

End User Manual for Creating an Admission Process (DHS)

ProviderConnect NX



Los Angeles County

Department of Mental Health

APR 2024 v4.5

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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

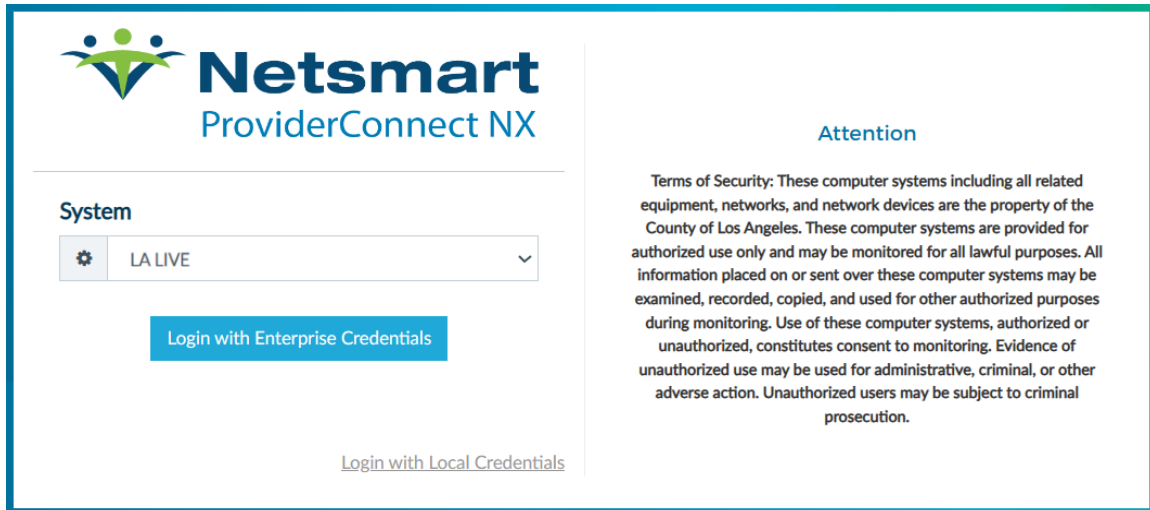
HEAT ticket System - <https://lacdmheat.saasit.com>

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

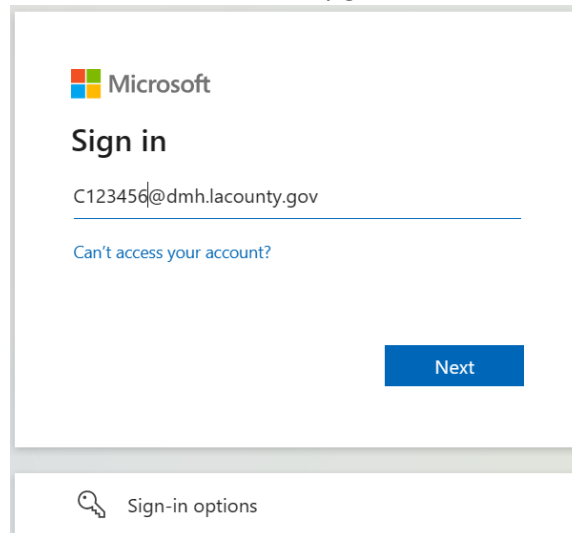
Provider Connect NX: Login using Enterprise Credentials

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.

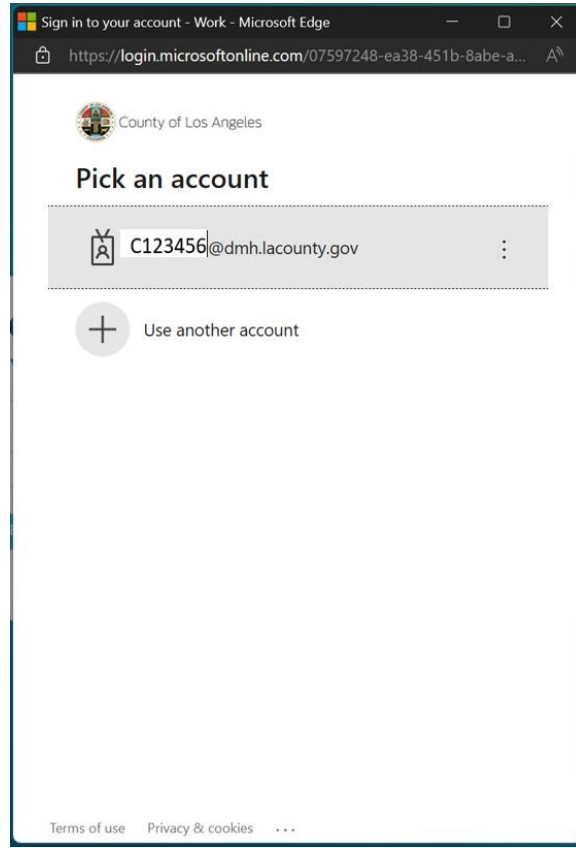
Select the “**Login with Enterprise Credentials**” button. This will navigate the User to the Microsoft MFA login screen.



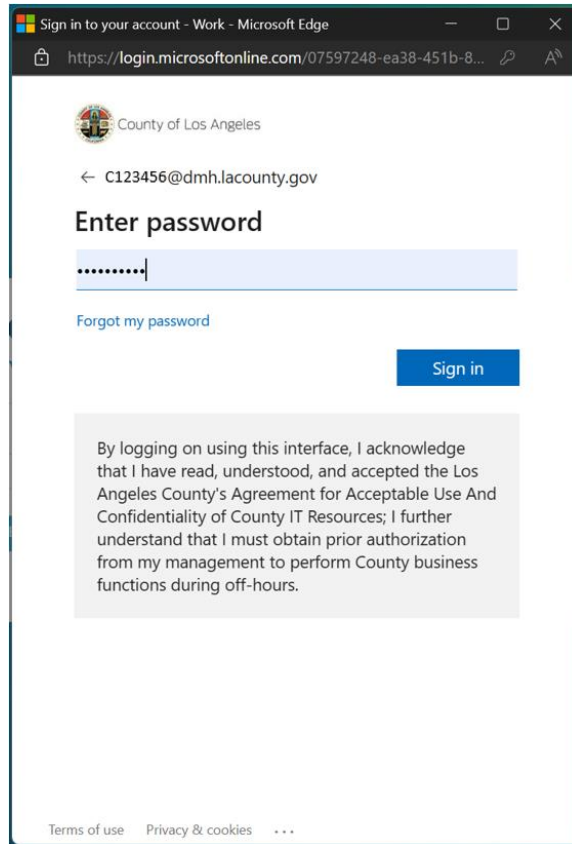
Users will either enter in their “**C**” number with @dmh.lacounty.gov email address and click the “**Next**” button or



