

HOW TO REQUEST ACCESS

HIV CARE STATUS REPORT (CSR)

Overview

- ❖ **This presentation reviews information specific to requesting access to the HIV Care Status Reports (CSR) system.**
- ❖ **Additional information can be found at:**
<http://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page>

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Pre-Registration

A. Pre-registration

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Eligibility Criteria-1

- ❖ **To be eligible to access the HIV CSR system, the following 2 criteria must be fulfilled by your site:**
 - 1. Conduct diagnostic testing or provide care for persons living with HIV (PLWH)**
 - 2. Located in NYC**

Eligibility Criteria-2

1. **Conduct diagnostic testing or provide care for PLWH**
 - Your site must have a physician or other person(s) authorized to either:
 - **Perform diagnostic HIV tests to make a confirmed diagnosis of HIV and/or**
 - * (Note: Your site is ineligible if only rapid testing is performed)
 - **Prescribe antiretroviral therapy as a part of ongoing HIV medical care for PLWH**
2. **Located in NYC**

Eligibility Criteria-3

1. Conduct diagnostic testing or care for PLWH
2. **Located in NYC**
 - **Your site must be located within one of the five boroughs of New York City.**

Eligibility Criteria-4

Diagnostic HIV testing/ provides ongoing HIV care	Located in NYC	Eligible
Yes	Yes	YES
No	Yes	NO
Yes	No	
No	No	

Pre-Registration

A. Pre-registration

- 1) Eligibility criteria
- 2) **CSR Designee**

B. Registration

- 1) NYC MED
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- 3) Email exchange

CSR DESIGNEE: Roles and Responsibilities

1. **Request Access (one-time)**
2. **Submit eligible patients**
3. **Obtain Care Status outcomes for submitted patients**
4. **Communicate with HIV Care Status Unit staff**
5. **Inform HIV Care Status Unit if you will no longer be serving as your site's CSR designee**

CSR DESIGNEE: Roles and Responsibilities

1. **Request Access (one-time)**
 - **Two part Registration Process** – (as described in this slide set)
 - **NYCMED HIV CSR Registration form**
 - **Email Exchange**
2. **Submit eligible patients**
3. **Obtain Care Status outcomes for submitted patients**
4. **Communicate with HIV Care Status Unit staff**
5. **Inform HIV Care Status Unit if you will no longer be serving as your site's CSR designee**

CSR DESIGNEE: Roles and Responsibilities

1. Request Access (one-time)
2. **Submit eligible patients**
 - Patients must be out of care from your site for at least the past 6 months.
 - For detailed information, review the presentation: *“How to Submit Patients and Obtain Outcomes”*
3. Obtain Care Status outcomes for submitted patients
4. Communicate with HIV Care Status Unit staff
5. Inform HIV Care Status Unit if you will no longer be serving as your site’s CSR designee

CSR DESIGNEE: Roles and Responsibilities

1. Request Access (one-time)
2. Submit eligible patients
3. **Obtain Care Status outcomes for submitted patients**
 - Available on the NYCMED HIV CSR “Result” tab
 - The care status match is run nightly
4. Communicate with HIV Care Status Unit staff
5. Inform HIV Care Status Unit if you will no longer be serving as your site’s CSR designee

CSR DESIGNEE: Roles and Responsibilities

1. Request Access (one-time)
2. Submit eligible patients
3. Obtain Care Status outcomes for submitted patients
4. **Communicate with HIV Care Status Unit staff**
 - **For submitted patients that require manual review, HIV Care Status Unit staff are only authorized to discuss these patients with the CSR Designee or Medical Director.**
5. Inform HIV Care Status Unit if you will no longer be serving as your site's CSR designee

CSR DESIGNEE: Roles and Responsibilities

1. Request Access (one-time)
2. Submit eligible patients
3. Obtain Care Status outcomes for submitted patients
4. Communicate with HIV Care Status Unit staff
5. **Inform the HIV Care Status Unit immediately if you will no longer be serving as your site's CSR designee by emailing csr@health.nyc.gov**

Medical Director: Roles and Responsibilities

- ❖ **Your site's medical director is required to identify the CSR Designee.**
 - ❖ **The HIV Care Status Unit does not have any requirements for the selection of the CSR Designee.**
- ❖ **If your organization has more than one affiliated site, the Medical Director can either assign one CSR Designee to each site or select the same CSR Designee to oversee all sites**

