

End User Manual for Creating an Admission Process (DHS)



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

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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 to Legal Entity (LE) Providers that they are required to onboard a designated Legal Entity Representative (liaison). The LE liaison will serve as the point of contact for any LE staff requesting access to Department of Mental Health (DMH) resources and 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 to request access to existing and future DMH applications in a quick, reliable, and more accountable way.

*****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.

Users who have questions or require additional assistance should 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) 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 browser, such as Edge, Chrome, or Firefox. **ProviderConnect NX** has real-time communication with Avatar NX; any information submitted is directly entered or updated into Avatar NX immediately.

Access and Limitations

In this manual, Users 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 know or have access to HEAT, Users must 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/>

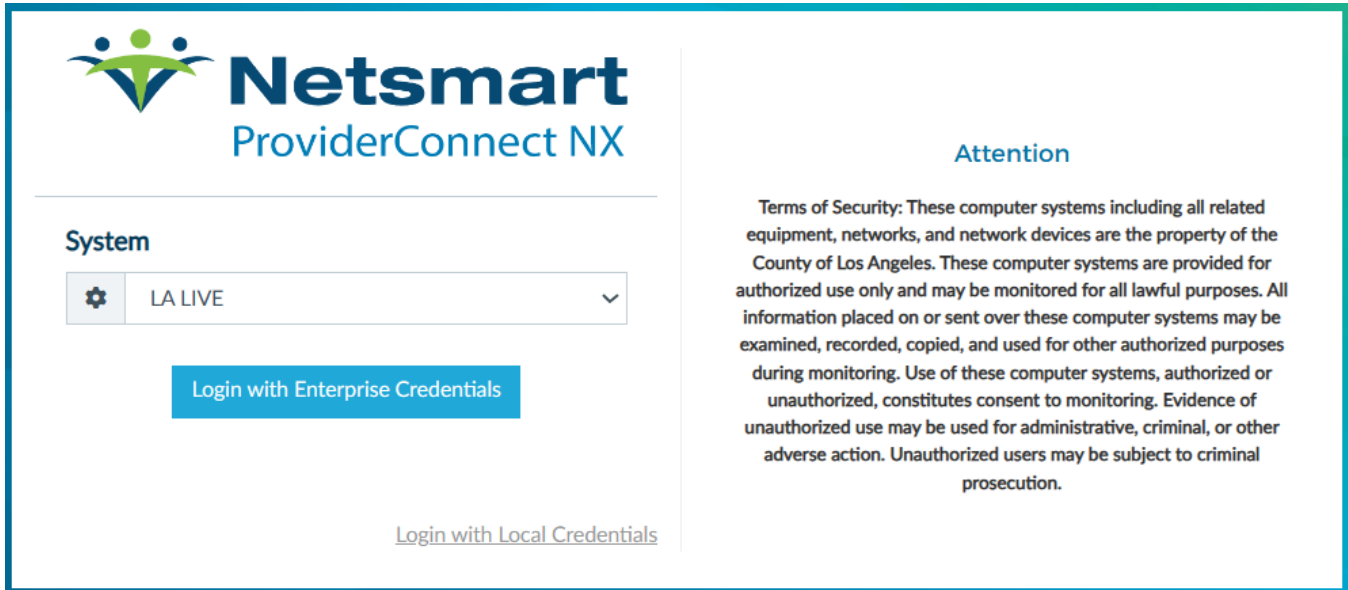
End User Training Manual for Creating an Admission Process

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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.



Netsmart
ProviderConnect NX

System

LA LIVE

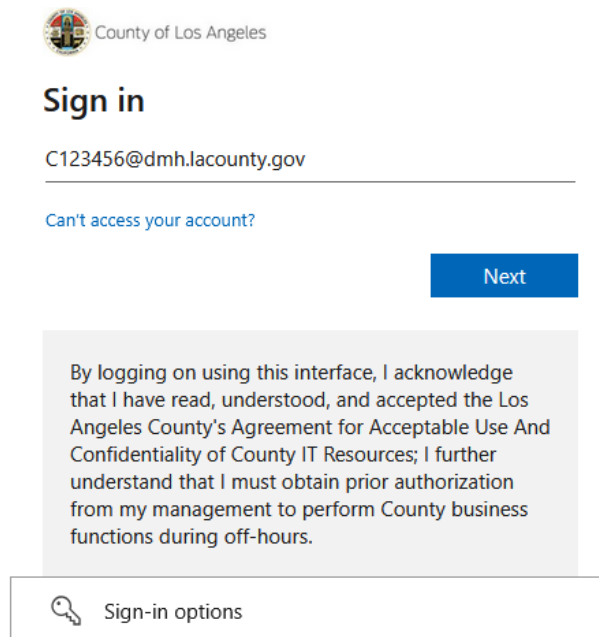
Login with Enterprise Credentials

[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.

Users will enter their “**C**” number with their @dmh.lacounty.gov email address on the “**Sign in**” pop-up and click the “**Next**” button.



County of Los Angeles

Sign in

C123456@dmh.lacounty.gov

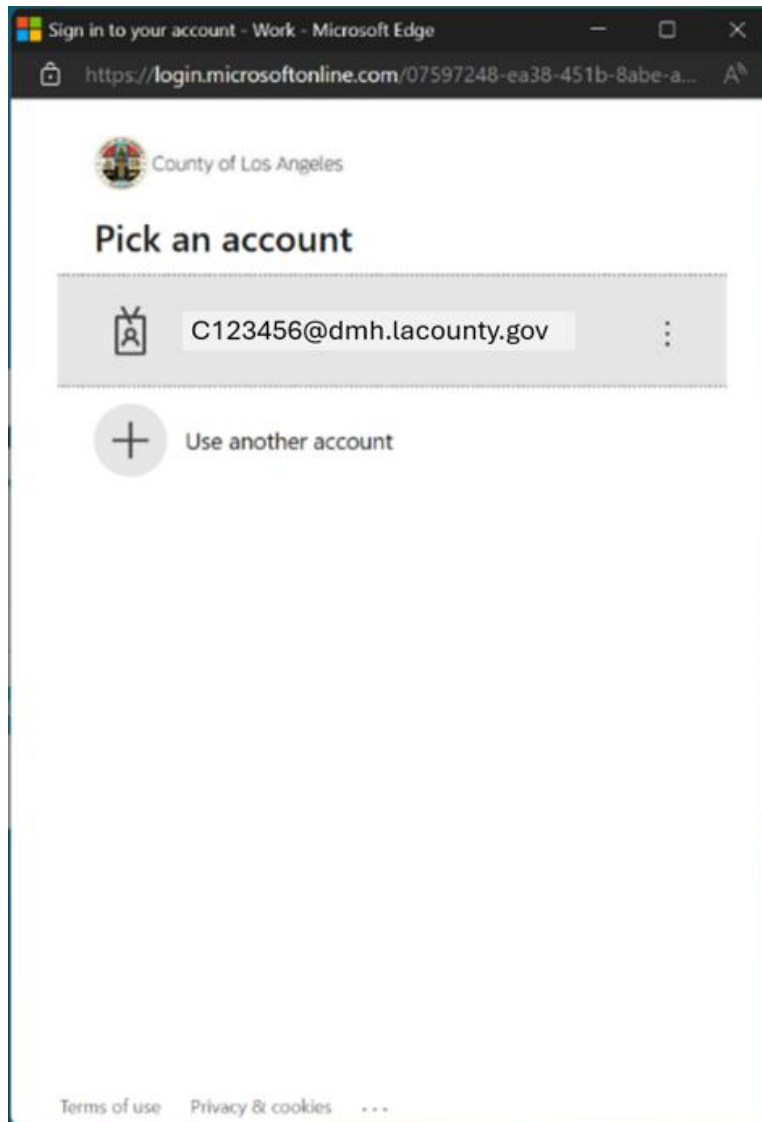
[Can't access your account?](#)

