



COUNTY OF SANTA CLARA
Behavioral Health Services

BHSD 6518 CALOMS ERRORS REPORT

07/17/2023

REVISIONS

Date	Slides	Revisions


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.

SIGN ONTO PROVIDERCONNECTNX


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

 **Netsmart**
ProviderConnect NX


System

 SCC LIVE 



System Code

 Enter System Code

Username

 Enter Username

Password

 Enter Password 

Login

Attention

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

HOW TO ACCESS

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

The screenshot shows a search interface with a search bar containing the text "BHSD 6518 CalOMS Errors By Programs PCNX". Below the search bar, there are filter buttons for "All 1", "Clients 0", "Staff 0", and "Forms 1". The search results are displayed under the heading "Here is what I found:". A table with the following data is shown:

Undock	Name	Menu Option
	BHSD 6518 CalOMS Errors By Programs PCNX	/ Avatar MSO / CSC Reports

A yellow arrow points to the "Name" column of the table.

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

BHSO 6518 CALOMS ERRORS BY PROGRAMS PCNX Process Discard Add to Fav

BHSO 6518 CalOMS Errors By Programs PCNX

Contracting Provider * **Start Date ***

Select Program * **End Date ***

All | Clear

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 screenshot shows a web application interface for "PROGRAMS PCNX". At the top right, there are three buttons: "Process", "Discard", and "Add to Favorites". A yellow arrow labeled "5" points to the "Process" button. Below the header, there are four main input fields:

- Contracting Provider ***: A text input field containing "AACI - SUTS (10022)". A yellow arrow labeled "1" points to this field.
- Select Program ***: A dropdown menu with "All | Clear" at the top. It contains two options: "AACI MOORPARK - YOUTH OP" (checked) and "AACI MOORPARK - YOUTH RECOVERY" (unchecked). A yellow arrow labeled "2" points to the checked option.
- Start Date ***: A date input field containing "01/01/2023". A yellow arrow labeled "3" points to this field.
- End Date ***: A date input field containing "07/17/2023". A yellow arrow labeled "4" points to this field.

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:** 400002A
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'

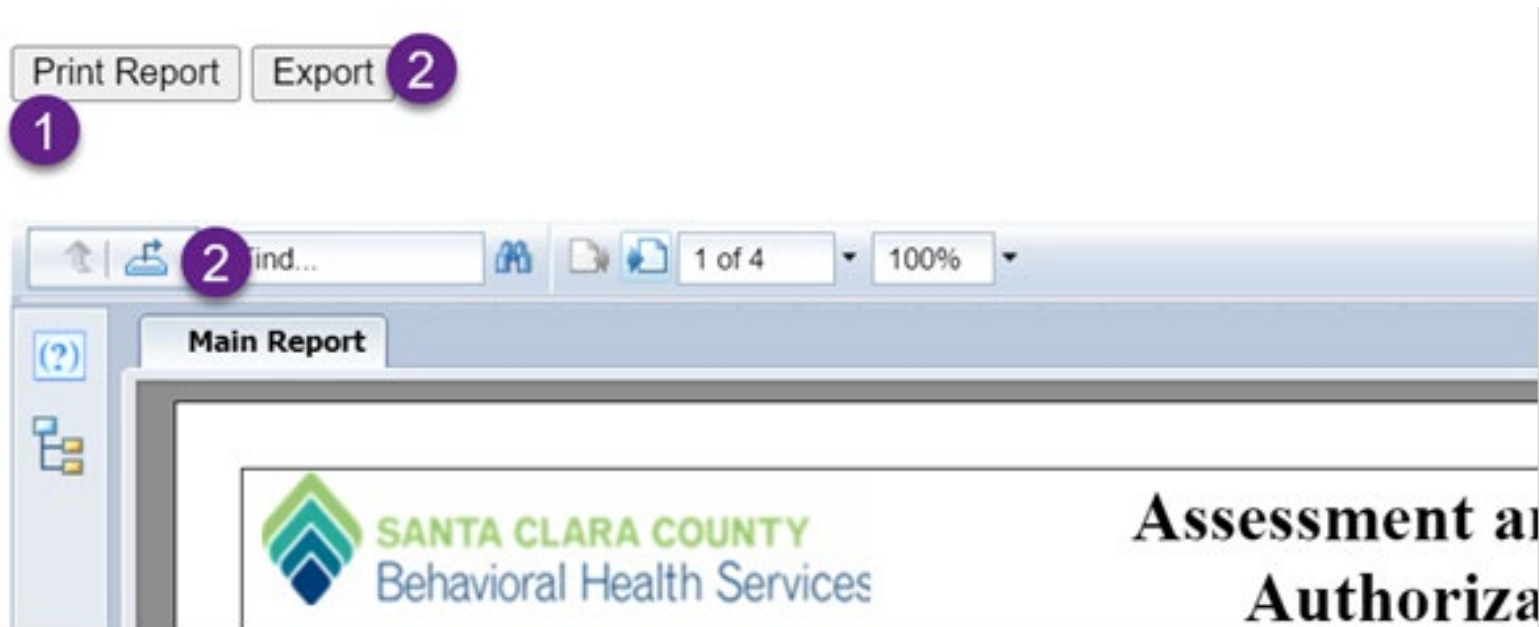
Error Number: 1 **Record Type:** Admission
Error Message: Place of Birth - County: Missing required field.

