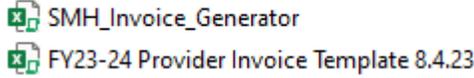
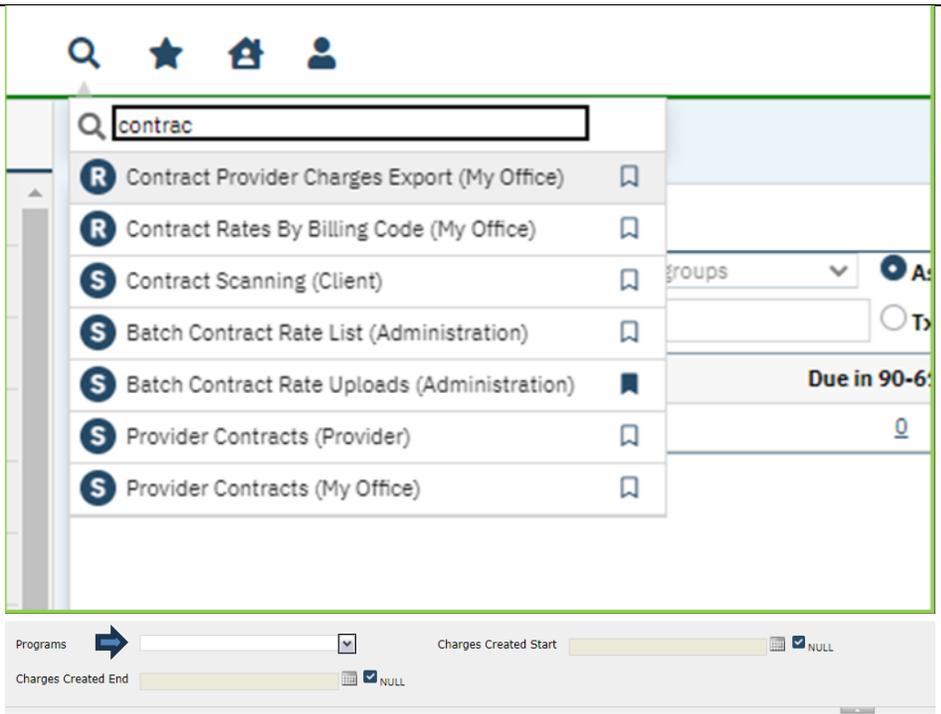


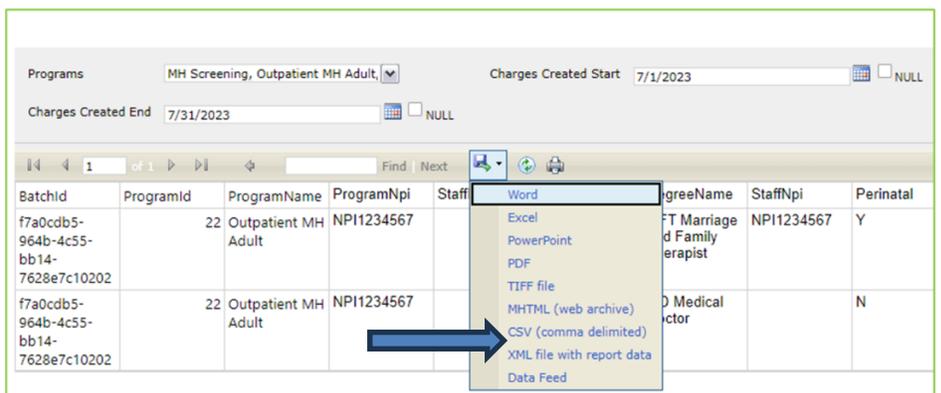
1. Providers will be provided two invoice templates: The CalMHSA invoice generator and the Sacramento County Provider Invoice Template.
2. Each file will be labeled with specific Provider Contract Numbers.



