

Community Case Management (CCM) Nurse Directory

CCM Member Job

Prepared for:

MassHealth

MassHealth



Prepared by:

Karen Lenox

UMass Chan Medical School

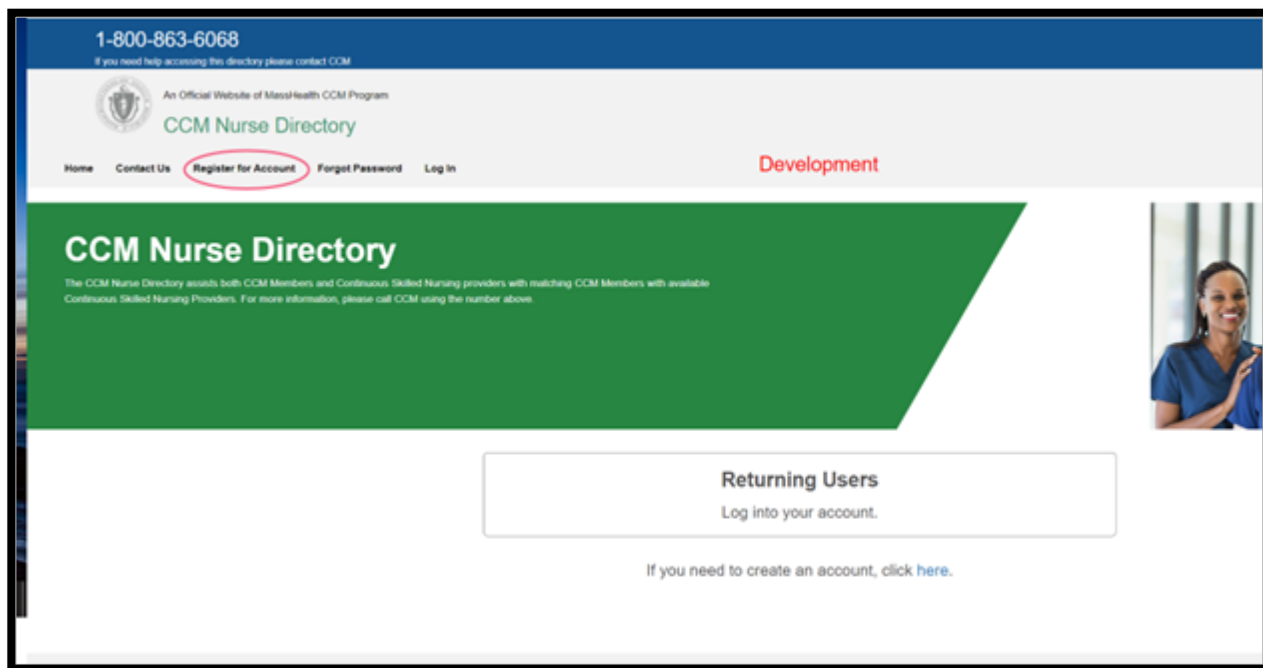
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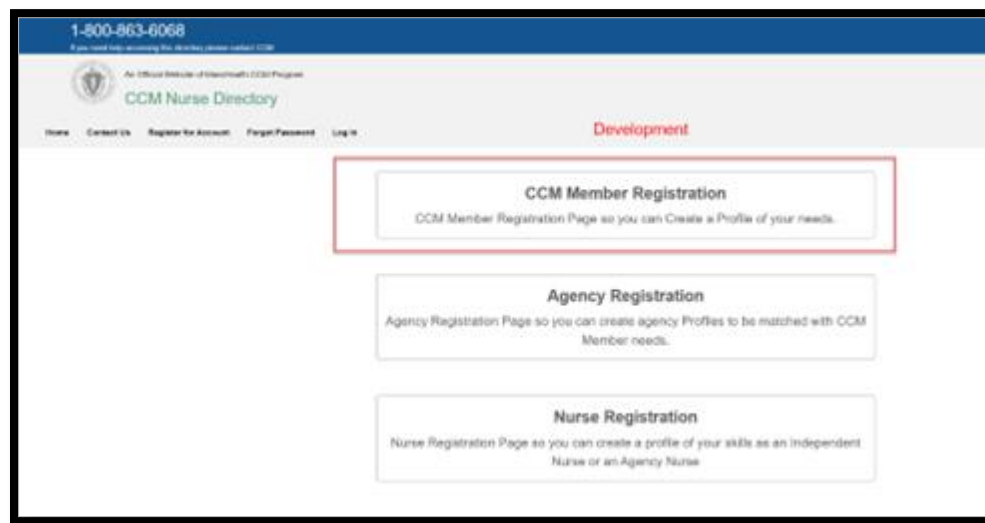
CCM Member Registration

A CCM Member will need to access the Community Case Management (CCM) Nurse Directory webpage to create an account and profile for the CCM Nurse Directory.

<https://ccmnursedirectory.org>



After the CCM Member accesses the CCM Nurse Directory webpage, the CCM Member needs to click on “Register for Account” just below the CCM Nurse Directory header.



The CCM Member will need to select the “CCM Member Registration” option.

Home Contact Us Register for Account Forgot Password Log In Development

CCM Member Registration

Applicant Information:

CCM Member First Name

CCM Member Last Name

Street Address

City

State

Zip Code

CCM Member Date of Birth

Home Phone Number

Cell Phone Number

MassHealth Number

Preferred initial contact method: E-mail Phone Cell phone text message

Email

• The Password must be at least 8 characters long
• Passwords must have at least one non letter or digit character (0,1,2,3,4,5,6,7,8,9,_,.,/,:,;,%,'?*,...)
• Passwords must have at least one digit (0-9)
• Passwords must have at least one uppercase (A-Z)
• Passwords must have at least one lowercase (a-z)

Password

Confirm password

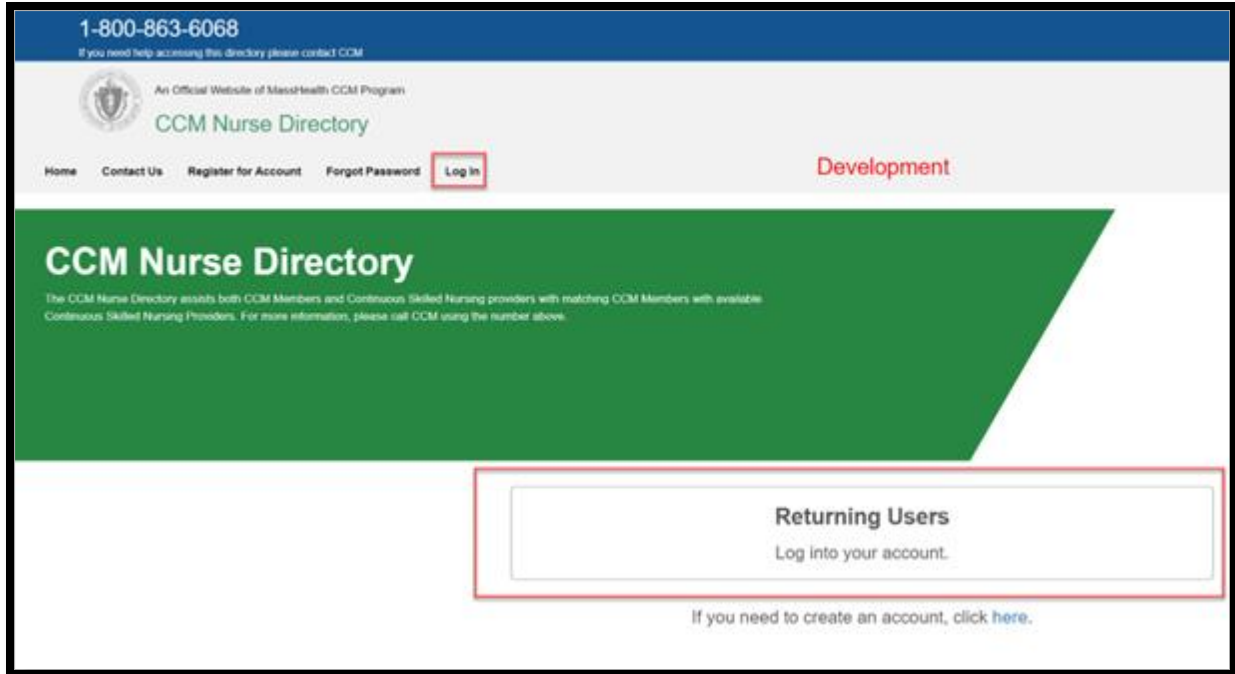
The CCM Member will enter the information for their family member and click “Register.” An email will be sent to the CCM Member’s email address for them to authenticate into the CCM Nurse Directory.