Next

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.

Sign-in options

The User might also see the “**Pick an account**” pop-up screen. The User will either select the “**C**” number DMH email address. If the User does not see their “**C**” number and DMH email, the User must click the “**+ Use another account**” to navigate the User back to the “**Sign in**” page, where the User can enter their “**C**” number and DMH email address and click the “**Next**” button.



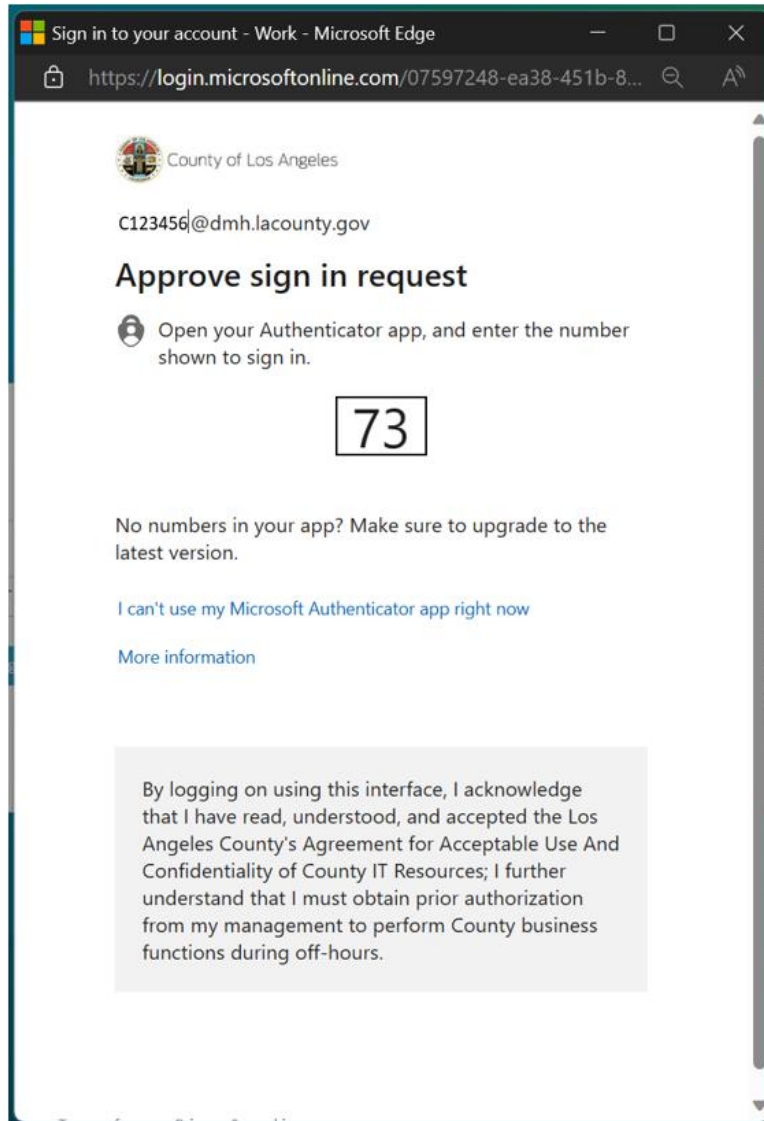
The User will enter their password and click the “**Sign in**” button. This will navigate the User to the Netsmart **ProviderConnect NX** login.

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](#) ...

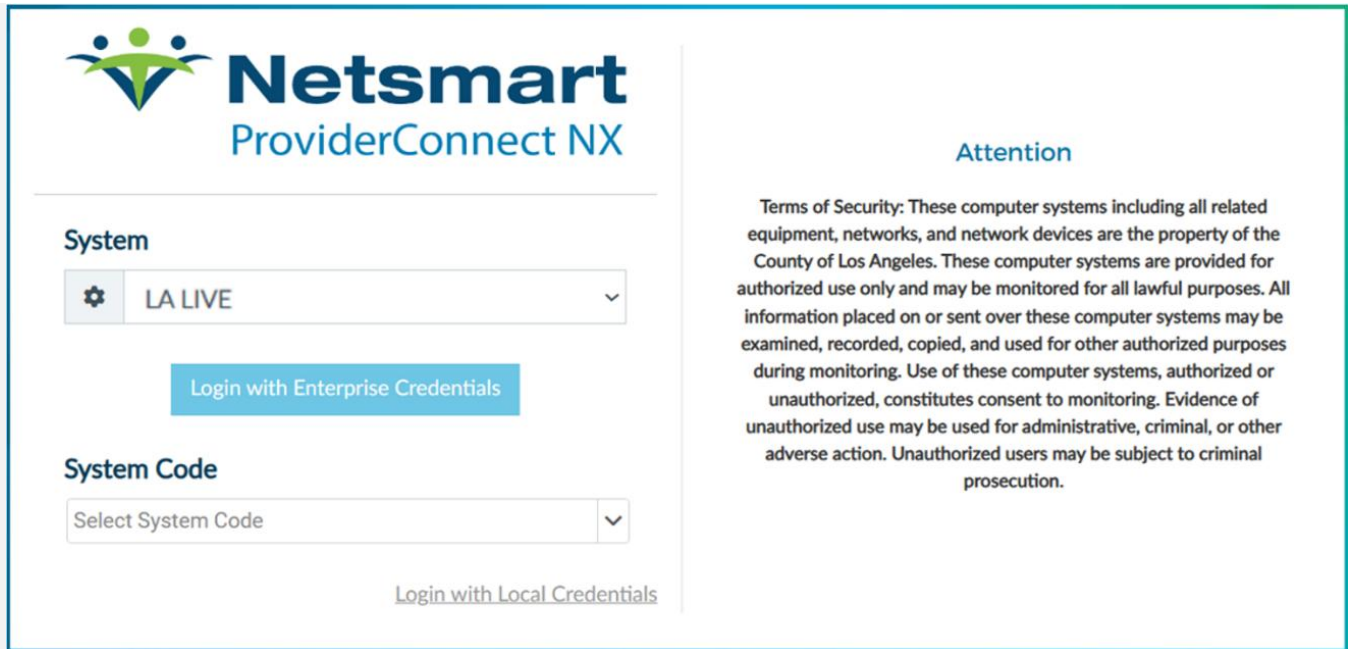
A number will display. This number must be entered into the “**Authenticator App**”. The User will enter the number in the app and click the checkmark. This will navigate the User back to the Netsmart **ProviderConnect NX** login screen.

