

Agenda



Electronic Health Record (EHR) MH User Forum

Date: December 4, 2025

Time: 1:00 to 2:30 PM

Location: Virtual using Zoom

Facilitator: Melony Ibarra

Scribe: Chean Chheng

Attendees: (See sign in sheet)

Topic	Presenter	Start Time	Length
<p>Welcome/Introductions</p> <p>Agency Attending</p> <ul style="list-style-type: none">• Paradise Oaks• Capital Star• POYS• MHTC• CRH• El Hogar• Dignity Health• CAPS Clinic• Turning Point• Pacific Clinics• Sierra Vista Hospital• BACS• Telecare• TLCS• APSS• APCC• Sacramento Children's Home• Heartland• Guiding Our Youth• La Familia• Valley Teen Ranch• Dignity Health• SSYAF• UC Davis CAARE Center• Casa De Amparo STRTP• Sacramento County CCIT• Sacramento County HEART• Sacramento County CST• Sacramento County Collaborative Courts• Guiding Hope <p>• Not using test clients in live SmartCare environment</p>	Melony	1:00 PM	5 min

<ul style="list-style-type: none"> • New Agenda Item for future User Forums: Provider Topics • Support/Training Registration and Billing Mailbox <ul style="list-style-type: none"> ○ Support: BHS-EHRSupport@saccounty.gov ○ Training RegistrationBHS-EHRTTrainingReg@saccounty.gov ○ Billing BHS-EHRBilling@saccounty.gov • Staff promotions <ul style="list-style-type: none"> ○ EHR Training and Support Team <ul style="list-style-type: none"> ▪ Taylor Hicks, ASO I ○ Billing Team <ul style="list-style-type: none"> ▪ Juan Jimenez, Accounting Technician ▪ Mary Vue, Sr. Acct Clerk ▪ Maria Alejandra Adams, Sr. Acct Clerk 			
Medi-Cal/Medicare Claiming/Fiscal Update <ul style="list-style-type: none"> • Claiming Status Update – Medi-Cal still claiming through September 2025. • Medicare update: we have completed claiming for September 2025. • Denial reports – please run the program denial SAC my office report to view denials based on posted date. • Claims Correction Spreadsheet (CCS) completed within 8 weeks from date submitted. • How to Avoid Duplicate CCS Tipsheet: How to Avoid a Duplicate CCS Tip Sheet.pdf 	Lana	1:05 PM	10 min
ECM Claiming <ul style="list-style-type: none"> • SmartCare Claiming Updates – Submitted claims through August 2025 for Healthnet and Anthem and awaiting adjudication. • 12/31/2025, Sacramento County will no longer be providing ECM services, but we will continue to be claiming prior services • ECM & (SAC) Reports in SmartCare: please remember to routinely run ECM and SAC reports in SmartCare to identify and address any potential errors. 	Mike	1:15 PM	5 min
Other Billing/Claiming Items <ul style="list-style-type: none"> • Coverage Screen – Please do not make updates to coverage unless necessary. Some updates can cause the service to be stuck at the client account or a non-billable payor and will be in a “closed” status. Because it’s in a closed status, the system will not automatically move it back to the billable payor and will be missed during the claiming process. <ul style="list-style-type: none"> ○ Example: We’ve noticed payors have been end dated and then added back a few times. This will cause the service charge to move to a non-billable payor or the client account. If a mistake was made in coverage and corrected, please check the following day to see if the service charge is back to the billable payor i.e., Medi-Cal or OHC. You would check this in the Client 	Richard	1:20 PM	5 min

