
PARTNERSHIP
HEALTHPLAN
of CALIFORNIA
A Public Agency
ACCREDITED
NCQA
HEALTH PLAN
Community Supports
Claims Billing
Claims Resolution Coordinators
2026

Welcome

- Please provide your name, organization, and your email in the chat.
- This PowerPoint will be emailed to you after the training.

About Us

Regional Offices

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Overview

- What is a Claim?
- CS Codes, Rates and Modifiers
- Place of Service Codes & ICD-10 Codes
- Taxonomy Codes & NPI Registry
- Ways to Submit Claims
  - Electronic billing
  - CMS 1500 Form
  - Office Ally
  - Invoice Spreadsheet
- Claim Corrections- submitting a PDR
- TAR Information
- Claim Billing Tips & Reminders
- EFT Information
- Contact Us

What is a Claim?

A claim is a “bill” that health care providers submit to a member’s insurance provider

A provider submits a claim that includes all relevant codes and charges for that visit, including procedure code, diagnosis codes, and modifier

What is a Clean Claim?

A “clean claim” is a claim that can be processed without obtaining additional information from the provider of a service or from a third party

Partnership has 30 days from the received date to process and finalize claims

Billing Code Descriptions

PROCEDURE CODES

Procedure codes are standardized medical codes used to report medical, surgical, and diagnostic services.

- **CPT codes**: Five-digit numeric codes
- **HCPCS codes**: Five-digit alphanumeric codes

MODIFIERS

Modifiers are two-digit codes that provide additional information about a procedure code.

PLACE OF SERVICE

Place of Service codes identify the type of facility or entity where services were provided

ICD-10 CODES

ICD-10 codes are alphanumeric codes used to document and report a patient's diagnosis

COMMUNITY SUPPORTS (CS)

Codes and Rates

CS Codes and Rates

HCPCS Description	Procedure Code	Modifier	Average Rate	Units Of Service	Frequency
Housing Transition/Navigation Services					
Supported Housing	H0043	U6	$386.00	PMPM	Allowed one time per month
Comprehensive Community Support Services	H2016	U6	$386.00	PMPM	Allowed one time per month
Housing Deposits					
Approved up to $5,000. Actual amount paid on claim will be reflected on TAR note for claims processing. Attach receipt to TAR. TAR duration is two months	H0044	U2	See TAR	See TAR	Once per demonstration period

CS Codes and Rates

HCPCS Description	Procedure Code	Modifier	Average Rate	Units Of Service	Frequency
Housing Tenancy and Sustaining Services					
Financial Management	T2040	U6	$222.00	PMPM Can be billed with a single date of service or with a date span	Up to 2 units per month. Can be billed with T2041. Max reimbursable amount per month $444.00
Support Brokerage	T2041	U6	$222.00	PMPM Can be billed with a single date of service or with a date span	Up to 2 units per month. Can be billed with T2041. Max reimbursable amount per month $444.00
Day Habilitation					
Day Habilitation	T2020	U6	$7.00 per hour	1 unit = 1 hour	Not to exceed 8 hours per day
Sobering Centers					
Alcohol/drug services; ambulatory detoxification	H0014	U6	$170.00	Per diem, less than 24 hours	TAR is valid for one day (e.g., start date and end date should reflect same date of service).

CS Codes and Rates

HCPCS Description	Procedure Code	Modifier	Average Rate	Units Of Service	Frequency
Personal Care/Homemaker Services					
Homemaker Services	S5130	U6	$8.25	1 unit = 15 mins	As needed; only allowed four hours a day up to 20 hours per week for three months.
Personal Care Services	T1019	U6	$8.25	1 unit = 15 mins	As needed; only allowed four hours a day up to 20 hours per week for three months.
Respite Services					
Respite Care, not in the home	H0045	U6	$8.25	1 unit = 15 mins	As needed, may not exceed 24 hours per day of care. Up to 336 hours per calendar year
Respite Care, not hospice	S5151	U6	$8.25	1 unit = 15 mins	As needed, may not exceed 24 hours per day of care. Up to 336 hours per calendar year
Respite Care, in the home	S9125	U6	$8.25	1 unit = 15 mins	As needed, may not exceed 24 hours per day of care. Up to 336 hours per calendar year

CS Codes and Rates

HCPCS Description	Procedure Code	Modifier	Average Rate	Units Of Service	Frequency
Short-Term Post Hospitalization Housing					
Short-term post hospitalization	H0044	U3	$108.00	Per Diem	Global cap applies*
Recuperative Care (Medical Respite)					
Residential care, not otherwise specified (NOS), waiver	T2033	U6	$204.00	Per Diem	Global cap applies*
Medically-Supportive Food/Meals – Medically Tailored Meals					
Home delivered prepared meal	S5170	U6	$9.50	Per meal	Up to two delivered meals per day. As needed for up to 12 weeks.
Nutritional Counseling	S9470	U6	$41.00	Per Nutritional Assessment	Up to 6, as needed for up to 12 weeks
Meals per diem, not otherwise specified	S9977	U6	$66.00	Per weekly grocery box delivered	Delivered groceries for up to two meals per day. As needed for up to 12 weeks

CS Codes and Rates

HCPCS Description	Procedure Code	Modifier	Units Of Service	Frequency
Transitional Rent-Permanent Housing				
Permanent Housing	H0044	U6	1 = 1 month	Rent, Month 1-6 Duration 6 months
Admin Fee First month	H0044	V1	1 = 1 month	Month 1
Admin Fee	H0044	V2	1 = 1 month	Month 2-6
Transitional Rent-Interim Housing				
Interim Housing	H0043	U2	1 unit per month for monthly billing, or 1 unit per day for per diem billing	Rent, Month 1-6 Duration 6 months
Admin Fee	H0043	V3	1	Month 1-6

Effective January 1, 2025, DHCS released guidance that a member may not receive more than a combined six months (182 days) of Short-Term Post-Hospitalization Housing, Recuperative Care and Transitional Rent within a rolling 12-month period.

All three of which are referred to as “Room and Board” services established as a “global cap” coverage waived by the DHCS. All authorization requests must adhere to the global cap.

Transitional rent requires diagnosis code (ICD-10) Z59.02

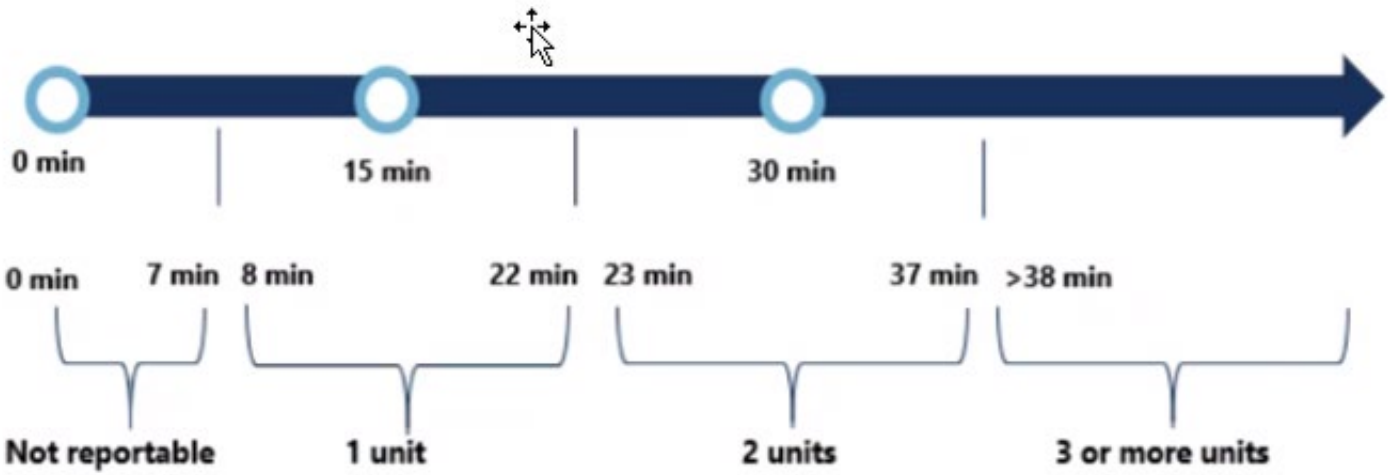
Transitional Rent/Admin Fee

Administrative Fee	Fee by Region					
	Region A	Region B	Region C	Region D	Region F	Region H
Standard fee, per month	$167.86	$175.31	$205.40	$209.08	$229.21	$266.60
First month member is placed in a permanent setting	$1,153.22	$1,225.71	$1,443.61	$1,471.00	$1,657.57	$1,969.76
Counties by Region	Colusa Del Norte, Glenn Lake, Lassen, Modoc, Plumas Siskiyou Tehama Trinity	Humbolt Mendocino Nevada Shasta Sierra Sutter Yuba	Placer Sonoma Yolo	Solano	Napa	Marin

Interim: The per-diem administrative fee is equal to the applicable monthly rate divided by 28. Total administrative fees in a month will not exceed the per-month fee amount.

