

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

**X.U.A PAY ON BEHALF OF DELEGATED ENTITY (POB) PAY ON BEHALF CLAIM INQUIRY AND DISPUTE RESOLUTION PROCESS**

The PHC Pay on Behalf Claim Inquiry and Dispute Resolution process offers Delegated Entities who are dissatisfied with the processing or payment of a claim paid by PHC on behalf of the Delegated entity a method for resolving their dissatisfaction. Pay on Behalf (POB) claim inquiries and appeals may be submitted using the PHC Pay on Behalf Claim Inquiry and Dispute Resolution Form (PIDF). All PIDFs must be signed and may only include claims for one PHC member.

[Pay On Behalf Claim Inquiry and Dispute Resolution Form](#)

**1<sup>st</sup> LEVEL**

Delegated Entities may appeal the outcome of a POB claim by submitting a PIDF to the PHC Claims Department Pay on Behalf unit. The PIDF should contain the additional information necessary to allow POB claim adjustment, following PHC POB claim payment and processing guidelines. Delegated Entities have six months from the date PHC notifies the capitated hospital of PHC pay on behalf claim payment to submit a PIDF. PIDFs received after 6 months are subject to automatic denial. PHC will acknowledge receipt of the PIDF via email within five working days, and will respond with a POB Inquiry/Dispute Response (PIDR) letter indicating the outcome of the review within 45 working days.

**2<sup>nd</sup> LEVEL**

Upon receipt of the PIDF outcome, Delegated Entities have a onetime window of 90 days from the PIDR letter date to submit a second PIDF requesting additional review. PIDFs received beyond the 90-day time period are subject to automatic denial

**3<sup>rd</sup> LEVEL/APPEAL**

If the PIDF is not approved and the POB claim outcome is maintained, Delegated Entities may submit an appeal within 90 days of the PIDR letter date requesting additional review. Failure to submit a PIDF appeal within the 90-day time period will result in PIDF appeal denial.

**RETRO CAPITATION TIMELINE REQUIRMENT**

Delegated Entities have 6 months from the date PHC removes a member from hospital capitation to submit a PIDF requesting POB claim adjustment.

Submit all Pay on Behalf Claim Inquiry and Dispute Resolution Forms via secure email to:

[POBappeals@partnershiphp.org](mailto:POBappeals@partnershiphp.org).