



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, NY 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

January 7, 2005

DAL: DQS #05-01
HCBC #05-01

Dear Administrator:

The New York State Department of Health (NYSDOH) continues to move forward with its emergency preparedness efforts. On December 2, 2004, the State Hospital Review and Planning Council adopted emergency regulations that require all hospitals,¹ diagnostic and treatment centers, nursing homes, home care services agencies and hospice providers to apply and obtain access to the New York State Health Provider Network (HPN). Simultaneously, an emergency regulatory package to require the same of all adult care facilities was approved by Commissioner Novello.

These emergency regulations are expected to be filed with the New York State Department of State the week of January 10, 2005, and will become effective immediately upon such filing.

The HPN is a secure, web-based system that is accessible via the Internet. The HPN is used by providers to receive up-to-date information as well as to submit data to specialized programs for reporting or surveillance purposes. In times of emergencies or urgent matters, it is imperative that agencies and facilities exchange information and data with NYSDOH in a rapid, efficient manner. The HPN, a free service, is the best means to ensure a rapid, secure and efficient exchange of information. Accessing and distributing information utilizing telephone, fax and e-mail have yielded sporadic results. This problem was recently evident with the current and ongoing influenza crisis as NYSDOH was determining the availability and the need for influenza vaccine throughout the State. The HPN will be the best means for NYSDOH to communicate with agencies to determine the best approach for handling such emergencies in the future.

The HPN houses a Communications Directory with contact information for Local Health Departments, their partnering organizations, such as home care agencies, hospices, hospitals, nursing homes and other first responders. Each organization on the HPN maintains their own contact information in the Directory, enabling it to act as the central database of accurate and up to date contact information. In the event of an emergency it provides the crucial link for communication between NYSDOH and your agency. Additionally, for many HPN applications,

¹ And their services under Article 28: Laboratory, Emergency Departments, etc.

assignment of an individual to specific Communications Directory roles provides them with immediate access to critical, access-controlled HPN data and applications.

The Health Alert Network (HAN), which provides access to the latest NYS health alerts, advisories and other notifications that may affect your region or facility is also available on the HPN. These notifications include information from NYSDOH, NY City Department of Health and Mental Hygiene, NYS Office of Homeland Security and the Centers for Disease Control and Prevention (CDC). The HAN also maintains a great deal of helpful preparedness and response information. Obtaining access to the HPN also provides access to a new electronic form for reporting Nosocomial Infections, which will simplify this reporting requirement for facilities as well as expedite influenza surveillance.

To facilitate provider compliance with the regulations, NYSDOH is implementing a simple, easy-to-use process for requesting and securing an account on the HPN. The process requires that your facility is affiliated with the HPN, and that it establishes and maintains a cadre of HPN Coordinators at who are active and knowledgeable HPN users. A letter is being sent under separate cover to those facilities with existing HPN affiliations. It lists the names of facility personnel on record as being HPN Coordinators and/or as having an existing HPN account. Please review this list for accuracy and completeness. Organizations without existing HPN affiliations or coordinators must follow instructions provided in the attachment to establish that affiliation and to register for training.

The NYSDOH will conduct three rounds of HPN Coordinator training throughout the state at no cost to the facility, with the first round beginning in mid-January, 2005. All facility HPN coordinators must register for the training.² Please refer to the training attachment for details, including facility training schedule and how to register your coordinator

Beginning in early 2005, NYSDOH licensure and re-certification surveys will include ensuring that agencies have applied for HPN access, that providers have an active HPN coordinator, and that the information on the HPN is accurate and current.

Thank you for your cooperation in this matter. I encourage you to complete the process as outlined in the attachment prior to the January 17, 2005 deadline. This will ensure that an HPN Coordinator with access to the HPN has been established for your organization and is ready to attend the Coordinator training sessions.

Sincerely,



Lisa M. Wickens
Assistant Director
Office of Health Systems Management

Attachment

² Hospital HPN Coordinators are not expected to attend training as they are already very familiar with the HPN. Instead, the training CD will be mailed directly to HPN Coordinators at each hospital.

Attachment

HPN Affiliation, Account Requests and Training

An organization must first be affiliated with the HPN in order to obtain HPN accounts for its members. To be affiliated means that there has been an agreement at the organizational level, signed by its executive officer or administrator, to abide by the policies and procedures for accessing and using data and information contained there. That process also establishes HPN Coordinators. HPN Coordinators play a key role in maintaining HPN status for your organization, i.e., maintaining the organization's HPN accounts and its contact information in the Communications Directory. Tasks of the coordinator include requesting new user accounts, informing NYSDOH when users leave their organization, and adding new organization administrators or additional HPN Coordinators to the system. Each organization accessing the HPN must have one or more HPN Coordinators, and individuals in the status of administrator/chief officer of the organization are immediately granted HPN Coordinator status as well.

