



# ProviderConnect NX End User Manual for Community Outreach Service (COS)

APR 2024 v4.5

# Table of Contents

## **Introduction to ProviderConnect NX**

Overview .....2

## **ProviderConnect NX: Login Process w/MFA**

Where to Log-in, Password, Enterprise Credentials.....3

## **ProviderConnect NX: How to Create a Claim**

Create a Claim using Fast Service Entry Submission.....8

## **ProviderConnect NX: How to Create a Report**

Create a Report, Viewing a Report.....25

## **ProviderConnect NX: How to Void a Claim**

Void Claim.....28

## **ProviderConnect NX: How to Create a Retro Claim Adjudication Report**

Retro Claim Adjudication Report.....33

# Introduction to ProviderConnect NX

The **Avatar NX** is the **Electronic Health Record System (EHRS)** that the **Los Angeles County Department of Mental Health (LACDMH)** implemented. **ProviderConnect NX** is a web-based interface that communicates with **Avatar NX**. **ProviderConnect NX** is a standard browser-based application that can be launched from any web browsing application such as Edge, Chrome, or Firefox. **ProviderConnect NX** has real-time communication with **Avatar NX**, hence any information submitted into **ProviderConnect NX** is directly entered or updated into **Avatar NX** immediately.

This manual document will go over.

- **How to Login into Provider Connect NX w/MFA**
- **Home Page Navigation and TASK Navigation Bar**
- **Creating a COS claim**
- **Creating and viewing Reports**
- **Voiding a COS Claim**

## **Links and Numbers**

**Help Desk – (213)351-1335**

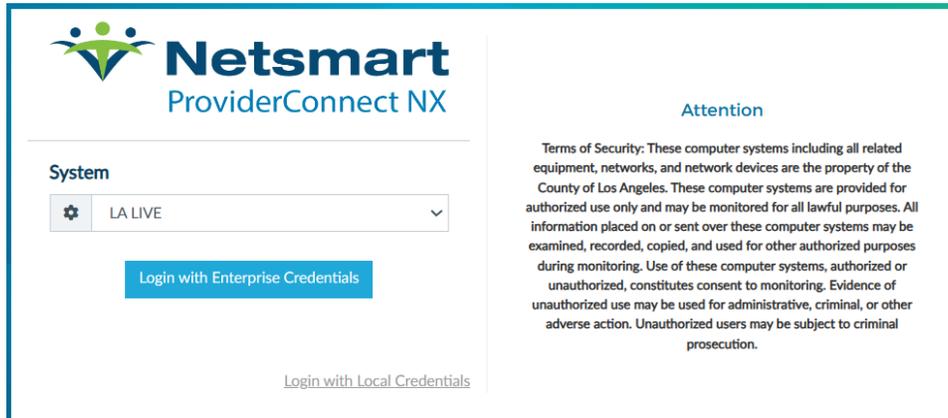
**HEAT ticket System - <https://lacdmhheat.saasit.com>**

**User Manuals and Videos - <https://dmh.lacounty.gov/pc/cp/provider-connect/>**

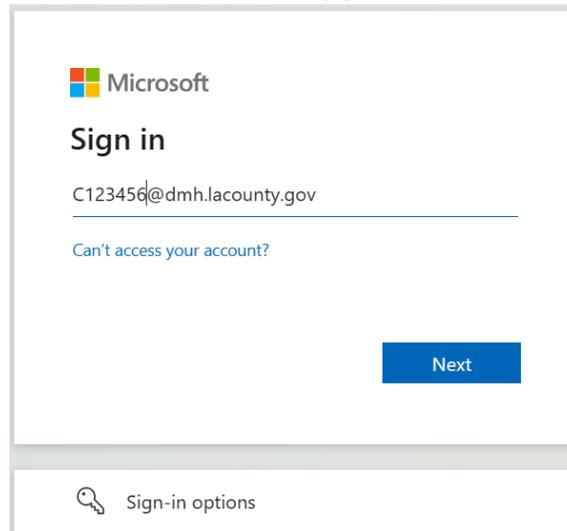
# ProviderConnect NX: Login Process w/MFA

Start the web browser (Edge, Chrome, or Firefox) on your computer. Type or cut and paste the following web address in the address line <https://lapcnx.netSMARTcloud.com/#/home> to access the link for **ProviderConnect NX**. We also suggest that User save this link to their Favorites Bar for ease of access.

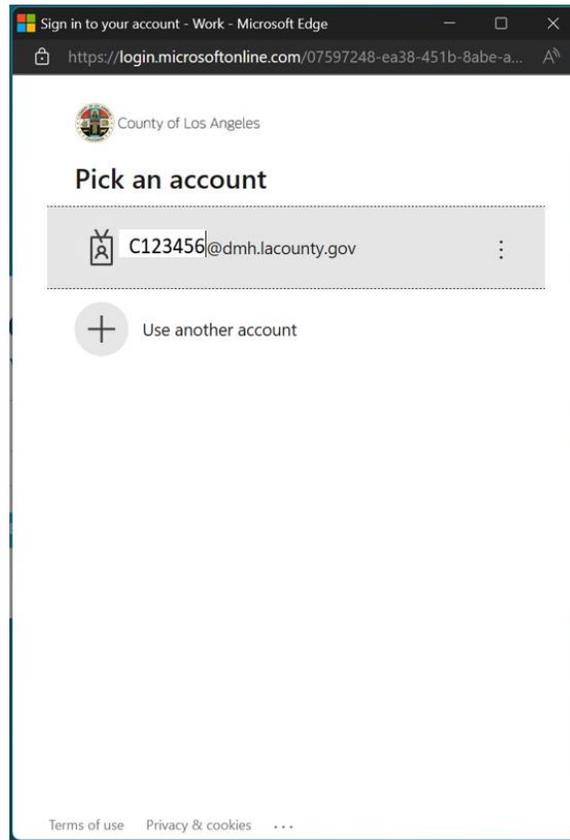
Select the “**Login with Enterprise Credentials**” button. This will navigate the User to the Microsoft Multi Factor Authentication (MFA) login screen.



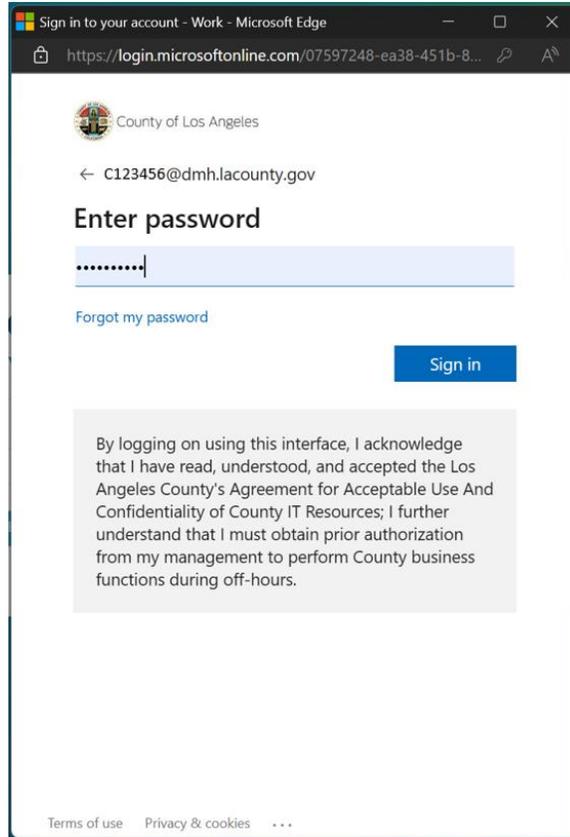
Users will either enter in their “C” number with @dmh.lacounty.gov email address and click the “**Next**” button or



