Overview

In this document, the phrase "ICF/DD Home(s)" will refer collectively to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H), and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N). DHCS has developed the guidance contained here in response to a consensus within the stakeholder community that some flexibility is needed in the processes ICF/DD Homes will use for billing their managed care plan (MCP). The provider agreement with their MCP will set out the process ICF/DD Homes will use to submit the data that supports payment. ICF/DD Homes will submit claims to MCPs for payment using National Uniform Billing Committee (NUBC)/Health Insurance Portability and Accountability Act (HIPAA) compliant code sets. These codes fulfill the objectives of administrative simplification and ease of use.[1]ICF/DD Homes will have the option to submit claims digitally, via electronic data interchange (EDI). This option will be implemented using ANSI ASC x12N 837P/I 837I claim transactions using the same HIPAA compliant code sets. ICF/DD Homes will also have the option to submit claims via other nationally accepted electronic file format standards (e.g., CMS 1500, CMS 1450, UB-04). MCPs must train ICF/DD Homes on their billing protocols including how to submit claims.

However, some ICF/DD Homes are unable to submit compliant claims digitally. To accommodate this need, these ICF/DD Homes may instead submit invoices to MCPs on the paper form of the UB-04. These forms are readily available through office supply stores and pre-printed in a logical layout. The ICF/DD Homes that elect to use this

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[1] Note: Refer to the LTC Code and Claim Form Conversion:
LTC Code and Claim Form Conversion: LTC 25-1 to UB-04 Claim Form Crosswalk (ca.gov)

manual option will fill the forms out using the "necessary data elements defined by DHCS."

This guidance defines these "elements", which have been developed and refined through an iterative, consultative process. These data elements include information about the Member, service(s) rendered, and the ICF/DD Home, as well as standards for file formats, transmission methods, submission timing, and adjudication.

The purpose of this guidance is to standardize invoicing/claiming processes, minimize ICF/DD Home and MCP burden, and promote data quality to support accurate and timely payments. MCPs agree to use the standardized billing and invoice data for four purposes:

1. Pay ICF/DD Homes.
2. Submit federal Transformed Medicaid Statistical Information System (T-MSIS) compliant encounters for submission to the State of California Department of Health Care Services (DHCS).
3. Support population health management.
4. Support quality of care.

MCPs will work closely with ICF/DD Homes to facilitate efficient and effective implementation of this alternative approach to billing and invoicing when needed. This cooperative approach will ensure responsibilities outlined in this guidance are satisfied by all delegated entities.

Training, Technical Assistance, and Secure Transmission

MCPs are expected to provide contracted ICF/DD Homes with instruction, training, and technical assistance to support billing information transmissions covered in this guidance. DHCS strongly recommends MCPs work collaboratively amongst themselves and with ICF/DD Homes to develop common processes for training, piloting, testing, expediting, and ensuring a smooth transition to these new billing practices.

Next Steps and Further Information

This guidance has been developed to address an identified CalAIM need, confirmed by MCP and ICF/DD Home feedback in public comments.

Submission Guidance

Eligible Providers

MCPs must accept invoices from ICF/DD, ICF/DD-H, and ICF/DD-N Homes that do not have the technical capabilities to generate and submit ANSI ASC X12N 837P/I or electronic CMS 1500, CMS 1450, and UB-04 claims. MCPs must have both electronic and manual invoicing processes in place and must provide ICF/DD Homes the ability to submit claims or invoices. A MCP can satisfy the invoice option by training the ICF/DD Home on how to use the standard paper UB-04 and only require the data elements in the Billing and Invoicing Guide. If an MCP and an ICF/DD Home 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 ICF/DD Homes from their networks due to an inability to consume, use, or exchange information beyond what is described.

Data Elements

For ICF/DD Homes that cannot submit standard 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. Data must be reported in the following sequence, unless otherwise agreed to by the MCP and ICF/DD Home. MCP data requests may not extend beyond what is required in this guidance, unless mutually agreed to with the ICF/DD Home.[2]

ICF/DD Home invoice submissions may only include individual ICF/DD Home services (stays) rendered on consecutive days for a single Member when the Procedure Code, Accommodation Code, and Revenue Code data elements are all the same.

Table 1. ICF/DD Home Provider Information

Data Element	Required/Optional
Billing provider National Provider Identifier (NPI)	Required
Billing provider Tax Identification Number (TIN)	Required
Billing Provider Name	Required
Billing Provider First Name	Optional
Billing Provider Last Name	Optional
Billing Provider Phone Number	Required

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[2] Note: Requirements for optional data elements may vary by each MCP.

