

California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) & Community Supports Office Hours

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



August 11th, 2022

Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - Become a **DHCS Coverage Ambassador**
 - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- » **Phase One: Encourage Beneficiaries to Update Contact Information**
 - Launch immediately
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - Flyers in provider/clinic offices, social media, call scripts, website banners

- » **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Welcome to Office Hours

“Office Hours” are a Q&A discussion with DHCS leaders and stakeholders implementing CalAIM focused on a specific implementation topic.

Today's Topic: Data Exchange

- » **Introductions**
- » **How to Ask Questions**
- » **Q&A Discussion**
 - » Data Flows from MCPs to ECM/Community Supports Providers
 - » Data Flows from ECM/Community Supports Providers to MCPs
 - » Data Flows MCPs to DHCS

Introductions

DHCS

- » **Dana Durham**
Chief of the Managed Care Quality and Monitoring Division
- » **Neha Shergill**
Chief of Community Supports and Optional Programs Section
- » **Michelle Wong**
Community Supports and Optional Programs Section
- » **Tyler Brennan**
Community Supports and Optional Programs Section

Manatt Health

- » **Kevin McAvey**
Director
- » **Lori Houston-Floyd**
Manager

Facilitator:

Juliette Mullin, Manatt Health

Today's Questions

Questions from today's session were sourced from previous webinar Q&A and questions submitted via email or the sessions' registration page.



Use the meeting chat

- » Ask questions
- » Share your own experiences

Topics for Today's Office Hours

MCP → ECM Provider

Member Information File

ECM/ Community Supports
Provider → MCP

Return Transmission File

ECM Provider Initial Outreach
Tracker

Potential ECM Member
Referral File

Service Invoices or Service
Claims

MCP → DHCS

Quarterly Implementation
Monitoring Report

Understanding ECM and Community Supports

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple and magenta, positioned below the main title.

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



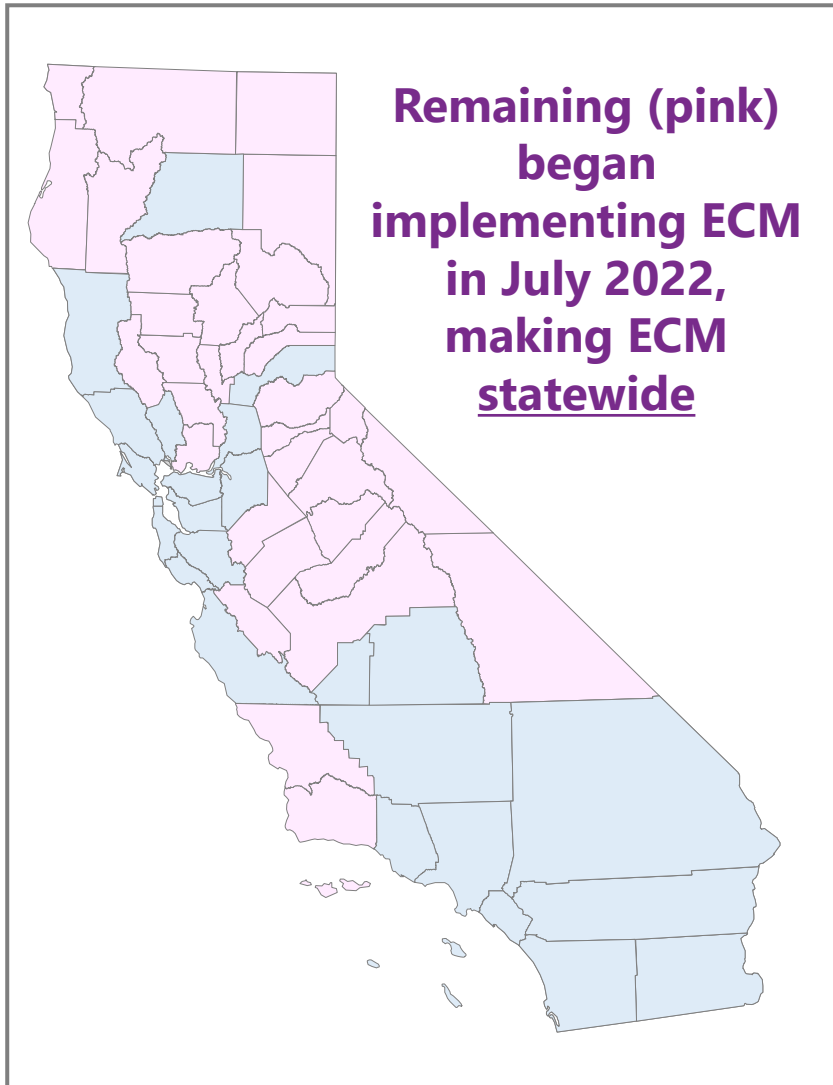
Create a consistent, efficient, and seamless Medi-Cal system.

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).

- » ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home
- » ECM is part of broader CalAIM Population Health Management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level

Launch and Expansion of ECM



- » Currently live populations of focus:
 - High utilizer adults (such as multiple emergency department visits and/or hospital/short-term skilled nursing facility stays)
 - Individuals and families experiencing homelessness
 - Adults with SMI and/or SUD

- » Starting on **January 1, 2023**, ECM will extend statewide to:
 - Individuals at risk for institutionalization and eligible for long-term care
 - Nursing facility residents transitioning to the community

What are Community Supports?

Community Supports are services that Medi-Cal managed care plans (MCPs) are strongly encouraged but not required to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

- » Community Supports are designed as cost-effective alternatives to traditional medical services or settings.
- » Community Supports are designed to address social drivers of health (factors in people's lives that influence their health).

What are Community Supports?

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

Who is Eligible for Community Supports?

- » Each Community Support has specific eligibility criteria linked to each service
- » Enrollees in Medi-Cal Managed Care may be eligible for Community Supports, which are voluntary to the enrollee
- » Given Community Supports are optional to MCPs, there is a mix of how what Community Supports are available with each plan and each county

The Big Picture:

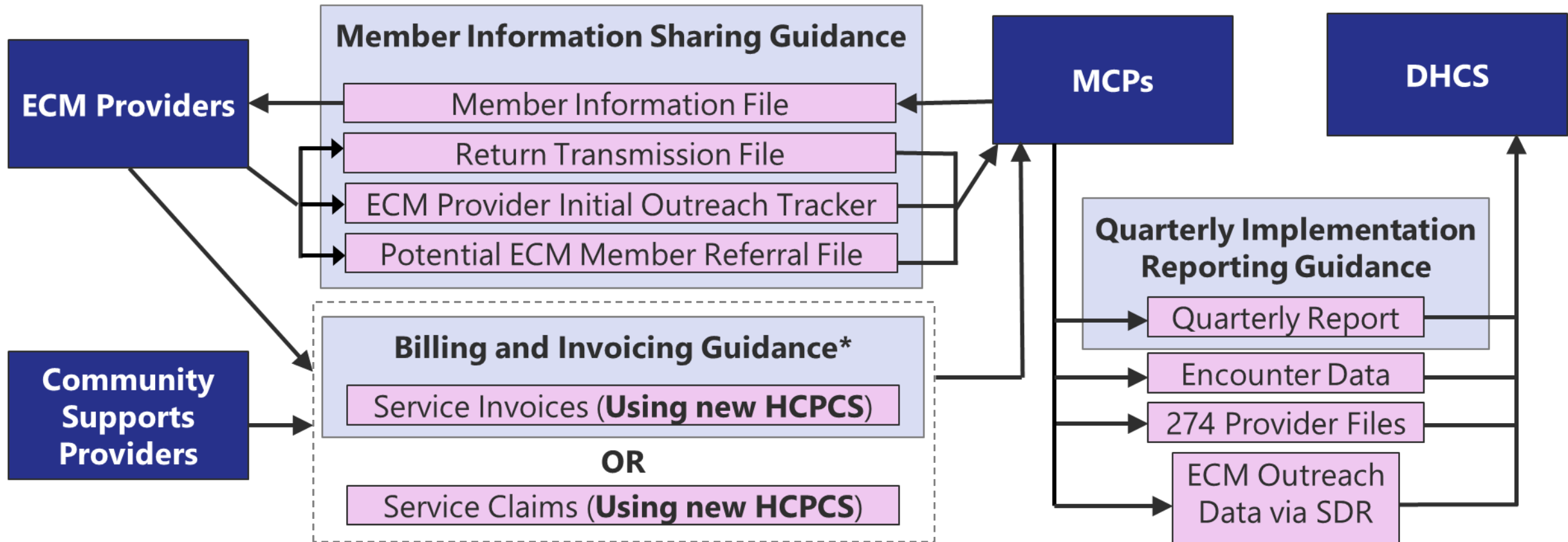
Enabling ECM & Community Supports Through Data

