PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: CLPM-32</td><td colspan="3">Lead Department: Claims</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Other Primary Coverage</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 9/1/25</td><td colspan="4">Next Review Date: 01/01/2027
Last Review Date: 09/01/2026</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☐ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☐ 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>☐ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALING</td><td colspan="2">☒ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Lisa Malvo</td><td colspan="3">Approval Date: 9/1/26</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, for the provider, general guidelines and requirements relating to other primary coverage.

VI. POLICY / PROCEDURE:

1. For members with other primary coverage, the primary carrier must be billed first. Partnership should be billed after payment, or a denial has been received from the primary carrier. A copy of the EOB or RA from the primary carrier **s**hould be attached to the claim including the payor reason codes. Partnership /Medi-Cal is always the payer of the last resort where there is other coverage.

2. Medicare Part B Professional crossover claims will cross over to Partnership electronically from State Medi-Cal for Partnership providers. The automatic crossover of claims will only occur for Medicare claims submitted to Noridian. If you are submitting Part B Medicare claims to any other Medicare payer, you will need to bill Partnership along with a copy of the EOMB from the Medicare payer.

At this time, the following claims will **not** cross over electronically to Partnership from State Medi-Cal.

a. Medicare Part A claims
b. Medicare Part B Outpatient facility claims
c. Medicare Part A&B Long Term Care facility claims

Policy/Procedure Number: CLPM-32		Lead Department: Claims
Policy/Procedure Title: Other Primary Coverage		☒ **External Policy** ☐ **Internal Policy**
Original Date: 1/1/21	**Next Review Date: 1/1/27** **Last Review Date: 9/1/26**	
Applies to:	☒ **Medi-Cal**	☐ **Employees**

In the future, Partnership will be working directly with the Medicare carrier to obtain all crossover claims. When that occurs, Partnership will issue an Important Provider Notice and update this policy.

3. See CLPM-05 for additional billing limit information regarding these 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, 9/1/26