



## SmartCareMCO Board User Manual (version 2.5)

Last updated February 14, 2024

### **PURPOSE**

This document contains instructions related to behavioral health Board staff members accessing and using a production SmartCareMCO environment administered by PartnerSolutions.

Please note that not all user accounts will be able to view and access all areas and features of the system that are covered in this manual. An account's user roles and security permissions are determined when submitting a *SmartCareMCO Board Account Request/Change Form*.

### **TABLE OF CONTENTS**

I. Requesting/Modifying a SmartCareMCO Account .....	3
II. SmartCareMCO Basics .....	4
a.) Logging into SmartCareMCO .....	4
b.) General Layout .....	7
c.) Change Navigation Theme .....	8
d.) My Office QuickLinks.....	9
e.) Client QuickLinks.....	10
f.) Provider QuickLinks .....	11
III. Client Search.....	12
a.) Searching by Name and ClientID .....	12
b.) Searching by Social Security Number.....	13
IV. Provider Search.....	14
a.) Searching by Provider Agency .....	14
V. My Dashboard.....	15
a.) Alerts and Messages Widget.....	15
b.) Enrollment Form Widget.....	16
VI. My Preferences .....	17
a.) Modifying a Password .....	17
b.) Modifying Security Questions.....	18
c.) Modifying a Phone Number .....	19
d.) Modifying an Email Address.....	20

VII. My Reports .....	21
a.) Accessing My Reports .....	21
VIII. Current Enrollment Process (SFY24 & Later).....	23
a.) Completing a Provider-submitted Enrollment in SmartCareMCO.....	23
b.) Enrollment Contacts .....	33
IX. Previous Enrollment Process (SFY23 & Earlier) .....	34
a.) Enrolling a New Individual (“Real”) Client .....	34
b.) Re-enrolling an Existing Client .....	42
c.) Making an Enrollment Correction .....	46
d.) Changing a Client’s Name.....	48
e.) Adding an Affiliation Code .....	49
f.) Terminating an Affiliation Code .....	51
g.) Residency Verification Form.....	53
h.) Enrolling a New Organization (“Pseudo”) Client .....	54
i.) Enrollment Contacts .....	60
j.) Enrollment Reminders.....	61
X. Viewing Client Information.....	62
a.) Client Copays.....	62
b.) Client Coverage Plans .....	63
XI. Viewing Claims .....	64
a.) Claim Statuses.....	64
b.) Denial and Adjustment Reasons.....	65
c.) Viewing Agency-wide Claims.....	67
d.) Viewing Client-specific Claims.....	69
XII. 835 Export and RAs .....	71
a.) Exporting an 835 Remittance File .....	71
b.) Downloading a Remittance Advice.....	73
XIII. SmartCareMCO Support.....	74
a.) Logging into PartnerSolutions Helpdesk.....	74
b.) Opening a New Ticket.....	75
c.) Viewing and Responding to an Opened Ticket .....	78

## I. Requesting/Modifying a SmartCareMCO Account

1. To request the creation of a SmartCareMCO user account, or to request a modification to an already existing account, download the *SmartCareMCO Board Account Request/Change Form* and its associated *SmartCareMCO Board Account Request/Change Form Completion Instructions* document from <https://starkmhar.org/partner-solutions/smartcareresources/>.
2. Email the completed *SmartCareMCO Board Account Request/Change Form* as an attachment to [SmartCareSupport@StarkMHAR.org](mailto:SmartCareSupport@StarkMHAR.org).




Note: All PartnerSolutions-distributed fillable forms must be opened in an up-to-date version of Adobe Acrobat, Adobe Reader, or Foxit Reader. Attempting to open PartnerSolutions-distributed fillable forms using a web browser or any other PDF viewer will result in an error. Please ensure that all required fields are populated and required handwritten signatures are present before submitting a form. Incomplete forms will not be processed and will be returned to the sender for completion.

3. A PartnerSolutions staff member should respond within one to three business days concerning the status of your form. If an account is being created for the first time, a username and a temporary password will be assigned to the account requester via the email address listed on the form.

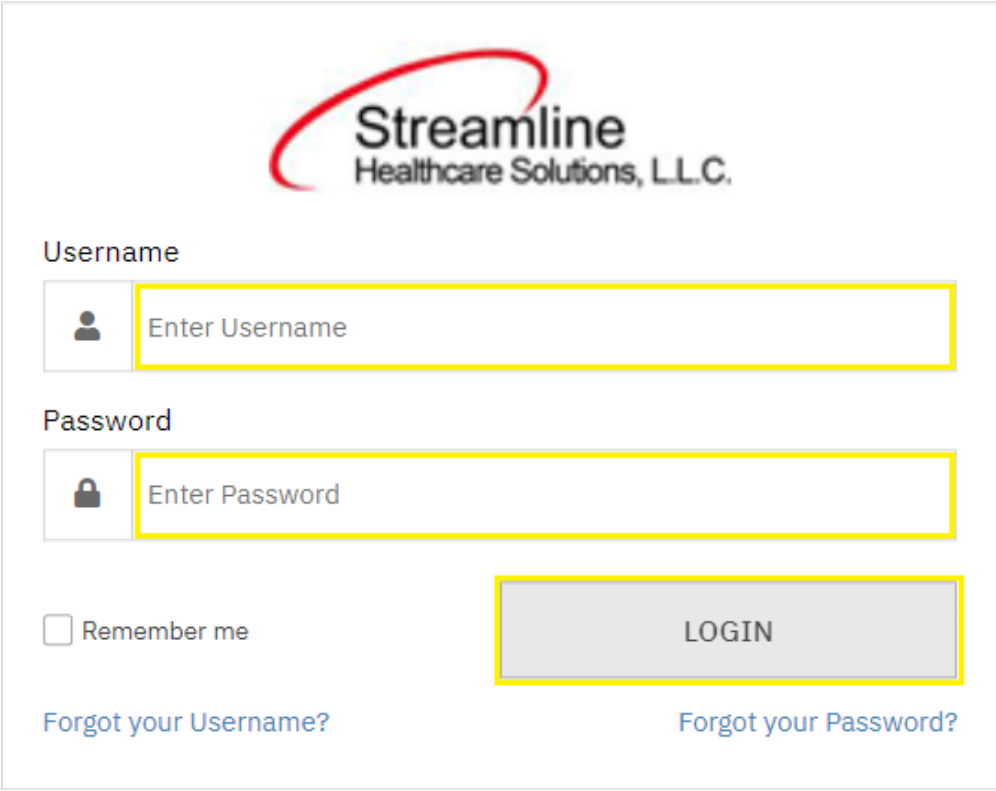
## II. SmartCareMCO Basics


### a.) Logging into SmartCareMCO

1. Use the following link to access SmartCareMCO:  
<https://pssc.smartcarenet.com/PSSsmartcarePROD/login.aspx>

Valid Web Browsers	Invalid Web Browsers
 Google Chrome (Recommended)	 Mozilla Firefox
 Microsoft Edge	 Safari

2. When logging into SmartCareMCO, it is highly recommended to use either Google Chrome (preferred) or Microsoft Edge. Using any other web browsers will likely result in potential problems or the system's user interface functioning incorrectly.





Username

Password

Remember me

**LOGIN**

[Forgot your Username?](#)      [Forgot your Password?](#)

3. Enter the username and password associated with your SmartCareMCO account in the **Enter Username** and **Enter Password** fields, then click on **Login**.

### 2-Step Verification

---

Enter the Authentication Key sent to the Registered Device.

Authentication Key

[Do not have access to Device?](#)

4. Upon logging in for the first time, you will be prompted to verify your identity via Two Factor Authentication (2FA). A 6-digit code will be sent to your email on file from Streamline Network Operations Center ([dbmailer@streamlinehealthcare.com](mailto:dbmailer@streamlinehealthcare.com)). Once you have received the email, enter the code provided within the **Authentication Key** field. Then, click **Validate**.

### Security Question

---

Security Question What is the first name of your best friend?

Answer

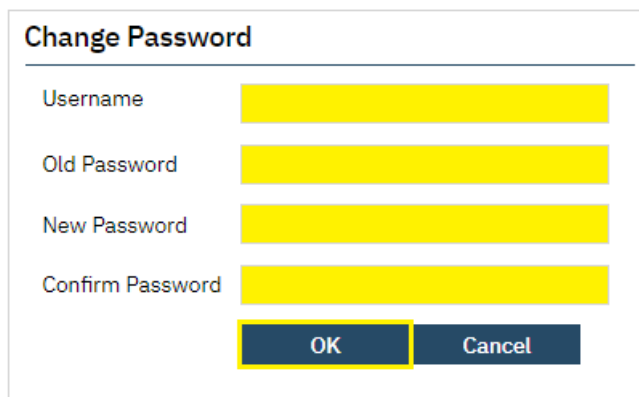
2FA Sent in Email

Remember Me - This is a private computer or a computer that belongs to the organization.

Do Not Remember Me - This is a public or shared computer.

[Have access to Device?](#)

Note: Following logins will instead queue a combined Security Question/2FA prompt. When prompted, enter your answer to the indicated Security Question within the **Answer** field. Security Question answers are case-sensitive. You will then receive a 6-digit code via email from Streamline Network Operations Center ([dbmailer@streamlinehealthcare.com](mailto:dbmailer@streamlinehealthcare.com)). Once you have received the email, enter the code provided within the **2FA Sent in Email** field. Then, click **Submit**.



**Change Password**

Username

Old Password

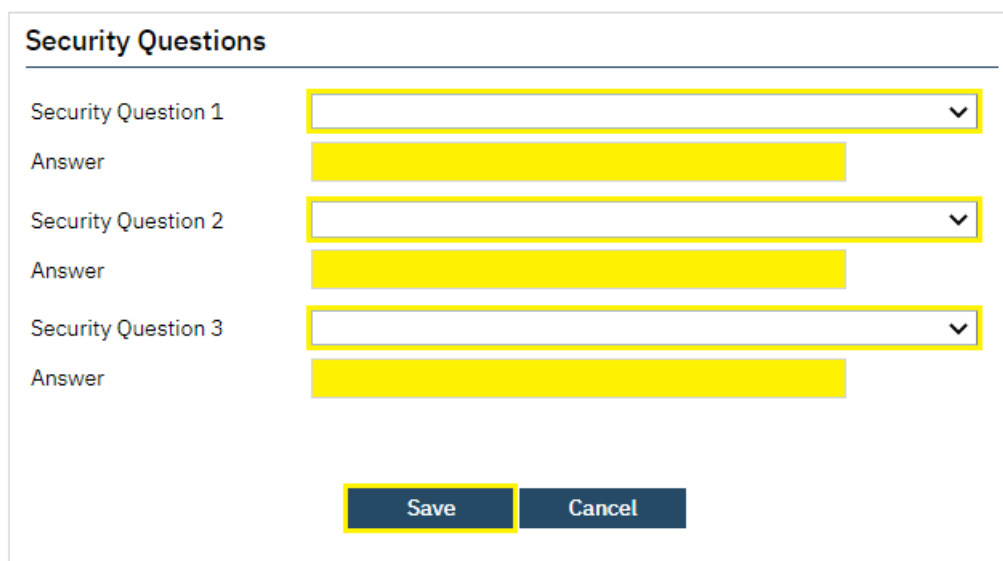
New Password

Confirm Password

- When logging into SmartCareMCO for the first time, you will be prompted to reset your password. Passwords must contain a minimum of 10 characters, at least one capital character, at least one lowercase letter, at least one numeric character, and at least one special character (e.g., !@#\$\$%).

**Username** will auto-populate with your username. Enter your temporary password in the **Old Password** field, your new password in the **New Password** and **Confirm Password** fields, and then click on **OK**.

Note: Passwords are automatically reset by the system after 180 days and will be required to be changed upon logging in at that time.



**Security Questions**

Security Question 1

Answer

Security Question 2

Answer

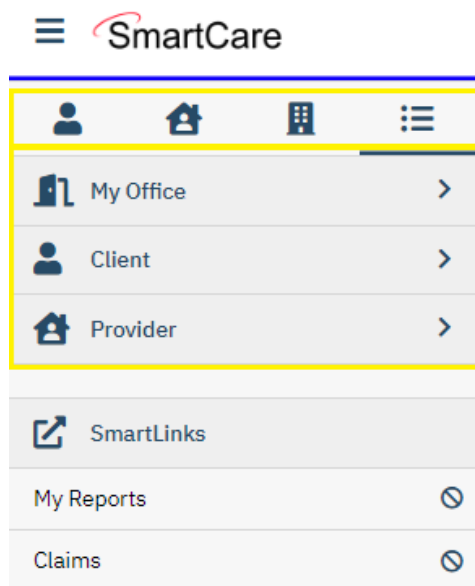
Security Question 3

Answer

- When logging into SmartCareMCO for the first time, you will also be prompted to answer three security questions. Select **Security Questions 1-3**, enter your answers in the associated **Answer** fields, and then click on **Save**.

Note: Security Question answers are case-sensitive.

## b.) General Layout



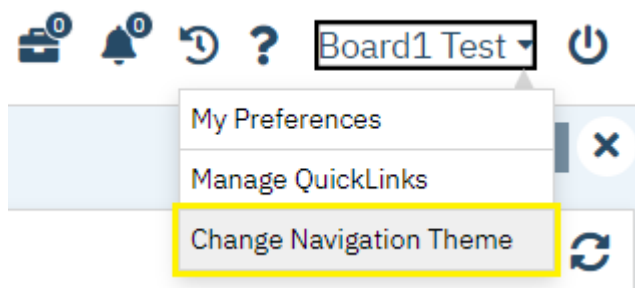
Along the left side of the screen are displayed Navigation Filters, Menus, and QuickLinks (previously called Banners). Select the icons placed near the top of the side panel to move between the four navigation filters – **Client**, **Provider**, **Other**, and **All**. Each navigation filter will list specific menus (e.g., My Office). Each menu will list specific QuickLinks (e.g., My Dashboard). By default, the navigation filter All is selected, listing all menus.

SmartCareMCO is divided into three separate menus accessible by Board staff – **My Office**, **Client**, and **Provider** – that are used to access specific QuickLinks that connect a user to all areas of the system. To access a QuickLink, click or hover your mouse over the desired menu, then click the intended QuickLink. You will then be directed to the corresponding screen.

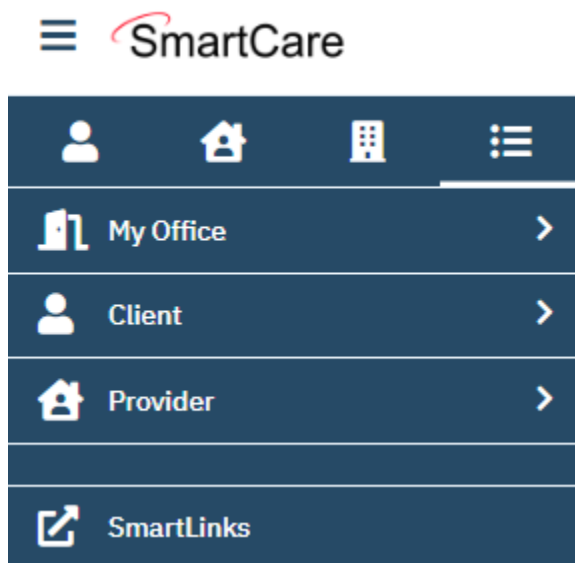
Note: Only one client and one provider may be opened in their respective menus at a time.

### c.) Change Navigation Theme

SmartCare offers the option to change the theme of the Navigation Filters sidebar. More options may become available in the future.



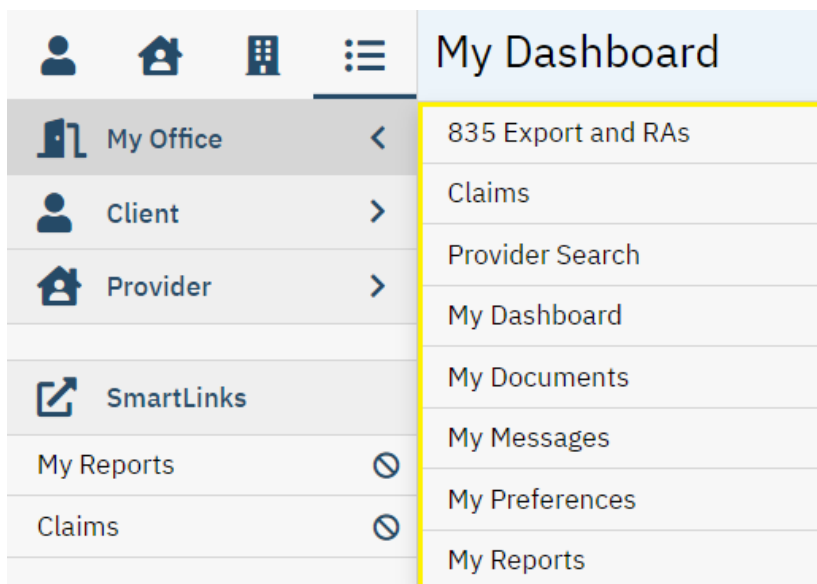
1. To change the look of your SmartCare Navigation Filters sidebar, click your username in the upper, righthand corner of the screen. Then, click Change Navigation Theme.



