

Health Commerce System, Newborn Screening Application, & Secure File Transfer Training Slides

Table of Contents

Section

- Health Commerce System (HCS) 3-16
- Newborn Screening Application
 - Secure Remote Viewer (SRV)
 - Case Demographics (iCMS)
- Secure File Transfer 2.0 (SFT)

- <u>Slide #</u> 3-16
 - 17-22
 - 23-28
- 29-38
- 39-50



Health Commerce System (HCS)



- Register for an HCS account:
 - Open your browser of choice and type in https://commerce.health.state.ny.us/



| UserID | |
|-------------|-----------------------------------|
| assword | |
| Password | |
| Forgot four | |
| Do | n't Have An Account? Sign Up Here |

Once you have reached the HCS homepage, click sign up here



- If you do hold a professional medical license (RN, MD, etc.) choose
 Yes, and continue through slides 6-8
 - If you do **NOT** hold a medical professional license, go to slide: 10



Wadsworth

Center

HCS - Medical professionals

If you hold a professional medical license issued by the NYSED, click **Yes**



Click Apply for an HCS Medical Professions account



YORK

of Health

Center

HCS - Medical professionals

NYS DEPARTMENT OF HEALTH'S HEALTH COMMERCE SYSTEM (HCS) ACCOUNT REQUEST FORM FOR MEDICAL

PROFESSIONALS



NYS Department of Health's Health Commerce System (HCS) Enrollment Form for Medical Professionals

Do you have a NYS Driver License or NYS Non-Driver Photo ID?

I have a NYS driver's license or Non-driver Photo ID

Quick Reference Guide

You can get your NYS DOH HCS account today using this process. It does require that your name match exactly with the NYS Education Department's (SED) Office of the Professions database. If it does not match, you can:

- Verify the spelling of your name with SED. Click here to search the Office of the Professions database.
- Click the "I do not have a NYS driver's license" link, even if you have a NYS driver license, to complete a paper form for an HCS account.

I do not have a NYS driver's license or Non-driver Photo ID

Quick Reference Guide

This process involves completing a paper form to obtain an HCS account and can take up to seven business days to obtain an HCS account. Do you have a NYS Driver License or NYS Non-driver Photo ID?

Click on the link that corresponds with your answer



HCS - Medical professionals

| SED Information > DMV Information > Contact Information > Choose Password | |
|--|-----|
| Medical Profession Information | |
| To find your SED license information, please enter your name exactly as it appears in the NYSED Office of the Professions License Database and click Nex First Name * | ct. |
| | |
| Middle Name | |
| Last Name * | |
| License Type * | |
| ~ | |
| License Number (6-digit number) * | |
| Social Security Number (last 4-digits) * | |
| DEA Number | |
| Next Clear | |
| * Required Field | |
| \[\] \[| |

Fill out the SED license, DMV (if applicable), and contact information

Then choose a password

Go to slide **14** for the remaining steps for HCS account registration



 If you do not have a professional license, click on Register for an account (for nonmedical professionals)





- Complete the **required fields** on page 1
 - Name
 - Address
 - Email
 - Privacy statement
 - and then click Continue

*please note: your name in HCS must match what is on your photo ID

HCS Password Management System

Register for an Account

Page 1 of 4 - User and Account Use Information

| Name | |
|--------------------------|---|
| | © First Name must match your Photo ID |
| • First Name: | |
| Middle Name: | |
| | C Last Name must match your Photo ID |
| @ * Last Name: | |
| Address | |
| Address Line 1: | |
| Address Line 2: | |
| * Country: | UNITED STATES |
| · City: | |
| * State: | NY 🕶 |
| * Postal Code: | |
| @ * Email: | |
| Privacy Statement | |
| | The local data from the second states of the second states of the |
| Privacy statement: | protecting personal information collected through this website |
| | against unauthorized access, use or disclosure. Consequently the New York State Department of Health limits employee access to |
| | personal information collected through this website to only those employees who need access to the information in the performance. |
| | of their official duties. Employees who have access to this |
| | I have read and understand the terms of the privacy policy. |
| | |
| dicates a required field | |
| | |
| Continue Cancel | |

• Request a user ID and create a password, then click continue

*We suggest making the user ID one that you currently use for your computer login at your organization, so it is easy to remember!

HCS Password Management System

Register for an Account

Page 2 of 4 - Account Setup

| Requested User ID | |
|--|-----|
| @ * Requested User ID: | |
| Password | |
| Password: Confirm Password: | |
| * indicates a required field | |
| Continue Cancel Back | |
| | NEW |

