

## **NYEIS Data Change Request/ Feature Request Instructions**

### **General Instructions for NYEIS Data Change Requests:**

- Child protected health information must not be included on this data change request. If child protected health information is included, the data change will not be processed. The user will need to resubmit the request.
- Include one child per data change request.
- Fill out request accurately and completely. Failure to do so may result in an invalid request and cause delays in processing.
- Questions or concerns should be directed to the NYEIS Help Desk.

### **Review and Submission:**

- All data change requests must be submitted by the municipality.
  - Requests submitted directly to the Bureau of Early Intervention (BEI) from providers will be returned.
  - Providers should contact the municipality who has authorized the services to determine where these requests should be sent.
- All data change requests must be sent through the New York State Department of Health (NYSDOH) Health Commerce System (HCS) via the *NYEIS Feature Request/Data Correction Request Upload Application*. Requests received by email will be deleted upon receipt and not processed.

### **Instructions for Completing the Data Change Request:**

#### **User Requesting Data Change:**

User ID: This is the NYEIS/HCS User ID that is required at login to the HCS.

First and Last Name: The first and last name of the individual who is requesting the data change.

Agency Name: This field should be completed with the agency name for any individual who works for an agency as an Early Intervention Program provider.

Child's Municipality: This is the municipality who has authorized services for the child.

Phone Number: The phone number of the individual who is requesting the data change.

E-mail address: The e-mail address of the individual who is requesting the data change.

#### **Data Change Request Information:**

##### **Category of Change:**

Please select the category of change that your request falls under. Multiple categories may be selected as needed.

*Example: Correcting the child's date of birth on the referral page, submitter would check the Referral box*

IFSP Number: The IFSP number must be provided if the request includes a change to the IFSP. Please specify which IFSP that you need to have changed.

*Example: The start date of IFSP #4512787 needs to be changed from 01/02/2015 to 01/15/2015.*

Service Authorization Number: The service authorization number must be included if you are requesting a change to a specific service authorization. If you are requesting a change to a service

authorization associated with an IFSP, you would also need to include the corresponding IFSP number.

*Example: Service Authorization #123456 needs to be marked approved. This service authorization is associated with IFSP #7891011.*

**Task Number:** The task number must be included if you are requesting a task to be deleted.

\*Please include the reason for task deletion in the comments field.

**Child Reference Number:** The child reference number is found on the child's home page next to the child's name (this is not the integrated case number). The child reference number must be included in the data change request. If this number is not included, the data change request will be returned.

The screenshot shows the NYEIS Training interface. At the top, there is a header with the text "NYEIS Training: (Training use only - no real live data)" and navigation links for Home, Inbox, My Calendar, My Cases, Search, About, and Log Out. Below the header is a navigation menu on the left with various categories like Home, Addresses, Alternative IDs, etc. The main content area displays the "Child Homepage" for "Jessa sullivan - 200432", which is circled in red. Below this, there are sections for "Child Name", "Contact", and "Child Information".

Child Name	
First Name:	Jessa
Last Name:	sullivan
Middle Name:	
Suffix:	

Contact	
Address:	28 camp rd saratoga (Saratoga) New York 12118
Phone Number:	

Child Information	
Child's Referral Date:	11/15/2014
Date of Birth:	1/1/2013
Calculated Age of Child:	3 Years, 1 Months
Child's Case Status:	
Gender:	Female
Birth Last Name:	

**Requested Change:**

**Description of requested change:** Describe in detail the data change needed. Include what is currently listed in NYEIS and what data should be included after the change.

*Example: The Integrated Case is closed and has an incorrect closure date.*

Current Data: *Example: Current Integrated Case closure date is 9/1/2015.*

Requested Change: *Example: Integrated Case closure date should be 10/01/2015.*

**Additional Comments:** Please include any additional information which will assist in completing this request.

**Municipality Reviewer/Approver and Submitter's Information:**

**Municipalities are responsible for reviewing each data change request that is sent by a user prior to submission to BEI.**

**Review and Approval:** This box is checked by the municipal representative who has reviewed the data change request and is agreeing that this requested change should be made in NYEIS.

