NEWS

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

YOUR PARTNER IN HEALTH

SUMMER 2026

In This Issue:

Partnership Earns Health Equity Accreditation

We are proud to share some good news. Partnership has earned Health Equity Accreditation from the National Committee for Quality Assurance (NCQA). This award is given to health plans that work hard to make sure all members get fair, high-quality care.

Partnership serves about 860,000 members in 24 counties. Our communities are diverse. People speak different languages, come from different cultures, and have different health needs. This Health Equity Accreditation shows we are working to better understand and support you.

We make sure members can get care in their preferred language. We ensure our providers respect cultural differences and treat every member with dignity.

Some communities face more barriers to care than others. We find those barriers and work to improve services. We want to be sure everyone has a fair chance to be healthy.

This award took years of work and shows our commitment to you. We will keep working every day to help our members, and the communities we serve, be healthy. ◆

24-Hour Advice Nurse Line

The Advice Nurse Line is a service offered to Partnership members at no cost. You can reach the Partnership Advice Nurse by calling **(866) 778-8873**, 24 hours a day, 7 days a week. TTY users can call **(800) 735-2929** or call **711**.

Call the Advice Nurse Line when:

- You have health questions and cannot reach your primary care provider.
- You are having a medical problem and not sure if you should go to the emergency room.

If you are having a medical emergency, go to the closest emergency room or call **911**. ◆

Lab Services

Partnership and some of our doctors contract with specific labs for services.

When your doctor refers you for lab tests, make sure to ask them which lab you should use. If your doctor does not know, you can always call us at **(800) 863-4155**. ◆

Medi-Cal Managed Care Ombudsman

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

Member Rights and Responsibilities

Do you know your Member Rights and Responsibilities? For a copy of our Rights and Responsibilities Statement, you can call us at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. You can also visit our website at PartnershipHP.org/Members/Medi-Cal/Pages/Medi-Cal-Rights-and-Responsibilities.aspx. TTY users can call the California Relay Service at **(800) 735-2929** or call **711**. ◆

Meetings at Partnership

Some of the meetings that Partnership hosts are open to the public. Attendees include our board members, staff, providers, and members like you.

You can learn more about these meetings by visiting our website at PartnershipHP.org/About/Pages/Board-Advisory-Committee.aspx.

If you would like to come to one of these meetings, call us at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call **(800) 735-2929** or **711**. ◆

Listening to Members

By Lulu Zhang

One of the biggest lessons I learned after Partnership sponsored me to attend the 2024 Insure the Uninsured Project (ITUP) conference is that member engagement is needed for health equity.

Every member has different needs. When you share your experience, it helps Partnership find out what to fix and how they can do better. **Your feedback matters.**

You can share your experience with Partnership in many ways:

- Call Member Services at **(800) 863-4155**
  TTY users call **(800) 735-2929** or **711**
- Talk with your care coordinator, if you have one.
- Share your feedback at a Community Advisory Committee (CAC) meeting. You can speak during the meeting or send written feedback if you do not want to speak in front of the CAC.

Partnership is your partner in health. Your voice helps shape how Partnership serves you. ◆

Lulu Zhang is a Partnership member and a UC Davis history graduate. She serves on Partnership's Community Advisory Committee.

We Value Your Input!

If you sent in the member experience survey from Partnership, thank you! Your honest feedback helps us know what we are doing well and how we can do better. We truly thank you for taking the time to share your thoughts.

What is the member experience survey?

Each year, Partnership members are invited to fill out a survey. The survey asks questions about your health plan, health care, and overall experience as a member. We review the results and use your feedback to make changes to improve your experience.

In past surveys, members told us they need help to understand their benefits. We are working to make benefit information easier to find and understand.

Questions members ask most often:

1. Do my Medi-Cal benefits cover rides to medical appointments?

Yes! Partnership has Transportation Services for you. Please give us a call at **(866) 828-2303** for more information.

