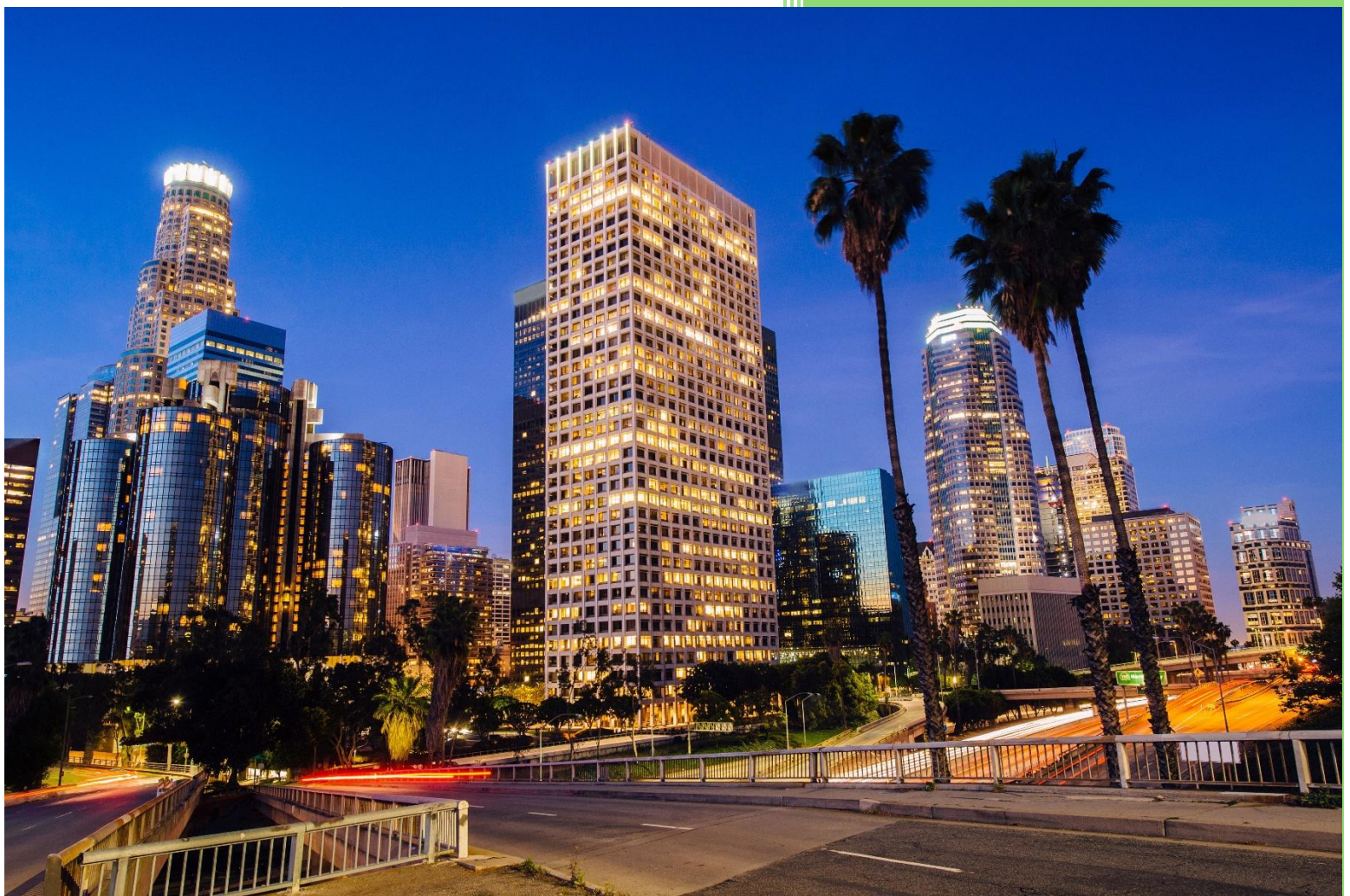


End User Manual for Concurrent Review in ProviderConnect NX



Los Angeles County Department of Mental Health

JUL 2026 v2.5

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Introduction to Avatar NX for Short Doyle Providers

ProviderConnect NX is a web-based interface for LACDMH's electronic health record system, **Avatar NX**. Working seamlessly on standard browsers like Edge, Chrome, and Firefox, it instantly records and updates data in Avatar NX in real time.

Short Doyle (Gateways and Kedren) providers will use **ProviderConnect NX** for the following functions:

1. Search for Clients.
2. Submit Authorization requests for Avatar NX Services.
3. Upload the Client document(s) as an Attachment to Client cases.
4. Review the status of the authorization via reports.

ProviderConnect NX: Documents to Upload

This manual will cover how Providers will use the Concurrent Review process to request Authorizations for Short Doyle Provider:

NOTE: All uploaded documents must be signed by a licensed provider rendering services to be a valid submission for review

Initial Authorization

Upload docs within 24 hours of admission to PCNX

- Face sheet
- Admissions (MD) order
- Plan of care

Continuing Authorization

Submit docs on assigned upload days

- Initial psychiatric evaluation (complete within 24 hours of admission)
- MD + Nursing signed daily progress notes
- History & Physical (H&P)
- Revised plan of care
- Rounds sheet

**Available Nursing (RN) notes from Day & Night shifts only
(omit graveyard shift notes)

Discharge

Upload docs within 24 hours, up to 14 days to submit

- Discharge summary
- After-care plan

Short Doyle Provider	Assigned Upload Days (Upload 2x/week before Noon)	Continuing Days (Days to review Concurrent Documents)
Gateways (190)	Monday	Wednesday to Sunday
	Wednesday	Monday to Tuesday
Kedren (197)	Wednesday	Friday to Tuesday
	Friday	Wednesday to Thursday

Provider Authorizations vs. Member-Based Authorizations

Provider Authorizations are set at the funding source level for each provider in a given fiscal year. Each provider authorization (P-Auth) has a specific dollar amount allocated according to the contract or amendment. When claiming a service, the provider uses a P-Auth, and claiming can continue until the funds are exhausted. Depending on the client's Financial Eligibility and the type of service being claimed, the provider uses a P-Auth linked to either a Medi-Cal Funding Plan or a non-Medi-Cal Funding Plan.

Member-Based Authorizations are child records of P-AUTHs that are assigned to a specific member for a particular service. When requesting a member-based authorization, the provider should use an appropriate funding source that covers the requested service. The authorization must be based on the client's Financial Eligibility and utilize either a Medi-Cal or a non-Medi-Cal funding Source. Additionally, 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

- **Access:** Launch ProviderConnect NX using the provided web address (URL).
- **Login:** Approved users will receive an LACDMH user ID and temporary password. You must change this password on your first login.
- **Prerequisites:** Before creating an authorization in ProviderConnect NX, the client must have an open Admission and Financial Eligibility in the Provider's Electronic Health Record (EHR).
- **Submissions:** Once submitted, authorizations cannot be edited.
- **Support:** If you need to make changes or updates after submission, you must submit a HEAT ticket.

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 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 are required to onboard a designated 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 the 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 must be legible, and all parties must 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 require additional assistance, contact the DMH Systems Access Unit and we will gladly assist you. We sincerely thank you for all your time and cooperation.

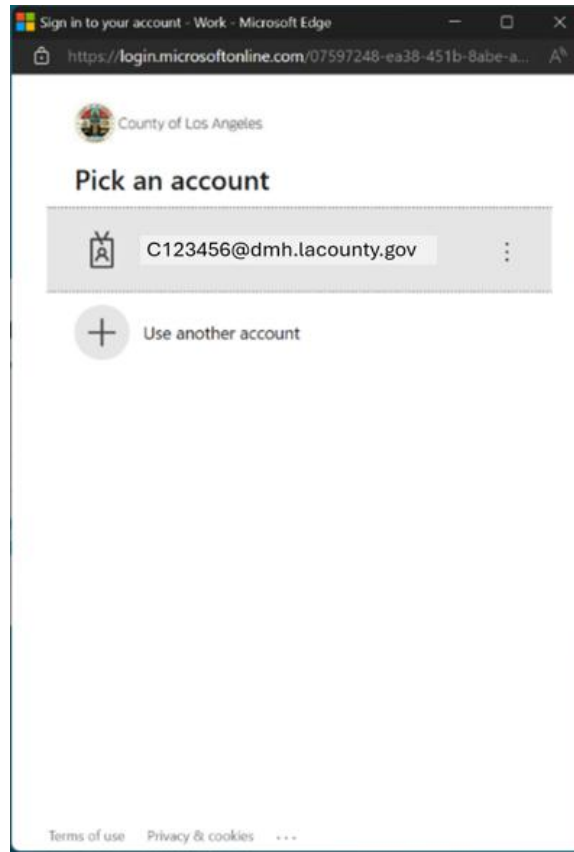
Provider Connect NX: Login with Enterprise Credentials

Start the web browser (Edge, Chrome, or Firefox) on your computer. Copy and paste or type the following link into your browser: <https://lapcnx.netsmartcloud.com/#/home> to access **ProviderConnect NX**. We also suggest that the User save this link in their Favorites Bar for easy 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 the @dmh.lacounty.gov email address and click the “**Next**” button, or

