



Service Corrections Training Guide

SACRAMENTO COUNTY BHS EHR TRAINING AND SUPPORT

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Introduction

This Training Guide is intended to walk users through how to make corrections to services in Show, Complete, and Claimed status. We will also look at tools to view services that may require corrections. If any additional help is needed, please contact BHS-EHRSupport@saccounty.gov for pre-claiming or BHS-EHRBilling@saccounty.gov for post-claiming.

The corrections shown in this guide are corrections only staff who attend the Provider Admin training can make (with the exception of editing the documentation of a note or assessment). Additionally, permissions to the Post-Claiming Reports are only added to user accounts after attending Provider Service Corrections Training.

Reminder: Please make sure to encrypt any emails with client information.

Service Statuses

The first step to knowing if there are errors with your services is to understand the status terminology. Below are the statuses of a service.

Scheduled: The service was scheduled via the Calendar but has not occurred.

Show: The service occurred.

No-Show: The client or staff did not show for the appointment. The note section will grey out, but there is a comments section where you can enter any comments.

Cancel: Shows the appointment was cancelled.

Complete: Service(s) validated after the overnight job.

Error: Prevents a service from claiming out.

Pre-Claiming

Pre-Claiming includes services entered into SmartCare that have not yet gone to the payors for payment. Services that have not yet been claimed can be edited or errored out if a mistake was made. Pre-Claiming services can be in either Show or Complete status. Below are ways that you can confirm if a service has not been claimed.

- **The service is in Show status-** Services in Show status will not claim out due to an error with the service. Services are entered into SmartCare as a **Show**, overnight the system runs an **Overnight Job** which validates the services. If there are no errors on the service, it will switch to **Complete**. If there are errors, it will stay in Show status. A service will not claim out if it does not switch to Complete status.
- **Services entered during the current month-** The Sacramento County Billing Team sends services to the payors for payment for services entered during the previous month. If

you have services that need to be modified during the current month, it can be assumed that they have not been claimed yet.

- **Program Staff Services Export (SAC) (My Office) Report**- This report will show service details for a program during a given date range. It is meant to be used as an excel export so users can export the data and filter/sort as needed. You will want to focus on the **Status** field to view if a service has been claimed. **Charge Created** means a service was entered, **Claim Sent** means it's claimed out.


Profession	FTF	Travel	Doc	Status	Charge Code	Charge Date
Medical Doctor	60.00	0.00	5.00	C-Charge Created	NOMIN	
Medical Doctor	60.00	0.00	0.00	C-Claim Sent	90887	
Medical Doctor	30.00	0.00	1.00	C-Claim Sent	90885	10/10/2023
Medical Doctor	0.00	0.00	0.00	C-Charge Created	NOMIN	10/10/2023
Postmasters Degree Student	15.00	0.00	5.00	C-Claim Sent	T1017	10/10/2023

The following are all tools and processes for correcting services which are pre-claimed.

Tools to View Services with Errors

You may not have access to all widgets listed below, however all services with errors are viewable on the Services (My Office) list page.

Services Needing Attention Widget

Services Needing Attention 	
Total of 'Show' charges: \$ 338.78	
View All	14
Billing diagnosis required for completing the service	2
Unable to find a matching rate for the selected procedu...	12

This widget will show any services that did not switch to Complete status overnight. Each of the number hyperlinks will take you to a list page where you can view the services that need attention. You can either view all services with errors or view based on error type. The dollar amount shown above does not reflect the specific dollar amount for your program.

Warnings, Errors, Flags Widget

Warnings, Errors, Flags ↻

Select Assignment... ▼

Services	5131
Charges	67
Claims	1

This widget will give the total number of services with errors. You will only have access to the first hyperlink for “Services”. The Charges and Claims links are specific to the EHR Billing Team.

Services (My Office) List Page

Services (2445)
Select Action ▼

★
★
⬇️
📄
⚙️
✕

All Services ▼
All Service Statuses ▼
Include Do Not Complete ▼
All Programs ▼
Financial Assignment... ▼
Apply Filter

-

All Locations ▼
All Procedure Codes ▼
All Clinicians ▼
All Service Entry Staff ▼
All Service Areas ▼

Service Id
Entered From 📅 ▼
Entered To 📅 ▼
DOS From 📅 ▼
DOS To 📅 ▼

Include Services created from Claims
 Only include Services with Add On Codes
 Only show Non-Billable Services
 Show Only Active Clients

... Client Name
Organizational Hierarchy...