2. Do my Medi-Cal benefits have dental coverage?

For most members, yes! If you have questions or need help finding a dentist, call Smile, California™ at **(800) 322-6384** to speak with Medi-Cal Dental's Member Customer Service. Starting on July 1, 2026, Medi-Cal will stop covering full-scope dental services for some adult members based on immigration status. Emergency services will still be covered. For more information, go to DHCS Medi-Cal Dental Benefit Changes.

3. Do my Medi-Cal benefits have vision care?

Yes! Partnership works with Vision Service Plan (VSP) for vision services. Call VSP at **(800) 438-4560** for more information.

4. Do my Medi-Cal benefits have mental health care?

Yes! For mild to moderate mental health conditions, information on mental health providers, or general questions about mental health services call us at **(855) 765-9703**. ◆

Do You Have Other Health Coverage?

If you have another health insurance (like Medicare), or coverage through your work or a family member (with a company like Blue Cross of California, Blue Shield of California, or Health Net), you must get your care covered by your "primary" insurance first. This is called Coordination of Benefits. Medi-Cal is the "payer of last resort" by state and federal law. This means that Medi-Cal cannot pay for your health care services if another insurance plan could pay for it first. Partnership will not pay for health care unless your primary insurance has paid their part, or if the primary insurance has denied the health care as not a covered benefit.

We have services to help you manage your health care at no cost to you. If you have questions or concerns about how your Medi-Cal works with other insurance, please call Partnership at **(800) 863-4155**. TTY users can call **(800) 735-2929** or **711**.

To report changes to your primary insurance, please call Partnership and do one of the things below:

- Call your local county Medi-Cal office
- Call the Department of Health Care Services (DHCS) at **(800) 541-5555**
- Use the website below to report your change to DHCS: www.dhcs.ca.gov/services/Pages/TPLRD_OCU_cont.aspx ◆

What is an Initial Health Appointment?

Every new member should see their doctor within 120 days of joining Partnership. We call this first visit the Initial Health Appointment.

An Initial Health Appointment includes:

- A full body exam and mental health checkup
- Learning about health risks and how to stay healthy
- Health screenings or shots you may need
- Making your care plan

This is a great time to talk to your doctor about your health and any concerns you may have. Your doctor will listen to your needs, look over your health history and decide what care you need.

Going to these visits is good for your health. They help you and your doctor understand each other and talk about how to reach your health goals.

Take charge of your health. Be sure to schedule your Initial Health Appointment. ◆

Behavioral Health Services

Many people may need help with their mental health or with substance use. Both are a part of your behavioral health, which plays an important role in your wellness.

Behavioral health services include:

- Therapy, such as family therapy to support the mental health of children
- Referrals for substance use services
- Treatment for opiate and other addictions

You can get these services from home, by phone, or video call.

We want all members to reach out when they need help. If you need help, call:

- Behavioral health services: **(855) 765-9703**, TTY **(800) 735-2929** or **711**, 24 hours a day, 7 days a week.
- For all other services: **(800) 863-4155**, TTY **(800) 735-2929** or **711**.

Like all health information, Partnership works hard to keep information about behavioral health services use private. ◆

What is Care Coordination?

Partnership's Care Coordination team helps members find providers, health services, resources, and benefits to make sure you get the care you need.

They can also help connect your providers with each other to coordinate your care.

Care Coordination can help you:

- Learn more about your health condition
- Leave the hospital and get home
- Find providers and make appointments
- Get medical tests or medical equipment
- Access services that assist with housing and food
- Better understand the medicines you take

You can call Care Coordination at **(800) 809-1350**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call the California Relay Services at **(800) 735-2929** or call **711**.

Visit our website at PartnershipHP.org for more information about Care Coordination. ◆

Privacy Act Statement

Partnership is required to maintain the privacy of your health information. We are required to inform you of our legal duties and privacy practices where your protected health information is concerned.

For a copy of our Notice of Privacy Practices, you can call us at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. or visit our website at PartnershipHP.org/Members/Medi-Cal/Pages/Notice-of-Privacy-Practices---HIPPA.aspx. TTY users can call the California Relay Service at **(800) 735-2929** or call **711**. ◆

Partnership Offers Interpreter and Translation Services

Partnership has interpreter services for our members at no cost to you or your doctor. You do not need your children, friends, or family members to interpret for you.

