SmartCareMCO Provider User Manual (version 3.0)
Last updated October 16, 2025

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.

   Note: 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.

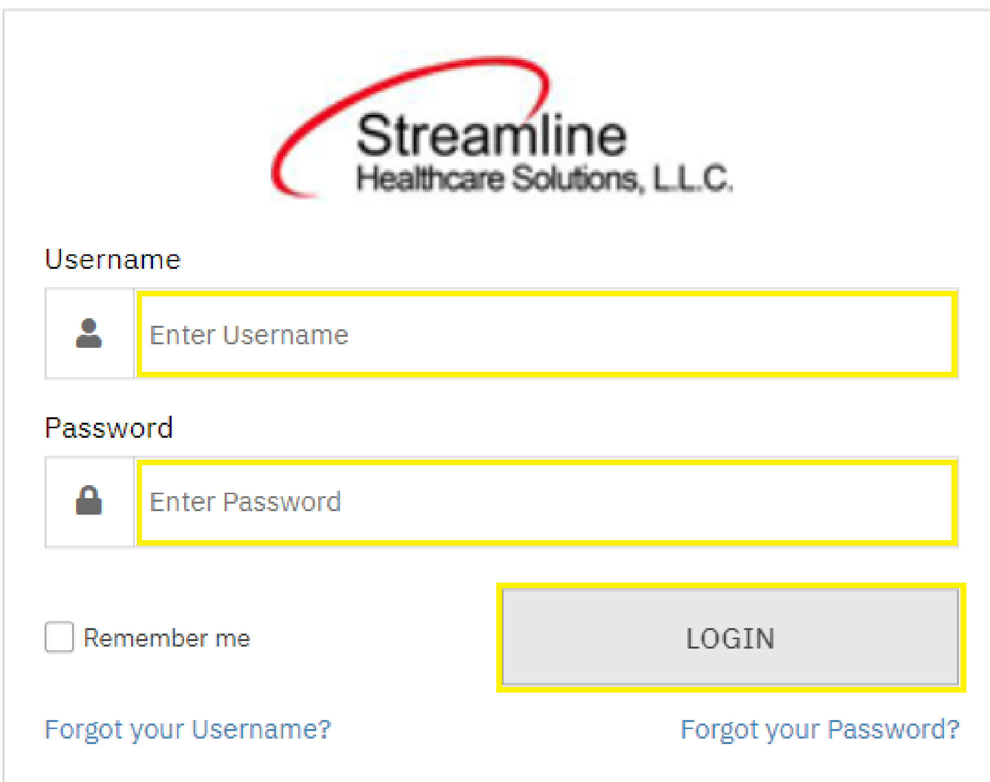
II. SmartCareMCO Basics

a.) Logging into SmartCareMCO

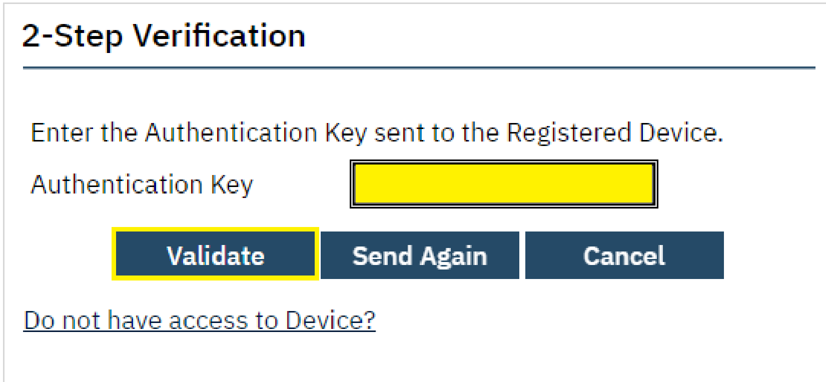
1. Use the following link to access SmartCareMCO: https://pssc.smartcarenet.com/PSSmartcarePROD/login.aspx

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

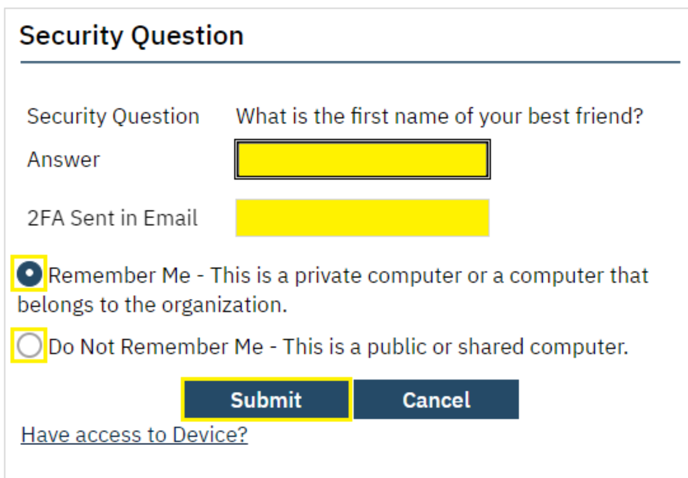
2. When logging into SmartCareMCO, it is highly recommended to use either Google Chrome (preferred) or Microsoft Edge. Using any other web browsers will result in potential problems or the system's user interface functioning incorrectly.



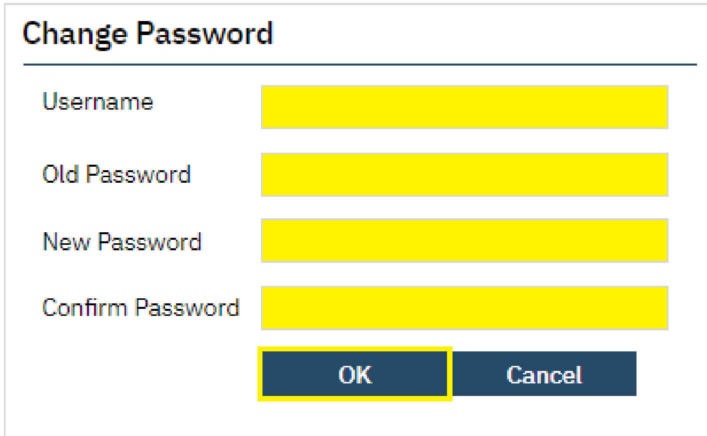
3. Enter the username and password associated with your SmartCareMCO account in the **Enter Username** and **Enter Password** fields, then click on **Login**.



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). Once you have received the email, enter the code provided within the **Authentication Key** field. Then, click **Validate**.



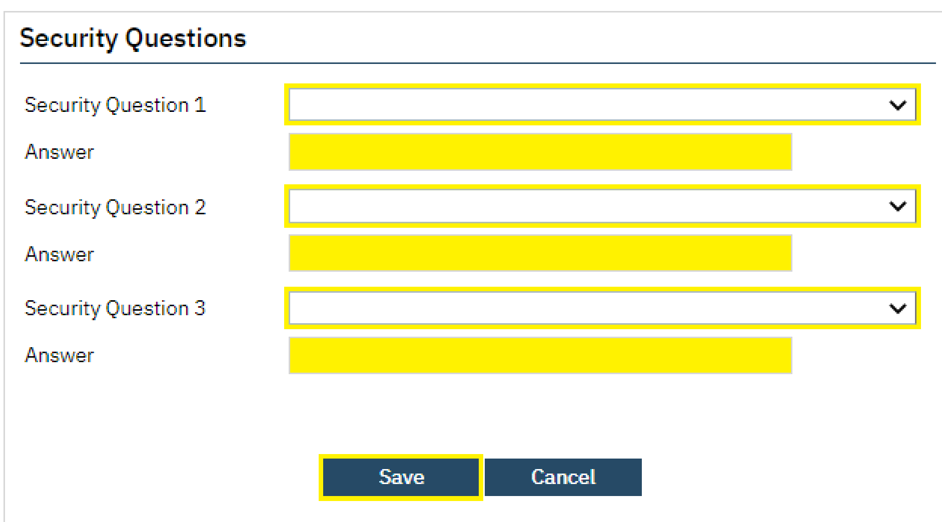
Note: Following logins will instead queue a combined Security Question/2FA prompt. When prompted, enter your answer to the indicated Security Question within the **Answer** field. Security Question answers are case-sensitive. You will then receive a 6-digit code via email from Streamline Network Operations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



5. When logging into SmartCareMCO for the first time, you will be prompted to reset your password. Passwords must contain a minimum of 14 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**.

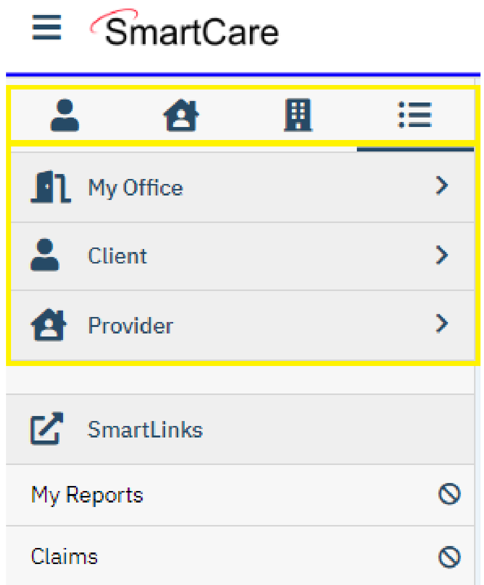
   Note: Passwords are automatically reset by the system after 180 days and will be required to be changed upon logging in at that time.



6. 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



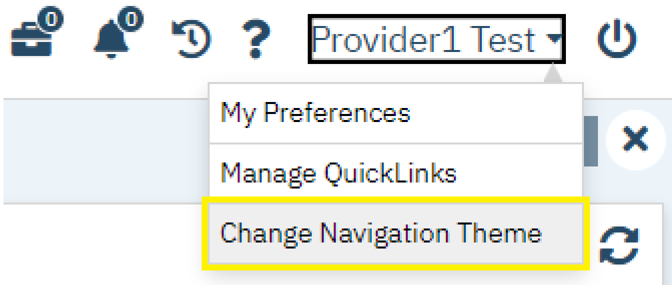
Along the left side of the screen are displayed Navigation Filters, Menus, and QuickLinks (previously called Banners). Select the icons placed near the top of the side panel to move between the four navigation filters – **Client**, **Provider**, **Other**, and **All**. Each navigation filter will list 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.

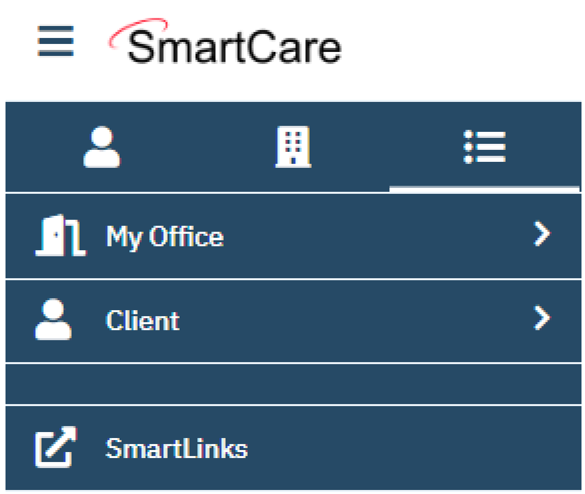
Note: Only one client and one provider may be opened in their respective menus at a time.

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.

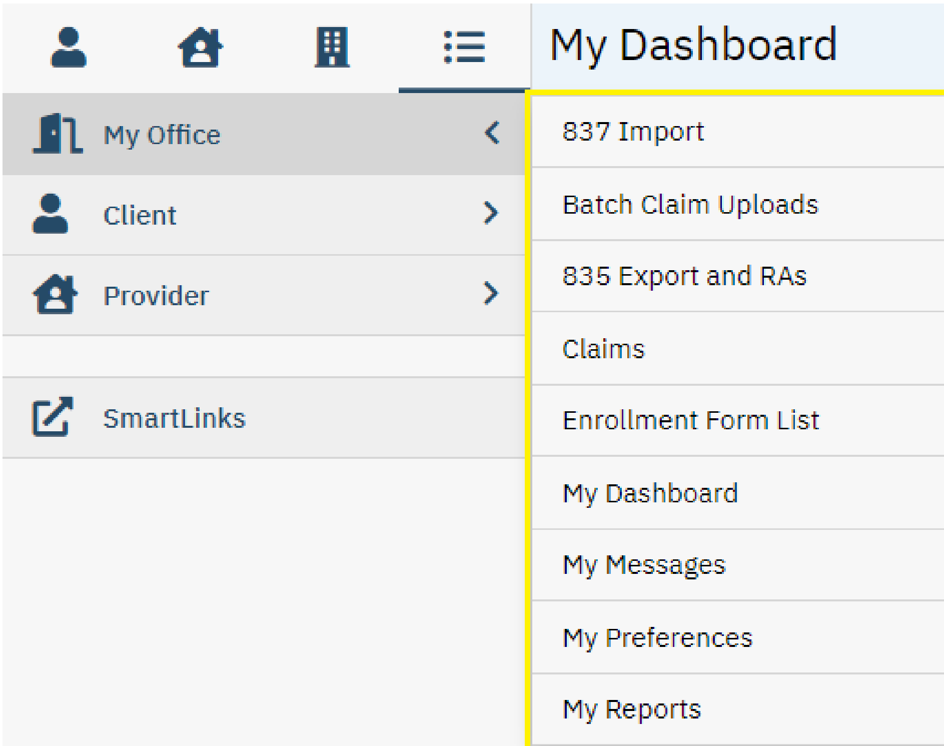


1. To change the look of your SmartCare Navigation Filters sidebar, click your username in the upper, righthand corner of the screen. Then, click Change Navigation Theme.



2. Your Navigation Theme has been changed.

d.) My Office QuickLinks



- *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.)

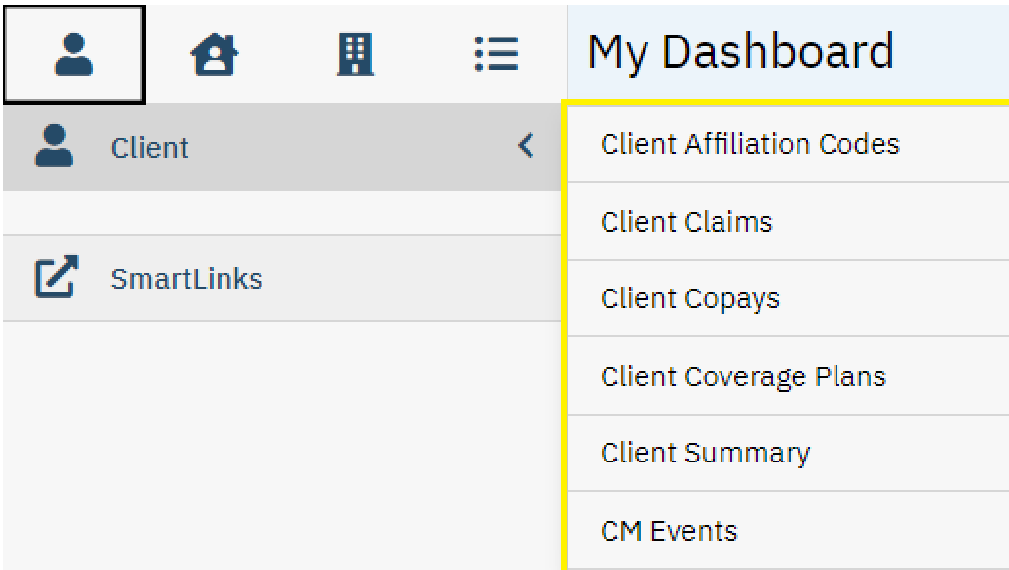
- *My Dashboard* – View widgets that display hyperlinks for access to areas of the system.
  (Accessible to all roles.)

- *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.)

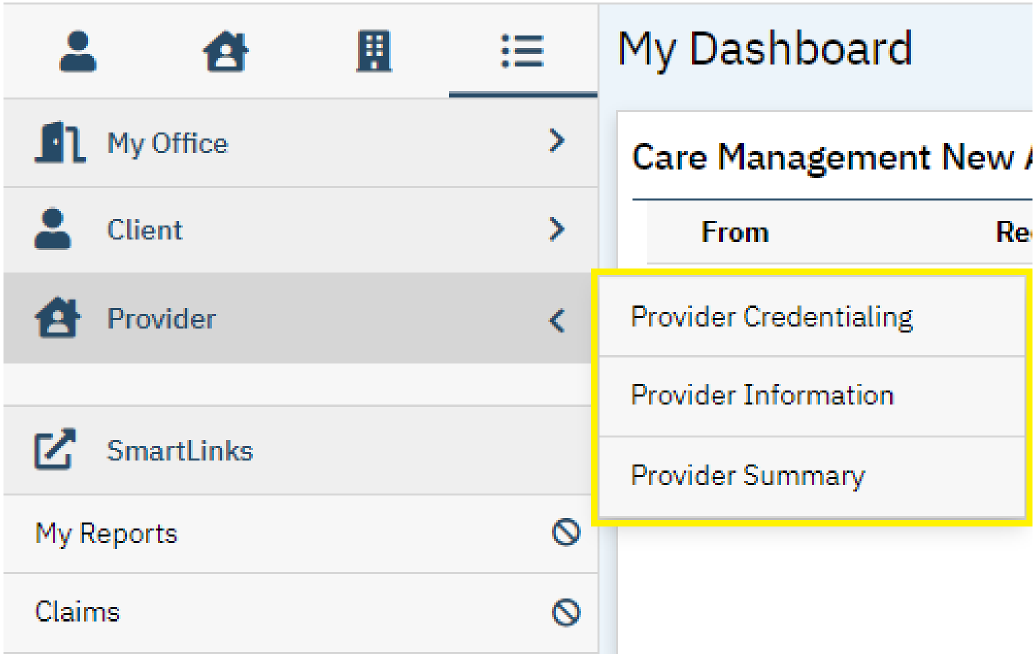
- *Client Copays* – View the selected client's current and past copays and their associated timespans.
  (Accessible to all roles.)

- *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

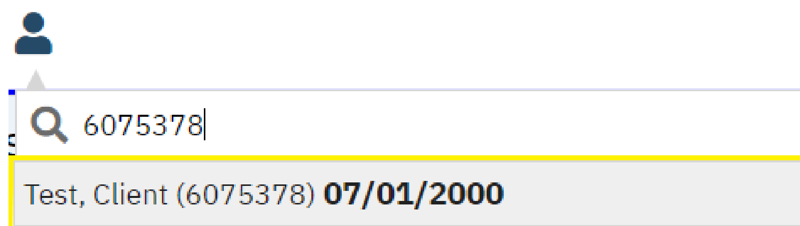


- *Provider Credentialing* – View the selected rendering provider's credentialing. (Accessible to all roles.)
- *Provider Information* – View your agency's provider site setup. (Accessible to Claims Processor, Clinical, CQI, and Executive roles only.)
- *Provider Summary* – View a summary of your agency's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

III. Client Search

a.) Searching by Name and ClientID

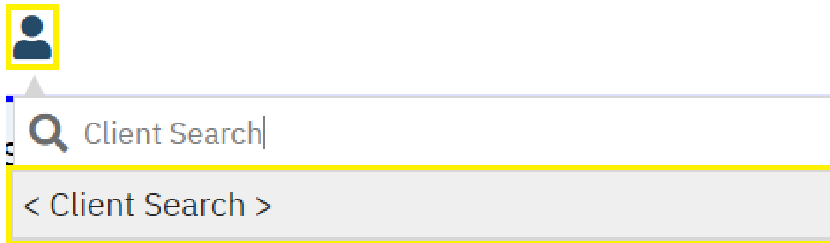
3. To search for a client by name or by Client UCI, click the **Client Search** icon, then enter the client's name (LastName, FirstName format) or the client's Client UCI directly in the **Client Search** box.



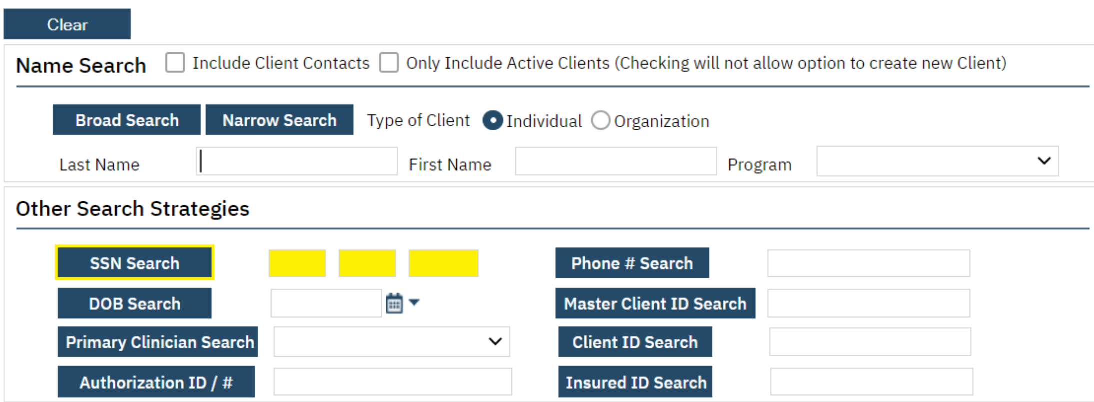
4. Click on the client's name in the dropdown menu that appears if a valid match has been found. A client's Client UCI will appear in parentheses at the end of their name. The client's date of birth will be listed following the client's name and UCI.

5. The client you searched for will now be opened in the **Client** menu.

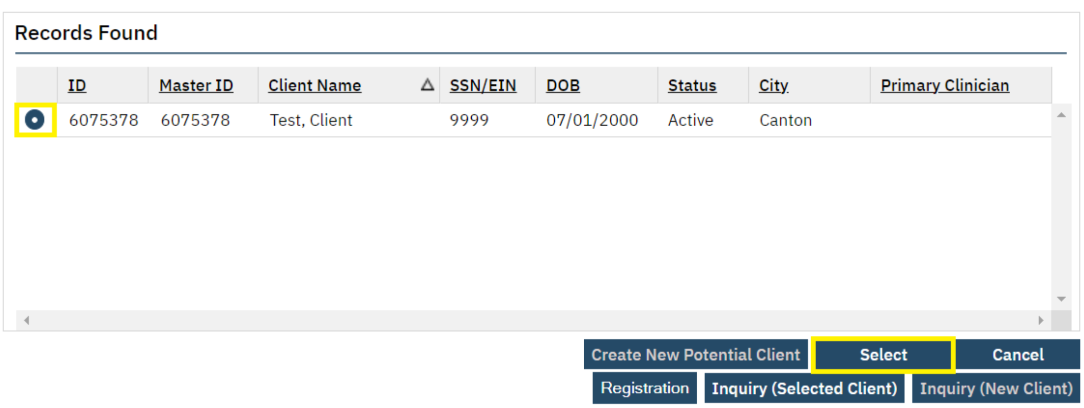
b.) Searching by Social Security Number



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



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

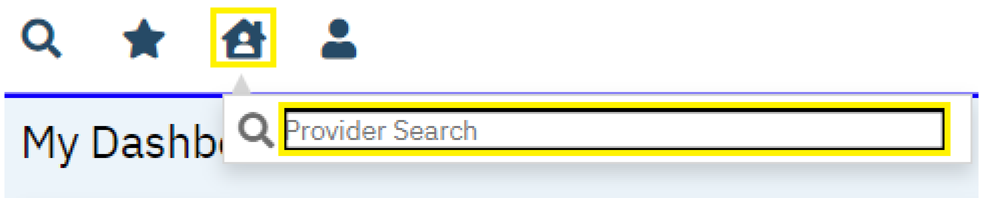


3. Click on **Select** if a valid client match has been found for that social security number. If more than one search result appears, click on the radio button to the left of the client you are attempting to open before clicking on **Select**.

4. The client you searched for will now be opened in the **Client** menu.

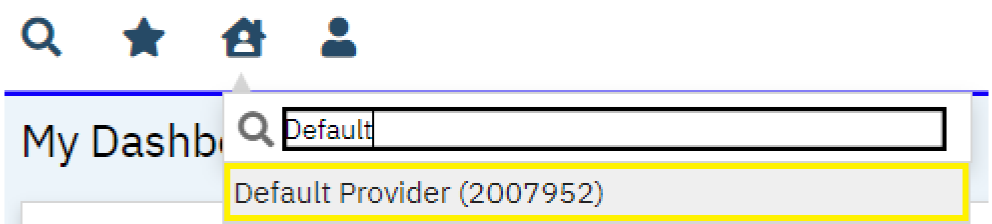
IV. Provider Search

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.

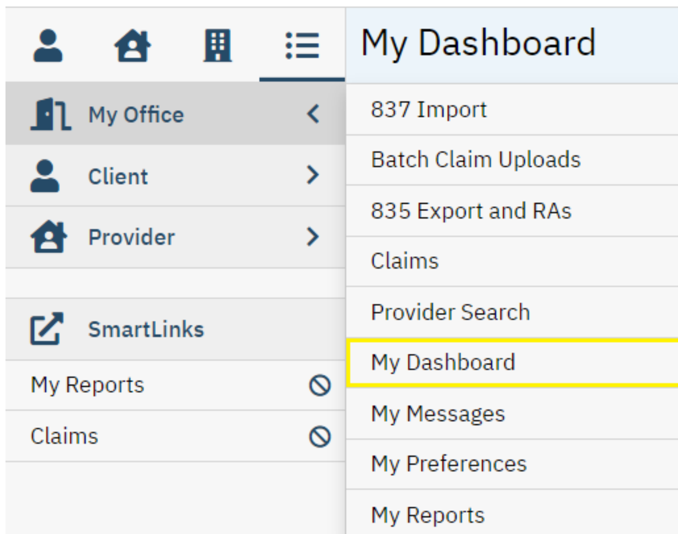
3. The provider agency you searched for will now be opened in the **Provider** menu.

V. My Dashboard

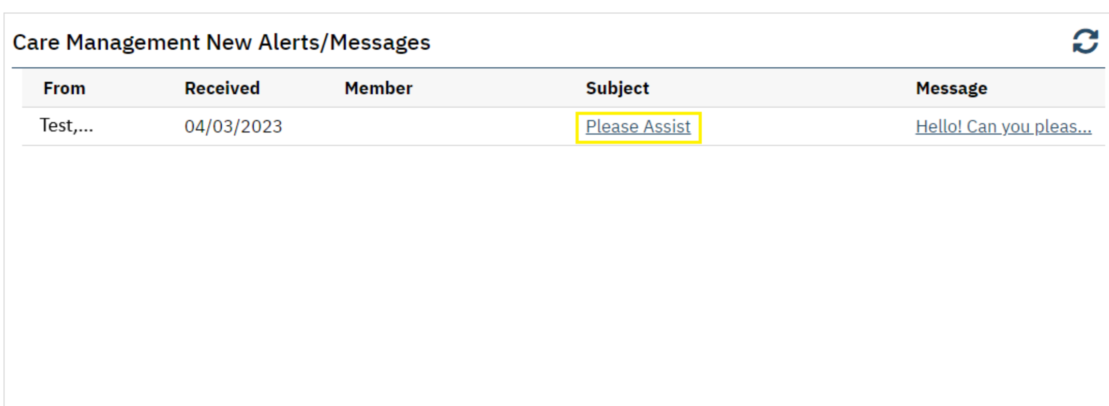
The **My Dashboard** screen is used to view widgets that display hyperlinks for quick access to other areas of the system.

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**.

