



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**FAST SERVICE ENTRY SUBMISSION**

REV. 09/20/2022

# REVISIONS

Date	Slides	Revisions
09/20/22	23	Update what will be inputted in Close Batch and Date Claims Received.
06/13/22	12	Added Total Charge calculation.
06/13/22	19-20	Added Third Party Payor Explanation of Coverage.

# FAST SERVICE ENTRY SUBMISSION

## **Purpose of Form:**

To enter member services. Services can be entered for an active member and funding source. Financial Eligibility & Diagnosis form needs to be completed before entering members' services.

# 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** and type **Fast Service Entry Submission**

The screenshot shows a search interface with a search bar containing the text "Fast Service Entry Submission". Below the search bar is a link for "Advanced Client Search". The results section is titled "Here is what I found:" and features four filter buttons: "All 1", "Clients 0", "Staff 0", and "Forms 1". The "Forms" filter is selected. Below the filters is a section titled "Forms" containing a table with the following data:

Undock	Name	Menu Option
	Fast Service Entry Submission	/ Avatar MSO / Claims Processing

Click on **Fast Service Detail** first.

**FAST SERVICE ENTRY** Process Discard Add to Favorites

Fast Service Entry Summary   
Fast Service Detail   
[Online Documentation](#)

**Fast Service Entry Summary \***

Member Name Or ID	Funding Source	Provider	Date Of Service	Service Start Time	Service End Time
No records.					

Add New Item Edit Selected Item Delete Selected Item


Click 'Add New Item' in **Fast Service Entry Summary** to start adding services

**Fast Service Entry Summary \***

Member Name Or ID	Funding Source	Provider	Date Of Service	Service Start Time	Service End Time
No records.					

◀ [Empty Table Row] ▶

[Add New Item](#) [Edit Selected Item](#) [Delete Selected Item](#)








Fill in the following fields:

**Member Name or ID, Funding Source\*, Provider, Contracting Provider Program, Date of Service.**

Service Start Time and End Time is not needed.

In the **Copy Data On Add** field, select whether or not the current row of data should be copied over to the next new row if another service is added.

<p><b>Copy Data On Add *</b></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p><b>Contracting Provider Program *</b></p> <p>All - 01/01/2018 - MOMENTUM ALAMEDA - ADULT OP - Outpatient SUTS-Adult ▼</p> <p>Process Report</p>
<p><b>Procedure Code Type *</b></p> <p><input checked="" type="radio"/> CPT Code <input type="radio"/> Revenue Code</p>	<p><b>Date Of Service *</b></p> <p>01/28/2022  <input type="button" value="T"/> <input type="button" value="Y"/> ▼</p>
<p><b>Member Name Or ID *</b></p> <p>SUTS,BOB R R (2638) </p>	<p><b>Date of Service (End)</b></p> <p> <input type="button" value="T"/> <input type="button" value="Y"/> ▼</p>
<p><b>Funding Source *</b></p> <p>Drug Medi-Cal (4) </p>	<p><b>Service Start Time</b></p> <p><input type="text"/> <input type="button" value="Current Time"/> H ▼ M ▼ AM/PM ▼</p>
<p><b>Provider *</b></p> <p>Momentum - SUTS (11000) </p>	<p><b>Service End Time</b></p> <p><input type="text"/> <input type="button" value="Current Time"/> H ▼ M ▼ AM/PM ▼</p>



## FUNDING SOURCE

\*The following can be selected for Funding Source:

**DMH Medi-Cal (2)**

**County of Santa Clara – MH (3)**

**Drug Medi-Cal (4)**

**County of Santa Clara – SUTS (6)**

**Process Report** - generates the Valid Authorizations report, which details authorizations associated with the member, funding source and provider, but is not needed and may be skipped.

