



2026 Quality Improvement Health Equity Committee (QIHEC) Charter

Purpose

The purpose of the Quality Improvement Health Equity Committee (QIHEC) is to oversee and guide the development, implementation, and evaluation of the Community Health Plan of Imperial Valley's (CHPIV) Quality Improvement and Health Equity Transformation Program (QIHETP), ensuring performance improvement, health equity, and regulatory compliance across the provider network. This includes reviewing performance data, identifying and addressing deficiencies, fostering stakeholder engagement, and ensuring alignment with state and federal requirements.

Scope

Review, analyze, evaluate, and act on the results of the Quality Improvement (QI), Health Equity (HE) and Population Health Management (PHM) activities to ensure CHPIV addresses members' needs and appropriately follows-up on performance deficiencies and gaps in care.

Responsibilities

The QIHEC Committee shall have the authority and responsibilities described below.

1. CHPIV Health Care Services team and Commission Clerk will facilitate meetings.
2. CHPIV Health Care Services team will take the lead on taking meeting minutes and action items and distributing to attendees after each meeting.
3. Health Net will ensure timely submissions of Monthly KPIs, Quarterly Logs and Standing Reports.
4. Semi-annually assess QI and HE activities and annually assess PHM and Utilization Management (UM) activities, including areas of success and needed improvements in services rendered within the QI and Health Equity program at the delegated, regional and/or county level.
 - a. Conduct a quality review of all services rendered, the results of required performance measure reporting, and the results of efforts to reduce health disparities.



- b. Address activities and priorities related to the Quality Improvement and Health Equity Transformation Program (QIHETP).
 - c. Analyze and evaluate the results of the QI and Health Equity activities including annual review of the results in performance measures, utilization data, and consumer satisfaction surveys.
5. Support efforts to align resources, strategies, and partners by place in order to reduce identified inequities (e.g., via use of Health Equity Improvement Zones).
6. Identify differences in quality of care and utilization of physical and behavioral health care services for members directly managed and delegated to providers.
7. Ensure that all interventions to address differences in quality of care and utilization have an equity of focus, including addressing underlying factors such as SDoH.
8. Review performance measure results and address deficiencies, including results and deficiencies of all fully delegates subcontractors and where CHPIV is the fully delegated subcontractor.
9. Ensure connectedness to the findings, recommendations and actions from the Provider Advisory Committee, Community Advisory Committee (CAC), and the Delegation Oversight Monitoring Meeting to streamline understanding and decision-making.
10. Ensure member confidentiality is maintained in QI discussions and ensures avoidance of conflict of interest among QIHEC members.
11. Analyze and evaluate the results of QI and Health Equity activities including annual review of the results of performance measures, utilization data, consumer satisfaction surveys, and the findings and activities of other CHPIV committees such as the Community Advisory Committee (CAC).
12. Institute actions to address performance deficiencies, including policy recommendations.
13. Ensure appropriate follow-up of identified performance deficiencies.
14. The QIHEC shall provide input and directed actions on the following non-exclusive list of topics:
 - a. Population Health Management
 - b. Health Delivery Systems Reforms to improve health outcomes
 - c. Coordination of Care
 - d. Clinical quality of physical and behavioral health care
 - e. Access to primary and specialty health care providers and services
 - f. Member experience in regard to clinical quality, access and availability, cultural and linguistics, competent health care and services, and continuity and coordination of care.
 - g. Prior Authorization (including referral tracking) performance data and monitoring results.
15. The QIHEC reviews reports submitted to QIHE chartered sub-committees including:
 - a. DSNP Credentialing and Peer Review Subcommittee.



16. A written summary of QIHEC activities, as well as QIHEC activities of its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors, findings, recommendations, and actions, is prepared after each meeting of the QIHEC.
 - a. CHPIV makes the written summary of QIHEC activities publicly available on CHPIV's website at least quarterly.
 - b. Upon request, CHPIV submits written summaries of QIHEC proceedings to DHCS.
17. CHPIV ensures that its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors maintain a QIHEC that meets the requirements set forth above.
18. CHPIV ensures its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors report to CHPIV's QIHEC quarterly, at a minimum.
19. Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval. The Committee shall annual review its own performance along with adequacy of member and reporting schedule. Changes can be mase as needed to ensure Committee efficacy.

The Board shall:

- Receive written QIHEC reports and meeting minutes from that previous QIHEC meeting.
- Approve the annual Health Equity Transformation Program (QIHETP) plan, QIHEC annual schedules, QI and HE program descriptions, QI and HE program workplans annually.
- Appoint an accountable entity or entities responsible for the oversight of the QIHETP.
- Direct necessary modifications to QIHETP policies.

