



## SmartCareMCO Provider User Manual (version 2.5)

Last updated February 14, 2024

### **PURPOSE**

This document contains instructions related to provider agency 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 by a provider agency staff member when submitting a *SmartCareMCO Provider Account Request/Change Form*.

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## 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 Provider Account Request/Change Form* and its associated *SmartCareMCO Provider Account Request/Change Form Completion Instructions* document from <https://starkmhar.org/partner-solutions/smartcareresources/>.
2. Email the completed *SmartCareMCO Provider 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.

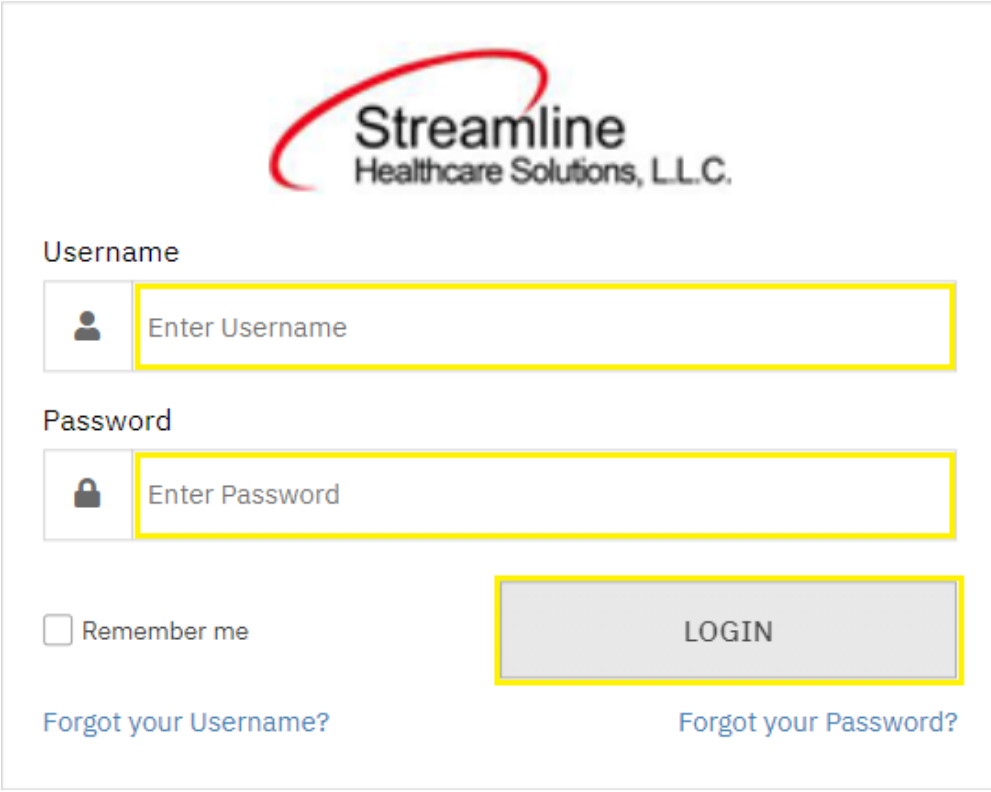
## II. SmartCareMCO Basics


### a.) Logging into SmartCareMCO

1. Use the following link to access SmartCareMCO:  
<https://pssc.smartcarenet.com/PSSmartcarePROD/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 result in potential problems or the system's user interface functioning incorrectly.



  
**Streamline**  
 Healthcare Solutions, LLC.

Username

Password

Remember me

[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

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Enter the Authentication Key sent to the Registered Device.

Authentication Key

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

4. Upon logging in, 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

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

Answer

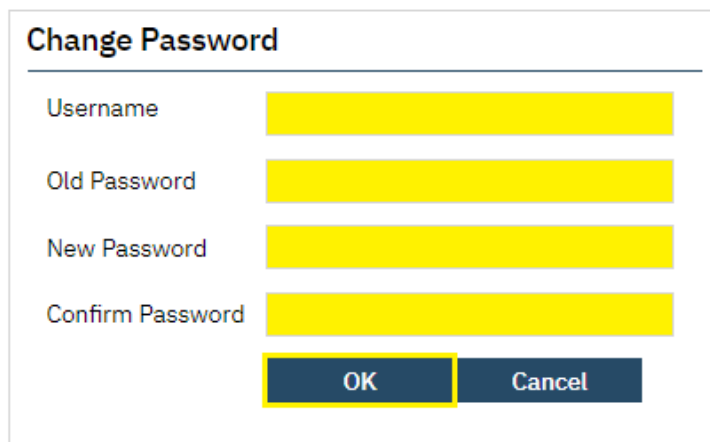
2FA Sent in Email

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**.

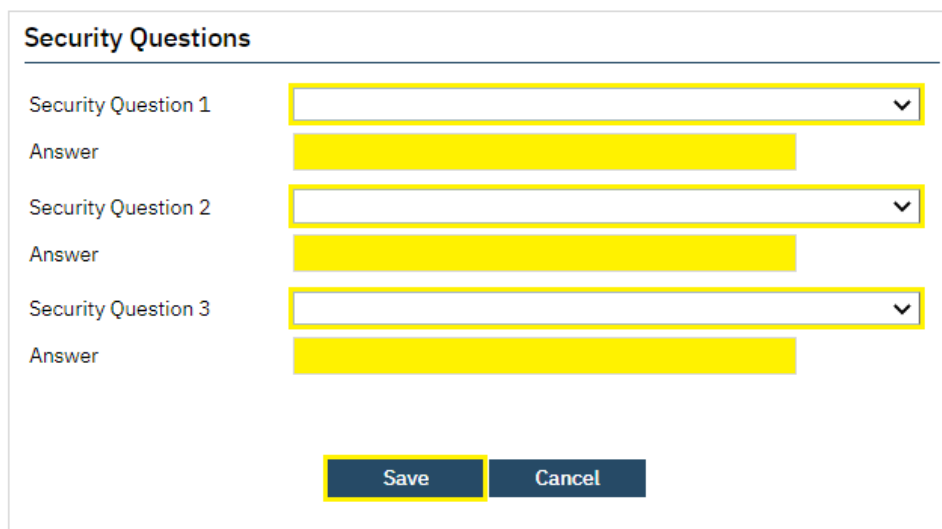


The image shows a 'Change Password' form. It has a title 'Change Password' at the top. Below the title, there are four input fields: 'Username', 'Old Password', 'New Password', and 'Confirm Password'. Each field is represented by a yellow rectangular box. At the bottom of the form, there are two buttons: 'OK' and 'Cancel', both in dark blue with white text.

- 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.

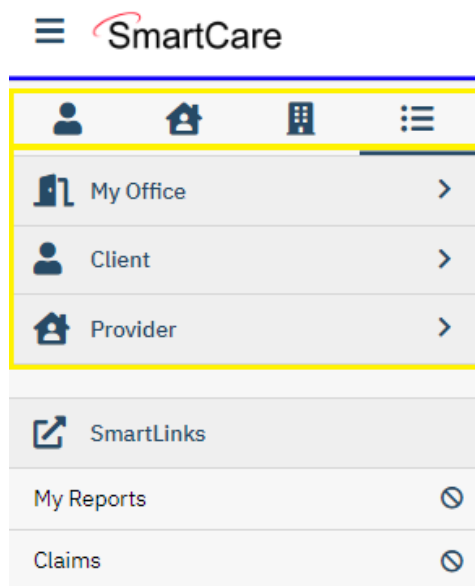


The image shows a 'Security Questions' form. It has a title 'Security Questions' at the top. Below the title, there are three sets of input fields. Each set consists of a dropdown menu for a 'Security Question' and a text input field for the 'Answer'. The dropdown menus are highlighted with a yellow border. At the bottom of the form, there are two buttons: 'Save' and 'Cancel', both in dark blue with white text.

- 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.

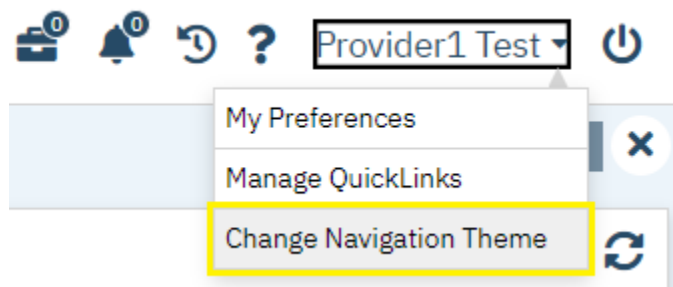
SmartCareMCO is divided into three separate menus accessible by provider staff – **My Office**, **Client**, and **Provider** – that are used to access specific QuickLinks that connect a user to all areas of the system. To access a QuickLink, click or hover your mouse over the desired menu, then click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

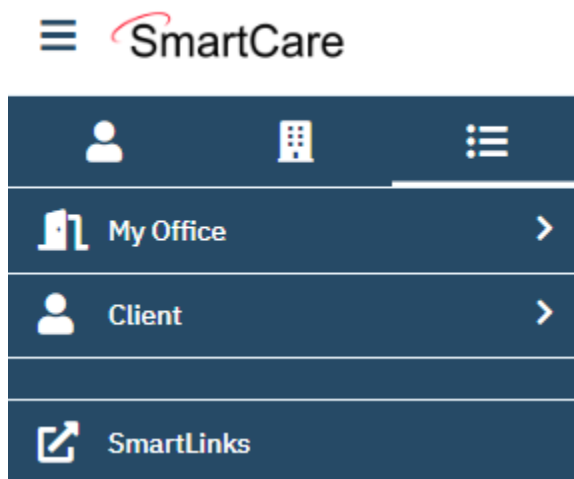


### c.) Change Navigation Theme

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

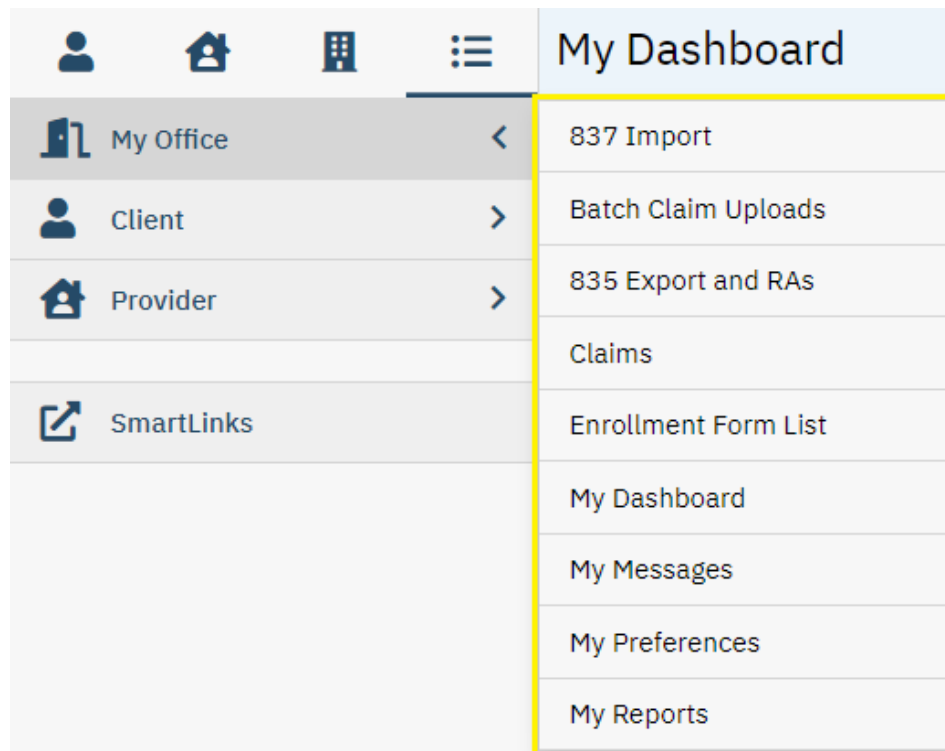


1. To change the look of your SmartCare Navigation Filters sidebar, click your username in the upper, righthand corner of the screen. Then, click Change Navigation Theme.



2. Your Navigation Theme has been changed.

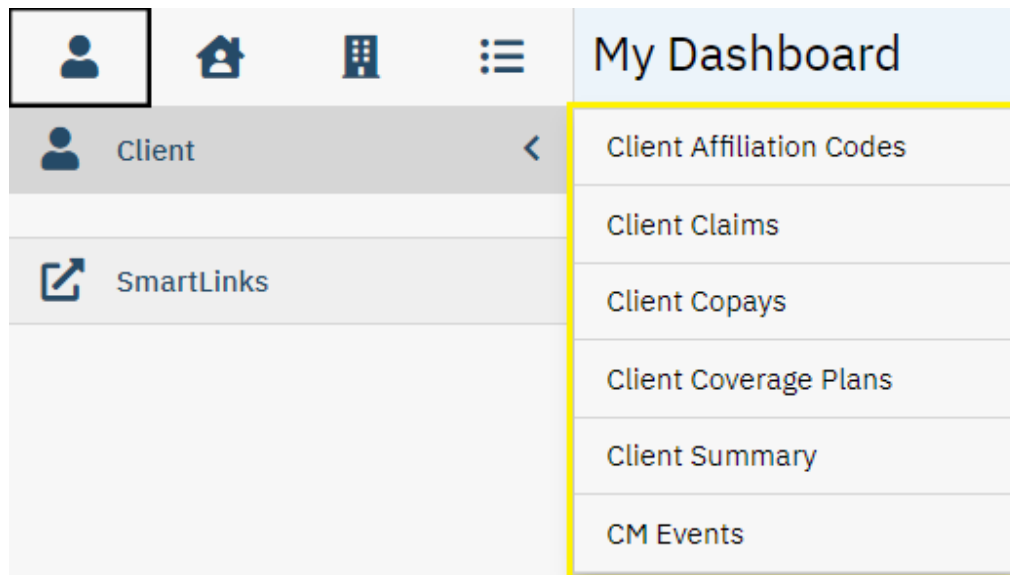
d.) My Office QuickLinks
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- *837 Import* – Upload 837 claim files and view past file submissions.  
(Accessible to Claims Processor role only.)
- *Batch Claim Uploads* – Upload claim files via a Microsoft Excel spreadsheet template and view past file submissions.  
(Accessible to Claims Processor role only.)
- *835 Exports and RAs* – Create and download 835 remittance files and remittance advice reports and view past files.  
(Accessible to Claims Processor role only.)
- *Claims* – View claims and their statuses associated with your agency.  
(Accessible to Claims Processor, Clinical, CQI, and Executive roles only.)
- *Enrollment Form List* – View enrollments and their statuses with your agency.  
(Accessible to Enrollment role only.)
- *My Dashboard* – View widgets that display hyperlinks for access to areas of the system.  
(Accessible to all roles.)
- *My Messages* – Send/receive messages to/from PartnerSolutions staff members.  
(Accessible to all roles.)

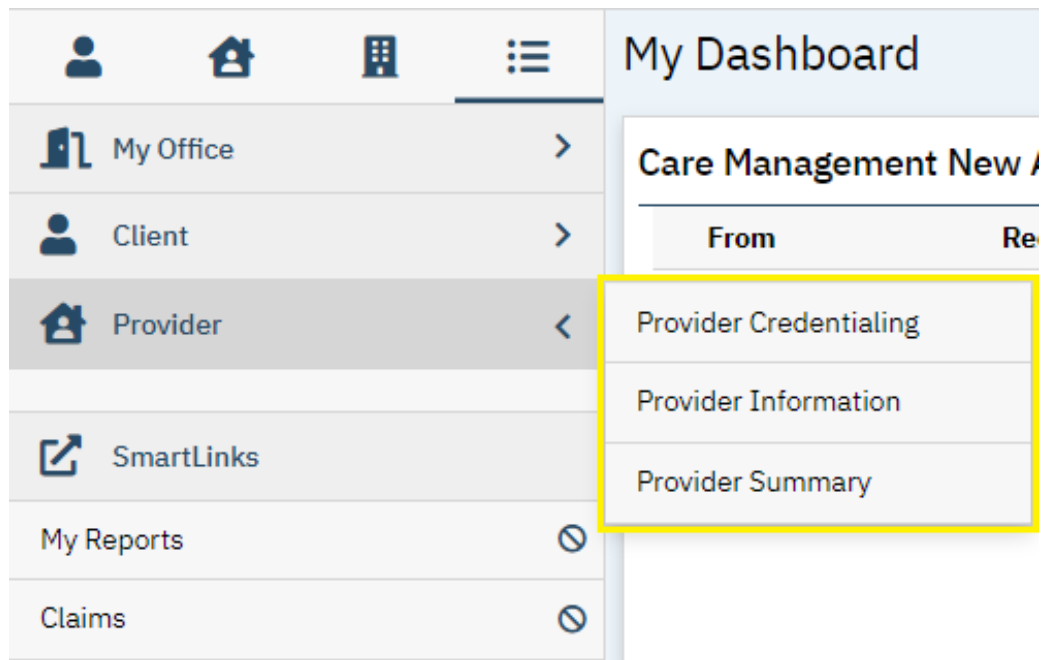
- *My Preferences* – Modify user account and contact information.  
(Accessible to all roles.)
- *My Reports* – Access Provider Helpdesk reports.  
(Accessible to all roles.)

e.) Client QuickLinks



- *Client Affiliation Codes* – View the selected client’s affiliation codes and their associated timespans.  
(Accessible to all roles.)
- *Client Claims* – View the selected client’s claims associated with your agency.  
(Accessible to Claims Processor, Clinical, CQI, and Executive roles only.)
- *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 Summary* – View a summary of the selected client’s demographic information.  
(Accessible to all roles.)
- *CM Events* – View, update, or create client enrollment documents.  
(Accessible to Enrollment role only.)

f.) Provider QuickLinks



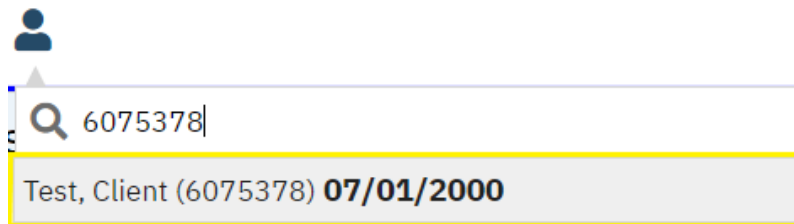
- *Provider Credentialing* – View the selected rendering provider’s credentialing.  
(Accessible to all roles.)
- *Provider Information* – View your agency’s provider site setup.  
(Accessible to Claims Processor, Clinical, CQI, and Executive roles only.)
- *Provider Summary* – View a summary of your agency’s information and claims history.  
(Accessible to Claims Processor, Clinical, CQI, and Executive roles only.)

