



SmartCareMCO Provider User Manual (version 3.3)

Last updated April 20, 2026

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*.

TABLE OF CONTENTS

I. Requesting/Modifying a SmartCareMCO Account	4
II. SmartCareMCO Basics	5
a.) Logging into SmartCareMCO	5
b.) General Layout.....	8
c.) Change Navigation Theme.....	9
d.) My Office QuickLinks	10
e.) Client QuickLinks	11
f.) Provider QuickLinks.....	12
III. Client Search.....	13
a.) Searching by Name and ClientID.....	13
b.) Searching by Social Security Number	14
IV. Provider Search.....	15
a.) Searching by Provider Agency.....	15
V. My Dashboard.....	16
a.) Alerts and Messages Widget	16
b.) Enrollment Form Widget	17
VI. My Preferences	18
a.) Modifying a Password.....	18
b.) Modifying Security Questions	19
c.) Modifying a Phone Number	20
d.) Modifying an Email Address	21

e.) SMS Two Factor Authentication Opt-in	22
VII. My Reports	24
a.) Accessing My Reports.....	24
VIII. Pre-Enrollment Guidelines.....	26
a.) Residency Guidelines	26
b.) Income and Family Size Guidelines	26
IX. Enrollment Process	27
a.) Enrolling a New Client in SmartCareMCO.....	27
b.) Re-enrolling an Existing Client in SmartCareMCO	39
c.) Correcting an Enrollment in SmartCareMCO	52
d.) Enrollment Form List Navigation	56
e.) Enrollment Contacts	58
X. 837 Import.....	59
a.) Importing an 837 Claim File	59
b.) Viewing 837 File Details	61
XI. 837 File Errors	63
a.) File Format Errors	63
b.) Parsing Errors.....	65
c.) Processing Errors.....	66
XII. Batch Claim Uploads.....	67
a.) Spreadsheet Template Instructions.....	67
b.) Uploading a Batch Claim File.....	69
XIII. 835 Export and RAs	72
a.) Exporting an 835 Remittance File.....	72
b.) Downloading a Remittance Advice	74
XIV. Viewing Client Information.....	75
a.) Client Copays	75
b.) Client Coverage Plans	76
XV. Viewing Claims.....	78
a.) Claim Statuses	78
b.) Denial and Adjustment Reasons	79
c.) Viewing Agency-wide Claims	81
d.) Viewing Client-specific Claims	83
XVI. Claims Troubleshooting.....	85
a.) Billing Best Practices	85

- b.) Common Unprocessed Reasons (837 Import) 86
- c.) Common Unprocessed Reasons (Batch Claim Uploads) 87
- d.) Common Denial Reasons 88
- XVII. Voiding and Correcting Claims 96
 - a.) Requesting Voids and Claims Corrections 96
 - b.) Reverting Claims in SmartCareMCO 97
 - c.) Voiding Claims in SmartCareMCO 100
 - d.) Making Basic Claims Corrections in SmartCareMCO 103
- XVIII. SmartCareMCO Support 106
 - a.) Logging into PartnerSolutions Helpdesk 106
 - b.) Setting Up Two-Factor Authentication 108
 - b.) Opening a New Ticket 111
 - c.) Viewing and Responding to an Opened Ticket 114

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.

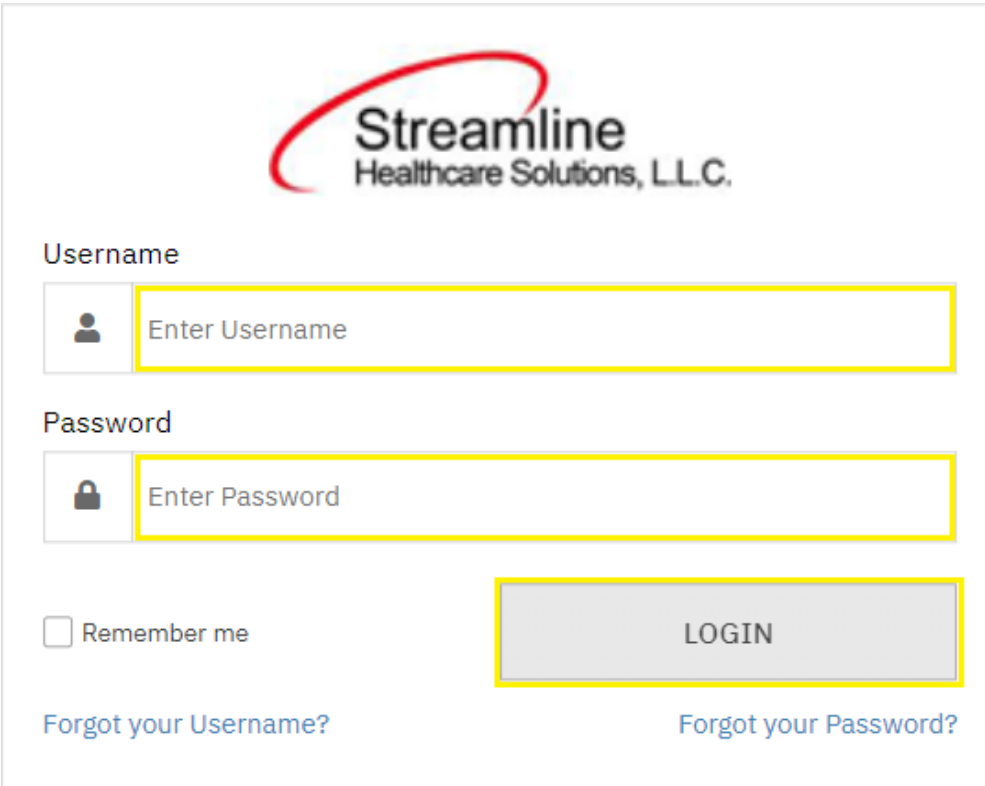
II. SmartCareMCO Basics


a.) Logging into SmartCareMCO

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

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

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




Streamline
 Healthcare Solutions, LLC.

Username

Password

Remember me

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

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

2-Step Verification

Enter the Authentication Key sent to the Registered Device.

Authentication Key

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

4. Upon logging in, you will be prompted to verify your identity via Two Factor Authentication (2FA). By default, 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: If you selected upon requesting your account creation or have manually opted-in to receive your 2FA Code via SMS, you will receive this 6-digit code to your mobile number on file.

Security Question

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

Answer

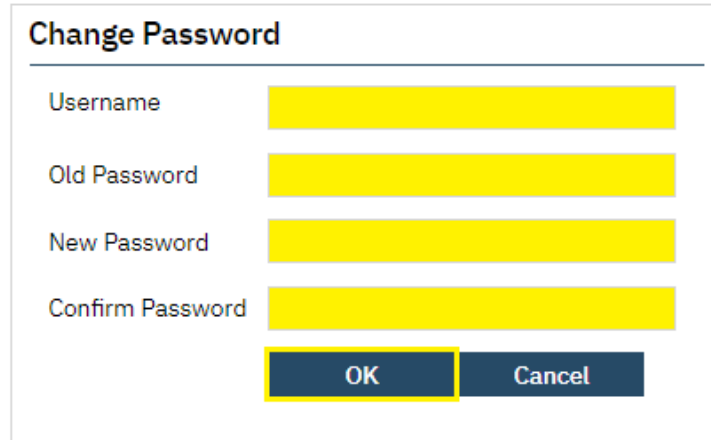
2FA Sent in Email

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

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

[Have access to Device?](#)

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



Change Password

Username

Old Password

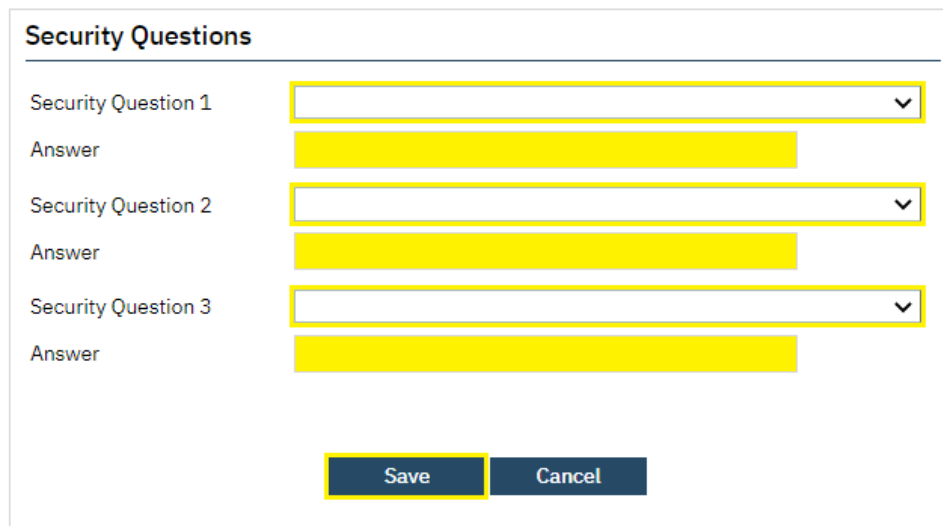
New Password

Confirm Password

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



Security Questions

Security Question 1

Answer

Security Question 2

Answer

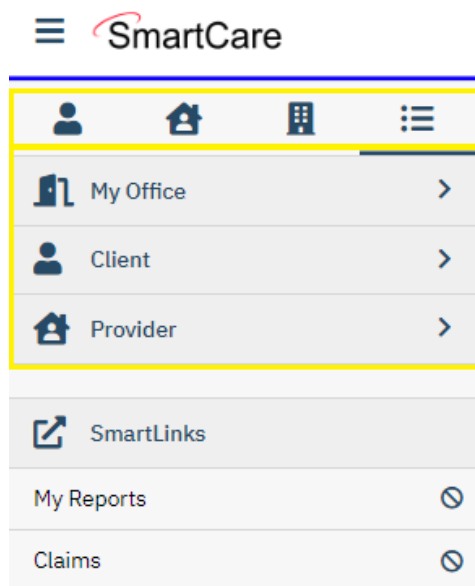
Security Question 3

Answer

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

Note: Security Question answers are case-sensitive.

b.) General Layout



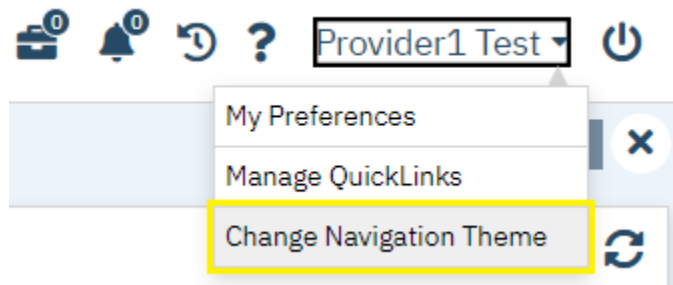
Along the left side of the screen are displayed Navigation Filters, Menus, and QuickLinks (previously called Banners). Select the icons placed near the top of the side panel to move between the four navigation filters – **Client**, **Provider**, **Other**, and **All**. Each navigation filter will list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

SmartCareMCO is divided into three separate menus accessible by 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.

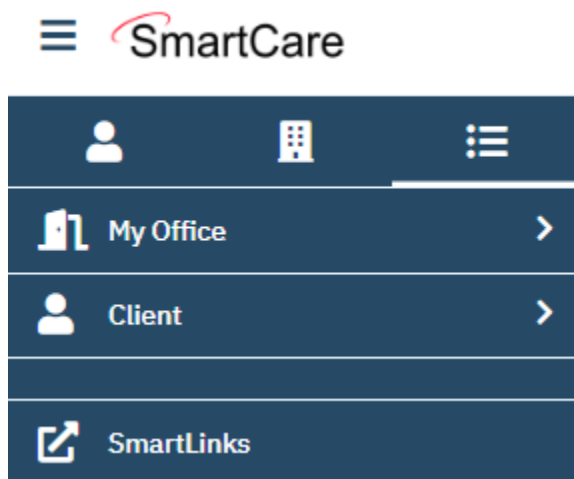
Note: Only one client and one provider may be opened in their respective menus at a time.

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.

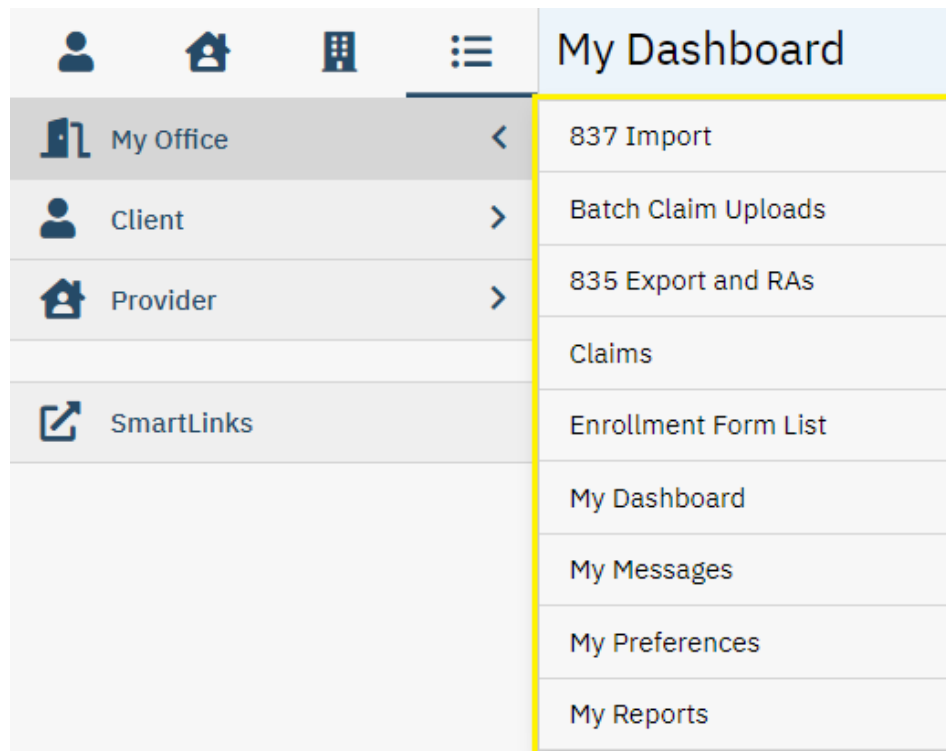


1. To change the look of your SmartCare Navigation Filters sidebar, click your username in the upper, righthand corner of the screen. Then, click Change Navigation Theme.



2. Your Navigation Theme has been changed.

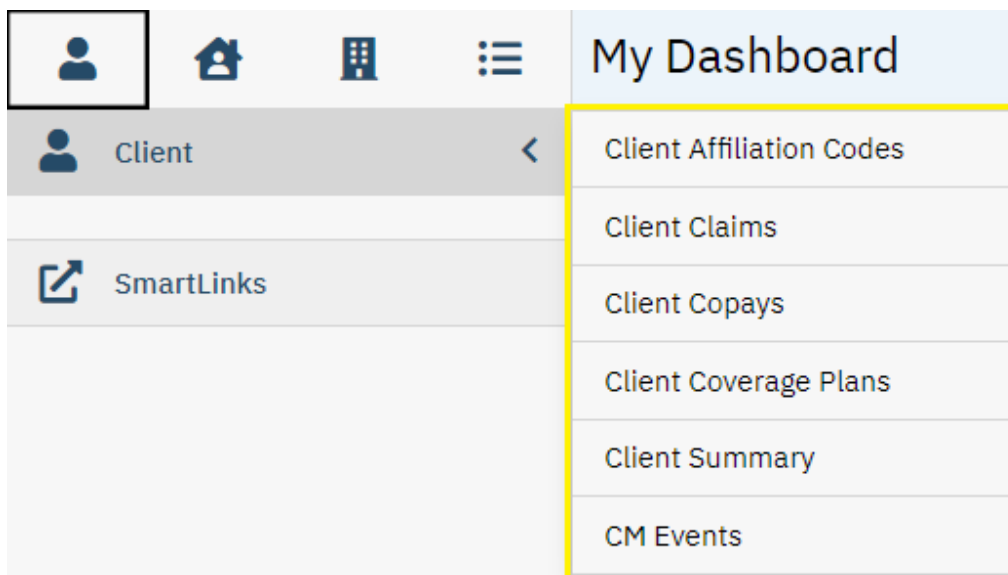
d.) My Office QuickLinks



- *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.)

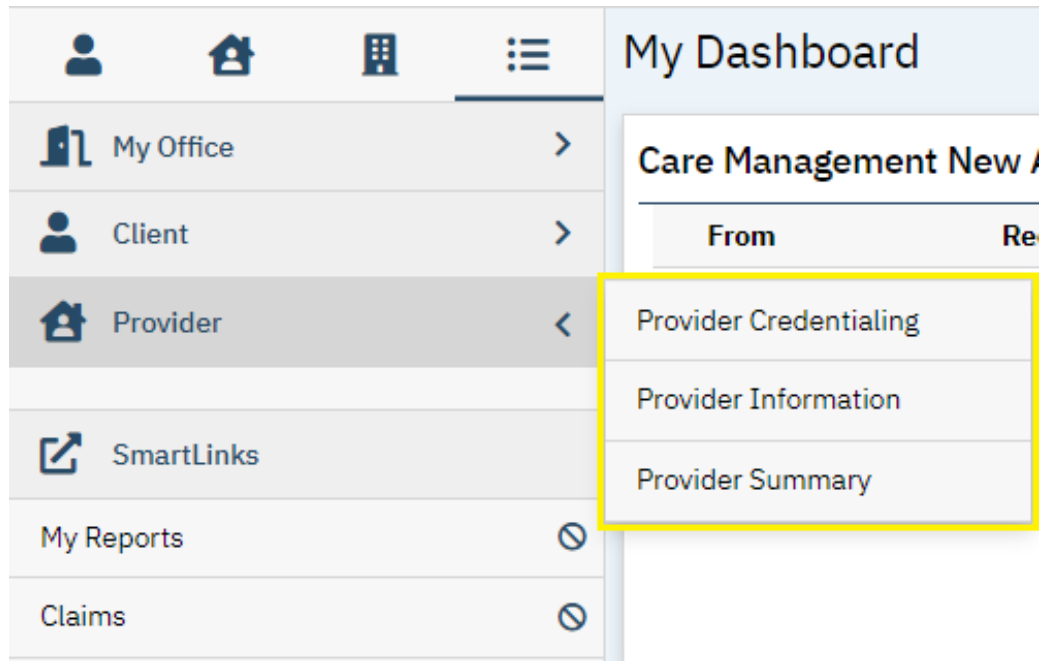
- *My Preferences* – Modify user account and contact information.
(Accessible to all roles.)
- *My Reports* – Access Provider Helpdesk reports.
(Accessible to all roles.)