Helpful Hints

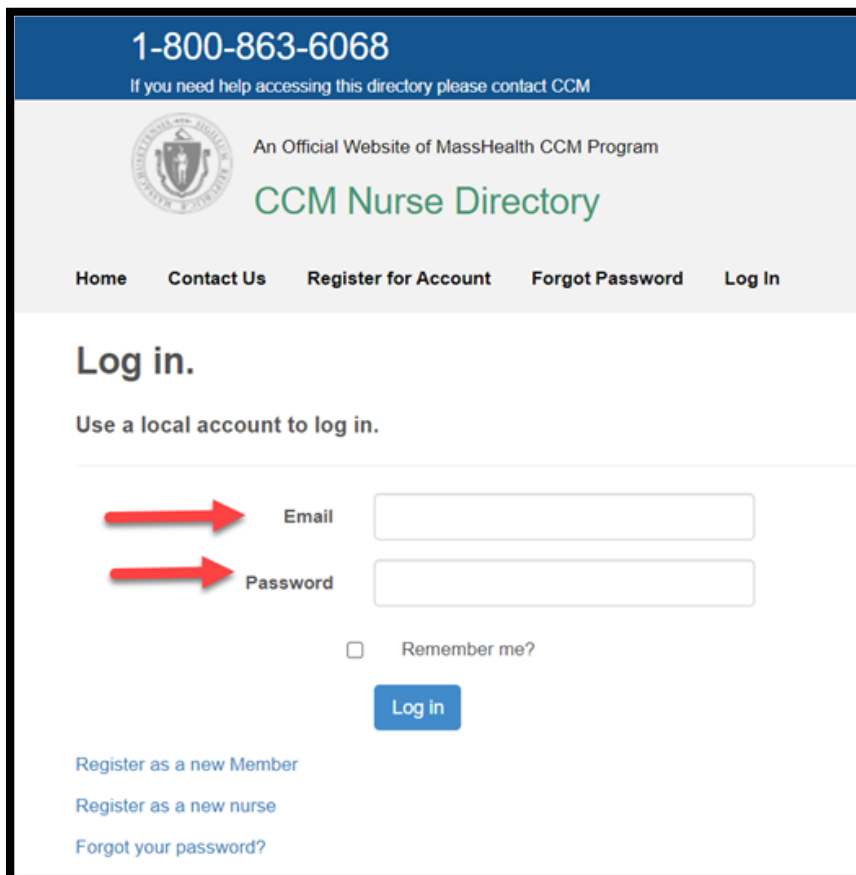
- The following fields are required: CCM Member First Name, CCM Member Last Name, Street Address, City, State, Zip Code, CCM Member Date of Birth, MassHealth Number, Email, Password, Confirm Password. The system will provide a message and highlight the corresponding field if NOT populated when the “Register” button is clicked.
- The email address and password entered in the registration will be used by the CCM Member to log into the CCM Nurse Directory.
- The CCM Member will have the ability to update their account (registration) information.

CCM Member Log In

After the CCM Member authenticates their account, they will be able to log into the CCM Nurse Directory.

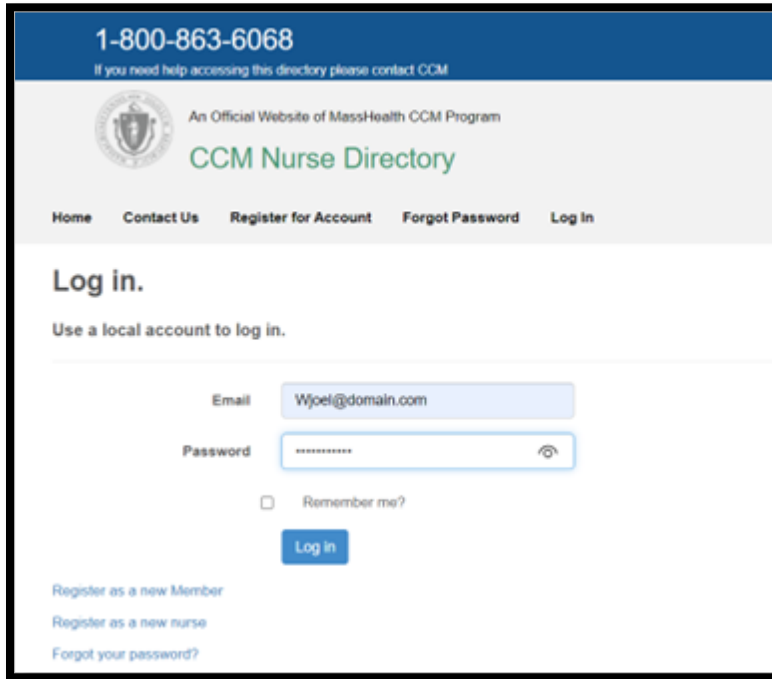


The CCM Member can use the “Log In” menu item or the “Returning Users” button to log into the CCM Nurse Directory.



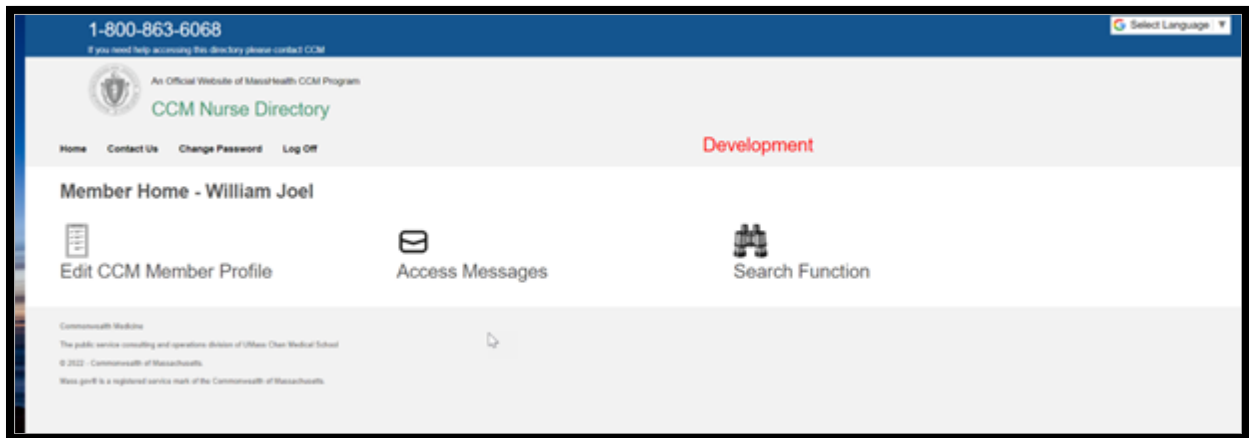
ForHealth Consulting at UMass Chan Medical School

The CCM Member needs to use the email address and password that they entered at the time of registration.



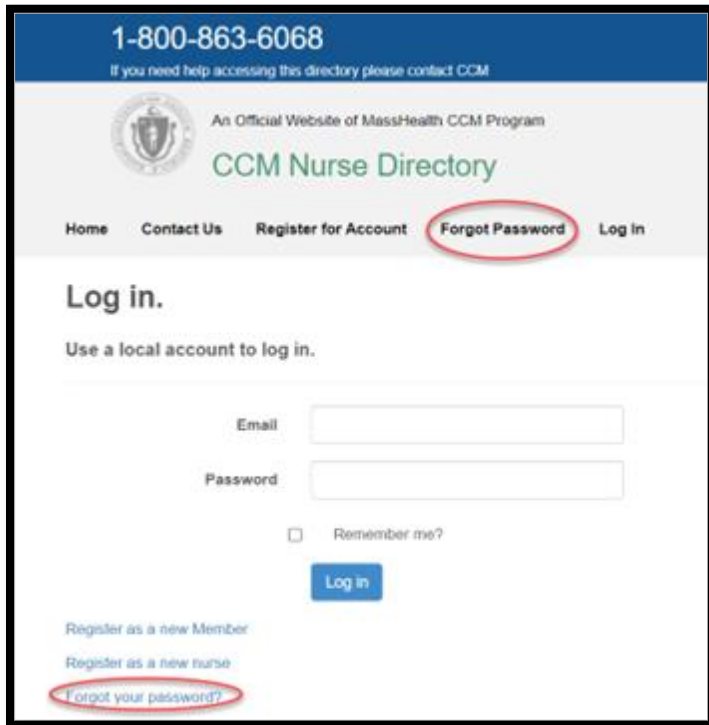
The screenshot shows the login interface for the CCM Nurse Directory. At the top, there is a blue header with the phone number 1-800-863-6068 and a note: "If you need help accessing this directory please contact CCM". Below this is the UMass Chan Medical School logo and the text "An Official Website of MassHealth CCM Program" and "CCM Nurse Directory". A navigation menu includes "Home", "Contact Us", "Register for Account", "Forgot Password", and "Log In". The main heading is "Log in." with the instruction "Use a local account to log in." The login form contains an "Email" field with the value "Wjoel@domain.com", a "Password" field with masked characters and a visibility toggle, a "Remember me?" checkbox, and a "Log in" button. Below the form are links for "Register as a new Member", "Register as a new nurse", and "Forgot your password?".

Once logged in, the CCM Member will be brought to the CCM Member home page.

