

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: CGA022			Lead Department: Administration	
Policy/Procedure Title: Member Discrimination Grievance Procedure			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/08/2016		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input checked="" type="checkbox"/> Employees	
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 checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input checked="" 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: 11/13/2024	

I. RELATED POLICIES:

- A. CGA024 Medi-Cal Member Grievance System
- B. CMP10 Confidentiality
- C. CMP13 Permitted Use, Disclosure, and Minimum Necessary Use of Member Information
- D. CMP15 Amendment of Member’s Protected Health Information
- E. MC305 Distribution of Member Rights and Responsibilities
- F. MCNP9004 Regulatory Required Notices and Taglines
- G. MP316 Provider Request to Discharge Member & Assistance with Inappropriate Member Behavior
- H. MPPR200 PHC Provider Contracts
- I. MPQP1053 Peer Review Committee

II. IMPACTED DEPTS:

- A. All Departments

III. DEFINITIONS:

- A. Adverse Benefit Determination: is generally a benefit that has been denied, limited, or stopped. This also includes not paying for covered benefits. The Department of Healthcare Services (DHCS) formally defines it as encompassing all previously existing elements of “Action” under federal regulations with the addition of language that clarifies the inclusion of determination involving medical necessity, appropriateness, setting, covered benefits, and/or financial liability which includes the following:
 1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
 2. The reduction, suspension, or termination of a previously authorized service.
 3. The denial, in whole or in part, of payment for a service.
 4. The failure to provide services in a timely manner.
 5. The failure to act within the required timeframes for standard resolution of Grievances and Appeals.
 6. The denial of the Member’s request to obtain services outside the network.
 7. The denial of a Member’s request to dispute financial liability.

Policy/Procedure Number: CGA022		Lead Department: Administration	
Policy/Procedure Title: Member Discrimination Grievance Procedure		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/08/2016		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input checked="" type="checkbox"/> Employees

- B. Civil Rights Coordinator: is a specialized Grievance Case Analyst trained in Civil Rights Laws. This person is responsible for handling end-to-end investigations of all Member Discrimination Grievances. This person answers questions related to State and Federal Civil Rights Laws, including disability related questions, for Partnership HealthPlan of California (Partnership) staff and Members.
- C. Civil Rights Laws: includes section 1557 of the Patient Protection and Affordable Care Act (ACA). Section 1557 incorporates and enforces other Federal civil rights laws such as Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. California State laws that protect Members from Discrimination include California Government Code Section 12926, California Government Code Section 11135, and California Penal Code 422.56.
- D. Complaint: is the same as a Grievance.
- E. Discrimination: is when a person is treated unfairly, differently, or unequally from others, because of the reasons described in the Civil Rights Laws definition.
- F. Grievance: is generally a Complaint about the experience or services received while using your Partnership Medi- Cal plan. DHCS formally defines it as an expression of dissatisfaction about any matter that is not an Adverse Benefit Determination.
- G. Member: is a person who is eligible for Medi-Cal and receives health care benefits through Partnership.
- H. Provider: is a person, group, or facility that is licensed, accredited, or certified to treat or offer health care services to Partnership Members. Some examples are a physician, a hospital, lab, ambulance, skilled nursing facility, or pharmacy.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To ensure that all Members are aware of their discrimination rights, how to report a violation, and the investigation process.

VI. POLICY / PROCEDURE:

- A. How Partnership Communicates Members’ Rights
 - 1. Partnership includes our notice of non-discrimination in the Partnership Member Handbook. The Partnership Member Handbook is available on our website 24 hours a day 7 days a week at www.partnershiphp.org. It is also available by calling Partnership Member Services department at 1-800-863-4155 (TTY: (800) 735- 2929 or 711).
 - 2. Partnership expects our Members to be treated fairly and to treat their providers fairly. “Your Rights” and “Your Responsibilities” are outlined in the Partnership Member Handbook. It is also explained in Partnership Policy MC305 titled Distribution of Member Rights and Responsibilities.
- B. How Partnership Practices Non-Discrimination
 - 1. Partnership follows all State and Federal Civil Rights Laws. Partnership does not discriminate, exclude people, or treat them differently because of any reasons below.
 - a. *Disability* – a person with a physical or mental problem that limits major life activities. Some examples are seeing, hearing, and sleeping.
 - b. *Basis of Sex* – a person’s gender identity and sex stereotypes. It also includes a person who is or has a medical condition related to pregnancy, false pregnancy, abortion, or childbirth.
 - c. *Gender* – a person who is male, female, neither, or both.

