

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

JAN 2026 v5.5

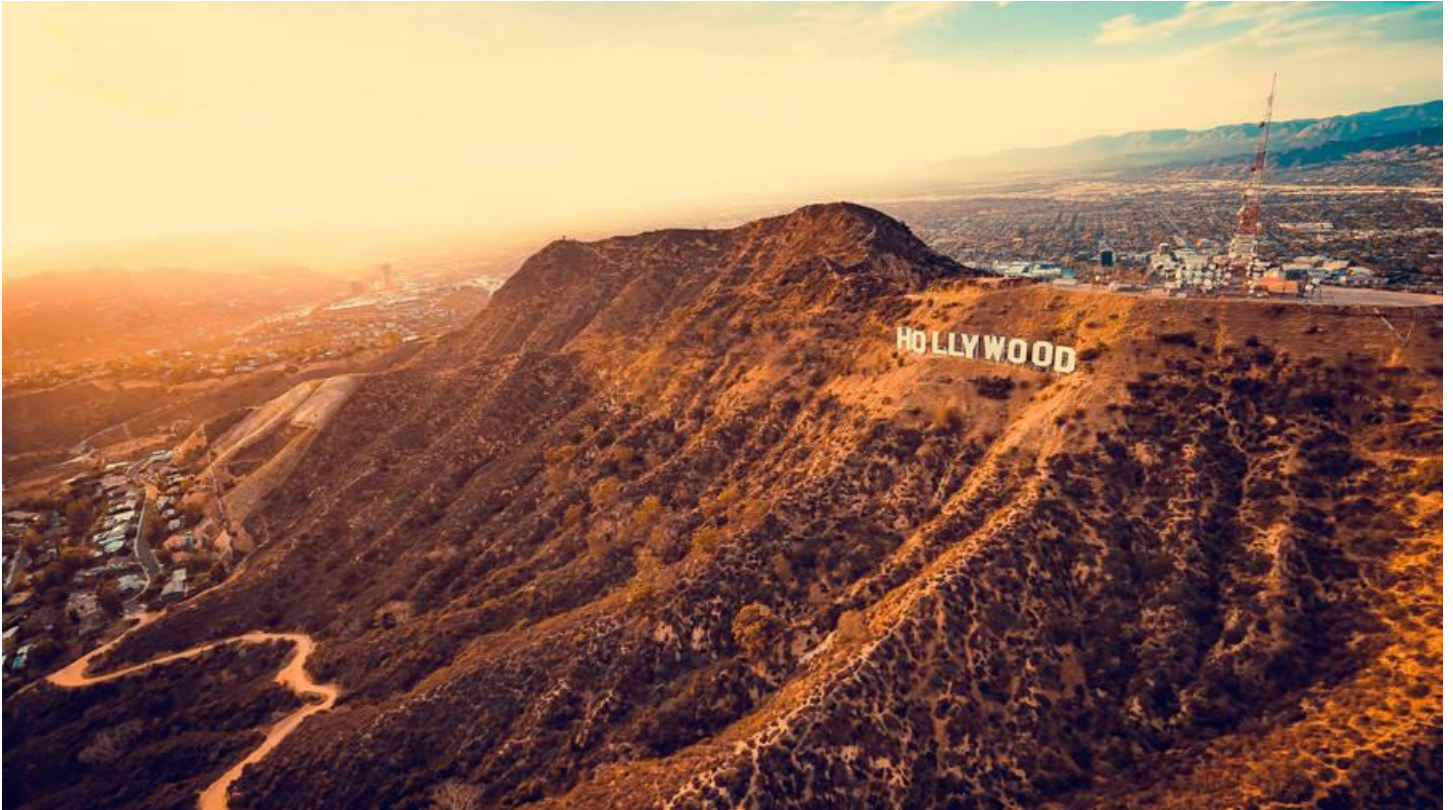


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Introduction to ProviderConnect NX

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; 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 submit a HEAT ticket. If a User does not have or know their HEAT access, they can call the Help Desk.

Links and Numbers

Help Desk – (213)351-1335

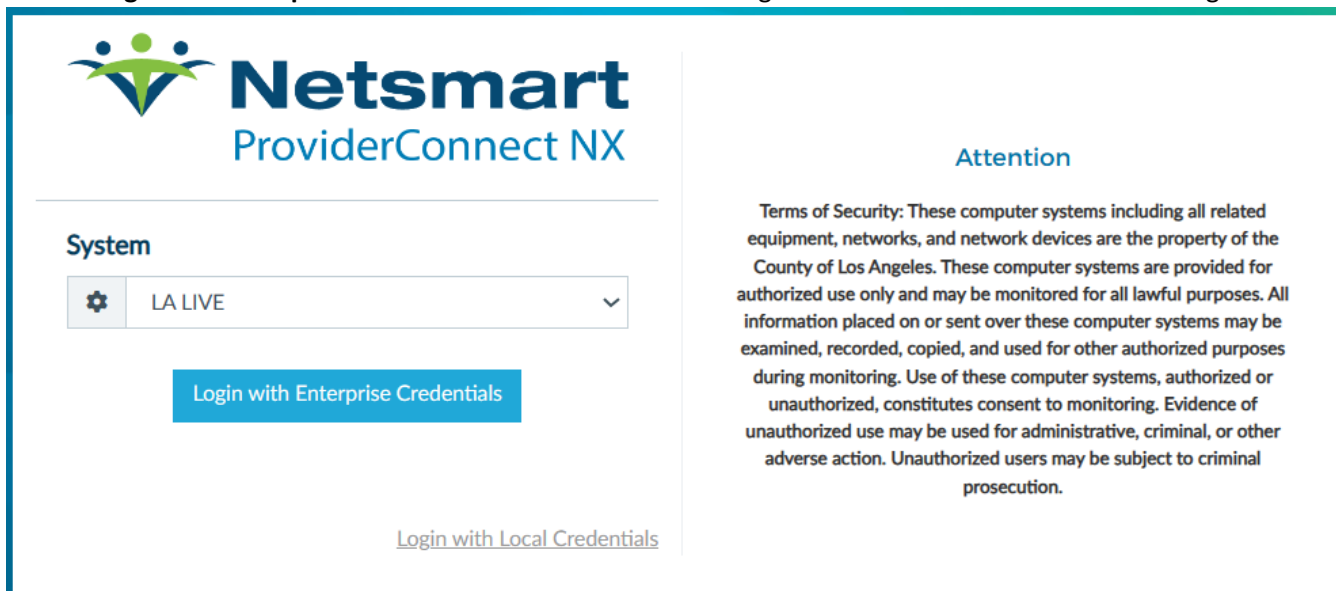
HEAT ticket System - <https://lacdmheat.saasit.com>

