Billing 201 Guide

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About this User Manual

This manual was developed to use in conjunction with the Billing 201 Training Course. It provides end users with basic knowledge regarding client financial screens, and the service completion and ready to bill processes.

Audience

This manual is intended for users with the Biller role.

Assumptions

- 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 windows operating systems or other popular programs like Mac OS.
- Basic knowledge of how to use internet browsers like Microsoft Edge and Google Chrome.

For 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 SmartCare, make sure you have a compatible internet browser like Microsoft Edge and Google Chrome. CalMHSA recommends Google Chrome for the best user experience.

For: Live Chat

https://2023.calmhsa.org/

Coverage/Plan

In SmartCare, coverages (also called plans) are the insurance plans and payers who are billed to pay for the clients' services.

Adding a coverage to a client's record is a two-step process. The first step is to add the coverage to the client's record and the second is to add the coverage time span (effective and/or end dates). Both steps are accomplish via one screen, Coverages (Client).

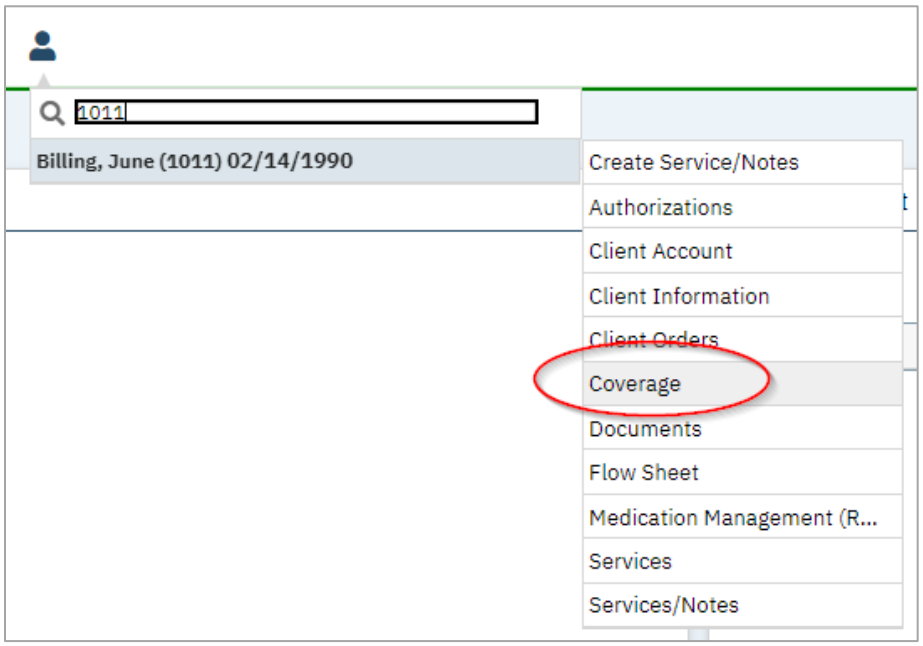
SmartCare has some unique features for coverages. The system can identify which order the coverages should be for Clients who have more than one coverage. All predefined Plans COB order is hardcoded, which sets the precedence for billing. Therefore, end users do not have to worry about selecting the coverage order because the system does it automatically.

Add a Coverage Plan

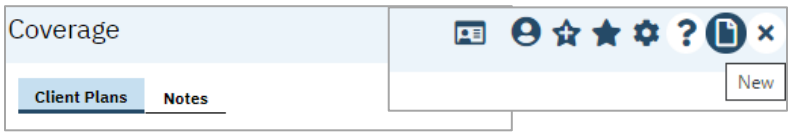
The first step to add a new coverage to a client's record is to add the coverage to the Client Plans section on the Coverage screen.

1. Search for client by clicking on the Person icon
2. Begin typing Last Name or record ID#
3. Click on the Client Name when is displays
4. Scroll to the right with mouse to select Coverage

   The Coverage screen will open.

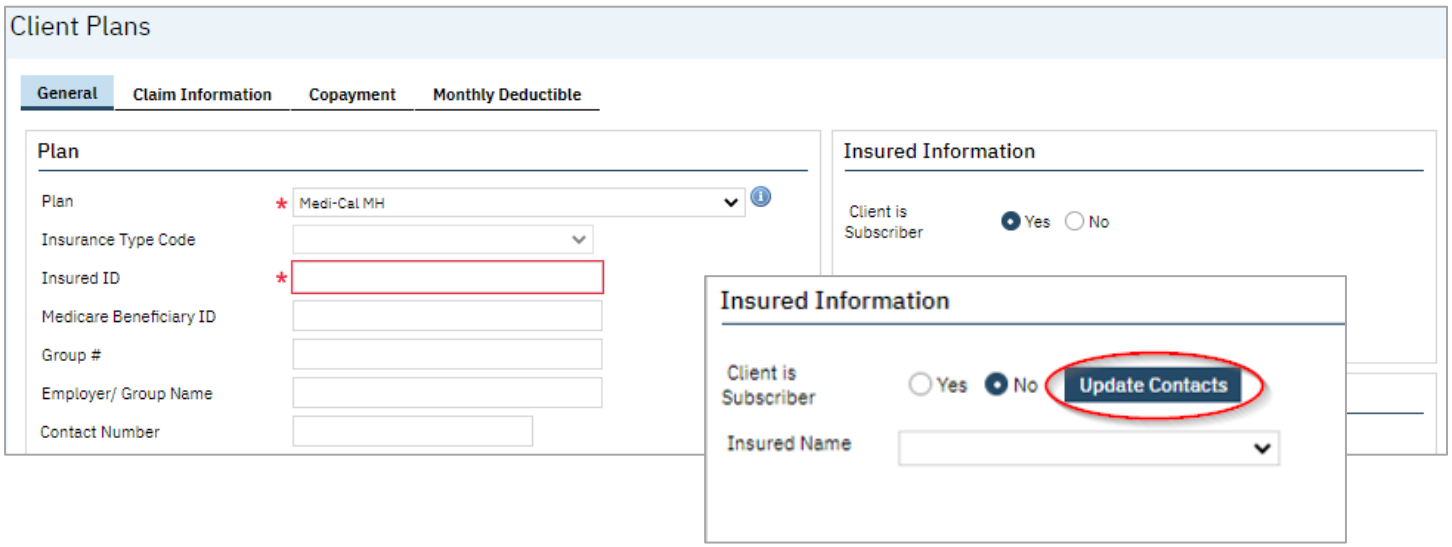


5. Click on New icon



The Client Plans screen will open.

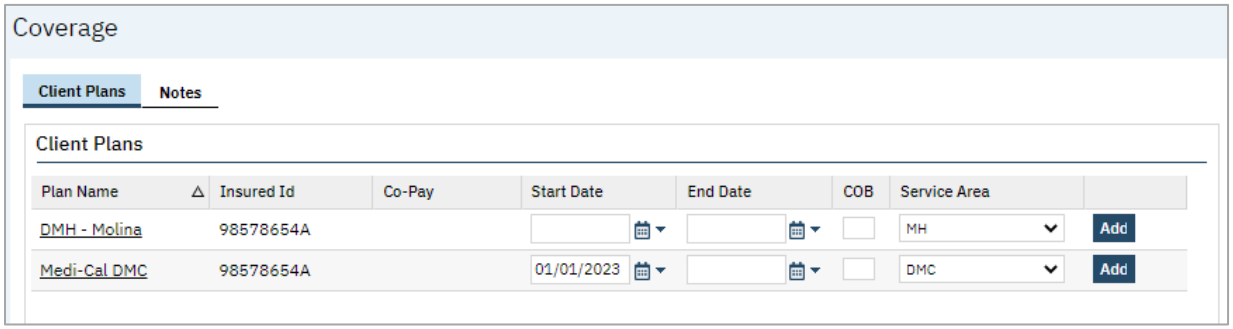
6. The fields are required when entering a new plan are:
    a. Plan – Select from the dropdown menu
    b. Insured ID – Enter Insured ID
    c. Client Is Subscriber
        i. The Client is Subscriber radio button automatically defaults to Yes
        ii. If the client is not the subscriber select the No radio button and select the subscriber from the dropdown list of the client's contacts (second screenshot)
        iii. If the subscriber has not been added to the client's contacts, select the Update Contacts button and add the subscriber's information to the client's contacts
    d. Save and close
7. Repeat the above steps to add additional Coverages



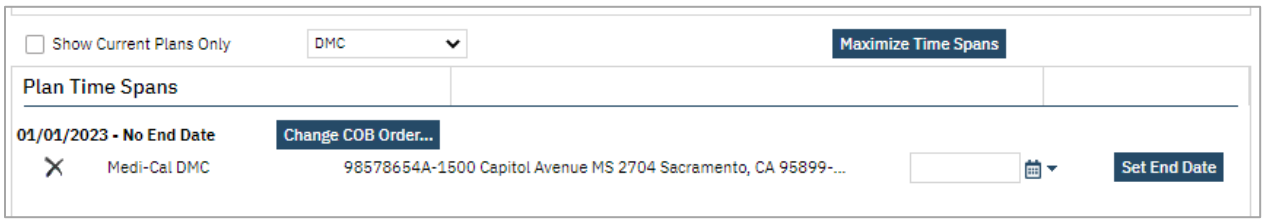
Plan Time Spans

The second step to add a new coverage to a client's record is to add the plan time span (start/end dates). Client coverages added to the client's record are in the Client Plans section of the Coverage screen.

