SmartCare User Group

County of San Diego

Health and Human Services Agency

Behavioral Health Services

October 20, 2025

Meeting Goals

- Transparency
- Engagement
- Inclusion

Meeting Agenda

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

SmartCare User Group: Clinical Updates

Heather Rey
Jill Michalski

Coming Soon!
Batch Service Upload

Coming Soon!

Internal testing has been completed and was successful!

Additional guidance will be forthcoming once Batch Uploading is available in PROD environment for programs.

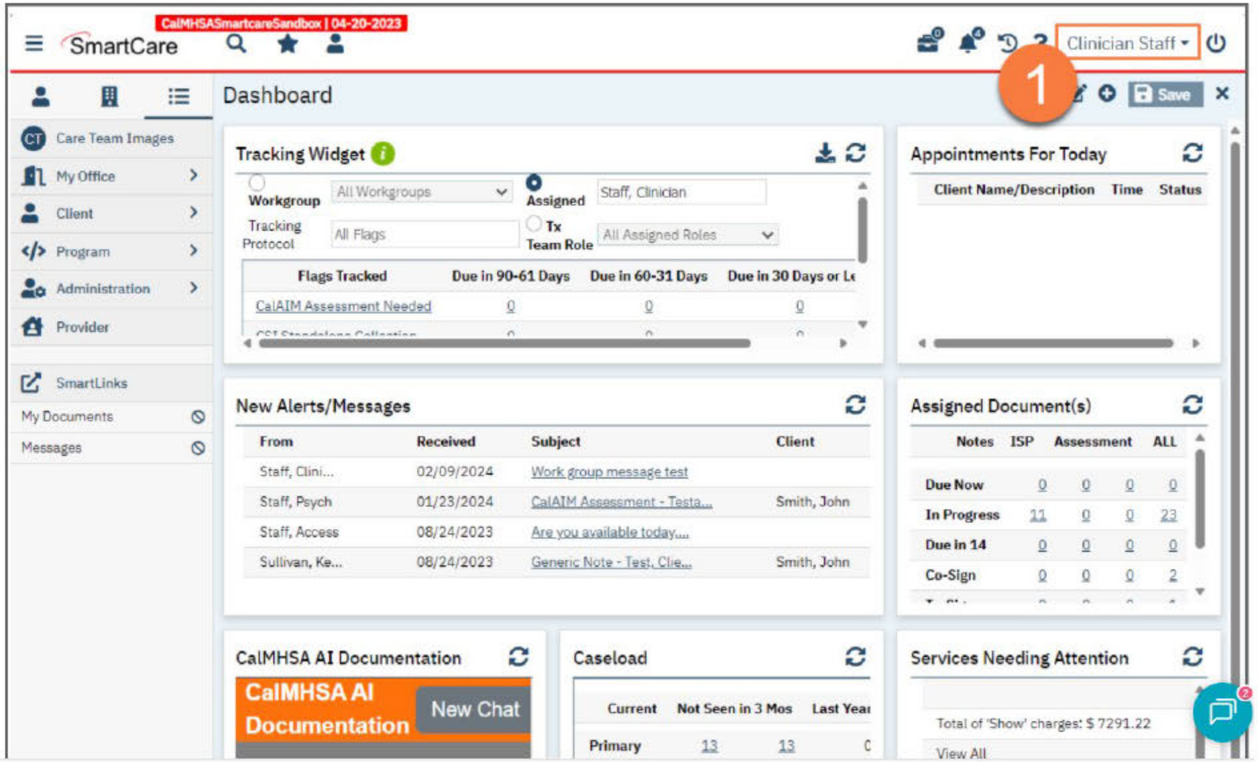
How to Set-Up Your Signature

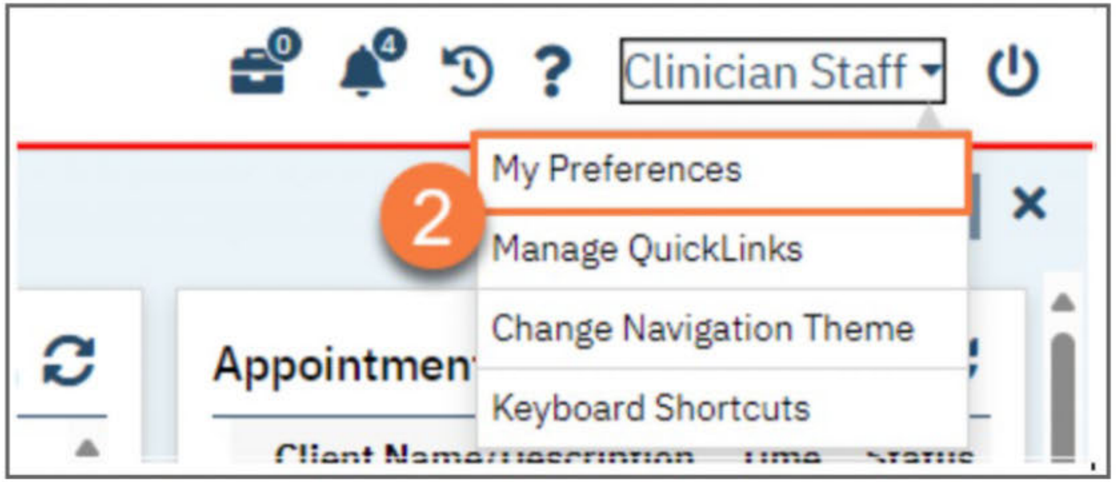
[How to Set-Up Your Signature - 2023 CalMHSA]

When you sign a document in SmartCare, the signature will look like this:

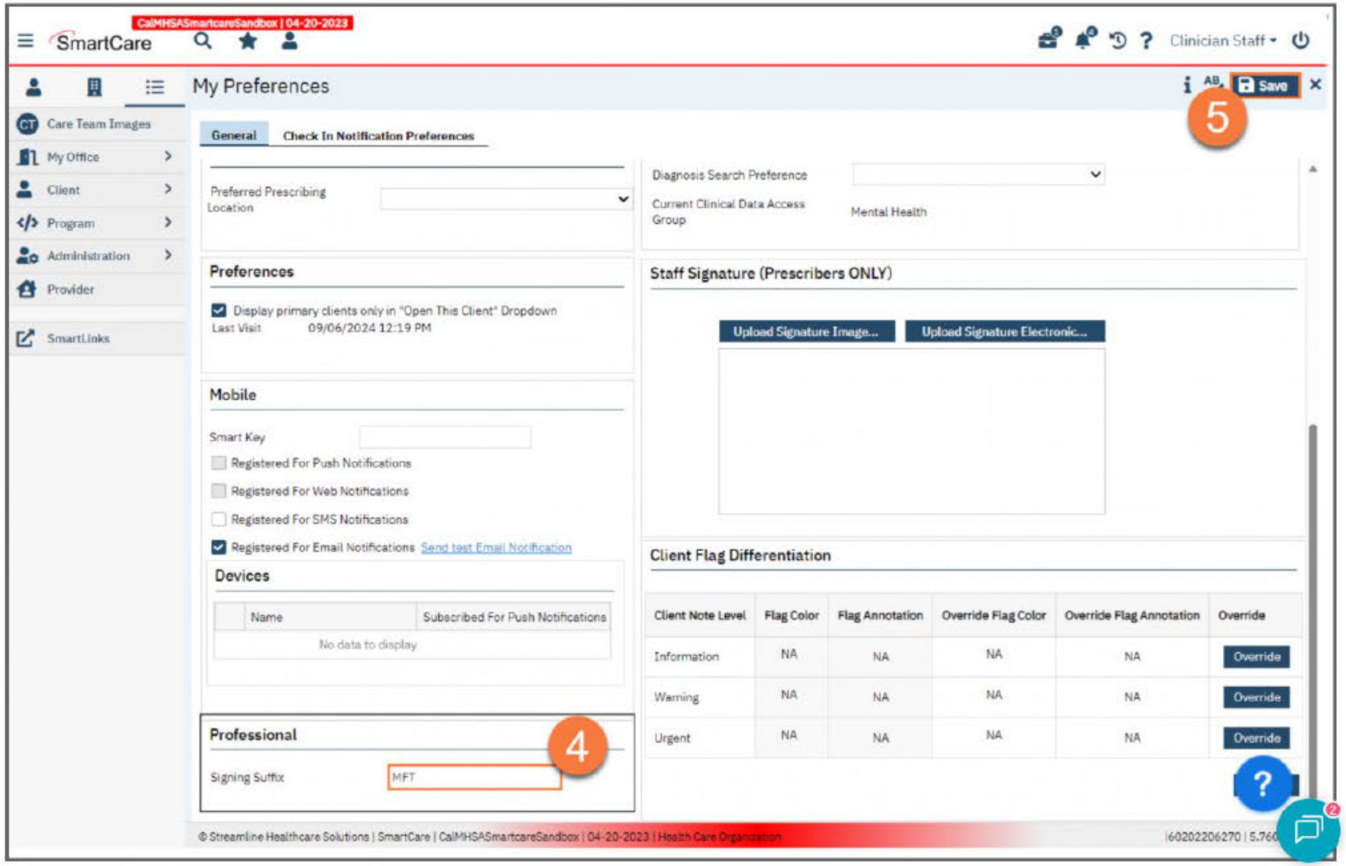
Staff:	Clinician Staff, MFT	**Signature Date:**	09/06/2024 12:38PM

