



Letter 10b

Notification of PCP Discharge Request Approved

<DATE>

<Member's Name>

<Member's Address>

<Member's City, State and Zip>

Re: Provider Discharge

Dear <Member Name or Parent/Legal Guardian>

<Current PCP> {insert if provider is requesting discharge from multiple sites} <and all affiliated sites> has asked that <name of discharged member> be removed from their care. Partnership has approved this request.

Below is/are the reason(s) that you have been removed from your primary care (main) doctor:

- You missed 3 or more appointments within 6 months.
- You used unkind or upsetting words.
- You were abusive.
- You will not follow medical treatment even when another treatment was not an option or was not the right treatment for your needs which could put your health at risk.
- You no longer get along with the doctor and/or staff.
- You falsely got and/or changed your medicine(s).
- You were removed from care by a specialist (doctors who treat certain types of health care problems)
- Other:

{Insert appropriate paragraph and remove all paragraphs not applicable}

[Member needs to pick a PCP or medical home]

To give you time to pick a new doctor, you have from <date> to <date> to choose a new doctor. During this time, you may see any Medi-Cal doctor willing to bill Partnership. This is called Direct Member Status.

Please pick a new doctor and let us know who you picked by <date>. If you do not pick a new doctor by this date, Partnership will choose one for you.

To pick a new doctor, you can look at our Provider Directory on our website at PartnershipHP.org. Pick a doctor that says they are taking new patients. You can tell us the doctor you picked by changing your doctor using our Member Portal on our website. You can also tell us by calling Member Services at

(800) 863-4155.

[Member has Other Health Coverage (OHC)]

Our records show you have other health coverage. Generally, that means your other health coverage is billed first for your care and Partnership is billed last. Because you have other health coverage and Medi-Cal, you have Direct Member status. This means you can be seen by any Medi-Cal doctor that takes your other health coverage and is willing to bill Partnership for services.

[Members with Medicare Part B]

You have Medicare Part B and Medi-Cal, which means you can be seen by any doctor who takes both Medicare and Medi-Cal. The doctor must agree to see you and bill Medicare and Partnership for covered services. Medicare is billed first and Partnership is billed last. This is called Direct Member Status.

[Out of the service area or approved for continuity of care or any other direct member status]

You qualify for Direct Member status, which means you can be seen by any Medi-Cal doctor that is willing to bill Partnership for services.

[Insert in addition to any of the above paragraph's anytime a member is Native American]

As a Native American, you have the right to get health care services at any Indian Health Service clinic. You have the right to pick an Indian Health Service clinic or a non-Indian Health Service clinic for your primary care (main doctor).

[Member is already assigned to a new PCP]

Because you have already changed your doctor, you do not need to pick a new doctor. You can continue to see the doctor that you have selected.

If you need help picking a new doctor, you can look at our Provider Directory on our website at PartnershipHP.org. If you are in the middle of care and need help or have any questions, please call us at **(800) 863-4155**. We are here to help you Monday – Friday, 8 a.m. to 5 p.m. TTY/TTD users can all the California Relay Service at **(800) 735-2929** or call **711**.

You can call the Department of Health Care Services Managed Care Ombudsman's office at **(888) 452-8609**, Monday – Friday from 8 a.m. to 5 p.m., if you have any questions or a complaint about your health care.

This notice does not change your Partnership benefits or keep you from getting the care you need.

Sincerely,

Member Services Department



4665 Business Center Drive
Fairfield, California 94534

Partnership HealthPlan of California

Enclosures: Nondiscrimination and Language Assistance Notice, Members Rights and Responsibilities Statement