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

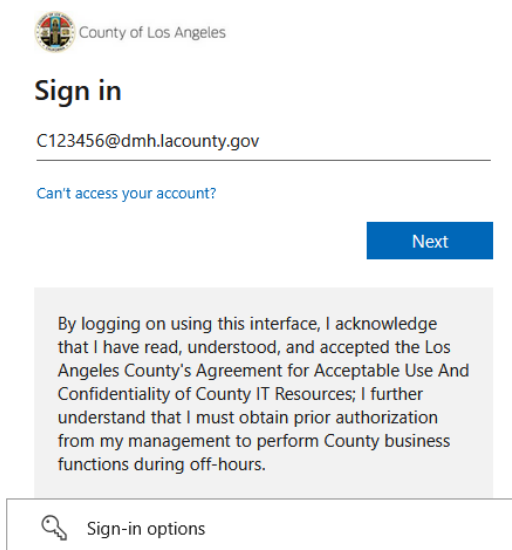
ProviderConnect NX: Login with Enterprise Credentials

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.

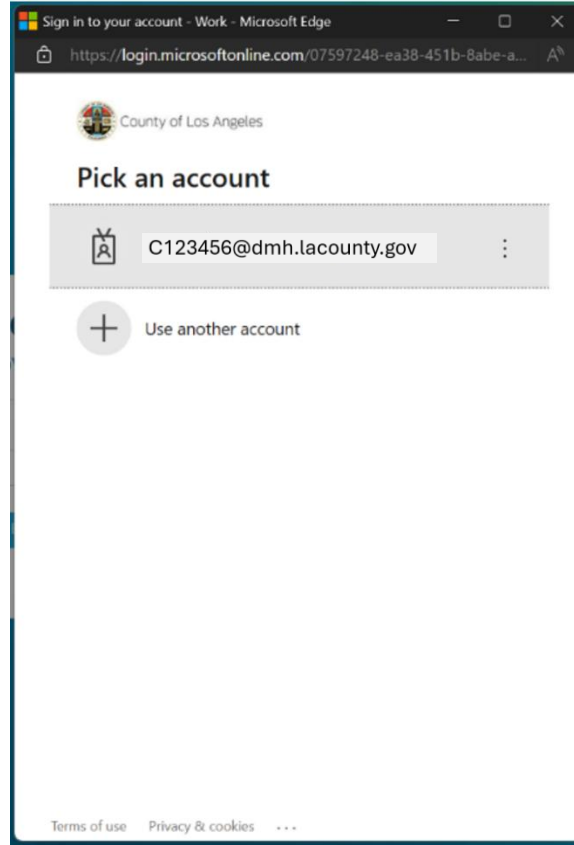
Select the “**Login with Enterprise Credentials**” button. This will navigate the User to the Microsoft MFA login screen.



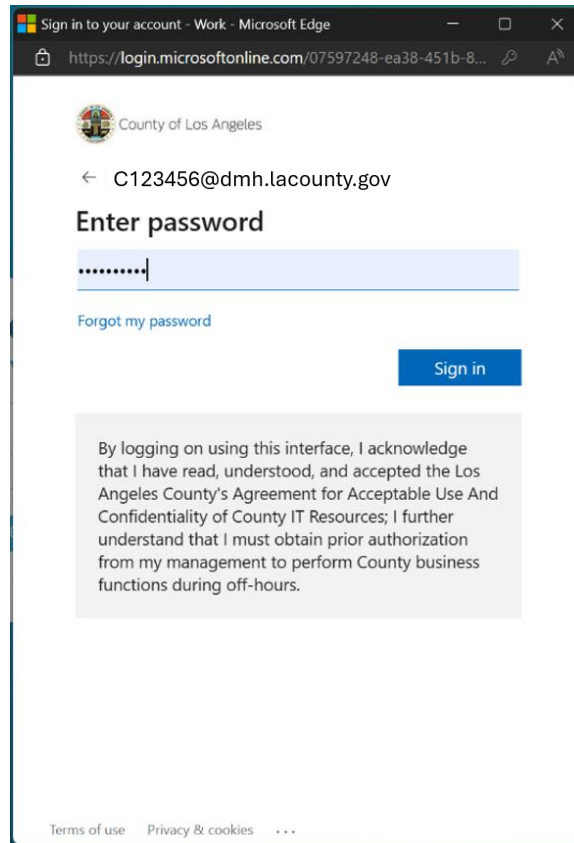
Users will either enter their “C” number with their @dmh.lacounty.gov email address and click the “**Next**” button, or



on the “**Pick an account**” pop-up 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**” page, 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.

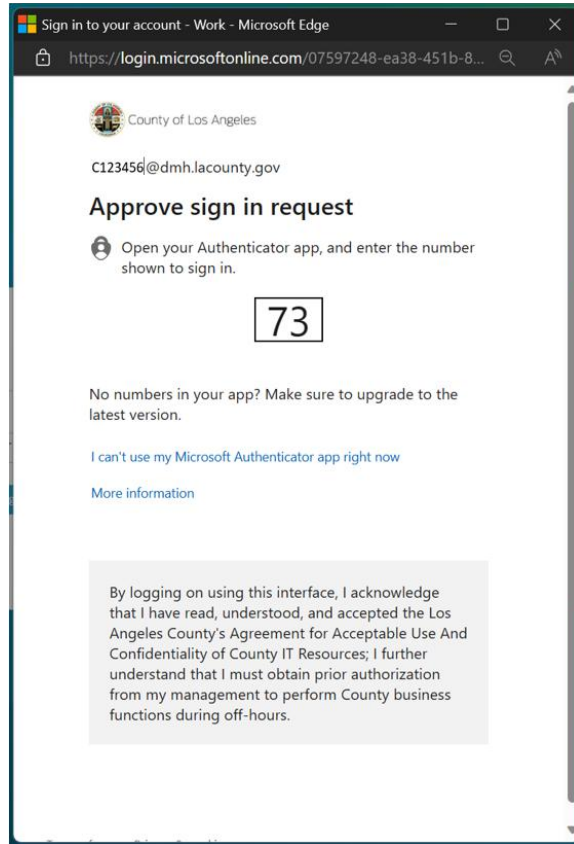


A number will display. This number must be entered into the “**Authenticator App**”. The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.