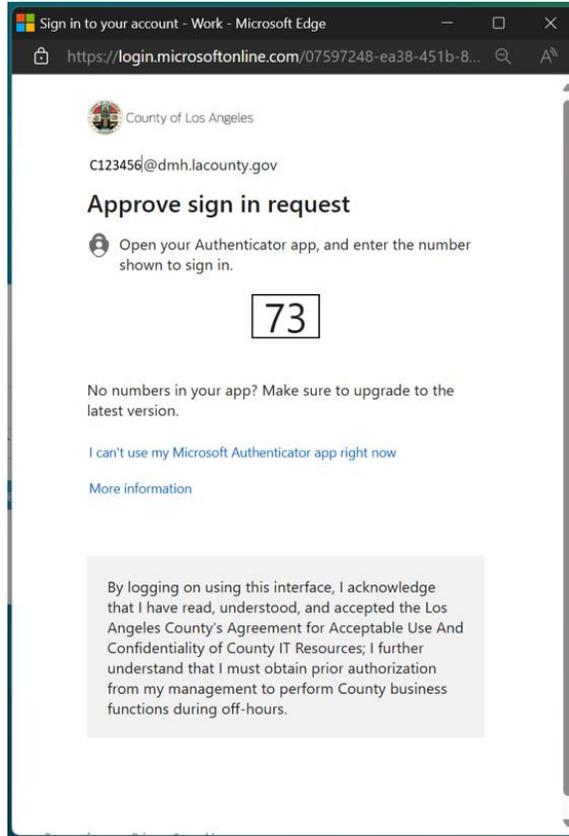
on the **"Pick an account"** popup screen User will either select the **"C"** number DMH email address or if the User does not see their **"C"** number DMH email the User can click the **"+"** to use another account. This will navigate the User back to the **"Sign in"** to where the User can enter their **"C"** number DMH email address and click the **"Next"** button.



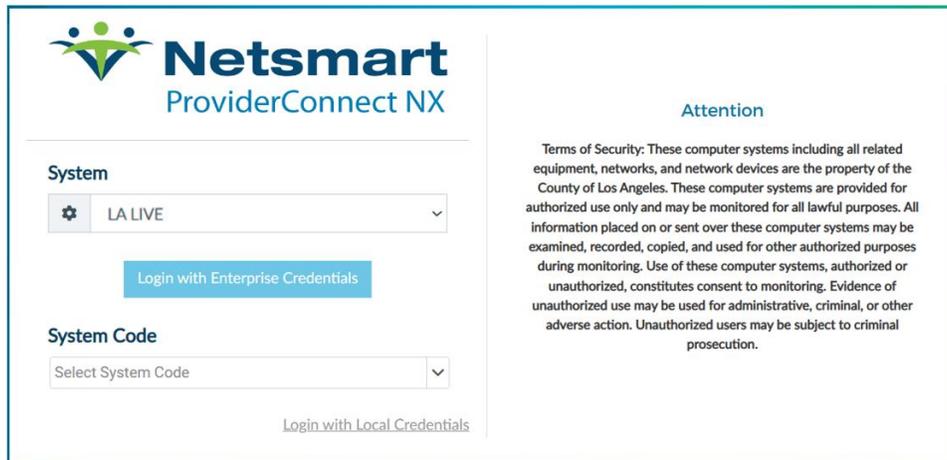
This will navigate the User where they will enter their password and click the “Sign in” button.



User will receive the number to be entered into the “**Authenticator App**”. The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.



Open the dropdown under “**System Code**”.



In the dropdown under “System Code” select the Users Provider Name and ID.

**NOTE:** Do not select “DO NOT SELECT THIS SYSTEM CODE”.

**Netsmart**  
ProviderConnect NX

System  
LA LIVE

Login with Enterprise Credentials

System Code  
Select System Code

Emotional HLTH Assoc Share (COSX1311) : c100001  
DO NOT SELECT THIS SYSTEM CODE (zPCNX) : c100001

**Attention**

Terms of Security: These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these computer systems may be examined, recorded, copied, and used for other authorized purposes during monitoring. Use of these computer systems, authorized or unauthorized, constitutes consent to monitoring. Evidence of unauthorized use may be used for administrative, criminal, or other adverse action. Unauthorized users may be subject to criminal prosecution.

This will navigate the User to the **ProviderConnect NX** Home page.

ProviderConnect NX myDay

LOGGED IN AS  
COSONLY PCNX

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent Clients Site

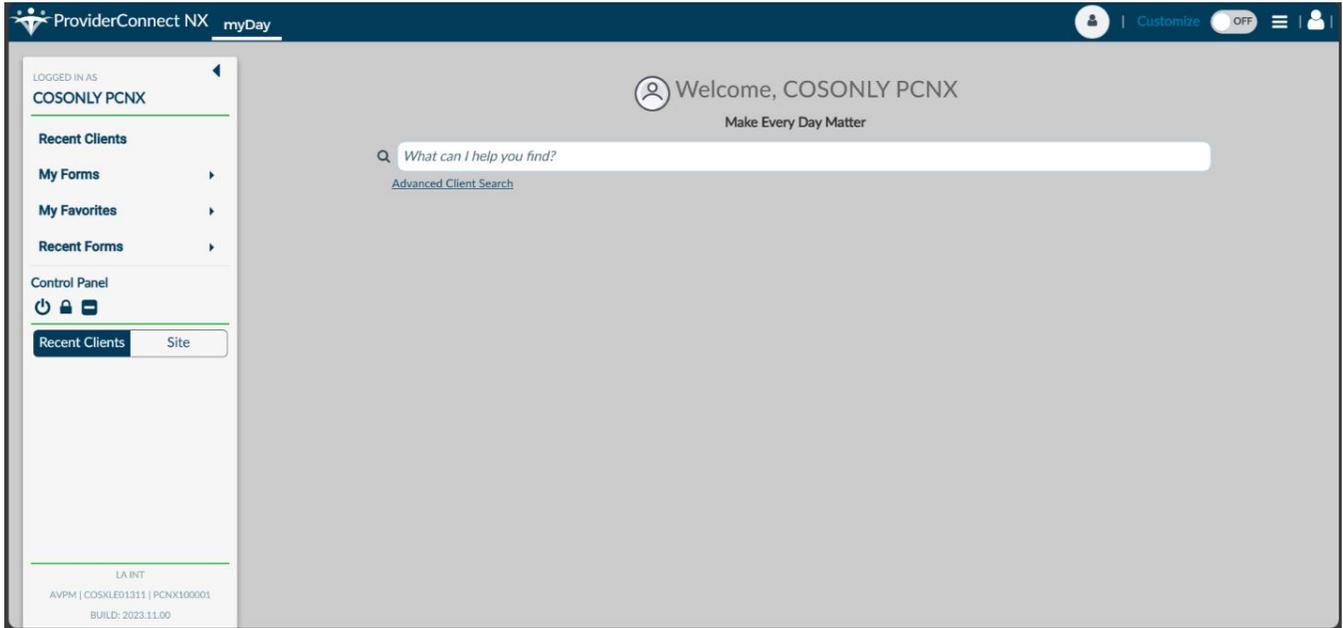
Welcome, COSONLY PCNX  
Make Every Day Matter

What can I help you find?  
[Advanced Client Search](#)

