NEW YORK STATE | Department of Health | Medicaid Redesign Team

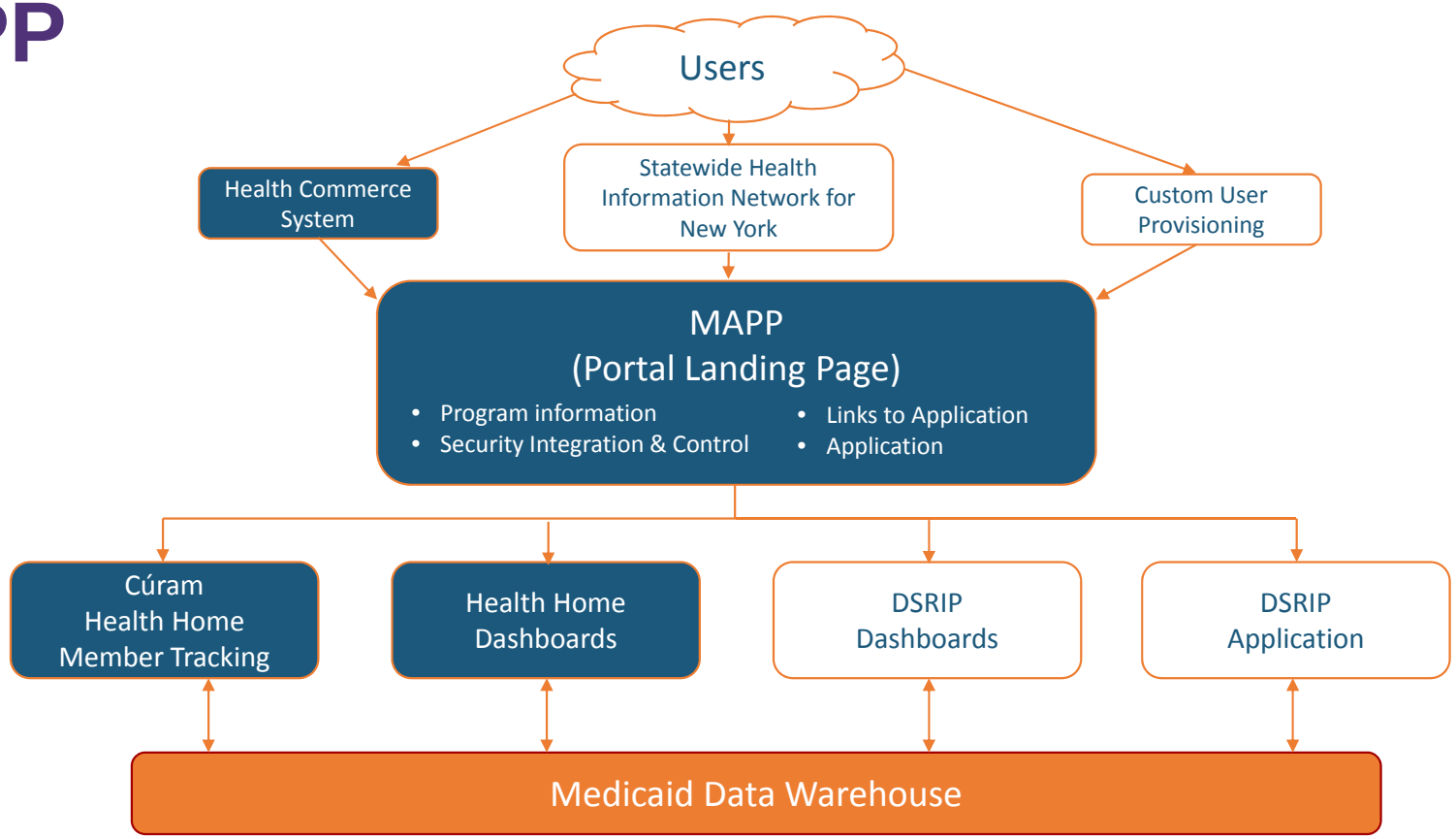
MAPP Statewide Implementation for Care Management Agencies

