# Portal User Guide

Minnesota Department of Health (MDH) Health Care Homes (HCH) Certification and Recertification

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Steps for a New User

Request an account

Email health.healthcarehomes@state.mn.us.

Please include in the email request your:

▪ Name
▪ Title
▪ Organization
▪ work email address
▪ work phone number

Establishing your account

Once your role within the organization is verified, you will receive an email from noreply@imagetrend.com with your username and a link to reset your password. Click that link and follow the instructions to set up a password.
Reset Password

Logging into the system

In the future, you can log in by going to: https://hchcert.mn.gov/lms/public/portal#/login and entering your username and password. Keep both in a secure location for future use.

Logging out of the system

Click on “Logout” in the upper right of the screen.
Navigating in the HCH Portal

My Account

The first screen you will see when you successfully log in for the first time is **My Account** - or the main landing page.

Let’s start by looking at the navigation buttons under **My Account** on the left side of your screen. These are tools to take you everywhere you need to go within the portal! A screenshot will follow each description, here are the navigation options.
Profile

Profile contains your account demographics; you may change your email address or add your phone number in this area. You may recognize this as the first page you saw when you set up your account after entering a password.

Documents

Documents allows you to see all forms and documents that you have submitted for your organization.

While this will indicate ‘No Records’ until you begin completing an application, once you begin the certification process you will see all the documents available for viewing in this section. Note you can sort them by the date they were uploaded (far right column) for ease of access.
Be sure to utilize the **Records** manager at the bottom of the page when there are more than 10 documents.

Applications

**Applications** is for viewing applications in progress or starting new ones. Notice the red line next to **Applications** in the navigational tools is telling you where you are in the portal.

On this page, there are two blue buttons on the right side of the screen. **View My Applications** is where your applications will be accessible to you in the future. If you have not yet completed an application, this will simply state **No Records** under the **Applications** heading, like this:
Notice the red lines continue to indicate where you are, in this case in **Applications** (red line on the left) and in **My Applications** (red line center left).

If you click **Applications** on the left navigational bar next to the red line, it will take you back to the **Applications** main page with the two blue buttons. This time, click on the second blue button, **View Organizations Clinics Applications** to see your organizations applications for HCH Certification:
While this screen shot shows there are no applications to view, you do have the opportunity to **Apply Now** (see blue buttons on the bottom right). If you were to select this button, you could start the application process. Before we do, let’s look at the last navigational tool on the left.

**Organizations Clinics**

**Organization Clinics** is where your specific organization is listed, noted in blue below.

![Organizations Clinics](image)

When you click on your organization name, you will see the following pertinent information:

- **Details** - Details regarding your clinic and HCH certification status, issued and expiration dates.
- **Personnel** - Contains a listing of your HCH contacts. For changes to this content, please contact the HCH staff at Health.HealthCareHomes@state.mn.us and they will make the needed edits to this information.
- **Clinics** - Lists clinics. For changes to this content, please contact HCH staff at Health.HealthCareHomes@state.mn.us.
Starting an Application or Continuing an Application

You can click on My Account or Applications to start or continue an application for Health Care Homes certification or recertification. Recertification may begin up to 6 months prior to the certification end date.

An organization can request access to the portal for as many individuals as they deem appropriate. However, it is important to note that the individual from an organization who starts the application is the only person who can continue, edit and submit that application. Other individuals can view submitted forms and uploaded documents, but the person who starts the application process is responsible for completing and submitting all required forms. Once the application is submitted and the certification or recertification process is complete, any individual from the organization can begin the next application.

Under My Account

Here is the screenshot of My Account, or landing page, which we looked at earlier. Rather than focusing on the navigational buttons on the left, check out the top two of four boxes in the center of your screen: New Applications and Continue an Application.

To continue an existing application, select the blue Continue Application button.

