



Secure Provider Web Portal Help Guide

How to Sign Up for a HUSKY Health Secure Provider Portal Account

Enter the website URL: <https://portal.ct.gov/husky> to access the public HUSKY Health Homepage, and click on “Information for Providers.”

The screenshot shows the HUSKY Health website homepage. At the top, there is a red banner with COVID-19 information. Below that is a blue header with the 'ct.gov' logo and a search bar. The main content area features a large banner for 'HUSKY Health For Connecticut Children & Adults' with a yellow background and text about COVID-19 services. Below the banner is a 'Most Popular' section with a list of links. A yellow arrow points to the 'Information for Providers' link. At the bottom, there are three cards: 'For Members', 'Access Health CT', and 'For Providers'.

Most Popular

- Medicaid Coverage for Uninsured During COVID-19 emergency
- Continued Coverage of Services for Gender Identity and Transition
- Getting Your Federal Stimulus Check--Quick Links
- HUSKY Health and IRS Form 1095-B
- Find Out How to Qualify
- Information for Members
- Information for Providers
- What Are the Health Care Benefits?

For Members
Information and Member Login

Access Health CT
For online application to HUSKY A, B, or D coverage for children, parents/caretaker relatives, or adults without minor children.

For Providers
Information and Provider Login



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You are now on the public HUSKY Health provider homepage.



Select the **“Provider Login”** button to access the secure HUSKY Health provider web portal.





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HUSKY Health Secure Provider Login:

HUSKY HEALTH CONNECTICUT

Community Health Network of Connecticut, Inc.

username:

password:

Login

Click [here](#) to create your user account.

If you forgot your username or password, click [here](#).

You can also download the ["How to Sign Up for a HUSKY Secure Provider Portal Account"](#) PDF, to walk you through the set-up process.

Password requirements are as follows:

- A password should be a minimum of 8 characters long, and contain at least 1 letter, 1 digit, and 1 special character. Special characters that are allowed: ! \$ % ^ * () _ - = { } | \ | ' , ;
- The username should not be a part of the password
- A changed password should not be the same as any of the last 10 passwords used on the account

Please note: You will be required to change your password every **90** days

If you have any questions, email us at [web_support](#) or call us at 1.877.606.6172 • Monday through Friday 9:00 a.m. - 4:00 p.m.

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For existing users, enter your “username” and “password” and click “Login.”

If you are an existing user and you have forgotten your username or password, choose “click here” to retrieve your information via the email address associated with your account.

If you are a new user, choose “Click here to create your user account.”



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New User:

STEP 1 OF 6: LICENSE AGREEMENT

Note
Please read the License Agreement.
Click "Agree" to continue or "Disagree" to go back to the login page.

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Health Inc., reserves all rights not expressly granted in this Agreement.

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Security. You are responsible for changing your password upon entering the system for the first time. You are also

Choose the **"Agree"** button at the bottom of the License Agreement page to proceed to Step 2.



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STEP 2 OF 6: PERSONAL INFORMATION

Note
Fields indicated with a * are required.
Enter the official name of the user signing up for the account.
Address should be the practice/facility address.

*First Name:

*Last Name:

*Address Line 1:

Line 2:

*City:

*State:

*Zip:

*Country:

*Contact Phone:

Department:

*Practice Name:

Create a user account. When completed, choose **“Next.”**

The **“Personal Information”** fields reflect the information of the user that will be logging into the website. This is not necessarily the provider.

The **“First Name”** and **“Last Name”** fields are required to proceed. This is the person completing the user signup.

“Address Line 1” is required, but **“Address Line 2”** is optional. Please list your office location.

“City,” “State,” and **“Zip”** are required fields. **“Country”** is also required, but is defaulted to **“United States.”**

“Contact Phone” is required and must be in **###-###-####** format.

“Department” is not a required field to proceed, however **“Practice Name”** is required.



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To view the list of providers associated by Tax ID, first enter a valid Provider Tax ID Number (TIN) and click **“Search.”** Newly enrolled CMAP providers will appear within 72 hours from the time that the enrollment information is received and processed from DXC.

