

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> MPCP2018 (previously M CCP2018, MPUP3004, UG100304)		<b>Lead Department:</b> Health Services Business Unit: Care Coordination	
<b>Policy/Procedure Title:</b> Advice Nurse Program		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 01/04/1995		<b>Next Review Date:</b> 02/11/2027 <b>Last Review Date:</b> 02/11/2026	
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input checked="" type="checkbox"/> <b>Partnership Advantage</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 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>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 02/11/2026

**I. RELATED POLICIES:**

- A. MPUP3039 - Direct Members
- B. MPUP3014 - Emergency Services
- C. MCUP3044 – Urgent Care Services
- D. MPND9001 – Population Health Management Strategy and Program Description
- E. MPND9002 – Cultural and Linguistic Program Description
- F. CMP36 – Delegation and Oversight Monitoring

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Member Services
- C. Claims

**III. DEFINITIONS:**

- A. Partnership Advantage (PA): Effective January 1, 2028, 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:**

To describe and define the scope and guidelines for services provided by the Partnership HealthPlan of California (Partnership) sponsored Advice Nurse Program.

**VI. POLICY / PROCEDURE:**

- A. Partnership contracts with an Advice Nurse Program to provide after-hours services. This service is offered to those Members who are assigned to primary care providers (PCPs) who agree to participate in the program, all Direct Members, as well as Partnership Advantage Enrollees.
- B. The Partnership Advice Nurse Program is intended for use by Members after normal business hours of

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- their PCP, both to optimize quality of care and to reduce unnecessary emergency department usage.
- C. The Advice Nurse Program is not intended to replace or substitute for physician availability to respond to calls from their Members that originate through the physician's answering service.
  - D. PCP practices that choose to participate in the program should instruct their answering service how to assist Members in contacting the Advice Nurse Program.
  - E. A Member may still utilize the program even if their PCP elects not to participate in the Partnership Advice Nurse Program.
  - F. All PCPs participating in the Advice Nurse Program must be willing to accept the nationally accepted protocols established by the Advice Nurse Program and approved by Partnership.
  - G. Advice Nurse Program Procedures
    1. The advice nurses function under nationally recognized medical protocols and pediatric triage guidelines established by Schmitt Pediatric Guidelines LLC. Protocols and triage guidelines are reviewed and approved by Partnership on an annual basis with a sample audit to ensure they are current and accurate.
    2. The advice nurse notifies the Partnership Care Coordination Department by fax regarding the nature of medical problem calls. Care coordination interventions are initiated according to need.
    3. Emergency situations:
      - a. The advice nurse advises the Member to go to an Emergency Room and calls 911 if appropriate.
      - b. The advice nurse sends a copy of the completed medical screening form to Partnership and the PCP on file if listed.
    4. Urgent situations:
      - a. The advice nurse assesses the problem and triages the patient to an Emergency Room, Urgent Care facility or to the PCP office according to the pre-established protocol.
      - b. The advice nurse sends a copy of the completed medical screening form to Partnership and the PCP on file if listed.
    5. Non-Urgent situations:
      - a. The advice nurse gives advice per the appropriate agreed upon protocol and advises the Member to follow-up with PCP.
      - b. The advice nurse sends a copy of the completed medical screening form to Partnership and the PCP on file if listed.
    6. Education only:
      - a. The advice nurse provides the Member with general health education per the agreed upon protocol.
  - H. Delegation Oversight and Monitoring
    1. Partnership delegates the administration of the Advice Nurse Program to a vendor.
    2. A formal agreement is maintained and inclusive of all delegated functions.
    3. Oversight and monitoring activities include, but are not limited to the following, and occur no less than annually:
      - a. Audit of delegated entity(ies) to ensure utilization of nationally accepted protocols.
      - b. Chief Medical Officer (CMO) or physician designee conducts review of policies and procedures and medical protocols.
      - c. In accordance with California B&P Code Section 4999.2 and the California Department of Consumer Affairs, Partnership:
        - 1) Ensures personnel and/or vendors are registered or licensed healthcare professionals in California.
      - d. The Chief Health Services Officer and designee review monthly activity reports provided by the delegated entity and will document any notable findings and/or variances and ensure the appropriate corrective action plans are in place, as appropriate.
      - e. Review monthly reports provided by delegated entity(ies) which summarize the number and

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disposition of calls from Partnership Members to the Advice Nurse Program.

4. Results from Oversight and Monitoring activities are presented to the Delegation Oversight Review Sub-Committee (DORS) for review and approval and reviewed by the CMO or physician designee.
5. DHCS verifies the wait times for the Advice Nurse Services line through the Timely Access Survey. DHCS provides the results to Partnership quarterly and compiles the quarterly results into an annual result provided to Partnership by the second quarter of the subsequent measurement year.
  - a. 24/7 Nurse Triage Line: All inquiries must receive a response within 30 minutes. A minimum performance threshold of 90% compliance is required.
6. Partnership holds joint operating meetings with the Advice Nurse Program quarterly or as needed.

**VII. REFERENCES:**

- A. Schmitt-Thompson Guidelines 2025: Nurse triage guidelines for adult and pediatric
- B. California Business and Professions Code Section 4999.2 and the California Department of Consumer Affairs
- C. [CalAIM Dual Eligible Special Needs Plans Policy Guide- Contract Year 2026](#) (September 2025)
- D. [DHCS APL 25-006 Timely Access Requirements](#) (Revised 11/18/2025)

**VIII. DISTRIBUTION:**

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

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

**X. REVISION DATES:**

Medi-Cal

MCCP2018 (01/18/2017)

\*02/14/18; 03/13/19; 03/11/20; 03/10/21; 03/09/22; 03/08/23; 02/14/24; 02/12/25; 02/11/26

Partnership Advantage (Program effective January 1, 2028)

02/11/26

\*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:**

Medi-Cal (UG100304, MPUP3004)

10/10/97 [name change only]; 06/01/2000, 10/17/01; 10/16/02; 10/20/04; 10/19/05; 10/17/07; 10/15/08; 11/18/09; 04/21/10; 01/19/11; 04/17/13; 01/21/15; 01/20/16 to 01/18/17

Healthy Kids MPUP3004 (Healthy Kids program ended 12/01/2016)

10/17/07; 10/15/08; 11/18/09; 04/21/10; 01/19/11; 04/17/11; 01/21/15; 01/20/16 to 12/01/2016

Healthy Families

MPUP3004 - 10/01/2010 to 03/01/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with

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involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.