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

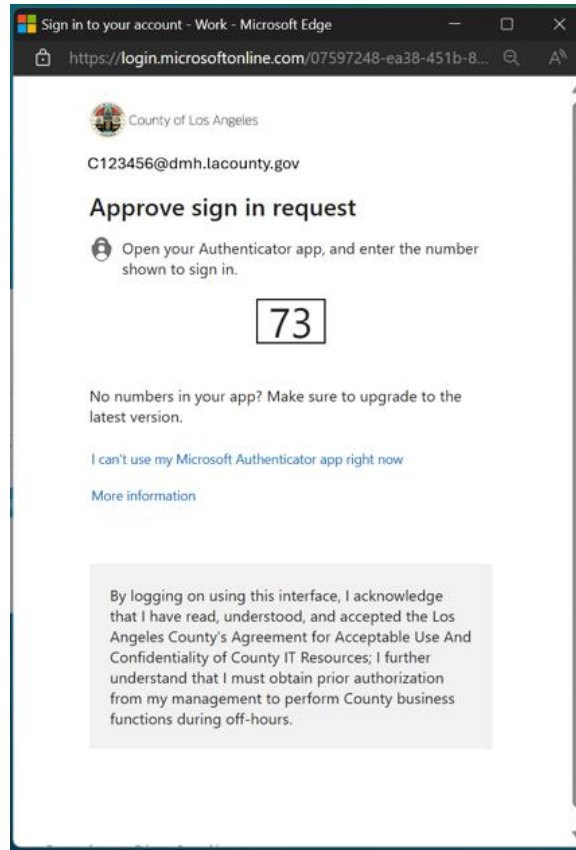


The User will enter their password and click the “**Sign in**” button. This will navigate the User to the MFA “**Approve Sign-in Request**”.

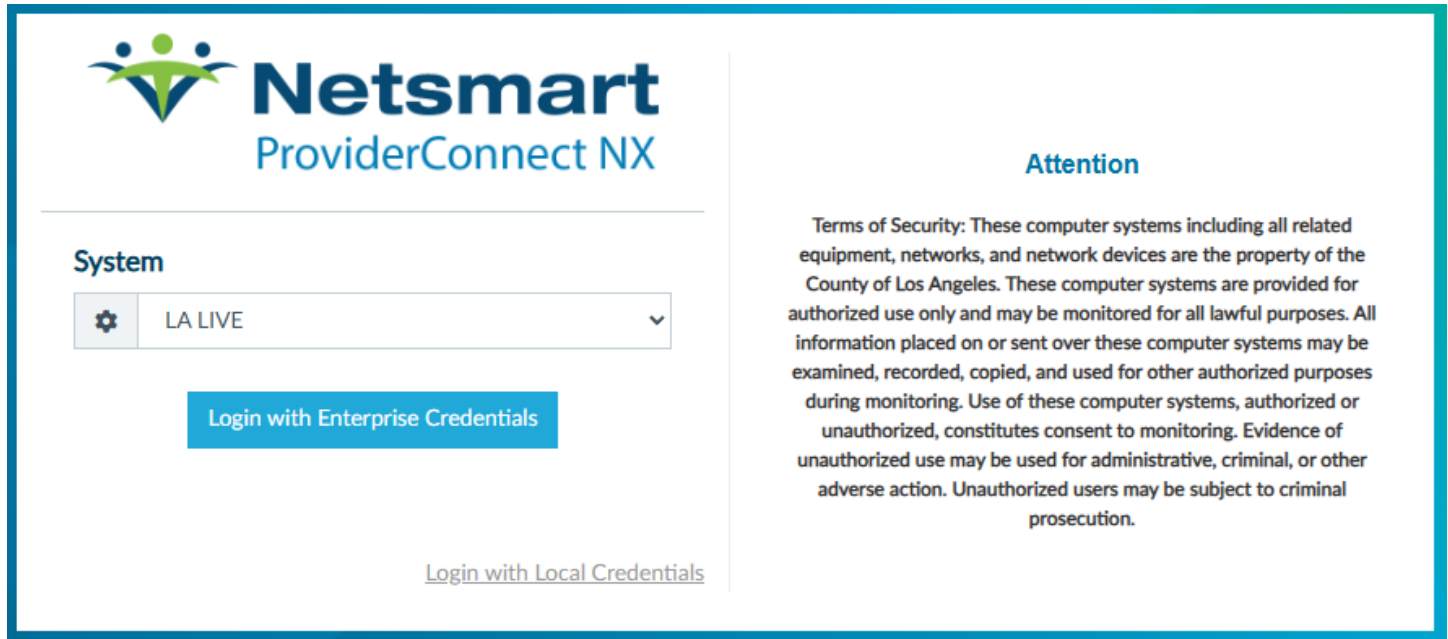
Sign in to your account - Work - Microsoft Edge
https://login.microsoftonline.com/07597248-ea38-451b-8...
County of Los Angeles
← C123456@dmh.lacounty.gov
Enter password
.....
[Forgot my password](#)
Sign in
By logging on using this interface, I acknowledge that I have read, understood, and accepted 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, Users **MUST** contact the Help Desk.



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



Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

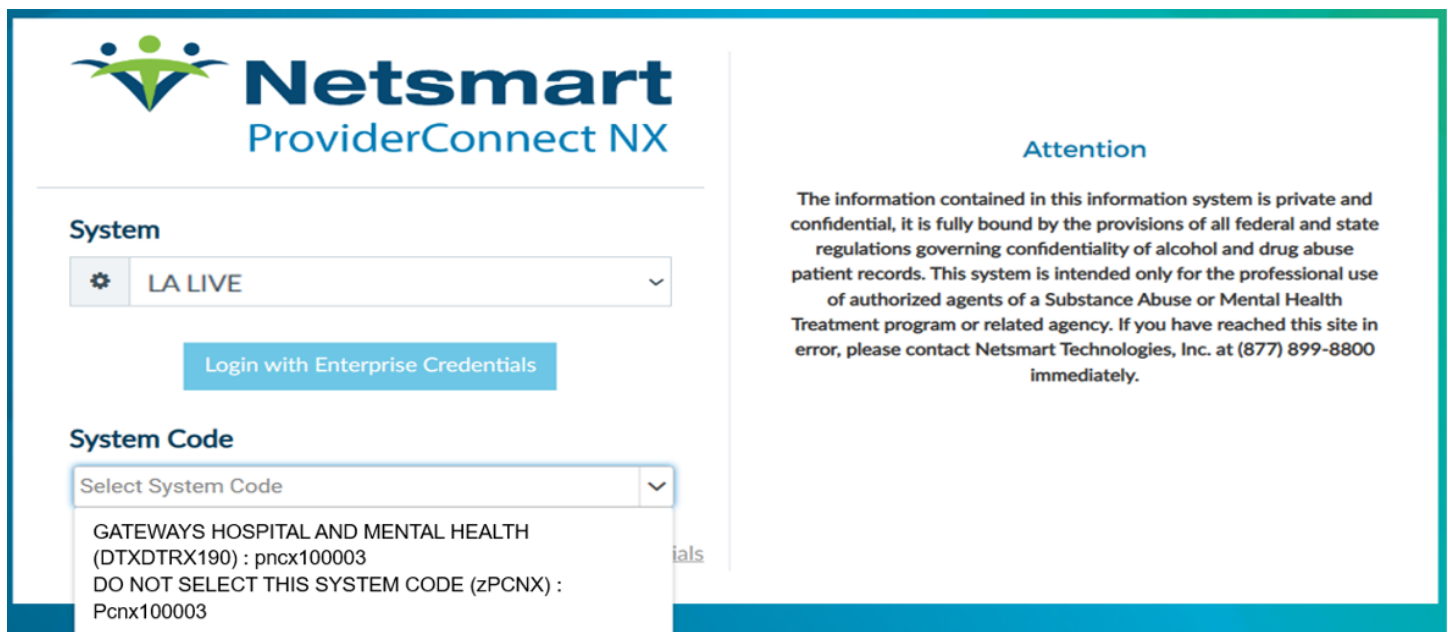
[Login with Local Credentials](#)

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.

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 THE “DO NOT SELECT THIS SYSTEM CODE”.



Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

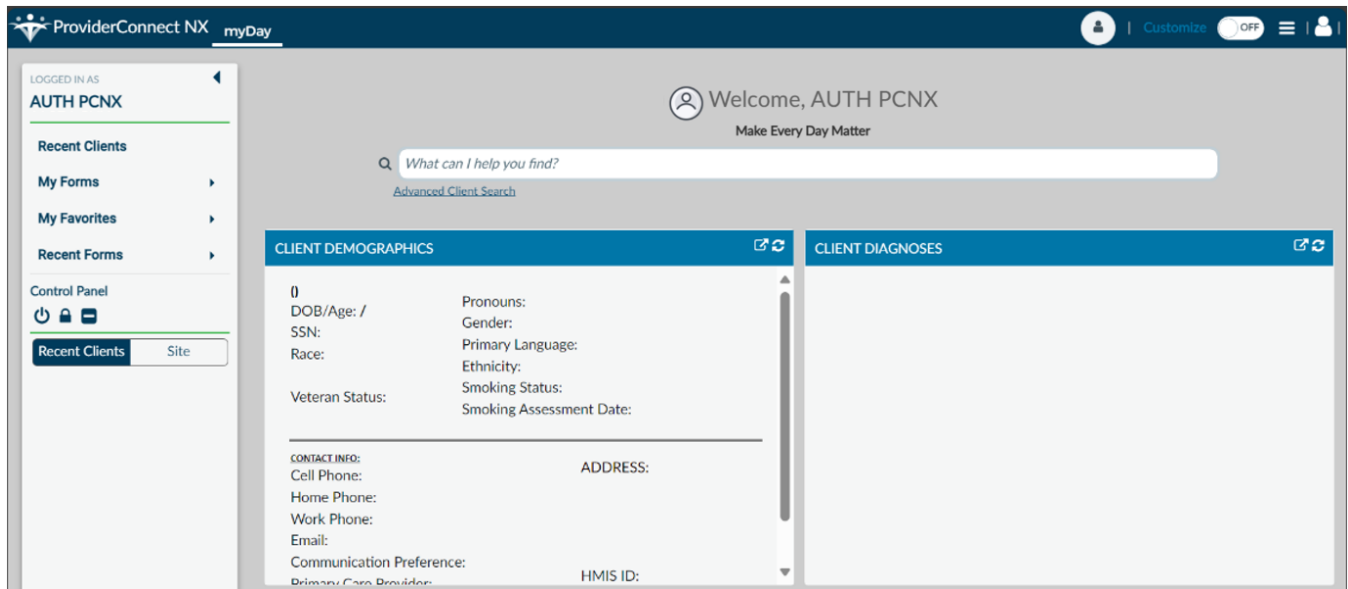
Select System Code

- GATEWAYS HOSPITAL AND MENTAL HEALTH (DTXDTRX190) : pncx100003
- DO NOT SELECT THIS SYSTEM CODE (zPCNX) : Pcnx100003

Attention

The information contained in this information system is private and confidential, it is fully bound by the provisions of all federal and state regulations governing confidentiality of alcohol and drug abuse patient records. This system is intended only for the professional use of authorized agents of a Substance Abuse or Mental Health Treatment program or related agency. If you have reached this site in error, please contact Netsmart Technologies, Inc. at (877) 899-8800 immediately.

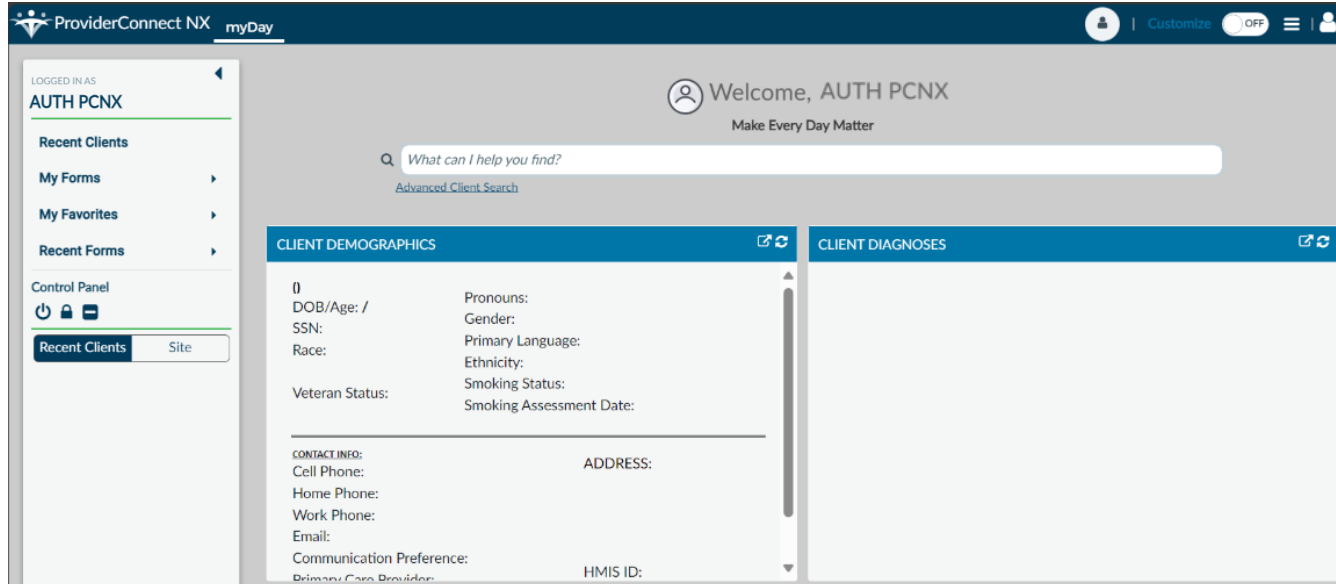
Once selected, this will navigate the User to the **ProviderConnect NX “Home Screen”**.



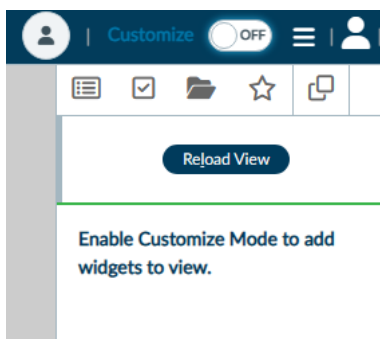
The screenshot displays the ProviderConnect NX Home Screen. The top navigation bar includes the logo, 'myDay', a user profile icon, 'Customize', a toggle switch for 'OFF', and a menu icon. The left sidebar contains a 'LOGGED IN AS' section with 'AUTH PCNX', followed by links for 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. Below these is a 'Control Panel' with icons for power, lock, and a document, and buttons for 'Recent Clients' and 'Site'. The main content area features a 'Welcome, AUTH PCNX' message with the tagline 'Make Every Day Matter'. A search bar with the placeholder 'What can I help you find?' and a link to 'Advanced Client Search' is present. The central area is divided into two panels: 'CLIENT DEMOGRAPHICS' and 'CLIENT DIAGNOSES'. The 'CLIENT DEMOGRAPHICS' panel contains fields for 'DOB/Age: /', 'SSN:', 'Race:', 'Pronouns:', 'Gender:', 'Primary Language:', 'Ethnicity:', 'Smoking Status:', 'Smoking Assessment Date:', 'Veteran Status:', 'CONTACT INFO:', 'Cell Phone:', 'Home Phone:', 'Work Phone:', 'Email:', 'Communication Preference:', 'Primary Care Provider:', 'ADDRESS:', and 'HMIS ID:'. The 'CLIENT DIAGNOSES' panel is currently empty.

Provider Connect NX: How to Add a Widget

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



In the upper right corner of the screen, Users will see a “**Customize**” selector.

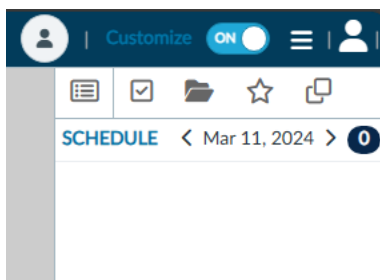


Switch the “**Customize**” selector from “**OFF**” to “**ON**”.



Select the icon  to open the sidebar.

Select the icon  to open the widget options.