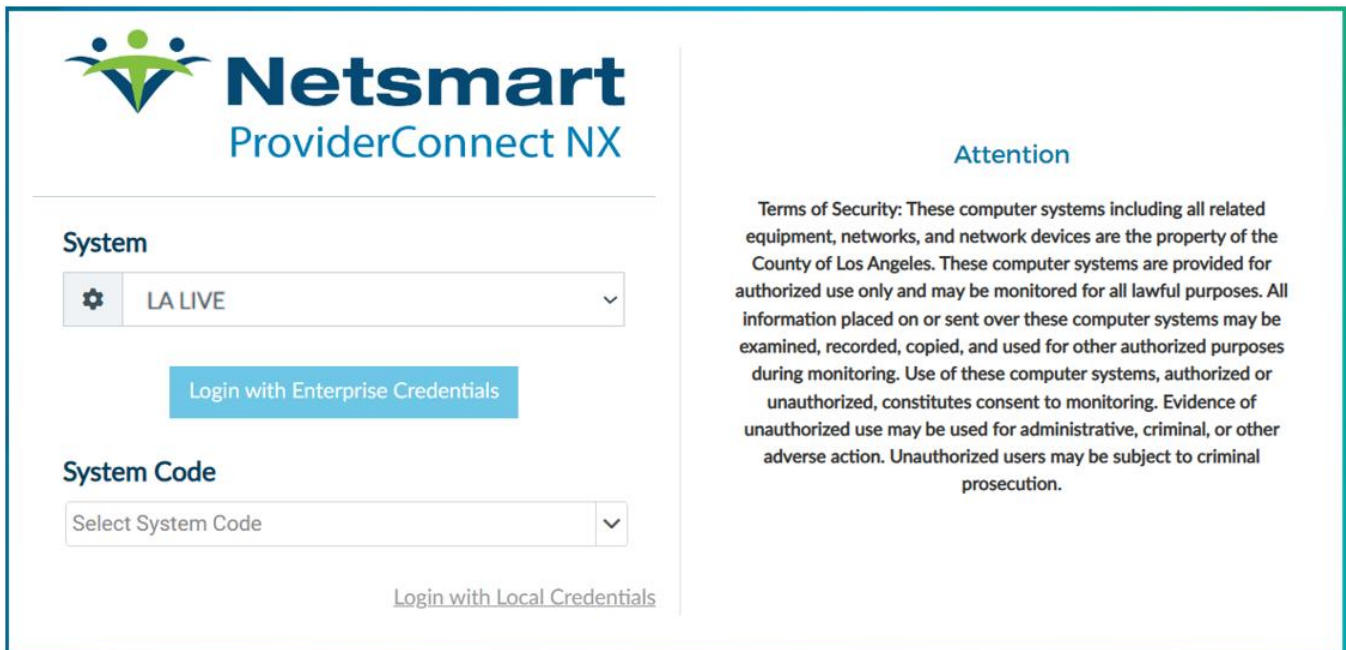
NOTE: If Users do not have the Authenticator App, Users **MUST** contact the Help Desk.

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.

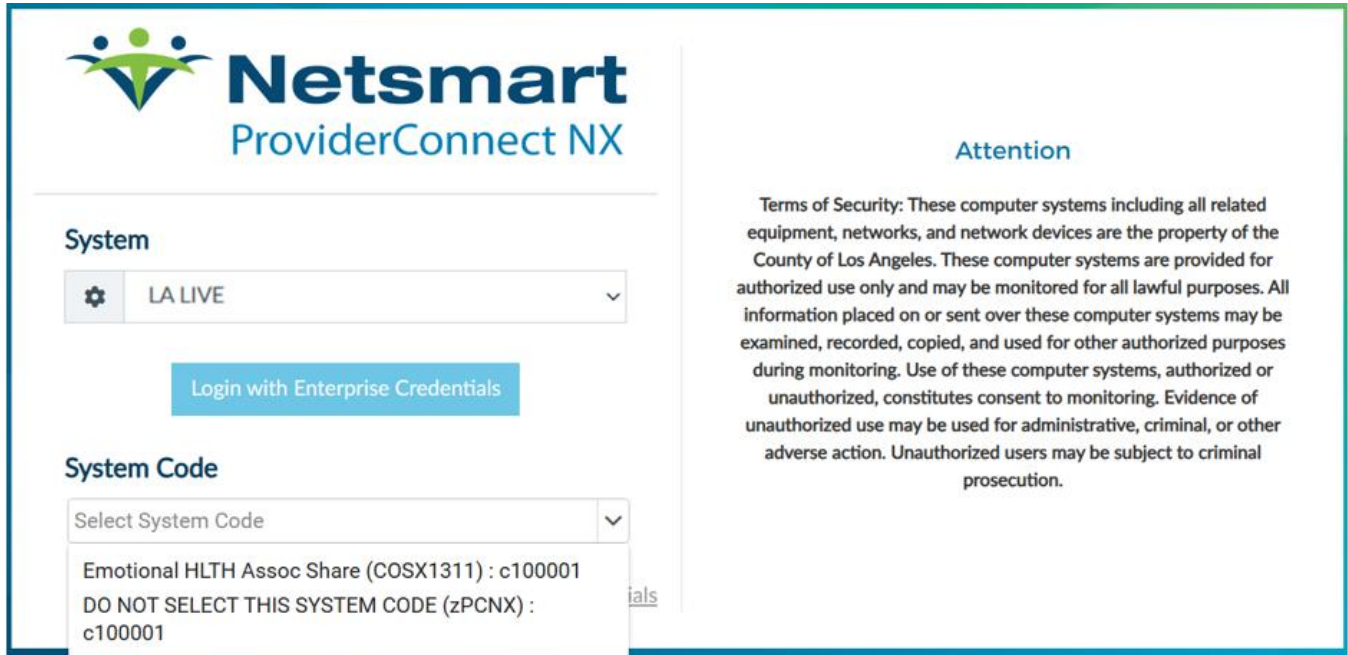


Using the “**System Code**” dropdown, select the Users agency. The User will only see the system code they are authorized to access **ProviderConnect NX**.

