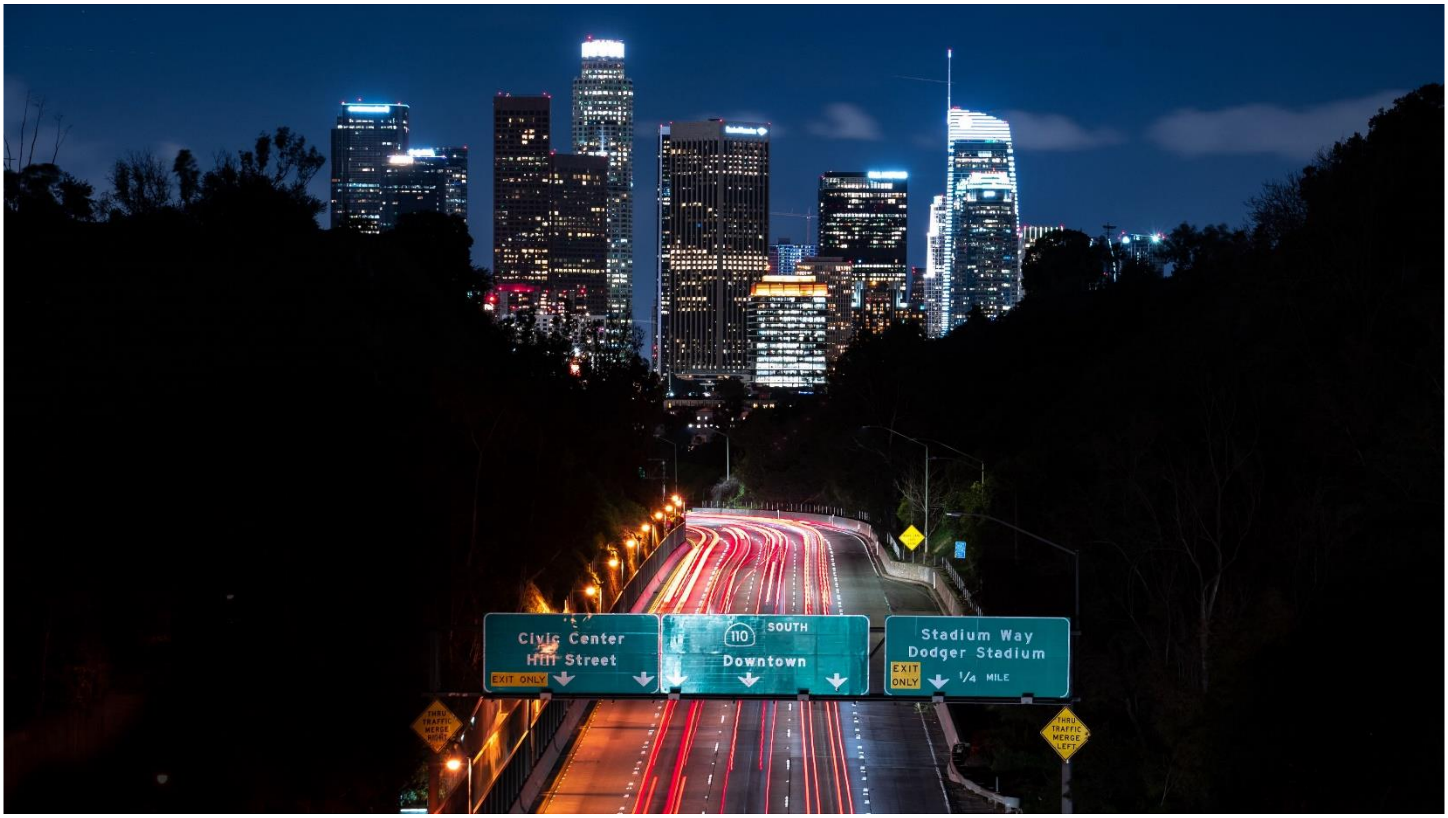


End User Manual for the DTI Authorizations Process

ProviderConnect NX

APR 2024 v3.5

Table of Contents

Introduction to Avatar NX for Authorizations Providers

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 is directly entered or updated into Avatar NX immediately.

Provider Authorizations vs. Member Based Authorizations

Provider Authorizations are at funding source level for a given fiscal year for a provider. Each provider authorization (P-Auth) is assigned with a specific dollar amount allocated as per the contract/amendment. When claiming for a service, the provider uses a P-Auth and claiming can continue until the dollar is exhausted. Based on clients Financial Eligibility and the type of service claimed, the provider uses a P-Auth that is linked to a Medi-Cal Funding Plan or a Non-Medi-Cal Funding Plan.
Member Based Authorizations are child records of P-Auth's that are assigned to a specific member for a specific service. When requesting a member-based authorization for, the provider should use an appropriate funding source that covers the requested service. The authorization must be based on the client's Financial Eligibility, use a Medi-Cal or a Non Medi-Cal Funding Source. Also, note that for each claim submitted with a member-based authorization, the dollar amount will be deducted from the parent P-Auth.

Access and Limitations

- To access the system, a web address (URL - Uniform Resource Locator) is used to launch the browser-based application.
- Once your request is approved, a user ID and system generated password will be issued to designated users by LACDMH. This initial password must be changed upon the first login to the application.
- The client must have an open admission (Open Episode) and their Financial Eligibility setup in Avatar NX with the Legal Entity seeking an authorization request for the client that has been submitted through Client Web Service. This is prior to the provider creating a Member Authorization in **ProviderConnect NX**.
- Once an authorization request is submitted via **ProviderConnect NX**, designated users will not be able to make any changes to the submitted request.
- If the User is having **ProviderConnect NX** functionality issues Users will need to complete a **HEAT ticket** to have the issue investigated and resolved.

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/

Forms and Instructions for the process to apply for access to ProviderConnect NX

Request Forms for Provider Connect NX Access:

- APPLICATION ACCESS FORM (AAF)
- CONFIDENTIALITY OATH
- COUNTY OF LOS ANGELES AGREEMENT FOR ACCEPTABLE USE AND CONFIDENTIALITY OF COUNTY INFORMATION ASSETS (AUA)
- ELECTRONIC SIGNATURE AGREEMENT
- SECURITY AGREEMENT NON-LACDMH USER

****Below is an example of the email an Onboarding Provider will receive****

This is a reminder for Legal Entity (LE) Providers that they required to Onboard a designated a Legal Entity Representative (liaison). The LE liaison will be the point of contact for any LE staff requesting access to Department of Mental Health (DMH) resources/applications. To facilitate staff requests, the DMH Provider Advocacy Office (PAO) has developed the online **Systems Access Request (SAR)** portal. The SAR portal will enable liaisons with a quick, reliable, and more accountable way to request access to existing and future DMH applications.

*****IMPORTANT***** Mailed access request forms and/or emailed access request forms will **NO longer** be processed. Any requests for application access or New C-Number/C-Number business agreement renewals **MUST** be created in the SAR portal by the LE liaison.

The SAR portal is only accessible to LE liaisons. To request SAR portal access for an LE liaison, please complete and email the "**Individuals Authorized to Sign Application Access Forms**" in addition to the "**Contractor Number Request Packet**" to the DMH Systems Access Unit at SystemsAccessUnit@dmh.lacounty.gov with subject line "***ONBOARDING SAR PORTAL LIAISON ACCESS***." For your convenience, we have provided the direct link to the above-mentioned forms below:

Contractor Number Request Packet:
http://file.lacounty.gov/SDSInter/dmh/1076333_CNumberRequestPacket.pdf

Individuals Authorized to Sign Application Access Forms:
http://file.lacounty.gov/SDSInter/dmh/1055863_Individuals_Authorized_to_Sign_Access_Forms.pdf

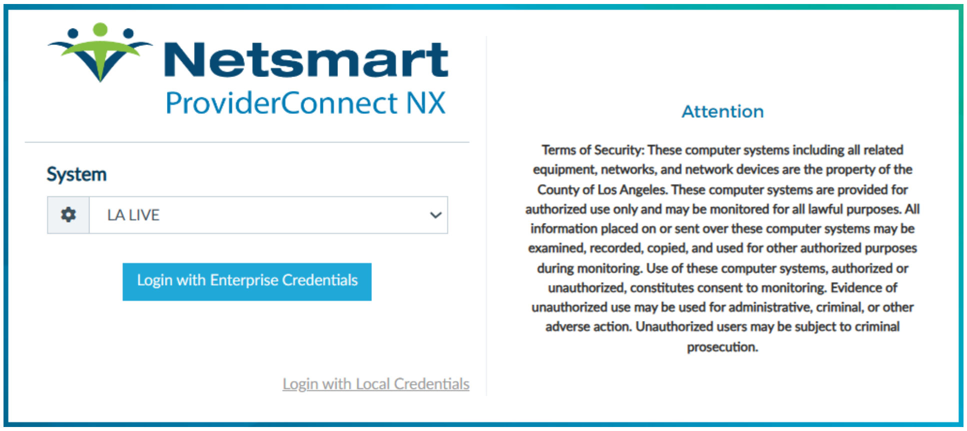
NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents should be legible, and all parties must either use a wet or digital signature. Requests with typed signatures, incomplete forms, or signature dates older than 60 days will **NOT** be processed.

Should you have any questions or if you require additional assistance, please contact the DMH Systems Access Unit at SystemsAccessUnit@dmh.lacounty.gov and we will gladly assist you. We sincerely thank you for all your time and cooperation.

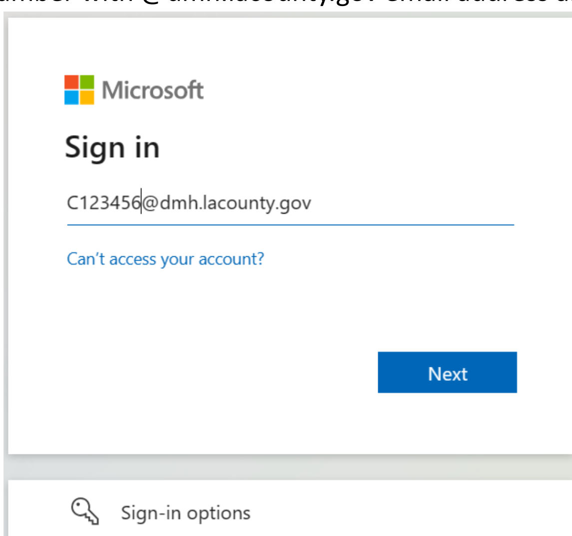
Provider Connect NX: Login with Enterprise Credentials

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.

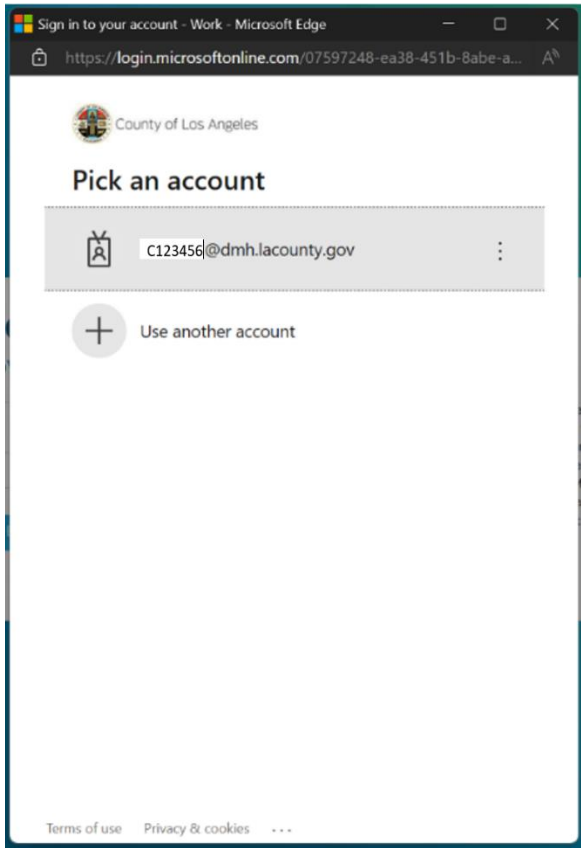
Select the "**Login with Enterprise Credentials**" button. This will navigate the User to the Microsoft MFA login screen.



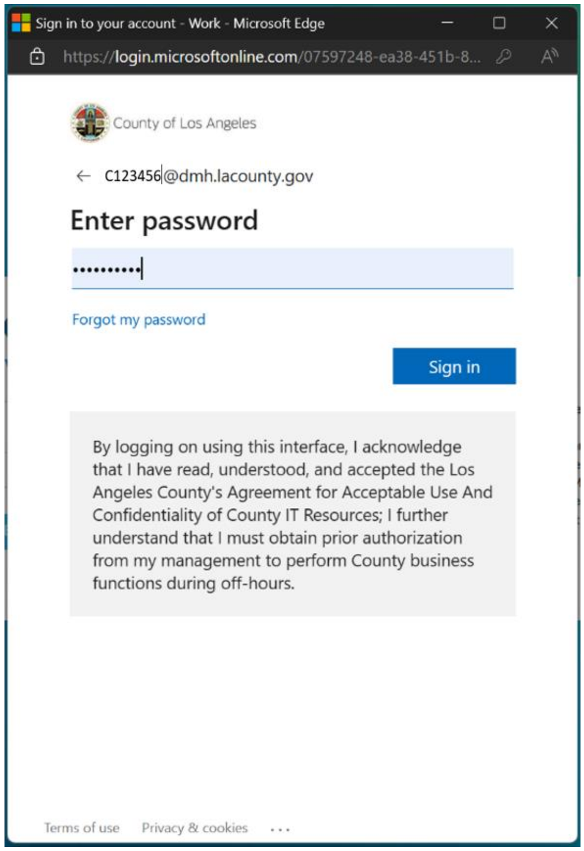
Users will either enter in their "**C**" number with @dmh.lacounty.gov email address and click the "**Next**" button or



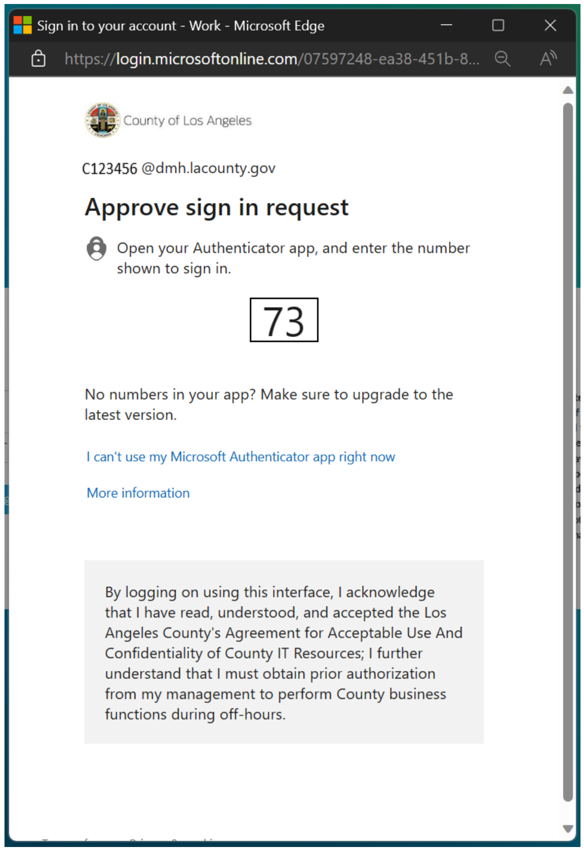
on the “**Pick an account**" popup screen User will either select the “**C**” number DMH email address or if the User does not see their “**C**” number DMH email the User can click the “**+**” to use another account. This will navigate the User back to the “**Sign in**” to where the User can enter their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



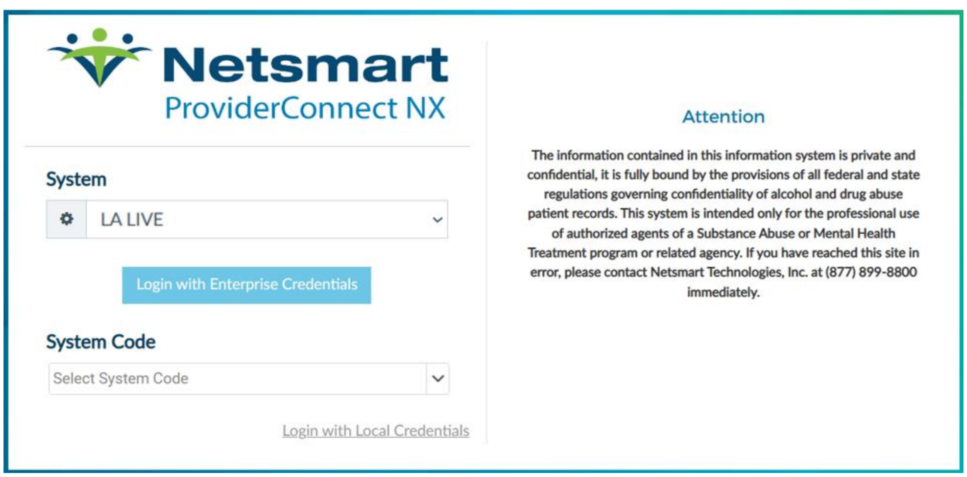
The User will enter their password and click the "**Sign in**" button. This will navigate the User to the Netsmart **ProviderConnect NX** login.



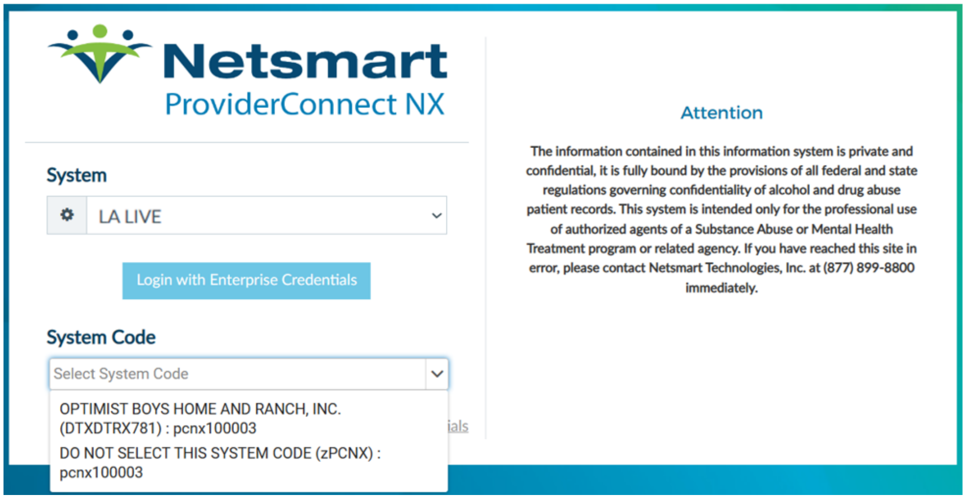
User will receive the number to be entered into the "**Authenticator App**". The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.



