

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MCEP6002		Lead Department: Health Services Business Unit: Health Equity	
Policy/Procedure Title: Quality Improvement and Health Equity Committee (QIHEC)		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/08/2023		Next Review Date: 02/11/2027 Last Review Date: 02/11/2026	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input checked="" type="checkbox"/> BOARD		<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA		Approval Date: 02/11/2026	

I. RELATED POLICIES:

- A. MCEP6001 – Quality Improvement and Health Equity Transformation Program (QIHETP) Description
- B. MPQP1002 – Quality/Utilization Advisory Committee
- C. MPQP1003 – Physician Advisory Committee (PAC)
- D. MPQD1001 – Quality Improvement Program Description
- E. CMP10 – Confidentiality
- F. ADM21 – Stipends for Committee Members
- G. MPQP1008 – Conflict of Interest Policy for QI Activities
- H. MPND9002 – Cultural & Linguistic Program Description

II. IMPACTED DEPTS:

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

III. DEFINITIONS:

- A. **QIHETP:** Partnership HealthPlan of California’s (Partnership) 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’s Quality Improvement and Health Equity Committee (QIHEC), which is co-chaired by the Chief Medical Officer (CMO) or medical director designee, and Partnership’s Health Equity Officer (HEO), meets every other month to direct all QIHETP findings and required actions.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To describe the structure and responsibilities of Partnership’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 Partnership 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 Physician Advisory Committee (PAC) (see policy MPQP1003), which subsequently reports to Partnership’s governing Board of Commissioners. PAC is responsible for oversight and monitoring of the quality and cost-effectiveness of medical care provided to Partnership 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 Partnership’s CMO, and the Health Equity Officer (HEO). A voting committee member will be designated as a temporary chair, in the absence of both the CMO and HEO.
- b. Members are invited to join at the discretion of the co-chairs.
- c. The QIHEC’s goal membership for formal voting members is at least 9 to 15 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 Partnership 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 liaisons, and health system leaders.
 - 1) The network providers who serve as representatives on the QIHEC must reflect Partnership’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 Diversity, Equity and Inclusion (DEI) or other health equity-related training/continued education.
 - 2) The QIHEC representative(s) should be from one of the counties served by Partnership. Also, input from selected relevant specialists or professionals, if not represented on the QIHEC, may be solicited *ad hoc*.
 - 3) QIHEC makes a good faith effort to recruit individuals representing the racial/ethnic, linguistic, gender identity that are represented in our counties. Ideally, the committee is looking to include individuals representing such groups in our network – especially groups that constitute at least 5% of the population at a minimum. Annually, the Health Equity Officer reviews the composition of the committee and will work with committee members to make a good faith effort to meet such thresholds.
 - 4) In alignment with the Consumer Advisory Committee Guiding Principles (see MCND9002, Attachment E), eligible Partnership members, and legal parents, guardians or conservators of an eligible minor (under age 18) Partnership member are eligible to join.

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- 5) Members may serve open terms and may submit resignation to the CMO and/or HEO.
- 6) Possible QIHEC members will follow internal Partnership application procedures for applying for committees that includes external members (e.g., Quality/Utilization Advisory Committee), including signing Conflict of Interest and Confidentiality agreements.
- d. Voting members with annual attendance of <50% are evaluated for termination from the QIHEC.
- e. The following Partnership staff, serve as ex-officio members:

PHC Quality Improvement and Health Equity Committee Standing Members	
Department Represented	Position Title
Administration	Director, Grievance and Appeals
	Chief Operating Officer
	Associate Director of Transportation
	Behavioral Health Clinical Director
	Senior Director of Behavioral Health
Communications	Director of Communications
Finance	Director of Health Analytics
Health Services (Utilization Management, Quality and Performance Improvement, Pharmacy, Care Coordination, Population Health and Enhanced Health Services)	Chief Medical Officer – Committee co-Chair (or Medical Director designee)
	Health Equity Officer – Committee co-Chair
	Medical Director for Medicare Services
	Chief Health Services Officer
	Senior Director of Quality and Performance Improvement
	Medical Director for Quality
	Director, Enhanced Health Services
	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)	
Tribal Health Liaison	
Provider Relations	Senior Provider Relations Representative Manager
Member Services	Senior Director Member Services

- 2. Voting: Only committee members who are not Partnership staff may vote. The CMO and/or HEO serve in a tie breaking capacity as necessary. A quorum is 50% or more of the total voting members (e.g., 5 to 8 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 Partnership. 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. Partnership’s Confidentiality policy (CMP10) 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 Partnership staff are eligible to receive a

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financial stipend for each meeting attended (unless otherwise compensated by Partnership 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 Partnership policy ADM21 Stipends for Committee Members.

5. Conflict of Interest: Each committee member signs an annual Conflict of Interest statement prepared and retained by Partnership. (See policy MPQP1008 Conflict of Interest Policy for QI Activities.)
 6. Meeting Frequency: The QIHEC committee meets every other month with the option to add additional meetings if needed.
 7. Meeting Minutes: Minutes shall include QIHEC activities, findings, recommendations, and actions. Minutes are maintained according to policy CMP10 Confidentiality.
 - a. Approved minutes are submitted to the Delegation Oversight Reporting Subcommittee (DORS) and Regulatory Affairs and Compliance inboxes. RAC submits these minutes to the Department of Health Care Services (DHCS).
 - b. Meeting minutes and summaries shall be reported to Q/UAC, PAC and Partnership's Board of Commissioners.
 - c. Partnership shall submit a written summary of QIHEC activities to DHCS upon request.
 - d. 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).
- 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 (e.g., 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, with stratification by race/ethnicity and language to ensure culturally competent care.
 6. Analyze and evaluate the results of Members' grievances and complaints regarding discrimination, cultural biases, or insensitive practices with stratification by race/ethnicity and/or language.
 7. Analyze any actions taken by the US Equal Employment Opportunity Commission regarding discriminatory practices by medical groups and other subcontractors within Partnership's provider network.
 8. Analyze and evaluate the strategy and work plans presented by internal groups 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.
 9. Analyze and evaluate feedback from Partnership's member representative committees (e.g., Consumer Advisory Committee (CAC), Family Advisory Committee (FAC))
 10. Recommend and review interventions for various departments (e.g., Quality and Performance Improvement, 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

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recommendations, population health based interventions, Quality Improvement/Performance Improvement (QI/PI) project recommendations, etc. The QIHEC will ensure appropriate follow-up of identified gaps using objective metrics.

11. Review provider-related CARES (Courage, Acceptance, Respect, Empathy, and Success) 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.
12. Review feedback from CAC for continued CARES training program recommendations and feedback for consideration. This may include involving community leadership and decision-makers (i.e., those with lived experience) in the design and development of education evaluation programs. A summary of the input provided by the Health Equity Officers and QIHEC will be generated on an annual basis
13. Review, provide input, and vote to approve Partnership’s Quality Achievement Community Reinvestment plans in the “Cultivating Improved Health” use category if the Health Plan is subject to the quality achievement community reinvestment requirement by DHCS.
14. QIHEC members may seek guidance to address health equity goals throughout their represented organizations.
15. In addition to meeting minutes, the QIHEC shall prepare and present an annual report to Partnership’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) Contract 23-30236 A08 Exhibit A, Attachment III, Section 2.2.3
- B. Department of Health Care Services (DHCS) standards
- C. National Committee for Quality Assurance (NCQA) Health Outcomes Accreditation (HOA) Standards (2026)

VIII. DISTRIBUTION:

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

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

X. REVISION DATES: 11/08/23; 01/08/25; 02/11/26

PREVIOUSLY APPLIED TO: N/A