

California Advancing and Innovating Medi-Cal (CaAIM)

*Overview of Data Exchange and Reporting Requirements for
Enhanced Care Management (ECM) and Community Supports*



December 7th, 2021

Agenda

- The Big Picture
- Data Flows Between MCPs and ECM / Community Supports Providers
- MCP Reporting Requirements to DHCS
- DHCS Expectations and Supports for Implementing Data & Reporting Requirements
- Q&A

THE BIG PICTURE



The Big Picture:

Enhanced Care Management (ECM) and Community Supports

ECM and Community Supports will replace both WPC and HHP beginning on January 1, 2022, with the initiatives scaling up to eventually form a statewide approach.

Enhanced Care Management

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management

Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions

The Big Picture:

Enabling ECM & Community Supports Through Data

Information sharing among providers, MCPs, counties, community-based organizations and DHCS is critical to the success of the ECM benefit and Community Supports

- » DHCS has developed information sharing guidance **to standardize information exchange, increase efficiency and reduce administrative burden** between MCPs and ECM and Community Supports Providers
 - » Over 220 comments were received and reviewed during the public comment period in September
- » **MCPs will report to DHCS** on various dimensions of the new ECM benefit and Community Supports, which will allow DHCS **to monitor implementation**
 - » Over 60 comments were received from MCPs and associations during stakeholder review of the reporting framework

Today we will describe both the finalized information sharing and reporting guidance documents and take questions

Four ECM/Community Supports Monitoring & Data Sharing Documents Recently Published (1)

1. Billing & Invoicing Guidance

ECM and Community Supports Quarterly Implementation Reporting Framework

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 - WPC/HHP Transition Reports 2
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- 4. Quarterly Implementation Monitoring Report Elements 6
 - Quarterly ECM Implementation Monitoring Report Elements 6
 - Quarterly Community Supports Implementation Monitoring Report Elements 11

[1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports](#)

DHCS will monitor Medi-Cal managed care health plans' (MCPs) implementation of and compliance with Enhanced Care Management (ECM) and Community Supports requirements across multiple domains including Membership, Service Provision, Grievances and Appeals, Provider Capacity, and Quality. DHCS will monitor the impact of ECM and Community Supports through ongoing stakeholder engagement and a combination of data sources, including Member-level data reported by MCPs and demographic data currently available to DHCS.

In addition to monitoring how MCPs and Providers are implementing ECM and Community Supports, DHCS will monitor and evaluate outcomes for MCP Members who received ECM and Community Supports, through the use of quality measures. DHCS will provide additional reporting guidance as it relates to Quality performance reporting as we finalize the Quality reporting expectations.

DHCS' vision for the long-term monitoring of ECM and Community Supports is to leverage existing data processes as much as feasible, with the least possible burden on

1

Standard, "minimum necessary" data elements MCPs will need to collect from **ECM or Community Supports Providers** unable to submit ANSI ASC X12N 837P claims to MCPs

[Link](#)

2. Member-Level Information Sharing Guidance

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Standards for data exchange between MCPs and **ECM Providers**

[Link](#)

Four ECM/Community Supports Monitoring & Data Sharing Documents Recently Published (2)

3. Quarterly Implementation Monitoring Report*

4. Updated ECM & Community Supports Coding Options

1. Overview

Enhanced Care Management (ECM) and Community Supports Providers will be expected to submit claims to Managed Care Plans (MCPs) using national standards (ANSI ASC X12N 837P). Providers who are unable to submit compliant claims may instead submit invoices to MCPs with minimum necessary data elements defined by DHCS. This guidance defines these "minimum elements," which includes information about the Member, services rendered, and the Provider, as well as standards for the format, transmission methods, submission timing, and adjudication. MCPs will use invoices to pay Providers and develop complaint encounters for submission to DHCS. MCPs must ensure responsibilities outlined in this guidance specified requirements are satisfied by delegated entities. The purpose of this guidance is to standardize invoicing to mitigate provider burden and improve data quality.

Training, TA and Secure Transmission

MCPs will provide contracted ECM Providers with instruction, training, and technical assistance to support billing information transmissions covered in this guidance. DHCS strongly recommends MCPs, especially those operating in the same county with the same providers, work collaboratively to maintain common templates or centralized billing services (e.g., portals) for the communication of this information. MCPs may use Year 1 incentive Payment infrastructure funding to support such activities.

Next Steps and Further Information

This guidance has been developed to address an identified CAHIM need, confirmed by MCP and Provider feedback in public comments. DHCS will continue to work closely with stakeholders and may revise guidance in response to market experience after launch.

ECM and iLOS Shared Services

February 12, 2022
 *DHCS is not establishing Provider Invoicing for ECM Enhanced Care Management Services (ECM) assistance may include portals, greater coordination of Provider Feedback.
 A draft version of this document is available at 2/25/2022.

ECM and Community Supports Transition Reporting Template Instructions

The Department of Health Care Services (DHCS) is launching MCPs for certain Adult Community Support Program (ACP) and/or Member Personal Care Plan (MPC) to submit a single report that will provide data about members that transitioned from the HSP and WPC to Enhanced Care Management (ECM) and Community Supports (CS).

The ECM and Community Supports Transition Reporting Template is to include data from the time period of January 1, 2022 through March 31, 2022 and is due May 15, 2022. The report must be submitted to DHCS (MCP@dhcs.gov) or the DHCS transfer site (https://transfer.dhcs.ca.gov). The file name must include the ECM/CS Transition, MCP health plan name, the appropriate reporting period dates in YYYYMM format. For example: ECM/CS-Transition_MCPName_202201. Each MCP must submit only one data file per reporting period. All submissions must be rolled up into the main MCP's data. Files must be in Excel format. When submitting revised files, include REV# and the number at the end of the file name. For example: ECM/CS-Transition_MCPName_202201_REV1.

Column Name	Explanation
1 Plan Name (column A)	From the drop-down list, select the plan name.
2 Plan Code (column B)	From the drop-down menu, select the plan code. The plan code must match the county listed in the county column.
3 County (column C)	From the drop-down menu, select the county name. The county must match the plan code listed in the plan code column.
4 Member ID# (column D)	Enter the member's ID# as a nine-character number that consists of eight numbers and one letter.
5 Member Last Name (column E)	Enter the member's last name.
6 Member First Name (column F)	Enter the member's first name.
7 Member Date of Birth (column G)	Enter member's date of birth (MM/DD/YYYY).
8 WPC to ECM Transition (column H)	Was the member transitioned from WPC to ECM by March 31, 2022? Enter "1" for Yes, Enter "0" for No. Each member that transitioned from WPC to ECM between 1/1/22 and 3/31/22 should be reported, regardless of the amount of the transition to ECM.
9 HSP to WPC Transition (column I)	Was the member transitioned from HSP to WPC to ECM by March 31, 2022? Enter "1" for Yes, Enter "0" for No. Each member that transitioned from HSP to WPC to ECM between 1/1/22 and 3/31/22 should be reported, regardless of the amount of the transition to ECM.
10 Member's ECM Provider NPI (column J)	Enter the member's assigned ECM provider NPI.