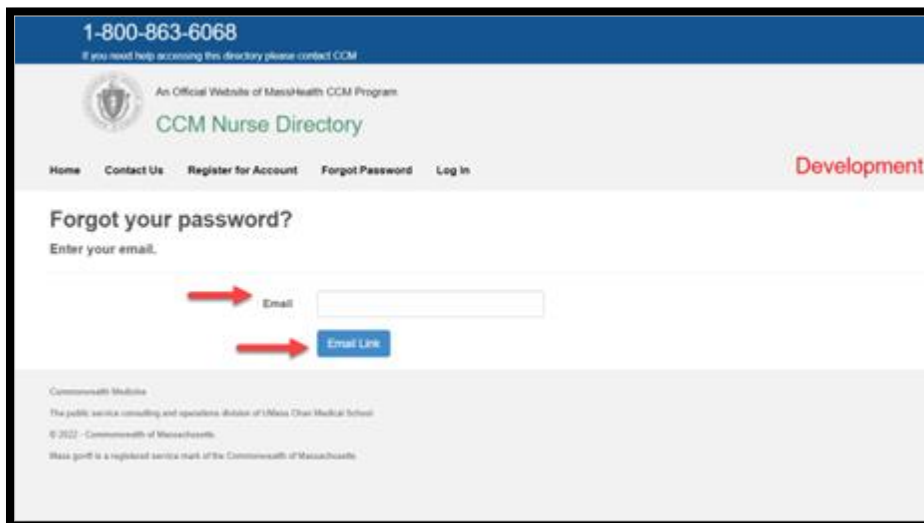


The screenshot shows the CCM Member home page. At the top, there is a blue header with the phone number 1-800-863-6068 and a "Select Language" dropdown. Below this is the UMass Chan Medical School logo and the text "An Official Website of MassHealth CCM Program" and "CCM Nurse Directory". A navigation menu includes "Home", "Contact Us", "Change Password", and "Log Off". A red "Development" banner is visible. The main heading is "Member Home - William Joel". Below this are three main sections: "Edit CCM Member Profile" with a profile icon, "Access Messages" with an envelope icon, and "Search Function" with a magnifying glass icon. At the bottom, there is a footer with the text "Commonwealth Medicine", "The public service consulting and operations division of UMass Chan Medical School", "© 2022 - Commonwealth of Massachusetts", and "Mass.gov is a registered service mark of the Commonwealth of Massachusetts."

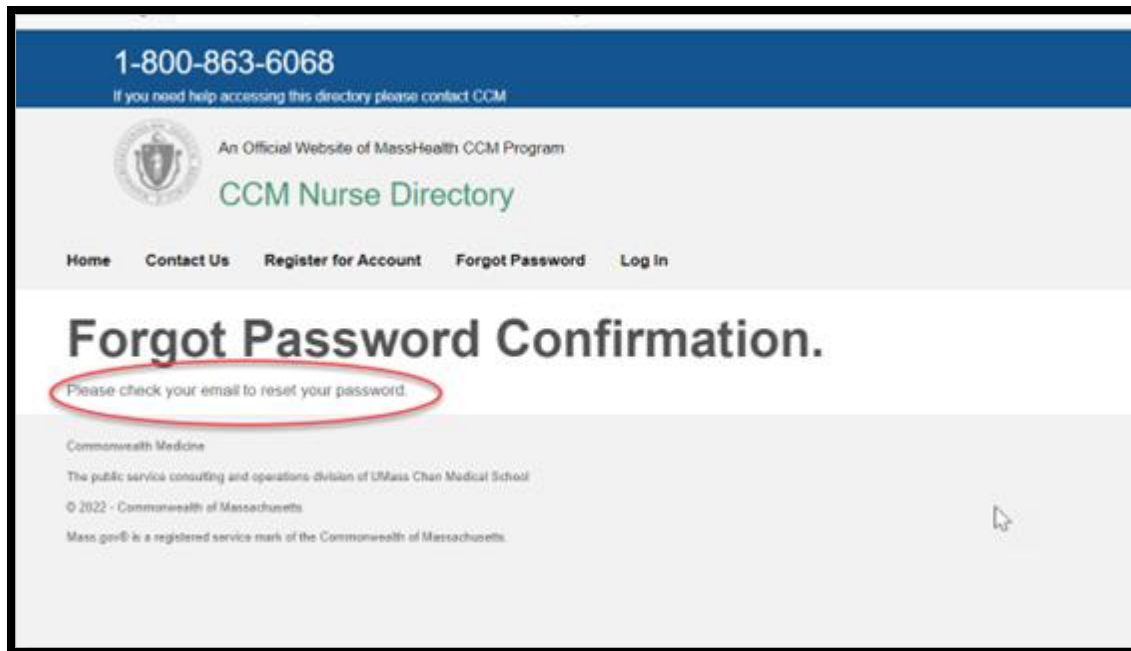
Forgot Password



If the CCM Member does not remember their password, they can click on “Forgot Password” on the “Log in” page or select this option from the menu.



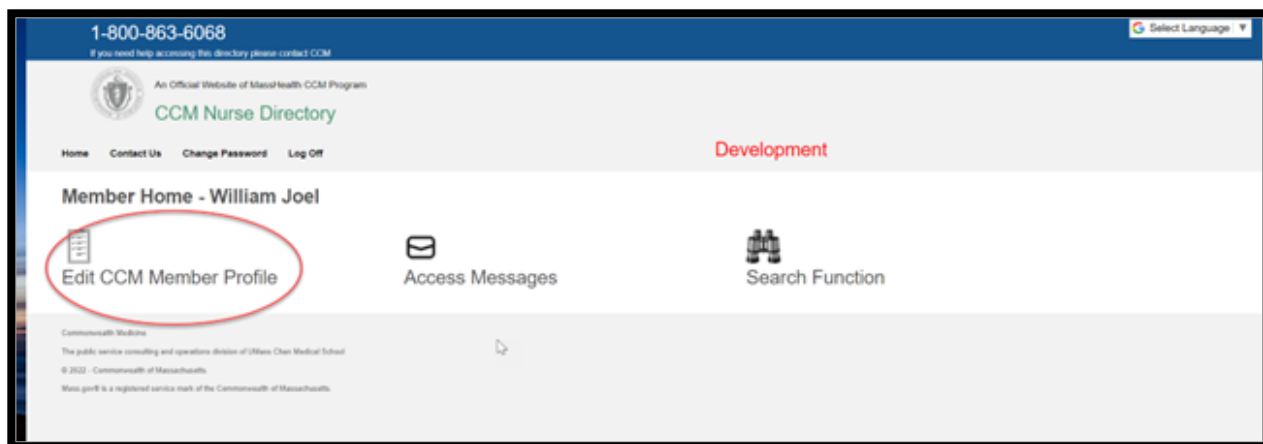
The CCM Member will enter the email address for their registration and click the “Email Link” button.



The CCM Member will be brought to the “Forgot Password Confirmation” screen and will receive an email to reset their password.

CCM Member Landing Page

When a CCM Member logs into the CCM Nurse Directory, they will be brought to the CCM Member home page.



The three functions that can be performed using this page are: “Edit CCM Member Profile,” “Access Messages,” and “Search.”

Edit CCM Member Profile

The first time the CCM Member select the “Edit CCM Member Profile” option, the “Member Demographics” screen will appear and will need to be populated. The required fields have a red asterisk “*.”

Member Demographics

Case Number: 63

CCM Member First Name: *

CCM Member Last Name: *

Street Address: *

City: *

State: *

Zip Code: *

CCM Member Date of Birth: *

Home Phone Number:

Cell Phone Number:

CCM Member Gender: Male
 Female
 Other

CCM Member Primary Diagnosis:

Does the CCM Member attend School or a Day Program: Yes
 No

Total CSN Hours Authorized:

Additional hours available: Yes
 No

Active profile: Yes
 No

An inactive profile will prevent the profile from appearing in the search results when a nurse searches for CCM members.

CSN Preferences

Respiratory	Suction	Tracheostomy	Ventilator/Ventilation
	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Deep pharyngeal <input type="checkbox"/> Tracheal	<input type="checkbox"/> Tracheostomy Care <input type="checkbox"/> Trach Change <input type="checkbox"/> HME <input type="checkbox"/> PM valve <input type="checkbox"/> Cap use	<input type="checkbox"/> Mechanical Ventilation Type <input type="checkbox"/> CPAP <input type="checkbox"/> BPAP
	Medication	Oxygen	Oxygenation
	<input type="checkbox"/> Nebulizer use <input type="checkbox"/> Inhaler use	<input type="checkbox"/> Oxygen (type of delivery system) <input type="checkbox"/> Experience with Titration	<input type="checkbox"/> Pulse Oximeter Use <input type="checkbox"/> Managing Desaturations
	Airway Clearance	Other	
	<input type="checkbox"/> Chest Physiotherapy (CPT) <input type="checkbox"/> Chest Wall Oscillator (CPT Vest) <input type="checkbox"/> Cough Assist/Inexsufflator	<input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Respiratory Skilled Assessment	
Cardiac	<input type="checkbox"/> Management of Hypertension <input type="checkbox"/> Management of Hypotension <input type="checkbox"/> Cardiac Anomalies	<input type="checkbox"/> Fluid Balance Management <input type="checkbox"/> CPR Certification <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Cardiac Skilled Assessment
Gastrointestinal (GI)	<input type="checkbox"/> NPO <input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube <input type="checkbox"/> G/J-Tube <input type="checkbox"/> N/G Tube <input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Syringe Bolus <input type="checkbox"/> Managing Reflux <input type="checkbox"/> Aspiration Precautions <input type="checkbox"/> Adjustments to Feeding Volume <input type="checkbox"/> Venting G-Tube <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Farrell Bag <input type="checkbox"/> Management of Bowel Protocol <input type="checkbox"/> Ostomy/Colostomy Management and Care <input type="checkbox"/> Cecostomy Care <input type="checkbox"/> GI Skilled Assessment
Genitourinary (GU)	<input type="checkbox"/> Catheterization <input type="checkbox"/> Straight/Intermittent <input type="checkbox"/> Foley Catheter <input type="checkbox"/> Pubic Catheter	<input type="checkbox"/> Bladder/Catheter Irrigation <input type="checkbox"/> Dialysis <input type="checkbox"/> Ostomy <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> GU Assessment
Wounds	<input type="checkbox"/> Wound Care	<input type="checkbox"/> Wound Assessment	
Neurological	<input type="checkbox"/> Seizure Management Type <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Dysautonomia Management	<input type="checkbox"/> Neurological Assessment