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



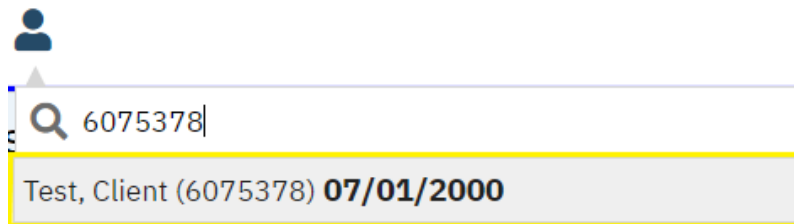
- *Provider Credentialing* – View the selected rendering provider’s credentialing.
(Accessible to all roles.)
- *Provider Information* – View your agency’s provider site setup.
(Accessible to Claims Processor, Clinical, CQI, and Executive roles only.)
- *Provider Summary* – View a summary of your agency’s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

III. Client Search

a.) Searching by Name and ClientID

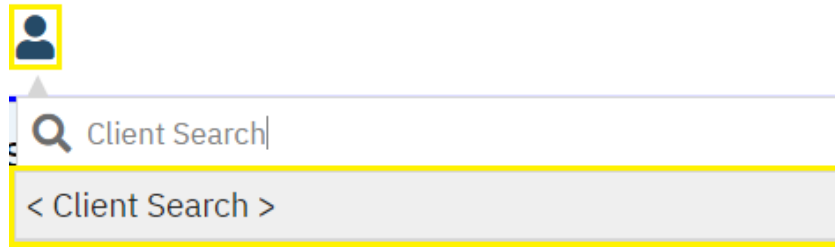


3. To search for a client by name or by Client UCI, click the **Client Search** icon, then enter the client's name (LastName, FirstName format) or the client's Client UCI directly in the **Client Search** box.



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 >**.

Clear

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

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

Last Name First Name Program

Other Search Strategies

SSN Search **Phone # Search**

DOB Search **Master Client ID Search**

Primary Clinician Search **Client ID Search**

Authorization ID / # **Insured ID Search**

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

Records Found

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

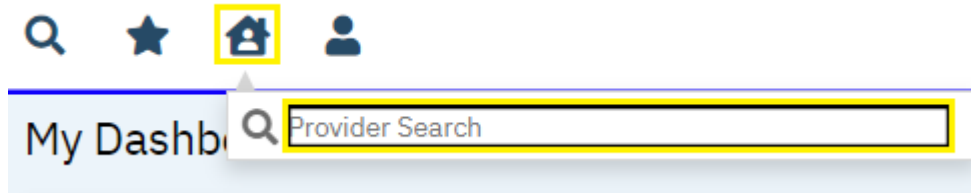
Create New Potential Client **Select** Cancel

Registration Inquiry (Selected Client) Inquiry (New Client)

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

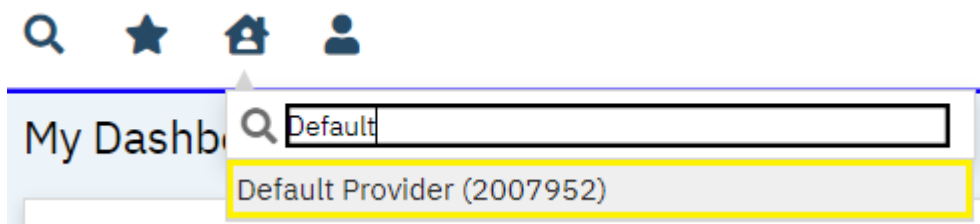
IV. Provider Search

a.) Searching by Provider Agency



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

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



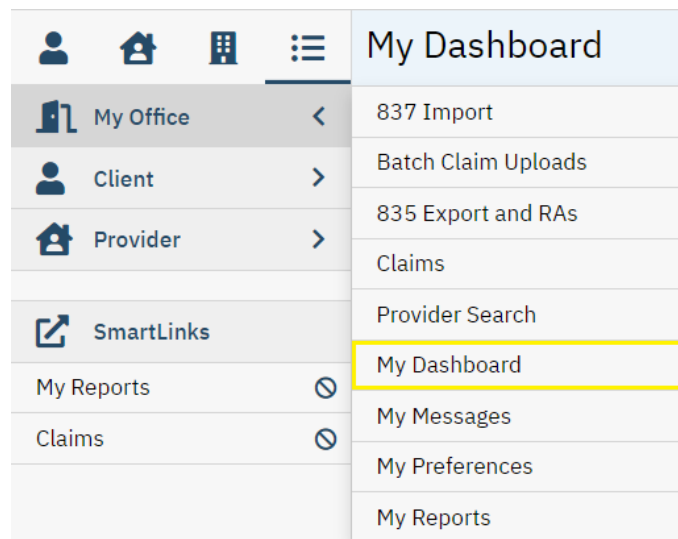
2. Click on the provider's name in the dropdown menu that appears if a valid match has been found.
3. The provider agency you searched for will now be opened in the **Provider** menu.

V. My Dashboard

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

a.) Alerts and Messages Widget

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



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

Care Management New Alerts/Messages				
From	Received	Member	Subject	Message
Test,...	04/03/2023		Please Assist	Hello! Can you pleas...

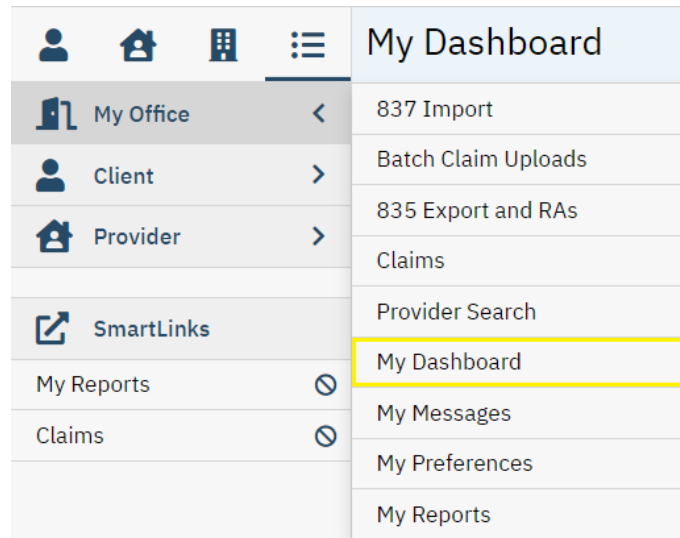
2. Click on a hyperlink under **Subject** to view an unread message.

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**.

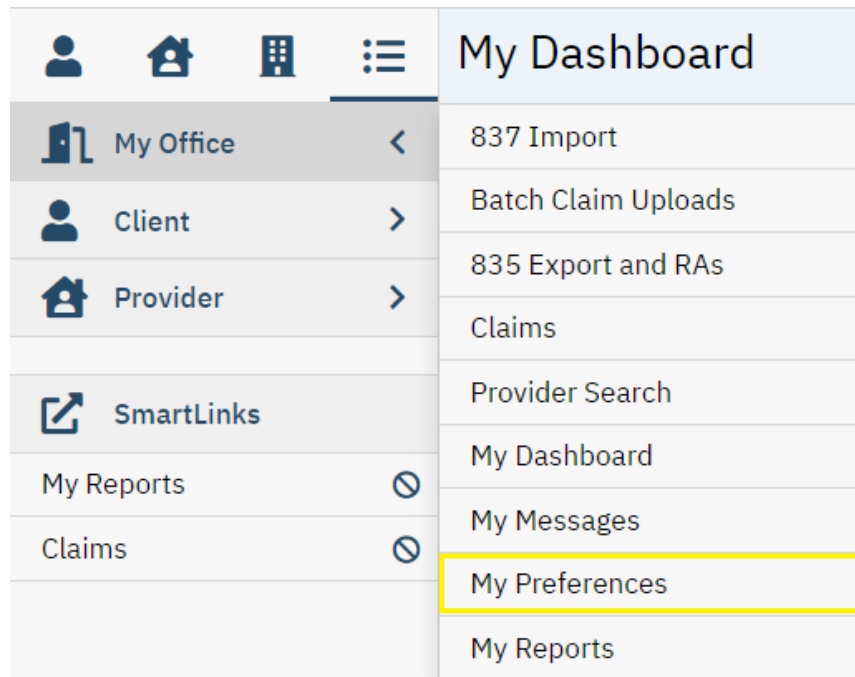
Enrollment Form	
All Insurers	All Providers
To Review	<u>0</u>
In Progress	<u>1</u>
Completed	<u>0</u>

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

VI. My Preferences

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

a.) Modifying a Password



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

Account

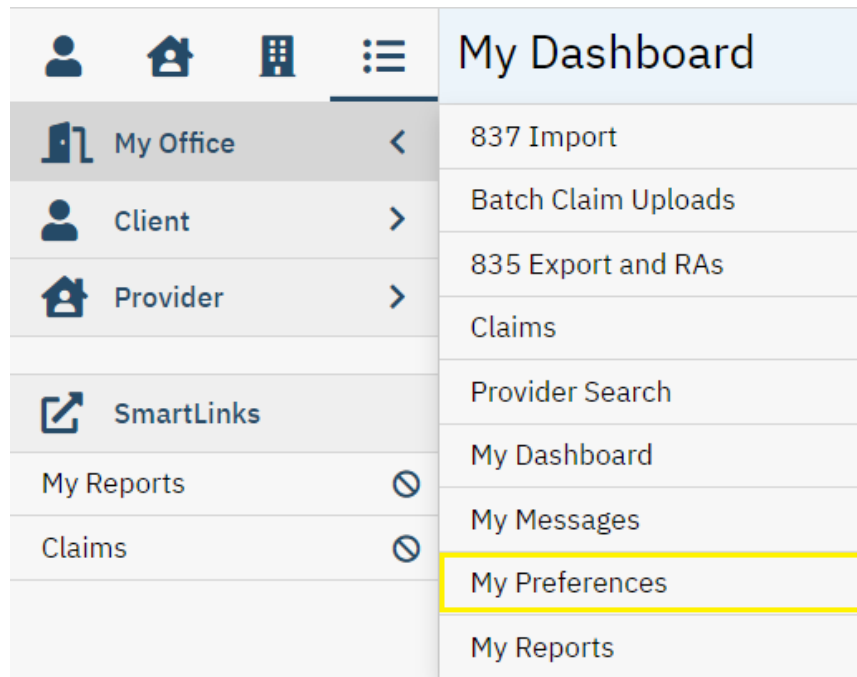
User Name Provider1.Test

Password

Confirm Password

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

b.) Modifying Security Questions



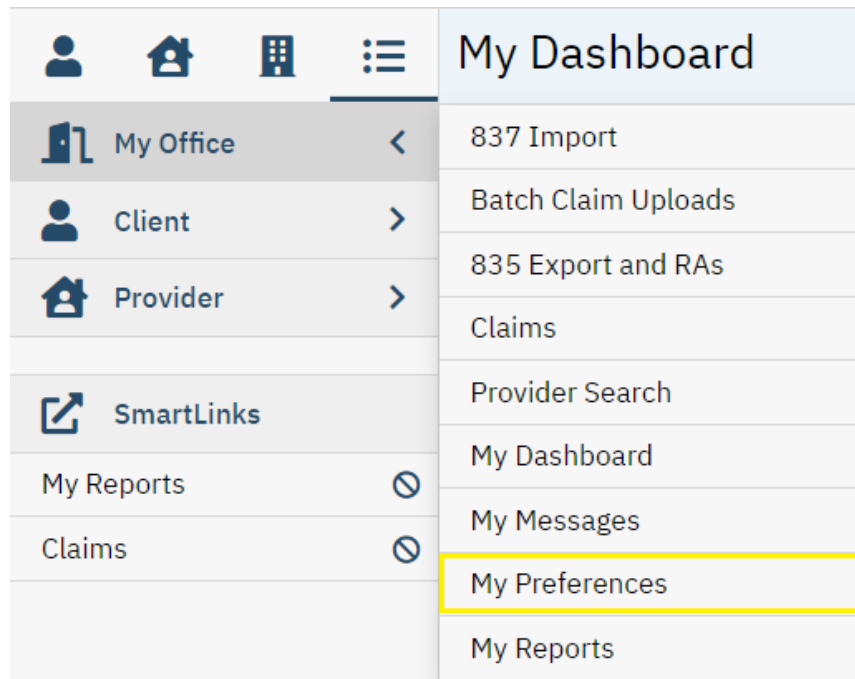
1. While on the **My Office** menu, click on **My Preferences**.

Security Questions

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

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

c.) Modifying a Phone Number



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

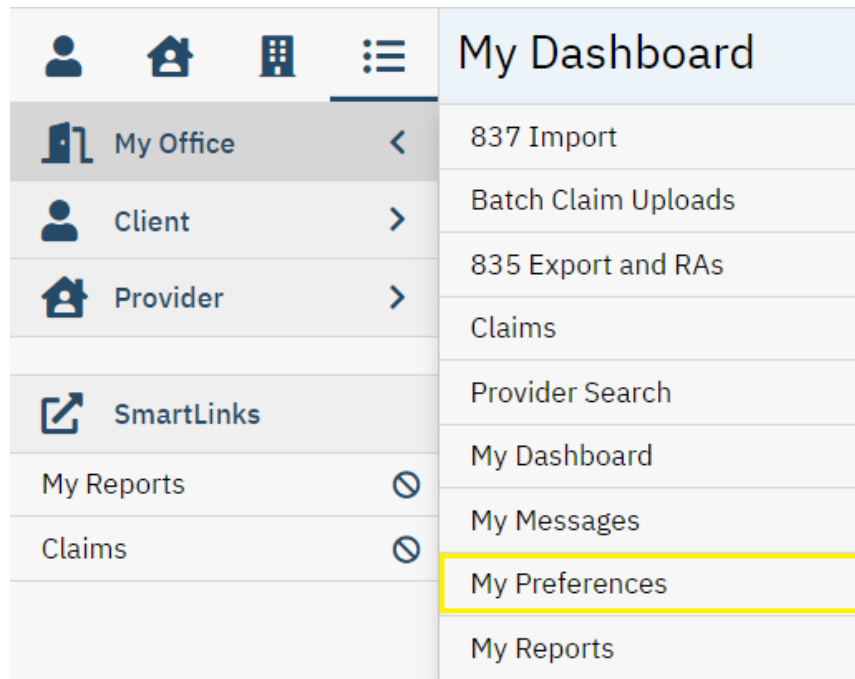
Contact

Phone

E-mail Id

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

d.) Modifying an Email Address



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

Contact

Phone

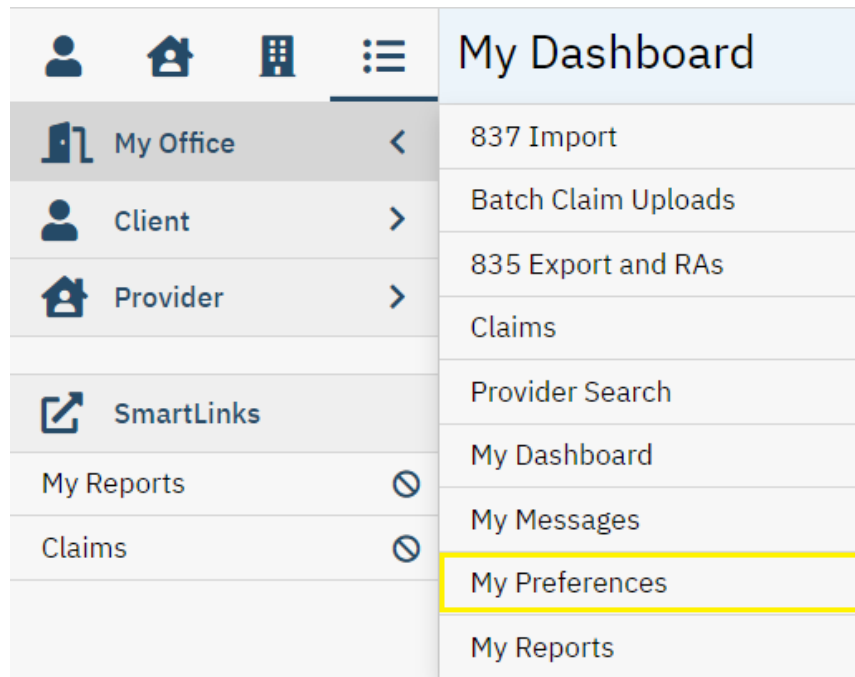
E-mail Id

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

e.) SMS Two Factor Authentication Opt-in

Users can opt-in to receive their Two Factor Authentication Code via SMS. PartnerSolutions does not charge for this service, but carrier message and data rates may vary. If the phone number associated with the user's account cannot receive text messages, it must be updated.

Note: Email Two Factor Authentication will still be enabled as an alternative.



