CalMHSA

California Mental Health Services Authority

SmartCare Billing Services User Guide

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About this User Manual

This user manual is designed to provide a how-to guide of the features and functionality of SmartCare. It will outline how to set up and configure billing SmartCare in a step-by-step guide that will make understanding easy. Through this guide, you will learn about SmartCare's comprehensive suite of tools and advanced technologies to manage billing administration securely and efficiently.

Audience

This manual is intended for use by anyone who will be processing claims in the SmartCare EHR.

Computer Literacy Assumptions for Understanding this User Manual

- Ability to perform basic word processing such as typing and searching for documents in files
- Understands data entry techniques into electronic forms and documents
- Familiarity with running a windows operating system or other popular programs like Mac OS.
- Basic knowledge of data bases and their structure
- Basic knowledge of how to use internet browsers like Microsoft Edge and Google Chrome

IT Support Requests:

Please call our Help Desk at:916-214-8348 or submit a live chat question to https://2023.calmhsa.org/

Note: Before beginning to use the same system, make sure you have a compatible internet browser like Microsoft Edge and Google Chrome. CalMHSA recommends Google Chrome for best user experience.

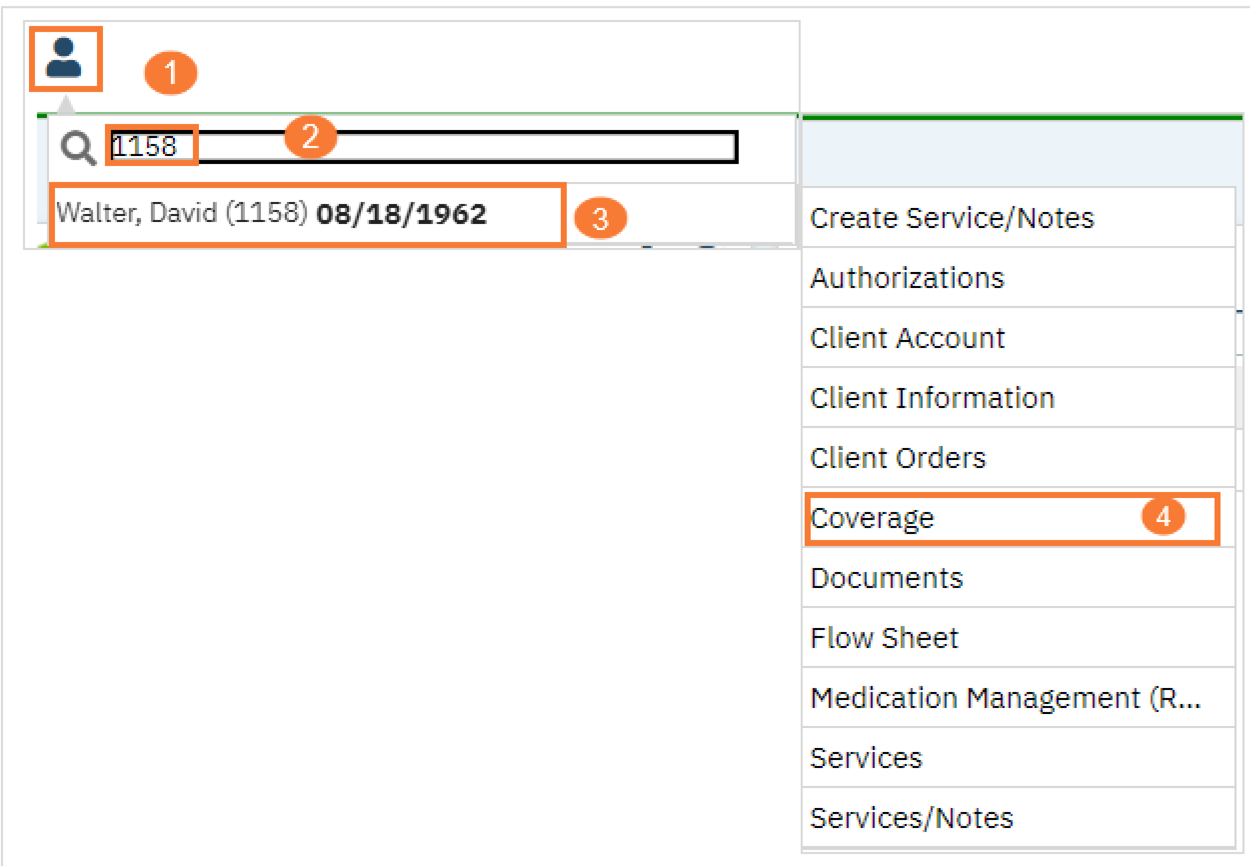
Coverage/Plan

SmartCare can identify which order the guarantor should be for Clients who have more than one coverage. All predefined Plans COB order is hardcoded which sets the precedence for billing. Therefore, the staff does not have to worry about selecting the coverage order because the system does it automatically when the plans are added to the Plan Time Span.

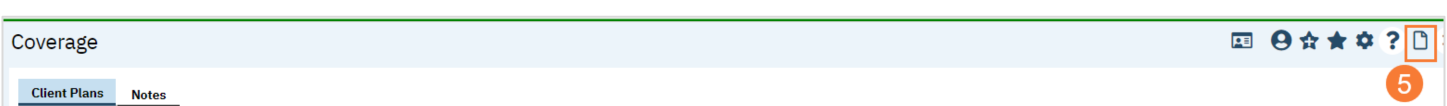
Primary, secondary and or Tertiary

How to add Plan(s)

1. Search for client by Clicking on the Person icon
2. Type Last Name or record ID#
3. Click on the Client Name
4. Scroll to the right with mouse to Click on Coverage
   The Client Plans screen will open

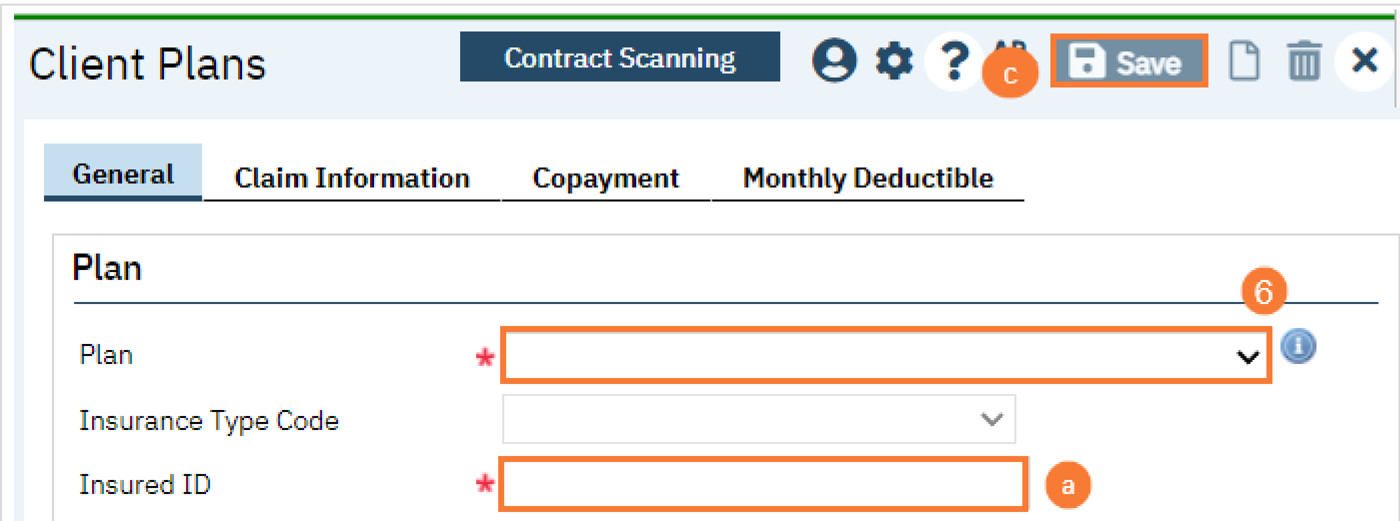


5. Click on New icon to add a new Plan

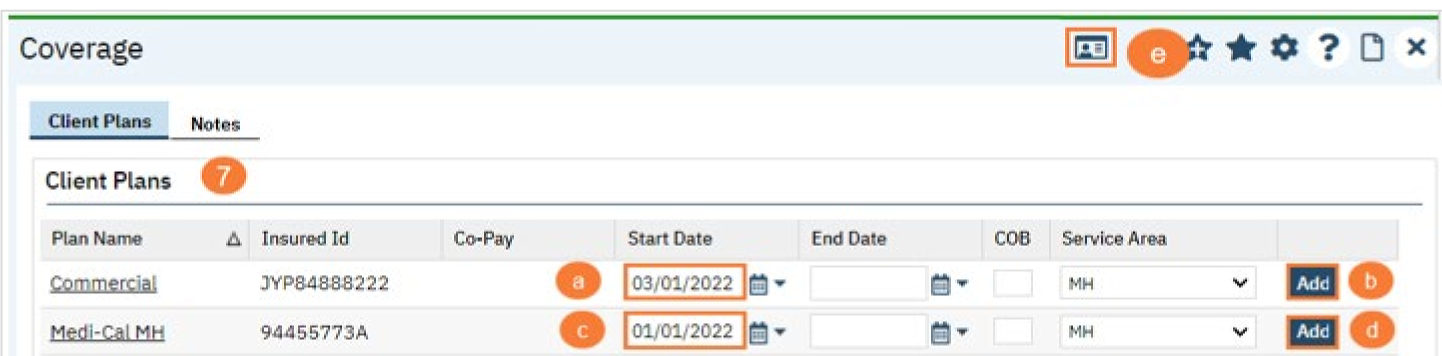


6. Select Plan from the drop-down menu
   a. Type Insured ID
   b. Click Save

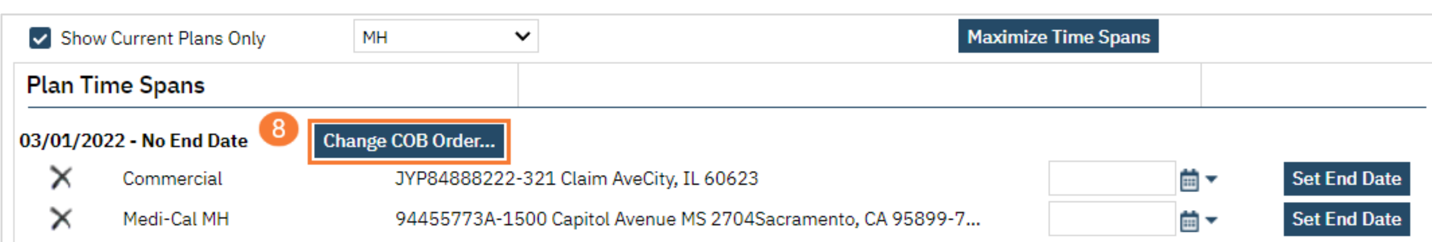
Repeat above steps for additional Plans

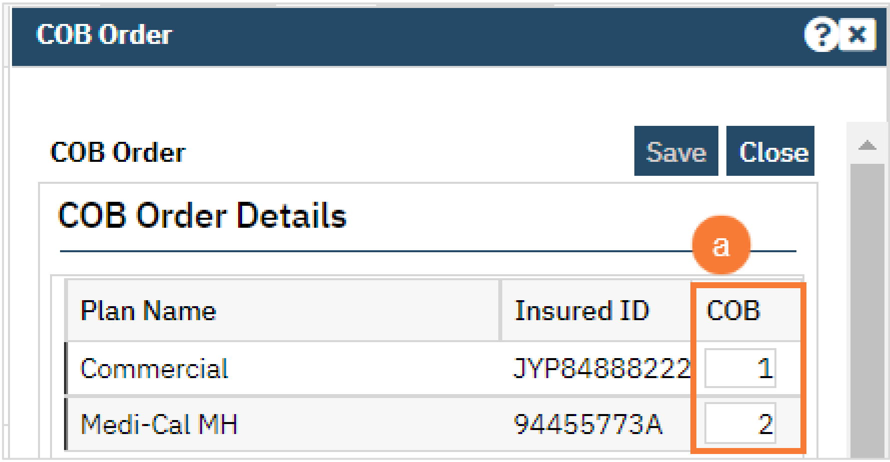


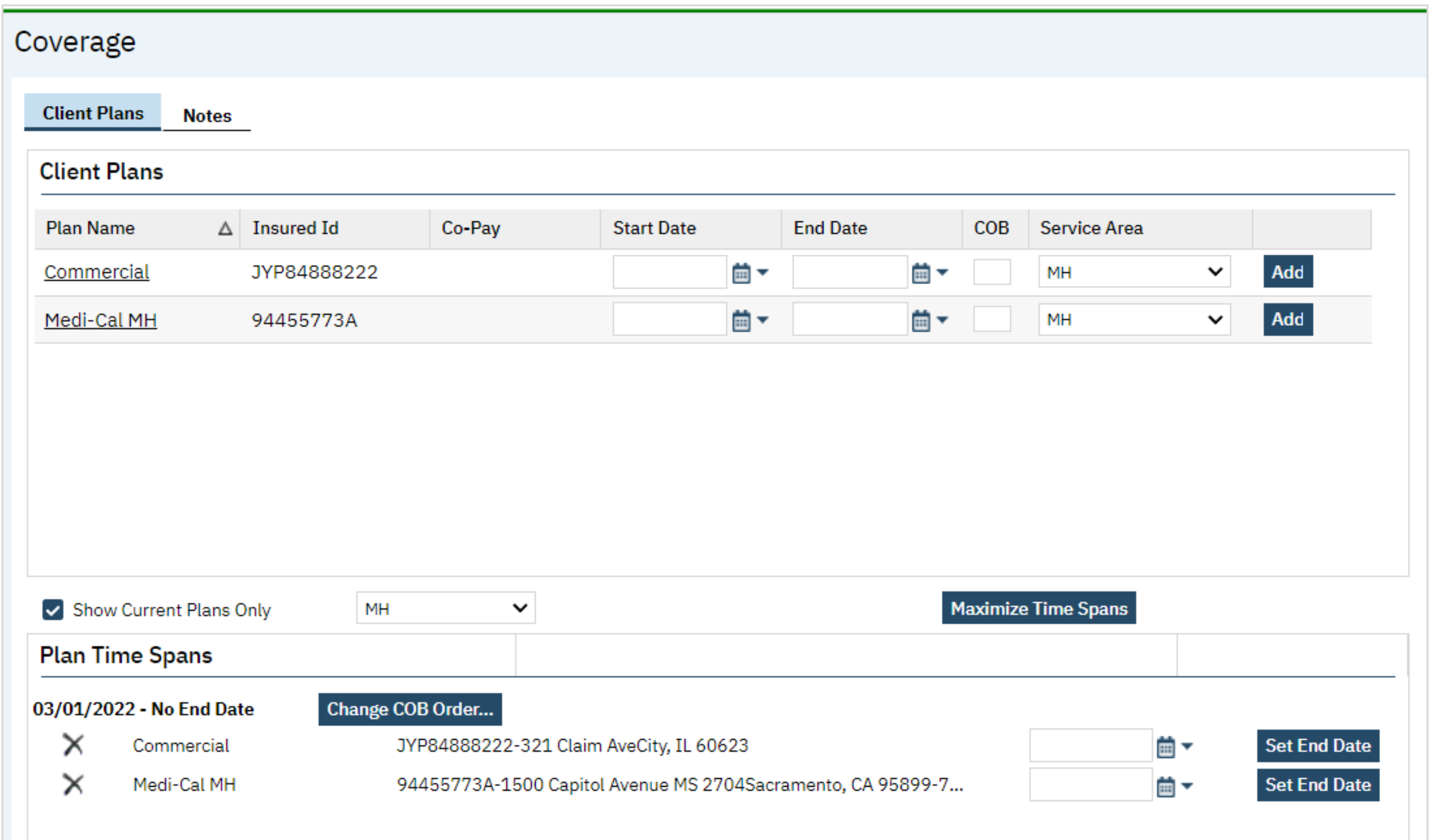
7. Plans are under the Client Plans tab
   a. Select a date for the Commercial Plan Every Plan needs a Start Date
   b. Click Add This will add the Plan to the Plan Time Spans
   c. Select a date for the Medi-Cal MH Plan Every Plans needs a Start Date
   d. Click Add This will add the Plan to the Plan Time Spans
   e. If you need to View/Scan ID Cards



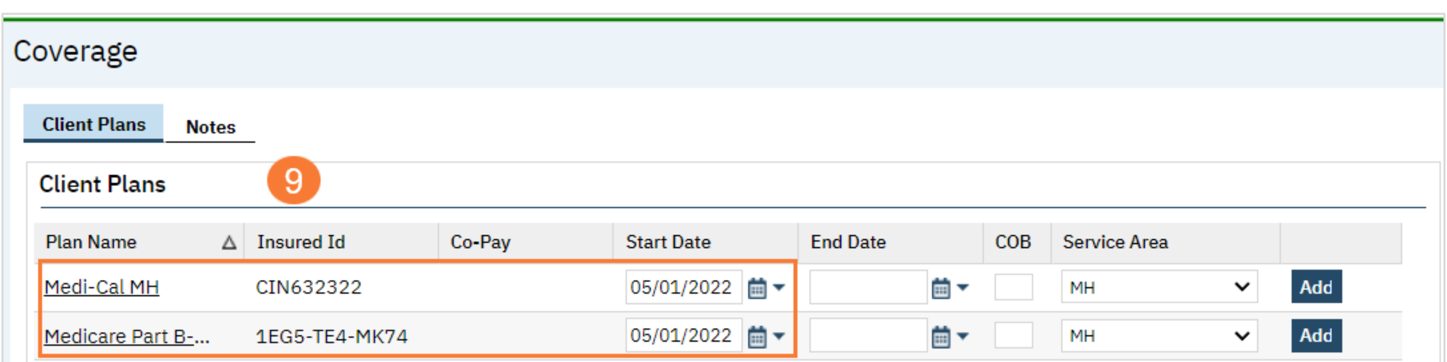
8. Click on Change COB Order
   a. The system has added the Plans COB automatically



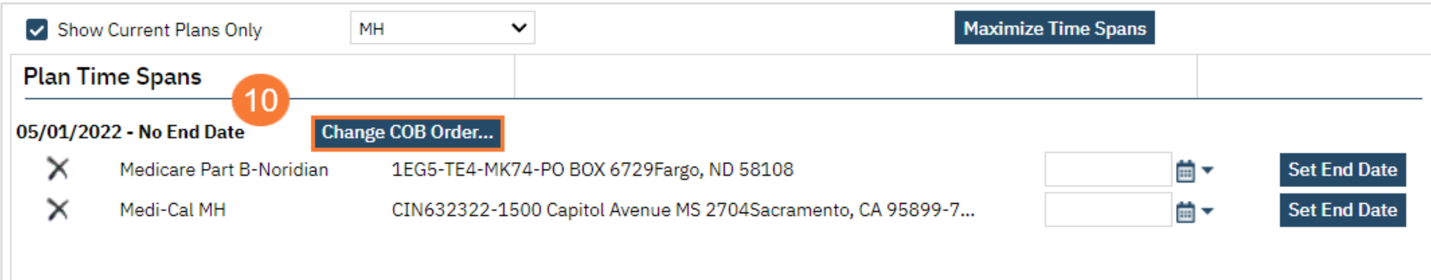


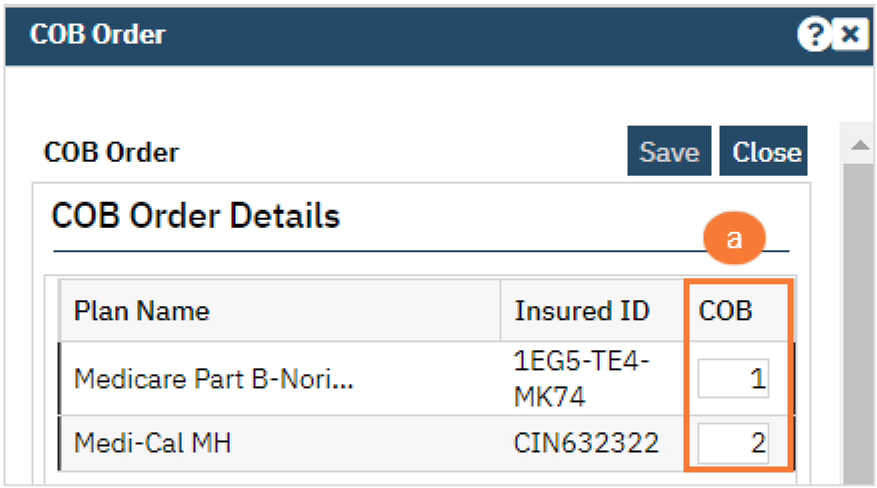


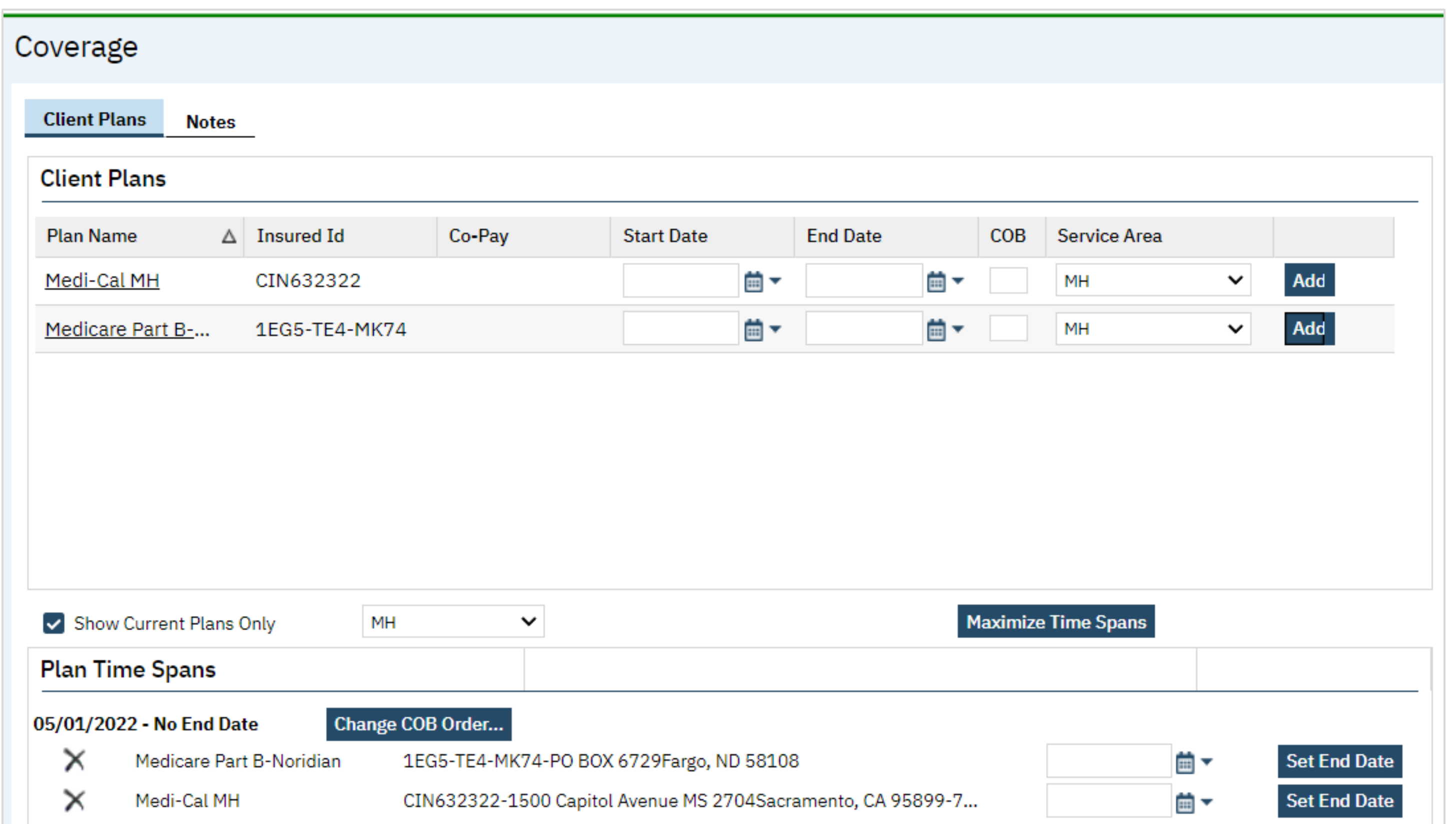
9. Clients with Medicare and Medi-Cal



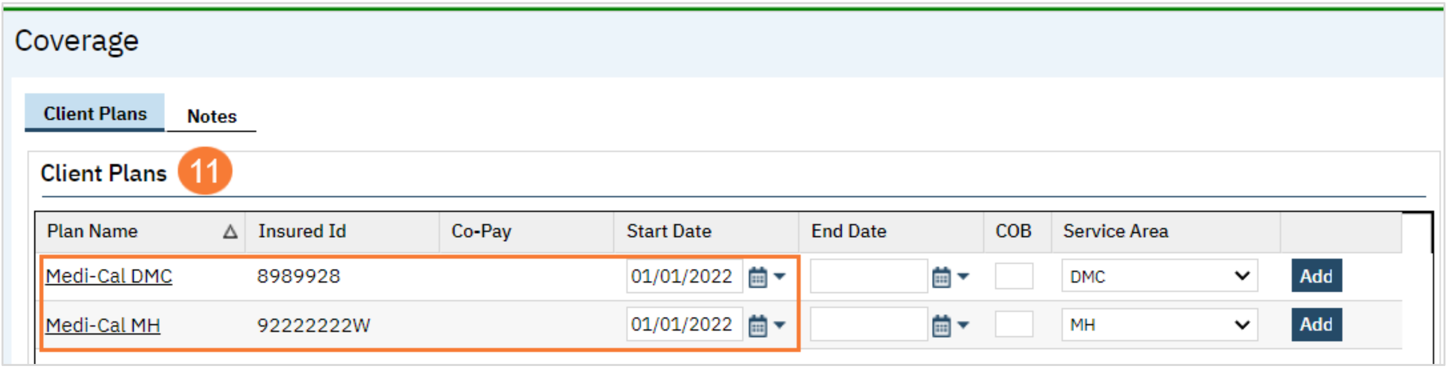
10. Click on Change COB Order
    a. The system has added the Plans COB automatically