2. Your Navigation Theme has been changed.

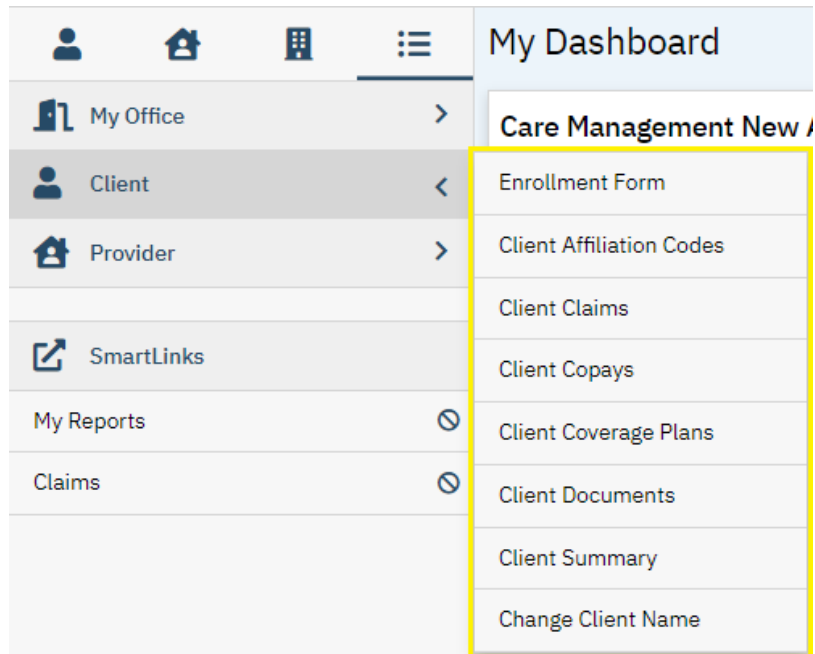


d.) My Office QuickLinks
--------------------------



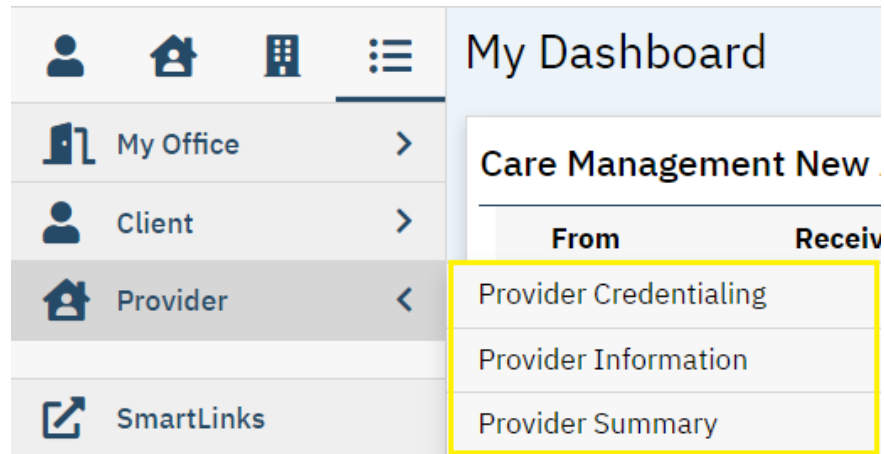
- *835 Export and RAs* – View remittance advices associated with your Board that detail claim payments and denials.  
(Accessible to Executive and Fiscal roles only.)
- *Claims* – View claims and their statuses associated with your Board.  
(Accessible to all roles.)
- *Provider Search* – Search for individual practitioners.  
(Accessible to all roles.)
- *My Dashboard* – View widgets that display hyperlinks for quick access to other areas of the system.  
(Accessible to all roles.)
- *My Documents* – View enrollment documents completed by your user account.  
(Accessible to Enrollment role only.)
- *My Messages* – Send/receive messages to/from PartnerSolutions staff members.  
(Accessible to all roles.)
- *My Preferences* – Modify user account and contact information.  
(Accessible to all roles.)
- *My Reports* – Access Board Helpdesk and Service reports.  
(Accessible to all roles.)

e.) Client QuickLinks
-----------------------



- *Enrollment Form* – Create and modify client information.  
(Accessible to Enrollment role only.)
- *Client Affiliation Codes* – Create and view the selected client’s affiliation codes/timespans.  
(Accessible to all roles. Only Enrollment role may create and modify affiliation codes.)
- *Client Claims* – View the selected client’s claims associated with your Board.  
(Accessible to all roles.)
- *Client Copays* – View the selected client’s current and past copays and their associated timespans.  
(Accessible to all roles.)
- *Client Coverage Plans* – View the selected client’s current coverage plan (i.e., Medicaid and/or Board) and their associated timespans.  
(Accessible to all roles.)
- *Client Documents* – View the selected client’s enrollment history.  
(Accessible to all roles.)
- *Client Summary* – View a summary of the selected client’s demographic information.  
(Accessible to all roles.)
- *Change Client Name* – Change the selected client’s name/SSN.  
(Accessible to Enrollment role only.)

f.) Provider QuickLinks



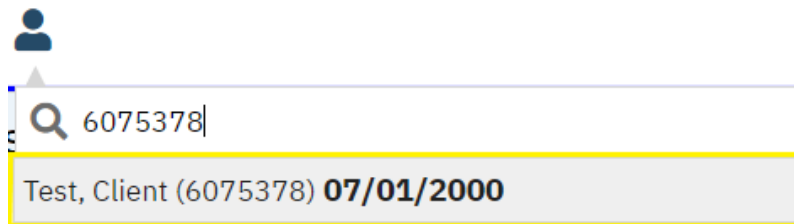
- *Provider Credentialing* – View the selected rendering provider’s credentialing.  
(Accessible to all roles.)
- *Provider Information* – View the selected provider agency’s or rendering provider’s provider site setup.  
(Accessible to all roles.)
- *Provider Summary* – View the selected provider agency’s information and claims history with your Board.  
(Accessible to all roles.)

### III. Client Search

#### a.) Searching by Name and ClientID

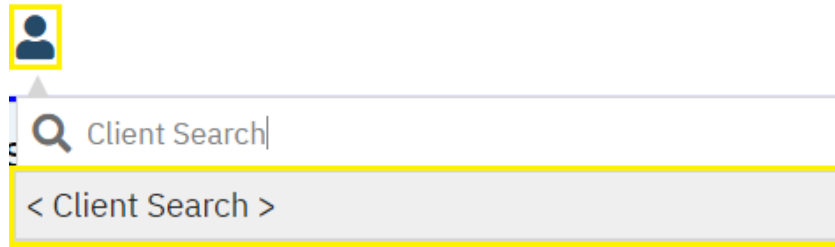


1. To search for a client by name or by Client UCI, click the Client Search icon, then enter the client's name (LastName, FirstName) or the client's Client UCI directly in the **Client Search** box.



2. Click on the client's name in the dropdown menu that appears if a valid match has been found. A client's Client UCI will appear in parentheses at the end of their name. The client's date of birth will be listed following the client's name and UCI.
3. The client you searched for will now be opened in the **Client** menu.

## b.) Searching by Social Security Number



1. To search for a client by social security number, click the Client Search icon. Then, click on < Client Search >.

Clear

**Name Search**  Include Client Contacts  Only Include Active Clients (Checking will not allow option to create new Client)

**Broad Search** **Narrow Search** Type of Client  Individual  Organization

Last Name  First Name  Program

**Other Search Strategies**

**SSN Search**

**DOB Search**

**Primary Clinician Search**

**Authorization ID / #**

**Phone # Search**

**Master Client ID Search**

**Client ID Search**

**Insured ID Search**

2. In the pop-up that appears, enter the client's social security number in its respective field, then click on **SSN Search**.

Records Found

ID	Master ID	Client Name	SSN/EIN	DOB	Status	City	Primary Clinician
<input checked="" type="radio"/>	6075378	6075378	Test, Client	9999	07/01/2000	Active	Canton

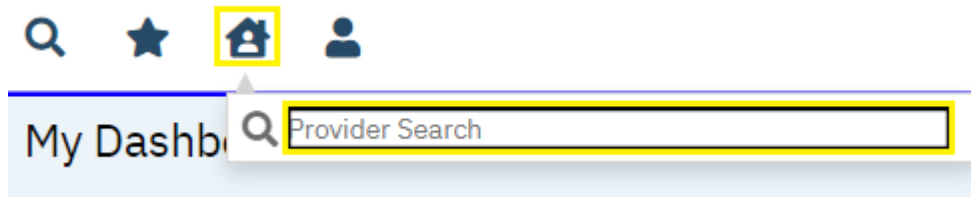
Create New Potential Client **Select** Cancel

Registration Inquiry (Selected Client) Inquiry (New Client)

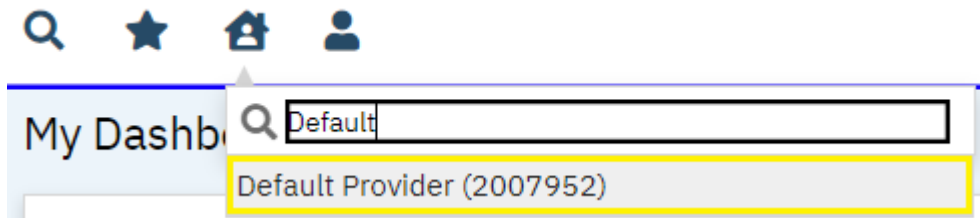
3. Click on **Select** if a valid client match has been found for that social security number. If more than one search result appears, click on the radio button to the left of the client you are attempting to open before clicking on **Select**.
4. The client you searched for will now be opened in the **Client** menu.

## IV. Provider Search

### a.) Searching by Provider Agency



1. To search for a provider agency by name, click the Provider Search icon, then enter the name directly in the **Provider Search** box that populates.



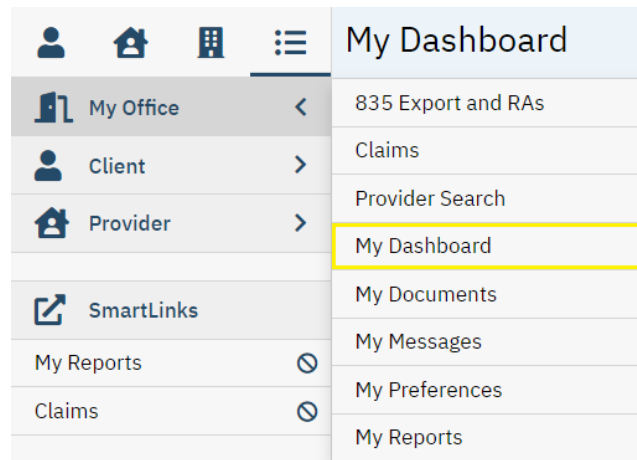
2. Click on the provider's name in the dropdown menu that appears if a valid match has been found.
3. The provider agency you searched for will now be opened in the **Provider** menu.

## V. My Dashboard


The **My Dashboard** screen is used to view widgets that display hyperlinks for quick access to other areas of the system.

### a.) Alerts and Messages Widget

- *Care Management New Alerts/Messages Widget* – View unread messages sent to your user account.  
(Accessible to all roles.)



1. While in the **My Office** menu, click on **My Dashboard**.

Care Management New Alerts/Messages 				
From	Received	Member	Subject	Message
Test,...	04/03/2023		<a href="#">Please Assist</a>	<a href="#">Hello! Can you pleas...</a>

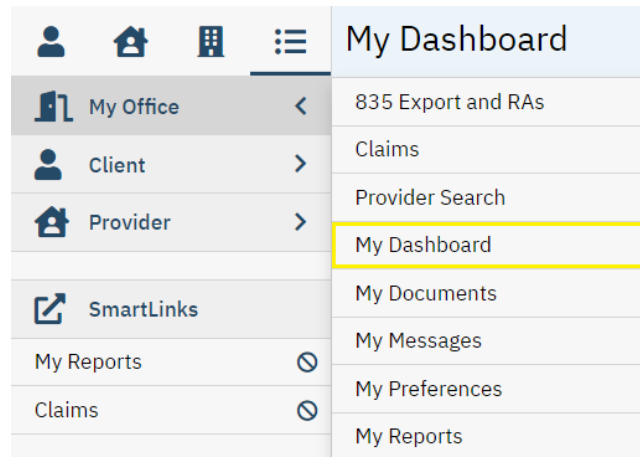
2. Click on a hyperlink under **Subject** to view an unread message.

Note: PartnerSolutions' preferred method of contact is via email at [SmartCareSupport@starkmhar.org](mailto:SmartCareSupport@starkmhar.org). SmartCare Messages should rarely be utilized.

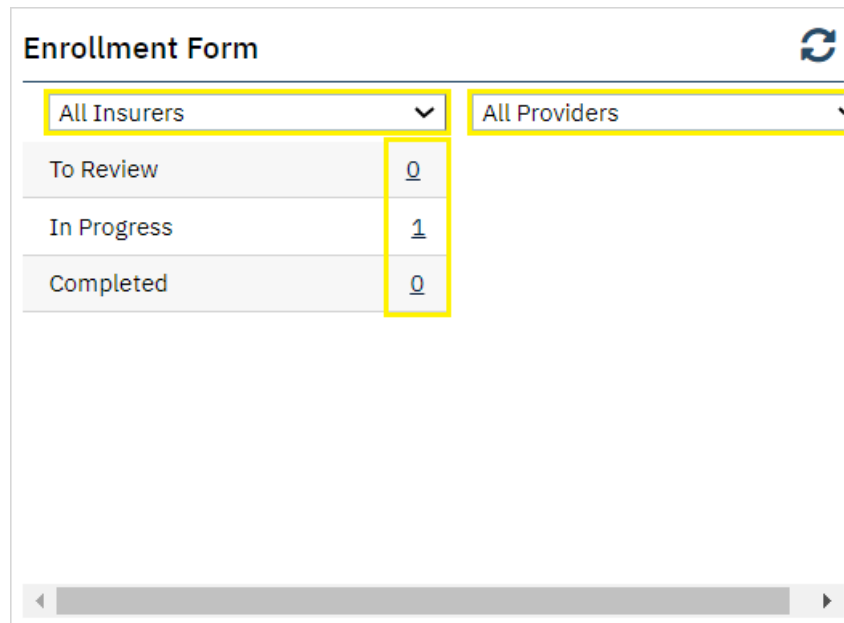
## b.) Enrollment Form Widget

*Enrollment Form Widget* – View Enrollment requests that are completed, in progress, or that need to be reviewed.

(Accessible to Enrollment role only.)



1. While on the **My Office** menu, click on **My Dashboard**.



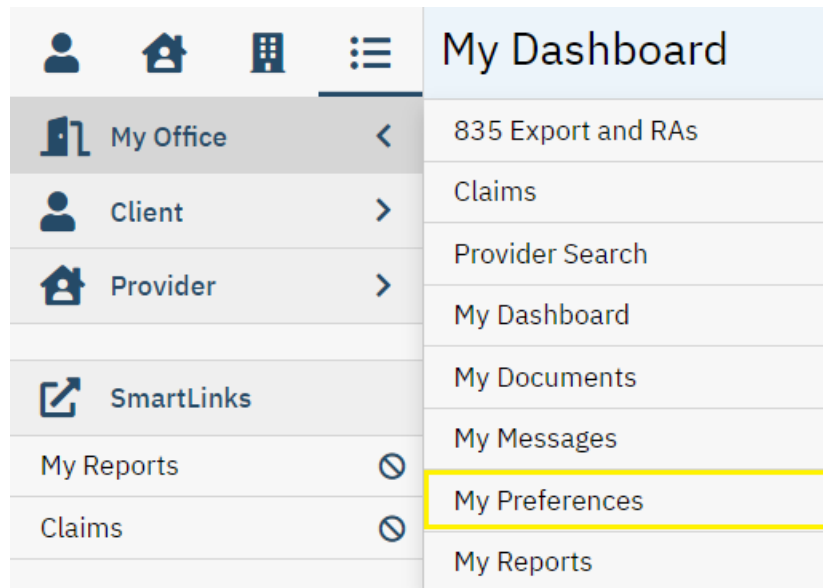
2. Click within the **All Insurers** field to select a specific Board Insurer or leave as is. Click within the **All Providers** field to select a specific provider agency or leave as is. Click the number hyperlink corresponding to the desired status. You will be redirected to the Enrollment Form List page filtered upon this status.



## VI. My Preferences

The **My Preferences** screen is used to update a user's contact information (e.g., phone number and email address) and account information (e.g., password and security questions/answers).

### a.) Modifying a Password



1. While in the **My Office** menu, click on **My Preferences**.

### Account

---

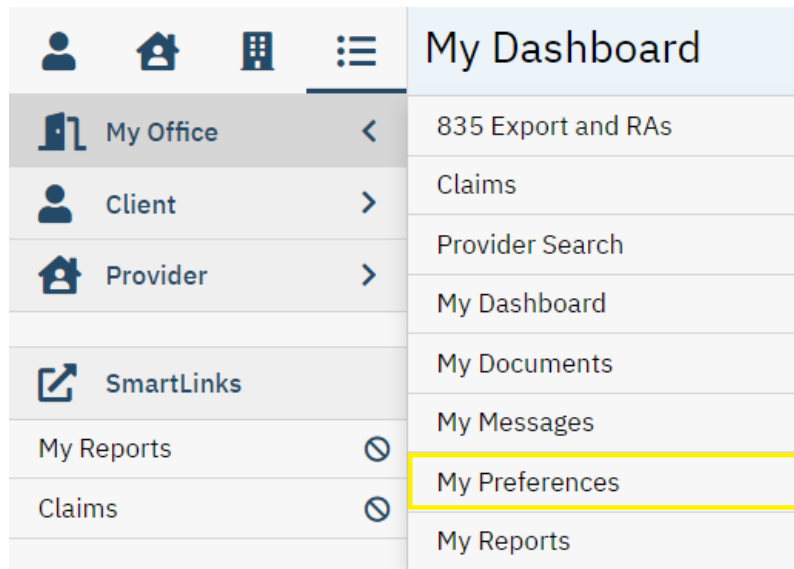
User Name Board1.Test

Password

Confirm Password

2. Enter your desired password in the **Password** and **Confirm Password** fields, then click on **Save**.

## b.) Modifying Security Questions



1. While in the **My Office** menu, click on **My Preferences**.

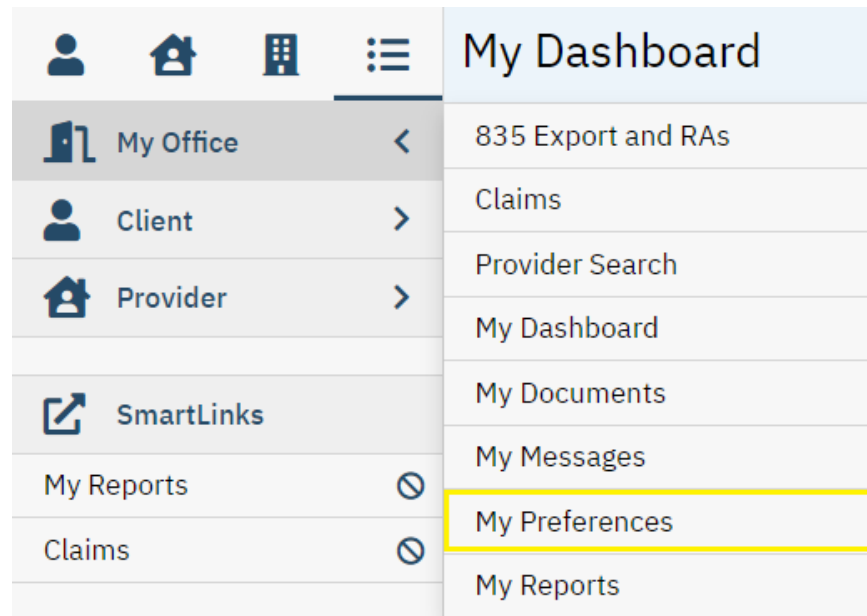
### Security Questions

---

Security Question 1	<input type="text"/>	<input type="button" value="v"/>
Answer	<input type="text"/>	
Security Question 2	<input type="text"/>	<input type="button" value="v"/>
Answer	<input type="text"/>	
Security Question 3	<input type="text"/>	<input type="button" value="v"/>
Answer	<input type="text"/>	

2. Select **Security Questions 1-3**, enter your answers in the associated **Answer** fields, and then click on **Save**.