How to Set-Up Your Signature

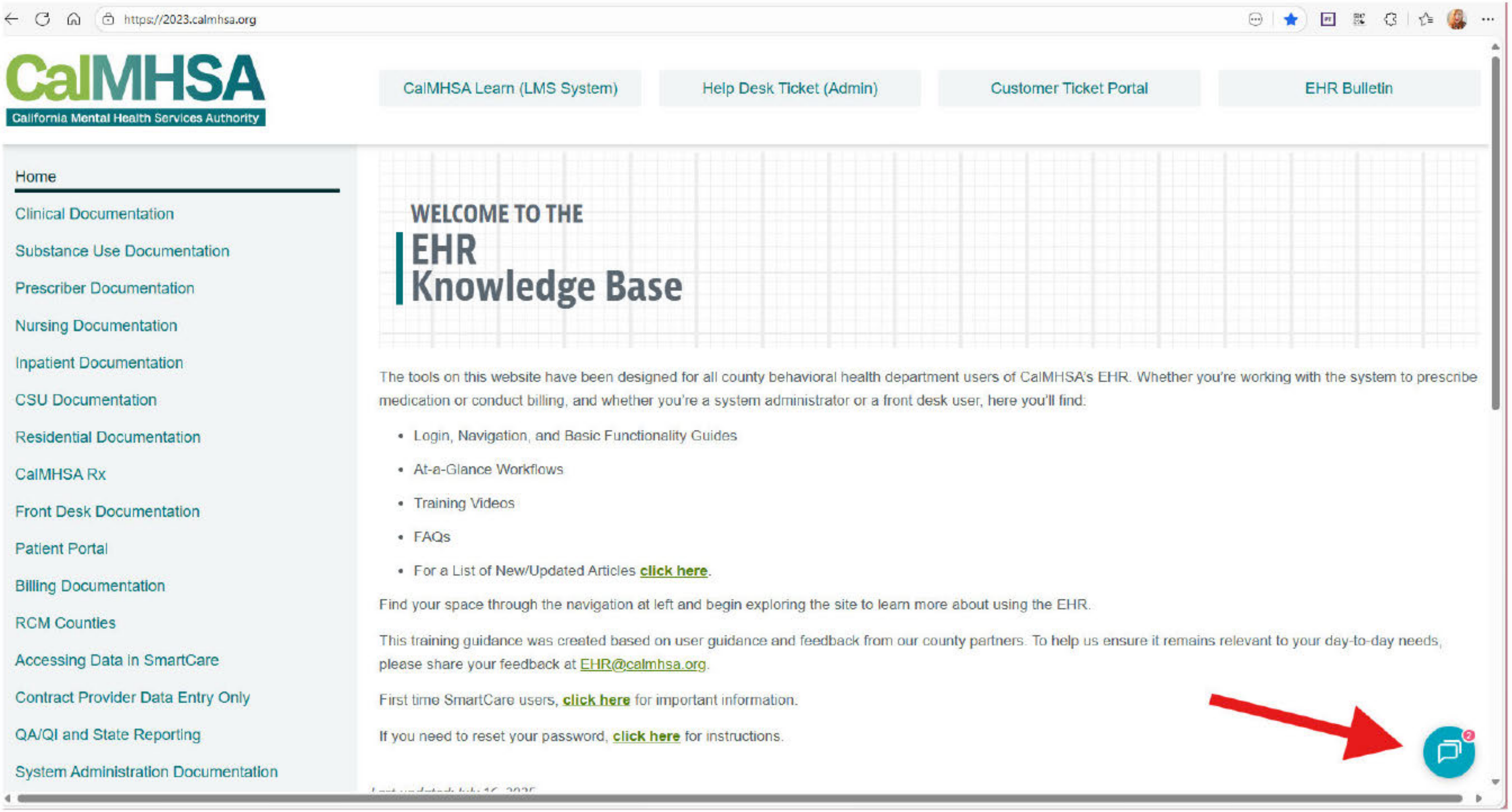




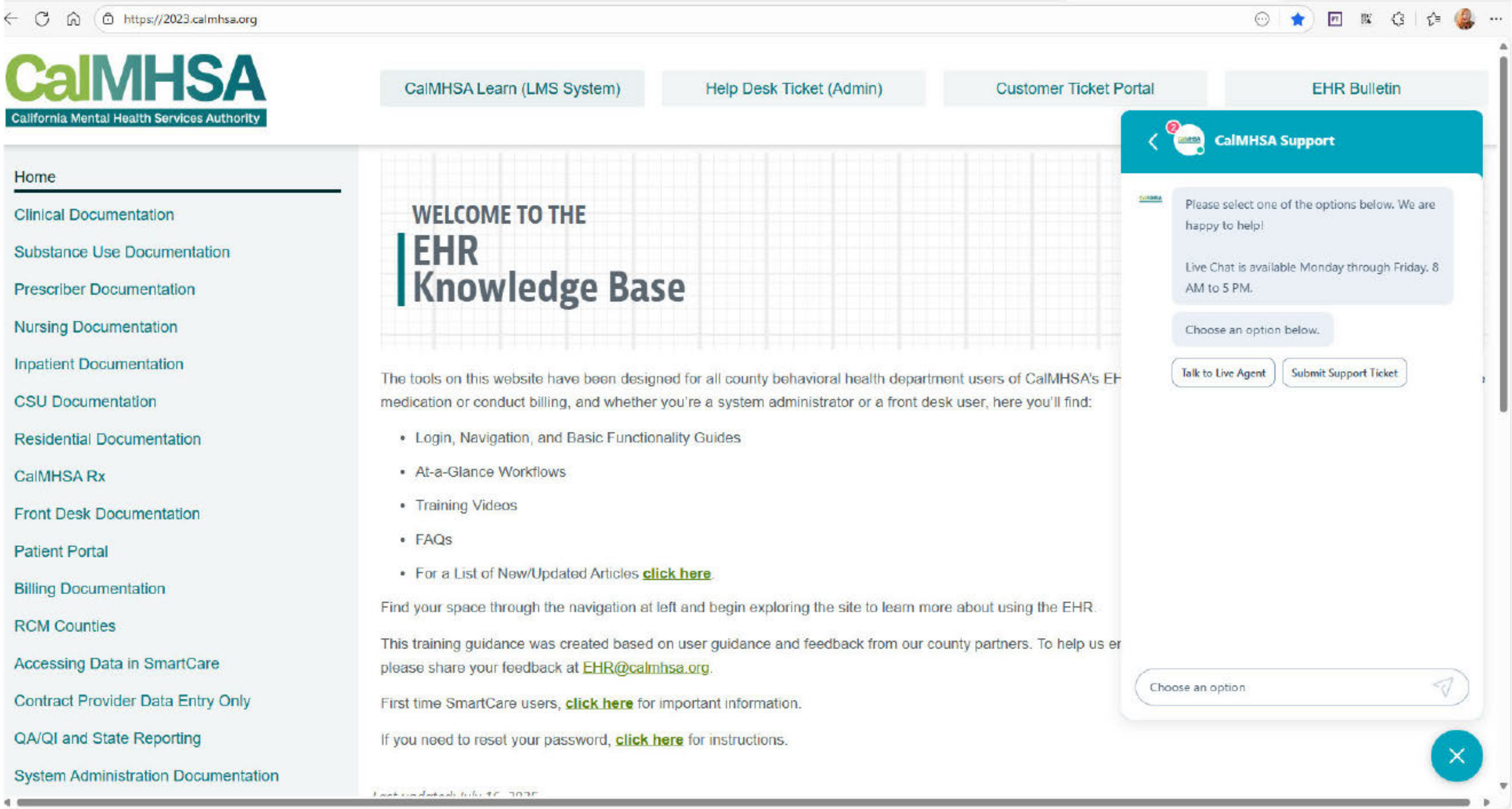
How To Set-Up Your Signature



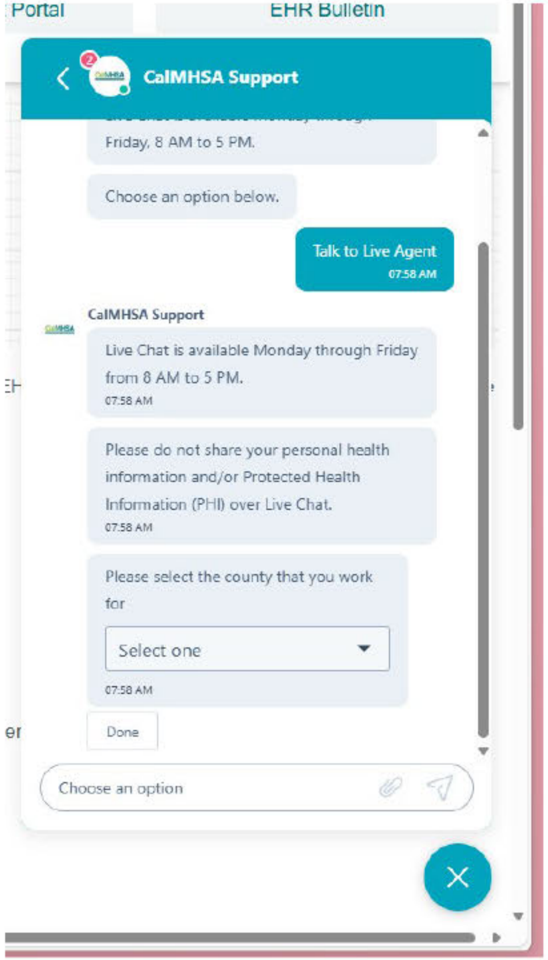
CalMHSA Live Chat Support



CalMHSA Live Chat Support



CalMHSA Live Chat Support



SmartCare User Group: MIS

Rebecca Ferry-Rutkoff, Adrian Escamilla

Staff Administration

- Staff should complete required LMS trainings before submitting an ARF.
- The Effective Date on the ARF should be the date of when the change or request should take place.
- Provide the Clinical Trainee type on the comments section of the ARF (e.g., LCSW CT, LMFT CT, LPCC CT).
- A New ARF will be published soon. MIS will accept old forms through November, but starting in December, programs must use the new ARF, or the form will be rejected.