Pain Management	<input type="checkbox"/> Pain Management Protocol (Pharmaceutical Management) <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Alternative Pain Management Techniques	<input type="checkbox"/> Pain Assessment
Musculoskeletal	<input type="checkbox"/> Caring for patients with Osteopenia or Osteoporosis <input type="checkbox"/> Fractures	<input type="checkbox"/> Contractures <input type="checkbox"/> Use of Orthotics, Splints	<input type="checkbox"/> Musculoskeletal Assessment
Central Line/Intravenous (IV) Access/Medication	<input type="checkbox"/> Hickman Catheter <input type="checkbox"/> Broviac Catheter <input type="checkbox"/> PICC Line <input type="checkbox"/> Implantable Venous Access	<input type="checkbox"/> Peripheral IV <input type="checkbox"/> IV Dressing Site Changes <input type="checkbox"/> IV Infusion/Pump Management <input type="checkbox"/> Prepare & Mix IV Medication	<input type="checkbox"/> Calculation of IV Rates <input type="checkbox"/> TPN <input type="checkbox"/> Lipids <input type="checkbox"/> Heparin Flushes
Medication Administration	<input type="checkbox"/> Oral <input type="checkbox"/> IM <input type="checkbox"/> SQ	<input type="checkbox"/> IV <input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube	<input type="checkbox"/> Ear Drops <input type="checkbox"/> Eye Drops <input type="checkbox"/> Topical
Experience with individuals who have:	<input type="checkbox"/> Developmental Delay <input type="checkbox"/> Visual Impairments	<input type="checkbox"/> Hearing Impairments <input type="checkbox"/> Mobility Impairments	<input type="checkbox"/> Chronic Illness <input type="checkbox"/> Medical Complexities
Durable Medical Equipment	<input type="checkbox"/> Wheel Chair <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Specialized Bathroom Equipment <input type="checkbox"/> Communication Equipment	<input type="checkbox"/> Lift Systems Type _____
Other	<input type="checkbox"/> Patient/Caregiver Teaching <input type="checkbox"/> Language Spoken	<input type="checkbox"/> Clinical Documentation <input type="checkbox"/> ASL	<input type="checkbox"/> Communication

CSN Preferences (continued)

Is the CCM Member/Caregiver comfortable providing training to CSN providers? Yes No

Flexible:

If you choose "Flexible" the time grid will NOT be displayed and your search results will be based on other criteria that you have selected to find a CSN Provider.

If you fill in the time grid, then the times you entered will be part of the search criteria and will be matched to the available times of the CSN Provider.

Vacant shifts:
Enter your shifts in order of preference with #1 being your most preferred shift

Preference	Day of Week	Start Time	End Time
1.	----- v	--:-- -- ⌚	--:-- -- ⌚
2.	----- v	--:-- -- ⌚	--:-- -- ⌚
3.	----- v	--:-- -- ⌚	--:-- -- ⌚
4.	----- v	--:-- -- ⌚	--:-- -- ⌚
5.	----- v	--:-- -- ⌚	--:-- -- ⌚

+ Add a new shift

Provide any other pertinent information (i.e., care level, routine of CCM Member, etc.):

Does the CCM Member have other cultural/religious considerations? Yes No

If yes, please describe the considerations:

Does the CCM Member have a pet(s) in the home? Yes No

If yes, please provide the type of animal(s):

Are there people who smoke in the CCM Member's home? Yes No

Is there available parking for the CSN Provider? Yes No

Comments about parking:

Do you prefer a CSN Provider that is vaccinated for COVID? Yes No No preference

[Save](#)

Helpful Hints

- The CCM Member needs to enter one (1) Continuous Skilled Nursing (CSN) Skill to perform a search.
- The CCM Member profile needs to be approved by the CCM team PRIOR to performing a search.
- If the “No” button for “Active Profile” has been selected, the CCM Member Profile WILL NOT appear in the search results for CSN Providers.
- The application will provide messages if there is any information that needs to be populated. For example, if the CCM Member clicks “Mechanical Ventilation Type,” “Other” or “Lift Systems Type” in the CSN Skills table without entering data in the required text box, the system will prompt the user to do so.

After completing and saving the CCM Member Profile, when the CCM Member logs into the CCM Nurse Directory, and selects the “Edit CCM Member Profile” option on the landing page, the CCM Member will be brought to the completed CCM Member profile.:

Member Demographics

Case Number: 63

CCM Member First Name: * Anthony

CCM Member Last Name: * Oriando

Street Address: * 3 Times Way

City: * Northbridge

State: * MA

Zip Code: * 01534

CCM Member Date of Birth: * 02/24/2009

Home Phone Number: 508-234-7777

Cell Phone Number: 774-555-8877

CCM Member Gender: Male
 Female
 Other

CCM Member Primary Diagnosis: Surgery recovery - Heart

Does the CCM Member attend School or a Day Program: Yes
 No

Total CSN Hours Authorized: 20

Additional hours available: Yes
 No

Active profile: Yes
 No

An inactive profile will prevent the profile from appearing in the search results when a nurse searches for CCM members.

CSN Preferences

Respiratory	Suction	Tracheostomy	Ventilator/Ventilation	
	<input checked="" type="checkbox"/> Oral <input checked="" type="checkbox"/> Nasal <input type="checkbox"/> Deep pharyngeal <input type="checkbox"/> Tracheal	<input checked="" type="checkbox"/> Tracheostomy Care <input type="checkbox"/> Trach Change <input type="checkbox"/> HME <input checked="" type="checkbox"/> PM valve <input type="checkbox"/> Cap use	<input type="checkbox"/> Mechanical Ventilation Type <input type="checkbox"/> CPAP <input checked="" type="checkbox"/> BiPAP	
	Medication	Oxygen	Oxygenation	
	<input checked="" type="checkbox"/> Nebulizer use <input type="checkbox"/> Inhaler use	<input checked="" type="checkbox"/> Oxygen (type of delivery system) <input type="checkbox"/> Experience with Titration	<input checked="" type="checkbox"/> Pulse Oximeter Use <input type="checkbox"/> Managing Desaturations	
Airway Clearance	Other			
<input type="checkbox"/> Chest Physiotherapy (CPT) <input checked="" type="checkbox"/> Chest Wall Oscillator (CPT Vest) <input type="checkbox"/> Cough Assist/Inexsufflator	<input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Respiratory Skilled Assessment			
Cardiac	<input type="checkbox"/> Management of Hypertension <input type="checkbox"/> Management of Hypotension <input type="checkbox"/> Cardiac Anomalies	<input type="checkbox"/> Fluid Balance Management <input checked="" type="checkbox"/> CPR Certification <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Cardiac Skilled Assessment	
	Gastrointestinal (GI)	<input type="checkbox"/> IDPO <input type="checkbox"/> G-Tube <input checked="" type="checkbox"/> J-Tube <input type="checkbox"/> G/J Tube <input type="checkbox"/> N/G Tube <input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Syringe Bolus <input checked="" type="checkbox"/> Managing Reflux <input checked="" type="checkbox"/> Aspiration Precautions <input checked="" type="checkbox"/> Adjustments to Feeding Volume <input type="checkbox"/> Venting G-Tube <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Fored Bag <input type="checkbox"/> Management of Bowel Protocol <input type="checkbox"/> Ostomy/Colonostomy Management and Care <input type="checkbox"/> Cecostomy Care <input type="checkbox"/> GI Skilled Assessment
Genitourinary (GU)		<input checked="" type="checkbox"/> Catheterization <input type="checkbox"/> Straight/Intermittent <input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Pubic Catheter	<input type="checkbox"/> Bladder/Catheter Irrigation <input type="checkbox"/> Dialysis <input type="checkbox"/> Ostomy <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> GU Assessment
		Wounds	<input checked="" type="checkbox"/> Wound Care <input checked="" type="checkbox"/> Wound Assessment	
		Neurological	<input checked="" type="checkbox"/> Seizure Management Type <input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> Dysautonomia Management <input checked="" type="checkbox"/> Neurological Assessment