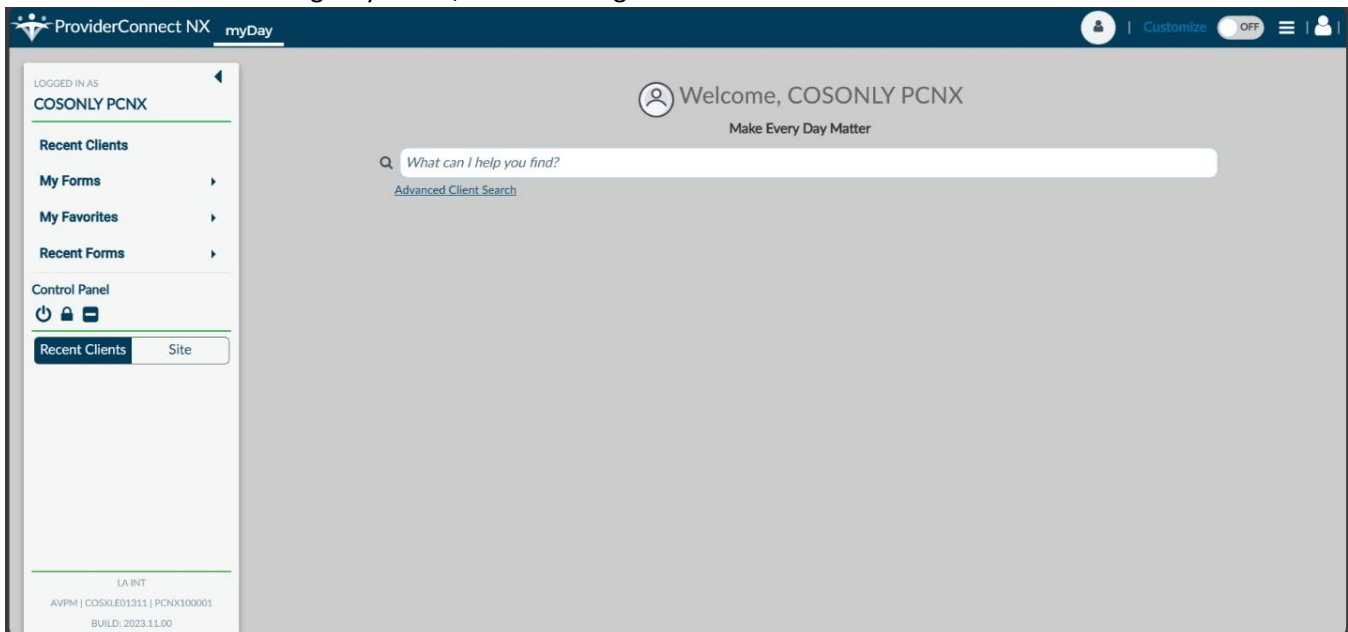


Click the arrow to open the dropdown menu for “System Code”. The User must select their Agency name from the dropdown.

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

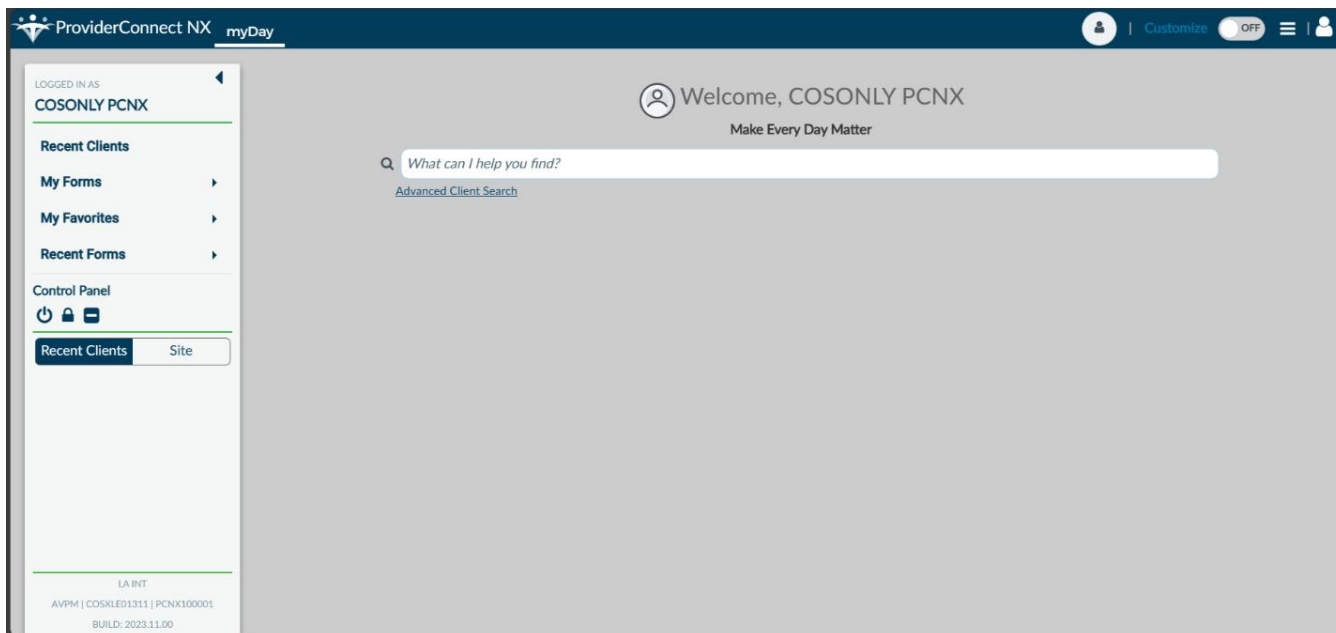


When the User selects their Agency name, this will navigate the User to the **ProviderConnect NX “Home Screen”**.

