SmartCare MH Provider Administrative Training

Welcome to SmartCare Training

Welcome!	Training Today: BHS-SAC Training	Agenda: We will take a 15-minute break about halfway through training if needed
Packets What are the attachments in your calendar invite?	Loss of connection If you can't hear us, Let us know in the chat!	Questions Feel free to unmute or use the chat box!

Course Content

- Understand the life cycle of a client
- Inquiry and enrollment process
- State reporting
- Setting up coverage
- Supplemental data
- Entering services
- Correcting services

What Should I Expect From Training Today?

We will be going over SmartCare functionality
- Searching for clients and screens
- How to save and enter data
- How to use the filters to access specific data in reports and list pages
- How to navigate SmartCare

The content in training today will be shown at a high level to cover everyone's role. Each agency operates differently, your specific agency will be able to specify what screens you will be using.

You will be able to access every screen, list page, and report that we demo today after passing the quiz at the end of training.

Who is CalMHSA?

- CalMHSA is an independent administrative and fiscal public entity representing California counties

- CalMHSA's role is to work with California counties to transform Mental Health for Californians

- CalMHSA manages the semi-statewide EHR SmartCare

- CalMHSA works as the middle-man between the counties and the vendors of the EHR, Streamline

When to Contact CalMHSA Vs. Sacramento County

➢ CalMHSA provides basic navigation training through the LMS Training Portal

  o This is the recorded trainings that were sent to you prior to today's training

  o If any support is needed on the LMS system (unable to login, video not working, etc.) you will need to contact CalMHSA.

    ▪ EHR@calmhsa.org

    ▪ CalMHSA Live Chat-Only to be used for support with the LMS

➢ Sacramento County EHR Team offers support on SmartCare (unable to login, navigation, error messages)

➢ If our team is unable to fix a problem, we will reach out to CalMHSA directly

- ➢ Prior to training you should have taken the LMS training courses on CalMHSA's webpage.
- ➢ These trainings and quizzes will need to be completed prior to gaining access to SmartCare or updating your current account.
- ➢ Since the LMS trainings cover some of the material we will be talking about today, we will not be demoing every screen in today's training.
  - o Written documentation is also available for each of the modules. We will share the path to find those instructions on each information slide.
- ➢ There are a few modules shown in the LMS videos that Sacramento County does not complete, we will call those items out.
- ➢ The LMS videos can be accessed at any time, they can be re-watched as often as needed

LMS Trainings

Proper Use of SmartCare

1

You must have permission from program to use SmartCare when you are away from your agency

2

Do not access over unsecure Wi-Fi or in a public area

3

Always protect client information

- Health Insurance Portability and Accountability Act (HIPAA)

Username and Passwords

Provides access into SmartCare

Contains user's specific classification and permission levels for access to screens, list pages, and reports

Do not let anyone work under your username

Do not share your password with anyone, including the EHR Team

Forgotten Username or Password

If you have forgotten your password, click on the "Forgot Password" link. If you continue to have trouble logging in call our support line to reset your password. Password resets must be done over the phone

If you have forgotten your username, your authorized approver will need to send an email to training registration requesting your username

SmartCare is an internet browser-based application

➢ It can be used on the following internet browsers

o Microsoft Edge

o Google Chrome

➢ SmartCare is NOT compatible on the following internet browsers

o Internet Explorer

o Firefox

o Safari

Accessing SmartCare

SmartCare Webpage
https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/Avatar.aspx

- Behavioral Health Services (BHS) – Electronic Health Record (EHR) Team Contact Information
- Meeting Information
  - Mental Health User Forum schedule and minutes
- SmartCare
  - Launch SmartCare
  - California Mental Health Services Authority (CalMHSA) Training Resources
    - CalMHSA documentation paths will be on the bottom of each slide, you can view the documentation resources in this section of the webpage
  - Sacramento County Training Resources
    - Tip sheet paths will be on the bottom of each slide, you can view the tip sheets in this section of the webpage
  - Claiming Status
- Quality Management Resources

Part 1 – Creating & Setting-up a Client

- Inquiry
- Creating a Client ID
- Enrolling a Client into a Program
- Treatment Teams
- Client Flags
- Special Population Tracking
- Client Information
- Scanning

- Inquiry screen allows staff to document requests from a client including a request for services
- If the person is only requesting information, you can log the interaction without the need to create a client ID in SmartCare
  - The requested information will be stored in SmartCare for future reference
- Only clinical staff should determine the disposition of an inquiry
  - Admin staff can enter the disposition on behalf of clinical staff
- See "Provider Inquiries Tip Sheet" on our webpage for tips on how to complete an inquiry
  - https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/EHR-Training.aspx

Inquiry Information

Inquiry process

Demo

Disposition an Inquiry

➤ Once you've saved an Inquiry, a new client ID can be created by selecting the button to "Link/Create Client"

- When linking the new client, the name, SSN, and DOB will pull forward to the screen. You'll need to click on the following search buttons to enable the "New Client" button
  - Broad Search
  - SSN
  - DOB

➤ The client must have a client ID created prior to enrolling

Creating a Client ID

Enrolling a Client into a Program

➤ Once the new client has been created you can enroll them into a program

➤ Search "Client Programs (Client)" to enroll the client into a program

➤ This list page will also show any previous mental health enrollments the client has had at your program

  o Enrollments on this page are after July 1st, 2023. If there were enrollments prior to July 1st 2023, there will be a program named "Document Only Program"

