Partnership HealthPlan of California Department Contact Information

February 2026

Department	Phone	Fax
Care Coordination	(800) 809-1350	(707) 863-4502
Claims	(707) 863-4130	n/a
Health Services	(707) 863-4133	(707) 863-4118
Member Services	(707) 863-4120	(707) 420-7580
Provider Relations	(707) 863-4100	(707) 207-0436
Pharmacy	(707) 863-4414	(707) 863-4330
Transportation	(866) 828-2303	(530) 351-9055
Partnership Main Line (800) 863-4155		

Interpretation Services

Partnership HealthPlan of California offers interpretation services for all of our members at no cost to providers. Partnership has contracted with AMN Healthcare to administrate this benefit. To access these services, providers can call AMN directly at **(844) 333-3095**. When calling, you will need your Partnership number (this can be found in our directories located on our website) and the member's CIN#. Providers can also access interpretive services 24 hours a day via the Partnership Provider Portal at https://provider.partnershiphp.org/UI/Login.aspx.

A Shared Responsibility of Protecting Member/Patient Information

February 2026

Partnership and its contracted providers share a responsibility to protect member/patient information in oral, written, and electronic formats. Any time a Partnership member's information is lost in a breach, you must notify Partnership so that a report can be filed with the proper regulatory agency regarding the details of the lost information. The following are some questions and answers to help you understand HIPAA and your responsibilities as a Partnership provider.

Note: If you have questions about this information, send them to the Partnership Provider Relations Department.

What is HIPAA?
The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects protected health information (PHI). PHI includes any information that can be used to identify a member or patient.

What is a HIPAA breach?
A HIPAA breach occurs whenever member or patient information is lost. This can happen by accident or theft.

What kind of information is protected?
PHI includes any personal information that can identify a member/patient, including but not limited to:

- Names
- Dates of birth
- Addresses
- Social Security Numbers (SSN)
- Client identification numbers (CIN)
- Bank account numbers

If I already notified another agency, do I still have to notify Partnership?
Yes. We are required to notify the proper regulatory agency, regardless of any reports your office may have made to any other agency.

How soon after a loss or theft must the report be made to Partnership?
Reports should be filed with Partnership immediately as soon as the breach is identified.

How do I report a HIPAA breach to Partnership?
Providers should contact the Partnership Privacy Officer as soon as they are aware that a breach has occurred. You can contact the Partnership Privacy Officer by phone at **(707) 420-7625**, or by mail to 4665 Business Center Drive, Fairfield CA, 94534.

Partners in Fighting Fraud: Doing Your Part as a Provider

February 2026

Fraud: An intentional act of deception, misrepresentation, or concealment to gain something of value. **Waste:** Over-utilization of services (not caused by criminally negligent actions) and misuse of resources. **Abuse:** Excessive or improper use of services or actions that is inconsistent with acceptable business or medical practices. This refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss. Examples include:

- Charging excessive costs for services or supplies
- Providing medically unnecessary services
- Billing for items or services that would not be paid for by Medicare
- Billing for services that were not provided
- Billing for services at a higher rate than is justified
- Misrepresenting services resulting in unnecessary costs to the Medicare program, improper payments to providers, or overpayments

Fraud-related losses in health care programs amounts to billions of dollars each year. All programs, such as Medi-Cal and Medicare are vulnerable to fraud. Partnership asks that their providers and employees join the fight against fraud by referring suspicious and fraudulent activity to the resources that follow. The Department of Health Care Services, the Department of Managed Health Care, and the Centers for Medicare and Medicaid Services (CMS) require that Partnership maintain a robust anti-fraud plan and share it with its providers, members, and employees. You can find updated policies and procedures, provider and practitioner manuals, and the Partnership formulary at PartnershipHP.org

The Partnership Anonymous Fraud Hotline - Call (800) 601-2146
Members, providers, and employees can call the fraud hotline 24 hours a day, 7 days a week to report suspicious and fraudulent activity anonymously. Reports are sent to Partnership for review.