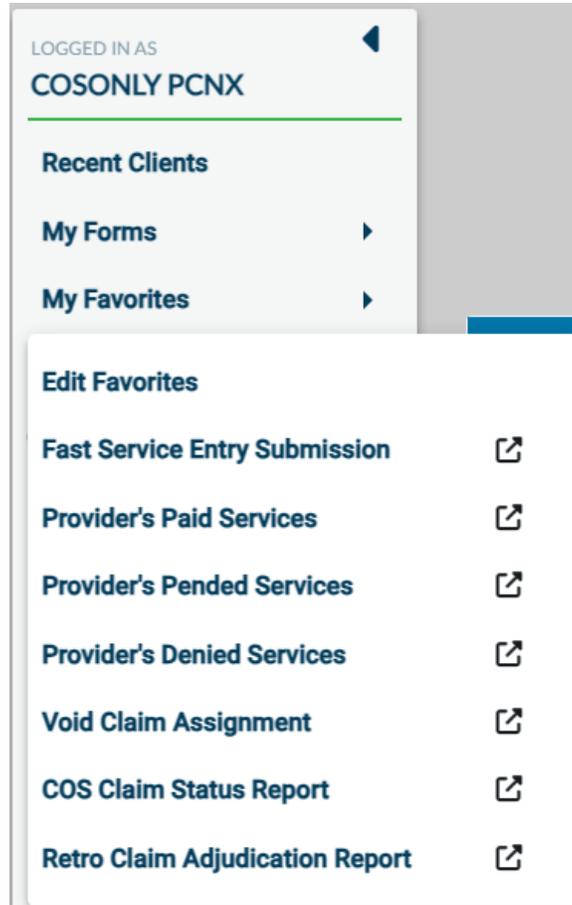
LA INT  
AVPM | COSXLED1311 | PCNX100001  
BUILD: 2023.11.00

# ProviderConnect NX: How to Create a Claim

From the **Home Screen**.



The User can go to the **My Favorites** tab in the **TASK Navigation** and select “**Fast Service Entry Submission**” from the dropdown menu.



The User will be navigated to the "Fast Service Entry Submission" form.

### FAST SERVICE ENTRY SUBMISSION

Process Discard Add to Favorites

- Fast Service Entry Summary
- Fast Service Detail
- Online Documentation

Sort Summary By

Provider  Funding Source  Member

Summary Data

Total Expected Disbursement

Date Claims Received

12/04/2023

Close Batches

Yes  No

Submit Fast Service Entry

In the TASK bar select “Fast Service Detail” to be navigated to where the User will enter the claim information.

Fast Service Entry  
Summary  
**Fast Service Detail**  
Online Documentation

### Fast Service Entry Summary \*

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Loc
No records.					

**Copy Data On Add \***  
 Yes  No

**Contracting Provider Program**  
Select

**Procedure Code Type \***  
 CPT® Codes  Revenue Code

**Date Of Service \***

**Member Name Or ID \***

**Date of Service (End)**

**Funding Source \***

**Type Of Service**  
Select

**Procedure Code \***

**Provider \***

**NOTE:** All field names that are in **RED** with **asterisk** are required fields and must be completed before claims can be submitted and processed.

Select the “Add New Item” button under the “Fast Service Entry Summary” section.

Fast Service Entry Summary \*

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Location
No records.					

◀ ▶

This will open an entry for a new claim and auto populate the “Provider” field.

Fast Service Entry Summary \*

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Location
		EMOTIONAL HLTH ...			

◀ ▶

The Provider field is auto populated with the Users Provider name and ID.

Provider

EMOTIONAL HLTH ASSOC SHARE (1311) 🔍

**NOTE:** Client Data entered in this section must be entered on the left side first then right side.

Under “Copy Data On Add” select the “NO” radio button.

Copy Data On Add \*

Yes  No

Copy Data On Add \*

Yes  No

Enter member ID in the “Member Name Or ID” field.

Member Name Or ID \*

Member Name Or ID \*

Name	Date Of Birth	Client's Address - Street
COS,SERVICE (8888888)	07/01/2013	550 S. VERMONT AVE

Member Name Or ID \*

Enter the funding source number or name in the “Funding Source” field.

Funding Source \*

Funding Source \*

Results

MHSA Outpatient Care Services Non-MC (55)

Funding Source \*

In the “Contracting Provider Program” field select the correct program from the Dropdown.

Contracting Provider Program \*

Select

Contracting Provider Program \*

Select

All - 03/29/2005 - 7596C EMOTIONAL HLTH ASSOC SHARE COS  
All - 03/29/2005 - 7773C SHARE DOWNTOWN COS  
All - 03/29/2005 - 7870C SHARE PRRCH

Contracting Provider Program \*

All - 03/29/2005 - 7596C EMOTIONAL HLTH ASSOC SHARE

In the “Date Of Service” field enter the date of the service for this claim.

Date Of Service \*

Date Of Service \*

Enter the procedure code number in the "Procedure Code" field.

Procedure Code \*

Procedure Code \*

**Results**

COS - Community Client Services ( 231 )
COS - Community Client Services Tele ( 231:SC )
COS-COMMUNITY CLT - TELEPSY ( 231:GT )
E+M IP, Subsequent, Stable Telepsy DUP59 ( 99231:GT:59 )
E+M IP, Subsequent, Stable Telepsych ( 99231:GT )
E+M IP,Subseq,Stable ( 99231 )
E+M IP,Subseq,Stable (Non MC) ( 99231:HX )
zxRetired ( 99231:59 )
zxRetired ( 99231:76 )

Procedure Code \*

Review section to ensure that all entries are correct before moving on to the next section of the form.

**Fast Service Entry Summary \***

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Loca
COS,SERVICE (888...	MHSA Outpatient C...	EMOTIONAL HLTH ...	12/04/2022	COS - Community C...	P07

Add New Item

Edit Selected Item

Delete Selected Item

**Copy Data On Add \***

Yes  No

**Contracting Provider Program \***

All - 03/29/2005 - 7596C EMOTIONAL HLTH ASSOC SHARE

Process Report

**Procedure Code Type \***

CPT® Codes  Revenue Code

**Date Of Service \***

12/04/2022  T Y

**Member Name Or ID \***

COS,SERVICE (8888888)

**Date of Service (End)**

T Y

**Funding Source \***

MHSA Outpatient Care Services Non-MC (55)

**Type Of Service**

Select

**Procedure Code \***

COS - Community Client Services (231)

**Provider**

EMOTIONAL HLTH ASSOC SHARE (1311)

**Next section of the form**

In the **“Total Charge”** field enter in the amount charge for the services rendered to the client.

<b>Total Charge *</b>	<b>Total Charge *</b>
<input type="text"/>	<input type="text" value="50.00"/>

Enter **“Service Units”** and **“Duration (minutes)”** into their fields.

**NOTE:** Service units and duration will be the same number in minutes.

<b>Service Units *</b>	<b>Service Units *</b>
<input type="text"/>	<input type="text" value="30"/>
<b>Duration (Minutes) *</b>	<b>Duration (Minutes) *</b>
<input type="text"/>	<input type="text" value="30"/>

When selecting the **“Display Valid Authorizations”** button the User will see a pop-up showing the valid authorizations that can be selected for this entry.

**Display Valid Authorizations**

**Authorization Number \***

?

**Authorization Listing**

Member (COS,SERVICE - 88'Funding Source' (MHSA Outpatient Care Services Non-MC)8888)

Auth #	Provider	Level of Care	Start Date	End Date
<input type="text" value="Q"/>				
P26550	EMOTIONAL HLTH ASSOC SHARE		07/01/2022	06/30/2023
P27617	EMOTIONAL HLTH ASSOC SHARE		07/01/2022	06/30/2023

**OK** **Cancel**

The User must select, by highlighting, the correct authorization and click the “OK” button.

?

