

Fresno County Behavioral Health – TOO New SmartCare EHR User Training New Client Setup, Adding Coverage Plans & Common Billing Errors

This document covers SmartCare functionalities, screens and fields that must be completed to prevent claiming errors. For simplicity purposes, “person served” (PS) and “client” will be used interchangeably. Any related questions should be directed to your assigned analyst.

ADDING A NEW CLIENT:

A “<Client Search>” must first be conducted to verify that the potential client or person served (PS) is not already in SmartCare. To activate the “**Create New Potential Client**” button to add a new PS, the following three search criteria must be completed:

1. **Broad Search:** Look up a potential new client by **First and Last name**.
2. **Narrow Search:** Look up a potential new client by **SSN** and by **DOB**.

SCREEN: Client Information (Client)

1. General Tab

- **Address:** Click the “Details” button to enter the PS’ address in the appropriate field. If the various parts of the address are not entered in the appropriate field, a claiming error will occur.
 - **Street** – Enter only the street number and street name.
 - **City** – Enter the City
 - **State** – Enter the State
 - **Zip** - Enter a five-digit zip code.

2. Demographics Tab: The following fields are required to avoid a claiming error:

- **Date of Birth**
- **Sex:** This selection must match with the PS’ Medi-Cal information.

3. Contacts Tab: If adding a contact who is the financially responsible party, the following fields are required for the contact person:

- **Relation**
- **First Name**
- **Last Name**
- **Date of Birth**
- **Sex**
- **SSN**
- **Address**

4. Custom Fields Tab: If the PS has a Pseudo number, enter it on this tab.

SCREEN: Coverage (Client)

1. Client Plans Tab

- **Client Plans:** This section lists the plans that have been added for the PS.
 - If a Medi-Cal plan is to be added, both the **Medi-Cal DMC** and **Medi-Cal MH** plans, as well as the **non-DMC** and **non-MHMC** plans should also be added.
- **Plan Time Spans:** This section lists the plans that have been activated/inactivated.
 - Tip: Uncheck **Show Current Plans Only** to view both active and inactive plans.
 - Tip: Plans listed in the **Client Plans** box can be updated as needed.

2. **General Tab** (Located in Client Plans Screen. Clicking “New” or paper icon on top right corner or clicking on an existing plan will show this tab.)
 - **Insured ID:** Required for all coverage plans added for a PS. Complete this field as follows:
 - Medi-Cal MH and Medi-Cal DMC Plans: Enter the Client Index Number (CIN). This is required even if the person served does not have active coverage.
 - Non-DMC and Non-MHMC Plans: Enter five nines (99999).
 - Medicare Plans: Enter the Medicare Beneficiary Identifier (MBI) without the dashes. Enter the MIB in the “Medicare Beneficiary ID” field also.
 - Other Health Coverage Plans: Enter the policy number.
 - **Electronic Eligibility Verification:** Click on the **Verify...** button to run real-time eligibility verification. A new window will pop up called “Insurance Eligibility Verification”.
 - **Date Range:**
 - **End Date:** Enter the first date of Medi-Cal eligibility you wish to verify for the PS.
 - **Start Date:** No change needed for the auto-populated date.
3. **Custom Fields Tab:**
 - If the eligibility verification response shows that the PS has a special AID code, check the button labeled **Client has special AID code. Do NOT update time span based on MMEF data.**

MOST COMMON BILLING ERRORS

- **Unsigned Progress Note**
 - [How to Write a Progress Note for a Scheduled Service - 2023 CalMHSA](#)
 - [How to Write a Progress Note for an Unscheduled Service - 2023 CalMHSA](#)
- **Missing/Invalid Diagnosis Code**
 - [How to Add a Diagnosis - 2023 CalMHSA](#)
 - [Common-Diagnoses-Codes.pdf \(calmhsa.org\)](#)

MOST COMMON SERVICE ERRORS

- Incorrect Procedure Code
- Incorrect Date of Service
- Incorrect service duration and documentation time
- Moving the service from the wrong client to the correct one
- Incorrect Program
- Erroring out a service that cannot be corrected/edited.

SERVICE CORRECTION REQUESTS

Requests for service corrections may be submitted to the Billing Team.

1. Create a ticket via the **My Reported Errors (My Office)** screen in SmartCare.
2. Providers with 11 or more clients from the same program requiring correction must also complete and submit a Service Correction Request form (See Excel spreadsheet).
3. Submit the form to: dbhmentalhealthcorrections@fresnocountyca.gov
 - Service information can be extracted from the **Services (My Office)** screen and included on the request form.