



SmartCare User Group

County of San Diego

Health and Human Services Agency
Behavioral Health Services

June 26, 2025

Meeting Goals







Transparency



Engagement



Inclusion

Meeting Agenda





- Meeting Goals
- Clinical Updates
- MIS
- Data Sciences
- Billing Unit
- Q&A



Clinical Updates





Home Medications – New Entry

- High Priority: recognize the need for programs without nurses or prescribers to note home medications
- Solution:
 - Non-billable progress note: Home Medication
 - Can be entered by any LPHA/nonLPHA
 - Used as a method to ensure visibility by all to current home medications of the client
- This is NOT necessary for provider with nurses or prescribers
 - Information is visible in the Psych/Med note and pulls from CalMHSA Rx
 - If prescribers/nurses do not see medications in CalMHSA Rx, important to review documents for a
 Home Medication note for reference

Clinical Updates





Add-On Codes: Reminders

- Time on Add On codes must meet minimum time required for billing
 - If this time is edited and does not meet requirement, the add on must be errored.
- Time for Primary procedure code must meet minimum time required for billing
 - If the time does not meet minimum billing requirements an add on cannot be billed.
- Add on drop down includes ALL available
 - Confirm the add on you are choosing is appropriate for your service, SUD & MH do not always align in those that are billable.

Clinical Updates





Reminders

- Error: End date does not equal start date
 - Providers should evaluate these services to ensure that these were not entry errors
 - Seeing this error due to a procedure code setting
 - Updates have been made to allow for the entry of specific services to flow over 2 days
- Batch Uploading
 - Current timeline for rollout: start of new FY





SmartCare User Group: MIS

Rebecca Ferry-Rutkoff, Adrian Escamilla

Taxonomy Codes





Taxonomy Code updated for MHRS and Other Qualified Provider
171M and 2258 are no longer accepted for MHRS
172V is no longer accepted for Other Qualified Provider
MIS identified and emailed 645 staff
There are still 231 staff remaining who must update their taxonomy
Services will be denied

Please reach out to BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov, after taxonomy is updated on NPPES.

My Reported Errors





Please include the Service ID

NEW template for programs submitting bulk errors

Currently, processing service/notes that have not been billed to the State

TEDS (Treatment Episode Data Set)





Data collected per client for the purpose of reporting to the state (CalOMS & CSI)

When a client program assignment is created, the system generates a TEDS.

Over 7k TEDS missing from the system

Error occurs when a program enrolls and discharges a client in one step.

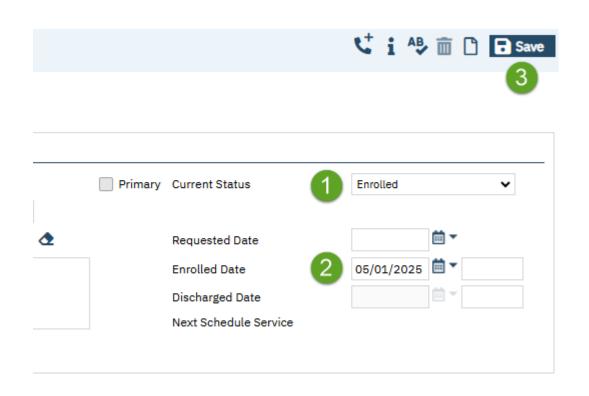
MUST Enroll-Save-Discharge-Save

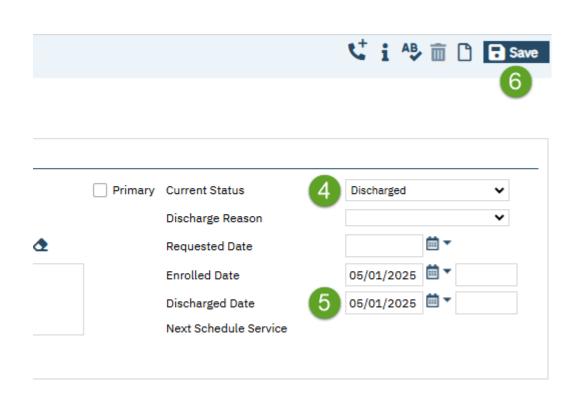
TEDS CONT'D





PROGRAM ASSIGNMENT DETAILS





Support Desk





CalMHSA

Live Chat or Submit a Ticket:

- 2023.calmhsa.org
- Chat bubble for immediate assistance
- Choose either 'Talk to Live Agent' or 'Submit Support Ticket'

OR

- SmartCare EHR
- Blue bubble to begin chat process

Hours: M-F 8 am – 5 pm

Optum

Password Resets & Account Unlocks

- 7 Days a week (including Weekends & Holidays)
- 4:30 am 11 pm
- Call (800) 834-3792





Reporting in the SmartCare Era

Derek Kemble – Data Sciences

Report Training and Resources





- Current Efforts
 - Optum SmartCare Training
 - SmartCare Help Desk Support
 - SmartCare ARF: Treatment Programs
 - Centralized E-mail support: BHS-DataScience.HHSA@sdcounty.ca.gov
- Future Efforts
 - SmartCare Reports Manual
 - SmartCare Report Development Tracker
 - Additional Trainings



TADT ISSUES

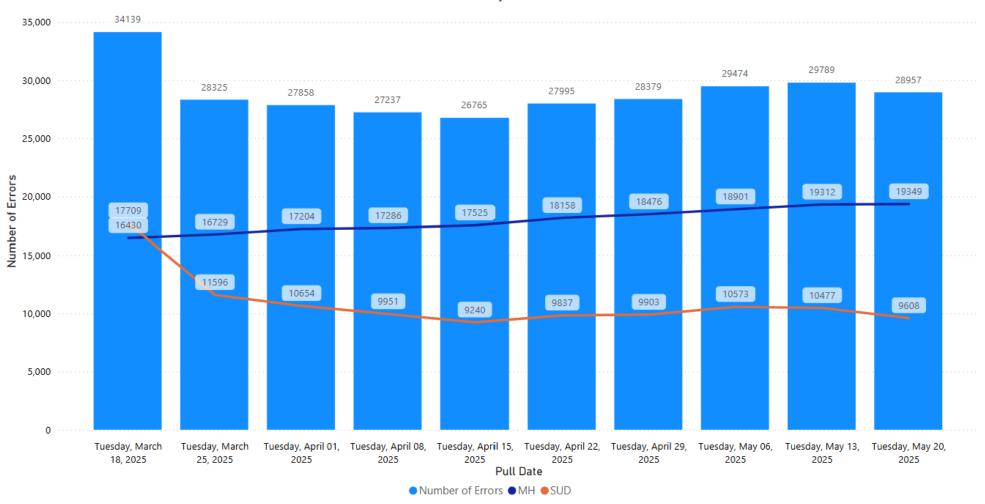
- Issue: Programs running report with little to no responses
 - Programs not actually entering clients into TADT with SC
 - TADT was designed with State requirments
 - Client must be Medi-Cal
 - TADT must be signed/completed
- Determination: CalMHSA had two separate reports
 - CalMHSA Timely Access Document Report
 - CalMHSA TADT Report
- Solution: CoSD TADT Report updated to include all entries with filters to limit for State reporting

Service Error Data





Service Errors by Service Area









CoSD SmartCare Report Tracker







BHS Billing Announcements/Reminders

Tess Bugay and Carmen Saline

03/26/2025

Service Errors Affecting Billing





For MH and SUD Programs:

MMEF and Retroactive Eligibility. SmartCare will only add an effective date based on the month the client was added to the MMEF file for clients with retroactive coverage. Thus, the effective date will not go all the way back to 3 months. There will be a potential Streamline enhancement. In the meantime, the BHS Billing Unit requires the program to submit the completed Client Plan Request form for a client with retroactive Medi-Cal. Please include a note of the exact retroactive effective date so that our team can update the effective date of Medi-Cal coverage in SmartCare.

SUD-specific requirement:

Medi-Cal Share of Cost (SOC). SUD programs should continue with the SOC process in terms of SOC collection and completion of the Financial Responsibility and Medi-Cal SOC form. If your client has a share of cost, please complete and submit this form to adsbillingunit.hhsa@sdcounty.ca.gov. If you have any questions on SOC or this form, please contact the SUD Billing Unit.





A&9

For any further questions, contact: QIMatters.HHSA@sdcounty.ca.gov

Or go online for more information at: Optumsandiego.com

NEXT MEETING: July 16. 9:00-10:00am