

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



The screenshot shows the HUSKY Health website for Connecticut. The header includes the HUSKY Health logo and the text "CONNECTICUT'S HEALTH CARE FOR CHILDREN & ADULTS". A navigation bar contains links for Home, About Us, News, Publications, and Contact Us. On the left side, a vertical menu lists various services: How to Qualify, Benefit Overview, Behavioral Health, Dental, For Members, For Providers (highlighted with a red box), Pharmacy, and Useful Links. Below the menu is an "e-ALERTS" sign-up box. The main content area features a large banner with the text "Information for Providers..." and a photograph of healthcare professionals. Below the banner, there is a "Latest News" section dated Tuesday, January 17, 2012, with a link to "HUSKY Health Program Forums". The news text describes changes to the HUSKY and Medicaid programs as of January 1, 2012, and mentions community meetings for providers.

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

The screenshot displays the Provider Home Page interface. On the left, a vertical navigation menu lists various resources. The 'PROVIDER PORTAL' section is highlighted with a red box and a red arrow pointing to it. The main content area features a 'WELCOME PROVIDERS' message, a 'PROVIDER LOGIN PORTAL' with input fields for Username and Password, and a 'Prior Authorization Requirements' section. A red stamp with 'IMPORTANT UPDATES' is visible in the top right corner. The bottom of the page includes a 'CAREPortal' section and an 'AUTHORIZATION UNITS USED' section.

FIND IT HERE:

- Person-Centered Medical Home
- Benefit Grids
- Find a Doctor
- Provider News, Trainings & Events
- Policies, Procedures & Guidelines
- Provider Bulletins & Forms
- Provider Manuals
- Intensive Care Management
- Wheeled Mobility Devices
- Frequently Asked Questions

PROVIDER PORTAL

Provider Login

Login or create an account here, to access a secure site for personal information.

OPR Providers

View a list of Ordering, Prescribing or Referring

WELCOME PROVIDERS

Welcome to the HUSKY Health Program's provider website. This website contains all of the information you need to know about being a provider in the State of Connecticut's Medical Assistance Program.

All of the information you need is located within the links located on the left side of this page. Looking for an important program update? Check out the right side of this page. That is where we plan to post important information that is new to the program.

If you would like to see your patient panel, please click the Provider Login button on the left side of this page.

Have a question? Give us a call. Our number is 1.800.440.5071. We're here Monday through Friday from 9 a.m. to 7 p.m.

Important Reminder! **Prior Authorization Requirements!**

In an effort to streamline the process for prior authorization reviews, please review the list of requirements for the submission of initial authorization and reauthorization requests for non-radiology medical goods and services.

[View the list of Prior Authorization Requirements.](#)

PROVIDER LOGIN PORTAL

Username:

Password:

- Forgot your username or password?
- New user? Register here.

Attention Providers

Important Notice For Primary Care Practices And Providers:

Our secure provider portal gives you access to reports that contain important information about the HUSKY Health Program members attributed to your primary care practice.

[Click here to find out more.](#)

CAREPortal

CAREPortal gives providers the ability to submit prior-authorization requests for high-tech radiology procedures (MRI, MRA, CT, CTA, PET, PET/CT and Nuclear Cardiology) electronically over the internet.

[Access the CAREPortal](#)

For Technical Support for the CAREPortal please contact: 1.888.246.5559.

AUTHORIZATION UNITS USED

View your authorization units used by visiting the secure Provider web portal.

Access this information by clicking the Provider Login button on the left-hand side of the page.

[Learn more about Authorization Units.](#)

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'**

FIND IT HERE:

- Person-Centered Medical Home
- Benefits & Authorizations
- Find a Doctor
- Provider News, Trainings & Events
- Policies, Procedures & Guidelines
- Provider Bulletins & Forms
- Provider Manual
- Intensive Care Management
- Wheeled Mobility Devices
- Frequently Asked Questions

PROVIDER PORTAL

[Provider Login](#)

Login or create an account here, to access a secure site for personal information.