Select: All, All on Page, None

	Location	Comment	Failure to Complete Reason(s)	Add On Codes	Group Name	Telehealth
	Home					Add
	Office					Add
	Office		Billing diagnosis req...			Add
	Office					Add
	Home					Add
	Office		Billing diagnosis req...			Add
	Telehealth - ...					Add

This list page will show all service information within your CDAG. You can use the filters at the top to view services specifically for your program, a clinician, a date range, or service code. Filter the parameters that you want to view, then click Apply Filter. Be careful not to set your parameters too wide, if the parameters are too wide that will lock you out of the list page. If this happens contact BHS-EHRsupport@saccounty.gov. The portion below will show all services within the parameters you chose. Scroll to the right to view the column “Failure to Complete Reason(s). If there are any errors with your services, they will be shown in this column. You can export this page and filter the errors, or you can click on the column header to sort the errors. The two widgets shown above will take you directly here, with the errors pre-sorted.

Error Types

Please note, the service status will update overnight. This means if you made any corrections, the “Failure to Complete Reason(s)” will not drop off the service until the next day.

Unable to find a matching rate for the selected procedure- The most likely cause of this is the service selected is not approved for the clinician’s classification and/or program. The most common time this is seen is with group services. The Group Services feature does not limit the service codes a clinician can choose. Due to this, we recommend entering group notes directly into the “Services/Notes (Client)” or “Services (Client)” screens to avoid this error.

Resolution- Contact QMInformation@saccounty.net to find out which billing code would be appropriate for the service you entered or email BHS-EHRBilling@saccounty.gov if you believe the service should be provided by your classification. Once you have the appropriate billing code, you can try to edit the service. Some procedures are editable, others are not. This depends on the procedure that was originally used and the procedure you are switching to. If the note type is different, it will not allow you to edit. If you are unable to edit the procedure, you will need to change the status of the note to Error and re-enter correctly. See the sections Editing a Service Note and Switching Status to Error to view the steps on these corrections.

Billing diagnosis required for completing the service- There is either no diagnosis entered for your program, the diagnosis does not cover all dates of service, or the diagnosis document isn’t signed.

Resolution- Go into “Diagnosis Document (Client)” and make sure there is a diagnosis entered for your program. Things to keep in mind when viewing the diagnosis, the diagnosis will need to be signed, entered for the correct program, and covers all dates of service. Not everyone has permission to enter diagnosis. Access is granted based on classification or by request for those entering on behalf of a diagnosing practitioner. Please see the Diagnosis Tip Sheet for more information on entering a diagnosis, [Diagnosis Tip Sheet.pdf \(saccounty.gov\)](#).

Financial information has not been completed for this client- The Financial Information needs to be marked as complete in the Client Account screen.

Resolution- Open the “Client Account (Client)” screen and make sure the “Financial Information is Complete” box has a check mark.

Making the Corrections

Please note, all corrections must be done while the service is in Show or Complete status. Corrections will need to be sent to bhs-ehrbilling@saccounty.net if the service has been claimed.

Editing the Service Portion of a Service Note

If the documentation is correct, but the error lies within the service you can edit the service information. Admin staff will have access to edit the service information.

1. With your client selected, search “Services (Client)”
2. Click on the “DOS” hyperlink for the service you want to edit.

DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Location
08/15/2023 08:00 AM	Crisis Intervention/Mobile ...			No Show	Ibarra, Melony MD M...	APCC-TWC-14th ...	Office
08/10/2023 08:00 AM	Assessment LPHA 60 Min...		1.00	Complete	Sawyer, TestAccount ...	TP-MH Urgent Car...	Office
08/10/2023 08:00 AM	Prolonged Office or Other ...		3.00	Complete	Sawyer, TestAccount ...	TP-MH Urgent Car...	Office
08/09/2023 02:45 PM	Psychotherapy with Patien...			Scheduled	Horst, Robert MD Me...	APCC-TWC-14th ...	Office
08/09/2023 02:45 PM	Family Therapy - client pre...		1.00	Complete	Miller, Justin LCSW Li...	APCC-TWC-14th ...	Office

3. Most items will be greyed out. To open the edit options, click on the “Override Service Detail” button.

Service Detail

Regenerate Charge [Icons] Save

Service Detail | Billing Diagnosis | Add-On Codes | Authorization(s)

