Enhanced Care Management (ECM)

837P Encounter Requirements

ECM Encounters Start Date

Enhance Care Management Encounters are applicable on and after January 1st, 2022. Encounters with DOS (Date of Service) on or after January 1st, 2022, must be submitted as ECM Encounters.

Migration and Run Out for WPC

Trading Partners who previously submitted WPC Encounters will have the ability to continue sending WPC Encounters with DOS December 2021, through March 10th, 2022.

Member Info File (MIF Eligibility) will be sent to Providers on the 5th of each month

Enrollment File will be sent by Providers to AAH on the 10th of each month.

Original Encounter Submittal Time Requirement

You can submit files weekly or monthly, however all files must be received by the **10th** of each month to be processed for payment that month. Encounters submitted are to have service dates in previous month(s). Bill only services for same member, for same DOS (date of Service) in one encounter.

Replacement Encounter Submittal Time Requirements

Service Date	Cut-off Date for Replacement Submittals
January	April 10th
February	May 10th
March	June 10th
April	July 10th
May	August 10th
June	September 10th
July	October 10th
August	November 10th
September	December 10th
October	January 10th
November	February 10th
December	March 10th

Encounter File Naming Convention

Example: ECHC_ECM20220210_001.TXT (Spaces not allowed)
E = encounter file
3 letter acronym = Identifies the Trading Partner (Assigned by AAH)
_ = underscore
ECM = denotes program
YYYY= submission year
MM = submission month
DD = submission day

00# = sequence identification number, using 001 for the first file submitted in a day, incrementing for each additional file submitted that day.

Types of Encounters

- Original Outreach Encounters for Pre-Enrolled Members Require:
  Relevant Diagnosis Code, Procedure Code G9008 or G9012, Modifier(s) = U8, and GQ if applicable**, Must Have a Tier value between 1 and 3, for example, 'ECM; Tier 2'**, and default data as noted below in matrix.
  Valid Outreach Procedure code/modifier combinations:
  G9008-U8
  G9008-U8-GQ
  G9012-U8
  G9012-U8-GQ

- Original Encounters for Enrolled Members Require:
  Relevant Diagnosis Code, Procedure Code G9008 or G9012, Modifier(s) = U1 or U2, and GQ if applicable, ***Must Not have a Tier, just send the value 'ECM'***, and send default data as noted below in the matrix
  Valid Enrolled Member Procedure code/modifier combinations:
  G9008-U1
  G9008-U1-GQ
  G9012-U2
  G9012-U2-GQ

- Replacement/Void Encounters for either Pre-Enrolled or Enrolled Members Require
  Fix data causing error and send Claim Frequency Type Code CLM05-3 = 7 indicating Replacement, CLM05-3 = 8 indicating Voids, and Reference Number REF01 = F8, and REF03 = ICN (Internal Control Number Provided in the 277CA). Send the entire claim again as a replacement and not just the Service that was denied.

Outbound Response Files

For every encounter file submission, AAH will send back a TA1, a 999 and a 277CA response file.
Each encounter sent in the submitted inbound file will have an ICN (Internal Control Number), and denial reason if applicable in the corresponding 277CA response file. Denied encounters may be re-submitted as replacement encounters.

Trading Partner Testing and Certification

A Unique Trading Partner ID will be assigned/provided by Alameda Alliance.
The Unique Trading Partner ID must be sent in EDI Header in ISA05/ISA06 and GS02
Example: ZZ*EAHSECM

Testing will involve submittal of a minimum of 3 encounters per each type listed below:
Original Encounters for Pre-Enrolled Members
Original Encounters for Enrolled Members
Replacement Encounters for either Pre-Enrolled or Enrolled Members
Encounters with Service Line modifier 2 = 77 which prevents duplicate services from being denied

Test File Drop Location: To be provided by AAH

Production File Drop Location: To be provided by AAH
Upon completion of EDI Certification, ECM Provider may start sending in production data