Medi-Cal Fraud Issues - Call (800) 822-6222
Providers and members should call the Bureau of Medi-Cal Fraud and Elder Abuse. Providers and members can also call Partnership to report suspicious and fraudulent activity; however, members and providers will also be referred to the State for complete reporting.

Medicare Fraud Issues

Medicare members have several resources for reporting fraud other than Partnership. Members can call the Health Insurance Counseling and Advocacy Program (HICAP) before speaking to CMS or the Office of the Inspector General (OIG). Providers can call CMS, Partnership, or HICAP on behalf of a member. **CMS**: **(800) 633-4221 HICAP**: **(800) 434-0222 OIG**: **(800) 447-8477**

For Providers: Call Partnership Provider Relations at **(707) 863-4100**
For Members: Call Partnership Member Services at **(800) 863-4155**

Authorization and Billing Guidelines

February 2026

Authorizations

Partnership HealthPlan of California is a managed care health plan. Most members are assigned to a unique primary care provider (PCP). To refer a patient for specialty care, the PCP submits an electronic referral authorization form (eRAF) to Partnership for the member. Partnership processes the eRAF and forwards it to the specialist.

Other services may require an electronic treatment authorization request (eTAR). Services requiring an eTAR include, but are not limited to:

- All inpatient admissions
- PET scans
- Physical therapy, occupational therapy, and speech therapy
- Certain chemotherapies and medications
- Specific outpatient procedures

Partnership TAR Guidelines are different from those required by Medi-Cal. Details, including timelines requirements, and documentation are located on the Partnership website: http://www.partnershiphp.org/Providers/HealthServices/Documents/MCTARRequiremnts.pdf

Billing Guidelines

Partnership strongly encourages electronic claims submission. Claims must be billed with the five (5) digit CPT codes, HCPCS codes, and modifiers following Medi-Cal requirements. Partnership is generally the "payor of last resort" and will coordinate benefits following adjudication by the primary payor.

The Partnership billing limit mirrors the Medi-Cal 12-month billing limit with allowable exceptions. Additional billing information is located on the Partnership website at: http://www.partnershiphp.org/Providers/Claims/Pages/default.aspx

For access to Partnership online services, call our Provider Relations Department at **(707) 863-4100**.

Partnership Website and Provider Portal Features

February 2026

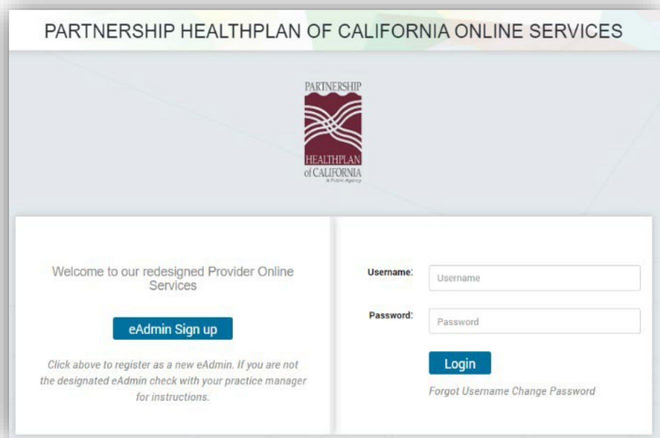
Partnership offers a variety of resources online.
Please visit our website at PartnershipHP.org

Examples of information on the Partnership website:

- Provider Directories
  https://www.partnershiphp.org/Members/Medi-Cal/Pages/Find-a-Primary-Care-Provider.aspx
- Treatment Authorization Requirements
  http://partnershiphp.org/Providers/HealthServices/Pages/Utilization-Management.aspx
- Claims Submission Information http://www.partnershiphp.org/Providers/Claims/Pages/default.aspx
- The Provider Manual https://www.partnershiphp.org/Providers/Policies/Pages/default.aspx