February 5, 2015

Agenda

- HCS Organization Accounts
- HCS User Accounts
- HCS MAPP Roles
- Training
- CMA LMS and MAPP Access

MAPP



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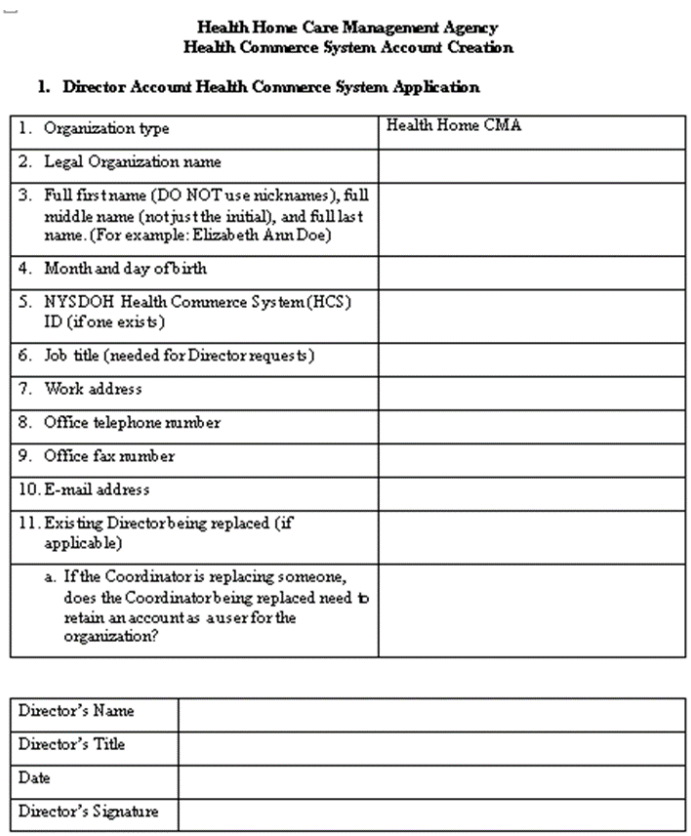
HCS Organization Accounts

Organization	HCS Organization Type	Status
Care Management Agencies (downstream providers)	Health Home CMA	• organizational account being created for each organization • multiple organization accounts may be created if organization has multiple MMIS identification numbers

Care Management Agency

1. Submit HCS Director and HCS Coordinator information to Department
   - **Director** is the person who can legally bind organization to an agreement with DOH.
   - **Coordinator** will set up staff HCS user accounts, assign roles, and update HCS as appropriate.

2. Department will generate account requests.



Health Home Care Management Agency
Health Commerce System Account Creation

1. Director Account Health Commerce System Application

1. Organization type	Health Home CMA
2. Legal Organization name	
3. Full first name (DO NOT use nicknames), full middle name (not just the initial), and full last name. (For example: Elizabeth Ann Doe)	
4. Month and day of birth	
5. NYSDOH Health Commerce System (HCS) ID (if one exists)	
6. Job title (needed for Director requests)	
7. Work address	
8. Office telephone number	
9. Office fax number	
10. E-mail address	
11. Existing Director being replaced (if applicable)	
a. If the Coordinator is replacing someone, does the Coordinator being replaced need to retain an account as a user for the organization?	