Affiliating your facility with the HPN:

If your organization is not currently affiliated with the HPN as described above, you will need to first request this of the Office of Health Systems Management. As part of this process, your organization's chief officer will be given an HPN account and will also be assigned the role of HPN Coordinator. Please follow the steps below:

1. Send an email:

- to the following address: hpn_outreach@health.state.ny.us
- with the following subject: "HPN Affiliation Request, <Your Facility name>, <The County where your facility is located>"
 - Example: "HPN Affiliation Request, Hometown Clinic, Albany County"
- Include the following information in the following format in the email body:
 - Facility Type (from among following list)
 - Nursing Home Opcert Level
 - Nursing Home PFI Level (a nursing home under a multi-facility Opcert)
 - Nursing Home with ADHCP Services,
 - Hospice
 - LTHHCP
 - LHCSA
 - Home Health Agency (including CHHAs)
 - Adult Care Facility
 - Facility Name
 - Facility Opcert# and PFI# if known
 - Facility Address
 - County where located
 - Information needed for the Administrator/Chief Officer and for an individual proposed to serve as an HPN Coordinator:

- their full first name (DO NOT use nicknames), full middle name (not just the initial), and full last name. (For example: Elizabeth Ann Doe)
- the month and day of their birth
- their NYSDOH Health Commerce (HPN) ID only if one exists, (possibly from their work at a previous organization),
- their exact job title
- their office telephone number
- their office fax number
- their e-mail address

The Office of Health Systems Management will use this information to complete the appropriate form (Document 1) and send the resulting document as an attachment to the email address you provide.

2. Upon receiving this email the Administrator/Chief Officer must print out this document, sign it in the presence of a notary (notary signature/stamp is required), and mail to:

NYSDOH
Commerce Accounts Management Unit (CAMU) Supervisors
800 N. Pearl Street
Room 214
Albany, NY 12204

3. Upon receiving the completed document CAMU will create an HPN account for the Administrator/Chief Officer and HPN Coordinator and send them each a letter containing all the information they will need to go online to an internet website to activate their account. Once they follow the steps outlined in that letter their account will be ready to use on the HPN.

4. The HPN Coordinator must then attend a training session being conducted by the NYSDOH. Please read the details for this training below as it is important that you register that individual for training by January 17, 2005. Once this Coordinator attends training they will know how to request HPN accounts for other personnel who will need them at their facility. This coordinator should share what they've learned at the training with any other coordinator at their facility.

HPN Coordinator Training Sessions:

To assist your organization in getting access to and using the HPN NYSDOH will be conducting three rounds of HPN Coordinator training sessions at various locations across the state. The purpose of this training is to:

- Provide a brief overview and general familiarity of the HPN
- Instruct coordinators on the concepts of the account process and provide hands-on training in the use of the electronic forms for managing accounts.
- Instruct coordinators on the management of communications directory contact information and provide hands-on training of the tools used to do that, as well as other tools at the Coordinators disposal.

Training materials for practiced HPN coordinators will be available on the HPN coordinators page on the HPN, and will also be distributed at the training sessions described

above. The approximate timing schedule and facility types that will be scheduled for each of the three rounds is as follows:

Round	Approximate dates	Facility types to Attend
1	Mid- January – early February	All Nursing Homes, and the following types of D&TCs: Multi-purpose and Ambulatory Surgery facilities
2	March – April	Remaining D&TCs, Hospices, LHCSAs and Home Health Agencies
3	Late May – June	Adult Care Facilities

All facilities, regardless of which round their facility type is scheduled to attend, or whether they currently have a computer capacity or internet access, should immediately follow the following steps to register for training.

Requesting HPN Coordinator Training:

1. Please immediately identify one individual who currently is serving, or who will be serving as an HPN Coordinator for your facility.
2. Send an email
 - to the following address: hpn_outreach@health.state.ny.us
 - with the following subject: “Schedule Training, <Your Facility name>, <The County where your facility is located>”
 - Example: “Schedule Training, ABC Nursing Home, Albany County”
 - Include the following information in the following format in the email body:
 - Facility Type (from among the following list)
 - Nursing Home Opcert Level
 - Nursing Home PFI Level (a nursing home under a multi-facility Opcert)
 - Nursing Home with ADHCP Services
 - Hospice
 - LTHHCP
 - LHCSA
 - Home Health Agency (including CHHAs)
 - Adult Care Facility
 - Facility Name
 - Facility Opcert# and PFI# if known
 - Facility Address
 - County where located
 - Full Name of HPN Coordinator Trainee
 - Their office phone number
 - their office fax number
 - their email address
3. Using the contact information you provide in the email we will get in touch with the person you have designated as the Trainee for your facility and provide them with the date, time and location of their training session.

Due to the large number of facilities covered under the emergency regulation who need this training, we ask that you accept the training session assigned to you and ask that each facility select only one individual to attend the training. We will be providing each trainee with a comprehensive CD with tutorials on the information they will practice in the session They can use this tutorial for review and to assist them in training other staff who may also be acting as HPN Coordinators for your facility.

For General Inquiries:

You may also use the same email address to send us other general questions about the HPN, your facility's current status on the HPN or other general questions that you may have. In this case, we ask that you please use the following subject line in your email to help us quickly distinguish this message from the registration emails that will be coming in:

- Subject line for questions: "Question, <Your Facility Name>, <The County where you facility is located>"
 - Example: "Question, ABC Hospice, Rensselaer County"
- Include your question in the body of the email

Note: Only if you do not have access to email, you may fax your affiliation requests, training registration and inquiries to:

Facility Type	Fax Number
Nursing Homes	518-408-1287
D&TC	518-402-1010
Hospice	518-408-1692
Home Health Agency	518-408-1692
Adult Care Facilities	518-408-1692