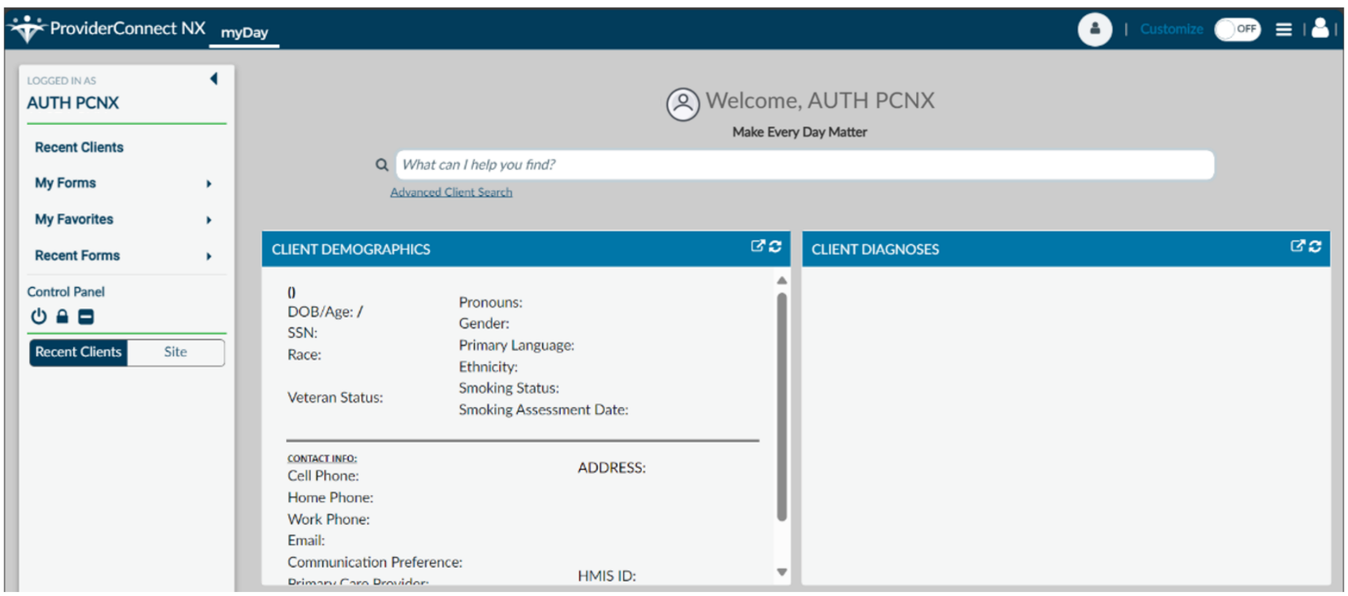
Using the "**System Code**" dropdown select the code for the Users agency. The User will only see the system code (they are authorized to see to access **ProviderConnect NX**.



Click the arrow to open the dropdown menu for "**System Code**".

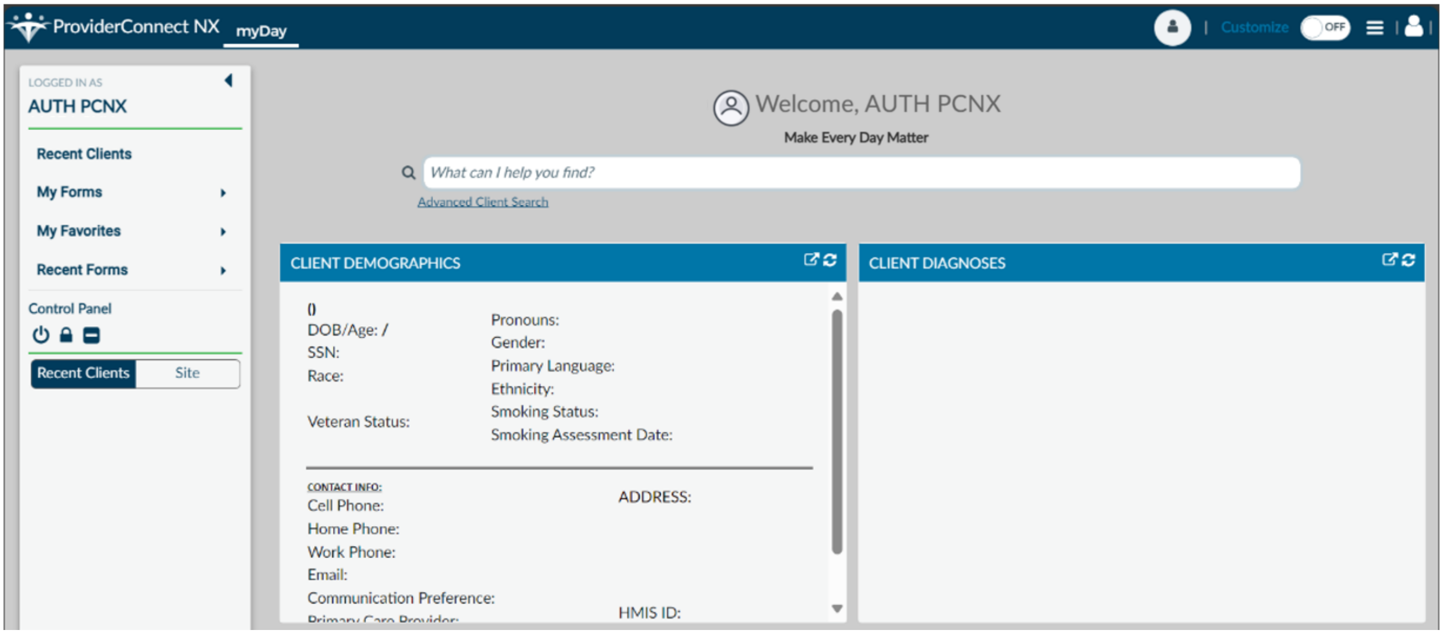


Once selected, this will navigate the User to the **ProviderConnect NX Home Page**.

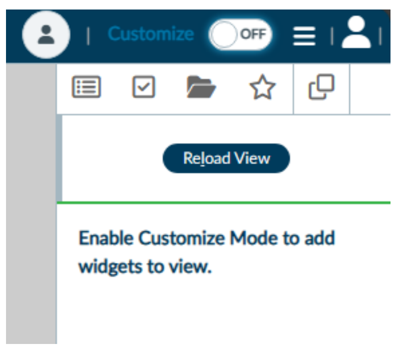


Provider Connect NX: How Add a Widget

From the **ProviderConnect NX** "**Home screen**".

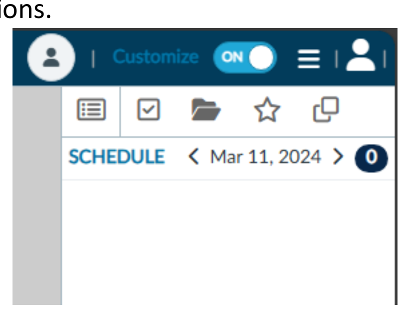


In the upper right corner of the screen Users will see a "**Customize**" selector.

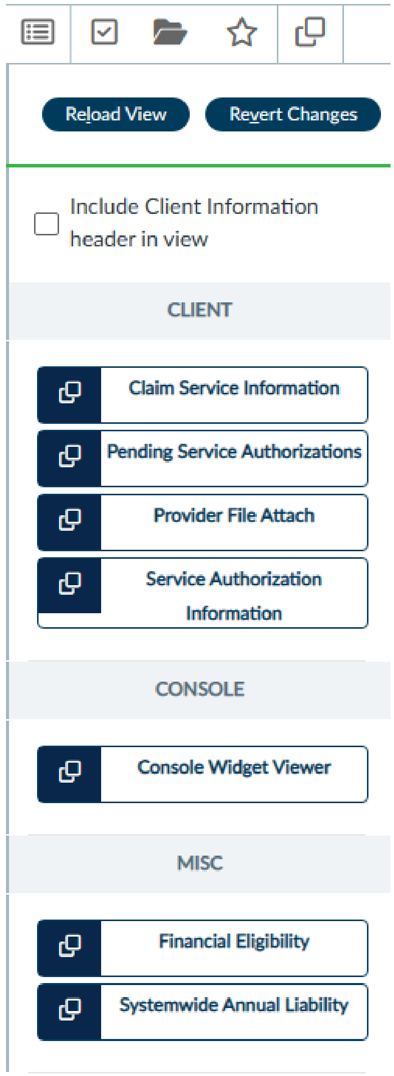


Turn the "**Customize**" selector from the "**OFF**" selection to the "**ON**" selection.

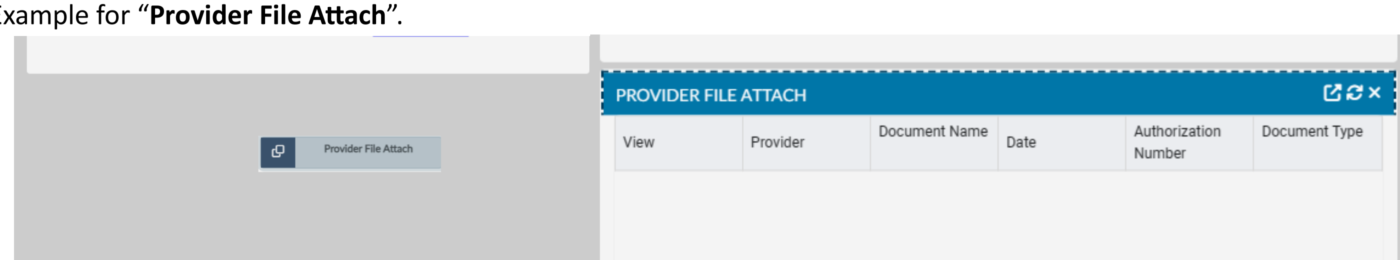
Select the icon  to open the widget options.



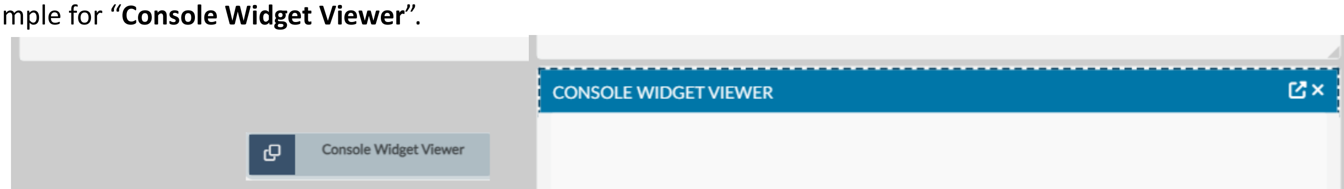
In the widget options select, drag and drop the “**Provider File Attach**” and “**Consoel Widget Viewer**” widget to the “**Home Screen**”.



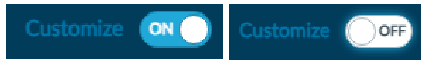
Example for “**Provider File Attach**”.



Example for “**Console Widget Viewer**”.

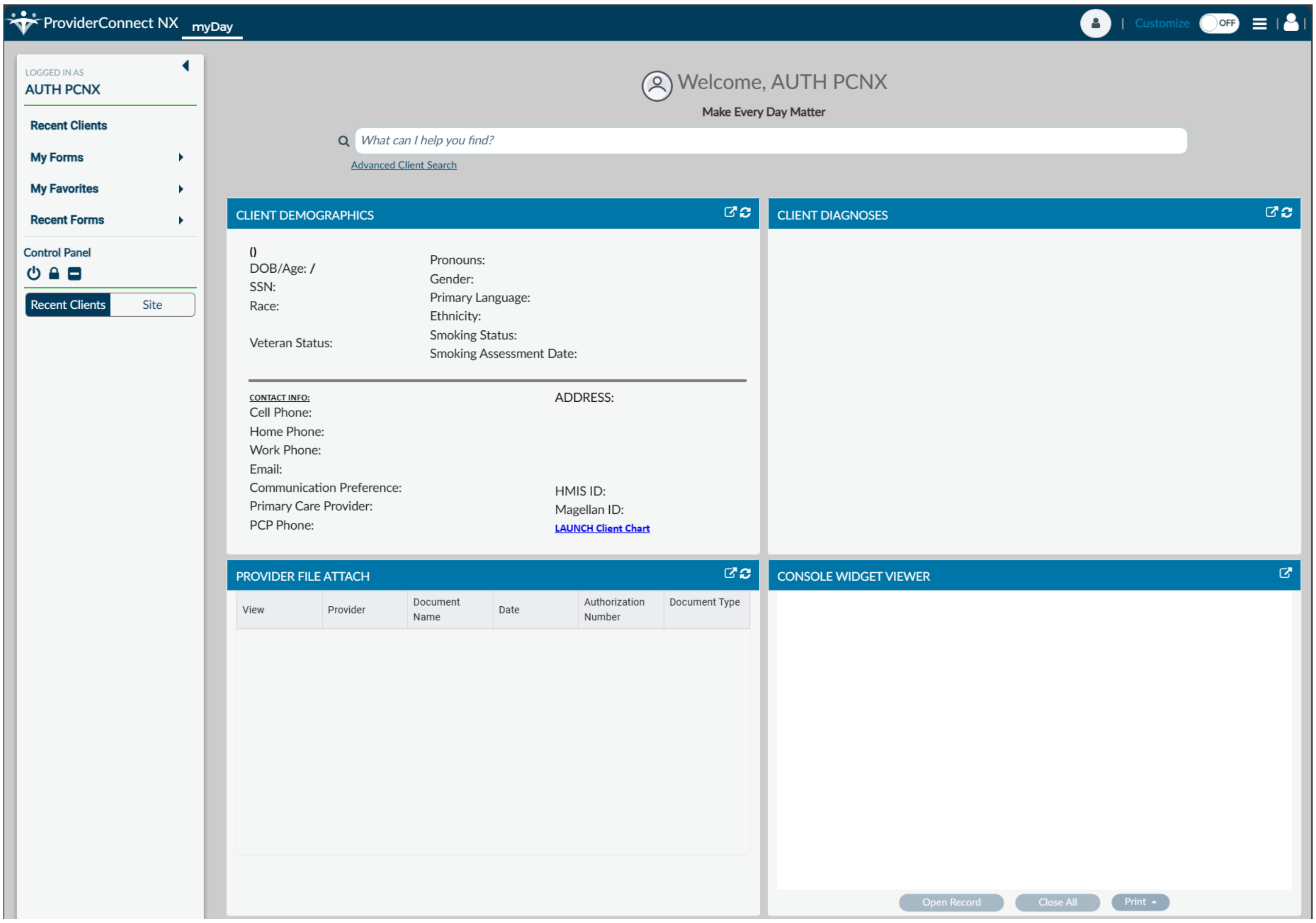


Once completed turn the “**Customize**” selection from the “**ON**” selection to the “**OFF**” selection.



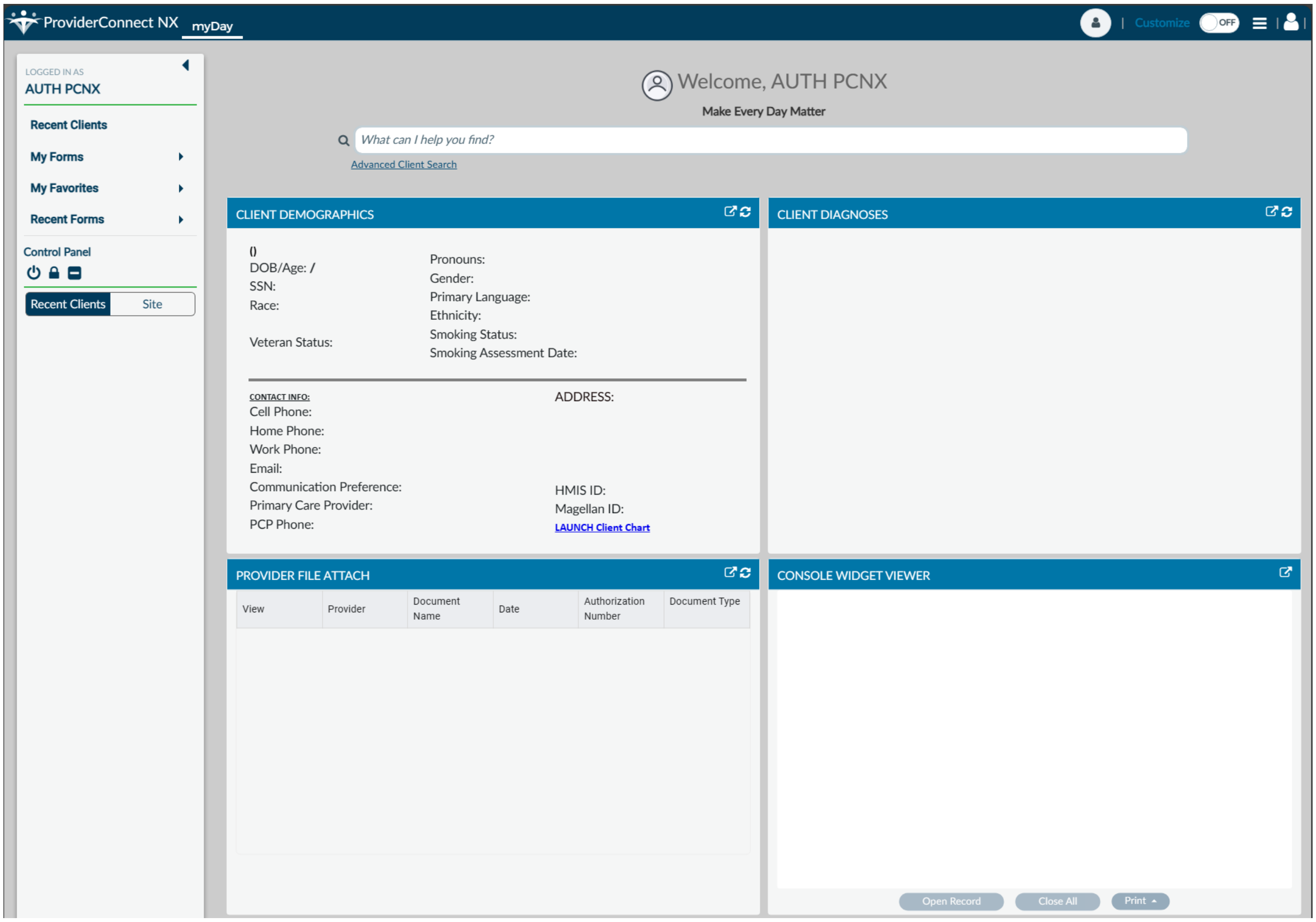
Select the icon  to close the side bar.

Users will now be able to view the Client file attachments from the “**Home Screen**”.