Registration

A. Pre-registration

- 1) Eligibility criteria
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B. Registration

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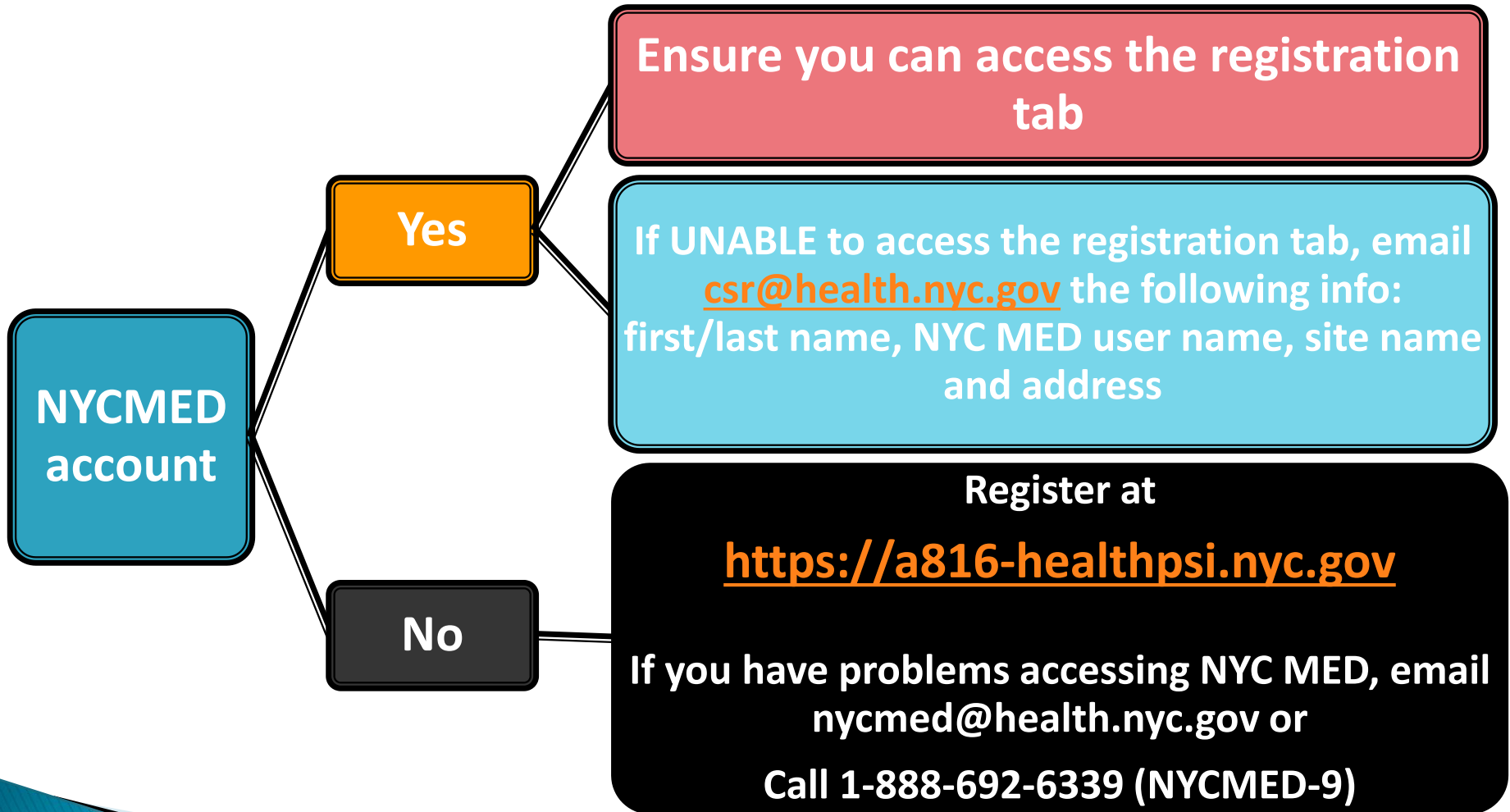
**THE FOLLOWING
SLIDES ARE
SPECIFIC TO THE
CSR DESIGNEE.**

Registration

A. Registration

- 1) NYC MED
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Do You Have an NYCMED Account?



