

End User Manual for Creating an Admission Process (FFS1)

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.

Links and Numbers

Help Desk – (213)351-1335

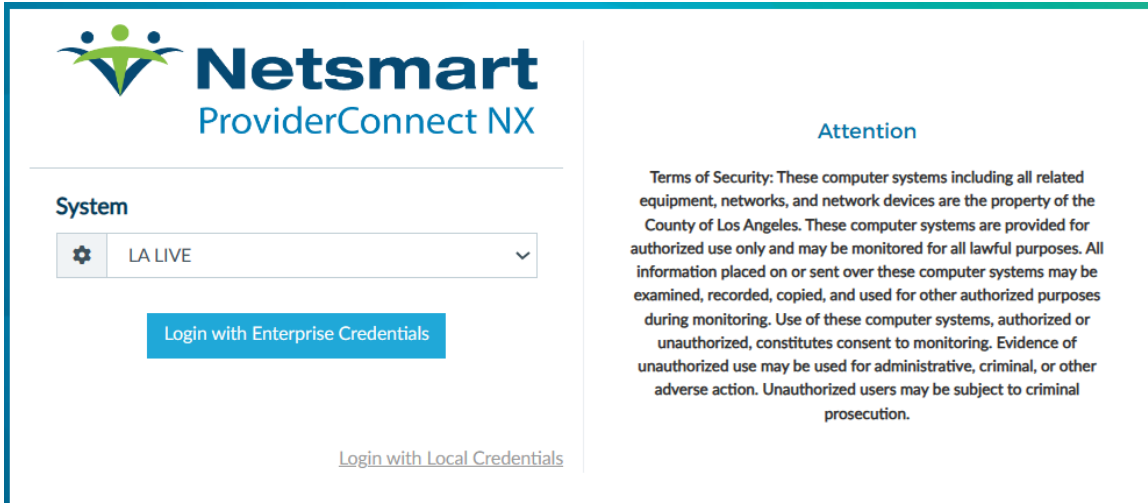
HEAT ticket System - <https://lacdmhheat.saasit.com>

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

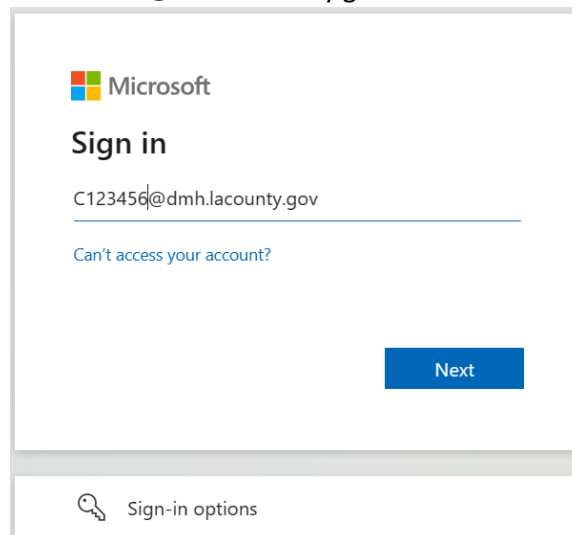
Provider Connect NX: Login using Enterprise Credentials

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.

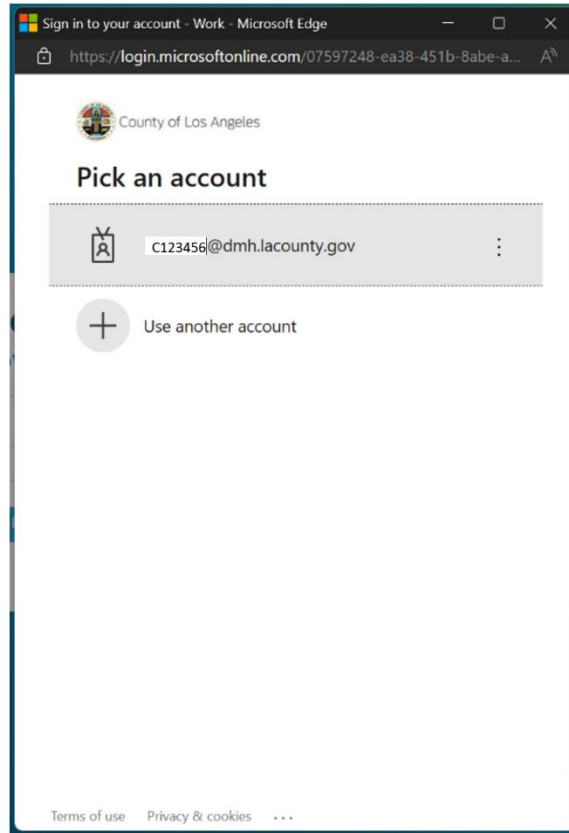
Select the **“Login with Enterprise Credentials”** button. This will navigate the User to the Microsoft MFA login screen.



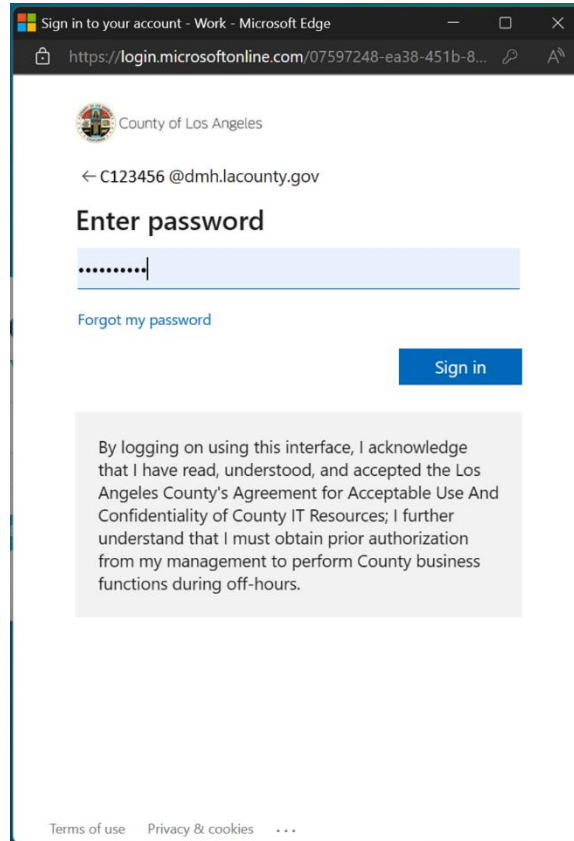
Users will either enter in their **“C”** number with @dmh.lacounty.gov email address and click the **“Next”** button or



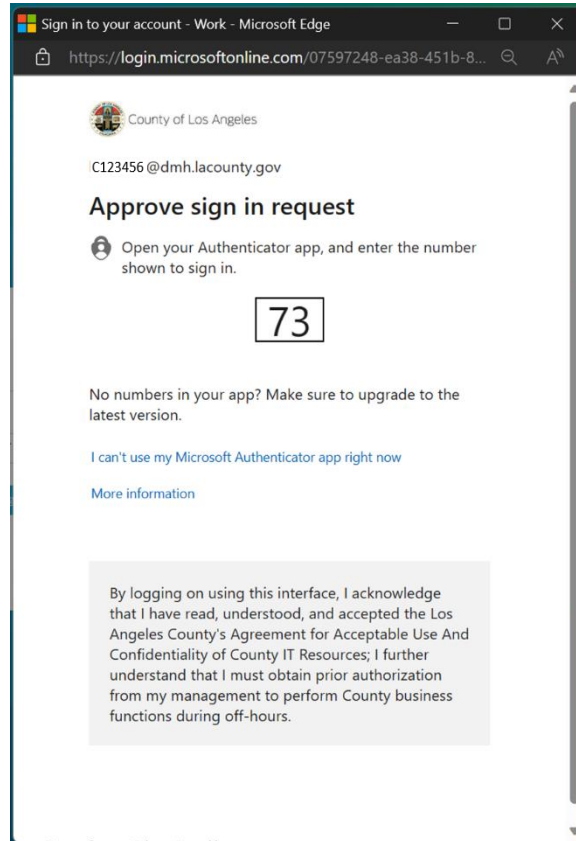
select the LA County email address on the **"Pick an account"** popup screen. This will navigate the User to the "Enter Password" popup screen.



