CHN ADVANTAGE v. 2.0

FACILITY USER MANUAL (v. 1.10, 11/07)

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Chapter 1

CHN ADVANTAGE BASICS

1.0   INTRODUCTION

Welcome to CHN Advantage, a powerful, comprehensive web-based portal for out-patient referral and in-patient transfer processing. CHN Advantage is designed as a means for integrating facility personnel with community providers and streamlining the workflow associated with referral and patient transfer processing.

1.1   ENTERPRISE INTEGRATION

In addition to its function as a referral portal between your healthcare facility and community providers, CHN Advantage enables facilities to share provider and practice information, where desired. CHN Advantage also has the capability of receiving and displaying patient clinical and demographic data from legacy systems.

Facilities may use CHN Advantage as independent, stand-alone entities; as "peer facilities"; and to support "custodial" relationships (also called "parent-child" relationships) where one facility handles practice, provider, and patient referral information on behalf of a facility that does not have available administrative resources to operate the system and/or does not establish direct relationships with community providers.

Peer-to-peer relationships and custodial relationships are examples of *logical networks* in which facilities mutually choose a CHN Advantage data sharing and referral processing affiliation. These relationships may be exactly the same as HHC's physical networks (i.e., North Brooklyn, North Bronx, etc.) or a subset of these such as if the "Queens Health Network" actually comprised three major hospitals facilities but only two opted for a data sharing relationship in CHN Advantage.

Independent Facilities do not share data. However, their configuration and customization may be controlled by a senior executive or governing body. The actual practice, provider, and patient data are essentially controlled by the facility for its own use.

Peer-to-Peer Relationships are the result of two or more facilities that choose to enter into a close relationship with one another thereby allowing practice, provider, and patient data sharing. In this regard, they act as if they are a single facility with multiple sites. The data entered by a user at a peer facility can be read and edited by a user at any other peer facility. Any peer facility can process the patient referral. However, because referrals indicate the provider's intended

receiving facility, it is common practice for each facility to handle their individual referrals; CHN Advantage does not prevent one peer facility from processing and scheduling the referral on behalf of another peer.

Peer facilities do not share clinical service offerings (medical departments, services or consultation areas such as radiology, cardiac catheterization, angiogram, etc.) and insurance information. Although there might be a central administrator for the peer facilities, he/she must enter this information specifically for each facility.

__Custodial Relationships__ are appropriate when smaller satellite or community-based diagnostic and treatment centers are involved. Often, the smaller facilities do not have available community relations or patient referral processing personnel to maintain CHN Advantage. In many cases patient appointments are scheduled on behalf of the smaller facility by the larger facility. The smaller facilities can gain access to practice, provider, and patient records "by inheritance" the way a peer-to-peer does, although it is not expected that they enter and manage their own data.

Note the following:
o *If Facility No. 1 is a peer to Facility No. 2 and Facility No. 2 is made a peer to Facility No. 3, then Facilities 1, 2, and 3 are peers.*
o *A "child" facility in a custodial relationship cannot be a parent to any other facility.*
o *A "child" facility in a custodial relationship cannot be a peer to any other facility.*

__Physical Network Administrator__
Regardless of the CHN Advantage logical network relationship option selected by the hospital facilities, HHC's physical networks must still be respected. This means a senior individual or individuals can preside over the physical networks and gain access to data from any hospital facility within the physical network, even if that hospital facility is "independent" in CHN Advantage. Therefore, if Elmhurst Hospital and Queens Hospital opted to be independent facilities within CHN Advantage, an executive role is still available to enable Queens Health Network directors to monitor the activity of both facilities.

Details for creating the different administrative functions are provided in the System Administrator Appendix.

1.2 KEY MODULES FOR REFERRAL PROCESSING

CHN Advantage provides three modules to manage the ambulatory referral processing lifecycle:

- o Practice Management
- o Provider Management
- o Referral Management (Includes Patient Profile and Referral Forms)

In addition to the key referral processing modules are the reporting functions, although not all parties who process referrals require reports.

These modules also represent the CHN Advantage patient referral structure, which is hierarchical. In basic terms, a provider belongs to a practice; a patient profile belongs to a provider; and a referral belongs to a patient profile. This means if the same patient is referred to your facility by two or three providers, you will have multiple records for that patient, the same way you would have multiple paper referral forms for the patient—one for each referral made by each provider.

CHN Advantage does not have a patient master record because its purpose is to automate the current paper-intensive faxed referral processes. It does not serve as a patient-centric database or clinical system. There are other considerations such as security, system and account administration, service offerings, workflow, electronic communications, and reports, which are the bailiwick of the system administrator.

The three key modules reflect the hierarchy of practice, provider, patient, and referral, as well as the concept of multiple records for the same patient when referred by different providers. This is illustrated as follows:
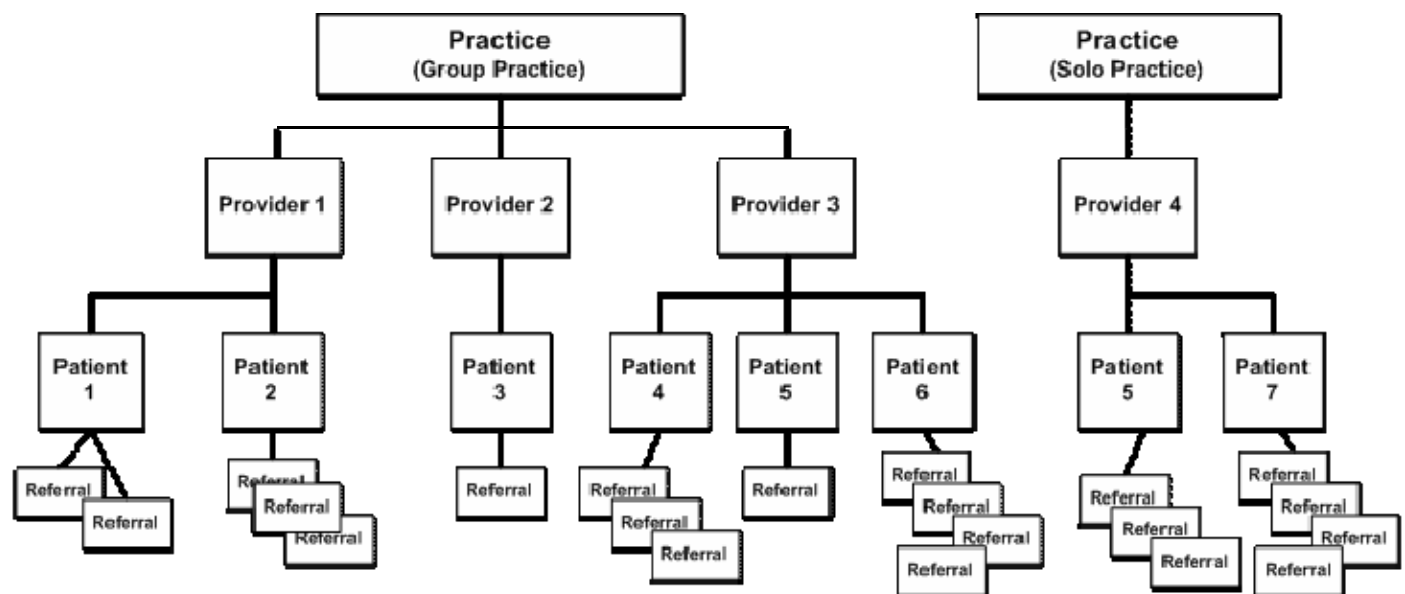
We see above that the group practice is comprised of three providers, each of whom has patients. Patients are expressed in CHN Advantage by their patient profile, which is created by—or on behalf of—a referring provider. The patient profile is used to generate the referral.

The other practice in our example is a solo practice. However, the provider must first be created as a practice, i.e., a legal entity, which can be an incorporated business with a taxpayer identification number (TIN) that is a Federal Employer Identification Number (FEIN) or an unincorporated business that uses the provider's social security number which will be referred to in this manual and in CHN Advantage as a personal taxpayer identification number (PTIN).

Our solo-practice provider also has patients, and these patients have referrals. Note that a patient of our solo practitioner, "Patient 5," is also a patient of Provider 3 from our group practice. You will therefore have two profiles for this patient in CHN Advantage, and these profiles may contain different insurance or contact information, depending on when the information was entered. This again reflects the fact that the patient demographic profile is created by—or on behalf of—a specific referring provider at a specific practice.

For internal providers the structure is identical, although the hospital facility will be considered as the practice of the internal provider.

Note that outside practices currently comprise Community Private Practice (CPP) and Free Standing Facility (FSF). CPPs are community solo and group practices. FSFs include nursing facilities, clinics, day treatment centers, and similar care-giving businesses.

1.3 STATUS INDICATORS AND STATUS CODES

CHN Advantage forms are easy to use. Required fields appear with black labels. Blue labels mean optional fields. Many of the forms have status indicators such as *New*, *Pending*, *Active*, etc., to immediately alert the user of the status of the form, so the user knows which practice, provider, or patient records need attention.

Patient referrals also have status indicators that guide the user through the referral processing steps, so they can determine the state of the referral at a glance.

In addition, provider forms and search results display status codes such as *AGG*, *DMN*, etc., which are explained through help menus, although most users will learn these codes very quickly.

1.4 LOGGING ON TO CHN ADVANTAGE

Internal users access CHN Advantage through a link on the HHC Intranet. You need to enter your LDAP user name and password. The corporate network will validate your credentials and then take you to CHN Advantage. CHN Advantage does not store your password; in fact, your password is never sent to CHN Advantage. Instead, a message is sent from the corporate network to CHN Advantage along with your user name that grants you permission to log on.

Community providers and their staff requiring access to CHN Advantage will logon through the Internet from https://*www.hhcadvantage.org*.** Community personnel will be required to have a user name and a password.

In short, the key user groups include:

o Global administrators.
o Physical hospital network administrators.
o Logical hospital network administrators (for peer and custodial relationship).
o Facility administrators.
o Referral processing personnel.
o Provider relations personnel.
o Patient transfer processing and approval personnel.
o Community providers.

**The URL and product brand are currently undergoing a change at the time of writing.

1.5 NAVIGATING THROUGH CHN ADVANTAGE

When you logon to CHN Advantage for the first time, you will be required to accept the corporate usage policy. If you do not accept the policy, you will be locked out of the system. If you click *I Agree*, you will be able to proceed to the main menu. Note that all other times you logon, you will need only to click *OK* or *Cancel.* If, however, you see the buttons have changed back to *I Agree* and *I Disagree*, it means the usage policy has been changed and you are advised to read the new policy before clicking *I Agree*.

After you accept, you will come to the home page. Users may experience different left menu bars, depending on the functions they required. Some users will have only administrative functions; others will have access to referral processing functions, provider relations functions, or inpatient transfer functions.

The following shows the master CHN Advantage home page. This is the full functional home page for a system administrator. All users see the same banner, top menu, and body section. The differences will be in the left menu bar.

1.5.1 The Banner

The banner contains information about the user, demonstrating its purpose as a tool to orient the user to the system. If you log on and a name other than yours appears, or if the facility and access level is incorrect, please notify your system administrator immediately.

The banner will also contain a logo. All global and network administrators will see the corporate logo. Facility personnel will see the logo of their home facility. If the logo does not appear or if you see the logo of a different facility, please contact the system administrator.

1.5.2 Top Menu

The top menu items, from left to right are:

Home: This takes you back to the main menu.

HHC Facility Info: This screen provides links to the official corporation website.

About CHN: This accesses a pop-up window that tells you the software version, date, and copyright notice.

Contact: Geared both to internal and community personnel, this provides a list of system administrators by facility.

Links: This provides a links to outside websites, arranged by category, that are recommended by the Corporation.

Logout: IMPORTANT!!! Always remember to logout.

1.5.3 Left Menu

All users have access to the *My Profile* function. If you only handle patient transfers, you will have access to *My Profile* and the *Patient Transfers* module.

If you work in the referral office, you most likely will have access to the *Referral Management* module and perhaps the *Practice and Provider Management* modules as well. Provider relations personnel will have access to the *Provider Relations* module. Facility and network administrators will also have access to *User Accounts*, *Admin Tools*, and *Facility Controls* (NB: The Admin Tools functions may be incorporated into the Facility Controls functions at the time of implementation.) Only the global administrator will be able to access the *CO Controls*. Access to the reporting tools will be provided as needed.

The menus make it easy to see the entire scope and features available in CHN Advantage.

1.6 GENERAL REMINDERS AND ADDITIONAL SETTINGS

o Black labels for fields indicate a field that is required either at the time of data entry or to upgrade a status indicator.

o Blue labels indicate an optional field.

o **NEVER use the Back button or the Forward button on your browser! You risk losing work. If you accidentally click the Back button, quickly click the Forward button—you may be able to recover your work.**

o The manual makes reference to *Edit* buttons and clicking on names and titles to access records. If you do not see *Edit* buttons or have the ability to click on a name or title to access a record, it is because you do not have access to the edit function. If you require this functionality, please contact your system administrator.

o Turn off your pop-up blockers (if installed) or configure them to allow pop-ups from CHN Advantage.

o The recommended screen resolution is 1024 x 768.

o The recommended browser is Microsoft Internet Explorer (IE) I.E. 6 or higher. Please note there are times when you will need access documents such as procedure prep notices or medical reports that open up a Microsoft Word file, an Adobe PDF file, or an image file. Occasionally, when opening a document, a duplicate window will open on your screen, which you will need to close. This can be corrected if you upgrade your browser to Microsoft Internet Explorer 7.0.

o Make sure you remove the browser headers and footers before printing. Use the page setup function at the browser level. Take the following steps:

1. From the browser, select **File→Page Setup.** The dialogue box show below will appear.
2. Backspace-out any text in the Header and Footer fields.
3. Click OK.
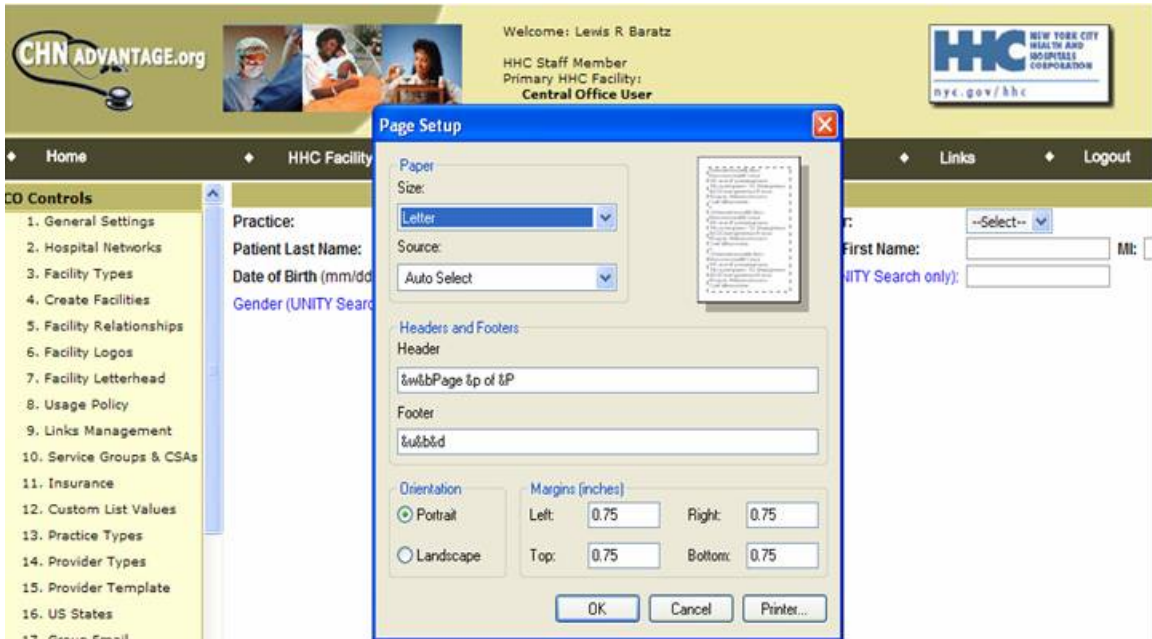
The setting changes you make global for all your browser printing. If you need to print a URL or pages numbers from another website, you must type back the codes. You can find these codes directly in Internet Explorer by clicking **Help→Contents and Index**, then clicking on the Index tab of the dialogue box and searching for Headers. The following is a screen shot of the Microsoft I.E. 6 help topic for headers and footers.
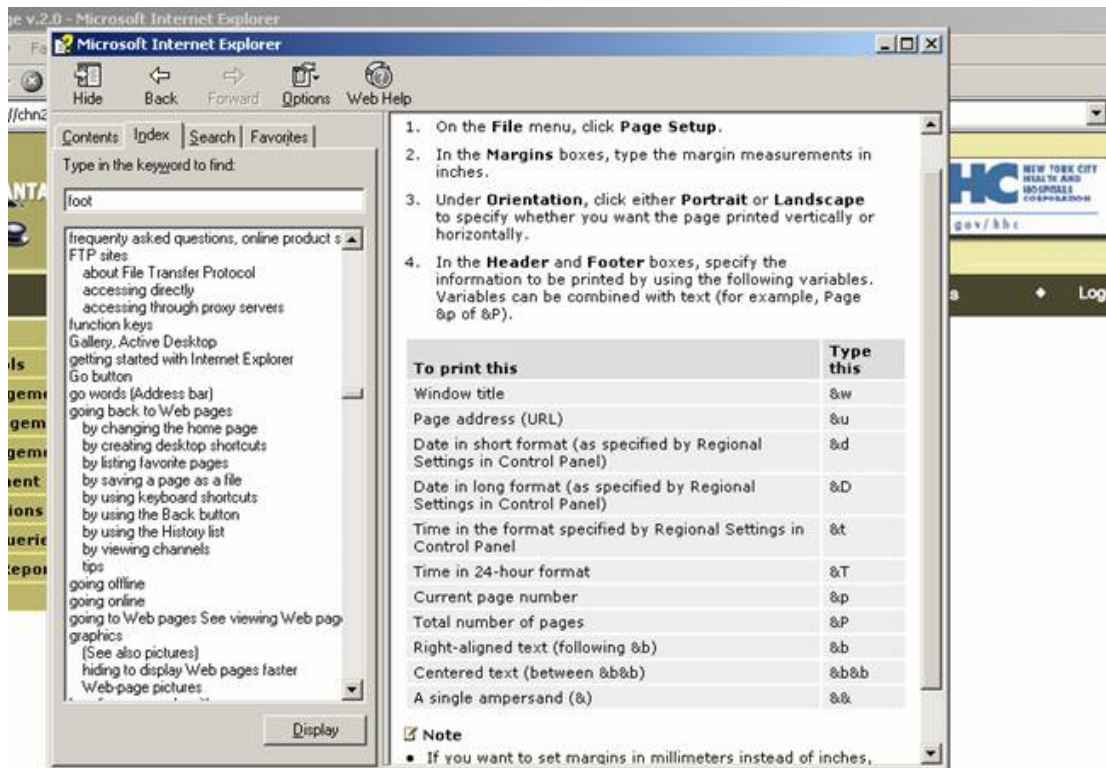
PART I.

AMBULATORY REFERRAL PROCESSING

Chapter 2

PRACTICE MANAGEMENT

2.0   OVERVIEW

As a referral office user, your facility may require you to enter and maintain community practice information. This may occur when you are a front-line person who regularly interacts with community providers and their offices.

Even if this undertaking is entirely the responsibility of your facility's provider relations department, we advise you to read this section to better understand the processes involved and data captured because these will have an effect on the provider and referral management functions.

➲Note: Remember, the practice must be entered in CHN Advantage prior to entering the provider because providers **must** be assigned to a practice. In rare cases where you have a referral from a provider for whom no practice information is available, you may add that provider to the Candidate List for research at another time.

It is also important to understand that each facility within the Corporation may maintain its own profile for a particular practice, depending on how the relationships among facilities are set up. If your facility is in a peer or custodial relationship with another facility, users from either facility can enter practice data, which will be shared by the two facilities. Either facility can edit the record. You can also copy the practice record from a facility that is not in a peer or custodial relationship with you, or simply enter an entirely new record. If you copy a record from a facility that is not in a peer or custodial relationship, any changes you make to the copied record will not affect the original facility's record. Likewise, any changes the other facility makes to its record will not affect your version of the record.

2.1 AVAILABLE FUNCTIONS

The Practice Management module is composed of the following five functions:

- o Add a New Practice.
- o Copy a Practice.
- o Search Practices.
- o Practice Maintenance (Coming Soon).
- o Create Practice Accounts.

Depending on your access level, you might not have links to all five functions.

2.2 PRACTICE STATUS

The *Add a New Practice* function initiates a search routine to ensure that the practice in question is not already in the database and then serves up the form to add a new practice. The default status for this form is *New*. Other practice form statuses are *Pending*, *Active*, *System Ready,* and *System Active*. The trigger points for these statuses are illustrated in the following table:

Status	Trigger Point and Definition
New	You are entering a new practice and have not yet saved the form.
Pending	You have saved the form but have not entered a fax number and/or a taxpayer identification number. You cannot copy this practice nor can a party outside your facility copy the practice record.
Active	Fax and taxpayer identification numbers are entered but the privacy proxy information is not complete. This practice profile may be copied.
System Ready	The privacy proxy information has been completely entered.
System Active	The privacy proxy has logged into the system and changed his/her password. Any associated provider with a complete profile, agreement on file, facility credentialing compliance, and CHN Category can have system access.

Just after the status label on the practice form is a help screen. To access, click the help icon:

If your goal is to give a provider system access, the practice profile must be complete and achieve *System Active* status. If the goal is to have basic information in the database and the referral office will enter patient profiles and create referrals on behalf of providers, you do not need to enter all the information and achieve *System Active* status.

2.3   ADD A NEW PRACTICE

Users: Referral Office, Provider Relations, and/or Facility Administrators.

Purpose: To enter a new practice in CHN Advantage.

How to Access: **Left Menu→ Practice Management→Add a New Practice**

<u>Steps</u>
1.   Determine if the practice is already in CHN Advantage. Enter the practice name in part or total. The system performs a literal search, so if you are unsure if the practice name is "West Village Medical Arts, Inc." or "West Village Medical Arts, LLC," it's best to enter only "West Village Medical." Click the *Search* button.

You can also search by taxpayer identification number—first select the taxpayer identification type (FEIN or TPIN). You can further narrow your search by entering the practice type, subtype, and the facility that you believe created the original record).

If the practice is found, you may view it by clicking on the name of the practice. From there, you may also edit the form by clicking the *Edit* button at the bottom of the page.

You can also edit the practice directly by clicking the *Edit* link, if you have permission to make edits.

The following shows the *Add a New Practice* initial search results, where matching criteria are found.

The columns returned in the search grid show the practice name, the primary facility to which the practice is assigned, the practice type and subtype, address, phone, fax, system status, and the name of the person who last updated the record, along with the date the record was last updated.

⮌Note: ***Naming Conventions Best Practice***. Be sure to always use the full legal name when entering a practice in CHN Advantage. This is because there will be many users who will not be familiar with your abbreviations and will search on the full legal name only to receive a "not found" message. Spell out terms as they appear on referral forms and legal documents. Here are some do's and don't's to follow when entering your practices:

If the Legal Name Includes	Don't Use
East, West, North, or South	E., W., N., S.
Dermatology	Derm
L.L.P.	LLP
Medical Center	MC
E., W., N., S.	East, West, etc.

Be literal in your data entry because the other users will need to be literal as well. You will be reminded of this throughout this manual.

2.   If your practice is not found, use the *CLICK HERE* link to add the practice you have searched. Whatever criteria you have entered in the search, such as the name (or partial name) or taxpayer identification number, will appear in your new record.

⮌Note: Even if you are working with a provider who is a solo practitioner, you must enter him/her first as a practice entity before entering him/her as a provider. In such cases, the practice type will be CPP (community private practice) and the subtype will be solo practice.

3.   Notice that the status is *New*. This is because you have not yet saved the form. Select the primary hospital facility to which you wish to associate this practice. In most cases, the list will default to your facility. You will have other choices only if your facility is in a peer or custodial relationship, or if you are authorized to work on behalf of other facilities.

In a peer or custodial relationship, choose one facility as the primary facility, in accordance with the facility's business practices.

4.   Verify the practice name and make any corrections if needed. Remember, whatever you entered for the search will appear in the form.

5.   Enter a practice site where applicable. The site is useful for multi-location practices, such as the "uptown" and "downtown" offices of a practice. If the practice is a D/B/A, you may enter the legal holder. Site and D/B/A

are optional fields.

6. Select the practice type. For community practices, you must choose either CPP (community private practice) or FSF (free-standing facility).

7. Select the practice subtype. Practice subtypes are dynamic to the practice types.

8. Enter the practice address. The room/suite number and county are optional.

9. Enter the phone number, emergency number (even if the same as the phone number), and the fax number. These are required. If you skip the fax number, the status will not progress from *Pending*. You may also indicate if the practice has an answering service (the default is unknown) and/or a website.

2.3.1 Privacy Proxy Data

The data covered in this section needs some explanation. The "Privacy Proxy" is the person at the community practice who acts as a key to activate the practice's Internet accounts. He or she is responsible for allowing practice personnel to request system access to other related practices, and who can permit or deny outside persons from accessing practice records. The privacy proxy is also the legally responsible party who initially interfaces with your facility. As such the privacy proxy acts as the practice's "activation key," which upgrades the practice to System Active.

o A privacy proxy is required only if the provider(s) at the practice wish to gain system access. In the case of a solo practice, the privacy proxy will most likely be the provider him/herself or the practice administrator.

o The taxpayer information is needed to facilitate management audits to ensure that the practice you are entering is a *bona fide* business entity.

Steps
1. Enter all privacy proxy information. If you do not have all the information available, you may update the fields later. However, the status cannot be upgraded to *System Ready* until all privacy proxy fields are entered.

2. Check if the privacy proxy is a clinical provider. In CHN Advantage v. 2.0, this field is for informational purposes only.

3. Select the taxpayer identification type and fill in the tax information, where available. You must enter tax information to upgrade the

profile to *Active.*

4. Most of the fields in the "Other Information" section are optional and will accept "unknown." However you must select the practice preferences for appointment and medical reports information. These will be matched to the available profile information such as email address and fax number.

5. The last field in this section is an optional, user defined field. If the label reads "Practice UDF," it means your facility administrator has not opted to use this field. Otherwise, please fill in the information requested.

6. You may enter public transportation routes/lines (optional) and notes.

7. Click *Add Practice.*

    ➲Note: If you omitted any required information, you will receive an error message asking for that data.

    If you did not enter a fax number, you will receive a message warning you that a fax number is required to make the practice active. Click *OK* to accept this message.

    As soon as you save, you will be able to view the profile. The form is stamped with the name and date/time that the record was created and will continue to stamp the date/time every time any change is made to the form.

    You may continue to work on this practice by clicking the *Edit Practice* button, print, or close and work on another practice, provider, or referral.

2.4   EDIT A PRACTICE PROFILE

Steps

1.   After searching for a practice you can click the *Edit* link in the left column to access the edit profile screen. You can also click the practice name itself to open the practice in view mode, then click the *Edit Practice* button at the bottom of the form.

2.   Edit any values. If you delete a required field, you will not be able to exit and save your changes. The status of the form may also change depending on the information you enter or delete.

⮌Note: Once your practice is made active, you cannot simply edit the name or taxpayer identification number. This becomes a change action and will be recorded by the system. Please see Section 2.8, *Practice Maintenance.*

2.5 MAKING A PRACTICE ACTIVE AND SYSTEM READY

The *Active* and *System Ready* status indicators tell you all required fields have been completed. Any *Active* or *System Ready* practice can be copied by another party within your facility or by another facility within the Corporation. Likewise, you can copy any *Active* or *System Ready* practice from any outside facility.

CHN Advantage will automatically upgrade the status indicator or codes after you enter the data and save.

2.6   SEARCH PRACTICES
How to Access: **Left Menu→Practice Management→Search Practices**

<u>Steps</u>
1.   You can use parameters to limit your search or leave everything blank to search the entire database.

2.   Click the *Search* button.

3.   A list of all relevant practices will appear. Click on a practice name to view the profile.

The list will also indicate the practice status and facility to which the practice was assigned. The list will only contain those facilities within your facility's peer or custodial relationships or within your individual system privileges. The list will also give you the ability to make the practice inactive or make a copy of the practice. A practice that is *System Active* cannot be made inactive from this function.

2.7 COPYING A PRACTICE
You may need to add multiple instances of a practice when the practice has multiple sites such as "uptown" and "downtown." If most of the other information, including taxpayer identification number or other key data remains the same, you can facilitate the process by making a copy of the practice and then making any necessary edits or updates, such as adding a site location. You may also copy information from another facility, once that facility has made their record active. However, any changes you make to your copy will not affect the original facility's record nor will any changes the other facility makes affect yours.

2.7.1 Copying an Exiting Practice Within Your Facility or Peer Network
Purpose: To copy a practice already in your local CHN Advantage logical network to add a new site for the practice.

How to Access: **Left Menu→Practice Functions→Search Practices**

Steps
1. Use the *Search Practices* function to find the practice to copy.

2. Click the *COPY* link in the right-hand column. Click *OK* when prompted to confirm. This will open the copy in a new practice form.

3. Enter new site, address, phone, and fax information.

4. You can manually change the privacy proxy and other information such as the practice's patient fees, preferred method of receiving appointment and consultation information, transportation, and other information, where applicable. However, because this record is only a copy of a practice for the purpose of entering a specific site, it is assumed the taxpayer information will remain the same. Save the record by clicking *Add Practice*.

   You can abandon the copy by canceling instead of saving.

2.7.2 Copying an Existing Practice Outside Your Facility or Peer Network
Purpose: To copy a practice profile created by another facility external to your peer network.

How to Access: **Left Menu→Practice Functions→Copy a Practice**

Steps
1. Click *Copy Practice* menu item. This serves up the *Get Practice to Copy* form.

2. Enter the practice you wish to copy. Enter the practice name,
    FEIN, or TPIN. Remember to be literal and enter only the
    beginning name string to ensure that you don't make a mistake
    such as "West Village Derm. Clinic" when the practice exists in
    CHN Advantage as "West Village Dermatology Clinic, LLP." In
    such cases, it is best to enter only "West Village D." You can also
    search by FEIN or TPIN.

    The grid returns the practices that match the search criteria, the
    facility whose record you can copy, the type and subtype
    (concatenated into one column), the address, phone, fax, and last
    updated date. The right-hand column provides the *Copy* link.

3. Click *COPY* and click *OK*. CHN Advantage will generate a copy
    and assign to your facility or, if you are in a peer or custodial
    relationship, select the primary facility.

2.8   PRACTICE MAINTENANCE

Practice Maintenance comprises functions such as name changes, TIN changes, and closures. ***These features will be available shortly.***

2.8.1 Name Changes

After the practice has achieved active status, you can not longer perform a simple name change. Changing a practice name, even if it is simply correcting a typographical error, will be a system action. The system will retain the old name(s) and log the user name of the person making the change and also the date and time of the change. These will be retained in the practice profile and will be available for future tickler reports.

NB: Currently this function is available directly from the practice profile but for data integrity reasons will be moved to the practice maintenance function shortly.

2.8.2 TIN Changes

After the practice has achieved active status, you can not longer perform a simple TIN change. Changing a TIN, even a simple edit, will be a system action. The system will retain the TIN(s) and log the user name of the person making the change and also the date and time of the change. These will be retained in the practice profile and will be available for future tickler reports.

2.8.3 Inactivating a Practice

Inactivating a practice shuts down a number of actions associated with the practice:

1.   The practice will not appear in active practice searches.

2.   No new providers can be associated with the practice.

3.   Any providers already associated with the practice where the practice is an **Additional Practice**, will have the association broken.

4.   Any providers associated with the practice where the practice is a primary practice will be orphaned and deactivated until assigned a new practice.

5.   No new patients can be added for providers at the practice.

6.   No new referrals can be created by or on behalf of any provider at

the practice.

7.   Internet system accounts associated with the providers and office staff at the practice will be terminated if there is a one-to-one relationship. Otherwise, users with access to multiple practices will only lose access to the affected practice.

Upon inactivating a practice, the user will be prompted to qualify if this is a practice close, a withdrawal from the CHN Advantage program, or other. The user will then enter a brief description (up to 500 characters stating the reason).

⮌Note: ***You will also need to handle any orphaned providers affected referrals. Note that all referrals in the pipelines will need to be handled on an individual basis. To assist with this process, the referral's practice and provider information will be highlighted in red.   See also Section 6.7***

Chapter 3

PROVIDER MANAGEMENT

3.0 OVERVIEW

Providers may be entered in CHN Advantage directly through either the Provider Management or the Provider Relations module. The choice of entry point depends on the business need. If your facility has a provider relations department and wishes to track recruitment activities, use the Provider Relations module. For providers with whom your facility already has a relationship and recruitment activity tracking is not required, you can enter provider information directly through the Provider Management module. The data captured is basically the same. The key difference is that the Provider Management module does not record recruitment activity. Understanding that not all users have access to both functions, the facility needs to establish a business practice for data entry.