3. Accessing SmartCare, you will navigate to the “Contract Provider Charges Export” Report.
4. In SmartCare, you will choose the relevant program from the drop-down list, including all programs linked to the specific contract.
5. You will enter the first day of the billing month for the “Charges Created Start” and the last day of the month for the “Charges Created End” dates.
6. For example, September 2023 billing will be 9/1/2023-9/30/2023.



- a. After the report is generated, save this file in CSV format.
- b. The file will automatically be saved to the local “Downloads” folder.



7. Launch the contract specific “SMH Invoice Generator”
8. This worksheet will be preloaded with contract negotiated rates categorized by classification.
9. Verify the accuracy of rates on the “Outpatient Hourly Rates Tab”.
10. Utilize the blue toggle button to display the non-Medi-Cal rates for quick reference.

Group Code	Group Description	Hourly Rate
2	CNS Group Certified Nurse Specialists	\$0.00
3	LPHA Group LPHAs (MFT LCSW LPCC)/ Intern or Waivered LPHAs (MFT LCSW LP	\$0.00
4	LVN Group Licensed Vocational Nurses	\$0.00
5	MD Group Licensed Physicians	\$0.00
6	MHRS Group Mental Health Rehab Specialists	\$0.00
7	NP Group Nurse Practitioners	\$0.00
8	OT Group Occupational Therapists	\$0.00
9	OTHER Group Other Qualified Practitioners	\$0.00
10	PA Group Physicians Assistants	\$0.00
11	PEER Group Peer Support Specialists	\$0.00
12	PHARM Group Pharmacists	\$0.00
13	PSY Group Psychologists (Licensed or Waivered)	\$0.00
14	PT Group Licensed Psychiatric Technicians	\$0.00
15	RN Group Registered Nurses	\$0.00
16	FLEX Group Flex Services & supports	\$0.00

Your table is currently displaying Medi-Cal rates.

11. Navigate to the “Invoice Summary” Tab.
12. Execute the macro by clicking on the blue “Contract Provider Charges Export (Medi-Cal)” option.

Security Note: Before you can create the invoice, you might need to click the **ENABLE CONTENT** button at the top of your Excel document. It will be listed in the Security warning in yellow.

Estimated runtime is around "1 min. Please be patient. Excel may show "non responsive".

CustomCalMHSAContractProviderChargesExport.csv

Contract Provider Charges Export (Medi-Cal)

Z_Mu1e1ProgramChargeSummary_P.csv

SAC Program Charge Summary (Non Medi-Cal & Flex)

Charge Summary	Amount
Non Medi-Cal Services	\$ -
Flex Services & Supports	\$ -
Medi-Cal Services	\$ -
Total	\$ -

13. When the dialog box populates, select the “CustomCalMHSAContractProvider...” file.
14. Please note, a brief delay might occur for programs that have extensive array of service codes. In certain cases, Excel may exhibit a “not responding” message. This delay generally last between 1-2minutes. **Please do not close the program while the macro is running.**

Open

This PC > Downloads

Search Downloads

Organize New folder

Name	Date modified	Type	Size
Today (1)			
CustomCalMHSAContractProviderCharg...	8/14/2023 1:58 PM	Microsoft Excel C...	181 KB

File name: CustomCalMHSAContractProviderChargesExportReport (11)

Tools Open Cancel

15. Simultaneously, a PDF copy of the Invoice Summary tab will be silently saved in your local drive. Kindly ensure its inclusion with your invoice submission. Running the non-Medi-Cal Macro will overwrite the pivot table to the right of the excel worksheet.

Security Note: Before you can create the invoice, you might need to click the **ENABLE CONTENT** button at the top of your Excel document. It will be listed in the Security Note pane. Estimated runtime is around "1 min. Please be patient. Excel may show "non responsive".

