End User Manual for Creating an Admission Process (DHS)

ProviderConnect NX

Table of Contents

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

Request Forms for Provider Connect NX Access:
- APPLICATION ACCESS FORM (AAF)
- CONFIDENTIALITY OATH
- COUNTY OF LOS ANGELES AGREEMENT FOR ACCEPTABLE USE AND CONFIDENTIALITY OF COUNTY INFORMATION ASSETS (AUA)
- ELECTRONIC SIGNATURE AGREEMENT
- SECURITY AGREEMENT NON-LACDMH USER

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

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

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

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

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

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

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

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

Introduction to Avatar NX for Service Providers

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

Access and Limitations

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

- Once your 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 in the submitted admission.

If changes or updates are required, Users will need to complete a HEAT ticket to have changes or updates completed in **ProviderConnect NX**. If a User does not have or know what their access is for HEAT Users can call the Help Desk at (213)351-1335.

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/

Provider Connect NX: Login using 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 Users save this link to their Favorites Bar for ease of access.

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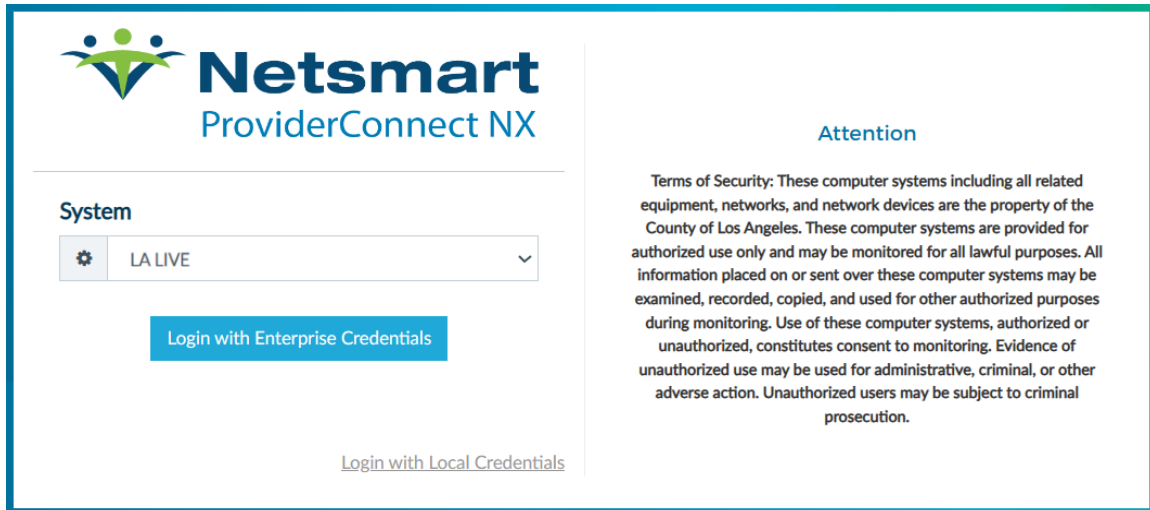

