

Enhanced Care Management Provider Reference Guide

Partnership HealthPlan of California's Enhanced Care Management (ECM) requirements and process information.

To qualify for ECM, the following is required:

- Current Partnership member
- Meets criteria for at least one of the below populations of focus:
 - Adults and children at risk for avoidable hospital or emergency department utilization
 - Adults and children experiencing homelessness
 - Adults and children with serious mental health and/or substance use disorder needs
 - Adults at risk for long term care (LTC) institutionalization
 - Adult Nursing facility residents transitioning to the community
 - Children and youth enrolled in California Children's Services (CSS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS condition
 - Children and youth involved in Child Welfare
 - Adults and children with Intellectual or Developmental Disability (I/DD)
 - Incarcerated adults and children who are transitioning to the community
 - Pregnant and postpartum adults and youth
 - Adults and children/youth facing birth inequity (subject to racial and ethnic disparities as defined by data on maternal morbidity and mortality)

To view ECM timeframes and more details for all populations of focus, [click here](#)

How to submit an ECM referral

- Fill out Partnership's [ECM Referral Form](#)
- Call Partnership
 - Care Coordination Department: **(800) 809-1350**
 - Member Services Department: **(800) 863-4155**
- Fax the referral form to **(530) 351-9040**

Treatment Authorization Request (TAR) submission forms

- [TAR Form](#)
- [ECM Release of Information \(ROI\) form](#)
- [ECM Care Plan](#)

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Recorded Trainings and Webinars

- ECM TAR Training, [click here](#)
- ECM and Community Supports Billing Training, [click here](#)
- Partnership hosted webinars and trainings, [click here](#)

To register for our ECM provider roundtables, [click here](#)

Reporting File Templates

- [Provider Return Transmission File \(RTF\)](#)
- [Provider Initial Outreach Tracker File \(IOT\)](#)
- [Member Information File \(MIF\)](#)
- [Potential ECM Member Referral File](#)

Required Trainings

New ECM providers are required to take the following trainings.

- ECM Provider Reporting Training
 - Contact ecm@partnershiphp.org
- Provider Portal and TAR Training
 - Contact Esystemssupport@partnershiphp.org
- PointClickCare Training
 - Contact lisa.craig@pointclickcare.com
- Claims Training
 - Contact claimsecmhelpdesk@partnershiphp.org

Claims Submission

Electronic Claims- Electronic Data Interchange (EDI)

- Submission of HIPAA-compliant 5010 version 837P file
- Preferred submission method for faster reimbursement
- Contact EDI Enrollment and Testing at: Phone: (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org

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Paper Claims

- Submission of CMS-1500 format only
- Send to: Partnership HealthPlan (Medi-Cal)
 P.O. Box 1368
 Suisun City, CA
 94585-1368

ECM Reporting Schedule

Report and Naming Convention	Due Date	Responsible Party
<ul style="list-style-type: none"> • Targeted Engagement List (TEL) (via PointClickCare) • Partnership sends Member Information File (MIF) (via sFTP) <ul style="list-style-type: none"> • Facility Name_ECM - MIF_Date • Email sent to providers notifying upload has occurred 	First week of the month	Partnership
<ul style="list-style-type: none"> • ECM Provider Return Transmission File (RTF) (File sent via sFTP Folders) <ul style="list-style-type: none"> • Facility Name_ECM - RTF_Date • ECM Provider Initial Outreach Tracker File (IOT) (File sent via sFTP Folders) <ul style="list-style-type: none"> • Facility Name_ECM - IOT_Date • Potential ECM Member Referral File (Optional) 	Reference calendar below	ECM Provider
<ul style="list-style-type: none"> • Data Analysis, Review, and Screening <ul style="list-style-type: none"> • Communicate discrepancies found on files (via email) • Provider Capacity Survey (Google Forms survey via email link) 	Third week of the month	Partnership
<ul style="list-style-type: none"> • Provider Capacity Survey Due 	Reference calendar below	ECM Provider
<ul style="list-style-type: none"> • Create new MIFs and TELs and prepare next month's Capacity Survey 	Fourth week of the month	Partnership



Reporting Due Dates | 2024

January						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
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March						
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April						
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May						
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June						
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July						
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August						
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November						
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December						
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Reporting Due Dates

Due Date



Capacity Due Dates

2024

January						
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February						
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March						
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April						
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May						
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June						
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July						
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August						
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22	23	24	25	26	27	28
29	30	31				

Capacity Survey Due Date

Due Date

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ECM Billing

All ECM services must be coded according to [DHCS Coding Guidelines](#). DHCS outlines the following:

ECM Procedure Codes and Modifiers			
Code or Modifier	HCPCS code	U Modifier	GQ Modifier
Purpose	Distinguishes staffing	Identifies service	Identifies mode
Allowable codes	G9008: Clinical G9012: Non-clinical	U1: ECM clinical 2 U2: ECM non-clinical U8: Pre-enrollment outreach	GQ = telehealth If blank = in person
Validation rules		<ul style="list-style-type: none"> Service start date for U8 must be prior to, the same day as, or after enrollment Service start date for U1 and U2 must be on the same day as, or after enrollment 	If member is not present (in other words, unsuccessful outreach or care team meeting), code as GQ

ECM Provider Contacts

General CalAIM Question

- CalAIM@partnershiphp.org

ECM Quality Improvement Programs (QIP)

- ECMQIP@partnershiphp.org

ECM Question and Provider Reporting

- ECM@partnershiphp.org

Provider Portal and TARs

- Esystemssupport@partnershiphp.org

Claims

- ClaimsECMHelpDeskSR@partnershiphp.org

EDI Enrollment and Testing

- (707) 863-4527
- EDI-Enrollment-Testing@partnershiphp.org