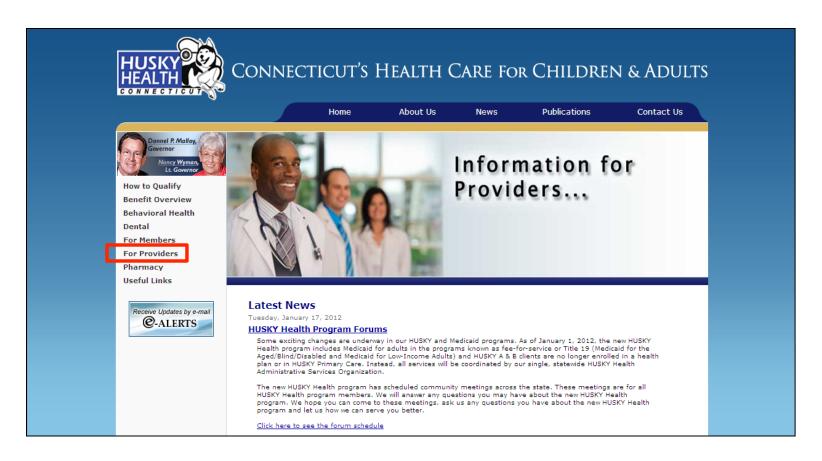
Using Provider Portal Reports to Manage HUSKY Members





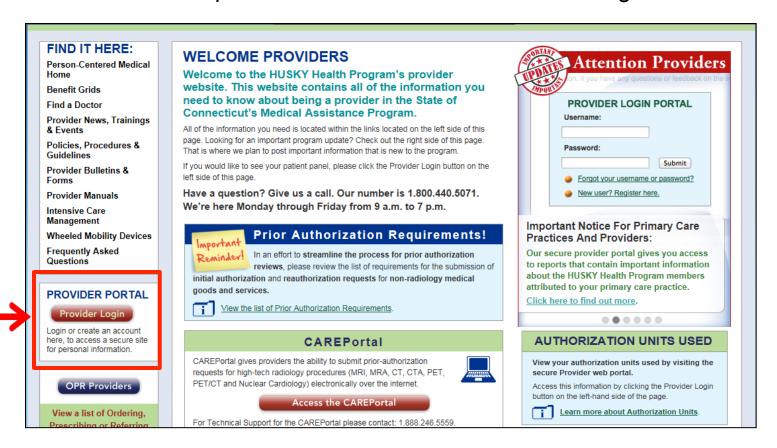
Starting Point

- Go to the HUSKY Health website: www.ct.gov/husky
- Select 'For Providers' from the navigation menu



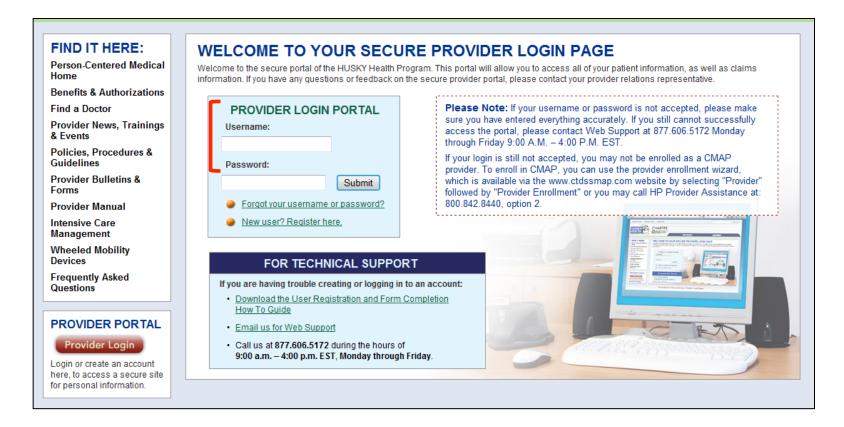
Provider Home Page

- Primary navigation through left-hand menu
- Click on 'Provider Login' in the PROVIDER PORTAL box
 - Provider reports reside behind Provider Portal Login