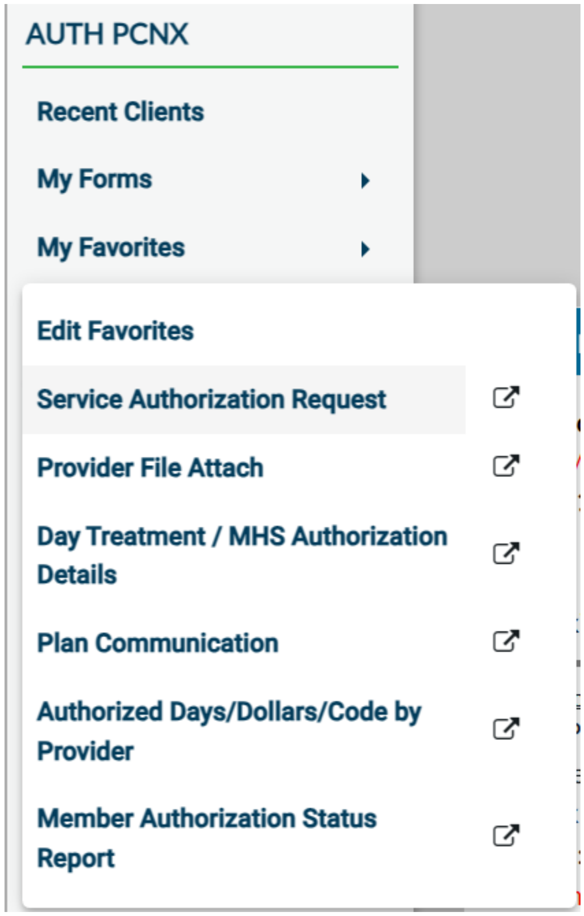


ProviderConnect NX: How to create an Authorization

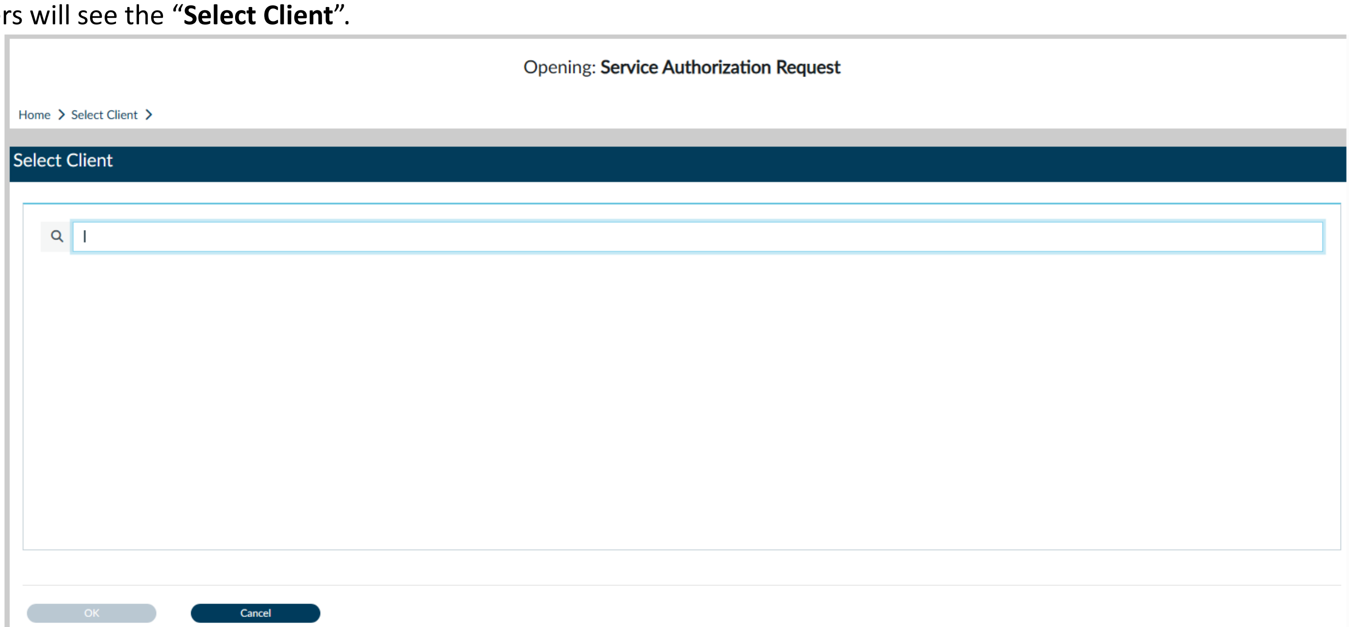
From the “**Home**” screen



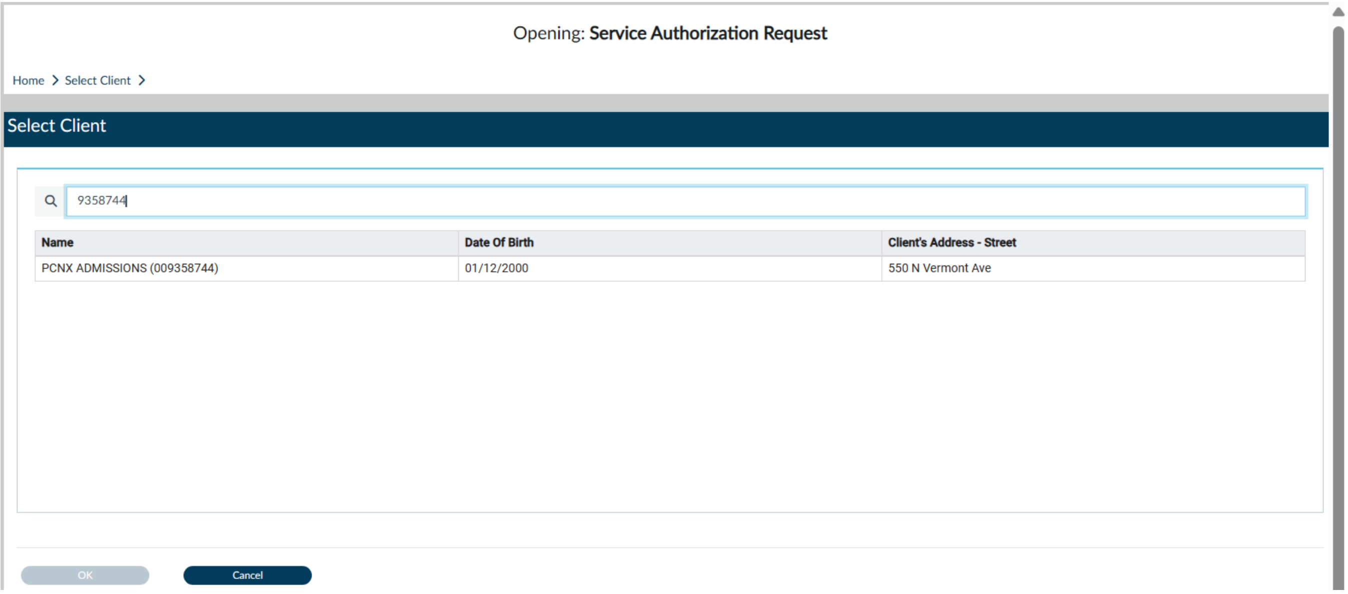
The User can go to their "**My Favorites**" in the TASK Navigation and select "**Service Entry Submission**" from the dropdown menu.



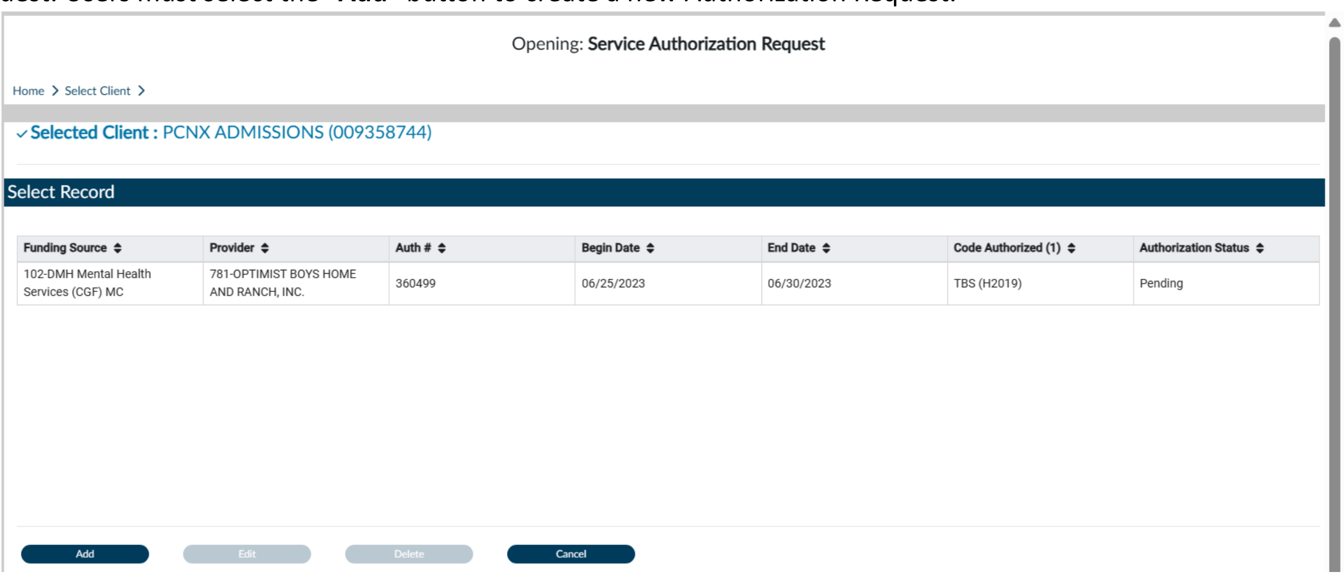
Users will see the "**Select Client**".



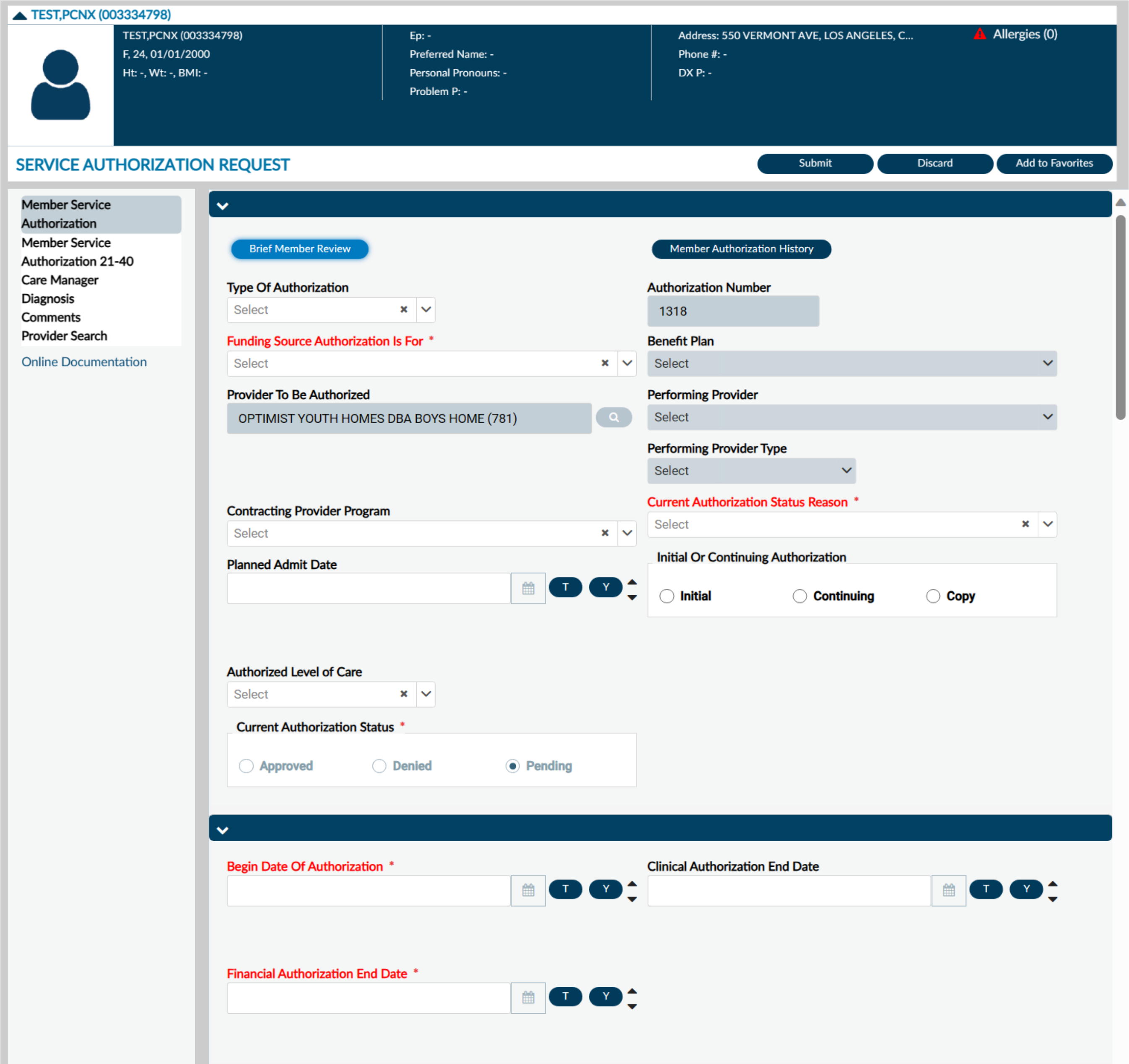
Users can enter the **Client ID** or the Client name and select the client.



Users will be navigated to the pre-display for "**Service Authorization Request**". When Users will see past Authorization Request. Users must select the "**Add**" button to create a new Authorization Request.

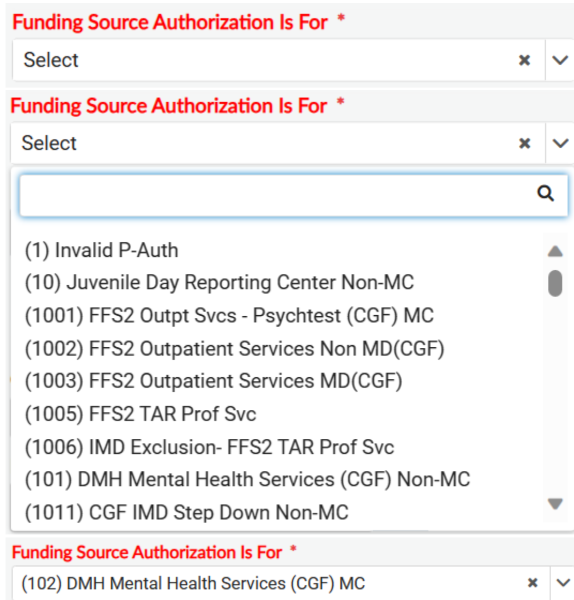


From the pre-display User will be navigated to the “**Service Authorization Request**” form. If the Client has no past Authorization Request Users will be navigated directly to the “**Service Authorization Request**” form without seeing the pre-display.

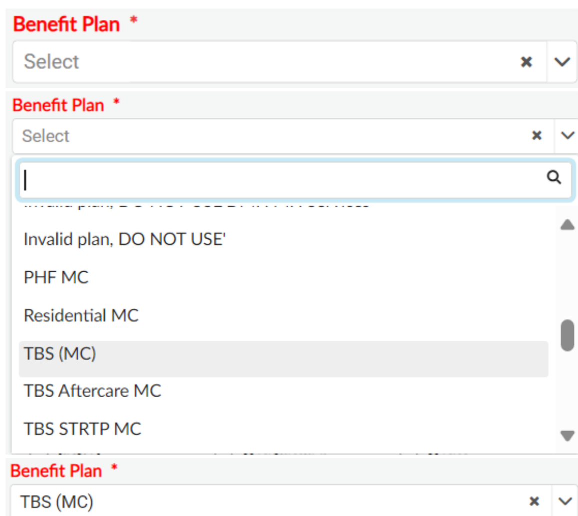


NOTE: All field names that are in **RED** with **RED Asterisk** are required fields and must be completed before claims can be submitted. There are other fields, that are not marked as “**Required**” but are needed to complete an “**Authorization Request**”.

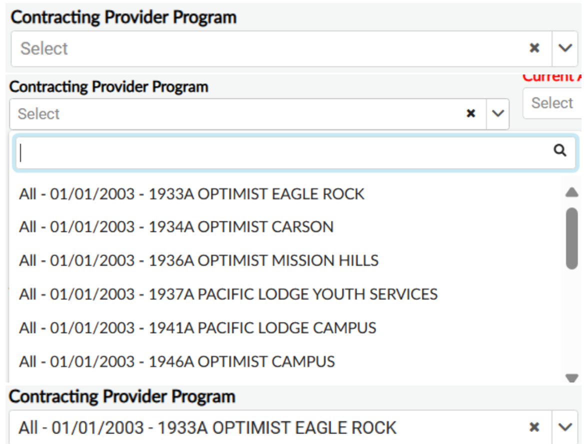
Using the dropdown under the "**Funding Source Authorization Is For**" field select the Funding Source to be used for this request.



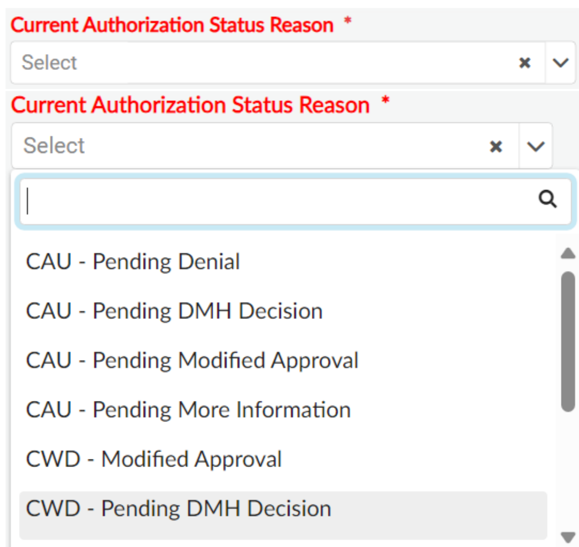
Using the dropdown under the "**Benefit Plan**" field select the corresponding Benefit Plan for the chosen Funding Source to be used for this request.



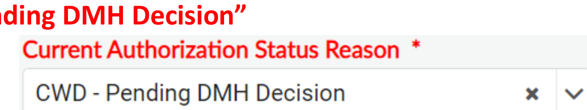
Using the dropdown under the "Contracting Provider Program" field select the program to be used for this request.
NOTE: Even though this field is not highlighted in **RED** it is still a required field.



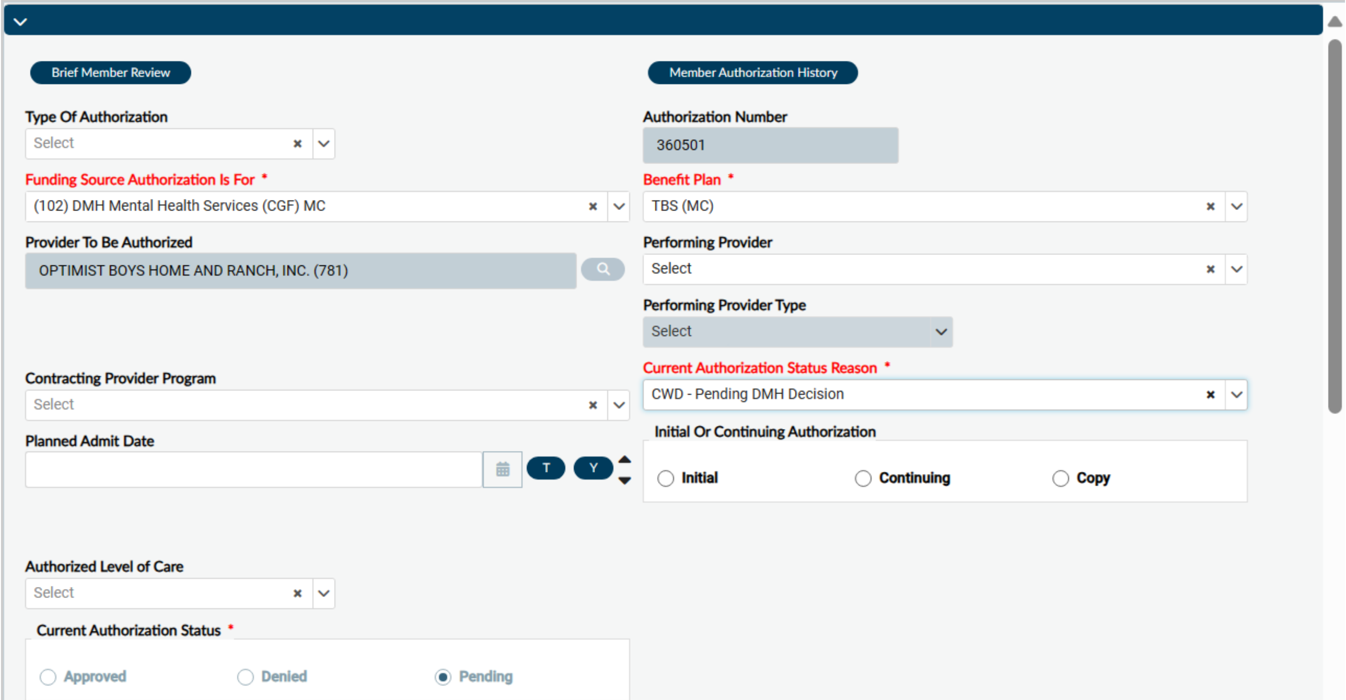
Using the dropdown under the "**Current Authorization Status Reason**" field select the Reason to be used for this request.



NOTE: User must select "CWD Pending DMH Decision"



Review the section to verify all fields that were reviewed have been completed.

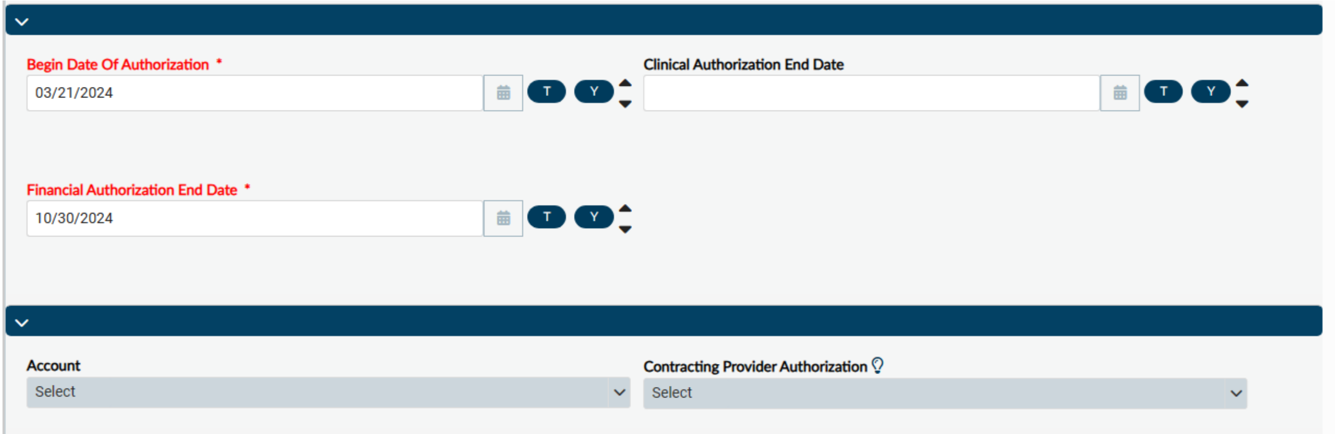


Enter the "**Begin Date of Authorization**" and the "**Financial Authorization End Date**".