EDI 837P FORMAT

837P Files should contain multiple encounters. One encounter per EDI file is not allowed. Multiple service dates within one encounter are not allowed. EDI files must be sent in DOS Format and should have one ISA/IEA, one GS/GE, and can have up to 5000 ST/SE's

837P Data Requirements for Pre and Post Member Enrollment (Only key fields listed below/not comprehensive)

Envelope	Interchange ID Qualifier, and ID of Sender	Outreach/Pre-Enrollment Data	Post-Enrollment Data
ISA05/ISA06/ GS02	**AAH to provide**	Example formats: ZZ*EAHSECM	Example formats: ZZ*EAHSECM
Heading	Beginning of Hierarchical Transaction	Outreach/Pre-Enrollment Data	Post-Enrollment Data
BHT06	Transaction Type Code	Default RP	Default RP
Detail	2000B Subscriber Information	Outreach/Pre-Enrollment Data	Post-Enrollment Data
SBR03	Reference Identification	Default MCAL	Default MCAL
SBR09	Claim Filling Indicator Code	Default MC	Default MC
Detail	2010BA Subscriber Information	Outreach/Pre-Enrollment Data	Post-Enrollment Data
NM109	Subscriber / Member ID	Prefer 9-digit HSN Member ID, add leading zero's if necessary / or you can send CIN	Prefer 9-digit HSN Member ID, add leading zero's if necessary / or you can send CIN
Detail	2300 Claim Information	Outreach/Pre-Enrollment Data	Post-Enrollment Data
CLM01	Claim/Patient Control Number	Unique and Sequential Preference: *If possible*, Send with Provider Acronym, number 7, then sequential numbering. Example: AHS70000001	Unique and Sequential Preference: *If possible*, Send with Provider Acronym, number 7, then sequential numbering. Example: AHS70000001
CLM02	Monetary Amount	Default '0' Zero Amount	Default '0' Zero Amount
CLM05-01	Place of Service Code	Send a Valid Code Note: for Tier 3 Outreach send 02 (TeleVideo)	Send a Valid Code
CLM05-03	Claim Frequency Type Code	1 - Original 7 – Replacement 8 - Void	1 - Original 7 - Replacement 8 - Void
CN101	Contract Type Code	Default '05' Capitated	Default '05' Capitated

REF01	Original Reference ID Code	Conditionally Send F8 when sending in ICN (send for Replacements or Voids)	Conditionally Send F8 when sending in ICN (send for Replacements or Voids)
REF02	Internal Reference Number	Conditionally Send the ICN which was supplied in the 277 Response File when you are voiding or correcting an encounter	Conditionally Send the ICN which was supplied in the 277 Response File when you are voiding or correcting an encounter
NTE01	Claim Note Type Identifier	Default 'ADD'	Default 'ADD'
NTE02	Claim Note	For Outreach send one of the following **Send ECM; Tier 1** • For Street Outreach • Face-to-face • In person only • No Telehealth • Must be bi-directional • Paid for each street outreach; maximum total outreach attempts is 5 • Reimbursement is limited to one outreach attempt per tier per day • The 5 attempts must be within a 90-day period from the first outreach attempt **Send ECM; Tier 2** • For Non-Street Outreach • Face-to-face • In person • Telehealth during public health emergency • Must be bi-directional • Paid for each non-street outreach; maximum total outreach attempts is 5 • Reimbursement is limited to one outreach attempt per tier per day • The 5 attempts must be within a 90-day period from the first outreach attempt	For Enrolled member, just send the value 'ECM'