Wadsworth

Center

artment

HCS Password Management System

Register for an Account

Page 3 of 4 - Secret Question Information

| Please answer at least 6 of the 27 provided questions. | |
|--|--------|
| Question | Answer |
| What is the name of your first pet? | |
| What is the name of your first school? | |
| What is the last name of your all-time favorite teacher? | |
| What is the last name of your first school principal? | |
| What is the last name of your favorite author when you were in school? | |
| What is the first name of your childhood best friend? | |
| What is the model of your first car? | |
| What is the color of your first car? | |
| What is the last name of your childhood pediatrician? | |
| What is the first name of your mother's father? | |
| What is the first name of your mother's mother? | |
| What is your father's middle name? | |
| What is the street that you lived on as a child? | |
| What is the city where your grandparents live or lived? | |
| What is your favorite restaurant? | |
| What is your favorite vacation place? | |
| What is your favorite band? | |
| What is your favorite movie? | |
| What is your favorite TV show? | |
| What is your favorite drink? | |
| What is your favorite food? | |
| What is your favorite place? | |
| What is your favorite pastime or hobby? | |
| What is the title of your favorite book? | |
| What is the last name of your favorite actor? | |
| What is the last name of your favorite athlete? | |
| What is your favorite cong? | |

Answer at least **6 of the 27** secret questions, and then click register



cates a required field

Register

Verify that the information you input is correct. Enter the security check response and click confirm

| Solary | | | |
|--|----------------------------|---|---|
| erify Information | | | |
| Us | erit): | | |
| First N | ame: | | |
| Middle N | ame: | | |
| Last N | ame: | | |
| Address Li | ne 1: 120 New Scotland Ave | | |
| Addres U | City: Albany | | |
| 5 | tate: NY | | |
| Postal 0 | ode: 12208 | | |
| Cou | ntry: UNITED STATES | | |
| E-mail add | ress: | • | |
| Account | Type: HCS | | |
| | | | |
| ecurity Check | | | |
| State of the second second | | | |
| Visually Impai | red7: no 💙 | | |
| | | | |
| | | | |
| 112 TRACC | | | |
| UZ TOPU U | | | |
| | Try Another | | _ |
| Security Check Respi | inse: | | |
| | | | |
| | | | |
| icates a required field | | | |
| | | | |
| | | | |

Center

HCS Password Management System

NYSDOH Account Registration Complete

Your New York State Department of Health (NYSDOH) account registration has been received with the following information:



You should be brought to a screen like this, with the message "NYSDOH Account Registration Complete"

Click Ok

Print this page, have your Photo ID available, and visit your HCS Coordinator so they can enroll you on the HCS.

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





A confirmation email should be sent to the email account you plan to use for HCS.

The **email** will look like this

Camu 1:50 PM to me <</p>

Your HCS Self Registration account is complete for

To access the Health Commerce System (HCS), please visit your HCS Coordinator to complete the HCS account enrollment process. If you do not know who your HCS Coordinator is, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1 (M-F 8-4:45pm).

If you did not register for an account, please call CAMU to have the account disabled.



CS) REGISTRATION NEXT STEPS_



Once you have reached this page, **contact your HCS Coordinator to finish your enrollment.**

Next Steps...

Thank you for registering for an account!

Next... You must see your HCS Coordinator to be enrolled on the HCS.

If you do not know who your HCS Coordinator is, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1. If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890, option 1.



HCS: Newborn Screening Application



To access the Newborn screening application:

- Email your HCS account user ID and institutional affiliation to <u>nbsinfo@health.ny.gov</u>
- If you do not have an HCS account, please see slides 3-16

Specific questions about HCS account management, including password resets, should be directed to the HCS Helpdesk at 1-866-529-1890 or <u>camu@its.ny.gov</u>.

Questions about the Newborn Screening application should be directed to the NBSP at 518-473-7552 or <u>nbsinfo@health.ny.gov</u>.



After emailing your HCS account user ID to <u>nbsinfo@health.ny.gov</u>, login to HCS at

https://commerce.health.state.ny.us/

PLEASE LOOIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)



| User ID | | |
|---------------|---------------------|------------------|
| User ID | | |
| Password | | |
| Password | | |
| Forgot Your L | Iser ID or Password | Remember User ID |
| | LOGIN | |
| Doe | 't Have An Account? | Sign Up Here |



- On the left of the home screen, you will see a My Applications menu.
- Click the Newborn Screening Applications link.
- The blue i icon will bring you to information about the application.

| Welcome | - |
|--------------------------------|---|
| Search | Q |
| My Applications | |
| Acronyms & Abbreviations | |
| Emergency Contacts | |
| Newborn Screening Applications | 0 |
| Secure File Transfer 2.0 | 0 |
| SeptNY | 0 |



Another way to access applications is under My Content then to My Applications, which brings you to the same menu (seen on the previous slide) on the left of the screen.

| 🖓 Home 🗸 | 요 My Content + | Q Search | Help- | 60 Log out | | | | |
|----------------------|--------------------|---------------------------------------|-----------|------------|--|--|--|--|
| | Documents by Gr | roup | | | | | | |
| | My Favorites | | | | | | | |
| _ | My Applications | | | | | | | |
| | All Applications | | | | | | | |
| | Mobile Apps | | | | | | | |
| | Change my passy | word | | | | | | |
| | Review the passv | vord rules | | | | | | |
| - | Change my secre | t questions | | cipiente | | | | |
| | Enable the forgot | Enable the forgotten password feature | | | | | | |
| h Alert | Report my user ID | cipients | | | | | | |
| accinations Administ | Learn more abou | t HCS security | | cipients | | | | |
| s Letter | | | | cipients | | | | |
| port for the week en | Change my conta | ect information | | cipients | | | | |
| oproval and Surge Pl | Lastrus mu saar | Cattain . | | cipients | | | | |
| port for the week en | Look up my coon | unasors | | cipients | | | | |
| sumption of Non-Es | See what roles I h | blod | | cipients | | | | |
| port for the week en | Look up my PIN | | | cipients | | | | |
| | | | | cipients | | | | |
| | See what organiz | ations I am affilia | ited with | Other | | | | |
| | See the IHANS n | otification lists I | am on | | | | | |