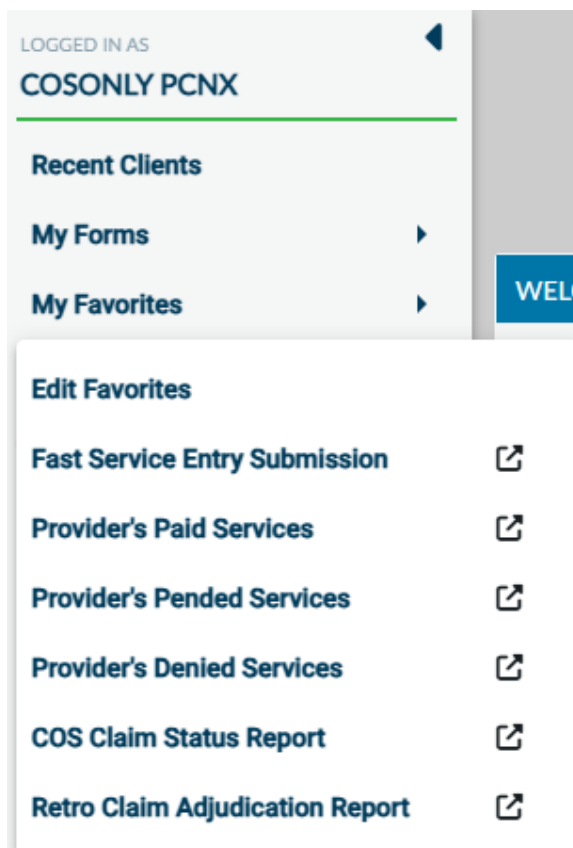


ProviderConnect NX: How to Create a Claim

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

[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

Close Batches

Yes No

Date Claims Received

01/20/2026

[Submit Fast Service Entry](#)

In the **Taskbar**, select **“Fast Service Detail”** to navigate to the page 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 SUBMISSION Process Discard Add to Favorites

Fast Service Entry Summary
Fast Service Detail
Online Documentation

Fast Service Entry Summary *

Member Name Or ID	Funding Source	Provider	Date Of Service	Procedure Code	Location	Duration
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 *
[Calendar] [T] [Y]

Member Name Or ID *
[Text] [Q]

Date of Service (End)
[Calendar] [T] [Y]

Funding Source *
[Text] [Q]

Type Of Service
Select × ▼

Procedure Code *
[Text] [Q]

Provider *
[Text] [Q]

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	Loca
		EMOTIONAL HLTH ...			

◀ ◻ ▶

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

Navigation: ⏪ ⏩ 1 ⏪ ⏩

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)

Navigation: ⏪ ⏩ 1 ⏪ ⏩

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 SHARE CULVER CITY
All - 03/29/2005 - 7773C SHARE DOWNTOWN
All - 03/29/2005 - 7870C SHARE RECOVERY RETREAT

Contracting Provider Program *

All - 03/29/2005 - 7596C SHARE CULVER CITY ✕ ▼

Enter the date of service in the "Date Of Service" field for this claim.

Date Of Service *

📅 T Y ▲
▼

Date Of Service *

12/04/2022 📅 T Y ▲
▼

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

FAST SERVICE ENTRY SUBMISSION Process Discard Add to Favorites

Fast Service Entry Summary
Fast Service Detail
Online Documentation

Fast Service Entry Summary *

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

Add New Item Edit Selected Item Delete Selected Item

Copy Data On Add *
 Yes No

Contracting Provider Program *
All - 03/29/2005 - 7596C SHARE CULVER CITY × ▾
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 the amount charged for the services rendered to the client.

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

In the **“Location”** field, enter **“99”** and select **“P07 FIELD/OTHER UNLISTED LOCATION (99) (99)”**.

Location

 Location ID Number
 Location Description

Location

 Location ID Number
 Location Description

Results

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

<< < 1 > >>

Location

 Location ID Number
 Location Description

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

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

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

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

Display Valid Authorizations

Authorization Number *

The User must select the correct authorization number 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

OK **Cancel**

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

Authorization Number *

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

Total Charge * <input type="text" value="50.00"/>	Billed Amount <input type="text" value=""/>
Service Units * <input type="text" value="30"/>	Allowed Amount <input type="text" value="0.00"/>
Location <input type="text"/> <input checked="" type="radio"/> Location ID Number <input type="radio"/> Location Description	Total Fee Table Amount * <input type="text" value="0.00"/>
	Expected Disbursement * <input type="text" value="0.00"/>
	Approved Units * <input type="text" value="0"/>
Duration (Minutes) * <input type="text" value="30"/>	Private Pay Amount <input type="text" value="0"/>
<input type="button" value="Display Valid Authorizations"/>	Private Pay Amount Payer <input type="text" value="Select"/>
Authorization Number * <input type="text" value="P26550"/>	Third Party Amount Paid <input type="text" value="0.00"/>
Does This Service Represent An Admission <input type="radio"/> Yes <input type="radio"/> No	

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

Diagnosis *

Diagnosis *

Diagnosis	ICD-9	ICD-10
No diagnosis on Axis I	V71.09	Z03.89
No diagnosis on Axis II	V71.09	Z03.89
No diagnosis on axis III	V71.09	Z03.89
No diagnosis on axis IV	V71.09	Z03.89
No diagnosis on axis V	V71.09	Z03.89

Diagnosis *

Using the dropdown for the “Performing Provider,” select the 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

Select ▼

Performing Provider Type

Select ▼

| 🔍

Other Mental Health Workers

Performing Provider Type

Other Mental Health Workers ✕ ▼

Before processing this claim, the User should review the “**Explanation Of Coverage**” to verify 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

NOTE: Enter one claim at a time. If multiple claims are entered, the claim(s) will 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

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 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

Date Claims Received: 12/05/2023

Close Batches: Yes No

Submit Fast Service Entry

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

NOTE: The User should note the batch number for their tracking.