CustomCalMHSAContractProviderChargesExport.csv

Contract Provider Charges Export (Medi-Cal)	CalMhsaVersionCode	Total Amount	Total Units
	20230803_1120	\$ 409.50	1438
APCC-TWC-14th Ave(34CNP2)			
		\$ -	65
		\$ 30.00	224
		\$ 49.50	71
		\$ -	5
		\$ 240.00	429
		\$ -	30
		\$ 90.00	546
		\$ -	68
Grand Total		\$ 409.50	1438

Z_MultiProgramChargeSummary_P.csv

Charge Summary	Amount
Non Medi-Cal Services	\$ -
Flex Services & Supports	\$ -
Medi-Cal Services	\$ 409.50
Total	\$ 409.50

Matching Records: 624
No Match: 624

Medi-Cal charges autogenerated 08/16/2023 14:02:34

Rate Degrees | Outpatient Rates | Other Rates | **Invoice Summary** | Input Data | Invoice Detail

***** If your program does NOT have non-medi-cal billable services or Flex, you may skip this step.**

- In SmartCare, run the “Program Charge Summary (SAC) (My Office)” for the specific program.
- Include all programs linked to the specific contract number.
- You will enter the first day of the billing month for the “Charges Created Start” and the last day of the month for the “Charges Created End” dates.
- For example, September 2023 billing will be 9/1/2023-9/30/2023. It is important to maintain consistency with the “Contract Provider Charge Export” Dates.
- In the ServiceType, section select “Only Sac Local Codes” - DO NOT RUN FOR ALL CHARGES. It will disrupt the macro on the non-Medi-Cal billable services.

SmartCare

program charge summary

Program Charge Summary (SAC) (My Office)

Programs: [Dropdown]

ServiceType: Only Sac Local Codes

Start Date: 09/01/2023

End Date: 09/30/2023

21. Click View Report
22. Download file in CVS format.
23. This will create a temporary file in the local “downloads” file.
24. This report will generate non-Medi-Cal Billable codes and Flexible Funding details.

Programs [Redacted] ServiceType Only Sac Local Codes

Start Date 8/1/2023 End Date 8/4/2023

Program Charge Summary

For Only Sac Local Codes with charge dates (NOT service dates) bet

Coverage	Amount
[Redacted]	5291.00
AMFT Associate Marriage Family Therapist	40.00
SAC_Case Coordination	40.00
Other Qualified Provider	5251.00
SAC_Benefits Acquisition	86.00
SAC-Flex_Food, Clothing, Hygiene	40.00
SAC-Flex_Interpreter Services	2916.00
SAC-Flex_Rent Gap	1675.00
SAC-Flex_Travel and Transportation	534.00
Total	5291.00

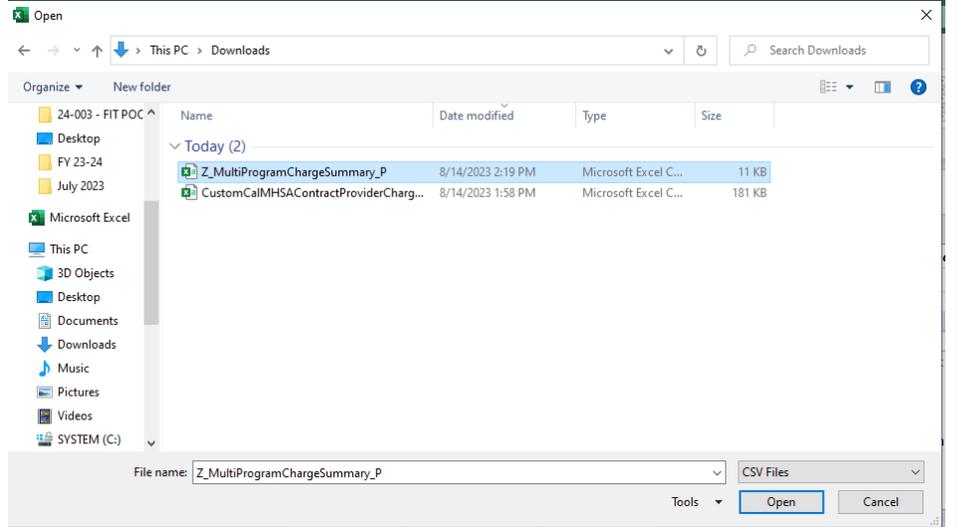
YOU MAY SKIP THIS PROCESS, if you’re program does not have non-Medi-Cal billable services or Flex.