**Contracting Provider Program \***

All - 01/01/2018 - MOMENTUM ALAMEDA - ADULT OP - Outpatient SUTS-Adult ▼

Process Report

Fill in the following fields: **Type of Service, Procedure Code, Total Charge\***, **Service Units, Location, Duration (Minutes).**

Type Of Service Routine x v	Duration (Minutes) * 30
Procedure Code * IOT Case Mgmt. (21+) (H0006:U8) Q	Display Valid Authorizations
	Authorization Number * <input type="text"/>
	Does This Service Represent An Admission * <input type="radio"/> Yes <input checked="" type="radio"/> No
Number In Group <input type="text"/>	Billed Amount 100.00
Number Of Counselors In Group <input type="text"/>	Allowed Amount 0.00
Documentation Time <input type="text"/>	Total Fee Table Amount 0.00
Group Service Units <input type="text"/>	Expected Disbursement 0.00
Total Charge * 100.00	Approved Units 0
Service Units * 30	Private Pay Amount 0
Location * OFFICE (11) Q	Third Party Amount Paid <input type="text"/>
<input checked="" type="radio"/> Location ID Number <input type="radio"/> Location Description	

# TOTAL CHARGE

\*To calculate **Total Charge**, multiply **Duration(Minutes)/Service Units** by the program's contracted rate for that specific service which is stated in the CCP individual P-Auth file.

The Total Charge will then accurately match the Total Fee Table Amount.

Documentation Time		Billed Amount	
Group Service Units		Allowed Amount	40.65
<b>Total Charge *</b>	40.65	<b>Total Fee Table Amount</b>	40.65
<b>Service Units *</b>	15	Expected Disbursement	40.65
<b>Location *</b>	OFFICE (11)	Approved Units	15
<input checked="" type="radio"/> Location ID Number		Private Pay Amount	0
<input type="radio"/> Location Description		Third Party Amount Paid	

Click **Display Valid Authorizations** to display the **Authorization Listing Screen** and select corresponding authorization.

In order to process a service authorization: The procedure code must be associated with a service authorization. The total service charge must be the same as the service fee. The service units must be equal or less than number of authorized units.

Duration (Minutes)  
\*

  
**Display Valid Authorizations**

### Authorization Listing

Member (SUTS,BOB R R - 2638)

'Funding Source' (Drug Medi-Cal)

Auth #	Provider	Benefit Plan	Cont Prv Prg	Start Date	End Date
P104	Momentum - SUTS	Drug Medi-Cal	MOMENTUM ALA	07/01/2021	06/30/2022

OK

Cancel

**Authorization Number, Expected Disbursement, and Approve Units** will auto-populate.

**Does This Service Represent An Admission** is going to be 'No'

Authorization Number \*

P104

Does This Service Represent An Admission \*

Yes  No

Billed Amount

100.00

Allowed Amount

0.00

Total Fee Table Amount

0.00

Expected Disbursement

0.00

Approved Units

0

Private Pay Amount

0

Third Party Amount Paid

**Claim Status** will be automatically be chosen depending on information provided. **Explanation of Coverage** will display the reasoning for approval/denial/pending. This section will update as information is entered in this form. This field is blank when the service has been approved with the exception of a Third Party Payor addition (see page 20).

Explanation Of Coverage

The service was denied for the following reason:  
Performing Provider is blank.

Claim Status \*

Approved  Denied  Pending

Claim Status Reason

Select

Type in the **Diagnosis** and choose from the drop-down menu.

Diagnosis \*

alcohol depend

Diagnosis	ICD-9	ICD-10
Alcohol dependence, in remission	303.93	F10.21
Alcohol dependence, uncomplicated	303.90	F10.20
Alcohol dependence during childbirth	648.40	O99.314
Alcohol dependence during pregnancy	648.30	O99.310
Alcohol dependence with intoxication delirium	303.00	F10.221



## Select **Performing Provider** and **Performing Provider Type**

Performing Provider

MARQUEZ,DAVID M (05/09/2019)(1124689716)



Performing Provider Type

Certified Alcohol and Drug Counselor II - CADC II



## THIRD PARTY ADJUDICATION (OHC)

Choose the OHC from **Third Party Payer** drop down menu. Enter **Billed Amount, Allowed Amount, Amount Paid, Adjustment Reason** from the OHC's EOB.

