

# End User Manual for Creating an Admission Process (DHS)

## ProviderConnect NX



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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 must 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](mailto: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](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](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](mailto: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, the 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 at (213)351-1335.

### Links and Numbers

Help Desk – (213)351-1335

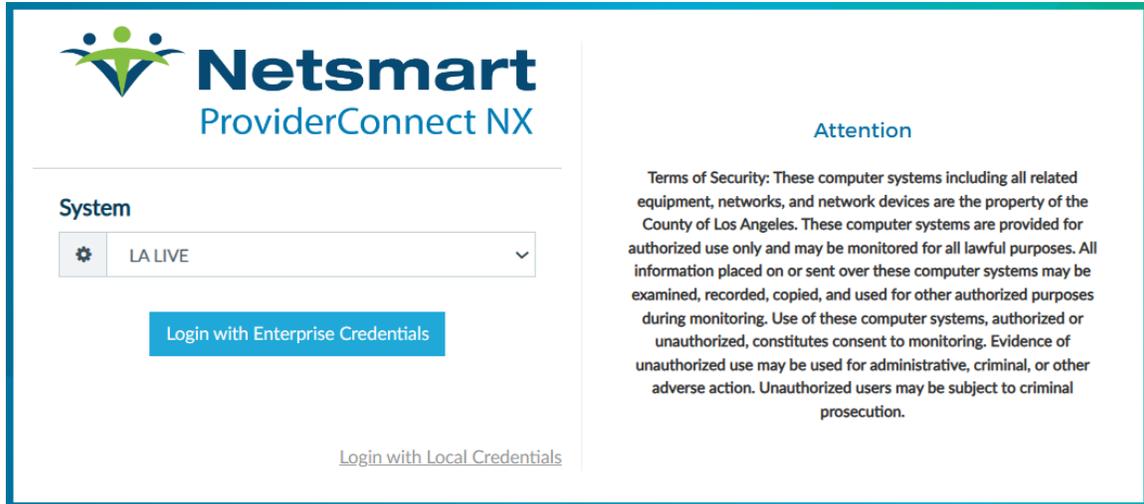
HEAT ticket System - <https://lacdmhheat.saasit.com>

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

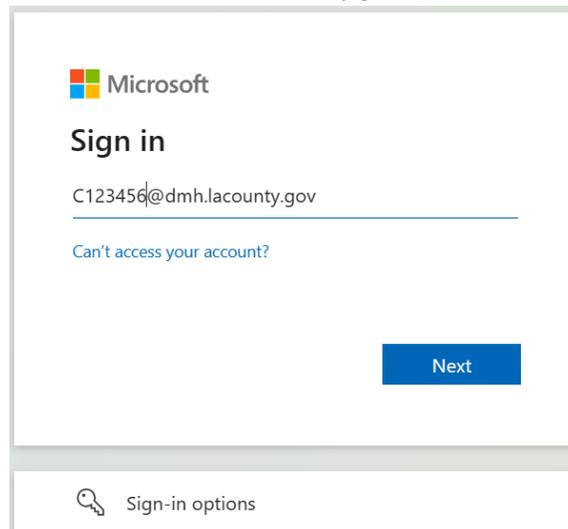
# Provider Connect NX: Login using Enterprise Credentials

Start a web browser (Edge, Chrome, or Firefox). 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 User save this link to their Favorites.

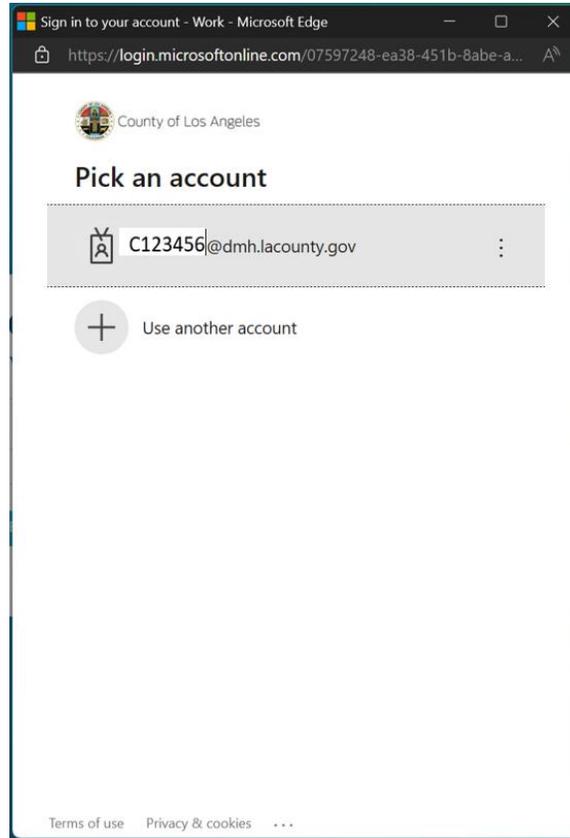
Select the **“Login with Enterprise Credentials”** button. This will navigate the User to the Microsoft MFA login screen.