25. Navigate again to the SMH_Invoice_Generator
26. Click on the gray “SAC Program Charge Summary (non-Medi-Cal & Flex) option.

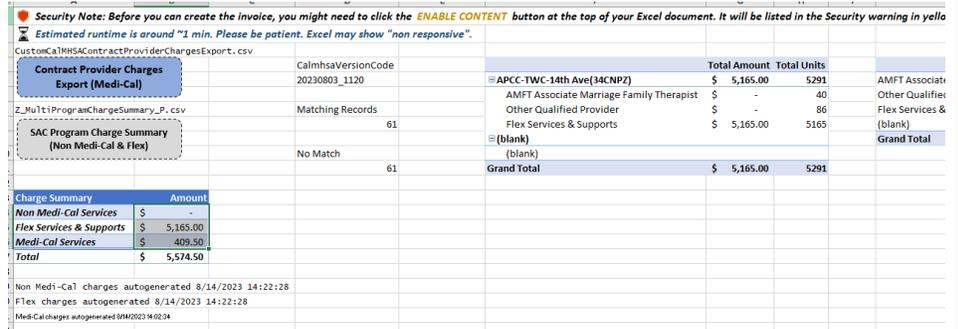
Z_MultiProgramChargeSummary_P.csv

SAC Program Charge Summary (Non Medi-Cal & Flex)

- 27. When prompted, select the Z_MultiProgramChargeSummary_P
- 28. Please note, a brief delay might occur for programs that have extensive array of service codes. In certain cases, Excel may exhibit a “not responding” message. This delay generally last between 1-2minutes. **Please do not close the program while the macro is running.**



- 29. The Charge Summary Pivot table will present the grand total of billable services.



- 30. Open the Sacramento County Provider Invoice Template.

Legal Contractor Name 7202X00-24-XXX Program Name						
Charge Created Start Date:		Billing Month July-2023				
Charge Created End Date:		CBXXXXXXXX				
		CONTRACT AMOUNT	CURRENT INVOICE	PRIOR INVOICES	TOTAL PAYMENT	CONTRACT BALANCE
(CalAIM) Behavioral Health Payment Reform - Medi-Cal		\$ -	\$ -	\$ -	\$ -	\$ -
(CalAIM) Behavioral Health Payment Reform - Non Medi-Cal		\$ -	\$ -	\$ -	\$ -	\$ -
(CalAIM) Behavioral Health Payment Reform Incentives		\$ -	\$ -	\$ -	\$ -	\$ -
Flat Invoice - Source 1		\$ -	\$ -	\$ -	\$ -	\$ -
Flat Invoice - Flex		\$ -	\$ -	\$ -	\$ -	\$ -
Flat Invoice - Enhanced Care Management (ECM)		\$ -	\$ -	\$ -	\$ -	\$ -
Flat Invoice - Source 5		\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -	\$ -	\$ -
Incentive Claiming	Initial	[Incentive]	[Incentive]	[Incentive]	[Incentive]	[Incentive]
Provider received confirmation from Contract Monitor		✗	✗	✗	✗	✗
This invoice represents the actual costs submitted to Sacramento County for payment and is prior to any denials/non-reimbursable units in accordance with Exhibit C Section II						

31. To avoid duplicate billing, enter the corresponding Charge Created Start/End Dates. These dates should match the dates on the SmartCare reports.

Charge Created Start Date:		Billing Month July-2023					CBXXXXXXXXX
Charge Created End Date:		CONTRACT AMOUNT	CURRENT INVOICE	PRIOR INVOICES	TOTAL PAYMENT	CONTRACT BALANCE	
(CaAIM) Behavioral Health Payment Reform - Medi-Cal		\$ -	\$ -	\$ -	\$ -	\$ -	
(CaAIM) Behavioral Health Payment Reform - Non Medi-Cal		\$ -	\$ -	\$ -	\$ -	\$ -	
(CaAIM) Behavioral Health Payment Reform Incentives		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Source 1		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Flex		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Enhanced Care Management (ECM)		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Source 5		\$ -	\$ -	\$ -	\$ -	\$ -	
Total		\$ -	\$ -	\$ -	\$ -	\$ -	
Incentive Claiming	Initial	[Incentive]	[Incentive]	[Incentive]	[Incentive]	[Incentive]	
Provider received confirmation from Contract Monitor		✗	✗	✗	✗	✗	