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

Contact

Phone

E-mail Id

2. Enter the phone number you wish to receive SMS notifications to within the **Phone** field.

Mobile

Smart Key

Registered For Push Notifications

Registered For Web Notifications

Registered For SMS Notifications [Send test SMS Notification](#)

Registered For Email Notifications [Send test Email Notification](#)

3. Check the checkbox next to **Registered For SMS Notifications**.



4. Click **Save**.

Mobile

Smart Key

Registered For Push Notifications

Registered For Web Notifications

Registered For SMS Notifications [Send test SMS Notification](#)

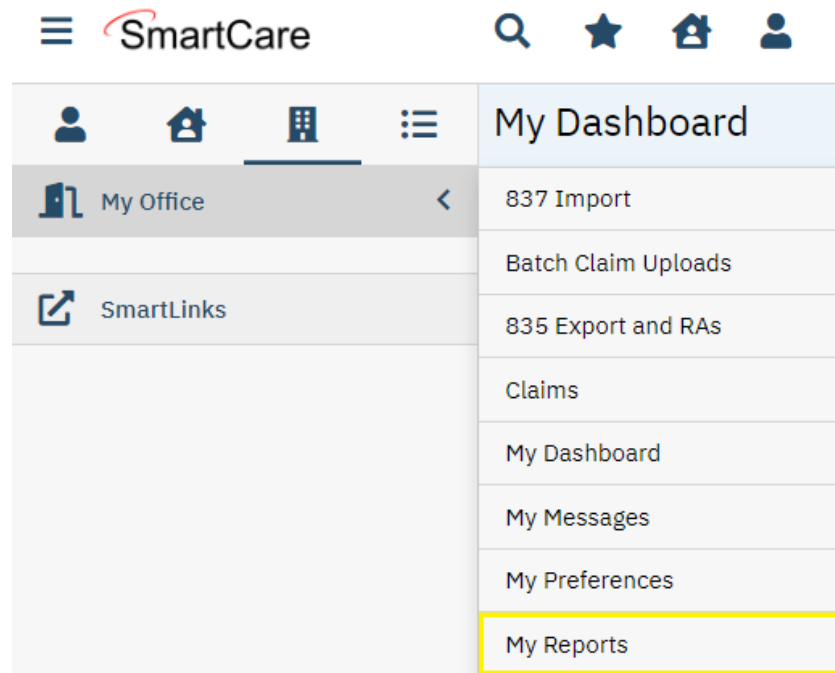
Registered For Email Notifications [Send test Email Notification](#)

5. Once saved, you can select **Send test SMS Notification** to verify that it is working as intended.

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



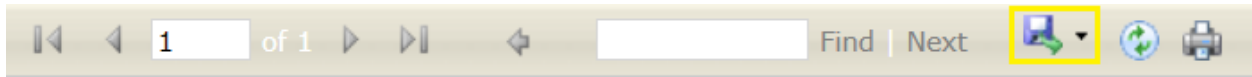
1. While on the **My Office** menu, click on **My Reports**.

My Reports (8) ☆ ★ ⬇ ×

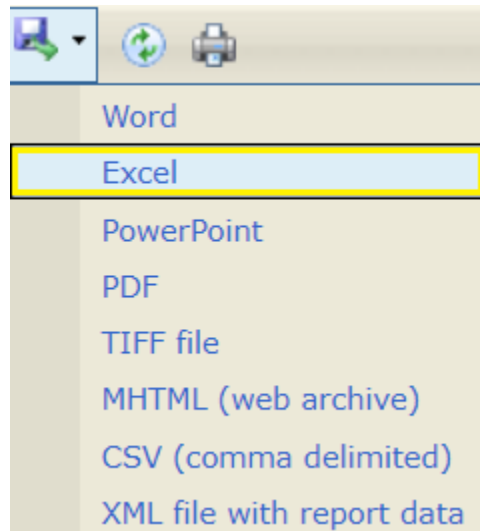
All Folders Search

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. Pre-Enrollment Guidelines

a.) Residency Guidelines

Please note that these are general client residency guidelines. Client residency is governed by the policies and procedures of the Behavioral Health Board (Board) that the client is being enrolled with and their policies and procedures around residency should be followed. Any exceptions to the residency guidelines must be approved by that Board. The Board may have additional requirements and/or exceptions, so please consult with that Board if you have any questions.

Providers should follow the residency guidance as outlined in the Ohio Revised Code (ORC) 5122.01(S) and 5119.01(A)(19)(a) and Ohio Administrative Code (OAC) Chapter 5122 29, Requirements and Procedures for Behavioral Health Services, and related residency policies issued by the Ohio Department of Behavioral Health (DBH), such as the “Guidelines and Operating Principles for Residency Determinations Among CMH/ADAS/ADAMHS Boards” (https://reports.mha.ohio.gov/macsis/mac.pol.residency_guidelines.html).

Residency is generally determined by the individual’s county of residence. When placed in a group home, residential treatment facility, correctional facility, or hospital facility, residency is generally considered to be where the client resided prior to placement.

Out-of-network enrollments that are not covered by known exceptions will need to be approved by the Board that they are being enrolled in.

b.) Income and Family Size Guidelines

Please note that these are general client income guidelines. Income guidelines are governed by the policies and procedures of the Behavioral Health Board (Board), that the client is being enrolled with and their policies and procedures around income should be followed. Any exceptions to the income and family size guideline must be approved by that Board. The Board may have additional requirements and/or exceptions, so please consult with that Board if you have any questions.

Providers should determine a client’s income using the Modified Adjusted Income (MAGI) methodology. Family size should be determined by the current Ohio Medicaid guidelines. Boards may allow exceptions in special cases, so please consult with the Board that the client is being enrolled in if you have any questions.

IX. 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 >**.

The screenshot shows the 'Client Search' window with the following elements:

- Client Search** window title bar with help and close icons.
- Clear** button.
- Name Search** section with checkboxes for 'Include Client Contacts' and 'Only Include Active Clients (Checking will not allow option to create new Client)'.
- Broad Search** and **Narrow Search** buttons.
- Type of Client** section with radio buttons for **Individual** (selected) and **Organization**.
- All Client Search** button (highlighted in yellow).
- Last Name** and **First Name** input fields (both highlighted in yellow).
- Program** dropdown menu.
- Other Search Strategies** section with various search buttons and input fields:
 - SSN Search** (three yellow input fields)
 - DOB Search** (yellow input field with calendar icon)
 - Primary Clinician Search** (dropdown menu)
 - Authorization ID / #** (input field)
 - Phone # Search** (input field)
 - Master Client ID Search** (input field)
 - Client ID Search** (input field)
 - Insured ID Search** (input field)

2. Enter the client's full last name in the **Last Name** field and the client's full first name in the **First Name** field. (Capitalize names appropriately as this information will be transferred to the enrollment.)
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, which 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
No data to display								

Create New Potential Client Select Cancel
Registration Inquiry (Selected Client) Inquiry (New Client)

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**.

Confirmation Message [X]

Are you sure you wish to create a new Client?

Yes **No**

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

Client Search [?] [X]

SSN Number Already Exists for the ClientId 6086228

Clear

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

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

Last Name First Name Program

Other Search Strategies

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

Details

Event	▼
Date	Enrollment Form Event
Staff	Provider1, Test
Status	▼
Insurer	▼
Provider	Search here

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**.

Details

Event	Enrollment Form Event ▼	
Date	07/01/2022	Time 12:00 AM
Staff	Provider1, Test	
Status	▼	
Insurer	▼	
Provider	Search here	

- 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.

Details

Event

Date Time

Staff

Status

Insurer

Provider

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

Details

Event

Date Time

Staff

Status

Insurer

Provider

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

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

Details

Event: Enrollment Form Event ▼

Date: 07/01/2022 📅 ▼ Time: 12:00 AM

Staff: Provider1, Test

Status: In Progress ▼

Insurer: Stark BH ▼

Provider: De 🔍

Default Provider

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

📁¹
🔔⁰
🔄
?
Provider1 Test ▼
🔌

⋮
📁 GoTo
👤
👤
🗑️
🖨️
📄
💾 Save
✕

- Click the **Save** button.

Enrollment Form Event

Effective 07/01/2022 📅 ▼

Event
Note

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

Event	Note
Client	Verifications Attachments

Provider Information

*Submitting Provider Requested Date

Previous Other Insurer

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

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.

Client Information

*First Name Middle Name *Last Name Suffix

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

*Ethnicity

*Race

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

*Primary Language

*Marital Status



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.”)

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

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.

Additional Information	
Special Populations	<input type="text" value="House Bill 131"/> <input type="text" value="N/A"/>
Notes	<input type="text"/>

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.

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

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.

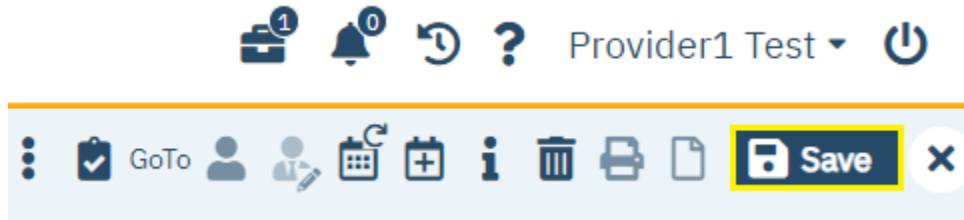
Event	Note
Client	Verifications
	Attachments

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

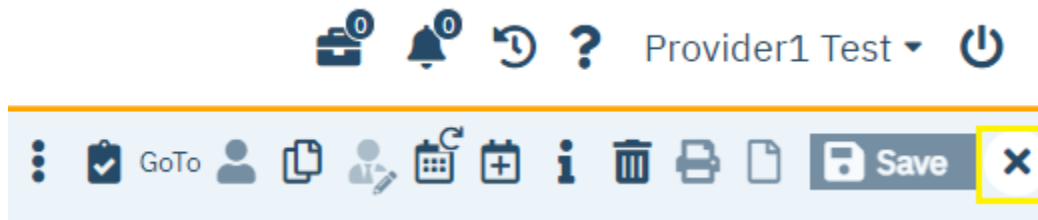
Verifications	Forms Given to Client or Guardian		
Form			
*Disclosure of enrollment?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*All applicable authorizations for billing as required by Federal and State laws have been received?	<input type="radio"/> Yes	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

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.

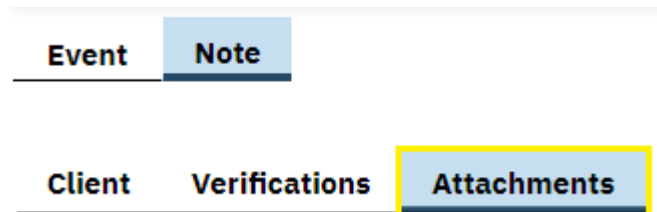


50. Click the **Save** button.



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.

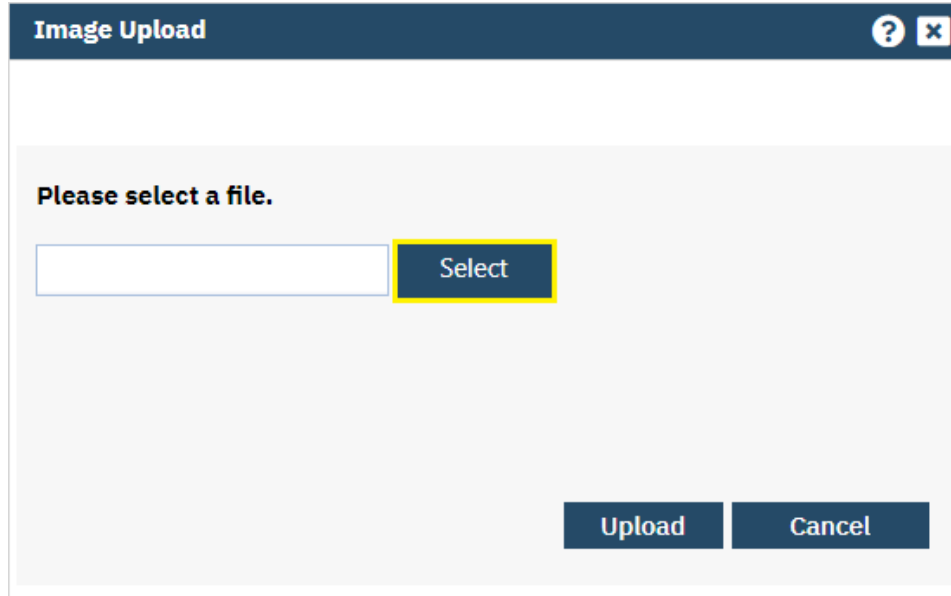


52. To add attachments, navigate to the **Attachments** sub-tab.

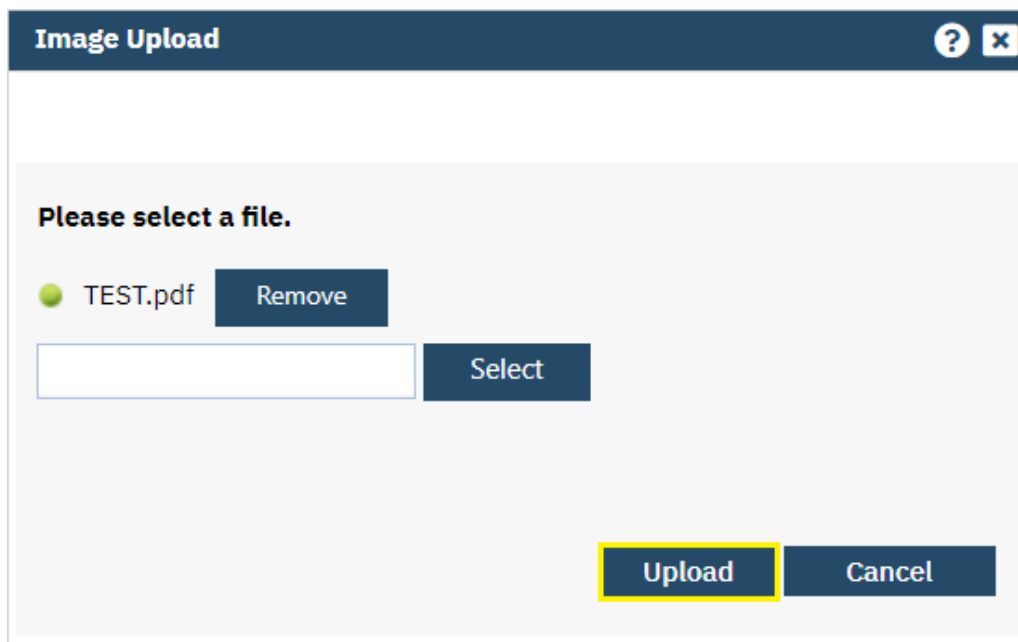
Note: Contact your insuring Board to determine if any additional forms are required to be submitted when enrolling a client.



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.



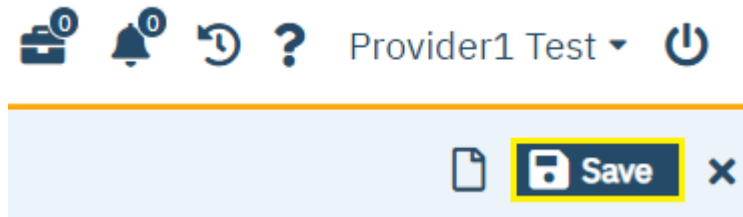
55. Once you have selected the desired file(s), click **Upload**.

Upload File Detail

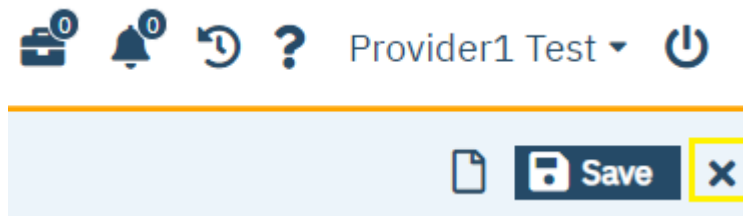
Provider Authorization - Documents ... 6086218 Test, Client Effective 

Record Type  Description 

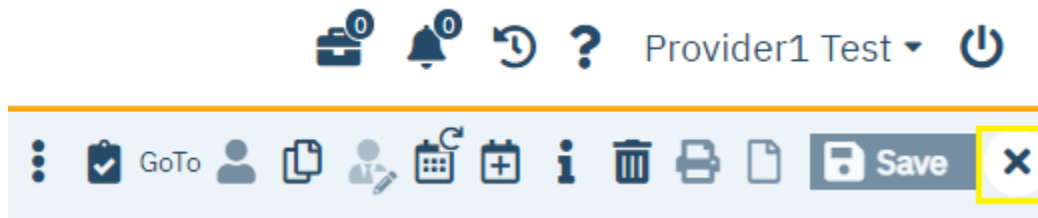
56. **Effective Date:** **Required.** Enter the effective date of the attached file.
57. **Record Type:** **Required.** Select from the dropdown list the document record type.
58. **Description:** Enter a description for the attached document.



59. Click the **Save** button.



60. Click **X** to close.



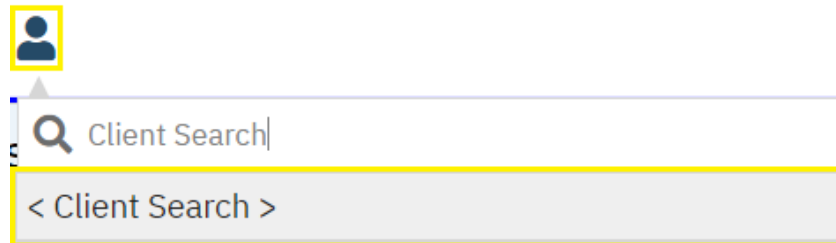
61. Then, click the **X** button to close the document. The enrollment form will be routed to the appropriate Board enrollment staff for review.

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 >**.

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

2. Enter the client's full last name in the **Last Name** field and the client's full first name in the **First Name** field. (Capitalize names appropriately as this information will be transferred to the enrollment.)
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
<input checked="" type="radio"/>	6084...	6084882	Test, Client		9999	07/01/20...	Active	Canton	
<input type="radio"/>	6084...	6084881	Test, Client		9999	07/01/20...	Active		
<input type="radio"/>	6084...	6084880	Test, Client		9999	07/01/20...	Active		
<input type="radio"/>	6084...	6084879	Test, Client		9999	07/01/20...	Active		
<input type="radio"/>	6048...	6048935	Test, Client		9999	05/01/19...	Active	Canton	
<input type="radio"/>	6000...	6000302	Test, Client		9999	03/01/19...	Active	Canton	

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**.

