

CaIMHSA

California Mental Health Services Authority

Agenda

- CalAIM Same Day Billing Rule
- Service Error Report (s)
- Configuring SmartCare for New Programs
- Q&A



Same Day Service

Short Doyle Rule – Duplicate Services

A duplicate claim in SDMC is defined as the second and all subsequent claims that match all of the following criteria:

1. Same Beneficiary (CIN)
2. Same Submitting County
3. Same Facility Location NPI
4. Same Rendering Provider NPI
5. Same Date of Service
6. Same Procedure Code
7. Same Units
8. Same Amount Billed

Subsequent claims will be denied for being a duplicate unless the claim has a duplicate service procedure modifier.

New CalAIM Rule – Same Day Service

Outpatient Services

Outpatient services are listed in [service tables 1-109](#). Except for Sign Language or Oral Interpretive Services (T1013) and Interactive Complexity (90785), a claim for an outpatient service is considered a duplicate if all the following data elements are the same as another service approved in history:

- The beneficiary's CIN
- Rendering provider NPI
- Procedure code(s)/modifier(s)
- Date of service

New CalAIM Rule – Same Day Service

If a provider renders two services to the same beneficiary on the same day in two or more separate encounters, all encounters must be claimed as one service to ensure the additional encounters are not denied as duplicate services. For example, if a provider renders psychotherapy for crisis to a beneficiary for 30 minutes in the morning and provides psychotherapy for crisis to the same beneficiary for 30 minutes in the afternoon, the claim would be submitted for 60 minutes of psychotherapy of crisis (90839).

New CalAIM Rule – Same Day

Servi **Primary Driven Record**

General Billing Codes **Rules** Payments And Adjustments Eligible Clients Care Management Reporting Copayment Defaults Custom

Template

Use Billing Rules From Specified Plans Use this plan as template

Rule Generation Common Psych, Medical, and SDOH Diagnoses

Rule

Rule Name

Codes...

Action if rule is broken

Modify **Clear**

Rule List

	Rule Name	Rule Type	Date Created	Created By
<input checked="" type="checkbox"/>	For these procedures, calculate Billing Code	For these procedures, calculate Billing Code & Un...	10/12/2022	kstephan
<input checked="" type="checkbox"/>	Non Billable Locations-1	Non Billable Locations	10/12/2022	kstephan
<input checked="" type="checkbox"/>	Initial claims must be submitted within X months...	Initial claims must be submitted within X months...	01/23/2023	kstephan

New CalAIM Rule – Same Day Service

Code	Procedure	Duration Range	Rate
99213	Medication Support	8-22	\$50.00
99214	Medication Support	23 - 37	\$75.00
99215	Medication Support	38 - 52	\$100.00

- A Client Has Two, 20 Minute Visits
- What would Happen?

- A Client Has One 20 Minute Visit, and One 15 Minute Visit
- What Would Happen?

New CalAIM Rule – Problem

- This rule is a Medi-Cal only rule. So, while Medi-Cal wants us to combine the two 99213s together, if there is a payor that is primary to Medi-Cal, they may not have this same requirements.
- This means that the calculation to combine the two charges together ONLY gets applied when we are beginning the process to produce claims for Medi-Cal
- There are issues related to how the Charges appear on the system's Ledger.
 - We need to have each Service remain (each has a note that needs to be part of the medical record),
 - We need to have the separate Charges remain (we might need to bill these separate charges to a primary plan)

New CalAIM Rule – Same Day Service

- This means that the calculation to combine the two charges together ONLY gets applied when we are beginning the process to produce claims for Medi-Cal
- This requirement presents issues related to the sequence of events.
 - For the system to perform this calculation, it presumes both service records are entered into the system without fail for the system to make the connection between the two occurring on the Same Day
 - Contractor Invoicing occurs before the calculation of Medi-Cal Claims. So, the services entered by contractors will result in two initial charges (99213). How are they supposed to present/invoice those to the County?