Service

Client... Test_Entry Status Complete Start Date 08/10/2023 Program TP-MH Urgent Care Clinic-1

Procedure Prolonged Office or Other Outpatient EM:1 Modifier... Start Time 8:00 AM Face to Face Time 45 Minutes

Clinician Name Sawyer, TestAccount End Date 08/10/2023

Location Office Attending Referring

Client was present Other Person(s) Present Cancel Reason

Group... Charge \$1133.04 Balance \$ 1133.04 Rate ID 1004652

Billable Do Not Complete

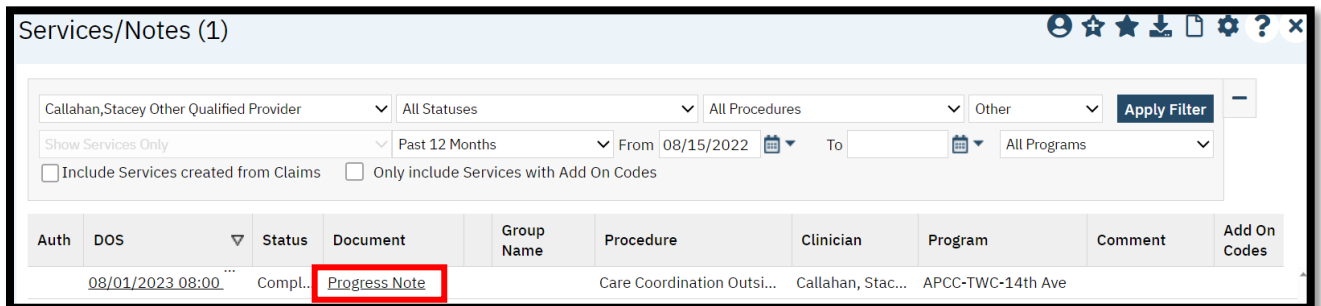
4. The service details will open, and you can make any necessary changes. The client, clinician and certain procedure codes are not editable. If you are unable to edit these items, you can change the status to Error.

- After admin staff have edited the service, the clinician will need to follow the steps below for editing the content of the note to make a notation of the change that was made in the body of the note. Once they sign the new note that will update the PDF with the correct service information.

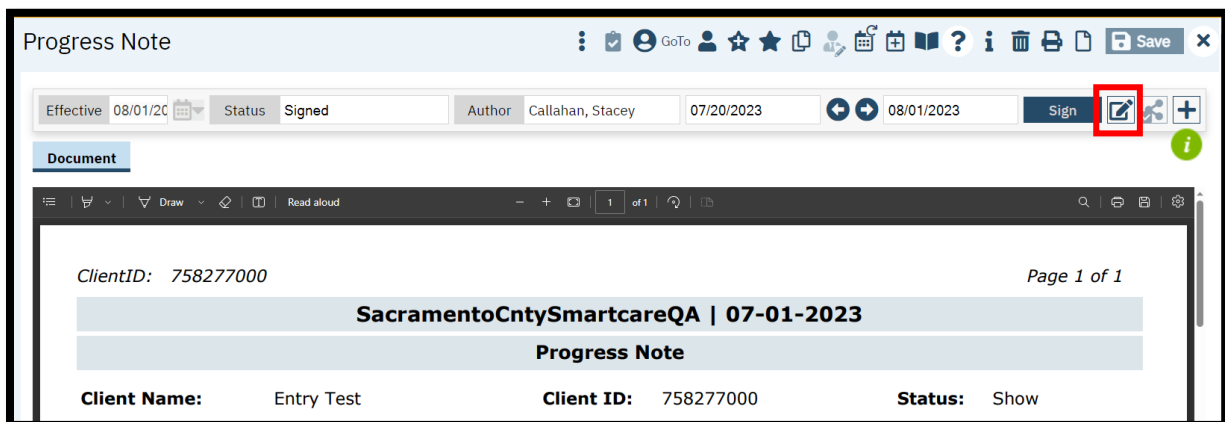
Editing the Content of a Service Note

If there are changes that need to be made to the service information, those changes need to be made first by the administrative staff before doing this process. If the content or documentation needs to be edited on a service note, that correction will need to be made by the clinician who entered the note originally. The clinician will follow the below steps.

