

**May 1, 2026**

**Medi-Cal**

**Important Provider Notice: #542**

**Subject: Clean Claim Policy – Community Supports (CS) and Enhanced Care Management (ECM) Services**

To be consistent with Federal and State law and contractual obligations, Partnership is responsible for timely adjudicating a claim only when it is a clean claim.

A clean claim is a request for payment that is timely, accurate, and requires no further information or adjustment to be processed. A Clean Claim is defined as a claim received by the health plan for adjudication that has been completed and submitted without technical defect in its form, completion, or content. To constitute a Clean Claim, the claim must necessarily: a) comply with all standard coding guidelines; b) contain no missing information; and c) be free of any potential defect or impropriety due to unbundling, incorrect or obsolete coding, or medical necessity. Further, a Clean Claim must include all substantiating documentation that the health plan deems necessary for its adjudication, and does not require special processing or consideration, which would otherwise delay or prevent timely payment of the claim. In addition, the following types of claims shall not constitute a Clean Claim: (a) a claim for which fraud is detected or suspected; and (b) a claim for which a third-party payer may be responsible.

**Submission**

Providers must use the correct NPI and submit clean claims electronically, via claim form or the Partnership-approved invoice submission format, using specific data for prompt processing. All required documentation must be submitted to Partnership via a secure FTP site regardless of the claim submission method. Required documentation must be submitted for consideration of claim payment. Claims billed to Partnership without submitting the required documentation to the secure FTP site will be denied. Do not submit claims to this secure FTP site, only the required documentation.

The required naming convention for submission of required documentation is:

Treatment Authorization Request ID \_document name.pdf

Example: *A1234567\_housing deposit form.pdf*

Example: *A1234567\_member attestation form.pdf*

Example: *A1234567\_POP.pdf (POP – proof of payment)*

**Required Documentation for Housing Deposits, Transitional Rent Payments, Household Items and Asthma Remediation**

Documentation must be submitted for consideration of claim payment. Claims billed without submitting the required documentation to the secure FTP site will be denied.

Dated proof of payment. Acceptable examples include a copy of a cancelled check(s) from the bank (front and  
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back), dated receipt(s) from the entity being paid or purchases made, dated evidence of an electronic payment or a copy of a money order.

Attestation form and signature. A provider signed [Housing Deposit Services Request for Funds Form](#) AND a member signed [Housing Deposit Services Funds Attestation Form](#) are required, where the provider confirms the payment was made and the member attests they received items.

Executed Lease or document showing proof of room for rent or lease signed by landlord and member.

### **Retaining Records**

Providers must keep detailed records of all payments, receipts, and invoices for audit purposes.

### **Timely Filing**

Providers have 365 days from the date of service to submit claims to Partnership for payment consideration. Claims received on or after the 366th day from the date of service will be denied.

### **Payment Mandate**

Partnership must pay 90% of clean claims within 30 days and 99% within 90 days. Interest is due to the provider if a clean claim is not finalized within 30 calendar days.

### **Reimbursement Method**

Generally, providers are reimbursed directly by Partnership; members are not reimbursed for deposits, rents or household goods.

For questions or further information regarding this, please contact the Partnership Claims Resolution Coordinator Team at (855) 798-8761 or [claimsecmhelpdesk@partnershiphp.org](mailto:claimsecmhelpdesk@partnershiphp.org) .