

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number: CLPM-02</b>		<b>Lead Department: Claims</b>	
<b>Policy/Procedure Title: Where to Submit Partnership Claims</b>		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date: 9/1/25</b>		<b>Next Review Date: 01/01/2026</b> <b>Last Review Date:</b>	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b> <input checked="" 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 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: <i>Lisa Malvo</i></b>			<b>Approval Date: 09/01/2025</b>

**I. RELATED POLICIES:**

A. N/A

**II. IMPACTED DEPTS:**

A. Claims

**III. DEFINITIONS:**

A. N/A

**IV. ATTACHMENTS:**

A. N/A

**V. PURPOSE:**

To provide claim submission guidance to Providers.

**VI. POLICY / PROCEDURE:**

A. Where to submit Medi-Cal claims:

1. Vision Services:

Vision Services Plan (VSP)  
3333 Quality Drive  
Rancho Cordova, Ca 95670

2. Mental Health Services:

a. Claims for mild and moderate behavioral health services should be directed to Carelon Behavioral Health.

- 1) Provider must have a signed contract or Letter of Agreement (LOA) with Carelon to submit claims.
- 2) EDI – Providers or their billing intermediaries should email [edi.operations@beaconhs.com](mailto:edi.operations@beaconhs.com) for detailed information, to receive companion guides and to begin testing 835/837 and 270/271 transactions.
- 3) eServices – Contact [Providerinquiry@beaconhs.com](mailto:Providerinquiry@beaconhs.com) for easy and quick registration

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process.

Carelon prefers to receive claims electronically. However, if you need to submit a paper claim, send to:

Carelon Behavioral Health  
Cypress Service Center/Partnership Healthplan Claims  
5665 Plaza Drive, Suite 400  
Cypress, Ca 90630-5023

- b. Claims for severe and persistent mental health services should continue to be directed to the County Mental Health Department.
3. Wellness and Recovery (Drug Medi-Cal:
    - a. Claims for Wellness and Recovery (Drug Medi-Cal) should be sent to:
      - 1) EDI – Providers or their billing intermediaries should email [www.partnership.org](http://www.partnership.org) for detailed information, to receive companion guides and to begin testing 835/837 and 270/271 transactions. See Partnership Provider Manual, Policy CLPM-08 Electronic Claims Submissions.
      - 2) eServices – Contact the Partnership Provider Relations Department at (707) 863-4100 for easy and quick registration process.
      - 3) Paper Claims – for physical delivery:  
Partnership Healthplan of California  
Attn: Wellness and Recovery  
4665 Business Center Drive  
Fairfield, Ca 94534
      - 4) Paper Claims with attachments:  
Partnership Health of California  
P.O. Box 1368  
Suisun City, Ca 94585
  4. All other Partnership Claims:
    - a. Electronic Claims: Send to [www.partnershiphp.org](http://www.partnershiphp.org)  
  
See Partnership Provider Manual, Policy CLPM-08 Electronic Claims Submissions.
    - b. Paper Claims:
 

Physical delivery: Partnership Healthplan of California  
Attn: Medi-Cal Claims Department  
4665 Business Center Drive  
Fairfield, Ca 94534

Paper Claims: Partnership Healthplan of California  
Attn: Medi-Cal Claims Department  
P.O. Box 1368

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Suisun City, Ca 94585

**NOTE: PARTNERSHIP DOES NOT ACCEPT FAXED CLAIMS**

**VII. REFERENCES:**

A. N/A

**VIII. DISTRIBUTION:**

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Senior Director, Claims Department

**X. REVISION DATES:** 9/1/25