Term	Definition
270	A HIPAA Transaction that is sent in inquire about a recipient/subscriber/client's eligibility status.
271	A HIPAA transaction that is sent in response to a 270 that contains eligibility status information for a recipient/subscriber/client.
835	A HIPAA transaction that is sent in response to an 837 and contains remittance information about claims submitted for rendered services.
837	A HIPAA transaction, that includes claim information for the purpose of reimbursement for a rendered service. - There are 3 variations of 837 Transactions: Initial - Initial Claim for Services Void - To 'Void' a previously submitted claim. Replacement - To replace a previously Approved or Denied Claim
Access Team	County unit that provides Sacramento County residents with referrals to authorized specialty mental health services.
Add-On	A CPT code that can only be used in conjunction with a primary CPT code. It can NOT be entered as a 'Stand Alone' charge. Add-On charges will only be claimed when the Primary Code is claimed.
Adjudication	Refers to the process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements.
ASAM	American Society of Addiction Medicine. The ASAM Criteria defines the standards for conducting a comprehensive biopsychosocial assessment to inform patient placement and treatment planning
Bed	The Bed is the most precise location of a patient.
Cal-OMS	Acronym for mandated SUPT reporting (California Outcomes Measurement System)
CCS	Claim Correction Spreadsheet
CDAG	Clinical Data Access Group. Assigned to each user account, it determines what information you can view in SmartCare.
Charges	Services entered into SmartCare turn into charges after an overnight process that checks if the service is ready to bill.
Client Contacts	Anyone involved in the care of the client, they can be personal or professional.
Client Dashboard	A page in SmartCare to view and open documentation for a selected client.
Client Flags	Alert users with critical beneficiary information. The icon which correspond to the Client Flag will appear in the client header.
Client ID	Medical record number assigned to a client during enrollment to a program.
CPT	Current Procedural Terminology
CSI	Acronym for mandated Mental Health State reporting (Client Service Information)
Data Element	A data element is a data entry field on the screen. It is the input point for the table column. The information entered populates the table column rows.
Delay Reasons	Codes that indicate the reason that a specified service is being submitted for reimbursement outside the window for normal timeliness requirements./ mention state 837
DHCS	California Department of Health Care Services. The California Department of Health Care Services is a department within the California Health and Human Services Agency that finances and administers a number of individual health care service delivery programs, including Medi-Cal, which provides health care services to low-income people.
Diagnosis	A diagnosis is an ICD 10 code associated with a problem.
Dictionary	A dictionary is a list of acceptable responses associated with a dictionary data element. In a data element, the list displays as a drop-down menu (normally unlocked) or a series of buttons (locked). A "locked" dictionary cannot be modified.
Document	Finalized pdf version of data entered at a point-in-time
DSM V	Diagnostic and Statistical Manual of Mental Disorders.
E/M Code	Evaluation and Management codes are used by Physician's as defined by QM.
EPCS	Acronym for Electronic Prescribing of Controlled Substances
Field	A Field is the level of data input. Examples include date fields, dictionary fields, and text fields.
Payor/Coverage	The terms payor/coverage are used to identify any expected source of reimbursement for services provided to a client. Payor/coverage can include self pay, other healthcare coverage insurance, and or entitlements such as Medi-Cal or Medicare.
HCPCS	Healthcare Common Procedure Coding System
ICD-10	International Classification Diseases, 10th revision, Clinical Modification
Interdisciplinary Treatment Plan	A Treatment Plan created when a clinician meets with a client and caregiver/support person to collaborate on developing treatment goals.
Modifiers	Codes used to supply additional information about the claim
NOABD	Notice of Adverse Benefit Determination. The Plan denies a request for Services
Note	Notes made by staff that describe the patient's progress and condition of the treatment given or planned.
NTP	Narcotics Treatment Program
Order	Formal, usually written, instructions from a physician.
Overnight Job	Process that runs nightly automatically to validate the services entered into SmartCare.
Payer Claim Control Number	The unique ID number for the claim in the State's adjudication system.
Procedure Code	A code to track all billable and non-billable patient or provider activities (events).
QM	Acronym for Sacramento County Behavior Health Services Quality Management division
Required Field	A data element within an option that must be completed in order to save the data within the EHR.
SOC	Acronym for System of Care Team, the county unit that provides Sacramento County residents with referrals to authorized specialty substance use prevention treatement services.
SUPT	Acronym for Substance Use Prevention and Treatment
UMDAP	Uniform Method to Determine Ability to Pay
Widget	A small application that can display data quickly and easily. Users can customize their screen views and manage data via widgets. Some widgets are based on the client and the program selected on your screen.