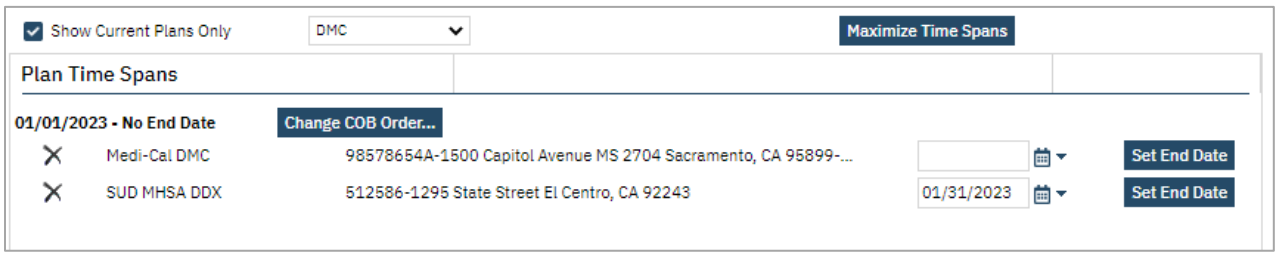
1. To add a plan time span:
    a. Enter or select the Start Date
        i. An End Date can also be entered if applicable but is not required
    b. Click Add



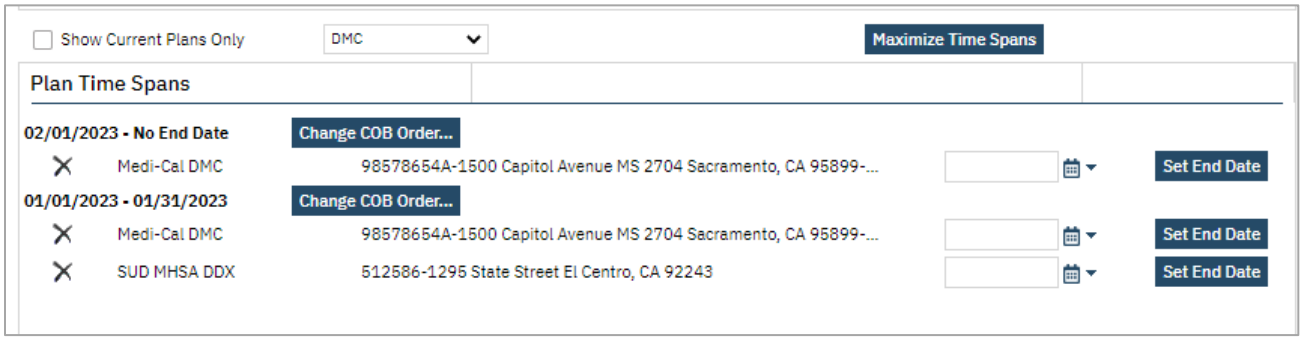
2. Once a Plan Time Span is added, it is viewable in the Plan Time Spans section of the screen
3. To view coverages for a client that have an end day, deselect the "Show Current Plans Only" checkbox



4. Terminating a coverage in the Plan Time Spans section:
    a. Enter the end date in the provided field
    b. Select the Set End Date button



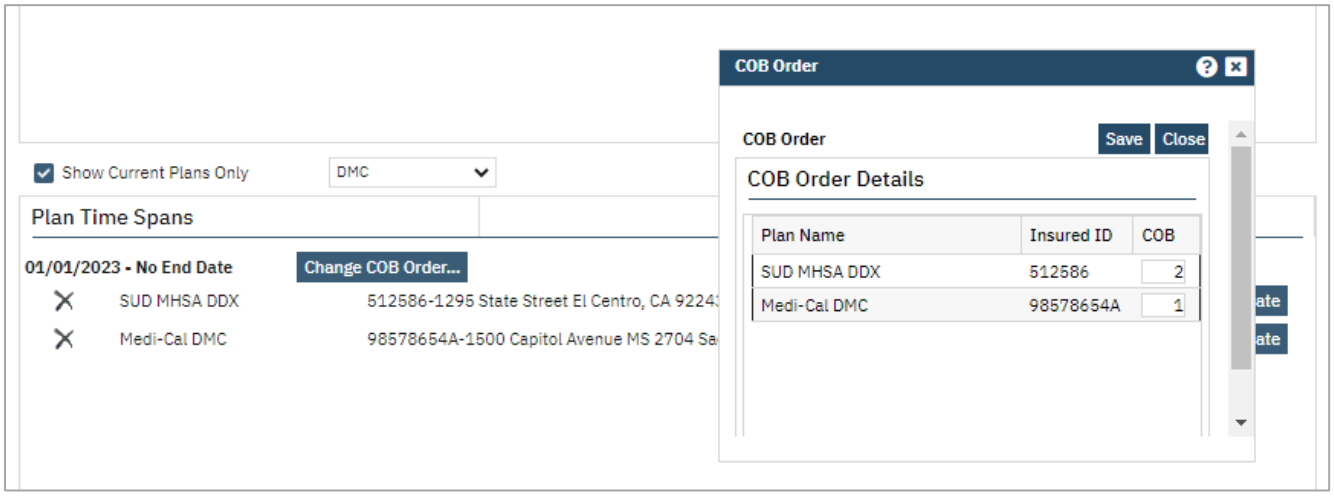
5. To view all current and historical coverage for a client, uncheck the “Show Current Plans Only” checkbox
6. Use the dropdown to view Plans associated to the DMC and MH Service Areas



Coordination of Benefits (COB)

Managing COB in SmartCare is easy with the tools available. Assigned to each Plan is a coordination of benefits (COB) order in the setup, and this helps the system automatically add client coverages in the correct order. Below are steps to update manually the COB order.

1. On the Plan Time Spans section of the Coverage screen select the Change COB Order button
2. Enter the correct order for each Plan
3. Click Save and then Close



270/271 Eligibility Transactions

SmartCare has the capability to submit and receive 270/271 real-time eligibility transactions for Medi-Cal from the Coverage screen. In addition, with the click of a button, the system will update the client's Medi-Cal coverage.

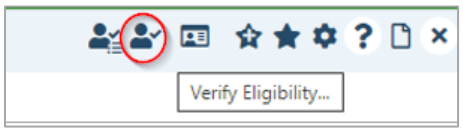
Run real-time eligibility transactions on demand in three areas of the system:

- Coverage (Client) screen
- Inquiry (Client) screen
- Registration (Client) screen

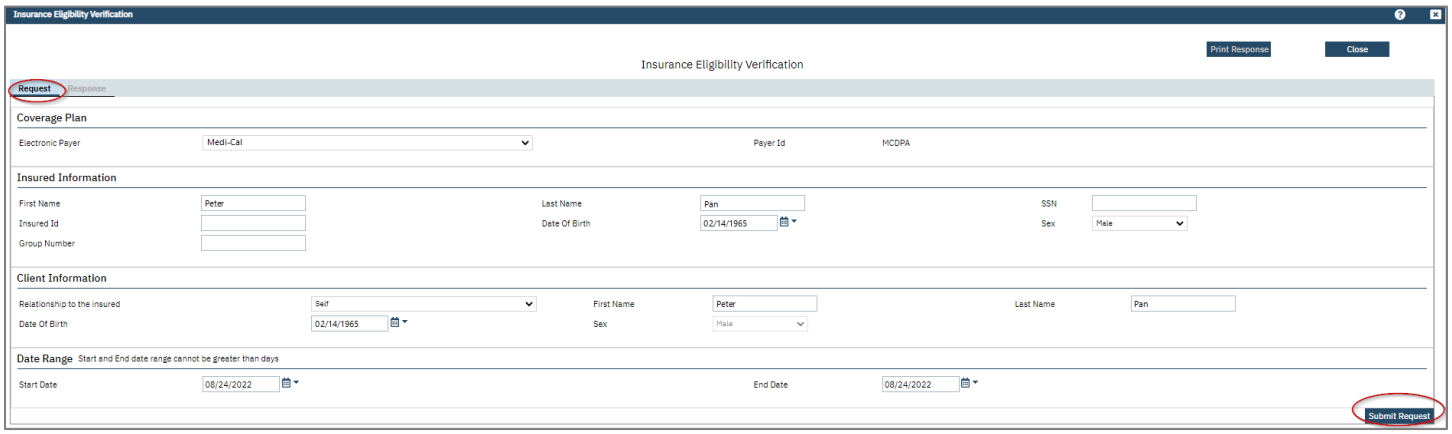
Note: This guide only covers information for the 270/271 transactions in the Coverage (Client) screen.