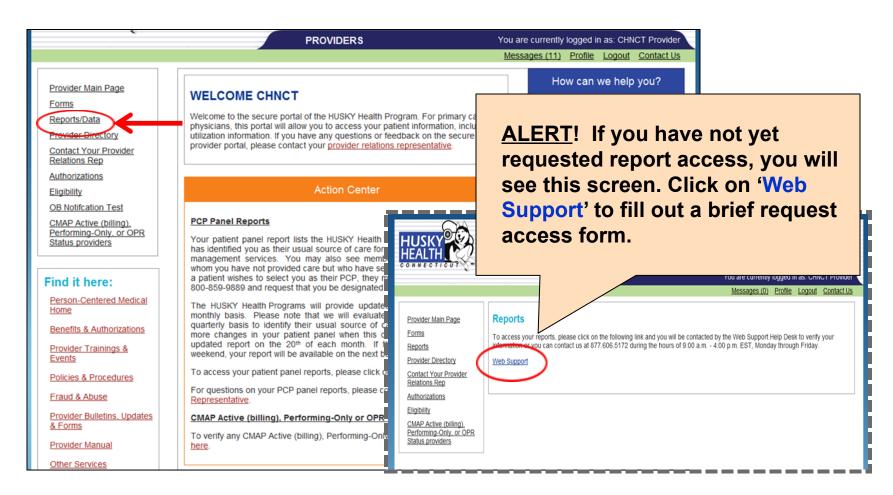
Login to Secure Provider Portal

- To login, enter your 'Username' and 'Password'
 - If you have forgotten your login credentials, select 'Forgot your username or password?'
- To create an account, select 'New user? Register here'



Secure Provider Portal Welcome Page

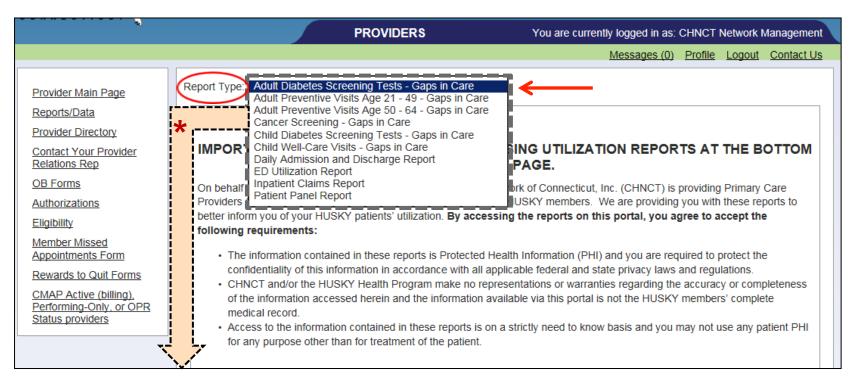
Click on 'Reports/Data' in the left-hand navigation menu



Viewing Your Secure Reports

Reports/Data Landing Page

- From the 'Report Type' drop-down menu, select the report you want to view
- * NOTE: You must scroll down to the bottom of the page to see your reports





Available Secure Provider Portal Reports

Gaps in Care Reports:

- Adult Diabetes Screening Tests
- Adult Preventive Visits Age 21-49
- Adult Preventive Visits Age 50-64
- Cancer Screenings
- Child Diabetes Screening Tests
- Child Well-Care Visits

Utilization Reports:

- Daily Admission and Discharge Report
- ED Utilization Report
- Inpatient Claims Report

Panel Reports:

Patient Panel Report

TIP

'Report Help Guides' are located above the actual reports

Report Help Guides:

Adult Diabetes Screening Tests - Gaps in Care

Adult Preventive Visits Age 21 - 49 - Gaps in Care

Adult Preventive Visits Age 50 - 64 - Gaps in Care

Cancer Screenings - Gaps in Care

Child Diabetes Screening Tests - Gaps in Care

Child Well-Care Visits - Gaps in Care

Daily Admission and Discharge Report

ED Utilization Report

Inpatient Claims Report

Patient Panel Report

COMING SOON!

