

Share Care

Consumer Search

Searching for Consumers in Share Care

When searching for consumers it is best to use either their date of birth or social security number.

The consumer name may not be spelled correctly or they may be going by another name.

Click **Advanced Search**

Type in date of birth and click on **Search**.

Search Criteria						
Last Name	<input type="text"/>	Consumer ID	<input type="text"/>			
First Name	<input type="text"/>	Social Security Number	<input type="text"/>			
Date Of Birth	<input type="text" value="02/10/1948"/>	CIN	<input type="text"/>			
Alternate Consumer ID	<input type="text"/>					

Search Results						
Last Name	Consumer ID	First Name	Social Security Number	Date Of Birth	CIN	Alternate C.
P [REDACTED]	20	LUCILLE	999999999	01/01/1940		[REDACTED]
C [REDACTED]	30	HARRIETTE	999999999	01/01/1918		[REDACTED]
L [REDACTED]	42	LISBETH	[REDACTED]	03/22/1963		959503277

Consumer search

When searching a consumer with a social security number or date of birth a list of consumers will appear.

If your consumer appears on the list just click on the blue consumer ID link.

Next click on the **Profile** tab.

Call Logging
Consumer

Access Setup
Repository Lookup
Access Reports
Clinical
Clinical Reports
Fiscal
Fiscal Reports
Administration

Search Criteria

Last Name Consumer ID
 First Name Social Security Number
 Date Of Birth CIN
 Alternate Consumer ID

Search Results

Last Name	Consumer ID	First Name	Social Security Number	Date Of Birth	CIN	Alternate Consum
T [REDACTED]	30629	JEFF	[REDACTED]	02/10/1948	0	
H [REDACTED]	33049	DONALD	[REDACTED]	02/10/1948	0	
L [REDACTED]	33497	HARRY	[REDACTED]	02/10/1948	0	
C [REDACTED]	51070060	SUSIE	999999999	02/10/1948	[REDACTED]	
M [REDACTED]	122040020	DIANE	999999999	02/10/1948	[REDACTED]	

ShareCare

Consumer Consumer ID Alternate ID
 SSN CIN Birth Date Guarantor

Main Menu

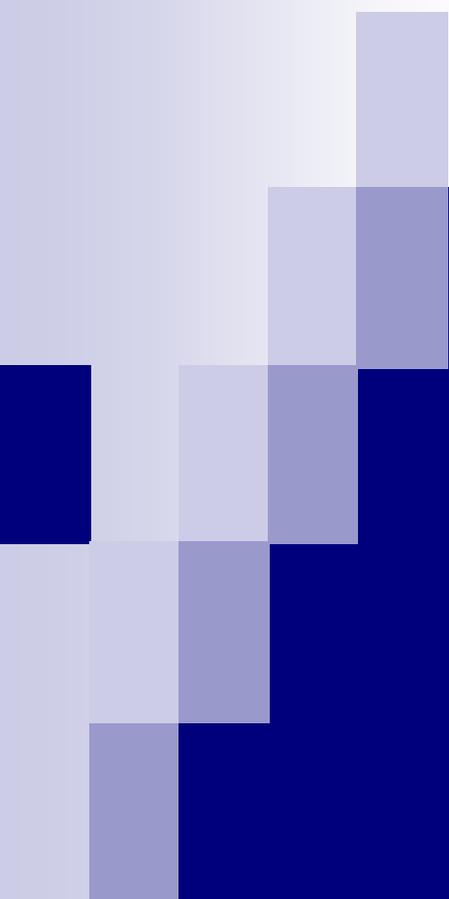
Summary **Profile** Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Consumer Lookup

Last Name Consumer ID

Default Consumer Information

Consumer Name	<input type="text"/>	System of Care	Mental Health (MHS)
Address Line 1		Address Line 2	
City State Zip Code		Telephone Number	
County of Liability		County of Residency	
Consumer ID	<input type="text"/>	Alternate Consumer ID	<input type="text"/>

A graphic consisting of several overlapping squares of varying shades of blue and white, arranged in a stepped pattern that ascends from the bottom left towards the top right.

ShareCare

Create New Consumer Record

Entering Consumer Name

In the **Profile** section click on **New**.

Initial Data - SBC ADMHS - Microsoft Internet Explorer provided by County of Santa Barbara

New

Consumer MA Consumer ID

Alternate ID SSN Birth Date 02/10/1948 Guarantor

Summary **Profile** Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup **Name** Address Telephone Demographics Education Special Populations SED Accommodations Identificat

[Default]
Name Type Birth Name
Name
Begin Date
End Date

On “Name Type” there is a drop down box, choose the correct type. For example if the consumers name is different than the name they are going by you must use “**Billing Name (Medi-Cal)**”.

Summary **Profile** Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup **Name** Address Telephone Demographics Education Special Populations SED Accommodations Identificat

Default

Name Type

Name Prefix

Last Name First Name

Middle Name Suffix

Generation

Begin Date End Date

Consumer Name

The name must be entered in CAPITAL LETTERS.

The begin date will be the first day you see the consumer.

The Name must appear exactly as it appears in the State MEDS System.

This is what is called the Medi-cal/Billing name.

Share Care will look for the default name to match the State MEDS System name.

Default

Name Type

Billing Name (Medi-Cal) ▼

Name Prefix

SELECT AN OPTION ▼

Last Name

Middle

Generation

SELECT AN OPTION ▼

Begin Date

01/01/2011

First Name

Name Suffix

SELECT AN OPTION ▼

End Date

Entering Consumer Address

Choose the type of address on the drop down menu.

If County of Residency and County of Liability are not Santa Barbara, then use the drop down menu to choose the correct County.

When entering the address use all capital letters and enter the full address on line 1.

Please do not use punctuation or symbols in the address.

Share Care will look for the default address to match the State MEDS screen address.

Summary Profile **Address** Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Name Address Telephone Demographics Education Special Populations SED Accommodations Identification

Default

Address Type Home

Address Line 1 SELECT A TYPE

Address Line 2 Billing

City Foreign

State SELECT A STATE

County of Residency Home

County of Liability Homeless

Township Shelter

E-Mail Address Unknown

Begin Date Work

End Date

Default

Address Type Home

Address Line 1 500 N HAPPY LANE

Address Line 2

City SMALL TOWN

State CA

Zip Code 99999

County of Residency Santa Barbara

County of Liability Santa Barbara

Township SELECT A TOWNSHIP

E-Mail Address

Begin Date 01/01/2011

End Date

Entering Consumer Phone Number

Go to the Telephone flag and select Telephone Type and enter the area code and number. Use the date of intake.

The screenshot shows a software interface with a navigation bar at the top containing tabs: Summary, Profile, Contact, Guarantor, Payor, Insured, Diagnosis, Eligibility Verification, Share of Cost, and Family. Below this is a sub-navigation bar with tabs: Lookup, Name, Address, Telephone, Demographics, Education, Special Populations, SED, and Account. The 'Telephone' tab is highlighted with a red circle. The main content area shows a form with the following fields: 'Default' with a checkbox, 'Telephone Type' with a dropdown menu, 'Telephone Number' with a text input field and an 'ext.' field, and 'Begin Date' with a date input field. The dropdown menu for 'Telephone Type' is open, displaying the following options: 'SELECT A TYPE', 'Alternate Cell', 'Cell', 'FAX', 'Home', 'Message', 'Other', 'Pager', and 'Work'. The 'SELECT A TYPE' option is currently selected.

Entering Demographics

When entering Demographics you must enter Gender, Marital Status, Living arrangement, Hispanic origin, race, language and check if the language is primary and preferred.

Click on update at the top of the screen.

The screenshot shows a web application interface for entering demographic information. The 'Demographics' tab is active. The form includes the following fields and sections:

- Gender:** Dropdown menu with 'F - Female' selected.
- Marital Status:** Dropdown menu with 'SELECT A STATUS' selected.
- Dependents Under 18:** Text input field with '0' entered.
- Dependents 18 or Older:** Text input field with '0' entered.
- Number of Dependents:** Text input field with '0' entered.
- Residential Living Arrangement:** Dropdown menu with 'SELECT AN ARRANGEMENT' selected.
- Legal/Court Status:** Dropdown menu with 'Not Applicable' selected.
- Military Status:** Dropdown menu with 'Not Applicable' selected.
- Occupation Type:** Dropdown menu with 'SELECT A TYPE' selected.
- Employer:** Text input field.
- Employment Status:** Dropdown menu with 'SELECT A STATUS' selected.
- Date Retired:** Text input field.
- Citizenship:** Dropdown menu with 'United States' selected.
- Hispanic Origin:** Dropdown menu with 'Other Hispanic / Latino' selected.
- Race:** Dropdown menu with 'SELECT A RACE' selected.
- Ethnicity:** Section containing a table for Languages.

Language	Speaking Proficiency	Reading Proficiency	Primary	Preferred	
SELECT OPTION	SELECT OPTION	SELECT OPTION	<input type="checkbox"/>	<input type="checkbox"/>	Add
Cantonese			Yes	No	Delete

Entering Identification

The purple areas must be populated as well as the CIN number.

Enter all of the required information and click update.

Field	Value
System of Care	Mental Health (MHS)
Date Of Birth	02/10/1948 (Age: 62)
Social Security Number	999 . 99 . 9999
Client Index Number	
Alternate Consumer ID	
Driver's License Number	
Driver's License State	SELECT A STATE
Mother's Last Name	
Mother's First Name	
Country of Birth	United States
County of Birth	Santa Barbara
Deceased	<input type="checkbox"/>
Date of Death	
Notes	Conversion information: MHS client 122040020 (SSN 999999999)

Entering Education

On the Education Button use the drop down menu to choose the highest level of education.

The screenshot shows the 'Education' tab selected in the software. The 'Education' dropdown menu is open, displaying a list of options: 1 - First Grade, 2 - Second Grade, 3 - Third Grade, 4 - Fourth Grade, 5 - Fifth Grade, 6 - Sixth Grade, 7 - Seventh Grade, 8 - Eighth Grade, 9 - Ninth Grade, 10 - Tenth Grade, 11 - Eleventh Grade, 12 - Twelfth Grade, College Freshman, College Sophomore, and College Junior. The form also includes fields for Institution, Degree, Begin Date, and End Date.

Special Population

On the Special Population use the drop down menu to choose the correct population and enter the begin date.

The screenshot shows the 'Special Populations' tab selected in the software. The 'Populations' dropdown menu is open, displaying a list of options: Assisted Outpatient Treatment Services, IEP Required Services - AB3632, Title IV E, Homeless Initiative, Welfare to Work, MHSA Full Partner, MARS Grant (ADP), CWS Consumer, Probation Consumer, Public Health Consumer, CalWorks, WJCPA, and SACPA. The form also includes fields for Begin Date and End Date.

Entering SED

SED is for consumers who have Healthy Families Insurance. The begin date is the same as the Admission date. This must be entered.

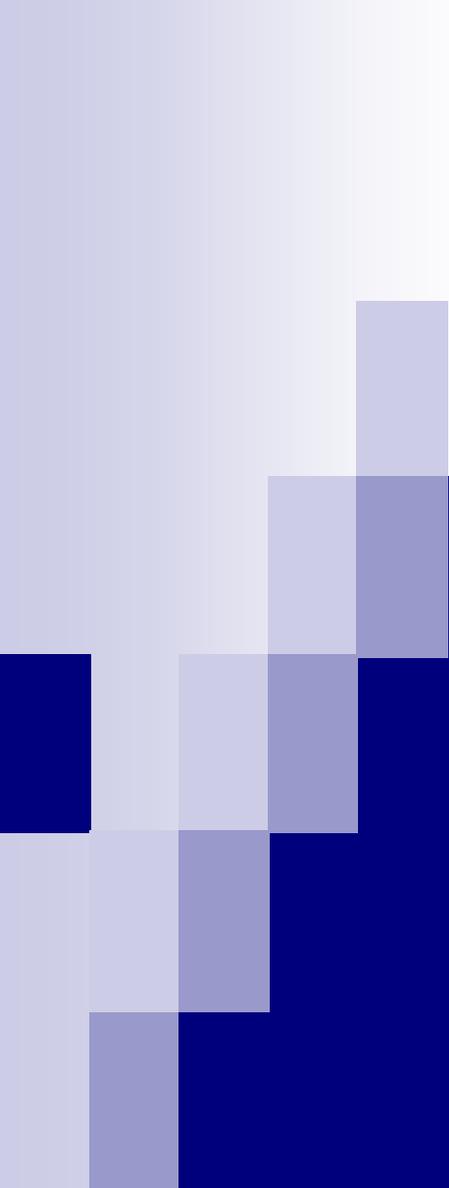
The screenshot shows a software interface with a 'Main Menu' on the left and a navigation bar at the top. The 'Profile' tab is selected in the top navigation bar. Below it, the 'SED' tab is highlighted in the sub-navigation bar. The main content area contains two input fields: 'Begin Date' and 'End Date'.