<p>Account (Client) screen. If you see that the service is stuck at the non-billable payor, please reach out to EHR Billing.</p> <ul style="list-style-type: none"> • If you are in doubt about updating Coverage, please reach Billing Team at BHS-EHRBilling@saccounty.gov to ensure that it doesn't affect claiming. • A bug currently exists in the system that will not allow you to update both the end dates for Medi-Cal and County Funds for the same date. We are working with CalMHSAs on this issue. • UMDAP Financial Assessment is required to be completed if a client does not have Medi-Cal. Both Medi-Cal and the County Funds Payor need to be end dated. 			
<p>SmartCare Support Reminders</p> <ul style="list-style-type: none"> • Please reach out to us for support questions at BHS-EHRSupport@saccounty.gov • Notifying EHR Team and QM when staff are terminated • Known Issues Listed on Website: dhs.saccounty.gov/BHS/BHS-EHR/Pages/Avatar.aspx • Encrypting Emails with client information <ul style="list-style-type: none"> ○ Please make sure to encrypt all requests to our billing or support teams that have client information included. <p>Service Imports</p> <ul style="list-style-type: none"> ○ Please include EBP's on your service imports when appropriate for each service that requires it ○ Going forward please include the following procedure codes in your service import. <ul style="list-style-type: none"> ○ Client Non-Billable Srvc Must Document ○ Non-billable Attempted Contact <p>Inquiries Screen</p> <ul style="list-style-type: none"> • Adding new clinician ECT, Clinician on 12/31/25 <p>Coverage Screen</p> <ul style="list-style-type: none"> • Permission removed to delete Payors/Coverage • Known issue with end dating multiple payors with the same date 	Justin	1:25 PM	10 min
<p>SmartCare Reports</p> <ul style="list-style-type: none"> • Release Items – see attachment document for updates • Discussion items: <ul style="list-style-type: none"> a. Suggestion – Open clients without appointments b. Alternative – Open clients with NEXT appointments (including nulls) c. Other? 	John	1:35 PM	10 min
<p>TADT Report</p> <ul style="list-style-type: none"> • No changes 	Dawn	1:40 PM	5 min
<p>CalAIM</p>	Darlene	1:45 PM	5 min

<ul style="list-style-type: none"> The next ECM Provider meeting is 12/4/25 at 9:00 A.M. The Collaborative Resource RoundTable will resume in January 2026 via a Teams platform. 			
New Service Request Screen Demo <ul style="list-style-type: none"> Service request is the authorization screen and is used to request Authorizations for time limited services for a client. This screen is specific for services that require authorization. Service Requests Widget on Dashboard will show pending requests, and items that are awaiting additional information. For requests that are pushed back, you can select the hyperlink, and it will take you to the screen to edit the request and resubmit. Approval tab is used by the approver and is only for viewing purposes. Service Request Tip Sheet will be available after January 1st, 2026. Out of County authorizations are done outside of this process. <ul style="list-style-type: none"> Reauthorization is required for Out of County clients. For Out of County clients that need authorization, this should be done through the SAR process by SAC BHS team. 	Sambo	1:50 PM	10 min
Training Updates <ul style="list-style-type: none"> Training schedules posted through January 2026 ECM training removed from the EHR training schedule. Training Resources: <ul style="list-style-type: none"> Provider Admin updated MH Provider Admin Slides 11.05.2025 Service Corrections updated – In progress New! Service Authorization Request tip sheet <ul style="list-style-type: none"> Going Live January 1, 2026 Training Registration Form <ul style="list-style-type: none"> Program Name field- as listed in SmartCare New Training Requirement: Direct Care at new Legal Entities – will be required to attend the Direct Care Staff live training. We would also like the contract monitors to attend these live training courses in case there are any questions that arise outside of the EHR trainers' scope to answer. Next MH User Forum: Thursday, Jan 29th @ 1pm <ul style="list-style-type: none"> 2026 User Forum schedules are posted 	Kat	2:00 PM	10 min
New SmartCare Items or Issue Updates <ul style="list-style-type: none"> Permissions for editing services <ul style="list-style-type: none"> Permissions to override services have been removed from all provider roles as of October 30, 2025, and a communication was sent out. Please send requests for service corrections to BHS-EHRSupport@saccounty.gov 	Kristi	2:10 PM	5 min