Colorectal Cancer Screening - Gaps in Care

- Addition to Cancer Screenings report
 - Currently includes breast and cervical cancer screenings
- Will include members attributed to PCPs between the ages of 50 and 75 who have had an appropriate colorectal cancer screening

Community Health Network of CT, Inc.

Gaps in Care: Adult Female Cancer Screenings

Ages 50-74 (Breast Cancer) and 24-64 (Cervical Cancer)

Excludes Dual Eligible and Opt-Out Members

P C P N am e	M em ber I D	M em ber Last N am e	Member First Name	M em ber Birth Date	M em ber Gender	Last Breast Can cer Screening Date	Breast Screen Excluded For Age	BreastScreen > 1 γr	Last Cervical Cancer Screening Date	Cervical Screen Excluded For Age	Cervical Screen > 3 yrs	ICM Case Status
Dr. A	111111111	Member A		11/4/1950	F	7/9/2014		Due	4/4/2011		Due	
Dr. B	22222222	Member B		5/30/1984	F		YES		12/17/2012			CLOSED
Dr. C	33333333	Member C		1/1/1973	F	5/23/2014	YES		4/15/2014			
Dr. D	44444444	Member D		11/24/1981	F		YES				Due	ACTI VE
Dr. E	55555555	Member E		12/24/1956	F	11/19/2013		Due	10/7/2013			



New ICM Indicator – All Reports

NEW!

Each report now includes an Intensive Care Management (ICM) status indicator

Portal Reports Enhancements Include ICM Status

Intensive Care Management (ICM) is a voluntary, personcentered program which:

- Supports HUSKY members in reaching their health goals through education and access to quality healthcare
- Promotes wellness and preventive care through care coordination
 - Members with medically complex health conditions
 - Behavioral health "at-risk" members
- Documents and tracks the progress of a member's goals throughout their enrollment in the program

ICM Case	Status
Active	The member has consented to enrollment/engagement in the ICM program
Pending	The member has not been contacted/consented to enrollment
Closed	The member's goals have been achieved, the member has opted out of the program, or the member can no longer be located/contacted

Ways Provider Portal Reports are Helpful

- Identify members attributed to your practice
 - May need to be scheduled for a healthcare evaluation/well-care visit
- Identify members needing well-care when they present for a sick visit
- Identify members who have/have not received needed services (i.e., diabetic tests and cancer screenings)
- Provide a broad perspective of member's healthcare services
 - Hospital admissions, ED visits, and services generally provided by specialists (i.e., retinal eye exams for diabetic patients)
- Identify member ED visits with reason/diagnosis which could typically be handled in the primary care setting and to identify high ED users
- Easy access to data through download from Provider Portal (i.e., Daily Admission and Discharge information to identify members in need of follow-up visits)



Member Attribution

- Members are attributed to a PCP by claims history or self selection
- Attribution by claims history based on:
 - 15 months of claims history
 - Preventive and Evaluation & Management (E&M) procedure codes
 - Specific Clinic Revenue Codes
 - Providers flagged as PCPs in CHNCT's system
- How member attribution applies to reports:
 - Based on members attributed to the PCP's TIN
 - Attribution is refreshed monthly

7

Member Choices for Sharing Medical and Sensitive Health Information

- Member medical information is automatically shared
 - Members may "Opt Out" of sharing medical information electronically
- Sensitive health information is not automatically shared and requires member consent for disclosure which includes:
 - HIV
 - Substance Abuse
 - Behavioral Health
- Members must complete the 'Consent to Disclose Sensitive Health Information Form' for PCPs to have access to sensitive health information for treatment and care management purposes
 - Download form online at:
 http://www.huskyhealthct.org/members/member_postings/member_opt-out/Sharing_Sensitive_PHI_Consent_Form.pdf
 - Send completed forms to HUSKY Health for processing