Director's Name	
Director's Title	
Date	
Director's Signature	

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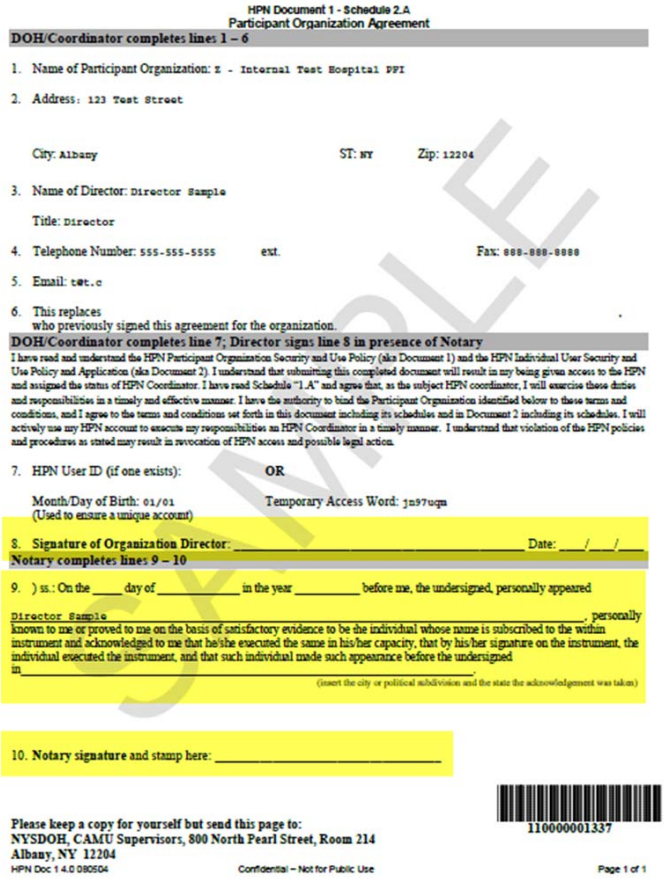
Care Management Agency

3. Each HCS Director and HCS Coordinator will receive an automatically generated email.

4. Follow instructions in email:
   - Print application
   - Have application notarized
   - Mail notarized, stamped application to CAMU

Notes:

- Ensure application is completely signed.
- Send in Director and Coordinator accounts together.
- Call Commerce Accounts Management Unit at 866-529-1898 if application is rejected.



HPN Document 1 - Schedule 2.A
Participant Organization Agreement

DOH/Coordinator completes lines 1 – 6

1. Name of Participant Organization: Z - Internal Test Hospital PFI
2. Address: 123 Test Street

   City: Albany ST: NY Zip: 12204
3. Name of Director: Director Sample

   Title: Director
4. Telephone Number: 555-555-5555 ext. Fax: 888-888-8888
5. Email: t@t.c
6. This replaces
   who previously signed this agreement for the organization.

DOH/Coordinator completes line 7; Director signs line 8 in presence of Notary

I have read and understand the HPN Participant Organization Security and Use Policy (aka Document 1) and the HPN Individual User Security and Use Policy and Application (aka Document 2). I understand that submitting this completed document will result in my being given access to the HPN and assigned the status of HPN Coordinator. I have read Schedule "1.A" and agree that, as the subject HPN coordinator, I will exercise these duties and responsibilities in a timely and effective manner. I have the authority to bind the Participant Organization identified below to these terms and conditions, and I agree to the terms and conditions set forth in this document including its schedules and in Document 2 including its schedules. I will actively use my HPN account to execute my responsibilities as HPN Coordinator in a timely manner. I understand that violation of the HPN policies and procedures as stated may result in revocation of HPN access and possible legal action.

7. HPN User ID (if one exists): OR

   Month/Day of Birth: 01/01 Temporary Access Word: jn97uqm
   (Used to ensure a unique account)

8. **Signature of Organization Director:** _____ Date: ___/___/___

Notary completes lines 9 – 10

9.) ss.: On the ____ day of _____ in the year _____ before me, the undersigned, personally appeared

Director Sample _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument, and that such individual made such appearance before the undersigned in _____.
(insert the city or political subdivision and the state the acknowledgement was taken)

10. **Notary signature** and stamp here: _____

110000001337

Please keep a copy for yourself but send this page to:
NYSDOH, CAMU Supervisors, 800 North Pearl Street, Room 214
Albany, NY 12204