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

The 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 access **ProviderConnect NX**.



Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

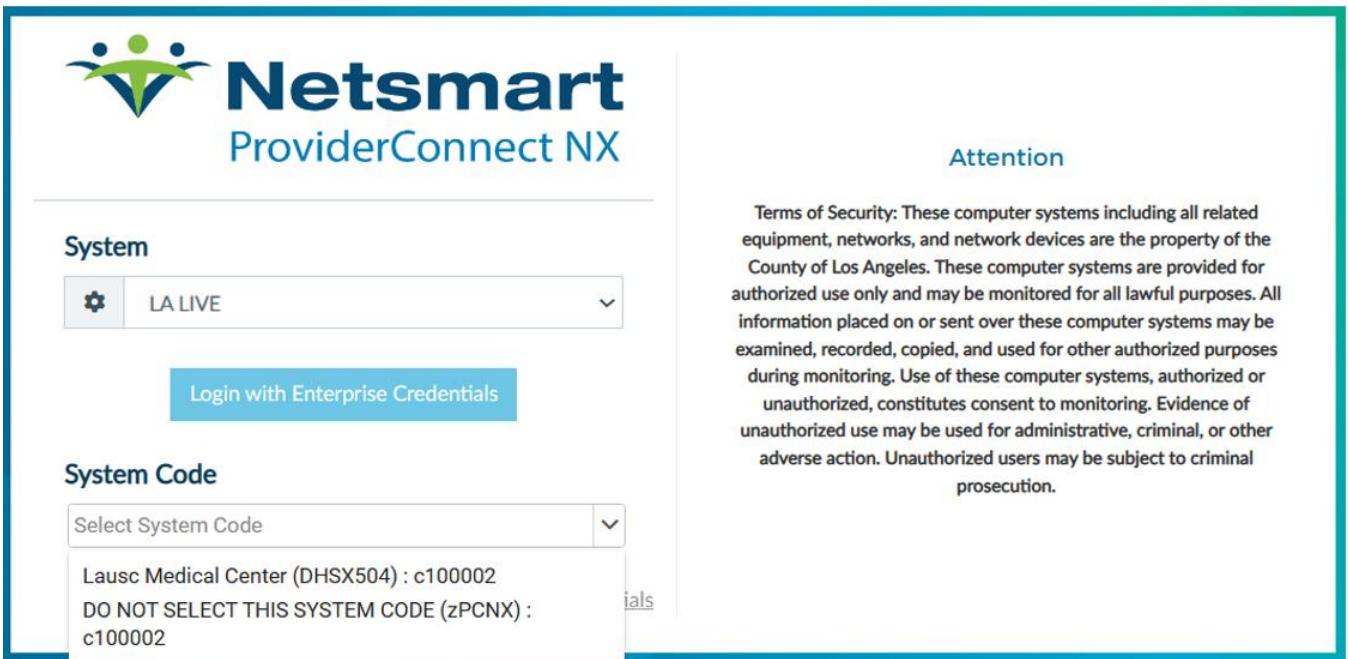
Select System Code

[Login with Local Credentials](#)

Attention

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Select the Users Provider name.



Netsmart
ProviderConnect NX

System

LA LIVE

Login with Enterprise Credentials

System Code

Select System Code

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

Attention

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This will navigate the User back to the Home Screen.

The screenshot displays the ProviderConnect NX myDay interface. At the top, the user is logged in as DHS PCNX. The main header includes a welcome message: "Welcome, DHS PCNX" and the slogan "Make Every Day Matter". A search bar is present with the placeholder text "What can I help you find?". Below the search bar is a link for "Advanced Client Search".

The main content area is divided into two tabs: "CLIENT DEMOGRAPHICS" and "CLIENT DIAGNOSES". The "CLIENT DEMOGRAPHICS" tab is active and displays the following information:

DOB/Age: /	Pronouns:
SSN:	Gender:
Race:	Primary Language:
	Ethnicity:
Veteran Status:	Smoking Status:
	Smoking Assessment Date:

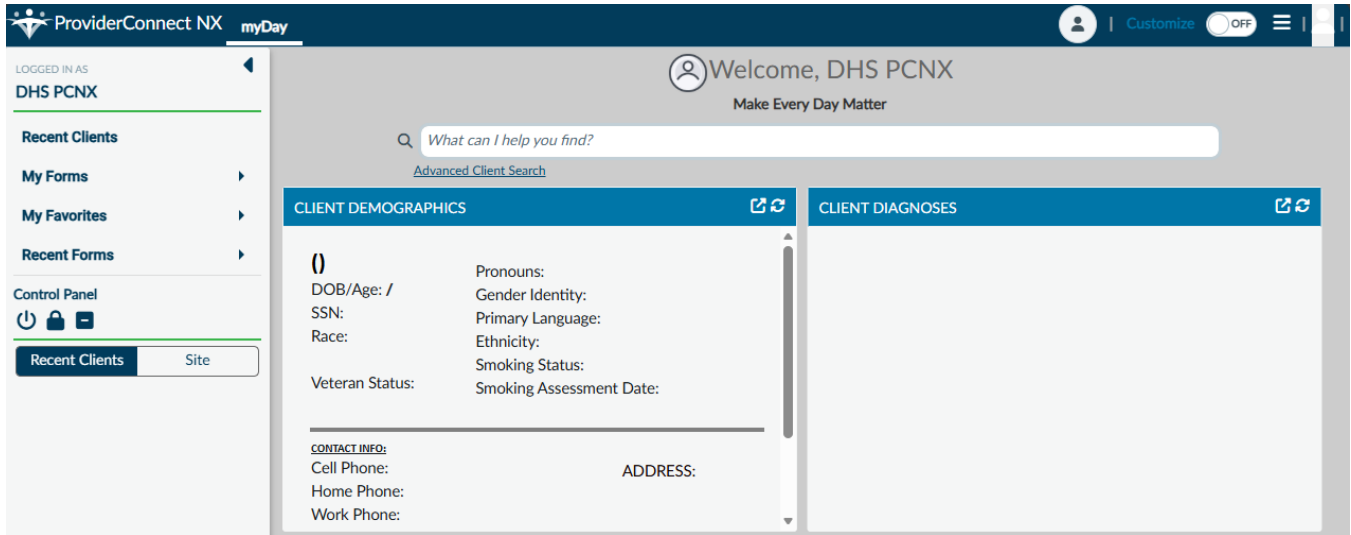
CONTACT INFO: ADDRESS:

Cell Phone:	
Home Phone:	
Work Phone:	
Email:	
Communication Preference:	
Primary Care Provider:	HMIS ID:
PCP Phone:	Magellan ID:

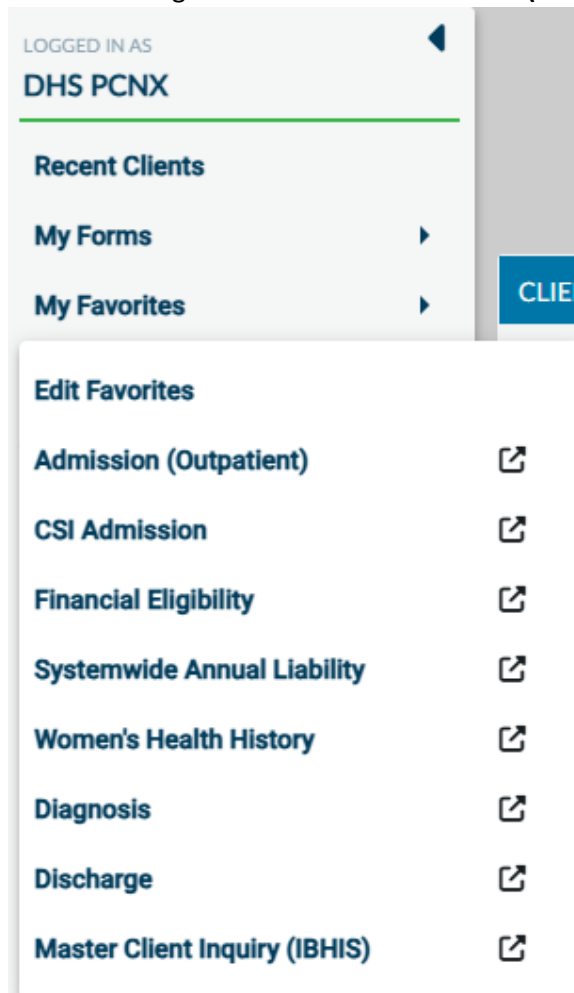
At the bottom of the demographics section, there are two links: "LAUNCH Update Client Data" and "LAUNCH Client Chart".

Provider Connect NX: How to Create Admission

Users will create an Admission to create a new or ongoing 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” is for the User to add new client admissions or search clients who may have an existing admission within the system from other providers.

Opening: Admission (Outpatient)

Home > Select Client >

Client Search

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

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

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

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

Client Search

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

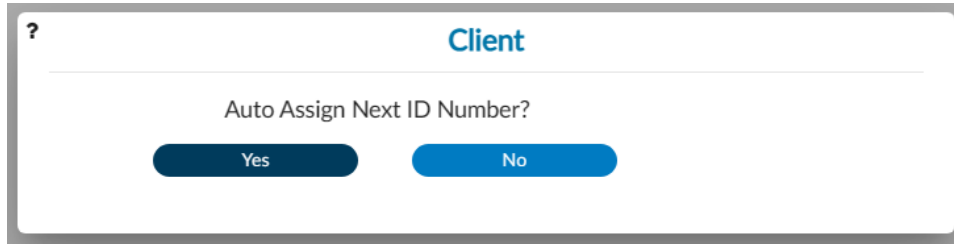
Client Search

Last Name <input type="text" value="Test"/>	First Name <input type="text" value="PCNX"/>	Sex <input type="text" value="Male"/> <input type="button" value="x"/> <input type="button" value="v"/>	
Social Security Number <input type="text" value="111-22-3333"/>	Date of Birth <input type="text" value="01/01/197Q"/>		
DMH Client ID <input type="text"/>	Alias <input type="text"/>	Subscriber Client Index Number <input type="text"/>	Alias (Additional Text) <input type="text"/>
Alias (Additional Text) <input type="text"/>			
<input type="button" value="Search"/>		<input type="button" value="Clear"/>	

Click the “**Search**” button to see search results.

