ALAMEDA COUNTY

BEHAVIORAL HEALTH CARE SERVICES (ACBH)

FREQUENTLY ASKED QUESTIONS:

SMARTCARE BILLING SYSTEM IMPLEMENTATION & PAYMENT REFORM

Alameda County Behavioral Health Care Services

May 2023

A Department of Alameda County

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General

1. What changes are anticipated on July 1, 2023?

Starting on July 1, 2023, ACBH is anticipating contracts, billing, and services changes associated with the new billing system SmartCare and the payment reform under California Advancing and Innovating Medi-Cal (CalAIM) as follows:

- Contract language will be reviewed and revised as needed to reflect the services under the CalAIM requirements and to align with SmartCare (replacing InSyst).
- Master Contracts will remain similarly structured and not include details such as specific CPT codes in the contract language.
- Mental Health Plan Fee-For-Service Provider Network Contracts will be amended to reflect changes under CalAIM payment reform
- ACBH will not implement broad changes to provider payment structures effective 7/1/23 and is working to complete a multi-phased multiple year implementation toward Fee-For-Service reimbursement.
- Using the framework and lessons learned from the past several years of implementing the Full-Service Partnership (FSP) Provider Pilot program, ACBH developed a multiple phase year systemwide transition plan to a FFS methodology and will continue to pilot new changes with the FSP providers.
- ACBH is currently exploring the roll-out of FSP payments per increment versus per minute/hour of service for FY 2023-24.

2. What is the plan for communication and training?

ACBH will continue to provide progress and status updates of the changes and impacts to the providers via ACBH memos, Provider Trainings, Town Halls, Spring Provider Meetings, Contract Renewal, and FAQs documents. There will be forthcoming information regarding the training for the new billing system, SmartCare.

SmartCare Implementation Town Hall (March 30, 2023) Presentation/ Recording *Added 4/20/23*

SmartCare Implementation Town Hall Q&A (April 11, 2023) Recording *Added 4/20/23*

Payment Reform and Training for CPT Code Billing (April 10, 2023) *Added 5/8/23*

3. Will subcontracted providers have an opportunity to provide feedback on changes and training?

ACBH welcomes continuous feedback as we are always looking to improve our communications and the system at large.

4. Will grants or funding be available to providers to support Electronic Health Record (EHR) changes, staff training, or other costs?

On 12/6/2022, ACBH released the Request for Pre-Qualification for an Opportunity for One-Time Enhancement funded with MHSA. Refer to the link for the RFPQ details: https://gsa.acgov.org/do-business-with-us/contracting-opportunities/current-bid/?bidid=2636

5. Will categories of providers be treated differently? For example, will SUD providers or SUD residential providers be phased in later?

Systemwide implementation under CalAIM will build and improve upon the lessons learned from the pilot. Medi-Cal Specialty Mental Health and Substance Use Disorder services are categorized into groups based on similar services. Transition of these groups is separated into 3 phases that will be completed over a five-year period beginning in this upcoming fiscal year. Each phase will transition over a three-year period. This mirrors the multi-phased transition as executed in the pilot. The tentative rate grouping are as follows:

Year Transition Begins	Phase	Tentative Rate Grouping
FY 22-23	1	School-Based Behavioral Health (SBBH)
FY 23-24	2	Clinic-based Treatment, Service Teams, Other Outpatient
FY 24-25	3	Specialty Programs (i.e., Therapeutic Behavioral Health Services, Residential Treatment)

6. What is the long-term advantage of payment reform?

Based upon lessons learned from the FSP Payment Transformation Pilot, the program has proved to be successful in both shifting payment away from cost-based reimbursement through the development of FFS based methodology and improving quality outcomes through an incentive design program that provides supplemental payments to providers for achieving defined quality benchmarks. The long-term advantage will be reduced administrative burden of cost reporting and reimbursement that is limited to costs.

