



# SMARTCARE & PAYMENT REFORM REFERENCE GUIDE

Alameda County Behavioral Health Care Services

July 2023



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# SmartCare

## System Access

### ***Clinical Staff Taxonomy Information***

Due to new CalAIM rules, all clinical staff discipline/taxonomy code must be verified as this will determine the procedure codes they can use to bill for services. Providers were asked to submit information for their *clinical staff* in batch through an Active Staff Roster, verifying their discipline/taxonomy codes by June 21, 2023. This information allowed the developers to link staff to appropriate procedure codes based on their clinical credentials/discipline.

The opportunity for submitting clinical staff information using the batch process is no longer available. If updates are needed, providers should follow the standard process by using the Staff Number e-form accessible through the [Citrix Portal](#).

### ***SmartCare System Access Issues***

The SmartCare PROD live link will be published at midnight on go live date in ACBH Web Portal: <https://go.bhcsportal.org>. Clinical and non-clinical staff are encouraged to review [MHS SC Mini Manual Walkthrough\\_v.5](#) or [SUD SC Mini Manual Walkthrough\\_v.1](#) to understand how SmartCare uses their ACBH network credentials to authorize login.

Following system go live, providers should login to their account using their ACBH network credentials. In the event of a login error message, providers are asked to complete a [SmartCare Authorization Request Form](#).

Note: Fee-For-Service providers will not be granted access at initial SmartCare implementation but will receive training and access at a later date.

## Training and Office Hours

The SmartCare team is offering multiple required training sessions and optional daily Office Hours. Training times and registration links are posted on the [QA Training](#) page in the section titled “SmartCare End User Training (EUT) and Office Hours”.

The training will focus on Client Registration and Service Enrollment. SmartCare Service entry training has been postponed until August 2023. There will be formal communication regarding training dates and time sent at a later date.

## Service Entry

### ***Service Entry into Legacy Systems***

All services with dates of services June 30, 2023 and earlier must be entered into the legacy systems (InSyst, eCura, legacy Clinician’s Gateway) by July 21, 2023. The legacy Clinician’s Gateway system will feed information for services dated prior to July 1<sup>st</sup> to InSyst.

### ***Service Entry into SmartCare***

Post launch, the new Clinician’s Gateway platform will automatically upload information into SmartCare. Providers not using CG will need to manually enter their billing information into SmartCare. Providers have

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until September 15, 2023 to enter their July and August services into SmartCare.

## SmartCare Resources

The [SmartCare](#) webpage on the Provider Website includes the following important information and resources:

- User Manuals
- Forms
- Training videos

Additionally, the [CalAIM Payment Reform FAQ](#) includes answers to many Frequently Asked Questions related to SmartCare and Payment Reform can be found in section 19 of the [QA Manual](#) on the Provider website.

## SmartCare Workarounds- Contingency Plan

The following contingency plans were developed to address unexpected issues with SmartCare. Providers are asked to follow the steps below as they relate to their programs.

### ***Providers Using Clinician's Gateway (CG)***

Providers using CG can choose from one of the following options or utilize their own process for capturing the needed data and entering into SmartCare once the systems goes live:

#### Option 1

1. Utilize the SmartCare paper registration form to register new clients: [MHS Client Registration](#) or [SUD Client Registration](#). Do not submit documents to ACBH. Register clients in SmartCare when available for use. Note: The SmartCare MHS/SUD Registration documents include episode opening. There is a Program section in the registration to enroll the client in the program, which is episode updating. The SmartCare Update/Discharge or Program Assignment/Discharge screens are episode closing.
2. Use the legacy Clinician's Gateway- InSyst platform and create DRAFT notes for all existing, new, and unregistered clients. It is critical to save these notes as DRAFT to prevent any erroneous finalization which would lead to erroneous claiming.
3. Include the following information in your notes: Start time, Direct Service Time, Travel Time, Documentation Time, Mode of Delivery (face to face, phone, video, written), and diagnosis specific to the service.
4. The Information Systems team is working diligently to build an interface so that DRAFT notes completed in the legacy CG platform can be automatically imported into CG-SmartCare once the system goes live. However, since the clinical forms in CG-SmartCare are not an exact match with the Legacy CG forms, the following information would still need to be manually added to the imported CG-SmartCare notes by the providers: Primary and add on codes, time fields, location, mode of delivery and diagnosis.