Adult Diabetes Screening Tests

- Members ages 18 to 75 with a diabetes diagnosis or diabetic prescription reported within the last two years and considered a Type 1 or Type 2 diabetic
- Provides last service date for HbA1c, LDL-C, Nephropathy testing, or retinal eye exam

Community Health Network of CT, Inc.

xxxxxxxxx - PRACTICE NAME

Gaps in Care: Adult Diabetes (Type 1 and 2)

Ages 18-75

Excludes Dual Eligible and Opt-Out Members

PCP Name	Member ID	Member Last Name	Member First Name	Member Birth Date	Member Gender	Last Hb A1c Testing Date	Hb A1c > 6 mos	Last LDL C Testing Date	LDL > 1 yr	Last Nephropathy Testing Date	Neph > 1 yr	Last Diabetes Eye Exam Date	Eye Exam > 1 yr	ICM Case Status
Dr. A	111111111	Member A		6/8/1960	F	6/1/2015		6/1/2015		11/14/2014		12/12/2013	Due	ACTIVE
Dr. B	22222222	Member B		7/24/1959	М	6/15/2015		6/15/2015		6/15/2015		6/1/2015		
Dr. C	33333333	Member C		6/19/1972	М	12/19/2014	Due	12/19/2014		8/21/2014	Due	9/11/2014		CLOSED
Dr. D	44444444	Member D		12/12/1979	М		Due		Due	10/30/2014		3/27/2015		PENDING
Dr. F	66666666	Member F		1/15/1958	М	3/19/2014	Due		Due		Due		Due	CLOSED



Members between the ages of 21 and 49, including their last preventive service date, if applicable

Community Health Network of CT, Inc.

xxxxxxxxx - PRACTICE NAME

Gaps in Care: Preventive Adult Visits

Age 21-49

Excludes Dual Eligible and Opt-Out Members

PCP Name	Member ID	Member Last Name	Member First Name	Member Birth Date	Member Gender	Last Preventive Visit	Prev Visit > 1 yr	ICM Case Status
Dr. A	111111111	Member A	xxxxx	2/28/1993	М	2/18/2015		PENDING
Dr. B	22222222	Member B	xxxxx	4/6/1972	М	7/20/2015		
Dr. C	33333333	Member C	xxxxx	11/27/1972	М	2/5/2015		ACTIVE
Dr. D	44444444	Member D	xxxxx	6/19/1972	М	7/28/2015		CLOSED
Dr. E	55555555	Member E	xxxxx	7/25/1969	М	8/6/2014	Due	



Members between the ages of 50 and 64, including their last preventive service date, if applicable

Community Health Network of CT, Inc.

xxxxxxxxx - PRACTICE NAME

Gaps in Care: Preventive Adult Visits

Age 50-64

Excludes Dual Eligible and Opt-Out Members

PCP Name	Member ID	Member Last Name	Member First Name	Member Birth Date	Member Gender	Last Preventive Visit	Prev Visit > 1 yr	ICM Case Status
Dr. A	111111111	Member A		1/1/1958	М	7/29/2014	Due	
Dr. B	22222222	Member B		9/24/1951	F	7/24/2014	Due	
Dr. C	33333333	Member C		3/14/1957	М	5/7/2015		CLOSED
Dr. D	44444444	Member D		8/28/1953	F	7/9/2015		CLOSED
Dr. E	55555555	Member E		8/11/1963	F	7/14/2015		

Cancer Screenings

- Provides the status for breast cancer and cervical cancer screenings for females between the ages of 24 to 74
- Breast cancer screening includes females between the ages of 52 to 74 without a history of mastectomy
 - If a member's last test or service was over a year ago, or if there is no record of a previous test, the member is considered 'Due'
- Cervical cancer screening includes females between the ages of 24 to 64 without a history of hysterectomy
 - Member is considered 'Due' if last test/service was over 3 years ago or there is no record of a previous test
 - Member is not considered 'Due' if they have a history of HPV testing within the last 5 years, and their last cervical cytology test occurred within the last 5 years

Cancer Screenings (con't.)