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

- » As such, DHCS developed guidance **to standardize information exchange, increase efficiency and reduce administrative burden** between the state, MCPs and ECM and Community Supports Providers
- » **MCPs are required to report to DHCS** on various dimensions of the new ECM benefit and Community Supports, which will allow the Department **to monitor implementation**
- » **Today we will provide an overview of the data sharing and reporting guidance documents and take questions**
- » **DHCS wanted to provide a refresher of this content, and provide an opportunity for MCPs and providers in counties where ECM launched in July 2022**

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.*

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ECM/ Community Supports
Provider → MCP

Provider Return Transmission
File

ECM Provider Initial Outreach
Tracker

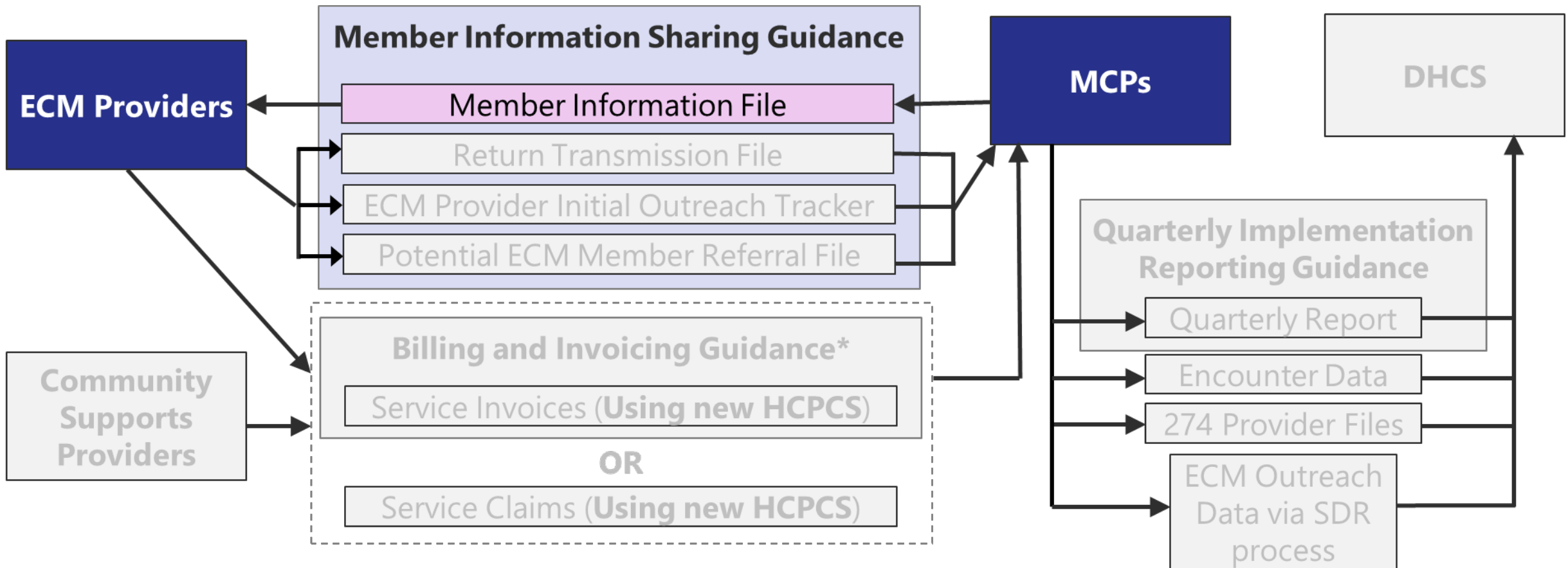
Potential ECM Member
Referral File

Service Invoices or Service
Claims

MCP → DHCS

Quarterly Implementation
Monitoring Report

Member-Level Information Sharing Between MCPs and ECM Providers



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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](#).

