

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-11		Lead Department: Claims	
Policy/Procedure Title: Provider Payment Documentation		<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 documentation on Partnership's payment process.

VI. POLICY / PROCEDURE:

A. Partnership Medi-Cal Provider Payment Documentation

Providers will receive two reports with their Partnership Medi-Cal payment:

1. Partnership Medi-Cal Remittance Advice (RA)

The Partnership Medi-Cal RA displays the claims that have been paid and/or denied to a provider and the detailed services that support the payment amount. The Adj Rsn/Rmrk Codes listed at the bottom of the Partnership RA report will explain why each claim has been paid or denied.

Partnership has the HIPAA compliant Remittance Advice (RA) Adj Rsn/Rmk codes on the Partnership Medi-Cal RAs. A copy of the crosswalk of HIPAA compliant explanation codes to the Partnership internal explanation codes can be found on the Partnership website at:

<https://www.partnershiphp.org/Providers/Medi-Cal/Documents/835Crosswalk.pdf>

2. Partnership Medi-Cal Pended Claim Report

Partnership's Pended Claim Report is an acknowledgement of claims received and does not reflect the final status of claims. Claims reflected on this report are still in progress and are not yet paid or

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denied as of the date of the report.

On April 5th, 2019, Partnership released an upgraded version of the Pended Claim Report, which can still be accessed via the provider portal. This version was put in place to increase usability and will still be available with each check run. This weekly report remains an easy and effective way to monitor and manage claims activity, summarizing all claims, whether paper or electronic, still in process.

These changes to the Pended Claim Report do not affect Partnership Remittance Advices or any other provider payment documentation.

Access to the Provider Online Services to gain access to Partnership payment documentation available to providers, please access link below:

<https://provider.partnershiphp.org/UI/Login.aspx>

3. Electronic 835 Transmissions

Providers may elect to receive a HIPAA compliant 835 electronic RA. Providers who elect to receive an electronic 835 will no longer receive a paper copy of the Medi-Cal Remittance Advice (RA) but will continue to receive the Medi-Cal Pended Claims Report with their check.

For additional information on receiving an 835 electronic RA, contact the Partnership EDI Analyst at (707) 863-4520.

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