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## - MEMORANDUM -

DATE: July 7, 2023

TO: Alameda County Behavioral Health (ACBH) Specialty Mental Health Service (SMHS) and Drug

Medi-Cal Organized Delivery System (DMC-ODS) Providers

Torfeh Rejali, LMFT, Quality Assurance Division Director

Brion Phipps, LCSW, Interim Associate Quality Assurance Administrator

SUBJECT: SmartCare and Payment Reform Quick Reference Guide, Update to SmartCare Workarounds

and Paper Versions of Clinical Note Templates

The purpose of this memo is to share new resources with providers, including a SmartCare and Payment Reform Quick Reference Guide, an update regarding one of the recommended workarounds while SmartCare is not live and paper versions of clinical note templates.

## **Background**

FROM:

Beginning July 1, 2023, the Department of Health Care Services (DHCS) California Advancing, and Innovating Medi-Cal (CalAIM) Payment Reform initiative will change the way county behavioral health plans claim and obtain federal reimbursement. Changes related to Provider Billing involve transitioning from the use of Healthcare Common Procedure Coding System (HCPC) codes to Current Procedural Terminology (CPT) Codes. HCPC codes will continue to be used for non-clinical services and services provided by non-licensed staff.

Also, effective July 1, 2023, ACBH planned to launch a new billing system, SmartCare, to replace InSyst and eCura. Due to system issues, the SmartCare implementation was temporarily paused requiring providers to implement workarounds related to documentation of services.

# SmartCare and Payment Reform Quick Reference Guide

To prepare providers for Payment Reform, including transition to CPT code billing, and SmartCare launch, ACBH has published multiple memos, reference guides and training links over the last few months. Given the volume of information that has been and continues to be shared, a Quick Reference Guide was created as a one-stop-shop, providing relevant information related to SmartCare and Payment Reform, links to helpful internal and external resources and training documents and a summary of flexibilities that ACBH has rolled out to support providers with these significant changes.

The document is posted on the <u>SmartCare</u> webpage, in the Announcements section on the top of the page and is called <u>SmartCare</u> and <u>Payment Reform Quick Reference Guide</u>. As this guide is frequently updated to include new critical information, the link provided in this memo, takes users to the <u>SmartCare</u> page where the latest addition of the document can be found.

### Clinical Templates and Documentation Workarounds While CG-SmartCare and SmartCare are on Pause

As noted in the recent <u>ACBH memo</u>, published on July 5<sup>th</sup>, 2023, the SmartCare system implementation was temporarily paused for both the mental health (MH) and SUD systems. Specific workarounds were described in







the memo, including the option to use Word versions of clinical templates until the systems go live. Clinical templates for both MH and SUD providers can be found on the <a href="SmartCare">SmartCare</a> webpage, in the Announcements section.

One of the workaround options recommended in the memo was for providers who use CG, to enter DRAFT notes into the Legacy CG platform, making sure to include the following information somewhere in the note: Start time, Direct Service Time, Travel Time, Documentation Time, the Mode of Delivery, and diagnosis specific to the service. Then copy and paste the note into CG-SmartCare once it is launched.

**NEW INFORMATION**: The ACBH Information Services team has been working diligently behind the scenes to make the workarounds less cumbersome for providers. At this time, they believe it is likely that they will be able to import the content in the body of the Legacy CG DRAFT notes into the CG-SmartCare automatically. However, since the billing information in CG-SmartCare is not an exact match to that in the Legacy CG-InSyst based forms, the following information would still need to be manually updated and/or added to the notes by the providers: Primary and add on codes, time fields, location, mode of delivery and diagnosis. Providers should consider this new information when choosing the best option for capturing information while the systems are on pause

#### **Action Required**

Please communicate this information to your staff as appropriate.

We appreciate your patience and flexibility while we work through the challenges related to these transitions.

For all QA-related questions, please contact QATA@acgov.org.