Please use the Provider Portal to access the following features online:

- Check eligibility
- Submit referrals using e-RAF (Referral Authorization Form)
- Check the status of referrals (e-RAF Status)
- Submit Treatment Authorization Requests using e-TAR module
- Check the status of TAR submissions (e-TAR Status)
- View Claims and Remittance Advice using e-Claims
- Submit corrected claims using PDR



Data Sharing:

Please note that Partnership shares data with providers through the Online Services Provider Portal and the Partnership website. Data to members is shared through the Member Portal and the Partnership website. This data includes preventive prompts on child and adolescent well care, breast cancer screening, cervical cancer screening, diabetes - HbA1C good control, and diabetes - retinal eye exam.

For more information, please visit http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx.

Cultural and Linguistic Resources

February 2026

Partnership's Cultural and Linguistic Team has coordinated a toolkit to educate providers about documenting patient language needs in medical charts, accessing interpreter services and referring patients to culturally and linguistically appropriate community service programs.

The following items are located on the Partnership website at:
https://www.partnershiphp.org/Providers/HealthServices/Pages/Health%20Education/Cultural-and-Linguistic-Toolkit.aspx

- APL 21-004 - Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services
- APL 22-002 - Alternative Format Selection for Members with Visual Impairments
  - Alternative Format Selection Application
- Interpreter Services Flyer
- Summary of Relevant Federal and State Regulations
- Interpretation Services Available Language Card – Useful for Identifying Patient's Native Language
- Request or Refusal Form for Interpreter Services
- Tips for Documenting Interpretive Services
- Letter for Patient Chart Labels
- Documenting Interpretive Services: Labels for Patient Charts
- Ask Me 3 - Ask Me 3 Brochure for Patients
- Partnership Language Assistance Taglines
- Partnership Nondiscrimination Notice
- Health Industry Collaborative Efforts "Better Communication, Better Care: Provider Tools for Diverse Populations"
- Anti-Bias Strategies for Providers
- Working Effectively with an Interpreter
- Why Culturally Competent Care? Pamphlet with Details on Free Online Resources for Cultural Competency Including CME/CEU Credits
- Health Care Interpreter Certification Information
- Spanish/English Glossary of Medical Terms

For more information, please visit the Language Assistance - Cultural Competency & Health Literacy Resources page of our website at:
https://www.partnershiphp.org/Providers/HealthServices/Pages/Providers-Language-Assistance.aspx

For questions regarding the Cultural and Linguistic Provider Toolkit, please contact your Partnership Provider Relations representative.

Protected Health Information Sending Secure Email

February 2026

The Health Insurance Portability and Accountability Act (HIPAA) act was designed to protect patients' protected health information (PHI) from being accessible to the general public. As more clinicians are transmitting patient records and personal information to other parties electronically, it is imperative that we all ensure that patient information is secure.

PHI includes any data that can identify a member / patient, including but not limited to:

- Name
- Date of birth
- Address
- Social security number (SSN)
- Client identification number (CIN)
- Bank account number

If any information in an email can be used to identify a member, the email must be sent using secure methods. Sending secure email requires an extra step to ensure the email is properly protected.

Secure Email Best Practices

- If you are not sure whether the information in the email can be considered PHI, always err on the side of caution. If you think a piece of information can be used to identify a member, use secure email to send it electronically.
- Never put PHI in the subject line of emails. Secure emails only secure the body of the email, but not the subject line contents. Use generic descriptions of your email for the subject line and keep any PHI or sensitive information in the body of the email.
- Verify accurate contact information for both members and all participating care team members before sending an email to ensure it is sent to the correct person. The person emailed can only open the secure email that is sent. If the recipient is the wrong person, that person can see the content of the email. This can result in a HIPAA breach.
- Carefully review the email subject line and content, then confirm all recipients in the To, Cc, and Bcc fields, before sending the email.

