



Phase IV Data Validation Instructions

Please see below for instructions on how to complete each on-line form for CNYCC Phase IV Data Validation.

CNYCC is hosting an informational webinar on Data Validation from 2:30pm - 3:30pm on Wednesday, June 5th to review all forms and answer any questions partner organizations may have.

To register, please click here: [Data Validation Review Webinar](#)

1. Contact Validation Form

Instructions:

- A. Please scroll down to begin reviewing the contacts for your organization. Fill in your user information (name and email).
- B. There are ten (10) screens to review. Use the NEXT button on the bottom right of the screen to navigate to the next contact type screen. Mandatory fields are indicated by a red asterisk *.

If no changes or additions are needed, click the NEXT button to advance to the next Contact Type.

If changes are required, choose one of the options on the contact form:

- A. **“Contact No Longer ...”** – the individual is still at your organization but no longer in this role
- B. **“Remove Contact from Organization”** – the individual no longer works at your organization
- C. **“Edit/Add Contact Information”** – modify name, email, or phone number
 - i. Click “Edit/Add Contact Information” to unlock fields
 - ii. Change data on the form (Organization Name cannot be changed)
 - iii. Click “Edit Complete” when done making changes

If the form is blank and you need to add someone for that position:

- A. **“Edit/Add Contact Information”** – modify name, email, and phone number
 - i. Click “Edit/Add Contact Information” to unlock fields
 - ii. Fill in fields on the form (Organization Name cannot be changed)
 - iii. Click “Edit Complete” when done making changes

To add an additional contact for a specific position:

- A. Click the **“+ Additional ...”** button, located on the bottom left of the form. A blank form will appear.
NOTE: ONLY CLICK THIS BOX IF YOU NEED TO ADD AN INDIVIDUAL TO THE CONTACT TYPE
- B. Click “Edit/Add Contact Information” to unlock fields
- C. Fill in fields on the form (Organization Name cannot be changed)
- D. Click “Edit Complete” when done making changes

On Page 10/10, click “Return to Page 1 to Save & Submit” to go back to the first page.

Be sure to click the box next to “I attest that I have reviewed this information and it is accurate”

Click “Save and Submit”

Save the confirmation code that appears in the confirmation box.



2. Medicaid VBP Status Validation Form

Instructions:

- A. Fill in your **name** and **email**.
- B. Please **answer questions 1-3** below
- C. Check the **Attestation** box in the top right corner
- D. Click **'Save & Submit'** (Save the Confirmation Code that appears in the confirmation box)

3. Service Type Validation Form

Instructions:

Please review and confirm/modify the service types that your organization reported to CNYCC during Phase III Data Validation.

Service Type Definitions - Definitions for each service type can be found [here](#).

Need to make a change?

To Remove a Service Type - Click the "Remove Service Type" box. Fill in the "Reason for Removal".

To Add a Service Type - Click the "Add Service Types" button at the bottom of the screen.

When complete:

- A. Check the **Attestation** box in the top right corner.
- B. Click **'Save & Submit'**
- C. Save the Confirmation code that appears in the confirmation box.

4. NPI Validation Form

Instructions: Fill in the Form Submission Contact Name and Email first. Then, please review the below list of NPIs and MMIS' that CNYCC has on file. They are in ascending order by NPI. If there is no NPI, they are in ascending order by MMIS. ** Please Note: Larger organizations may experience a lag time while scrolling down through the NPI list*

For All Listed Entities/Providers, please:

- A. Review/Ensure each **NPI** and/or **MMIS** number(s) are correct, as needed.
- B. Review/Ensure each **NPI** and/or **MMIS** number(s) have the **appropriate** "Affiliation"
 - i. "Affiliation Types" that may be selected are:
 - a. **"Employed/Contracted"**: if the provider is employed or has an employment contract with your organization
 - i. Please include Hospitalists and Urgent Care Providers as long they are provided those services at your organization
 - ii. **"Other"**: if the provider is affiliated/credentialed with your organization but not employed or under an employment contract
 - iii. **"Organization"**: if the NPI/MMIS is considered organizational
 - ii. Please note that any provider included in your organization's list must be one who your organization has the right to be attributed patients through, via CNYCC's attribution model which considers the following service types:
 - a. Primary care (includes specialists who deliver primary care services)
 - b. Behavioral health (includes PCPs & specialists who deliver BH services)
 - c. Health Home care management
 - d. Intellectual/developmental disability (I/DD) & long-term care (LTC) services
 - iii. **Do NOT include** providers for whom it would be inappropriate for your organization to be attributed patients for payment or performance management purposes



- a. *Example:* A physician serves as your organization's non-practicing CMO but sees patients for ambulatory services at another partner organization
- b. *Example:* A primary care provider that rounds on patients in the hospital

Need to make a change?

- **Remove Provider-** If there is a provider listed who is no longer affiliated with your organization in any way, click the "Remove" box.
- **Add Provider/Organization-** Click the "Add Provider" button at the bottom of the screen. Please include organizational or clinic NPIs/MMIS', if applicable. *NOTE: The added provider will NOT appear on the page 1 list.
- **Provider Name Change -** Click the "Remove" box for that provider. Then **add** the provider with correct name via the "Add Provider" screen.

Need to Save & Resume Later?

- A. Click the "Save & Resume Later" button located at the top right of the screen.
 - i. A box will appear with a new link and the option to email yourself the new URL. **You MUST USE THE NEW URL that you can email to yourself to continue saved progress.**

When complete:

- A. Check the **Attestation box** in the top right corner.
- B. Click 'Save & Submit'
- C. Save the Confirmation code that appears in the confirmation box.