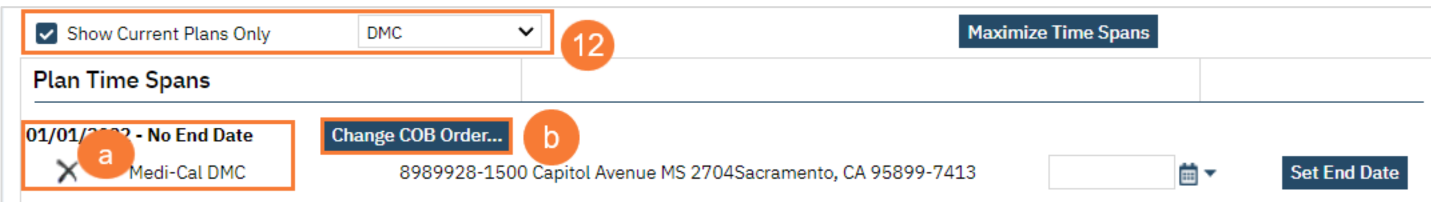


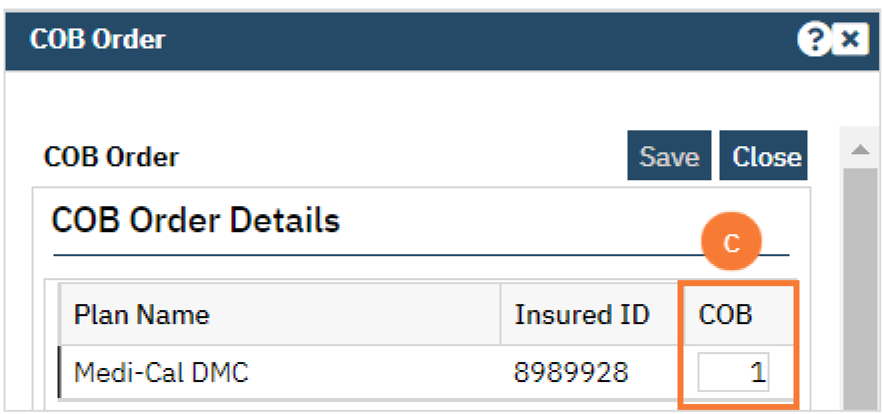


11. Clients who have both coverages for SUD and MH will display as follows:

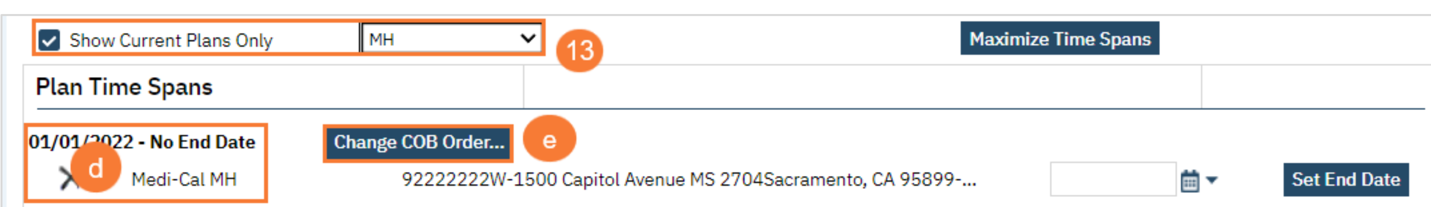


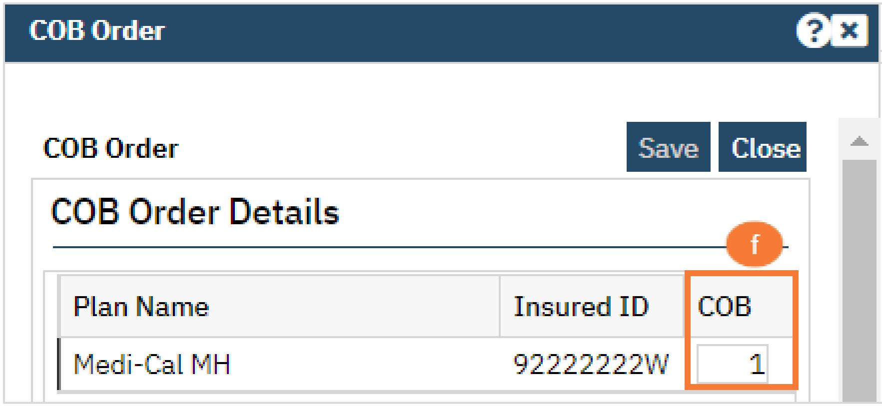
12. From the Show Current Plans Only drop-down menu Select DMC
    a. Medi-Cal DMC Plan will display with the Effective Date
    b. Click on Change COB Order
    c. The system has added the Plan COB automatically



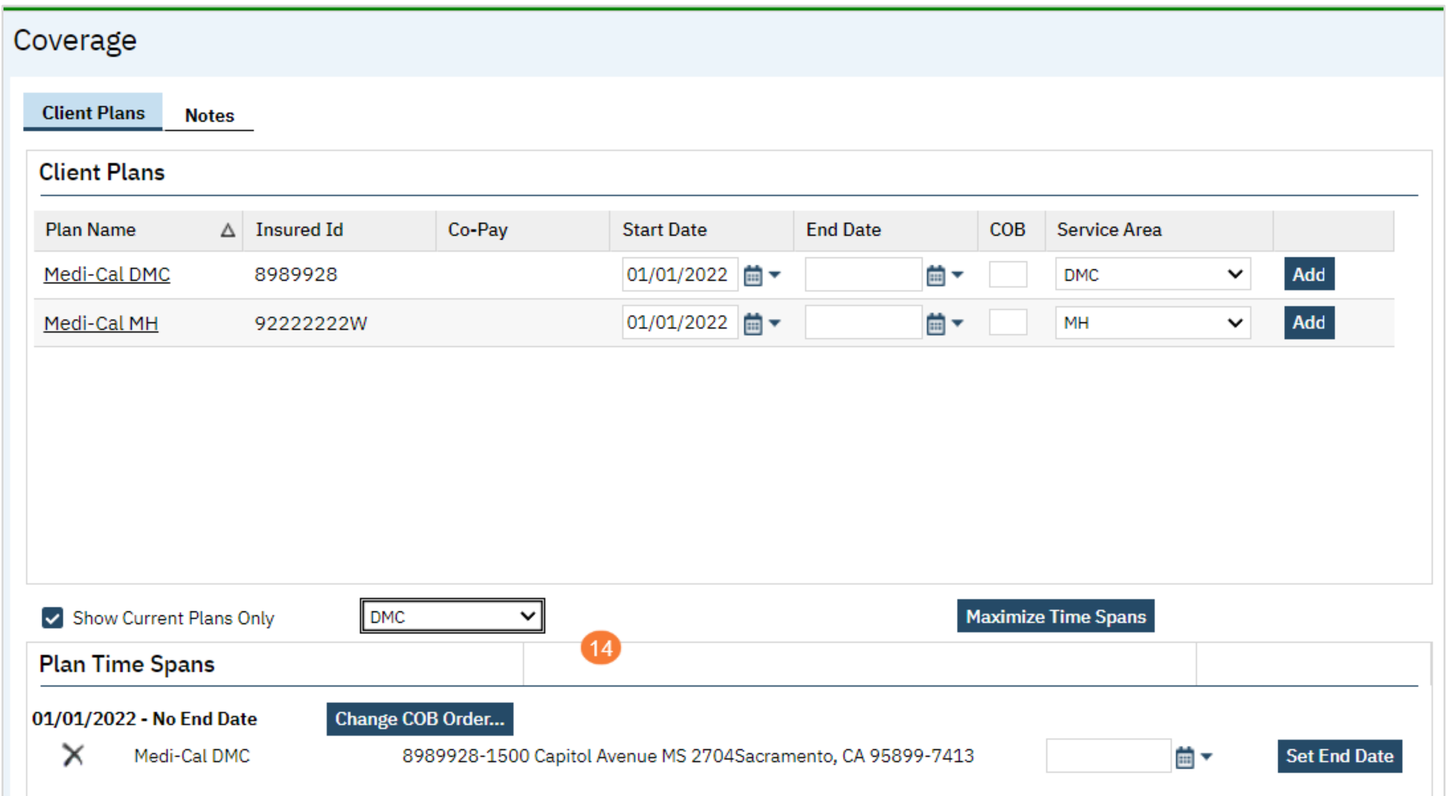


13. From the Show Current Plans Only drop-down menu Select MH
    d. Medi-Cal MH Plan will display with the Effective Date
    e. Click on Change COB Order
    f. The system has added the Plan COB automatically





14. **Note:** Since the Plans for SUD and MH are for 2 different Programs, they will display one at a time under the Plan Time Spans.



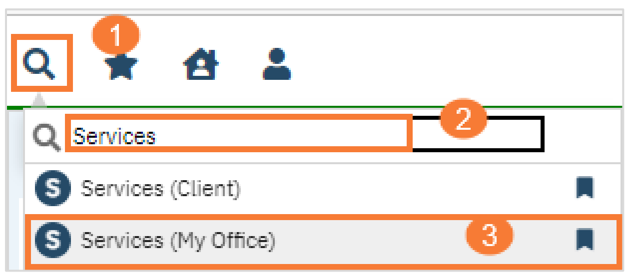
Charges/Claims

Introduction to the section is to learn how you can manually bypass the overnight process to turn services into charges immediately. Generally, these processes automatically run overnight depending on how your county has it set up.

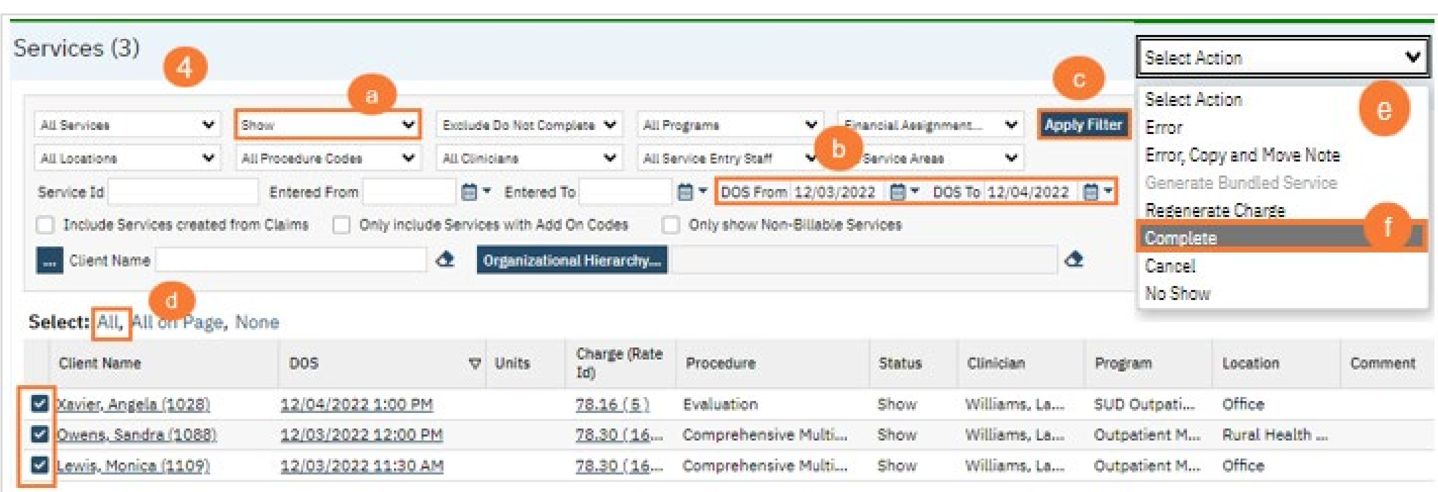
Overnight processing is when services are recorded, the overnight job will look at the service to determine whether that service is complete by checking if there's a signed progress note, billing diagnosis and any other requirements that are configured against those procedures specifically to determine that it's complete, then it will turn the" Status" from "Show" to "Complete". At this point, it must go through the 2nd overnight job, which says, based on the billing rules for that plan the system will go through a "liability distribution" that will identify any broken rules if no billing rules are broken then it will mark as "Ready to Bill".

How to Bypass the Overnight Process to turn Services into Charges

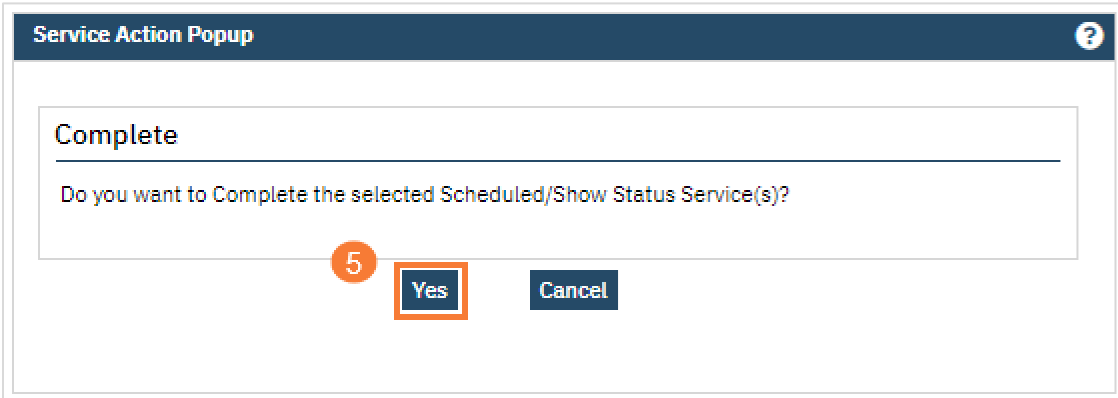
1. **Click on the Search icon**
2. **Type Services**
3. **Click on Services (My Office)** This will show services for all Clients
   Services (Client) will show services only for one Client



4. Select your parameters
   a. **Select Show from All Service Statues** This will select all Statuses of Show
   b. **Select a Date Range in the DOS From and DOS To field**, this will cover the DOSs you're looking for
   c. **Click Apply Filter** This will apply all the parameters you selected
   d. **Click on All** This will select All the listed services
   e. **Select Action drop down menu**
   f. **Click on Complete** This will Change all Shows Statuses to Complete

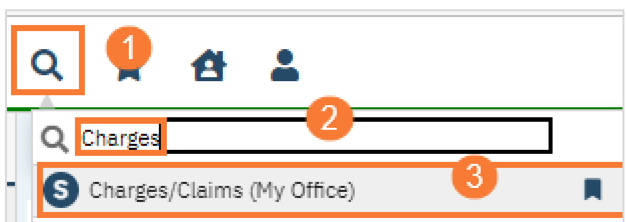


5. Click Yes



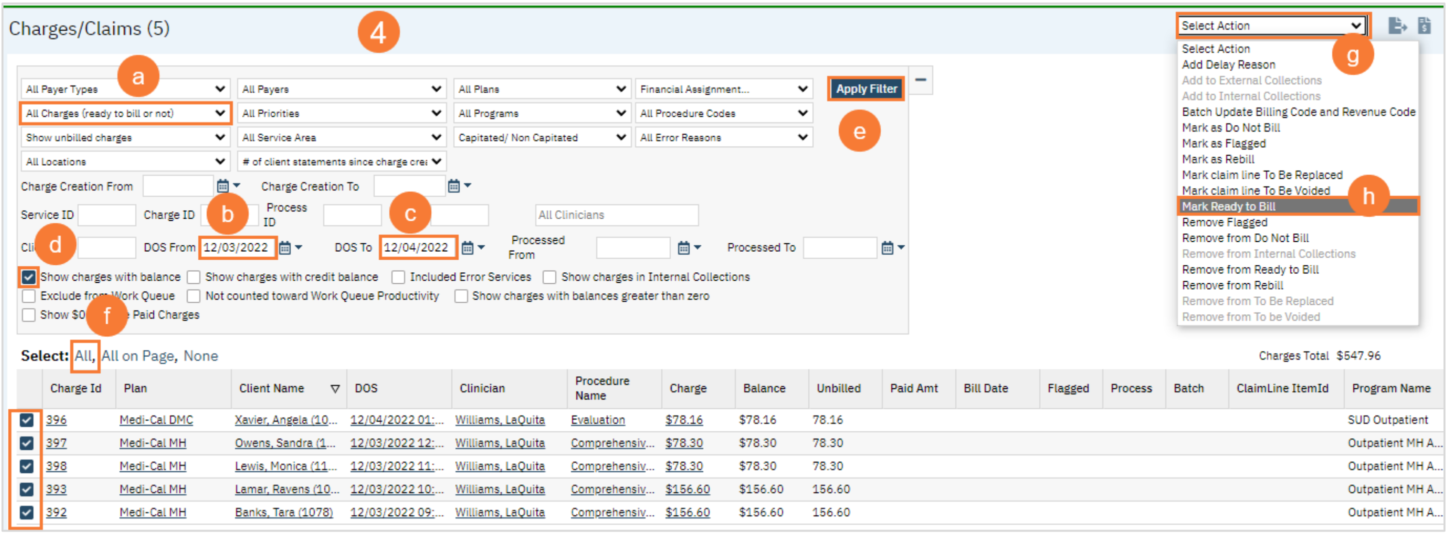
Charges/Claims Electronic

1. Click on the Search icon
2. Type Charges
3. Click on Charges/Claims (My Office)

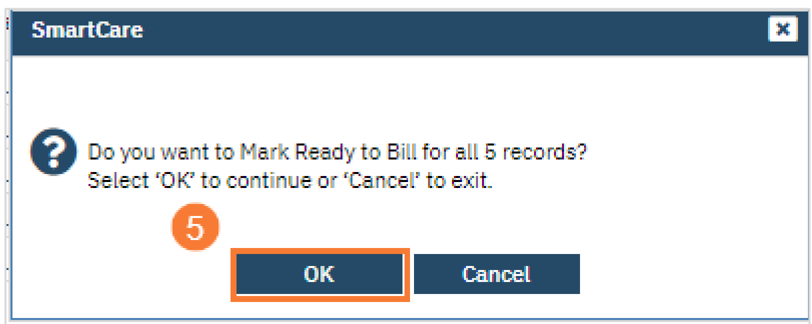


4. Select your parameters
   a. **Select All Charges (ready to bill or not) from drop down menu** First job of the overnight process to turn services into charges
   b. **Enter a start date in the DOS From field**, this will start the date range for the DOS you want to Search
   c. **Enter an end date in the DOS To field**, this will add an end date for the services you want to Search
   d. **Click the box next to Show charges with balance** This will ensure you're looking at claims with balances
   e. **Click Apply Filter** This will apply all the parameters you selected
   f. **Select All or Click only on the services you want to process** This will select the services you want to process
   g. **Click on Select Action Drop down menu**
   h. **Select Mark Ready to Bill** 2nd job of the overnight process**.** This will have the charges ready to bill electronically or paper claims

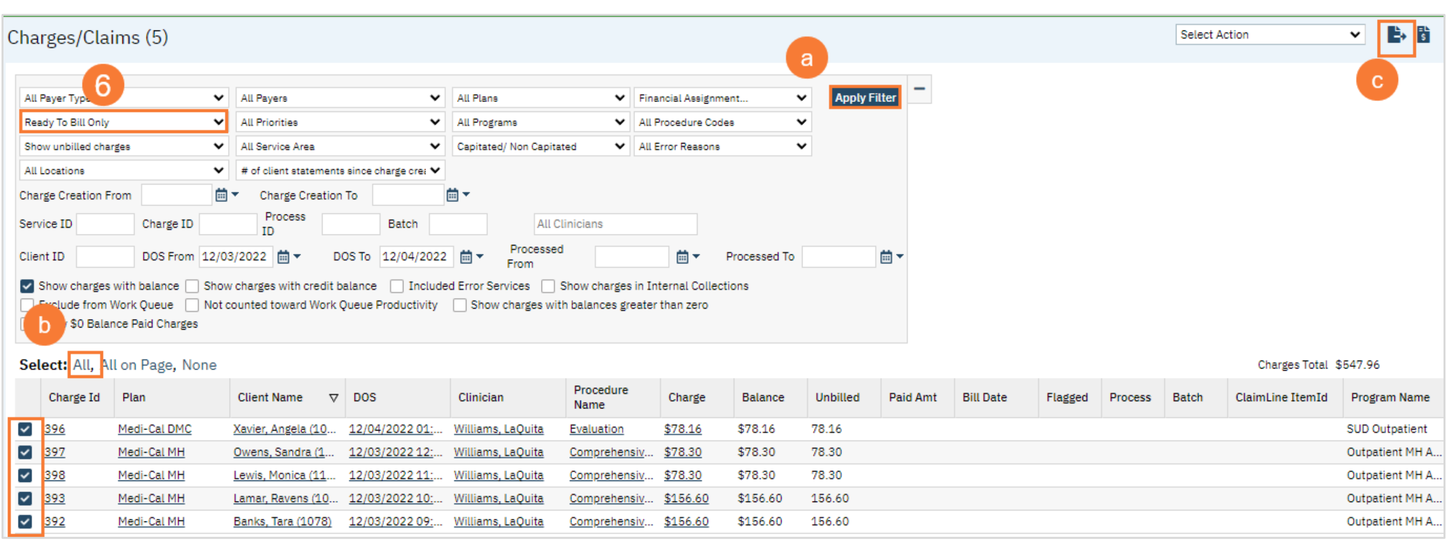
   FYI: You can also search services by Payers, Plans, and Financial Assignment