Same Day Service – Problem?

- For Billing to Medi-Cal – No
 - Assuming that Both Services are Entered Before the Claims Are Created
- For Contractor Invoicing - Kind Of
 - Currently, this requirement will result in Over-Payment to Contractors as Their Services will NOT be combined.
 - As we saw, the Net Amount of the Two Service will **Sometimes** exceed the value of a combined service
- CalMHSA is working on developing reconciliation processes/report to address these overpayments

The Numbers

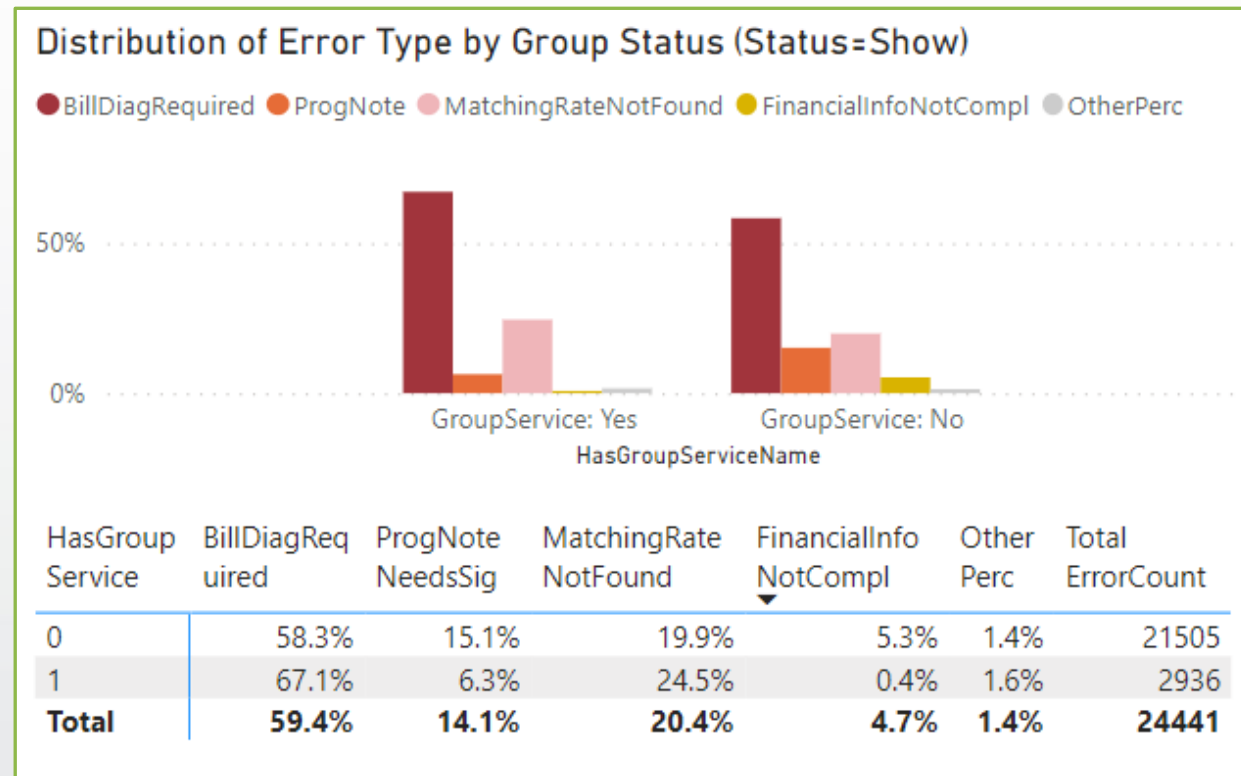
County	Count of ClaimLineItems	Count of ClaimLineItems with Multiple Charge References	Percentage
Colusa	15001	430	3%
Contra	44031	998	2%
Fresno	170076	3290	2%
Glenn	26795	152	1%
Humboldt	16760	122	1%
Imperial	391330	6996	2%
Kern	404089	2105	1%
Kings	18601	174	1%
Lake	22310	69	0%
Marin	17067	187	1%
Mono	2532	13	1%
Nevada	76592	1594	2%
Obispo	23021	561	2%
Placer	16877	192	1%
Sacramento	88178	1317	1%
SanBenito	10077	110	1%
SanJoaquin	42162	661	2%
SantaBarbara	72190	1268	2%
Siskiyou	24933	113	0%
Sonoma	17527	361	2%
Stanislaus	24028	712	3%
Tulare	27723	78	0%
Ventura	270706	7238	3%



