



Policy and Procedure No: CL 20.1	Revision No: 1
Division: Care Management	
Department: Claims Operations	
Title: PHC-CA CalAIM Timely and Non-Standard Claims Submission and Payment	
Effective Date: 8/31/2021	
Supersedes Policy No: CRL 20.0	
Reviewed/Revised by: Sandra Holzner	Review/Revision Date: 12/1/2025
Approving Committee: Member Provider Committee	Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

To establish a policy for expedited payments to ILOS providers and claims submission and payment for providers, specifically ECM and ILOS, that are unable to meet standard national billing and claims submission requirements.

Policy

1. The Health Plan will ensure that providers are eligible for payment under the ECM and ILOS service categories through the Health Plan’s provider contracting and credentialing process. Reference Health Plan Policy and Procedures:
 - a) Credentialing Policy and Procedure PHC-CA Credentialing and Recredentialing Program
 - b) Credentialing Policy and Procedure PHC-CA Provider Appeal and Fair Hearing Policy
 - c) Credentialing Policy and Procedure PHC-CA Peer Review
 - d) Credentialing Policy and Procedure PHC-CA 805 Reporting of Adverse Actions
 - e) Credentialing Policy and Procedure PHC-CA Provider Screening and Enrollment
 - f) Provider Relations Policy and Procedure PHC-CA Network Development and Management
 - g) Provider Relations Policy and Procedure PHC-CA Access and Availability
 - h) Provider Relations Policy and Procedure PHC-CA Provider Training and Education
 - i) Provider Relations Policy and Procedure PHC-CA Provider Termination
 - j) Provider Relations Policy and Procedure PHC-CA Delegation Oversight and Vendor Management
 - k) Provider Relations Policy and Procedure PHC-CA Sub Contractual Relationships and Delegation.

2. It is the policy of the Health Plan that whenever possible, providers submit claims using national billing standards and submit claims electronically using the ANSI ASC X12N 837 file format.

3. Providers that are unable to meet the requirements for national billing standards and electronic ANSI ASC X12N 837 file format for submission will use the non-standard billing invoice process outlined below.
4. The Health Plan will not exclude ECM and ILOS providers from consideration for service due to the provider's inability to consume, use, or otherwise exchange billing data.
5. The Health Plan Claims Policy and Procedure PHC-CA Claims Compliance Timeliness, Interest, and Penalty Payments outlines the process the Plan uses to ensure timely payment to ILOS providers. This policy also includes expected timeframes for payment consistent with the claims timeline and process as described in Exhibit A, Attachment 8, Provider Compensation Arrangements, 5. Claims Processing, B.-The Plan recognizes that certain circumstances may warrant an expedited payment to an ILOS provider.
6. It is the policy of the Health Plan that expedited payments are reserved for scenarios that are outside of normal processing and have a component of urgency that would delay care. Expedited payment requests require a formal written notification (via email or mail) to the Health Plan by the provider with rationale for the expedited payment request. The Plan will review and approve the request based on the necessity for expedited payment.

Procedure:

Non-standard Claims Submission

1. The Health Plan's Provider Relations department will identify during the contracting phase of the engagement with the ECM/ILOS provider if the provider is able to submit using 837 file formats. The Plan will ensure ILOS Providers submit a claim for ILOS rendered, to the greatest extent possible, through the following:
 - a) If the provider is able to submit using the standard process, a Provider Relations Representative will guide the provider on the process for submitting a claim to the Health Plan's clearinghouse.
 - b) If the provider is **unable** to submit claims to the Health Plan's clearinghouse the provider will utilize the Plan's invoicing process through Accounts Payable.
 - c) The Health Plan requires the following data elements for invoice submission:

Table 1: Provider Information

Data Element ⁵	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 ⁶ Numbers only; no dashes	Yes	Yes
Billing Provider Address ⁷	Yes	Yes



Multiple fields: Street Address, City, State, Zip		
Entity Type Qualifier ⁸ E.g., individual, organization	Yes	Yes

Table 2: Member Information

Data Element	Required for...	
	ECM Providers	ILOS Providers
Member Client Identification Number (CIN)	Yes	Yes
<i>PHC-CA Member Identification Number</i>	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

Table 3: Service and Billing Information

Data Element	Required for...	
	ECM Providers	ILOS Providers
Payer Primary Identifier	Yes	Yes
Payer Name	<i>Optional</i>	<i>Optional</i>
Procedure Code(s) ⁹	Yes	Yes
Service Start Date	Yes	Yes
Service End Date	Yes	Yes
Service Name(s)	<i>Optional</i>	<i>Optional</i>
Service Unit Count(s)	Yes	Yes
Place of Service (POS) ¹⁰	Yes	Yes
Member Diagnosis Code(s) ^{11,12}	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

File Format requirements:

1. Invoices should be submitted using an excel-based workbook and submitted to the Plan's Accounts Payable department via email: APInvoices@aidshealth.org



Note: The Plan is exploring “provider portal” options for invoice submissions.

Expedited Payments

The Plan presents the following:

1. A homeless Plan member is to be discharged from an inpatient hospital admission but does not meet the criteria for a skilled nursing facility. The member requires recuperative care or a housing arrangement, and the Plan has coordinated with an ILOS provider to transition the member to recuperative care or housing. The facility (provider) requires a deposit to hold the bed for the member. The Plan would pay the deposit to hold the bed for the member until the member is transported from the hospital to the recuperative care facility or housing.

In the case that a contracted ILOS provider requires an expedited payment, the Health Plan can meet this requirement in two ways upon receipt and approval of the written expedited request:

Option 1

1. The provider electronically submits a clean claim to the Health Plan to be processed.
2. The Health Plan will process a clean claim received electronically within three (3) business days.
3. The claim will be processed electronically. A check and remittance advice for services rendered on the submitted claim will be mailed to the provider within three (3) business days from the date of receipt of a clean claim.

Option 2

1. The provider submits an itemized invoice to the Accounts Payable (AP) department.
2. AP will process the invoice within two (2) business days.
3. AP will issue a check for the invoiced amount.

Monitoring:

This policy and procedure is reviewed and approved by Member Provider Committee annually.

References:

1. Claims Policy and Procedure PHC-CA Claims Compliance Timeliness
2. Accounts Payable Policy
3. Credentialing Policy and Procedure PHC-CA Credentialing and Recredentialing Program
4. Credentialing Policy and Procedure PHC-CA Provider Appeal and Fair Hearing Policy
5. Credentialing Policy and Procedure PHC-CA Peer Review

6. Credentialing Policy and Procedure PHC-CA 805 Reporting of Adverse Actions
7. Credentialing Policy and Procedure PHC-CA Provider Screening and Enrollment
8. Provider Relations Policy and Procedure PHC-CA Network Development and Management
9. Provider Relations Policy and Procedure PHC-CA Access and Availability
10. Provider Relations Policy and Procedure PHC-CA Provider Training and Education
11. Provider Relations Policy and Procedure PHC-CA Provider Termination
12. Provider Relations Policy and Procedure PHC-CA Delegation Oversight and Vendor Management
13. Provider Relations Policy and Procedure PHC-CA Sub Contractual Relationships and Delegation
14. DHCS Encounter Reporting Requirements
<https://www.dhcs.ca.gov/dataandstats/data/Pages/MMCDCImsEncDataRpt.aspx>

