

# iMPROve Health IDR Portal Michigan Facility Instructions

# **Section 1: Getting Started**

Кеу	? Sign.au Sorget my assemed	<b><u>1.1 Signing Up</u></b>
🔀 Cancel		(Skip this section if you already have a <b>user name and</b>
Save	MPROVE HEALTH Higher Quality Healthier Communities	<b>password</b> and go to Section 2.1.)
Remove		In order to use the SFFlexSuite®
Add	State IDR Portal	Web iMPROve Health IDR Portal, you need to create an
- Aud	Privacy - Security Notice warning basener provides privacy and assumity notices consistent with registrale lenses, and other paralelense for soccasing this APRICive Health system, which includes: the computer retriever, t	account. To do so, click on the
Upload		<b>sign up link</b> in the upper right corner of the portal page.
Search		
Clear		? Sign up
Home Home	You will see a form to enter your required info • Enter your email address. This will be your	

• Create a password. It must be at least six characters long and contain one capital letter, one lowercase letter, and one number.

In order to complete the sign up, you must view and agree to the terms of the disclaimer. It can be viewed by clicking on the link.

First Name	Email Address	
Last Name	Password	/
Company Name or ID	Retype Password	
Title		
Phone Number		

To reset your password, click on **Forgot My Password**, and enter your email address.





### <u>1.2 Requesting Access to a</u> Facility Group

To use the portal, you need to be in a user group. For a facility user, you will be joining the iMPROve Health facility group. To request access to this group, click on the **add button** in the iMPROve Health facility group row. Once access is requested, you can submit a case for up to 72 hours until permanent access is granted.

lexSuite ® Web			User		Text	Size: 0 🗕	- + ,*		
		:	×	1					
First Name	Test facility			Email Address	test345@mpro.	org			
Last Name	one			Current Password					
Company Name or ID	one test			New Email Address					
Title	administrator			New Password					
Phone Number	313222222			Retype Password					
Access Pending Pending Granted	Request d Add/Remove	▲ Group Name		Apps in Group		Subscript	ion Agreemer	v passwo nt	u.
	+ -								
		Attorneys		MPRO Case Subm	ission Attorr 🔻				
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#### HELPFUL HINT!

#### You'll be given temporary access for 72 hours.

#### You are able to submit your dispute while waiting for permanent access.

## **<u>1.3 Facility Pop-up Window</u>**

To find if your facility is in our system, you will need to enter your facility's Federal OR State ID number.

- Pick Federal OR State ID
   from the drop-down menu
- Enter your Federal OR State ID number into the field
- Re-enter your Federal OR State ID number into the field
  - Click **Save**.

**NOTE:** Saving may take a while. Do not close out of the window until your information has been saved.

If your facility already exists in the portal, you will be added as a contact for that facility.

If you successfully associated yourself with the facility, skip to **Section 2**, **Creating a Case**.

If your facility cannot be found, please try to enter the other ID type. If you first tried your Federal ID, please try your State ID, and vice versa.

apps.mpro.org says		
You are about to request access to the group	Facility.	
Are you sure you want to continue?		
	ОК	Cancel
	Current	Password
		×
Pick Federal or State ID from dropdown		^
Enter Federal or State ID		
Re-Enter Federal or State ID		
Save		~



**1.4 Case Pop-up Window** After associating with a facility, you will be asked if you wish to create a new case. If you are ready to create a new case, click **OK** in the two pop-up windows.

This site says		
This site says		
You have been successfully a will be taken to a screen to a	associated with facility <b>(1997)</b> ". Y create a new case.	′ou
	ОК	
	nin Namo	
apps.mpro.org says	ann Namo	
apps.mpro.org says	he group Facility.	
	he group Facility.	



## Section 2: Creating a Case

To create a case, enter the required information in the form below. Your facility and contact information will automatically be entered for you. All fields in the middle column must be completed. iMPROve Health will enter the **review type** into the portal according to the request form.