Users will either enter in their "**C**" number with @dmh.lacounty.gov email address and click the "**Next**" button or
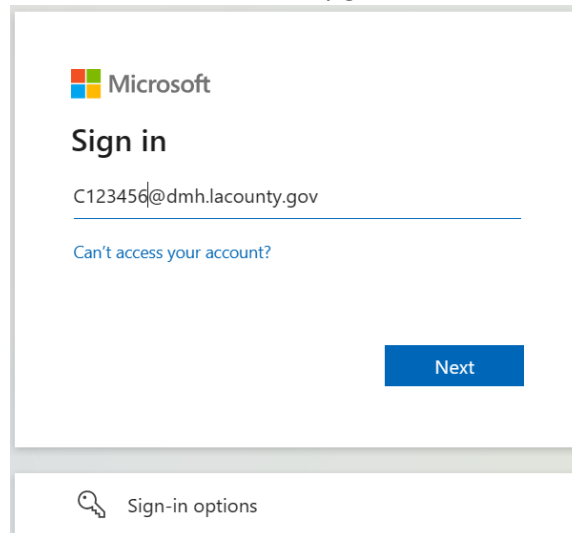
on the "**Pick an account**" popup screen User will either select the "**C**" number DMH email address or if the User does not see their "**C**" number DMH email the User can click the "**+**" to use another account. This will navigate the User back to the "**Sign in**" to where the User can enter their "**C**" number DMH email address and click the "**Next**" button.
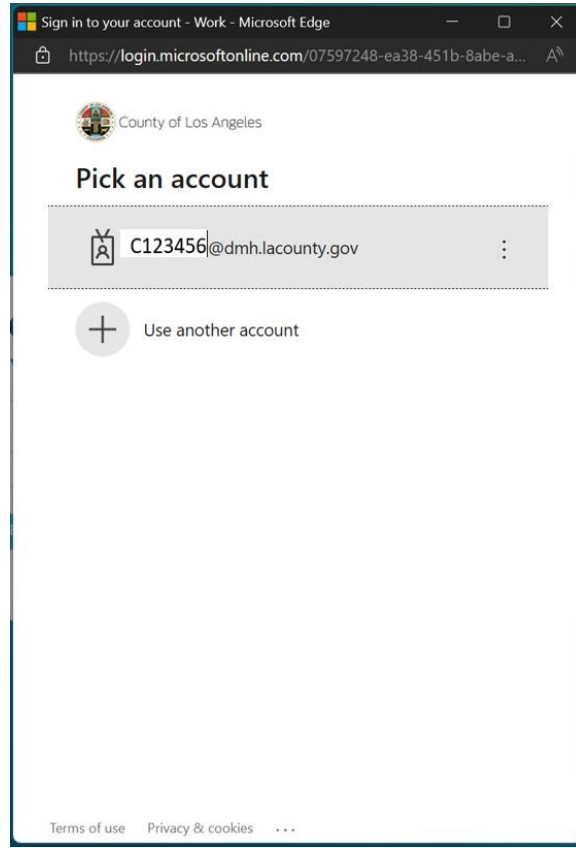
The User will enter their password and click the "**Sign in**" button. This will navigate the User to the Netsmart **ProviderConnect NX** login.
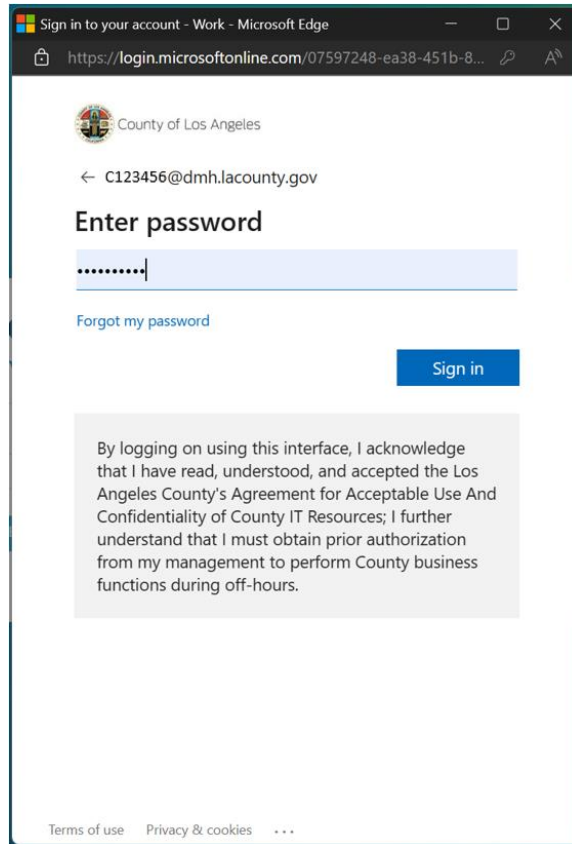
User will receive the number to be entered into the "**Authenticator App**". The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.
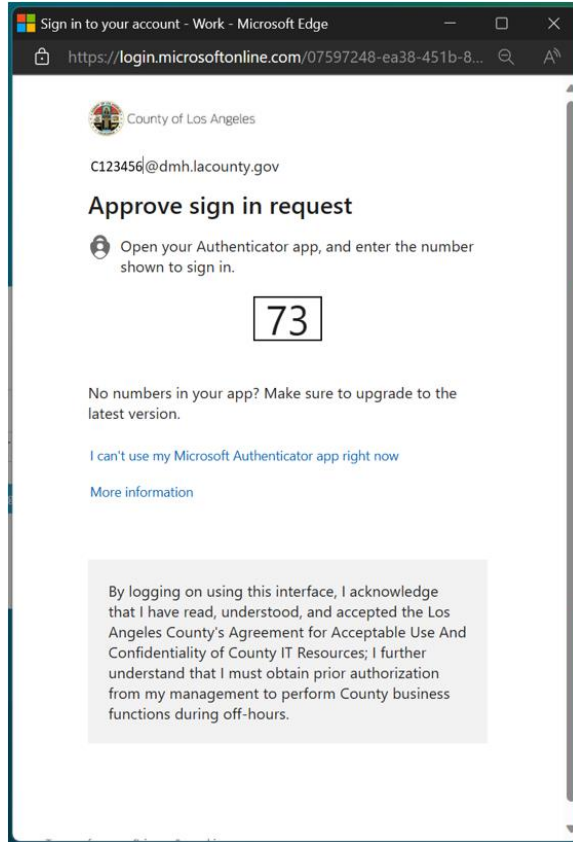
Using the "**System Code**" dropdown select the code for the Users agency. The User will only see the system codes they are authorized to see to access **ProviderConnect NX**.

Select the Users Provider name.