Diagnosis Billing Errors

Diagnosis Errors – Problem?



- Yes – Billing Diagnosis Errors Account for 59.4% of Service Errors





Diagnosis Errors – How Can I Address?





- There is a new report in all County PROD Systems called “CaIMHSA Billing Diagnosis Errors Report”
- It has been assigned to user roles
 - County Affiliate SysAdmin
 - LPHA/Clinician
 - Clinician Supervisor
 - Reception and Front Desk
 - Medical Records/Quality Assurance
 - Billing Supervisor
 - Billing
 - Medical Supervisor

CaMHSA Billing Diagnosis Errors

FROM  THRU 

Program  Diagnosis Errors 

(Select All)
 No Diagnosis Record
 Diagnosis Date Error
 No Signed Diagnosis
 Other

1 of 2 ?     Find | Next

- Yes – Billing Diagnosis Errors Account for 59.4% of Service Errors

CaIMHSA Billing Diagnosis Errors

Report

Report will categorize and group the errors into the following use cases:

Use Case 1 – There are no Diagnosis Documents with the same “Program” that correspond to the “Service Program”

Use Case #2 there IS a Diagnosis Document with the same “Program” that corresponds to the “Service Program”, but the “Effective Date” of the Diagnosis Document is before the “Date of Service”

Use Case #3 There IS a Diagnosis Document with the same “Program” that corresponds to the “Service Program”, and the “Effective Date” of the Diagnosis Document covers the “Date of Service”, but the “Status” of the document is not “Signed”

CaMHSA Billing Diagnosis Errors

Report

Service Diagnosis Errors From 07/01/2022 Through 11/14/2023

Program	Diagnosis Error	Service Id	Client Id	Client Name	DOS	Procedure	Clinician Id	Staff Name
Access Unit	Diagnosis Date Error	2550	1096	Asano,Jason	04/10/2023	Group Psychotherapy (Other Than of a Multiple-Family Group)	620	Rowe,Charla
		2560	1096	Asano,Jason	04/12/2023	Group Psychotherapy (Other Than of a Multiple-Family Group)	623	Vencill,Kacey



Configuring SmartCare for New Programs

Agenda

- Program Setup
- Items to Setup and Consider
 - Program Name (Naming Convention)
 - Procedure Codes
 - Locations
 - Clinical Data Access Grouping (CDAG)
 - Staff/Users
 - TEDS Setup – State Reporting
 - 274
 - Rates & Billing Codes
 - Claim Formats/Billing Claims Override
 - Financial Assignments
- Q&A

PROGRAM DETAILS

- Program Display Name
- NPI
- Service Area
- Facility Type
- Tax ID
- Taxonomy Code
- Address (9 digit zipcode)
- Categories

Program Details

General Rules Staff Occupancy Reporting Claims Custom Fields

General Information

Name

Display As

Active
 Cannot be Primary Assignment

Type

National Provider ID

Service Area

Facility Type

Tax ID

Taxonomy Code

Program Group

Vary Care Plan By Program
Care Plan Document

Intake

Intake Phone () - /> Ext

Program Coordinator

Capacity

Currently Enrolled [274](#)

Waiting [8](#)

Enrollment Packet

Enrolled Packet Documents Require upon Program 'Requested' Status?

Program Description

Address

242 North Villa
Willows, CA 95988-2641

Details...