WELCOME TO YOUR SECURE PROVIDER LOGIN PAGE

Welcome to the secure portal of the HUSKY Health Program. This portal will allow you to access all of your patient information, as well as claims information. If you have any questions or feedback on the secure provider portal, please contact your provider relations representative.

PROVIDER LOGIN PORTAL

Username:

Password:

- [Forgot your username or password?](#)
- [New user? Register here.](#)

FOR TECHNICAL SUPPORT

If you are having trouble creating or logging in to an account:

- [Download the User Registration and Form Completion How To Guide](#)
- [Email us for Web Support](#)
- Call us at **877.606.5172** during the hours of **9:00 a.m. – 4:00 p.m. EST, Monday through Friday.**

Please Note: If your username or password is not accepted, please make sure you have entered everything accurately. If you still cannot successfully access the portal, please contact Web Support at 877.606.5172 Monday through Friday 9:00 A.M. – 4:00 P.M. EST.

If your login is still not accepted, you may not be enrolled as a CMAP provider. To enroll in CMAP, you can use the provider enrollment wizard, which is available via the www.ctdssmap.com website by selecting "Provider" followed by "Provider Enrollment" or you may call HP Provider Assistance at: 800.842.8440, option 2.

Secure Provider Portal Welcome Page

- Click on '[Reports/Data](#)' in the left-hand navigation menu

The screenshot shows the 'PROVIDERS' section of the secure portal. The top navigation bar includes 'You are currently logged in as: CHNCT Provider' and links for 'Messages (11)', 'Profile', 'Logout', and 'Contact Us'. A search bar asks 'How can we help you?'. The left-hand navigation menu lists various options, with 'Reports/Data' circled in red and a red arrow pointing to it. The main content area features a 'WELCOME CHNCT' message and an 'Action Center' section titled 'PCP Panel Reports'. A 'HUSKY HEALTH CONNECTICUT' logo is visible. A callout box on the right contains the text: 'ALERT! If you have not yet requested report access, you will see this screen. Click on **Web Support** to fill out a brief request access form.' Below this, a smaller screenshot shows the 'Reports' section with 'Web Support' circled in red. The bottom navigation bar shows 'Messages (0)', 'Profile', 'Logout', and 'Contact Us'.

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

PROVIDERS You are currently logged in as: CHNCT Network Management

Messages (0) Profile Logout Contact Us

Provider Main Page
Reports/Data
Provider Directory
Contact Your Provider
Relations Rep
OB Forms
Authorizations
Eligibility
Member Missed
Appointments Form
Rewards to Quit Forms
CMAP Active (billing),
Performing-Only, or OPR
Status providers

Report Type: 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 Screening - 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

VIEWING UTILIZATION REPORTS AT THE BOTTOM PAGE.

Work of Connecticut, Inc. (CHNCT) is providing Primary Care HUSKY members. We are providing you with these reports to better inform you of your HUSKY patients' utilization. **By accessing the reports on this portal, you agree to accept the following requirements:**

- The information contained in these reports is Protected Health Information (PHI) and you are required to protect the confidentiality of this information in accordance with all applicable federal and state privacy laws and regulations.
- CHNCT and/or the HUSKY Health Program make no representations or warranties regarding the accuracy or completeness of the information accessed herein and the information available via this portal is not the HUSKY members' complete medical record.
- Access to the information contained in these reports is on a strictly need to know basis and you may not use any patient PHI for any purpose other than for treatment of the patient.

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

CommunityHealthNetwork of CT, Inc.

xxxxxxxx - 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	222222222	Member B		5/30/1984	F		YES		12/17/2012			CLOSED
Dr. C	333333333	Member C		1/1/1973	F	5/23/2014	YES		4/15/2014			
Dr. D	444444444	Member D		11/24/1981	F		YES				Due	ACTIVE
Dr. E	555555555	Member E		12/24/1956	F	11/19/2013		Due	10/7/2013			

For illustrative purposes only

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, person-centered 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

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.