Real-Time 270/271 Eligibility Transactions

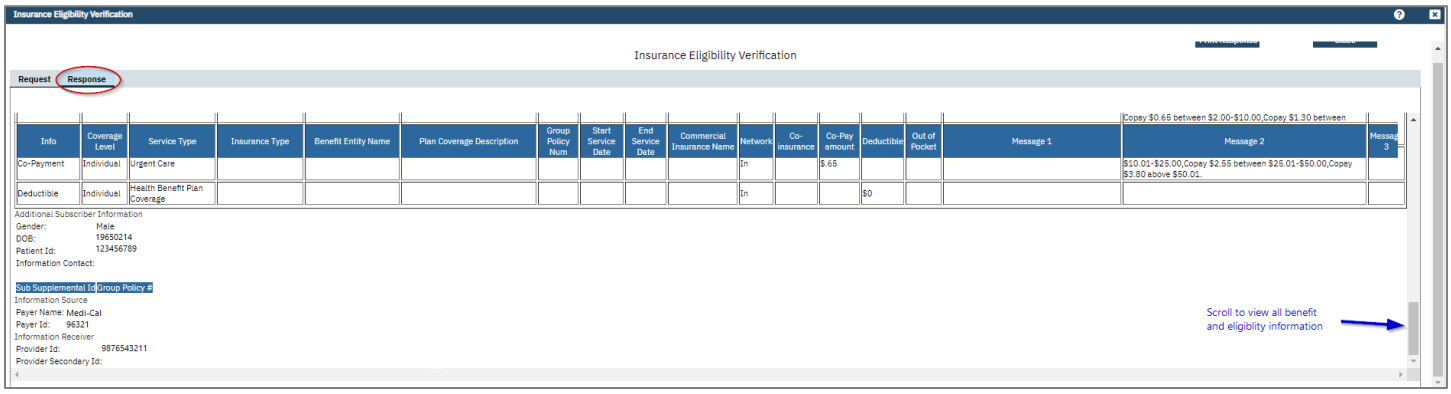
1. Navigate to the Client Coverage Screen
2. Click the icon for Verify Eligibility



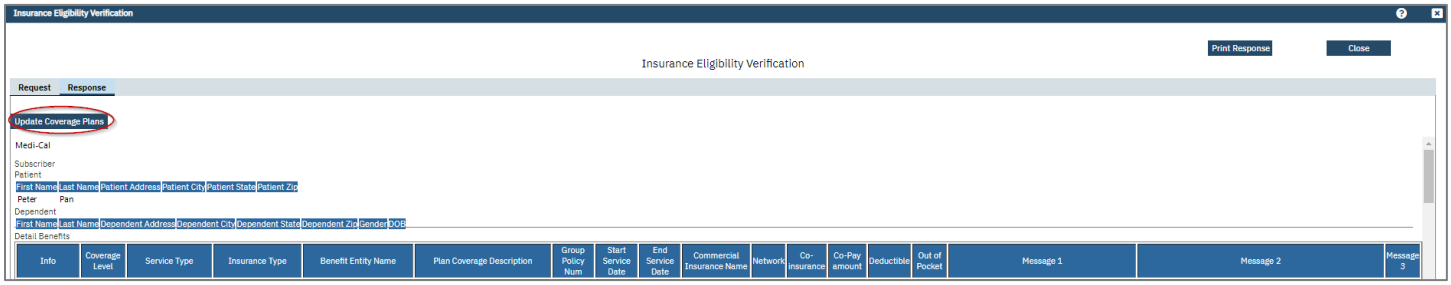
3. The Insurance Eligibility Verification window will open to the Request tab
    a. Electronic Payer defaults to Medi-Cal
    b. The Insured and Client Information values can be updated if needed before running the transaction
    c. Both Start and End Date defaults to the current date
        i. The Start Date is the Card Issue Date (leave as current date if issue date is unknown)
        ii. The End Date is the date of eligibility being searched for
4. Select Submit Request
    a. The Response tab should display within seconds



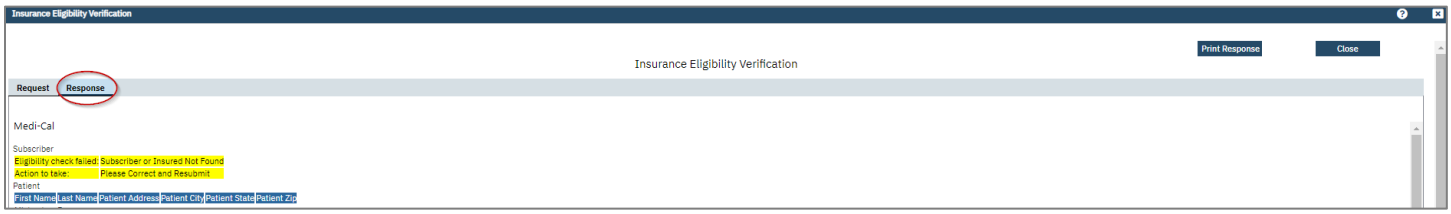
5. On the Response tab, scroll down to view additional benefits and client information



6. Click the Update Coverage button to automatically update the client's Medi-Cal coverage



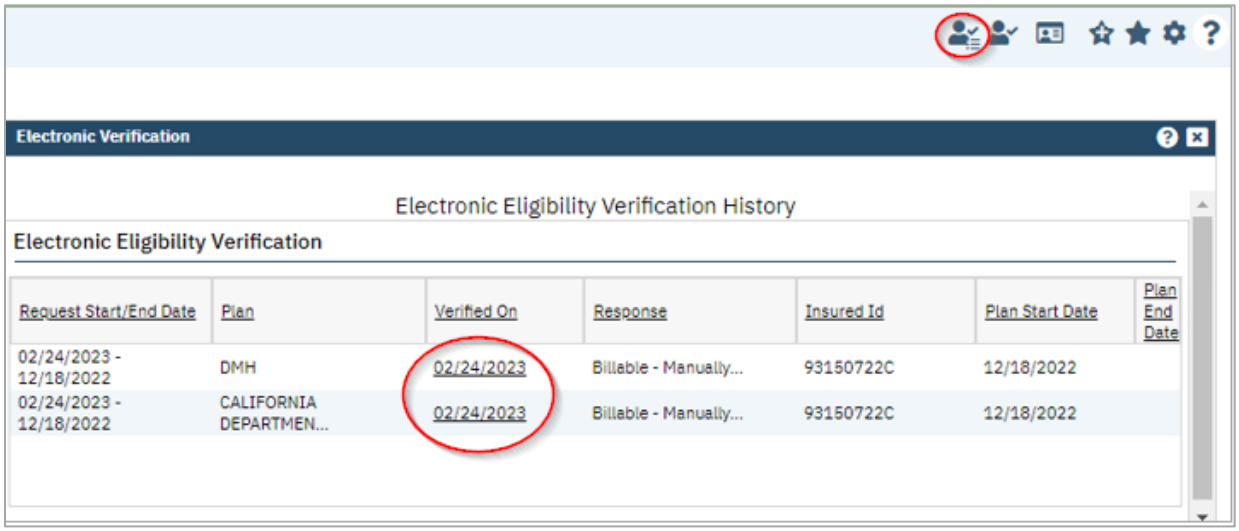
7. Submitted requests that error will display an error message



Real-Time 270/271 Transaction History

Find a client's history of 270/271 transactions via the Client Coverage screen.

1. Click the icon for Verification History
2. Click the Verified On hyperlink to review the specific transaction information



Entering Services

Entering a service in SmartCare launches the billing process. A procedure code associated with the service determines whether the service is billable or not and whether it requires a service note. If it does require a service note, the clinician creates one and signs it after the service has been provided.

A service can be entered via a Progress Note, the Service Detail screen and through the Batch Service Entry screen.