<b>Third Party Payer - 1</b>
(2000) Aetna * ▾
<b>Reason(s) for Reversal</b>
<input type="text"/>
<b>Third Party Payer Assigned To Client - 1</b>
Select * ▾
<b>Billed Amount - 1</b>
81.30
<b>Allowed Amount - 1</b>
10.00
<b>Amount Paid - 1</b>
10.00
<b>Adjustment Reason 1-1</b>
MCal Denial-Generic Adjustment * ▾
<b>Amount 1-1</b>
71.30

**Amount** is the Amount Paid subtracted from Billed Amount. Up to 5 adjustment reason may be added for each payer. Up to 4 OHC payers may be added.

## THIRD PARTY ADJUDICATION (OHC)

The **Expected Disbursement** would be the **Allowed Amount** (amount OHC is paying) would be subtracted from the **Billed Amount/Total Fee Table Amount**.

Documentation Time		Billed Amount	81.30
Group Service Units		Allowed Amount	10.00
<b>Total Charge *</b>	81.30	<b>Total Fee Table Amount</b>	81.30
<b>Service Units *</b>	30	<b>Expected Disbursement</b>	71.30
<b>Location *</b>	OFFICE (11)	<b>Approved Units</b>	30
<input checked="" type="radio"/> Location ID Number		<b>Private Pay Amount</b>	0
<input type="radio"/> Location Description		<b>Third Party Amount Paid</b>	10.00

## EXPLANATION OF COVERAGE FOR THIRD PARTY PAYOR

If a Third Party Payor was added, the **Explanation of Coverage** will have a text populated explaining that there is a Third Party Payor but **Claim Status** should be Approved.

**Explanation Of Coverage**

The service was approved with the following notices:  
Third Party Coverage Found.  
Payments and Adjustments for Third Party Payer 2000 (Aetna) do not total the billed amount.  
Limited by third party payments.

**Claim Status \***

Approved     Denied     Pending

**Claim Status Reason**

Select

After the service has been added, scroll back up to the top of the page to continue adding more services, edit services, or delete selected service.

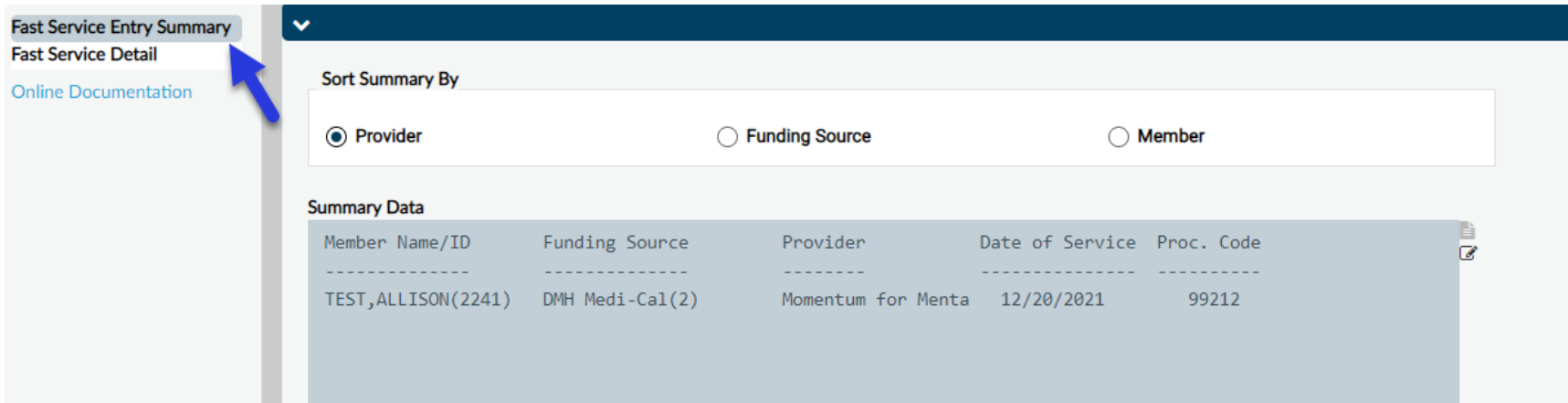
**Fast Service Entry Summary \***

Location	Duration (Minutes)	Billed Amount	Allowed Amount	Total Fee Table Am...	Expected Disburse...
11	30		0.00	0.00	0.00

◀ | ▶

[Add New Item](#)      [Edit Selected Item](#)      [Delete Selected Item](#)

Once all services has been added, click **Fast Service Entry Summary**. Select how you would like the service sorted in **Sort Summary By**, and the services will display in **Summary Data**.