#### Option 2

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1. Utilize the SmartCare paper registration form to register new clients: [MHS\\_Client\\_Registration](#) or [SUD\\_Client\\_Registration](#). Do not submit documents to ACBH. Register clients in SmartCare when available for use.
  2. Document your notes on paper. You can use the ACBH Templates posted on the [SmartCare](#) website if you prefer. There is no need to send paper copies of your notes to ACBH.
  3. Copy/paste the notes into CG-SmartCare, including billing information, when the system goes live.
    - a. Note: To save time, MH Assessments (excludes SUD) created on paper can be scanned into LaserFiche:
      - If not billing for the assessment, the note does not have to be re-written in the CG-SmartCare platform.
      - If billing for the assessment service, a Progress Note should be created and added to the CG-SmartCare Platform, including billing information, referencing the scanned Assessment. As a reminder, after 7/1/23, documentation time cannot be billed separately and must be included along with a billable service.

#### ***Providers Not Using Clinician's Gateway (CG)***

Providers not using CG can choose the option below or utilize their own process for capturing the needed data and entering into SmartCare once the systems goes live.

1. Utilize the SmartCare paper registration form to register new clients: [MHS\\_Client\\_Registration](#) or [SUD\\_Client\\_Registration](#). Do not submit documents to ACBH. Register clients in SmartCare when available for use. Note: The SmartCare MHS/SUD Registration documents include episode opening. There is a Program section in the registration to enroll the client in the program, which is episode updating. The SmartCare Update/Discharge or Program Assignment/Discharge screens are episode closing.
2. Complete documentation in your agency's clinical HER, but do not enter services in SmartCare until instructed by ACBH.
3. Include the following information in your notes: Start time, Direct Service Time, Travel Time, Documentation Time, Mode of Delivery (face to face, phone, video, written), and diagnosis specific to the service.
4. Enter the billing information into SmartCare when SmartCare Service Entry goes live.

#### ***MAA (Medi-Cal Administrative Activities) Providers***

Some programs do only MAA and indirect services which are not billed against client accounts. Others have a combination of both indirect services and direct client services. The following describes the recommended workaround for these programs:

- 1) If your program registers clients, Utilize the SmartCare paper registration form to register new clients: [MHS\\_Client\\_Registration](#) or [SUD\\_Client\\_Registration](#). Do not submit documents to ACBH. Register clients in SmartCare when available for use. Note: The SmartCare MHS/SUD Registration documents include episode opening. There is a Program section in the registration to enroll the client in the program, which is the equivalent of episode opening. The SmartCare Update/Discharge or Program Assignment/Discharge forms are for episode closing. If your program does not register clients, then these forms are not needed.

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- 2) If not using CG: Use the MAA “paper” Individual Service Log (ISL) form to record your MAA indirect services as you currently do enter your notes.

If using CG: Use Legacy CG and create DRAFT Notes with July dates for indirect MAA services and for direct services to all existing, new, and unregistered clients. It is critical to save these notes as DRAFT to prevent any erroneous finalization which would lead to erroneous claiming. The Indirect templates in CG have been updated to allow entry of July dates.

- 3) The billing header on indirect MAA service notes has not changed. You would continue to report the same billing information that is currently required. For direct services, include the following information in your direct service client notes: Start time, Direct Service Time, Travel Time, Documentation Time, Mode of Delivery (face to face, phone, video, written), and diagnosis specific to the service.
- 4) If entering notes in Legacy CG: The developers hope to be able to automate a process to import the content of the note into CG-SmartCare once the system goes live. For indirect MAA services, the billing information will be very similar in SmartCare, so there may be very little updating required on migrated notes. However, for direct services, since the billing information in CG-SmartCare is not an exact match with the Legacy CG, the following information would still need to be manually updated and/or added to the imported CG-SmartCare notes by the providers: Primary and add on codes, time fields, location, mode of delivery and diagnosis.

If entering notes on paper: The information will need to be manually entered into CG-SmartCare once the system goes live.

## Clinician’s Gateway (CG)

To meet the requirements of CalAIM and the SmartCare billing system integration, some changes were made to Clinician’s Gateway (CG).

### New CG Platforms

Two new CG platforms were created to capture services post July 1, 2023. All services post SmartCare launch should be entered into these two new platforms. Providers will be able to view these when they log into the system. They are titled:

- Clinicians Gateway MHS- SmartCare
- Clinicians Gateway SUD- SmartCare

Services dated June 30, 2023 and earlier, should be entered into the legacy CG platforms:

- Clinicians Gateway MHS- InSyst
- Clinicians Gateway SUD- InSyst

### Terminology Changes

Users will notice terminology changes in the new CG platforms, including the following:

- InSyst Reporting Units → SmartCare Programs
- InSyst Episodes → Program Enrollments/Admissions

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- Diagnosis will be associated with the Program Enrollment
  - In SmartCare, Episode is an umbrella term for an Episode of Care in SmartCare. SmartCare Episode will not be used in relation to our Program Enrollments/Admissions.

## Updates to Progress Notes

Progress Notes were updated to include the new required fields for:

- Mode of Delivery (e.g. face to face, phone, video, etc.)
- Principle Diagnosis (This is a service specific diagnosis and is sent up with the claim)
- Add-on Codes (as needed)

Service Time, Documentation and Travel Time are recorded separately and have special requirements, especially when Add-on Codes are used. Service Time refers to Direct Patient Care provided to the beneficiary. It is also called face to face time but includes telehealth. Service Time does not include documentation and travel time.

Please review the following two presentations to better understand what has changed and how to document Service, Documentation and Travel Time:

- [Clinicians Gateway-SmartCare Slide Deck](#)
- [CPT Code Training Slide Deck](#)

Both presentations, as well as recordings, when available, are posted on the [QA Training](#) webpage.

## Transition to CPT Codes

Effective July 1, 2023, with the launch of Payment Reform, providers will use CPT codes for MH and SUD billing. HCPCs will continue to be used by both clinical and non-clinical staff for non-clinical services (e.g. Rehabilitation) and for Day/24-hour services.

## Training

Several training programs are available to assist with this transition, including the following:

### ***ACBH Transition to CPT Codes Training***

This training provides an overview of what is changing and basic information about CPT codes, including Dependent-on Codes, code descriptions, units of service, lockouts, etc. It also provides specific information about how to document CPT codes, Service, Documentation and Travel Time within SmartCare. The recorded training and presentation can be accessed on the [QA Training](#) webpage, but links are also available below:

- [Recorded CPT Code training](#)
- [CPT Code Training Slide Deck](#)

### ***CalMHSA CPT Code Training***

CalMHSA has developed multiple training programs. These recorded training programs and slides are available in the [Payment Reform](#) section of their website. ACBH is utilizing CalMHSA to support the roll out of the CalAIM initiatives and recommends that all providers review the CalMHSA trainings.

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The following two CPT Coding trainings are posted in the [Payment Reform](#) section of the CalMHSA website:

- [CPT Coding 101](#)
- [CPT Coding 102](#)

Two more comprehensive webinars are posted on the [CalMHSA Learning Management Portal](#). To view/access these modules, log into the Learning Portal and click on *Enroll into CalAIM Course*. Instructions for logging into the Learning Management System are available on the [CalMHSA Home](#) page. These trainings are extremely helpful and provide very helpful information regarding CPT codes.

- [CPT Coding for Direct Service Providers \(SMHS\)](#)
- [CPT Coding for Direct Service Providers \(DMC and DMC-ODS\)](#)

## DHCS Billing Manuals

DHCS has published Billing Manuals for both MH and SUD systems. These are frequently updated. The latest versions can be found on the DHCS [MedCC](#) webpage in the section titled *CalAIM References and Manuals Effective July 1, 2023*. The links provided below are to the latest version of these manuals at the time of creation of this document. As these manuals are revised frequently, it is recommended that providers check the MedCC page for the most recent version of these document.

- [Specialty Mental Health- Medi-Cal Billing Manual \(Revised 4/2023\)](#)
- [Drug Medi-Cal ODS- Medi-Cal Billing Manual \(Revised 6/2023\)](#)

## CPT Code Reference Guides and Procedure Code Tables

Several CPT Code Reference Guides have been published. The original Reference Guide was published by DHCS and updated by CalMHSA to make it more useful for providers. ACBH reviewed the universe of CPT codes and identified a selection of codes to be added to SmartCare based on historical billing practices.

**NOTE:** Although care was used to select the codes in SmartCare, it is possible that some of the Procedure Codes utilized by providers may not have been added to the system. Please contact [QATA@acgov.org](mailto:QATA@acgov.org) if necessary codes are missing from SmartCare.

The ACBH SmartCare Procedure Code Tables include the list of CPT codes that are in SmartCare, a crosswalk to previously used InSyst codes as well as many other important pieces of information. **It is strongly recommended that providers refer to these Tables for specific questions about CPT Codes.**

### **ACBH CPT Code Reference Guides**

- [ACBH MH SmartCare Procedure Code Table](#)
- [ACBH DMC-ODS SmartCare Procedure Code Table](#)

The DHCS Reference Guides are posted on the DHCS [MedCC](#) webpage in the section titled *CalAIM References and Manuals Effective July 1, 2023* and the CalMHSA Reference Guides are posted on the [Payment Reform](#) section of their website. Below are direct links to these documents:

### **Short Doyle Medi-Cal References**

- [CalAIM Reference Guide for CPT Codes – Specialty Mental Health Services](#)
- [CalAIM Reference Guide for CPT Codes – Drug Medi-Cal Organized Delivery System](#)



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### **CalMHSA CPT Code Reference Guides**

- [Specialty Mental Health](#)
- [Drug Medi-Cal Organized Delivery System](#)

### **CPT Code Handbook**

The [CPT Code Handbook](#) is the source of truth for CPT coding and can be purchased on the [AMA/CPT website](#). ACBH does not require but recommends the purchase of this book.

### **Frequently Asked Questions (FAQ)**

There are several good resources for CPT Code, SmartCare and Payment Reform FAQs. As FAQs are frequently updated, it is recommended that providers check these documents regularly for answers to frequently asked questions.

#### ***ACBH Frequently Asked Questions***

Section 19 of the [QA Manual](#) includes 2 helpful documents:

- CPT Code FAQs
- CalAIM Payment Reform FAQ

#### ***DHCS Frequently Asked Questions***

- [CalAIM BH Payment Reform FAQ- May 2023](#)
- [CalAIM BH Initiative FAQ](#)

## **ACBH Flexibilities to Support Providers**

ACBH has implemented several strategies, noted below to minimize adverse provider impact resulting from these transitions.

### **Reimbursement Structure**

Effective July 1, 2023, Payment Reform changes the way County Behavioral Health Plans claim Federal and State reimbursement by replacing cost-based reimbursement with fee-for-service payments. To minimize impact to providers, ACBH will not change the reimbursement structure to contracted providers on July 1, 2023. Instead, ACBH will change the reimbursement structure to providers in phases beginning Fiscal Year (FY) 2023/2024.

This means that at least through FY23-24, ACBH will continue to reimburse providers separately for travel and documentation time per minute. To do so, providers will,

- Select CPT codes based on Direct service time only.
- Enter the following fields in SmartCare and CG: 1) Start Time and Duration for Direct service (“face to face”), 2) Travel time and 3) Documentation time.
- Receive a monthly report, mimicking the current InSyst invoicing reports, from ACBH for all services (including documentation, travel, and face-to-face time) for the previous month.
- Use the report to bill ACBH for documentation and travel time.

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## **Rate-Based Contract Reimbursement**

To provide increased stability during SmartCare implementation, ACBH will be updating provider Interim Contracts to include provisions for monthly actual cost reimbursement for the first quarter of FY 2023-24 (July 2023 – September 2023). Contract settlement terms will remain consistent per your organization’s contract. Some programs will require an alternative method in lieu of line-item actual cost submission for first quarter reimbursement, and as a result, ACBH Contracts office will address those specific provider contract provisions accordingly.

See ACBH Memo titled “[Fiscal Year 2023-24 Rate-Based Contract Reimbursement](#)” for more information.

## **SmartCare Service Entry**

To allow providers sufficient time to successfully transition to use of CPT codes and SmartCare, the deadline to submit July and August services was extended to September 15, 2023.

## **Scope of Practice for Mental Health Students**

Medi-Cal guidance, as described in the DHCS SMHS Billing Manual ([v 1.4](#)), indicates that students should use taxonomy codes based on their education, training, and experience within the Mental Health Rehabilitation Specialist ([MHRS](#)), Other Qualified Provider, and peer specialist disciplines. These changes prevent ACBH from claiming for psychotherapy services (individual/group) provided by students.

ACBH will continue to reimburse contractors for individual and group psychotherapy services provided by students for the first quarter of Fiscal Year 2023-24 (July 1, 2023 – September 30, 2023). After the first quarter, based on DHCS guidance, ACBH will provide further updates. A memo with this information will be sent out to providers shortly.