Effective Periods

Effective From Effective To

Effective From	Effective To
No data to display	

Categories

Inpatient Program Residential Program

After School Program Show In White Board

Bed Admission Requires Order
 Bed Discharge Requires Order

Automatic Attendance For Bed Assignment

Primary Care Program

Create Service for Same Day Admit and Discharge

PROGRAM DETAILS-CUSTOM FIELDS

State Reporting program data

Program Details

- General
- Rules
- Staff
- Occupancy
- Reporting
- Claims
- Custom Fields**

California Reporting

Organization Unit Code

Provider Group Name

CalOMS Service Type

CalOMS Provider ID

CSI Mode of Service

MH Provider Number

OSHPD

OSHPD Facility Identification Number

Legacy Program Reference

Legacy Program ID

NACT/274 Reporting

If the Program is a Primary Program/Site and is reportable directly under a Provider Group select the checkbox for 'Medi-Cal reportable for NACT/274 as a Primary Site and Information Complete' and select the appropriate Provider Group from the drop down. If the Program is reportable under a Primary Program/Site select the checkbox for 'Program is reportable under an existing Primary Site' and select the appropriate Primary Site. 274 Sites are defined as those Programs that are reportable directly to a Provider Group and have the Provider Group selected in the Program Details.

Medi-Cal reportable for NACT/274 as a Primary Site and Information Complete Program is reportable under an existing Primary Site

Provider Group Primary Site

274 Facility Type Institutional Facility Type

Licensed Bed Count Available Bed Count Staffed Bed Count

Provider Number Hours of Operation ADA Compliant for Physical Plant Yes No

TDD/TTY Equipment Available Yes No Distance Between Site and Closest Public Transportation Telehealth Station/Equipment Available at Site Yes No

Language Capacity - Arabic Language Capacity - Armenian Language Capacity - Cambodian

Language Capacity - Cantonese Language Capacity - English Language Capacity - Farsi

Language Capacity - Hmong Language Capacity - Korean Language Capacity - Mandarin

Language Capacity - Other Chinese Language Capacity - Russian Language Capacity - Spanish

Language Capacity - Tagalog Language Capacity - Vietnamese Language Capacity - American Sign Language (ASL)

Language Line Available Yes No Other Language Services Available Primary Site Contact Email Address

Primary Site Contact Facsimile Number Site URL Address

IsMediCalCertified Yes No MediCal Certification Date MediCal Expiration Date

Site DEA Number Owner Name Ownership Code

Ownership Percentage Site County Location Age Group Served

Licensed Capacity For OTP Provider Type

PROGRAM DETAILS-CUSTOM FIELDS

Additional State Reporting program data & Billing Information

- FSP Program ID (State Reporting)
- FFS Program Identifier (When checked the “FFS” Claim note is added to the 837P Claim)
- Taxonomy Code
- ASAM Level of Care (This is for the DMC 837I per DHCS companion guide)

Additional Information

FSP Program ID

Billing Information

Fee For Service Program/Provider

Taxonomy Code

ASAM Level of Care

174		REF03	IDENTIFIER Description		
			RH37P RH37 RH37Y RH40P RH40 RH40Y WM37P WM37 WM37Y WM40P WM40 WM40Y		Describes the ASAM level of service for Residential Rehabilitation (RR) 3.7 or 4.0 and Withdrawal Management (WM) 3.7 or 4.0 and indicates Perinatal (P) or Youth (Y).