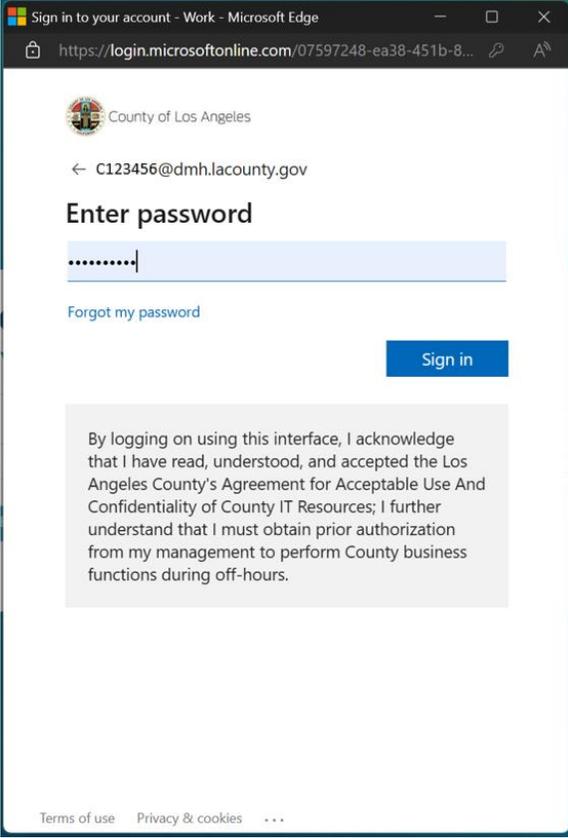
Users will either enter their **“C”** number with the [@dmh.lacounty.gov](mailto:@dmh.lacounty.gov) email address and click the **“Next”** button or



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 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](#)

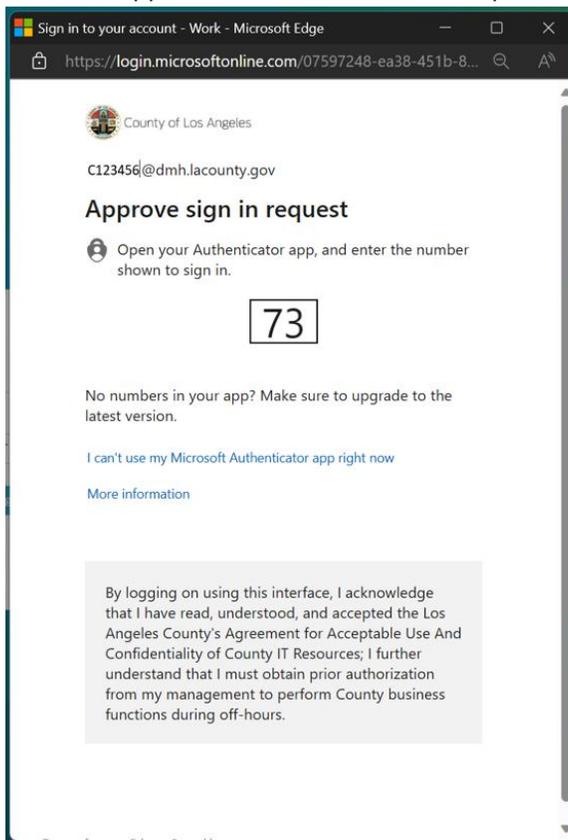
[Sign in](#)

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**.

**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.

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

Lausc Medical Center (DHSX504) : c100002

DO NOT SELECT THIS SYSTEM CODE (zPCNX) : c100002

c100002

**Attention**

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

ProviderConnect NX myDay

LOGGED IN AS  
DHS PCNX

Recent Clients  
My Forms  
My Favorites  
Recent Forms

Control Panel  
Recent Clients Site

Welcome, DHS 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:

**ADDRESS:**

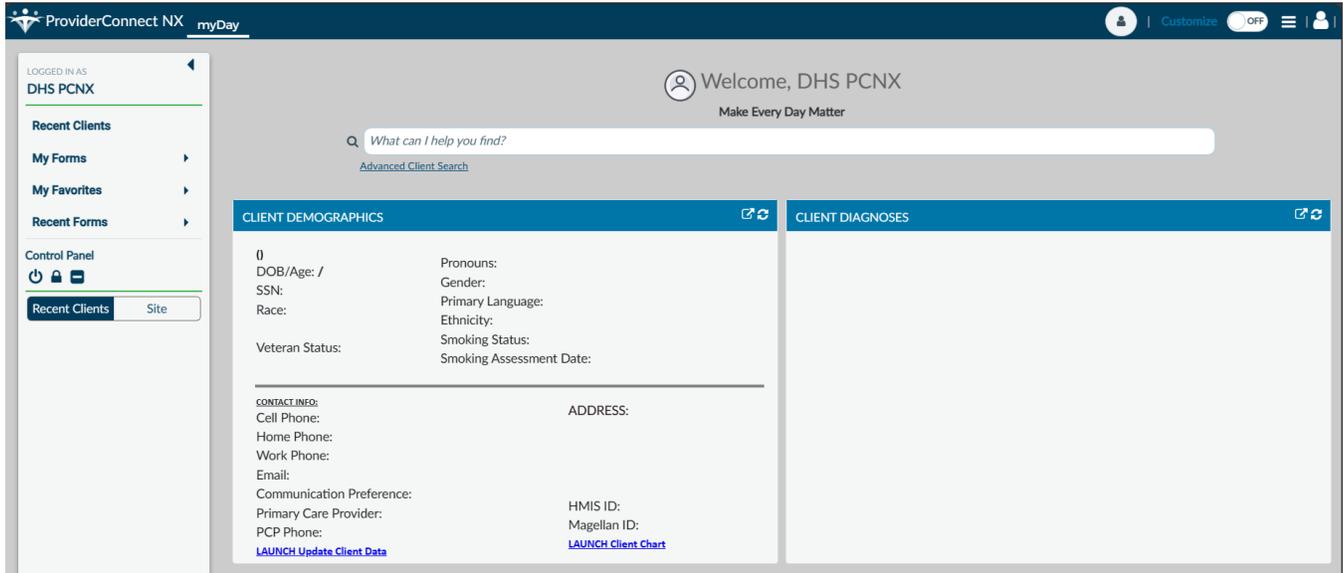
Primary Care Provider:  
PCP Phone:  
[LAUNCH Update Client Data](#)

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

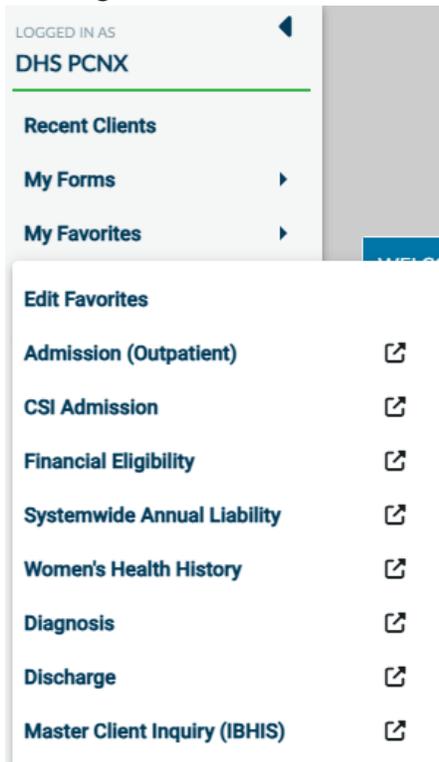
**CLIENT DIAGNOSES**

# 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)

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 ID in the “DMH Client ID” field.

**NOTE:** Entering the Client ID is the suggested way to search for a 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)

Search
Clear

Info	Score	Name	ID	Date Of Birth	Client's Address - City	Client's Address - Zipcode	Alias	Admitting Practitioner
Info	100	ADMISSIONS,PCNX	9358744	01/12/2000	LOS ANGELES	90005		001149

Users can also search for clients by entering 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.

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

The screenshot shows the 'Client Search' form with the following data entered: 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. 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
<a href="#">Info</a>	115	DEVITO,ANGELO	2346274	06/15/1966	MONTEREY PARK	91755		
<a href="#">Info</a>	100	FUNES,LIDIA	4006319	06/07/2001	SUN VALLEY	91352-0000		159771
<a href="#">Info</a>	76	TEST,PLAN	3139103	01/01/1975	LOS ANGELES	90005	TESTYYY	001149

Buttons: 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.

The pop-up box is titled 'Client' and contains the question 'Auto Assign Next ID Number?' with 'Yes' and 'No' buttons.