Begin Date	End Date
<input type="text"/>	<input type="text"/>

Entering Contact information

Choose the Relation to Consumer, type of contact. Type in last name, first name, and social security number. Click add.

After you add the contact person enter their address and phone number information.

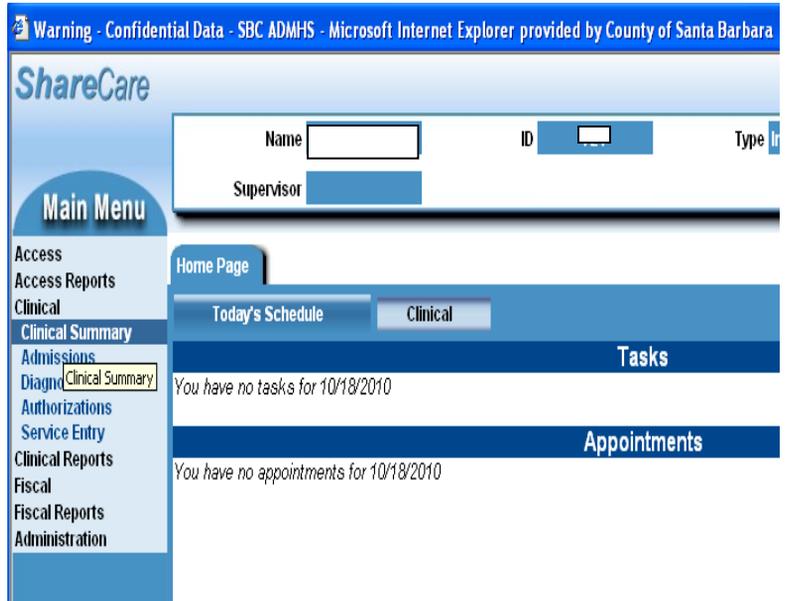


ShareCare

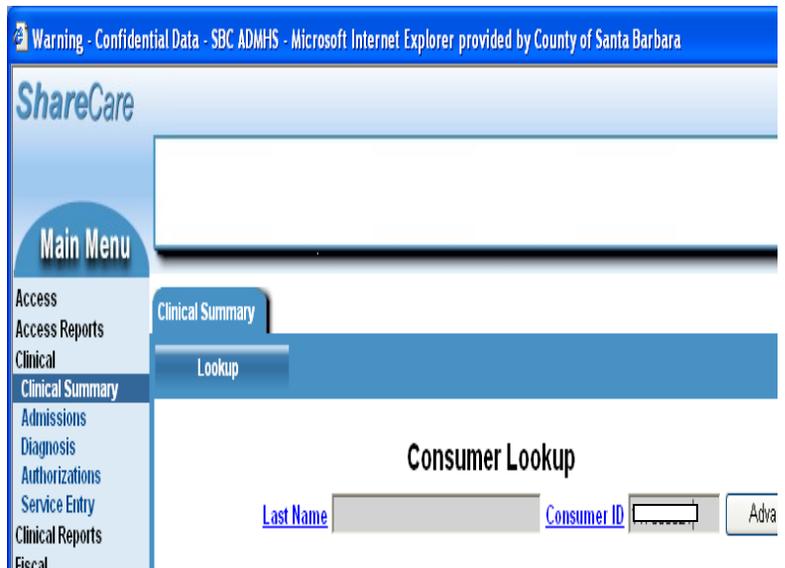
Admissions & Diagnosis

Entering Admission

Go to Clinical, then Clinical summary.



Type in the consumer ID number, and press tab.



Click on the Add New button.

Admissions				Add New
Admission ID	256383	System of Care	Mental Health (MHS)	Edit / View Reopen Delete
Admission Date	06/04/2008	Discharge Date	11/10/2008	
Facility	Jail	Program	Adult Outpatient	
Primary Service Provider	NICHOLSON, CHARLES			
Number Of Services	0	Last Service Date	N/A	
Admission ID	730970	System of Care	Mental Health (MHS)	

Type in the date, System of Care, Facility Name, Program Name, Primary Service Provider. Click the add button at the top of the screen.

iscal Reports Administration

Admission Mode Internal External

Admission Date

System of Care

Facility Name

Program Name

Primary Service Provider

Physician

Service Coordinator

Admission Reason

Admission Type

Facility ID

Program ID

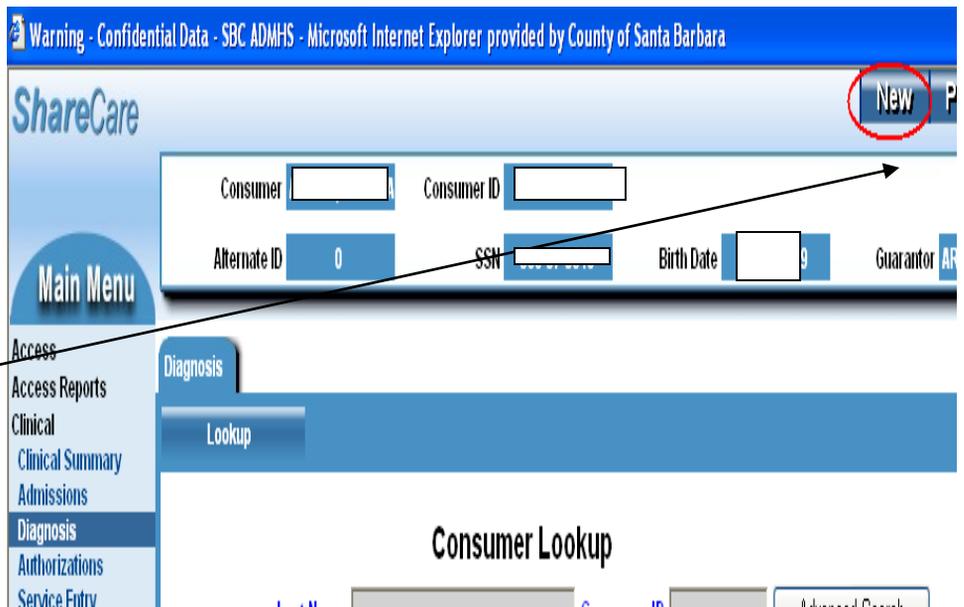
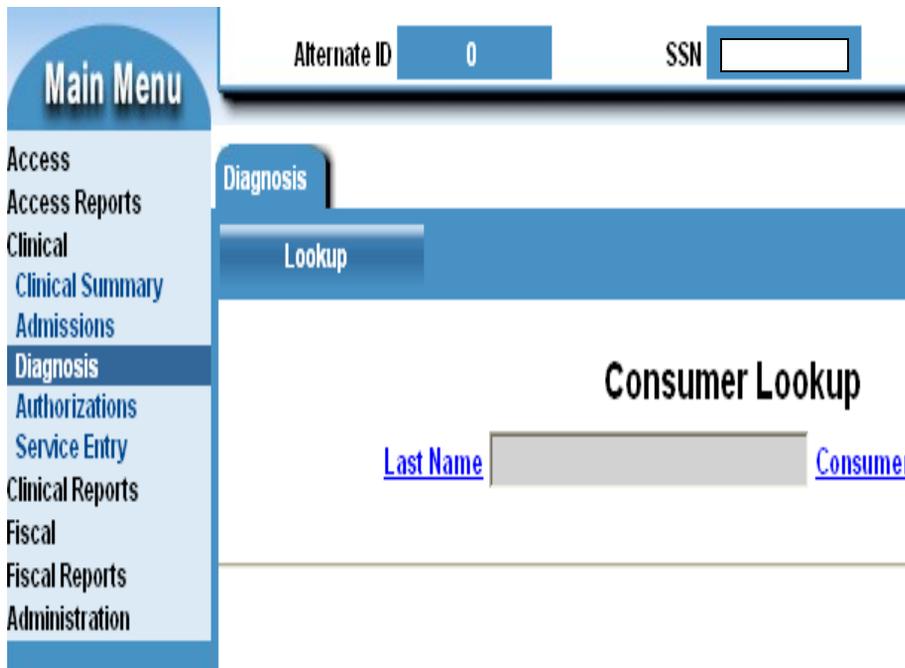
ID

ID

ID

Entering Diagnosis

On the Main Menu Click on Diagnosis.



Click on New.

Add Close Print Help

Consumer Consumer ID
Alternate ID SSN Birth Date Guarantor

Diagnosis

* Lookup *

Consumer Lookup

Last Name Consumer ID

Begin Date Begin Time Diagnosis Type
Type of Provider Internal External
Diagnosis By Provider ID

Episode
Admission

Type in the date, Time, and select admission. And click Add at the top of the screen.

- Clinical
- Clinical Summary
- Admissions
- Diagnosis**
- Authorizations
- Service Entry
- Clinical Reports
- Fiscal
- Fiscal Reports
- Administration

* Lookup *

Non-Diagnosed Admissions for Consumer 117050321

Date	Facility	Program	Primary Service Provider
10/18/2010	Lompoc Mental Health Services	Bridge to Care	GINSBERG, HAROLD

Click on the blue date.

reports

reports

tration

Type of Provider: Internal External

Diagnosis By **Provider ID**

Admission Date 10/18/2010 **Facility** Lompoc Mental Health Services **Program** Bridge to Care

Primary Service Provider HAROLD GINSBERG

	Code	Description	Primary	Secondary	Tertiary	Rule Out	Reso
Axis I	300.00	Anxiety Disorder Nos	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axis I	304.40	Amphetamine Dependence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axis I			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>

On this screen enter the diagnosis given to you by the Clinical Staff.

- Ass Reports
- Cal
- ical Summary
- nissions
- gnosis
- horizations
- vice Entry
- cal Reports
- al Reports
- inistration

Diagnosis

- Lookup
- Summary
- Axis I
- Axis II
- Axis III
- Axis IV
- Axis V
- Inform

Admission Diagnosis -- Effective 10/18/2010 08:00 AM

Admission Date	10/18/2010	Discharge Date	ACTIVE
Facility	Lompoc Mental Health Services	Program	Bridge to Care
Primary Service Provider	GINSBERG, HAROLD	System of Care	Mental Health (MHS)

	Code	Description (Effective Dates)	Type	Primary	Secondary	Tertiary	Rule Out	Resc
Axis I	300.00	Anxiety Disorder Nos (10/18/2010 -)	DSM	•	--	--	--	-
	304.40	Amphetamine Dependence (10/18/2010 -)	DSM	--	•	--	--	-

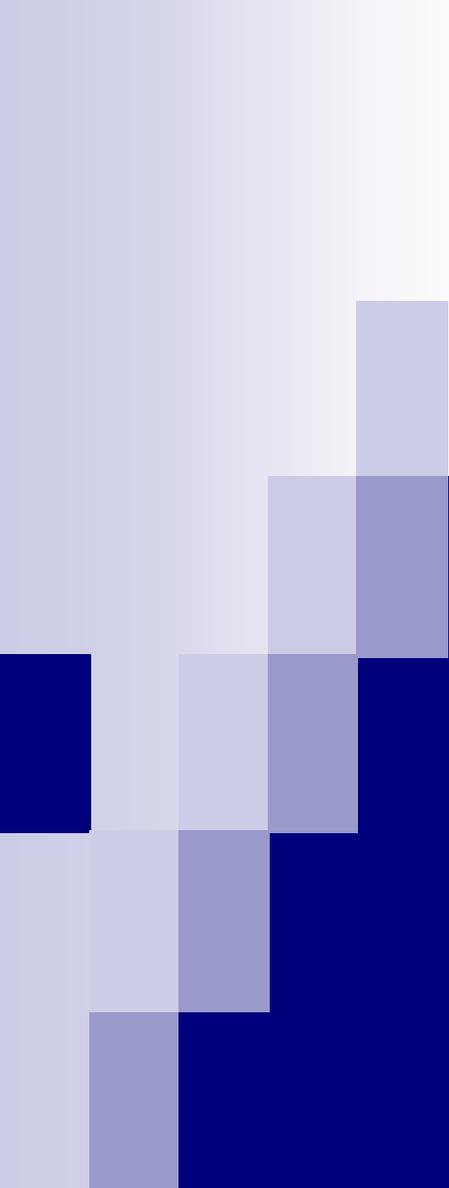
Comments

Diagnosis By: GINSBERG, HAROLD This diagnosis IS NOT signed

Version History

	Date	Time	Transcription By
•	10/18/2010	01:30:08 PM	JOHNSON, DIANA

When you see this screen you have completed the Admission.



ShareCare

Payor Plans

Entering Guarantor

In the Guarantor Tab click new.

If the consumer has Medi-Cal then click on Make Self Guarantor. **Never make a child a Self Guarantor.** If the consumer is on someone else's account then you must make the primary account holder the guarantor enter the necessary information and click add.

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ShareCare New

Consumer Consumer ID

Alternate ID SSN Birth Date Guarantor

Main Menu

Access Scheduler Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact **Guarantor** Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup

Consumer Lookup

Last Name Consumer ID Advanced Search

il Reports Administration

Make Self-Guarantor

Relation to Consumer

Name Type

[Last Name](#)

Middle Name

Generation

[Social Security Number](#) - -

System of Care

Name Prefix

[First Name](#)

Name Suffix

Date of Birth

Using Repository

The repository has Santa Barbara County information.