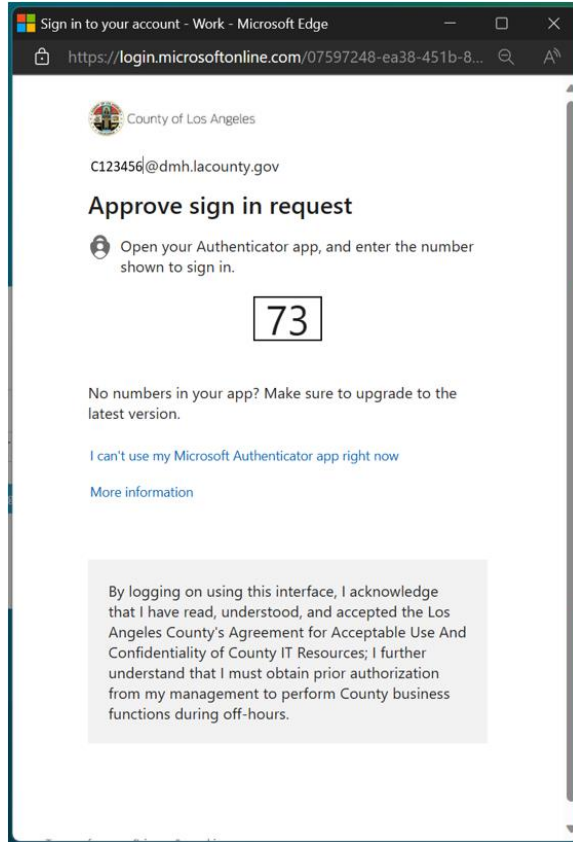
on the **“Pick an account”** popup screen User will either select the **“C”** number DMH email address or if the User does not see their **“C”** number DMH email the User can click the **“+”** to use another account. This will navigate the User back to the **“Sign in”** to where the User can enter their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

Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

Select System Code

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.

Select the Users Provider name.

Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

Select System Code

- Lausc Medical Center (DHSX504) : c100002
- DO NOT SELECT THIS SYSTEM CODE (zPCNX) : c100002

Attention

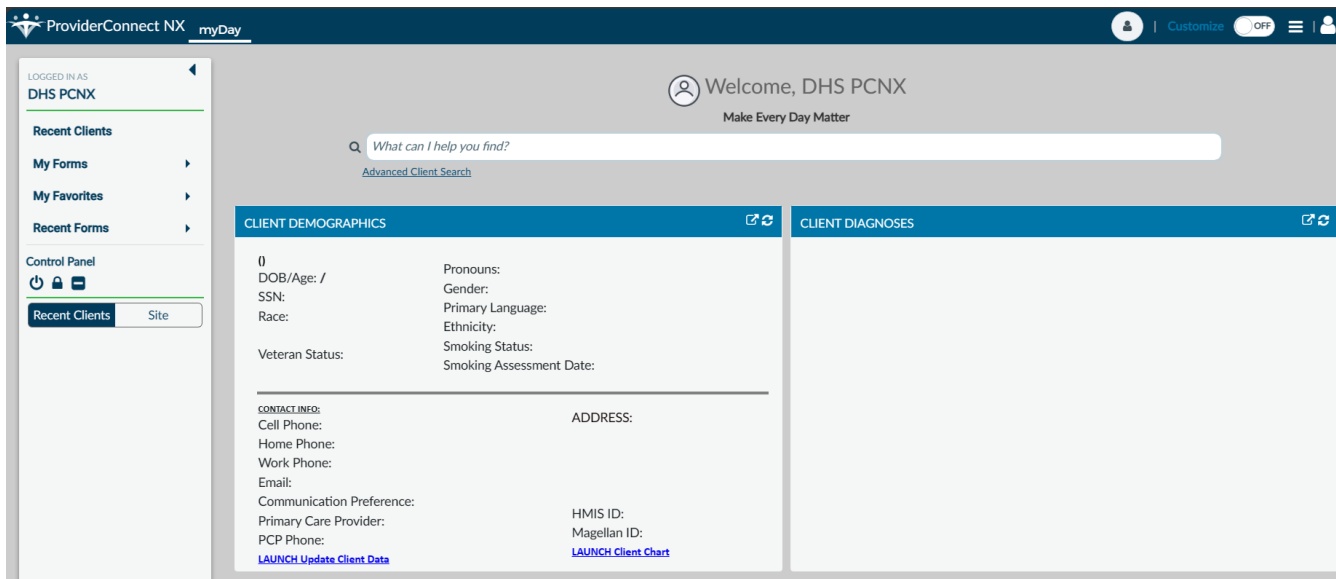
Terms of Security: These computer systems including all related equipment, networks, and network devices are the property of the County of Los Angeles. These computer systems are provided for authorized use only and may be monitored for all lawful purposes. All information placed on or sent over these 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.

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

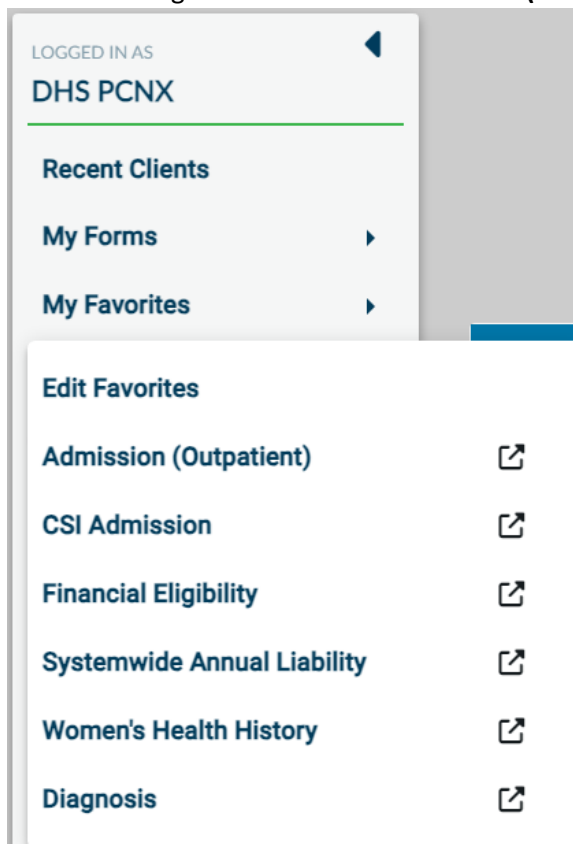
The screenshot displays the 'myDay' interface for 'DHS PCNX'. The top navigation bar includes the logo, 'myDay', a 'Customize' toggle (OFF), and a user profile icon. The main content area features a 'Welcome, DHS PCNX' message with the slogan 'Make Every Day Matter' and a search bar containing the placeholder text 'What can I help you find?'. Below the search bar is a link for 'Advanced Client Search'. The interface is divided into two main panels: 'CLIENT DEMOGRAPHICS' and 'CLIENT DIAGNOSES'. The 'CLIENT DEMOGRAPHICS' panel lists fields such as DOB/Age, SSN, Race, Veteran Status, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date. The 'CLIENT DIAGNOSES' panel is currently empty. A 'CONTACT INFO' section at the bottom left includes fields for Cell Phone, Home Phone, Work Phone, Email, Communication Preference, Primary Care Provider, and PCP Phone. An 'ADDRESS' field is also present. At the bottom of the page, there are two links: 'LAUNCH Update Client Data' and 'LAUNCH Client Chart'. A left-hand navigation menu contains options for 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms', along with a 'Control Panel' section with 'Recent Clients' and 'Site' buttons.

