

SmartCare Provider Service Corrections Training

Version Date: 03/27/24

Course Content

- Provider Admin Review
- Review pre-claiming process
- Pre-claiming errors
- Transaction Types
- Post-billing Process
- Claim Adjustment Reasons Code/Remittance Adjustment Reason Code (CARC's/RARC's)
- Claims Correction Spreadsheet (CCS)

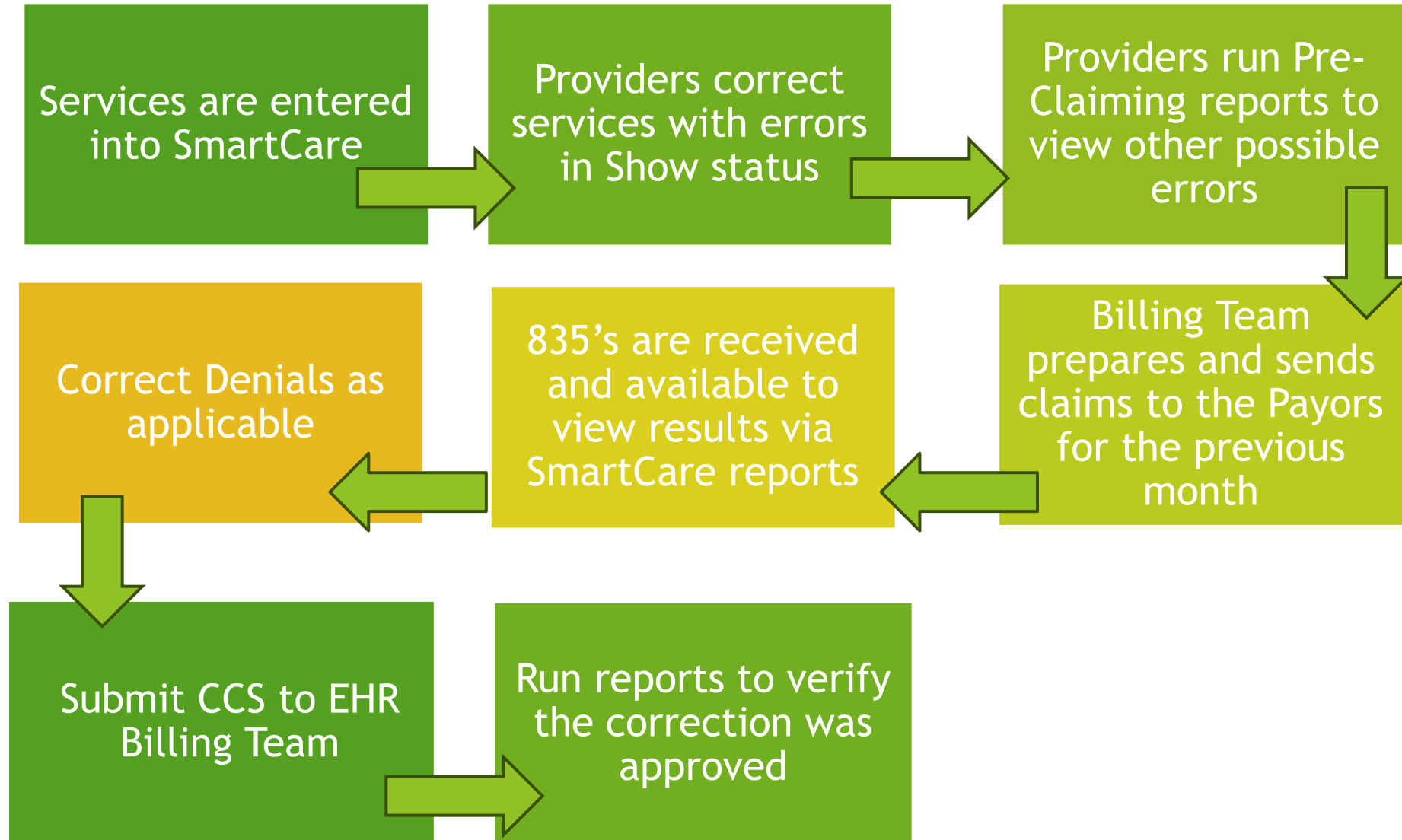
Provider Admin Review

- All services require a signed diagnosis that covers all dates of service
- “Coverage” screen must be completed for the client
- “Financial Information is Complete” box must be marked in the “Client Account” screen
- Services in Show status will not claim out
- The “Services (My Office)” screen and the “Services Needing Attention” widget will show services that are stuck in Show status