When you call our Member Services Department, ask for an interpreter and tell us the language you need. If you are hearing impaired, you can also get an interpreter or services when you need to speak to Member Services, Claims, Utilization Management, Population Health Management, Care Coordination, Grievance and Appeals, or Transportation Services staff.

You can have an interpreter at your health care visits, including a qualified sign language interpreter.

You can get interpreter services over the phone, video, or in-person. To get an in-person interpreter, please call us at least 3 business days before your visit.

Partnership translates all our member materials into Spanish, Russian, Tagalog and Punjabi. Please call us if you need materials in another language. You can also ask for materials in large print, braille, or audio.

Let us know if your language needs have not been met. You have the right to file a complaint or an appeal. You can find out how to do this on Partnership's website at PartnershipHP.org/Members/Medi-Cal/Pages/GrievanceAndAppeals.aspx.

To find out more about these services or to file a complaint or appeal, please call us at **(800) 863-4155**. TTY users can call **(800) 735-2929** or **711**. ◆

Grilled Chicken Feta Chickpea Salad

Serves two (serving size 1 and ¾ cup)

- 15 ounce can of chickpeas, rinsed and drained
- 4 ounces grilled chicken, or leftover chicken (diced)
- 1 tablespoon extra-virgin olive oil
- 2 mini cucumbers (diced)
- 2 small tomatoes (sliced)
- 1/4 cup red onion
- Juice from 1 lemon
- 2 ounces feta cheese (crumbled)
- 1/4 teaspoon salt
- 1/8 teaspoon dried oregano

1. Mix chickpeas, chicken, cucumbers, tomato, and red onion with half the lemon juice, 1/2 tablespoon olive oil, and salt; toss salad.

2. Top with feta cheese, dried oregano, and the left-over lemon juice and olive oil.

Partnership's Medical Drug Benefit

You may get your prescribed medicines at your provider's office, hospital, or at a pharmacy. The ones you get at your provider's office or hospital are covered by Partnership HealthPlan of California's medical drug benefit. Medi-Cal Rx covers the medicines you get from a pharmacy.

Partnership decides which and how much of each medicine is covered by the medical drug benefit. Partnership reviews treatment authorization requests (TARs) for these medicines.

On our website, you can find:

- Updates and changes to the pharmacy and therapeutics (P&T) drug benefit on the drug benefit updates web page: PartnershipHP.org/Providers/Pharmacy/Pages/PT-Formulary-Changes.aspx
- Updates are posted 4 times each year.
- A list of medicines covered by Partnership; changes to the medicines you get at your provider's office, hospital, or pharmacy; and the lists of medicines that Medi-Cal and Medi-Cal Rx covers: PartnershipHP.org/Providers/Pharmacy/Pages/Formularies.aspx
- TARs for medicines that Partnership and Medi-Cal Rx pharmacy covers: PartnershipHP.org/Providers/Pharmacy/Pages/Prior-Authorization-Forms.aspx

If you have questions about how Partnership covers the medicines you get at your provider's office and hospital, please call Partnership's Member Services at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call the California Relay Service at **(800) 735-2929** or call **711**. ◆

Medi-Cal Rx: Pharmacy Benefit

All Medi-Cal members are covered under the pharmacy benefit given by Medi-Cal Rx, not Partnership HealthPlan of California. Medi-Cal Rx decides which medicines and how many doses are covered.

You may need prior approval, or a Treatment Authorization Request (TAR), for some medicines to be covered. Medi-Cal Rx works with your Medi-Cal plan, Partnership, to review and approve TARs. If your medicines are not covered by Medi-Cal Rx, your provider or pharmacy will need to send TARs to the Medi-Cal Rx supplier or customer service center.