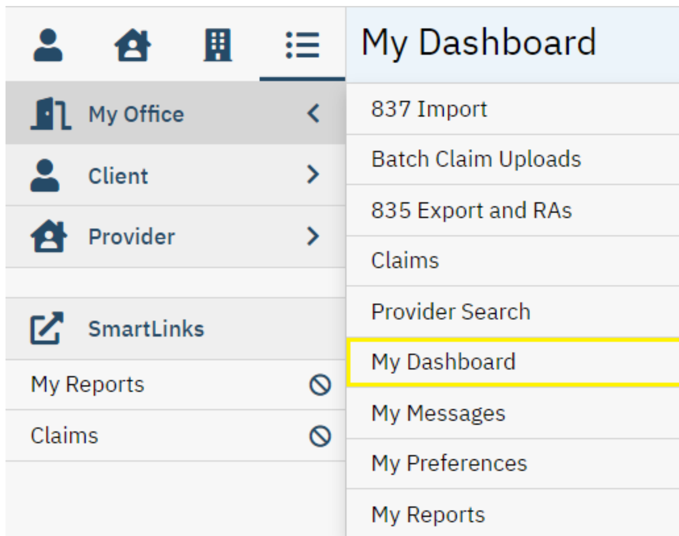


2. Click on a hyperlink under **Subject** to view an unread message.

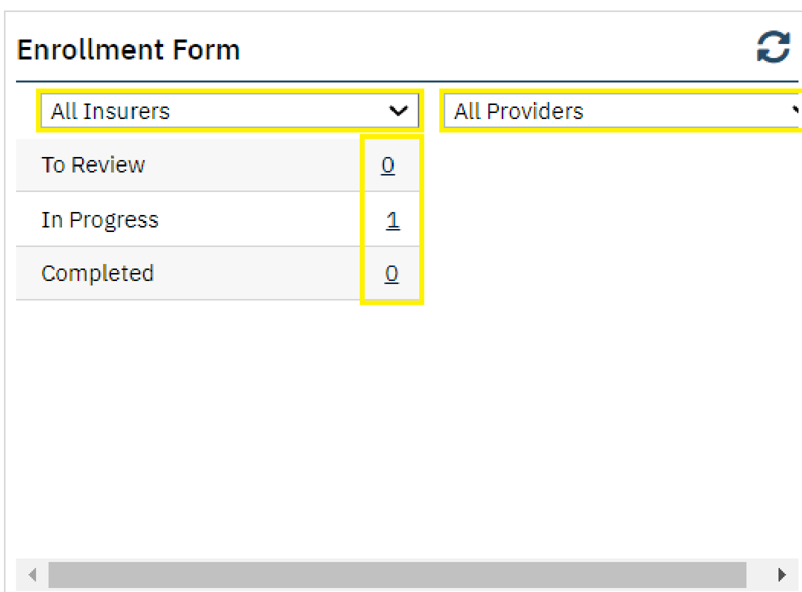
   Note: PartnerSolutions' preferred method of contact is via email at SmartCareSupport@starkmhar.org. SmartCare Messages should rarely be utilized.

b.) Enrollment Form Widget

Enrollment Form Widget – View Enrollment requests that are completed, in progress, or that need to be reviewed.
(Accessible to Enrollment role only.)



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

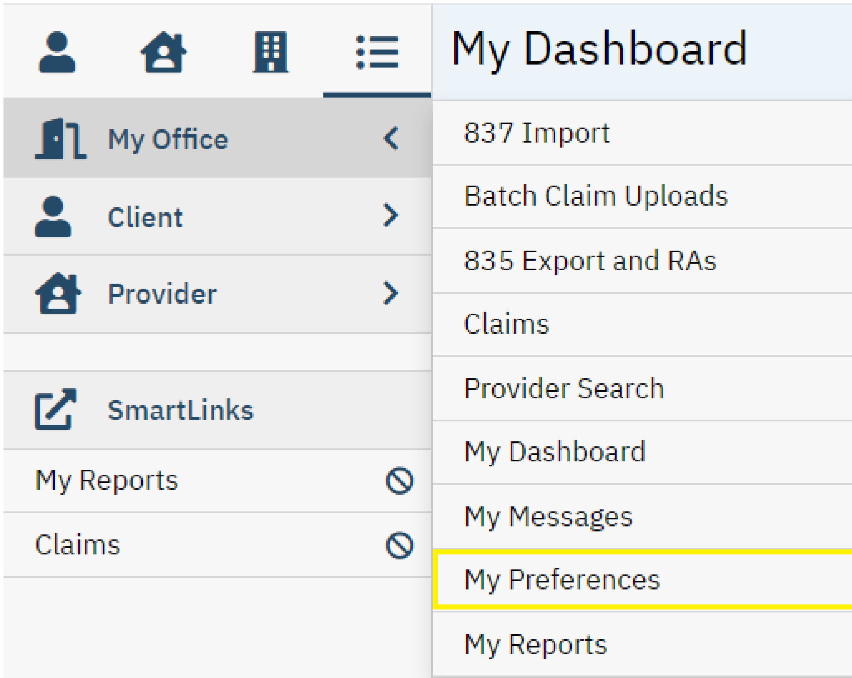


2. Click within the **All Insurers** field to select a specific Board Insurer or leave as is. Click within the **All Providers** field to select a specific provider agency or leave as is. Provider agency staff will only see their associated provider agency/agencies listed. Click the number hyperlink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

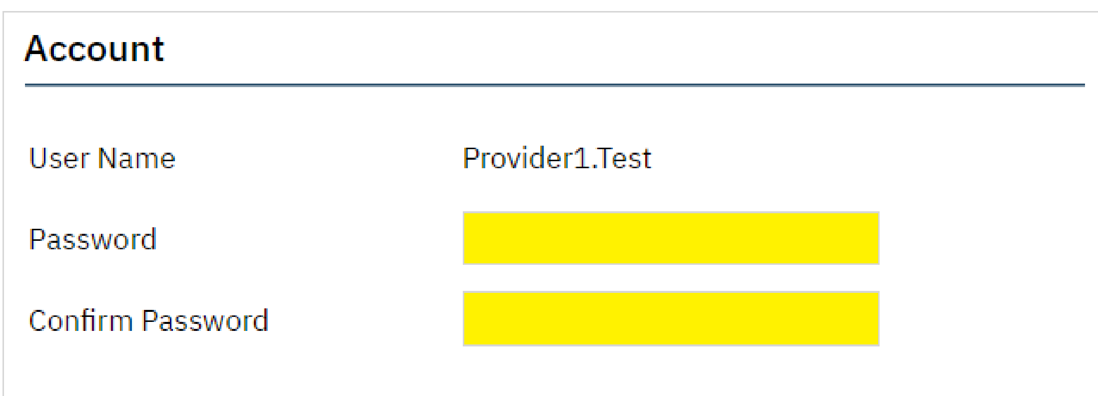
VI. My Preferences

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

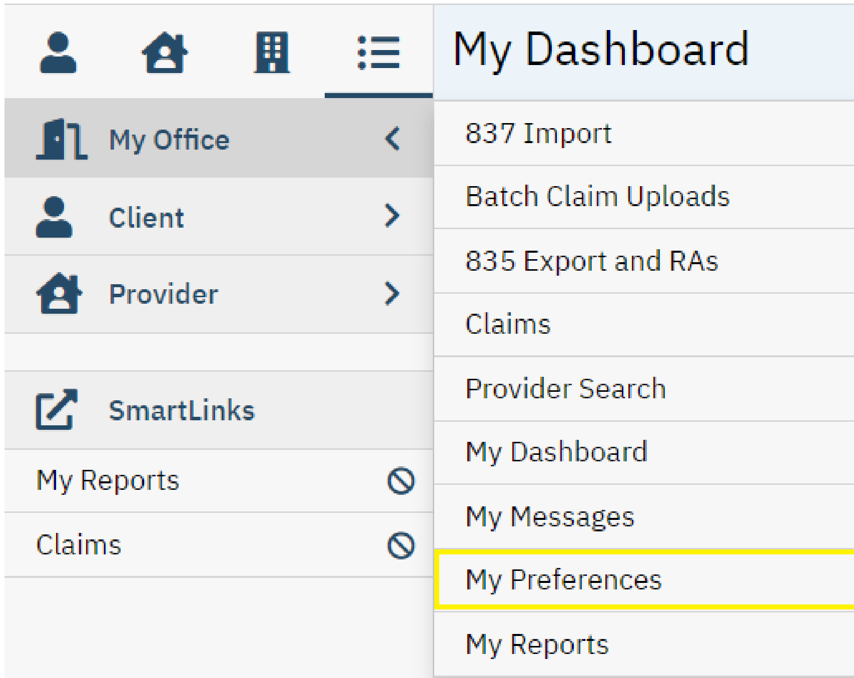


1. While on the **My Office** menu, click on **My Preferences**.

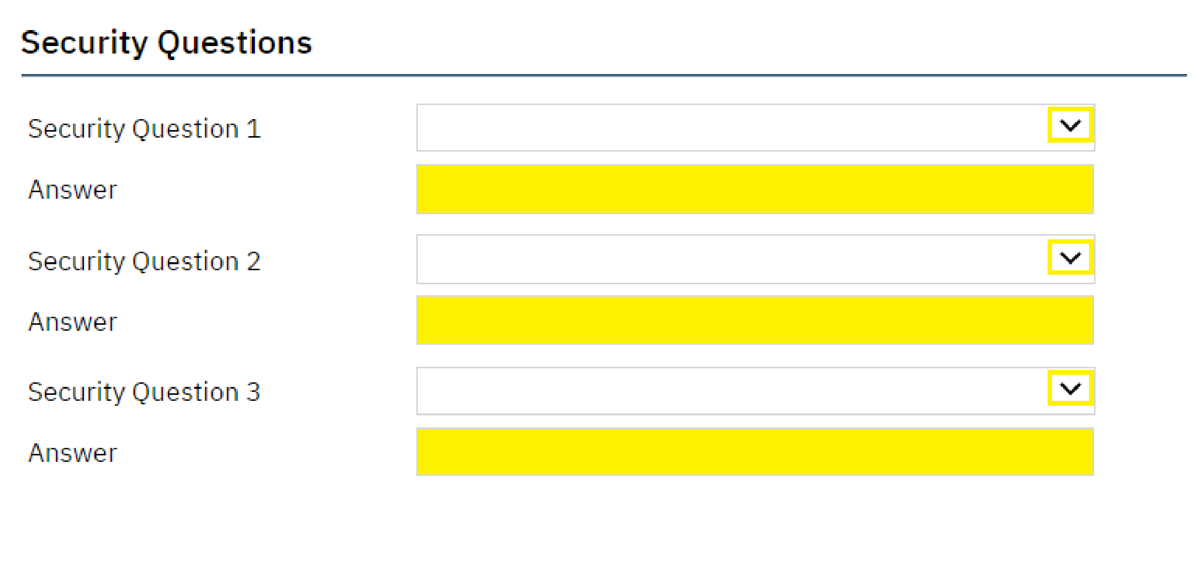


2. Enter your desired password in the **Password** and **Confirm Password** fields, then click on **Save**.

b.) Modifying Security Questions

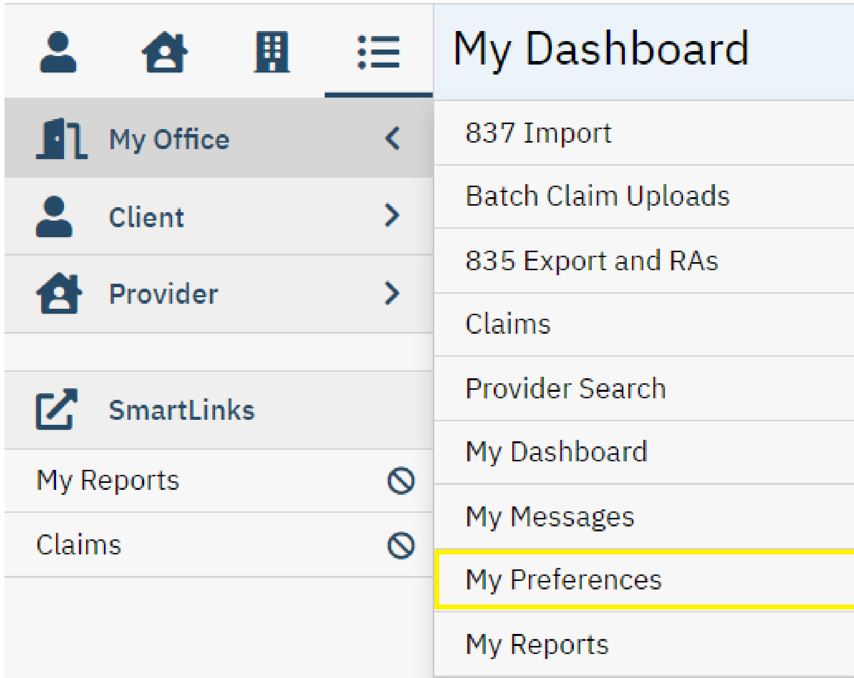


1. While on the **My Office** menu, click on **My Preferences**.



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

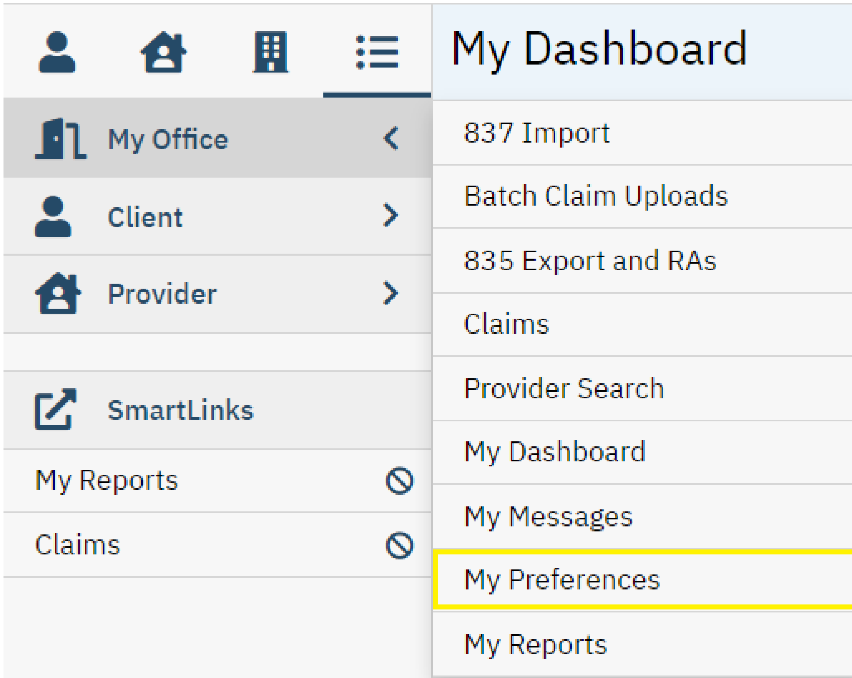
c.) Modifying a Phone Number



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

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



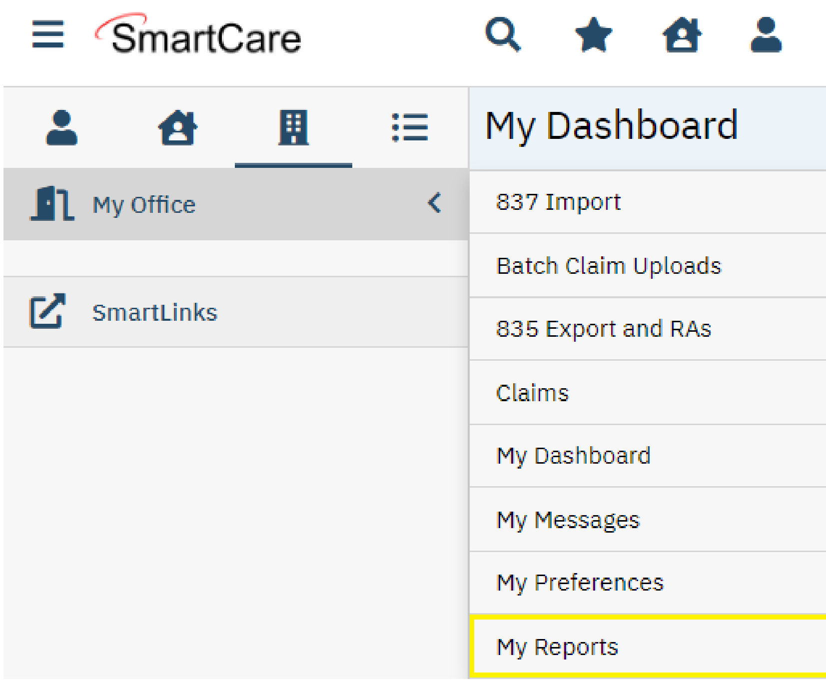
1. While on the **My Office** menu, click on **My Preferences**.

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

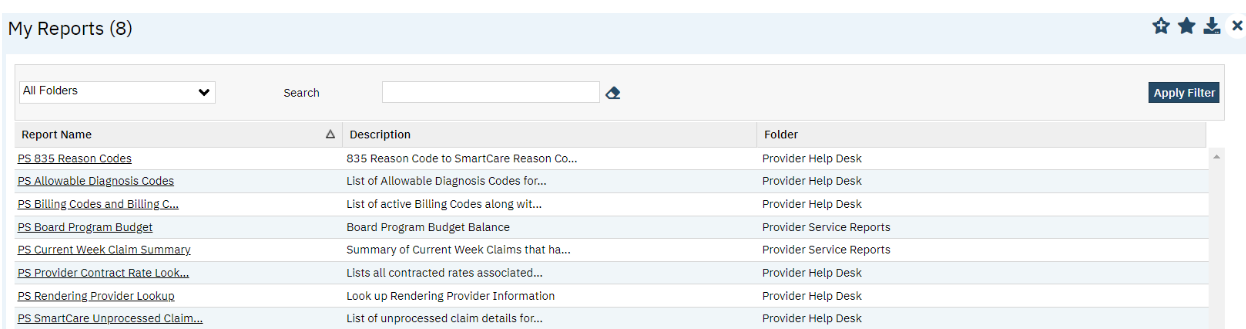
VII. My Reports

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.

a.) Accessing My Reports



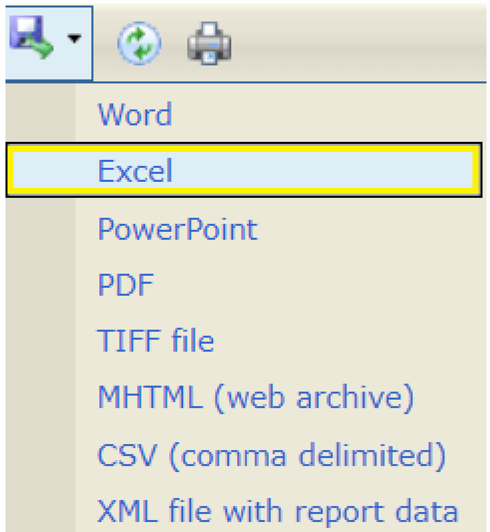
1. While on the **My Office** menu, click on **My Reports**.



Report Name	Description	Folder
PS 835 Reason Codes	835 Reason Code to SmartCare Reason Co...	Provider Help Desk
PS Allowable Diagnosis Codes	List of Allowable Diagnosis Codes for...	Provider Help Desk
PS Billing Codes and Billing C...	List of active Billing Codes along wit...	Provider Help Desk
PS Board Program Budget	Board Program Budget Balance	Provider Service Reports
PS Current Week Claim Summary	Summary of Current Week Claims that ha...	Provider Service Reports
PS Provider Contract Rate Look...	Lists all contracted rates associated...	Provider Help Desk
PS Rendering Provider Lookup	Look up Rendering Provider Information	Provider Help Desk
PS SmartCare Unprocessed Claim...	List of unprocessed claim details for...	Provider Help Desk

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

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



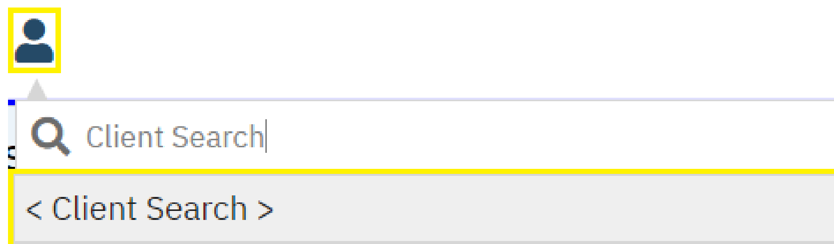
4. Select from the dropdown list in which format you wish to export your report. To export your report into a Microsoft Excel spreadsheet, select **Excel**.

VIII. Enrollment Process

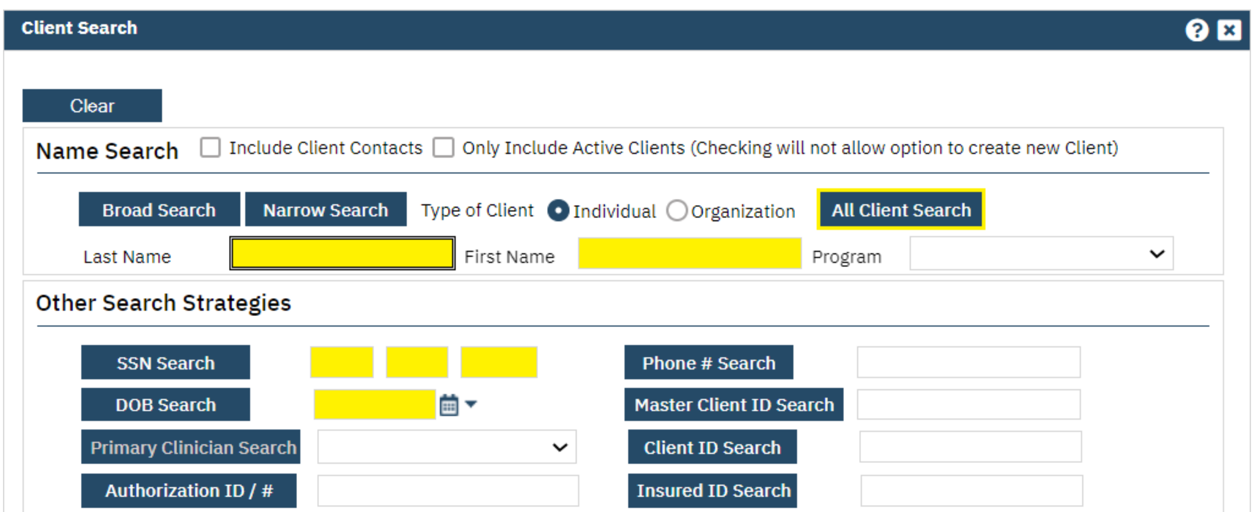
(Accessible to Enrollment role only.)

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.

a.) Enrolling a New Client in SmartCareMCO



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



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.)

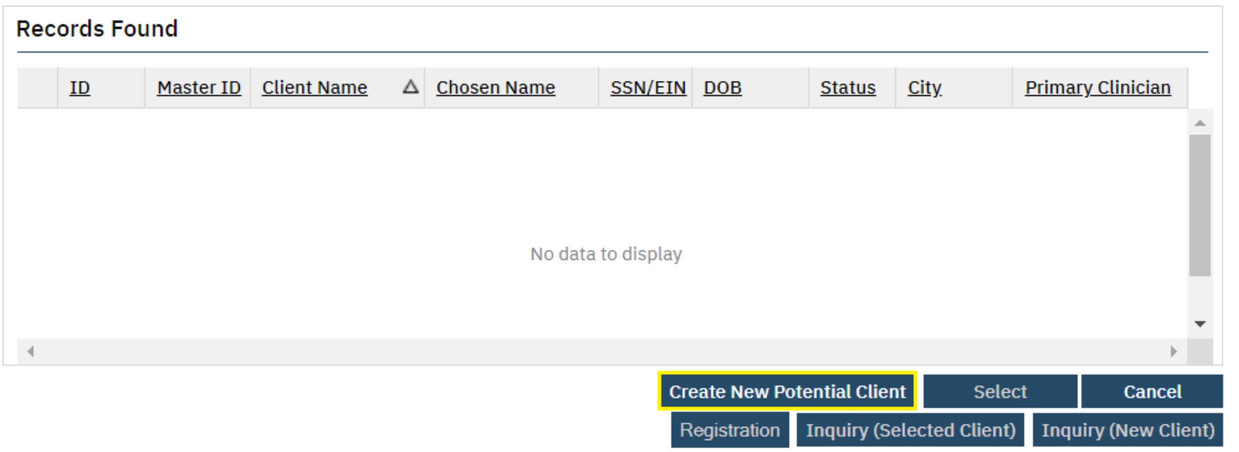
3. Enter the client's Social Security Number in the **SSN Search** fields, using Tab to navigate to each individual field.

   Note: SSN is required. You may enter instead "999-99-9999" only in the following instances:

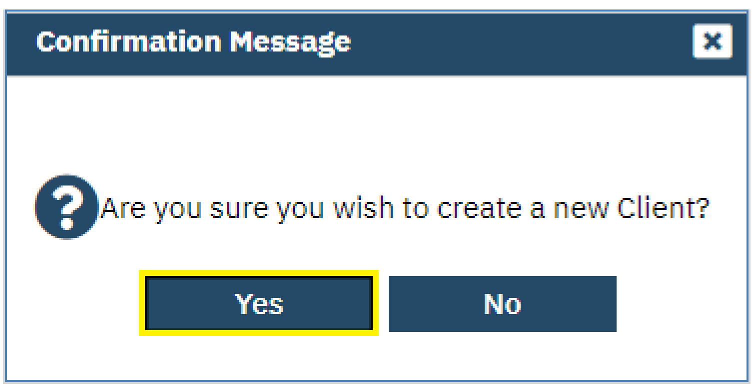
   - The client is in crisis.

- The client is not a citizen of the U.S. and thus does not have an SSN.
- The client belongs to a special population, such as Amish/Mennonite, that do not have SSN's.

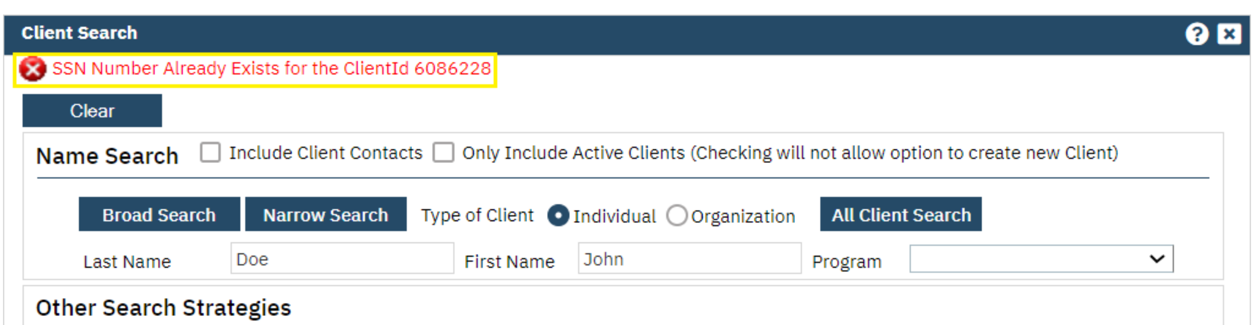
4. Enter the client's date of birth in the **DOB Search** field. Then, click **All Client Search**.



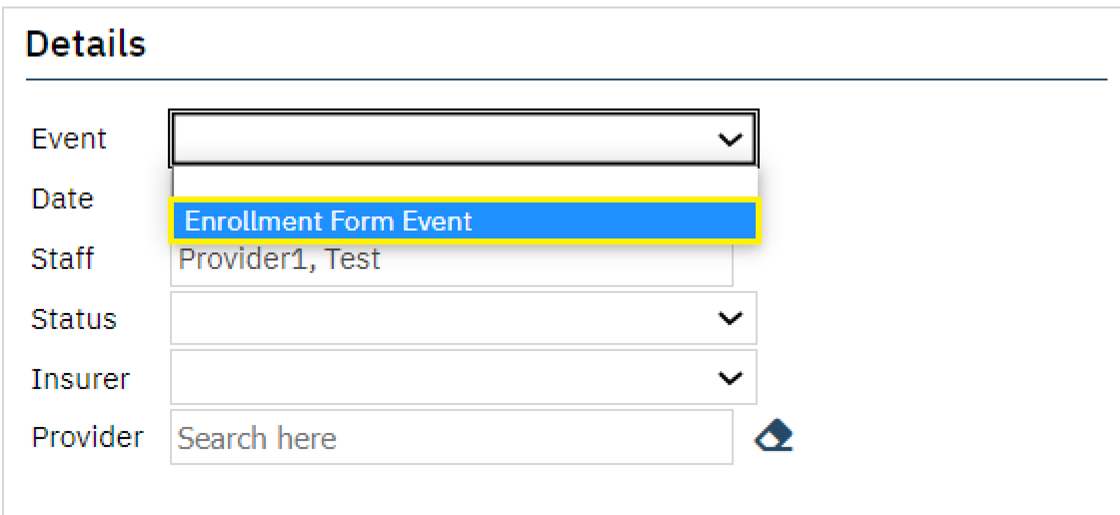
5. Ensure that no client information is returned within the Results Found section. (If the client you are searching for is returned, please instead see **Section VIII. Enrollment Process, subsection b.) Re-enrolling an Existing Client in SmartCareMCO.)** Otherwise, click **Create New Potential Client**.