Fast Service Entry Summary  
Fast Service Detail  
[Online Documentation](#)

Sort Summary By

Provider  Funding Source  Member

Summary Data

Member Name/ID	Funding Source	Provider	Date of Service	Proc. Code
TEST,ALLISON(2241)	DMH Medi-Cal(2)	Momentum for Menta	12/20/2021	99212

**Total Expected Disbursement** is a disabled field that shows how much disbursement is expected.

**Close Batches** is a disabled field that will show 'No'.

Enter today's date in **Date Claims Received**.

Click **Submit Fast Service Entry** once done.

Total Expected Disbursement  
40.80

Close Batches  
 Yes  No

**Date Claims Received \***  
07/01/2022

Submit Fast Service Entry

This message will appear, notifying batch has been created. Click 'OK'

?

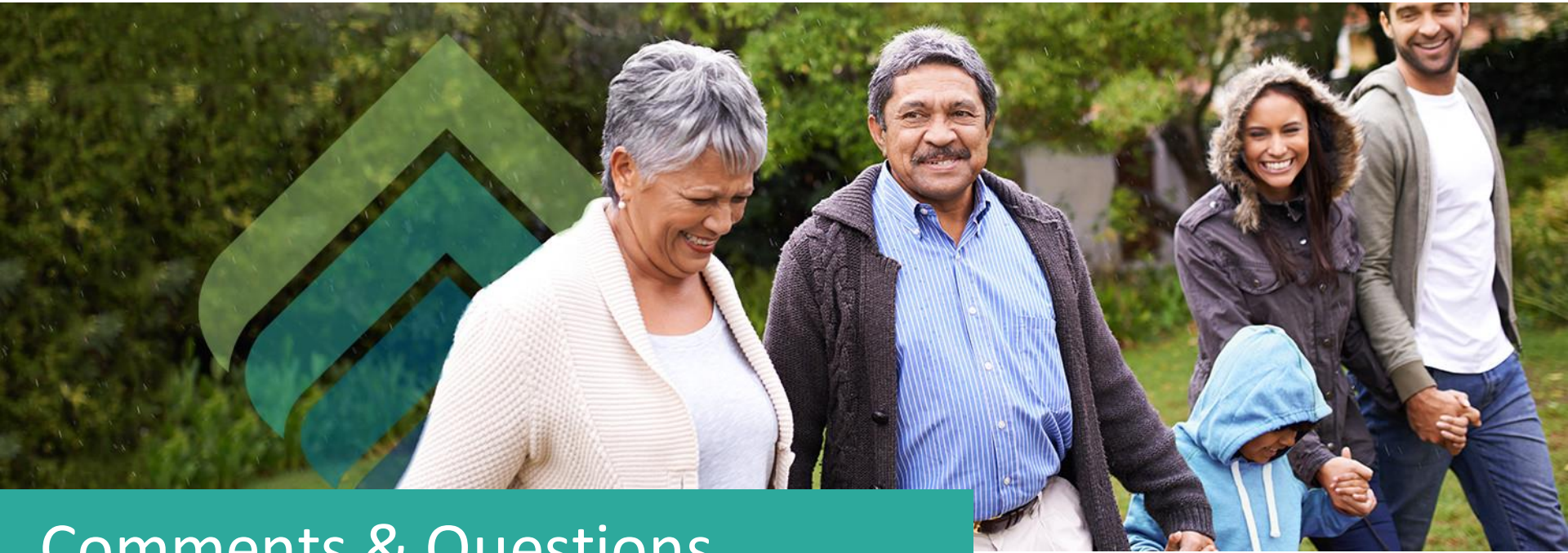
### Fast Service Entry

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Batch created: 1085

OK





# Comments & Questions