The data entry requirements for a provider profile depend on the types of providers you enter. The provider types comprise Corporation staff providers and community providers, and the subtypes include physicians, nurse practitioners, social workers, and other healthcare professionals. Although CHN Advantage does not maintain distinct profile templates for different provider subtypes, the global administrator has the ability to set certain fields to required or optional. For example, answering questions about board certification or subspecialties might be required for a physician but not for a licensed speech pathologist.

As with practice management, if entering provider profiles is the responsibility of your facility's Provider Relations department, we advise referral processing personnel to read this section to better understand the processes involved because these will have an impact on the provider and referral management functions.

➲Note: If entering provider profiles is the domain of your Provider Relations department, there may still be times when the Referral Office receives a referral by fax from a provider who does not have a business relationship with your facility. The Referral Office has the ability to create a temporary provider record for the Provider Relations department to review. These temporary records require only minimal information (such as the information found on a prescription pad); these providers are considered "candidates" and appear on a candidate list (See Sections 3.6 and 7.1).

It is important to understand that each facility within the Corporation may maintain its own profile for a particular provider, depending on any logical relationships among facilities. If your facility is in a peer or custodial relationship,

users from the other facility can enter provider data that will be shared equally. Either facility can edit the record. You can also copy a provider record from a facility that is not in a peer or custodial relationship with your facility, or enter an entirely new record. If you copy a record from another facility that is not in a peer or custodial relationship, any changes you make to the record will not affect the original record. Likewise, any change the other facility makes to its record will not affect your version of the record.

➲Note: Also read Chapter 7, *The Managed Recruitment Process*, to ensure that you fully understand both methods of creating provider profiles. If you use the Provider Relations module to enter your profiles, once you make a provider profile active (or enrolled), the record will be transferred to the Provider Management module and can only be updated through the Provider Management module.

3.1 AVAILABLE PROVIDER MANAGEMENT FUNCTIONS

The Provider Management module is comprised of the following four functions:

- o Add a New Provider.
- o Search Providers.
- o Copy a Provider.
- o CHN Category Search.
- o Inactivate a Provider.

3.2   PROVIDER STATUS

The *Add a New Provider* function initiates a search routine to ensure that the provider in question is not already in the database and then serves up the form to add a new provider. The default status for this provider form is *New*. The other status indicators are *Pending*, *Active*, *System Ready*, and *System User*. There may also be status codes such as *APP*, *AGG*, etc., appended to a status indicator. The trigger points for these statuses are illustrated in the following table:

Status	Trigger Point and Definition
New	You are entering a new provider and have not yet saved the form.
Pending	You have saved the form but have not yet entered the provider's CHN Category, Application on File information, and/or Agreement on File information.
PRND Done	Reserved for provider whose profiles were created in the Provider Relations module.
Active	The application, agreement, and CHN category have been entered. This provider record may be copied.
Enrolled—Active	Same as active but the provider profile was created by the PRND process.
System Ready	The privacy proxy a practice associated with this provider has logged in the system at least once (Practice = *System Active*). and the provider's profile has been completed (at the Active or Enrolled—Active level). Permissions have not yet been assigned to the provider.
System User	Permissions for the provider have been assigned. A user at the practice has logged into the system and can now process referrals on behalf of the provider. The provider is also eligible for system access him or herself.

3.3 ADD A NEW PROVIDER

Users: Referral Office or Provider Relations

Purpose: To enter a provider in CHN Advantage where the provider record does not require recruitment activity notes and scheduled follow-up activities, such as a provider with whom the facility already has an established relationship.

How to Access: **Left Menu→Provider Management→Add a New Provider**

Steps
1.   Enter search criteria such as provider last name and/or first name. You may opt to enter only the first few characters of either. You can also search by NY State license number or NPI, but these items might not have been entered in the system yet, so the last name is the best criterion.

2.   You can narrow your search by selecting a provider subtype such as physician or dentist. Click *Search*.

3.   If the provider is not found in the facility or network database, you will receive the following message:

There are no possible matches found. Please CLICK HERE to add a new provider.

Otherwise, you will get a list of possible matches and still be able to click the link to add the provider as new.

4.   Click the link to add the provider. The *Provider Basic Form* will appear. This is where you begin the create provider process. This form is analogous to the *Add Prospect* function in the Provider Relations module.

Notice the status indicator at the top of the form. At this point in the process, the profile status is *New*.

5.   If you have not selected the provider type (the default is Non-HHC) and subtype in your search, please select them now.

6.   Select the provider's degree and title.

7.   Verify the provider's first name, middle initial and last name. You may select an optional name suffix. The gender is required.

8.   Enter the provider's NY State license and NPI, if you did not include them in the search.

9.   Enter the provider's phone and panic values phone numbers.

10. Select the provider's practice from the dropdown box. This will populate the address information.

11. Click *Add Provider.*

➲Note: You will receive an error message if a duplicate NY State license or NPI is found. If you receive this message, correct the number and click *Add Provider* once again.

12. You will be presented with the Basic Profile record in *Pending* Status, with the status codes *CHN, APP, AGG, DMN.* These codes, if they appear on the form, are explained at the bottom of the form, and also in the next section of this manual. You can close the record, print, edit the basic profile, or continue entering other profile information for this provider by using the *Edit* links to the right of each section.

> ➲*Note:* *You should always verify that the practice is entered in CHN Advantage prior to entering a provider. Use the Search Practice function described in Section 2.6 prior to creating a new provider.*

3.3.1 Status Codes

Notice that the status indicator has changed from *New* to *Pending*. There might also be some qualifying status code to indicate the following:

> *APP*: You did not enter an application received date.

***AGG*:**	You did not enter the agreement information.
***CHN*:**	You did not select a CHN category from the dropdown box.
***DMN*:**	You did not enter the (SMS) Doctor Master Number.
***CR*:**	The provider's credentialing status does not meet the Corporation's or facility's requirements for system access (See Section 3.4.4.1).
***M+CR*:**	The Provider's MetroPlus credentialing status does not meet the Corporation's or facility's credentialing requirements for system access (See Section 3.4.4.1).

⟳Note: Although the Doctor Master Number is optional, the status code will remain on the form as a reminder for you to optionally request, create, and/or post a number if required by the facility. The lack of a Doctor Master Number does not prevent the provider from becoming eligible for system access.

3.3.2 Audit Stamping

The provider profiles are stamped with the user name of the person who created the record as well as the date and time of creation. This information also indicates who last changed the profile and the date and time the change was made.

3.4 EDIT A PROVIDER OR COMPLETING A PROVIDER PROFILE

You can continue to add profile information for the new provider. Click any of the *Edit* links that appear for the different sections of the Basic Profile form. This will open a subsection of the form. Enter the data or make changes and save.

When editing an existing provider, you must first search for the provider.

Use the **Left Menu→Provider Management→Search Providers** link. Enter your criteria and click *Search*. If the provider is found, click on the provider's name to access the profile. You may then click any of the edit links to edit any of the profile template sections.

Once you are in edit mode you will see sectional tabs on the provider form. These tabs make it even easier for you to navigate to the different sections. You can access the navigation tabs from the Basic Profile form (once you save it) and from the Other Practice(s), Insurance, Office Hours, Other Details, SMS DMN, PRND, and Full Profile sections. If you are working on the Full Profile section, you must use the section links instead of tabs to edit sections.

Note that navigating away from certain pages presents a warning for you to save your work. The warning is not presented on those pages that require you to save each item as you enter it, such as insurance and office hours.

The next few sections examine the other provider profile requirements.

➲Note: The search results grid will also list providers who are candidates and prospects currently being recruited by the provider relations department. However, you will **not** be able to view their profiles until released by provider relations.

3.4.1 Other Practice(s)

If the provider has other practices, you may select them from the dropdown list. If a practice is not found, you must exit this function and enter the practice through the Practice Management function detailed in Chapter 2. Once you select the practice, the practice address data will auto-populate. If any of the information is incorrect, you must use the Practice Management function to edit the practice to effect a global change.

a. Click *Add Other Practice* to save to the database.

b. Select another practice from the dropdown box, cancel (to return to the Basic Profile), or select another tab to edit another section of the profile.

If you wish to remove the association of the provider with any other

practice, use the edit feature and uncheck *Association* on the form itself, not in the summary grid.

3.4.2 Insurance

Entering insurance information is important only if: (1) it has an effect on the insurance prospective patients may have; (2) your facility will eventually send referrals to this provider (bi-directional referrals).

<u>Steps</u>

1. Click the Insurance *Edit* link. If the provider is associated with more than one practice, you must choose the particular practice for which you are adding the insurance. This is because a provider may accept insurance plans A, B, and C at one practice, and B, C, and D at another practice. If the provider is associated with only one practice, the system will default to that practice.

2. Choose an insurance plan from the dropdown box.

3. Choose the insurance product(s) (line[s] of business) from the list box, where applicable.

4. Enter the provider's insurance number and end date (optional).

5. Click *Add Insurance* to save the item and continue with the next insurance or exit.

6. Use the *Edit* buttons to make changes or inactivate the insurance, then click *Update Insurance.* Edit buttons are provided for each insurance line item.

3.4.3 Office Hours

Entering a provider's office hours is optional.

Steps

1.   If the provider is associated with more than one practice, choose the particular practice for which you are adding office hours.

2.   Use the mouse to select the "From" and "To" hours for each day. You can also use the tab key to focus on the time field, and then use the arrow keys or number key pad on your computer.

3.   Click *Add Office Hours*.

4.   Proceed to the provider's next practice, or click *Cancel* or another tab to continue updating the provider's profile.

5.   Use the *Edit* buttons next to the grid to make changes, and either *Cancel Edit* to exit or *Update Office Hours* to save.

The following screen shot shows the office hours in edit mode.

Provider Profile

Status of the Provider: ⓘ **SYSTEM READY**

Provider Name	**Provider Type**	**Provider Subtype**
Dr. Patricia Becker	Non-HHC	Physician
Degree	**NY State License**	**NPI**
DO	60-548877	234
Phone No.	**Provider Panic Values Phone**	
(212) 555-4444		

Office Hours

Practice Name: East Village Neurology Center ▾   Active: ☑

	From	To
Monday	9 ▾ 00 ▾ AM ▾	4 ▾ 00 ▾ PM ▾
Tuesday	9 ▾ 00 ▾ AM ▾	5 ▾ 00 ▾ PM ▾
Wednesday	10 ▾ 00 ▾ AM ▾	3 ▾ 00 ▾ PM ▾
Thursday	7 ▾ 00 ▾ AM ▾	5 ▾ 00 ▾ PM ▾
Friday	9 ▾ 00 ▾ AM ▾	10 ▾ 00 ▾ PM ▾
Saturday	▾ 00 ▾ AM ▾	▾ 00 ▾ PM ▾
Sunday	▾ 00 ▾ AM ▾	▾ 00 ▾ PM ▾

[Cancel Update]   [Update Office Hours]

Click to	Practice Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Active
Edit	East Village Neurology Center	9:00 A-4:00 P	9:00 A-5:00 P	10:00 A-3:00 P	7:00 A-5:00 P				☑

3.4.4 Other Details

It is assumed that entering all the fields in the Other Details section requires a conversation with the provider's office or comprehensive notes.

Steps

1.   Enter the provider's email address, if available.

2.   To the right of the email field is an optional user defined field. The data required in this field is controlled by the facility administrator, so it will vary among facilities. If the label reads "Provider UDF," it means your facility administrator has not opted to use this field. Otherwise, please fill in any information requested.

3.   Enter the provider's Medicaid, Medicare, and Worker's Compensation subscriber or identification numbers. These fields may or not be required as defined by policy. If you do not have the information available or if irrelevant, you may enter "Not Available," but remember to update it as soon as you can.

4.   Enter the provider's specialty and subspecialty, where applicable. If you enter a specialty or subspecialty, you must indicate if the provider is board certified (the default is *No*) and the most recent year of certification.

The following sections detail special requirements in the Other Details section of the provider form.

3.4.4.1 Credentialing Questions

Credentialing is a business term that describes the professional type or level of the relationship between a provider and the hospital network or facility. It may have a direct effect on the types of services a provider can request as well as the methods by which the provider receives patient results.

CHN Advantage is concerned with only Boolean logic: (1) Is the provider credentialed by the facility (or its peer facilities)? and (2) Is the provider credentialed by the parent or HMO or major insurance affiliate (e.g., MetroPlus)? The *Yes/No* responses are mapped to a central control set by the global system administrator, which determines if an outside provider can be eligible for system access.

Credentialing indicators

Steps

1. Select the CHN Category from the dropdown box. This is a manual selection that serves as an alert for the type of relationship you have with the provider. Your selection does not automatically affect the provider's ability to have system access.

2. Check *Yes, No,* or *Unknown* to indicate if the provider is credentialed by the facility. If *No*, proceed to Step 3.

    If *Yes*, the screen changes and prompts you to enter the effective and expiration dates of the credentialing.

You can also attach an image of the credentialing letter (PDF, GIF, TIF, JPEG, etc.) is available. Click the *Browse* button to initiate the upload.

If you select *Unknown*, proceed to Step 4.

3. If the provider is not credentialed by the facility, please indicate if the provider wishes to become a member of the medical staff. Notify the appropriate party at your facility to initiate this process.

4. Is provider credentialed by MetroPlus? If *Yes*, you can also attach an image of the MetroPlus credentialing letter.

3.4.4.1.1 Credentialing Letters
If you attach credentialing letters, you can view them by clicking on the new links that appear in the provider profile form.

You can also update credentialing letters by attaching new letters as needed.

3.4.4.1.2 Recredentialing
If the provider's credentialing expires, you must indicate any recredentialing in CHN Advantage. Use the RECREDENTIAL THIS PROVIDER link to update credentialing information.

Credentialing Questions

CHN Category: CHN Credentialed

s provider credentialed by this facility? ⊙ Yes ○ No ○ Unknown

Effective date (mm/dd/yyyy)   Expiration date (mm/dd/yyyy)   Credentialing expired: **72** day(s).

5/26/2006   5/26/2007   RECREDENTIAL THIS PROVIDER

Attach credentialing letter   Is provider credentialed by MetroPlus?   Attach MetroPlus credentialing letter

[ ] Browse...   ⊙ Yes ○ No ○ Unknown   [ ] Browse...

Agreement(s)

Application Received: ○ Yes ⊙ No ○ Unknown   Date: [ ]   (mm/dd/yyyy)

Agreement hardcopy on file?   Type of Agreement (Practice Name)   Date Signed (mm/dd/yyyy)

Steps

1. Click *RECREDENTIAL THIS PROVIDER*. A pop-up window will appear.

2. Enter the new effective and expiration dates.

3. Click *Save*. The window will automatically close and the provider profile will refresh with the new credentialing data. To abandon your change without clicking, click the *Cancel* link.

4. If you made a mistake, you must re-enter the information.

3.4.4.2   Agreement(s) Section

Indicating if your provider has an application and an agreement on file with the facility are important steps in the process. CHN Advantage requires you to indicate when the provider's application and agreements were filed, if applicable. Once you enter the information, the *APP* and *AGG* status codes will disappear from the profile status indicator. If your provider does not have an application and/or an agreement on file, you must select *No* or *Unknown* in order to save your record; the *APP* and/or *AGG* status codes will remain visible and the provider cannot be given system access.

3.4.4.3 HHC Summary

This section is optional. It further details the provider's relationship with the Corporation. Indicate if the provider is also a direct employee of the Corporation. If *Yes*, you will be prompted to select the internal job title and Corporation home facility. You can also enter the provider's staff ID number, if applicable.

3.4.4.4 Miscellaneous

This section is optional.

<u>Steps</u>
1. You can select the provider's age group(s) specialty. Hold down the control-key while clicking to select multiple age groups. This field is optional.

2. You can select the provider's language(s) as well. This field is optional.

3.4.4.5 Training and Affiliations

The section is optional. You may enter whatever information you feel is appropriate. Format your dates using mm/dd/yyyy.

3.4.4.6 Permissions

These controls directly affect system access. These are very important switches that ensure that community providers have system rights, assuming their profiles are complete and meet all other requirements, and that the practice itself has been upgraded to *System Active*.

Use the radio buttons to convey your desire for the level of relationship such as if the provider should be able to receive outgoing referrals from the facility. These are recommendations based on your facility's procedures. The defaults are *No*.

⮌Note: Make sure you save your work. Even if you saved, you will always receive a warning message when you try to navigate away from the basic and detailed profile forms.

If you receive an error message while attempting to save, it is because you omitted a

required field. The form will advise you which field(s) is omitted.

3.4.5 SMS Doctor Master Number (DMN)

The SMS Doctor Master Number is optional. If required by your facility, you may request a number through CHN Advantage. The provider forms will continue to be stamped with the *DMN* code, the presence *DMN* does not prevent any provider from being granted system access.

3.4.5.1 Requesting an SMS DMN

You may request an SMS Doctor Master Number off-line or through CHN Advantage. If you request it through CHN Advantage, the system will keep track of the date the request was made.

Steps

1. Click the *SMS DMN* tab or *Edit* links from the provider profile.

2. Select the facility for which you are requesting a DMN for the provider. If your facility is an independent facility, the dropdown box will default to that facility.

3. Click *Request DMN*. A form will appear for you to contact your facility's SMS DMN contact.

4. You can confirm and edit the contact person's email address and add other email addresses. If you prefer to fax the request, you will need to type in the fax number.

Request for SMS Doctor Master ID

3.4.5.2   Entering the SMS DMN
Once you receive the provider's SMS DMN, click the *SMS DMN* tab, select the facility for which you are entering the number, and enter the number. Click *Add DMN*. You may edit the information by using the *Edit* button.

3.4.6 PRND Tab
If the provider was initially entered in CHN Advantage as a candidate or prospect by a Provider Relation's representative, there may be notes or scheduled activities attached to the profile. If the provider was created entirely through the Provider Management module, no notes or activities will be posted.

3.4.7 Full Profile Tab
The Full Profile tab enables you to view the provider's full profile with links to edit the various sections of the profile. You can print the record or close to return to the provider search page.

3.4.8 Additional Edits
While in view mode or at the full profile, you can still edit sections of the provider profile form by clicking the Edit links on the right side of the screen.

Remember to save frequently!

➲Note: Don't have *Edit* links? Contact your system administration to ensure that you have the correct access level.

3.5 PROVIDER ENROLLMENT WELCOME LETTER.

Once you have made your provider Active by entering all required information, you will have the ability to send an Enrollment Welcome Letter. The button for this appears at the bottom of the Full Profile screen. You can also access this from the Other Details tab, if you then click *Save and View* from there, because this also takes you directly to the Full Profile screen.

If you click *Enrollment Welcome* and either print out of fax the letter, the screen will refresh with a grid that maintains a history of the transmission of the letter(s). If the screen doest not automatically refresh, right-click on the screen.

Note: In some facilities, granting access can only be performed by a systems administrator or Provider Relations representative. Please check your facility's policy.

3.6   MAKING THE PROVIDER ACTIVE AND ELIGIBLE FOR SYSTEM ACCESS

After entering all required information, your provider profile is *Active*. This means you have entered all required information for your provider and he/she is on the way to eligibility for system access.

His/her practice must now be *System Active*. This means the privacy proxy from the practice has logged in at least once.

The provider will be updated from *Active* to *System Ready* automatically once the practice becomes *System Active*. Then you can manually upgrade the provider from System Ready to System User by issuing him/her a login account for CHN Advantage.

Please refer to Appendix III for granting community providers system access.

3.7   THE CANDIDATE LIST

Users: Referral Office

Purpose: To provide leads to Provider Relations whenever a faxed or walk-in referral is received by the Referral Office from a provider who is not in the CHN Advantage system or is unknown to the facility.

How to Access: **Left Menu→Provider Management→Search Providers**

Any provider added to the facility's candidate list can be reviewed by a Provider Relations staff member. If the Provider Relations department wishes to pursue a relationship with the provider, the provider will be upgraded from candidate to prospect. Once the prospect becomes an active provider, his/her record is transferred back to the Provider Management module.

Steps
1.   Enter the provider's last name as it appears on the referral form; you may also enter only the first few characters of the last name. You can also search by NY State license number or NPI, but these items might not have been entered in the system yet, so the last name is the safest search criteria.

2.   If you know that the provider is not a physician, you can select the correct subtype or choose "Select" to include all types.

3.   Click *Search*.

4.   If the provider has not been entered into the facility or network database, you will receive the following message:

       No provider(s) found for the criteria entered.

              CLICK HERE if you wish to create a candidate for PRND review.

              Alternatively, if consistent with facility guidelines, CLICK HERE to enter the provider profile directly.

5.   If you wish to create the provider as a candidate for PRND review, click on the first link. This opens the candidate form.

3.7.1 Entering a Candidate into the New Candidate Form

Steps
1. If the provider is an internal staff member, change the provider type choice, otherwise skip this step. ***Try to avoid using this function for internal staff members.***

2. Select the provider subtype—this is an optional field but recommended. Whatever you entered during your search will appear in this dropdown box.

3. Select the provider's terminal degree as it appears on the referral form (e.g., MD, Ph.D, MSW, etc.)

4. Select the provider's title of address (Dr., Mr., Ms., Mrs., Miss, or Rev.) as stated in or deducted from the referral form.

5. Enter (or edit) the provider's first name, middle initial, and last name. Remember, whatever you entered during the initial search will appear here.

6. Select the provider name suffix (e.g., Jr., Sr., III), where applicable (optional).

7. Select the provider's gender; if you cannot tell the gender from the name, select *Unknown.*

8. Enter the Provider's NY State license number and/or NPI, if available.

9. Select the facility to which the referral was sent. This is required because some referral offices handle more than one facility. If your facility is independent, the dropdown box will default to your home facility.

10. Enter the provider's phone number. You may also enter the provider's panic value (emergency) phone number, if known (optional).

11. If the provider's practice is included on the referral form, check to see if it is included in the Practice Name dropdown box. If listed, select the practice; the address information will populate automatically. If the address information is different from what appears on the referral form, you will need to note that in the *Note to Provider Relations* box.

If the practice is not listed, click the "Practice Not Listed" radio button. You may type the practice name, address, phone, and fax information in the *Note to Provider Relations* box if you wish.

12. Select a reason for including the candidate from the dropdown box. If none of these apply, please still select one, qualify your reason in the *Note to Provider Relations* box, and ask your system administrator to add the choice for future use.

13. Use the *Note to Provider Relations* box for any other comments or alerts to the Provider Relations staff. This is optional.

14. Carefully review what you have entered before clicking the *Add to Candidate Sheet* button. You will not be able to edit or delete this message once you click.

15. You may print the record or click *Back to Provider Search* or click any of the choices on your left-side menu bar to continue your work.

➲Note: If the practice was listed, you may be able to print a "Walk-in Letter" for the provider, upon adding the candidate to the Candidate Sheet. The Walk-in Letter introduces the provider to the CHN Advantage program. Even if you have the ability to create a walk-in letter, your facility might implement a business practice that allows only Provider Relations personnel to send these letters. Please follow your facility's guidelines. For more on walk-in and other provider relations letters, see Chapter 7.

3.8   INTERNAL STAFF PROVIDERS

Internal staff providers are clinicians who:

1.   Access corporate email and intranet by logging onto the network through the LDAP server, and.

2.   Have a human resources file with the staff HR department.

These individuals do not require the same detailed provider profile as community providers. Instead, they only need to fill out an access request form and have their facility or network administrator approve their request.

Their access level allows them to make referrals on behalf of their "practice," which defaults to their home facility indicated at the time they request system access.

➲Note: If the internal provider also has an external practice, he/she will need to be registered as an external provider and associated with an external practice. The HHC patients and external practice patients will be treated as separate populations as well.

3.9 COPY A PROVIDER

You can copy provider records from facilities outside your logical and physical networks if the provider is active at the originating facility.

Users: Referral Office

Purpose: To facilitate entering new provider profile information in the Provider Management module.

How to Access: **Left Menu→Provider Management→Copy a Provider**

Steps
1.   Enter the search criteria for the provider you wish to copy. Click *Search*. The grid will return all providers matching your criteria that have been entered in CHN Advantage from outside your facility.

2.   Click *COPY*; the link is provided in the last column.

3.   Click *Cancel* or click *OK* to proceed.

4.   You will now see a new provider form, which defaults to the Basic Profile portion. You will have to add all required information and select a practice with which to associate this provider. Note that only your facility and peer relation practices will be available. Note also that some key information has been removed as this information belongs to the facility from which you copied the record. Proceed to Step 5.

5.   Save and continue editing the profile with information that is relevant to your facility and the local practice.

3.10 CHN CATEGORY SEARCH

Users: Referral Office and Provider Relations department.

Purpose: This function is both an online report (query) and a functional tool. In CHN Advantage v. 2.0, the CHN Category does not have a direct effect on the provider's system access. However, it serves as an indicator of the type of relationship that exits between the facility and the provider.

How to Access: **Left Menu→Provider Management→CHN Category Search**

Steps—If searching for a particular provider:
1.   Enter the Provider Last Name and/or

2.   Enter First Name and/or

3.   Enter NY State License and/or

4.   Enter NPI.

Otherwise
1.   Select Provider Type (optional). The default is Non-HHC (external providers).

2.   Select Subtype. The default is Physician (optional).

3.   Select a CHN Category (optional). If you do not select a CHN Category, the system will return all CHN providers.

4.   Click the *Search* button.

3.10.1 Updating a CHN Category

From the search return grid, you can update the provider's CHN Category. In CHN Advantage v. 2.0, the category selection does not affect system access. If you change the CHN Category, you must save. Notice that there are two CHN Category update controls—one at the top of the grid and one at the bottom of the grid. This is because the list could be very long so the two buttons make it more convenient to save.

Note that you can also click-through the provider's name to edit his/her profile, if you have the rights to do that.

The providers shaded in blue are inactive providers (See Section 3.11).

CHN Category Search - Providers Only

| Provider Type: | Non-HHC ▾ | | Subtype: | Physician ▾ | | | | |

| Last Name: | [_____] | First Name: | [_____] | | CHN Category: | CHN Credentialed ▾ |
| NY State License: | [___] - [___] | NPI: | [_____] | | Search | |

14 possible matches found for the criteria entered.

Update CHN Category

Provider Name	CHN Category	Provider Type	Provider Subtype	Status	Primary Practice	Fac	Panic No.	Status
Brahns, John	CHN Credentialed ▾	Non-HHC	Physician	Pending	ABC at Queens	NCB		☑
Caruglia, Jeremy	CHN Credentialed ▾	Non-HHC	Physician	System Ready	Dr. Robert Taylor, PC	NCB		☑
Chopin, Freddie	CHN Credentialed ▾	Non-HHC	Physician	Pending	Bluestar Medical Associates	NCB	(215) 444-7777	☐
Devine, Ronald	CHN Credentialed ▾	Non-HHC	Physician	Pending	West village	BHC	(212) 111-1111	☑
Freeman, Morgan	CHN Credentialed ▾	Non-HHC	Physician	Pending	ABC at Jacobi	NCB	(212) 456-4564	☑
Garland, Judy	CHN Credentialed ▾	Non-HHC	Physician	System User	Neptune Avenue Cardiology, LLP	CIH		☐
Greenblatt, James	CHN Credentialed ▾	Non-HHC	Physician	Pending	Lord Associates	NCB	(878) 888-8888	☑
Killada, Murray	CHN Credentialed ▾	Non-HHC	Physician	Pending	North Bronx Cardiology Center	NCB	(323) 111-1111	☑
O'Brian, Sergy	CHN Credentialed ▾	Non-HHC	Physician	Pending	West 3rd Neurology	CIH	(718) 444-7777	☑
Smith, Alex	CHN Credentialed ▾	Non-HHC	Physician	Active	Riverdale Medical Center	NCB		☑
Smith, Jerry	CHN Credentialed ▾	Non-HHC	Physician	Pending	Dr. Leo Wasserman	NCB	(212) 555-4444	☑
Smith, Tom	CHN Credentialed ▾	Non-HHC	Physician	System User	Family Medical Care	CIH		☑
Smythe, Robert	CHN Credentialed ▾	Non-HHC	Physician	Pending	East Village Neurology Center	NCB	(212) 555-5555	☑

3.11 INACTIVATE A PROVIDER

Users: Referral Office and Provider Relations department.

Purpose: This function enables authorized users to perform a logical delete of an external provider from CHN Advantage.

"Removing" in this context means the Provider profile is inactive.

How to Access: **Left Menu→Provider Management→Inactivate a Provider**

Clicking the *Inactivate a Provider* link will immediately display all inactive providers. You can then use the *Search* button to find another provider from the non-Inactive providers in order to make one or move inactive.

Use this *control to reactivate inactive providers as well. Any provider that was inactivated and reactivated will be restored to his/her original status (Pending, Active, System User*, etc.)

Attributes of an inactivated provider:
1. The profile cannot be edited.

2. No new patients or referrals can be created by or on behalf of this provider.

3. Any other users at the provider's practice who are associated with the provider also lose the ability to create new patients or referrals for this provider.

Providers can also be inactivated in batch when a practice is made inactive.

3.11.1   Referral Pipeline
Inactivating a provider requires handling any patients associated with the provider. First, existing patient profiles will no longer be available in edit more. The existing profiles will become snapshots of how they existed at the time the provider was made inactive.

Second, any patients in the referral processing pipeline will need to be handled manually. The referral form will provide checkboxes for the user to indicate the instructions of the medical director or delegate and the actual action taken. The fax server connection will be closed so any communication will need to take place by manually printing out and faxing to the appropriate party.

3.12 RECAP

We have completed the basic Provider Management section. This section showed you how to enter provider information and how to make the provider eligible for system access. Appendix IV provides instructions to administrators for creating accounts for or to act on behalf of this provider.

Now that your provider is created in CHN Advantage, you can create patient profiles and referrals on his/her behalf. We will begin this process immediately in Chapter 4.

Chapter 4

REFERRAL MANAGEMENT—PATIENT PROFILES

4.0 INTRODUCTION

The referral management module is a key element of the core system and is comprised of the following functions:

- o Create a New PATIENT.
- o Search Patients.
- o Create a New REFERRAL.
- o Search Referrals**.**
- o Prep Notices.

These functions are available to the referral office, for the purpose of creating referrals on behalf of providers who do not have system access, and to providers who have system access. Providers, of course, can only access patients who belong to them at a particular practice.

This chapter is geared toward the referral office. Community providers and their staff will follow a more streamlined approach explained in the community provider training guide. It is recommended that you read the community provider training guide as well, in order to fully understand their processes and to be prepared to assist community providers, where needed.

4.1 CREATING A NEW PATIENT—PRELIMINARY STEPS

Users: Referral Office

Purpose: To create patient profiles on behalf of providers when a faxed or walk-in referral is received from a provider who is already in CHN Advantage.

Referrals from providers and their associated practices who are not in CHN Advantage cannot be processed through the system. Providers unknown to the CHN Advantage system can be added to the Candidate List. Alternatively, some Referral Office users might be able to create the practice and provider according to the instructions given in Chapters 2 and 3.

How to Access: **Left Menu→Referral Management→Create a New PATIENT**

➲Note: Here is where the structural hierarchy is most important. You must create a patient profile before you can create a patient referral. Furthermore, there must be one patient profile for each provider with respect to that provider's practice affiliation.

To create a patient profile, first verify that the practice and provider are in CHN Advantage. All communication between the referral office and the provider will be through CHN Advantage fax services, or other on-line means.

As with the practice and provider functions, you need to search the database to ensure that the patient does not already exist with respect to the referring provider and practice.

➲Note: The patient **may exist** in the database under a different provider but you **MUST** again create the patient under the referring provider because you are, in short, automating a paper chart that is unique to the individual **practice→provider→patient** relationship on a per occurrence basis. Once you have created a patient profile for a particular provider at a particular practice, you do not need to create it again for additional referrals sent by the provider at this practice.

Steps

1.   Select a practice from the dropdown box. Once a practice has been selected, a list of available providers associated with that practice will be generated dynamically in the *Provider* dropdown box.

2.   Select the provider on whose behalf you are entering the referral in CHN Advantage. If you do not select a provider, the following message will

appear: *You must enter/select a value for the following fields: Provider.*

If you do not find the provider in the dropdown list, you must first create the provider by going to **Left Menu→Provider Management→Add a New Provider.** If you do not have privileges or enough information to create the provider profile, you may add the provider information to the Candidate List for your facility's provider relations department to review. However, you will not be able to process the referral in CHN Advantage until the practice and provider are added.

3. Enter the patient's last name; you can also qualify the search by entering the patient's first name and date of birth. The gender and medical record number (MRN) fields are reserved for queries against the *UNITY* system and are discussed in Section 4.2.2.

4. Click the *Search CHN Advantage* button to see if the patient's profile has already been entered by or on behalf of the selected provider. If the patient is not in CHN Advantage under the selected practice and provider, you will receive the following message:

You will have the opportunity to search the *UNITY* system for the patient and import data if the patient exists in *UNITY*. Let's hold off on that function until we finish discussing the manual create patient process. All you need to know for now is that you can read some patient data from *UNITY* in CHN Advantage but you **cannot** send data from CHN Advantage to *UNITY*.

