

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**  
**POLICY / PROCEDURE**

<b>Policy/Procedure Number: MP316</b>		<b>Lead Department: Member Services</b>	
<b>Policy/Procedure Title: Provider Request to Discharge Member &amp; Assistance with Inappropriate Member Behavior</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 07/27/1994</b>		<b>Next Review Date: 02/13/2020</b> <b>Last Review Date: 02/13/2019</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" 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 checked="" type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature: Kevin Spencer</b>		<b>Approval Date: 02/13/2019</b>	

**I. RELATED POLICIES:**

- A. MP 301 – Assisting Providers with Missed Appointments
- B. MP 312 – Processing PCP Selections and Transfers Requests

**II. IMPACTED DEPTS.:**

N/A

**III. DEFINITIONS:**

- A. Provider Request to Discharge: A provider’s request to discharge a member from his/her practice.
- B. Re-assignment: A member is transferred to the care of another Primary Care Provider or Special Case Managed category, if applicable.
- C. Member Type U: For the purpose of this policy, members are defined as “Type U Members” if they have been discharged for reasons other than fraud, sexual comments, and threats of violence and/or violent behavior.
- D. Member Type V: For the purpose of this policy, members are defined as “Type V Members” if they have been discharged for fraud, sexual comments, and threats of violence and/or violent behavior. Threats of violence includes menacing body language, sexual advances and/or verbal threats of physical violence.
- E. Medical Home: The provider identified as the member’s medical home or PCP is responsible for managing the member’s primary care needs.

**IV. ATTACHMENTS:**

- A. Form #6 (Provider Request for Discharge/Assistance with Inappropriate Behavior)
- B. Letter #MS10a (Member Services Notifies PCP of decision)
- C. Letter #MS10c (Assistance with Inappropriate Behavior at Provider’s Office)
- D. Letter #MS10b (Notification of PCP Discharge Request Approved)

**V. PURPOSE:**

To clarify the circumstances in which a medical provider may discharge a PHC member from his/her practice and the process of member and provider notification. Additional clarification of questions about this process are directed to the PHC Provider Relations (PR) Department.

**VI. POLICY / PROCEDURE:**

- A. Assistance with Inappropriate Behavior
  - 1. Prior to requesting discharge, providers may request assistance from PHC when a patient and/or patient representative displays verbally abusive and/or disruptive behavior in a physician’s office.
  - 2. Examples of verbal abuse and/or disruptive behavior:
    - a. Yelling and/or screaming
    - b. Ethnic slurs
    - c. Foul language

<b>Policy/Procedure Number: MP316</b>		<b>Lead Department: Member Services</b>
<b>Policy/Procedure Title: Provider Request to Discharge Member &amp; Assistance with Inappropriate Member Behavior</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date: 07/27/1994</b>	<b>Next Review Date: 02/13/2020</b> <b>Last Review Date: 02/13/2019</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

- d. Physical or verbal threats of violence
3. Inappropriate sexual comments or advances. If the provider requests PHC assistance, the following procedure is followed:
  - a. The provider must notify PHC's Member Services (MS) Department in writing to request assistance with inappropriate behavior. The provider must provide complete documentation outlining the nature of the problem, including Form #6 titled "Provider Request for Discharge/Assistance with Inappropriate Behavior (Attachment A) for each member included in the request.
  - b. The Provider faxes a request for assistance to PHC's MS Department at the fax number on Form #6, (Attachment A). MS staff documents the request in Amisys or the Call Center System and sends letter #10c (Attachment C) to the member, copying the requesting provider.
  - c. Incomplete requests: If additional information is needed from the provider, the MS Department requests the information through PHC's PR Department. The request for assistance with inappropriate behavior is pended for five (5) business days. If the information is not received within the five (5) business days the request is closed. MS notifies the provider that not enough information was received timely to process the request.

**B. Discharge Requests**

1. PHC's best effort is used to provide members the opportunity to be cared for by medical providers with whom a collaborative physician/patient relationship can be developed. Because the relationship is personal in nature, circumstances may arise under which the relationship between a member and a provider becomes non-collaborative. Medical providers are permitted to request that a member be discharged from his/her practice in certain circumstances, but it is the sole responsibility of PHC to determine if the request meets PHC's discharge criteria. Providers are expected to have procedures in place that provide guidance to practitioners and staff when dealing with challenging patients.