**Authorization Listing**

Member (COS,SERVICE - 88'Funding Source' (MHSA Outpatient Care Services Non-MC)8888)

Auth #	Provider	Level of Care	Start Date	End Date
P26550	EMOTIONAL HLTH ASSOC SHARE		07/01/2022	06/30/2023
P27617	EMOTIONAL HLTH ASSOC SHARE		07/01/2022	06/30/2023

This will populate the “Authorization Number” field with the selected authorization number.

**Authorization Number \***

P27617

Review section to ensure that all entries are correct before moving on to the next section of the form.

**Total Charge \***

50.00

**Service**

**Units \***

30

**Location**

P07 FIELD/OTHER UNLISTED LOCATION (99) (99)



- Location ID Number
- Location Description

**Duration (Minutes) \***

30

Display Valid Authorizations

**Authorization Number \***

P27617

**Does This Service Represent An Admission**

**Yes**

**No**

**Billed Amount**

**Allowed Amount**

41.40

**Total Fee Table Amount**

41.40

**Expected Disbursement**

41.40

**Approved**

**Units**

30

**Private Pay Amount**

0

**Private Pay Amount Payer**

Select



**Third Party**

**Amount**

**Paid**

0.00

### Next section of the form

Here the User can view the status of the claim and the explanation of the coverage, if needed, to adjust their entries.

#### Explanation Of Coverage

The service was denied for the following reason:  
Perf Prov on claim NOT registered/associated to CP; Perf Prov NPI on claim  
invalid/mismatch.



#### Claim Status \*

Approved  Denied  Pending

#### Claim Status Reason

Select



#### Remark Code(s)

[All](#) | [Clear](#)

#### Level Of Care

Select



### Next section of the form

Enter “No Diagnosis” in the “Diagnosis” in the field. Select “No Diagnosis on Axis I” from the dropdown menu.

Diagnosis \*

Diagnosis \*

Diagnosis	ICD-9	ICD-10
No diagnosis on Axis I	300.9	F48.9
No diagnosis on Axis II	300.9	F48.9
No diagnosis on axis III	300.9	F48.9
No diagnosis on axis IV	300.9	F48.9
No diagnosis on axis V	300.9	F48.9

Diagnosis \*

Using the dropdown for the “Performing Provider” select the wanted Provider.

Performing Provider

Performing Provider

  
  
ABIGAIL FONNER (82545)  
ABIGAIL GUT (76932)  
AIMEE CONTRERAS (65496)  
ALEX ALAS (65491)  
ALI AZAD (74459)  
ALMETRIA JONES (69195)  
AMBER MORSE (69084)  
ANDREA GOOD (76931)  
ANGELA SULLIVAN (80920)  

Performing Provider

Using the dropdown for the “Performing Provider Type” select the wanted Provider type.

Performing Provider Type

Performing Provider Type

  
  
Other Mental Health Workers  

Performing Provider Type

At this point, before processing this claim, User should review the “Explanation Of Coverage” to verified the claim is correct and completed with no reasons for denial.

**Explanation Of Coverage**

The service was approved with the following notice:  
Charge exceeds contract amount

**Claim Status \***

Approved     Denied     Pending

**Claim Status Reason**

Select

**Remark Code(s)**

All | Clear

**Level Of Care**

Select

After reviewing the claim for accuracy, the User can scroll to the top and click the “Add New Item” button to create another claim and repeat the previous steps or in the sidebar select “Fast Service Entry Summary” to submit created claim(s).

**NOTE: Multiple claims can be entered for the same Program if they have different Funding Sources. Users must only create and submit up to 5 claims at a time.**

Scroll back to the top of the form.

**Fast Service Entry Summary \***

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Location	D
COS,SERVICE (888...	MHSA Outpatient C...	EMOTIONAL HLTH ...	03/13/2024	COS - Community C...		3

Select the “Add New Item” button to add more entries. then repeat the previous process.

Fast Service Entry Summary \*

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Location	D
COS,SERVICE (888...	MHSA Outpatient C...	EMOTIONAL HLTH ...	03/13/2024	COS - Community C...		3
		EMOTIONAL HLTH ...				

**NOTE: Multiple claims can be entered for the same Program if they have different Funding Sources. Users must only create and submit up to 5 claims at a time.**

Once the User has completed their entries in the **TASK Navigation** of the “Fast Service Entry Submission” form select the “Fast Service Entry Summary” tab.

**FAST SERVICE ENTRY SUBMISSION**

Fast Service Entry Summary  
Fast Service Detail  
Online Documentation

Sort Summary By

Provider  Funding Source  Member

Summary Data

To display summary information of service detail entered, select desired sort.

Total Expected Disbursement: 41.40

Date Claims Received: 12/05/2023

Close Batches:  Yes  No

To see the recently entered COS claim select the radio button for “Member” in the “Sort Summary By” section.

Sort Summary By

Provider  Funding Source  Member

In the "Summary Data" section the entered COS claims will be displayed.

**Summary Data**

Member Name/ID	Funding Source	Provider	Date of Service	Proc. Code
COS,SERVICE(8888888)	MHSA Outpatient Care	SeEMOTIONAL HLTH ASS	05/01/2023	231

To submit the COS claim, click the "Submit Fast Service Entry" button at the bottom of the form.

**Sort Summary By**

Provider       Funding Source       Member

**Summary Data**

Member Name/ID	Funding Source	Provider	Date of Service	Proc. Code
COS,SERVICE(8888888)	MHSA Outpatient Care	SeEMOTIONAL HLTH ASS	05/01/2023	231