Community Health Network of CT, Inc.

xxxxxxxxx - PRACTICE NAME

Gaps in Care: Adult Female Cancer Screenings

Ages 50-74 (Breast Cancer) and 24-64 (Cervical Cancer)

Excludes Dual Eligible and Opt-Out Members

PCP Name	Member ID	Member Last Name	Member First Name	Member Birth Date	Member Gender	Last Breast Cancer Screening Date	Breast Screen Excluded For Age	Breast Screen > 1 yr	Last Cervical Cancer Screening Date	Cervical Screen Excluded For Age	Cervical Screen > 3 yrs	ICM Case Status
Dr. A	111111111	Member A		11/4/1950	F	7/9/2014		Due	4/4/2011		Due	
Dr. B	22222222	Member B		5/30/1984	F		YES		12/17/2012			CLOSED
Dr. C	33333333	Member C		1/1/1973	F	5/23/2014	YES		4/15/2014			
Dr. D	44444444	Member D		11/24/1981	F		YES				Due	ACTIVE
Dr. E	55555555	Member E		12/24/1956	F	11/19/2013		Due	10/7/2013			



- Members ages 4 to 17 with a diabetes diagnosis or diabetic prescription reported within the last two years, and considered a Type 1 or Type 2 diabetic
- Provides last service date for Nephropathy testing or retinal eye exam

Community Health Network of CT, Inc.

xxxxxxxxx - PRACTICE NAME

Gaps in Care: Child Diabetes (Type 1 and 2)

Ages 04-17

Excludes Dual Eligible and Opt-Out Members

PCP Name	HOH Last Name	HOH First Name	Member ID	Member Last Name	Member First Name	Member Birth Date	Member Gender	Last Hb A1c Testing Date	Hb A1c Status	Last Diabetes Eye Exam Date	CHNCT Successful Outreach	ICM Case Status
Dr. A			111111111	Member A		9/4/2003	М		Due	4/28/2015		
Dr. B			22222222	Member B		4/16/2004	M	9/16/2014	Due	6/30/2014		CLOSED
Dr. C			333333333	Member C		2/21/1998	F	4/2/2015	Due	4/25/2015		
Dr. D			44444444	Member D		11/9/1997	М		Due			
Dr. E			55555555	Member E		4/15/1999	F	5/29/2015	Due	4/17/2015		CLOSED

Child Well-Care Visits

- Members between the ages 0 and 21 with well-child visits
- Developmental screenings for children ages up to 18

Community Health Network of CT, Inc.

xxxxxxxxx - PRACTICE NAME

Gaps in Care: Child Well Care Visits

Ages 0-21

Excludes Dual Eligible and Opt-Out Members

PCP Name	HOH Last Name	HOH First Name	Member ID	Member Last Name	Member First Name	Member Birth Date	Member Gender	Last Well Child Visit	Well Child Status	Last Developmental Screening Date	Dev Screen Excluded For Age	Dev Screen for 0 to 18 yr olds	ICM Case Status
Dr. A			111111111	Member A		9/30/1994	М		Due		YES		
Dr. B			22222222	Member B		7/26/2011	М	3/31/2014	Due			Due	PENDING
Dr. C			33333333	Member C		7/23/1997	F	2/20/2015			YES		
Dr. D			44444444	Member D		2/13/2013	М	4/6/2015				Due	
Dr. F			66666666	Member F		9/12/2014	М	6/19/2015	Due			Due	CLOSED

