



Alameda County Health, Behavioral Health Department (ACBHD)

SmartCare Invoice Report Training

January 15, 2026



**Behavioral Health
Department**
Alameda County Health

ACBHD Fiscal Updates

Spring Provider Meeting Fiscal Refresh

- **Changes between ACBHD and the State, effective 7/1/23**
 - As of 2023-24 California Department of Health Care Services (DHCS) reimburses ACBHD on a Fee-For-Service basis based upon rates set by DHCS. These rates vary by the Practitioner type performing the service.
 - DHCS also eliminated the requirement for cost settlements with Counties, and local match is established via Intergovernmental Transfers in place of Certified Public Expenditures.
 - 7/1/2023 ACBHD implemented the SmartCare system to align with the DHCS Payment Reform changes.
- **Payment Transformation- ACBHD and CBOs FY 23-24 and 24-25 Payments/Settlement**
 - More flexible invoicing options.
 - To support a more intentional transition with our CBO partners, ACBHD continued to be flexible on invoicing for FY 23-24 and FY 24-25.
 - Service Entry in SmartCare for FY 23-24 and FY 24-25 is required, as settlement or final payment provisions have not changed.
 - As of August 1st, 2025, June 2025 service data should be complete. Refer to the BHD Provider website, SmartCare Tab, for past fiscal year service entry due dates.

ACBHD Fiscal Updates

Invoice Report Go-Live

- Rate-based and Fee-For-Service reimbursement will start in February 2026, for the January 2026 service month. There are two report types available for use in SmartCare:
- Refer to your Organization's FY 25-26 Procurement Contract Exhibit B Attachment Section 2- Method of Reimbursement Rate Sheet to determine the report needed to complete your Provider Claim Template.

Invoice Report

- Invoicing rate times unit by the legacy modalities
- Includes Travel and documentation time in the total duration for reimbursement purposes.

Invoice Report by Practitioner (OTP/NTP Providers)

- Fee-For-Service reimbursement method for programs reimbursed by Practitioner Type/CPT code.
- Travel and Documentation Time is NOT included.

Training Agenda

- **SmartCare Invoice Report Demos**
 - Invoicing for Treatment Programs (Legacy by Modality Type)
 - Demo Invoice Report
 - ACBHD Invoice Template and Instructions
 - Outpatient/ Intensive Outpatient
 - Residential/ Day Service / 24 Hours
 - Fee-For-Service (By Practitioner Type/CPT)
 - Demo Invoice Report
 - Outpatient/ Intensive Outpatient
 - ACBHD Invoice Template and Instructions
 - Invoice Submission
- **Service Data Reconciliation**
- **Service Errors and Warnings**
- **ACBHD Tools and Resources**
- **Questions & Answers**



FY 25-26 Procurement Contract Exhibit B Attachment - Method and Rate of Reimbursement/Rate Sheet

Invoicing for Treatment Programs (Legacy)

- BDH recommends working internally with your agency's Fiscal Manager to obtain a copy of the current contract rate sheet.
- The contract rate sheet is needed to complete the Provider Claim form.
- Review the Contracts rate sheet, Service/Description column.
- Providers with legacy modalities listed in the Service Type/Description column by reimbursement method, i.e., Provisional or Negotiated rate, will use the SmartCare Report **"Invoice Report (My Office)"** for reimbursement.

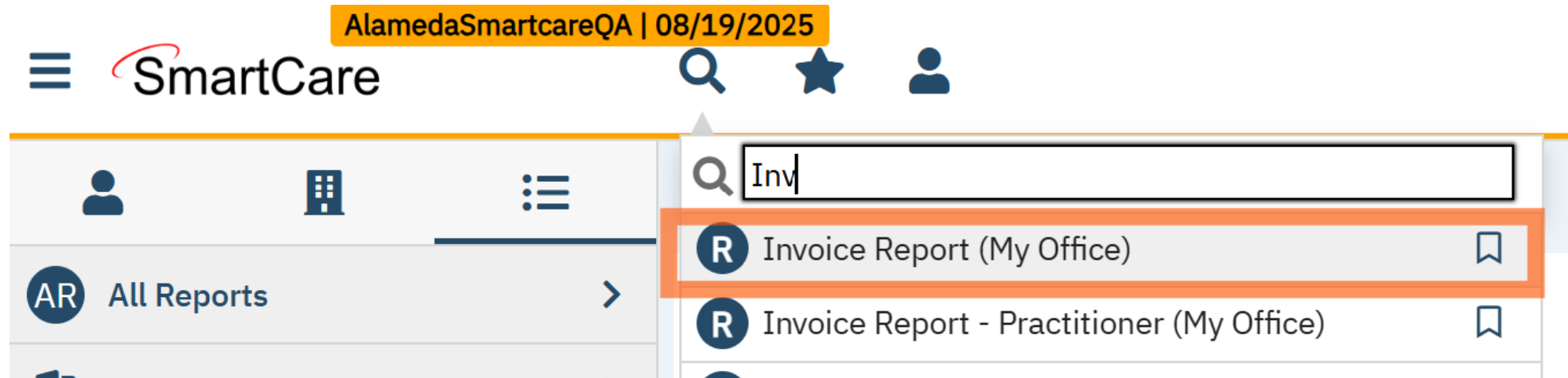
Invoicing for Treatment Programs (Legacy) Outpatient/Intensive Outpatient

Exhibit B-3 Method and Rate of Reimbursement Rate Sheet FY 24-27						
Provider Name: XYZ Company, Inc.						
Program	DMC #	Service	Maximum Funding	Reimbursement Method	Deliverables	Rate
FY 25/26						
Program #1	67QR		\$500,000			
Outpatient Services		All Other ASAM 1.0 Level OS		Provisional Rate	Minute	\$ 6.00
		Clinician Consultation		Provisional Rate	Minute	\$ 20.00
		Care Coordination and Peer Support Services		Provisional Rate	Minute	\$ 5.00
Intensive Outpatient Services		All Other ASAM 2.1 Level IOS		Provisional Rate	Minute	\$ 7.00
		Clinician Consultation		Provisional Rate	Minute	\$ 25.00
		Care Coordination and Peer Support Services		Provisional Rate	Minute	\$ 5.00
Outreach and Engagement			\$50,000	Actual Cost		

Invoicing for Treatment Programs (Legacy)

Generating SmartCare Invoice Report



- Log in to the SmartCare system
- Once in SmartCare, search for the Invoice report by typing “Invoice” into the search bar icon 🔍
 - **NOTE:** By typing the first three characters, the drop-down list will begin to populate
- Select the report titled “**Invoice Report (My Office)**”



Invoicing for Treatment Programs (Legacy)

Generating SmartCare Invoice Report

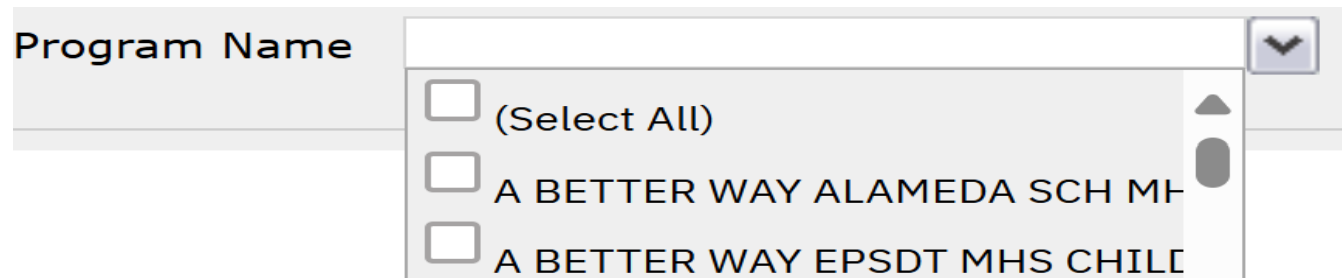
- The report pop-up box will populate in a new window
- Complete the report filters.
 - Add Start and End date.
 - For monthly Provider Claims, the date range should be for the entire service month.
 - Example, for the service period January 2026, the start and end dates will be 01/01/2026-01/31/2026.

Start Date	<input type="text" value="01/01/2026"/>		End Date	<input type="text" value="01/31/2026"/>	
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Invoicing for Treatment Programs (Legacy)

Generating SmartCare Invoice Report

- Select the Program
 - To select programs, place a ☒ check next to the program name in the drop-down list.
 - Providers are limited to access to the Programs within their applicable CDAG permissions.
 - Providers can select as many programs as needed; there is no selection limit in the program list; however, please note that the larger the file, the longer it may take to generate.



The screenshot shows a web interface with a label "Program Name" next to a dropdown menu. The dropdown is open, displaying a list of options. The first option is "(Select All)" with an unchecked checkbox. The second option is "A BETTER WAY ALAMEDA SCH MH" with an unchecked checkbox. The third option is "A BETTER WAY EPSDT MHS CHIL" with an unchecked checkbox. A scrollbar is visible on the right side of the dropdown list.

