COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

SmartCare User Group

County of San Diego
Behavioral Health Services

November 16, 2026

Meeting Goals



Transparency



Engagement



Inclusion

Meeting Agenda

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



Who to Contact?

Who to Contact	How to Contact
SmartCare System issues: i.e. glitches, functionality issues, pop-up errors	CalMHSA various options: 1. Connect via Live Chat (M-F 8:00am – 5:00pm) a. 2023.calmhsa.org b. Access when logged in to the SmartCare EHR 2. Submit a ticket (M-F 8:00am – 5:00pm) a. 2023.calmhsa.org b. Access when logged in to the SmartCare HER 3. After Hours support (only available for system outages) a. Call (916) 214-8348
Password Resets and Account Unlock	Call 1-800-834-3792 (Available daily from 4:30am – 11:00pm including weekends and holidays)
SmartCare ARF submission and any access related issues or questions	EHRAccessRequest.BHS@sdcounty.ca.gov
SmartCare support questions that cannot be addressed by the CalMHSA Support Desk should be directed to MIS	EHRSupport.BHS@sdcounty.ca.gov
For questions related to documentation guidelines, DHCS regulations or policy	QIMatters.BHS@sdcounty.ca.gov
Billing Issues or Questions that cannot be addressed by the CalMHSA Help Desk	Mental Health: MHBillingUnit.BHS@sdcounty.ca.gov MH Billing Line: 619-338-2612 SUD: SUDBillingUnit.BHS@sdcounty.ca.gov SUD Billing Line: 619-338-2584
Reports and Data Questions	DataScience.BHS@sdcounty.ca.gov

Clinical Updates

Jill Michalski,

EHR Team, Clinical Lead
jill.michalski@sdcounty.ca.gov

Eileen Quinn-O'Malley,

EHR Team, Chief, Agency Operations
Eileen.quinn-omalley@sdcounty.ca.gov



SMARTscribe Updates
Phase Two Roll Out

BHS Contracted Service Provider Information Notice released via Gov Delivery on 11/9/26: **Systemwide Rollout of Eleos SMARTscribe and User Request Instructions**

- Organizations must have agency-wide AI Policies & Procedures consistent with minimum requirements outlined in BHS OPOH and SUDPOH prior to SMARTscribe access approval
  - AI Attestation submission required: Organizational AI Policy Confirmation
- Submit Access Request Form (ARF)
  - SMARTscribe Ambient AI is intended for use by direct-service providers who document within the SmartCare electronic health record
- Download Eleos Extension and App
  - Consult with your IT department regarding any firewalls or permissions needed in order to download and install the Eleos extension.

SmartScribe Phase 2 Training

Training via Eleos Academy

- Recorded virtual webinar
- SMARTscribe and Text/Voice Summary demonstrations
- Resources:
  - How to Explain SMARTscribe and AI Consent to clients
  - Practical tips and proven strategies for effective use of SMARTscribe
  - Review of SMARTscribe AI and BHS Consent requirements

Phase 3: SMARTcomply

- SMARTComply is a tool for program-level QI staff, program managers and clinical supervisor staff
  - Provides clinical oversight through a dashboard view of trends, risks, and compliance issues across documentation
  - Guides quality improvement activities
  - Planning underway, implementation date and additional information TBD

SMARTscribe Consent Clarification

Signed Consent must be obtained from the client which explains how the SMARTscribe AI tool utilizing ambient AI, text summary or voice summary will be used, including benefits and risks, and privacy concerns before utilizing SMARTscribe.

- Providers will need to ensure that the client has signed the SmartCare Consent to use AI form in SmartCare.

At the start of any session in which the provider will be utilizing the SMARTscribe **ambient AI tool**, verbal notification and agreement must be obtained and documented in the service note.

- Providers must utilize the BHS Key Phrase to document client consent to use of Ambient AI during the session.
- Key Phrase also meets **compliance requirement to document that AI was utilized in generating documentation which is required when any form of AI is utilized in drafting documentation –** this includes Ambient AI, text summary or voice summary tools.

Use of Alternate AI tools

Eleos SMARTscribe is currently the **only** BHS-approved AI tool for documenting clinical information within the electronic health record.

Direct Service Providers shall not enter member information into external or non approved AI tools without prior written approval from BHS. This includes generative AI platforms, transcription services, publicly available AI platforms, or other AI-enabled tools that are not approved by the County.

Direct Service Providers seeking to use AI tools that are not integrated with SmartCare must submit a request to BHS at QIMatters.BHS@sdcounty.ca.gov prior to implementation.

