COUNTY OF SANTA CLARA
Behavioral Health Services

BHSD 6518 CALOMS ERRORS REPORT

07/17/2023

REVISIONS

Date	Slides	Revisions

COUNTY OF SANTA CLARA
Behavioral Health Services

BHSD 6518 CALOMS ERRORS REPORT

Purpose of Form:

The purpose of the report is for SUTS Contracted Providers (CCPs) to view the errors of the Cal-OMS Submission of their clients. This Report contains the details of the error for each Client in the CalOMS submission via myAvatar, by Program, in a given period (date range). The error details include the Program, Program code, Provider ID, Client ID, Admission Date, Discharge Date, Episode#, SUTS Level of Care, Error Number, Record Type, Admission, Error Message.

COUNTY OF SANTA CLARA
Behavioral Health Services

SIGN ONTO PROVIDERCONNECTNX

Enter the System Code, Username, and Password that were provided to you.

HOW TO ACCESS

After login click on Search, type and select **BHSD 6518 CalOMS Errors By Programs PCNX.**

The below screen will appear after selecting the BHSD 6518 CalOMS Error Report form.

Enter the **(1)** Contracting Provider, select the corresponding **(2)** Program. More than one program can be selected. Enter the date range in **(3)** Start Date and **(4)** End Date. Lastly, select **(5)** Process.

The below crystal report will appear. The report will generate any client that has a Cal-OMS error within the selected date range. The error will display in the error message field.

Santa Clara County
Behavioral Health Department

Cal-OMS Error Report

Start Date:	3/1/2023	End Date:	3/31/2023

Program Name: SUTS CENTRAL TX-ADULT OP   **Program Code:** 4000002A

Provider ID: 438398

Client ID: 0000000   **Admission Date:** 3/9/2023   **Discharge Date:**

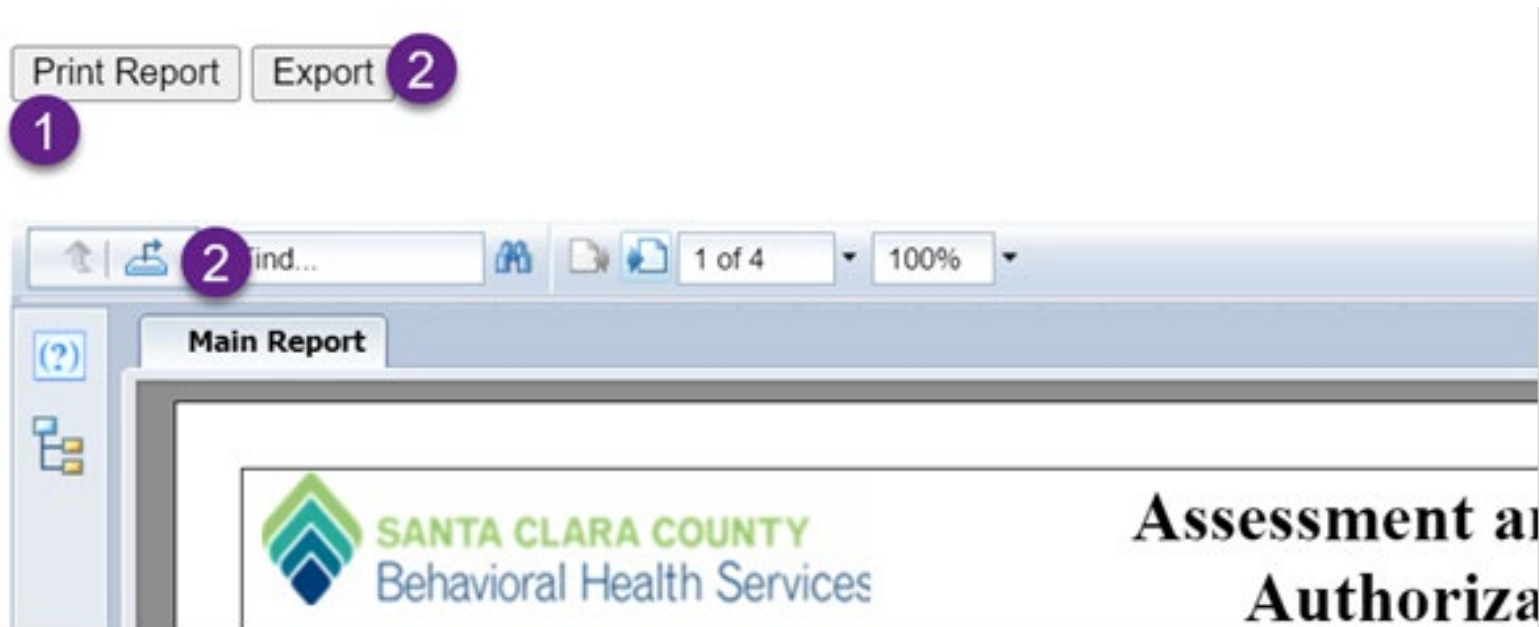**Episode Number:** 4   SUTS CENTRAL TX-ADULT OP --- Level of Care '1.0 Outpatient Services'