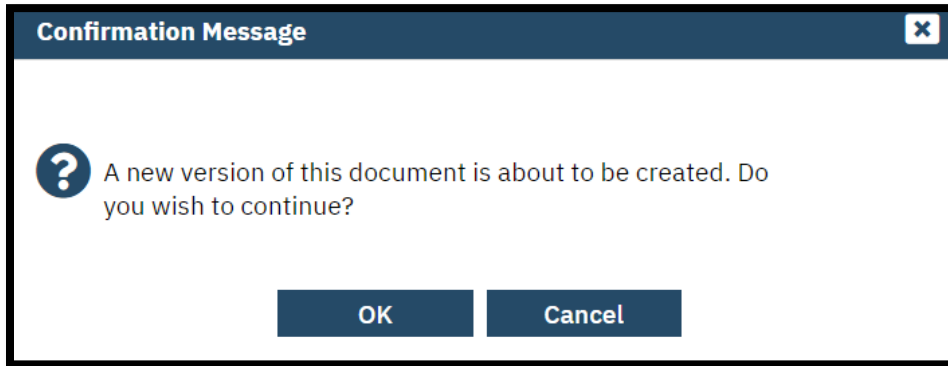
- With your client selected, open “Services/Notes (Client)”.
- Find the note that needs to be edited and click on the “Document” hyperlink.



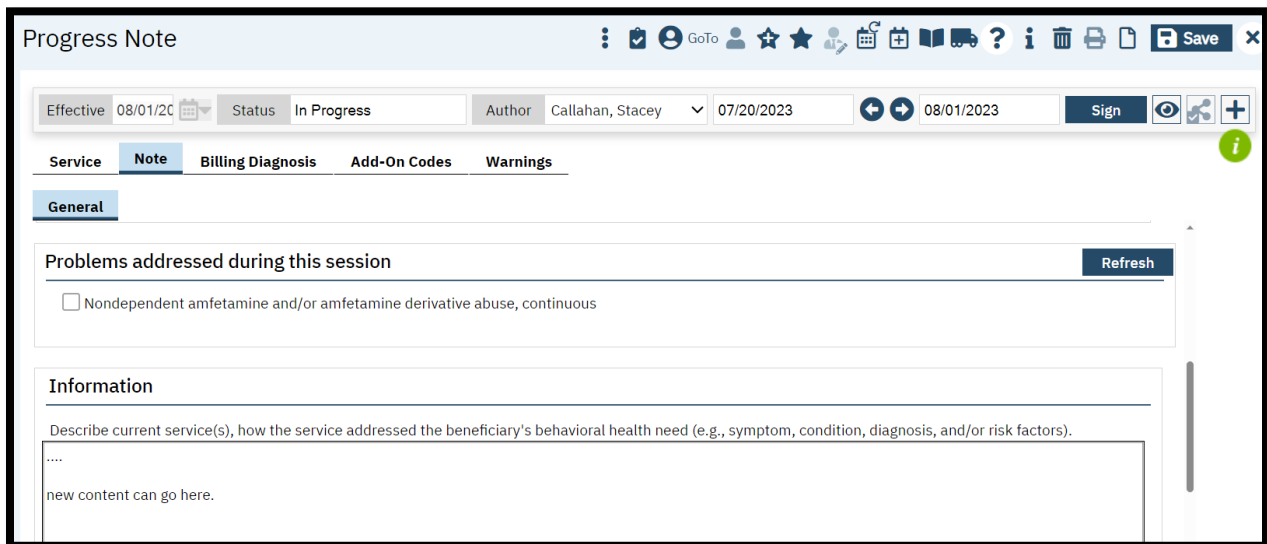
- Click on the “Edit” button on the upper right.



4. You'll receive the following pop-up, click "OK".



5. The service information will be greyed out, but you can edit the content of the note. Click on the "Note" tab to view the items you can edit. Once complete, tab out of the field you're entering in and click "Save" then "Sign".