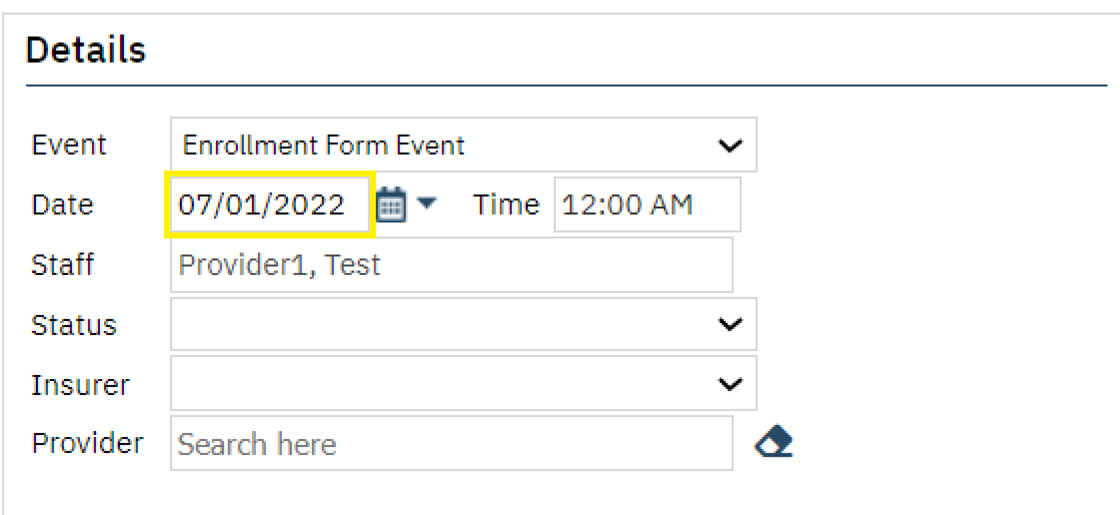
6. You will receive a pop-up confirmation message. To proceed, click **Yes**.



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 XVI. 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.

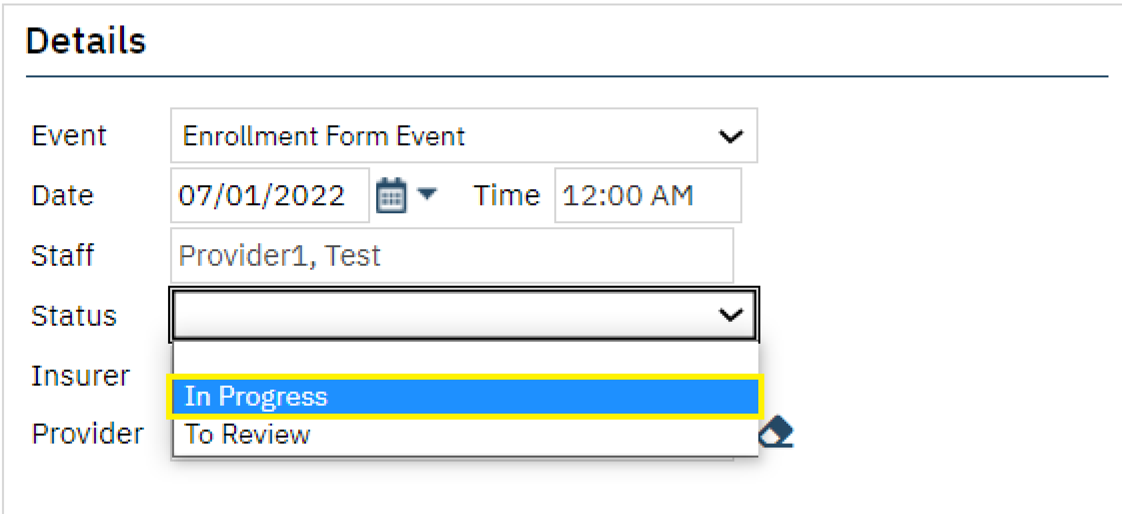


7. You will be redirected to the Client CM (Care Management) Events screen. Within the Event Details section, click within the **Event** field. Then, select **Enrollment Form Event**.

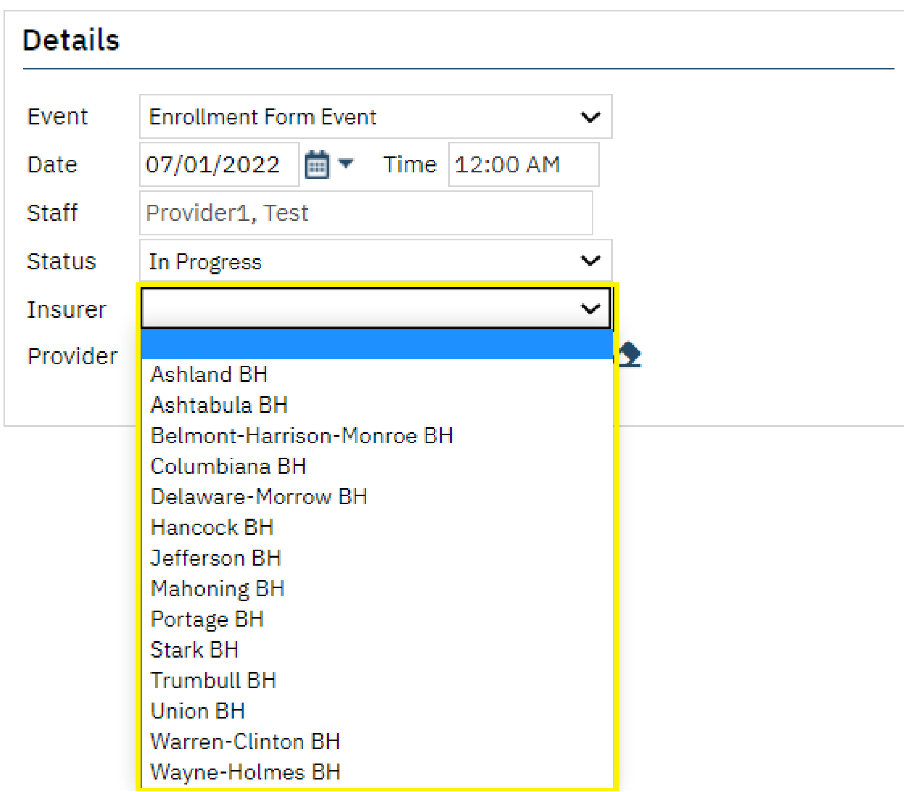


8. Enter the client's enrollment effective date (i.e., The date the client first began receiving billable services with your agency) within the **Date** field.

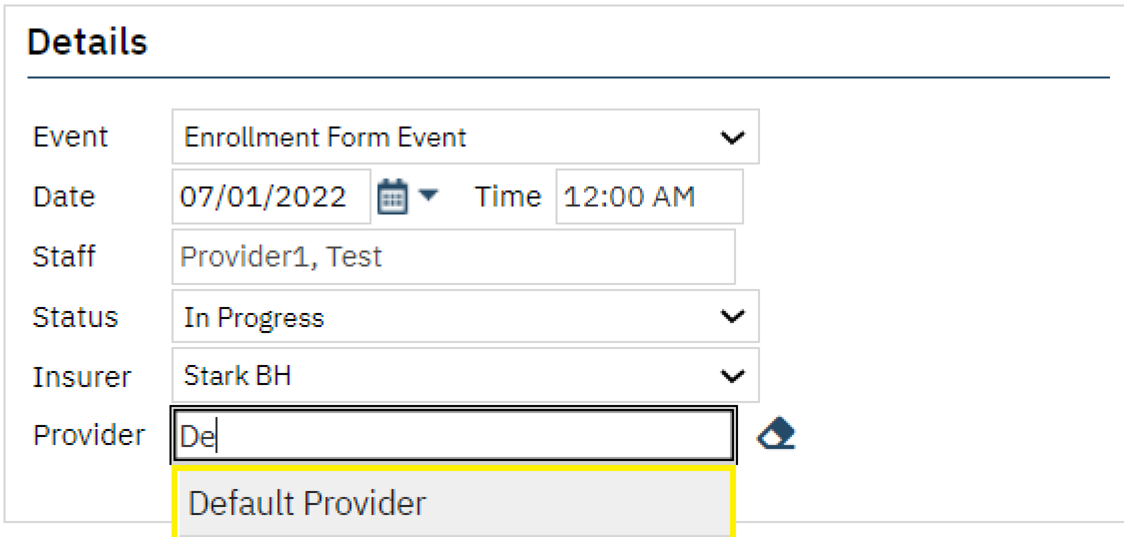
9. Enter the value "12:00 AM" within the **Time** field. Time does not affect billing.



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

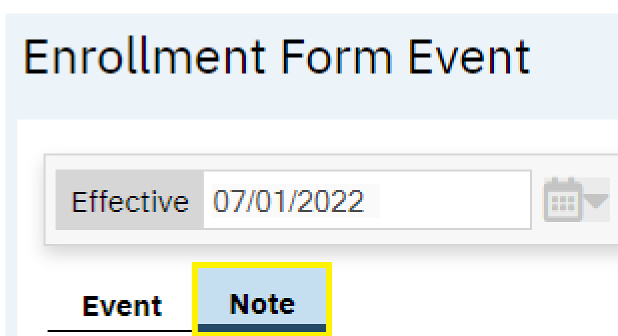


11. Click within the **Insurer** field, then select the appropriate Board Insurer from the dropdown list which you wish to send the enrollment to (This will be the Board which is financially responsible for the client).

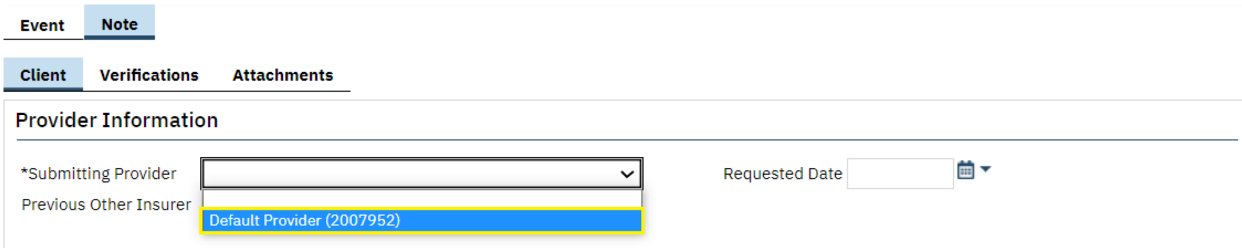


12. Begin typing the name of your agency within the **Provider** field, then select your agency from the dropdown list that populates.

13. Click the **Save** button.

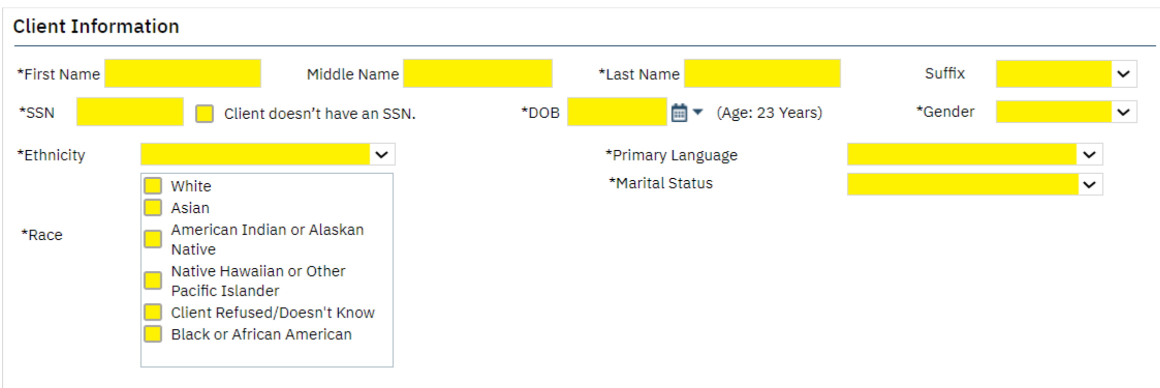


14. Navigate to the **Note** tab within the Enrollment Form Event. This will open the Client, Verifications, and Attachments sub-tabs. (You will land within the Client sub-tab by default.)



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

15. **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.



16. **First Name**: Required. This field will auto-populate based upon what was entered in the Client Search.

17. **Middle Name**: Enter the client's middle name.

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

19. **Suffix**: If applicable, select the appropriate name suffix from the dropdown list.

20. **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.

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

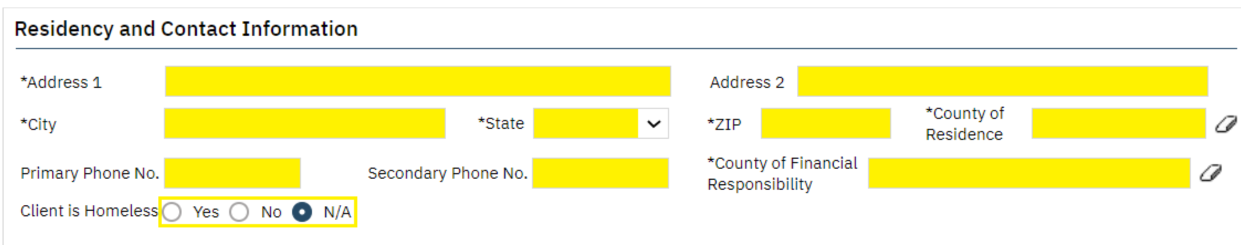
22. **Gender**: Required. Select the appropriate biological sex from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”)

23. **Ethnicity**: Required. Select the appropriate ethnicity from the dropdown list. (If unknown, not listed, or not disclosed, select “Client Refused/Doesn’t Know.”)

24. **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.”)

25. **Primary Language**: Required. Select the appropriate primary language from the dropdown list. This field is defaulted to English.

26. **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.”)



27. **Address 1**: Required. Enter the client’s full, physical street address (e.g., enter “101 Main Street” rather than “101 Main”).

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

29. **City**: Required. Enter the client’s physical city of residence.

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

31. **ZIP**: Required. Enter, at minimum, the first five digits of the client’s physical address ZIP code.

32. **County of Residence**: Required. Enter the client’s county of residence that corresponds with their physical address.

33. **County of Financial Responsibility**: Required. Enter the county that is financially responsible for the client’s treatment/services.

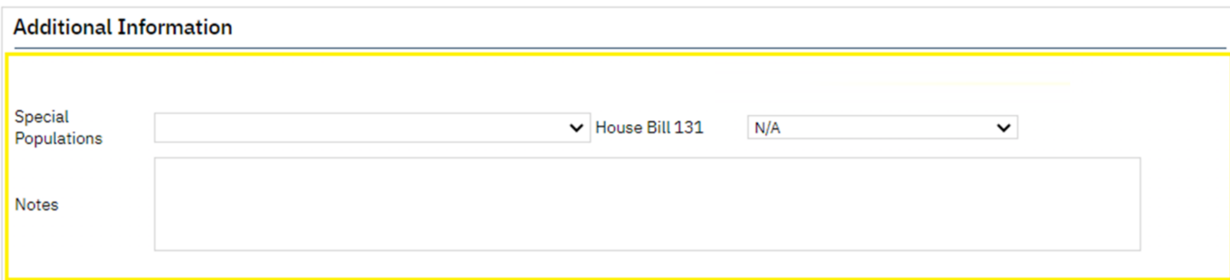
    Note: Some Boards may require notice if a client’s County of Residence varies from the County of Financial Responsibility.

34. **Primary Phone No.**: Enter the client's primary phone number including the area code.

35. **Secondary Phone No.**: Enter the client's secondary phone number including the area code.

36. **Client is Homeless**: Select the client's homeless status. This field is defaulted to N/A.

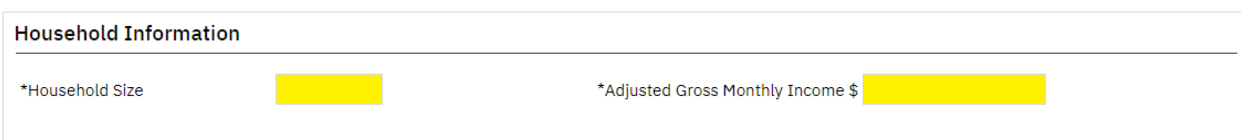
    Note: Typically, if a client is homeless, Boards will request the client's last known physical address, but this can vary. Please contact your insuring Board for address requirements for homeless individuals.



37. **Special Populations**: Select from the dropdown list any applicable special populations the client belongs to.

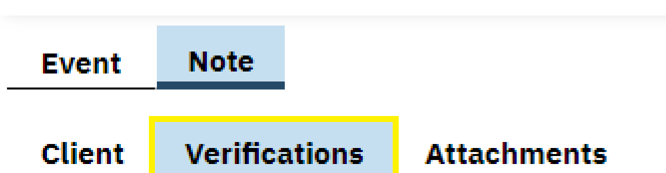
38. **House Bill 131**: Select the client's status on receiving treatment services paid for by a court-utilized Indigent Driver Alcohol Treatment Fund. This field is defaulted to N/A.

39. **Notes**: This field can be filled in freely to add any additional notes related to the client.



40. **Household Size**: Required. Enter the client's household size.

41. **Adjusted Gross Monthly Income**: Required. Enter the client's family's adjusted gross monthly income.



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

Verifications

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

43. **Disclosure of enrollment?**: Required. The enrollment cannot be completed if this value is anything other than "Yes" unless the client was in crisis at enrollment, in which case verbal consent should still be obtained by the Provider, and the information should be collected as quickly as possible and the enrollment updated. Select the status concerning if the client or their legal custodian signed disclosure of enrollment documentation.

44. **All applicable authorizations for billing as required for billing as required by Federal and State laws have been received?:** Required. The enrollment cannot be completed if this value is anything other than "Yes" unless the client was in crisis at enrollment, in which case verbal consent should still be obtained by the Provider, and the information should be collected as quickly as possible and the enrollment updated. Select the status concerning if the client or their legal custodian signed all applicable authorizations required to receive services.

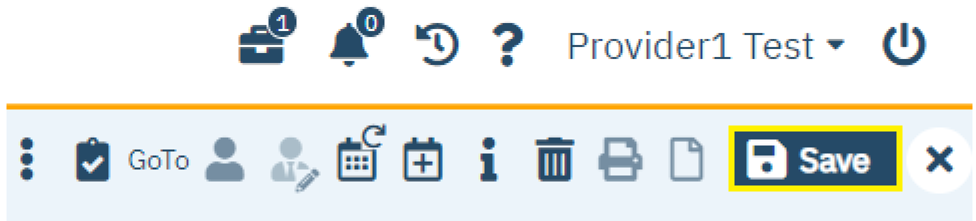
45. **In crisis at enrollment?**: Required. The enrollment cannot be completed if this value is anything other than "Yes" or "No." Select the status concerning whether the client was in a crisis situation at the time of enrollment at the submitting agency.

46. **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.

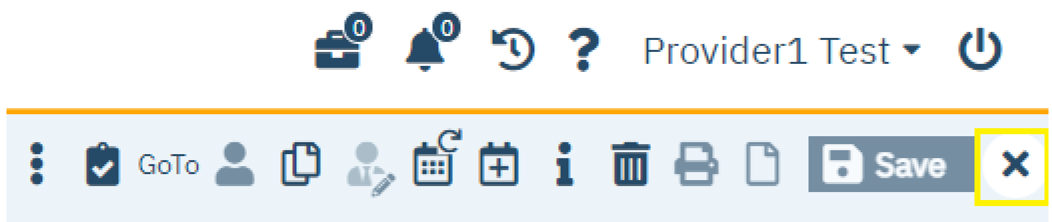
47. **Residency verification form signed?**: Required. Select the status concerning if the client or their legal custodian signed a residency verification form. Select "Not Applicable" if your agency does not collect this information.

48. **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.

49. **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.

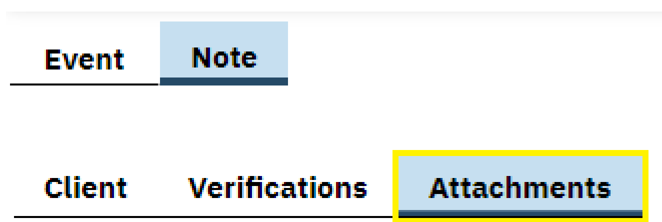


50. Click the **Save** button.



51. 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.

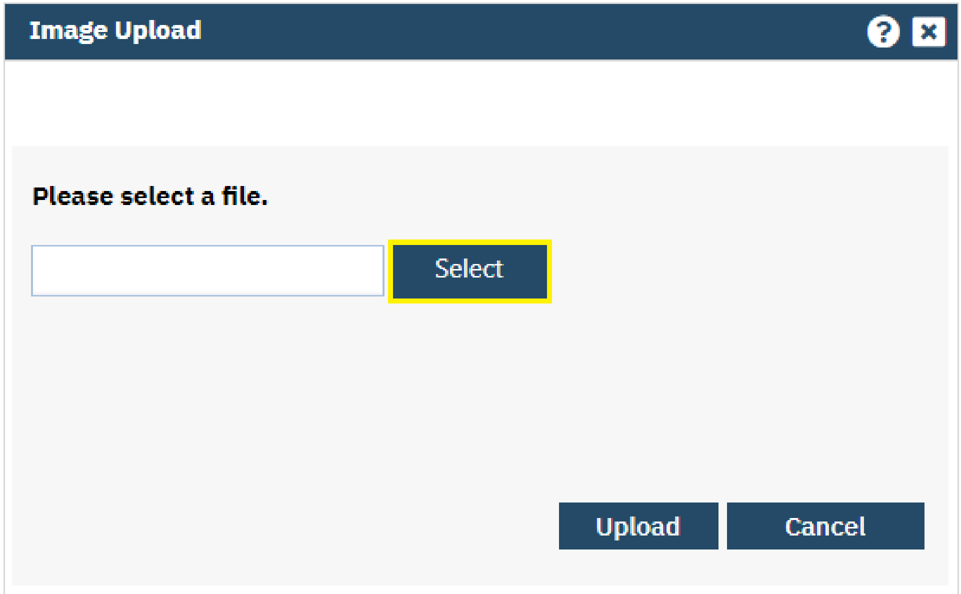
    Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.



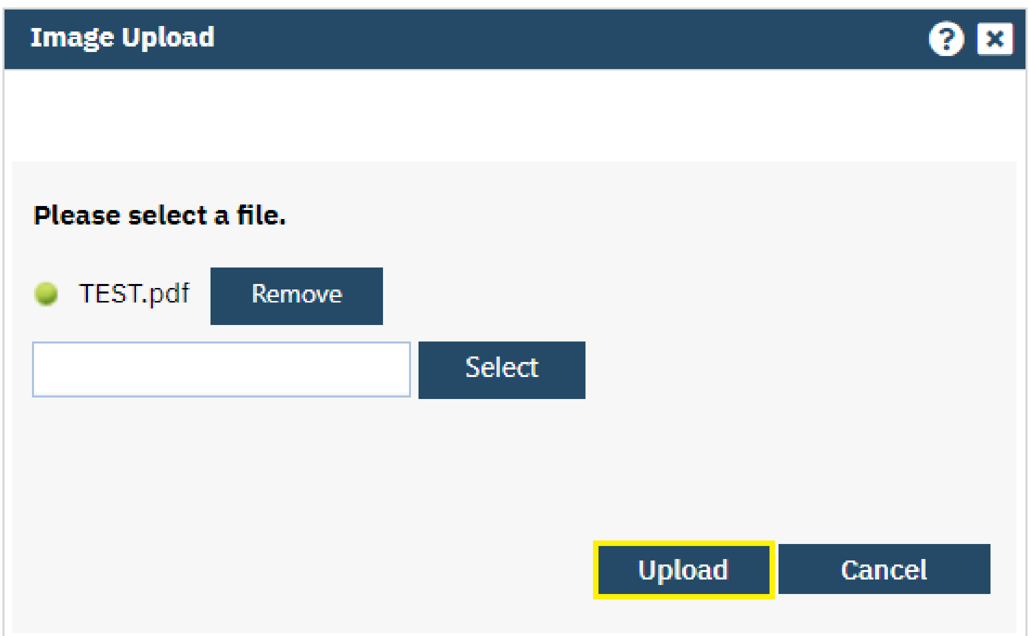
52. To add attachments, navigate to the **Attachments** sub-tab.

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

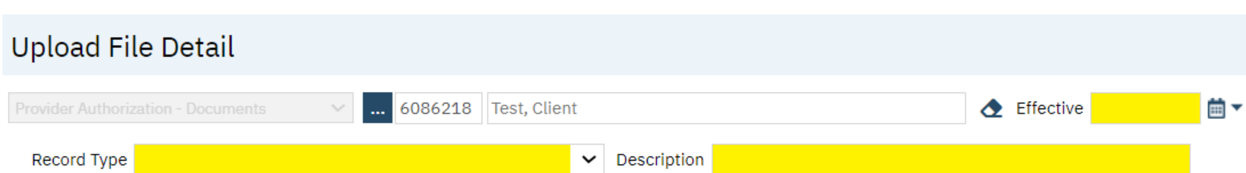
53. Click **Upload**. This will redirect you to the Upload File Detail screen.



54. 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.



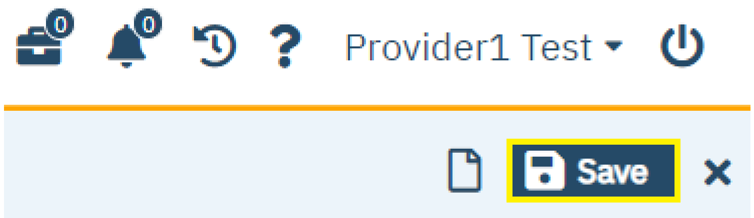
55. Once you have selected the desired file(s), click **Upload**.



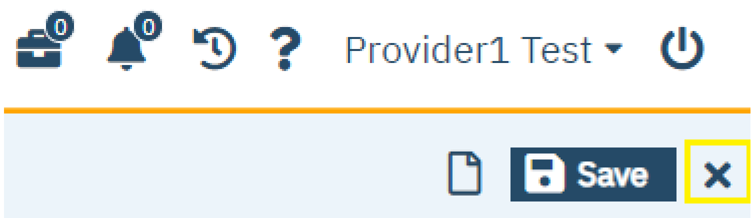
56. **Effective Date**: Required. Enter the effective date of the attached file.

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

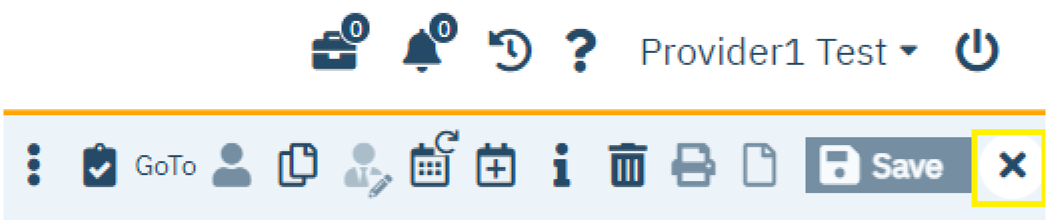
58. **Description**: Enter a description for the attached document.