32. Fill in the \$ amount in the corresponding numbered sections of the Provider Invoice Template.

Charge Summary	Amount
Non Medi-Cal Services	\$ 1,663.55 ¹
Flex Services & Supports	\$ 5,432.00 ²
Medi-Cal Services	\$ 409.50 ³
Total	\$ 7,505.05

Charge Created Start Date:		Billing Month July-2023					CBXXXXXXXXX
Charge Created End Date:		CONTRACT AMOUNT	CURRENT INVOICE	PRIOR INVOICES	TOTAL PAYMENT	CONTRACT BALANCE	
(CaAIM) Behavioral Health Payment Reform - Medi-Cal		\$ -	\$ -	\$ -	\$ -	\$ -	
(CaAIM) Behavioral Health Payment Reform - Non Medi-Cal		\$ -	\$ -	\$ -	\$ -	\$ -	
(CaAIM) Behavioral Health Payment Reform Incentives		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Source 1		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Flex		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Enhanced Care Management (ECM)		\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Source 5		\$ -	\$ -	\$ -	\$ -	\$ -	
Total		\$ -	\$ -	\$ -	\$ -	\$ -	
Incentive Claiming	Initial	[Incentive]	[Incentive]	[Incentive]	[Incentive]	[Incentive]	
Provider received confirmation from Contract Monitor		✗	✗	✗	✗	✗	

33. **Incentives:** Upon completion of a milestone, select the “green checkmark” option from the dropdown list of the corresponding incentive.
This action will automatically load the incentive value to the “Current Month” section of the invoice.

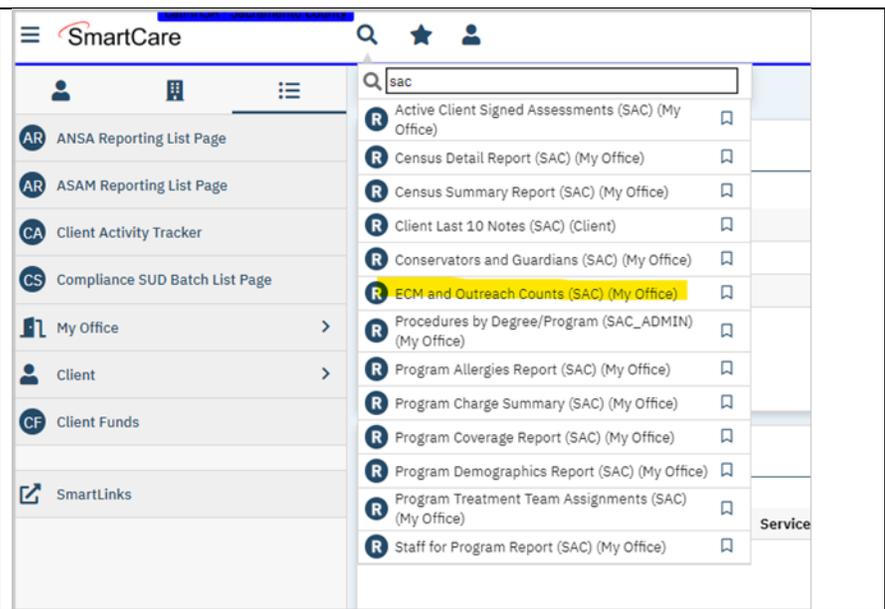
	CONTRACT AMOUNT	CURRENT INVOICE	PRIOR INVOICES	TOTAL PAYMENT	CONTRACT BALANCE	
(CaAIM) Behavioral Health Payment Reform - Medi-Cal	\$ -	\$ -	\$ -	\$ -	\$ -	
(CaAIM) Behavioral Health Payment Reform - Non Medi-Cal	\$ -	\$ -	\$ -	\$ -	\$ -	
(CaAIM) Behavioral Health Payment Reform Incentives	\$ 20,000.00	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 10,000.00	
Flat Invoice - Source 1	\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Flex	\$ -	\$ -	\$ -	\$ -	\$ -	
Flat Invoice - Enhanced Care Management (ECM)	\$ -	\$ -	\$ -	\$ -	\$ -	
Total	\$ 20,000.00	\$ 10,000.00	\$ -	\$ 10,000.00	\$ 10,000.00	
Incentive Claiming	Initial	No Wrong Door	Medi-Cal Management	[Incentive]	[Incentive]	[Incentive]
Provider received confirmation from Contract Monitor		✓	✗	✗	✗	✗