Exceptions to Making Edits

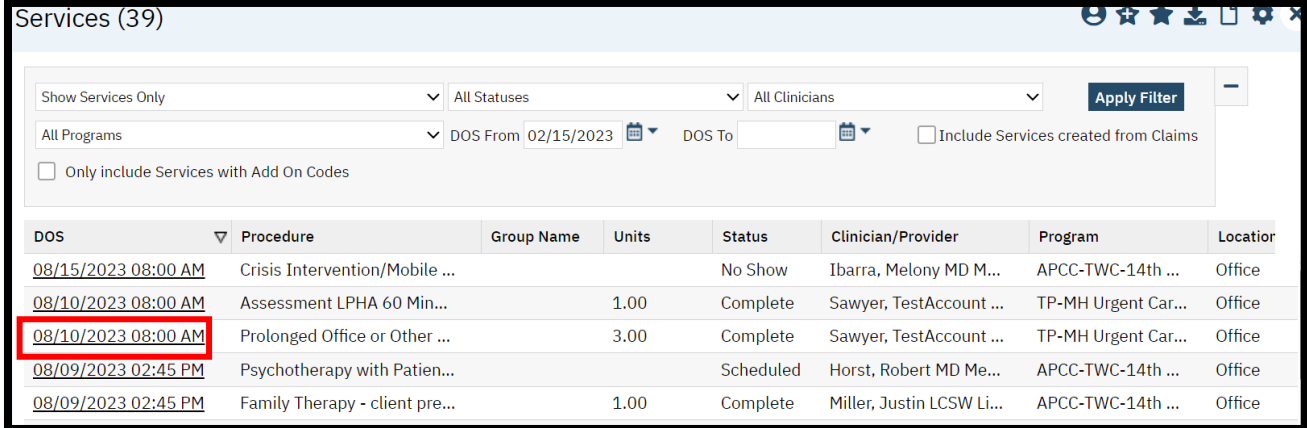
There are a few exceptions when making edits to a service. The following items are unable to be edited.

- The clinician's name once the service is in Complete Status.
- Some procedures once the service is in Complete Status.
 - If the note type of the procedure does not match the note type of the new procedure, then you will not be able to edit the procedure.
- If edits were done to either the procedure or duration of a service in Complete status, you will need to follow up with the EHR Billing Team (BHS-EHRBilling@saccounty.gov) and have them regenerate the service charge. You'll want to put **Regenerate Service Charge** in the subject line of the email, so they are aware it is time sensitive.

Erroring Out a Service

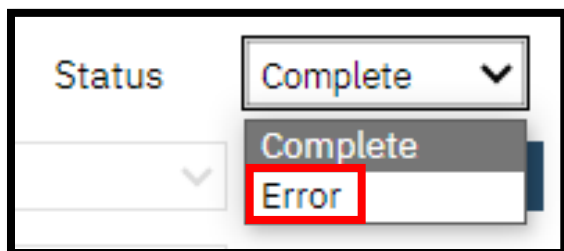
If a service cannot be edited or if it was entered in error, you can mark the status as **Error**. By marking the status as Error, that will prevent the service from being claimed. You'll want to make sure the service has not been claimed yet before putting the service in Error, see Pre-Claiming on page 3. Admin staff will have permission to put a service in Error.

1. With your client selected, search "Services (Client)"
2. Click on the Date of Service "DOS" hyperlink for the service you want to error out.



DOS	Procedure	Group Name	Units	Status	Clinician/Provider	Program	Locator
08/15/2023 08:00 AM	Crisis Intervention/Mobile ...			No Show	Ibarra, Melony MD M...	APCC-TWC-14th ...	Office
08/10/2023 08:00 AM	Assessment LPHA 60 Min...		1.00	Complete	Sawyer, TestAccount ...	TP-MH Urgent Car...	Office
08/10/2023 08:00 AM	Prolonged Office or Other ...		3.00	Complete	Sawyer, TestAccount ...	TP-MH Urgent Car...	Office
08/09/2023 02:45 PM	Psychotherapy with Patien...			Scheduled	Horst, Robert MD Me...	APCC-TWC-14th ...	Office
08/09/2023 02:45 PM	Family Therapy - client pre...		1.00	Complete	Miller, Justin LCSW Li...	APCC-TWC-14th ...	Office

3. Under **Status**, switch the status from either Show or Complete to **Error**.



4. Click Save to save your changes.

Post-Claiming

Post-Claiming includes services entered into SmartCare that have gone to the payors for payment. Services that have been claimed cannot be edited or errored out if a mistake was made. Any corrections to these services will need to be corrected via a **Claims Correction Spreadsheet (CCS)**.

Steps to Make Corrections Post-Claiming

1. Run the **Program Denials (SAC) (My Office) Report** to view denials based on the posted date. This report will show all denials as well as the **Denial Code** and **Remark Code**.