    ▪ You can see a list of those prior programs by going into "Documents (Client)" and viewing the "Avatar Face Sheet". Change the filters to go back to April 2023 to find the Avatar Face Sheet

Program Assignment (Program)

➤ If the client reaches out to the Sacramento County BHS-SAC Team, they will complete the inquiry and request enrollment into your program

➤ You can view any enrollment requests in the Program Assignment (Program) screen

  o Use your filters to select your agency and "Requested" status, this will show any pending requests

➤ When a request comes in you will go into that record and switch the status to "Enrolled" and add the enrollment date

Demo

Client Program (Client)

- Program Assignment Details
- Enrollment Process

Program Assignment (Program)

- View client enrolled and or requested into your program

ECM Programs

Clients who enroll in Medi-Cal have the option to choose a Manage Care Plan, such as HealthNet, Anthem, etc. These clients may be eligible to receive Enhanced Care Management (ECM) services which are additional services such as family support, health promotion, or comprehensive assessment

These clients will be enrolled in an outpatient program, and when they are identified as eligible for ECM services will need to be enrolled in an ECM specific program

Not all agencies have ECM programs

Direct Care staff from an ECM program have their own specific training

➢ This screen is used to track staff assigned to a client's care

➢ Adding a client to a staff's Treatment Team will add the client to their caseload and will show the client on the staff's client drop-down list, without having to search for them

➢ The Treatment Team list page can be used to see the client's treatment team from other Mental Health programs

➢ If you are still listed as active on the Treatment Team list page, follow the steps to add an end date and deactivate yourself from the treatment team by following the steps in the link below:

  o https://2023.calmhsa.org/how-to-view-whos-on-the-clients-treatment-team/

Treatment Team (Client)

Demonstration –
- Treatment Team

How to Remove Someone from Treatment Team

The box below shows an active Treatment Team Member.

Treatment Team Member

○ Contact	○ External	● Staff	☑ Active
Start Date 02/15/2024 📅 ▼	End Date 📅 ▼		
Staff Nine, Trainer			
Role Clinician/Therapist ▼	Program APCC-TWC-14th Ave-06/09/2 ▼		

The box below shows an inactive Treatment Team Member. Notice there is an End Date, and the Active box is not checked. Do not delete an entry. End date and remove the check on Active.

Treatment Team Member

○ Contact	○ External	● Staff	☐ Active
Start Date 02/15/2024 📅 ▼	End Date 02/17/2024 📅 ▼		
Staff Nine, Trainer			
Role Clinician/Therapist ▼	Program APCC-TWC-14th Ave-06/09/2 ▼		

Client Flags (Client)

- Client Flags alert users with critical beneficiary support information. An icon which corresponds to the Client Flag will show up in the client header

- Some Client Flags are created automatically to send you an alert about the client
  - Alerts for duplicate insurance, preferred name, etc.

- Client Flags can also be created to alert others of critical information regarding the client.

- Refer to the Client Flag Tip Sheet located on our webpage:
    - https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/EHR-Training.aspx

Client Flags

Demo

Special Population Tracking

➤ When should you use the Special Population form?

   o All clients will need to have their housing status entered in this form

   o Clients apart of the following populations will also need to be added

      ▪ Foster Care, Katie A, CalWORKS, CPS, ICC, IHBS, Conservatorship, Presumptive Transfer, Probation, TFC

➤ Why is it important to have accurate Start and End Dates?

   o Accurate start and end dates are essential for coordinated care. It is best practice service delivery for these populations of consumers who are involved in multiple systems

➤ To see a demonstration of the Special Population Tracking screens, click on link below:

   o [How To Identify a Client as Katie-A or Other Special Population - 2023 CalMHSA](#)

