SmartCare Monthly Provider Meeting

8/27/2026

SmartCare Bookmark Issue

- Issue where for some folks where SmartCare bookmark does not work.
  - Not affecting most folks
- Work Arounds
  - Type in direct link - https://pssc.smartcarenet.com/PSSmartcareProd/Login.aspx
  - Delete bookmark and recreate bookmark

SFY 2027

- Make sure you are working with contract Board(s) on SFY 2027 updates
- Make sure to verify with contracted Board(s) final day to process SFY 2026 claims.
  - These do change occasionally, so best to verify each year.
  - Schedule for each Board was sent out a few weeks ago.

ODM New Utilization Management and other Rules we are monitoring

- 7/1/2026 Utilization Management Rules
  - We will initially be monitoring and evaluating those (monitor mode) through reporting
  - Individual Boards may take action based on monitoring
- Potential 5160-27 Changes
- Adult Crisis
- HR-1 (Expansion Adults)
  - Community Engagement Rules (Work Requirements)
    - Clarification on who is exempted
    - Definition of Medically Fragile Exemption
  - Six-month redeterminations

SFY 2027 Updates – New Adjudication Rule

- Possible duplicate claim, needs review – New Adjudication Rule
  - Starting with service date 7/1/2026
  - Will pend subsequent claims where there is a previous claim billed on the **same day** to the **same client** for the **same billing code** (exceptions for H0036, H0006, H2017, H2019 and most non-clients specific services)
  - Providers will need to review and open a ticket to let us know if any claims are not legitimate duplicates
  - Pended claims will deny after 30 days
  - Can refine and exclude certain services if we find some tend to produce false positives – Working with Boards
  - "Possible duplicate claim, needs review" reason code

SFY 2027 Updates – New Adjudication Rule

- New Widget to track Pended Possible Duplicate Claims

- New Custom Report to Track Pended Possible Duplicate Claims
  - PS Pended Possible Duplicate Claims

SFY 2027 Updates – New Adjudication Rule

- Claim Units Exceed Per Diem Rule – New Adjudication Rule
- Select Per Diem Services are setup so that they cannot be billed on the same day to the same client
- "Claim Units Exceed Per Diem Rule" reason code

SFY 2027 Updates – Coverage Plan Restricted Contract Rates

- Rules are being put in place to ensure that client specific services are not billed to Pseudo Clients and Non-Client Specific services are not billed to real clients
  - Boards can overrule for specific services
  - "No Rate Can Be Found For This Claim Line" error code
  - Can identify in "Coverage Plans field" in the PS Provider Contract Rate Lookup Report
    - <Board Name> BH = Real Clients Only
    - <Board Name> BH = Pseudo Clients Only
    - ANY = No coverage plan restrictions (Both)

Coverage Plans
Ashland BH
ZPC Ashland BH
ANY

New(ish) Reports

- PS Contract Rate Service Utilization
  - Shows a year-to-date utilization for each billing code contracted for even those that have no utilization
- PS 837 Billing File Claim Lifecycle
  - Shows the status of all the claims associated with a specific 837 billing file
- PS Batch File Claim Lifecycle
  - Shows the status of all the claims associated with a specific Batch Claims Upload billing file

New(er) Reports

- PS Utilization Management Review (Provider Monitoring Reports)
  - Track the 7/1 utilization management categories by either fiscal or calendar year
- PS Ohio Medicaid Aid Categories (Provider Helpdesk Reports)
  - ODM 271 Aid/Rate Crosswalk along with ODM Major Aid Category and EMI Major Aid Category information
- PS Rendering Provider's Services (Provider Fiscal Reports)
- PS SFY Rendering Provider Service Summary (Provider Fiscal Reports)

Potential Overlap Eligibility Span Issue

- We have confirmed an issue where Full Medicaid Spans can sometimes overlap with Non-Full Medicaid Spans (QMB only, SLMB Only, IHSP, etc) on the 270/271 Eligibility Lookups
- This can happen where an individual has moved between a Full Medicaid plan and a Non-Full Medicaid plan for the eligibility lookback period. When this happens all the plans are collapsed together and with the same start and end date. By default, SmartCare will tag them as Full Medicaid for the full span