7. **There was a consensus request to remove the normal billing deadline for July and August 2023 billing. Providers will need time to sync up their systems with SmartCare and that may mean several weeks of lining up fields and making sure everything is accurately entered. This is distinct from staff completing their notes in the provider EHR.** ***Added 5/8/23***

   ACBH will provide flexibility given that unexpected issues may come up with rolling out a new system and CalAIM Payment Reform changes. The deadline for July and August 2023 services will be September 15, 2023. ACBH recommends first prioritizing data entry of July 2023 services, and highly encourages providers to enter services as soon as possible to prevent any negative financial burden/impact.

   In May 2023, a crosswalk of InSyst procedure codes to CPT/HCPCS codes will be issued, and ACBH will provide a CPT code training. Additionally, providers may prepare for the changes by reviewing **the** state billing manuals.

   The deadlines to enter billing data in InSyst will remain the same. All services through June 30th, 2023 will be entered in InSyst.

8. **Providers requested that ACBH proactively define the CPT codes according to state billing standards. There is concern that some staff and services may require redesign or role-specific training if the CPT codes demand more than a simple re-language (e.g., using interactive complexity for some collateral services, using team CPT codes instead of case management). This might be incorporated into the workshop or may require longer deliberation.** ***Added 5/8/23***

   In May 2023, ACBH will provide a crosswalk of the InSyst codes to the CPT/ HCPCS codes based on the Medi-Cal Billing Manuals. At this time, ACBH does not anticipate a redesign of roles, programs, or scope of work. We strongly recommend attending the CPT Code Training in May 2023. Please raise concerns at the training. After the training, if your organization still has concerns regarding program or scope redesign, then ACBH can review it. While we are doing our best to create a crosswalk, there will be a few instances where a crosswalk will not work because the InSyst procedure codes may not translate to a CPT code. More information and details will be provided with the crosswalk at the CPT code training. The most used procedure codes will be prioritized and identified in the crosswalk. Required procedure codes will still be based on the Providers' contract.

Contracts

9. **What will be the process for establishing rates for contracts?**

   ACBH is developing a plan to minimize changes to the provider FY 2023-24 payment structures and phase changes over multiple years. Based upon the lessons learned from the FSP Payment Transformation Pilot ACBH will establish rates for services based upon data and including tiers or add-ons as appropriate.

10. Will providers be asked to provide data sets to inform new rates - e.g., payroll increases, average travel time or historical trends with documentation time?

ACBH may request providers to provide data that will include cost reports and market factors to establish or revaluate rates over time.

11. Considering the need for training and changes related to billing and documentation changes, will reduced service units / productivity be expected and factored into rates for FY 2023?

With the implementation of SmartCare, ACBH anticipates changes under the CalAIM payment reform and will provide staff training associated with the roll out of the new billing system. Based upon the systemwide transition and the specific program(s) included in an individual contract, there may be minimal changes to the reimbursement method or type for FY 2023-24.

12. Is DHCS paying a lump sum to County MHPs for the first 3 months of FY 2024?

No, DHCS is not paying a lump sum to MHPs for the first 3 months. DHCS has proposed to fund the first three months of an Intergovernmental Transfers (IGTs) account, which would result in one-time funding of $350M shared by counties, pending State's FY 2023-24 budget approval. Due to the transition to IGTs, ACBH will reimburse providers in full per the terms of their contract AND transfer local dollars to DHCS to draw down the Federal share. Also, DHCS is proposing to use 1x funding available to front load IGT accounts to reduce the 'double-fund' burden on counties.

13. Will ACBH consider 1/12th payments for the first quarter or first half of the FY?

ACBH is planning a phased systemwide transition to Fee-for-Service reimbursement. Payments for 1/12th of allocations would be moving further away from Fee-for-service.

14. How will ACBH ensure there is no disruption to payments or cash flow for providers?

Based on utilization and rates set by the state (no settlement based on cost) for Medi-Cal reimbursement, ACBH plans to absorb most of the risk by continuing cost-based, provisional rate reimbursement for non-FSP programs similar to prior FYs during the transition period. DHCS is changing the reimbursement to counties and the way counties are required to bill Medi-Cal. Therefore, ACBH is not required to immediately change the reimbursement to providers. ACBH will align the system to leverage the benefits of payment reform over the next few years and will be responsible for maintaining the service delivery system. This will ensure there is no disruption to payments or cash flow for the providers.