5. Click OK

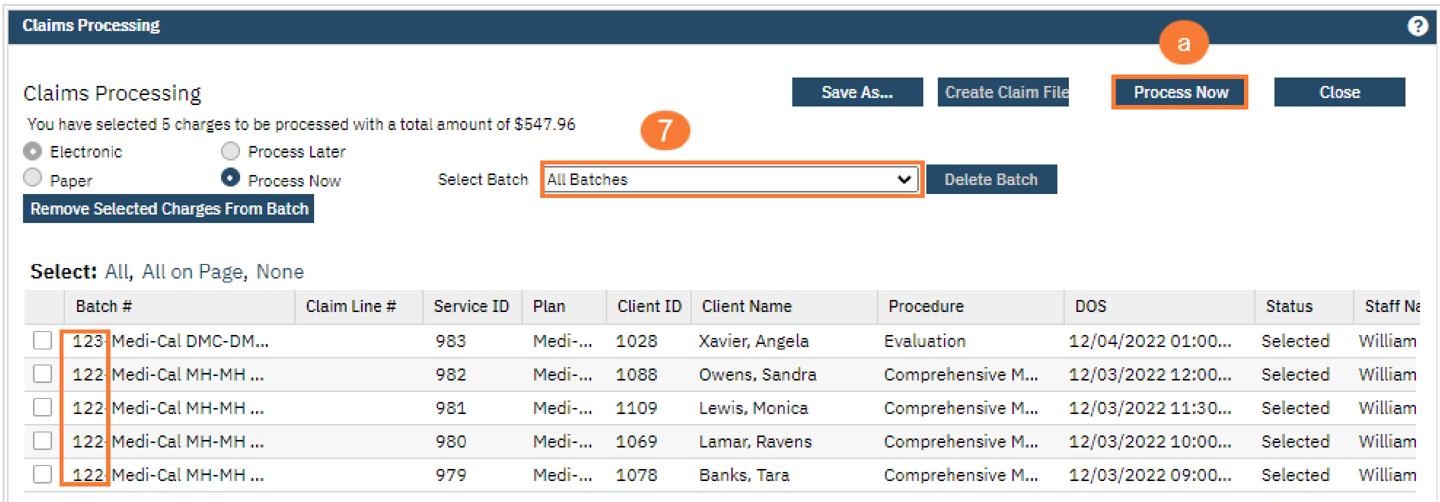


6. Select Ready to Bill Only from the drop-down menu
   a. Click Apply Filter
   b. Click on Select All
   c. Click the Electronic Claims Icon

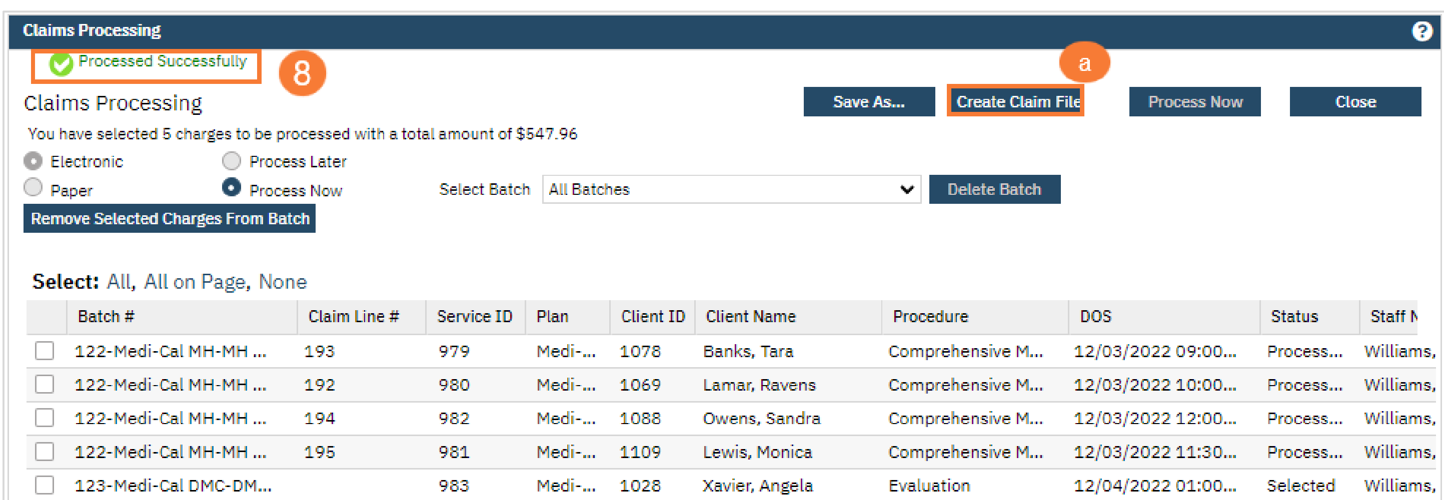


Every Payer will have their own Batch number. You can choose to Select the Batch you want to process by Clicking on the drop-down menu for “Select Batch” or keep the default setting “All Batches” which will process all Batches listed.

7. Choose a Batch or keep default setting to “All Batches”
    a. Click Process Now



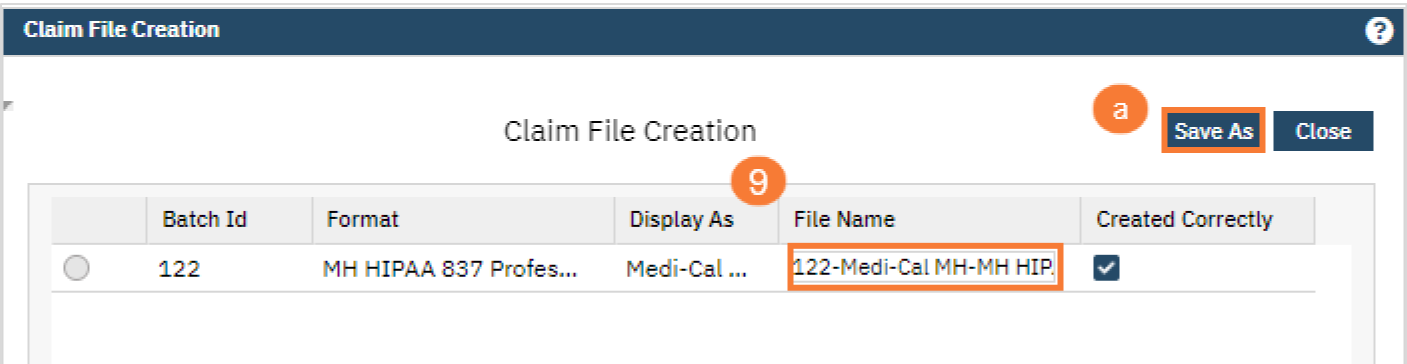
8. Processed Successfully message
    a. Click Create Claim File



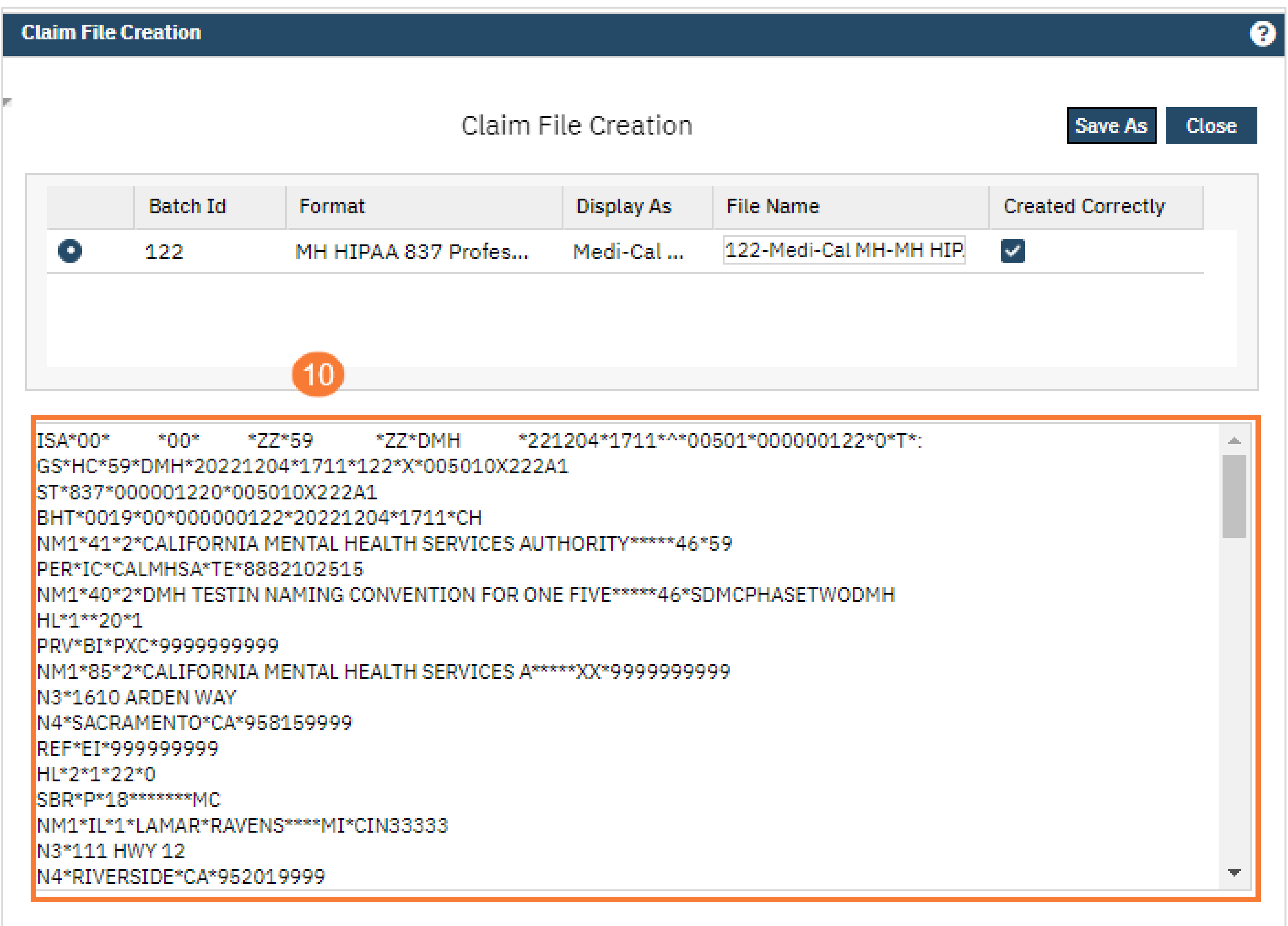
9. Optional: **File Name can be changed**

a. **Click Save As**

Check your download folder on your local Desktop for the Claims folder

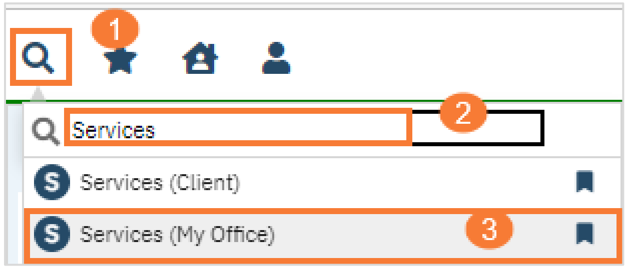


10. Image of the 837 File Displayed

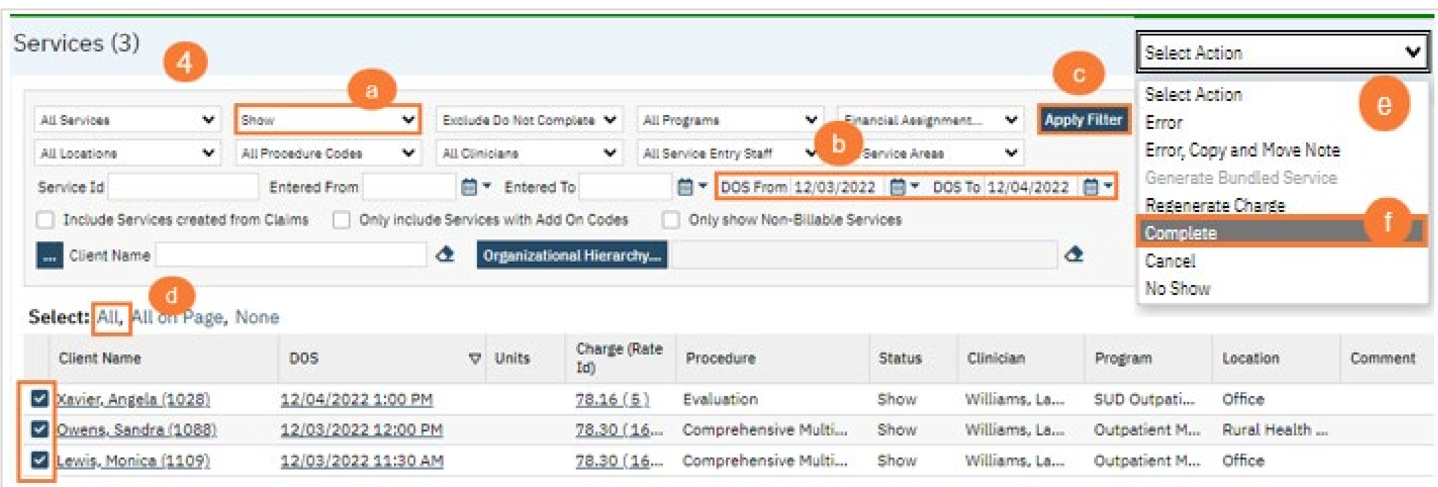


How to Process Paper Claims

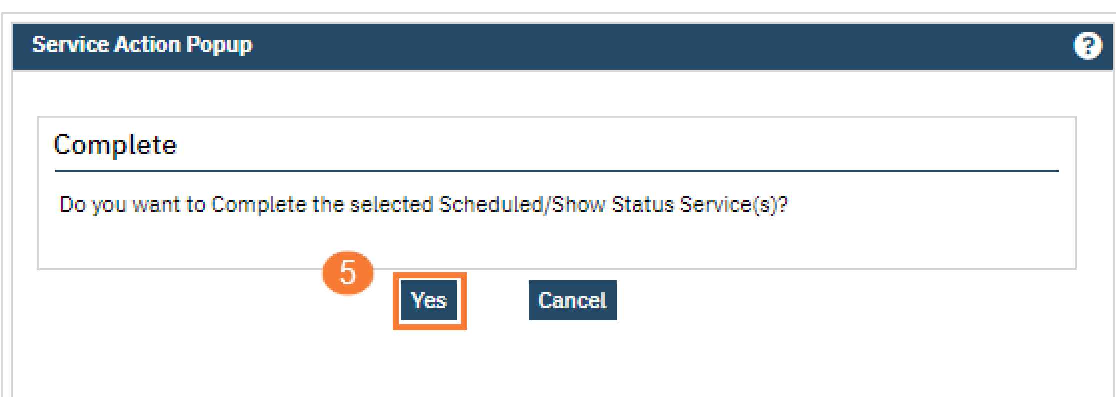
1. Click on the Search icon
2. Type Services
3. Click on Services (My Office)



4. Select your parameters
   a. Select Show from All Service Statues drop-down menu This will select Statuses with Show
   b. Select a Date Range in the DOS From and DOS To field, this will search all DOSs in this range
   c. Click on Apply Filter This will apply the parameters you selected
   d. Click on All This will select all services that's listed
   e. Click on the Select Action drop down menu
   f. Click on Complete This will change all status to Complete

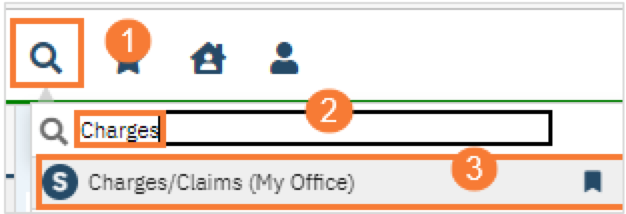


5. Click Yes

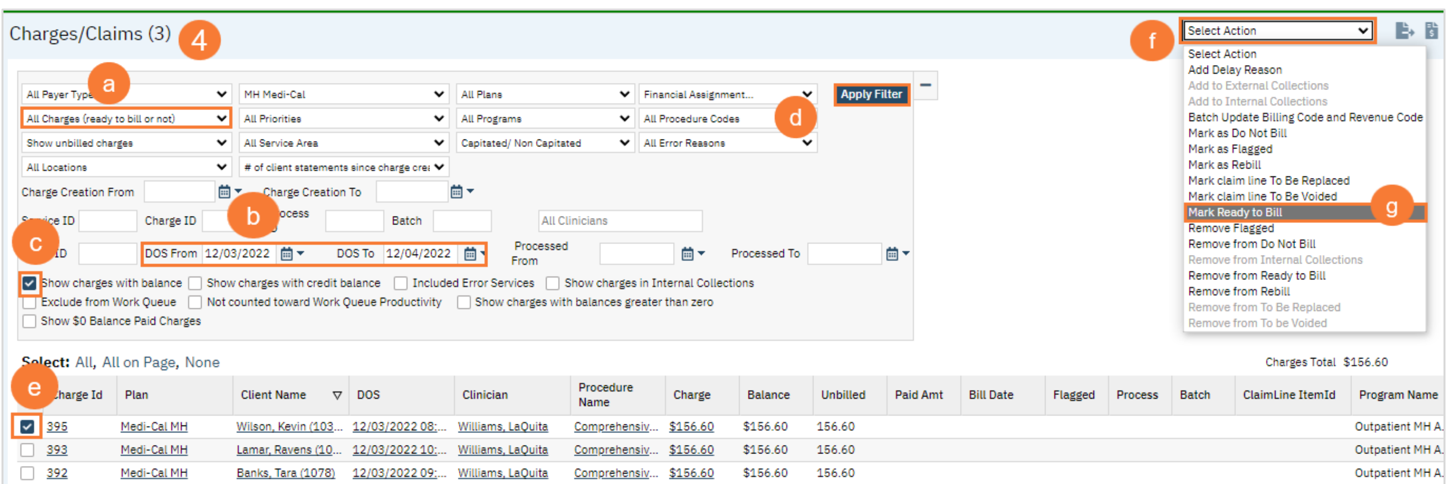


Charges/Claims Paper

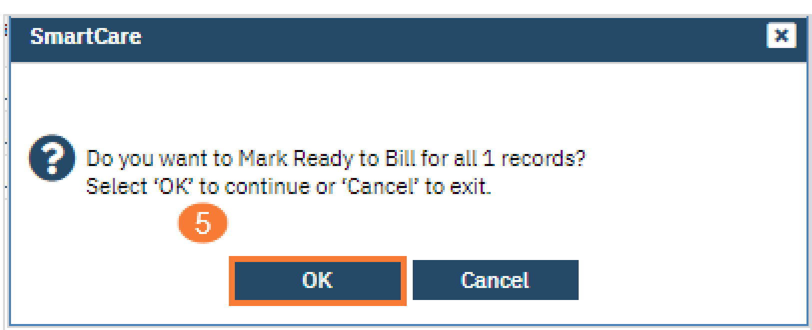
1. Click on the Search icon
2. Type Charges
3. Click on Charges/Claims (My Office)



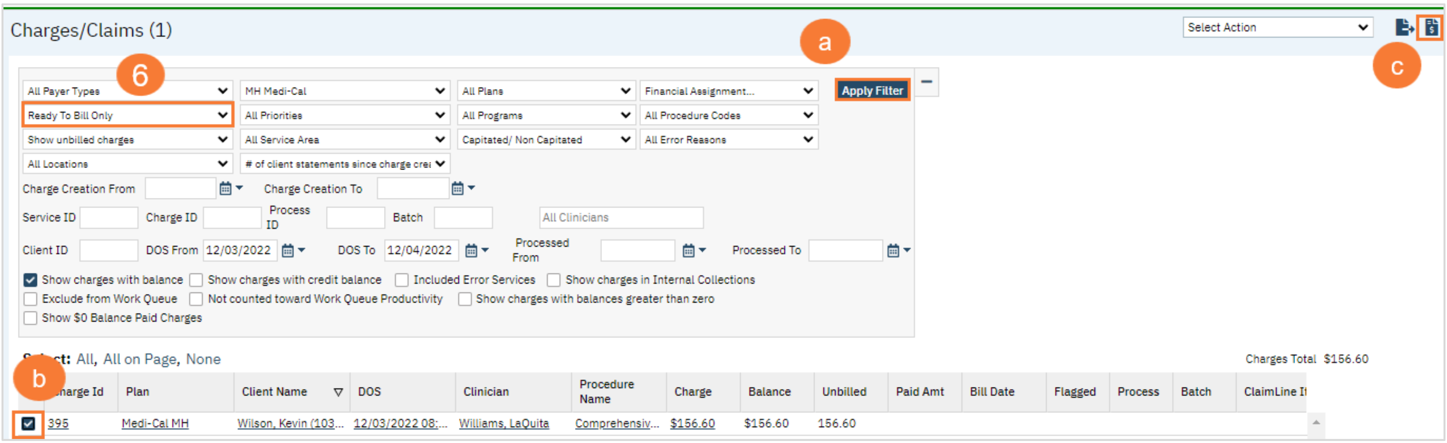
4. Select Parameters
   a. Select All Charges (ready to bill or not) from drop-down menu
   b. Select a Date Range in the DOS From and DOS To field, this will search for Services in that Date range
   c. Click the box next to Show charges with balance
   d. Click on Apply Filter
   e. Select Service by clicking Select All or Click only the Services you wish to process
   f. Click Select Action to get the drop-down menu to display
   g. Select Mark Ready to Bill



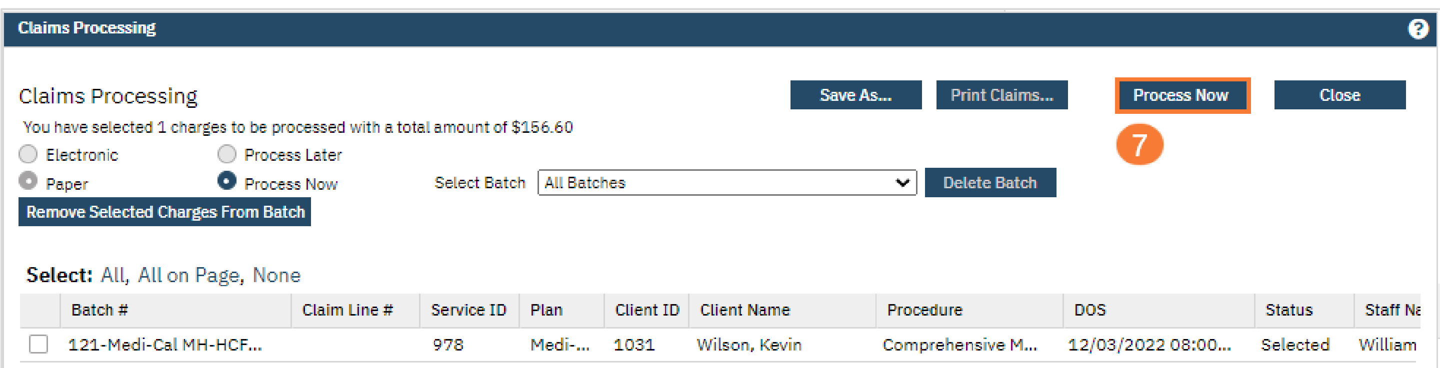
5. Click OK



6. Select Ready To Bill Only
    a. Click Apply Filter
    b. Select the service by clicking on the box next to the service you want to process
    c. Click on the Paper Claim Icon



7. Click Process Now



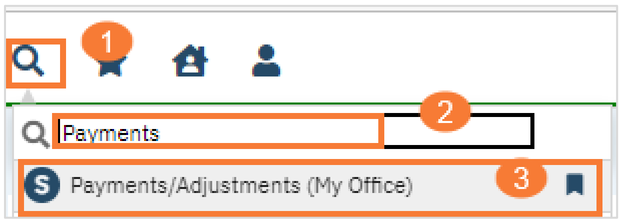
8. Processed Successfully message
    a. Click Print Claims

Payment/Adjustments

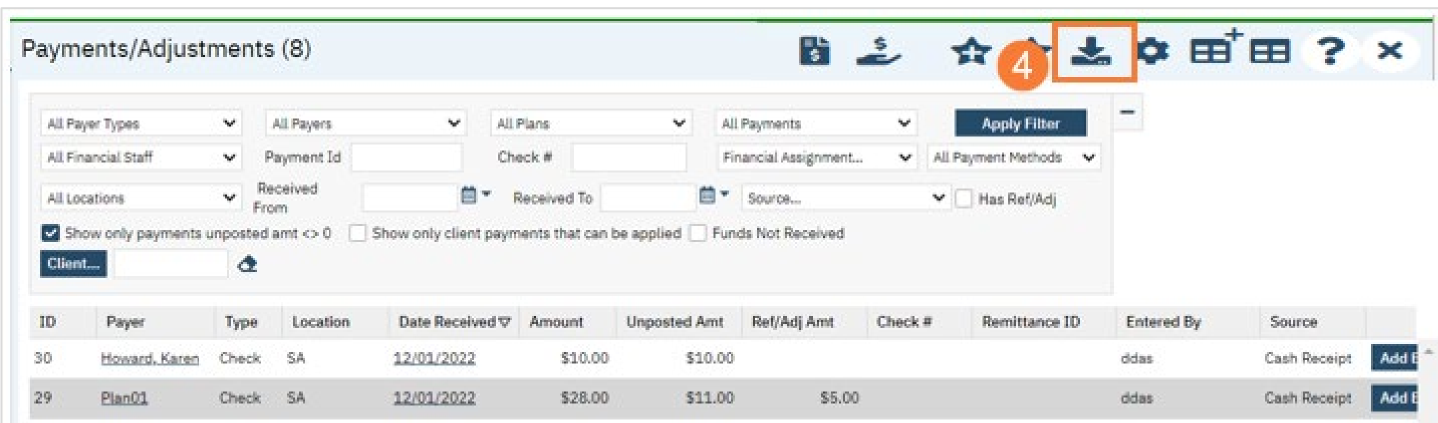
Generally, the 835 have payments and benefits information of what's paid and what's not covered, etc. However, there are different forms of Remittance such as: Electronic, Paper and some Client payments. The below steps will show you how to upload 835 files and process EOB's and Client payments manually.

