VI.C. Partnership Medi-Cal Provider Payment Documentation

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

1.) A 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:

www.partnershiphp.org/Providers/Medi-Cal/Documents/835Crosswalk.pdf#search=835%20health%20care%20claim%20payment%20reason%20code%20crosswalk

Sample Partnership Medi-Cal Remittance Advice (RA) (click here)

Partnership Medi-Cal Remittance Advice (RA) field definitions:

Name:	Name of the provider of service
Address:	Of the provider
Payee:	Service provider's number
Patient's Name:	Member
Control Number:	PHC claim number
ID:	Member's PHC identification number
Account:	Provider's patient account number
Serv:	Service line number
Date:	Date of service
Diag#:	Primary diagnosis code
Proc#:	Procedure code
Days/Cnt:	Number of days or number of services

Auth#:	TAR or RAF number
Charged:	The amount charged for service line
Allowed:	The amount allowed for service line
Adj Rsn/Rmrk Codes or Explanation:	Explanation of status of claim line
Denied:	Amount denied on service line
Ded & Co-Pay/Fill Fee:	Member's Share of Cost applied
Discount:	Taxable items
Risk:	*Only applies to hospitals with withholding amounts*
TPP:	Other coverage payment
Late Fee	Interest Payment
Med Allow:	The amount Medicare allowed for service line
Med Paid:	The amount Medicare paid on service line
Payment:	Payment amount made to the provider on service line
Sub-total:	Sub-total amount of claim
Beginning/Negative	The amount of overpayment of adjustment from any past claim deducted from the provider's total payment amount
Beginning Pre-Payment Balance:	Non-Applicable
Total beginning balance:	Total allowed for check run
Claims Paid This Run:	Total amount payable
Adjustments not applied:	Negative balance remaining, if any, after payable applied to negative balance.
Check Amount or Closing balance:	Total amount payable

2.) A Partnership Medi-Cal Pended Claim Report

Partnership HealthPlan's Pended Claims 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 denied as of the date of the report.

On April 5th, 2019, PHC 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

Sample Partnership Medi-Cal Pended Claims Report (click here)

Partnership Pended Claims Report field definitions:

Name:	Name of the provider of service
Address:	Of the provider
Payee:	Service provider's number
Patient's Name:	Member
Control Number:	PHC claim number
ID:	Member's PHC identification number
Account:	Provider's patient account number
Serv:	Service line number
Date:	Date of service
Diag#:	Primary diagnosis code
Proc#:	Procedure code

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. Partnership does not provide for electronic transfer of funds at this time.

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

4. Medi-Cal Electronic 277 transmissions
   See Section IV.B.

PHC Medi-Cal Pended Report

Patient: [redacted] **Control #:** [redacted] **ID:** [redacted] **Acct** [redacted]

Serv	Date	Diag#	Proc#	Days/Cnt	Auth#	Charged
0100	112918	[redacted]	[redacted]	1.00		191.3000
0200	112918			1.00		15.0000
					Sub-Totals	206.3000

Patient [redacted] **Control #:** [redacted] **ID:** [redacted] **Acct:** [redacted]

Serv	Date	Diag#	Proc#	Days/Cnt	Auth#	Charged
0100	012119	[redacted]	[redacted]	1.00		110.6500
0200	012119			1.00		15.0000
					Sub-Totals	125.6500

Patient: [redacted] **Control #:** [redacted] **ID:** [redacted] **Acct** [redacted]

Serv	Date	Diag#	Proc#	Days/Cnt	Auth#	Charged
0100	010719	[redacted]	[redacted]	1.00		191.3000
0200	010719			1.00		15.0000
0300	010719			1.00		35.4700
					Sub-Totals	241.7700

Updated: 04/01/19