HPN Doc 1 4.0 080504 Confidential – Not for Public Use Page 1 of 1

SAMPLE

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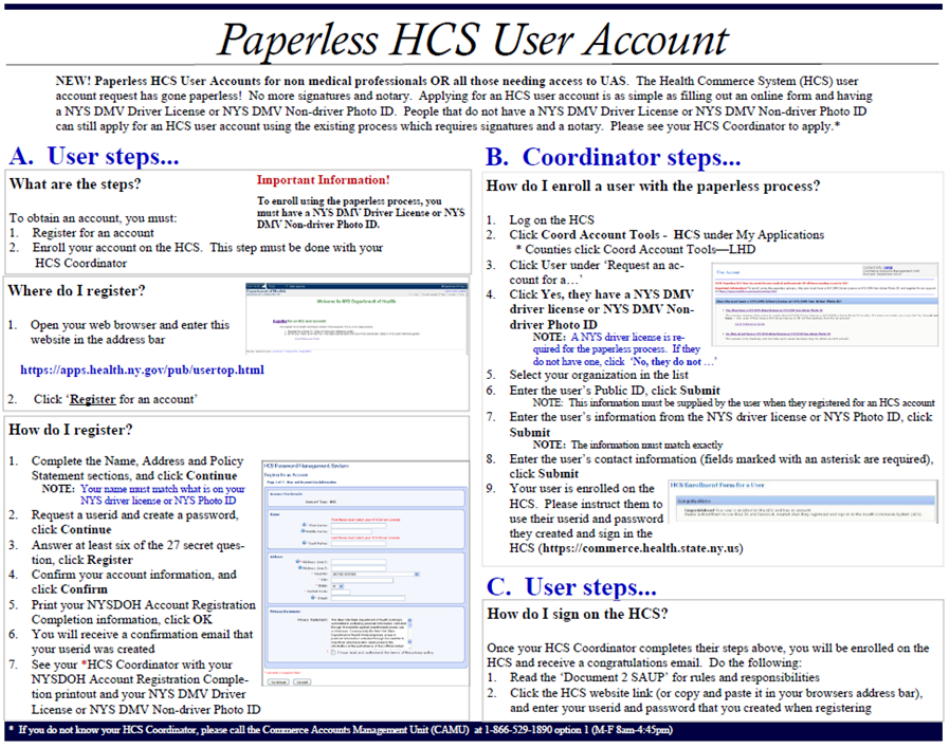
HCS User Accounts

- All MAPP Users must have their own active HCS User Account

- Staff without an active account must work with their HCS Coordinator

  Care Management Agencies cannot complete this process until their HCS organization account is created and the HCS Director and Coordinator accounts are activated.



Paperless HCS User Account

NEW! Paperless HCS User Accounts for non medical professionals OR all those needing access to UAS. The Health Commerce System (HCS) user account request has gone paperless! No more signatures and notary. Applying for an HCS user account is as simple as filling out an online form and having a NYS DMV Driver License or NYS DMV Non-driver Photo ID. People that do not have a NYS DMV Driver License or NYS DMV Non-driver Photo ID can still apply for an HCS user account using the existing process which requires signatures and a notary. Please see your HCS Coordinator to apply.*

A. User steps...

What are the steps?

Important Information!

To enroll using the paperless process, you must have a NYS DMV Driver License or NYS DMV Non-driver Photo ID.

To obtain an account, you must:
1. Register for an account
2. Enroll your account on the HCS. This step must be done with your HCS Coordinator

Where do I register?

1. Open your web browser and enter this website in the address bar

   https://apps.health.ny.gov/pub/usertop.html

2. Click '**Register** for an account'

How do I register?

1. Complete the Name, Address and Policy Statement sections, and click **Continue**
   NOTE: Your name must match what is on your NYS driver license or NYS Photo ID
2. Request a userid and create a password, click **Continue**
3. Answer at least six of the 27 secret question, click **Register**
4. Confirm your account information, and click **Confirm**
5. Print your NYSDOH Account Registration Completion information, click **OK**
6. You will receive a confirmation email that your userid was created
7. See your *HCS Coordinator with your NYSDOH Account Registration Completion printout and your NYS DMV Driver License or NYS DMV Non-driver Photo ID

B. Coordinator steps...

How do I enroll a user with the paperless process?