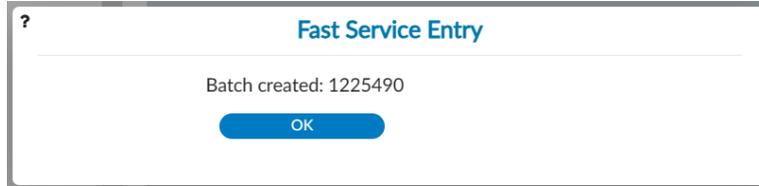
**Total Expected Disbursement**  
41.40

**Close Batches**  
 Yes       No

**Date Claims Received**  
12/05/2023

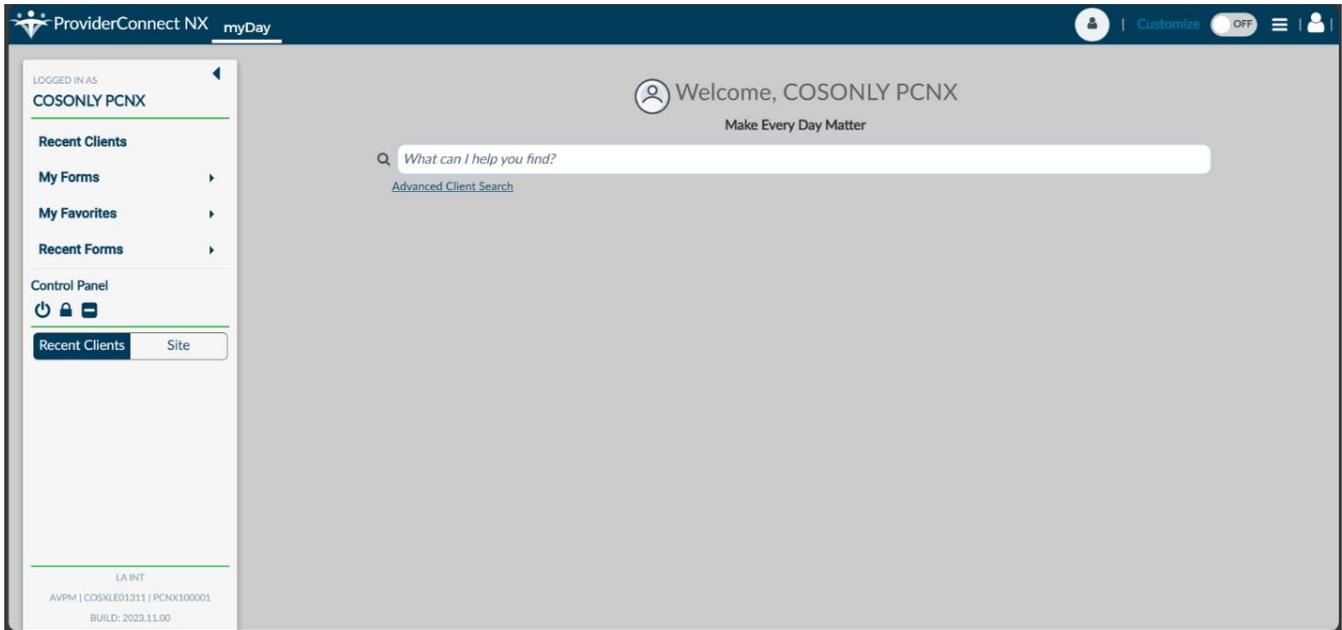
**Submit Fast Service Entry**

Once submitted the created batch number will be displayed for your records.



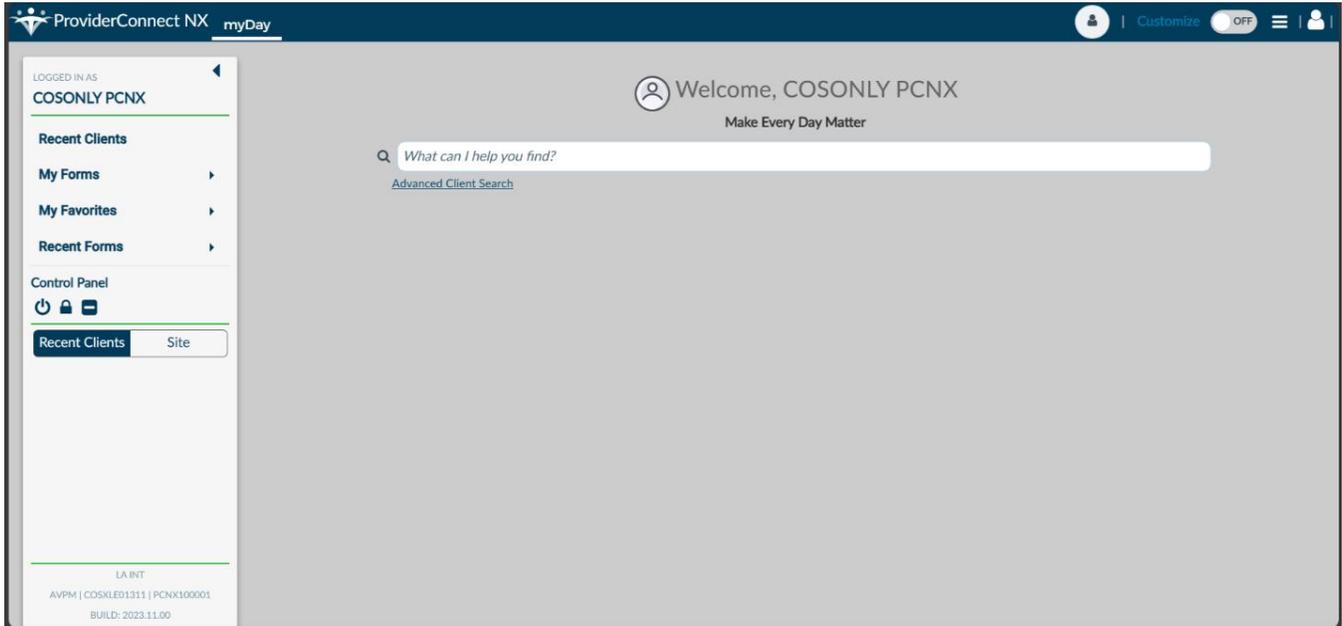
Click the "OK" button. The submitting of these claim(s) has now been completed.

User is Navigated back to the "Home Screen".

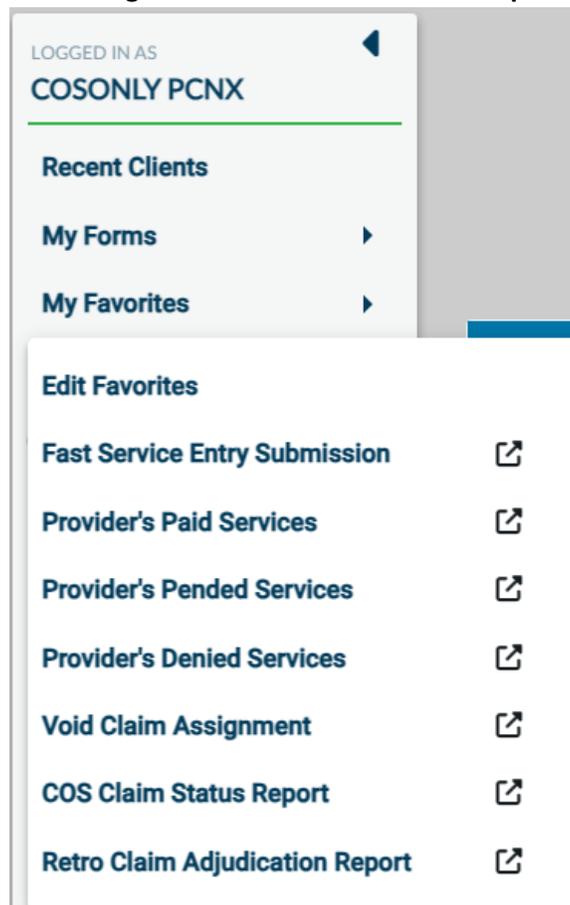


# ProviderConnect NX: How to Create a Report

From the **Home Screen**.



Using the **“My Favorites”** tab in the **TASK Navigation** select the **“COS Status Reports”** from the dropdown menu.



Complete all required fields in **RED**.

COS CLAIM STATUS REPORT

Process Discard Add to Favorites

COS Claim Status Report

Select PROVIDID \*

Date Range Start Date \* Date Range End Date \*

Select Status

All | Clear

Approved

Denied

Pending

**NOTE:** All field names that are in **RED** with **RED Asterisk** are required fields and must be completed before the report can be processed. There are other fields, that are not marked as **“Required”** that can also be complete to narrow the data in the report.

Enter the Users Provider ID in the **“Select PROVIDID”** field.

Select PROVIDID \*

Select PROVIDID \*

1311

Results

EMOTIONAL HLTH ASSOC SHARE (1311)

Select PROVIDID \*

EMOTIONAL HLTH ASSOC SHARE (1311)

Enter a start and end date range in the **“Date Range Start Date”** field and **“Date Range End Date”** field.

Date Range Start Date \* Date Range End Date \*

Date Range Start Date \* Date Range End Date \*

01/01/2021 06/30/2021

User can either select a status of **Approved**, **Denied** or **Pending** to filter the report of the User can leave the status section blank.

**NOTE:** Select all to check all boxes

Select Status

All | Clear

Approved

Denied

Pending

Once the search criteria have been input click the “**Process**” button at the top of the form.