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

Provider Connect NX: How to Create an Admission

On the Admission form Users will create a new or on-going client admission for their clients in **ProviderConnect NX**. From the "**Home Screen**".
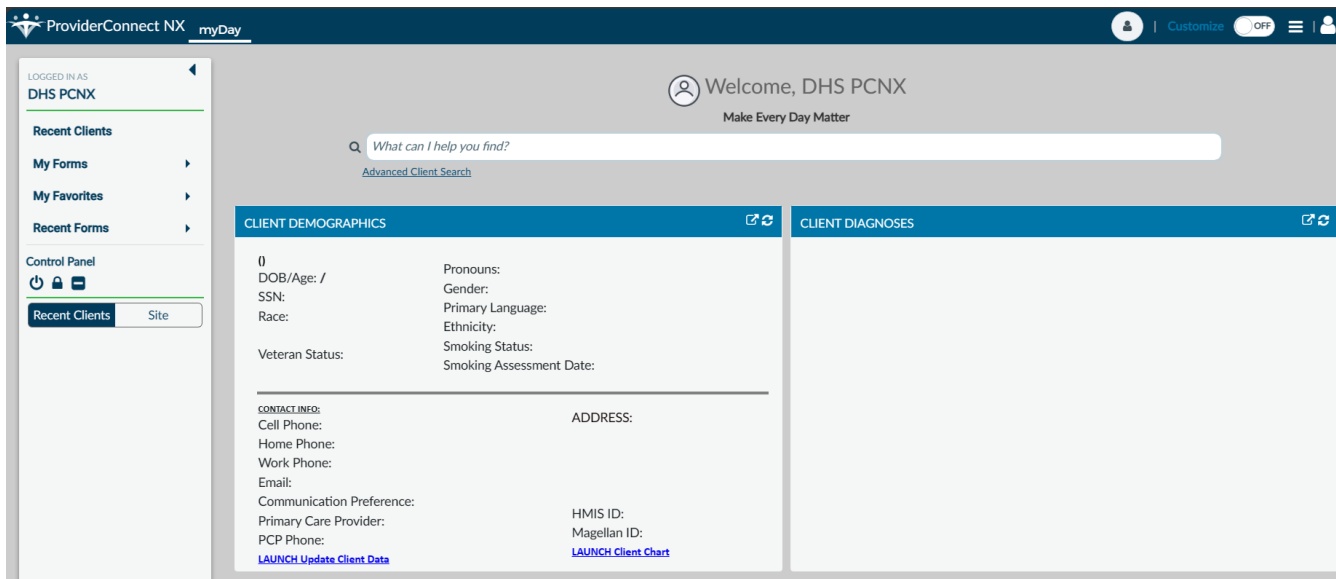
The User can go to their favorites in the TASK Navigation and select "**Admission (Outpatient)**" from the dropdown menu.
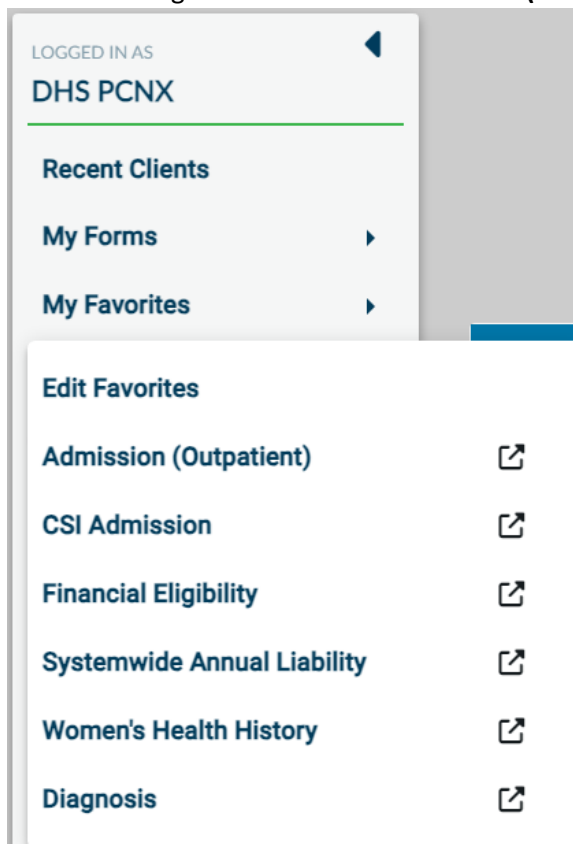
The **"Client Search"** allows the User to add new client admissions or search clients who may have an existing admission within the system from other providers.

Opening: **Admission (Outpatient)**

Client Search

Last Name	First Name	Sex
		✕ ⌄

Social Security Number	Date of Birth

DMH Client ID	Alias	Subscriber Client Index Number	Alias (Additional Text)

Alias (Additional Text)

Search	Clear

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Admitting Practitioner

New Client	Cancel

Enter the client data in the "**Client Search**" section.
NOTE: Entering more information on a client greatly narrows the search results.

Client Search

Last Name	First Name	Sex
		✕ ⌄

Social Security Number	Date of Birth

DMH Client ID	Alias	Subscriber Client Index Number	Alias (Additional Text)

Alias (Additional Text)

Search   Clear

Client Search

Last Name	First Name	Sex
Test	PCNX	Male ✕ ⌄

Social Security Number	Date of Birth
111-22-3333	01/01/1970

DMH Client ID	Alias	Subscriber Client Index Number	Alias (Additional Text)

Alias (Additional Text)

Search   Clear

Click the "**Search**" button to see search results.

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Admitting Practitioner
Info	115	DEVITO,ANGELO	2346274	06/15/1966	MONTEREY PARK	91755		
Info	100	FUNES,LIDIA	4006319	06/07/2001	SUN VALLEY	91352-0000		159771
Info	76	TEST,PLAN	3139103	01/01/1975	LOS ANGELES	90005	TESTYYY	001149

New Client   Cancel

If the search results come back as "**No matches found**" then click the "**New Client**" button.
A pop-up box will appear asking if the User wants to "**Auto Assign ID Number**" for the new client. The User will always select the "**Yes**" button.

? **Client**

Auto Assign Next ID Number?