1. Log on the HCS
2. Click **Coord Account Tools - HCS** under My Applications
   * Counties click Coord Account Tools—LHD
3. Click User under 'Request an account for a…'
4. Click **Yes, they have a NYS DMV driver license or NYS DMV Non-driver Photo ID**
   NOTE: A NYS driver license is required for the paperless process. If they do not have one, click 'No, they do not …'
5. Select your organization in the list
6. Enter the user's Public ID, click **Submit**
   NOTE: This information must be supplied by the user when they registered for an HCS account
7. Enter the user's information from the NYS driver license or NYS Photo ID, click **Submit**
   NOTE: The information must match exactly
8. Enter the user's contact information (fields marked with an asterisk are required), click **Submit**
9. Your user is enrolled on the HCS. Please instruct them to use their userid and password they created and sign in the HCS (**https://commerce.health.state.ny.us**)

C. User steps...

How do I sign on the HCS?

Once your HCS Coordinator completes their steps above, you will be enrolled on the HCS and receive a congratulations email. Do the following:
1. Read the 'Document 2 SAUP' for rules and responsibilities
2. Click the HCS website link (or copy and paste it in your browsers address bar), and enter your userid and password that you created when registering

* If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1 (M-F 8am-4:45pm)

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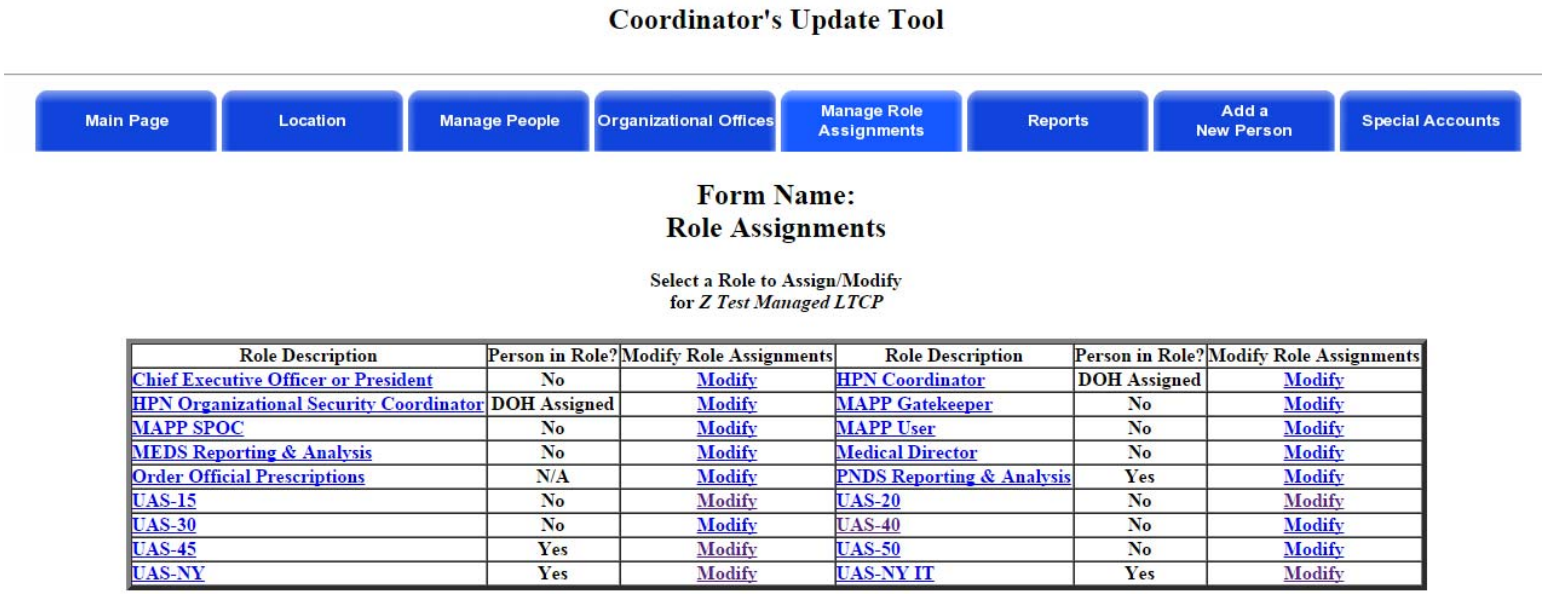
HCS Roles for Staff