The Newborn Screening Application homepage will look WSDOH Wadsworth Contact Us like this. Secure Remote Viewer You will be mainly **User Administration** using Secure HL7 Demographics Entry Search **Remote Viewer Facility Reports** (SRV) and Case Admin Reports demographics **Referral Landing Grid** (iCMS) Forms (DOH 1514). **Case Demographics**

Newborn Screening Program Wadsworth Center New York State Department of Health 120 New Scotland Ave Albany, NY 12208 Phone: (518) 473-7552 * FAX: (518) 474-0405 Web: MYSDOH HCS E-mail: nbsinfo@health.nv.oov

Laboratory Announcements

To View Newborn Screening Results, select Secure Remote Viewer (icon on your left)

Specimens older than 2011 are not available from the Secure Remote Viewer

The Secure Remote Viewer is compatible only with Internet Explorer 8+ or Firefox

POSTED 03/03/2021

Attention Newborn Screening Specimen Submitters!

The R.O. Box addresses at the David Axelrod Institute and Empire State Plaza have been discontinued. Hall is being forwarded here or returned to sender, subjecting specimens to unnecessary delays. Please send all specimens to: Newborn Screening Program, 120 New Scotland Avenue, Albany, NY 12208. This address is also on the Newborn Screening Collection

Thank you for your attention to this matter.

POSTED 01/23/2020

At times, there will be announcements from the NBS program on the right-hand side of the page. Please make sure to look at these to ensure your organization is following the most up to date NYS policies and procedures.

NEW Department Wadsworth YORK Center of Health STATE

Newborn Screening Application: Secure Remote Viewer (SRV)



Secure Remote Viewer (SRV)

Use SRV to...

- Find, view, and print newborn screening results (negative or positive) for any newborn screened in New York after 2011.
- Search to see that a specimen has arrived at the NBS lab and is in the process of being tested.

Click on the Secure Remote Viewer to begin the search for NBS results



Secure Remote Viewer



Two ways to search for a baby:

- Enter ONLY lab ID # <u>or</u> Medical record # for a baby born at your facility
- 2. Enter the mother's last name, baby's date of birth, <u>and</u> birth hospital for a baby born at another facility

Then click Search

If you cannot find the record by these 2 search methods, call the NBS program at 518-473-7552

| Secure Remo | te Viewer - Patient S | iearch | | |
|-----------------|-----------------------|--------------------------|---|-------------------------------|
| | | | | |
| Patient Born at | Your Facility> | Enter Any One of the be | v fields | |
| Patient Born at | Another Facility> | • Enter Lab ID OR Medica | ecord Number OR (Mother Last Name AND I | nfant Birthdate AND Birth Hos |
| | | | | |
| | Lab ID # | | | |
| в | sirth Hospital | | | |
| | Date of Birth | | | |
| Infant's | Last Name | | | |
| Mother's | Last Name | | | |
| Mom's | s First Name | | | |
| Medic | al Record # | | | |
| Dat | te Reported | | | |
| | | • | | |
| | Search | Clear | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Department

of Health

YORK

Wadsworth

Center

Hospital staff who only have a single hospital affiliation can pull up all the records from their hospital by selecting their hospital from the Birth Hospital drop down menu and entering the date reported

*If you do not see any specimens that meet the search criteria, this means the results have not been released, or there are no specimens for your hospital for that day





If there is a specimen meeting the search criteria you will see the following pertinent demographic information about the baby:

• lab ID number aka form #

Demographic Search

Case Search

- baby name
- birth date

Contact Us

- mother's name
- hospital of birth aka submitter
- date collected
- lab number aka accession number

YORK

Department

of Health

Wadsworth

Center

| Form # | Baby Name | | Birth Date 🛛 🔤 | M | Aother Name 🛛 🖉 | s | Submitter 🛛 🖾 | | Date Collected | 5 | Lab No. 🗵 | 1 | Link 🖉 | e e | Results Ready | l |
|-----------|-----------|---|----------------|---|-----------------|---|---------------|---|----------------|-----|-------------|---|-------------|-----|---------------|---|
| \$ | | 9 | 9 | ? | Ŷ | | Ŷ | • | 2 | ? [| 9 | | 5 | ? | 8 | |
| 987654321 | Baby Doe | | 06/11/2021 | w | VOMAN, WONDER | | | 0 | 06/12/2021 | | 20211641001 | 1 | 20211641001 | N | No | |



SRV Search

To view the NBS results:

- Check the box next to the patient you would like to view
- Click View Mailer
- A PDF will open with the patient's NBS results

The final column of this screen says, 'Results Ready', yes means *all* the testing is completed for the specimen, and no means the specimen is still being tested at the Wadsworth Center lab.