### III. Client Search

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

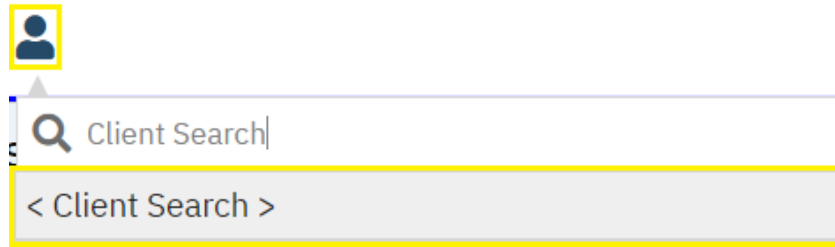


3. To search for a client by name or by Client UCI, click the **Client Search** icon, then enter the client's name (LastName, FirstName format) or the client's Client UCI directly in the **Client Search** box.



4. 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.
5. 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**    **Phone # Search**

**DOB Search**   **Master Client ID Search**

**Primary Clinician Search**  **Client ID Search**

**Authorization ID / #**  **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**.

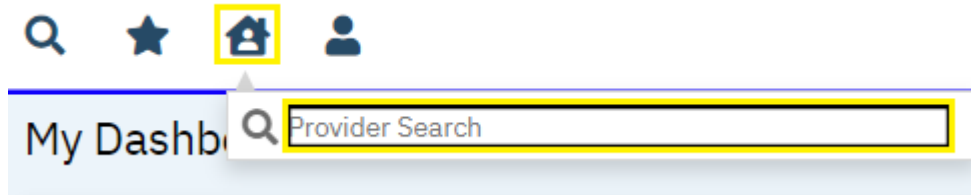
Records Found

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

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.

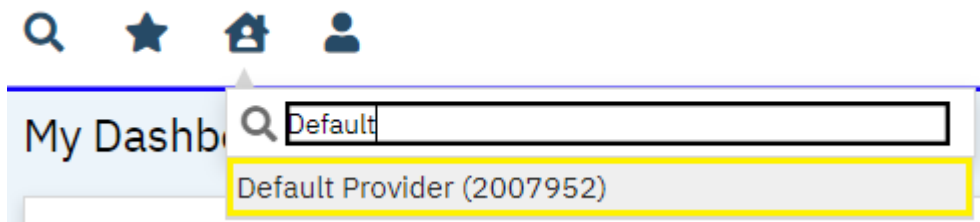
## IV. Provider Search

### a.) Searching by Provider Agency



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

Note: Provider agency staff can only view their associated provider agency.



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.

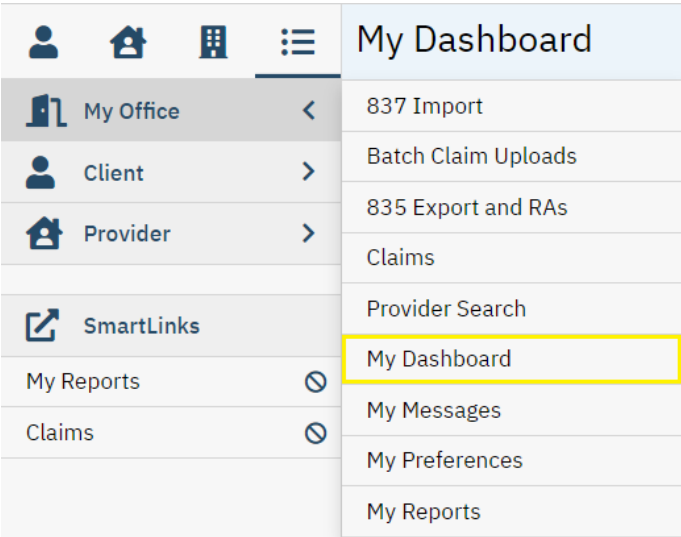


**V. My Dashboard**

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 on 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>

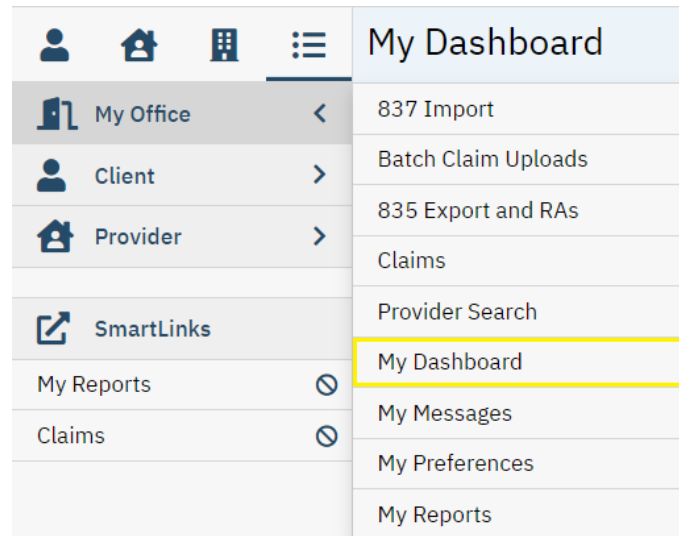
2. Click on a hyperlink under **Subject** to view an unread message.

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**.

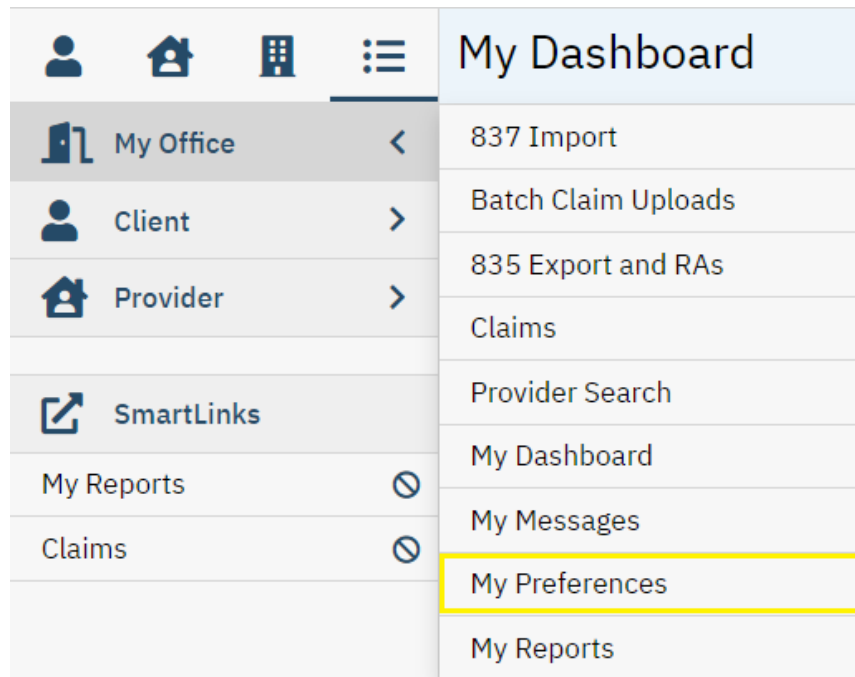
Enrollment Form	
All Insurers	All Providers
To Review	<a href="#">0</a>
In Progress	<a href="#">1</a>
Completed	<a href="#">0</a>

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. Provider agency staff will only see their associated provider agency/agencies listed. 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 on the **My Office** menu, click on **My Preferences**.

### Account

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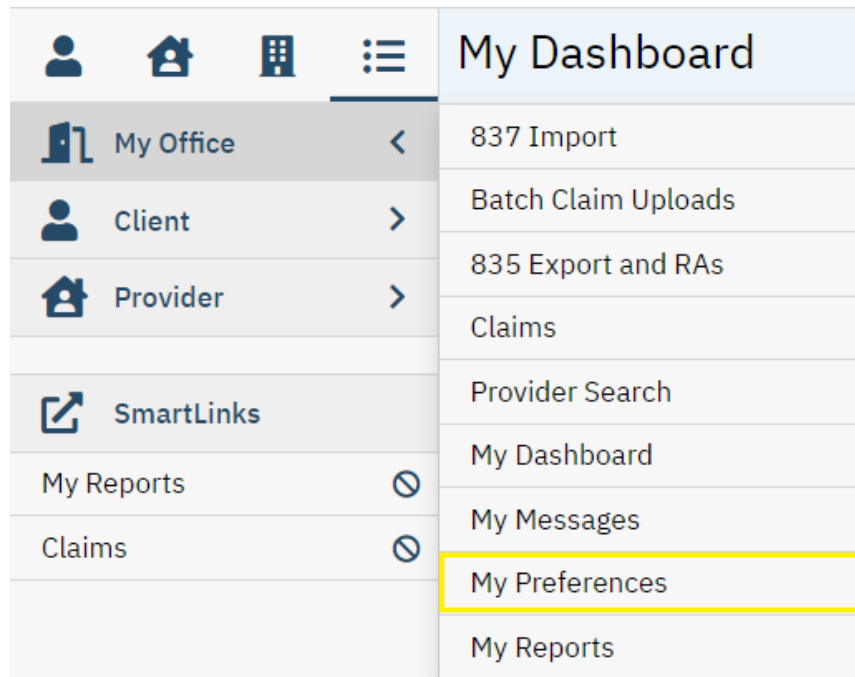
User Name                      Provider1.Test

Password                       

Confirm Password

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

## b.) Modifying Security Questions



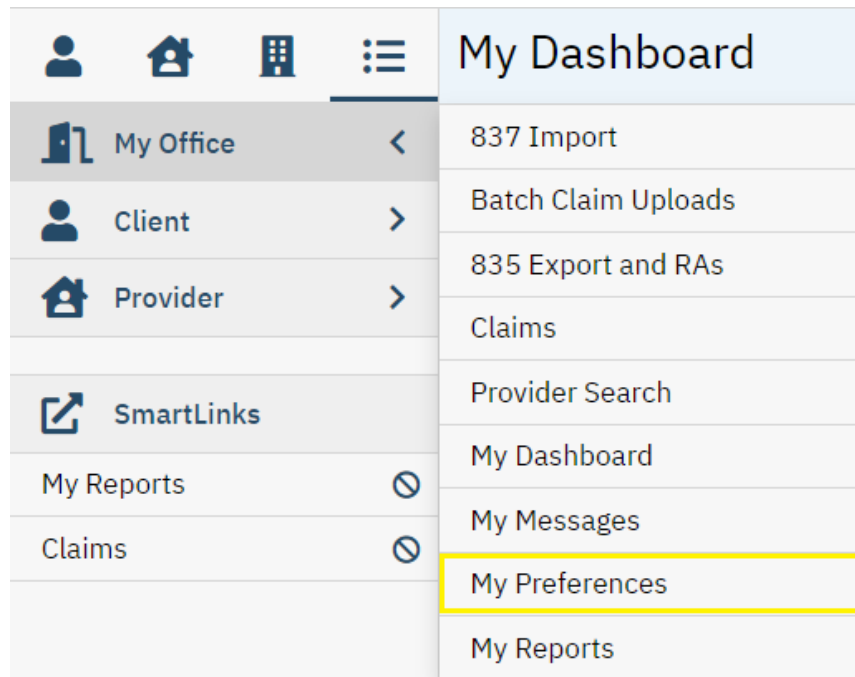
1. While on the **My Office** menu, click on **My Preferences**.

### 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 on the **My Office** menu, click on **My Preferences**.

## Contact

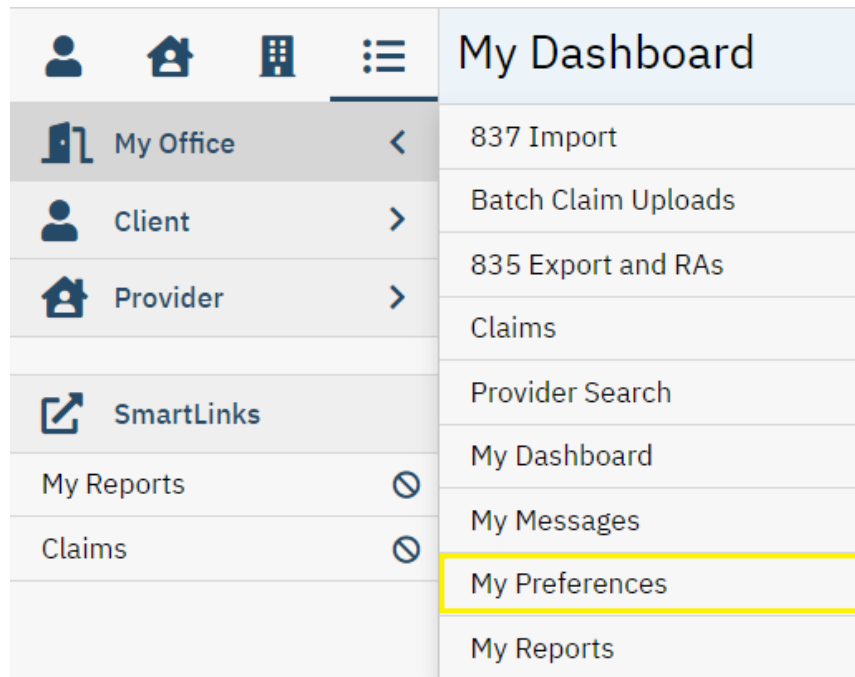
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Phone

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 on the **My Office** menu, click on **My Preferences**.

**Contact**

---

Phone

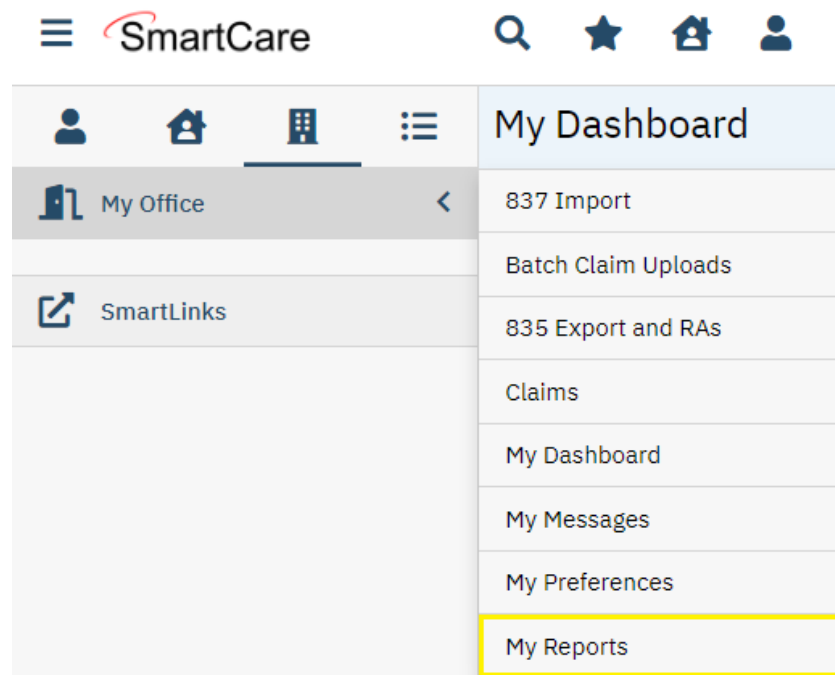
E-mail Id

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

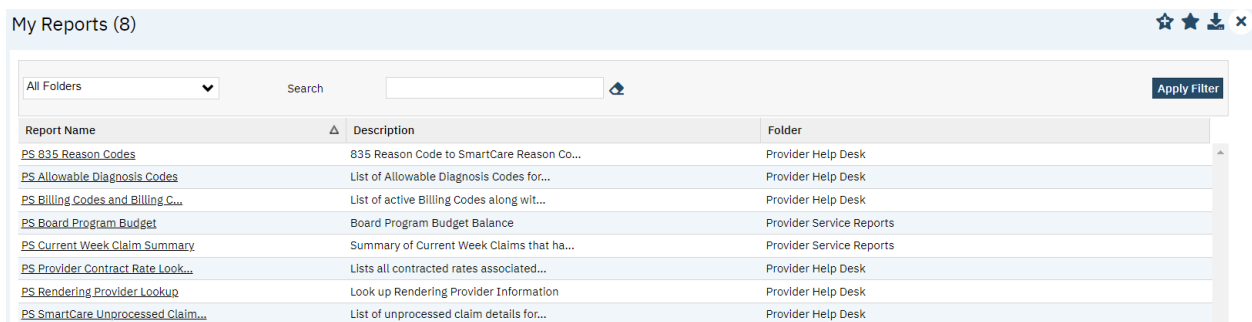
## VII. My Reports

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 [ReportRequest@starkmhar.org](mailto:ReportRequest@starkmhar.org).

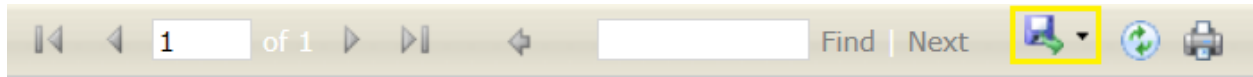
### a.) Accessing My Reports



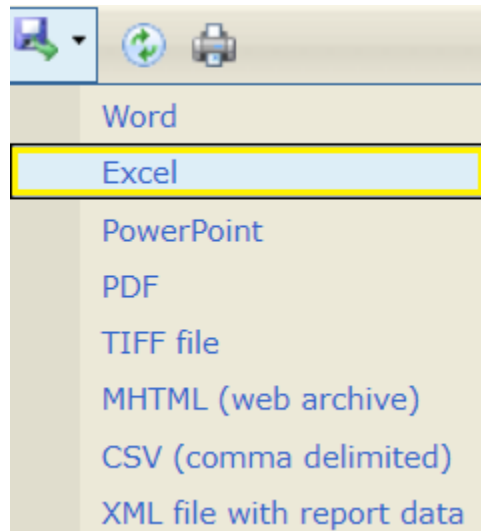
1. While on the **My Office** menu, click on **My Reports**.



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**.

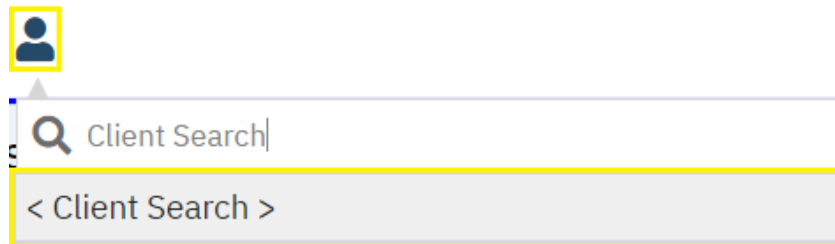


## VIII. Current Enrollment Process (SFY24 & Later)

(Accessible to Enrollment role only.)

Note: If you do not currently have the Enrollment role, please complete a new *SmartCareMCO Provider 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.) Enrolling a New Client in SmartCareMCO



1. Click the **Client Search** icon. Then, click on **< Client Search >**.

 A screenshot of the "Client Search" application window. The window title is "Client Search" with a help icon and a close icon. Below the title bar is a "Clear" button. The main section is titled "Name Search" and includes two checkboxes: "Include Client Contacts" and "Only Include Active Clients (Checking will not allow option to create new Client)". There are three search buttons: "Broad Search", "Narrow Search", and "All Client Search" (which is highlighted in yellow). Below these buttons are input fields for "Last Name" (highlighted in yellow), "First Name" (highlighted in yellow), and a "Program" dropdown menu. A section titled "Other Search Strategies" contains several search options with input fields: "SSN Search" (with three yellow boxes), "DOB Search" (with a yellow box and a calendar icon), "Primary Clinician Search" (with a dropdown menu), "Authorization ID / #" (with an input field), "Phone # Search" (with an input field), "Master Client ID Search" (with an input field), "Client ID Search" (with an input field), and "Insured ID Search" (with an input field).