To start a new application, select the blue Start Application button. When Start Application is clicked, you will see the following screen. Click "Apply Now" next to ONE of the application options. In this example, click the blue Apply Now button for HCH Certification.
This will bring you to the Organization Demographics, which is the first form of the application. Notice, the red line in the navigational buttons indicates you have moved into **Applications**. Congratulations!
General information about completing an application

The following sections contain important, general information regarding the functions and features of the portal. Great intention has been made to reduce any duplicity while keeping the process streamlined and efficient.

Throughout the application, any item with a red asterisk is required in all instances.

Application Sections or Standards
The HCH certification and recertification application has seven forms to be completed and submitted:

- Organization Demographics
- Standard One
- Standard Two
- Standard Three
- Standard Four
- Standard Five
- Attestation and Submission

PLEASE NOTE: the other forms will not be visible to you until you have completed and submitted Organization Demographics.

Section or Standard Tabs
Each form within the application will have tabs across the top, under the form’s title. The portal process will automatically start you at the first tab. In the example below it is Organization Information under the form title, Organization Demographics. Each tab will contain a varied number of questions. Those with a red asterisk require an answer.

Specific to the Standards 1 through 5 forms, the title on each tab reflects one or more requirements.

For example, Standard One is Access and Communication. The tabs within this form are Patient Identification, Patient Access, Patient Information, Specialty Care and-for recertification and those certifying at an advanced level-Patient Engagement:
While you are answering the questions in each tab, note that important information will be in red throughout the application. Please read it carefully as it will provide direction and clarification.

The portal will guide you throughout. Here is another example in the Performance Measurement tab where instructions in red alert users to a unique instance in this requirement:
“Save” and “Save and Continue”
When you have answered all the questions within a tab, you will see two options at the bottom, “Save” and “Save and Continue”:

If you select “Save and Continue” when you finish a tab, it will take you to the next tab of the form.

You can also select Save, which will save all the information you have entered, keep you on that page, and allow you to review your answers. This also gives you the option to leave and return to the form later. You can return to a form by using your navigation buttons on the left.

Option 1: Click My Account and then Continue Application.
Option 2: Select Applications on the left and then click Continue immediately below it:
Once this screen appears, you can click **Continue** in the bottom right and be back where you left off!

**Submitting a Form**

If any questions were left unanswered, you will still be allowed to progress to the other tabs within the form, but you cannot submit the form until every required question has been answered. Note, the submit button is always located at the bottom of the final tab:

You can also go click on any tab to review, change or answer the questions on that page prior to submitting the form.

If you click **Submit**, but have not answered all required questions within each tab, you will receive a message that indicates the **Validation Failed**, and where answers are missing:
The above example indicates the question, ‘The primary care team includes (check all that apply)’ was not answered. Simply click on the blue words, and it will take you to the tab needing more information.

Once a form is submitted, it is locked. If you need to make a change on a submitted form, please contact the HCH support staff Health.HealthCareHomes@state.mn.us as they can reopen the needed form for you to edit. You will need to click Submit again once you have completed the necessary edits if the document has been reopened for you.

Starting the Next Form
Once all information requested has been provided, and the Submit button is clicked successfully, the portal will bring you back to Continue My Application. The red line on the left indicates you are still in Applications. Under HCH Certification in the center of the screen, it indicates the application is In Process. Under HCH-Standard is a list of the forms, that need to be completed. Under Additional Forms is a list of those that have been completed, including the Organizational Demographics we just finished!
Once a section or Standard is complete, it is available as a PDF for you to open, review and or print. To open a form and begin documentation for each standard, click on the associated **Start** button. Standards may be competed in any order. The **Attestation and submission** document should be the last form to be completed as that will alert the HCH staff that you are finished with your application.

**Application in Action**

To demonstrate the streamlined and efficient application process, the following contains a step-by-step process of the application in action. Here is how the first form is completed. The first form of the application is **Organization Demographics** where you may add additional clinics, indicate who is on your primary care team and if you have another national patient centered medical home accreditation.

**Organization Information**

Verify your organization’s information and add individual clinics if they are not already listed.
Adding Clinics

Eligible clinics may be already entered by HCH staff based on the information we have on record for your organization.