**C. Discharge Criteria**

1. Using the written documentation provided by the provider and the discharge criteria listed below, appropriate PHC staff determines if the request for discharge meets PHC's discharge criteria. Designated MS staff consults the Care Coordination (CC) designee, PHC Chief Medical Officer or designee as needed.
2. The following behaviors are generally considered appropriate criteria for discharge:
  - a. Fraudulently receiving benefits under a health plan contract.
  - b. Fraudulently receiving and/or altering prescriptions, theft of prescription pads, or photocopying prescriptions.
  - c. Physically or sexually abusive behavior exhibited to the provider or office personnel.
  - d. Threatening behavior exhibited in the course of needing or receiving care.
  - e. Credible threat of the member's intent to initiate or pursue legal action or legal action (not including a state hearing) against the provider and/or his/her associates.
  - f. Refusal by the member to follow recommended medical treatment where the provider believes there is no alternative treatment, and that refusal will severely endanger the health of the member. This situation cannot be improved by repeated attempts by PHC's CC designee to intervene, and in the judgment of the Chief Medical Officer or designee, a change in provider would clearly benefit the member's health status.
  - g. A determination by PHC's CC designee and the Chief Medical Officer or designee that deterioration in the doctor/patient relationship has occurred to the point where continuation might result in adverse consequences to the member's health or to the safety of the provider or provider's staff.
  - h. Documented evidence that the member had been discharged from the practice site before the

<b>Policy/Procedure Number: MP316</b>		<b>Lead Department: Member Services</b>
<b>Policy/Procedure Title: Provider Request to Discharge Member &amp; Assistance with Inappropriate Member Behavior</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date: 07/27/1994</b>	<b>Next Review Date: 02/13/2020</b> <b>Last Review Date: 02/13/2019</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

member became PHC eligible. If a member has been previously discharged from a practice, it is the responsibility of the practice to notify PHC within sixty (60) days of the member's initial assignment. Exceptions to the sixty (60) day period can be made on a case-by-case basis. The provider's capitation payment is recouped.

- i. Disruptive or verbally inappropriate behavior to the provider, office staff or other patients if counseling and corrective action by the provider has been ineffective. For assistance with inappropriate behavior refer to the section above titled Assistance with Inappropriate Behavior.
- j. Three (3) or more missed appointments within the previous six (6) month period or four (4) or more missed appointments within the previous twelve (12) month period, if the provider has made a good faith effort to correct the member's behavior. Good faith effort is defined as at least one verbal and one written warning or at least two written warnings. All verbal and/or written warnings must inform the member that continued missed appointments will result in discharge. Provider offices must provide documentation of the verbal warning and one written warning or two (2) or more written warnings. The verbal and/or written warnings must be within the specified timeframes of the missed appointments. Exceptions: Missed appointments due to an inpatient hospital stay or appointments cancelled 24 hours in advance are not considered missed appointments for the purpose of this policy.
- k. If the provider has multiple locations and/or practices, the provider must specify on the Discharge Request Form if the discharge applies to all locations and/or practices or specific locations and/or practices.

D. Requesting Discharge Process

1. The provider must notify PHC's MS Department in writing to request a member discharge. The provider must provide complete documentation outlining the nature of the problem, including Form #6 titled "Provider Request for Discharge/Assistance with Inappropriate Behavior" (Attachment A) for each member included in the discharge request. The request must indicate if the member is or is not in active care for an acute medical condition and/or if the member has diagnostic testing or surgeries scheduled. If additional information is needed from the provider, the MS Department will request the additional information through PHC's PR Department.
2. By the end of the second business day from the date of receipt, the designated MS staff documents the date the discharge request was received using the DE Remark Code.
3. If the provider does not provide the supporting documentation needed, MS forwards the request to the PR Help Desk with a scanned copy noting what additional information is needed. To ensure that the email is forwarded appropriately, the word "Discharge" must be included in the subject field of the email. PR forwards the additional information to MS upon request. The request is pended for five (5) business days. If the documentation requested is not received within the five (5) business days, the request is denied.

E. Provider Notification of Decisions

1. MS sends letter #MS10a (Attachment B) to notify providers of the discharge decision.
2. The provider can call the MS Department at (800) 863-4155 to check the status of a request. Direct extensions are not provided.