2. Enter the client's full last name in the **Last Name** field and the client's full first name in the **First Name** field. (Capitalize names appropriately as this information will be transferred to the enrollment.) Enter the client's Social Security Number in the **SSN Search** fields, using Tab to navigate to each individual field. (If the client does not have an SSN, enter "999-99-9999.") Enter the client's date of birth in the **DOB Search** field. Then, click **All Client Search**.

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. Ensure that no client information is returned within the Results Found section. (If the client you are searching for is returned, please instead see **Section VIII. Current Enrollment Process (SFY24 & Later), subsection b.) Re-enrolling an Existing Client in SmartCareMCO.**) Otherwise, click **Create New Potential Client**.

**Confirmation Message** ✕

Are you sure you wish to create a new Client?

Yes
No

4. You will receive a pop-up confirmation message. To proceed, click **Yes**.

**Client Search** ? ✕

✕ SSN Number Already Exists for the ClientId 6086228

Clear

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

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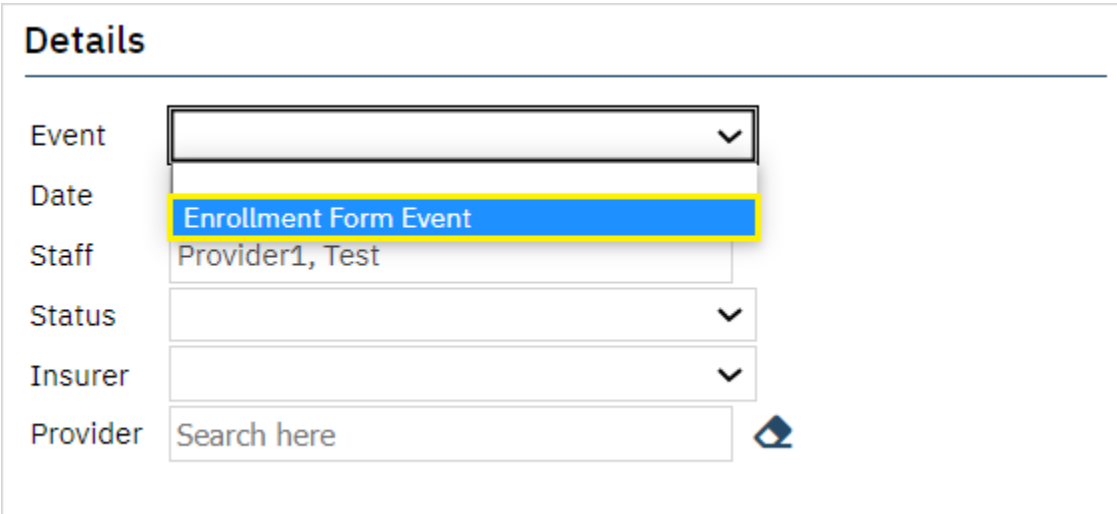
Broad Search
Narrow Search
 Type of Client  Individual  Organization All Client Search

Last Name  First Name  Program

**Other Search Strategies**

Note: If instead you receive the above error message, “SSN Number Already Exists for ClientId XXXXXX,” this indicates that a client exists within SmartCare with an identical SSN but that the Last Name, First Name, and/or DOB entered does not exactly match the existing client’s information. **DO NOT** enter “999-99-9999” as the client’s SSN to bypass this error as this will create a duplicate client. Instead, if this error occurs, immediately open

a ticket within the PartnerSolutions Helpdesk Ticket System (See **Section XVII. SmartCareMCO Support**). Include the error message within the Subject line of the ticket, omitting the provided UCI Number within the Subject line. Then, within the body of the ticket, provide PartnerSolutions with the client's Last Name, First Name, SSN, and DOB as well as the UCI provided within the error message. We will review the information within the system to provide you with the correct information or we will make corrections within the system where necessary.



**Details**

Event

Date

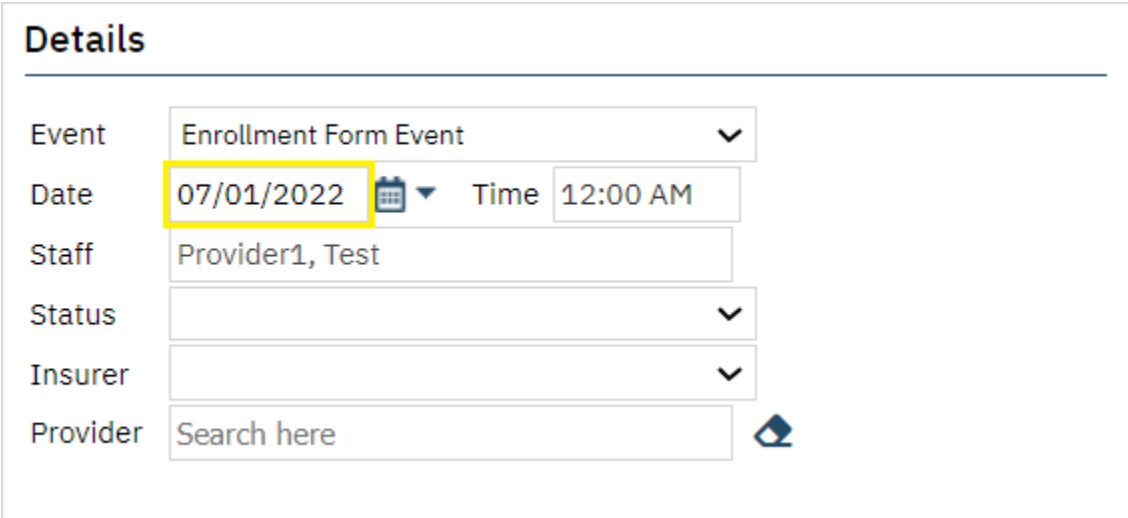
Staff

Status

Insurer

Provider

- You will be redirected to the Client CM (Care Management) Events screen. Within the Event Details section, click within the **Event** field. Then, select **Enrollment Form Event**.



**Details**

Event

Date

Staff

Status

Insurer

Provider

- Enter the client's enrollment effective date (i.e., The date the client first began receiving billable services with your agency) within the **Date** field. (Note: This field will auto-populate the value of the current date. It is pertinent that you update this field to the proper effective date.) The **Time** field can be left as is, as this does not affect billing.

**Details**

---

Event

Date   Time

Staff

Status

Insurer

Provider

7. Click within the **Status** field, then select **In Progress**.

**Details**

---

Event

Date   Time

Staff

Status

Insurer

Provider

- Ashland BH
- Ashtabula BH
- Belmont-Harrison-Monroe BH
- Columbiana BH
- Delaware-Morrow BH
- Hancock BH
- Jefferson BH
- Mahoning BH
- Portage BH
- Stark BH
- Trumbull BH
- Union BH
- Warren-Clinton BH
- Wayne-Holmes BH

8. Click within the **Insurer** field, then select the appropriate Board Insurer from the dropdown list which you wish to send the enrollment to (This will be the Board which is financially responsible for the client).

**Details**

---


Event

Date

Staff

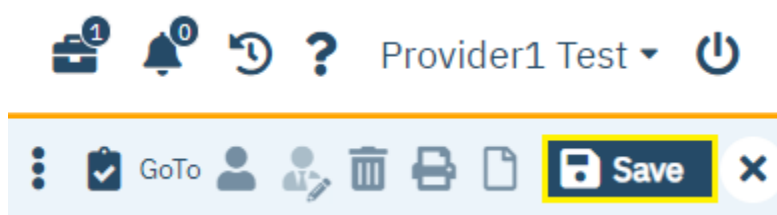
Status

Insurer

Provider  

**Default Provider**

9. Begin typing the name of your agency within the **Provider** field, then select your agency from the dropdown list that populates.



10. Click the **Save** button.

**Enrollment Form Event**

Effective

**Event** **Note**

11. Navigate to the **Note** tab within the Enrollment Form Event. This will open the Client, Verifications, and Attachments sub-tabs. (You will land within the Client sub-tab by default.)

Event	Note
Client	Verifications Attachments

**Provider Information**

\*Submitting Provider  Requested Date

Previous Other Insurer

Note: Required fields will be marked with an asterisk (\*).

12. **Submitting Provider: Required.** Within the Provider Information section of the Client sub-tab, click within the **Submitting Provider** field and select your agency from the dropdown list that populates.

**Client Information**

\*First Name  Middle Name  \*Last Name  Suffix

\*SSN   Client doesn't have an SSN. \*DOB  (Age: 23 Years) \*Gender

\*Ethnicity

\*Race

- White
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Client Refused/Doesn't Know
- Black or African American

\*Primary Language

\*Marital Status

13. **First Name: Required.** This field will auto-populate based upon what was entered in the Client Search.
14. **Middle Name:** Enter the client's middle name.
15. **Last Name: Required.** This field will auto-populate based upon what was entered in the Client Search.
16. **Suffix:** If applicable, select the appropriate name suffix from the dropdown list.
17. **SSN: Required.** This field will auto-populate based upon what was entered in the Client Search.

Note: If the client does not have a Social Security Number, check the **Client doesn't have an SSN** checkbox.

18. **DOB: Required.** This field will auto-populate based upon what was entered in the Client Search.

19. **Gender: Required.** Select the appropriate gender from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”)
20. **Ethnicity: Required.** Select the appropriate ethnicity from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”)
21. **Race: Required.** Check the box(es) corresponding to the client’s racial background. Multiple values should be selected for biracial and multiracial clients. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”)
22. **Primary Language: Required.** Select the appropriate primary language from the dropdown list. This field is defaulted to English.
23. **Marital Status: Required.** Select the appropriate marital status from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”)

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

24. **Address 1: Required.** Enter the client’s full, physical street address (e.g., enter “101 Main Street” rather than “101 Main”).
25. **Address 2:** Enter the second line of the client’s physical address (e.g., an apartment or lot number when applicable).
26. **\*City: Required.** Enter the client’s physical city of residence.
27. **\*State: Required.** Select the client’s physical state of residence. This field is defaulted to Ohio.
28. **\*ZIP: Required.** Enter, at minimum, the first five digits of the client’s physical address ZIP code.
29. **\*County of Residence: Required.** Enter the client’s county of residence that corresponds with their physical address.
30. **\*County of Financial Responsibility: Required.** Enter the county that is financially responsible for the client’s treatment/services.

Note: Some Boards may require notice if a client's County of Residence varies from the County of Financial Responsibility.

31. **Primary Phone No.:** Enter the client's primary phone number including the area code.
32. **Secondary Phone No.:** Enter the client's secondary phone number including the area code.
33. **Client is Homeless:** Select the client's homeless status. This field is defaulted to N/A.

Note: Typically, if a client is homeless, Boards will request the client's last known physical address, but this can vary. Please contact your insuring Board for address requirements for homeless individuals.

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

34. **Gender Identity:** **This field is required for Stark County clients.** Select from the dropdown list the client's gender identity. (If unknown, not listed, or not disclosed, select "Client Refused/Doesn't Know.")
35. **Sexual Orientation:** **This field is required for Stark County clients.** Select from the dropdown list the client's sexual orientation. (If unknown, not listed, or not disclosed, select "Client Refused/Doesn't Know.")
36. **Special Populations:** Select from the dropdown list any applicable special populations the client belongs to.
37. **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.

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

38. **Household Size:** **Required.** Enter the client's household size.
39. **Adjusted Gross Monthly Income:** **Required.** Enter the client's family's adjusted gross monthly income.



Event	Note
Client	Verifications
	Attachments

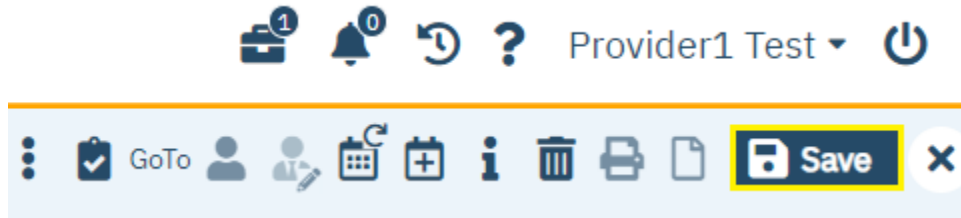
40. Navigate to the **Verifications** sub-tab.

#### Verifications

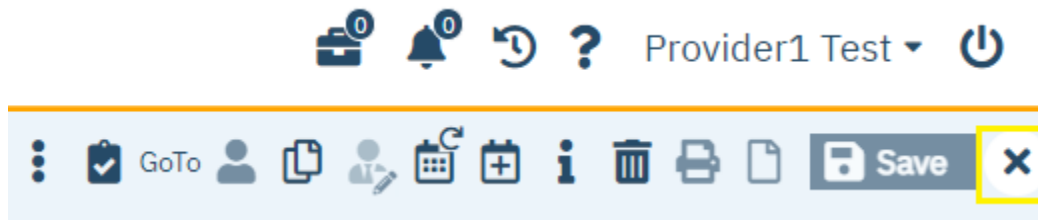
Form	Forms Given to Client or Guardian		
*Disclosure of enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*All applicable authorizations for billing as required by Federal and State laws have been received?	<input type="radio"/> Yes	<input type="radio"/> 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

41. **Disclosure of enrollment?: Required. The enrollment cannot legally be completed if this value is anything other than “Yes.”** Select the status concerning if the client or their legal custodian signed disclosure of enrollment documentation.
42. **All applicable authorizations for billing as required for billing as required by Federal and State laws have been received?: Required. The enrollment cannot legally be completed if this value is anything other than “Yes.”** Select the status concerning if the client or their legal custodian signed all applicable authorizations required to receive services.
43. **In crisis at enrollment?: Required. The enrollment cannot legally be completed if this value is anything other than “Yes” or “No.”** Select the status concerning whether the client was in a crisis situation at the time of enrollment at the submitting agency.
44. **Client is potentially SPMI/SED?: Required.** 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. Select “Not Applicable” if your agency does not collect this information.
45. **Residency verification form signed?: Required.** Select the status concerning if the client or their legal custodian signed a residency verification form. Select “Not Applicable” if your agency does not collect this information.
46. **Proof of household income?: Required.** Select the status concerning if the client or their legal custodian provided proof of household income (e.g., paystubs, bank statements, benefit letters). Select “Not Applicable” if your agency does not collect this information.

47. **Proof of identity?: Required.** Select the status concerning if the client or their legal custodian provided proof of their identity. Select “Not Applicable” if your agency does not collect this information.

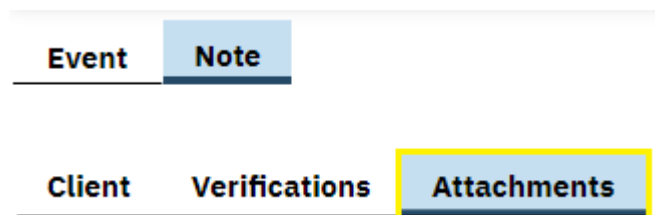


48. Click the **Save** button.



49. If you need to attach additional documents, please read on. If you do not need to attach additional documents, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.

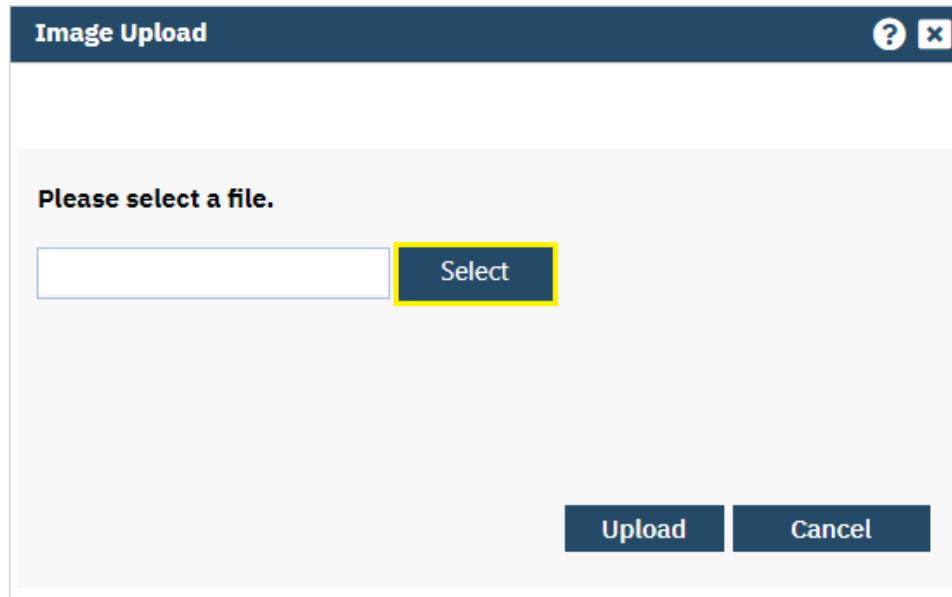


50. To add attachments, navigate to the **Attachments** sub-tab.

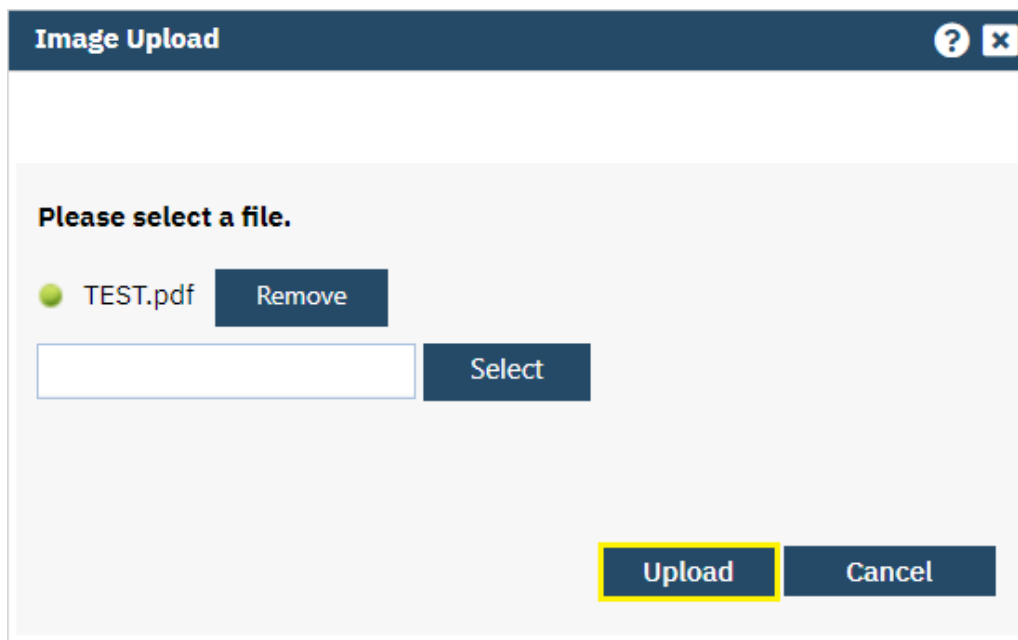
Note: Contact your insuring Board to determine if any additional forms are required to be submitted when enrolling a client.