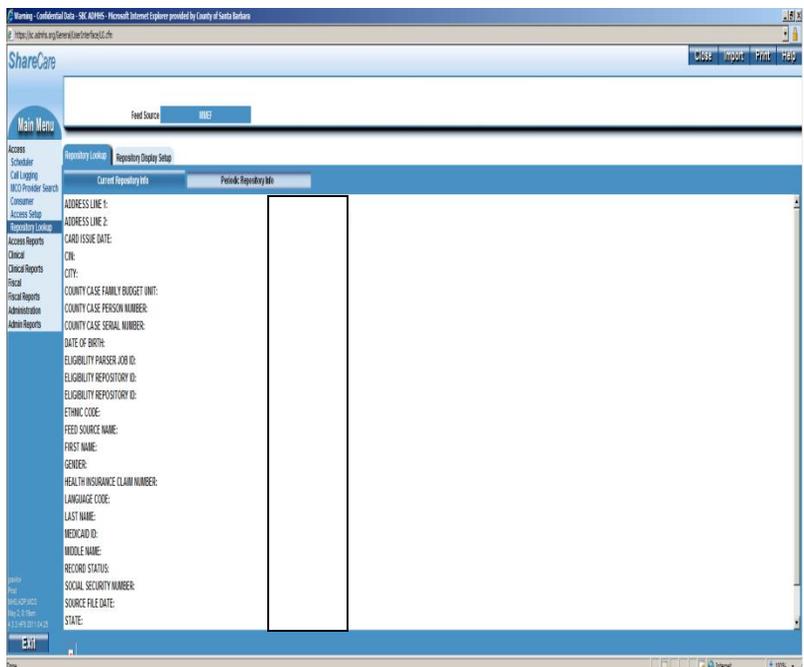
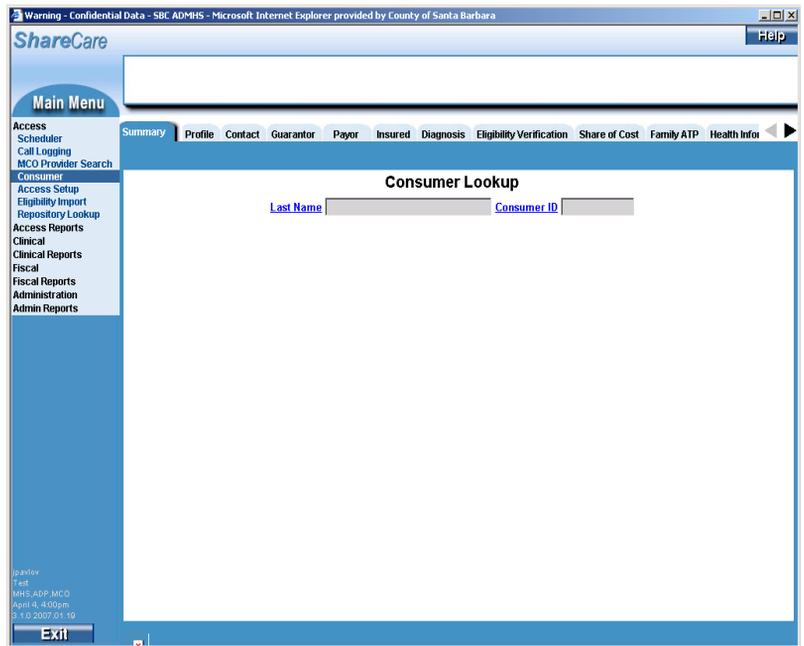
If the consumer has other county coverage you must enter the payor information before using the eligibility verification function.

Go to Access.
Click on Repository
Lookup.

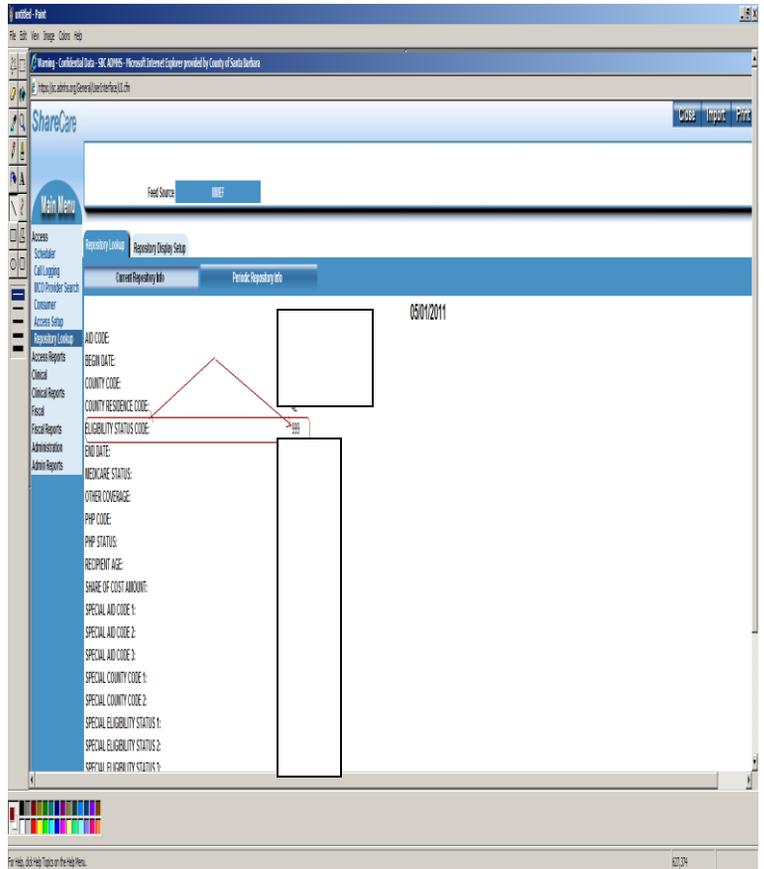
Choose Feed Source:
MMEF

You can search by
name or Social Security
number.

If a repository record
exist for that consumer
the screen shows the
following.



To check if the consumer has Medi-Cal eligibility for any of the last 15 months click on “Periodic Repository Info” and Check the code under the “Eligibility Status Code”. If it is 999 or NONE the consumer is not eligible for that month.



Click on IMPORT.



When the system is done importing, it will tell you how many months have Been imported.



Next go to Consumer and click on the payor tab. As you can see the Medi-Cal has been imported for the Last 16 months.



Entering Medi-Cal

In the **Payor** tab you will click New.

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ShareCare New History

Consumer Consumer ID
 Alternate ID SSN Birth Date Guarantor (mu)

Main Menu

Access Scheduler Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Payor Plan Name	Medi-Cal ADP	Rank	520	<input type="button" value="Edit"/>
Insured Name	<input type="text"/>	Insured ID	<input type="text"/>	<input type="button" value="Delete"/>
Begin Date	01/01/2009	End Date	ACTIVE	

The next screen click on **Payor Plan**.

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ShareCare

Consumer Consumer ID
 Alternate ID SSN Birth Date

Main Menu

Access Scheduler Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Ver

Lookup Payor Plans

Payor Plan	<input type="text"/>	Payor Plan I
Payor Group	<input type="text"/>	
Begin Date	<input type="text"/>	End Date

Scroll down until you see **Medi-Cal MHS**, click on the blue link.

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ShareCare Close Search Next 100 Print

Consumer : Consumer ID

Alternate ID SSN Birth Date Guarantor (multi)

Main Menu

Access Scheduler Call Logging

Consumer

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Access Setup	IHSS HEALTHCARE	101	200	PO BOX 37649
Repository Lookup	INNOVATIVE CLAIMS SOLUTIONS (ICS)	102	200	PO BOX 2070
Access Reports	KAISER	144	200	
Clinical	KAISER FOUNDATION HEALTH PLAN	100	200	1515 N Vermont Ave
Clinical Reports	KAISER PERMANENTE HEALTH PLAN HMO	164	200	NORTHERN & SOUTH
Fiscal	MAGELLAN HEALTH	103	200	1301 E Collins Blvd Ste
Fiscal Reports	MARIAN HEALTH SERVICES	104	200	PO BOX 10158
Administration	MARIAN HEALTH SERVICES	105	200	PO BOX 5849
	Medi-Cal ADP	20	520	
	Medi-Cal ADP Minor Consent	25	510	
	Medi-Cal MHS	10	500	
	Medi-Cal MHS Minor Consent	15	700	

Your screen now has the insurance plan on the payor screen.

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ShareCare Close Add Clear Sp

Consumer : Consumer ID

Alternate ID SSN Birth Date Guarantor (multi)

Main Menu

Access Scheduler Call Logging

Consumer

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Payor Plan	<input type="text" value="Medi-Cal MHS"/>	Payor Plan ID	<input type="text" value="10"/>
Payor Group	<input type="text" value="Medi-Cal MHS"/>		
Begin Date	<input type="text"/>	End Date	<input type="text"/>
Payor Ranking	<input type="text" value="500"/>	Plan Group Number	<input type="text"/>

Scroll down until you see **Medi-Cal MHS**, or if ADP **Medi-Cal ADP** click on the blue link.

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ShareCare Close Search Next 100 Print

Consumer Consumer ID

Alternate ID SSN Birth Date Guarantor

Main Menu

Access Scheduler Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

IHSS HEALTHCARE	101	200	PO BOX 37649
INNOVATIVE CLAIMS SOLUTIONS (ICS)	102	200	PO BOX 2070
KAISER	144	200	
KAISER FOUNDATION HEALTH PLAN	100	200	1515 N Vermont Ave
KAISER PERMANENTE HEALTH PLAN HMO	164	200	NORTHERN & SOUTH
MAGELLAN HEALTH	103	200	1301 E Collins Blvd Ste
MARIAN HEALTH SERVICES	104	200	PO BOX 10158
MARIAN HEALTH SERVICES	105	200	PO BOX 5849
Medi-Cal ADP	20	520	
Medi-Cal ADP Minor Consent	25	510	
Medi-Cal MHS	10	500	
Medi-Cal MHS Minor Consent	15	700	

Your screen now has the insurance plan on the payor screen.

Warning - Confidential Data - SBC ADMHS - Microsoft Internet Explorer provided by County of Santa Barbara

ShareCare Close Add Clear Sp

Consumer Consumer ID

Alternate ID SSN Birth Date Guarantor

Main Menu

Access Scheduler Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Payor Plan	Medi-Cal MHS	Payor Plan ID	10
Payor Group	Medi-Cal MHS		
Begin Date	<input type="text"/>	End Date	<input type="text"/>
Payor Ranking	500	Plan Group Number	<input type="text"/>



Main Menu
 Alternate ID: 0 SSN: Birth Date: Guarantor: (m)

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Payor Plan Medi-Cal MHS **Payor Plan ID** 10
Payor Group Medi-Cal MHS
Begin Date **End Date**
Payor Ranking 500 **Plan Group Number**
Group Name **Card Issue Date**
Coverage Code **Termination Reason** SELECT REASON
General Telephone () - - ext. **Pre-Cert MH/SA Telephone** () - - e

Insured Last Name **Insured ID**
Insured ID Number
Consumer Relation to Insured SELECT RELATION
Note

Enter the "Begin Date" the first day of the month ie /01/2010 and the "End Date" the last day of the month ie 03/31/2010.

Type in the consumer's Social Security number.

Next you MUST click "Use Linked Person As Insured" .

ALWAYS click on the Guarantor "Add" button.

Next click on the "Use Insured SSN".

Alternate ID 0 SSN Birth Date Guarantor (multiple)

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Payor Plan Medi-Cal MHS **Payor Plan ID** 10

Payor Group Medi-Cal MHS

Begin Date **End Date**

Payor Ranking 500 **Plan Group Number**

Group Name **Card Issue Date**

Coverage Code **Termination Reason** SELECT REASON

General Telephone **Pre-Cert MH/SA Telephone**

Use Linked Person As Insured

Insured Last Name **Insured ID**

Insured ID Number **Use Insured SSN**

Consumer Relation to Insured SELECT RELATION

Note

Consumer (multiple)

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Consumer

First Name	Last Name	Social Security Number	Alternate Consumer ID
			0

Contacts Linked to this Consumer

First Name	Last Name	Social Security Number	Relation to Consumer	Contact Type
Testy	Tester	999999999	Other	Emergency
		999999999	Parent	

Guarantor Linked to this Consumer

First Name	Last Name	Social Security Number	Relation to Consumer	Alternate Guarantor ID
			Self	
			Self	

Next you will enter the Begin date for the Assignment Benefits.

Release of Information; use the highlighted statement. and Signature Source.

Signature Source; use the highlighted statement.

Your page should look like the one to the right.