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)

Home > Select Client >

Client Search

Last Name	First Name	Sex	
<input type="text"/>	<input type="text"/>	<input type="text" value="x"/> ▾	
Social Security Number	Date of Birth		
<input type="text"/>	<input type="text"/>		
DMH Client ID	Alias	Subscriber Client Index Number	Alias (Additional Text)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias (Additional Text)			
<input type="text"/>			

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

Enter the client data in the “Client Search” section.

NOTE: Entering more information on a client greatly narrows the search results.

The screenshot shows the 'Client Search' form with the following fields: Last Name, First Name, Sex (dropdown), Social Security Number, Date of Birth, DMH Client ID, Alias, Subscriber Client Index Number, and Alias (Additional Text). There are 'Search' and 'Clear' buttons at the bottom.

The screenshot shows the 'Client Search' form with the following filled fields: Last Name: 'Test', First Name: 'PCNX', Sex: 'Male', Social Security Number: '111-22-3333', Date of Birth: '01/01/1970'. There are 'Search' and 'Clear' buttons at the bottom.

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

The screenshot shows two buttons: 'New Client' and '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.

The screenshot shows a pop-up dialog box titled 'Client' with a question mark icon. The text inside says 'Auto Assign Next ID Number?' and there are two buttons: 'Yes' and 'No'.

The User will be navigated to the “Admission (Outpatient)” form.

NEW Client(1 Form)

NEW Client

(003334802)
-
Ht: -, Wt: -, BMI: -

Ep: 1 :
Preferred Name: -
Personal Pronouns: -
Problem P: -

Address: -
Phone #: -
DX P: -

Allergies (0)

ADMISSION (OUTPATIENT)

Submit Discard Add to Favorites

Admission

- Identification and Treatment Information
- Other Client Information
- Compliance Indicators

Demographics

- Client Demographics
- Alias

Other Client Data

- Update Client Data
- Online Documentation

Identification and Treatment Information

Episode Number: 1

Client Name: ADMISSIONS.PCN

Sex: Female Male Unknown

Date Of Birth: 01/12 Age: 23

Social Security Number: Alternate Social Security Number:

Admission Date: Admission Time: Current Time

Program Of Admission: Select

Type Of Admission: Select

Source Of Admission: Select

Admitting Practitioner: Practitioner Type: Select

Other Client Information

Client's Living Arrangements (CSI): Select

Compliance Indicators

Received Copy Of Client Rights: Yes No

Admission Note:

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”

Admission Date * Admission Time * Current Time

01/05/2024 03:43 PM Current Time

Using the dropdown menu select the **“Program of Admission”**.

The first screenshot shows a dropdown menu with the text 'Select' and a search icon. The second screenshot shows the dropdown menu open with a search bar containing 'LE00502 Harborucla' and a search icon. The third screenshot shows the dropdown menu closed with 'LE00502 Harborucla' selected.

Using the dropdown menu select the **“Type of Admission”**.

The first screenshot shows a dropdown menu with the text 'Select' and a search icon. The second screenshot shows the dropdown menu open with a search bar and a list of options: Elective, Emergency, First Admission, Information not Available, Pre-Admission, Re-Admission, and Urgent. The third screenshot shows the dropdown menu closed with 'First Admission' selected.

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

The first screenshot shows an empty search field with a search icon. The second screenshot shows the search field containing '12715' and a search icon. The third screenshot shows a table of search results for '12715'.

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

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.

NEW Client

(003334802)
Ht: -, Wt: -, BMI: -

Ep: 1 :
Preferred Name: -
Personal Pronouns: -
Problem P: -

Address: -
Phone #: -
DX P: -

Allergies (0)

ADMISSION (OUTPATIENT) Submit Discard Add to Favorites

Admission

- Identification and Treatment Information
- Other Client Information
- Compliance Indicators

Demographics

- Client Demographics
- Alias

Other Client Data

- Update Client Data
- Online Documentation

Identification and Treatment Information

Episode Number: 1

Admission Date: 01/05/2024 Calendar T Y ↑ ↓ Admission Time: 03:43 PM Current Time

Client Name: ADMISSIONS,PCNX

Program Of Admission: LE00502 Harborucla x ↓

Type Of Admission: First Admission x ↓

Source Of Admission: Select x ↓

Admitting Practitioner: ANDREA CALDWELL (012715) Q

Practitioner Type: Select x ↓

Sex: Female Male Unknown

Date Of Birth: 01/12/2000 Calendar T Y ↑ ↓ Age: 23

Social Security Number: Alternate Social Security Number:

Other Client Information

Client's Living Arrangements (CSI): Select x ↓

Compliance Indicators

Received Copy Of Client Rights: Yes No

Admission Note:

In the TASK Navigation select the “Demographics” tab.

