

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MPQP1003 (previously QP100103)		Lead Department: Health Services Business Unit: Quality Improvement	
Policy/Procedure Title: Physician Advisory Committee (PAC) Policy		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 07/19/1993 - Medi-Cal (Charter)		Next Review Date: 04/14/2027 Last Review Date: 04/08/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input 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"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA		Approval Date: 04/08/2026	

I. RELATED POLICIES:

- A. MPUP3042 – Technology Assessment
- B. MPQP1002 – Quality/Utilization Advisory Committee (Q/UAC)
- C. MPRP4001 – Pharmacy & Therapeutics (P&T) Committee
- D. MPCR200 – Credentials Committee and CMO Credentialing Program Responsibilities

II. IMPACTED DEPTS:

N/A

III. DEFINITIONS:

- A. Partnership Advantage: Effective Jan. 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

The Physician Advisory Committee (PAC) is responsible for oversight and monitoring of the quality and cost-effectiveness of medical care provided to Partnership HealthPlan of California's members. The PAC reviews the activities of the Quality/Utilization Advisory Committee (Q/UAC), Provider Engagement & Networking Meeting (PEN), Pharmacy and Therapeutics (P&T) Committee, the Quality Improvement Program Advisory Group, the Pediatric Quality Committee, the Quality Improvement Health Equity Committee (QIHEC) and the Credentials Committee, makes recommendations, and assists Partnership in other ways as defined in this policy.

VI. POLICY / PROCEDURE:

- A. Committee Structure
 - 1. Membership:
 - a. The PAC is comprised of the Partnership Chief Executive Officer, Chief Operating Officer,

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Chief Financial Officer, Chief Medical Officer (CMO), Deputy CMO, Chief Health Services Officer (CHSO), Medical Director for Quality, Medical Director for Medicare Services, Regional Medical Director(s), Behavioral Health Clinical Director, leadership from the Quality and Performance Improvement, Provider Relations, Care Coordination, Utilization Management, and Pharmacy departments, and 15-25 other members who may include:

- 1) Participating physician representatives from primary and specialty care, including at least one behavioral health provider.
 - 2) Advanced practice clinicians such as certified nurse midwives, nurse practitioners or physician assistants.
 - 3) Members representing active medical staffs of hospitals, community-based practices, and medical groups in the Partnership service area.
- b. Members with annual attendance of <50% are evaluated for termination from the PAC.
- c. Other health plan staff may make special or periodic reports to the committee or may attend selected meetings ex-officio at the discretion of Partnership’s CEO or CMO. All attendees are otherwise expected to present from a location posted in the meeting notice.
2. Minutes: Minutes are taken at all meetings. Approved minutes are submitted monthly to Regulatory Affairs and Compliance (RAC) inbox. RAC submits these minutes quarterly to the Department of Health Care Services (DHCS) and forwards the tracking documentation to the designated QI staff.
 3. Chair: An external physician committee member chairs the meeting. Partnership’s CMO chairs in the absence of the chair.
 4. Meetings: The Committee meets at least ten (10) times a year, and may elect to pause in the months of July or December, with the option to conduct meetings if needed.
 5. Voting: Only committee members who are not Partnership staff may vote. The CMO serves in a tie breaking capacity as necessary. Quorum is 50% or more of voting members.
- B. Committee Responsibilities
1. Reviews and makes recommendations for corrective action based upon other committee and workgroup reports including:
 - a. Q/UAC
 - b. P&T Committee
 - c. Credentials Committee
 - d. PEN
 - e. QIHEC
 2. Annually reviews, recommends and approves the Quality Improvement department’s Program Description, Program Evaluation and Work Plan (aka “QI Trilogy”), along with the Utilization Management and Care Coordination Program Descriptions, the Population Health Management Strategy & Program Description, the Cultural & Linguistic (C&L) Program Description, and the Quality Improvement and Health Equity Transformation Program (QIHETP) Program Description. Performance in utilization management activities is included in the annual Quality Improvement Evaluation.
 3. Provides medical opinion regarding technological advances in consideration of benefit enhancements, inclusions, and exclusions.
 4. Technology Review: The CMO or physician designee may request input from an appropriate specialist within the community prior to presenting the request to P&T, Q/UAC, or PAC.. This specialist must have expertise in the technology under review. The decision to consult a specialist will depend on the nature of the technology being considered, and will be made on a case-by-case basis.
 5. Makes recommendations for HealthPlan policy and protocol changes based on guidelines and standards of practice, and select Partnership policies that affect quality improvement, clinical care, or provider issues.

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6. Oversees responsibility for utilization, quality, and other staff reports, which monitor the utilization of services and outcomes of quality within the delivery system.
 7. Reviews and approves Partnership's adopted Clinical Practice Guidelines.
 8. Provides oversight to the Primary Care Provider (PCP) and Quality Improvement Programs (QIPs) for providers and hospitals, which includes approval of the measures and payment methodologies, in addition to overseeing the implementation and evaluation of the QIPs.
 9. Advises and assists in the selection of the CMO, as needed.
- C. Committee Accountability
1. PAC has oversight responsibility for the above listed committees (see VI.B.1.) and is accountable to the Partnership Board of Commissioners.

VII. REFERENCES:

N/A

VIII. DISTRIBUTION:

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

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Committee Chair

X. REVISION DATES:

Medi-Cal

10/14/98; 06/14/00; 03/14/01; 06/12/02; 10/13/04; 02/8/06; 04/11/07; 05/14/08; 05/13/09; 06/09/10; 10/10/12; 10/09/13; 04/09/14; 05/13/15; 06/8/16; 06/14/17; 06/13/18; 03/13/19; 09/11/19; 04/08/20; 09/09/20; 09/08/21; 09/14/22; 09/13/23; 09/11/24; 04/09/25; 04/08/26

Partnership Advantage (effective January 1, 2027)

N/A

PREVIOUSLY APPLIED TO:

Partnership Advantage

MPQP1003 - 04/11/2007 to 01/01/2015

Healthy Families

MPQP1003 - 10/10/2012 to 03/01/2013

Healthy Kids

04/11/2007; 05/14/08; 05/13/09; 06/09/10; 10/10/12; 10/09/13; 04/09/14; 5/13/15; 5/11/16 to 12/01/16 (Healthy Kids program ended 12/01/2016)