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Missouri Disease Reporting **Online Portal** (MODROP) **User Guide**

Quick Reference Guide





Contents

- 1. What is the Missouri Disease Reporting Online Portal (MODROP)?
- 2. MODROP Enrollment
- 3. Creating a New Report
- 4. Reviewing Submitted Reports
- 5. Troubleshooting





Overview







What is MODROP?

In early 2020, the Missouri Department of Health and Senior Services (MODHSS) developed an online reporting portal for healthcare providers to report suspect and confirmed cases of COVID-19.

The online dropbox, the Missouri Disease Reporting Online Portal (MODROP), allows providers to securely and confidentially submit patient information and laboratory testing online without the need of manually faxing or digitally uploading the Missouri Communicable Disease Case Report (CD-1) form. In addition, MODROP allows providers to keep records of disease reports for tracking purposes. Using the online portal allows for automated integration into the MODHSS disease surveillance system, EpiTrax, so that public health officials can respond faster to implement control measures. Submitting reports through the MODROP fulfills COVID-19 reporting requirements under 19 CSR 20.20-020.

Reports can be submitted to the online portal individually. Bulk upload functionality, which allows each facility to upload a CSV (comma delimited) file for submission, is coming soon.

MODHSS will continue implementing future upgrades to improve the functionality of the online reporting portal. To access the portal and enroll visit https://modrop.health.mo.gov/

MODROP Enrollment

Users

Any reporter can enroll in just a few minutes by completing the enrollment process. Enrolling users is simple and can be completed in just a few minutes. Users can enroll for an account online by selecting 'Register New User' at the main MODROP hub https://modrop.health.mo.gov/

To Enroll

1. From the main MODROP hub, select 'Register New User'.

MODROP 🔆 Missouri Disease Re	porting Online Portal						
SIGN IN Ecrypt Password	REGISTER NEW USER						
Instructions to use Portal : <u>Online Repor</u>	Instructions to use Portal : <u>Online Reporting Portal User Guide</u>						

2. Enter all requested details in the pop-up box. Use the dropdown box to select your facility. If your facility is not already in MODROP, then type in your facility name.

DO NOT use abbreviations for your facility– use the complete, full name. For example, you would not enter 'MCMO' instead enter 'Medical Clinic of Missouri'.

Select facility from dropdown or enter	Create New User Account Facility Name * Select your Facility or create a new one Street * Unit City *	Facility Type *	
facility name if not listed.	Ph. Area * Phone Number *	First Name *	Use your work email address
	Password * (Password should be minimum 8 characters, contain a letter, number and spe	Confirm Password * cial character [*,%,\$])	your personal email.

Securely submit patient information and laboratory testing results





Sign in to the MODROP

Enrolled users will be able to sign in to the system with the user name and password used during the enrollment process.

1. Enter login credentials to access the portal after selecting SIGN IN.

(Username will be in lowercase))
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	MDHSS Reportable Disease Portal	
	👽 Enter Username & Password	
Usernam	le:	
Password	d:	0
LOGIN		
⁻ or security when you a	/ reasons, please <u>log out</u> and exit your web brow ire done accessing services that require authent	vser ication!

Enter Information and Results

1. From the main Dashboard, select NEW REPORT.

Do not submit multiple reports	MODROP Missouri Disease Reporting Online Portal								
for the same	DASHBOARD	NEW REPORT						Whitney Coffey	LOGOUT
patient, unless			Instructions to use P	ortal : <u>Online</u>	Reporting Porta	l User Guide			
there is a new	SEARCH CRITERIA								
test/lab result. If				From		Date			
you submit a	Enter Last Name			MM/DD/YY	YY format	MM/DD/YYYY to	ormat	CLEAR SEAR	CH
report in error or									
need to correct			PATIENT CASE NO	IFICATION	IS - TUNAS T	ESTFACILI	ТΥ		
a submitted									
report, please	Narso	008	Condition		Facility Name	County	Lab	Collection Date	Created
email	KINGTEST, LINDATEST	07/22/1990	Coronavirus Disease 2019 (C	OV1D-19)	KDHE	Johnson	Private	05/01/2020	05/01/2020
epitrax@health				< 1	>				
.mo.gov.									

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2. Complete the REPORTER INFORMATION section.

Fields marked with a * are **required**.

_{Name} Tunas Testl	Facility 👻	Facility Type * Residential Summer Can	np 🔻	Reporter Last Name Coffey		Reporter First I Whitney	lame
^{Street *} 1 Stonehav	en Rd	Unit	^{City *} Tunas		State * MO	-	Zip * 65764
Area Code 573	Phone Number 7516285						

Set to facility used at account registration.