Assignment of Benefits

Begin Date: 10/01/2010 End Date: []

Release of Information: SELECT AN OPTION

Begin Date: []

Signature Source: SELECT AN OPTION

Begin Date: []

Release of Information: Signed Statement Permitting Release of Medical Billing Data Related to Claim

Begin Date: 10/01/2010 End Date: []

Signature Source: SELECT AN OPTION

Begin Date: []

Use Linked Person As Insured

Insured Last Name: [] Insured ID: []

Insured ID Number: [] Use Insured SSN

Consumer Relation to Insured: SELECT RELATION

Notes: []

Assignment of Benefits

Begin Date: 10/01/2010 End Date: []

Release of Information: Signed Statement Permitting Release of Medical Billing Data Related to Claim

Begin Date: 10/01/2010 End Date: []

Signature Source: Signed Signature Authorization for HCFA-1500 Block 12 and 13 on File

Begin Date: 10/01/2010 End Date: []

Click **ADD**.

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Close **Add** Clear Spe

Consumer Consumer ID

Alternate ID SSN Birth Date Guarantor (m

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup **Payor Plans**

Coverage Code Termination Reason

General Telephone () - . ext. Pre-Cert MH/SA Telephone () - .

Next click **Edit/View**.

Consumer Consumer ID

Alternate ID SSN Birth Date Guarantor (multiple)

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup **Payor Plans**

Payor Plan Name	Medi-Cal MHS	Rank	500	Edit / View
Insured Name	<input type="text"/>	Insured ID	<input type="text"/>	Delete
Begin Date	10/01/2010	End Date	10/31/2010	
Payor Plan Name	Medi-Cal ADP	Rank	520	Edit / View
Insured Name	<input type="text"/>	Insured ID	<input type="text"/>	Delete
Begin Date	01/01/2009	End Date	ACTIVE	

Scroll to the bottom of the screen and check the **check box**. A message screen will appear click **OK**.

Microsoft Internet Explorer

Release

Begin Date ? Are you sure you wish to have additional Eligibility information for each month of this Payor Plan's coverage?

OK Cancel

10/01/2010

Signature Source

Begin Date End Date

Signed Signature Authorization for HCFA-1500 Block 12 and 13 on File

10/01/2010

Additional Eligibility Information

Johnson
Main
SBC ADMHS
October 15, 10:21am
8.2.HF2.2010.10.14

Entering Medicare A & B

In the **Payor** tab you will click New.

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ShareCare New History

Consumer Consumer ID

Alternate ID SSN Birth Date Guarantor (mu)

Main Menu

Access Scheduler Call Logging Consumer

Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Payor Plan Name Medi-Cal ADP Rank 520

Insured Name Insured ID

Begin Date 01/01/2009 End Date ACTIVE

The next screen click on **PayorPlan**.

Warning - Confidential Data - SBC ADMHS - Microsoft Internet Explorer provided by County of Santa Barbara

ShareCare

Consumer Consumer ID

Alternate ID SSN Birth Date

Main Menu

Access Scheduler Call Logging Consumer

Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Ver

Lookup Payor Plans

Payor Plan [Payor Plan I](#)

Payor Group

Begin Date End Date

When entering Medicare you will need to setup two payor's one for Medicare part A and one for part B.

Be careful and use the Medicare Primary Part A and Primary Part B.

Enter the dates and statements for Assignment of Benefits Release of Information and Signature Source

When you have all of the information entered just click the Add button.

The screenshot shows a software interface with the following elements:

- Navigation Tabs:** Summary, Profile, Contact, Guarantor, **Payor**, Insured, Diagnosis, Eligibility V.
- Sub-Tabs:** Lookup, Payor Plans.
- Payor Plan Selection:** A dropdown menu with 'Payor Plan' circled in red. Other options include 'Medicare Part A Blue Cross Primary' (circled in red), 'Medicare Part A Blue Cross Secondary', 'Medicare Part B Palmetto Secondary', and 'Medicare Part B Palmetto Primary' (circled in red).
- Form Fields:**
 - Payor Group
 - Begin Date
 - End Date
 - Payor Ranking
 - Plan Group
 - Group Name
 - Card Issue
 - Coverage Code
 - Termination
 - General Telephone () - ext.
 - Pre-Cert M Telephone
- Buttons:** 'Use Linked Person As Insured'.
- Menu List:**
 - Medi-Cal ADP
 - Medi-Cal ADP Minor Consent
 - Medi-Cal MHS
 - Medi-Cal MHS Minor Consent
 - MEDICARE PART A BLUE CROSS PRIMARY** (circled in red)
 - MEDICARE PART A BLUE CROSS SECONDARY
 - MEDICARE PART B Palmetto SECONDARY
 - MEDICARE PART B-Palmetto PRIMARY** (circled in red)
 - MEDICARE RAILROAD RETIREES
 - MEGA LIFE & HEALTH INSURANCE COMPANY
 - METROPOLITAN LIFE INSURANCE COMPANY
- Insured Information:**
 - Insured Last Name: [Field]
 - Insured ID: 5484
 - Insured ID Number: [Field]
 - Use Insured SSN: [Button]
 - Consumer Relation to Insured: SELECT RELATION [Dropdown]
 - Notes: [Text Area]
- Assignment of Benefits:**
 - Begin Date: 10/01/2010
 - End Date: [Field]
- Release of Information:**
 - Statement: Signed Statement Permitting Release of Medical Billing Data Related to Claim [Dropdown]
 - Begin Date: 10/01/2010
 - End Date: [Field]
- Signature Source:**
 - Statement: Signed Signature Authorization for HCFA-1500 Block 12 and 13 on File
 - Begin Date: 10/01/2010
 - End Date: [Field]

Entering Private Insurance

In the **Payor** tab you will click New.

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ShareCare New History

Consumer Consumer ID

Alternate ID SSN Birth Date Guarantor

Main Menu

Access Scheduler Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Reports Administration

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Verification Share of Cost Family ATP

Lookup Payor Plans

Payor Plan Name Medi-Cal ADP Rank 520

Insured Name Insured ID

Begin Date 01/01/2009 End Date ACTIVE

The next screen click on **PayorPlan**.

Warning - Confidential Data - SBC ADMHS - Microsoft Internet Explorer provided by County of Santa Barbara

ShareCare

Consumer Consumer ID

Alternate ID SSN Birth Date

Main Menu

Access Scheduler Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility Ver

Lookup Payor Plans

Payor Plan [Payor Plan I](#)

Payor Group

Begin Date End Date

When entering Private Insurance you will follow all of the same steps as for Medicare.

Summary Profile Contact Guarantor **Payor** Insured Diagnosis Eligibility V

Lookup Payor Plans

Payor Plan

Payor Group

Begin Date End Date

Payor Ranking Plan Group

Group Name Card Issue

Coverage Code Termination

General Telephone () - ext. Pre-Cert Telephone

Use Linked Person As Insured

Lookup Payor Plans

IHSS HEALTHCARE

INNOVATIVE CLAIMS SOLUTIONS (ICS)

KAISER

KAISER FOUNDATION HEALTH PLAN

KAISER PERMANENTE HEALTH PLAN HMO

MAGELLAN HEALTH

MARIAN HEALTH SERVICES

MARIAN HEALTH SERVICES

Medi-Cal ADP

Medi-Cal ADP Minor Consent

Medi-Cal MHS

Medi-Cal MHS Minor Consent

MEDICARE PART A BLUE CROSS PRIMARY

Use Linked Person As Insured

Insured Last Name Insured ID

Insured ID Number Use Insured SSN

Consumer Relation to Insured SELECT RELATION

Notes

Assignment of Benefits

Begin Date 10/01/2010 End Date

Release of Information Signed Statement Permitting Release of Medical Billing Data Related to Claim

Begin Date 10/01/2010 End Date

Signature Source Signed Signature Authorization for HCFA-1500 Block 12 and 13 on File

Begin Date 10/01/2010 End Date

Enter the dates and statements for Assignment of Benefits Release of Information Signature Source

Eligibility Verification

After the Medi-cal payor plan has been imported or manually added, go to the Eligibility tab you will see this screen.

Click on Search.

Click on the blue link labeled Payor Plan and choose the type insurance, next click on The blue link labeled Facility and choose the one for your facility

Click ADD.

And then click Process.

The screenshot displays the ShareCare system interface. On the left is a 'Main Menu' with options like 'Access', 'Call Logging', 'Consumer', 'Access Setup', 'Repository Lookup', 'Access Reports', 'Clinical', 'Clinical Reports', 'Fiscal', 'Fiscal Reports', and 'Administration'. The top navigation bar includes tabs for 'Summary', 'Profile', 'Contact', 'Guarantor', 'Payor', 'Insured', 'Diagnosis', 'Eligibility Verification', 'Share of Cost', and 'Family ATP'. Below the navigation bar are input fields for 'Consumer', 'Consumer ID', and 'Date Of Birth'. A 'Search' button is circled in red. The 'Eligibility Verification' tab is selected, showing a 'Consumer Lookup' section with fields for 'Last Name', 'Consumer ID', 'Month', and 'Year'. Below this is an 'Eligibility Verification' section with fields for 'Medi-Cal MHS', 'Insured ID', 'Date Of Service', 'Date Of Birth', 'Lompoc Mental Health Services', 'EDI Number', and 'Card Issue Date'. A 'Process' button is circled in red. At the bottom, there is a section titled 'Active Consumer Payor Plans [May 2011]'.

Click the process button at the top right of the screen.

Confidential Data - SBC ADMHS - Microsoft Internet Explorer provided by County of Santa Barbara

eCare

Process

Menu

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Health Info

Load Process

Pending EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By	Delete?
[Redacted]	05/21/2011	Eligibility Verification	JOHNSON, DIANA [dijohnson]	

Date of Birth: 08/15/1979
Insured ID Number: [Redacted]
Service Date: 05/01/2011
Procedure Code:
County Case Number:
EDI Number: 000004211

Delete

Processed EDI Transactions

Next a message will appear, click on the yes button.

Repository Lookup
Access Reports
Clinical
Clinical Reports
Fiscal
Fiscal Reports
Administration

Pending EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By
[Redacted]	05/21/2011	Eligibility Verification	JOHNSON, DIANA [dijohnson]

Date of Birth: [Redacted]
Insured ID Number: [Redacted]
Service Date: [Redacted]
Procedure Code:
County Case Number:
EDI Number:

Microsoft Internet Explorer

Attempt to process the listed pending transactions with Medi-Cal?

OK Cancel

Processed EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By
[No Records]			

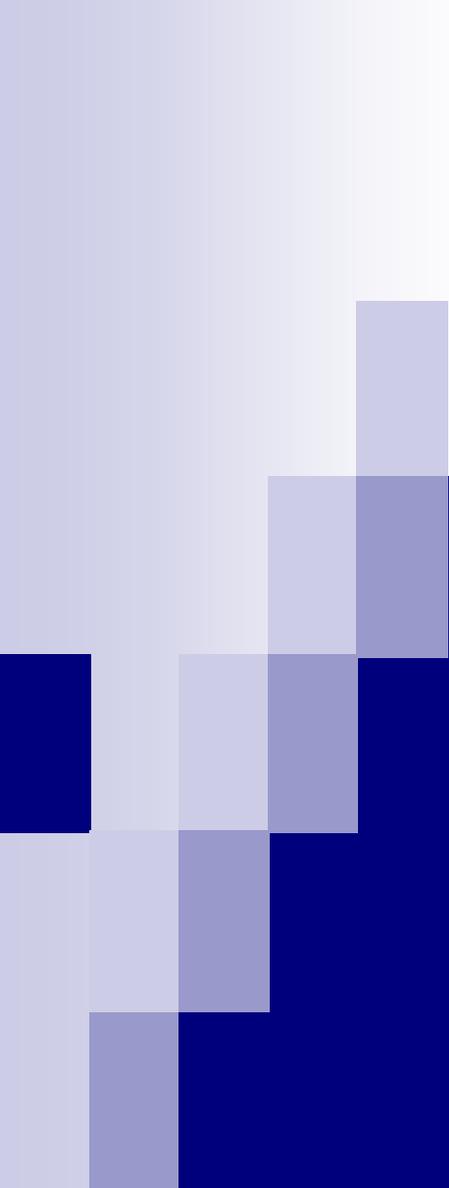
Last click on the commit button.

Processed EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By	Commit / Delete
WILSON, CHARLETTE [10080]	05/21/2011	Eligibility Verification	JOHNSON, DIANA [dijohnson]	Commit Delete

Date of Birth:
Insured ID Number:
Service Date: 05/01/2011
Procedure Code:
County Case Number:
EDI Number: 000004211

Response Message: PRIMARY AID CODE: 30.



ShareCare

Family ATP

Family ATP

Type in Consumer's Last name and tab.

Call Logging Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost **Family ATP** Health Inf

Consumer **Family**

Access Setup
Repository Lookup
Access Reports
Clinical
Clinical Reports
Fiscal
Fiscal Reports
Administration

Family Lookup

Family Name Family ID

Family Name

Ability To Pay Methodology Annual

System of Care SELECT SYSTEM OF CARE

If a name appears in the Family Name, click on the Family Member to see if the consumer you are looking for is a part of that family. If so, click on Family Member flag.

