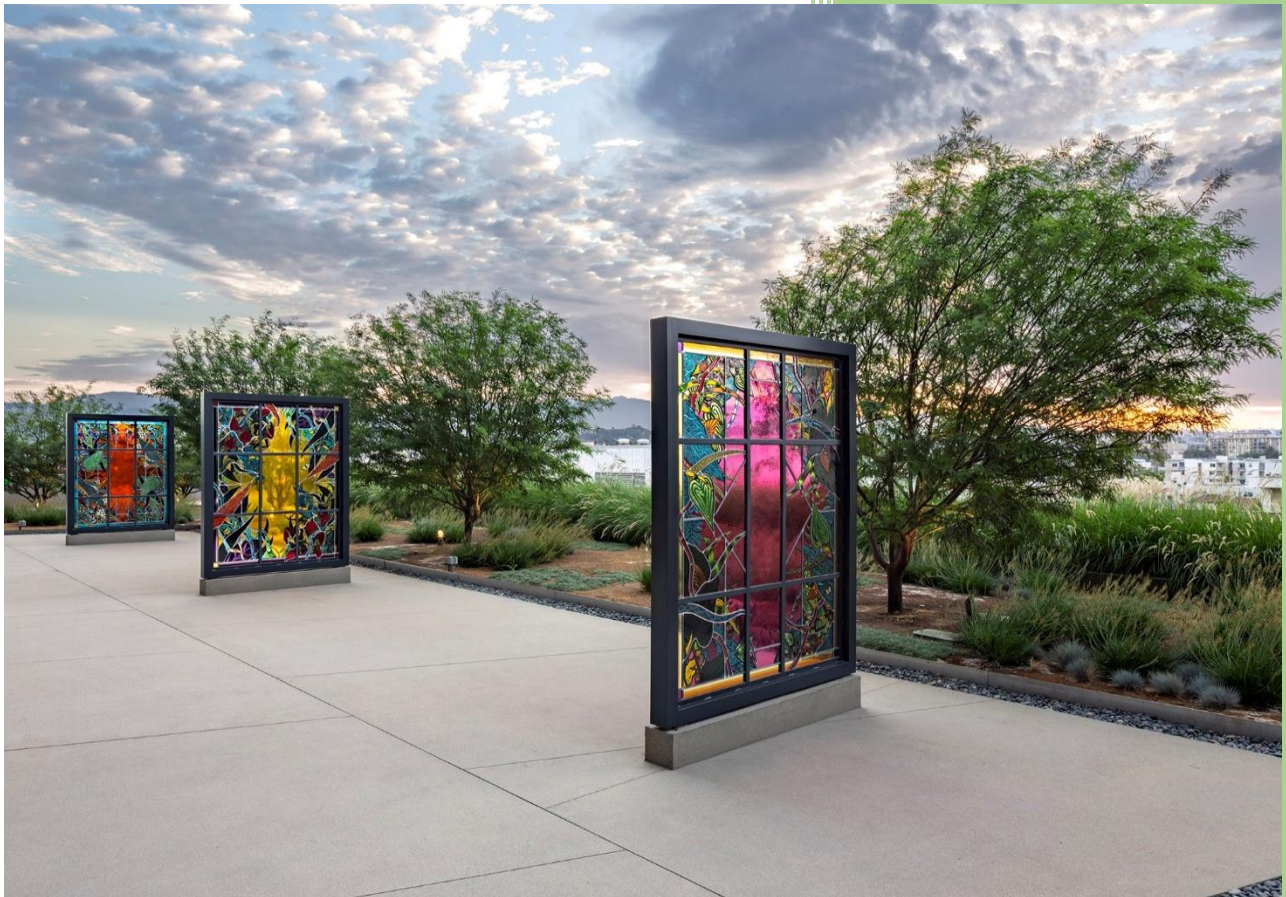


End User Manual for Creating an Admission Process (FFS1)

ProviderConnect NX



Los Angeles County
Department of Mental Health
JAN 2025 v5.0

Table of Contents

Forms and Instructions for the process to apply for access to ProviderConnect NX.....	2
Introduction to Avatar NX for Service Providers	3
Access and Limitations	3
Provider Connect NX: Login using Enterprise Credentials.....	4
Provider Connect NX: How to Add a Widget.....	9
Provider Connect NX: How to Create an Admission	12
ProviderConnect NX: Diagnosis	22
ProviderConnect NX: How to Add an Attachment File.....	30
ProviderConnect NX: How to View, Print, or Save Uploaded Files	35
ProviderConnect NX: How to Add a Discharge.....	41

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

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

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

Contractor Number Request Packet:

http://file.lacounty.gov/SDSInter/dmh/1076333_CNumberRequestPacket.pdf

Individuals Authorized to Sign Application Access Forms:

http://file.lacounty.gov/SDSInter/dmh/1055863_Individuals_Authorized_to_Sign_Access_Forms.pdf

NOTE Please make sure that the forms are filled out or typed in the PDF form. All scanned documents 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 require additional assistance, please contact the DMH Systems Access Unit at SystemsAccessUnit@dmh.lacounty.gov. 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) implemented by the Los Angeles County Department of Mental Health (LACDMH). **ProviderConnect NX** is a web-based interface that communicates with Avatar NX. **ProviderConnect NX** is a standard browser-based application that can be launched from any web browsing application such as Edge, Chrome, or Firefox. **ProviderConnect NX** has real-time communication with Avatar NX, 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 with **ProviderConnect NX**, enter clients that have not been associated with **ProviderConnect NX**, create an Admission for clients, and set up Financial Eligibility for clients.

- 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 to 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://lacdmheat.saasit.com>

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

End User Manual for Creating an Admission Process (FFS1)

Page 3 of 45

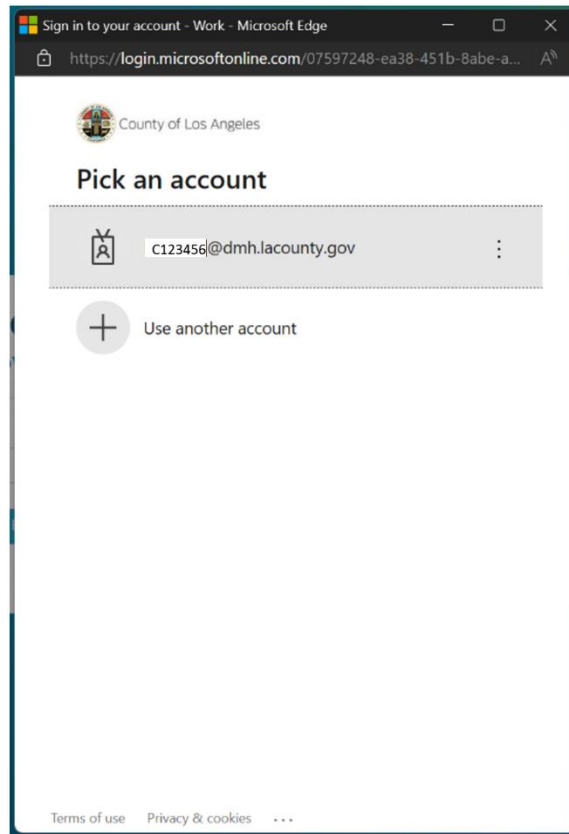
Provider Connect NX: Login using Enterprise Credentials

Start a 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 their “C” number with the @dmh.lacounty.gov email address and click the “**Next**” button or

On this screen either select the User “C” number @dmh.lacounty.gov email address or if the User does not see their “C” number @dmh.lacounty.gov email select the “+” to navigate back to the sign-in screen. Selecting the “C” number @dmh.lacounty.gov email 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 MFA **“Approve Sign-in Request”**.

Sign in to your account - Work - Microsoft Edge
https://login.microsoftonline.com/07597248-ea38-451b-8...