The screenshot shows the SmartCare interface. At the top, there is a search bar with the text "Test, C" and a search icon. Below the search bar, there is a navigation menu with a "Client" option selected. The "Client Summary" screen is displayed, showing a list of options: Client Affiliation Codes, Client Copays, Client Coverage Plans, Client Summary, and CM Events. The "CM Events" option is highlighted with a yellow box.

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



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

Details

Event

Date

Staff

Status

Insurer

Provider

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

Details

Event

Date

Staff

Status

Insurer

Provider

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

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

Details

Event

Date Time

Staff

Status

Insurer

Provider

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

Details

Event

Date Time

Staff

Status

Insurer

Provider

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).

Details

Event: Enrollment Form Event

Date: 07/01/2022 Time: 12:00 AM

Staff: Provider1, Test

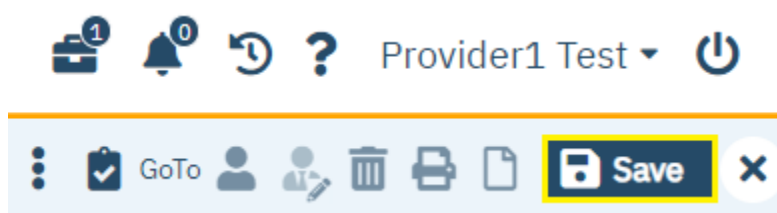
Status: In Progress

Insurer: Stark BH

Provider: Del

Default Provider

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.

Enrollment Form Event

Effective: 07/01/2022

Event Note

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.)

Event	Note
Client	Verifications Attachments

Provider Information

*Submitting Provider Requested Date

Previous Other Insurer

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.

Client Information

*First Name Middle Name *Last Name Suffix

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

*Ethnicity

*Race

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

*Primary Language

*Marital Status

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.

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

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.

Additional Information	
Special Populations	<input type="text" value="House Bill 131"/> <input type="text" value="N/A"/>
Notes	<input type="text"/>

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.

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

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.

Event	Note
Client	Verifications
	Attachments

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

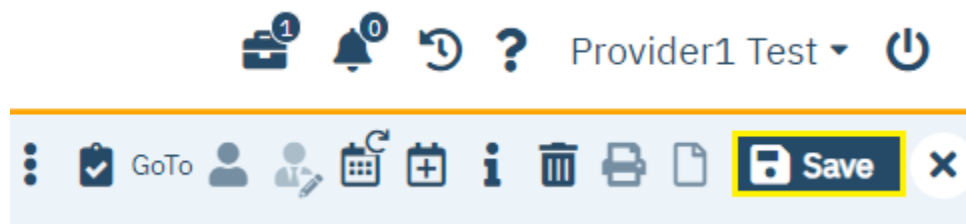
Verifications	Form	Forms Given to Client or Guardian		
*Disclosure of enrollment?		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
*All applicable authorizations for billing as required by Federal and State laws have been received?		<input type="radio"/> Yes	<input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

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.

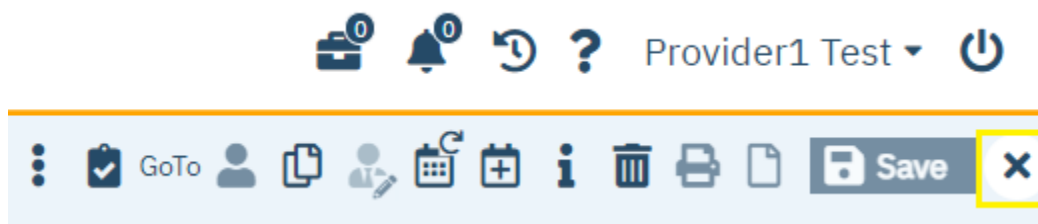
45. **All applicable authorizations for billing as required for billing as required by Federal and State laws have been received?:** **Required.** The enrollment cannot be completed if this value is anything other than “Yes” unless the client was in crisis at enrollment, in which case

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.

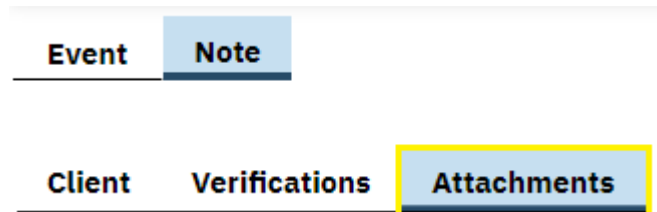


51. Click the **Save** button.



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.

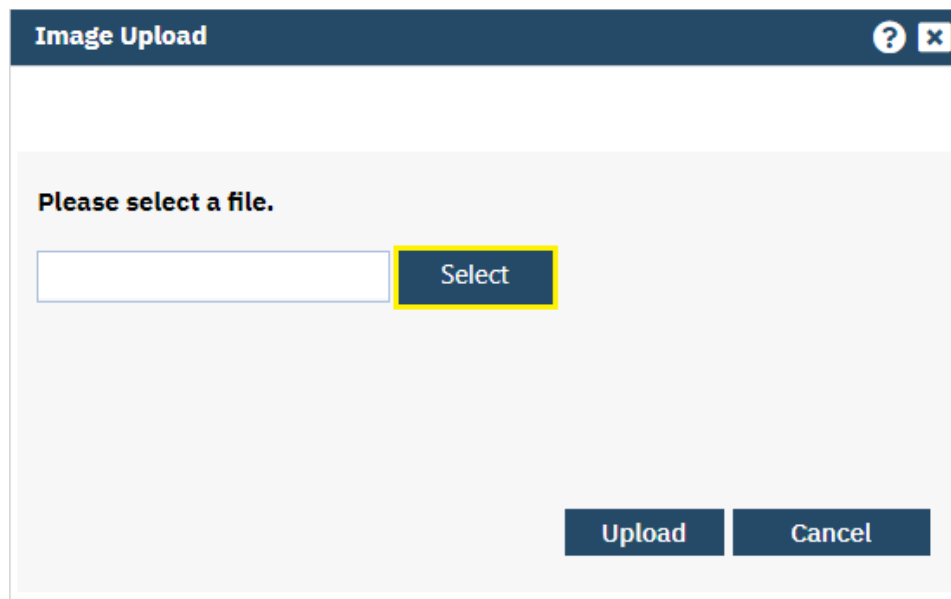


53. To add attachments, navigate to the **Attachments** sub-tab.

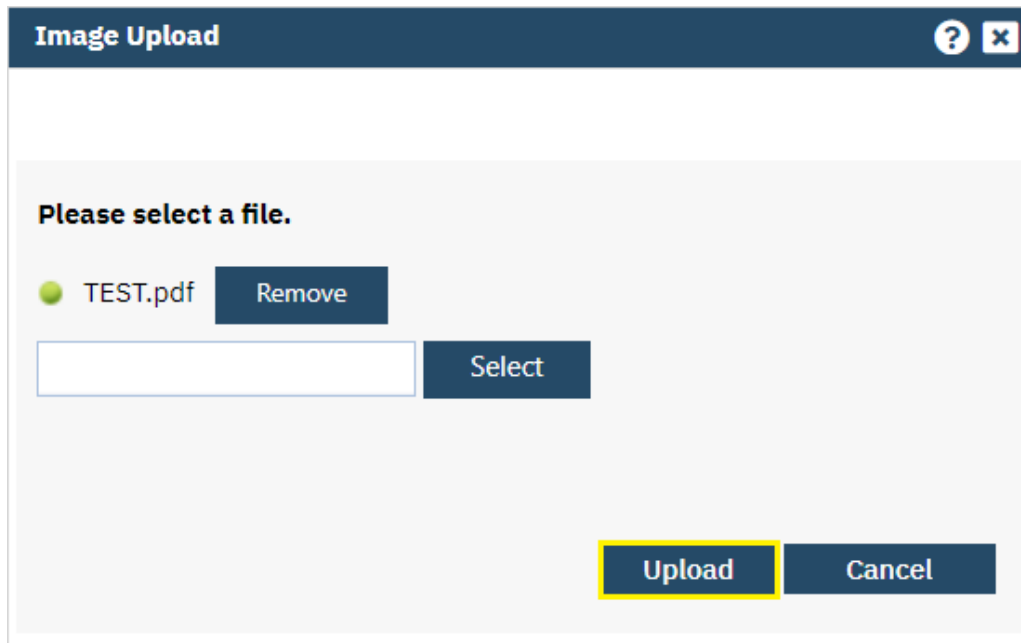
Note: Contact your insuring Board to determine if any additional forms are required to be submitted when enrolling a client.



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**.

Upload File Detail

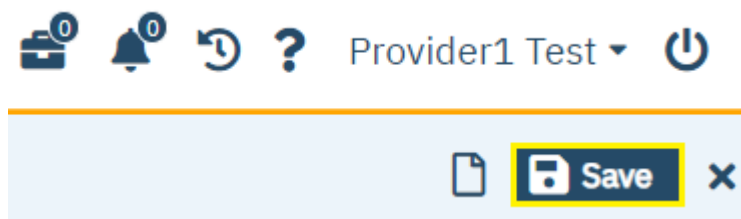
Provider Authorization - Documents ... 6086218 Test, Client Effective [calendar icon]

Record Type [dropdown] Description [dropdown]

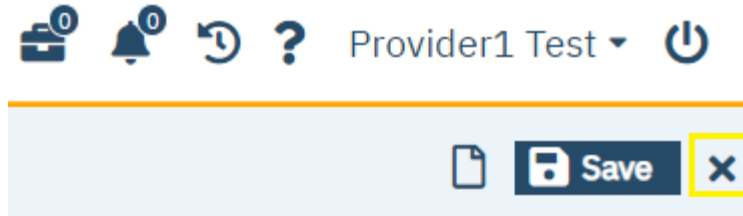
57. **Effective Date:** **Required.** Enter the effective date of the attached file.

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

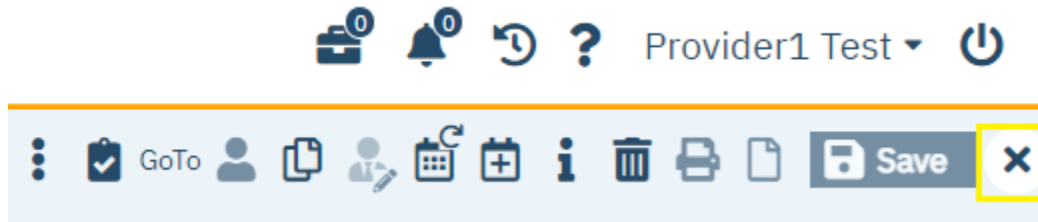
59. **Description:** Enter a description for the attached document.



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.

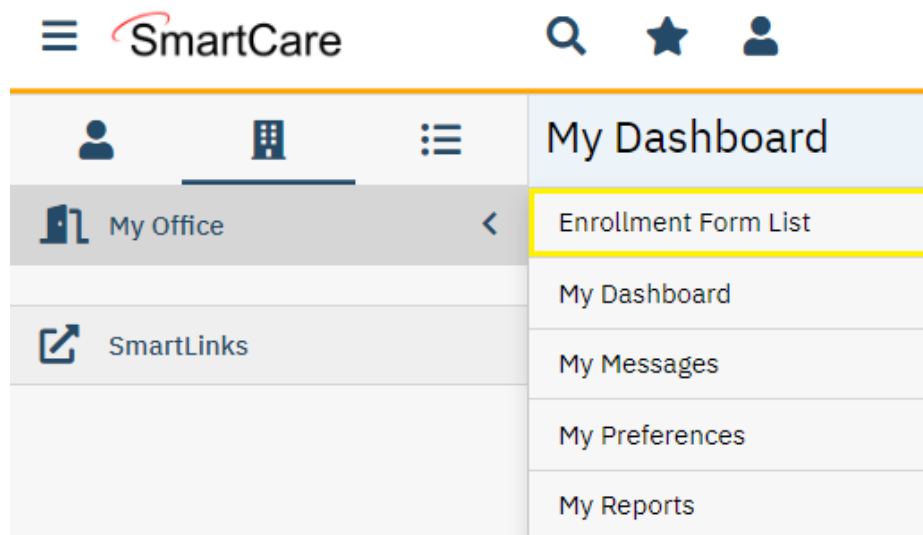
Note: Failing to close the document will not allow Board enrollment staff to review, edit, or sign the document, as the system will register that you are still editing the document.

c.) Correcting an Enrollment in SmartCareMCO

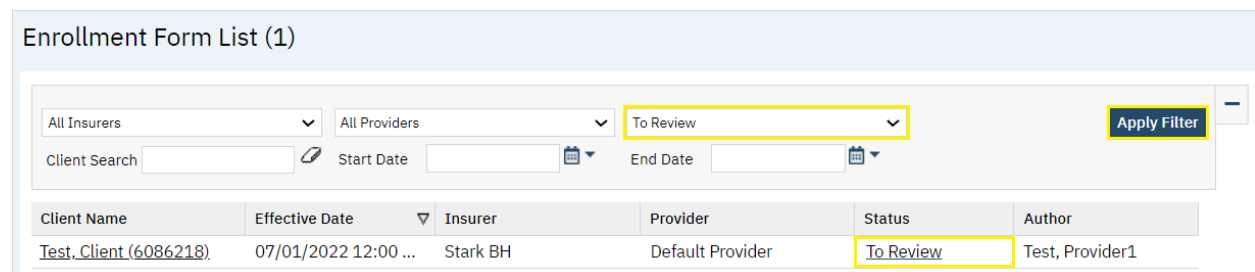
(Accessible to Enrollment role only.)

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.

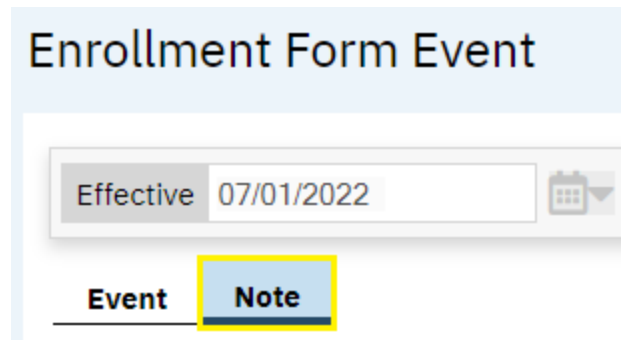
Completed enrollments are routed to the appropriate Board enrollment staff person to review. If the Board enrollment staff member locates an error within the enrollment, the enrollment will be placed in a “To Review” status to be reviewed, corrected, and re-submitted by the submitting agency.



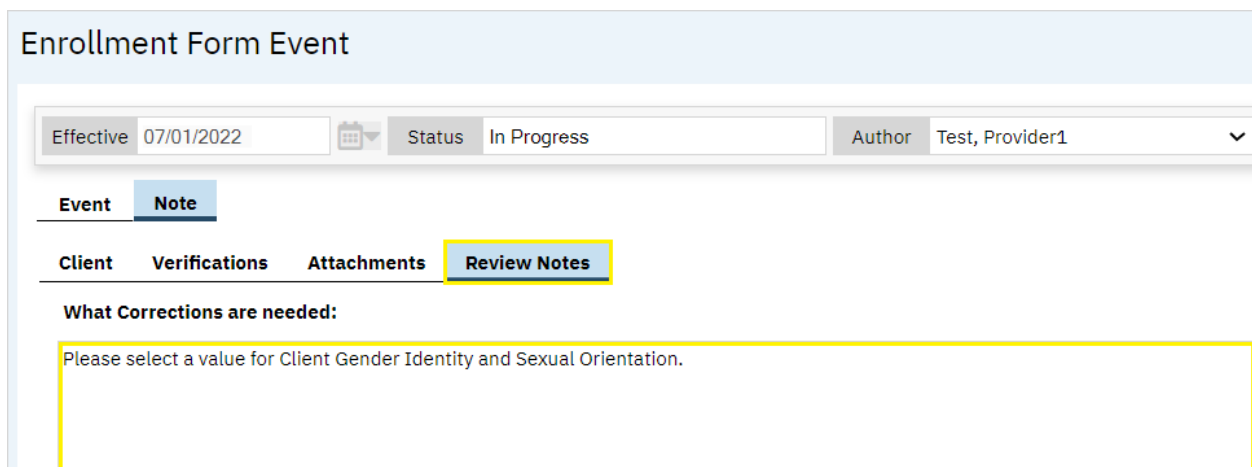
1. Hover your mouse over the My Office menu. Then, click **Enrollment Form List**.



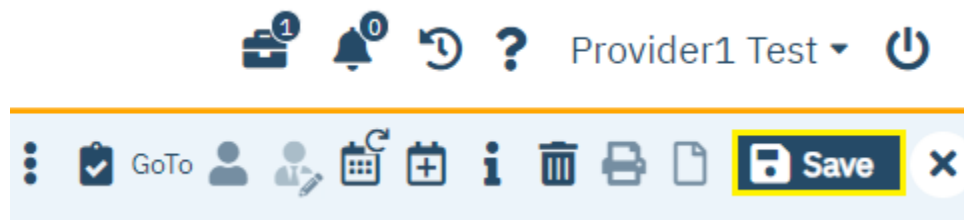
2. Click within the All Statuses field. Then, select **To Review** from the dropdown list. Click **Apply Filter**. If any valid search results are returned, click the To Review hyperlink under Status of the desired client to review the enrollment. You will be redirected to the Enrollment Form Event screen.



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.

Enrollment Form Event

Effective

Event
Note

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

Details

Event

Date Time

Staff

Status

Insurer

Provider

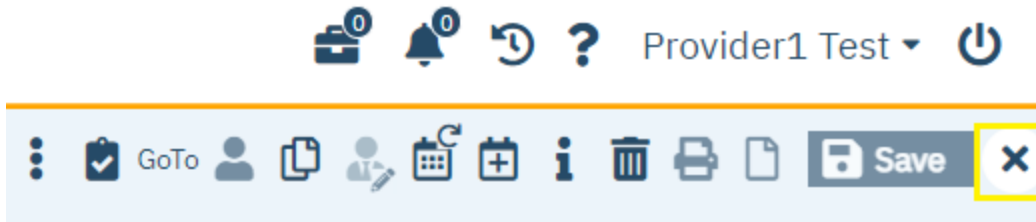
7. Click within the **Status** field. Select **In Progress** from the dropdown list.