51. Click **Upload**. This will redirect you to the Upload File Detail screen.






52. Click **Select** to open your device's file directory and choose the desired file. You may add up to 3 files. Files must be in .PDF format.



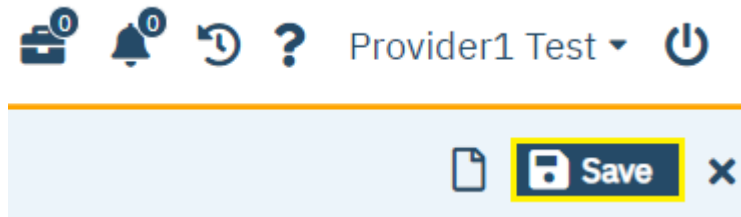
53. Once you have selected the desired file(s), click **Upload**.

### Upload File Detail

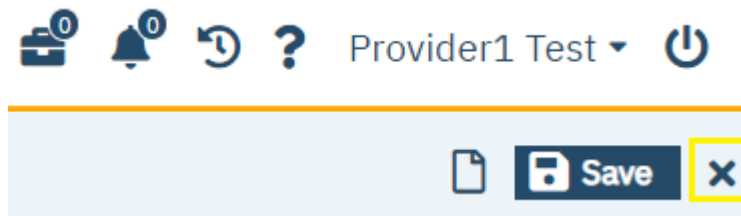
Provider Authorization - Documents ... 6086218 Test, Client Effective 

Record Type  Description 

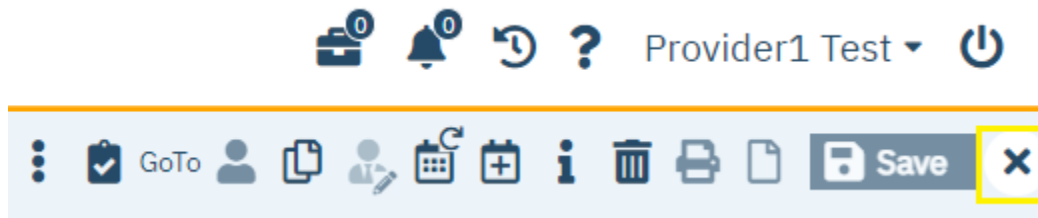
54. **Effective Date:** **Required.** Enter the effective date of the attached file.
55. **Record Type:** **Required.** Select from the dropdown list the document record type.
56. **Description:** Enter a description for the attached document.



57. Click the **Save** button.



58. Click **X** to close.



59. Then, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.

b.) Re-enrolling an Existing Client in SmartCareMCO

(Accessible to Enrollment role only.)

Note: If you do not currently have the Enrollment role, please complete a new *SmartCareMCO Provider 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).



1. Click the **Client Search** icon. Then, click on **< Client Search >**.

 A screenshot of the 'Client Search' web application interface. The title bar says 'Client Search'. Below the title bar is a 'Clear' button. The main section is titled 'Name Search' and includes checkboxes for 'Include Client Contacts' and 'Only Include Active Clients (Checking will not allow option to create new Client)'. There are buttons for 'Broad Search', 'Narrow Search', and 'All Client Search' (which is highlighted with a yellow box). Below these are input fields for 'Last Name', 'First Name', and a 'Program' dropdown menu. The 'Last Name' and 'First Name' fields are highlighted with yellow boxes. Below the 'Name Search' section is a section titled 'Other Search Strategies' with several search options: 'SSN Search', 'DOB Search', 'Primary Clinician Search', 'Authorization ID / #', 'Phone # Search', 'Master Client ID Search', 'Client ID Search', and 'Insured ID Search'. Each option has a corresponding input field.

2. Enter the client's full last name in the **Last Name** field and the client's full first name in the **First Name** field. (Capitalize names appropriately as this information will be transferred to the enrollment.) Enter the client's Social Security Number in the **SSN Search** fields, using Tab to navigate to each individual field. (If the client does not have an SSN, enter "999-99-9999.") Enter the client's date of birth in the **DOB Search** field. Then, click **All Client 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	

- 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 the SmartCare interface. At the top, there is a search bar with 'Test, C' entered. Below the search bar, there is a navigation menu with 'Client' and 'SmartLinks' options. The 'Client' menu is open, showing a list of options: 'Client Affiliation Codes', 'Client Copays', 'Client Coverage Plans', 'Client Summary', and 'CM Events'. The 'CM Events' option is highlighted with a yellow box.

- You will be redirected to the client's Client Summary screen. Hover your mouse over the Client menu, then click **CM Events**.

The screenshot shows the top navigation bar of the SmartCare interface. It includes icons for a briefcase, a bell, a refresh button, a question mark, and a power button. The text 'Provider1 Test' is displayed next to a dropdown arrow. Below the navigation bar, there is a toolbar with icons for a star, a download button, a document icon (highlighted with a yellow box), and a close button.

- Click the **New** button in the upper, righthand corner of the screen.

**Details**

---


Event

Date

Staff

Status

Insurer


Provider  

6. You will be redirected to the Client CM (Care Management) Events screen. Within the Event Details section, click within the **Event** field. Then, select **Enrollment Form Event**.

**Details**

---


Event

Date   Time

Staff

Status

Insurer

Provider  

7. Enter the client's enrollment effective date (i.e., The date the client first began receiving billable services with your agency) within the **Date** field. (Note: This field will auto-populate the value of the current date. It is pertinent that you update this field to the proper effective date.) The **Time** field can be left as is, as this does not affect billing.

**Details**

---

Event

Date   Time

Staff

Status

Insurer

Provider

8. Click within the **Status** field, then select **In Progress**.

**Details**

---

Event

Date   Time

Staff

Status

Insurer

Provider

- Ashland BH
- Ashtabula BH
- Belmont-Harrison-Monroe BH
- Columbiana BH
- Delaware-Morrow BH
- Hancock BH
- Jefferson BH
- Mahoning BH
- Portage BH
- Stark BH
- Trumbull BH
- Union BH
- Warren-Clinton BH
- Wayne-Holmes BH

9. Click within the **Insurer** field, then select the appropriate Board Insurer from the dropdown list which you wish to send the enrollment to (This will be the Board which is financially responsible for the client).



**Details**

---


Event

Date

Staff

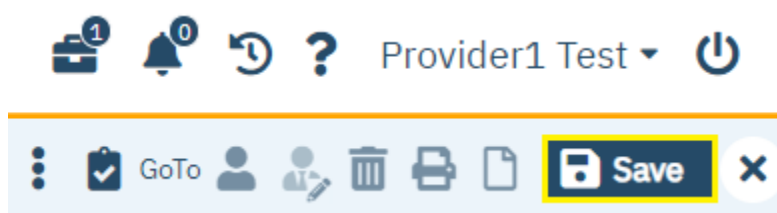
Status

Insurer

Provider  

**Default Provider**

10. Begin typing the name of your agency within the **Provider** field, then select your agency from the dropdown list that populates.



11. Click the **Save** button.

**Enrollment Form Event**

Effective

**Event** **Note**

12. Navigate to the **Note** tab within the Enrollment Form Event. This will open the Client, Verifications, and Attachments sub-tabs. (You will land within the Client sub-tab by default.)

Event	Note
Client	Verifications Attachments

---

**Provider Information**

\*Submitting Provider  Requested Date

Previous Other Insurer

Note: Required fields will be marked with an asterisk (\*).

13. **Submitting Provider: Required.** Within the Provider Information section of the Client sub-tab, click within the **Submitting Provider** field and select your agency from the dropdown list that populates.

**Client Information**

\*First Name  Middle Name  \*Last Name  Suffix

\*SSN   Client doesn't have an SSN. \*DOB  (Age: 23 Years) \*Gender

\*Ethnicity

\*Race

- White
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Client Refused/Doesn't Know
- Black or African American

\*Primary Language

\*Marital Status

14. **First Name: Required.** This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.
15. **Middle Name:** Enter the client's middle name. This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.
16. **Last Name: Required.** This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.
17. **Suffix:** If applicable, select the appropriate name suffix from the dropdown list. This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.
18. **SSN: Required.** This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.

Note: If the client does not have a Social Security Number, check the **Client doesn't have an SSN** checkbox.

19. **DOB: Required.** This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
20. **Gender: Required.** Select the appropriate gender from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”) This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
21. **Ethnicity: Required.** Select the appropriate ethnicity from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”) This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
22. **Race: Required.** Check the box(es) corresponding to the client’s racial background. Multiple values should be selected for biracial and multiracial clients. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”) This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
23. **Primary Language: Required.** Select the appropriate primary language from the dropdown list. This field is defaulted to English. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
24. **Marital Status: Required.** Select the appropriate marital status from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”) This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.

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

25. **Address 1: Required.** Enter the client’s full, physical street address (e.g., enter “101 Main Street” rather than “101 Main”). This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
26. **Address 2:** Enter the second line of the client’s physical address (e.g., an apartment or lot number when applicable). This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
27. **\*City: Required.** Enter the client’s physical city of residence. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
28. **\*State: Required.** Select the client’s physical state of residence. This field is defaulted to Ohio. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.

29. **\*ZIP: Required.** Enter, at minimum, the first five digits of the client’s physical address ZIP code. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
30. **\*County of Residence: Required.** Enter the client’s county of residence that corresponds with their physical address.
31. **\*County of Financial Responsibility: Required.** Enter the county that is financially responsible for the client’s treatment/services.

Note: Some Boards may require notice if a client’s County of Residence varies from the County of Financial Responsibility.

32. **Primary Phone No.:** Enter the client’s primary phone number including the area code. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
33. **Secondary Phone No.:** Enter the client’s secondary phone number including the area code. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
34. **Client is Homeless:** Select the client’s homeless status. This field is defaulted to N/A. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.

Note: Typically, if a client is homeless, Boards will request the client’s last known physical address, but this can vary. Please contact your insuring Board for address requirements for homeless individuals.

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

35. **Gender Identity: This field is required for Stark County clients.** Select from the dropdown list the client’s gender identity. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”) This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
36. **Sexual Orientation: This field is required for Stark County clients.** Select from the dropdown list the client’s sexual orientation. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”) This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.

- 37. **Special Populations:** Select from the dropdown list any applicable special populations the client belongs to. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.
- 38. **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. This field will auto-populate based upon the client’s last signed enrollment. Make changes if necessary.

Household Information	
*Household Size	*Adjusted Gross Monthly Income \$

- 39. **Household Size:** **Required.** Enter the client’s household size.
- 40. **Adjusted Gross Monthly Income:** **Required.** Enter the client’s family’s adjusted gross monthly income.

Event	Note
Client	Verifications
	Attachments

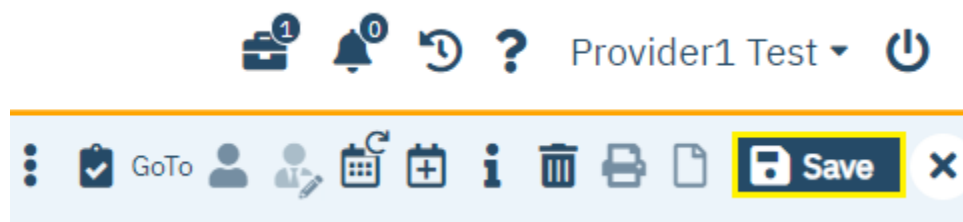
41. Navigate to the **Verifications** sub-tab.

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

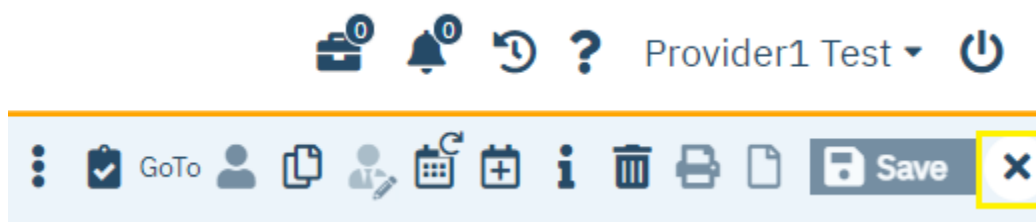
- 42. **Disclosure of enrollment?:** **Required.** The enrollment cannot legally be completed if this value is anything other than “Yes.” Select the status concerning if the client or their legal custodian signed disclosure of enrollment documentation.
- 43. **All applicable authorizations for billing as required for billing as required by Federal and State laws have been received?:** **Required.** The enrollment cannot legally be completed

if this value is anything other than “Yes.” Select the status concerning if the client or their legal custodian signed all applicable authorizations required to receive services.

44. **In crisis at enrollment?: Required.** The enrollment cannot legally be completed if this value is anything other than “Yes” or “No.” Select the status concerning whether the client was in a crisis situation at the time of enrollment at the submitting agency.
45. **Client is potentially SPMI/SED?: Required.** 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. Select “Not Applicable” if your agency does not collect this information.
46. **Residency verification form signed?: Required.** Select the status concerning if the client or their legal custodian signed a residency verification form. Select “Not Applicable” if your agency does not collect this information.
47. **Proof of household income?: Required.** Select the status concerning if the client or their legal custodian provided proof of household income (e.g., paystubs, bank statements, benefit letters). Select “Not Applicable” if your agency does not collect this information.
48. **Proof of identity?: Required.** Select the status concerning if the client or their legal custodian provided proof of their identity. Select “Not Applicable” if your agency does not collect this information.

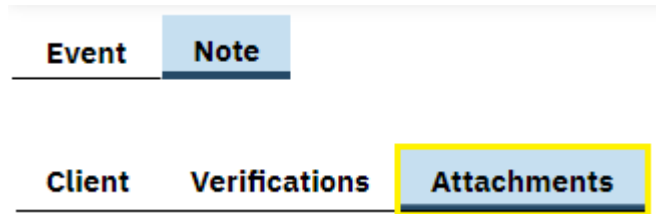


49. Click the **Save** button.



50. If you need to attach additional documents, please read on. If you do not need to attach additional documents, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.

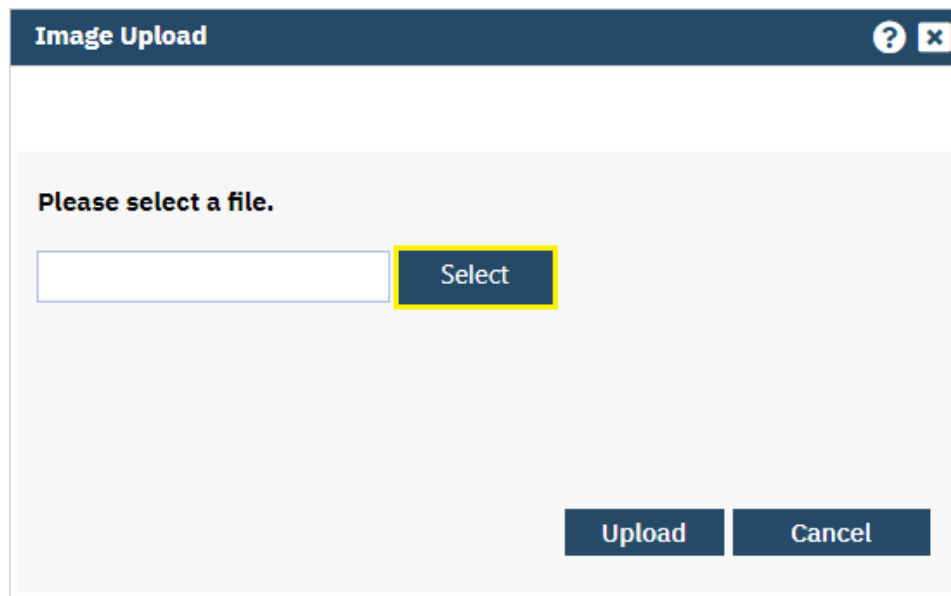


51. To add attachments, navigate to the **Attachments** sub-tab.

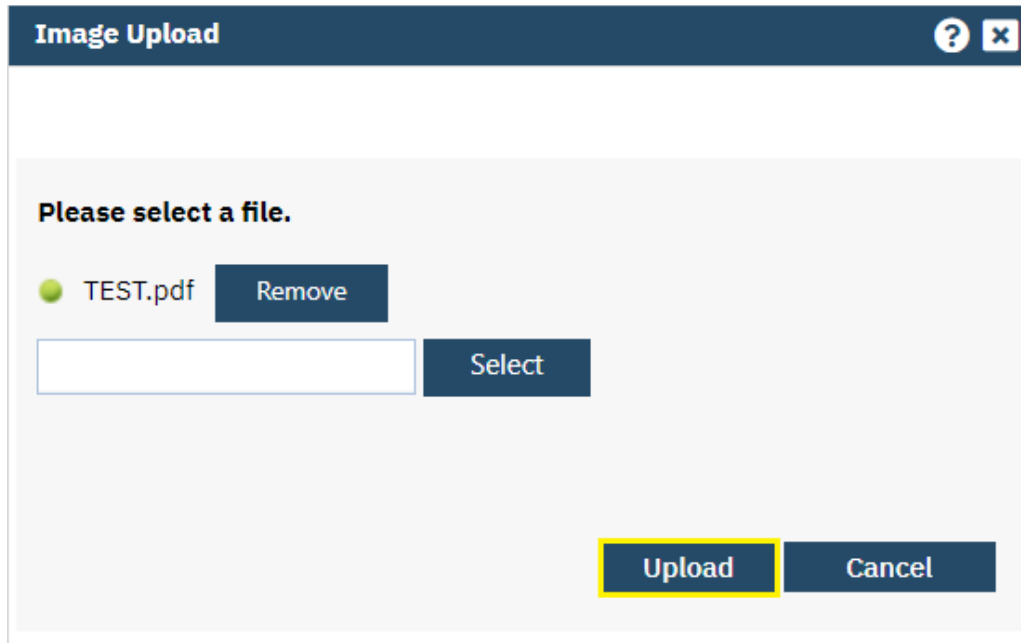
Note: Contact your insuring Board to determine if any additional forms are required to be submitted when enrolling a client.



52. Click **Upload**. This will redirect you to the Upload File Detail screen.



53. Click **Select** to open your device's file directory and choose the desired file. You may add up to 3 files. Files must be in .PDF format.



54. Once you have selected the desired file(s), click **Upload**.

Upload File Detail

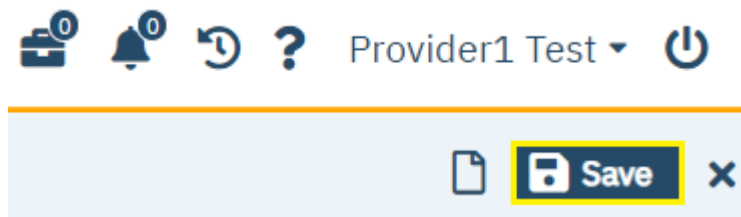
Provider Authorization - Documents ... 6086218 Test, Client Effective [calendar icon]

Record Type [dropdown] Description [dropdown]

55. **Effective Date:** **Required.** Enter the effective date of the attached file.