Pain Management	<input checked="" type="checkbox"/> Pain Management Protocol (Pharmaceutical Management) <input type="checkbox"/> Other (describe): _____	<input checked="" type="checkbox"/> Alternative Pain Management Techniques	<input checked="" type="checkbox"/> Pain Assessment
Musculoskeletal	<input type="checkbox"/> Caring for patients with Osteopenia or Osteoporosis <input checked="" type="checkbox"/> Fractures	<input checked="" type="checkbox"/> Contractures <input type="checkbox"/> Use of Orthotics, Splints	<input type="checkbox"/> Musculoskeletal Assessment
Central Line/Intravenous (IV) Access/Medication	<input type="checkbox"/> Hickman Catheter <input type="checkbox"/> Broviac Catheter <input checked="" type="checkbox"/> PICC Line <input type="checkbox"/> Implantable Venous Access	<input checked="" type="checkbox"/> Peripheral IV <input checked="" type="checkbox"/> IV Dressing Site Changes <input checked="" type="checkbox"/> IV Infusion/Pump Management <input checked="" type="checkbox"/> Prepare & Mix IV Medication	<input type="checkbox"/> Calculation of IV Rates <input type="checkbox"/> TPN <input type="checkbox"/> Lipids <input type="checkbox"/> Heparin Flushes
Medication Administration	<input checked="" type="checkbox"/> Oral <input type="checkbox"/> IM <input type="checkbox"/> SQ	<input checked="" type="checkbox"/> IV <input type="checkbox"/> G-Tube <input type="checkbox"/> J-Tube	<input type="checkbox"/> Ear Drops <input type="checkbox"/> Eye Drops <input checked="" type="checkbox"/> Topical
Experience with individuals who have:	<input type="checkbox"/> Developmental Delay <input type="checkbox"/> Visual Impairments	<input type="checkbox"/> Hearing Impairments <input checked="" type="checkbox"/> Mobility Impairments	<input type="checkbox"/> Chronic Illness <input checked="" type="checkbox"/> Medical Complexities
Durable Medical Equipment	<input checked="" type="checkbox"/> Wheel Chair <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Other (describe): _____	<input checked="" type="checkbox"/> Specialized Bathroom Equipment <input type="checkbox"/> Communication Equipment	<input type="checkbox"/> LIR Systems Type _____
Other	<input type="checkbox"/> Patient/Carer/Teaching <input type="checkbox"/> Language Spoken	<input type="checkbox"/> Clinical Documentation <input type="checkbox"/> ASL	<input type="checkbox"/> Communication

CSN Preferences (continued)

Is the CCM Member/Caregiver comfortable providing training to CSN providers? Yes No

Flexible:

If you choose "Flexible" the time grid will NOT be displayed and your search results will be based on other criteria that you have selected to find a CSN Provider.

If you fill in the time grid, then the times you entered will be part of the search criteria and will be matched to the available times of the CSN Provider.

Provide any other pertinent information (i.e., care level, routine of CCM Member, etc.):

Tony is recovering from heart surgery

Does the CCM Member have other cultural/religious considerations? Yes No

If yes, please describe the considerations:

Does the CCM Member have a pet(s) in the home? Yes No

If yes, please provide the type of animal(s):

Butch our 120lb pitbull

Are there people who smoke in the CCM Member's home? Yes No

Is there available parking for the CSN Provider? Yes No

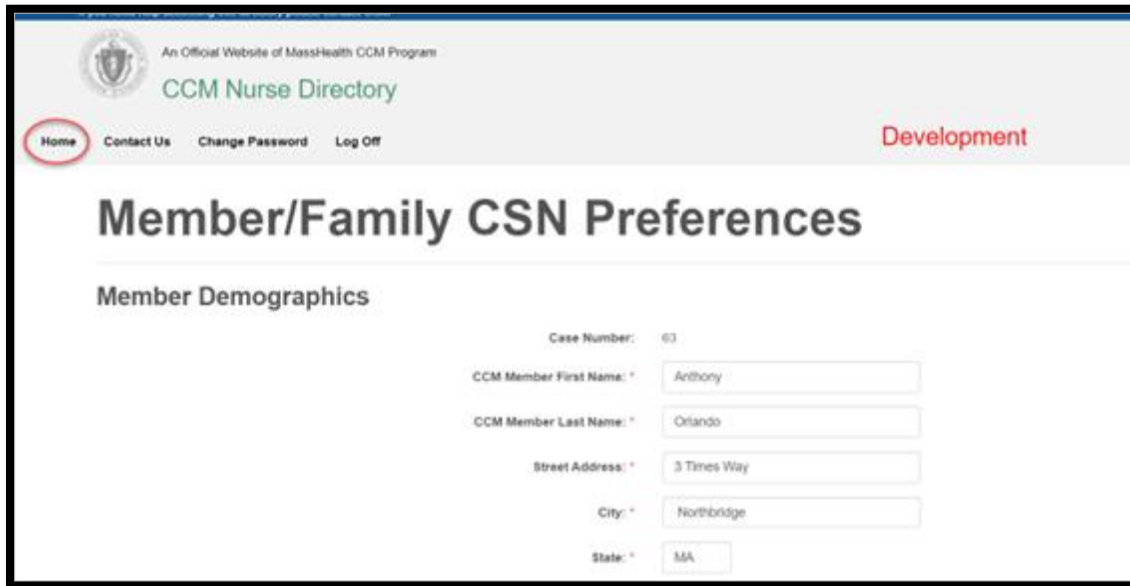
Comments about parking:

Do you prefer a CSN Provider that is vaccinated for COVID? Yes No No preference

[Save](#)

The CCM Member can edit the profile and click the "Save" button for the system accept the changes.

Home Function

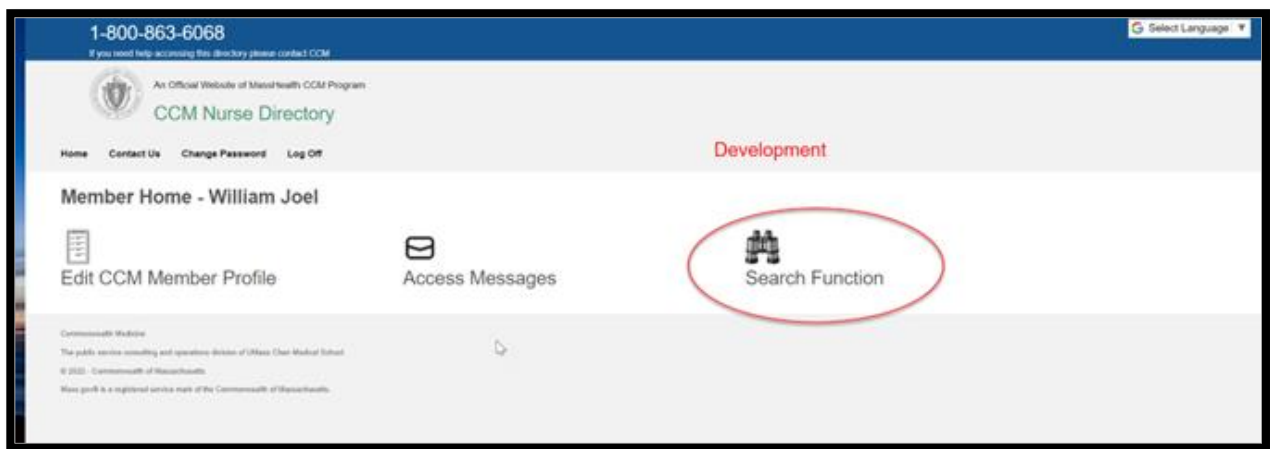


By selecting “Home,” the CCM Member will be brought back to the CCM Member landing page.

Search Function

Once the CCM Member profile has been approved by the CCM Project Coordinator, the CCM Member may use the Search Function to search for CSN Providers.