Yes   No

The User will be navigated to the "**Admission (Outpatient)**" form.

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

Enter the "**Admission Date**" and the "**Admission Time**"

Using the dropdown menu select the "**Program of Admission**".

Program Of Admission *

Select   ✕   ⌄

Program Of Admission *

Select   ✕   ⌄

| | 🔍 |

LE00502 Harborucla

Program Of Admission *

LE00502 Harborucla   ✕   ⌄

Using the dropdown menu select the "**Type of Admission**".

Type Of Admission *

Select   ✕   ⌄

Type Of Admission *

Select   ✕   ⌄

| | 🔍 |

Elective

Emergency

First Admission

Information not Available

Pre-Admission

Re-Admission

Urgent

Type Of Admission *

First Admission   ✕   ⌄

In the "**Admitting Pratitioner**" field enter either the Practitioners Name or the Practitioners Number.

Admitting Practitioner *

| | 🔍 |

Admitting Practitioner *

| 12715 | 🔍 |

Practitioner	NPI Number	Taxonomy Code	Program Association
ANDREA CALDWELL (012715)	1205907037	2084P0800X	00502+1962P+ 1962S

⏮ ◀ 1 ▶ ⏭

Admitting Practitioner *

| ANDREA CALDWELL (012715) | 🔍 |

Once client data has been entered the User should review the form to verify that all needed fields have been completed and all data entered is correct.

In the TASK Navigation select the "**Demographics**" tab.

Add or update the clients' demographics.

Once all data has been verified User must scroll to the top of the form and select the "**Submit**" button.

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

Provider Connect NX: How to Enter a Financial Eligibility

The "**Financial Eligibility**" form is used to record a clients' insurance coverage information.

Before completing the "**Financial Eligibility**" form, you must verify the client's financial eligibility on the Department of Health Care Services (DHCS) Medi-Cal Website at https://www.medi-cal.ca.gov/ or https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/email

NOTE: Ensure you have carefully verified the client's Date of Birth and Gender in the financial eligibility for Medi-Cal, as this is what is submitted on claims to the state.

NOTE: A client can only have one Financial Eligibility record for a ProviderConnect NX Admission episode, regardless of the number of providers of service. If a client already has a record set up under the xFFS2LE Fee-For-Service admission episode, there is no need to create an additional record, but you must review the client's financial eligibility information to ensure the information is current. If the financial eligibility information has changed, you will only need to edit the Financial Eligibility record.

From the "**Home Screen**".

The User can go to their favorites in the TASK Navigation and select "**Financial Eligibility**" from the dropdown menu.

This will navigate the User to the "**Financial Eligibility**" where the User will enter the **Client ID** in the "**Select Client**" field.

The User will select the Clients name in the results.

NOTE: When an admission is created for a client, the Financial Eligibility is automatically started. The User must go in to add the Guarantors and the order for the Guarantors.

Select the episode for where the User will need to enter the Guarantors.

This navigates the User to the "**Financial Eligibility**" form.

Select the "**Guarantor Selection**" tab in the Financial Eligibility TASK navigation.

NOTE: The fields highlighted in **RED** and/or with asterisks are required fields.
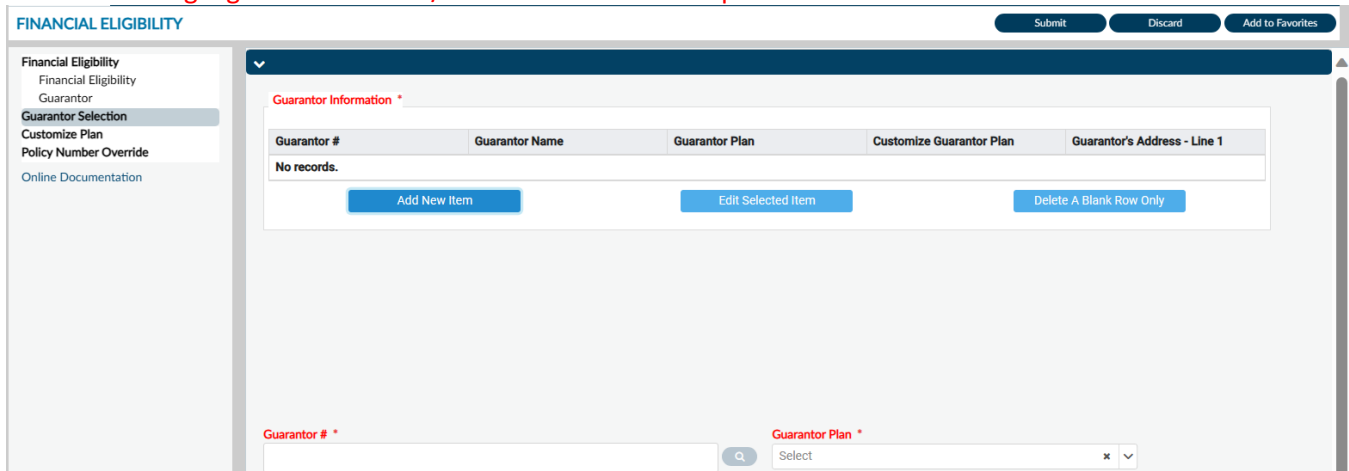
Select the "**Add New Item**" button under "**Guarantor Information**" section.
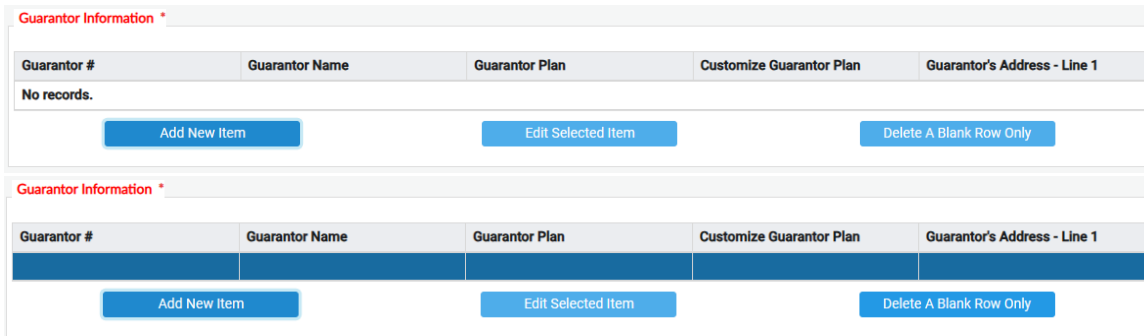
NOTE: User must select the Guarantor's Medi-Cal (10) and LA County (16).