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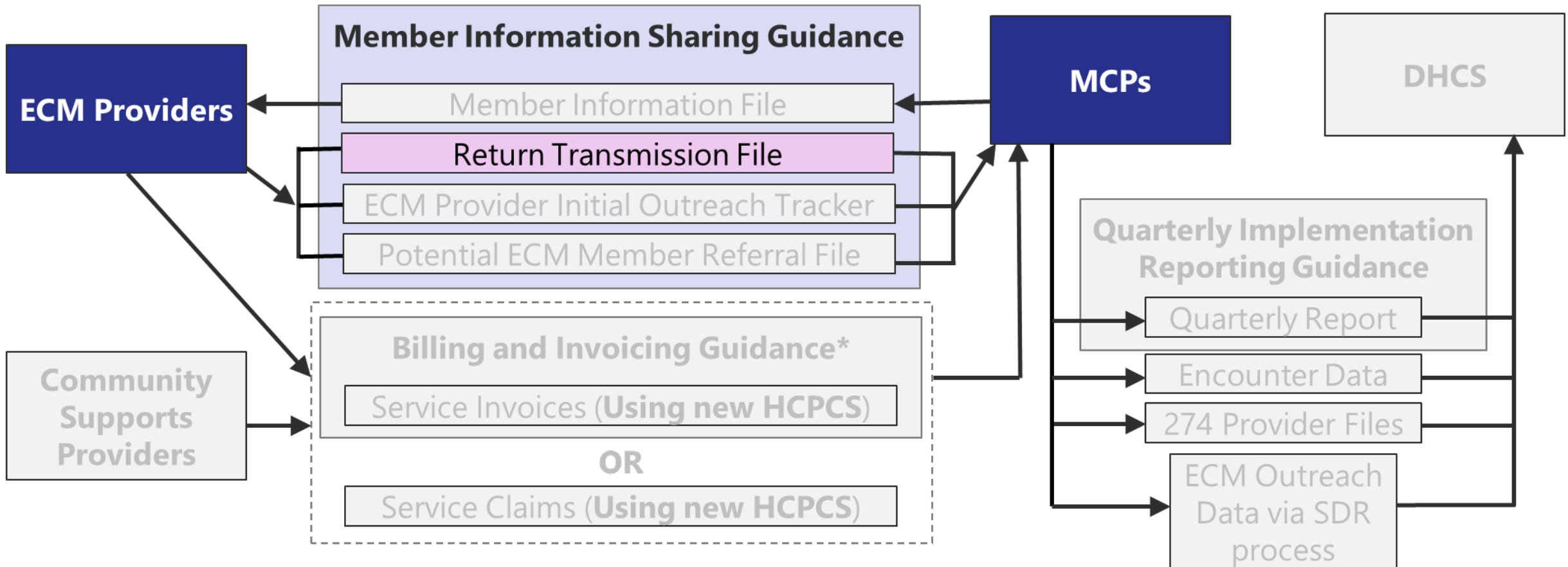
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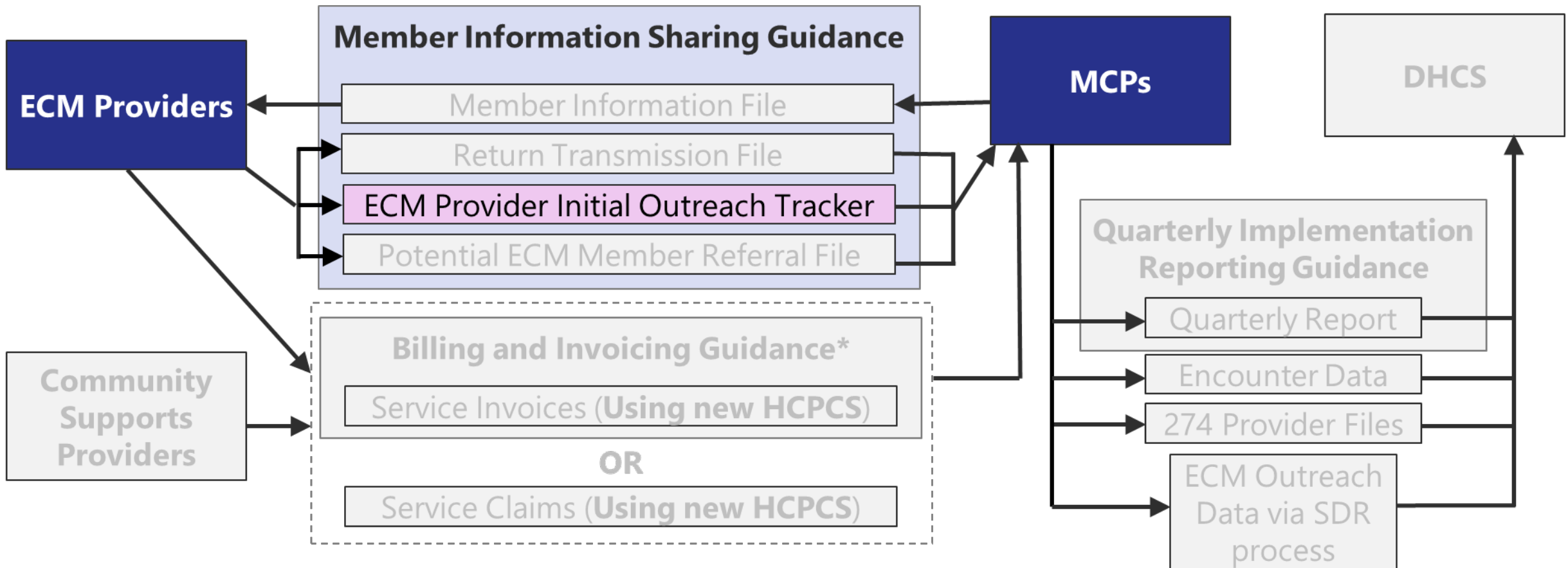
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- » DHCS has standardized this information as the “Return Transmission File” to streamline the reporting expected of ECM Providers and reduce administrative burden

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Member-Level Information Sharing Between MCPs and ECM Providers



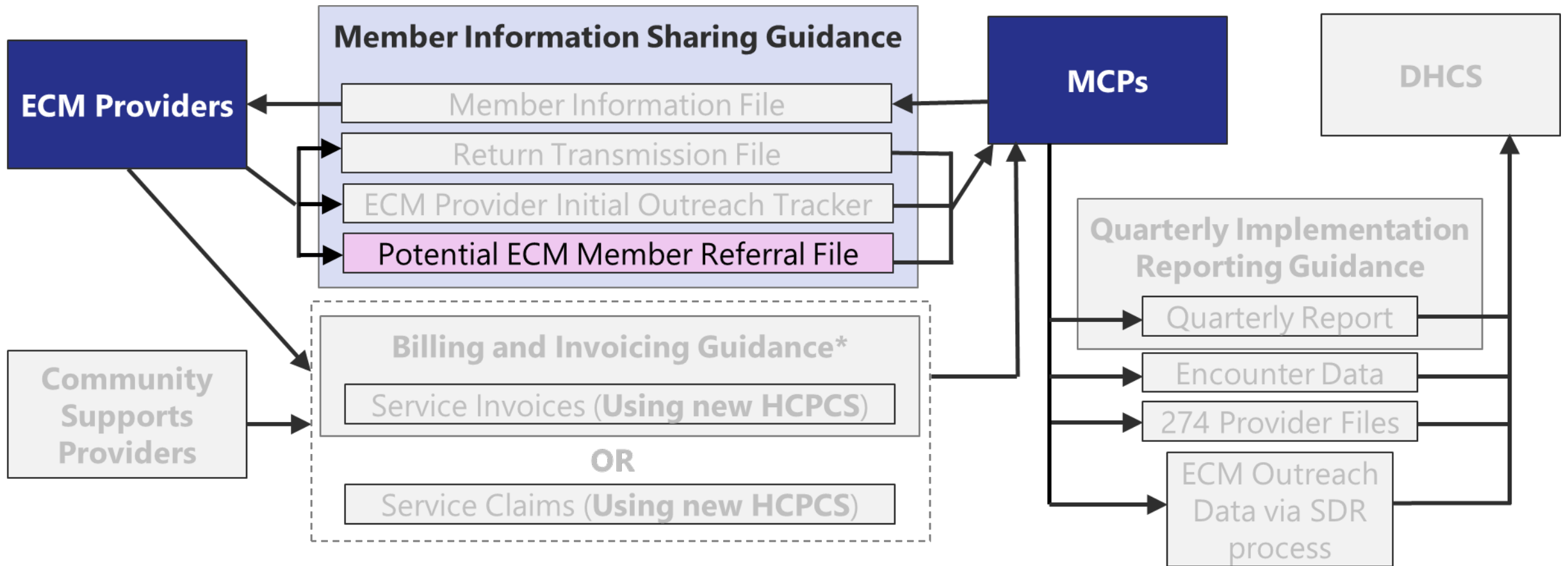
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ECM Provider Initial Outreach Tracker

- » 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 have received an exception from DHCS to perform ECM 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

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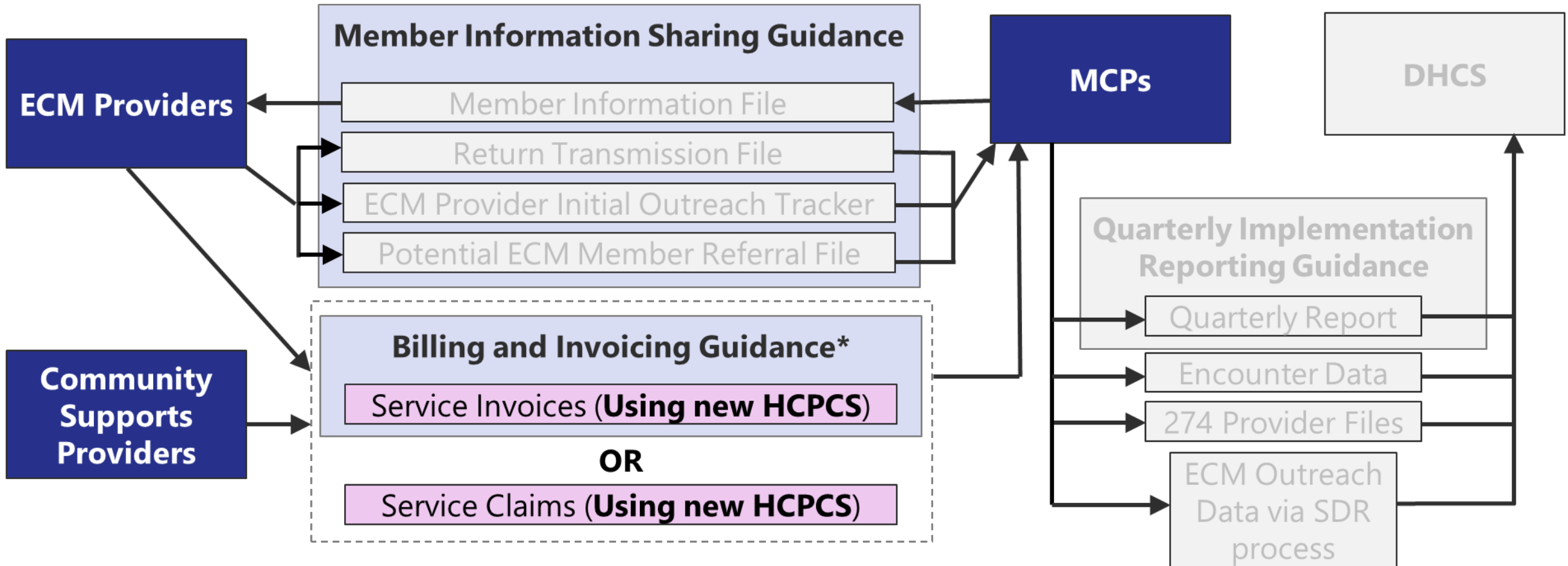
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Potential ECM Member Referral File