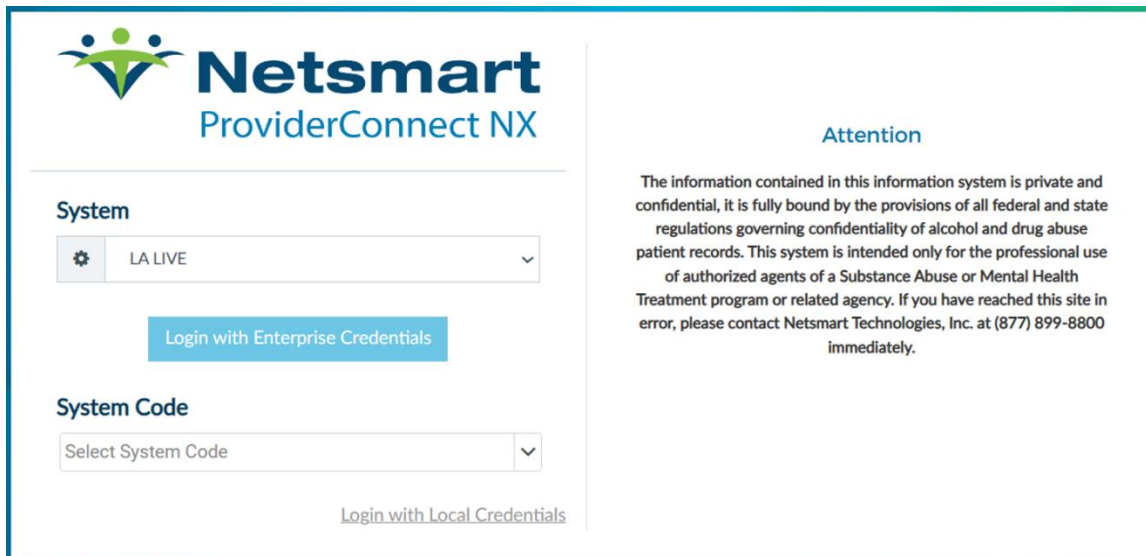
The User will enter their password and click the **“Sign in”** button. This will navigate the User to the Netsmart **ProviderConnect NX** login.



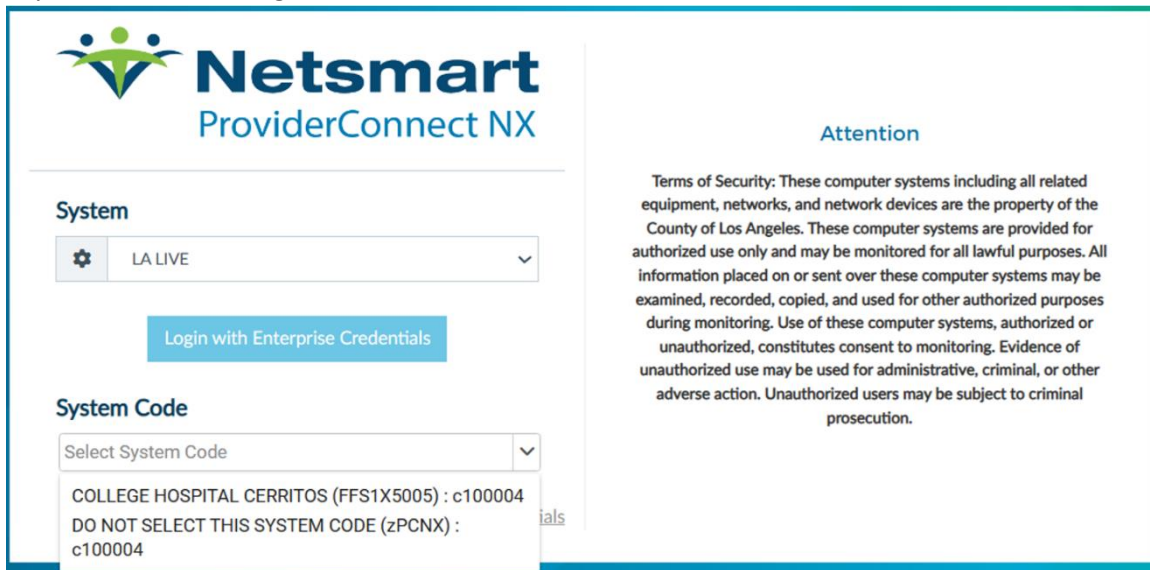
User will receive the number to be entered into the “**Authenticator App**”. The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.



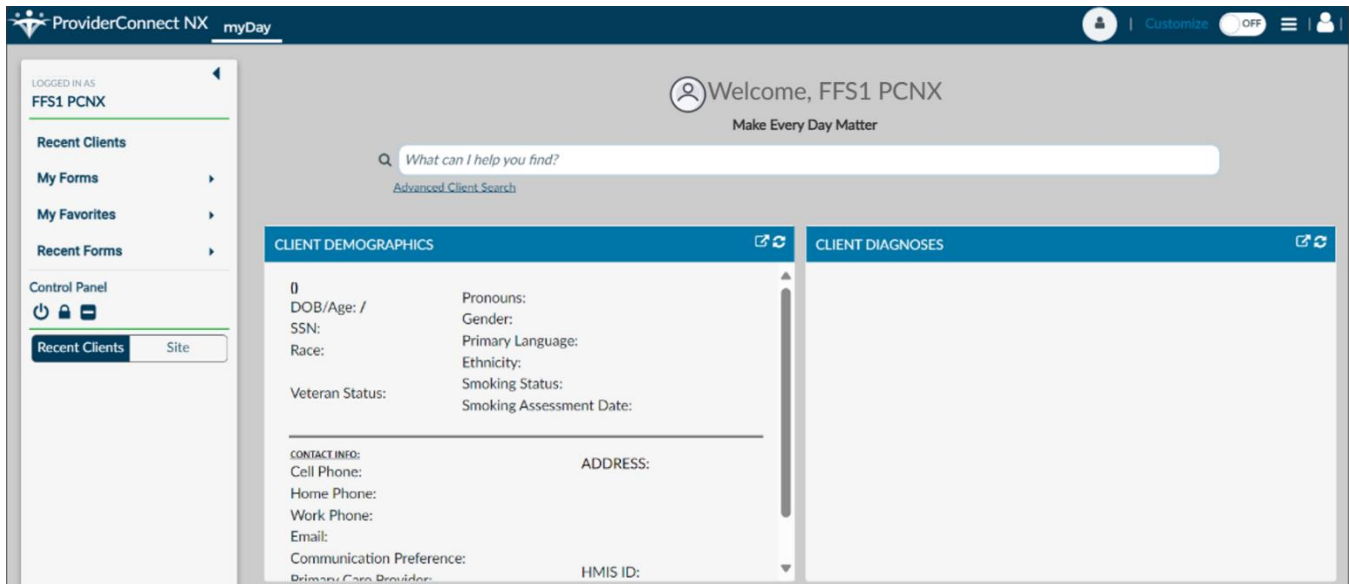
Using the “**System Code**” dropdown select the code for the Users agency. The User will only see the system codes they are authorized to see **ProviderConnect NX**.



Selecting the system code will navigate the User to the **ProviderConnect NX “Home Screen”**.

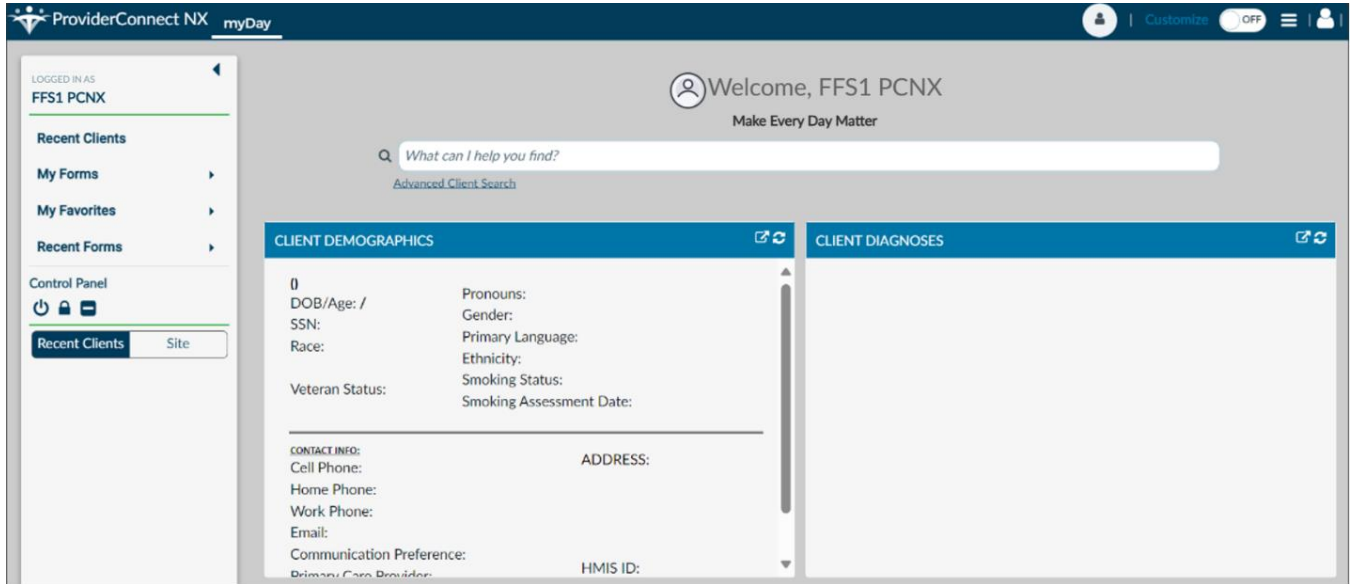


ProviderConnect NX “Home Screen”