59. Click the **Save** button.



60. Click **X** to close.



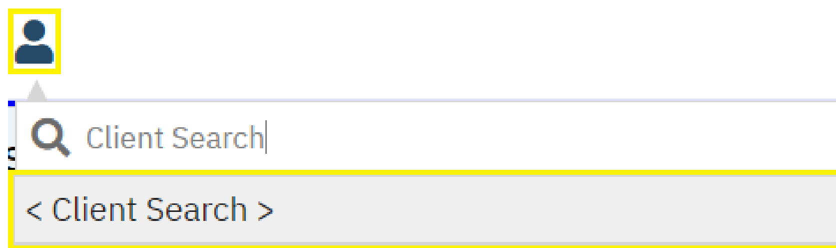
61. Then, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

    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.

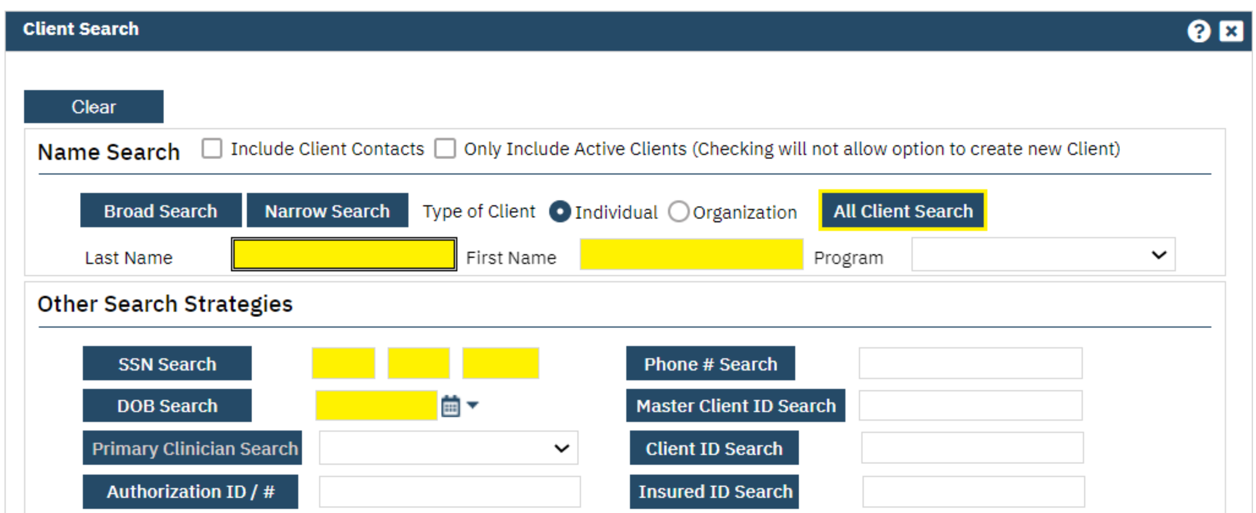
b.) Re-enrolling an Existing Client in SmartCareMCO

(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.



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



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.)

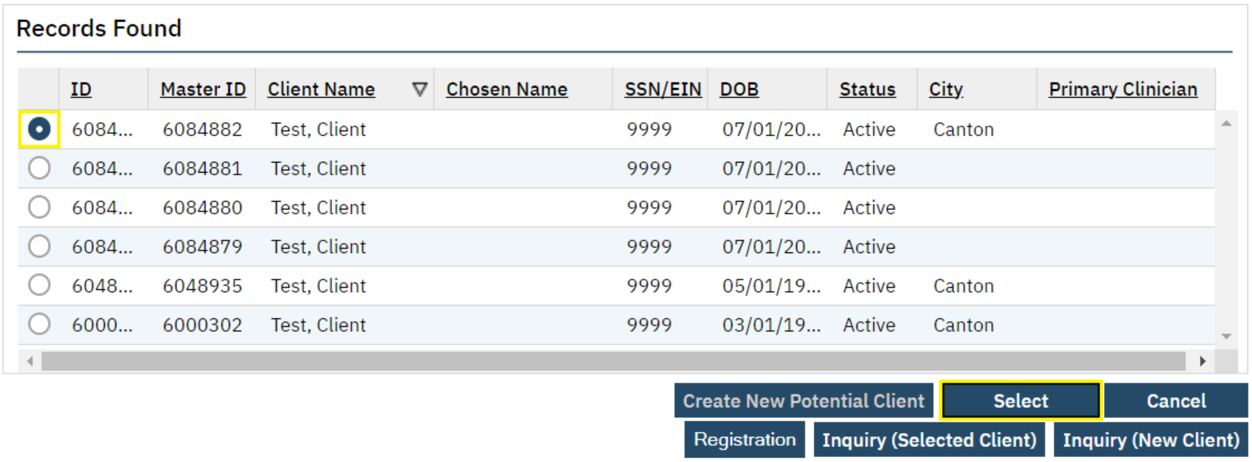
3. Enter the client's Social Security Number in the **SSN Search** fields, using Tab to navigate to each individual field.

   Note: SSN is required. You may enter instead "999-99-9999" only in the following instances:

   - The client is in crisis.
   - The client is not a citizen of the U.S. and thus does not have an SSN.

- The client belongs to a special population, such as Amish/Mennonite, that do not have SSN's.

4. Enter the client's date of birth in the **DOB Search** field. Then, click **All Client Search**.



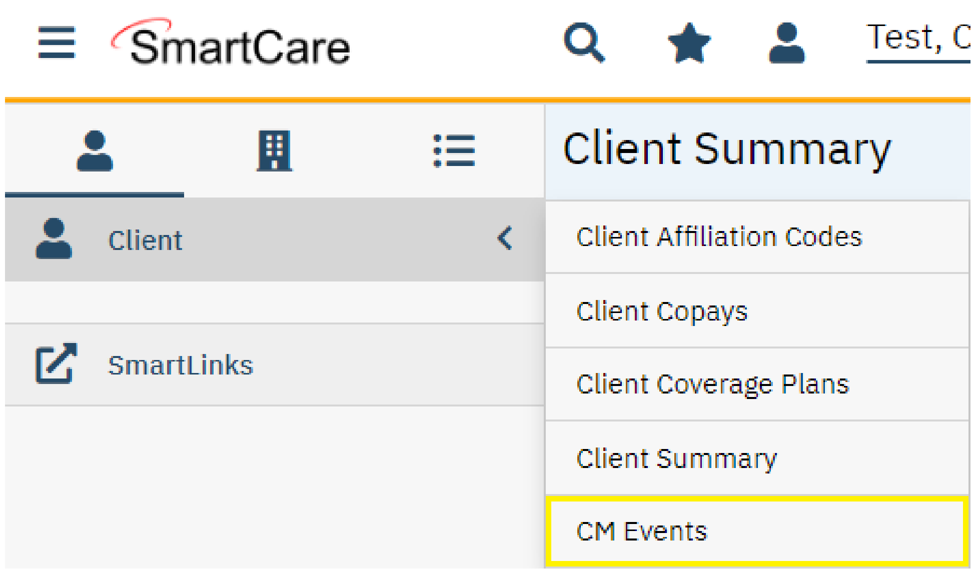
Records Found

	ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	City	Primary Clinician
◉	6084...	6084882	Test, Client		9999	07/01/20...	Active	Canton	
○	6084...	6084881	Test, Client		9999	07/01/20...	Active		
○	6084...	6084880	Test, Client		9999	07/01/20...	Active		
○	6084...	6084879	Test, Client		9999	07/01/20...	Active		
○	6048...	6048935	Test, Client		9999	05/01/19...	Active	Canton	
○	6000...	6000302	Test, Client		9999	03/01/19...	Active	Canton	

Create New Potential Client | Select | Cancel

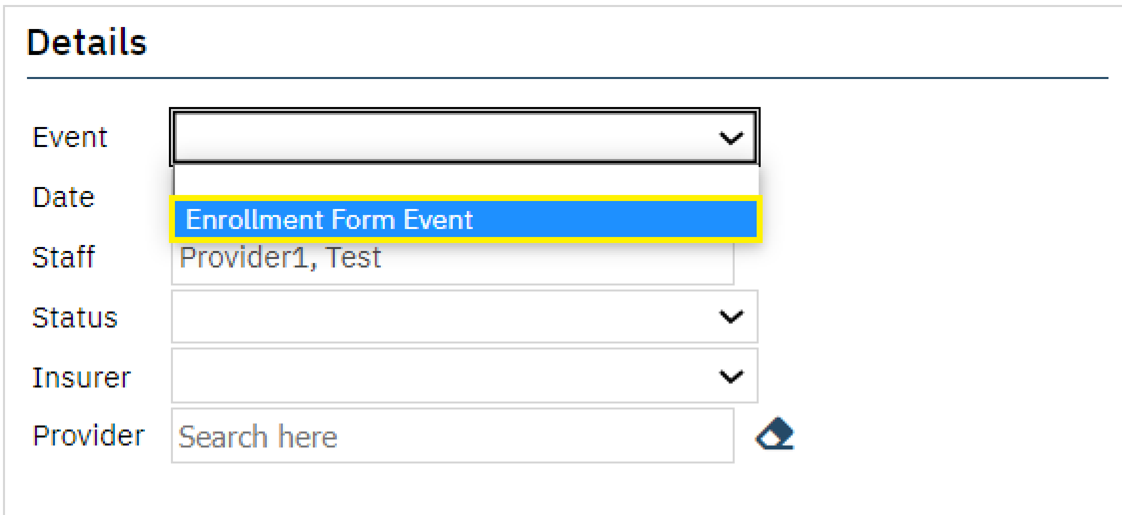
Registration | Inquiry (Selected Client) | Inquiry (New Client)

5. 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**.

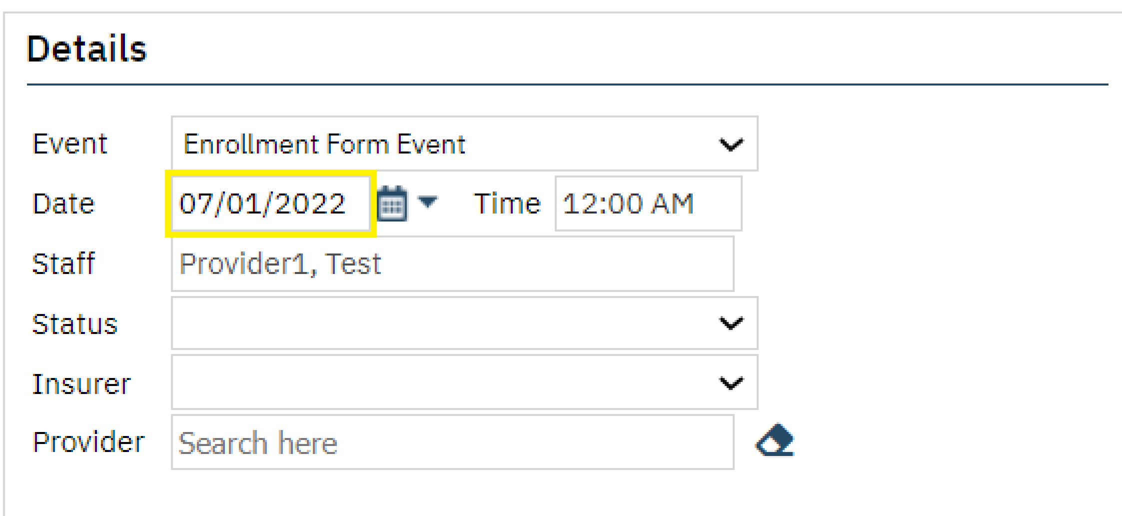


6. You will be redirected to the client's Client Summary screen. Hover your mouse over the Client menu, then click **CM Events**.

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

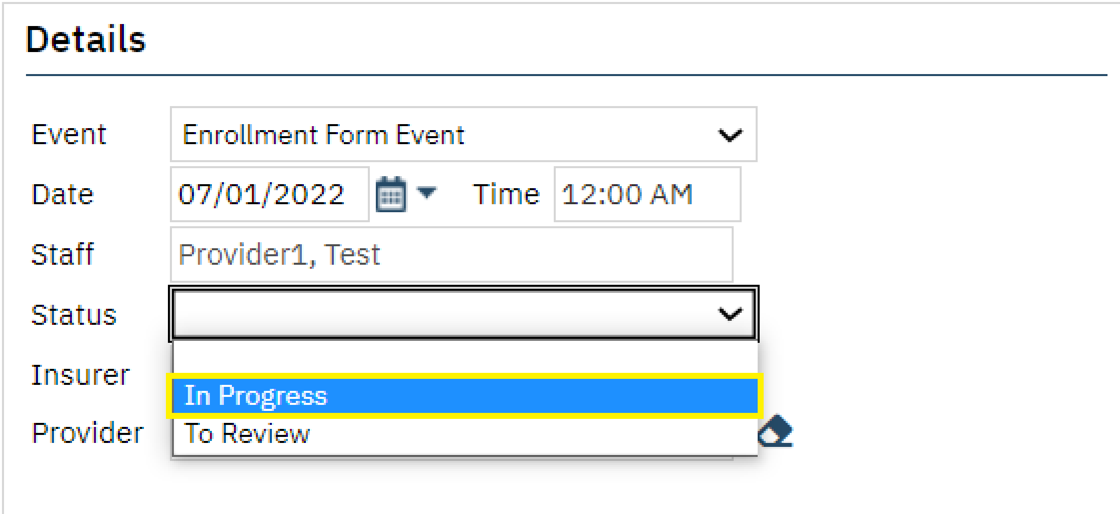


8. You will be redirected to the Client CM (Care Management) Events screen. Within the Event Details section, click within the **Event** field. Then, select **Enrollment Form Event**.

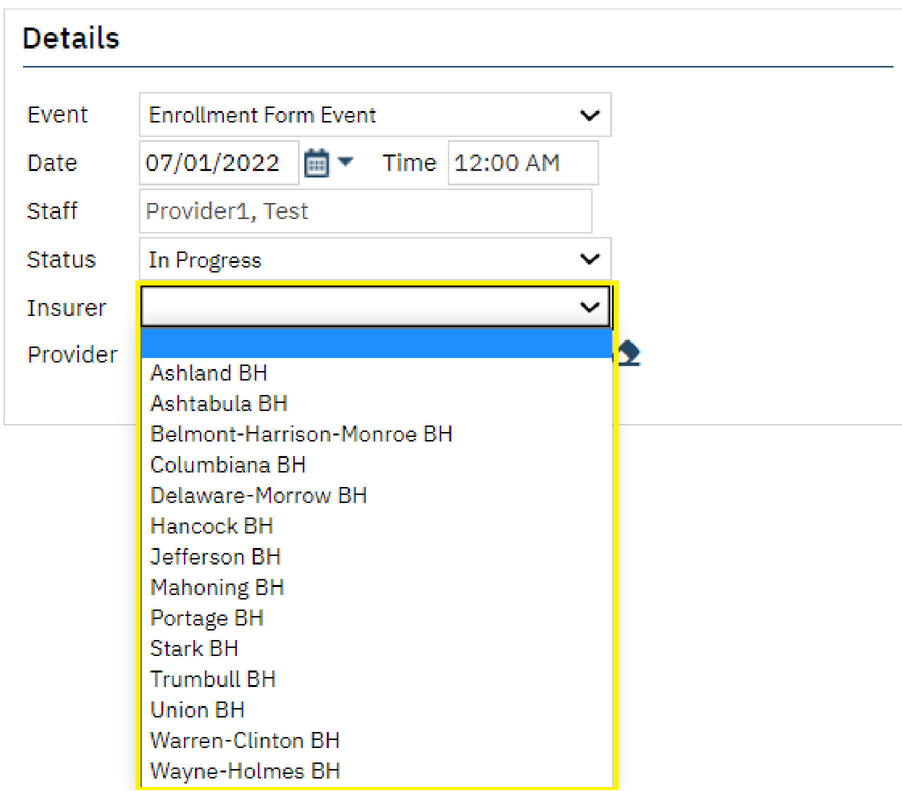


9. Enter the client's enrollment effective date (i.e., The date the client first began receiving billable services with your agency) within the **Date** field.

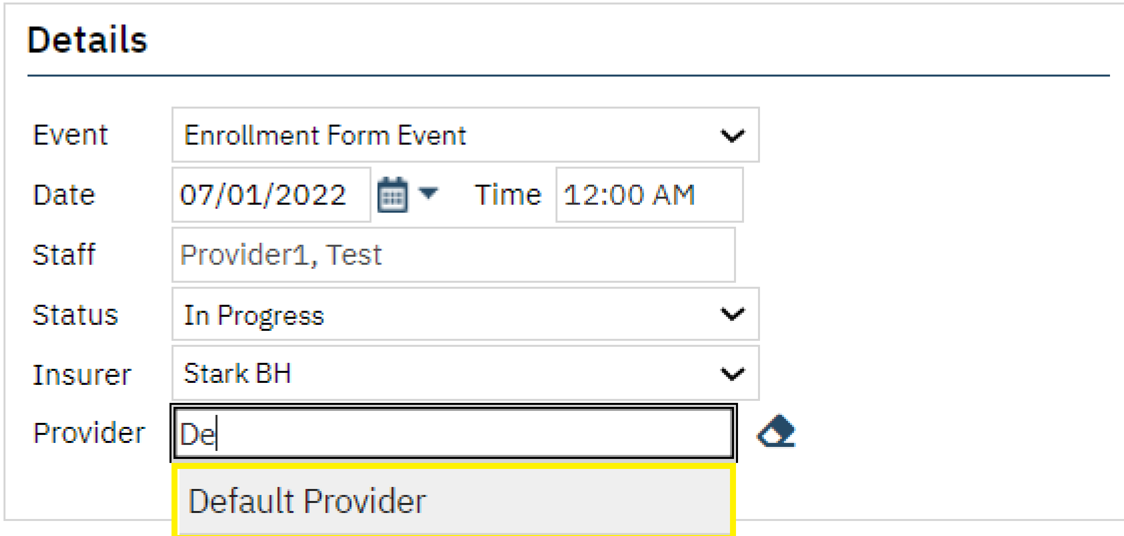
10. Enter the value of "12:00 AM" within the **Time** field. Time does not affect billing.



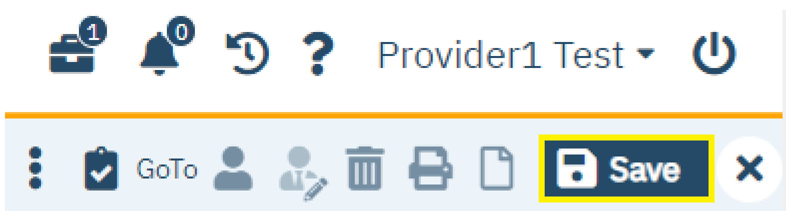
11. Click within the **Status** field, then select **In Progress**.



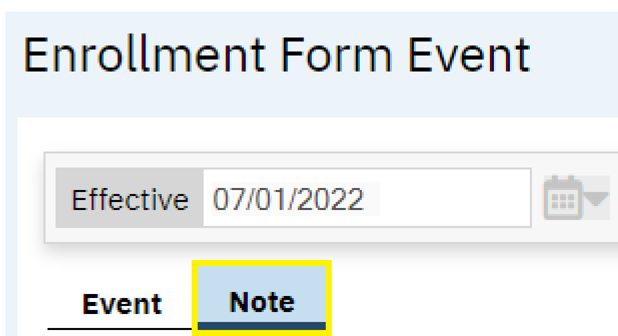
12. Click within the **Insurer** field, then select the appropriate Board Insurer from the dropdown list which you wish to send the enrollment to (This will be the Board which is financially responsible for the client).



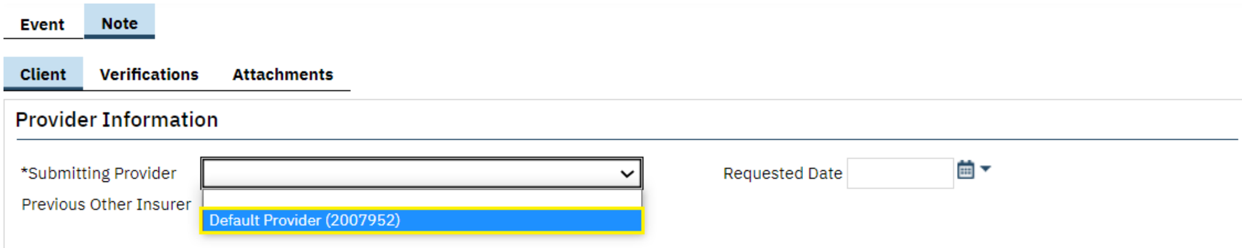
13. Begin typing the name of your agency within the **Provider** field, then select your agency from the dropdown list that populates.



14. Click the **Save** button.

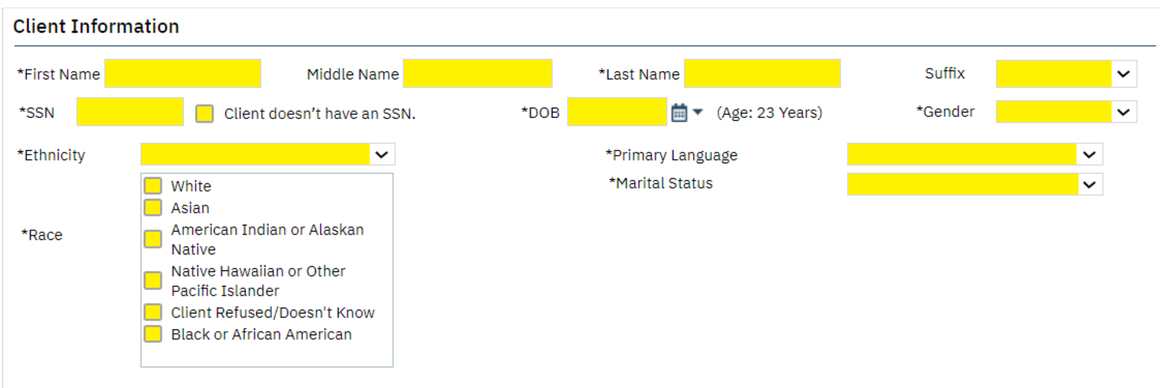


15. Navigate to the **Note** tab within the Enrollment Form Event. This will open the Client, Verifications, and Attachments sub-tabs. (You will land within the Client sub-tab by default.)



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

16. **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.



17. **First Name**: Required. This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.

18. **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.

19. **Last Name**: Required. This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.

20. **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.

21. **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.

22. **DOB**: Required. This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.

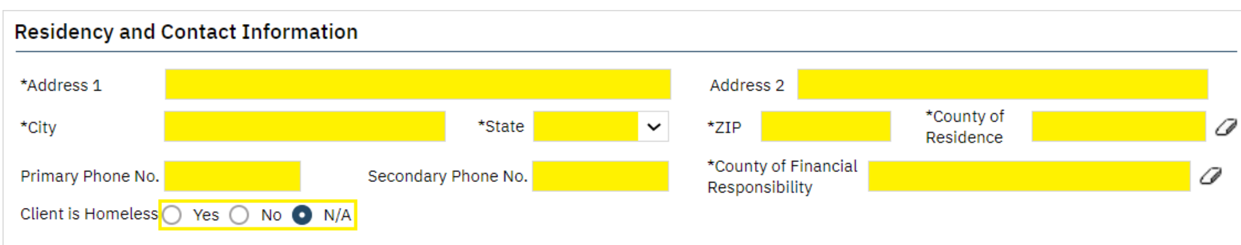
23. **Gender**: Required. Select the appropriate biological sex from the dropdown list. (If unknown, not listed, or not disclosed, select "Client Refused/Doesn't Know.") This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.

24. **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.

25. **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.

26. **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.

27. **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.



28. **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.

29. **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.

30. **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.

31. **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.

32. **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.

33. **County of Residence**: Required. Enter the client's county of residence that corresponds with their physical address.

34. **County of Financial Responsibility**: Required. Enter the county that is financially responsible for the client's treatment/services.

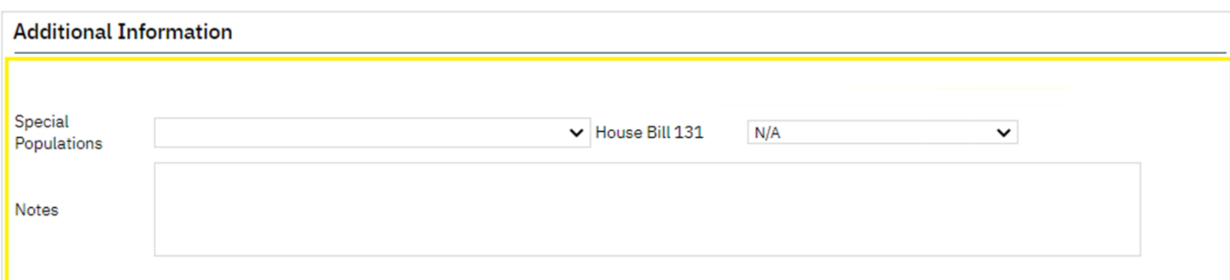
    Note: Some Boards may require notice if a client's County of Residence varies from the County of Financial Responsibility.

35. **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.

36. **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.

37. **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.

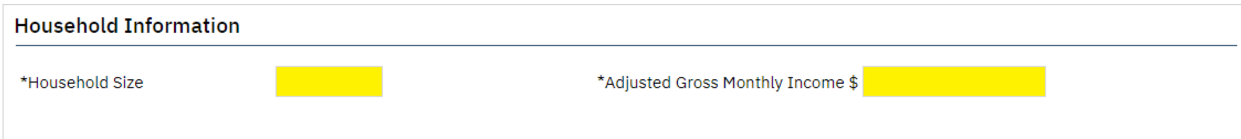
    Note: Typically, if a client is homeless, Boards will request the client's last known physical address, but this can vary. Please contact your insuring Board for address requirements for homeless individuals.



38. **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.

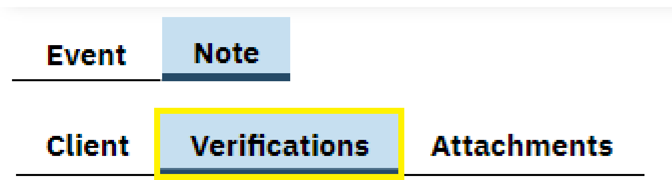
39. **House Bill 131**: Select the client's status on receiving treatment services paid for by a court-utilized Indigent Driver Alcohol Treatment Fund. This field is defaulted to N/A. This field will auto-populate based upon the client's last signed enrollment. Make changes if necessary.

40. **Notes**: This field can be filled in freely to add any additional notes related to the client.

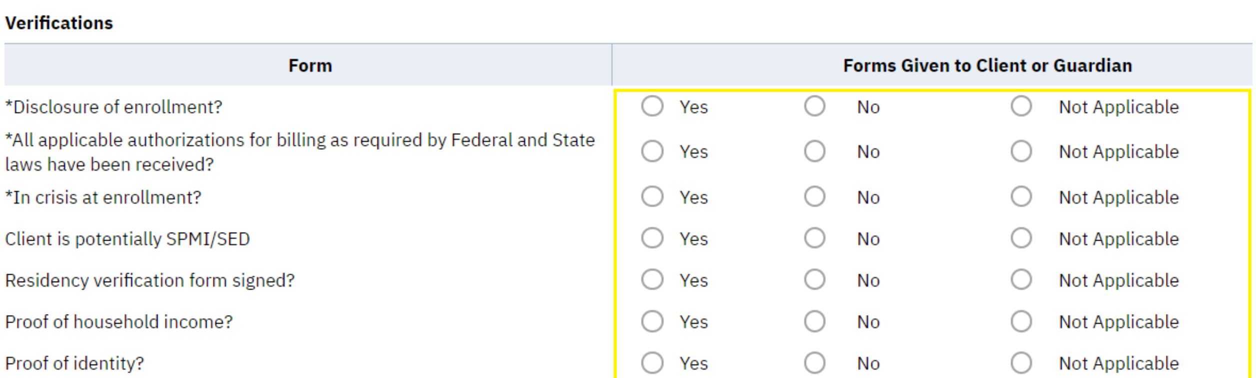


41. **Household Size**: Required. Enter the client's household size.