Special Population Tracking
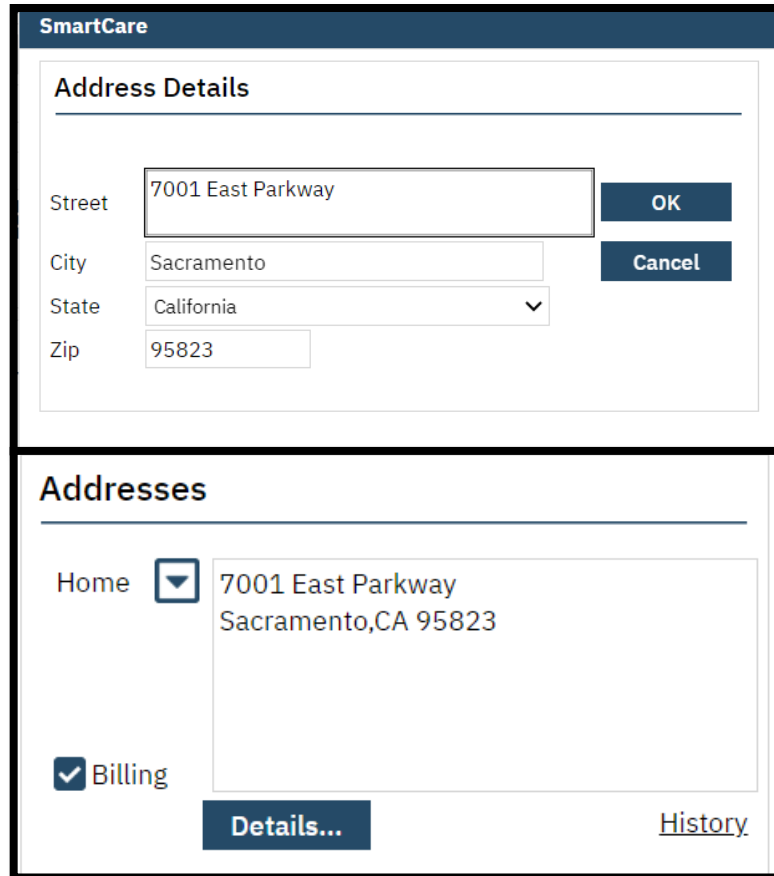
AB352

➢ AB352 is a buffer against providing sensitive data to states that have criminalized certain kinds of care

➢ The system will use the following indicators to ensure that the sensitive data types outlined below are not shared out of state

➢ In SmartCare use one of the three special populations:

- AB352-Abortion
- AB352-Contraception
- AB352-Gender Affirming Care

Client Information (Client)

- If any demographic information needs to be added or changed after creating the inquiry, you can do that here
  - This includes the client's name, DOB, SSN, or address
  - Additional demographic information can be added such as the client's gender identity, pronouns, race, etc.
- You're able to add contacts or aliases for the client if needed
  - Contacts added in this form will pull forward to other forms
- Verify the client address is entered properly
  - The address should be broken out by each line, not all entered on one line
  - The billing box next to the address needs to be checked
  - If the client is homeless, enter "HOMELESS" on the address line and your agencies city, state, and zip code on the lines below

Correct Address vs. Incorrect Address

Correct Address
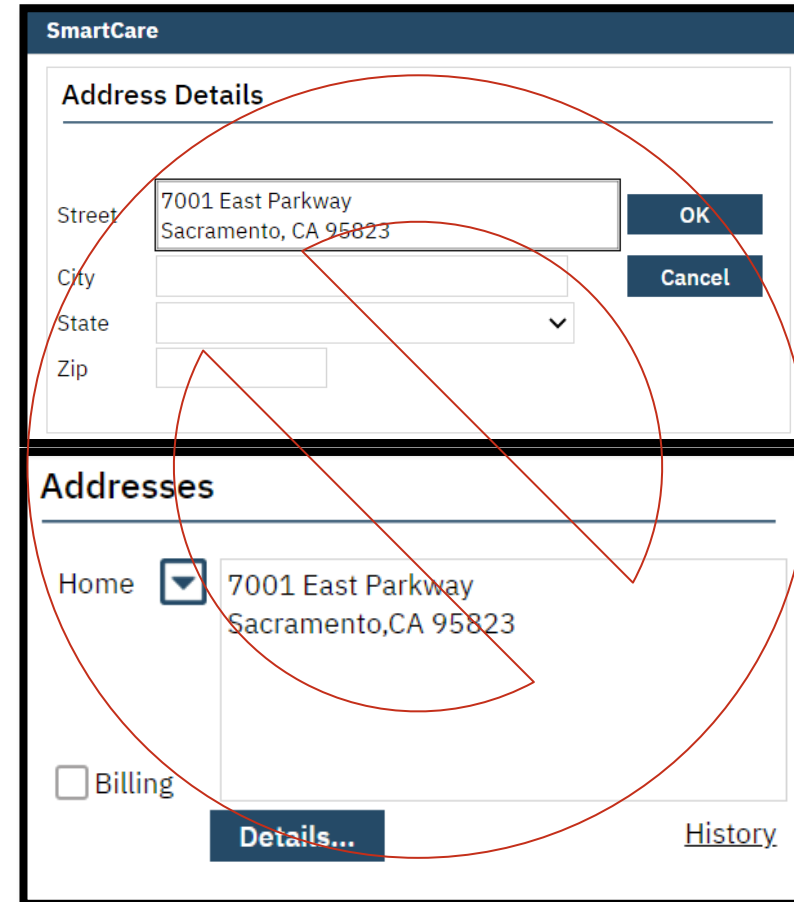
Incorrect Address

A correct address will break out each section individually, not putting the full address on one line.

A correct address will have the billing box checked.

Entering an address incorrectly will cause services to not claim out and prescribers unable to prescribe medication. It's important the address is entered in the correct format.