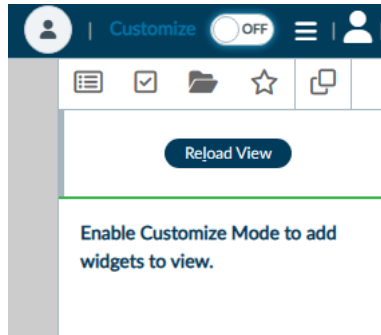


Provider Connect NX: How Add a Widget

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




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

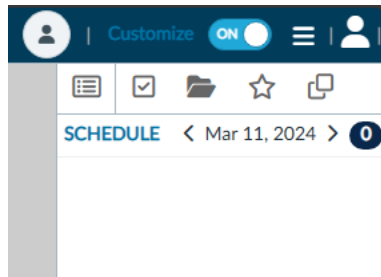


Turn the “**Customize**” selector from the “**OFF**” selection to the “**ON**” selection.



Select the icon  to open the side bar.

Select the icon  to open the widget options.



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

The screenshot shows a widget options menu with a top navigation bar containing icons for a list, a checkmark, a folder, a star, and a refresh icon. Below the navigation bar are two buttons: "Reload View" and "Revert Changes". A checkbox labeled "Include Client Information header in view" is present. The menu is organized into three sections: "CLIENT", "CONSOLE", and "MISC". Under "CLIENT", there are four widgets: "Claim Service Information", "Pending Service Authorizations", "Provider File Attach", and "Service Authorization Information". Under "CONSOLE", there is one widget: "Console Widget Viewer". Under "MISC", there are two widgets: "Financial Eligibility" and "Systemwide Annual Liability". Each widget has a small icon on its left side.

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

The screenshot shows a home screen on the left with a "Provider File Attach" widget. On the right, a larger view of the widget is shown, featuring a table with the following columns: View, Provider, Document Name, Date, Authorization Number, and Document Type. The table header is "PROVIDER FILE ATTACH" and includes refresh and close icons.

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

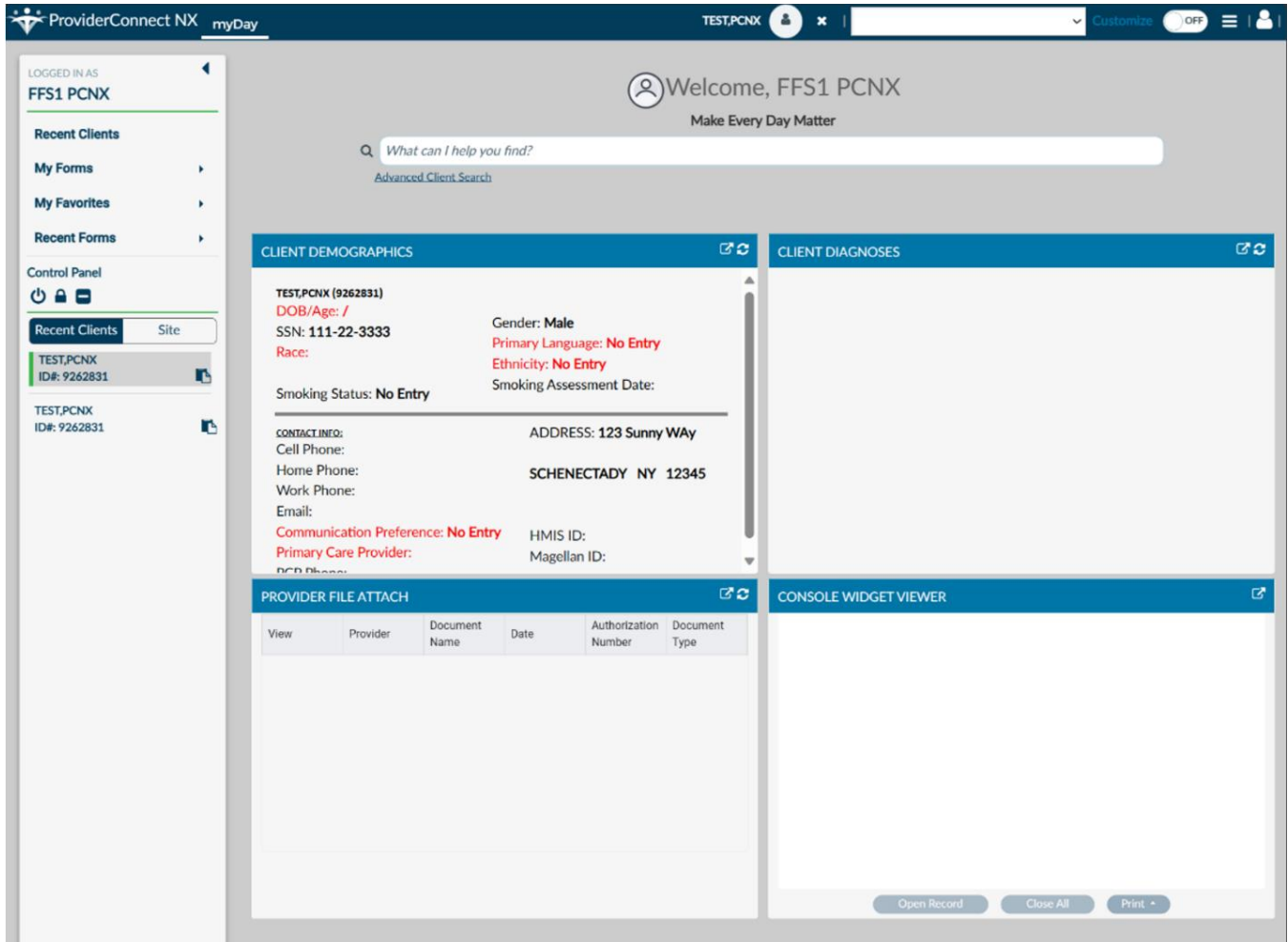
The screenshot shows a home screen on the left with a "Console Widget Viewer" widget. On the right, a larger view of the widget is shown, featuring a table with the header "CONSOLE WIDGET VIEWER" and a close icon.

Once completed turn the “Customize” selection from the “ON” selection to the “OFF” selection.