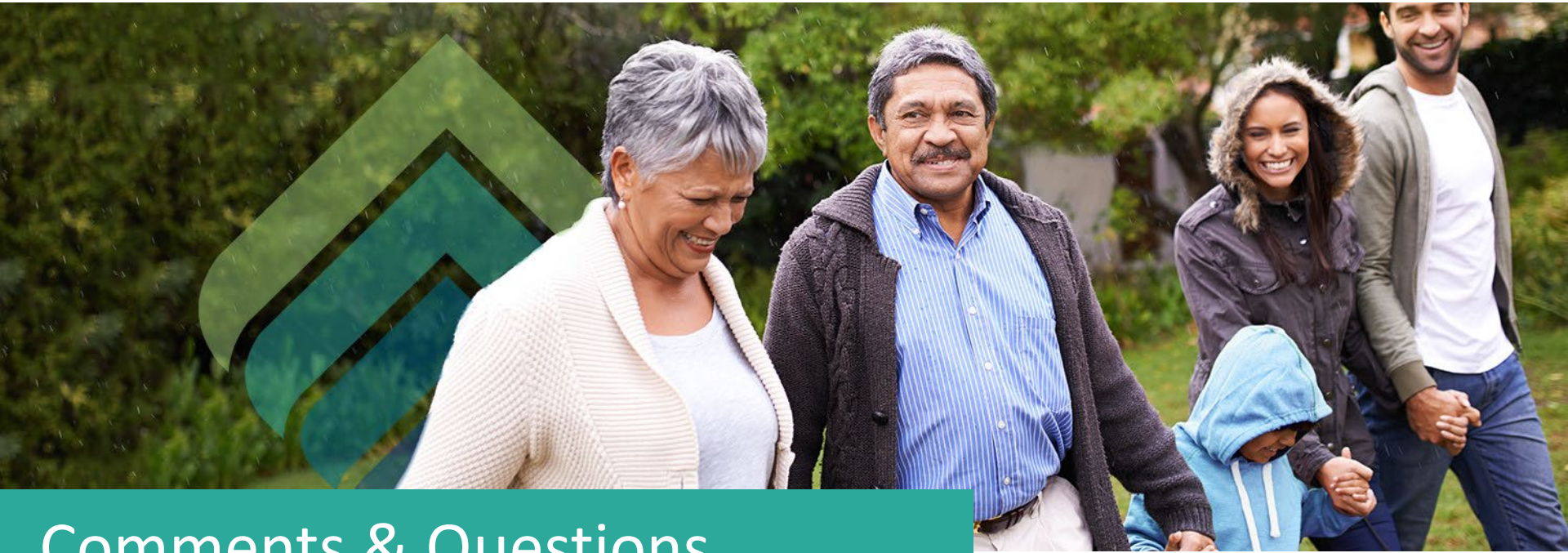
Program Name: ySUTS ADVENT SUMMIT - YOUTH RES **Program Code:** 4000036
Provider ID: 434318
Client ID: 0000000 **Admission Date:** 3/27/2023 **Discharge Date:** 6/16/2023
Episode Number: 13 ySUTS ADVENT SUMMIT - YOUTH RES --- Level of Care '3.1 Clinically Managed Low-Intensity Res'

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 Services is provided.

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