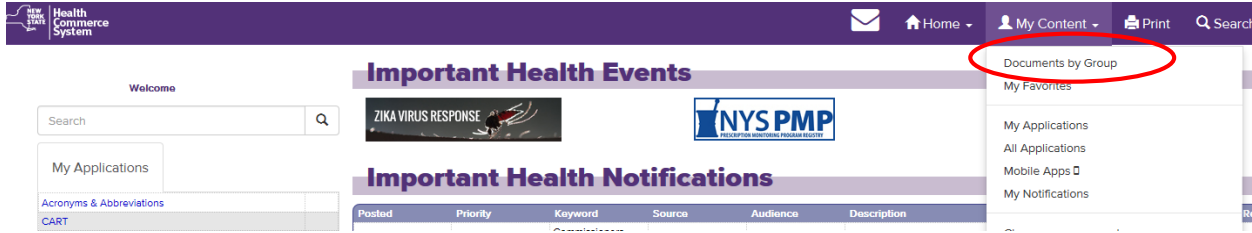
**Municipal Reviewer/Approver:** The municipal representative who has reviewed and approved this data change. Include contact information.

**Person Submitting Request:** Record the contact information of the individual transmitting the data change request (if this individual is different than the municipal representative who has reviewed and approved this change.)

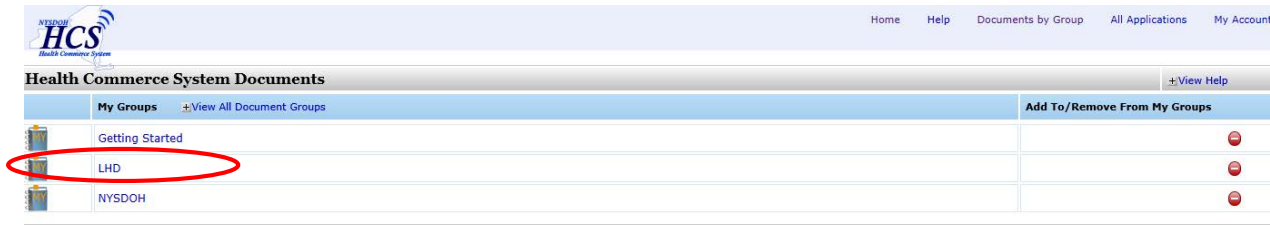
**Instructions for Locating the NYEIS Data Change Request and NYEIS Feature Request Templates:**

The NYEIS Data Change Request and the NYEIS Feature Request are located in the NYEIS folder on the NYSDOH Health Commerce System (HCS). These documents can be downloaded locally to your computer.

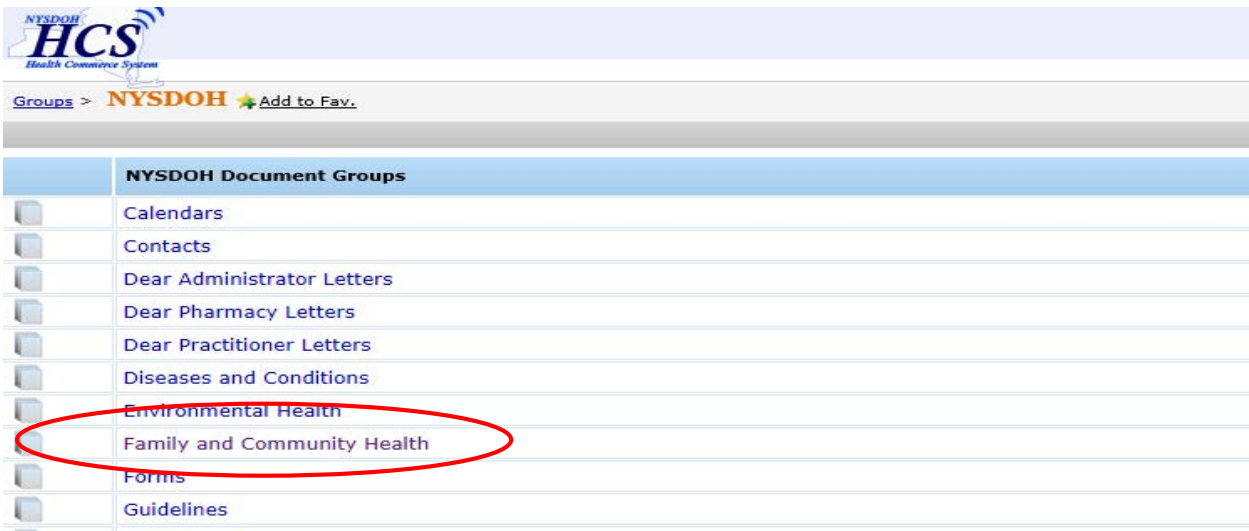
1. Log in to the NYSDOH Health Commerce System (HCS).
2. Select the **My Content** button on the Top Menu Bar of the HCS Portal page, then select **Documents by Group**.