ADMISSION (OUTPATIENT) Submit Discard Add to Favorites

Admission
Identification and Treatment Information
Other Client Information
Compliance Indicators

Demographics
Client Demographics
Alias

Other Client Data
Online Documentation

Client Demographics

Client Last Name: ADMISSIONS

Client First Name: PCNX Client Middle Name:

Suffix:
 Sr Jr III
 IV V VI

Prefix: Select

Gender Identity:
 Male-to-Female (MTF)/Transgender Female/Trans Woman
 Female-to-Male (FTM)/Transgender Male/Trans Man
 Genderqueer, neither exclusively male nor female
 Female
 Male
 Chose not to disclose
 Additional gender category or other, please specify

Gender Identity (Please Describe):

Personal Pronouns (will show on the banner):

Sexual Orientation:
 Straight or heterosexual
 Lesbian, gay or homosexual
 Bisexual
 Chose Not To Disclose
 Something else, please describe
 Do Not Know

Sexual Orientation (Please Describe):

Address Where Client Lives/Stays (Enter "Homelessness" if applicable):

Address - Street:

Address - Street 2:

Address - Zipcode: Address - City:

Address - State: Address - County:

Residential Address Start Date:

Preferred Name:

Maiden Name:

Marital Status: Select

Religion: Select

Primary Language: Select

Client Race(s):
All Clear Search
 Alaskan Native
 American Indian

Ethnic Origin: Select

Client Declined To Provide Information On The Following:
 Ethnic Origin Race Language

Tribal Affiliation(s):
All Clear Search
 Absentee-Shawnee
 Afognak

If Other (Unlisted), indicate Tribal Type: Select

If Other (Unlisted), type in Tribe Name:

Place Of Birth:

Education: Select

Employment Status: Select

Smoker: Select Smoking Status Assessment Date: T Y

Mother's Maiden Name:

(If applicable) Primary Language of Primary Caregiver: Select

Name of Primary Caregiver:

Add or update the clients' demographics.

ADMISSION (OUTPATIENT) Submit Discard Add to Favorites

Admission
Identification and Treatment Information
Other Client Information
Compliance Indicators

Demographics
Client Demographics
Alias

Other Client Data
Online Documentation

Client Demographics

Client Last Name: ADMISSIONS

Client First Name: PCNX Client Middle Name:

Suffix:
 Sr Jr III
 IV V VI

Prefix: Select

Gender Identity:
 Male-to-Female (MTF)/Transgender Female/Trans Woman
 Female-to-Male (FTM)/Transgender Male/Trans Man
 Genderqueer, neither exclusively male nor female
 Female
 Male
 Chose not to disclose
 Additional gender category or other, please specify

Gender Identity (Please Describe):

Personal Pronouns (will show on the banner):

Sexual Orientation:
 Straight or heterosexual
 Lesbian, gay or homosexual
 Bisexual
 Chose Not To Disclose
 Something else, please describe
 Do Not Know

Sexual Orientation (Please Describe):

Address Where Client Lives/Stays (Enter "Homelessness" if applicable):

Address - Street: 550 N Vermont Ave

Address - Street 2:

Address - Zipcode: 90005 Address - City: LOS ANGELES

Address - State: California Address - County: Los Angeles

Residential Address Start Date:

Preferred Name:

Maiden Name:

Marital Status: Select

Religion: Select

Primary Language: Select

Client Race(s): All I Clear Search
 Alaskan Native
 American Indian

Ethnic Origin: Select

Client Declined To Provide Information On The Following:
 Ethnic Origin Race Language

Tribal Affiliation(s): All I Clear Search
 Absentee-Shawnee
 Afognak

If Other (Unlisted), indicate Tribal Type: Select

If Other (Unlisted), type in Tribe Name:

Place Of Birth:

Education: Select

Employment Status: Select

Smoker: Select Smoking Status Assessment Date: T Y

Mother's Maiden Name:

(If applicable) Primary Language of Primary Caregiver: Select

Name of Primary Caregiver:

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

ADMISSION (OUTPATIENT) Submit Discard Add to Favorites

This will navigate the User back to the Home Screen.

The screenshot displays the 'myDay' home screen for a user logged in as 'DHS PCNX'. The interface includes a top navigation bar with the user's name and organization, a search bar, and a sidebar with navigation options like 'Recent Clients', 'My Forms', and 'My Favorites'. The main content area is divided into two panels: 'CLIENT DEMOGRAPHICS' and 'CLIENT DIAGNOSES'. The 'CLIENT DEMOGRAPHICS' panel contains the following information:

ADMISSIONS.PCNX (3334802)	Pronouns:
DOB/Age: 2000-01-12 / 23	Gender: No Entry
SSN: 123-45-6789	Primary Language: No Entry
Race:	Ethnicity: No Entry
	Smoking Status: No Entry
	Smoking Assessment Date:
Veteran Status:	
<hr/>	
CONTACT INFO:	ADDRESS: 550 N Vermont Ave
Cell Phone: 213-555-1212	
Home Phone:	LOS ANGELES CA 90005
Work Phone:	
Email:	
Communication Preference: No Entry	HMIS ID:
Primary Care Provider:	Magellan ID:
PCP Phone:	LAUNCH Client Chart
LAUNCH Update Client Data	

Provider Connect NX: How to Enter a Financial Eligibility

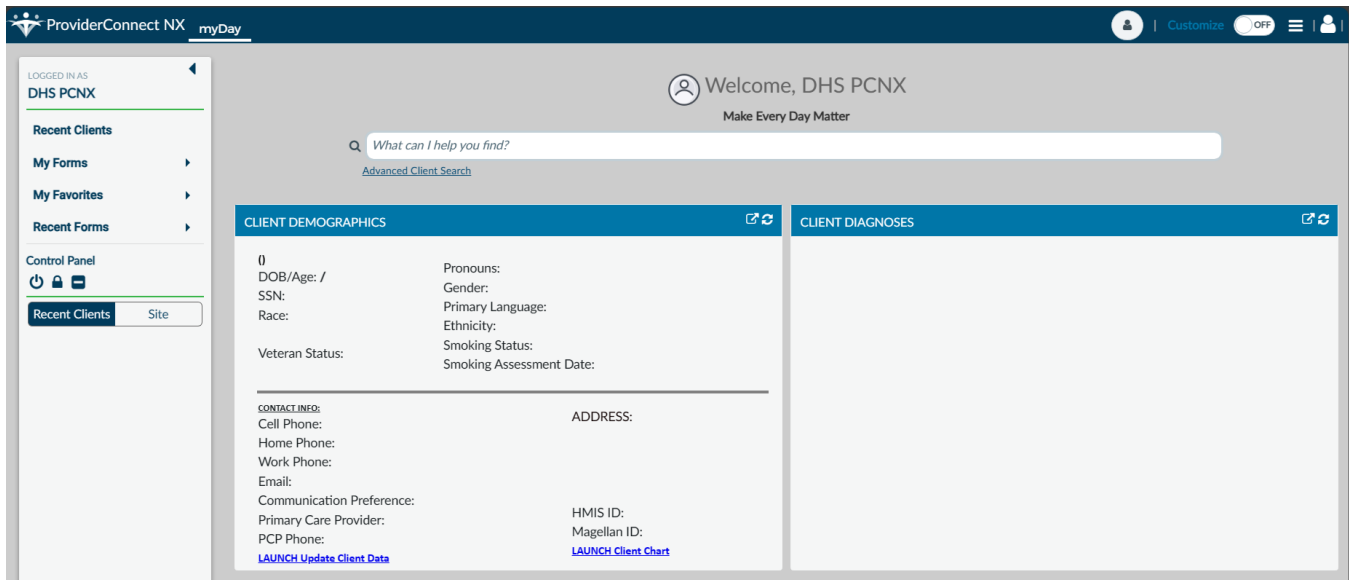
The “**Financial Eligibility**” form is used to record a clients’ insurance coverage information.