Program Denials											
For Denials Posted Between 1/1/2024 and 1/31/2024											
Client Name	Client ID	Service ID	PCCN	Service Date	Procedure Name	Denial Reason	Remark Code Description	Posted Date	Billing Code	Charge Units	
		99887	426885630	7/25/23	Psychosocial Rehab - Individual	CO 96 16	N288 - Missing/incomplete/invalid rendering provider taxonomy., N290 - Missing/incomplete/invalid rendering provider primary identifier., N54 - Claim information is inconsistent with pre-certified/authorized services., N95 - This provider type/provider specialty may not bill this service.	1/20/24	H2017	3.00	
		523205	431107054	10/13/23	TCM/ICC	CO 97	M86 - Service denied because payment already made for same/similar procedure within set time frame.	1/21/24	T1017	1.00	
		39739	426885679	7/7/23	Plan Development, non-physician	CO 96 16	N288 - Missing/incomplete/invalid rendering provider taxonomy., N290 - Missing/incomplete/invalid rendering provider primary identifier., N54 - Claim information is inconsistent with pre-certified/authorized services., N95 - This provider type/provider specialty may not bill this service.	1/20/24	H0032:SC	1.00	
		39663	426885681	7/7/23	Individual Therapy	CO 96 16	N288 - Missing/incomplete/invalid rendering provider taxonomy., N290 - Missing/incomplete/invalid rendering provider primary identifier., N54 - Claim information is inconsistent with pre-certified/authorized services., N95 - This provider type/provider specialty may not bill this service.	1/20/24	90834:93	1.00	

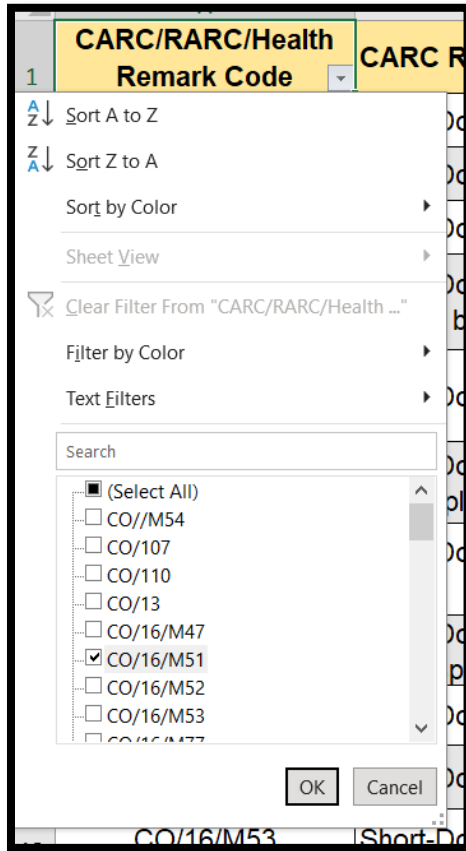
2. If the Remark Code is not showing or if you would like additional information regarding the Remark Code, you can open the **CARC/RARC**.
 - a. To open the CARC/RARC, go to the SmartCare Claiming webpage, [BHS EHR Claiming \(saccounty.gov\)](#), and click on the link for **Cal AIM References and Manuals Effective July 1**, this will take you to the states webpage. [MedCCC - Library \(ca.gov\)](#)
 - b. Scroll down to **CalAIM CARC RARC** and select the appropriate link. DMC will be used for SUPT and MH for Mental Health.

- CalAIM CARC RARC
 - [DMC CARC RARC CalAIM](#)
 - [MH CARC RARC CalAIM](#)

- c. Both links will open a spreadsheet with denial reason codes.
- d. Click on the arrow in column A to pull down the list of denial reason codes.

	A	
	CARC/RARC/Health Remark Code	CARC RARC Description
1	CO//M54	Short-Doyle denied this service because
2	CO//M54	Short-Doyle denied this claim because a

- e. This will drop down all the denial reason codes. Click on Select All to de-select all options. Then select the denial reason code you want to view. Click OK.



- f. That will bring up the description for your denial reason.

1	CARC/RARC/Health Remark Code	CARC RARC Description
8	CO/16/M51	Short-Doyle denied this service because ICD-10 was missing, or incomplete/invalid procedure code(s) were used.
78		

- 3. Once you have the description for your denial code you can go into SmartCare and make the correction. If you aren't sure how to correct the denial, reach out the EHR Billing Team, BHS-EHRBilling@Saccounty.gov.

