

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

JAN 2025 v5.0



Los Angeles County Department of Mental Health

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# Introduction to ProviderConnect NX

Avatar NX is an Electronic Health Record System (EHRS) implemented by the Los Angeles County Department of Mental Health (LACDMH). **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.

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**

## Access and Limitations

In this manual Users will be shown how to search for clients associated with **ProviderConnect NX**, enter clients that have not been associated with **ProviderConnect NX**, create an Admission for clients, and set up Financial Eligibility for clients.

- When a User's request for access to **ProviderConnect NX** is approved, a User ID and system-generated password will be issued to the designated users by LACDMH. This initial password must be changed upon the first login to the application.
- **ProviderConnect NX** is a browser-based application that can be accessed using a web address Uniform Resource Locator (URL) <https://lapcnx.netsmartcloud.com/#/home>.
- New and current Users will use DMH Multi-Factor Authentication (MFA) login to access **ProviderConnect NX**.
- Once an Admission is submitted, via **ProviderConnect NX**, designated users will not be able to make any changes to the submitted admission.

If changes or updates are required, Users must complete a HEAT ticket. If a User does not have or know what their access is for HEAT Users can call the Help Desk.

### Links and Numbers

Help Desk – (213)351-1335

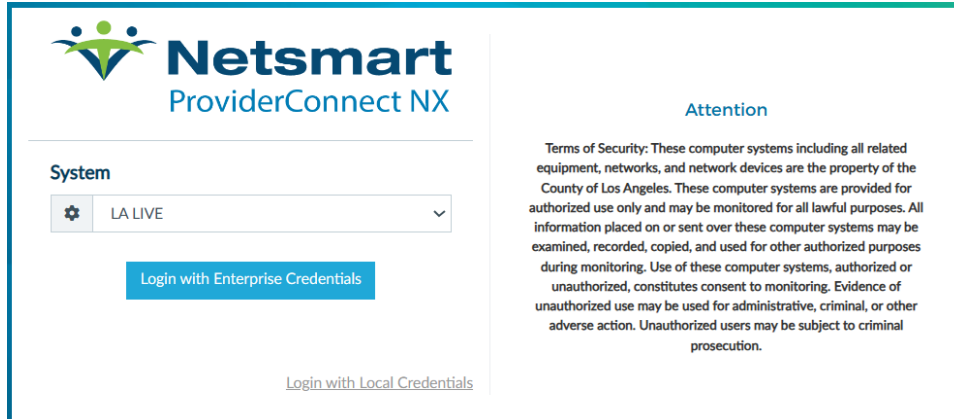
HEAT ticket System - <https://lacdmhheat.saasit.com>

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

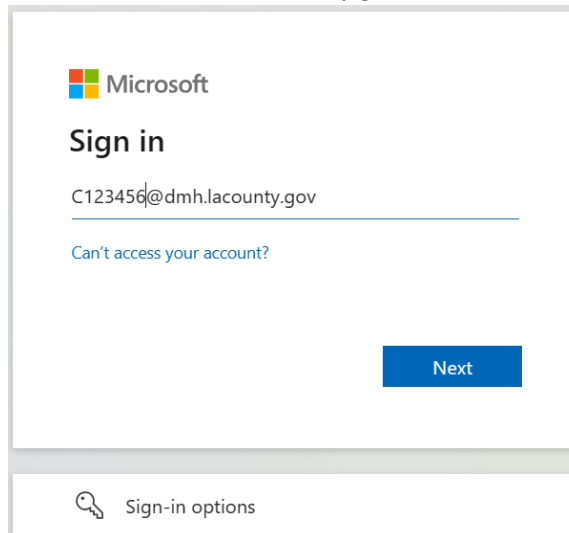
# ProviderConnect NX: Login with Enterprise Credentials

Start a web browser (Edge, Chrome, or Firefox). 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.

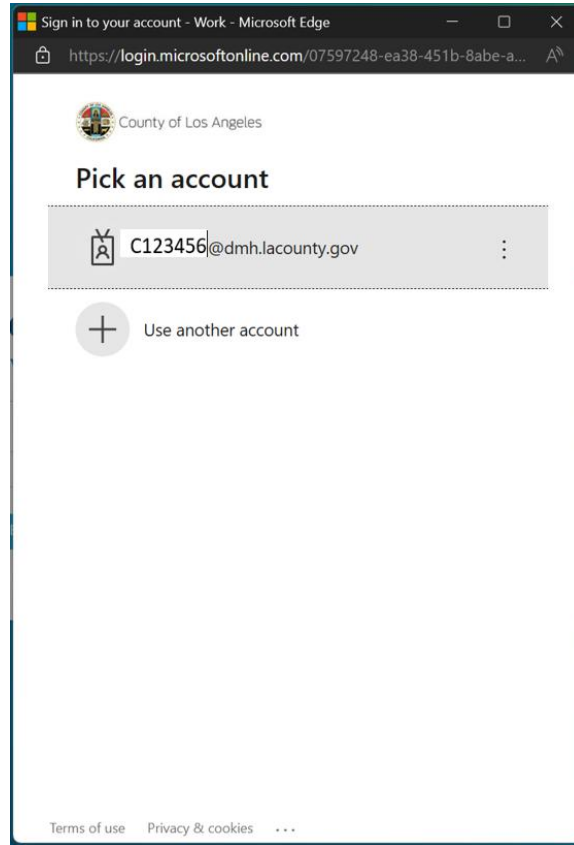
Select the “**Login with Enterprise Credentials**” button. This will navigate the User to the Microsoft Multi-Factor Authentication (MFA) login screen.