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.cammiis.medi-cal.ca.gov/email>

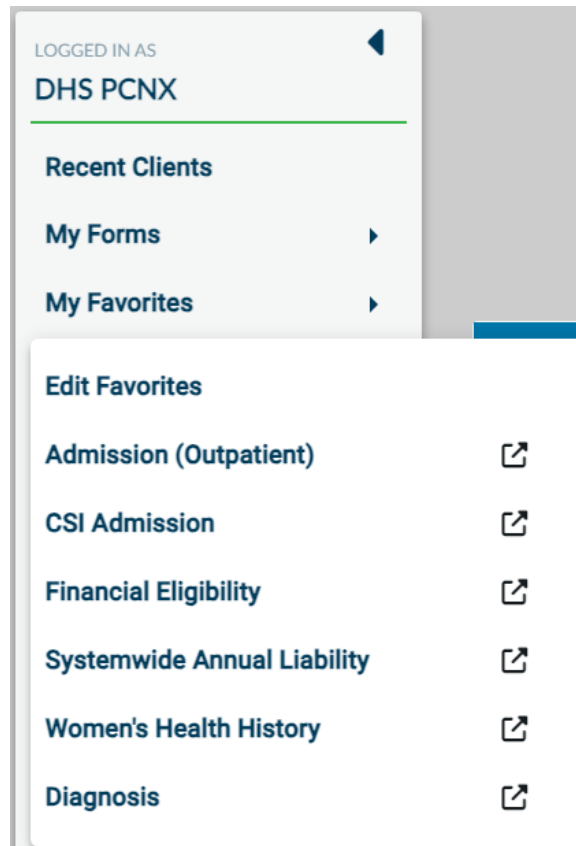
NOTE: Ensure you have carefully verified the client’s Date of Birth and Gender in the financial eligibility for Medi-Cal, as this is what is submitted on claims to the state.

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.

Opening: **Financial Eligibility**

Home > Select Client >

Select Client

Q

OK Cancel

The User will select the Clients name in the results.

Opening: **Financial Eligibility**

Home > Select Client >

Select Client

Q 9358744

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

OK Cancel

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.

Opening: Financial Eligibility

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

This navigates the User to the “Financial Eligibility” form.

▲ ADMISSIONS, PCNX (009358744)

 ADMISSIONS, PCNX (009358744)
M, 24, 01/12/2000
Ht: -, Wt: -, BMI: -

Ep: 1 : LE00504 COUNTY OF LOS ANGELES
Preferred Name: -
Personal Pronouns: -
Problem P: -

Address: 550 N Vermont Ave, LOS ANGELES, CA ...
Phone #: -
DX P: -

Allergies (0)

FINANCIAL ELIGIBILITY Submit Discard Add to Favorites

Financial Eligibility

Financial Eligibility
Guarantor
Guarantor Selection
Customize Plan
Online Documentation

▼ Financial Eligibility

Episode Number: 1 Social Security Number: 111-22-3333

Admission Date: 01/05/2024 Program: LE00504 COUNTY OF LOS ANGELES

Coverage Comments

Clear Previous Guarantor Order

▼ Guarantor

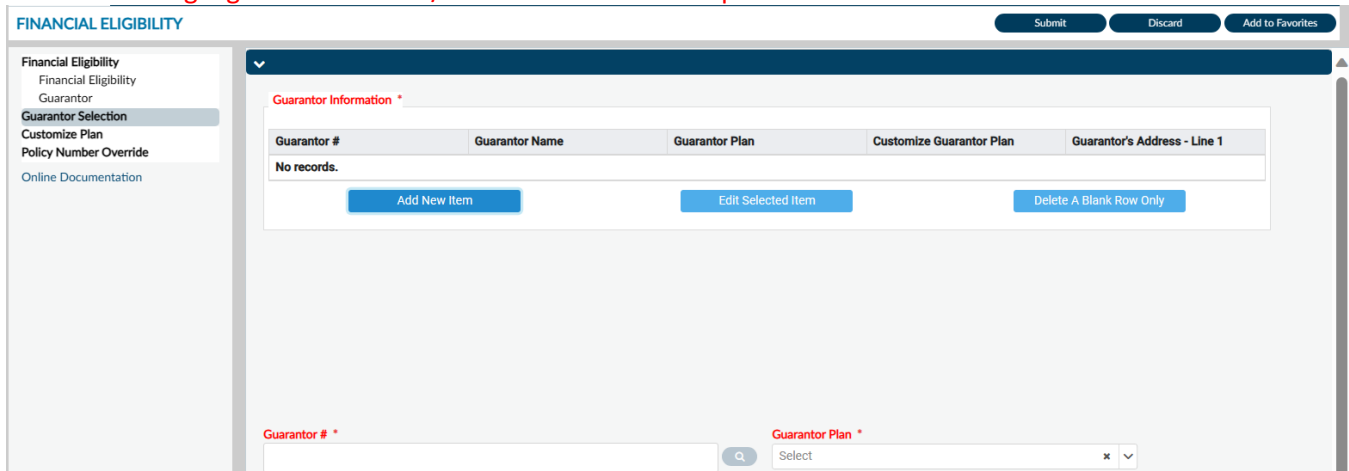
Guarantor #1: Select Guarantor #11: Select

Guarantor #2: Select Guarantor #12: Select

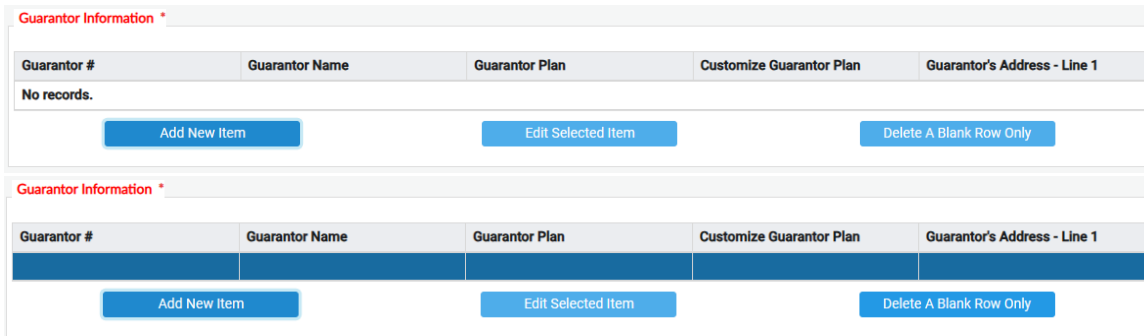
Guarantor #3: Select Guarantor #13: Select

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

NOTE: The fields highlighted in **RED** and/or with asterisks are required fields.