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

Provider1 Test ▾

Save

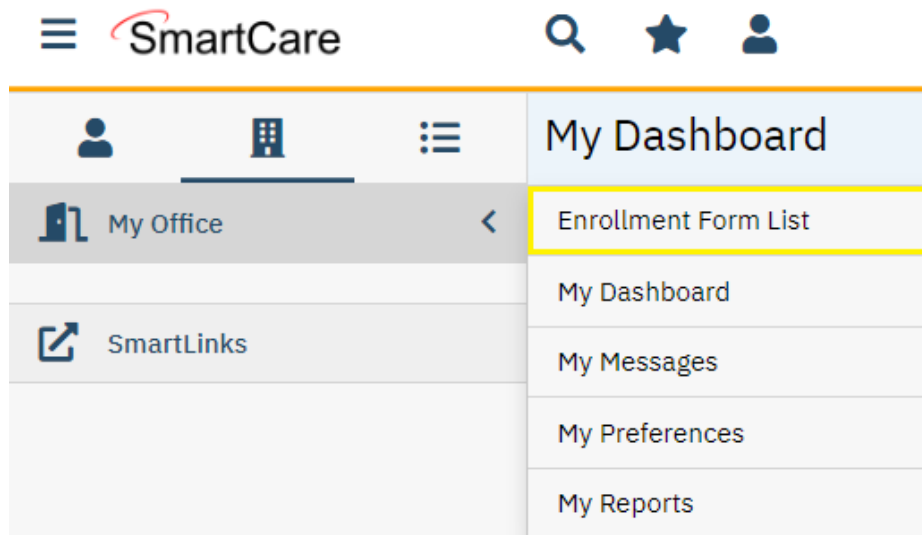
8. Click the **Save** button.



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**.

The screenshot shows the 'Enrollment Form List' page. At the top, there is a header 'Enrollment Form List'. Below this is a filter section with three dropdown menus: 'All Insurers', 'All Providers', and 'All Statuses'. To the right of these is an 'Apply Filter' button. Below the dropdowns are search fields for 'Client Search', 'Start Date', and 'End Date'. At the bottom, there is a table header with columns: 'Client Name', 'Effective Date', 'Insurer', 'Provider', 'Status', and 'Author'. The 'Status' column header is highlighted in yellow.

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

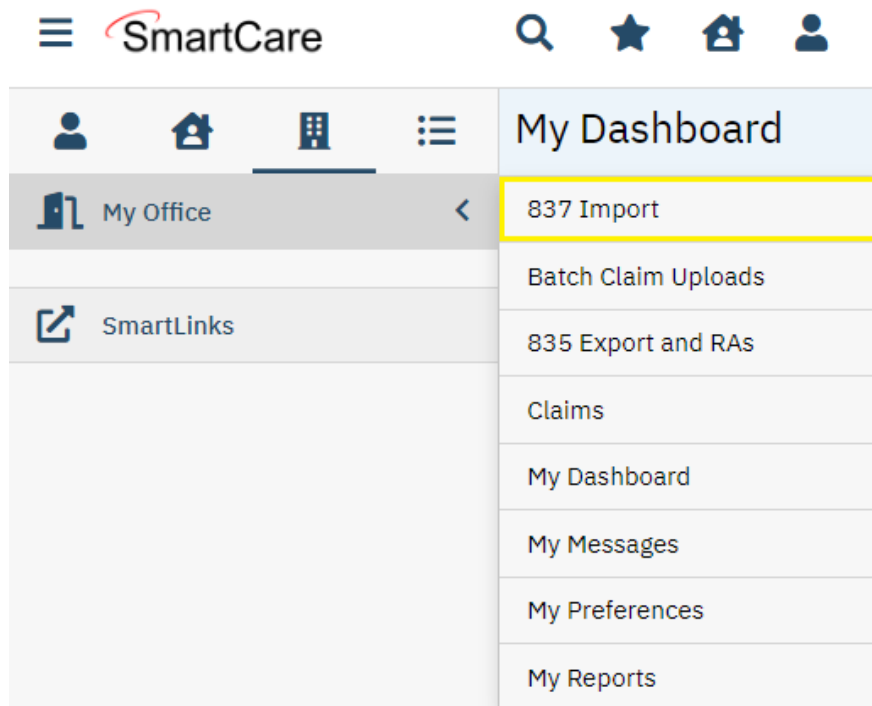
X. 837 Import

(Accessible to Claims Processor role only.)

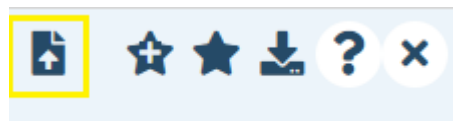
Note: If you do not currently have the Claims Processor role, please complete a new *SmartCareMCO Provider Account Request/Change Form* requesting this change. You can download this form at <https://partnersolutions.starkmhar.org/data-analytics/>. Please submit your completed form to SmartCareSupport@starkmhar.org.

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.

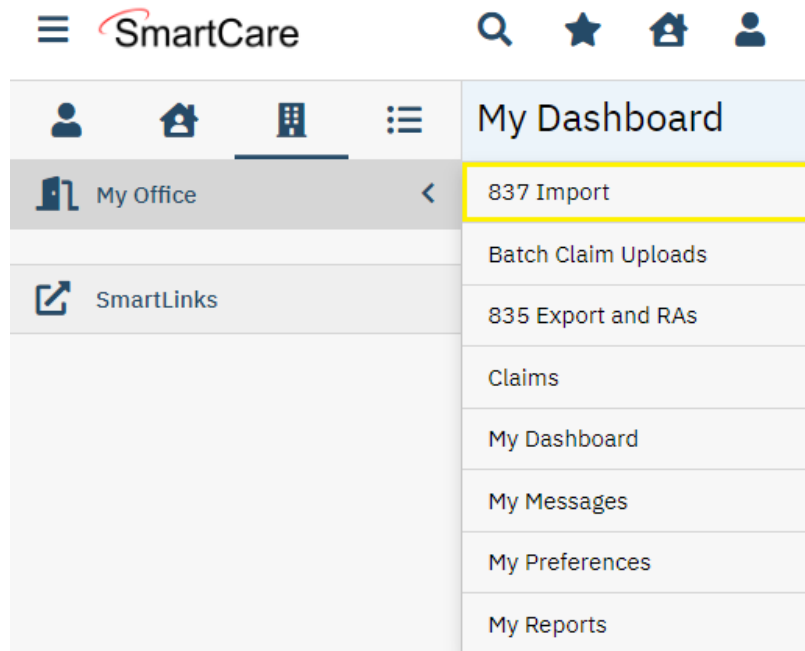
3. In the **837 File Import** pop-up that appears, select your agency from the dropdown list.

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**.

837 Import

All Senders All Files Import Date From: To:

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

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

837 Import Claim Lines (5)

ID	Provider	Client	DOS	Revenue Code	Procedure Code	Charges	Processed	File	Batch	Error Description	△
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...	

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

XI. 837 File Errors

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

a.) File Format Errors

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

837 Import

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

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

837 File Details

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

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

b.) Parsing Errors

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

837 Import

All Senders All Files Import Date From: To: [Apply Filter](#)

Sender	Import Date	Processed	File Name	File Date	Charges	Claim Lines	UnProcessed	Control No.	Batches
Test Agency	07/01/2...	No	837_File_Name_000123...						

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

837 File Details

Summary

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

File Text [Export](#) **Acknowledgement** [Export](#)

837 File Text Will Display Here

Acknowledgement Text Will Display Here

Parsing Errors

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

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

c.) Processing Errors

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

Review Section **XV. Claims Troubleshooting** for a detailed list of the most common processing errors as well as explanations and solutions for those errors.

837 Import

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

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

837 Import Claim Lines (10)

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

Processing errors will be displayed under the **Error Description** column heading. Corrections will need to be made that necessitate either the unprocessed claims being corrected and reimported in a new file, or the original file being reprocessed by a PartnerSolutions staff member.

XII. Batch Claim Uploads

(Accessible to Claims Processor role only.)

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

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

a.) Spreadsheet Template Instructions

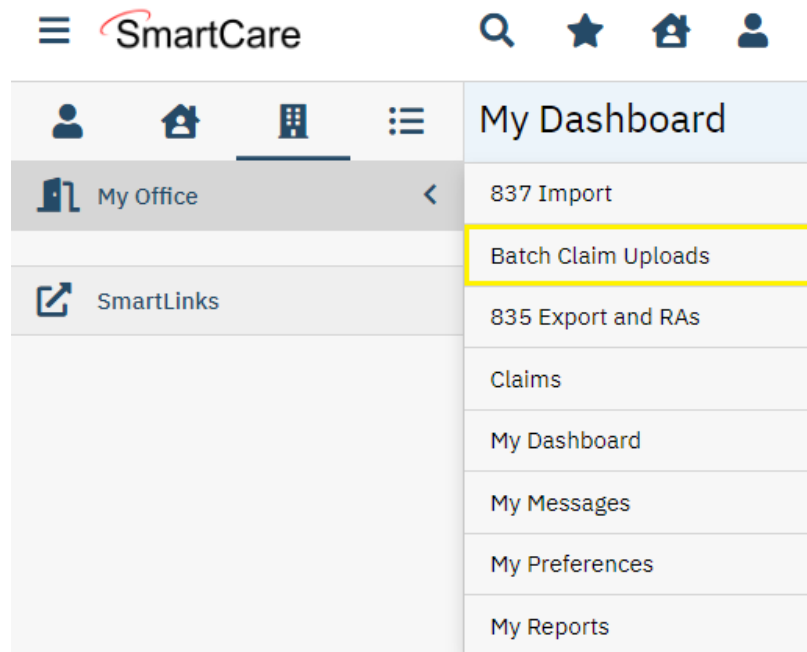
Provider agencies that use the Batch Claim Uploads process to submit claims will receive a customized Microsoft Excel spreadsheet template catered to the provider agency's specific services and billing requirements. This spreadsheet template will be distributed by PartnerSolutions to the appropriate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

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

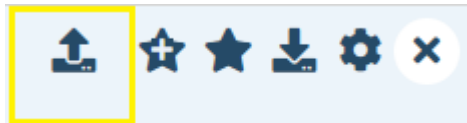
Column Header	Explanation
InsurerId (Required)	Enter the InsurerId of the Board responsible for the claim. This value will be provided by PartnerSolutions.
SiteId (Required)	Enter the SiteId of the provider site billing the claim. This value will be provided by PartnerSolutions.
ClientId (Required)	Enter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

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

b.) Uploading a Batch Claim File



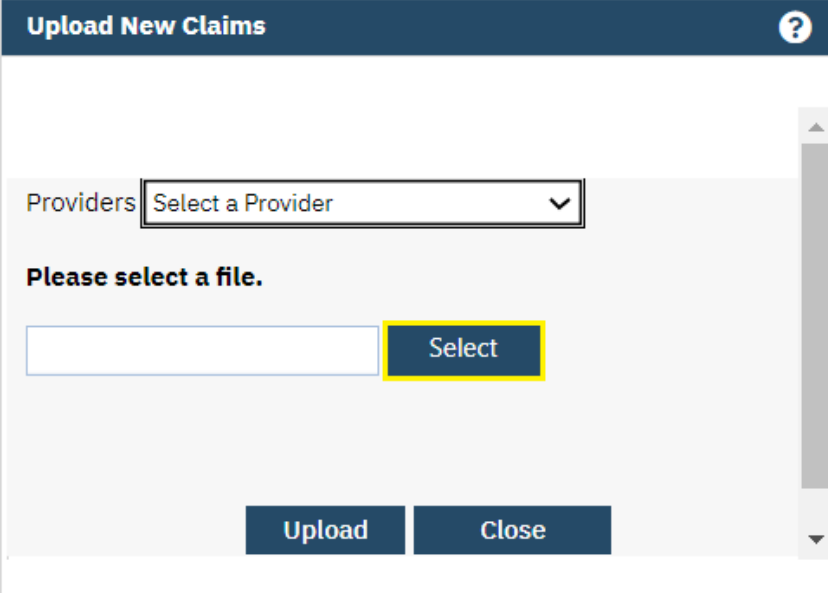
1. While on the **My Office** menu, click on **Batch Claim Uploads**.



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

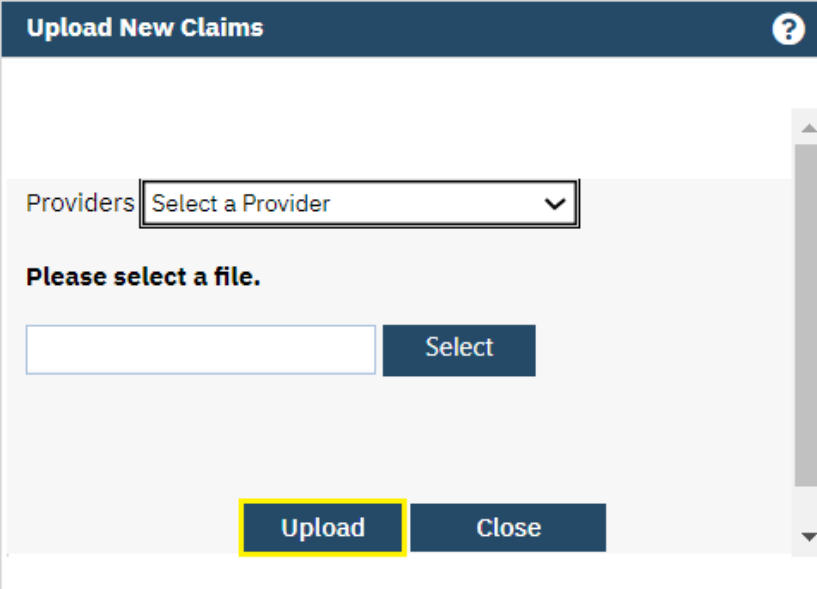
The screenshot shows a dialog box titled "Upload New Claims" with a question mark icon in the top right corner. The dialog contains a "Providers" dropdown menu with the text "Select a Provider" and a downward arrow. Below this is the instruction "Please select a file." followed by a text input field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

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



The screenshot shows a pop-up window titled "Upload New Claims" with a question mark icon in the top right corner. Below the title bar, there is a "Providers" dropdown menu with the text "Select a Provider" and a downward arrow. Below this, the text "Please select a file." is displayed. Underneath, there is a file selection input field and a "Select" button. At the bottom of the window, there are two buttons: "Upload" and "Close".

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



The screenshot shows the same "Upload New Claims" pop-up window. The "Providers" dropdown menu remains highlighted with a red box. The "Select" button is now highlighted with a yellow box. The "Upload" button at the bottom is highlighted with a red box. The "Please select a file." text and the file selection input field are still present.

5. Click on **Upload**.

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

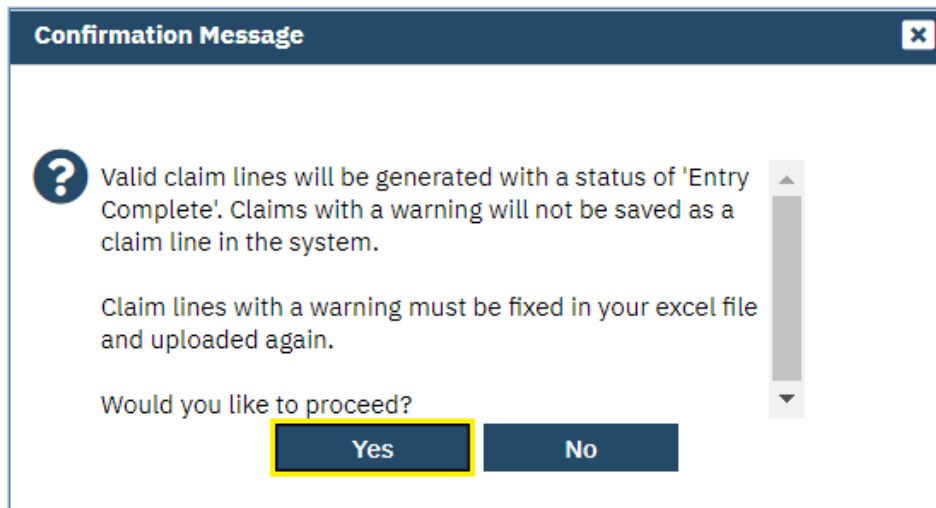
6. Review claims for accuracy prior to moving onto the next step. **Valid** claims indicated with a **yellow smiley face** are accurate and able to be submitted. **Invalid** claims indicated with a **red exclamation point** contain an error and will need to be corrected within the spreadsheet and re-uploaded.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

Review Section **XV. Claims Troubleshooting** for a detailed list of the most common processing errors as well as explanations and solutions for those errors.

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.



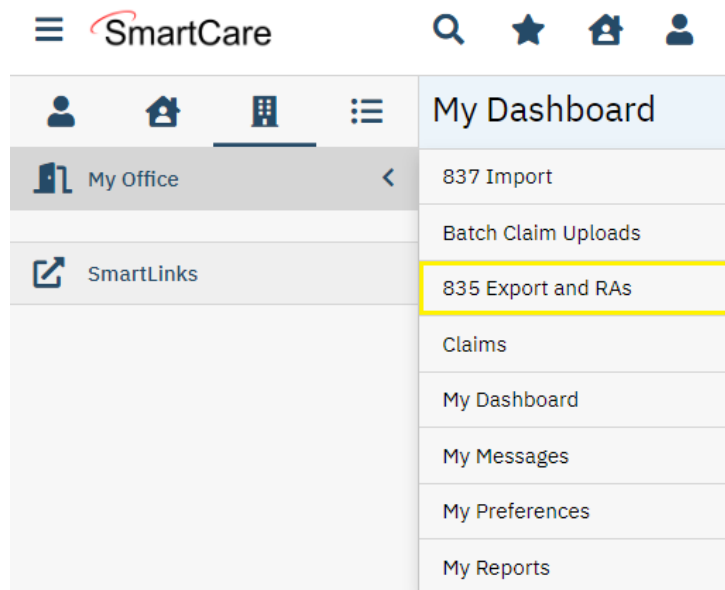
8. In the pop-up that appears, click on **Yes**. Your file has now been processed.

