

Clearing CoSD Service Error Report (My Office)



The following guidance for Clearing the CoSD Service Error Report is intended to assist providers with ensuring accurate and timely billing and reflects the process to respond to items providers will see on their **Services Needing Attention** widget or on the **CoSD Service Error Report (My Office)**.

The **Overnight Billing Job** is a nightly process consisting of twenty (20) automatic steps to prepare service data for California State Billing and Reporting. One of the most important steps in the nightly job is **Service Completion**.

Overnight Billing Job Steps		
Step	Name	Description
1	835 Process Uploaded File	Processes uploaded 835 files and applies payments, adjustments and transfers
2	Create Bed Services	Creates bed services when the Census functionality is being used
3	Generate Bundled Services	Bundles services based on specifications in the system
4	Update Aid Code In Custom Charges	Links the current Medi-Cal Aid Code to the Charge
5	Attach Diagnosis to Show Services	Refreshes the diagnosis on the Billing Diagnosis tab in the Service Note for services that are in a show status
6	csp_CalMHSA_job_ApplyDiagnosisToCompletedServices	Custom step for CalMHSA which will insert Service Diagnosis records into completed services created by the upload process that do not already have Service Diagnosis records
7	Service Completion	Completes services with no errors and creates the charge for billing
8	Set Charge Ready To Bill	Charges will be set to Ready to Bill if there are no errors or warnings

Service Completion is a process by which the status of a service changes from “SHOW” to “COMPLETE” provided the service passes all validation rules successfully (i.e., procedure code is assigned to the program, degree/credential is allowed to provide the service, coverage plan has not expired, etc.).

Services that fail any of the validation rules will remain in SHOW status and can be reviewed by running the **CoSD Service Error Report (My Office)**.

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Enter the date range desired and choose which programs to include. Only programs you are associated with are available.

The report can be printed or downloaded using the icon outlined in red below.

For clinicians and supervisors, the **Services Needing Attention** widget is also available on the Dashboard to display services in SHOW status with issues that need to be addressed before the Service Completion billing step can proceed.

The following pages provide guidance on how to resolve service errors.

IMPORTANT: Please **DO NOT** change service status to anything other than SHOW, NO SHOW, or CANCELED, as it will cause further delays in processing services for billing. Programs should **never** manually mark a service status as “Complete” and instead should allow the system automation to handle service completion via nightly background jobs.

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Who	Error	Purpose or Reason for Service Error	Resolution Steps
Clinician Front Desk Admin Supervisor	Billing Diagnosis Required for Completing Service	Prevents service completion when no billing diagnosis is associated with client. For reasons such as: 1. There is no diagnosis document present for your program 2. Your diagnosis does not have a priority 3. Your diagnosis document does not span the date of service. 4. The diagnosis document does not include a diagnosis relevant to your service provision	1. Open the Diagnosis Form and click the New icon. This will open a new Diagnosis Form. 2. Update the necessary information (see reasons to be considered in previous column). 3. Sign the document. 4. If you are unable to determine if the diagnosis is clinically acceptable, contact QIMatters.HHSA@sdcounty.ca.gov . 5. If unable to resolve, contact the CalMHSA Help Desk.
Clinician Front Desk Admin Supervisor	Financial Information has not been completed for this client	Prevents charge creation when financial information is missing or has not been completed in the system.	1. Locate the "CoSD Client Insurance & Date Span Report" and complete all required report parameters. 2. Click "View Report." 3. If the report does not display a coverage plan or date span, or the existing plan(s) need to be updated, complete the "SmartCare Client Insurance Plan Request Form" available on the SmartCare tab of the Optum website (Guidance available here). EFax or email the form to: - For MH Clients: 619-338-2612, BHS MHBillingUnit.BHS@sdcounty.ca.gov - For SUD Clients: 619-338-2584 SUDBillingUnit.BHS@sdcounty.ca.gov
Clinician Front Desk Admin Supervisor	Duration Does Not Match DateTimeIn/ DateTimeOut	Prevents service completion when duration and service time do not match. This normally occurs when DateTimeIn or Start Time of service is at midnight or 12:00AM.	1. Open affected service and review duration/time in and out 2. Update start time to 12:01 am if rendered at midnight. 3. If unable to resolve, contact CalMHSA Help Desk

Clearing CoSD Service Error Report (My Office)



Who	Error	Purpose or Reason for Service Error	Resolution Steps
Clinician Front Desk Admin Supervisor	Required authorization for the same program missing for... (Authorization is required)	Triggers when client does not have an authorization for the following: Medi-Cal DMC: **Residential Treatment Substance Use Medi-Cal Mental Health: **Adult Residential Day **Adult Residential Day-Older Adult **Crisis Residential Day **Crisis Residential Day-Adult **Crisis Residential Day-Older Adult **Day Rehabilitation-Full Day **Day Rehabilitation-Half-Day **Day Treatment Intensive-Full Day **Day Treatment Intensive-Half-Day **Therapeutic Foster Care **ACT – Assertive Community Treatment **Ancillary SMHS Request **FACT – Forensic Assertive Community Treatment **Intensive Outpatient/Partial Hosp Program (IOP/PHP) **In Home Based Services (IHBS) **Therapeutic Behavioral Services (TBS) **Short Term Res Treatment Program (STRTP)	1. Locate the CoSD Authorizations Report and complete all required report parameters. 2. If authorization is missing or existing authorization needs to be updated, please contact Optum at (800) 798-2254, Option 3, then Option 4 to request authorization(s) for your client(s) identified on the service error report.
Clinician Front Desk Admin Supervisor	End Date does not equal Start Date	A safeguard to prevent incorrect time entry for services that would normally happen overnight. This error goes with the "Duration Does Not Match DateTimeIn/DateTimeOut error message	1. Open affected service and review duration/time in and out. 2. Update start time to 12:01 am if rendered at midnight. 3. If unable to resolve, contact CalMHSA Help Desk

For more information, go to OptumSanDiego.com and click on the SmartCare tab under SMH & DMC-ODS Health Plans for the MH SOC; or DMC-ODS for the SUD

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Who	Error/Action	Data Correction	Resolution Steps
All Roles	Unable to find a matching rate for the selected procedure	Prevent service completion when no matching rate is found for the following reasons: **Program: procedure is not assigned to program **Degree/Credentials: no rate found on DHCS FY rate schedule for specific degree/credential **Location: not valid for specific procedure **Rendering Staff: not active for DOS or degree not assigned to procedure	1. Verify the procedure code and rendering provider on the service. This error often occurs if the provider is not allowed to provide the specific service. For example, Group Psychotherapy cannot be provided by a Certified Peer Support Specialist or MHRS. 2. Verify if the provider's license/credential is still active or was active on the date(s) of service (DOS). 3. Verify that you have the correct "Group" procedure code on the service. For example, "Group Counseling" applies to SUD only and "Group Therapy" applies to MH programs only. 4. Please make necessary corrections on the service(s) if you are able to. Otherwise, please contact BHS_EHRSupport.HHSA@sdcounty.ca.gov for assistance.