The screenshot shows the Netsmart ProviderConnect NX login interface. On the left, there is a 'System' dropdown menu with a gear icon and 'LA LIVE' selected. Below this is a blue button labeled 'Login with Enterprise Credentials'. At the bottom of the left panel is a link for 'Login with Local Credentials'. On the right, under the heading 'Attention', there is a 'Terms of Security' notice stating that computer systems are the property of the County of Los Angeles and may be monitored. A blue border highlights the entire login area.

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

The screenshot shows the Microsoft Sign in screen. At the top is the Microsoft logo. Below it is the text 'Sign in'. A text input field contains the email address 'C123456@dmh.lacounty.gov'. Below the input field is a link that says 'Can't access your account?'. At the bottom right is a blue button labeled 'Next'. At the very bottom is a section titled 'Sign-in options' with a key icon.

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”** where the User can enter their **“C”** number DMH email address and click the **“Next”** button.



The User enters their password and clicks the **“Sign in”** button, which navigates them to the Netsmart **ProviderConnect NX** login.

Sign in to your account - Work - Microsoft Edge  
https://login.microsoftonline.com/07597248-ea38-451b-8...

County of Los Angeles

← C123456@dmh.lacounty.gov

### Enter password

.....|

[Forgot my password](#)

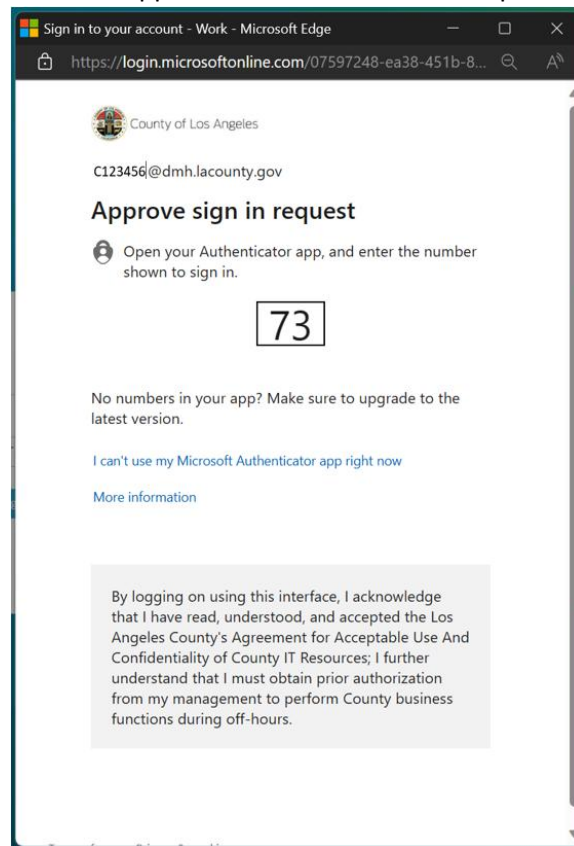
[Sign in](#)

By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County's Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours.

[Terms of use](#) [Privacy & cookies](#) ...

A number will display. This number must 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.

**NOTE:** If Users do not have the Authenticator App User **MUST** contact the Help Desk.



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

A screenshot of the Netsmart ProviderConnect NX login interface. The top left features the Netsmart logo and the text 'ProviderConnect NX'. Below this, on the left side, is a 'System' dropdown menu with a gear icon and 'LA LIVE' selected. A blue button labeled 'Login with Enterprise Credentials' is positioned below the dropdown. Underneath is a 'System Code' dropdown menu with the placeholder text 'Select System Code'. At the bottom right of this section is a link that says 'Login with Local Credentials'. On the right side of the page, under the heading 'Attention', there is a 'Terms of Security' section. The text in this section states: '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.'

Click the arrow to open the dropdown menu for “**System Code**”. The User must select their Agency name from the dropdown.

**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  
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.

When the User selects their Agency name this will navigate the User to the **ProviderConnect NX “Home Screen”**.

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?