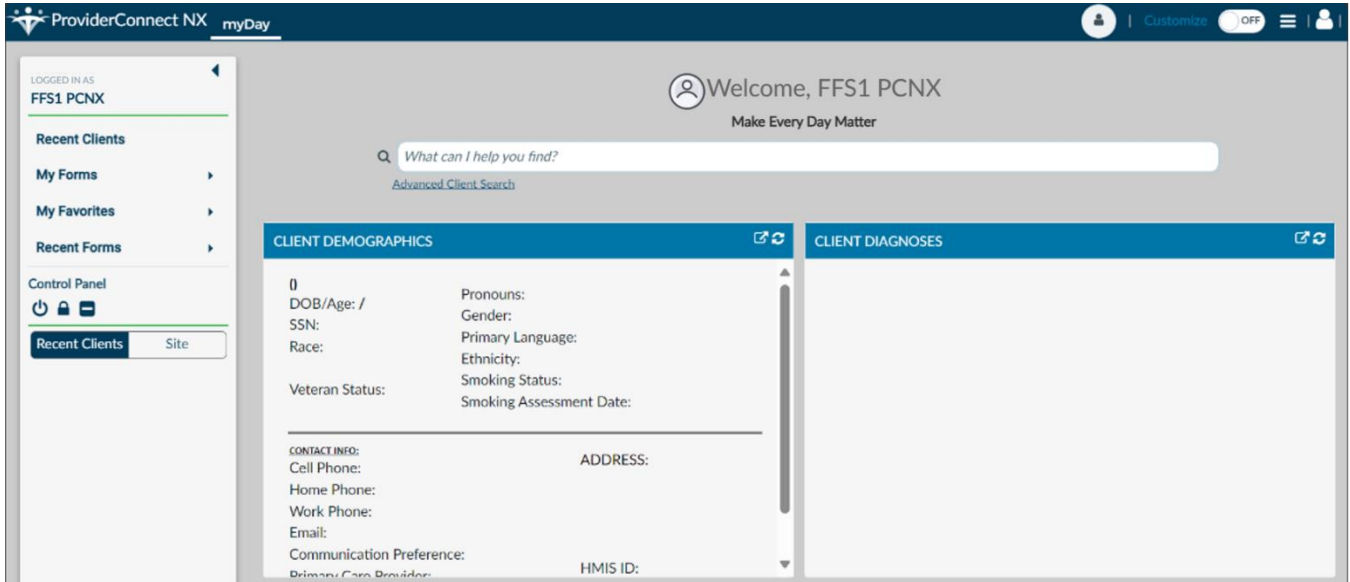
Select the icon  to close the side bar.

Users will now be able to view the Client file attachments from the “Home Screen”.

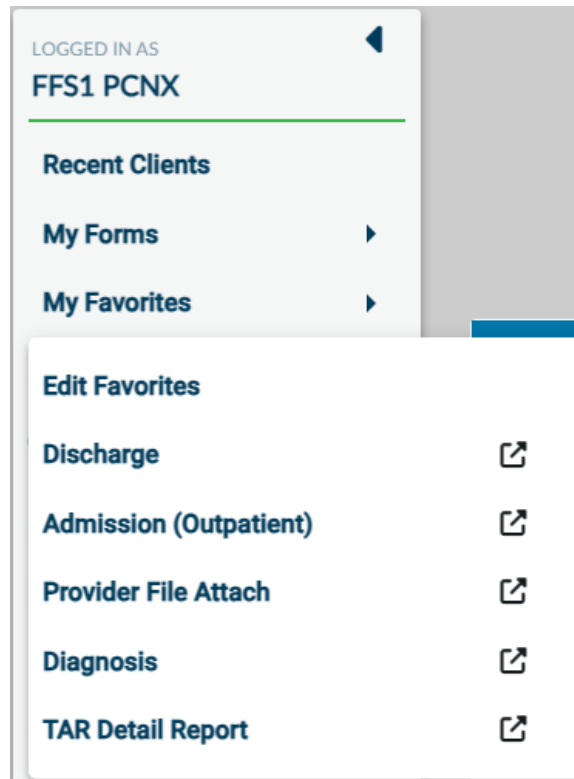


Provider Connect NX: How to Create an Admission

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)

Home > Select Client >

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)

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.

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)

Client Search

Last Name: First Name: Sex: x v

Social Security Number: Date of Birth:

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

Alias (Additional Text):

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

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?

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
- 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 * [Calendar] T Y [Current Time]

Admission Time * [Current Time]

Client Name * [ADMISSIONS.PCN]

Program Of Admission * [Select]

Type Of Admission * [Select]

Source Of Admission [Select]

Admitting Practitioner * [Search]

Practitioner Type [Select]

Sex *
 Female
 Male
 Unknown

Date Of Birth [01/12] [Calendar] T Y [Age] 23

Social Security Number [] Alternate Social Security Number []

Other Client Information

Client's Living Arrangements (CSI) [Select]

Compliance Indicators

Received Copy Of Client Rights
 Yes No

Admission Note [Text Area]

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 * [Calendar] T Y [Current Time]

Admission Time * [Current Time]

01/05/2024 [Calendar] T Y [Current Time]

03:43 PM [Current Time]

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

The image shows three sequential screenshots of a dropdown menu for 'Program Of Admission'. The first screenshot shows the menu with 'Select' as the only option. The second screenshot shows the search bar active with a magnifying glass icon and the option 'LE00502 Harborucla' appearing below it. The third screenshot shows the option 'LE00502 Harborucla' selected in the dropdown menu.

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

The image shows three sequential screenshots of a dropdown menu for 'Type Of Admission'. The first screenshot shows the menu with 'Select' as the only option. The second screenshot shows the search bar active with a magnifying glass icon and a list of options appearing below it: 'Elective', 'Emergency', 'First Admission', 'Information not Available', 'Pre-Admission', 'Re-Admission', and 'Urgent'. The third screenshot shows the option 'First Admission' selected in the dropdown menu.

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

Admitting Practitioner *

Admitting Practitioner *

Practitioner Type

Practitioner	NPI Number	Taxonomy Code	Program Association
			5000I+5002I +5005I+5006 I+5007I+500 7K+5009I+50 11I+5012I+5 014I+5019I+ 5020I+5022I +5024I+5026 I+5029I+503 1I+5035I+50 38I+5039I+5 041I+5042I+ 5043I+5044I +5046I+5047 I+5048I+504 9I+5050I+55 14I+5532I+5 547I+5551I+ 5552I+5553I +5554I+5555 I+5558I+556 0I+5563I+55 65I+5566I+5 567I+5568I+ 5569I+5570I +5599I+5801 I+5802I+580 4I+5805I+58 08I+5810I+5 811I+5812I+ 5815I+5817I +5818I+5819 I

Admitting Practitioner *

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

Client Name: ADMISSIONS,PCNX

Sex: Female Male Unknown

Date Of Birth: 01/12/2000 Age: 23

Social Security Number: Alternate Social Security Number:

Admission Date: 01/05/2024 Admission Time: 03:43 PM Current Time

Program Of Admission: LE00502 Harborucla

Type Of Admission: First Admission

Source Of Admission: Select

Admitting Practitioner: FFS MEDICAL_DOCTOR (001149)

Practitioner Type: Select

Other Client Information

Client's Living Arrangements (CSI): Select

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: [Calendar] [T] [Y]

Mother's Maiden Name:

(If applicable) Primary Language of Primary Caregiver: Select

Name of Primary Caregiver:

Add or update the client's 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: [Empty]

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 Female Male Chose not to disclose Additional gender category or other, please specify

Gender Identity (Please Describe): [Empty]

Personal Pronouns (will show on the banner): [Empty]

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): [Empty]

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

Address - Street: 550 N Vermont Ave

Address - Street 2: [Empty]

Address - Zipcode: 90005

Address - City: LOS ANGELES

Address - State: California

Address - County: Los Angeles

Residential Address Start Date: [Empty]

Preferred Name: [Empty]

Maiden Name: [Empty]

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: [Empty]

Place Of Birth: [Empty]

Education: Select

Employment Status: Select

Smoker: Select

Smoking Status Assessment Date: [Empty]

Mother's Maiden Name: [Empty]

(If applicable) Primary Language of Primary Caregiver: Select

Name of Primary Caregiver: [Empty]

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 shows the ProviderConnect NX interface. At the top, the user is logged in as FFS1 PCNX. The main header includes a search bar with the placeholder text "What can I help you find?" and a link to "Advanced Client Search". Below the header, there are two main sections: "CLIENT DEMOGRAPHICS" and "CLIENT DIAGNOSES".