XIII. 835 Export and RAs

(Accessible to Claims Processor role only.)

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

a.) Exporting an 835 Remittance File



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

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

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

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

Check Information

Next Available # 1969

 Include Pended Claims on RA
 Include Denied Claims on RA

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

Check Details

Process Now

Generate

Close

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

Check Details

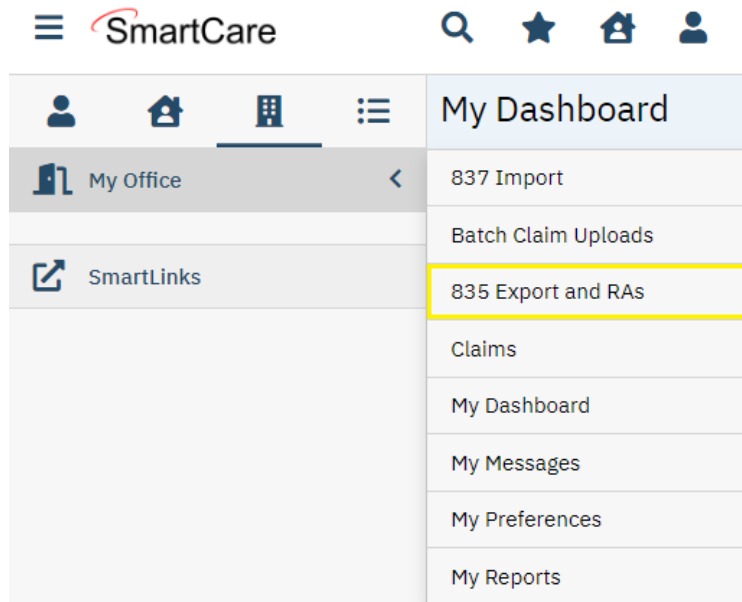
Process Now

Generate

Close

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

b.) Downloading a Remittance Advice



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

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

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

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

Check Information

Next Available # 1969

 Include Pended Claims on RA
 Include Denied Claims on RA

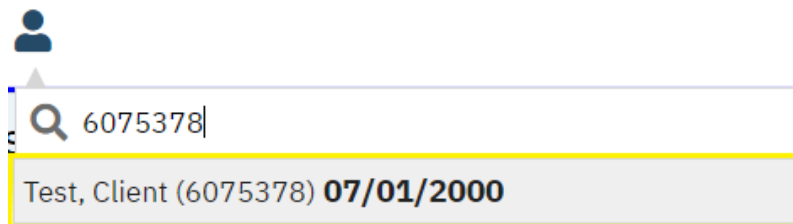
3. Click on the checkbox for **Include Pended Claims on RA** if you wish to include pended (i.e., held) claims on the remittance advice. Then, click on **Print RA**. A pop-up window should appear containing a remittance advice in .pdf format that may be downloaded or printed.

XIV. Viewing Client Information

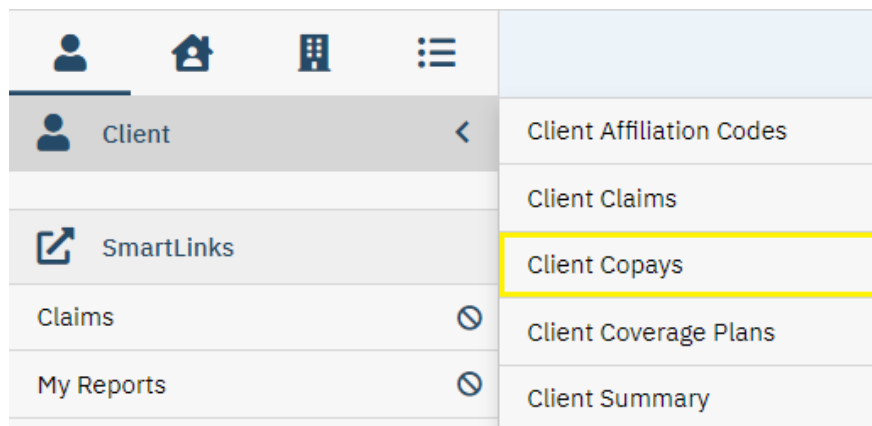
a.) Client Copays



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



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



3. Click on **Client Copays**.

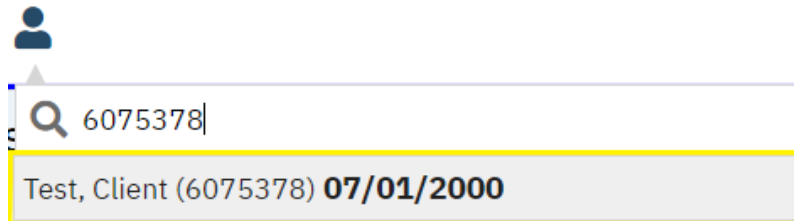
Template Id	Begin Date ▾	End Date	% of Standard Rate	Amount
	07/01/2022		0.00%	\$0.00 Per Session
	01/01/2018	06/30/2022	50.00%	\$0.00 Per Session

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

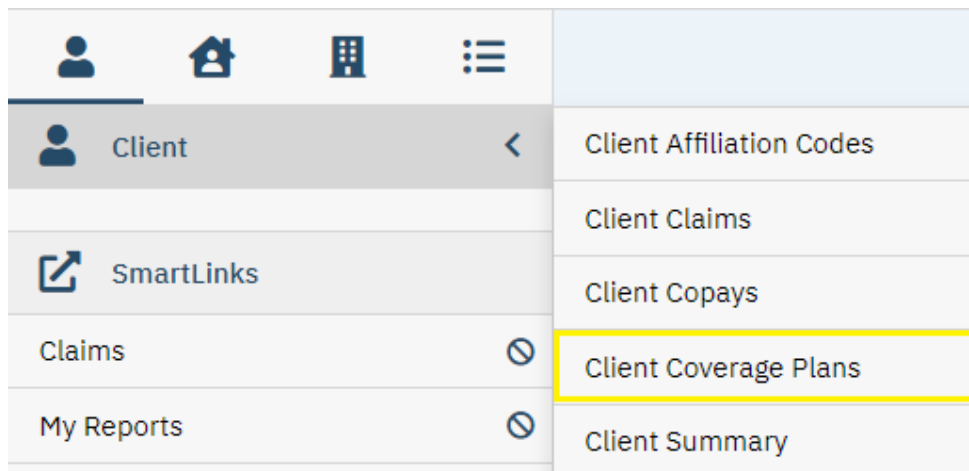
b.) Client Coverage Plans



- 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.



- 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.



- Click on **Client Coverage Plans**.

Show Current Plans Only

- Uncheck **Show Current Plans Only**.

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

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

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

XV. Viewing Claims

a.) Claim Statuses

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

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

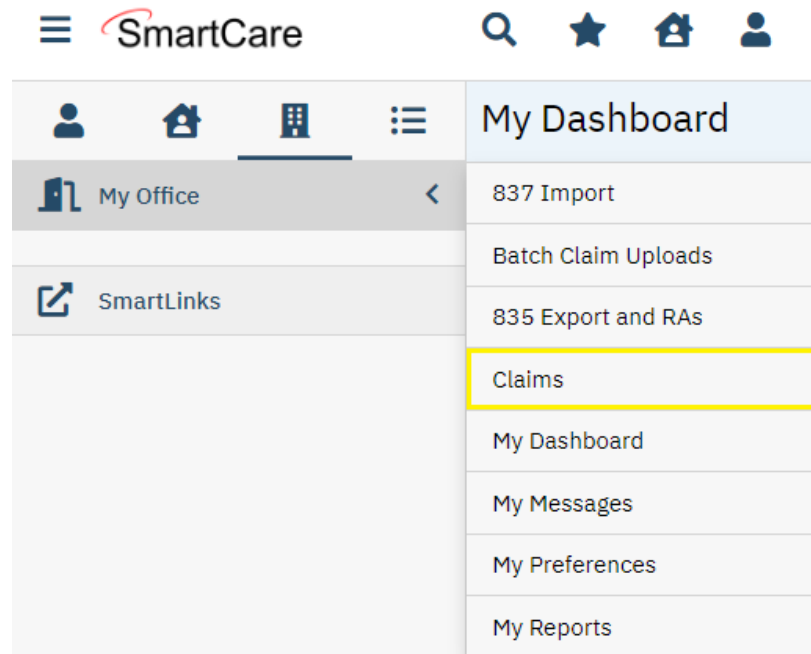
The following table details the most common denial and adjustment reason codes that a claim may have in SmartCareMCO. A claim may have multiple reason codes at one time. You may also download the *Troubleshooting Claims in SmartCareMCO* document which outlines the causes for a number of the most common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

Additionally, Section **XV. Claims Troubleshooting** provides a more detailed list of the most common denial reasons as well as explanations and solutions for those errors.

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 modifier, or the modifier listed is invalid, or 4.) The claim's place of service is invalid, or 5.) The claim is missing a required rendering provider, or the rendering provider listed is invalid.
Pended claim was reviewed then denied	The service was pended by system or Board-appointed rules and was denied by Board staff after review.
Same claimline exists	The claim is a duplicate.
Third Party Plan is fully responsible	The claim was billed for a Medicaid-reimbursable service for a client enrolled in a Medicaid plan on the claim's date of service.

c.) Viewing Agency-wide Claims



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

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

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

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

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

Note: SmartCare will always remember your previous search criteria.

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

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



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

Service Lines

From To Code Modifiers

POS Rendering Provider

Ordering Provider Supervising Provider Units Charge

NDC NDC Unit NDC Unit Type

Dx Third Party EOB Information Allowed Paid Adj

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

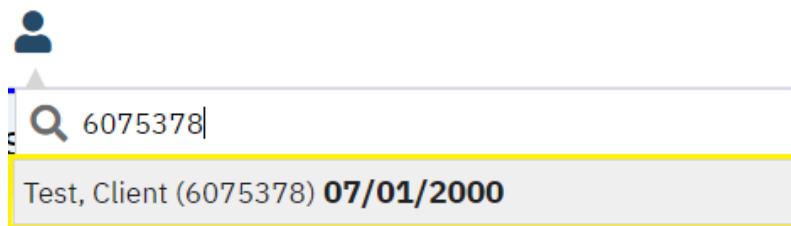
	Id	From	To	CPT Code	Units	POS	Dx	Charge	Auth
<input checked="" type="radio"/>	2176957	03/02/2023	03/02/2023	M1620 HV	1.00	11 Office	1	19.53	N

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

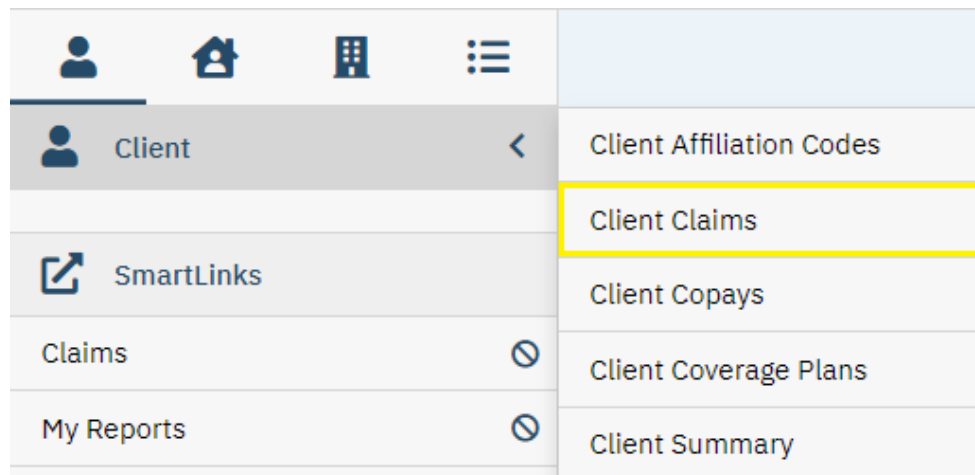
d.) Viewing Client-specific Claims



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



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



3. Click on **Client Claims**.

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

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



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

Service Lines

From To Code Modifiers

POS Rendering Provider

Ordering Provider Supervising Provider Units Charge

NDC NDC Unit NDC Unit Type

Dx: Third Party EOB Information Allowed Paid Adj

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

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

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

XVI. Claims Troubleshooting

a.) Billing Best Practices

To ensure proper cash flow within your agency, follow these Billing Best Practices:

1. **Bill early in the week.** This allows for time to troubleshoot if necessary. Sometimes it takes multiple days to address an unprocessed or denied claim. Billing as early in the week as possible allows for ample time to work through any issues.
2. **Immediately work through unprocessed claims.** As soon as you upload an 837 billing file or Batch Claim Upload Spreadsheet, you will be able to instantly see if any claims were not processed. It's important to follow up on these claims and get them rebilled as soon as possible.
3. **Log back in the day after billing to check for denied claims and immediately work through those denials.** Claims adjudicate nightly. You can log into SmartCareMCO the day after billing to ensure that all claims are approved. If any claims are denied, you should address those promptly.

b.) Common Unprocessed Reasons (837 Import)

Refer to Section **IX. 837 Import** to review the process of importing and viewing an 837 file in SmartCareMCO. Here are the most common Unprocessed Reasons we see in SmartCareMCO:

1. **Client is not authorized for this provider.**

- This error indicates that the client-to-provider linkage required to process claims in SmartCareMCO does not exist. This either means that the client is not enrolled with your agency or that the client was improperly enrolled with the incorrect agency by enrollment staff.
- To resolve this, simply submit a new enrollment for the client. You will need to wait for the enrollment to be signed to rebill.

2. **Client not found.**

- This error indicates that the client entered within the file does not match any client record in SmartCareMCO. This error may also indicate that the UCI entered within the file is incorrect.
- To resolve this, either submit a new enrollment for the client (if the client is not enrolled in the system), or correct the UCI number within the file and rebill (if the UCI number was incorrect within the 837 file). Refer to the 837 Import Claim Line Details screen of the claim in question to determine the UCI number (Subscriber Number) entered within the file. Keep in mind, if re-enrolling the client, you will need to wait for the enrollment to be signed to rebill.

Note: Sometimes this error can be coupled with the error “Insurer not found.” Usually, when listed together, resolving the “Client not found” error will resolve both errors.

3. **Insurer not found.**

- This error indicates that the client is not properly linked with a board payer on the given claim’s date of service. This typically means that the client’s enrollment lists an effective date later than the claim’s date of service or that the client was improperly enrolled with the incorrect board by enrollment staff.
- To resolve this, either submit a new enrollment with the correct, earlier effective date (the effective date should be the earliest date which the client began receiving services) or contact PartnerSolutions via the Helpdesk Ticket System to investigate further.

4. Claim place of service not found.

- This error indicates that the place of service (POS) code entered within the 837 file is not recognized by SmartCareMCO. This means that either no POS code was entered for the given claim or that the POS code '02' (Telehealth) was entered. Currently, SmartCareMCO does not recognize the '02' Telehealth POS code.
- To resolve this, simply rebill listing an appropriate POS code. In the place of the '02' Telehealth POS code, use the '11' Office POS code instead.

c.) Common Unprocessed Reasons (Batch Claim Uploads)
--

Refer to Section **XI. Batch Claim Uploads** to review the process of importing and viewing a Batch Claim Upload Spreadsheet in SmartCareMCO. Here is the most common Unprocessed Reason we see in SmartCareMCO:

1. "XXXXXX" Missing.

- This error indicates that SmartCareMCO did not recognize a value for a specific field within the Batch Claim Upload Spreadsheet (i.e., InsurerId, SiteId, ClientId, FromDate, ToDate, BillingCode, Units, Charge, PlaceOfService, Diagnosis1). This usually means that the value was simply not entered within the spreadsheet.
- To resolve this, simply correct the Batch Claim Upload Spreadsheet and resubmit the file. You may be contacted by PartnerSolutions regarding deleting your originally submitted errored file on your behalf.

d.) Common Denial Reasons

Refer to Section **XIV. Viewing Claims** for more information on searching for and viewing claims in SmartCareMCO. Here are the most common Denial Reasons we see in SmartCareMCO:

1. **Add-On Code: corresponding base claim line has not been approved**

- This error indicates that the service is an add-on service and that its base claim line was not approved.
- To resolve this, identify the base claim and discover why it was denied. Make the necessary correction to both claims and allow overnight re-adjudication. You can easily identify an add-on code's base claim by navigating to the Claim Line Detail screen and clicking on the Claim ID hyperlink (Not to be confused with the Claim *Line* ID). Refer to any additional claims sharing the Claim ID to locate the base claim and determine its denial reason.

2. **Add-On Code: no corresponding base claim line found**

- This error indicates that the service is an add-on service but was not billed with a base claim. Add-on codes are only recognized when billed in conjunction with a base claim line.
- To resolve this, the claim will need to be rebilled alongside its corresponding base claim. You can easily identify an add-on code's base claim by navigating to the Claim Line Detail screen and clicking on the Claim ID hyperlink (Not to be confused with the Claim *Line* ID). If the add-on code was not billed alongside a base claim, no corresponding claim will be listed.

3. **Claim line submitted with partial units**

- This error indicates that the claim was not billed listing a whole unit amount. SmartCareMCO does not recognize partial units.
- To resolve this, rebill the claim listing the appropriate whole unit amount or correct the unit amount directly in SmartCareMCO. Refer to the *PS Billing Code and Billing Code Rules Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. This report will list multiple details surrounding specific billing codes, namely a billing code's unit type.

4. Claim was received after the period mentioned in contract

- This error indicates that a claim was billed after the designated contract period has been terminated.
- Typically, the claim will no longer be payable in this case. In rare cases, you may file an appeal with your associated board to request payment for the claim. It is recommended to contact PartnerSolutions via the Helpdesk Ticket System to request an appeal with your board.
- Contract termination dates are typically outlined within the contract provided by your associated board. PartnerSolutions also has a notification process in place which will notify agencies via email ahead of time leading up to the termination of a contract period.