You can call Medi-Cal Rx customer service anytime at **(800) 977-2273** for help with your medicines or any questions. If you cannot reach the Medi-Cal Rx customer service center or need more help, please call Partnership at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call the California Relay Service at **(800) 735-2929** or call **711**. ◆

Benefits of Breastfeeding and Care for Parents and Babies

August is National Breastfeeding Awareness Month! Research has shown that there are many health benefits of breastfeeding/chestfeeding for babies and parents. Breast milk is full of antibodies that help keep your baby healthy. Antibodies are proteins that help the body fight germs. For parents, breastfeeding can help the body heal after birth. It helps your uterus go back to its normal size and lowers the chance of heavy bleeding (postpartum hemorrhage). In the long run, it may also lower your risk of health problems like diabetes and heart disease. The American Academy of Pediatrics and Partnership support breastfeeding as the first choice for feeding babies.

Partnership offers breast pumps to members and refers them to Women, Infants, and Children (WIC) Nutrition Program and other agencies that support new parents. WIC has lactation education, support, and breast pumps for new parents. A local WIC supports every Partnership county. To learn more about WIC services, scan the QR code.

Partnership strongly suggests the use of an electric breast pump when a parent is unable to breastfeed due to work schedules, or the baby is having trouble latching. Donor milk is available in limited supplies for those with specific conditions. Talk to your provider to learn more.

Making sure your baby is fed is the most important thing. Choosing how to feed your baby is up to you. Talk to your provider about your options. To learn more about breastfeeding or how to get a breast pump, call us at **(855) 798-8764**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call **(800) 735-2929** or **711**. You can also email us at PopHealthOutreach@partnershiphp.org. ◆

Information About Partnership Doctors

The Provider Directory is a list of clinics, doctors, and specialists who contract with Partnership. It has each provider's:

- Name, address, phone number
- Professional qualifications (credentials)
- Specialty (what they are most skilled in)
- Medical school*
- Training(s) completed after schooling (Residency completion*)
- Board certification status

For more information about providers, their schooling or training, go to the Medical Board of California website at www.mbc.ca.gov under License Search or call us at* **(800) 863-4155.

You can visit our online Provider Directory at PartnershipHP.org/Members/Medi-Cal/Pages/Find-a-Primary-Care-Provider.aspx, or by scanning the QR code below with your smartphone camera. You can also ask for a copy of the Provider Directory by calling us at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call the California Relay Service at **(800) 735-2929** or call **711**. ◆

Join Partnership's Community Advisory Committee

Who We Are

Partnership's Community Advisory Committee (CAC) is a group of Partnership members who meet to discuss how Partnership can best care for members and their needs. CAC meets 4 times a year, and all meetings are open to the public.

What We Do

Partnership asks CAC members for their thoughts on things like our website or materials for mailings. They bring up any content issues and share ideas on how to best serve Partnership's members. CAC's ideas and insights help guide Partnership's services.

Who Can Join?

All Partnership members and (or) parents / guardians of members are welcome.

What do CAC members get?

CAC members receive a stipend for attending, mileage reimbursement, and transportation support if they do not drive. In addition, lunch is provided before each meeting.

How to Join

Call us at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call **(800) 735-2929** or **711**. You can also email at CAC@partnershiphp.org.

Visit our website at PartnershipHP.org/Members/Medi-Cal/Pages/CAC.aspx ◆

Visit our website by scanning the QR code:

Cervical Cancer Screening: Know Your Options

What is Cervical Cancer?

Cervical cancer is the fourth most common cancer in women in the United States. Cervical cancer starts in the cervix, the lower part of the uterus that connects to the vagina. Most cervical cancer is caused by a virus called Human Papillomavirus, or HPV. HPV is very common and spreads through skin-to-skin contact during sex. Most of the time HPV goes away on its own and does not cause problems. Certain types of HPV can stay in the body for a long time, which may cause changes in the cells of the cervix. Over time, these cell changes can turn into cancer if they are not found and treated.