| Home | SRV Search | Contact Us | Demographic Se | earch Case Search | | | | | | | | | | | |
|----------|------------|-------------------------------|----------------|-------------------|---|----------------|-----------|---|----------------|---|-------------|-------------|-----------|------|----------|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | - 🛨 | | |
| From # | | Delas Marra | 5 | Ride Data | | Math as Marris | 0.1-31- | | Data Collected | | Lehan 🗐 | ist. 🗑 | Develop | | - |
| Form # | | Daby Name | <u> </u> | birth Date | | mother Name | Submitter | | Date Collected | | Lao No. | Unk 🔛 | Results R | eady | <u> </u> |
| | | 9 | \$ | | 9 | 5 | | 8 | | 9 | 5 | 8 | | | 9 |
| 98765432 | 1 | Baby Doe | | 06/11/2021 | | WOMAN, WONDER | | | 06/12/2021 | | 20211641001 | 20211641001 | No | | |

View Mailer Back to Search



Troubleshooting the SRV

- If you encounter an error message that says "Enter Custom Message for SRV Here" please either call the NBSP at 518-473-7552 or email <u>nbsinfo@health.ny.gov</u> to notify us.
 - This error message is usually an indicator that our IT group needs to reboot the software that runs the SRVthis is an easy fix, but we may not know it needs to be done unless you tell us.

Please contact us using the above information if you have any other questions.



Newborn Screening Application: iCMS or Case Demographics



iCMS or Case Demographics

Use iCMS (Case Demographics) to...

- View most aspects of a baby's newborn screen case exactly as NBS staff see it
- Enter important case information and updates directly into the case without having to mail, fax or call our program



Case Demographics

Please note: iCMS only contains records for babies requiring follow-up, which is a baby needing repeat specimen or that has an abnormal result, and therefore it does not contain records for any babies with screen negative results.



Searching in iCMS

On the Newborn Screen Application homepage, click Case Demographics

Two ways to search a baby:

- 1. Enter ONLY lab ID # <u>or</u> Medical record #
- 2. Enter the mother's last name, child's date of birth, <u>and</u> birth hospital (from the drop-down menu)

Then click Search

When the record comes up on the bottom, chose the blue Select link on the left.

| e (| ase Search | Demo | graphic Searc | | SRV Search | R | DE Tu | orial | | | | | | | | | | |
|------------|---------------|------------|---------------|-------------------|------------------|-----|--------|---------|--------------|------------|---|-------------|---|--------------|---|-------------|-----------------------------|--|
| | | | | | | | | | | | | | | | | | | |
| | | Lab ID | # 98765432 | 1 | | | _ | | | | | | | | | | | |
| | . Birtl | n Hospita | al 00100402 | | | | ~ | | | | | | | | | | | |
| | Da | te of Birt | h | | | | ~ | | | | | | | | | | | |
| | Infant's L | ast Nam | e | | | | | | | | | | | | | | | |
| | Mother's L | ast Nam | e | | | | - í | | | | | | | | | | | |
| | Mom's F | irst Nam | e | | | | | | | | | | | | | | | |
| | Medical | Record | # | | | | | | | | | | | | | | | |
| | 4 | | | | | | | | | | | | | | | | | |
| | Search | | Pose | + | | | | | | | | | | | | | | |
| | Search | | 11636 | | | | | | | | | | | | | | | |
| Exp | ort to Excel | | | | | | | | | | | | | | | | | |
| Drag | a column head | ler here t | o group by th | at co | lumn | | | | | | | | | | | | | |
| Select | Accession # | 🔄 Inf | ant Name | $\mathbf{\nabla}$ | Medical Record # | 2 5 | iex 🖂 | Twin | \mathbf{r} | Birth Date | | Mother Last | | Mother First | 2 | Patient # | | |
| | | | | | | 2 | | | | | | | | | 9 | | | |
| Coloct | 20211641001 | Bat | v Doe | 0 | 122456790 | | iomalo | Single | | 6/11/2021 | 0 | WOMAN | 0 | WONDER | 0 | 20211641001 | | |
| Select | 20211041001 | | , | | 123430789 | | emaie | Siligie | | 0/11/2021 | | WORKN | | WONDER | | 20211041001 | | |
| ▲ | | | | | | | | | | | | | | | | | Design of the second second | |
| - T | | | | | | | | | | | | | | | | § NEW | Department | Wadsworth |
| | | | | | | | | | | | | | | | 5 | YORK | ocput uncht | Center |
| | | | | | | | | | | | | | | | _ | SIAIE | of Health | 1. St. 1. |