Billing: 15 minutes

Efforts that last for seven (7) minutes or less would not meet the "Rule of Eights" threshold and would not be reportable



Example: T1019/U6 is billed in increments of 15 minutes.
1 hour & 6 mins = T1019 modifier U6 X 4 UOS

Place of Service Codes

Place of Service (POS) codes are critical in medical billing to indicate where a healthcare service was provided. Providers must accurately identify the service location.

Why they're important:

They dictate reimbursement rates, influence claim processing, and ensure accurate payment for services rendered.

Telehealth claims billed with POS 02 or POS 10 must include the GQ modifier in the secondary position

Place of Service Code	Description
02	Telehealth
04	Homeless Shelter
11	Office
12	Home
27	Outreach Site/Street

All POS codes must be 2 digits

You can find the complete list of POS codes along with their descriptions here:

https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets

Telehealth POS Codes

When billing these procedure codes with POS 02 or POS 10, the GQ modifier must be reported in the secondary position to indicate that the service was provided via telephonic communication

Procedure Code	Modifier 1	Modifier 2	Description
H0043	U6		In Person
H0043	U6	GQ	Telephonic
H2016	U6		In Person
H2016	U6	GQ	Telephonic
T2040	U6		In Person
T2040	U6	GQ	Telephonic
T2041	U6		In Person
T2041	U6	GQ	Telephonic
S9470	U6		In Person
S9470	U6	GQ	Telephonic

ICD-10 Codes

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.11	Inadequate housing, environmental temperature
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.89	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance and death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

DHCS has issued a list of 25 Priority SDOH Codes for providers to utilize when coding for SDOH to ensure correct coding and capture reliable data.

For additional ICD-10 Codes, please see IPN #431 on our website www.PartnershipHP.org

Taxonomy Codes

Taxonomy Codes are a 10-digit alpha numeric code set that designates Providers classifications and specializations

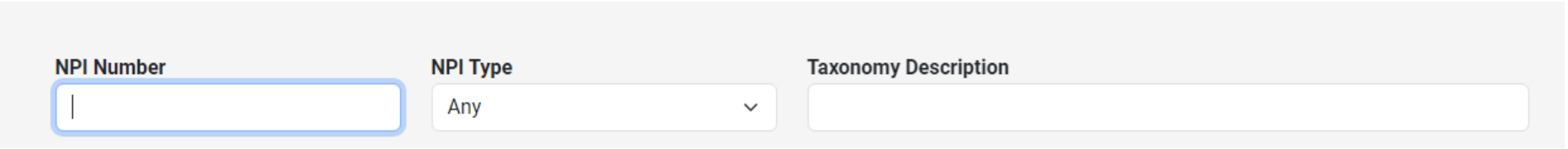
Attending Medical Provider Taxonomy Code – Taxonomy.nucc.org

NPI Registry

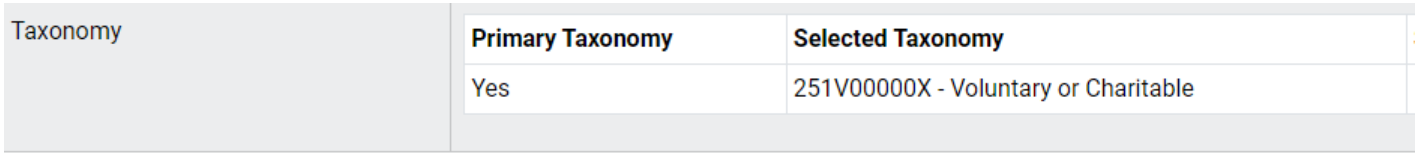
Searching for Taxonomy code with your NPI

NPI: https://npiregistry.cms.hhs.gov/search

Add NPI- click search- scroll to the bottom



Example



How to Submit Claims

Electronic Claims

Electronic Data Interchange (EDI)

- ✓ **Now offering complementary electronic billing with Office Ally**
- ✓ Submission of HIPAA-compliant 5010 version 837P File
- ✓ Preferred submission method for faster reimbursement
- ✓ Contact EDI Enrollment and Testing at:
  Phone: (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org

Paper Claims

- ✓ Submission of CMS-1500 format only
- ✓ Send to: Partnership HealthPlan of California (Medi-Cal)
  P.O. Box 1368
  Suisun City, CA
  94585-1368

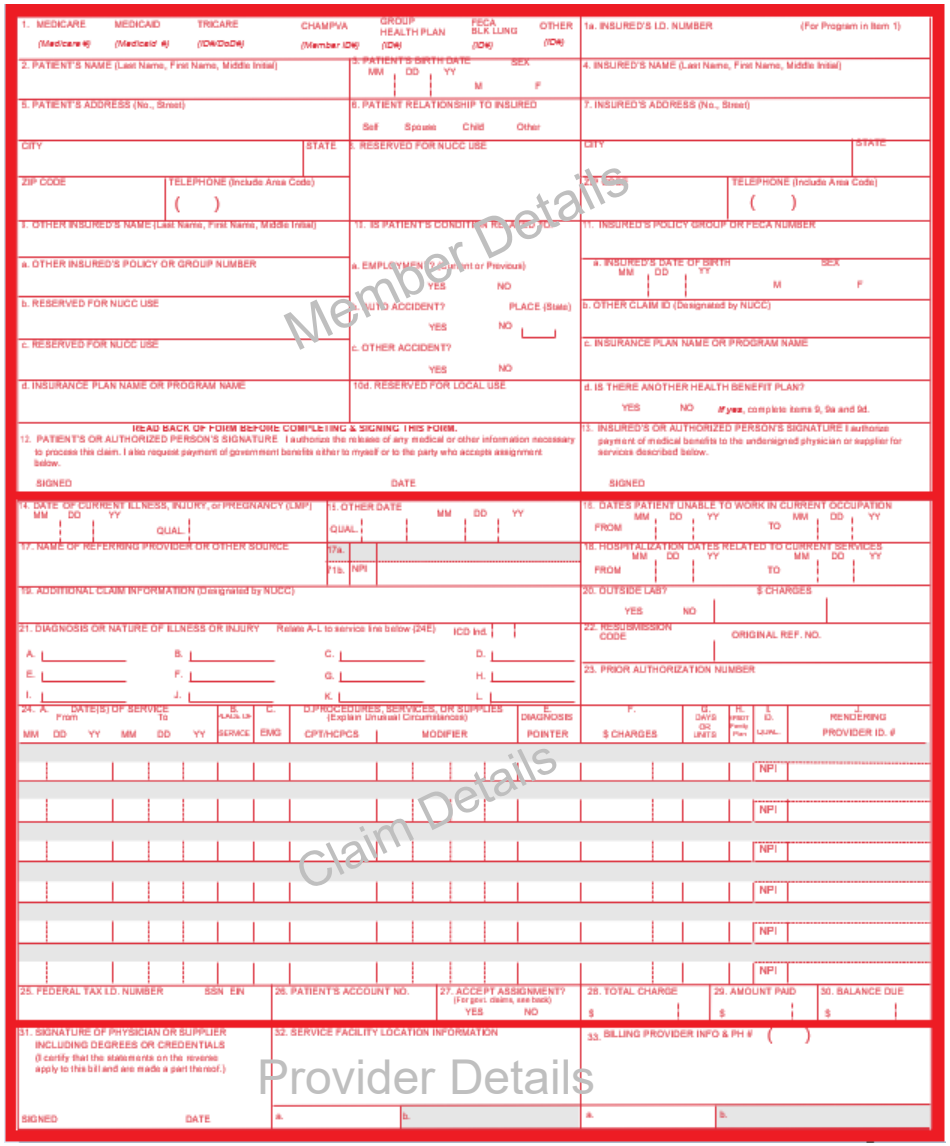
Invoice Billing Format

- ✓ If invoice billing is the only option available for your organization to submit claims, please reach out to us.