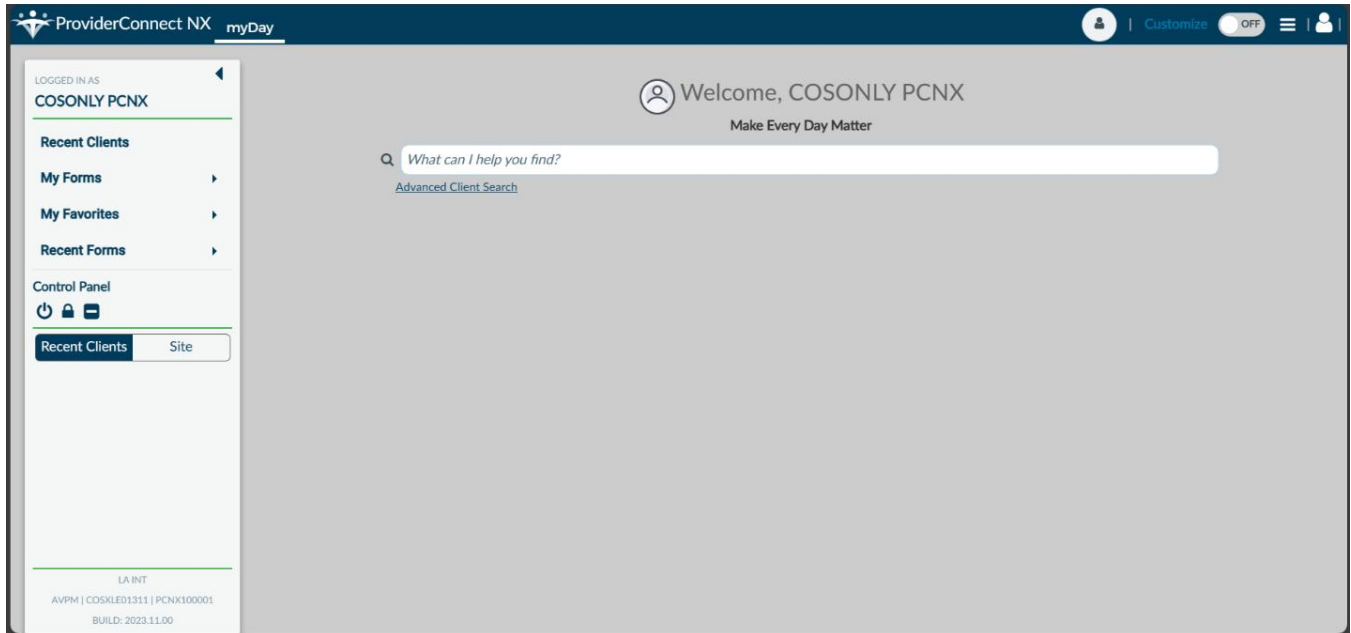
Advanced Client Search

LA INT  
AVPM | COSXLE01311 | PCNX100001  
BUILD: 2023.11.00

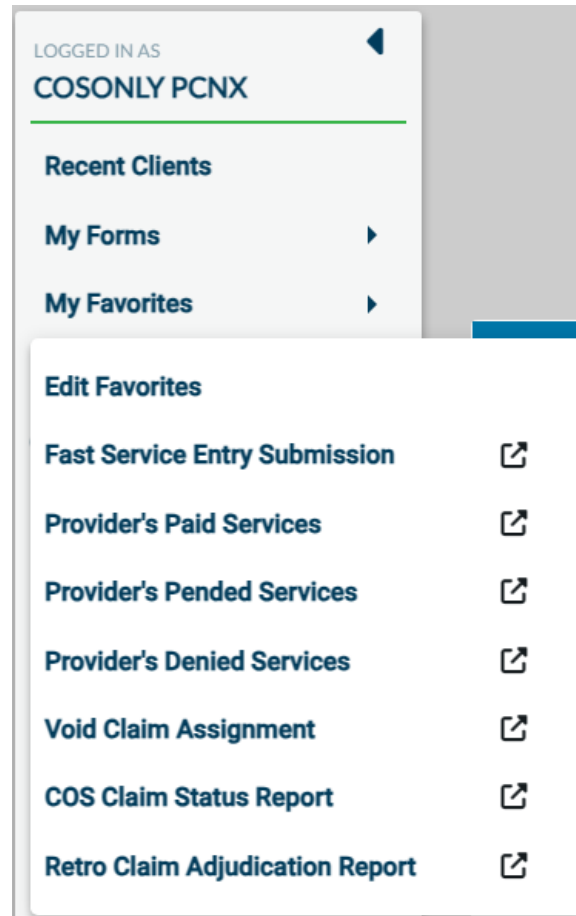


# ProviderConnect NX: How to Create a Claim

From the **ProviderConnect NX** “Home screen”.



The User **MUST** go to their “**My Favorites**” 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**

ProcessDiscardAdd to Favorites

Fast Service Entry SummaryFast Service DetailOnline Documentation

▼

Sort Summary By

☒ Provider☐ Funding Source☐ Member

Summary Data

Total Expected Disbursement

Close Batches

☐ Yes☒ No

Date Claims Received

12/04/2023

T

Y

Submit Fast Service Entry

10

End User Manual for Community Outreach Service

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

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

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	Location
No records.					