### c.) Modifying a Phone Number



1. While in the **My Office** menu, click on **My Preferences**.

### Contact

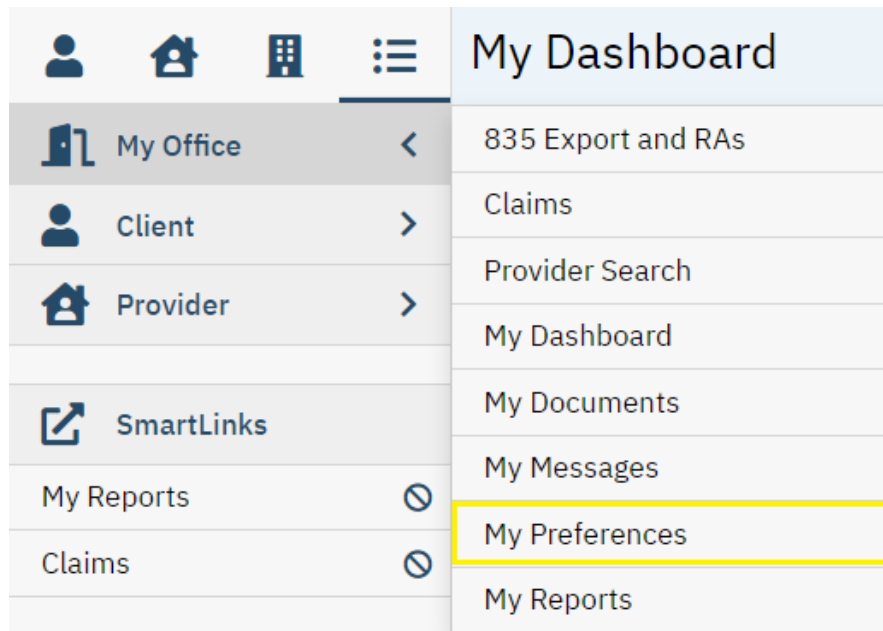
---

Phone

E-mail Id

2. Enter the phone number you wish to be associated with your user account in the **Phone** field, then click on **Save**.

#### d.) Modifying an Email Address



1. While in the **My Office** menu, click on **My Preferences**.

### Contact

---

Phone

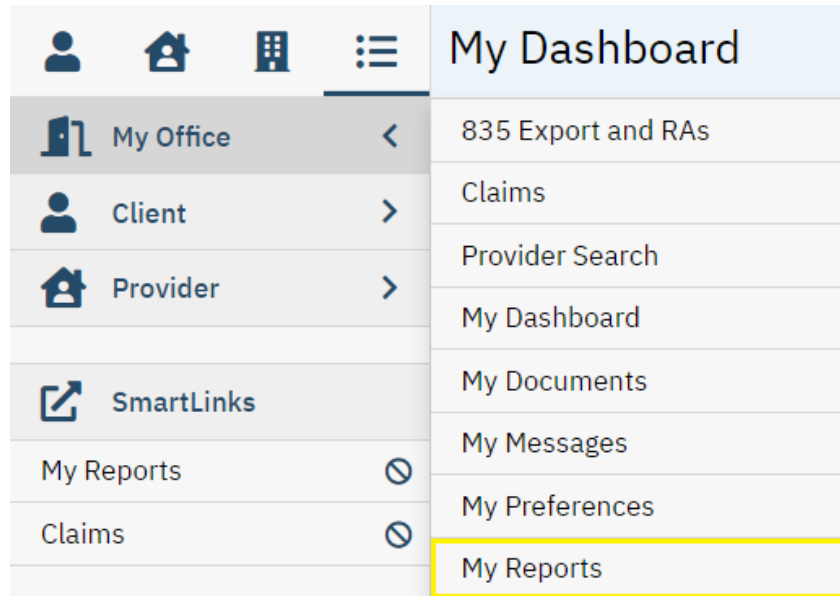
E-mail Id

2. Enter the email address you wish to be associated with your user account in the **E-mail Id** field, then click on **Save**.

## VII. My Reports

The **My Reports** screen is used to access a number of reports provided by PartnerSolutions directly in SmartCare (e.g., PS Provider Contract Rate Lookup, PS Rendering Provider Lookup, etc.). More reports will be added in the future. You can suggest reports that you may find helpful to access in SmartCare by contacting [SmartCareSupport@StarkMHAR.org](mailto:SmartCareSupport@StarkMHAR.org).

### a.) Accessing My Reports



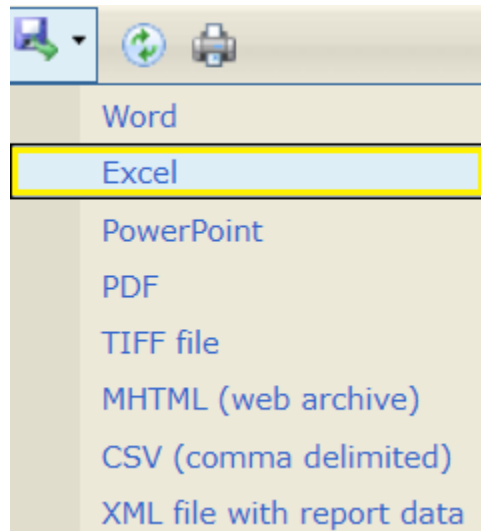
1. While in the **My Office** menu, click on **My Reports**.

Report Name	Description	Folder
<a href="#">Provider Contract Rate Lookup</a>	Lists all contracted rates associated...	Board Help Desk
<a href="#">PS 835 Reason Codes</a>	835 Reason Code to SmartCare Reason Co...	Board Help Desk
<a href="#">PS Allowable Diagnosis Codes</a>	List of Allowable Diagnosis Codes for...	Board Help Desk
<a href="#">PS Billing Codes and Billing C...</a>	List of active Billing Codes along wit...	Board Help Desk
<a href="#">PS Current Week Claim Summary</a>	Summary of Current Week Claims that ha...	Board Service Reports
<a href="#">PS Rendering Provider Lookup</a>	Look up Rendering Provider Information	Board Help Desk
<a href="#">PS SmartCare Co-Pay Exclusions</a>	List of Active SmartCare Co-Pay Exclus...	Board Help Desk
<a href="#">PS SmartCare Medicaid Plan Exc...</a>	List of SmartCare Medicaid Plan Exclus...	Board Help Desk
<a href="#">PS SmartCare Pended Claim Rule...</a>	List of SmartCare Pended Claims Rules	Board Help Desk

2. Ensure that **All Folders** is selected. Then, click **Apply Filter**. Click on the hyperlink of the desired report under **Report Name**. This will open a new window.



3. Depending on the selected report, the report may automatically generate, or specific data fields will be required to be completed to generate the report. Once populated, to export the report, click the **Export** button (floppy disc icon).



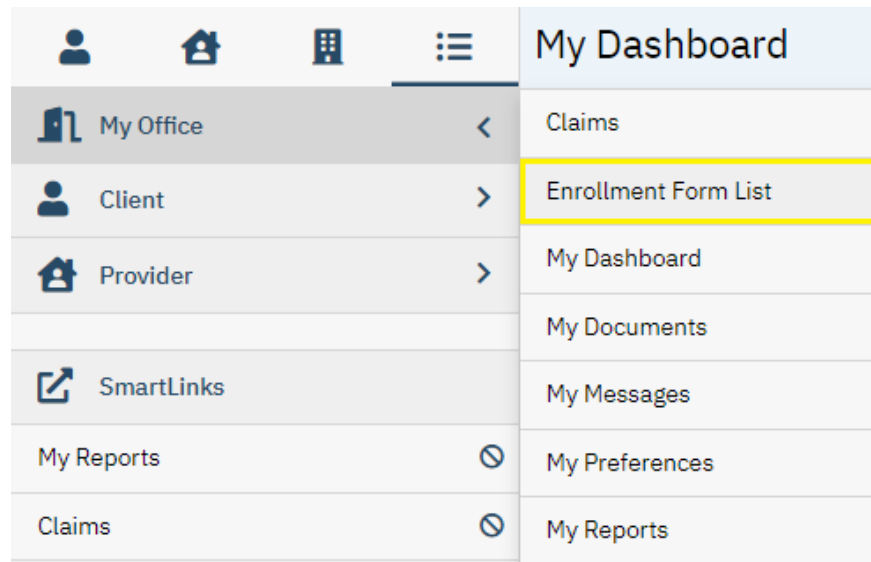
4. Select from the dropdown list in which format you wish to export your report. To export your report into a Microsoft Excel spreadsheet, select **Excel**.

## VIII. Current Enrollment Process (SFY24 & Later)

(Accessible to Enrollment role only.)

Note: If you do not currently have the Enrollment role, please complete a new *SmartCareMCO Board Account Request/Change Form* requesting this change. You can download this form at <https://partnersolutions.starkmhar.org/data-analytics/>. Please submit your completed form to [SmartCareSupport@starkmhar.org](mailto:SmartCareSupport@starkmhar.org).

### a.) Completing a Provider-submitted Enrollment in SmartCareMCO



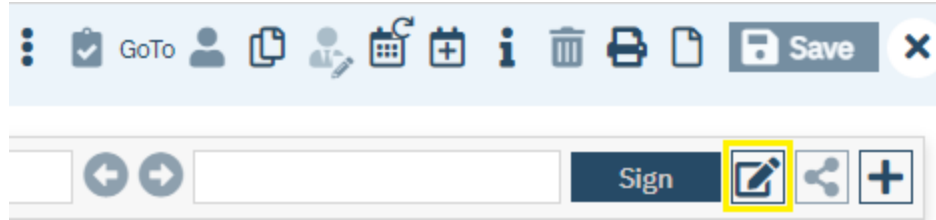
1. While on the **My Office** menu, click on **Enrollment Form List**.

The screenshot shows the search filters for enrollment. There are three dropdown menus: 'All Insurers', 'All Providers', and 'In Progress' (highlighted with a yellow box). Below these are input fields for 'Client Search', 'Start Date', and 'End Date'. An 'Apply Filter' button is highlighted with a yellow box on the right.

2. Click within the Status search field. Select “In Progress” from the dropdown list that populates. Then, click **Apply Filter**.

Client Name	Effective Date	Insurer	Provider	Status	Author
<a href="#">John_Doe (6090781)</a>	07/01/2023 11:09 ...	Ashland BH	Appleseed Community...	<a href="#">In Progress</a>	Test, Provider1

3. Select the “In Progress” hyperlink under Status of the desired enrollment. You will be directed to the Enrollment Form Event screen.



4. To review and sign the enrollment, click the **Edit** icon.

Event

Note

### Details

Event	<input style="width: 90%;" type="text"/> ▼
Date	<input style="width: 60%;" type="text"/> ▼ Time <input style="width: 30%;" type="text"/>
Staff	<input style="width: 95%;" type="text"/>
Status	<input style="width: 95%;" type="text"/> ▼
Insurer	<input style="width: 95%;" type="text"/> ▼
Provider	<input style="width: 95%;" type="text"/>

5. Review Event Details for accuracy:

**Event:** **Required.** This field should list “Enrollment Form Event.”

**Date:** **Required.** This field should list the appropriate effective date for the client’s enrollment.

**Time:** **Required.** This field auto-populates when the provider staff person creates the event to list the then-current time. This field value does not affect the enrollment.

**Staff:** **Required.** This field auto-populates when the provider staff person creates the event to list the staff’s username. This field value cannot be changed.

**Insurer:** **Required.** This field should list the appropriate Board Insurer associated with the submitting agency.

**Provider:** **Required.** This field should list the appropriate submitting agency.



Event

Note

6. Click on the **Note** tab.

Client	Finance	Verifications	Attachments
<b>Provider Information</b>			
*Submitting Provider	<input type="text"/>	Requested Date	<input type="text"/>
Previous Other Insurer	<input type="text"/>		

7. Review Client Provider Information for accuracy:

**Submitting Provider:** **Required.** This field should list the appropriate submitting agency.

**Requested Date:** This field may list the date on which the submitting provider created the enrollment event.

**Previous Other Insurer:** This field may list any Board Insurers which the client was previously associated with.

Client Information			
*First Name	<input type="text"/>	Middle Name	<input type="text"/>
*Last Name	<input type="text"/>	Suffix	<input type="text"/>
*SSN	<input type="text"/>	<input type="checkbox"/> Client doesn't have an SSN.	*DOB
			<input type="text"/> (Age: )
*Gender	<input type="text"/>	*Ethnicity	<input type="text"/>
		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client Refused/Doesn't Know <input type="checkbox"/> Black or African American	*Primary Language
			<input type="text"/>
			*Marital Status
			<input type="text"/>

8. Review Client Information for accuracy:

**First Name:** **Required.** This field should list the client's first name. Ensure proper spelling.

**Middle Name:** This field may list the client's middle name. Ensure proper spelling.

**Last Name:** **Required.** This field should list the client's last name. Ensure proper spelling.

**Suffix:** If applicable, this field may include the appropriate suffix for the client.

**SSN: Required.** This field should list the client’s Social Security Number. (If the client does not have a Social Security Number, the **Client doesn’t have an SSN** checkbox will be checked.)

**DOB: Required.** This field should list the client’s Date of Birth.

**Gender: Required.** This field should list the client’s gender. (If unknown, not listed, or not disclosed, “Client Refused/Doesn’t Know” may be selected.)

**Ethnicity: Required.** This field should list the client’s ethnicity. (If unknown, not listed, or not disclosed, “Client Refused/Doesn’t Know” may be selected.)

**Race: Required.** The check box(es) corresponding to the client’s racial background should be checked. Multiple values should be checked for biracial and multiracial clients. (If unknown, not listed, or not disclosed, “Client Refused/Doesn’t Know” may be selected.)

**Primary Language: Required.** This field should list the client’s primary language. This field is defaulted to English.

**Marital Status: Required.** This field should list the client’s marital status. (If unknown, not listed, or not disclosed, “Client Refused/Doesn’t Know” may be selected.)

Residency and Contact Information					
*Address 1	<input type="text"/>	Address 2	<input type="text"/>		
*City	<input type="text"/>	*State	Ohio	*ZIP	<input type="text"/>
Primary Phone No.	<input type="text"/>	Secondary Phone No.	<input type="text"/>	*County of Residence	<input type="text"/>
Client is Homeless				*County of Financial Responsibility	<input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A					

9. Review Client Residency and Contact Information for accuracy:

**Address 1: Required.** This field should list the client’s full, physical street address (e.g., “101 Main Street” rather than “101 Main”). If the client is homeless, this field should list “Homeless.”

**Address 2:** This field may list the second line of the client’s physical address (e.g., an apartment or lot number when applicable).

**City: Required.** This field should list the client’s physical city of residence. If the client is homeless and living in a shelter, the shelter’s city should be listed.

**State: Required.** This field should list the client’s physical state of residence. This field is defaulted to Ohio.

**ZIP: Required.** This field should list, at minimum, the first five digits of the client’s physical address ZIP code. If the client is homeless and living in a shelter, the shelter’s ZIP code should be listed.

**County of Residence: Required.** This field should list the client’s county of residence that corresponds with their physical address.

**County of Financial Responsibility: Required.** This field should list the county that is financially responsible for the client’s treatment/services.

**Primary Phone No.:** This field may list the client’s primary phone number including the area code.

**Secondary Phone No.:** This field may list the client’s secondary phone number including the area code.

**Client is Homeless:** This field should display the client’s homeless status. This field is defaulted to N/A.

Additional Information			
Gender Identity	<input type="text"/>	Sexual Orientation	<input type="text"/>
Special Populations	<input type="text"/>	House Bill 131	N/A

10. Review Client Additional Information for accuracy:

**Gender Identity:** **This field is required for Stark County clients.** This field should list the client’s gender identity. (If unknown, not listed, or not disclosed, “Client Refused/Doesn’t Know” may be selected.)

**Sexual Orientation:** **This field is required for Stark County clients.** This field should list the client’s sexual orientation. (If unknown, not listed, or not disclosed, “Client Refused/Doesn’t Know” may be selected.)