42. **Adjusted Gross Monthly Income**: Required. Enter the client's family's adjusted gross monthly income.



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



Verifications

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

44. **Disclosure of enrollment?**: Required. The enrollment cannot be completed if this value is anything other than "Yes" unless the client was in crisis at enrollment, in which case verbal consent should still be obtained by the Provider, and the information should be collected as quickly as possible and the enrollment updated. Select the status concerning if the client or their legal custodian signed disclosure of enrollment documentation.

45. **All applicable authorizations for billing as required for billing as required by Federal and State laws have been received?**: Required. The enrollment cannot be completed if this value is anything other than "Yes" unless the client was in crisis at enrollment, in which case

verbal consent should still be obtained by the Provider, and the information should be collected as quickly as possible and the enrollment updated. Select the status concerning if the client or their legal custodian signed all applicable authorizations required to receive services.

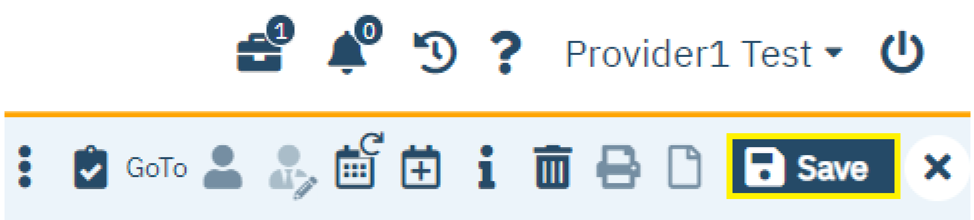
46. **In crisis at enrollment?**: Required. The enrollment cannot be completed if this value is anything other than "Yes" or "No." Select the status concerning whether the client was in a crisis situation at the time of enrollment at the submitting agency.

47. **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.

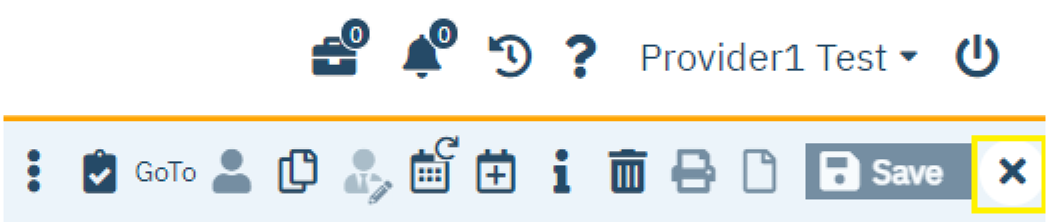
48. **Residency verification form signed?**: Required. Select the status concerning if the client or their legal custodian signed a residency verification form. Select "Not Applicable" if your agency does not collect this information.

49. **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.

50. **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.

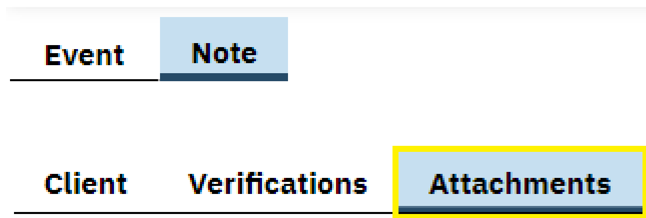


51. Click the **Save** button.



52. 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.

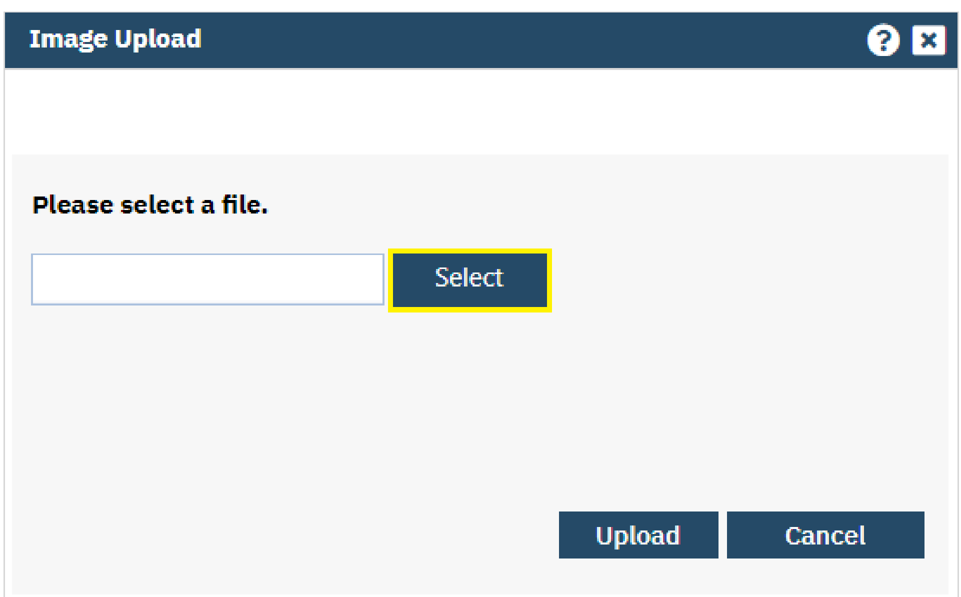
Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.



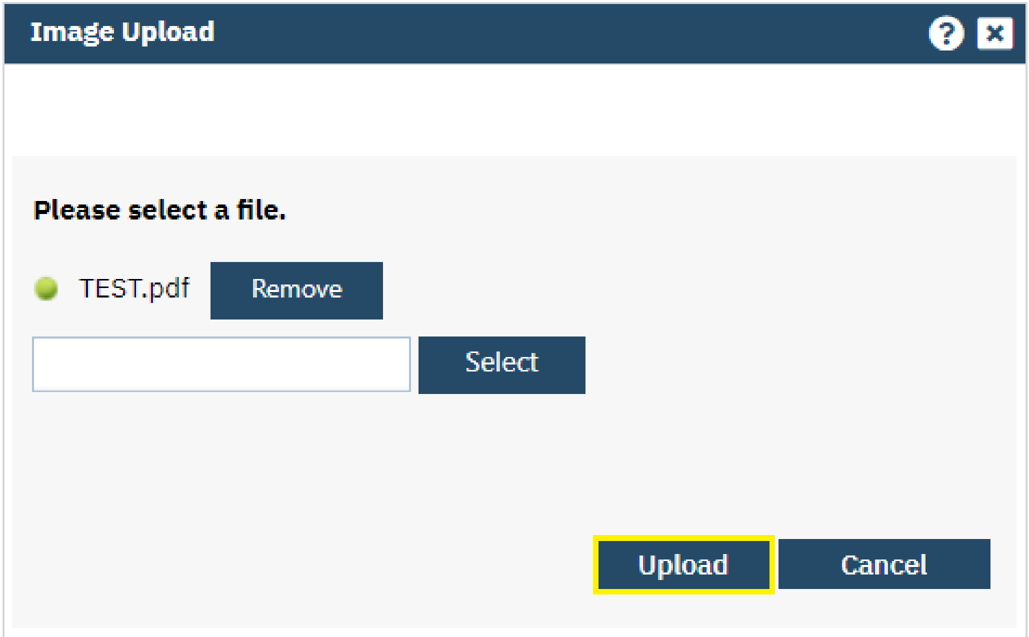
53. To add attachments, navigate to the **Attachments** sub-tab.

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

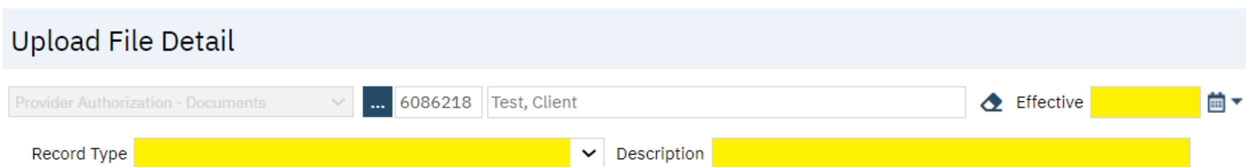
54. Click **Upload**. This will redirect you to the Upload File Detail screen.



55. 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.



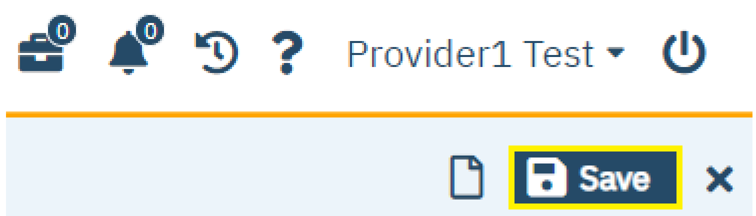
56. Once you have selected the desired file(s), click **Upload**.



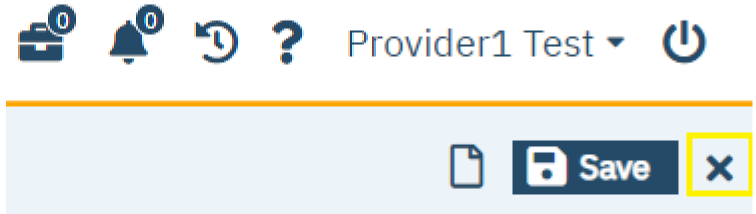
57. **Effective Date**: Required. Enter the effective date of the attached file.

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

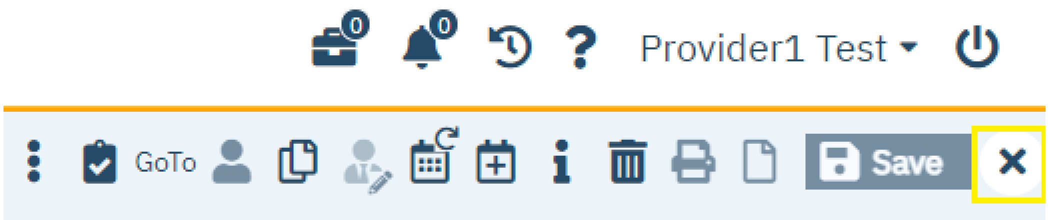
59. **Description**: Enter a description for the attached document.



60. Click the **Save** button.



61. Click **X** to close.



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

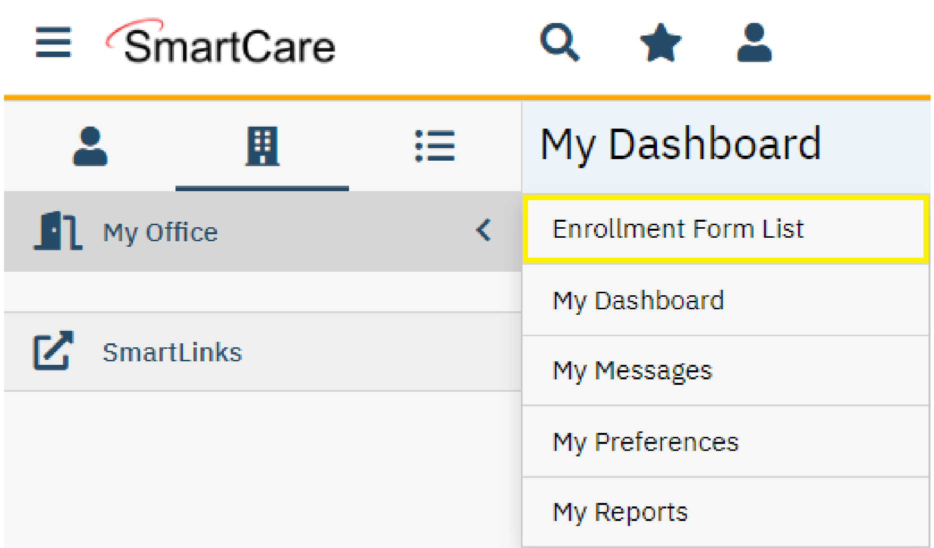
    Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.

c.) Correcting an Enrollment in SmartCareMCO

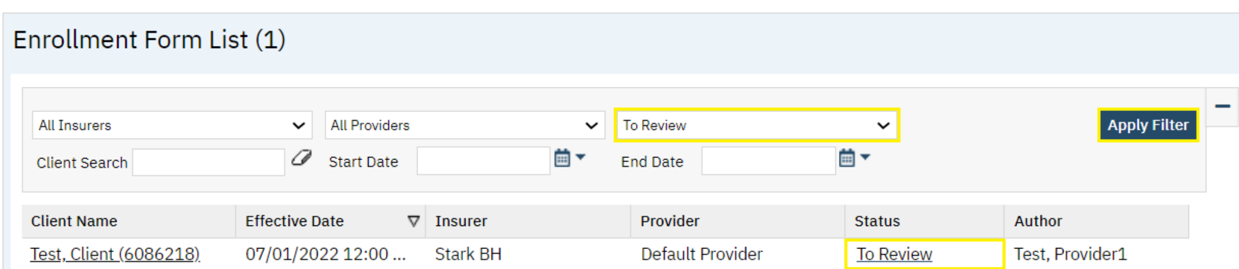
(Accessible to Enrollment role only.)

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.

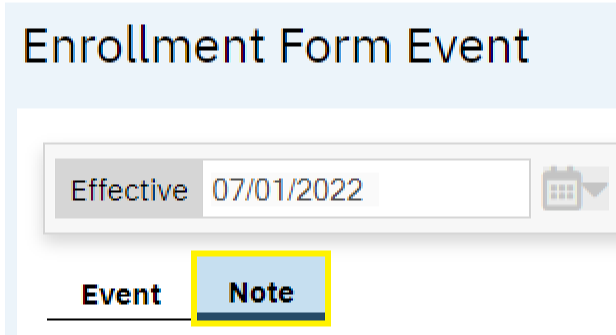
Completed enrollments are routed to the appropriate Board enrollment staff person to review. If the Board enrollment staff member locates an error within the enrollment, the enrollment will be placed in a "To Review" status to be reviewed, corrected, and re-submitted by the submitting agency.



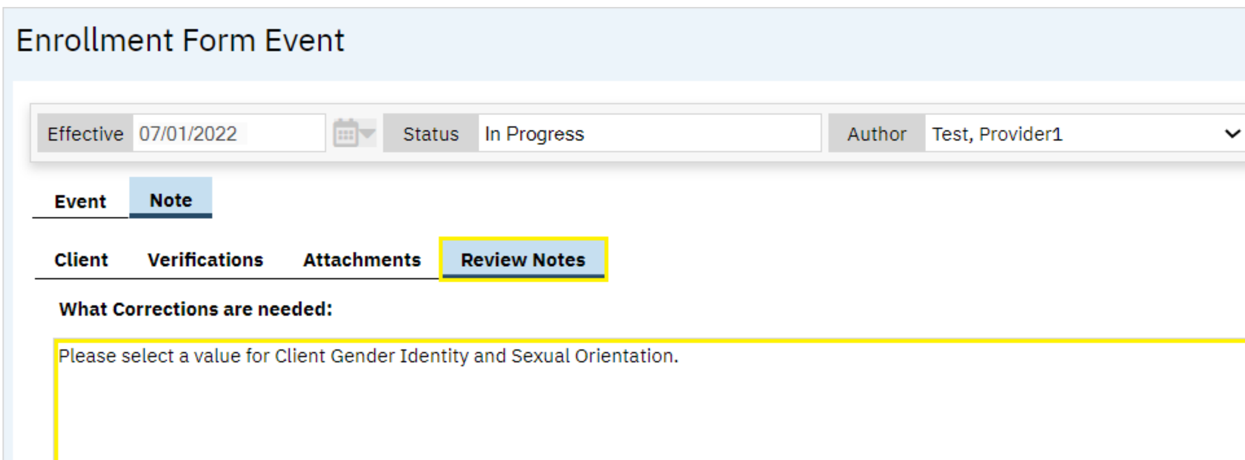
1. Hover your mouse over the My Office menu. Then, click **Enrollment Form List**.



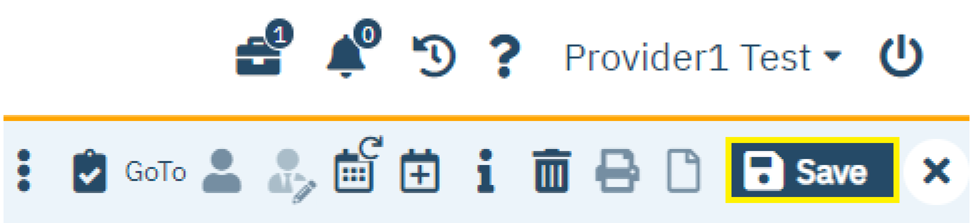
2. Click within the All Statuses field. Then, select **To Review** from the dropdown list. Click **Apply Filter**. If any valid search results are returned, click the To Review hyperlink under Status of the desired client to review the enrollment. You will be redirected to the Enrollment Form Event screen.



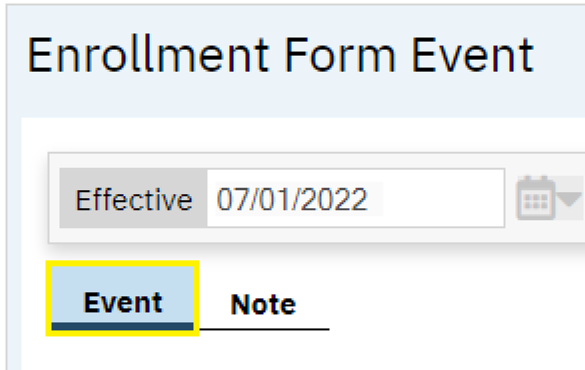
3. Navigate to the **Note** tab within the Enrollment Form Event. This will open the Client, Verifications, Attachments and Review Notes sub-tab. (You will land within the Client sub-tab by default.)



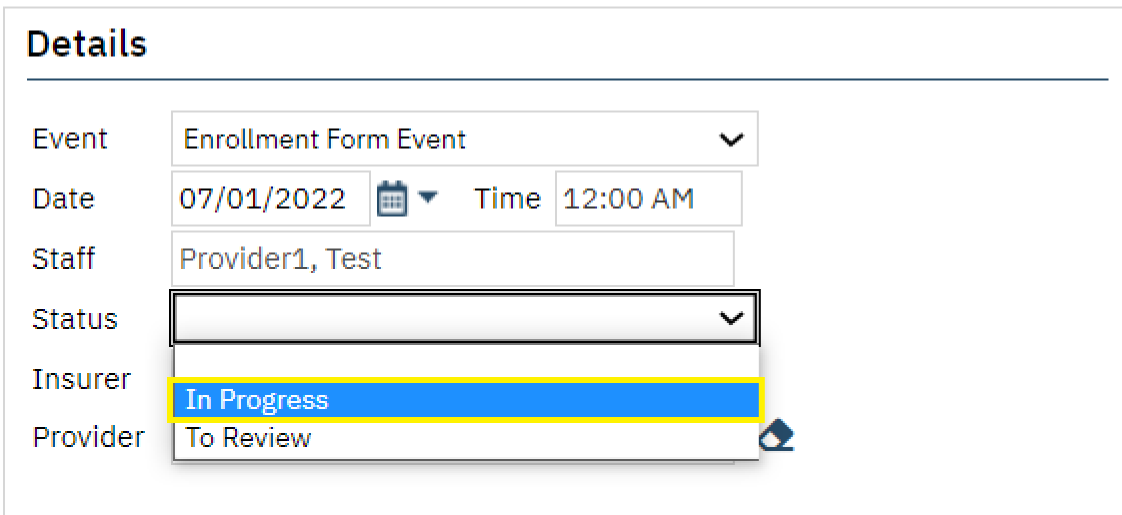
4. Navigate to the **Review Notes** sub-tab. Review any notes listed within the **What Corrections are needed:** box. Make any changes to the enrollment as indicated.



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

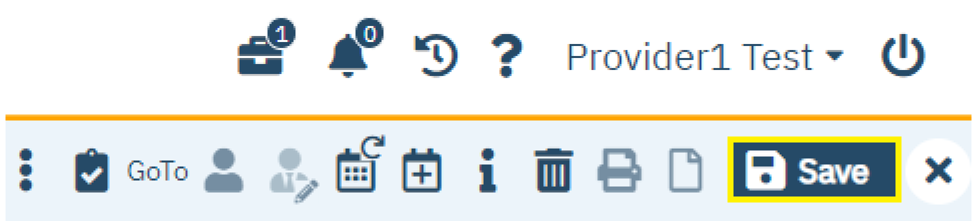


6. Then, navigate to the **Event** tab.

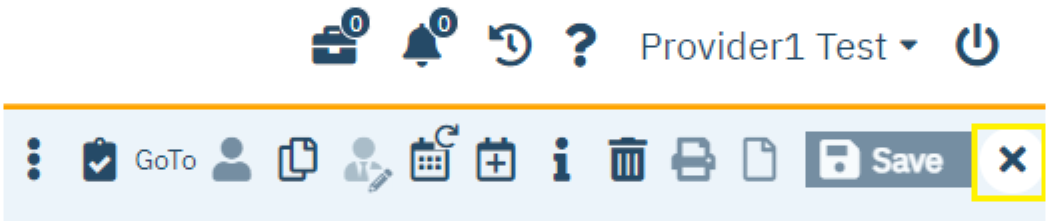


7. Click within the **Status** field. Select **In Progress** from the dropdown list.

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



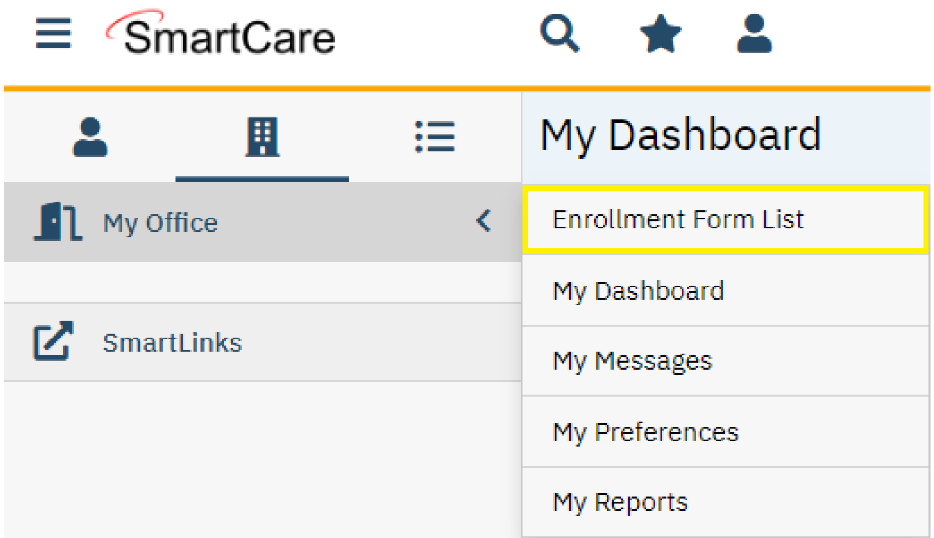
8. Click the **Save** button.



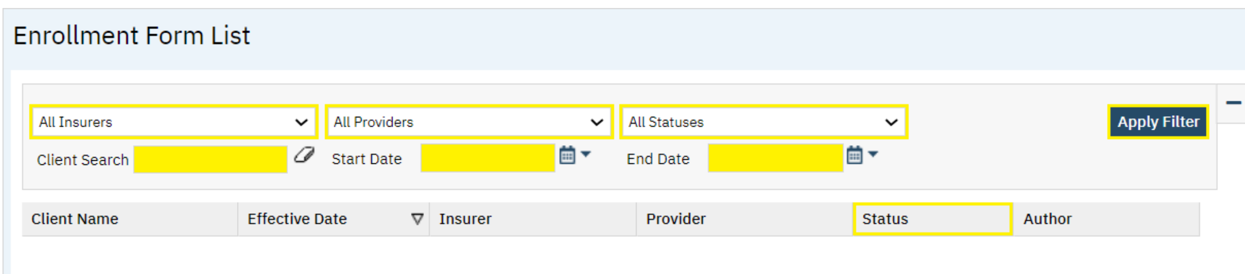
9. Finally, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

   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**.



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. Enrollment Process,**

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

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

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

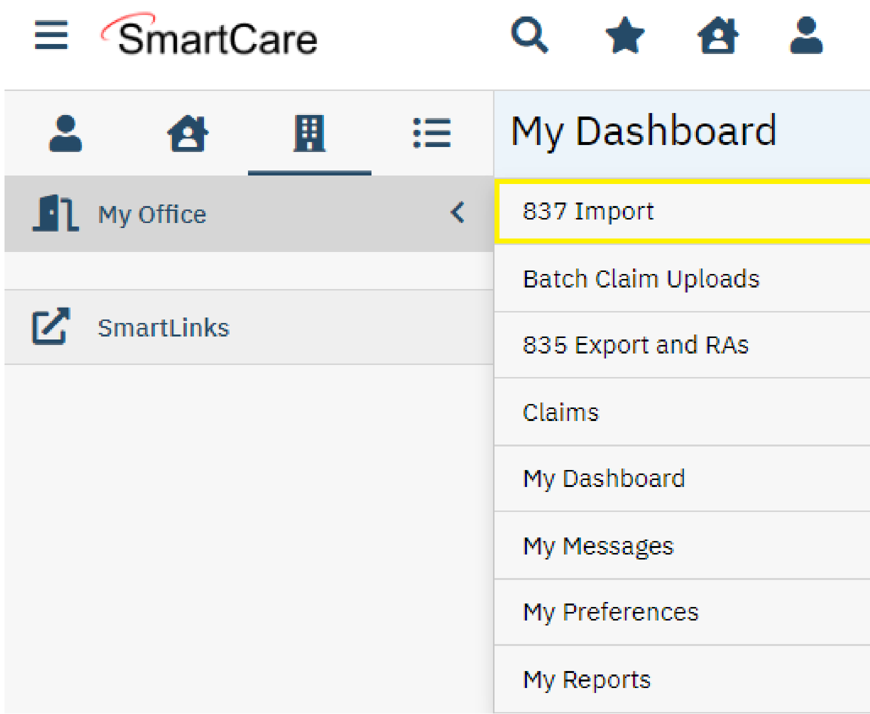
IX. 837 Import

(Accessible to Claims Processor role only.)

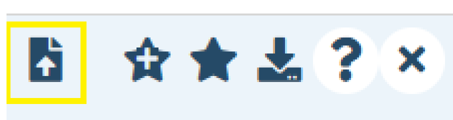
Note: If you do not currently have the Claims Processor role, please complete a new *SmartCareMCO Provider Account Request/Change Form* requesting this change. You can download this form at https://partnersolutions.starkmhar.org/data-analytics/. Please submit your completed form to SmartCareSupport@starkmhar.org.

a.) Importing an 837 Claim File

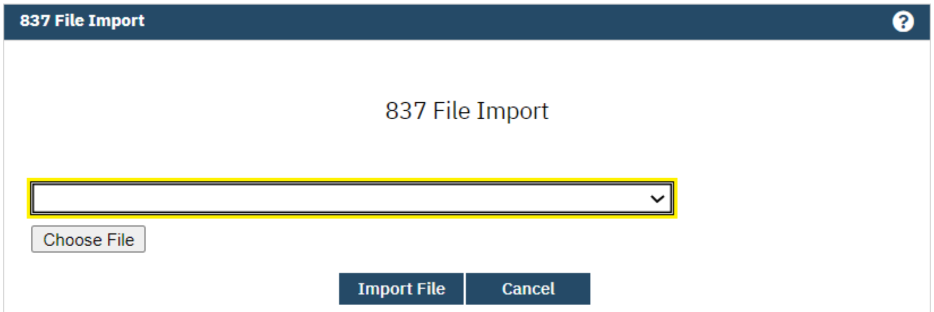
Note: 837 Import **IS NOT** used to submit Batch Claim Uploads spreadsheets. See instead **Section XI. Batch Claim Uploads** if you are attempting to upload a spreadsheet.