Following these practices ensures your patient's information is kept confidential and protected. Addressing email security should be part of every company's business plan. Your organization's IT Department can provide you with information on sending secure email.

Interpretive Language Services

Partnership HealthPlan of California provides Interpretive Language Services through AMN Healthcare – Language Services. AMN Healthcare provides language services for both Partnership members and providers. AMN Healthcare offers phone and video remote interpreting (VRI) services.

AMN provides interpretation for 145 languages by phone and over 40 languages via VRI. VRI can be downloaded to your facility's device for interpretation. Please review the VRI guidelines on our website by scanning the QR code or using the link provided in the additional resources.

To access the telephone language services, you will need to give your Partnership provider number as listed in the Partnership Provider Directory. Please use the AMN Healthcare phone number below to access telephone language services.

AMN Telephone Language Services: (844) 333-3095

Providers will be asked to provide the following at the start of the call:

- Partnership number, provider site name and city, member ID (if applicable)
- If you do not have the member's ID, bypass the prompt by stating you do not have that information but will still require interpreting services.

Steps for AMN Video Language Services

- Determine if the device meets the technical requirements for the app (linked below).
- Request a license from AMN by completing the VRI Setup Form linked below.
- Email the completed form back to randy.blaker@amnhealthcare.com.
- Set up the application on your device.
- AMN will contact you within three business days to confirm your approval status and next steps.
- Please note that each individual device will require a separate license and login.
- There is no cost for each provider license.

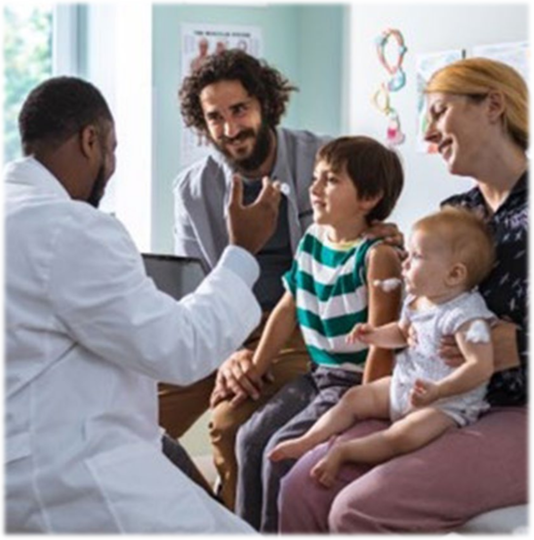
Partnership will pay for the cost of interpreting services. For additional details on how to request a VRI platform license (to load on your own equipment), refer to the guides linked below. Please note that face-to-face interpreting is available for American Sign Language only.

Additional Resources:

AMN Healthcare Training Video: Click here	VRI Guidelines: Click here	VRI Setup Form: Click here	Where to find your Partnership number: Click here

Whole Child Model for CCS-Eligible Members

February 2026



Partnership HealthPlan of California's Whole Child Model (WCM) program provides diagnostic, treatment, and case management services for individuals under age 21 who have been diagnosed with a condition eligible for California Children's Services (CCS).

While Partnership is responsible for coordinating services for the CCS eligible in our service area, the county CCS staff where the member lives is responsible for determining eligibility for and entrance into the WCM program.

If the child is eligible for the WCM program, Partnership will provide care management, provider referrals, and treatment authorizations.

Members also have access to transportation benefits. For referrals and questions, contact the Partnership Transportation Services team at **(866) 828-2303** or email transportationhelpdesk@partnershiphp.org.

Eligibility: All providers and hospitals should refer possible CCS-eligible members directly to their county CCS office (see contact information below) for determination of program eligibility.

