

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
MEDI-CAL PROVIDER MANUAL  
CLAIMS DEPARTMENT**

**VI. Partnership Medi-Cal Reimbursement**

**A. Partnership Medi-Cal Rates**

Contracted Providers

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

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**

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