COS CLAIM STATUS REPORT

Process

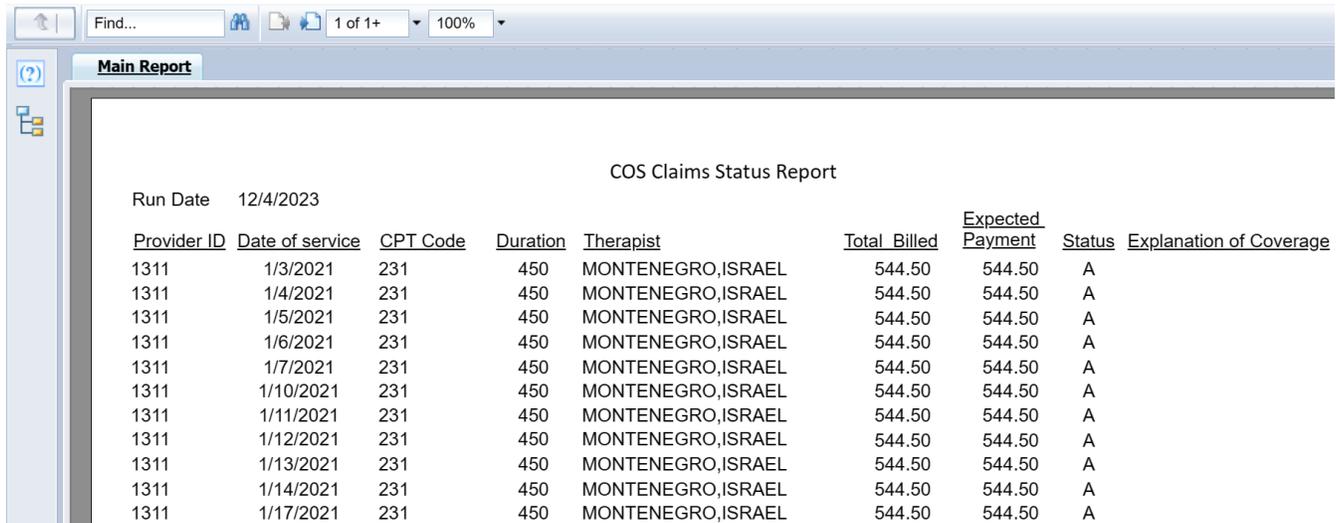
Discard

Add to Favorites

The “**COS Claims Status Report**” will appear in a pop-up window.

Print Report

Export



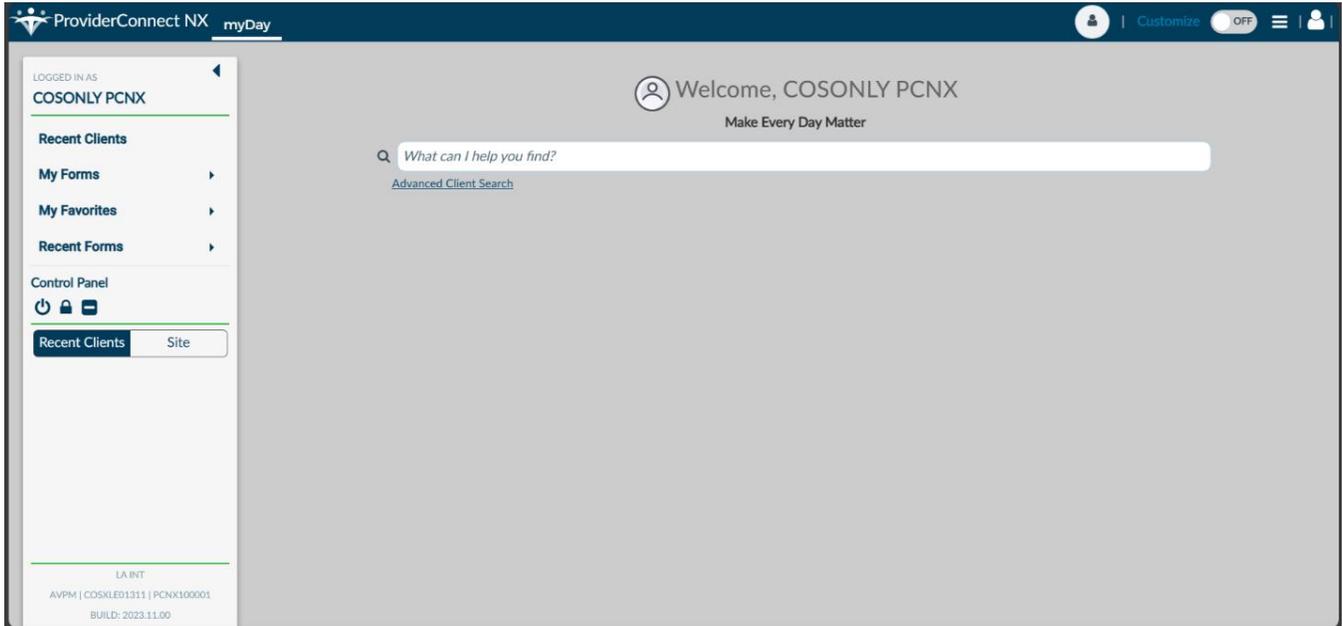
The screenshot shows a web application interface. At the top, there is a search bar with 'Find...' and a magnifying glass icon. To the right of the search bar are three buttons: 'Process', 'Discard', and 'Add to Favorites'. Below the search bar is a 'Main Report' window. The window title is 'Main Report'. Inside the window, the report title is 'COS Claims Status Report'. Below the title, the 'Run Date' is '12/4/2023'. The report is a table with the following columns: 'Provider ID', 'Date of service', 'CPT Code', 'Duration', 'Therapist', 'Total Billed', 'Expected Payment', 'Status', and 'Explanation of Coverage'. The table contains 12 rows of data, all with a status of 'A'.

Provider ID	Date of service	CPT Code	Duration	Therapist	Total Billed	Expected Payment	Status	Explanation of Coverage
1311	1/3/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/4/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/5/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/6/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/7/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/10/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/11/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/12/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/13/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/14/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/17/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	

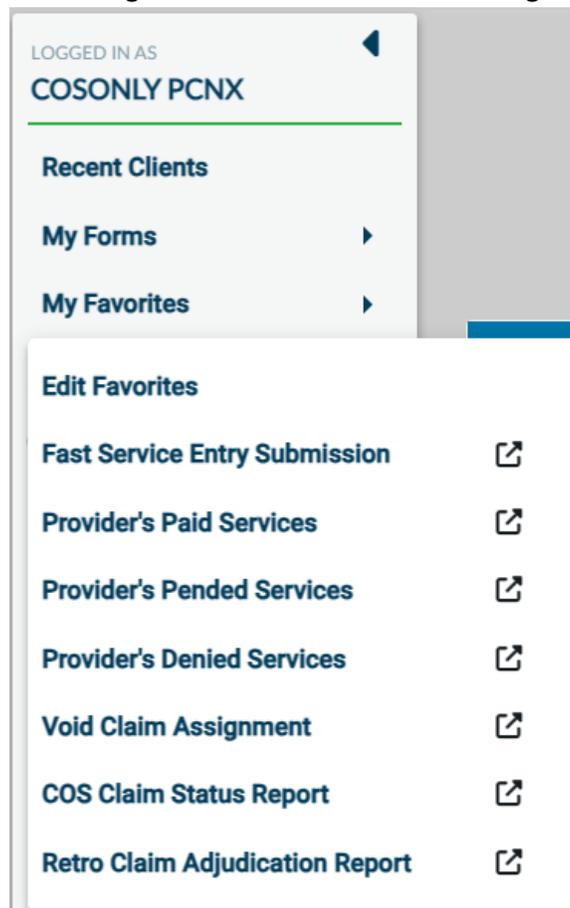
Users can either print the report using the “**Print Report**” button or User can have the report exported to their computer. By selecting the “**Export**” button the Users will be able to access a dropdown menu for different formats that can be downloaded to their computer.