- Select View Report in the right-hand corner of the pop-up window

View Report

Invoicing for Treatment Programs (Legacy)

Generating SmartCare Invoice Report



Run Date:
January 5, 2026 13:37
Created By:
Shukura Reynolds

Invoice Report

January 1, 2026, through January 31, 2026

XYZ Company, Inc. Program #1 (67QR)

Invoice Category	Procedure Code ID	Procedure Code Name	Time (Minutes)	Time (hours)	Travel Time	Documentation Time	Units	Service Count
Care Coordination	330	OS (H2014) Patient Education, 15 min.	90	1.50	0.00	0.25	6	1
	338	OS (T1017) CareCoord-Target. Case Mgt., 15 min.	1485	24.75	0.00	12.42	95	50
		Care Coordination Total	1575	26.25	0.00	12.67	101	51
Crisis Intervention	324	OS (H0007) SUD Crisis Intervention, 15 min.	90	1.50	0.00	0.50	6	2
		Crisis Intervention Total	90	1.50	0.00	0.50	6	2
Outpatient Service Codes	318	OS (G2011 and G0396-G0397) SUD Structured /Asses. (other than tobacco) (5-30+ min.)	1920	32.00	0.00	7.42	16	16
	320	OS (H0001) SUD Assessment - Screening for approp. client delivery system, 15 min.	900	15.00	0.00	4.25	60	9
	322	OS (H0004) Ind. Counseling/Therapy, 15 min.	20510	341.83	0.00	109.92	1353	375
	323	OS (H0005) SUD Group Counseling, 15 min.	47535	792.25	0.00	79.67	3169	518
	335	OS (T1006) SUD Fam/Couple Counseling, 15 min.	15	0.25	0.00	0.25	1	1
	336	OS (T1007) SUD Treatment Plan Dev. or Modif., 15 min.	1620	27.00	0.00	13.50	108	27
		Outpatient Service Codes Total	72500	1208.33	0.00	215.01	4707	946
Total			74165	1236.08	0.00	228.18	4814	999

This report is based on "Completed" Services only as of run date.



Invoicing for Treatment Programs (Legacy)

Review Provider Claim/Service Report (Invoice) Template and instructions

- After you generate your Invoice report and review it for completeness and accuracy, it is now time to fill in your service information on the ACBHD Provider Claim form.
- **Documents needed to complete Provider Claim Form-**
 - FY 25-26 Procurement Contract Exhibit B Attachment - Method and Rate of Reimbursement/Rate Sheet
 - SmartCare Invoice Report
 - EHR/Clinicians Gateway Service Reconciliation report
 - Travel time and documentation time supporting documentation
 - Actual Cost Statement of Activities/ Line Items details
 - Additional supporting documentation as required for Provider Claim reimbursement (as listed/ approved in the Procurement contract)
- **Complete your invoice template setup using the contract rate sheet-**
 - Complete the Unique claim fields and the Contact and Billing Information section
 - Once you have added your rates to your claim template
 - Enter the information as shown on the SmartCare Invoice Report

Invoicing for Treatment Programs (Legacy)

Review Provider Claim/Service Report (Invoice) Template and instructions Invoicing for Treatment Programs (Legacy) Outpatient/Intensive Outpatient

Exhibit B-3 Method and Rate of Reimbursement						
Rate Sheet						
FY 24-27						
Provider Name: XYZ Company, Inc.						
Program	DMC #	Service	Maximum Funding	Reimbursement Method	Deliverables	Rate
FY 25/26						
Program #1	67QR		\$500,000			
Outpatient Services		All Other ASAM 1.0 Level OS		Provisional Rate	Minute	\$ 6.00
		Clinician Consultation		Provisional Rate	Minute	\$ 20.00
		Care Coordination and Peer Support Services		Provisional Rate	Minute	\$ 5.00
Intensive Outpatient Services		All Other ASAM 2.1 Level IOS		Provisional Rate	Minute	\$ 7.00
		Clinician Consultation		Provisional Rate	Minute	\$ 25.00
		Care Coordination and Peer Support Services		Provisional Rate	Minute	\$ 5.00
Outreach and Engagement			\$50,000	Actual Cost		

ALAMEDA COUNTY HEALTH BEHAVIORAL HEALTH DEPARTMENT
BEHAVIORAL HEALTH PROGRAMS
PROVIDER CLAIM / SERVICE REPORT

Provider Name: XYZ Company, Inc.
Type of Contract (Master or SAN): Master
Remittance Address:
123 Gingerbread Lane
Oakland CA, 94601
Billing Contact Name: Donald Duck
E-Mail: Disney.Donald@yahoo.org

Provider's Claim Number: 1012026
Month/Year of Service: Jan-26
Check One:
Original Submission X
Revised Submission
Phone Number: 510-999-9999
FAX Number:

PROGRAM NAME:		Program #1					
PROGRAM NUMBER:		67QR					
		Units	Rate	Gross Claim	Units	Rate	Gross Claim
Outpatient Services/OS 1.0 (per minute) Including Travel and documentation for		6.00	0.00	0.00	0.00	0.00	0.00
Clinician Consultation (per minute) Including Travel and documentation time		20.00	0.00	0.00	0.00	0.00	0.00
Care Coordination NMN Assessment/Peer Support (per minute) Including Travel		5.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00
Total Services - Actual Cost Programs Only		0.00	0.00	0.00	0.00	0.00	0.00
Outreach & Engagement - Actual Cost		0.00	0.00	0.00	0.00	0.00	0.00
Other (must be specifically authorized in contract)		0.00	0.00	0.00	0.00	0.00	0.00
TOTAL GROSS CLAIM		0.00		0.00		0.00	
LESS REVENUE:							
MEDICARE							
OTHER HEALTH COVERAGE							
OTHER REVENUE		0.00		0.00		0.00	
TOTAL REVENUE DEDUCTED							
NET PROGRAM CLAIM		0.00		0.00		0.00	

Note: Use Claim-Page 2 if contract has more than three programs.

Total Net Program Claim: 0.00
(Total of All Pages)

Less Cash Advance Reimbursement:

Payment Due: 0.00

I hereby attest that the information contained in this document accurately and truthfully reflects the costs incurred and revenue generated in the performance of the services as stated in the contract against which this claim is being made.

Authorized Signature: _____ (must match CBO Signature Authorization form on file with ACBHD)
Printed Name: _____

Date: _____
Title: _____

Rev. 07/1/2025

INVOICING for Treatment Programs (Legacy)

Review Provider Claim/Service Report (Invoice) Template and instructions

INVOICING for Treatment Programs (Legacy) Outpatient/Intensive Outpatient

Type of Contract (Master or SAN):	Master	Month/Year of Service:	Jan-26
Remittance Address:		Check One:	
123 Gingerbread Lane		Original Submission	X
Oakland CA, 94601		Revised Submission	
Billing Contact Name:	Donald Duck	Phone Number:	510-999-9999
E-Mail:	DisneyDonald@yahoo.org	FAX Number:	

PROGRAM NAME:	Program #1			
PROGRAM NUMBER:	67QR			
	Units	Rate	Gross Claim	
Outpatient Services/OS 1.0 (per minute) Including Travel and documentation time	72500+90	6.00	435,540.00	0.00
Clinician Consultation (per minute) Including Travel and documentation time		20.00	0.00	0.00
Care Coordination NMN Assessment/Peer Support (per minute) Including Travel	1,575.00	5.00	7,875.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
		0.00	0.00	0.00
Total Services - Actual Cost Programs Only			0.00	0.00
Outreach & Engagement - Actual Cost			0.00	0.00
Other (must be specifically authorized in contract)			0.00	0.00
TOTAL GROSS CLAIM			443,415.00	0.00
LESS REVENUE:				
MEDICARE				
OTHER HEALTH COVERAGE				
OTHER REVENUE				
TOTAL REVENUE DEDUCTED			0.00	0.00
NET PROGRAM CLAIM			443,415.00	0.00

Note: Use Claim-Page 2 if contract has more than three programs.

Total Net Program Claim:	443,415.00
(Total of All Pages)	
Less Cash Advance Reimbursement:	



Run Date:
January 5, 2026 13:37
Created By:
Shukura Reynolds

Invoice Report

January 1, 2026, through January 31, 2026

XYZ Company, Inc. Program #1 (67QR)

Invoice Category	Procedure Code ID	Procedure Code Name	Time (Minutes)	Time (hours)	Travel Time	Documentation Time	Units	Service Count
Care Coordination	330	OS (H2014) Patient Education, 15 min.	90	1.50	0.00	0.25	6	1
	338	OS (T1017) CareCoord-Targt. Case Mgt.,15 min.	1485	24.75	0.00	12.42	95	50
		Care Coordination Total	1575	26.25	0.00	12.67	101	51
Crisis Intervention	324	OS (H0007) SUD Crisis Intervention, 15 min.	90	1.50	0.00	0.50	6	2
		Crisis Intervention Total	90	1.50	0.00	0.50	6	2
Outpatient Service Codes	318	OS (G2011 and G0396-G0397) SUD Structured /Asses. (other than tobacco) (5-30+ min.)	1920	32.00	0.00	7.42	16	16
	320	OS (H0001) SUD Assessment - Screening for approp. client delivery system, 15 min.	900	15.00	0.00	4.25	60	9
	322	OS (H0004) Ind. Counseling/Therapy, 15 min.	20510	341.83	0.00	109.92	1353	375
	323	OS (H0005) SUD Group Counseling, 15 min.	47535	792.25	0.00	79.67	3169	518
	335	OS (T1006) SUD Fam/Couple Counseling, 15 min.	15	0.25	0.00	0.25	1	1
	336	OS (T1007) SUD Treatment Plan Dev. or Modif., 15 min.	1620	27.00	0.00	13.50	108	27
		Outpatient Service Codes Total	72500	1208.33	0.00	215.01	4707	946
Total			74165	1236.08	0.00	228.18	4814	999

This report is based on "Completed" Services only as of run date.