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

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

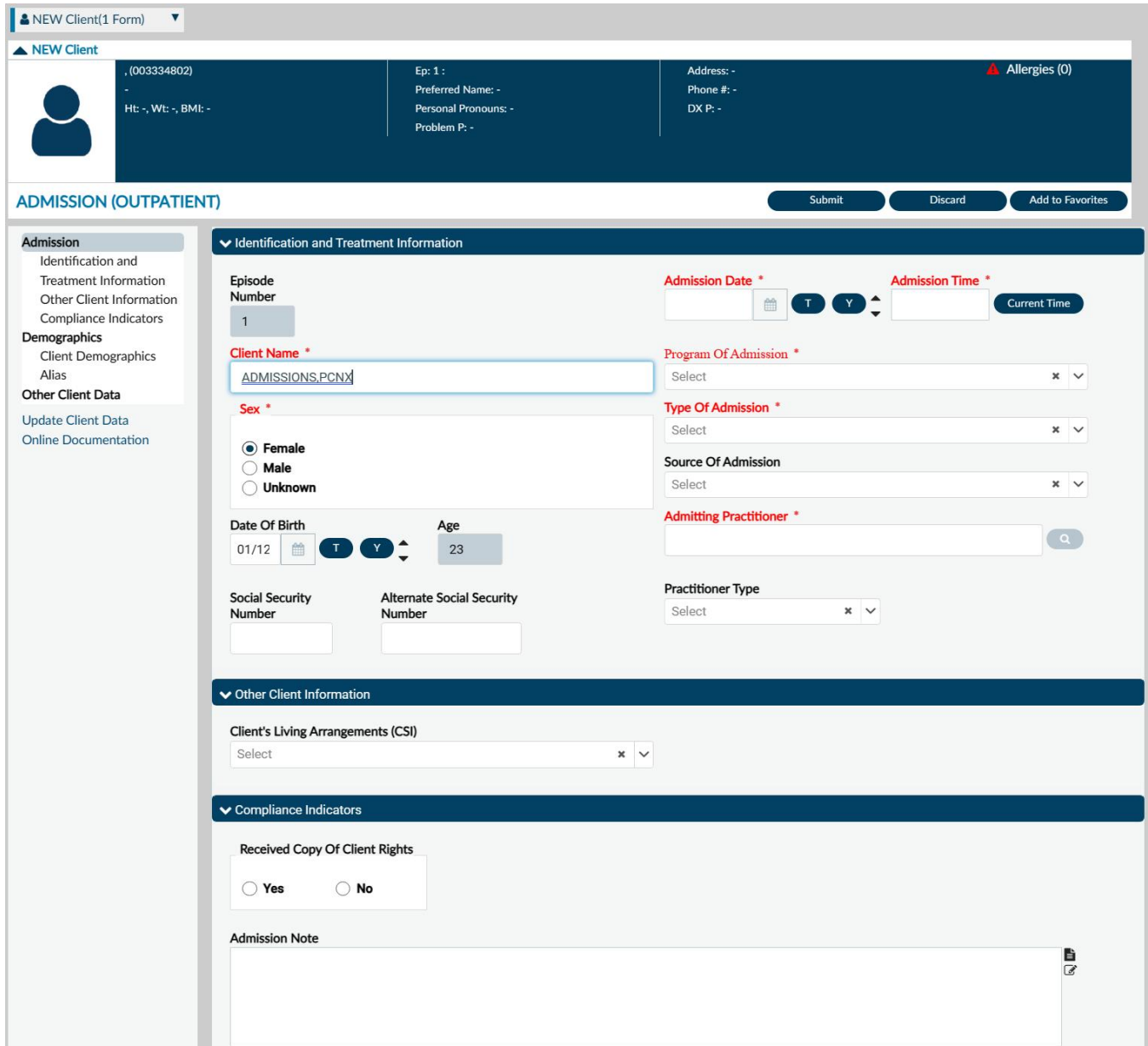


Client

Auto Assign Next ID Number?

Yes No

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



NEW Client(1 Form)

NEW Client

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

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

Address: -
Phone #: -
DX P: -

Allergies (0)

ADMISSION (OUTPATIENT)

Submit Discard Add to Favorites

Admission

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

Demographics

- Client Demographics
- Alias

Other Client Data

- Update Client Data
- Online Documentation

Identification and Treatment Information

Episode Number: 1

Admission Date * [Calendar Icon] T Y [Dropdown] Admission Time * [Dropdown] Current Time

Client Name * [Text Field: ADMISSIONS.PCNX]

Sex *
 Female
 Male
 Unknown

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

Social Security Number [Text Field] Alternate Social Security Number [Text Field]

Admission Date * [Text Field] Admission Time * [Text Field] Current Time

Program Of Admission * [Dropdown: Select] x v

Type Of Admission * [Dropdown: Select] x v

Source Of Admission [Dropdown: Select] x v

Admitting Practitioner * [Text Field] [Search Icon]

Practitioner Type [Dropdown: Select] x v

Other Client Information

Client's Living Arrangements (CSI) [Dropdown: Select] x v

Compliance Indicators

Received Copy Of Client Rights
 Yes No

Admission Note [Text Area] [Attachment Icon]

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. Other fields are not marked as “**Required**” but are needed to complete an “**Authorization Request**”.

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

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

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 fields have been completed and the data 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 Current Time

Client Name *
ADMISSIONS,PCNX

Program Of Admission *
LE00502 Harborucla

Sex *
 Female
 Male
 Unknown

Type Of Admission *
First Admission

Source Of Admission
Select

Admitting Practitioner *
ANDREA CALDWELL (012715)

Practitioner Type
Select

Date Of Birth
01/12/2000

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

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

Preferred Name

Client First Name

PCNX

Client Middle Name

Maiden Name

Suffix

Sr

Jr

III

IV

V

VI

Marital Status

Select

Religion

Select

Primary Language

Select

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

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

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

Tribal Affiliation(s)

All Clear Search

Absentee-Shawnee

Afognak

If Other (Unlisted), indicate Tribal Type:

Select

If Other (Unlisted), type in Tribe Name:

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

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

Add or update the clients' demographics.

ADMISSION (OUTPATIENT) Submit Discard Add to Favorites

Admission
Identification and Treatment Information
Other Client Information
Compliance Indicators
Demographics
Client Demographics
Alias
Other Client Data
Online Documentation

Client Demographics

Client Last Name: ADMISSIONS
Client First Name: PCNX
Client Middle Name:
Suffix:
 Sr Jr III IV V VI
Prefix: Select 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
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 x v Address - County: Los Angeles x v
Residential Address Start Date:
Preferred Name:
Maiden Name:
Marital Status: Select x v
Religion: Select x v
Primary Language: Select x v
Client Race(s): All IClear Search
 Alaskan Native
 American Indian
Ethnic Origin: Select x v
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 x v
Employment Status: Select x v
Smoker: Select x v Smoking Status Assessment Date:
Mother's Maiden Name:
(If applicable) Primary Language of Primary Caregiver: Select x v
Name of Primary Caregiver:
T Y

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

ADMISSION (OUTPATIENT) Submit Discard Add to Favorites

This will navigate the User back to the Home Screen.

The screenshot displays the ProviderConnect NX myDay interface. At the top, the user is logged in as 'DHS PCNX' and the site is 'ADMISSIONS.PCNX (003334802)'. The main header shows 'Welcome, DHS PCNX' and 'Make Every Day Matter'. A search bar is present with the placeholder text 'What can I help you find?' and a link to 'Advanced Client Search'. The interface is divided into two main sections: 'CLIENT DEMOGRAPHICS' and 'CLIENT DIAGNOSES'. The 'CLIENT DEMOGRAPHICS' section contains the following information:

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

The 'CLIENT DIAGNOSES' section is currently empty. Below the demographics section, there is a 'CONTACT INFO' section with the following details:

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 Client Chart
LAUNCH Update Client Data	

