

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-38			Lead Department: Claims	
Policy/Procedure Title: Pay of Behalf of Delegated Entity Claim Inquiry and Dispute Resolution Process			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/1/25		Next Review Date: 01/01/2026		
		Last Review Date:		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Lisa Malvo</i>			Approval Date: 9/1/25	

I. RELATED POLICIES:

A. N/A

II. IMPACTED DEPTS:

A. Claims

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To provide, for the provider, general guidelines and requirements relating to inquiries and disputes on claims paid on behalf of a Partnership delegated entity.

VI. POLICY / PROCEDURE:

The Partnership 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 Partnership 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 Partnership Pay on Behalf Claim Inquiry and Dispute Resolution Form (PIDF). All PIDFs must be signed and may only include claims for one Partnership member.

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

1st LEVEL APPEAL

Delegated Entities may appeal the outcome of a POB claim by submitting a PIDF to the Partnership Claims Department Pay on Behalf unit. The PIDF should contain the additional information necessary to allow POB claim adjustment, following Partnership POB claim payment and processing guidelines. Delegated Entities have six months from the date Partnership notifies the capitated hospital of Partnership pay on behalf claim payment to submit a PIDF. PIDFs received after 6 months are subject to automatic denial. Partnership 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.

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2nd LEVEL APPEAL

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

3rd 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 period will result in PIDF appeal denial.

RETRO CAPITATION TIMELINE REQUIREMENT

Delegated Entities have 6 months from the date Partnership 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.

VII. REFERENCES:

A.

VIII. DISTRIBUTION:

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Claims Department

X. REVISION DATES: 9/1/25