

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

<b>Policy/Procedure Number:</b> MCCP2025			<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Pediatric Quality Committee Policy			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/10/2019		<b>Next Review Date:</b> 02/12/2026 <b>Last Review Date:</b> 02/12/2025		
<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 checked="" type="checkbox"/> <b>PQC</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 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:</b> Robert Moore, MD MPH MBA			<b>Approval Date:</b> 02/12/2025	

**I. RELATED POLICIES:**

- A. MPQP1003 – Physician Advisory Committee (PAC)
- B. MPQP1002 – Quality/Utilization Advisory Committee
- C. MCCP2024 – Whole Child Model For California Children’s Services (CCS)
- D. ADM21 – Stipends for Committee Members Serving on Partnership’s CAC, FAC, PQC, Provider Grievance Review, and Q/UAC Committees

**II. IMPACTED DEPTS:**

Health Services

**III. DEFINITIONS:**

- A. California Children’s Services (CCS): The CCS program is a program of the State of California, established under the Health and Safety Code, Section 123800 et seq. which is administered by the Department of Health Care Services (DHCS). It provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.
- B. Whole Child Model (WCM): A program of the California Department of Health Care Services (DHCS) established under the authority of Senate Bill (SB) 586 (Hernandez, Chapter 625, Statutes of 2016), which allowed designated County Organized Health Systems (COHS) or Regional Health Authority Counties to incorporate CCS covered services into Medi-Cal managed care for CCS-eligible members.

**IV. ATTACHMENTS:**

- A. NA

**V. PURPOSE:**

The Partnership HealthPlan of California (Partnership) Pediatric Quality Committee (PQC) was established by the Chief Medical Officer (CMO) to provide Partnership with advice on clinical issues related to CCS conditions. It reports its findings to the Partnership Physician Advisory Committee (PAC) and the Family Advisory Committee (FAC). The PAC has the ultimate authority over clinical policies for Partnership, so recommendations of the PQC are subject to the approval of PAC.

**VI. POLICY / PROCEDURE:**

A. Committee Structure

1. Membership:

- a. The PQC is comprised of the Partnership Chief Medical Officer, the Partnership Whole Child Model Medical Director, the Chief Health Services Officer, the Pharmacy Director, at least four

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CCS-paneled clinician providers, the CCS Medical Directors designated by each Partnership county, and the Nurse Director/Manager designated by each County CCS program.

- b. Other health plan staff and outside experts may make special or periodic reports to the committee or may attend selected meetings by invitation from the committee chair or designee.
  2. Minutes: Minutes of all meetings are maintained.
  3. Chair: The Partnership Whole Child Model Medical Director chairs the committee; the Partnership Chief Medical Officer is the vice chair.
  4. Meetings: The Committee meets at least four (4) times a year, with the option to add additional meetings if needed. The meeting agenda will be sent out at least one week prior to meeting date.
  5. Advisory Recommendations: Only non-Partnership clinical members (physicians and nurses) may reach a consensus on recommendations to be submitted to the PAC. The committee chair may lead and participate in the discussion and serves in a tie breaking capacity as necessary. A quorum needed to recommend action items shall be at least 4 non-Partnership members. Any action items pass with a simple majority of members present.
  6. Compensation: Physician members who are not Partnership staff are eligible to receive a financial stipend for each meeting attended (unless otherwise compensated by their county CCS agency for attendance at PQC or by Partnership for management responsibilities.) This stipend may be in addition to other compensation when the member serves as a clinical consultant/physician adviser. (Please see policy ADM21 – Stipends for Committee Members Serving on Partnership’s CAC, FAC, PQC, Provider Grievance Review, and Q/UAC Committees for stipend form and instructions.)
- B. Committee Responsibilities
1. Discuss clinical issues relating to CCS conditions, as brought to the committee by committee members, by Partnership staff or by referral from the Family Advisory Committee.
  2. Make recommendations to the PAC on CCS/WCM related clinical policies. These recommendations may first flow through the Internal Quality Improvement (IQI)/ Quality Utilization Advisory Committee (QUAC) policy flow, if applicable, before going to the PAC.
  3. Upon approval by the committee, an ad hoc subcommittee may be formed as needed.

**VII. REFERENCES:**

DHCS All Plan Letter [\(APL\) 24-015 – California Children’s Services Whole Child Model Program](#) (12/02/2024)

**VIII. DISTRIBUTION:**

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

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Medical Officer

**X. REVISION DATES:** 05/13/20; 05/12/21; 05/11/22; 06/14/23; 06/12/24; 02/12/25

**PREVIOUSLY APPLIED TO:**

N/A