Procedure Codes

Add the procedure codes the program is certified for under the corresponding Service Area

Program Details

General Rules Staff Occupancy Reporting Claims Custom

Procedures

Procedures that can be delivered. [Add Procedure\(s\)...](#)

Start Date End Date

Only Show Currently Effective Programs [Modify](#) [Clear](#)

	ProcedureCode	Start Date	End Date
<input checked="" type="checkbox"/>	1000001 - CANS – MH		
<input checked="" type="checkbox"/>	1000003 - BH QIP		
<input checked="" type="checkbox"/>	1000004 - CANS-Trai...		
<input checked="" type="checkbox"/>	1000005 - PSC-35-In...		
<input checked="" type="checkbox"/>	1000006 - CANS-Indi...		
<input checked="" type="checkbox"/>	1000007 - Mentored I...		
<input checked="" type="checkbox"/>	1000008 - CARE Cour...		
<input checked="" type="checkbox"/>	1000009 - Supervisor...		
<input checked="" type="checkbox"/>	1000011 - FSP Suppo...		
<input checked="" type="checkbox"/>	1000013 - CANS-MH		
<input checked="" type="checkbox"/>	1000015 - PEI Streng...		
<input checked="" type="checkbox"/>	1000029 - AfterHours...		
<input checked="" type="checkbox"/>	1000030 - PTO Paid T...		
<input checked="" type="checkbox"/>	1000031 - Afterhours ...		

Locations

Add the locations applicable to the program only. Do not add all locations.

Locations

List of valid locations for this program. [Add Location\(s\)...](#)


	Location Name	
<input type="checkbox"/>	Office	
<input type="checkbox"/>	Home	
<input type="checkbox"/>	Community Mental Health Center	
<input type="checkbox"/>	Telehealth - Audio Video-Home	
<input type="checkbox"/>	Telehealth - Audio Only - Home	
<input type="checkbox"/>	Other Place of Service	

Clinical Data Access Grouping

(CDAG)

This is a very important step after adding a new program. Once you save your new program, you will not be able to access the program until you add it to the appropriate CDAG group.

Clinical Data Access Groups (3)

CDAG  All Programs All Types Active

ID	△	CDAG	Program	Type	Staff Count	Program Count
<u>3</u>		Admin	MH Conversion CDAG, SUD Conversion CDAG, ...		<u>155</u>	137
<u>1</u>		Mental Health	MH Conversion CDAG, MH/SUD Conversion CD...		<u>108</u>	102
<u>2</u>		Substance Use Disorders	MH/SUD Conversion CDAG, Aegis Treatment C...	SUD	<u>54</u>	32

Staff/Users

After adding your new program, you will need to grant access to all of the Staff/Users. The users will not be able to see the new program in the dropdown until they have been granted access.

Staff Details

- General
- Roles/ Permissions
- Client Access Overrides
- Demographic/ Professional
- Proc/ Prog/ Loc/ Proxy/ Supervisor**
- Productivity
- Staff Pref

- Contracted Rates
- Time Sheet
- Highly Qualified Teacher
- Reporting
- Custom Fields

Clinical Data Access Groups

All Clinical Data Access Groups **Add CDAG(s)...**

Start Date End Date

Only Show Effective CDAGs **Modify** **Clear**

	CDAG Name	Start Date	End Date
	2 - Substance Use Dis...		

Programs

Programs with which staff is associated. **Add Program(s)...**

	Program Name
	<input type="checkbox"/> Aegis Treatment Ce...

TEDS Setup

If the new program reports CalOMS or CSI, the program will need to be added to the appropriate Episode Type

TEDS Setup List

Episode Types	All Episode Types	Service Types	All Service Types	<input type="button" value="Apply Filter"/>		
Procedure Codes	All Procedure Codes	Programs	All Programs			
Episode Type ID	Episode Type	Service Type	Priority	Active	Procedure Codes Mapped	Programs Mapped
<u>1</u>	MH	CSI	1	Y		
<u>2</u>	SUD	Nonresidential /...	1	N		
<u>3</u>	Residential Trea...	CalOMS	2	Y		
<u>4</u>	Residential Trea...	CalOMS	3	Y		Sun Street Centers
<u>5</u>	Residential Deto...	CalOMS	4	Y		
<u>6</u>	Residential Deto...	CalOMS	5	Y		
<u>7</u>	Nonresidential /...	CalOMS	6	Y		
<u>8</u>	Nonresidential /...	CalOMS	7	Y		Progress House Perinatal, SUDS CRWC-Peri...
<u>9</u>	Nonresidential /...	CalOMS	1	Y		Aegis Treatment Center, SUDS Willows-Trea...