Potential Overlap Eligibility Span Issue

- If you discover one of these, open a ticket and include a PNM screenshot showing the Non-Full Medicaid period.
- This is a verified issue with the Ohio Department of Medicaid, and they have committed to fix it but there is currently no estimated time frame for fix.
- Take extra care when determining QMB/SLMB status

SmartCare Quiet Time

- We are requested that folks don't do any SmartCare claim activities (submitting billing files and doing claims corrections) in SmartCare on Saturday morning between 12 AM and 12 PM.

- Will receive a notification if logging into SmartCare during that time.

Support for Practitioner Modifiers

- Added support for Practitioner Modifiers in SFY 2026
- These are still optional
- **Strongly recommend that they are used in the case where a practitioner has multiple Licenses/credentials that pay at a different rate**
- Do not include practitioner modifier if billing under direct supervision for services that process under supervisor rate

Associating Practitioners with alternative practice NPI not associated with SmartCare

- If you have such a situation, please let us know so that we can map alternative NPI number with your SmartCare NPI Number in the Practitioner Update Process
  - If not, practitioners will not get added or updated

- Note this mapping will only apply to the practitioner update process and not billing
  - You will not be able to submit billing

Supervisor Pricing Modifiers – HP/HT

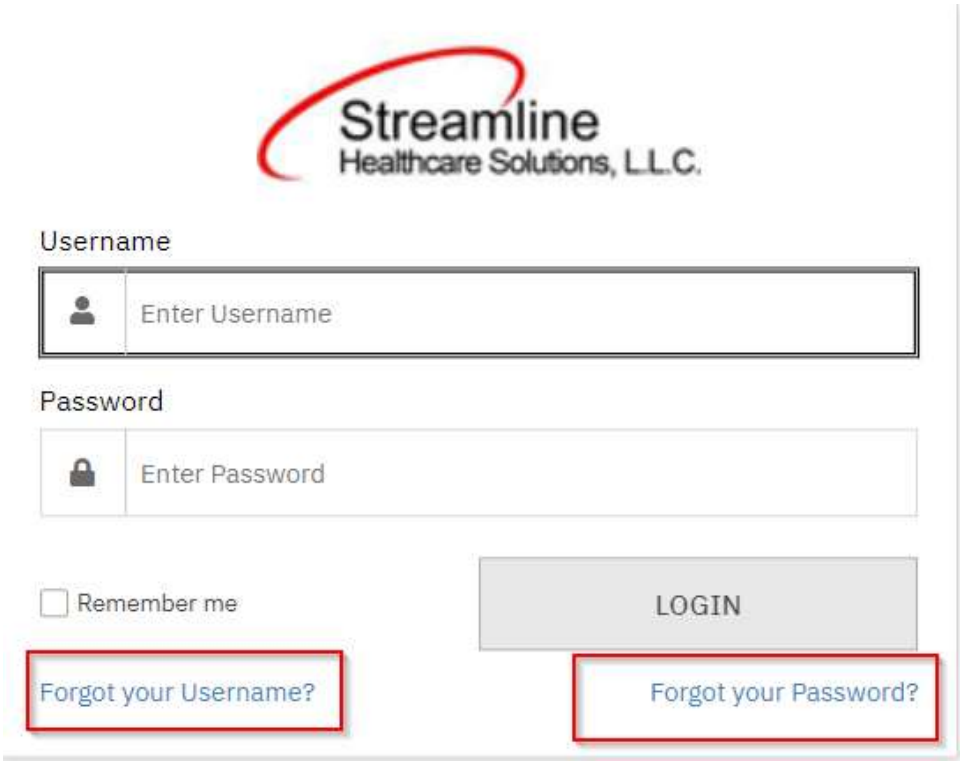
- Currently Reviewing but current process will still be followed
- Include Supervisor information on claims rendered under direct supervision
- The HP/HT modifier can be included on these claims, but SmartCare will ignore them
- Will update if any changes are made