Provider Connect NX: How to Enter Financial Eligibility

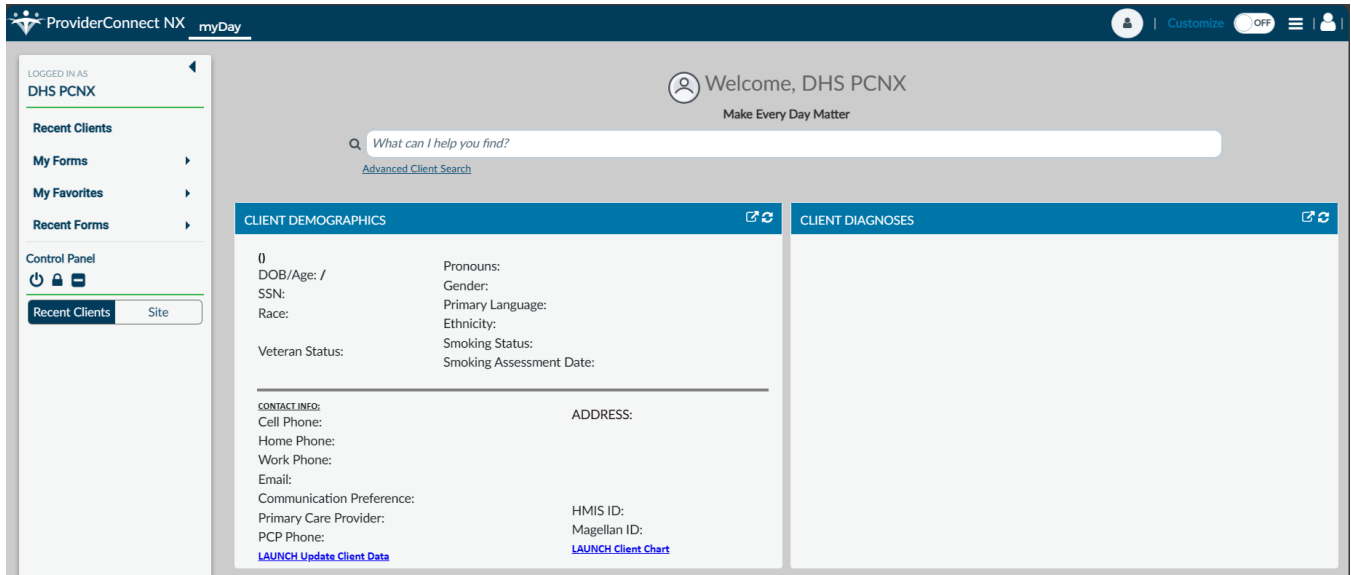
The “**Financial Eligibility**” form is used to record a client’s insurance coverage information.

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://mcweb.apps.prd.cammis.medi-cal.ca.gov> or <https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/email>.

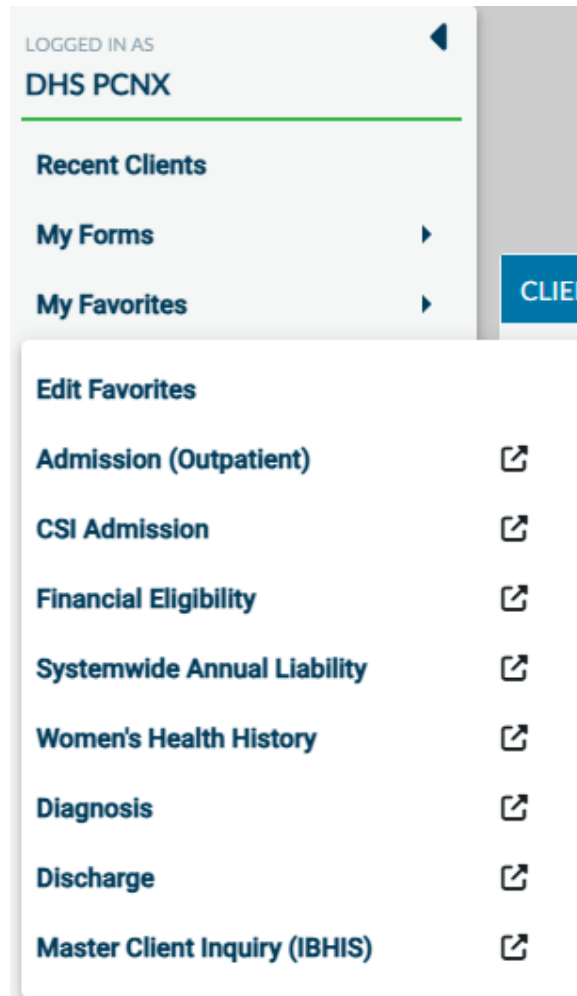
NOTE: Ensure you have carefully verified the client’s Date of Birth and Gender in the financial eligibility for Medi-Cal, as this is what is submitted on claims to the state.

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

From the “**Home Screen**”.



The User must click on **My Favorites** in the **TASK Navigation** and select “**Financial Eligibility**” from the dropdown menu.



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

Select the episode 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.

The screenshot shows the top section of the 'Financial Eligibility' form. At the top left, there is a patient profile icon and a header with the text 'ADMISSIONS, PCNX (009358744)'. Below this, patient information is displayed in three columns: 'ADMISSIONS, PCNX (009358744) M, 24, 01/12/2000 Ht: -, Wt: -, BMI: -', 'Ep: 1 : LE00504 COUNTY OF LOS ANGELES Preferred Name: - Personal Pronouns: - Problem P: -', and 'Address: 550 N Vermont Ave, LOS ANGELES, CA ... Allergies (0) Phone #: - DX P: -'. Below the header, the 'FINANCIAL ELIGIBILITY' section is active, with buttons for 'Submit', 'Discard', and 'Add to Favorites'. The left sidebar contains navigation options: 'Financial Eligibility', 'Guarantor', 'Guarantor Selection', 'Customize Plan', and 'Online Documentation'. The main content area is divided into two sections: 'Financial Eligibility' and 'Guarantor'. The 'Financial Eligibility' section includes fields for 'Episode Number' (1), 'Social Security Number' (111-22-3333), 'Admission Date' (01/05/2024), and 'Program' (LE00504 COUNTY OF LOS ANGELES). There is also a 'Coverage Comments' text area and a 'Clear Previous Guarantor Order' button. The 'Guarantor' section contains six dropdown menus labeled 'Guarantor #1' through 'Guarantor #6', each with a 'Select' option.

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

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

The screenshot shows the 'Guarantor Selection' tab selected in the 'Financial Eligibility' form. The left sidebar navigation is updated to show 'Guarantor Selection' as the active tab. The main content area is titled 'Guarantor Information *' and contains a table with the following columns: 'Guarantor #', 'Guarantor Name', 'Guarantor Plan', 'Customize Guarantor Plan', and 'Guarantor's Address - Line 1'. The table currently shows 'No records.' Below the table are three buttons: 'Add New Item', 'Edit Selected Item', and 'Delete A Blank Row Only'. At the bottom of the form, there are two dropdown menus: 'Guarantor # *' and 'Guarantor Plan *', both with a search icon and a 'Select' option.

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

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1
No records.				

Add New Item Edit Selected Item Delete A Blank Row Only

Guarantor Information *

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor's Address - Line 1

Add New Item Edit Selected Item Delete A Blank Row Only

NOTE: User must select the Guarantor’s Medi-Cal (10) and LA County (16).
Enter the first Guarantor in the “Guarantor #” field.

Guarantor # *

Guarantor # *

Results

Medi-Cal (10)

Users will get a pop-up. Click the “OK” button.

