eClaims and eCIF
Electronic Claims Inquiry System
Medical Claims
eClaims Inquiry System
Medical Claims

Our eCommerce team has developed the eClaims Inquiry System. This system allows you to check the status of your claims only in our system via the internet. To access the system, click Online Services on our home page at www.partnershiphp.org, as shown below, or select Provider on the menu bar, then Online Services and you will be at the login screen.

PHC has identified an eAdministrator at most clinics and practices. That person will assign your username and password, and also allow access to eClaims for appropriate billing employees.

Note: eClaims, eRAF and eTAR are not normally available between 7:00 PM and midnight daily.

If you are using Internet Explorer for your browser, you may use the Tab/Shift+Tab keys on your keyboard to move from field to field or you may click the appropriate field/button.

Once you have entered your username and password, select eClaims. The following options appear:

Medi-Cal Claims Billing Limits
Healthy Kids Claims Billing Limits
Healthy Families Claims Billing Limits
Billing Address
Medical Claims by Member Help
Hospital/LTC Claims by Member Help
Check Write Amounts
Remittance Advice

View CIF and ReCIF Responses [0]
CIF & ReCIF Status Checking Help

Claims Billing Limits – Displays a document defining the claims billing limits. Note: You must have Acrobat Reader on your computer to read the document, as it is in PDF format.
Billing Address – Displays the Partnership HealthPlan billing address.

Medical Claims by Member – Displays Medical Claims by member.

Hospital/LTC Claims by Member – Select this option to view Hospital/Long Term Care claims, if you are a Hospital or LTC provider.

Check Write Amounts – Displays detail by check number or checks within a date range. **Note:** Six months of data available for review. For service outside this date range please contact PHC Claims department @ (707) 863-4130.

Remittance Advice – Displays the remittance advice for paid/denied claims. You may search by a date range or by a claim number. **Note:** Six months of data is available for review. For service outside this date range please contact PHC Claims department @ (707) 863-4130.

Select **Medical Claims** and the screen appears as shown below:

You may look up the claim by the member’s **Social Security Number** or **Medi-Cal ID Number (Client Index Number)** or **Healthy Kids #**, or **First Name/Last Name and Date of Birth** or the **Claim Control Number**. Social Security Number and First Name/Last Name and Date of Birth returns the member
information and the claims submitted for that member. By entering a Claim Control Number, only that claim is displayed. Note that the date range defaults to the current date to 12 months prior to the current date. For claims outside that range, please contact the Claims Customer Service department. If the member has a large claims history, you may need to select the option ‘Date of service between’ and enter a smaller date range.

In the following examples, we searched for the member by Social Security Number. Enter any of the three data elements, click Submit and the screen appears, as shown below:

![Medical Claims Search Result](image)

Click Go to select the member. If no claims data is found for the member, your screen appears as shown below:

![Medical Claims by Member](image)

If the member has claims, they will appear listed in claim number order as shown on the next page:

![Medical Claims by Member](image)

Note: Display of * in date of service indicates claim has more than one date of service.
If you select a claim number (by clicking on the blue underlined number), details of that claim appear, as shown below:

If you select a Line # (by clicking on the blue underlined number), details of that line number appear, as shown on the next page.
Submit a CIF

You may navigate the electronic eCIF form by using your TAB/Shift+TAB keys or by using your mouse. If you select the Submit CIF button for a claim greater than 180 days old, the following appears.

If you select the Submit CIF button for a claim within the proper time frame, the following appears for the first 10 times that you submit a CIF, as a reminder to the criteria for submitting an electronic CIF. You must click the Yes button to proceed.

Claims which can NOT be electronically inquired (CIF’d) through the e-Claims Inquiry system.

- Tracers
- Other Coverage EOB attachments
- Any claims with paper attachments
- Under/Over payments which require supporting documentation.

You may not submit an electronic inquiry for any of the above. Please submit your claim inquiry using the State of California Claims Inquiry Form (CIF) and mail it to: Partnership HealthPlan of California, P.O. Box 1366, Burlingame, CA 94010-1366.

Claims which can be electronically inquired (CIF’d) through the e-Claims Inquiry system.

- Retroactive eligibility within the last 12 months
- Retroactive authorization by PHC
- Corrected patient identifier
- Corrected billed amount
- Corrected and/or additional diagnosis codes
- Corrected and/or additional modifier codes
- Corrected procedure codes and/or revenue codes
- Corrected units/counts
- Corrected anesthesia start/stop time
- Corrected date of service
- Corrected Place of Service code and/or Bill Type code
- Long Term Care Rate Changes
- Share of Cost (SOC) changes
- Under/Over payments which do not require supporting documentation

Reminder: Any claims inquiries submitted beyond six months from the date of the original claim denial, will be automatically denied. The only exceptions are for retroactive eligibility and PHC authorizations.

If you want to proceed and submit your inquiry electronically, click on “Yes” button below.

