

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-37			Lead Department: Claims	
Policy/Procedure Title: Pay of Behalf of Delegated Entity Process			<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"/> 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. Health Services Policy MCUP3141

II. IMPACTED DEPTS:
A. Claims
B. Health Services

III. DEFINITIONS:
A. N/A

IV. ATTACHMENTS:
A. N/A

V. PURPOSE:

To provide, for the provider, general guidelines and requirements relating to claims paid on behalf of a Partnership delegated entity.

VI. POLICY / PROCEDURE:

Partnership has written agreements with their Delegated Entities that defines the obligations and responsibilities of the Delegated Entity and Partnership. A subsection of the delegated agreement includes the Division of Financial Responsibility (DOFR), which defines the financial risk of each party for services rendered.

In accordance with the executed written agreements and in conjunction with the DOFR, Partnership will reimburse inpatient claims on behalf of their Delegated Entities. The admitting facility will be reimbursed based on the contractual agreement between Partnership and the admitting facility. If no contractual agreement exists between Partnership and the admitting facility, the admitting facility will be reimbursed using Medi-Cal's Diagnosis Related Group Hospital Inpatient Payment Methodology (APR-DRG).

On a weekly basis, a payment notification form reflecting the Delegated Entities' financial responsibility will be sent to the Delegated Entities' designee for claims paid by Partnership the prior week.

Claim payments made on behalf of the Delegated Entity will be deducted from the Delegated Entity's monthly capitation payment the following month. The capitation deduction will reflect the total amount of all

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claims paid on behalf of the Delegated Entity for the previous month.

Questions regarding POB claim payment notification forms should be directed to the Partnership Claims Department Pay on Behalf unit at: POB@partnershiphp.org.

Questions regarding delegated entity capitation deductions should be directed to Partnership's Finance Department at: KMcClanahan@partnershiphp.org. In the event there is a dispute that cannot be resolved between the parties, provider may use the Provider Dispute Resolution process as set forth in Partnership's policies.

Please see Partnership Policy MCUP3141 for guidelines related to Delegation of Inpatient Utilization Management. Questions regarding preauthorization for admissions outside of the Delegated Entity's contracted service area should be directed at Partnership's UM Department at **707-863-4133**.

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