Confirm

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

OK

The Guarantor fields will populate.

Guarantor Information *

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

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

Guarantor # *
Medi-Cal (10)

Guarantor Name
DMH

Guarantor's Address DO NOT CHANGE
1901 16TH STREET

Guarantor's Address - DO NOT CHANGE

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

Guarantor's City - DO NOT CHANGE
Sacramento

Guarantor's State - DO NOT CHANGE
California

Guarantor's Phone Number DO NOT CHANGE

Guarantor Plan *
(Non-Contract) MEDI-CAL

Customize Guarantor Plan *
 Yes No

Create New Levels from Master Record of Benefit Plan
 Yes No

[Default and Edit Plan Levels](#)

Default Plan Start Date
 T Y

Default Plan End Date
 T Y

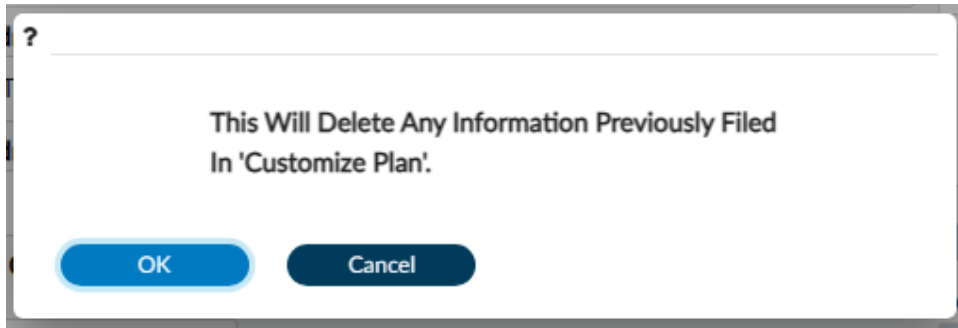
Guarantor Inception Date DO NOT CHANGE *
01/01/2000 T Y

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

Customize Guarantor Plan *

Yes No

The User will get a warning pop-up message. Users must click the “OK” button to continue.



Customize Guarantor Plan *

Yes No

Eligibility should already be verified. Select the “Yes” radio button under “Eligibility Verified”.

Eligibility Verified *




Yes No

Eligibility Verified *




Yes No

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

Coverage Effective Date *

Coverage Effective Date *

01/01/2000   

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

Subscriber Assignment Of Benefits *

Yes No

Subscriber Assignment Of Benefits *

Yes No

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

Subscriber Release Of Info *

Informed Consent To Release Medical Info

Yes, Provider Has Signed Statement Permitting Release

Subscriber Release Of Info *

Informed Consent To Release Medical Info

Yes, Provider Has Signed Statement Permitting Release

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

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

Guarantor Information *

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

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)

Users will get a pop-up. Click the "**OK**" button.

Confirm

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

Guarantor # *

Guarantor Plan *

The Guarantor fields will populate.

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 # *

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 Plan Start Date

Default Plan End Date

Guarantor Inception Date DO NOT CHANGE *

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

Eligibility Verified *

Yes No

Eligibility Verified *

Yes No

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

Coverage Effective Date *

Coverage Effective Date *

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

Subscriber Assignment Of Benefits *

Yes No

Subscriber Assignment Of Benefits *

Yes No

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

Subscriber Release Of Info *

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

Subscriber Release Of Info *

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

After the User has reviewed the form, verify that all the entered data is correct. The User must select the “Guarantor” tab in the Financial Eligibility TASK navigation. This will navigate the User to the “Financial Eligibility” form to enter the guarantor order.

FINANCIAL ELIGIBILITY Submit Discard Add to Favorites

Financial Eligibility

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

Financial Eligibility

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

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

Coverage Comments

[Clear Previous Guarantor Order](#)

Guarantor

Guarantor #1 * Guarantor #11

Guarantor #2 Guarantor #12

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

Using the dropdown under “**Guarantor #**”, select the first guarantor.

Guarantor #1 *

Select x ▼

Guarantor #1

(10) DMH ▼

Using the dropdown under “**Guarantor #**”, select the second guarantor.

Guarantor #2 *

Select x ▼

Guarantor #2

(16) LA County ▼

View form to verify guarantor order.

FINANCIAL ELIGIBILITY Submit Discard Add to Favorites

Financial Eligibility

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

Financial Eligibility

Episode Number: 1
Admission Date: 01/05/2024
Coverage Comments:
Clear Previous Guarantor Order

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

Guarantor

Guarantor #1 (10) DMH ▼	Guarantor #11 Select ▼
Guarantor #2 (16) LA County ▼	Guarantor #12 Select ▼

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

FINANCIAL ELIGIBILITY

Submit Discard Add to Favorites

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

The screenshot displays the 'myDay' interface for a user logged in as 'DHS PCNX'. The top navigation bar includes the user's name, the organization 'ADMISSIONS.PCNX (00334802)', and a search dropdown set to 'All Episodes'. A search bar with the placeholder 'What can I help you find?' and a link to 'Advanced Client Search' is located below the navigation. The main content area is divided into two columns: 'CLIENT DEMOGRAPHICS' and 'CLIENT DIAGNOSES'. The 'CLIENT DEMOGRAPHICS' column contains the following information:

- ADMISSIONS.PCNX (00334802)**
- 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:

The 'CONTACT INFO:' section includes:

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

The 'ADDRESS:' section includes:

- 550 N Vermont Ave
- LOS ANGELES CA 90005

The 'CLIENT DIAGNOSES' column is currently empty. The left sidebar contains navigation options for 'Recent Clients', 'My Forms', 'My Favorites', and 'Recent Forms', along with a 'Control Panel' and a 'Recent Clients' dropdown menu.

ProviderConnect NX: Diagnosis

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

The screenshot displays the ProviderConnect NX myDay interface. The top navigation bar includes the logo, "ProviderConnect NX myDay", a user profile icon, "Customize" (OFF), and a menu icon. The main content area features a "Welcome, DHS PCNX" message with the tagline "Make Every Day Matter" and a search bar containing the text "What can I help you find?". Below the search bar is a link for "Advanced Client Search". The interface is divided into two main sections: "CLIENT DEMOGRAPHICS" and "CLIENT DIAGNOSES".

