Committee (QIHEC) which is co-chaired by the Chief Medical Officer (CMO) or medical director designee, and PHC’s Health Equity Officer, to meet at least quarterly to direct all QIHETP findings and required actions.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

To describe the structure and responsibilities of PHC’s Quality Improvement and Health Equity Committee (QIHEC).

**VI. POLICY / PROCEDURE:**

- A. Committee Purpose:
  - 1. The Quality Improvement and Health Equity Committee (QIHEC) is responsible for analyzing and

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evaluating the results of quality improvement and health equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and findings and activities of internal PHC specific committees.

2. This committee is also responsible for developing actions to address performance deficiencies (e.g. policy recommendations, action plans) and ensuring appropriate follow-up of identified performance deficiencies.
3. The QIHEC provides recommendations to the Quality/Utilization Advisory Committee (Q/UAC) (see policy MPQP1002). The Q/UAC is responsible to assure that quality, comprehensive health care and services are provided to Partnership members through an ongoing, systematic evaluation and monitoring process that facilitates continuous quality improvement. The Q/UAC provides recommendations and is overseen by the Physicians Advisory Committee (PAC) (see policy MPQP1003), which subsequently reports to PHC’s governing Board of Commissioners. PAC is responsible for oversight and monitoring of the quality and cost-effectiveness of medical care provided to PHC members and is comprised of the Chief Medical Officer (CMO) and participating clinician representatives from primary and specialty care disciplines.

**B. Committee Structure**

**1. Composition**

- a. The QIHEC is co-chaired by PHC’s CMO, and the Health Equity Officer (HEO). A voting committee member will be designated as a temporary chair.
- b. The QIHEC’s goal membership for formal voting members is 13 - 19 representatives from a broad range of network providers, including but not limited to, hospitals, clinics, county partners, physicians, subcontractors, and/or downstream subcontractors, as well as PHC members. Also, the QIHEC may include members from the California Department of Public Health (CDPH), members from academic institutions, ethnic services coordinators, community based organization leaders, and tribal health liaison.
  - 1) The network providers who serve as representatives on the QIHEC must reflect PHC’s broad provider network, including providers who provide health care services to members affected by health disparities, limited English proficiency (LEP), Children with Special Health Care Needs (CSHCN), Seniors and Persons with Disabilities (SPDs), persons with chronic conditions, and providers who serve as a health equity liaison on behalf of their practice.
    - a) The voting members of QIHEC are encouraged to have advanced medical training, experience in health care, experience in health equity initiatives, or have completed some form of DEI or health equity-related training/continued education.
  - 2) The QIHEC representative(s) must be from one of the counties served by PHC.
  - 3) Members may serve open terms and may submit resignation to the CMO, designee and/or HEO.
  - 4) Possible QIHEC members will follow internal PHC application procedures for applying for committees that includes external members (e.g. Consumer Advisory Committee). In addition, QIHEC members will be required to submit an attestation to ensure avoidance of conflict of interest.
- c. Voting members with annual attendance of <50% are evaluated for termination from the QIHEC.
- d. The following PHC staff, serve as ex-officio members:

<b>PHC Quality Improvement and Health Equity Committee Standing Members</b>	
<b>Department Represented</b>	<b>Position Title</b>
Administration	Director, Grievance and Appeals
	Chief Operating Officer

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	Director of Communications
Finance	Director of Health Analytics
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination and Population Health)	Chief Medical Officer – Committee Chairman (or Medical Director designee)
	Health Equity Officer – Committee Chairman
	Chief Health Services Officer
	Senior Director of Quality and Performance Improvement
	Medical Director for Quality
	Director(s), Care Coordination
	Director(s), Utilization Management
	Director(s), Population Health
	Senior Health Educator/ Manager of Population Health
	Director, Pharmacy Services
	Regional Medical Director(s)
Associate Medical Director(s)	
Provider Relations	Senior Provider Relations Representative Manager
Member Services	Senior Director Member Services