MAPP SPOC	single point of contact that will coordinate, manage, and support the organization's MAPP implementation
MAPP Gatekeeper	local administrator that will coordinate and authorize user access to the Medicaid Analytics Performance Portal
MAPP User	assigned to all users who will access the Medicaid Analytics Performance Portal

- ✓ HCS Roles must be assigned to all staff.
- ✓ Each organization must have one SPOC, at least on Gatekeeper, and at least one MAPP User.
- ✓ HCS Role assignments will be used to facilitate communication concerning MAPP Implementation.
- ✓ HCS Roles must be assigned prior to participating in training.

Health Commerce System



Coordinator's Update Tool

Main Page | Location | Manage People | Organizational Offices | Manage Role Assignments | Reports | Add a New Person | Special Accounts

Form Name:
Role Assignments

Select a Role to Assign/Modify
for *Z Test Managed LTCP*

Role Description	Person in Role?	Modify Role Assignments	Role Description	Person in Role?	Modify Role Assignments
Chief Executive Officer or President	No	Modify	HPN Coordinator	DOH Assigned	Modify
HPN Organizational Security Coordinator	DOH Assigned	Modify	MAPP Gatekeeper	No	Modify
MAPP SPOC	No	Modify	MAPP User	No	Modify
MEDS Reporting & Analysis	No	Modify	Medical Director	No	Modify
Order Official Prescriptions	N/A	Modify	PNDS Reporting & Analysis	Yes	Modify
UAS-15	No	Modify	UAS-20	No	Modify
UAS-30	No	Modify	UAS-40	No	Modify
UAS-45	Yes	Modify	UAS-50	No	Modify
UAS-NY	Yes	Modify	UAS-NY IT	Yes	Modify