Consumer **Family** Current ATP Family Member Family ATP ATP Adjustments Dependents UMDAP

Access Setup
Repository Lookup
Access Reports
Clinical
Clinical Reports
Fiscal
Fiscal Reports
Administration

Family Lookup

Family Name Family ID

Family Name Family ID

Ability To Pay Methodology Annual

System of Care MHS,ADP

Check to see if the consumer ID number are the same. In this case they are not.

You will need to click on the ATP Tab to reset the search screen.

Type in the consumer last name comma first name **Do not space between the coma and first name.**

Pick the System of care and click ADD. .

Linking Guarantor and Consumer to Family ATP

Click New, Type in the guarantor number, then choose the relationship to the guarantor, Click Add

ShareCare

Close Add

Consumer [] Consumer ID []

Family Name [] Family ID [] ATP Methodology Annual ATP Amount []

Main Menu

Access Call Logging

Consumer

Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP H

Family Current ATP * Family Member * Family ATP ATP Adjustments Dependents UMDAP

Guarantor Last Name ZOZAYA Guarantor ID 56684

Consumer Last Name [] Consumer ID []

Relation To Family SELECT AN OPTION

- SELECT AN OPTION
- Child
- Guardian
- Other
- Parent
- Private Conservator
- Public Conservator
- Self
- Spouse

To find the guarantor go to guarantor and open it up. At the top of the screen you will see the guarantor number. It is best to write this down before you go to the ATP.

History Help

Consumer Z Consumer ID LW1716 Is Consumer? Yes Guarantor ID []

Alternate ID [] SSN [] Birth Date [] Guarantor []

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Health Info

Lookup Name Address Telephone Identification Billing

[Default]

Name Type Birth Name

Name [] Update

Begin Date 08/27/2011 Delete

End Date

Click New and enter the consumer's ID number, choose the relationship to consumer and click add.

ShareCare Close Add Clear

Consumer: ZOZAYA, SHARAI Consumer ID: 2018132
 Family Name: ZOZAYA, SHARAI Family ID: 14205 ATP Methodology: Annual ATP Amount: []

Main Menu
 Access
 Call Logging
 Consumer
 Access Setup
 Repository Lookup
 Access Reports
 Clinical
 Clinical Reports
 Fiscal
 Fiscal Reports
 Administration

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Heat

Family Current ATP * Family Member * Family ATP ATP Adjustments Dependents UMDAP Wor

Guarantor Last Name [] Guarantor ID []
 Consumer Last Name [] Consumer ID []
 Relation To Family: Self (selected), SELECT AN OPTION, Child, Guardian, Other, Parent, Private Conservator, Public Conservator, Self, Spouse

Your screen will look like this.

Ignore ATP	Guarantor	Consumer	Relation To Family
	[]	..	Self
	[]	[]	Self

Consumer
 Access Setup
 Repository Lookup
 Access Reports
 Clinical
 Clinical Reports
 Fiscal
 Fiscal Reports
 Administration

Family Current ATP Family Member Family ATP ATP Adjustments Dependents UMDAP Wor

Entering UMDAP

When you go to the UMDAP button for the first time your screen will look like this, click NEW

Consumer Consumer ID

Family Name Family ID ATP Methodology **Annual** ATP Amount

Main Menu

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost **Family ATP** Health

Family Current ATP Family Member Family ATP ATP Adjustments Dependents **UMDAP W**

Effective Date	Expiration Date	Ability To Pay	Status
(no current records)			

Enter the Monthly Income.

Number of dependents.

Set the begin date for the first day of the month using the admission date.
Click ADD.

Gross Monthly Family Income	\$0.00
Number of Persons Dependent on Income	0
Asset Allowance	\$0.00
Total of Liquid Assets	\$0.00
Court ordered obligations paid monthly	\$0.00
Monthly child care (necessary for employment)	\$0.00
Monthly dependent support payments	\$0.00
Monthly medical expense payments (in excess of 2% of gross income)	\$0.00
Monthly mandated deductions from gross income for retirement plans (not Social Security)	\$0.00
.....
Monthly Adjusted Income	\$0.00
+ Net Liquid Assets	\$0.00
- Extraordinary Expenses	\$0.00
.....
Monthly Adjusted Gross Income	\$0.00
.....
Annual UMDAP Amount	\$37.00

Begin Date End Date All UMDAP records span 1 year

The next page will look like this, click on the blue "Create Family ATP Record".

Family	Current ATP	Family Member	Family ATP	ATP Adjustments	Dependents	UMDAP Work
	Effective Date	Expiration Date	Ability To Pay	Status		
	08/01/2011	07/31/2012	\$37.00	Create Family ATP Record		<input type="button" value="Upd"/> <input type="button" value="Del"/>

The screen will look like this.

Family	Current ATP	Family Member	Family ATP	ATP Adjustments	Dependents	UMDAP Work
	Effective Date	Expiration Date	Ability To Pay	Status		
	08/01/2011	07/31/2012	\$37.00	Matched to Family ATP Record		<input type="button" value="Upd"/> <input type="button" value="Del"/>

Next click on the ATP Adjustment button. Type in the UMDAP date, amount of ATP Charge, in the comment section make a note of coverage. From the drop down menu pick the appropriate reason for the adjustment. Click ADD.

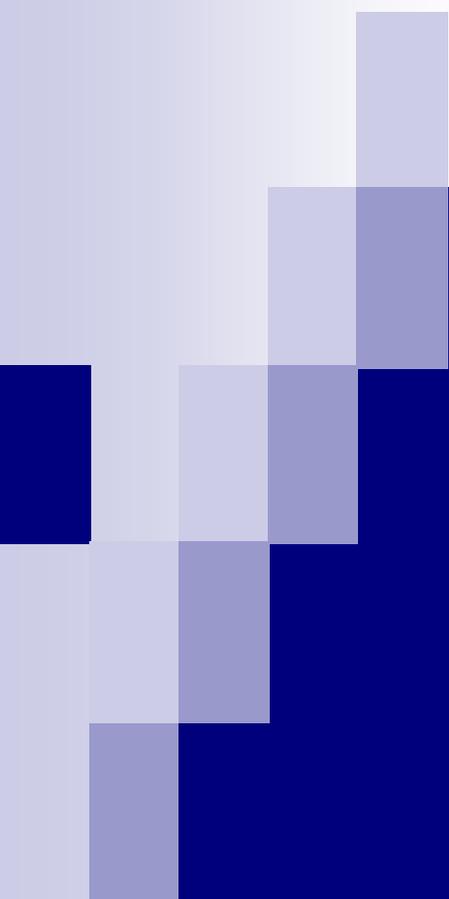
Family	Current ATP	Family Member	Family ATP	* ATP Adjustments *	Dependents	UMDAP Work
	Date Of Service	Amount				
	08/01/2011	37.00				
	Comment	Adjustment Code				
	Medi-Cal Medicare	SELECT AN OPTION Full Scope Medi-Cal Consumers Healthy Family Consumers AB3632 Consumers CWS Probation Consumers Indigent Population Therapeutic Adjustments				

After you add the record your screen will look like this.

Date Of Service	Amount	Comment	Adjustment Code
08/01/2011	\$37.00	Medi-Cal Medicare	Full Scope Medi-Cal Consumers

You then can go to the Current ATP and see that the Adjustment has been made.

Effective Dates	08/01/2011 - 07/31/2012
Family Ability To Pay	\$37.00
ATP Adjustment Total	- \$0.00
Current Paid Total	- \$0.00
Current Billed (ETP) Total	- \$0.00
.....
Adjusted Family Ability To Pay	\$37.00



ShareCare

Common Errors

Common Errors

Names

Share Care verifies the Default name with the State MEDS screen. When you see the name type as "Billing Name (Medi-Cal)" then it is exactly as it is in the State Screen.

Unless the consumer has changed their name with Social Security and the State.

If this happens you MUST end date the current Billing Name and enter the new name one day later than the end date of the old name.

Share Care does not allow overlapping dates in the system.

Failure to match the State MEDS screen will cause any service to be rejected until the correction is made.

Main Menu	
Access	Summary
Call Logging	Profile
Consumer	Contact
Access Setup	Guarantor
Repository Lookup	Payor
Access Reports	Insured
Clinical	Diagnosis
Clinical Reports	Eligibility Verif
Fiscal	Lookup
Fiscal Reports	Name
Administration	Address
	Telephone
	Demographics
	Education
	Special Population

[Default]	
Name Type	Billing Name (Medi-Cal)
Name	<input type="text"/>
Begin Date	09/01/2010
End Date	
Birth Name	
Name Type	Birth Name
Name	<input type="text"/>
Begin Date	10/28/1997
End Date	
Alias Name	
Name Type	Alias Name
Name	<input type="text"/>
Begin Date	10/28/1997
End Date	

Address Errors

The address must match the State MEDS screen.

Use address line 1 for the Complete address. Do not use line 2 for Apt or Unit as this will cause an Incomplete address error.

Use the correct zip code, If in doubt check the Postal service web site.

As with the name the old address must have an end date of the day prior to the begin date of the new address.

[Default]		
Address Type	Billing	
Address Line 1		
Address Line 2		
City	LOMPOC	State CA
Zip Code	93436	
County of Residency	Santa Barbara	
County of Liability	Santa Barbara	
Township	SELECT A TOWNSHIP	
E-Mail Address		
Begin Date	03/01/2011	
End Date		

Address errors

If you open the “History” the end date of the old address is the day prior to the begin date of the new address.

This is necessary in order to enter more than one of the same type of address.

As in this example the “Home” type of address.

History

Address Type	Home			
Address Line 1	<input type="text"/>			
Address Line 2				
City	LOMPOC	State	CA	<input type="button" value="Update"/>
Zip Code	93436			<input type="button" value="Delete"/>
County of Residency	Santa Barbara	County of Liability	Santa Barbara	
Township		E-Mail Address		
Begin Date	10/28/1997	End Date	08/24/1999	
Address Type	Home			
Address Line 1	<input type="text"/>			
Address Line 2				
City	LOMPOC	State	CA	<input type="button" value="Update"/>
Zip Code	93436			<input type="button" value="Delete"/>
County of Residency	Santa Barbara	County of Liability	Santa Barbara	
Township		E-Mail Address		
Begin Date	08/25/1999	End Date	09/30/1999	

Demographics

In the Demographics section the circled areas MUST be populated.

Summary | Contact | Qualifier | Payor | Insured | Diagnosis | Eligibility verification | Share of Cost | Family ATP | Health Plan

Lookup | Name | Address | Telephone | **Demographics** | Education | Special Populations | SED | Accommodations | Identification

Gender	F - Female	Marital Status	Divorced
Dependents Under 18	0	Dependents 18 or Older	0
Number of Dependents	0	Residential Living Arrangement	SELECT AN ARRANGEMENT
Legal/Court Status	Not Applicable	Military Status	Not Applicable
Occupation Type	SELECT A TYPE	Employer	
Employment Status	SELECT A STATUS	Date Retired	
Citizenship	United States	Hispanic Origin	Not Hispanic

Race

SELECT A RACE

Add

Ethnicity

Not Applicable

Ethnicity

Language	Speaking Proficiency	Reading Proficiency	Primary	Preferred
SELECT OPTION	SELECT OPTION	SELECT OPTION	<input type="checkbox"/>	<input type="checkbox"/>
English			Yes	Yes

Identification

In the Identification the Social Security number and the CIN number MUST be the exact match to the State MEDS screen.

System of Care	Mental Health (MHS)	
Date Of Birth	11/09/1949 (Age: 61)	
Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Client Index Number	94758064C	
Alternate Consumer ID	9533514	
Driver's License Number	<input type="text"/>	Driver's License State <input type="text" value="SEL"/>
Mother's Last Name	<input type="text"/>	Mother's First Name <input type="text" value="MAR"/>
Country of Birth	United States	State of Birth <input type="text" value="CA"/>

Guarantor

If the consumer is the Guarantor in the State MEDS, then click on the “Make Self Guarantor” button.

If someone else is the Guarantor then pick the Relation to from the drop Down menu. Enter their Date of birth and Social Security number.

In the Identification filed of the guarantor area make sure the begin date is the same as or before the admission date.

il Reports
Registration

Make Self-Guarantor

Relation to Consumer: SELECT AN OPTION

Name Type: Birth Name

System of Care: Mental Health (MHS)

Name Prefix: SELECT AN OPTION

Last Name: [Text Field]

First Name: [Text Field]

Middle Name: [Text Field]

Name Suffix: SELECT AN OPTION

Generation: SELECT AN OPTION

Date of Birth: [Text Field]

Social Security Number: [Text Field] . [Text Field] . [Text Field]

Lookup	Name	Address	Telephone	Identification
	System of Care	Mental Health (MHS)		
	Relation to Consumer	Self		
	Date Of Birth	[Text Field]		
	Social Security Number	[Text Field]		
	Alternate Guarantor ID	[Text Field]		
	Notes	Conversion information: MHS client [Text Field] UMDAP 10/01/2004 - 09/30/2005: Total credits: 3450.25 Total debits: 3955.85 UMDAP 10/01/2005 - 09/30/2006: Total credits: 5305.15 Total debits: 5305.15		
	Begin Date	06/30/2007		
	End Date	[Text Field]		

Payor

The payor must be linked to the guarantor. Click on the "Use Linked Person As Insured" button.