274

If the program is reporting on the monthly 274, this section on the Custom Fields will need to be filled out

Program Details

General Rules Staff Occupancy Reporting Claims **Custom Fields**

NACT/274 Reporting

If the Program is a Primary Program/Site and is reportable directly under a Provider Group select the checkbox for 'Medi-Cal reportable for NACT/274 as a Primary Site and Information Complete' and select the appropriate Provider Group from the drop down. If the Program is reportable under a Primary Program/Site select the checkbox for 'Program is reportable under an existing Primary Site' and select the appropriate Primary Site. 274 Sites are defined as those Programs that are reportable directly to a Provider Group and have the Provider Group selected in the Program Details.

Medi-Cal reportable for NACT/274 as a Primary Site and Information Complete Program is reportable under an existing Primary Site

Provider Group Primary Site

274 Facility Type Institutional Facility Type

Licensed Bed Count Available Bed Count Staffed Bed Count

Provider Number Hours of Operation ADA Compliant for Physical Plant Yes No

TDD/TTY Equipment Available Yes No Distance Between Site and Closest Public Transportation Telehealth Station/Equipment Available at Site Yes No

Language Capacity - Arabic Language Capacity - Armenian Language Capacity - Cambodian

Language Capacity - Cantonese Language Capacity - English Language Capacity - Farsi

Language Capacity - Hmong Language Capacity - Korean Language Capacity - Mandarin

Language Capacity - Other Chinese Language Capacity - Russian Language Capacity - Spanish

Language Capacity - Tagalog Language Capacity - Vietnamese Language Capacity - American Sign Language (ASL)

Language Line Available Yes No Other Language Services Available Primary Site Contact Email Address

Primary Site Contact Facsimile Number Site URL Address

IsMediCalCertified Yes No MediCal Certification Date MediCal Expiration Date

Site DEA Number Owner Name Ownership Code

Ownership Percentage Site County Location Age Group Served

Licensed Capacity For OTP Provider Type

Rates & Billing Codes

When adding a new program, the rates under the Procedure/Rates screen and billing codes setup against the plan will need to be evaluated to determine what will need to be setup for that new program. Generally, a new Mental Health program would not need any additional setup, however, a new Substance Abuse program will require additional setup due to the level of care modifiers. For example: If the new program is a Substance Abuse Residential program, rates will also need the new program added to the appropriate rate for the LOC.

Procedure/Rates (27)

residential | All Plans | All Programs | All Locations

All Clients | All Staff | All Codes/Rates | All Degrees

Active | All Service Areas | All Place of Services | Effective On: 11/06/2023

Exclude None

Select: All, All on Page, None

Procedure	Amount	Billing Code	Service Area	Program
Residential Treatment -S...	\$195.63 Per 1 Days	H0019 U1	DMC	SUD Res
Residential Treatment -S...	\$195.63 Per 1 Days	H0019 U1 SC	DMC	SUD Res
Residential Treatment -S...	\$195.63 Per 1 Days	H0019 U1 HA	DMC	SUD Res
Residential Treatment -S...	\$195.63 Per 1 Days	H0019 U1 SC HA	DMC	SUD Res
Residential Treatment -S...	\$189.04 Per 1 Days	H0019 U3	DMC	SUD Res
Residential Treatment -S...	\$189.04 Per 1 Days	H0019 U3 SC	DMC	SUD Res
Residential Treatment -S...	\$189.04 Per 1 Days	H0019 U3 SC HA	DMC	SUD Res
Residential Treatment -S...	\$202.43 Per 1 Days	H0012 U9	DMC	SUD Res
Residential Treatment -S...	\$202.43 Per 1 Days	H0012 U9 SC	DMC	SUD Res