- » 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

Billing and Invoicing Between MCPs & ECM / Community Supports Providers



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

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

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Return Transmission File

ECM Provider Initial Outreach
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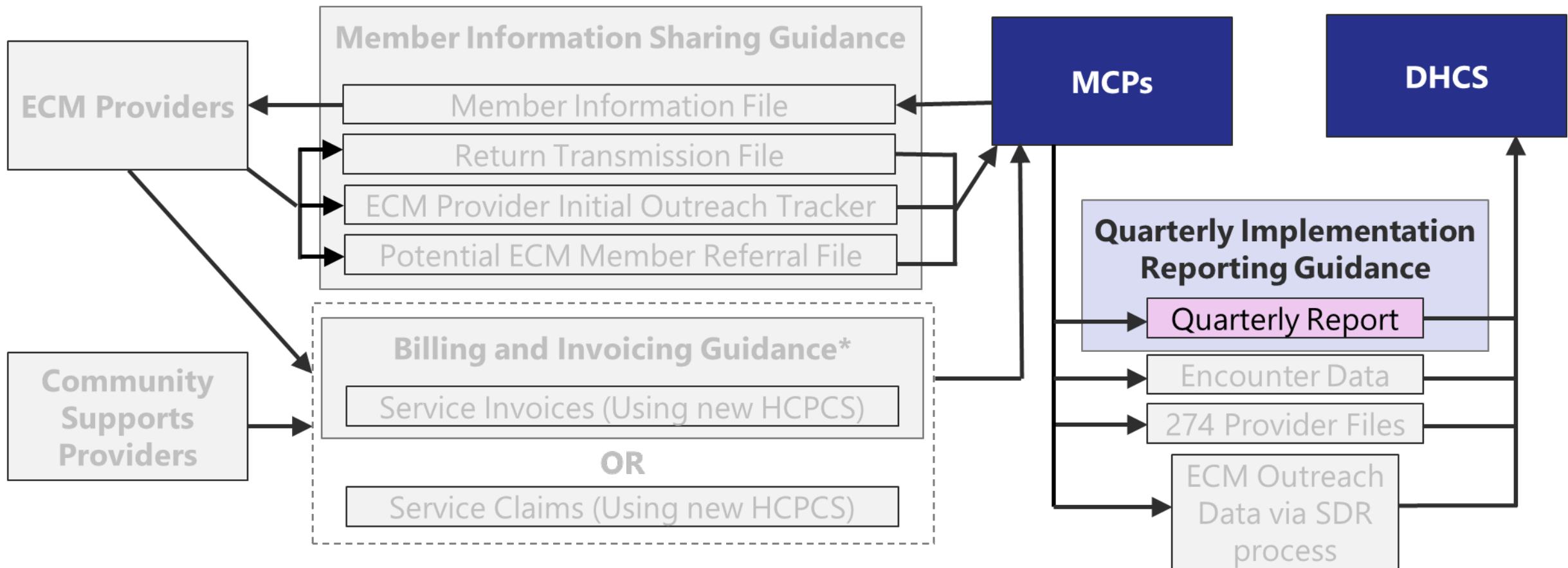
Potential ECM Member
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MCP → DHCS

Quarterly Implementation
Monitoring Report

MCP Reporting Requirements to DHCS

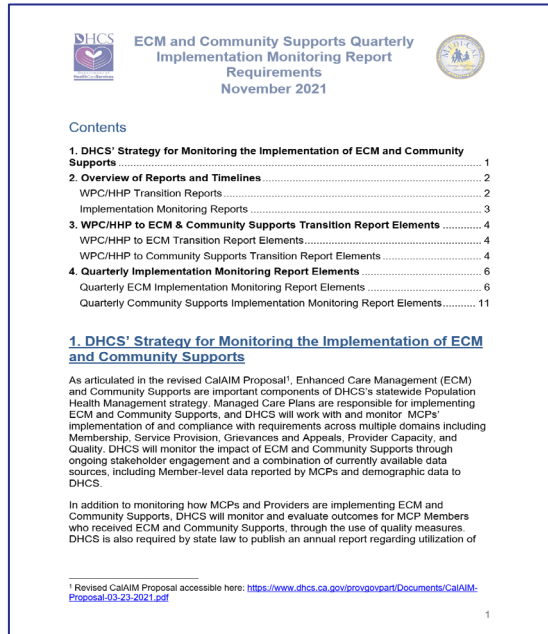


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Quarterly Implementation Monitoring Report

- » 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

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

Thank You!

Upcoming Webinars

» **ECM and Community Supports: Member Engagement**

- » Webinar on Thursday Aug 25 at 1:30-3 p.m.
- » Office Hours on Thursday Sept 1 at 2-3 p.m.

» **ECM and Community Supports: Long-Term Care Populations of Focus**

- » Webinar on Thursday Sept 8 at 1:30-3 p.m.
- » Office Hours on Thursday Sept 22 at 2-3 p.m.

Review DHCS Resources & Materials for Providers

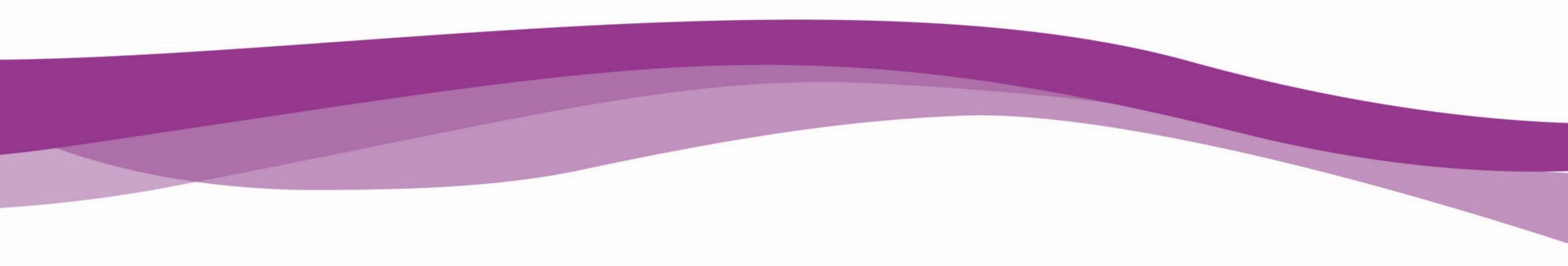
- » Learn more about ECM & Community Supports:
 - [Policy Guide](#)
 - [FAQs](#)
 - Fact Sheets: [ECM](#) & [Community Supports](#)
 - [ECM Key Design Implementation Decisions](#)
 - [Community Supports MOC Template](#)
 - [ECM MOC Template](#)
- » Review ECM & Community Supports guidance documents:
 - [Billing & Invoicing Guide](#)
 - [Coding Options](#)
 - [Community Supports Pricing Guide \(Non-Binding\)](#)
 - [Data Guidance for Member-Level Information Sharing](#)
 - [Contract Template Provisions](#)
 - [Standard Provider Terms & Conditions](#)