Progress Note

For the clinicians' workflows for completing the Progress Note, please refer to the Clinical Documentation at our training website:

https://2023.calmhsa.org/clinical-documentation/

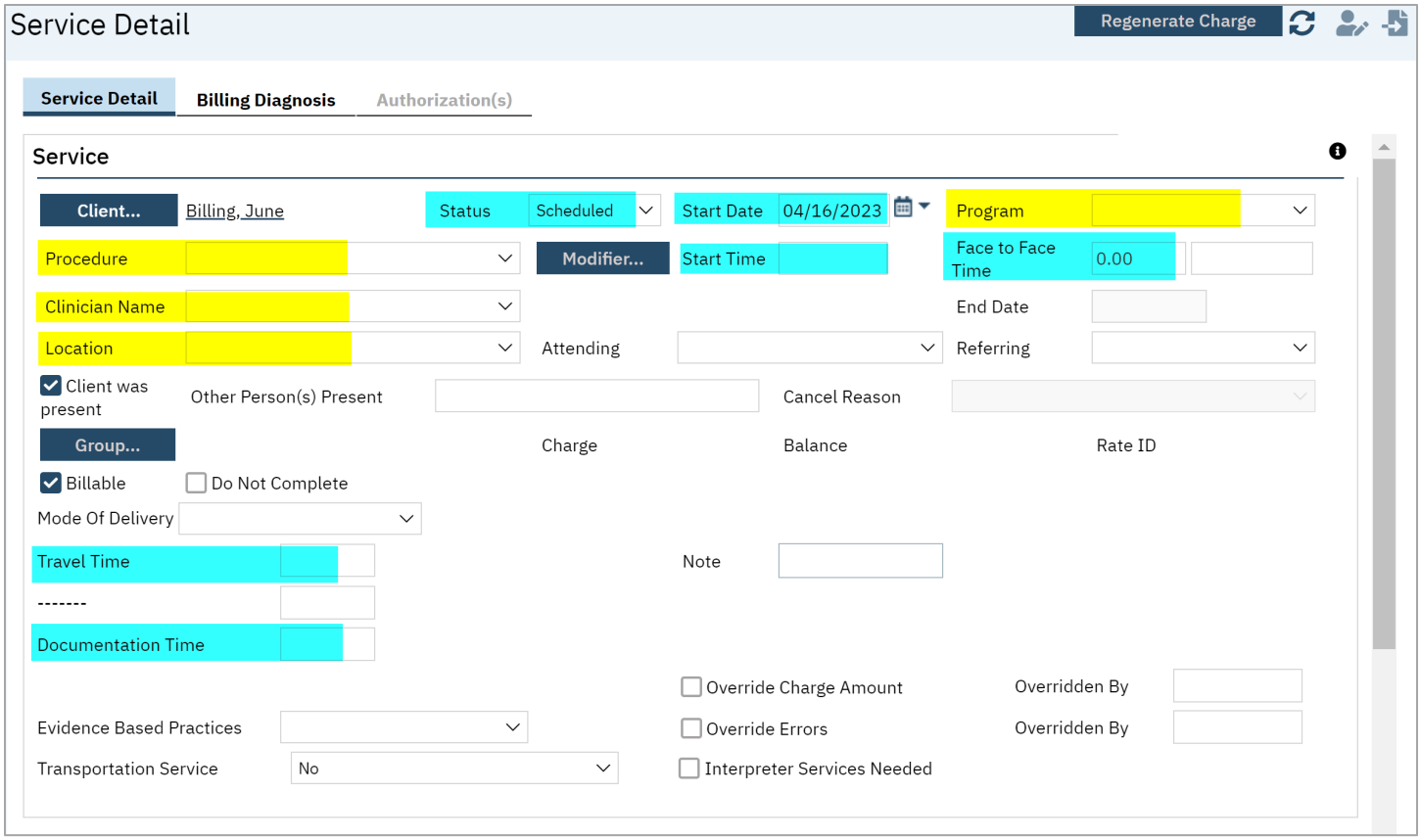
Service Detail

Billing and Financial end users typically use the Service Detail (Client) screen to enter services.

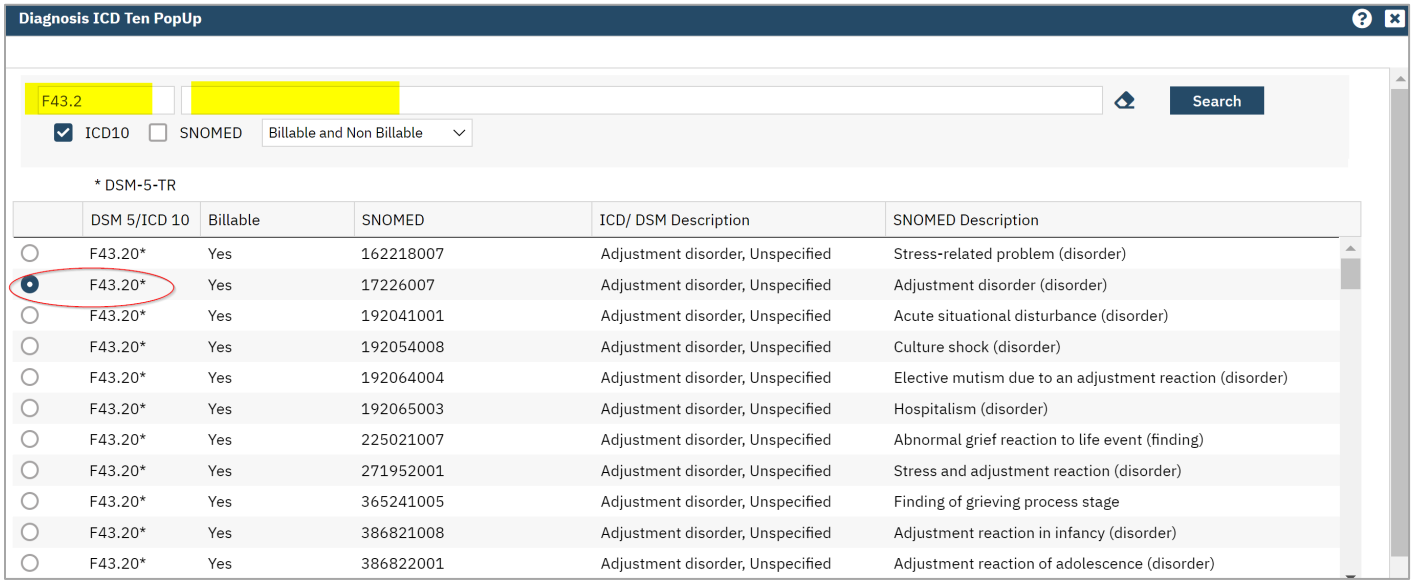
1. Navigate to the Services (Client) screen
2. Select the New icon

The Service Detail screen opens.

3. Complete the Service Detail tab with the required information:
    a. Set the Status
    b. Update the Start Date if needed (defaults to today's date)
    c. Clinician Name
    d. Program
    e. Procedure
    f. Location
    g. Face to Face Time
    h. Travel Time
    i. Documentation Time
    j. Save

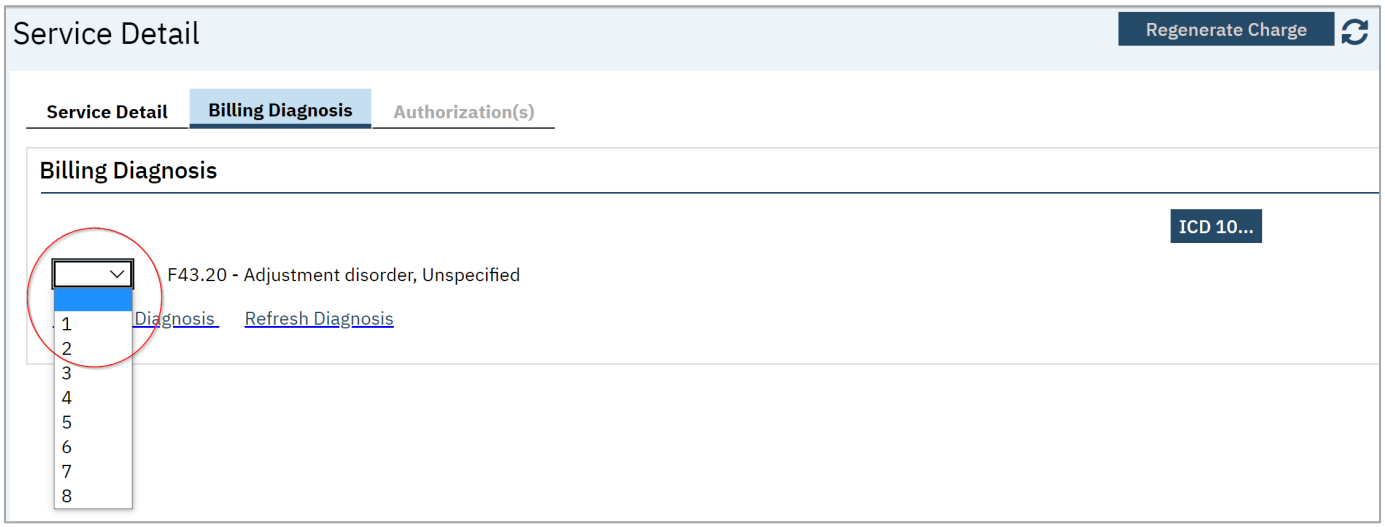


4. Select the Billing Diagnosis tab
5. Add the diagnosis to the service (see below) if needed
    a. Note: If the client has a current Diagnosis Document on file relate to the CDAT, the diagnosis will auto-populate
6. To add the diagnosis select the ICD 10 blue button
7. In the pop-up window search by either entering the ICD 10 code, or a description; select the Search button
8. In the list select the radio button for the diagnosis
9. Select Ok