Getting Screened

Cervical cancer can often be prevented with regular screenings. There are 2 tests that can help find cell changes early:

- Pap test: Finds abnormal cells on the cervix
- HPV test: Checks for the virus that can cause those cell changes

Recommended screening depends on your age and health history:

- Ages 21–29: Pap test every 3 years
- Ages 30–65: HPV test every 5 years, Pap test every 3 years, or both together every 5 years

New Option: HPV Self-Collection

HPV self-collection is a new option that lets you collect your own sample from the vagina using a small swab while at your doctor's office or lab. This is the same reliable test as the traditional collected HPV test. If you are 30 or older, you may be able to use the new HPV self-collection test. Many people find this option more comfortable and private. Talk with your provider about which screening option is right for you. ◆

We Want to Hear from You

Your Partnership Medi-Cal benefits and services can help you stay healthy. We want to know if you have any problems while using your benefits or services. You can file an appeal if Partnership denied, limited, or stopped a benefit. You can file a grievance or appeal case to research the problem and we will try to fix it. Some of the types of problems are:

- If you have to wait a long time to see a doctor
- If you were denied interpreter services to speak in the language you choose
- If you were not treated well

We want you to have the best care. Telling us about a problem helps us make things better for all members. Call Member Services at **(800) 863-4155** to file a case.

Grievance & Appeals Webpage

Our webpage has steps to file a grievance, appeal, or state hearing in the language you choose. You can also file a case online. Here is what you can find on each section on the webpage. ◆

Scan the QR code with the camera on your cellphone to view the webpage.

	**File Now** • Sign into the member portal • File an appeal or grievance case online
	**Who Can File** • Learn who can file a case • Learn how you can ask someone else to file your case
	**Types of Cases** • Tells you what a grievance is • Tells you what an appeal is
	**What to Expect** • Tells you about how grievance and appeals work • Tells you how and when you will hear from us
	**Timeframes** • Tells you how long it will take to research a case. • Tells you how to ask for a fast review if your health is at risk
	**How to File** • Shows you all of the ways to tell us about the problem • We want to hear from you
	**State Hearings** • Tells you what a state hearing is • Tells you how to file a state hearing

Partnership's Member Services: (800) 863-4155

If you have questions about your medical care, please call us. We are ready to help Monday – Friday, 8 a.m. to 5 p.m.
We can help you with:

- General information about your Medi-Cal benefits
- Choosing or changing your provider or medical clinic
- Getting a new Partnership ID card
- Medical bill issues
- Filing a grievance (complaint) or an appeal
- Getting appointments
- Interpreter services
- Information about your referral or prior authorization
- Getting transportation to appointments
- Getting information in other languages and formats ◆

Let's Talk About Lead…

When you bring your 1 or 2-year-old to their well-child visit, the provider will talk to you about lead. Lead is a soft metal found in many things around homes. Lead is bad for everyone, but it is even worse for young children. Even small amounts can cause health problems, like headaches, stomach pain, weight loss, or even brain damage.

Older homes built before 1978 often have lead-based paint. As this paint ages and peels, dust and paint chips with lead can get into the hands and mouths of small children. Lead has also been found in places you might not expect, like pots and pans, dishes, beauty products, and toys.

We want to protect our children from things that can hurt them, like lead. The good news is that contact with lead can be prevented. If your child is ages 1 or 2, talk to their provider about lead testing at their next well-child visit. A quick and easy finger poke test can check for lead.

To learn more, visit the website https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/CLPPBhome.aspx for more tips. ◆

Fraud, Waste, and Abuse

If you think that a provider or a person who gets Medi-Cal has been a part of fraud, waste, or abuse, you must report it by:

Calling the confidential number **(800) 822-6222**
Filing a complaint online at https://www.dhcs.ca.gov/

Provider fraud, waste, and abuse can include:

- Faking medical records
- Giving more services or medicine than is needed
- Billing for services when the provider did not give the service
- Offering low or no cost items or services to get more patients
- Changing member's primary care provider without the member knowing

Fraud, waste, and abuse by a person who has Medi-Cal can include:

- Giving or selling a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting the same treatments or medicines from more than one provider
- Going to an emergency room when it is not needed
- Using someone else's Social Security number or health plan ID number
- Getting rides for non-health care-related services, for services not covered by Medi-Cal, or when there is no medical appointment or prescriptions to pick up.

To report fraud, waste, or abuse, be ready with as many details as you can about the person who was part of it. You can tell us the dates of the events, what happened, the address, phone number, and/or type of provider by:

Phone:

Call Partnership's Compliance Hotline at **(800) 601-2146**, 24 hours a day, 7 days a week.