Daily Admission and Discharge Report

- Members currently admitted to a facility
- Members for whom information about a discharge has been received within the last thirty days

Community Health Network of CT, Inc. xxxxxxxxx - PRACTICE NAME Daily Admission and Discharge Excludes Dual Eligible and Opt-Out Members Date Of Discharge Member Date Of **Member Gender** CM Case Status Program Name **Provider Name** Diagnosis Code PCP Full Name acility Name Diagnosis Description Member ID First Name ast Name Admission Admitting Date Of PCP ID 8/2/2015 155.0 Dr. A Member A 111111111 HUSKY D 1/17/1959 Hospital A Dr. U 7/28/2015 mal neo liver, primary XXXXXXXX 8/14/2015 577.0 7/22/2015 22222222 **HUSKY A** 1/1/1975 Hospital B Dr. V Dr. A Member B acute pancreatitis XXXXXXXX 8/4/2015 486. 7/30/2015 Dr. B Member C 33333333 HUSKY D 8/3/1976 Hospital B CT Dr. W pneumonia, organism **PENDING** XXXXXXXX 8/12/2015 432.9 12/10/1954 Hospital A 8/7/2015 intracranial hemorr nos PENDING Dr. C Member D 44444444 HUSKY C Dr. Y XXXXXXXX 8/14/2015 787.01 3/6/1980 Hospital B 8/12/2015 Dr. D Member E 55555555 HUSKY D Dr. W nausea with vomiting PENDING XXXXXXXX For illustrative purposes only

ED Utilization Report

- Members with one or more trips to the Emergency Department (ED) during the previous 6 months for emergent or non-emergent care paid in the prior month
- Includes member's last preventive or office visit