Enter the first Guarantor in the "**Guarantor #**" field.

Users will get a popup. Click the "**OK**" button.

This will populate the demographic fields for the client.

Verify that the client demographic data is correct. If it is not Users temporarily update the data for this transaction. The User can permanently update the client data on the "**Update Client Data**" form after the Financial Eligibility is completed.

Select "**NO**" radio button for "**Customize Guarantor Plan**".

Customize Guarantor Plan *

○ Yes   ○ No

The User will get a Warning Popup Message. Users must click the "**OK**" button to continue.

?

This Will Delete Any Information Previously Filed
In 'Customize Plan'.

OK   Cancel

Customize Guarantor Plan *

○ Yes   ● No

Eligibility should be already verified. Select the "**Yes**" radio button under "**Eligibility Verified**".

Eligibility Verified *		Eligibility Verified *	
○ Yes	○ No	● Yes	○ No

Enter the effective date of coverage under "**Coverage Effective Date**".

Coverage Effective Date *	Coverage Effective Date *
[ ] 📅 T Y	01/01/2000 📅 T Y

If the client has consented to the release of medical info or has provided a signed statement, select the "**Yes**" radio button under "**Subscriber Assignment of Benefits**".

Subscriber Assignment Of Benefits *		Subscriber Assignment Of Benefits *	
○ Yes	○ No	● Yes	○ No

Select the radio button under "**Subscriber Release of Info**" for the method the client agreed to have their information released.

Subscriber Release Of Info *	Subscriber Release Of Info *
○ Informed Consent To Release Medical Info	○ Informed Consent To Release Medical Info
○ Yes, Provider Has Signed Statement Permitting Release	● Yes, Provider Has Signed Statement Permitting Release

After the User has reviewed the form verifying all the entered data is correct. The User must scroll back to the top of the form.

The User must click the "**Add New Item**" button to add the second guarantor.

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
Medi-Cal (10)	DMH	1	No	1901 16TH STREET

Add New Item	Edit Selected Item	Delete A Blank Row Only

Enter the second Guarantor in the "**Guarantor #**" field. The "**Guarantor Plan**" will populate once the guarantor has been selected.

Guarantor # *

Guarantor Plan *

Select

Guarantor # *

16

Results

LA County (16)

Users will get a popup. Click the "**OK**" button.

Confirm

Selecting This Guarantor Will Over-Write Any Previous Plan Information. The Master Plan Information Will Default.

OK

Guarantor # *

LA County (16)

Guarantor Plan *

(Non-Contract) LA COUNTY

This will populate the demographic fields for the client.

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
Medi-Cal (10)	DMH	1	No	1901 16TH STREET
LA County (16)	LA County	2	No	550 S Vermont Ave

Add New Item	Edit Selected Item	Delete A Blank Row Only

**Guarantor # ** *

LA County (16) 🔍

Guarantor Name

LA County

Guarantor's Address DO NOT CHANGE

550 S Vermont Ave

Guarantor's Address - DO NOT CHANGE

Guarantor's Zip Code +4 - DO NOT CHANGE

90020-1912

Guarantor's City - DO NOT CHANGE

Los Angeles

Guarantor's State - DO NOT CHANGE

California ✕ ⌄

Guarantor's Phone Number DO NOT CHANGE

**Guarantor Plan ** *

(Non-Contract) LA COUNTY ✕ ⌄

Customize Guarantor Plan *

◯ Yes   ◉ No

Create New Levels from Master Record of Benefit Plan

◯ Yes   ◯ No

[Default and Edit Plan Levels]

Default Plan Start Date

📅 T Y

Default Plan End Date

📅 T Y

Guarantor Inception Date DO NOT CHANGE *

01/01/2000 📅 T Y

Eligibility should be already verified. Select the "**Yes**" radio button under "**Eligibility Verified**".
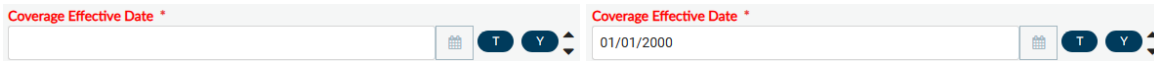
Eligibility Verified *

◯ Yes   ◯ No

Eligibility Verified *

◉ Yes   ◯ No

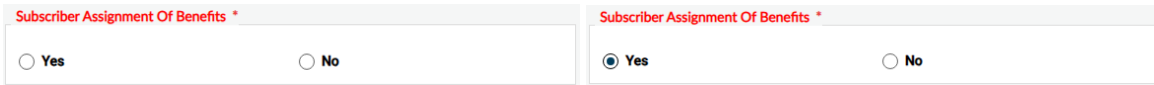Enter the effective date of coverage under "**Coverage Effective Date**".