Export Payments/Adjustments Report to Excel

1. Click on the Search icon
2. Type Payments
3. Click on Payments/Adjustments (My Office)

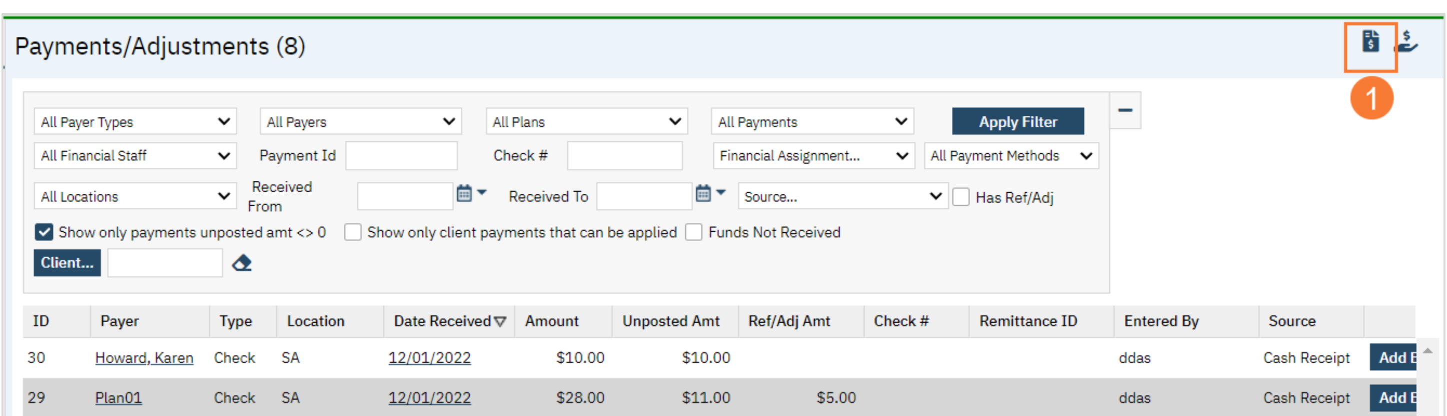


4. Click on the Export icon
    a. The Excel File will be in your download folder located on your computer

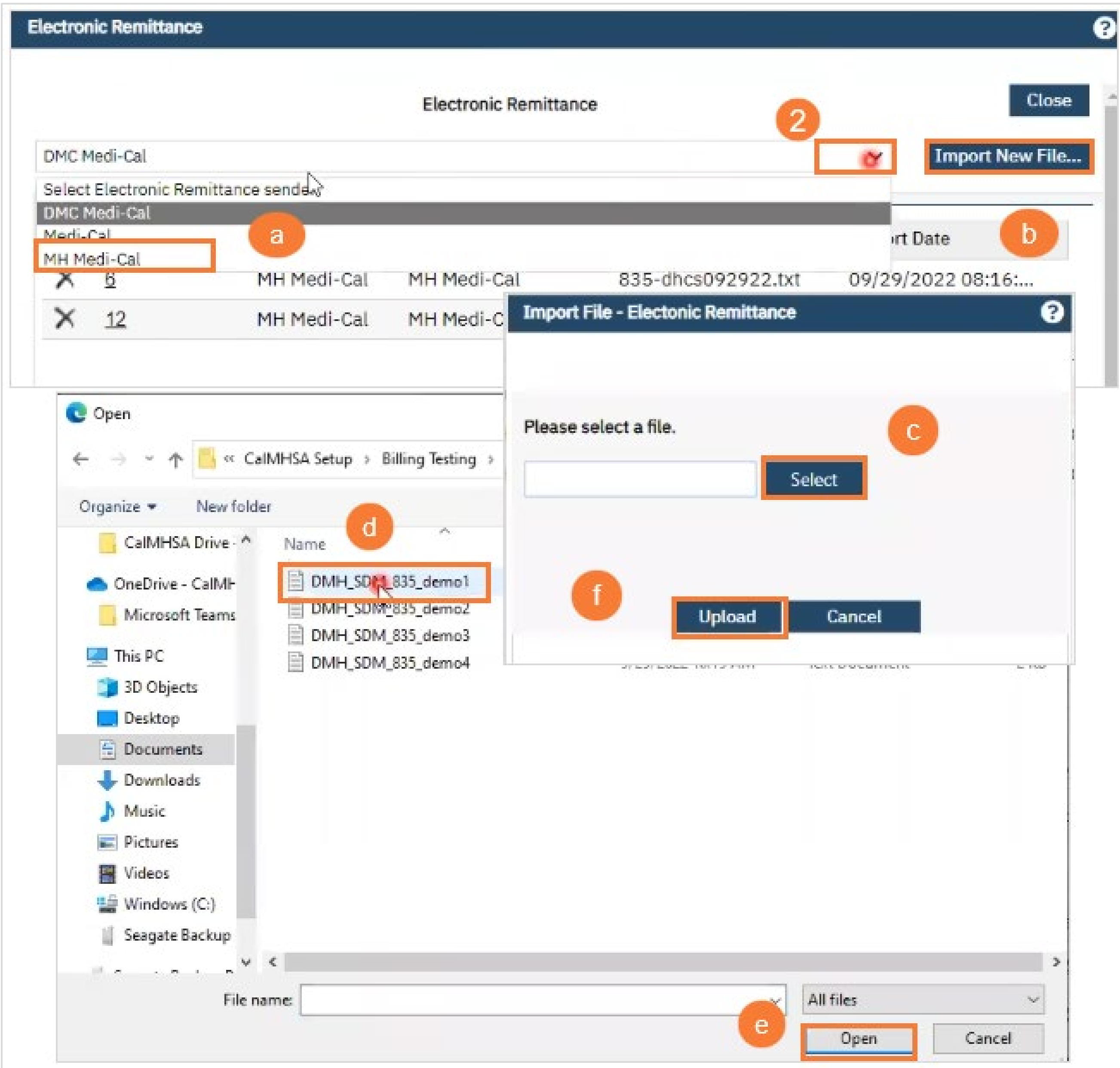


How to Import an 835 Remittance File

1. Click on the Electronic Remittance icon

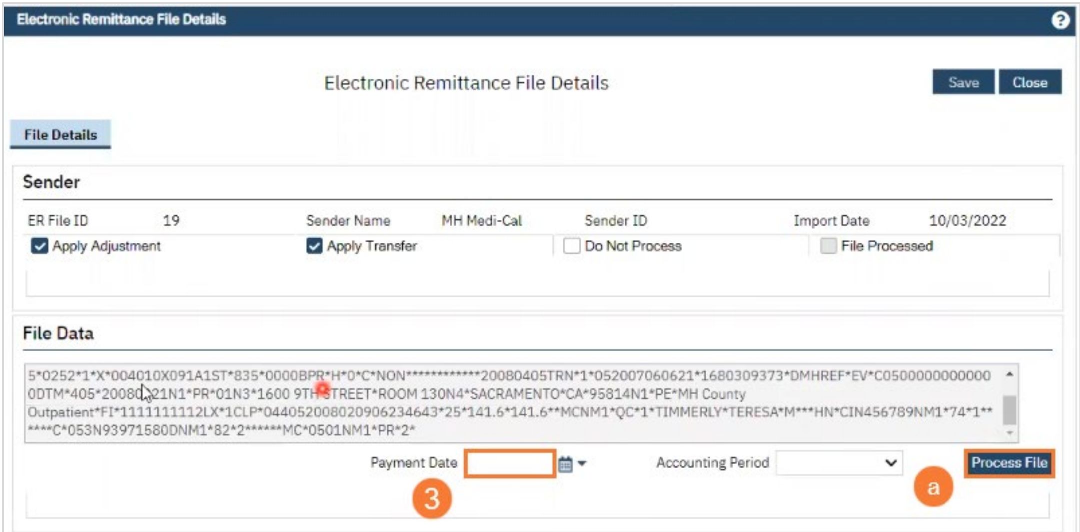


2. Click on Select Electronic Remittance Sender drop down menu
    a. Select a Payer from the list
    b. Click Import New File
    c. Click Select
    d. A folder will open on your local PC where the file is located, click on the 835 Remittance you want to import
    e. Click Open
    f. Click Upload

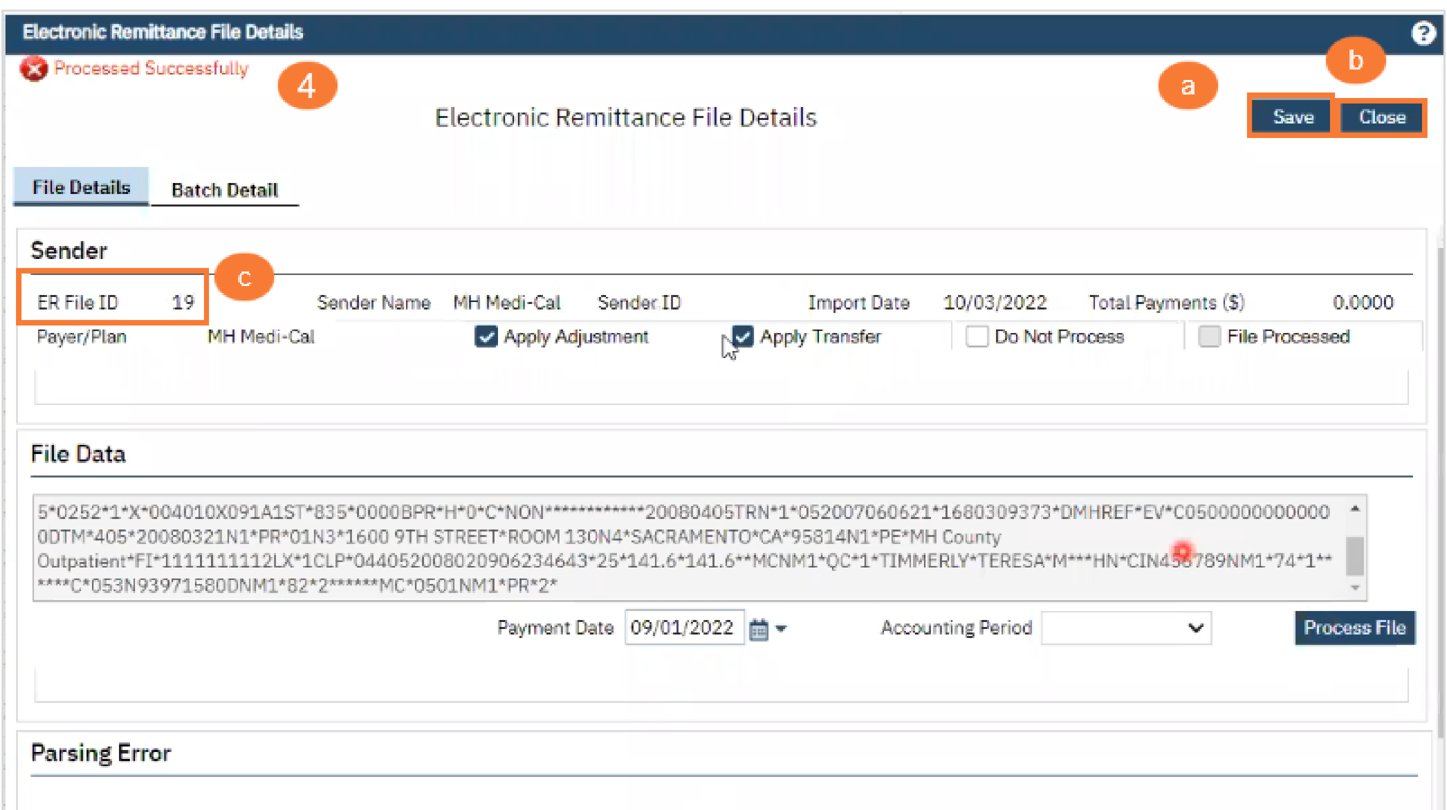


The ERA will display the Dump File on screen

3. **Option: Add a Payment Date or the system will automatically use what's in the File**
   a. **Click Process File**



4. **Processed Successfully message**, means File processed successfully, this does not mean all services were paid
   a. **Click Save**
   b. **Click Close**
   c. FYI: ER File ID

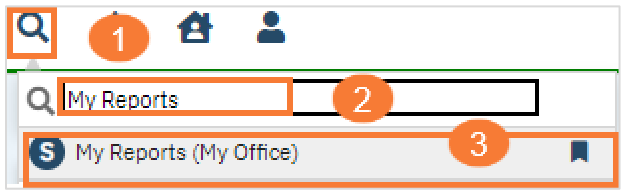


How to View the 835 File after Imported

It's several Electronic Reports you can view and or download to an excel spreadsheet to work.

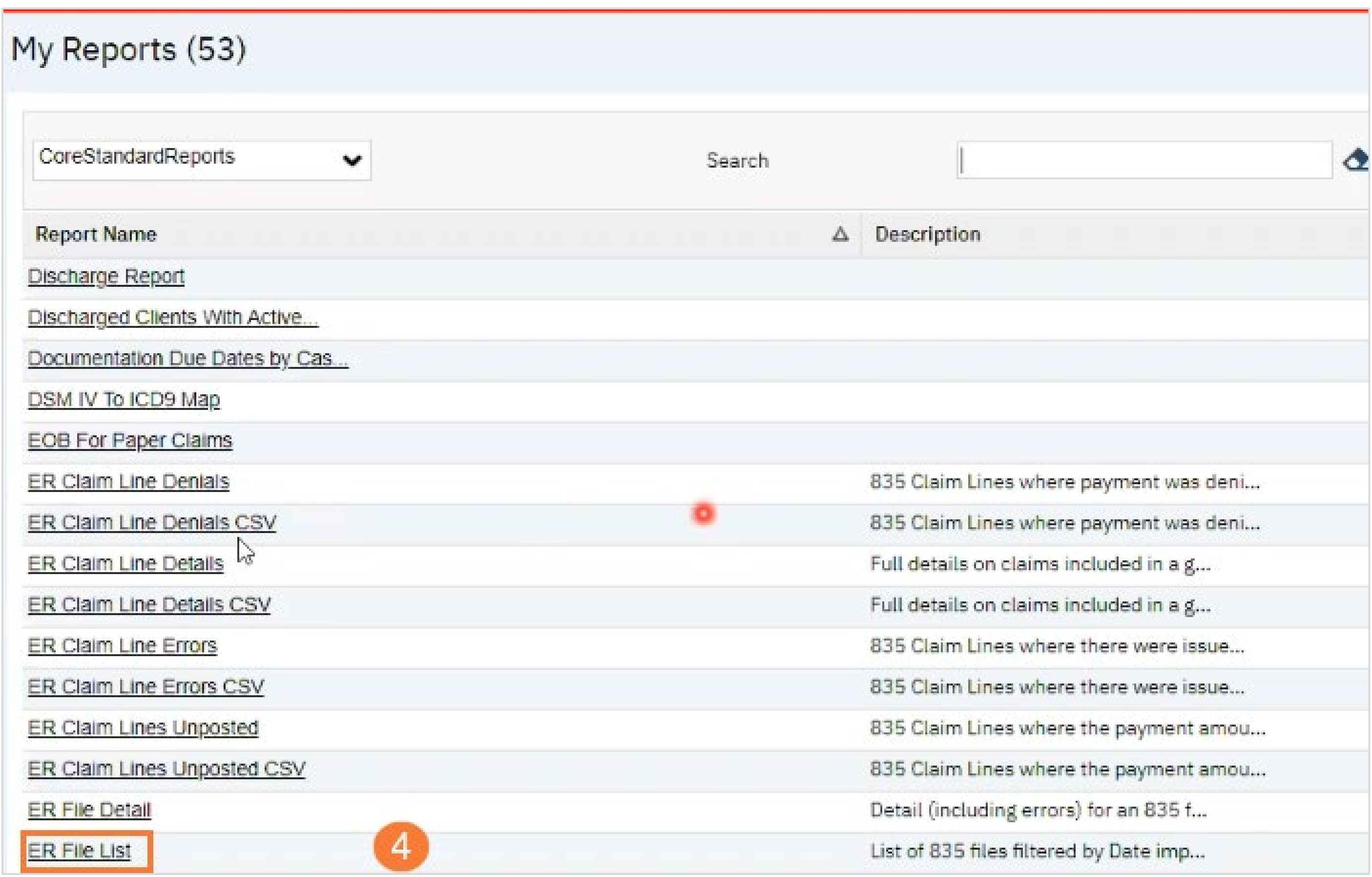
Follow the below steps:

1. Click on the Search icon
2. Type My Reports
3. Click on My Reports (My Office)

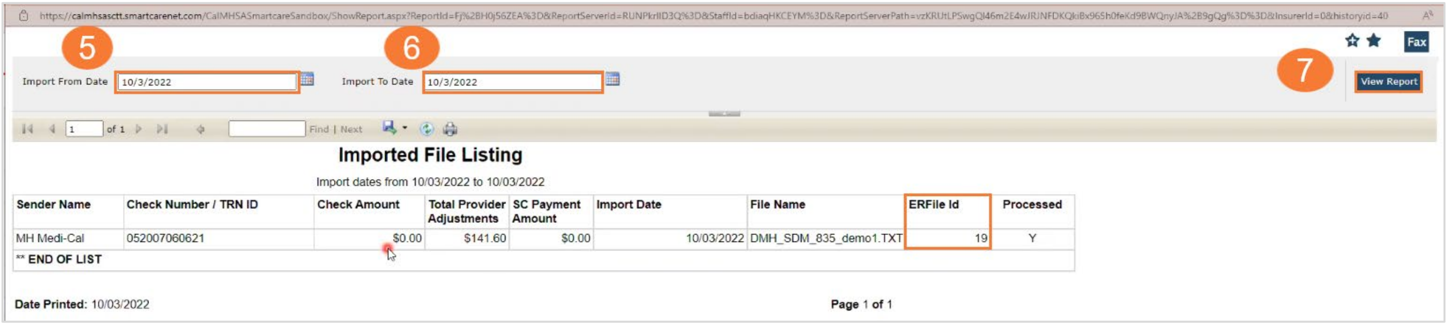


FYI: ER Denials, ER Claim Line Errors, and ER Claim Lines Unposted Reports live in My Reports too

4. Click on ER File List

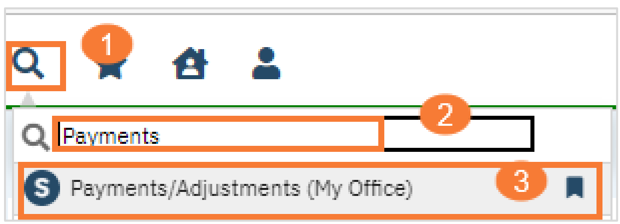


5. Select Import From Date
6. Select To Date
7. Click View Report



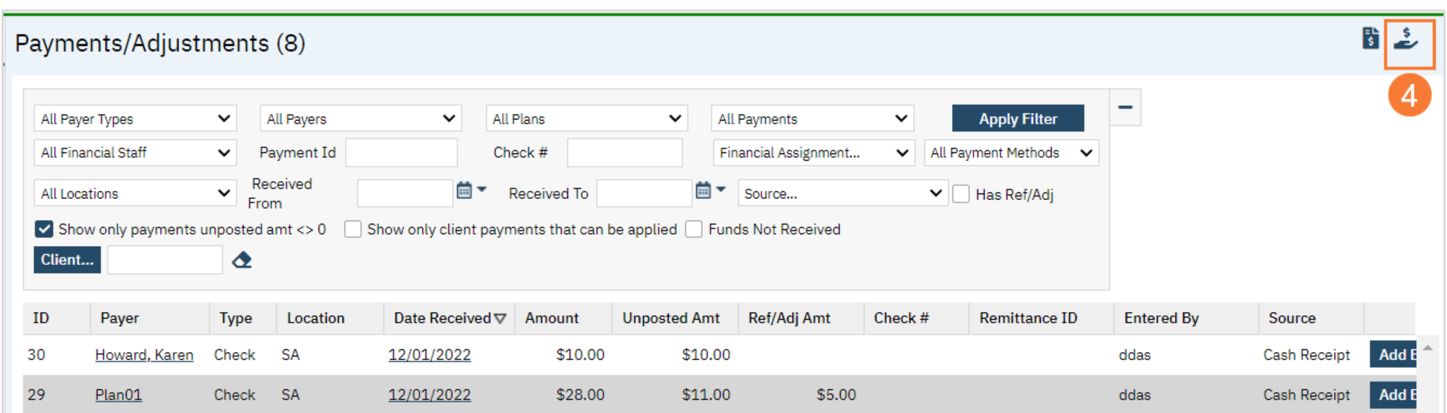
How to Enter a Check & Post an EOB

1. Click on the Search icon
2. Type Payments
3. Click on Payments/Adjustments (My Office)



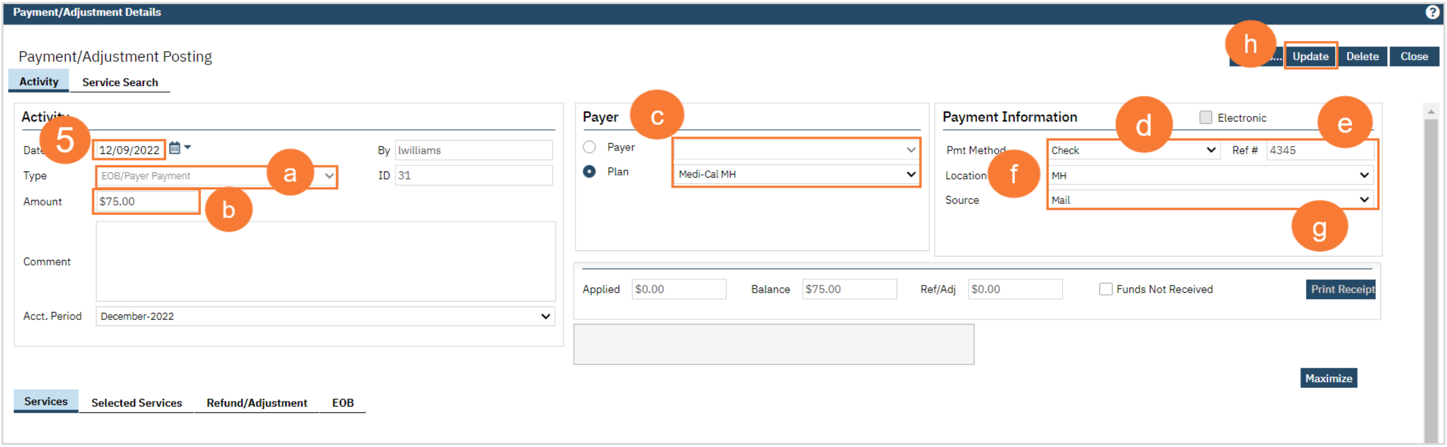
Entering a Check

4. Click on the New EOB/Payment/Adjustment icon



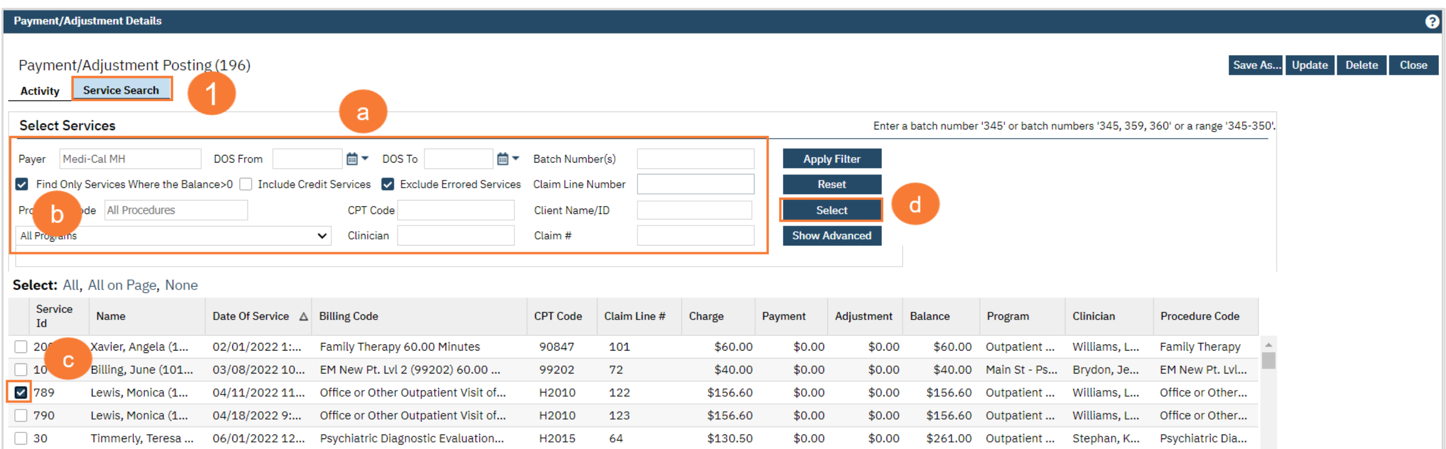
5. Select Date of Check
   a. **Select Type from drop-down menu** This would be Client Payment, EOB/Payer Payment, or Adjustment
   b. **Type the check Amount** This is the dollar amount of the check you're posting
   c. **Select Payer or Select Plan from the drop-down menu** This is who the check is coming from
   d. **Select Payment (pmt) Method from the drop-down menu.** This is the form of payment, cash, check, etc.