Add New Item

Edit Selected Item

Delete Selected Item

Copy Data On Add \*

☐ Yes

☐ No

Contracting Provider Program

Select

Process Report

Procedure Code Type \*

☐ CPT® Codes

☐ Revenue Code

Date Of Service \*

T

Y

Member Name Or ID \*

Date of Service (End)

T

Y

Funding Source \*

Type Of Service

Select

Procedure Code \*

Provider \*

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.					

◀ ▶

Add New Item Edit Selected Item Delete Selected Item

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 ...			

◀ ▶

Add New Item Edit Selected Item Delete Selected Item

The Provider field is auto populated with the User's Provider name and ID.

Provider

EMOTIONAL HLTH ASSOC SHARE (1311)

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

Enter the date of service in the “**Date Of Service**” field for this claim.

**Date Of Service \***

**Date Of Service \***

12/04/2022

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 \***

**Procedure Code \***

Review the 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	Location
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)





### The next section of the form

In the **“Total Charge”** field enter in the amount charged 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>	<b>Duration (Minutes) *</b>	<b>Duration (Minutes) *</b>
<input type="text"/>	<input type="text" value="30"/>	<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

OK Cancel

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

**Authorization Number \***

P27617

Review the 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

### The 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



## The 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**

Before processing this claim, the 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 the created claim(s).

**NOTE: Enter one claim at a time. Entering multiple claims may cause claims to be denied.**

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

Add New Item

Edit Selected Item

Delete Selected Item

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: Enter one claim at a time. Entering multiple claims may cause claims to be denied.**

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**

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

Submit Fast Service Entry

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 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



T

Y



**Submit Fast Service Entry**



Once submitted the created batch number will be displayed for your records. Click the **“OK”** button. The submission of these claim(s) has now been completed.

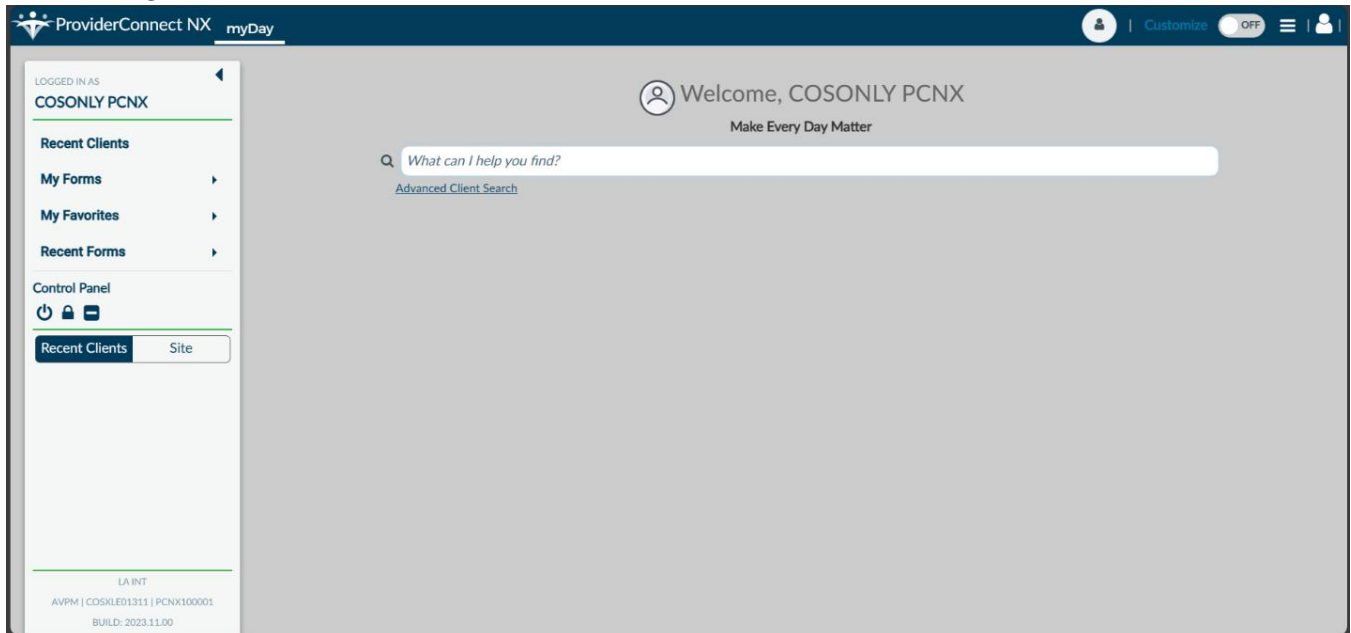
?