CMS-1500

Member Details	
1a	CIN
2&4	Full Name
3	DOB & Gender
5&7	Address

Provider Details	
31	“Wet” Signature & Date
32	Physical Address/Providers Location
33	Billing Address
33a	NPI
33b	Billing Taxonomy Code

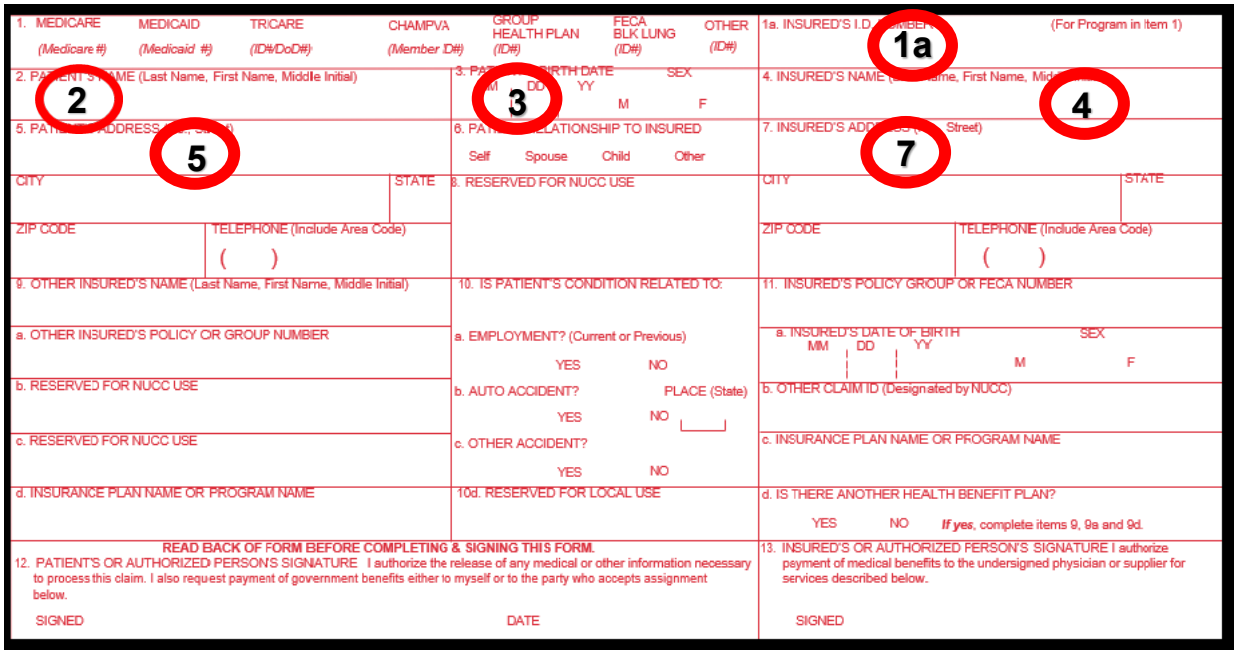


Claim Details	
21	Diagnosis: ICD-10 Indicator
24A	Date of Service
24B	Place of Service Code
24D	Procedure Code & Modifier
24E	Diagnosis Pointer
24F	Charges
24G	Units of service
24J	Shaded Area: Rendering Taxonomy Code
24J	Rendering Provider NPI

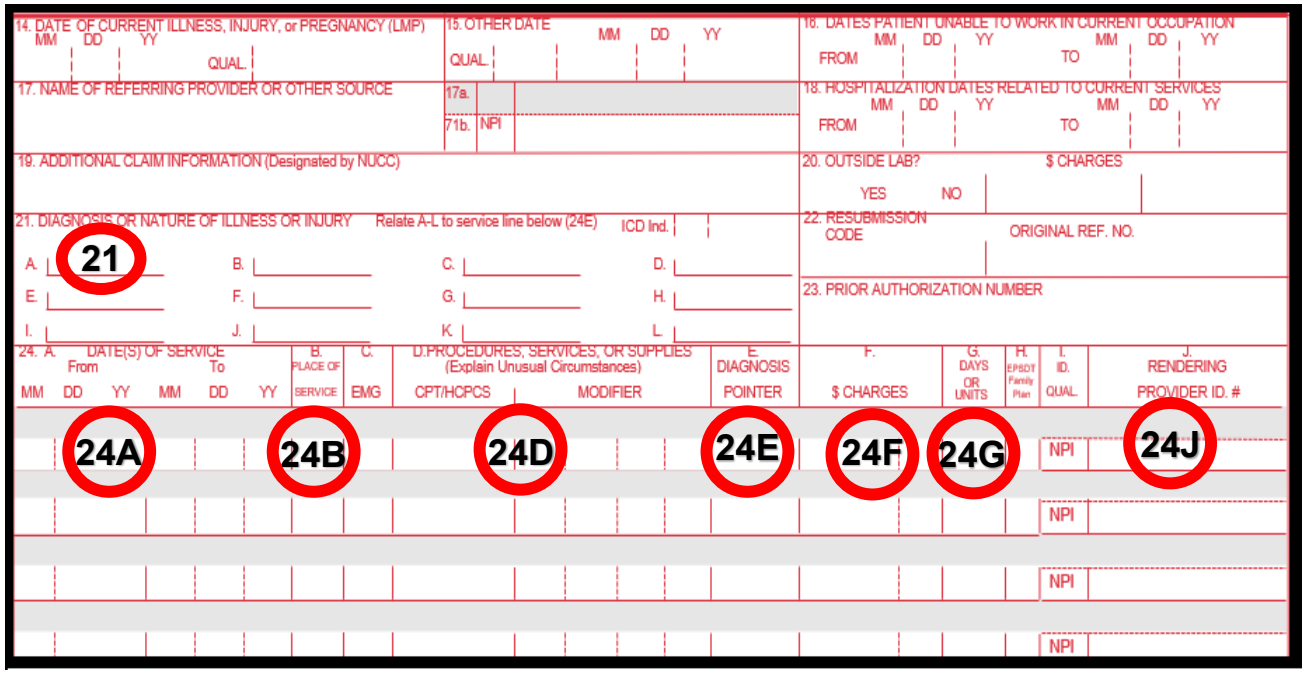
CMS-1500

MEMBER DETAIL

Field	Description
1a	Members CIN
2&4	Members full Name
3	Date of Birth and Gender
5&7	Members Address