County of Los Angeles

← C123456@dmh.lacounty.gov

Enter password

.....|

[Forgot my password](#)

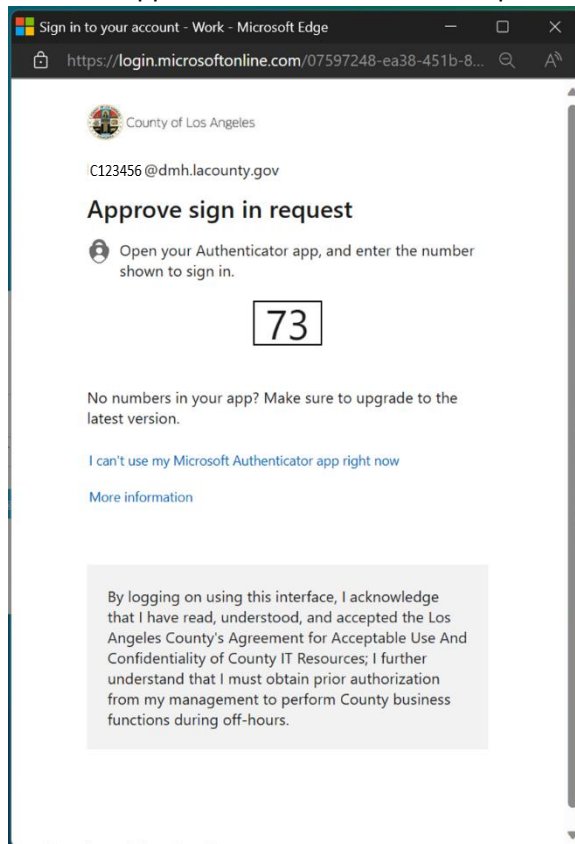
[Sign in](#)

By logging on using this interface, I acknowledge that I have read, understood, and accepted the Los Angeles County's Agreement for Acceptable Use And Confidentiality of County IT Resources; I further understand that I must obtain prior authorization from my management to perform County business functions during off-hours.

[Terms of use](#) [Privacy & cookies](#) ...

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

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



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

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

NOTE: DO NOT SELECT THE “DO NOT SELECT THIS SYSTEM CODE”

Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

Select System Code

COLLEGE HOSPITAL CERRITOS (FFS1X5005) : c100004

DO NOT SELECT THIS SYSTEM CODE (zPCNX) : c100004

c100004

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.

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

ProviderConnect NX myDay

LOGGED IN AS
FFS1 PCNX

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent Clients Site

Welcome, FFS1 PCNX

Make Every Day Matter

What can I help you find?

Advanced Client Search

CLIENT DEMOGRAPHICS

DOB/Age: /

SSN:

Race:

Veteran Status:

Pronouns:

Gender:

Primary Language:

Ethnicity:

Smoking Status:

Smoking Assessment Date:

CONTACT INFO:

Cell Phone:

Home Phone:

Work Phone:

Email:

Communication Preference:

Primary Care Provider:

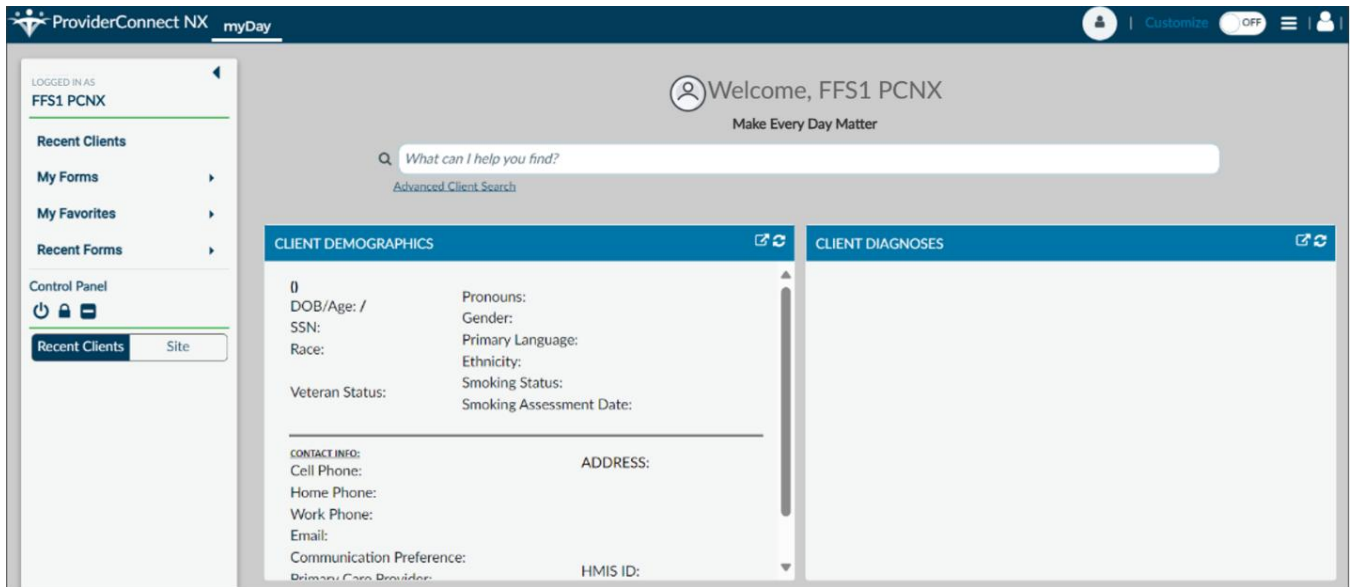
ADDRESS:

HMIS ID:

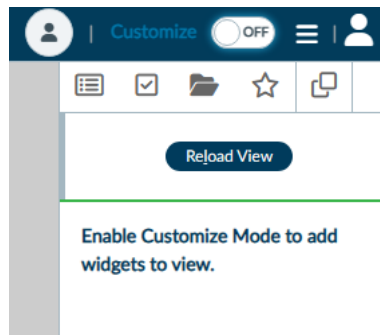
CLIENT DIAGNOSES

Provider Connect NX: How to Add a Widget

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




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

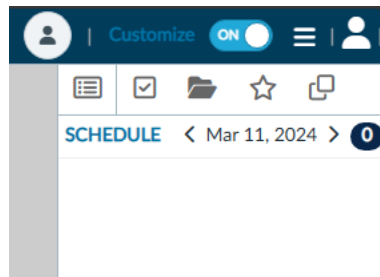


Turn the “**Customize**” selector from the “**OFF**” selection to the “**ON**” selection.



Select the icon  to open the sidebar.

Select the icon  to open the widget options.