F. Approved Requests

1. Member Type V - Discharged for fraud, sexual comments, threatening and/or violent behavior.
  - a. The copy of the provider's discharge submission and documentation is sent to the CC designee.
  - b. The CC designee determines if the relationship between the provider and member can be repaired. If the relationship cannot be repaired, CC designee assists the member in selecting a new medical home or PCP. If the CC designee and/or the member needs more time to select a

<b>Policy/Procedure Number: MP316</b>		<b>Lead Department: Member Services</b>
<b>Policy/Procedure Title: Provider Request to Discharge Member &amp; Assistance with Inappropriate Member Behavior</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date: 07/27/1994</b>	<b>Next Review Date: 02/13/2020</b> <b>Last Review Date: 02/13/2019</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

new medical home or PCP, the member is placed in a limited Special Case Managed (SCM) status for a minimum of thirty (30) to a maximum of sixty (60) days. During this time, the member can be seen by any Medi-Cal provider willing to see the member and bill PHC. If at the end of the limited SCM period, the member has not informed PHC of their new medical home or PCP, PHC assigns the member to the next closest open PCP.

2. Member Type U - Discharged for reasons other than fraud, sexual comment, threats of violence and/or violent behavior.
  - a. Members are placed in a limited SCM status for a minimum of thirty (30) days to a maximum of sixty (60) days.
  - b. Referrals are sent to CC if the Provider Request for Discharge/Assistance with Inappropriate Behavior form, (Attachment A) indicates any current treatments and/or if the member has any open TARs/RAFs.
3. Member notifications – Letter #MS10b (Attachment D) is sent to the member within ten (10) business days from the date the request was received. The letter explains the reason for the discharge and the effective date of the new medical home or PCP. The letter advises the member; how to choose a new medical home or PCP, to contact MS Department if they need assistance or have questions and, if applicable, how to receive care during the SCM period. Enclosures include: provider directory, selection form, business reply envelope, , Non Discrimination and Language Assistance notices.

**G. Transition of Care**

1. If the member has diagnostic testing, specialty referrals and/or surgeries scheduled for conditions that could adversely affect the member’s health if delayed, designated MS Staff requests that the CC Department work with the member and appropriate providers to ensure that needed medical care is provided. The member may be assigned to Special Case Managed status, depending on the timing of the discharge.
2. If the member is medically unstable, as defined in MS Policy MP312, Processing PCP Selections and Transfer Requests, the PCP will continue to provide care to the member until PHC is able to change the member’s PCP for a period not to exceed two (2) months.

**H. Processing Approved Requests in Amisys**

1. To prevent discharged members from relinking or auto assigning to the discharging PCP, the “AX” remark code is entered in Amisys. The member is also placed “On Review” to alert staff of the discharge should the member request this PCP at a later date. Refer to Job Aid (JA) 103-Amisys-Member on Review for instructions on how to place a member on review.

**I. Discharge of Special Case Managed Members**

1. A provider can terminate care of a Special Case Managed Member when the patient/physician relationship becomes non-collaborative, by notifying the member in writing that he/she will no longer be able to provide care for that member. If the member is unstable, the provider should care for the member until the member selects another provider, and the provider provides emergency care for at least 30 days.
2. Primary Care Providers should notify PHC of their intent to discharge a Special Case Managed Member from their practice so that PHC can document the reason for discharge and assist with transition of care, as described above in the section of this policy titled Transition of Care.

<b>Policy/Procedure Number: MP316</b>		<b>Lead Department: Member Services</b>
<b>Policy/Procedure Title: Provider Request to Discharge Member &amp; Assistance with Inappropriate Member Behavior</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>
<b>Original Date: 07/27/1994</b>	<b>Next Review Date: 02/13/2020</b> <b>Last Review Date: 02/13/2019</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

J. Discharge Requests from Specialists

1. A specialist physician can cease providing care for any member when the physician/patient relationship becomes non-collaborative. In these cases, the specialist physician must notify both the PCP and the patient that they will no longer provide care to the patient. The PCP should refer the member to another specialist for treatment, if specialist care is still necessary.
2. In all cases, the provider discharging a member should assist with continuity of care by transferring appropriate medical records to the new provider.

K. Request for Grievance

1. Members may request a grievance.

L. Reporting Violent and/or Fraudulent Behavior

1. Providers are encouraged to report violent and/or fraudulent behavior to the appropriate authorities.
2. MS notifies PHC's Regulatory Affairs Department of suspected fraudulent behavior.