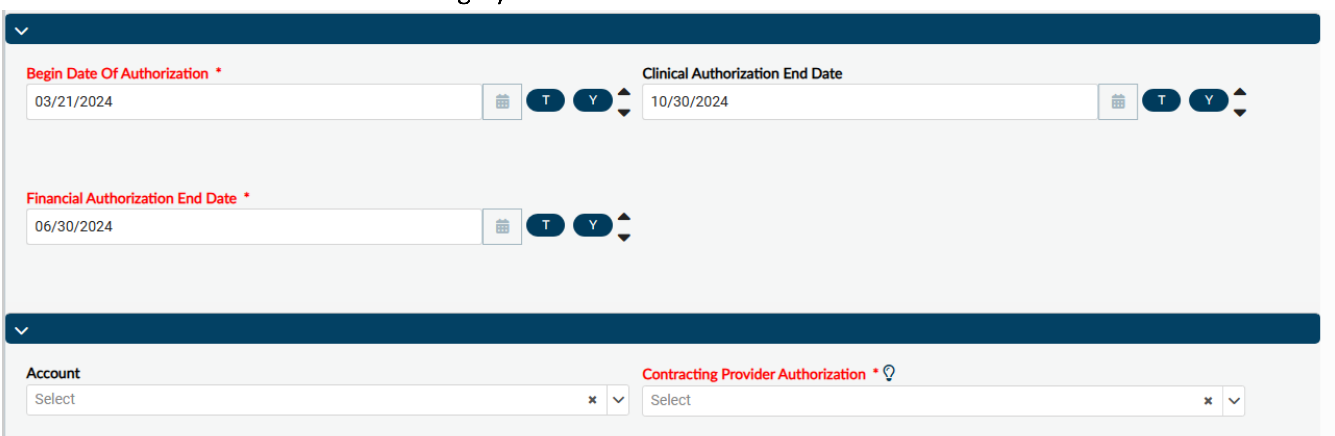
NOTE: For Authorizations that span over into the next Fiscal Year the "Financial Authorization End Date" **MUST** be the last day of the Fiscal Year. (example - 06/30/2XXX)

NOTE: For Authorizations that span over into the next Fiscal Year the "Financial Authorization End Date" **MUST** be the last day of the Fiscal Year. (example - 06/30/2XXX) and date the User wants to enter will be entered into the "Clinical Authorization Date" field.

If the “**Financial Authorization Date**" spans into the next Fiscal Year the “**Account**” and the “Clinical Authorization End Date” field will show grayed and the User will not be alowed to continue.



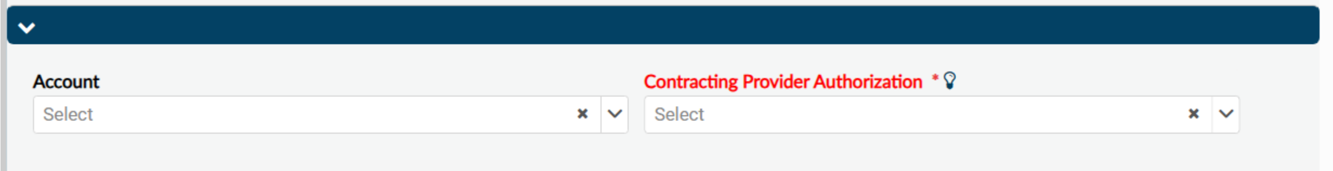
The User **MUST** enter the last day of the current Fiscal Year into the “Financial Authorization End Date" field and then enter the end date they request in the “Clinical Authorization End Date” field before the “**Account**” and the “Clinical Authorization End Date” field will show ungrayed.

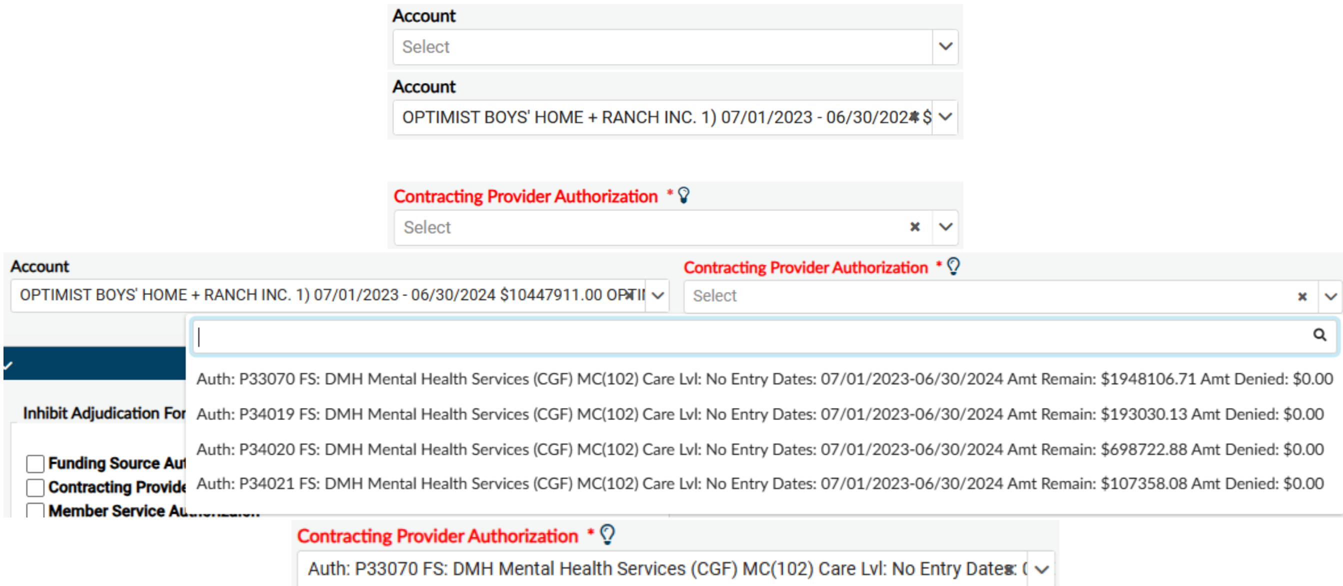


NOTE: Once the Authorization is “Approved” the actual end date will show in the “Clinical Authorization End Date” field.

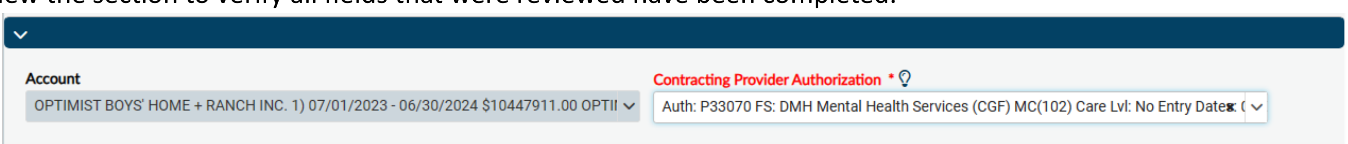
Review the section to verify all fields that were reviewed have been completed.

Using the dropdown select the "**Account**" to be used for the authorization and the "**Contracting Provider Authorization**".

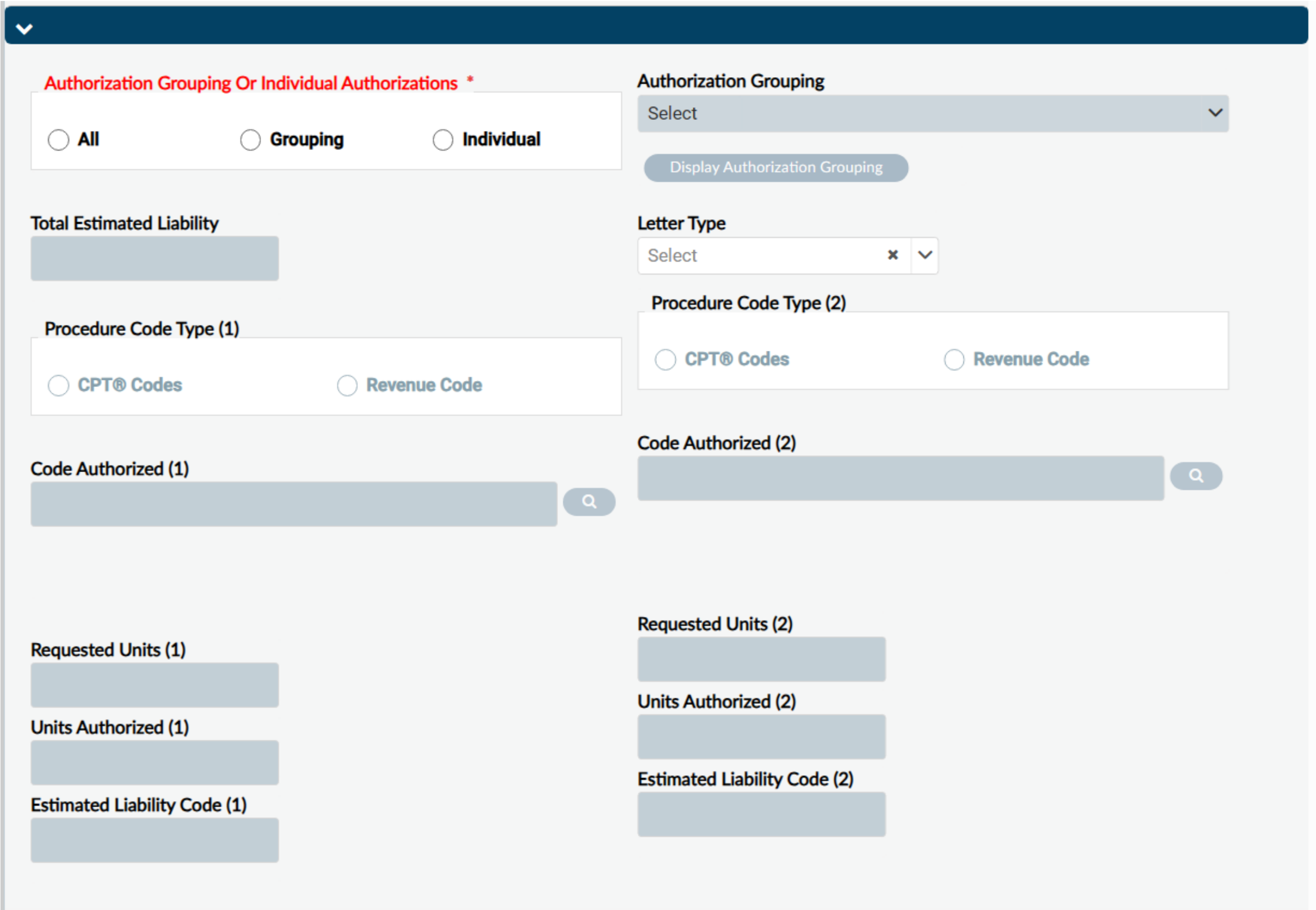




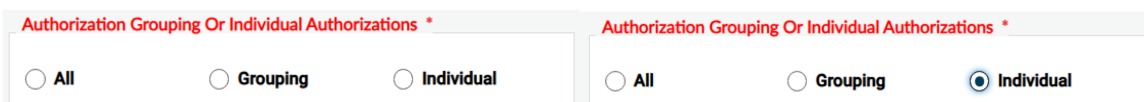
Review the section to verify all fields that were reviewed have been completed.



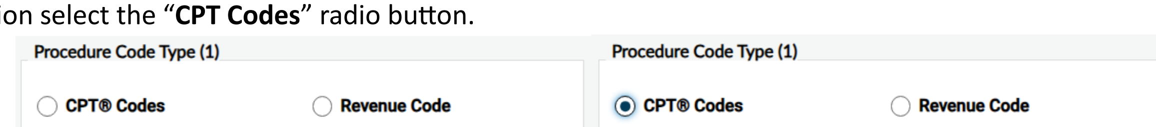
In this section the fields are dynamic. Fields will be ungrayed once other field(s) have been completed with the correct information.



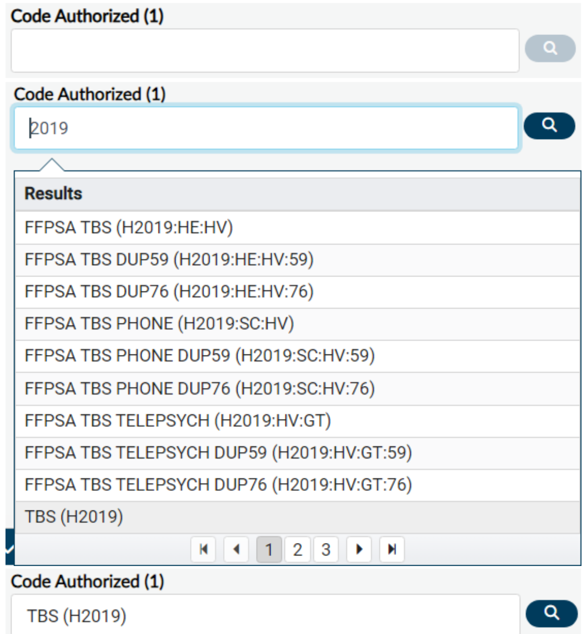
In the section select the “**Individual**” radio button.



In the section select the “**CPT Codes**” radio button.

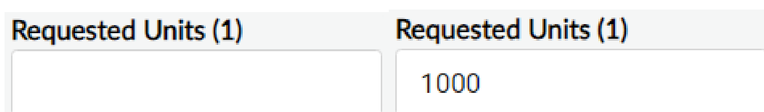


Using the dropdown for "**Code Authorized**" type in the code to activate the dropdown. Then select the full title for the code to be authorized. In this example we will be using "**TBS(H2019)**".

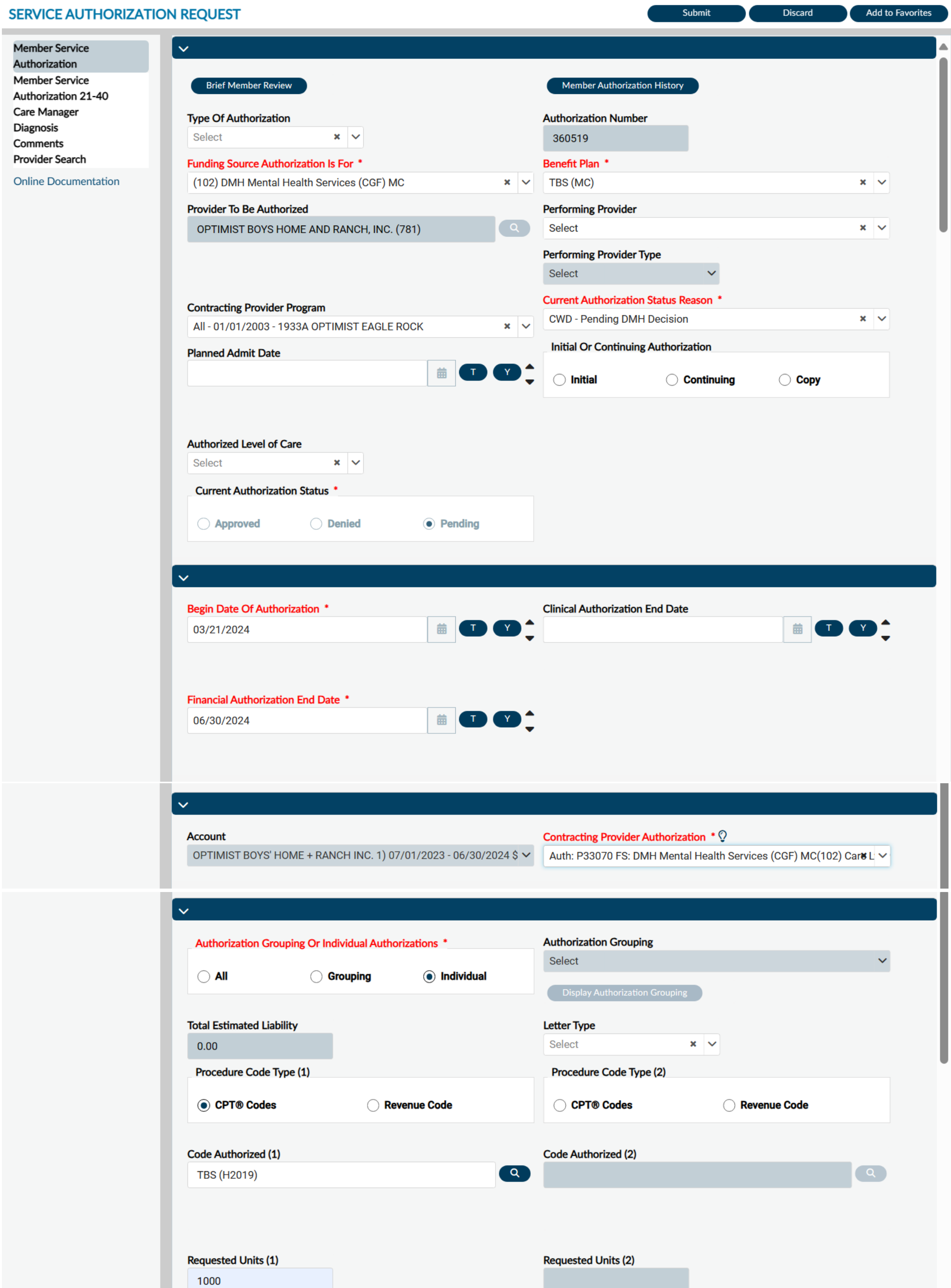


NOTE: The Procedure Code must be selected according to the type of services being provided and requiring authorization, see list below.

Enter the unit requested.

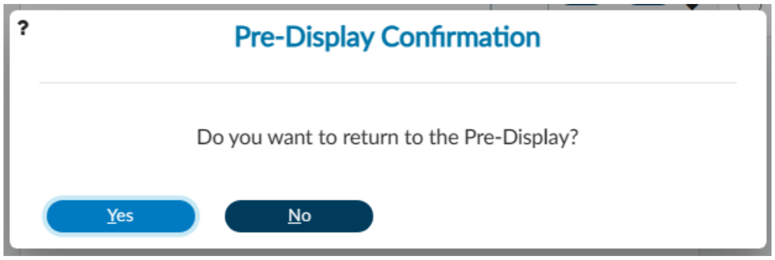


Review the section to verify all fields that were reviewed have been completed.



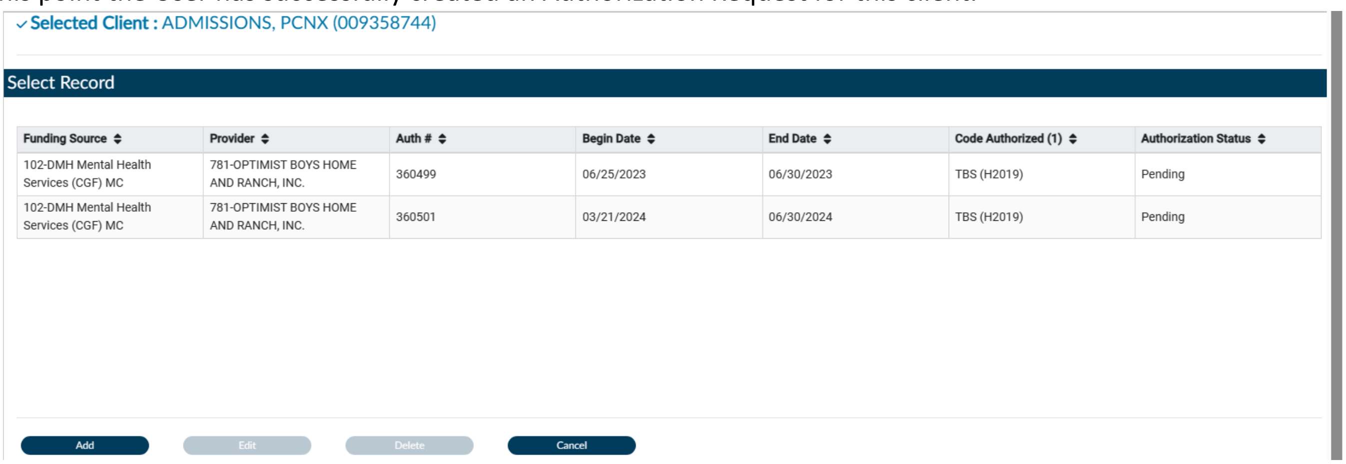
Scroll to the top of the form and select the “**Submit**” button.