2. HSP and WPC Transition to Community Supports

Column Name	Explanation
11 Instructions	Transition to ECM
12	Transition to Community Service

Quarterly MCP reporting requirements and Excel template related to ECM and Community Supports implementation across multiple domains: "supplemental" to encounters

[Link](#)

Enhanced Care Management and in Lieu of Services Coding Options
 Updated October 25, 2021

Encounter Data Submission Process

The Department of Health Care Services (DHCS) requires Medical Managed Care Health Plans (MCP) to submit encounter data in accordance with requirements in the MCP contract and All Plan Letter 14-019, or any subsequent updates. For Enhanced Care Management (ECM) and in Lieu of Services (ILOS), MCPs will be required to submit encounter data for these services through the existing encounter data reporting mechanisms for all covered services for which they have incurred any financial liability, whether directly or through subcontractors or other arrangements, using ASC X12 EDI version 5010 X223 Institutional and Professional transactions and the new ECM and ILOS coding requirements outlined in this document, to the Post Adjudicated Claims and Encounters System (PACES) beginning on January 1, 2022.

Enhanced Care Management – Coding Options

MCPs must use the Healthcare Common Procedure Coding System (HCPCS) codes listed in the table to report ECM services. The HCPCS code and modifier combined define the service as ECM. As an example, HCPCS code G9008 by itself does not define the service as an ECM service. HCPCS code G9008 must be reported with modifier U1 for the care coordination service to be defined and categorized as an ECM service. If an ECM service is provided through telehealth, an additional modifier GQ must be used. All telehealth services must be provided in accordance with DHCS policy.

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
G9008	ECM In-Person, Provided by Clinical Staff, Coordinated care fee, physician coordinated care oversight services.	U1	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.
G9008	ECM Phone/Telehealth, Provided by Clinical Staff, Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single in-person Enhanced Care Management service not elsewhere classified.
G9008	ECM Outreach in Person, Provided by Clinical Staff, Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member.
G9008	ECM Outreach Telephonic/Electronic, Provided by Clinical Staff, Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member.

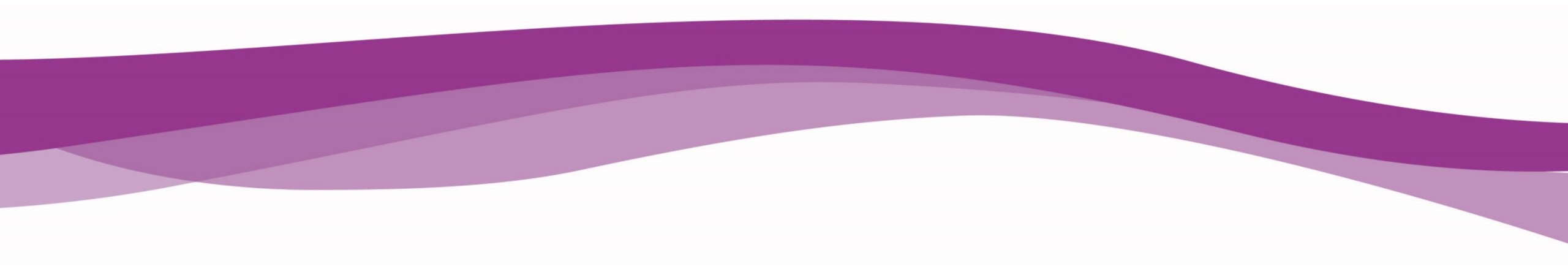
¹ For more information refer to the DHCS [Medi-Cal Provider Manual](#)
 Department of Health Care Services | Health Care Delivery Systems | Page 1 of 6

Updated HCPCS codes and modifiers for ECM and Community Supports services

[Link](#)

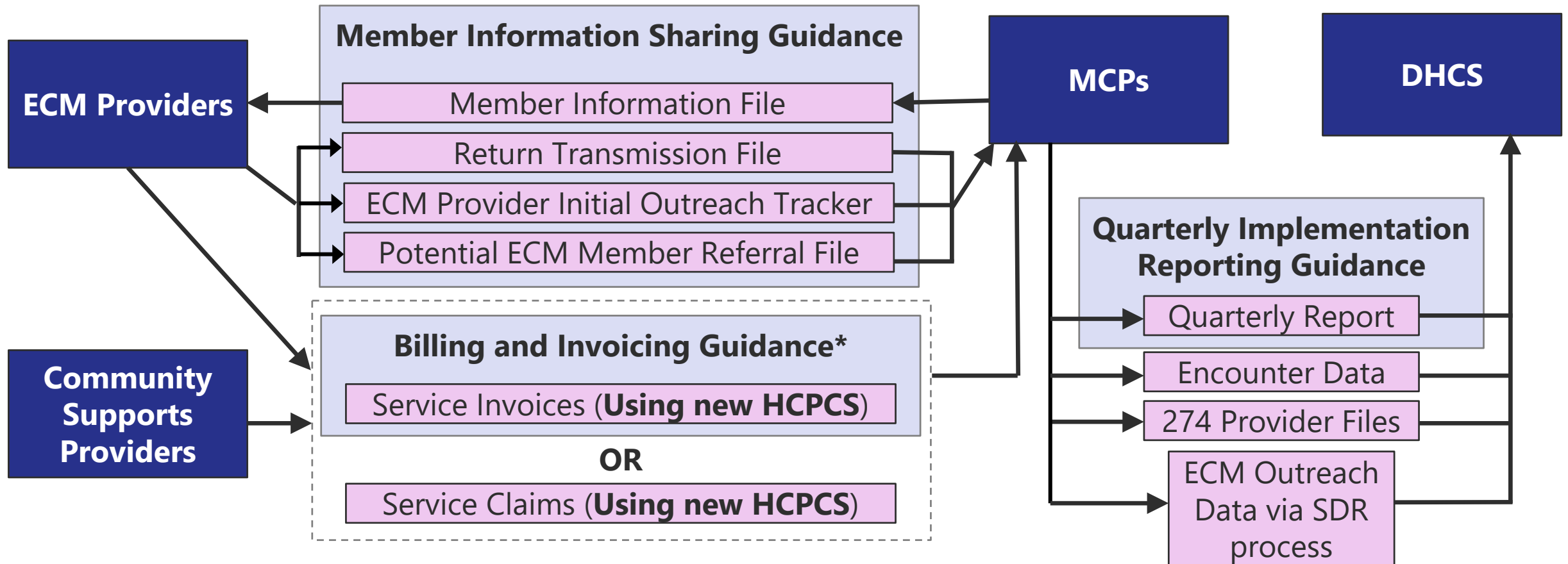
*The Quarterly Implementation Monitoring Report will also be used to fulfill AB 133 Reporting Requirements to the Legislature
 All items are posted on the [ECM & Community Supports \(ILOS\) Website](#)