APPENDIX

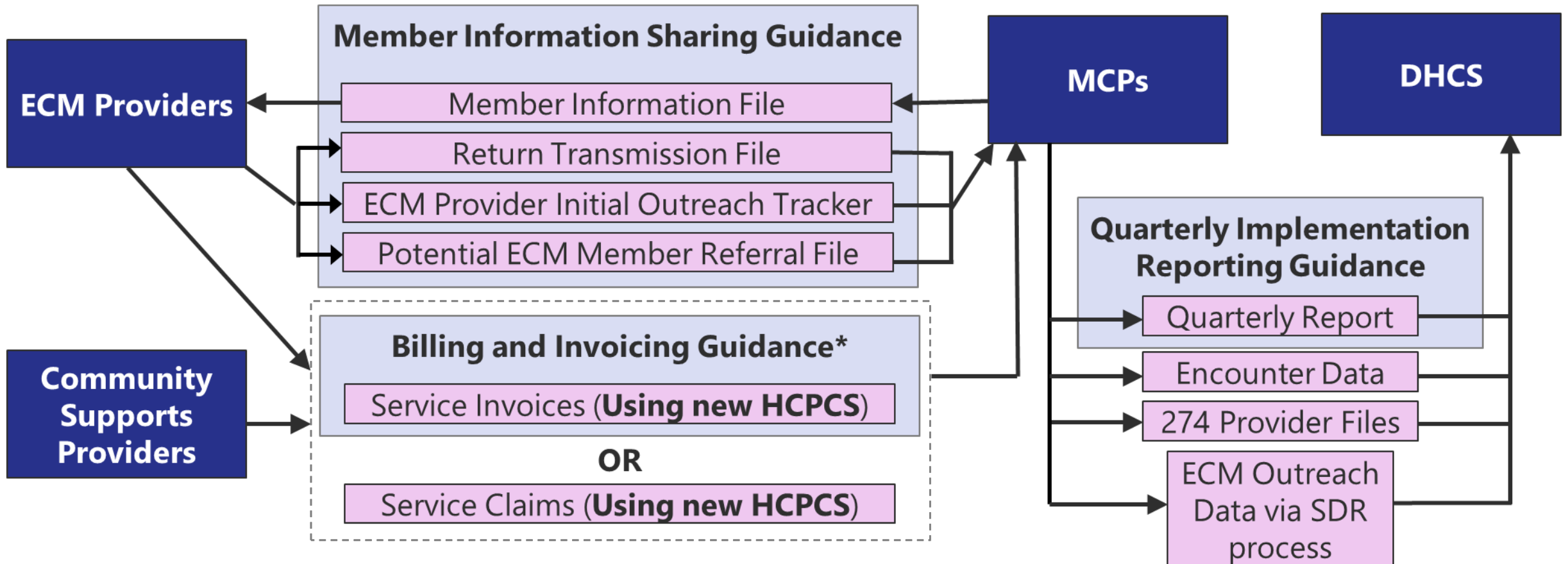
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DATA FLOWS BETWEEN MCPS AND ECM / COMMUNITY SUPPORTS PROVIDERS



ECM & Community Supports Dataflows

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

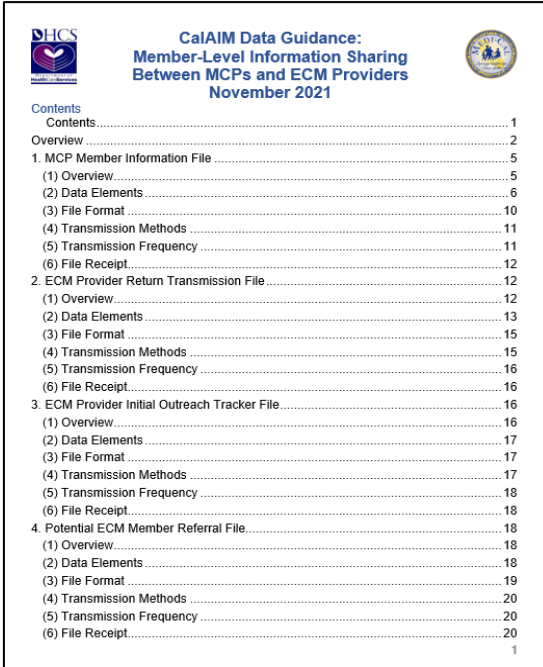


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Member-Level Information Sharing

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

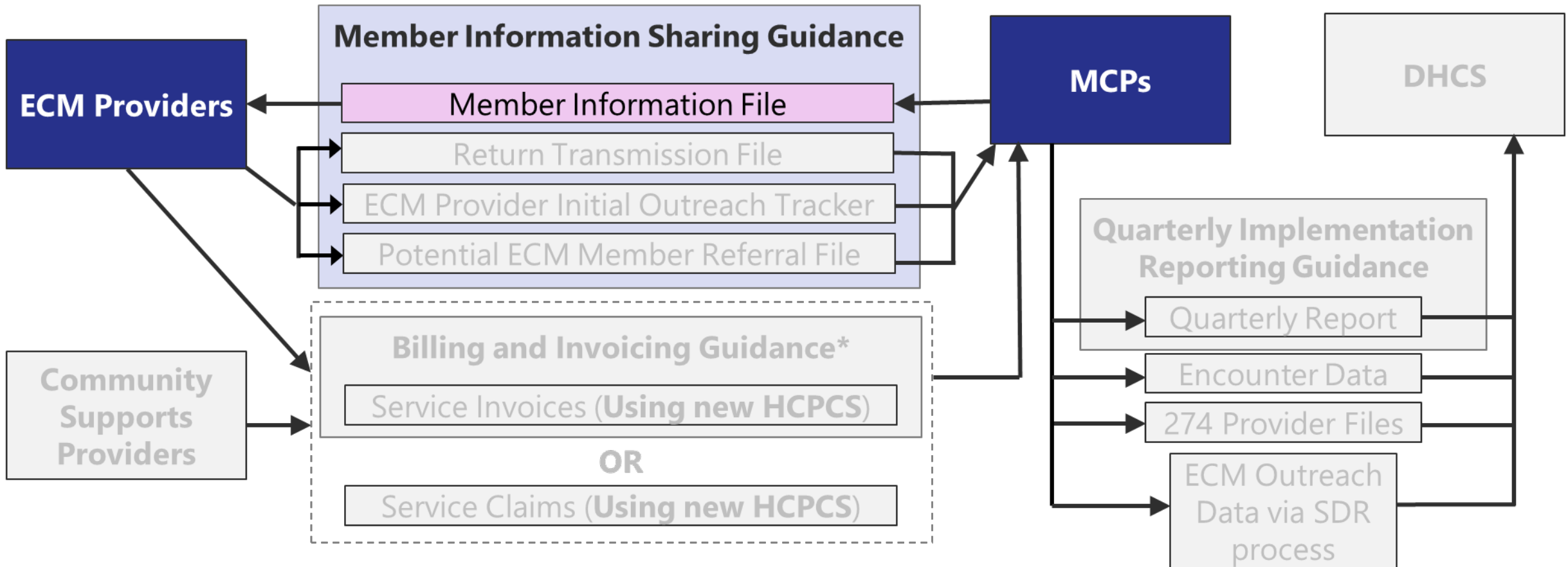


The image shows the cover page of the 'CalAIM Data Guidance: Member-Level Information Sharing Between MCPs and ECM Providers' document, dated November 2021. It features logos for DHCS and the State of California. The table of contents lists the following sections and their page numbers:

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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**

Member-Level Information Sharing Between MCPs and ECM Providers



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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 requirements for data exchange between MCPs and ECM Providers.