e. **Type in the Ref #** This would be the check number
f. **Select the Location from drop-down menu** This would cover Mental Health, SUD or Patient Portal
g. **Select the Source from drop-down menu** This is where you received the payment from
h. **Click on Update** Now your check has been entered

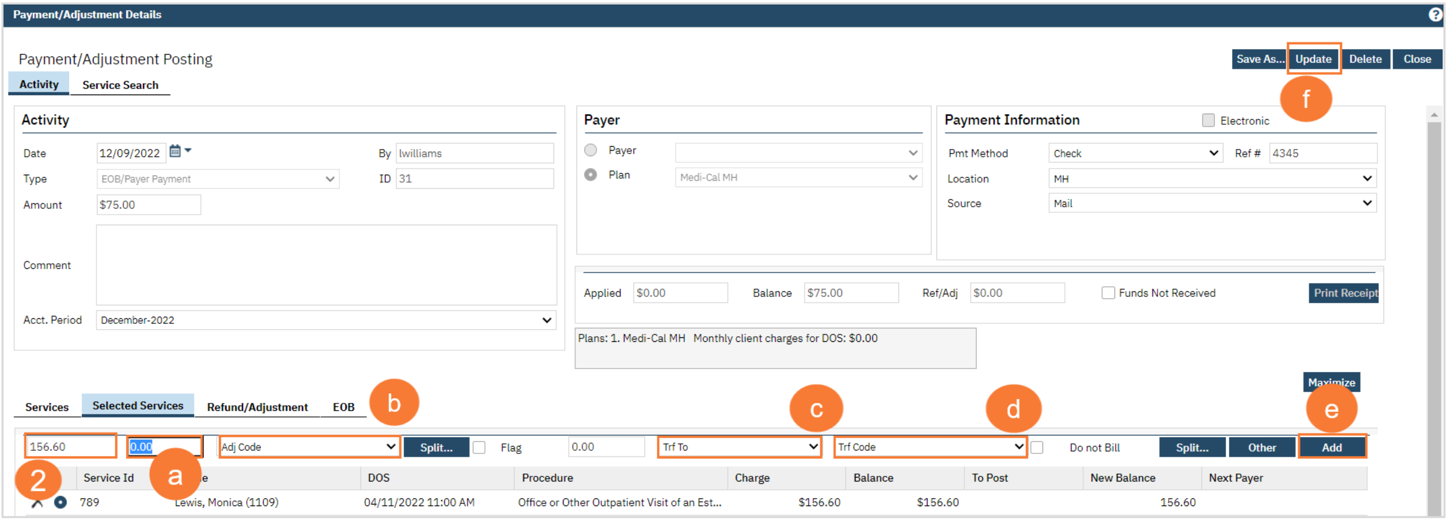


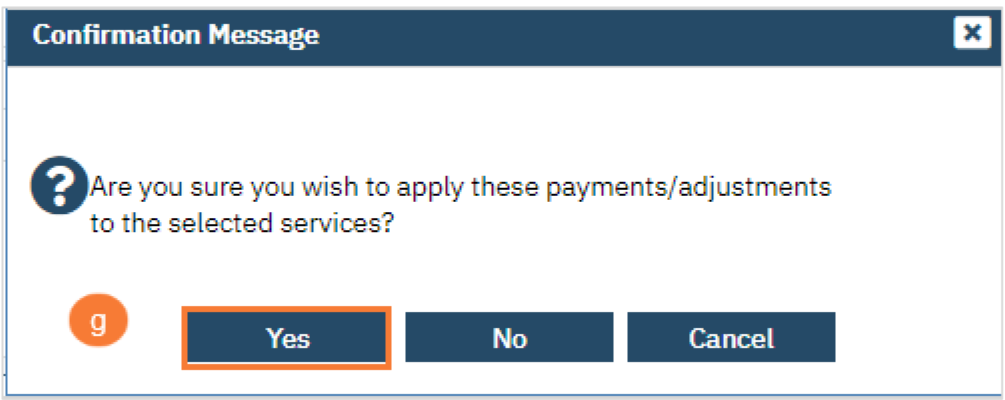
Posting an EOB or Client Payments

1. Click on Service Search tab
   a. Select your Parameters
   b. Make sure a check mark is on Find Only Services Where the Balance >0
   c. Select the service(s) you want to post this payment towards
   d. Click Select



2. Type the amount of how much was paid toward the charge
   a. **Type an adjustment amount** Only apply if there is an adjustment
   b. Select Adjustment Code from the drop-down menu
   c. Select who the balance will be transferred to from the Trf To Field drop-down menu
   d. Select Trf Code from the drop-down menu
   e. Click Add
   f. Click Update
   g. Pop-up box: Are you sure you wish to apply these payments/adjustments to the selected services? Click Yes


Payment/Adjustment Details
Payment/Adjustment Posting
Save As...
Update
Delete
Close
f
Activity
Service Search
Activity
Date
12/09/2022
By
lwilliams
Type
EOB/Payer Payment
ID
31
Amount
$75.00
Comment
Acct. Period
December-2022
Payer
Payer
Plan
Medi-Cal MH
Payment Information
Electronic
Pmt Method
Check
Ref #
4345
Location
MH
Source
Mail
Applied
$0.00
Balance
$75.00
Ref/Adj
$0.00
Funds Not Received
Print Receipt
Plans: 1. Medi-Cal MH Monthly client charges for DOS: $0.00
Maximize
Services
Selected Services
Refund/Adjustment
EOB
b
c
d
e
156.60
0.00
Adj Code
Split...
Flag
0.00
Trf To
Trf Code
Do not Bill
Split...
Other
Add
2
a
Service Id
DOS
Procedure
Charge
Balance
To Post
New Balance
Next Payer
789
Lewis, Monica (1109)
04/11/2022 11:00 AM
Office or Other Outpatient Visit of an Est...
$156.60
$156.60
156.60

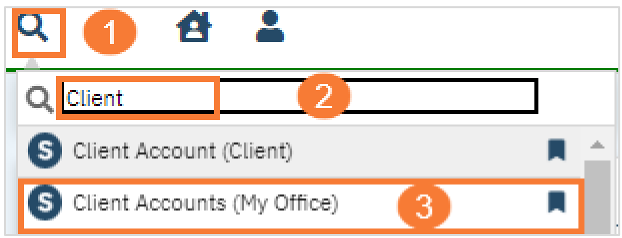

Confirmation Message
Are you sure you wish to apply these payments/adjustments to the selected services?
g
Yes
No
Cancel

Client Account

Clients Account is a one stop shop for Billers. Here are some functions you can perform within Clients Account but not limited to, check Clients Current Balance, Unpaid Services, Unposted Payments, Last Statement Sent, Payment Arrangement Amount, 3rd Party Payer Information, Payment History, Financial Information Complete, Add to Internal and External Collections, Don't Send Statement, Financial Summary, View Past Statements, Generate claims, Post payments, and Charge/Payment Summary.

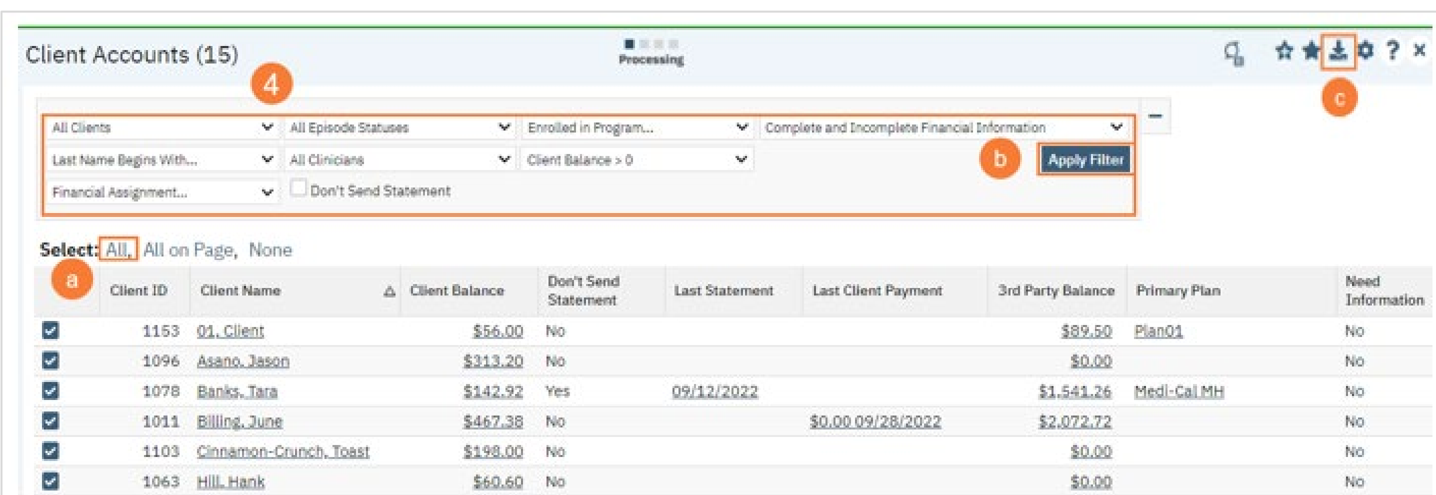
How to Export Clients Account to Excel

1. Click on the Search icon
2. Type Client
3. Click on Client Account (My Office) this is for all the Clients
   Client Account (Client) is just for one Client



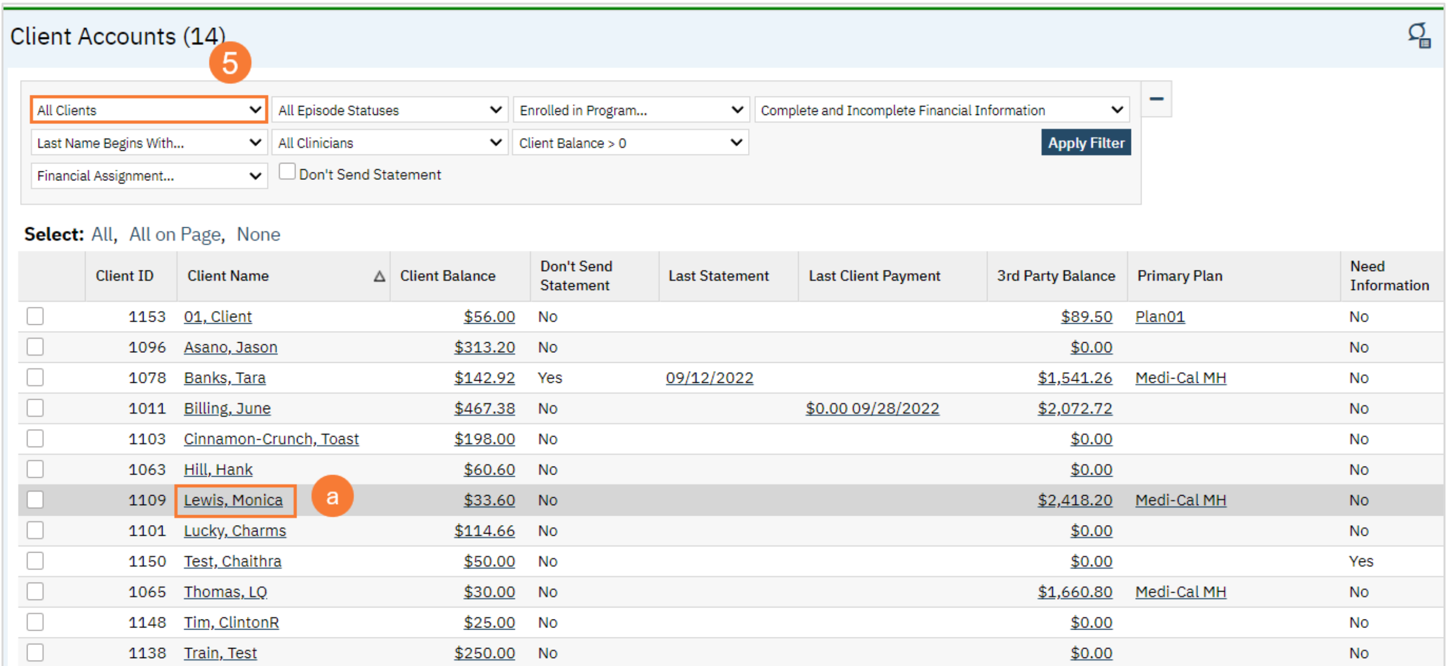
Any combination of parameters will show a List Page Report that can be exported to an excel spreadsheet to work.

4. You can select your parameters:
   a. Click All
   b. Click Apply Filter
   c. Click on the Export icon



Open a Client's Account

5. Select Active Clients from the drop-down menu
    a. Click on the client's name you want to work/view



Client ID	Client Name	Client Balance	Don't Send Statement	Last Statement	Last Client Payment	3rd Party Balance	Primary Plan	Need Information
1153	01, Client	$56.00	No			$89.50	Plan01	No
1096	Asano, Jason	$313.20	No			$0.00		No
1078	Banks, Tara	$142.92	Yes	09/12/2022		$1,541.26	Medi-Cal MH	No
1011	Billing, June	$467.38	No		$0.00 09/28/2022	$2,072.72		No
1103	Cinnamon-Crunch, Toast	$198.00	No			$0.00		No
1063	Hill, Hank	$60.60	No			$0.00		No
1109	Lewis, Monica	$33.60	No			$2,418.20	Medi-Cal MH	No
1101	Lucky, Charms	$114.66	No			$0.00		No
1150	Test, Chaithra	$50.00	No			$0.00		Yes
1065	Thomas, LQ	$30.00	No			$1,660.80	Medi-Cal MH	No
1148	Tim, ClintonR	$25.00	No			$0.00		No
1138	Train, Test	$250.00	No			$0.00		No

Client's Account Overview Tab

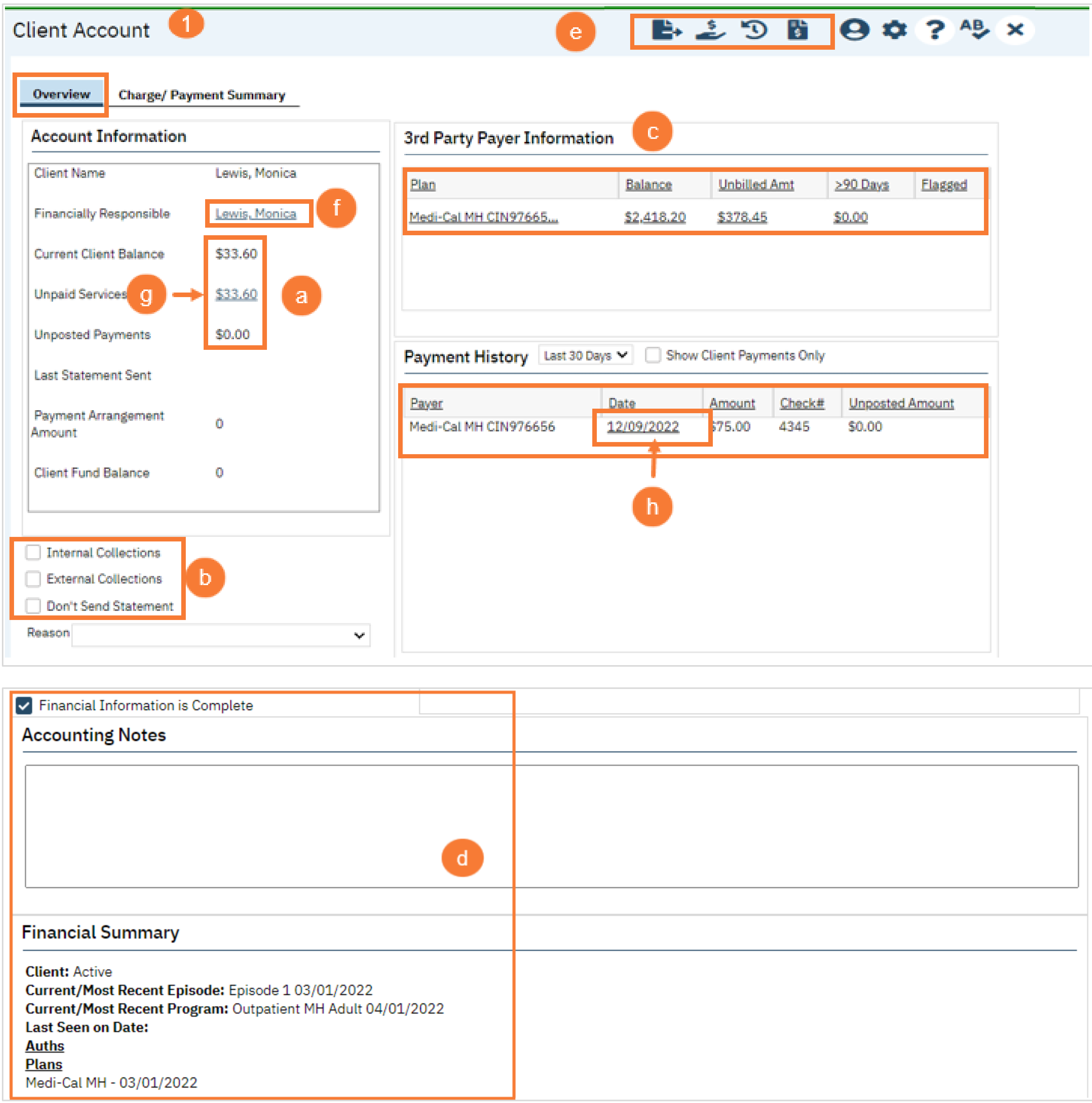
All Hyperlinks are interactive in SmartCare. The Overview and Charge/Payment Summary tabs are Biller's best friend, it has the capabilities of working a clients account without going outside of the screen to search for what you want for your Billing needs. FYI: Keep in mind you can hover over any icon to see what they are.

1. Overview tab

a. Current Client Balance	Unpaid Services	Unposted Payments
b. Internal Collections	External Collections	Don't Send Statements
c. 3rd Party Payer Info	Payment History	
d. Financial Information is Complete	Financial Summary	
e. Generate Claims	Post Payments	View Past Statements & Generate Statements

Hyperlinks:

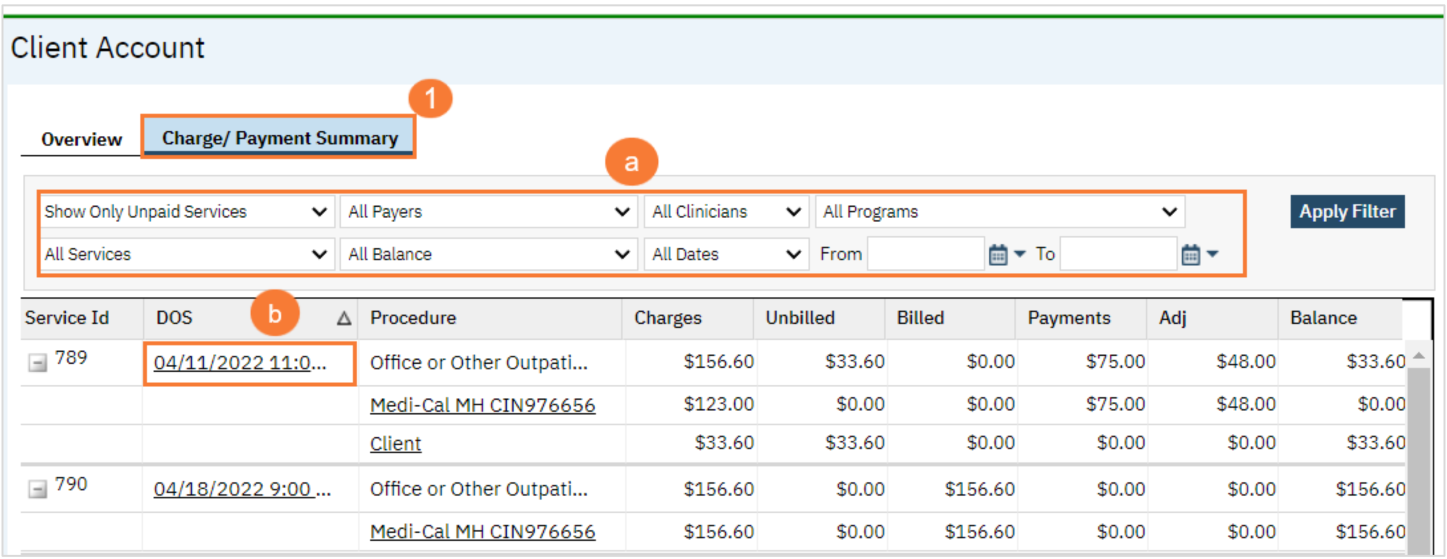
f. When you click on the Hyperlink for the Client's Name Lewis, Monica, it will take you to Client's Information Screen. Where you can find Demographics, etc.
g. When you click on the Hyperlink $33.60 it will take you to the Charge/Payment Summary
h. When you click on the Hyperlink 12/09/2022 it will take you to the Payment/Adjustment Posting screen


Client Account
1
e
Overview
Charge/ Payment Summary
Account Information
Client Name
Lewis, Monica
Financially Responsible
Lewis, Monica
f
Current Client Balance
$33.60
Unpaid Services
g
$33.60
a
Unposted Payments
$0.00
Last Statement Sent
Payment Arrangement Amount
0
Client Fund Balance
0
Internal Collections
External Collections
Don't Send Statement
b
Reason
3rd Party Payer Information
c
Plan
Balance
Unbilled Amt
>90 Days
Flagged
Medi-Cal MH CIN97665...
$2,418.20
$378.45
$0.00
Payment History
Last 30 Days
Show Client Payments Only
Payer
Date
Amount
Check#
Unposted Amount
Medi-Cal MH CIN976656
12/09/2022
$75.00
4345
$0.00
h
Financial Information is Complete
Accounting Notes
d
Financial Summary
Client: Active
Current/Most Recent Episode: Episode 1 03/01/2022
Current/Most Recent Program: Outpatient MH Adult 04/01/2022
Last Seen on Date:
Auths
Plans
Medi-Cal MH - 03/01/2022

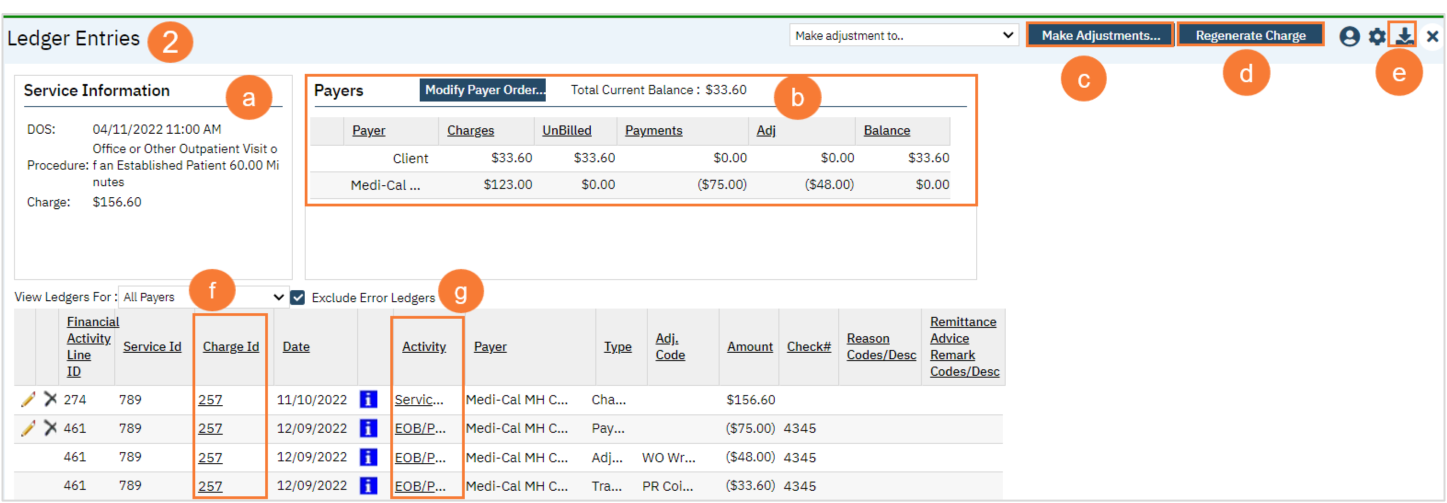
Client's Account Charge/Payment Summary Tab

This is where you can view all the Clients Payments, Adjustments, Balance, Billed, Unbilled, Charges and drill down for each Date of Service on the Ledger Entries.

