X.X. Provider Claims Dispute Resolution – Effective 1/1/24

Providers and subcontractors have the right to submit a payment dispute if they disagree with a claim decision regarding the denial or compensation of a claim. Providers and subcontractors may submit disputes via Provider Online Services or by mail. The Provider Claims Dispute Resolution Mechanism is a fair and cost-effective process used by contracted and non-contracted providers and subcontractors for disputes regarding invoices, billing determinations or other contractual or non-contractual issues.

A claim dispute may be submitted for the following reasons:

1. Resubmit a denied claim with billing corrections
2. Resubmit a denied claim that now has a retro authorization
3. Request adjustments such as overpayment or underpayment of claims
4. Request Share of Cost reimbursement for a previously paid claim
5. Request a status on a claim that has not appeared on a remittance advice or EOP
6. Request review of a denied service or review of the processing of a payment or non-payment of a claim
7. Request review of the timeliness of reimbursement of a clean claim and any applicable interest on said claim

Providers and subcontractors have 365 calendar days to dispute a claim from the original date of the denial on the PHC RA. If the provider or subcontractor feels this time frame is insufficient, they may submit additional documentation to justify being outside the time frame and these will be reviewed on a case by case basis.

If PHC requests additional time, it must show good cause for the extension and provide supporting documentation to DHCS upon request.

PHC will acknowledge receipt of the dispute within 2 working days of an electronic submission and within 15 working days of a paper submission. PHC will respond with a Claims Dispute Response Letter indicating the outcome of the review within 45 working days. If the claim submitted with the initial dispute does not appear on an RA or a Claims Dispute Response Letter has not been received, the provider or subcontractor may file an Appeal. The provider or subcontractor must include all copies of the Claims Dispute Acknowledgement letter or PHC dated correspondence with the Appeal. Dispute denials for timeliness cannot be appealed by the provider or subcontractor.

Any monies due to the provider or subcontractor after a determination has been made on a dispute must be paid, including all interest and penalties, within 5 working days of the written determination.

All disputes must be submitted in writing to:

Partnership HealthPlan of California

Attn: Claims Department/Disputes
P.O. Box 1368
Suisun City, CA 94585-1368

or via the PHC Provider Online Services portal.

Each provider dispute must contain at least the following information:

1. Provider's name and NPI
2. Provider contact information
3. Member name and ID
4. Documentation supporting the dispute
5. Original claim number
6. Reason for dispute

Substantially similar multiple claims, billing or contractual disputes, may be filed in batches as a single dispute, provided that such disputes are submitted in the following format:

1. Sort disputes by similar issues/type and separate into batches. If dispute is related to claims, it must include the required information for each claim.
2. Provide cover sheet for each batch.
3. Number each cover sheet.
4. Provide a cover letter for the entire submission describing each provider dispute with references to the numbered cover sheets.

The provider or subcontractor must provide a clear identification of the disputed item and the date(s) of service. Provider or subcontractor must also explain clearly the basis for provider's belief that the payment, request for overpayment return, request for additional information, contest, denial or adjustment, or other action is incorrect.

Provider claim disputes that do not include all required information may be returned for additional information. PHC will clearly identify in writing to provider the missing information necessary to resolve the dispute. Provider or subcontractor may submit an amended provider dispute setting forth the missing information within 30 working days of the request for additional information.

Provider disputes for any reason outside of the Claims Department purview, such as an authorization issue or provider set up issue, will be forwarded to the appropriate department for review and completion.

PHC will not discriminate or retaliate against a provider or subcontractor, including but not limited to the cancellation of the provider's contract, because the provider filed a dispute.

All claim disputes received, handled and resolved by PHC, will be done without charge to the provider or subcontractor.

The Provider Claims Dispute Resolution Mechanism is available for both contracted and non-contracted providers at http://www.partnershiphp.org/Pages/PHC.aspx. Partnership HealthPlan will inform all providers and subcontractors that provide services to PHC Members of its Provider Claims Dispute Resolution process, regardless of contracting status. The Provider Claim Dispute Resolution Mechanism process is detailed on both contracted providers, non-contracted providers and subcontractor's remittance advice (RA) and/or Explanation of Payment (EOP) documentation.