PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MPNS208</td><td colspan="3">Lead Department: Network Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Provider Notification of Provider Termination, Site Closure or Change in Location Information</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 06/21/2006</td><td colspan="4">Next Review Date: 07/07/2027
Last Review Date: 07/07/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="2">☐ Employees</td><td>☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td>☐ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE ☒ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE ☐ PAC</td></tr>
<tr><td>☒ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td>☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Sonja Bjork, CEO</td><td colspan="3">Approval Date: 07/07/2026</td></tr>
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I. RELATED POLICIES:

A. MP300 Notification of Provider Termination or Change in Location
B. MPCP2014 Continuity of Care (Medi-Cal)
C. MPQP1022 Site Review Requirements and Guidelines

II. IMPACTED DEPTS:

A. Provider Relations
B. Claims
C. Health Services
D. Member Services
E. Information Technology
F. Finance
G. Network Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. Provider Information Change Form
B. Provider Contract Termination
C. Provider Site Closure Form

V. PURPOSE:

The purpose of this policy is to outline contracted Providers' responsibility for notifying Partnership HealthPlan of California, (Partnership) for contract terminations, site closures, and changes to locations. This policy also outlines Partnership's responsibility for notifying appropriate Partnership Departments and State/Federal agencies of Provider contract terminations (initiated by Provider or Partnership) including site closures and changes to location information.

VI. POLICY / PROCEDURE:

A. The policy applies to all contracted providers with Partnership. A Provider may terminate an Agreement with Partnership at any time for any reason. Termination of a contract requires ninety (90) calendar days advance written notice to the Partnership Provider Relations department.

B. Partnership requires a minimum of 90 calendar days' notice of change of provider's location or site closure. If the practitioner or practice group notifies Partnership of termination less than 90 calendar days prior to the effective date, Partnership will notify the affected members as soon as possible, but no later than 30 calendar days after receipt of the notification.

C. For other location information changes, such as phone number, fax, office hours, etc., Provider must notify Partnership immediately and preferably thirty (30) calendar days prior to the change. To initiate changes Provider must submit a completed Partnership Provider Information Change Form (see Attachment A) to the Partnership Network Services department.

D. Substantial changes to the Medi-Cal network when initiated by Partnership requires a minimum of 60 calendar days' notice to the Department of Health Care Services (DHCS). Written approval from DHCS is required prior to the implementation of any changes in the availability or location of services initiated by Partnership under the Medi-Cal contract. DHCS denial of proposed changes shall prohibit implementation of proposed changes.

E. In accordance with the National Committee for Quality Assurance (NCQA) Network Management Standards: The organization (Partnership) notifies members affected by the termination of a practitioner or practice group in General, Family or Internal Medicine or Pediatrics and helps them select a new practitioner.

F. If a practitioner's contract is discontinued, the organization allows affected members continued access to the practitioner as follows:
   1. Continuation of treatment through the current period of active treatment, for members with a chronic or acute medical condition.
   2. Continuation of care through the postpartum period for members who are pregnant. Postpartum care begins immediately after childbirth, miscarriage, still birth, or pregnancy termination and extends for the period mandated by DHCS.
   3. This addresses the NCQA Network Management Standards.

G. The Network Services department is responsible for notifying the Regulatory Affairs and Compliance (RAC) inbox. RAC will notify Member Services and Health Services departments when a contract is terminated.

VII. REFERENCES:

A. Department of Health Care Services (DHCS) Contract
B. NCQA 2026 Standard NET 4, Element A, Element B.

VIII. DISTRIBUTION:

A. Partnership Provider Manual
B. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Director, Network Services

X. REVISION DATES:

Medi-Cal:
MPNS208: 07/07/206

PREVIOUSLY APPLIED TO:
MPPR208: 06/21/2006, 05/16/2007, 07/16/2008, 01/26/2009, 01/08/2010, 01/27/2011, 01/17/2012, 09/18/2012, 11/13/2013, 12/17/2014, 08/12/2015, 08/10/2016, 03/08/2017, 10/11/2017, 10/10/2018, 06/12/2019, 10/10/2019, 04/08/2020, 05/12/2020, 05/11/2021, 05/10/2022, 05/09/2023,05/07/2024, 05/13/2025