BHS will review the request and, as applicable, coordinate with DHCS to determine whether the proposed AI tool is permissible.

Direct Service Providers must not use such AI tools until approval is confirmed by BHS.

OPOH Section K; SUDPOH Section K

ISL

Individual Service Level Data Collection & Reporting

Individual Service Level (ISL) Reporting

Effective January 1 2027 – as part of BHSA reporting requirements, BHPs will need to report individual-level behavioral health services that are not reimbursed through Medi-Cal. DHCS uses the data for BHSA oversight, accountability, service monitoring, and performance measurement.

ISL reporting will capture the gap between what is claimed in Medi-Cal and other county investments. Currently, with only Medi-Cal claims data, DHCS sees only a fraction of the investments counties make to serve their communities.

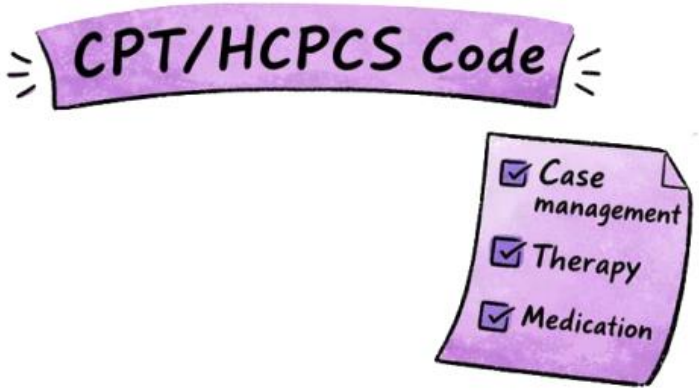
ISL focuses on services that are **non-Medi-Cal billable, client-specific services**

- Housing supports – rent subsidies, moving expenses, outreach, landlord mitigation
- Essential needs, goods or household supports - food, clothing, hygiene items

Individual Service Level (ISL) Reporting

Currently, providers utilize the CPT/HCPCS Code Set to capture and claim for the services provided to clients that Medi-Cal reimburses.

Effective January 1, 2027, providers will utilize a second ISL Code Set to capture and report the services provided to clients that are non-reimbursable by Medi-Cal.





Individual Service Level (ISL) Code Categories

- **Acute (ISL100–104)**
  - State Hospital Bed Day
  - Non-Billable Admin Day
  - Crisis Stabilization (over 23 hours)
  - Monitoring services (1:1 or 2:1)
- **Subacute (ISL105–109)**
  - Skilled Nursing Facility
  - Mental Health Rehab Center (MHRC)
  - IMD Basic
- **Housing (ISL200–221)**
  - Board and Care
  - Respite Residential
  - Rental Subsidies
  - Participant Assistance Funds
  - Landlord Outreach and Mitigation
  - Outreach and Engagement
- **Outpatient (ISL300–313)**
  - Non-billable meetings (school, child welfare, probation, parole)
  - Legal (report writing, hearings, Murphy assessments)
  - Outreach and engagement
- **Expense (ISL400–406)**
  - Food, clothing, hygiene needs
  - Travel and transportation
  - Employment and education
  - Child care supports
  - Medication costs
  - Translation/interpretation services

Individual Service Level (ISL) Code Library - DHCS

Individual Service Level (ISL) Reporting

Use the code that accurately describes the service delivered.

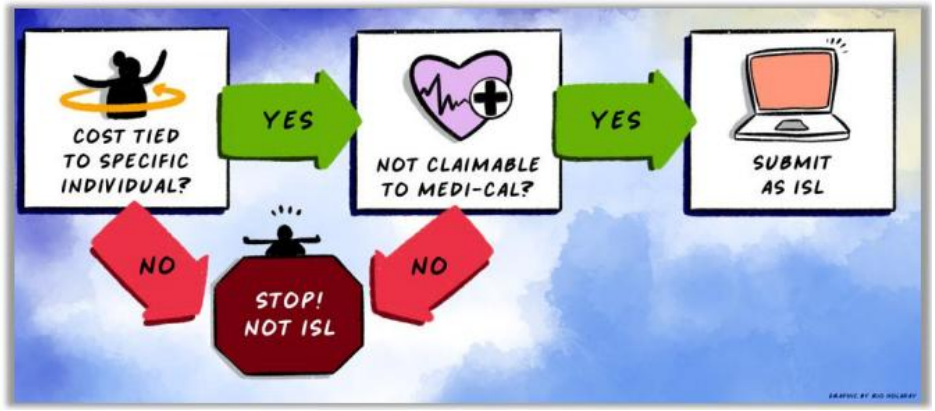
Quick Decision Guide:

Medi-Cal client + Billable service = select Medi-Cal procedure code

Medi-Cal client + Non-billable service = select ISL code

Non-Medi-Cal client + client specific service = select ISL code

Not a client-specific service = do not use ISL code



Individual Service Level (ISL) Reporting

Does ISL change how I provide services?