The following information must be included with the referral:

- Child's name
- Date of birth
- CIN#
- CCS diagnosis
- Date of onset
- Medical records
- Parent/guardian contact number and address

For a list of CCS-eligible conditions, visit: https://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx

County CCS Offices Contact Information

County	Phone	Fax	County	Phone	Fax
Butte	(530) 552-3891	(530) 895-6557	Placer	(530) 886-3630	(530) 886-3613
Colusa	(530) 458-0380	(530) 458-4136	Plumas	(530) 283-6330	(530) 283-6110
Del Norte	(707) 464-0861	(707) 464-0847	Shasta	(530) 229-8107	(530) 225-5355
Glenn	(530) 934-6588	(530) 934-6463	Sierra	(530) 993-6700	(530) 993-6790
Humboldt	(707) 445-6212	(707) 441-5686	Siskiyou	(530) 841-2132	(530) 841-4075
Lake	(707) 263-5806	(707) 263-5872	Solano	(707) 784-8650	(707) 421-7484
Lassen	(530) 251-8183	(530) 251-2668	Sonoma	(707) 565-4500	(707) 565-4520
Marin	(415) 499-6877	(415) 499-6396	Sutter	(530) 822-7215	(530) 755-0741
Mendocino	(707) 472-2600	(707) 472-2735	Tehama	(530) 527-6824	(530) 527-0362
Modoc	(530) 233-6311	(530) 233-6279	Trinity	(530) 623-1358	(530) 623-1297
Napa	(707) 253-4391	(707) 299-2123	Yolo	(530) 666-8333	(530) 666-1283
Nevada	(530) 265-1450	(530) 271-0841	Yuba	(530) 749-6340	(530) 749-6830

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MC305</td><td colspan="3">Lead Department: Member Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Distribution of Member Rights and Responsibilities</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 02/08/1999</td><td colspan="4">Next Review Date: 03/12/2026
Last Review Date: 03/12/2025</td></tr>
<tr><td>Applies to:</td><td>☐ Employees</td><td colspan="2">☒ Medi-Cal</td><td colspan="2">☐ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td>☒ IQI</td><td>☐ P & T</td><td colspan="3">☐ QUAC</td></tr>
<tr><td>☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td colspan="2">☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td>☐ BOARD</td><td>☐ COMPLIANCE</td><td colspan="2">☐ FINANCE</td><td>☐ PAC</td></tr>
<tr><td>☐ CEO ☐ COO</td><td>☐ CREDENTIALS</td><td colspan="3">☒ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Edna Villasenor, Senior Director, Member Services and Grievance & Appeals</td><td colspan="3">Approval Date: 03/12/2025</td></tr>
</table>

I. RELATED POLICIES:

A. CMP10 – Confidentiality
B. MPNET100 – Access Standards and Monitoring
C. MPUP3078 – Second Medical Opinions
D. CGA024 – Medi-Cal Member Grievance System
E. MCUP3037 – Appeals of Utilization Management/ Pharmacy Decisions
F. MCUP3064 – Communications Services
G. MCUP3015 – Family Planning By-Pass Services
H. MCCP2016 – Transportation Policy for Non-Emergency Medical (NEMT) and Non-Medical Transportation (NMT)
I. MCUP3014 – Emergency Services
J. MCCP2018 – Advice Nurse Program

II. IMPACTED DEPTS.:

A. Provider Relations
B. Health Services
C. Grievance and Appeals

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To ensure that all members and contracted providers are fully aware of Partnership's Member Rights and Responsibilities (R&R) policy.

VI. POLICY / PROCEDURE:

A. It is the policy of Partnership HealthPlan of California to distribute the following statement of Member R&R to all members and contracted providers. The Member R&R is available upon request and on Partnership's website.
   1. Partnership members have these rights:
      a) To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.