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

Reload View

Revert Changes

☐ Include Client Information header in view

CLIENT

Claim Service Information

Pending Service Authorizations

Provider File Attach

Service Authorization Information

CONSOLE

Console Widget Viewer

MISC

Financial Eligibility

Systemwide Annual Liability

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

Provider File Attach

PROVIDER FILE ATTACH

View	Provider	Document Name	Date	Authorization Number	Document Type

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

Console Widget Viewer

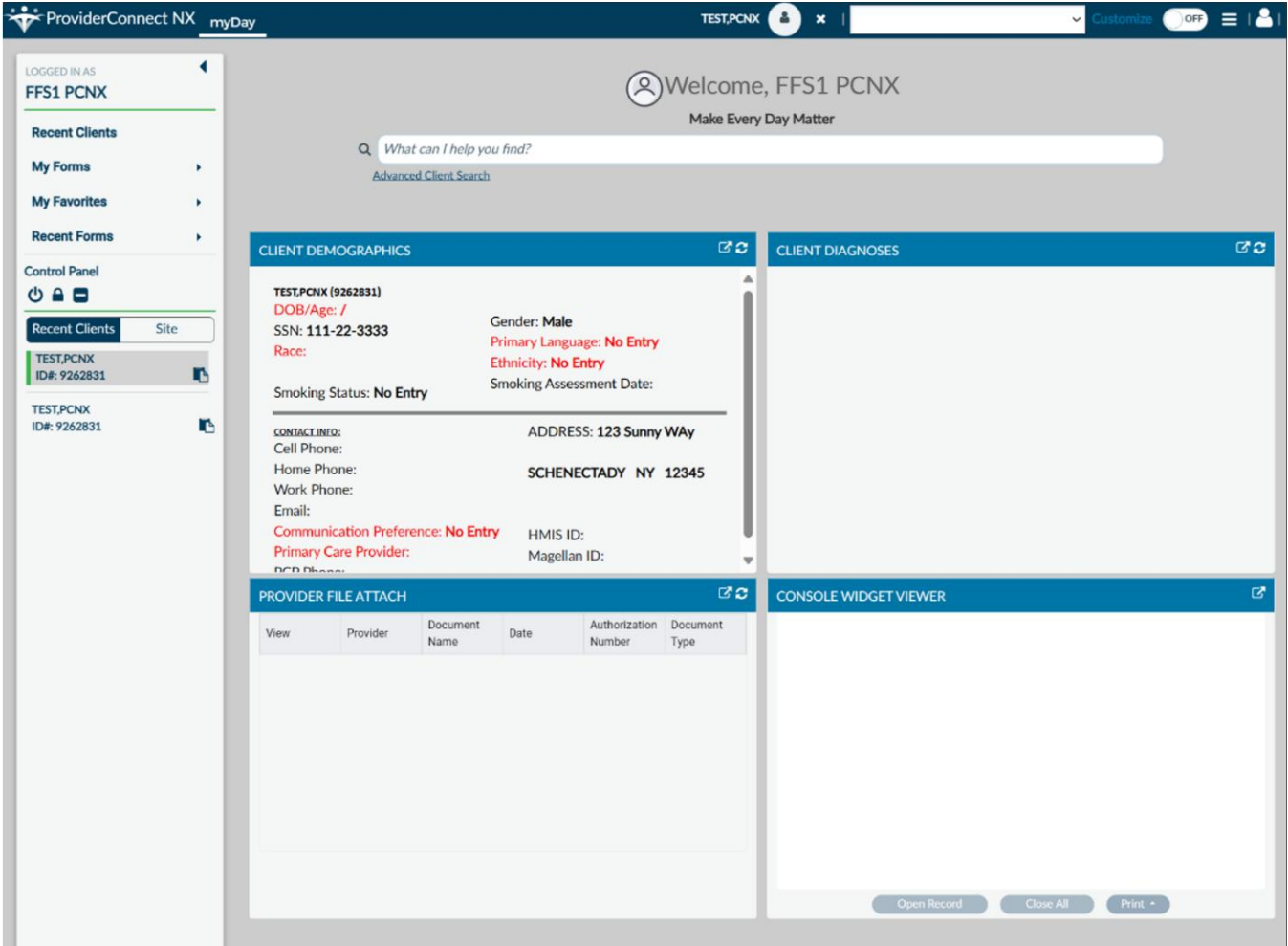
CONSOLE WIDGET VIEWER

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



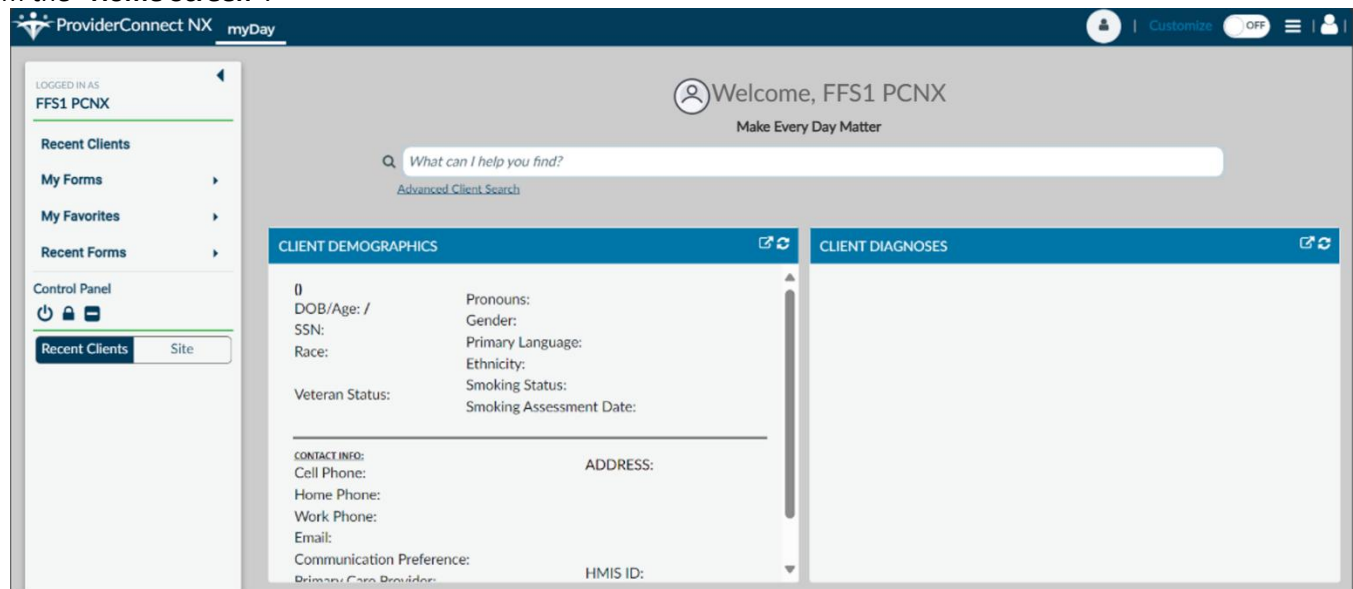
Select the icon  to close the sidebar.

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

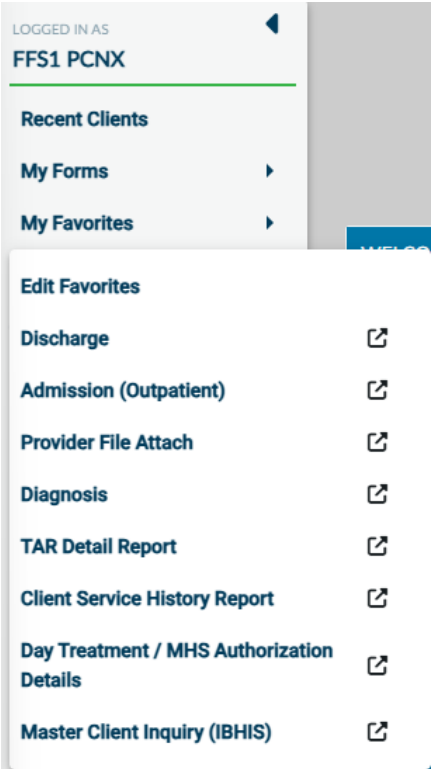


Provider Connect NX: How to Create an Admission

On the Admission form Users will create a new or ongoing client admission for their clients in **ProviderConnect NX**. From the **“Home Screen”**.



The User can go to **“My 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 for 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)

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

Test

First Name

PCNX

Sex

Male

x

▼

Social Security Number

111-22-3333

Date of Birth

01/01/1970

DMH Client ID

Alias

Subscriber Client Index Number

Alias (Additional Text)

Search

Clear

Click the “**Search**” button to see search results. If the client is listed in the results, click the client’s name.

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**” or the client is not listed in the search results, 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 **MUST** select the “**Yes**” button.

?

Client

Auto Assign Next ID Number?


Yes

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)

SubmitDiscardAdd to Favorites

Admission

Identification and Treatment Information

Demographics

Other Client Data

Identification and Treatment Information

Other Client Information

Compliance Indicators

Episode Number

1

Admission Date *

T

Y

Admission Time *

Current Time

Client Name *

ADMISSIONS.PCNX

Program Of Admission *

Select

Sex *

☒ Female

☐ Male

☐ Unknown

Type Of Admission *

Select

Source Of Admission

Select

Admitting Practitioner *

Practitioner Type

Select

Date Of Birth

01/12

T

Y

Age

23

Social Security Number

Alternate Social Security Number

Client's Living Arrangements (CSI)

Select

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 in **RED** with **RED Asterisk** but are needed to complete an “Admission (OUTPATIENT)” process.