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

Reload View

Revert Changes

Include Client Information header in view

CLIENT

Claim Service Information

Pending Service Authorizations

Provider File Attach

Service Authorization Information

CONSOLE

Console Widget Viewer

MISC

Financial Eligibility

Systemwide Annual Liability

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

Provider File Attach

PROVIDER FILE ATTACH

View

Provider

Document Name

Date

Authorization Number

Document Type

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

Console Widget Viewer

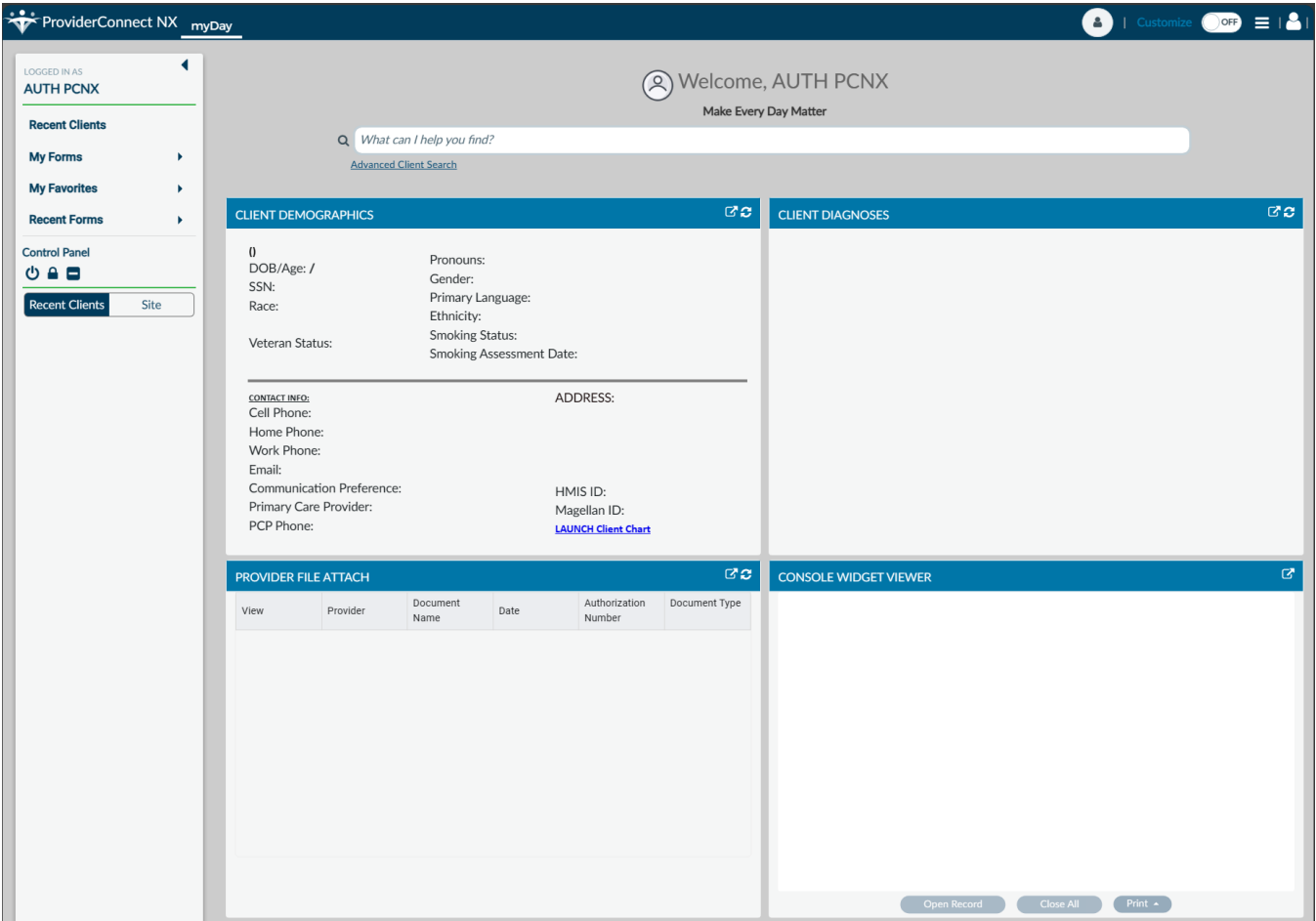
CONSOLE WIDGET VIEWER

To close the customization, turn the “Customize” from “ON” to “OFF”.



Select the icon  to close the sidebar.

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 screenshot displays the ProviderConnect NX Home Screen for a user logged in as AUTH PCNX. The interface includes a top navigation bar with the logo, user name, and settings. A left sidebar contains navigation links for Recent Clients, My Forms, My Favorites, Recent Forms, and a Control Panel. The main content area is divided into four panels: CLIENT DEMOGRAPHICS, CLIENT DIAGNOSES, PROVIDER FILE ATTACH, and CONSOLE WIDGET VIEWER. The CLIENT DEMOGRAPHICS panel shows fields for DOB/Age, SSN, Gender, Primary Language, Race, Ethnicity, Smoking Status, and Smoking Assessment Date. The PROVIDER FILE ATTACH panel displays a table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type. The CLIENT DIAGNOSES and CONSOLE WIDGET VIEWER panels are currently empty.

ProviderConnect NX myDay

LOGGED IN AS
AUTH PCNX

Recent Clients
My Forms
My Favorites
Recent Forms

Control Panel
Recent Clients Site

Welcome, AUTH PCNX
Make Every Day Matter

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

CLIENT DEMOGRAPHICS

DOB/Age: /
SSN: Gender:
Race: Primary Language:
Ethnicity:
Smoking Status: Smoking Assessment Date:

CONTACT INFO: ADDRESS:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference: HMIS ID:
Primary Care Provider: Magellan ID:
PCD Phone:

PROVIDER FILE ATTACH

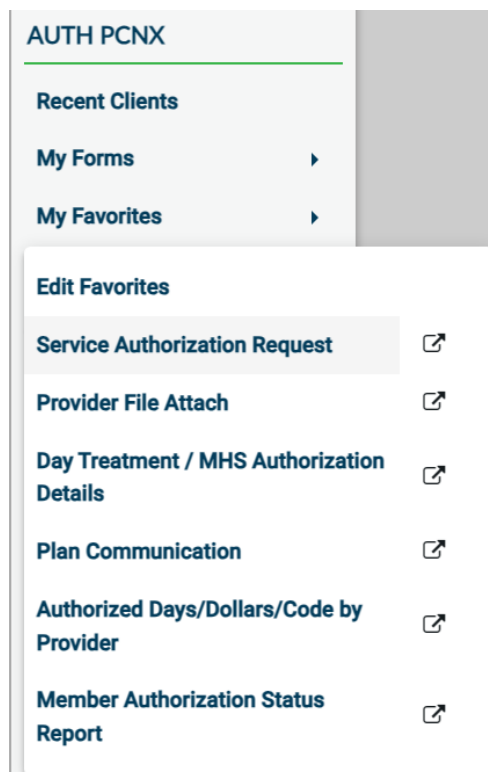
View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CLIENT DIAGNOSES

CONSOLE WIDGET VIEWER

Open Record Close All Print

The User **MUST** go to their “**My Favorites**” in the **TASK Navigation** and select “**Service Authorization Request**” from the dropdown menu.



Note: To access clients in ProviderConnect NX, a User must verify that the client has an open Admission and completed Financial Eligibility under the User's Legal Entity through the Legal Entity's EHR. The client must have an open Admission in IBHIS/Avatar via their Legal Entity EHR before the User can submit an Authorization Request for the client.

Enter the **Client ID** into the Search field.

NOTE: Use the Client ID/Member ID/IBHIS Number when searching for a client in **PCNX**.

Opening: **Service Authorization Request**

Home > Select Client >

Select Client

OK Cancel

Note: If a client search returns no results, the client is not yet linked to your Legal Entity. To fix this, you must first open an admission for the client within your agency's own EHR system. Once that admission is active, the client will appear in ProviderConnect NX, after which you can proceed with the authorization request.

Below is an example of what the User will see when the User has a client that does not have an active admission/episode created by the User's Legal Entity

The screenshot shows a web application window titled "Opening: Service Authorization Request". Below the title bar is a breadcrumb navigation path: "Home > Select Client >". The main content area is titled "Select Client" and contains a search bar with the text "PCNX ADMISSIONS". Below the search bar is a large, empty rectangular area, likely intended for displaying search results. At the bottom of the window are two buttons: "OK" and "Cancel".

Select the Client name in the search results.

Opening: **Service Authorization Request**

Home > Select Client >

Select Client



Name	Date Of Birth	Client's Address - Street
PCNX ADMISSIONS (009358744)	01/12/2000	550 N Vermont Ave

OK

Cancel

NOTE: The Client **MUST** have an open Admission through their Legal Entities EHR before the User can request an Authorization using **ProviderConnect NX**.

If the Client has a pre-existing Authorization, the User will be able to view the submission here on the “**Service Authorization Request**” pre-display. The User must click the “**Add**” button to create a new authorization request. The User will be navigated to the “**Service Authorization Request**” form.

Opening: Service Authorization Request

Home > Select Client >

✓Selected Client : ADMISSIONS, PCNX (009358744)

Select Record

Funding Source	Provider	Auth #	Begin Date	End Date	Code Authorized (1)	Authorization Status
66-FFS2 OP NON MEDI-CAL	8085-WANG, XIN	360985	01/01/2025	01/01/2025		Approved

Add

Edit

Delete

Cancel

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

SERVICE AUTHORIZATION REQUEST Submit Discard Add to Favorites

Member Service Authorization

Member Service Authorization 21-40

Care Manager

Diagnosis

Comments

Provider Search

Online Documentation

Brief Member Review

****Add New Records Only! Please do not Edit or Delete existing records.**

Type Of Authorization

Select

Funding Source Authorization Is For *

Select

Provider To Be Authorized

GATEWAYS HOSPITAL AND MENTAL HEALTH (190)

Contracting Provider Program

Select

Planned Admit Date

Authorized Level of Care

Select

Current Authorization Status *

☐ Approved

☐ Denied

☒ Pending

Member Authorization History

Authorization Number

361052

Benefit Plan

Select

Performing Provider

Select

Performing Provider Type

Select

Current Authorization Status Reason

Select

Initial Or Continuing Authorization

☐ Initial

☐ Continuing

☐ Copy

Begin Date Of Authorization *

Clinical Authorization End Date

Financial Authorization End Date *

NOTE: All field names that are in **RED** with a **RED Asterisk** are required fields and must be completed before claims can be submitted. This is a dynamic form, meaning some required fields will become ungrayed as other fields are completed.

Short Doyle Funding Source and Benefit Plans list

Funding Source Name	Benefit Plan Name
Acute Psychiatric Inpatient MC	Acute Psychiatric Inpatient MC M-Auth
Acute Psychiatric Inpatient Non-MC	Acute Psychiatric Inpatient Non-MC M-Auth

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

Funding Source Authorization Is For *

Select



Funding Source Authorization Is For *

Select



6250



(6250) Acute Psychiatric Inpatient MC

Funding Source Authorization Is For *

(6250) Acute Psychiatric Inpatient MC



Using the dropdown under the “**Benefit Plan**” field, select the corresponding benefit plan for the chosen Funding Source for this request.

Benefit Plan *

Select

Benefit Plan *

Select

|

Acute Psychiatric Inpatient MC

Acute Psychiatric Inpatient MC M-Auth

NOTE: Users **MUST** select the option with “M-Auth”.

Benefit Plan *

Acute Psychiatric Inpatient MC M-Auth

Using the dropdown under the “**Contracting Provider Program**” field, select the location where the services were provided.