- **Reminder:** Privacy Project is underway to ensure required privacy access and security. Future changes are planned for user accounts and access roles. Some users will see changes in their account set up and access. More info will be shared as dates are finalized.

CalOMS

- FSN system issues continue to occur.
    - A client's admission and discharge must have the same FSN, or the State will reject the record. If the FSN does not match on both documents, please email the MIS Support Team.
    - On a client's discharge, verify the admission date is correct before completing the document, else email the MIS Support Team.
    - The FSN dropdown is blank.
- After corrections are made, please sign all documents. The document must be signed to submit to the State.
- Please send all CalOMS and FSN issues to BHS_EHRSupport.HHSA@sdcounty.ca.gov.

Residential Programs

- All residential clients should be admitted and discharged through the Residential (My Office) screen.
- There are tip sheets available on the Optum website on how to admit clients, transfer LOC, place a client on leave, and how to complete a Billing Code change.
- If any residential corrections are necessary, please reach out to BHS_EHRSupport.HHSA@sdcounty.ca.gov.

Reporting in the SmartCare Era

Derek Kemble – Data Science

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

CoSD SmartCare Reports

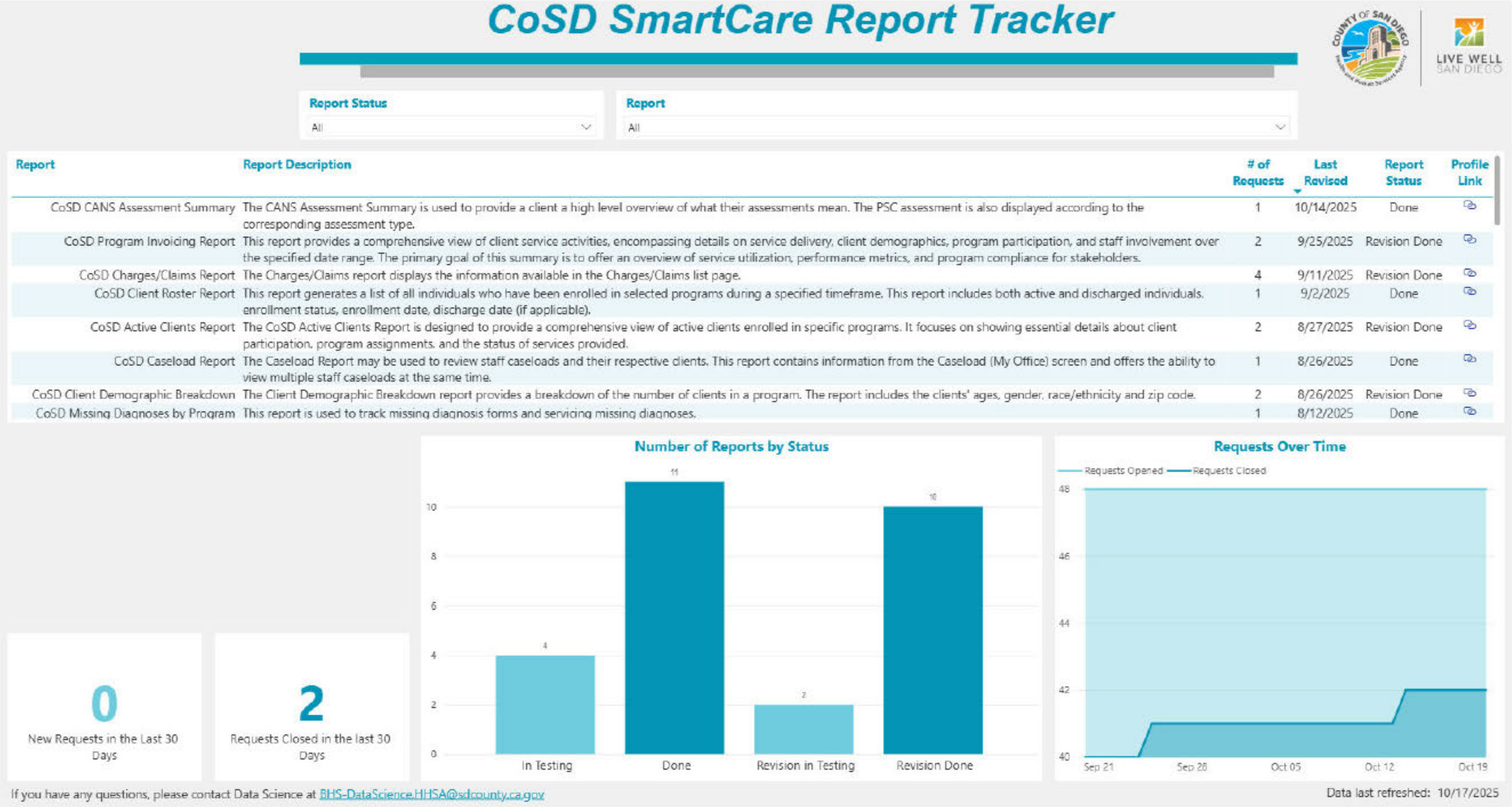
[SmartCare Report Request Form]

