

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

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Version 1.2¹

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1. Overview

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

¹ Please see Appendix A for version notes.

² **(Updated April 2023)** Providers that are unable to submit claims via 837P/I can submit claims with the CMS-1500 form.

³ “ECM and ILOS Standard Provider Terms and Conditions,” CA Department of Health Care Services. February 12, 2021. Available [here](#).

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adjudication.⁴ The purpose of this guidance is to standardize invoicing to mitigate provider burden and promote data quality.

Now that ECM and Community Supports have been implemented for one year, the Department of Health Care Services (DHCS) has prioritized updating the existing data guidance documents based on stakeholder input. In Q3 2022, DHCS launched a survey, and over 200 MCPs and ECM and Community Supports Providers responded with feedback about which updates should be considered. DHCS has since analyzed all survey data and made updates to the ECM and Community Supports guidance documents based on this feedback. The updates that have been made to this guidance document are labeled throughout and include corresponding footnotes. The updates are also cataloged in the Appendix.

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's specified requirements are satisfied by delegated entities.

All ECM and Community Supports Providers must exchange data, including billing and encounter data, in compliance with federal and state privacy laws, regulations, and other data sharing rules.⁵

Training, Technical Assistance, 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

⁴ DHCS is not establishing templates for the files contained in this guidance.

⁵ Refer to [CalAIM Data Sharing Authorization Guidance](#) for more information about sharing protected billing and encounter information, including applicability of 42 CFR Part 2 data in Use Case 4-1.

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guidance.⁶ 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 Incentive Payment Program funding to support such activities.

Next Steps and Further Information

Questions and notifications regarding concerns about compliance with the standards established in this guidance document may be directed to the ECM and Community Supports inbox: CalAIMECMILOS@dhcs.ca.gov

⁶ 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 record and make available for MCPs to reference and repurpose in their communications with ECM and Community Supports Providers.

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.⁷ DHCS requires MCPs and ECM/Community Supports Providers to share invoice information according to the data standards outlined in this document. However, if there is an overwhelmingly strong reason that is mutually agreed to by the MCP and ECM/Community Supports Providers, the organizations may establish an alternative method for information exchange to meet the requirements outlined in this guidance. 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.⁸ 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.

⁷ 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 that they are not otherwise employing methods of claims submission to meet similar requirements for other payers (e.g., managed service organization contracting).

⁸ "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.

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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) ⁹	Yes	Yes
Billing Provider Tax Identification Number (TIN)	Yes	Yes
Billing Provider Name ¹⁰	Yes	Yes
Billing Provider First Name ¹¹	Optional	Optional
Billing Provider Last Name ¹²	Optional	Optional
Billing Provider Phone Number ¹³	Yes	Yes
Billing Provider Address	Yes	Yes
Billing Provider City	Yes	Yes
Billing Provider State	Yes	Yes
Billing Provider Zip Code	Yes	Yes
Rendering Provider National Provider Identifier (NPI) ¹⁴	Optional	Optional

⁹ 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](#).

¹⁰ Provider organization name; may be the name of the solo practitioner, if applicable.

¹¹ Provider name, if applicable; may be left blank.

¹² Ibid.

¹³ Numbers only; no dashes; character limit of ten.

¹⁴ "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

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Data Element	Required for...	
	ECM Providers	Community Supports Providers
Rendering Provider Tax Identification Number (TIN)	Optional	Optional
Rendering Provider Name ¹⁵	Yes	Yes
Rendering Provider First Name ¹⁶	Optional	Optional
Rendering Provider Last Name ¹⁷	Optional	Optional
Rendering Provider Phone Number ¹⁸	Yes	Yes
Rendering Provider Address	Yes	Yes
Rendering Provider City	Yes	Yes
Rendering Provider State	Yes	Yes
Rendering Provider Zip Code	Yes	Yes

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

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.

¹⁵ Provider organization name; may be the name of the solo practitioner, if applicable.

¹⁶ Provider name, if applicable; may be left blank.

¹⁷ Ibid.

¹⁸ Numbers only; no dashes; character limit of ten.

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Data Element	Required for...	
	ECM Providers	Community Supports Providers
Member Homelessness Indicator ¹⁹ (Updated April 2023)	Yes	Yes
Member Residential Address ²⁰	Yes	Yes
Member Residential City ²¹	Yes	Yes
Member Residential Zip Code ²²	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 ²³	Yes	Yes
Payer Name	Yes	Yes

¹⁹ (Updated April 2023) Identifier for if the Member is experiencing "homelessness." As defined in the [ECM Policy Guide](#) for Members receiving ECM; as defined in the [CalAIM 1115 Special Terms and Conditions](#) VIII.62.a, for Members receiving Community Supports. If "homeless," enter "1", if not or unknown, enter "0".

²⁰ ECM/Community Supports Providers may complete data element as "HOMELESS" if the Member is identified as homeless by the "Member Homelessness Indicator."

²¹ ECM/Community Supports Providers may leave blank if the Member is identified as homeless by the "Member Homelessness Indicator."