5. Invalid Diagnosis Code for Billing Code

- This error indicates that the diagnosis code entered within the claim is not allowable for the listed billing code.
- To resolve this, rebill the claim listing the appropriate diagnosis code or correct the diagnosis code directly in SmartCareMCO. Refer to the *PS Allowable Diagnosis Codes Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. This report allows you to look up all allowable diagnosis codes for a specific billing code.

6. Invalid Service for Same Member on Same Date (NCCI MUE Edits)

- This error is the first of three with similar phraseology. “NCCI MUE Edits” are National Correct Coding Initiative Medically Unlikely Edits. These are rules put in place by the Centers for Medicare and Medicaid Services (CMS) to define the maximum units of a single service that a provider would report under most circumstances for an individual client on a single date of service. This error cannot be overridden. Claims denying for this reason usually indicate that the unit amount listed in the claim exceeds the daily unit cap for that service delivered to a single client on a single date of service.
- To resolve this issue, rebill the claim listing an appropriate unit amount or correct the unit amount directly in SmartCareMCO. Refer to the *PS NCCI MUE Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. This report allows you to look up any limits associated with a specific billing code.

Note: Though the error code seems to indicate that multiple provider agencies may have billed for the client for the same service on the same date of service, this is typically not the case. However, if you are unable to identify an obvious cause, it is recommended to contact PartnerSolutions via a Helpdesk Ticket to request further investigation.

Additionally, if receiving this error in coordination with the error reason, “Same claim line exists,” this simply indicates that the claim is a duplicate.

7. Invalid Service for Same Member on Same Date (NCCI PTP Edits)

- This error is the second of three with similar phraseology. “NCCI PTP Edits” are National Correct Coding Initiative Provider-to-Provider Edits. These are rules put in place by the Centers for Medicare and Medicaid Services (CMS) to define billing codes that should not be reported together for an individual client on a single date of service for a variety of reasons. Some billing codes may be reported together only in defined circumstances, and the error can be overridden by listing an appropriate override modifier within the claim (XE – “Separate Encounter,” XS – “Separate Structure,” XP – “Separate Practitioner,” or XU – “Unusual Non-Overlapping Service”). Claims denying for this reason usually indicate that the claim lists a billing code which cannot be reported for the same client on the same date as another claim’s billing code which has already been approved or paid.
- To resolve this, determine if the edit can be overridden. If it can be overridden, rebill the claim listing the appropriate override modifier or add the override modifier directly in SmartCareMCO. Unfortunately, if the edit cannot be overridden, it will not be payable in the system. Refer to the *PS NCCI PTP Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. This report allows you to look up whether a specific billing code has any other billing codes which cannot be reported on the same date. Additionally, the *Ohio Department of Medicaid Behavioral Health Manual* as well as the *SmartCareMCO National Correct Coding Initiative (NCCI) and Ohio Department of Medicaid (ODM) Edits Report* available at <https://partnersolutions.starkmhar.org/data-analytics/> list all available override modifiers and when to use them.

Note: Though the error code seems to indicate that multiple provider agencies may have billed for the client for the same service on the same date of service, this is typically not the case. However, if you are unable to identify an obvious cause, it is recommended to contact PartnerSolutions via a Helpdesk Ticket to request further investigation.

Additionally, if receiving this error in coordination with the error reason, “Same claim line exists,” this simply indicates that the claim is a duplicate.

8. Invalid Service for Same Member on Same Date (ODM PTP Edits)

- This error is the third of three with similar phraseology. “ODM PTP Edits” are Ohio Department of Medicaid Provider-to-Provider Edits. Similar to NCCI PTP Edits, these are rules to define billing codes that should not be reported together for an individual client on a single date of service. These, however, are put in place directly by the Ohio Department of Medicaid. This error cannot be overridden. Claims denying for this reason usually indicate that the claim lists a billing code which cannot be reported for the same

client on the same date as another claim's billing code which has already been approved or paid.

- Unfortunately, as these cannot be overridden, claims denying for this reason cannot typically be corrected, unless it is simply a case where the incorrect billing code was listed on the claim. If this is the case, the claim should be rebilled listed the correct billing code or the billing code should be corrected directly in SmartCareMCO. Refer to the *PS ODM PTP Edits Lookup Report* available by navigating to the My Reports QuickLink within the My Office menu. This report allows you to look up whether a specific billing code has any other billing codes which cannot be reported on the same date.

Note: Though the error code seems to indicate that multiple provider agencies may have billed for the client for the same service on the same date of service, this is typically not the case. However, if you are unable to identify an obvious cause, it is recommended to contact PartnerSolutions via a Helpdesk Ticket to request further investigation. Additionally, if receiving this error in coordination with the error reason, "Same claim line exists," this simply indicates that the claim is a duplicate.

9. LPN/RN as rendering provider requires ordering provider

- This error can be confusing, as this rule no longer applies for services rendered by an RN. This error indicates that a claim was billed listing a rendering provider credentialed as an LPN but that a required ordering provider was not listed alongside the rendering provider. All Medicaid-recognized services rendered by an LPN must include a valid ordering medical provider within the claim.
- To resolve this, the claim should either be rebilled adding the missing ordering provider, or the ordering provider should be added directly in SmartCareMCO. Refer to the *PS Rendering Provider Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu to look up specific rendering provider credentials.

10. Member is not eligible for any Plan

- This error indicates that the client does not have accurate board coverage on the claim's date of service. This usually means that the client's coverage plan was inappropriately terminated.
- When encountering this error, it's best to reach out to PartnerSolutions via a Helpdesk Ticket, as the client's coverage will need re-added. Sometimes, a new enrollment may need to be submitted.

11. Multiple Providers exceed the Billing Code Standard Allowed Units

- This error indicates that, for an individual client on a specific date of service, the billing code daily unit limit has been exceeded. Usually, this means that the claim itself lists a unit amount exceeding the limit, but it can mean that a separate provider agency has billed the same service for the client on the listed date. It is important to note, though, that if receiving this denial reason alongside the denial reason, “Same claim line exists,” this simply means that the claim is a duplicate.
- To resolve this, either rebill the claim listing the correct unit amount or correct the unit amount directly in SmartCareMCO. Or, if the unit amount seems correct, and you see no other claims for the client for the listed date of service, submit a ticket to PartnerSolutions via the Helpdesk Ticket System, as it will need to be determined if another provider has billed for the same service. Refer to the *PS Billing Codes and Billing Codes Rules Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. This report allows you to look up any rules, including unit limits, assigned to a specific billing code.

12. No rate can be found for this claim line

- This is the most common denial reason in SmartCareMCO. This error indicates that the claim as entered does not match any contracted rates in the system. This can be caused by a number of different issues related to distinct elements within the claim. Each issue requires different resolution. The following issues may cause this denial reason:
 - a. Your agency is not contracted for the listed billing code.**
 - Refer to your agency’s Contract Rate Sheet. This Excel spreadsheet is distributed to all provider agencies prior to the start of each new State Fiscal Year. If you do not have this document, contact SmartCareSupport@starkmhar.org for a copy. Search both Medicaid and Non-Medicaid Eligible tabs within the spreadsheet to determine if the billing code is listed.
 - Alternatively, refer to the *PS Provider Contract Rate Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. Enter the necessary values within each required field to search for the desired billing code to determine if your agency is contracted for the service.
 - If it is determined that your agency is not currently contracted for the billing code, the claim will not be payable in the system. If you believe that your agency should be contracted for the billing code, it is recommended to contact PartnerSolutions via the Helpdesk Ticket System to discuss with your board. In rare occasions, the board may determine to add the service to your contracted rates.

b. The claim was billed under the incorrect NPI Service Type.

- Some billing codes must be billed specifically under your agency's Mental Health (MH) or Substance Use Disorder (SUD) NPI (if applicable). Refer to your agency's Contract Rate Sheet. This Excel spreadsheet is distributed to all provider agencies prior to the start of each new State Fiscal Year. If you do not have this document, contact SmartCareSupport@starkmhar.org for a copy. Search both Medicaid and Non-Medicaid Eligible tabs within the spreadsheet for the desired billing code. The first column titled "Service Type" will list either "MH" for Mental Health or "SA" for Substance Abuse.
- Alternatively, refer to the *PS Provider Contract Rate Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. Enter the necessary values within each required field to search for the desired billing code. The column titled "Site Type," will list either "MH" for Mental Health or "SA" for Substance Abuse.
- To determine which NPI Service Type the claim itself was billed under, while within the Claim Line Detail screen, look for the item titled "Site" within the Claim Line Information section. Next to your agency's ID, either "MH" or "SA" will be listed. Ensure that this value matches what is applicable within your Contract Rate Sheet or *PS Provider Contract Rate Lookup Report*.
- If it is determined that the claim was billed under the incorrect NPI Service Type, simply rebill the claim under the correct NPI Service Type (This error cannot be corrected directly in SmartCareMCO, and the claim must be rebilled).

c. The claim is missing required modifiers or lists invalid modifiers.

- Refer to the *PS Provider Contract Rate Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. Enter the necessary values within each required field to search for the desired billing code. Within the columns titled "Modifier1," "Modifier2," "Modifier3," and "Modifier4," you will be able to see any modifiers required for this billing code, including program modifiers specifically designated by the board (if applicable).
- If it is determined that any required modifiers are missing, either rebill the claim listing the appropriate modifiers or add those required modifiers directly in SmartCareMCO.

d. The Place of Service (POS) Code entered within the claim is not allowable for the listed billing code.

- Refer to the *PS Provider Contract Rate Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. Enter the necessary values within each required field to search for the desired billing code. Within the column titled “PlaceOfService,” all allowable POS Codes allowable for the billing code will be listed.
- If it is determined that the POS Code listed within the claim is not allowable, either rebill the claim listing an appropriate POS Code or update the POS Code directly in SmartCareMCO.

e. No rendering provider is listed within the claim when one is required, or the rendering provider listed lacks the appropriate credentials to deliver the service.

- Refer to the *PS Provider Contract Rate Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. Enter the necessary values within each required field to search for the desired billing code. Within the column titled “License Types,” all rendering provider credentials allowable for the billing code will be listed.
- Additionally, refer to the *PS Rendering Provider Lookup Report* available directly in SmartCareMCO by navigating to the My Reports QuickLink within the My Office menu. Enter the necessary values to search for a specific rendering provider to determine their associated credentials as well as credentialing effective dates. A list of all rendering providers within SmartCareMCO is also available from the SmartCareMCO Resources website and updated weekly at <https://partnersolutions.starkmhar.org/data-analytics/>.
- To determine the rendering provider listed within a specific claim, while within the Claim Line Detail screen, look for the item titled “Rendering Provider” within the Service/Charge section.
- If it is simply determined that no rendering provider was listed or that the incorrect rendering provider was listed, either rebill the claim listing the appropriate rendering provider or add the rendering provider directly in SmartCareMCO.
- Alternatively, if you believe that the rendering provider listed holds the appropriate credentials but that those credentials are not listed or are listed inaccurately in SmartCareMCO, it is recommended to contact PartnerSolutions via a Helpdesk Ticket. Oftentimes, PartnerSolutions can confirm whether a

rendering provider's credentials need updated in the system and will do so. The claim will still either need to be rebilled or reprocessed manually in the system.

13. Pended claim was reviewed then denied

- This error indicates that the claim was originally pended due to a rule initially set up by a local board but was then denied after the board reviewed the claim.
- Typically, this cannot be resolved. However, if you have a question concerning why a specific claim was pended by a board, you should contact the board directly. In rare occasions, the board may review the claim again and release it for payment.

14. Same claimline exists

- This error indicates that a claim for the same service has already been approved or paid for this client on the same date of service. The error reason will list the original Claim Line ID. Simply hover your mouse over the denial reason text to view the entire message.
- Typically, since the service has been paid, nothing needs to be done, and this denial can be ignored.

15. Third Party Plan is fully responsible

- This error indicates that the client has active Medicaid coverage on the claim's date of service, and that the service is Medicaid payable.
- Typically, this indicates that the claim should instead be billed to Medicaid for payment. Sometimes, although rare, SmartCareMCO may have the wrong Medicaid data. If this seems to be the case, open a PartnerSolutions Helpdesk Ticket to resolve the issue.

Note: You can always check a client's Medicaid ID and coverage directly in SmartCareMCO. First, search for the desired client by using the Client Search function. Type the client's name in the format of 'last name, first name.' Once within the Client menu, access the Client Coverage Plans Quicklink. Here, you will be able to see the client's Medicaid ID (if applicable) under the section titled Client Plans. The Medicaid ID will be under the Insurer ID column next to Medicaid. Within Plan Time Spans, by default, only current plans will be shown, Uncheck the 'Show Current Plans Only' checkbox to view all coverage spans. For more information, refer to **Section XIII. Viewing Client Information, subsection b.) Client Coverage Plans.**

XVII. 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**.

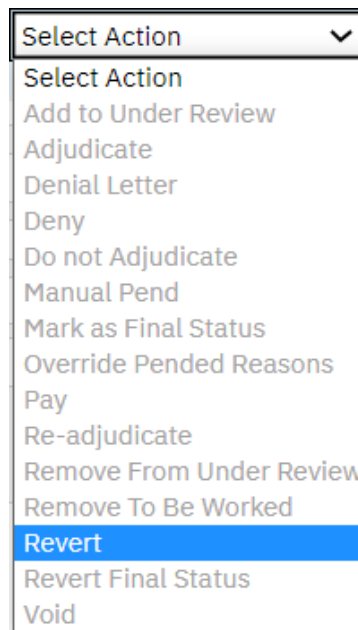
Select: All, All on Page, None Total Payable Amount : \$ 0

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

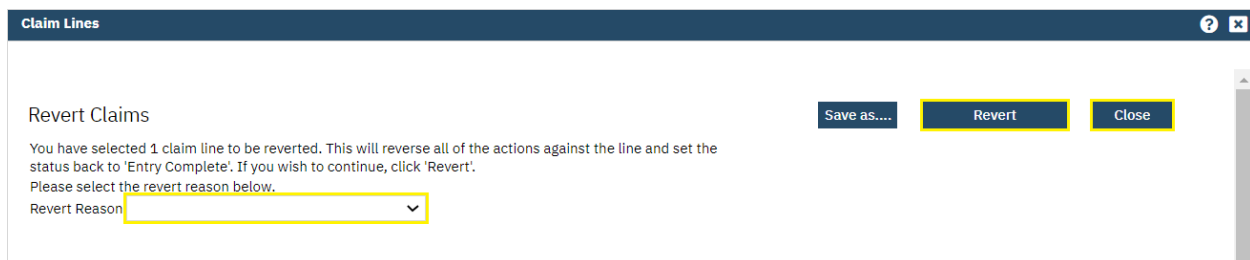
4. Select the claim(s) to be reverted by clicking in the checkbox next to the desired claim(s).



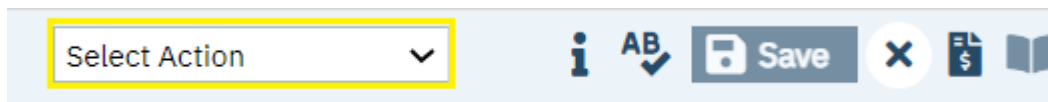
- Then, click in the **Select Action** field to open the dropdown list.



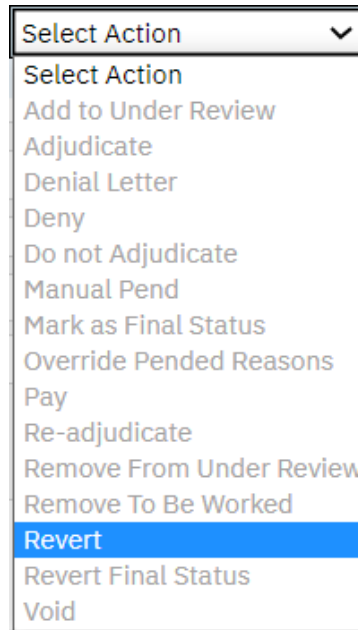
- Click on **Revert**.



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



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



9. Click on **Revert**.

 A screenshot of a web application window titled "Claim Lines". The window displays a "Revert Claims" dialog. The dialog text reads: "You have selected 1 claim line to be reverted. This will reverse all of the actions against the line and set the status back to 'Entry Complete'. If you wish to continue, click 'Revert'. Please select the revert reason below." Below the text is a "Revert Reason" dropdown menu. To the right of the dialog are three buttons: "Save as....", "Revert", and "Close". The "Revert" button is highlighted with a yellow border.

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

c.) Voiding Claims in SmartCareMCO

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

Note: A claim must first be reverted before voiding.

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

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

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

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

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

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

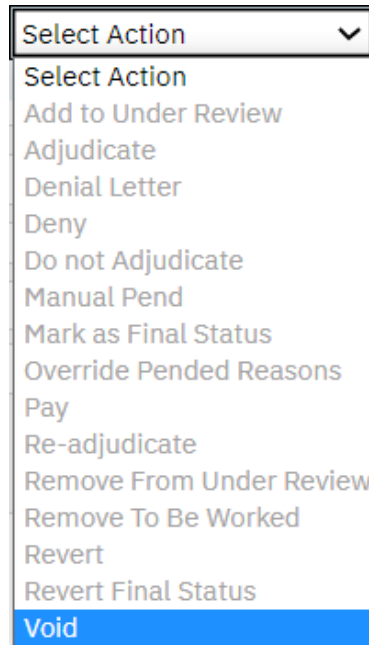
Select: All, All on Page, None Total Payable Amount : \$ 0

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

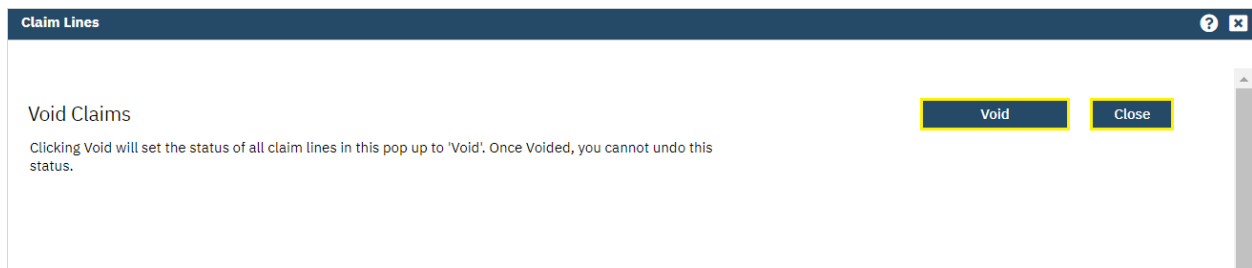
4. Select the claim(s) to be voided by clicking in the checkbox next to the desired claim(s).