Data and Reporting

Name	***System Of Care***	***Link***	***Description***	***Revised Date***	***Superseded File***
ASAM Reporting Tool	SUD	ASAM_Reporting_Tool.xlsx	N/A	N/A	N/A
ASAM Reporting - Youth and Providers not in SmartCare	SUD	ASAM_Reporting_-_Youth_and_Providers_not_in_SmartCare.pdf	N/A	9/27/2024	ASAM_Process_for_Non_SmartCare_Users.pdf
CCBH to SC Preliminary Reports Crosswalk	MH	CCBH to SC Preliminary Report Crosswalk 2024-08-23.pdf	N/A	8/23/2024	N/A
SanWITS to SC Preliminary Reports Crosswalk	SUD	SanWITS_to_SC_Preliminary_Report_Crosswalk_2024-08-23.pdf	N/A	8/23/2024	N/A
SmartCare Program Crosswalk	MH/SUD	SmartCare Program Crosswalk.xlsx	N/A	N/A	N/A
CoSD SmartCare Report Tracker	N/A	CoSD SmartCare Report Tracker	N/A	N/A	N/A
SmartCare Report Request Form for BHS staff	N/A	SmartCare Report Request Form for BHS staff.docx	N/A	N/A	N/A
SmartCare Report Request Form for Providers	N/A	SmartCare Report Request Form for Providers.docx	N/A	N/A	N/A

CoSD SmartCare Reports

CoSD SmartCare Report Tracker



Report	Report Description	# of Requests	Last Revised	Report Status	Profile Link
CoSD CANS Assessment Summary	The CANS Assessment Summary is used to provide a client a high level overview of what their assessments mean. The PSC assessment is also displayed according to the corresponding assessment type.	1	10/14/2025	Done	
CoSD Program Invoicing Report	This report provides a comprehensive view of client service activities, encompassing details on service delivery, client demographics, program participation, and staff involvement over the specified date range. The primary goal of this summary is to offer an overview of service utilization, performance metrics, and program compliance for stakeholders.	2	9/25/2025	Revision Done	
CoSD Charges/Claims Report	The Charges/Claims report displays the information available in the Charges/Claims list page.	4	9/11/2025	Revision Done	
CoSD Client Roster Report	This report generates a list of all individuals who have been enrolled in selected programs during a specified timeframe. This report includes both active and discharged individuals. enrollment status, enrollment date, discharge date (if applicable).	1	9/2/2025	Done	
CoSD Active Clients Report	The CoSD Active Clients Report is designed to provide a comprehensive view of active clients enrolled in specific programs. It focuses on showing essential details about client participation, program assignments, and the status of services provided.	2	8/27/2025	Revision Done	
CoSD Caseload Report	The Caseload Report may be used to review staff caseloads and their respective clients. This report contains information from the Caseload (My Office) screen and offers the ability to view multiple staff caseloads at the same time.	1	8/26/2025	Done	
CoSD Client Demographic Breakdown	The Client Demographic Breakdown report provides a breakdown of the number of clients in a program. The report includes the clients' ages, gender, race/ethnicity and zip code.	2	8/26/2025	Revision Done	
CoSD Missing Diagnoses by Program	This report is used to track missing diagnosis forms and servicing missing diagnoses.	1	8/12/2025	Done	