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

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

Member Information File

Table 1: Member Engagement Information

Data Element	Required
Member Client Index Number (CIN)	Yes
Medical Record Number (MRN)	<i>Optional</i>
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	<i>Optional</i>
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)	<i>Optional</i>
Member Guardian or Conservator Last Name (if applicable)	<i>Optional</i>
Member Guardian or Conservator Phone Number (if applicable)	<i>Optional</i>

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

- MCPs are required to share **Z-codes that have been identified within the prior 12 months**. Please refer to [DHCS' SDOH Coding Guidance](#).

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

[Member Information File](#)

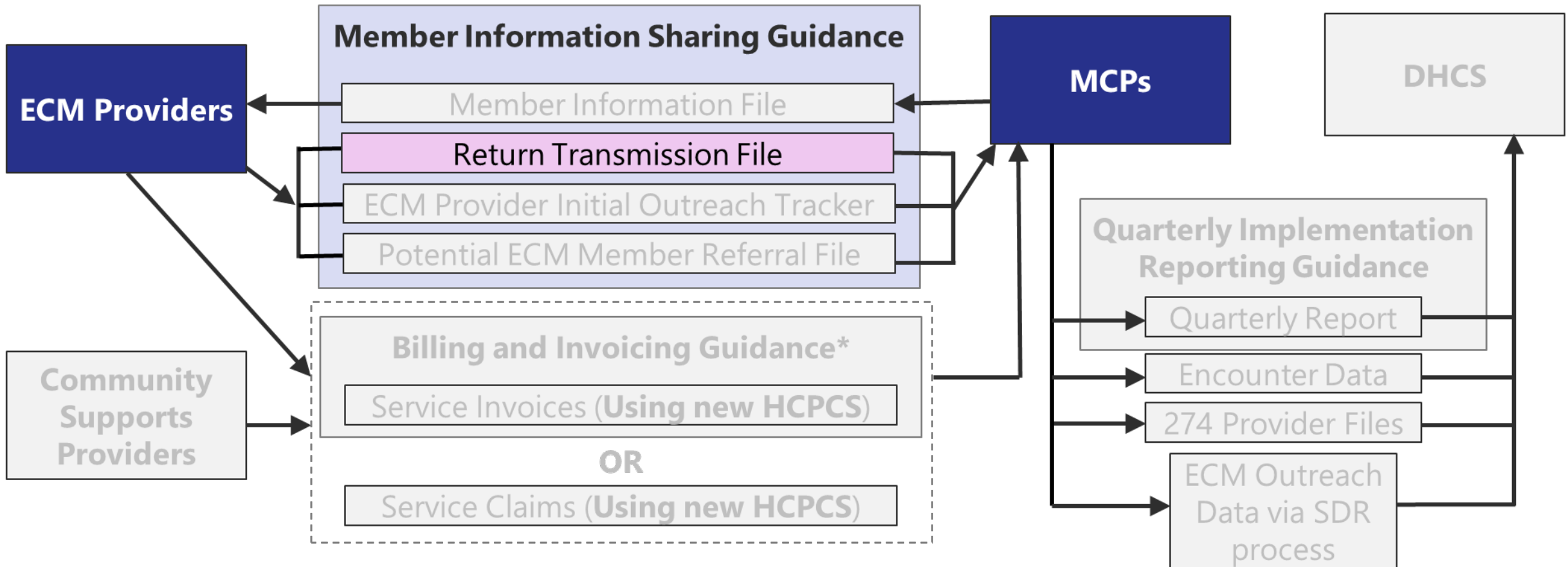
Member Information File

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

[Member Information File](#)

Member-Level Information Sharing Between MCPs and ECM Providers



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Provider Return Transmission File Overview

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- » DHCS has standardized this information as the “Return Transmission File” to streamline the reporting expected of ECM Providers and reduce administrative burden

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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*

[ECM Provider Return Transmission File](#)

Provider Return Transmission File

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

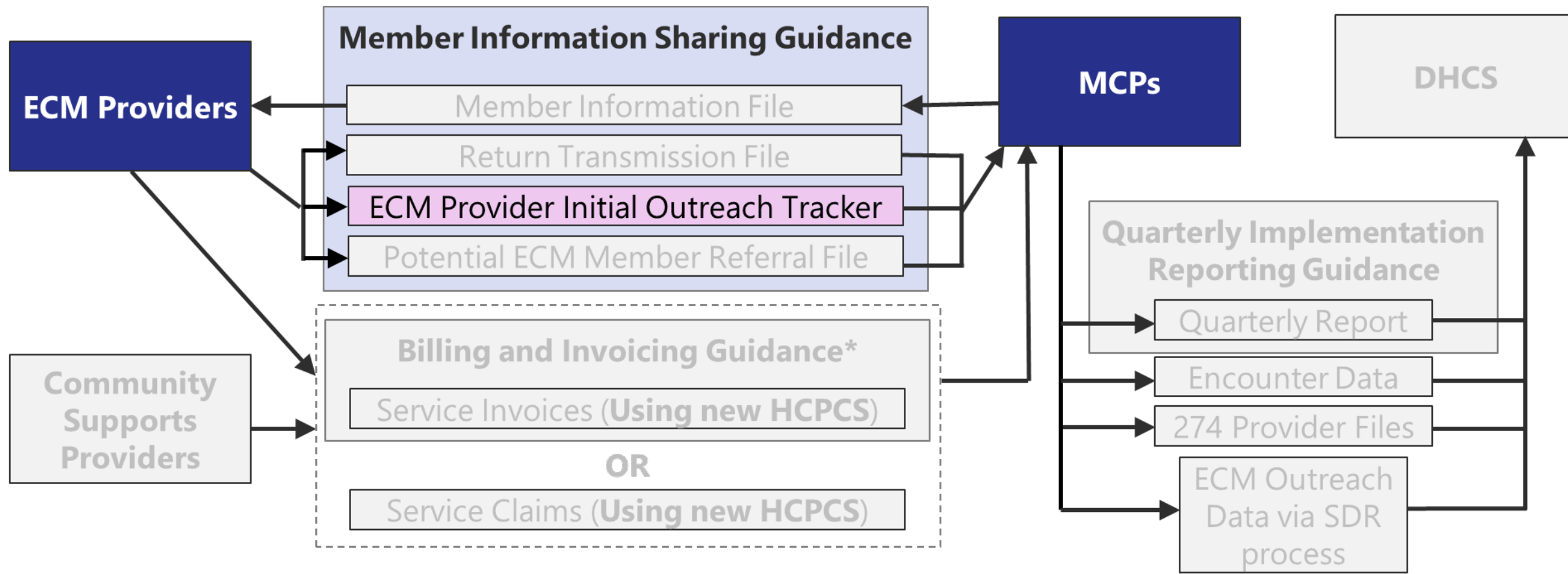
Data Element	Requirement
Number of ECM Encounters During Reporting Period <ul style="list-style-type: none"> ▪ In-Person ▪ Telephonic/Video 	<i>Optional</i>

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

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[ECM Provider Return Transmission File](#)

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<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