Part 1 - Pre-Claiming

- Billing Process
- Program Staff Services Export (SAC) (My Office)
- Correcting Services in Show Status
- Correcting Services in Complete Status
- Correcting Procedures
- Putting a Service in Error Status
- Regenerating Service Charges

Billing Process



Pre-Claiming Vs. Post-Claiming

- Pre-claiming errors are errors that need to be fixed for a service to bill out
- Some possible pre-claiming errors that providers can work are:
 - There is no signed Diagnosis Document that covers all dates of service
 - Financial Information has not been completed for the client
- Post-claiming errors are errors that occur after a service has claimed out

Different Program Types

- There are different timelines and requirements for the three different program types
 - MH
 - SUPT
 - ECM
- When doing post claiming corrections, make sure you are using the correct timelines and guidelines for your program

How do I Know a Service has been Claimed?

- Run the “Program Staff Services Export (SAC) (My Office)” report
 - The report will show service details for your program
 - The status field on the report will show if a service has been claimed

| degrees | FTF | Travel | Doc | Status | Charge Code | Cha 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 |
| Medical Doctor | 0.00 | 0.00 | 0.00 | C-Charge Created | NOMIN | 10 |
| sters Degree Student | 15.00 | 0.00 | 5.00 | C-Claim Sent | T1017 | 10 |
| sters Degree Student | 60.00 | 45.00 | 5.00 | C-Claim Sent | T1017 | |
| sters Degree Student | 55.00 | 0.00 | 5.00 | C-Claim Sent | H2017 | 10 |
| sters Degree Student | 60.00 | 30.00 | 5.00 | C-Claim Sent | H2017 | 10 |

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
- Program
- Procedure (If the note type matches the new procedure)
- Service Time(Duration) (Billing team will need to regenerate the charge)

Pre-Claiming Corrections

- If a service was entered prior to the current month, it is important that you run the “Program Staff Services Export (SAC) (My Office)” report before making any corrections to a service in complete status
- If the service is within the current month, it has not been claimed and it is not necessary to run the report
- If the report shows the services have claimed out, do not make any edits and do not put the service in “Error” status

Demo - Service Corrections














- Making a service correction in show status
- Making a service correction in completed status


Regenerating Service Charges

- If your service is in complete status and you change either of the 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

Correcting Procedures

- If you receive the error shown below, you will not be able to make the change in procedure
 - 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
 - If the service is in Show status the procedure can be changed
- If you are able to change the procedure on a Completed service, make sure to follow up with the Sacramento County Billing Team to regenerate the charge

Service Detail Regenerate Charge             

 You can not set a Procedure code which is associated with a different Associated Note Id

Service Detail | Billing Diagnosis | Authorization(s)

Service

| | | | | | | | |
|----------------|-----------------|--------------------|------------|------------|-------------------|---------|--------|
| Client... | Test, Entry | Status | Show | Start Date | 09/22/2023 | Program | xxxxSe |
| Procedure | TCM/ICC | Modifier... | Start Time | 9:00 AM | Face to Face Time | 50 | |
| Clinician Name | Saldivar, Sarah | | | | End Date | 09/22, | |

What to do if you Cannot Edit a Service

- 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

Additional Pre-Claiming Errors

- Client or subscriber sex or DOB missing
 - Run the “Active Client Eligibility (SAC) (My Office)” report to view these errors
 - The corrections can be made in the “Client Information (Client)” screen

Active Client Eligibility

Currently enrolled clients at xxxxSacCo-APSS-Broadway(34CZKA) and their Medi-Cal CIN

| Client ID | First Name | Last Name | DOB | Sex | SSN | Medi-Cal CIN |
|-----------|------------|-----------|----------|-----|-----------|--------------|
| 758277000 | Entry | Test | 07/04/82 | | 899999998 | 91236547a |
| 758277000 | Entry | Test | 07/04/82 | | 899999998 | 92344151G |
| 758277000 | Entry | Test | 07/04/82 | | 899999998 | 95468742A |
| 788367041 | Client | Test | 01/01/78 | M | | 91234567F |
| 788367041 | Client | Test | 01/01/78 | M | | 98765432E |

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Additional Pre-Claiming Errors

- Client or subscriber address is missing or incorrect
 - Run the “Program Coverage Report (SAC) (My Office)” to view these errors
 - The corrections can be made in the “Client Information (Client)” screen

Program Coverage Report

xxxxSacCo-APSS-Broadway(34CZKA)