CoSD SmartCare Reports

CoSD TADT Report

Description

The Timely Access Data Tool (TADT) report is used to identify if programs are meeting the criteria for timely access standards. The report displays the programs affiliated to the user running the report and is split into 4 different categories, with each having their own standards for meeting timely access.

Report Status	First Published	Last Revised
Revision Done	02/19/2025	05/14/2025

Report Filters

Filter	Description
Executed By Staff Id	This filter constrains the data to the user executing the report
Document Status	This filter excludes documents that are in the Error or Cancelled status
View As	This parameter is a single-select dropdown that allows a user to view the TADT information in detail or in summary
Program Code(s)	This parameter is a multi-select dropdown that allows a user to select one or more programs the user is associated to
Report Types	This parameter is a multi-select dropdown that allows a user to view one or more of the following report types: MHP Psychiatric, MHP Non-Psychiatric, DMC-ODS Outpatient, DMC-ODS Opioid
Access Met (Offered)	This parameter is a multi-select dropdown that allows a user to view one or more of the following access met related to offered appointments: (N/A), Met, Not Met
First Contact Date From	This parameter is a date search that allows a user to set the start date for the reporting period
First Contact Date To	This parameter is a date search that allows a user to set the end date for the reporting period
Has Medi-Cal	This parameter is a multi-select dropdown that allows a user to view clients with or without Medi-Cal
Document Status	This parameter is a multi-select dropdown that allows a user to view one or more of the following document statuses: Signed, In Progress, To Do
Referral Source	This parameter is a multi-select dropdown that allows a user to view one or more referral sources selected for timely access

Columns

Detail

BHS Billing Announcements/Reminders

Tess Bugay and Carmen Saline

Billing Timely Filing

1. Services rendered in 10/2024 will need to be submitted to DHCS on/before 10/31/2025.

Please ensure that you enter all your 10/2024 services or move them to show status (if they are Medi-Cal billable) at least a week before 10/31/2025 to allow the system to conduct its automated validation, and for the BHS Billing Unit to perform our process of submitting claims on time to the State.

2. Please continue to review and clear your service errors, prioritizing the oldest dates of service to meet the timely filing deadline (12 months from the date of service).

3. Programs must enter the client address and other components on the Client Information screen. Failure to complete the required fields properly may result in a charge error and prevent the County billing team from batching and billing claims to Medi-Cal.

- On the General tab, please click the Details button to enter the address.
- On the Demographics tab, please complete the client's Ethnicity, Gender Identity, Sexual Orientation, and Race.

CoSD Reports

I. CoSD Charges/Claims Report

CoSD Charges/Claims Report

From 9/1/2025 To 9/2/2025

Information contained in the CoSD Charges/Claims report is subject to change at any given time. Some examples of these changes may include but not limited to update in client's coverage plan resulting in charge reallocation to another plan: replacement/rebills of previously denied claims: voidance of errored out services that were already billed to the State.

Charge Id	Plan	Client Id	Client Name	Service Id	Group Service Id	DOS	Clinician	License	Procedure Name	Service Unit Type	Code + Modifiers	Units	Charge
[redacted]	Medi-Cal MH	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	AMFT Associate Marriage and Family Therapist	Assessment LPHA	Minutes	T2024:HL	8.00	$778.64
[redacted]	Medi-Cal MH	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	MFT Marriage and Family Therapist Clinical Trainee	Family Therapy - client present	Minutes	90847:AJ	1.00	$324.44
[redacted]	Medi-Cal MH	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	AMFT Associate Marriage and Family Therapist	Individual Therapy	Minutes	90837:HL	1.00	$389.33
[redacted]	Medi-Cal MH	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	APCC Associate Professional Clinical Counselor	TCM/ICC	Minutes	T1017:HL	2.00	$194.66
[redacted]	Medi-Cal MH	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	APCC Associate Professional Clinical Counselor	Individual Therapy	Minutes	90832:HL	1.00	$194.67
[redacted]	Medi-Cal MH	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	AMFT Associate Marriage and Family Therapist	TCM/ICC	Minutes	T1017:SC:HL:HK	1.00	$97.33
[redacted]	Medi-Cal MH	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	MFT Marriage and Family Therapist	Assessment LPHA	Minutes	T2024	7.00	$681.31
[redacted]	9999	[redacted]	[redacted]	[redacted]		9/2/2025	[redacted]	AMFT Associate Marriage and Family	Individual Therapy	Minutes			$292.00

