

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MCUP3064 (previously UP100364)		Lead Department: Health Services Business Unit: Utilization Management	
Policy/Procedure Title: Communications Services		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 02/16/2005		Next Review Date: 03/12/2026 Last Review Date: 03/12/2025	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	<input type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 03/12/2025

I. RELATED POLICIES:

- A. MPUD3001 - Utilization Management Program Description
- B. MCCP2018 – Advice Nurse Program
- C. MCNP9004 – Regulatory Required Notices and Taglines
- D. MCND9001 – Population Health Management Strategy & Program Description

II. IMPACTED DEPTS:

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

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To define the availability for providers and Members to access information from the Utilization Management (UM) department staff about the UM process and authorization of care.

VI. POLICY / PROCEDURE:

- A. Partnership HealthPlan of California provides access to UM staff for Members and practitioners seeking information about the UM process and the authorization of care in the following ways:
 1. Calls from Members are triaged through Member Services staff who are accessible to providers and Members to discuss UM issues during normal working hours when the HealthPlan is in operation (Monday – Friday 8 a.m. – 5 p.m.).
 2. After normal business hours, Members and providers may contact the Partnership voicemail service to leave a message which is communicated to the appropriate person on the next business day. Calls received after normal business hours are returned on the next business day and calls received after midnight on Monday - Friday are returned on the same business day.
 3. After normal business hours, Members may contact the advice nurse line at (866) 778-8873 for clinical concerns.
 4. Practitioners both in-network and out-of-network may contact UM staff directly either through secure email or voicemail. Each voice mailbox is confidential and will accept messages after normal

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business hours. Calls received after normal business hours are returned on the next business day and calls received after midnight on Monday - Friday are returned on the same business day.

- a. Partnership has a dedicated after-hours phone number local (707) 430-4808 or toll free (855) 798-8759 to receive calls from physicians and hospital staff for addressing post-stabilization care and inter-facility transfer needs 24 hours per day, 7 days per week. Calls are returned within 30 minutes of the time the call was received. Partnership's Chief Medical Director or physician designee is on call 24 hours per day 7 days per week to authorize medically necessary post-stabilization care services and to respond to hospital inquiries within 30 minutes. Partnership clinical staff are available 24 hours per day 7 days per week to coordinate the transfer of a Member whose emergency medical condition is stabilized.
 5. Partnership UM staff identify themselves by name, title and organization name when initiating or returning calls regarding UM issues. For a list of UM Program Staff and Assigned Responsibilities, please refer to policy MPUD3001 Utilization Management Program Description.
 6. Partnership maintains a toll free number that is available to both Members and providers. The number is (800) 863-4155.
- B. Linguistic services to discuss UM issues are provided by Partnership to monolingual, non-English speaking or Limited English Proficiency (LEP) Medi-Cal beneficiaries as well as eligible Members with sensory impairment for population groups as determined by contract. These services include the following:
1. No cost linguistic services
 2. Qualified oral interpreters, Video Remote Interpreters (VRI), sign language interpreters or bilingual providers and provider staff at key points of contact available in all languages spoken by Medi-Cal beneficiaries
 3. Written information and materials (to include notice of action, grievance acknowledgement and resolution letters) are fully translated by qualified translators into threshold languages for Partnership Members according to regulatory timeframes, and into other languages or alternative formats as indicated in the Member's record or upon request. Alternative material formats include audio, large print and electronically for Members with hearing and/or visual disabilities. Braille versions are available for Members with visual disabilities. Auxiliary aids are also available upon request. Please refer to MCND9002 Cultural and Linguistic Program Description for more information. The organization may continue to provide translated materials in other languages represented by the population at the discretion of Partnership, such as when the materials were previously translated or when translation may address Health Equity concerns.
 4. Use of California Relay Services for hearing impaired [TTY/TDD: (800) 735- 2929 or 711]
- C. Members can view information about Partnership's language assistance services and disability services in the Member Handbook which is made available to Members upon enrollment and is always available online at <http://www.partnershiphp.org/Members/Medi-Cal/Documents/MCMemberHandbook.pdf> Additionally, Partnership provides annual written notice to Members about our language assistance services and disability services (e.g. TTY for hearing impaired) in our Member Newsletter.
- D. Partnership regularly assesses and documents Member cultural and linguistic needs to determine and evaluate the cultural and linguistic appropriateness of its services. Assessments cover language preferences, reported ethnicity, use of interpreters, traditional health beliefs and beliefs about health and health care utilization (see policy MCND9001 Population Health Management Strategy & Program Description).

VII. REFERENCES:

- A. Department of Health Care Services (DHCS) Contract
- B. DHCS All Plan Letter ([APL 21-004](#) Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (*Revised 05/24/2023*))

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C. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2024) UM 3
Communication Services Element A Factors 1 - 5

VIII. DISTRIBUTION:

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

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Health Services

X. REVISION DATES: 10/17/07; 10/15/08; 11/18/09; 01/18/12; 08/20/14; 01/20/16; 10/19/16; 10/18/17; *11/14/18; 11/13/19; 10/14/20; 10/13/21; 10/12/22; 03/08/23; 04/10/24; 03/12/25

*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: N/A

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