- You may add clinics as appropriate.
- To edit or delete clinic information, please contact HCH staff.
If you indicate you need to add additional clinics, a screen will open below, and you will be asked to enter the clinic’s demographic information including Clinic NPI and Federal Tax ID. You may add as many clinics as you wish from this screen.
Reminder: An organization applying for HCH certification will have details and clinics listed under the **Organization Clinics** navigational tab in the left-hand margin. Simply click on the organization’s name highlighted in **blue** to see:

![Organization Clinics screenshot](image1)

**Organization Clinicians**

Update your organization clinicians by uploading an excel file.

- Click the "Download Clinicians Roster" button to obtain an excel file of previously uploaded clinicians.
- Click the "Import Clinicians Roster" button to upload an excel file of HCH eligible clinicians.

Edit the list so that it reflects the current clinicians practicing as part of the certified Health Care Home clinics.

- **Remove clinicians no longer practicing in certified HCH Clinics** by deleting their clinician information (delete the entire row).
- **Add new clinicians**, including the following clinician information. Please highlight new clinicians in **yellow**.

When importing an excel file, please include the following clinician information:

- column A: First Name
- column B: Last Name
- column C: Clinician Credential [MD, DO, PA, NP, CNM]
- column D: Clinician Specialty [Family Medicine, Internal Medicine, Pediatrics, Med Peds, Geriatric Medicine, Other (specify)]
- column E: Other Clinician Specialty – may be left blank
- column F: Clinician NPI
- column G: Certification Begin Date - for any new clinicians, please add their official start date at your organization
- column H: Certification End Date – this date will be the certification end date.

Organization Demographics
The next tab goes by the same name as the form. It asks an estimate of the organization’s patient population. Complete with your best estimate if exact data is not available.

![Organization Demographics](image)

Primary Care Team
Primary care team members of any certifying clinic’s care team are identified in the third tab.
The tabs that are completed and saved appear darker in print. You may go back and review from the first tab or click on the last completed tab (darker print) and press save and continue at the bottom to begin the unfinished tabs.

Other Patient Centered Medical Home Accreditation
If your organization has other national Patient Centered Medical Home (PCMH) certification, recognition, or accreditation, indicate this and you may be directed to a unique pathway designed to give credit for that. See NCQA Deeming Pathway below.
If you check “no” then you will be brought to the last tab Additional Forms.

Additional Forms
The Additional Forms tab is where you will submit the entire Organization Demographics form.

Once the Organization Demographics form is submitted, you will notice the HCH standards are available for completion. You may save your work and return to a form at any time. If you leave the form or portal, you may access your assigned forms by clicking on My Account and click Continue Application. Standards 1-5 Forms may be completed in any order. The application is complete once the
Organizational Demographics and all five standard forms are completed and submitted, and the Attestation and submission form is completed, signed, and submitted. Here is what you will see:

### Level Progression

The HCH program allows organizations to certify at one or more of the following levels: Foundational Level, Level 2, and Level 3. The following clarifies what documentation is required for each level. At the end of the application process, organizations will be asked to identify which clinics are certifying at each level. (See Attestation and Submission form)

#### Foundational Level

All applicants are required to complete Foundational Level Requirement questions within each tab of the Standards 1-5 forms. The questions related to Foundational Level certification will be the first questions within each tab:
Those who are certifying one or more clinic(s) at Level 2 or Level 3, or recertifying at any level, also need to complete the **Foundational Recertification Requirements**. These requirements will be found in the final tabs, within each form:

**Level 2**

Organizations who would like to certify one or more clinic(s) at **Level 2** need to complete all the Foundational Level questions, Foundational Recertification questions, and those related to Level 2 requirements. These questions, if there are additional requirements for Level 2, will follow the Foundational and Foundational Recertification Level questions in each tab:
If you are not planning to certify one or more clinics at an advanced level, you can leave those questions blank.

