



SmartCare User Group

County of San Diego

Health and Human Services Agency

Behavioral Health Services

September 22, 2025

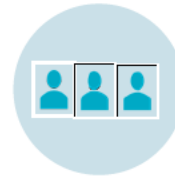
Meeting Goals



Transparency



Engagement



Inclusion

Meeting Agenda



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





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SmartCare User Group: Clinical Updates

Heather Rey, Jill Michalski

PCIT Mode of Delivery - Modifier 22



Parent-Child Interaction Therapy (PCIT)

- Applies to SMHS CPT
 - Individual Therapy w/ Patient
 - Psychotherapy w/ Patient E/M add-on
 - Therapy Substitute (T2021)
- Selecting PCIT from Mode of Delivery in service details of progress note adds Modifier 22 to the service and SmartCare will calculate the rate at the DHCS provided rate for PCIT
- Interactive Complexity add-on may not be claimed when providing PCIT
 - Per BHIN: Modifier 22 accounts for the additional expense of administering PCIT, including facility space, one-way mirror, observation, and sound/audio equipment
- Should only be used by providers/programs certified by PCIT International

PCIT Mode of Delivery - Modifier 22



Known Issue: Current discrepancy between draft BHIN and rates/service table released by DHCS

- Family Therapy CPT codes excluded
- *DHCS has not released the final BHIN with guidance on how programs/providers should claim for the youth EBPs that are being mandated as part of the BH-Connect Initiatives,*
- *QA and SmartCare/CalMHSA are not able to provide specific guidance or recommendations if providers are using the PCIT modifier prior to final guidance from DHCS. This should be reviewed with your COR and Program Leadership as to any concerns or potential billing/claiming error risks that may result pending DHCS final guidance*

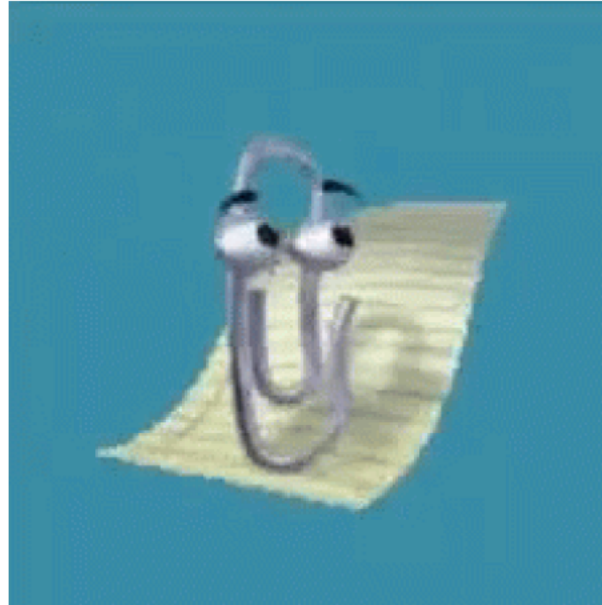
CANS Validations



CANS validation rules in SmartCare causing issues for provider entries

- Validation rules are now working as they are intended – causes for validation error may be related to
 - Lack of coordination/communication between providers when client is open to more than one program concurrently.
 - Discharge CANS not completed by provider when discharging client (when client is open to only one program).
 - Blocks new program from entering initial
 - Will require assistance from QA to review and override validation
- The validation rule that prevents reassessment CANS to be entered sooner than 4 months or later than 8 months from most recent CANS will be **deactivated** to allow entry of Reassessment CANS without time range restriction
 - Programs are still required to track CANS timelines and communicate with other providers when sharing clients.

AI & Behavioral Health



DHCS requires Counties to report the use of any technology used by our subcontractors and requires approval by DHCS.

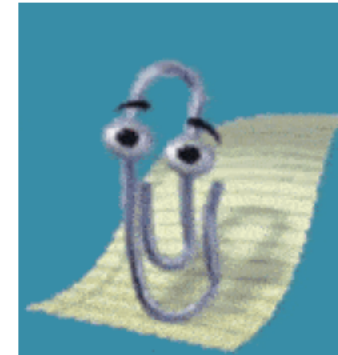
- This includes any new or previously unreported GenAI technology – providers should report any use of GenAI technology to their COR immediately as it must be reported to DHCS for approval
- Use of AI is currently being reviewed at the Executive Level
- BHS will be working with CalMHSA regarding AI options

AI Technology & SmartCare



CalMHSA is currently reviewing possible vendors for smart AI adoption within SmartCare

- CalMHSA demo'd two potential vendors during CalMHSA EHR Collective Conference last week.
- CalMHSA due diligence to ensure that selected AI Partner
 - meets all HIPAA and privacy/security requirements and regulations for data handling and provides clear privacy policies
 - Exhibits Behavioral Health competency
 - Human oversight designed into the system
 - Provides clinical evidence and validation
 - Fiscally responsible, vendor maturity



Records Requests AFTER 365 days



For contracted providers ONLY: Notice sent 9/12/25

- Contracted Providers have access to a client's chart for 365 days post discharge to respond to record requests accordingly
- Once that timeframe expires, a request will need to be made via the Optum Help Desk to access.
- Optum will grant access for 72 hours, closing the record again after that time.

DAYS	HOURS	CONTACT
Monday - Friday	6:00 am to 6:00 pm	1-800-834-3792



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SmartCare User Group: MIS

Rebecca Ferry-Rutkoff, Adrian Escamilla

Staff Administration



- A revised access request form (ARF) will be published this week.
 - Once the link is loaded to Optum, please use the new ARF for access requests.
 - The old ARF will no longer be accepted after November 15th.
- Complete all LMS trainings prior to submitting an ARF.
- Any ARFs without an NPI will be processed, and once NPI is issued the user account will be updated.
- Ensure the "effective date" listed on the ARF is the date you need access to be effective by, not just the date you completed the form.
- The current processing time for ARFs is 5 business days.

Systems Administration



CalOMS

- 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 BHS_EHRSupport.HHSA@sdcounty.ca.gov.
- On a client's discharge, verify the admission date is correct before completing document.
- If the FSN dropdown is blank, please email BHS_EHRSupport.HHSA@sdcounty.ca.gov.
- State Reporting issues = High Priority focus

Groups

- Reminder to utilize the correct procedure code for Group Services to prevent billing errors, including group rosters.
 - Mental Health to use Group Therapy
 - SUD to use Group Counseling

Coming Soon



- Privacy Project
 - High Priority focus
 - Several Phases
 - **Most Users will experience some changes in access**
- Batch Uploads
 - Working on optimizing the process
 - Testing in progress
- Data Archive/Data Sharing
 - CCBH & SanWITS data archive with CalMHSA
 - Connex solution for data sharing & regulatory requirements
- Additional Projects – To Be Scheduled



Support Desk



CalMHSA

- SmartCare Support for system issues
- Hours: M-F 8 am – 5 pm
- Live Chat or Submit a Ticket

Optum Support Team

- Password Resets & Account Unlocks
- 7 days a week (including weekends & holidays), 4:30 am – 11 pm
- Call (800) 834-3792

MIS Access Team

- ARF Submission & Access Issues
- BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov

MIS Support Desk

- BHS_EHRSupport.HHSA@sdcounty.ca.gov



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Reporting in the SmartCare Era

Derek Kemble – Data Science

Report Training and Resources



- Current Efforts
 - Optum SmartCare Training
 - SmartCare Help Desk Support
 - Centralized E-mail support:
BHS-DataScience.HHSA@sdcounty.ca.gov
- Future Efforts
 - Updated legacy reports crosswalk
 - Report Profiles for all CoSD SmartCare Reports
 - Additional Trainings

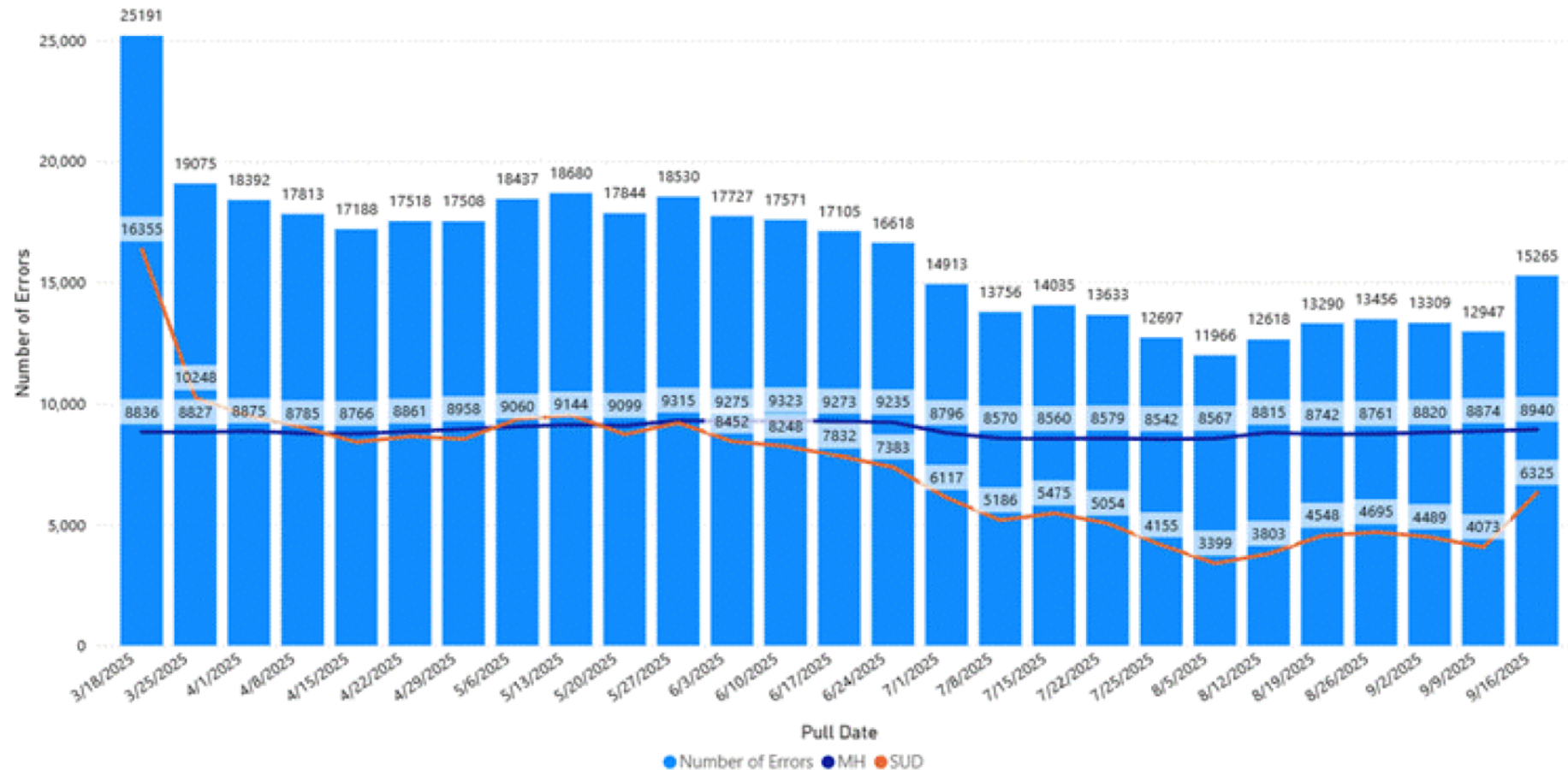


Service Error Data



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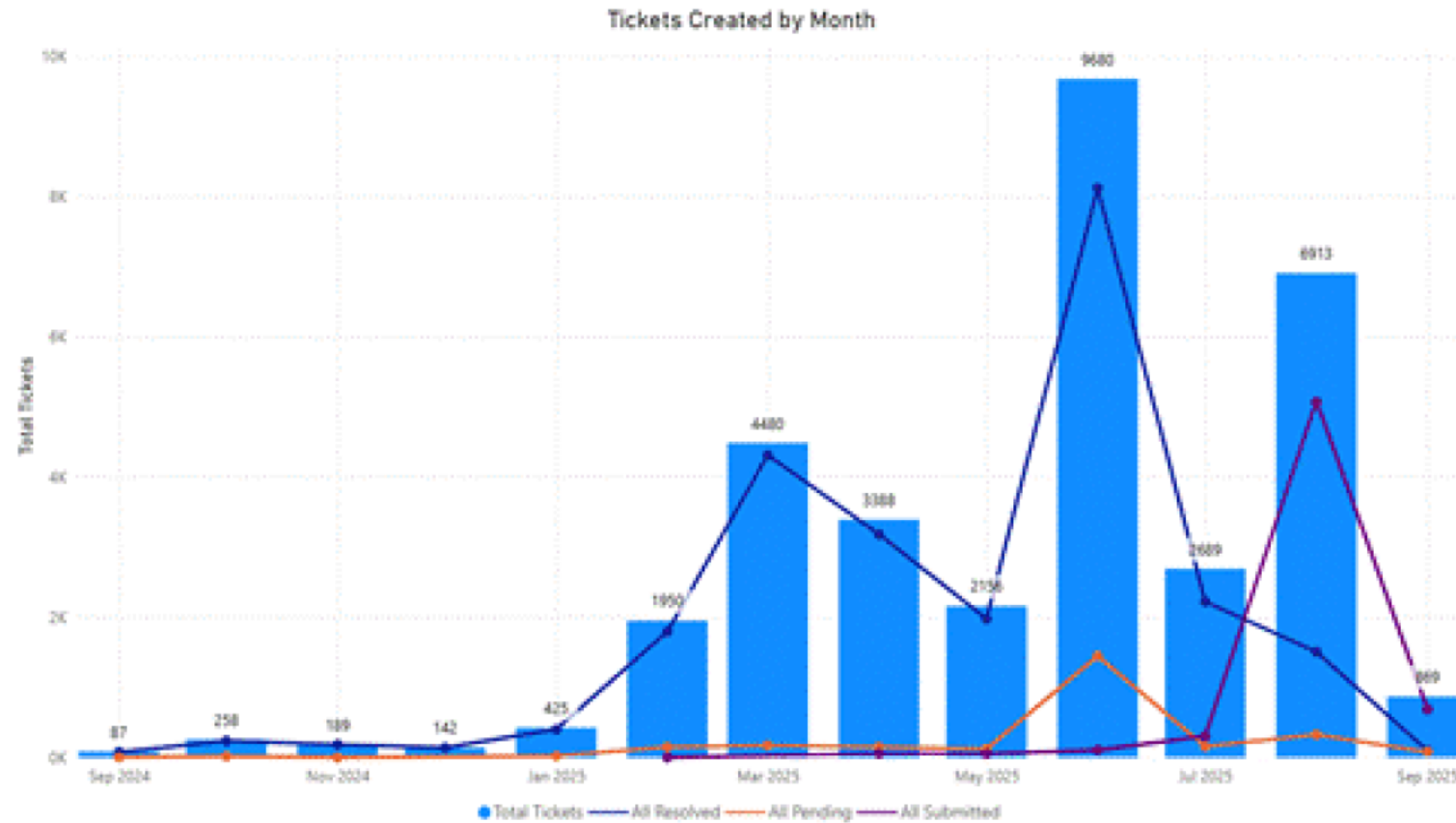
Service Errors by Service Area



Reported Errors and Bulk Errors



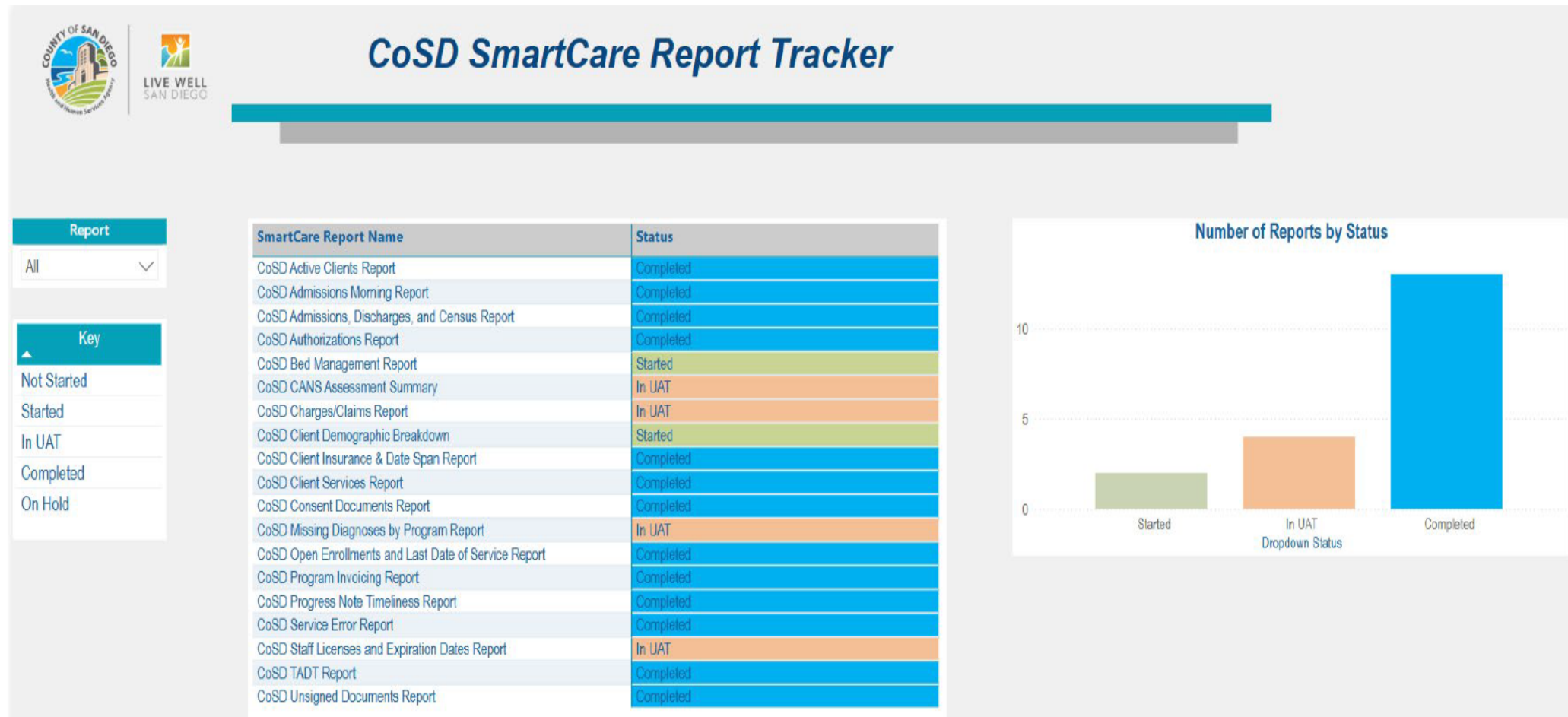
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CoSD SmartCare Reports



CoSD SmartCare Report Tracker



CoSD Report Requests



CoSD SmartCare Report Request

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 Progress Notes Timeliness Summary Instructions



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Row Labels	Column Labels <input type="button" value="v"/>					
	No	Yes	Total Sum of ClientId		Total Sum of ClientId2	
<input type="button" value="v"/>	Sum of ClientId	Sum of ClientId2	Sum of ClientId	Sum of ClientId2		
	1402251453	8.24%	15621868260	91.76%	17024119713	100.00%
		0.00%	400654543	100.00%	400654543	100.00%
		0.00%	600563358	100.00%	600563358	100.00%
	200375647	2.00%	9816592142	98.00%	10016967789	100.00%
	3204143855	24.61%	9814096509	75.39%	13018240364	100.00%
	801428140	23.53%	2604434397	76.47%	3405862537	100.00%
		0.00%	1801948927	100.00%	1801948927	100.00%
		0.00%	12618544690	100.00%	12618544690	100.00%
		0.00%	1001290036	100.00%	1001290036	100.00%
Grand Total	5608199095	9.36%	54279992862	90.64%	59888191957	100.00%



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BHS Billing Announcements/Reminders

Tess Bugay and Carmen Saline

Just a reminder...



BHS Billing Unit (MH and SUD)

- A. Medi-Cal billing deadline for September 2024 services:** Providers need to address all service errors by Tuesday, September 24th for all September 2024 services in order for the BHS Billing Unit to bill them without the Delay Reason Code.
- B. SmartCare Client Plan Request:** Please DON'T FORGET to include the Client ID and Start Date of coverage for the specified plan. This helps expedite the processing of your request(s). To verify if your request has been processed, we recommend you run the CoSD Client Insurance & Date Span Report. Otherwise, you may reach out to our billing unit and verify if request(s) has/have been processed.
- C. MMEF and Retroactive Eligibility:** Currently, SmartCare adds the coverage effective date based on the month the client was added to the MMEF file. If the client is on the MMEF file and has retroactive coverage, the effective date will not be backdated to 3 months. The program is required to submit the completed Medi-Cal DMC Client Plan Request form, which should include the retroactive effective date (top right corner) and the retroactive effective date.

Just a reminder...



BHS Billing Unit (MH and SUD)

D. OHC (Other Healthcare Coverage/Commercial) EOBs (Explanation of Benefits): If/When possible, please include your "PROGRAM NAME" when saving your EOBs prior to sending to the billing unit by Email or Efax. This will save time in distributing the document to the right MCS (Medical Claims Specialist) staff managing your program.

E. CoSD Charges/Claims Report: Programs should enter the client address and other components on the Client Information screen in SmartCare. 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 required fields such as the client's ethnicity, gender identity, sexual orientation, and race.

Lockouts & NTP Methadone Day Svc



SUD

- A. Lockout Codes.** Currently, the SUD Billing Unit has noticed an increase in charge error 'This code creates a lockout situation' when attempting to batch charges/claims for Medi-Cal billing. It means that the SmartCare's automated charge validation has detected two procedure codes are being billed but they are locked out against each other. Examples: G0396 billed with another G0396 on the same day, G0396 billed with G0397, G0397 billed with another G0397, G0396 or G0397 billed with H0050 (Contingency Management). Please be sure to consult the "Outpatient Overridable Lockouts with Appropriate Modifiers" column and "Modifiers" tab in the [DMC-ODS-Service-Table-25-26](#). In some cases, the SUD Billing Unit will contact you to mark a service as an error or voided depending on the status of the charge or claim.
- B. NTP Methadone Day Service (H0020).** Methadone Day Service is now categorized as a 'Day' service instead of a unit-driven procedure code in SmartCare to ensure consistency with DHCS. NTP providers now have the option to:
- Enter or bill for one day of Methadone service by entering one day as the duration or service time, OR
 - Enter multiple days, and the date range fields will also be calculated based on the number of days entered in the service time field.

Medi-Cal Provider Portal Office Hour



Please click on this link [September 2025 Medi-Cal Provider Portal Office Hour Q&A Session](#) to access the site and register for the upcoming office hour Q&A

September 2025 Medi-Cal Provider Portal Office Hour Q&A Session

Updated on September 12, 2025

The Department of Health Care Services (DHCS) is migrating Specialty Mental Health, Substance Use Disorder Health, Behavioral Health Providers and Non-Provider Users to the Provider Portal. DHCS will host a live, virtual Medi-Cal Provider Portal Office Hour Q&A session to answer system related questions providers and submitters may have regarding the Provider Portal.

To accommodate questions, the Office Hour Q&A sessions will be held on the following dates from 10 to 11 a.m.:

~~September 02~~
~~September 08~~
~~September 09~~
~~September 10~~

Additional Office Hours added for September:

~~September 16~~
September 23
September 30

Categories

Provider Portal

DHCS Notice

Communities

PART1



Q&A

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

Or go online for more information at: Optumsandiego.com

NEXT MEETING: October 20, 2025 2:00-3:00pm