Open enrollments Between 2/1/2024 and 2/29/2024 with First 4 Current Payers

| Client ID | Client Name ↕ | Enrolled/DC ↕ | Cov1 ↕ | Cov2 ↕ | Cov3 ↕ | Cov4 ↕ |
|--------------------------|--|---------------|---|--|--------------------------|--------|
| 788367041 | Test, Client | 02/01/24 | Kaiser Foundation Health (300) 9876543221 | | | |
| 758277000 | Test, Entry | 07/01/23 | Medi-Cal MH 92344151G | Managed Care-Aetna (601) 94567812A | MH County Funds 12345 | |
| 800000538 Bad Address | Test, Reina Financial Info Incomplete | 11/17/23 | | | | |

Demo - Client Information (Client)

- Update client's DOB & Sex
- Update client's address

Part 2 - Understanding Post-Claiming

- Post-Claiming Definitions
- Transaction Types
- Class Activity
 - Choosing the correct transaction

What is Post-Claiming?

- Post Claiming occurs after services have been sent to the payor
- If the payor denies a service that will create a denial
- If a mistake was caught after a service has gone to the payor, that can be corrected as well, even if the service was approved by the payor
- Post-claiming corrections will need to be completed after the payor adjudicates the service

Post-Claiming Definitions

- 837- Transaction that includes claim information for the purpose of reimbursement for a rendered service
 - One of the four transactions initial, void, replacement, or rebill
 - ECM providers will only be using Rebill when processing their corrections
- 835- Transaction that is sent in response to an 837 and contains remittance information about claims submitted for rendered services
 - You can view the 835 information using reports in SmartCare
- Adjudication- The process of paying claims submitted or denying them after comparing claims to the benefit or coverage requirements

Transaction Types

- The transaction types, definitions, and special circumstances can be found on our webpage under the Claiming tab
- The transaction types are listed below:
 - Initial- The initial claim for services
 - Void- Used to remove a service
 - Replacement- Used to replace a service that was billed with incorrect information
 - Rebill- Used when multiple items were entered incorrectly, or the CIN numbers do not match
- Correction timelines and requirements are different for MH, SUPT, & ECM programs
 - [transactionTypes_04222015.xlsx \(saccounty.gov\)](#)
 - [ECM Transaction Types_02072024.xlsx \(saccounty.gov\)](#)

Demo

- BHS EHR Webpage [BHS EHR Claiming \(saccounty.gov\)](https://saccounty.gov)
 - Claiming section
 - Medi-Cal Transaction Document
 - ECM Transaction Document

What can be Edited After Adjudication?

Provider Edit

- DOB
- Gender
- Coverage updates
 - CIN
 - Policy number

Billing Team Edit

- Service Time (Duration)
- Location
- Start date
- Program
- Procedure

Part 3 - Making Post-Claiming Corrections

- Post-Claiming Process
- Viewing Approved and Denied Services
- CARCS/RARCS
- CCS

Post-Claiming Corrections Process

Run the Program Denials Report to view denials and denial codes

Go onto the Claims webpage and click on the link to the state's webpage CARC/RARC

Make corrections based on the denial

Complete a CCS and email encrypted to BHS-EHRBilling@Saccounty.gov

Viewing Approved Services

- Go into “Client Account (Client)”
- Click on the “Charge/Payment Summary” tab
- Change the first filter to “Show Paid and Unpaid Services”, enter the date range you would like to view, click “Apply Filter”
- Any services that have a dollar amount under “Payments” are services that have been approved

Viewing Approved Services

Client Account

Overview **Charge/ Payment Summary**

Show Paid and Unpaid Services All Payers All Clinicians All Programs **Apply Filter**