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



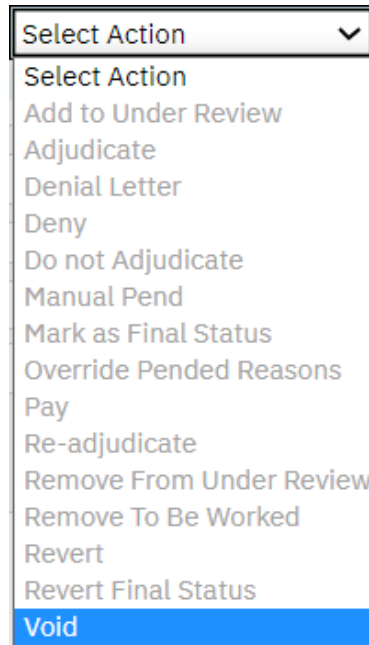
- Click on **Void**.



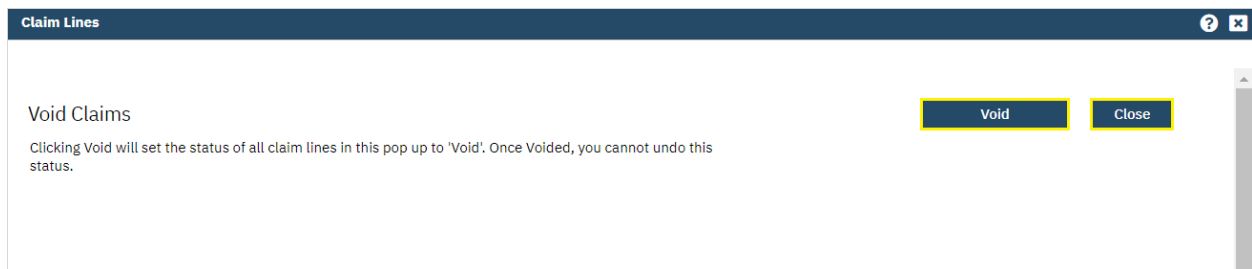
- In the popup that appears, click **Void**. You will receive the notification “**Claim Lines updated successfully.**” Click on **Close** to close the popup.



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



9. Click on **Void**.



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

d.) Making Basic Claims Corrections in SmartCareMCO

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

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

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

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

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



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

Service Lines

From To Code Modifiers

POS Rendering Provider

Ordering Provider Supervising Provider Units Charge

NDC NDC Unit NDC Unit Type

Dx Third Party EOB Information Allowed Paid Adj

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

4. Within the **Service Lines** section, click on the radio button to the left of the claim line details you wish to view. The claim line details will populate in their respective fields under **Service Lines**.

Service Lines

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

POS [redacted] Rendering Provider [redacted]

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

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

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

Estimate Line billing... Modify Clear

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

5. The following items can be corrected:

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

Modifiers: Type in the modifiers within the individual fields.

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

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

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

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

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

Charge: Type the charge amount into the field.

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

NDC Unit: Type the unit amount into the field.

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

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



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

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

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



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

XVIII. 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.

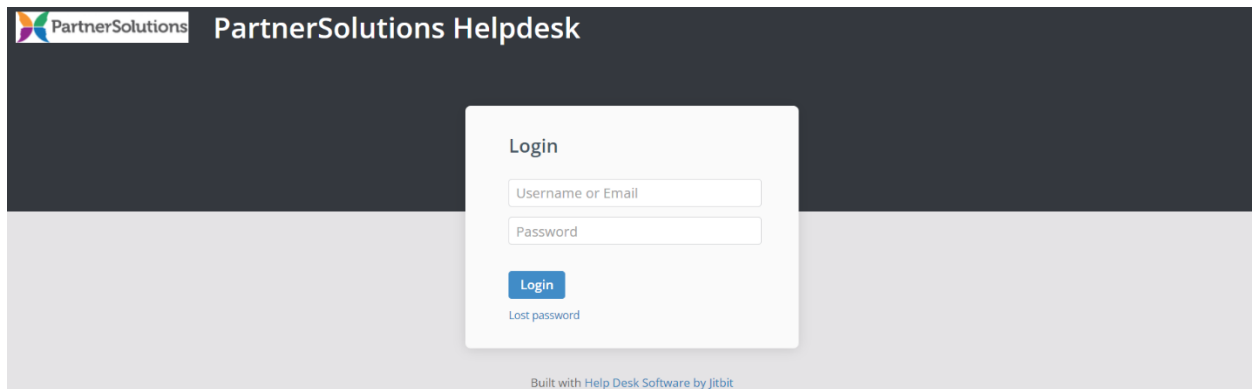
a.) Logging into PartnerSolutions Helpdesk

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.



PartnerSolutions Helpdesk

Login

Username or Email

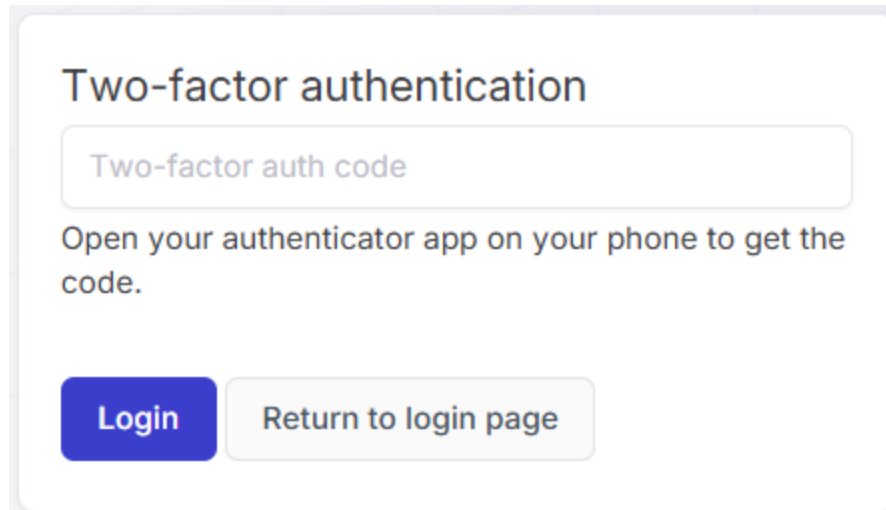
Password

Login

Lost password

Built with Help Desk Software by Jitbit

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



Two-factor authentication

Open your authenticator app on your phone to get the code.

[Login](#) [Return to login page](#)

3. You will then be asked to enter a 6-digit Two-Factor Authentication code. Enter the code provided within your Authenticator App, then click **Login**. (See subsection b. Setting Up Two-Factor Authentication for more information.)

b.) Setting Up Two-Factor Authentication

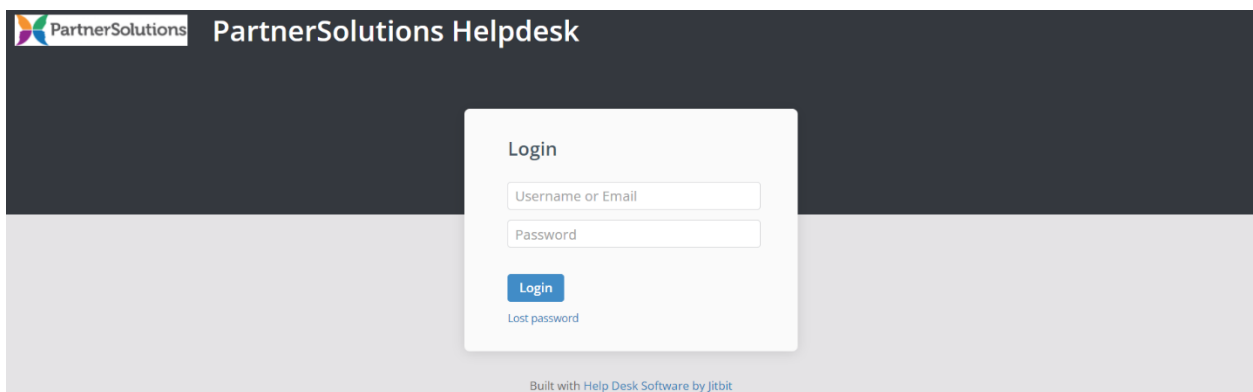
Effective November 2025, PartnerSolutions now requires Two-Factor Authentication for all PartnerSolutions Helpdesk accounts.



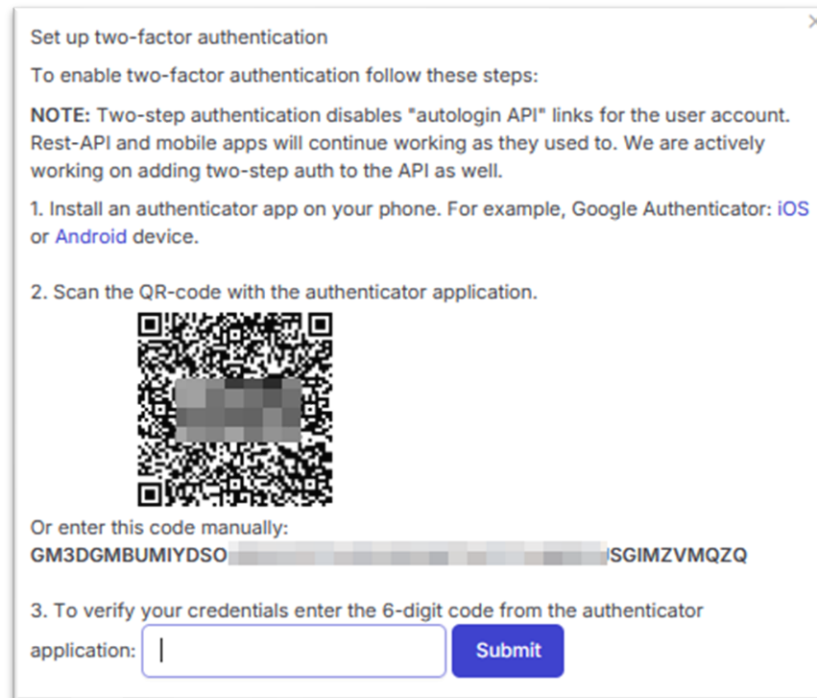
1. Install a supported Authenticator Application on your personal or work mobile phone. Supported Authenticator Apps include Google Authenticator or Microsoft Authenticator.

Click here for instructions on how to install Google Authenticator for Android or iPhone: https://play.google.com/store/apps/details?id=com.google.android.apps.authenticator2&hl=en_US&pli=1. Alternatively, you can simply search for “Google Authenticator” within your Google Play Store (Android) or App Store (iPhone).

Click here for instructions on how to install Microsoft Authenticator for Android or iPhone: <https://support.microsoft.com/en-us/account-billing/download-microsoft-authenticator-351498fc-850a-45da-b7b6-27e523b8702a#id0ebbj=ios>. Alternatively, you can simply search for “Microsoft Authenticator” within your Google Play Store (Android) or App Store (iPhone).



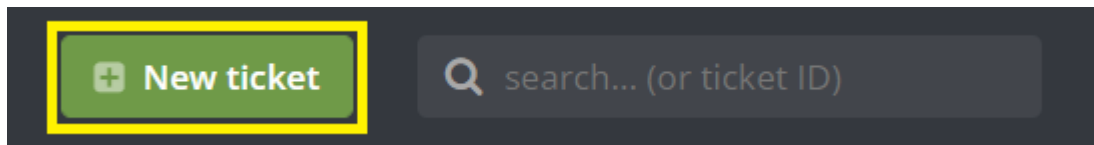
2. Log into your PartnerSolutions Helpdesk account using your **Username or Email** and **Password**.



3. Upon logging in, you will be greeted with the **Set up two-factor authentication** popup. Follow the instructions within the popup as indicated.
4. To set up access via Google Authenticator once installed on your device, follow these steps:
 - Open the app. Follow instructions to create an account/log in.
 - Once logged in, click the **Plus (+)** icon in the lower, righthand corner of your device.
 - Select either **“Enter a setup key”** or **“Scan a QR code.”**
 - If you choose the **“Enter a setup key”** option, you will be directed to a new screen and asked to enter an **Account Name** (ex., PartnerSolutions Helpdesk) as well as **Your Key** (listed within the **Set up two-factor authentication** popup). You’ll also be asked whether the **Type of Key** is “Time based” or “Counter based.” Select whichever is your preference. Then, click **Add**.
 - If you choose the **“Scan a QR code”** option, your phone’s camera will be opened. Scan the QR code as instructed. The account will automatically be added to your list. To edit the **Account Name**, swipe left on the account and click the **Edit** icon. Make any updates as desired, then click **Save**.
 - Finally, enter the 6-digit code provided within your app in the **Set up two-factor authentication** popup (Step 3), and click **Submit**.

5. To set up access via Microsoft Authenticator once installed on your device, follow these steps.
 - Open the app. Follow instructions to create an account/log in.
 - Once logged in, click the **Plus (+)** icon in the upper, righthand corner of your device.
 - Select “Work or school account.”
 - Then, select **Scan QR code**. Your phone’s camera will be opened. Scan the QR code as instructed. The account will automatically be added to your list. To edit the **Account Name**, click the account, then select the **Settings (Cog)** icon in the upper, righthand corner of your device. Click the account and enter the new name within the **Rename account** popup. Then, click **Done**.
 - Finally, enter the 6-digit code provided within your app in the **Set up two-factor authentication** popup (Step 3), and click **Submit**.
6. Once you have properly set up Two-Factor Authentication using one of the supported Authenticator Apps, you will utilize a new 6-digit code provided within your app each time you log in.
7. If your account is mistakenly deleted within your Authenticator App, please contact SmartCareSupport@starkmhar.org to assist in accessing your PartnerSolutions Helpdesk account.

b.) Opening a New Ticket



1. Click on **New Ticket**.

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

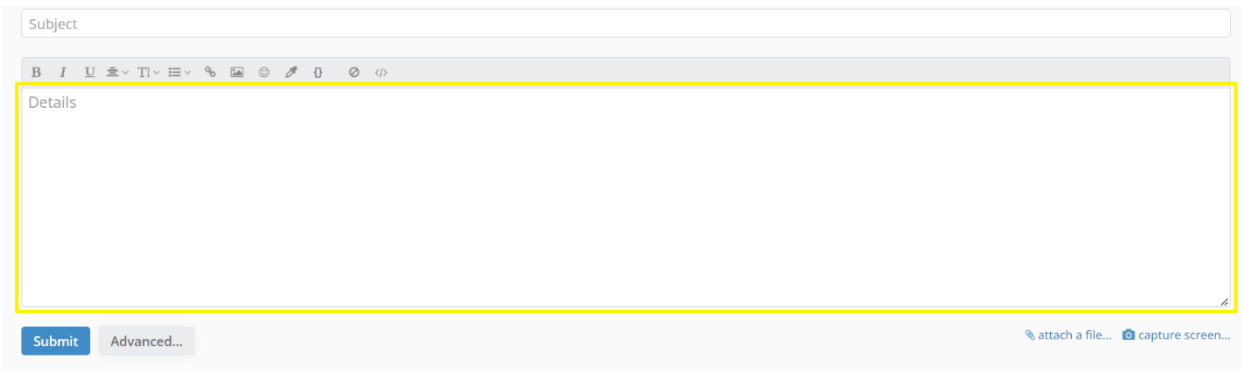
2. Click on **Select Category**, then select the appropriate topic for your ticket from the following list:
 - ***SMARTCAREMCO / Password Reset*** – Select if you or another staff person needs assistance resetting a SmartCareMCO and/or PartnerSolutions Report Portal (Formerly Heartland East Website) 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.

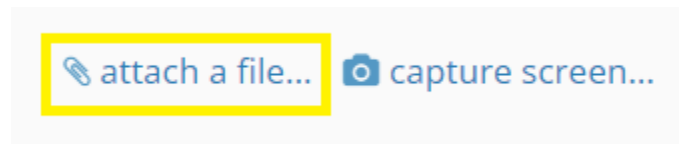
Note: Please only select help topics within the category **SmartCareMCO** in regard to submitting tickets related to SmartCareMCO, as the PartnerSolutions Helpdesk system is also utilized by NextGen. This ensures that issues are routed to the correct team.

The image shows a screenshot of a web-based ticket submission form. At the top, there is a text input field labeled 'Subject' which is highlighted with a yellow border. Below this is a rich text editor with a toolbar containing icons for bold, italic, underline, text color, background color, bulleted list, numbered list, link, unlink, image, video, table, and code. Below the toolbar is a large text area labeled 'Details'. At the bottom of the form, there is a blue 'Submit' button and a grey 'Advanced...' button. To the right of these buttons are two small icons with text: 'attach a file...' and 'capture screen...'.

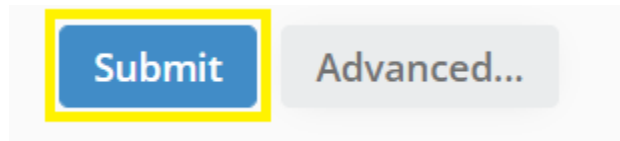
3. Enter the subject or a brief description related to your ticket in the **Subject** field. Please be mindful that no electronic protected health information (PHI) should ever be listed within the subject line of a submitted ticket, as that information will be included within email notifications. (PHI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



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



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



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

c.) Viewing and Responding to an Opened Ticket

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

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

←
✓ Close ticket
More...

Password Reset TEST

Hi,

I need my SmartCare password reset.

Thanks!
Dara

💬 Reply...

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

To: ✓ Dara Covan ✓ Dara Covan add...

B I U ≡ T ≡ 🔗 🖼️ 😊 🖋️ 🔗 </>

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

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