Billing & Benefits Support

15. Will there be expected changes for our billing staff?

Due to the implementation of SmartCare starting 7/1/23, the billing staff will see changes in Clinician's Gateway and/or if they have been directly entering data services in InSyst. Providers will manually enter their service data based on Payment Reform requirements, including both the service and duration. Provider Electronic Claims Submission – 837 file or Excel – Providers will have the ability to submit electronic claims approximately 6-9 months after Go-Live.

16. Which services or programs, are not included in payment reform changes?

Non-Medi-Cal treatment programs and services are not included in the payment reform.

17. How will billing corrections be handled? *Added 4/20/23*

SmartCare has certain native validation tools in its billing system to catch errors at service entry and claims processing. During training, ACBH will provide guidance on different scenarios and the corrections process. Please continue to follow your current process with ACBH for managing billing corrections

SmartCare Implementation *Added 4/20/23*

18. Will all providers use SmartCare on July 1?

Yes, and/or continue to interface with Clinician's Gateway as the front door to the billing system.

19. What is the timeline for phase 2, and phase 3?

Per the published Request for Proposal (RFP), SmartCare is a 5-year project. It is divided into 3 phases. The first phase is implementation, and the next phases will focus on enhancements and maintenance. ACBH will provide additional specifics and timelines for future phases after 07/01 Go-Live.

20. How do we prepare staff for Go-Live?

July 1, 2023 is the Go-Live date for both Substance Use Disorder and Mental Health Services. To prepare for Go-Live, ACBH is requesting your assistance in ensuring that staff roster information is accurately maintained to properly link staff to their correct agency or program. Inaccurate staff data and staff permissions within SmartCare will prevent staff's ability to open episodes and/or enter services. The specific data fields listed below are key in ensuring SmartCare works as designed: Staff Name, Taxonomy, Date of Birth, National Provider Identifier, Validate your SSN#, Discipline/Licensing Credentials, Staff Agency, Program

Location (RU). Login to the Citrix Portal through the ACBH Network: https://go.bhcsportal.org, select e-forms, and locate “INSYST STAFF NUMBER” MHS or SUD e-form.

For additional information and instructions, refer to the MHS COMMUNITY BASED ORGANIZATION (CBO) Report Validation Memo sent on July 26, 2022 and SUD COMMUNITY BASED ORGANIZATION (CBO) Report Validation Memo sent on September 26, 2022.

21. When will smaller agency specific project meetings start?

All agencies are welcome to attend Town Halls and monthly Provider meetings to learn about the latest SmartCare update.

22. California Advancing and Innovating Medi-Cal (CalAIM) has some rather sudden requirement changes, how do we work with you to accommodate these requests with you?

We are actively working to meet CalAIM requirements as we receive guidance from the state. Please reach out to your ACBH business partner to learn how changes can be accommodated.

23. How will change requests be handled?

Please continue to work with your current ACBH business partners as per your current process. Change requests will be routed to the system change management committee for review.

24. Will the SmartCare system be compliant with CCBHC (Certified Community Behavioral Health Clinic) requirements and National Outcomes Measures?

SmartCare will meet state and federal requirements. SmartCare will evolve and adapt to any regulatory changes.

25. Can SmartCare system link with assistive technologies like JAWS and ZOOMtec? I have two staff in my Division that utilize vision assistive programs.

Both software works as SmartCare is web based and the users are currently using these applications on other web-based applications.

26. Will there be compliance with Grant reporting measures?

Each grant (or project) may have distinct reporting requirements. While SmartCare may provide utilization data, additional data sources will likely be needed to comply with reporting requirements.

27. What is Xpio's role in this implementation?

Xpio Health has been contracted to provide project consulting and support services to ACBH to develop requirements for ACBH's Request for Proposals (RFP) for the new billing system. Xpio Health is also working with ACBH to provide continued support for its SmartCare implementation.

CPT Procedure Codes

28. Can COMMUNITY BASED ORGANIZATION (CBO)s expect some ACBH training on CPT codes? When may this occur? ***Added 5/8/23***

The memo issued by the ACBH Quality Assurance (QA) office on April 10, 2023 provides a comprehensive list of recorded training programs and resources that are currently available for use by providers. In addition to these, in May 2023, ACBH QA will render a CPT Code Training. A memo will be issued as soon as a training date has been established.

Payment Reform and Training for CPT Code Billing Memo (April 10, 2023) *Added 5/8/23*

29. Will CPT codes be phased in, or will they all be active on July 1, 2023?

ACBH is currently setting up the system with new procedure codes, modifiers, taxonomy, etc. based on the CalAIM MHS Billing Manual. Codes will be active on July 1st for the services that ACBH is currently billing. The billing manual includes many codes and ACBH will review after the initial implementation before expanding the volume of codes.

30. Will CPT practices be different by staff type? For example, will all Other Qualified Provider (OQPs) or Peers be excluded?

CPT codes work the same way as HCPCS Level II. The DHCS billing manual and updated QA manual will include which disciplines can bill, lock-out codes, and modifiers.

31. Will COMMUNITY BASED ORGANIZATION (CBO)s be funded by CPT code increments or by the minute? ***Added 4/20/23***

COMMUNITY BASED ORGANIZATION (CBO)s will be reimbursed for the total minutes for the CPT, travel and documentation initially and reimbursement will be aligned with billing to state as the systemwide implementation of payment reform rolls out to program categories.

32. Will COMMUNITY BASED ORGANIZATION (CBO) staff enter their services into SmartCare through CPT codes or will there be some sort of crosswalk? ***Added 4/20/23***

COMMUNITY BASED ORGANIZATION (CBO) staff will enter services into SmartCare or

Clinician's Gateway using CPT codes and HCPC codes as defined in the following DHCS Billing Manuals. A crosswalk from the current InSyst code to the CPT and HCPCS codes will be provided when applicable, as an additional reference tool.

- Specialty Mental Health Medi-Cal Billing Manual (Revised 1/2023)
- Drug Medi-Cal ODS- Medi-Cal Billing Manual (Revised 1/20

33. How will Collateral be billed if billed as a CPT code? For example, which CPT code can a rehab specialist / non-Masters staff use to capture the time coaching a parent, without the child present? ***Added 4/20/23***

DHCS specified to counties that per Centers for Medicare & Medicaid Services (CMS) guidelines, counties are unable to claim for collateral if a Medi-Cal beneficiary is not present. Counties have asked DHCS to reconsider this policy and it is currently being reviewed and vetted with them for reconsideration. We can also follow-up regarding the allowable degrees/disciplines to provide the service and specifically Mental Health Rehab Specialists (MHRS).

34. Will ACBH require all staff be trained in CPT codes, similar to how they were required to complete the California Mental Health Services Authority's (CalMHSA) trainings? ***Added 4/20/23***

ACBH will not be requiring that all staff attend CPT code training, however, it is strongly recommended that staff be trained in these codes to minimize claiming issues.

Travel & Documentation Time *Added 4/20/23*

35. How will travel time be funded?

Initially the reimbursement rate for travel time will be per minute.

36. Will it be entered in SmartCare or billed separately?

Travel time will be entered in SmartCare for reference purposes only. Travel time should also be recorded in the client's chart (Clinician's Gateway or EHR) for documentation and audit purposes. For additional questions related to the client's chart, contact ACBH Quality Assurance. Only service time will be billed to DHCS (Department of Health Care Services) as CPT and HCPC reimbursement rates from DHCS to ACBH will include an established amount for travel time. ACBH will initially reimburse COMMUNITY BASED ORGANIZATION (CBO)s per minute for the travel time entered in SmartCare for reference purposes.

37. Will there be any restrictions on travel time?

There will be no restrictions on travel time, as it will not be billed, and will be reimbursed separately. CPT and HCPC reimbursement rates from DHCS to ACBH will include a predetermined amount for travel time. At the completion of Systemwide implementation of Fee-

For-Service ACBH reimbursement rates to COMMUNITY BASED ORGANIZATION (CBO)s for services will include an established amount for travel time based on the DHCS payment rate.

38. How will documentation time be funded?

Initially, the reimbursement rate for documentation will be per minute.

39. Will it be entered in SmartCare or billed separately?

Documentation time will be entered in SmartCare for reference purposes only. Documentation time should also be recorded in the client's chart (Clinician's Gateway or other EHR) for documentation and audit purposes. For additional questions related to the client's chart, contact ACBH Quality Assurance. Only service time will be billed, as CPT and HCPC reimbursement rates from DHCS to ACBH will include an established amount for documentation time. ACBH will initially reimburse COMMUNITY BASED ORGANIZATION (CBO)s per minute for the documentation time entered in the Client's chart/SmartCare for reference purposes.

40. Will there be any restrictions on documentation time?

There will be no restrictions on documentation time, as it will not be billed, and will be reimbursed separately. CPT and HCPC reimbursement rates from DHCS to ACBH will include a predetermined amount for documentation time. At the completion of Systemwide implementation of Fee-For-Service ACBH reimbursement rates to COMMUNITY BASED ORGANIZATION (CBO)s for services will include an established amount for travel time based on the DHCS payment rate.

41. Will there be any system-wide policy related to provider travel to client homes and community locations? Will reduction of travel vary by provider?

Rates applicable to direct face-to-face would include applicable travel and documentation. This would vary by program, based upon tiers or add-ons as referenced in Questions No. 7 and programs will implement based upon the systemwide transition plan.

Data Collection *Added 4/20/23*

42. What data sets will Community Based Organizations (COMMUNITY BASED ORGANIZATION (CBO)) need to double enter? For example, will COMMUNITY BASED ORGANIZATION (CBO)s need to enter data into both Clinician's Gateway (CG) and SmartCare? If so, for how long a period?

Our goal is to minimize dual entry as much as we possibly can. CG will interface with SmartCare at Go-Live and more information will be provided.

43. Will we be provided the data points that need to be entered into SmartCare for billing? Are they the same as the data points needed to bill in InSyst? We use our

own EHR and need to know what data points we will need to create a report for our billing team for the manual billing. For example, units vs minutes.

ACBH will provide the required data points that need to be entered into SmartCare during the training and documents will be posted on the Provider's website. Some data points will be similar to InSyst; however, SmartCare is a different system with a different workflow. As a result, the data collection will also differ from InSyst.

44. On 7/1, would we need to utilize 2 systems (InSyst for client enrollment, and SmartCare for billing)?

Clients registered through June 30, 2023, will need to be entered into InSyst. Services provided through June 30th will also need to be entered into InSyst. Starting on July 1, 2023, client and service data dated 7/1/23 and later will need to be entered into SmartCare. Due to CalAIM Payment Reform, InSyst will not have the capability to process claims for services rendered starting on July 1. InSyst will continue to process claims for services provided through June 30, 2023.

45. Will Opioid Treatment Programs (OTP) still be inputting services from clients in InSyst, or will we be entering services online in SmartCare System?

All organizations will be manually entering their services (unless using Clinician's Gateway) and registering their clients into SmartCare starting on July 1, 2023. InSyst will still be available for claims entry for services provided through June 30, 2023.

46. Can users manually enter the billing?

At Go-Live, users are expected to enter data manually into SmartCare unless they use Clinician's Gateway.

47. Will we be entering services by InSyst codes, or should we enter data by CPT code?

InSyst procedure codes are proprietary and ACBH will not use InSyst codes in SmartCare. Due to CalAIM billing guidelines, services will be selected as CPT or HCPCS codes. ACBH has mapped the current InSyst procedure codes to CPT and/or HCPCS codes as outlined in the CalAIM Billing Manuals published by DHCS.

48. Our agency Opioid Treatment Program (OTP) provides anywhere from 150-250 services a day, will these need to be entered daily into SmartCare?

Services will be manually entered into SmartCare until we roll out batch uploads. Providers may follow the current process by entering their services daily or any time before the deadline.

49. When will clients be able to be entered into SmartCare?

All new clients will be registered into SmartCare starting on July 1, 2023.

50. How will client registration be handled?

SmartCare will support Client Search and Client Registration. There will be Client Services Information (CSI) and California Outcomes Measurement System Treatment (CalOMS) registration processes for clients in Medi-Cal programs.

51. How will client episodes be handled?

Providers will continue to open and close episodes in SmartCare's program enrollment process. In SmartCare, the term episode refers to the client's entire episode of care at the provider, which is different from InSyst. Each client in SmartCare will have one overarching episode. The equivalent of opening an episode in InSyst is called program enrollment in SmartCare. To be consistent with SmartCare's terminologies, ACBH will refer to episode opening as program enrollment.

52. When providers enter client registration and episode opening forms, will some of that data pre-populate into the Client Services Information (CSI) forms so it does not have to all be re-typed?

In SmartCare, the MHS Registration document will capture Client Services Information (CSI) and Timeliness document will capture timeliness data.

53. Are Client Services Information (CSI) timeliness going to be entered in InSyst or Smart Care?

Clients registered through June 30, 2023, will need to be entered into InSyst. This includes timeliness data. Starting on July 1, 2023, clients will need to be registered into SmartCare, including the timeliness data. SUD timeliness will continue to be collected in Clinician's Gateway at this time.

54. The Town Hall referenced "annual updates" are available at go-live, is that what we currently know as the Episode Update? If not, how will Episode Updates be done when SmartCare goes live?

Annual update information will be collected via a document in Smartcare. To assist providers with tracking and monitoring, a list page screen is being developed for staff to track the status of annuals updates.

55. For any clients already open prior to 7/1 and the Community Based Organization (COMMUNITY BASED ORGANIZATION (CBO)) is not using Clinician's Gateway, will they show up in SmartCare as of 7/1 or is there some data entry that must be completed on COMMUNITY BASED ORGANIZATION (CBO) side?

ACBH is migrating clients opened in InSyst prior to July 1, 2023, to SmartCare. The criteria for

migrated clients are age 85 or under and not deceased. If a client over age 85 has received services within the last 2 years, then the client will also be migrated.

56. Will there be any option to check client Medi-Cal eligibility (including the presence of OHC) through SmartCare, or should Community Based Organization (COMMUNITY BASED ORGANIZATION (CBO)) continue to determine this for themselves via the state Medi-Cal website or Covivitas?

We are finalizing the workflow currently. Providers should continue their current process until ACBH receives additional information from the vendor.

57. Will there be a transitional period that will call for double entry?

Currently, there is no expectation of double data entry. ACBH will communicate should this expectation change.

58. With the California Advancing and Innovating Medi-Cal (CalAIM) changes, what would the group note function look like and what formula is being used to calculate cost? Will we still have to indicate number of non-client participants?

Cost will be calculated based on rates provided by the state. More information will be provided during training.

59. Will we have access to all the data that is currently in InSyst for our Agency?

ACBH is currently working with the SmartCare vendor to complete data migration for existing clients in InSyst and eCura. Service data will not be migrated to SmartCare. Please reach out to ACBH IS Help Desk if you want to request a report of your agency's data if it is not available in SmartCare.

Data Exchange *Added 4/20/23*

60. Will there be an option to upload a batch 837-claim file generated by our own EHR system?

Batch uploads will not be immediately available in this phase of the implementation and will be prioritized in our next phase. ACBH is working to develop an upload process using 837 claims or .csv file. We will communicate additional updates and information when we have more details.

61. Will we be able to download an 835-response file? If so, will this be available at go live?

To comply with CalAIM requirements such as Payment Reform, ACBH had to prioritize core

billing functionality for Go-Live. Batch uploads will be developed post-Go-Live, and we will need to review the response file process with the vendor, Streamline.

62. What is the timeframe to enable the upload of data sets, to save time and provider resources, into SmartCare?

The process to allow provider upload of data into SmartCare has been prioritized as Phase 2 of our implementation plan. Phase 2 is planned to begin after go-live, dependent on the overall implementation.

63. Will there be an option to use a claims clearinghouse to submit 837s and receive 835s? If so, when will this be available at go live?

As of now, ACBH is not contracted with a clearinghouse. Communications will be provided should this change in the future.

64. What specific forms of Electronic Data Interchange (EDI) with external EHR systems or (Health Information Exchange) HIE are being planned or considered, and on what timeline?

We plan to offer providers the ability to submit an 837-claims file in the future. See response to question 1. Regarding a HIE, Health Care Services Agency (HCSA) manages an HIE that will have a client and service data exchange process with SmartCare at Go-Live.

65. If we do not use 837-claim files but are able to provide a .csv files for uploads, is that going to be a possibility? Or will we be required to start dealing with 837s?

Batch uploads can be either an 837 or a .csv file. Streamline will develop a .csv template. Batch Uploads will not be immediately available in Phase #1 but will be prioritized in our next phase. ACBH is working to develop an upload process. We will communicate additional updates and information when we have more details.

66. Glad to hear that interoperability will be emphasized in the roll out. Can you speak to how the interface is going to work? If it has to be built, who pays for it?

The interface built is between SmartCare and Clinician's Gateway. Client data will be uploaded every 15 minutes to Clinicians Gateway. Services will be downloaded to SmartCare nightly. The two vendors are currently working together to implement it for Go-Live, and it is part of the county's contract with both vendors.

Clinician's Gateway (CG) Interface *Added 4/20/23*

67. To clarify, organizations that currently use Clinician's Gateway (CG) will not have to enter services manually at implementation?

At Go-Live, the interface between SmartCare and Clinician's Gateway should be ready. Services will be entered manually into CG and automatically transferred to SmartCare.

68. How long will it take for client registration to sync to SmartCare? Will it be 24 hours? This is for MHS.

New Client registrations will be uploaded every 15 minutes from SmartCare to Clinicians Gateway in both MHS and SUD.

69. Did you say that the interface between Clinician's Gateway and SmartCare be live on July 1st?

Yes, one of ACBH's top priorities for this implementation is the interface between Clinician's Gateway and SmartCare, and it will be live in Phase 1 as of July 1, 2023.

Electronic Health Record (EHR)

70. Will payment reform coding changes necessitate changes to providers' clinical Electronic Health Record (EHR) or Electronic Medical Record (EMR)?

Yes, changes will need to be made to provider's clinical EHR's to align with the new CPT codes and billing rules associated with CalAIM Payment Reform.

71. Which Electronic Health Record (EHR) platforms can be supported and what should we do in the instance that what we are using is not among those? *Added 4/20/23*

ACBH currently supports SmartCare to replace InSyst and eCura. SmartCare will interface with Clinician's Gateway EHR. In the future, we will offer batch uploads for services.

72. Will you be having regular standing meetings with our EHR vendors to ensure they are aware of required developments in our EHR? *Added 4/20/23*

ACBH is contracted to work with the vendors Streamline for SmartCare and Krassons for Clinician's Gateway. Communicate updates and share documents, with your vendors. Should the agency's EHR vendor have questions your ACBH business partner.

Training *Added 4/20/23*

73. Would we be getting a follow up email with all the links for the following trainings?

Yes, a link will be shared by email and posted on the Provider's website when it is available.

74. What will the "End User" Trainings cover? End User is a new term for me.

End User Training will have a curriculum similar to InSyst training. ACBH will provide training on Navigation, Client Search, MHS Client Registration (CSI and Timeliness data collection), SUD Client Registration (CalOMS), Program Enrollment, Client Updates/Discharge, Service Entry, and Reports.

75. What is the difference between End Users from Super Users?

A Super User is the staff assigned to thoroughly learn the new system, become system experts, and teach others. They are also the first line of support for user questions. End users are all system users.

76. When thinking about super users would it be administrative and clinical staff we should consider serving as "champions"?