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

**NOTE:** All field names that are in **RED** with **RED Asterisk** are required fields and must be completed before claims can be submitted and processed. There are other fields that we will go over, that are not marked in **RED** with **RED Asterisk** but are needed to complete an “Admission (Outpatient)” process.

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

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

Program Of Admission \*

Select

Program Of Admission \*

Select

LE00502 Harborucla

Program Of Admission \*

LE00502 Harborucla

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

Type Of Admission \*

Select

Type Of Admission \*

Select

Elective

Emergency

First Admission

Information not Available

Pre-Admission

Re-Admission

Urgent

Type Of Admission \*

First Admission

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

Admitting Practitioner \*

Admitting Practitioner \*

12715

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

Admitting Practitioner \*

ANDREA CALDWELL (012715)

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

**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 v

Type Of Admission: First Admission x v

Source Of Admission: Select x v

Admitting Practitioner: ANDREA CALDWELL (012715) Search

Practitioner Type: Select x v

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 v

**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:  Preferred Name:

Client First Name:  Client Middle Name:

Maiden Name:

Suffix:  
 Sr  Jr  III  
 IV  V  VI

Marital Status:  x v

Religion:  x v

Prefix:  x v

Primary Language:  x v

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

Client Race(s):  Search   
 Alaskan Native  
 American Indian

Ethnic Origin:  x v

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

Gender Identity (Please Describe):

Tribal Affiliation(s):  Search   
 Absentee-Shawnee  
 Afognak

Personal Pronouns (will show on the banner):

If Other (Unlisted), indicate Tribal Type:  v

If Other (Unlisted), type in Tribe Name:

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

Place Of Birth:

Sexual Orientation (Please Describe):

Education:  x v

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

Employment Status:  x v

Address - Street:

Smoker:  x v Smoking Status Assessment Date:

Address - Street 2:

Mother's Maiden Name:

Address - Zipcode:  Address - City:

(If applicable) Primary Language of Primary Caregiver:  x v

Address - State:  x v Address - County:  x v

Residential Address Start Date:

Name of Primary Caregiver:



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 site, 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 shows personal and contact details for a client, including DOB, SSN, gender, and address. The 'CLIENT DIAGNOSES' panel is currently empty.

LOGGED IN AS  
DHS PCNX

ADMISSIONS.PCNX (003334802) | All Episodes | Customize | OFF

Welcome, DHS PCNX  
Make Every Day Matter

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

**CLIENT DEMOGRAPHICS**

ADMISSIONS.PCNX (3334802)  
DOB/Age: 2000-01-12 / 23  
SSN: 123-45-6789  
Race:  
Pronouns:  
Gender: **No Entry**  
Primary Language: **No Entry**  
Ethnicity: **No Entry**  
Smoking Status: **No Entry**  
Smoking Assessment Date:  
Veteran Status:

**CLIENT DIAGNOSES**

**CONTACT INFO:**  
Cell Phone: 213-555-1212  
Home Phone:  
Work Phone:  
Email:  
ADDRESS: 550 N Vermont Ave  
LOS ANGELES CA 90005  
Communication Preference: **No Entry**  
Primary Care Provider:  
PCP Phone:  
HMIS ID:  
Magellan ID:  
[LAUNCH Update Client Data](#)  
[LAUNCH Client Chart](#)