Plan Details (18)

Primary Driven Record

General | **Billing Codes** | Rules | Payments And Adjustments | Eligible Clients | Care Management | Reporting | Copayment Defaults | Cus

Template

Use Standard Billing Codes Use Billing Codes From Specified Plan Use This Plan As Template

Billing Codes

Active | All Programs | All Degrees | All Staff

All Clients | All Codes/ Rates | Show Standard and unique codes | All Service Areas

Residential Treatment -Substance Use | All Modes of Delivery

Show only those rates that are currently effective. Show Billable Procedure Codes Only


Select: All, All on Page, None

Procedure	Priority	Charge	Billing Code	From	To	Program	Loc
<input checked="" type="checkbox"/> Residential Trea...	100	\$195.63 Per 1.00 Days	H0019-U1	01/01/2023		SUD Res	
<input checked="" type="checkbox"/> Residential Trea...	100	\$195.63 Per 1.00 Days	H0019-U1-SC	01/01/2023		SUD Res	Tel
<input checked="" type="checkbox"/> Residential Trea...	100	\$195.63 Per 1.00 Days	H0019-U1-HA	01/01/2023		SUD Res	

Claim Format/Billing Claims Override

When a new program is added, evaluate if the type of program will need a billing claims override.

Billing Claims Overrides (3)

Claim Format	<input type="text"/>	▼	Coverage Plan	<input type="text"/>
Payer	<input type="text"/>	▼	Program	<input type="text"/>
Location	<input type="text"/>	▼	Procedure Code	<input type="text"/>
Clinician Degree	<input type="text"/>	▼	For Date Of Service	<input type="text"/> 

ID	Claim Format	Payer	Coverage Plan	Clinician Degree
<u>1</u>	MH HIPAA 837 Professional	MH Medi-Cal		
<u>2</u>	DMC HIPAA 837 Professio...	DMC Medi-Cal		
<u>3</u>	Medicare Part B - 837P	Medicare		

Financial Assignments

Financial Assignments are an excellent tool to use to manage your charges and claims. If you have a new program, need to be added to the appropriate Financial Assignment.

Financial Assignment (15)

Staff	<input type="text"/>	<input type="button" value="🔍"/>	All Statuses	<input type="button" value="v"/>	All Payer Types	<input type="button" value="v"/>	All Payers	<input type="button" value="v"/>	<input type="button" value="Apply Filter"/>
All Procedure Codes	<input type="button" value="v"/>	All Assignment Types	<input type="button" value="v"/>	All Plans	<input type="button" value="v"/>	All Error Reasons	<input type="button" value="v"/>		
All Programs	<input type="button" value="v"/>	All Service Areas	<input type="button" value="v"/>	All Locations	<input type="button" value="v"/>	All Purposes	<input type="button" value="v"/>		
Assignment Name	<input type="text"/>	<input type="button" value="🔍"/>	RWQM Assigned	<input type="text"/>	<input type="button" value="🔍"/>				

ID	Assignment Name	Staff	RWQM Assigned	List Page Filter	RWQM
1000000	MH Katie A Claims			Yes	No
1000001	MH Contract Providers			Yes	No
1000002	MH Batch - CRWC			Yes	No
1000003	MH Batches - HH-CSOC...			Yes	No
1000004	MH Batch - Willows			Yes	No
1000005	Mental Health			Yes	No
1000006	SUD Batch - CRWC			Yes	No
1000007	SUD Batch - Willows			Yes	No
1000008	SUD Batch - Parkside			Yes	No
1000009	SUD Batch - Aegis			Yes	No
1000010	SUD Client Statements			Yes	No
1000011	Lockout Denial		Molina, Patty	No	Yes
1000012	OHC Denials - Need Cov...		Moore, Gary	No	Yes
1000013	CO-107		Molina, Patty	No	Yes
1000014	Denials		Molina, Patty	No	Yes

Questions?

Thank You