b) To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
c) To make recommendations about Partnership's member rights and responsibilities policy.
d) To be able to choose a primary care provider within Partnership's network.
e) To have timely access to network providers.
f) To participate in decision making regarding your own health care, including the right to refuse treatment.
g) To voice grievances, either verbally or in writing, about the organization or the care you got.
h) To ask for an expedited grievance in instances that would put your life, health or ability to function fully, in danger.
i) To get help from a patient advocate, provider, ombudsperson or any other person you choose.
j) To get care coordination.
k) To ask for an appeal within 60 days from when Partnership or someone acting on Partnership's behalf, telling tells you of a decision to deny, delay or modify a requested service.
l) To get no-cost interpreting services for your language.
m) To get free legal help at your local legal aid office or other groups.
n) To formulate advance directives.
o) To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with Partnership and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
p) To access minor consent services.
q) To get no-cost written member information in other formats (such as braille, large-size print, audio and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
r) To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
s) To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
t) To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
u) Freedom to exercise these rights without adversely affecting how you are treated by Partnership, your providers or the State.
v) To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services and emergency services outside Partnership's network pursuant to the federal law.

2. Partnership members have these responsibilities:
   a) You are responsible for treating your provider(s) and their staff in a respectful and courteous way.
   b) You are responsible for showing up to your appointments on time. If you are unable to make an appointment, you must call your provider at least 24 hours before the appointment, to cancel or reschedule.
   c) You are responsible for treating Partnership staff in a respectful and courteous way.

d) You are responsible for making requests, such as for transportation, in advance, and calling Partnership to cancel any transportation if you have to cancel or reschedule your medical appointment.
e) Play an active part in your care. You are responsible to provide, to the extent possible, information that Partnership and its medical providers need in order to care for you. You are responsible for talking to your medical provider about things you can do to improve your overall health.
f) Understanding treatment options. You are responsible to understand treatment options and participate in developing mutually agreed upon treatment goals to the degree possible.
g) Calling your provider. You are responsible for calling your provider for appointments when you need medical care, including routine checkups.
h) Listen and cooperate with your provider. You are responsible for telling your medical provider about your medical condition and any medications you are taking. You are also responsible for following instructions for the care you have received from your medical provider.
i) Use the Emergency Room (ER) only in an emergency. You are responsible for using the emergency room in cases of an emergency or as directed by your provider or the Partnership Advice Nurse.
j) You are responsible for reporting fraud or wrongdoing to Partnership. You can do this without giving your name by calling Partnership's hotline at (800) 601-2146, 24 hours a day, 7 days a week. You can also call the Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at (800) 822-6222.

B. It is the responsibility of the Member Services Senior Director to ensure that the procedure outlined below is followed:
1. Member R&R is included in the member handbook and Partnership website.
2. Members are advised of their right to receive a copy of the Member R&R statement annually in the Partnership's member newsletter.
3. Members are notified of all revisions to the Member R&R statement in the member newsletter following the revisions.
4. Member R&R is included in the Provider Manual available online to all network providers.

C. It is the responsibility of the Senior Director of Provider Relations to ensure Member R&R is distributed to all contracted providers.
1. Member R&R is included in the Newly Credentialed Provider Orientation Packet.
2. Member R&R is included in the First Quarter Provider Newsletter on an annual basis.
3. Any revisions to the Member R&R is issued to all contracted providers within 90 days from the date the revisions are finalized.

VII. REFERENCES:

A. National Committee for Quality Assurance (NCQA) Guidelines – ME1 – Statement of Member R&R
B. Welfare & Institutions Code Section 14182 (b)(12)
C. 45 Code of Federal Regulation (CFR) §164.524 and 164.526

VIII. DISTRIBUTION:

A. PowerDMS Policy and Procedures Folder
B. Partnership Department Directors
C. Provider Manual
D. Member Services webpage at Partnershiphp.org
E. Medi-Cal Member Handbook

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director of Member Services and Grievance & Appeals

X. REVISION DATES: 02/05/00; 07/19/00; 12/20/00; 02/20/02; 02/19/03; 08/20/03; 08/18/04; 12/09/08; 09/08/09; 09/14/10; 10/16/14; 09/21/15; 11/16/16; 02/13/19; 04/08/20; 11/10/21; 03/08/22; 04/12/23; 04/17/24; 03/12/25

PREVIOUSLY APPLIED TO: N/A