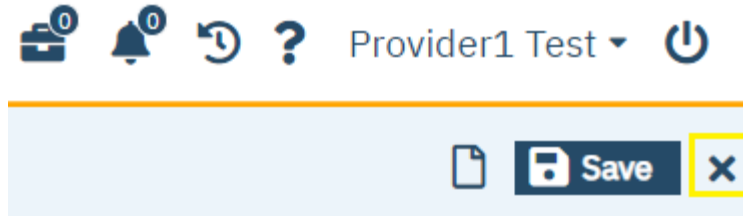
56. **Record Type:** **Required.** Select from the dropdown list the document record type.

57. **Description:** Enter a description for the attached document.

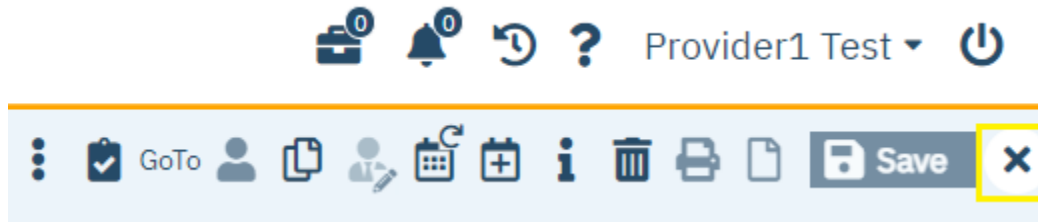


58. Click the **Save** button.





59. Click **X** to close.



60. Then, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

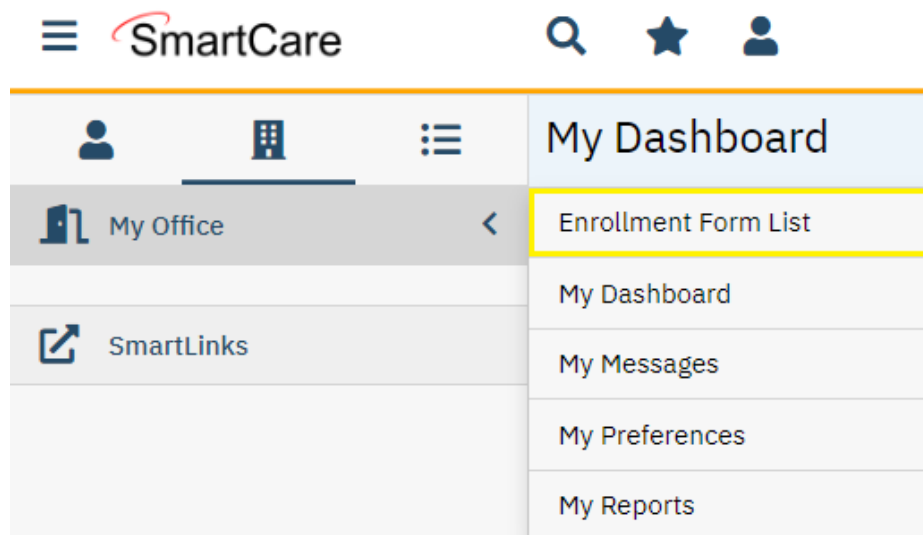
Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.

### c.) Correcting an Enrollment in SmartCareMCO

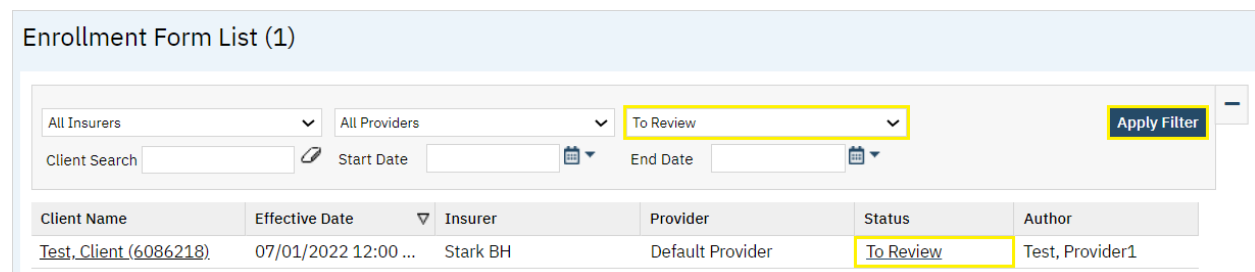
(Accessible to Enrollment role only.)

Note: If you do not currently have the Enrollment role, please complete a new *SmartCareMCO Provider 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).

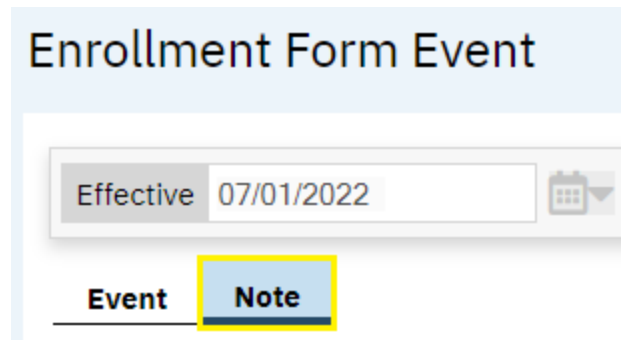
Completed enrollments are routed to the appropriate Board enrollment staff person to review. If the Board enrollment staff member locates an error within the enrollment, the enrollment will be placed in a “To Review” status to be reviewed, corrected, and re-submitted by the submitting agency.



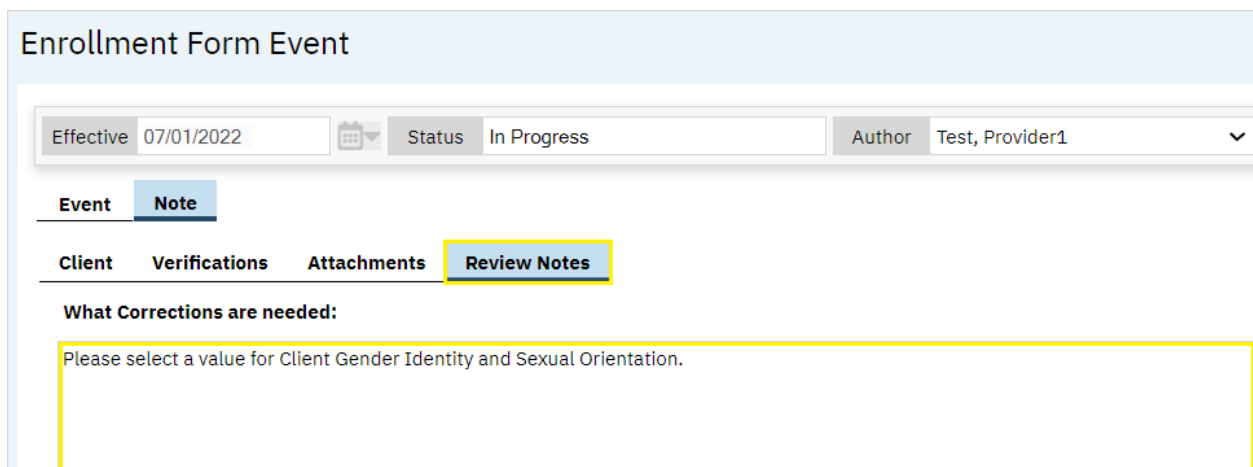
1. Hover your mouse over the My Office menu. Then, click **Enrollment Form List**.



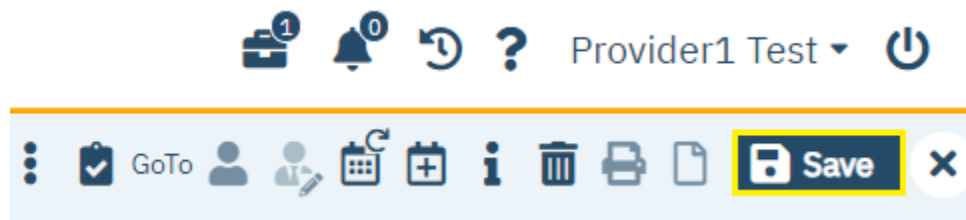
2. Click within the All Statuses field. Then, select **To Review** from the dropdown list. Click **Apply Filter**. If any valid search results are returned, click the To Review hyperlink under Status of the desired client to review the enrollment. You will be redirected to the Enrollment Form Event screen.



3. Navigate to the **Note** tab within the Enrollment Form Event. This will open the Client, Verifications, Attachments and Review Notes sub-tab. (You will land within the Client sub-tab by default.)



4. Navigate to the **Review Notes** sub-tab. Review any notes listed within the **What Corrections are needed:** box. Make any changes to the enrollment as indicated.



5. Click the **Save** button to save any changes made.

## Enrollment Form Event

Effective

Event
Note

- Then, navigate to the **Event** tab.

### Details

---

Event

Date  Time

Staff

Status

Insurer

Provider

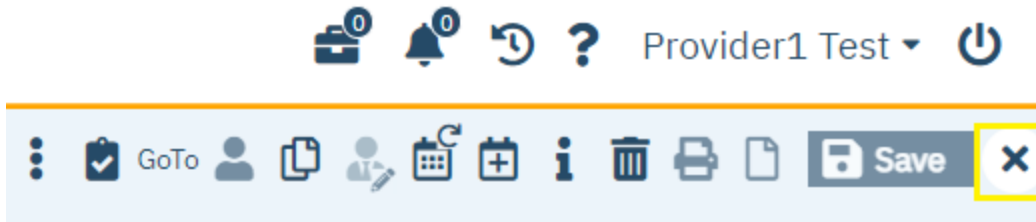
- Click within the **Status** field. Select **In Progress** from the dropdown list.

Note: Failing to complete this step will not re-route the enrollment back to the Board enrollment staff person to review the changes made.

Provider1 Test ▾

Save

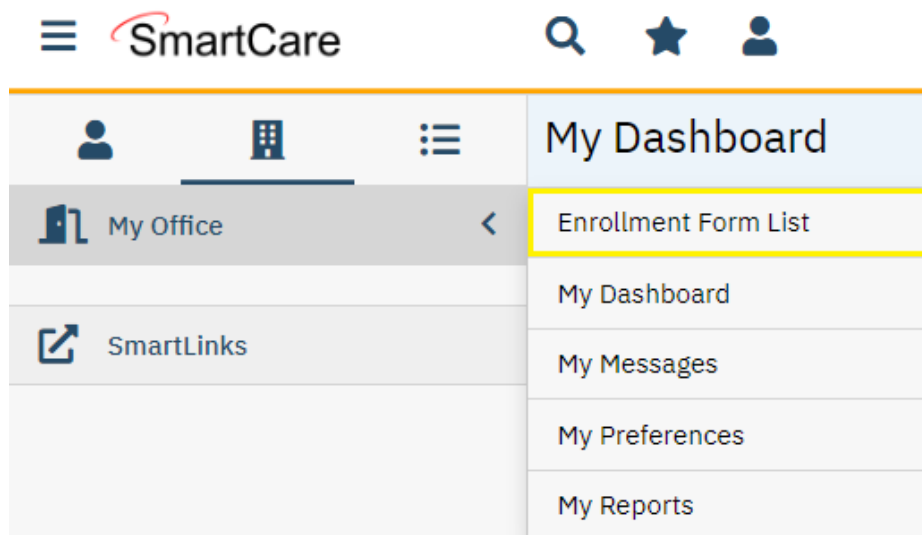
- Click the **Save** button.



9. Finally, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.

#### d.) Enrollment Form List Navigation



1. Hover your mouse over the My Office menu. Then, click **Enrollment Form List**.

The screenshot shows the 'Enrollment Form List' page. At the top, the title 'Enrollment Form List' is displayed. Below the title is a filter section with three dropdown menus: 'All Insurers', 'All Providers', and 'All Statuses'. There are also input fields for 'Client Search', 'Start Date', and 'End Date'. An 'Apply Filter' button is visible. Below the filter section is a table with columns: Client Name, Effective Date, Insurer, Provider, Status, and Author. The 'Status' column is highlighted in yellow.

2. **Insurers:** Click within the **All Insurers** field to select a specific Board Insurer or leave as is.
3. **Providers:** Click within the **All Providers** field to select a specific Provider Agency or leave as is. (Only Provider Agencies which you are currently employed by will be listed.)
4. **Status:** Click within the **All Statuses** field to select a specific status or leave as is.
  - *Cancelled:* Currently, PartnerSolutions does not utilize this status.
  - *Completed:* Search for enrollments which have been reviewed and signed by a Board enrollment staff person.
  - *In Progress:* Search for enrollments which have been submitted by your agency that are currently awaiting review by a Board enrollment staff person.
  - *To Review:* Search for enrollments which have been submitted by your agency that have been reviewed by a Board enrollment staff person who has indicated the enrollment requires correction. (See **Section VIII. Current Enrollment Process**)

(SFY24 & Later), subsection c.) **Correcting an Enrollment in SmartCareMCO** for more information on making enrollment corrections.)

5. **Client Search:** Enter the client's name using "Last Name, First Name" formatting to search for a specific client's enrollment forms or leave blank to see all.
6. **Start Date:** Enter a specific Start Date to view enrollments with effective dates on or after that date or leave blank to see all.
7. **End Date:** Enter a specific End Date to view enrollments with effective dates on or before that date or leave blank to see all.
8. Click **Apply Filter** to apply any search filter criteria selected to retrieve results.

Note: SmartCare will always remember your previous search.

9. Click the hyperlink under **Status** to view the desired enrollment form.

e.) Enrollment Contacts
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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)

This enrollment process has been discontinued by most participating PartnerSolutions Boards effective 07/01/2023. If your agency's insuring PartnerSolutions Board(s) wishes to utilize this earlier version, this will be communicated to you directly by the Board(s). Otherwise, please instead see instructions outlined in **Section VIII. Current Enrollment Process (SFY24 & Later)**.

### a.) PartnerSolutions Enrollment Form

1. The latest version of the *SmartCareMCO New Member Enrollment/ClientID Request Form* and its associated *SmartCareMCO Enrollment Form Completion Instructions* document can be downloaded from <https://starkmhar.org/partner-solutions/smartcareresources/>.
2. If an agency chooses to use their own custom enrollment form, it must, at minimum, correspond identically with all of the required fields and values on the default *SmartCareMCO New Member Enrollment/ClientID Request Form*.

b.) PartnerSolutions Residency Verification Form
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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.

Note: Some Boards may require agencies to always submit a signed *SmartCareMCO Residency Verification Form* when submitting enrollment requests.

c.) 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@mahoningco unttyoh.gov</a>

d.) Enrollment Reminders
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- An enrollment request should only be sent if a PartnerSolutions Board (i.e., Ashland, Ashtabula, Belmont-Harrison-Monroe, Columbiana, Delaware-Morrow, Hancock, Jefferson, Mahoning, Portage, Stark, Trumbull, Union, Warren-Clinton, and Wayne-Holmes) is financially responsible for that client.

Note: Some Boards may require notice if a client's County of Residence varies from the County of Financial Responsibility.

- All forms must correspond completely with the required fields and values outlined in the *SmartCareMCO Enrollment Form Completion Instructions* document.
- Required fields must always be populated and should never be left blank under any circumstances. Submitted enrollments that are missing any required fields will be returned unprocessed.
- If a client refuses to disclose certain demographic information, such as their race or ethnicity, always populate those fields with the appropriate Client Refused/Client Doesn't Know value rather than leaving those fields blank.

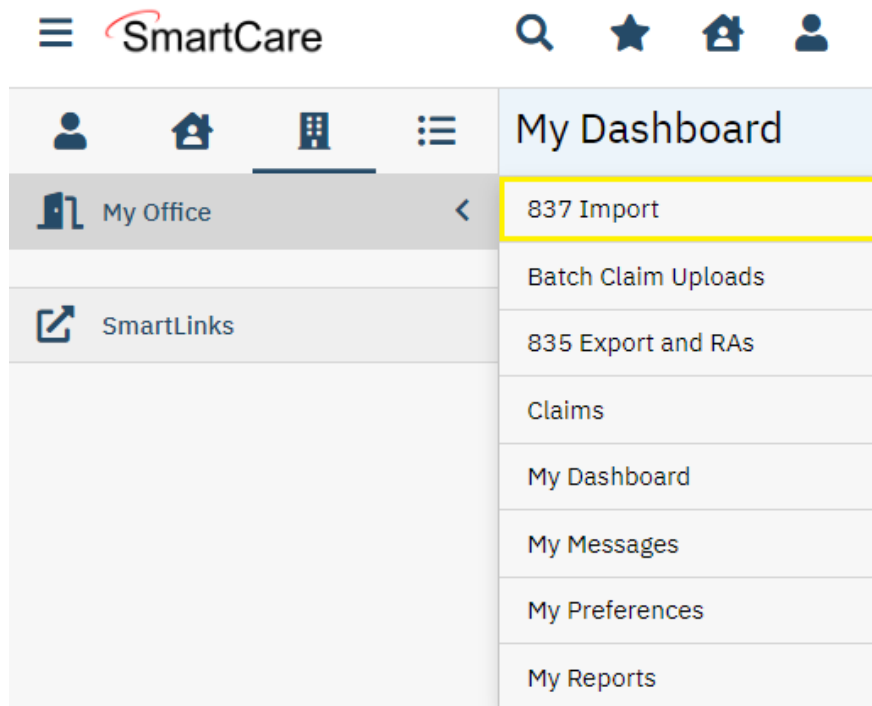
## X. 837 Import

(Accessible to Claims Processor role only.)

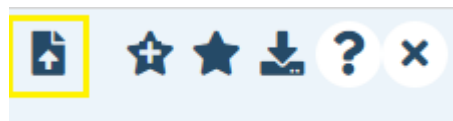
Note: If you do not currently have the Claims Processor role, please complete a new *SmartCareMCO Provider Account Request/Change Form* requesting this change. You can download this form at <https://partnersolutions.starkmhar.org/data-analytics/>. Please submit your completed form to [SmartCareSupport@starkmhar.org](mailto:SmartCareSupport@starkmhar.org).

### a.) Importing an 837 Claim File

Note: 837 Import **IS NOT** used to submit Batch Claim Uploads spreadsheets. See instead **Section XII. Batch Claim Uploads** if you are attempting to upload a spreadsheet.



1. While on the **My Office** menu, click on **837 Import**.



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

837 File Import

837 File Import

Choose File

Import File Cancel

- In the **837 File Import** pop-up that appears, select your agency from the dropdown list.

837 File Import

837 File Import

Choose File

Import File Cancel

- Click on **Choose File**, then select the 837 claim file you wish to upload, and then click on **Open**.