		Send ECM; Tier 3 • For Outreach types = phone call, email, text, unsuccessful Street and Non-Street Outreach (face-to-face) • One direction • Maximum attempts is 20 • Reimbursement is limited to one outreach attempt per tier per day • Attempts must be within a 90-day period from the first outreach attempt	
HI01-01	Code List Qualifier Code	Default 'ABK'	Default 'ABK'
HI01-02	Health Care Diagnosis Code	Send a valid ICD-10 Relevant Diagnosis Code (Refer to Business Submittal Rules)	Send a valid ICD-10 Relevant Diagnosis Code (Refer to Business Submittal Rules)
Detail	2400 Service Line Number	Outreach/Pre-Enrollment Data	Post-Enrollment Data
SV101-01	Product /Service ID Qualifier	Default 'HC'	Default 'HC'
SV101-02	Product /Service ID	Send ‘G9008' for Service by Clinical Staff Send ‘G9012' for Service by Non-Clinical Staff Valid Outreach Procedure code/modifier combinations per **Community Supports Coding Options November 2021**: G9008-U8 G9008-U8-GQ G9012-U8 G9012-U8-GQ	Send ‘G9008' for Service by Clinical Staff Send ‘G9012' for Service by Non-Clinical Staff Valid Enrolled Procedure code/modifier combinations per **Community Supports Coding Options November 2021**: G9008-U1 G9008-U1-GQ G9012-U2 G9012-U2-GQ
SV101-3	Modifier 1	Send Modifier U8 And Conditionally send additional Modifier GQ to identify as Phone/Telehealth. And	Send Modifier U1 for In-person Clinical Staff Or Send Modifier U2 for In-person Non-Clinical Staff And

		Conditionally Send Modifier 77 for valid same services (to prevent Duplicate Rejections)	Conditionally send additional Modifier GQ to identify as Phone/Telehealth: And Conditionally Send Modifier 77 for valid same services (to prevent Duplicate Rejections)
SV101-4	Modifier2	Use as needed to support modifiers noted above	Use as needed to support modifiers noted above
SV101-5	Modifier3	Use as needed to support modifiers noted above	Use as needed to support modifiers noted above
SV102	Monetary Amount	Default '0' Zero	Default '0' Zero
SV104	Quantity	Default '1'	Default '1'

Outreach/Pre-Enrolled Member ECM 837P Data Example

ISA*00* *00* *ZZ* ECHCECM *30*943216947 *180904*1706*^*00501*001028480*1*T*:~
GS*HC*ECHCECM*943216947*20220115*1706*1028480*X*005010X222A1~
ST*837*1028480*005010X222A1~
BHT*0019*00*1028480*20220115*1706*RP~
NM1*41*2*ECM PROVIDER NAME*****46*471950819~
PER*IC*ECM EDI CONTACT NAME*TE*5101112222*FX*5101113333~ Send only 1 contact segment
NM1*40*2*ALAMEDA ALLIANCE FOR HEALTH*****46*943216947~
HL*1**20*1~
NM1*85*2*BILLING PROVIDER NAME*****XX*1234567890~
N3*BILLING PROVIDER STREET~
N4*CITY*CA*945781009~ Send full 9-digit zip
REF*EI*111222333~
HL*2*1*22*0~
SBR*S*18*MCAL******MC~
NM1*IL*1*ROGERS*OLLIE****MI*566555666~ ID must be 9 Digits, Pad with leading Zero's if necessary
N3*99 HOPER LANE~
N4*PLEASANT HILL*CA*94538~
DMG*D8*20100801*M~
NM1*PR*2*AAH MANAGED CARE*****PI*943216947~
N3*PO BOX 2460~
N4*ALAMEDA*CA*94502~
CLM*AHS70000001*0***11:B:1*Y*A*Y*Y~ Claim # starts with 3-letter Acronym followed by '7', then sequential
CN1*05~
REF*D9*62075552~
NTE*ADD*ECM; Tier 1~ A single tier must be present for Outreach Encounter
HI*ABK: Z7189 ~ Send Relevant Diagnosis Code. Refer to Business Submittals Rules
NM1*77*2*SERVICE LOCATION NAME*****XX*1224447770~

N3*6066 CIVIC TERRACE AVENUE~
N4*NEWARK*CA*945603746~
LX*1~
SV1*HC:G9008:U8:GQ*0*UN*1***1~ Send relevant Procedure Code and Modifier for Outreach Encounter
DTP*472*RD8*20220115-20220115~ The Date of Service must be on or greater than January 1st, 2022
REF*6R*1620755521-1~
SE*33*1028480~
GE*1*1028480~
IEA*1*001028480~