Do you want to submit an electronic inquiry on this claim Yes No

Once you click the Yes button, the screen below appears.
All white text boxes on the screen can be edited, as discussed below:

**Top of Form**

**Retro Authorization #** - This field is optional.

**Select Claim Type** – This is a mandatory field, you may select one of the options on the drop down list.

**Bill Type (UB 04 Only Box 4)** – This field is optional.

**Type (UB 04 Only Box 19)** – This is a mandatory field. Select non-ER or ER from the drop down list.

**Patient Details**

**Change Patient Medi-Cal #/SSN to** – Allows you to change the member information. This field is optional and if changed generates a new CCN #.

**Service Lines**

You may change any of the service lines that have Change/Delete buttons to the right of the service line. If an adjustment was already made to a line item, the buttons do not appear. They appear for the last valid line item only.

**Change button** – Allows you to modify any of the fields of the service line, as shown on the next page.

**Delete button** – Allows you to delete the entire service line.

If you click the Change button, your screen appears as seen below.
The service line you are changing, displays Editing... (as seen in the upper right-hand corner in the graphic above) and the text boxes for each field of the service line appear below the line item. Additionally, a Submit Service Line Changes and Cancel button appear to complete the process. You may change a line many times before you submit the eCIF at the very bottom of the eCIF form. The Submit Service Line Changes only saves and marks the changes to the line item you are working on. The Cancel button allows you to cancel any data entered and cancel out of the service line.

You may modify each of the following fields Dates of Service (From and To), Place of Service (LC), Proc./Rev Code, Diagnosis Code (you may enter in V70.0 or V7000 (with or without the period)), Modifiers, Billed Amount, Share of Cost, Units/Counts, Plus Units, Payment Type and Expected Amount. Once any changes are made and you click Submit Service Line Changes, your screen will appear as follows. The corrected line appears below the service line changed and highlighted in blue.

At the time you click the Submit Service Line Changes button, the system validates the data entered. Below is a sample error message for an invalid Place of Service.
Actions Requested

The Actions Requested text box is a mandatory field. You must type in the nature of your request (i.e. modifier changed, rate changed, document referring provider name & number, etc.). You may type up to 2,000 characters in this field.

Bottom of Form

Submitted By - Date Submitted – This field is automatically filled in by the system, based on your user id and the current date.

Phone Number – This field is a mandatory field. Enter your 10 digit phone number without the parentheses and hyphen, 7775554444.

Notify me by email once CIF completed – Check if you would like to receive notification via email of the completed CIF.

Email – If the notify me by email is checked, this field is mandatory. Be sure to type your return email address correctly.

Submit CIF or Cancel buttons – Allow you to submit the CIF or cancel all action, respectively.

On the next page is a sample of a completed CIF. A red symbol appears to denote the fields modified. You may print the completed CIF, return to Claims Home or return to the Claims Summary. It is not necessary to print the CIF, as it is retained in the system for future access. You may print it for your records, if necessary.
Note: The system will add a letter ‘C’ to the original CCN #. You will notice that in the above graphic next to the CIF #.

You will also see a button to ‘Upload Attachments’. This is the latest enhancement to our eClaims system and it allows you to attach the following file types to your eCIF prior to submission: .tiff, .jpeg, .gif, .pdf or .doc. If your claim requires additional documentation, click on this button, Upload Attachments, and the following screen appears:

Select a file from your computer by clicking on the ‘Browse...’ button. Then you can select the file you wish to submit to PHC. You can also include additional remarks by typing in the ‘Attachment Notes’ section of this screen.

Once you have selected the attachment and entered your remarks, you have the option to ‘Print’ this page, ‘Close’ it which will not submit the attachment, or Upload the attachment by clicking on the “Upload a claim attachment to PHC” button. You can also upload more than one attachment to any eCIF submission.

If you chose to upload the attachment to PHC, the following screen will appear:
You then have the option to delete the attachment by clicking on the 'Delete' button. Once you have completed your attachments, click on the 'Close' button.

**View a Processed or In Progress CIF or ReCIF**

There are two ways to view a CIF. The View CIF and ReCIF Responses link allows you to view all CIFs and ReCIFs that have been replied to or are in progress. CIFs that have been submitted and not replied to by our customer service representatives are not listed in this view. The other way to view a CIF and check the status is CIF & ReCIF Status Checking. This allows you to search for a CIF by number, member #, date span, etc. To view processed and in progress CIFs for the provider click the **View CIF and ReCIF Responses**. The number to the right of the link indicates the number of CIFs received from the provider(s) you are linked to (39 as seen below in brackets).