837 File Import

837 File Import

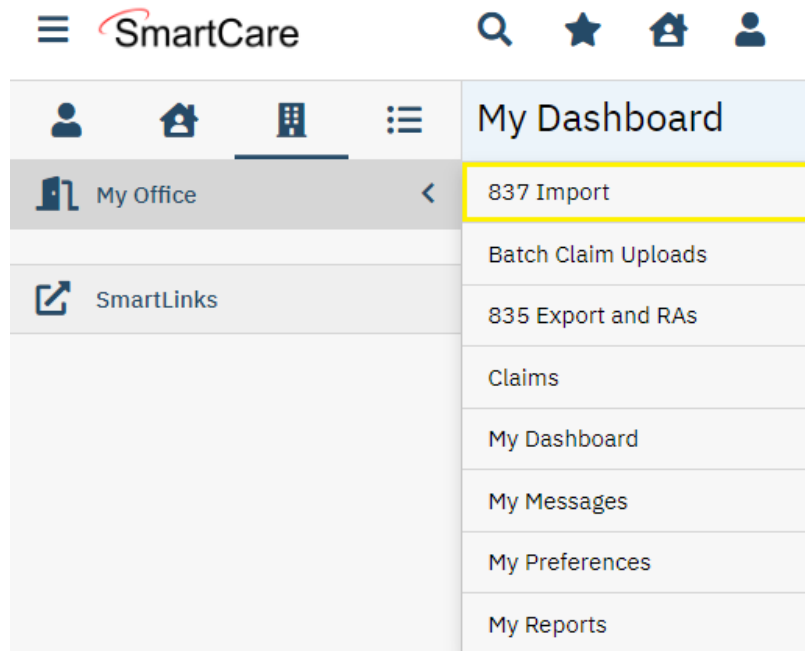
Choose File

Import File Cancel

- Click on **Import File**. Your file has now been uploaded.

Note: Large files may require longer upload times. If the screen appears frozen, your file is still processing. Once your file has successfully been uploaded, you will be redirected to the 837 File Details screen.

## b.) Viewing 837 File Details



1. While on the **My Office** menu, click on **837 Import**.

837 Import

All Senders  All Files  Import Date From:  To:

Sender	Import Date	Processed	File Name	File Date	Charges	Claim Lines	UnProcessed	Control No.	Batches
Test Agency	<a href="#">07/01/2...</a>	No	837_File_Name_000123...	<a href="#">07/01/2...</a>	\$100.00	<a href="#">5</a>	1	0001234...	1

2. The **837 Import** screen will display a list of all the claim files uploaded by your agency. You can use filters to limit your search. SmartCare will always remember your previous search criteria. The list can be sorted by clicking on the column headers at the top of the screen (e.g., **Sender**, **Import Date**, **Processed**, etc.).
3. To view the claims in a specific processed file, click on the hyperlink under **Claim Lines** for the file you wish to open.

## 837 Import Claim Lines (5)

ID	Provider	Client	DOS	Revenue Code	Procedure Code	Charges	Processed	File	Batch	Error Description	△
<a href="#">12345...</a>	Test Agency...	<a href="#">TEST, CLIEN...</a>	<a href="#">07/01/20...</a>		90837	\$20.00	Yes	<a href="#">12345</a>	67890		
<a href="#">12346...</a>	Test Agency...	<a href="#">TEST, CLIEN...</a>	<a href="#">07/01/20...</a>		90837	\$20.00	Yes	<a href="#">12345</a>	67890		
<a href="#">12347...</a>	Test Agency...	<a href="#">TEST, CLIEN...</a>	<a href="#">07/01/20...</a>		90837	\$20.00	Yes	<a href="#">12345</a>	67890		
<a href="#">12348...</a>	Test Agency...	<a href="#">TEST, CLIEN...</a>	<a href="#">07/01/20...</a>		90837	\$20.00	Yes	<a href="#">12345</a>	67890		
<a href="#">12349...</a>	Test Agency...	<a href="#">TEST, CLIEN...</a>	<a href="#">07/01/20...</a>		90837	\$20.00	Yes	<a href="#">12345</a>	67890	Claim place o...	

- To view a specific claim line, click on a hyperlink under **DOS**.



## XI. 837 File Errors

SmartCareMCO utilizes three ordered levels of validations when processing 837 files: file format errors, parsing errors, and processing errors.

### a.) File Format Errors

The first step of validations involves the system checking for file format errors. File format errors indicate that there is something that is structurally wrong with a file. That may include but is not limited to the file not being in the EDI X12 format or the file missing header and/or trailer information.

#### 837 Import

All Senders	All Files	Import Date From:	To:	Apply Filter					
Sender	Import Date	Processed	File Name	File Date	Charges	Claim Lines	UnProcessed	Control No.	Batches
Test Agency	07/01/2...	No	837_File_Name_000123...						

To view the **837 File Details** screen, while on the **837 Import** screen, click on a hyperlink under **Import Date**.

#### 837 File Details

<b>Summary</b>			
837 File ID: 12345	Sender Name: Test Agency	Import Date: 07/01/2022	Sender ID: 99
File Name: 837_File_Name_000...	Date:	Control Number:	
Receiver ID:	Ack. Requested: No	Processed: No	# of Batches:
Total Charges:	Total Claims:	Claim Lines:	# of Segments:
Unprocessed:			
<b>File Text</b>	<b>Export</b>	<b>Acknowledgement</b>	<b>Export</b>
837 File Text Will Display Here		Acknowledgement Text Will Display Here	
<b>Parsing Errors</b>			
Line Number	Error Message	Data Text	
No data to display			

When a file format error occurs, SmartCareMCO is unable to process that file any further and no claims will be brought into the system. Typically, no error messages will be displayed, and the **Summary**, **Parsing Errors**, and **Batches** sections on the **837 File Details** screen will primarily be unpopulated or blank. Corrections will need to be made outside of the system that necessitates a new file being imported.

## b.) Parsing Errors

If the system finds no file format errors, the second validation step involves checking for parsing errors. Parsing errors indicate that there is something that is wrong with specific loops or segments in a file. That may include but is not limited to the file not having the correct Submitter ID and/or Submitter Name or there being a discrepancy between the total charge amount submitted for all claims and the sum of charges for service lines.

### 837 Import

Import Date From: 
 To:

Sender	Import Date	Processed	File Name	File Date	Charges	Claim Lines	UnProcessed	Control No.	Batches
Test Agency	<a href="#">07/01/2...</a>	No	837_File_Name_000123...						

To view parsing errors, while on the **837 Import** screen, click on a hyperlink under **Import Date**.

### 837 File Details

**Summary**

837 File ID: 12345	Sender Name: Test Agency	Sender ID: 99
File Name: 837_File_Name_000...	Date: 07/01/2022	Control Number:
Receiver ID:	Ack. Requested: No	Processed: No
Total Charges:	Total Claims:	Claim Lines:
Unprocessed:		# of Segments:

**File Text**
 **Acknowledgement**

837 File Text Will Display Here

Acknowledgement Text Will Display Here

**Parsing Errors**

Line Number	Error Message	Data Text
3	Batch has already been imported once. File Name: 837_File_Name_000...	ST*837*7046000*005010X222A1

When a parsing error occurs, SmartCareMCO is unable to process that file any further and no claims will be brought into the system. Error messages will be displayed under the **Parsing Errors** section. In the majority of cases, corrections will need to be made outside of the system that necessitates a new claim file being imported.

### c.) Processing Errors

If the system finds no file format and parsing errors, the third and final file validation step involves checking for processing errors. Processing errors indicate that there is something that is wrong with a specific claim in a file. That may include but is not limited to a claim containing an invalid ClientID, the client on a claim not being enrolled in a Board coverage plan on the claim's date of service, or the NPI number of the claim line rendering, ordering, or supervising provider being invalid.

#### 837 Import

Sender	Import Date	Processed	File Name	File Date	Charges	Claim Lines	UnProcessed	Control No.	Batches
Test Agency	07/01/2...	No	837_File_Name_000123...	07/01/2...	\$100.00	100	10	0001234...	1

To view unprocessed claims, while on the **837 Import** screen, click on the hyperlink under **UnProcessed** of the desired file.

#### 837 Import Claim Lines (10)

ID	Provider	Client	DOS	Revenue Code	Procedure Code	Charges	Processed	File	Batch	Error Description
12345...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$270.00	No	12345	67890	Claim renderi...
12346...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$360.00	No	12345	67890	Claim renderi...
12347...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$180.00	No	12345	67890	Claim renderi...
12348...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$180.00	No	12345	67890	Claim renderi...
12349...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$180.00	No	12345	67890	Claim renderi...
12350...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$180.00	No	12345	67890	Claim renderi...
12351...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$180.00	No	12345	67890	Claim renderi...
12352...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$180.00	No	12345	67890	Claim renderi...
12353...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$472.50	No	12345	67890	Claim renderi...
12354...	Test Agency ...	TEST, CLIENT...	07/01/20...		M4140	\$180.00	No	12345	67890	Claim renderi...

Processing errors will be displayed under the **Error Description** column heading. Corrections will need to be made that necessitate either the unprocessed claims being corrected and reimported in a new file, or the original file being reprocessed by a PartnerSolutions staff member. You can download the *Troubleshooting Claims in SmartCareMCO* document which outlines the most common unprocessed reasons from <https://starkmhar.org/partner-solutions/smartcareresources/>.

## XII. Batch Claim Uploads

(Accessible to Claims Processor role only.)

Note: If you do not currently have the Claims Processor role, please complete a new *SmartCareMCO Provider 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).

The Batch Claim Uploads functionality may be used to submit claims using a Microsoft Excel spreadsheet template provided by PartnerSolutions. Batch Claim Uploads spreadsheets should be limited to a small number of claims and typically only cover non-Medicaid reimbursable services but may include Medicaid-eligible services in specific circumstances if Board-approved.

### a.) Spreadsheet Template Instructions

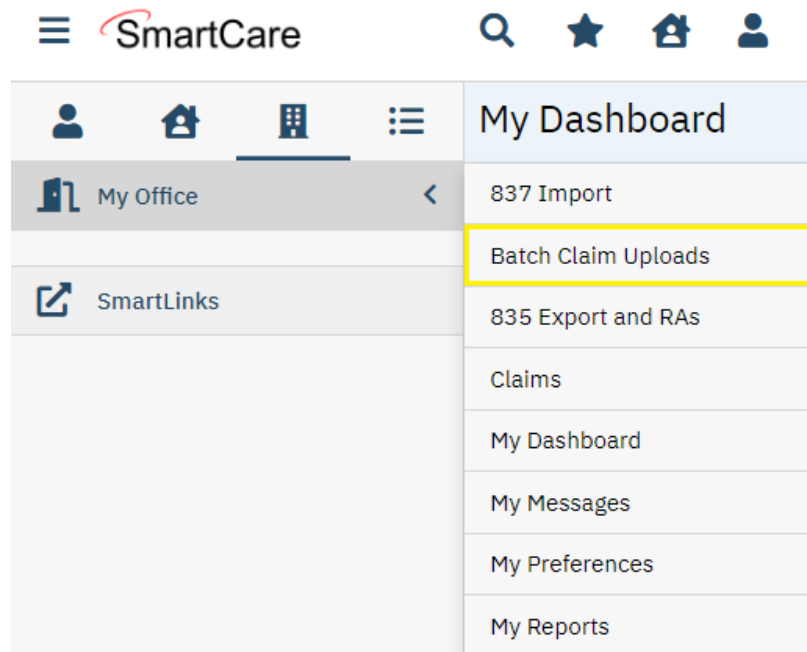
Provider agencies that use the Batch Claim Uploads process to submit claims will receive a customized Microsoft Excel spreadsheet template catered to the provider agency's specific services and billing requirements. This spreadsheet template will be distributed by PartnerSolutions to the appropriate provider agency user(s). Provider users are to enter data within Sheet2 of the distributed spreadsheet template. One claim should be entered per row beginning with the second row in the spreadsheet. Required fields within Sheet1 will automatically populate based upon entries made within Sheet2. Batch Claim Uploads spreadsheet template completion training is typically provided to provider agency users, as each spreadsheet varies per provider agency.

The following table details how Sheet1 of the Microsoft Excel spreadsheet template should be completed. Fields denoted as required must be populated in order for the spreadsheet to process correctly.

Column Header	Explanation
InsurerId (Required)	Enter the InsurerId of the Board responsible for the claim. This value will be provided by PartnerSolutions.
SiteId (Required)	Enter the SiteId of the provider site billing the claim. This value will be provided by PartnerSolutions.
ClientId (Required)	Enter the ClientId of the client on the claim.
RenderingProviderId	Enter the RenderingProviderId of the practitioner who rendered the service.
FromDate (Required)	Enter the start date of the claim.
ToDate (Required)	Enter the end date of the claim.
StartTime	Enter the start time of the claim.
EndTime	Enter the end time of the claim.
BillingCode (Required)	Enter the procedure code on the claim.
BillingCodeModifier1	Enter the claim's first modifier.
BillingCodeModifier2	Enter the claim's second modifier.
BillingCodeModifier3	Enter the claim's third modifier.
BillingCodeModifier4	Enter the claim's fourth modifier.
Units (Required)	Enter the numbers of units on the claim.
Charge (Required)	Enter the charged amount of the claim.

PlaceOfService (Required)	Enter the claim's place of service code.
Diagnosis1 (Required)	Enter the first or primary ICD-10 diagnosis code on the claim.
Diagnosis2	Enter the second ICD-10 diagnosis code on the claim.
Diagnosis3	Enter the third ICD-10 diagnosis code on the claim.
RenderingProviderName	Enter the name of the practitioner who rendered the service.
PreviousPayer1	Enter the first previous payer.
AllowedAmount1	Enter the first allowed amount.
PaidAmount1	Enter the first paid amount.
AdjustmentAmount1	Enter the first adjustment amount.
AdjustmentGroupCode1	Enter the first group code.
AdjustmentReason1	Enter the first adjustment reason.
PreviousPayer2	Enter the second previous payer.
AllowedAmount2	Enter the second allowed amount.
PaidAmount2	Enter the second paid amount.
AdjustmentAmount2	Enter the second adjustment amount.
AdjustmentGroupCode2	Enter the second adjustment reason code
AdjustmentReason2	Enter the second adjustment reason.
Ordering Provider NPI	Enter the Ordering Provider NPI of the provider who ordered the service.
Supervising Provider NPI	Enter the Supervising Provider NPI of the provider that supervised the service.
NDC	Enter the National Drug Code.
NDC Unit	Enter the National Drug Code unit.
NDC Unit Type	Enter the National Drug Code unit type.
InvoiceNumber	Enter the Invoice Number.

## b.) Uploading a Batch Claim File



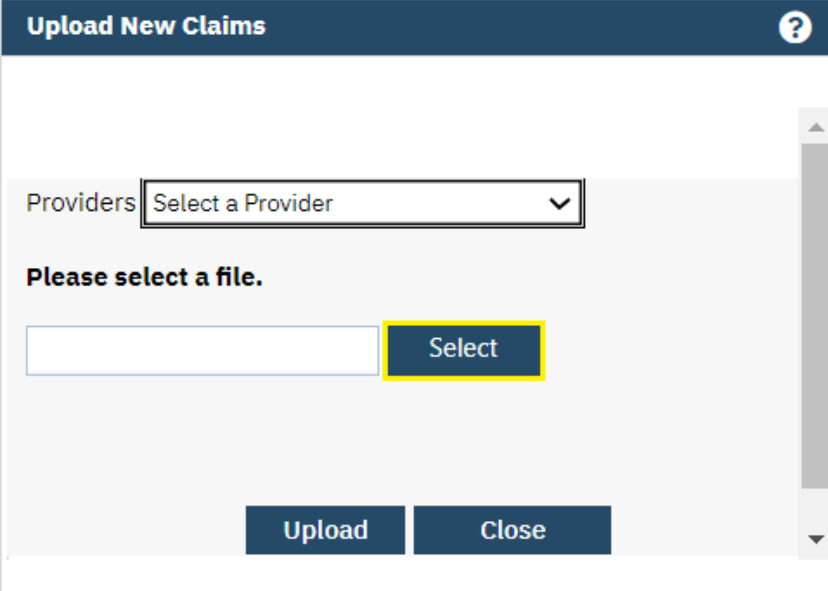
1. While on the **My Office** menu, click on **Batch Claim Uploads**.



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

The screenshot shows a dialog box titled "Upload New Claims" with a question mark icon in the top right corner. The dialog contains a "Providers" dropdown menu with the text "Select a Provider" and a downward arrow, which is highlighted with a yellow box. Below this is the text "Please select a file." followed by a file selection input field and a "Select" button. At the bottom of the dialog are two buttons: "Upload" and "Close".

3. In the pop-up that appears, select your agency from the dropdown list.



**Upload New Claims** ?

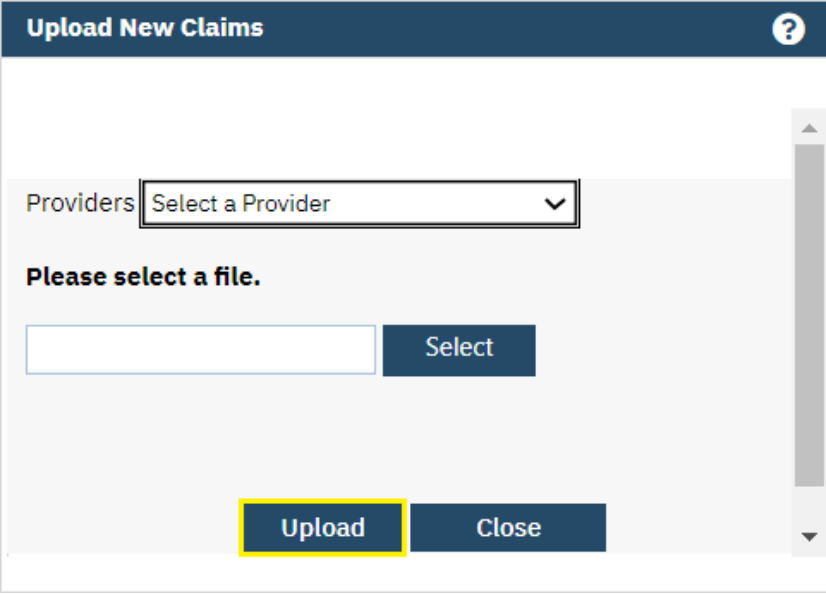
Providers

**Please select a file.**

**Select**

**Upload** **Close**

4. Click on **Select**, select the batch claim file you wish to upload, and then click on **Open**.



**Upload New Claims** ?

Providers

**Please select a file.**

**Select**

**Upload** **Close**

5. Click on **Upload**.



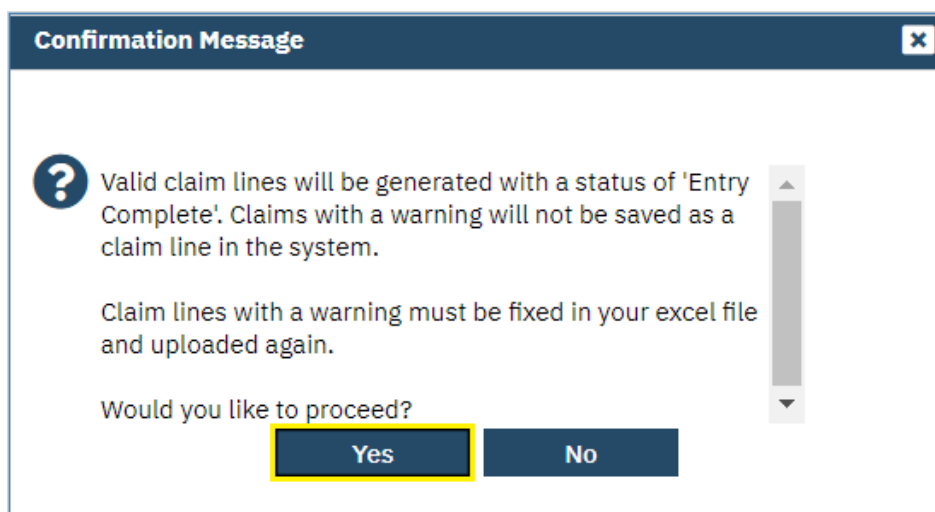
	Claimline ID	Claim Status	Warnings
😊			
😊			
⚠️			Place Of Service Missing

6. Review claims for accuracy prior to moving onto the next step. **Valid** claims indicated with a **yellow smiley face** are accurate and able to be submitted. **Invalid** claims indicated with a **red exclamation point** contain an error and will need to be corrected within the spreadsheet and re-uploaded. Invalid claims will list an error message within the last column titled Warnings.