No, ISL does not change clinical practice or service delivery. ISL affects how services are documented and reported.

Providers should continue delivering clinically appropriate services and ensuring their documentation is complete and accurate.

ISL ensures that *all services* – not just Medi-Cal billable ones – are visible

- 50% more services are captured when ISL services are included
- Service patterns, housing supports and client needs are fully captured

Individual Service Level (ISL) Reporting

Key Dates – Timelines

- January 1, 2027 – required ISL data collection begins, use of ISL codes to capture non-Medi-Cal reimbursable services required by all programs
- First required reporting period includes Jan-Jun 2027 services within 90 days of fiscal year end.
- Ongoing ISL data submissions required annually at minimum.

Communications and training information for providers is forthcoming. December QIP meetings will include focused ISL training information.

MH QIP: December 9, 2026, 1:00-3:00pm

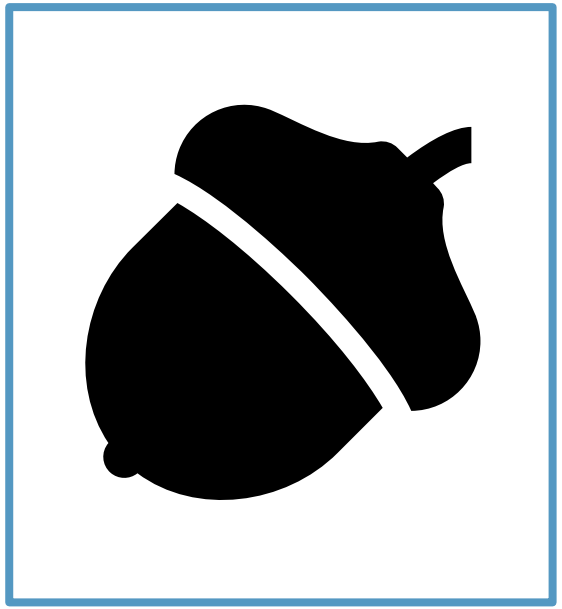
SUD QIP: December 19, 2026, 10:00-11:30am

Management Information Systems (MIS)

Ashley Chamberlain

SmartCare Support: EHRSupport.BHS@sdcounty.ca.gov

SmartCare Access/ARFs:
EHRAccessRequest.BHS@sdcounty.ca.gov



MIS

- Revised ARF published includes Eleos (SmartScribe) access option
  - SmartScribe is available for persons who document in SmartCare
  - SmartScribe Dashboard is available for supervisors (even if the supervisor does not document in SmartCare)
  - Your program must have an AI policy attestation on file with BHS

- Support and Access email addresses changed
  - **SmartCare Support:** EHRSupport.BHS@sdcounty.ca.gov
  - **SmartCare Access/ARFs:** EHRAccessRequest.BHS@sdcounty.ca.gov

Data Science (DS) Reports

Derek Kemble

SmartCare Reports:
DataScience.BHS@sdcounty.ca.gov



Report Training and Resources

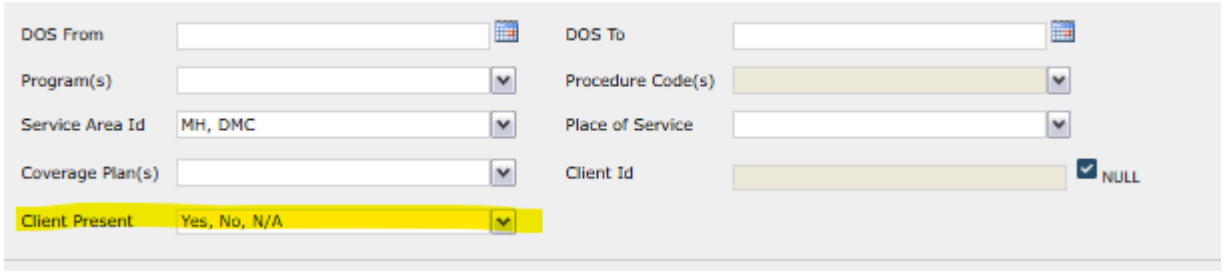


Current Efforts

- Optum SmartCare Training
- SmartCare Help Desk Support
- SmartCare ARF: Treatment Programs
- Centralized E-mail support:
  - DataScience.BHS@sdcounty.ca.gov