CLIENT DEMOGRAPHICS

ADMISSIONS, PCNX (3334802)
DOB/Age: 2000-01-12 / 24
SSN: 123-45-6789
Race:
Pronouns:
Gender: **No Entry**
Primary Language: **No Entry**
Ethnicity: **No Entry**
Smoking Status: **No Entry**
Smoking Assessment Date:

Veteran Status:

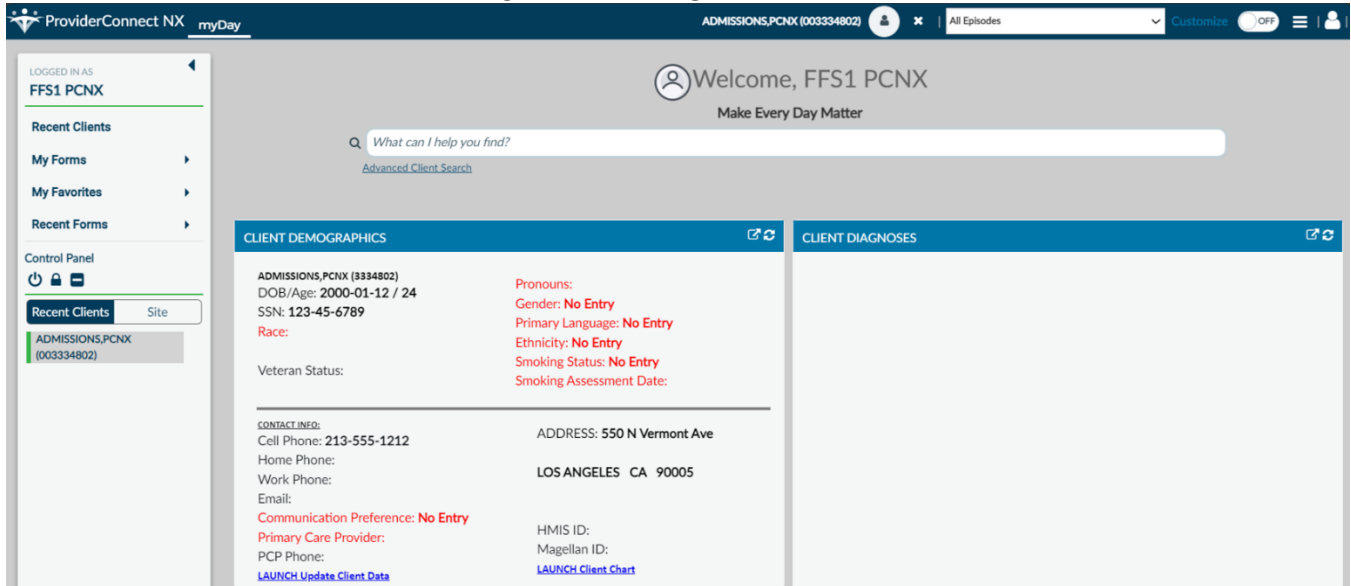
CONTACT INFO:
Cell Phone: 213-555-1212
Home Phone:
Work Phone:
Email:
Communication Preference: **No Entry**
Primary Care Provider:
PCP Phone:
LAUNCH Update Client Data

ADDRESS: 550 N Vermont Ave
LOS ANGELES CA 90005
HMIS ID:
Magellan ID:
LAUNCH Client Chart

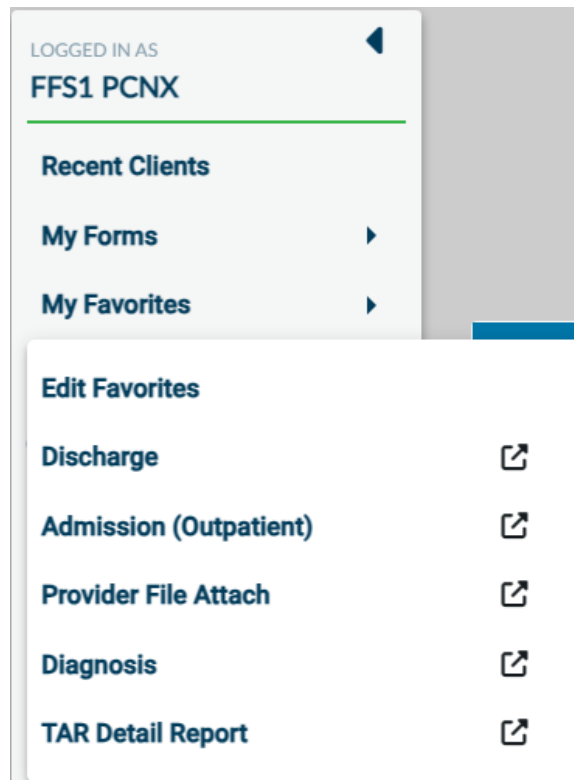
CLIENT DIAGNOSES

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

Q I

OK Cancel

The User will select the Clients name in the results.

Opening: **Diagnosis**

Home > Select Client >

Select Client

Q 935875]

Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX (009358751)	12/12/1999	510 S 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 (003334802)

Select Episode

Name: PCNX ADMISSIONS
ID: 3334802
Sex: Female
Date of Birth: 01/12/2000

Episode ↕	Program ↕	Start ↕	End ↕
2	x FFS2LE Fee For Service 2 Admission	02/09/2024	

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 *
02/09/2024

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

Code Crossmapping

Status
 Active Working Rule-out Void

Add To Problem List
 Yes No

Diagnosing Practitioner

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. The date 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.

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

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

Enter the diagnosis in the “Diagnosis Search” field by typing the name of the diagnosis.

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

The “Status” auto populates with the “Active” radio button selected. Users can change to the desired status, if necessary.

NOTE: Do not change the “Status” selection.

Active Working Rule-out Void

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

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

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 *
02/09/2024 📅 T Y

Time Of Diagnosis *
01:46 PM 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 *
Encounter for mental health services for victim of other abuse 🔍

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 *
PETER AMPUDIA (048067) 🔍

Ranking
 Primary Secondary Tertiary

Remarks

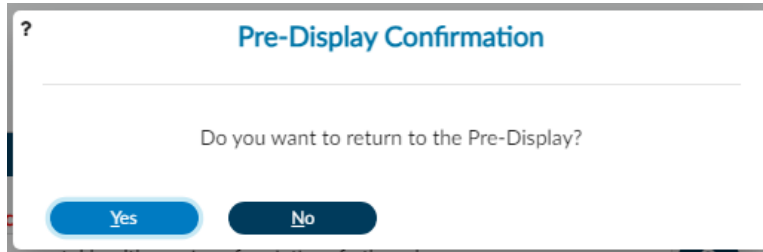
Bill Order *

In Outpatient context, please only select Admission or Update

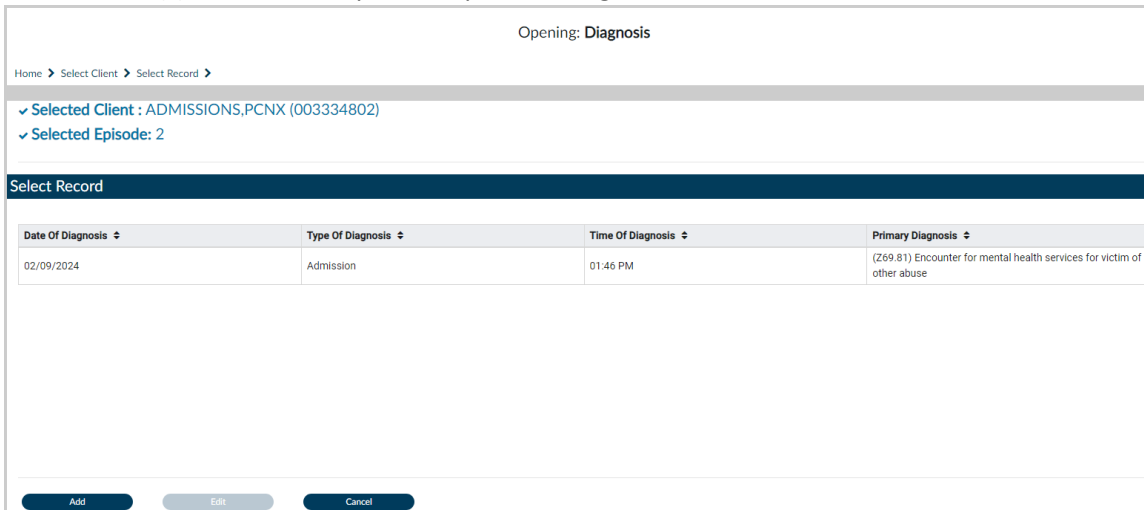
The User must select the “Submit” button at the top of the form.