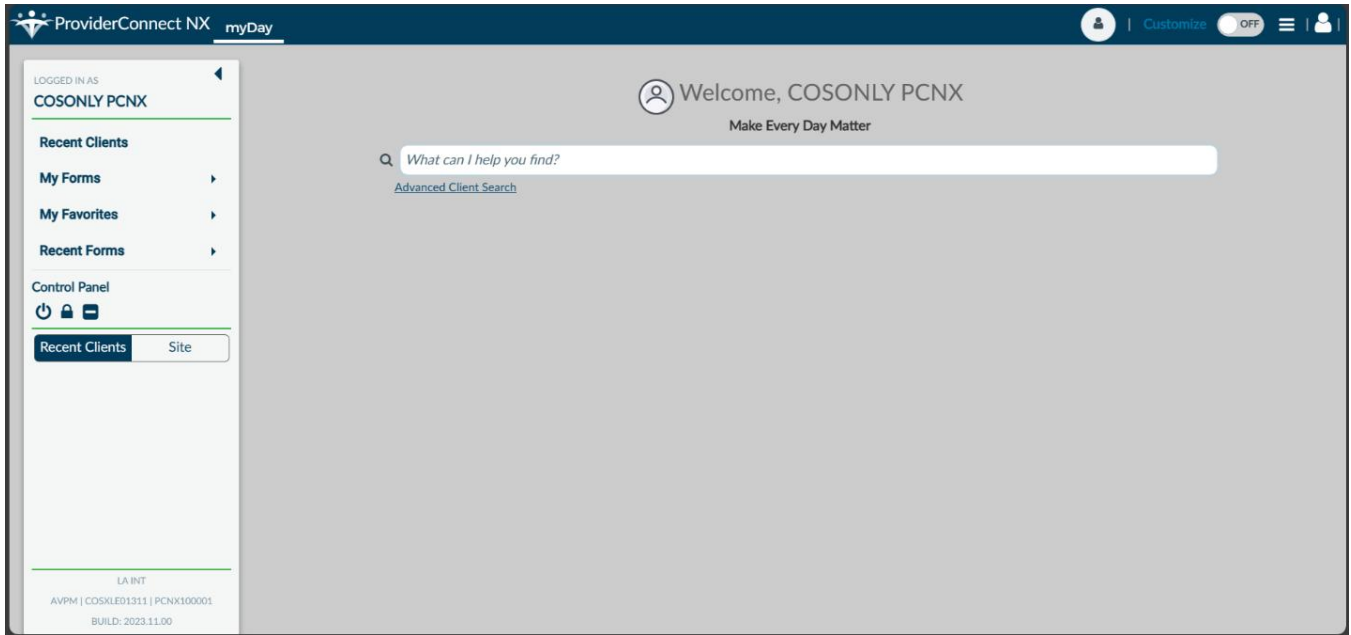
?

Fast Service Entry

Batch created: 1225490

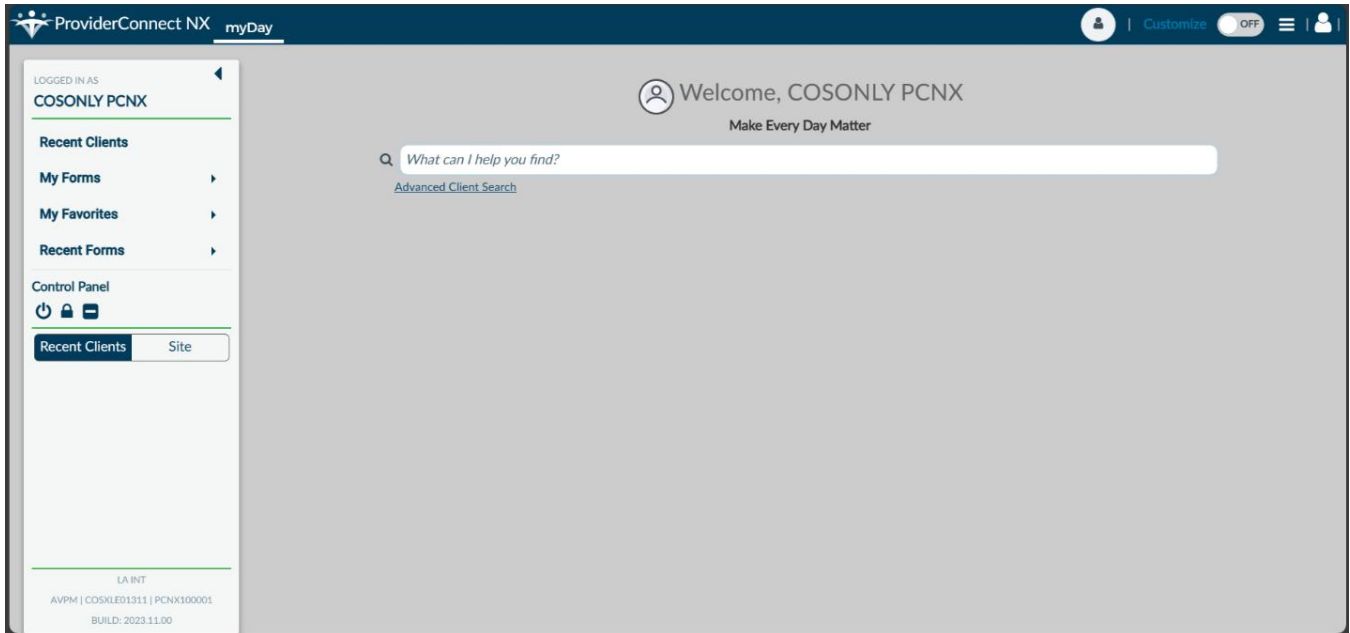
OK

The User is navigated back to the “Home Screen”.

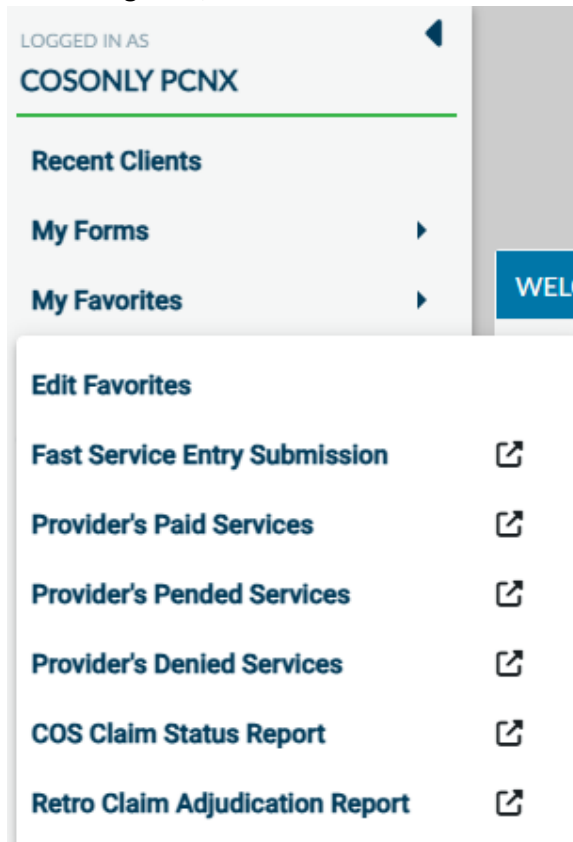


ProviderConnect NX: How to Create a Report

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 PROVIDER *

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 PROVIDER”** field.