# Provider Connect NX: How to Enter a Financial Eligibility

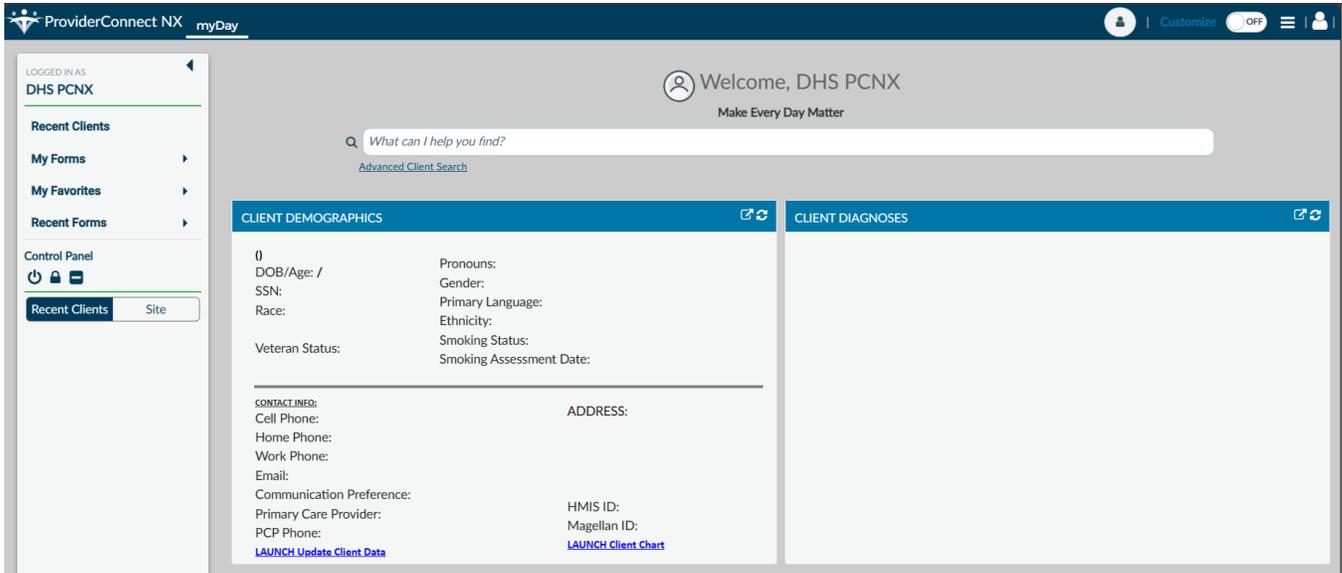
The “**Financial Eligibility**” form is used for recording a client’s insurance coverage information.

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

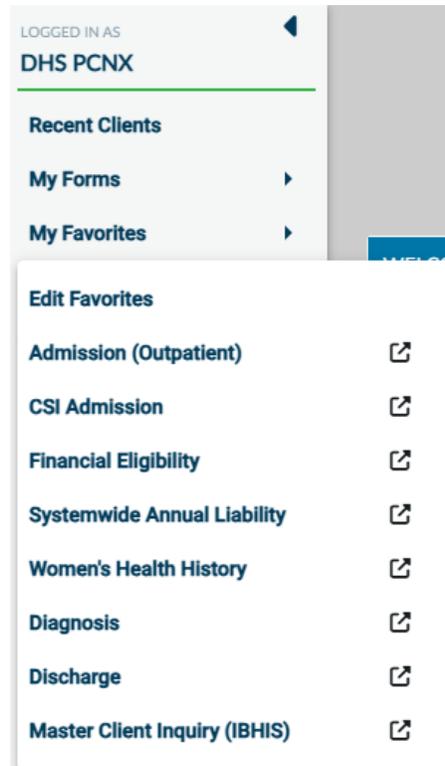
**NOTE:** Ensure you have carefully verified the client’s Date of Birth and Gender in the financial eligibility for Medi-Cal, as this is what is submitted on claims to the state.

**NOTE:** A client can only have one Financial Eligibility record for a ProviderConnect NX Admission episode, regardless of the number of providers of service. If a client already has a record set up under the Provider admission episode, there is no need to create an additional record. Users must review the client’s financial eligibility information to ensure that client information is current. If the financial eligibility information has changed, Users must update the Financial Eligibility record to match the updated information.

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 Client 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 generated. 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 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	Guarantor #11
Select	Select
Guarantor #2	Guarantor #12
Select	Select
Guarantor #3	Guarantor #13
Select	Select

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

**NOTE:** The fields highlighted in **RED** with a **RED Asterisk** are required fields and must be completed.

The screenshot shows the 'FINANCIAL ELIGIBILITY' application. On the left is a sidebar with a tree view containing 'Financial Eligibility', 'Guarantor', 'Guarantor Selection' (highlighted), 'Customize Plan', 'Policy Number Override', and 'Online Documentation'. The main area has a top bar with 'Submit', 'Discard', and 'Add to Favorites' buttons. Below is a 'Guarantor Information' section with a table that currently has no records. Below the table are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete A Blank Row Only'. At the bottom, there are two search fields: 'Guarantor #' and 'Guarantor Plan', both with red asterisks indicating they are required.

Click the “**Add New Item**” button to add a row to the “**Guarantor Information**”.

The first screenshot shows the 'Guarantor Information' table with the 'Add New Item' button highlighted. The second screenshot shows the same table with a new row added, highlighted in blue. The new row has empty fields for 'Guarantor #', 'Guarantor Name', 'Guarantor Plan', 'Customize Guarantor Plan', and 'Guarantor's Address - Line 1'. The 'Add New Item' button is still highlighted.

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

Enter the first Guarantor in the “**Guarantor #**” field.