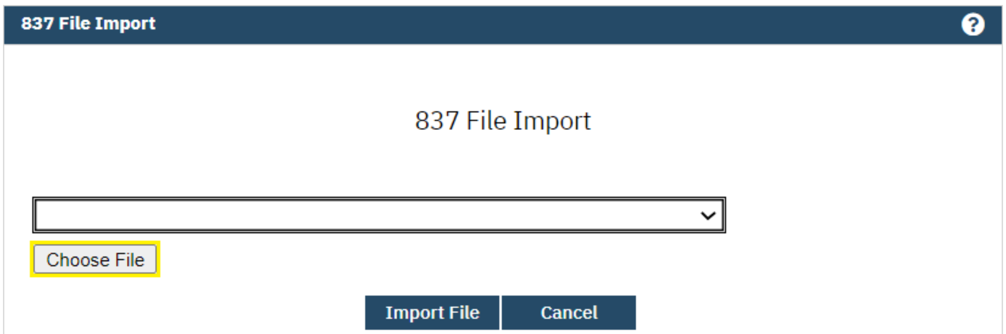
1. While on the **My Office** menu, click on **837 Import**.



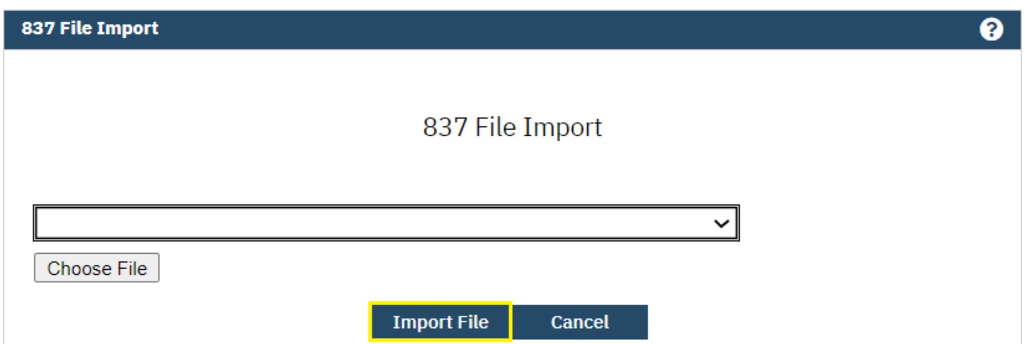
2. Click on the **Import New File...** icon.



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



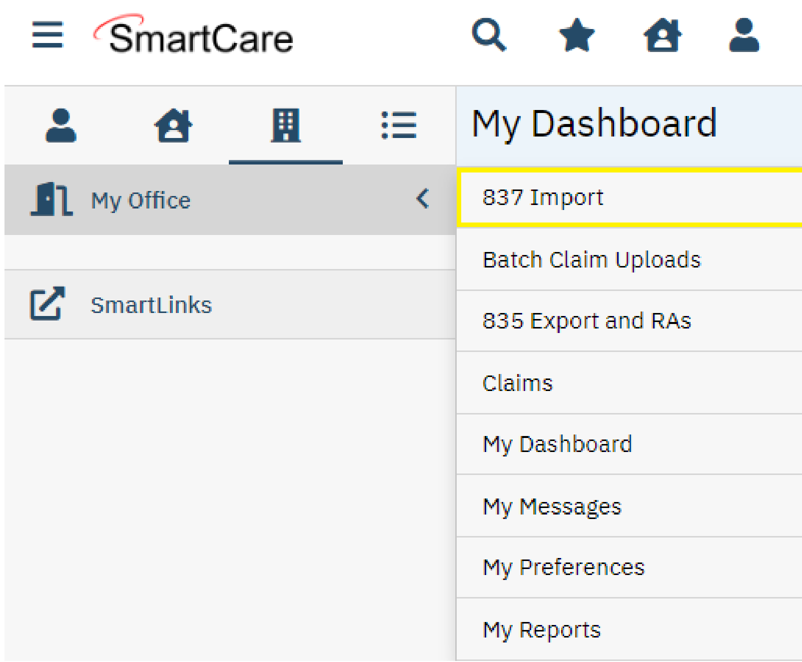
4. Click on **Choose File**, then select the 837 claim file you wish to upload, and then click on **Open**.



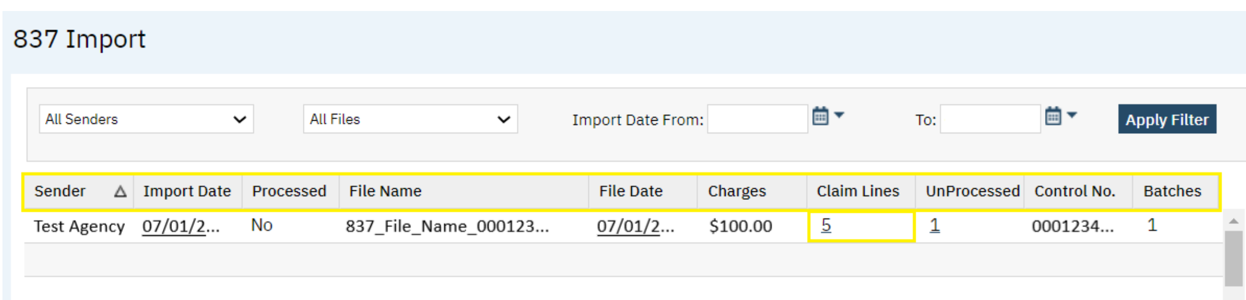
5. Click on **Import File**. Your file has now been uploaded.

   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

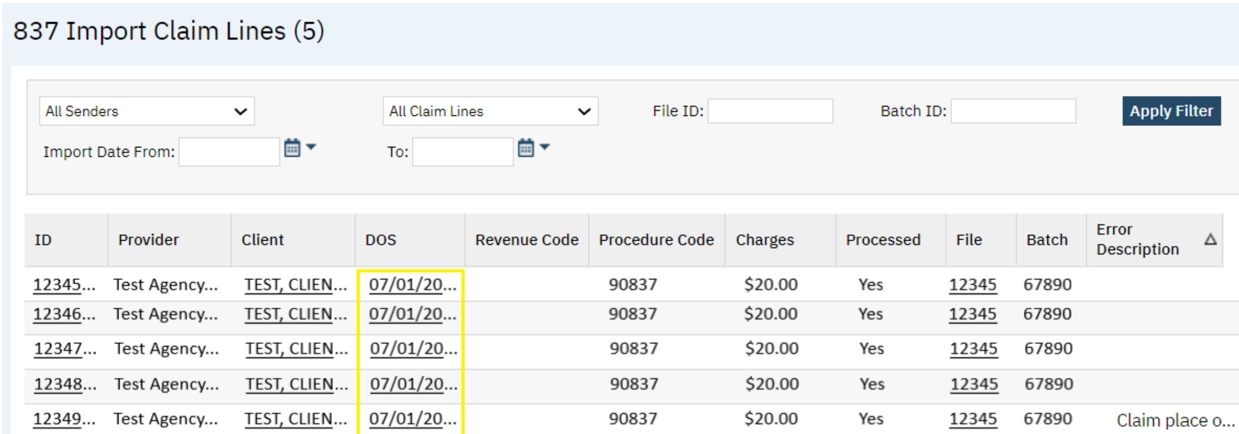


1. While on the **My Office** menu, click on **837 Import**.



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)

All Senders | All Claim Lines | File ID: | Batch ID: | Apply Filter

Import Date From: | To:

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

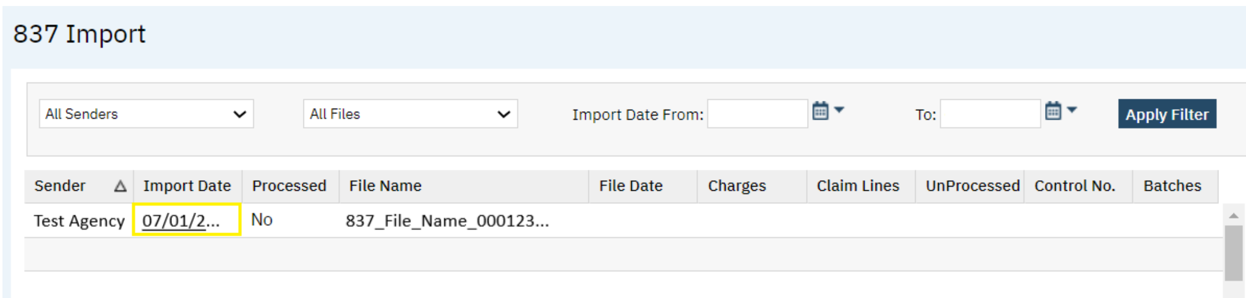
4. To view a specific claim line, click on a hyperlink under **DOS**.

X. 837 File Errors

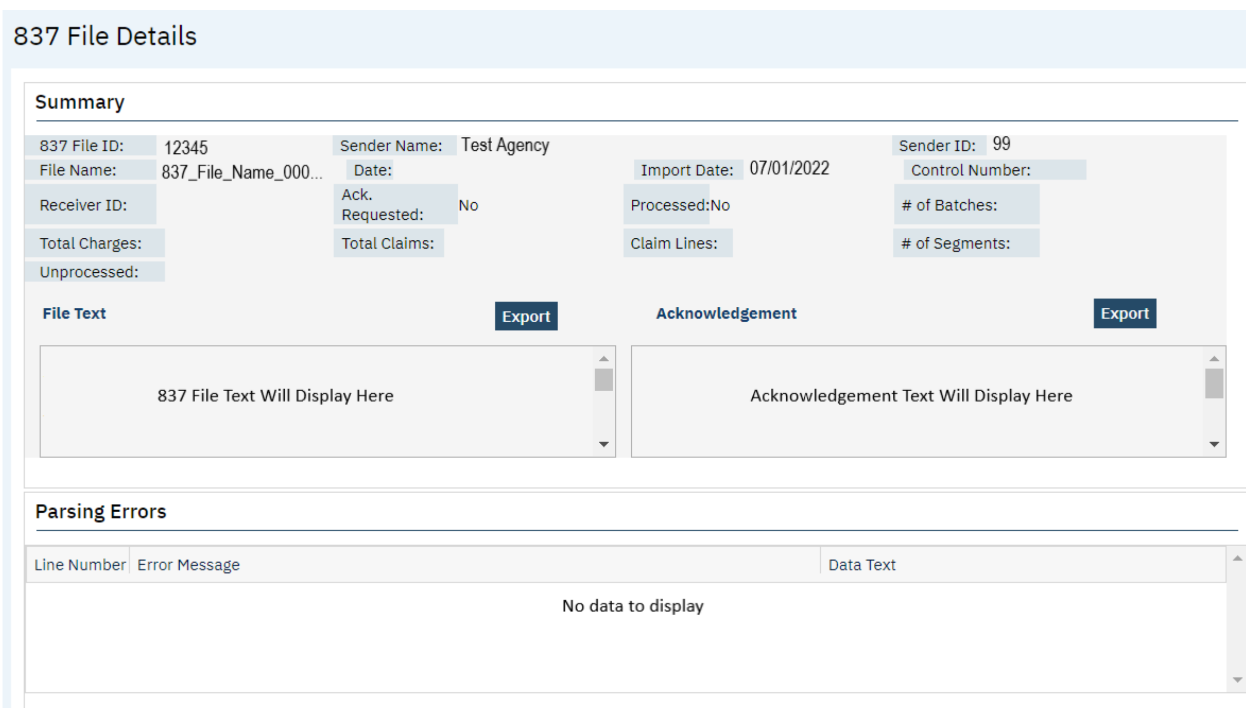
SmartCareMCO utilizes three ordered levels of validations when processing 837 files: file format errors, parsing errors, and processing errors.

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.



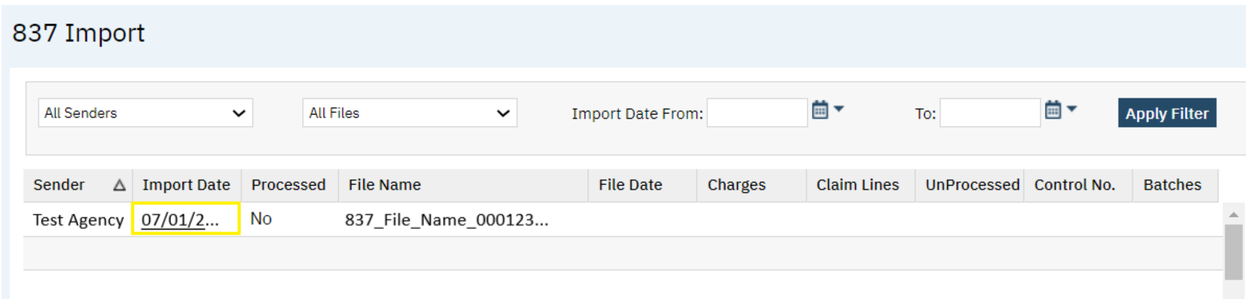
To view the **837 File Details** screen, while on the **837 Import** screen, click on a hyperlink under **Import Date**.



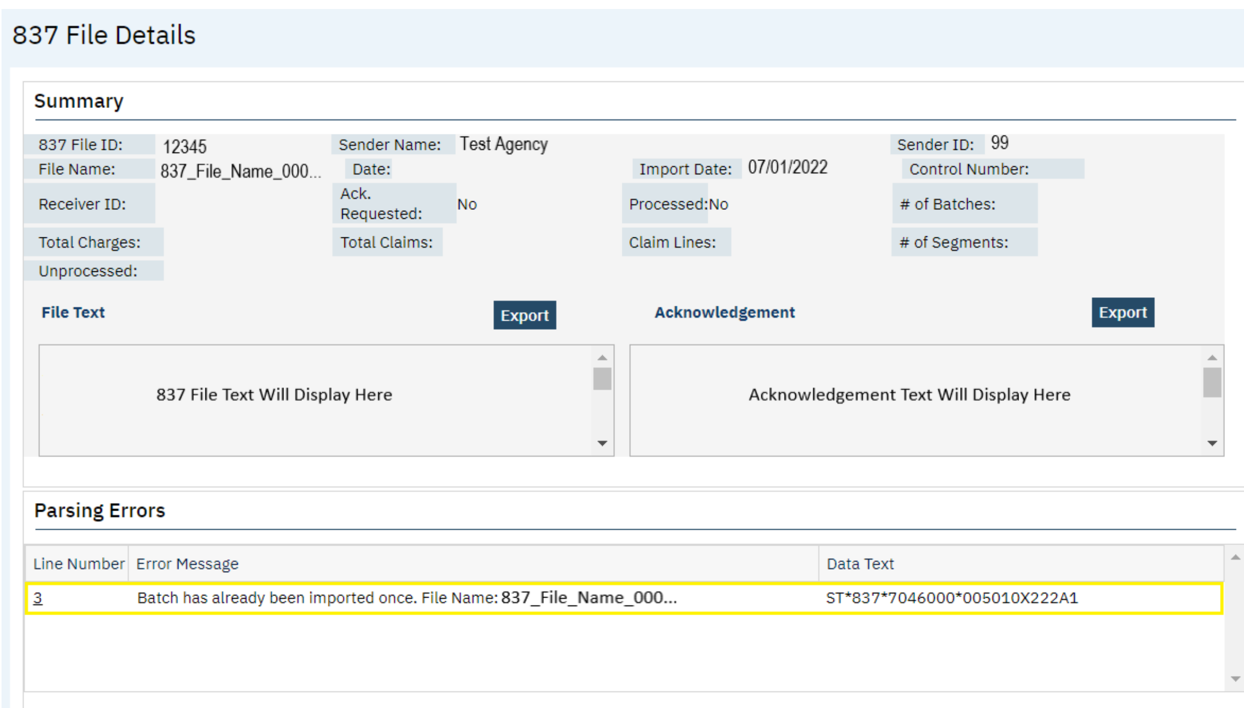
When a file format error occurs, SmartCareMCO is unable to process that file any further and no claims will be brought into the system. Typically, no error messages will be displayed, and the **Summary**, **Parsing Errors**, and **Batches** sections on the **837 File Details** screen will primarily be 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.



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



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

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...	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)

All Senders | Not Processed | File ID: | Batch ID: | Apply Filter

Import Date From: | To:

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/.

XI. 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.

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

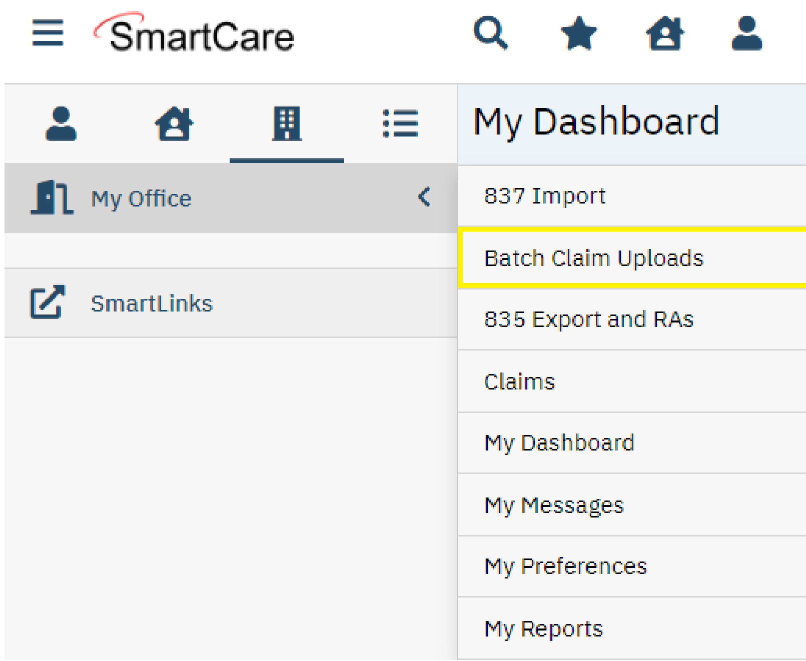
Provider agencies that use the Batch Claim Uploads process to submit claims will receive a customized Microsoft Excel spreadsheet template catered to the provider agency's specific services and billing requirements. This spreadsheet template will be distributed by PartnerSolutions to the appropriate 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.

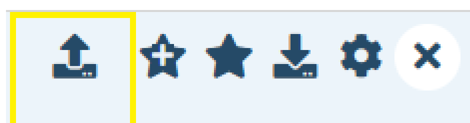
Column Header	**Explanation**
InsurerId (Required)	Enter the InsurerId of the Board responsible for the claim. This value will be provided by PartnerSolutions.
SiteId (Required)	Enter the SiteId of the provider site billing the claim. This value will be provided by PartnerSolutions.
ClientId (Required)	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.

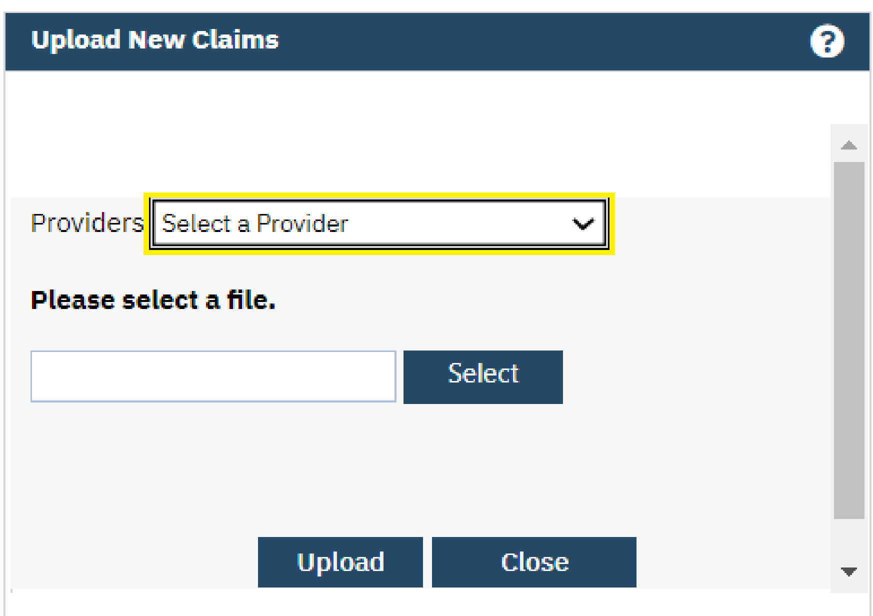
b.) Uploading a Batch Claim File



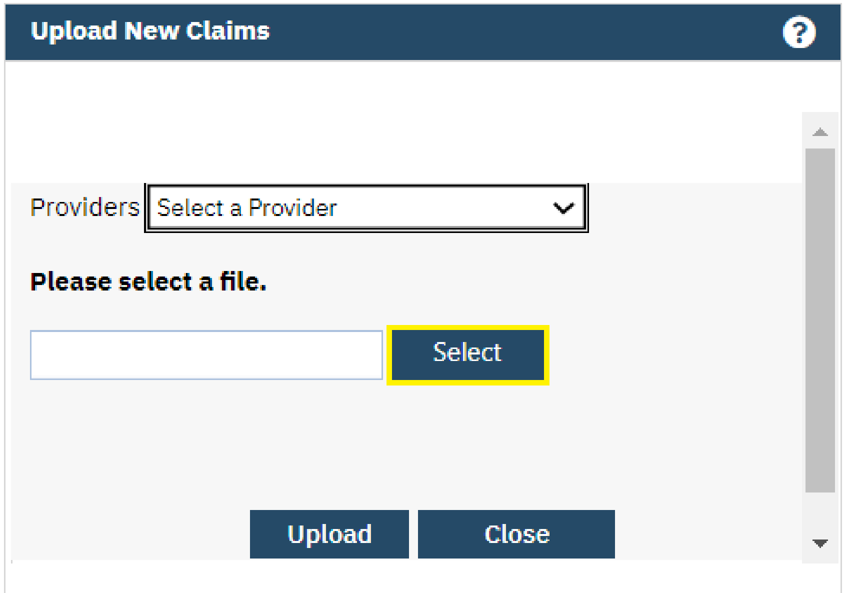
1. While on the **My Office** menu, click on **Batch Claim Uploads**.



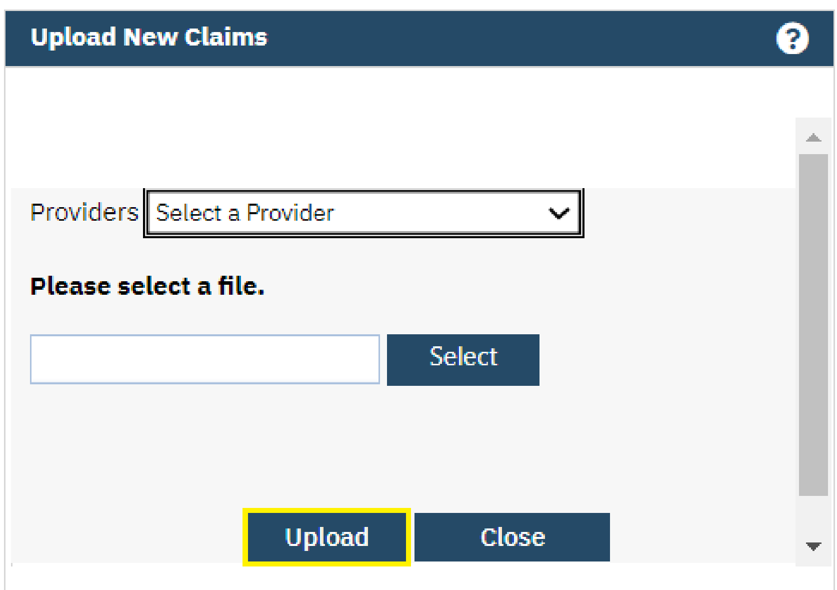
2. Click on the **Upload New Claims** icon.



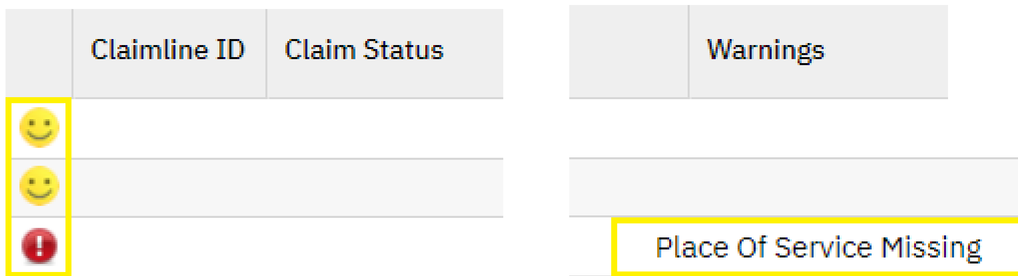
3. In the pop-up that appears, select your agency from the dropdown list.



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

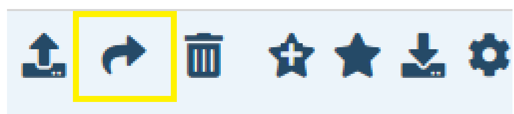


5. Click on **Upload**.

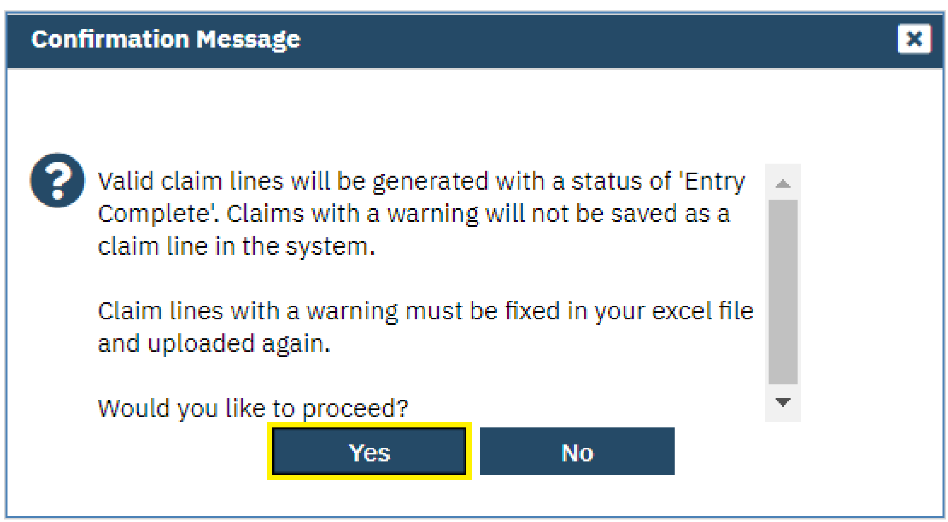


6. Review claims for accuracy prior to moving onto the next step. **Valid** claims indicated with a **yellow smiley face** are accurate and able to be submitted. **Invalid** claims indicated with a **red exclamation point** contain an error and will need to be corrected within the spreadsheet and re-uploaded.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



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



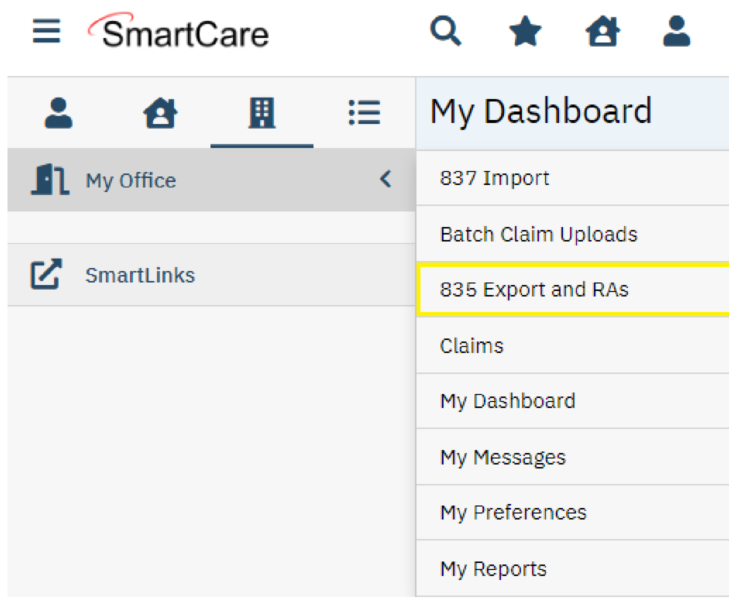
8. In the pop-up that appears, click on **Yes**. Your file has now been processed.