DATA FLOWS BETWEEN MCPS AND ECM / COMMUNITY SUPPORTS PROVIDERS



ECM & Community Supports Dataflows

ECM & Community Supports implementation will be supported by these key dataflows

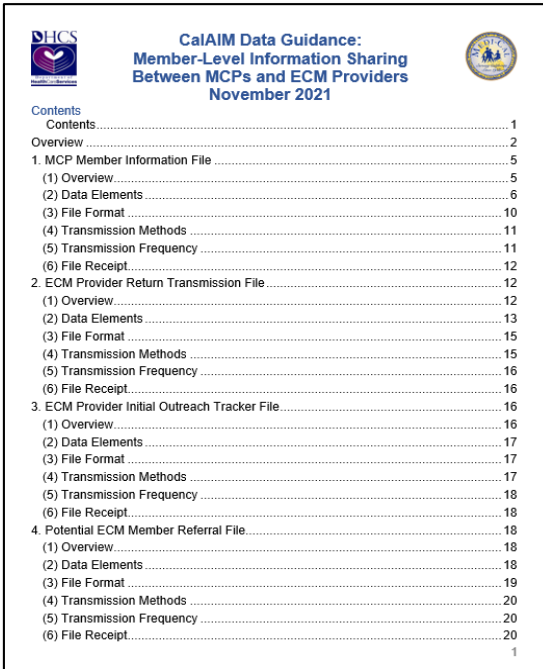


*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

Member-Level Information Sharing

Data Files in the Member Information Sharing Guidance

The Member Information Sharing Guidance document defines standards for data sharing between MCPs and ECM Providers; it contains specifications for four files



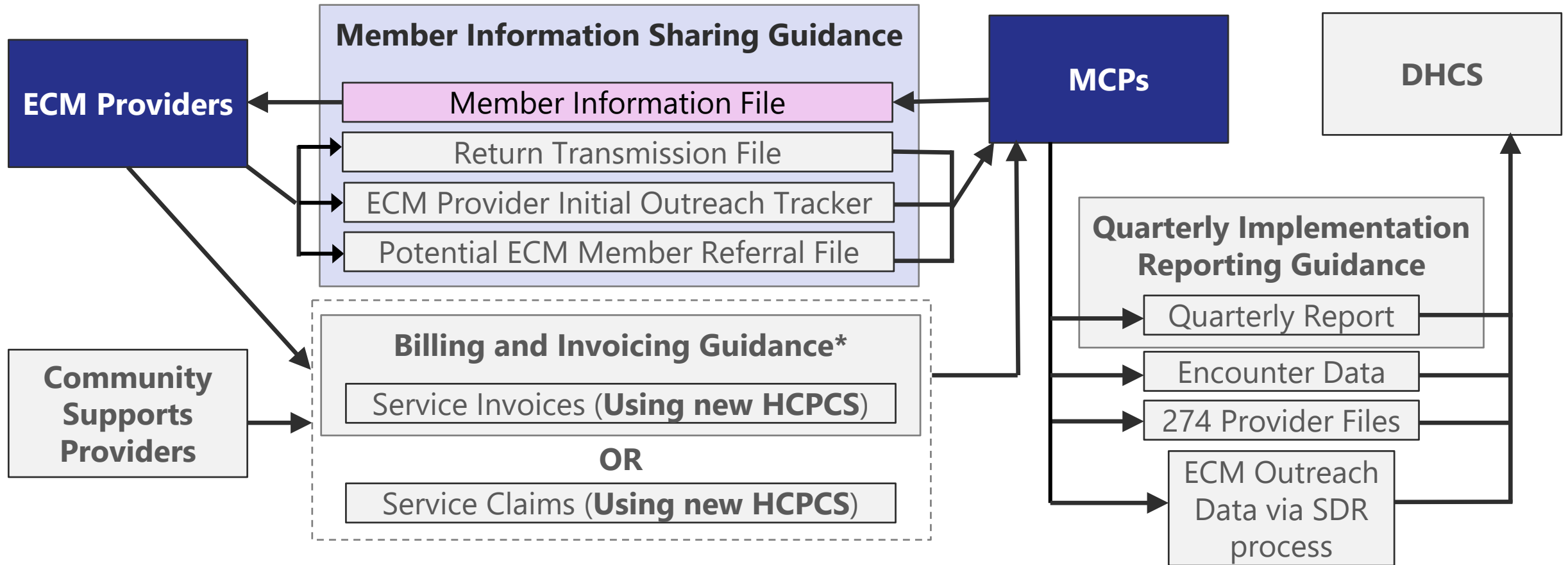
The image shows the cover of the 'CalAIM Data Guidance: Member-Level Information Sharing Between MCPs and ECM Providers' document, dated November 2021. It features logos for DHCS and the State of California. Below the title is a detailed table of contents listing sections such as Overview, MCP Member Information File, ECM Provider Return Transmission File, ECM Provider Initial Outreach Tracker File, and Potential ECM Member Referral File, each with sub-sections for Overview, Data Elements, File Format, Transmission Methods, Transmission Frequency, and File Receipt, along with their respective page numbers.

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- 1. MCP Member Information File**
- 2. ECM Provider Return Transmission File**
- 3. ECM Provider Initial Outreach Tracker**
- 4. Potential ECM Member Referral File**

[Link](#)

Member-Level Information Sharing Between MCPs and ECM Providers



*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

Member Information File

Overview

- » ECM Providers need information about their Members' clinical and non-clinical needs; however, many will not immediately have the technical capacity to derive such information from encounter file sharing
- » As such, DHCS has developed standardized templates for data exchange

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format • DHCS is not providing a standardized template 	<ul style="list-style-type: none"> • "Member engagement" elements (name, date of birth, etc.) need to be shared within 10 days of member assignment; all others to be shared at least monthly

1. Unless an otherwise mutually agreed-to cadence for updates is established between the MCP and ECM Providers.

2. CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions," DHCS, ECM Section 14cii, available [here](#).

Member Information File

Table 1: Member Engagement Information

Data Element	Required
Member Client Index Number (CIN)	Yes
Medical Record Number (MRN)	Optional
Member First Name	Yes
Member Last Name	Yes
Member Homelessness Indicator	Yes
Member Residential Address	Yes
Member Residential City	Yes
Member Residential Zip	Yes
Member Mailing Address	Yes
Member Mailing City	Yes
Member Mailing Zip	Yes
Member Phone Number	Yes
Member Email Address	Optional
Member Date of Birth (MM/DD/YYYY)	Yes
Member Gender Code	Yes
Member Preferred Language (Spoken)	
Member Race or Ethnicity Code	Yes
Medi-Cal Renewal Date (MM/DD/YYYY)	Yes
ECM Service Authorization Date by MCP (MM/DD/YYYY)	Yes
ECM Population(s) of Focus	Yes
Member Assignment to ECM Provider (MM/DD/YYYY)	Yes
Member Transitioned from Health Homes Program	Yes
Member Transitioned from Whole Person Care Pilot	Yes
Member Guardian or Conservator First Name (if applicable)	Optional
Member Guardian or Conservator Last Name (if applicable)	Optional
Member Guardian or Conservator Phone Number (if applicable)	Optional