New CoSD Reports

- Client Present box added to CoSD Charges/Claims

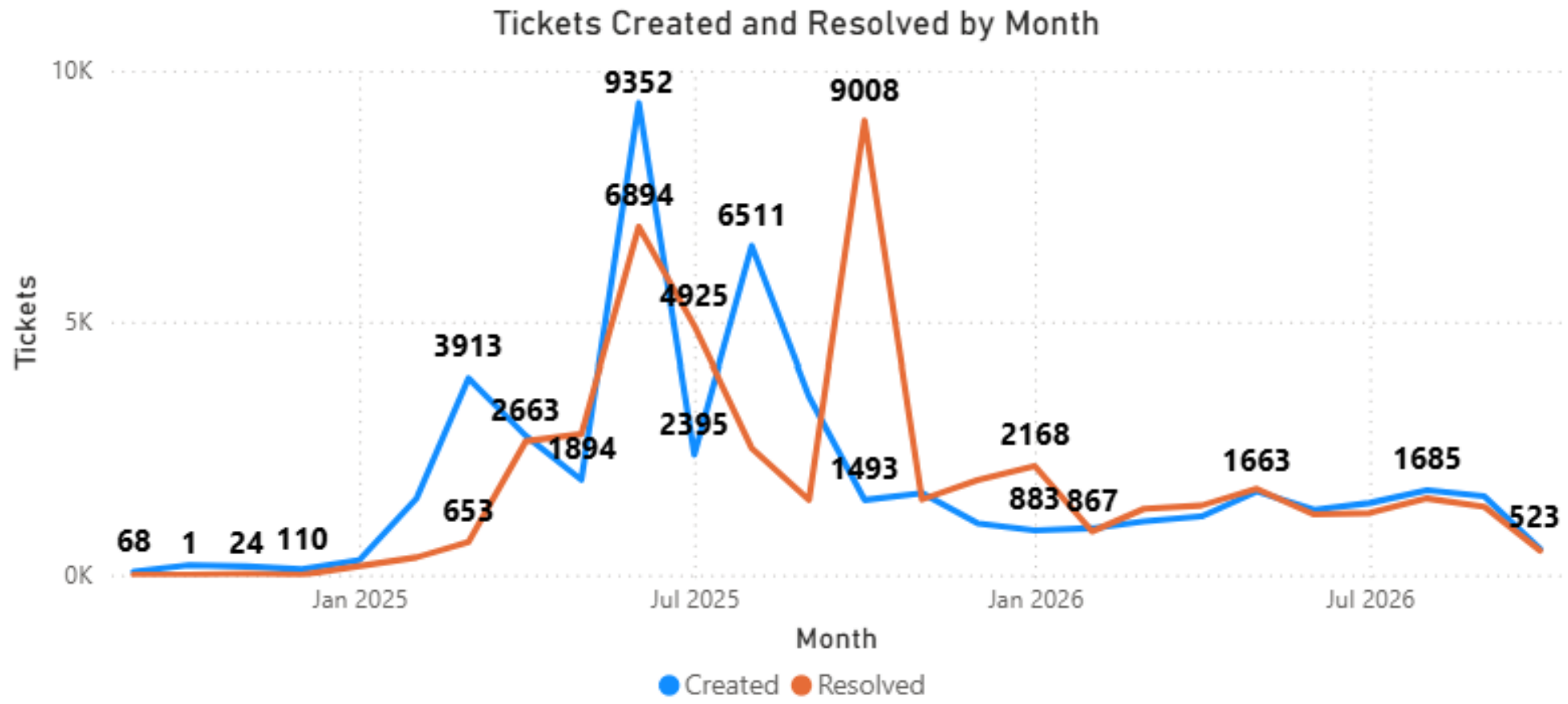


Data Quality
Error Corrections Team

Robert Bechtol



Tickets by Created Date



Tickets by Created Date

Month/Year	Total Errors	Resolved Errors
1 July, 2026	1432	1039
1 August, 2026	1685	1485
1 September, 2026	1566	1344
1 October, 2026	523	483
Total	**5206**	**4351**