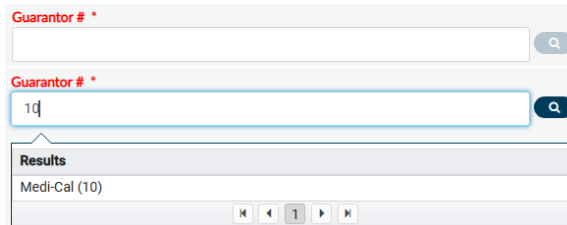


Select the **“Add New Item”** button under **“Guarantor Information”** section.

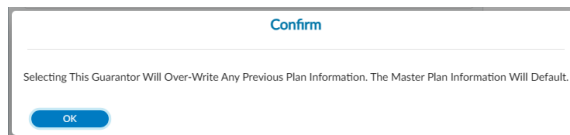


NOTE: User must select the Guarantor’s Medi-Cal (10) and LA County (16).

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.

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
Medi-Cal (10)	DMH	1		1901 16TH STREET

[Add New Item](#) [Edit Selected Item](#) [Delete A Blank Row Only](#)

Guarantor # *
Medi-Cal (10)

Guarantor Name
DMH

Guarantor's Address DO NOT CHANGE
1901 16TH STREET

Guarantor's Address - DO NOT CHANGE

Guarantor's Zip Code +4 - DO NOT CHANGE
95814-7204

Guarantor's City - DO NOT CHANGE
Sacramento

Guarantor's State - DO NOT CHANGE
California

Guarantor's Phone Number DO NOT CHANGE

Guarantor Plan *
(Non-Contract) MEDI-CAL

Customize Guarantor Plan *
 Yes No

Create New Levels from Master Record of Benefit Plan
 Yes No

[Default and Edit Plan Levels](#)

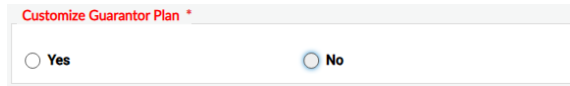
Default Plan Start Date
 T Y

Default Plan End Date
 T Y

Guarantor Inception Date DO NOT CHANGE *
01/01/2000 T Y

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.

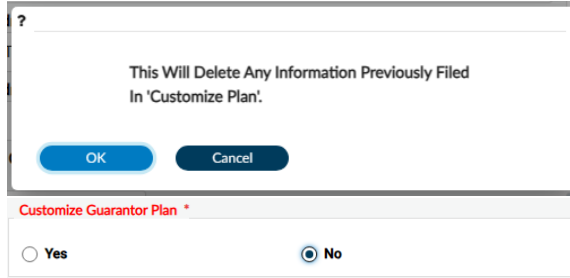
Select **“NO”** radio button for **“Customize Guarantor Plan”**.



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”**.



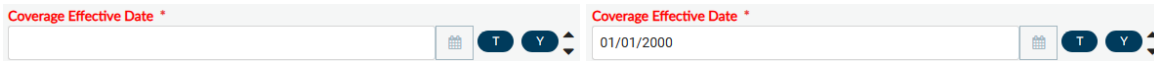
Eligibility Verified *

Yes No

Eligibility Verified *

Yes No

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

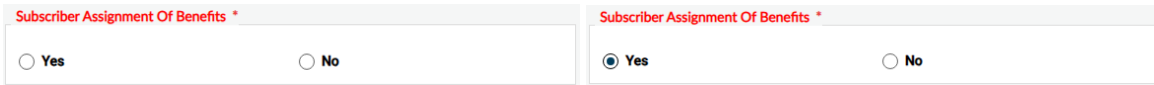


Coverage Effective Date *

Coverage Effective Date *

01/01/2000

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”**.



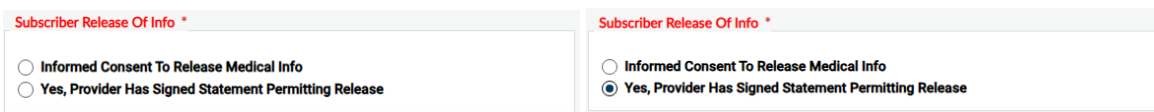
Subscriber Assignment Of Benefits *

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 *

Informed Consent To Release Medical Info
 Yes, Provider Has Signed Statement Permitting Release

Subscriber Release Of Info *

Informed Consent To Release Medical Info
 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

Buttons: 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] [Q]

Results

LA County (16)

Navigation: [X] [Left] [1] [Right] [X]

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)] [Q] Guarantor Plan * [(Non-Contract) LA COUNTY] [X] [v]

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

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 Plan Start Date

Default Plan End Date

Guarantor Inception Date DO NOT CHANGE *
01/01/2000

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 *

Coverage Effective Date *

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 *

Informed Consent To Release Medical Info
 Yes, Provider Has Signed Statement Permitting Release

Subscriber Release Of Info *

Informed Consent To Release Medical Info
 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.

FINANCIAL ELIGIBILITY

Submit Discard Add to Favorites

Financial Eligibility

Financial Eligibility
Guarantor
Guarantor Selection
Customize Plan
Policy Number Override
Online Documentation

Financial Eligibility

Episode Number: 1
Admission Date: 01/05/2024
Coverage Comments

Social Security Number: 123-45-6789
Program: LE00502 Harborucla

Clear Previous Guarantor Order

Guarantor

Guarantor #1 *
Select

Guarantor #11
Select

Guarantor #2
Select

Guarantor #12
Select

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

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

Guarantor #1 *

Select

Guarantor #1

(10) DMH

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

Guarantor #2 *

Select

Guarantor #2

(16) LA County

View form to verify guarantor order.

