

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

VIII. Partnership Medi-Cal Provider Appeal Process – End Dated 12/31/23

First Level Claims Appeal – e-CIFs or Claims Inquiry Forms (CIFs)

Providers whose claims have been denied may seek an adjustment by submitting an e-CIF to the Partnership Claims Department. The CIF should contain additional information/corrections necessary to allow claim payment within Partnership/Medi-Cal benefits and claim processing guidelines. Providers have six (6) months to e-CIF a claim from the original date of the denial on the Partnership RA. e-CIFs received after six (6) months are subject to automatic denial. Partnership will acknowledge receipt of the e-CIF immediately and will respond electronically indicating the outcome of the e-CIF review within 45 working days. If the claim submitted with the initial e-CIF does not appear on an RA, or a Claims Inquiry Response has not been received, the provider may file an appeal. Include all copies of the Claims Inquiry Acknowledgements with the Appeal.

Upon receipt of the outcome of the e-CIF, providers have a one time window of 90 days from the date of the e-CIF denial to re-eCIF their claim electronically with additional corrections.

See Section VIII.A for Partnership Medi-Cal Claim Inquiry (e-CIF) Instructions.

Second Level Claims Appeal – Claims Appeal

If the e-CIF is not approved and the claim denial is maintained, the provider may submit a "claim appeal" within 90 days of the e-CIF denial. Failure to submit an appeal within the 90-day time period will result in the appeal being denied. A claim which is submitted on appeal has already been reviewed and denied by the Partnership Claims Department two separate times once on the original claim submission and once as the result of an e-CIF submission and/or a re-eCIF. Partnership will acknowledge receipt of the Appeal within 5 working days and will respond with an Appeal Response Letter indicating the outcome of the Appeal review within 45 working days.

Submit all Partnership Appeals to:

**Partnership HealthPlan of California
Attn: Claims Department/CIFs
P.O. Box 1368
Suisun City, CA 94585-1368**

See Section:

- VIII.B for Partnership Medi-Cal Claims Appeal Instructions.
- XU.A for Partnership Pay on Behalf Claim Inquiry and Dispute Resolution Instructions