Using iCMS: Case Home Screen

- Once you chose Select you will see Case Demographics for the baby.
- The top section includes the baby's information
- At the bottom, you will see the baby's mother's information, including address and phone number

| se Information 🛛 🤒 | Infant: Baby Doe | | DOB: 06/1 | 1/2021 | Case Status: Open | Lab 10: 987654321 |
|--|----------------------|-------------------------|-------------------|-------------------------|-------------------|-------------------------|
| Case Demographics | Mother: WONDER V | VOMAN | Sex: Fem | ale | Phone: 5188675309 | Birth Weight: 3000 |
| Notebook | Case #: 202116410 | 01 | Birth Order: Sing | e | NBS 1D: 987654321 | PCP: Tribeca Pediatrics |
| Case Disposition | Case Demographics | | | | The second second | |
| Provider | | | | | | |
| · Image Capture | Infant's Information | | | - | | |
| Physician Main Menu 🔺 | | | _ | | | |
| Cystic Fibrosis | Name | Baby Doe | | | | |
| SCID | Birth Date / Time | 06/11/2021 | / 0001 | | | |
| Unsuitable | Date Collected | 06/12/2021 | | | | |
| Laboratory Information | Age at Collection | Mare than 24 tes of age | 14° | | | |
| Laboratory Results | Specimen Type | | W. | | | |
| LTTU Menu A | Birth Weight | 3000 | | | | |
| Encounter/Care | Sex | Female | ~ | | | |
| Coordination | Birth Order | - and - | | | | |
| e Education | Race | White Black | Hispanie Asi | an Other Native America | n | |
| Hospitalization | Med Rec Number | 123456789 | | | | |
| Insurance | Transfused | No | w. | | | |
| Socio-economic Infa | Transfuse Date | 11 | | | | |
| LTEU Reports Menu | Gestation Age | 400 | | | | |
| CF SCC STFU Report | АКА | | | | | |
| SCID SCC STFU Report | NICU | No | | | | |
| General LTFU Report | TPN | No | | | | |
| CF SCC LTFU Report | TPN Date | 11 | | | | |
| SCID SCC LTFU Report | Hospital PI1 | 007777 | | | | |
| Repeat Specimen Report | | | | | | |
| Repeat Specimen for | HIV | HIVA HIVB | HIVC | HIV D HIVE HIVF | HIV G | |
| | Mother's Information | | | | | - |
| | " Name | WOMAN | , WONDS | R | | |
| | Age | | | | | |
| | Mailing Address | 1 AMAZON WAY | | | | |
| | City | THEMYSCIRA | | | | |
| | State | NY | | | | |
| | Zip Code | 12345 | | | | |
| | County | SCHENECTADA | (AA) | | | |
| | Phone | 16191962,5309 | | | | |

Department

of Health

YORK

Wadsworth

Center

Using iCMS: Case Home Screen

| Home | Case Search | Demographic Search | SRV Search | RDE Tutoria | | • | | | Sc |
|------------------------------|-------------|----------------------|------------|---------------------|-------------------|-------------------------|-------------------|--------|----|
| Case Infor | rmation 🔗 | Infant: 1 | Baby Doe | | DOB: 06/11/2021 | Case Status: Open | Lab ID: 987654321 | Cancel | |
| · Case De | emographics | Mother: WONDER WOMAN | | Sex: Female | Phone: | Birth Weight: 3000 | Retry | | |
| Noteboo | ok | Case #: 20211641001 | | Birth Order: Single | NBS ID: 987654321 | PCP: Tribeca Pediatrics | | | |
| • Case Di | isposition | Case Demographics | | | | | | | |
| Provider | r | | | | | | | | |
| • Image (| Capture | Infant's Informatio | n | | | | | | |

- The blue box at the top contains basic information about the baby, including mother's name, date of birth, birth order, sex, lab ID and accession number, and the PCP provided on the specimen collection card.
- This section also provides the case status open or closed. If the case status is listed as closed it is likely we do not require any additional casework, but please review the notebooks and most recent NBS result to be sure.
- Cancel or Retry on the upper right of the screen closes out the case and returns you to the search screen.



Using iCMS: Case Home Screen

In the upper right of the window, you will see Screen X of , <u>Prev</u> and Next . which indicates how many specimens the baby has had. If there is more than one, the arrows can be used to toggle between the specimens.

| | | Screen | 1 of 1 | < Prev | 1 Next > |
|----------------------------------|----------------------|--------------|--------|--------|----------|
| Lab ID: 987654321 | Cancel | | | | |
| Sirth Weight: 3000 | Retry | | | | |
| PCP: Tribeca Pediatrics | | | | | |
| | | | | | |
| | Mother's Information | | | | |
| here is an edit tool on the | * Name | WOMAN | , | WONDER | |
| | Age | | | | |
| ottom of the homepage. | Mailing Address | 1 AMAZON WAY | | | |
| lease do not use the edit | City | THEMYSCIRA | | | |
| | State | NY | | | |
| ool. You can add the new | Zip Code | 12345 | | | |
| oformation in a notobook or | County | SCHENECTADY | ~ | | |
| | Phone | | | | |
| end information via mail, | | | | | |

Department

of Health

YORK

Wadsworth

Center

Edit

fax, or email.