CLIENT DEMOGRAPHICS

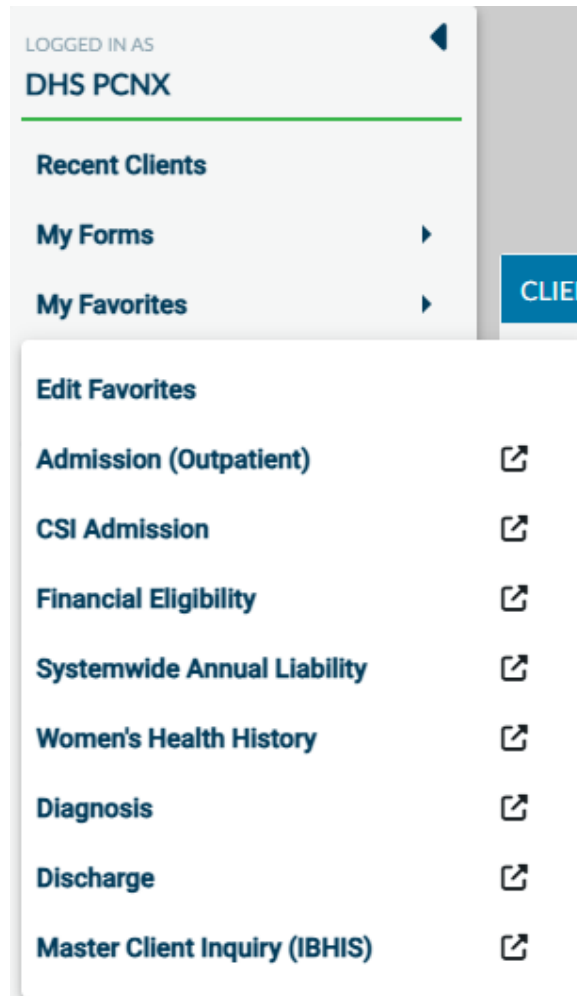
ID	Pronouns:
DOB/Age: /	Gender:
SSN:	Primary Language:
Race:	Ethnicity:
Veteran Status:	Smoking Status:
	Smoking Assessment Date:

CONTACT INFO:

Cell Phone:	ADDRESS:
Home Phone:	
Work Phone:	
Email:	
Communication Preference:	
Primary Care Provider:	HMIS ID:
PCP Phone:	Magellan ID:

[LAUNCH Update Client Data](#) [LAUNCH Client Chart](#)

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



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

Opening: **Diagnosis**

Home > Select Client >

Select Client

Q |

OK Cancel

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

Opening: **Diagnosis**

Home > Select Client >

Select Client

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

On the “**Diagnosis**” pre-display screen, 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: All field names in **RED** with **RED Asterisk** are required fields and must be completed before the diagnosis can be submitted.

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

Diagnosing Practitioner

Remarks

Bill Order

In Outpatient context, please only select Admission or Update

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

Type Of Diagnosis *


Admission Discharge Update

Type Of Diagnosis *

Admission Discharge Update

Note: The diagnosis date auto-populates with the date the diagnosis is created in the **“Date of Diagnosis”** field. The date of the diagnosis can be 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

The User must click on the **“New Row”** button to add the diagnosis.

Diagnoses

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

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 to the “Diagnosis Search”, “Status”, “Diagnosis Practitioner”, and “Bill Order” become required fields.

Diagnosis Search *

Diagnosis Search *

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 *

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

Status *

Active Working Rule-out Void

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

Diagnosing Practitioner *

Diagnosing Practitioner *

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

Diagnosing Practitioner *

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

Bill Order *

1

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

The screenshot displays the 'DIAGNOSIS' form interface. At the top right, there are buttons for 'Submit', 'Discard', and 'Add to Favorites'. The form includes several sections:

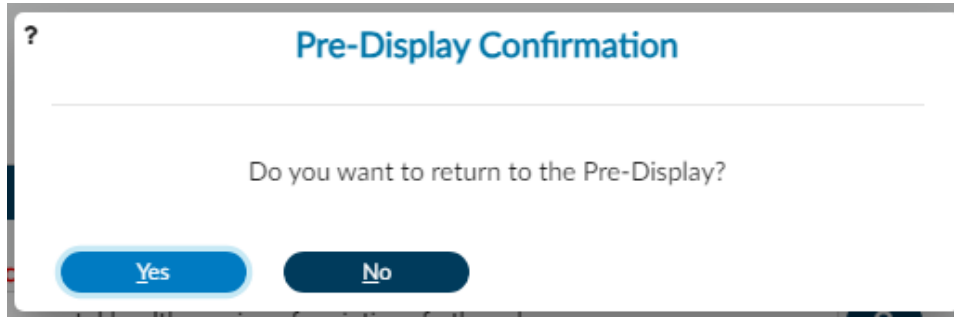
- Type Of Diagnosis ***: Radio buttons for 'Admission' (selected), 'Discharge', and 'Update'.
- Date Of Diagnosis ***: A date field showing '02/09/2024' with a calendar icon and 'T' and 'Y' dropdowns.
- Time Of Diagnosis ***: A time field showing '01:46 PM' with a 'Current Time' button and 'H', 'M', and 'AM/PM' dropdowns.
- Diagnoses Table**: A table with columns: Index, Ranking, Description, Status, Estimated Onset Date, Classification, Resolved Date, Bill Order, and ICD-9 Code. It contains one row with Index '1', Description 'Encounter for mental health ...', Status 'Active (1)', and ICD-9 Code 'V65.49'. Below the table are 'New Row' and 'Delete Row' buttons, and a 'Void All' button.
- Show Active Only**: A dropdown menu with 'Yes' and 'No' options.
- Diagnosis Search ***: A search field containing 'Encounter for mental health services for victim of other abuse' and a search icon.
- Code Crossmapping**: A table with columns: ICD-9, ICD-10, DSM-IV, and SNOMED. It shows 'V65.49' mapping to 'Z69.81' and '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 ***: A field containing 'PETER AMPUDIA (048067)' and a search icon.
- Remarks**: A large text area for notes.
- Bill Order ***: A field containing '1'.

At the bottom of the form, there is a note: 'In Outpatient context, please only select Admission or Update'.

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

This partial screenshot shows the top right corner of the 'DIAGNOSIS' form, featuring the 'Submit', 'Discard', and 'Add to Favorites' buttons.

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'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”.

The screenshot shows the "ProviderConnect NX" interface. The top navigation bar includes "myDay" and "ADMISSIONS,PCNX (003334802)". The main content area is titled "Welcome, DHS PCNX" and "Make Every Day Matter". A search bar is present with the text "What can I help you find?". Below the search bar, there are two tabs: "CLIENT DEMOGRAPHICS" and "CLIENT DIAGNOSES". The "CLIENT DEMOGRAPHICS" tab is active, displaying the following information:

- ADMISSIONS,PCNX (3334802)
- DOB/Age: 2000-01-12 / 23
- SSN: 123-45-6789
- Race:
- Veteran Status:
- Pronouns:
- Gender: No Entry
- Primary Language: No Entry
- Race:
- Ethnicity: No Entry
- Smoking Status: No Entry
- Smoking Assessment Date:
- 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 Updates Client Data
- LAUNCH Client Chart