Member Information File *Table 2: Member Clinical Information*

Data Element	Required
Health indicators, including: <ul style="list-style-type: none"> ▪ Clinical chronic condition indicators, including: <ul style="list-style-type: none"> ○ Asthma ○ Bipolar disorder ○ Chronic congestive heart failure ○ Chronic kidney disease ○ Chronic liver disease ○ Coronary artery disease ○ Chronic obstructive pulmonary disease ○ Dementia ○ Diabetes ○ Hypertension ○ Major depression disorder ○ Psychotic disorders ○ Serious Mental Illness (SMI), Substance Use Disorder (SUD), Serious Emotional Disturbance (SED) ○ Traumatic brain injury ▪ Other clinical chronic conditions or conditions of concern ▪ Social determinant of health indicators (claims-based) 	Yes
Health System Utilization indicators, including: <ul style="list-style-type: none"> ▪ Emergency Room indicators <ul style="list-style-type: none"> ○ Emergency Room admissions in previous six (6) months, count ○ Emergency Room admission, last date (MM/DD/YYYY) ○ Emergency Room admission, facility name ▪ Inpatient indicators <ul style="list-style-type: none"> ○ Inpatient days in previous six (6) months, count ○ Inpatient admission, last date (MM/DD/YYYY) ○ Inpatient admission, facility name 	Yes
Pharmacy information and indicators, including: <ul style="list-style-type: none"> ▪ Pharmacy/drug listing from the prior 90 days ▪ Prescribing provider (most recent) 	Yes

Member Information File

Table 3: Primary Care Provider/Clinic Information

Data Element	Requirement
Primary Care Provider/Clinic Name (Assigned PCP)	Yes
Primary Care Provider/Clinic National Provider Identifier (NPI)	Yes
Primary Care Provider/Clinic Phone Number ¹	Yes
Last Visit Date (MM/DD/YYYY) ²	Yes

[Link](#)

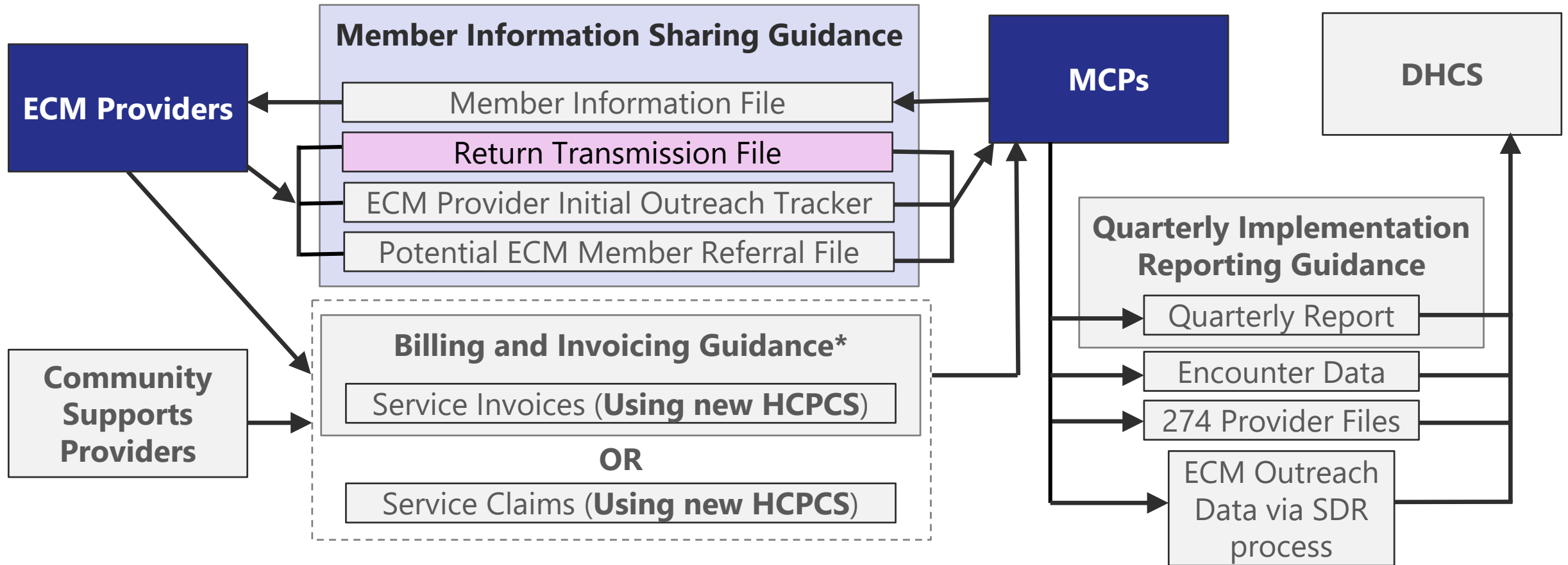
Member Information File

Table 4: Administrative and Plan Information

Data Element	Required
Member Information File Production Date (MM/DD/YYYY)	Yes
Member Information File Reporting Period ¹	Yes
Primary Payer (MCP) Identifier ²	Yes
MCP Name	<i>Optional</i>
MCP Provider Services Phone Number ³	Yes
MCP ECM Contact Person ⁴ (if applicable)	<i>Optional</i>
MCP ECM Contact Person Phone Number (if different than MCP Member Services Phone Number) ⁵	<i>Optional</i>
ECM Member Record: New / Continuing / Termed (final report)	Yes

[Link](#)

Member-Level Information Sharing Between MCPs and ECM Providers



*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

Provider Return Transmission File Overview

- » Since ECM Providers will generally hold the primary relationship with Members receiving ECM, DHCS recognizes certain key information will need to flow regularly **back from ECM Providers to MCPs** that is **separate and supplemental to claims and invoices**
- » DHCS has standardized this information as the “Return Transmission File” to streamline the reporting expected of ECM Providers and reduce administrative burden

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format • DHCS is not providing a standardized template 	<ul style="list-style-type: none"> • Frequency mutually agreed to between the MCP and ECM Provider • MCPs may wish to align reporting due dates from ECM Providers with DHCS’ timeline for MCPs to submit the <i>Quarterly Implementation Report</i>