Reporting Structure

1. QIHEC shall make formal recommendations to the Board of Directors to advance the QIHEC priorities and needed interventions.
2. The QIHEC Chair will ensure meeting minutes
3. Are approved quarterly by the QIHEC Voting Members
4. Are forwarded to the Compliance department on a quarterly basis for submission to regulatory bodies as needed.

Report Submissions

The delegate is responsible for submitting the following reports and in the event that the due date falls on a weekend or holiday, reports must be submitted on the preceding business day:

1. QI Workplan Evaluation

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



2. QI Annual Program Description
3. QI Workplan/Mid-Year Update
4. HEDIS Update
5. Initial Health Assessment Reports
6. Lead Screening Reports
7. Medical & Behavioral Health Care
8. Continuity & Coordination of Medical Care
9. Member Experience Report
10. CAHPS Workgroup Update
11. FSR & Accessibility Review
12. Community Advisory Committee Report
13. UM Program Description
14. Key Indicator Concurrent Review
15. Key Indicator Prior Authorization Report
 - CCS
 - TAT
16. File Audits
17. Inter Rater Reliability Results
18. Pharmacy & Therapeutics Subcommittee Minutes
19. Service Coordination Reports
20. UM/CM Workplan
21. UM/CM Mid-Year Update
22. Over/Under-Utilization Report
23. CM Program Description
24. CM Program Evaluation
25. CM Key Indicator Report
 - Workplan Review
 - File Audits
 - Member Satisfaction
26. Health Equity Workplan Evaluation
27. Health Equity Program Description
28. Health Equity Workplan/Mid-Year Update
29. Language Assistance Program Report
30. Access Report
31. Health Equity Governance Report
32. ECM/CS Performance Report
33. NSMHS Member and PCP Outreach & Education Plan
34. PNM Integrated Availability Report
35. DMHC Evaluation of Accessibility Report
36. Annual Integrated Accessibility Report



37. Network Access and Availability Governance Committee Update
38. Accessibility of Services Report
39. Assessment of Member Experience Accessing Network Report
40. Directory Accuracy Report
41. PHM Strategy Description
42. PHM Quarterly Update
43. PHM Assessment Report
44. Segmentation Report
45. Effectiveness Analysis Report
46. PHM VBP Worksheet
47. Quality & Accuracy of Member Benefit Information Report
48. Email Response Analysis Report
49. New Member Understanding Report
50. Member Service and Provider Call Center Report
51. Appeals & Grievances Report
52. Appeals & Grievances TAT and Volume Report
53. California Children's Service Report (CCS)
54. Medi-Cal LTSS Report
55. Behavioral Health Update
56. Peer Review Credentialing PQI/QOC Access Report
57. Credentialing Report
58. Delegation Oversight Committee Summary
59. Vendor Monitoring and Oversight Summary (including audit results)
60. Provider Satisfaction Survey Results
61. Provider Operations Manual Updates
 - BH (annual)
 - ECM/CS (semi-annual)
62. Clinical Policies
63. Referral Tracking Performance

Attendees:

The following individuals and departments are regular attendees of the QIHEC. Additional stakeholders may be invited to attend QIHEC meetings as needed.

1. CHPIV

- Chief Medical Officer (CMO) / Chief Health Equity Officer (CHEO)
- Executive Director, Health Services
- Care Management Manager
- Clinical Auditing Supervisor



- Project Supervisor
- Project Specialist
- Commission Clerk

2. Voting Committee Members

- A. CHPIV ensures a broad range of Network Providers, including but not limited to hospitals, clinics, county partners, physicians, Subcontractors, Downstream Subcontractors, Network Providers, and members, actively participate in the QIHEC or in any sub-committee that reports to the QIHEC.
- B. Participating Subcontractors, Downstream Subcontractors, and Network Providers must be representative of the composition of CHPIV's Provider Network and include, at a minimum, Network Providers who provide health care services to:
 - C. Members affected by Health Disparities;
 - D. Limited English Proficiency (LEP) members;
 - E. Children with Special Health Care Needs (CSHCN);
 - F. Seniors and Persons with Disabilities (SPDs); and
 - G. Persons with chronic conditions.
- H. CHPIV's QIHEC includes representatives from the fully delegated entity.

Meeting Frequency & Structure

The QIHEC will convene quarterly on the 3rd Wednesday of each month from 12:00pm to 1:30pm. Meetings are subject to:

1. Rescheduling due to holidays or conflicting priority issues/activities.
2. Time adjustments to ensure availability of all required attendees.
3. Open Discussions - CHPIV & Health Net

Meetings are subject to:

- **Quorum:** A simple majority of voting members.
- **Documentation:** Meeting minutes must be maintained and submitted to QIHEC for review.
- **Attendance:** Active participation required of all voting members.

COMMUNITY HEALTH PLAN OF IMPERIAL VALLEY



Approval	
First Issued	05/01/2025
Approved	06/26/2025
Revised	03/20/2026

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