By clicking on the Search Function, search criteria will show along with any results that match the criteria listed:

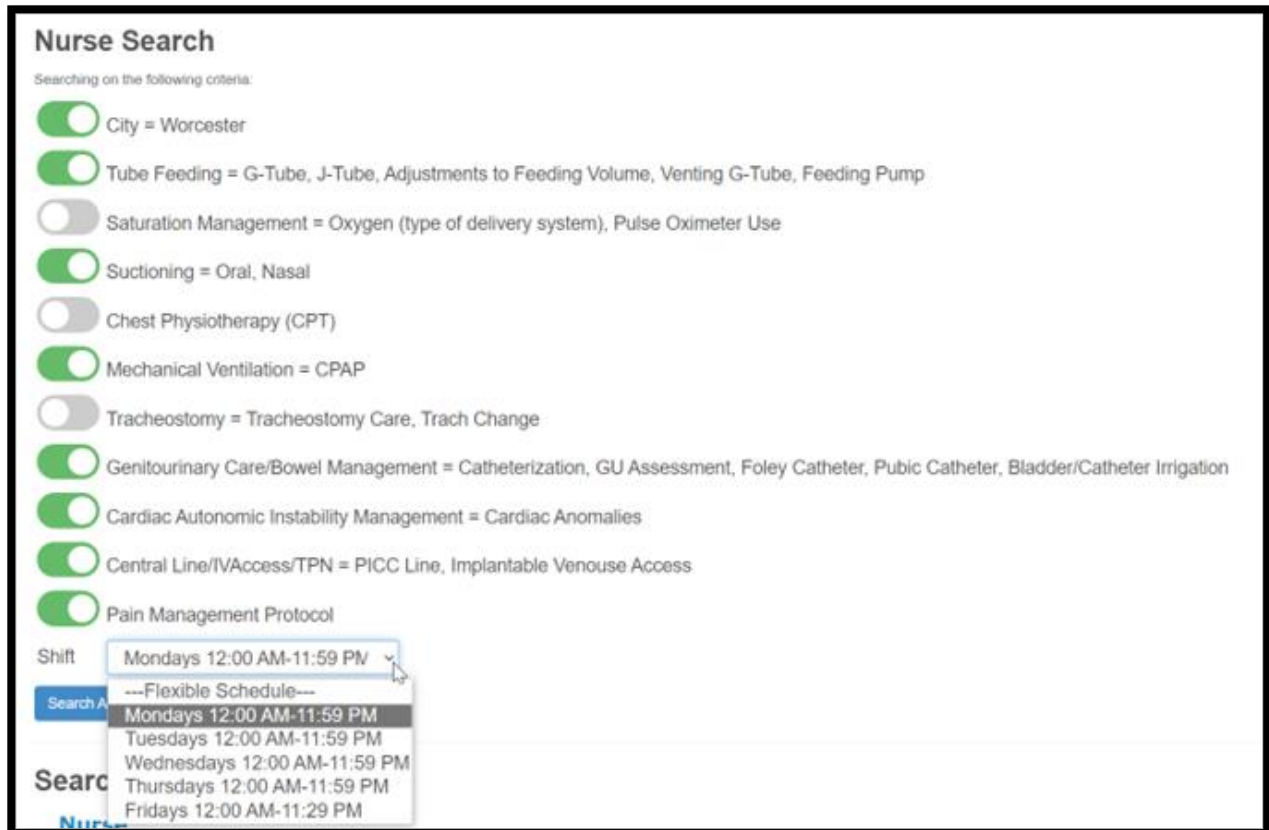


Search Results

Nurse	Credentials	Gender	Areas Servicing	Shift Preference	Technology	
1. Dorothea Dix Nursing Roger S.	RN	Male	Acton	Long	Cell Phone, Zoom, iPad, Laptop	Send Private Message
2. Dorothea Dix Nursing Jamie Lee C.	LPN	Female	Allston	Long	Zoom, Teams, Cell Phone, iPad, laptop	Send Private Message
3. Estelle G.	RN	Female	Allston	None	Cell Phone, Zoom, laptop, Ipad, tablet, MS Outlook - email	Send Private Message
4. Christina A.	RN	-	Allston	None	Zoom, Cell Phone, Laptop, Ipad, tablet, MS Outlook - email	Send Private Message
5. Quaker O.	RN	Male	Allston	None	Zoom, Laptop, Cell Phone	Send Private Message
6. Dorothea Dix Nursing Jethro G.	RN	Male	Allston	Long	Technology isn't always good	Send Private Message
7. Charles B.	RN	Male	Allston	Long	Zoom, Laptop, Cell Phone	Send Private Message
8. Walt Whitman Nursing Donald D.	RN	Male	Allston	Long	Zoom, Laptop, iPad, Tablet, Cell Phone, MS Outlook - email	Send Private Message
9. Conrad B.	RN	Male	Allston	Long	Zoom, Cell Phone, iPad, Laptop, Tablet	Send Private Message

If the CCM Member gets minimal results or does not get any Search Results, the CCM Member can adjust the search criteria by clicking on the specific criteria or changing the value in the Shift dropdown and then click the “Search Again” button.

PLEASE NOTE: If you have “Flexible” selected as your vacant shift option in your profile, the shift dropdown will not appear in the search function.

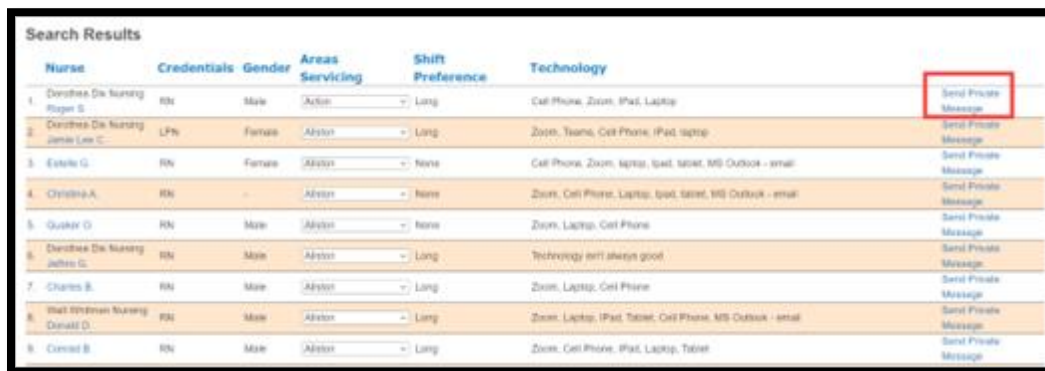


Helpful Hints

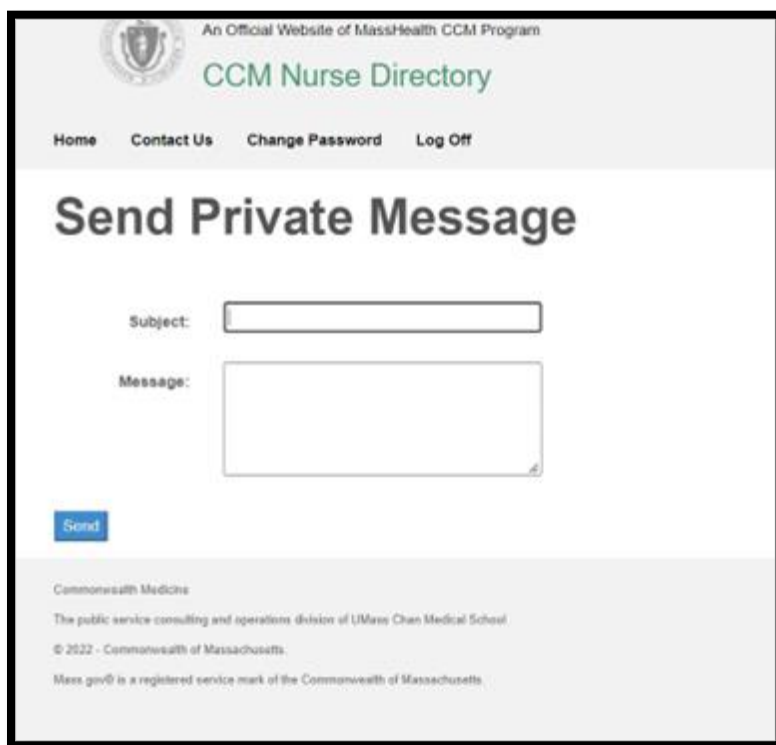
- The CCM Member can view the Independent Nurse or Agency Nurse profiles by clicking on the Nurse Name hypertext in the search results table.
- The CCM Member can send a message to the CSN Provider by clicking on the “Send Private Message” hypertext in the search results table.
- The “Servicing Area” dropdown will provide a list of cities/towns that the CSN Provider covers.

Sending Private Message

The CCM Member can contact an Independent Nurse or Agency using the “Send Private Message” hyperlink in the results table. The message will go to that specific independent nurse or agency.



Nurse	Credentials	Gender	Areas Servicing	Shift Preference	Technology	
1. Dorothea Da Nuning Roger G.	RN	Male	Acton	Long	Cell Phone, Zoom, iPad, Laptop	Send Private Message
2. Dorothea Da Nuning James Lee C.	LPN	Female	Acton	Long	Zoom, Teams, Cell Phone, iPad, Laptop	Send Private Message
3. Estelle G.	RN	Female	Acton	None	Cell Phone, Zoom, iPad, iPad, MS Outlook - email	Send Private Message
4. Christina A.	RN	-	Acton	None	Zoom, Cell Phone, Laptop, iPad, MS Outlook - email	Send Private Message
5. Gustaf G.	RN	Male	Acton	None	Zoom, Laptop, Cell Phone	Send Private Message
6. Dorothea Da Nuning James G.	RN	Male	Acton	Long	Technology isn't always good	Send Private Message
7. Charles B.	RN	Male	Acton	Long	Zoom, Laptop, Cell Phone	Send Private Message
8. Paul Robinson Nursing Donald D.	RN	Male	Acton	Long	Zoom, Laptop, iPad, Tablet, Cell Phone, MS Outlook - email	Send Private Message
9. Conrad B.	RN	Male	Acton	Long	Zoom, Cell Phone, iPad, Laptop, Tablet	Send Private Message



An Official Website of MassHealth CCM Program

CCM Nurse Directory

Home Contact Us Change Password Log Off

Send Private Message

Subject:

Message:

Commonwealth Medicine
The public service consulting and operations division of UMass Chan Medical School
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When the CCM Member clicks on the “Send Private Message” hypertext, the “Send Private Message” screen will appear. The CCM Member will enter text in the subject and message text boxes, then click the “Send” button.