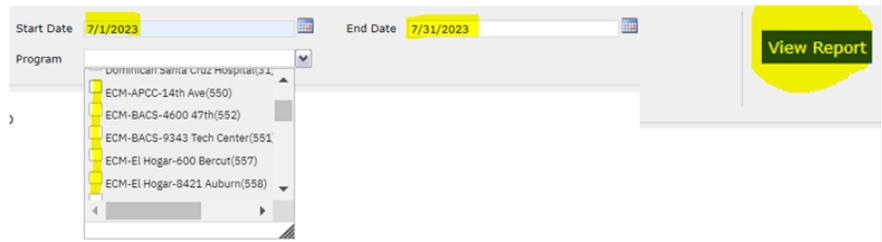
- 34. Sign, initial and date Provider Invoice Template “overview” page.
- 35. Ensure that the following items are included with each invoice submission (Labeled with Month and Year):
 - a. Invoice Summary x2 (PDFs)
 - b. SmartCare CSV reports x2 (Excel)
 - c. Provider Invoice Template (Excel)
- 36. Email the invoice and all required documents to DHSMHProviderInv@SacCounty.gov
- 37. For additional questions/concern/support, please email: DHSMHProviderInv@SacCounty.gov

For ECM Providers: This section only applies for programs actively billing for ECM services.

- 38. Accessing SmartCare, navigate to the “ECM and Outreach Counts (SAC) (My Office)” report. *Helpful Hint: Searching “Sac” in SmartCare will pull up all Sacramento County specific reports.



39. Enter the first day of the invoice month in the “Start Date” Section and the last day of the invoice month in the “End Date” Section. Choose your ECM program (be sure to choose a program beginning with “ECM”). Press “View Report” to generate report.



40. Once the report generates, scroll down until you see the “Distinct Clients by Procedure Type” section of the report. Take note of the number listed under the “Care Management” column. This number should match the number of distinct clients that received an ECM enrolled service during the invoicing month.

Distinct Clients by Procedure Type

Program Name	Care Management	Outreach	Either
[REDACTED]	18	6	19
Total	18	6	19

41. Pull up your provider invoice and enter the number listed in the “Care Management” section of the “ECM and Outreach Counts (SAC)(My Office)” report into the highlighted “Period ECM” section of the invoice. Entering this number in the highlighted “Period Expense” field will auto populate a dollar amount into the “Flat Invoice – Enhanced Care Management (ECM)” section of your invoice coversheet. This dollar amount will equal the number entered into “Period ECM” multiplied by \$250.

Enhanced Care Management Rate:				\$250
Enhanced Care Management Expenses	Budget: ECM	Period: ECM	Billed to Date: ECM	Remaining: ECM
ECM (enter # of clients with Care Management)	3600		0	3600
Total Enhanced Care Management Expenses	\$ 900,000.00	\$ -	\$ -	\$ 900,000.00

enter client counts here
expenses will populate here

	CONTRACT AMOUNT	CURRENT INVOICE
Flat Invoice - Enhanced Care Management (ECM)	\$ 900,000.00	\$ -

42. Attach the associated “ECM and Outreach Counts (SAC)(My Office)” report to your invoice and complete the invoice submission steps as noted above.