Page 1 of 1

If the program is **rate-based**, enter the "Time in Minutes," and the claim form will calculate the total amount in the Gross Claim column.



Review Provider Claim/Service Report (Invoice) Template and instructions Invoicing for Treatment Programs (Legacy) Outpatient/Intensive Outpatient

XYZ Company, Inc. Program #1 (67QR)

Invoice Category	Procedure Code ID	Procedure Code Name	Time (Minutes)	Time (hours)	Travel Time	Documentation Time	Units	Service Count
Care Coordination	330	OS (H2014) Patient Education, 15 min.	90	1.50	0.00	0.25	6	1
	338	OS (T1017) CareCoord-Target. Case Mgt.,15 min.	1485	24.75	0.00	12.42	95	50
		Care Coordination Total	1575	26.25	0.00	12.67	101	51
Crisis Intervention	324	OS (H0007) SUD Crisis Intervention, 15 min.	90	1.50	0.00	0.50	6	2
		Crisis Intervention Total	90	1.50	0.00	0.50	6	2
Outpatient Service Codes	318	OS (G2011 and G0396-G0397) SUD Structured /Asses. (other than tobacco) (5-30+ min.)	1920	32.00	0.00	7.42	16	16
	320	OS (H0001) SUD Assessment - Screening for appropri. client delivery system, 15 min.	900	15.00	0.00	4.25	60	9
	322	OS (H0004) Ind. Counseling/Therapy, 15 min.	20510	341.83	0.00	109.92	1353	375
	323	OS (H0005) SUD Group Counseling, 15 min.	47535	792.25	0.00	79.67	3169	518
	335	OS (T1006) SUD Fam/Couple Counseling, 15 min.	15	0.25	0.00	0.25	1	1
	336	OS (T1007) SUD Treatment Plan Dev. or Modif., 15 min.	1620	27.00	0.00	13.50	108	27
		Outpatient Service Codes Total	72500	1208.33	0.00	215.01	4707	946
	Total			74165	1236.08	0.00	228.18	4814

Enter Travel Time and Documentation Time, when applicable.



**Behavioral Health
Department**
Alameda County Health

Invoicing for Treatment Programs (Legacy)

Provider Claim/Service Report (Invoice) Template and instructions

Invoicing for Treatment Programs (Legacy) Outpatient/Intensive Outpatient

Type of Contract (Master or SAN):	Master	Month/Year of Service:	Jan-26
Remittance Address:		Check One:	
123 Gingerbread Lane		Original Submission	X
Oakland CA, 94601		Revised Submission	
Billing Contact Name	Donald Duck	Phone Number:	510-999-9999
E-Mail:	DisneyDonald@yahoo.org	FAX Number:	
PROGRAM NAME:	Program #1		
PROGRAM NUMBER:	67QR		
Outpatient Services/OS 1.0 (per minute) Including Travel and doc	72,805.51	6.00	436,833.06
Clinician Consultation (per minute) Including Travel and docume		20.00	0.00
Care Coordination NMN Assessment/Peer Support (per minute)	1,587.67	5.00	7,938.35
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
		0.00	0.00
Total Services - Actual Cost Programs Only			0.00
Outreach & Engagement - Actual Cost	4,100.00		4,100.00
Other (must be specifically authorized in contract)			0.00
TOTAL GROSS CLAIM		448,871.41	0.00
LESS REVENUE:			
MEDICARE			
OTHER HEALTH COVERAGE			
OTHER REVENUE			
TOTAL REVENUE DEDUCTED		0.00	0.00
NET PROGRAM CLAIM		448,871.41	0.00
Note: Use Claim-Page 2 if contract has more than three programs.			
		Total Net Program Claim:	448,871.41
		(Total of All Pages)	
		Less Cash Advance Reimbursement:	
		Payment Due:	448,871.41
I hereby attest that the information contained in this document accurately and truthfully reflects the costs incurred and revenue generated in the performance of the services as stated in the contract against which this claim is being made.			

Exhibit B-3 Method and Rate of Reimbursement						
Rate Sheet						
FY 24-27						
Provider Name: XYZ Company, Inc.						
Program	DMC #	Service	Maximum Funding	Reimbursement Method	Deliverables	Rate
FY 25/26						
Program #1	67QR		\$500,000			
Outpatient Services		All Other ASAM 1.0 Level OS		Provisional Rate	Minute	\$ 6.00
		Clinician Consultation		Provisional Rate	Minute	\$ 20.00
		Care Coordination and Peer Support Services		Provisional Rate	Minute	\$ 5.00
Intensive Outpatient Services		All Other ASAM 2.1 Level IOS		Provisional Rate	Minute	\$ 7.00
		Clinician Consultation		Provisional Rate	Minute	\$ 25.00
		Care Coordination and Peer Support Services		Provisional Rate	Minute	\$ 5.00
Outreach and Engagement			\$50,000	Actual Cost		

If the “reimbursement method” is “**actual cost**,” list the total actual costs for the month on the applicable line of the claim form.



Invoicing for Treatment Programs (Legacy)

Provider Claim/Service Report (Invoice) Template and instructions

Invoicing for Treatment Programs (Legacy) Outpatient/Intensive Outpatient

Page __1__ of __2__

ALAMEDA COUNTY HEALTH BEHAVIORAL HEALTH DEPARTMENT BEHAVIORAL HEALTH PROGRAMS PROVIDER CLAIM / SERVICE REPORT

Provider Name:	<u>XYZ Company, Inc.</u>	Provider's Claim Number:	<u>1012026</u>
Type of Contract (Master or SAN):	<u>Master</u>	Month/Year of Service:	<u>Jan-26</u>
Remittance Address:	<u>123 Gingerbread Lane</u> <u>Oakland CA, 94601</u>	Check One:	
		Original Submission	<u>X</u>
		Revised Submission	<u> </u>
Billing Contact Name:	<u>Donald Duck</u>	Phone Number:	<u>510-999-9999</u>
E-Mail:	<u>DisneyDonald@yahoo.org</u>	FAX Number:	<u> </u>

PROGRAM NAME:	Program #1								
PROGRAM NUMBER:	67QR								
	Units	Rate	Gross Claim	Units	Rate	Gross Claim	Units	Rate	Gross Claim
Outpatient Services/OS 1.0 (per minute) including Travel and documentation time	72,805.51	6.00	436,833.06		0.00	0.00		0.00	0.00
Clinician Consultation (per minute) including Travel and documentation time		20.00	0.00		0.00	0.00		0.00	0.00
Care Coordination NMN Assessment/Peer Support (per minute) including Travel	1,587.67	6.00	7,938.35		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
Total Services - Actual Cost Programs Only			0.00			0.00			0.00
Outreach & Engagement - Actual Cost	4,100.00		4,100.00			0.00			0.00
Other (must be specifically authorized in contract)			0.00			0.00			0.00

TOTAL GROSS CLAIM	448,871.41	0.00	0.00
LESS REVENUE:			
MEDICARE			
OTHER HEALTH COVERAGE			
OTHER REVENUE			
TOTAL REVENUE DEDUCTED	0.00	0.00	0.00
NET PROGRAM CLAIM	448,871.41	0.00	0.00

[Note: Use Claim-Page 2 if contract has more than three programs.](#)

Total Net Program Claim:	448,871.41
(Total of All Pages)	
Less Cash Advance Reimbursement:	
Payment Due:	448,871.41

I hereby attest that the information contained in this document accurately and truthfully reflects the costs incurred and revenue generated in the performance of the services as stated in the contract against which this claim is being made.	
Authorized Signature: _____	Date: _____
(must match CBO Signature Authorization form on file with ACBHD)	
Printed Name: _____	Title: _____
Rev. 07/1/2025	

Invoicing for Treatment Programs (Legacy)

Generating SmartCare Invoice Report

Residential/Day Service/24 Hours



Behavioral Health
Department
Alameda County Health

Run Date:
January 13, 2026 12:07
Created By:
Shukura Reynolds

Invoice Report

January 1, 2026 through January 31, 2026

Program #2 67TU

Invoice Category	Procedure Code ID	Procedure Code Name	Time (Minutes)	Time (hours)	Travel Time	Documentation Time	Units	Service Count
24 Hour Services	180	3.1 RES (H0019) Residential Day	797760	13296.00	0.00	0.00	554	554
	207	3.5 RES (H0019) Residential Day	325440	5424.00	0.00	0.00	226	226
		24 Hour Services Total	1123200	18720.00	0.00	0.00	780	780
Care Coordination	394	3.1 RES (T1017) Targeted Case Management, each 15 minutes	7207	120.12	0.00	15.50	485	87
	418	3.5 RES (T1017) Targeted Case Management, each 15 minutes	2405	40.08	0.00	5.33	162	31
		Care Coordination Total	9612	160.20	0.00	20.83	647	118
Total			1132812	18880.20	0.00	20.83	1427	898

This report is based on "Completed" Services only as of run date.