**Level 3**

Organizations who would like to certify one or more clinic(s) at Level 3 will need to complete all Foundational, Foundational recertification, Level 2 and Level 3 questions. If there are questions within a tab on any of the forms, they will be the final questions listed:
Tabs may not have additional requirements for Level 2 or Level 3. If not, this is what you will see:

If you begin the application process anticipating certifying all clinics at the Foundational Level, and then realize one or more clinic(s) meet the requirements for an advanced level, you can update your application. If you have not yet submitted each form, you can go back in and add the required information. If you have submitted your forms, reach out to your HCH support staff to get those unlocked.

Throughout the application, any item with a red * asterisk is required in all instances:

If you have forgotten items required for Level 2 or Level 3 certification or recertification, your assigned HCH staff will reach out to you to obtain the required information.
Uploading Stories and Other Documents

Documents may be uploaded into the Portal in the following formats:

.BMP, .doc, .docx, .htm, .jpeg, .jpg, .pdf, .pjjpeg, .png, .rft, .rtx, .tif, .txt, .xlsx, .xls

PowerPoint files need to be converted to PDFs prior to upload.

If you upload a document, you will be required to provide a name of that document. The name may be anything of your choosing that would describe what you uploaded.

We encourage the sharing of staff and patient stories throughout the application process.

Viewing Your Application

You can view your application progress by clicking Applications in the navigation area, and then selecting Continue immediately below takes you to this screen:
Note the above shows those forms which have been completed, ready to continue, and yet to be started.

**Attestation and submission**

The final step to completion of the application is the completion of the Attestation and submission form. Information you would like to share with the HCH program that was not previously asked may be added at this time. It is signed with the same password that is used to sign into the HCH portal.
Clinic level of certification

At the end of the Attestation and Submission form, you will be asked, “Which of the following best describes your organization?” You will then have the option to list or upload a document indicating which clinics are certifying at which level. Submit when completed.
The End!

Completed Application
You will know all have been completed when you see the full list of forms completed, with the date noted, and available as a PDF:

![HCH Certification - Status: Submitted](image)

**HCH - Standard**

<table>
<thead>
<tr>
<th>Form</th>
<th>Requested</th>
<th>Completed</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard One - Access and Communication</td>
<td>Nov 19, 2021</td>
<td>Nov 19, 2021</td>
<td>View PDF</td>
</tr>
<tr>
<td>Standard Two - Patient Registries and Tracking Patient Care</td>
<td>Nov 19, 2021</td>
<td>Nov 19, 2021</td>
<td>View PDF</td>
</tr>
<tr>
<td>Standard Three - Care coordination</td>
<td>Nov 19, 2021</td>
<td>Nov 19, 2021</td>
<td>View PDF</td>
</tr>
<tr>
<td>Standard Four - Care plan</td>
<td>Nov 19, 2021</td>
<td>Nov 19, 2021</td>
<td>View PDF</td>
</tr>
<tr>
<td>Standard Five - Performance reporting and quality improvement</td>
<td>Nov 19, 2021</td>
<td>Nov 19, 2021</td>
<td>View PDF</td>
</tr>
<tr>
<td>Attestation and submission</td>
<td>Nov 19, 2021</td>
<td>Nov 19, 2021</td>
<td>View PDF</td>
</tr>
</tbody>
</table>

**Additional Forms**

<table>
<thead>
<tr>
<th>Form</th>
<th>Requested</th>
<th>Completed</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Demographics</td>
<td>Nov 19, 2021</td>
<td>Nov 19, 2021</td>
<td>View PDF</td>
</tr>
</tbody>
</table>

Confirmation Email
The primary contact will receive an email stating that their HCH Application has been received.

![noreply@imagetrend.com](image)
Previous applications, official documents, and uploaded documents can be seen from the My Account > Documents area of the home page.

**Site Visit or Team Meeting**

The assigned MDH HCH staff, Practice Improvement Specialist (PIS) or Integration Specialist (IS), will contact your designated primary contact to schedule a site visit (initial certification) or team meeting (recertification) at a mutually agreed upon time. After the site visit or team meeting, the PIS/IS will keep in contact and notify you of next steps.