If the patient is not found in CHN Advantage, proceed to Section 4.2.

5. If the patient is found in CHN Advantage and you confirm that this is in fact the correct **practice → provider → patient** record, you can (1) edit that patient's profile; (2) create a referral directly from the profile; (3) abandon this function and click on *Create a New REFERRAL*.

- To edit a new patient profile, see Section 4.3.
- To edit a patient profile created earlier, see Section 4.5.
- To create a patient referral from a pre-existing patient, see Chapter 5.

4.2   ENTERING PATIENT DATA—TWO OPTIONS

If the patient is not found in CHN Advantage under the selected provider, you may enter the profile entirely by manual data entry or in part through integration with *UNITY*. Each of these methods is discussed, beginning with manual data entry.

4.2.1 Manual Data Entry for a New Patient

After searching and verifying that no patient record exists for the selected practice and provider, click the link to add the patient manually (*There are NO matches found.   Please **CLICK HERE** to add this patient manually*)**.**

This opens the *Create a New Patient* form. The form contains up to five sections: Provider Details; HHC Patient Identifiers; Patient Basic Information; Insurance Information; and where applicable, Guarantor Information.   The Guarantor fields are triggered when you enter the patient's date of birth; once you enter a date of birth, you can also click the *Guarantor Required* checkbox to override any age-related logic.   Each section is explained below.

Provider Details
The Provider Details section is populated with:

1. Provider name.
2. Provider phone number.
3. Provider panic values number.
4. Provider's patient ID (will not be available when first creating a patient).
5. Practice name.
6. Practice phone number.
7. Practice emergency number.
8. Practice fax number.

If you see an error in the practice or provider information, you must exit this function and correct the practice or provider information using the appropriate module.   However, it is advisable that you complete the patient profile first or you will lose your work if you exit prior to completing all required information and clicking *Save and Review*.

HHC Patient Identifiers
If you are creating a patient on behalf of a provider, you can enter the provider's identification number for the patient, where available. This is optional.

You can also enter the facility medical record number (MRN) for the patient, with respect to the facilities in your peer arrangement. If the patient has been referred to Facility A, where Facility A and B are peers, enter the MRN only for Facility A. If more than one MRN is found for this patient, enter the most appropriate (primary) MRN and follow your facility's

guidelines for resolving multiple MRNs. CHN Advantage accommodates up to eight MRNs per patient per facility.

⊃ Note: If you are entering this patient manually, you will need to open *UNITY* in a separate window and search for the patient. If the patient is found in *UNITY*, you will need to re-enter the patient's MRN in CHN Advantage, ***if you are using the manual create patient process.***

If the patient is not found in *UNITY*, follow your facility's procedures to create an MRN in *UNITY* and re-enter the MRN in CHN Advantage.

Patient Basic Information
Enter all required information. You also have the opportunity to review the patient's name—the name may be incorrect or incomplete because it will appear exactly as you entered it for the search.

1. Patient first name.
2. Middle initial (optional).
3. Last name.
4. Patient alias or nickname (optional).
5. Gender.
6. Date of birth.

The patient's age will be displayed after you enter the date of birth and either click on another field or press the Tab key to trigger the age calculation. If the patient is under 18, a checkmark appears in the *Guarantor Required* field. This will require you to enter guarantor information at the bottom of the form. You can check or uncheck *Guarantor Required* for any patient over age 17.

You can also check the *Emancipated Minor* box for any patient under 18, where applicable.

The other fields in this section are:

1. Race (optional).
2. Mother's maiden name (optional).
3. Street address.
4. Apt No./Suite (optional).
5. City.
6. State.
7. Zip.
8. Home phone (optional, with OK to call alert).
9. Work phone (optional, with OK to call alert).

10. Cell phone (optional, with OK to call alert).
11. Languages spoken.
12. Preferred language for prep notices (optional—for information purposes only).
13. Patient email address (optional—No PHI will be sent to patients!).
14. Employer name (optional).
15. Employer address (optional).
16. Occupation (optional).
17. Special considerations (optional).
18. User defined field—as with the practice and provider forms, your system administrator might have created a special (optional) field. If the field is marked "Patient UDF" you may ignore this field because it indicates that your administrator has not opted to use it, otherwise please fill in any information requested.

Insurance Information

1. Check the box if the patient is the insured. If the box is checked, the *Name of Insured* and *Insured's Relation to Patient* fields will be locked.

2. If the patient is not the insured, leave the box unchecked and enter the name of the insured and the insured's relation to the patient.

⮑ Note: Insured's relation to patient includes all the current choices available in the Corporation's core systems. Please disregard those choices which are not viable for your facility.

3. Select the patient or the named insured's primary insurance plan and product or line of business (where applicable) from the dropdown boxes. The group number, policy number, and effective date are optional.

4. Note that the first two choices for insurance are: ***Not Listed* and ****Self Insured or None*. If you select either, you will not need an insurance product/line of business. Only those insurances entered by the system administrator will be available as choices in the insurance dropdown box and product/line of business list box.

5. You may enter other insurance information in the optional textbox.

Guarantor Information (Where Applicable)

If your patient has a guarantor because of age or other requirements, enter the following information:

1. Guarantor name (First, MI, Last).

2. Guarantor address (check the checkbox if same as the patient).
3. Home phone (optional), with OK to call alert.
4. Work phone (with OK to call alert) (optional).
5. Cell phone (with OK to call alert) (optional).
6. Languages spoken.
7. Occupation.
8. Employer name.
9. Employer address.

6. Click *Save and Review*. This will take you to view mode. From view mode, you can go back to search for another patient, print the record, edit the profile (See Section 4.3), or create a referral (discussed in Chapter 5).

Before discussing the edit profile and referral creation processes, we will learn how to create a new patient using the *UNITY* interface.

Mother's Maiden Name	Email Address	Patient UDF
Cestwood		
Languages Spoken	**Preferred Language for Test Prep Notices**	
Creole, Danish, English	Dutch	
Employer Name	**Employer Address**	
Wagler and Associates, LLP	2009 Smith Street Brooklyn, NY 11229	
Occupation	**Special Considerations**	
Computers	None	

Insurance Information

If Patient is the Insured?	Name of Insured	Insured's Relation to Patient
Yes		
Primary Insurance Plan	**Product/LOB**	**Group No.**
***Not Listed		23423432
Policy Number	**Effective Date**	
2342323423		
Other Insurance		
2343223		

Guarantor Information

Guarantor Name	Address	
Patty Selma	1012 East 55rd Street, Suite 198, New York, NY 10042	
Home Phone - Do not call	**Work Phone** - Do not call	**Cell Phone** - Do not call
(212) 555-4444		
Languages Spoken	**Occupation**	
English		
Employer Name	**Employer Address**	

| << Back to Search | Print | Edit Profile | Create a Referral >> |

4.2.2 *UNITY* Interface Integration

The screenshot for creating a new patient shown in Section 4.1 gives links to create the patient manually in CHN Advantage or to search *UNITY* to see if the patient exists and then import selected data to CHN Advantage. If you choose the latter option, a split-screen interface will open with CHN Advantage on the left hand side and a list of potential matches on the right hand side that comes from *UNITY*. Follow these steps to verify and import *UNITY* data:

<u>Steps</u>

1. Click **Create a New PATIENT**. Search CHN Advantage for your patient within the context of his/her **practice→provider** relationship as described in Section 4.1.

2. If your patient is found in CHN Advantage, you can create a referral directly from that profile (See Chapter 5.)

3. If your patient is not found in CHN Advantage you can click the Clear button to search for a different patient or proceed to creating the patient (a) manually as described in Section 4.2.1 or (b) through *UNITY* integration (beginning in Step 4).

4. Click the *SEARCH UNITY AND IMPORT PATIENT DATA* link.

5. If no matches are found in UNITY, you will receive a message and a link advising you to return to CHN Advantage where you can either change your search criteria or proceed to enter the patient manually per Section 4.2.1.

6. If one or more patients matching your search criteria are found, they will be displayed on the right hand side of the screen (in the gray fields). Click the "+" sign to open a patient record to view more detail.

7. Review the details to determine which, if any, is the most likely patient record you are searching.

		CHN Advantage Patient Information				UNITY Patient Information				

CHN Advantage Patient Information

Patient MRN:	
Last Name:	
Middle Initial:	
First Name:	do
Gender:	--Select--
Address 1:	
Address 2:	
City:	
State:	--Select--
ZIP:	
Phone:	
Date Of Birth:	(MM/DD/YYYY)
Race:	--Select--
Language Spoken:	English / Spanish / Chinese

UNITY Patient Information

Fac. Code	PMRN	Last Name	FirstName	DOB	Gender	
EG41	00000155482	ABI#####	DOULAT	##/##/1934	M	
EG41	00000051711	ACE#####	DONNA	##/##/1953	F	

Detailed view of selected patient

Patient PMRN: **00000051711**
Facility: **EHC - EG41**

Last Name:	ACE#####	Date Of Birth:	##/##/1953	Address 1:	218#####
First Name:	DONNA	Gender:	F	Address 2:	
Middle Name:		Mother's Maiden Name:	BET#####	City:	BRONX
				State:	NY
Phone:	91772######	Name of Insured:	DON#####	ZIP	10456

Fac. Code	PMRN	Last Name	FirstName	DOB	Gender	
EG41	00000177651	ARI#####	DORIS	##/##/1951	F	
EG41	00000177651	ARI#####	DORIS	##/##/1951	F	
EG41	00000241997	BAE#####	DORIS	##/##/1940	F	
EG41	00000167167	CAS#####	DORIS	##/##/1956	F	
EG41	00000251452	CHO#####	DORJEE	##/##/1974	F	
WG41	00000067704	CLA#####	DONALD	##/##/1931	M	
WG41	00000043574	COL#####	DONALD	##/##/1950	M	
EG41	00000118005	CON#####	DONNA	##/##/1971	F	
EG41	00000118005	CON#####	DONNA	##/##/1971	F	

8.   If you find the patient you are searching for, click the checkbox to the right of the record. If you wish, you can select multiple records, where applicable, by clicking after each name.

9.   When you are ready to import data from UNITY to CHN Advantage, click the button labeled *Load Selected Patients from UNITY*, which is found under the *UNITY* list.

10.   Select individual data points using the checkboxes in the *Select to Copy* column of the *UNITY* portion of the screen. You can also select all by clicking *Check to Select all Data Points*. Only those data points with a checkbox in the right-hand column can be copied to CHN Advantage.

11.   Click the *Copy Selected Data* button. A confirmation box will appear. You can click *OK* to continue or *Cancel* to abandon the data transfer.

12.   You can enter comments in the CHN Advantage portion of the screen if you wish. When ready, click the Create CHN Advantage Patient Profile at the bottom of the CHN Screen.

⮷ Note: If you receive an error message about data formats, this means *UNITY* data has been redacted or is incomplete, such as if *UNITY* sends a date of birth "##/##/1987" instead of actual mm/dd/yyyy dates. You will need to correct this in the CHN Advantage portion of the screen.

4.2.1.1 ***UNITY* Interface Integration for Multiple Records**

If you selected multiple records for import, you can scroll from records using the Next and Previous controls on the bottom of the *UNITY* portion of the screen, as shown in the following example:

4.2.1.2 *UNITY* Interface Error Messages

1. You will receive an error message when no matches are found. When this occurs, click the *Return to CHN Advantage* button.

2. You will receive an error message when too many records are found (currently the maximum is 100). If this occurs, you may wish to further qualify your search with more detail, such as date of birth.

3. You will receive an error message if *UNITY* is unavailable or if there is a network problem.

4.2.1.3 Other Integration with *UNITY*

CHN Advantage also interfaces with UNITY during the referral review process. This will be discussed in Chapter 5.

4.3   EDITING A PROFILE AT THE TIME OF PROFILE CREATION

Saving a new patient profile, takes you to the review mode. At the bottom of the form are buttons to return to the menu, print, edit the new patient profile, or create a referral immediately after completing the profile. This section shows you how to edit the new profile.

Steps

1.   Click the *Edit Profile* button at the bottom of the form.

2.   Change any information about the patient. You cannot change practice or provider information—you need to make those changes through the Practice and Provider modules.

3.   Click *Update Patient* to save the changes or *Cancel* to abandon them.

4.4   SEARCH PATIENTS FOR VIEWING, EDITING, OR REFERRAL CREATION
Users: Referral Office

Purpose: To search exiting patient profiles created by or on behalf of providers, edit the profile, or create a referral.

How to Access: **Left Menu→Referral Management→Search Patients**

Your searches may be comprehensive patient searches where you will find all profiles for the patient regardless of the practice and provider or limited to the practice and provider hierarchy for that patient. Use the *Search Patients* function to access the profile of patients who are likely to already be in CHN Advantage.

If no patients are found that match the search criteria you selected or entered, you will receive a message indicating that no matches are found. You can use the *Clear* button to remove your search criteria, or simply make new selections or type over any information you entered earlier and execute a new search.

If you need to create the patient, you must use the *Create a New PATIENT* function, which will initiate its own confirmation search and then if the patient is still not found, you will be given the choice to manually enter the patient or look in *UNITY* for the patient.

4.4.1 Comprehensive Patient Search
To perform a comprehensive search through the entire CHN Advantage database for your facility and its logical network, do not select or enter any data. Simply click *Search*. This will return a grid with a link to *Edit* the patient profile, the patient name (which you can click on to view, edit, print, and create a referral), the patient's date of birth, address, home phone number, provider, practice, and facility that created the patient profile. All data columns can be sorted by clicking the column header.

Use the *Clear* button to reset the search.

4.4.2 Narrowing Searches

You can search by patient last name, first name, and/or date of birth. For date of birth, make sure you enter the format mm/dd/yyyy. You can enter full names or the first few characters, depending upon how wide ("fuzzy") or narrow you want the search to be. There is no right or wrong way to search; it depends entirely on how much information you have available at the time of searching and how precise (or restrictive) you want to be. Use the *Clear* button to reset the search.

4.4.3 Precise Patient Search

This search method ensures you are focusing your search specifically on the **practice→provider→patient** relation.

<u>Steps</u>:
1. Select a practice from the dropdown box. Once a practice has been selected, a list of available providers associated with that practice will be generated dynamically in the *Provider* dropdown box.

    If neither the practice nor the provider is found, they must be entered in CHN Advantage in accordance with the instructions provided in Chapters 2 and 3. This should also serve as an indication that the patient will not be in CHN Advantage. Assuming practice and provider are found, proceed to Step 2.

2. Enter the patient's last name and/or first name, or the first few

characters of the last and/or first name. Click *Search*. If the patient is not found, the profile must be entered using the *Create a New PATIENT* function, which is initiated by its own verifying search.

Use the *Clear* button to reset the search.

4.4.4 Search by Provider

You can also search for all patients associated with a particular practice → provider relation by using only Step 1 of Section 4.2.3 and clicking *Search*.

4.5   EDITING EXISTING PATIENTS

You can search for an existing patient, confirm this is the patient you are seeking, and edit that existing patient. Make sure you carefully verify the patient's name, date of birth, provider and practice information, and also the facility that created that patient to ensure this is (1) the correct patient, and (2) the correct **practice→provider→patient** relationship you are seeking.

Once confirmed, you can click on the patient name to view all the details. You can then click the *Edit Referral* button or *Create a New Referral* button.

Alternatively, you can also click on the Edit name in the left-hand column of the search results grid to go immediately to edit mode. Click the *Update Profile* button at the bottom of the form to save or *Cancel* to abandon your changes.

Chapter 5

REFERRAL MANAGEMENT—CREATING PATIENT REFERRALS

5.0   INTRODUCTION

Chapter 4 taught you how to create patient profiles on behalf of a provider. This chapter walks you through the next step in the process: creating the patient referral on behalf of a provider.

Finally, Chapter 6 will complete the referral processes by illustrating how to: (1) process referrals you create on behalf of providers; (2) process referrals sent to you by providers; and (3) use CHN Advantage Fax Services to communicate with the referring provider regardless of whether or not the referring provider has CHN Advantage system access.

5.1   ACCESSING THE PATIENT TO CREATE A REFERRAL

If you wish to create a referral immediately after creating and saving the patient profile, you may click the *Create Referral* button at the bottom of the patient profile form. Otherwise:

o   Conduct a search as described in Section 4.4, access the patient by clicking on the patient name and then the *Create a Referral* button at the bottom of the patient profile form; OR

o   Click **Left Menu→Referral Management→Create a New REFERRAL** and perform the search directly in the *Create a New Referral* function. This time, the grid returns slightly different information. You cannot edit the patient profile from here but you can click on the *Referral* link to create a referral on behalf of the practice and provider shown in the grid next to the patient's name.

Create a New Referral								
Practice:	--Select--			**Provider:**		--Select--		
Patient Last Name:				**Patient First Name:**		k		**MI:**
Patient DOB (mm/dd/yyyy):								

Search CHN Advantage   Clear

Patient Name	Provider	Practice	Pat. DOB	Pat. Address	Home No.	Work No.	Cell No.	Provider
Kerith Enman	Johannes Kepler	Dr. Leo Wasserman	05/12/1979	55 Oak Street Mellon Park NY 04777	(241) 555-4444		(212) 555-4444	Referral

Proceed to Section 5.2.

5.2 CREATING A REFERRAL

Once you access the referral form, either immediately after creating a new patient or after searching for an existing patient, you will see that the referral form contains several sections. The sections we are concerned with are:

1. Provider Details.
2. Patient Information.
3. Referral-Specific Information.
4. PCP Information
5. Insurance Information
6. Consultation Category
7. Consultation Type
8. Prerequisites (may not be visible—see Section 5.7.2)
9. Supporting Documentation
10. Appointment Preferences
11. Notes

5.2.1 Provider Details

This information is populated from the practice and provider management modules. If there is an error in any of the information, you must change it through the edit functions of the affected source module.

Note especially if any details are in red. This serves to warn you of the provider's CHN Category, such as "Walk-In Only." The CHN Category is for informational purposes only in CHN Advantage v. 2.0 and does not trigger any system validations at this time. Follow your facility's guidelines on handling referrals from these providers.

5.2.2 Patient Information

The patient information is populated from the patient profile. If there is an error, you must change by using the edit functions of the patient profile.

➲ **Note:** *Why can't I update patient information directly on the referral form?*
This is a good question, and the answer is because the referral form is a "child" of the patient profile. A single patient profile can result in many referrals. Think of it as the source document that populates the referral form. Data is not written back from the referral form to the patient profile form.

However, look at the next section to resolve any concerns about having correct contact information for the patient.

5.2.3 Referral-Specific Information
The patient may have given special contact information for a particular referral that differs from his/her permanent address in the patient profile, such as when a patient lives in California but is referred to a hospital facility during a visit to New York and provides a local address and phone number specific for the referral. This information is not written back to the patient profile.

5.2.4 PCP Information
If the referring provider is not the patient's PCP, you can select a PCP from the dropdown box. This information will facilitate sending back reports to both the referring consultant and the PCP and also direct any pre-surgical evaluation notices to the correct provider. Note that in CHN Advantage v. 2.0, appointment results are sent only to the referring providers, with the exception of pre-surgical evaluation notices.

If the patient's PCP does not appear in the box, you must add the PCP as a candidate, prospect, or provider and update the patient later. Because the PCP selection is an optional field, the lack of a PCP should not prevent you from moving the referral along the process.

5.2.5 Insurance Information
This information is populated from the global controls. If there is an error in any of the information, you must change it through the facility insurance control.

Please enter the primary insurance plan and product/line of business. If the patient is uninsured, you may select ***Self-Insured or None*. The Group No., Policy No., Effective Date, and Referral Expiration Date, Authorization No., and No. of Visits fields are optional.

If the patient's insurance has not been entered into CHN Advantage by the facility administrator, you will receive a warning message but this does not prevent you from processing the referral.

5.2.6 Consultation Category
- Select the referral transmission method. As you are creating a referral on behalf of a provider, you have received the referral slip by fax, US mail, from the patient directly (walk-in) or you are making a special exception.
- If you received the referral by fax, you must enter the fax date.
- Select the consultation category from the dropdown box.
- Enter the reason for referral in the *Reason for Referral* box.

Both are required fields, which means you will receive a red asterisk warning if you try to submit the referral without completing this information.

List any medications the patient is taking, otherwise check *No Medications Taken*. Note: Even if you check *No Medications Taken*, you can still enter notes in the Medications box, such as "patient was tapered off…"

5.2.7 Consultation Type

Select if the patient is being referred to an HHC Facility (default), or to a CPP or FSF. CPP and FSF are available only if the provider or the user has permission to route externally.

This section of the patient referral form will also require you to indicate if the patient and the provider agree to an alternate site. This is used if you choose to reroute the referral to another facility. Both the patient and the provider must agree to rerouting if the service is unavailable at the facility where the provider was originally sent.

5.2.7.1   HHC Facility

If the patient is being sent to an HHC facility, you must select the facility. The facility listing is limited to the hospital's logical network relationship.

Select the Service Group, Service Area, and Service or Procedure. There may also be an available Type or Specification and Specifics or View. In general, consultations stop at the Service or Procedure level.

5.2.7.2   CPP or FSF (Bidirectional or Bypassing HHC)

Please refer to section 5.4

5.2.8 Prerequisites

If any prerequisites are required, they will appear in the Required Prerequisites for Service or Procedure block. The provider (or referral office user creating the referral on behalf of the provider) must check the Acknowledged box and may add comments. Prerequisites are triggered by the actual services or procedures selected.

5.2.9 Supporting Documentation

You may attach up to six documents. Use the *Browse* button to find your documents. Once uploaded, documents can be removed when you return to edit mode.

5.2.10 Appointment Preferences
You may indicate any appointment preferences such as the month and year, day of the week, period of day, and add any relevant notes concerning appointment time. This section is optional.

5.2.11 Notes
Use this block to indicate any other notes, medical alerts, or other information necessary to assist the referral office in approving and/or scheduling this referral.

You can now save the referral. Follow the instructions provided in Section 5.3.

5.3   COMPLETING AND SUBMITTING THE REFERRAL

Click the *Post Referral>>* button. You will receive a warning message if any required information is missing. Otherwise, the referral status will change from *New* to *Intake Create*.

After reviewing the referral and making any corrections, click the *Submit Referral>>* button. The status will change to **Intake Queue**, meaning the referral has been transmitted to the facility's Intake Office for review.

Status	Trigger Point and Definition
New	You are creating a new referral but have not yet saved.
Intake Create	The person creating the referral on behalf of the provider has saved a new referral but has not yet submitted it for review. The referral can still be canceled or edited prior to submitting for intake review.
Intake Review	The referral has now been sent to the Intake Office for review and, if accepted, scheduling or re-routing.
Intake Queue	An Intake user has reviewed the referral and has agreed to process (i.e., schedule or reroute) it. **For details and other statuses, read Chapter 6.**

➲ **Note:**   *Why can't I compare data with UNITY now?*
Another good question, but remember, you had the opportunity to create the patient profile with some data from UNITY. You will also have the opportunity to compare the referral information with UNITY at the time you *process* the referral.

Also, when you are creating a referral, you are acting on behalf of a provider's office, and the provider does not have access to UNITY data.

5.4 CPP OR FSF (Bidirectional or Bypassing HHC) REFERRALS

Not all providers have the ability to send referrals directly to other community providers. Likewise, not all providers can receive a referral directly from another provider or even from the facility.

If you are creating a referral at a facility on behalf of a provider, you can send the referral out to any provider in the CHN network who has the ability to receive an incoming referral. To route a referral to a community provider, whether at a CPP or FSF, take the following steps:

1. In the Consultant Type block, change the "Referring To" dropdown selection to CPP or FSF.

    The Provider Search window will pop-up. You can filter by specialty and/or insurance, otherwise leave the specialty dropdown box and/or insurance listbox blank. Only those providers who have permission to receive referrals will be listed.
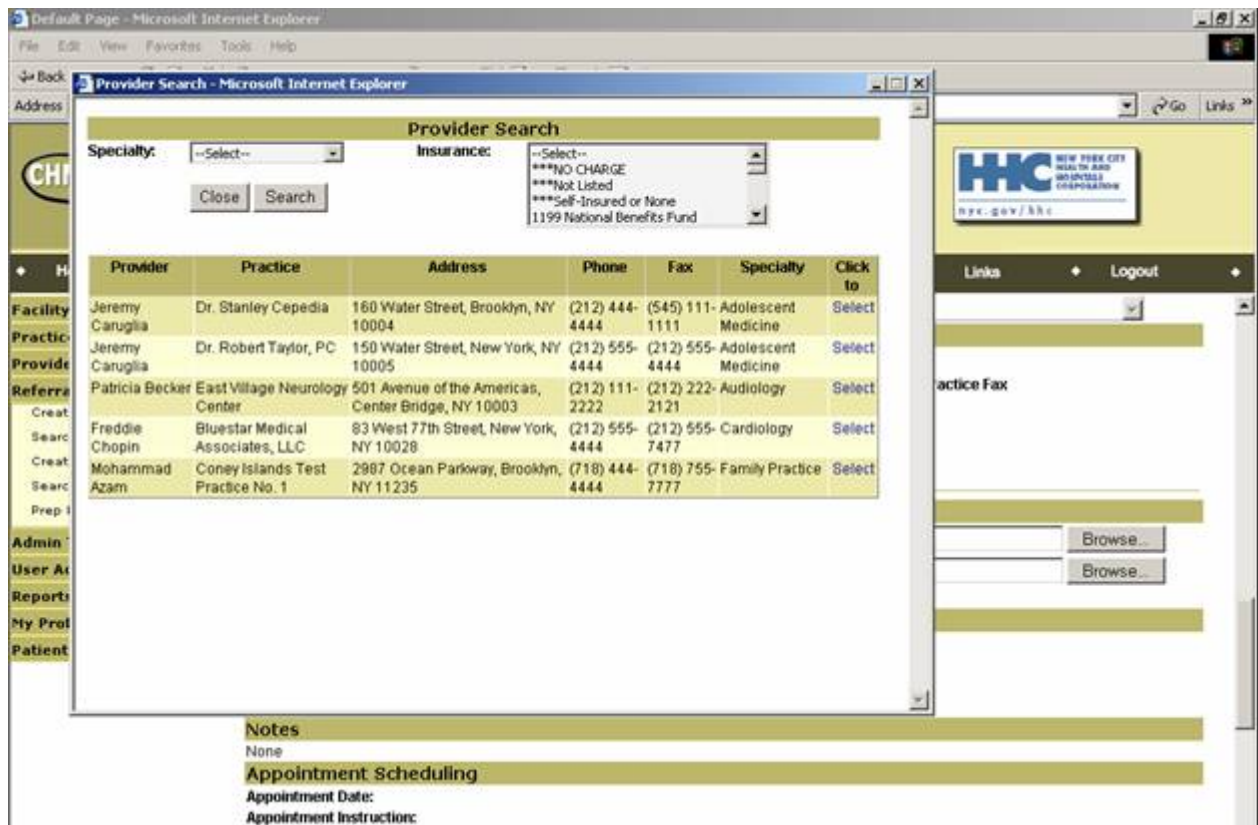
2. Select the provider. The window will close.

3. Save the referral to trigger the status change.

4. You can monitor the progress of the referral, receive the results, and close

out the referral.

The outside provider, however, can send limited appointment notices and did not keep appointment notices through CHN Advantage. You will be able to monitor the referral progress and view the results, which the originating referring provider can also view.

5.5 REFERRAL TYPES

Notice at the top of the referral form that there is a code for the referral type. The code, which may change depending upon how the referral is routed, tells you what kind of referral is being made, specifically:

N1 (Normal, Type 1), means that the referral is created by an external referral and sent to an HHC facility. All referrals begin as N1 until the first save action, which may change the type.

N2 (Normal, Type 2), means that upon submission, it is determined that a referral was created by a facility on behalf of a provider

R1 (Rerouted, Type 1), means that the referral was routed by the intake office to another facility within the receiving facility's logical network. Note, however, that the same intake staff member can access the referral because a peer relation exists.

R2 (Rerouted, Type 2), means that the referral was routed to another facility outside the receiving facility's logical network.

B1A (Bidirectional, Type 1A), means that the referral was routed from an HHC facility to a CPP.

B1B (Bidirectional, Type 1B), means that the referral was routed from an HHC facility to a FSF.

B2A (Bidirectional, Type 2A), means that the referral was routed directly from an outside provider to another CPP.

B1B (Bidirectional, Type 2B), means that the referral was routed directly from an outside provider to a FSF.

Chapter 6

REFERRAL PROCESSING

6.0 INTRODUCTION

Referral processing staff should check the referral queue throughout the day. There are two ways to search referrals: **Referral Management→Search Referrals** and **Referral Management→Bird's Eye View.**

The first method will immediately present those referrals that you have routed to external sources, where applicable.

You can refine the search by selecting the practice, practice, and or specific patient criteria. Otherwise, just click the *Search* button to display all:

Practice:	--Select--			Bird's Eye View
Provider:	--Select--			Closed Referrals
Patient Last Name:		Patient First Name:		MI:
Patient DOB (mm/dd/yyyy):			Search	Clear

Intake Create

Intake Queue

Select	Patient	DOB	Provider	Practice	Fac.	Created	Updated
☐	Bathory, John	10/11/1968	Tom Stein	Dracul Hematology L.L.P.	CIH	Erin Moss 10/26/2007 10:58:59 AM	Erin Moss 10/26/2007 11:07:16 AM
☐	Johnson, Doreen	03/12/2005	Mohammad Azam	Family Medical Care	CIH	Erin Moss 9/18/2007 10:42:26 AM	Erin Moss 9/18/2007 10:42:49 AM
☐	Johny, Doe	10/12/1977	Tom Smith	Family Medical Care	CIH	Tom Smith 9/19/2007 11:41:35 AM	Tom Smith 9/19/2007 11:42:52 AM
☐	Johny, Doe	10/12/1977	Tom Smith	Family Medical Care	CIH	Tom Smith 9/19/2007 11:54:26 AM	Tom Smith 9/19/2007 11:54:33 AM
☐	Johny, Doe	10/12/1977	Tom Smith	Family Medical Care	CIH	Lewis Baratz 9/19/2007 10:50:46 PM	Lewis Baratz 9/19/2007 10:50:59 PM
☐	Jones, Dana	11/11/1987	Bob Carol	FourPlay, Inc	CIH	Bob Carol 11/7/2007 8:58:45 AM	Bob Carol 11/7/2007 8:58:50 AM

Take Ownership

Intake Review

Click to	Patient	DOB	Provider	Practice	Fac.	Status	Owned By	Created
	Bathory, John	10/11/1968	Tom Stein	Dracul Hematology L.L.P.	CIH	Routed to External Provider (B1A)		Erin Moss 11/2/2007 3:01:29 PM
EDIT	Denison, Fannie	08/16/1982	Mayland Killada	Family Medical Care	CIH	Intake Review	Erin Moss 10/3/2007 5:30:02 PM	Erin Moss 9/11/2007 10:56:36 AM
	Glass, Fred	11/12/1945	Vlad Wittenstein	Coney Islands Test	CIH	Routed to External	Erin Moss	Erin Moss

For this search screen, you can also view closed referrals and see the Bird's Eye View. The Bird's Eye View shows new referrals that require attention, not referrals that need to be updated.

o The Bird's Eye View link from the main search screen will open as a pop-up. From there, any referral you select will appear in the main screen, and the Bird's Eye View page will minimize to the bottom of your browser. To maximize it again, click on the Bird's Eye View browser icon at the very bottom of your computer screen.

o The Bird's Eye View does not automatically refresh. To update data to see any new incoming referrals or any status changes, click the refresh button.

o The other method is to click the left menu Bird's Eye View link, which will open the Bird's Eye View page in the main screen instead of as a pop-up.

The main referral form states that you need to be concerned with are:

Referral State	Description
Intake Create	The Referral Office is in the process of creating a referral on behalf of a provider and has not yet clicked *Submit Referral*.
Intake Queue	The Referral Office has received a referral created by a provider or on behalf of the provider.
Intake Review	A Referral Office staff member has performed an initial review of the referral and has taken ownership of it. Ownership means the referral has been approved for a more detailed review, which can result in scheduling an appointment, returning the referral to the provider, or routing the referral to a clinical services area or even outside the facility.
CSA Review	Referrals that have been sent by the Referral Office to the Clinical Service Area for review or scheduling.
Scheduled or Rescheduled Appointments	The status column in this block indicates who scheduled the apartment, and the last column shows days until the appointment or days past since the scheduled appointment was to have occurred (as negative integers, in red).
Closed or Canceled Referrals	This are referrals that have been canceled or closed, to the extent that results received has been confirmed.

➲ **Note:** Even though a referral needs an "owner," any authorized referral staff member can work on the referral.

6.1   REVIEWING A REFERRAL—FROM I*NTAKE QUEUE* TO *INTAKE REVIEW*

For referrals in the **Intake Create**, the reviewer can click the patient's name, scroll to the bottom and print the referral, access edit mode, permanently cancel the referral, or submit the referral for **Intake Review**. You can also click on the *Edit* link, which directly accesses edit mode. After saving, you can print, permanently cancel the referral, or submit for review.