<ul style="list-style-type: none"> It is not necessary to error out the service if details need to be changed, instead reach out to EHR Support to make those changes if the service hasn't claimed. <ul style="list-style-type: none"> We are unable to make corrections to a service if the change is with a procedure code tied to a different note type than the original. In this circumstance, we will need to error out the service, and it will need to be re-entered. Prior to erroring out the service, we will reach out so you can save a copy of the note. 			
Open Forum <ul style="list-style-type: none"> Question: Back in Avatar, it was assumed that everyone needed to have a guarantor of County Funds. To my understanding, the County Funds is for people who did not have any coverage, so they would get put in that coverage. Answer: It depends on the program, but match payers are only a match for Medi-Cal. If client does not have Medi-Cal, then there is no payment source in the system. Anytime you have Medi-Cal and a match, those go together. If Medi-Cal ends, so does the match. Question: For client non-billables, do I manually enter the service, or is there another way to enter those types of notes. I work for Capital Star. Answer: Capital Star does service import, and the answer is different for providers who do not use service imports. Question: We have 3 CWC programs within Turning Point and to my understanding, they're supposed to enter only MH County Funds for all clients receiving services? If they get discharge from the OP program, but is still active with the CWC program, will we leave the County funds active, but end the Medi-Cal? Answer: Yes, that is correct. If you're not sure of updating client's info, reach out to us at the EHR Support email. 	All	2:15 PM	15 min

Program TADT Status (SAC)

Program Type drives the type of TADT pulled (MH, DMC OP or DMC Opiod (for NTPs))

Complete means: There is a Closure Date, There is a Closure Reason, The TADT is Signed

Days pending flags in yellow if Over 30 days from Enrollment and not in Complete Status

TADT Status parameter defaults to exclude “Complete” records, but the report can be run to include those or for any group combination.

Overall TADT Status can be None, Started, Complete or Multiples, it flags yellow if Multiples, and one or more of those should be deleted

Program TDAT Status

And 3 Other Programs

For Clients Enrolled Between 6/1/2025 and 6/3/2025

Program Name	Client Name	Client Id	Enrolled	Program Type	Overall TDAT Status	Days Pending	Is Urgent	First Req	First Offered	First Rendered	First FU Offered	First FU Rendered	Closure Date	Closure Reason
E			06/02/25	MH OP	None	168								
E			06/02/25	MH OP	None	168								
E			06/02/25	MH OP	None	168								
E			06/02/25	MH OP	None	168								
S			06/03/25	MH OP	Started	167		05/29/25	06/10/25	06/10/25	06/23/25	07/09/25		
S			06/03/25	MH OP	Multiples			05/13/25	05/22/25	05/22/25	06/03/25	06/11/25		
S			06/02/25	MH OP	Started	168		06/02/25	06/05/25	06/05/25	06/12/25	06/12/25		
S			06/03/25	MH OP	Started	167		05/13/25	06/03/25	06/03/25	06/03/25	06/26/25		
S			06/02/25	MH OP	Started	168		05/15/25	05/30/25	06/05/25	06/12/25	06/12/25		
ZZ_A			06/03/25	DMC OP	Complete			06/02/25	06/03/25	06/03/25			06/03/25	Other
ZZ_A			06/03/25	DMC OP	Complete			06/02/25	06/03/25	06/03/25			06/03/25	Other
ZZ_T			06/02/25	DMC Opiod	Started	168		06/02/25	06/02/25	06/02/25	06/03/25	06/03/25		
ZZ_T			06/02/25	DMC Opiod	Started	168		06/02/25	06/02/25	06/02/25	06/03/25	06/03/25		

If the inquiry was flagged as “Urgent” that shows in the Is Urgent column

Is Urgent	First Req
Y	06/
Y	06/

Program Signed Assessments (SAC)

Remove TADT (use above)

Active Client Eligibility (SAC)

Fix issue with join logic to CustomClients that was dropping some clients without records

Discharge Detail Report (SAC)

Fix service count logic when current admission does not include an “enrollment”

Discussion items:

- 1- Appt based report
 - a. Suggestion – Open clients without appointments
 - b. Alternative – Open clients with NEXT appointments (including nulls)
 - c. Other?