- Below are the selection options for the Providers
1982P GATEWAYS CMHC ADULT INPATIENT
19B2I KEDREN COMMUNITY HEALTH CENTER INC

Contracting Provider Program

Select

Contracting Provider Program

Select

1982P

All - 01/01/2003 - 1982P GATEWAYS HOSPITAL AND MHC

Contracting Provider Program

All - 01/01/2003 - 1982P GATEWAYS HOSPITAL AND MHC

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

Brief Member Review

****Add New Records Only! Please do not Edit or Delete existing records.**

Type Of Authorization

Select

Funding Source Authorization Is For *

(6250) Acute Psychiatric Inpatient MC

Provider To Be Authorized *

GATEWAYS HOSPITAL AND MENTAL HEALTH (190)

Contracting Provider Program

All - 01/01/2003 - 1982P GATEWAYS HOSPITAL AND MHC

Planned Admit Date

Authorized Level of Care

Select

Current Authorization Status *

☐ Approved ☐ Denied ☒ Pending

Member Authorization History

Authorization Number
361052

Benefit Plan *
Acute Psychiatric Inpatient MC

Performing Provider
Select

Performing Provider Type
Select

Current Authorization Status Reason
Select

Initial Or Continuing Authorization
☐ Initial ☐ Continuing ☐ Copy

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)

Begin Date Of Authorization *

Financial Authorization End Date *

Example:

Begin Date Of Authorization *
03/01/2024

Financial Authorization End Date *
06/30/2024

NOTE: Users **MUST NOT** enter a date into the “**Clinical Authorization Date**” field. DMH Staff will enter the “Clinical Authorization Date.”

If the “**Financial Authorization End Date**” spans into the next Fiscal Year, the “**Account**” and the “**Clinical Authorization End Date**” fields will be grayed, and the User will not be allowed to continue.

Begin Date Of Authorization *

07/01/2026

Clinical Authorization End Date

Financial Authorization End Date *

07/03/2027

Account

Select

Contracting Provider Authorization

Select

The User **MUST** enter the last day of the current Fiscal Year into the “**Financial Authorization End Date**” before the “**Account**” and the “**Contracting Provider Authorization**” fields will show ungrayed.

Begin Date Of Authorization *

07/01/2026

Clinical Authorization End Date

Financial Authorization End Date *

06/30/2027

Account

Select

Contracting Provider Authorization *

Select

NOTE: Once the Authorization is “**Approved,**” DMH staff will enter the actual end date in the “**Clinical Authorization End Date**” field.

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

Begin Date Of Authorization *

07/01/2026

Clinical Authorization End Date

Financial Authorization End Date *

06/30/2027

Using the “**Contracting Provider Authorization**” dropdown, select the P-Auth for this authorization request. This selection will automatically populate the “**Account**” field.

The screenshot shows a dropdown menu titled "Contracting Provider Authorization * ?". The menu is open, displaying a search bar and a list of items. The first item is "Auth: P37832 FS: Acute Psychiatric Inpatient MC(6250) Care Lvl: No Entry Dates: 07/01/2026-06/30/2027 Amt Remain: \$464935 Amt Denied: \$0.00".

The User will see a message informing them that the “**Contracting Provider Authorization**” has accounts linked. Selecting the “**Contracting Provider Authorization**” will change the current authorization to match all accounts. The User must select “**OK**” to continue.

The screenshot shows a dialog box titled "Confirm Account Change" with a question mark icon. The message inside reads: "The selected Contracting Provider Authorization has an account linked to it. Selecting this Contracting Provider Authorization will also change your current authorization to match accounts". At the bottom, there are two buttons: "OK" and "Cancel".

The screenshot shows the "Contracting Provider Authorization * ?" dropdown menu. The selected item is "Auth: P37832 FS: Acute Psychiatric Inpatient MC(6250) Care Lvl: No Entry Dates: 07/01/2026-06/30/2027 Amt Remain: \$464935 Amt Denied: \$0.00".

Review the section to verify all fields that were completed with the correct information.

The screenshot shows two fields. The "Account" field contains "GATEWAYS HOSPITAL + MHC 1) 07/01/2026 - 06/30/2027 \$46597747 GATEWAYS HOSPITAL +". The "Contracting Provider Authorization * ?" field contains "Auth: P37832 FS: Acute Psychiatric Inpatient MC(6250) Care Lvl: No Entry Dates: 07/01/2026-06/30/2027 Amt Remain: \$464935 Amt Denied: \$0.00".

These fields will be ungrayed as other required fields are complete.

Authorization Grouping Or Individual Authorizations *

☐ All

☐ Grouping

☐ Individual

Authorization Grouping

Select

Display Authorization Grouping

Total Estimated Liability

Letter Type

Select

Procedure Code Type (1)

☐ CPT® Codes

☐ Revenue Code

Procedure Code Type (2)

☐ CPT® Codes

☐ Revenue Code

Code Authorized (1)

Code Authorized (2)

Requested Units (1)

Requested Units (2)

Units Authorized (1)

Units Authorized (2)

Estimated Liability Code (1)

Estimated Liability Code (2)

For “Authorization Grouping OR Individual Authorization,” select the “Individual” radio button.

Authorization Grouping Or Individual Authorizations *

☐ All

☐ Grouping

☐ Individual

Authorization Grouping Or Individual Authorizations *

☐ All

☐ Grouping

☒ Individual

For “Procedure Code Type (1)” select the “Revenue Code” radio button.

Procedure Code Type (1)

☐ CPT® Codes

☐ Revenue Code

Procedure Code Type (1)

☐ CPT® Codes

☒ Revenue Code

Using the Revenue Codes List below, select the type of services being provided. Enter the code, including modifiers, into the “**Code Authorized (1)**” field. Entering the code will activate the dropdown. Then select the full code with description.

Revenue Code List

Revenue Code Medi-Cal	Revenue Code Description
100:HA	Psych Hosp,21 or undr
100:HC	Psych Hosp 65 or over
101:HA	Psych Hosp 21 ? Admin Day
101:HB	Psych Hosp,Ages 22-64-Admin Day
101:HC	Psych Hosp 65+ Admin Day
101:HE	Acute Hosp-Admin Day
100:HA:H9	Psych Hosp 21 or under, Acute, Murphy
100:HC:H9	Psych Hosp 65 or older, Acute, Murphy
101:HA:H9	Psych Hosp, age 21 or under, Adm, Murphy
101:HC:H9	Psych Hosp,age 65 or older, Adm, Murphy
100:HA:TF	Psych Hosp, 21 or under, Acute, Special
100:HC:TF	Psych Hosp, 65 or older, Acute, Special
101:HA:TF	Psych Hosp 21 or under, Adm, Special Pop
101:HC:TF	Psych Hosp, 65 or older, Adm, Special

Revenue Code Non Medi-Cal	Revenue Code Description
100:HA:HX	Psych Hosp 21 or under Non MC
100:HB:HX	Psych Hosp,22-64 Non MC
100:HC:HX	Psych Hosp 65+ Non MC
100:HX	Psy Hsp Acut(AdltFrnsc)IMD noPatch,Indig
101:HA:HX	Psych Hosp 21 Admin Day Non MC
101:HC:HX	Psych Hosp 65+ Admin Day Non MC
101:HE:HX	Acute Hosp-Admin Day Non MC
101:HX	Acute Hosp Admin Day-Psych Dvrn Prog
100:HX:T9	Psych Hosp, Day, Murphy
100:HX:TF	Psych Hosp, Day, Special Population

In this example, we will be using “100:HA”.

Code Authorized (1) *


Code Authorized (1) *

Results
Psych Hosp 21 or under Non MC (100:HA:HX)
Psych Hosp,21 or undr (100:HA)
Page 1 of 1
Code Authorized (1) *


Enter the unit requested.

NOTE: One unit is equal to 15 minutes; for example, 30 minutes will equal 2 Units.

Requested Units (1)

Requested Units (1)

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

Brief Member Review

****Add New Records Only! Please do not Edit or Delete existing records.**

Type Of Authorization
Select

Funding Source Authorization Is For *
(6250) Acute Psychiatric Inpatient MC

Provider To Be Authorized *
GATEWAYS HOSPITAL AND MENTAL HEALTH (190)

Contracting Provider Program
All - 01/01/2003 - 1982P GATEWAYS HOSPITAL AND MHC

Planned Admit Date
T Y

Authorized Level of Care
Select

Current Authorization Status *
☐ Approved ☐ Denied ☒ Pending

Member Authorization History

Authorization Number
361052

Benefit Plan *
Acute Psychiatric Inpatient MC

Performing Provider
Select

Performing Provider Type
Select

Current Authorization Status Reason
Select

Initial Or Continuing Authorization
☐ Initial ☐ Continuing ☐ Copy

Begin Date Of Authorization *
07/01/2026 T Y

Clinical Authorization End Date
T Y

Financial Authorization End Date *
07/03/2026 T Y

Account
GATEWAYS HOSPITAL + MHC 1) 07/01/2026 - 06/30/2027 \$46597747 GATEWAYS HOSPITAL +

Contracting Provider Authorization * ?
Auth: P37832 FS: Acute Psychiatric Inpatient MC(6250) Care Lvl: No Entry Dates: 07/01/2026-06/30/2027

Authorization Grouping Or Individual Authorizations *
☐ All ☐ Grouping ☒ Individual

Total Estimated Liability
0.00

Procedure Code Type (1)
☐ CPT® Codes ☒ Revenue Code

Code Authorized (1)
Psych Hosp,21 or undr (100:HA)

Requested Units (1)
2

Authorization Grouping
Select
Display Authorization Grouping

Letter Type
Select

Procedure Code Type (2)
☐ CPT® Codes ☐ Revenue Code

Code Authorized (2)

Requested Units (2)

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

SERVICE AUTHORIZATION REQUEST

Submit Discard Add to Favorites

The User will receive a message. Selecting “**NO**” will navigate back to the “**Home**” screen. Selecting “**YES**” navigates the User to the Authorization pre-display screen, where they can see all past and current authorizations requested for this Client.