	DSM 5/ICD 10	Billable	SNOMED	ICD/ DSM Description	SNOMED Description
○	F43.20*	Yes	162218007	Adjustment disorder, Unspecified	Stress-related problem (disorder)
◉	F43.20*	Yes	17226007	Adjustment disorder, Unspecified	Adjustment disorder (disorder)
○	F43.20*	Yes	192041001	Adjustment disorder, Unspecified	Acute situational disturbance (disorder)
○	F43.20*	Yes	192054008	Adjustment disorder, Unspecified	Culture shock (disorder)
○	F43.20*	Yes	192064004	Adjustment disorder, Unspecified	Elective mutism due to an adjustment reaction (disorder)
○	F43.20*	Yes	192065003	Adjustment disorder, Unspecified	Hospitalism (disorder)
○	F43.20*	Yes	225021007	Adjustment disorder, Unspecified	Abnormal grief reaction to life event (finding)
○	F43.20*	Yes	271952001	Adjustment disorder, Unspecified	Stress and adjustment reaction (disorder)
○	F43.20*	Yes	365241005	Adjustment disorder, Unspecified	Finding of grieving process stage
○	F43.20*	Yes	386821008	Adjustment disorder, Unspecified	Adjustment reaction in infancy (disorder)
○	F43.20*	Yes	386822001	Adjustment disorder, Unspecified	Adjustment reaction of adolescence (disorder)

10. Set the Diagnosis pointer by clicking the dropdown menu

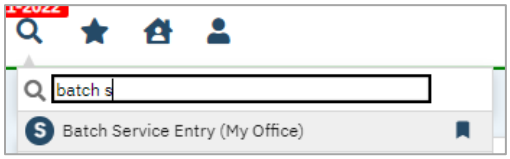


11. Save

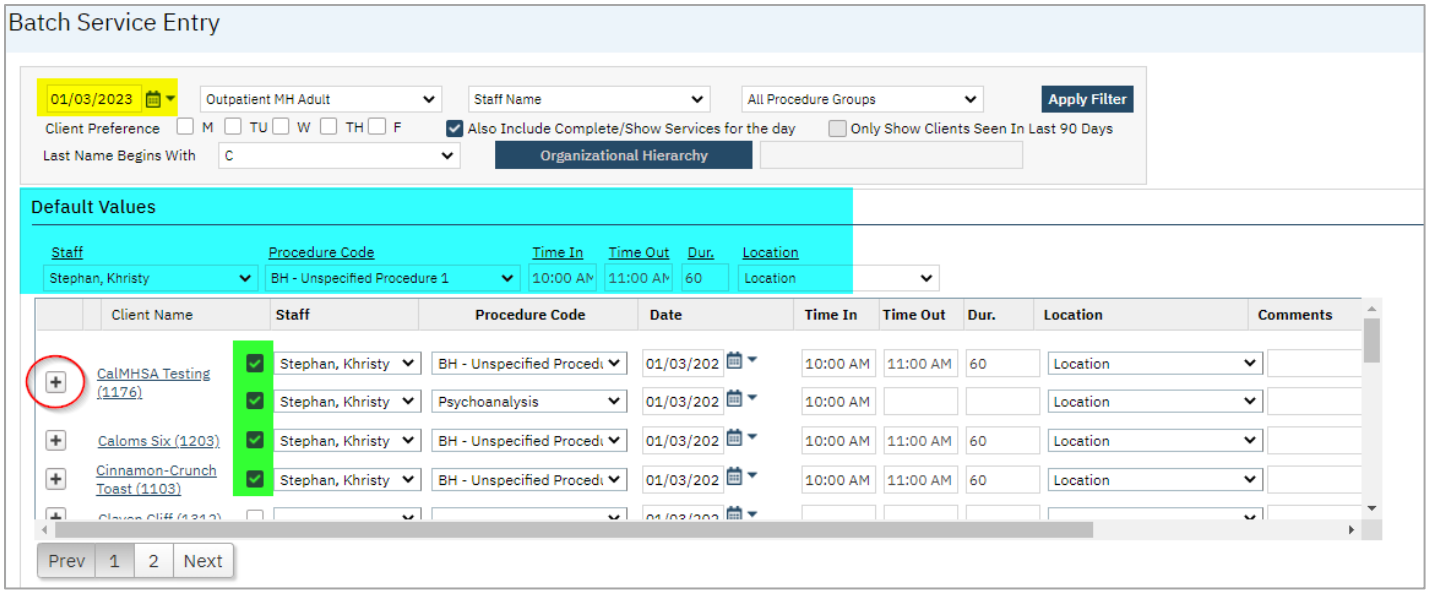
Batch Service Entry

Batch Service Entry lets end users enter services that have already occurred for multiple clients at the same time. Once the services are entered, they are checked during the overnight billing job to ensure they pass all service validations.

1. Navigate to Batch Service Entry (My Office) screen

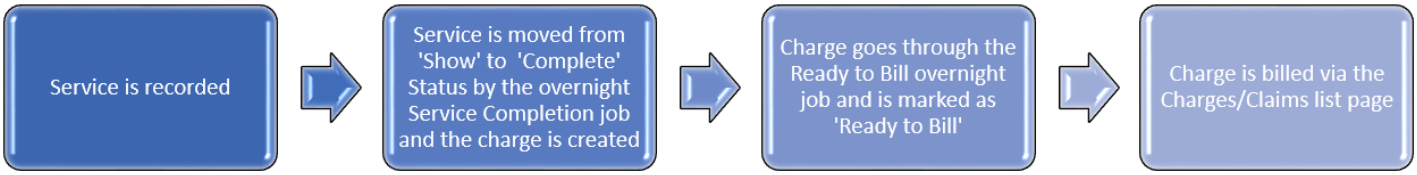


2. Select Date and enter any other criteria needed and Apply Filter
3. Complete the Default Values fields to apply to the multiple clients
4. Select the checkbox to the right of each client's name who should have the service
5. If needed, select the plus sign button to the left of the client's name to add another row to the client for additional services on the same date of service
6. Save


Batch Service Entry
01/03/2023
Outpatient MH Adult
Staff Name
All Procedure Groups
Apply Filter
Client Preference
M
TU
W
TH
F
Also Include Complete/Show Services for the day
Only Show Clients Seen In Last 90 Days
Last Name Begins With
C
Organizational Hierarchy
Default Values
Staff
Procedure Code
Time In
Time Out
Dur.
Location
Stephan, Khristy
BH - Unspecified Procedure 1
10:00 AM
11:00 AM
60
Location
Client Name
Staff
Procedure Code
Date
Time In
Time Out
Dur.
Location
Comments
CalMHSA Testing (1176)
Stephan, Khristy
BH - Unspecified Proced
01/03/202
10:00 AM
11:00 AM
60
Location
Stephan, Khristy
Psychoanalysis
01/03/202
10:00 AM
Location
Caloms Six (1203)
Stephan, Khristy
BH - Unspecified Proced
01/03/202
10:00 AM
11:00 AM
60
Location
Cinnamon-Crunch Toast (1103)
Stephan, Khristy
BH - Unspecified Proced
01/03/202
10:00 AM
11:00 AM
60
Location
Prev
1
2
Next

Service Completion and Charge Creation

Overview of the Service Completion, Charge Creation and Ready to Bill Processes in SmartCare:



Rate Calculations and Billing Units

When a service is entered with all required fields completed, the rate for the service will be automatically calculated based on the Procedure/Rates set up in the system.

The rates are set up in the background to calculate automatically based on the clinician's license/degree and other criteria set.

To accommodate the new CalAIM billing guidelines, the units for services that require rounding have been configured in SmartCare. Clinicians will continue to enter the Face to Face time for services with clients, and SmartCare will automatically calculate the correct units for billing based on the rounding that has been set up.