Enter the “**Admission Date**” and the “**Admission Time**”

Admission Date *	Admission Time *	Admission Date *	Admission Time *
<input type="text"/>	<input type="text"/>	01/05/2024	03:43 PM
<input type="button" value="T"/>	<input type="button" value="Y"/>	<input type="button" value="T"/>	<input type="button" value="Y"/>
<input type="button" value="Current Time"/>		<input type="button" value="Current Time"/>	

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

Program Of Admission *	
Select	
<input type="button" value="x"/>	<input type="button" value="v"/>
Program Of Admission *	
Select	
<input type="button" value="x"/>	<input type="button" value="v"/>
<input type="text"/>	
LE00502 Harborucla	
Program Of Admission *	
LE00502 Harborucla	
<input type="button" value="x"/>	<input type="button" value="v"/>

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

Type Of Admission *	
Select	
<input type="button" value="x"/>	<input type="button" value="v"/>
Type Of Admission *	
Select	
<input type="button" value="x"/>	<input type="button" value="v"/>
<input type="text"/>	
Elective	
Emergency	
First Admission	
Information not Available	
Pre-Admission	
Re-Admission	
Urgent	
Type Of Admission *	
First Admission	
<input type="button" value="x"/>	<input type="button" value="v"/>

In the “**Admitting Practitioner**” field enter either the Practitioner's Name or the Practitioner's Number.

Admitting Practitioner *

Admitting Practitioner *

1149

Practitioner Type

Practitioner	NPI Number	Taxonomy Code	Program Association
FFS MEDICAL_DO CTOR (001149)			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 *

FFS MEDICAL_DOCTOR (001149)

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

Admission Time *
03:43 PM

Client Name *
ADMISSIONS,PCNX

Program Of Admission *
LE00502 Harborucla

Sex *
☒ Female
☐ Male
☐ Unknown

Type Of Admission *
First Admission

Date Of Birth
01/12/2000

Age
23

Source Of Admission
Select

Admitting Practitioner *
FFS MEDICAL_DOCTOR (001149)

Social Security Number

Alternate Social Security Number

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)

SubmitDiscardAdd 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

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

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

Select

Address - County

Select

Residential Address Start Date

T

Y

Add or update the client's demographics.

NOTE: This will be the only time a User can update client demographics. If the client's demographics are not updated while creating the client's admission the User MUST create a HEAT ticket or call the Help Desk to create a HEAT ticket to update the Client Demographics.

ADMISSION (OUTPATIENT)

SubmitDiscardAdd 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 iClear

Search

☐ Alaskan Native

☐ American Indian

Ethnic Origin

Select

Client Declined To Provide Information On The Following

☐ Ethnic Origin

☐ Race

☐ Language

Tribal Affiliation(s)

All iClear

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

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)

SubmitDiscardAdd to Favorites

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

The screenshot displays the ProviderConnect NX myDay interface. The top navigation bar includes the logo, user information (ADMISSIONS, PCNX (003334802)), a search bar (All Episodes), and a customize toggle (OFF). The main header area shows a welcome message for FFS1 PCNX and a search bar with the placeholder text "What can I help you find?". Below the header, there are two main sections: CLIENT DEMOGRAPHICS and CLIENT DIAGNOSES. The CLIENT DEMOGRAPHICS section contains the following information:

CLIENT DEMOGRAPHICS	
ADMISSIONS, PCNX (3334802)	Pronouns:
DOB/Age: 2000-01-12 / 24	Gender: No Entry
SSN: 123-45-6789	Primary Language: No Entry
Race:	Ethnicity: No Entry
	Smoking Status: No Entry
	Smoking Assessment Date:
Veteran Status:	
CONTACT INFO:	
Cell Phone: 213-555-1212	ADDRESS: 550 N Vermont Ave
Home Phone:	LOS ANGELES CA 90005
Work Phone:	
Email:	
Communication Preference: No Entry	HMIS ID:
Primary Care Provider:	Magellan ID:
PCP Phone:	
LAUNCH Update Client Data	LAUNCH Client Chart

ProviderConnect NX: Diagnosis

From the “Home Screen” form Users can navigate to the “Diagnosis” form.

The screenshot displays the ProviderConnect NX interface. The top navigation bar includes the logo, user information (ADMISSIONS, PCNX (003334802)), and a search bar. The main content area is divided into two sections: CLIENT DEMOGRAPHICS and CLIENT DIAGNOSES. The CLIENT DEMOGRAPHICS section contains fields for DOB/Age, SSN, Race, Pronouns, Gender, Primary Language, Ethnicity, Smoking Status, and Smoking Assessment Date. The CLIENT DIAGNOSES section is currently empty.

CLIENT DEMOGRAPHICS	CLIENT DIAGNOSES
<p>ADMISSIONS, PCNX (3334802)</p> <p>DOB/Age: 2000-01-12 / 24</p> <p>SSN: 123-45-6789</p> <p>Race:</p> <p>Pronouns:</p> <p>Gender: No Entry</p> <p>Primary Language: No Entry</p> <p>Ethnicity: No Entry</p> <p>Smoking Status: No Entry</p> <p>Smoking Assessment Date:</p> <p>Veteran Status:</p> <p>CONTACT INFO:</p> <p>Cell Phone: 213-555-1212</p> <p>Home Phone:</p> <p>Work Phone:</p> <p>Email:</p> <p>Communication Preference: No Entry</p> <p>Primary Care Provider:</p> <p>PCP Phone:</p> <p>LAUNCH Update Client Data</p> <p>ADDRESS: 550 N Vermont Ave</p> <p>LOS ANGELES CA 90005</p> <p>HMIS ID:</p> <p>Magellan ID:</p> <p>LAUNCH Client Chart</p>	

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

The screenshot shows the TASK Navigation dropdown menu. The menu is open, displaying a list of options. The 'Diagnosis' option is highlighted.

TASK Navigation
Recent Clients
My Forms
My Favorites
Edit Favorites
Discharge
Admission (Outpatient)
Provider File Attach
Diagnosis
TAR Detail Report
Client Service History Report
Day Treatment / MHS Authorization Details
Master Client Inquiry (IBHIS)

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

Opening: Diagnosis

Home > Select Client >

Select Client

Q I

OK Cancel

The User will select the Client name in the results.

Opening: Diagnosis

Home > Select Client >

Select Client

Q 9358751

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

OK Cancel

The User will be navigated to the “**Diagnosis**” episode display screen, and select the episode to add the client's 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. Other required fields are not marked in **RED** and/or with asterisks but are needed to complete the “**Diagnosis**” process.

DIAGNOSIS

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 ⬇️
<div> <div>New Row</div> <div>Delete Row</div> </div>								
<div>Void All</div>								

Show Active Only ⬇️

☐ Yes
 ☐ No

▼

Diagnosis Search

🔍

Code Crossmapping

📄

Status

☐ Active
 ☐ Working
 ☐ Rule-out
 ☐ Void

Add To Problem List

☐ Yes
 ☐ No

Ranking

☐ Primary
 ☐ Secondary
 ☐ Tertiary

Bill Order

Diagnosing Practitioner

🔍

Remarks

📄

In Outpatient context, please only select Admission or Update

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

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 of the diagnosis can be changed to another date if necessary.

Date Of Diagnosis *

02/09/2024

T

Y

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

Time Of Diagnosis *

01:46 PM

Current Time

H

M

AM/PM

Click the “New Row” button to add a row to add the diagnosis.

Diagnoses

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	ICD-9 Code
<div>New RowDelete Row</div>								

Diagnoses

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

New RowDelete Row

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

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

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 to the “Active” radio button. Users **MUST NOT** change this selection.

Status *

Active

Working

Rule-out

Void

Enter the “**Diagnosing Practitioner**” number or name in this field. Then select the practitioner from the dropdown.

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 sets this number.