**View CIF and ReCIF Responses** [39]

**CIF & ReCIF Status Checking**

The default sort for **View CIF and ReCIF Responses** is CIF # in ascending order. The **Home** button allows you to return to your eClaims Inquiry links. The **Logout** button allows you to log out of the PHC eSystems. You may sort by any column by clicking on the column header.
<table>
<thead>
<tr>
<th>CIF#</th>
<th>Status</th>
<th>CGN</th>
<th>Claim Type</th>
<th>Submit Date</th>
<th>Submit By</th>
<th>Interim Response</th>
<th>DI. Response</th>
<th>View</th>
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<td>Yes</td>
<td>1/22/2004</td>
<td>Vxx</td>
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</tbody>
</table>

Total number of Medical CIFs: 28
Total number of Hospital CIFs: 8
Total number of Medical Re-CIFs: 2
Total number of Hospital Re-CIFs: 1
Total number of interim responses: 8
Once you locate the CIF, click **View** to open the CIF. The first part of the screen is the Claims Inquiry Form which was received by PHC (not shown below) and below the CIF is the response from PHC (as seen below). Printing the CIF and CIF Response is optional and available. The CIF response remains attached to the processed CIF and is kept on file electronically for your records. You may also submit a Re-CIF, if this was an initial CIF submission.

<table>
<thead>
<tr>
<th>CLAIMS INQUIRY FORM - RESPONSE</th>
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</thead>
<tbody>
<tr>
<td><strong>Response Date:</strong> 1/22/2004</td>
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<tr>
<td><strong>New On:</strong></td>
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</table>

PHC has reviewed your request and the outcome of our review is as follows:

<table>
<thead>
<tr>
<th>Paid on RA date:</th>
<th>Denied on RA date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Claim Control Number:</td>
<td>Denied Claim Control Number:</td>
</tr>
</tbody>
</table>

**Response Remarks:**
Your claim has been forwarded to be adjusted and reprocessed under the correct member.

**Note:** The adjustment request will appear on the PHC inquiry system within the next 4-5 days.

If you are not satisfied with the outcome of our review, you may appeal this decision by submitting an appeal within 90 days of this re-CIF response. A brief explanation of the PHC appeals process appears below.

Sincerely,

Diane Lane
Claims CSR Manager,
Partnership HealthPlan of California.

**CLAIMS INQUIRY FORMS (CIFs): First level appeal**
Providers whose claims have been denied may seek an adjustment by submitting a Claim Inquiry Form (CIF) to the PHC Claims Department. The CIF should contain additional information or corrections to the original claim necessary to allow claim payment within PHC/Medi-Cal benefits and claim processing guidelines. Providers have six months from the original date of denial on the PHC RA to submit a CIF for consideration. CIFs received beyond six months from the original denial date are subject to automatic denial.

PHC will acknowledge receipt of paper CIFs within 5 working days and will respond with a Claims Inquiry Response Letter indicating the outcome of the CIF review within 45 working days.

PHC will acknowledge receipt of electronic CIFs within 24 hours of receipt and will respond with an electronic Claims Inquiry Response indicating the outcome of the CIF review within 45 working days.

Upon receipt of the outcome of the paper or electronic CIF, providers have a one-time window of 90 days from the date of the CIF denial to re-CIF their claim with additional corrections and information.

**CIF DENIALS FOR TIMELINESS CAN NOT BE APPEALED.**

**CLAIMS APPEALS PROCESS (second level appeal)**
If the paper or electronic CIF is not approved and the claim denial is maintained, the provider may submit a claim appeal within 90 days of the CIF denial to the PHC Claims Department using the State of California Medi-Cal Appeal Form. Failure to submit an appeal within the 90-day time period will result in the appeal being denied.

PHC 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.

Send paper Claims Inquiry Forms (CIFs) and appeals to:
Partnership HealthPlan of California Attn:
Claims Department,
P.O. Box 1368
Suisun City, CA 94585-1368.
CIF & ReCIF Status Checking

The CIF & ReCIF Status Checking link allows you to search for a CIF by CIF #, ReCIF #, CCN #, Member ID #, a requested date range or by CIF Status (submitted, in progress, completed). The Search window is seen below. In the search below, the date range from 12/1/2004 to 12/14/2004 was requested. During that time, only two CIFs were submitted as seen in the status column below. The status column may also indicate in progress or replied to.

Click View to view the CIF and CIF Response, if applicable. If you select a CIF that was replied to, your screen will appear as seen below. Notice the Submit CIF button has been replaced by a View CIF & CIF Response and Submit ReCIF. The Submit ReCIF button allows you to resubmit a CIF (ReCIF). You may submit a ReCIF only once. The ReCIF must be done within 90 days of the original CIF response date.

Note: The system will add a letter ‘R’ to the original CCN#. You will notice the new number when you submit the ReCIF.
Additional Note: If the ReCIF exceeds the 90 days from the original CIF response date, the following error message appears.

![Microsoft Internet Explorer](https://example.com/image.png)

The ReCIF was not submitted within 90 days the original CIF response date. Your request cannot be submitted to PHC at this time.

OK