FINANCIAL ELIGIBILITY

Submit Discard Add to Favorites

Financial Eligibility

Financial Eligibility
Guarantor
Guarantor Selection
Customize Plan
Policy Number Override
Online Documentation

Financial Eligibility

Episode Number: 1
Admission Date: 01/05/2024
Coverage Comments

Social Security Number: 123-45-6789
Program: LE00502 Harborucla

Clear Previous Guarantor Order

Guarantor

Guarantor #1
(10) DMH

Guarantor #11
Select

Guarantor #2
(16) LA County

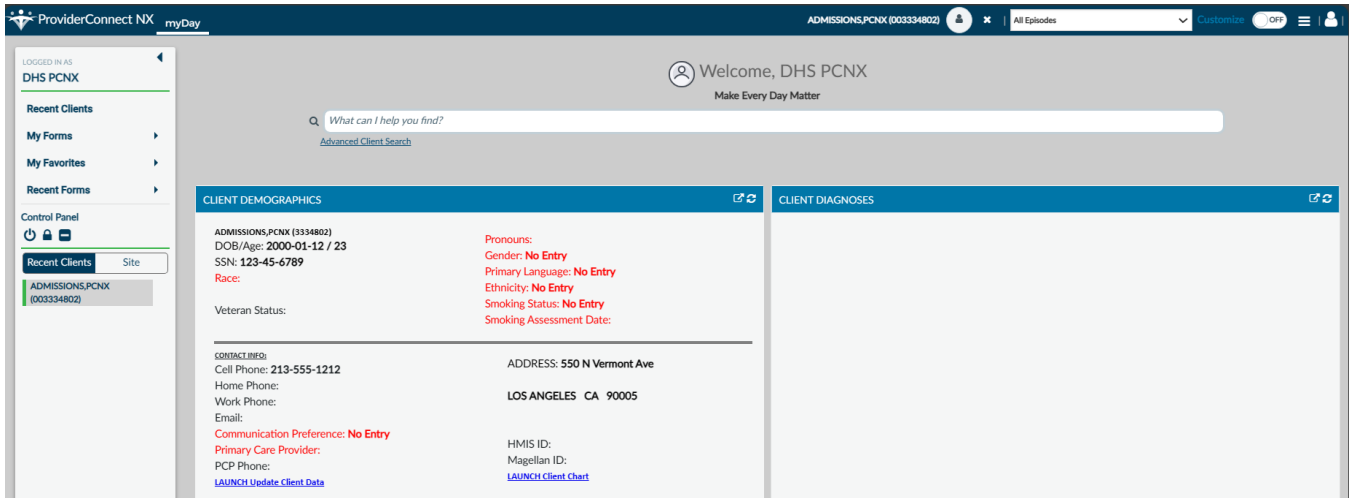
Guarantor #12
Select

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

FINANCIAL ELIGIBILITY

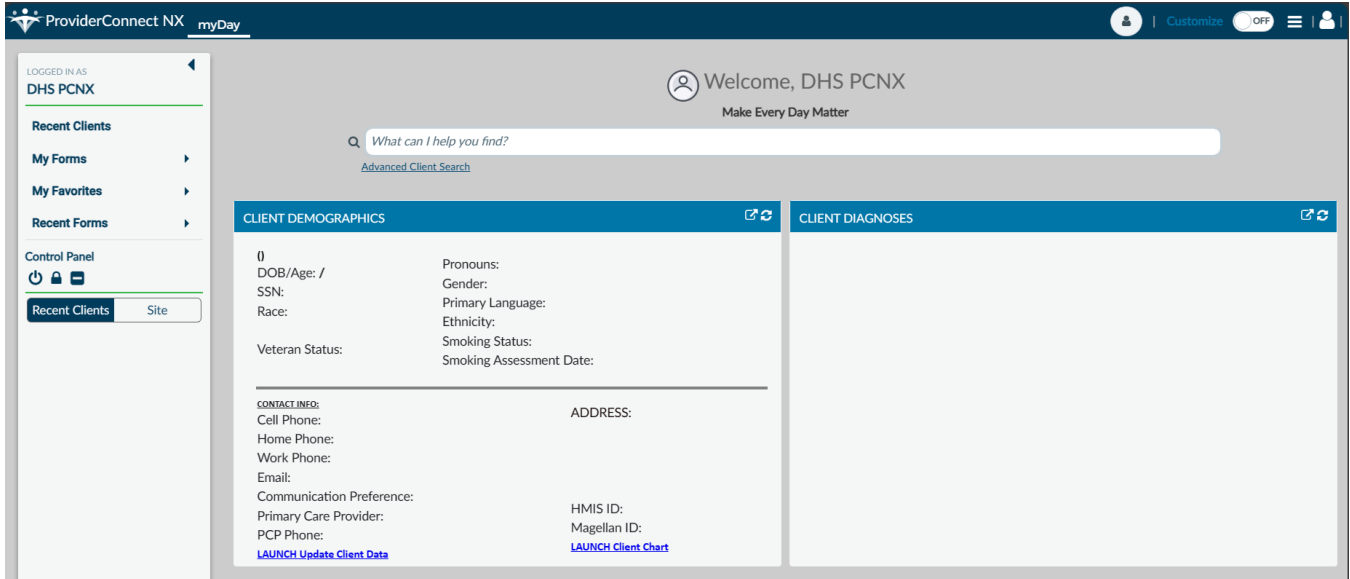
Submit Discard Add to Favorites

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

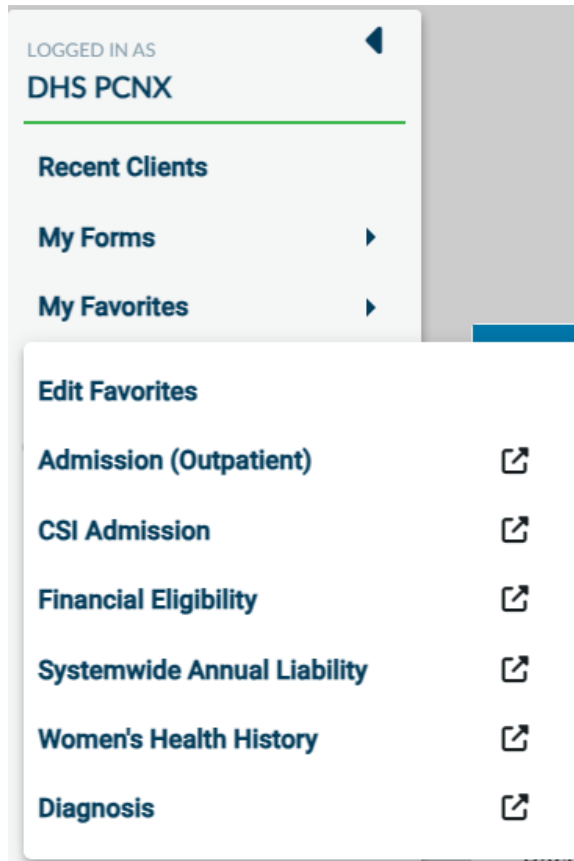


ProviderConnect NX: Diagnosis

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.

The screenshot shows a mobile application interface titled "Opening: Diagnosis". At the top, there is a breadcrumb trail: "Home > Select Client >". Below this is a dark blue header with the text "Select Client". A search bar is present with a magnifying glass icon and a vertical cursor. At the bottom, there are two buttons: "OK" and "Cancel".

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

The screenshot shows the same "Opening: Diagnosis" screen, but now with search results. The search bar contains the text "9358744". Below the search bar is a table with the following data:

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

At the bottom, the "OK" and "Cancel" buttons are still visible.

