

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MPQP1053		Lead Department: Health Services	
Policy/Procedure Title: Peer Review Committee		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 09/17/2014		Next Review Date: 02/14/2025 Last Review Date: 02/14/2024	
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 type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA		Approval Date: 02/14/2024	

I. RELATED POLICIES:

- A. CMP10 – Confidentiality
- B. MPQP1008 – Conflict of Interest Policy for QI Activities
- C. MPQP1016 – Potential Quality Issue Investigation and Resolution
- D. MPCR602 – Reporting Actions to Authorities
- E. CMP36 – Delegation Oversight and Monitoring
- F. MPQG1011 – Non-Physician Medical Practitioners & Medical Assistants Practice Guidelines

II. IMPACTED DEPTS:

Health Services

III. DEFINITIONS:

- A. Non-Physician Medical Practitioners (NPMP) are defined as nurse practitioners, physician assistants (PA), certified nurse midwives (CNM) and licensed midwives (LM)

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

[Click here to add a brief description of the purpose, objective, or goal.](#)

The Peer Review Committee (PRC) investigates patient or practitioner complaints about the quality of clinical care provided by Partnership HealthPlan of California’s (Partnership’s) contracted providers and makes recommendations for corrective action. PRC also reviews sentinel conditions identified as having quality concerns. PRC discussions and documents are protected by federal and state laws governing confidentiality of health care peer review activities conducted in good faith.

VI. POLICY / PROCEDURE:

- A. Committee Structure

1. Membership

- a. External Physician Members: The PRC is comprised of one or more representatives from primary practice specialties (e.g., Family Medicine, Internal Medicine and Pediatrics), one or more specialist physicians (e.g., OB/GYN, General Surgery.) These members represent licensed providers for hospitals, medical groups, and practice sites in geographic sections of Partnership’s service area. There will be a minimum of three external physician members on the PRC. There is no upper limit to the number of standing members on the PRC.

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- b. NPMPs as defined in MPQG1011 who are currently practicing within Partnership’s service area may also serve as PRC members. There is no defined number of any type of NPMP who may serve on the PRC.
 - c. Partnership staff physicians are voting members of the PRC and include, but are not limited to, the Chief Medical Officer, the Medical Director for Quality, the Behavioral Health Clinical Director, and Regional and Associate Medical Directors as assigned by the CMO.
 - d. Additional Partnership staff attending and supporting the PRC include the Senior Director of Health Services; the Director of Pharmacy or designee; the Director of Health Equity; members of the Quality Assurance & Member Safety and Clinical Quality & Member Safety teams.
 - e. Members serve open terms and may elect to resign at any time by formally advising the chair.
 - f. Members with annual attendance of < 50% may be barred from future participation in the PRC.
 2. Chair: The Chief Medical Officer (CMO) chairs the PRC. When the CMO is unavailable, the Medical Director for Quality is the designated chair. A Regional or Associate Medical Director acts as the temporary chair when needed. The role of the Chair is to assure that all quality matters and concerns are evaluated thoroughly, that there is adequate input to the discussion, that a reasonable effort is made to obtain the facts of the matter, and that matters are fully investigated and any actions are completed. The Chair must assure that the process follows protocol; is fair and unbiased at all times, and that a provider under scrutiny has had adequate notice and an opportunity to defend him or herself and has had due process.
 3. Meetings: The PRC meets at least quarterly and on an as-needed basis.
 4. Dual Capacity: External physicians and NPMPs are also voting members of the Quality/Utilization Advisory Committee (Q/UAC).
 5. Compensation: External members are eligible to receive a financial stipend for each Q/UAC **or** PRC meeting attended.
 6. Voting: Internal and external physician and NPMP members constitute the voting membership, with the Chair serving in a tie breaking capacity as necessary. A quorum is not required for a meeting to occur, except where a formal action needs to take place or in instances where the Chair determines that a quorum is necessary. In this case, the PRC’s quorum is comprised of more than 50% of the voting membership. The Chair may not be counted for purposes of a quorum.
 - a. NPMPs may vote to score providers and/or systems only in areas in which they possess subject matter expertise. For example, CNMs and LMs may vote only in cases involving obstetrics. Nurse Practitioners and PAs may vote only in cases involving their area(s) of practice, such as outpatient primary care, hospital care, pediatrics, internal or family medicine.
 7. Confidentiality: To preserve an atmosphere promoting free and open discussion between and among committee members, each external member signs an annual Confidentiality Statement prepared and retained by Partnership. This statement signifies the intent to protect individuals against misuse of information and to ensure that all information, medical or otherwise, regarding patients, practitioners and providers is handled in a confidential manner. Partnership staff is governed by similar confidentiality policies.
 8. Conflict of Interest: The integrity of the Peer Review process requires prevention of input and decision making where a conflict of interest exists. All non-PHC clinicians taking part in the peer review process, including those on the PRC, are required to adhere to Partnership’s Conflict of Interest (MPQP1008) policy. Each external PRC member signs an annual Conflict of Interest Statement prepared and retained by Partnership. Partnership staff is governed by similar conflict of interest policies.
- B. Committee Responsibilities
1. The PRC will carefully review the clinical care in all situations in which a quality concern has been raised and forwarded for committee review. See MPQP1016 - Potential Quality Issue Investigation and Resolution for details of this process.

