



CalAIM Data Guidance: Billing and Invoicing between ECM/ Community Supports Providers and MCPs January 2022



Version 1.1¹

1. Overview

Enhanced Care Management (ECM) and Community Supports Providers will be expected to submit claims to Managed Care Plans (MCPs) using national standards (e.g., ANSI ASC x12N 837P/I) to the greatest extent possible. Providers who are unable to submit compliant claims may instead submit invoices to MCPs with “minimum necessary data elements defined by DHCS.”² This guidance defines these “minimum elements,” which include information about the Member, service(s) rendered, and the Provider, as well as standards for file formats, transmission methods, submission timing, and adjudication.³ The purpose of this guidance is to standardize invoicing to mitigate provider burden and promote data quality.

MCPs should use the standardized billing and invoice data for two purposes:

- (1) To pay ECM/Community Supports Providers, whether payment is rendered on a fee-for-service or a capitated basis.
- (2) To submit compliant encounters for submission to DHCS.

MCPs must ensure responsibilities outlined in this guidance specified requirements are satisfied by delegated entities.

Training, TA and Secure Transmission

MCPs are expected to provide contracted ECM Providers with instruction, training, and technical assistance to support billing information transmissions covered in this guidance.⁴ DHCS strongly recommends MCPs, especially those operating in the same county with the same providers, work collaboratively to develop common templates or centralized billing services (e.g., portals) for the transmission of this information. MCPs may use Year 1 Incentive Payment Infrastructure funding to support such activities.

¹ Please see Appendix A for version notes.

² “ECM and ILOS Standard Provider Terms and Conditions,” CA Department of Health Care Services. February 12, 2021. Available [here](#).

³ DHCS is not establishing templates for the files contained in this guidance.

⁴ Provider training for ECM Providers is a requirement under the DHCS MCP contract. “CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template and Provisions,” ECM – Section 14, ILOS – Section – 11, DHCS. Available [here](#). Technical assistance may include, but not be limited to: how to use MCP invoice templates or billing portals; proper coding practices; acquiring National Provider Identifiers; and responding to MCP invoice feedback. DHCS expects to provide at least one training session on this guidance, which it will make record and make available for MCPs to reference and repurpose in their communications with ECM and Community Supports Providers.



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Next Steps and Further Information

This guidance has been developed to address an identified CalAIM need, confirmed by MCP and Provider feedback in public comments.⁵ **DHCS will continue to work closely with stakeholders and may revise guidance in response to market experience after launch.**

⁵ A draft version of this guidance was released for a two-week public comment period on August 25, 2021.



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2. Submission Guidance

(1) Eligible Providers

MCPs must accept invoices from ECM and Community Supports Providers that do not have the technical capabilities to generate and submit ANSI ASC X12N 837P/I claims.⁶ 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, though MCPs may not exclude Providers from their networks due to an inability to consume, use, or exchange information beyond what is described.

(2) Data Elements

For ECM and Community Supports Providers that cannot submit claims, MCPs must require the submission of the following invoice data elements. Data elements are defined by DHCS encounter data reporting standards, unless otherwise specified.⁷ Data must be reported in the following sequence unless otherwise agreed to by MCP and ECM/Community Supports Provider. MCP data requests may not extend beyond what is required in this guidance unless mutually agreed to with the ECM/Community Supports Provider.

MCPs must allow single invoice submissions to include multiple ECM or Community Supports Provider services rendered on a single day by a single Provider for a single Member.

Table 1: Provider Information

Data Element	Required for...	
	ECM Providers	Community Supports Providers
Billing Provider National Provider Identifier (NPI) ⁸	Yes	Yes
Billing Provider Tax Identification Number (TIN)	Yes	Yes

⁶ Eligibility based on ECM and Community Supports Provider attestation that they lack system capabilities to produce or consume data traditionally used to support the described activity (e.g., Electronic Health Record or billing system capable of producing standard ANSI ASC x12N 837P/I claims), and are not otherwise employing methods of claims submission to meet similar requirements for other payers (e.g., managed service organization contracting).

⁷ “Medi-Cal Managed Care Encounter Data Reporting,” DHCS. Available [here](#). Where data elements are not in the DHCS Companion Guide and not otherwise defined in this guidance, MCPs shall provide ECM and Community Supports Providers with clear specifications that promote standardized submission while minimizing administrative burden.

⁸ Providers should bill using an organization/facility NPI, if available. National Provider Identifier (NPI) Application A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs,” DHCS. Available [here](#).