Please enter these four items:

• Event # (found in the footer of each page of the 2567)

Once completed, click the **Save** button to create

- Type of Request
- Review Type Requested
- Survey Exit Date

the case.

		× ×	
Facility Name		Submission Date	Contact Name
one test	•	05/01/2023	Test facility one
Facility Federal ID		Event #	Contact Phone Number
0111		1	3132222222
Facility State ID		Type of Request	Contact Email Address
		· · · · · · · · · · · · · · · · · · ·	test345@mpro.org
Facility Type		Review Type Requested	
SNF		· · · · · · · · · · · · · · · · · · ·	
Facility Address Line 1		Survey Exit	
1111 TEST LANE		<b> </b>	
Facility Address Line 2			
Facility City			
TEST			
Facility State			
ТХ			
Facility Zip			

pps.mpro.c	org says				
he Event#	has a	Iready been	created for <mark>t</mark> h	is IDR.	
					ок

**NOTE:** If associated with multiple facilities, you will need to select a facility by using the drop-down menu under the facility name field.

If this message appears, double check the event number and request type you are trying to submit. If they are correct, then it is likely that this case has already been created. **If the screen to the right appears, skip to Section 2.2**.

#### 2.1 Adding Tags and Case Documents

iMPROve Health will enter tags into the portal according to request form. Please ensure to upload your request for with case document.

To add documents, click the **Upload** button on the right side of the screen.

IDR Portal		Case Submission	Text Size: 0 $ +$ $x^{\mu} x^{\mu}$ ?
	Ⅲ I I of 2 ► ►	X 🗸	
Facility Name	Submission Date	Contact Name	=
one test	65/01/2023	Test facility one	
Facility Federal ID	Event #	Contact Phone Number	
0111	TES112	3132222222	٢
Facility State ID	Type of Request	Contact Email Address	
	IDR	test345@mpro.org	
Facility Type	Review Type Requested		—— To expand this
	Tags		To expand this page, click the
Add New EDIT Tag Letter	Tag Number Scop	e and Severity Condition or Standa	page, click the
There are no records available.	roy number Scop	condition of standa	organe arrow
Records: 0 - 0 of 0 - Pages:  4  4 1	(out of 0)		shown here.



A window will appear allowing you to select your files. Either drag the files into the space at the top of the window, or browse for files to upload. Once you have selected your documents to upload, click **upload file** to upload them. You can upload up to ten documents at one time. **Please do not upload zipped files.** 

Drop files here	
Select File Please select file(s) to uplo	ad.
	F

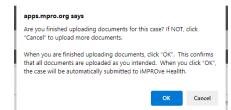
HELPFUL HINT!

The tag letter is the type of survey: F - Federal K - Life safety code P - Assisted living, etc.

The tag number is the deficiency. Ex.: 600, 775



After uploading your document, a pop-up message will appear asking if you're finished with the case:



If you have changes to make to the case after uploading your documents, click "**cancel**" to make the necessary changes.

If you have uploaded all documents relating to the case and have added all of the tags, click "**OK**" to submit the case to iMPROve Health for review. After submitting, another pop-up window will appear indicating your case has been successfully submitted.

Once you have submitted the case to iMPROve Health, you can no longer upload documents. You will also receive a confirmation email that your case has been successfully submitted and the number of files uploaded.

**NOTE:** If you do not receive this email or the number of files uploaded is wrong, contact iMPROve Health IDR staff.



#### 2.2 Starting a New Case

Click on **case submission** and refer to Section 2 for creating a case.



### 2.3 Adding to an Already Started Case

To modify a case that has already been started, click on **case submission**, as in the above screenshot. Click on the **Red X** on the toolbar to be taken to the search form.