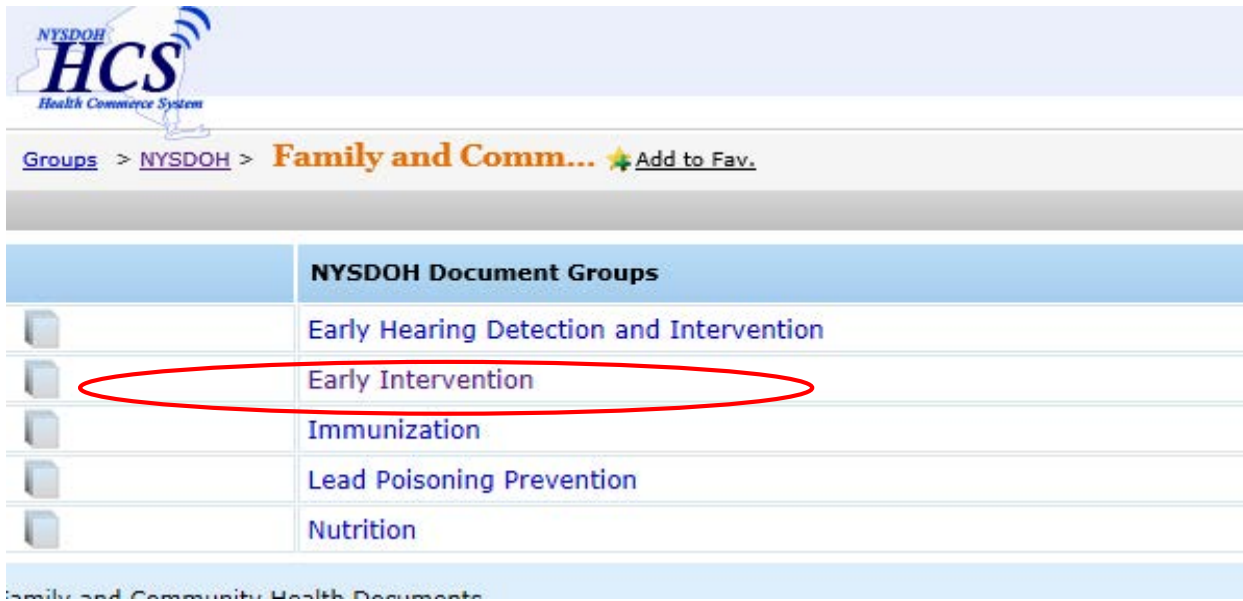
3. Click on the link for your appropriate group from the **My Groups** section (e.g., LHD)
  - If you do not see your Group in the drop down, click the View All Document Groups link. Select the green '+' next to your group.








4. Select the "Family and Community Health" link



5. Select the "Early Intervention" link




The screenshot shows the NYSDOH HCS Health Commerce System interface. The breadcrumb trail is: Groups > NYSDOH > Family and Comm... Add to Fav. Below this is a table titled "NYSDOH Document Groups".

	NYSDOH Document Groups
	<a href="#">Early Hearing Detection and Intervention</a>
	<a href="#">Early Intervention</a>
	<a href="#">Immunization</a>
	<a href="#">Lead Poisoning Prevention</a>
	<a href="#">Nutrition</a>