1. Click on the Charge/Payment Summary
   a. Select your Filters to work Clients Account
   b. Click on the DOS you want to work
   The Ledger Entries screen will open



2. Ledger Entries
   a. Service Information
   b. Payers, Client balance, Adjustment, and Payments
   c. Make Adjustments
   d. Regenerate Charge
   e. Export
   f. Charge Id: Everywhere in SmartCare is interactive so you can click on the numbers 257 Hyperlink, and it will open a screen where Charges can be Validated, Rebill, Status History and Action History can be Checked
   g. Activity: You can add/modify EOB by clicking on the Hyperlink EOB or you can view/modify a Service by clicking on the Service hyperlink



Identifying Billing Errors

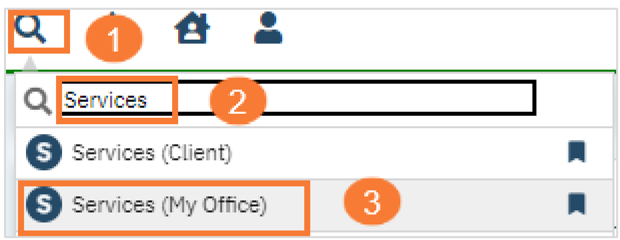
This section will help Billers identify some billing errors they may encounter and how to fix them.

Note: Once errors are corrected, they will go through the overnight process. However, if you want to create claims right away, you can do so by following the “Bypass overnight process.”

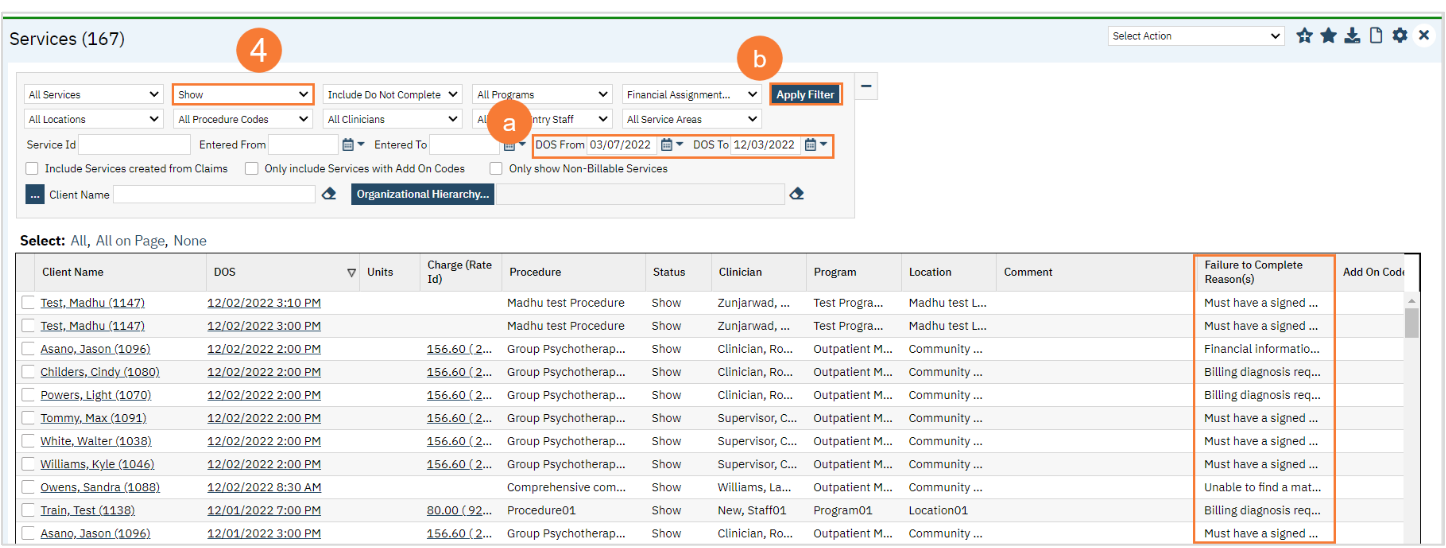
Error Type	Error Message
4410	Financial information has not been completed for this client.
4402	Must have a signed note before completing a service.
4403	Unable to find a matching rate for the selected procedure.
4404	Billing diagnosis required for completing the service.

How to Identify and Fix Billing Errors

1. Click on the Search icon
2. Type Services
3. Click on Services (My Office)



4. Select Show from the drop-down menu
   a. Select a Date Range for the DOS From and DOS To field
   b. Click Apply Filter

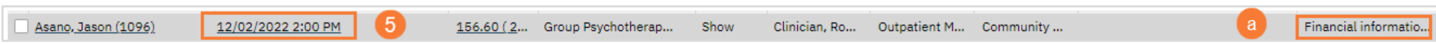


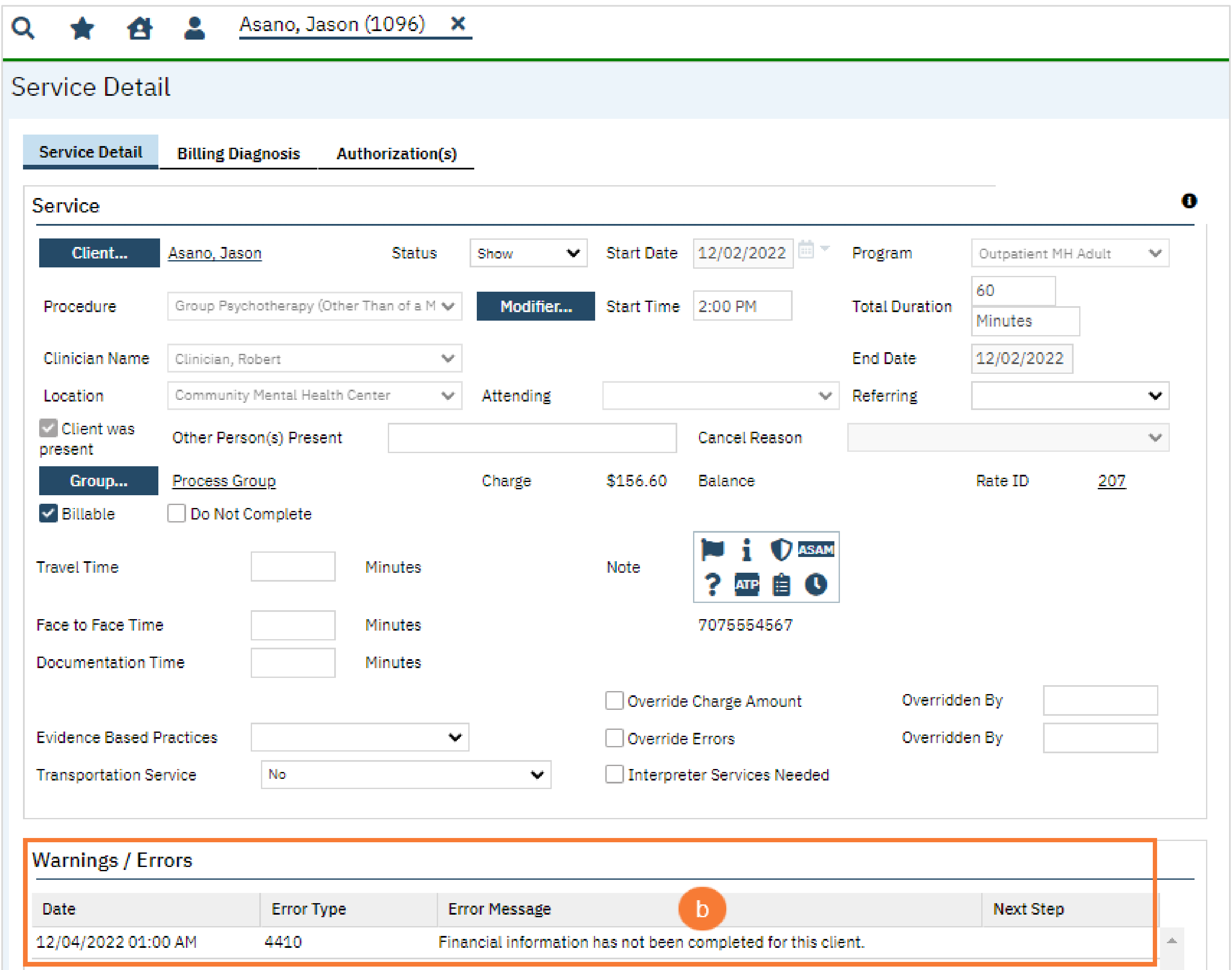
Error Type: 4410 Financial information has not been completed for this client

This error happens when the “Financial Information is Complete” box is not selected on Client Account Screen. The reason this is necessary for creating charges to send to the Payer electronically or you can print on paper.

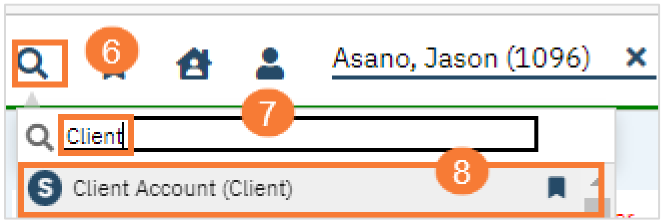
To fix this error follow the below steps:

5. Click on the DOS for this client
   a. Financial information has not been completed for this client
   b. The Service Detail Screen will open displaying the Warnings/Errors Message

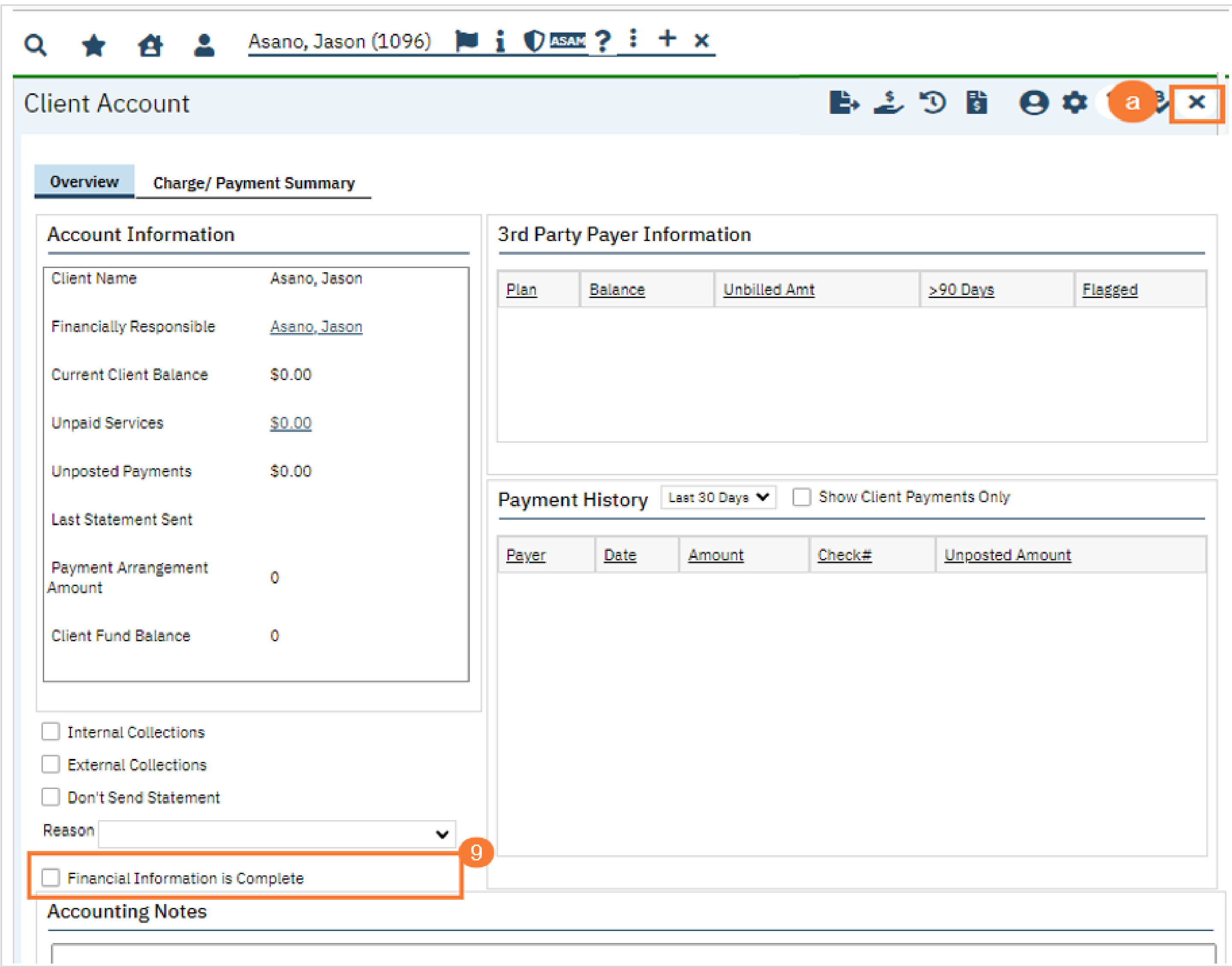




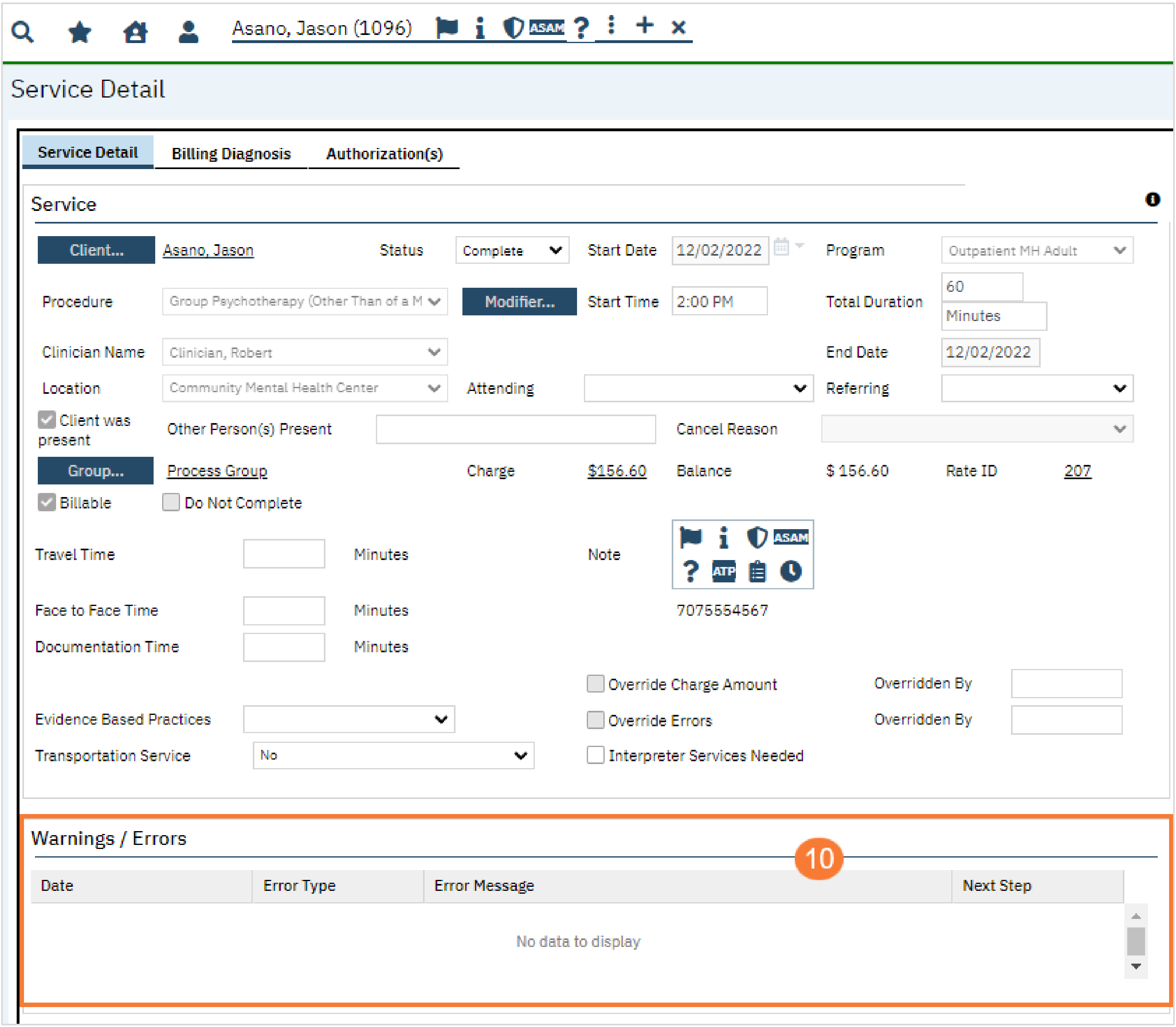
6. Click on the Search icon
7. Type Client
8. Click on Client Account (Client)



9. Select the box to add a checkmark on Financial Information is Complete.
   a. Click on X to close



10. Service Detail Screen, No longer have the Warnings/Error Message



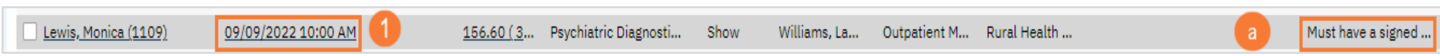
Error Type: 4402 Must have a sign note before completing the service

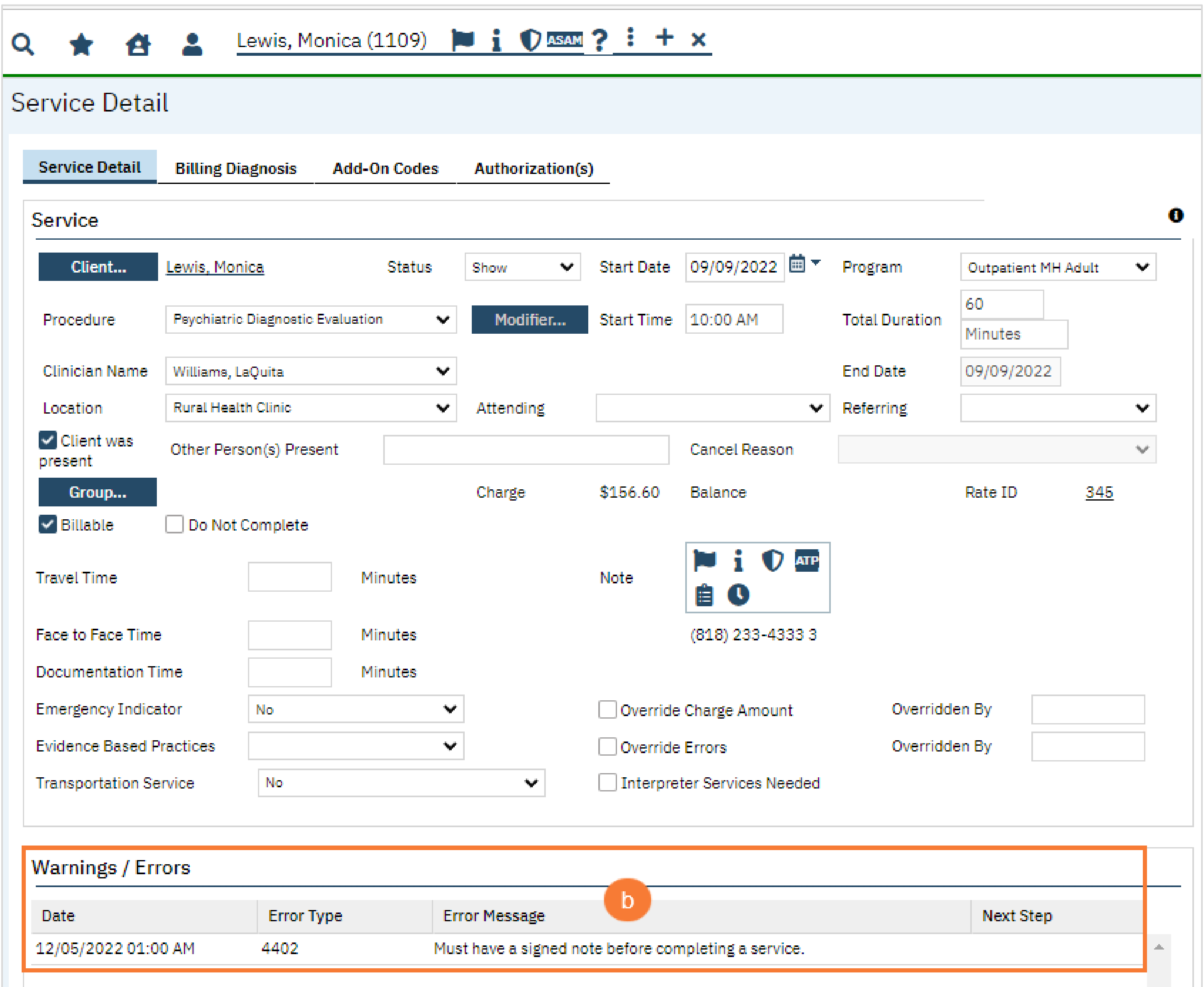
There are 2 different reasons that will cause this error to occur