XII. 835 Export and RAs

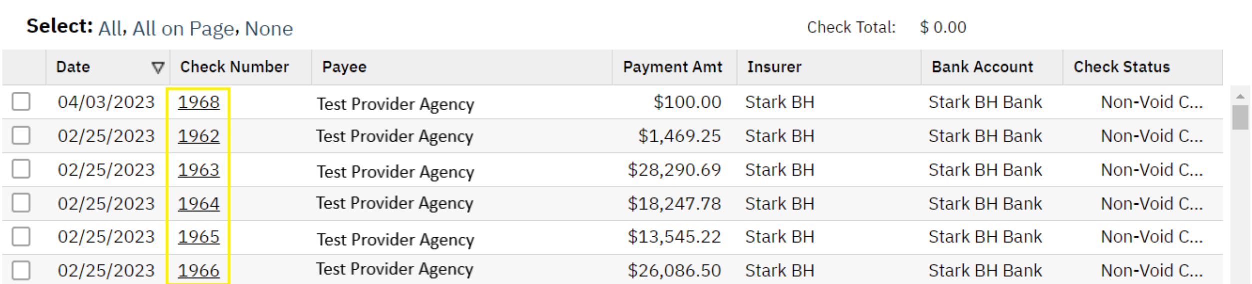
(Accessible to Claims Processor role only.)

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.

a.) Exporting an 835 Remittance File



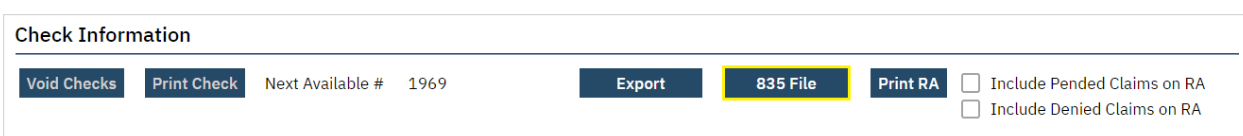
1. While on the **My Office** menu, click on **835 Export and RAs**.



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

	Date	Check Number	Payee	Payment Amt	Insurer	Bank Account	Check Status
☐	04/03/2023	1968	Test Provider Agency	$100.00	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1962	Test Provider Agency	$1,469.25	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1963	Test Provider Agency	$28,290.69	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1964	Test Provider Agency	$18,247.78	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1965	Test Provider Agency	$13,545.22	Stark BH	Stark BH Bank	Non-Void C...
☐	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.

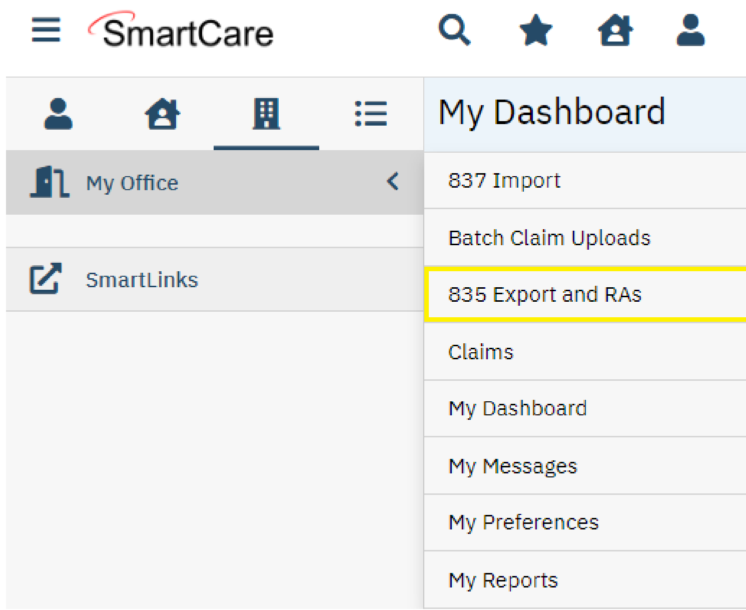


3. Click on **835 File**. If an 835 file has already been generated for this check, your internet browser should then prompt you to download to the file without having to complete the following steps.

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

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

b.) Downloading a Remittance Advice

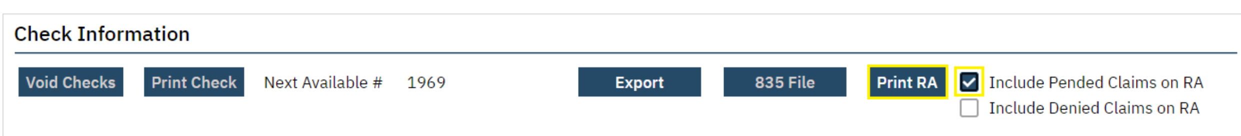


1. While on the **My Office** menu, click on **835 Export and RAs**.

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

	Date	Check Number	Payee	Payment Amt	Insurer	Bank Account	Check Status
☐	04/03/2023	1968	Test Provider Agency	$100.00	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1962	Test Provider Agency	$1,469.25	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1963	Test Provider Agency	$28,290.69	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1964	Test Provider Agency	$18,247.78	Stark BH	Stark BH Bank	Non-Void C...
☐	02/25/2023	1965	Test Provider Agency	$13,545.22	Stark BH	Stark BH Bank	Non-Void C...
☐	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.

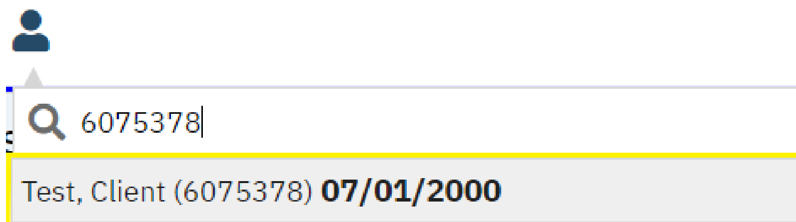


3. Click on the checkbox for **Include Pended Claims on RA** if you wish to include pended (i.e., held) claims on the remittance advice. Then, click on **Print RA**. A pop-up window should appear containing a remittance advice in .pdf format that may be downloaded or printed.

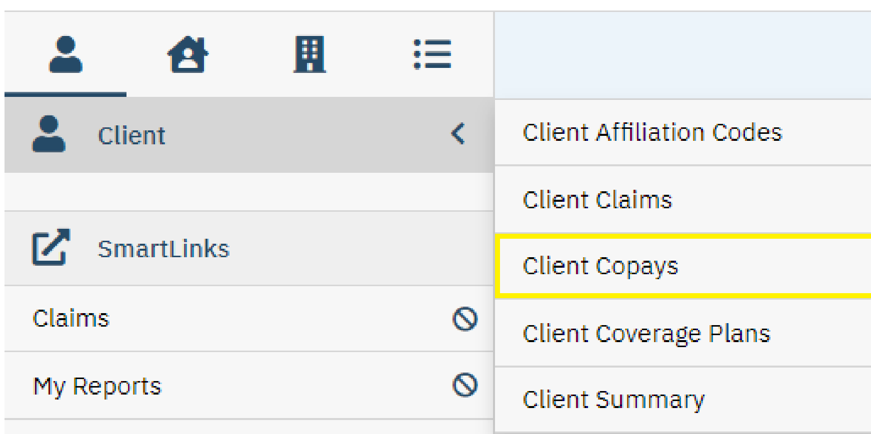
XIII. Viewing Client Information

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.



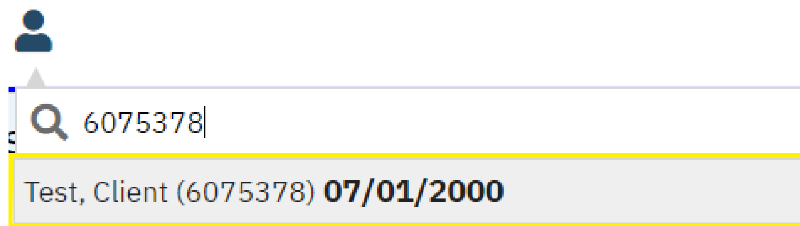
3. Click on **Client Copays**.

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

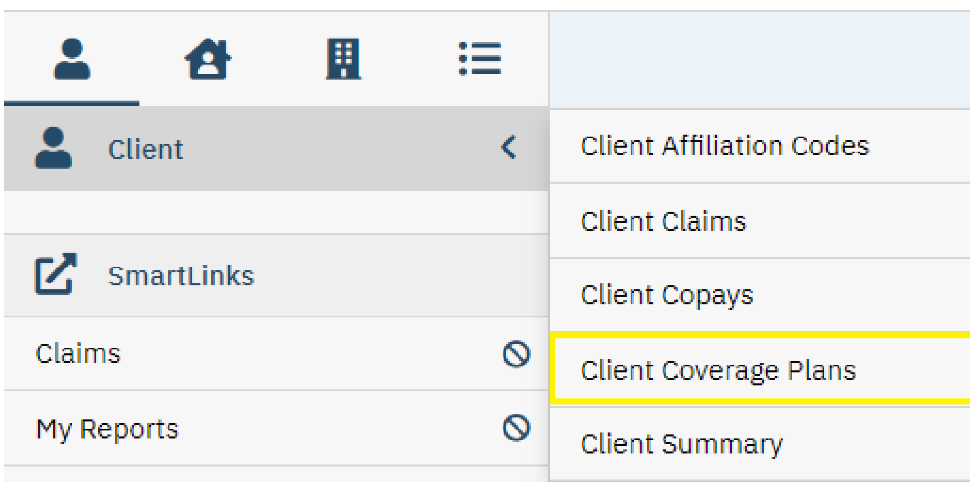
4. The client's complete copay history, including start and end dates, will be visible.

b.) Client Coverage Plans

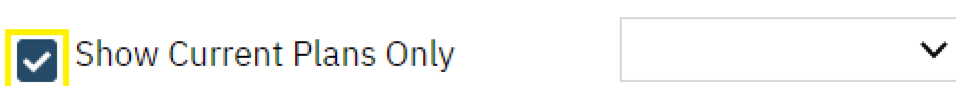
1. To search for a client by name or by Client UCI, click the Client Search icon, then enter the client's name (LastName, FirstName) or the client's Client UCI directly in the **Client Search** box.



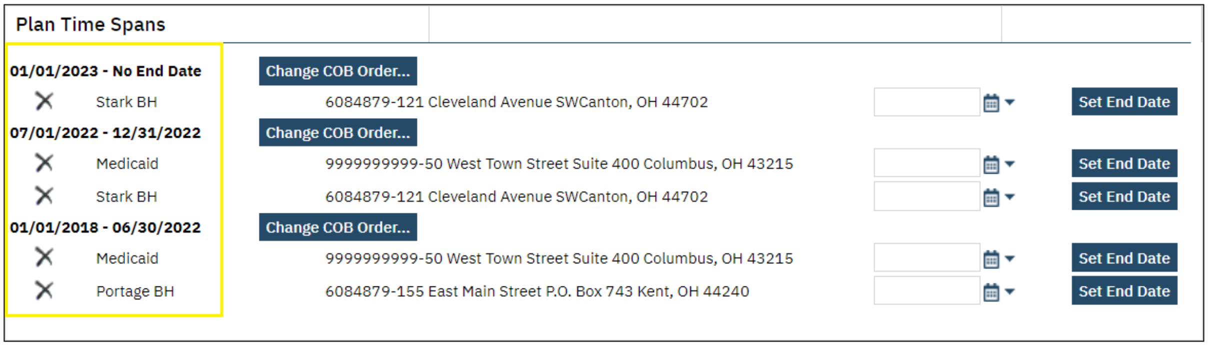
2. Click on the client's name in the dropdown menu that appears if a valid match has been found. A client's Client UCI will appear in parentheses at the end of their name. The client's date of birth will be listed following the client's name and UCI.



3. Click on **Client Coverage Plans**.



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



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.

XIV. 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.

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

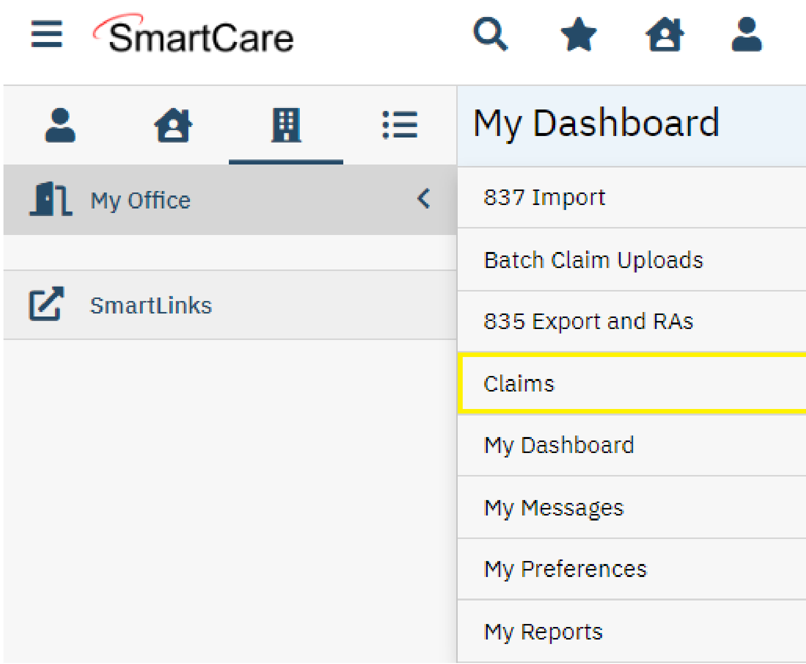
b.) Denial and Adjustment Reasons

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

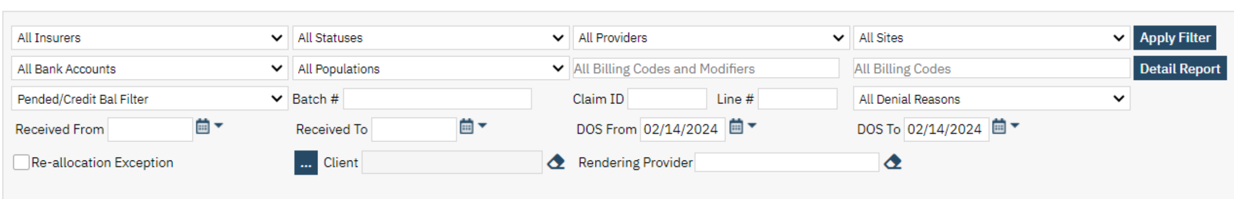
Reason Code	**Explanation**
Add-On Code: corresponding base claim line has not been approved	The billing code on the claim is an add-on code, but the claim for its corresponding base code was denied.
Add-On Code: no corresponding base claim line found	The billing code on the claim is an add-on code,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

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

c.) Viewing Agency-wide Claims



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



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

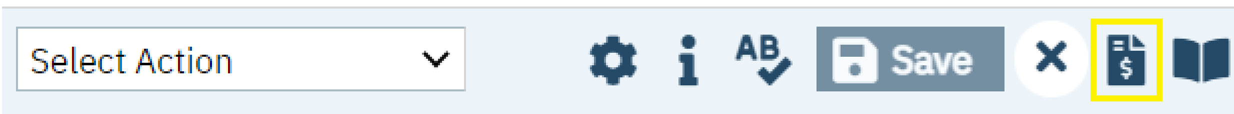
Filter	Explanation
Insurers	View claims associated with a specific Board (e.g., Stark).
Statuses	View claims associated with a specific status (e.g., Denied).
Providers	View claims associated with a specific agency.
Sites	View claims associated with an agency's specific MH or SUD NPI. (A Provider must 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.

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

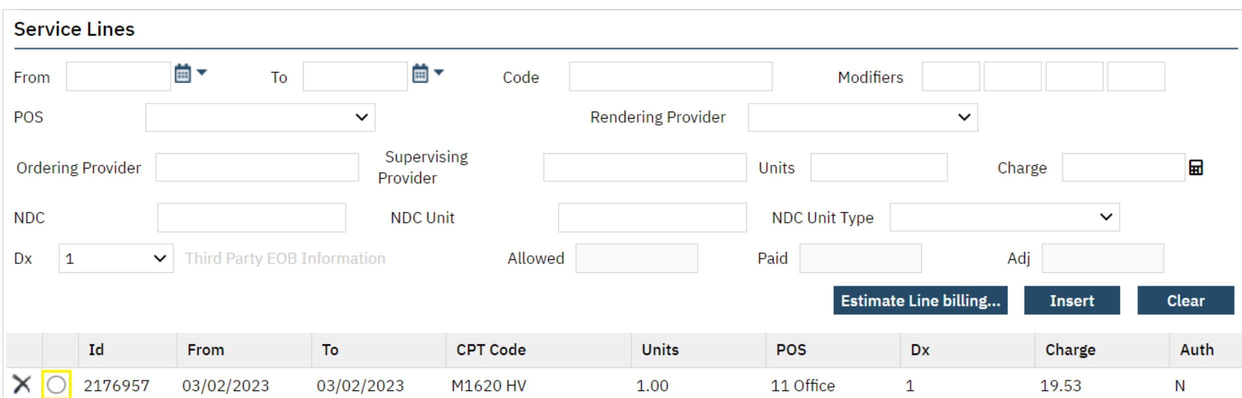
   Note: SmartCare will always remember your previous search criteria.

	Claim Line	Client Name	Provider	DOS	Status	Payable Amount	Paid Amount	Procedure	Insurer	Units	Reason
☐	2176956	Test, Client	Coleman Profes...	03/01/2...	Paid	$0.00	$100.00	M3149 60	Stark BH	1.00	
☐	2176957	Test, Client	Coleman Profes...	03/02/2...	Approved	$19.53	$0.00	M1620 HV	Stark BH	1.00	
☐	2176958	Test, Client	Coleman Profes...	03/03/2...	Denied	$0.00	$0.00	M3140 B2	Stark BH	1.00	No rate can be f...

4. Click on a hyperlink under **Claim Line** to view that specific claim. This will open the **Claim Line Details** screen.



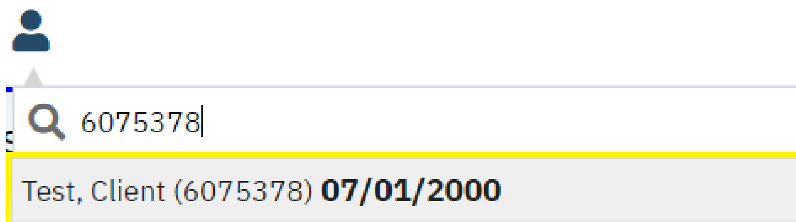
5. To view more information about a claim (e.g., rendering, ordering, and supervising providers, diagnoses, etc.), while on the **Claim Line Details** screen, click on the **View Claim Form** icon.



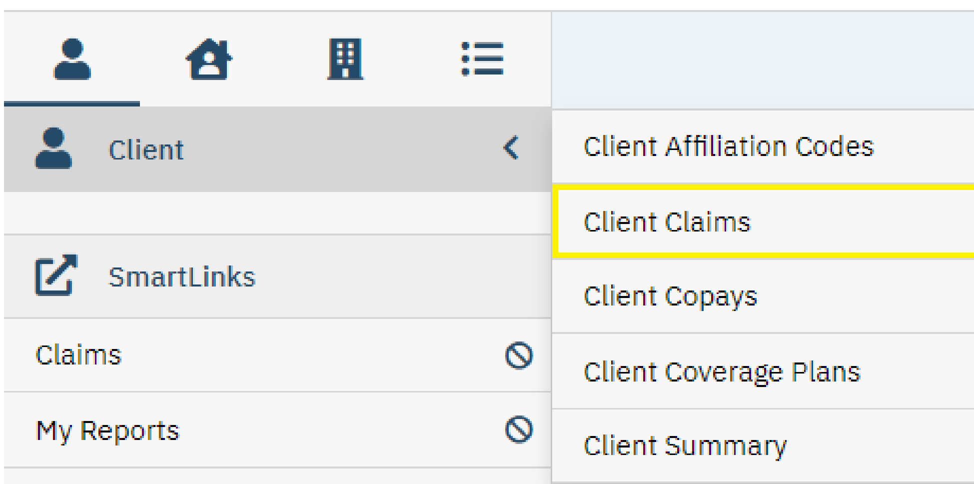
6. Click on the radio button to the left of the claim line details you wish to view. The claim line details will populate in their respective fields under **Service Lines**.

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.



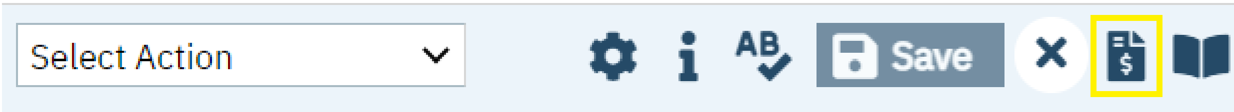
2. Click on the client's name in the dropdown menu that appears if a valid match has been found. A client's Client UCI will appear in parentheses at the end of their name. The client's date of birth will be listed following the client's name and UCI.



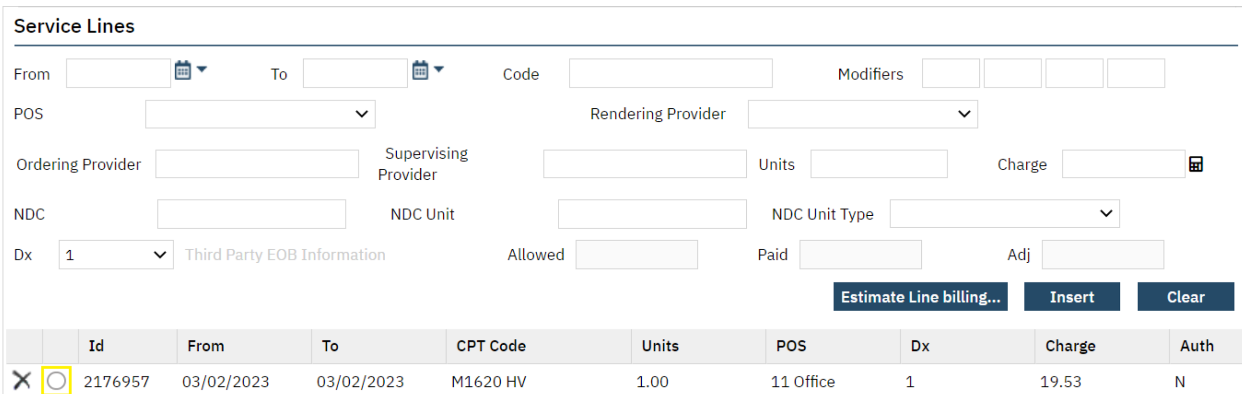
3. Click on **Client Claims**.

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	

4. Click on a hyperlink under **Claim Line** to view that specific claim. This will open the **Claim Line Details** screen.



5. 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.



6. 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**.

XV. 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.

a.) Requesting Voids and Claims Corrections

1. To request PartnerSolutions process the voiding or correcting of claims on your behalf, 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. Attach the completed form to a ticket within the PartnerSolutions Helpdesk Ticket System (https://partnersolutions.jitbit.com/helpdesk/User/Login) or upload the form to your agency's PartnerSolutions Report Portal (Formerly Heartland East Website) (https://starkmhar.sharepoint.com/sites/PartnerSolutionsReportPortal). PLEASE DO NOT EMAIL.

b.) Reverting Claims in SmartCareMCO

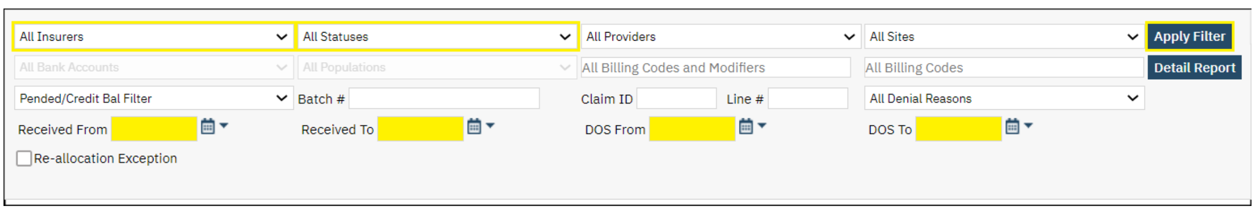
1. Providers with the Claims Processor role can revert claims in SmartCareMCO. Reverting a claim reverses the claim to an Entry Complete status. Reverting a claim is necessary when correcting and/or reprocessing a claim as well as voiding a claim.

   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.

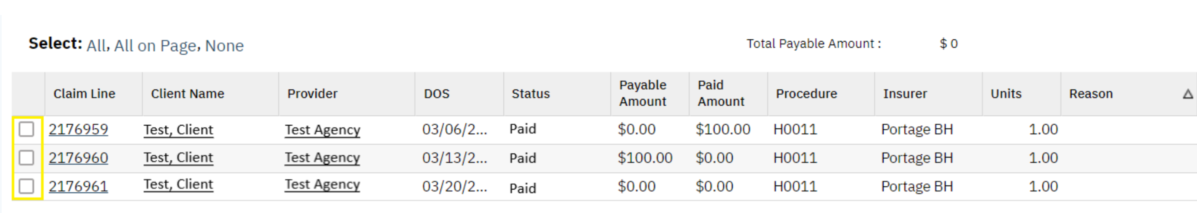
   Note: See **Section XIV. Viewing Claims** to review how to search for claims in SmartCareMCO.



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.

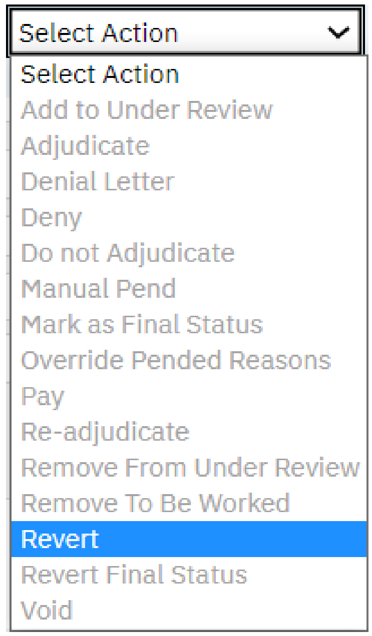
   At minimum, select the Board Insurer of the desired claim(s) within the **Insurers** field. Select the status of the desired claim(s) within the **Statuses** field (Approved, Partially Approved, Paid or Denied statuses only can be reverted). Either **Received From/To** or **DOS From/To** must also be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

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

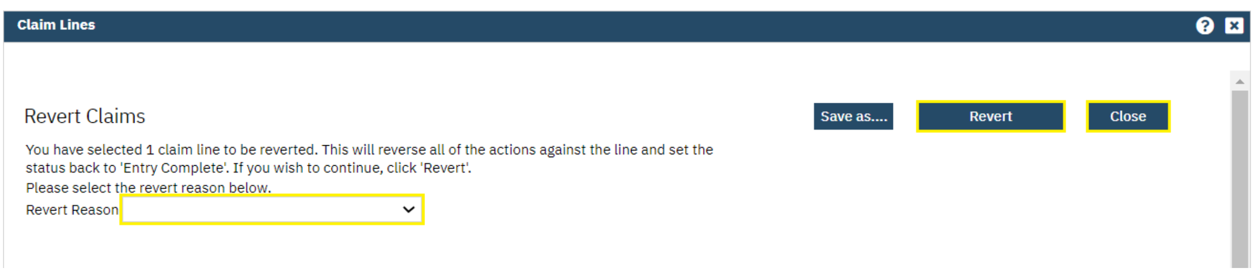


4. Select the claim(s) to be reverted by clicking in the checkbox next to the desired claim(s).

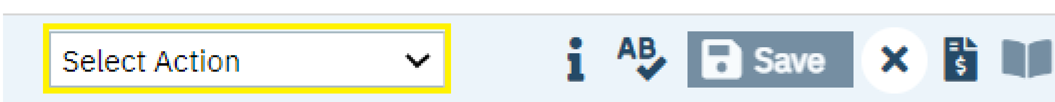
5. Then, click in the **Select Action** field to open the dropdown list.