The screenshot shows the 'Guarantor #' search field with a red asterisk. The user has entered '10'. A dropdown menu is open, showing 'Results' with 'Medi-Cal (10)' selected. The search field has a magnifying glass icon on the right.

Users will get a popup. Click the “**OK**” button.

The screenshot shows a 'Confirm' dialog box. The text inside reads: 'Selecting This Guarantor Will Over-Write Any Previous Plan Information. The Master Plan Information Will Default.' There is an 'OK' button at the bottom left.

The screenshot shows the 'Guarantor #' search field with a red asterisk. The text 'Medi-Cal (10)' is now entered in the field, and a magnifying glass icon is on the right.

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 # \***

**Guarantor Name**

**Guarantor's Address DO NOT CHANGE**

**Guarantor's Address - DO NOT CHANGE**

**Guarantor's Zip Code +4 - DO NOT CHANGE**

**Guarantor's City - DO NOT CHANGE**

**Guarantor's State - DO NOT CHANGE**

**Guarantor's Phone Number DO NOT CHANGE**

**Guarantor Plan \***

**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**

**Default Plan End Date**

**Guarantor Inception Date DO NOT CHANGE \***

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 by creating a HEAT ticket to have the client demographics updated.

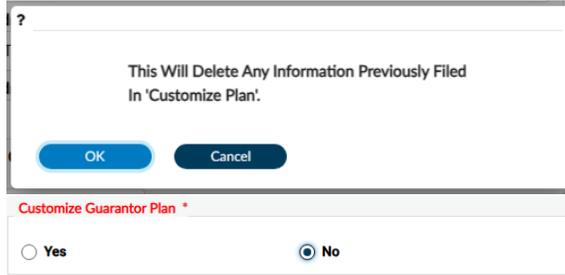
Select the **“NO”** radio button for **“Customize Guarantor Plan”**.



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”**.



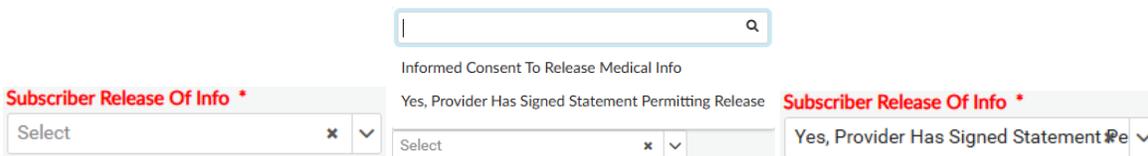
Subscriber Assignment Of Benefits \*

Yes  No

Subscriber Assignment Of Benefits \*

Yes  No

Using the dropdown for the **“Subscriber Release of Info”** select 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 \*

Yes, Provider Has Signed Statement Permitting Release

After the User has verified all the entered data is correct, scroll back to the top of the form.

The User must click the “Add New Item” button to add the second guarantor.

Guarantor Information *				
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 \*

Guarantor # \*

**Results**  
LA County (16)

Navigation: < 1 >

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.

Guarantor # \*  Guarantor Plan \*

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

Using the dropdown for the "Subscriber Release of Info" select the method the client agreed to have their information released.

| \_\_\_\_\_ |

Informed Consent To Release Medical Info

**Subscriber Release Of Info \*** Yes, Provider Has Signed Statement Permitting Release **Subscriber Release Of Info \***

Select x v Select x v Yes, Provider Has Signed Statement  v

The User **MUST** scroll back to the top of the form and verify all entered data is correct. Select the "Guarantor" tab in the "Financial Eligibility" TASK navigation to navigate back to the "Financial Eligibility" form to select the guarantor order.

**FINANCIAL ELIGIBILITY**

**Financial Eligibility**

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

**Financial Eligibility**

Episode Number: 1 Social Security Number: 123-45-6789

Admission Date: 01/05/2024 Program: LE00502 Harborucla

Coverage Comments

**Guarantor**

Guarantor #1 \* Guarantor #11

Select x v Select

Guarantor #2 Guarantor #12

Select v Select

**NOTE: (10) DMH will always be first in the Guarantor list order.**

Using the dropdown under "Guarantor #1" select the first guarantor.

**Guarantor #1 \*** Guarantor #1

Select x v (10) DMH v

Using the dropdown under "Guarantor #2" select the second guarantor.

**Guarantor #2 \*** Guarantor #2

Select x v (16) LA County v

View the form to verify the guarantor order.

**FINANCIAL ELIGIBILITY**

**Financial Eligibility**

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

**Financial Eligibility**

Episode Number: 1 Social Security Number: 123-45-6789

Admission Date: 01/05/2024 Program: LE00502 Harborucla

Coverage Comments

**Guarantor**

Guarantor #1 Guarantor #11

(10) DMH v Select

Guarantor #2 Guarantor #12

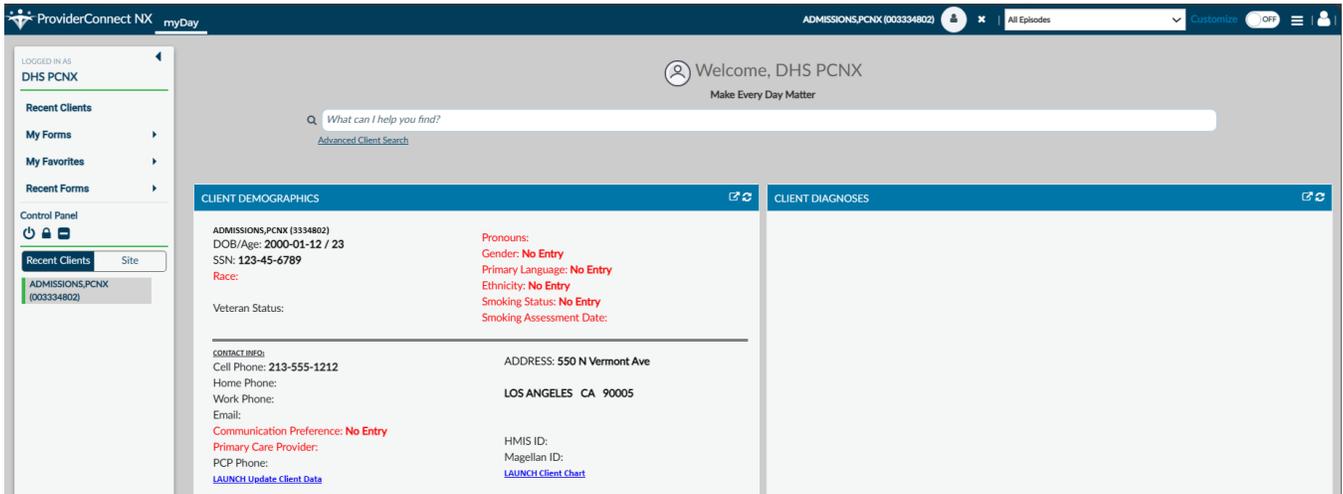
(16) LA County v Select

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

FINANCIAL ELIGIBILITY

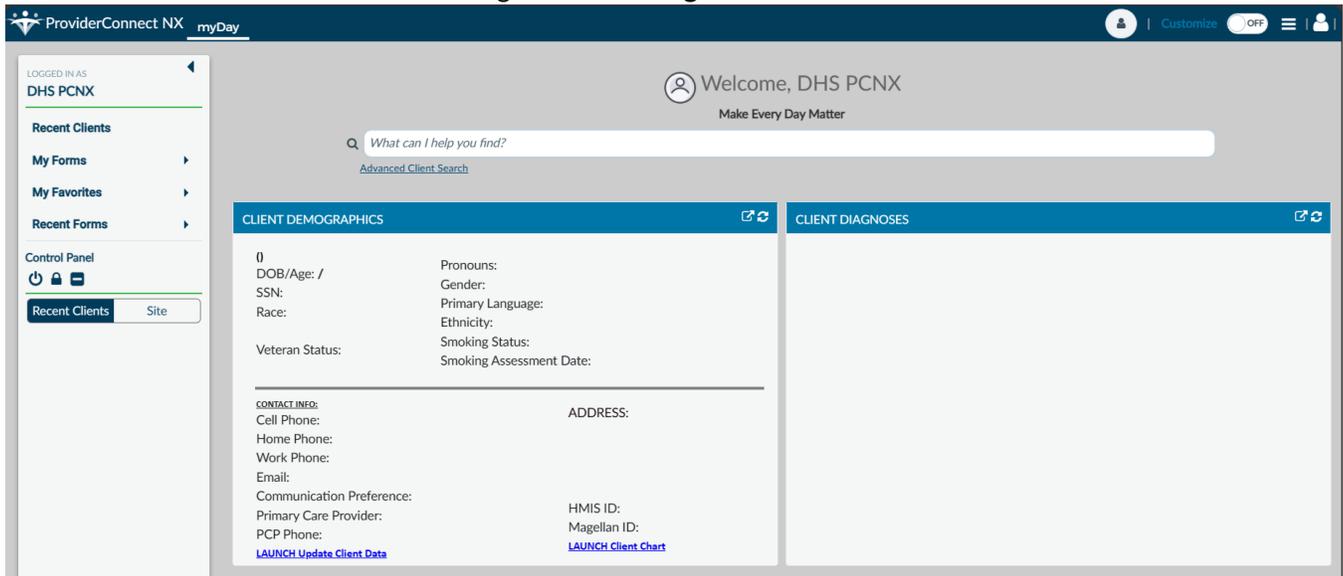
Submit Discard Add to Favorites

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

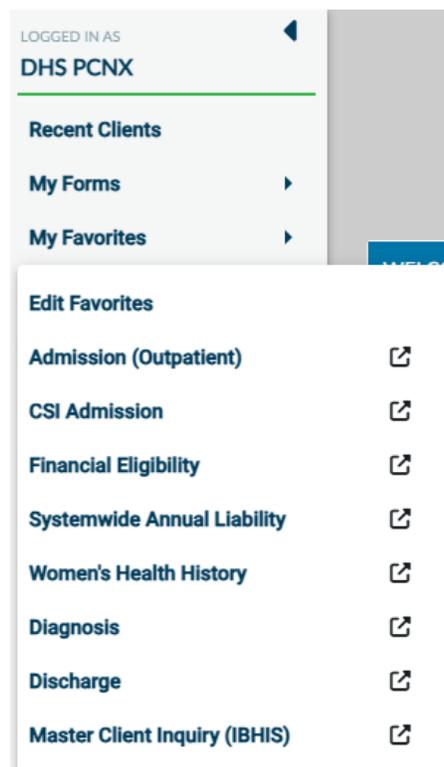


# ProviderConnect NX: Diagnosis

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



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



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

The screenshot shows a mobile application interface. At the top, it says "Opening: Diagnosis". 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 box with a magnifying glass icon on the left and a vertical cursor on the right. At the bottom of the screen are two buttons: "OK" (light blue) and "Cancel" (dark blue).

The User will select the Client name in the results.

The screenshot shows the same mobile application interface as above, but now the search field contains the text "9358744". Below the search field is a table with one row of data. The table has three columns: "Name", "Date Of Birth", and "Client's Address - Street". The data in the row is: "ADMISSIONS,PCNX (009358744)", "01/12/2000", and "550 N Vermont Ave". The "OK" and "Cancel" buttons are still visible at the bottom.

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

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 (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. Other required fields are not marked in **RED** and/or with asterisks but are needed to complete the “**Diagnosis**” process.

DIAGNOSIS

Submit Discard Add to Favorites

Diagnosis  
Additional Diagnosis Information  
Online Documentation

Type Of Diagnosis \*

Admission  Discharge  Update

Date Of Diagnosis \*

Time Of Diagnosis \*

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