The User will receive a message. Selecting “**NO**” will navigate the User back to the “**Home**” screen. Selecting “**YES**” navigates the User to the Authorization pre-display screen where the User will see all past and current authorizations that have been requested for this Client, this includes the authorization that was just created.



Note: For this example, we will select “**YES**” to navigate to the Authorization pre-display screen.

At this point the User has successfully created an Authorization Request for this client.

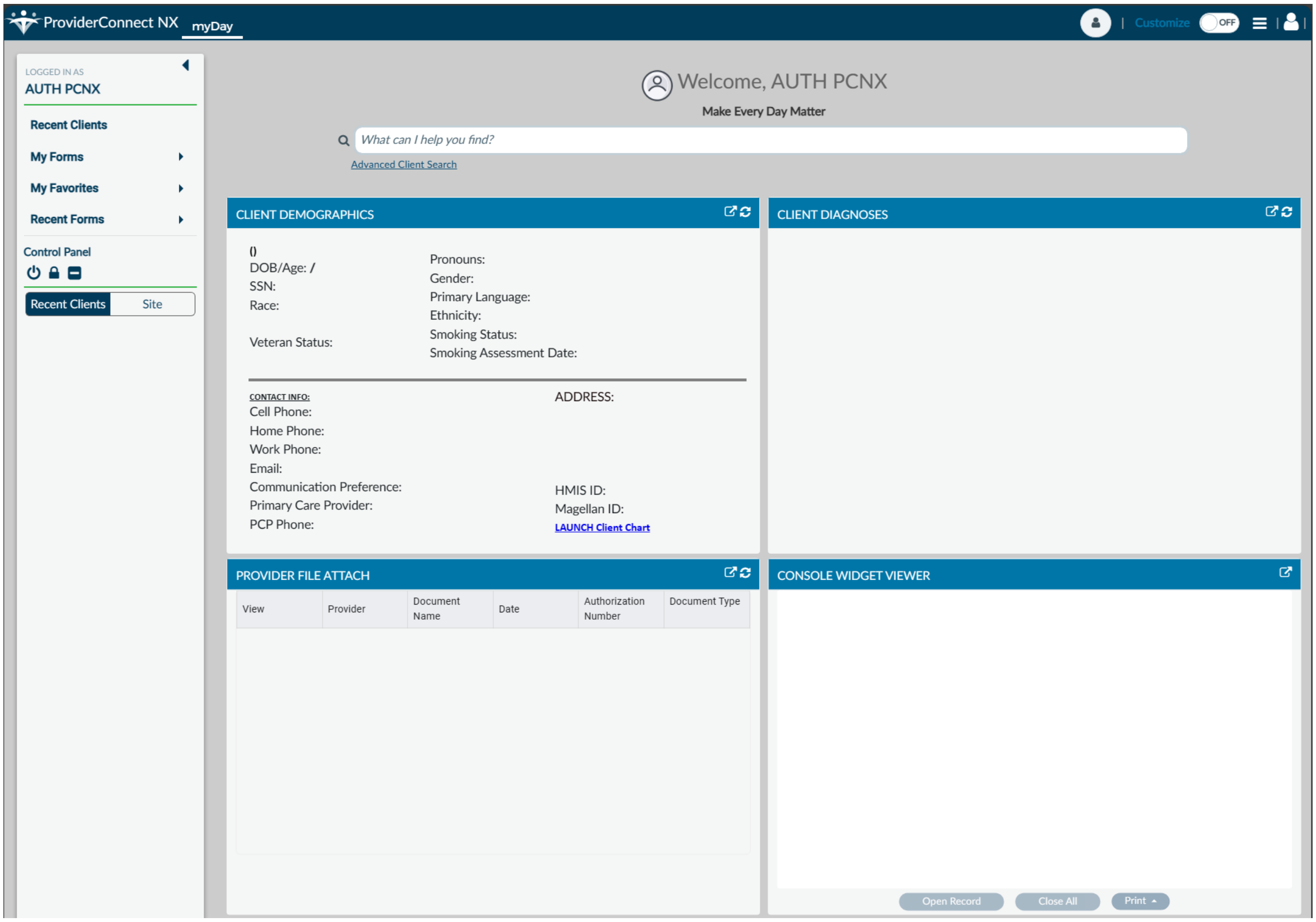


Funding Source	Provider	Auth #	Begin Date	End Date	Code Authorized (1)	Authorization Status
102-DMH Mental Health Services (CGF) MC	781-OPTIMIST BOYS HOME AND RANCH, INC.	360499	06/25/2023	06/30/2023	TBS (H2019)	Pending
102-DMH Mental Health Services (CGF) MC	781-OPTIMIST BOYS HOME AND RANCH, INC.	360501	03/21/2024	06/30/2024	TBS (H2019)	Pending

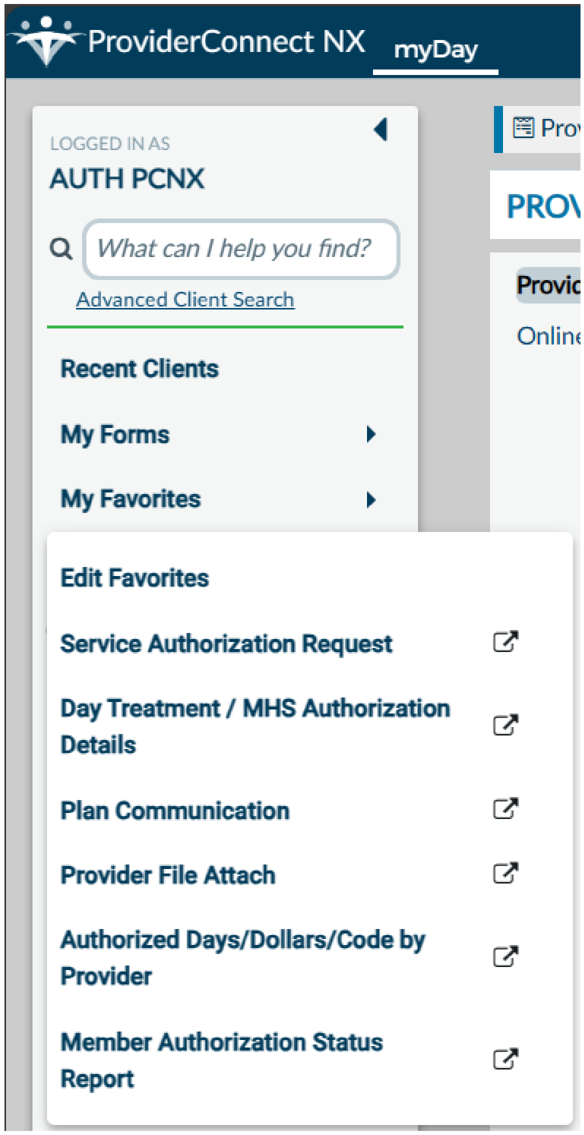
Users can select the “**Add**” button to add another Authorization Request or they can select the “**Cancel**” button to return to the “**Home Screen**”.

ProviderConnect NX: How to Add an Attachment File

From the "**Home**" screen

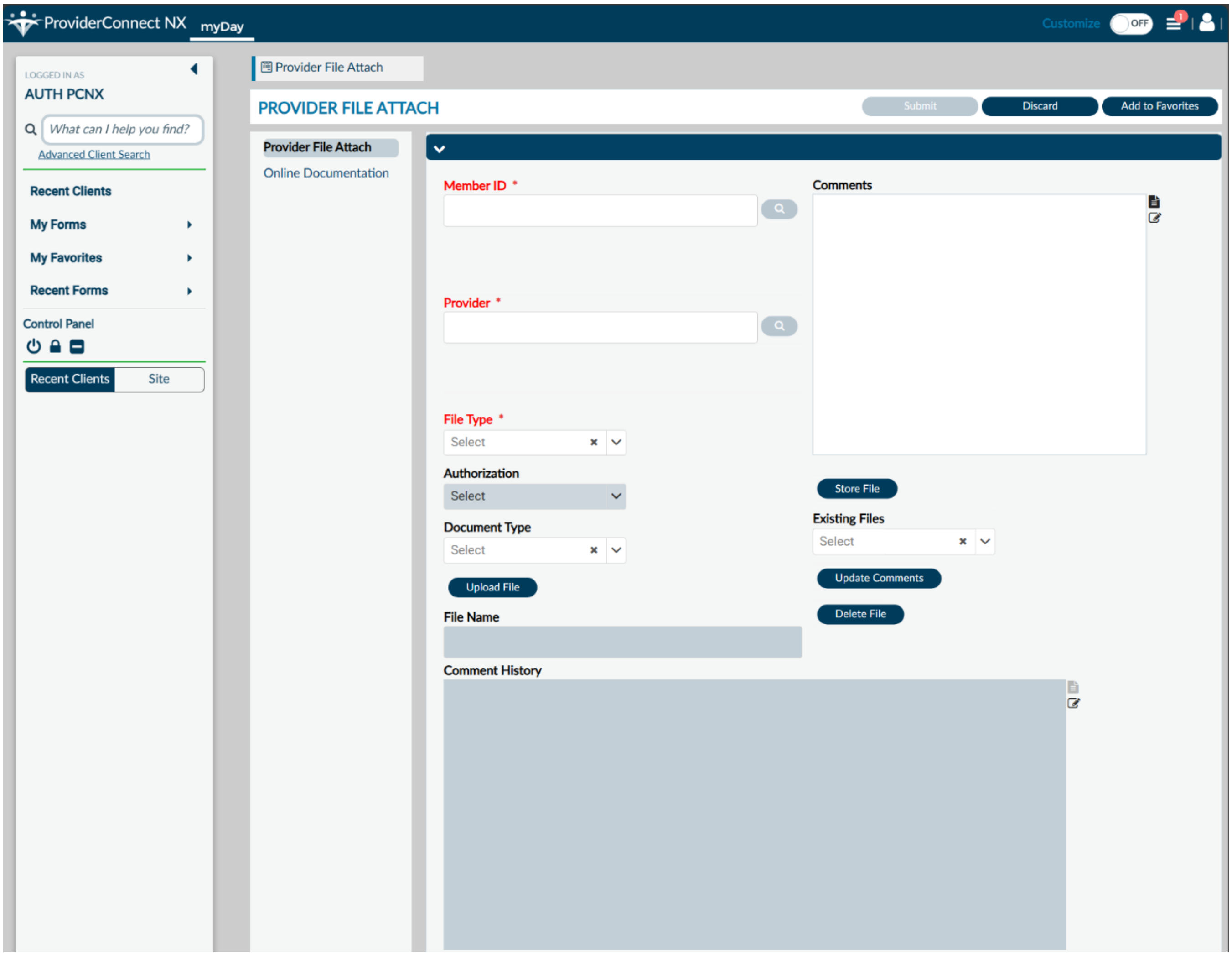


Using the “**My Favorites**” tab in the TASK navigation select “**Provider File Attach**” to navigate to that form.



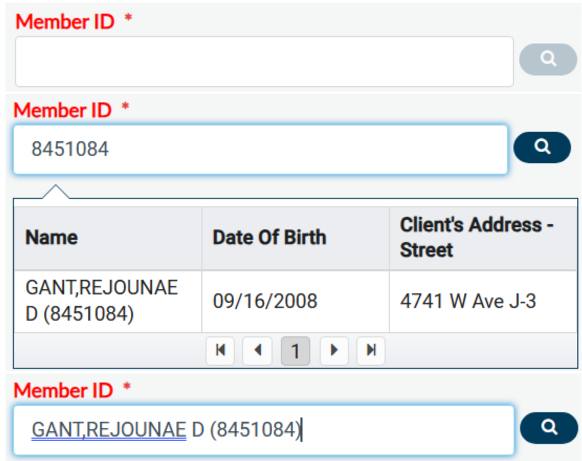
Once on the “**Provider File Attach**” form enter the “**Member ID**”, “**Provider**”, and “**File Type**” to upload an attachment (File). In this section the fields are dynamic. Fields will be ungrayed once other field(s) have been completed with the correct information.

NOTE: The fields highlighted in **RED** and/or with asterisks are required fields. They represent the minimum information required to submit the form.

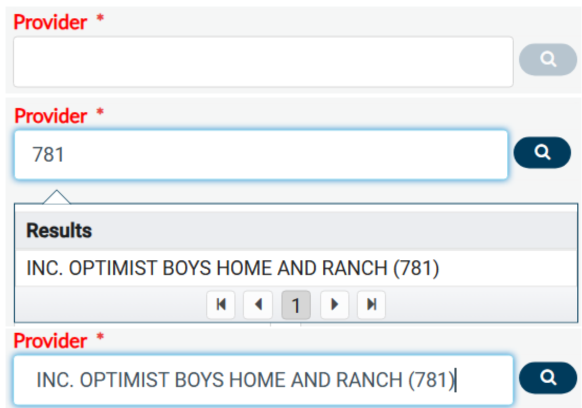


To Upload an Attachment (File)

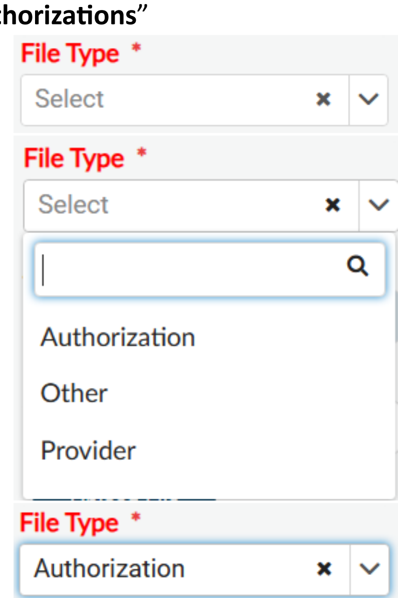
Enter “**Member ID**”



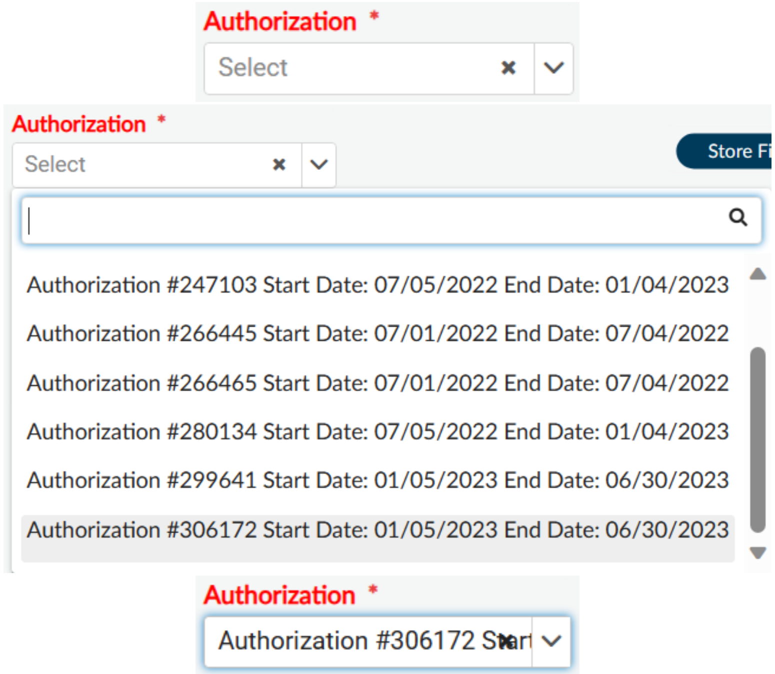
Enter the “**Provider ID**”



From the “**File Type**” dropdown select “**Authorizations**”



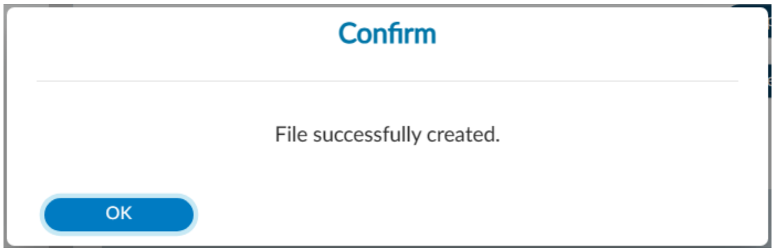
From the “**Authorization**” dropdown select the desired authorization number



Select the “**Upload File**” button. Two windows will open. One for where the User must select the file to upload from their computer and the other is where the User can drag and drop the file to upload.

NOTE: MAX file size is 100MB, only accepted file type .PDF.

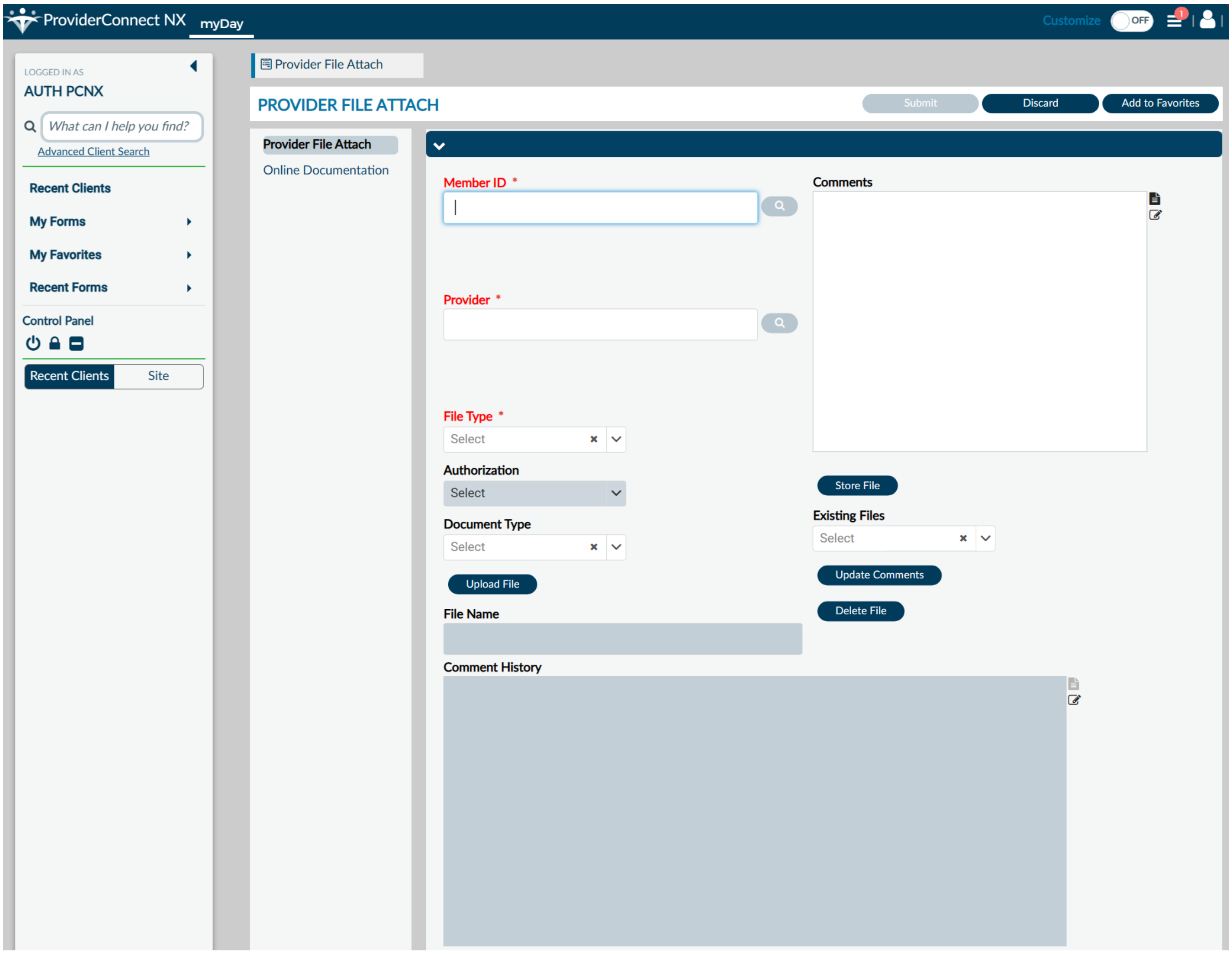
Click the “**Store File**” button to complete the file upload. User will receive a pop-up message to confirm the file was successfully uploaded. Select the “**OK**” button to close the pop-up message.