Provider Return Transmission File

Table 5: ECM Provider Member and ECM Member Engagement Information

Data Element	Requirement
Member New Address Indicator	Optional
Member Homelessness Indicator	Optional
Member Residential Address	Optional
Member Residential City	Optional
Member Residential Zip	Optional
Member New Phone Number Indicator	Optional
Member Phone Number	Optional
ECM Benefit Start Date (Enrollment Date as MM/DD/YYYY)	Yes
Status of Member Engagement	Yes
ECM Benefit End Date (Disenrollment Date as MM/DD/YYYY)	Yes
ECM Lead Care Manager Name	Yes
ECM Lead Care Manager Phone Number	Yes
ECM Lead Case Manager Phone Number Extension	Optional
Recommendation for Discontinuation Date (MM/DD/YYYY)	Yes
Discontinuation Reason Code	Yes
Discontinuation Reason	Optional

Note: Some of these data elements will be used by MCPs to inform submission of the *ECM & Community Supports Quarterly Implementation Report*

[Link](#)

Provider Return Transmission File

Tables 6: ECM Service Information & Table 7: ECM Provider Information

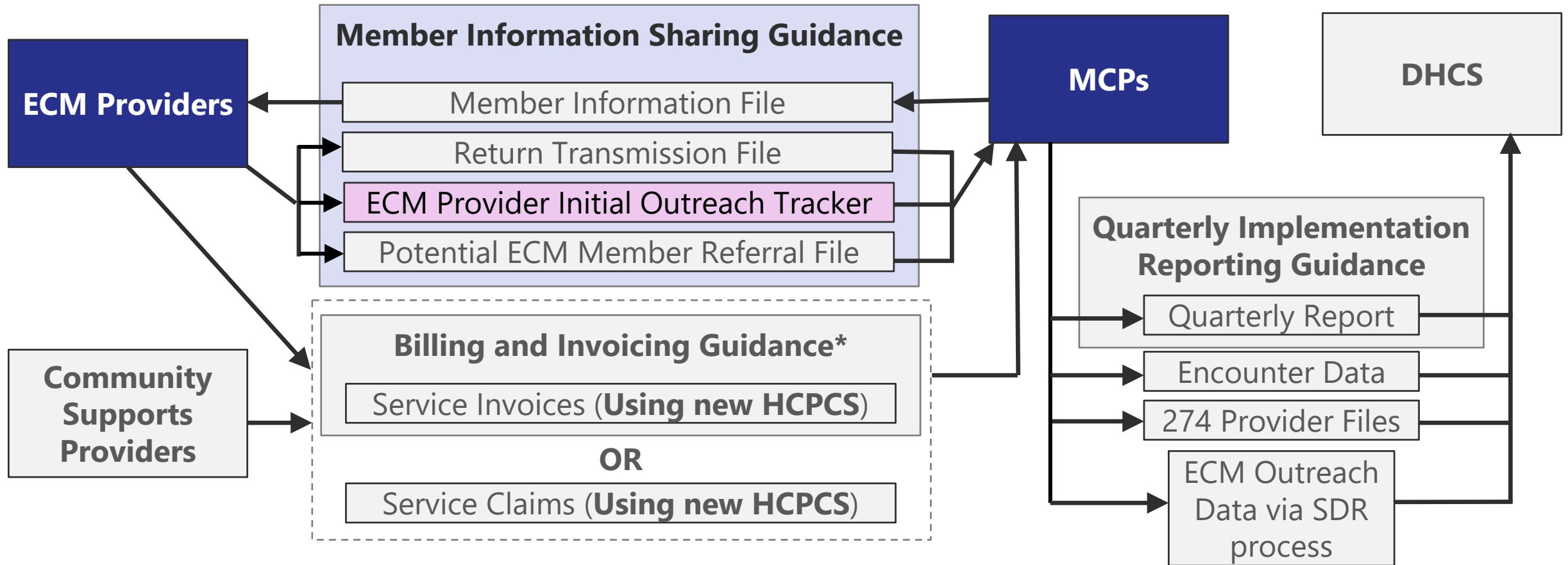
Data Element	Requirement
Number of ECM Encounters During Reporting Period <ul style="list-style-type: none"> ▪ In-Person ▪ Telephonic/Video 	<i>Optional</i>

Data Element	Requirement
Member Information Return Transmission File Production Date (MM/DD/YYYY)	Yes
Member Information Return Transmission File Reporting Period	Yes
ECM Provider Name	Yes
ECM Provider National Provider Identifier (NPI)	Yes
ECM Provider Phone Number	Yes

Note: Some of these data elements will be used by MCPs to inform submission of the *ECM & Community Supports Quarterly Implementation Report*

[Link](#)

Member-Level Information Sharing Between MCPs and ECM Providers



*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

ECM Provider Initial Outreach Tracker

- » Initial outreach to MCP Members identified as eligible for ECM is considered part of the ECM benefit, and assumptions about the cost of that outreach are included in capitation payments paid to MCPs
- » To equip MCPs with adequate information about outreach occurring by ECM Providers, DHCS is standardizing provider outreach reporting across ECM Providers and MCPs (if they perform it in-house)
- » **ECM Providers may report the required information using either of the following methods:**
 - Preferred: ECM Providers creating compliant encounters for outreach using HCPCS codes they may be able to run reports to produce the required data elements
 - If ECM Providers are not creating encounters and/or automation is not possible, ECM Providers should populate the data elements manually

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format • DHCS is not providing a standardized template 	<ul style="list-style-type: none"> • Frequency mutually agreed to between the MCP and ECM Provider • MCPs may wish to align reporting due dates from ECM Providers with DHCS' timeline for MCPs to submit the <i>Quarterly Implementation Report</i>

ECM Provider Initial Outreach Tracker

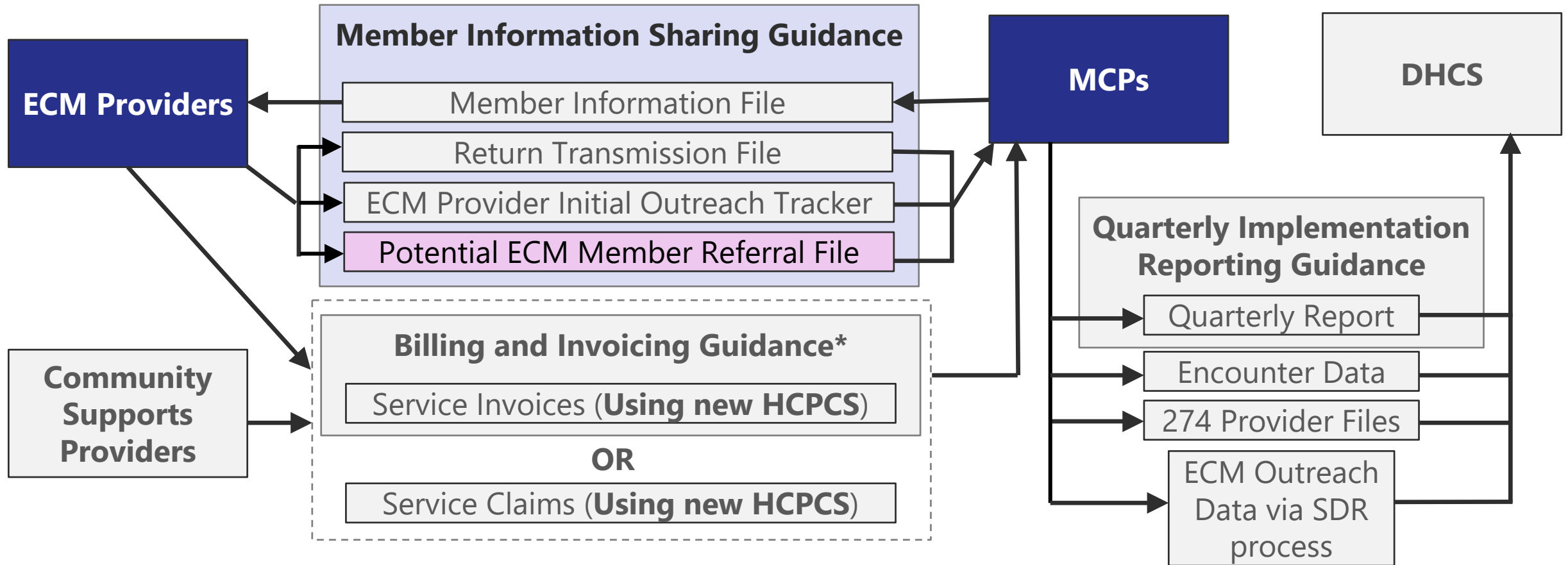
Table 8: Outreach for Initiation Into ECM