?

Pre-Display Confirmation

Do you want to return to the Pre-Display?

YesNo

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

The User has successfully created an Authorization Request for this client. Users can select the “**Add**” button to add another Authorization Request or choose the “**Cancel**” button to return to the “**Home Screen**”.

✓ Selected Client : ADMISSIONS, PCNX (009358744)

Select Record

Funding Source	Provider	Auth #	Begin Date	End Date	Code Authorized (1)	Authorization Status
6250-Acute Psychiatric Inpatient MC	190-GATEWAYS HOSPITAL AND MENTAL HEALTH	361052	07/01/2026	07/03/2026	Psych Hosp,21 or undr (100:HA)	Pending
66-FFSZ OP NON MEDI-CAL	8085-WANG, XIN	360985	01/01/2025	01/01/2025		Approved

AddEditDeleteCancel

Home Screen.

ProviderConnect NX

myDay

Customize

OFF

LOGGED IN AS
AUTH PCNX

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent Clients

Site

ADMISSIONS, PCNX
ID#: 9358744

ADMISSIONS, PCNX
ID#: 9358744

Welcome, AUTH PCNX

Make Every Day Matter

What can I help you find?

Advanced Client Search

CLIENT DEMOGRAPHICS

ADMISSIONS, PCNX (9358744)
DOB/Age: 2000-01-12 / 24
SSN: 111-22-3333
Race:
Pronouns:
Gender Identity: Female
Primary Language: No Entry
Ethnicity: No Entry
Smoking Status: No Entry
Smoking Assessment Date:
Veteran Status:
CONTACT INFO:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference: No Entry
Primary Care Provider:
ADDRESS: 550 N Vermont Ave
LOS ANGELES CA 90005
HMIS ID:

CLIENT DIAGNOSES

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CONSOLE WIDGET VIEWER

Open Record

Close All

Print

ProviderConnect NX: How to Add an Attachment to a File

From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. The top navigation bar includes the logo, 'myDay', and user controls. The main content area is divided into four panels: 'CLIENT DEMOGRAPHICS', 'CLIENT DIAGNOSES', 'PROVIDER FILE ATTACH', and 'CONSOLE WIDGET VIEWER'. The 'CLIENT DEMOGRAPHICS' panel contains fields for patient information, while the 'PROVIDER FILE ATTACH' panel shows a table for document attachments.

LOGGED IN AS
AUTH PCNX

Recent Clients
My Forms
My Favorites
Recent Forms

Control Panel
Recent Clients Site

Welcome, AUTH PCNX
Make Every Day Matter

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

CLIENT DEMOGRAPHICS

ID
DOB/Age: /
SSN:
Race:
Veteran Status:

Pronouns:
Gender:
Primary Language:
Ethnicity:
Smoking Status:
Smoking Assessment Date:

CONTACT INFO:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference:
Primary Care Provider:
PCP Phone:

ADDRESS:

HMIS ID:
Magellan ID:
[LAUNCH Client Chart](#)

PROVIDER FILE ATTACH

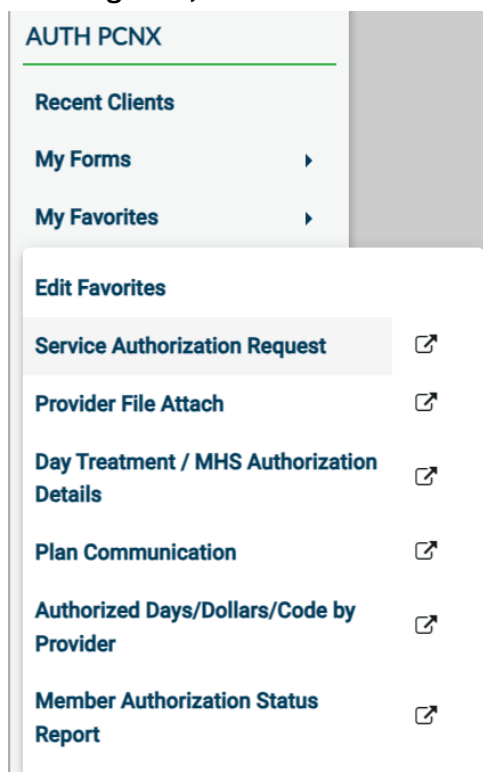
View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CLIENT DIAGNOSES

CONSOLE WIDGET VIEWER

Open Record Close All Print

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



On the “**Provider File Attach**” form, enter the “**Member ID**”, “**Provider**”, and “**File Type**”.

NOTE: All field names labeled in **RED** with a **RED Asterisk** are required fields and must be completed before the authorization can be approved. This is a dynamic form, meaning some required fields will become ungrayed as other fields are completed.

The screenshot displays the 'Provider File Attach' form within the ProviderConnect NX interface. The top navigation bar includes the 'ProviderConnect NX' logo, a 'myDay' tab, and a 'Customize' toggle set to 'OFF'. A left sidebar shows the user is logged in as 'AUTH PCNX' and provides links to 'Recent Clients', 'My Forms', 'My Favorites', 'Recent Forms', and a 'Control Panel' with 'Recent Clients' and 'Site' buttons. The main content area is titled 'PROVIDER FILE ATTACH' and features a 'Provider File Attach' tab with an 'Online Documentation' link. The form fields include: 'Member ID *' (text input), 'Provider *' (text input), 'File Type *' (dropdown menu), 'Authorization' (dropdown menu), 'Document Type' (dropdown menu), 'File Name' (text input), and 'Comments' (text area). Action buttons include 'Submit', 'Discard', 'Add to Favorites', 'Store File', 'Update Comments', 'Delete File', and 'Upload File'. A 'Comment History' section is located at the bottom of the form.

To Upload an Attachment (File)

Enter the “**Member ID**” and select the client from the dropdown.

Member ID *



Member ID *



Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX (9358744)	01/12/2000	205 N Vermont Ave

<< < 1 > >>

Member ID *



Enter the Agency “**Provider ID**” number and select it from the dropdown.

Provider *



Provider *



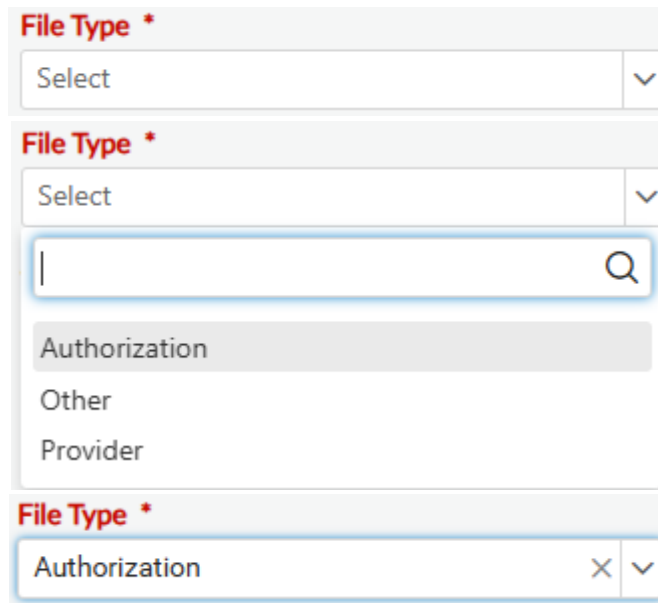
Results
GATEWAYS HOSPITAL AND MENTAL HEALTH (190)

<< < 1 > >>

Provider *

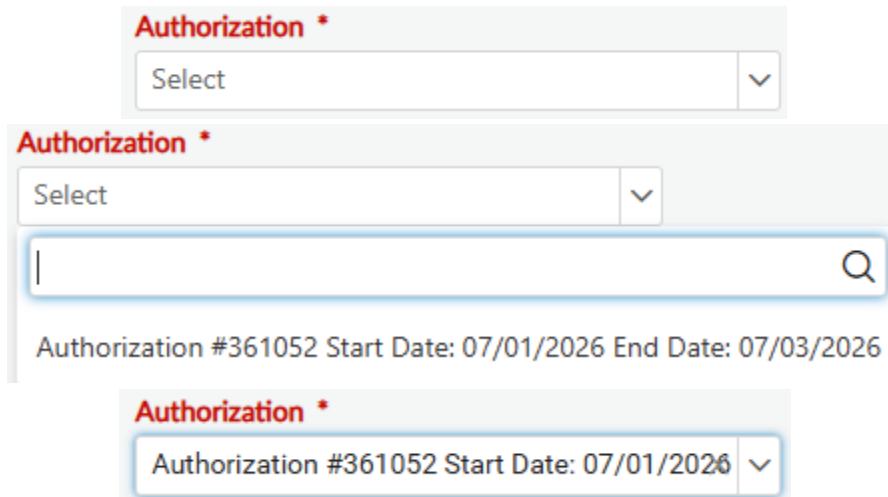


Using the “**File Type**” dropdown, select “**Authorizations.**”



The first screenshot shows a dropdown menu labeled "File Type *" with the text "Select" and a downward arrow. The second screenshot shows the same dropdown menu with a search bar containing a magnifying glass icon and a list of options: "Authorization", "Other", and "Provider". The third screenshot shows the dropdown menu with "Authorization" selected, and a close button (X) and a downward arrow.

