

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number: CLPM-13</b>		<b>Lead Department: Claims</b>	
<b>Policy/Procedure Title: Partnership Medi-Cal Reimbursement</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 define Partnership's reimbursement for Providers.

**VI. POLICY / PROCEDURE:**

A. Partnership Medi-Cal Rates

1. Contracted Providers:

The payment rate for contracted providers is reflected in each provider's Partnership Medi-Cal contract.

2. Non-Contracted Providers:

The payment rate for non-contracted providers is the State of California Medi-Cal fee-for-service rates.

The State of California Medi-Cal fee schedule can be found at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

Amount paid is payment in full. Patient's responsibility is \$0.00.

B. Partnership Medi-Cal Check Run Schedule

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<b>Original Date:</b> 1/1/21	<b>Next Review Date:</b> 1/1/26 <b>Last Review Date:</b> 02/13/25	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>	<input type="checkbox"/> <b>Employees</b>

Partnership generates a weekly check run for the Partnership Medi-Cal line of business.

**VII. REFERENCES:**

A.

**VIII. DISTRIBUTION:**

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

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

**X. REVISION DATES:**