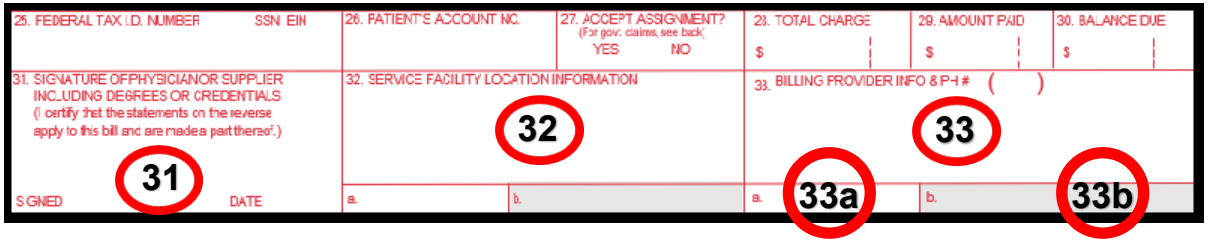
CMS-1500



CLAIM DETAIL

Field	Description
21	Diagnosis (ICD-10)
24A	Date of Service
24B	Place of Service
24D	Procedure & Modifier
24E	Diagnosis Pointer
24F	Charges
24G	Units of Service
24J	Rendering Provider Taxonomy & NPI

CMS-1500



PROVIDER DETAILS

Field	Description
31	Wet Signature & Date
32	Physical Address of Provider Location
33	Billing Address
33a	Billing NPI
33b	Billing Taxonomy Code

Getting Started with Office Ally

Payor Agreement

Complete your Payor Agreement and submit it to the EDI Team

- **Email:** EDIEnrollment@partnershiphp.org
- **Phone:** 707-863-4527

Office Ally Account

Set Up Your Organization's Administrator Account

- **https://www.officeally.com/sign-up/create-account**
- After the admin account is established, additional users can be added, each with their own unique login credentials

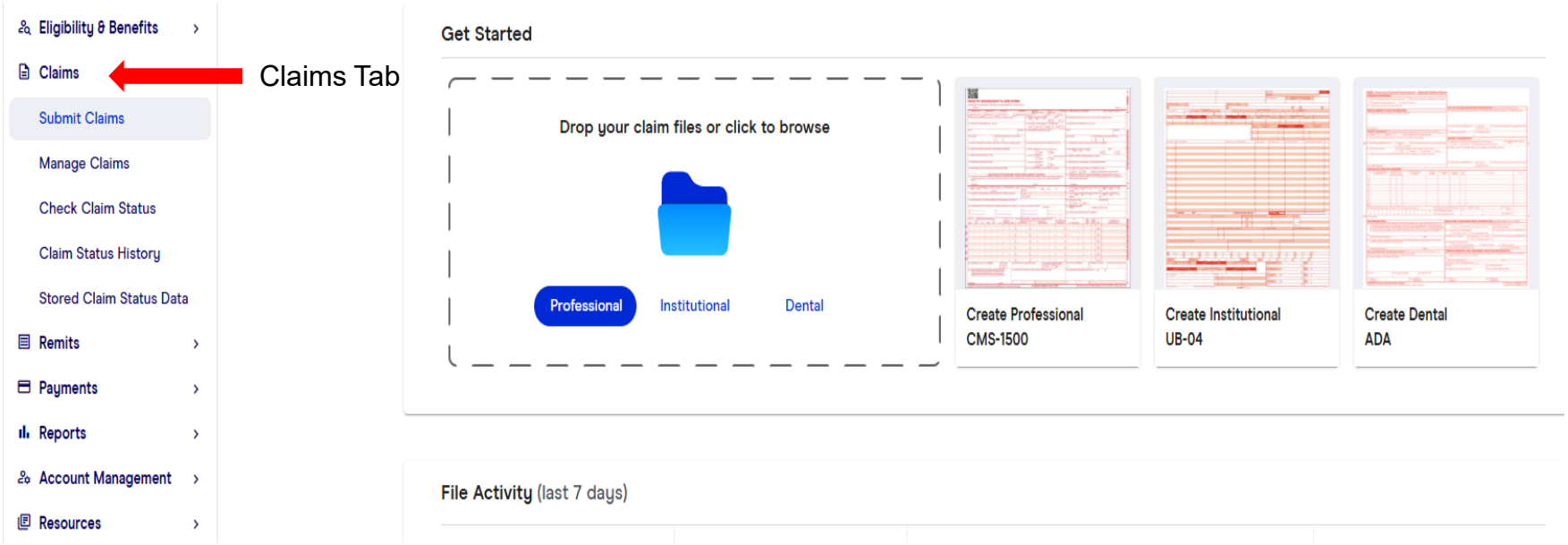
Payor ID

Partnership Payor ID: O9453

- This Payor ID should be used when submitting complimentary claims through Office Ally
- Please note this is the letter "O," not the number zero

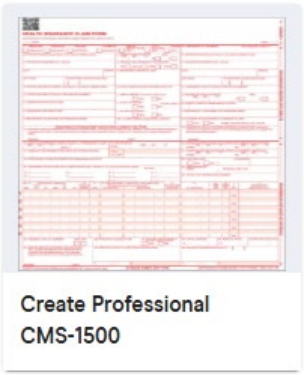
Office Ally Dashboard

The Claims tab is the primary area you'll use within your Office Ally dashboard

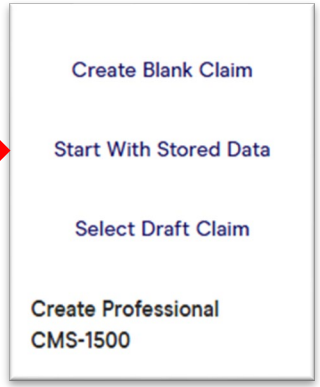


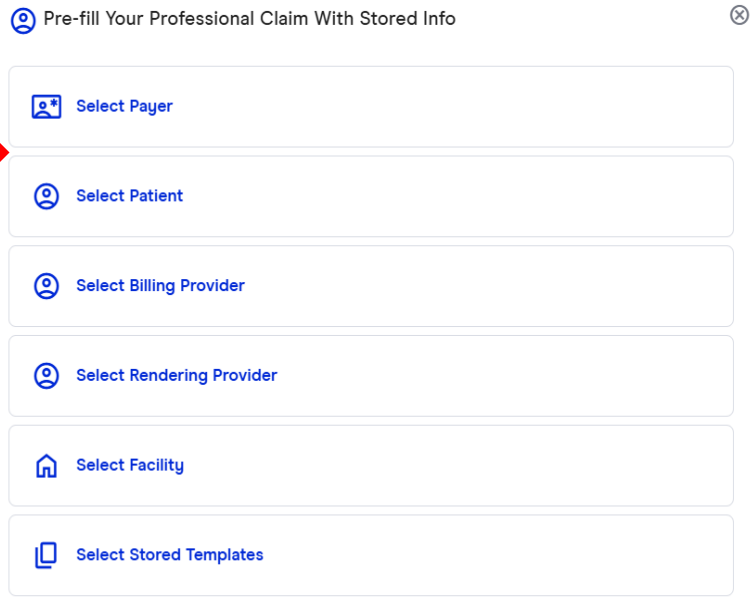
Here you can create, submit and manage your claims

Storing Data/Creating a Claim



Create Professional
CMS-1500





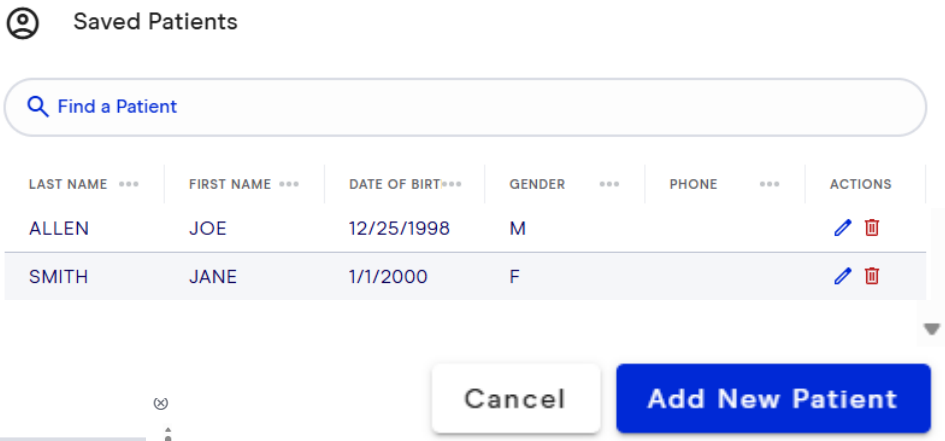
Stored Data Feature:

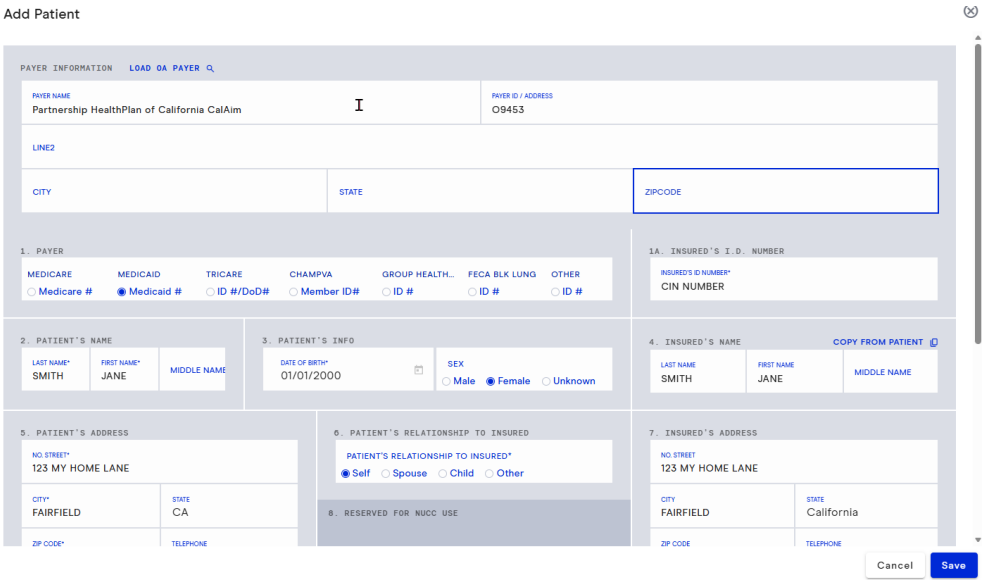
This option allows you to seamlessly access previously saved information and submit claims effortlessly

Generate a claim using saved information

Storing Data

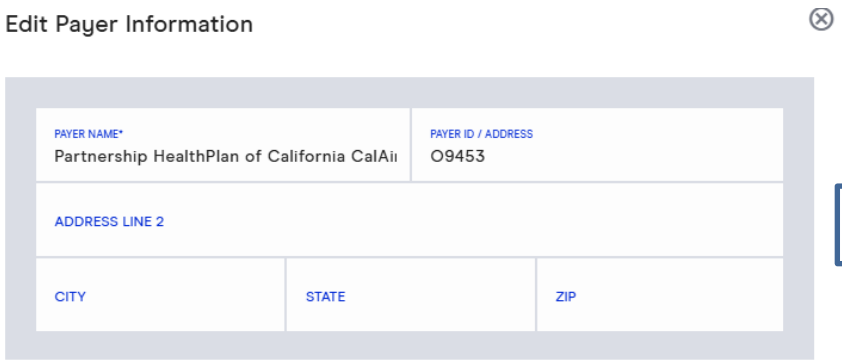
Add and store member details by selecting “Add New Patient”



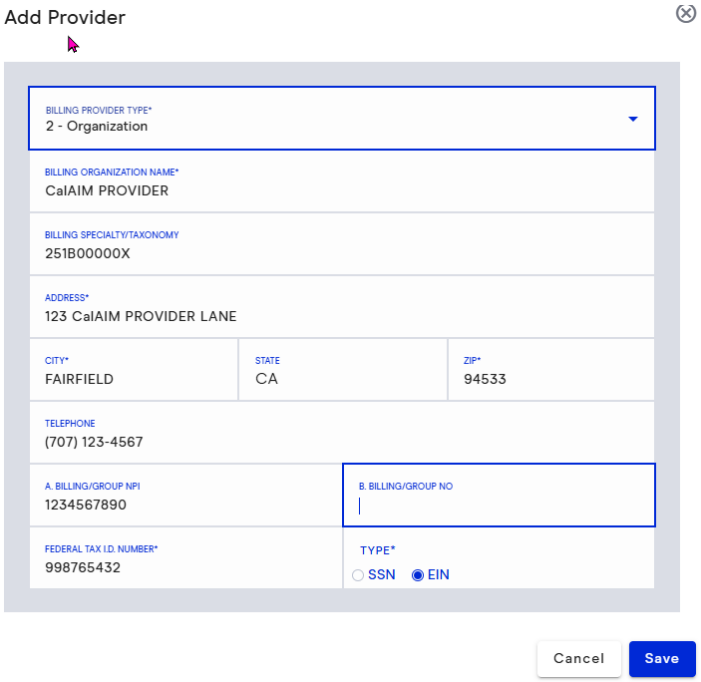


Search, edit, or delete member records within this section

Storing Data



Enter the payer name and payer ID O9453



Store your provider information for quick and easy future access

Templates

Saved Templates

Find a Template

NAME	ACTIONS
ECM - PMPM - TELEPHONIC	

Cancel | Add New Template

Create and store templates using procedure codes or member information

Edit Template

TEMPLATE NAME: ECM - PMPM - TELEPH

15. OTHER DATE: QUALI... | DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM DATE | TO DATE

17. NAME OF REFERRING PROVIDER: NAME | 17A. | 17B. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM DATE | TO DATE

19. ADDITIONAL CLAIM INFORMATION (DESIGNATED BY NUCC): ADDITIONAL CLAIM INFORMATION

20. OUTSIDE LAB?: OUTSIDE LAB? Yes / No | CHARGES 0

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A.*	B.	C.	D.
Z5900			
E.	F.	G.	H.
I.	J.	K.	L.

22. RESUBMISSION: RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION: PRIOR AUTHORIZATION NUMBER

24.

	A. DATE(S) OF SERVICE FROM / TO DATE*	B. PLACE OF SERVICE*	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS*	MODIFIER A	B	C	D	E. DIAGNOSIS POINTER*	F. CHARGES*	G. DAYS OR UNITS*	H. EPSDT FAMILY PLAN	I. ID QUAL	J. RENDERING PROVIDER ID.
1	Note FROM TO	10		G9012	U2	GQ			A	$ 400	1		NPI	
2	Note FROM TO									$			NPI	
3	Note FROM TO									$			NPI	

+ Add line Items

25. FEDERAL TAX I.D. NUMBER: FEDERAL TAX I.D. NUMBER* 94369852 | TYPE* SSN / EIN

26. PATIENT'S ACCOUNT NUMBER: ACCOUNT NUMBER

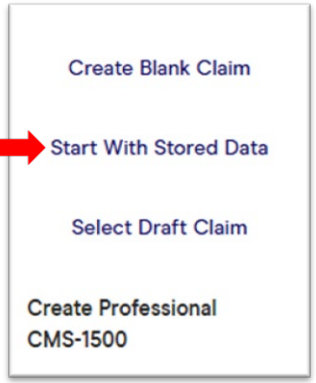
27. ACCEPT ASSIGNMENT?*: Yes / No

28. TOTAL CHARGE: $ 400.00

29. AMOUNT PAID: $ 0

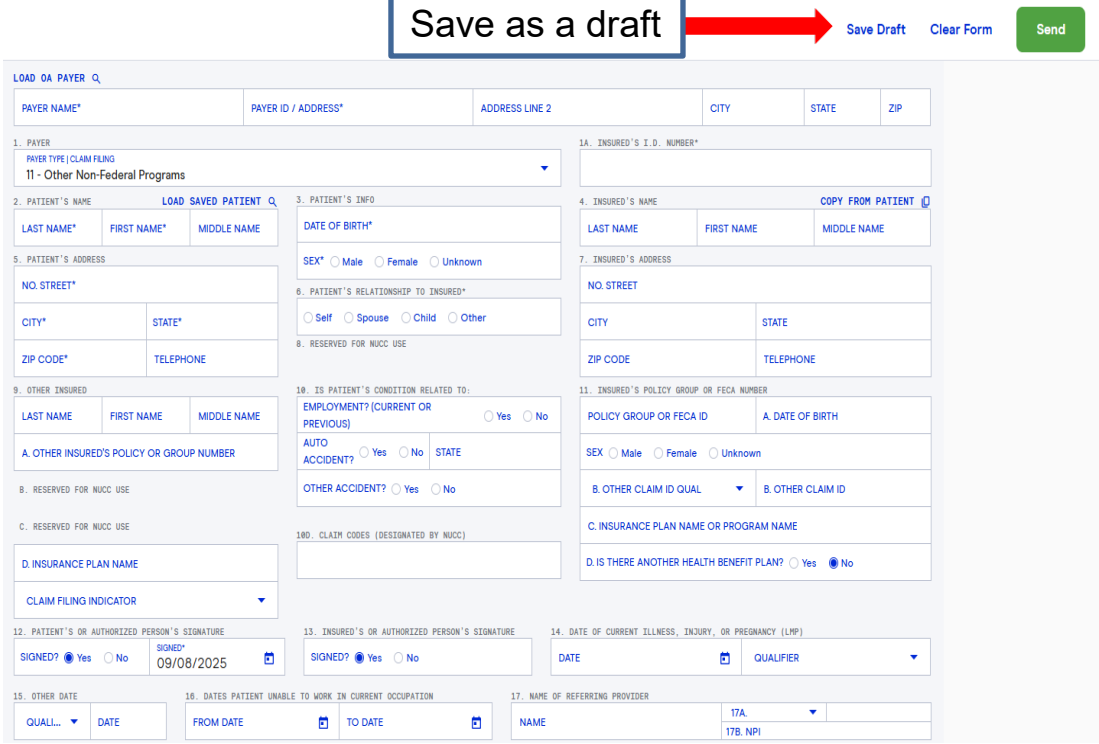
30. RSVD FOR NUCC USE

Creating a Claim

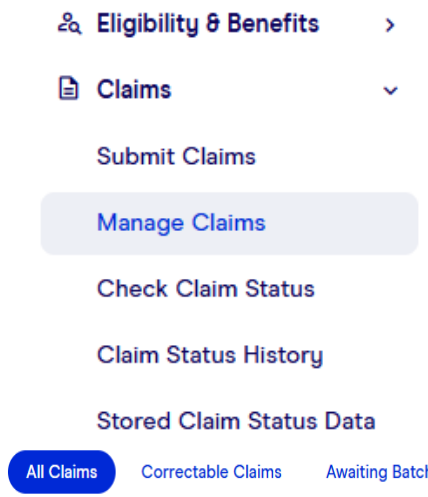


You can start with a blank claim, stored data or resume where you left off with a draft

Save as a draft

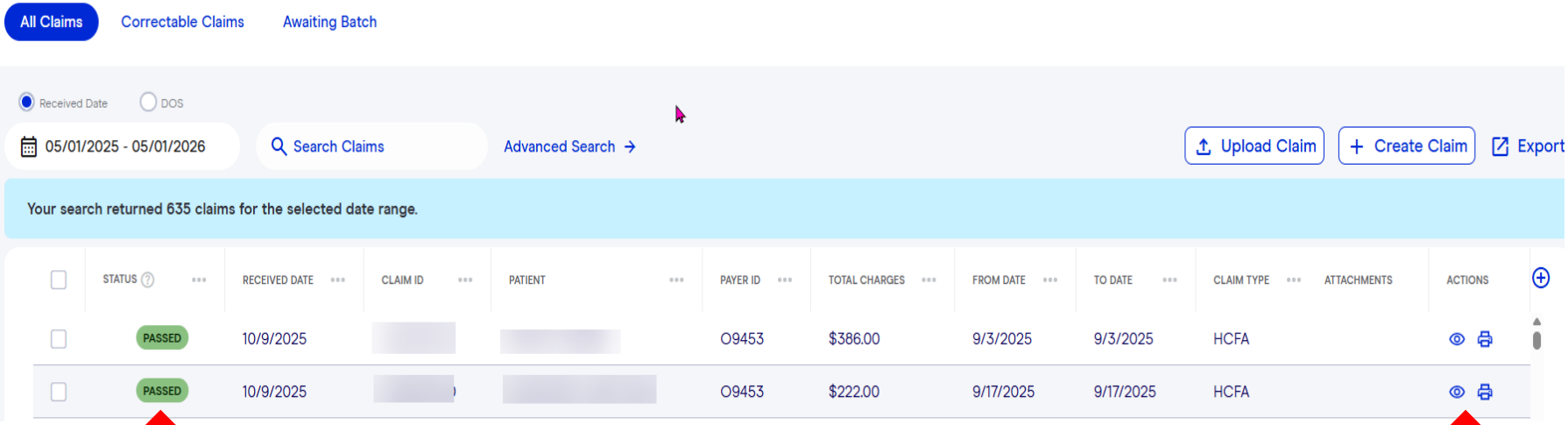


Managing Claims



Manage Claims Tab

- Easily track and manage your claims
- View all submitted claims in one place
- Make corrections to existing claims
- Monitor claims that are awaiting batching



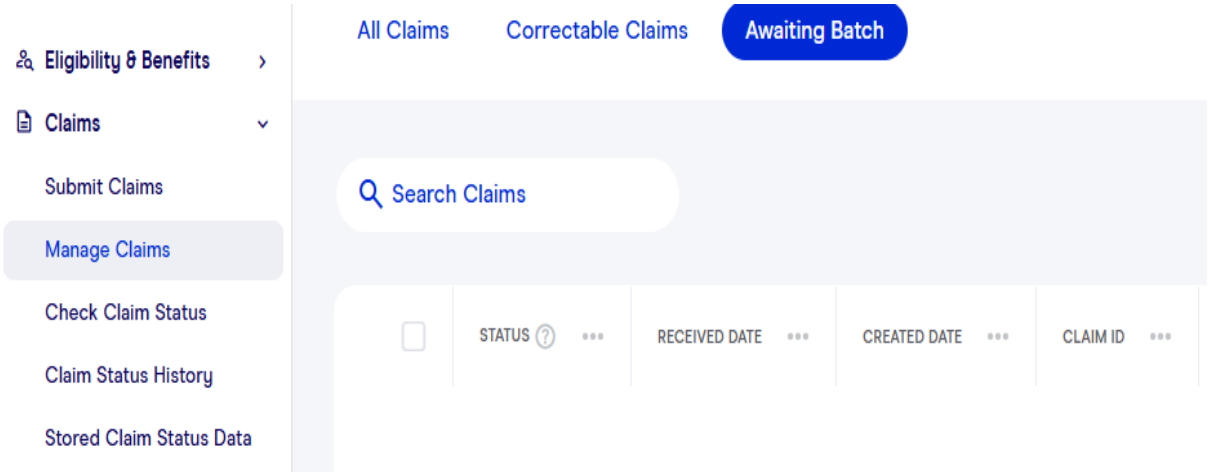
Claim Status

Easily track and manage your claims

View or print

Claims Awaiting Batch

Once the process of submitting the claim has been completed, it is sent to "Claims Awaiting Batch." Office Ally will pick up the claims for processing every three hours.

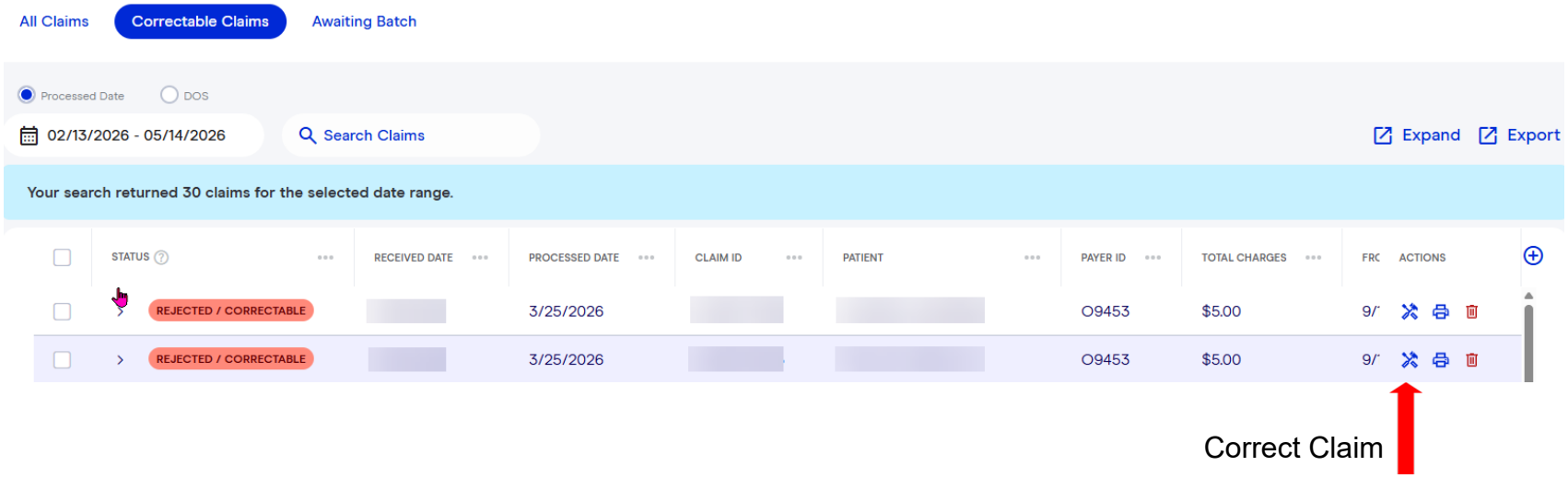


From this section you can **edit, print** or **delete** the claim before the claim is sent to the insurance company.

If a claim rejects, it is your responsibility to correct and resubmit the claim for processing

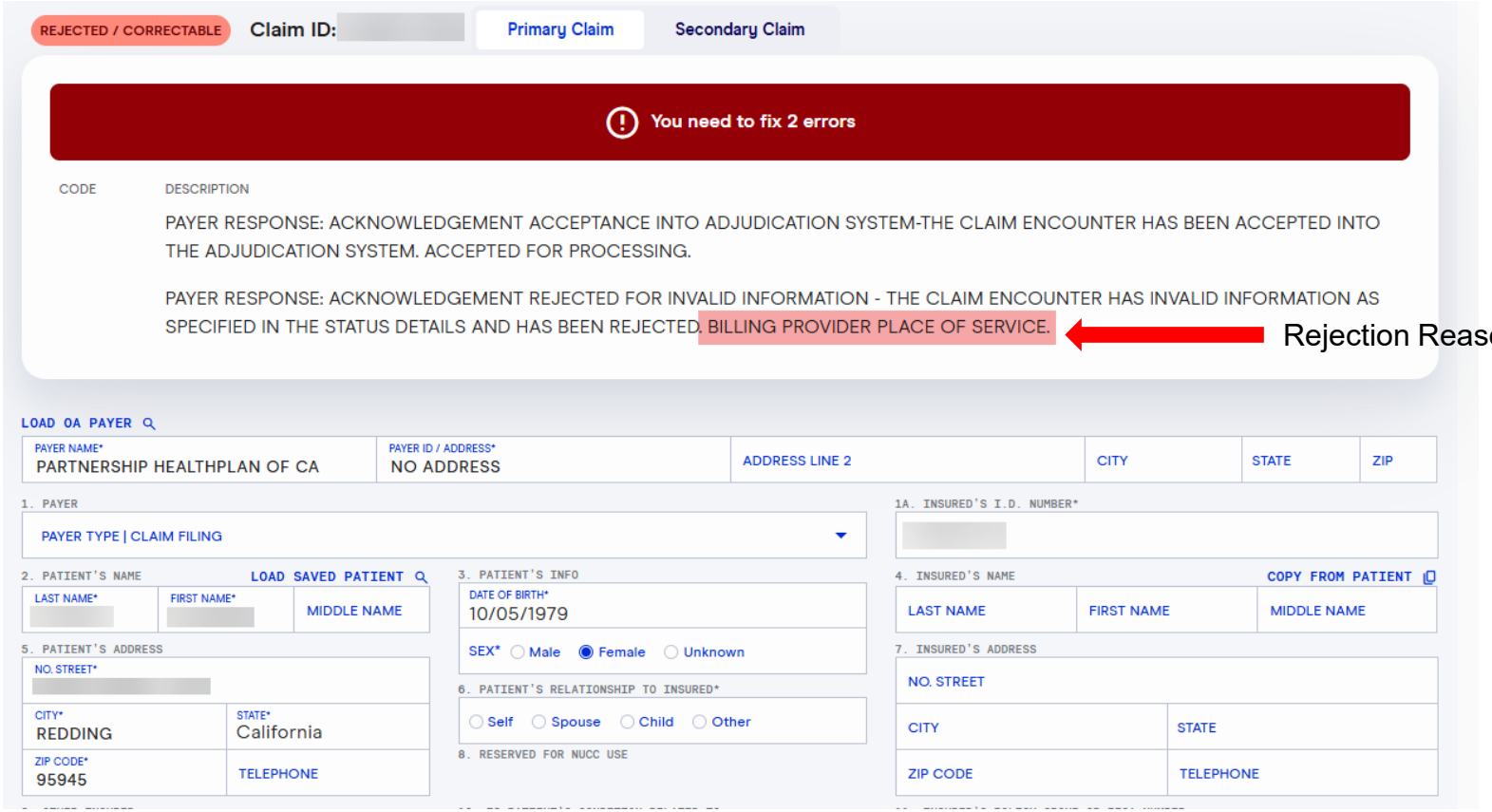
Claim Corrections in Office Ally

Claims that are rejected during pre-processing by Office Ally will be available for review in the “Correctable Claims” tab located within Manage Claims.



Click **correct claim** to the right of the claim line, this will bring up an editable claim image along with the claim rejection.

Claim Corrections in Office Ally



From this screen, you can review the reason for the claim rejection, make any necessary corrections, and resubmit the claim

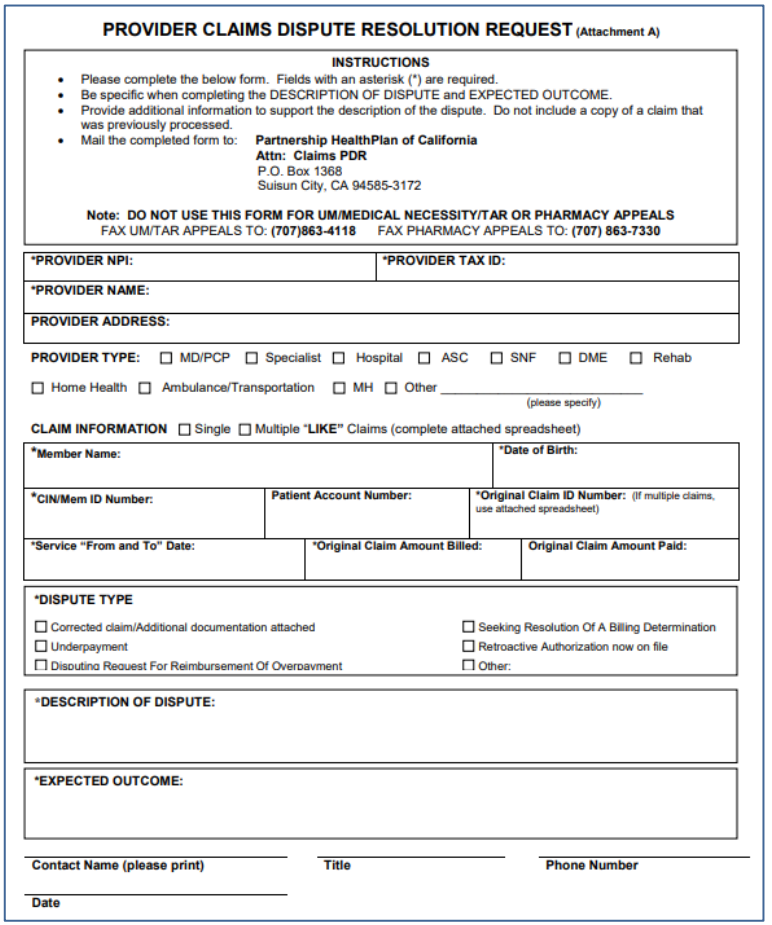
Claim Corrections in the Online Portal (PDR)

Providers have the right to submit a payment dispute if they disagree with a claim decision or compensation of a claim. Providers may submit disputes via Provider Online Services or by mail. **Disputes can be submitted within 365 days** (one year) from the original paid/denied date on the Partnership RA. Disputes received after one year are subject to automatic denial.

- Partnership will acknowledge receipt of the dispute immediately and will respond electronically indicating the outcome of the dispute review within 45 working days.

- When submitting a **PDR** to correct a claim for under payments, modifiers, units of service, or dates.

- Provider dispute form can be downloaded from the Partnership website.



PROVIDER CLAIMS DISPUTE RESOLUTION REQUEST (Attachment A)

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- Mail the completed form to: **Partnership HealthPlan of California**
  Attn: Claims PDR
  P.O. Box 1368
  Suisun City, CA 94585-3172

Note: DO NOT USE THIS FORM FOR UM/MEDICAL NECESSITY/TAR OR PHARMACY APPEALS
FAX UM/TAR APPEALS TO: **(707)863-4118** FAX PHARMACY APPEALS TO: **(707) 863-7330**

*PROVIDER NPI:	*PROVIDER TAX ID:
*PROVIDER NAME:	
PROVIDER ADDRESS:	

PROVIDER TYPE: ☐ MD/PCP ☐ Specialist ☐ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab
☐ Home Health ☐ Ambulance/Transportation ☐ MH ☐ Other _____ (please specify)

CLAIM INFORMATION ☐ Single ☐ Multiple "LIKE" Claims (complete attached spreadsheet)

*Member Name:		*Date of Birth:
*CIN/Mem ID Number:	Patient Account Number:	*Original Claim ID Number: (If multiple claims, use attached spreadsheet)
*Service "From and To" Date:	*Original Claim Amount Billed:	Original Claim Amount Paid:

*DISPUTE TYPE

☐ Corrected claim/Additional documentation attached
☐ Underpayment
☐ Disputing Request For Reimbursement Of Overpayment
☐ Seeking Resolution Of A Billing Determination
☐ Retroactive Authorization now on file
☐ Other:

*DESCRIPTION OF DISPUTE:

*EXPECTED OUTCOME:

Contact Name (please print) Title Phone Number

Date

TAR Guide

Treatment Authorization Request (TAR) reference guide for Community Supports providers. Please reference the link below to submit correct TARs. Incorrect TARs will be voided

TAR Date Spans:

- Housing Transition Navigation and Housing Tenancy – Up to maximum of 6 months
- Personal Care and Homemaker Services – 3 months
- Housing Deposits/Household Items and Asthma Remediation – 2 months
- Respite Services – 1 year/12-months
- Sobering Centers – 1 day/23:59 hours
- Day Habilitation Programs – 180 days
- Medically Tailored Meals/Groceries – 6 months
- Recuperative Care/Short-Term Post-Hospitalization Housing - Subject to Global Cap process
- Housing Transition Navigation: Up to maximum of 6 months – End date should be up to maximum of 6 months from the start date

https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/Community%20Supports%20Documents/CS%20TAR%20Flyer_Comms_Final%20Updated%201.2026.pdf

Please refer to the TAR guide located on our website under our CalAIM page for more detailed instructions

TAR Reminders

- Please reference this link to submit correct TARs. Incorrect TARs will be voided T AR GUIDE
- A valid TAR is required for all Community Support Services, Verify that you have a valid TAR prior to submitting claims
- Verify TAR start date is correct for when services start
- Ensure that the procedure codes and modifiers on the TAR match those listed on the claim before submission

Claims Required Documents

Housing Deposits and Household Items

To ensure timely processing and consideration for payment, all required documentation must be uploaded to the secure FTP site before submitting a claim for billing.

Claims submitted without the required supporting documentation will be denied.

Attachment File Name

Please use the following naming convention when labeling attachment files for Housing Deposit claims. Using a different format may result in delays in claim processing.

File Naming Convention:

TAR #_document name.pdf

Example: PE1234567890_housingdepositform.pdf
Example: PE1234567890_memberattestationform.pdf
Example: PE1234567890_POP.pdf (POP=Proof of Payment)
Example: PE1234567890_executedlease.pdf

Claims Required Documents

Housing Deposit Services Request for Funds Form

- Must be fully completed
- Must be signed by the provider

Dated Proof of Payment: Acceptable forms include

- Copy of cancelled check(s) (front and back)
- Dated receipt(s) from the payee or for purchases
- Dated confirmation of electronic payment
- Copy of a money order

Claims Required Documents

Proof of Housing Agreement

- Executed lease agreement or documentation verifying a room rental
- Must be signed by both the landlord and the member

Housing Deposit Services Funds Attestation Form

- Required for all submissions
- Provider must confirm that payment has been made
- Members must attest that the goods/services were received
- Must include the member's signature

Billing Tips & Reminders

- Providers have 365 days from the date of service to submit claims to Partnership for payment consideration. Claims received on the 366th day from the date of service will be denied.
- Partnership has **30 days** from the receipt date of the claim to process and finalize Community Support claims. Partnership will be the **primary** payer for Community Support services.
- Verify Member's eligibility **every month**, preferably before each visit. Eligibility should be verified even when an approved TAR is on file.
- Verify the member's client ID/CIN is valid and complete on the invoice/claim. Do **NOT** use the member's social security number
- Providers can access claim status, generate and print remittance advice (RA), review check payment details, and submit claim corrections through the Partnership Provider Portal at www.partnershiphp.org.

Electronic Fund Transfer (EFT)

Electronic Fund Transfer(EFT) services (direct deposit) are provided by our third-party vender, FIS. Please contact FIS directly to get set up or if you have any questions

Monday – Friday, 5 a.m. – 3 p.m. (PT)	Phone: (877) 330-4950

Once you receive the first paper check and code, contact FIS to enroll

Partnership Contacts

Partnership HealthPlan of California	
Claims Helpdesk Please include your billing NPI when contacting the Helpdesk.	Claim/billing questions Email: claimshelpdesk@partnershiphp.org
Community Supports Team	Reporting and/or TAR questions communitysupports@partnershiphp.org
Claims Resolution Unit	**1 (855) 798-8761**
Partnership EDI Enrollment	Phone: **(707) 863-4527** | Fax: **(707) 863-4390** Email: EDIEnrollment@partnershiphp.org
Partnership EDI Production Support (after enrollment)	Phone: **(707) 863-4520** | Fax: (**707) 863-4390** Email: EDISupport@partnershiphp.org

Office Ally Contacts

Office Ally	
Customer Service: Technical Support: Enrollments:	**(360) 975-7000 Option 1** **(360) 975-7000 Option 2** **(360) 975-7000 Option 3**
Live Chat (6 a.m. – 5 p.m. PST):	Support Suite | Office Ally
E-mail:	info@officeally.com or support@officeally.com

Thank you

Thank you for helping our members

Questions