3. Complete the PATIENT INFORMATION section.

PATIENT INFORMATIO	N				
Last Name *	First Name *		Middle Name		Date of Birth *
Street *	Unit	City *		State * MO	✓ Zip *
Phone Type Home	▼ Area Code	Phone Numb	er		
Sex * 👻 l	Race (Select one or Select Other for multiple races) Unknown	*	Ethnicity Unknown	*	County of Residence*
Resident/Staff in a Congreg Including nursing homes, residential homes, board and care homes, home	gate Care Setting I care for people with intellectual and developmenta leless shelter, foster care or other setting	I disabilities, psych	iatric treatment facilities, group	Employed in	healthcare? -
Was the Patient Hospitalize	ed? Admit Date MM/DD/YYYY format	Dischar	ge Date ICU?	*	Pregnant? 🔹

4. Complete the ORDERING INFORMATION section.

ORDERI	IG INFORMATION						
Auto	ill reporter details						
Facility Nam	e *						
Select yo	ur Facility or create a n	ew one		Facility Type *			
Street *		Unit	City *		State *	•	Zip *
Area Cod	e* Phon	e Number *					

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C th tc yo fa in a

5. Complete the ILLNESS, SYMPTOMS AND TREATMENT section.

ILLNESS, SYMPTOMS AN	ID TREATMENT		
Disease *			
0010-19	•		
Is the patient deceased ?	Is patient symptomatic ?	*	Onset Date MM/DD/YYYY tormat

6. Complete the LABORATORY REPORTING section.

Enter your facility's CLIA waiver (Clinical Laboratory Improvement Amendments) number, if it is known.

Testing Lab * Select your Lab or create a	new one		CLIA if know	'n
Street	Unit	City	State MO	▼ Zip
Area Code F	Phone Number			
Accession #	[Date Test Performed * MM/DD/YYYY format		
Test Type *		▼ Test Result *		*
Test Type *		MM/DD/YYYY format Test Result *		*

7. Select SUBMIT to submit report through this drobox to MODHSS. If successful, a black box will momentarily appear at the top of the screen noting that the case has been submitted.

	RESET
Sele	ect RESET to cancel/start over.

Missouri Department of Health and Senior Services

After successful submission of the report, a printable page with the report information is autogenerated.

MODROP 4	Mis	souri D	iseas	e Repo	orting O	nline F	Portal	
DASHBOARD NEW REPORT							Whitr	ney Coffey
	Instru	ctions to use	Portal : Onli	ne Reportin	a Portal User G	Buide		
		N Pl	PRINT OTIFICATIOI ease print fo	REPORT N SUBMITTE or your record	ED ds			
REPORTER INFORMATION								
Tunas TestFacility 👻	Residential	Summer Cam	р –	Coffey	t Name		Whitney	t Name
Street * 1 Stonehaven Rd	Unit		^{City *} Tunas			State * MO	Ť	^{Zip *} 65764
Area Code Phone Number 573 7516285								
PATIENT INFORMATION								
Last Name *	First Name *						Date o	f Birth *
Testcase	MaryDee			Middle Na	ame		02/2	7/1988
							(lf una	vailable please enter 01/01/1921)
920 Wildoodtest Dr	Unit		Jefferson (Citytest		MO	*	65109
Phone Type Work +	Area Code 573	Phone Number 7330103						
Sex * Race (Select or Female _ White	e or Select Other f	for multiple races)	÷	Ethnicity Not Hispa	anic or Latino	÷	County of Re COLE	sidence*
Resident/Staff in a Congregate Care Setting No					Ŧ	Employed in he	salthcare?	
Including nursing homes, residential care for peopl homes, board and care homes, homeless shelter, fo	e with intellectual oster care or other	and developmenta setting	l disabilities, ps	chiatric treatme	nt facilities, group			
Was the Patient Hospitalized? Yes 👻	Admit Da 02/15/	te 2021	Discharg 02/18	ge Date /2021	ICU? No	Ŧ	Pregnant? No	
Yes 👻	02/15/ MM/DD/	2021 WW format	02/18 MM/DD	/2021 WWW format	No	*	No	

Reviewing Submitted Reports

Verify accuracy via the MODROP Dashboard







Reviewing Submitted Reports

Users will be able to review all reports that have been submitted to the online portal. To access submitted reports, navigate to the MODROP dashboard. Select the relevant search criteria from the dashboard to view the reports that meet your desired criteria.

MO	DROP 🗼 Mi	ssouri Dise	ap ease Repo	plicable s orting On	submitted re line Port	cords.
DASHBOARD	W REPORT				w	Coffey LOGOUT
	Inst	ructions to use Porta	I : Online Reporting	<u>) Portal User Guid</u>	<u>le</u>	
EARCH CRITERIA						Y
Enter Last Name			From 01/25/2021 MM/DD/YYYY format	Date 02/25/20 MM/DD/YYY	21 CLEAR	SEARCH
	PATIE	NT CASE NOTIFI	CATIONS - TUN	IAS TESTFACI	LITY	
ame	DOB	Condition	Result	County	Collection Date	Created
estcase, MaryDee,	02/27/1988	COVID-19	Positive	COLE		02/25/2021

Troubleshooting

Assistance is available





Troubleshooting

If you are unable to sign in (e.g. password reset, website error, etc.) contact the EpiTrax Help Desk for troubleshooting assistance by emailing epitrax@health.mo.gov.

Looking for help?

Contact the EpiTrax Helpdesk with questions: Email: EpiTrax@health.mo.gov



