

# CalAIM ECM and ILOS Billing and Invoicing Guidance

*DRAFT FOR PUBLIC COMMENT*

## Background

Enhanced Care Management (ECM) and In Lieu of Service (ILOS) Providers that are unable to submit ANSI ASC X12N 837P claims to Managed Care Plans (MCPs) using DHCS-defined standard specifications and code sets may submit invoices to MCPs with “minimum necessary data elements defined by DHCS.”<sup>1</sup>

This guidance defines the standard, “minimum necessary” data elements MCPs will collect from ECM and ILOS Providers - including information about the Member, service(s) rendered, and the rendering Provider - as well as file formats, transmission methods, submission timing, and adjudication processes. Invoices will be used by MCPs to pay Providers and develop DHCS-compliant encounters as part of their regular encounter file submissions. MCPs will provide invoice submission instruction, training, and technical assistance to support ECM and ILOS Provider implementation of these reporting requirements.

This guidance has been developed to address an identified CalAIM need, as confirmed by the feedback DHCS received from MCPs and Providers in public comments, establishing a payment mechanism for Providers who do not have the technical capabilities to produce claims, reducing ECM and ILOS Provider and MCP administrative burden for processing invoices, and improving program effectiveness.

DHCS strongly recommends MCPs work collaboratively to build on this guidance to support ECM and ILOS Provider billing capacity development, which may include: establishing common specifications for data elements not otherwise defined; developing common templates; or developing centralized billing services (e.g., portals). MCPs may be able to use Year 1 Incentive Payment Infrastructure funding to support such activities.

## Submission Guidance

### (1) Eligible Providers

MCPs shall accept invoices from ECM and ILOS Providers that do not have the technical capabilities to generate and submit ANSI ASC X12N 837P claims.<sup>2</sup> MCPs

<sup>1</sup> “ECM and ILOS Standard Provider Terms and Conditions,” CA Department of Health Care Services. February 12, 2021. Available [here](#).

<sup>2</sup> Eligibility based on ECM and ILOS Provider 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 claims).

shall provide eligible ECM and ILOS Providers with invoice submission instruction, training, and technical assistance to support implementation of *CalAIM ECM and ILOS Billing and Invoicing Guidance* and other referenced materials.<sup>3</sup> MCPs may not exclude ECM and ILOS Providers from their networks due to an inability to consume, use, or otherwise exchange billing data beyond what is described in this guidance.

## (2) Data Elements

MCPs shall require the submission of the following invoice data elements from ECM and ILOS Providers in the following sequence and in alignment with DHCS encounter file specifications where not otherwise defined herein.<sup>4</sup> **MCPs may request DHCS add elements or reporting specificity to this requirement over time.**

**Table 1: Provider Information**

Data Element <sup>5</sup>	Required for...	
	ECM Providers	ILOS Providers
Billing Provider National Provider Identifier (NPI)	Yes	Yes
Billing Provider Tax Identification Number (TIN)	Yes	Yes
Billing Provider Last Name	Yes	Yes
Billing Provider First Name	Yes	Yes
Billing Provider Phone Number <sup>6</sup>	Yes	Yes
Billing Provider Address <sup>7</sup>	Yes	Yes
Entity Type Qualifier <sup>8</sup>	Yes	Yes

**Table 2: Member Information**

Data Element	Required for...	
	ECM Providers	ILOS Providers
Member Client Identification Number (CIN)	Yes	Yes
Member Last Name	Yes	Yes
Member First Name	Yes	Yes
Member Residential Address	Yes	Yes
Member City	Yes	Yes
Member Zip	Yes	Yes
Member Date of Birth (MM/DD/YYYY)	Yes	Yes

<sup>3</sup> 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.

<sup>4</sup> See DHCS encounter reporting requirements, available [here](#).