Data Element	Requirement
Member Client Index Number (CIN)	Yes
Provider Type	Yes
Date of Outreach Attempt (MM/DD/YYYY)	Yes
Outreach Attempt Method	Yes

[Link](#)

ECM Providers are required to capture **each outreach attempt for every Member that has been identified for ECM**

Member-Level Information Sharing Between MCPs and ECM Providers



*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

Potential ECM Member Referral File

- » The ECM Provider Potential ECM Member Referral File provides a standardized format and method for MCPs to collect referrals for new ECM enrollees from ECM Providers
- » MCP Members may be identified by ECM Providers as belonging to an ECM Population of Focus, during their performance of duties outside the ECM benefit (e.g., primary care)

File Format	Transmission Frequency
<p><i>If reporting is agreed to by the ECM Provider:</i></p> <ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format • DHCS is not providing a standardized template 	<ul style="list-style-type: none"> • MCPs may request <i>Potential ECM Member Referral Files</i> from ECM Providers at a frequency mutually agreed to between the MCP and ECM Provider

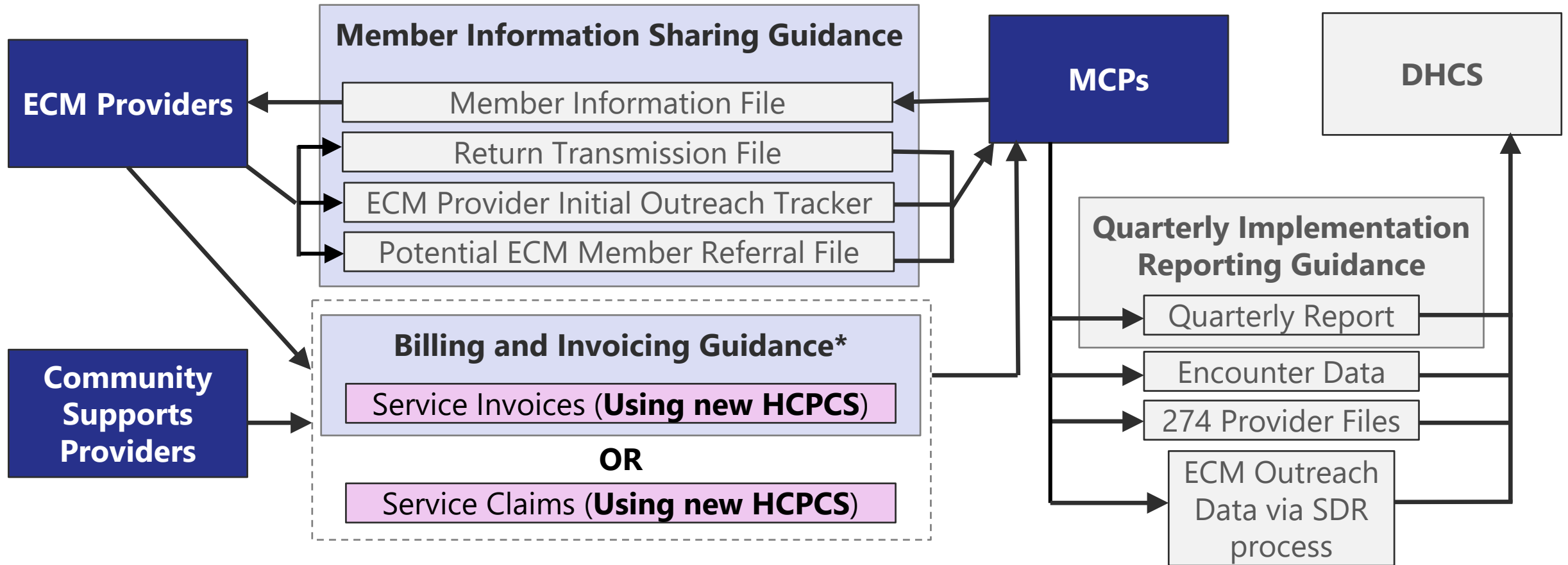
Potential ECM Member Referral File

Table 9: Potential ECM Member Information

Data Element	Requirement
Member Client Index Number (CIN)	Optional
Member First Name	Optional
Member Last Name	Optional
Member Date of Birth (MM/DD/YYYY)	Optional
Member Phone Number	Optional
Potential ECM Population(s) of Focus <ul style="list-style-type: none"> ▪ Adult – Experiencing Homelessness ▪ Adult – High Utilizer ▪ Adult – Serious Mental Illness (SMI) or Substance Use Disorder (SUD) ▪ Adult – Transitioning from Incarceration ▪ Adult – LTC Eligible At-Risk for Institutionalization ▪ Adult – NF Residents Transitioning to Community ▪ Child/Youth – Experiencing Homelessness ▪ Child/Youth – High Utilizer ▪ Child/Youth – Serious Emotional Disturbance (SED) or Identified to be At Clinical High Risk (CHR) for Psychosis or Experiencing a First Episode of Psychosis ▪ Child/Youth – Enrolled in California Children’s Services (CCS)/CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Qualifying Condition ▪ Child/Youth – Involved in, or with a History of Involvement in, Child Welfare ▪ Child/Youth – Transitioning from Incarceration 	Optional
Potential ECM Population of Focus Explanation	Optional