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.

DIAGNOSIS Submit Discard Add to Favorites

Diagnosis
Additional Diagnosis Information
Online Documentation

Type Of Diagnosis *
 Admission Discharge Update

Date Of Diagnosis *

Time Of Diagnosis * Current Time H M AM/PM

Diagnoses

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	ICD-9 Code
-------	---------	-------------	--------	----------------------	----------------	---------------	------------	------------

New Row Delete Row Void All

Show Active Only Yes No

Diagnosis Search Q

Code Crossmapping Q

Status
 Active Working Rule-out Void

Add To Problem List
 Yes No

Diagnosing Practitioner Q

Ranking
 Primary Secondary Tertiary

Remarks

Bill Order

In Outpatient context, please only select Admission or Update

Using the radio button select the **“Type of Diagnosis”**.

Type Of Diagnosis *
 Admission Discharge Update

Type Of Diagnosis *
 Admission Discharge Update

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.

Date Of Diagnosis *
02/09/2024

Enter the time in the “Time of Diagnosis” field.

Time Of Diagnosis *
01:46 PM

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

Diagnoses

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	ICD-9 Code
1	Primary (1)		Active (1)				1	

New Row Delete Row

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

Diagnosis Search *

Diagnosis Search *

Mental Health

Diagnosis	ICD-9	ICD-10	DSM-5
Mental health assessment declined	V64.2	Z53.20	undefined
Mental health-related complaint	V65.5	Z71.1	undefined
Mental health provider, perpetrator of maltreatment and neglect	E967.8	Y07.521	undefined
Active mental health advance directive	V49.89	Z78.9	undefined

Diagnosis Search *

Encounter for mental health services for victim of other abuse

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

Status *

Active Working Rule-out Void

Enter the “Diagnosing Practitioner” number or name in this field.

Diagnosing Practitioner *

Diagnosing Practitioner *

Practitioner	NPI Number	Taxonomy Code	Program Association
PETER AMPUDIA (048067)	1700858214	2084P0800X	00G720210

Diagnosing Practitioner *

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

Bill Order *

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

DIAGNOSIS Submit Discard Add to Favorites

Diagnosis
Additional Diagnosis Information
Online Documentation

Type Of Diagnosis *

Admission Discharge Update

Date Of Diagnosis *

 T Y

Time Of Diagnosis *

 Current Time H M AM/PM

Diagnoses

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	ICD-9 Code
1		Encounter for mental health ...	Active (1)					V65.49

New Row Delete Row Void All Show Active Only Yes No

Diagnosis Search *

 Q

Code Crossmapping

ICD-9	ICD-10	DSM-IV	SNOMED
V65.49	Z69.81		305058001

Status *

Active Working Rule-out Void

Add To Problem List

Yes No

Diagnosing Practitioner *

 Q

Ranking

Primary Secondary Tertiary

Remarks

In Outpatient context, please only select Admission or Update

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

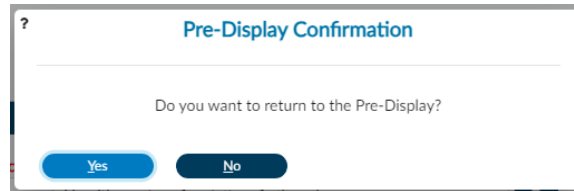
DIAGNOSIS

Submit

Discard

Add to Favorites

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.



Here the User will record(s) for this client past and present diagnosis.

Opening: Diagnosis

Home > Select Client > Select Record >

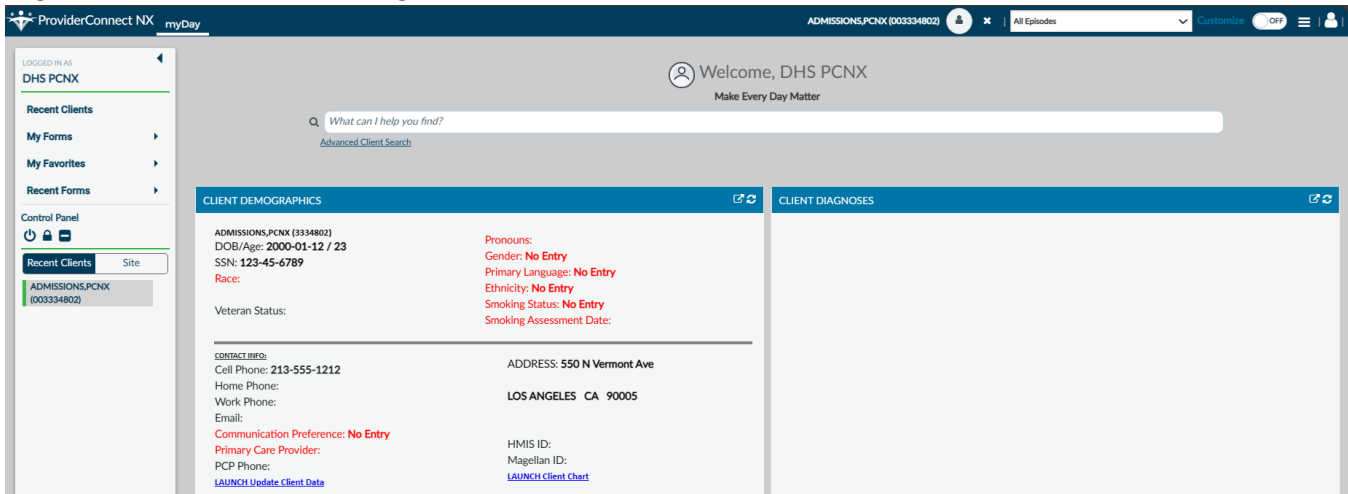
Selected Client : ADMISSIONS.PCNX (003334802)
Selected Episode: 2

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”.



The screenshot shows the ProviderConnect NX interface. The top navigation bar includes "ProviderConnect NX myDay", "ADMISSIONS.PCNX (003334802)", and "All Episodes". The main content area is divided into two panels: "CLIENT DEMOGRAPHICS" and "CLIENT DIAGNOSES".

CLIENT DEMOGRAPHICS:

- ADMISSIONS.PCNX (3334802)
- DOB/Age: 2000-01-12 / 23
- SSN: 123-45-6789
- Race:
- Veteran Status:
- 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

CLIENT DIAGNOSES:

- Pronouns:
- Gender: No Entry
- Primary Language: No Entry
- Ethnicity: No Entry
- Smoking Status: No Entry
- Smoking Assessment Date:
- ADDRESS: 550 N Vermont Ave
- LOS ANGELES CA 90005
- HMIS ID:
- Magellan ID:
- LAUNCH Client Chart