STEP 3 OF 6: ADD PROVIDER

Provider Search

*Provider Tax ID Number:

Choose the provider(s) you would like to add to your account by clicking in the box next to their name(s). Alternatively, clicking the **“Select All Providers”** button selects all providers associated with the Tax ID.

Confirm the selected providers by clicking **“Add Providers.”**

STEP 3 OF 6: ADD PROVIDER

Provider Search

*Provider Tax ID Number:

Select Providers

Select All Providers

| Practice Name OR Facility Name | Address | Individual Medicaid Number | Group Medicaid Number |
|--|---------|----------------------------|-----------------------|
| <input type="button" value="Add Providers"/> | | | |

A provider confirmation page will be displayed showing the selected providers. Review the list to ensure all appropriate providers have been selected. Once reviewed, click **“Add Providers.”**

Please Confirm

Please Confirm Providers

| Practice Name OR Facility Name | Address | Individual Medicaid Number | Group Medicaid Number |
|--|---------|----------------------------|-----------------------|
| <input type="button" value="Add Providers"/> <input type="button" value="Cancel"/> | | | |



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You will see the providers you have chosen to add to your account listed beneath **“Added Providers.”**

STEP 3 OF 6: ADD PROVIDER

Provider Search

*Provider Tax ID Number:

Search

Added Providers

| | |
|-------------------------|---------------------------------|
| Provider Tax ID Numbers | |
| Provider TIN xxxxx7230 | Remove Provider |

Previous Next Cancel

You can add another provider by entering another Tax ID and repeating the steps outlined above, or click **“Next”** to continue.

Identify the role of the person who is completing the sign-up process by selecting the appropriate value from the drop-down. Then click **“Next”** to continue.

STEP 4 OF 6: ADDITIONAL INFORMATION

I am a(n):

Please Select
Office Manager
Office Staff
Nurse/Medical Assistant
Physician/Provider
Other

Previous Next Cancel

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How to Create a “Username” and “Password”

The following fields must all be completed:

The “**Username**” will become the Account ID that is used to identify this Provider Portal Account.

The “**Email Address**” is the email of the person setting up the account.

“**Password**” must be a minimum of 8 characters, contain at least 1 letter, 1 digit, and 1 special character*.

*Special characters that are allowed: ! \$ ^ * () _ - = [] { } \ / , . ? The username should not be part of the password.

“**Secret Question**” is a drop-down list that is associated with a “**Secret Answer**” for password recovery.

STEP 5 OF 6: CREATE USER ID (USERNAME) AND PASSWORD

Note:

Username: Your Username must be at least 3 characters in length and start with a letter. Characters accepted are: alpha-numeric, (dot), -(dash) and @

E-Mail Address: Please enter your full business email address for the practice/facility. This site requires a valid email address. Your email address will only be used to notify you when certain events happen, such as when a reply is sent to a submitted Online Service Request.

If you do not have an email address, you may create a free account by going to [Yahoo](#) or [Gmail](#)

Password: Must be at least 8 characters in length. Characters accepted are: alpha-numeric and these special characters: _!#\$%^*()-+=[]{} \ / , . ?

Secret Question/Answer: Enter a secret question and answer only you know so you may retrieve your password should you forget it.

*Username:
*E-mail Address:
*Confirm E-mail Address:
*Password:
*Confirm Password:
*Secret Question:
Select Secret Question
*Secret Answer:

Previous Next Cancel

Click “**Next**” to continue.

NOTE

If you are a primary care provider or a usual source of care provider, you can request access to view reports on your attributed members by clicking on the “**Patient Reports**” tab on the “**Home Page**,” and completing the online registration form.



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STEP 6 OF 6: VERIFY

Note
Please review the information provided. If correct, click "Finish". If not, click "Previous" to make changes.

Username:
First Name:
Last Name:
E-Mail Address:
Address:
Phone:
Practice Name:
TIN:

Previous Finish Cancel

Verify your information is correct and click **"Finish"** to complete the signup process for your account setup. At this point, you have successfully set up your user account. If the information is incorrect, click **"Previous"** and correct your information.

If you should have any questions or concerns completing this information, please contact the Web Support Help Desk at 877.606.5172 during the hours of 9:00 a.m. - 4:00 p.m. EST, Monday through Friday.