Fast Service Entry

Batch created: 1225490

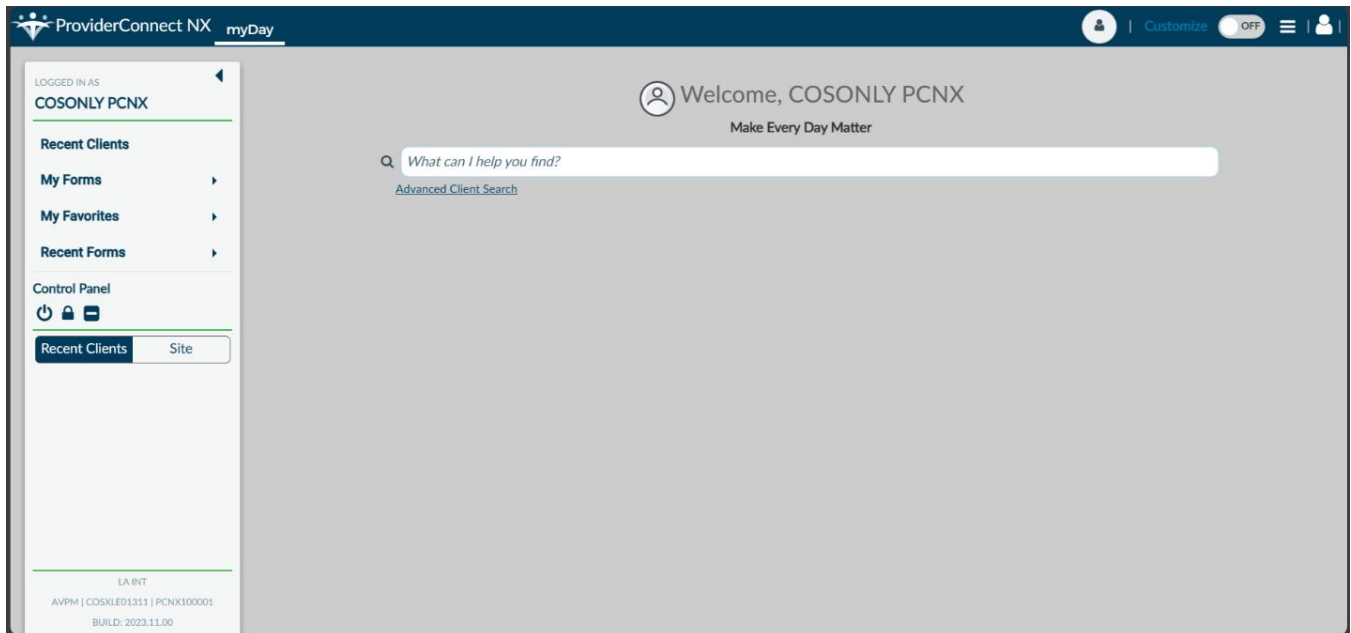
OK

The user is Navigated back to the **“Home Screen”**.

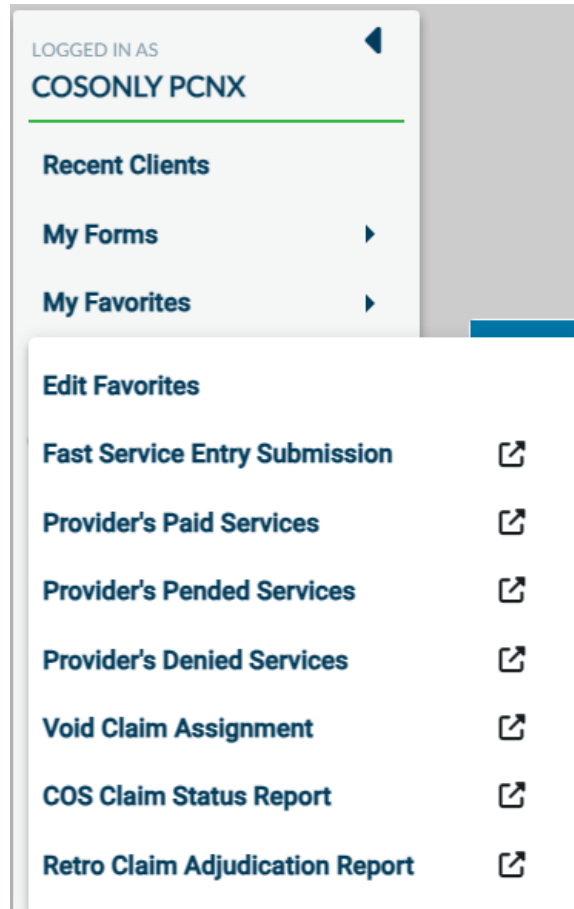


# ProviderConnect NX: How to Create a Report

From the **Home Screen**.



Using the “**My Favorites**” tab in the **TASK Navigation** select the “**COS Claim 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 PROVID \*

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

Select Status  
All | Clear  
☐ Approved  
☐ Denied  
☐ Pending

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

Enter the User Provider ID in the **“Select PROVID”** field.