²² Ibid.

²³ As provided by the MCP.

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Data Element	Required for...	
	ECM Providers	Community Supports Providers
Procedure Code(s) ²⁴	Yes	Yes
Procedure Code Modifier(s)	Yes	Yes
Service Start Date	Yes	Yes
Service End Date	Yes	Yes
Service Name(s) (Updated April 2023)	Yes	Yes
Service Unit Count(s) ²⁵	Yes	Yes
Place of Service (POS)	Yes	Yes

²⁴ 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.

²⁵ As defined by ECM and Community Supports Procedure coding guidance at “ECM and Community Supports: Finalized ECM & ILOS Coding Options,” DHCS. Available [here](#).

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Data Element	Required for...	
	ECM Providers	Community Supports Providers
Member Diagnosis Code(s) ^{26,27,28} (Updated April 2023)	Yes	Yes
Service Unit Cost(s) ²⁹	Yes	Yes
Service Charge Amount(s) ³⁰	Yes	Yes

²⁶ ECM and Community Supports Providers should only document diagnosis codes directly observed in their activities. Depending on 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 social determinants of health coding guidance (available [here](#)). Codes should be able to be entered by the Provider without the need for delimiters to be manually entered.

²⁷ 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 determinant 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.

²⁸ (Updated April 2023) Note: if “1” is selected for the Member Homelessness Indicator field, the MCP is expected to record one of the ICD-10 Z-codes that specify homelessness: Z59.00 Homelessness unspecified, Z59.01 Sheltered homelessness, Z59.02 Unsheltered homelessness.

²⁹ 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.

³⁰ 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.

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Data Element	Required for...	
	ECM Providers	Community Supports Providers
Invoice Amount ³¹	Yes	Yes

Table 4: Administrative Information

Data Element	Required for...	
	ECM Providers	Community Supports Providers
Invoice Date (MM/DD/YYYY)	Yes	Yes
Invoice Number ³²	Yes	Yes
Control Number ³³	<i>Optional</i>	<i>Optional</i>
Authorization Number ³⁴	<i>Optional</i>	<i>Optional</i>

(3) File Format

MCPs must allow ECM and Community Supports Providers to submit invoices as an Excel-based workbook or web-based form or via a portal (e.g., provider payment portal)

³¹ 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.

³² ECM/Community Supports Provider-generated, ten-digit numeric code that identifies the invoice being submitted.

³³ Sequence number for use by ECM/Community Supports Providers as instructed by and agreed to with MCPs to ensure each invoice is uniquely identifiable.

³⁴ 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.

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using an MCP-provided template.³⁵ MCPs and ECM/Community Supports Providers may mutually agree to complete and submit files in another format (e.g., standard CSV files).

MCPs invoice templates must:

- be user-friendly, including:
 - clear instructions for submission;
 - “locked” fields to minimize submission errors, including drop-down selection options;
 - data fields that 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”; and
- 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)
- SFTP upload
- Secure email (least preferred)³⁶

MCPs must establish invoice transmission methods and processes that allow ECM and Community Supports Providers to easily submit invoices in batches (i.e., simultaneous

³⁵ MCPs may require a single format so long as the established format complies with this guidance.

³⁶ MCPs may require a single transmission method so long as the established transmission method complies with this guidance.

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submission of multiple invoices for multiple patients). MCPs and ECM/Community Supports Providers may mutually agree to transmit files via another method.³⁷

(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.³⁸

(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,³⁹ including the following:

- Receipt of submission
- 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 instructions and training on the processes to do so. MCPs must have rigorous processes in place to ensure the 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

³⁷ MCPs may require single-process submissions so long as the established process complies with this guidance (e.g., MCPs may require submissions exclusively through a 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).

³⁸ See the DHCS Enhanced Care Management and In Lieu of Services [website](#) and "Managed Care Boilerplate Template," DHCS, available [here](#), for the latest documentation.

³⁹ Regulations include, but are not limited to, California Health and Safety Code sections 1371 through 1371.39, available [here](#).

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(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 the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part II, the Confidentiality of Medical Information Act (CMIA), and state law.⁴⁰

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.

⁴⁰ See the DHCS Enhanced Care Management and In Lieu of Services [website](#) for the latest documentation.

Appendix A. Version Updates

Version 1.1

Listed below are the substantive edits made to this data guidance document in January 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.

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Listed below are the substantive edits made to this data guidance document in April 2023.

Overview:

- Footnote 2 was added to the introduction, confirming that providers that are unable to submit claims via 837P/I can submit claims with the CMS-1500 form.

Submission Guidance:

Table 2:

- Footnote 19 was updated in two ways:

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- To clarify the different definitions of homelessness for ECM and Community Supports.
- Instructing providers to enter "0" if the homelessness status is unknown; previous instruction was to leave the field blank if homelessness status was unknown.

Table 3:

- Service name was updated from an optional to a required reporting field.
- Footnote 28 was added to provide guidance to MCPs about which ICD-10 social determinants of health diagnosis code to report if "1" is selected for the Member Homelessness Indicator field.