



Policy and Procedure No: CR 3.5	Revision No: 5
Division: Care Management	
Department: Credentialing	
Title: PHC-CA Peer Review	
Effective Date: 1/1/2003	
Supersedes Policy No: CR 53.0, CR 3.0, CR 3.1, CR 3.2 CR 3.3, CR 3.4	
Reviewed/Revised by: Renee Barker	Review/Revision Date: 12/16/2025
Approving Committee: Credentialing Committee	Date: 12/16/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

The Credentialing and Peer Review Committee:

- Reviews the medical care rendered to determine whether accepted standards of care have been met.
- Reviews professional or personal conduct of a physician or other healthcare professional
- Determines if a physician has deviated from accepted standards and recommends the following actions (No further action needed, Request for more information, Formal warning, Specialty advice as needed, Increased monitoring, Reduction in privileges, and Termination)

Policy:

PHC California (the Health Plan) conducts peer review based upon evidence-based standards of care for all practitioners as a part of the overall Quality Improvement Plan in order to focus on the quality and appropriateness of member care and services. Examples of instances where a provider may be taken through a peer review process include but are not limited to the following:

- Professional Misconduct;
- Substance abuse;
- Quality of care issues;
- Harassment;
- Fraud and abuse;
- Impaired, or incapacitated healthcare professional.

Procedure:

1. Case Identification and Initial Review:

- Any staff, patient, and/or provider can notify the quality improvement department of the following potential issues:

- Professional Misconduct;
 - Substance abuse;
 - Quality of care issues;
 - Harassment;
 - Fraud and abuse;
 - Impaired, or incapacitated healthcare professionals.
- The cases are reviewed by the Health Plan's Medical Director with assistance from designated Quality Improvement staff.
 - The Plan Medical Director or designee recommends the next steps:
 - No action
 - More Information
 - Peer Review
 - All relevant information is obtained promptly and then made available to the subject practitioner. After the information has been obtained, the issues should be discussed with the subject practitioner, and alternate courses of action are considered before proceeding with the formal Peer Review Process.
 - The Medical Director, with the assistance from designated Quality Improvement staff, prepares the case file for review by the Credentialing/Peer Review Committee within thirty (30) days of being notified of the issue. An extension of time may be required to obtain all necessary documentation to make a decision.

2. Review by Credentialing/Peer Review Committee

- a. The Credentialing/Peer Review Committee is a practitioner peer review group that includes the Health Plan's Plan Medical Director, Chief of Medicine, and other Medical Directors, AHF physicians and contracted specialist practitioners on an ad hoc basis, as appropriate for the specific specialty care review.
- b. The Committee will summarize its findings and make written recommendations regarding the outcome of the review process, including suggested corrective actions.
- c. The Credentialing/Peer Review Committee recommends the following actions:
 - i. No further action needed;
 - ii. Request for more information;

- iii. Formal warning;
 - iv. Specialty advice as needed;
 - v. Increased monitoring;
 - vi. Reduction in privileges;
 - vii. Termination.
- d. Clinical privileges can be immediately suspended or restricted where the failure to take such action may result in an imminent danger to the health of an individual, provided that the practitioner receives a subsequent notice and the right to a hearing or other procedure.
- e. The finding and recommendations from the Peer Review Committee are communicated to the individual contracted practitioner under review if needed.
- i. Such communication will be by certified mail, sent within ten (10) days of the Peer Review Committee action.
 - ii. Uncontested or upheld (in the case of a Fair Hearing) Information will also be filed in the practitioner's credentialing files and reviewed at the time of the practitioner re-credentialing process.
- f. The Health Plan Medical Director or her/his designee is responsible for communicating the findings of the Peer Review Committee to the practitioner in question, with implementation of the Corrective Action Program.
3. Documentation of Activities
- a. The findings and actions are documented by the Credentialing/Peer Review Committee in confidential minutes and submitted to the Legal Department.
 - b. Final reviews by external practitioner experts or the Peer Review Committee are also tracked in the case file.
4. Appeal Rights
- a. The practitioner under review has the right to request a fair hearing per the fair hearing Policy and Procedure PHC-CA Provider Appeal and Fair Hearing Policy in the following situations:
 - i. Suspension
 - ii. Reduction of privileges
 - iii. Termination
5. Reporting to Committee
- a. De-identified information is communicated to the quality management committee.
 - b. The Governing Board reviews the case and ratifies the final decision of the Credentialing/Peer Review committee.
6. Oversight of Corrective Actions and Peer Review Activities
- The Peer Review/Credentialing Committee provides quarterly updates to the Quality Improvement and Health Equity Committee (QIHEC).

Definitions:

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1. Peer Review: Review of provider medical practice that focuses upon the quality of care. The peer review process includes monitoring of medical staff members' practice. Quality indicators are monitored along with issues considered sentinel events, e.g., misdiagnosis, medication errors, therapeutic misadventures, mortality review, etc. All peer review activities are confidential.

Monitoring:

The Credentialing/Peer Review Committee will review and revise this policy as needed and approve at least annually.

Reference(s):

The Health Care Quality Improvement Act (HCQIA) of 1986 was enacted to encourage practitioners to participate in peer review committees by granting limited immunity from civil liability (claims from monetary damages). HCQIA is codified in Section 11101 et seq. of Title 42 of the United States Code. HCQIA also established a national reporting system (National Practitioner Data Bank) intended to restrict the ability of incompetent practitioners to move from state to state, by requiring disclosure of the practitioner's previous disciplinary or peer review action. All activities related to peer review are protected by California Evidence Code 1157 and will remain confidential.