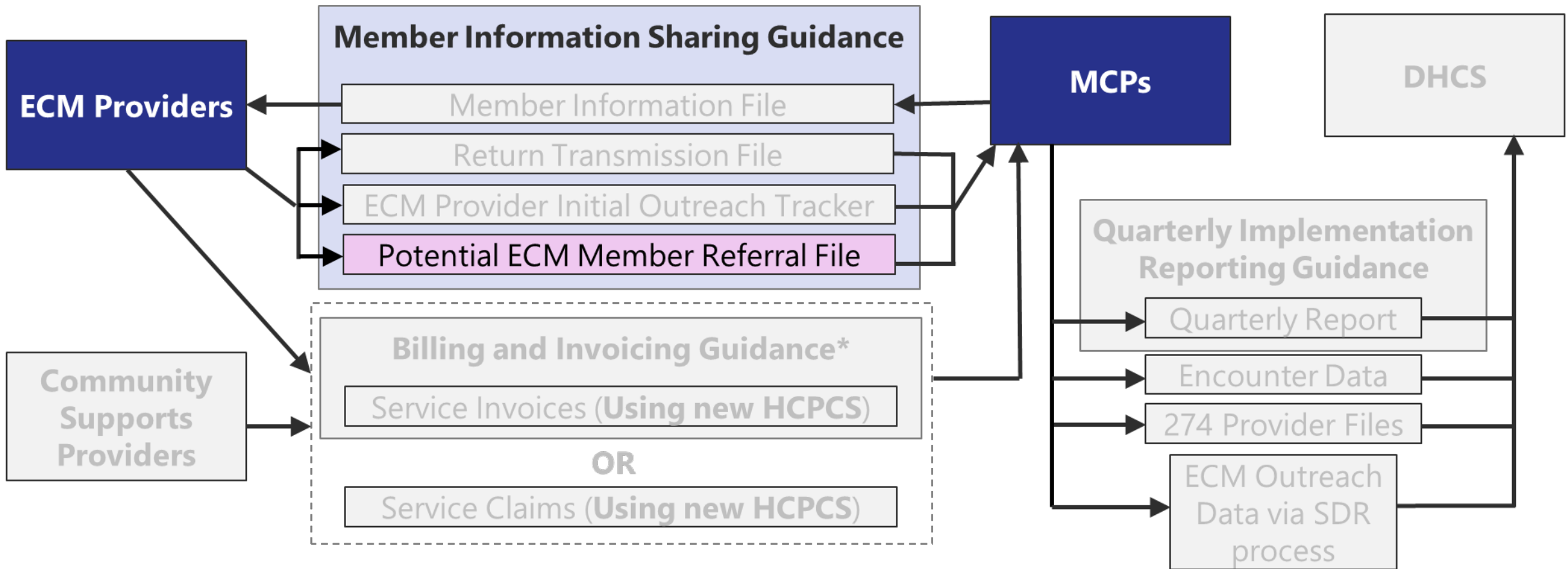
Table 8: Outreach for Initiation Into ECM

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

[ECM Provider Initial Outreach Tracker File](#)

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

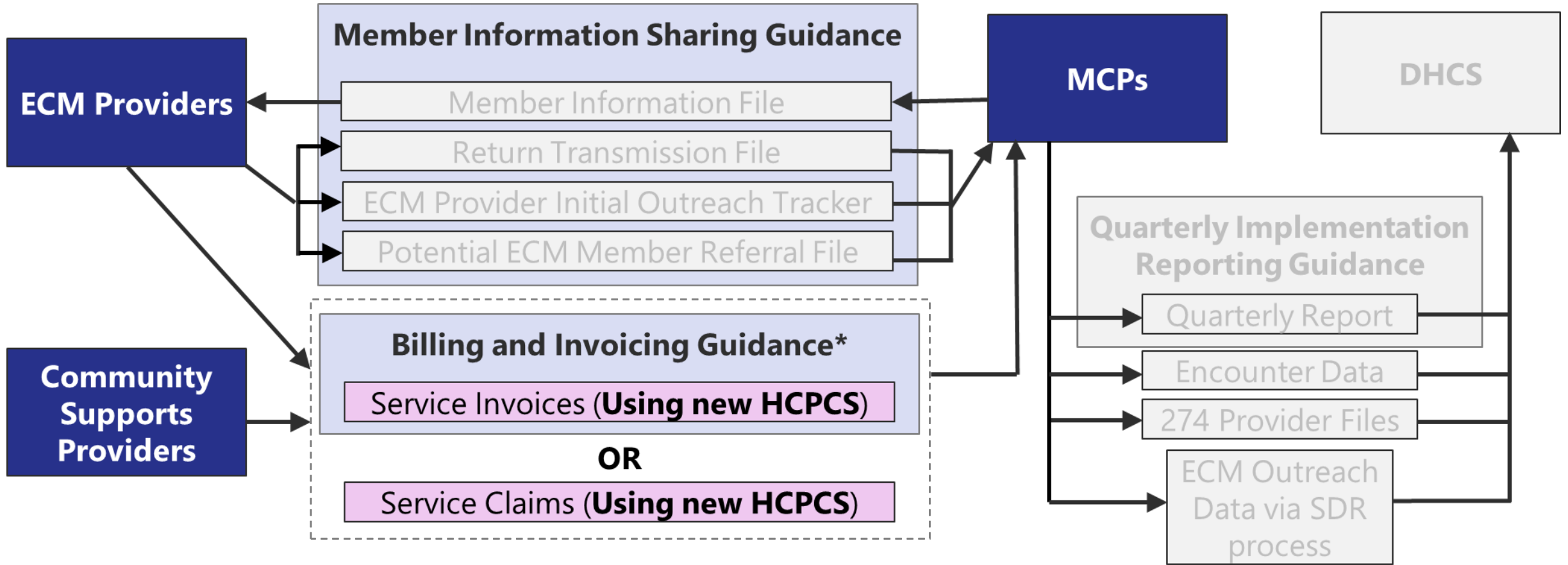
Potential ECM Member Referral File

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



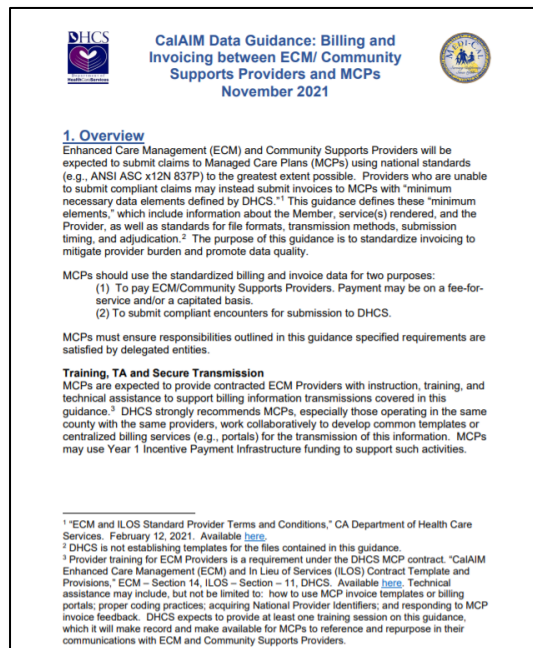
*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes.

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

[Table 1: Provider Information](#)

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

[Table 2: Member Information](#)

Billing and Invoicing

Table 3: Service and Billing Information (1)

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

- Clinical signoff is NOT required on ECM and Community Supports reporting and claims.**²

- ECM and Community Supports Providers should document diagnosis codes directly observed in their activities. This may include observed clinical or social conditions. **Codes may include Z-codes that identify social needs;** Providers should refer to [DHCS' SDOH Coding Guidance](#).