Administrative and clinical staff both play a critical role as users. Both should have representation for training. Super Users will be expected to train and empower other staff within their agency and be the first line of support for user questions.

77. Is there a limit of super users per organization?

The number of super users depends on the size of the organization.

78. Will trainings be in person?

We will offer on-site training in limited numbers because the County is still under pandemic guidelines. We will also offer virtual training.

79. Would it be live trainings or user guides that would be offered to providers?

Training will be hands-on. The trainers will demonstrate the system. ACBH will offer on-site training in limited numbers because the County is following pandemic guidelines like social distancing. We will also offer virtual training. The expectation is for the attendees to log into the system and go through the exercises with the trainer.

80. When will training dates be released, and how will trainings work? Will we be sending one person who then trains any other staff, or will we be able to send as many staff as needed?

We recommend a train the trainer model at the agencies. Due to pandemic guidelines, the number of attendees for on-site training is limited. Our recommendation is to sign up the super users for on-site training first, and then everyone else should attend on-site training at least once after the super users. We will also offer the same training virtually that everyone can sign up for if they cannot attend on-site or would like to attend multiple training sessions. Training recordings will also be posted on the Provider website.

81. It sounds like the end user and super user trainings will be in June, is that correct?

Super user training will be held in May followed by end user training in June. We are limiting super user training to ACBH staff and a limited number of provider organizations that participated in discovery. All agencies will be required to have their staff attend training in June. Staff who attend training are expected to become super users to train other staff and provide support at the agency. ACBH will provide dates, registration details, and additional information in the coming weeks.

82. California Mental Health Services Authority's (CalMHSA) Learning Management System (LMS) training platform has a SmartCare EHR Training (in which an enrollment key is required). Is this training recommended by ACBH?

ACBH is not contracted with CalMHSA's instance of SmartCare EHR and does not have an enrollment key. ACBH has its own instance of SmartCare's Practice Management and MCO (Managed Care Organization) modules and not implementing SmartCare's clinical EHR. While some functionality may be similar to CalMHSA's EHR, there will also be drastic differences since we are not implementing SmartCare's EHR module. It is not recommended to supplement ACBH's training with CalMHSA's EHR training.

Reports *Added 4/20/23*

83. Would the billing reports now print through SmartCare instead of through InSyst? Would they be editable before printing?

Reports be viewed and printed in SmartCare. They can also be exported to an Excel or PDF file.

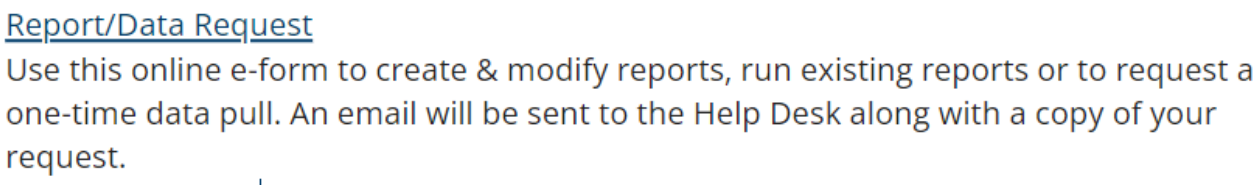
84. How will InSyst reports (example: MHS 442, PSP 131, MHS 854 MHS 855) look in SmartCare? *Added 5/8/23*

Reports will be viewable in SmartCare as either a standard spreadsheet report in the Reports module or a list page on a screen. A list page is a screen in a report format with columns. List pages have limitations in the number of columns displayed due to limitations in retail space on the screen.

85. Can we get a report for all open clients in InSyst per Reporting Unit (RU) (or

inactivity report) so we can ensure that we close any clients that were accidently left open?

Use the PSP121 caseload report that lists all clients with open Episode by RU#. Providers can run this report using the Report menu or by submitting a request to the Help Desk. Please login to Citrix Intranet to access the Forms page to submit a request.



ACBH also sends providers the monthly BHCS121 caseload report that includes client's eligibility information. Providers need to start their InSyst printer queue to retrieve and print the BHCS121 report.