Micro Training Videos

- We will be creating and posting Micro Training Videos through out the year
  - Can now be found on PartnerSolutions SmartCare resource page (https://starkmhar.org/partner-solutions/smartcareresources/)
- Currently five Micro Training Videos
  - JitBit PartnerSolutions Helpdesk Ticket System Training
  - SmartCareMCO Client Enrollment Training
  - SmartCareMCO New User Training
  - Claims Correction
  - Batch Claims Upload Files
  - Claims Trouble shooting (updated companion section in Provider manual)

Self Password Reset

- We have turned on the ability to directly request password reset through SmartCare



Self Password Reset

- Will want to make sure to whitelist the StreamlineHealthCare.com email domain and in particular donotreply@streamlinehealthcare.com and dbmailer@streamlinehealthcare.com.
  - This will also help with Two-Factor message sent through email
  - If not receiving Two-Factor email, try restarting Chrome Browser
- Make sure contact information (email and phone number) is up-to-date and accurate in SmartCare
  - Note that we can only send communications to email address on record in SmartCare
  - Make sure to update if your email or phone number changes
    - Make sure to let us know if your email domain changes
- Those that don't remember the answer to their security questions or have multiple accounts in SmartCare will need to continue to go through helpdesk to reset password
- Security question answers are case sensitive

Password/Account Resets

- Encourage providers to use the self-password reset when/where available
- Note that passwords must meet the following criteria.
  - Length of 14 characters
  - At least one special character
  - At least one number
  - At leas one uppercase letter
- Working on adding notice of password requirements when resetting password

SmartCare Security Reminders

- Do not share accounts. Every user should have their own dedicated account.
- Accounts will be deactivated after 90-days of inactivity – should receive reminders before hand
- Make sure to let us know if a staff member that has access to SmartCare separates from your agency
- Annual Account Review – September

Provider Meeting Email List

- Currently invites for the Providers meeting goes out to all users that have an active SmartCare account

- We will be creating an email list for those individuals that don't have a SmartCare account but want to be included in the meeting invite. Please send name and email address to SmartCareSupport@StarkMHAR.org

Claim Submission Recommendations

- Recommend to have billing files submitted by end of day Thursday
  - This will give providers an opportunity to review any denials before claims are finalized at the end of the week. It will also give providers an opportunity to resolve any issues that may arise.

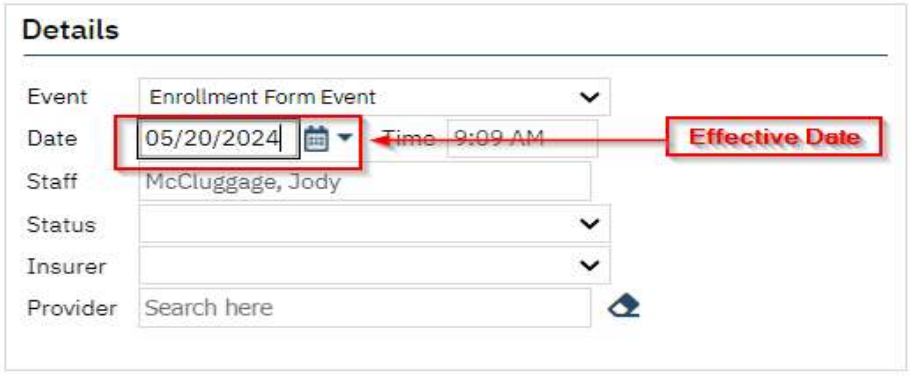
- Claims will need to be submitted by end of day on Friday to be included on following week Board payment reports. Submitting claims submitted on Saturday or Sunday will not be processed until the next week. Wait until Monday to submit your claim file and enjoy your weekend!