Mail:

Send your report to
Partnership HealthPlan of California
ATTN: Regulatory Affairs
4665 Business Center Drive
Fairfield, CA 94534 ◆

Get Telehealth Specialty Care from Home

You may be able to have a telehealth specialty visit from your home if your primary care provider (PCP) refers you to a specialist. You can use any computer, laptop, tablet, or smart device to have a telehealth visit. The specialty care provider will help treat your health care needs. Ask your PCP if a telehealth specialty visit is right for you.

Here is how it works:

1. Your PCP refers you to specialist.
2. One of our telehealth providers will call you to set up your visit. The call will be from TeleMed2U or UC Davis.
3. The specialist's office will then call you to confirm your visit. The specialist will give you a link. They will make sure you have what you need for your visit.
4. Use the link to log into the visit when it is time to meet with the specialist.
5. If you need medicine after the visit, the specialist will send a prescription to your pharmacy.

Call or email the telehealth specialist if you have any trouble or if you need to reschedule your visit:

Adult Specialty Care - TeleMed2U

- Email: referrals@telemed2u.com
- Call or Text: **(855) 446 8628**
- Business Hours: Monday – Friday, 8 a.m. to 5 p.m.

Child Specialty Care - UC Davis Health

- Phone: **(800) 482 3284**
- Business Hours: Monday – Friday, 8 a.m. to 5 p.m. ◆

Partnership Respects Your Preferences

Partnership aims to use our members' preferred pronouns and language. We collect information to get to know our members better. This includes race, ethnicity, language, sexual orientation, and gender identity of our members. If you give us this information, this does not change your Medi-Cal benefits or your access to health care. To learn more about how we review gender identity in our decision-making process, please go to our website at PartnershipHP.org to view section 5 of the Provider Manual and see our policy on gender-affirming care.

Your right to privacy and the confidentiality of your information is our priority. Partnership protects and uses race, ethnicity, language, sexual orientation, and gender identity data the same way as protected health information (PHI). By law, we can collect and share PHI for treatment, payment, and health care operations.

To learn more about our notice of privacy practices, please visit our website at PartnershipHP.org/Members/Medi-Cal/Pages/Notice-of-Privacy-Practices---HIPPA.aspx. If you would like to share your preferred pronouns and language, please call us at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call the California Relay Service at **(800) 735-2929** or call **711**. ◆

Partnership's Member Handbook

Your Member Handbook explains the services and benefits that you get as a member of Partnership HealthPlan of California. It also lets you know your rights and responsibilities as a Partnership member.

Your Member Handbook tells you:

- How to get health care services and medicines
- What to do when you need to get care fast
- How we review new technology, treatments, medicines, devices, and procedures
- How to get health care and what services we do and do not cover
- How to ask for a second opinion
- How to file a grievance (complaint) or appeal
- How to get information about primary care services
- How to get information about specialty care and other providers in Partnership's network
- What to do when you are traveling out of our service area
- What to do if you need help after hours
- How to get help in other languages and formats (large print, braille, audio, etc.)
- What to do if you have a question about a bill
- Other important information

If you want a print copy of the handbook, call us at **(800) 863-4155**, Monday – Friday, 8 a.m. to 5 p.m. TTY users can call the California Relay Service at **(800) 735-2929** or call **711**. You can also scan the QR code below with your smartphone camera to see the handbook or you can find the handbook on our website by visiting PartnershipHP.org/Members/Medi-Cal/Documents/MemberHandbook/MemberHandbook_ENG.pdf ◆

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

NONDISCRIMINATION NOTICE

Discrimination is against the law. Partnership HealthPlan of California follows state and federal civil rights laws. Partnership 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, or sexual orientation.

Partnership provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Partnership between 8 a.m. – 5 p.m. by calling **(800) 863-4155** or California Relay **711**. If you cannot hear or speak well, please call **(800) 735-2929**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Partnership HealthPlan of California
4665 Business Center Drive, Fairfield, CA 94534
(800) 863-4155
(800) 735-2929 or California Relay 711

HOW TO FILE A GRIEVANCE

If you believe that Partnership has failed to provide these services or unlawfully discriminated in another way on the basis 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, or sexual orientation, you can file a grievance with a Partnership Civil Rights Coordinator.