Billing and Invoicing

Table 3: Service and Billing Information (2)

1. See latest [ECM and Community Supports Procedure coding guidance at "ECM and Community Supports: Finalized ECM & ILOS Coding Options," DHCS.](#)
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

[Table 4: Administrative Information](#)

ECM & Community Supports Coding Options



MICHELLE BAASS
DIRECTOR

State of California – Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

Enhanced Care Management and Community Supports
Coding Options
Updated March 2022

Encounter Data Submission Process

The Department of Health Care Services (DHCS) requires Medi-Cal 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 Community Supports, MCPs are 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 subcontracts or other arrangements, using ASC X12 837 version 5010 x223 Institutional and Professional transactions and the new ECM and Community Supports coding requirements outlined in this document, to the Post Adjudicated Claims and Encounters System (PACES) effective 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. MCPs may utilize alternative payment approaches with ECM Providers, but must use the below HCPCS codes and modifiers for reporting applicable encounters to DHCS. **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.¹**

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 Enhanced Care Management services.

¹ For more information refer to the DHCS [Medi-Cal Provider Manuals](#)

MCPs must use the Healthcare Common Procedure Coding System (HCPCS) codes listed in the table to report ECM & Community Supports services.

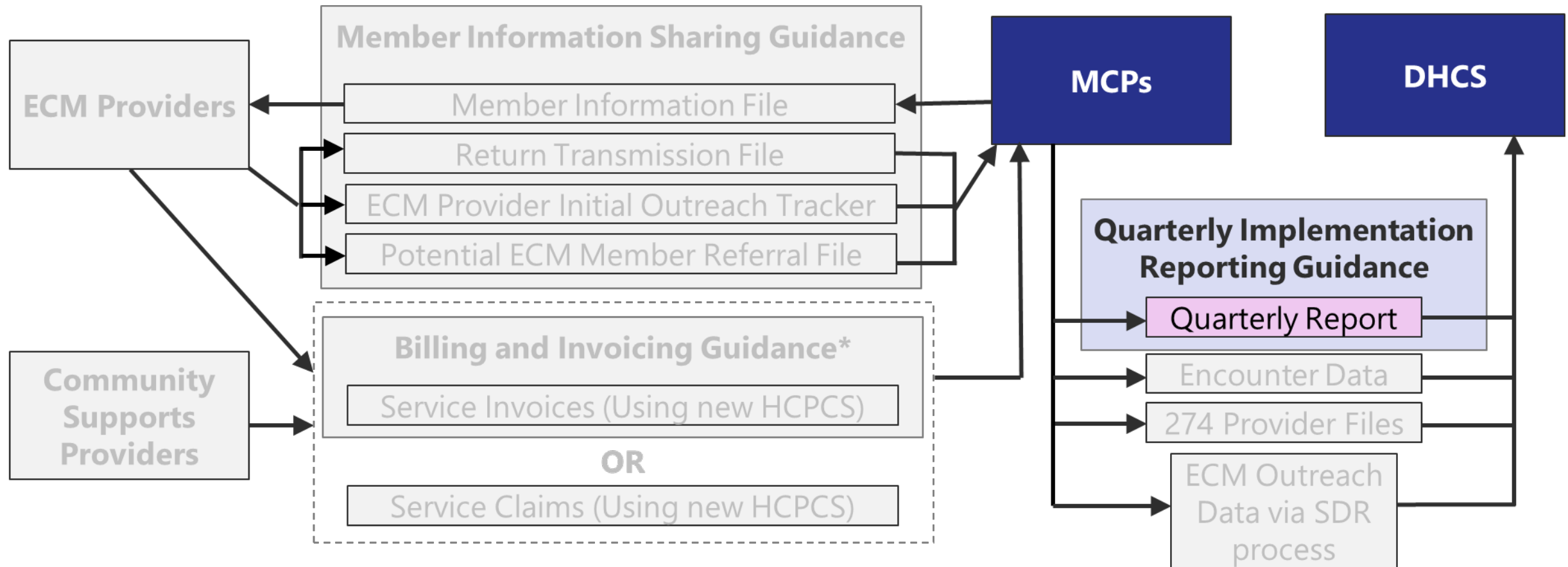
- There are 8 HCPCS Level II Codes denoting ECM-related Services
- There are 32 HCPCS Level II Codes denoting Community Supports services

[ECM & Community Supports Coding Options](#)

MCP REPORTING REQUIREMENTS TO DHCS

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MCP Reporting Requirements to DHCS

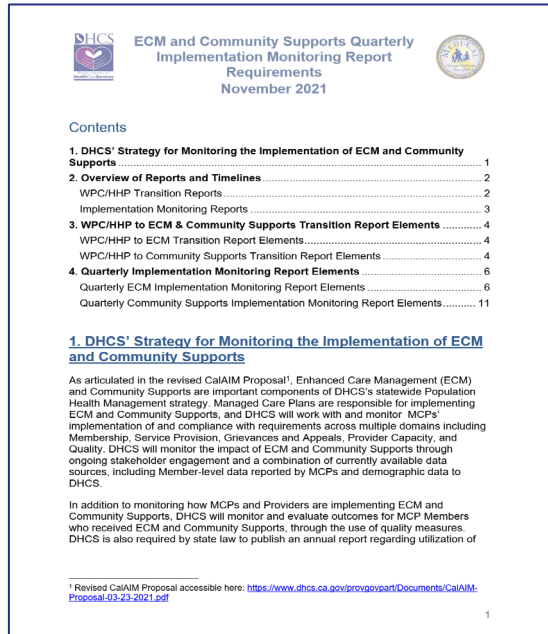


**For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes.*

Quarterly Implementation Monitoring Report

- » Throughout the first several years of ECM & Community Supports, **DHCS requires MCPs to submit the Quarterly Implementation Monitoring Report** to monitor the overall implementation
 - » *MCPs are responsible for this report and use information from the standardized Provider data flows described today, in part, to construct the content*
- » DHCS requires MCPs to provide data across six dimensions (*see next slide*)
- » ECM & Community Supports Providers responsible for providing MCPs with the information needed to complete many of the reporting requirements

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 provides a standardized Excel workbook template for MCPs 	<ul style="list-style-type: none"> • Quarterly began 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

- » Upon go-live, MCPs & ECM & Community Supports Providers should begin sharing data and submitting invoices as completely as possible; MCPs will be expected to share ECM/Community Supports information and encounters to DHCS.

Reporting

- » For MCPs that went live in HHP/WPC Pilot counties on Jan 1:
 - » The first Quarterly Implementation Monitoring Report was submitted to DHCS on **May 15**
 - » The second Quarterly Implementation Monitoring Report is due on **August 15**
- » For MCPs that went live in non-HHP/WPC Pilot counties on July 1:
 - » The first Quarterly Implementation Monitoring Report submission is due on **November 14, 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.

PATH

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Support technical assistance needs and other gaps not addressed by IPP

Eligible entities include:

- Counties, former WPC Lead Entities, providers (including ECM and Community Supports providers), CBOs, Tribes, others
- MCPs are not permitted to receive PATH funding for infrastructure, capacity or services

Flow of funds

- Entities will apply for funding which will flow directly from DHCS or the TPA to awarded applicants

Note: PATH funding is subject to key guardrails (e.g., cannot duplicate or supplant, regular progress reporting, alignment with MCPs).

Incentive Payment Program (IPP)

Goals

- Support development of ECM and Community Supports infrastructure and capacity
- Grow and strengthen provider networks

Eligible entities include:

- **MCPs** that elect to participate in the IPP and meet requirements to qualify for incentive payments
- DHCS anticipates MCPs will maximize the investment and flow of incentive funding to **ECM and Community Support providers**

Flow of funds

- Funding will flow directly from DHCS to MCPs upon achieving set milestones
- MCPs are encouraged to share funding with providers to strengthen networks