The *Submit Referral* button might seem redundant but it is needed because different users have access to different screens so this accommodates all authorized parties to move the referral from **Intake Create** to the **Intake Queue** to ensure that the workflow cycle exactly parallels the processes followed by community providers who do not have any review capabilities.

In this regard, the process of reviewing and scheduling referrals actually begins in the **Intake Queue** section.

Steps

1.   Review the **Intake Queue** referrals. Click on the patient name to view or simply click the *Select* checkbox to bypass an initial review. Click the *Take Ownership* button for the referral or referrals you wish to be responsible for. This moves the referral(s) from the **Intake Queue** to **Intake Review** and stamps you as "owner" of the referral.

2.   Once the referral is in the **Intake Review**, you can click the patient name to review and then compose a referral letter or "edit" the referral. "Edit referral," in this context, means posting internal notes or taking a referral action such as returning the referral to the provider for additional information, routing to a clinical service area (CSA) if required by the type of referral, overriding CSA review if permitted by the type of referral, or scheduling the referral.

Alternatively, you can click *EDIT* in the left column of the **Intake Review** grid and perform these tasks without first reviewing the details.

6.2   PROCESSING THE INTAKE QUEUE
This section discusses changing referral specifications, routing, and scheduling.

6.2.1   Comparing Referral Data with UNITY
If you wish to compare referral data with the UNITY system:

1.   Select the comparison parameters:

   o   LN =   Patient Last Name
   o   FN =   Patient First Name
   o   DOB =   Patient Date of Birth
   o   PMRN =   Patient's Primary Medical Record Number for the
                facility of facilities associated with the provider and
                the user making the request.

   ***Do not search for patients only by first name as this will most
   likely return too many results and be blocked by the system.***

2.   Click the *Look Up UNITY Data* link. This will open the UNITY
      integration pop-up window. If the UNITY system interface is
      available and if your patient is found, you will see the patient's
      information on in the pop-up window.

3. If you identify your patient in the *UNITY* list, you can click the checkbox in the rightmost column, or click the **+** sign in the left column to view details, confirm this is your patient, and then click the checkbox on the right.

4. Click the View Details button at the bottom. This opens a split screen that shows CHN Advantage on the left and UNITY fields on the right.

5. If you want to import UNITY data, click those fields you wish to import (or "Check to Select all Data Points" to copy all, and click the *Copy Selected Data* button at the bottom of the right-hand (*UNITY*) side of the screen.

6. Click the Update CHN Advantage Patient Profile button.

7. You will get a confirmation message and a link to return to CHN Advantage. Click that link.

Any data you import from UNITY, with the exception of the MRN, will post in CHN Advantage to the Referral-Specific Information section of the referral form.

6.2.2 Final Review Before Processing

Irrespective of any comparison with UNITY, you can only edit selected sections of the referral form. This is because the referral form is bringing in information from the patient profile, which belongs to the provider.

However, you can::

1. Type in a referral-specific address and phone number for the patient.

2. Edit the languages spoke and select a preferred language for pre notices.

3. Edit insurance information. Check the radio button if the insurance has been verified or not.

4. Change the consultation type, including where the referral is being sent. You will be able to see any insurance alerts presented to the party who created the referral. The insurance warning will remain on the referral unless an insurance or other payment accepted by the facility is selected. Note that insurance warnings are in this block, not the insurance block, because they relate directly to the facility chosen in this section.

➲ **Note:** You cannot change the referral transmission method. This was filled in at the time the referral was created and alerts you of the method by which the referral was created.

5. Verify the patient's MRN (You may have been able to do this through the link to UNITY if the patient already exists in UNITY). If you need to change or add MRNs, you must do this through the patient profile form.

6. Change patient and provider agreement to an alternate site, if permitted by facility policy.

7. Add additional supporting documentation.

6.2.3 Reviewer Action

You may enter a Medical Clearance Deadline date. You will also need to enter a Clearance Received Date. It is important to enter a clearance date to remove the referral from the outstanding clearances report.

Select a Referral Action. For all referrals, you can:

- o Cancel the referral (requires a reason from the Details dropdown).
- o Return to the provider (requires a reason from the Details dropdown).
- o Schedule the provider.

However, certain referrals require the review or scheduling of the Clinical Services Area (CSA). These referrals, as configured by the facility system administrator, have additional choices:

- o CSA Review
- o Override CSA Approval and Scheduled

6.2.4 Straightforward Scheduling

1. If the referral does not require CSA review, select Scheduled.

2. Enter the appointment date and time and any instructions.

3. Leave the Disposition block blank until such time that you need to enter this information.

4. Click *Save*. This refreshes the form in view mode. You can continue to edit by clicking *Work on Referral*. You can also send out a letter by fax or print. See Section 6.3, Referral Letters.

6.2.5 Rescheduling an Appointment

1. To reschedule an appointment, access the referral in edit move and select *Rescheduled* from the Referral Action dropdown box.

2. You may enter a comment in the Referral Action Comments Box.

3. Enter the new date and time in the Appointment Scheduling block. Click *Save*. The referral status will refresh to *Rescheduled*.

6.2.6 CSA Review

If the referral service area requires CSA review, you must either route the referral to the CSA or override the need for CSA review.

To route to CSA, select CSA Review from the Referral Action dropdown box and save.

The assigned CSA user(s) must login to the system and edit or view and

click *Work on Referral*.

The CSA user can then:

- o Return to Provider (if submitted electronically)
- o Return to Intake
- o Schedule the Appointment
- o Approve for Intake Scheduling

If CSA schedules the appointment, if is CSA's responsibility to submit the appropriate letters to the provider and patient, request charts, and alert patient registration, if required by the facility.

The CSA will be responsible for adding the disposition and closing out the referral. Intake, however, can monitor the workflow.

If CSA approves the appointment for Intake scheduling, it will be Intake's responsibility to carry out the notification and chart requests. The referral will be returned to the Intake queue for scheduling action. Intake will also be responsible for closing out the referral.

6.2.7 Overriding CSA Review

Intake can select Override CSA Approval and Schedule to present the referral from being routed to the CSA. This triggers the scheduling block to appear and updates the referral status upon saving.

6.3 REFERRAL LETTERS

Referral letters are letters that are assembled in CHN Advantage and can be stored in the system, faxed, or print-out and mailed. In CHN Advantage v. 2.0, letters cannot be emailed directly to the recipient

Each facility can draw from a set of template letters that come pre-loaded in the system. However, facilities can customize the letters as needed. The letterhead of each letter will be the letterhead of the facility to which the patient was referred. In cases where letters are created by participating community providers, their name and return address will be posted instead of a facility letterhead.

It is important that Facility Administrators read Appendix II, Section 8, to learn how to configure and customize letters for their facility.

The currently available letters comprise five categories. Some facilities may also create letters in languages other than English. Currently, only Western characters are available, although non-Western text can be used if attached as an image file to a letter.

1. *Letters sent by the Facility to Providers:*

Form ID	Title	Sent By	To	Purpose
Prov-01	Did Not Keep Appointment (No Show)	Facility	Provider	Notifies provider that patient did not keep appointment at facility. This is the result of referral office research and confirmation that patient did not show (charts and Misys).
Prov-02	Appointment Notice to Provider (Appt. Notice)	Facility	Provider	Notifies provider of patient's appointment and what to bring.
Prov-03	Medical Report	Facility	Provider	Post-consultation notice of recommended follow-up action.
Prov-04	Pediatric Medical Clearance Request for Ambulatory Surgery	Facility	Provider	Notifies provider that a pediatric patient requires a surgical procedure and requests medical clearance.
Prov-05	Pediatric Medical Clearance Request for Ambulatory Surgery Rescheduling	Facility	Provider	Notifies provider that a pediatric patient requires a surgical procedure and request medical clearance for a rescheduled procedure.
Prov-06	Non-Pediatric Medical Clearance Request for Ambulatory Surgery	Facility	Provider	Notifies provider that a non-pediatric patient requires a surgical procedure which requires medical clearance.
Prov-07	Non-Pediatric Medical Clearance Request for Ambulatory Surgery	Facility	Provider	Notifies provider that a pediatric patient requires a surgical procedure and request medical clearance for a rescheduled

Form ID	Title	Sent By	To	Purpose
	Rescheduling			procedure.
Prov-08	Appointment Did Not Materialize	Facility	Provider	Notifies provider that an appointment did not materialize, for reasons other than No Show.
Prov-09	Managed Care Referral Request	Facility	Provider	Issued when insurance requires authorization from the PCP in order to send the patient to another service/consult area. For example, the patient has a urological consultation at an HHC facility and the urologist recommends a consultation with a cardiologist, so a new referral is required.

2. Letters sent by the Provider or Facility to the Patient or Patient's Guardian:

Form ID	Title	Sent By	To	Purpose
Patient-01	Request for Appointment (*Temporary Appointment Notice)*	Provider	Patient	Heads up alert that an appointment has been requested and will most likely be scheduled at an HHC facility.
Patient-02	Appointment Notice to Patient.	Facility	Patient	Notifies patient of appointment and what to bring.
Patient-03	Doctors Note or School Letter	Facility	Patient	This letter serves as proof that the patient was at the hospital facility ("sick day").
Patient-04	Ambulatory Surgery Appointment Notice	Facility	Patient	Confirm surgical appointment and basic information
Patient-05	Pediatric Ambulatory Surgery Appointment Notice	Facility	Patient's Guardian	Confirm surgical appointment and basic information
Patient-06	GI Appointment Notice For Procedure	Facility	Patient	Special instructions for GI, where authorized

3. Letters sent by the Facility to the Patient for OBS:

Form ID	Title	Sent By	To	Purpose
OB-01	Obstetrics Welcome Letter	Facility	Patient	Welcome new patient.
OB-02	Birthing Letter	Facility	Patient	OB Patient follow-up 1
OB-03	LD Tour Letter	Facility	Patient	OB Patient follow-up 2.

4. Letters sent by the Facility to an Internal Service Unit or Clinical Service Area:

Form ID	Title	Sent By	To	Purpose
Internal-01	Request for Service Approval	Facility	CSA	Intake office sends to internal consultant specialty area for review prior to making appointment. *(NOTE: This letter may be removed during implementation as the functionality is handled directly by CHN Advantage.)*
Internal-02*	Registration Alert* (Reg Form)	Facility	Ambulatory Patient Registration Office	Advises the registration desk to expect the patient.
Internal-03*	Chart Letter*	Facility – Intake office	CSA	Alerts the service area so that CHN Advantage can pick up the chart and get the report back to the referring provider

These services are handled through a streamlined query, coming soon.

5. Letters sent by an External (Referred to) Provider to the Initiating Provider or from the Facility to the Initiating Provider and/or Patient Concerning a Rerouted Referral:

Form ID	Title	Sent By	To	Purpose
External-01	Appointment Notice To Patient From Facility	Facility	Patient	Used when the facility has rerouted the patient to an outside provider.
External-02	Appointment Notice to Patient From Outside Provider	Outside Provider	Patient	Used when the facility has rerouted the patient to an outside provider.
External-03	Appointment Notice to Provider From Administrator	Facility	Provider	Used when the facility has rerouted the patient to an outside provider.
External-04	Appointment Notice to Provider From Outside Provider	Outside Provider	Provider	Used when the facility has rerouted the patient to an outside provider.
External-05	Medical Report From Facility to Provider	Facility	Referring Provider	Used when the facility has rerouted the patient to an outside provider.
External-06	Medical Report From Outside Provider to	Outside Provider	Referring Provider	Used when the facility has rerouted the patient to an

	Provider			outside provider.
External-07	Did Not Keep Appointment From Administrator to Provider	Facility	Referring Provider	Used when the facility has rerouted the patient to an outside provider.
External-08	Did Not Keep Appointment From Outside Provider to Provider	Outside Provider	Referring Provider	Used when the facility has rerouted the patient to an outside provider.

6.3.1 Dynamic Letters

Four of the CHNAdvantage v. 2.0 referral letters are built with dynamic logic that present the letters only if the Consultation Type or Clinical Services area is Gastroenterology or Labor and Delivery; three of these are geared toward expectant parents, the remaining letter for GI patients All other letters are available directly from the patient referral.

6.3.2 Issuing a Referral Letter

"Referral Letter" refers to any of the letters related to the referral lifecycle, from appointment notice to did not keep appointment notice to results letter to the "doctor's note" a patient might need for school or work.

From the View Referral mode, you will see the list of referral letters at the bottom of the form. From there you can select the appropriate letter and click Compose Letter. Letters to providers can be faxed or printed. Letters to should always be printed and sent to the patient, or faxed to the provider to give to the patient. Letters cannot be emailed to patients and providers or faxed to patients.

6.4 REROUTING A REFERRAL TO ANOTHER CORPORATION FACILITY

If while reviewing a referral you opt to re-direct the referral to another Corporation facility, and IF the provider and patient rerouting agreement radio buttons are both checked YES, take the following steps:

1. Go to edit mode by clicking the *Edit* link from the referral list or clicking *Work on Referral* from view mode.

2. In the Consultant Type block, change the HHC Facility.

3. Change the Service/Procedure and other referral details. You do not need to take a Referral Action. Click *Save*.

Note that you can view the referral from the referral list but will no longer be able to take action on the referral.

6.4.1 Monitoring Status

You can continue to monitor the status of the referral routed to another Corporation facility but you cannot edit it once it is ceded.

The other facility can:
- o Return the referral back to you (sending facility).
- o Schedule the appointment.

 Note: In CHN Advantage v. 2.0 the receiving facility cannot further route the referral to CSA or to another provider. It can only be acted on by the receiving facility's Intake office. This ensures that you, as sending facility, has a central point of contact to track the referral.

6.5 HANDLING REFERRALS ROUTED BY ANOTHER CORPORATION FACILITY

As indicated in Section 6.4.1, if you receive a referral from another facility not in your logical network, you can only either schedule the appointment or return the referral to the sending facility. You must conduct any scheduling or review issues with the SCA off-line, to ensure that the sending facility always maintains you (Intake) as the central point of contact.

You must update the referral with the correct status indicator. You can indicate if the consultation was fulfilled (and select if successfully completed), not fulfilled (and select the reason why), or reschedule.

➲ **Note:** You do not search for referrals sent to you from a facility outside your logical network the same way you search for referrals created by providers within your network. This is because the search by name and/or practice and provider presents only those patients, practices, and providers directly affiliated with your facility.

As soon as you click Left **Menu→Referral Management→Search Referrals**, any referrals routed to you awaiting action will be presented.

CHN Advantage v. 2.0 the receiving facility cannot further route the referral to CSA or to another provider. It can only be acted on by the receiving facility's Intake office. This ensures that you, as sending facility, has a central point contract to track the referral.

6.6   REROUTING A REFERRAL OUTSIDE THE CORPORATION

Please also review Section 5.4; the actions taken in rerouting a referral outside the Corporation are nearly identical to the actions you take when creating a referral for the express purpose of sending outside the referral.

If while reviewing a referral you opt to re-direct the referral out the Corporation, and IF the provider and patient agree to rerouting radio buttons are both checked YES, take the following steps:

1.   Go to Edit mode by clicking the *Edit* link from the referral list or clicking *Work on Referral* from view mode.

2.   In the Consultant Type block, change the "Referring To" dropdown selection to CPP or FSF.

        The Provider Search window will pop-up.   You can filter by specialty and/or insurance, otherwise leave the specialty dropdown box and insurance listbox at Select or blank.

        Only those providers who have permission to receive referrals will be listed.

3.   Select the provider. The window will close.

4.   Save the referral to trigger the status change.

5.   You can monitor the progress of the referral, receive the results, and close out the referral.

      The outside provider, however, can send limited appointment notices and did not keep appointment notices through CHN Advantage.

6.7 INACTIVATION ACTIONS AND REFERRALS IN THE PIPELINE

If the provider withdraws from the CHN Advantage program or is otherwise unavailable to receive results, the facility must initiate a pipeline handling process.

CHN Advantage provides boxes for referral office staff to indicate the instructions of the medical director or delegate and the actions taken for cases where the provider has been deactivated but has outstanding referrals in the pipeline.

6.8 RECAP

1. You can process "N1" and "N2" referrals and also route that referral internally through CHN Advantage to CSA, where applicable.

2. You can cede ownership of a referral to a corporation facility outside your logical network.

3. You can send a referral to a CPP or FSF can continue to monitor the status of that referral. You must take a close action on the referral.

4. CPP and FSF have limited letter capability to send referral letters to patients and the referring provider.

PART II. THE MANAGED RECRUITMENT PROCESS

Chapter 7

THE PROVIDER RELATIONS NETWORK DEVELOPMENT MODULE (PRND)

7.0 INTRODUCTION

The PRND module supports the relationship building process and is meant for business development personnel involved in community provider relations outreach. Entering a provider in this module is generally initiated by a recruiter who actively seeks out providers who may be interested in establishing a business relationship with the facility. These providers are considered prospects until they are enrolled in CHN Advantage.

"Enrolled" and "Enrollment" mean, in the context of the CHN Advantage software, that the provider's profile has been upgraded from *Prospect* to *Active* and transferred to the Provider Management module for continued maintenance. Once the provider's profile is upgraded to *Active,* no additional contact information or scheduled activities can be added to the provider's record.

The process can also be initiated by the Referral Office whenever a referral arrives by fax or walk-in from a provider who is not in an existing relationship with the facility. The system provides a means for the Referral Office to enter the limited provider contact information found on the referral form and transmit it to the Provider Relations department. These "unknown providers" are considered candidates until a recruiter contacts him/her and determines that the provider is interested in establishing a more formal business relationship with the facility.

Providers entered and enrolled in CHN Advantage can become eligible for system access, allowing them or their office staff to create and send referrals through a secure Internet channel, receive appointment notices and statuses, and receive back results, where applicable.

Available Functions

The Provider Relations module is comprised of the following functions:

- o View Candidate List.
- o Add a New Prospect.
- o Search Prospects.
- o Inactivate a Prospect.
- o CHN Category Search.
- o Activity Summary.
- o Recruiter Activity.
- o Letter Management.
- o Print Letters/Labels.
- o Unlock a Candidate.

You will have access to one or more of these functions, depending on your user group. Some users will not have any links to the Provider Relations module, whereas others will be able to access some or all functions. You will learn about each of the following key points:

1. Creating a prospect from the candidate list.
2. Unlocking a candidate.
3. Creating a new prospect from scratch.
4. Adding initial contact information.
5. Adding follow-up activities.
6. Adding additional data.
7. Sending out "Walk-In," "Walk-In Follow-Ups," "Introduction," and "Enrollment Welcome" Letters.
8. Requesting and adding an SMS Doctor Master Number.
9. Enrolling a provider.
10. Queries.
11. Managing PRND letters.
12. Printing letters and labels.

7.1 CREATING A PROSPECT FROM THE CANDIDATE LIST

Users: Provider Relations

Purpose: The candidate list is initiated by the Referral Office when a referral arrives from a provider who is not in CHN Advantage (or at least not in the facility's instance of CHN Advantage). Providers on the candidate list can be escalated to prospects or deleted from the list at the discretion of the Provider Relations department.

How to Access: **Left Menu→Provider Relations→View Candidate List**

➲ Note: Adding a provider to the candidate list was detailed in Section 3.6. This section continues that workflow.

Steps

1.   After opening the candidate list, select a provider to work on. You can sort by candidate name, facility, provider type, provider subtype, listed practice (where applicable), reason, the Provider Relations staff member who created the record, date created, or who locked the record. To sort, click on the specific column heading.

      ➲Note: You cannot edit a record that is locked by another Provider Relations staff member. Only an authorized user can unlock the file (See Section 7.1.1 Unlocking a Candidate).

2.   Click on the provider you wish to work on to view the basic information entered by the Referral Office. You can print the record and may be able to send the provider a "Walk-In Letter," delete the record from the candidate list, or create a prospect profile for this provider. Letters are available only if the practice was listed. If the practice was not listed by the Referral Office, you cannot create a Walk-In Letter until the provider is assigned a practice by PRND.

      ➲Note: If a user has already faxed a walk-in letter to the provider, the grid below will show the user name and date/time that the letter was faxed. You can re-fax or print out and manually fax/mail the letter to the provider.

View Candidate

Provider Type	Provider Subtype	Degree	Title
Non-HHC	Physician	MD	Dr.

Candidate Name | **Suffix** | **Gender**
John Depson | | Male

NY State License | **NPI** |

Phone No. | **Provider Panic Value No.** | **Practice**
(212) 555-4444 ext.: 45654 | | Practice Listed

Practice Name | **Address**
Dr. Stanley Cepedia | 160 Water Street, 109
| Brooklyn, NY 10004-4444

Phone | **Practice Emergency No.** | **Fax**
(212) 444-4444 | (212) 436-4576 | (545) 111-1111

Reason for Including: | Faxed Referral
Note to Provider Relations: | I sent a walk-in letter. please test.

Letter	Type	Sent By	Date Sent
Walk-In Letter	Fax	Lewis Baratz	7/17/2007 3:48:22 PM

Candidate was created by Lewis Baratz on 7/17/2007 3:48:14 PM

Cancel | Print | Walk-In Letter | Delete | Create Prospect

3. If the practice was not entered by the Referral Office, you may select the practice from the dropdown box.

Provider Type	Provider Subtype	Degree	Title
Non-HHC	Physician	MD	Dr.

Candidate Name | **Suffix** | **Gender**
John Tuller | | Male

NY State License | **NPI**
60-445555 |

Phone No. | **Provider Panic Value No.** | **Practice**
(212) 222-2222 | | Practice Not Listed

Practice Name | **Address**

Phone | **Practice Emergency No.** | **Fax**

Reason for Including: | Patient Walk-In
Note to Provider Relations: | Not listed practice. Testing

Candidate was created by Lewis Baratz on 7/17/2007 3:53:29 PM

Cancel | Print | Delete

Note: Please check if the practice exists in the list before proceeding to upgrade candidate to prospect. If the practice does not exist, you must exit this function and first create the practice before proceeding. To create a new practice, CLICK HERE. To copy a practice from external facilities, CLICK HERE.

Primary Practice: --Select--

⮩Note: If the primary practice is not found in the dropdown box, you must click on the *Create Practice* link. You will also be able to check if a facility outside your network has entered the practice and copy that entry. You will be prompted to enter the practice name or taxpayer identification number, and if the practice is not found, you can enter it by following the instructions in Chapter 2.

If you are in the process of back-filling a new practice to accommodate the provider, after entering and confirming the practice information, use the left menu bar to return to the candidate list, select your provider again, select the newly entered practice, and click *Add a New Prospect*. The process for entering prospect data is the same for those provider records initiated in the Referral Office as Candidates and for those providers entered "from scratch" entirely by the Provider Relations office. Please skip to Section 7.2.

4. Click the *Create Prospect* button to upgrade the candidate to prospect. You will receive a confirmation message asking if you wish to lock the Candidate. This means that only you can edit the candidate until the candidate is enrolled.

5. Click *OK* to accept locking the candidate to your name.

7.1.1 Unlocking a Candidate
- o If you locked a candidate to work on, you can also unlock the candidate to allow others to work on the profile.

- o If you access a candidate from the candidate list and do not have the ability to unlock the candidate, you must refer the case to a manager or the system administrator.

Managers and systems administrators will have a link called **Left Menu→Provider Relations→Unlock a Candidate**. To use this function:

Steps
1 Click the link. A grid will appear with all the locked candidates within the logical network.

2. Click the *UNLOCK* link in the Action column of the grid. Click *OK* when you receive the confirmation message.

3. Click *OK* for the second confirmation message. The candidate is now available for others to work on.

7.2   CREATING AN ENTIRELY NEW PROSPECT

Users: Provider Relations

Purpose: Create a new prospect without the assistance of a candidate lead from the Referral Office. The recruiter might have actively recruited the provider, or the provider might even have contacted the facility to express his or her interest in becoming a CHN Advantage system user.

How to Access: **Left Menu→Provider Relations→Add a New Prospect**

Note that you must first search and confirm that the prospect does not exist in CHN Advantage.

Steps
1.   Enter the provider's last name; you can also enter only the first few characters of the last name. You can also search by NY State license number or NPI, but these items might not have been entered in the system yet, so the last name is the safest search criterion.

2.   If you know that the provider is not a physician, you can change the Subtype dropdown box to the correct type or to "Select," which includes all types.

3.   Click *Search*.

4.   If the provider is not in the facility or network database, you will receive the following message:

       There are no possible matches found. Please CLICK HERE to add a new prospect.

       Otherwise, you will get a list of possible matches and still be able to click to add new.

6.   *CLICK HERE* will open the **Add a New Prospect** form.

7.   Proceed to entering prospect data as described in Section 7.3.

7.3 ENTERING PROSPECT BASIC DATA

Users: Provider Relations

Purpose: Creating a prospect file to ensure that the provider is in CHN Advantage.

How to access: After completing Section 7.2, Step 7 or after locking a prospect.

Steps

1.   Notice the status indicator at the top of the form. At this point in the process, the prospect will be *NEW*. You can also review the reason the provider was included on the candidate list and any notes created by the Referral Office, where applicable.

2.   Select the recruiter from the dropdown box. You may select yourself or any other registered PRND user.

        ➲Note: The system does not default to your name because you might be entering a prospect on behalf of another person. Therefore, you must always select the recruiter.

3.   Select the initiation type (the reason why the candidate is being entered in CHN Advantage).

4.   Select the facility or facilities in which the provider is interested in establishing a relationship. Only those facilities that you can access are included. Hold down the Control-key and click the mouse to select multiple facilities.

5.   Select the provider type (the default is Non-HHC), and select the provider subtype (the default is Physician). Select the provider's degree and title. If the provider's primary practice is <u>not</u> an HHC facility and if the provider is a physician, you do not have to do anything to accept the defaults, otherwise, you may select the most appropriate item(s).

6.   Verify the provider's first name, middle initial and last name. You may select an optional name suffix. The gender is required.

7.   Verify the provider's phone number.

8.   You have the option to enter the provider's panic values phone number, email address, NY State license, NPI, Medicaid ID, Medicare ID, and Worker's Compensation No. Many of these fields will be required to enroll the provider in the CHN Advantage program, but at this stage of the process, you may leave these fields blank and enter them at a later time.

⮎Note: It is assumed that you will have a conversation or meeting with the provider to obtain this information during the prospect stage.

9. Select the CHN Category from the dropdown box. The CHN Category does not have a direct effect on the provider obtaining system access or having his/her referrals processed through CHN Advantage. The CHN Category is used only as an alert to Provider Relations and Referral Processing personnel of the business relationship the provider maintains or wishes to maintain with the facility.

10. Select the provider's specialty and subspecialty, where applicable.

11. You may change the provider's primary practice, if needed.

12. Select the provider's relationship interest(s) by clicking the appropriate checkbox or checkboxes.

13. You may enter a general status or comment in the text area if you wish.

14. You may enter initial contact details and follow-ups, as needed. These are detailed in Sections 7.3.1 and 7.3.2. Read these sections before proceeding to Step 15.

15. When finished, click *Save Prospect.*

⮎Note: If you omitted any required fields, such as the Recruiter or Initiation Type, an error message will appear at the bottom of the form when you attempt to save the prospect.

7.3.1 Initial Contact Details
There can only be one initial contact detail, specifically, the method by which you contacted the provider for the first time and the general outcome: the provider is either interested, not interested, or has been sanctioned.

You must add the initial contact date and time to ensure accuracy in the recruitment activity summary report.

Steps
1. Select the contact type from the dropdown box. Your choices are limited to the four items in the dropdown box.

2. Enter the date (mm/dd/yyyy) or use the calendar control to select

the date. The date must be today's date or before because the initial contract is considered as a "past" activity.

3.   Select the outcome, and add notes where applicable.

7.3.2. Follow-Up Details

Follow-up details involve a few more steps because they can consist of many items and they are all future activities. Furthermore, a future activity becomes a current activity when it reaches its scheduled date, and a current activity becomes a past activity once the scheduled date passes.

Follow-up details are entirely optional. They are there for the convenience of the Provider Relations staff to list their activities. However, once you list an activity, be aware that management can also see this activity and monitor activities that are not brought to resolution.

Steps
1.   Select the follow-up type from the dropdown box. Your choices are limited to the four items in the dropdown box.

2.   Enter the reminder date (mm/dd/yyyy) or use the calendar control to select the date. The date must be today's date or after because follow-up activities are considered as "future" activities. If you enter a date that has passed, you will get an error message when you attempt to save the prospect.

You can always come back to the follow-up details section by accessing the prospect in edit mode. You access edit mode by going to **Left Menu→Provider Relations→Prospects**, and entering the name of the provider or filtering by the recruiter in the search screen. Once the system returns the provider, click on the *Edit* link. The follow-up details grid will always be at the bottom of the Basic Profile page:

Initial Contact Details

Contact Type	Date			Outcome		Notes
--Select--				--Select--		

Follow-Up Details   **Add/Edit/View Details**

Type	Date	Notes	Done	Outcome	Comments	Created By
Letter	07/17/2007		Unknown			Lewis Baratz 7/17/2007 9:14:45 PM

[Cancel] [Save Prospect]

<u>Steps</u>

1. Click Add/Edit/View Details on the right-hand size of the grid. This opens a pop-up window.

2. The pop-up window displays some key information about the prospect. You may add additional follow-up activities or bring closure to an open activity.

Prospect Profile

Prospect Name	Provider Type	Provider Subtype
Dr. John Depson	Non-HHC	Physician
Degree	**NY State License**	**NPI**
MD	65-444444	
Phone No.	**Provider Panic Values Phone**	
(212) 555-4444		

Follow-Up

Follow-Up Type	Set Reminder	Notes
--Select--		

[Close Window] [Add Follow-Up]

Type	Date	Notes	Completed	Outcome	Comment	Created By
Letter	07/17/2007		Unknown			Lewis Baratz 7/17/2007 9:14:45 PM

3. For each item you wish to add, you must click the *Add Follow-Up* button to store the activity in the database. The item will appear in the grid in the order in which it was entered.

4. To bring closure to open activity, click on the item in the Type column. This will allow you to do the following:

   a. Change the time of the activity—you cannot change the follow-up date or reminder date.
   b. Edit the notes.
   c. Check if the item was completed.

        d.   Select the outcome.

        e.   Enter Comments.

5.   Click *Update Follow-Up.*

6.   You may proceed to the next item or click *Close Window.*

Prospect Profile		
Prospect Name	**Provider Type**	**Provider Subtype**
Dr. John Depson	Non-HHC	Physician
Degree	**NY State License**	**NPI**
MD	65-444444	
Phone No.	**Provider Panic Values Phone**	
(212) 555-4444		

Follow-Up

Follow-Up Type	Set Reminder	Notes
Letter	7/19/2007 4:50 PM	Send welcome letter to Dr. Depson.

Completed	Outcome	Comments
○ Yes ◉ No	--Select--	

[Close Window]   [Cancel Update]   [Update Follow-Up]

Type	Date	Notes	Completed	Outcome	Comment	Created By
Letter	07/19/2007 4:50 PM	test	No			Lewis Baratz 7/17/2007 9:39:47 PM
Phone	07/20/2007	Call	No			Lewis Baratz

7.   Notice that your updates do not post to the main prospect form right away because of the application's frame structure. However, if you edit another section and come back to the Basic Profile page, these items will be posted. You can also refresh the page yourself by taking the following actions:

        a.   Right click once on any white space on the form.

        b.   Select refresh (left click).

        c.   The updated items should appear.

The Provider Relations module has a tickler and activity reporting functionality. Please see Section3 7.9 and 7.10.4 for details.

7.4 UPDATING AND COMPLETING THE PROSPECT PROFILE

Users: Provider Relations

Purpose: Updating and/or completing a prospect's profile.

How to access: After completing Section 1.4, Step 15. Use the *Search Prospects* link, search, and bring up your prospect. Click *Edit* to access the prospect profile in edit mode, or click on the prospect name to review. From the review page, you can still edit sections of the profile by clicking the *Edit* links on the right hand side.

Status Codes

The first thing you will notice is that the status code has changed from *New* to *Pending*. There might also be some qualifying abbreviations to indicate the following:

APP: You did not yet enter an application received date.
AGG: You did not yet enter the agreement information.
CHN: You did not select a "CHN category from the dropdown box."
DMN: You did not yet enter the (SMS) Doctor Master Number.

↻Note: Although the Doctor Master Number is optional, the status code will remain as a reminder for you to optionally request, create, and/or post a number if required by the facility. The absence of a Doctor Master Number does not prevent the provider from becoming eligible for system access.

Steps

1.   Find your prospect from searching the prospect list.

      ↻Note: CHN Advantage will allow the Referral Office to create patients on behalf of a provider who is still in a prospect stage. However, prospects will not be able to create their own referrals or view consultation results through CHN Advantage until enrolled. In addition, the Referral Office cannot edit the provider's profile until you enroll the provider.

2.   From the Basic Profile page, you can select another profile page to work on by using the tabs at the top of the page. You do not have to access these tabs in the order in which they are listed. You can enter information in "real-time" as you are speaking on the phone with the provider's office or work from a paper form or email communications. We will, however, discuss each tab in the order in which the tabs are presented.

⮌Note: The Basic Profile and Other Details pages are programmed to warn whenever you attempt to navigate away from them. The other pages will not present such warnings because the information entered there needs to be saved one line item at a time.