Staff Account Requests

- Reminder to only submit account requests for staff that need to access the SmartCare portal
- Make sure that the following folks have accounts
  - Primary Enrollment Staff
  - Primary Billing Staff
- Make sure to use the most current staff account request form.

Enrollment Reminders

- Enrollment Event Date = Effective Date
  - If the client had claims between effective date and today's date as those claims will deny if you do not change that date if you do not change that date



- Don't put name suffix (Jr. Sr., etc) in Last Name field but use Suffix field
- Make sure to "X" out of enrollment when completed (clicking on X in the upper righthand corner)

Enrollment Reminders

- Valid Social Security Number required
- Only use all 9s for the following reasons
  - Severe Crisis
    - Should provide once known
  - Special Populations that may not have SSN (e.g. Amish)
  - Board approved situations
  - Note that invalid SSN may cause eligibility to not update correctly (e.g. Medicaid) and increase likelihood of client duplication
- If all 9s are used and not due to one of these situations, the enrollment will be set to “Review” status.

Enrollment Reminders

- If contracted with more than one Board area, make sure to select Board where client resides unless there is prior approval from Board
- Enrollments will be put in “Review” status if assigned to wrong Board.
- Do not click on “Sign” button. Normally you cannot do this but there is a bug that will let you under certain circumstances. This will cause enrollment delays. Click on “Save” button when enrollment is complete.

Enrollment Reminders

- Note about Crisis Enrollments
  - Expectation is that every effort will be made at time of enrollment to get all releases/disclosures, demographic, and income verification and determination at time of enrollment.
  - If not possible to get this information at time of enrollment, the expectation is that this information will be collected as soon as able and enrollment updated
  - Will be reviewing and probably updating procedures around this as inaccurate demographics can prevent eligibility from updating correctly
  - Enrollment Best Practices - https://partnersolutions.starkmhar.org/wp-content/uploads/sites/3/2026/02/SmartCareMCO_Enrollment_Event_Best_Practices.pdf

Voiding/Rebilling VS Reverting/Correcting

- If you preserve the full history of the original claim, it is best to void and rebill
  - Funding driven by program modifier is a good example of this.

- Reverting/Correcting will overwrite will preserve original units, billed amounts, and paid amounts but will overwrite any other value that is corrected

Voiding Rebilled Denied Claims?

- Voiding denied claims is not required prior to resubmitting denied claims but can be useful for troubleshooting purposes as the claims no longer show up as denied claims but voided.

Void or Replacement 837 claims

- SmartCare does support 837 Void and Replacement Claims (Claim Frequency Codes 7/8)
  - Some important caveats
    - Requires correct Claim Id (not Claim Line Id) and Payer Claim Control Number
      - Will get a Payer Control Number Invalid error if Payer Claim Control number
    - Operates at the Claim Level and not the Claim Line level so if there are multiple claim lines associated with the claim, will impact all claims.
- Still recommend doing corrections and/or voids through the portal as gives you more control and can verify what is happening

Resources

- PartnerSolutions.Org/SmartCareResources
- https://starkmhar.org/partner-solutions/smartcareresources/
  - Manuals
  - Troubleshooting tips
  - 837 Companion Guide
  - User account request form
  - Codes
    - Allowable diagnosis
    - NCCI code set (PTP & MUE)
    - ODM PTP
  - Etc.

Support Resources

- Open a ticket
  - https://partnersolutions.jitbit.com/helpdesk/
    - Only include minimal PHI needed to resolve ticket
    - Will start requiring providers with SmartCare issues to open ticket
- Email (for general questions only)
  - SmartCareSupport@StarkMHAR.org
    - **No PHI should be included**
- PartnerSolutions.Org/SmartCareResources
  - https://starkmhar.org/partner-solutions/smartcareresources/

Holiday/Office Closure Schedule

- Monday – September 7, 2026

Next Meeting

- Thursday, September 24, 2026

Open forum

- Questions for us?
- Topics for future meetings?