Using iCMS: Notebooks

- The Notebook field can be accessed by selecting the link in the Case Information menu on the left of the screen.
- You can read all previous notebooks to see what has already been done on the case, and you can add your own comments by scrolling to the bottom and selecting **Add Note**.
- This will likely be the iCMS feature that you use the most. Please add any notebooks that will assist with case management and follow up.

| Velcome | NYSDOH Wadsworth | | | |
|--|--|-----------------------------|-------------------|-----------------------------------|
| Home Case Search | Demographic Search SRV Search RDE Tutorial | | | |
| ase Information 🔗 | Infant: Baby Doe | DOB: 06/11/2021 | Case Status: Open | Lab ID: 987654321 |
| Case Demographics | Mother: WONDER WOMAN | Sex: Female | Phone: | Birth Weight: 3000 |
| Notebook | Case #: 20211641001 | Birth Order: Single | NBS ID: 987654321 | PCP: Tribeca Pediatrics |
| Case Disposition | Patient Notes | | | |
| Provider | | | | |
| Image Capture | | Date Created 🛛 🖉 Created By | 2 | |
| Physician Main Menu 🛛 🙆 | | | | |
| Cystic Fibrosis | | No data to display | | |
| SCID | | | | |
| Unsuitable | | | | |
| Laboratory Information 🙆 | Add Note | | | |
| Laboratory Results | | | | |
| LTFU Menu 🔦 | T | | NY ST | FW Department Madsworth Of Health |

Using iCMS: Notebooks

Here are some examples of helpful Notebook updates you can make:

- Calls made or letters sent to the family to get a repeat. Explain what happened when you made the call
 - You would write: phone out of order or you left a message, and it was never returned
- Calls or letters to PCP
- Changes in any demographic info
- New PCP name and phone number
- Baby's AKA
- Notice that the baby has expired
- Any other follow up activities done by the PCP or hospital staff

The above notebook entries replace information requested on the "Follow Up Summary Form" we mail to you, so there is no need for you to complete the form and fax it to us.

Please include your name at the end of your notebook entry, as on our end it only appears as 'Web User,' and select "save." Once you've completed your note and saved it, it becomes part of that baby's case. When you enter a notebook, NBSP staff receive an alert. This ensures a review of your notebook will occur by the staff within 24 hours.



Using iCMS: Provider

Velcome Rachel M Wilson - MYSOCH Wadeworth

| Home | Case Search | Demograph | hic Search | SIV Search | RDE Tutoria | | | | | | | | | | | |
|-------------------------------------|------------------------|-------------|-------------------------------|--|-------------|----------|---------|--------------------------------|-------------------------|--------|---------------|----------------|-------------------|-------------------|---------------|-----------|
| Case Inform Case Der Notebool | nation 🌲 mographics | | Infant: Hother: Case #: | Baby Doe WONDER WOMA 20213643001 | N | | lirth O | DOB: 06 Sex: Fe rder: Si | /11/202 male ngle | 1 | | Case | Phone: NBS ID: | Open 987654321 | | |
| Case Dis Provider | position | Export to E | Description | n) | 1 | Practice | . 5 | Sequence | Phone | | Fax 5 | Delte Added | Added to | ý. | | |
| . Image C | apture | \$55555 | Tribeca P | ediatrica | | | | 1 | (212)224 | 6-7666 | (212)202-7988 | 06/16/2021 | | | | |
| Physician H | Kain Henu 😐 | Add Physic | ian | | | | | | | | | | | | | |
| Cystic Fil | breeks | | | | | | | | | | | | | | | |
| SCID | | | | | | | | | | | | Home Ca | se Search | Demog | raphic Search | SRV S |
| Unsuitab | le | | | | | | | | | | | se Information | | | Infant: B | aby Doe |
| Laboratory | Information in | | | | | | | | | | | Case Demogra | ophics | | Mother: | NONDER V |
| Laborato | ry Results | | | | | | | | | | - | Notebook | | | Case #: 2 | 202116410 |
| CTPU Henu | | | | | | | | | | | - | Case Dispositi | on | Physician | | |
| Contest | don. | | | | | | | | | | - | Provider | | Relation | PRIMARY | |
| | | | | | | | | | | | | Image Capture | e . | Practice | PEDIATRICI | AN |

The provider tool is **not** the best to way to update an infant's primary care provider (PCP). Please add a notebook to update the PCP information. Be sure to include the provider's name, phone, and fax number if you have it.





Using iCMS: Image Capture

| Home Case Search | Demographic Search SRV Search | RDE Tutorial | | |
|-------------------------------------|--|---|--|--|
| Case Demographics Notebook | Infant: Baby Doe. Mother: WONDER WOMAN Case #: 20211641001 | DOB: 06/11/2021 Sex: Female Birth Order: Single | Case Status: Open Phone: NBS ID: 907654321 | Lab ID: 987654321 Birth Weight: 3000 PCP: Tribeca Pediatrics |
| Case Disposition Provider | Document Capture | | | |
| Physician Hain Hena | Drag a column header here to group by that | t calumn | | |
| Cystic Fibrosis | View Documer Comment | Cate Saved 5 Salest | | |
| SCID | | 0 0 | | |
| Unsuitable | | | | |
| Laboratory Information 🏨 | | No data to deplay | | |
| Laboratory Results | E. | | | |
| Encounter/Care | O Add New Image | | | |

- Add New Document
 Upload
 Submit
 Cancel
 Cancel
- The Image Capture field can be accessed by selecting the link in the "Case Information" menu on the left of the screen.
 - This feature allows you to view documents that have been uploaded to the case by selecting the little magnifying glass. In addition, you can upload images and files to the case.
 - Examples of helpful information that may be uploaded include:
 - Independent lab results to follow-up on a borderline result
 - Letters sent to parents and/or PCPs notifying them a repeat is needed.