# ProviderConnect NX: How to Void a Claim

From the **Home Screen**.



Using the “**My Favorites**” tab in the **TASK Navigation** select the “**Void Claim Assignment**” from the dropdown menu.



Complete all required fields in RED.

**VOID CLAIM ASSIGNMENT** Submit Discard Add to Favorites

Void Claim Assignment  
Online Documentation

**From Date Of Service \***  📅 T Y ⬆ ⬇ **Through Date Of Service \***  📅 T Y ⬆ ⬇

**Client ID \***  🔍

**Contracting Provider**  
EMOTIONAL HLTH ASSOC SHARE (1311) 🔍

**Contracting Provider Program**  
Select ✕ ⌵

Select Services to Void

File

**NOTE:** All field names that are in RED with RED Asterisk are required fields and must be completed before the report can be processed. There are other fields, that are not marked as “Required” that can also be complete to narrow the data in the report.

Enter a start and end date range for services in the “From Date Of Services” field and “Through Date Of Service” fields.

**From Date Of Service \***  📅 T Y ⬆ ⬇ **Through Date Of Service \***  📅 T Y ⬆ ⬇

**From Date Of Service \***  📅 T Y ⬆ ⬇ **Through Date Of Service \***  📅 T Y ⬆ ⬇

Enter the Client ID in the “Client ID” field.

**Client ID \***

**Client ID \***  🔍

Name	Date Of Birth	Client's Address - Street
COS,SERVICE (8888888)	07/01/2013	550 S. VERMONT AVE

**Client ID \***  🔍

Using the dropdown menu for the “Contracting Provider Program” field select a program.

Contracting Provider Program

Select

Contracting Provider Program

Select

All - 03/29/2005 - 7596C EMOTIONAL HLTH ASSOC SHARE COS

All - 03/29/2005 - 7773C SHARE DOWNTOWN COS

All - 03/29/2005 - 7870C SHARE PRRCH

Contracting Provider Program

All - 03/29/2005 - 7596C EMOTIONAL HLTH ASSOC SHARE COS

Click the “Select Services to Void” button to view claims to locate claims to void.



Claims in the selected date range will show in a pop-up.

Client: COS,SERVICE ( 8888888 )

Contracting Provider: EMOTIONAL HLTH ASSOC SHARE ( 1311 ) Contracting Provider Program: 7596C EMOTIONAL

Batch	Contracting Provider	Date Of Service	Claim #	Procedure Code	Charges	Total Disbursement	
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-01	25525599	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-02	25525777	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-05	25526009	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-06	25526010	231	399.30	399.30
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-08	25526254	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-09	25526274	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-12	25526286	231	562.65	562.65
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-13	25526501	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-14	25526639	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-01	25534956	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-04	25535067	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-05	25535208	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-06	25535534	231	399.30	399.30

OK Cancel

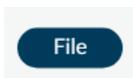
User must select the check box next to the claim to be voided.

Client: COS,SERVICE ( 8888888 )  
Contracting Provider: EMOTIONAL HLTH ASSOC SHARE ( 1311 ) Contracting Provider Program: 7596C EMOTIONAL  
Batch Contracting Provider Date Of Service Claim # Procedure Code Charges Total Disbursement

<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-01	25525599	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-02	25525777	231	544.50	544.50
<input checked="" type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-05	25526009	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-06	25526010	231	399.30	399.30
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-08	25526254	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-09	25526274	231	544.50	544.50
<input checked="" type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-12	25526286	231	562.65	562.65
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-13	25526501	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-14	25526639	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-01	25534956	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-04	25535067	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-05	25535208	231	544.50	544.50
<input type="checkbox"/>	861165	EMOTIONAL HLTH ASSOC	2021-01-06	25535534	231	399.30	399.30

OK Cancel

Once the claim(s) have been selected click the “OK” button.



The User must then click the “File” button.

The User will get a pop-up message stating that the “Selected services will be voided”.

Void Services

Selected services will be voided. Continue?

Yes No

Users can select the “No” button to stop the void process or the User can select the “Yes” button to continue with the void process of the selected services. We will be selecting the “Yes” button to continue with the void process.

The User will receive a message to confirm the void process has been filed. The User must click the “OK” button.

Confirm

Filed.

OK

You will not see the voided claims in the Claims Report. See the **“Retro Claim Adjudication Reports (The Void Report)”** section.