Dr. K 99386 PREV VISIT NEW AGE 40-64 HEALTH EXAM-GROUP SURVEY 8/3/2015 Dr. H 99213 OFFICE/OUTPATIENT VISIT EST ADMINISTRTVE ENCOUNT NEC CLOSED 7/13/2015 Dr. I 99212 OFFICE/OUTPATIENT VISIT EST CARBUNCLE OF BUTTOCK ACTIVE	Ť																	
ED Utilization Detail Excludes Dual Eligible and Opt-Out Members Part	Community	y Health Net	work of CT,	Inc.														
Excludes Dual Eligible and Opt-Out Members Part Part	xxxxxxxxx -	PRACTICE NA	AME															
Excludes Dual Eligible and Opt-Out Members Part Part	ED Util	lization	Detail															
### ### ### ### ### ### ### ### ### ##				and C	nt Ou	t Mon	obors											
Part	Exclud	es Duai	ciigibie	anu C	pt-Ou	Liviell	ibers											
Dr. A Member B B 6/18/2015 DENTAL DISORDER NOS DENTAL DISORDER NOS THURSDAY 0000 Hospital B 12/5/2013 Dr. A Member C C 6/25/2015 ELB/FOREARM/WRST INJ NOS LATE EFFECT ARM FX THURSDAY 0000 Hospital A 8/29/2012 Dr. A Member D D 6/13/2015 SHORTNESS OF BREATH SHORTNESS OF BREATH SATURDAY 0000 Hospital A 1/1/1900 Dr. B Member E E 6/17/2015 ABDMNAL PAIN GENERALIZED CONSTIPATION NOS WEDNESDAY 0000 Hospital A 8/29/2012 Dr. J PD 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PCP Full Name	Last Name		First Name	5		t Diag		Diag Code				Day Of Week	Time		Hospital Name	LPV Date Of	Service
Dr. A Member C C 6/25/2015 ELB/FOREARM/WRST INJ NOS LATE EFFECT ARM FX THURSDAY 0000 Hospital A 1/1/1900 1/1/1900 Hospital A												S		_				
Dr. A Member D D 6/13/2015 SHORTNESS OF BREATH SHORTNESS OF BREATH CONSTIPATION NOS WEDNESDAY 0000 Hospital A 1/1/1900 8/29/2012 Part				_	-											· ·		
Dr. B Member E E 6/17/2015 ABDMNAL PAIN GENERALIZED CONSTIPATION NOS WEDNESDAY 0000 Hospital A 8/29/2012 Part Part				_		•												
Dr. J 99396 PREV VISIT EST AGE 40-64 ROUTINE GYN EXAMINATION 7/28/2015 Dr. G 99212 OFFICE/OUTPATIENT VISIT EST ADMINISTRIVE ENCOUNT NEC CLOSED Dr. K 99386 PREV VISIT NEW AGE 40-64 HEALTH EXAM-GROUP SURVEY 8/3/2015 Dr. H 99213 OFFICE/OUTPATIENT VISIT EST ADMINISTRIVE ENCOUNT NEC CLOSED T/13/2015 Dr. I 99212 OFFICE/OUTPATIENT VISIT EST ADMINISTRIVE ENCOUNT NEC CLOSED T/13/2015 Dr. I 99212 OFFICE/OUTPATIENT VISIT EST CARBUNCLE OF BUTTOCK ACTIVE					_									_				
Part	Dr. B	iviemb	erE	E	6/1	//2015	ABDININAL PAIN GEN	ERALIZED	CONSTI	PATIO	N NOS		WEDNESDAY	0000		Hospital A		8/29/2012
Dr. J 99396 PREV VISIT EST AGE 40-64 ROUTINE GYN EXAMINATION 7/28/2015 Dr. G 99212 OFFICE/OUTPATIENT VISIT EST HYPERLIPIDEMIA NEC/NOS CLOSED Dr. K 99386 PREV VISIT NEW AGE 40-64 HEALTH EXAM-GROUP SURVEY 8/3/2015 Dr. H 99213 OFFICE/OUTPATIENT VISIT EST ADMINISTRIVE ENCOUNT NEC CLOSED 7/13/2015 Dr. I 99212 OFFICE/OUTPATIENT VISIT EST CARBUNCLE OF BUTTOCK ACTIVE	LPV Provider Name	LPV Procedure Code				Diag		a a	LOV Provider	Name	LOV Procedure Code	LOV Procedure			Diag			ICM Case Status
Dr. K 99386 PREV VISIT NEW AGE 40-64 HEALTH EXAM-GROUP SURVEY 8/3/2015 Dr. H 99213 OFFICE/OUTPATIENT VISIT EST ADMINISTRTVE ENCOUNT NEC CLOSED 7/13/2015 Dr. I 99212 OFFICE/OUTPATIENT VISIT EST CARBUNCLE OF BUTTOCK ACTIVE										_			•					
7/13/2015 Dr. I 99212 OFFICE/OUTPATIENT VISIT EST CARBUNCLE OF BUTTOCK ACTIVE	Dr. J	_								_			•			•		
	Dr. K	99386	PREV VISIT	NEW AGE	40-64	HEALTH I	EXAM-GROUP SURVEY			_			•				NEC	
	Dr. L	00207	DED DIVI DE	EVALEST D	AT 65± VD	POLITING	E MEDICAL EVAM			_			•					ACTIVE

Inpatient Claims Report

- Members with inpatient hospital claims
- Date of service within 1 year and paid in the last three months