Select PROVIDER *

Select PROVIDER *

1311

Results
EMOTIONAL HLTH ASSOC SHARE (1311)

Select PROVIDER *

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

Find... 1 of 1+ 100%

Main Report

COS Claims Status Report

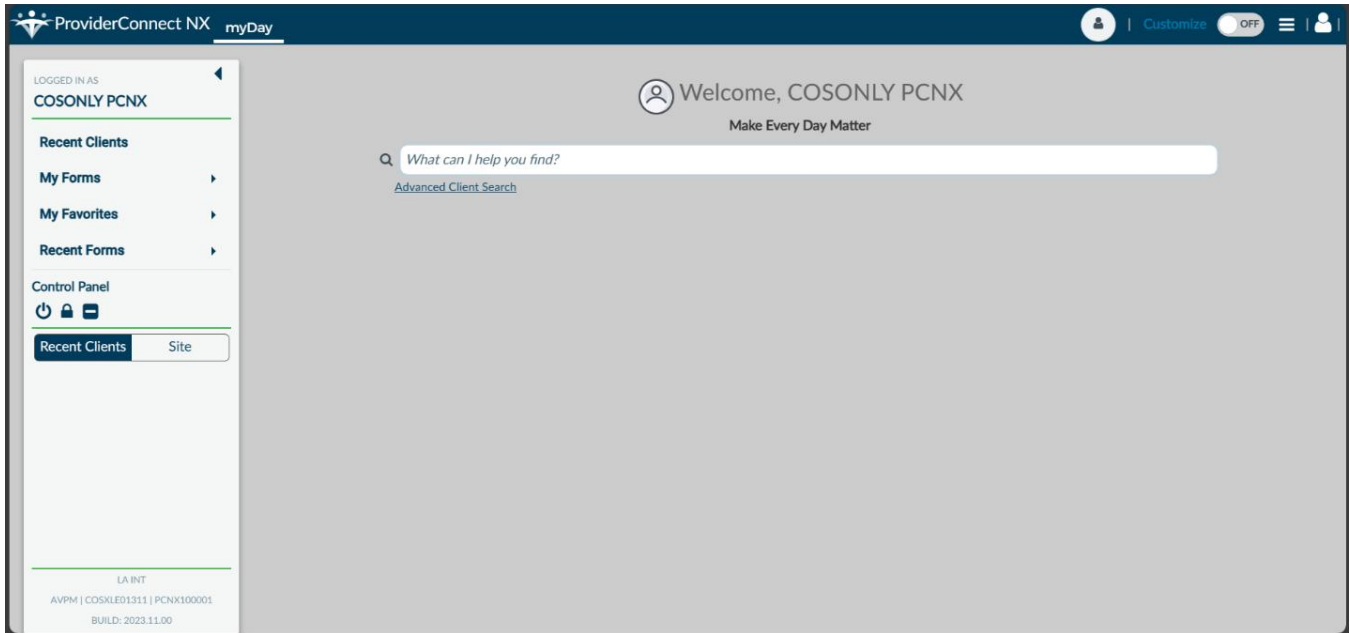
Run Date 12/4/2023

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	

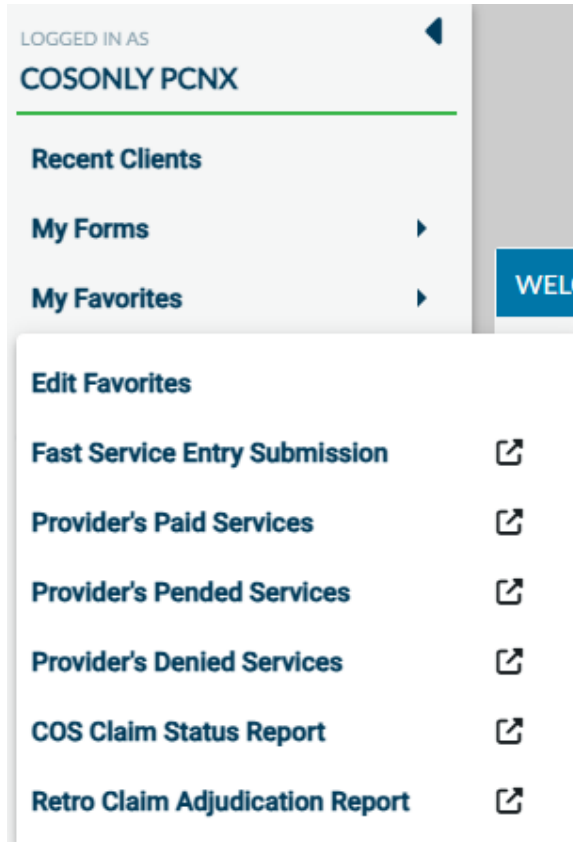
Users can either print the report using the **“Print Report”** button or export the report to their computer. By selecting the **“Export”** button, the Users will be able to access a dropdown menu for different formats that can be downloaded to their computer.

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 * Calendar T Y **Through Date Of Service *** Calendar T Y

Client ID * Q

Contracting Provider
EMOTIONAL HLTH ASSOC SHARE (1311) Q

Contracting Provider Program
Select x v

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 * Calendar T Y **Through Date Of Service *** Calendar T Y

From Date Of Service * Calendar T Y **Through Date Of Service *** Calendar T Y

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

Client ID * Q

Client ID * Q

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

Client ID * Q

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

Contracting Provider Program

Select v

Contracting Provider Program

Select x v

Q

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 x v

Select Services to Void

Click the “Select Services to Void” button to view claims and locate claims 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
HLTH ASSOC SHARE COS

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

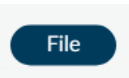
The user must select the check box next to the claim to be voided.

