

Enhanced Care Management (ECM) CMS 1500 PDF Encounter Submittal Requirements

ECM Encounters Start Date

Enhanced 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 6th, 2022.

Original Encounter Submittal Time Requirement

You can submit files weekly or monthly, however, all files must be received by the 6th of each month to be processed for payment that month. Encounters submitted are to have service dates in the previous month(s). Bill only services for the same member, for the same DOS (date of Service) in one encounter.

Replacement Encounter Submittal Time Requirements

Service Date	Cut-off Date for Replacement Submittals
January	April 6th
February	May 6th
March	June 6th
April	July 6th
May	August 6th
June	September 6th
July	October 6th
August	November 6th
September	December 6th
October	January 6th
November	February 6th
December	March 6th

PDF Encounter File Naming Convention Example

Example: ECAC_ECM20220206_001.pdf (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.

Send in pdf format only (.pdf)

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, and **Must have a Tier value between 1 and 3.**
 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, and **Must Not have a Tier (Just send 'ECM')**
 G9008-U1
 G9008-U1-GQ
 G9012-U2
 G9012-U2-GQ
- Replacement/Void Encounters for either Outreach/Pre-Enrolled or Enrolled Members Require
 Fix data in Error, and in Field 22, send Resubmission Code = 7 indicating replacement, and the Original Claim Number. Send the entire claim again as a replacement and not just the Service that was denied.
Send a new unique Claim ID in Box 26 (or in 11 b if that is where you are sending this ID). See example:

22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	1HHP129019296

- Encounters with Service Line modifier 2 = 77, prevent duplicate services from being denied Require:
 To ensure your claims are accepted by the Alliance. Multiple services (touches) on the same date (DOS), with the same modifier, for the same member, must be sent with an additional Modifier of = 77. Example:

24. A.	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPISODE Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
	From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER								
1	01	06	22	01	06	22	02		G9008	U8	GQ	77	A	0.00	1		NPI	

Outbound Encounter Accept/Deny Reports

AAH provides Excel ECM Monthly Encounter Summary Reports on approx. the 22nd of each month. The report is placed in the Trading Partner's SFTP 'Correspondence' folder. Only high-level acceptance/denial information is available, and only the first denial reason identified for any given claim is captured. Contact AAH for detail.

Trading Partner Testing and Certification

Encounters must be submitted by use of a CMS1500_Fillable_Form_That_Prints_on_Blank-White. Ask for a form if needed. Multiple claims submitted in a single pdf file are allowed and are preferred.

Multiple page claims are allowed. Follow the CMS standard for how providers must prepare the CMS-1500 paper claims as outlined below:

- The pages of a multipage claim must be in sequential order i.e. .page 1, page 2, ... and be consecutive within the.pdf file (no gaps).
- Box 28 of the last page must have the total charges for all pages (claim total).

- c. All other/not-last pages must have either 0, or blank or 'continued' in box 28. DO NOT PUT THE PAGE TOTAL

Testing will involve submittal of a minimum of 3 encounters per each type listed below:

Original Outreach Encounters for Pre-Enrolled Members

Original Encounters for Enrolled Members

Replacement Encounters for either Outreach/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

CMS 1500 ECM Example

Member ID must be 9 digits, pad
with leading Zero's if needed



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) (02/12)

1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BENEFIT <input type="checkbox"/> OTHER <input type="checkbox"/>												1a. INSURED'S I.D. NUMBER 222555777					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ROGERS, OLLIE						3. PATIENT'S BIRTH DATE 08 01 2010			4. INSURED'S NAME (Last Name, First Name, Middle Initial) ROGERS, OLLIE								
5. PATIENT'S ADDRESS (No., Street) 99 HOPPER IANE						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) 99 HOPPER LANE								
CITY PLEASANT HILL			STATE CA			CITY PLEASANT HILL			STATE CA								
ZIP CODE 94538			TELEPHONE (include Area Code) ()			ZIP CODE 94538			TELEPHONE (include Area Code) ()								
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10a. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO			11. INSURED'S POLICY GROUP OR FECA NUMBER								
10b. IS PATIENT'S CONDITION RELATED TO: b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)						10c. IS PATIENT'S CONDITION RELATED TO: c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			12. INSURED'S DATE OF BIRTH 08 01 2010								
10d. CLAIM CODES (Designated by NUCC)						13. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			14. OTHER CLAIM ID (Designated by NUCC)								
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.					
SIGNED Signature on File DATE 01062022						SIGNED Signature on File											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YY)						15. OTHER DATE (MM/DD/YY)			16. DATES PATIENT IS ABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)								
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE						17a.			17b. NPI								
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)						19. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES			20. PRIOR AUTHORIZATION NUMBER								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (2HE) ICD-9-CM												22. RESUBMISSION CODE ORIGINAL REF. NO.					
23. PRIOR AUTHORIZATION NUMBER																	
24. A. DATE(S) OF SERVICE From MM/DD/YY To MM/DD/YY		B. PLACE OF SERVICE		C. D. PROCEEDURES, SERVICES, OR SUPPLIES (Specify Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OF USES		H. ICD-9-CM		I. RENDERING PROVIDER ID #			
01 06 22 01 06 22		02		G9008 U8 GQ 77		A		0.00		1		NPI					
25. FEDERAL TAX I.D. NUMBER 111222333		26. PATIENT'S ACCOUNT NO. EB1700001		27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 0.00		29. AMOUNT PAID \$ 0.00		30. Provider for NUCC Use							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING LICENSE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill unless noted to the contrary.)						32. SERVICE FACILITY LOCATION INFORMATION (Only required if different than Biller) Service Location (Street Address, City, State, Zip)						33. BILLING PROVIDER INFO & PH # () Billing Provider Name (Street Address, City, State, Zip (9 digit zip))					
SIGNED DATE						a. Serv Loc NPI						a. Biller NPI					