**VII. REFERENCES:**

N/A

**VIII. DISTRIBUTION:**

- A. SharePoint
- B. Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Director of Member Services

**X. REVISION DATES:**

Medi-Cal

04/27/95; 10/13/99; 06/20/01; 08/15/01; 06/19/02 (Hlth Srvc Policy); 06/18/03 (Mbr Srvc Policy); 03/05/04; 05/19/04; 11/17/04; 11/16/05; 03/07/08; 08/12/08; 01/21/09; 08/19/09; 12/16/09; 03/23/10; 05/11/11; 01/07/2014; 07/14/14; 11/08/17; 02/13/19

**PREVIOUSLY APPLIED TO:**

Partnership Advantage:

MP316 – 01/01/2007 to 01/01/2015

Healthy Kids:

MP 316 12/01/2005 to 12/31/2016



**Provider Request for Discharge/Assistance with Inappropriate Behavior**

**Section 1 - What would you like PHC to do?**

- Would you like PHC’s Care Coordination Team to reach out to the member to counsel them on improving their behavior?
- Do you want to request that the member be disenrolled from your office(s)? **Must attached required documentation.**

**Section 2 - Member Information:** PHC ID (CIN) # \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone # \_\_\_\_\_

**Section 3 - Member Care Information:**

1. Is the member in treatment for an active medical condition?  No  Yes - attach description of medical condition
2. Are there any diagnostic testing or surgeries scheduled?  No  Yes - attach list of scheduled procedures and any active TARs and/or RAFs. Please include TAR & RAF #s:  
\_\_\_\_\_

**Section 4 - Provider Submitting Request:**

1. PCP/Med Grp Name: \_\_\_\_\_ PCP/Group’s PHC PCP#: \_\_\_\_\_  
Does discharge apply to all facilities and/or locations affiliated with the group?  Yes  No  
If yes, list all the PHC providers or locations that apply:

2. Have you already communicated with the member regarding your concerns?  Yes  No  N/A If yes, what did you advise the member:  
\_\_\_\_\_

3. Who do we contact if we have questions regarding the member’s care or the reason for disenrollment:  
Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_

4. Who and where do we fax our decision to:  
Print Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax#: \_\_\_\_\_

**Section 5 - Reason for your request:**

Please check all applicable boxes. **If you are requesting to disenroll the patient, attach documentation outlined in the policy.** If the action of the member is not specified in the policy, provide documentation outlining the incident or reason for request.

- Missed appointments  Disruptive/verbally inappropriate behavior  Suspected fraud
- Failure to obtain/maintain a collaborative relationship  Non-Compliance/refusal to follow treatment plan.\*
- Inappropriate sexual comments or advances
- Threats of violence and/or violent behavior; has behavior been reported to police?  Yes  No If “No” please explain why:  
\_\_\_\_\_
- Other:  
\_\_\_\_\_

**\*Note:** All requests for discharge for non-compliance are reviewed by a PHC Medical Director. Presence of a

Substance Abuse Disorder alone is not sufficient grounds for discharge. Please refer to specialty care or address treatment as necessary.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Provider: \_\_\_\_\_

**Section 6 - Fax to PHC Member Services' Enrollment Unit:**

- Lake, Marin, Mendocino, Napa, Solano, Sonoma and Yolo members fax request to (707) 420-7580.
- Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou and Trinity members fax request to (530) 223-2508.

PHC has ten (10) business days to process your request once it has been received.

**Please be advised, if the form is incomplete or missing required information, your request will be denied.**

\*\*\*\*\*PHC INTERNAL USE\*\*\*\*\*

Member #: \_\_\_\_\_

**DECISION:**

- Pended Sent to Dept.\Name: \_\_\_\_\_ Date sent: \_\_\_\_\_, Due back by: \_\_\_\_\_
- Approved Effective: \_\_\_\_\_ New Assignment: \_\_\_\_\_, Date approved: \_\_\_\_\_
- Request Denied Reason: \_\_\_\_\_, Date denied: \_\_\_\_\_

Referral to Case Management:  Yes; date: \_\_\_\_\_  No

Letter # \_\_\_\_\_; Date notice sent to provider: \_\_\_\_\_

Letter # \_\_\_\_\_; Date notice sent to member: \_\_\_\_\_

Call Center/Amisys entries completed on date: \_\_\_\_\_

**COMMENTS:**

MS \_\_\_\_\_

CC \_\_\_\_\_

PR \_\_\_\_\_

Member Services Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



4665 Business Center Drive  
Fairfield, California 94534

---

<DATE>

FAX: <Fax #>  
<Provider Office>  
<Provider's Address>  
<Provider's City, State and Zip>

Re: Request to discharge: <mbr> PHC ID# <ID# >

Dear <Name>:

Partnership HealthPlan of California (PHC) has received your request to discharge the above member. The documentation submitted by your office has been reviewed by PHC. Based on the discharge guidelines outlined in PHC's Policy MP 316, your request has been:

- Approved. The member will be transferred from your practice, effective <Date>.
- Denied. It was determined that your request did not meet the discharge guidelines outlined in PHC's Policy MP 316. You must continue providing services to this member.
- Denied. It was determined that your request did not meet the discharge guidelines outlined in PHC's Policy MP 316. However, the member has requested to be transferred to another primary care provider. The effective date of the transfer is <Date>.
- Denied. Not enough information has been provided to approve your request. Please provide additional information that specifically details your reason for requesting the discharge and resubmit your disenrollment request. See enclosed Provider Discharge Tool to help determine the type of documentation needed. At this time, you must continue to provide services to this member.
- Other: <Other Reason>
- Special message or instructions <special instruction/message>

If you have questions or concerns regarding this discharge request or if you would like to appeal this decision, please contact your Provider Relations Representative at (707) 863-4100.