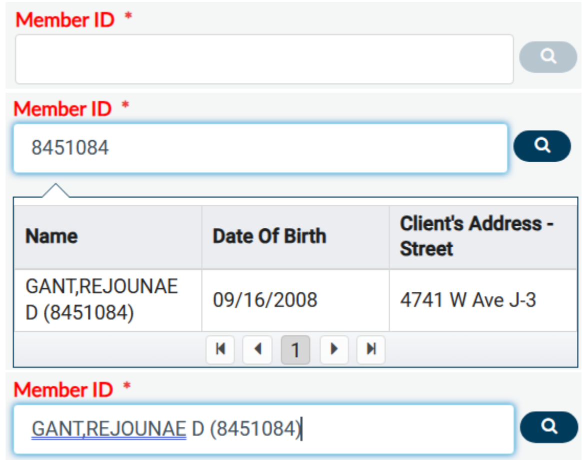
ProviderConnect NX: How to View, Print or Save Uploaded files

To View Uploaded Attachments (Files)

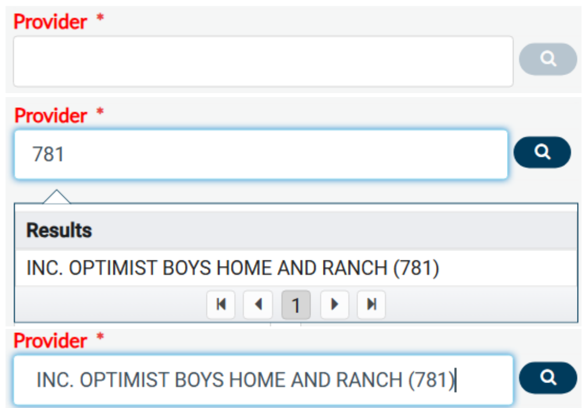
Using the “**Provider File Attach**” form



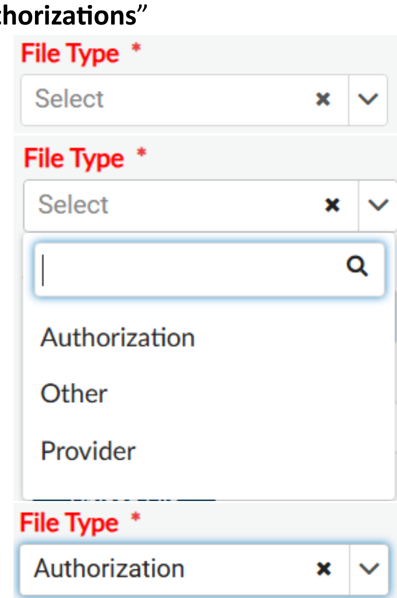
Enter “**Member ID**”



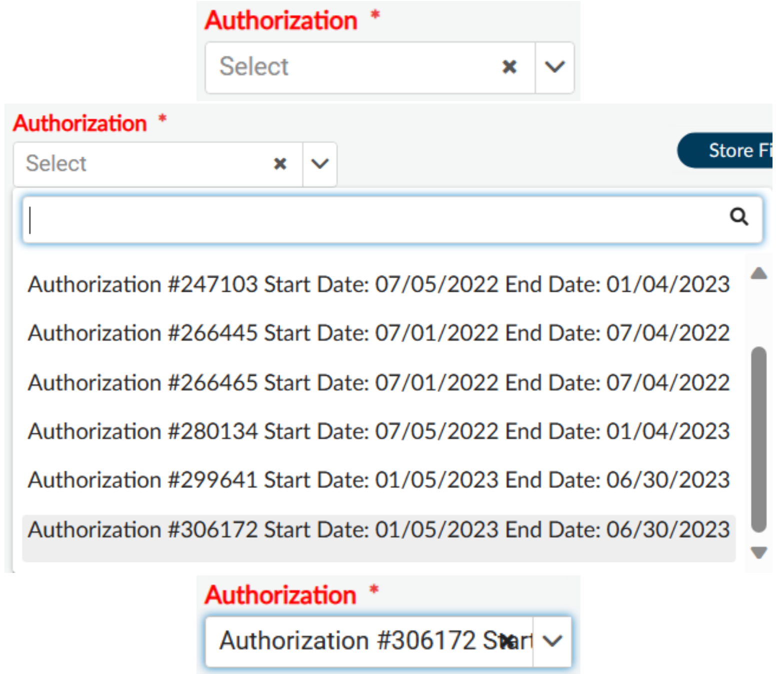
Enter the “**Provider ID**”



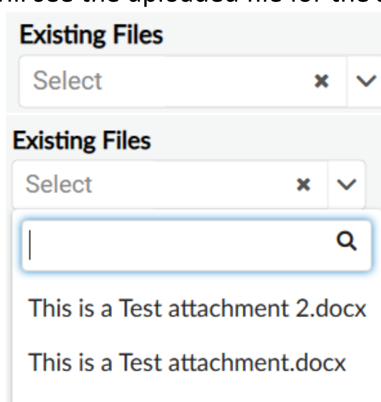
From the “**File Type**” dropdown select “**Authorizations**”



From the “**Authorization**” dropdown select the desired authorization number

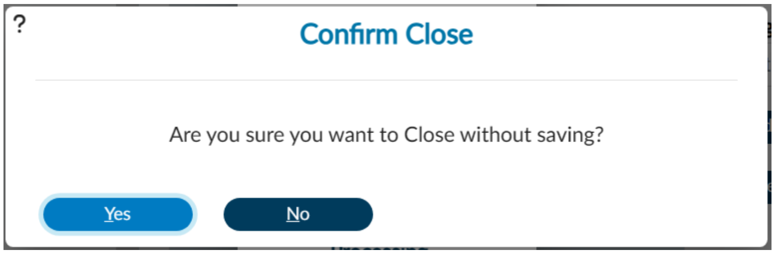


Using the “**Existing Files**” dropdown Users will see the uploaded file for the selected Authorization.



The User must select the “**Discard**” button at the top of the form.

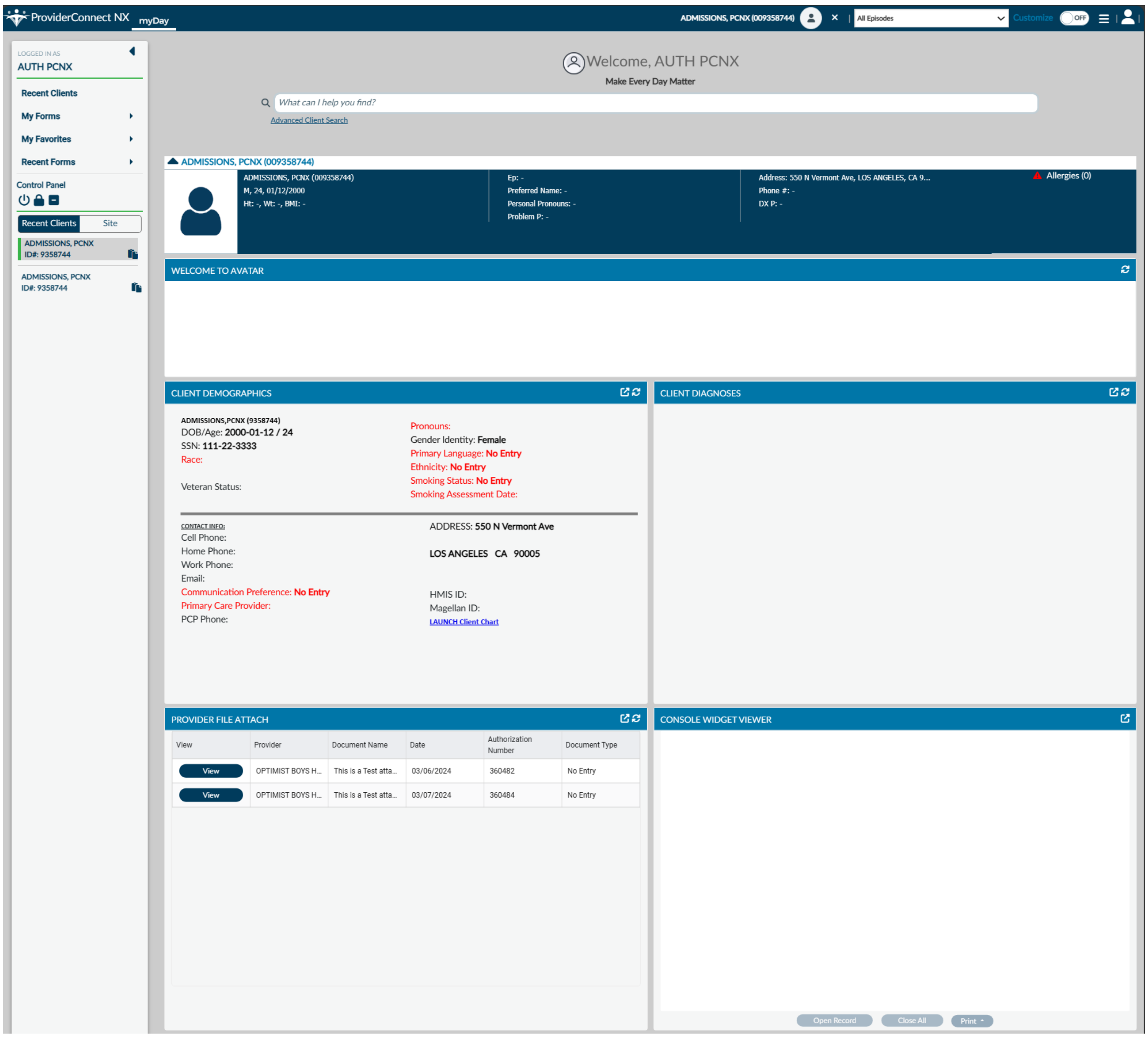
The system will as the User “**Are you sure you want to Close without saving?**”. The User will selec the “**Yes**” button.



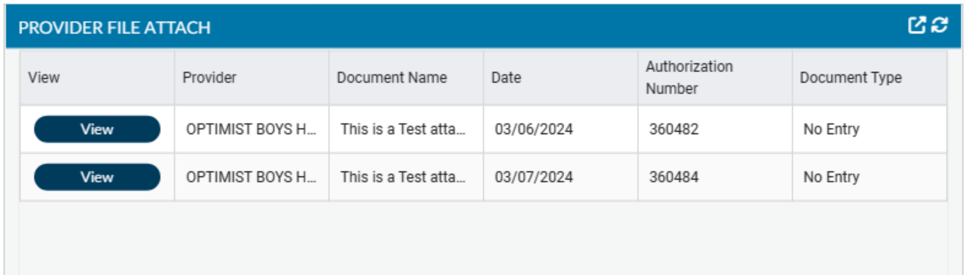
This will navigate the User back to the “**Home Screen**”.

To View Uploaded Attachments (Files)

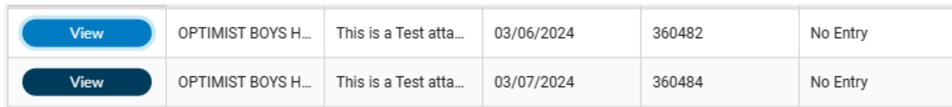
From the “**HOME**” screen



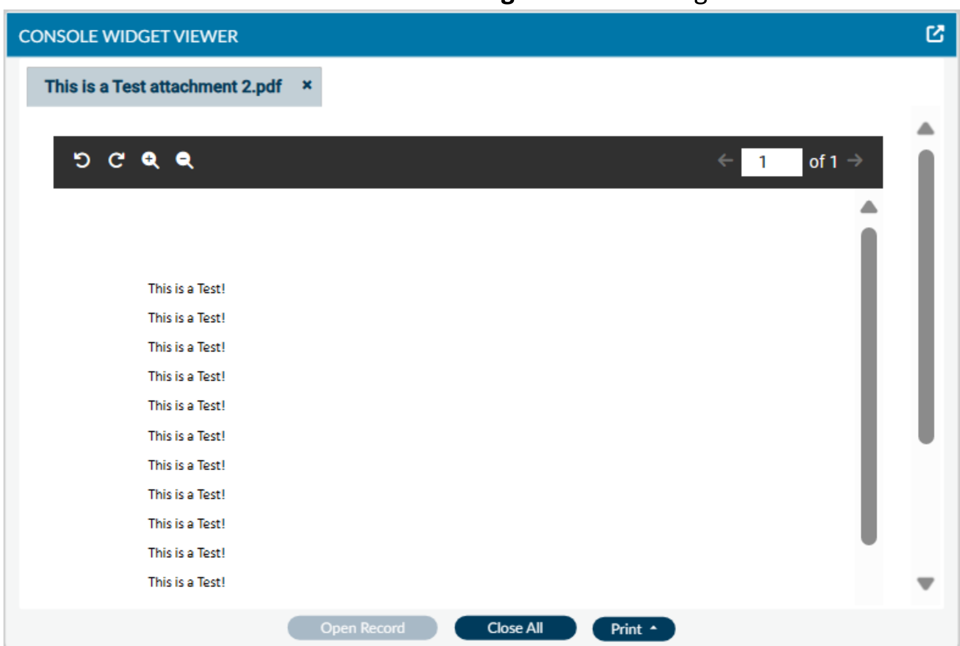
Users can view the uploaded documents using the "**Provider File Attach**" widget.



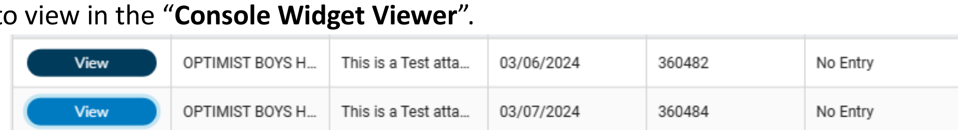
In the "**Provider File Attach**" widget Users must click the "**View**" button next to the document to view.



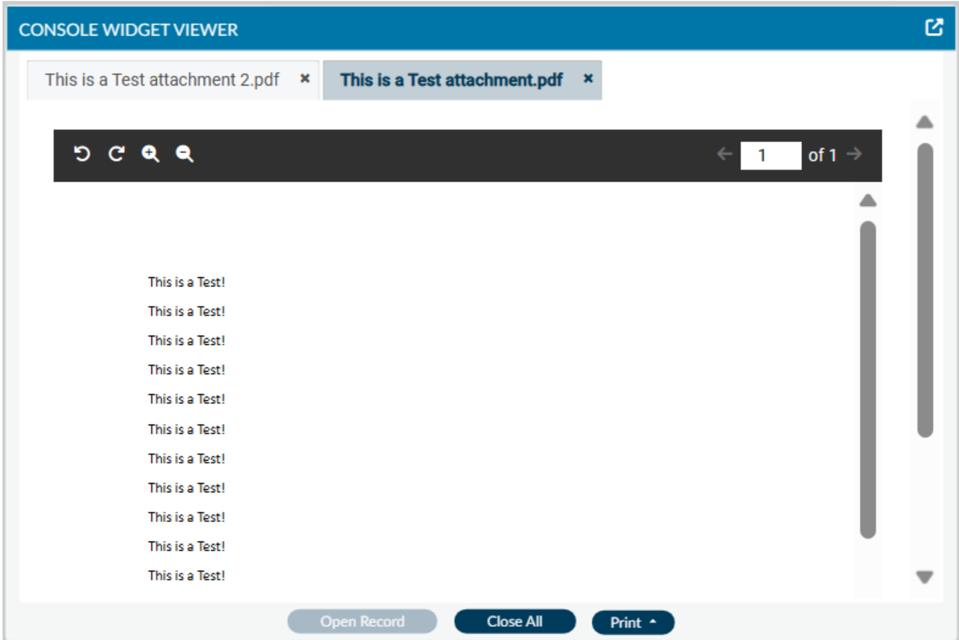
Once selected the document will be viewed the "**Console Widget Viewer**" widget.



Select another file to view in the "**Console Widget Viewer**".

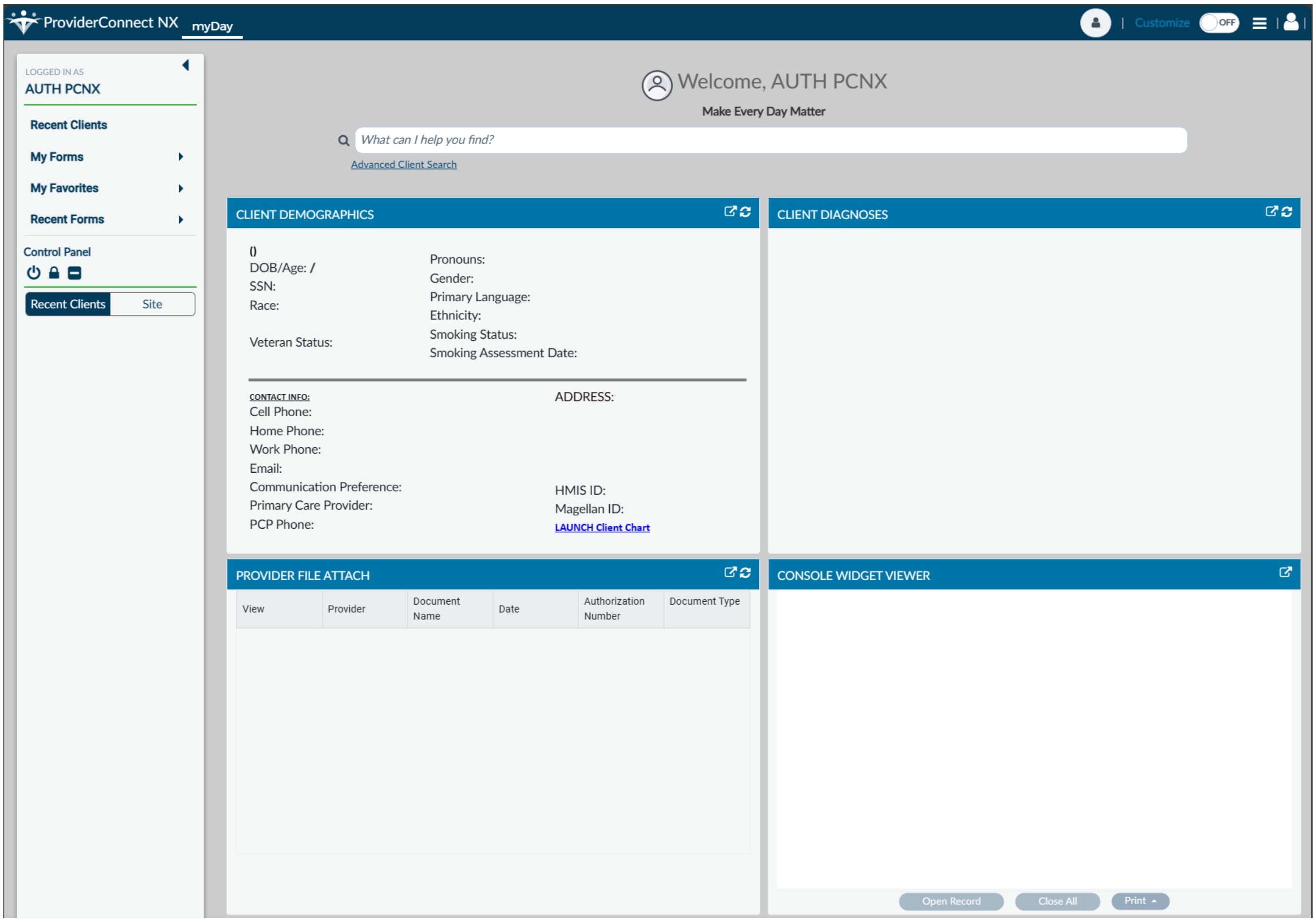


Users will see the fill name in the "**Console Widget Viewer**" across the top of the viewer.