Bill Order *

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

DIAGNOSIS

SubmitDiscardAdd 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

Ranking

☒ Primary

☐ Secondary

☐ Tertiary

Bill Order *

1

Diagnosing Practitioner *

PETER AMPUDIA (048067)

Remarks

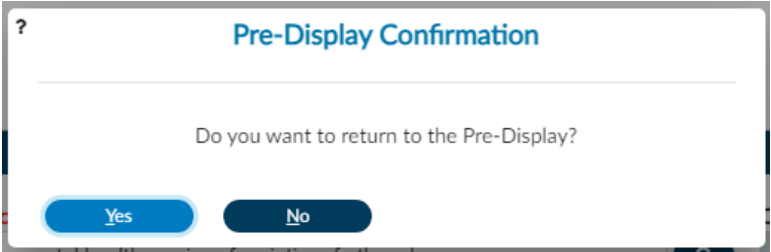
In Outpatient context, please only select Admission or Update

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

DIAGNOSIS

SubmitDiscardAdd 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 can view record(s) for this client's 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 NXmyDayADMISSIONS,PCNX (003334802)All EpisodesCustomizeOFF

LOGGED IN AS FFS1 PCNX

Recent ClientsMy FormsMy FavoritesRecent Forms

Control PanelRecent ClientsSite

ADMISSIONS,PCNX (003334802)

Welcome, FFS1 PCNXMake Every Day Matter

What can I help you find?Advanced Client Search

CLIENT DEMOGRAPHICS

ADMISSIONS,PCNX (003334802)
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:
ADDRESS: 550 N Vermont Ave
LOS ANGELES CA 90005
HMIS ID:
Magellan ID:
LAUNCH Update Client Data
LAUNCH Client Chart

CLIENT DIAGNOSES

Ep#	Diagnosis Date	Diagnosis Type	Status/Rank	Diagnosis	Diagnosis Code
2	2024-02-09	Admission	Active/Primary	Encounter for mental health services for victim of other abuse	Z69.81

ProviderConnect NX: How to Add an Attachment File

From the “Home Screen”.

The screenshot displays the ProviderConnect NX Home Screen. The top navigation bar includes the logo, 'ProviderConnect NX myDay', the user 'TEST,PCNX', a search bar, and a 'Customize' toggle. The main content area is divided into four panels: 'CLIENT DEMOGRAPHICS', 'CLIENT DIAGNOSES', 'PROVIDER FILE ATTACH', and 'CONSOLE WIDGET VIEWER'. The 'CLIENT DEMOGRAPHICS' panel shows client information for TEST,PCNX (9262831), including DOB, SSN, Gender, Primary Language, Ethnicity, Smoking Status, and Address. The 'PROVIDER FILE ATTACH' panel contains a table with columns for View, Provider, Document Name, Date, Authorization Number, and Document Type. The 'CONSOLE WIDGET VIEWER' panel is currently empty.

LOGGED IN AS
FFS1 PCNX

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent Clients Site

TEST,PCNX
ID#: 9262831

TEST,PCNX
ID#: 9262831

TEST,PCNX
ID#: 9262831

Welcome, FFS1 PCNX
Make Every Day Matter

What can I help you find?
Advanced Client Search

CLIENT DEMOGRAPHICS

TEST,PCNX (9262831)
DOB/Age: /
SSN: 111-22-3333
Race:
Gender: Male
Primary Language: No Entry
Ethnicity: No Entry
Smoking Status: No Entry
Smoking Assessment Date:
CONTACT INFO:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference: No Entry
Primary Care Provider:
HIMIS ID:
Magellan ID:

ADDRESS: 123 Sunny Way
SCHENECTADY NY 12345

CLIENT DIAGNOSES

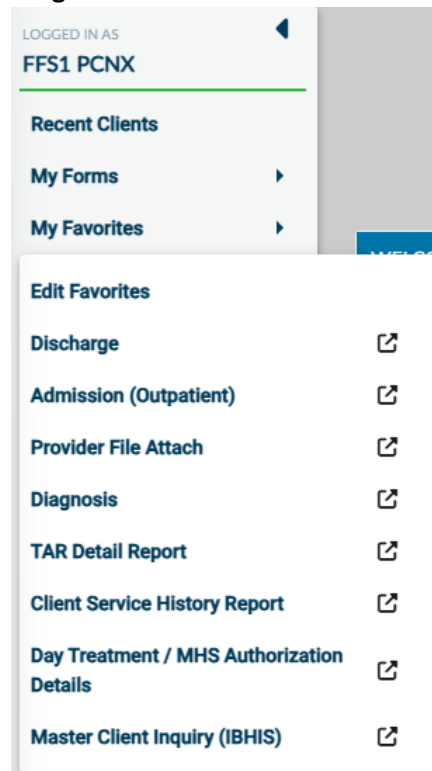
PROVIDER FILE ATTACH

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

CONSOLE WIDGET VIEWER

Open Record Close All Print

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



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.

The screenshot displays the 'ProviderConnect NX myDay' web application. The top navigation bar includes the logo, 'ProviderConnect NX myDay', a 'Customize' toggle, and user profile icons. A left sidebar contains navigation links: 'LOGGED IN AS FFS1 PCNX', a search bar, 'Advanced Client Search', 'Recent Clients', 'My Forms', 'My Favorites', 'Recent Forms', 'Control Panel', and 'Recent Clients' with a 'Site' link. The main content area is titled 'PROVIDER FILE ATTACH' and includes 'Submit', 'Discard', and 'Add to Favorites' buttons. The form itself is titled 'Provider File Attach' and 'Online Documentation'. It features several required fields marked with red asterisks: 'Member ID *', 'Provider *', 'File Type *', 'Authorization', and 'Document Type'. Each field has a search icon. There are also dropdown menus for 'File Type' and 'Document Type'. Action buttons include 'Upload File', 'Store File', 'Update Comments', and 'Delete File'. A 'Comments' text area is on the right, and a 'Comment History' section is at the bottom. The 'File Name' field is currently empty.

To Upload an Attachment (File)

Enter “**Member ID**”

Member ID *

Member ID *

Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCN X (9358744)	01/12/2000	550 N Vermont Ave

