PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

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<tr><td colspan="5">Policy/Procedure Number: CLPM-05</td><td colspan="3">Lead Department: Claims</td></tr>
<tr><td colspan="5">Policy/Procedure Title: Partnership Healthplan of California Billing Limit</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 9/1/25</td><td colspan="5">Next Review Date: 01/01/2027
Last Review Date: 9/1/2026</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="4">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☐ IQI</td><td colspan="2">☐ P & T</td><td colspan="3">☐ QUAC</td></tr>
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<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td colspan="2">☐ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="3">☒ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Lisa Malvo</td><td colspan="4">Approval Date: 09/01/2026</td></tr>
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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 billing limit guidelines for Providers.

VI. POLICY / PROCEDURE:

Partnership Healthplan of California (Partnership) has a one-year billing limit.

Providers have 365 days from the date of service to submit claims to Partnership for payment consideration. Claims received on the 366th day from the date of service will be denied. The only exception to this is for claims where the member has Medicare or Other Health Coverage primary.

Providers must bill Medicare or Other Health Coverage within one year of the month of service to meet timeliness requirements. Providers then have 60 days from the date of the Other Health Coverage Explanation of Benefits (EOB) to bill Partnership, however this only applies if the claim is now past the 365-day billing limit. If the provider bills the other carrier within the 365-day time frame, then bills Partnership, for example, 90 days after the date on the EOB and it is still within the 365-day time frame, this is acceptable. If the claim, once paid for by the Other Health Coverage, now falls outside of the 365-day time frame, then the provider must bill the claim to Partnership within the 60-day time frame from the date of the EOB.

The following are the Over-One-Year billing exceptions and must be billed with Delay Reason Code 10:

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Cause of Delay	Delay Reason Code	Documentation Needed
Retroactive SSI/SSP	10	Copy of original *Eligibility Letter of Authorization* (LOA) form (MC 180/MC180-2 or, MEDs generated *Eligibility Letter of Authorization* signed by an official of the county, (three pages, all three pages are required or, Copy of original county-generated *Notification of Eligibility for Letter of Authorization*
Court Order	10	Copy of original *Eligibility Letter of Authorization* (LOA) form (MC 180/MC180-2 or, MEDs generated *Eligibility Letter of Authorization* signed by an official of the county, (three pages, all three pages are required or, Copy of original county-generated *Notification of Eligibility for Letter of Authorization*
State or Administrative Hearing	10	Copy of original *Eligibility Letter of Authorization* (LOA) form (MC 180/MC180-2 or, MEDs generated *Eligibility Letter of Authorization* signed by an official of the county, (three pages, all three pages are required or, Copy of original county-generated *Notification of Eligibility for Letter of Authorization*
County Error	10	Copy of original *Eligibility Letter of Authorization* (LOA) form (MC 180/MC180-2 or, MEDs generated *Eligibility Letter of Authorization* signed by an official of the county, (three pages, all three pages are required or, Copy of original county-generated *Notification of Eligibility for Letter of Authorization*
Department of Health Care Services (DHCS) approval	10	Copy of original *Eligibility Letter of Authorization* (LOA) form (MC 180/MC180-2 or, MEDs generated *Eligibility Letter of Authorization* signed by an official of the county, (three pages, all three pages are required or, Copy of original county-generated *Notification of Eligibility for Letter of Authorization*
Reversal of decision on appealed TAR	10	Copy of TAR, copy of DHCS letter or court order reversing the TAR denial, and an explanation of the circumstances on the Explanations area
Medicare/Other Health Coverage	10	Copy of Other Health Coverage Explanation of Benefits and an explanation of the circumstances on the Explanations area

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VII. REFERENCES:
A.

VIII. DISTRIBUTION:
A. PARTNERSHIP4ME PowerDMS Policies & Procedures

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

X. REVISION DATES: 9/1/25, 9/1/26