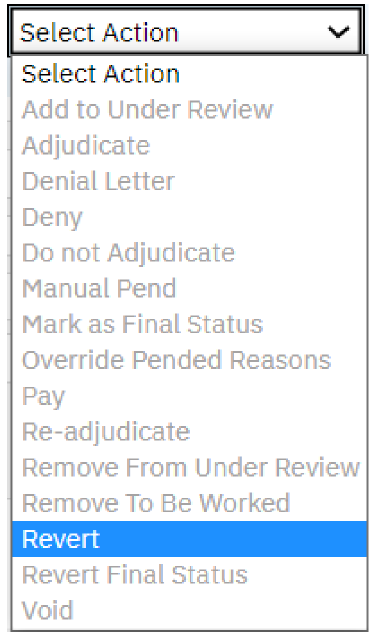
6. Click on **Revert**.



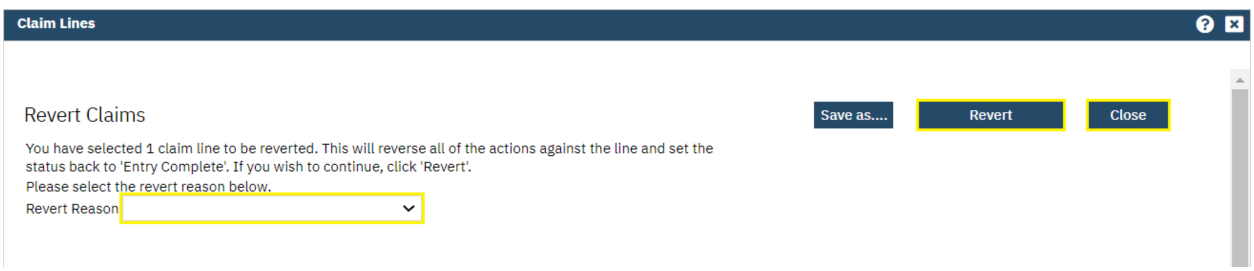
7. In the popup that appears, click within the **Revert Reason** field, then select the reason from the dropdown list. Click on **Revert**. You will receive the notification "Claimline(s) processed successfully." Click on **Close** to close the popup.



8. 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

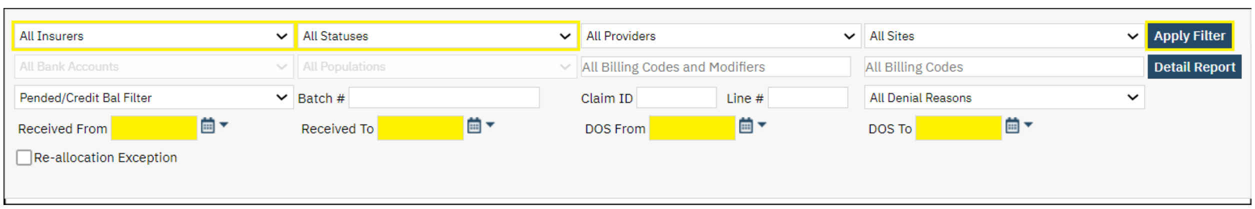
1. Providers with the Claims Processor role can void claims in SmartCareMCO. Voiding a claim permanently reverses the claim. Voiding a claim cannot be undone, and a voided claim cannot be reprocessed.

   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.

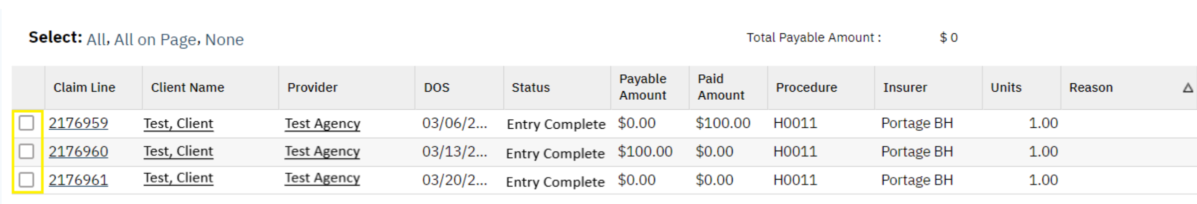
   Note: See **Section XIV. Viewing Claims** to review how to search for claims in SmartCareMCO.



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.

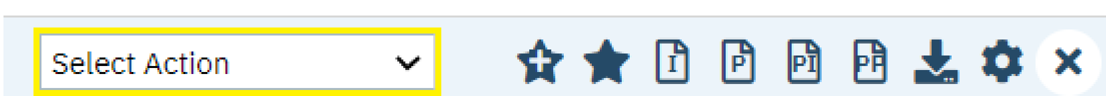
   Additional fields may be completed if needed. Then, click on **Apply Filter**.



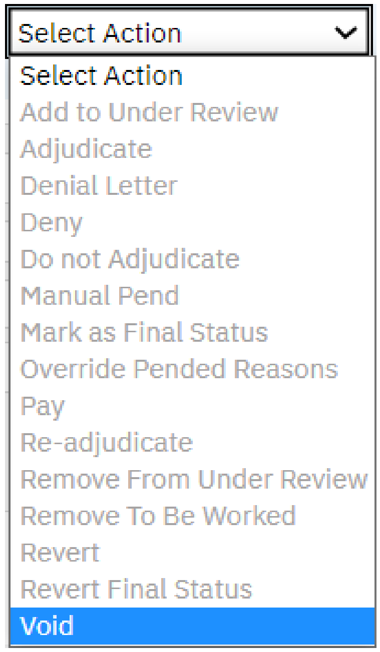
Select: All, All on Page, None — Total Payable Amount : $ 0

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

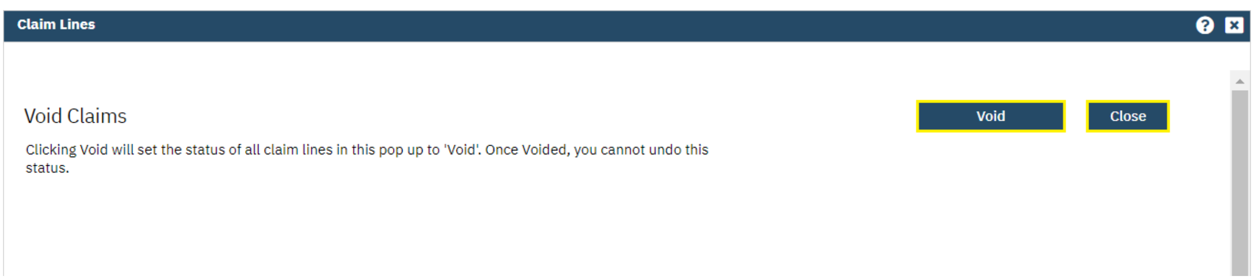
4. Select the claim(s) to be voided by clicking in the checkbox next to the desired claim(s).



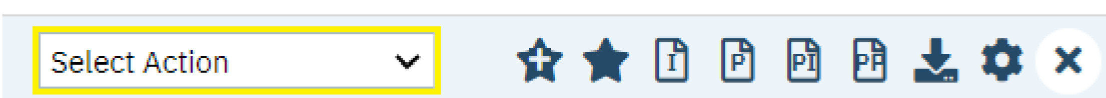
5. Then, click in the **Select Action** field to open the dropdown list.



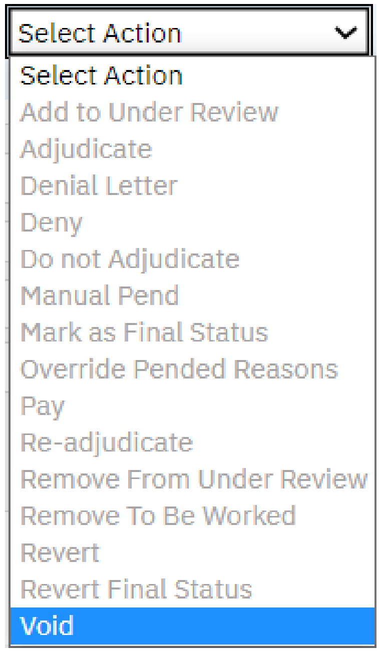
6. Click on **Void**.



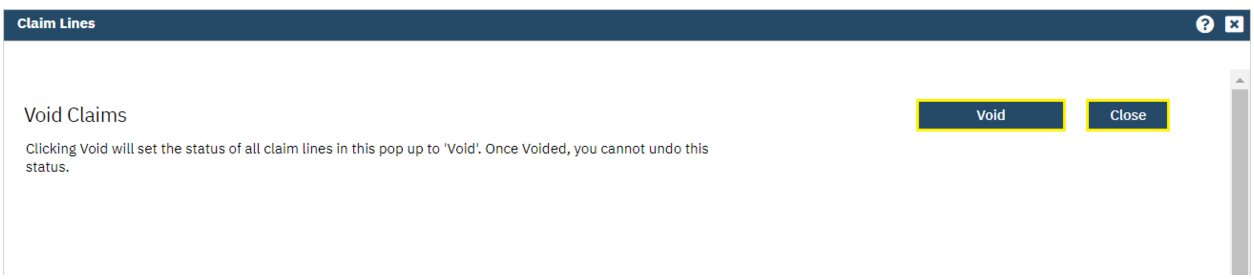
7. In the popup that appears, click **Void**. You will receive the notification "Claim Lines updated successfully." Click on **Close** to close the popup.



8. 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

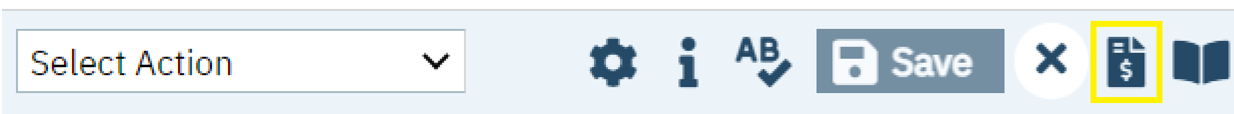
1. Providers with the Claims Processor role can make basic claims corrections in SmartCareMCO.

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

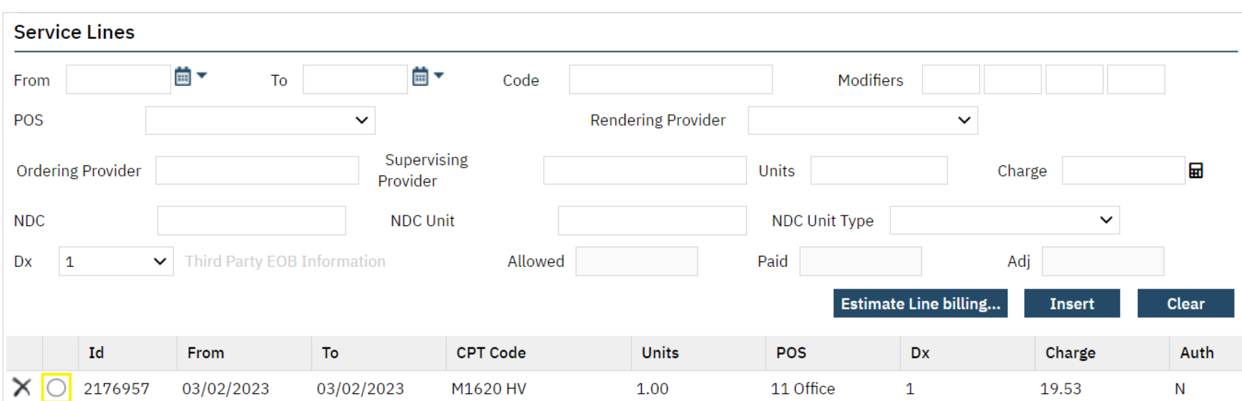
   Note: Reverted and corrected claims will need to go through the nightly adjudication process to determine the claim's status (i.e., Approved, Partially Approved, Denied, etc.).

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.

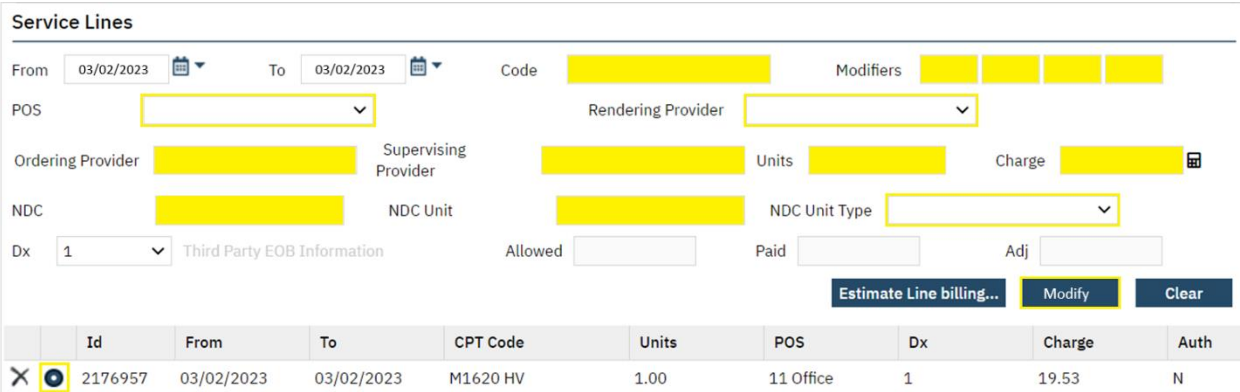
   Note: See **Section XIV. Viewing Claims** to review how to search for claims in SmartCareMCO. See **Section XV. Voiding and Correcting Claims, subsection b.) Reverting Claims in SmartCareMCO** to review how to revert claims in SmartCareMCO.



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.



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**.



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.

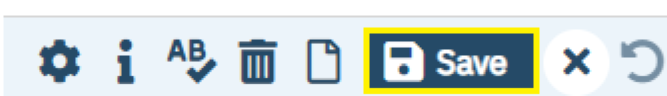
   Charge: Type the charge amount into the field.

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

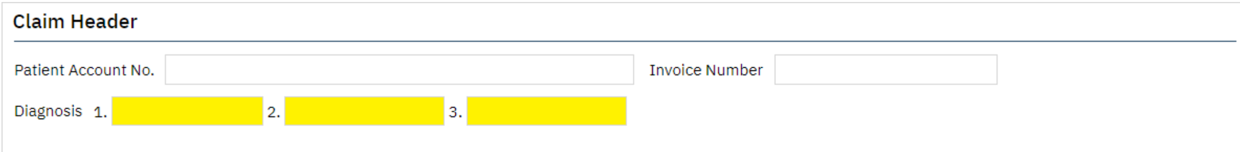
   NDC Unit: Type the unit amount into the field.

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

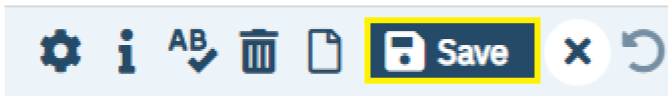
6. After any/all desired corrections are made, click on **Modify**.



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



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.**

XVI. SmartCareMCO Support

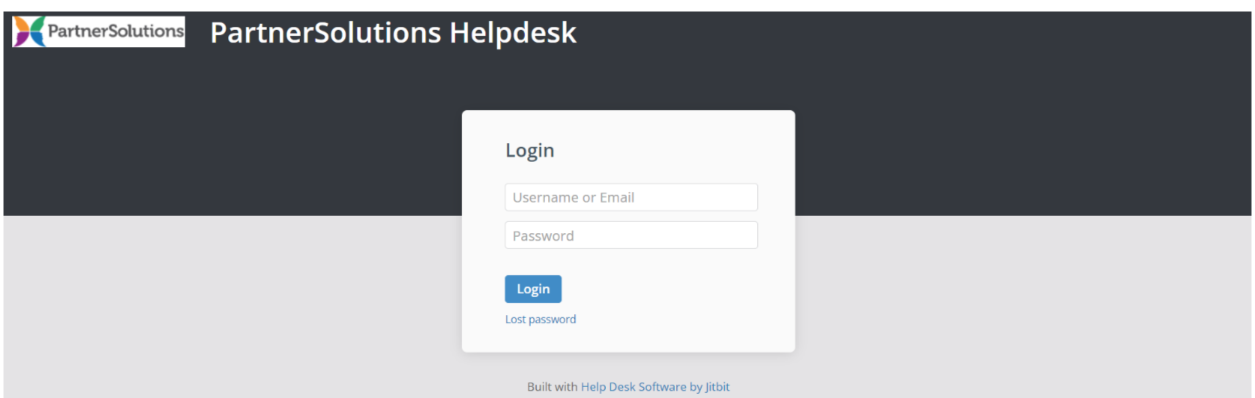
The PartnerSolutions Helpdesk system is used to communicate all support issues, questions, and requests related to SmartCareMCO. As the PartnerSolutions Helpdesk system is HIPAA-compliant, electronic protected health information, including attachments, can be submitted within the system. However, please 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

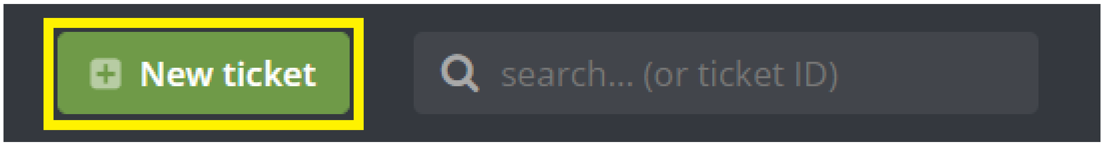
   Note: All Board organizations and provider agencies are to assign at least one single point person or small number of point persons with access to the PartnerSolutions Helpdesk system on behalf of their respective organization.

   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.

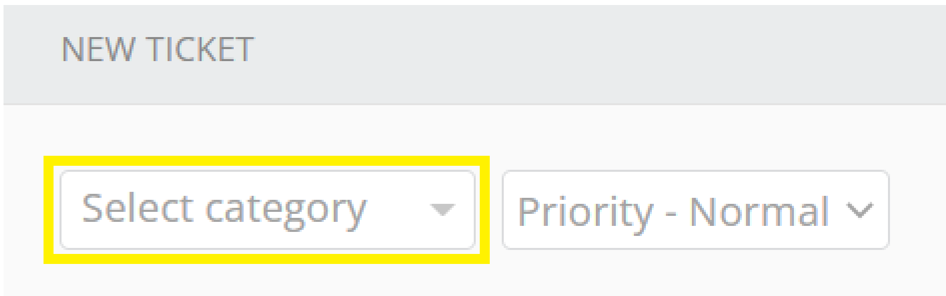


2. Enter the email address or username and password associated with your PartnerSolutions Helpdesk account in the **Username or Email** and **Password** fields, then click **Login**.

b.) Opening a New Ticket



1. Click on **New Ticket**.



2. Click on **Select Category**, then select the appropriate topic for your ticket from the following list:

- ***SMARTCAREMCO / Password Reset*** – Select if you or another staff person needs assistance resetting a SmartCareMCO and/or PartnerSolutions Report Portal (Formerly Heartland East Website) 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 the PartnerSolutions Report Portal (Formerly Heartland East Website) 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 the PartnerSolutions Report Portal (Formerly Heartland East Website) 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.

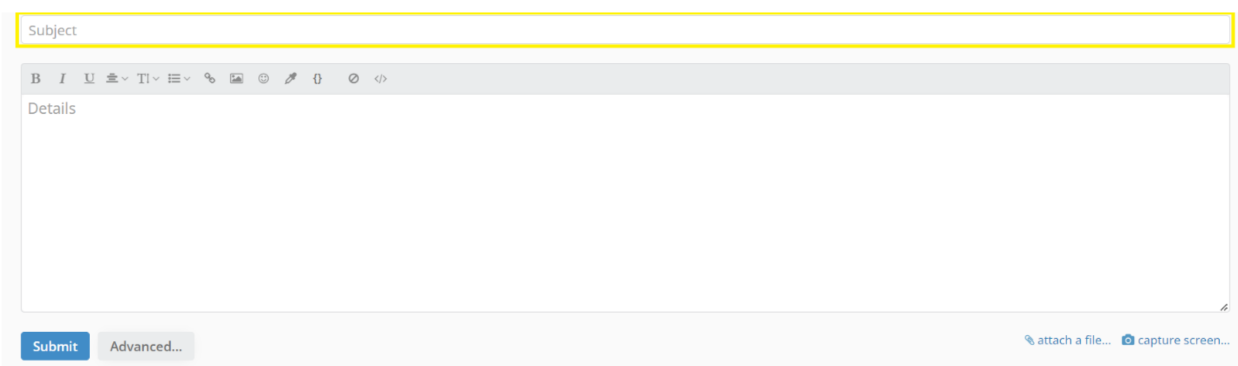
- ***SMARTCAREMCO / Provider Agency*** *Setup* – Select if you or another staff person has any issues, requests, or questions related to the status of a provider agency's setup.

- ***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.

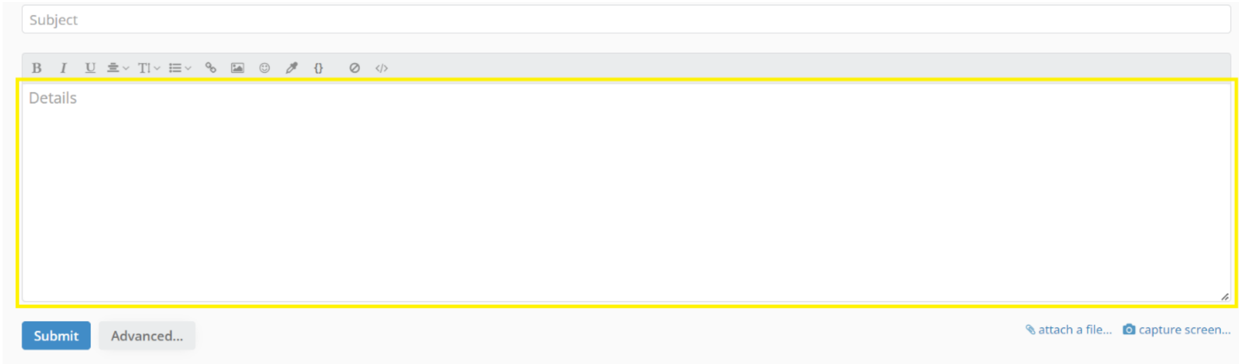
- ***SMARTCAREMCO / Rate Change Requests*** – This topic should only be used by Board staff members.

- ***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.

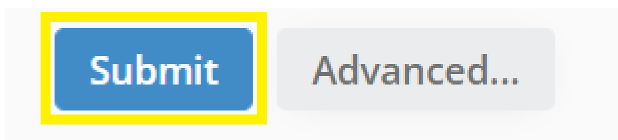


3. Enter the subject or a brief description related to your ticket in the **Subject** field. Please be mindful that no electronic protected health information (PHI) should ever be listed within the subject line of a submitted ticket, as that information will be included within email notifications. (PHI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



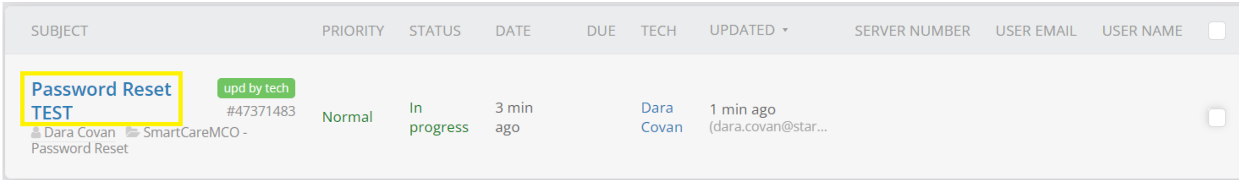
4. Enter all of the appropriate details and relevant information related to your ticket in the **Details** field.

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

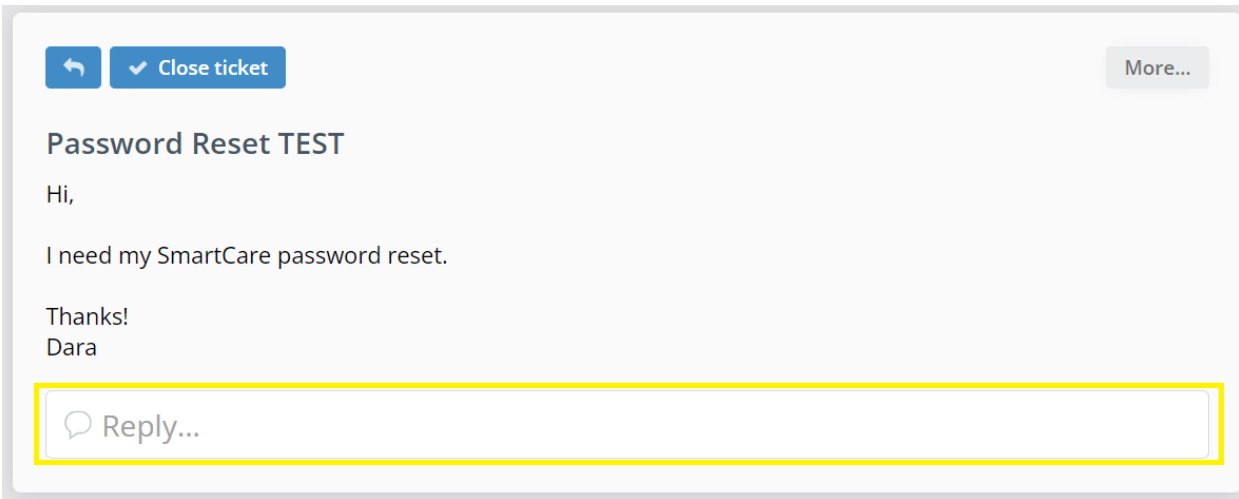


6. Click **Submit.** Your ticket has now been submitted and will be responded to by a PartnerSolutions staff member.

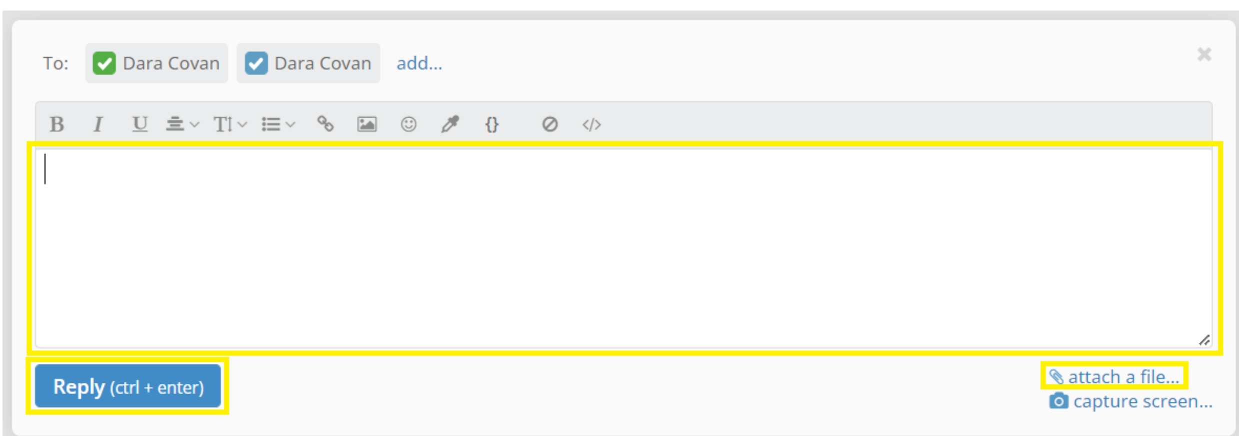
c.) Viewing and Responding to an Opened Ticket



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.



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



3. Enter your reply in the above text field. If any additional attachments are needed, click **attack 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.