

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-08		Lead Department: Claims	
Policy/Procedure Title: Electronic Claims Submission		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/1/25		Next Review Date: 01/01/2026 Last Review Date:	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Lisa Malvo</i>		Approval Date: 09/01/2025	

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 guidance on electronic claims submissions to Providers.

VI. POLICY / PROCEDURE:

A. Electronic Claim Submissions

Partnership HealthPlan of California (Partnership) accepts electronic claims in the HIPAA compliant 837 format. There are two (2) transmission options: Web bulletin board and secure FTP. Contact the Partnership EDI Analyst at (707) 863-4520 to discuss the best options for your organization.

Partnership requires an EDI Payer Agreement, completed and signed by the submitter of the electronic claims.

Partnership will provide an electronic HIPAA compliant 997 acknowledgement and 277 Claim Status Response Transaction for every file submitted. The 277 Claim Status Response provides the status of each claim submitted – both accepted and rejected, prior to adjudication. Receipt of electronic transmissions can also be verified by contacting the Partnership IT Department at (707) 863-4527.

The companion guides and other information regarding electronic claims submission can be found on our website at:

<http://phcwebsite/Providers/Medi-Cal/Pages/HIPAAEDI-Publications.aspx>

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B. Required Remarks on Electronically Submitted Claims

1. If you are billing for a newborn but using the mother's information, please enter a remark indicating: date of birth and the gender of the baby. Please let us know if there are twins, triplets, etc.
2. Any authorization numbers for RAFs or TARs.
3. Any accident, work comp or other third party liability information, such as the carrier name, claim #, etc.
4. Any pertinent referring physician info such as name and NPI #.
5. Please provide any ante-partum visit dates for global billings.
6. For E.R. and ambulance claims, please state if you've done multiple services on the same day. For emergency medical transportation services, include the name of the person or agency that requested the service, the nature of the emergency, the pickup address, and the name of the hospital to which the patient was transported
7. Ambulance – Emergency and/or 911 documentation is required in the remarks section of the claim form or on a separate attachment.
8. Anesthesia services:
 - a. Start and stop times and time in attendance (hands on) time must be documented in the remark section of the claim form.
 - b. Claims for more than 40 units or 10 hours of time, require an anesthesia report.

Please provide ANY information you think will aid Partnership in processing your claims.

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