7.4.1 Other Practice(s)

If the prospect has another practice, you may select it from the dropdown list. If a practice is not found, you must exit this function and first enter the practice through the Practice Management function detailed in Chapter 2. Once you select the practice, the practice address data will auto-populate. If any information is incorrect, you must use the Practice Management function to effect a global change.

Steps

1.   Click *Add Additional Practice* to save to the database.

2.   Select another practice from the dropdown box, cancel (to return to the Basic Profile), or select another tab to edit another section of the profile.

If you wish to remove the association of the prospect with any other practice, use the edit feature and uncheck the *Association* box on the form itself, not in the summary grid.

7.4.2 Insurance

Entering insurance information is important only if: (1) it has an impact on the insurance prospective patients may have; and (2) your facility will eventually send referrals to this prospect once he/she becomes an active provider (bi-directional processing).

Steps
1.   Click the Insurance *Edit* link. If the prospect is associated with more than one practice, you must choose the particular practice for which you are adding the insurance. This is because a prospect may accept insurance plans A, B, and C at one practice, and B, C, and D at another practice. If the prospect is associated with only one practice, the system will default to that practice.

2.   Choose an insurance plan or line of business from the dropdown box.

3.   Choose the insurance product(s) from the list box, where applicable. Hold down the Control key while clicking to select multiple insurance products.

4.   Enter the prospect's insurance number and end date (optional).

5.   Click *Add Insurance* to save the item and continue with the next insurance or exit. Click *Cancel* to abandon your changes.

6.   Use the Edit buttons to make changes or inactivate the insurance then click *Update Insurance*. *Edit* buttons are provided for each insurance line item.

7.4.3 Office Hours
Entering a prospect's office hours is optional.

Step
1.   If the prospect is associated with more than one practice, you must choose the particular practice for which you are adding office hours.

2.   Use the mouse to select the "From" and "To" hours for each day. You can also use the tab key to focus on the time field, and then the arrow keys or number key pad on your computer.

3.   Click *Add Office Hours.*

4.   Proceed to the next practice, or click *Cancel* or another tab to continue updating the prospect profile.

5.   Use the *Edit* buttons next to the grid to make changes, and either *Cancel Edit* to exit or *Update Office Hours* to save.

        The following screen shot shows the office hours in edit mode.

7.4.4 Other Details

It is assumed that entering all the fields in the Other Details section requires a conversation with the provider's office.

Steps

1. Enter the provider's email address, if available.

2. To the right of the email field is an optional user defined field. The data required in this field is controlled by the facility administrator, so it will vary among facilities. If the label reads "Provider UDF," it means your facility administrator has not opted to use this field. Otherwise, please fill in any information requested.

3. Enter the prospect's Medicaid, Medicare, and Worker's Compensation subscriber or identification numbers. These fields may or not be required as defined by policy. If you do not have the information available or if irrelevant, you may enter "Not Available," but remember to update it as soon as you can.

4. Enter the provider's specialty and subspecialty, where applicable. If you enter a specialty or subspecialty, you must indicate if the provider is board certified (the default is *No*) and the most recent year of certification.

The following sections detail special requirements in the Other Details section of the provider form.

7.4.4.1 Credentialing Questions

Credentialing is a business term that describes the professional type or level of relationship between a provider and the hospital network or facility. It may have a direct effect on the types of services a provider can request as well

as the methods by which the provider receives patient results.

CHN Advantage is concerned with only Boolean logic: (1) Is the provider credentialed by the facility (or its peer facilities)? and (2) Is the provider credentialed by the parent or HMO or major insurance affiliate (e.g., MetroPlus)? The *Yes/No* responses are mapped to a central control set by the global system administrator, which determines if an outside provider can be eligible for system access.

Steps

1. Select the CHN Category from the dropdown box. This is a manual selection that serves as an alert for the type of relationship you have with the provider. Your selection does not automatically affect the provider's ability to have system access.

2. Check *Yes, No,* or *Unknown* to indicate if the provider is credentialed by the facility. If *No*, proceed to Step 3.

   If *Yes*, the screen changes and prompts you to enter the effective and expiration dates of the credentialing.

   You can also attach an image of the credentialing letter (PDF, GIF, TIF, JPEG, etc.), if available. Click the *Browse* button to initiate the upload.

   If you select unknown, proceed to Step 4.

3. If the provider is not credentialed by the facility, please indicate if the provider wishes to become a member of the medical staff. Notify the appropriate party at your facility to initiate this process.

4. Is provider credentialed by MetroPlus? If *Yes*, you can also attach an image of the MetroPlus credentialing letter.

If at any time during your relationship with the provider you need to recredential the provider, please follow the instructions given in Section 3.4.4.1.2, which discusses the recredentialing function of the Provider Management module.

7.4.4.2   Agreements

Agreements are also important elements in the prospect assignment process. CHN Advantage requires you to indicate when the prospect's application and agreements were filed. Once you enter the information, the *APP* and *AGG* warning messages will disappear from the profile status header.

7.4.4.3   HHC Summary

This section further details the provider's relationship with the Corporation.

7.4.4.4   Miscellaneous

<u>Steps</u>
1.   You may select the prospect's age group(s) specialty. Hold down the control key while clicking to select multiple age groups. This field is optional.

2.   You may select the prospect's language(s) as well. This field is optional.

7.4.4.5   Training and Affiliations

The section is entirely optional at this time.

<u>Steps</u>
1.   Fill out whatever information you feel is appropriate. Format your dates using mm/dd/yyyy.

7.4.4.6   Permissions

Permissions will directly affect system access. Use the radio buttons to convey your desire for access the provider can receive, once all other information is completed.   The defaults are No.

⮌Note: Make sure you save your work. Even if you save the page, you will always receive a warning message when you try to navigate away from the Basic Profile and Other Details forms.

7.5 SMS DOCTOR MASTER NUMBER (DMN)

The SMS DMN is one of the key required data points for enrolling a prospect as a provider and eventually granting the provider access to the CHN Advantage system.

7.5.1 Requesting an SMS DMN

You may request an SMS DMN off-line or through CHN Advantage. If you request it through CHN Advantage, the system will keep track of the date the request was made.

Steps

1. Click the SMS DMN tab or the *Edit* link from the prospect profile.

2. Select the facility for which you are requesting an SMS Doctor Master Number for the provider. If your facility is an independent facility, the dropdown box will default to that facility.

3. Click *Request DMN*. A form will appear for you to contact your facility's SMS DMN contact.

4. You can confirm and edit the contact person's email address and add other email addresses. If you prefer to fax the request, you will need to type in the fax number.

Request for SMS Doctor Master ID

Facility: North Central Bronx Hospital   Request SMS

To:	Lewis R. Baratz
From:	Ramana
Date:	7/18/2007
Re.:	New SMS Master Doctor ID

Kindly provide us with a SMS ID# for the following doctor:

Last Name:	Depson
First Name:	John
Specialty:	Oncology
License No.:	65444444
NPI:	
Medicare ID/UPIN:	9898
Primary Practice:	Dr. Stanley Cepedia

Thank you

Email to:	lbaratz@dataind.com
Other Email to:	
Other Email to:	
Other Email to:	
Fax to:	

Fax Email

7.5.2 Entering the SMS DMN

Once you receive the provider's SMS DMN, click the *SMS DMN* tab, select the facility for which you are entering the number, and enter the number. Click *Add DMN*. You may edit the information by using the *Edit* button.

7.6 ADDITIONAL EDITS

While in view mode, you can still edit sections of the prospect form by clicking the *Edit* links on the right side of the screen.

Remember to save frequently!

➲Note: Don't have Edit links? Contact your system administrator to ensure that you have the correct access level.

7.7   PRND LETTERS

There are four letters available in the PRND function. The actual text of the letters is controlled by **Left Menu→Provider Relations→Letter Management**. Please refer to Section 7.11 Letter Management for instructions on how to edit the content of any of the four letters. Not all users will have access to this function. However, all persons with access to candidate, prospect, and provider information will be able to access at least some of the actual PRND letters.

The four types of PRND letters available in CHN Advantage v. 2.0 are:

Letter Type	Description	When Available
Walk-In Letter	Sent to candidates or prospects, i.e., unknown providers, who refer a patient to the facility but there is no relationship with the provider.	Available at the time a candidate is created if the practice information is available.
Introduction Letter	Sent to known providers who have an existing relationship with the facility but have not yet been enrolled in CHN Advantage.	Available at the time a prospect is created.
Follow-up Walk-In Letter	Sent to candidates or prospects only after a Walk-In letter has already been sent.	Available only at least 60 days after the Walk-In letter was sent.
Enrollment Welcome Letter	Sent at the time of the provider's enrollment in the CHN Advantage Program.	Available after the provider is enrolled in CHN Advantage.

7.7.1 Sample Letters

This section contains (1) a succinct description of the four letter types, (2) the modules from which you can access the letters, and (3) a sample of each type of letter.

7.7.1.1 "Walk-In" Letter

Description

The Walk-In Letter is a letter designed by the facility as a letter of introduction. Ideally, the Walk-In Letter summarizes the benefits of enrolling in the CHN program. This letter is sent to candidates or prospects, i.e., unknown providers, who refer a patient to the facility but the referral might not be processed because there is no relationship with the provider.

How to Access

This letter is available from **Left Menu → Provider Relations → Add a New Prospect** or **Search Prospects →** click **Search →** click on provider's name in the grid → click on **Walk-In Letter** at the bottom of the page**.** You can print and either mail the letter, or manually fax it to the provider, or fax it through the system to the number entered by the Referral Office. Clicking the *Fax* button will present a message box confirming the fax number. If the number is incorrect, cancel this action and either correct the number through the edit function or print out and send by US mail or fax manually.

If a Walk-In Letter was already sent to the provider, it will be listed in a grid. You will also receive a warning message if you try to re-fax a Walk-In Letter to a provider. *NB: CHN Advantage currently does not confirm if the fax was received by the provider's office, only that the fax request was sent to the fax server.*

 Note: Please refer to Section 7.11 Letter Management for instructions on how to edit the contents of a Walk-In Letter.

Sample Walk-In Letter

Below is a sample Walk-In Letter created by Queens Health Network.

QUEENS LETTERHEAD

March 16, 2007

Dr. Aaron Davidson, M.D.
2 Pro Health Plaza
Lake Success , NY 11042

Dear Dr. Davidson:

Are you familiar with the **Community Health Network** (CHN) at Elmhurst and Queens Hospital Centers? We are a **provider Referral and Consultative service** designed to provide services to medical practices like yours.

Chances are that you have referred your patient to specialty or radiology services via a prescription and your patients were expected to find a provider for a consultation and have the results send back to your office. Sometimes, these very same patients fall through the cracks and never return to your office. We are interested in bridging the gap and at the same time providing better services to you and your patients; and we would also like to get a disposition on your referral in a timely manner. These services can be provided to your office through CHN.

The services and many benefits of participating in our network of over 400+providers of care include:

A comprehensive referral service that pre-registers patients, schedules appointments for specialty, diagnostic and consultative services, notifies the patient and your office of scheduled appointments, and forwards to your office a copy of the patient's medical record. Future plans include a Web-based Referral System with on-line capabilities.

Medical staff affiliation or privileges. Our provider relations will help connect you with the managed care plans with whom we have contracts.

Professional services. As a participating provider in CHN you will have access to weekly departmental grand rounds, CME Category I credit and seminars that will enhance your clinical knowledge. We also will notify you of Infection Control Seminars and other services that support your professional interests.

Enclosed please find an information package including; a Community Health Network Physician profile, List of Health Plans we accept, and sample forms for making referrals for specialty and ancillary services which you may use to fax your referral. Please feel free to call me (718) 334-5926 with any questions or to schedule a meeting.

We look forward to developing a working relationship with you in the near future.

Sincerely,

STATIC NAME

7.7.1.2   Introduction Letter (a/k/a "Dear Doctor" Letter)

Description
The Introduction Letter is a letter designed by the facility as a letter of introduction. It describes the   benefits of enrolling in the CHN program. This letter is sent to known providers who have an existing relationship with the facility but have not yet been enrolled in CHN Advantage.

How to access
This letter is available from **Left Menu → Provider Relations → Add a New Prospect** or **Search Prospects →** click **Search →** click on provider's name in the grid **→** click on **Introduction Letter** at the bottom of the page**.** You can print and either mail the letter, or manually fax it to the provider, or fax it through the system to the number entered by the Referral Office. Clicking the *Fax* button will present a message box confirming the fax number. If the number is incorrect, cancel this action and either correct the number through the edit function or print out and send by US mail or fax manually.

Sample Introduction Letter
Below is a sample Introduction Letter created by Queens Health Network.

⮌ Note: Please refer to Section 7.11 Letter Management for instructions on how to edit the contents of an Introduction Letter.

QUEENS LETTERHEAD

April 23, 2007

Dear Dr. Test Kim:

I would like to introduce you to the **Community Health Network (CHN)** at Elmhurst & Queens Hospital Centers. CHN was established in 1994 to facilitate referrals from physicians with community-based practices to our specialty, consultative and diagnostic services. Our mission is to guide patients along the continuum of care and to ensure there is timely flow of information between your office and our institution (s).

Responding to the expressed needs of CHN's participating physicians, we have expanded our offerings to include the services and benefits summarized below:

A comprehensive referral service. Our operations staff pre-registers patients, schedules appointments for specialty, diagnostic and consultative services, notifies the patient and your office of scheduled appointments, and forwards to your office a copy of the patient's medical record.

- Direct Access to our specialty care and ancillary services.

Medical staff affiliation or privileges. We will coordinate the medical staff affiliation process and become the liaison between the medical staff office and you. Our office will coordinate your health assessment clearance and fast-track your application.

- Mount Sinai/Elmhurst Medical Staff Affiliation--One of the best hospital systems in the country.

Managed Care participation. Our Provider Relations staff will help connect you with the managed care plans with whom we have contracts.

- Contracting with carefully selected health plans with a proven track record in Queens enrollment.
- Expansion of patient base.

Professional services.

- Continuing Medical Education (CME) seminars and programs that will enhance your clinical knowledge.

I would like to invite you to become a participating physician in our expanding network. To become a participating provider please complete the enclosed Physician Profile and forward it to the address on the application. Within a week you will receive a "welcome" letter with your unique Elmhurst Hospital Center or Queens Hospital Center identifier number and preprinted ancillary and specialty care referral forms. If you have any questions, please feel free to call our Provider Relations staff at (718) 334-5970, option 2.

Sincerely,

STATIC NAME

7.7.1.3 "Walk-In Follow-Up" Letter

<u>Description</u>

The Walk-In Follow-Up Letter is a letter designed by the facility as a follow up to the Walk-In Letter described in section 7.7.1.1. It describes the   benefits of enrolling in the CHN program. This letter is sent to known providers who have an existing relationship with the facility but have not yet been enrolled in CHN Advantage.

<u>How to access</u>

This letter is available from **Left Menu → Provider Relations → Add a New Prospect** or **Search Prospects →** click **Search →** click on provider's name in the grid → click on **Walk-In Follow-Up Letter** at the bottom of the page**.** You can print and either mail the letter, or manually fax it to the provider, or fax it through the system to the number entered by the Referral Office. Clicking the *Fax* button will present a message box confirming the fax number. If the number is incorrect, cancel this action and either correct the number through the edit function or print out and send by US mail or fax manually.

Important: note that the Walk-In Follow-up button on the Add a New Prospect page will only be available if a Walk-In Letter was already sent to the prospect and only if such letter was sent at least 60 days before the date when you attempt to send a Walk-In Follow-Up Letter.

<u>Sample Walk-In Follow-Up Letter</u>

Below is a sample Walk-In Follow-Up Letter created by Queens Health Network.

➲ Note: Please refer to Section 7.11 Letter Management for instructions on how to edit the contents of a Walk-In Follow-Up Letter.

QUEENS LETTERHEAD

March 16, 2007

Dr. Test Kim, M.D.
12-34 Any Street
Anytown , NY 11990

Dear Dr. Kim:

You may have received a letter from us, within the last few months, introducing you to the Community Heath Network (CHN) at Elmhurst and Queens Hospital Center. We are a physician referral and consultative service, providing the medical community with accessibility to our services via appointment scheduling and automatic copies of medical reports for patients referred to our centers. The service is intended for physician s enrolled in CHN and who are utilizing the service via a faxed request.

As previously mentioned, the CHN program also provides offices like your with services including medical staff affiliation, managed care participation and notices on seminars, courses and events to enhance your private practice.

We are interested in providing the most effective and expedient services to those physicians that are currently members of CHN, therefore, if you are interesting in continuing to receive consultation reports from this office, please complete the enclosed enrollment application and forward to my office ASAP.

If you are not interested in joining CHN, you may still obtain a copy of a report by contacting medical records department at (718) 334-3144. Please make sure you have the patient authorization on file since you may have to fax it to them in advance.

If you have any questions or would like to obtain more information about joining CHN, please feel free to call (718) 334-5926. We look forward to working with you in the near future.

Sincerely,

 STATIC NAME

7.7.1.4   **"Enrollment Welcome" Letter**
The Enrollment Welcome Letter is a letter that is sent to providers at the time they are enrolled in CHN Advantage and is designed by the facility as a welcome letter, describing the benefits of being a CHN member.

How to access

This letter is available from **Left Menu → Provider Relations → Add a New Prospect** or **Search Prospects →** click **Search →** click on provider's name in the grid → click on **Enrollment Welcome** at the bottom of the page**.** Alternatively, in case your facility wishes to send a letter to an existing provider advising him or her of the CHN Advantage Program, the Enrollment Welcome Letter is also available from **Left Menu → Provider Management → Search Providers →** click **Search →** click on a provider's name in the grid whose status is listed as *Enrolled –Active.* Note that the *Enrollment Welcome* button will only be available for providers who have already been enrolled and are active in CHN Advantage.

You can print and either mail the letter, or manually fax it to the provider, or fax it through the system to the number entered by the Referral Office. Clicking the *Fax* button will present a message box confirming the fax number. If the number is incorrect, cancel this action and either correct the number through the edit function or print out and send by US mail or fax manually.

Sample Enrollment Welcome Letter

Below is a sample Enrollment Welcome Letter created by Queens Health Network.

➲ Note: Please refer to Section 7.11 Letter Management for instructions on how to edit the contents of an Enrollment Welcome Letter.

QUEENS LETTERHEAD

March 16, 2007

Dear Dr. Antony:

Welcome to the Community Health Network (CHN) at Elmhurst Hospital Center! You are now among the 500+ providers currently enrolled in CHN—a provider services program for both Elmhurst and Queens Hospital Centers.

There are many benefits to becoming a member of CHN:

A comprehensive referral service. You may fax your referral (see attached forms) to (718) 334-1866**.** Our operations staff pre-registers patients, schedules appointments for specialty, diagnostic and consultative services, notifies the patient and your office of scheduled appointments, and forwards to your office a copy of the patient's medical record.

Medical staff affiliation or privileges: Mount Sinai/Elmhurst Medical Staff Affiliation--One of the best hospital systems in the country. We will coordinate the medical staff affiliation process and become the liaison between the medical staff office and you. Our office will coordinate your health assessment clearance and fast-track your application. If you are interested in medical staff affiliation, please call Provider Relations department at (718) 334-5926.

Managed Care participation. Once credentialed we will connect you with our managed care plans namely MetroPlus, Healthfirst and Neighborhood Health Providers.

Professional services. Continuing Medical Education (CME) seminars and programs that will enhance your clinical knowledge.

Enclosed please find your pre-printed referral forms for specialty care and ancillary services along with simple referral instructions. When properly completed and faxed, these forms will ensure that your patients are expedited through the referral process and that you are provided timely feedback on your patients' visit. If you have any questions or need an immediate appointment, please call our CHN office at (718) 334-5970.

I look forward to working with you and your staff.
 Sincerely yours,
 STATIC NAME

7.8   ENROLLING A PROSPECT

After completing all required fields, the status indicator will change to *"PRND DONE."* You will now have the ability to:

1.   Send a Walk-In Letter or a Welcome Letter. If you have already sent one or both of these letters, you will see the grid indicating the type of letter sent, method sent, and the name of the person who sent the letter with the date and timestamp.

2.   Enroll the *PRND Done* prospect as a provider by clicking the *Enroll Provider* button. This means you will no longer be able to add follow-activities to the provider. More important, by enrolling the provider, you will now transfers update functions to the Provider Management module. The provider will also be on the path for eligibility for CHN Advantage system access.

Steps
1.   Click the *Enroll Provider* button. You will receive a warning message alerting that the prospect's profile will be upgraded to provider and transferred to the Provider Management module. Click *OK* to accept.

2.   The status changes to *Enrolled-Active*. If the practice is already on-line, the provider's status will change to System Ready or System User, if permissions are set to Yes for this provider.

3.   You can now send an Enrollment Welcome letter to the provider. The *Enrollment Welcome* letter control is always found on the Full Profile page. You can no longer send a basic Walk-In or basic Welcome Letter.

7.9   ACTIVITY SUMMARY REPORTING

Users: Provider Relations/Managers

Purpose: To view a summary of prospect-related activity, such as prospect status (e.g. new, enrolled) as well as follow up details entered by the Provider Relations staff for the last x number of days.

How to access: **Left Menu→Provider Relations→Activity Summary**

<u>Steps</u>

o   For a quantitative summary of prospect-related activity performed by your facility's Provider Relations staff during a certain period of time, enter the number of days. For instance, if you wish to view the summary for the last 20 days, enter 20 and click *Show.* Note that the default summary is for the last 7 days.

o   For a summary of future follow-up activity during a certain period of time, enter the number of days. For example, if you want to view the summary for the last 10 days, enter 10 and click *Show.* Note that the default summary is for the last 30 days. You cans sort the list by prospect, facility, recruiter, initiation type, follow-up method, or follow-up date by clicking on the desired column heading.

o   The last grid displays all those past follow-up activities performed by the Provider Relations staff which have not yet been completed. You can sort the list by prospect, facility, recruiter, initiation type, follow up method, or follow up date. In order to do so, click on the desired column heading.

7.10 RECRUITER ACTIVITY REPORTING

Users: Provider Relations/Managers

Purpose: To view a summary of the Provider Relations staff activity by individual recruiters in order to assess recruiter and/or department performance.

How to Access: **Left Menu→Provider Relations→Recruiter Activity**

<u>Steps</u>
1.   Select the recruiter whose performance you want to assess from the dropdown list. If you select the default *All,* you will be able to see a summary of each recruiter's activity in alphabetical order. In addition, selecting *All* will result in a grid displaying a summary of the overall activity of the entire department – you will find this summary at the bottom of the grid, right after the last recruiter's activity summary.

2.   Enter the start and/or end dates (mm/dd/yyyy) or use the calendar control to select the dates. Click *Search.* Note that if you do not select the start date and click *Search,* the start date will default to 01/01/2007. If you conduct a search without having selected the end date, it will default to today's date.

3.   The grid below will display a summary of the activity of the chosen recruiter for the specified time period. It will also provide you with a statistical summary of prospect-specific recruiter activity performed prior to the time period selected.

7.11 LETTER MANAGEMENT

Users: Provider Relations

Purpose: To update the actual text of the Walk-In Letter, Introduction Letter, Follow-up Walk-In Letter, and Enrollment Welcome Letter that has been created by and for your facility.

How to Access: **Left Menu→Provider Relations→Letter Management**

Please refer to Section 7.7 PRND Letters for a detailed description of these letters, to view sample letters, as well as for in-depth information about their availability.

Steps to edit the text of the letters
1.   Select the facility from the dropdown box.

2.   Select the letter type whose contents you wish to update/add to from the dropdown box.

3.   Click the *Edit Content* button. This will open a window containing the text of the standard letter that has been designed specifically for your facility. The window's appearance will resemble that of a Microsoft Office Word document. You will be able to update the text by simply making the desired changes in the text below just like you would in a customary Word document. You will also be able to format the text by means of the available formatting tools located at the top of the page.

o   Click *Update* to save your changes. You will receive a message confirming that the letter content has been successfully updated. In the alternative, click *Cancel* if you wish to abandon your changes.

7.12 PRINT LETTERS/LABELS

Users: Provider Relations

Purpose: To print a letter/label for a particular prospect.

How to access: **Left Menu→Provider Relations→Print Letters/Labels**

Note that you must first search for the prospect to whom you intend to send the printed letter in order to confirm that the prospect already exists in CHN Advantage.

Steps to print a letter for a particular provider
1.   Select the provider type (the default is Non-HHC), and select the provider subtype (the default is Physician). Select a status from the dropdown box.

o   Enter the provider's last name; you may also enter only the first few characters of the last name. You can also search by NY State license number or NPI.

o   Check the Include box corresponding for the particular prospect(s) you want to print a letter and/or label for.

o   Select a label from the dropdown box. You will have two choices: one selection will contain merely the name of the selected provider(s), the other will contain both his or her name and address. Click *Print All Labels* to print a label for each provider that appears in the grid. Click *Print Selected Labels* to print a label for each provider you selected when you checked the *Include* box. Click *Print* or *Cancel.*

o   Select the letter type you wish to send to the provider(s). Note that here you will be limited to three letter types; the Enrollment Welcome Letter will not be available for selection since the prospect has not yet been enrolled in CHN Advantage. Click *Print All Letters* to print a letter for each provider that appears in the grid. Click *Print Selected Letters* to print a letter for each provider you selected when you checked the *Include* box. Click *Print* or *Cancel.*

PART III.

REPORTS AND OTHER FUNCTIONS

Chapter 8

REPORTS AND QUERIES

CHN Advantage reports and queries provide the user with information about the referrals, providers, and practices. New reports also provide basic information about patient transfers and outside user means of accessing CHN Advantage. Many queries also provide active links that can be used to expedite certain edit processes.

CHN Advantage's reports and queries will be phased in to the system throughout the initial roll-out period. The reports and queries will be phased in over the next few weeks.

ID	Report or Query Name	Summary of Usage or Functionality	Returns
1.1	Referral Query	Searches referrals based on selected parameters. o The user can click on the patient name to view the referral. User can click when the referral is Canceled to view the reason why. o User can filter in various ways, including today's activity.	Returns a list of matching criteria with the ability to click through the patient name to view mode for the referral. Also shows referral response time.
1.2	Referral Status Query		Similar to above but with the ability to send DNKA faxes—details to follow.
1.3	Provider Search Query	Searches providers based on selected parameters.	Shows all providers within specific criteria, as well as by primary and additional practices (color-coded), with address and fax information. Always direct update to CHN category.
1.4	Practice Search Query	o	Returns a grid with the requested information and links to view or edit.
1.5	CHN CHART REQUESTS		This query is used to facilitate generating patient Chart requests and Registration letters, which in CHN Advantage v. 2.0 will be delivered manually to the recipient.
1.6	Outstanding Medical Clearances (Medical Clearance Pending)	Shows referrals for which the provider has not responded to a medical clearance requests. Enables second request faxing directly from the query results.	Shows referrals for which the provider has not responded to a medical clearance requests. Enables second request faxing directly from the query results. Use only for PEDIATRIC SURGICAL CLEARANCE REQUESTS.
1.7	Fax History Report	Displays the type of alert/notices have been faxed within a date range.	Lists the fax from and fax to names, dates, and fax number particular

			documents were sent from CHN Advantage to the fax server. Does not confirm transmission was successful.
2.1	External Quick View	User selects outside provider criteria.	Shows external users based on the criteria.
2.2	Provider Privileges	User selects outside provider criteria.	Shows a list of the privileges associated with a provider (refer in, refer out, receive referrals)
2.3	Provider SMS ID Search	Select SMS DMN Not Requested, Requested, or Entered.	Returns the providers with the selected criteria.
2.4	Provider Status Report	Select a time period.	Providers by insurance type and specialty. Shows new providers added to the CHN Advantage system as authorized users who are credentialed by either the facility or MetroPlus at the time of system access.
2.5	Lacking Agreement		Providers lacking a CHN Agreement on File
2.6	Inactive Practices	Part of Practice Maintenance, coming soon	
2.7	Name Change Events	Part of Practice Maintenance, coming soon	
2.8	Recruiter Activity	A PRND Report	Query by recruiter to monitor prospects who became CHN Providers.

Chapter 9

MANAGEMENT REPORTS

Management reports are being developing according to the functionality in the original QHN version of CHN Advantage. Users will be sent an update to this manual when these reports are integrated into CHN Advantage v. 2.0.

3.0	Access Survey	By Timeframe	Records survey at first login.
3.1	At-A-Glance Report	Monthly Report.	Referral increases/degreases over 6 months, Payers, and Response Times.
3.2	Appointment Summary	Search over time	**NO LONGER AVAILABLE**
3.3	Quality Assurance	Search over time	Comprehensive initial fax response report, organized by date ranges.
3.4	Payers	Appointments scheduled or fulfilled, pie or bar chart, over a selected time period	Bar or pie chart results, with percentages of the total with respect to insurance payers.
3.5	Referral Summary	Select timeframe.	Returns a table with CHN categories, number of providers within each, and number of referrals and percentages by provider CHN types.
3.6	Top Did Not Keep Appointment Providers	Select timeframe.	Returns Practice, Provider, Total Referrals Received, No. of No-Shows, Percentage, and link to a graph for the provider monthly, since enrollment.
3.7	Payer Mix	Coming Soon	
3.8	Scheduling Response	Query by practice, patient, and dates.	Shows the number of days until the initial response (i.e., first fax is sent).
3.9	Referral Summary	Query by referral type, status, referral transmission, and dates.	Returns number of referrals by clinical service, insurance, and status within the specified criteria.
3.10	Service Summary	Query by referral type, status, referral transmission, and dates.	Returns referrals by practice and providers, insurance, and status, within the specified criteria.
3.11	Bidirectional CPPs	Query by individual provider, insurance, zip code, specialty, and subtype	Indicates if provider can receive referrals from HHC and/or bypass HHC.
3.12	Internal Users	Queries on all internal accounts	Grid with all registered user details.

Chapter 10

UPDATING YOUR PROFILE

Purpose: Enables users to view their CHN Advantage account profile and make selected changes.

Users: All internal users.

How to Access: **Left Menu→My Profile**

Users may edit any of the information on the page except for their name, LDAP user name, or group assignment. Contact you system administrator if you require a change to your name, LDAP user name, or group assignment.

After reviewing or editing, click *Save* if you wish to remain on this page or *Save and Close* to return to the home page.

PART IV.

INPATIENT TRANSFER FUNCTIONS

The Inpatient Transfer Module Supplement

This supplement is provided as pages 139A-139ZZ to facilitate removal and distribution only to relevant parties.

1.   TRANSFER FUNCTIONS
There are basically two transfer function user groups: Transfer Processors such as RNs and CSWs, and Transfer Approvers, such as AODs and AOCs.

Both parties login to CHN Advantage through the Intranet and accept the usage policy. If these users have not other functions, their home page will be limited to the following menu items. Users will more extensive privileges will see the transfer links at the bottom of their menu.

2.   PROCESSOR FUNCTIONS
Processes will have two links within the transfer module:

1. View Patient Transfer (For Viewing Transfer Queue)
2. Blank Face Sheet (To View and Printout Blank Face Sheet)

A. View Patient Transfers Link

Presents the patient transfer queue and shows the following records, which are transmitted from the Ensemble interface with the clinical systems:

o The Processor selects and individual record by clicking on the patient name. The entire row will highlight to indicate that the selection has worked.

o The processor can then assign an AOD/AOC from the dropdown box.
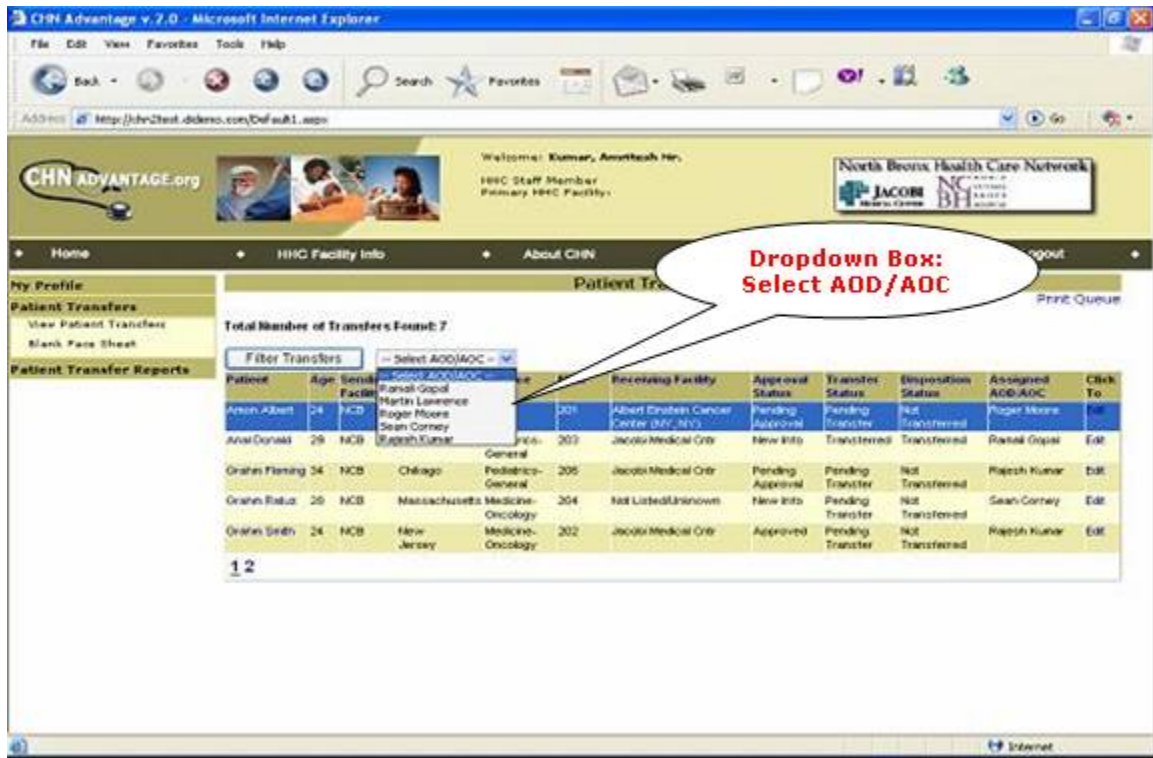
o After the AOD/AOC from the dropdown box, two default run-time actions will be executed:

1. The Command Butto [Assign AOD/AOC] will appear.

2. The selected AOD/AOC contact information will also appear next to the button to help the processor confirm he/she has selected the correct person.

o After confirming, click *Assign AOD/AOC*. The patient leaves the work queue of the processor and moves to the work queue for the assigned *AOD/AOC*.