Using the “**Authorization**” dropdown, select the desired M-Auth number.



The first screenshot shows a dropdown menu labeled "Authorization *" with the text "Select" and a downward arrow. The second screenshot shows the same dropdown menu with a search bar containing a magnifying glass icon and a list of options: "Authorization #361052 Start Date: 07/01/2026 End Date: 07/03/2026". The third screenshot shows the dropdown menu with "Authorization #361052 Start Date: 07/01/2026" selected, and a downward arrow.

Uploading Your File

- **Click "Upload File":** This action triggers two separate prompts.
- **Option A (File Explorer):** Use the standard system window to browse and select the file from your local drive.
- **Option B (Drop Zone):** Alternatively, use the secondary window to **drag and drop** your file directly into the interface.

NOTE: Providers must follow the file naming convention: **“Patients Client ID number_last name_first initial_Authorization Number_3-digit PHF acronym_submission number”** (Example: – **“3108465_DOE_J_123456_SVA_1”**).

NOTE: The maximum file size is 100MB. The only accepted file type is PDF.

Upload File

File Name

File Upload

Choose File

No file chosen

click here or drop file

Cancel

Name	Status	Date modified
 This is a Test attachment 2	✓	12/12/2023 1:50
 This is a Test attachment 3	✓	3/7/2024 9:54 A
 This is a Test attachment 22222	✓	3/7/2024 9:56 A
 This is a Test attachment	✓	12/12/2023 1:50

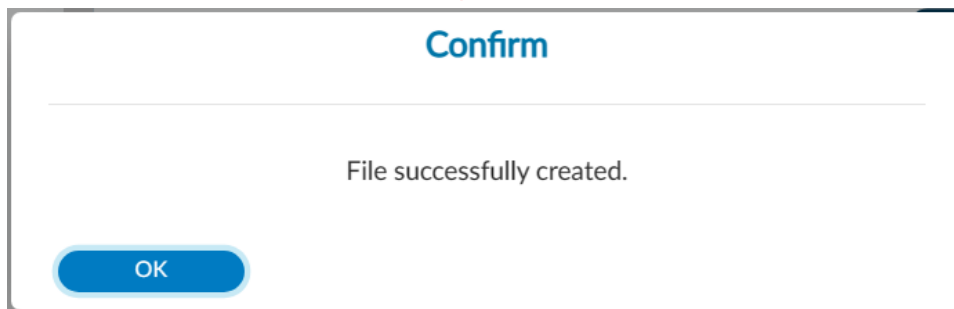
Upload File

File Name

This is a Test attachment 2222.pdf

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

NOTE: Users will **NEVER** use the “**SUBMIT**” button to upload files



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

To View Uploaded Attachments (Files)

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

ProviderConnect NXmyDay

CustomizeOFF

LOGGED IN AS
AUTH PCNX

What can I help you find?

Advanced Client Search

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent ClientsSite

Provider File Attach

PROVIDER FILE ATTACH

SubmitDiscardAdd to Favorites

Provider File Attach

Online Documentation

Member ID *

Provider *

File Type *

Select

Authorization

Select

Document Type

Select

Upload File

File Name

Comment History

Comments

Store File

Existing Files

Select

Update Comments

Delete File

Enter the “**Member ID**” and select the client from the dropdown.

Member ID *



Member ID *



Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX (9358744)	01/12/2000	205 N Vermont Ave

<< < 1 > >>

Member ID *



Enter the Agency “**Provider ID**” number and select it from the dropdown.

Provider *



Provider *



Results
GATEWAYS HOSPITAL AND MENTAL HEALTH (190)

<< < 1 > >>

Provider *



Using the “**File Type**” dropdown, select “**Authorizations.**”

The first screenshot shows the 'File Type *' dropdown menu with 'Select' as the current selection. The second screenshot shows the dropdown menu open, displaying a search bar and a list of options: 'Authorization', 'Other', and 'Provider'. The third screenshot shows the dropdown menu with 'Authorization' selected, and a close button (X) and a dropdown arrow (v) are visible.

Using the “**Authorization**” dropdown, select the desired M-Auth number.

The first screenshot shows the 'Authorization *' dropdown menu with 'Select' as the current selection. The second screenshot shows the dropdown menu open, displaying a search bar and a list of options: 'Authorization #361052 Start Date: 07/01/2026 End Date: 07/03/2026'. The third screenshot shows the dropdown menu with 'Authorization #361052 Start Date: 07/01/2026' selected, and a dropdown arrow (v) is visible.

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

The first screenshot shows the 'Existing Files' dropdown menu with 'Select' as the current selection. The second screenshot shows the dropdown menu open, displaying a search bar and a list of options: 'This is a Test attachment 2222.pdf'.

To leave this form, Users must select the “**Discard**” button at the top of the form.

PROVIDER FILE ATTACH

Submit

Discard

Add to Favorites

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

?

Confirm Close

Are you sure you want to Close without saving?

Yes

No

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

CLIENT DEMOGRAPHICS

ADMISSIONS,PCNX (9358744)

DOB/Age: 2000-01-12 / 26
SSN: 111-22-3333
Race:
Veteran Status:

Pronouns:
Gender Identity: Female
Primary Language: No Entry
Ethnicity: No Entry
Smoking Status: No Entry
Smoking Assessment Date:

CONTACT INFO:

Cell Phone: 213-555-1212
Home Phone:
Work Phone:
Email:
Communication Preference: No Entry
Primary Care Provider:
PCP Phone:
LAUNCH Update Client Data

ADDRESS: 205 N Vermont Ave
LOS ANGELES CA 90005-9998
HMIS ID:
Magellan ID:

CLIENT DIAGNOSES

Ep#	Diagnosis Date	Diagnosis Type	Status Rank	Diagnosis	Diagnosis Code
3	2024-03-14	Admission	Active Primary	Smoking (tobacco) complicating childbirth	O99.334

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
View	GATEWAYS HOS...	This is a Test att...	07/01/2026	361052	No Entry
View	GATEWAYS HOS...	This is a Test att...	07/01/2026	361052	No Entry

CONSOLE WIDGET VIEWER

Open Record

Close All

Print

To View Uploaded Attachments (Files)

From the “HOME” screen

CLIENT DEMOGRAPHICS

ADMISSIONS,PCNX (9358744)

DOB/Age: 2000-01-12 / 26
SSN: 111-22-3333
Race:
Veteran Status:

Pronouns:
Gender Identity: Female
Primary Language: No Entry
Ethnicity: No Entry
Smoking Status: No Entry
Smoking Assessment Date:

CONTACT INFO:

Cell Phone: 213-555-1212
Home Phone:
Work Phone:
Email:
Communication Preference: No Entry
Primary Care Provider:
PCP Phone:
LAUNCH Update Client Data

ADDRESS: 205 N Vermont Ave
LOS ANGELES CA 90005-9998
HMIS ID:
Magellan ID:

CLIENT DIAGNOSES

Ep#	Diagnosis Date	Diagnosis Type	Status Rank	Diagnosis	Diagnosis Code
3	2024-03-14	Admission	Active Primary	Smoking (tobacco) complicating childbirth	O99.334

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
<button>View</button>	GATEWAYS HOS...	This is a Test att...	07/01/2026	361052	No Entry
<button>View</button>	GATEWAYS HOS...	This is a Test att...	07/01/2026	361052	No Entry

CONSOLE WIDGET VIEWER

Open Record

Close All

Print

Users can view the uploaded documents using the “Provider File Attach” widget.

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
<button>View</button>	GATEWAYS HOSPIT...	This is a Test attach...	07/01/2026	361052	No Entry
<button>View</button>	GATEWAYS HOSPIT...	This is a Test attach...	07/01/2026	361052	No Entry

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

PROVIDER FILE ATTACH 					
View	Provider	Document Name	Date	Authorization Number	Document Type
<button>View</button>	GATEWAYS HOSPIT...	This is a Test attach...	07/01/2026	361052	No Entry
<button>View</button>	GATEWAYS HOSPIT...	This is a Test attach...	07/01/2026	361052	No Entry

Once selected, the document will be viewed in the “**Console Widget Viewer**” widget.