**Variance Process**

A variance may be initiated with a HCH certification or recertification. A hardship variance may be requested in between certification cycles. An email will be sent to the primary contact when a variance has been initiated, providing information about the action needed. To complete these steps, you will need to log into the HCH portal (may use link in the email).
Variance Process (see screen shots below):

- Go to Applications, click on Continue.
- The Continue My Applications screen will appear.
- Scroll to the bottom and click on the Start button in the Variance Acknowledgement area.
- Complete the Variance type and standard using the information provided to you in the email.
Please Read:
Based on the details in the email informing you that you were granted a variance, add the requested information for Variance 1. After completing all necessary fields on this form, click Save and Continue.
You will then advance to the next tab, Variance 2, which you can complete if you have a second variance. You will then click Save and Continue again. Please note: even if you do not have more than one variance, you will still need to select Save and Continue at the end of Variance 2. If you do not do so, you will be unable to submit the Variance Acknowledgement form.
Next you advance to Variance 3, where you will complete the same process as you did for Variances 1 and 2.
Finally, click the Submit button located at the bottom of Variance 3.
Variance Acknowledgment submission

Click “Save and Continue” on the bottom of each tab until you reach Variance 3 (last tab).

If you only have one variance to acknowledge, leave the Variance 2 and Variance 3 tabs blank.

You must click on the Submit button at the bottom of Variance 3 tab to submit any number of variances.

You may log out of the HCH portal after that.
You will receive an email when HCH has approved the Variance.

Please contact your assigned PIS/IS when your variance is addressed to request it be formally resolved.

If a variance is not resolved within the expected timeframe, the PIS/IS will contact you when your variance is expiring to review next steps.

A variance may be extended with justifiable cause. Your PIS/IS will work with you to extend your variance if needed.

**Progression to Level 2 and/or Level 3 between certifications**

Organizations may have clinics at multiple levels of HCH certification. If an organization is wanting to “progress” some or all clinics beyond the Foundational level of HCH certification, this can easily be done with recertification or in between recertification by using the progression process. In “Applications” click on “View Organizations Clinics Applications”.

![Image of HCH Portal User Guide page showing email approval and progression process](image-url)
You will be given a choice, either to complete the entire recertification process (may be done at any
time), or the expedited “Progression” only process for those clinics that have been HCH recertified at
least once and want to progress clinics in-between HCH recertification cycles. Click on your choice and
proceed. HCH Certification “Apply Now” will lead you down the path to recertification and present you
with the entire recertification process. In Progression, “Apply Now” will present you with standard
questions for Level 2 and Level 3. That process continues as follows.

You will be asked “To what level are at least one of your clinics progressing?” And if all clinics are
progressing to that level. Indicate by either listing or uploading a file specifying which clinics are
certifying at each level where applicable. Submit when completed.

Complete Standards 1, 2, 3, and 5 of the progression forms by clicking “Start”. Note that there is no
Standard Four progression form because this standard has no requirements for Level 2 or Level 3.
If at least one clinic is progressing to Level 2, please complete all Level 2 fields, leaving those pertaining to Level 3 blank. If at least one clinic is progressing to Level 3, please complete all fields for both Level 2 and 3.

Click “Save and Continue” at the bottom of each page to proceed. You must clinic “Submit” at the end of each Standard for the form to be completed.

The final step to completion of the HCH level progression application is the completion of the “Attestation and submission” form. It is signed with the same password that is used to sign into the HCH portal. Once this is submitted, your application will be reviewed by HCH. You will be contacted to set up a meeting regarding the progression process, if applicable.

You will receive formal notification of your progression application approval.

**NCQA Deeming Process**

For organizations that are National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) recognized, a streamlined HCH application is available that gives credit for HCH standard requirements already met through NCQA recognition. Clinics will indicate that they have NCQA PCMH recognition when completing the Organization Information > Other PCMH Accreditation part of the application.
Answering yes to having NCQA recognition will trigger a HCH application that incorporates NCQA requirements into the standards. Please complete the Foundational Level areas along with Foundational Recertification, Level 2, and/or Level 3 as applicable. Note that clinics within an organization may certify at different levels, please answer the questions to the highest level of certification you are seeking.