An Official Website of MassHealth CCM Program
CCM Nurse Directory

Home Contact Us Change Password Log Off

Send Private Message

Subject:

Message:

Commonwealth Medicine
The public service consulting and operations division of UMass Chan Medical School
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Example:

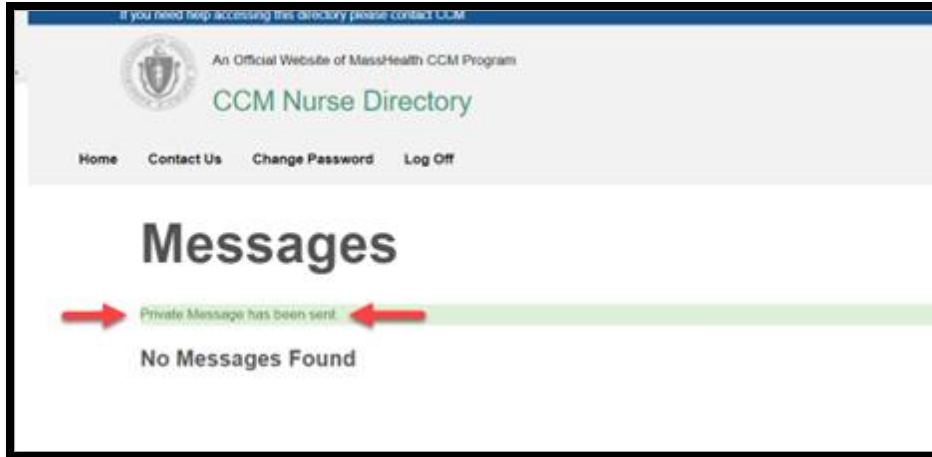
Home Contact Us Change Password Log Off

Send Private Message

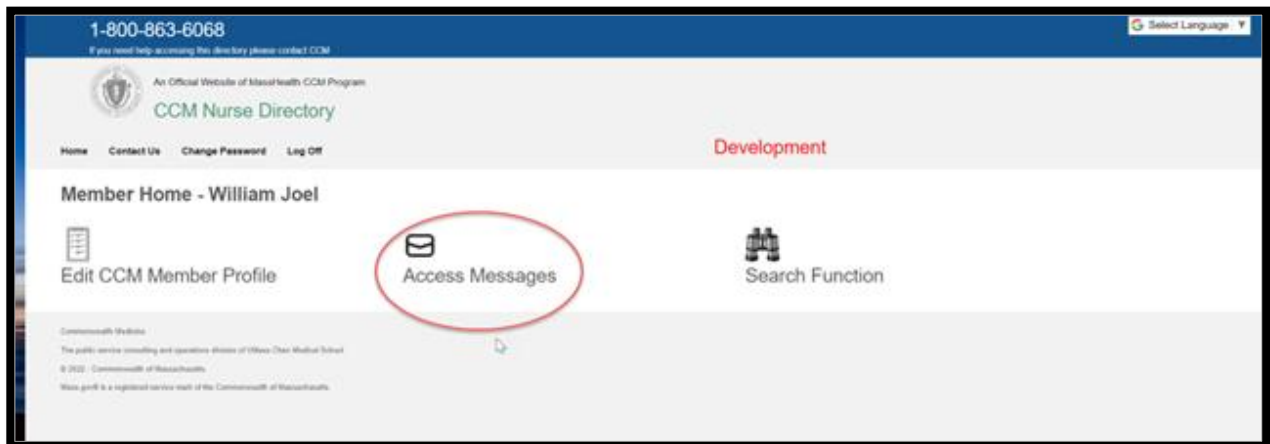
Subject:

Message:

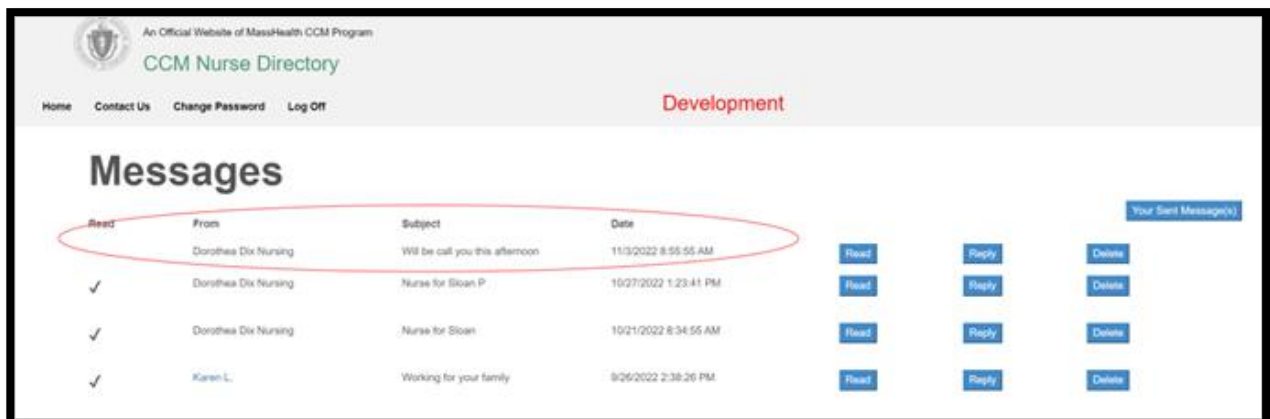
The message will be sent to the CSN Provider, and a confirmation message will appear. The CSN Provider will receive email notification that a message is waiting for their response in the CCM Nurse Directory.



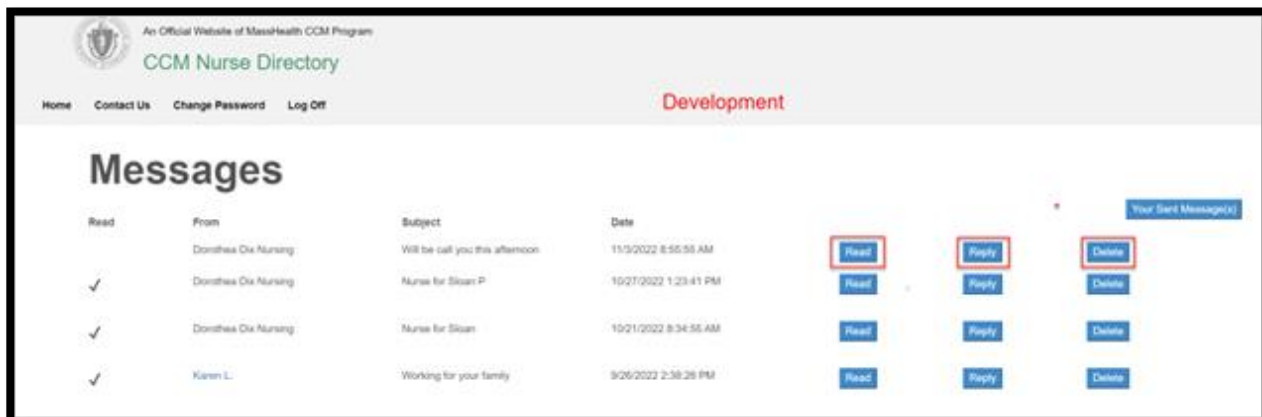
Access Messages



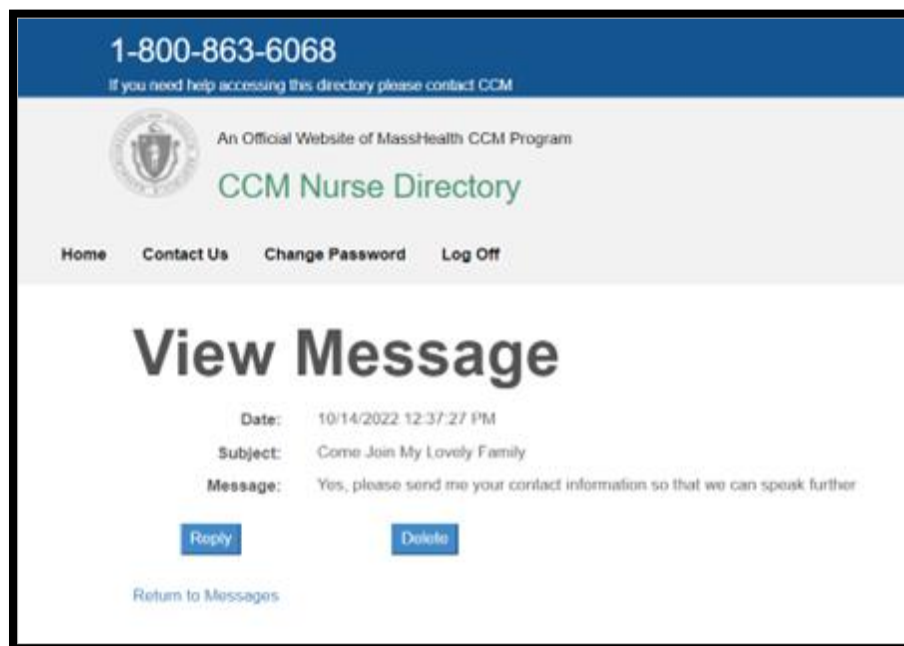
Members can click on "Access Messages" to view messages that have been sent from a CSN Provider.