Error Number: 1   **Record Type:** Admission

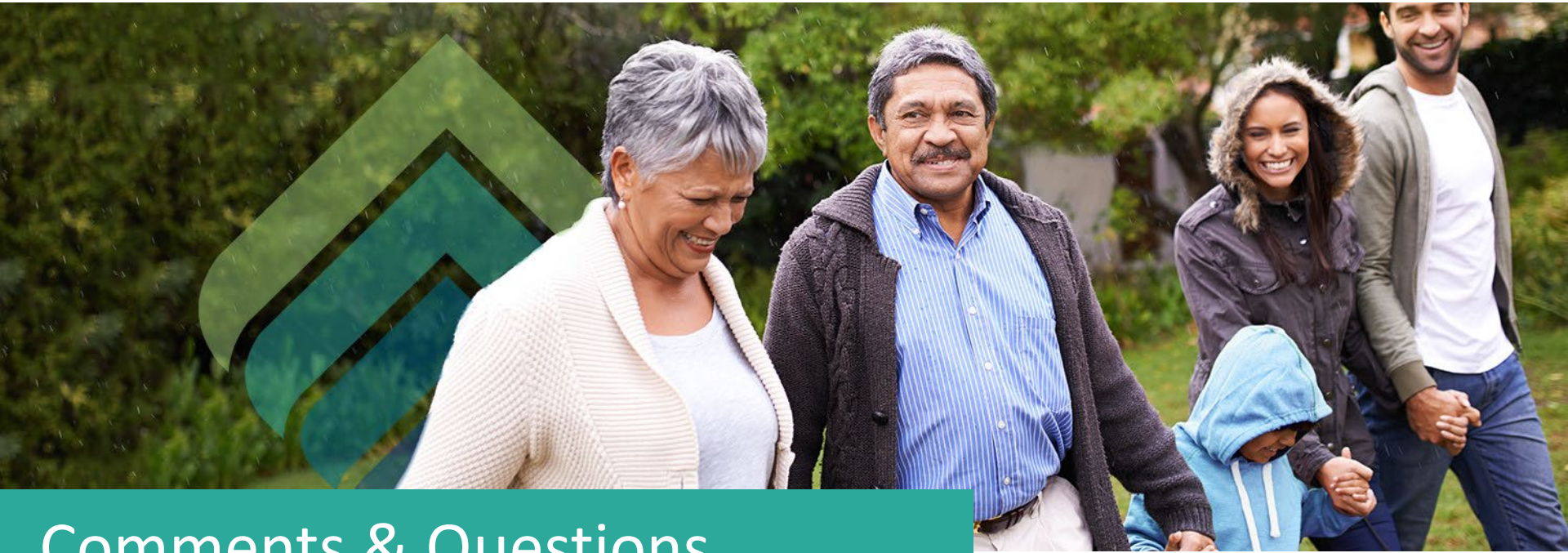**Error Message:** Place of Birth - County: Missing required field.

Program Name: ySUTS ADVENT SUMMIT - YOUTH RES   **Program Code:** 4000036

Provider ID: 434318

Client ID: 0000000   **Admission Date:** 3/27/2023   **Discharge Date:** 6/16/2023

Episode Number: 13   ySUTS ADVENT SUMMIT - YOUTH RES --- Level of Care '3.1 Clinically Managed Low-Intensity Res'

Error Number: 1   **Record Type:** Admission

Error Message: Special Services Contract ID: 341 - Special Services Contract ID can only be provided if a County Paying for Servcies is provided.

COUNTY OF SANTA CLARA
Behavioral Health Services

HOW TO PRINT/EXPORT REPORT

The report will have opened in a new window; you can **(1)** Print to PDF or **(2)** Export it to a different format.

Comments & Questions

COUNTY OF SANTA CLARA
Behavioral Health Services