Example:

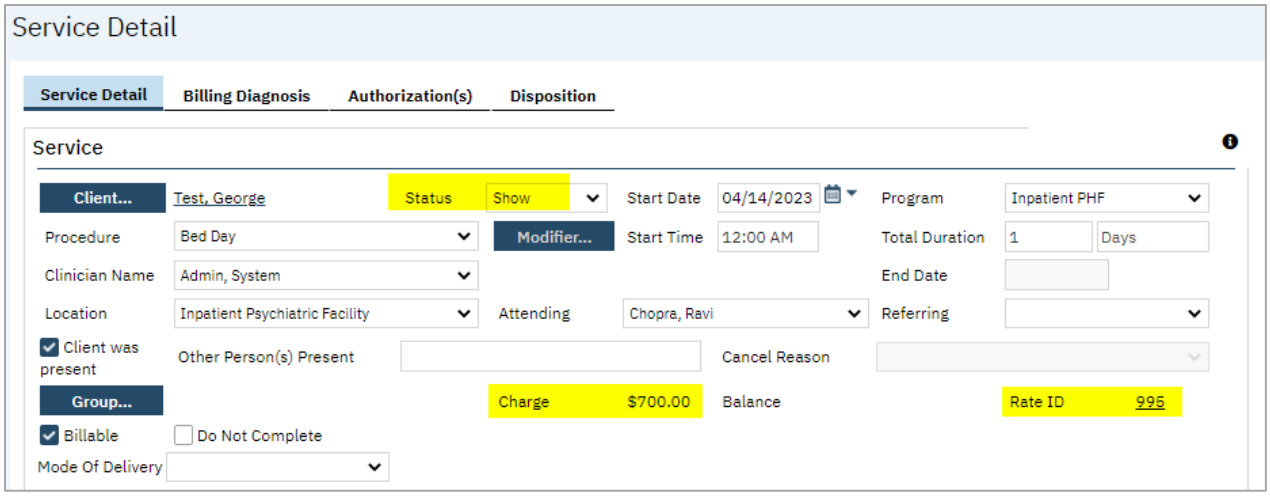
A Procedure that is set to round as "Per 15(7/7)," rounds off to the next multiple of 15. If the service provided is 7 minutes or less, the billing unit = 0. If the service is between 8 and 22 minutes, the unit = 1.

- 8-14 minutes is rounded up to 15 minutes
- 16-22 minutes is rounded down to 15 minutes

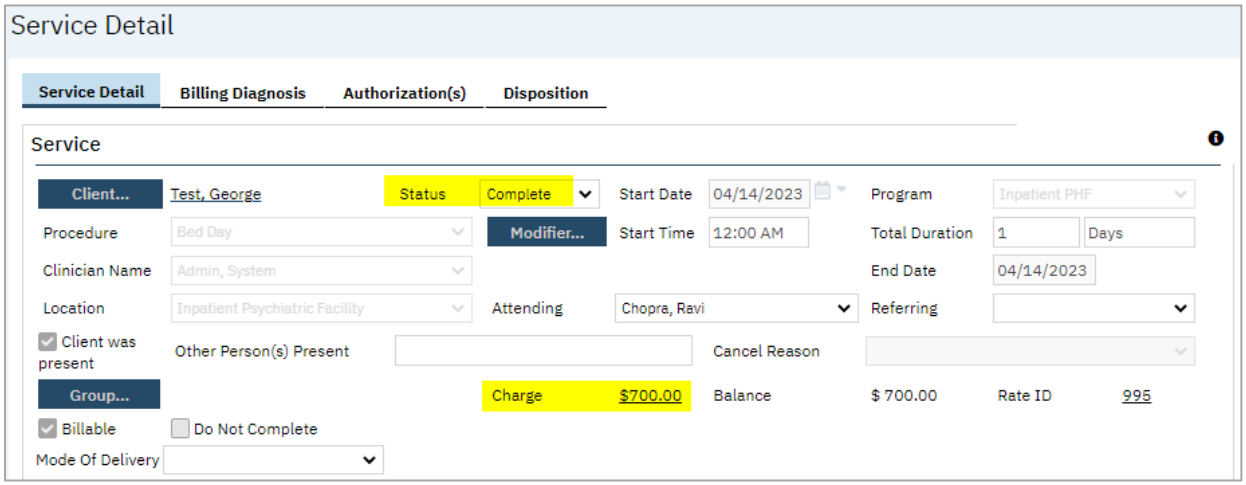
Once the number of minutes for any 15 minute increment reaches the 8th minute the unit will be rounded up to the next whole unit.

Workflow for Rate Calculations

1. Service is recorded by a clinician or other staff member
    a. Service is in a 'Show' status
    b. System will match to a Rate ID and calculate the Charge amount, but **the charge has not been created yet**



2. Overnight Service Completion job runs and looks for all services in a 'Show' status
    a. If the service has no warnings or errors the service will be completed
        i. Service is now in a 'Complete' status
        ii. **The charge has been created and a ledger entry now exists for the charge**



Overnight Billing Jobs

The Nightly Billing Job has 15 steps it goes through to complete automatically specific functions in SmartCare. The Billing Job and each step runs every night in the following order.

1. 835 Process Uploaded Files – Processes any imported 835 files
2. Create Bed Services – Creates bed services when using the automatic census in the Inpatient/Residential module
3. Generate Bundled Services – Creates bundled services when using the bundled services functionality
4. Attach Diagnosis to Show Services – Refreshes Billing Diagnosis tab
5. Service Completion – Completes services that are in a Show status with no service validation errors
6. Set Charge Ready to Bill – Sets charge to Ready to Bill if there are no charge errors
7. Reallocation – Based on changes in the system, charges are reallocated if needed
8. Ready to Bill 2 – If any charges have been reallocated they are run through the Ready to Bill job again
9. Allowed Amount Adjustments – Processes adjustments based on setup in the Plan
10. Client Fee Adjustments – Processes adjustments based on active Client Fee records
11. Auto Post Client Payments – Client payments are applied to oldest balance first
12. Fix Open Charges, Unposted Payments and Client Balance
13. Custom Timely Filing Warnings – Generates charge errors for Delay Reason Codes
14. Custom EPSDT Indicator – Adds the EPSDT indicator to claim files

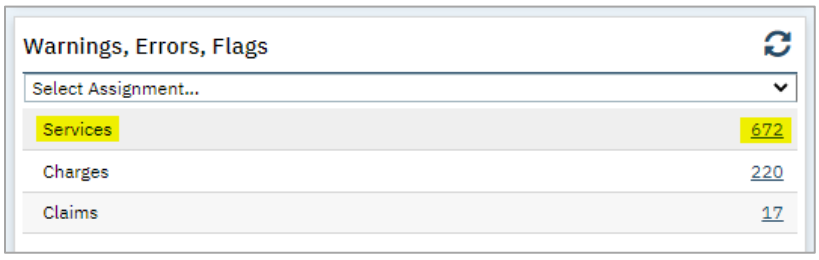
Service Errors

As part of the Service Completion (job step #5), the system will look for Service Validation errors. If a service has one or more errors, the service will stay in the Show status, and the error(s) will display.

To locate service validation errors in the system for correction, navigate to the Dashboard and locate the Warnings, Errors, Flags Widget, or navigate to the Services (My Office) screen and set the filters.

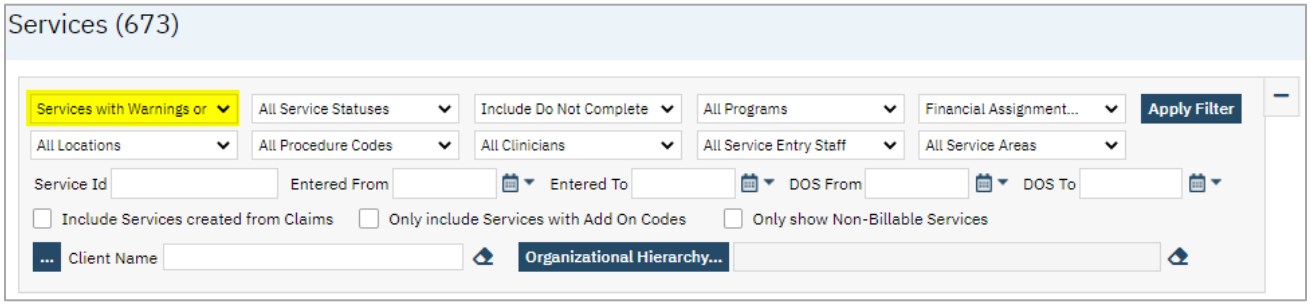
Dashboard Widget

1. Navigate to the Dashboard
2. Locate the Warnings, Errors, Flags Widget
3. Select the Services hyperlink
4. The Services (My Office) screen will open and the filters will automatically be set to Services with Warnings or Errors



Services (My Office)

1. Navigate to Services (My Office)
2. Set filter to Services with Warnings or Errors
3. Apply Filter



Common Service Validation Errors

1. Financial information has not been completed for this client
    a. To correct, navigate to the Client Account (Client) screen and select the Financial Information Complete checkbox
2. Billing diagnosis required for completing the service
    a. To correct, review Diagnosis Document for errors, and check the Billing Diagnosis tab via the Service Detail
3. Required authorization missing
    a. To correct, navigate to the Authorizations (Client) screen and create or update the authorization
4. Must have a signed note before completing the service
    a. To correct, follow-up to make sure the service receives a signed note
5. Unable to find a matching rate for the selected procedure
    a. To correct, review the Procedure/Rate setup for the selected Procedure

Once a service is corrected, the overnight billing job will run the Service Completion step again, and complete the service.