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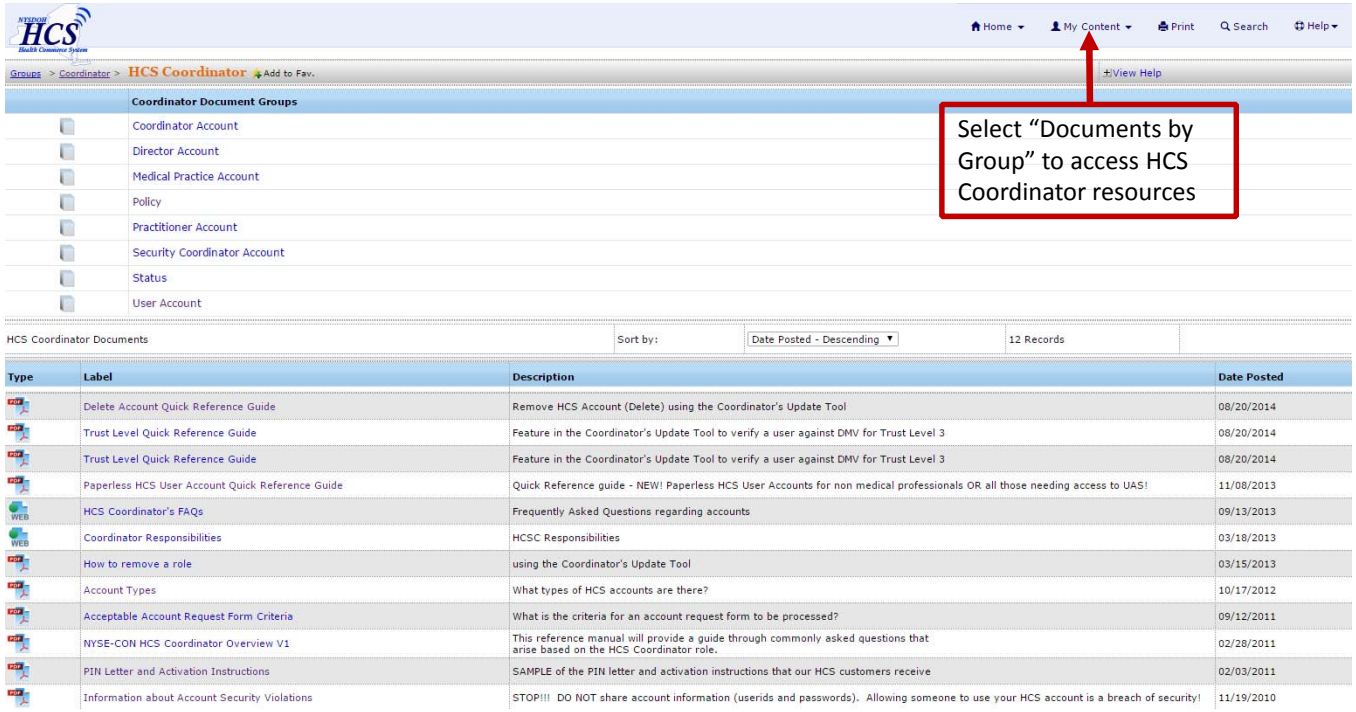
Health Commerce System



Training

Course Name	Description
MAPP Cúram Member Tracking Overview and Navigation	This course introduces the Medicaid Analytics Performance Portal (MAPP), including its purpose, benefits and scope. This course also covers basic navigation. (WBT) [**All users**]
MAPP Cúram Member Tracking (Health Homes)	This course provides instructions on how to perform member tracking tasks in MAPP Cúram for the Health Homes job role. (ILT) [**up to 5 staff per Health Home**]
MAPP Cúram Member Tracking (Managed Care Plan)	This course provides instructions on how to perform member tracking tasks in MAPP Cúram for the Managed Care Plans job role. (ILT) [**up to 5 staff per Managed Care Organization**]
MAPP Cúram Member Tracking ("GateKeeper" Role)	This course provides instructions on how to authorize new users to the MAPP Portal. (WBT) [**All gatekeepers**]
MAPP Cúram Member Tracking ("Read Only" Job Role)	This course provides instructions on how to search and view information in MAPP. (WBT) [**All staff with Read-only role**]
MAPP Cúram Member Tracking Introduction	This course provides a non-interactive demo on how to perform member tracking tasks in MAPP. (online video) [**All Care Management Agency users**]
MAPP Cúram Member Tracking (Care Management Agency)	This course provides instructions on how to perform member tracking tasks in MAPP Cúram for the Care Management Agency job role. (ILT) [**One user per Care Management Agency**]

CMA LMS and MAPP Access

	First Name	Last Name	Email Address	Phone Number	Work Location City (i.e., Albany, Bronx, Buffalo)	MAPP Role (Screener, Worker or Read-Only)	HCS User Account ID
Example	John	Smith	j.smith@abcpediatrics.org	716-555-1234 (ext. 203)	Brooklyn	Screener	GT264795
1							
2							
3							
4							
5							

Information will be used to:

- ✓ create accounts for CMA Learning Management System
- ✓ grant access the Medicaid Analytics Performance Portal
- ✓ grant access to specific application in MAPP (i.e., Cúram and Salient Dashboards)

Form will be sent to Care Management Agency Single Point of Contacts within next two weeks.

Questions and Contact Information

Telephone: 518-473-5569

Email

- ✓ go to http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- ✓ select “email NYS Health Homes Program”
- ✓ select “Medicaid Analytics Performance Portal (MAPP)” in the subject line.