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Behavioral Health
Department
Alameda County Health

FY 25-26 Procurement Contract Exhibit B Attachment - Method and Rate of Reimbursement/Rate Sheet

Invoicing for Treatment Programs (Legacy) Residential/Day Service/24 Hours

Exhibit B-3 Method and Rate of Reimbursement						
Rate Sheet						
FY 24-27						
Provider Name: XYZ Company, Inc.						
Program	DMC #	Service	Maximum Funding	Reimbursement Method	Deliverables	Rate
FY 25/26						
Program #2	67TU		\$2,000,000			
Residential		ASAM 3.1		Provisional Rate	Bed Days	\$ 400.00
		ASAM 3.3		Provisional Rate	Bed Days	\$ 575.00
		ASAM 3.5		Provisional Rate	Bed Days	\$ 575.00
		Care Coordination, NMN Assessment, Peer Support Services		Provisional Rate	Minutes	\$ 5.00
		Clinician Consultation		Provisional Rate	Minute	\$ 25.00
		MAT Services		Provisional Rate	Minute	\$ 12.00



Run Date:
January 13, 2026 12:07
Created By:
Shukura Reynolds

Invoice Report

January 1, 2026 through January 31, 2026

Program #2 (67TU)

Invoice Category	Procedure Code ID	Procedure Code Name	Time (Minutes)	Time (hours)	Travel Time	Documentation Time	Units	Service Count
24 Hour Services	180	3.1 RES (H0019) Residential Day	797760	13296.00	0.00	0.00	554	554
	207	3.5 RES (H0019) Residential Day	325440	5424.00	0.00	0.00	226	226
	24 Hour Services Total		1123200	18720.00	0.00	0.00	780	780
Care Coordination	394	3.1 RES (T1017) Targeted Case Management, each 15 minutes	7207	120.12	0.00	15.50	485	87
	418	3.5 RES (T1017) Targeted Case Management, each 15 minutes	2405	40.08	0.00	5.33	162	31
	Care Coordination Total		9612	160.20	0.00	20.83	647	118
Total			1132812	18880.20	0.00	20.83	1427	898

This report is based on "Completed" Services only as of run date.



INVOICING for Treatment Programs (Legacy)

Residential/Day Service/24 Hours

Page 1 of 2

**ALAMEDA COUNTY HEALTH BEHAVIORAL HEALTH DEPARTMENT
BEHAVIORAL HEALTH PROGRAMS
PROVIDER CLAIM / SERVICE REPORT**

Provider Name: <u>XYZ Company, Inc.</u>	Provider's Claim Number: <u>1012026</u>
Type of Contract (Master or SAN): <u>Master</u>	Month/Year of Service: <u>Jan-26</u>
Remittance Address: <u>123 Gingerbread Lane</u> <u>Oakland CA, 94601</u>	Check One: Original Submission <input checked="" type="checkbox"/> <u>X</u> Revised Submission <input type="checkbox"/>
Billing Contact Name: <u>Donald Duck</u>	Phone Number: <u>510-999-9999</u>
E-Mail: <u>DisneyDonald@yahoo.org</u>	FAX Number: _____

PROGRAM NAME: PROGRAM NUMBER:	Program #1			Program #2					
	Units	Rate	Gross Claim	Units	Rate	Gross Claim	Units	Rate	Gross Claim
Outpatient Services/OS 1.0 (per minute) Including Travel and documentation time	72,805.51	6.00	436,833.06		0.00	0.00		0.00	0.00
Clinician Consultation (per minute) Including Travel and documentation time		20.00	0.00		25.00	0.00		0.00	0.00
Care Coordination NMN Assessment/Peer Support (per minute) Including Travel and documentation time	1,587.67	5.00	7,938.35	9,612.00	5.00	48,060.00		0.00	0.00
Residential 3.1 Bed Day (per client day)		0.00	0.00	554.00	400.00	221,600.00		0.00	0.00
Residential 3.3 Bed Day (per client day)		0.00	0.00		575.00	0.00		0.00	0.00
Residential 3.5 Bed Day (per client day)		0.00	0.00	226	575.00	129,950.00		0.00	0.00
MAT Services (per minute), Including Travel and documentation time		0.00	0.00		12.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
Total Services - Actual Cost Programs Only			0.00			0.00			0.00
Outreach & Engagement - Actual Cost	4,100.00		4,100.00			0.00			0.00
Other (must be specifically authorized in contract)			0.00			0.00			0.00

TOTAL GROSS CLAIM	448,871.41	399,610.00	0.00
LESS REVENUE:			
MEDICARE			
OTHER HEALTH COVERAGE			
OTHER REVENUE			
TOTAL REVENUE DEDUCTED	0.00	0.00	0.00
NET PROGRAM CLAIM	448,871.41	399,610.00	0.00

[Note: Use Claim-Page 2 if contract has more than three programs.](#)

Total Net Program Claim: 848,481.41
(Total of All Pages)

Less Cash Advance Reimbursement: _____

Payment Due: 848,481.41

If the program is **rate-based**, enter the “**Time (Minutes)**” for Outpatient service categories and use the “**Units**” column for the Residential Bed Days. The claim form will calculate the total amount in the Gross Claim column.



Run Date:
January 13, 2026 12:07
Created By:
Shukura Reynolds

Invoice Report

January 1, 2026 through January 31, 2026

Program #2 (67TU)

Invoice Category	Procedure Code ID	Procedure Code Name	Time (Minutes)	Time (hours)	Travel Time	Documentation Time	Units	Service Count
24 Hour Services	180	3.1 RES (H0019) Residential Day	797760	13296.00	0.00	0.00	554	554
	207	3.5 RES (H0019) Residential Day	325440	5424.00	0.00	0.00	226	226
		24 Hour Services Total	1123200	18720.00	0.00	0.00	780	780
Care Coordination	394	3.1 RES (T1017) Targeted Case Management, each 15 minutes	7207	120.12	0.00	15.50	485	87
	418	3.5 RES (T1017) Targeted Case Management, each 15 minutes	2405	40.08	0.00	5.33	162	31
		Care Coordination Total	9612	160.20	0.00	20.83	647	118
Total			1132812	18880.20	0.00	20.83	1427	898

This report is based on “**Completed**” Services only as of run date.

Invoicing for Treatment Programs (Legacy)

Residential/Day Service/24 Hours

PROVIDER CLAIM / SERVICE REPORT									
Provider Name: XYZ Company, Inc.					Provider's Claim Number: 1012026				
Type of Contract (Master or SAN): Master					Month/Year of Service: Jan-26				
Remittance Address: 123 Gingerbread Lane Oakland CA, 94601					Check One: Original Submission X Revised Submission				
Billing Contact Name: Donald Duck					Phone Number: 510-999-9999				
E-Mail: DisneyDonald@yahoo.org					FAX Number:				
PROGRAM NAME:		Program #1			Program #2				
PROGRAM NUMBER:		67QR			67TU				
		Units	Rate	Gross Claim	Units	Rate	Gross Claim	Units	Rate
Outpatient Services/OS 1.0 (per minute) Including Travel and doc		72,805.51	6.00	436,833.06		0.00	0.00		0.00
Clinician Consultation (per minute) Including Travel and doc			20.00	0.00		25.00	0.00		0.00
Care Coordination NMN Assessment/Peer Support (per minute)		1,587.67	5.00	7,938.35	=9612*20.83	48,164.15	0.00	0.00	0.00
Residential 3.1 Bed Day (per client day)			0.00	0.00	554.00	400.00	221,600.00	0.00	0.00
Residential 3.3 Bed Day (per client day)			0.00	0.00		575.00	0.00	0.00	0.00
Residential 3.5 Bed Day (per client day)			0.00	0.00	226.00	575.00	129,950.00	0.00	0.00
MAT Services (per minute), Including Travel and documentation			0.00	0.00		12.00	0.00	0.00	0.00
			0.00	0.00		0.00	0.00	0.00	0.00
			0.00	0.00		0.00	0.00	0.00	0.00
Total Services - Actual Cost Programs Only				0.00			0.00		0.00
Outreach & Engagement - Actual Cost		4,100.00		4,100.00			0.00		0.00
Other (must be specifically authorized in contract)				0.00			0.00		0.00
TOTAL GROSS CLAIM				448,871.41			399,714.15		0.00
LESS REVENUE:									
MEDICARE									
OTHER HEALTH COVERAGE									
OTHER REVENUE									
TOTAL REVENUE DEDUCTED				0.00			0.00		0.00
NET PROGRAM CLAIM				448,871.41			399,714.15		0.00
Note: Use Claim-Page 2 if contract has more than three programs.					Total Net Program Claim: 848,585.56				
					Less Cash Advance Reimbursement:				
					Payment Due: 848,585.56				



Run Date:
January 13, 2026 12:07
Created By:
Shukura Reynolds

Invoice Report

January 1, 2026 through January 31, 2026

Program #2 67TU

Invoice Category	Procedure Code ID	Procedure Code Name	Time (Minutes)	Time (hours)	Travel Documentation		Units	Service Count
					Time	Time		
24 Hour Services	180	3.1 RES (H0019) Residential Day	797760	13296.00	0.00	0.00	554	554
	207	3.5 RES (H0019) Residential Day	325440	5424.00	0.00	0.00	226	226
		24 Hour Services Total	1123200	18720.00	0.00	0.00	780	780
Care Coordination	394	3.1 RES (T1017) Targeted Case Management, each 15 minutes	7207	120.12	0.00	15.50	485	87
	418	3.5 RES (T1017) Targeted Case Management, each 15 minutes	2405	40.08	0.00	5.33	162	31
		Care Coordination Total	9612	160.20	0.00	20.83	647	118
Total			1132812	18880.20	0.00	20.83	1427	898

This report is based on "Completed" Services only as of run date.