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2. The PRC will evaluate the quality concern related to the clinical care and determine whether there is sufficient evidence that the involved practitioner failed to provide care within generally accepted standards.
 3. Minutes are maintained according to the Confidentiality policy CMP10.
 4. External Peer Review
 - a. Circumstances that require external review:
 - 1) The need for specialty review when there are no medical staff members within the PRC of the same or similar specialty;
 - 2) The PRC cannot make a determination and requests external review;
 - 3) The individual whose case is under review requests external peer review;
 - 4) When dealing with potential litigation that might affect a provider's contracted status;
 - 5) When dealing with ambiguous or conflicting recommendations from internal reviewers, or when there does not appear to be a strong consensus for a particular recommendation.
 5. Subcommittees: Complex or specialized peer review issues may be reviewed by a PRC subcommittee. These subcommittees meet on an *ad hoc* basis when cases identified through the peer review process require specialized peer review. A minimum of three clinicians are assigned to any peer review subcommittee. A minimum of 50% of subcommittee members must participate to take action. The notes, findings and recommendations of peer review subcommittee are presented to the next regular peer review meeting for deliberation. The principles of evaluation, confidentiality and recommended rating are the same as for the PRC as a whole. *Ad hoc* subcommittees may be created at the discretion of the CMO or PRC. There are two standing subcommittees:
 - a. Medication Safety Subcommittee: This subcommittee evaluates potential quality issues referred by the Quality department related to appropriate use of opioid medications in patients with a diagnosis of chronic pain. Members of this subcommittee will include at least one specialist board certified in pain management and one behavioral health provider.
 - b. Substance Use Services Subcommittee: This subcommittee evaluates potential quality issues referred by the Quality department related to the provision of services related to the treatment of Substance Use Disorder (SUD). The subcommittee will be chaired by the Behavioral Health Clinical Director, and include at least one outside specialist experienced in addiction treatment or in addiction medicine.
- C. Confidentiality
1. As specified in State statute (Cal. Civ. Code §43.7.), peer review activities are not subject to discovery. The members of the PRC and the records associated with its reviews and actions shall be afforded all of the immunity, protection and privileges under California law. A practitioner under review shall be afforded all rights and protections under California law. The PRC and the CMO shall take all reasonable steps to protect the confidentiality of the committee's deliberations, reviews and actions, including all information obtained at all stages of the investigation, review and decision making process. Any confidential health information obtained during the course of peer review investigations shall be protected from loss, tampering, alteration and unauthorized or inadvertent disclosure of information.
- D. Indemnification
1. Partnership will indemnify, defend and hold harmless the members of the PRC from and against losses and expenses (including attorneys' fees, judgments, settlement and other costs, direct or indirect) incurred or suffered by reason or based upon any threatened, pending or completed action, suit, proceeding, investigation or other dispute relating or pertaining to any alleged act or failure to act within the scope or quality assessment activities as a member of the PRC. Partnership will retain the responsibility for the sole management and defense of any such claims, suits, investigations or other disputes against PRC members, including, but not limited to, selection of legal counsel to defend against any such actions. The indemnity set forth herein is expressly conditioned on the PRC

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member's good-faith belief that his or her actions and/or communications are reasonable and warranted and in furtherance of Partnership's peer review, quality assessment, or quality improvement responsibilities. , In no event will Partnership indemnify a member for acts of omissions taken in bad faith or in pursuit of the member's private economic interests.

- E. Oversight
 - 1. The PRC is accountable to Partnership's Board of Commissioners on Medical Care.
- F. Delegation Oversight and Monitoring
 - 1. Partnership may delegate Potential Quality Issue (PQI) investigation, including PRC oversight.
 - 2. A formal agreement is maintained and inclusive of all delegated functions.
 - 3. Partnership will review related policies and procedures and annual summary reports of findings and actions taken as a result of the PQI review process and provide feedback as part of Partnership's annual oversight audit.
 - 4. Results from Oversight and Monitoring activities shall be presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval.

VII. REFERENCES:

- A. Cal. Civ. Code §43.7. Immunity from liability; mental health professional quality assurance committees; professional societies, members or staff; peer review or insurance underwriting committees; hospital governing board

B.

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=CIV§ionNum=43.7.

VIII. DISTRIBUTION:

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

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer or designee

X. REVISION DATES:

09/17/14; 11/19/14; 01/20/16; 3/16/16; 3/15/17,* 06/13/18; 05/08/19; 5/13/20; 5/12/21; 06/08/22; 06/14/23; 02/14/24

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

N/A