CoSD Reports

II. CoSD Client Insurance and Date Span Report

Client Id	First Name	Last Name	DOB	Insurance Plan	Insurance Plan Status	Plan COB	Start Date	End Date
[redacted]	[redacted]	[redacted]	[redacted]	CCF	Active	2	01/01/2023	
[redacted]	[redacted]	[redacted]	[redacted]	CO Admin Services	Active	1	01/01/2023	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal DMC	Active	1	09/01/2024	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal MH	Active	1	09/01/2024	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal DMC	Active	1	02/01/2025	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal MH	Active	1	02/01/2025	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal MH	Active	1	06/01/2021	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal DMC	Active	1	04/11/2019	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal DMC	Active	1	09/01/2024	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal MH	Active	1	04/01/2020	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal MH	Active	2	09/01/2024	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal DMC	Active	1	09/01/2024	
[redacted]	[redacted]	[redacted]	[redacted]	MEDICARE PART A & B	Active	1	09/01/2024	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal MH	Active	2	12/01/2019	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal DMC	Active	1	09/01/2024	
[redacted]	[redacted]	[redacted]	[redacted]	MEDICARE PART A & B	Active	1	12/01/2019	
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal MH	Inactive	1	06/01/2023	06/30/2025
[redacted]	[redacted]	[redacted]	[redacted]	Medi-Cal DMC	Inactive	1	08/01/2023	06/30/2025

CoSD Reports

III. CoSD Authorizations Report (Residential)

CoSD Authorizations Report

Auth Doc Id	Client Id	Client Name	Coverage Plan	Auth Code	Auth Status	Auth #	From	To	Requested	Approved	Used	Service Id	Service Status	Procedure	DOS	Clinician	Program
[redacted]	[redacted]	[redacted]	Medi-Cal DMC	SUD Residential-Residential Bed Day	Approved		05/15/2025	07/01/2025	48	48	48	[redacted]	Complete	Residential DMC	05/15/2025	BedDay, System	[redacted]
[redacted]	[redacted]	[redacted]	Medi-Cal DMC	SUD Residential-Residential Bed Day	Approved		05/15/2025	07/01/2025	48	48	48	[redacted]	Complete	Residential DMC	05/16/2025	BedDay, System	[redacted]

Clients with Dual Coverage

BHS Billing Unit

The BHS Billing Unit accepts any of the following documents from the primary insurance to enable us to bill the unpaid balance to Medi-Cal (secondary insurance or payer of last resort).

1. Evidence of Coverage (EOC) indicating that the SUD service is "not covered". This document may be easier to obtain from the client than billing the insurance.
2. Explanation of Benefits (EOB) or claim denial from the OHC/primary plan after billing the insurance. The EOB must contain denial or non-coverage of the SUD services.
3. If you bill OHC/Medicare and have not received any response or proper EOB after 90 days of the billing date, please submit any acceptable documentation proving that your program has billed the OHC and received no response.

- Some of the acceptable forms of proof that all sources of payment have been exhausted are as follows: email confirmation from the insurance company, a copy of the claim form with the mailing stamp date, a reference number from a follow-up call, and others.
- If you receive payment or response from the primary insurance company after Medi-Cal is billed, please contact the BHS Billing Unit (MH or SUD) right away to determine if the Medi-Cal payment needs to be voided and returned to the State.

Clients with Dual Coverage

SUD Billing Unit

- Non-NTP programs are required to bill OHC (Commercial Insurance or Medicare Part C). Please note that some procedures can be billed directly to Medi-Cal as stated on the ODS-DMC Billing Manual version 3.0, section 5.2.30 Other Health Coverage Non-Medicare.
- NTPs are required to bill the Medicare Part B or Medicare Part C first if a client is Medi-Medi. Please ensure that the services are entered in SmartCare when you submit the Medicare EOB to the ADS Billing Unit so we can process the payment application and Medi-Cal billing.

BHS Billing Email Contacts:

SUD Programs: adsbillingunit.hhsa@sdcounty.ca.gov
MH Programs: mhbillingunit.hhsa@sdcounty.ca.gov

Q&A

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

Or go online for more information at: Optumsandiego.com

NEXT MEETING: Tuesday November 18, 2025 2:00pm – 3:00pm