Using iCMS: Laboratory Results

- The Laboratory Results field can be accessed by selecting the link in the Laboratory Information box on the left of the screen.
- This can be used to download and/or print a copy of the infant's NBS report.
- To do so, click the magnifying glass.

| Home Case Search | Demographic Search SRV Search RDE Tutorial | | | |
|---|---|---|--|--|
| Cese Information * Cese Demographics Distribution | Infanti Baby Doe Mother: WONDER WOMAN Case #1 20211641001 | DOB: 06/11/2021 Sex: Female Birth Order: Single | Case Status: Open Phone: NBS ID: 987654321 | Lab ID: 987654321 Birth Weight: 3000 PCP: Tribeca Pediatrics |
| Case Disposition | - | | | |
| Image Capture | Digitiche Archive | | | |
| Physician Nain Henu 🇯 | Drag a column header here to group by that column | | | |
| Cystic Fibrosis SCID | Vew Documer Lab Number ¹ Date Reported | Ender Onseled | | |
| Unsuitable | 0 | P | | |
| Laboratory Information * | Q 20211641001 6/18/2021 | | 6/18/2025 | |
| Laboratory Results | A | | | |
| LTFU Henu 🍅 | | | | |
| Encounter/Care Coordination | | | | |
| Education | | | | |
| | 1 | | ٤ | NEW YORK STATE of Health Wadswo |

Using iCMS: Laboratory Results

Close This Window To Return

#SEQ# Page 1 of 2
NEW YORK STATE DEPARTMENT OF HEALTH
Newborn Screening Program - Wadsworth Center - David Axelrod Institute, 120 New Scotland Ave, Albany, NY 12208
Phone: (518) 473-752, Fax: (518) 474-0405
CLIA # 33D2005937

| in francisco | Baby Doe | L-F ID | 007054004 | C. having a Carda | 007777 |
|--------------|----------------------|------------------------|-------------|-------------------|---------------------|
| intant. | Daby Doc | LaDIU: | 387634321 | Submitter Code: | |
| Gender: | FEMALE | Accession No: | 20211641001 | Hospital: | Lenox Hill Hospital |
| Birth Date: | 6/11/2021 | Prior Accession No: | | City: | |
| Mother: | WOMAN, WONDER | Specimen Date: | 6/12/2021 | Med Rec No: | 123456789 |
| Address: | 1 AMAZON WAY | Date Received: | 6/18/2021 | Physician: | Tribeca Pediatrics, |
| | THEMY SCIRA, NY12345 | Initial Date Reported: | | Multiple Birth: | Single |
| Telephone: | | Curr Date Reported: | 6/18/2021 | | J |

PARTIAL PANEL

| DISORDER | SCREENING RE SULT | EXPECTED RANGE - See Page 2 |
|------------|-------------------|-----------------------------|
| Hemoglobin | Screen Negative | |
| | | |

Due to specimen quality, this specimen was tested only for the above disorder(s). No other tests were done. Tribeca Pediatrics. 11 Park Place, Suite 1200 New York, NY 10007 DO NOT MALL . NY DISORDER ANALYTE / PRIMARY MARKER Page 2 of 2 REFERENCE RANGE Amino Acid Disorders (by MS/MS*) HCY\HMet Methionine (Met) < 83 umole/L MSUD < 305 umole/L Leucine (Leu) PKU \ HyperPhe Phenylalanine (Phe) < 151 umole/[. TYR-II. III Tyrosine (Tyr) < 414 umole/L -----

To print, select the printer icon to left of "Close this window to Return" on top. Print out a paper copy to scan into the baby's chart or print to PDF for an electronic copy.



HCS: Secure File Transfer 2.0



Secure File Transfer 2.0 (SFT)

Use SFT to...

• Send medical records, patient data, and legal documents to other HCS users

 Send and Receive 'packages' about repeat specimen requests, labs results, and patient follow up information to and from the Newborn Screening program staff



SFT – Access



Add SFT 2.0 to My Applications for quick access

- Log into the HCS at <u>https://commerce.health.state.</u> <u>ny.us/</u>
- 2. Click on My Content > All Applications



SFT – Access

Add SFT 2.0 to My Applications for quick access

3. Click the letter **S**

4. Look for Secure File Transfer 2.0 and click on the green plus sign in the right column to add it to your My Applications list on the left side of the HCS home page

| ealth Commerce System Applications | | + View I | lelp | |
|---|----------|----------|------|---|
| Browse by ABCDEFEHIJKLMNOPORSTU | V W XYZ | View All | · | |
| Sefe Drinking Water Information System | SDWIS | | | 0 |
| School Survey (HERDS) | HERDS | 0 | | 0 |
| Search for E-mail Address/Phone Number (System Account Information) | | | | Ā |
| Secure Collaboration | | 0 | | • |
| Secure File Transfer 2.0 | SFT 2.0 | | | - |
| ServNY | SERVNY | 0 | Yes | |
| SIIMS - Final Actions | | 0 | Yes | |
| SOFA Train Elder Abuse E-MDT | SOFAEMDT | 0 | | θ |
| SOFA Training Statewide Client Data System | | | | • |
| | 0000 | | ¥2-2 | |