Select PROVID \*

Select PROVID \*

1311

Results  
EMOTIONAL HLTH ASSOC SHARE (1311)

Select PROVID \*

EMOTIONAL HLTH ASSOC SHARE (1311)

Enter the start and end date in the **“Date Range Start Date”** and **“Date Range End Date”** fields.

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

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

01/01/2021 06/30/2021

The user can either select a status of **Approved**, **Denied**, or **Pending** to filter the report or 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

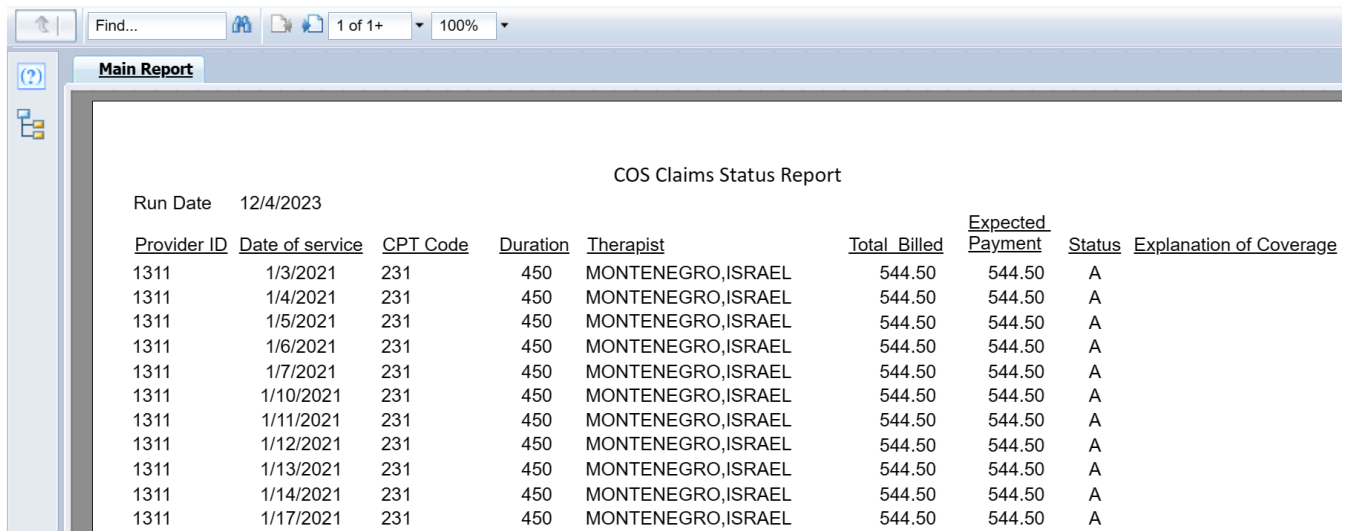
Discard

Add to Favorites

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

Print Report

Export

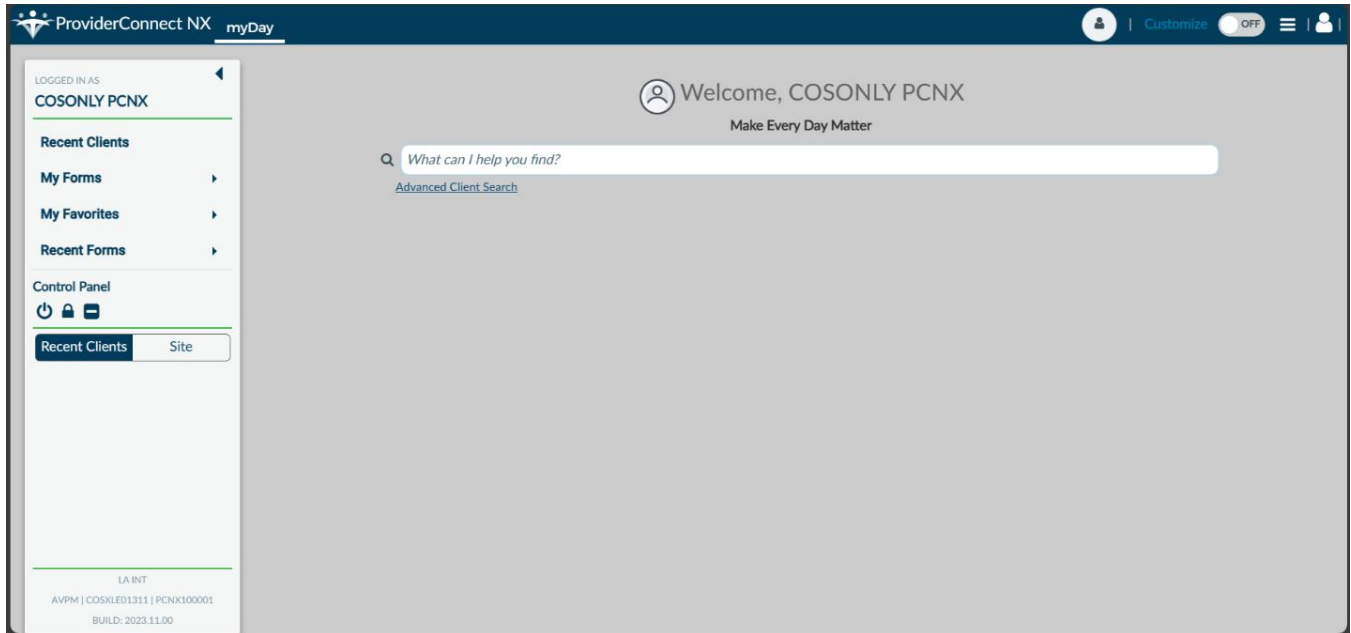


Provider ID	Date of service	CPT Code	Duration	Therapist	Total	Billed	Expected Payment	Status	Explanation of Coverage
1311	1/3/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	544.50	A	
1311	1/4/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	544.50	A	
1311	1/5/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	544.50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

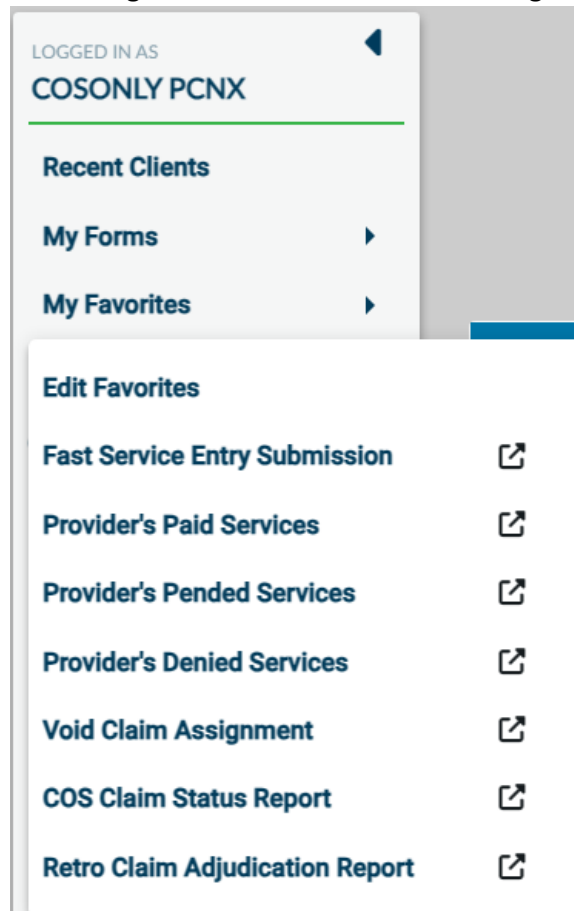
Users can either print the report using the **“Print Report”** button or User can have the report exported to their computer. By selecting the **“Export”** button the Users will be able to access a dropdown menu for different formats that can be downloaded to their computer.

# 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 \*

Through Date Of Service \*

Client ID \*

Contracting Provider

EMOTIONAL HLTH ASSOC SHARE (1311)

Contracting Provider Program

Select

Select Services to Void

File

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

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

From Date Of Service \*

Through Date Of Service \*

From Date Of Service \*

Through Date Of Service \*

01/01/2021

01/15/2021

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

Client ID \*

Client ID \*

8888888

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

Client ID \*

COS,SERVICE (8888888)

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

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 and locate claims to void.

Select Services to Void

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

Select Service(s) To Void

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

The 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.

File

The User must then click the “File” button.

A pop-up message will appear 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. Select 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.