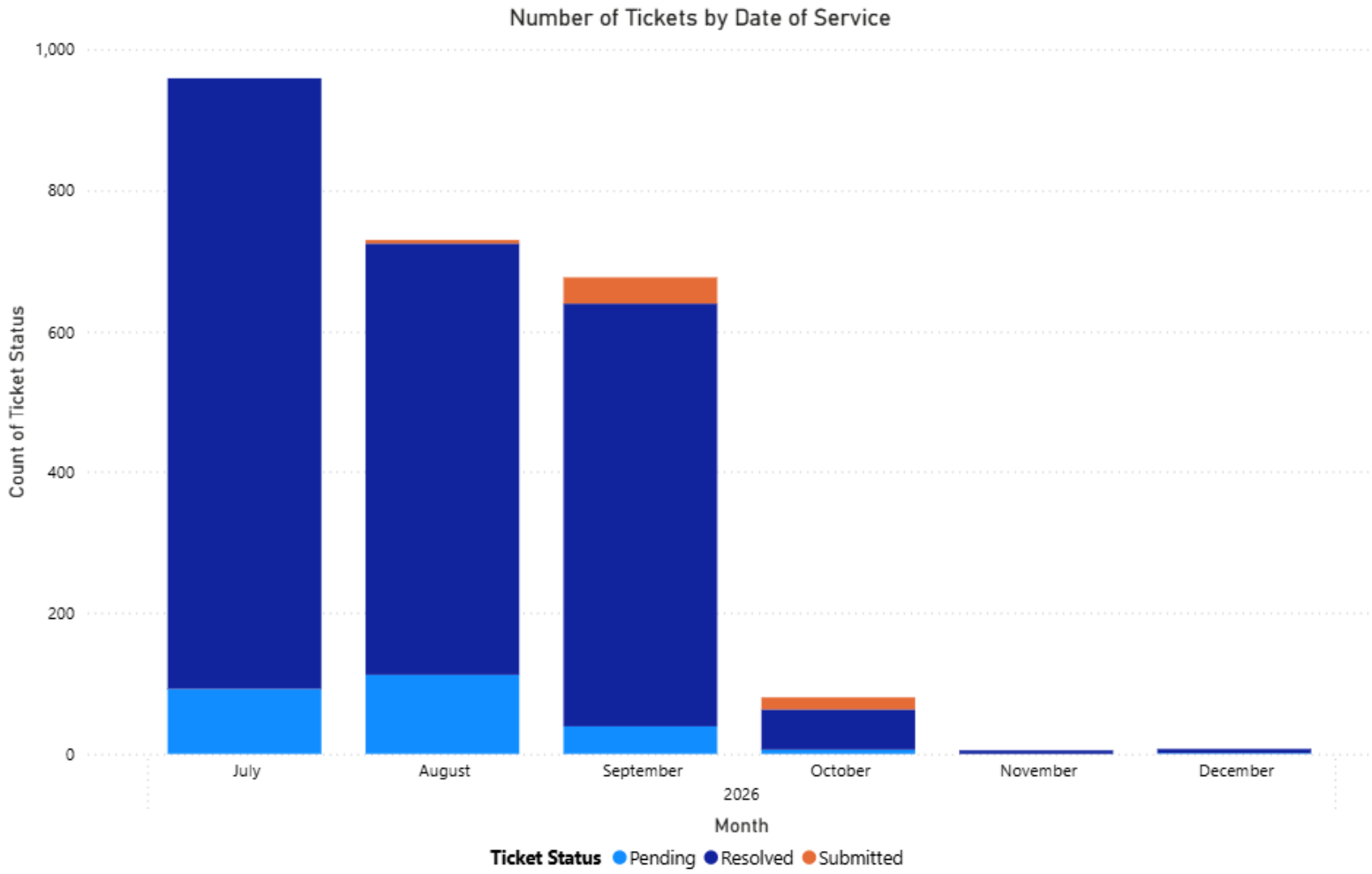
Tickets by Date of Service

2,458
Total Tickets

2,149
All Resolved

59
All Submitted

250
All Pending



Tips for Quick Resolution

- Client ID
- Service ID
- Clinician Name
- Program Name
- Date of Service
- Document ID
  - Description of Issue why document needs to be errored out
  - Document Name/Title
  - Effective Date

BHS Billing Unit Announcements

Tess Bugay, Medical Claims Manager

Carmen Saline, Admin. Analyst III



Billing Updates

Billing Office Hours & Denial Reports. The BHS Billing Unit (BU) routinely updates and publishes the latest information, guides, reports, and announcements. Recent posts/updates include the:

a. October 2026 Billing Office Hours presentation
b. CoSD 814 Claims Denial Contractor Report
c. CoSD Client Ledger Report
d. SUD files available on the Optum website:

- DMC-ODS Billing Manual 4.1_version 09.2026
- List of Changes 4.1 DMC-ODS v 4.1
- DMC-ODS Service Table 26-27_Revised 10-2026
- DMC-ODS Service Table 25-26_Revised 10-2026
- DMC-ODS Service Table 24-25_Revised 10-2026

For any denial or ledger issues that necessitate billing review or intervention, your team should contact the County of San Diego BHS Billing Unit directly:

✓ Mental Health (SMHS) Billing. Email MHBillingUnit.BHS@sdcounty.ca.gov.
✓ Substance Use Disorder (DMC-ODS) Billing. Email SUDBillingUnit.BHS@sdcounty.ca.gov.

Client Information and Medi-Cal Billing

The client's name in SmartCare Client Information must match exactly what is on file in the state's Medi-Cal systems (such as Medi-Cal Provider Portal, MEDSLITE, MEDS, or the Benefits Identification Card). Failure to align the name formatting precisely may result in the Medi-Cal plan not being added automatically for a full scope Medi-Cal client's coverage and time plans in SmartCare when the MMEF file is uploaded, resulting in charges dropping to 9999.

Key Consequences of a Mismatch:

When the **Monthly Medi-Cal Eligibility File (MMEF)** or automated eligibility checks run, the system attempts to reconcile the internal SmartCare records with the state's **MEDS** (Medi-Cal Eligibility Data System) database.

- **The Matching Logic:** The system typically uses a strict multi-point match, including **First Name, Last Name, Date of Birth (DOB), and Social Security Number (SSN) / Client Index Number (CIN)**.
- **The Risk of Formatting:** Even minor discrepancies such as a missing hyphen, an extra space, a middle initial included in the first name field, or a suffix (like Jr. or III) placed incorrectly—will cause the matching algorithm to fail.

Medi-Cal Claim Denials

- BHS Programs should run and review the CalMHSA 814 Claims Denial Contractor Report (My Office) monthly or as often as needed.
- For guidance on CM 814 Report, please refer to the CALMHSA 814 – Claims Denial Contractor Report (Medi-Cal Only) document published by the BHS Billing Unit in San Diego Optum Resources SMH & DMC-ODS Health Plans- Billing section.
- Currently, the Adjustment Reason Code "143" is described as 'Claim Filed Late' in the CalMHSA 814 Report. But it doesn't signify "late claim filing as CARC 143 means a portion of payment is deferred". CalMHSA has informed that changes are being made to the 143 description. BHS BU will provide an update once the change has gone into effect. Feel free to reach out to the BHS BU for any additional assistance.
- Please reach out to your designated BHS billing team if you need further clarification or assistance with resolving denied claims.

CARC & RARC

- The CARC (Claim Adjustment Reason Code) and RARC (Remittance Advice Remark Code) are standardized codes provided by insurance companies to explain why a medical claim was denied, reduced, or paid differently than billed.
- CARC and RARC are included in the electronic remittance advices (ERAs) or explanations of benefits (EOBs) that the BHS Billing Unit posts to SmartCare.
- The CARC and RARC tables are posted on the BHS Optum Billing resources website for your reference.
  - MH CARC and RARC
  - SUD CARC and RARC

Retroactive Medi-Cal

- As of October 2026, a feature has been configured in SmartCare to update current and historical Medi-Cal coverage per the MMEF (Monthly MEDS Extract File). When a new MMEF provided by DHCS is imported into SmartCare by the BHS Billing Unit at the beginning of each month, SmartCare will now update the Medi-Cal DMC and Medi-Cal MH Coverage Time Spans on the Client Plans screen based on a client's eligibility for the current month **and** the previous 12 months.
- As a result of configuring this feature in SmartCare, programs may notice a considerable reduction in the number of charges displayed when running the CoSD Charges/Claims Report and filtering by the "9999" Coverage Plan. This is expected and desired.
- For any other inquiries related to 9999, especially if you're aware that the client is Medi-Cal eligible, please reach out to your assigned BHS billing team.

Q&A

For further questions: contact QIMatters.BHS@sdcounty.ca.gov

Or go online for more information at:
OptumSanDiego.com → SMH&DMC-ODS Health Plans → SmartCare Tab

Next Meeting: Tuesday, December 15, 2026, 1:00pm - 2:00pm