Data Element	Required/Optional
Billing Provider Address	Required
Billing Provider City	Required
Billing Provider State	Required
Billing Provider Zip code	Required
Rendering Provider NPI	Optional
Rendering Provider TIN	Optional
Rendering Provider Name	Required
Rendering Provider First Name	Optional
Rendering Provider Last Name	Optional
Rendering Provider Phone Number	Required
Rendering Provider Address	Required
Rendering Provider City	Required
Rendering Provider State	Required
Rendering Provider Zip code	Required

Table 2. Member Information

Data Element	Required/Optional
Member Client Identification Number	Required
Medical Record Number	Optional
Member First Name	Required
Member Last Name	Required
Member Homelessness Indicator	Optional
Member Residential Address	Required
Member Residential City	Required
Member Residential Zip code	Required
Member Date of Birth (format MM/DD/YYYY)	Required

Table 3. Service and Billing Information

Data Element	Required/Optional
Primary Payer Identifier	Required
Payer Name	Required
Procedure Code	Optional
Revenue Codes	Required
Value (Accommodation) Codes	Required
Service Start Date	Required
Service End Date	Required
Service Name	Optional
Service Unit Count (days)	Required

Place of Service	Optional
Member Diagnosis Code(s)[3]	Required
Service Unit Cost(s)/Per Diem	Required
Number of Units Billed	Required
Total Gross Amount	Required
Share of Cost	Required
Total Net Amount	Required

Table 4. Administrative Information

Data Element	Required/Optional
Invoice Date (format MM/DD/YYYY)	Required
Invoice Number	Required
Control Number	Optional
Authorization Number	Required

File Format

MCPs must accept these Billing and Invoice Guidance data elements as a properly payable claim. As stated above, both the ICF/DD Homes and the MCPs have advocated for standardization and simplified uniform processes. Many stakeholders explicitly prefer the national standardized forms, including the paper version of the UB-04.

At the same time, DHCS is allowing flexibility when an MCP and an ICF/DD Home voluntary agree to share invoice information using a different method. Should the parties elect to pursue such an alternative, then DHCS stipulates that the invoicing template needs to be user-friendly, such as a fillable PDF. MCPs and ICF/DD Homes may mutually agree to complete and submit files by another format (e.g., standard CSV files).

MCPs' invoice templates should be user-friendly, including features such as:

» Include clear instruction for submission.

» Use "locked" fields to minimize submission errors, including drop-down selection options.

» Provide data fields which auto-populate based on previous data element submissions, where feasible.

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[3] Member Diagnosis Code should utilize ICD-10 Codes, with the primary diagnosis listed first.

- » Allow options to check when Rendering Provider and Billing Provider Information are the same (e.g., address, phone number, etc.).

- » Perform automatic error checks prior to submission.

- » Be consistent — Request data in the same sequence and using the same language as presented in "Data Elements."

- » Allow invoices to include multiple services rendered on a single day by a single ICF/DD Home for a single Member.

Transmission Methods

MCPs must allow ICF/DD Homes to submit invoices through **one** of the following methods:

- » Web-based portal (**strongly preferred**)

- » Secure File Transfer Protocol upload

- » Secure email (*least preferred*)

MCPs must establish invoice transmission methods and processes that allow ICF/DD Homes to easily submit invoices in batches (i.e., simultaneous submission of multiple invoices for multiple Members). ICF/DD Homes may mutually agree to transmit files via another method.

Reporting Frequency

MCPs shall allow ICF/DD Homes to submit electronic claims, or non-electronic service invoices, in the same frequency as billing is submitted. Further information regarding timely claims submissions and related policy can be found in the [Timely Payments All-Plan Letter](#) and the [Medi-Cal Provider Manual](#). Also, the success of this transition of ICF/DD Homes from fee-for-service to manage care hinges on a high degree of supportive engagement, the energetic development of best practices, and a spirit of responsive partnership.

Adjudication Processes and Return Transmissions

MCPs must process invoices and provide feedback to submitters in alignment with standard health care service plan reimbursements regulations[4] and in adherence to its Contract with DHCS and to correspond to APL 23-023, including:

» Receipt of submission: The receipt of submission transaction is intended to confirm that the transaction was received, not that it is complete or approved.

» Error files with actionable guidance for invoice error resolution, if needed.

Where resubmissions are required, MCPs must provide ICF/DD Homes with clear instruction and training on the processes to do so. MCPs must have LTSS liaisons to assist ICF/DD Homes in addressing claims and payment inquiries. 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.

Secure Transaction Protocols

MCPs and ICF/DD Homes receiving, storing, using, or transmitting personal identifiable information and protected health information 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 Insurance Portability and Accountability Act, 42 CFR Part II, Confidentiality of Medical Information Act, and state law.

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

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