**Special Populations:** This field may list any applicable special populations the client belongs to.

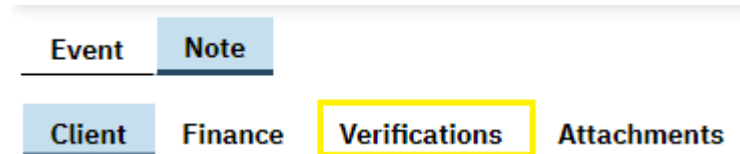
**House Bill 131:** This field should display the client’s status on receiving treatment services paid for by a court-utilized Indigent Driver Alcohol Treatment Fund. This field is defaulted to N/A.

Household Information	
*Household Size	<input type="text"/>
*Adjusted Gross Monthly Income \$	<input type="text"/>

11. Review Client Household Information for accuracy:

**Household Size:** **Required.** This field should list the client’s household size.

**Adjusted Gross Monthly Income:** **Required.** This field should list the client’s family’s adjusted gross monthly income.



12. Click on the **Verifications** sub-tab.

**Verifications**

Form	Forms Given to Client or Guardian		
*Disclosure of enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*All applicable authorizations for billing as required by Federal and State laws have been received?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*In crisis at enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Client is potentially SPMI/SED	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Residency verification form signed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of household income?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of identity?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable

13. Review Verifications for accuracy:

**Disclosure of enrollment?:** **Required.** The enrollment cannot be completed if this value is anything other than “Yes.” This field should display the status concerning if the client or their legal custodian signed disclosure of enrollment documentation.

**All applicable authorizations for billing as required for billing as required by Federal and State laws have been received?:** **Required.** The enrollment cannot be completed if this value is anything other than “Yes.” This field should display the status concerning whether the client or their legal custodian signed all applicable authorizations required to receive services.

**In crisis at enrollment?:** **Required.** The enrollment cannot be completed if this value is anything other than “Yes” or “No.” This field should display the status concerning whether the client was in a crisis situation at the time of enrollment at the submitting agency.

**Client is potentially SPMI/SED?:** **Required.** Not Applicable may be selected. This field should display the status concerning whether the client appears likely to qualify as having a

“serious and persistent mental illness” (SPMI) or as being “severely emotionally disturbed” (SED) by the submitting agency. The submitting agency may select “Not Applicable” if this data is not collected. If your insuring Board requires this information, please notify your contracted provider agencies.

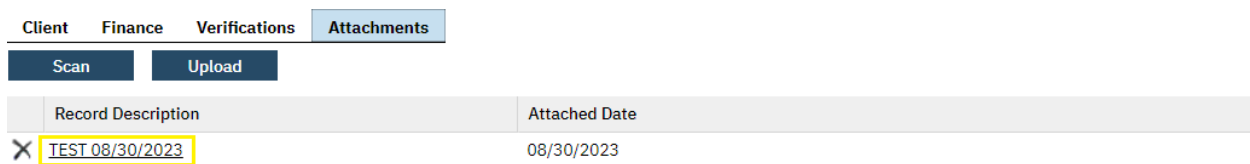
**Residency verification form signed?:** **Required.** Not Applicable may be selected. This field should display the status concerning if the client or their legal custodian signed a residency verification form. The submitting agency may select “Not Applicable” if this data is not collected. If your insuring Board requires this information, please notify your contracted provider agencies.

**Proof of household income?:** **Required.** Not Applicable may be selected. This field should display the status concerning whether the client or their legal custodian provided proof of household income (e.g., paystubs, bank statements, benefit letters). The submitting agency may select “Not Applicable” if this data is not collected. If your insuring Board requires this information, please notify your contracted provider agencies.

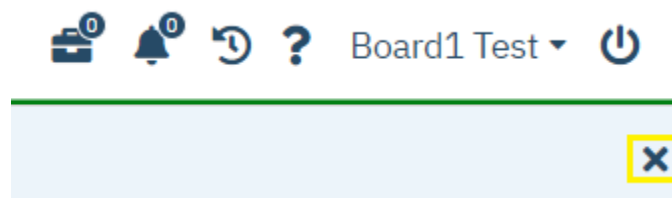
**Proof of identity?:** **Required.** Not Applicable may be selected. This field should display the status concerning whether the client or their legal custodian provided proof of their identity. The submitting agency may select “Not Applicable” if this data is not collected. If your insuring Board requires this information, please notify your contracted provider agencies.



14. Click on the **Attachments** sub-tab.



15. If applicable, review any attached files by clicking the hyperlink under Record Description of the desired file.



16. Once you have reviewed the attached document, click “X” in the upper-right corner of the screen to exit view. You will be returned to the Enrollment Form Event page pre-reviewing. To re-open the enrollment form to continue reviewing/to sign, click the **Edit** (📝) icon, as outlined previously in **Step 4**.
17. If after you have reviewed the enrollment form in its entirety and have determined that it is accurate and ready to sign, continue onto the next Step (**To Sign**). If after you have reviewed the enrollment form in its entirety and have determined that it is errored and needs to be reviewed and corrected by the submitting provider, continue to **Step 25 (To Review)**.

Event	Note		
Client	Finance	Verifications	Attachments

18. **To Sign:** Click on the **Finance** sub-tab.

Coverage Information			
Plan	Insured ID	Group ID	Comment

**Add**

19. Click on **Add**.

Coverage Information			
Plan	Insured ID	Group ID	Comment
X	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Add**

20. Select the appropriate Board coverage plan. Only one Board plan should ever be visible at a time under **Coverage Information**. If an additional Board plan is listed, click the “X” button to its left to remove it.

Financial Information	
*Member Copay <input type="text"/> % or \$ <input type="text"/>	Medicaid Managed Care Plan <input type="text"/>

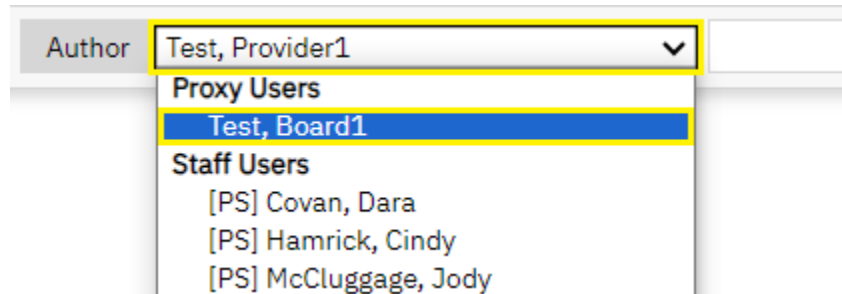
21. Enter the appropriate Financial Information:

**Member Copay %:** **Required.** Enter the client’s copay based upon the client’s Household Size and Adjusted Gross Monthly Income listed within the previous page. Copay percentages may only be entered in increments of five (e.g., 0, 5, 10, 15, and so on).

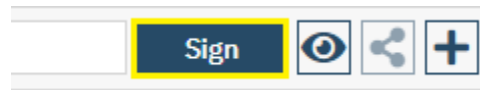
**Medicaid Managed Care Plan:** Select the client's Medicaid managed care plan if applicable.



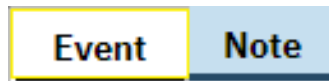
22. Click the **Save** button.



23. Click within the **Author** field. Then, select your username under Proxy Users.



24. Then, click **Sign**. The enrollment is now complete.



25. **To Review:** If the enrollment is inaccurate or incomplete and needs to be reviewed by the submitting provider, click on the **Event** tab.

**Event** **Note**

---

**Details**

Event: Enrollment Form Event

Date: 07/01/2023 Time: 11:09 AM

Staff: Test, Board1

Status: In Progress

Insurer: In Progress

Provider: **To Review**

26. Click within the Status field. Then, select **To Review**.

**Event** **Note**

27. Click on the **Note** tab.

**Event** **Note**

**Client** Finance Verifications Attachments **Review Notes**

28. Click on the **Review Notes** sub-tab.

What Corrections are needed:

29. Enter any corrections that need to be made within the field titled, “What Corrections are needed.”

GoTo [User Icon] [Calendar Icon] [Info Icon] [Trash Icon] [Print Icon] **Save** [Close Icon]

30. Then, click **Save**. The submitting provider will be prompted to make corrections. Once corrected, the submitting provider will return the enrollment form to an “In Progress” status for Board review.



b.) Enrollment Contacts
-------------------------

The following table lists all primary enrollment contacts at every PartnerSolutions Board.

<b>Board(s)</b>	<b>Name</b>	<b>Phone No(s).</b>	<b>Fax No.</b>	<b>Email Address</b>
Ashland	Patty Walton	(419) 281-3139 ext. 1228	(419) 281-4988	<a href="mailto:pwalton@ashlandmhrb.org">pwalton@ashlandmhrb.org</a>
Ashtabula, Delaware-Morrow, Hancock, Mahoning, Mercer- Van Wert- Paulding, Portage, Stark, Trumbull, Union, Warren- Clinton, Wayne- Holmes	Cindy Hamrick Kelli Whitted	(330) 430-3966 (330) 430-3993	(330) 454-2484	<a href="mailto:cindy.hamrick@starkmhar.org">cindy.hamrick@starkmhar.org</a> <a href="mailto:kelli.whitted@starkmhar.org">kelli.whitted@starkmhar.org</a>
Belmont-Harrison- Monroe	Lisa Jones Rachel Scott Wendy McKivitz	(740) 695-9998	(740) 695-1607	<a href="mailto:lisaj@bhmboard.org">lisaj@bhmboard.org</a> <a href="mailto:rachels@bhmboard.org">rachels@bhmboard.org</a> <a href="mailto:wendym@bhmboard.org">wendym@bhmboard.org</a>
Columbiana	Shirley Carter	(330) 424-0195	(330) 424-8033	<a href="mailto:scarter@ccmhrs.org">scarter@ccmhrs.org</a>
Jefferson	Marianne Madzia	(740) 282-1300	(740) 282-6353	<a href="mailto:madziam@jcprb.org">madziam@jcprb.org</a>
Mahoning	Alicia Saulsberry	(330) 746-2959 ext. 7662	(330) 746-1052	<a href="mailto:saulsberry.alicia@mahoningcountyoh.gov">saulsberry.alicia@mahoningcountyoh.gov</a>

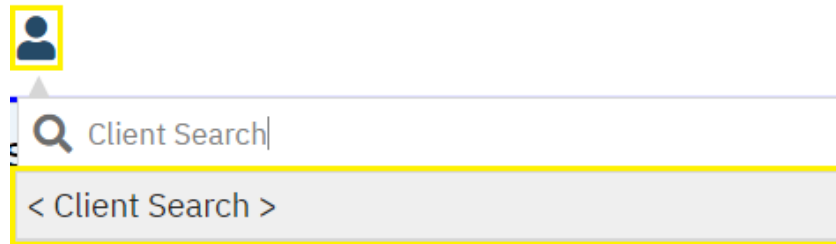
## IX. Previous Enrollment Process (SFY23 & Earlier)

(Accessible to Enrollment role only.)

Note: If you do not currently have the Enrollment role, please complete a new *SmartCareMCO Board Account Request/Change Form* requesting this change. You can download this form at <https://partnersolutions.starkmhar.org/data-analytics/>. Please submit your completed form to [SmartCareSupport@starkmhar.org](mailto:SmartCareSupport@starkmhar.org).

This enrollment process has been discontinued by most participating PartnerSolutions Boards effective 07/01/2023. Please instead see instructions outlined in Section VIII. Current Enrollment Process (SFY24 & Later).

### a.) Enrolling a New Individual (“Real”) Client



1. To enroll a new individual client, click the Client Search icon. Then, click on **< Client Search >**.

**Client Search** ? x

Clear

**Name Search**  Include Client Contacts  Only Include Active Clients (Checking will not allow option to create new Client)

---

Broad Search

Narrow Search

Type of Client  Individual  Organization

Last Name

First Name

Program

---

Other Search Strategies

SSN Search

DOB Search

Phone # Search

Master Client ID Search

Primary Clinician Search

Client ID Search

Authorization ID / #

Insured ID Search

2. In the pop-up that appears, these three steps must be followed before creating a new individual client:

Enter the client's full, legal last or family name in the **Last Name** field and their full, legal first name in the **First Name** field, then click on **Broad Search**.

Enter the client's social security number in its respective field, then click on **SSN Search**.

Enter the client's date of birth in its respective field, then click on **DOB Search**.

If **No Search Records Found** appears at the top of your screen every time after performing all three searches, or if no valid client match is found, continue to the next step. However, if a valid client match is found, move to the **b.) Re-enrolling an Existing Client** section in the manual.

**Records Found**

ID	Master ID	Client Name	△	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
No data to display									

Create New Potential Client

Select

Cancel

Registration

Inquiry (Selected Client)

Inquiry (New Client)

3. Click on **Create New Potential Client**.

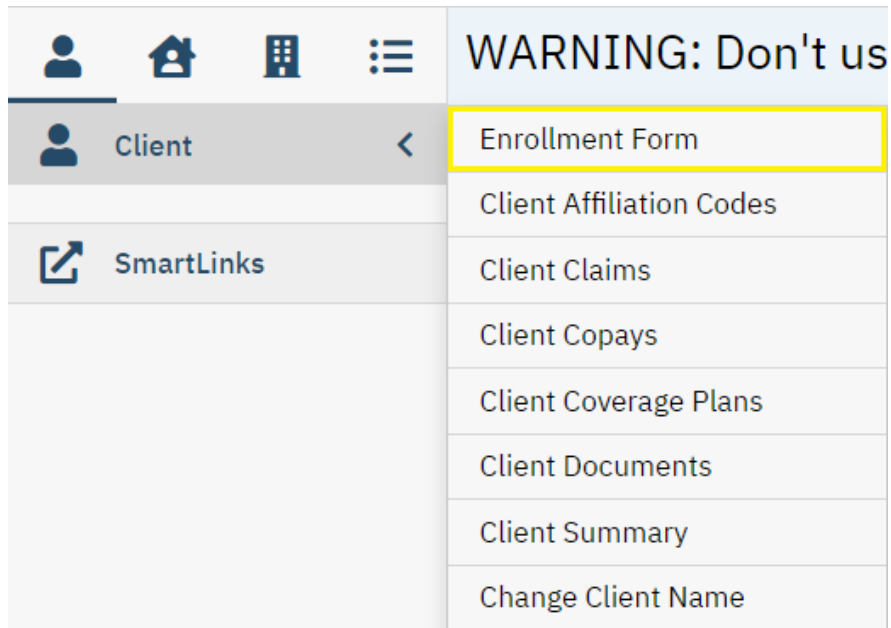
**Confirmation Message**
✕

?
Are you sure you wish to create a new Client?

Yes

No

4. In the pop-up that appears, click on **Yes**. The client you created will now be opened in the **Client** menu.



5. While in the Client menu, click on **Enrollment Form**.

The screenshot shows a form field for 'Effective' date. The field is highlighted in yellow. To the right of the field is a calendar icon. The status is set to 'New'.

6. **\*Effective (Date): Validated.** Enter the effective (start) date of the enrollment.

The screenshot shows the 'Provider Information' section of a form. There are three tabs: 'Client', 'Finance', and 'Verifications'. The 'Client' tab is selected. The form has two main sections: 'Provider Information' and 'Requested Date'. The 'Submitted Provider' dropdown is highlighted in yellow. The 'Requested Date' field is also highlighted in yellow.

7. **\*Submitting Provider: Validated.** Select from the dropdown list the name of the submitting provider agency that is requesting the enrollment.
8. **Requested Date:** Enter the date the form was sent by the submitting agency to the Board completing the enrollment.

Client Information			
*First Name	Client	Middle Name	
		*Last Name	Test
Suffix			
*SSN	999-99-9999 <input type="checkbox"/> Client doesn't have an SSN.	*DOB	07/01/2000 (Age: 22 Years)
		*Gender	
*Ethnicity		*Primary Language	English
		Marital Status	
*Race	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Client Refused/Doesn't Know <input type="checkbox"/> Black or African American		

9. **\*First Name: Validated.** Enter the client's full, legal first name. This field will be autopopulated with the value entered on the < **Client Search** > screen.
10. **Middle Name:** Enter the client's full middle name.
11. **\*Last Name: Validated.** Enter the client's last or family name. This field will be autopopulated with the value entered on the < **Client Search** > screen.
12. **Suffix:** Select the client's name suffix.
13. **\*SSN:** Enter the client's nine-digit social security number. Use "999-99-9999" if the client's SSN is unobtainable. This field will be autopopulated with the value entered on the < **Client Search** > screen.
14. **\*DOB: Validated.** Enter the client's date of birth. If their DOB is unobtainable, use 07/04/1876. This field will be autopopulated with the value entered on the < **Client Search** > screen.
15. **\*Gender: Validated.** Select the client's gender.
16. **\*Ethnicity: Validated.** Select the client's ethnic background.
17. **\*Race: Validated.** Check the client's racial background. Multiple values should be checked for biracial and multiracial clients.
18. **\*Primary Language: Validated.** Select the client's primary language. This field is defaulted to English.
19. **\*Marital Status: Validated.** Select the client's self-reported marital status.

Residency and Contact Information								
*Address 1				Address 2				
*City			*State	Ohio	*ZIP			
					*County of Residence	Search here		
Primary Phone No.			Secondary Phone No.			*County of Financial Responsibility	Search here	
Client is Homeless	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A							

20. **\*Address 1: Validated.** Enter the first line of the client’s full, physical address (e.g., write “101 Main St.” rather than “101 Main”). If the client is homeless, write “Homeless.”
21. **Address 2:** Enter the second line of the client’s physical address (e.g., an apartment or lot number when applicable).
22. **\*City: Validated.** Enter the client’s physical city of residence. If the client is homeless and living in a shelter, enter the shelter’s city; otherwise, enter the county seat of the county where they are residing.
23. **\*State: Validated.** Select the client’s physical state of residence. This field is defaulted to Ohio.
24. **\*ZIP: Validated.** Enter, at minimum, the first five digits of the client’s physical address ZIP code. If the client is homeless and living in a shelter, enter the shelter’s ZIP code; otherwise, enter the ZIP code of the county seat of the county where they are residing.
25. **\*County of Residence: Validated.** Enter the client’s county of residence that corresponds with their physical address.
26. **\*County of Financial Responsibility: Validated.** Enter the county that is financially responsible for the client’s treatment/services.
27. **Primary Phone No.:** Enter the client’s primary phone number including the area code.
28. **Secondary Phone No.:** Enter the client’s secondary phone number including the area code.
29. **Client is Homeless:** Select the client’s homeless status. This field is defaulted to N/A.