All Services All Balance All Dates From To

| Id | DOS | Procedure | Charges | Unbilled | Billed | Payments | Adj | Balance | E |
|------|----------------------------|--------------------------------|---------|----------|--------|----------|--------|---------|---|
| 431 | <u>12/27/2023 10:45...</u> | SAC_Engagement 10 Mi... | \$10.00 | \$10.00 | \$0.00 | \$0.00 | \$0.00 | \$10.00 | |
| | | <u>MH County Funds 6604...</u> | \$10.00 | \$10.00 | \$0.00 | \$0.00 | \$0.00 | \$10.00 | |
| 9411 | <u>12/26/2023 10:50...</u> | Assessment LPHA 30 Mi... | \$98.29 | \$0.00 | \$0.00 | \$98.29 | \$0.00 | \$0.00 | |
| | | <u>Medi-Cal MH 90067207F</u> | \$98.29 | \$0.00 | \$0.00 | \$98.29 | \$0.00 | \$0.00 | |
| 3283 | <u>12/26/2023 10:50...</u> | Prolonged Office or Oth... | \$98.29 | \$0.00 | \$0.00 | \$98.29 | \$0.00 | \$0.00 | |
| | | <u>Medi-Cal MH 90067207F</u> | \$98.29 | \$0.00 | \$0.00 | \$98.29 | \$0.00 | \$0.00 | |
| 4593 | <u>01/03/2024 4:20 ...</u> | SAC_Engagement 10 Mi... | \$10.00 | \$10.00 | \$0.00 | \$0.00 | \$0.00 | \$10.00 | |
| | | <u>MH County Funds 6604...</u> | \$10.00 | \$10.00 | \$0.00 | \$0.00 | \$0.00 | \$10.00 | |

Viewing Denied Services

- Program Denials Report- This is run by the dates that a denial was posted. Run this report for your program month by month, to view denials.

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 |

Claim Adjustment Reason Code/Remittance Advice Remark Code (CARCs/RARCs)

- The denial remarks can be found on the Program Denials report, if additional details are needed you can view the CARC/RARC
- Use the denial code you found on the Program Denials Report and look up that code on the CARCs/RARCs
- There is a separate CARC/RARC for SUPT & MH providers

Demo

- MH CARCs/RARCs
- SUPT CARCs/RARCs

Claims Correction Spreadsheet (CCS)

- After fixing the problem that caused the denial in SmartCare, complete a CCS and send to BHS-EHRBilling@Saccounty.gov
 - All CCS's must be sent encrypted
 - Multiple services and multiple clients can be listed on the same CCS
- The CCS is posted on the EHR Claiming webpage
- The first tab of the CCS has detailed instructions on how to fill out the document
 - Refer to these instructions if you are unsure of which transaction to use in column A
 - At the bottom of the instructions, it goes over the purpose and restrictions for each transaction type

Demo

- Correct denial reason
- CCS

Reports for Tracking Corrections

- Medi-Cal Correction Tracking Report- This is used as a tool to track post-claiming corrections. When a submitted CCS has been processed the corrected services will appear on this report. Staff can cross-check this report with the Program Denials Report to view corrections that have been submitted.

@ExecutedByStaffId 619 Start Date 1/1/2024

End Date 1/29/2024 Programs [Redacted]

Medi-Cal Correction Tracking

[Redacted]

For Voids/Replacements/Rebills Processed Between 1/1/2024 and 1/29/2024

| Client Name | Client Id | Procedure Name | Service ID | Service Date | Correction Type | Batch Date |
|-------------|------------|---------------------------------|------------|--------------|-----------------|------------|
| [Redacted] | [Redacted] | Oral Medication Administration | 25270 | 07/06/23 | Rebill | 01/26/24 |
| [Redacted] | [Redacted] | Plan Development, non-physician | 39739 | 07/07/23 | Replaced | 01/26/24 |

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This report will not be available until 3/29/24.

How can I get additional help?

➤ **BHS EHR Team** can be contacted for Pre-Claiming or progress note Questions

- E-mail: BHS-EHRSupport@SacCounty.gov
- Phone: 916-876-5806
- Office Hours: Monday-Friday 8am-5pm, except for county holidays

➤ **BHS EHR Billing Team** can be contacted for Post-Claiming Questions or “Unable to find matching rate” errors

- E-mail: BHS-EHRBilling@SacCounty.gov
- Office Hours: Monday-Friday 8am-5pm, except for county holidays

Next Steps...

- You will receive an email with a quiz link and training survey link shortly. Please complete the survey and the quiz as soon as possible
- Once you complete and submit the quiz with a score of 80% or above, please reply to the e-mail from bhs-ehrtrainingreg@saccounty.gov so we can verify you've passed the quiz successfully
- Upon successful completion, permissions will be added to your profile and you will be emailed your username and login instructions
- After passing your quiz, if you would like hands on access to the SmartCare TRAIN environment, email bhs-ehrtrainingreg@saccounty.gov. (***You will not get access to the live Production environment until you are finished using TRAIN***)
- If you need assistance logging into SmartCare, please refer to the SmartCare login tip sheet located at <https://dhs.saccounty.gov/BHS/BHS-EHR/Pages/EHR-Training.aspx>, or call the Sacramento County BHS EHR Team at 916-876-5806