Billing Rules and Charge Errors

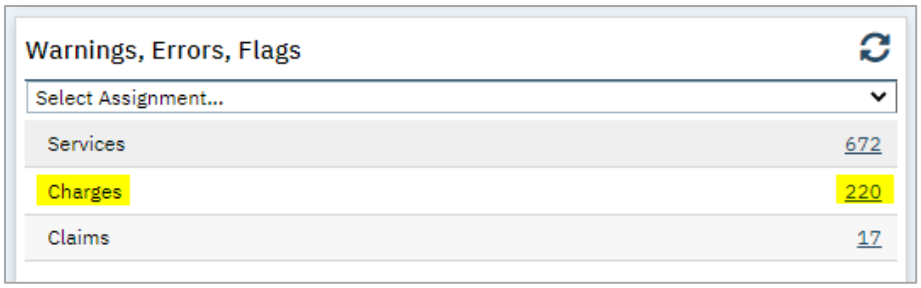
As part of the Ready to Bill (job steps #6 and #8), the system will look for charge errors. If a charge has one or more errors, the charge will not be marked as Ready to Bill, and the error(s) will display.

Billing Rules are configured via the Plan setup, and these rules are what will trigger charge errors.

To locate charge errors in the system for correction, navigate to the Dashboard and locate the Warnings, Errors, Flags Widget, or navigate to the Charges/Claims (My Office) screen and set the filters.

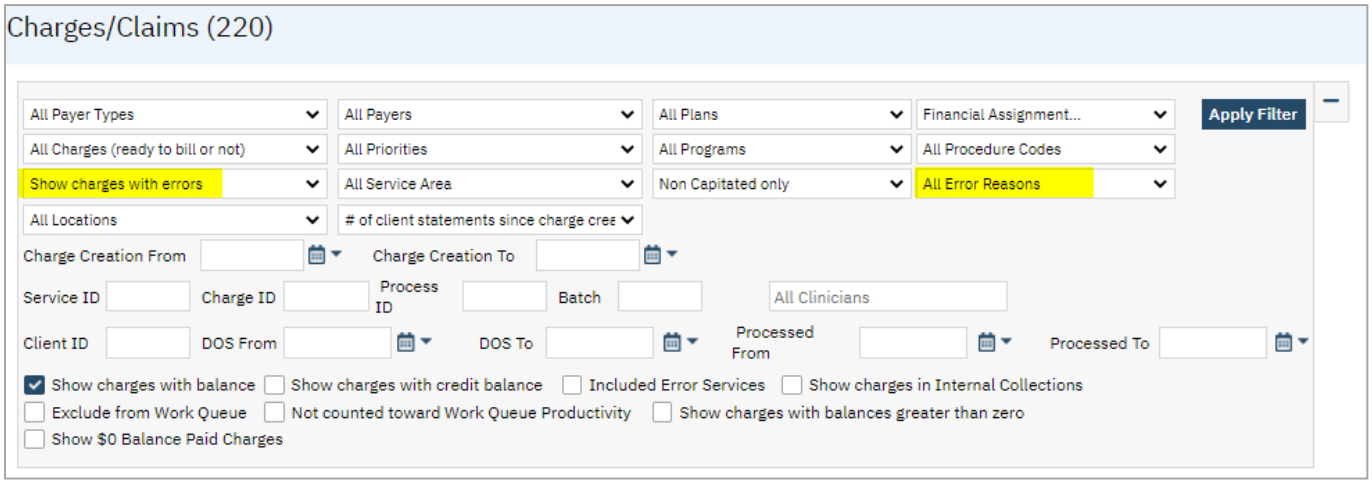
Dashboard Widget

1. Navigate to the Dashboard
2. Locate the Warnings, Errors, Flags Widget
3. Select the Charges hyperlink
4. The Charges/Claims (My Office) screen will open and the filters will automatically be set to Charges with Warnings or Errors



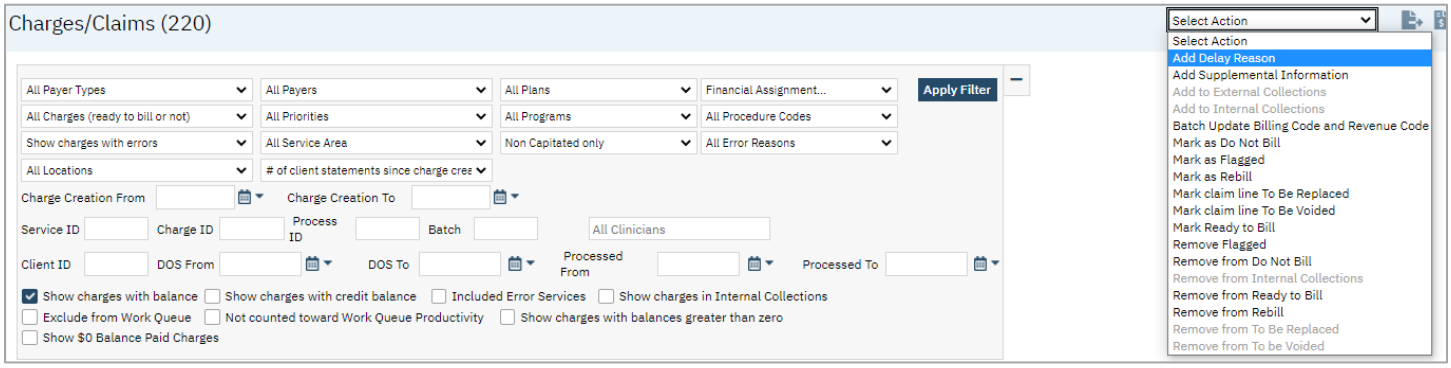
Charges/Claims (My Office)

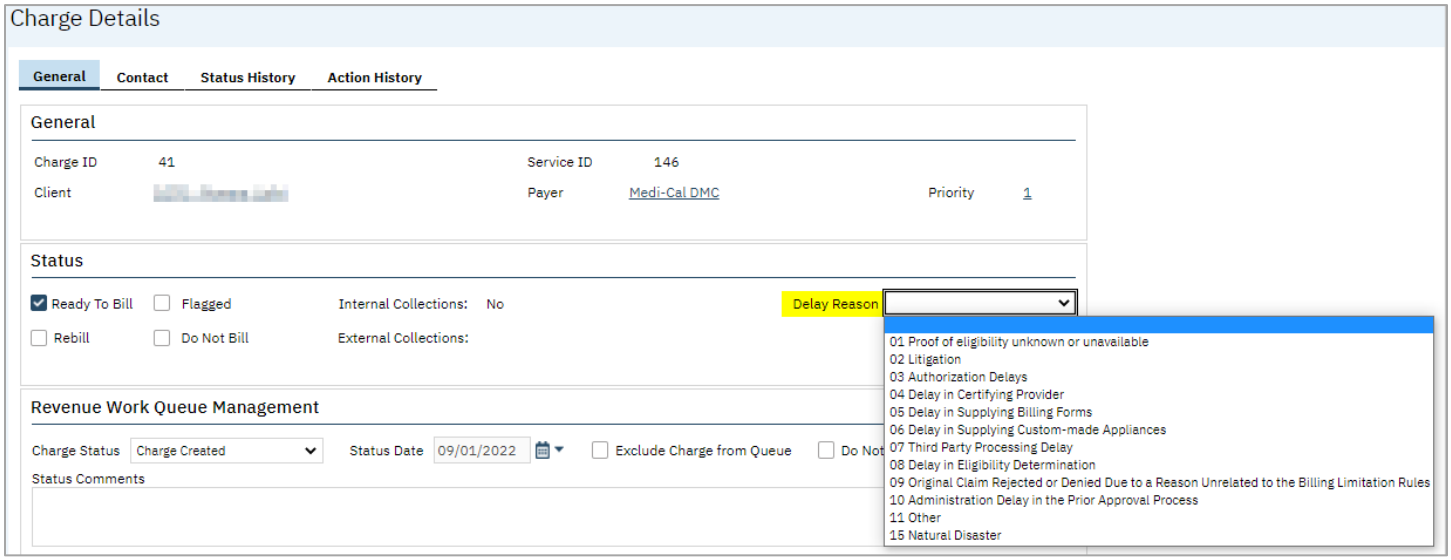
1. Navigate to Charges/Claims (My Office)
2. Set filter to Charges with Warnings or Errors
3. Apply Filter



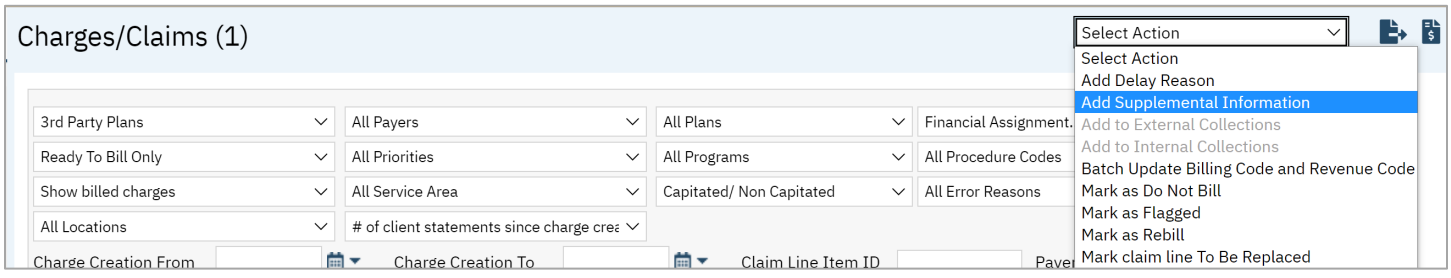
Common Charge Errors

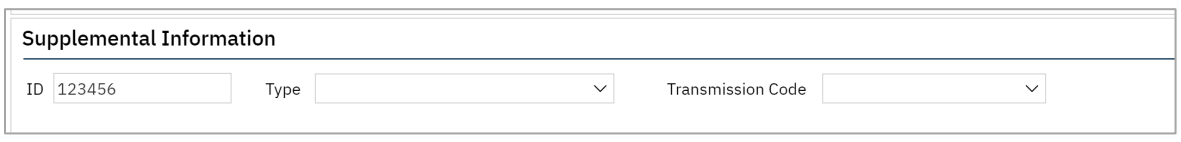
1. Timely Filing Limit – Delay Reason Code Required
    a. To correct, obtain Delay Reason Code, and add it via the Select Action menu, or in the Charge Details screen





    b. Add the Delay Reason Code Control Identifier Number via the Charges/Claims screen and the Select Action menu or the Charge Details screen



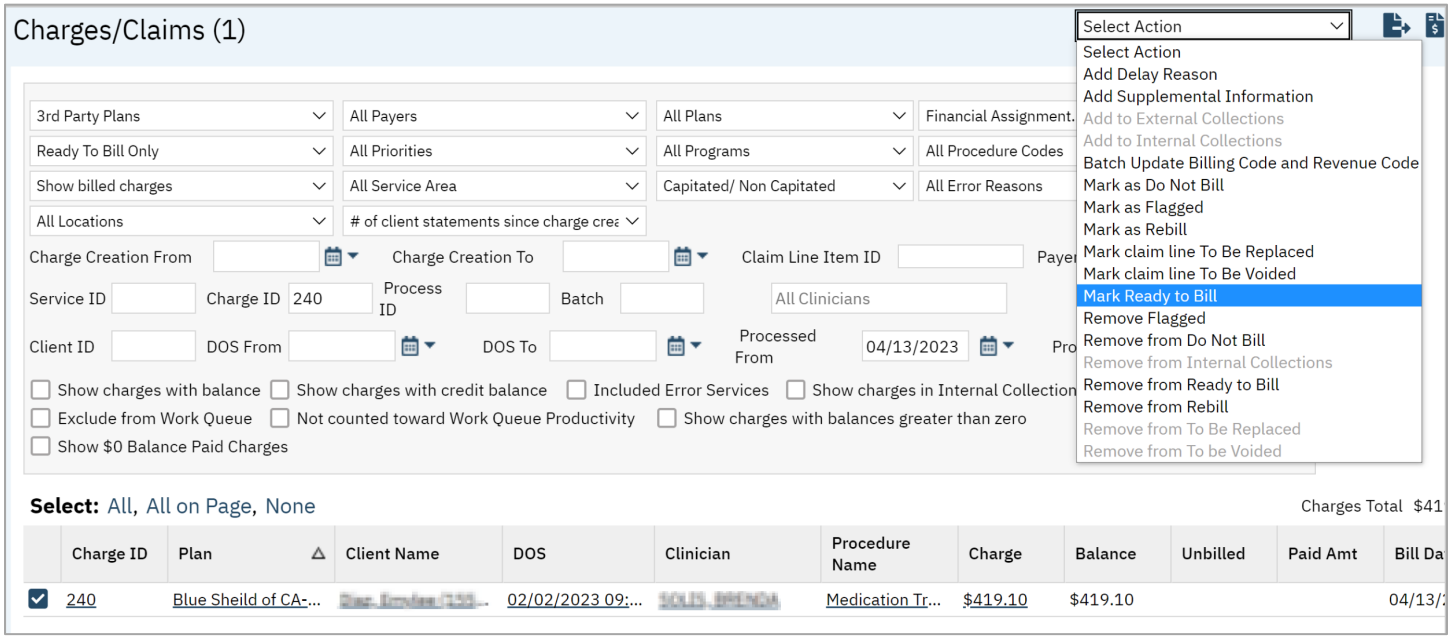


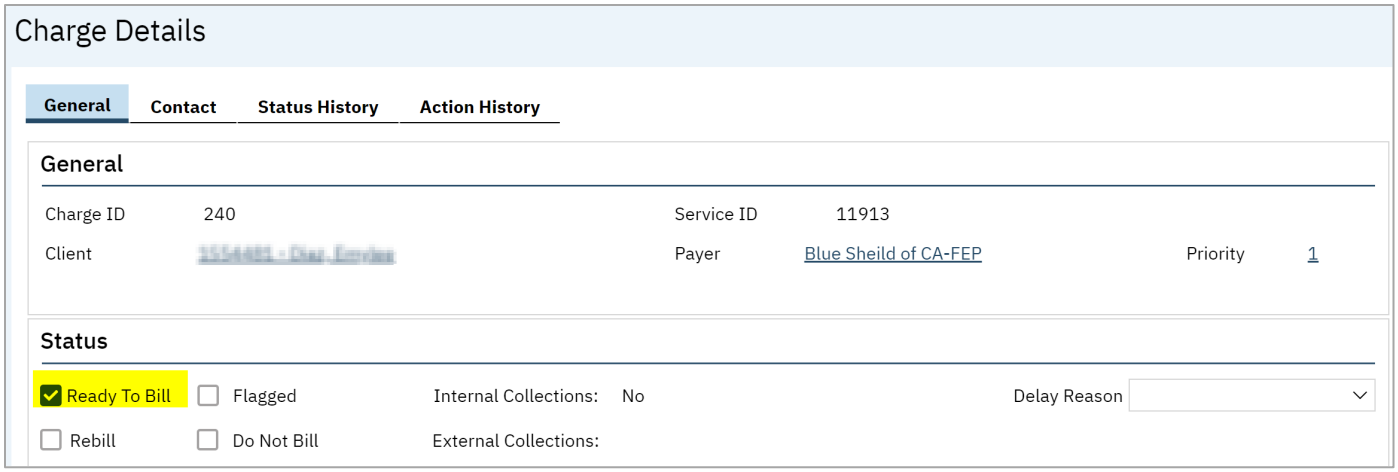
2. Authorization is required
    a. To correct, navigate to the Authorizations (Client) screen and create or update the authorization
3. Plan will not pay for this procedure
    a. To correct, follow defined internal workflows (write-off charge, correct service, transfer charge to the next payer, etc.)
4. Non Billable Location
    a. To correct, follow defined internal workflows (write-off charge, correct service, etc.)

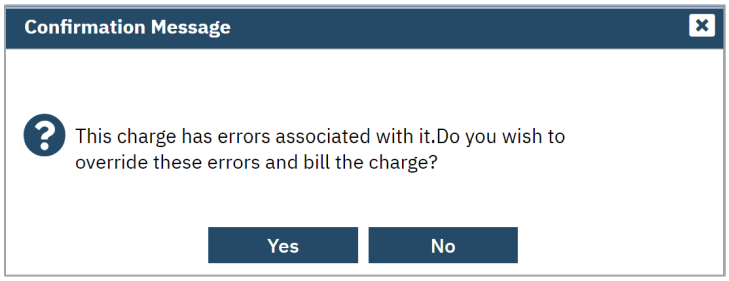
Overriding a Charge Error

There are times when a charge error will need to be overrode, rather than resolved. This should only be done per internal workflow instruction.

1. In the Charges/Claims screen select the charge to be overrode by checking the checkbox next to the charge ID
2. Manually mark the charge as Ready to Bill via either the Select Action dropdown or in the Charge Details screen
3. A Confirmation Message will pop-up, select Yes




Charge Details
General
Contact
Status History
Action History
General
Charge ID
240
Service ID
11913
Client
Payer
Blue Sheild of CA-FEP
Priority
1
Status
Ready To Bill
Flagged
Internal Collections:
No
Delay Reason
Rebill
Do Not Bill
External Collections:


Confirmation Message
This charge has errors associated with it.Do you wish to override these errors and bill the charge?
Yes
No