Additional Information			
Gender Identity		Sexual Orientation	
Religion		House Bill 131	N/A

30. **Gender Identity:** Select the client’s gender identity. (Required for Stark County.)

31. **Religion:** Select the “Amish/Hutterite/Mennonite” value if the client is reported as being a practicing Amish, Hutterite, Mennonite, or member of any other related Anabaptist group.
32. **Sexual Orientation:** Select the client’s sexual orientation. (Required for Stark County.)
33. **House Bill 131:** Select the client’s status on receiving treatment services paid for by a court-utilized Indigent Driver Alcohol Treatment Fund. This field is defaulted to N/A.



34. Click on **Finance**.

Coverage Information			
Plan	Insured ID	Group ID	Comment

**Add**

35. Click on **Add**.

Coverage Information			
Plan	Insured ID	Group ID	Comment
X <input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Add**

36. **Plan:** **Validated.** Select the appropriate Board coverage plan. Only one Board plan should ever be visible at a time under **Coverage Information**. If an additional Board plan is listed, click the “X” button to its left to remove it.

Financial Information	
*Household Size <input type="text"/>	*Member Copay <input type="text"/> % or \$ <input type="text"/>
Adjusted Gross Monthly Income \$ <input type="text"/>	Medicaid Managed Care Plan <input type="text"/>

37. **\*Household Size:** **Validated.** Enter the client’s household size.
38. **\*Adjusted Gross Monthly Income \$:** **Validated.** Enter the client’s family’s adjusted gross monthly income.
39. **\*Member Copay %:** **Validated.** Enter the client’s copay. Copay percentages may only be entered in increments of five (e.g., 0, 5, 10, 15, and so on).
40. **Medicaid Managed Care Plan:** Select the client’s Medicaid managed care plan.



#### 41. Click on **Verifications**.

##### Verifications

Form	Forms Given to Client or Guardian		
*Disclosure of enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*All applicable authorizations for billing as required by Federal and State laws have been received?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*In crisis at enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Client is potentially SPMI/SED	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Residency verification form signed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of household income?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of identity?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable

42. **\*Disclosure of enrollment?: Validated.** Select the status concerning if the client or their legal custodian signed disclosure of enrollment documentation.
43. **\*All applicable authorizations for billing as required by Federal and State laws have been received?: Validated.** Select the status concerning if the client or their legal custodian signed all applicable authorizations required to receive services.
44. **\*In crisis at enrollment?: Validated.** Select the status concerning whether the client or their legal custodian was in a crisis situation at the time of enrollment at the submitting agency.
45. **Client is potentially SPMI/SED?:** Select the status concerning whether the client appears likely to qualify as having a “serious and persistent mental illness” (SPMI) or as being “severely emotionally disturbed” (SED) by the submitting agency.
46. **Residency verification form signed?:** Select the status concerning if the client or their legal custodian signed a residency verification form.
47. **Proof of household income?:** Select the status concerning if the client or their legal custodian provided proof of their household income (e.g., paystubs, bank statements, benefit letters).
48. **Proof of identity?:** Select the status concerning if the client or their legal custodian provided proof of their identity.



49. Click on **Sign**. The enrollment has now been completed.

Note: The system will not allow an enrollment to be completed if any validated fields are left unpopulated.

## b.) Re-enrolling an Existing Client



1. To re-enroll an existing client, click the Client Search icon. Then, click on **< Client Search >**.

 A screenshot of a web application window titled 'Client Search'. The window has a dark blue header with a question mark and close button icon. Below the header is a 'Clear' button. The main content area is divided into sections. The first section is 'Name Search' with two checkboxes: 'Include Client Contacts' and 'Only Include Active Clients (Checking will not allow option to create new Client)'. Below this are two buttons: 'Broad Search' (highlighted in yellow) and 'Narrow Search'. To the right of these buttons is a 'Type of Client' section with two radio buttons: 'Individual' (selected) and 'Organization'. Below the radio buttons are three input fields: 'Last Name' (highlighted in yellow), 'First Name' (highlighted in yellow), and 'Program' (a dropdown menu). The second section is 'Other Search Strategies' and contains several search options, each with a button and an input field: 'SSN Search' (button highlighted in yellow), 'DOB Search' (button highlighted in yellow), 'Primary Clinician Search' (button highlighted in yellow), 'Authorization ID / #' (button highlighted in yellow), 'Phone # Search', 'Master Client ID Search', 'Client ID Search', and 'Insured ID Search'.

2. In the pop-up that appears, follow one of these three steps until a valid match has been found:

Enter the client's full, legal last or family name in the **Last Name** field and their full, legal first name in the **First Name** field, then click on **Broad Search**.

Enter the client's social security number in its respective field, then click on **SSN Search**.

Enter the client's date of birth in its respective field, then click on **DOB Search**.

Enter the client's ClientID in its respective field, then click on **Master Client ID Search**.

Records Found

	ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
<input checked="" type="radio"/>	6084...	6084882	Test, Client		9999	07/01/20...	Active	Canton	
<input type="radio"/>	6084...	6084881	Test, Client		9999	07/01/20...	Active		
<input type="radio"/>	6084...	6084880	Test, Client		9999	07/01/20...	Active		
<input type="radio"/>	6084...	6084879	Test, Client		9999	07/01/20...	Active		
<input type="radio"/>	6048...	6048935	Test, Client		9999	05/01/19...	Active	Canton	
<input type="radio"/>	6000...	6000302	Test, Client		9999	03/01/19...	Active	Canton	

3. Click on **Select** if a valid client match has been found. If more than one search result appears, click on the radio button to the left of the client you are attempting to open before clicking on **Select**.

The screenshot shows a navigation menu on the left with icons for a person, home, grid, and list. The 'Client' menu item is selected, and a dropdown menu is open on the right. The 'Enrollment Form' option is highlighted with a yellow box. Other options in the dropdown include Client Affiliation Codes, Client Claims, Client Copays, Client Coverage Plans, Client Documents, Client Summary, and Change Client Name. A warning message 'WARNING: Don't us' is visible at the top right of the dropdown.

4. While in the Client menu, click on **Enrollment Form**.

The screenshot shows a toolbar with various icons: a document with a plus sign, a vertical ellipsis, a checkmark, 'GoTo', a person icon, a person with a pencil, a trash can, a printer, a document icon (highlighted with a yellow box), a 'Save' button, and a close button (X).

5. Click on **New**.

Effective			Status	New
-----------	--	--	--------	-----

6. \***Effective (Date):** **Validated.** Enter the effective (start) date of the enrollment.

<b>Client</b>	Finance	Verifications
---------------	---------	---------------

7. Click on the **Client** tab. Then, update any fields as necessary that have changed from the client's last signed enrollment to the current one.

Client	<b>Finance</b>	Verifications
--------	----------------	---------------

8. Click on **Finance**.

Coverage Information			
Plan	Insured ID	Group ID	Comment
X <input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="button" value="Add"/>

9. Ensure that the client is in the correct Board plan. If the client is being transferred from one Board's plan to another's, switch the client's plan as appropriate. Only one Board plan should ever be visible at a time under **Coverage Information**. If an additional Board plan is listed, click the "X" button to its left to remove it.
10. On the **Finance** tab, update any other fields as necessary that have changed from the client's last signed enrollment to the current one.

Client	Finance	<b>Verifications</b>
--------	---------	----------------------

11. Click on **Verifications**.

**Verifications**

Form	Forms Given to Client or Guardian		
*Disclosure of enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*All applicable authorizations for billing as required by Federal and State laws have been received?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*In crisis at enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Client is potentially SPMI/SED	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Residency verification form signed?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of household income?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
Proof of identity?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable

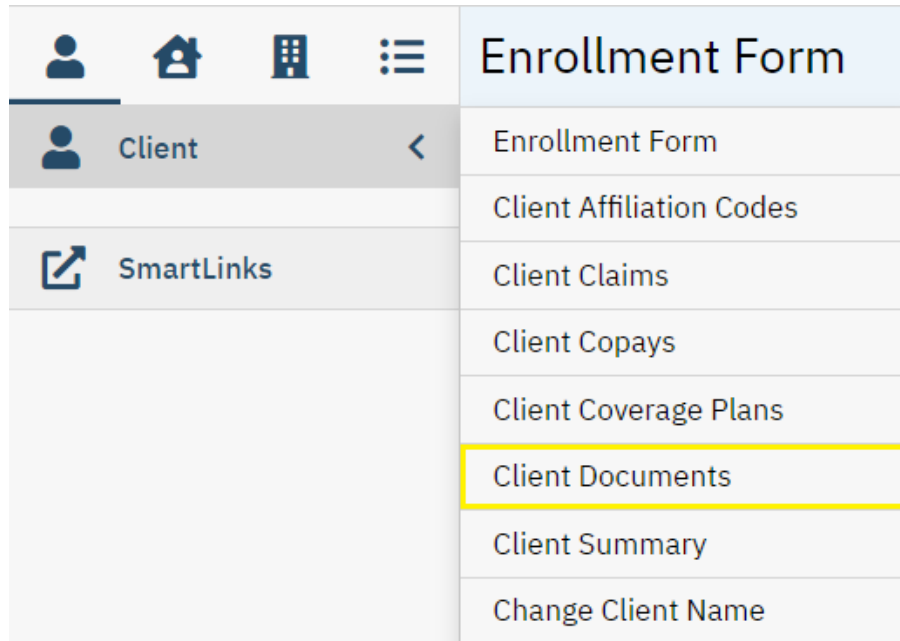
12. On the **Verifications** tab, answer the validated questions and update any other ones as necessary.

13. Click on **Sign**. The enrollment has now been completed.

Note: The system will not allow an enrollment to be completed if any validated fields are left unpopulated.

### c.) Making an Enrollment Correction

A signed enrollment should only be edited to either fix a mistake on the part of the Board enrollment staff person or on the part of the submitting agency. An enrollment is only able to be edited by the enrollment staff person who authored the enrollment.



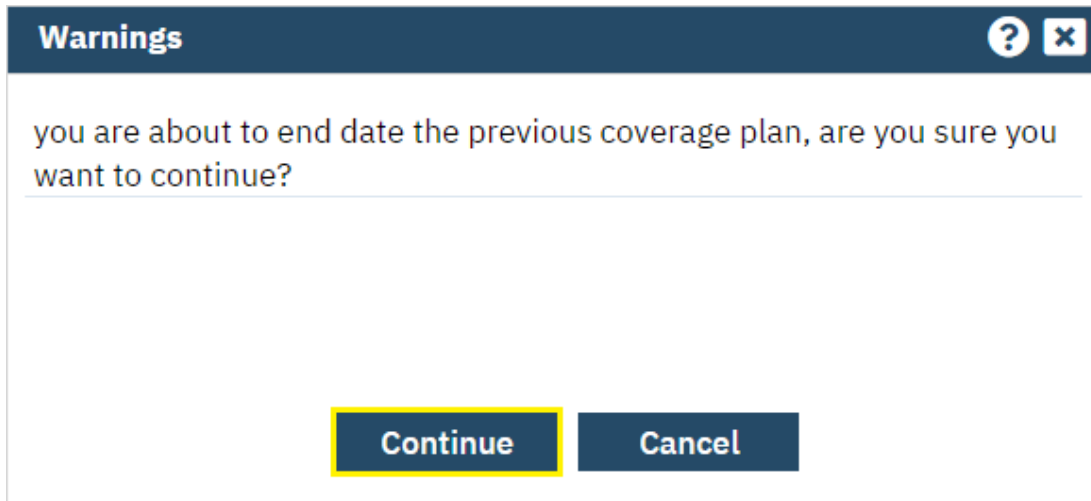
1. While in the **Client** menu (i.e., the desired client is opened), click on **Client Documents**.

Document/Description	Group Name	Effective ▾	Status	Ver.	Due Date	Author	To Co-Sign	Others to Sign	Shared	Associated Docu
<a href="#">Registration Document</a>		07/01/2022	Signed	1		Test, Board 1			Yes	<a href="#">Add</a>

2. Click on the hyperlink under **Registration Document** for the enrollment that needs corrected or edited.

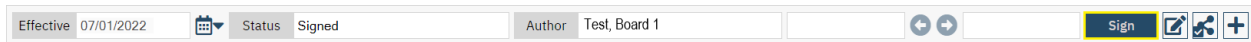
Effective	07/01/2022	Status	Signed	Author	Test, Board 1			Sign			
-----------	------------	--------	--------	--------	---------------	--	--	------	--	--	--

3. Click on the **Edit** icon.



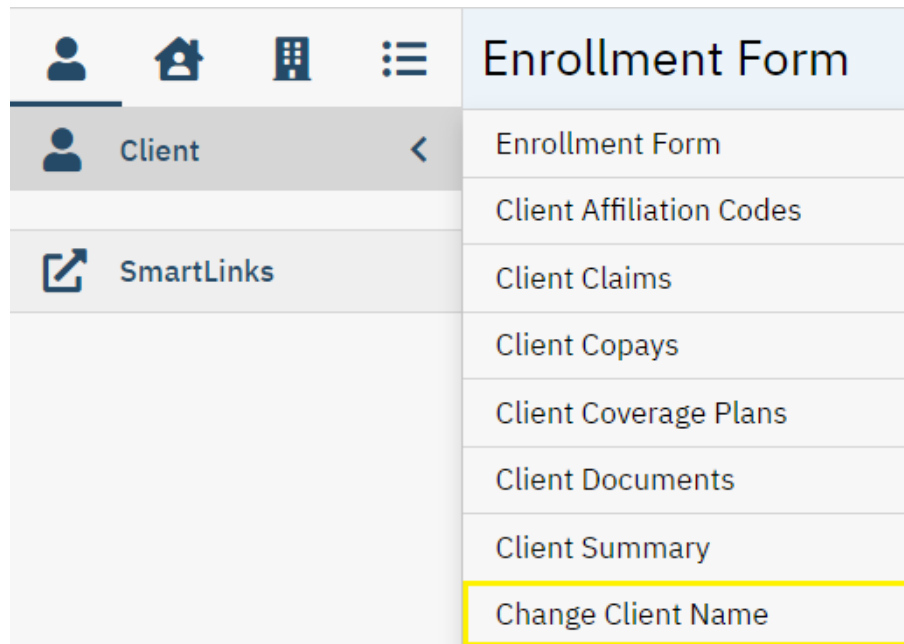
4. In the pop-up that appears, click on **Continue**.
5. On the **Client**, **Finance**, and **Verifications** tabs, update any fields that need corrected.

Note: A client's coverage plan should never be changed using the **Edit** function. If a client has been accidentally enrolled in the wrong plan, contact PartnerSolutions directly to resolve the issue.



6. Click on **Sign**. The enrollment has now been updated.

d.) Changing a Client's Name



1. While in the **Client** menu (i.e., the desired client is opened), click on **Change Client Name**.

**General Information**

Type of Client  Individual  Organization

Client ID 6084882 SSN  [Modify...](#) Status Medicaid ID

Prefix  First Name  Last Name  Middle Name  Suffix

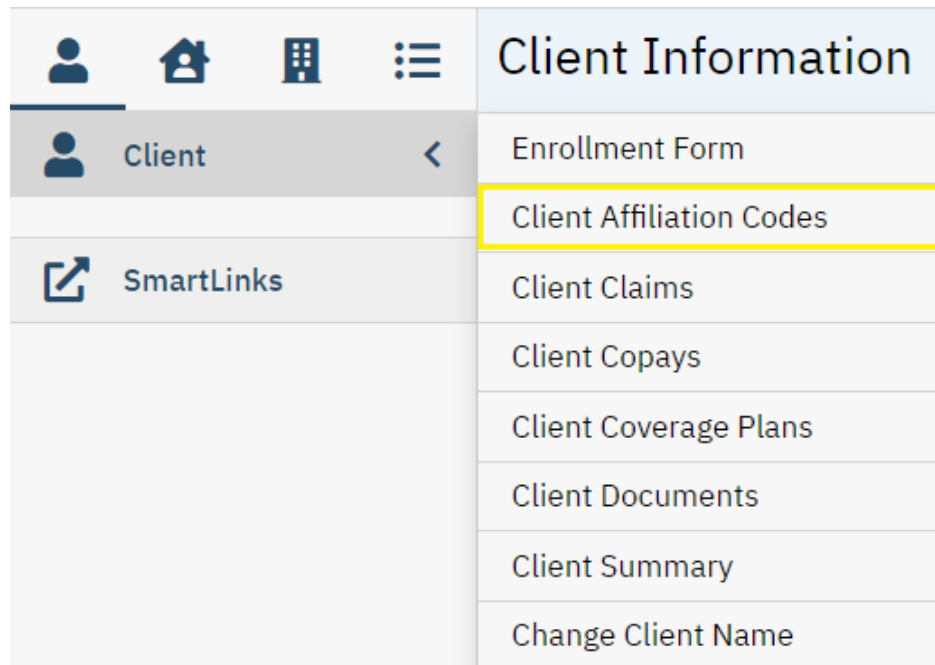
E-Mail  Professional Suffix

2. Enter the client's updated names in the **First Name** and **Last Name** fields, then click on **Save**.

Note: Do not attempt to change any other information about the client other than their first and last names while in the **Change Client Name** QuickLink.



e.) Adding an Affiliation Code



1. While in the **Client** menu (i.e., the desired client is opened), click on **Client Affiliation Codes**.



2. Click on the **New** icon.

**General**

Program Name   Primary Current Status

**Client...**

Assigned Staff

Comment

Requested Date

Enrolled Date

Discharged Date

Next Schedule Service

3. Select the applicable affiliation code under **Program Name**.
  - *507DE* – Select for the Multi-County Collaborative Detox affiliation code.
  - *AMDE* – Select for the Ambulatory Detox affiliation code.
  - *DRUG* – Select for the Drug Court & Adolescent Reentry affiliation code.

