

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY / PROCEDURE

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>Policy/Procedure Number:</b> MCNP9004                                |   |  | <b>Lead Department:</b> Health Services   |  |  |
| <b>Policy/Procedure Title:</b> Regulatory Required Notices and Taglines |   |  | <input checked="" type="checkbox"/> <b>External Policy</b><br><input type="checkbox"/> <b>Internal Policy</b> |  |  |
| <b>Original Date:</b> 07/01/2017  |   | <b>Next Review Date:</b> 09/11/2025<br><b>Last Review Date:</b> 09/11/2024 |   |  |  |
| <b>Applies to:</b>  | <input checked="" type="checkbox"/> <b>Medi-Cal</b> |  | <input type="checkbox"/> <b>Employees</b>   |  |  |
| <b>Reviewing Entities:</b>  | <input type="checkbox"/> <b>IQI</b>                 |  | <input type="checkbox"/> <b>P &amp; T</b>   |  | <input checked="" type="checkbox"/> <b>QUAC</b>  |
|   | <input type="checkbox"/> <b>OPERATIONS</b>          |  | <input type="checkbox"/> <b>EXECUTIVE</b>   |  | <input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>  |
| <b>Approving Entities:</b>  | <input type="checkbox"/> <b>BOARD</b>               |  | <input type="checkbox"/> <b>COMPLIANCE</b>  |  | <input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b> |
|   | <input type="checkbox"/> <b>CEO</b>                 | <input type="checkbox"/> <b>COO</b>  | <input type="checkbox"/> <b>CREDENTIALING</b>   |  | <input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>                                 |
| <b>Approval Signature:</b> Robert Moore, MD, MPH, MBA                   |   |  | <b>Approval Date:</b> 09/11/2024  |  |  |

**I. RELATED POLICIES:**

- A. MCND9002 – 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):
  - 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.

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- B. Regulatory Required Nondiscrimination Notice and Language Assistance Taglines: 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.
- C. Language Assistance Taglines: explains the availability of written member information translated in the member's spoken language or oral interpretation to understand the information provided, per [APL 21-004 Revised](#) 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 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 21-004 Revised](#).

#### IV. ATTACHMENTS:

- A. [Nondiscrimination Notice](#)
- B. [Language Assistance Taglines](#)
- C. [NOA "Your Rights under Medi-Cal Managed Care"](#)
- D. [NAR "Your Rights under Medi-Cal Managed Care"](#)

#### V. PURPOSE:

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

#### VI. POLICY / PROCEDURE:

MCPs must adhere to the nondiscrimination and language assistance requirements in APL 21-004 when sending the required grievance and appeals notifications to members.

- A. Regulatory Required Notices and Taglines
  - 1. As required by State of California statute and effectuated by DHCS All Plan Letters (APLs) [20-015](#) and [21-004](#), Partnership encloses the Nondiscrimination Notice (Attachment A) and Language Assistance Taglines (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.
- B. Exceptions
  - 1. Nondiscrimination Notice and Language Assistance Tagline inserts are not required if the Notice or Taglines 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 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, federal and state law, and all requirements in the DHCS contract.
- 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.

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2. The written NAR must meet all language and accessibility standards, including translation, font, and format requirements, as set forth in APL 21-004, Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services, federal and state law, and all requirements in the DHCS contract.

**VII. REFERENCES:**

- A. California Welfare and Institutions Code [\(WIC\) 14029.91\(a\)\(3\)](#)
- B. California Department of Health Care Services (DHCS) [APL 20-015 State Non-Discrimination and Language Assistance Requirements](#) (06/24/2020)
- C. DHCS [APL 21-004 Revised Standards for Determining Threshold Languages, Non-Discrimination Requirements, and Language Assistance Services](#) (05/03/22)
- D. DHCS [APL 21-011 Grievance and Appeals Requirements, Notice and “Your Rights” Templates](#) (08/31/2021)
- E. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2024) UM 7 Denial Notices

**VIII. DISTRIBUTION:**

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

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services 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

**PREVIOUSLY APPLIED TO:**

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