Thank you for the excellent care you provide to our members and your continued support of PHC.

Sincerely,  
Provider Relations Department  
Partnership HealthPlan of California



4665 Business Center Drive  
Fairfield, California 94534

---

<Date>

<Member Name>

<Member's Address>

<Member's City, State and Zip>

Re: <Member Name only if minor>

Dear <Member Name or Parent/Legal Guardian>:

This letter is to notify you that PHC has been made aware by <PCP's name and/or name of office>, that <mbr's name> behavior may have been inappropriate during a recent medical visit.

There may be times when something is done at the provider's office that you may not like. When this happens, it is best to try to resolve the situation calmly. Future inappropriate behavior at the provider's office could result in being discharged from his/her practice.

If you are not able to resolve problems at your provider's office, contact our Member Services Department for help.

Enclosed is our Member Rights and Responsibilities Statement. This Statement is issued to all PHC members and all medical providers. Please review this statement so that you understand what your rights and responsibilities are as a PHC member.

You can call the Department of Health Care Services' Managed Care Ombudsman office at (888) 452-8609. They can help you with managed care concerns.

**If you have any questions or concerns, please call Member Services at (800) 863-4155.** We are available to help you Monday – Friday from 8 a.m. to 5 p.m. TTY Users: Call the California Relay Service at **(800) 735-2929** or call **711**. Don't forget to visit our website at [www.partnershiphp.org](http://www.partnershiphp.org).

Sincerely,

Member Services Department \ Partnership HealthPlan of California

Enclosures: Member Rights and Responsibilities Statement, Non-Discrimination and Language Assistance notices

Cc: <Provider>



4665 Business Center Drive  
Fairfield, California 94534

---

<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 requested <name of discharged member>be discharged from their medical practice. Partnership HealthPlan of California (PHC) has approved this request.

Below is the reason(s) that you have been discharged from your Primary Care Provider (PCP):

- Three (3) or more missed appointments within the previous six (6) months.
- Verbally disruptive and/or abusive.
- Physically abusive.
- Inappropriate sexual comments or advances.  Not following recommended medical treatment when another treatment was not available or appropriate and refusal endangered your health.
- Breakdown in patient physician and/or staff relationship.
- Fraudulently receiving and/or altering prescriptions.
- Disenrolled by Specialist
- Other:

<Special instructions>

In order to allow you time to select a new <medical home or PCP> you have been placed in a special member status from <date> thru <date>. During this time you may see any certified Medi-Cal provider willing to bill PHC. Please call Member Services if you need help finding a doctor.

You must pick a new <medical home or PCP> and notify PHC of your selection by <date>. If you do not select a new <medical home or PCP> by this date, PHC will select one for you.

You can access our provider directory in the Member Section of our website,

[www.partnershiphp.org](http://www.partnershiphp.org). Please call us at **(800) 863-4155** if you need a printed copy of our provider directory or need help picking a PCP.

After you pick your new <medical home or PCP> tell us who you have picked. You can tell us by phone or complete and return the Selection Form using the postage paid envelope.

Once you have been assigned to your new <medical home or PCP>, we will send you a new ID Card with the effective date and name of your new <medical home or PCP>. Your <medical home or PCP> provides all your primary care needs.

You can also call the Department of Health Care Services' Managed Care Ombudsman office at (888) 452-8609. They can help you with managed care concerns.

If you need help picking a new <medical home or PCP>, in the middle of care or have any questions please call us at **(800) 863-4155**. We are available to help you Monday – Friday from 8 a.m. to 5 p.m. TTY Users: Call the California Relay Service at **(800) 735-2929** or call **711**. Don't forget to visit our website at [www.partnershiphp.org](http://www.partnershiphp.org).

This does not affect your Medi-Cal benefits.

Sincerely,

Member Services Department  
Partnership HealthPlan of California

Enclosures: Business Reply Envelope, Selection Form, Your Rights Under Medi-Cal Managed Care, Non-discrimination and Language Assistance inserts.