Demo- Client Information (Client)

Update Demographics

Add a Client Contact

Scanning (My Office)

- ➤ Used to scan or upload documents into a client's record
  - o You'll use the upload option, unless you have a hard scanner attached to your computer
    - ▪ If you are using the scanning option with a hard scanner, there may be installation requirements
- ➤ There is an option to single scan or batch scan
  - o Single scan is used for scanning an individual record
  - o Batch scan allows you to scan multiple documents for either multiple client's or the same client
- ➤ See QM's "Sacramento County Scanned Document Naming Convention Form" to view the naming convention and folder selection for scanned documents
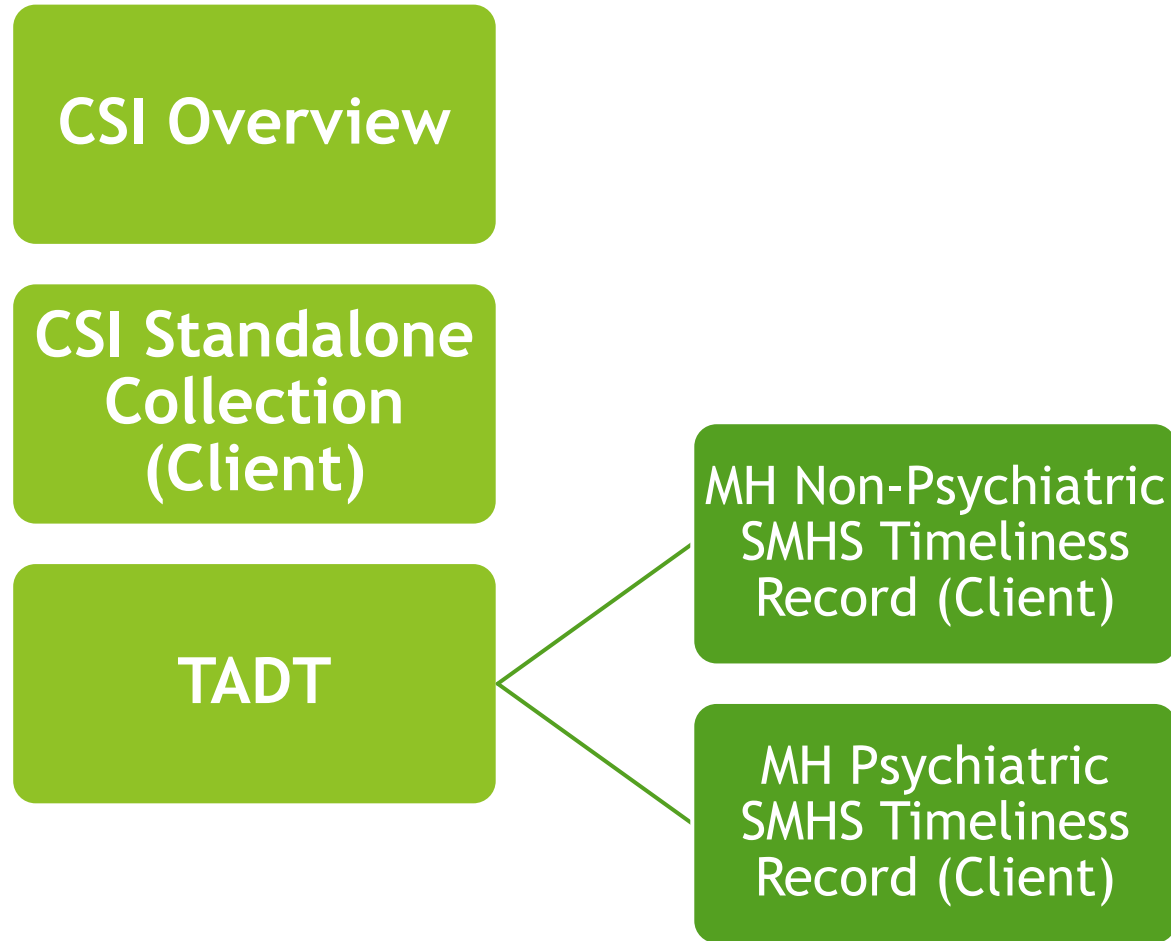 - o Documentation Standards (saccounty.gov)
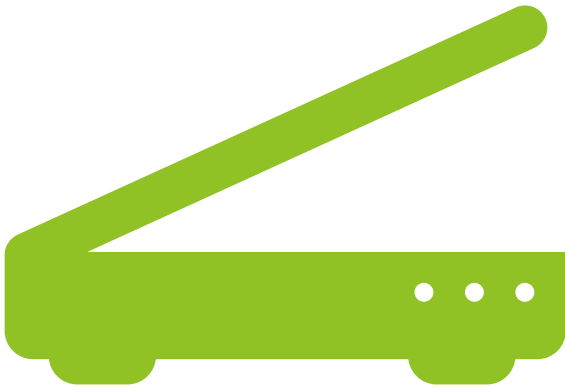
Demo– Scanning (My Office)
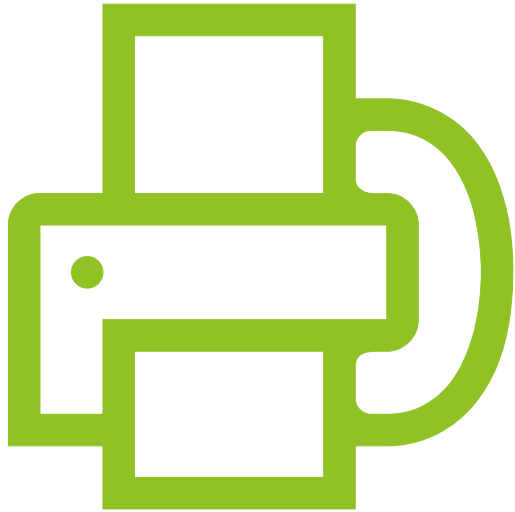
➢Used to view scanned documents