Also the Social Security Number must match the Guarantor.

up

Payor Plan	Medi-Cal MHS	Payor Plan ID	10
Payor Group	Medi-Cal MHS		
Begin Date	04/01/2006	End Date	08/31/2011
Payor Ranking	500	Plan Group Number	
Group Name		Card Issue Date	
Coverage Code		Termination Reason	SELECT REASON v
General Telephone	() - . ext.	Pre-Cert MH/SA Telephone	() - . e

Use Linked Person As Insured

Insured Last Name [] Insured ID []

Insured ID Number [] Use Insured SSN

Consumer Relation to Insured Self v

Notes []

Make sure the Assignment of Benefits, Release of Information, and Signature Source have the correct date And statement

Use Linked Person As Insured

Insured Last Name [] Insured ID []

Insured ID Number [] Use Insured SSN

Consumer Relation to Insured SELECT RELATION v

Notes []

Assignment of Benefits

Begin Date	10/01/2010	End Date	
------------	------------	----------	--

Release of Information

Signed Statement Permitting Release of Medical Billing Data Related to Claim v

Begin Date	10/01/2010	End Date	
------------	------------	----------	--

Signature Source

Signed Signature Authorization for HCFA-1500 Block 12 and 13 on File v

Begin Date	10/01/2010	End Date	
------------	------------	----------	--

ATP

The begin date for the UMDAP is always based on The first admission month.

For example a consumer Has an admission history of 6/23/1999 and has returned for services On 11/8/2010, the begin date that would be entered would be 6/01/2010.



.....
Monthly Adjusted Income	\$0.00
+ Net Liquid Assets	\$0.00
- Extraordinary Expenses	\$0.00
.....
Monthly Adjusted Gross Income	\$0.00
.....
Annual UMDAP Amount	\$37.00
Begin Date	End Date
	All UMDAP records span 1 year

Diagnosis

Admission date and the diagnosis date must match.

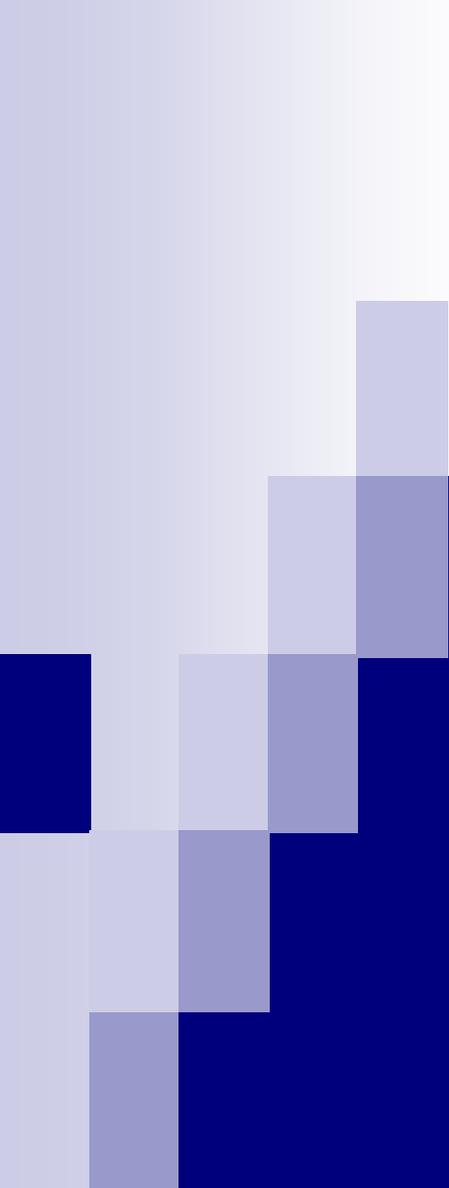
If the diagnosis is missing or not accepted by Medi-Cal you must contact the Case Manger and obtain the correct diagnosis and then enter it into Share Care.

Episode Diagnoses

No Current Records

Admission Diagnoses

Admission ID	365348	System of Care	Mental Health (MHS)
Admission Date	02/07/2011	Discharge Date	ACTIVE
Facility	Lompoc Mental Health Services	Program	Adult Outpatient
Primary Service Provider	DEL CID, WENDY	Diagnosis Date	02/07/2011 09:28 AM
Diagnosis By	DEL CID, WENDY	Diagnosis Status	UNSIGNED
Primary Diagnosis	Axis I: 296.33-Major Depressive Disorder Recurrent Severe W/O Psych Feat		
Admission ID	364168	System of Care	Mental Health (MHS)
Admission Date	01/09/2011	Discharge Date	01/12/2011
Facility	Aurora Vista Del Mar	Program	Inpatient
Primary Service Provider	CARVALHO, ROBERT	Diagnosis Date	01/09/2011 03:21 PM



ShareCare

Entering Share of Cost

Use the SC4001A Eligibility Report to identify your Share of Cost clients. The use of the SC4001A report will be discussed in more detail under Reports.

SC4001A Eligibility Report - Detail

- Displays various eligibilities flagged by consumer in diagnostic format
- Automatically generated and emailed between the 1st and 7th of each month

Report Date: 10/07/2010

Data Date: 10/07/2010

Santa Barbara County Alcohol Drug and Mental Health Services

MediCal Eligibility Roster - by Report Entity

Report Name: SC4001A

Old Report: MI3951

Report Type: OK Eligibility

Facility-Program: Santa Maria Mental Health Services-Children'S Outpatient - County Agency

Currently Open Admissions for SANTA MARIA CHILDREN (40)

Consumer Name	Service Provider	DOB	SSN	M/F	CIN	Open Date	Last Svc Date	Last POE	Elg Sts	Elg Aid	Cty Svc	Cty Res	Share Cost	PP HF	PP MH	PP AD	PP AB	SP AB	SP MH	SP IV	Mismatch	Admission SOC
[REDACTED]	[REDACTED]	03/07/1994	[REDACTED]	M	[REDACTED]	01/26/2010	04/26/2010	2010/09	301	42	88	88		0	1	0	0	0	0	0		MHS
[REDACTED]	[REDACTED]	06/12/1996	[REDACTED]	F	[REDACTED]	02/23/2010	09/28/2010	2010/09	301	42	88	88		0	1	0	0	0	0	0		MHS
[REDACTED]	[REDACTED]	12/07/1998	[REDACTED]	M	[REDACTED]	09/25/2002	09/29/2010	2010/09	301	03	88	88		0	1	0	0	0	0	0		MHS
[REDACTED]	[REDACTED]	01/16/1998	[REDACTED]	M	[REDACTED]	08/15/2008	09/22/2010	2010/09	304	7J	88	88		0	1	0	0	0	0	0		MHS

Total Unique Consumers for Santa Maria Mental Health Services-Children'S Outpatient: 121

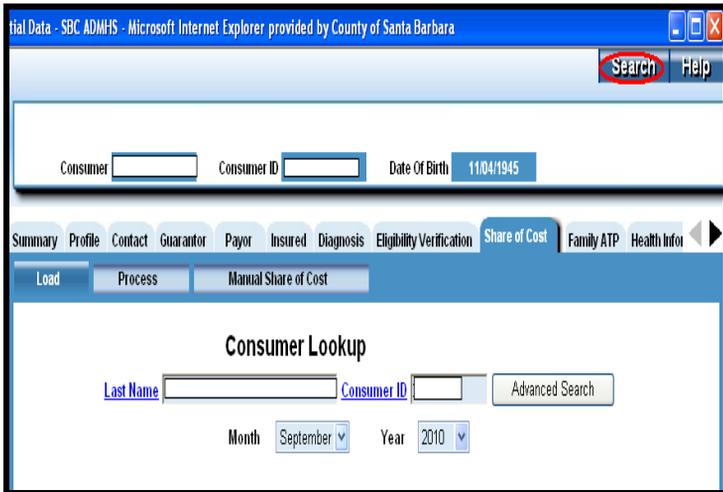
Enter Client I D Number.

The screenshot shows the ShareCare application interface. At the top, there is a blue header with the text "Warning - Confidential Data - SBC ADMHS - Microsoft Internet Explorer provided by County of Santa Barbara". Below this is the ShareCare logo and a large empty text box for entering a client ID. A "Main Menu" button is visible. A navigation bar contains tabs for "Summary", "Profile", "Contact", "Guarantor", "Payor", "Insured", "Diagnosis", "Eligibility Verification", "Share of Cost", "Family ATP", and "Health". The "Consumer" section is highlighted in the left sidebar, with sub-items like "Access Setup", "Repository Lookup", "Access Reports", "Clinical", "Clinical Reports", "Fiscal", "Fiscal Reports", and "Administration". The "Consumer Lookup" section features input fields for "Last Name" and "Consumer ID", with the "Consumer ID" field circled in red, and an "Advanced Search" button.

This screenshot shows the "Payor" tab selected in the ShareCare application. The top navigation bar includes "New", "History", and "Help" buttons. Below the navigation bar are input fields for "Consumer", "Consumer ID", "Alternate ID", "SSN", "Birth Date" (set to 11/04/1945), and "Guarantor". The "Payor" tab is active, showing a "Lookup" sub-tab. A table lists payor plans with columns for "Payor Plan Name", "Rank", "Insured Name", "Insured ID", "Begin Date", "End Date", and "Status". Each row includes "Edit / View" and "Delete" buttons.

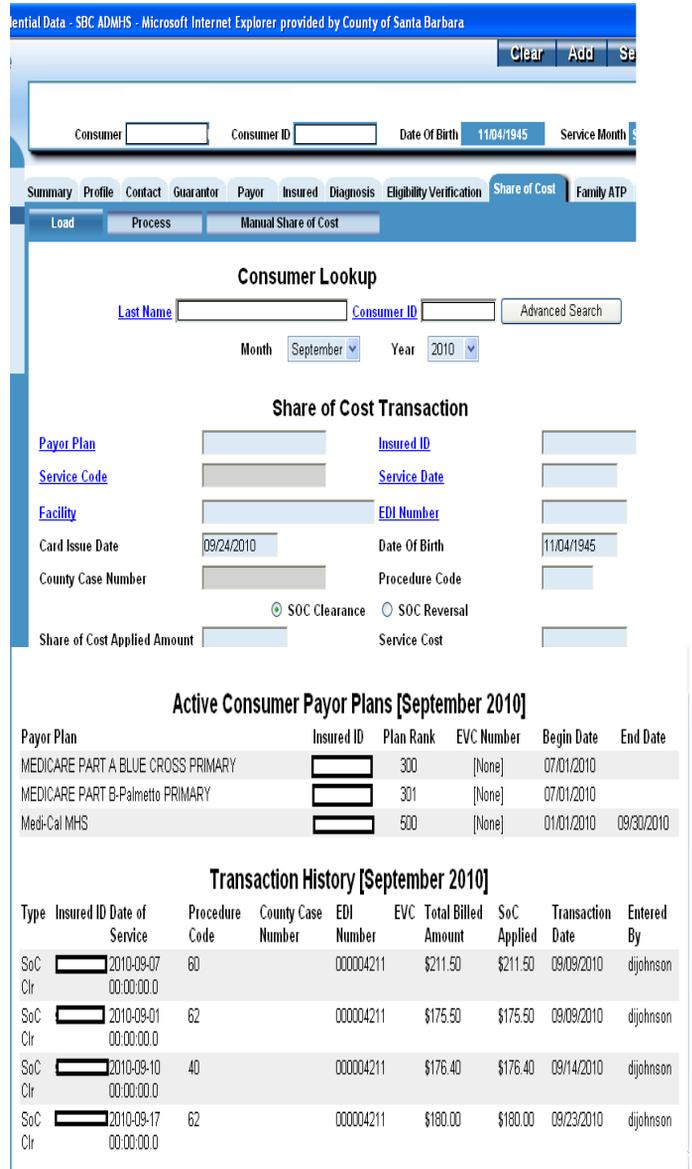
Payor Plan Name	Rank	Insured Name	Insured ID	Begin Date	End Date	Status
MEDICARE PART A BLUE CROSS PRIMARY	300			07/01/2010	ACTIVE	
MEDICARE PART B-Palmetto PRIMARY	301			07/01/2010	ACTIVE	
Medi-Cal MHS	500			01/01/2010	09/30/2010	

Click on the Payor tab and make sure that they have Medi-Cal Payor Plan. On client that have Medicare and Medi-Cal the Medi-Cal drops and will need to be re entered. You cannot enter any share of cost if the Medi-Cal Payor is not in the system as active for the month of entry.



Click on Search.

On this screen you will see several blue links; Payor Plan will be for Medi-Cal, Facility is the Clinic; and Service code will bring up a list of services for the client.