This is an **optional** file for ECM Providers to share with MCPs

Billing and Invoicing Between MCPs & ECM / Community Supports Providers

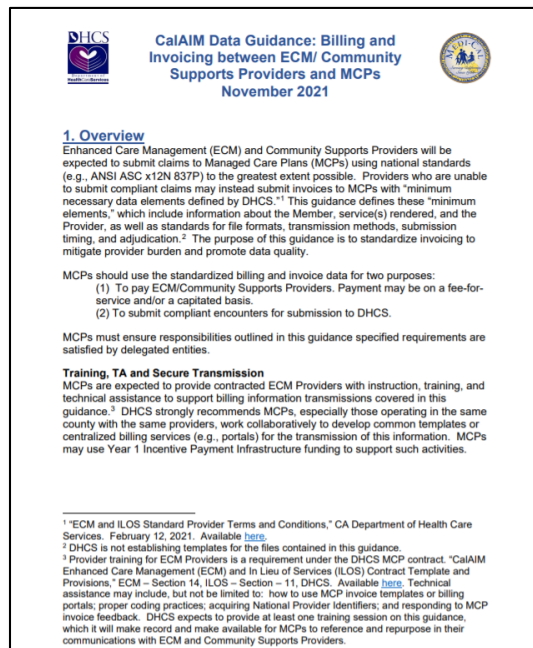


Billing and Invoicing

- » ECM and Community Supports Providers are expected to submit claims to Managed Care Plans (MCPs) using national standards (ANSI ASC x12N 837P) to the greatest extent possible
- » ECM and Community Supports Providers who are unable to submit compliant claims may instead submit standardized invoices to MCPs
- » MCPs will use invoices to pay Providers and develop compliant encounters for submission to DHCS
- » DHCS has developed guidance to standardize invoicing to reduce MCP and ECM and Community Supports Provider burden and improve data quality
- » If an MCP and an ECM/Community Supports Provider mutually agree to share invoice information using a different format, standard or transmission method than what is described in this guidance, they may do so

Billing and Invoicing

DHCS has outlined common standards and methods for ECM and ILOS Provider submission of invoices to MCPs



1. Provider Information (Billing & Rendering)
2. Member Information
3. Service and Billing Information¹
4. Administrative Information

1. Invoicing template must allow for the submission of multiple ECM or Community Supports Provider services rendered on a single day by a single provider for a single Member (i.e., submission of multiple procedure codes, procedure code modifiers, service names, and service unit costs with common Member and Provider information). See [Billing and Invoicing between ECM / Community Supports Providers and MCPs](#)

Billing and Invoicing

- » Providers who are unable to submit compliant claims may instead submit invoices to MCPs with minimum necessary data elements
- » DHCS has defined the minimum data elements Providers will need to submit to mitigate MCP and ECM and Community Supports Provider burden and promote data quality

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, Web-based form or portal (e.g., provider payment portal) or another mutually agreed upon file format • DHCS is not providing a standardized template 	<ul style="list-style-type: none"> • Providers submit service invoices as otherwise specified in the <i>CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Provider Standard Terms and Conditions</i> and in alignment with other MCP contractual requirements with DHCS

Billing and Invoicing *Table 1: Provider Information*

Data Element	Required for...	Required for...
	ECM Providers	Community Supports Providers
Billing Provider National Provider Identifier (NPI)	Yes	Yes
Billing Provider Tax Identification Number (TIN)	Yes	Yes
Billing Provider Name	Yes	Yes
Billing Provider First Name	Optional	Optional
Billing Provider Last Name	Optional	Optional
Billing Provider Phone Number	Yes	Yes
Billing Provider Address	Yes	Yes
Billing Provider City	Yes	Yes
Billing Provider State	Yes	Yes
Billing Provider Zip	Yes	Yes
Rendering Provider National Provider Identifier (NPI)	Optional	Optional
Rendering Provider Tax Identification Number (TIN)	Yes	Yes
Rendering Provider Name	Yes	Yes
Rendering Provider First Name	Optional	Optional
Rendering Provider Last Name	Optional	Optional
Rendering Provider Phone Number ¹	Yes	Yes
Rendering Provider Address	Yes	Yes
Rendering Provider City	Yes	Yes
Rendering Provider State	Yes	Yes
Rendering Provider Zip	Yes	Yes

Billing and Invoicing

Table 2: Member Information

Data Element	Required for...	Required for...
	ECM Providers	Community Supports Providers
Member Client Identification Number (CIN)	Yes	Yes
Medical Record Number (MRN)	Optional	Optional
Member First Name	Yes	Yes
Member Last Name	Yes	Yes
Member Homelessness Indicator	Yes	Yes
Member Residential Address	Yes	Yes
Member Residential City	Yes	Yes
Member Residential Zip	Yes	Yes
Member Date of Birth (MM/DD/YYYY)	Yes	Yes

[Link](#)

Billing and Invoicing

Table 3: Service and Billing Information

Data Element	Required for...	Required for...
	ECM Providers	Community Supports Providers
Primary Payer Identifier	Yes	Yes
Payer Name	Yes	Yes
Procedure Code(s)	Yes	Yes
Procedure Code Modifier(s)	Yes	Yes
Service Start Date	Yes	Yes
Service End Date	Yes	Yes
Service Name(s)	Optional	Optional
Service Unit Count(s)	Yes	Yes
Place of Service (POS)	Yes	Yes
Member Diagnosis Code(s)	Yes	Yes
Service Unit Cost(s)	Yes	Yes
Service Charge Amount(s)	Yes	Yes
Invoice Amount	Yes	Yes

Multiple procedure codes may be submitted by an ECM/Community Supports Provider for services rendered to a single Member on a single day. MCP form should allow for multiple entries.¹ **Note: Clinical signoff is NOT required on ECM and Community Supports reporting and claims.**²

[Link](#)

1. See latest ECM and Community Supports Procedure coding guidance at "ECM and Community Supports: Finalized ECM & ILOS Coding Options," DHCS. Available [here](#)
2. ECM and Community Supports (ILOS) Providers are not required to have a clinically licensed staff member sign off on reporting and claims submitted by a non-licensed staff member (such as an ECM Lead Care Manager or a Housing Navigator). DHCS considers this to be overly burdensome as it would require a significant level of administrative time from a clinical staff member. In addition, many Community Supports (ILOS) Providers do not have clinically licensed staff members, since licensure is not necessary for the provision of high-quality Community Supports (ILOS) services (e.g., Housing Navigation, Personal Care, and Homemaker Services). MCPs should continue to review claims submissions by both clinical and non-clinical staff according to their oversight and monitoring processes to ensure that clinical consultants are guiding and supporting non-clinical staff members as appropriate.