➢Used to scan a single document

➢How to batch scan, used when scanning multiple documents

➢How to view documents in "Documents (Client)"

SACRAMENTO
COUNTY

Part 2- State Reporting

CSI Overview

CSI Standalone Collection (Client)

TADT

MH Non-Psychiatric SMHS Timeliness Record (Client)

MH Psychiatric SMHS Timeliness Record (Client)

- Collected as a state mandated reporting requirement for mental health service providers

- CSI is captured in the CSI Standalone Collection (Client) screen

- The link below provides step-by step instructions on how to fill out the form

  - How to Complete a CSI Demographic Record - 2023 CalMHSA

Client Service Information (CSI) Overview

Timely Access Data Tool (TADT)

All providers will use the TADT screen to track timeliness

There are four different TADT screens being used. MH providers use the first two

- MH Non-Psychiatric SMHS Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making an initial request for non-psychiatric specialty mental health services
- MH Psychiatric SMHS Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making an initial request for psychiatric specialty mental health services
- DMC Outpatient Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making an initial request for SUPT outpatient services
- DMC Opioid Timeliness Record (Client)
  - Used for Medi-Cal beneficiaries who are making an initial request for opioid use disorder treatment services

Timely Access Data Tool (TADT) Cont.

➢ The TADT should be completed whenever a client is enrolled into your program.

➢ The form is a living document, it does not need to be completed at once. Once complete the form needs to be signed.

➢ There are Closure Reasons at the bottom of the form. If the client does not complete the process or is a no-show for their appointment the form can be closed out.

  o Closing the form out does not discharge the client. If the client leaves your program, you will still need to discharge them.

Timely Access Data Tool (TADT) Cont.

➢ CalMHSA has written instructions on their webpage for each of the TADT forms
  ○ MH Non-Psychiatric SMHS Timeliness Record (Client)
    ▪ [How to Complete the MH Non-Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)
  ○ MH Psychiatric SMHS Timeliness Record (Client)
    ▪ [How to Complete the MH Psychiatric SMHS Timeliness Record - 2023 CalMHSA](#)

Demo State Reporting:

- CSI Standalone Collection
- MH Non-Psychiatric SMHS Timeliness Record (Client)

Program TADT Status (SAC) (My Office)

➤ This report will show clients open to the program(s) selected, who have not had Medi-Cal billable services within the last year, and whether there is a TADT on file for them. If the line is blank, no TADT has been entered for that client

Program Name	Client Name	Client ID	Enrolled	TADTs
■	■	■	02/03/25	MH Non-Psychiatric SMHS 2025-01-24
			03/10/25	MH Psychiatric SMHS 2025-03-25, MH Non-Psychiatric SMHS 2025-03-10
			01/07/25	MH Psychiatric SMHS 2025-02-13
			01/14/25	
			02/20/25	
			03/04/25	MH Non-Psychiatric SMHS 2025-03-04
			02/20/25	
			01/27/25	MH Psychiatric SMHS 2025-04-09
			03/27/25	

Part 3 – Coverage

Client Eligibility

Coverage

Verifying Eligibility

It is important to verify medical eligibility for scheduled and unscheduled clients

The Medi-Cal website allows you to verify Medi-Cal eligibility, as well as Other Health Care (OHC) and Medicare coverage

- ➢ Each Payor is a Plan in SmartCare
- ➢ The start date of a plan must match the enrollment date if there was no plan previously entered
  - o If there is already a plan date entered, it may have been entered by another agency where the client received services
- ➢ Coverage is client based
  - o Do NOT remove a plan because the client may have that coverage with a different program
- ➢ After entering your coverage, enter a start date and add the plan. If the plan does not show up in the Plan Time Span section billing will not claim out
- ➢ If the client has insurance through a family member, that family member will need to be added as a Client Contact in the Client Information screen in order to link them to the Coverage screen
  - o The Medi-Cal payor will always be entered as the actual client as the subscriber (even if the client is a minor)

Coverage Information

- Other Health Care (OHC)
- Medicare
- Medi-Cal MH
- Managed Care Plan payors
- MH County Funds payor

- To see a demonstration of the Coverage screens, click on link below, and view the Coverage/Plan section:
  - How to Add a Coverage Plan - 2023 CalMHSA

Coverage Plan Order

Demo

Coverage (Client)

- Adding new payors
- Setting the Coordination of Benefits (COB) order
- End dating a payor

Client Account (Client)

- ➢ Sacramento County has created reports specific to our county
  - ○ Search "(SAC)" on your search bar to view Sacramento County specific reports
    - ▪ This will display reports that are within your role
  - ○ A list of available reports are posted on the EHR webpage under the Technical Support tab. This will show all reports regardless of role, keep in mind you will only have access to reports that are included within your assigned role in the system
  - ○ To view the list of reports, Click on the link below to view "Release Information"
    - ▪ SmartCare Technical Support (saccounty.gov)