**Note:** If your file contains errors, before uploading a corrected file, please contact [SmartCareSupport@starkmhar.org](mailto:SmartCareSupport@starkmhar.org) to delete the errored file.



7. Once you have confirmed that all claims are **Valid**, click on the **Submit Claims** icon.



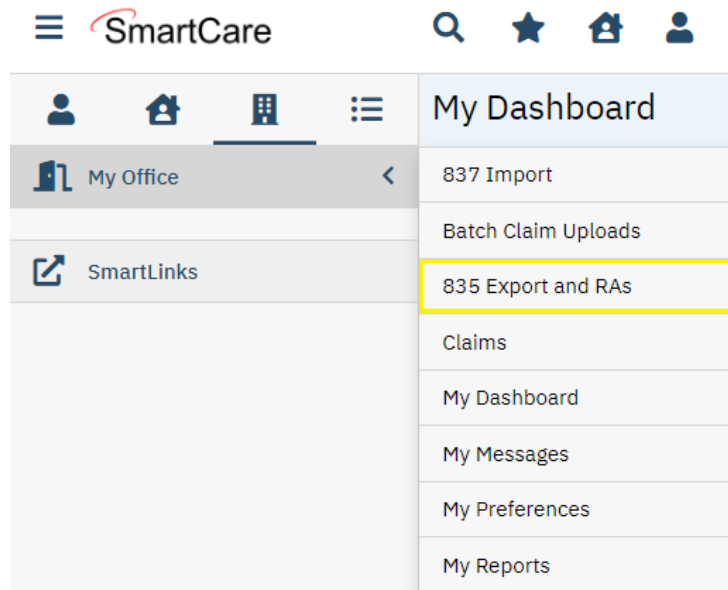
8. In the pop-up that appears, click on **Yes**. Your file has now been processed.

**XIII. 835 Export and RAs**

(Accessible to Claims Processor role only.)

Note: If you do not currently have the Claims Processor role, please complete a new *SmartCareMCO Provider 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.) Exporting an 835 Remittance File



1. While on 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 **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**. If an 835 file has already been generated for this check, your internet browser should then prompt you to download to the file without having to complete the following steps.

**Check Details**

Process Now

Generate

Close

---

4. In the pop-up that appears, click on **Process Now**.

**Check Details**

Process Now

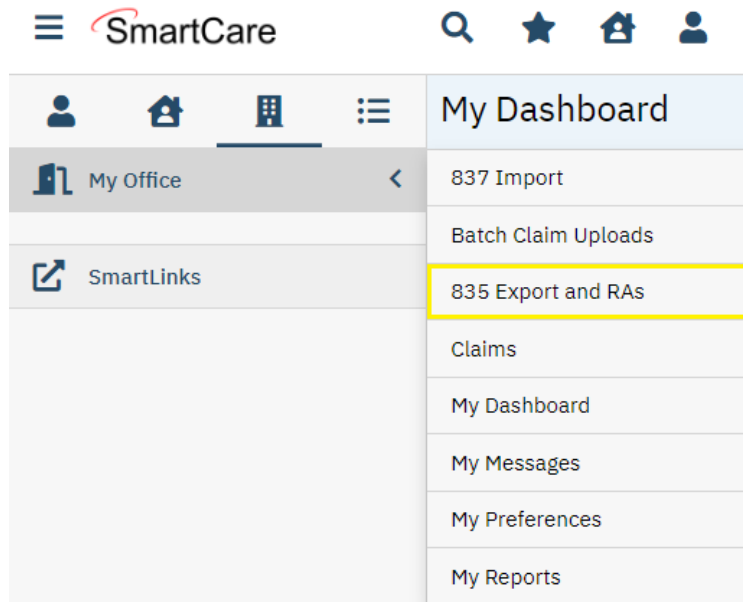
Generate

Close

---

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

## b.) Downloading a Remittance Advice



1. While on 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 **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

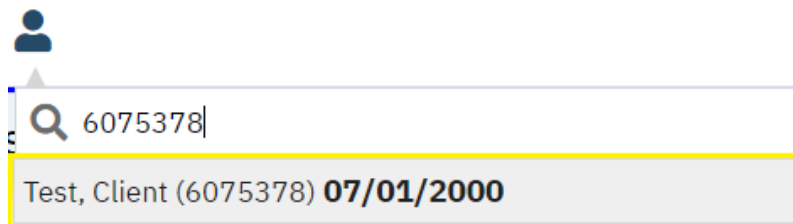
3. Click on the checkbox for **Include Pended Claims on RA** if you wish to include pended (i.e., held) claims on the remittance advice. Then, click on **Print RA**. A pop-up window should appear containing a remittance advice in .pdf format that may be downloaded or printed.

## XIV. Viewing Client Information

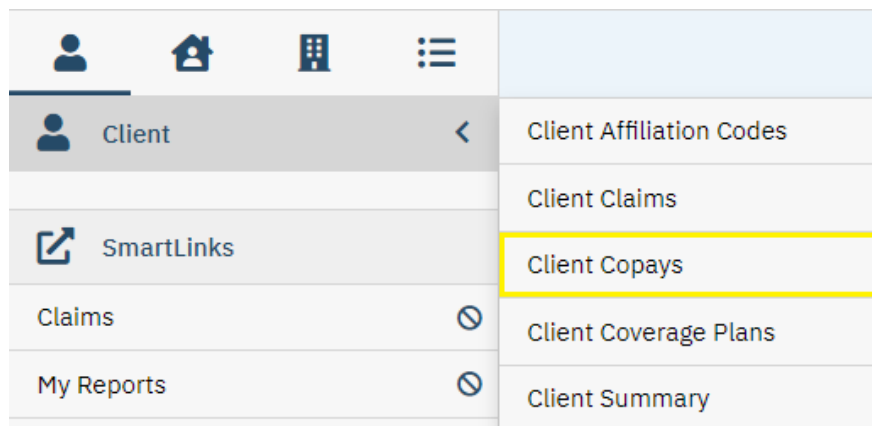
### a.) Client Copays



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. Click on **Client Copays**.

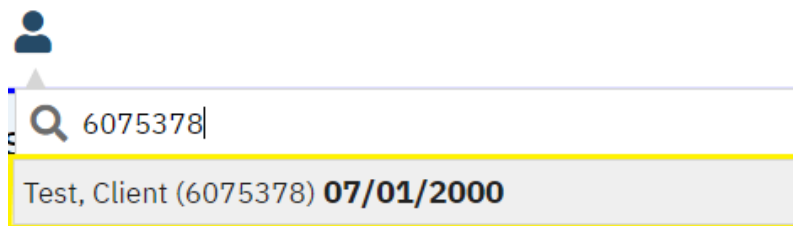
Template Id	Begin Date ▼	End Date	% of Standard Rate	Amount
	<u>07/01/2022</u>		0.00%	\$0.00 Per Session
	<u>01/01/2018</u>	06/30/2022	50.00%	\$0.00 Per Session

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

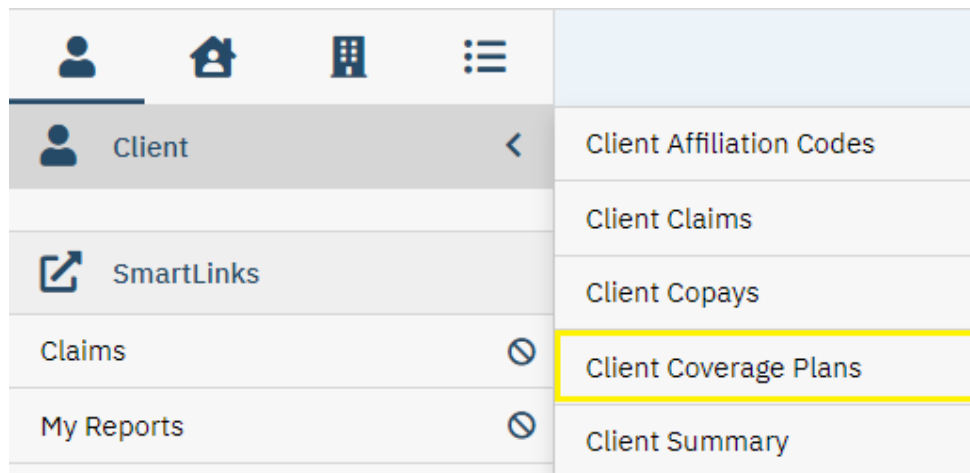
## b.) Client Coverage Plans



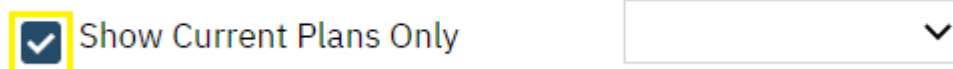
1. To search for a client by name or by Client UCI, click the Client Search icon, then enter the client's name (LastName, FirstName) or the client's Client UCI directly in the **Client Search** box.



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. Click on **Client Coverage Plans**.



4. Uncheck **Show Current Plans Only**.

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

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

Note: A client's Medicaid ID Number will be listed to the right of the client's Medicaid Coverage Plan.



## XV. 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.

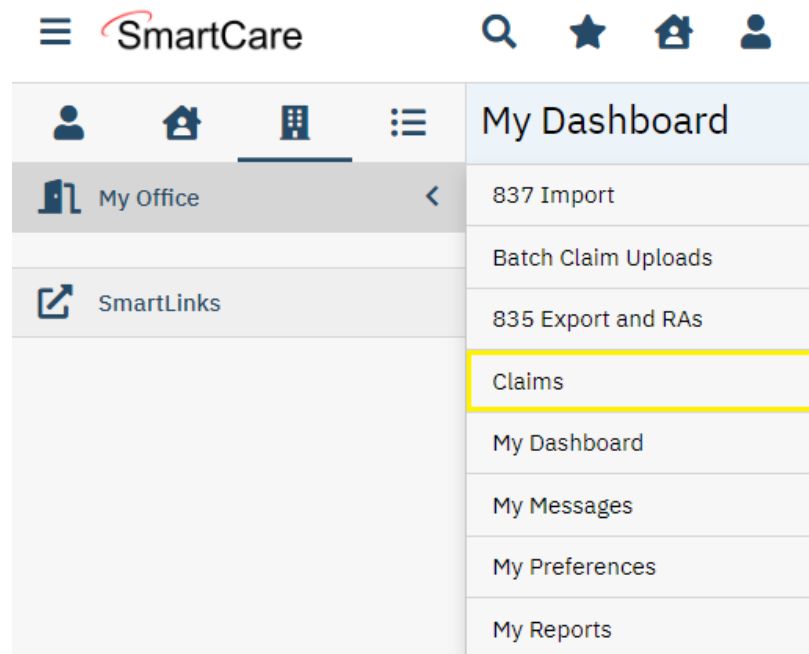
b.) Denial and Adjustment Reasons
-----------------------------------

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/>.

<b>Reason Code</b>	<b>Explanation</b>
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 on 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: SmartCare will always remember your previous search 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. This will open the **Claim Line Details** screen.



- To view more information about a claim (e.g., rendering, ordering, and supervising providers, diagnoses, etc.), while on the **Claim Line Details** screen, 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](#)

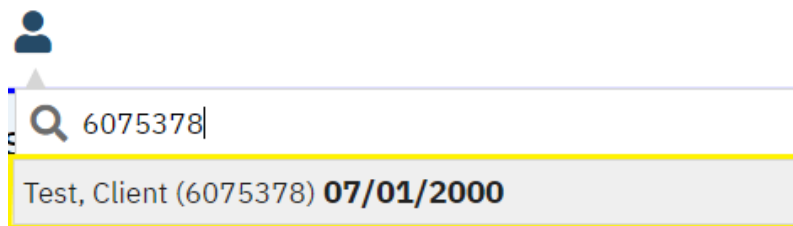
	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
<input checked="" type="radio"/>	2176957	03/02/2023	03/02/2023	M1620 HV	1.00	11 Office	1	19.53	N

- 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**.

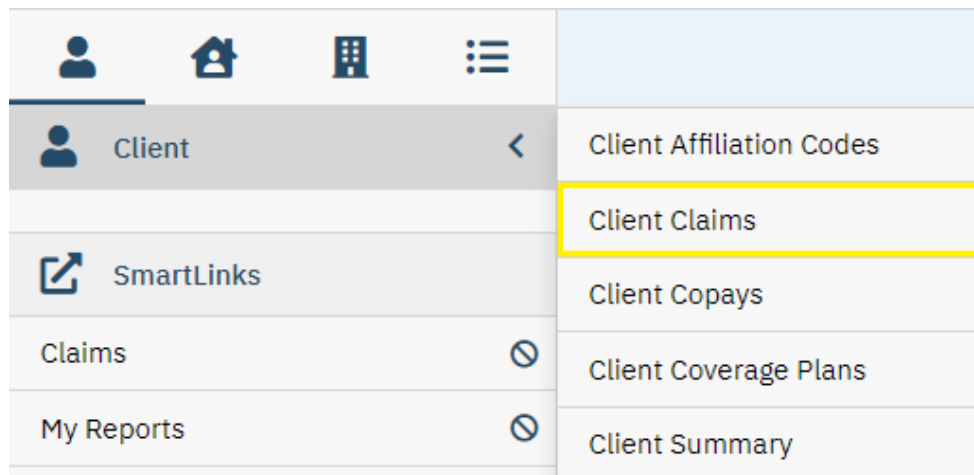
#### d.) Viewing Client-specific Claims



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. 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. This will open the **Claim Line Details** screen.



- To view more information about a claim (e.g., rendering, ordering, and supervising providers, diagnoses, etc.), while on the **Claim Line Details** screen, 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**.

## XVI. Voiding and Correcting Claims

(Accessible to Claims Processor role only.)

Note: If you do not currently have the Claims Processor role, please complete a new *SmartCareMCO Provider 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.) Requesting Voids and Claims Corrections

1. To request PartnerSolutions process the voiding or correcting of claims, download the *SmartCareMCO Claim Void/Reversal Request and Claim Corrections Form* from <https://starkmhar.org/partner-solutions/smartcareresources/>.

An agency may not correct and resubmit an Approved, Partially Approved, or Paid claim until it has first been voided. An agency may not request a claim correction for any service rendered during a terminated contract period with a Final Status. Due to the complexity of claims post-behavioral health redesign, it is strongly encouraged that agencies request for incorrect claims to be voided and then resubmitted rather than having PartnerSolutions correct them. Furthermore, no more than 25 claims per day may be requested to be corrected.

2. Follow the instructions on the “Request to Void or Reverse” and “Request to Correct” sheets.
3. Fax a completed form to (330) 454-2484 or upload the form to your agency’s portal on <https://www.heartlandeast.org/>. PLEASE DO NOT EMAIL.



## b.) Reverting Claims in SmartCareMCO

1. Providers with the **Claims Processor role** can revert claims in SmartCareMCO. Reverting a claim reverses the claim to an Entry Complete status. Reverting a claim is necessary when correcting and/or reprocessing a claim as well as voiding a claim.

An agency may not revert any service which has been Voided or which was rendered during a terminated contract period with a Final Status.

Note: Reverted and corrected claims will need to go through the nightly adjudication process to determine the claim's status (i.e., Approved, Partially Approved, Denied, etc.).

2. Claims can be reverted directly from the **Claims** screen under the **My Office** menu or within the **Claim Line Detail** screen.

Note: See **Section XIV. Viewing Claims** to review how to search for claims in SmartCareMCO.

3. To revert multiple claims from the **Claims** screen under the **My Office** menu, ensure the minimum search field criteria are met. Only claims that have an Approved, Partially Approved, Denied, or Paid status can be reverted.

At minimum, select the Board Insurer of the desired claim(s) within the **Insurers** field. Select the status of the desired claim(s) within the **Statuses** field (Approved, Partially Approved, Paid or Denied statuses only can be reverted). Either **Received From/To** or **DOS From/To** must also be filled in.

Additional fields may be completed if needed. Then, click on **Apply Filter**.

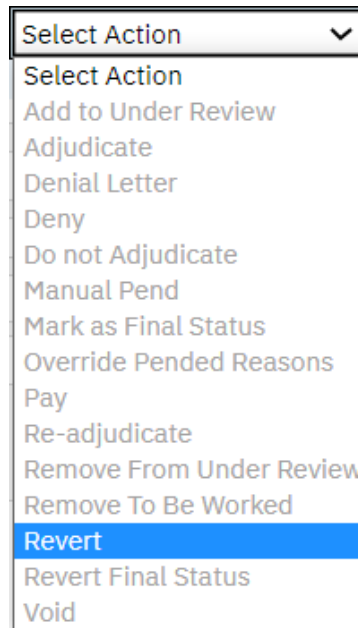
Select: All, All on Page, None Total Payable Amount : \$ 0

	Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Paid Amount	Procedure	Insurer	Units	Reason	Δ
<input type="checkbox"/>	2176959	Test, Client	Test Agency	03/06/2...	Paid	\$0.00	\$100.00	H0011	Portage BH	1.00		
<input type="checkbox"/>	2176960	Test, Client	Test Agency	03/13/2...	Paid	\$100.00	\$0.00	H0011	Portage BH	1.00		
<input type="checkbox"/>	2176961	Test, Client	Test Agency	03/20/2...	Paid	\$0.00	\$0.00	H0011	Portage BH	1.00		

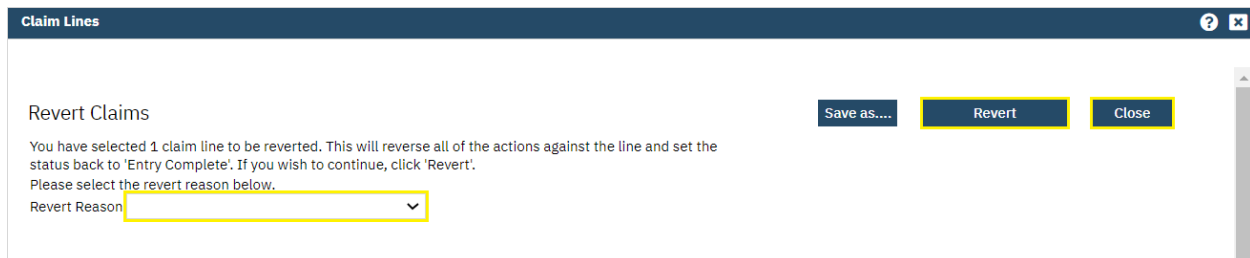
4. Select the claim(s) to be reverted by clicking in the checkbox next to the desired claim(s).