Coverage Effective Date *

📅 T Y

Coverage Effective Date *

01/01/2000 📅 T Y

If the client has consented to the release of medical info or has provided a signed statement, select the "**Yes**" radio button under "**Subscriber Assignment Of Benefits**".
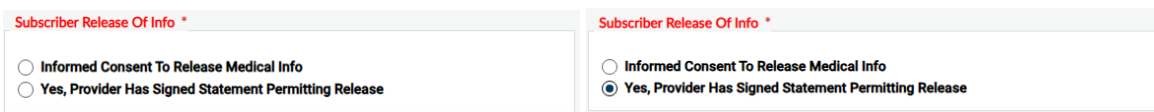
Subscriber Assignment Of Benefits *

◯ Yes   ◯ No

Subscriber Assignment Of Benefits *

◉ Yes   ◯ No

Select the radio button under "**Subscriber Release Of Info**" for the method the client agreed to have their information released.

Subscriber Release Of Info *	Subscriber Release Of Info *
○ Informed Consent To Release Medical Info	○ Informed Consent To Release Medical Info
○ Yes, Provider Has Signed Statement Permitting Release	● Yes, Provider Has Signed Statement Permitting Release

After the User has reviewed the form verifying all the entered data is correct. The User must select the "**Guarantor**" tab in the Financial Eligibility TASK navigation to navigate back the "**Financial Eligibility**" form to select the guarantor order.

NOTE: Medi-Cal (DMH) should always be first in the Guarantor list order.

Using the dropdown under "**Guarantor #**" select the first guarantor.

Guarantor #1 *	Guarantor #1
Select ✕ ∨	(10) DMH ∨

Using the dropdown under "**Guarantor #**" select the second guarantor.

Guarantor #2 *	Guarantor #2
Select ✕ ∨	(16) LA County ∨

View form to verify guarantor order.
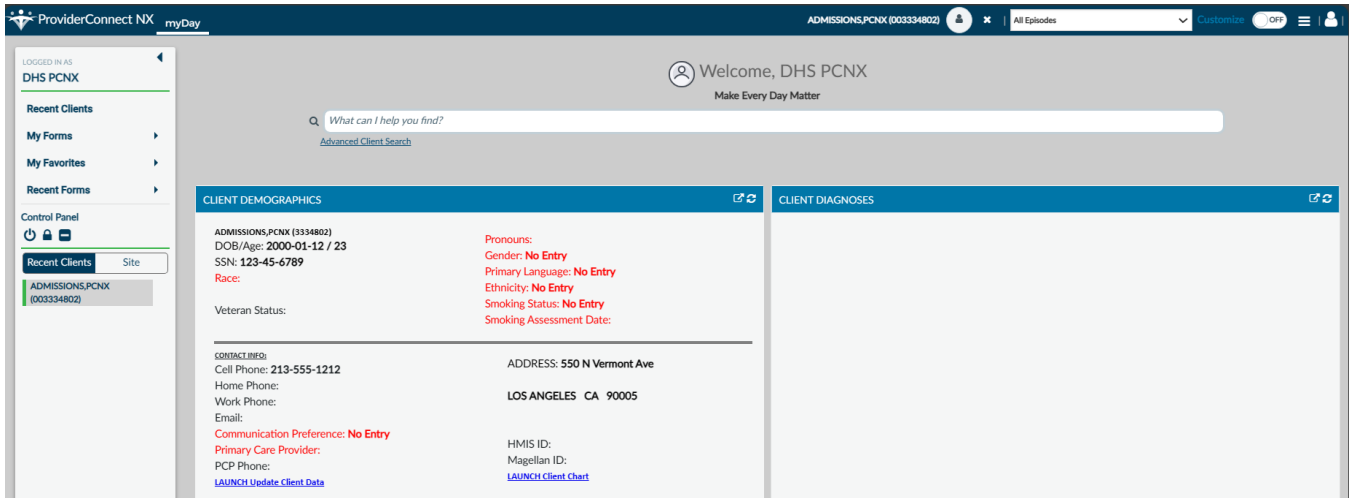
Once the guarantor order has been entered the User must scroll to the top of the form and select the "**Submit**" button.

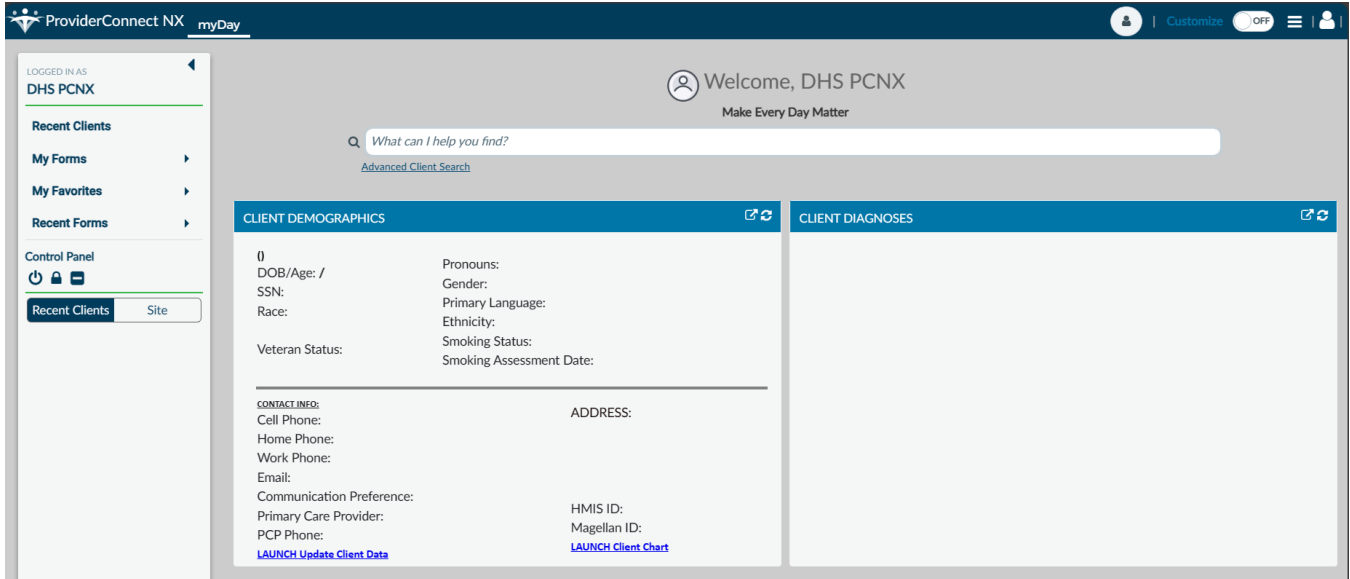**FINANCIAL ELIGIBILITY**   Submit   Discard   Add to Favorites

This will navigate the User back to the **Home Screen**. The Financial Eligibility has been completed.
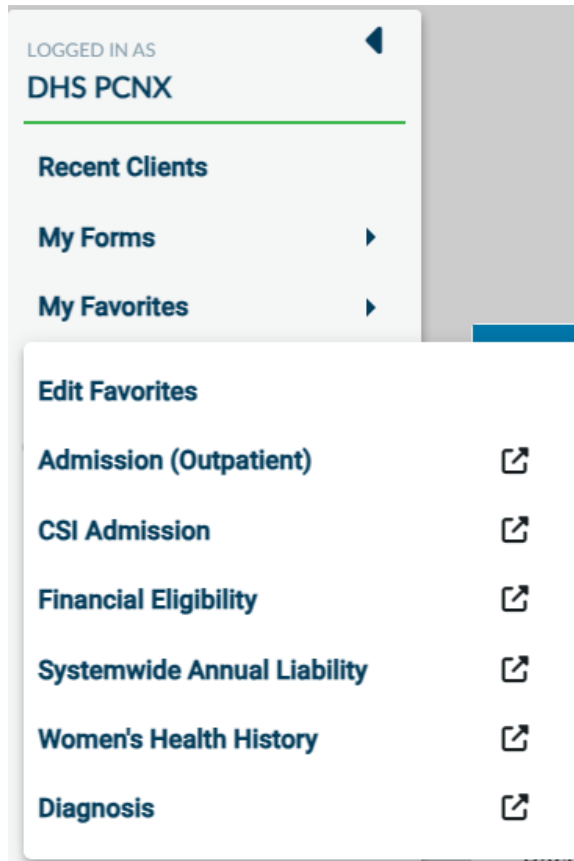
ProviderConnect NX: Diagnosis

From the **"Home Screen"** form Users can navigate to the "**Diagnosis**" form.

The User can go to their favorites in the TASK Navigation and select **"Diagnosis"** from the dropdown menu.

This will navigate the User to the "**Diagnosis**" where the User will enter the **Client ID** in the "**Select Client**" field.

Opening: **Diagnosis**

Home > Select Client >

Select Client

🔍 [   ]

| OK | Cancel |

The User will select the Clients name in the results to navigate to the "**Diagnosis**" pre-display screen.

Opening: **Diagnosis**

Home > Select Client >

Select Client

🔍 [9358744]

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

| OK | Cancel |

On "**Diagnosis**" pre-display screen, select the Episode to add the clients diagnosis.This will open the diagnosis form.

Opening: **Diagnosis**

Home > Select Client > Select Episode >

✓ **Selected Client :** ADMISSIONS, PCNX (009358744)

Select Episode

Name: PCNX ADMISSIONS
ID: 9358744
Sex: Male
Date of Birth: 01/12/2000

Episode ⇕	Program ⇕	Start ⇕	End ⇕
1	LE00504 COUNTY OF LOS ANGELES	01/05/2024	

OK   Cancel

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

Using the radio button select the "**Type of Diagnosis**".

Note: The diagnosis date auto populates with the date the diagnosis is created in the "Date of Diagnosis" field. The date of the diagnosis can be change to another date if nessassary.

Enter the time in the "**Time of Diagnosis**" field.

Here the User will add a row to add the diagnosis.

NOTE: Once a "**New Row**" has been added the "**Diagnosis Search**", "**Status**", "**Diagnosis Practitioner**", and "**Bill Order**" become required fields.

The "**Status**" auto populates with the "**Active**" radio button selected. "**Do Not Change this selection!**"

Enter the "**Diagnosing Practitioner**" number or name in this field.

Note: The "**Bill Order**" field auto populates with the order number. This number **MUST** not be changed. The system selects this number.

After the User has completed the form, they should review the form verifying all the entered data is correct.

The User must select the "**Submit**" button at the top of the form.

The User will receive a pop-up message. Clicking the "**No**" button will navigate the User back to the "**Home Screen**". Clicking the "**Yes**" button will navigate the User to the pre-display screen where the User can view the diagnosis summaries for this client. For this example, we will select the "**Yes**" button.

? Pre-Display Confirmation

Do you want to return to the Pre-Display?

[Yes]   [No]
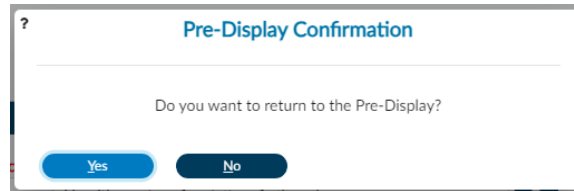
Here the User will record(s) for this client past and present diagnosis.

Opening: **Diagnosis**

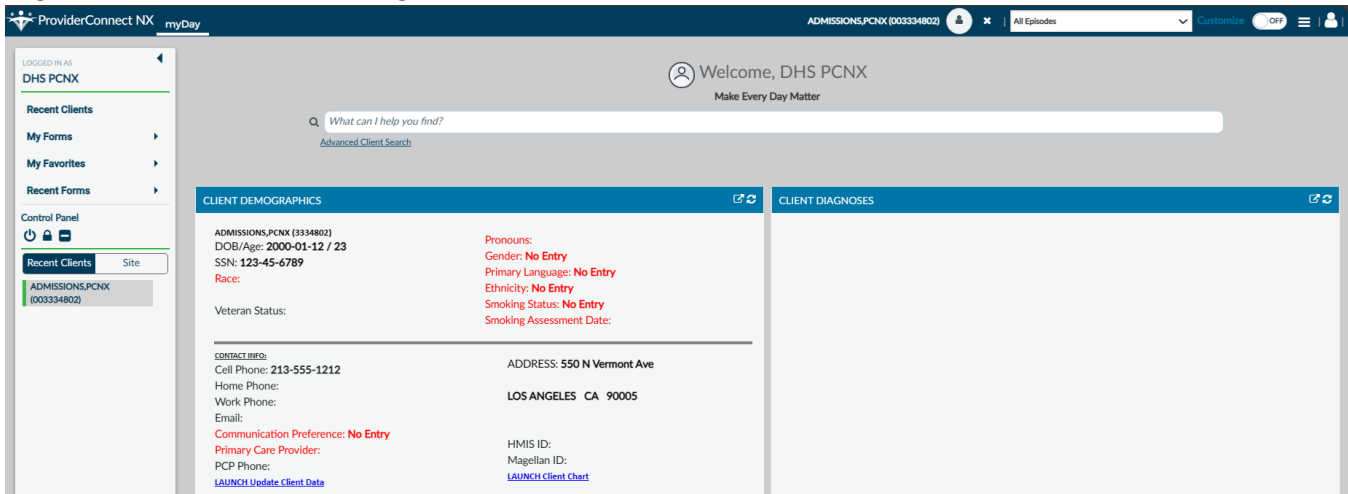Home > Select Client > Select Record >

✔ **Selected Client :** ADMISSIONS,PCNX (003334802)
✔ **Selected Episode:** 2

Select Record

Date Of Diagnosis ⇕	Type Of Diagnosis ⇕	Time Of Diagnosis ⇕	Primary Diagnosis ⇕
02/09/2024	Admission	01:46 PM	(Z69.81) Encounter for mental health services for victim of other abuse

[Add]   [Edit]   [Cancel]

Clicking the "**Cancel**" button will navigate the User back to the "**Home Screen**".

ProviderConnect NX   myDay   ADMISSIONS,PCNX (003334802) 👤 ✖ | All Episodes ▾ | Customize OFF ≡ | 👤 |

LOGGED IN AS
DHS PCNX ◀

Recent Clients
My Forms ▸
My Favorites ▸
Recent Forms ▸

Control Panel
⏻ 🔒 ➖

[Recent Clients | Site]

ADMISSIONS,PCNX
(003334802)

👤 Welcome, DHS PCNX
Make Every Day Matter

🔍 *What can I help you find?*
Advanced Client Search

CLIENT DEMOGRAPHICS ⬀⟳

ADMISSIONS,PCNX (3334802)
DOB/Age: **2000-01-12 / 23**
SSN: **123-45-6789**
Race:

Veteran Status:

Pronouns:
Gender: **No Entry**
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: **550 N Vermont Ave**

LOS ANGELES CA 90005

HMIS ID:
Magellan ID:
LAUNCH Client Chart

CLIENT DIAGNOSES ⬀⟳