PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCNP9004</td><td colspan="3">Lead Department: Health Services
Business Unit: Population Health</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Regulatory Required Notices</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 07/01/2017</td><td colspan="4">Next Review Date: 09/09/2027
Last Review Date: 09/09/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="3">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="3">☒ 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="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 09/09/2026</td></tr>
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I. RELATED POLICIES:

A. MPND9002 – Cultural and Linguistic Program Description
B. MCUP3064 – Communication Services
C. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions
D. CGA024 – Medi-Cal Member Grievance System
E. CMP03 – Compliance Approval Process
F. COM03 – Communication Standards

II. IMPACTED DEPTS:

A. Health Services
B. Member Services
C. Grievance and Appeals
D. Provider Relations
E. Communications

III. DEFINITIONS:

A. Adverse Benefit Determination (ABD): The definition of an Adverse Benefit Determination encompasses all previously existing elements of an "Action" as defined under federal regulations with the addition of language that clarifies the inclusion of determinations involving medical necessity, appropriateness, setting, covered benefits, and financial liability. An ABD is defined to mean any of the following actions taken by a Managed Care Plan (i.e., Partnership HealthPlan of California) per 42 CFR § 438.400:
   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.

B. Regulatory Required Nondiscrimination Notice: Nondiscrimination Notice states that Partnership follows federal civil rights laws and does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, or any other basis protected by federal or State civil rights laws as outlined in in 45 CFR §92.10(a) and W&I §14029.91(e)(1)-(5). It includes information on how to file a

discrimination grievance directly with Partnership, as well as with the California Department of Health Care Services' Office of Civil Rights and the U.S. Department of Health and Human Services' Office for Civil Right, as set forth by CGA024 Medi-Cal Member Grievance System.

C. Regulatory Required Notice of Availability: The Notice of Availability of Language Assistance Services and Auxiliary Aids and Services explains the availability of written member information translated in the member's spoken language, provision of no cost auxiliary aids and services for people with disabilities, or oral interpretation to understand the information provided, per APL 25-005 and California Welfare and Institutions Code (WIC) 14029.91(a)(3).
D. Notice of Action (NOA): A formal letter informing a member of an adverse benefit determination (ABD).
E. Notice of Appeal Resolution (NAR): A formal letter informing a member that an ABD has been overturned or upheld.
F. Other Informational Notices: References documents intended for the public, such as member-facing website, material (outreach and education) and marketing materials, but also written notices requiring a response from an individual and written notices to an individual, such as those pertaining to rights or benefits, per APL 25-005.

IV. ATTACHMENTS:

A. Nondiscrimination Notice
B. Notice of Availability
C. NOA "Your Rights under Medi-Cal Managed Care"
D. NAR "Your Rights under Medi-Cal Managed Care"

V. PURPOSE:

To define requirements for sending regulatory required notices included as Attachments A – D of this policy.

VI. POLICY / PROCEDURE:

MCPs must adhere to the nondiscrimination notice and notice of availability requirements in APL 25-005 when sending the required grievance and appeals notifications to members.

A. Regulatory Required Notices
   1. As required by State of California statute and effectuated by DHCS All Plan Letters (APLs) 20-015 and 25-005 , Partnership encloses the Nondiscrimination Notice (Attachment A) and Notice of Availability (Notice of Availability of Language Assistance Services and Auxiliary Aids and Services) (Attachment B) inserts with member informing notices including NOAs (Attachment C), NARs (Attachment D), and grievance notices, and all Other Informational Notices targeted to members. Notices must be provided at no cost to the Member. For further details, refer to MPND9002 Cultural and Linguistic Program Description.
B. Exceptions
   1. Nondiscrimination Notice and Notice of Availability inserts are not required if they are embedded within the member material (e.g. Partnership Medi-Cal Member Handbook).
C. NOA "Your Rights under Medi-Cal Managed Care"
   1. The NOA "Your Rights under Medi-Cal Managed Care" document (Attachment C) must accompany any member notification of an ABD.
   2. The written NOA must meet all language and accessibility standards, including translation, font, and format requirements, as set forth in APL 25-005, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, federal and state law, and all requirements in the DHCS contract.
   3. The NOA shall clearly explain the reason for the decision and the Member's appeal rights per 42 CFR §438.404.
D. NAR "Your Rights under Medi-Cal Managed Care"
   1. The NAR "Your Rights under Medi-Cal Managed Care" document (Attachment D) must accompany

member notification of a member's appeal resolution. The NAR shall state whether the decision was upheld or overturned.

2. The written NAR must meet all language and accessibility standards, including translation, font, and format requirements, as set forth in APL 25-005, Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services and Alternative Formats, federal and state law, and all requirements in the DHCS contract.

VII. REFERENCES:

A. California Welfare and Institutions Code (WIC) 14029.91(a)(3) and 14029.91(e)(1)-(5).
B. 42 CFR Part 438 Subpart F Grievance and Appeal System Requirements
C. California Department of Health Care Services (DHCS) APL 20-015 State Non-Discrimination and Language Assistance Requirements (06/24/2020)
D. California Department of Health Care Services (DHCS) APL 25-005 Standards for Determining Threshold Languages, Nondiscrimination Requirements, Language Assistance Services and Alternative Formats (02/12/2025)
E. California Department of Health Care Services (DHCS) APL 21-011 Grievance and Appeals Requirements, Notice and "Your Rights" Templates (08/31/2022)
F. U.S Department of Health and Human Services (HHS) 45 CFR section 92.10(a).

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

MCNP9004 – Initial 09/09/20; 09/08/21; 03/09/22; 09/14/22; 06/14/23; 09/13/23; 09/11/24; 08/13/25; 09/09/26

PREVIOUSLY APPLIED TO:

Medi-Cal (MC359 07/01/2017 to 09/09/2020)
09/09/18; 11/20/19; ARCHIVED 09/09/2020

REGULATOR APPROVAL:

DHCS – last approved 06/12/25 for APL 25-005