SFT – Access

Once the SFT 2.0 app is added to My Applications

Click on Secure File Transfer 2.0

If you do not see it at first, click Refresh My Applications List Acronyms & Abbreviations Emergency Contacts Newborn Screening Applications Secure File Transfer 2.0 ServNY Refresh My Applications List C

My Applications

Only once, Register by clicking the yellow Launch Secure File Transfer 2.0 button

I want to...

Register (only once)

Click the Launch the Secure File Transfer 2.0 button. By

button. By clicking the button, the utility recognizes you as a user. That is it, you are

registered! Now other user's of the SFT can find you in the system and send you a file.



SFT – Send a package

| A Home | | | | | |
|--|--------------------|---------------|----------|------------------|--|
| C Folders | | | Contacts | Recent Downloads | |
| Packages | Send Package | Request Files | | | |
| E Logs | ♥ New Packages (0) | | | | |
| Q Search | | | | | |
| Find File/Folder Q | | | | | |
| Go To Folder 🗸 | | | | | |
| All time and date stamps displayed on this site are GMT -4, except time and date stamps recorded during standard time (GMT -5) | | | | | |

To send a package:

Choose Send Package

OR

Click Packages on the left-hand side, then click Send Package



SFT –Send a package



Click in the To field and enter the HCS User ID (if multiple recipients use a comma between items)

Do not use the email address in the To field, it will fail. Click Manage Contacts... to search HCS User IDs. Then Check the Receipts.

Type a message or attach a file from your computer or SFT folders.



SFT – Open a Package

Go to Packages

Then Inbox

You will see your packages. which you can click on to open or delete

| 😭 Home | | Packages | | | | |
|------------------|---|--------------|--------------|--------------|-------------------------|---------------------|
| Polders | | My Mailboxes | | Send Package | Request Files Add | l Mail Folder |
| 🔀 Packages | | Mailbox | New Packages | All Packages | | Actions |
| 🗄 Logs | | 🕒 Inbox | - | 2 | | |
| | | 🖉 Drafts | - | - | | |
| Q Search | | 📣 Sent | - | 1 | | |
| Find File/Folder | Q | Templates | | - | | |
| Go To Folder | ~ | 🗂 Trash | - | - | | ۵ |
| | | | | YORK | Department of Health | Wadsworth Center |

SFT – Create an email template

Go to Send a package and type your email template and the click Save As Template

To access the template, go to Packages then Templates

| C Home | Packages | Packages | | | |
|--------------------|--------------|--------------|------------------------------|--|--|
| 🗅 Folders | My Mailboxes | | Send Package All Packages | | |
| 🖾 Packapes | | New Packages | | | |
| fl tan | 🙆 Ittox | - | 2 | | |
| E cola | 🥖 Drafts | 1 | | | |
| Q Search | 🖒 Sert | | .1 | | |
| Find File Folder Q | D Templates | 12 12 | - Q | | |
| Go To Folder | ▼ Trash | + | | | |



SFT – Upload a File

Click Folders

Click on your User ID folder

Then Upload Files or drag and drop to add files.

| 🔂 Home | Folders | | | |
|--|-----------------|------------------------------------|--------------|-------------|
| Folders | | | + | |
| | Go To Folder 🗸 | G Drop files to upload | Upload Files | Add Folder |
| Packages | € Parent Folder | | | |
| 自 Logs | | | | |
| Q Search | | - | | |
| Find File/Folder Q | | | | |
| Go To Folder 🗸 | | | | |
| All time and date stamps displayed on this site are | | Drag and drop file to add files! | | |
| GMT -4, except time and date stamps recorded during standard time (GMT -5). | | Or click the "Upload Files" button | | |
| | | NEW | Departme | nt Wadswort |

I

STATE

of Health

Center

SFT – Additional information

Verify your package was opened by recipients:

- 1. Click Packages
- 2. Click Sent mailbox
- 3. Click the subject link
- 4. Click More next to Read Status, if there are multiple recipients
- Green ball means the recipient opened the package
- White ball means the recipient did not open the package
- Green & White means only some of the recipients opened the package

Wadsworth Center

Department

SFT - Support

HCS and SFT account questions:

- Call Commerce Accounts Management Unit (CAMU) at 1-866-529-1890, option 1
- Send an email to hinweb@health.ny.gov

Once logged into HCS: Click the SFT 2.0 app, and scroll to the bottom of the page to see links to SFT 2.0 Quick Reference Guide and SFT Frequently Asked Questions

How do I use it:

For information on how to use the utility, please view the SFT 2.0 Quick Reference Guide and the SFT Frequently Asked Questions.



NBS Program Contact Information



For any questions about using the Newborn Screening application or program, please call the NBS Program at 518-473-7552 or email us at nbsinfo@health.ny.gov