You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Partnership's Member Services between 8 a.m. – 5 p.m. by calling **(800) 863-4155**. Or, if you cannot hear or speak well, please call **(800) 735-2929** or California Relay **711**.
- In writing: Fill out a complaint form or write a letter and send it to:

  Partnership HealthPlan of California
  Attn: Grievance: Partnership Civil Rights Coordinator
  4665 Business Center Drive
  Fairfield, CA 94534

- In person: Visit your doctor's office or Partnership and say you want to file a grievance.
- Electronically: Visit Partnership's website at PartnershipHP.org.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

  Deputy Director, Office of Civil Rights
  Department of Health Care Services - Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of

Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.js

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you need help in your language call 1-800-863-4155 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-863-4155 (TTY: 1-800-735-2929). These services are free of charge.

العربية (Arabic)
ير ج الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-863-4155 (TTY: 1-800-735-2929) . تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكب ي اتصل بـ 1-800-863-4155 (TTY: 1-800-735-2929) . هذه الخدمات مجانية.

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-863-4155 (TTY: 1-800-735-2929).: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-863-4155 (TTY: 1-800-735-2929). Այդ ծառայություններն անվճար են.

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា រសូមទូរស័ព្ទទៅលេខ 1-800-863-4155 (TTY: 1-800-735-2929)។ ជំនួយនិងបសវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារសរុបសរនេះអាចរកបាន។ ទូរស័ព្ទមកប៉ុន្មានតាមលេខ 1-800-863-4155 (TTY: 1-800-735-2929) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

繁體中文 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-800-863-4155 (TTY: 1-800-735-2929).。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-863-4155 (TTY: 1-800-735-2929).。这些服务都是免费的。

فارسی (Farsi)
توجه: اگر میخواهید به زبان خود کمک دریافت کنید، با 1-800-863-4155 (TTY: 1-800-735-2929)تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخههای خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-863-4155 (TTY: 1-800-735-2929)تماس بگیرید. این خدمات رایگان ارائه میشوند

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-863-4155 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगोंि कललए सहायता और सेवाएों, जैसे ब्रेल और बडे लरोंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-863-4155 (TTY: 1-800-863-4155) पर कॉल करें। ये सेवाएों लन: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-863-4155 (TTY: 1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-863-4155 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-863-4155 (TTY: 1-800-735-2929).へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-863-4155 (TTY: 1-800-735-2929). へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-863-4155 (TTY: 1-800-735-2929). 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-863-4155 (TTY: 1-800-735-2929). 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-863-4155 (TTY: 1-800-735-2929).ຍັງມີຄວາມຊ່ວຍເຫຼືອ ແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-863-4155 (TTY: 1-800-735-2929). ການບໍລິການເຫ ານ້ີບ ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-863-4155 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh

mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-863-4155 (TTY: 1-800-735-2929).Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-863-4155 (TTY: 1-800-735-2929). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਏਡਜ਼ ਅਤੇ ਸੇਵਾਵਾਂ, ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ਾਂ ਦੀ ਤਰ੍ਹਾਂ ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-863-4155 (TTY: 1-800-735-2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-863-4155 (линия TTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-863-4155 (линия TTY: 1-800-735-2929). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-863-4155 (TTY: 1-800-735-2929). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-863-4155 (TTY: 1-800-735-2929). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-863-4155 (TTY: 1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-863-4155 (TTY: 1-800-735-2929). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-863-4155 (TTY: 1-800-735-2929). **น อกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ ส าหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข** 1-800-863-4155 (TTY: 1-800-735-2929). **ไม่มีค่าใช้จ่ายส าหรับบริการเหล่านี้**

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-863-4155 (TTY: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-863-4155 (TTY: 1-800-735-2929). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-863-4155 (TTY: 1-800-735-2929). Chúng tôi cũng hỗ trợ và cu ng cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ kh ổ lớn (chữ hoa). Vui lòng gọi số 1-800-863-4155 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

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