At the bottom of the page you will see all of the services you have entered from a prior date.

Main Menu

- Access
- Call Logging
- Consumer
- Access Setup
- Repository Lookup
- Access Reports
- Clinical
- Clinical Reports
- Fiscal
- Fiscal Reports
- Administration

Consumer Consumer ID Date Of Birth Service Month **September 2011**

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification **Share of Cost** Family ATP Health Info

Load Process Manual Share of Cost

Search Criteria

Service Code Service Description

Service Date Facility

Program Service Cost

Search Results

Service Code	Service Description	Service Date	Facility	Program	Service Cost
2005	Individual Therapy	09/10/2010	Lompoc Mental Health Services	Adult Outpatient	\$176.40
2011	Med Visit MD - Complex	09/07/2010	Lompoc Mental Health Services	Adult Outpatient	\$211.50
2011	Med Visit MD - Complex	09/23/2010	Lompoc Mental Health Services	Adult Outpatient	\$184.50
2014	Medication Support	09/01/2010	Lompoc Mental Health Services	Adult Outpatient	\$175.50
2014	Medication Support	09/17/2010	Lompoc Mental Health Services	Adult Outpatient	\$180.00

Click on the blue Service code number.

Share Care will fill in all of the boxes except the lower left where you must enter the amount of service, or if less the actual amount needed to meet the share of cost.

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ShareCare Clear Add Search

Consumer Consumer ID Date Of Birth Service Month **Septem**

Main Menu

Access Call Logging Consumer Access Setup Repository Lookup Access Reports Clinical Clinical Reports Fiscal Fiscal Reports Administration

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification **Share of Cost** Family ATP Health

Load Process Manual Share of Cost

Share of Cost Transaction

[Payor Plan](#) Medi-Cal MHS [Insured ID](#)

[Service Code](#) 2011 [Service Date](#) 09/23/2010

[Facility](#) Lompoc Mental Health Services [EDI Number](#) 000004211

Card Issue Date 09/24/2010 Date Of Birth 11/04/1945

County Case Number Procedure Code 60

SOC Clearance SOC Reversal

Share of Cost Applied Amount 184.50 Service Cost 184.50

Clear **Add** Search

Click Add.

Consumer Consumer ID Date Of Birth Service Month **Septem**

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification **Share of Cost** Family ATP Health

Load Process **Manual Share of Cost**

Share of Cost Transaction

Payor Plan	Medi-Cal MHS	Insured ID	<input type="text"/>
Service Code	2011	Service Date	09/23/2010
Facility	Lompoc Mental Health Services	EDI Number	000004211
Card Issue Date	09/24/2010	Date Of Birth	11/04/1945
County Case Number	<input type="text"/>	Procedure Code	60
<input checked="" type="radio"/> SOC Clearance		<input type="radio"/> SOC Reversal	
Share of Cost Applied Amount	184.50	Service Cost	184.50

Click Process.

Clear **Add** Search

Consumer Consumer ID Date Of Birth Service Month **Septem**

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification **Share of Cost** Family ATP Health

Load **Process** Manual Share of Cost

Share of Cost Transaction

Payor Plan	Medi-Cal MHS	Insured ID	<input type="text"/>
Service Code	2011	Service Date	09/23/2010
Facility	Lompoc Mental Health Services	EDI Number	000004211
Card Issue Date	09/24/2010	Date Of Birth	11/04/1945
County Case Number	<input type="text"/>	Procedure Code	60
<input checked="" type="radio"/> SOC Clearance		<input type="radio"/> SOC Reversal	
Share of Cost Applied Amount	184.50	Service Cost	184.50

Process Hel

Click Process at the top of the page.

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Health Info

Load Process Manual Share of Cost

Pending EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By	Delete?
<input type="text"/>	09/24/2010	SoC Clearance	JOHNSON, DIANA [dijohnson]	
Date of Birth:	<input type="text"/>			
Insured ID Number:	<input type="text"/>			
Service Date:	09/23/2010			
Procedure Code:	60			<input type="button" value="Delete"/>
County Case Number:				
EDI Number:	000004211			
Total Billed Amount:	184.50			
SOC Applied:	184.50			

Click OK to continue.

ential Data - SBC ADMHS - Microsoft Internet Explorer provided by County of Santa Barbara

Process

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Health Info

Load Process Manual Share of Cost

Pending EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By	Delete?
<input type="text"/>	09/24/2010	SoC Clearance	JOHNSON, DIANA [dijohnson]	
Date of Birth:	<input type="text"/>			
Insured ID Number:	<input type="text"/>			
Service Date:	09/23/2010			
Procedure Code:	60			<input type="button" value="Delete"/>
County Case Number:				
EDI Number:	000004211			
Total Billed Amount:	184.50			
SOC Applied:	184.50			

Microsoft Internet Explorer

Attempt to process the listed pending transactions with Medi-Cal?

Processed EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By	Commit / Delete
CHURCHILL, SUSAN (2009936)	09/24/2010	Soc Clearance	JOHNSON, DIANA [dijohnson]	
Date of Birth:				
Insured ID Number:				
Service Date:	09/23/2010			<input type="button" value="Commit"/>
Procedure Code:	60			
County Case Number:				
EDI Number:	000004211			<input type="button" value="Delete"/>
Total Billed Amount:	184.50			
SOC Applied:	184.50			
Response Message: SOC/SPEND DOWN AMT DEDUCTED SOC/SPEND DOWN CLEARANCE APPLIED. SOC				
Remainder: 41.10				

At the bottom you will see the remaining balance of their Share of Cost. Click Commit.

If you enter a service that has already been entered you can reverse the entry by clicking on the original service code and entering the amount of the service and click the SOC Reversal button. Click Add, Process lower left of the screen and process at the top right of the screen and finally commit.

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ShareCare

Consumer Consumer ID Date Of Birth Service Month

Main Menu

Access
Call Logging
Consumer
Access Setup
Repository Lookup
Access Reports
Clinical
Clinical Reports
Fiscal
Fiscal Reports
Administration

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification **Share of Cost** Family ATP Health

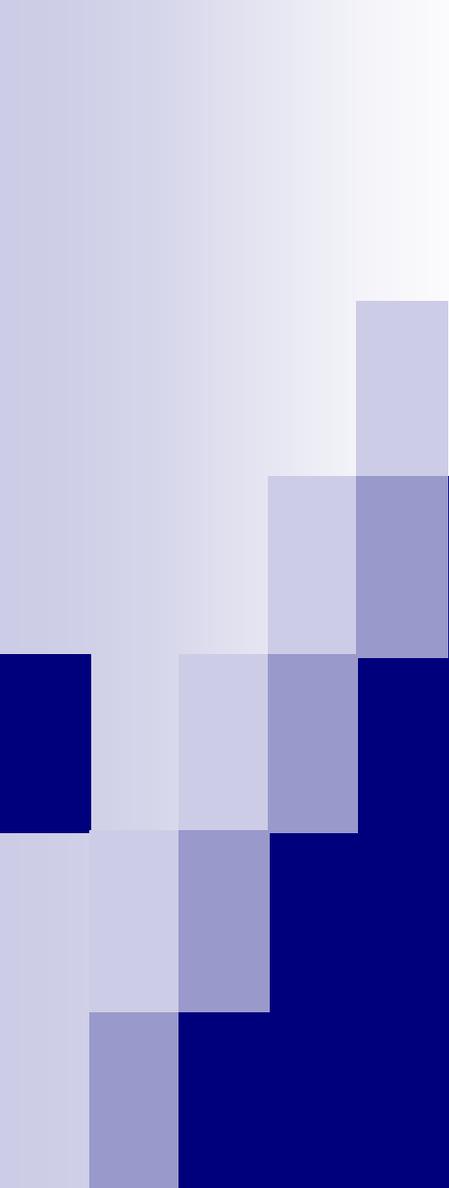
Load Process **Manual Share of Cost**

Share of Cost Transaction

Payor Plan	Medi-Cal MHS	Insured ID	<input type="text"/>
Service Code	2011	Service Date	09/23/2010
Facility	Lompoc Mental Health Services	EDI Number	000004211
Card Issue Date	09/24/2010	Date Of Birth	11/04/1945
County Case Number	<input type="text"/>	Procedure Code	60
	<input type="radio"/> SOC Clearance	<input checked="" type="radio"/> SOC Reversal	
Share of Cost Applied Amount	184.50	Service Cost	184.50

How to get Medi-Cal PIN from DMH

- ADMHS needs your facility's PIN in order for you to verify Medi-Cal eligibility via ShareCare and to certify Share of Cost via ShareCare.
- If you do not know your facility's PIN, send an email from your organization's director to Carla.Minor@dhcs.ca.gov requesting the PIN for your facility.
- ADMHS recommends that you reference your facility's address and NPI number.
- Once you retrieve your facility's PIN, please send it to Dana Fahey via email so it can be added to ShareCare.



ShareCare

MIS Reports

SC4132 Services Summary Report

- All UOS that are in ShareCare YTD for FY
- Automatically generated and emailed on the 5th of each month

Run Date: 10/05/2010

SANTA BARBARA COUNTY ALCOHOL DRUG AND MENTAL HEALTH SERVICES

SC 4132 AUTO

Year to date

SERVICES BY FACILITY AND SERVICE MONTH

001 Santa Maria Mental Health Services

Service Months From 2010/07 Through 2010/09

SUMMARY VIEW

Service Month	Program	Mode	SFC	Services	Units	Primary Provider Minutes	Co-Provider Minutes	Total UOS
2010/07	002 Adult Outpatient	15	00	284	284	8,284	166	8,450
2010/07	002 Adult Outpatient	15	01	164	164	10,132	48	10,180
2010/07	002 Adult Outpatient	15	10	11	11	439	0	439
2010/07	002 Adult Outpatient	15	11	4	4	276	0	276
2010/07	002 Adult Outpatient	15	30	40	40	2,400	0	2,400
2010/07	002 Adult Outpatient	15	31	56	56	4,286	0	4,286
2010/07	002 Adult Outpatient	15	40	147	147	10,809	0	10,809
2010/07	002 Adult Outpatient	15	41	21	21	1,227	228	1,455
2010/07	002 Adult Outpatient	15	51	155	155	29,143	6,130	5,289
2010/07	002 Adult Outpatient	15	60	191	191	9,230	0	9,230
2010/07	002 Adult Outpatient	15	61	68	68	2,264	10	2,274
2010/07	002 Adult Outpatient	15	62	879	879	27,239	1,001	28,240
2010/07	002 Adult Outpatient	15	70	8	8	910	75	985
2010/07	002 Adult Outpatient	15		2,028	2,028	106,639	7,658	84,313
2010/07	002 Adult Outpatient			2,028	2,028	106,639	7,658	84,313
2010/07	009 Children's Outpatient	15	00	257	257	7,104	72	7,176
2010/07	009 Children's Outpatient	15	01	83	83	3,654	244	3,898
2010/07	009 Children's Outpatient	15	10	18	18	890	0	890
2010/07	009 Children's Outpatient	15	11	1	1	89	0	89
2010/07	009 Children's Outpatient	15	12	2	2	99	0	99
2010/07	009 Children's Outpatient	15	30	4	4	708	0	708
2010/07	009 Children's Outpatient	15	31	40	40	2,818	213	3,031
2010/07	009 Children's Outpatient	15	41	2	2	193	0	193
2010/07	009 Children's Outpatient	15	60	63	63	2,188	0	2,188
2010/07	009 Children's Outpatient	15	62	93	93	3,245	5	3,250

SC3009 DMH Medi-Cal Claim Detail Report

- All UOS that made it on a Medi-Cal claim
- Generated and emailed following the successful submission of a Medi-Cal claim

Run date: 08/27/2010 11:42:01

Santa Barbara County Alcohol Drug and Mental Health Services

SC 3009 MH BP AUTO

Monthly MediCal Claim Report for Facility 1 - Santa Maria Mental Health Services

Bill Print Control ID 797

JULY 2010

Consumer Service ID	Prog ID	Program Name	Consumer ID	Consumer Name	Service Date	Service Code	Service Description	Group Size	Provider Id	Provider Name	Minutes	Claim Amount	Mode	SFC
Claim Type: Regular														
Program: Adult Outpatient														
1613012	2	Adult Outpatient			07/15/10	2014	Medication Support	1	1742	Tell, Denelce	27	\$130.14	15	62
1616065	2	Adult Outpatient			07/16/10	2014	Medication Support	1	1059	Burnham, Larry W	30	\$144.60	15	62
1614042	2	Adult Outpatient			07/19/10	2014	Medication Support	1	1968	Galazar, Annamaria	43	\$207.26	15	62
Total											100	\$482.00		
1611265	2	Adult Outpatient			07/15/10	2016	Targeted Case Management	1	2510	Addison, Julie A	22	\$44.44	15	01
Total											22	\$44.44		
1594413	2	Adult Outpatient			07/06/10	2011	Med Visit MD - Complex	1	5071	Schave, Douglas J	33	\$159.06	15	60
1619033	2	Adult Outpatient			07/23/10	2014	Medication Support	1	4944	Morehouse, Tracy	15	\$72.30	15	62
Total											48	\$231.36		
1611467	2	Adult Outpatient			07/15/10	2014	Medication Support	1	4944	Morehouse, Tracy	26	\$125.32	15	62
1624401	2	Adult Outpatient			07/29/10	2014	Medication Support	1	4944	Morehouse, Tracy	26	\$125.32	15	62
Total											52	\$250.64		
1613876	2	Adult Outpatient			07/19/10	2011	Med Visit MD - Complex	1	5071	Schave, Douglas J	88	\$424.16	15	60
Total											88	\$424.16		
1610072	2	Adult Outpatient			07/12/10	2014	Medication Support	1	1059	Burnham, Larry W	20	\$96.40	15	62
Total											20	\$96.40		
1603351	2	Adult Outpatient	1		07/01/10	2014	Medication Support	1	1059	Burnham, Larry W	50	\$241.00	15	62
1609634	2	Adult Outpatient			07/02/10	2014	Medication Support	1	1059	Burnham, Larry W	40	\$192.80	15	62