Enrolled Member ECM 837P Data Example (with Looping position noted)

ISA*00* *00* * **ZZ*ECHCECM** *30*943216947 *180904*1706*^*00501*001028480*1*P*:~
GS*HC*ECHCECM*943216947*20220118*1706*1028480*X*005010X222A1~
ST*837*1028480*005010X222A1~
BHT*0019*00*1028480*20220118*1706*RP~
NM1*41*2*ECM PROVIDER NAME*****46*471950819~ ……Loop 1000A Submitter / NPI
PER*IC*ECM EDI CONTACT NAME*TE*5101112222*FX*5101113333~
NM1*40*2*ALAMEDA ALLIANCE FOR HEALTH*****46*943216947~ ……Loop 1000B Receiver
HL*1**20*1~
NM1*85*2*BILLING PROVIDER NAME*****XX*1234567890~ ……Loop 2000A Billing Provider / NPI
N3*BILLING PROVIDER STREET~
N4*CITY*CA*945781009~ ……Send full 9 digits
REF*EI*111222333~ …… Billing Provider Tax ID
HL*2*1*22*0~ …… Loop 2000B Subscriber Information
SBR*S*18*MCAL******MC~ ……Payer Responsibility Identifier (S = Secondary)
NM1*IL*1*ROGERS*OLLIE****MI*566555666~ ……\ Loop 2010BA Subscriber / 9 Digit Subscriber ID
N3*99 HOPER LANE~
N4*PLEASANT HILL*CA*94538~
DMG*D8*20100801*M~ …… Subscriber Date of Birth
NM1*PR*2*AAH MANAGED CARE*****PI*943216947~ …… Loop 2010BB Payer/ Tax ID
N3*PO BOX 2460~
N4*ALAMEDA*CA*94502~
CLM*AHS70000002*0***11:B:1*Y*A*Y*Y~……Loop 2300 Claim/PCN Unique see requirements, (‘1’ =Original)
REF*D9*62075552…… Situational - Original Claim ID or internal number
NTE*ADD*ECM~ ……Denotes Program (Do not send a Tier for Enrolled members
HI*ABK: E0821 ~ ……Send Relevant Diagnosis Code. Refer to Business Submittals Rules
NM1*77*2*SERVICE LOCATION NAME*****XX*1224447770~…… Loop 2310C Service Facility / NPI
N3*6066 CIVIC TERRACE AVENUE~
N4*NEWARK*CA*945603746~
LX*1~
SV1*HC: G9012:U2:GQ:77*0*UN*1***1~……Loop 2400 Service Code, Modifier(s), Amount, Qty
DTP*472*RD8*20220118-20220118~…… Service Date Range
REF*6R*1620755521-1~ ……Provider Control Number (Optional)
SE*32*1028480~
GE*1*1028480~
IEA*1*001028480~

Document Version Edits

Date	Description	Author	Version
11.22.21	Creation Date	C. Rogers	Version 1.0
12.1.21	Added REF Segment Conditional Use for Voids/Corrections	C. Rogers	Version 1.1
12.14.21	Added Note NM109 Member ID can be HSN or CIN	C. Rogers	Version 1.2
12.20.21	Added info on Member Info File out by 5th/Enrollment file returned by 10th	C. Rogers	Version 1.3
2.2.22	Listed valid Procedure Code and Modifier Combinations and updated Tier Use Descriptions	C.Rogers	Version 1.4

Helpful Links and Information

CalAIMECMILOS@dhcs.ca.gov
https://www.dhcs.ca.gov/provgovpart/Pages/ECM_ILOS.aspx
Email:EDISupport@alamedaalliance.org P: 1.510.373.5757

Per ECM and Community Supports Coding Options November 2021.pdf -

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.

(New) G9008	ECM Outreach In Person: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9008 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.
(New) G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.

G9012	ECM In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services
G9012	ECM Phone/Telehealth: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2, GQ	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services.

(New) G9012	ECM Outreach In Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9012 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.
(New) G9012	ECM Outreach Telephonic/Electronic: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9012 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.