Policy/Procedure Number: CGA022		Lead Department: Administration	
Policy/Procedure Title: Member Discrimination Grievance Procedure		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/08/2016		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input checked="" type="checkbox"/> Employees

- d. *Gender Identity* – a person’s belief about their gender. This could be different from a person’s gender assigned at birth.
 - e. *Gender Expression* – a person’s appearance and behavior, whether or not it is commonly accepted according to the gender they were born with.
 - f. *Sex Stereotypes* – a person who represents or communicates their masculinity or femininity in uncommon ways.
 - g. *Sexual Orientation* – a person who is heterosexual, homosexual, or bisexual.
 - h. *Nationality* – where a person is born, their citizenship, cultural, or language characteristics.
 - i. *Race or Ethnicity* – a person’s ancestry, color, or ethnic background.
 - j. *Religion* – a person’s religious belief, practice, or things observed.
 - k. *Language Assistance Services* – interpretation services that help people with a Limited English Proficiency communicate in English.
 - l. *Limited English Proficiency* – a person whose first language is not English and has trouble reading, writing, speaking, or understanding English.
 - m. *Group or Character Association* – a person who identifies with or is associated with a specific group or club. The person or group has characteristics protected under Disability, Gender, Nationality, Race, Ethnicity, Religion, or Sexual Orientation.
 - n. *Auxiliary Aids & Services* – services used by a person who is deaf, blind, hard of hearing or seeing to help them communicate. These services include sign language, text telephones, or other such devices to get information. This also includes any effective method to improve reading such as large print.
 - o. *Age* – a person because of how old they are.
 - p. *Genetic Information* – a person or family members requesting genetic tests, receiving genetic tests, or joining a clinical research about genetic tests. This also includes symptoms of a disease or disorder in a family member.
2. Partnership investigates all allegation(s) of discrimination because Members should not have unlawful barriers to healthcare while using their Partnership Medi-Cal benefits.
 3. Partnership Members have the right to receive healthcare services through Partnership Medi-Cal plan free from discrimination.
 - a. A Member should not be denied any covered services or availability of a service because of a reason defined in Section VI.B.1, except where medically indicated.
 - b. A Member should not be provided any covered service differently from another Member because of a reason defined in Section VI.B.1, except where medically indicated.
 - c. A Member should not be separated from others or subjected to a different treatment in order to receive any covered service because of a reason defined in Section VI.B.1., except where medically indicated.
 - d. A Member should not be restricted in receiving any covered service because of a reason defined in Section VI.B.1, except where medically indicated.
 - e. A Member should not be treated differently from others to determine whether they satisfy any requirement or condition to be provided any covered service because of a reason defined in Section VI.B.1, except where medically indicated.
 - f. A Member should not be assigned a time or place to receive covered services because they have characteristics associated with any reason defined in Section VI.B.1., except where medically indicated.
 - g. A Member should not be discriminated against because of their health status during enrollment, re-enrollment, disenrollment, or termination

Policy/Procedure Number: CGA022		Lead Department: Administration	
Policy/Procedure Title: Member Discrimination Grievance Procedure		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/08/2016		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input checked="" type="checkbox"/> Employees

4. It is against the law for Partnership to retaliate against any person who files a Grievance or participates in the investigation of a Grievance.
- C. What a Member Should Do If Discrimination Occurs
 1. As a Member, you will file a Grievance if you believe Partnership or a provider discriminated against you.
 2. As a Member, you will file a Grievance if you believe Partnership or a provider did not treat you fairly.
 3. As a Member, you will file a Grievance by phone, writing, online, or in person.
 - a. *Phone* – Call Partnership Member Services at 1-800-863-4155. TTY/TDD 1-800-735-2929 or 711.
 - b. *Writing* – Write and mail a letter to:
Partnership HealthPlan of California
ATTN: Grievance & Appeals Department
4665 Business Center Drive
Fairfield, CA 94534
 - c. *Online* – Visit Grievance & Appeals section under Members at www.partnershiphp.org
 - d. *In person* – Visit your doctor’s office or a Partnership local office. Say you want to file a Grievance.
 4. Your Grievance must describe how you were discriminated against, the result of the discrimination, and how you want it fixed.
 5. As a Member, you have the right to submit any evidence.
 6. As a Member, you will support the Grievance process by sharing your experience with the Civil Rights Coordinator. You will be available for any questions.
 7. As a Member, you have the right to pursue other legal or administration remedies, while filing a Discrimination Grievance with Partnership. This includes filing a Grievance with the U.S. Department of Health and Human Services, Office for Civil Rights.

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

1-800-368-1019
TDD Toll-Free: 1-800-537-7697
Email: 1557@hhs.gov
Website: www.hhs.gov/ocr

8. Any person filing a Discrimination Grievance on behalf of a Member
 - a. Any person who believes a Partnership Member has been subjected to discrimination may file a Grievance. Per Partnership Policy CMP15 titled Amendment of Member’s Protected Health Information, Partnership will ask the Member for their authorization in order to begin the investigation.
 - b. Partnership has the right to open a Grievance on the Member’s behalf if we suspect discrimination has occurred.
 - c. A Member has the right to withdraw their Grievance case.

Policy/Procedure Number: CGA022		Lead Department: Administration	
Policy/Procedure Title: Member Discrimination Grievance Procedure		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/08/2016		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input checked="" type="checkbox"/> Employees

d. If the case is withdrawn, Partnership reserves the right to continue the investigation. This may occur if Partnership decides the allegation(s) is dangerous, grossly inappropriate, threatening, or unlawful.