- *FPRP* – Select for the Forensic Partnership Recovery Program affiliation code.
- *HA03* – Select for the Ashland Hardship affiliation code.
- *HA32* – Select for the Hancock Hardship affiliation code.
- *MEAD* – Select for the Medicaid Expansion Application Denied affiliation code.
- *MEAP* – Select for the Medicaid Expansion Application Pending affiliation code.
- *MEMC* – Select for the Medicaid Expansion Client Ineligible affiliation code.
- *PG* – Select for the Problem Gambling affiliation code.
- *RSAT* – Select for the Residential Substance Abuse Treatment affiliation code.
- *SHPC* – Select for the Shelter Plus Care affiliation code.
- *TASC* – Select for the Criminal Justice Pass Through affiliation code.
- *TPME* – Select for the Turning Point Men’s Program affiliation code.
- *TXX* – Select for the Title XX affiliation code.

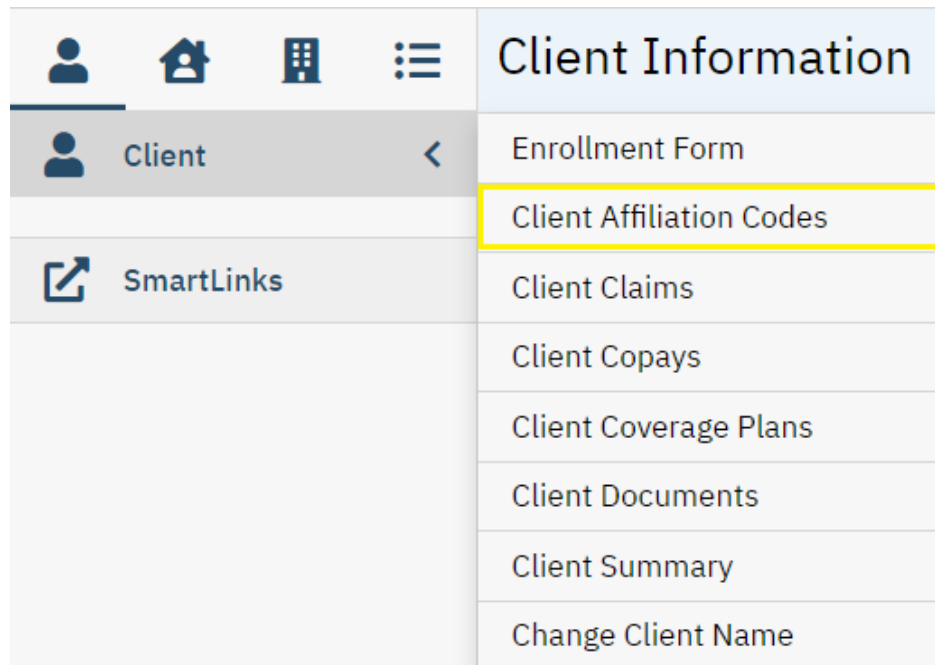
General		
Program Name	<input type="text"/>	<input type="checkbox"/> Primary
Client...	<input type="text" value="Test, Client"/>	Current Status <input type="text"/>
Assigned Staff	<input type="text"/>	Requested Date <input type="text"/>
Comment	<input type="text"/>	Enrolled Date <input type="text"/>
		Discharged Date <input type="text"/>
		Next Schedule Service

#### 4. Select “Enrolled” under **Current Status**.

General		
Program Name	<input type="text"/>	<input type="checkbox"/> Primary
Client...	<input type="text" value="Test, Client"/>	Current Status <input type="text"/>
Assigned Staff	<input type="text"/>	Requested Date <input type="text"/>
Comment	<input type="text"/>	Enrolled Date <input type="text"/>
		Discharged Date <input type="text"/>
		Next Schedule Service

#### 5. Enter the effective (start) date of the affiliation code under **Enrolled Date**, then click on **Save**.

## f.) Terminating an Affiliation Code



1. While in the **Client** menu (i.e., the desired client is opened), click on **Client Affiliation Codes**.

Program Name	Status	Enrolled	Discharged	Assigned Staff	Primary	Last DOS	Next DOS
PG	<a href="#">Enrolled</a>	07/01/2022			Yes		

2. Click on the hyperlink under **Status** to view that affiliation code.

**General**

Program Name: PG  Primary

Client...: Test, Client

Assigned Staff:

Comment:

Current Status: [Discharged](#)

Discharge Reason:

Requested Date:

Enrolled Date: 07/01/2022

Discharged Date:

Next Schedule Service:

3. Select "Discharged" under **Current Status**.

General				
Program Name	PG <input type="text"/>	<input checked="" type="checkbox"/> Primary	Current Status	Discharged <input type="text"/>
<b>Client...</b>	Test, Client <input type="text"/>		Discharge Reason	<input type="text"/>
Assigned Staff	<input type="text"/>		Requested Date	<input type="text"/>
Comment	<input type="text"/>		Enrolled Date	07/01/2022
			Discharged Date	<input type="text"/>
			Next Schedule Service	

4. Enter the end date of the affiliation code under **Discharged Date**, then click on **Save**.

g.) Residency Verification Form
---------------------------------

1. The latest version of the *SmartCareMCO Residency Verification Form* can be downloaded from <https://starkmhar.org/partner-solutions/smartcareresources/>.
2. As of 01/01/18, the same residency rules in place for enrollments in MACSIS will apply to enrollments in SmartCareMCO. These rules will be updated in the future as appropriate.

## h.) Enrolling a New Organization (“Pseudo”) Client



1. To enroll a new organization client, click the Client Search icon. Then, click on **< Client Search >**.

Name Search  Include Client Contacts  Only Include Active Clients (Checking will not allow option to create new Client)

---

**Broad Search** **Narrow Search** Type of Client  Individual  **Organization**

Organization Name  Program

2. Click on **Organization**.

Name Search  Include Client Contacts  Only Include Active Clients (Checking will not allow option to create new Client)

---

**Broad Search** **Narrow Search** Type of Client  Individual  **Organization**

Organization Name  Program

---

**Other Search Strategies**

<b>EIN Search</b> <input type="text"/>	<input type="text"/>	<b>Phone # Search</b> <input type="text"/>
<b>DOB Search</b> <input type="text"/>	<input type="text"/>	<b>Master Client ID Search</b> <input type="text"/>
<b>Primary Clinician Search</b> <input type="text"/>	<input type="text"/>	<b>Client ID Search</b> <input type="text"/>
<b>Authorization ID / #</b> <input type="text"/>	<input type="text"/>	<b>Insured ID Search</b> <input type="text"/>

3. These three steps must be followed before creating a new organization client:

Enter the client’s desired name in the **Organization Name** field, then click on **Broad Search**.

Enter “999999999” as the client’s EIN in its respective field, then click on **EIN Search**.

Enter “07/01/2000” as the client’s date of birth, then click on **DOB Search**. This date is used as the default DOB for all organization clients.

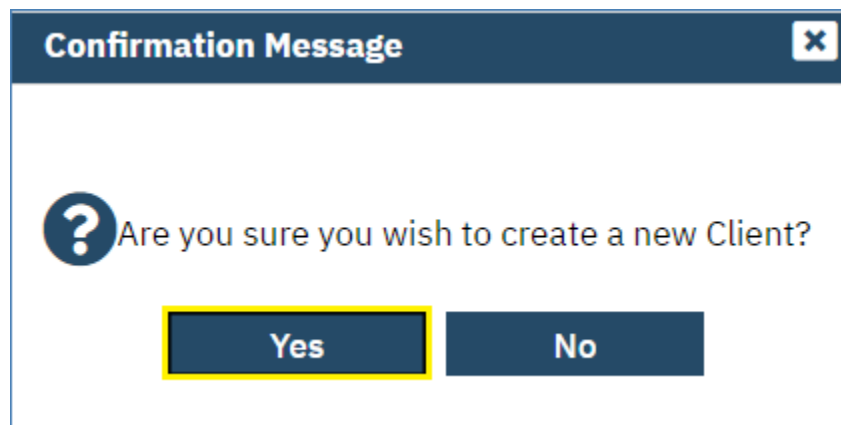
Records Found

ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
No data to display								

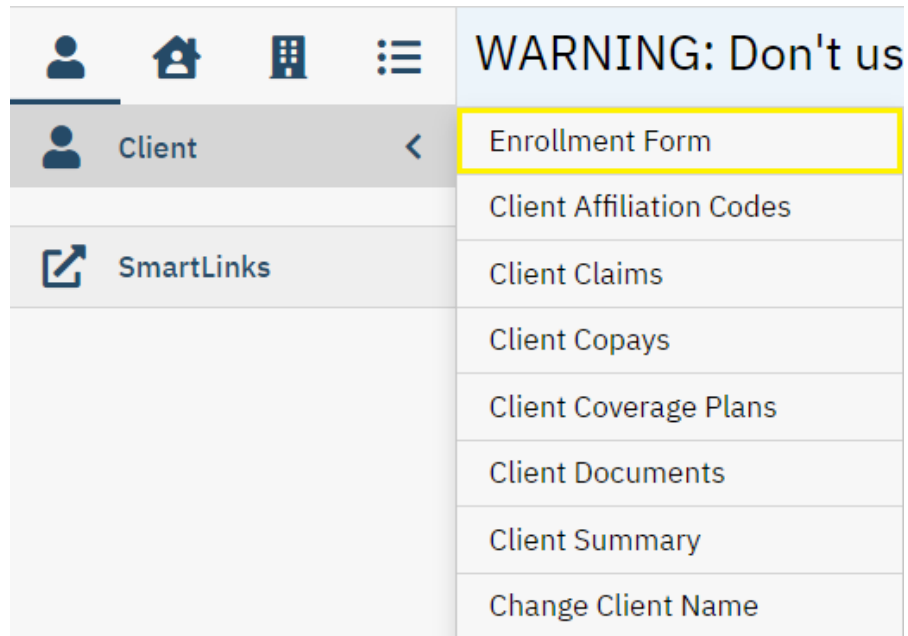
Create New Potential Client   Select   Cancel

Registration   Inquiry (Selected Client)   Inquiry (New Client)

- Click on **Create New Potential Client**.



- In the pop-up that appears, click on **Yes**. The client you created will now be opened in the **Client** menu.



6. While in the Client menu, click on **Enrollment Form**.

The screenshot shows a form field for 'Effective' date. The field is highlighted in yellow, and the status is set to 'New'. A calendar icon is visible next to the field.

7. **\*Effective (Date): Validated.** Enter the effective (start) date of the enrollment.

The screenshot shows the 'Provider Information' section of a form. The 'Submitted Provider' field is highlighted in yellow, and the 'Requested Date' field is also highlighted in yellow. The 'Submitted Provider' field is a dropdown menu, and the 'Requested Date' field is a date picker.

8. **\*Submitting Provider: Validated.** Select the name of the submitting agency that will be billing claims to the organization client.



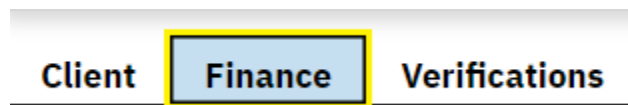
Client Information			
Organization Name	[Redacted]		
EIN*	999999999	*DOB	07/01/2000 (Age: 22 Years)
*Ethnicity	Client Refused/Doesn't Know	*Primary Language	English
*Race	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> Client Refused/Doesn't Know <input type="checkbox"/> Black or African American	Marital Status	Client Refused/Doesn't Know
		*Gender	Client Refused/D

9. **\*Organization Name: Validated.** Enter the client's desired name. This field will be autopopulated with the value entered on the < **Client Search** > screen.
10. **\*EIN: Validated.** Enter "99-9999999" as the client's EIN. This field will be autopopulated with the value entered in the < **Client Search** > screen.
11. **\*DOB: Validated.** Enter "07/01/2000" as the client's DOB. This field will be autopopulated with the value entered in the < **Client Search** > screen.
12. **\*Gender: Validated.** Select the option Client Refused/Doesn't Know from the dropdown list. This is used as the default gender for all organization clients.
13. **\*Ethnicity: Validated.** Select the option Client Refused/Doesn't Know from the dropdown list. This is used as the default ethnicity for all organization clients.
14. **\*Race: Validated.** Select the option Client Refused/Doesn't Know. This is used as the default race for all organization clients.
15. **\*Primary Language: Validated.** Select the option English from the dropdown list. This is used as the default primary language for all organization clients.

Residency and Contact Information					
*Address 1	[Redacted]		Address 2	[Redacted]	
*City	[Redacted]	*State	Ohio	*ZIP	[Redacted]
Primary Phone No.	[Redacted]	Secondary Phone No.	[Redacted]	*County of Residence	Search here
Client is Homeless	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A		*County of Financial Responsibility	Search here	

16. **\*Address 1: Validated.** Enter the physical address of the Board office creating the organization client.
17. **\*City: Validated.** Enter the city of the Board creating the organization client.

18. **\*State: Validated.** Select the state of the Board creating the organization client. This field is defaulted to Ohio.
19. **\*ZIP: Validated.** Enter the ZIP code of the Board creating the organization client.
20. **\*County of Residence: Validated.** Enter the county of the Board creating the organization client.
21. **\*County of Financial Responsibility: Validated.** Enter the county of the Board creating the organization client.



22. Click on **Finance**.

Coverage Information			
Plan	Insured ID	Group ID	Comment

**Add**

23. Click on **Add**.








Coverage Information			
Plan	Insured ID	Group ID	Comment
X <input type="text" value=""/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Add**

24. **Plan: Validated.** Select the coverage plan of the Board creating the organization client. Only one Board plan should ever be visible at a time under **Coverage Information**.

Financial Information	
*Household Size <input type="text" value=""/>	*Member Copay <input type="text" value=""/> % or \$ <input type="text" value=""/>
Adjusted Gross Monthly Income \$ <input type="text" value=""/>	Medicaid Managed Care Plan <input type="text" value=""/>

25. **\*Household Size:** Enter a value of 1.
26. **\*Adjusted Gross Monthly Income \$:** Enter a value of 0.
27. **\*Member Copay %:** Enter a value of 0.

Effective	07/01/2022		Status	Signed	Author	Test, Board 1				<b>Sign</b>			
-----------	------------	---	--------	--------	--------	---------------	---	---	---	-------------	---	---	---

28. Click on **Sign**. The enrollment has now been completed.

Note: The system will not allow an enrollment to be completed if any validated fields are left unpopulated.

i.) Enrollment Contacts
-------------------------

The following table lists all primary enrollment contacts at every PartnerSolutions Board.

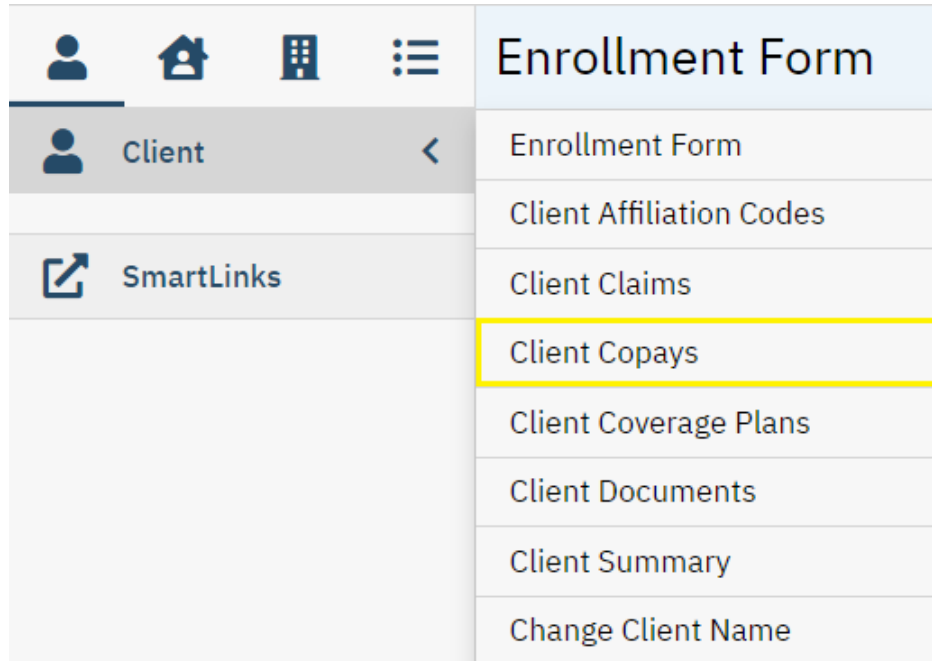
<b>Board(s)</b>	<b>Name</b>	<b>Phone No(s).</b>	<b>Fax No.</b>	<b>Email Address</b>
Ashland	Patty Walton	(419) 281-3139 ext. 1228	(419) 281-4988	<a href="mailto:pwalton@ashlandmhrb.org">pwalton@ashlandmhrb.org</a>
Ashtabula, Delaware-Morrow, Hancock, Mahoning, Mercer- Van Wert- Paulding, Portage, Stark, Trumbull, Union, Warren- Clinton, Wayne- Holmes	Cindy Hamrick Kelli Whitted	(330) 430-3966 (330) 430-3993	(330) 454-2484	<a href="mailto:cindy.hamrick@starkmhar.org">cindy.hamrick@starkmhar.org</a> <a href="mailto:kelli.whitted@starkmhar.org">kelli.whitted@starkmhar.org</a>
Belmont-Harrison- Monroe	Lisa Jones Rachel Scott Wendy McKivitz	(740) 695-9998	(740) 695-1607	<a href="mailto:lisaj@bhmboard.org">lisaj@bhmboard.org</a> <a href="mailto:rachels@bhmboard.org">rachels@bhmboard.org</a> <a href="mailto:wendym@bhmboard.org">wendym@bhmboard.org</a>
Columbiana	Shirley Carter	(330) 424-0195	(330) 424-8033	<a href="mailto:scarter@ccmhrs.org">scarter@ccmhrs.org</a>
Jefferson	Marianne Madzia	(740) 282-1300	(740) 282-6353	<a href="mailto:madziam@jcprb.org">madziam@jcprb.org</a>
Mahoning	Alicia Saulsberry	(330) 746-2959 ext. 7662	(330) 746-1052	<a href="mailto:saulsberry.alicia@mahoningcountyoh.gov">saulsberry.alicia@mahoningcountyoh.gov</a>

j.) Enrollment Reminders
--------------------------

- An enrollment staff person should never sign or modify an enrollment for a client when the client is enrolled in a Board coverage plan outside of their scope of responsibilities.
- All received enrollment requests should correspond completely with the required fields and values outlined in the *SmartCareMCO Enrollment Form Completion Instructions* document. Enrollment requests that are not completed properly or are illegible should be returned uncompleted to the submitting agency with a request to fix any outstanding issues.
- Contact PartnerSolutions directly if a suspected duplicate client is found in the system.
- Contact PartnerSolutions directly if a client appears to be enrolled in a Medicaid coverage plan (such as through the Ohio Department of Mental Health and Addiction Services iPortal) but does not appear to be enrolled in a Medicaid plan in SmartCareMCO.