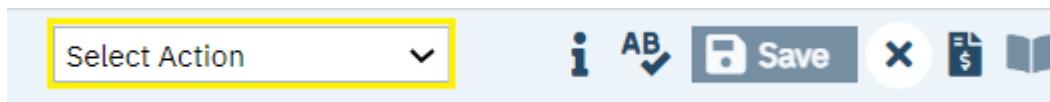
- Then, click in the **Select Action** field to open the dropdown list.



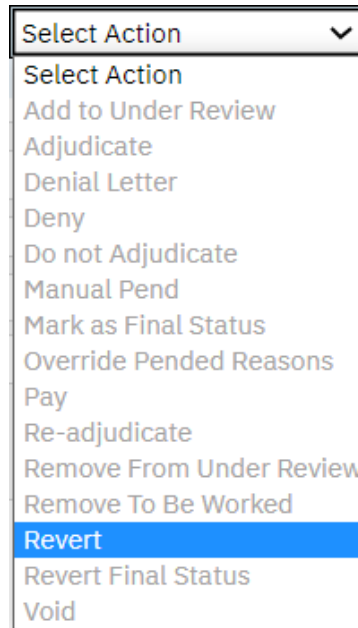
- Click on **Revert**.



- In the popup that appears, click within the **Revert Reason** field, then select the reason from the dropdown list. Click on **Revert**. You will receive the notification “**Claimline(s) processed successfully.**” Click on **Close** to close the popup.



- To revert a single claim within the **Claim Line Detail** screen, while viewing a specific claim, click in the **Select Action** field to open the dropdown list.



9. Click on **Revert**.

10. In the popup that appears, click within the **Revert Reason** field, then select the reason from the dropdown list. Click on **Revert**. You will receive the notification “**Claimline(s) processed successfully.**” Click on **Close** to close the popup.

c.) Voiding Claims in SmartCareMCO

1. Providers with the **Claims Processor role** can void claims in SmartCareMCO. Voiding a claim permanently reverses the claim. Voiding a claim cannot be undone, and a voided claim cannot be reprocessed.

**Note:** A claim must first be reverted before voiding.

An agency may not void any service rendered during a terminated contract period with a Final Status.

2. Claims can be voided directly from the **Claims** screen under the **My Office** menu or within the **Claim Line Detail** screen.

Note: See **Section XIV. Viewing Claims** to review how to search for claims in SmartCareMCO.

3. To void multiple claims from the **Claims** screen under the **My Office** menu, ensure the minimum search field criteria are met. Only claims that have an Entry Complete status can be voided.

At minimum, select the Board Insurer of the desired claim(s) within the **Insurers** field. Select the status Entry Complete within the **Statuses** field. Either **Received From/To** or **DOS From/To** must also be filled in.

Additional fields may be completed if needed. Then, click on **Apply Filter**.

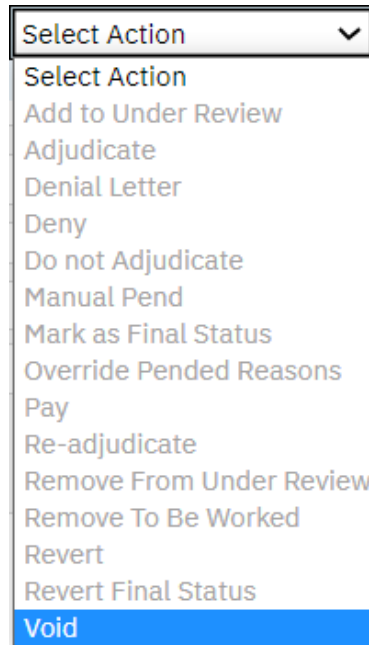
Select: All, All on Page, None Total Payable Amount : \$ 0

Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Paid Amount	Procedure	Insurer	Units	Reason	Δ
<input type="checkbox"/> 2176959	Test, Client	Test Agency	03/06/2...	Entry Complete	\$0.00	\$100.00	H0011	Portage BH	1.00		
<input type="checkbox"/> 2176960	Test, Client	Test Agency	03/13/2...	Entry Complete	\$100.00	\$0.00	H0011	Portage BH	1.00		
<input type="checkbox"/> 2176961	Test, Client	Test Agency	03/20/2...	Entry Complete	\$0.00	\$0.00	H0011	Portage BH	1.00		

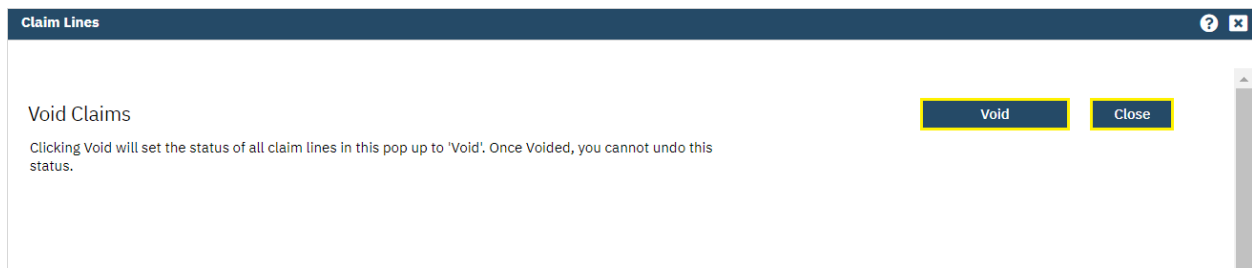
4. Select the claim(s) to be voided by clicking in the checkbox next to the desired claim(s).



- Then, click in the **Select Action** field to open the dropdown list.



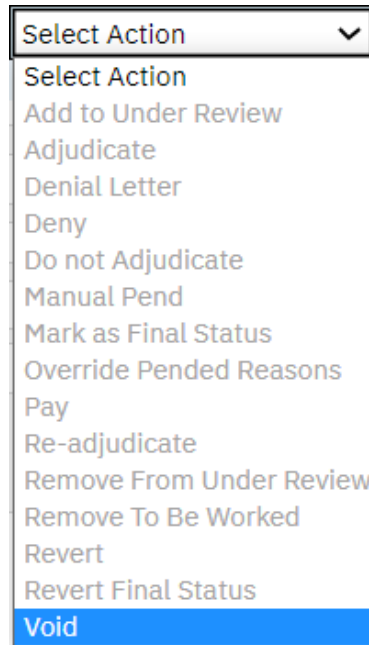
- Click on **Void**.



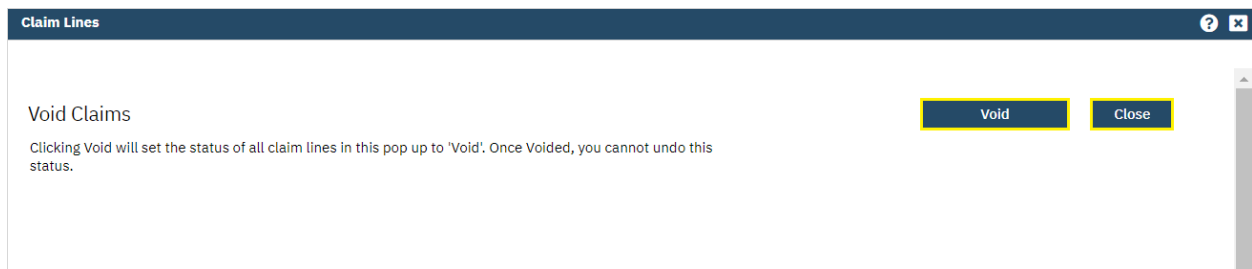
- In the popup that appears, click **Void**. You will receive the notification “**Claim Lines updated successfully.**” Click on **Close** to close the popup.



- To void a single claim within the **Claim Line Detail** screen, while viewing a specific claim, click in the **Select Action** field to open the dropdown list.



9. Click on **Void**.



10. In the popup that appears, click **Void**. You will receive the notification “**Claim Lines updated successfully.**” Click on **Close** to close the popup.

#### d.) Making Basic Claims Corrections in SmartCareMCO

1. Providers with the **Claims Processor role** can make basic claims corrections in SmartCareMCO.

An agency may not correct any service rendered during a terminated contract period with a Final Status.

Note: Reverted and corrected claims will need to go through the nightly adjudication process to determine the claim's status (i.e., Approved, Partially Approved, Denied, etc.).

2. Claims must have an Entry Complete status in order to be corrected. **(CLAIM MUST BE REVERTED BEFORE MAKING CORRECTIONS.)** Claims can only be corrected within the **Claim Line Detail** screen.

Note: See **Section XIV. Viewing Claims** to review how to search for claims in SmartCareMCO. See **Section XV. Voiding and Correcting Claims, subsection b.) Reverting Claims in SmartCareMCO** to review how to revert claims in SmartCareMCO.



3. While viewing a specific claim, within the **Claim Line Detail** screen, click on the **View Claim Form** icon. This will open the **Claim Entry – Professional** screen.

Service Lines									
From	<input type="text"/>	To	<input type="text"/>	Code	<input type="text"/>	Modifiers	<input type="text"/>	<input type="text"/>	<input type="text"/>
POS	<input type="text"/>	Rendering Provider	<input type="text"/>	Ordering Provider	<input type="text"/>	Supervising Provider	<input type="text"/>	Units	<input type="text"/>
NDC	<input type="text"/>	NDC Unit	<input type="text"/>	NDC Unit Type	<input type="text"/>	Charge	<input type="text"/>		
Dx	<input type="text"/>	Third Party EOB Information	<input type="text"/>	Allowed	<input type="text"/>	Paid	<input type="text"/>	Adj	<input type="text"/>
						<input type="button" value="Estimate Line billing..."/>	<input type="button" value="Insert"/>	<input type="button" value="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

4. Within the **Service Lines** section, 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**.

**Service Lines**

From 03/02/2023 To 03/02/2023 Code [redacted] Modifiers [redacted] [redacted] [redacted]

POS [redacted] Rendering Provider [redacted]

Ordering Provider [redacted] Supervising Provider [redacted] Units [redacted] Charge [redacted]

NDC [redacted] NDC Unit [redacted] NDC Unit Type [redacted]

Dx: 1 Third Party EOB Information Allowed [redacted] Paid [redacted] Adj [redacted]

Estimate Line billing... Modify Clear

	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
X	2176957	03/02/2023	03/02/2023	M1620 HV	1.00	11 Office	1	19.53	N

5. The following items can be corrected:

**Code:** Type in the billing code, then select the billing code from the dropdown list.

**Modifiers:** Type in the modifiers within the individual fields.

**POS:** Click within the field, then select the place of service from the dropdown list.

**Rendering Provider:** Click within the field, then select the rendering provider from the dropdown list.

**Ordering Provider:** Type the Last Name of the ordering provider, then select the ordering provider from the dropdown list.

**Supervising Provider:** Type the Last Name of the supervising provider, then select the supervising provider from the dropdown list.

**Units:** Type the unit amount into the field. Unit amount must be a whole number.

**Charge:** Type the charge amount into the field.

**NDC:** (National Drug Code) Type the Name of the drug into the field.

**NDC Unit:** Type the unit amount into the field.

**NDC Unit Type:** Click within the field, then select the NDC unit type from the dropdown list.

6. After any/all desired corrections are made, click on **Modify**.





7. Then, click on **Save**.

Claim Header					
Patient Account No.	<input type="text"/>	Invoice Number	<input type="text"/>		
Diagnosis 1.	<input type="text"/>	2.	<input type="text"/>	3.	<input type="text"/>

8. Diagnosis corrections are separate from corrections within the **Service Lines** section. To correct the Diagnosis Codes within the **Claim Header** section of the **Claim Entry – Professional** screen, type the Diagnosis Codes within the individual fields.



9. Then, click on **Save**.

## XVII. 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.

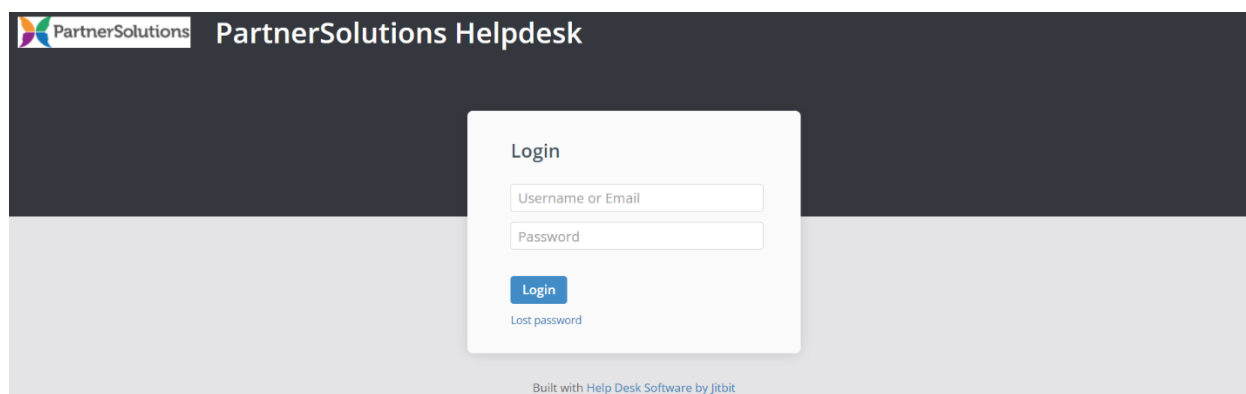
### a.) Logging into PartnerSolutions Helpdesk

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 at least one 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

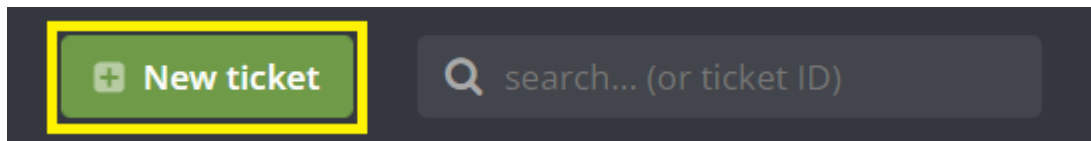
Login

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
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1. Click on **New Ticket**.

 A light grey form titled 'NEW TICKET' at the top. Below the title are two dropdown menus. The first dropdown menu is labeled 'Select category' and has a downward arrow. The second dropdown menu is labeled 'Priority - Normal' and also has a downward arrow. The 'Select category' dropdown menu is highlighted with a yellow border.

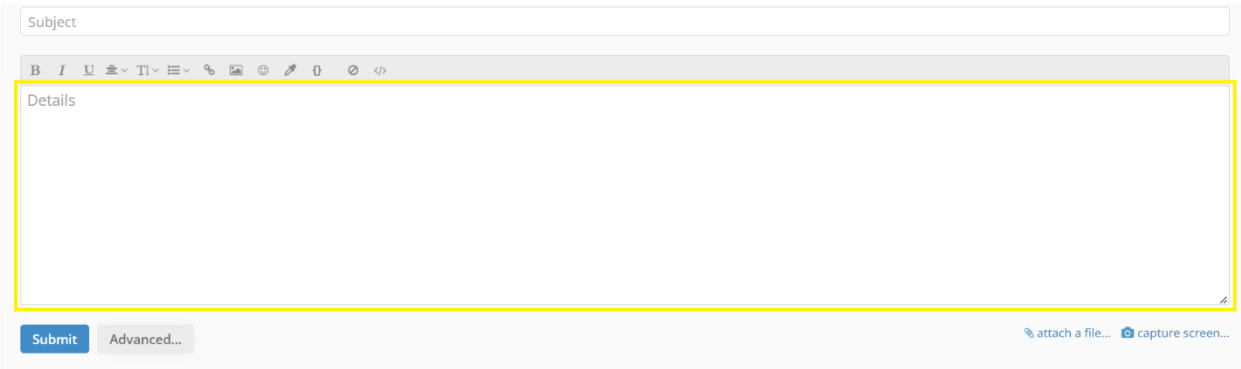
2. Click on **Select Category**, then select the appropriate topic for your ticket from the following list:
  - **SMARTCAREMCO / Password Reset** – Select if you or another staff person needs assistance resetting a SmartCareMCO and/or Heartland East account password. Be sure to indicate for which account(s) 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** – **This topic should only be used by Board staff members.**
  - **SMARTCAREMCO / BUSINESS RULE Changes** – **This topic should only be used by Board staff members.**
  - **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 IDs 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** – Select if you or another staff person has any issues, requests, or questions related to the status of a provider agency’s setup.
- **SMARTCAREMCO / Provider User Accounts** – Select if you or another staff person has any issues, requests, or questions related to the status of provider user accounts.
- **SMARTCAREMCO / Rate Change Requests** – **This topic should only be used by Board staff members.**
- **SMARTCAREMCO / Reports** – Select if you or another staff person has any issues, requests, or questions related to reports generated by PartnerSolutions.

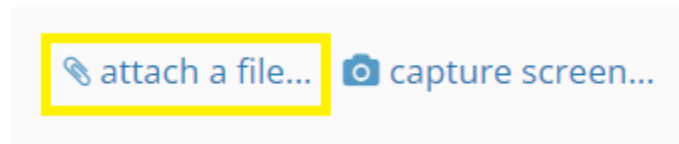
Note: Please only select help topics within the category **SmartCareMCO** in regard to submitting tickets related to SmartCareMCO, as the PartnerSolutions Helpdesk system is also utilized by NextGen. This ensures that issues are routed to the correct team.

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 editor area is labeled 'Details'. 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...'.

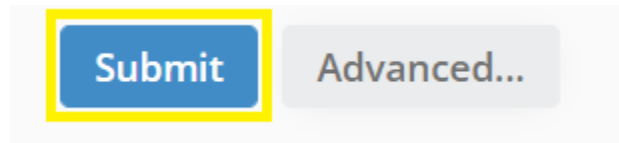
3. Enter the subject or a brief description related to your ticket in the **Subject** field. Please be mindful that no electronic protected health information (PHI) should ever be listed within the subject line of a submitted ticket, as that information will be included within email notifications. (PHI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



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.