- The Narrative Note was not documented or
- The Service Note was not signed

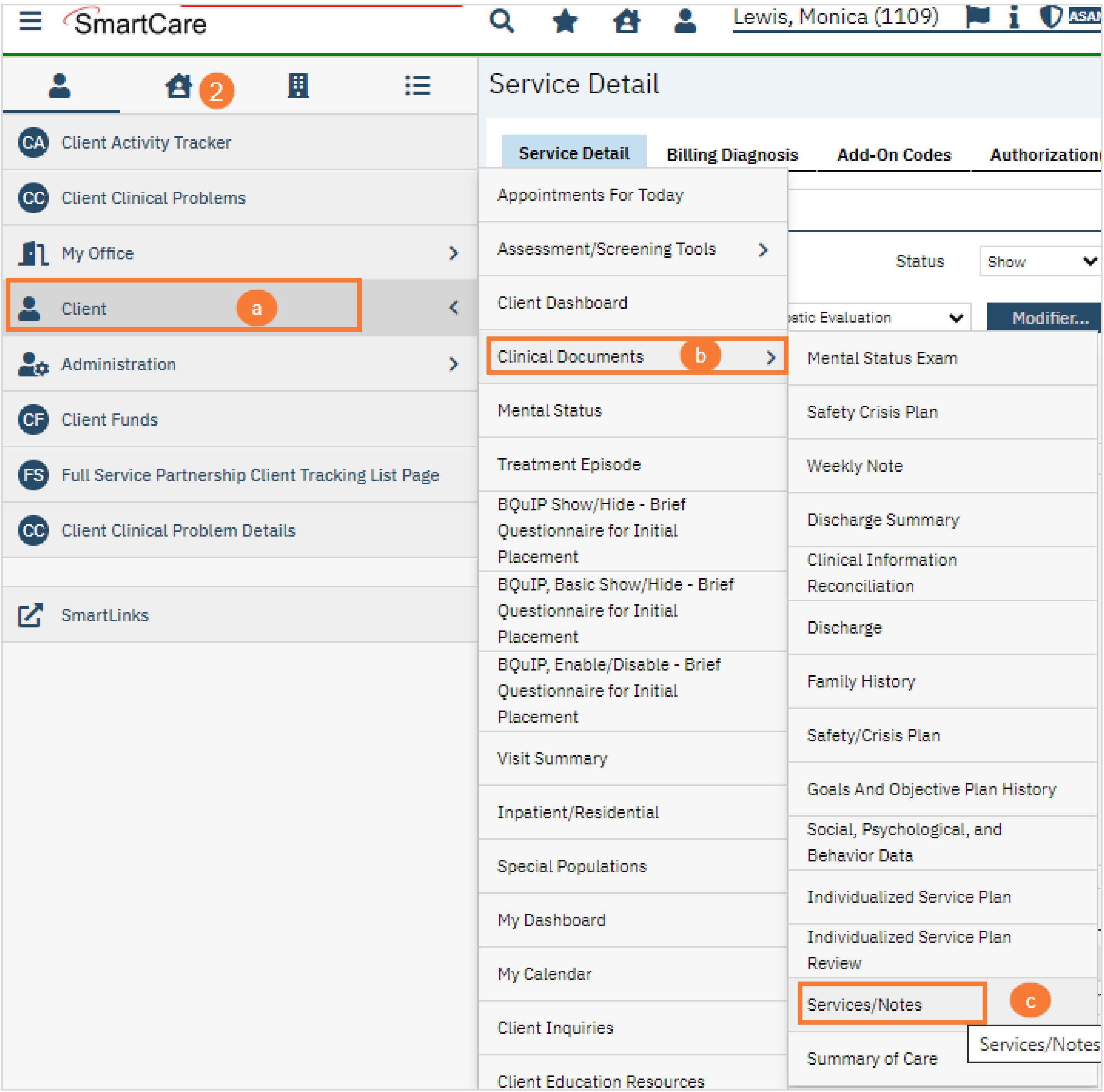
To fix this error follow the below steps:

1. Click on DOS
    a. Error message Must have a sign note before completing the service
    b. The Service Detail Screen will open displaying the Warnings/Errors Message

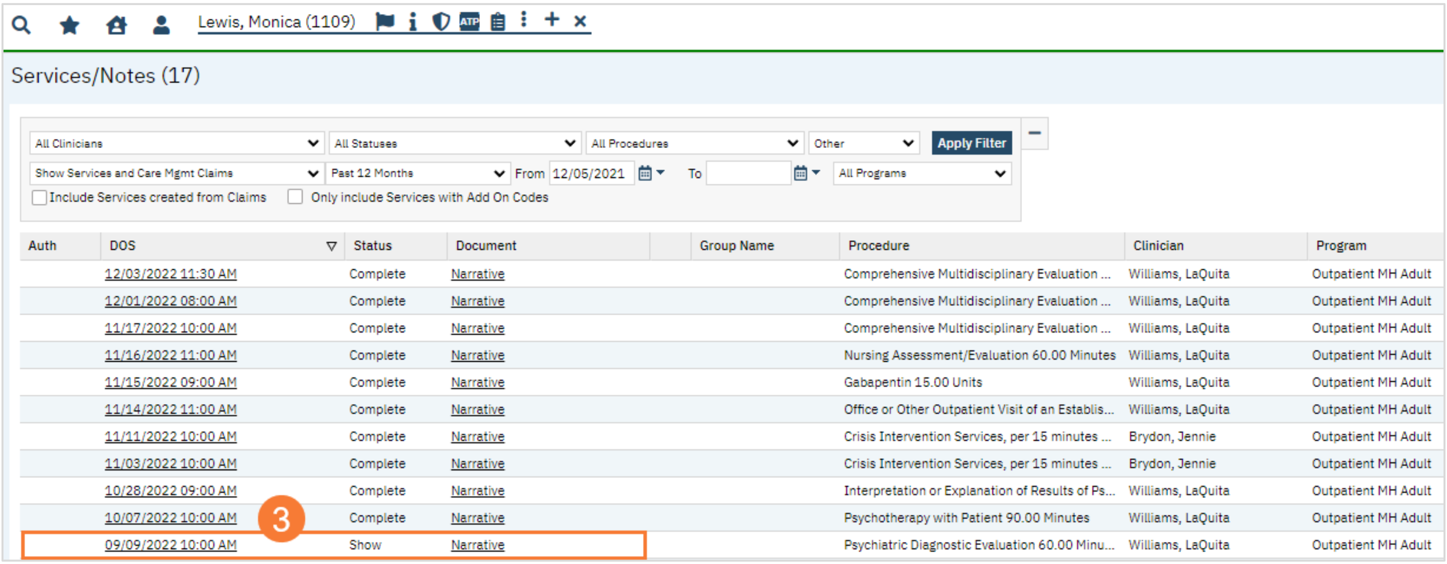




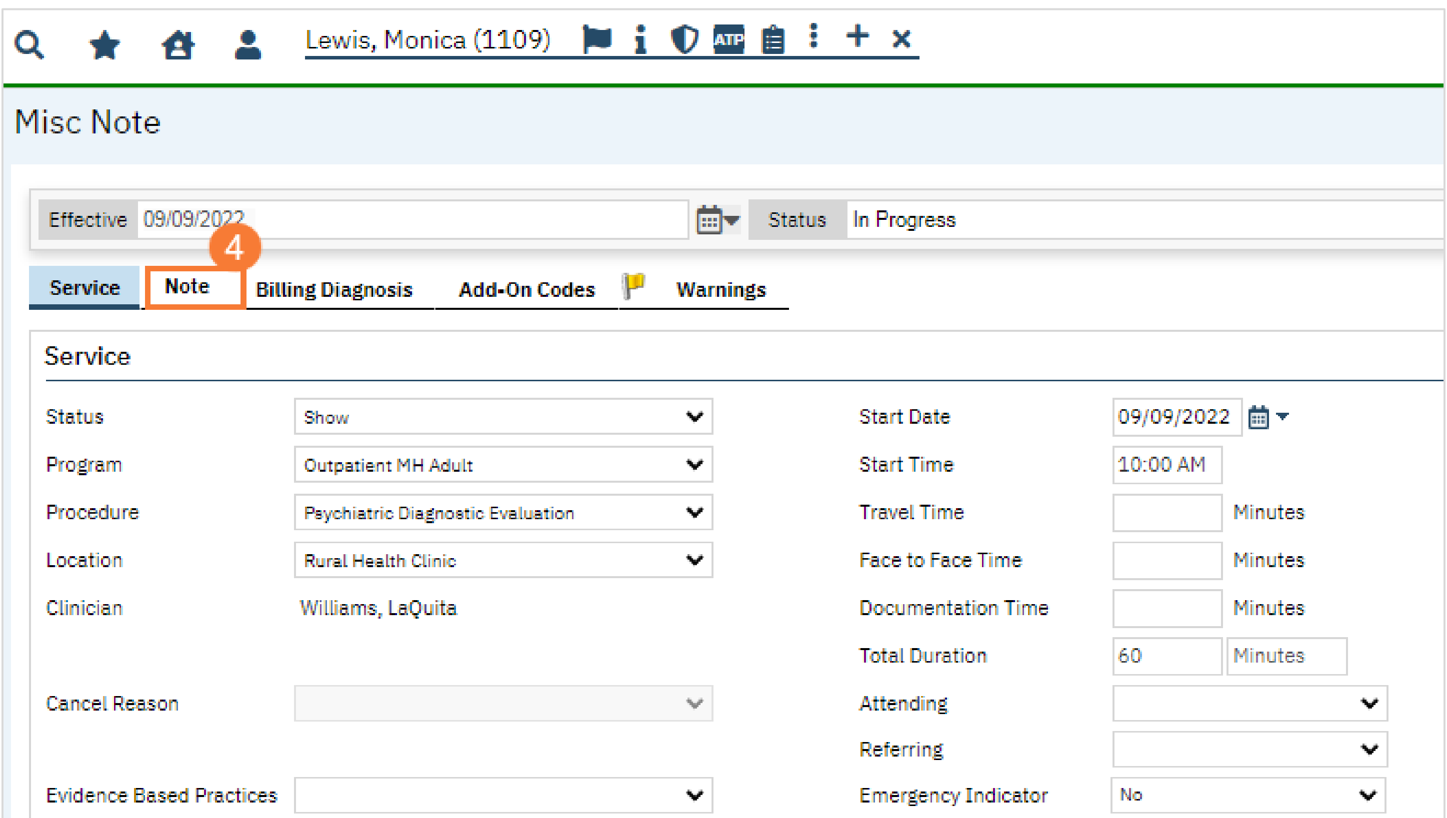
2. From your left navigation menu. **Navigate to the following path:**
   a. **Hover over Client**
   b. **Scroll to Hover over Clinical Documents**
   c. **Scroll down to Click on Service Notes**



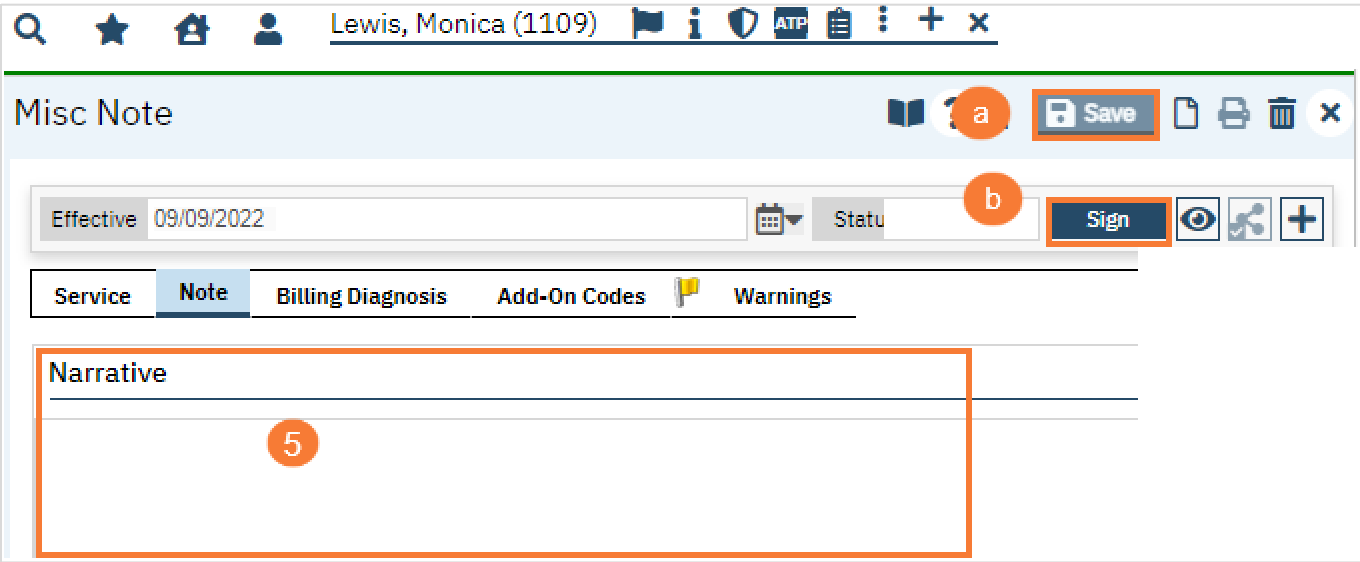
3. Click on DOS 09/09/2022

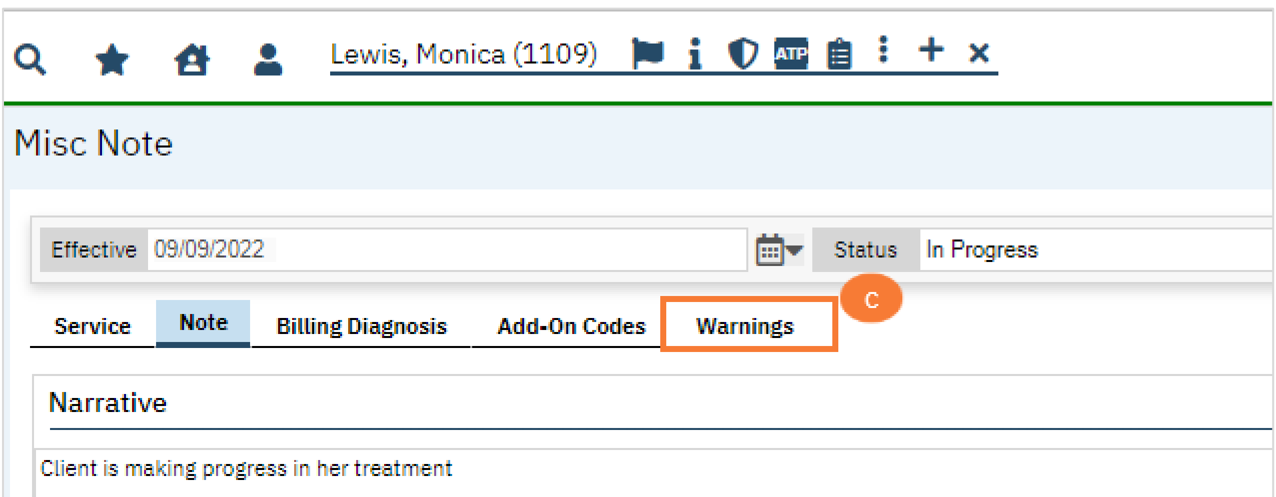


4. Click on Note tab



5. Type a note in the Narrative box
    a. Click Save
    b. Click Sign
    c. Warnings Flag is now gone



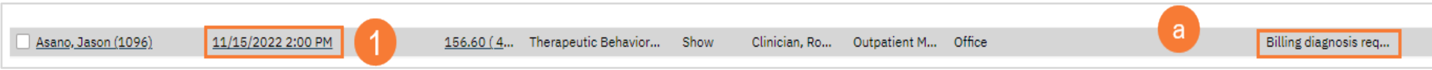


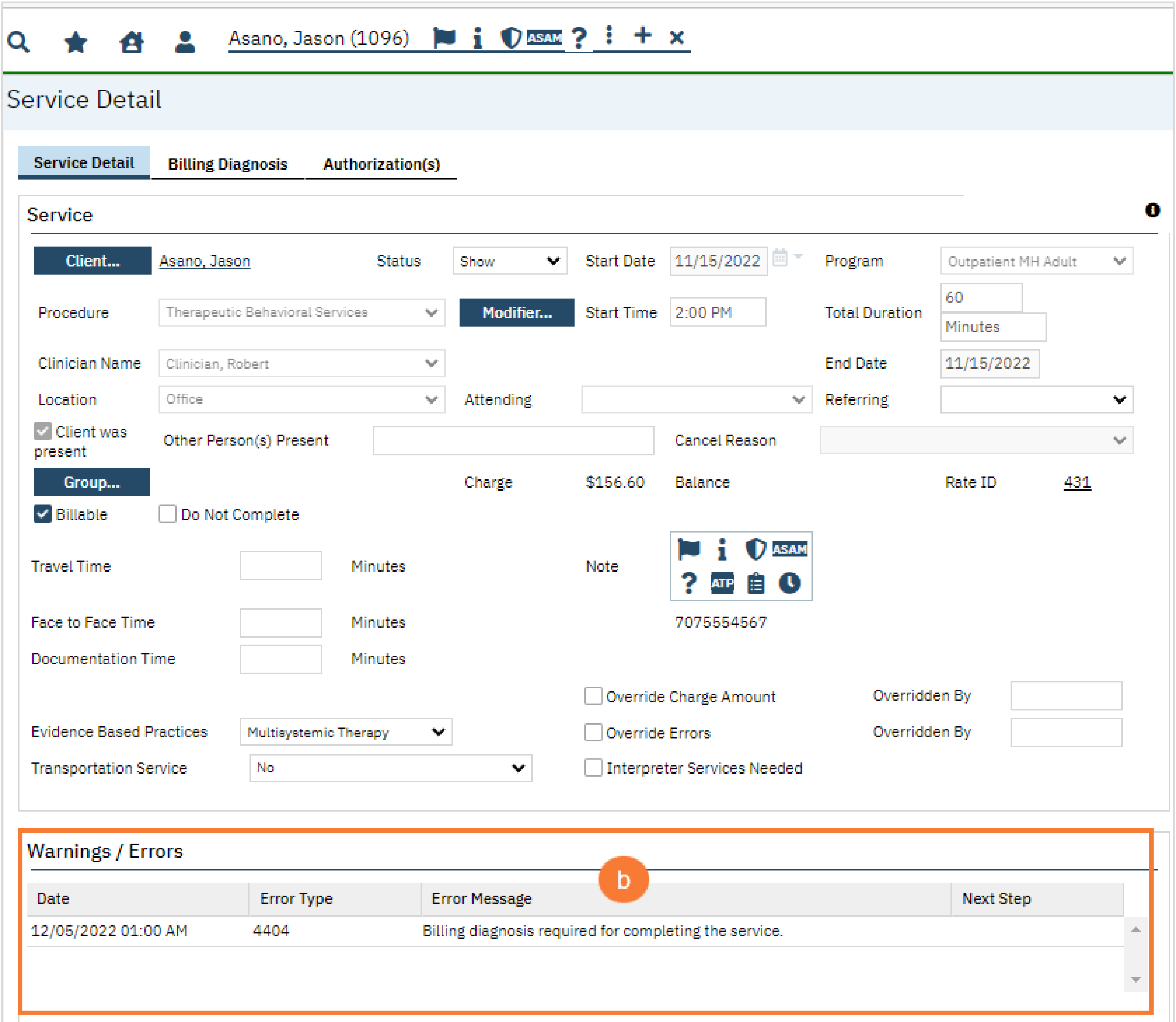
Error Type: 4404 Billing Diagnosis Required Before Completing the Service

This Error was generated because there was no Diagnosis attached to this Date of Service. All Services must have a Billing Diagnosis.

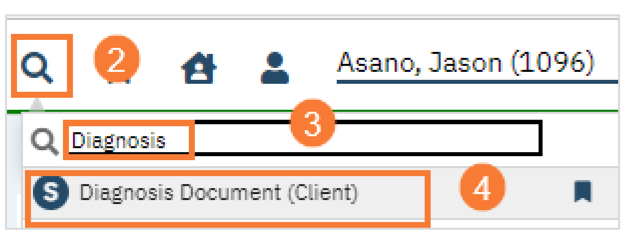
To fix the error follow the below steps:

1. Click on DOS
    a. Error message Billing diagnosis required before completing the service
    b. The Service Detail Screen will open displaying the Warnings/Errors Message

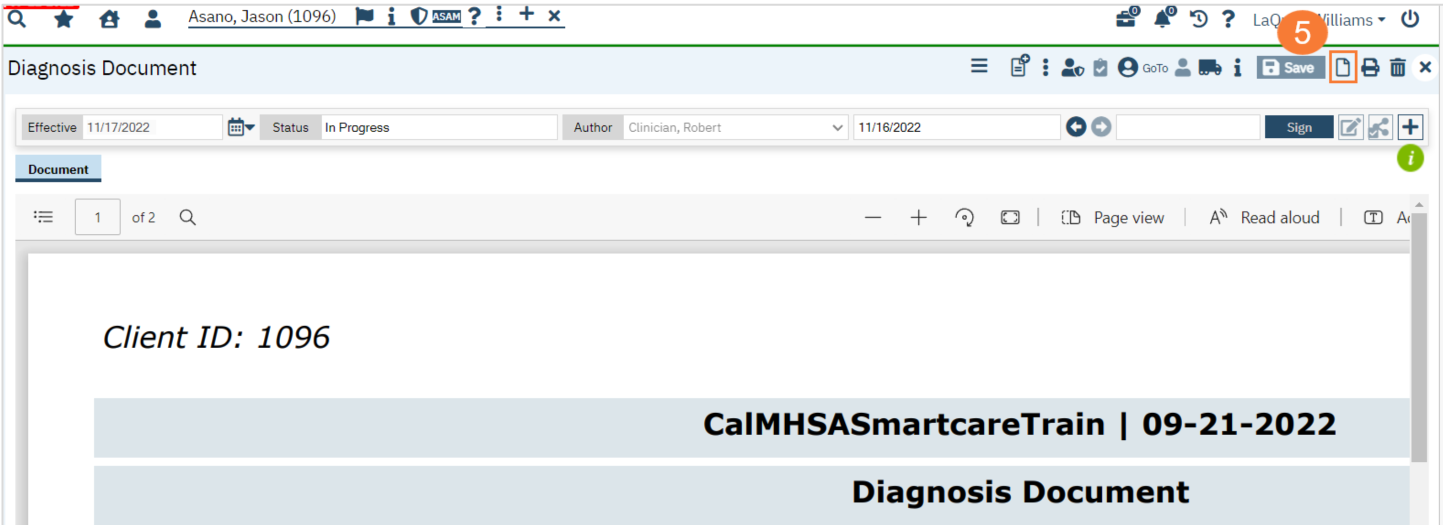




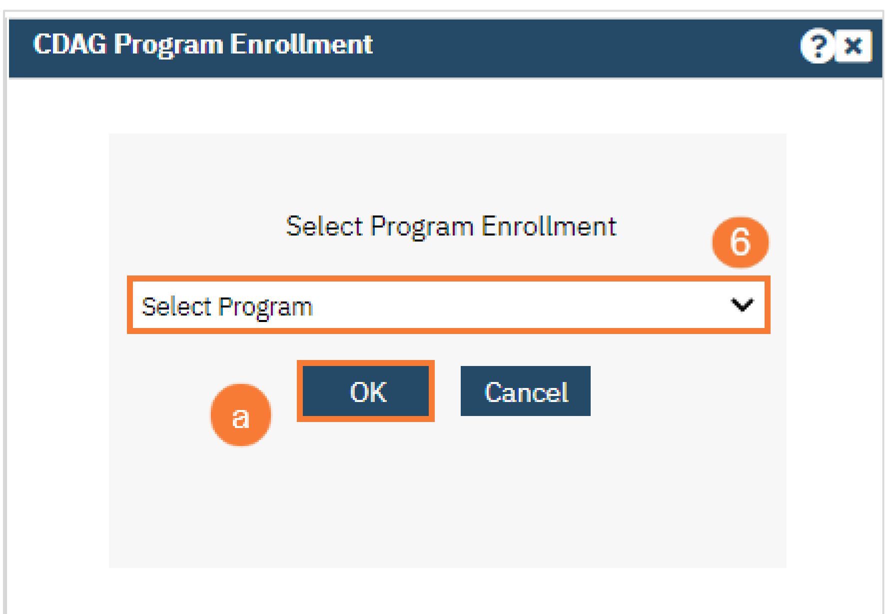
2. Click on the Search icon
3. Type Diagnosis
4. Click on Diagnosis Document (Client)