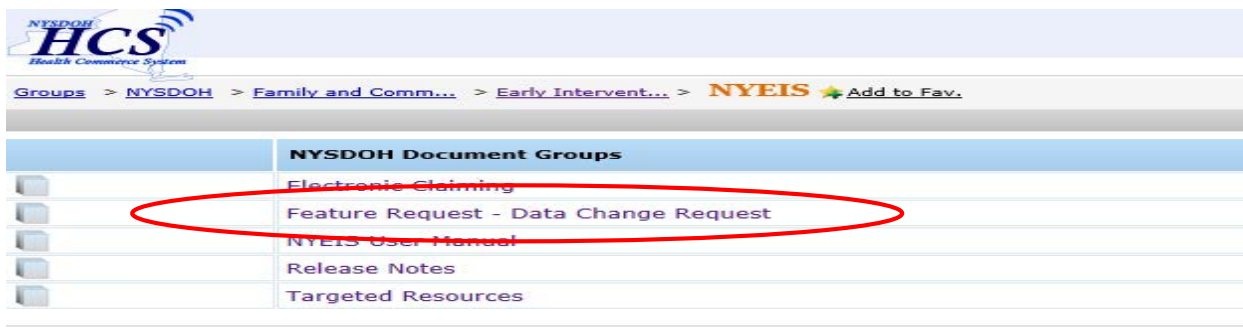
6. Select the "NYEIS" link.







The screenshot shows the NYSDOH HCS Health Commerce System interface. The breadcrumb trail is: Groups > NYSDOH > Family and Comm... > Early Intervent... Add to Fav. Below this is a table titled "NYSDOH Document Groups".

	NYSDOH Document Groups
	<a href="#">Guidelines</a>
	<a href="#">NYEIS</a>
	<a href="#">Publications</a>
	<a href="#">Resources</a>

7. Select the "Feature Request- Data Change Request" folder



The screenshot shows the NYSDOH HCS Health Commerce System interface. The breadcrumb trail is: Groups > NYSDOH > Family and Comm... > Early Intervent... > NYEIS Add to Fav. Below this is a table titled "NYSDOH Document Groups".

	NYSDOH Document Groups
	<a href="#">Electronic Claiming</a>
	<a href="#">Feature Request - Data Change Request</a>
	<a href="#">NYEIS User Manual</a>
	<a href="#">Release Notes</a>
	<a href="#">Targeted Resources</a>

8. Select either “**NYEIS Feature Request**” or “**NYEIS Data Change Request**”

Type	Label	Description
PDF	NYEIS Data Change Request	Template
XLS	NYEIS Feature Request	Template

9. First save the file to your hard drive. **Click File**, and then **Save As**. The **Save As** pop-up box appears. Save the file to a location on your hard drive. You will need to rename this file when you save it on your hard drive.

**NYEIS Data Change Request**

Please fill out request accurately and completely; failure to do so may result in an invalid request and cause delays in processing.

**User Requesting Data Change:**  
 User ID: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Agency Name (if applicable): \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Data Change Request Information:** Category of Change  
 Referral  Integrated Case  
 IFSP #: \_\_\_\_\_  
 Transition  Task #: \_\_\_\_\_  
 Medicaid CIN  Other: \_\_\_\_\_

Child Reference # (located on the child's home page next to their name): \_\_\_\_\_

**Description of requested change:** Please Include what data is currently listed in NYEIS and describe in detail the data change that you want to occur.

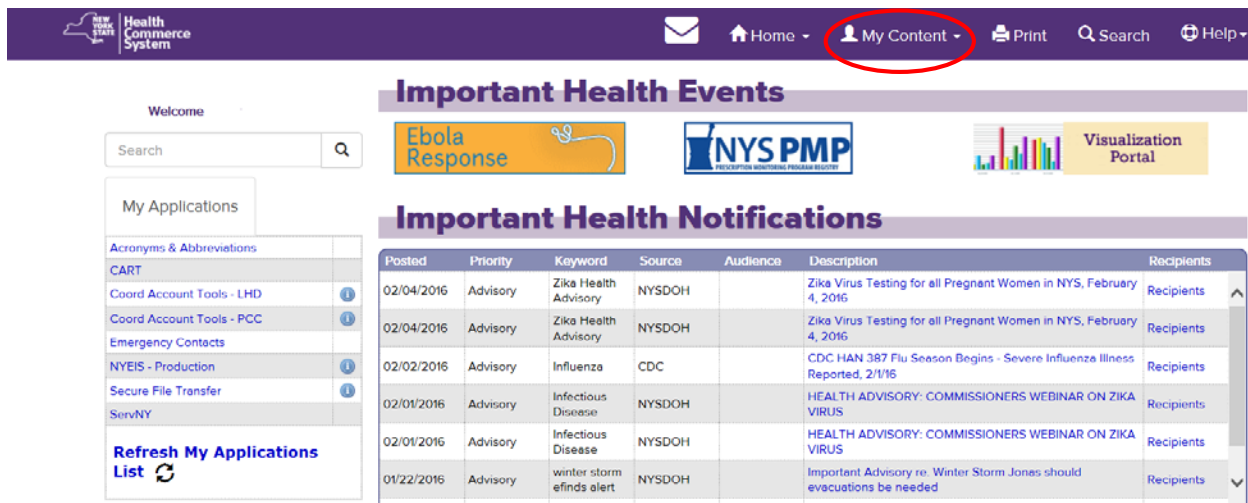
10. Open the file, complete the necessary fields, and save the file with your data entry.
11. Do not email the file to the NYEIS Help Desk or directly to the State Department of Health (SDOH) BEI. If sent to the NYEIS Help Desk or emailed to SDOH BEI, the request will be deleted immediately. All NYEIS Data Change Requests/NYEIS Feature Requests must be sent to SDOH BEI via the *NYEIS Feature Request/Data Correction Request Upload* process as outlined below.

## Sending Data Change/Feature Requests to SDOH BEI via the HCS:

All data change and feature requests must be sent through the Health Commerce System via the *NYEIS Feature Request/Data Correction Request Upload Application*. Requests received by email will be deleted upon receipt and not processed.

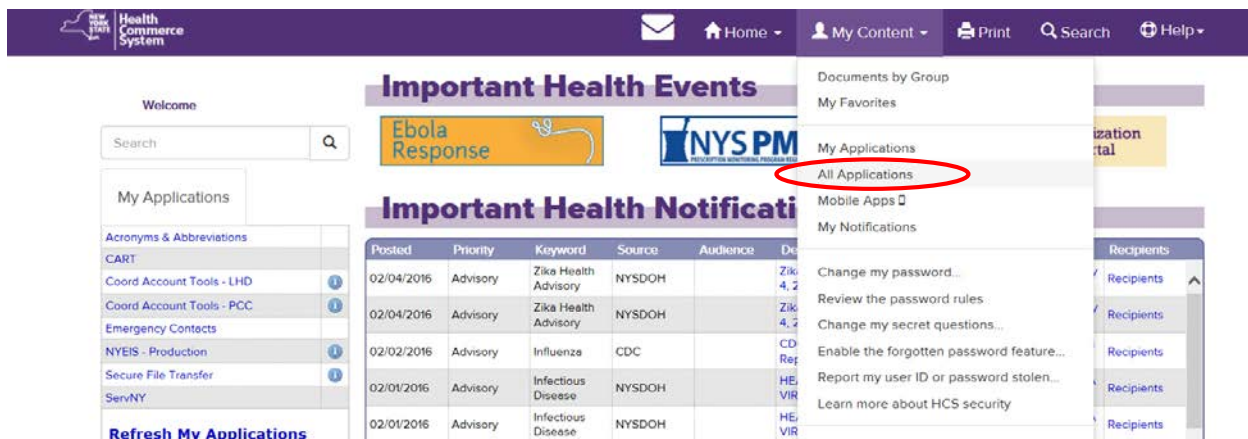
### Instructions for Submitting NYEIS Data Change or Feature Requests:

1. Log in to the **NYSDOH Health Commerce System (HCS)**. If it is your first time accessing the secure upload application, click the **My Content** tab.



Posted	Priority	Keyword	Source	Audience	Description	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zika Virus Testing for all Pregnant Women in NYS, February 4, 2016	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zika Virus Testing for all Pregnant Women in NYS, February 4, 2016	Recipients
02/02/2016	Advisory	Influenza	CDC		CDC HAN 387 Flu Season Begins - Severe Influenza Illness Reported, 2/1/16	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: COMMISSIONERS WEBINAR ON ZIKA VIRUS	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: COMMISSIONERS WEBINAR ON ZIKA VIRUS	Recipients
01/22/2016	Advisory	winter storm efinds alert	NYSDOH		Important Advisory re Winter Storm Jones should evacuations be needed	Recipients

2. Click on **All Applications**



Posted	Priority	Keyword	Source	Audience	De	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zik 4. 2	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zik 4. 2	Recipients
02/02/2016	Advisory	Influenza	CDC		CD Ref	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HE VIR	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HE VIR	Recipients

- The **Health Commerce System Applications** page displays. Click the 'N' tab.