Page 1 of 1

Enter Travel Time and Documentation Time, when applicable.



INVOICING for Treatment Programs (Legacy)

Provider Claim/Service Report (Invoice) Template and instructions

Residential/Day Service/24 Hours

PROVIDER CLAIM / SERVICE REPORT									
Provider Name: <u>XYZ Company, Inc.</u>					Provider's Claim Number: <u>1012026</u>				
Type of Contract (Master or SAN): <u>Master</u>					Month/Year of Service: <u>Jan-26</u>				
Remittance Address: <u>123 Gingerbread Lane</u> <u>Oakland CA, 94601</u>					Check One: Original Submission <input checked="" type="checkbox"/> X Revised Submission <input type="checkbox"/>				
Billing Contact Name: <u>Donald Duck</u>					Phone Number: <u>510-999-9999</u>				
E-Mail: <u>DisneyDonald@yahoo.org</u>					FAX Number:				
PROGRAM NAME:		Program #1			Program #2				
PROGRAM NUMBER:		67QR			67TU				
	Units	Rate	Gross Claim	Units	Rate	Gross Claim	Units	Rate	Gross Claim
Outpatient Services/OS 1.0 (per minute) Including Travel and documentation time	72,805.51	6.00	436,833.06		0.00	0.00		0.00	0.00
Clinician Consultation (per minute) Including Travel and documentation time		20.00	0.00		25.00	0.00		0.00	0.00
Care Coordination NMN Assessment/Peer Support (per minute) Including Travel	1,587.67	5.00	7,938.35	9,632.83	5.00	48,164.15		0.00	0.00
Residential 3.1 Bed Day (per client day)		0.00	0.00	554.00	400.00	221,600.00		0.00	0.00
Residential 3.3 Bed Day (per client day)		0.00	0.00		575.00	0.00		0.00	0.00
Residential 3.5 Bed Day (per client day)		0.00	0.00	226.00	575.00	129,950.00		0.00	0.00
MAT Services (per minute), Including Travel and documentation time		0.00	0.00		12.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
Total Services - Actual Cost Programs Only			0.00			0.00			0.00
Outreach & Engagement - Actual Cost	4,100.00		4,100.00			0.00			0.00
Other (must be specifically authorized in contract)			0.00			0.00			0.00
TOTAL GROSS CLAIM			448,871.41	399,714.15			0.00		
LESS REVENUE:									
MEDICARE									
OTHER HEALTH COVERAGE									
OTHER REVENUE									
TOTAL REVENUE DEDUCTED			0.00	0.00			0.00		
NET PROGRAM CLAIM			448,871.41	399,714.15			0.00		

If the “reimbursement method” is “**actual cost**,” list the total actual costs for the month on the applicable line of the claim form.

Invoicing for Treatment Programs (Legacy)

Provider Claim/Service Report (Invoice) Template and instructions

Residential/Day Service/24 Hours

Page __1__ of __2__

ALAMEDA COUNTY HEALTH BEHAVIORAL HEALTH DEPARTMENT
BEHAVIORAL HEALTH PROGRAMS
PROVIDER CLAIM / SERVICE REPORT

Provider Name:
XYZ Company, Inc.

Type of Contract (Master or SAN):
Master

Remittance Address:
123 Gingerbread Lane
Oakland CA, 94601

Billing Contact Name:
Donald Duck

E-Mail:
DisneyDonald@yahoo.org

Provider's Claim Number:
1012026

Month/Year of Service:
Jan-26

Check One:
Original Submission X
Revised Submission _____

Phone Number:
510-999-9999

FAX Number:

PROGRAM NAME: PROGRAM NUMBER:	Program #1			Program #2					
	Units	Rate	Gross Claim	Units	Rate	Gross Claim	Units	Rate	Gross Claim
Outpatient Services/OS 1.0 (per minute) Including Travel and documentation time	72,805.51	6.00	436,833.06	0.00	0.00	0.00	0.00	0.00	0.00
Clinician Consultation (per minute) Including Travel and documentation time		20.00	0.00		25.00	0.00		0.00	0.00
Care Coordination NMN Assessment/Peer Support (per minute) Including Travel and documentation time	1,587.67	5.00	7,938.35	9,632.83	5.00	48,164.15		0.00	0.00
Residential 3.1 Bed Day (per client day)		0.00	0.00	554.00	400.00	221,600.00		0.00	0.00
Residential 3.3 Bed Day (per client day)		0.00	0.00		575.00	0.00		0.00	0.00
Residential 3.5 Bed Day (per client day)		0.00	0.00	226.00	575.00	129,950.00		0.00	0.00
MAT Services (per minute), Including Travel and documentation time		0.00	0.00		12.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
		0.00	0.00		0.00	0.00		0.00	0.00
Total Services - Actual Cost Programs Only			0.00			0.00			0.00
Outreach & Engagement - Actual Cost	4,100.00		4,100.00			0.00			0.00
Other (must be specifically authorized in contract)			0.00			0.00			0.00
TOTAL GROSS CLAIM			448,871.41			399,714.15			0.00
LESS REVENUE:									
MEDICARE						500.00			
OTHER HEALTH COVERAGE						300.00			
OTHER REVENUE									
TOTAL REVENUE DEDUCTED			0.00			800.00			0.00
NET PROGRAM CLAIM			448,871.41			398,914.15			0.00

Note: Use Claim-Page 2 if contract has more than three programs.

Total Net Program Claim:
(Total of All Pages)
847,785.56

Less Cash Advance Reimbursement:

Payment Due:
847,785.56

I hereby attest that the information contained in this document accurately and truthfully reflects the costs incurred and revenue generated in the performance of the services as stated in the contract against which this claim is being made.

Authorized Signature:

(must match CBO Signature Authorization form on file with ACBHD)

Date:

Printed Name:

Title:

Rev. 07/1/2025

Submit Claims to Accounts Payable (AP) – ACBHD

- **Reminder – This is a restructured process between:**
 - Accounts Payable (AP) – ACBHD
 - Disbursement Division – Alameda County Auditor – Controller’s office
- **Submit claims/questions to the AP Unit at:**
CBOPayment@acgov.org
 - Always copy your fiscal contract manager
- **CalWORKS/Grant program invoices due** – 10 Days after end of service month, or by earlier Grant deadline if communicated by ACBHD
- Templates, we will follow up with a communication around how to receive Provider Claim templates.
- Current insurance on file; Exhibit C must be current, or there will be an issue getting your voucher processed.



Payment Transformation – Moving towards FFS (Invoice Report by Practitioner Type)

Spring Provider Meeting Fiscal Refresh

- **Full-Service Partnership (FSP), Mental Health Plan (MHP) FFS and Opioid Treatment Program (OTP) Pilots**
 - In FSP, MHP FFS and OTP Services-As-Needed (SAN) Pools
 - FFS Rates – By Service Modality (FSPs); By CPT Code (MHP FFS and OTPs)
 - Cost Settlement not required for Medi-Cal Treatment
- **Early adoption for School-Linked Services (SLS) and MHP FFS CBOs**
 - Additional SAN Pool will be created for FY 25-26 (4 SLS providers, 6 MHP FFS)
 - FFS Rates by CPT Code
 - Cost Settlement not required for Medi-Cal Treatment

FY 25-26 Procurement Contract Exhibit B Attachment - Method and Rate of Reimbursement/Rate Sheet

Invoicing for Treatment Programs (By Practitioner)

- On June 24, 2025, a memo was issued with the updated FY 25-26 OTP Rates.
- BDH recommends working internally with your agency's Fiscal Manager to obtain a copy of the Memos Attachment "A".
- The Attachment "A" is needed to complete the Provider Claim form.
- Review the Attachment "A".
- OTP Providers will be required to use the SmartCare Invoice Report – Practitioner (My Office).