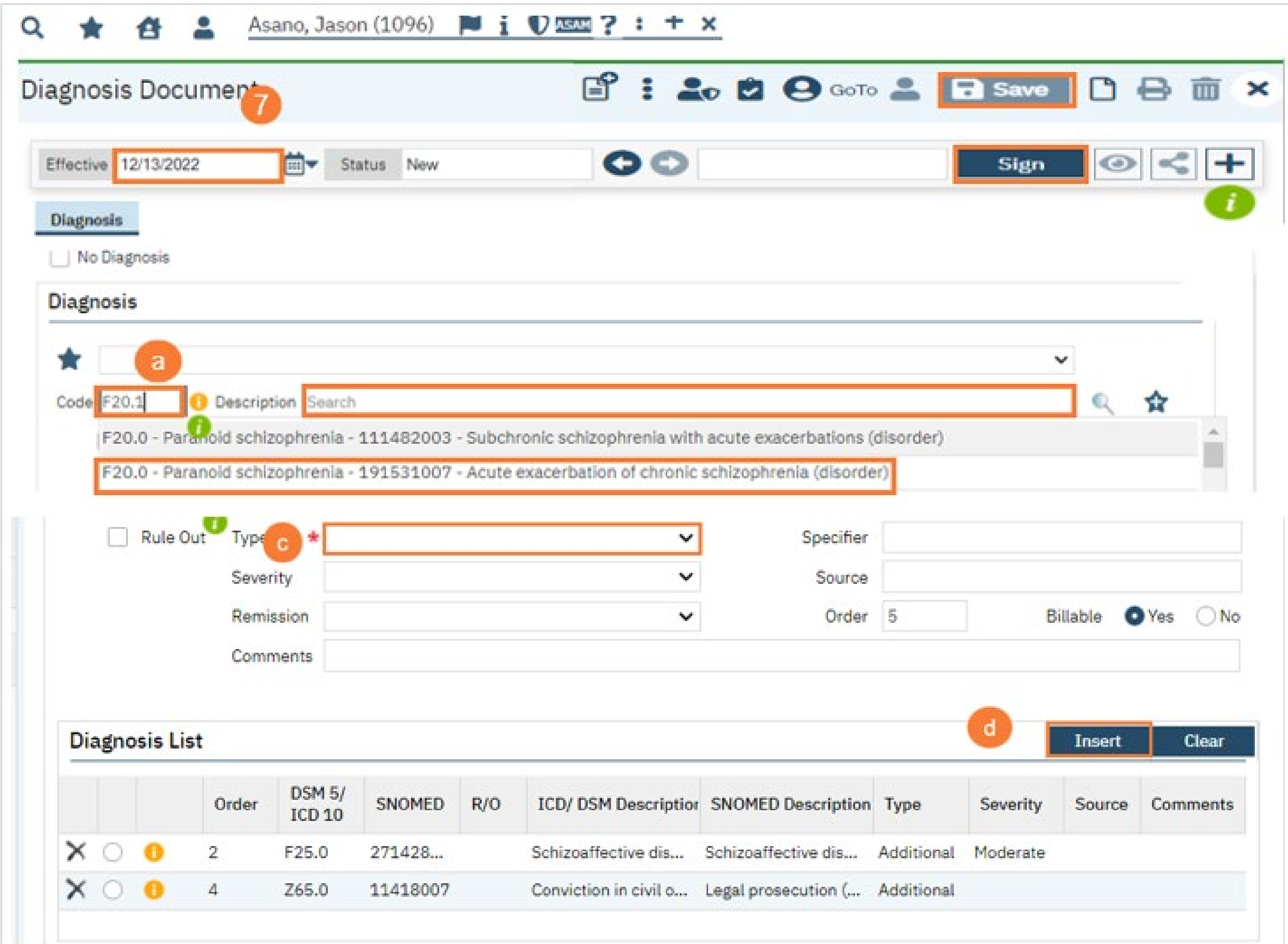
5. **Click on the New icon** to add a New Diagnosis



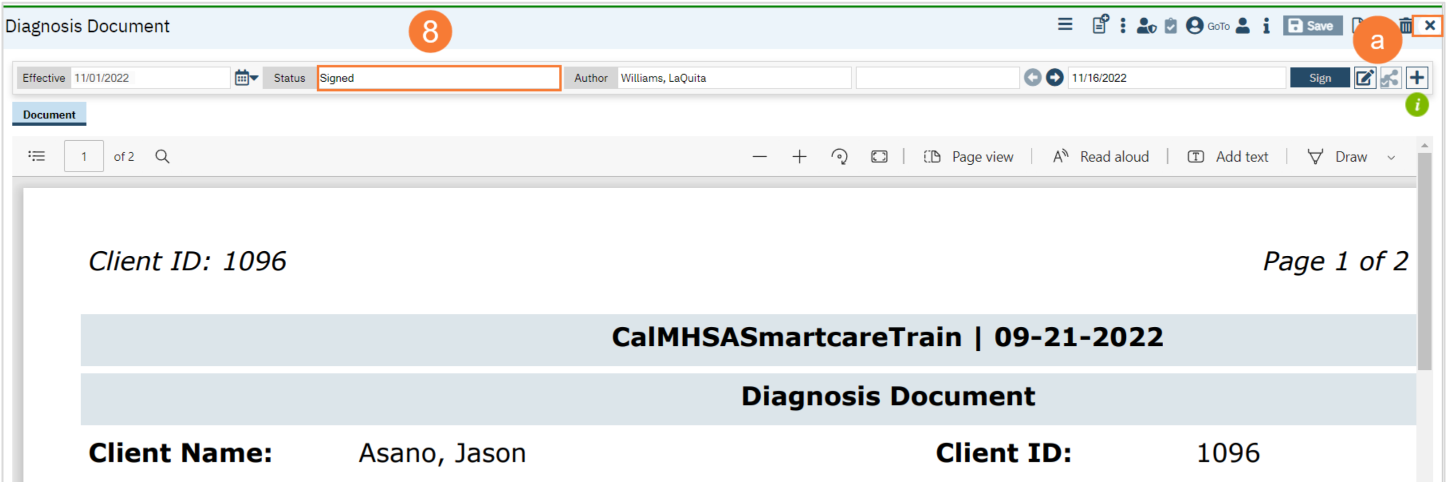
6. **Select the appropriate CDAG Program Enrollment from the drop-down menu**
   a. Click OK



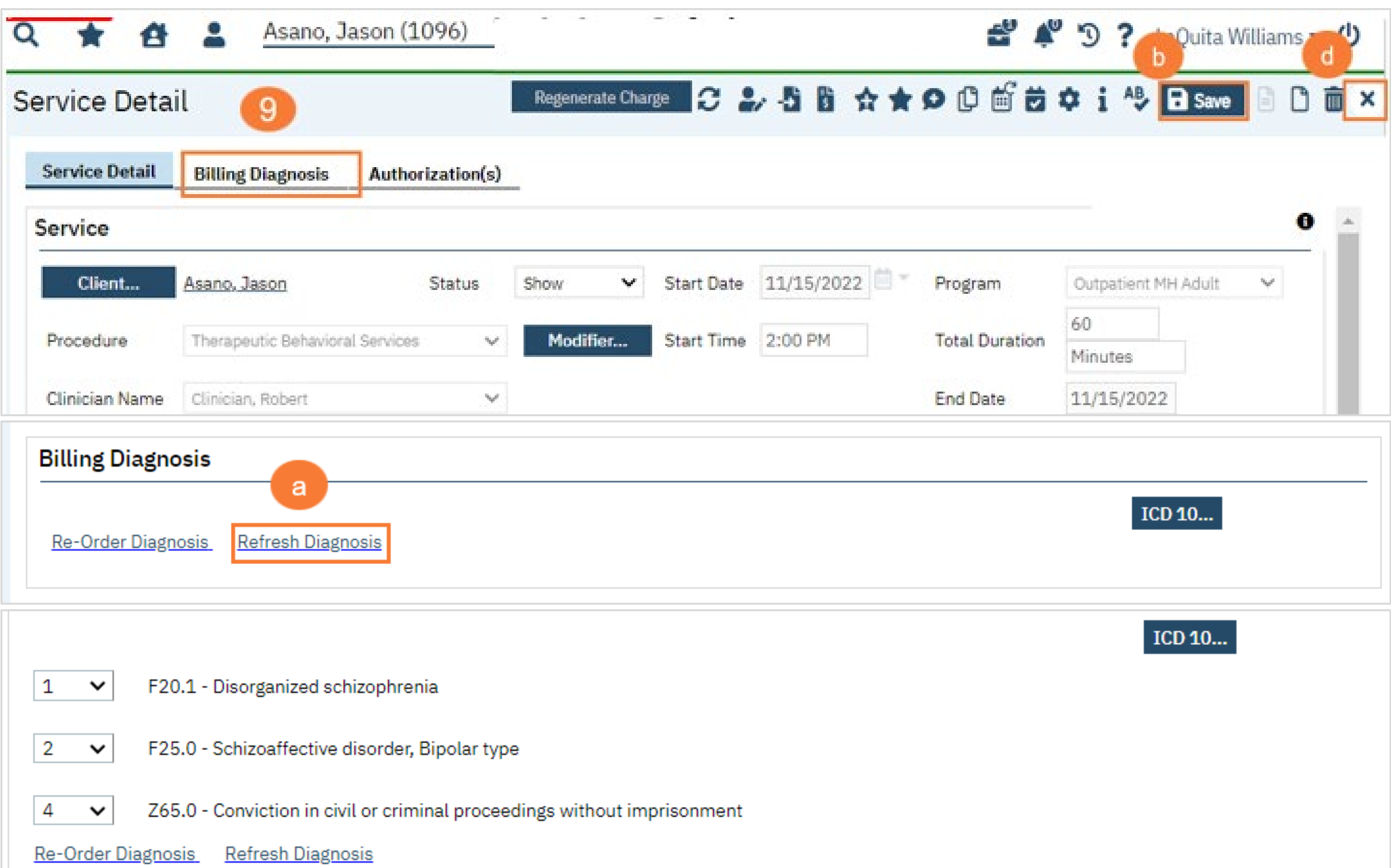
7. **Select the appropriate Effective Date** that corresponds with the Service
    a. **Type in Diagnois code or Type Description**
    b. **Click on the Diagnosis you want from the list**
    c. **Select if this Diagnosis is Primary, Additional, or Provisonal from the Type drop-down menu**
    d. **Click Insert**
    e. **Click Save**
    f. **Click Sign**

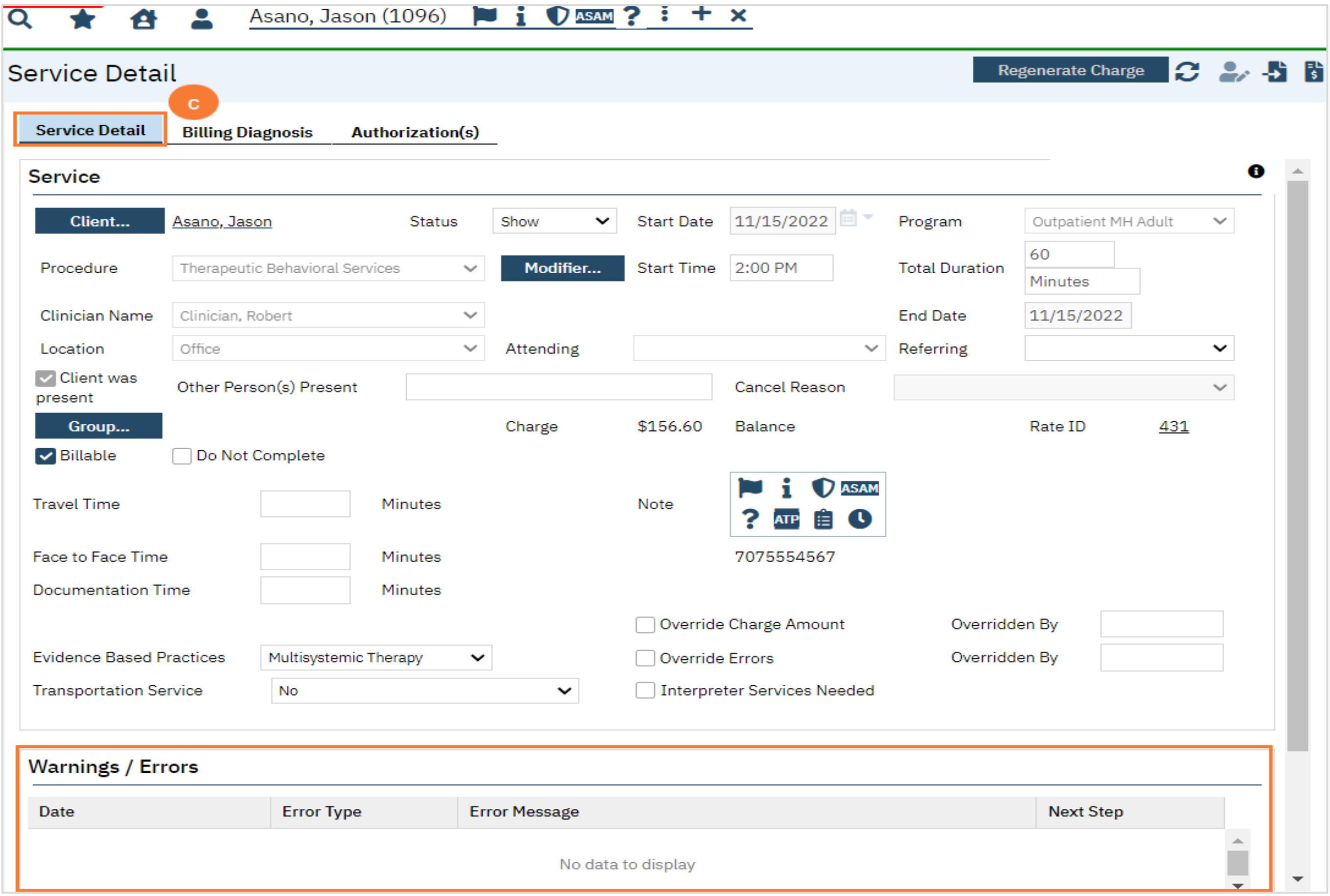


8. A signed PDF Diagnosis document will appear
   a. Click on the X to close



9. Click Billing Diagnosis tab
   a. Click on Refresh Diagnosis this will show all Diagnosis
   b. Click Save
   c. Click on Service Detail tab, notice the Billing Diagnosis error is gone
   d. Click on the X to close



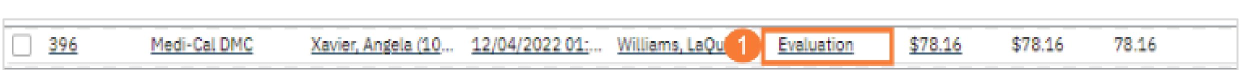


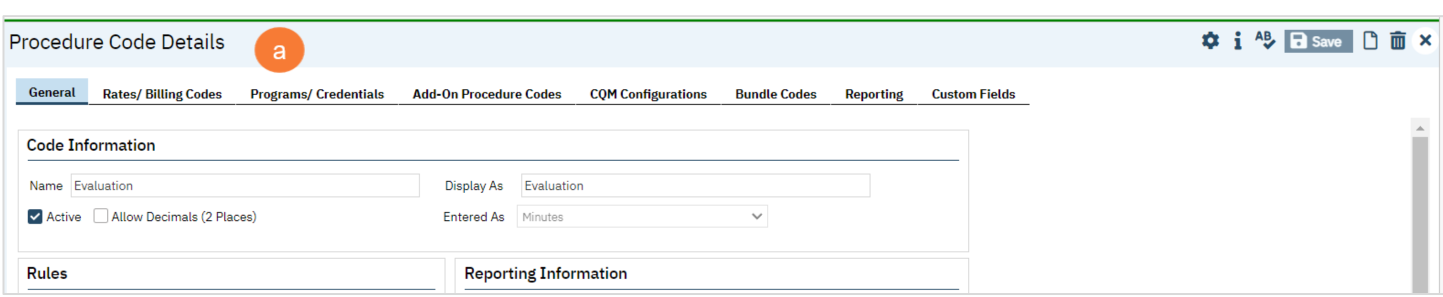
Error Type: 4403 Unable to find a matching rate for the procedure or Missing billing procedure rate

This error occurs when there is no rate associated with the specified Service Area, in this case Service Area DMC needs to have a cross reference rate created.

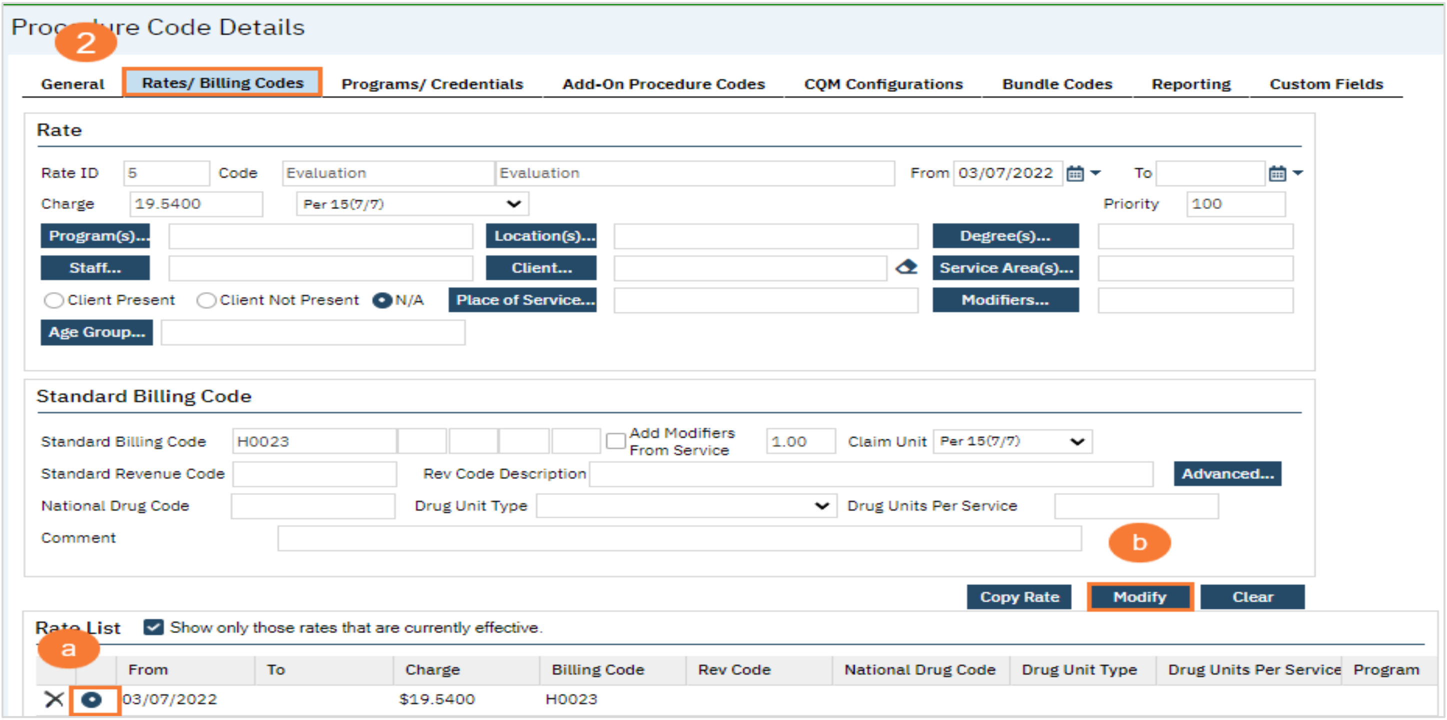
To fix the error follow the below steps:

1. Click on the Hyperlink Evaluation
   a. The Procedure Code Detail Screen will open

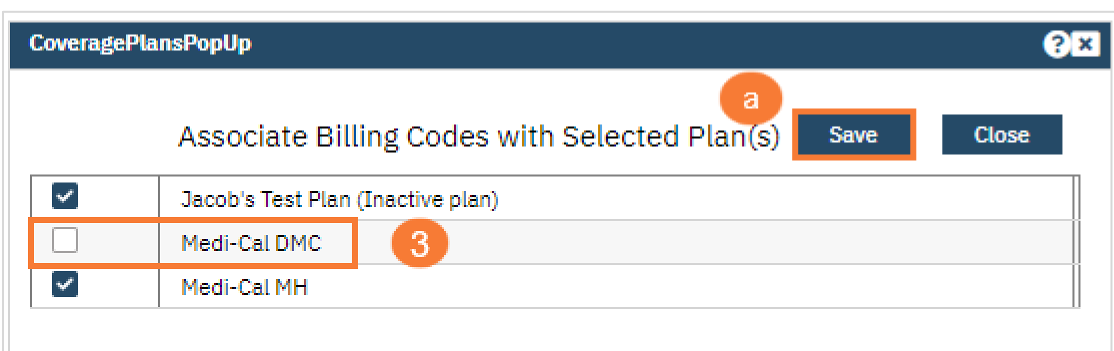




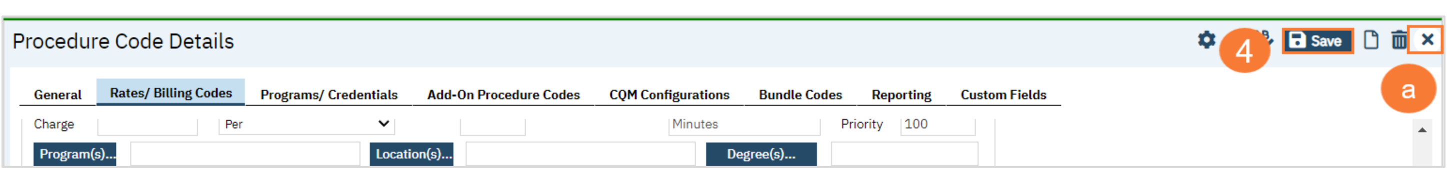
2. Click on the Rates/Billing Codes tab
   a. Click on the circle next to the DOS
   b. Click Modify



3. Click on the box next to Medi-Cal DMC to add a checkmark
   a. Click Save



4. Click Save
   a. Click on the X to close

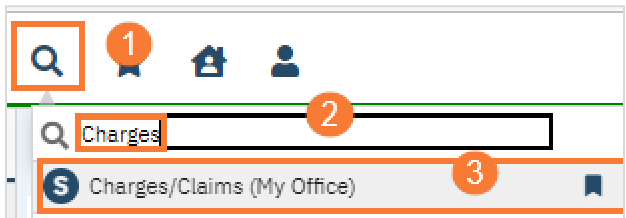


Delay Services for Various Reasons

This section is to walk Billers how to Delay Services you may not want to bill for various reasons.

How to add a Delay Reason

1. Click on the Search icon
2. Type Charges
3. Click on Charges/Claims (My Office)



4. Select your parameters
   a. Select Ready to Bill from the drop-down menu
   b. Select Show unbilled charges from the drop-down menu
   c. Enter a Date Range in the DOS From and Dos To field
   d. Click Apply Filter This will apply all the parameters you selected
   e. Select All or Click only on the services you want to process
   f. Click on Select Action Drop down menu
   g. Select Add Delay Reason from the drop-down menu
   h. Add Delay Reason Pop-up box appear, Select Delay Reason from the drop-down menu
   i. Click OK