SC4001A Eligibility Report - Detail

- Displays various eligibilities flagged by consumer in diagnostic format
- Automatically generated and emailed between the 1st and 7th of each month

Report Date: 10/07/2010

Data Date: 10/07/2010

Santa Barbara County Alcohol Drug and Mental Health Services

MediCal Eligibility Roster - by Report Entity

Currently Open Admissions for SANTA MARIA CHILDREN (40)

Report Name: SC4001A

Old Report: M10951

Report Type: OK Eligibility

Facility-Program: Santa Maria Mental Health Services-Children'S Outpatient - County Agency

Consumer Name	Service Provider	DOB	SSN	M/F	CIN	Open Date	Last Svc Date	Last POE	Elg Sts	Elg Aid	Cty Svc	Cty Res	Share Cost	PP HF	PP MH	PP AD	PP AB	SP AB	SP MH	SP IV	Mismatch	Admission SOC
[REDACTED]	[REDACTED]	03/07/1994	[REDACTED]	M	[REDACTED]	01/26/2010	04/26/2010	2010/09	301	42	SB	SB		0	1	0	0	0	0	0		MHS
[REDACTED]	[REDACTED]	06/12/1996	[REDACTED]	F	[REDACTED]	02/23/2010	09/28/2010	2010/09	301	42	SB	SB		0	1	0	0	0	0	0		MHS
[REDACTED]	[REDACTED]	12/07/1998	[REDACTED]	M	[REDACTED]	09/25/2002	09/29/2010	2010/09	301	03	SB	SB		0	1	0	0	0	0	0		MHS
[REDACTED]	[REDACTED]	01/16/1998	[REDACTED]	M	[REDACTED]	08/15/2008	09/22/2010	2010/09	304	7J	SB	SB		0	1	0	0	0	0	0		MHS

Total Unique Consumers for Santa Maria Mental Health Services-Children'S Outpatient: 121

SC4001D Eligibility Report - Brief

- Displays various eligibilities flagged by consumer in summary Y/N format
- Automatically generated and emailed between the 1st and 7th of each month

Report Date: 10/07/2010

Santa Barbara County Alcohol Drug and Mental Health Services

Report Name: **SC4001D**

Data Date: 10/07/2010

State Eligibility Roster (Brief Reference) - by Report Entity

Old Report: MIS951

Currently Open Admissions for **SANTA MARIA CHILDREN (40)**

Facility-Program: **Santa Maria Mental Health Services-Pei-Tay Sm - County Agency**

Consumer Name	Social Security	Birth Date	State Eligible
[REDACTED]	[REDACTED]	07/06/1991	Y
[REDACTED]	[REDACTED]	11/10/1986	N
[REDACTED]	[REDACTED]	12/28/1985	N
[REDACTED]	[REDACTED]	11/05/1989	Y
[REDACTED]	[REDACTED]	01/24/1989	N
[REDACTED]	[REDACTED]	11/23/1990	N
[REDACTED]	[REDACTED]	08/10/1990	N
[REDACTED]	[REDACTED]	05/20/1988	N
[REDACTED]	[REDACTED]	02/13/1989	N
[REDACTED]	[REDACTED]	09/23/1984	N
[REDACTED]	[REDACTED]	10/13/1986	N
[REDACTED]	[REDACTED]	07/08/1986	N
[REDACTED]	[REDACTED]	02/24/1993	N

Total Unique Consumers for **Santa Maria Mental Health Services-Pei-Tay Sm: 13**

SC5005A 182 Day Admission Not Seen - Summary

- Displays all consumers with open admissions who have not been seen in last 30, 60, 90, 120 and 182 days.
- Automatically generated and emailed between the 1st and 3rd of each month

Report Date: 10/05/2010 10:59:20
Data Date: 10/05/2010 10:59:20

Santa Barbara County Alcohol Drug and Mental Health Services
Consumer Name Summary - by Service Provider
Consumers with Open Admissions Not Seen for 182 Days (From: 10/05/2010)

Report Name: SC5005A_SPN
Old Report: MIS1051

County Agency - CHILD

Facility - Program	Service Provider	Consumer Name	Days
	[REDACTED]	[REDACTED]	583

			Provider Total: 1
		Santa Maria Mental Health Services-Adult Outpatient Total:	19
Santa Maria Mental Health Services-Children's Outpatient	[REDACTED]	[REDACTED]	508

			Provider Total: 1
	[REDACTED]	[REDACTED]	197

			Provider Total: 1
	[REDACTED]	[REDACTED]	337
	[REDACTED]	[REDACTED]	271

			Provider Total: 2
	[REDACTED]	[REDACTED]	224

			Provider Total: 1
	[REDACTED]	[REDACTED]	551

			Provider Total: 1
	[REDACTED]	[REDACTED]	264
		[REDACTED]	196
		[REDACTED]	201
		[REDACTED]	392

			Provider Total: 4
		Santa Maria Mental Health Services-Children's Outpatient Total:	10
Santa Maria Mental Health Services-Juvenile Justice (Billable)	[REDACTED]	[REDACTED]	197
	Kwock, Leonard (1772)	Jimenez, Oscar (2013015)	

SC6001E Error Edits - Detail

- Displays various common BSR/Claim errors flagged by consumer in diagnostic format
- Automatically generated and emailed between the 15th and 17th of each month

Report Date: 10/18/2010

Data Date: 10/17/2010

Santa Barbara County Alcohol Drug and Mental Health Services

Consumer Detail Error Edits - by Report Entity

Report Name: SC6001E

Currently Open Admissions for SANTA MARIA CHILDREN (40)

Facility-Program: Santa Maria Mental Health Services-Children'S Outpatient (3) - County Agency

Consumer Name	Birth Date	Gender	Race	Hispanic Origin	Zip	Main Diag	Pvder ID	Opn Cnt	Last Service Date	Error Codes
[REDACTED]	08/13/1996	Male	Other	Other Hispanic / Latino	93454	296.32	1706	4	10/15/2010	
[REDACTED]	10/09/2004	Male	White or Caucasian	Other Hispanic / Latino	93458	314.01	1798	5	10/05/2010	

Total Unique Consumers for Santa Maria Mental Health Services-Children'S Outpatient (3): 122

BSR Error Report

- Displays services that were not able to be added to an invoice because of error with the client's information in ShareCare
- The PR report lists errors associated with the client's Profile, Payor or Guarantor information.
- The AOP report lists errors associated with the client's Admission or Diagnosis
- The Duplicates report lists services that ShareCare has identified as being a duplicate to an existing service. Most times this is not true, but rather a Duplicate Override Indicator value was not entered when the progress note was entered.
- Will receive this report from Deidre once the BSR process is run (between 10th and 17th of the month).
- Will normally have one week to correct the error, note the correction in the "Status" column, and email the report back to Deidre.

BSR Error Report

A	B	C	D	E
1 Facility	Consumer	Service Date	Error Code	Status
2 CARES Crisis Residential North [495]		Oct 10 2011 12:00AM	-Invalid or Missing Address	
3		Oct 11 2011 12:00AM	-Invalid or Missing Address	
4		Oct 12 2011 12:00AM	-Invalid or Missing Address	
5		Oct 13 2011 12:00AM	-Invalid or Missing Address	
6		Oct 6 2011 12:00AM	-Invalid or Missing Address	
7		Oct 7 2011 12:00AM	-Invalid or Missing Address	
8		Oct 9 2011 12:00AM	-Invalid or Missing Address	
9		Oct 21 2011 12:00AM	-No valid guarantor	
10		Oct 22 2011 12:00AM	-No valid guarantor	
11		Oct 23 2011 12:00AM	-No valid guarantor	
12		Oct 24 2011 12:00AM	-No valid guarantor	
13		Oct 25 2011 12:00AM	-No valid guarantor	
14		Oct 26 2011 12:00AM	-No valid guarantor	
15		Oct 27 2011 12:00AM	-No valid guarantor	
16		Oct 28 2011 12:00AM	-No valid guarantor	
17		Oct 29 2011 12:00AM	-No valid guarantor	
18		Oct 30 2011 12:00AM	-No valid guarantor	
19 Cares North [129]		Oct 25 2011 12:00AM	-No valid guarantor	
20		Oct 26 2011 12:00AM	-No valid guarantor	
21		Oct 24 2011 12:00AM	-Assignment of Benefits Signed Date Required	
22		Oct 13 2011 12:00AM	-No valid guarantor	
23		Oct 18 2011 12:00AM	-No valid guarantor	
24		Oct 14 2011 12:00AM	-No valid guarantor	
25		Oct 10 2011 12:00AM	-No valid guarantor	
26		Oct 3 2011 12:00AM	-No valid guarantor	
27		Oct 11 2011 12:00AM	-No valid guarantor	
28		Oct 5 2011 12:00AM	-No valid guarantor	
29		Oct 18 2011 12:00AM	-No valid guarantor	
30		Oct 6 2011 12:00AM	-No valid guarantor	
31		Oct 20 2011 12:00AM	-No valid guarantor	
32		Oct 20 2011 12:00AM	-No valid guarantor	
33		Oct 20 2011 12:00AM	-No valid guarantor	
34 CARES-South [130]		Oct 5 2011 12:00AM	-Invalid or Missing Address	
35		Oct 30 2011 12:00AM	-No valid guarantor	
36		Oct 6 2011 12:00AM	-Invalid or Missing Address	
37		Oct 30 2011 12:00AM	-No valid guarantor	
38		Oct 19 2011 12:00AM	-No valid guarantor	
39		Oct 18 2011 12:00AM	-Invalid or Missing Address	
40		Oct 23 2011 12:00AM	-Invalid or Missing Address	

Denial Report

- ADMHS has 15 months from the month of service to resubmit a denied service that has been corrected.
- Displays services that were denied by Medi-Cal.
- Each denial code is on a separate report.
 - **Code 22**: Other health coverage must be billed before the submission of this claim.
 - **Code 177**: Beneficiary not eligible.
 - **Code 185**: Only SED services are valid for Healthy Families aid code.
 - **Code 204**: Emergency Services Indicator must be “Y” or Pregnancy Indicator must be “Y” for this aid code.
- Will receive this report from Deidre covering the service month that is about to expire.
- Will normally have one week to correct the denial (if possible), note the correction in the “Status” column, and email the report back to Deidre.

Denial Report

	A	B	C	
1	Facility / Program	consumer ID	Reason Code 2	Status
2	ADMHS Camino Del Remedio / Santa Barbara ACT	77610000		
3	Calle Real Mental Health Services Center / Adult Outpatient			
4				
5	Calle Real Mental Health Services Center / S.B. Supported Housing Services			
6	CARES Crisis Residential North / Crisis Residential			
7	Cares North / Intake and Assessment			
8				
9	Cares North / Mobile Crisis Team			
10	CARES-South / Intake and Assessment			
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21	Casa Pacifica Santa Maria / SAFTY Program			
22				
23	Child Abuse Listening And Mediation / FFS Program			
24	Child Abuse Listening And Mediation / Hope Program			
25	Child Abuse Listening And Mediation / SPIRIT Program			
26	Community Action Commission - Lompoc / Therapeutic Aide Program			
27				
28	Community Action Commission / Therapeutic Aide Program			
29	Family Services Agency / Children's Outpatient			
30	Family Services Agency Lompoc / Intensive In Home Care			
31	Lompoc B Street Mental Health Services / Children's Outpatient			
32				
33	Lompoc Mental Health Services / Adult Outpatient			
34	Lompoc Mental Health Services / Bridge to Care			
35				
36	Lompoc Mental Health Services / Lompoc ACT			
37				
38	PathPoint / S.B. Supported Housing Services			
39	Phoenix of Santa Barbara / Phoenix House			
40	Santa Barbara Child & Family Services / Children's Outpatient			
	◀ ▶ ⏪ ⏩ \ Code 22 / Code 177 / Code 185 / Code 204 /			