PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MP300</td><td colspan="3">Lead Department: Member Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Member Notification of Provider Termination or Change in Location</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 02/19/1998</td><td colspan="4">Next Review Date: 2/11/2027
Last Review Date: 2/11/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="2">☒ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 2/11/2026</td></tr>
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I. RELATED POLICIES:

A. MPPR208 Provider Notification of Provider Termination, Site Closure or Chage in Location Information
B. MPPR209 Provider Network/Subcontractor Terminations and Facility De-certifications and Suspensions
C. MCCP2014 Continuity of Care
D. CMP30 Records Retention and Access Requirements

II. IMPACTED DEPTS.:

A. Provider Relations
B. Network Services
C. Communications
D. Health Services
E. 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. Extended Care Facility: A healthcare institution that provides on-going medical care, rehabilitation services, and assistance with activities of daily living to individuals who require prolonged or specialized care. This is an all-inclusive term for facilities providing custodial, skilled and/or sub-acute services.
C. 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 on Partnership HealthPlan of California's obligation to notify Members of changes in contractual relationships with network providers and subcontractors, including contract terminations or changes in location, availability, or access to services.

VI. POLICY / PROCEDURE:

Partnership notifies members of network provider terminations in accordance with the California Department of Health Care Services' (DHCS's) All Plan Letter 21-003 Medi-Cal Network Provider and Subcontractor Terminations.

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A. Member Notification
   1. Member Services (MS) provides written notice to Members affected by provider changes according to the requirements and timelines stated in this policy.
   2. MS provides written rescind notices to Members when Partnership successfully renegotiates a contract before the effective date of the termination, and Member notification of the anticipated termination has already been sent.

B. Member Notification Timelines
   1. Provider Contract Termination
      a. Notices are mailed at least 30 calendar days prior to the effective date of the contract termination or 15 calendar days after receipt of the termination notice, whichever is later, or as directed by DHCS.
   2. California Department of Public Health (CDPH)-Initiated Decertification and Suspensions of Extended Care Facilities
      a. Notices are mailed within five business (5) days of receiving a final notification of a decertified facility closure or effective date of the termination.
   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 within 15 days of receipt of all relevant information (when Partnership has not received adequate notice of the provider's change of location).

C. Member Notice Review Process
   1. MS manages the distribution of Member notices.
   2. Member notices are reviewed and approved by the Communications department and the Health Education/Cultural and Linguistic team prior to distribution.
   3. Written Member notices must meet readability and suitability guidelines for health informing and health education material
   4. DHCS approval is required for new notices, notices for Extended Care Facility terminations, and/or adjustments to existing DHCS-approved templates.

D. Member Notice Content Requirements
   1. Member notices for contract terminations 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 to notify the Member that they may contact MS to request continuity of care for an ongoing course of treatment from the terminating provider
      e. Member Services department 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 notices for Primary Care Provider (PCP)/Medical Home (MH) terminations 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 notices for hospital terminations 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 notices for Extended Care Facility terminations are prepared as follows:
      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

of this policy, mailing date, and a description of how the Plan will continue to provide covered services.

5. Rescind notices sent to Members must contain:
   a. Notification/explanation that an agreement has been reached and the provider will continue to be a network provider
   b. Options to remain with or change provider
   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:
   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 languages and/or formats as requested.
   b. Include the non-discrimination notice and language assistance notice

E. Identification of Members Impacted by a Contract Termination or Practice/Facility Relocation
   1. **PCPs:** All Members assigned or linked to an affected PCP/MH (physician assigned practice) or Medical Group will be notified and connected to another provider as necessary.
   2. **Specialists**: A list will be prepared to notify and redirect all Members who have claims or prior authorization data reflecting one (1) or more visits with the affected specialist's office within the last six (6) months.
   3. **Hospitals:** All Members assigned to or affiliated with an affected hospital, or who have claims or prior authorization data reflecting one (1) or more visits to the affected facility during the last six (6) months, will be notified and redirected as necessary.
   4. **Extended Care Facilities:** All residents of affected Extended Care Facilities will be notified and relocated as necessary.

F. Significant Provider Termination
   1. The Provider Relations department determines and advises MS when a provider termination is considered significant.
   2. Significant terminations requires submission of the Member notice and additional DHCS reporting, such as a narrative and/or transition plan prepared at least 60 days prior to the expected provider termination.

G. Retention
   1. Member Services retains the Member notice and list of affected Members in accordance with policy CMP30 – Records Retention and Access Requirements.

VII. REFERENCES:

A. DHCS All Plan Letter 21-003 Medi-Cal Network Provider and Subcontractor Terminations (03/03/2021) and subsequent Frequently Asked Questions.
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

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VIII. DISTRIBUTION:

A. Partnership's Department Directors
B. Provider Manual

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

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; 02/12/25; 02/11/26

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