<sup>5</sup> Rendering provider information may be requested by the MCP if different than billing provider

<sup>6</sup> Numbers only; no dashes

<sup>7</sup> Multiple fields: Street Address, City, State, Zip

<sup>8</sup> E.g., individual, organization

**Table 3: Service and Billing Information**

Data Element	Required for...	
	ECM Providers	ILOS Providers
Payer Primary Identifier	Yes	Yes
Payer Name	Optional	Optional
Procedure Code(s) <sup>9</sup>	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) <sup>10</sup>	Yes	Yes
Member Diagnosis Code(s) <sup>11,12</sup>	Yes	Yes
Service Unit Cost	Yes	Yes
Invoice Amount	Yes	Yes

**Table 4: Administrative Information**

Data Element	Required for...	
	ECM Providers	ILOS Providers
Invoice Date (MM/DD/YYYY)	Yes	Yes
Invoice Number	Yes	Yes

MCPs must define data elements in alignment with DHCS encounter file specifications and communicate these requirements to submitting ECM and ILOS Providers.<sup>13</sup>

### **(3) File Format**

MCPs shall allow ECM and ILOS Providers to submit invoices as an:

- Excel-based workbook; or through a
- Web-based form or portal (e.g., provider payment portal).

MCPs invoice submission templates shall be user-friendly, including:

<sup>9</sup> Multiple procedure codes may be submitted. Latest ECM and ILOS Procedure coding guidance: <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-%26-ILOS-Coding-Guidance.pdf>.

<sup>10</sup> DHCS Place of Service codes: [Place of Service Code Set | CMS](#)

<sup>11</sup> Multiple diagnoses (up to five) may be submitted; codes may include Z-codes that identify social needs

<sup>12</sup> MCPs may provide Member diagnosis information to ECM and ILOS Providers on referrals or authorizations for services that may be used by Providers to support invoice submission. DHCS also expects to release guidance on priority social determinant of health ICD-10 Z-codes, which MCPs may also share with ECM and ILOS Providers.

<sup>13</sup> See DHCS encounter reporting requirements, available [here](#). Where data elements are not in the DHCS Companion Guide, MCPs shall provide ECM and ILOS Providers with clear specifications that minimize administrative burden.

- 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;<sup>14</sup> and
- Automatic error checks prior to submission.

MCP shall request data in the same sequence and using the same language as presented in “(2) Data Elements.”

MCPs shall allow invoices to include multiple services rendered on a single day for a single Member.

#### **(4) Transmission Methods**

---

MCPs shall allow ECM and ILOS Providers to submit invoices through one of the following methods:

- Web-based portal (strongly preferred);
- Secure File Transfer Protocol (SFTP) upload; or
- Secure email (least preferred).

MCPs must establish invoice transmission methods and processes that allow ECM and ILOS Providers to submit invoices in batches (i.e., simultaneously submit multiple invoices for multiple patients).

#### **(5) Reporting Frequency**

---

MCPs shall require ECM and ILOS Providers to submit service invoices within 30 days of the end of the service month or as otherwise specified in the *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions*.<sup>15</sup>

#### **(6) Adjudication Processes and Return Transmissions**

---

MCPs shall process invoices and provide feedback to submitters, including:

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

Where resubmissions are required, MCPs shall provide ECM and ILOS Providers with clear instruction on the processes to do so. MCPs shall have rigorous processes in

---

<sup>14</sup> This guidance aims to outline minimum data sharing requirements between MCPs and ECM and ILOS Providers that would allow MCPs to generate compliant encounters for submission to DHCS. To reduce reporting burden on ECM and ILOS Providers, DHCS requests that MCPs not request any data elements from ECM and ILOS Providers that could otherwise be reliably generated by the MCP.

<sup>15</sup> See the DHCS Enhanced Care Management and In Lieu of Services [website](#) for the latest documentation.

place to ensure billing information they receive is accurate and complete. MCPs shall translate invoices into DHCS-compliant encounters for regular submission as part of the DHCS encounter file collection process.

### **(7) Secure Transaction Protocols**

---

MCPs shall ensure ECM and ILOS Providers receiving, storing, using, or transmitting personal identifiable information (PII) and protected health information (PHI) are doing so in accordance with federal, state, and agency data privacy and security standards, including but not limited to Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part II, Confidentiality of Medical Information Act (CMIA), and the latest stipulations of the *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions*.<sup>16</sup>

---

<sup>16</sup> See the DHCS Enhanced Care Management and In Lieu of Services [website](#) for the latest documentation.