2. Voting: Only committee members, who are not PHC staff, may vote. The CMO and/or HEO serves in a tie breaking capacity as necessary. A quorum is 50% or more of the total voting members.
3. Confidentiality: To preserve an atmosphere promoting free and open discussion between and among committee members, each committee member signs an annual Confidentiality Agreement prepared and retained by PHC. This agreement signifies the intent to protect individuals against misuse of information and to ensure all information, medical or otherwise, regarding patients, practitioners and providers is handled in a confidential manner. The PHC Confidentiality policy (CMP-10) provides guidance to ensure avoidance of conflict of interest among committee members and ensure that member confidentiality is maintained throughout QIHEC meetings and proceedings.
4. Compensation: QIHEC committee members who are not PHC staff are eligible to receive a financial stipend for each meeting attended (unless otherwise compensated by PHC for management responsibilities). This stipend may be in addition to other compensation when a committee member serves as a clinical consultant/physician adviser. For further information, refer to PHC policy ADM21 Stipends for Committee Members.
5. Conflict of Interest: Each committee member signs an annual Conflict of Interest statement prepared and retained by PHC (see policy MPQP1008 Conflict of Interest Policy for QI Activities).
6. Meeting Frequency: The QIHEC committee meets quarterly with the option to add additional meetings if needed.
7. Meeting Minutes: Minutes and a written summary of activities are recorded at all meetings. The written summary and activities shall include QIHEC activities, findings, recommendations, and actions.
  - a. PHC shall make the QIHEC meeting minutes and summary of activities publicly available on PHC’s website at least on a quarterly basis (with redaction of private or confidential information as required).
  - b. Meeting minutes and summaries shall be reported to Q/UAC, PAC and PHC’s Board of Commissioners.
  - c. PHC shall submit a written summary of QIHEC activities to DHCS upon request.
8. For any Delegated Subcontractors and Downstream Fully Delegated Subcontractors, QIHEC Meeting minutes and summary(s) are submitted through the Delegation Oversight Reporting Subcommittee (DORS) inbox monthly and submitted quarterly, by DORS, to the Department of Healthcare Services (DHCS).

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C. Committee Responsibilities

1. Annually review, provide recommendations, and approve the Quality Improvement and Health Equity Transformation Program (QIHETP) Description (MCED6001).
2. Analyze and evaluate the results of clinical quality performance measures related to Health Plan Ratings (HPR), as specified by NCQA Health Equity Accreditation standards, as mandated by DHCS, or due to poor performance trending on the DHCS Managed Care Accountability Set (MCAS) (with stratification by race/ethnicity and language):
  - a. Assigned Health Effectiveness Data & Information Set (HEDIS®) Measures
  - b. Consumer Assessment of Healthcare Providers and Systems (CAHPS)
3. Analyze utilization data (Types of services, denials, deferrals, modifications) with stratification by race/ethnicity and language.
4. Analyze utilization data of language services and experience with language services with stratification by language.
5. Analyze and evaluate the results of member satisfaction surveys, Grievance and Appeal surveys, and care coordination-based surveys with stratification by race/ethnicity and language
6. Analyze and evaluate the strategy and work plans presented by internal groups (e.g. PHM&HE, QI/PI, etc) to ensure that clinical quality performance measures (with stratification by race/ethnicity and language) and member satisfaction are evaluated and attended to in prospective work plans.
7. Analyze and evaluate feedback from member representative committees (e.g. CAC, FAC)
8. Recommend and review interventions for various departments (e.g. Quality and Performance Improvement (QI/PI), Provider Relations, Population Health, Utilization Management, Member Services, etc.) to address key clinical quality performance deficiencies (e.g. HEDIS, CAHPS, etc.) per the scope of work of managed care plans. This shall include, but is not limited to, policy recommendations, population health based interventions, QI/PI performance improvement project recommendations, etc. The QIHEC will ensure appropriate follow-up of identified gaps using objective metrics.
9. Review provider-related Diversity, Equity and Inclusion (DEI) training completion trends and provide feedback to improve the quality of the continued health equity education. Also, may solicit input from selected relevant specialists or professionals, if not represented on the QIHEC committee.
10. QIHEC members may seek guidance to address health equity goals throughout their represented organizations.
11. In addition to meeting minutes, the QIHEC shall prepare and present an annual report to PHC's Q/UAC and PAC and Board of Commissioners to provide input and guidance to the QIHETP policies and procedures to ensure compliance with QI and Health Equity standards.

**VII. REFERENCES:**

- A. Department of Health Care Services (DHCS) Draft Contract (RFP 22-20196) Exhibit A, Attachment III, Section 2.2.3
- B. Department of Health Care Services (DHCS) standards
- C. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2023) HEA Standards 1 to 7

**VIII. DISTRIBUTION:**

- A. PHC Department Directors
- B. PHC Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Director of Health Equity

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**X. REVISION DATES:** N/A

**PREVIOUSLY APPLIED TO:** N/A