Registration

A. Registration

- 1) NYC MED
- 2) HIV CSR Registration form
- 3) Email exchange

NYCMED HIV CSR Registration

All Fields Required

NYCMed User Name	<input type="text"/>
Clinical Site (must be located in NYC)	
Name of clinic/site	<input type="text"/>
Type of clinic	<input type="radio"/> Diagnosing only <input type="radio"/> Diagnosing/care provider
Street Address /Street Name /Suite	<input type="text"/> / <input type="text"/> / <input type="text"/>
Borough /City / Zip	<input type="text" value="BRONX"/> / <input type="text"/> / <input type="text"/>
Medical Director / Program Manager	
First/Last name	<input type="text"/> / <input type="text"/>
Provider type	<input type="radio"/> Physician <input type="radio"/> Physician assistant <input type="radio"/> Nurse practitioner
NYS License number	<input type="text"/>
Work Email	<input type="text"/>
Work Phone	<input type="text"/>
CSR Designee	
<input type="checkbox"/> Same as above	
First/Last name (Person requesting access)	<input type="text"/>
Work Email	<input type="text"/>
Work Phone	<input type="text"/>
Degree	<input type="text"/>

Screen Shot of actual registration page.

NYCMED HIV CSR Registration

All Fields Required

NYCMed User Name

Clinical Site (must be located in NYC)

Name of clinic/site

Type of clinic Diagnosing only Diagnosing/care provider

Street Address /Street Name /Suite / /

Medical Director

Work Email

Work Phone

CSR Designee

Same as above Medical Director / Program Manager

First/Last name
(Person requesting access) /

Work Email

Work Phone **Title**

Degree

You will use your NYCMED user name to access the HIV CSR system.

NYCMED HIV CSR Registration

All Fields Required

NYCMed User Name

Clinical Site

Name of clinic/site

Type of clinic

Diagnosing only Diagnosing/care provider

Street Address /Street Name /Suite

Borough / Zip /City

BRONX

Medical Director / Program Manager

Last/first name

Clinical site:

- Name of clinical site → name used on site letterhead
- Type of clinic:
 - Diagnosing only → perform diagnostic tests to make a confirmed diagnosis of HIV but DO NOT provide onsite HIV care.
 - Diagnosing/care → your site provides HIV care
- Borough/Zip/City – must be located within one of the 5 boroughs in NYC otherwise your request will not be processed

NYCMED HIV CSR Registration

All Fields Required

NYC Med User Name

Clinical Site (must be located in NYC)

Name of clinic/site

Type of clinic

Diagnosing only Diagnosing/care provider

Street Address /Street Name /Suite

 / /

Borough /City / Zip

 / /

Medical Director / Program Manager

First/Last name

 /

Provider type

Physician Physician assistant Nurse practitioner

NYS License number

Work Email

Work Phone

CSR D

Medical Director:

- NYS license number –the submitted license number must be valid for the registration process to proceed
- Work email – required in order for the registration process to proceed

NYCMED HIV CSR registration

All Fields Required

NYCMed User Name

Clinical Site (must be located in NYC)

Name of clinic/site

Type of clinic

Diagnosing only

Diagnosing/care provider

CSR Designee:

- Reminder -- The person completing this form must be the CSR Designee. Once this form is submitted, the registration process will be completed via email exchange

CSR Designee

Same as above Medical Director / Program Manager

First/Last name
(Person requesting access)

Work Email

Work Phone

Degree

Title

Registration

A. Registration

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How is the email exchange structured?

❖ **Email #1: Approval Process Email**

- ❖ 1) Review the CSR Security Use Policy form which describes security terms, conditions and responsibilities to which participating facilities must agree in order to use the HIV CSR system.
- ❖ 2) Complete and submit the CSR Agreement and Affiliates form (attached to the email) – REQUIRED

❖ **Email #2: Confirmation**

- ❖ You (CSR designee) may begin submitting eligible patients

For more information on submitting and retrieving information from the CSR system, please review the slides on ***“How to Submit Patients and Obtain Outcomes”***.

Please Contact

csr@health.nyc.gov

For More Information

HIV Care Status Unit
Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene