

HealthRules Payer Corrected Claims

As Partnership HealthPlan of California prepares for our transition to our new claims system, HealthRules Payer (HRP), we wanted to share with you some exciting news. For claims that are processed in HRP, you will be able to submit a corrected claim.

Examples for submitting a corrected claim:

- Correction to the member's birth date and other demographic information
- Editing ICD-10 diagnosis codes, claim reference numbers, or adding attachments to a claim
- Change the place of service
- Add a modifier to a code
- Add a procedure code or remove an incorrect procedure code

When to submit a corrected claim?

A corrected claim should only be submitted for a claim that has already been processed and paid / denied / finalized by the plan.

Claims submitted through HRP will have a 16-digit claim control number (CCN) assigned by Partnership. Corrections to these claims may later be submitted with a claim frequency code of 7 (replacement) or 8 (void/cancellation) to request that the original claim be replaced or voided. The claim frequency code is sent in CLM05-3 of the 837 electronic claim file.

Data Element	Loop	Segment ID	Example of Claim Frequency Code in electronic claim
Claim Frequency Code	2300	CLM05-3	CLM*123456789*300***32:A:7**A*Y*Y~

Claims submitted with a frequency code 7 or 8 must reference the 16-digit original CCN of the previously accepted claim in the REF02 segment.

Data Element	Loop	Segment ID	Example of original 16-digit PHC claim control number (CCN) referenced in the electronic claim
Payer Claim Control Number	2300	REF02	REF*F8*2407150199887711~

Corrections to finalized claims with a 12-digit CCN must be made using the provider dispute resolution form or the ePDR program through Partnership's online services provider portal.

If you have any questions related to our new claims system, please reach out to the Provider Relations Department at PartnershipProviderEducation@partnershiphp.org.