Health Commerce System Applications + View Help

Browse by **A** **B** **C** **D** **E** **F** **G** **H** **I** **J** **K** **L** **M** **N** **O** **P** **Q** **R** **S** **T** **U** **V** **W** **X** **Y** **Z** View All

Application Name	Acronym	Profile	Restricted	Add/Remove
National Poison Data System (see Profile for Access Info)		<a href="#">i</a>		<a href="#">+</a>
Neonatal Intensive Care Unit	NICU	<a href="#">i</a>	Yes	
New York Patient Occurrence Reporting and Tracking	NYPORTS	<a href="#">i</a>	Yes	
Newborn Screening Applications	NBS	<a href="#">i</a>	Yes	
Nosocomial Outbreak Reporting Application (NORA)	HERDS	<a href="#">i</a>		<a href="#">+</a>
Nursing Home ADHC Rates		<a href="#">i</a>	Yes	
Nursing Home Appeal System		<a href="#">i</a>	Yes	
Nursing Home Cash Receipts Assessment		<a href="#">i</a>	Yes	
Nursing Home Cost Report		<a href="#">i</a>	Yes	
Nursing Home Medicare Maximization Form		<a href="#">i</a>	Yes	
Nursing Home Rate Reports		<a href="#">i</a>	Yes	
Nursing Home Rate Sheets 4/1/2009 and Forward		<a href="#">i</a>	Yes	
Nursing Home Surveillance and Reporting System (HERDS)	HERDS	<a href="#">i</a>		<a href="#">+</a>

- Click the '+' next to the application labeled 'NYEIS Feature Request/Data Correction Request Upload.'

Health Commerce System Home My Content Print Search Help

Newborn Screening Applications	NBS	<a href="#">i</a>	Yes	
Nosocomial Outbreak Reporting Application (NORA)	HERDS	<a href="#">i</a>		<a href="#">+</a>
Nursing Home ADHC Rates		<a href="#">i</a>	Yes	
Nursing Home Appeal System		<a href="#">i</a>	Yes	
Nursing Home Cash Receipts Assessment		<a href="#">i</a>	Yes	
Nursing Home Cost Report		<a href="#">i</a>	Yes	
Nursing Home Medicare Maximization Form		<a href="#">i</a>	Yes	
Nursing Home Rate Reports		<a href="#">i</a>	Yes	
Nursing Home Rate Sheets 4/1/2009 and Forward		<a href="#">i</a>	Yes	
Nursing Home Surveillance and Reporting System (HERDS)	HERDS	<a href="#">i</a>		<a href="#">+</a>
Nursing Home Trend and Risk Factor Reports		<a href="#">i</a>	Yes	
NYCDOH EBC Submission		<a href="#">i</a>	Yes	
NYEIS - Production (New York Early Intervention System)		<a href="#">i</a>		<a href="#">+</a>
<b>NYEIS Feature Request/Data Correction Request Upload</b>		<a href="#">i</a>		<a href="#">+</a>
NYS Council On Graduate Medical Education (COGME) Documents	GAE	<a href="#">i</a>	Yes	
NYS County and Medicaid Managed Care Organization (MCO) Upload		<a href="#">i</a>		<a href="#">+</a>
NYS Electronic Certificate of Need	NYSE-CON	<a href="#">i</a>		<a href="#">+</a>
NYS Perinatal Quality Collaborative (NYSPOQ) Data System	HERDS	<a href="#">i</a>		<a href="#">+</a>
NYSDOH Insurance Program Data Portal		<a href="#">i</a>	Yes	
NYSIS - Production (New York State Immunization Information System)	NYSIS	<a href="#">i</a>		<a href="#">+</a>
NYSIS - Training (User Demo System)	NYSIS	<a href="#">i</a>		<a href="#">+</a>
NYSIS Development (NYSIS staff use only)	NYSIS	<a href="#">i</a>		<a href="#">+</a>

- This adds a shortcut to the application in the **My Applications** area.