Report Information
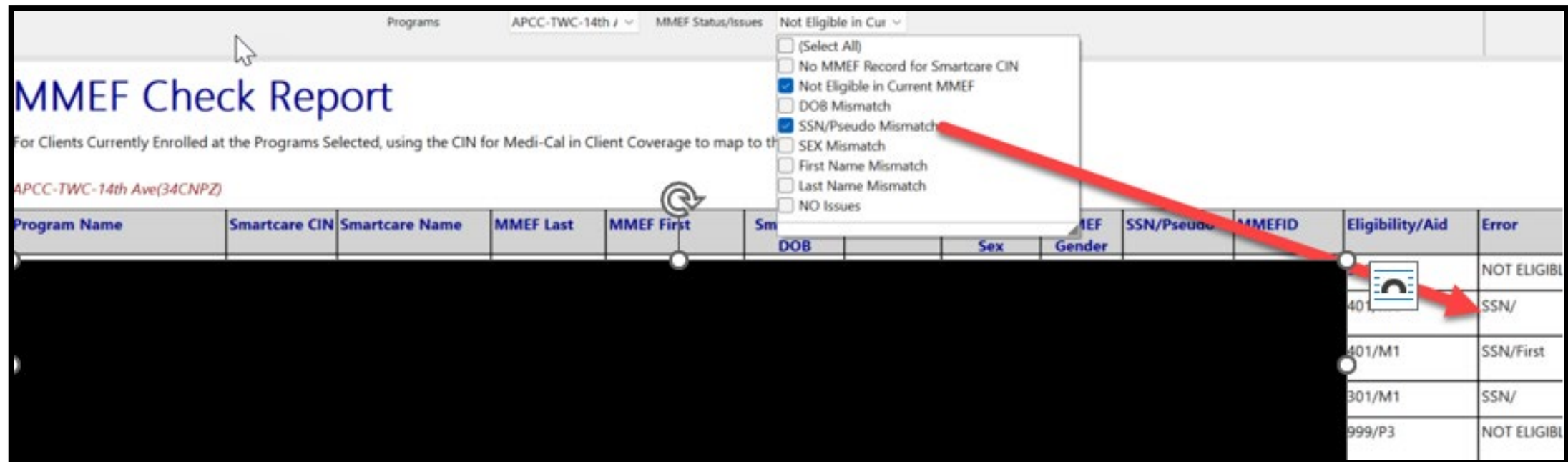
Program Coverage Report (SAC)

➢ Displays current open enrollments with the first 4 current Payors

    o This report will catch if coverage was not entered, the CIN number is missing, or if the client was not entered as the subscriber for their Medi-Cal Coverage

    o If the client was not listed as the subscriber for the Medi-Cal Payor, they will be flagged as "Not Subscriber" on the report

Program Coverage Report

Open enrollments Between 12/19/2024 and 12/19/2024 with First 4 Current Payers

Client ID	Client Name	Enrolled /DC	Cov1	Cov2	Cov3	Cov4
		03/14/24	Medi-Cal DMC 96634632D			
		04/24/24	Medi-Cal DMC 93534820D	ADS DMC R Match 567412748		
		12/10/24	Medi-Cal DMC 92222751D	ADS DMC R Match 92222751D		
		06/20/24	Medi-Cal DMC 92209815D			
		11/22/24	Medi-Cal DMC	ADS DMC R Match		
		04/15/24	(Not Subscriber) Medi-Cal DMC 93354330D	ADS DMC R Match 18		

MMEF Check Report (SAC)

➤ This report displays clients whose Medi-Cal Insured ID number in the Coverage screen matches Medi-Cal CIN in the MMEF file that is uploaded by the EHR Billing Team. This displays discrepancies in the client's first and last names, DOB, sex, SSN/pseudo-SSN, or if there is no match at all

UMDAP Financial Assessment

➤ UMDAP – Uniform Method to Determine Ability to Pay

➤ When a client is eligible for UMDAP, some of the coverage plans will need to be end dated depending on what payors your client has

➤ An UMDAP will not be required for a client/family with:
  o Full Scope Medi-Cal

➤ An UMDAP will be completed for client/family under the following circumstances:
  o Indigent/Self Pay
  o Medicare Only
  o Private Insurance Only

Things to Keep in Mind When Entering an UMDAP

➢ The responsible party will need to be added as a client contact prior to filling out the UMDAP Financial Assessment (Client), **only** if the client is not the financially responsible party

  o The responsible party can be added as a contact by using the Client Information (Client) screen

  o When adding the contact, be sure to check the box for "Financially Responsible"

➢ There is no payor in the Coverage (Client) screen for UMDAP

  o If the client has an UMDAP you will make sure any Medi-Cal or county fund payors are end dated

  o Medicare and private insurance payors can remain active on the coverage screen

Demo

UMDAP

Part 4 – Entering Services

Services (Client)

Batch Services(Client)

How are Services Entered?

Services/ Notes (Client)

Used by direct care staff to document and create services for a client.

Services (Client)

Admin staff can use Services (Client) to enter individual service(s). This can be used if an agency has their own EHR system and manually enters services into SmartCare. SmartCare users may use this to manually enter a service if a note was entered on a downtime form.

Batch Service Entry (My Office)

Admin staff use Batch Service Entry (My Office) to enter multiple Services for multiple days and multiple clients. This is primarily used by agencies with their own EHR.

Service Import

Service import allows providers who use their own EHR the ability to import all monthly services from their EHR into SmartCare.

Service Status Descriptions

Cancel: Used if the appointment was cancelled

Complete: Service has been validated after the overnight job

Error: Prevents a services from claiming out

Scheduled: The service was scheduled on the calendar but has not occurred yet

No Show: The client or staff did not show for the appointment

Show: The service occurred

- Batch Service Entry allows you to enter multiple services at one time
  - Multiple clients at the same time
  - Multiple days for one client
- This is particularly helpful for residential agencies who have their own EHR
  - This allows those providers to enter their fixed fee services for a duration rather than entering them one at a time
- Below is a link to the EHR team's Batch Service Entry Tip Sheet
  - Batch Services Tip Sheet.pdf (saccounty.gov)

Batch Service Entry (My Office)

Demo

Services (Client)

Batch Service Entry (My Office)

Diagnosis

➢ All clients must have an active DSM-5/ICD-10 Diagnosis entered that covers all dates of service in your program

➢ Some administrative staff enter diagnoses on behalf of direct care staff

➢ The diagnosis permission is granted based on classification or by special request

   o For staff who are entering on behalf of a diagnosing practitioner. In the Source field of the Diagnosis screen, enter the diagnosing practitioner's name and professional classification

➢ Please refer to the Diagnosis tipsheet on the EHR website:

   o Diagnosis Tip Sheet.pdf (saccounty.gov)

➢ Additional resources are also available on CalMHSA's website, under Diagnosis Entry:

   o Clinical Documentation - 2023 CalMHSA

- Without a diagnosis the services will not show up on your invoice for the county
- A diagnosis is required for **all** services
  - Effective dates should cover all dates of service
- The diagnosis must be entered in the program you are providing services
- The diagnosis must be signed
- The Service Diagnosis Error report can be run to view billing errors pertaining to Diagnosis
  - We will view this report during the Corrections section of training

Important Facts About Diagnosis

Diagnosis Demo

Entering a Diagnosis

- Medi-Cal requires providers to use a pregnancy indicator to specify when services are provided to a pregnant client
- In the "Client Clinical Problem Details (Client)" screen, Direct Care staff use SNOMED Code 248985009 (F34.90) to indicate the client is pregnant
  - Pregnancy end date is required to be entered once the client's pregnancy has ended. This date should be the last date of the month, 365 days after the end of the pregnancy
- The SNOMED code is entered by Direct Care staff in the "Client Clinical Problem Details (Client)" screen
- Agencies with their own EHR, admin staff will be entering the pregnancy indicator on behalf of the direct care staff

Pregnancy Indicator

Part 6 – Service Corrections

Overnight Job

Editing/erroring services

Resources to find service corrections

Correcting services in show and complete status

➤ What is an Overnight Job?

o Overnight Job validates the services entered into SmartCare

o It will assign a status to each service that was entered: Show or Complete

▪ **Complete:** service is ready to be claimed

▪ **Show:** there may be some issues with the service that need to be addressed

Overnight Job

Editing Service Notes

➢ Edits can be made to a service if information was entered in error

➢ Only pre-claimed services can be edited

➢ The process to edit will slightly differ based on whether the service is in Show or Complete status

➢ Only administrative staff can make corrections to a service

  o Clinical staff can make changes to their documentation

  o Admin staff can edit the service only, not the documentation

How do I Know a Service has been Claimed?

- ➤ Run the "Program Staff Services Export (SAC) (My Office)" report
  - o The report will show service details for your program
  - o The status field on the report will show if a service has been claimed
  - o To view all service status definitions, refer to the cheat sheet posted on the Claiming page
    - ▪ https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/EHR-Claiming.aspx

FTF	Travel	Doc	Status	Charge Code
8.00	0.00	5.00	C-Claim Sent	H2011
35.00	0.00	9.00	C-Claim Sent	H2011
50.00	60.00	10.00	C-Claim Sent	H2011
10.00	0.00	5.00	C-Paid	H2011
8.00	0.00	5.00	C-Paid	H2011
30.00	0.00	10.00	C-Claim Sent	H2011
90.00	0.00	30.00	C-Charge Created	H2011
120.00	0.00	30.00	C-Charge Created	H2011

What Service Information can be Edited

Services in Show Status

- Location
- Mode of delivery
- Start date
- Start time
- Program
- Procedure
- Service Time (Duration)
- Clinician name (Only if the note is not signed)

Services in Complete Status

- Location
- Mode of delivery
- Start date
- Start time
- Procedure (If the note type matches the new procedure; Billing team will need to regenerate the charge)
- Service Time(Duration) (Billing team will need to regenerate the charge)

Demo – Editing a Service

Show	Making a correction in Show status
Complete	Making a correction in Complete status

- If your service is in Complete status and you change either of the following fields, reach out to the Billing Team to regenerate the charge
  - Duration/Unit
  - Procedure Code
- The Billing Team can be reached via email

BHS-EHRBilling@saccounty.gov

- Be sure to put "Regenerate Service" on the header of the email so they know the request is a pre-claiming request
- Make sure to encrypt any email with client information included

Regenerating Service Charges

Correcting Procedures

➢ If you receive the error shown below, you will not be able to make the change in procedure
   o The service will need to be changed to Error status
➢ SmartCare allows you to change a procedure that is in Complete status as long as the note type is the same as the new procedure
   o If the service is in Show status the procedure can be changed