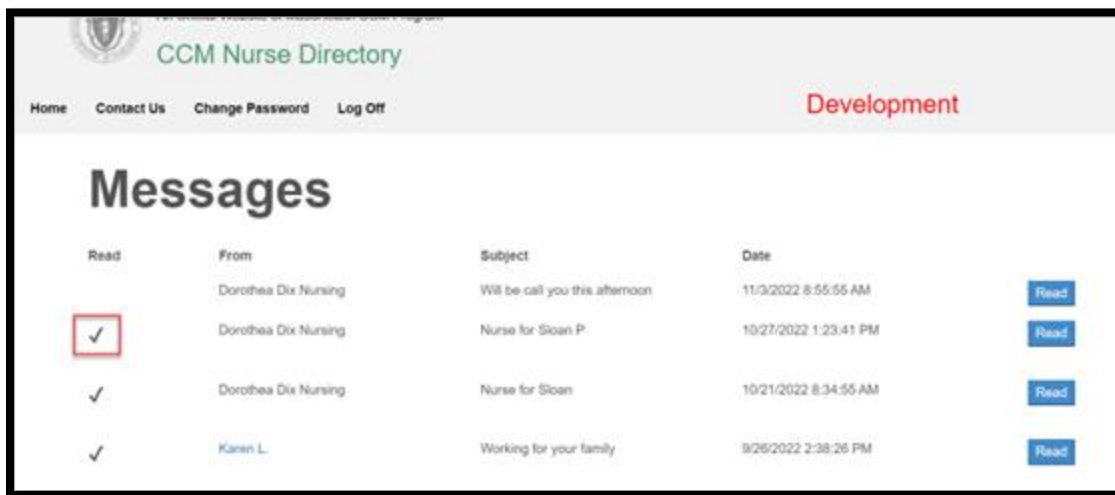
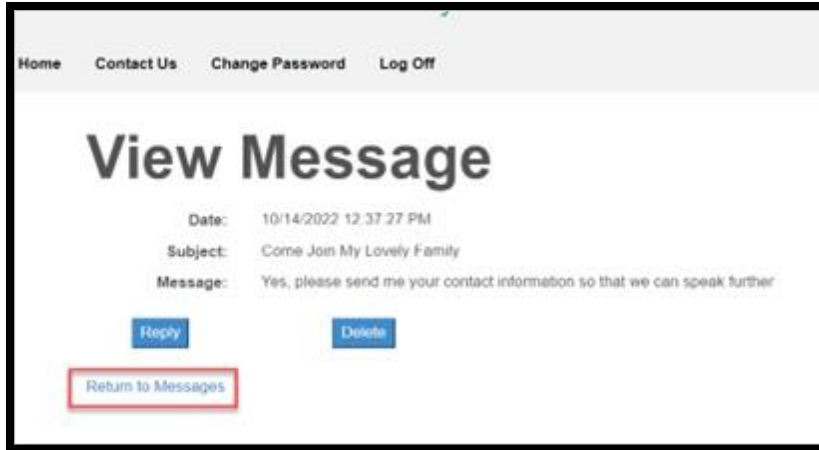
CCM Members have three (3) options for received messages: “Read,” “Reply,” or “Delete.”



When the CCM Member selects the “Read” button, the message will open and the CCM Member can read the message and have the option to “Reply” or “Delete” the message.



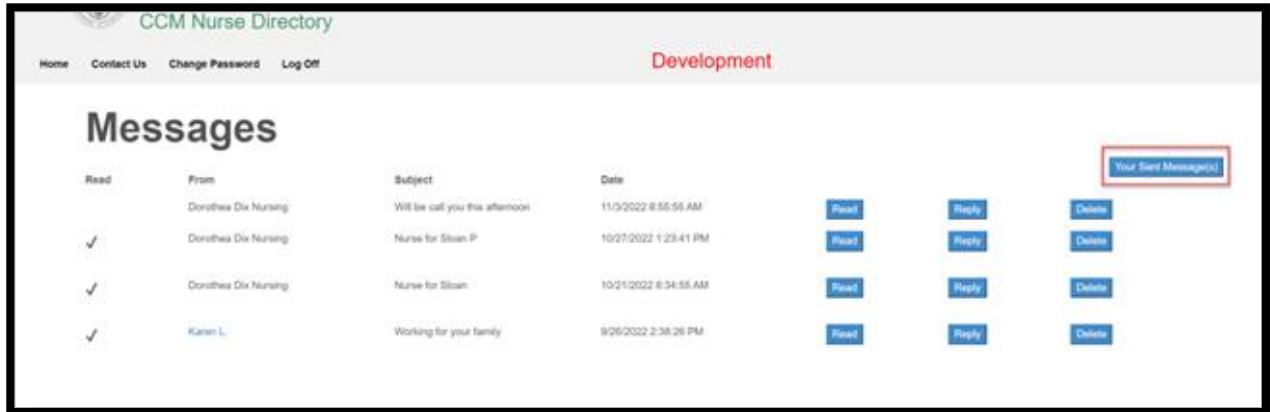
When the CCM Member clicks on the “Return to Message” hypertext, they will be returned to the “Messages” screen and there will be a checkmark under the “Read” column to indicate the member has read the message.



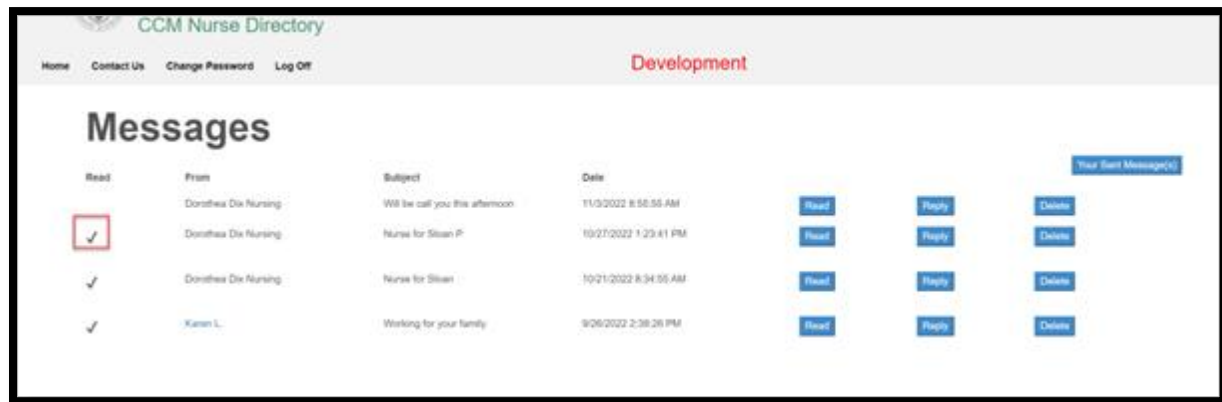
When the CCM Member selects “Reply,” the “Message Reply” screen will be displayed and the CCM Member can enter a message and click “Send” to reply. However, if the CCM Member selected the “Reply” button in error, they can select the “Cancel” button and be returned to the “View Message” screen.



The CCM Member can select the “Your Sent Message(s)” button to view the messages that were sent to the CSN Provider.



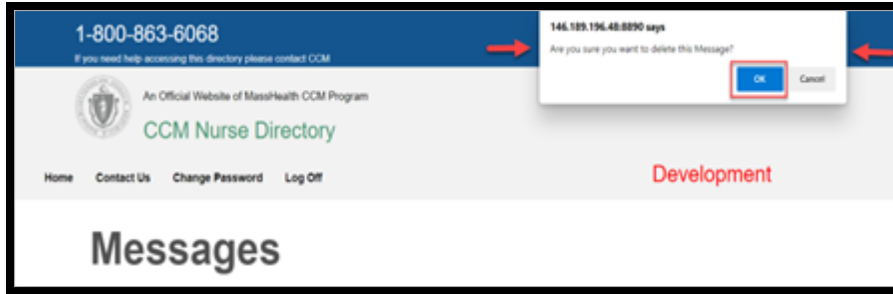
If the CSN Provider has viewed the message, there will be a checkmark under the “Read” column.



The CCM Member can delete a message by clicking on the “Delete” button.



A confirmation message will appear to ask if the CCM Member wants to delete the message.



If the CCM Member selects the “OK” button, the message will be deleted. A confirmation appear after the CCM Member clicks “OK.”

