

**Date: December 5, 2023**

**Medi-Cal**

**Important Provider Notice: #480**

**Subject: Revised CIF (Claims Inquiry Form) Process, now called Provider Claims Dispute Resolution (PDR) Process – Effective January 1, 2024**

Partnership HealthPlan of California offers the Provider Claims Dispute Resolution Process for providers to resolve claim processing issues. In the past, providers submitted a Claims Inquiry Form (CIF) to the Partnership HealthPlan of California Claims Department to dispute a claim. Effective January 1, 2024, Partnership has implemented a revised process to resolve provider claim inquiries and disputes regarding claim payment issues.

### **Provider Claims Dispute Resolution (PDR) Process**

#### **Provider Claim Disputes:**

A Provider Claim Dispute is defined as a written notice prepared by a provider that:

- Challenges, appeals, or requests reconsideration of a claim that has been denied, adjusted, or contested
- Challenges Partnership's request for reimbursement for an overpayment of a claim that has been denied, adjusted, or contested
- Challenges Partnership's request for reimbursement for an overpayment of a claim
- Seeks resolution of a billing determination or other contractual dispute

All provider claim disputes require the submission of a Claims Inquiry Form (either paper or electronic), a Provider Claims Dispute Resolution Request Form or a Letter of Explanation, which serves as a written first level appeal by the provider. For paper submissions, Partnership will acknowledge the receipt of the dispute within fifteen (15) working days and for electronic submissions, within two (2) working days. If additional information is needed from the provider, Partnership has forty-five (45) working days to request necessary additional documentation. Once notified in writing, the provider has thirty (30) working days to submit additional documentation or the claim dispute will be closed by Partnership.

Providers may dispute by completing and submitting a Claims Inquiry Form (paper or electronic), a Provider Claims Dispute Resolution Request Form or a Letter of Explanation within three hundred sixty-five (365) days from the last original date of action on the claim. A written dispute form must include the provider's name, identification number, and contact information, date of service, claim number, explanation for the dispute and all required documentation or proof to support the dispute.

Disputes with incomplete information and missing required documentation will not be processed. Partnership will provide a written response to the provider within 45 working days from the date of the dispute and allows both a first-level and second-level dispute.

Partnership recommends for provider disputes to be submitted electronically through the Provider Claims Dispute Resolution System (formerly known as the eCIF System) via Provider Online Services on the Partnership HealthPlan of California provider website.

Partnership has also created a Provider Claims Dispute Resolution Request form that providers may use to submit inquiries, disputes, and corrected claims. This new form is located here:

[https://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal\\_Subsection\\_X.X.A.Provider\\_Claims\\_Dispute\\_Resolution\\_Form\\_120123\\_Updated.pdf](https://www.partnershiphp.org/Providers/Policies/Documents/Claims/Medi-Cal_Subsection_X.X.A.Provider_Claims_Dispute_Resolution_Form_120123_Updated.pdf)

Paper dispute forms, corrected claims and appeals should be sent to:

Partnership HealthPlan of California  
Attn: Claims Department – PDRs  
P.O. Box 1368  
Suisun City, CA 94585-1368

**For further information regarding this process, please contact the Partnership HealthPlan of California Claims Department at (707) 863-4130 or (855) 798-8757.**