DIAGNOSIS Submit Discard Add to Favorites

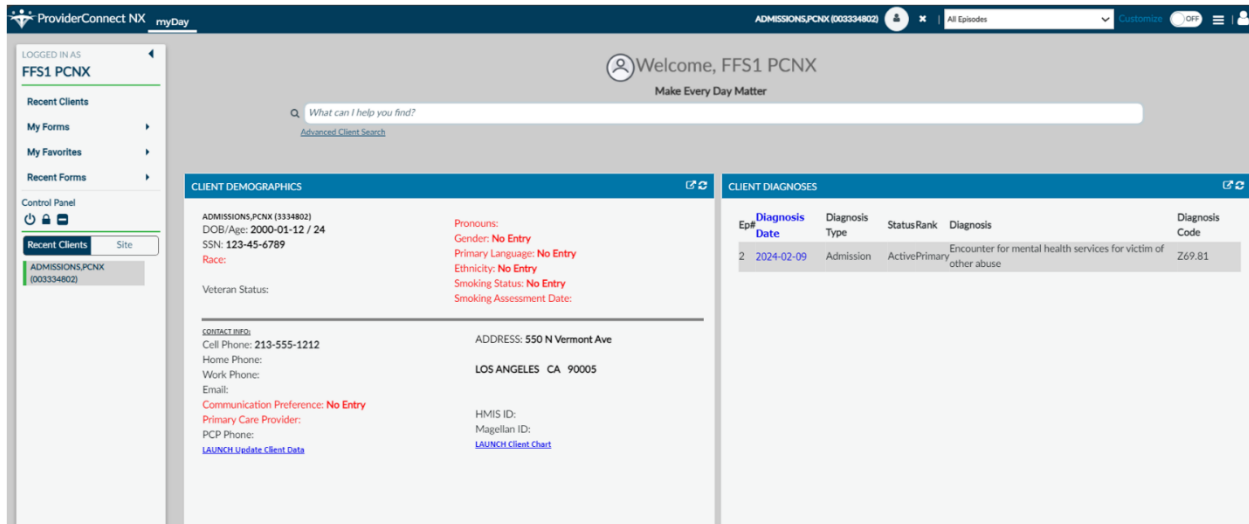
The User will receive a pop-up message. Clicking the “No” button will navigate the User back to the “Home Screen”. Clicking the “Yes” button will navigate the User to the pre-display screen where the User can view the diagnosis summaries for this client. For this example, we will select the “Yes” button.



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

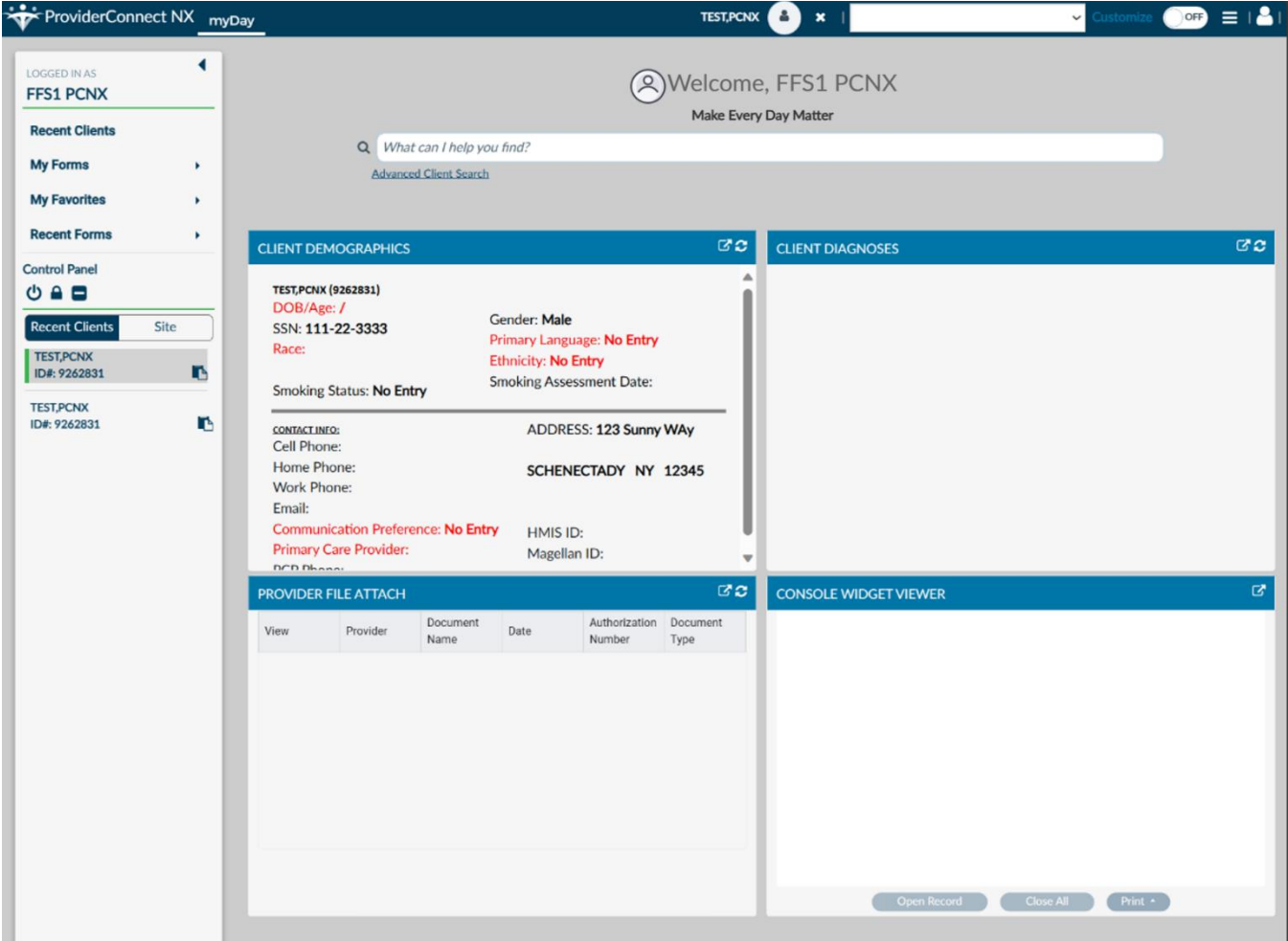


Clicking the “Cancel” button will navigate the User back to the “Home Screen”.

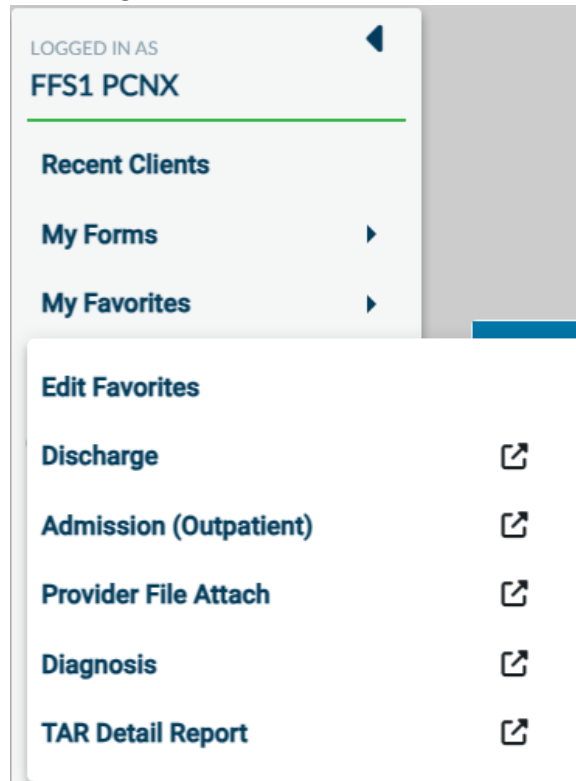


ProviderConnect NX: How to Add an Attachment File

From the "Home Screen".



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



Once on the “**Provider File Attach**” form enter the “**Member ID**”, “**Provider**”, and “**File Type**” to upload an attachment (File). In this section the fields are dynamic. Fields will be ungrayed once other field(s) have been completed with the correct information.

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

The screenshot displays the 'ProviderConnect NX myDay' interface. The main content area is titled 'PROVIDER FILE ATTACH' and contains the following form elements:

- Member ID ***: A text input field with a search icon.
- Provider ***: A text input field with a search icon.
- File Type ***: A dropdown menu with 'Select' and a clear button (x).
- Authorization**: A dropdown menu with 'Select'.
- Document Type**: A dropdown menu with 'Select' and a clear button (x).
- File Name**: A text input field.
- Comments**: A large text area with a search icon and a document icon.
- Existing Files**: A dropdown menu with 'Select' and a clear button (x).
- Buttons**: 'Upload File', 'Store File', 'Update Comments', and 'Delete File'.
- Comment History**: A large grayed-out area at the bottom.

Navigation and utility elements include a search bar at the top left, a 'Control Panel' with 'Recent Clients' and 'Site' buttons, and a top right bar with 'Submit', 'Discard', and 'Add to Favorites' buttons.