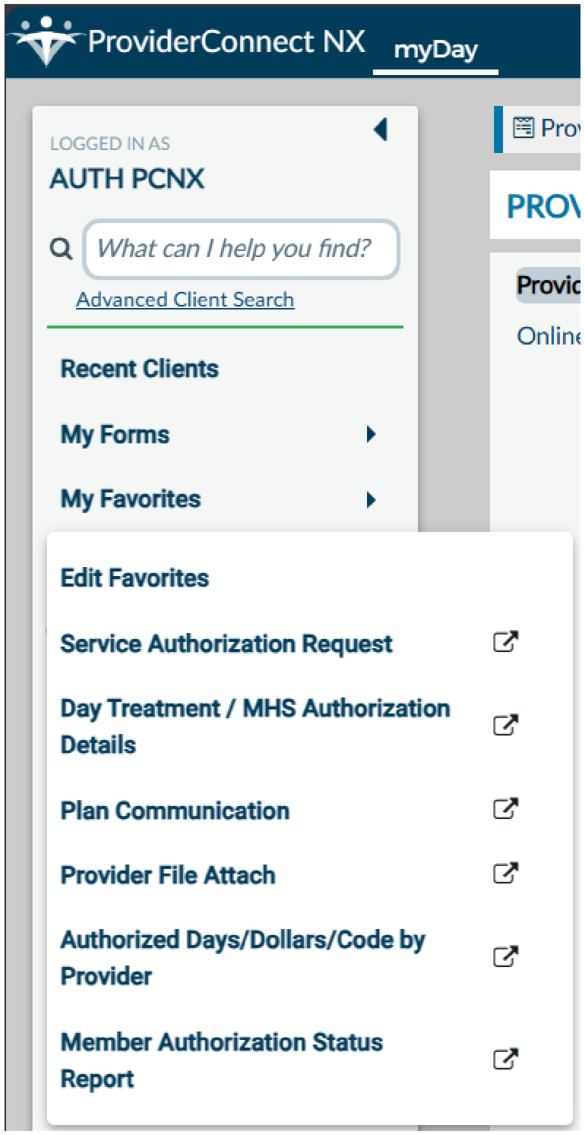


ProviderConnect NX: Plan Communication

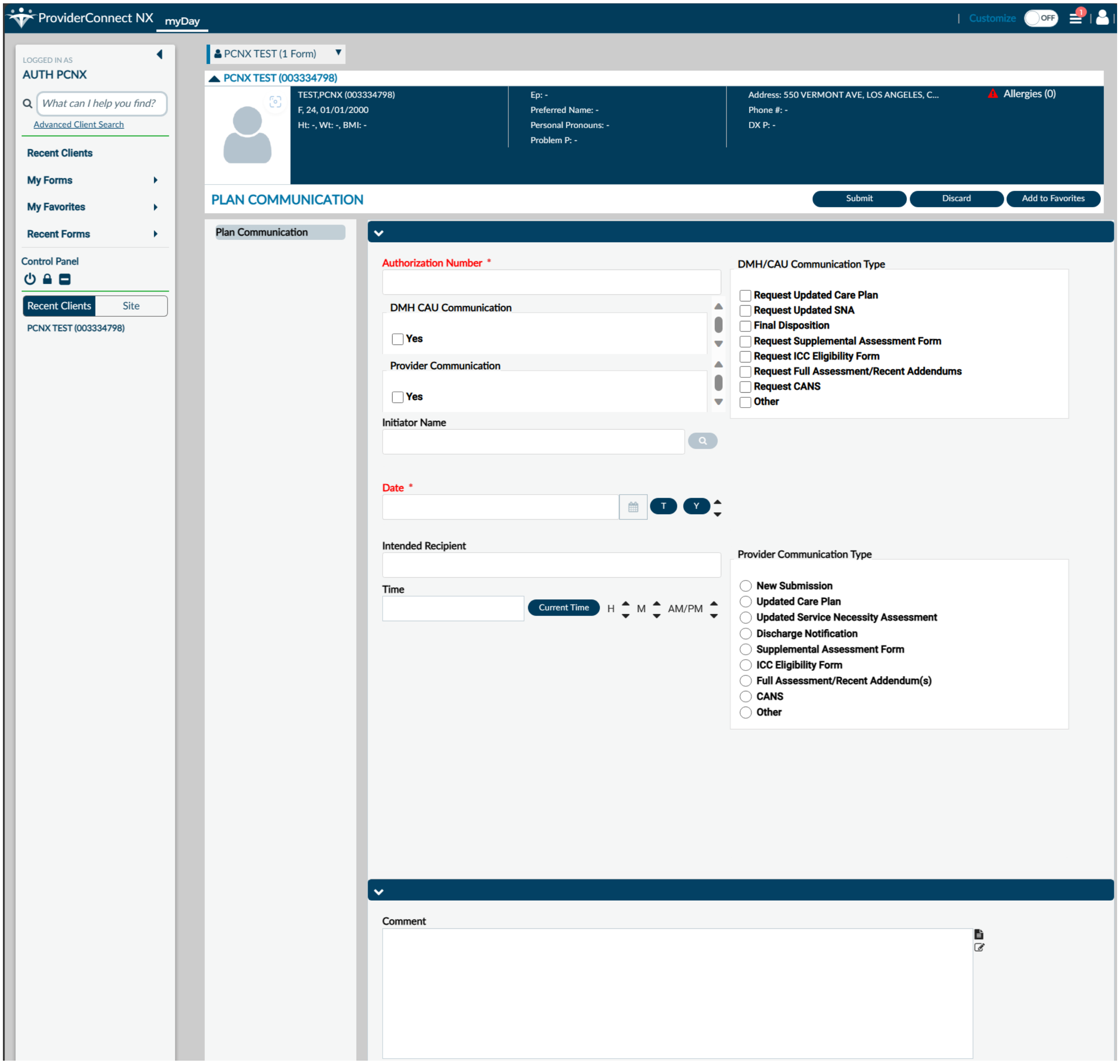
From the "**Home**" screen



Using the “**My Favorites**” tab in the TASK navigation select “**Plan Communication**” to navigate to that form.

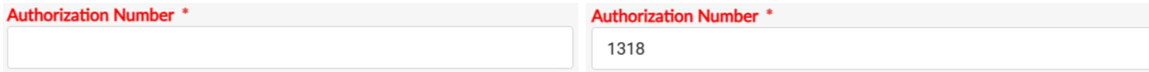


The User will be navigated to the “**Fast Service Entry Submission**” form.

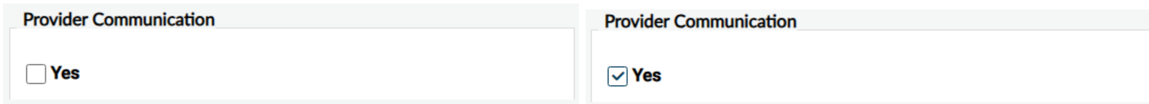


NOTE: All field names that are in **RED** with **RED Asterisk** are required fields and must be completed before claims can be submitted. There are other fields, that are not marked as “**Required**” but are needed to complete an “**Authorization Request**”.

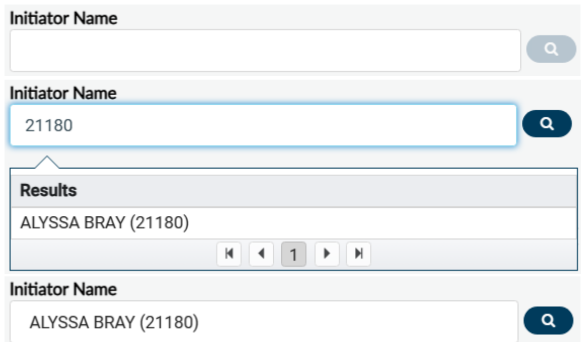
Enter the “**Authorization Number**”



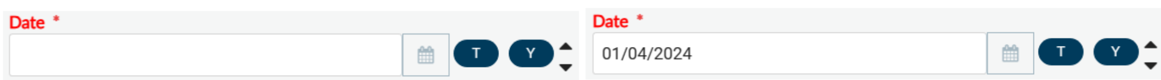
Select “**YES**” box for Provider Communication



Enter the “**Initiator Name**”. Users can enter either the name of the initiator or enter their ID number.

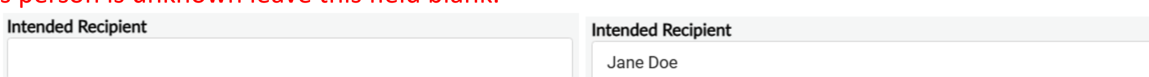


Enter the “**Date**” for the communication.

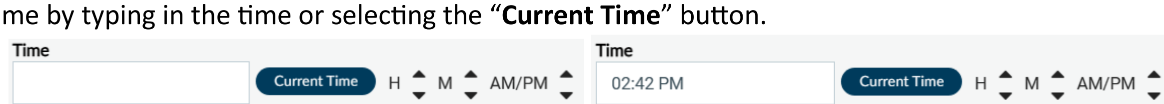


“**Intended Recipient**” must be filled out if this message is going to a specific person.

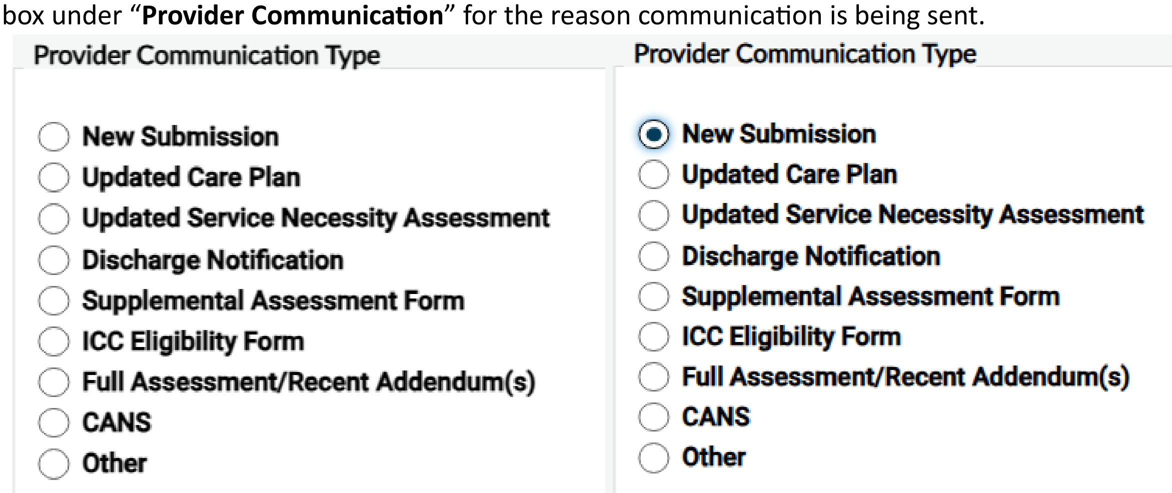
NOTE: If this person is unknown leave this field blank.



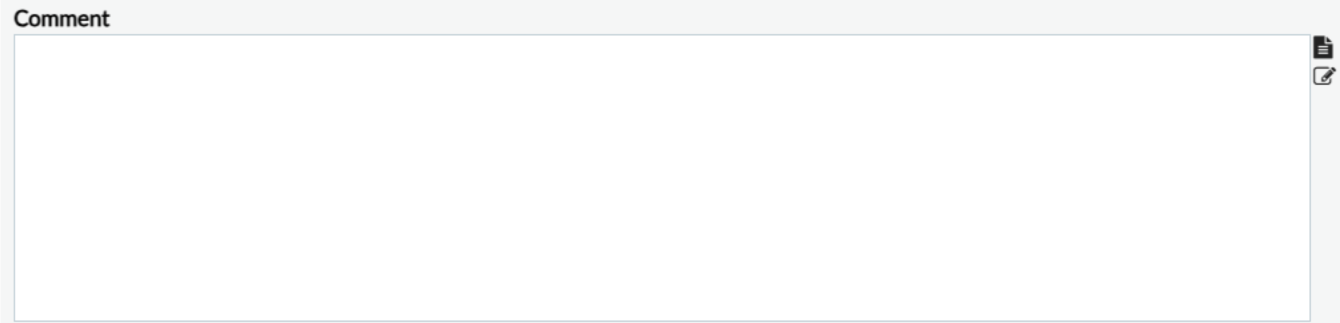
Enter the time by typing in the time or selecting the “**Current Time**” button.

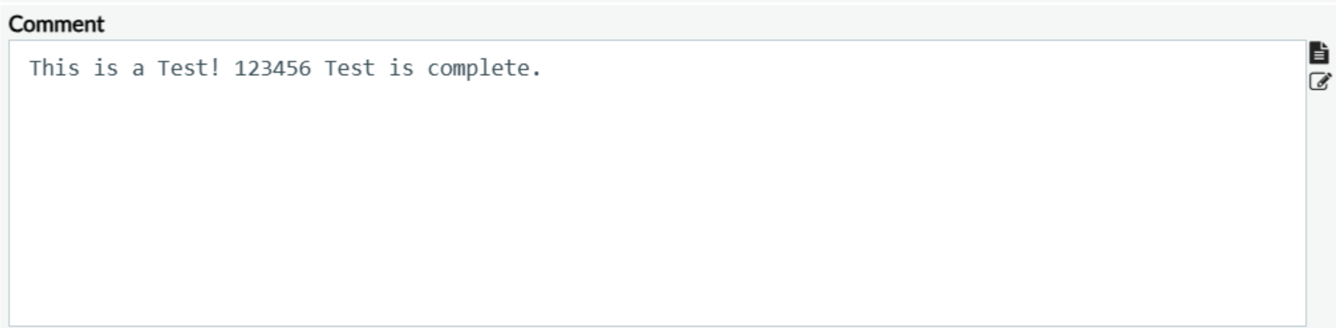


Check the box under “**Provider Communication**” for the reason communication is being sent.



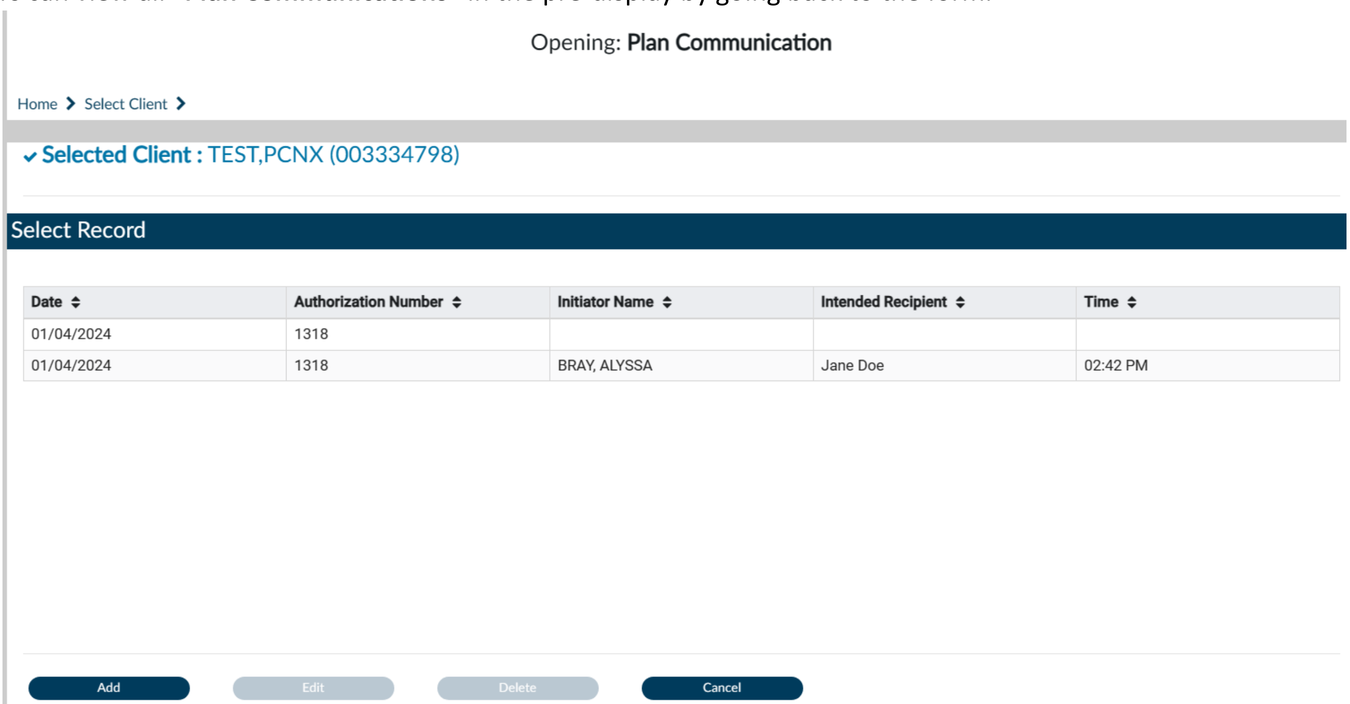
Enter the message to be sent in the "**Comments**" field.





Once all fields have been completed scroll to the top of the form and select the "**Submit**" button. This will navigate the User back to the "**Home Screen**".

Users can view all "**Plan Communications**" in the pre-display by going back to the form.