D. Understanding the Investigation Process

1. Free assistance with communication

- a. Partnership offers free aids and services to a person with a disability to help them communicate better so they can participate in the Grievance process.
- b. Partnership offers free language services to a person whose primary language is not English so they can participate in the Grievance process.

2. Safeguarding your information

- a. Partnership will monitor the confidentiality of all files and records. Our practice is defined in Partnership Policy CMP10 titled Confidentiality.
- b. Partnership will share information only with those who have a need to know during the investigation process. Our practice follows the requirements identified in Partnership Policy CMP13 titled Permitted Use, Disclosure, and Minimum Necessary Use of Member Information.

3. The investigation process for alleged Discrimination

- a. Discrimination Grievances follow the investigation process defined in Partnership Policy CGA024 titled Medi-Cal Member Grievance System, with a few additional steps.
- b. All Discrimination Grievances are assigned a Civil Rights Coordinator who oversees the investigation of the case.
- c. The Civil Rights Coordinator will assess the allegation(s) to determine if the Member's Rights and Responsibilities were violated, as defined in the Partnership Member Handbook. If the investigation finds the Member was unfairly treated, the offending party will be educated on Partnership Member's Rights and Responsibilities. Furthermore, Partnership will request the supervisor of the employee be notified of the Grievance and take appropriate corrective action, in accordance with that organization's human resources policy.
- d. The Civil Rights Coordinator will further assess the allegation(s) to determine if it falls under any category identified in Section VI.B.1. If so, the case will be referred to Partnership's Health Equity department to review the case details and offer an additional opinion if discrimination was likely or unlikely. The Civil Rights Coordinator will review the Health Equity department's perspective and if their determination differs, the case will be escalated to a three-person panel for review and determination. To comply with All Plan Letter (APL) 21-004, the Civil Rights Coordinator will forward the following information to DHCS within 10 calendar days of mailing the Notice of Resolution Letter:
 - i The Civil Rights Coordinator's contact information
 - ii The contact information of the Member
 - iii The problem as stated by the member or authorized representative
 - iv The accused party's response to the Grievance and their contact information
 - v All correspondence to and from the member, including the final Notice of Resolution Letter
 - vi Copies of any corrective action plan(s) taken in response to the Grievance
- e. The Member will receive a Notice of Resolution Letter describing the results of the investigation. It will include additional information about their rights to pursue further administrative or legal solutions. In the event the Member is dissatisfied with Partnership's outcome of the discrimination Grievance, the Member can ask for a Second Level Grievance. A different Civil Rights Coordinator, who was not involved in the original decision, will reinvestigate the case. A new decision will be made and communicated to the Member in a second Notice of Resolution Letter.

Policy/Procedure Number: CGA022		Lead Department: Administration	
Policy/Procedure Title: Member Discrimination Grievance Procedure		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 11/08/2016		Next Review Date: 11/13/2025 Last Review Date: 11/13/2024	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input checked="" type="checkbox"/> Employees

- f. In the event that Partnership determined that discrimination likely occurred, the Civil Rights Coordinator will send a letter to the provider. This letter will inform the provider that a member has alleged discrimination against them, with a brief explanation of the category of discrimination. The letter also offers support to the provider by supplying information on trainings to improve interactions with patients to avoid similar incidents in the future. The G&A department tracks discrimination allegations against our providers. In the event a provider receives a second discrimination allegation within a rolling three-year period, the Civil Rights Coordinator will send an additional letter to the provider, including follow-up training requirements. Additionally, the G&A department will notify the Credentialing team upon confirmation of the second incident.
- g. Allegations of discrimination against any Partnership provider are subject to review by Partnership's Peer Review Committee. Information about this committee can found in Partnership Policy MPQP1053 titled Peer Review Committee.

VII. REFERENCES:

- A. 45 CFR 92 et. seq.,(Section 1557 of ACA);
- B. California Government Code Section 12926 (sex, gender expression);
- C. California Government Code Section 11135 (sex, race, color, disability, national origin, age);
- D. California Penal Code Section 422.56;
- E. 42 U.S.C. § 2000d et seq., Title VI of the Civil Rights Act of 1964 (race, color, national origin);
- F. 20 U.S.C. § 1681 et seq., Title IX of the Education Amendments of 1972 (sex);
- G. 42 U.S.C. § 6101 et seq., the Age Discrimination Act of 1975 (age);
- H. 42 U.S.C. § 1211 et seq., Americans with Disabilities Act of 1990
- I. 29 U.S.C. § 794, Section 504 and 508 of the Rehabilitation Act of 1973 (disability);
- J. DHCS Contract 22-20196

VIII. DISTRIBUTION:

- A. www.partnershiphp.org
- B. Partnership Provider Manual
- C. Partnership Department Directors

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Director, Grievance & Appeals

X. REVISION DATES:

03/14/18; 06/12/19; 10/14/20; 10/13/21; 01/11/24; 11/13/24

PREVIOUSLY APPLIED TO: N/A