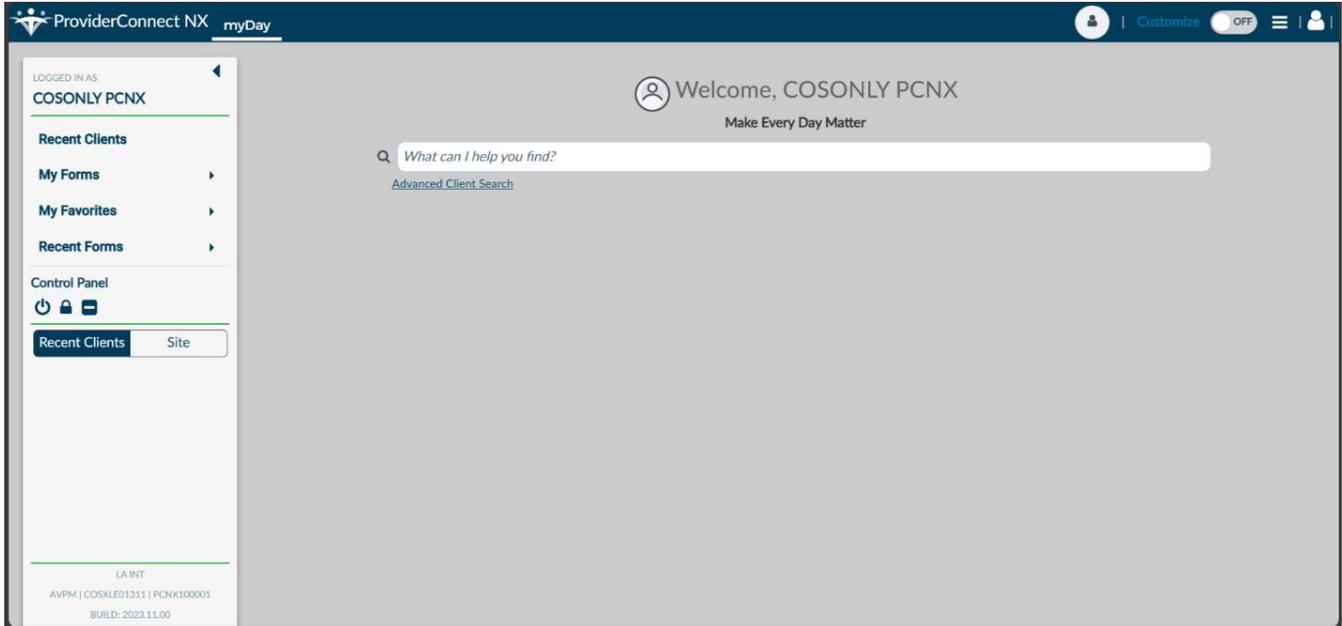
COS Claims Status Report

Run Date 12/4/2023

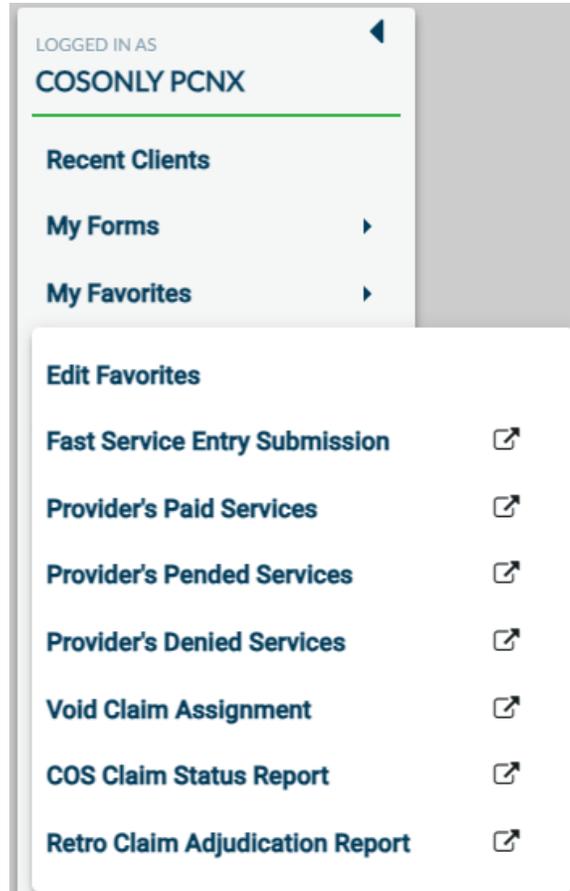
<u>Provider ID</u>	<u>Date of service</u>	<u>CPT Code</u>	<u>Duration</u>	<u>Therapist</u>	<u>Total_Billed</u>	<u>Expected Payment</u>	<u>Status</u>	<u>Explanation of Coverage</u>
1311	1/5/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/6/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/7/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/10/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/11/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/12/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/6/2021	231	450	JOHNSON,MELVINIA	544.50	544.50	A	
1311	1/7/2021	231	450	JOHNSON,MELVINIA	544.50	544.50	A	
1311	1/8/2021	231	120	JOHNSON,MELVINIA	145.20	145.20	A	
1311	1/11/2021	231	450	JOHNSON,MELVINIA	544.50	544.50	A	
1311	1/12/2021	231	450	JOHNSON,MELVINIA	544.50	544.50	A	
1311	1/5/2021	231	330	GABRIEL,SARA	399.30	399.30	A	
1311	1/11/2021	231	450	GABRIEL,SARA	544.50	544.50	A	
1311	1/12/2021	231	330	GABRIEL,SARA	399.30	399.30	A	
1311	1/11/2021	231	450	HABERKORN,THOMAS	544.50	544.50	A	
1311	1/12/2021	231	450	HABERKORN,THOMAS	544.50	544.50	A	
1311	1/8/2021	231	450	GABRIEL,SARA	544.50	544.50	A	
1311	1/7/2021	231	450	GABRIEL,SARA	544.50	544.50	A	
1311	1/6/2021	231	450	GABRIEL,SARA	544.50	544.50	A	
1311	1/8/2021	231	390	FREITAS,ANTHONY	471.90	471.90	A	
1311	1/7/2021	231	450	FREITAS,ANTHONY	544.50	544.50	A	
1311	1/6/2021	231	450	FREITAS,ANTHONY	544.50	544.50	A	
1311	1/5/2021	231	450	FREITAS,ANTHONY	544.50	544.50	A	
1311	1/5/2021	231	450	BESS,LARRY	544.50	544.50	A	
1311	1/6/2021	231	330	BESS,LARRY	399.30	399.30	A	
1311	1/8/2021	231	450	BESS,LARRY	544.50	544.50	A	
1311	1/9/2021	231	450	BESS,LARRY	544.50	544.50	A	
1311	1/12/2021	231	465	BESS,LARRY	562.65	562.65	A	
1311	1/5/2021	231	450	PINES,CHANA	544.50	544.50	A	
1311	1/6/2021	231	450	PINES,CHANA	544.50	544.50	A	
1311	1/7/2021	231	450	PINES,CHANA	544.50	544.50	A	
1311	1/8/2021	231	450	PINES,CHANA	544.50	544.50	A	
1311	1/11/2021	231	450	PINES,CHANA	544.50	544.50	A	
1311	1/12/2021	231	450	PINES,CHANA	544.50	544.50	A	
1311	1/5/2021	231	345	ORTIZ,MOISES	417.45	417.45	A	

# ProviderConnect NX: How to Create a Retro Claim Adjudication Report (The Void Report)

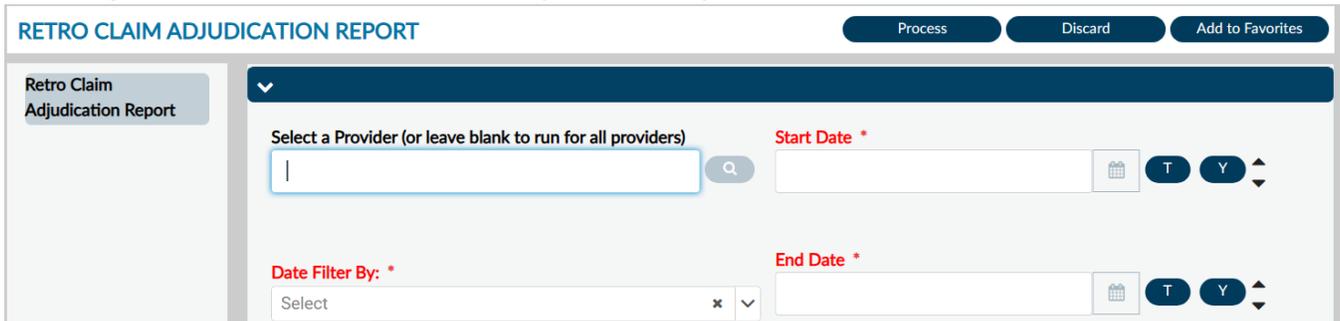
From the Home Screen.



Using the “My Favorites” tab in the **TASK Navigation** select the “Retro Claim Adjudication Report” from the dropdown menu.



This will navigate the User to the “Retro Claim Adjudication Report” form.



Enter in the Provider Name or ID number in the “Select a Provider” field.

Select a Provider (or leave blank to run for all providers)

Select a Provider (or leave blank to run for all providers)

**Results**

EMOTIONAL HLTH ASSOC SHARE (1311)
-----------------------------------

Select a Provider (or leave blank to run for all providers)

Enter the “Start Date” and “End Date” into their fields.

**Start Date \***

**Start Date \***

**End Date \***

**End Date \***

Using the dropdown menu for the “Date Filter By” select “Service Date”.

**Date Filter By: \***

**Date Filter By: \***

Adjudications

Service Date

**Date Filter By: \***

Once all fields have been filled click the “Process” button at the top of the form.

**RETRO CLAIM ADJUDICATION REPORT**

Process Discard Add to Favorites

Retro Claim Adjudication Report

Select a Provider (or leave blank to run for all providers)

**Start Date \***

**Date Filter By: \***

**End Date \***

A pop-up window should open with a populated report of the voided claims within the date parameters selected.



**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**  
**Retro Claim Adjudication Report by Provider**

Provider Selected: 1311

Print Date: 12/5/2023

Service Date Between 1/5/2021 to 1/5/2021

Provider: **EMOTIONAL HLTH ASSOC SHARE (1311)**

<u>Batch ID#</u>	<u>DOS</u>	<u>Proc</u>	<u>PATID*</u>	<u>Billed</u>	<u>Orig Paid</u>	<u>Adj Date</u>	<u>Adj Amt</u>	<u>Adj Reason</u>	<u>EOB ID</u>	<u>EOB Date</u>	<u>P-Auth</u>
861165	1/5/2021	231	8888888	544.50	544.50	12/4/2023	-544.50	Contractor Void			P20256