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

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.

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 select the “Yes” button to continue 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 that 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.

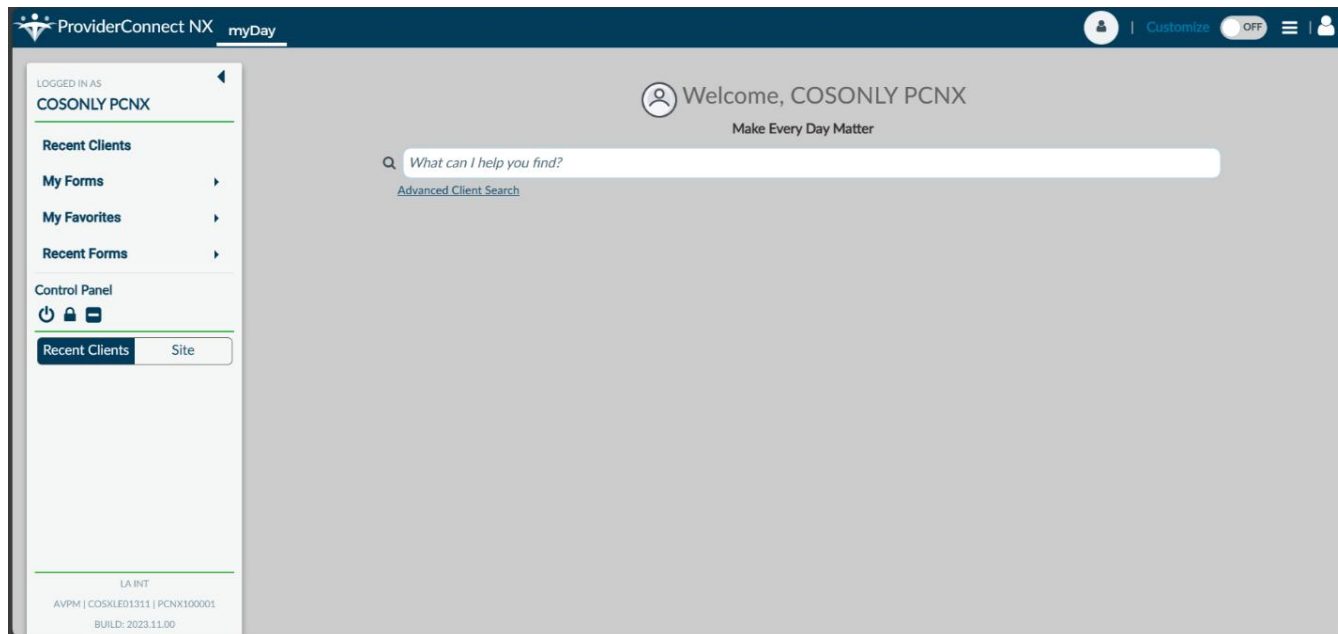
COS Claims Status Report

Run Date 12/4/2023

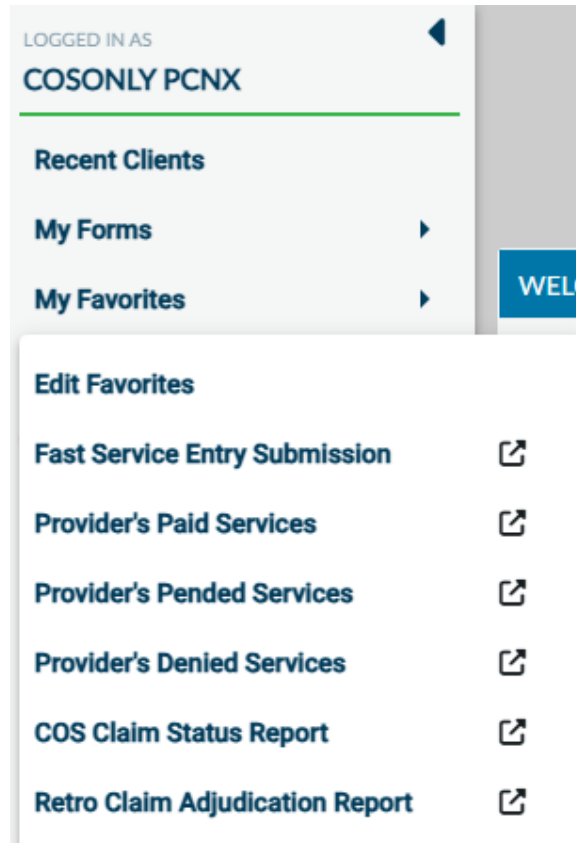
<u>Provider ID</u>	<u>Date of service</u>	<u>CPT Code</u>	<u>Duration</u>	<u>Therapist</u>	<u>Total Billed</u>	<u>Expected Payment</u>	<u>Status</u>	<u>Explanation of Coverage</u>
1311	1/5/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/6/2021	231	450	MONTENEGRO,ISRAEL	544.50	544.50	A	
1311	1/7/2021	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 with the title "RETRO CLAIM ADJUDICATION REPORT" and three buttons: "Process", "Discard", and "Add to Favorites". On the left side, there is a sidebar with the text "Retro Claim Adjudication Report". The main content area contains several input fields: a dropdown menu for "Select a Provider (or leave blank to run for all providers)", a "Start Date" field with a calendar icon and "T" and "Y" buttons, a "Date Filter By:" dropdown menu with "Select" as the current value, and an "End Date" field with a calendar icon and "T" and "Y" buttons.

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)

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 *

End Date *

Start Date *

End Date *

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

Date Filter By: *

Select [x] [v]

Date Filter By: *

Select [x] [v]

Search [Q]

Adjudications

Service Date

Date Filter By: *

Service Date [x] [v]

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) [Q]

Start Date * 05/01/2021 [Calendar] [T] [Y] [v]

Date Filter By: * Service Date [x] [v]

End Date * 05/05/2021 [Calendar] [T] [Y] [v]

A pop-up window will open a report of the voided claims within the date parameters.



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