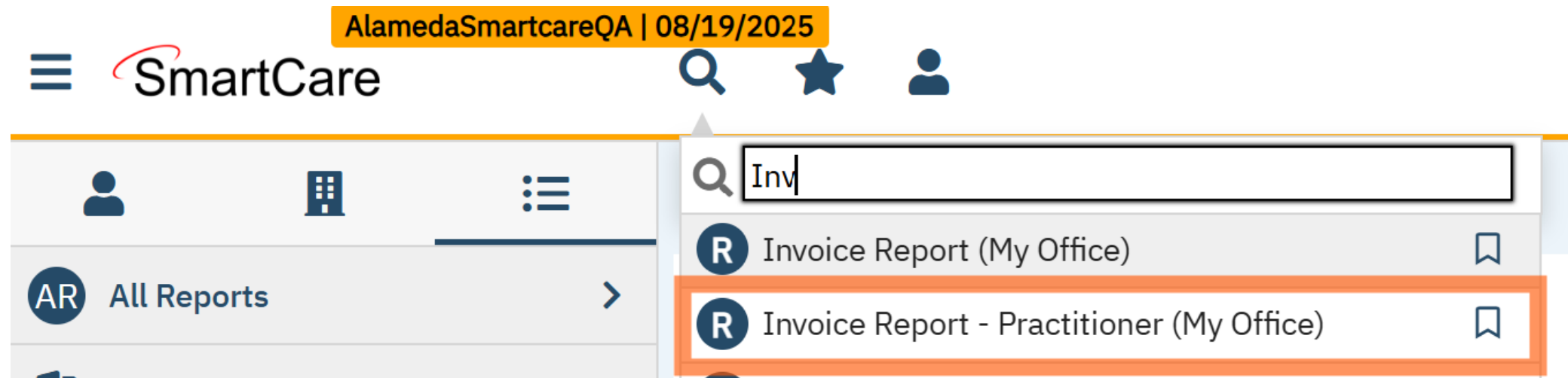
ATTACHMENT A

SUBSTANCE USE (SU) CONTRACT RATES		
Opioid Treatment Program Rates Effective July 1, 2025		
	Unit of Service (UOS)	FY 2025-26
Regular DMC - OTP		
OTP - Methadone	Daily	\$21.37
OTP - Bup-Naloxone- Combo Film (Subox.)	Daily	\$31.06
OTP - Bup-Naloxone Combo Tablets (Subox.)	Daily	\$34.89
OTP - Buprenorphine (Bup) Mono	Daily	\$32.45
OTP - Disulfiram	Daily	\$12.39
OTP - Bup Injectable (Sublocade)	Each	\$2,161.86
OTP - Naltrexone Injectable (Vivitrol)	Each	\$2,361.35
OTP - Naloxone HCL - 2 pack (Generic)	Each	\$112.72
OTP - Naloxone HCL - 2 pack (Narcan)	Each	\$153.83
OTP - Individual Counseling (SUD Counselor)	15-minute increment	\$39.01
OTP - Group Counseling (SUD Counselor)	15-minute increment	\$8.67
Care Coordination (SUD Counselor)	15-minute increment	\$39.01
OTP - Individual Counseling (LPHA)	15-minute increment	\$47.03
OTP - Group Counseling (LPHA)	15-minute increment	\$10.45
Care Coordination (LPHA)	15-minute increment	\$47.03
Perinatal DMC - OTP		
OTP - Methadone	Daily	\$32.83
OTP - Bup-Naloxone Film (Subox.)	Daily	\$43.20
OTP - Bup-Naloxone Tablets (Subox.)	Daily	\$47.02
OTP - Buprenorphine (Bup) Mono	Daily	\$43.92
OTP - Disulfiram	Daily	\$12.59
OTP - Bup Injectable (Sublocade)	Each	\$2,161.86
OTP - Naltrexone Injectable (Vivitrol)	Each	\$2,361.35
OTP - Naloxone HCL - 2 pack (Generic)	Each	\$112.72
OTP - Naloxone HCL - 2 pack (Narcan)	Each	\$153.83
OTP - Individual Counseling (SUD Counselor)	15-minute increment	\$48.76
OTP - Group Counseling (SUD Counselor)	15-minute increment	\$10.84
Care Coordination (SUD Counselor)	15-minute increment	\$48.76
OTP - Individual Counseling (LPHA)	15-minute increment	\$58.79
OTP - Group Counseling (LPHA)	15-minute increment	\$13.07
Care Coordination (LPHA)	15-minute increment	\$58.79

Invoicing for Treatment Programs (By Practitioner)

Generating SmartCare Invoice Report



- Log in to the SmartCare system
- Once in SmartCare, search for the Invoice report by typing “Invoice” into the search bar
 - **NOTE:** By typing the first three characters, the drop-down list will begin to populate
- Select the report titled “**Invoice Report - Practitioner (My Office)**”



Invoicing for Treatment Programs (By Practitioner)

Generating SmartCare Invoice Report

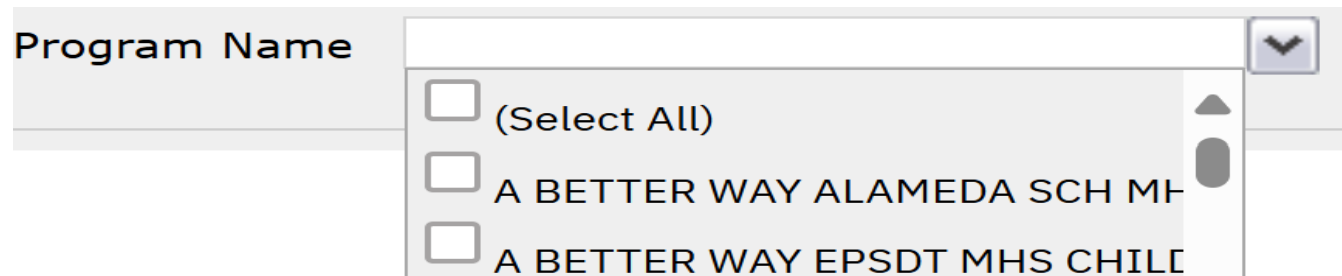
- The report pop-up box will populate in a new window
- Complete the report filters.
 - Add Start and End date.
 - For monthly Provider Claims, the date range should be for the entire service month.
 - Example, for the service period January 2026, the start and end dates will be 01/01/2026-01/31/2026.

Start Date	<input type="text" value="01/01/2026"/>		End Date	<input type="text" value="01/31/2026"/>	
------------	---	---	----------	---	---

Invoicing for Treatment Programs (By Practitioner)

- **Generating SmartCare Invoice Report**

- Select the Program
 - To select programs, place a ☒ check next to the program name in the drop-down list.
 - Providers are limited to access to the Programs within their applicable CDAG permissions.
 - Providers can select as many programs as needed; there is no selection limit in the program list; however, please note that the larger the file, the longer it may take to generate.



- Select View Report in the right-hand corner of the pop-up window

View Report

Invoicing for Treatment Programs (By Practitioner)

Generating SmartCare Invoice Report



Run Date:
January 13, 2026 15:44
Created By:
Shukura Reynolds

Invoice Report By Practitioner

January 1, 2026 through January 31, 2026

Program OTP (564789)

Practitioner	Procedure Code ID	Procedure Code Name	Time (hours)	Travel Time	Documentation Time	Units	Billable Minutes	Service Count
Certified AOD Counselor	356	OTP/NTP (H0004) Ind. Counseling/Therapy, 15 min.	152.80	0.00	0.00	606	9,090	333
	508	OTP/NTP (T1017) Targeted Case Management	3.28	0.00	0.00	15	225	14
	Certified AOD Counselor Total		156.08	0.00	0.00	621	9,315	347
Marriage and Family Therapist	356	OTP/NTP (H0004) Ind. Counseling/Therapy, 15 min.	39.08	0.00	0.00	153	2,295	66
	508	OTP/NTP (T1017) Targeted Case Management	0.98	0.00	0.00	4	60	2
	Marriage and Family Therapist Total		40.06	0.00	0.00	157	2,355	68
Professional Clinical Counselor	356	OTP/NTP (H0004) Ind. Counseling/Therapy, 15 min.	30.88	0.00	0.00	122	1,830	57
	508	OTP/NTP (T1017) Targeted Case Management	4.40	0.00	0.00	18	270	5
	Professional Clinical Counselor Total		35.28	0.00	0.00	140	2,100	62
Social Worker	508	OTP/NTP (T1017) Targeted Case Management	0.17	0.00	0.00	1	15	1
	Social Worker Total		0.17	0.00	0.00	1	15	1
Day Services	359	OTP/NTP (H0020) Methadone Dosing	0.00	0.00	0.00	6,297	0	6,297
	374	S5001 (BRAN) NALOX 4MG NASAL SPRAY-NDC 69547035302	0.00	0.00	0.00	6	0	6
	378	S5001(BRAN) BUPREN COMBO 8-2MG-NDC 00054018913	0.00	0.00	0.00	160	0	160
	Day Services Total		0.00	0.00	0.00	6,463	0	6,463
Total			231.59	0.00	0.00	7,382	13,785	6,941

This report is based on "Completed" Services only as of run date

Invoicing for Treatment Programs (By Practitioner)