2. **APPROVER (AOD/AOC) FUNCTIONS   START HERE**
As soon as the processor selects and transmits the transfer request to the AOD/AOC, an alert is sent to the approver and the *ASSIGNED AOD/AOC* Column in Data Grid is populated with the record.

There are special considerations in this process:

1. **If Transfer record is already assigned the to the same AOC/AOD** a message box will display and alert the user that the request is already assigned to the **Selected AOD/AOC**.   The user should acknowledge the message by clicking *OK*.

2. **If Transfer record is assigned the a different AOC/AOD** a message box will display and prompt the user with the following:

This Request is already assigned. Do you want to change the Assignment to AOD/AOC?

Click OK to proceed or Cancel to retain the original AOC/AOD assignment.

3.   FILTER TRANSFER

You can filter the Transfer Queue by the following criteria:
- o   Location
- o   Service (Available Values)
- o   Disposition Status (Available Values)
- o   Facility (Available Values)
- o   Last Name

Clicking *Cancel* will return to the RN Workload Screen.
Clicking *OK* will filter the transfer records
The *Clear Filter* option is available only if there is existing filter criteria.

Upon filtering, the *Filtered* button will display in red and show the total number of transfer found.

To remove the filter, click the (red) *Filtered* button.

4. PRINT QUEUE (RN WORKLOAD SCREEN)
Click the *Print Queue* link at the bottom of the transfer queue. The following screen will appear:

You will have to links: *Click to Print* and *Click to Back*. *Click to Print* initiates the print process.
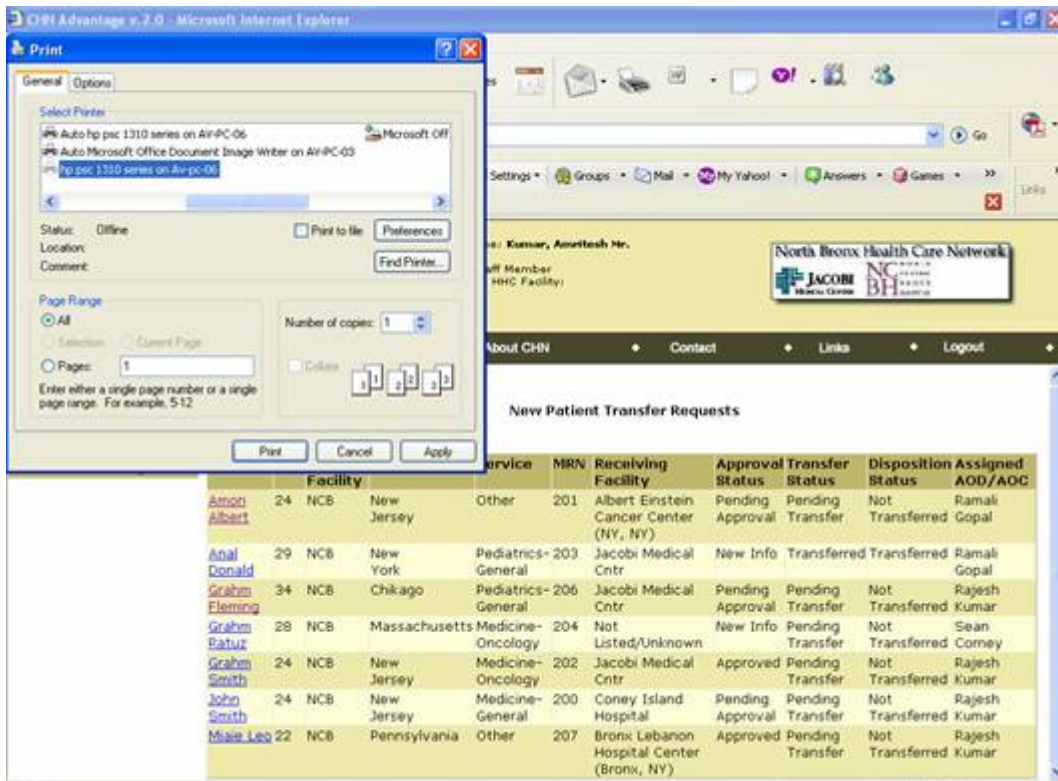
5. EDIT FUNCTIONS (IN DATA GRID)
Clicking the *EDIT* button you will be redirected to *Transfer Face Sheet.*

The Transfer Face Sheet includes information such as:
- ✓ Transfer Current Status
  - Current Assigned AOD/AOC
  - Current Approval Status
  - Current Transfer Status
  - Current Disposition Status
- ✓ Sending & Receiving Facility
- ✓ Sending & Receiving Service Code
- ✓ Patient Demographics
- ✓ Patient's Medical Condition
- ✓ Approval – Sending Hospital Physician In Charge
- ✓ Ambulance Service
- ✓ Patient's Belongings
- ✓ Receiving Facility Information
- ✓ Insurance Information

In addition, there are different functions that can be triggered with command button controls:

- Pending
- Transferred
- Returned
- Cancelled
- Withdraw
- New Info
- Select AOD/AOC
- Print
- Update
- Reset

The command buttons trigger the following actions:

1. ***Pending* (Set by the System or RN or other transfer processor)**
Indicates the transfer request has been reviewed and work has actually begun on this transfer as indicated by manually setting this code or automatic when the transfer record is being documented by RN. *The status can also be reset to NEW by using the "Withdraw" Button.*

2. ***Transferred* (Set by the system or RN or other transfer processor)**
Indicates that the patient was transferred, that is, has left the sending facility (but not that the transfer has been "fulfilled"). CHN Advantage will set this code automatically when the "Actual Time the Transport Arrived" is recorded on the transfer record. *The status can also be reset to NEW by using the "Withdraw" Button.*

3. ***Returned* (Manually set by the RN or other transfer processor)**
The patient has been transported from the HHC sending facility, but the receiving facility has denied admission and the patient has been returned to the sending facility. *The status can also be reset to NEW by using the "Withdraw" Button.*

4. ***Cancelled* (Manually set by the RN or other transfer processor)**
If instructed by the MD, the status can also be reset to Pending using the Cancelled button. *The status can also be reset to NEW by using the "Withdraw" Button.*

5. ***Withdraw* (Manually set by the RN or other transfer processor)**
The status is reset one level to New.

6. ***New Info* (Manually set by the RN or other transfer processor)**
The RN has provided additional information in response in response to the AOD/AOC's request for more information.

7. ***Select AOD/AOC* (Manually set by the RN or other transfer processor)**
Select AOD/AOC for Transfer Request Assignment. After selecting AOD/AOC from the Dropdown Box, two Default Run Time Action Will Perform:

Assign buttons will appear as appropriate.

8. ***Print* (For Printout)**
To print a Transfer Face Sheet

9. ***Update* (RN or other transfer processor)**
Used to execute updating patient information.

10. ***Reset* (RN or other transfer processor)**
Cancels any temporary changes.

11. **Close Manually set by the RN or other transfer processor)**
Redirects to the RN Workload Screen.

6. Printing a Blank Face Sheet

If you are initiating a manual transfer outside CHN Advantage, you will need to print a Blank Transfer Face Sheet. Clicking on the link will redirect you.

You will receive a pop-up message advising you that to confirm that you are using this function either because the clinical system interface is unavailable or you have an emergency situation. Click *OK* to accept this message. If neither reason is true, you need to exit the function and contact the MD to create a transfer request in the clinical system, which will be transmitted to CHN Advantage.

Assuming the off-line transfer is feasible, the transfer processor will need to enter:

1. The Reason for transfer
2. patient Name
3. The MRN.

Click OK to print out the Blank Face Sheet, or *Reset* to clear the input.

[END TRANSFER FUNCTION SUPPLEMENT]

APPENDIX I

USER ACCESS FORMS

I.1 USER ACCESS REQUEST

Users: HHC staff who handle referrals, provider relations, or other non-clinical (provider) functions.

Purpose: To request system access to CHN Advantage.

How to access: You must be logged in to the HHC Intranet. There will be a link from the Intranet to CHN Advantage. Click on the *User Request Form* link located on the login page.

Steps

1.   Select title, job title, and facility from the appropriate dropdown boxes. Enter your first name, last name, phone number, HHC email address in the appropriate fields and indicate the type of access that you are requesting.

2.   Enter the reason for requesting system access. Note that the text is limited to a maximum of 300 characters.

3.   Enter your LDAP user name and password. Note that both the user name and password entered must be the same that you use to access your HHC email and the Internet. CHN Advantage will not maintain your password nor will the CHN Advantage system administrators have access to it.

4.   Click *Send Request* at the bottom of the page. You will receive a message confirming that your request for user access has been successfully filled out and sent to the Administrator. Once you click *OK*, you will see the *View User Access Request Form* which contains a summary of the information you entered in view mode. You will once again see a confirmation that your request has been sent to the administrator, along with a time and date stamp.

⮌Note: Note that you can only submit one request form per user. If you attempt to send multiple requests, you will receive a message notifying you that your second request did not go through.

I.2. STAFF PROVIDER FORM

Users: HHC-employed physicians or other clinicians who will make referrals through CHN Advantage.

Purpose: To request system access to CHN Advantage.

How to access: You must be logged in to the HHC Intranet. There will be a link from the Intranet to CHN Advantage. Click on the *Staff Provider Form* link located on the login page.

<u>Steps</u>

1.   Please read the text at the top of the page in order to make sure that you are using the appropriate form.

2.   Select a title, job title, primary HHC facility, and terminal degree from the dropdown boxes.

3.   Enter your first name, last name, gender NYS license number, NPI, phone number, panic value number, fax number, and HHC email address in the appropriate fields. These are required fields.

   ➲**Notes:**   **Why do you need my gender?**
      CHN Advantage captures provider gender for identification and statistical reporting.

      Why do you need any of this information if I'm directly employed by the facility?
      CHN Advantage requires a substantial amount of information for providers to have system access. For HHC staff providers. the information required for an account appears on this form. For community providers, there are many more bits of information required. Your account creation process has been significantly streamlined.

4.   Enter the reason for requesting system access. Note that the text is limited to a maximum of 300 characters.

5.   Indicate whether or not you require access to the Patient Transfer module.

6.   Enter your LDAP user name and password. Note that both the user name and password entered must be the same that you use to access your HHC email and the Internet. CHN Advantage will not maintain your password nor will the CHN Advantage system administrators have access to it.

7.   Click *Send Request* at the bottom of the page.

        ↺Note: Note that you can only submit one request form per user. If you attempt to send multiple requests, you will receive a message notifying you that your second request did not and will not go through.

APPENDIX II

FACILITY ADMINISTRATOR FUNCTIONS—FACILITY CONTROLS

The facility administrator has the ability to customize certain data points that will be used for dropdown lists and system-generate letters. In some cases, such as Services/Procedures and Insurance, the facility administrator is working with a data set established by the global administrator, and picking those items that are relevant to his/her facility. Other tools allow the facility administrator to populate entirely, such as patient check-in points and prerequisites.

II.1 PATIENT CHECK-IN POINTS (Control No. 1)

This tool is a look-up file that enables you to set up all of the facility's patient check-in points. The items you enter here, if *Active*, will appear in the service offerings dropdown controls and populate confirmation letters to patients and providers.

Steps
1. Select the facility. If your facility is independent, the dropdown list will default to the facility. Otherwise, you must enter data for each facility you are responsible for.

2. Enter a check-In point, e.g., Outpatient Services Desk, Managed Care Office, Johnson Pavilion, etc.

3. Enter the location or room number of the check-In point.

4. Click *Add Check-In Point* to save the new item. The system will post who created or updated the item.

To edit an exiting check-in point:
1. Click the *Edit* button next to the item you wish to edit.

2. Change, check, or uncheck *Active*, where needed.

3. Click *Update* to save or *Cancel* to return to the menu.

	Check-In Point	Location/Room	Active	Created By	Date	Updated By	Date
Edit	Ambulatory Care Desk	Main Lobby West. 23rd	☑	Murugan Killada	02/23/2007	Murugan Killada	02/23/2007
Edit	Johson Pavilion	Main Lobby Right	☑	Murugan Killada	02/13/2007	Murugan Killada	06/22/2007
Edit	Out-Patient Services	West 22nd St.	☑	Murugan Killada	05/17/2007	Murugan Killada	06/22/2007
Edit	Pediatrics	B-232	☑	Murugan Killada	01/24/2007	Murugan Killada	04/09/2007

Check-In Point: [ ] Location/Room No.: [ ] Add Check-In Point

II.2   PREREQUISITES (Control No. 2)

This tool enables each facility to build a customized list of prerequisites that will be used to complete the Service/Procedure settings that control the service offerings and the types of providers that can make specific service referral. Specific prerequisites will appear on referral forms for providers to acknowledge.

<u>Steps</u>

1.   Type in a prerequisite. You may also copy and paste a list containing multiple items instead, but separate each prerequisite with a line break (press the *Return* or *Enter* key).

2.   Click the *Add Prerequisite* button to save.

3.   Use the *Edit* button to make changes or uncheck *Active.*

Type or copy and paste in Prerequisite list values

					Add Prerequisite	

lick to	Prerequisite	Active	Created By	Date Created	Updated By	Date Updat
Edit	Basic Metabolic Panel	☑	Murugan Killada	04/12/2007		06/29/2007
Edit	Birth Weight and Weeks Gestation	☑		06/29/2007		06/29/2007
Edit	BUN and Creatinine	☑	Murugan Killada	04/30/2007		06/29/2007
Edit	Cardiogram	☑	Murugan Killada	04/30/2007	Murugan Killada	04/30/2007

II.3 SERVICES/PROCEDURES (Control No. 3)

This tool is the most complex tool you will need to work with as a network or facility administrator. The tool establishes all the services and procedures that are offered by the facility, according to the major service groups established by the global administrator.

Let's first explore the hierarchical relationship of service offerings. CHN Advantage v. 2.0 allows up to five levels. The first two levels are controlled by the global administrator.

The facility can then enter all appropriate services/procedures to the service Group and Consultant Type/Clinical Service Area (CSA). Therefore, if the global administrator established that Ambulatory Services is a Level 1 group, and Pulmonology is a Level 2 group, the facility can then determine the offerings, such as consultation, PFT, exercise study, and so forth.

The facility also has the option to add two additional levels, as show in the following model:

```
[ _____ Global  Controls _____ ]  [ _____ Facility  Controls _____ ]

 Level 1          → Level 2              → Level 3         → Level 4              → Level 5
Service Group    → Consultation Type/CSA → Service/Procedure → Type or Specification → Specifics/View
Ambulatory  Services → pulmonology       → PFT             → Full                → w/Methocholine
```
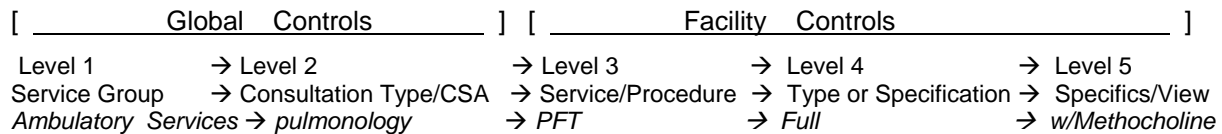
You can also use this tool to assign the patient's check-in point from the list you created earlier, and select any prerequisites. You can indicate from whom you will accept a referral.

You must also add the service point. The service point is the room or location where the actual consultation, service, or procedure will take place. This data is necessary to ensure that the patient's chart is delivered to the correct place.

This tool also enables you to check off if the referral for the service/procedure will require approval of the clinical service area. This has a direct effect on the routing process of the referral. If you check Needs CSA Approval, you will get a list of CSA reviewers.

Finally, to add level 4 and 5 details, click the *Get* button after Adding the service/procedure.

The above shows four items that have been posted by the system administrator who has access to CIH and NCB facilities. The *Accepting From* column saves space by showing a red asterisk for those providers who are HHC-based; those without a red asterisk are community providers.

To add a Level 4 specification, click the *Get* button. This opens a new form, in which you can enter or copy and paste level four procedures, such as the body part to be X-rayed, or w/Contrast or w/o Contrast. Click *Add Type of Specification*.

Finally, you can add a 5th level of detail by clicking the *Get* link in the Details Column.

Click *Exit* when done to take you back to the Level 4 screen, then *Exit* again to return to the main Services/Procedures tool.

II.4   INSURANCE (Control No. 4)

The facility can select insurance providers and products/LOBs from a universal dataset entered by the global administrator. These will be mapped to referrals and present a warning message whenever a patient's insurance, as indicated on the patient referral form, does not match those insurances selected by the facility. If you attempt to enter an insurance that is already in the system, you will be presented with a warning message (as shown in the screenshot below).

This does not prevent the user from processing the referral if they wish to proceed.

		Facility Insurance Plans (Companies, Providers)						
Click to	**Fac**	**Insurance Plan**	**Product/LOB**	**Active**	**Created By**	**Date Created**	**Updated By**	**Date Updated**
Edit	CIH	***Not Listed		☑	Erin Moss	08/09/2007	Erin Moss	08/09/2007
Edit	NCB	***Self-Insured or None		☑	Murugan Killada	05/18/2007	Lewis Baratz	08/02/2007
Edit	JMC	***Self-Insured or None		☑	Murugan Killada	07/20/2007	Murugan Killada	07/20/2007
Edit	CIH	***Self-Insured or None		☑	Lewis Baratz	07/27/2007	Lewis Baratz	07/27/2007
Edit	NCB	Aetna	HMO, POS, Medicare MCO	☑	Murugan Killada	05/18/2007	Murugan Killada	05/18/2007
Edit	NCB	Affinity	MCO, FHP, CHP	☑	Lewis Baratz	06/25/2007	Lewis Baratz	06/25/2007

⤷Note: If an insurance provider or product/LOB accepted by your facility is not found, please contact the global administrator to add the item to the database.

II.5   SMS CONTACT (Control No. 5)

This control enables the facility administrator to routing requests for an SMS Doctor Master Number through CHN Advantage.

<u>Steps</u>
1.   Select the facility from the dropdown box. If you are a peer or other kind of network, each facility will require an SMS contact—even if it is the same person. If your facility is an independent facility, the dropdown box will default to your facility.

2.   Enter the facility's SMS contact name, email address, and phone number.

3.   Click *Save SMS Contact*. You will receive a confirmation message after saving.

Only one SMS contact can be added—updating will overwrite any existing contact.   Users can still send their request to up to three other individuals on an occurrence basis.

➲Note: You can also fax the SMS DMN request form through the system, but you will need to enter the fax number on a per-occurrence basis at the time you actually make the request. You can also send email copies to up to three other individuals.

II.6 LOAD FACILITY PREP NOTICES (Control No. 6)

The facility has the ability to upload test prep notices. These notices will be available to providers logged to print out and give to patients.

To load a test prep notice, name the notice and the language of the notice. Use the browse button to find the test prep notice document and click Upload Prep Notice.

To update a notice, delete the original and re-upload.

	Facility	Name	Prep Notice	Active	Updated By	Date Updated	Action
Edit	CIH	Cholesterol Screening - English	View	☑	Erin Moss	10/5/2007 11:11:49 AM	Delete
Edit	CIH	Cholesterol Screening - Russian	View	☑	Erin Moss	10/5/2007 11:14:47 AM	Delete
Edit	CIH	Test Notice with Spaces	View	☑	Lewis Baratz	10/10/2007 10:51:18 AM	Delete
Edit	CIH	Testing for DOC BLOB File.	View	☑	Lewis Baratz	11/13/2007 12:38:14 PM	Delete
Edit	CIH	Upper GI Series - English	View	☑	Erin Moss	8/22/2007 5:18:52 PM	Delete

Facility: Coney Island Hospital
Upload Prep Notice: [ ] Browse...
Prep Notice Name: [ ]
Upload Prep Notice

II.7 USER DEFINED FIELDS (UDFs, Control No. 7)

This tool enables you to set labels for any of the three customizable fields. The fields are optional textboxes. One each is included on the Practice form, the Provider Profile form, and the Patient Profile form.

The data entered in a UDF is optional and for informational purposes only. At present, the data is not included in any reports.

<u>Steps</u>

1.   Click the *Edit* button to access the UDF controls.

2.   Enter a label for one, two, or all three of the controls.

3.   Click *Update* to save or *Cancel* to return to the menu.

↺Note: For facilities in peer-to-peer relationships, the change made by a system administrator will appear on the forms accessed by the peer facility. Remember, in a peer-to-peer relation, the facilities share all data, forms, and customization, *except for service offerings and insurance information*.

II.8 REFERRAL LETTER MASTERS

This customization tool enables the facility to edit the template letters that can be printed, stored, and/or faxed through CHN Advantage. The system comes loaded with template letters based on the current letters in production at the Queens Health Network.

However, understanding that different facilities need different wording in the letters the system links to a proprietary content management system that enables facilities to create their own referral letters, using several built-in key data points. These data points are called FlexData, and work as inserted objects that draw data directly from the CHN Advantage database. The system works like a mail merge function, where you select certain inputs that will merge or be dropped into the letter.

The content management for referral letter masters offers more functionality that the basic text editor for the PRND letters. This section will guide you through creating and managing the referral letters.

➲Note: Some HTML knowledge will be very helpful for creating or modifying tables in the letters. This manual will provide instructions for modifying tables using HTML. Otherwise, you don't need any HTML knowledge.

II.8.1 Types of Referral Letters

There are five types of referral letters:

1.   Letters sent by the Facility to Providers:

Form ID	Title	Sent By	To	Purpose
Prov-01	Did Not Keep Appointment (No Show)	Facility	Provider	Notifies provider that patient did not keep appointment at facility. This is the result of referral office research and confirmation that patient did not show (charts and Misys).
Prov-02	Appointment Notice to Provider (Appt. Notice)	Facility	Provider	Notifies provider of patient's appointment and what to bring.
Prov-03	Medical Report	Facility	Provider	Post-consultation notice of recommended follow-up action.
Prov-04	Pediatric Medical Clearance (Pre-Surgical Evaluation) Request for Ambulatory Surgery	Facility	Provider	Notifies provider that a pediatric patient requires a surgical procedure and requests a pre-surgical evaluation action by the PCP.
Prov-05	Pediatric Medical Clearance Request (Pre-Surgical Evaluation) for	Facility	Provider	Notifies provider that a pediatric patient requires a surgical procedure and requests a pre-surgical evaluation action by

Form ID	Title	Sent By	To	Purpose
	Ambulatory Surgery Rescheduling			the PCP for a rescheduled procedure.
Prov-06	Non-Pediatric Medical Clearance (Pre-Surgical Evaluation) Request for Ambulatory Surgery	Facility	Provider	Notifies provider that a non-pediatric patient requires a surgical procedure which requires a pre-surgical evaluation action by the PCP.
Prov-07	Non-Pediatric Medical Clearance (Pre-Surgical Evaluation) Request for Ambulatory Surgery Rescheduling	Facility	Provider	Notifies provider that a pediatric patient requires a surgical procedure and a pre-surgical evaluation action by the PCP for rescheduled procedure.
Prov-08	Appointment Did Not Materialize	Facility	Provider	Notifies provider that an appointment did not materialize, for reasons other than No Show.
Prov-09	Managed Care Referral Request	Facility	Provider	Issued when insurance requires authorization from the PCP in order to send the patient to another service/consult area. For example, the patient has a urological consultation at an HHC facility and the urologist recommends a consultation with a cardiologist, so a new referral is required.

2.   Letters sent by the Provider or Facility to the Patient or Patient's Guardian:

Form ID	Title	Sent By	To	Purpose
Patient-01	Request for Appointment (*Temporary Appointment Notice)*	Provider	Patient	Heads up alert that an appointment has been requested and will most likely be scheduled at an HHC facility.
Patient-02	Appointment Notice to Patient.	Facility	Patient	Notifies patient of appointment and what to bring.
Patient-03	Doctors Note or School Letter	Facility	Patient	This letter serves as proof that the patient was at the hospital facility ("sick day").
Patient-04	Ambulatory Surgery Appointment Notice	Facility	Patient	Confirm surgical appointment and basic information
Patient-05	Pediatric Ambulatory Surgery Appointment Notice	Facility	Patient's Guardian	Confirm surgical appointment and basic information
Patient-06	GI Appointment	Facility	Patient	Special instructions for GI,

Form ID	Title	Sent By	To	Purpose
	Notice For Procedure			where authorized

3.   Letters sent by the Facility to the Patient for OBS:

Form ID	Title	Sent By	To	Purpose
OB-01	Obstetrics Welcome Letter	Facility	Patient	Welcome new patient.
OB-02	Birthing Letter	Facility	Patient	OB Patient follow-up 1
OB-03	LD Tour Letter	Facility	Patient	OB Patient follow-up 2.

4.   Letters sent by the Facility to an Internal Service Unit or Clinical Service Area:

Form ID	Title	Sent By	To	Purpose
Internal-01	Request for Service Approval	Facility	CSA	Intake office sends to internal consultant specialty area for review prior to making appointment.
Internal-02*	Registration Alert* (Reg Form)	Facility	Ambulatory Patient Registration Office	Advises the registration desk to expect the patient.
Internal-03*	Chart Letter*	Facility – Intake office	CSA	Alerts the service area so that CHN Advantage can pick up the chart and get the report back to the referring provider

*These services are handled through a streamlined query, coming soon.

5.   Letters sent by an External (Referred to) Provider to the Initiating Provider or from the Facility to the Initiating Provider and/or Patient Concerning a Rerouted Referral:

Form ID	Title	Sent By	To	Purpose
External-01	Appointment Notice To Patient From Facility	Facility	Patient	Used when the facility has rerouted the patient to an outside provider.

Form ID	Title	Sent By	To	Purpose
External-02	Appointment Notice to Patient From Outside Provider	Outside Provider	Patient	Used when the facility has rerouted the patient to an outside provider.
External-03	Appointment Notice to Provider From Administrator	Facility	Provider	Used when the facility has rerouted the patient to an outside provider.
External-04	Appointment Notice to Provider From Outside Provider	Outside Provider	Provider	Used when the facility has rerouted the patient to an outside provider.
External-05	Medical Report From Facility to Provider	Facility	Referring Provider	Used when the facility has rerouted the patient to an outside provider.
External-06	Medical Report From Outside Provider to Provider	Outside Provider	Referring Provider	Used when the facility has rerouted the patient to an outside provider.
External-07	Did Not Keep Appointment From Administrator to Provider	Facility	Referring Provider	Used when the facility has rerouted the patient to an outside provider.
External-08	Did Not Keep Appointment From Outside Provider to Provider	Outside Provider	Referring Provider	Used when the facility has rerouted the patient to an outside provider.

II.8.2 Available FlexData

Field Name	Data type	Notes
Appointment Date and Time	Datetime	From the referral form.
Appointment Date Only	Datetime	From the referral form. Ignores the time field.
Appointment Facility or Practice	TextString	The ultimate site to which the patient will be sent for the referral.
Appointment Instructions	TextString	Pastes in data from the appointment instructions box.
Appointment Time Only	Datetime	Ignores the data field.
Check-In Location	TextString	Shows the locations available for the selected service. Allow nulls.
Consult Practice Address	TextString	Used for bi-directional or re-routing
Consult Practice City, State, Zip	TextString	Used for bi-directional or re-routing
Consult Practice Name	TextString	Used for bi-directional or re-routing
Consult Practice Phone No.	Formatted String	Used for bi-directional or re-routing
Consult Provider Fax No.	TextString	Not generally used.
Consult Provider Degree	TextString	Used for bi-directional or re-routing
Consult Provider Full Name	TextString	Used for bi-directional or re-routing
Consult Provider Last Name	TextString	Used for bi-directional or re-routing
Consultation Type/CSA	TextString	Appointment information.
Date	Datetime	The date the specific letter is being created ("today's date")
Did Not Materialize Reason 1	Textbox	This is a text box that the user can fill in at the issuing a letter to the recipient. At least one.
Did Not Materialize Reason 2	Textbox	This is a text box that the user can fill in at the issuing a letter to the recipient.
Did Not Materialize Reason 3	Textbox	This is a text box that the user can fill in at the issuing a letter to the recipient.
Facility Letterhead	Image	Pulls from the CO system.
Facility MRN 1	Text	Up to four MRN's can be inserted in any letter. All null.
Facility MRN 2	TextString	
Facility MRN 3	TextString	
Facility MRN 4	TextString	
Facility Name – Referral	TextString	Where the referral was originally sent.
Facility or Practice - Ultimate	Dropdown	Used if the patient is referred to another facility after treatment/service performed at a facility. Shows available facilities.
Follow-up Visit Date & Time	Datetime	When follow-up field is populate.
HHC Confidentiality Notice	Datetime	Set by central office in the global controls.
Medical Clearance Deadline	Datetime	Used for showing the deadline for a medical procedure clearance request, when data is entered.
Patient Address 1 & 2	TestString	From patient main address
Patient City, State, Zip	TestString	From patient main address

Field Name	Data type	Notes
Patient DOB	Date	
Patient Full Name	Text	The patient for whom the referral was created
Patient Gender	String	M, F, U
Patient Gender Possessive	String	His, Her, His/Her
Patient Insurance Plan	TextString	Values are as set by CO System Administrator in the dropdown controls management
Patient Insurance Policy No.	TextString	Allow null.
Patient Insurance Product	TextString	Values are as set by CO System Administrator in the dropdown controls management. Allow null.
Patient Phone 1	TextString	Where available. Allow null.
Patient Phone 2	TextString	Where available. Allow null.
Ref. Auth. Exp. Date	TextString	Pulls from the CO system. Allow null.
Ref. Auth. No.	TextString	Entered at the time of creating the letter . Allow null.
Ref. Auth. No. Visits	TextString	Optional field in the referral form. Allow null.
Ref. Practice Address	TextString	The address of practice of the provider who made the referral.
Ref. Practice Fax No.	TextString	The fax number of the practice of the provider who made the referral.
Ref. Practice Name	TextString	The name of the practice of the provider who made the referral.
Ref. Practice Phone No.	TextString	The phone number of the practice of the provider who made the referral.
Ref. Provider Degree	TextString	The degree of the provider who made the referral
Ref. Provider Full Name	TextString	The full name of the provider who made the referral
Ref. Provider Last Name	TextString	The last name of the provider who made the referral
Ref. Provider Patient ID	TextString	Allow null.
Service/Procedure	TextString	The referral service.
Special Instructions Textbox	Text	Entered at the time of creating the letter. Allow null.
Textbox	Text	Entered at the time of creating the letter

II.8.3 Creating or Editing a Referral Letter with the Content Management System

The facility administrator can edit letters without any knowledge of HTML, although a little bit of HTML experience will certainly help with creating more attractive letters with table layouts. This manual will demonstrate the HTML tags for tables, as this is most like the only HTML knowledge necessary for the content managed letters. In most other cases, the text editor is sufficient.

II.8.4 Editing an Existing Letter

We will start with editing existing letters, since most facilities will use the preloaded letters.

➲**Note:** If a facility does not perform an edit function, they will always use the master template that comes preloaded with the system. Once a facility administrator edits a letter, the facility then owns that copy.

1. **Click Left Menu➔Facility Controls➔8. Referral Letter Masters.**

2. If your facility is in a peer or custodial relationship with another facility, you will need to select each facility whose letters you wish to edit. If your facility is independent, the list of available letters will default directly to your facility.