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 *

Select

File Type *

Select

Authorization

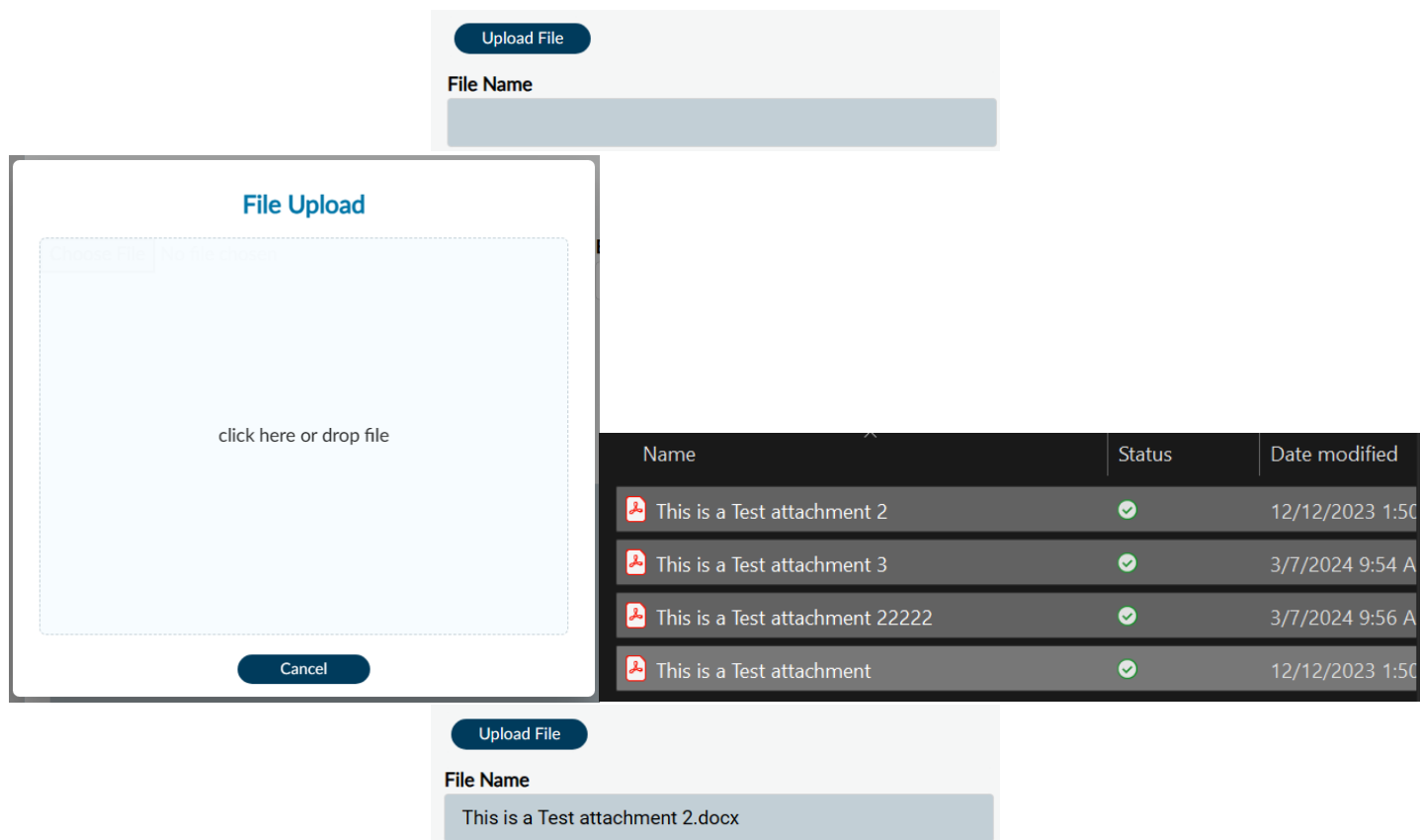
Other

Provider





File Type *

Provider

Select the **“Upload File”** button. Two windows will open. One is 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. Once the User selects the file to upload the name of the file will appear in the **“File Name”** field.

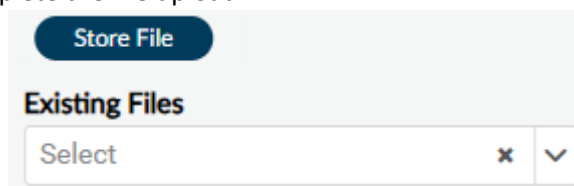


The screenshot displays the file upload process. At the top, there is an **Upload File** button. Below it is a **File Name** input field. To the left, a **File Upload** dialog box is open, showing a large dashed box for file selection with the text "click here or drop file" and a **Cancel** button. To the right, a table lists existing 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** field now contains the text "This is a Test attachment 2.docx".

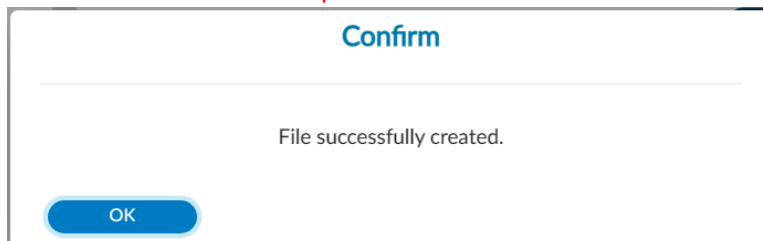
Click the **“Store File”** button to complete the file upload.



This section shows the **Store File** button and the **Existing Files** section, which includes a search bar with the word "Select" and a dropdown arrow.

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

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



The screenshot shows a **Confirm** pop-up message with the text "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 top navigation bar includes the 'ProviderConnect NX myDay' logo, a 'Customize' toggle set to 'OFF', and a user profile icon. The left sidebar shows the user is logged in as 'FFS1 PCNX' and provides links to 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. It also features a 'Control Panel' with icons for power, lock, and a document, and tabs for 'Recent Clients' and 'Site'.

The main content area is titled 'PROVIDER FILE ATTACH' and includes 'Submit', 'Discard', and 'Add to Favorites' buttons. Below the title, there is a 'Provider File Attach' section with a dropdown arrow. The form fields include:

- 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 a search icon and a close button (x).
- Authorization**: A dropdown menu.
- Document Type**: A dropdown menu with a search icon and a close button (x).
- Upload File**: A button.
- File Name**: A text input field.
- Comments**: A large text area with a search icon and a close button (x).
- Store File**: A button.
- Existing Files**: A dropdown menu with a search icon and a close button (x).
- Update Comments**: A button.
- Delete File**: A button.
- Comment History**: A large text area with a search icon and a close button (x).

Enter “Member ID”

Member ID *

Member ID *

Name	Date Of Birth	Client's Address - Street
ADMISSIONS,PCNX (9358744)	01/12/2000	550 N Vermont Ave

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 *

Select x v

File Type *

Select x v

Authorization
Other
Provider

File Type *

Provider x v

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

Existing Files

Select x v

Existing Files

Select x v

| Q

This is a Test attachment 2.docx

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 **MUST** select the “**Yes**” button.

?

Confirm Close

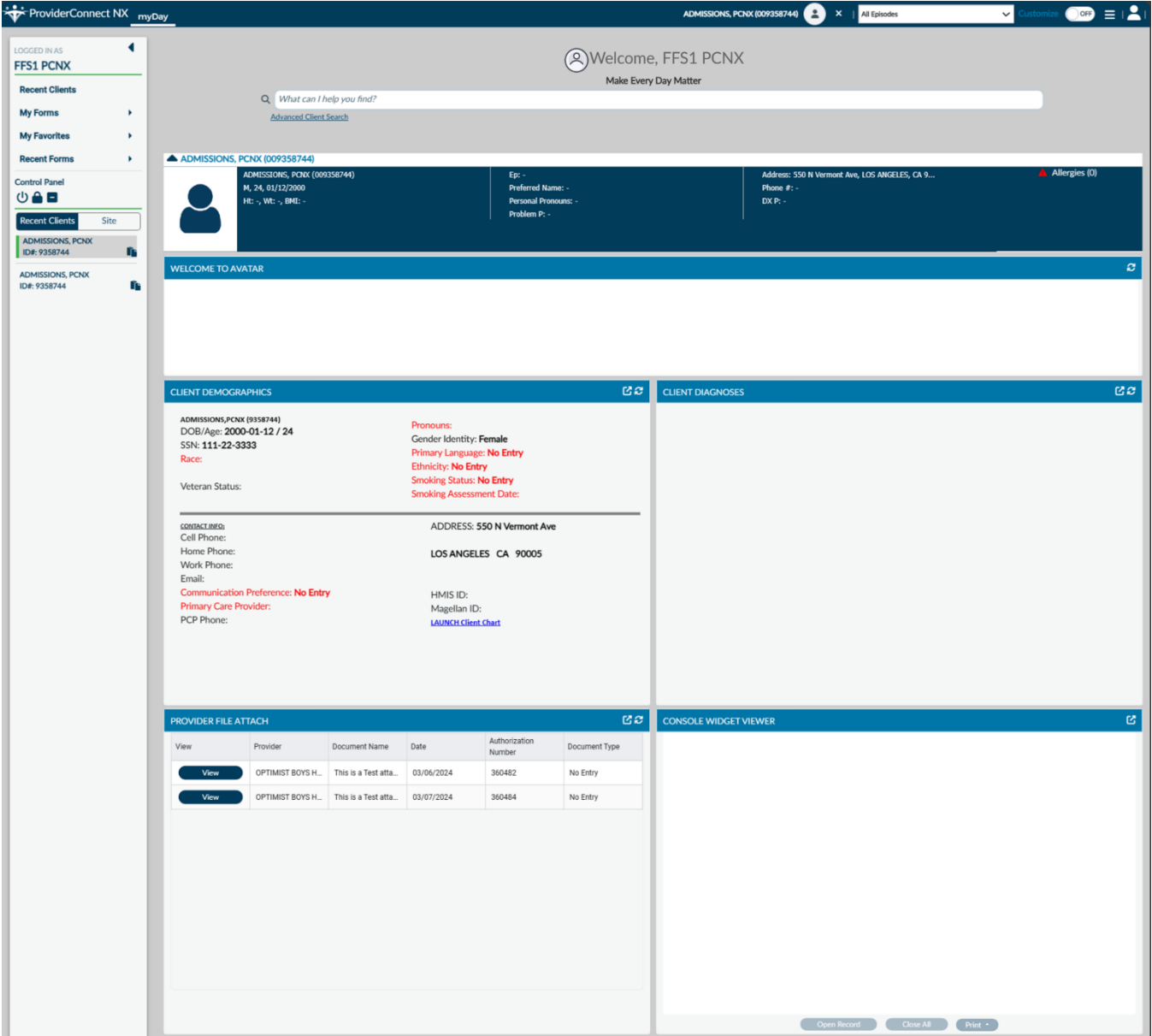
Are you sure you want to Close without saving?

Yes No

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

To View Uploaded Attachments (Files)

From the “HOME” screen



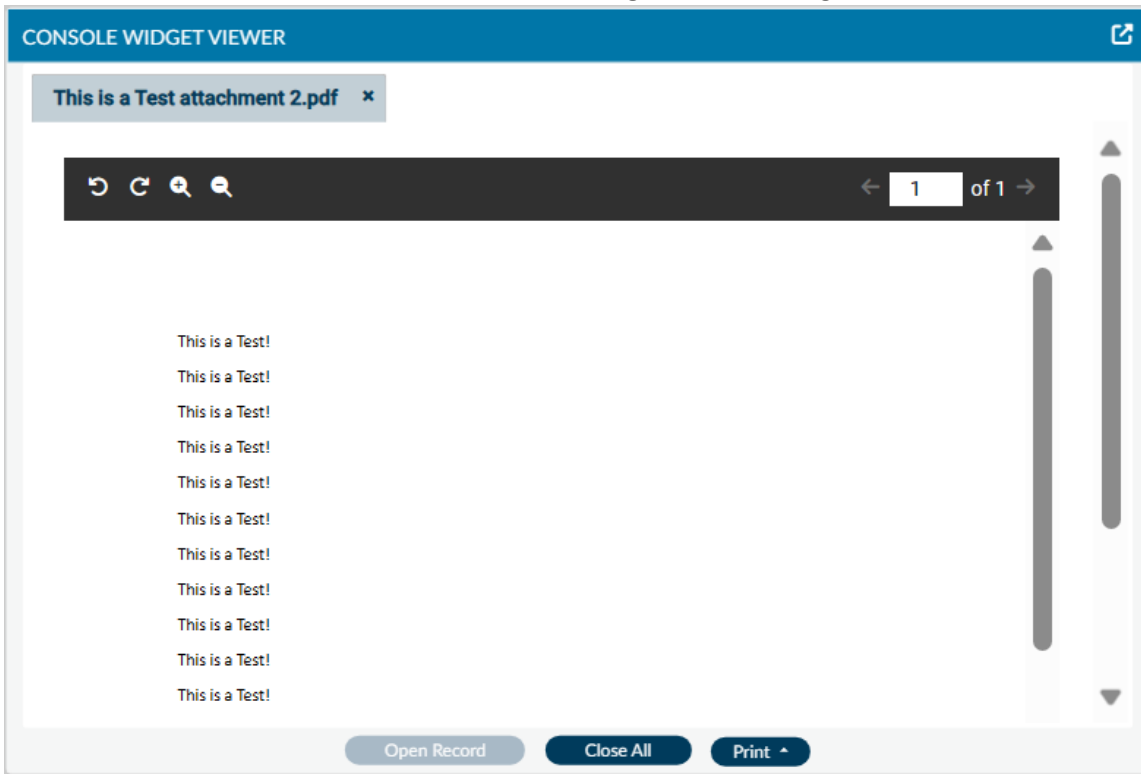
Users can view the uploaded documents using the “Provider File Attach” widget.

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

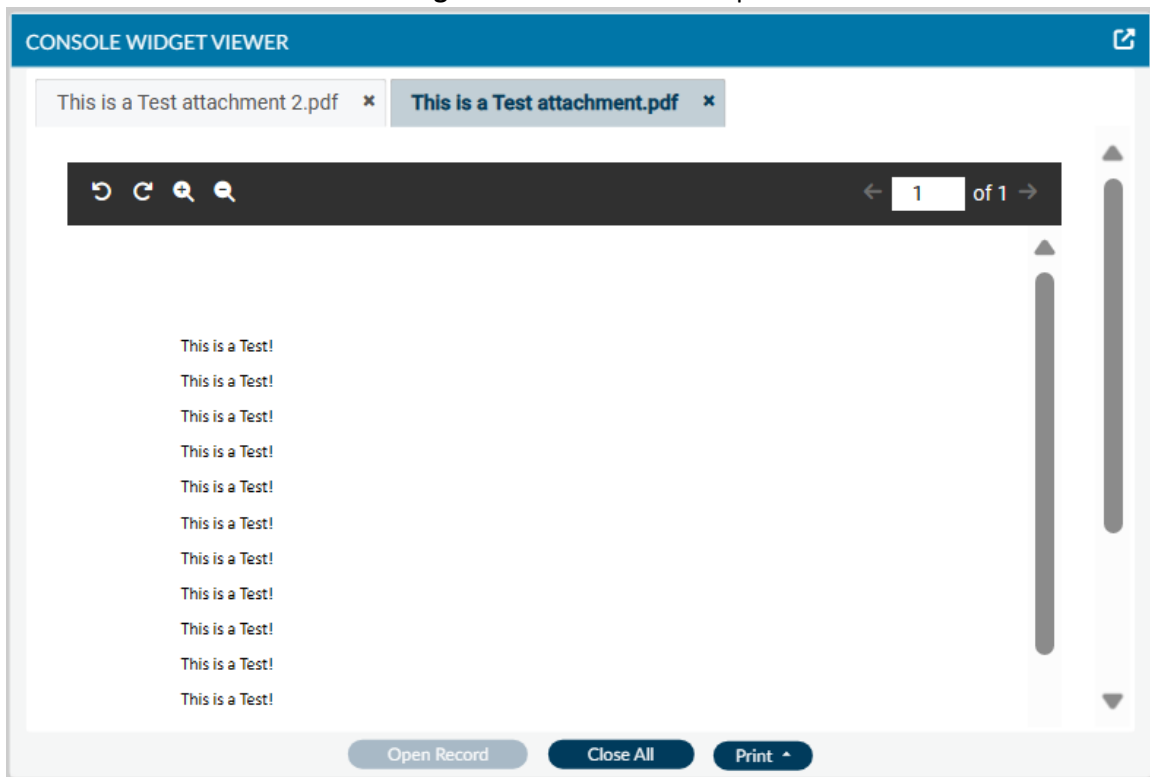
Once selected the document can be viewed in the “**Console Widget Viewer**” widget.



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 file name in the “**Console Widget Viewer**” across the top of the viewer.



ProviderConnect NX: How to Add a Discharge

From the “Home” screen

ProviderConnect NX myDay

LOGGED IN AS
FFS1 PCNX

Recent Clients

My Forms

My Favorites

Recent Forms

Control Panel

Recent Clients Site

Welcome, FFS1 PCNX
Make Every Day Matter

What can I help you find?
Advanced Client Search

CLIENT DEMOGRAPHICS

DOB/Age: /
SSN:
Race:
Veteran Status:
Pronouns:
Gender:
Primary Language:
Ethnicity:
Smoking Status:
Smoking Assessment Date:
CONTACT INFO:
Cell Phone:
Home Phone:
Work Phone:
Email:
Communication Preference:
Primary Care Provider:
ADDRESS:
HMIS ID:

CLIENT DIAGNOSES

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

LOGGED IN AS
FFS1 PCNX

Recent Clients

My Forms

My Favorites

Edit Favorites

Discharge

Admission (Outpatient)

Provider File Attach

Diagnosis

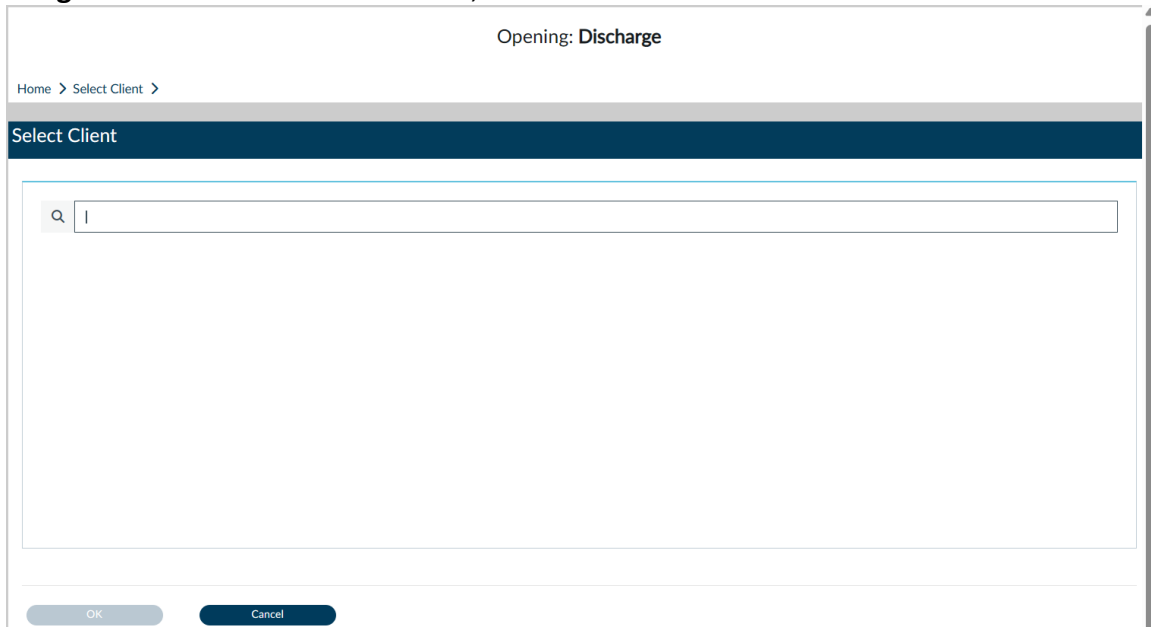
TAR Detail Report

Client Service History Report

Day Treatment / MHS Authorization Details

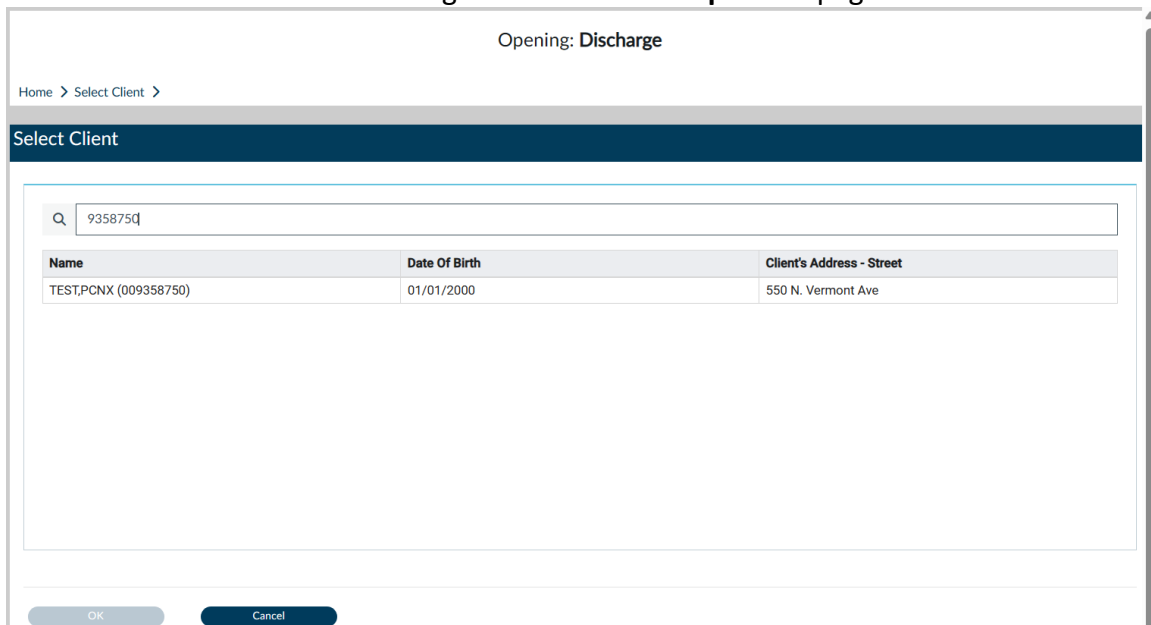
Master Client Inquiry (IBHIS)

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



The screenshot shows a mobile application interface for the 'Discharge' section. At the top, it says 'Opening: Discharge'. Below that is a breadcrumb trail 'Home > Select Client >'. A dark blue header bar contains the text 'Select Client'. Below the header is a large white search area with a magnifying glass icon and a text input field containing the letter 'I'. At the bottom of the screen are two buttons: 'OK' and 'Cancel'.

In the results select the client’s name to navigate to the “**Select Episode**” page.



The screenshot shows the same 'Select Client' search screen, but now with search results. The search bar contains the text '9358750'. Below the search bar is a table with three columns: 'Name', 'Date Of Birth', and 'Client's Address - Street'. The table has one data row. At the bottom of the screen are two buttons: 'OK' and 'Cancel'.

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

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.

DISCHARGE

Submit

Discard

Add to Favorites

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

Episode Number
1

Discharge Practitioner *

Date Of Discharge *
T Y

Discharge Time *
Current Time

Discharge Remarks/Comments

Discharge Day Of Week
Length Of Stay

Type Of Discharge *
Select

Reason For Death
Select

Date Of Death
T Y

Hospital Discharge Instructions

Discharge Client Living Arrangement
Select

Enter the date and time of the discharge.

Date Of Discharge *

T

Y

Discharge Time *

Current Time

Date Of Discharge *

03/01/2024

T

Y

Discharge Time *

03:26 PM

Current Time

Enter “Type of Discharge”.

Type Of Discharge *

Select

x

v

Type Of Discharge *

Discharged to Home or Self-Care

x

v

Enter the “Discharge Practitioner”.

Discharge Practitioner *

Q

Discharge Practitioner *

1149

Q

Practitioner	NPI Number	Taxonomy Code	Program Association
FFS MEDICAL_DOCT OR (001149)			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)

Q

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”.

The screenshot shows the 'myDay' home screen of the ProviderConnect NX system. The top navigation bar includes the logo, 'ProviderConnect NX myDay', and user controls like 'Customize', 'OFF', and a profile icon. The main header area displays 'Welcome, FFS1 PCNX' and the tagline 'Make Every Day Matter'. A search bar with the placeholder 'What can I help you find?' and a link to 'Advanced Client Search' is present. The left sidebar contains a 'LOGGED IN AS' section with the user name 'FFS1 PCNX', followed by links for 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms'. Below these is a 'Control Panel' with icons for power, lock, and a minus sign, and two buttons: 'Recent Clients' and 'Site'. The main content area is divided into two panels: 'CLIENT DEMOGRAPHICS' and 'CLIENT DIAGNOSES'. The 'CLIENT DEMOGRAPHICS' panel contains fields for 'DOB/Age: /', 'SSN:', 'Race:', 'Veteran Status:', 'Pronouns:', 'Gender:', 'Primary Language:', 'Ethnicity:', 'Smoking Status:', and 'Smoking Assessment Date:'. Below these are sections for 'CONTACT INFO:' (Cell Phone, Home Phone, Work Phone, Email, Communication Preference, Primary Care Provider) and 'ADDRESS:'. The 'CLIENT DIAGNOSES' panel is currently empty.