A HCH requirement that is duplicative of a NCQA requirement is indicated as ‘\textit{MET}’ in the deeming pathway. The NCQA criteria that correlates with MDH HCH requirements is listed in parentheses at the end for reference.

![Foundational Level Requirement - Identify patient for care coordination and other services](image)

\textit{MET} - MDH Health Care Home standard met through NCQA PCMH core criteria. (KM02, TC09, CM01, CM02, CM03)

Proceed through the Standards 1-5 tabs, answering the level questions as applicable. Refer to page 16 in these instructions to view the application in action and understand how questions apply to Foundational, Foundational Recertification, Level 2, and Level 3 requirements.

![Deeming NCQA](image)

When you have completed the application, please submit it by clicking the submit button at the bottom of the last tab, Standard 5.

![Save, Submit](image)

**Attestation and submission**

The final step to completion of the application is the completion of the “Attestation and submission” form. Any additional information you would like to share with the HCH program may be added here. It is signed with the same password that is used to sign into the HCH portal.
Clinic level of certification

At the end of the Attestation and Submission form, you will be asked, “Which of the following best describes your organization?” You will then have the option to list or upload a document indicating which clinics are certifying at which level. Submit when completed.
To view previously submitted forms and documentation

Documents may be viewed in different paths, depending on whether or not you or someone else from your organization submitted them.

[Only I] submitted the application

Forms and documents previously submitted by yourself along with HCH generated documents are viewed in the **Documents** area under **My Account**. They may be saved or printed from the PDF form.

[I or Another Person] submitted the application

Forms and documents previously submitted from anyone within the organization, including yourself, with HCH generated documents are viewed in the **Organizations Clinics** area.
Click on the **Organization Name** to bring up the **Documents** list.

**Organization Clinician list**
You may view your organization’s clinician list by clicking on your organization listed in blue.

Then click on **Clinicians** at the bottom of the Organizations Clinics list.

**Update Clinician List**
An organization may update their Clinicians Roster at any time. In My Account click Start an Application and select the Apply Now button for the Clinician Roster.
Make the needed updates. The certification begin date is the date your organization’s HCH certification began or when the clinician started at the organization, whichever is the most recent. The end date is when your HCH certification cycle ends. Please reach out to HCH staff if you have any questions regarding certification dates or to request assistance with this.

I. Click the "Download Clinicians Roster" button (below) to obtain an excel file of previously uploaded clinicians.

II. Edit the list so that it reflects the current clinicians practicing as part of the certified Health Care Home clinics.

- Remove clinicians no longer practicing in certified HCH Clinics by deleting their clinician information (delete the entire row).
- Add new clinicians, including the following clinician information. Please highlight new clinicians in yellow.
  
  1. column A: first name
  2. column B: last name
  3. column C: credential [MD, DO, PA, NP, CNM]
  4. column D: specialty [Family Medicine, Internal Medicine, Pediatrics, Med Peds, Geriatrics, Other (specify)]
  5. column E: other clinician specialty - may be left blank
  6. column F: NPI
  7. column G: certification begin date – for any new clinicians, please add their official start date at your organization
  8. column H: certification end date - this date will be the certification end date

III. Click the "Import Clinicians Roster" button to upload the updated excel file of HCH certified clinicians.

Request Technical Assistance (TA)
In “My Account”, under “New Applications” – click on the “Start Application” button.

Under “My Applications”, click “Apply Now” to start a Technical Assistance (TA) Request

Complete the request
Required fields have a red asterisk.

**Demographic Information**

Enter data:

- *Contact Email
Contact Phone Number

Organization - verify your organization

Click “Save and Continue” at the bottom of the page

**TA Request**

Enter data:

- What is the topic of this TA request? – click into the blank field to see the available choices. If unsure of topic, please choose “Other” at the bottom of the list.

You may enter more than one topic.

- State your request
Click “Save and Continue” at the bottom of the page

**Date and Sign**

Enter data:

- *Date
- *Sign

Click “Submit” at the bottom of the page.

HCH staff will contact you once they have reviewed your request.