Review Provider Claim/Service Report (Invoice) Template and instructions


- After you generate your Invoice report and review it for completeness and accuracy, it is now time to fill in your service information on the ACBHD Provider Claim form.
- **Documents needed to complete Provider Claim Form-**
 - FY 25-26 Procurement Contract Exhibit B Attachment - Method and Rate of Reimbursement/Rate Sheet
 - SmartCare Invoice Report
 - EHR Service Reconciliation report
 - Actual Cost Statement of Activities/ Line Items details
 - Additional supporting documentation as required for Provider Claim reimbursement (as listed/ approved in the Procurement contract)
- **Complete your invoice template setup using the contract rate sheet-**
 - Complete the Unique claim fields and the Contact and Billing Information section
 - Once you have added your rates to your claim template
 - Enter the information as shown on the SmartCare Invoice Report

invoicing for Treatment Programs (By Practitioner)

Provider Claim/Service Report (Invoice) Template and instructions

ATTACHMENT A

SUBSTANCE USE (SU) CONTRACT RATES		
Opioid Treatment Program Rates Effective July 1, 2025		
	Unit of Service (UOS)	FY 2025-26
Regular DMC - OTP		
OTP - Methadone	Daily	\$21.37
OTP - Bup-Naloxone- Combo Film (Subox.)	Daily	\$31.06
OTP - Bup-Naloxone Combo Tablets (Subox.)	Daily	\$34.89
OTP - Buprenorphine (Bup) Mono	Daily	\$32.45
OTP - Disulfiram	Daily	\$12.39
OTP - Bup Injectable (Sublocade)	Each	\$2,161.86
OTP - Naltrexone Injectable (Vivitrol)	Each	\$2,361.35
OTP - Naloxone HCL - 2 pack (Generic)	Each	\$112.72
OTP - Naloxone HCL - 2 pack (Narcan)	Each	\$153.83
OTP - Individual Counseling (SUD Counselor)	15-minute increment	\$39.01
OTP - Group Counseling (SUD Counselor)	15-minute increment	\$8.67
Care Coordination (SUD Counselor)	15-minute increment	\$39.01
OTP - Individual Counseling (LPHA)	15-minute increment	\$47.03
OTP - Group Counseling (LPHA)	15-minute increment	\$10.45
Care Coordination (LPHA)	15-minute increment	\$47.03
Perinatal DMC - OTP		
OTP - Methadone	Daily	\$32.83
OTP - Bup-Naloxone Film (Subox.)	Daily	\$43.20
OTP - Bup-Naloxone Tablets (Subox.)	Daily	\$47.02
OTP - Buprenorphine (Bup) Mono	Daily	\$43.92
OTP - Disulfiram	Daily	\$12.59
OTP - Bup Injectable (Sublocade)	Each	\$2,161.86
OTP - Naltrexone Injectable (Vivitrol)	Each	\$2,361.35
OTP - Naloxone HCL - 2 pack (Generic)	Each	\$112.72
OTP - Naloxone HCL - 2 pack (Narcan)	Each	\$153.83
OTP - Individual Counseling (SUD Counselor)	15-minute increment	\$48.76
OTP - Group Counseling (SUD Counselor)	15-minute increment	\$10.84
Care Coordination (SUD Counselor)	15-minute increment	\$48.76
OTP - Individual Counseling (LPHA)	15-minute increment	\$58.79
OTP - Group Counseling (LPHA)	15-minute increment	\$13.07
Care Coordination (LPHA)	15-minute increment	\$58.79



Behavioral Health
Department
Alameda County Health

Run Date:
January 13, 2026 15:44
Created By:
Shukura Reynolds

Invoice Report By Practitioner

January 1, 2026 through January 31, 2026

Program OTP (564789)

Practitioner	Procedure Code ID	Procedure Code Name	Time (hours)	Travel Time	Documentation Time	Units	Billable Minutes	Service Count
Certified AOD Counselor	356	OTP/NTP (H0004) Ind. Counseling/Therapy, 15 min.	152.80	0.00	0.00	606	9,090	333
	508	OTP/NTP (T1017) Targeted Case Management	3.28	0.00	0.00	15	225	14
	Certified AOD Counselor Total		156.08	0.00	0.00	621	9,315	347
Marriage and Family Therapist	356	OTP/NTP (H0004) Ind. Counseling/Therapy, 15 min.	39.08	0.00	0.00	153	2,295	66
	508	OTP/NTP (T1017) Targeted Case Management	0.98	0.00	0.00	4	60	2
	Marriage and Family Therapist Total		40.06	0.00	0.00	157	2,355	68
Professional Clinical Counselor	356	OTP/NTP (H0004) Ind. Counseling/Therapy, 15 min.	30.88	0.00	0.00	122	1,830	57
	508	OTP/NTP (T1017) Targeted Case Management	4.40	0.00	0.00	18	270	5
	Professional Clinical Counselor Total		35.28	0.00	0.00	140	2,100	62
Social Worker	508	OTP/NTP (T1017) Targeted Case Management	0.17	0.00	0.00	1	15	1
	Social Worker Total		0.17	0.00	0.00	1	15	1
Day Services	359	OTP/NTP (H0020) Methadone Dosing	0.00	0.00	0.00	6,297	0	6,297
	374	S5001 (BRAN) NALOX 4MG NASAL SPRAY-NDC 69547035302	0.00	0.00	0.00	6	0	6
	378	S5001(BRAN) BUPREN COMBO 8-2MG-NDC 00054018913	0.00	0.00	0.00	160	0	160
	Day Services Total		0.00	0.00	0.00	6,463	0	6,463
Total			231.59	0.00	0.00	7,382	13,785	6,941

This report is based on "Completed" Services only as of run date

Page 1 of 1

Provider Claim/Service Report (Invoice) Template and instructions

If the program is OTP, enter the “**Units**” and the claim form will calculate the total amount in the Gross Claim column.



January 1, 2026 through January 31, 2026

Program OTP (564789)

This report is based on "Completed" Services only as of run date

Invoicing for Treatment Programs (By Practitioner)

Provider Claim/Service Report (Invoice) Template and instructions

Page __1__ of __2__

ALAMEDA COUNTY HEALTH BEHAVIORAL HEALTH DEPARTMENT
BEHAVIORAL HEALTH PROGRAMS
PROVIDER CLAIM / SERVICE REPORT

Provider Name:	OTP Company Inc.	Provider's Claim Number:	1012026
Type of Contract (Master or SAN):	SAN	Month/Year of Service:	Jan-26
Remittance Address:		Check One:	
456 Elm Street		Original Submission	X
San Leandro, CA, 94578		Revised Submission	
Billing Contact Name:	Roger Rabbit	Phone Number:	510-555-5555
E-Mail:	RogerRabbit@yahoo.org	FAX Number:	

PROGRAM NAME:				Program OTP					
PROGRAM NUMBER:				564789					
PRACTITIONER AND PROCEDURE CODE NAME				Units	Rate	Gross Claim	Units	Rate	Gross Claim
Regular DMC - OTP - Individual Counseling (SUD Counselor)				606.00	39.01	23,640.06			0.00
Regular DMC - OTP - Care Coordination (SUD Counselor)				15.00	39.01	585.15			0.00
Regular DMC - OTP - Individual Counseling (LPHA)				275.00	47.03	12,933.25			0.00
Regular DMC - OTP - Care Coordination (LPHA)				23.00	47.03	1,081.69			0.00
Regular DMC - OTP - Methadone				6,297.00	21.37	134,566.89			0.00
Regular DMC - OTP - Naloxone HCL - 2 pack (Narcan)				6.00	153.83	922.98			0.00
Regular DMC - OTP - Bup - Naloxone Combo Tablets (Subox.)				160.00	34.89	5,582.40			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
						0.00			0.00
Other (must be specifically authorized in contract)						0.00			0.00
						0.00			0.00
LAST HOURS ABOVE							LAST HOURS ABOVE		
Other (must be specifically authorized in contract)									
						0.00			0.00
						0.00			0.00
						0.00			0.00
TOTAL GROSS CLAIM						179,312.42			0.00
LESS REVENUE:									
MEDICARE									
OTHER HEALTH COVERAGE									
OTHER REVENUE									
TOTAL REVENUE DEDUCTED						0.00			0.00
NET PROGRAM CLAIM						179,312.42			0.00

Note: Use Claim-Page 2 if contract has more than three programs.
Note: The Fee-for-Service model does NOT include travel time or documentation time.

Total Net Program Claim:	179,312.42
(Total of All Pages)	
Less Cash Advance Reimbursement:	
Payment Due:	179,312.42

I hereby attest that the information contained in this document accurately and truthfully reflects the costs incurred and revenue generated in the performance of the services as stated in the contract against which this claim is being made.

Authorized Signature:	(must match CBO Signature Authorization form on file with ACBHD)	Date:	
Printed Name:		Title:	

Rev: 6/26/25

Submit Claims to Accounts Payable (AP) – ACBHD

- **Reminder – This is a restructured process between:**
 - Accounts Payable (AP) – ACBHD
 - Disbursement Division – Alameda County Auditor – Controller’s office
- **Submit claims/questions to the AP Unit at:**
CBOPayment@acgov.org
 - Always copy your fiscal contract manager
- **CalWORKS/Grant program invoices due** – 10 Days after end of service month, or by earlier Grant deadline if communicated by ACBHD
- Templates, we will follow up with a communication around how to receive Provider Claim templates.
- Current insurance on file; Exhibit C must be current, or there will be an issue getting your voucher processed.