CONSOLE WIDGET VIEWER 

This is a Test attachment 2222.pdf 



 1 of 2 

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

This is a Test! 222222222222

Open Record

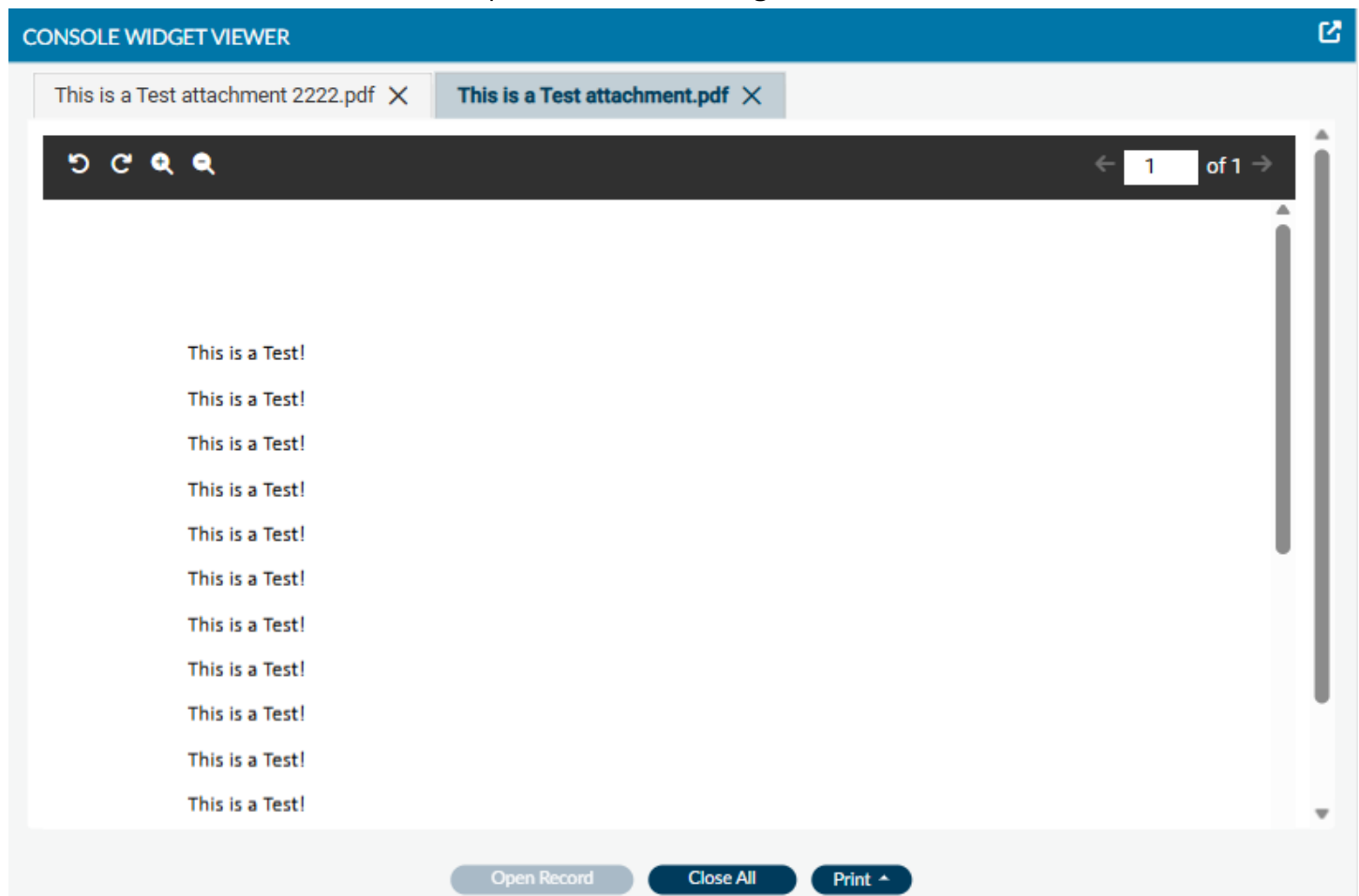
Close All

Print 

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

PROVIDER FILE ATTACH 					
View	Provider	Document Name	Date	Authorization Number	Document Type
<button>View</button>	GATEWAYS HOSPIT...	This is a Test attach...	07/01/2026	361052	No Entry
<button>View</button>	GATEWAYS HOSPIT...	This is a Test attach...	07/01/2026	361052	No Entry

Users will see the file name across the top of the “**Console Widget Viewer**”.



ProviderConnect NX: How to View Authorization Reports

From the “Home” screen

The screenshot displays the ProviderConnect NX Home screen. The top navigation bar includes the logo, "myDay", and user controls. The main content area is divided into four panels: CLIENT DEMOGRAPHICS, CLIENT DIAGNOSES, PROVIDER FILE ATTACH, and CONSOLE WIDGET VIEWER. The CLIENT DEMOGRAPHICS panel shows fields for DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date. The PROVIDER FILE ATTACH panel contains a table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type. The CLIENT DIAGNOSES and CONSOLE WIDGET VIEWER panels are currently empty.

LOGGED IN AS
AUTH PCNX

Recent Clients
My Forms
My Favorites
Recent Forms

Control Panel
Recent Clients Site

Welcome, AUTH PCNX
Make Every Day Matter

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

CLIENT DEMOGRAPHICS

ID
DOB/Age: /
SSN:
Race:
Veteran Status:
Pronouns:
Gender:
Primary Language:
Ethnicity:
Smoking Status:
Smoking Assessment Date:

CONTACT INFO:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference:
Primary Care Provider:
PCP Phone:

ADDRESS:
HMIS ID:
Magellan ID:
[LAUNCH Client Chart](#)

PROVIDER FILE ATTACH

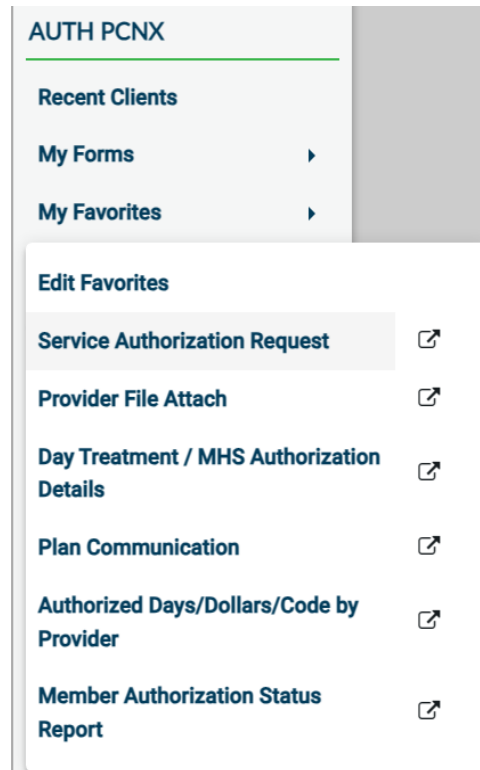
View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CLIENT DIAGNOSES

CONSOLE WIDGET VIEWER

Open Record Close All Print

Using the “**My Favorites**” tab in the **TASK Navigation**, select “**Member Authorization Status Report**” to open that form.



Complete all required fields in **RED**.

MEMBER AUTHORIZATION STATUS REPORT

Member Authorization Status Report

Select PROVID *

Date Range Start Date * T Y Date Range End Date * T Y

NOTE: All field names in **RED** with **RED Asterisk** are required.

Enter the User Provider ID number or enter the Provider name in the “**Select PROVID**” field.

Select PROVID *

Select PROVID *

Results

GATEWAYS HOSPITAL AND MENTAL HEALTH (190)

<< < 1 > >>

Select PROVID *

Results

GATEWAYS HOSPITAL AND MENTAL HEALTH (190)

<< < 1 > >>

Select PROVID *

Enter the start and end dates for the report range.

Date Range Start Date * T Y Date Range End Date * T Y

?

Future date entered.

OK Cancel

Date Range Start Date * 07/01/2026 T Y Date Range End Date * 07/11/2026 T Y

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

MEMBER AUTHORIZATION STATUS REPORT

Process Discard Add to Favorites

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

Avatar NX Report Viewer 2026.06.00

Close Report

Print Report

Export

Find... 2 of 2 100%

SAP CRYSTAL REPORTS*

Main Report

Member Authorization Status Report

Run Date 7/9/2026

Member ID	Prov ID	Provider	Auth No	Fund Src ID	Funding Source	Plan ID	Request Status	Begin Date	End Date	Est. Liability	Used Amount	Rem. Liability	Clinical Auth End Date
190	GATEWAYS HOSPITAL AND MENTAL HEALTH	P37842	7310	Enriched Residential Services Non-MC	7310	Approved	7/1/2026	6/30/2027	1,058,296	0,058,296			
190	GATEWAYS HOSPITAL AND MENTAL HEALTH	P37843	7310	Enriched Residential Services Non-MC	7310	Approved	7/1/2026	6/30/2027	3,174,887	0,174,887			
190	GATEWAYS HOSPITAL AND MENTAL HEALTH	P37844	7340	Crisis Residential Treatment Prgm Non-MC	7340	Approved	7/1/2026	6/30/2027	3,613,820	0,613,820			
9358744	GATEWAYS HOSPITAL AND MENTAL HEALTH	361052	6250	Acute Psychiatric Inpatient MC	6250	Pending	7/1/2026	6/30/2027	0	0	0		

When the User closes the report, the User will see a message “**Member Authorization Status Report has completed. Do you wish to return to form?**” Select “**Yes**” if the User wants to stay on the reports form, or “**No**” to return to the “**Home Screen**”.

?

Form Return

Member Authorization Status Report has completed. Do you wish to return to form?

YesNo

The “**Home**” screen.

ProviderConnect NXmyDay

LOGGED IN AS
AUTH PCNX

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent ClientsSite

Welcome, AUTH PCNX

Make Every Day Matter

What can I help you find?

Advanced Client Search

CLIENT DEMOGRAPHICS

DOB/Age: /

SSN:

Race:

Veteran Status:

CONTACT INFO:

Cell Phone:

Home Phone:

Work Phone:

Email:

Communication Preference:

Primary Care Provider:

PCP Phone:

Pronouns:

Gender:

Primary Language:

Ethnicity:

Smoking Status:

Smoking Assessment Date:

ADDRESS:

HMIS ID:

Magellan ID:

LAUNCH Client Chart

CLIENT DIAGNOSES

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type
------	----------	---------------	------	----------------------	---------------

CONSOLE WIDGET VIEWER

Open Record

Close All

Print