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Data Element	Required for...	
	ECM Providers	Community Supports Providers
Billing Provider Name ⁹	Yes	Yes
Billing Provider First Name ¹⁰	Optional	Optional
Billing Provider Last Name ¹¹	Optional	Optional
Billing Provider Phone Number ¹²	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) ¹³	Optional	Optional
Rendering Provider Tax Identification Number (TIN)	Optional	Optional
Rendering Provider Name ¹⁴	Yes	Yes
Rendering Provider First Name ¹⁵	Optional	Optional
Rendering Provider Last Name ¹⁶	Optional	Optional
Rendering Provider Phone Number ¹⁷	Yes	Yes
Rendering Provider Address	Yes	Yes
Rendering Provider City	Yes	Yes
Rendering Provider State	Yes	Yes
Rendering Provider Zip	Yes	Yes

⁹ Provider organization name; may be the name of the solo practitioner, if applicable

¹⁰ Provider name, if applicable; may be left blank

¹¹ Ibid.

¹² Numbers only; no dashes; character limit of ten

¹³ “National Provider Identifier (NPI) Application A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs,” DHCS. Available [here](#). All ECM and Community Supports provider organizations and individuals or sole proprietorships that have a contract with an MCP and that submit claims to an MCP for reimbursement must have an NPI. Employees and subcontractors of ECM and Community Supports provider organizations that deliver ECM and Community Supports services are encouraged to obtain an NPI, but are not required to have one at this time if they are not billing directly to an MCP.

¹⁴ Provider organization name; may be the name of the solo practitioner, if applicable

¹⁵ Provider name, if applicable; may be left blank

¹⁶ Ibid.

¹⁷ Numbers only; no dashes; character limit of ten



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Table 2: Member Information

Data Element	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 ¹⁸	Yes	Yes
Member Residential Address ¹⁹	Yes	Yes
Member Residential City ²⁰	Yes	Yes
Member Residential Zip ²¹	Yes	Yes
Member Date of Birth (MM/DD/YYYY)	Yes	Yes

Table 3: Service and Billing Information

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).

Data Element	Required for...	
	ECM Providers	Community Supports Providers
Primary Payer Identifier ²²	Yes	Yes
Payer Name	Yes	Yes
Procedure Code(s) ²³	Yes	Yes
Procedure Code Modifier(s)	Yes	Yes

¹⁸ Identifier for if the Member does not have an address and is experiencing “homelessness,” as defined in the ECM Policy Guide (pgs. 11-12), available [here](#). If “homeless,” enter “1”, if not or unknown leave blank.

¹⁹ ECM/Community Supports Providers may complete data element as “HOMELESS” if the Member is identified as homeless by the “Member Homelessness Indicator.”

²⁰ ECM/Community Supports Providers may leave blank if the Member is both identified as homeless by the “Member Homelessness Indicator.”

²¹ Ibid.

²² As provided by the MCP

²³ See latest ECM and Community Supports Procedure coding guidance at “ECM and Community Supports: Finalized ECM & ILOS Coding Options,” DHCS. Available [here](#). 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.



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Data Element	Required for...	
	ECM Providers	Community Supports Providers
Service Start Date	Yes	Yes
Service End Date	Yes	Yes
Service Name(s)	Optional	Optional
Service Unit Count(s) ²⁴	Yes	Yes
Place of Service (POS)	Yes	Yes
Member Diagnosis Code(s) ^{25,26}	Yes	Yes
Service Unit Cost(s) ²⁷	Yes	Yes
Service Charge Amount(s) ²⁸	Yes	Yes
Invoice Amount ²⁹	Yes	Yes

²⁴ As defined by ECM and Community Supports Procedure coding guidance at “ECM and Community Supports: Finalized ECM & ILOS Coding Options,” DHCS. Available [here](#).

²⁵ ECM and Community Supports Providers should only document diagnosis codes directly observed in their activities. Depending upon the provider, this may include observed clinical or social conditions. Multiple diagnoses (up to ten ICD-10 codes) may be submitted; codes may include Z-codes that identify social needs, such as those represented in the Department’s SDOH coding guidance (available [here](#)). Codes should be able to be entered by the Provider without the need for delimiters to be manually entered.

²⁶ MCPs must communicate relevant Member diagnosis information to ECM and Community Supports Providers on referrals or authorizations to guide treatment or services and through the Member-Level Information Sharing file process; this information may be used by Providers during invoice submission. DHCS has also released guidance on priority social determinants of health ICD-10 Z-codes, which MCPs may also share with ECM and Community Supports Providers for use (available [here](#)). Claims/encounters must have at least one recorded diagnosis code to be compliant when submitted by MCPs to DHCS.

²⁷ The service unit cost(s) may not be reflective of the amount paid for the service, if the services are covered under a capitated or per member per month payment arrangement. MCPs are required to submit cost values to DHCS in alignment with federal T-MSIS reporting standards.

²⁸ Service charge amount(s) are the total service-line costs (i.e., Service Unit Count(s) multiplied by the respective Service Unit Cost(s)). The service charge amount may not be reflective of the amount paid for the service, if the services are covered under a capitated or per member per month payment arrangement. MCPs are required to submit cost values to DHCS in alignment with federal T-MSIS reporting standards.