Reconciling SmartCare Service Data

Clinician Gateway (CG) Users

CG users should be using the “Advanced Search” available from the Home screen to review notes in finalized status, which transfer into SmartCare each night during the nightly process.

To look up Finalized services for a given reporting unit, set For to "Services", Type to "Any", Status to "Finalized", and Date to whatever is needed (can be all time, a range of dates, a single date, etc).

Set the "at provider" dropdown to the reporting unit you need to look up. Once all dropdowns are set, click Search

Search Results

Search for:

For: Services Type: Any Status: Finalized Date: Anytime

at provider: HIGHLAND HOSPITAL ADULT OUTPAT (0109K0)

Search

You will land on the Search Results page, and similar to other results pages in CG you can adjust the sorting by clicking on the columns, expand the View to include more results per page, etc. You can also adjust your search parameters and click the Search button to re-do the search.

Service #	Client #	Client Name	Provider	Date	Status	Template	Procedure	Type
6470041			HIGHLAND HOSPITAL AD...		Finalized	Diagnosis		Document
6469001			HIGHLAND HOSPITAL AD...		Finalized	Progress Note	OS (90791) Psy. Diag. E...	Individual
6288338			HIGHLAND HOSPITAL AD...		Finalized	Progress Note	OS (90785) Interactive ...	Individual
6469002			HIGHLAND HOSPITAL AD...		Finalized	Progress Note	OS (90849) Multi-Famil...	Individual
6470005			HIGHLAND HOSPITAL AD...		Finalized	Progress Note	OS (98966 - 98968) Pho...	Individual
6470010			HIGHLAND HOSPITAL AD...		Finalized	Progress Note	OS (96160) Admin. of F...	Individual
6469003			HIGHLAND HOSPITAL AD...		Finalized	Progress Note	OS (98368) MedTeam C...	Individual
6469004			HIGHLAND HOSPITAL AD...		Finalized	Progress Note	OS (98966 - 98968) Pho...	Individual
6287660			HIGHLAND HOSPITAL AD...		Finalized	Progress Not...	OS (H0005) SUD Group...	Group
6287665			HIGHLAND HOSPITAL AD...		Finalized	Progress Not...	OS (H0005) SUD Group...	Group

View: 10

<< First < Prev 1 2 3 4 5 6 7 8 9 10 Next > Last >>

During the Nightly process, some services can be rejected and will return to Clinicians Gateway in draft status. Rejected services can be found in the Pending Services list on the homepage in CG. Providers must revise rejected services for resubmission into SmartCare.

Notes Client Shortcuts

Pending Services 78 Results

Svc #	Gsr #	Client #	Client Name	Provider	Date	Template	Procedure	Sort	Reviewer
2625069		75087772	TEST, CINDYTWO	9999CG - CLINIC...	8/9/2016	Clinician P...	311 Collateral	Approved	
2688908		75130257	TESTY, CINDY	9999CG - CLINIC...	10/12/2016	Vocational	581 Plan Dev...	Draft	
2813228		75087772	TEST, CINDYTWO	9999CG - CLINIC...	2/14/2017	Guidance ...	377 90839 Cri...		
2976647				01PH3 - AHS API...	7/12/2017	UERP	699 Other Acti...	Error	
2991264		75087772	TEST, CINDYTWO		7/26/2017	Refer Create			
3353046	28617	75087772	TEST, CINDYTWO	9999CG - CLINIC...	3/29/2018	Clinician P...	391 Group Re...	Wait	Petero...

Reconciling SmartCare Service Data

Services (My Office) - List Page

SmartCare's built-in reporting tool which allows providers to toggle and filter on various service entry required fields and research service data as it is entered into SmartCare.

County of Alameda | 06/21/2023

SmartCare

Services

Services (My Office)

Services (Client)

es by Pa

Services (0)

All ServicesAll Service StatusesInclude Do Not CompleteAll ProgramsFinancial Assignment...All LocationsAll Procedure CodesAll ClinicianAll Service Entry StaffAll Service AreasService IdEntered FromEntered ToDOS From08/21/2025DOS To08/21/2025

☒ Include Services created from Claims☐ Only include Services with Add On Codes☐ Only show Non-Billable Services☒ Show Only Active Clients

Client NameOrganizational Hierarchy...All Primary PayersSelf-Pay Clients

Apply Filter

Select: All, All on Page, None

Client Name	DOS	Units	Charge (Rate Id)	Procedure	Status	Clinician	Program	Location	Comment	Failure to Complete Reason(s)	Add On Codes
No data to display											

System Update – SmartCare Service Entry Reminder

- **Smart Care Service Entry**

- FY 24-25 deadlines
- FY 25-26 Standard deadlines

Service Month	Service Data Entry Due Date
July 2025	August 31, 2025
August 2025	September 30, 2025
September 2025	October 31, 2025
October 2025	November 30, 2025
November 2025	December 31, 2025
December 2025	January 31, 2026
January 2026	February 28, 2026
February 2026	March 31, 2026
March 2026	April 30, 2026
April 2026	May 31, 2026
May 2026	June 30, 2026
June 2026	July 31, 2026



Service Month	Service Data Entry Due Date
July 2024	January 17, 2025
August 2024	February 7, 2025
September 2024	February 28, 2025
October 2024	March 21, 2025
November 2024	April 11, 2025
December 2024	May 2, 2025
January 2025	May 23, 2025
February 2025	June 6, 2025
March 2025	June 20, 2025
April 2025	July 4, 2025
May 2025	July 18, 2025
June 2025	August 1, 2025

Service Errors and Warnings

SmartCare System Setup Requirements for Successful Service Entry

To ensure successful Service Entry in SmartCare, the below factors and requirements should be validated before you begin to record services. These requirements include:

- Programs (previously known as Reporting Units) must be set up in SmartCare.
- Procedures codes must be setup in SmartCare.
 - The Clinical Staff license/degree (previously known as discipline) – will determine what procedure codes can be selected.
- SmartCare Staff Accounts
 - The clinical staff providing the services must have a SmartCare staff account, with appropriate permissions and be linked to the program.
 - The data entry staff entering the services must have a SmartCare staff account and be linked to the program.
 - Clinical Staff must have the correct license/degree for service entry in SmartCare.
NOTE: Staffing license/degree changes for successful service entry can be reported via the Staff E-form.
- Client Registration and Program Enrollment (formerly known as episodes)
 - Clients must be Registered and Enrolled (formerly known as opening an episode) in the Program(s) you are entering services for.
NOTE: For program updates and/or changes please contact the HIS Support desk for assistance.
 - Clients must have a SmartCare Diagnosis document on file within the program enrollment period updated with the diagnosis information as it pertains to the service provided.

Service Errors and Warnings

- Review the Services (My office) list page daily and address services in error status.
- Common Provider errors
 - Billing Diagnosis
 - Unable to find matching rate
 - Authorization required
- Ensure your SmartCare staff information is up to date.
- Completing E-forms with accuracy and completeness.

Common Service Entry Validation Errors

Here are some frequently encountered validation errors during Service Entry and Completion Processing:

Error Type ID	Service Completion Error and Warning Messages
4401	This procedure requires a clinician to be specified for the service.
4403	Unable to find a matching rate for the selected procedure.
4404	Billing diagnosis required for completing the service
4406	Authorization is required
4407	Auth requested but not approved
4410	Financial information has not been completed for this client.
4411	Duration does not match DateTime In/DateTime Out.
4412	End Date does not equal Start Date.
4413	Duration cannot be negative.
4414	Service Date/Time does not match Time In/Time Out.
11127444	Please enter valid Start Time
11127445	Please enter valid Duration
11127446	Please enter valid End Time
11134507	Pregnancy Indicator is required
11134508	Pregnancy Indicator does not match the value set on the Claim.
11134509	Emergency Indicator cannot be set as "No"
11136057	Pregnancy Indicator cannot be set as "No" or "N/A"

Questions & Answers



ACBHD Tools and Resources

- **Provider Website:** [Home, News | ACBH Providers Website \(acbhcs.org\)](https://acbhcs.org)
 - [SmartCare | ACBD Providers Website](#)
 - [QA Manual](#)
 - [QA Memos and Notices](#)
 - [DHCS MedCCC - Library](#)

Provider Questions: Other Resources

Responses to Questions and Invoice Report Support

Presentation and handouts will also be posted online

SUD Office Hours

SUD Office Hours

Tuesday & Thursday - 2:00pm - 2:45pm

Please click the attached link to join the call.

[Click here to join the meeting](#)

Meeting ID: 276 834 654 776

Passcode: Gs2c8Vp3

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 415-915-3950,,35609093#](#) United States, San Francisco

[\(888\) 715-8170,,35609093#](#) United States (Toll-free)

ACBHD Help Desk: HCSASupport@acgov.org

ACBH – Information Systems

Help Desk Phone #: (510) 567-8181

M – F: 8:30 am to 5:00 pm

FAX #: (510) 567-8161

E-Mail: HIS@acgov.org

Billing and Benefits Support:

(800) 878-1313 BBS Customer Service Line

(888) 346-0605 Medi-Cal Eligibility Help Desk