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

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

Time Of Diagnosis \*  
01:46 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
1	Primary (1)		Active (1)				1	

New Row Delete Row

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” 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 make a selection 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.

The screenshot shows the 'DIAGNOSIS' form with the following sections:

- Type Of Diagnosis \***: Radio buttons for Admission (selected), Discharge, and Update.
- Date Of Diagnosis \***: Text field with '02/09/2024' and a calendar icon.
- Time Of Diagnosis \***: Text field with '01:46 PM' and a 'Current Time' button.
- Diagnoses Table**:

Index	Ranking	Description	Status	Estimated Onset Date	Classification	Resolved Date	Bill Order	ICD-9 Code
1		Encounter for mental health ...	Active (1)					V65.49
- Diagnosis Search \***: Text field with 'Encounter for mental health services for victim of other abuse' and a search icon.
- Code Crossmapping**: Table with columns ICD-9, ICD-10, DSM-IV, SNOMED.

ICD-9	ICD-10	DSM-IV	SNOMED
V65.49	Z69.81		305058001
- Status \***: Radio buttons for Active (selected), Working, Rule-out, and Void.
- Add To Problem List**: Radio buttons for Yes (selected) and No.
- Ranking**: Radio buttons for Primary (selected), Secondary, and Tertiary.
- Diagnosing Practitioner \***: Text field with 'PETER AMPUDIA (048067)' and a search icon.
- Remarks**: Text area for notes.
- Bill Order \***: Text field with '1'.

In Outpatient context, please only select Admission or Update

The User must select the “**Submit**” button at the top to submit 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.

? **Pre-Display Confirmation**

Do you want to return to the Pre-Display?

Yes No

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 NX myDay

ADMISSIONS,PCNX (003334802) All Episodes customize OFF

LOGGED IN AS DHS PCNX

Welcome, DHS PCNX  
Make Every Day Matter

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

CLIENT DEMOGRAPHICS

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

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

CONTACT #/ES:  
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