²⁹ Sum of Service Charge Amounts. The invoice amount may not be reflective of the amount paid to the provider, if the rendered services are covered under a capitated or per member per month payment arrangement. MCPs are required to submit cost values to DHCS in alignment with federal T-MSIS reporting standards.



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Table 4: Administrative Information

Data Element	Required for...	
	ECM Providers	Community Supports Providers
Invoice Date (MM/DD/YYYY)	Yes	Yes
Invoice Number ³⁰	Yes	Yes
Control Number ³¹	Optional	Optional
Authorization Number ³²	Optional	Optional

(3) File Format

MCPs must allow ECM and Community Supports Providers to submit invoices as an Excel-based workbook or Web-based form or portal (e.g., provider payment portal) using an MCP-provided template.³³ MCPs and ECM/Community Supports Providers may mutually agree to complete and submit files by another format (e.g., standard CSV files).

MCPs invoice templates must:

- Be user-friendly, including:
 - Clear instruction for submission;
 - “Locked” fields to minimize submission errors, including drop-down selection options;
 - Data fields which auto-populate based on previous data element submissions, where feasible; and
 - Automatic error checks prior to submission.
- Request data in the same sequence and using the same language as presented in “(2) Data Elements.”
- Allow invoices to include multiple services rendered on a single day by a single Provider for a single Member.

(4) Transmission Methods

MCPs must allow ECM and Community Supports Providers to submit invoices through one of the following methods:

- Web-based portal (strongly preferred);

³⁰ ECM/Community Supports Provider-generated ten digit, numeric code that identifies the invoice being submitted.

³¹ Sequence number for use by ECM/Community Supports Providers as instructed by and agreed to with MCPs to ensure each invoices are uniquely identifiable.

³² MCP-generated code that may be used to expedite invoice approval and/or processing. For use by ECM/Community Supports Providers as instructed by and agreed to use with MCPs.

³³ MCPs may require a single format so long as the established format is in compliance with this guidance.



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- SFTP upload; or
- Secure email (least preferred).³⁴

MCPs must establish invoice transmission methods and processes that allow ECM and Community Supports Providers to easily submit invoices in batches (i.e., simultaneous submission of multiple invoices for multiple patients). MCPs and ECM/Community Supports Providers may mutually agree to transmit files via another method.³⁵

(5) Reporting Frequency

MCPs must require ECM and Community Supports Providers to submit service invoices as otherwise specified in the *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Provider Standard Terms and Conditions* and in alignment with other MCP contractual requirements with DHCS.³⁶

(6) Adjudication Processes and Return Transmissions

MCPs must process invoices and provide feedback to submitters in alignment with standard health care service plan reimbursements regulations,³⁷ including:

- Receipt of submission; and
- Error files with actionable guidance for invoice error resolution, if needed.

Where resubmissions are required, MCPs must provide ECM and Community Supports Providers with clear instruction and training on the processes to do so. MCPs must have rigorous processes in place to ensure billing information they receive is accurate and complete. MCPs must translate invoices into compliant encounters for regular submission as part of the regular DHCS encounter file collection process.

(7) Secure Transaction Protocols

MCPs and ECM and Community Supports Providers receiving, storing, using, or transmitting personal identifiable information (PII) and protected health information (PHI) must have processes for doing so in accordance with federal and state laws, and agency data privacy and security standards, including but not limited to Health

³⁴ MCPs may require a single transmission method so long as the established transmission method is in compliance with this guidance.

³⁵ MCPs may require single-process submissions so long as the established process is in compliance with this guidance (e.g., MCPs may require submissions exclusively through web-based portal, so long as that portal's requirements match those outlined in this guidance or are otherwise agreed to with the ECM/Community Supports Provider).

³⁶ See the DHCS Enhanced Care Management and In Lieu of Services [website](#) and "Managed Care Boilerplate Template," DHCS, available [here](#), for the latest documentation.

³⁷ Regulations include, but are not limited to, California Health and Safety Code 1371 through 1371.39, available [here](#).



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Insurance Portability and Accountability Act (HIPAA), 42 CFR Part II, Confidentiality of Medical Information Act (CMIA), and state law.³⁸

MCPs must have alternative, legally compliant submission processes in-place for when standard secure transmission protocols are not available, and must provide ECM/Community Supports Providers with contact information for staff who can provide timely and responsive technical support.

³⁸ See the DHCS Enhanced Care Management and In Lieu of Services [website](#) for the latest documentation.



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Appendix A. Version Updates

Version 1.1

Listed below are the substantive edits made to this data guidance document on January 10, 2022.

- References to ANSI ASC X12N 837P claims were amended to also include ANSI ASC X12N 837I claims.
- “Rendering Provider Tax Identification Number” was revised from a required to an optional field.
- Footnote 25, relating to Member Diagnosis coding, was expanded to include additional context.
- Minor edits throughout for clarification based on stakeholder questions.