Send only if required PCN unique value can't be supported in



Send Only for Corrections



Rendering Provider NPI Required if applicable



If Field 31 (First and Last Name of Rendering Provider) or Field 24J (Rendering Provider NPI) is present, then the other field needs to be present

CMS 1500 Encounter Form Requirements

Field#	Claim Field Name	ECM Value Requirements
1	Type of Health Insurance	Default 'Medicaid' - Required
1a	Insured's ID Number	Alameda Alliance Member ID - Please send a Full 9-digit ID (Pad with leading zeroes if Necessary) - Required
2	Patient Last Name Patient First Name Patient Middle Initial	Valid Last Name and First Name are both required.
3	Patient's Birth Date	Valid DOB and Gender code Required.
4	Insured's Name	Required
5	Patient's Address	Required
6	Patient's Relationship to Insured	Default Self - Required
7	Insured's Address	Required
11a	Insured's Date of Birth, Sex	Required
11b	Other Claim ID	<p>Conditional Use:</p> <p>Use box 11b only if Box 26 can't support a Unique Provider Claim ID. The Unique Claim ID must start with a fixed 3-character acronym provided to you by AAH followed by a '9' and then sequential numbering (example EBI700001, EBI7000002, EBI7000003)</p> <p>Do not send anything in this box if Box 26 can support the Unique Provider Claim ID noted above.</p> <p>THIS NUMBER MUST BE UNIQUE per Claim, even when sending in corrections to a claim, this number must never be a duplicate.</p>
12	Patient's or Authorized Person's Signature	Default to Signature on File - Required
13	Insured's or Authorized Person's Signature	Default to Signature on File - Required
19	Additional Claim Information	<p>Required</p> <p>Post Enrollment (Outreach) send only: 'ECM'</p> <p>Pre-Enrollment send one of these values:</p> <p>Send 'ECM; Tier 1'</p> <ul style="list-style-type: none"> • 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

		<ul style="list-style-type: none"> • 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 <p>Send 'ECM; Tier 2'</p> <ul style="list-style-type: none"> • 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 <p>Send 'ECM; Tier 3'</p> <ul style="list-style-type: none"> • 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
21	Diagnosis or Nature of Illness or Injury	Send Relevant ICD 10 code per Business Rules and Default value of '0' in upper right top of field – Required
22	Claim Resubmission (Correction)	<p>Conditional Use</p> <p>SEND data in this field only when sending in a Corrected Claim Send with Resubmission code = '7', and send in Original Claim Number</p>
24A	Dates of Service: (Range)	Required
24B	Place of Service	Required Note: For Tier 3 Outreach send 02 (TeleVideo)
24D	Procedure Codes and Modifiers	<p>Required - Refer to page 7 Reference Guide.</p> <p>Valid Outreach/Pre-Enrollment Combinations: G9008/U8 G9008/U8/GQ G9012/U8 G9012/U8/GQ</p> <p>Valid Enrolled Member Combinations:</p>

		<p>G9008/U1 G9008/U1/GQ G9012/U2 G9012/U2/GQ</p> <p>And Conditionally Send Modifier 77 for valid same services (to prevent Duplicate Rejections) Example: G9012/U2/GQ/77</p>
24E	Diagnosis Pointer	Default to 'A' - Required
24F	Charges	Default to '0.00' - Required
24G	Days or Units	<p>Required</p> <p>Default to 0 unless Multiple same services in one day. If same service date, Tier, Proc Code and Modifier, send a single Service Line and correct unit qty. An example would be three phone calls in a day, then the unit would be = 3</p>
24I	ID Qualifier	Default to NPI - Required
24J	Rendering Provider ID. (NPI) #	<p>Conditional Use</p> <p>Send if Applicable, else leave blank</p> <p>If either box 31 or 24j has data, the other must have data.</p>
25	Federal Tax ID Number	Billing Provider's Tax ID - Required
26	Patient's Account Number (also referred to as Claim # for ECM Use)	<p>Required</p> <p>Must be Unique and Sequential</p> <p>Send with Acronym followed by a 7, and then sequential numbering (Example: EBI700001). This number must not be duplicated, even when sending in corrected claims</p>
27	Accept Assignment?	Default to YES - Required
28	Total Charge	Default to '0.00' - Required
29	Amount Paid	Default to '0.00' - Required
31	Rendering Physician First and Last Name	<p>Conditional Use</p> <p>Send if Applicable, else leave blank</p> <p>If either box 31 or 24j has data, the other must have data.</p>
32	Service Facility Location Information	<p>Conditional Use</p> <p>Address, City, State, and Zip code</p> <p>Required only if different than Billing Location</p>
32a	Service Facility NPI#	<p>Conditional Use</p> <p>Valid NPI code</p> <p>Required only if different than Billing Location</p>
33	Billing Provider	<p>Required</p> <p>Phone Number</p> <p>Valid Address, City, State, and Zip code Required and send a 9-digit zip code</p>

33a	Billing Provider NPI#	Required - Valid Billing NPI
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Document Version Edits

Date	Description	Author	Version
11.22.21	Creation date	C. Rogers	Version 1.0
2.25.22	Updated Valid Tiers, changed the available date for Outbound Encounter Accept/Deny Reports, Clarified Procedure Code/Modifier Valid Combinations	C. Rogers	Version 1.1

Helpful Links and Information

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.

<p>(New) G9012</p>	<p>ECM Outreach In Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.</p>	<p>U8</p>	<p>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.</p>
<p>(New) G9012</p>	<p>ECM Outreach Telephonic/Electronic: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.</p>	<p>U8, GQ</p>	<p>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.</p> <p>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.</p>