Billing and Invoicing

Table 4: Administrative Information

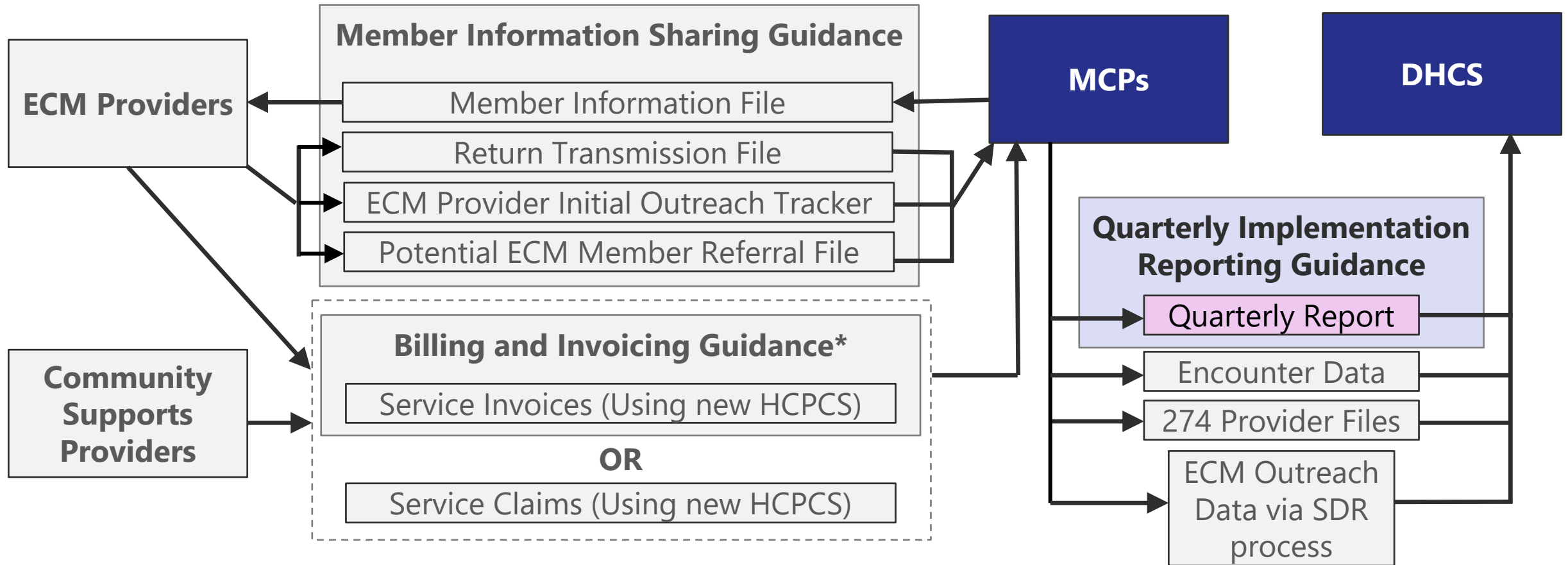
Data Element	Required for...	Required for...
	ECM Providers	Community Supports Providers
Invoice Date (MM/DD/YYYY)	Yes	Yes
Invoice Number	Yes	Yes
Control Number	Optional	Optional
Authorization Number	Optional	Optional

[Link](#)

MCP REPORTING REQUIREMENTS TO DHCS

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MCP Reporting Requirements to DHCS

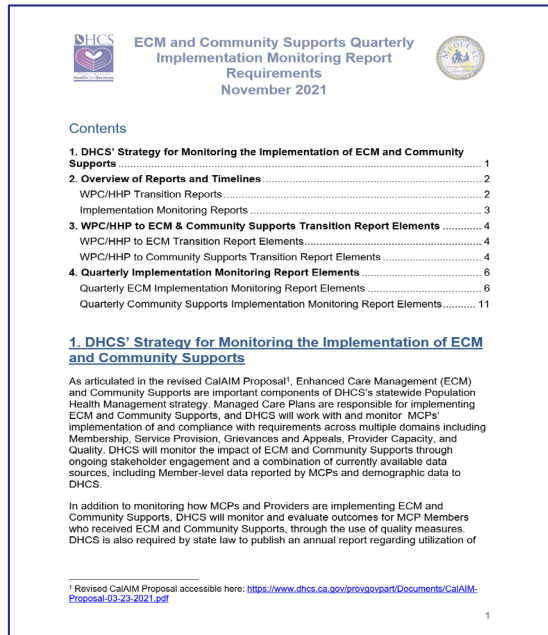


*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

Quarterly Implementation Monitoring Report

- » Throughout the first several years of ECM & Community Supports, **DHCS will require MCPs to submit the Quarterly Implementation Monitoring Report** to monitor the overall implementation
 - » *MCPs are responsible for this report and will use information from the standardized Provider data flows described today, in part, to construct the content*
- » DHCS will require MCPs to provide data across six dimensions (*see next slide*)
- » ECM & Community Supports Providers will be responsible for providing MCPs with the information needed to complete many of the reporting requirements
- » This report also contains specifications for a **one-time Transition Report** that MCPs will submit about Members that have transitioned from the **Health Homes Program (HHP) and / or the Whole Person Care Program**

Quarterly Implementation Monitoring Report



Key Reporting Dimensions

1. ECM Members & Services
2. ECM Requests for Services and Outreach
3. ECM Provider Capacity
4. Community Supports Members and Services
5. Community Supports Provider Capacity
6. Community Supports Requests and Denials

File Format	Transmission Frequency
<ul style="list-style-type: none"> • DHCS will provide standardized Excel workbook template for MCPS 	<ul style="list-style-type: none"> • Quarterly beginning on May 15, 2022, for Q1 2022 • Supplemental reporting is expected to continue for at least three years

EXPECTATIONS AND SUPPORT FOR IMPLEMENTING DATA & REPORTING STANDARDS

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Timing of Implementation

Data Sharing

- » Beginning on January 1, 2022, MCPs & ECM & Community Supports Providers should begin sharing data and submitting invoices as completely as possible
- » DHCS recognizes that configuring systems takes time; as such, it expects the market to implement and adhere to **all requirements** contained in the **standardized provider data sharing files and billing/invoicing standards by April 1, 2022**

Reporting

- » Beginning in January 2022, DHCS will also perform weekly implementation check-ins with MCPs about the transition
- » The **first Quarterly Implementation Monitoring Reports** and the **Transition Report** will be due to DHCS **May 15, 2022**

Support for Implementation

MCPs are required to provide technical assistance to Providers.
DHCS will also provide funding for capacity building and training through two programs.

Incentive Payment Program (IPP)*

Priority gap filling area includes Delivery System Infrastructure:

- » Electronic exchange of care plan information
- » Electronic health record technology care management documentation system
- » Claims / Invoicing system

Providing Access and Transforming Health (PATH) Program

ECM/Community Supports PATH initiative includes:

- » Technical Assistance Resources
- » Capacity and infrastructure transition, expansion and development

Tentative and subject to CMS approval

Q&A

Please visit the DHCS ECM & Community Supports (ILOS) Website for more information and access to the ECM & Community Supports (ILOS) documents and supporting resources:

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

Please send questions to CaAIMECMILOS@dhcs.ca.gov

THANK YOU!

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