## X. Viewing Client Information

### a.) Client Copays

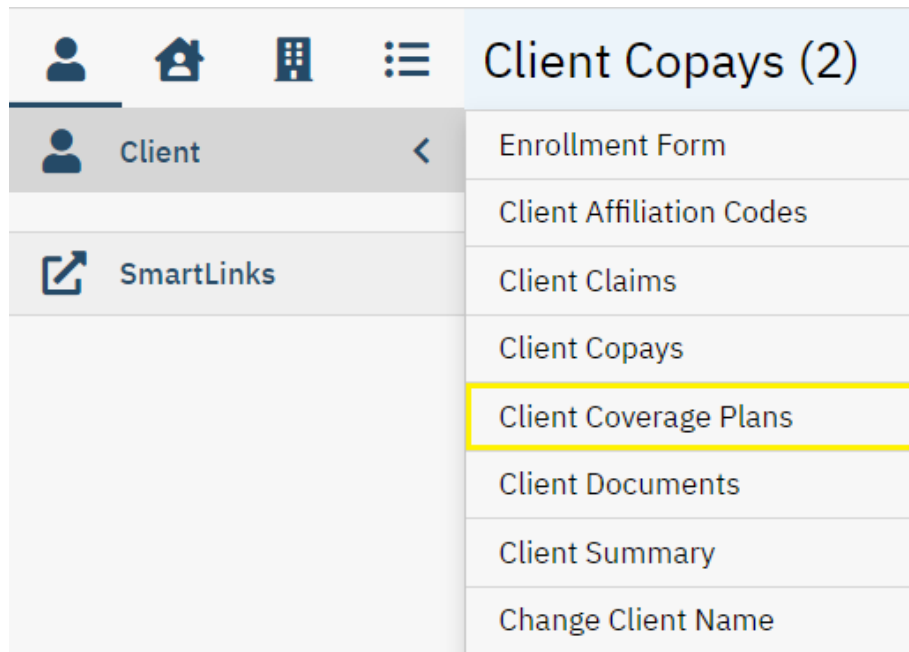


1. While in the **Client** menu (i.e., the desired client is opened), click on **Client Copays**.

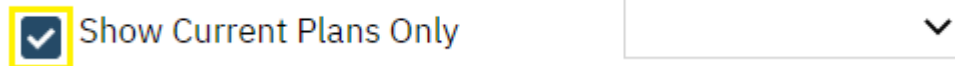
Template Id	Begin Date ▾	End Date	% of Standard Rate	Amount
	<u>07/01/2022</u>		0.00%	\$0.00 Per Session
	<u>01/01/2018</u>	06/30/2022	50.00%	\$0.00 Per Session

2. The client's complete copay history, including start and end dates, will be visible.

b.) Client Coverage Plans



1. While in the **Client** menu (i.e., the desired client is opened), click on **Client Coverage Plans**.



2. Uncheck **Show Current Plans Only**.

Plan Time Spans				
<b>01/01/2023 - No End Date</b>	<a href="#">Change COB Order...</a>			<a href="#">Set End Date</a>
✕ Stark BH	6084879-121 Cleveland Avenue SWCanton, OH 44702			
<b>07/01/2022 - 12/31/2022</b>	<a href="#">Change COB Order...</a>			<a href="#">Set End Date</a>
✕ Medicaid	9999999999-50 West Town Street Suite 400 Columbus, OH 43215			
✕ Stark BH	6084879-121 Cleveland Avenue SWCanton, OH 44702			<a href="#">Set End Date</a>
<b>01/01/2018 - 06/30/2022</b>	<a href="#">Change COB Order...</a>			<a href="#">Set End Date</a>
✕ Medicaid	9999999999-50 West Town Street Suite 400 Columbus, OH 43215			
✕ Portage BH	6084879-155 East Main Street P.O. Box 743 Kent, OH 44240			<a href="#">Set End Date</a>

3. The client's complete coverage plan history, including start and end dates, will be visible under **Plan Time Spans**.

## XI. Viewing Claims

### a.) Claim Statuses

The following table details the seven different claim statuses that a claim may have in SmartCareMCO. A claim may only ever have one status at a time.

<b>Claim Status</b>	<b>Explanation</b>
Entry Complete	Claim is in a pre-adjudicated state and will be adjudicated during the automated adjudication process that occurs every weeknight.
Approved	Claim will be paid at the charged amount during the automated check creation process that occurs every weekend.
Partially Approved	Claim will be paid at less than the charged amount during the automated check creation process that occurs every weekend. This may be due to a client's copay or differences between the charged amount and the contracted rate.
Pended	Claim will be in a held state until it is approved, partially approved, or denied by a Board staff person.
Denied	Claim will not be paid.
Paid	Claim has gone through the automated check creation process and will appear on an 835 file. A Paid status in SmartCare does not indicate that payment has been issued by the Board. Payment occurs outside of the system. Insuring Boards should be contacted for payment inquiries.
Void	Claim has been terminated. Voided claims cannot be reverted.



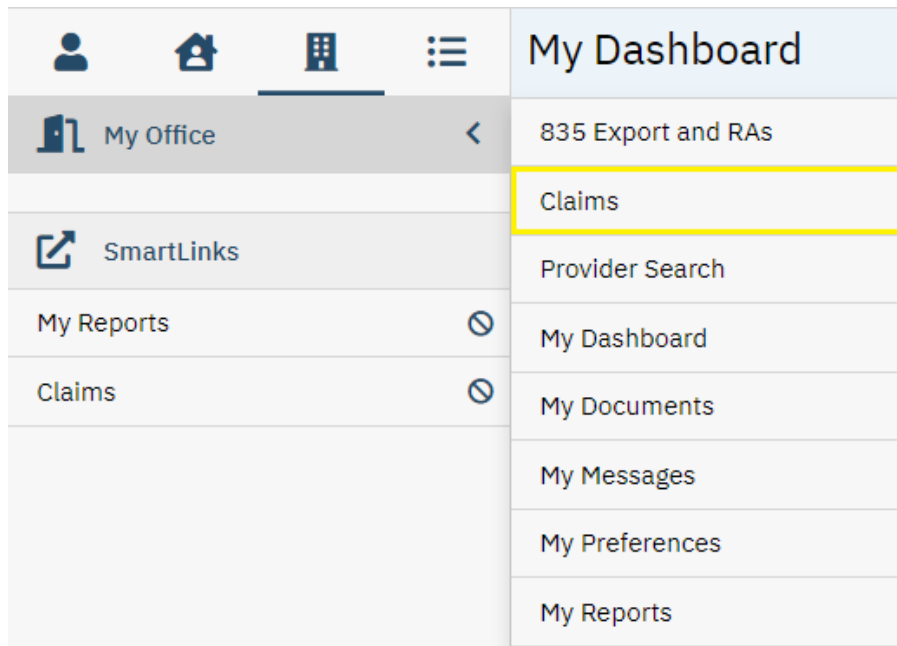
b.) Denial and Adjustment Reasons
-----------------------------------

The following table details the most common denial and adjustment reason codes that a claim may have in SmartCareMCO. A claim may have multiple reason codes at one time. You may also download the *Troubleshooting Claims in SmartCareMCO* document which outlines the causes for a number of the most common denial reasons from <https://starkmhar.org/partner-solutions/smartcareresources/>.

Reason Code	Explanation
Add-On Code: corresponding base claim line has not been approved	The billing code on the claim is an add-on code, but the claim for its corresponding base code was denied.
Add-On Code: no corresponding base claim line found	The billing code on the claim is an add-on code, but it was not billed on the same claim as a corresponding base code.
Billing Code rate in contract is less than claimed amount	The claim's approved amount was adjusted because the amount billed is higher than the contract rate for that service. This adjustment reason also may indicate that the client has a copay. If so, an accompanying Member copay adjustment reason will be specified.
Billing code requires Authorization but one does not exist	The billing code on the claim requires a prior authorization for that service.
Billing code requires end date to equal start date on a claim line	The claim was billed listing a different start and end date rather than one date of service.
Claim line submitted with partial units	The claim was billed using partial units rather than a whole number.
Claim was received after the period mentioned in the Contract	The claim was billed for a date of service within a terminated contract period.
Diagnosis not entered on claim	The claim is missing an ICD-10 diagnosis code.
Invalid Billing Code	The billing code on the claim does not exist in SmartCareMCO.
Invalid date(s) of service or number of units.	The claim was billed listing either a future date or a unit amount of 0.00 units.
Invalid Diagnosis Code For Billing Code	The claim contained an invalid ICD-10 diagnosis code for the billing code on the claim.
Invalid Service For Same Member on Same Date (NCCI MUE Edits)	The claim was denied due to the National Correct Coding Initiative Medically Unlikely Edits.
Invalid Service For Same Member on Same Date (NCCI PTP Edits)	The claim was denied due to the National Correct Coding Initiative Procedure-to-Procedure Edits.
Invalid Service For Same Member on Same Date (ODM PTP Edits)	The claim was denied due to the Ohio Department of Medicaid Procedure-to-Procedure Edits.
LPN/RN as rendering provider requires ordering provider	The claim lists an LPN as the rendering provider, but an ordering provider was not listed. This rule no longer applies to claims listing an RN as the rendering provider.
Member copay	The claim's approved amount was adjusted due to the client's copay.
Member is not eligible for any Plan	The client on the claim was not enrolled in a coverage plan on the claim's date of service.

Multiple Providers exceed the Billing Code Standard Allowed Units.	The unit amount billed for that claim exceeds the standard allowed unit amount for that service on that date of service.
No rate can be found for this claim line	A contracted rate does not exist for the claim as it is entered. This denial reason can mean: 1.) The agency is not contracted for that billing code, 2.) The claim was billed under the incorrect provider agency NPI type (MH/SUD), 3.) The claim is missing a required rendering provider, or the rendering provider listed is invalid, 4. ) The claim is missing a required modifier, or the modifier listed is invalid, or 5.) The claim's place of service is invalid.
Pended claim was reviewed then denied	The service was pended by system or Board-appointed rules and was denied by Board staff after review.
Same claimline exists	The claim is a duplicate.
Third Party Plan is fully responsible	The claim was billed for a Medicaid-reimbursable service for a client enrolled in a Medicaid plan on the claim's date of service.

### c.) Viewing Agency-wide Claims



1. While in the **My Office** menu, click on **Claims**.

All Insurers	All Statuses	All Providers	All Sites	Apply Filter
All Bank Accounts	All Populations	All Billing Codes and Modifiers	All Billing Codes	Detail Report
Pended/Credit Bal Filter	Batch #	Claim ID	Line #	All Denial Reasons
Received From	Received To	DOS From 02/14/2024	DOS To 02/14/2024	
<input type="checkbox"/> Re-allocation Exception	Client	Rendering Provider		

2. Claims may be filtered by any one or more of the following criteria:

Filter	Explanation
Insurers	View claims associated with a specific Board (e.g., Stark).
Statuses	View claims associated with a specific status (e.g., Denied).
Providers	View claims associated with a specific agency.
Sites	View claims associated with an agency's specific MH or SUD NPI. (A Provider must first be selected to utilize this field.)
Billing Codes and Modifiers	View claims with a specific billing code and modifier combination.
Billing Codes	View claims with a specific billing code, regardless of modifier(s).
Batch #	View claims with a specific batch number.
Claim ID	View claims with a specific claim ID.
Line #	View claims with a specific claim line ID.
Denial Reasons	View claims with a specific denial reason code.
Received From/To	View claims imported into the system during a specific date range.
DOS From/to	View claims with dates of services during a specific date range.
Client	View claims associated with a specific client.
Rendering Provider	View claims delivered by a specific rendering provider.

- After selecting or entering the desired filters, click on **Apply Filter**.

Note: If more than one filter is specified at the same time, the filters are combined. For example, filtering claims for the 90832:U2 billing code and modifier combination and for claims with DOS from 01/01/18 until 01/31/18 would result in claims displaying that only meet those exact criteria.

	Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Paid Amount	Procedure	Insurer	Units	Reason	
<input type="checkbox"/>	2176956	Test_Client	Coleman Profes...	03/01/2...	Paid	\$0.00	\$100.00	M3149 60	Stark BH	1.00		
<input type="checkbox"/>	2176957	Test_Client	Coleman Profes...	03/02/2...	Approved	\$19.53	\$0.00	M1620 HV	Stark BH	1.00		
<input type="checkbox"/>	2176958	Test_Client	Coleman Profes...	03/03/2...	Denied	\$0.00	\$0.00	M3140 B2	Stark BH	1.00	No rate can be f...	

- Click on a hyperlink under **Claim Line** to view that specific claim.



- To view a claim line's details (e.g., rendering, ordering, and supervising providers, diagnoses, etc.), click the **View Claim Form** icon.

**Service Lines**

From  To  Code  Modifiers

POS  Rendering Provider

Ordering Provider  Supervising Provider  Units  Charge

NDC  NDC Unit  NDC Unit Type

Dx  Third Party EOB Information  Allowed  Paid  Adj

[Estimate Line billing...](#) [Insert](#) [Clear](#)

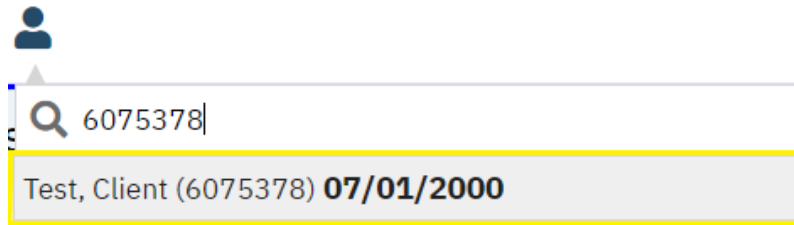
	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
<input checked="" type="radio"/>	2176957	03/02/2023	03/02/2023	M1620 HV	1.00	11 Office	1	19.53	N

- Click on the radio button to the left of the claim line details you wish to view. The claim line details will populate in their respective fields under **Service Lines**.

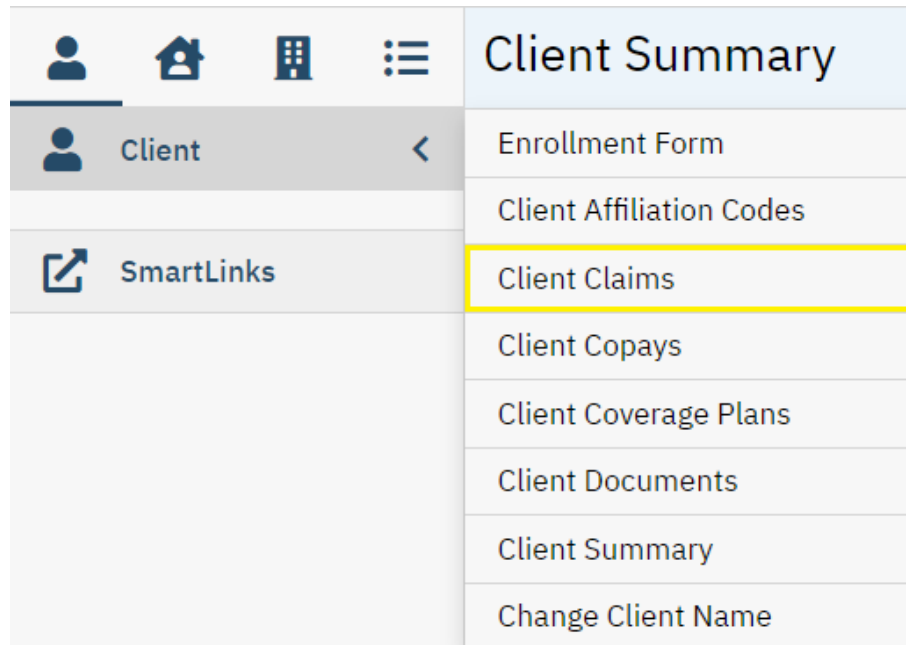
#### d.) Viewing Client-specific Claims



1. Click the Client Search icon, then enter the client's name (LastName, FirstName) or the client's Client UCI directly in the **Client Search** box.