Health Commerce System Home My Content Print Search Help

My Applications

Acronyms & Abbreviations	
CART	
Coord Account Tools - LHD	<a href="#">i</a>
Coord Account Tools - PCC	<a href="#">i</a>
Emergency Contacts	
NYEIS - Production	<a href="#">i</a>
<b>NYEIS Feature Req/Data Upload</b>	<a href="#">i</a>
Secure File Transfer	<a href="#">i</a>
ServNY	

**Refresh My Applications List**

### Important Health Notifications

Posted	Priority	Keyword	Source	Audience	Description	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zika Virus Testing for all Pregnant Women in NYS, February 4, 2016	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zika Virus Testing for all Pregnant Women in NYS, February 4, 2016	Recipients
02/02/2016	Advisory	Influenza	CDC		CDC HAN 387 Flu Season Begins - Severe Influenza Illness Reported, 2/1/16	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: COMMISSIONERS WEBINAR ON ZIKA VIRUS	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: COMMISSIONERS WEBINAR ON ZIKA VIRUS	Recipients
01/22/2016	Advisory	winter storm efinds alert	NYSDOH		Important Advisory re. Winter Storm Jonas should evacuations be needed	Recipients

- Click the shortcut 'NYEIS Feature Request/Data Upload' option in My Applications to open the application

Posted	Priority	Keyword	Source	Audience	Description	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zika Virus Testing for all Pregnant Women in NYS, February 4, 2016	Recipients
02/04/2016	Advisory	Zika Health Advisory	NYSDOH		Zika Virus Testing for all Pregnant Women in NYS, February 4, 2016	Recipients
02/02/2016	Advisory	Influenza	CDC		CDC HAN 387 Flu Season Begins - Severe Influenza Illness Reported, 2/1/16	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: COMMISSIONERS WEBINAR ON ZIKA VIRUS	Recipients
02/01/2016	Advisory	Infectious Disease	NYSDOH		HEALTH ADVISORY: COMMISSIONERS WEBINAR ON ZIKA VIRUS	Recipients
01/22/2016	Advisory	winter storm efinds alert	NYSDOH		Important Advisory re. Winter Storm Jonas should evacuations be needed	Recipients

- Click on NYEIS Feature Request/Data Correction Request Upload

## NYEIS Feature Request/Data Correction Request Upload

### Purpose

This upload utility should be used to send NYEIS Feature Requests/Data Correction Requests to the NYS Early Intervention Program.

### Instructions

- Click the button to upload the file(s)

NYEIS Feature Request/Data Correction Request Upload

- Enter a **Subject**
- Enter **Notes**
- Click **Launch the Upload Wizard**
  - o Click **Add File**
  - o Browse and click on the file(s) you want to upload
  - o Click **Open**
  - o Click **Upload**
  - o Click **Close**

**Please Note:** If you see a green **Upload** button instead of **Launch the Upload Wizard**, you have compatibility mode turned on. Either remove **state.ny.us** (Tools > Compatibility View Settings), or click the **Browse** button to locate the file and click the **Upload** button to add the file to your request. Browser > Upload can be done multiple times to add multiple files

- You have the option to check 'Delivery Receipt(s)' or 'Prevent "Reply All"'
- Click **Send**

For technical issues, please contact [hinweb@health.ny.gov](mailto:hinweb@health.ny.gov)

### Documents

- [SFT 2.0 Frequently Asked Questions](#)
- [SFT 2.0 Quick Reference Guide](#)

- Enter a **Subject (Data Change Request or Feature Request)**
- Enter **Notes**
- Click **Launch the Upload Wizard**
  - a. Click **Add File**
  - b. Browse and click on the file(s) you want to upload
  - c. Click **Open**
  - d. Click **Upload**
  - e. Click **Close**



Please Note: If you see a green Upload button instead of Launch the Upload Wizard, you have compatibility mode turned on. Either remove state.ny.us (Tools > Compatibility View Settings), or click the Browse button to locate the file and click the Upload button to add the file to your request.

11. You have the option to check 'Delivery Receipt(s)' or 'Prevent "Reply All"'

12. Click **Send**



Signed onto Health Commerce System as

- NYSDOH Center for Community Health

**New Package**

**Send** Preview Check Recipients Cancel Save As Draft Save As Template

From: [Dropdown]

To: NYEIS Feature Request/Data Correction Request Upload  
Show Cc/Bcc

Subject: [Text Box]

Note: [Text Area]

Files: Total: 0 B of 2 GB used. (0%)

**Launch the Upload Wizard**

Options:  Delivery Receipt(s)

Left sidebar: Home, Groups, Folders, Packages, Logs, Search, Find File/Folder, Find User, Go To Folder..., Tech Support, Quick Reference Guide, Frequently Asked Questions, Health Commerce System