3. Click the *Edit Content* link in the right-hand column for the letter you wish to customize. You will see the letter and the language that is available. You can use the Add button to create another language version of the letter (See Section II.8.5).
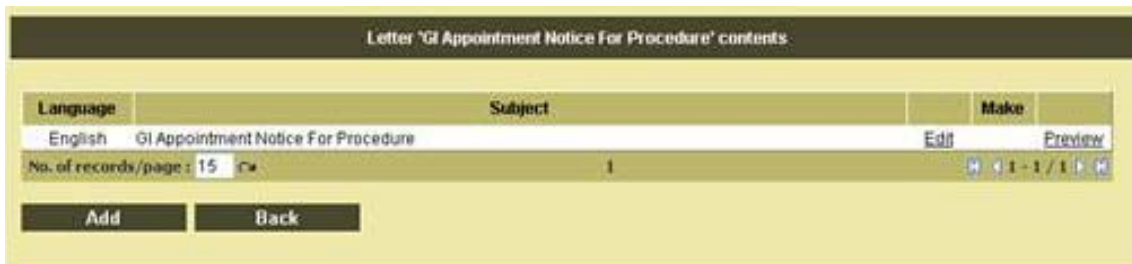
4. Click *Edit* to open the letter. You can use the text editor to change fonts and sizes, colors, add bullets, numbered lists, bold, italic, and underline. You can also add or remove text as needed.

    Remember, the Enter key defaults to a two-line break. Use CONTROL-Enter to skip only one line.

5.   To customize the letters in terms of pulling data from the referral form, use the FlexData in the dropdown box.

The following example shows how to add Patient City, State, Zip to the letter. Move the cursor to the exact place where you want to insert the FlexData object; click on the item in the dropdown box and it will appear in the template.
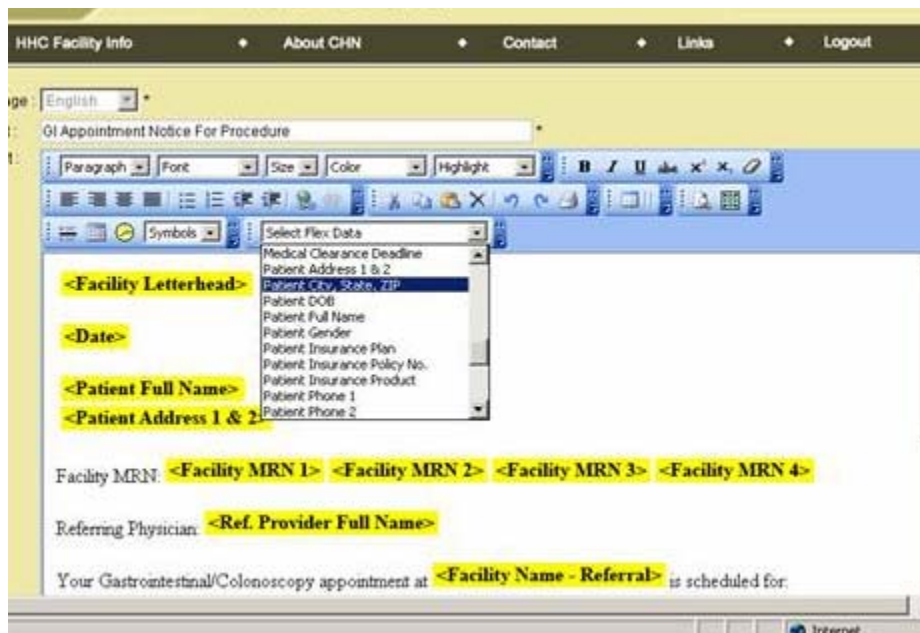
6.   To remove an item, click on it then use the *Delete* key. To immediately restore an item you accidentally deleted, click CONTROL-Z (same as in MS Word—this undoes the last action). You can also copy and paste objects.

7.   When you have finished customizing your letter, click the *Save* button all the way at the bottom left of your screen. You will then have the ability to further edit or preview your letter, or make it inactive.

As you see, basic editing is done through the user interface, where you can add bullets, numbers, indentations, bold, italic, and underline. Notice in the following example, the *Check-In Location* Flexdata has been added twice. To remove the second *Check-In Location*, click once on the Flexdata. The Flexdata will highlight, and you can delete with the *Delete* key.
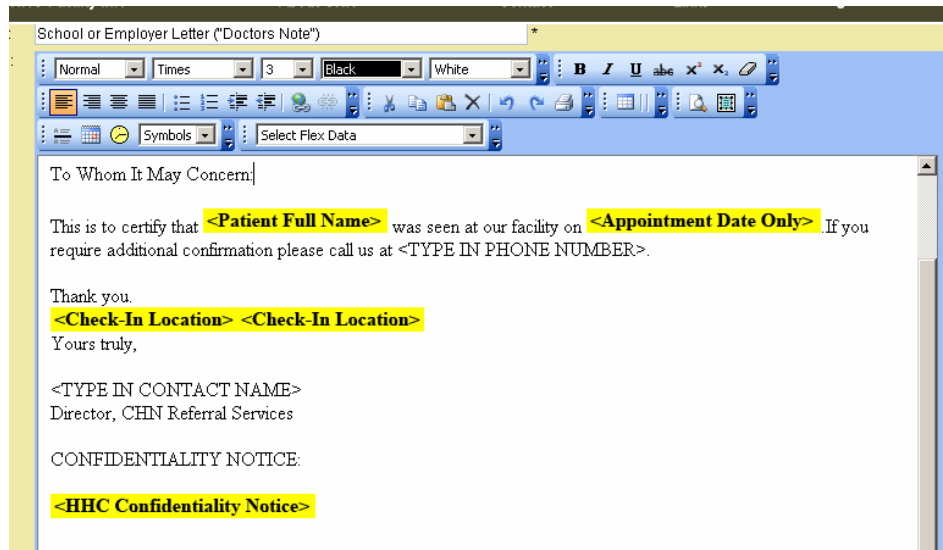
When creating your letters, make sure you add all spaces and punctuation. You can add formatting to the text such as Bold, Italic, and Underlining. You can right, left, center, and justify the formatting, add bullets, and add lines.

The *Enter* key after a line results in a double space; to single space, use CONTROL-Enter.

After creating or editing your letter, click the *Save* button.

The Text and Special Considerations Flexdata will create a text box or text area where you can input items at the time of creating the letter for a patient. Use the Text Flexdata is the data is short, such as a date or room number. Use the Special Considerations Flexdata if you require a larger data field, such as to type in special instructions to the provider or the patient.

Preview

When you preview your letter, you will notice many of the flexdata will appear as text boxes. This is because no data is available to fill in these fields. You will also not have your letterhead or other data loaded. These are assembled at the time you actually generate a specific letter from the referral processing screen.

However, when you create a letter for a referral, the data will be populated.
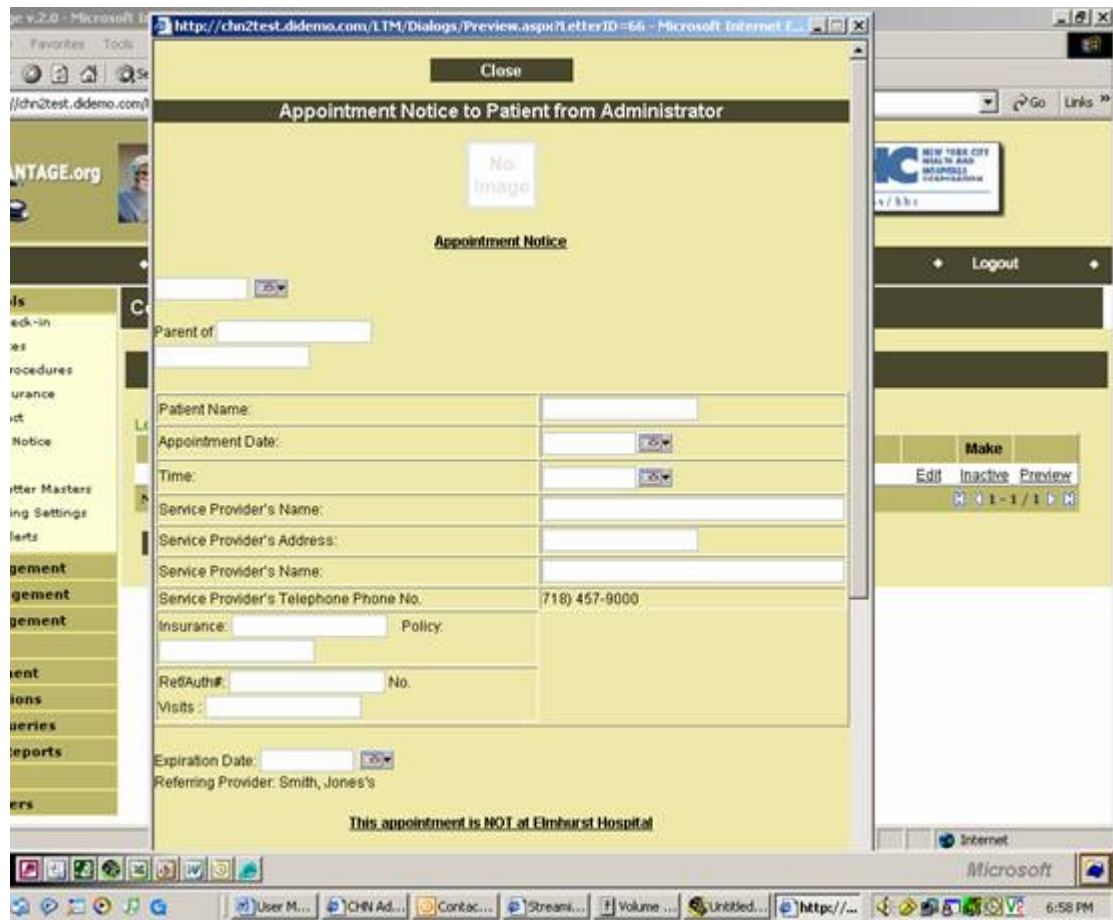
II.8.5 Adding a Language Version of a Letter

In CHN Advantage v. 2.0, facilities cannot create new letters but can add different language versions of an existing letter. The system accepts only Western characters; non-Western characters need to be added as image objects.

1.   Select the letter you wish to work on. Click *Edit Contents*.
2.   From the screen shown above in Section II.8.4, Step 3, click *Add*
3.   Select the language from the list of Western character-based languages.
4.   To insert characters such as accents marks, you must use the ASCII codes, as follows

Hold-Down	Number Pad Sequence	Character
ALT	128	Ç
ALT	129	ü
ALT	130	é

Hold-Down	Number Pad Sequence	Character
ALT	131	â
ALT	132	ä
ALT	133	à
ALT	134	å
ALT	135	ç
ALT	136	ê
ALT	137	ë
ALT	138	è
ALT	139	ï
ALT	140	î
ALT	141	ì
ALT	142	Ä
ALT	143	Å
ALT	144	É
ALT	145	æ
ALT	146	Æ
ALT	147	ô
ALT	148	ö
ALT	149	ò
ALT	150	û
ALT	151	ù
ALT	152	ÿ
ALT	153	Ö
ALT	154	Ü
ALT	155	¢
ALT	156	£
ALT	157	¥
ALT	158	Pts
ALT	159	ƒ
ALT	160	á
ALT	161	í
ALT	162	ó
ALT	163	ú
ALT	164	ñ
ALT	165	Ñ
ALT	168	¿

II.8.6 Working with Tables

Working with tables may require a little knowledge of HTML if you want to make changes to the table once it has been created.

The arrow in the following screenshot shows the icon for the create table feature. Note that it may be in a different location in your screen.
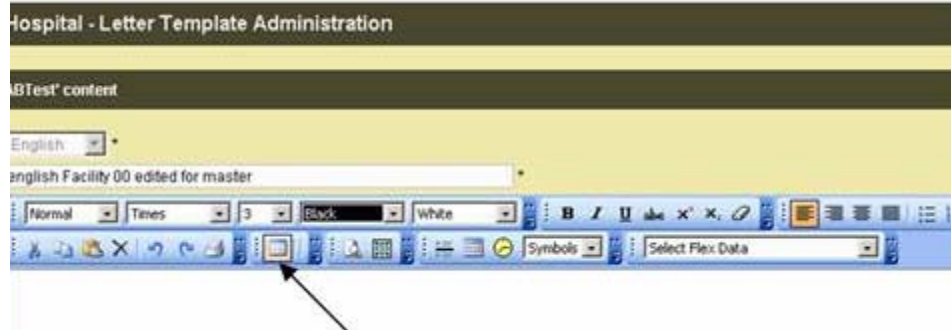
Click on it to open the Table dialogue box. You can set the size and number of rows and columns required. Click *OK*.
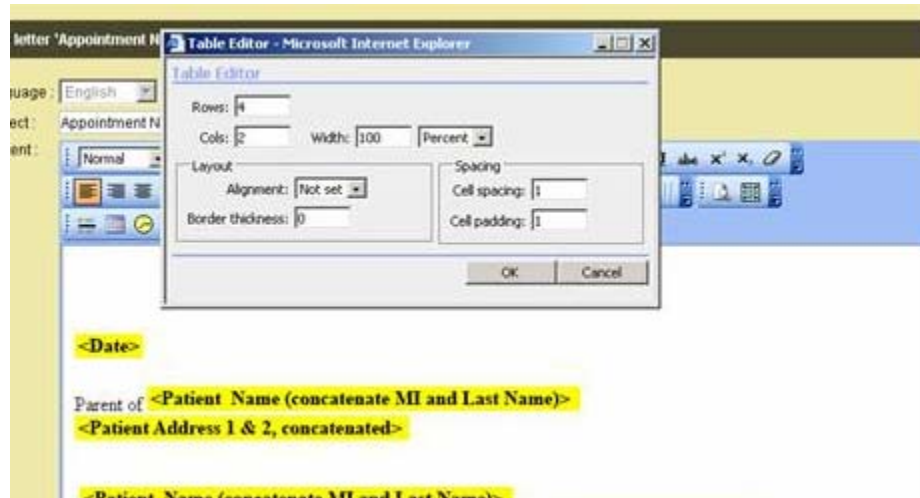
Your table will have borders around it unless you set the Border Thickness to 0. We recommend that you keep the Border Thickness at 1 until you are completely done with the design work. Then you can click on the HTML link at the bottom of the screen, find the HTML code that handles the table, and change "Border=1" to "Border=0" and save your work. The HTML for the table looks like the following highlighted text:
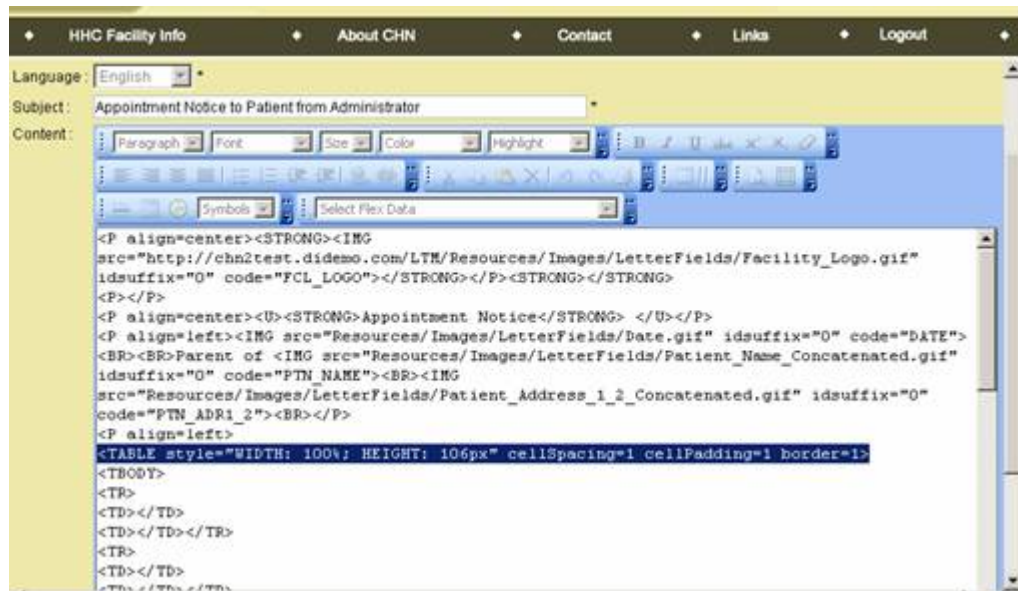
Design View

Design view for a table without boarders will resemble the following sample:
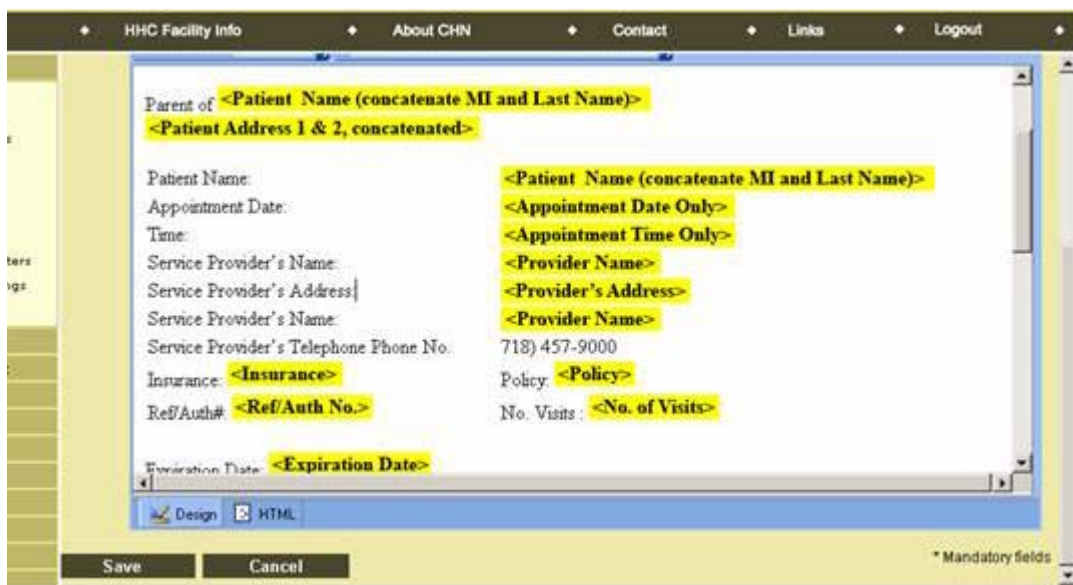
Adding a Line to your Table.

If you need to add a line to the table, you will need to use some HTML—with the stress on "some."

1.   Click on the *HTML* button. This will open the letter code.

2.	Select the last row of text you added, beginning with tag <TR>, all the way to the closing tag, </TR>. Note that the closing </TR> tag might be in the middle of a line instead of at the end of a line as shown below. Click CONTROL-C to copy this code.

3.	Paste the copied section immediately after the last </TR> using CONTROL-V.

4.	Click again on the *Design* button. You should see that the last two lines of the table are identical. You may now edit the last line accordingly.

Deleting a Line from Your Table

1.	Click on the *HTML* button. This will open the code behind the letters.

2.	Select the last row of text you want to delete, beginning with tag <TR>, all the way to the closing tag, </TR>. Note that the closing </TR> tag might be in the middle of a line instead of at the end of a line as shown below.

3.	Use the delete key to delete the selected text.

4.	Click on the *Design* button. The text should be deleted.

To Add a Column or Columns to your Table

If you need to add a column, insert as many <TD></TD> tags as you need to reflect the number of additional columns. These tags must be inserted between each <TR> and </TR> pair.

To Delete a Column or Columns to your Table

Select the column you need to delete by highlighting the <TD></TD> pair and depress the Delete key.

II.9 CREDENTIALING SETTINGS

The Central Office Level Credentialing Controls can be found at: **CO Controls→General Settings→CO Credentialing Controls.**

The Facility Level Credentialing Controls can be found at: **Facility Controls→Credentialing Settings**. The administrator has the ability to customize the settings that are permitted at the Central Office Level.

The credentialing settings at the global level affect the facility level and include:

1. Allow Providers to Send Referrals to Other Providers
2. Allow Facility to Direct Send or Reroute Referrals to Community Providers
3. Credentialing Required for System Access (global)
4. Grandfather non-credentialed provider?
5. MetroPlus Credentialing Required for System Access?
6. Grandfather MetroPlus non-credentialed provider?

The administrator should be away of the following possibilities:

Setting No.	If CO Sets to:	Facility Can Set to:	Comment
1	YES	YES / NO	Override control for allowing outside providers to user CHN Advantage.
1	NO	NO	
2	YES	YES / NO	Override control for bidirectional referrals.
2	NO	NO	
3	YES	YES	Override control for credentialing as a prerequisite for system access.
3	NO	YES / NO	
4	YES	N/A	Result of CO changing credentialing requirement from Yes and No; non-credentialed providers with CHN Advantage access can either keep (grandfathered) or lose system access.
4	NO	N/A	
5	YES	YES	Override control for MetroPlus credentialing as a prerequisite for system access.
5	NO	YES / NO	
6	YES	N/A	Grandfathering specific to MetroPlus.
6	NO	N/A	

The control enables the facility administrator to see the global defaults and set the facility-specific parameters within the context of the global settings. The facility administrator's selections appear in the grid at the bottom of the page; the facility administrator can change the settings by selecting new radio buttons and clicking *Save*. The radio buttons are blank each time because they are used only to effect changes and rely on the global administrator's settings.

CO Credentialing Controls	
Allow Providers to Send Referrals to Other Providers	No
Allow Facility to Direct Send or Reroute Referrals to Community Providers	No
Credentialing Required for System Access (global)	No
Grandfather non-credentialed provider?	No
MetroPlus Credentialing Required for System Access?	No
Grandfather MetroPlus non-credentialed provider?	Yes

Facility Credentialing Controls - Setting Changes

Facility: Coney Island Hospital

Allow Providers to Send Referrals to Other Providers (Child of Global)	○ Yes ○ No
Allow Referral Office to Reroute or Direct Send Referrals to Community	○ Yes ○ No
Credentialing Required for System Access?	○ Yes ○ No
MetroPlus Credentialing Required for System Access?	○ Yes ○ No

Save

Facility Current Settings

Fac.	Can Providers Send Referrals	Can Referral Office Send Referrals	Require Credentialing	Require MetroPlus Credentialing
BHC	No	No	Yes	Yes

II.10 REFERRAL ALERTS

Many facilities desire email notifications to alert referral processing whenever a new referral arrives in the Intake Queue. The facility administrator needs to set this control.

Select the user(s) from the box—hold down the control key and click the name(s) to select multiple users. The users listed comprise anyone with your logical network with referral management access. Click *Save*. User the *Delete* link to remove the user from the user group.

Include only those users who you wish to receive notification of new referrals in the Intake Queue. You do not need to add Clinical Services Area users here—use the Service/Procedures tool to set up email alerts for them.

II.11   CHART/REG REQUESTS

Each facility can enter one phone number and fax number that will appear as the contact phone and fax on the chart and patient registration request forms. Adding or updating an existing item will overwrite that item.

Facility:	Coney Island Hospital ▾
Chart/Reg. Phone:	718 - 444 - 5555
Chart/Reg. Fax:	718 - 555 - 4444

Note: Please note that the facility phone and fax will be overwritten by the new numbers if already present.

Add/Update Phone & Fax

Facility	Phone	Fax
CIH	(212) 471-1064	(212) 742-9822

II.12 CHN EMAIL

This tool is to send system emails to predefined user groups then search for any emails sent. There are eight different email groups. They are:

1. All Users
2. All System Administrators
3. All internal users
4. All Community Providers
5. All Referral Reviewers
6. Referral office users
7. All PRND users
8. All Transfer function users

These groups have different meanings for different users. For example an Administrator at the central office sends emails to all users when selecting all users. An Administrator at a facility would only send emails to all users at that particular facility when selecting all users.

Steps

1. Select the group to which you are sending the email

2. Enter the email subject.

3. Enter the body (text) of the email

4. Click *Send Email* or, if you wish to abandon, click *Close.* You will receive a confirmation message; click OK if you wish to close without sending the email.

If you do not select a facility, the email will default to any facilities within your peer group, if your facility is independent, you will only send emails to groups within your facility.

CHN Advantage maintains an email log, which you can access by group and date.

Group Email

Select Facility:	--Select--
Select Group:	All Users
Subject:	
Body of the Email: (max 5000 characters)	

Send Email

Search Group Email Sent

Select Group:	--Select--	Select Facility:	--Select--
Start Date:		End Date:	Search

➲Note: Make sure you train users **not** to reply to CHN Advantage generated emails. CHN Advantage does not receive incoming emails. However, depending upon the email system you use, the user can click Reply to All, and send an email through the regular email system to all recipients of your CHN Advantage email.

APPENDIX III

FACILITY ADMINISTRATOR FUNCTIONS—GRANTING ACCESS TO INTERNAL USERS (INTRANET)

III.1 NEW REQUESTS

Appendix I demonstrated the user access request forms. If you are an authorized central office, network, or facility administrator, you will be able to act on those user requests. If you are an administrator, you may see a number flashing at the top banner of the main menu, which indicates the number (if any) of outstanding) user requests that have been routed to you. You can click that number directly to access the *Internal User Access Requests* screen, or click **Left Menu→User Accounts→Internal User Accounts** to access the same.

This screen will default to new (outstanding) requests. You can also search for active users, requests that were denied, or accounts that were inactivated.

The first column shows the name of the request, followed by the user group, which should be blank. The facility follows; if there are multiple persons performing the administrative role, such as in a peer relationship or in the case of a logical network administrator, you can act on any request routed to you or choose to act only those requests that are for your facility.

Hover the mouse over the facility abbreviation and you can see the job title. The master list of job titles is provided by the global administrator. The LDAP user name follows.

The CSA Yes or No status alerts you if the requestor handles referral reviews or scheduling at a particular clinical services area. This is followed by the requestor's phone number, date of the request, and the status of the request, which defaults to new.

You can also filter users and requests by facility and by the type of user request—All, CSA, or non-CSA requestors, and also by requestor or user name.

1. Click *Act*. This opens the permissions page.

2. To deny access, enter a reason and click *Decline*. The user will be notified by email and will have the opportunity to resubmit a request with updated information, if appropriate. The requester will receive an email indicating that the account has been denied.

3. To grant access, select the appropriate user group based on the information the user has provided to you. This will open the detailed permissions form that will show all the defaults for this user group. You can deselect default permissions on a case-by-case basis. Once you click Approve, the requestor will receive an email notifying his/her that the request has been approved.

III.2   EDITING EXISTING USERS

1.   Search for the user by selecting All or Active Users from the search criteria User Requests dropdown box   Notice the controls available to you for the different categories of individuals:

Notice that you can only view the profiles of requestors who were denied access, and that you can act on new requests, and also edit the profile of existing users. You can change existing users privileges by clicking on the *Act* link as well. The only thing you cannot do is change an internal user's password, as this is handled by the Corporate Security group and is never sent to CHN Advantage.

APPENDIX IV

GRANTING ACCESS TO EXTERNAL USERS (INTERNET)

One of your main functions as a systems administrator is to create access for authorized outside persons at the practices. The outside users can be a provider or practice staff working on behalf of a provider.

It is important to understand that there are three external roles: Privacy proxy, Practice Administrator, and Provider User.

These roles are defined as:

Group No.	Title	Function
23	**Privacy Proxy**	Initiates the practice—upgrades the status from System Ready to System Active upon logging in for the first time and changing the temporary password. By logging in, the privacy proxy becomes the duly authorized legally responsible party for initializing the practice. The privacy proxy's other role is to approve outgoing and incoming requests for system access for persons from practices other than the home practice. The privacy proxy can also act as a practice administrator, i.e., create additional accounts for users at the practice, and create referrals and read results. Note: If an individual serves as a privacy proxy at one practice and an administrator or provider user at another practice, he/she will need two accounts and apply for permission. However, if he/she is the privacy proxy at both practices, then he/she can use the same user name and password.
20	**Practice Administrator**	Has the ability to create and monitor patient profiles and referrals for all system user

Group No.	Title	Function
		providers within the practice. Has the ability to create other accounts at the practice.
21	**Provider User**	Has the ability to create and monitor patient profiles and referrals for specified system user providers within the practice.
Practice Administrators and Provider Users can request access to their providers' other practices. These requests go to the privacy proxy for outbound approval and then to the other practice's privacy proxy for inbound approval		

IV.1   Creating an External Account for the Privacy Proxy

You begin the process by activating the Privacy Proxy account. You can create this account for any practice that is System Ready, meaning that all profile details are entered. Only then can you create a privacy proxy account.

1.   Click **Left Menu→Practice Management→Create Practice Accounts.**

2.   Select the facility and the practice. If you are searching for an existing user, enter that user's name, email, or user name, otherwise, click *Search*.

If no records are found, or if the specific user you are searching is not found, you will see the following screen:

Use the ***CLICK HERE*** link to initiate creating the user. This opens the Create Community Practice Accounts form.

3.   The system will present the privacy proxy's name, title, phone, and email address if this information was entered in the Practice Profile form. If not, you will need to enter it here. You must confirm the email address, and confirm the practice, and which should appear as a green label abofe the Additional Practice(s) box, as also be highlighted in the box. You can select other practices from the listbox, where applicable. Click *Save*.

4.   The names of the providers associated with the practice will appear with shaded checkboxes indicating that the privacy proxy will inherit the rights to create referrals on behalf of all the providers at the practice.

5.   Check if the user is also a provider.   This will be used in future statistical reports.

6.   A unique user name and a temporary password will appear. You must give these to the user in question. It is advisable to transmit these by phone or in person, as this will mostly likely be the first user at the practice.

    Once this user logs in to CHN Advantage, the practice profile will upgrade from System Ready to System Active. After the privacy practice logs in, you will no longer be able to see the password; this is true for all users at the practice.

7.   Click *Back to Search*. You can review the new user, reset the password, edit the profile, or change the privacy proxy to a different party. If you update the privacy proxy information, it will be written back to the practice management form.

The privacy proxy must log in prior to other accounts being created. **From a process perspective, this means:**

o   You must create the privacy proxy account before any other accounts at the practice.

o   Because the privacy proxy's key role is to activate the practice and approve outbound and incoming user requests for individuals not immediately associated with the practice, you can work with individual over the phone. They can also make referrals and create other accounts at the practice so their initial training is important. You need only to talk them through logging in and changing their password.

o   Once the privacy proxy logs in and initializes the practice, meaning its status has changed from System Ready to System Active, you can create accounts for the other users, such as the practice administrator and any other required users.

o   At this point, you may wish to arrange training and visit with the practice personnel to set up their accounts.

IV.1.2 Privacy Proxy First-Time Login

The privacy proxy will login to the *www.hhcadvantage.*org website with the user name and temporary password you provided. At first login, the system will:

1. Prompt to accept the usage agreement.
2. Prompt to change the password.
3. Confirm that the password has been changed.
4. Present the usage survey.

All other logins will prompt for the usage agreement only, unless the change password routine is initiated.

IV.2 Creating an External Account for the Practice Administrator

After the privacy proxy has logged on, you can proceed to creating other accounts using the same process. However, after you search and follow the link to create a new user, you will need to select the Group: Practice Administrator or Provider User. A perfect example would be if you want to give one of the physicians at the practice administrative access but not privacy proxy (legally responsible party) access.

A series of default rights will appear which you can modify on an individual basis.

1. Select the facility and practice from the Community Practice Accounts screen.

2. The privacy proxy information will appear. Once you confirm that this is the practice with which you wish to work, click the link to create practice accounts for that practice.

3. To facilitate data entry, there will also be a dropdown box with the existing providers. If you are creating an account for a provide, select the provider's name, otherwise, select *NON-PROVIDER STAFF*.

➲Note: If no providers are found for this practice, the user will not be able to create referrals.

➲Note: *??? I know for sure I have a System Ready provider attached to that practice. Why doesn't he/she come up?*

Check to make sure your provider has system permissions, go to his/her profile, edit the Details section of the profile, and set the Radio button to yes.

4. Either review the information about the provider you selected in Step 3 above, or enter the staff member's information in the new screen.

   o Select the office title.
   o Assign the user to an external user group: Practice Administrator, meaning the new user will have the ability to create other users at the practice, or Provider User, meaning he/she will not be able to create other users at the practice.
   o Check if the user is also a provider (for informational purposes only).
   o Select the provider or providers for whom this user will have access.
   o Click Save to generate a new user name and temporary password.

➲Note: Even if this user is a provider, you must still check the discreet rights, meaning you are giving him/her rights to create referrals on his/her behalf, and/or on the behalf of others.

5. Give this information to the user. Upon first login, he/she will be prompted to change the password.

IV.2.1 Practice Administrator Limitations

If you do not have the option to create another Practice Administrator at a given practice, then you have reached the maximum number of allowable users of this type for that practice. The maximum number is controlled by Central Office.

➲Note: It is understood that at small practices or solo practices with multiple sites, the privacy for both practices or locations may be the same individual. Nonetheless, he/she must login to CHN Advantage and respond to the outbound and inbound request and approve the request.

IV.3 Allowing a User from One Practice to Access Data at Another Practice Using the Same Password

This function can only be performed by the practice administrator because of the business function of the privacy proxy. The privacy proxy at the person's first practice must approve the request (outbound request). Also, the privacy proxy at the practice where the user is requesting access must also approve the request (inbound request). This ensures that the gatekeepers at both practices have approved this.

IV.4 Allowing a User from One Practice to Access Data at Another Practice With a Different Password

If a user is employed at two practices that do not have an affiliation or where permission to share patient information is not allowed, then the user must be treated as distinct at each practice. He/she will therefore have two user names and password—one for each practice. This is analogous to having two distinct on-line bank accounts at different banks or an AOL and Hotmail email accounts.

IV.5 Privacy Proxies with Multiple Practices

An individual cannot be a privacy proxy at one practice and a practice administrator or provider user at another practice with the same account.

The need for an individual to be a privacy proxy at more than one practice is rare and will most likely occur at solo or small practices where the providers have multiple locations with a mobile staff. If the practices have distinct office staff, then there is little need to have a privacy proxy with multiple practices.

Some Examples:

1.   Solo Practice, same log-in.

Dr. Hill has a psychiatric solo practice on 33rd Street and works there on Monday and Tuesday. She has no office staff so she acts as Privacy Proxy and handles CHN Advantage referrals herself.

Dr. Hill works from her 42nd Street practice on Wednesday through Friday. Again, she has no office staff.

If Dr. Hill has registered her practices in CHN Advantage as district practices or sites, in order for her to gain system access for these sites, she would need to be privacy proxy at both, thereby activating each practice. She can use the same password.

2.   Group Practices, same log-in.

Jillian is the office manager for Main Street Medical Associates, Inc., and is the privacy proxy. She can create accounts for other users at this practice. One of the providers, Dr. Martin, is also affiliated with Elm Street Cardiology.

If Dr Martin, or a staff member working on his behalf, needs to access Dr. Martin's Elm Street records using the same password they have from Main Street Medical Associates, this user must make a request to the privacy proxy. Jillian must approve the outbound request and the privacy proxy at Elm Street must also approve the request.

It is unlikely that in busy practices that one individual will be the privacy proxy at both Main Street and at Elm Street. However, the system will handle that case, but will not allow Jillian to be a privacy proxy at Main Street Medical Associates and a regular user at Elm Street with the same password.

If Jillian must have access to the Elm Street records, she will need a secondary account created at Main Street Medical Associates first. She will then:

1. Login as a Provider User at Main Street Medical Associates.
2. Make a request for access to Elm Street records.
3. Log back in as Privacy Proxy at Main Street Medical Associates and approve her own request.
4. After the request is approved by the privacy proxy at Elm Street, she can now access both records, provided she uses her Practice User user name and password.

This is not as complicated as it seems because in actuality, Jillian ONLY needs her privacy proxy account to approve requests for outbound and inbound requests. Once the accounts are created, she never needs to act in this capacity again.

3. **Group Practices, different log-ins.**
    If a user is employed at two practices that do not have an affiliation or where permission to share patient information is not allowed, then the user must be treated as distinct at each practice. He/she will therefore have two user names and password—one for each practice. This is analogous to having two distinct on-line bank accounts at different banks or an AOL and Hotmail email accounts.

Users at multiple practices will continue to be explored as the user population grows and different scenarios are encountered. If your facility encounters any special cases, please contact a central office administrator to discuss your requirements.

APPENDIX V

GLOBAL CONTROLS

The central office controls are special configuration controls that are used to set up and customize CHN Advantage at the time of implementation. The CO controls also enhance the user experience by marinating the dropdown menus, logos, Internet usage policies, clinical service offices, and other items

There are 19 available controls in CHN Advantage v. 2.0. This chapter describes each control.

V.1 GENERAL SETTINGS (Control No. 1)
This is the master configuration panel to be used by the global system administrator to set parameters for passwords and other security controls. However, in CHN Advantage v. 2.0, several parameters are locked and cannot be changed without source code modifications, to ensure adherence with corporate standards.

Security Controls:
1. Maximum practice administrations per practice
2. Minimum external user name characters.
3. Minimum external user password characters.
4. Days to password expiration (external users only).
5. Notify user of password expiration starting n days.
6. Password issuance activity to lock-out in days.
7. Emergency global lockout (PIN and rest PIN to be provided).
8. Emergency global password reset (PIN and reset PIN to be provided)

Configuration Controls:
1. Allow facility to direct send or reroute referrals to community providers (Y/N).
2. Allow providers to send referral to other providers (Y/N).
3. Credentialing required for system access (global)
4. Grandfather non-credentialed provider?
5. MetroPlus required for system
6. Grandfather MetroPlus non-credentialed provider?

Integration Controls
1. Site URL
2. Mail Server IP Address.
3. Mail From Address
4. Ensemble Record Return Maximum No.

V.2 HOSPITAL NETWORKS (Control No. 2)

This tool affords the opportunity to create and activate a hospital network in two clicks. To create a network, enter the network name and an abbreviation then click *Save*. The default mode will be active but you can make the network inactive by clicking the *Edit* button and upchucking *Active*.

For all active networks, you can enter account information for the top-level network administrators. These are the individuals with ultimate authority to create facility administrators, patient transfer users, and, if desired, all other users.

	Create Hospital Networks				
	Network Name			**Abbreviation**	

Please note: Network names are limited to 50 characters. Making a network Inactive will prevent you from assigning any new facilities to the network. This control only populates other controls. It will not remove any existing relationship or inactivate any facilities. You can remove facility relationships by using Control No. 5, Facility Relationships. To deactivate an entire facility from CHN Advantage, use Control No. 4, Create Facilities.

Save

	Network Name	**Abbr.**	**Active**	**Created**	**Updated**
Edit	Central Brooklyn Network	CBN	☑	Murugan Killada 06/22/2007 12:00AM	Lewis Baratz 11/08/2007 6:20PM
Edit	Gen Plus Network	GEN+	☑	Murugan Killada 06/22/2007 12:00AM	Lewis Baratz 10/09/2007 1:10PM
Edit	Home & Health Care	HHN	☐	Murugan Killada 06/22/2007 12:00AM	Lewis Baratz 10/04/2007 12:15AM
Edit	New Test Network	NTN1	☐	07/30/2007 4:12PM	Lewis Baratz 08/01/2007 4:05PM
Edit	North Bronx Network	NBX	☑	Murugan Killada 06/22/2007 12:00AM	Lewis Baratz 10/09/2007 1:14PM
Edit	North Brooklyn	NBN	☑	Murugan Killada 06/22/2007 12:00AM	Lewis Baratz 10/09/2007 1:14PM
Edit	Queens Health Network	QHN	☑	Murugan Killada 06/22/2007 12:00AM	Murugan Killada 06/22/2007 10:44AM
Edit	South Brooklyn Network	SBN	☑	Murugan Killada 06/22/2007 12:00AM	Lewis Baratz 08/07/2007 2:13PM
Edit	South Manhattan	SMN	☑	Murugan Killada 06/22/2007 12:00AM	Lewis Baratz 07/23/2007 4:46PM
Edit	TESt and REMOVE	TR	☐	Lewis Baratz 08/20/2007 9:14PM	Lewis Baratz 08/20/2007 9:14PM
Edit	test network 2	tn2	☐	Lewis Baratz 09/06/2007 10:43AM	Lewis Baratz 09/27/2007 3:44PM
Edit	Test ntwrk and remove	TST2	☐	Lewis Baratz	Lewis Baratz

Click on the *Create Admin Profile(s)* link to create up to three *Admin Profile(s)* or, if there already is at least one administrator, the *Edit Admin Profile(s)* link to access the form. Filling out a complete profile for an individual and clicking *Save* will immediately activate that user's account.

V.3 FACILITY TYPES (Control No. 3)

This tool populates the look-up tables of healthcare facility types. It is a stand-alone tool that populates other tools. Enter all the healthcare facility types used by the Corporation, and save each item. Use the *Edit* button to update.

V.4   CREATE FACILITIES (Control No. 4)
Use this tool to add all the facilities that will be used in the CHN Advantage logical networks. Enter the facility code (abbreviation) and HL7 code, if available (reserved for future use).

o   Choose a facility type from the dropdown box. This dropdown box was populated by the Facility Types (Control No. 3) tool.

o   Choose a physical affiliation. This dropdown box was populated by the Hospital Networks (Control No. 2) tool.

o   Use the *Edit* buttons to make changes, deactivate, or reactivate.

V.5   FACILITY RELATIONSHIPS (Control No. 5)

The first dropdown control provides a global listing of facilities arranged by the physical networks you created using the Hospital Network Control (Control no. 2).   The second dropdown control enables you to choose the logical network relationship: Independent, Peer-to-Peer, or Custodial.   The third dropdown provides facilities that are restricted to the physical network or your first choice.

After making your choice, click *Submit.*

If you created North Central Bronx as a peer to Jacobi Medical Center, you do not also need to create North Central Bronx because this would be redundant.

Create Internal Facility Relationships				
Select:	Facility One (All) ⌄	Select Relationship ⌄	Facility Two (within Network) ⌄	Save
Facility One	**Relationship Type**	**Facility Two**	**Created**	
CBN - Kings County Hospital Center	Parent-Child	Dr. Susan Smith McKinney	Murugan Killada 09/26/2007 10:36PM	Remove
CBN - Kings County Hospital Center	Parent-Child	East New York D&TC	Murugan Killada 09/27/2007 12:31PM	Remove
GEN+ - Lincoln Hospital and Mental Health Center	Peer-to-Peer	Renaissance D&TC	Murugan Killada 09/27/2007 11:37AM	Remove
GEN+ - Lincoln Hospital and Mental Health Center	Peer-to-Peer	Harlem Hospital	Murugan Killada 08/21/2007 1:39PM	Remove
NBN - Jacobi Medical Center	Peer-to-Peer	North Central Bronx Hospital	Murugan Killada 08/21/2007 1:59PM	Remove
NBR - Woodhull Medical and Mental Health Center	Peer-to-Peer	Cumberland D&TC	Murugan Killada 08/22/2007 6:07PM	Remove
SBN - Coney Island Hospital	Independent	Not Applicable	Murugan Killada 09/26/2007 10:36PM	Remove

If you try to remove a relationship, you will receive a warning message prior to being able to execute the task.

V.6   FACILITY LOGOS (Control No. 6)
This tool enables the global administrator to upload logos for individual facilities using the system. The logo images uploaded using this control will appear on screens and forms for users associated with those facilities. Logos are optimum size at 336 x 103 pixel JPEG files.

The logos entered in this tool are the logos that are displayed for internal users.

Steps
1.   Select the facility from the dropdown box. Because this is a central office control, all facilities created in CHN Advantage will appear. The logo files should be in a standard image format such a JPEG file.

2.   Click the *Browse* button next to the Upload Image box. The Windows file object dialogue box appears. Find the logo image in the same manner in which you would find an attachment for an email and click *OK*.

3.   Click the *Upload Logo* button. You will receive a message confirming that the logo has been successfully uploaded.

    ↩Note: Before uploading the logo, make sure it has been formatted in a size and file type that will be clear. The recommended size and resolution is 336 x 103 pixels.

    ↩**Special Note to System Administrators:**
    Because CHN Advantage is being hosted in a clustered environment, the simple upload control is only half of the process. You must contact a technical systems administrator to ensure that the logo you upload is distributed throughout the system. This requires checking the application folder, verifying to which folder the logo was updated, and then manually copying the logo object file to the mirror folder.

    In this regard, see the As-Build System document, Appendix 1.

V.7   FACILITY LETTERHEAD (Control No. 7)
This tool enables the global administrator to upload letterhead images for individual facilities using the system. The letterhead images uploaded using this control will appear on letters that are generated to patients and providers. Letterheads are optimum size approximately 500 to 600 pixels wide and 100-150 pixels in height.

The logos entered in this tool are the logos that are displayed for internal users.

⮌Special Note to System Administrators:
Because CHN Advantage is being hosted in a clustered environment, the simple upload control is only half of the process. You must contact a technical systems administrator to ensure that the logo you upload is distributed throughout the system. This requires checking the application folder, verifying to which folder the logo was updated, and then manually copying the logo object file to the mirror folder.

In this regard, see the As-Built System document, Appendix 1.

V.8   USAGE POLICY (Control No. 8)

The usage policy is hardcoded to Display=Yes with application logic. The logic verifies if the user is attempting a first-time log-in. All new users will be presented with the text you provide and then asked to click either *I Agree* or *I Do Not Agree*. Those users who do not accept the policy will be not permitted to logon.

Users who accept the policy will be presented with the policy each time they attempt to logon. However they will need only click *OK* to continue or *Cancel* to exit.

Steps

1.   Enter the text in the text in the Internet Policy Text Management window. You may also copy text here from another document.

2.   Click the *Save Change* button located at the bottom of the page.

3.   Check *Reset All Logins* if you wish all users to be notified of the changes made to the content of the policy terms. Checking this box will result in all users being required to acknowledge the new policy prior to being permitted to proceed with accessing the system. Note that any user's failure to agree to such changes when prompted to do so will result in that particular user being prohibited from accessing the CHN Advantage system.

Viewing Previous Versions

You can view all past changes made to the text of the Internet usage policy by clicking on the *View Update History List* link located at the top left of the link control window. A pop-up window will open with a grid showing the name of the person who made the change and the date and time the change was made. The last column has a *View Content* link that shows you the version created by the specific user at the specific time indicated.

If you need to, you can copy and paste an older version into the latest version window.

V.9 LINKS MANAGEMENT (Control No. 9)

The purpose of this control is to enable the global administrator to create links external to CHN Advantage for users to access. Those links that are available on the Internet should not require any integration work ("plug and play"); those links that are on the Corporate intranet may require custom integration, especially for outside users to access.

Assuming Internet links are being added, the global system administrator can specify if a link will be available to internal users only (LDAP users), external users (community providers), or both.

To Create a New Link—Steps

1. Select the link type from the dropdown box. If you wish to add additional link types, please follow the steps described below under **Link Types Management** below. CHN Advantage is preloaded with "Federal Programs," "Government Clinical Sources," "Local Health News," "NY State Licensing," "Other Approved Links," and "Professional Organizations."

2. Enter the new link name such as the name of the website or organization (e.g., "The American Medical Association" or "AMA").

3. Type in the **exact** URL (web address) of the link. Make sure to start with http:// or https://.

4,   Check which user type or types will have access to the link (LDAP and/or external users; check both boxes if you want to make the link available to all users.

5.   Click the *Save* button to add the newly created link name to the list in the table below. Note that the link names in the table appear in alphabetical order. To test the URL, click the *View* link for the item.

To Edit or Delete an Existing Link URL—Steps

1.   Click the *Edit* link next to the item you wish to change.   The form will refresh in edit mode.

2.   Change the link type, link name, or URL. Always remember to include http:// or https://, where appropriate.

3.   You can also change the user group(s) permitted to view the link.

4.   Click the *Save* button or *Cancel* to return to the menu.

5.   Click the *Delete* button for the corresponding link name that you wish to delete.

Link Types Management–Steps

To create additional link types:

1. Click the *Manage Link Types* link next to the Link Type dropdown box. Once a new link type is created, it can then be edited, updated, canceled or deleted.

2. Enter the name of the link type you wish to add.

3. Click the *Save* button. The name of the newly created link type will be included among the existing link types in the table below. Note that all link types are listed in alphabetical order.

To Edit an Existing Link Type—Steps
1. Click the *Edit* button next to the link type you wish to edit.

2. Delete the name of the link type and re-enter the name as you want it to appear on the list of link types.

3. Click *Update* to save your changes or *Cancel* to abandon your changes and to return to the menu.

4. To make s link type inactive, uncheck the box located near the link name, in the *Active* column.

5. To delete the link type completely, click *Delete*. Note that if you choose to delete a particular link type, you will have to follow Steps 1 through 3 above to create that same link type again if you wish to do so in the future.

6. Click the *Back to Link Management* button which will take you back to Link Management. Now you will be able to add link names to the link type you have just created by following Steps 1 through 5 as outlined under Links Management above. Note that the newly added link type will appear in the dropdown box, however, it will not appear in the table below until you create at least one link name for that link type.

V.10 SERVICE GROUPS & CSAs (Control No. 10)

This tool is used to standardize the highest level service groups throughout the corporation. The administrator can enter items either one at a time or in batch, if each item is separated by a line break (return carriage).   These service groups and Clinical Services Areas will be available to the facilities to add details. This control handles the two levels that full under the Global Controls.

[_____ Global   Controls _____] [_____ Facility   Controls _____]

Level 1	→ Level 2	→ Level 3	→ Level 4	→ Level 5
Service Group	→ Consultation Type/CSA	→ Service/Procedure	→ Type or Specification	→ Specifics/View
Ancillary Services →	*pulmonology*	→ *PFT*	→ *Full*	→ *w/Methocholine*

Service Groups - Corporate Level (Level 1)

Type or copy and paste in Service Group list values

[   ] [Add Service Group(s)]

***Please limit your entries to 100 characters per line; longer entries will be truncated.

Separate each item with the ENTER key.

Click to	Service Group	Active	Created By	Date Created	Updated By	Date Updated	Details
Edit	1	☑	Lewis Baratz	10/01/2007	Lewis Baratz	10/01/2007	View
Edit	2	☑	Lewis Baratz	10/01/2007	Lewis Baratz	10/01/2007	View
Edit	3	☑	Lewis Baratz	10/01/2007	Lewis Baratz	10/01/2007	View
Edit	Admissions	☑	Murugan Killada	01/26/2007	Murugan Killada	03/01/2007	View
Edit	Ambulatory Services	☑	Murugan Killada	01/26/2007	Murugan Killada	01/26/2007	View
Edit	Ancillary Services	☑	Murugan Killada	01/22/2007	Murugan Killada	01/24/2007	View
Edit	Irene Services	☐	Murugan Killada	04/20/2007	Murugan Killada	04/20/2007	View
Edit	Other	☑	Murugan Killada	02/13/2007	Murugan Killada	03/06/2007	View
Edit	Pediatric Services	☑	Murugan Killada	04/20/2007	Murugan Killada	04/20/2007	View
Edit	Radiology	☑	Murugan Killada	02/13/2007	Murugan Killada	02/13/2007	View

To add the specific Clinical Service Area details, click the View link for the Service Group in question. From the Edit button, you can update an item or make it inactive.

Clinical Service Areas for Ambulatory Services (Level 2)

Type or copy and paste in Clinical Service Areas (Consultation Type) values:

[text area]	Add Clinical Service Area(s)	Exit

Click to	Clinical Service Area	Active	Created By	Date Created	Updated By	Date Updated
Edit	Allergy/Immunology	☑	Lewis Baratz	08/09/2007	Lewis Baratz	08/09/2007
Edit	Cardiology	☑	Murugan Killada	06/07/2007	Murugan Killada	06/07/2007
Edit	Dermatology	☑	Murugan Killada	02/23/2007	Murugan Killada	04/18/2007
Edit	Endocrinology	☑	Lewis Baratz	08/09/2007	Lewis Baratz	08/09/2007
Edit	Gastroenterology	☑	Murugan Killada	06/07/2007	Murugan Killada	06/07/2007
Edit	Labs	☐	Murugan Killada	04/18/2007	Lewis Baratz	08/09/2007
Edit	Neurology	☑	Murugan Killada	06/07/2007	Murugan Killada	06/07/2007
Edit	Radiology	☑	Murugan Killada	04/18/2007	Murugan Killada	04/18/2007

V.11   INSURANCE (Control No. 11)

This control enables the global administrator to load the entire universe of insurances accepted by the corporation. Insurances comprise the plan name, meaning the insurance company, and the product or line of business, meaning the specific policy type. The product or line of business (LOB) is therefore a child of the plan name, so an example of this would be HealthFirst→Freedom Plan, HealthFirst →Liberty Plan, etc.

The insurances entered through this tool will be available to the facilities. The facilities can then choose which insurances they will accept. Such insurances will also appear on the patient demographic forms.

Like the service groups tool, you must enter the parent entity first, meaning the insurance plan such as MetroPlus, HealthFirst, or Aetna, etc. You can enter these plans individually, or copy and paste from a list, provided there is a line break between each item.

You can also select the Insurance Type from the dropdown box. The current choices are: Commercial, Government, Managed Care, New York (meaning a local New York insurance), No Charge, Other, and Self-Pay/None. If you enter several insurances at once, you can only select one type, so you can enter all your managed care or commercial insurances together. If you do not select an insurance type for an item, it will default to "Not Selected" in insurance reports.

Click *Add Insurance Plan* to save the plan you entered.

Click to	Insurance Plan	Type	Active	Created By	Date Created	Updated By	Date Updated	Products/LOBs
Edit	***NO CHARGE	No Charge	☑	Lewis Baratz	09/05/2007	Lewis Baratz	09/06/2007	View
Edit	***Not Listed	Not Selected	☑	Lewis Baratz	08/08/2007	Lewis Baratz	09/06/2007	View
Edit	***Self-Insured or None	Other	☑	Murugan Killada	05/02/2007	Murugan Killada	05/02/2007	View
Edit	1199 National Benefits Fund	Managed Care	☑	Murugan Killada	05/09/2007	Lewis Baratz	09/06/2007	View
Edit	Aetna	Other	☑	Murugan Killada	02/28/2007	Murugan Killada	02/28/2007	View
Edit	Affinity	Other	☑	Murugan Killada	05/09/2007	Murugan Killada	05/09/2007	View
Edit	Beacon Health Strategies	Other	☑	Murugan Killada	05/09/2007	Murugan Killada	05/09/2007	View
Edit	CenterCare	Other	☑	Murugan Killada	05/09/2007	Murugan Killada	05/09/2007	View
Edit	Community Care Partners	Other	☑	Murugan Killada	05/09/2007	Murugan Killada	05/09/2007	View
Edit	Community Premiere Plus	Managed Care	☑	Murugan Killada	05/09/2007	Lewis Baratz	09/06/2007	View

Used the Edit button to update an item. From edit mode, click *Update* or *Cancel.*

To add Products/LOBs to a plan, click the *View* link for the plan. This open the Insurance Products/LOBs window for the plan. Type or copy and paste in the products or lines of business and click *Add Product/LOB.* You can edit an item by clicking the *Edit* button.

From edit mode, click *Update* or *Cancel.*

Use the *<<Back butto*n to return to Insurance Plans.

V.12 CUSTOM LIST VALUE CONTROL (Control No. 12)
This is a powerful control that affects most of the forms and screens in CHN Advantage. This tool enables the system administrator to create new controls (such as age group of patients, contact method types, etc.) and then populate or edit the specific choices for each of these (e.g., children, adolescents, senior citizens; or contact by fax, contact by email, etc.).

➲Note: Adding new controls such as "Age of Patients" **does not** make the new control appear on any forms. It only creates a place holder in the database to be used by a programmer.

                CHN Advantage v. 2.0 come pre-loaded with all the list value controls needed to populate the dropdown boxes on the forms so it is highly unlikely that you will need to add a list value control.

Steps
1.   Enter the control name.

2.   Enter the Data Dictionary Control ID. Note that in CHN Advantage v. 2.0 the data dictionary control ID is manually entered, not system-generated.

3.   Click the *Add Control* button

To edit an existing control:
1.   Click the *Edit* button next to the item you wish to edit. Change the dropdown value, Abbreviation, and *Check* or *Uncheck* Active where applicable.

2.   Click *Update* to save or *Cancel* to return to the previous page without saving.

To add a new dropdown value:
1.   Click on the *View* button to the right of the Control Name you would like to add a value to.

2.   Enter the dropdown value. You may also enter an abbreviation.

3.   Click the *Add Value* button.

4.   Click the *Exit* button to abandon.

To edit an existing dropdown value:

1.   Click the *Edit* button next to the item you wish to edit.

2.   Change the dropdown value, Abbreviation, and *Check* or *Uncheck* Active where applicable.

3.   Click *Update* to save or *Cancel* to return to the previous page without saving.

V.13 PRACTICE TYPES (Control No. 13)

Outside practices should be limited to CPP (Community Private Practice) and FSF (Free Standing Facility). CHN Advantage v. 2.0 has been preloaded with these items activated. It is strongly suggested that the administrator **not change** these settings because routing logic has not been implemented for other practice types.

Within each of the practice types are details such as solo practice providers, group practices, nursing homes, health centers, etc.

V.14   PROVIDER TYPES (Control No. 14)

The provider types control works the same way as the practice types control. Provider types are preloaded with HHC-based and non-HHC; these are the only settings that should be active for routing purposes. The details for these providers include physicians, dentists, certified midwives, nurse practitioners, podiatrists, and other healthcare professionals. These must be loaded for HHC-based and non-HHC.

Note the Permission column. Upon entering a provider subtype, you must indicate if the provider subtype will be available to the facility to grant permission to make referrals for a particular service group. For example, if you indicate *No* for a dentist, then a facility does not even have the option to permit a dentist to make a referral of any kind. If you indicate *Yes* for a dentist, then the facility has the ability to select the scope of services to which a dentist can make a referral.

This tool is integrated with the facility Services/Procedures tool detailed in Appendix II.5.

	Provider Sub Types for HHC-Based						
Provider Sub Type:		Permission: ○Yes ○No		Add Provider Sub Type	Exit		
	Please select a value for permission.						
Click to	**Provider Sub Type**	**Permission**	**Active**	**Created By**	**Date Created**	**Updated By**	**Date Updated**
Edit	Certified Midwife	Yes	☑	Murugan Killada	01/31/2007	Murugan Killada	04/20/2007
Edit	Dentist	No	☑	Murugan Killada	01/31/2007	Murugan Killada	02/20/2007
Edit	LCP	Yes	☑	Murugan Killada	02/20/2007	Murugan Killada	05/10/2007
Edit	LCSW	No	☑	Murugan Killada	02/20/2007	Murugan Killada	05/10/2007
Edit	NP	Yes	☑	Murugan Killada	02/20/2007	Murugan Killada	05/10/2007
Edit	Physician	Yes	☑	Murugan Killada	01/31/2007	Murugan Killada	02/12/2007
Edit	Podiatrist	Yes	☑	Murugan Killada	02/20/2007	Murugan Killada	02/20/2007
Edit	Psych NP	Yes	☑	Murugan Killada	04/20/2007	Murugan Killada	05/10/2007
Edit	RPA	Yes	☑	Murugan Killada	02/20/2007	Murugan Killada	05/10/2007
Edit	Speech Pathologist	No	☑	Murugan Killada	02/20/2007	Murugan Killada	05/10/2007
Edit	Substance Abuse Counselor	Yes	☑	Murugan Killada	02/20/2007	Murugan Killada	02/20/2007

V.15 PROVIDER TEMPLATE REQUIREMENTS (Control No. 15)

The provider template requirements control enables the global administrator to specify 12 provider template fields as required or optional, for each of the provider types and subtypes.

Steps

1. Click on the *Edit Provider Template* button located at the bottom of the grid. The grid opens in edit mode, with a series of dropdown boxes for key of the 12 key points (NYS License, NPI, Medicaid ID, Medicare ID, Workers' Compensation number, Degree, and two Specialties, Board Certifications, and Year Certified criteria.

2. Use the dropdown boxes in the grid to specify whether the qualification is Required ("R"), Optional ("O"), or Non-Applicable ("N"). The level of criticality you select will effect the provider template and either permit or deny system access until the required fields are filled in on the provider profile template.

3. To abandon your changes, click the *Cancel* button at the bottom of the table, otherwise click *Save*. You will receive a message confirming that all provider data elements have been successfully added or updated. If you wish to save your changes and close the edit function, click on the *Save & Close* button. Y

In view mode, the grid appears as:

Provider Template Requirements

	NYS License	NPI	Medicaid ID	Medicare ID	WC No.	Degree	Specialty 1	Board 1	Year 1	Specialty 2	Board 2	Year 2
HHC-Based - Certified Midwife	O	O	N	N	O	N	R	O	N	R	O	N
HHC-Based - Dentist	N	R	R	R	R	O	R	R	R	R	R	R
HHC-Based - LCP	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - LCSW	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - NP	R	N	O	O	O	R	O	O	O	O	O	O
HHC-Based - Physician	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Podiatrist	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Psych NP	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - RPA	O	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Speech Pathologist	N	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Substance Abuse Counselor	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Certified Midwife	O	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Chiropractor	N	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Dentist	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - LCP	O	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - LCSW	N	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Nurse Practitioner	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Physician	R	O	R	R	R	R	R	R	R	O	O	O
Non-HHC - Podiatrist	N	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - RPA	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Speech Language Pathologist	R	N	O	O	O	O	O	R	R	R	R	R
Non-HHC - Substance Abuse Counselor	R	N	O	O	O	R	O	O	O	N	N	N
	NYS License	NPI	Medicaid ID	Medicare ID	WC No.	Degree	Specialty 1	Board 1	Year 1	Specialty 2	Board 2	Year 2

Edit Provider Template

In edit mode, the grid changes to:

Provider Template Requirements												
	NYS License	NPI	Medicaid ID	Medicare ID	WC No.	Degree	Specialty1	Board1	Year1	Specialty2	Board2	Year2
HHC-Based - Certified Midwife	O	O	N	N	O	N	R	O	N	R	O	N
HHC-Based - Dentist	N	R	R	R	R	O	R	R	R	R	R	R
HHC-Based - LCP	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - LCSW	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - NP	R	N	O	O	O	R	O	O	O	O	O	O
HHC-Based - Physician	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Podiatrist	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Psych NP	R	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - RPA	O	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Speech Pathologist	N	R	R	R	R	R	R	R	R	R	R	R
HHC-Based - Substance Abuse Counselor	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Certified Midwife	O	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Chiropractor	N	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Dentist	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - LCP	O	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - LCSW	N	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Nurse Practitioner	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Physician	R	O	R	R	R	R	R	R	R	O	O	O
Non-HHC - Podiatrist	N	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - RPA	R	R	R	R	R	R	R	R	R	R	R	R
Non-HHC - Speech Language Pathologist	R	N	O	O	O	O	O	R	R	R	R	R
Non-HHC - Substance Abuse Counselor	R	N	O	O	O	R	O	O	O	N	N	N
	NYS License	NPI	Medicaid ID	Medicare ID	WC No.	Degree	Specialty 1	Board 1	Year 1	Specialty 2	Board 2	Year 2

[<< Cancel] [Save] [Save & Close >>]

V.16 US STATES (Control No. 16)

This control establishes the US states that will populate dropdown boxes on the practice and patient profile forms. To add a new state:

1.   Enter the State name.

2.   Enter the US Postal Service (USPS) two character abbreviation.

3.   Click the *Add State* button.

To Edit an existing State:

1.   Click the *Edit* button next to the item you wish to edit.

2.   Change the State name, Abbreviation, and *Check* or *Uncheck* Active where applicable.

3.   Click *Update* to save or *Cancel* to return to the previous page without saving.

NB: This version of CHN Advantage does not have an automatic method of assigning zip codes.

To add Counties

1.   Click the *View* link to the right of the State to which you would like to add counties.

2.   Enter or copy and paste one or more county names. Be sure to enter each county on a separate line.

Use the *Edit* buttons to update counties, and click *Update* or *Save*.

V.17   GROUP EMAIL (Control No. 17)
The purpose of this tool is to send system emails to predefined user groups then search for any emails sent. There are eight different email groups. They are:

      9. All Users
      10. All System Administrators
      11. All internal users
      12. All Community Providers
      13. All Referral Reviewers
      14. Referral office users
      15. All PRND users
      16. All Transfer function users

These groups have different meanings for different users. For example an Administrator at the central office sends emails to all users when selecting all users. An Administrator at a facility would only send emails to all users at that particular facility when selecting all users.

Steps
1.   Select the group to which you are sending the email

2.   Enter the email subject.

3.   Enter the body (text) of the email

4.   Click *Send Email* or, if you wish to abandon, click *Close*. You will receive a confirmation message; click OK if you wish to close without sending the email.

CHN Advantage maintains an email log, which you can access by group and date.

Group Email

Select Facility:	--Select--
Select Group:	All Users
Subject:	
Body of the Email: (max 5000 characters)	

Send Email

Search Group Email Sent

Select Group:	--Select--	Select Facility:	--Select--
Start Date:		End Date:	Search

⟳Note: Make sure you train users **<u>not</u>** to reply to CHN Advantage generated emails. CHN Advantage does not receive incoming emails. However, depending upon the email system you use, the user can click Reply to All, and send an email through the regular email system to all recipients of your CHN Advantage email.

V.18   MANAGE GROUP MODULES (Control No. 18)

The user groups are preprogrammed in CHN Advantage v. 2.0. This control enables the global administrator to assign which of the 12 module menu items will be available to each of the user groups.

To use this control, select the pre-programmed user group from the group dropdown box, and check or uncheck the *Assign* box for each top level menu block.   Click the *Save* button when done.

V.19 MANAGE SUB MODULES (Control No. 19)

This control works in concert with the Manage Group Modules tool. For each main menu level function, this tool enables the individual links available under ach module. For example, if you assign a Practice Management menu to a Group 7 user (Facility User—PRND and Credentialing Admin), this tool gives you the ability to assign the actual menu links: Add a Provider, Search Providers, Unknown Candidate, Copy a Provider, and CHN Category.

Within some of the individual submenu links, you can also enable the edit links to be available. This corresponds to the sections of this manual that mention that not all users will be able to edit practice, provider, or patient profiles. This is the tool that allows this at the group level.

Comments? Questions? Suggestions?

Please contact the global administrator with any comments, questions, or suggestions you have concerning CHN Advantage.