1. Click on the client's name in the dropdown menu that appears if a valid match has been found.



2. Click on **Client Claims**.

Claim Line▲	Client Name	Provider	DOS	Status	Payable Amount	Paid Amount	Procedure	Insurer	Authorization(s)
2176956	Test, Client	Coleman Profe...	03/01/2...	Paid	\$0.00	\$100.00	M314960	Stark BH	
2176957	Test, Client	Coleman Profe...	03/02/2...	Approved	\$19.53	\$0.00	M1620HV	Stark BH	
2176958	Test, Client	Coleman Profe...	03/03/2...	Denied	\$0.00	\$0.00	M3140B2	Stark BH	

- Click on a hyperlink under **Claim Line** to view that specific claim.



- To view a claim line's details (e.g., rendering, ordering, and supervising providers, diagnoses, etc.), click on the **View Claim Form** icon.

**Service Lines**

From  To  Code  Modifiers

POS  Rendering Provider

Ordering Provider  Supervising Provider  Units  Charge

NDC  NDC Unit  NDC Unit Type

Dx  Third Party EOB Information  Allowed  Paid  Adj

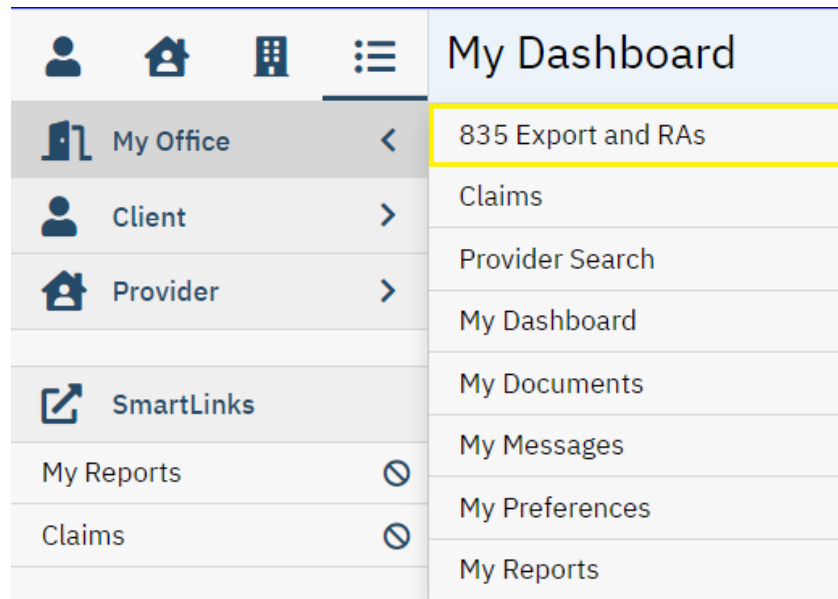
[Estimate Line billing...](#) [Insert](#) [Clear](#)

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
<input checked="" type="radio"/>	2176957	03/02/2023	03/02/2023	M1620 HV	1.00	11 Office	1	19.53	N

- Click on the radio button to the left of the claim line details you wish to view. The claim line details will populate in their respective fields under **Service Lines**.

## XII. 835 Export and RAs

### a.) Exporting an 835 Remittance File



1. While in the **My Office** menu, click on **835 Export and RAs**.

Select: All, All on Page, None Check Total: \$ 0.00

	Date	Check Number	Payee	Payment Amt	Insurer	Bank Account	Check Status
<input type="checkbox"/>	04/03/2023	1968	Test Provider Agency	\$100.00	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1962	Test Provider Agency	\$1,469.25	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1963	Test Provider Agency	\$28,290.69	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1964	Test Provider Agency	\$18,247.78	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1965	Test Provider Agency	\$13,545.22	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1966	Test Provider Agency	\$26,086.50	Stark BH	Stark BH Bank	Non-Void C...

2. Click on the **Check Number** associated with the check you wish to generate an 835 file for.

Check Information

Next Available # 1969
 


 Include Pended Claims on RA  
 Include Denied Claims on RA

3. Click on **835 File**. Your internet browser should then prompt you to download the file if one has previously been generated; if not, a pop-up will appear asking you to create the file.

Check Details

4. Click on **Process Now**.

**Check Details**

Process Now

Generate

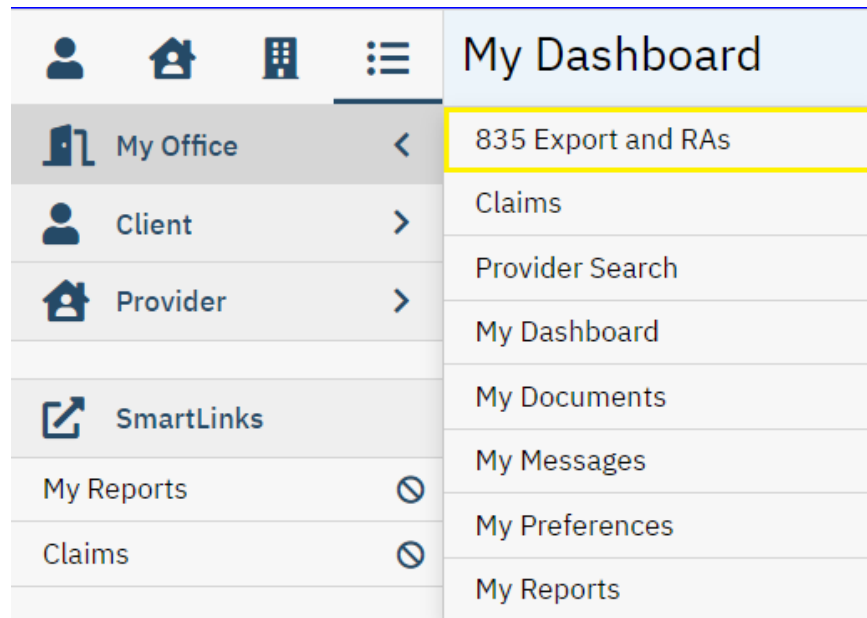
Close

---

5. Click on **Generate**. Your internet browser should then prompt you to download the file.



## b.) Downloading a Remittance Advice



1. While in the **My Office** menu, click on **835 Export and RAs**.

Select: All, All on Page, None Check Total: \$ 0.00

	Date	Check Number	Payee	Payment Amt	Insurer	Bank Account	Check Status
<input type="checkbox"/>	04/03/2023	1968	Test Provider Agency	\$100.00	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1962	Test Provider Agency	\$1,469.25	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1963	Test Provider Agency	\$28,290.69	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1964	Test Provider Agency	\$18,247.78	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1965	Test Provider Agency	\$13,545.22	Stark BH	Stark BH Bank	Non-Void C...
<input type="checkbox"/>	02/25/2023	1966	Test Provider Agency	\$26,086.50	Stark BH	Stark BH Bank	Non-Void C...

2. Click on the **Check Number** associated with the check you wish to generate a remittance advice for.

Check Information

Next Available # 1969
 


 Include Pended Claims on RA  
 Include Denied Claims on RA

3. Click on the checkbox for **Include Pended Claims on RA** if you wish to include pended (i.e., held) claims on the remittance advice. Then, click on **Print RA**. A pop-up window should appear containing a remittance advice in .pdf format that may be downloaded or printed.

### XIII. SmartCareMCO Support

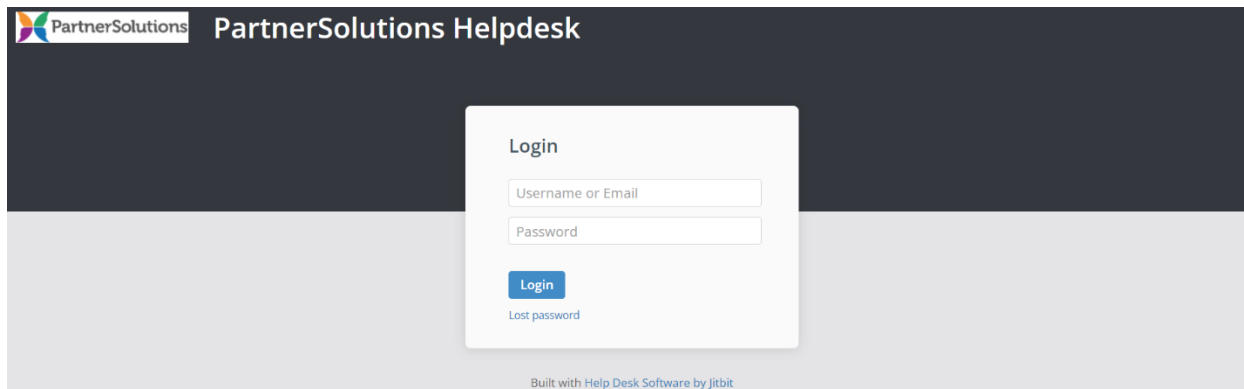
The PartnerSolutions Helpdesk system is used to communicate all support issues, questions, and requests related to SmartCareMCO. As the PartnerSolutions Helpdesk system is HIPAA-compliant, electronic protected health information, including attachments, can be submitted within the system. However, please be mindful that no electronic protected health information should ever be listed within the subject line of a submitted ticket, as that information will be included within email notifications.

#### a.) Logging into PartnerSolutions Helpdesk

1. Use the following link to access PartnerSolutions Helpdesk:  
<https://partnersolutions.jitbit.com/helpdesk/User/Login>.

Note: All Board organizations and provider agencies are to assign a single point person or small number of point persons with access to the PartnerSolutions Helpdesk system on behalf of their respective organization.

Staff who require access to the system should complete and submit a Helpdesk Ticket Account Request form, which can be downloaded from the SmartCareMCO Resources website at <https://starkmhar.org/partner-solutions/smartcareresources/>. Completed forms should be emailed to [SmartCareSupport@starkmhar.org](mailto:SmartCareSupport@starkmhar.org).



PartnerSolutions Helpdesk

Login

Username or Email

Password

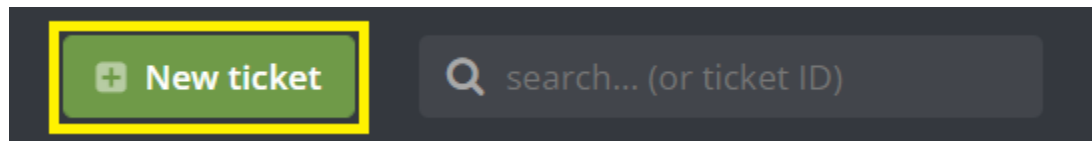
Login

Lost password

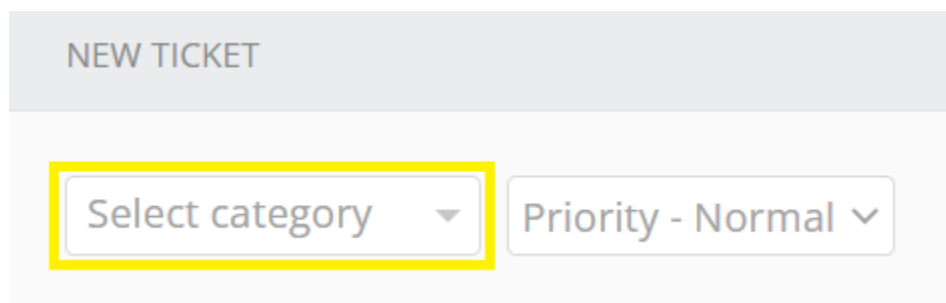
Built with Help Desk Software by Jitbit

2. Enter the email address or username and password associated with your PartnerSolutions Helpdesk account in the **Username or Email** and **Password** fields, then click **Login**.

b.) Opening a New Ticket



1. Click on **New Ticket**.



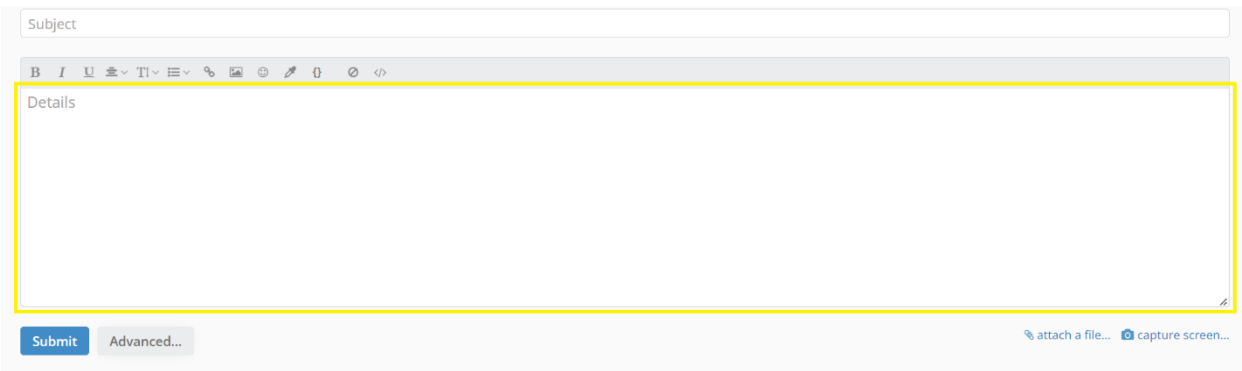
2. Click on **Select Category**, then select the appropriate topic for your ticket from the following list:
  - **SMARTCAREMCO / Password Reset** – Select if you or another staff person needs assistance resetting a SmartCareMCO and/or Heartland East account password. Be sure to indicate for which account(s) a password reset is needed.
  - **SMARTCAREMCO / 835 Export and RAs** – Select if you or another staff person has any issues or questions related to remittance files and/or remittance advices.
  - **SMARTCAREMCO / 837 Import/Batch Claim Uploads** – Select if you or another staff person has any issues or questions related to 837 and/or batch claim files.
  - **SMARTCAREMCO / Board User Accounts** – Select if you have any issues, requests, or questions related to the status of Board user accounts.
  - **SMARTCAREMCO / BUSINESS RULE Changes** – Select if you have any issues, requests, or questions related to the status of your Board's setup and rules in the system.
  - **SMARTCAREMCO / Claim Corrections** – Select if you or another staff person has any issues, requests, or questions related to the claims correction process, or if a claims correction form has been submitted via Heartland East to be processed by PartnerSolutions.
  - **SMARTCAREMCO / Claims** – Select if you or another staff person has any issues or questions related to the status of adjudicated claims. Be sure to include the Claim Line ID's of any claims being inquired about where possible.

- **SMARTCAREMCO / Enrollments** – Select if you or another staff person has any issues or questions related to the client enrollment process, or if an enrollment form has been submitted via Heartland East to be processed by PartnerSolutions.
- **SMARTCAREMCO / General** – Select if you or another staff person has any bugs, errors, issues, or questions related to the general use of SmartCareMCO.
- **SMARTCAREMCO / Provider Agency Setup** – **This topic should only be used by provider staff members.**
- **SMARTCAREMCO / Provider User Accounts** – **This topic should only be used by provider staff members.**
- **SMARTCAREMCO / Rate Change Requests** – Select if you have any requests related to rate changes or contract modifications.
- **SMARTCAREMCO / Reports** – Select if you or another staff person has any issues, requests, or questions related to reports generated by PartnerSolutions.

Note: Please only select help topics within the category **SmartCareMCO** in regard to submitting tickets related to SmartCareMCO, as the PartnerSolutions Helpdesk system is also utilized by NextGen. This ensures that issues are routed to the correct team.

The screenshot shows a web form for submitting a ticket. At the top, there is a text input field labeled 'Subject' which is highlighted with a yellow border. Below this is a rich text editor with a toolbar containing icons for bold, italic, underline, text color, background color, bulleted list, numbered list, link, unlink, image, video, table, and code. The main area of the editor is labeled 'Details' and is currently empty. At the bottom left of the form, there are two buttons: 'Submit' and 'Advanced...'. At the bottom right, there are two links: 'attach a file...' and 'capture screen...'.

3. Enter the subject or a brief description related to your ticket in the **Subject** field. Please be mindful that no electronic protected health information (PHI) should ever be listed within the subject line of a submitted ticket, as that information will be included within email notifications. (PHI includes items such as client UCI, name, SSN, DOB, etc.)



Subject

B I U list link unlink image video link unlink code

Details

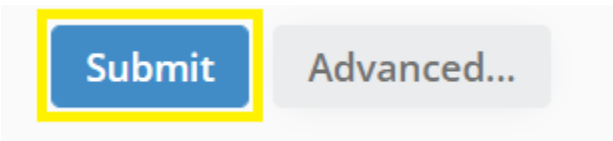
Submit Advanced...

attach a file... capture screen...

4. Enter all of the appropriate details and relevant information related to your ticket in the **Details** field.



5. To include any attachments with your ticket, click on **attach a file...**, select the attachment you wish to upload, and then click **Open**.



6. Click **Submit**. Your ticket has now been submitted and will be responded to by a PartnerSolutions staff member.

### c.) Viewing and Responding to an Opened Ticket

SUBJECT	PRIORITY	STATUS	DATE	DUE	TECH	UPDATED	SERVER NUMBER	USER EMAIL	USER NAME
<b>Password Reset TEST</b> <small>Dara Covan SmartCareMCO - Password Reset</small>		Normal	3 min ago		Dara Covan	1 min ago		(dara.covan@star...	

1. All open tickets will be automatically viewable upon logging in. Click the ticket you wish to open. Any replies by PartnerSolutions will be visible when opening a ticket. The most recent reply will be listed first.

←
✓ Close ticket
More...

### Password Reset TEST

Hi,

I need my SmartCare password reset.

Thanks!  
Dara

💬 Reply...

2. To post a reply to an opened ticket, click **Reply....** This will open a reply box.

To: ✓ Dara Covan ✓ Dara Covan add...

B I U ≡ T ≡ 🔗 🖼️ 😊 🖋️ 🔒 <>

Reply (ctrl + enter)
📎 attach a file...
📷 capture screen...

3. Enter your reply in the above text field. If any additional attachments are needed, click **attach a file...**, select the attachment you wish to upload, and then click **Open**. Then, click on **Reply**. Your ticket has now been updated and will be responded to by a PartnerSolutions staff member, as necessary.