To Upload an Attachment (File)

Enter "Member ID"

Member ID *

Member ID *

Name	Date Of Birth	Client's Address - Street
GANT,REJOUNAE D (8451084)	09/16/2008	4741 W Ave J-3

Member ID *

Enter the "Provider ID"

Provider *

Provider *

Results
INC. OPTIMIST BOYS HOME AND RANCH (781)

Provider *

From the "File Type" dropdown select "Provider"

File Type *

File Type *

- Authorization
- Other
- Provider

File Type *

Select the **“Upload File”** button. Two windows will open. One for where the User must select the file to upload from their computer and the other is where the User can drag and drop the file to upload.

NOTE: MAX file size is 100MB, only accepted file type .PDF.

The screenshot illustrates the file upload workflow. It features a main interface with an **Upload File** button and a **File Name** input field. A **File Upload** dialog box is shown, containing a file selection area with the text "click here or drop file" and a **Cancel** button. To the right, a table displays a list of uploaded files:

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

Below the table, the **File Name** input field contains the text "This is a Test attachment 2.docx".

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

The screenshot shows a **Confirm** dialog box with the message "File successfully created." and an **OK** button.

ProviderConnect NX: How to View, Print or Save uploaded files

To View Uploaded Attachments (Files)

Using the “Provider File Attach” form

The screenshot displays the 'Provider File Attach' form within the ProviderConnect NX interface. The form is titled 'PROVIDER FILE ATTACH' and includes a search bar at the top right with buttons for 'Submit', 'Discard', and 'Add to Favorites'. The form fields are as follows:

- Member ID ***: A text input field with a search icon.
- Provider ***: A text input field with a search icon.
- File Type ***: A dropdown menu with 'Select' and a close button.
- Authorization**: A dropdown menu with 'Select'.
- Document Type**: A dropdown menu with 'Select' and a close button.
- File Name**: A text input field.
- Comments**: A large text area with a search icon and a close button.
- Existing Files**: A dropdown menu with 'Select' and a close button.

Buttons for file management are located on the right side of the form: 'Upload File', 'Store File', 'Update Comments', and 'Delete File'. A 'Comment History' section is visible at the bottom of the form, showing a list of previous comments.

Enter "Member ID"

Member ID *

Member ID *

Name	Date Of Birth	Client's Address - Street
GANT,REJOUNAE D (8451084)	09/16/2008	4741 W Ave J-3

Member ID *

Enter the "Provider ID"

Provider *

Provider *

Results

INC. OPTIMIST BOYS HOME AND RANCH (781)

Provider *

From the "File Type" dropdown select "Authorizations"

File Type *

File Type *

Authorization

Other

Provider

File Type *

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

The image shows two instances of the 'Existing Files' dropdown menu. The top instance is closed, showing a 'Select' button with an 'x' and a dropdown arrow. The bottom instance is open, showing a search bar with a magnifying glass icon and two file options: 'This is a Test attachment 2.docx' and 'This is a Test attachment.docx'.

The User 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.

The image shows a dialog box titled 'Confirm Close' with a question mark icon in the top left corner. The main text inside the dialog box asks 'Are you sure you want to Close without saving?'. At the bottom of the dialog box, there are two buttons: 'Yes' and 'No'.

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

To View Uploaded Attachments (Files)

From the “HOME” screen

The screenshot displays the 'myDay' interface for user FFS1 PCNX. The main content area is divided into several widgets. The 'CLIENT DEMOGRAPHICS' widget shows patient information for ADMISSIONS, PCNX (9358744), including DOB, SSN, and various medical flags. The 'PROVIDER FILE ATTACH' widget is highlighted, showing a table of uploaded documents.

View	Provider	Document Name	Date	Authorization Number	Document Type
View	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

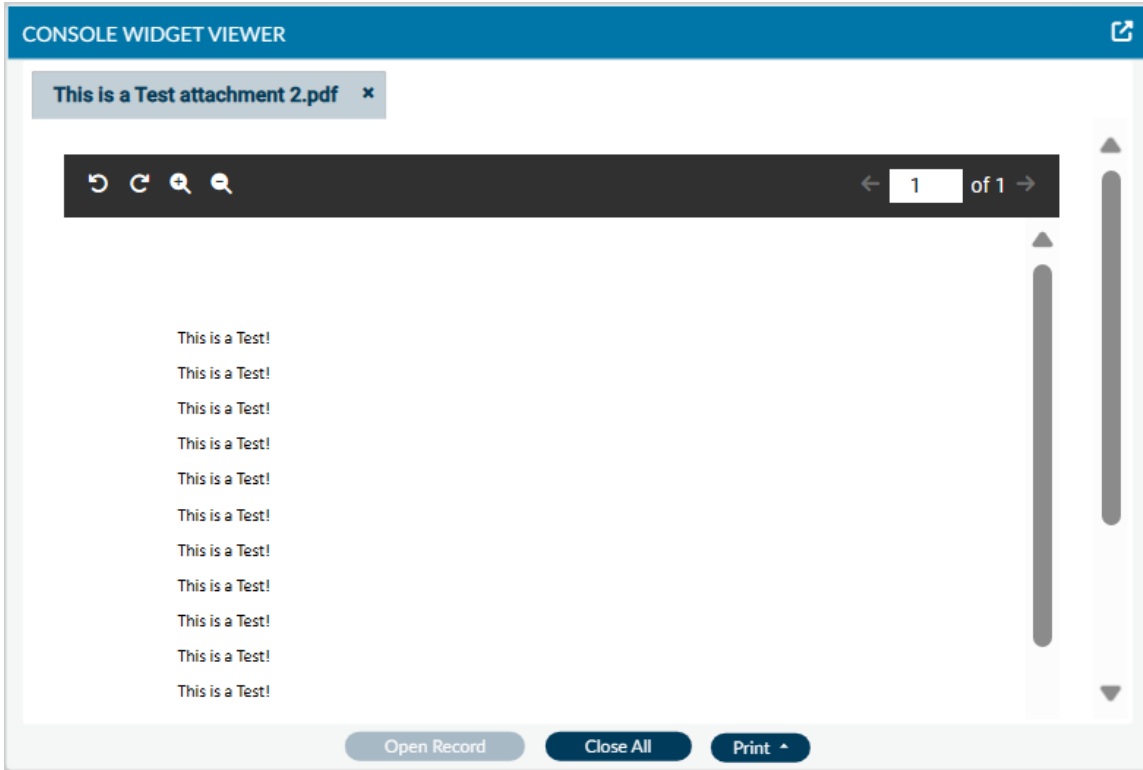
Users can view the uploaded documents using the “**Provider File Attach**” widget.

PROVIDER FILE ATTACH					
View	Provider	Document Name	Date	Authorization Number	Document Type
View	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

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

View	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

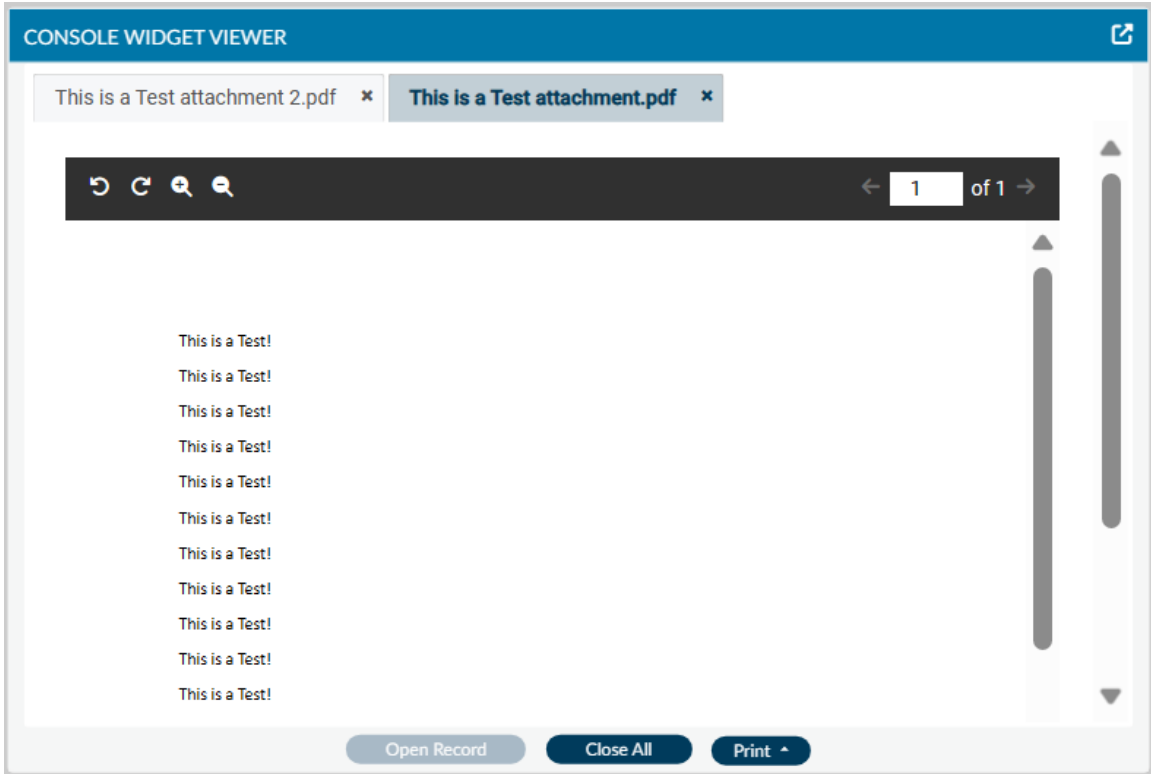
Once selected the document will be viewed the “**Console Widget Viewer**” widget.