LDR Portal		Case Submission		Text Size: 0 🛛 🗕 🕂 💒 🎤
		× 🗸		
Facility Name		Submission Date		Contact Name
one test	•	65/01/2023		Test facility one
Facility Federal ID		Event #		Contact Phone Number
0111		1		3132222222
Facility State ID		Type of Request		Contact Email Address
			-	test345@mpro.org

Then, on the Search Form, click the **search button**.

IDR Portal				Text Size: 0 🛛 🗕 🕇 🏓	°≰`.
			B Q +		
Event #	Starts with	÷			
		÷			
Facility Name					
Type of Request	Starts with	•			
Review Type Requested					•
Submission Date	Equals		<b>m</b>	<b>m</b>	

If the case has already been created, you should see a grid containing the case. Click **Details** on the left side of the page to open the case.

IDR Portal		Case Submission		Text Size: 0	- + 🗚 🖉 ? 🕞
Show Details \$Submission Date	event # 🔷 Type of Reque	est Review Type Requested	Facility Name	Survey Exit	Date of CMS Letter
Details	TES112 IDR	Desk	one test	05/01/2023	

You are now ready to add to this case. Go back to beginning of **Section 2** for instructions on adding documents to a case.



# **Section 3: Facility Management**

## 3.1 Managing the Facility

To make changes to the facility information, use the **facility management application** located in the IDR tab.



**NOTE:** To navigate between tabs (IDR and setting) and applications, click on the **Home button** at the top center of the screen to display the home screen.



If you need to change your contact information, see **Section 4.2, User Profile**. If a contact needs to be removed to make room for a new one, contact iMPROve Health IDR staff.



# **Section 4: New Facility Association**

In this application, you will be able to associate with another facility. This is applicable only for users submitting cases for more than one facility, e.g., Corporate or Regional Directors.



## 4.1 Associating with a New Facility

To associate to another facility, you will need to enter your facility's Federal OR State ID number and click the **Search** button.

IDR Portal	New Facility		Text Size: 0	- +	× 2	st345 <mark>7</mark>
	D O	+				
Federal Facility ID						1
State Facility ID						
						 1

If your facility already exists in the portal, you will be redirected to a screen to add contact information.

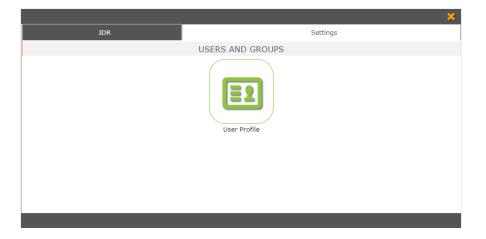
Update contact information then click the **Save** button. Now you can submit a case for this facility. See **Section 2** for instructions on creating a case.

IDR Portal			Text Size: 0 🗕 🕂 🦯
		× ×	
Name	Contact 1 First Name	Contact 2 First Name	Contact 3 First Name
Facility Type	Last Name	Last Name	Last Name
State	Title	Title	Title
Federal Facility ID	▼ Phone Number	Phone Number	Phone Number
State Facility ID	Fax Number	Fax Number	Fax Number
Address Line 1	Email Address	Email Address	Email Address
Address Line 2			



## 4.2 User Profile

Your user profile, located on the settings tab, is where you will make changes to your basic contact information. You can also change your email address and password here.



To make any changes, you must fill in your current password before saving. To change your password, fill in the new password box and retype it in the field below. A password must contain at least one capital letter, one lowercase letter, one number and be at least six characters long. Click the **Save** button.

First Nar	ne	Test facility	Email Address	test345@mpro.org	
Last Nar	ne	one	Current Password		
Compa Name or		one test	New Email Address		
Ti	le	administrator	New Password		
Phone Numb	er	3132222222	Retype Password		

If you wish to change your email address, fill in the new email address box. Click the **Save** button. You will need to log out and log back in once you do this to continue using the portal.

If you have any questions, contact iMPROve Health IDR staff:

- Aris Rhodes-Bond, 248-465-7405
- Charlene Kawchak-Belitsky, 248-465-1038