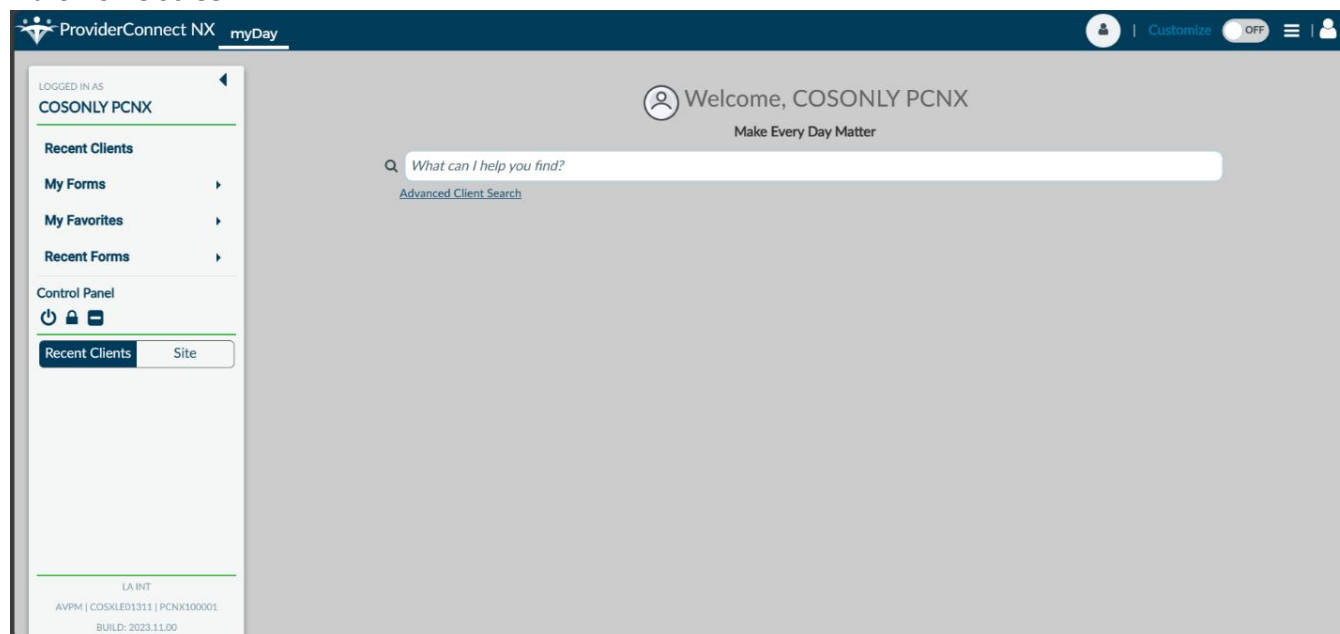
COS Claims Status Report

Run Date 12/4/2023

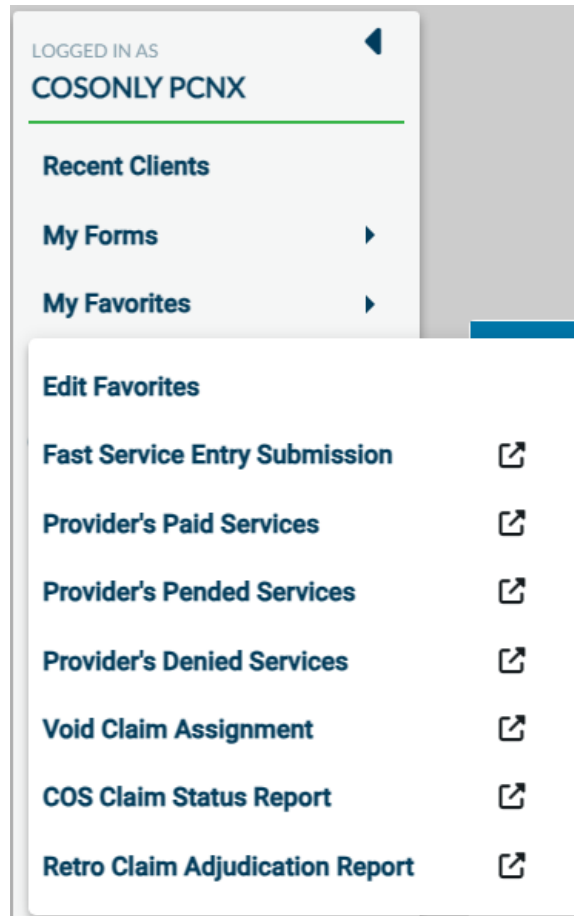
<u>Provider ID</u>	<u>Date of service</u>	<u>CPT Code</u>	<u>Duration</u>	<u>Therapist</u>	<u>Total_Billed</u>	<u>Expected Payment</u>	<u>Status</u>	<u>Explanation of Coverage</u>
1311	1/5/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/6/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/7/2021	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.

A screenshot of the 'RETRO CLAIM ADJUDICATION REPORT' form. The form has a header bar with the title 'RETRO CLAIM ADJUDICATION REPORT' and three buttons: 'Process', 'Discard', and 'Add to Favorites'. Below the header, there is a sidebar on the left with the text 'Retro Claim Adjudication Report'. The main content area has a dark blue header with a dropdown arrow. Below this, there are two rows of input fields. The first row has a text input field labeled 'Select a Provider (or leave blank to run for all providers)', a search button, a date input field labeled 'Start Date \*', and a calendar icon. The second row has a dropdown menu labeled 'Date Filter By: \*' with 'Select' as the current selection, a date input field labeled 'End Date \*', and a calendar icon. There are also 'T' and 'Y' buttons next to the date fields.

Enter 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)

1311

**Results**

EMOTIONAL HLTH ASSOC SHARE (1311)

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

EMOTIONAL HLTH ASSOC SHARE (1311)

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

**Start Date \***

**Start Date \***

05/01/2021

**End Date \***

**End Date \***

05/05/2021

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

**Date Filter By: \***

Select

**Date Filter By: \***

Select

Adjudications

Service Date

**Date Filter By: \***

Service Date

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)

EMOTIONAL HLTH ASSOC SHARE (1311)

**Start Date \***

05/01/2021

**Date Filter By: \***

Service Date

**End Date \***

05/05/2021

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