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

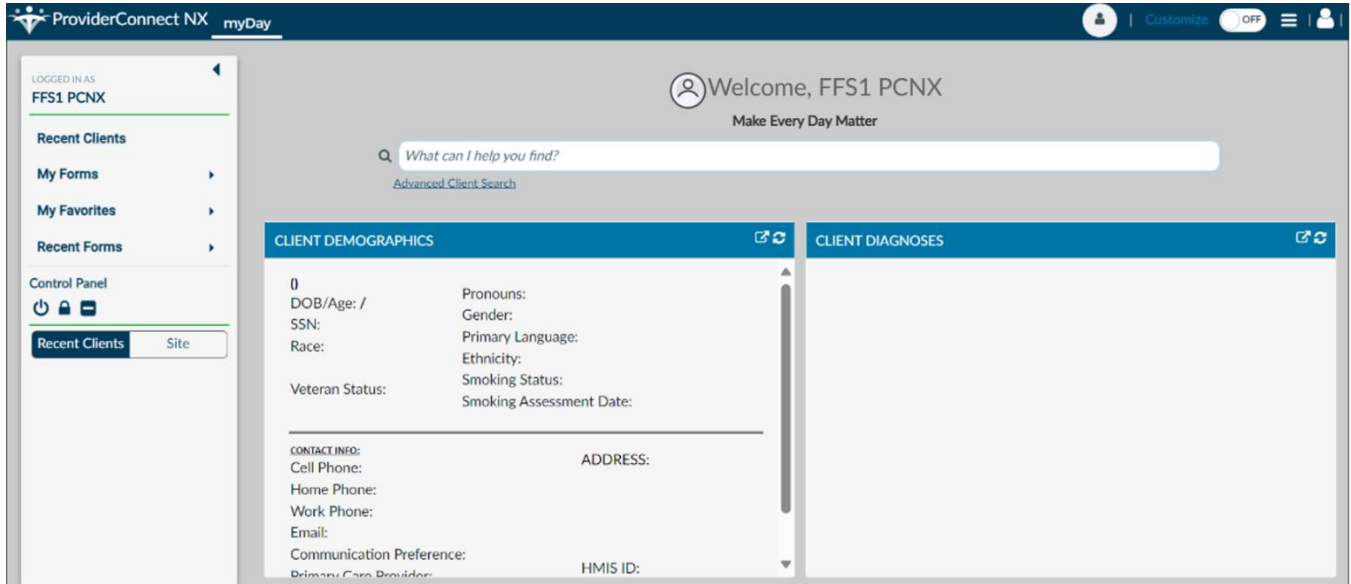
View	OPTIMIST BOYS H...	This is a Test atta...	03/06/2024	360482	No Entry
View	OPTIMIST BOYS H...	This is a Test atta...	03/07/2024	360484	No Entry

Users will see the fill name in the “**Console Widget Viewer**” across the top of the viewer.

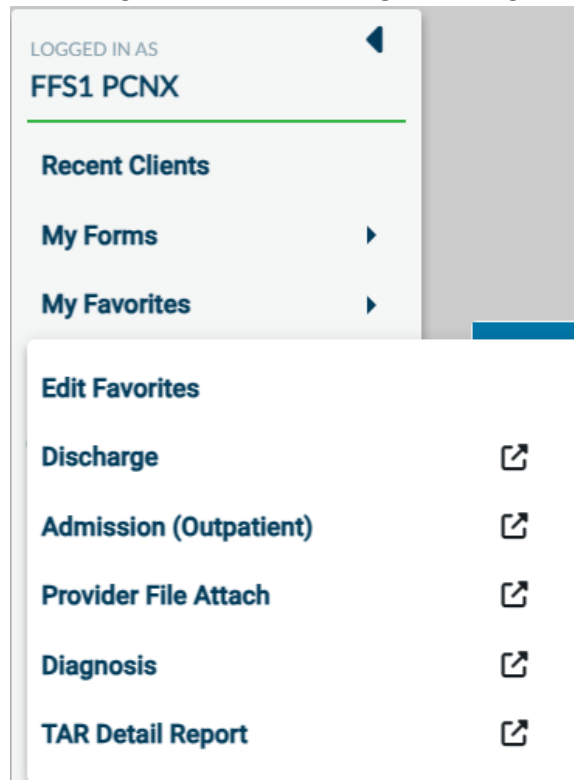


ProviderConnect NX: How to Add a Discharge

From the “Home” screen



Using the “My Favorites” tab in the TASK navigation select “Discharge” to navigate to that form.



On “Discharge” “Select Client” search screen, enter the **Client ID** or **Client Name**.

Opening: Discharge

Home > Select Client >

Select Client

Q |

OK Cancel

Select the client to navigate to the “Select Episode” page.

Opening: Discharge

Home > Select Client >

Select Client

Q 935875Q

Name	Date Of Birth	Client's Address - Street
TEST.PCNX (009358750)	01/01/2000	550 N. Vermont Ave

OK Cancel

Select the **Episode** to discharge.

Opening: Discharge

Home > Select Client > Select Episode >

✓ Selected Client : TEST, PCNX (009358750)

Select Episode

Name: PCNX TEST
ID: 9358750
Sex: Female
Date of Birth: 01/01/2000

Episode	Program	Start	End
1	5005I COLLEGE HOSPITAL CERRITOS	03/01/2024	

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.

DISCHARGE Submit Discard Add to Favorites

- Discharge
- Demographics
 - Demographics
 - Alias
- CSI
 - Sub-Section 1
- OSHPD
- Online Documentation

Episode Number: 1

Date Of Discharge * **Discharge Time ***

Discharge Day Of Week: Length Of Stay: Current Time

Discharge Practitioner *

Type Of Discharge * Select

Discharge Remarks/Comments

Reason For Death: Select

Date Of Death: Current Time

Hospital Discharge Instructions

Discharge Client Living Arrangement: Select

Enter date and time of the discharge.

Date Of Discharge * Discharge Time *

Date Of Discharge * Discharge Time *

03/01/2024 03:26 PM

Enter "Type of Discharge".

Type Of Discharge * Type Of Discharge *

Select Discharged to Home or Self-Care

Enter the "Discharge Practitioner".

Discharge Practitioner *

Discharge Practitioner *

1149

Practitioner	NPI Number	Taxonomy Code	Program Association
			5000I+5002I+50
			05I+5006I+5007I
			+5007K+5009I+
			5011I+5012I+50
			14I+5019I+5020I
			+5022I+5024I+5
			026I+5029I+503
			1I+5035I+5038I+
			5039I+5041I+50
			42I+5043I+5044I
			+5046I+5047I+5
			048I+5049I+505
			0I+5514I+5532I+
			5547I+5551I+55
			52I+5553I+5554I
			+5555I+5558I+5
			560I+5563I+556
			5I+5566I+5567I+
			5568I+5569I+55
			70I+5599I+5801I
			+5802I+5804I+5
			805I+5808I+581
			0I+5811I+5812I+
			5815I+5817I+58
			18I+5819I

Discharge Practitioner *

FFS MEDICAL_DOCTOR (001149)

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

DISCHARGE

Submit

Discard

Add to Favorites

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