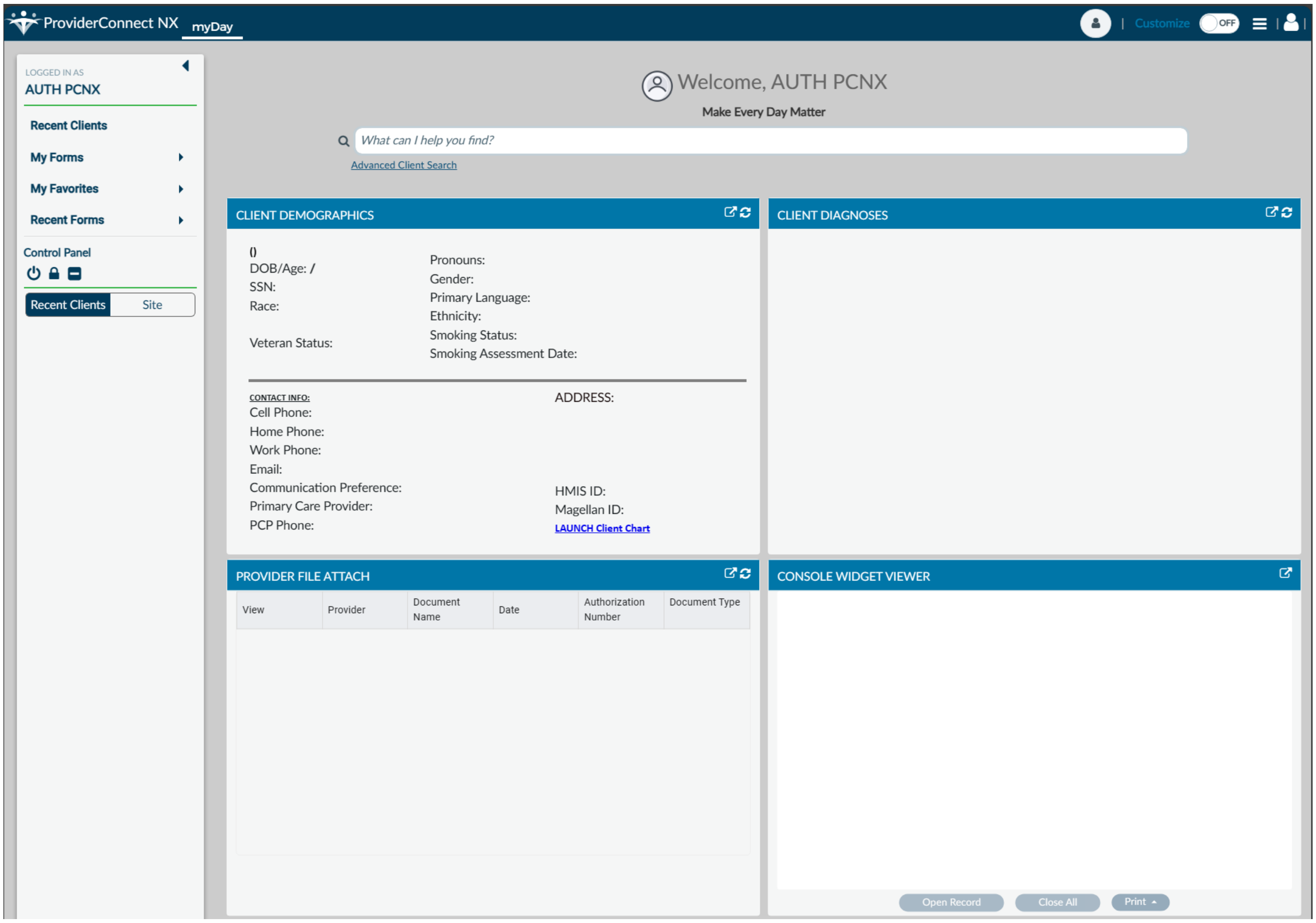


Date	Authorization Number	Initiator Name	Intended Recipient	Time
01/04/2024	1318			
01/04/2024	1318	BRAY, ALYSSA	Jane Doe	02:42 PM

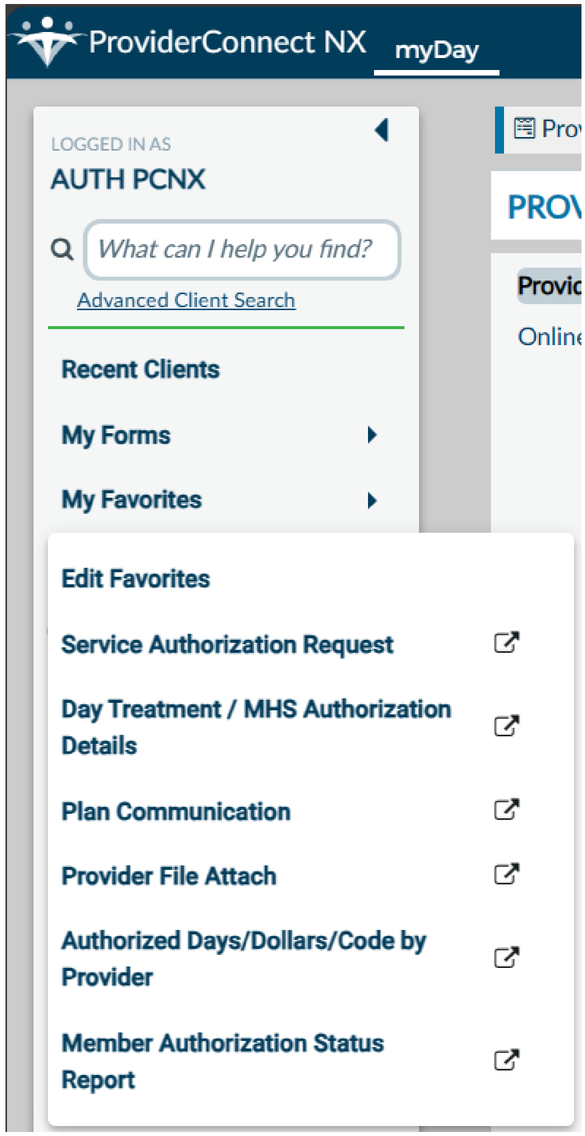
If the User needs to create another message click the "**Add**" button and repeat the process.

ProviderConnect NX: How to View Authorization Reports

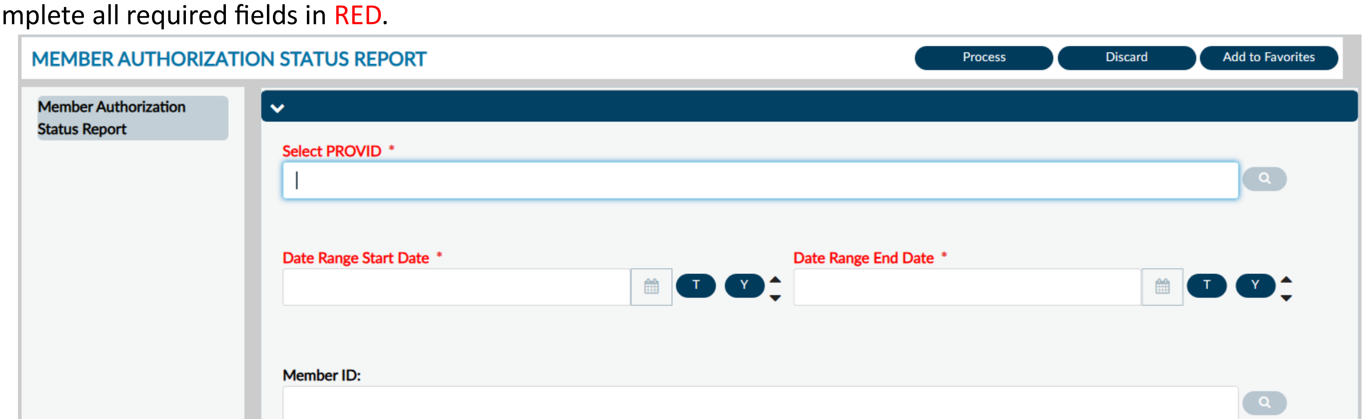
From the "**Home**" screen



Using the "**My Favorites**" tab in the TASK navigation select "**Member Authorization Status Report**" to navigate to that form.

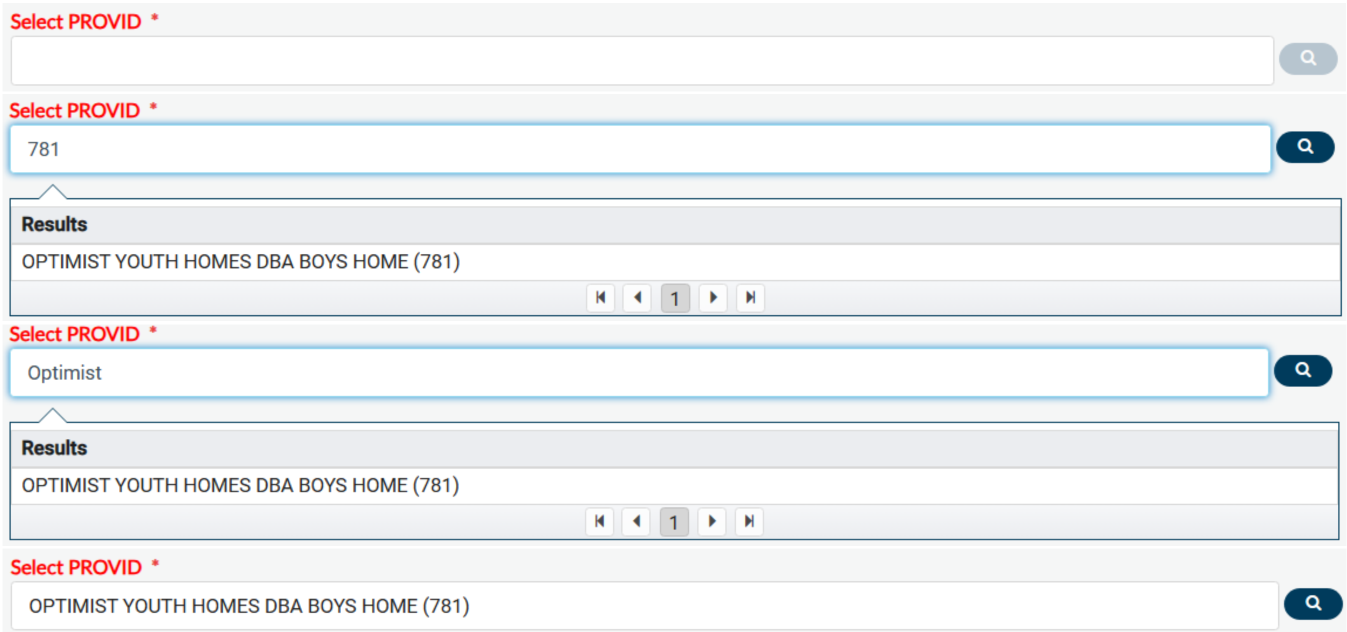


Complete all required fields in RED.

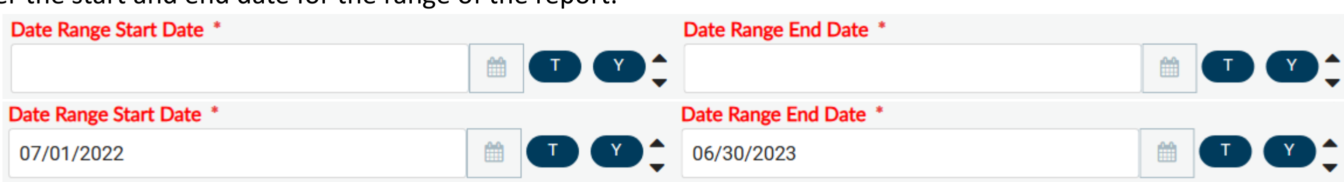


NOTE: All field names that are in **RED** with **RED Asterisk** are required fields and must be completed before the report can be processed. There are other fields, that are not marked as "**Required**" that can also be complete to narrow the data in the report.

Enter the Users Provider number or enter the Provider name in the "**Select PROVID**" field.

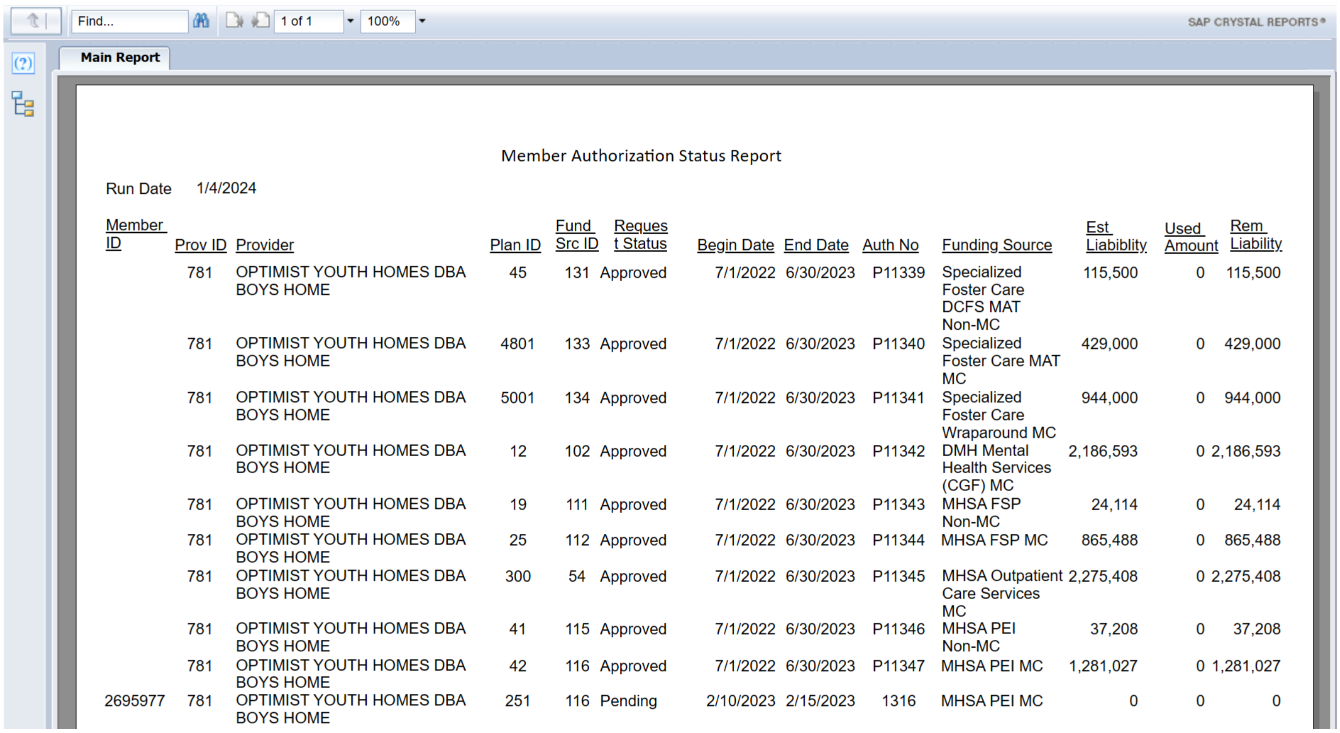


Enter the start and end date for the range of the report.



Scroll to the top of the form and select the "**Process**" button.

A pop-up window will open, and the report will appear.



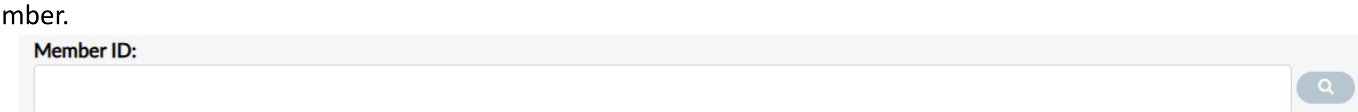
Member Authorization Status Report

Run Date 1/4/2024

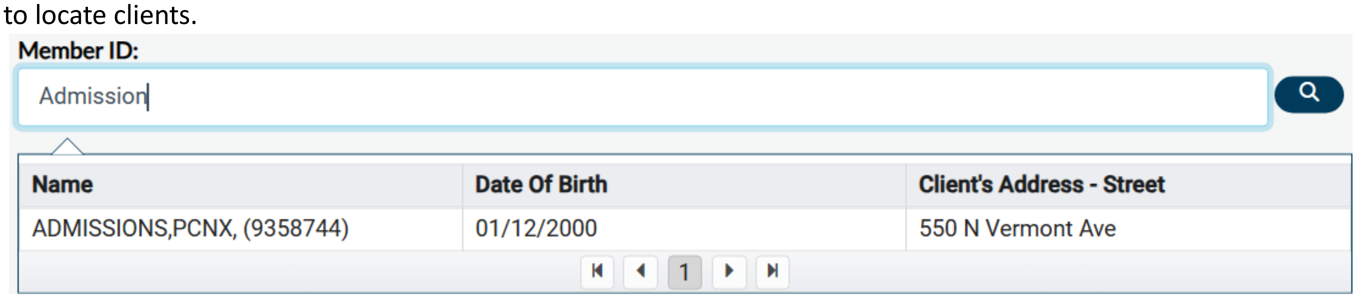
Member ID	Prov ID	Provider	Plan ID	Fund Src ID	Reques t Status	Begin Date	End Date	Auth No	Funding Source	Est Liabiblity	Used Amount	Rem Liability
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	45	131	Approved	7/1/2022	6/30/2023	P11339	Specialized Foster Care DCFS MAT Non-MC	115,500	0	115,500
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	4801	133	Approved	7/1/2022	6/30/2023	P11340	Specialized Foster Care MAT MC	429,000	0	429,000
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	5001	134	Approved	7/1/2022	6/30/2023	P11341	Specialized Foster Care Wraparound MC	944,000	0	944,000
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	12	102	Approved	7/1/2022	6/30/2023	P11342	DMH Mental Health Services (CGF) MC	2,186,593	0	2,186,593
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	19	111	Approved	7/1/2022	6/30/2023	P11343	MHSA FSP Non-MC	24,114	0	24,114
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	25	112	Approved	7/1/2022	6/30/2023	P11344	MHSA FSP MC	865,488	0	865,488
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	300	54	Approved	7/1/2022	6/30/2023	P11345	MHSA Outpatient Care Services MC	2,275,408	0	2,275,408
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	41	115	Approved	7/1/2022	6/30/2023	P11346	MHSA PEI Non-MC	37,208	0	37,208
	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	42	116	Approved	7/1/2022	6/30/2023	P11347	MHSA PEI MC	1,281,027	0	1,281,027
2695977	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	251	116	Pending	2/10/2023	2/15/2023	1316	MHSA PEI MC	0	0	0

Users can either print the report using the “**Print Report**” button or using the “**Export**” button Users can export the report to their computer to open in an Excel document.

User can also run the report for just one client by entering the Clients first and last name or entering the **Client ID** number.



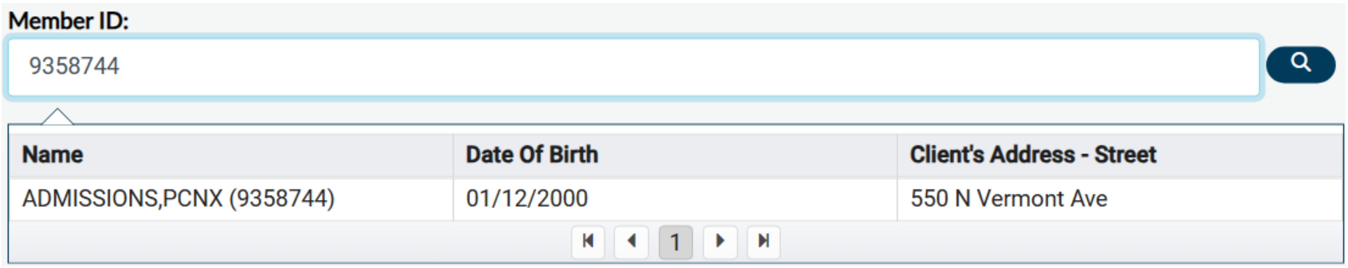
Using the client’s name may display multiple results. To avoid this, it is best for Users to only use the **Member ID** (**Client ID**) to locate clients.

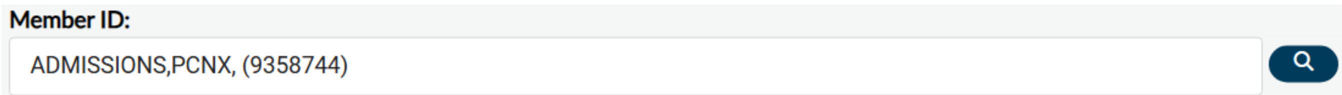


Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX, (9358744)	01/12/2000	550 N Vermont Ave

Using the **Member ID** (**Client ID**) will only result in one result.

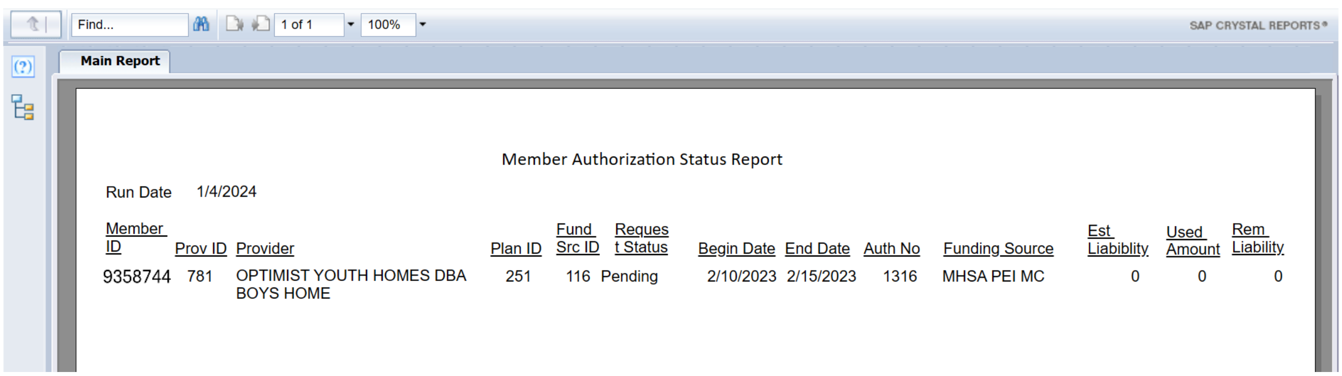
NOTE: This is the suggested method to search for a client in **ProviderConnect NX**.





Scroll to the top of the form and select the "**Process**" button.

A pop-up window will open, and the report will appear.



Member Authorization Status Report

Run Date 1/4/2024

Member ID	Prov ID	Provider	Plan ID	Fund Src ID	Request Status	Begin Date	End Date	Auth No	Funding Source	Est Liabiblity	Used Amount	Rem Liability
9358744	781	OPTIMIST YOUTH HOMES DBA BOYS HOME	251	116	Pending	2/10/2023	2/15/2023	1316	MHSA PEI MC	0	0	0

When the User closes the report, the User will see a message asking to select "**Yes**" if the User wants to stay on the reports form or "**No**" to go back to the "**Home Screen**".