Community He	earth Network	of CI, Inc.													
xxxxxxxxx - PRA	ACTICE NAME														
Inpatient	t Stay Cla	aim Activity													
Excludes	Dual Eli	gible and Op	t-Out N	Members											
PCP ID	PCP Full Name	Last Name	First Name	Member ID	Member Gender	Date Of Birth	Program Name	Revenue Code	Revenue Description	Service Begin Date	Service End Date	Diagnosis Code	Diagnosis Description	Hospital Name	ICM Case Status
xxxxxxxx	Dr. A	Member A		111111111	М	8/10/1989	HUSKY C	0121	med-sur-gy/2bed	7/8/2015	7/9/2015	5409	acute appendicitis nos	Hospital A	
XXXXXXXX	Dr. B	Member B		22222222	F	7/22/1982	HUSKY D	0206	icu/intermediate	7/10/2015	7/11/2015	34831	metabolic encephalopathy	Hospital A	CLOSED
xxxxxxxx	Dr, C	Member C		33333333	F	4/29/1965	HUSKY C	0121	med-sur-gy/2bed	7/2/2015	7/2/2015	4588	hypotension nec	Hospital A	ACTIVE
XXXXXXXX	Dr. C	Member D		44444444	F	9/28/1967	HUSKY D	0121	med-sur-gy/2bed	7/13/2015	7/15/2015	6822	cellulitis of trunk	Hospital B	
XXXXXXXX	Dr. D	Member E		55555555	F	10/7/1965	HUSKY D	0121	med-sur-gy/2bed	7/1/2015	7/8/2015	1536	malig neo ascend colon	Hospital C	CLOSED

Patient Panel Report

- Member information including name, address, telephone number, date of birth
- PCP name with attributed effective date
- Member dual eligibility status for Medicare and Medicaid
- ICM status indicator

Community Health Network of CT, Inc.

xxxxxxxxx - PRACTICE NAME

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Patient Panel

								Member's				
								Effective Date	Program	Dual	Attribution	
lame	Client ID Number	Address	CityStateZip	DOB	Gender	PCP Number	PCP Name	with PCP	Name	Eligible	Туре	ICM Status
Лember A	111111111	Street A	City State Zip	x/xx/xxxx	F	XXXXXXXX	Dr. A	3/1/2015	HUSKY A	NO	Attribution	
Member B	22222222	Street B	City State Zip	x/xx/xxxx	F	XXXXXXXX	Dr. A	3/1/2015	HUSKY A	NO	Attribution	
Nember C	33333333	Street C	City State Zip	x/xx/xxxx	М	XXXXXXXX	Dr. A	6/1/2015	HUSKY A	NO	Attribution	CLOSED
Member D	44444444	Street D	City State Zip	x/xx/xxxx	F	XXXXXXXX	Dr. A	5/1/2015	HUSKY A	NO	Attribution	
/lember E	55555555	Street E	City State Zip	x/xx/xxxx	F	xxxxxxxx	Dr. A	7/1/2015	HUSKY A	NO	Attribution	PENDING

Member Satisfaction with Provider Services survey

An annual survey of HUSKY Health member satisfaction with provider services that evaluates:

- Access
- Wait time
- Contact with provider office
- Interaction with clerks & receptionists
- Courtesy and respect of provider
- Provider's follow-up
- Prescriptions
- Access to specialists
- Long-term care planning
- Adult/child specific questions
- Overall satisfaction



Key Contacts for CHCNT Medical ASO

Provider Ca	all Center
Telephonic Support	1.800.440.5071
Fax	1.855.755.0855
Intensive Care Manage	ment (ICM) Referrals
Telephonic Referrals for ICM	1.800.440.5071, extension 2024
Fax Referrals for ICM	1.866.361.7242
Register for the P	rovider Portals
Provider Portal	www.huskyhealthct.org/providers
Medical Authorization Portal (Clear Coverage)	Email: Clearcoveragehelpdesk@chnct.org
Advanced Imaging Portal (CAREPortal)	https://chnct.careportal.com/
CareAnalyzer® Registration and Training	Email: Networkmanagement@chnct.org
Technical A	ssistance
Provider Portal	1.877.606.5172 - prompt 1
	Email: WebSupport@chnct.org
Medical Authorization Portal (Clear Coverage)	1.877.606.5172 - prompt 3
	Email: Clearcoveragehelpdesk@chnct.org
Advanced Imaging (CAREPortal)	1.877.606.5172 - prompt 4
CareAnalyzer®	Email: CareAnalyzer@chnct.org

Questions?