

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-32		Lead Department: Claims	
Policy/Procedure Title: Other Primary Coverage		<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: 9/1/25

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 should 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: MCCL-01		Lead Department: Claims
Policy/Procedure Title: Claims Processing Standards for Partnership		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy
Original Date: 1/1/21	Next Review Date: 1/1/26 Last Review Date: 02/13/25	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> 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.

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