What to do if you Cannot Edit a Service

- If a service cannot be edited it will need to be put in Error Status
- Reasons why a service may need to be put in Error
  - Duplicate service
  - Billed in error
  - If there are fields that cannot be edited
    - Clinician name
    - Some procedure codes
- Change the service status to Error
  - A service in Error will not bill out
  - Putting a service in Error will also delete the attached progress note. If a progress note has been entered, make sure to work with the clinician before putting a service in Error
    - The clinician will need to save the content of their note prior to putting it in Error if applicable

- **Never put a claimed service in Error status**

Demo – Changing a Service to Error

Switch service status from Complete to Error

Service Corrections

➢ Tools to find corrections:

Services (My Office) list page

- Filter the information below:
  - Date Range
    - do not go higher than one month, otherwise the screen may lock you out
  - Select your program
  - Under Service Status, select Show
- Scroll to the far right to view "Failure to Complete Reasons"
- If there is no rate on the Completed service (and it is NOT a non-billable), make sure Coverage has been entered

Errors That will Prevent a Service from Billing Out

➤ The errors listed below will prevent a service from billing out

➤ Below each error, is the resolution to fix the error

- o Financial information has not been complete for the client
  - ▪ Refer to the Client Account Screen
- o Billing diagnosis required before completing the services
  - ▪ Run Services Diagnosis Error (Sac) (My Office) report
- o Unable to find matching rate for the selected procedure
  - ▪ **Reach out to the EHR Billing team- BHS-EHRBilling@saccounty.gov**

Services(My Office)

➢ Run the Services (My Office) list page to view the Failure to Complete Reason(s):

Financial Information has not been Completed for the Client

➢Check the Client Account screen to make sure box is checked

Services Diagnosis Error (Sac) Report

➤ If you see a failure reason that says ***Billing Diagnosis Required*** run the Services Diagnosis Error (sac) report to find the diagnosis error and make the necessary corrections in the Diagnosis Document (Client) screen

Service Diagnosis Errors

SACRAMENTO
COUNTY

Program Name	Client Name	clientid	Error Type	First Problem Service	First DX
			First DX Effective Date AFTER Date of Service	7/1/23	7/26/23
			NO DX in Program of Service	7/19/23	
			DX on file is not signed	7/21/23	7/21/23
			First DX Effective Date	8/3/23	8/5/23

Client Programs (Client)

Part 7 – Discharge

Next Steps

Important Information Regarding a Discharge

- A discharge is done when the client's treatment has ended or based on QM requirements for your program
- Make sure all required elements are completed before completing the discharge
- Be sure to choose the correct program
- When choosing a discharge reason, refer to the Discharge Option document provided by QM
  - https://dhs.saccounty.gov/BHS/Pages/Provider-Training/GI-Documentation-Training.aspx

Demo

- Discharge- Client Program (Client)

How can I get additional help?

- **CalMHSA LMS Trainings–** CalMHSA has provided many training videos and materials on their webpage [Home - 2023 CalMHSA](). There are interactive training videos as well as training guides which can be printed out and referenced

- **BHS EHR Team** can be contacted by e-mail and phone
  - E-mail: [BHS-EHRSupport@SacCounty.gov]()
  - Phone: 916-876-5806
  - Office Hours: Monday-Friday 8am-5pm, except for county holidays

- **BHS EHR Training-** Contact for training registration or account updates
  - BHS-EHRTrainingReg@saccounty.gov
- **BHS EHR Billing-** Contact for billing or claiming questions
  - BHS-EHRBilling@saccounty.gov
- **Quality Management-**Contact for documentation questions
  - QMInformation@saccounty.gov
- **Quality Management Staff Registration-**Contact for license updates
  - DHSQMStaffReg@saccounty.gov

Additional Support

Access to TRAIN Environment

- If you would like a chance to practice before gaining access to SmartCare, access can be given to the TRAIN environment
    - All trainings and quizzes must be complete before gaining access to the TRAIN environment
    - Access to the LIVE environment will be removed while you are working in TRAIN
    - Test client should only be used in the TRAIN environment, do not create test clients in the LIVE environment
- Email BHS-EHRTrainingreg@saccounty.gov to request access to TRAIN
- Accessing TRAIN is not a requirement

Additional Training

➤ Before gaining access to SmartCare you will need to complete the LMS training modules that were sent with the training confirmation

➤ After completing each module you'll take the quiz on the LMS portal

- ○ You'll need at least 80% to pass each quiz, the quizzes can be taken more than once
- ○ Take a screenshot of the passing score and save on an email or Word doc
  - ▪ The training registration team may ask for a screenshot of your score to verify your results

➤ The trainings are found on CalMHSA's LMS portal, there is a tip sheet on our webpage which goes over how to create an account on the portal

Required LMS Trainings

- ➤ **SmartCare Basics for all Users:**
  - o Message from Director
  - o Basic Navigation
  - o Privacy and Security in SmartCare
- ➤ **SmartCare Clinical Workflow for Clinicians (Life Cycle of a Client):**
  - o Life Cycle of a Client: Requests for Services, Screening, and Intake & Assessment
  - o Life Cycle of a Client: Services
- ➤ **SmartCare for Billing Staff**
  - o Billing: Adding Coverage & Eligibility
  - o Billing: MMEF & UMDAP