

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

<b>Policy/Procedure Number:</b> MP300			<b>Lead Department:</b> Member Services		
<b>Policy/Procedure Title:</b> Member Notification of Provider Termination or Change in Location			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>		
<b>Original Date:</b> 02/19/1998		<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 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 checked="" 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. MPPR209 Provider Network/Subcontractor Terminations and Facility De-certification and Suspensions
- B. MCCP2014 Continuity of Care
- C. CMP30 – Records Retention and Access Requirements

**II. IMPACTED DEPTS.:**

- A. Provider Relations
- B. Communications
- C. Health Services
- D. Regulatory Affairs and Compliance

**III. DEFINITIONS:**

- A. Contracted Network Provider: For the purpose of this policy, any sites of care, clinicians, specialist, provider, group of providers, or entity that has a network provider agreement with Partnership.
- B. Medical Home (MH): The provider identified as the Member's medical home or contracted primary care provider (PCP) site is responsible for managing the Member's primary care needs and coordinating specialty services.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

To provide guidance of the plan's obligation to notify members when contractual relationships between Partnership HealthPlan of California (Partnership) and its network providers and subcontractors initiate termination or terminate.

**VI. POLICY / PROCEDURE:**

A. Member Notification

- 1. Member Services (MS) provides written notice to members affected by a provider's termination or change of location within the requirements and timelines stated in this policy.
- 2. MS provides written rescind notice to members when Partnership successfully renegotiates a contract before the effective date of the termination and member notification has already been sent.

B. Member Notification Timelines

- 1. Provider Termination
  - a. Notices are mailed at least 30 calendar days prior to the effective date of the contract

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termination or 15 calendar days after receipt of the termination notice, whichever is later, or as directed by California Department of Health Care Services (DHCS).

2. Contracted Long Term Care (LTC) Facility
  - a. Notices are mailed within five business (5) days of receiving notification of a decertified facility closure or effective date of the termination. LTC facilities include, but are not limited to, skilled nursing facilities (SNFs), pediatric and adult subacute facilities, and intermediate care facilities (ICF).
3. Contracted Network Provider Change of Location
  - a. Notices are mailed at least 30 calendar days prior to the effective date of the move, or as soon as possible when Partnership has not received adequate notice of the provider's change of location, and has received all relevant information.
- C. Member Notice Review Process
  1. MS manages the member notices.
  2. The Senior Health Educator and the Communications department review member notices for readability and sixth grade reading level.
  3. DHCS approval is required for new notices, notices for LTC terminations, and/or adjustments to existing DHCS approved templates.
- D. Member Notice Content Requirements
  1. Member termination notices must contain the following information:
    - a. Reason and effective date of the termination.
    - b. Name of the terminating provider.
    - c. Description of how the termination will affect the member's access to covered services.
    - d. A statement that the member may contact MS to request continuity of care for an ongoing course of treatment from the terminating provider.
    - e. MS' phone number and hours of operation.
    - f. DHCS' Office of the Ombudsman toll free phone number.
    - g. Instructions on how to access and/or request a provider directory.
  2. Member PCP/MH termination notices also include:
    - a. The member's new PCP/MH assignment and options for selecting a different PCP/MH.
    - b. Information regarding the member's new ID card (e.g. enclosed or to be sent).
  3. Member hospital termination notices also include the following information, if applicable:
    - a. Name of the current PCP/MH and the name of the member's future PCP/MH assignment and options to change.
    - b. Member's future hospital assignment or in-network hospital(s) in the member's service area.
  4. Member LTC facility termination notices:
    - a. DHCS issued template is used, or
    - b. When DHCS-issued template is not used, the "new notice" must include items listed in VI.D.1, mailing date, and a description of how the plan will maintain the ability to provide covered services.
  5. Member rescind notices must contain:
    - a. An explanation that an agreement has been reached and the provider will continue to be a network provider.
    - b. Options to remain with or change providers.
    - c. MS Department's phone number and hours of operation.
    - d. DHCS' Office of the Ombudsman toll free phone number.
    - e. Instructions on how to access and/or request a provider directory.
  6. Member notices for a provider change of location must contain:

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- a. Effective date of the move.
- b. Name of the provider who is changing location.
- c. New location address and phone number.
- d. MS Department's phone number and hours of operation.
- e. DHCS' Office of the Ombudsman toll free phone number.
- f. Instructions on how to access and/or request a provider directory.
7. **All notices:**
  - a. Are sent in a threshold language based on the member's language code or in other requested languages and/or formats
  - b. Include the non-discrimination notice and language taglines
- E. Identification of Impacted Members
  1. Member lists for terminating or relocating:
    - a. PCPs include all members assigned or linked to PCP/MH (physician assigned practice) or Medical Group.
    - b. Specialists include all members regularly seen by the provider or Medical Group.
      - i. "Regularly seen" by the provider is defined as a member seen by a specialist for one (1) or more visits during the last 12 months or if the member had a major surgical procedure performed by the affected provider in the past 12 months.
    - c. Hospitals include all members assigned or affiliated with the hospital or who have claims data reflecting one (1) or more visits during the last 12 months.
    - d. LTC facility include all LTC residents.
- F. Significant Provider Termination
  1. Provider Relations determines and advises MS when a provider termination is considered significant.
  2. Requires submission of the member notice and additional DHCS reporting, such as a narrative and/or transition plan at least 60 days prior to the expected provider termination.
- G. Retention
- H. MS retains member notices and list of affected members according to CMP30 – Records Retention and Access Requirements.

## VII. REFERENCES:

- A. Department of Health Care Services (DHCS) All Plan Letter ([APL](#)) 21-003 Medi-Cal Network Provider and Subcontractor Terminations (03/03/2021)
- B. DHCS Annual Network Certification ([ANC](#)) Instruction Manual
- C. Title 42 Code of Federal Regulations (CFR) Section 438.10(f)(1) Information Requirements
- D. NCQA Guidelines NET 4, Element A
- E. ELP 003 Provider Change Notification

## VIII. DISTRIBUTION:

- A. PowerDMS Policy and Procedures Folder
- B. Partnership's Department Directors
- C. Provider Manual

## IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director of Member Services and Grievance

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**X. REVISION DATES:**

Medi-Cal

06/21/00; 02/20/02; 04/12/05; 04/13/06; 06/21/06; 08/12/08; 02/18/09; 03/18/10; 03/07/12; 08/07/13;  
11/04/13; 4/20/16; 08/16/17; 04/10/19; 03/11/20; 06/10/20; 01/13/21; 08/11/21; 10/13/21; 11/9/22; 11/07/23;  
01/08/25

**PREVIOUSLY APPLIED TO:**

Partnership Advantage:

MP 300 - 01/01/2007 to 01/01/2015

Healthy Families:

MP 300 - 10/01/2010 to 03/01/2013

Healthy Kids

MP 300 – 11/01/2005 to 12/31/2016