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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	222222222	Member B		7/24/1959	M	6/15/2015		6/15/2015		6/15/2015		6/1/2015		
Dr. C	333333333	Member C		6/19/1972	M	12/19/2014	Due	12/19/2014		8/21/2014	Due	9/11/2014		CLOSED
Dr. D	444444444	Member D		12/12/1979	M		Due		Due	10/30/2014		3/27/2015		PENDING
Dr. F	666666666	Member F		1/15/1958	M	3/19/2014	Due		Due		Due		Due	CLOSED

For illustrative purposes only

Adult Preventive Visits Age 21 to 49

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

Community Health Network of CT, Inc.

xxxxxxxx - 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	M	2/18/2015		PENDING
Dr. B	222222222	Member B	xxxxx	4/6/1972	M	7/20/2015		
Dr. C	333333333	Member C	xxxxx	11/27/1972	M	2/5/2015		ACTIVE
Dr. D	444444444	Member D	xxxxx	6/19/1972	M	7/28/2015		CLOSED
Dr. E	555555555	Member E	xxxxx	7/25/1969	M	8/6/2014	Due	

For illustrative purposes only

Adult Preventive Visits Age 50 to 64

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

Community Health Network of CT, Inc.
 xxxxxxxx - 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	M	7/29/2014	Due	
Dr. B	222222222	Member B		9/24/1951	F	7/24/2014	Due	
Dr. C	333333333	Member C		3/14/1957	M	5/7/2015		CLOSED
Dr. D	444444444	Member D		8/28/1953	F	7/9/2015		CLOSED
Dr. E	555555555	Member E		8/11/1963	F	7/14/2015		

For illustrative purposes only

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.

xxxxxxxx - 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	222222222	Member B		5/30/1984	F		YES		12/17/2012			CLOSED
Dr. C	333333333	Member C		1/1/1973	F	5/23/2014	YES		4/15/2014			
Dr. D	444444444	Member D		11/24/1981	F		YES				Due	ACTIVE
Dr. E	555555555	Member E		12/24/1956	F	11/19/2013		Due	10/7/2013			

For illustrative purposes only

Child Diabetes Screening Tests

- 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.

xxxxxxxx - 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	M		Due	4/28/2015		
Dr. B			222222222	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			444444444	Member D		11/9/1997	M		Due			
Dr. E			555555555	Member E		4/15/1999	F	5/29/2015	Due	4/17/2015		CLOSED

For illustrative purposes only

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.

xxxxxxx - 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	M		Due		YES		
Dr. B			222222222	Member B		7/26/2011	M	3/31/2014	Due			Due	PENDING
Dr. C			333333333	Member C		7/23/1997	F	2/20/2015			YES		
Dr. D			444444444	Member D		2/13/2013	M	4/6/2015				Due	
Dr. F			666666666	Member F		9/12/2014	M	6/19/2015	Due			Due	CLOSED

For illustrative purposes only

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.
 xxxxxxxx - PRACTICE NAME

Daily Admission and Discharge
 Excludes Dual Eligible and Opt-Out Members

PCP ID	PCP Full Name	Last Name	First Name	Member ID	Member Gender	Program Name	Member Date Of Birth	Facility Name	State	Admitting Provider Name	Date Of Admission	Date Of Discharge	Diagnosis Code	Diagnosis Description	ICM Case Status
xxxxxxx	Dr. A	Member A		111111111	M	HUSKY D	1/17/1959	Hospital A	CT	Dr. U	7/28/2015	8/2/2015	155.0	mal neo liver, primary	
xxxxxxx	Dr. A	Member B		222222222	M	HUSKY A	1/1/1975	Hospital B	CT	Dr. V	7/22/2015	8/14/2015	577.0	acute pancreatitis	
xxxxxxx	Dr. B	Member C		333333333	M	HUSKY D	8/3/1976	Hospital B	CT	Dr. W	7/30/2015	8/4/2015	486.	pneumonia, organism nos	PENDING
xxxxxxx	Dr. C	Member D		444444444	M	HUSKY C	12/10/1954	Hospital A	CT	Dr. Y	8/7/2015	8/12/2015	432.9	intracranial hemorr nos	PENDING
xxxxxxx	Dr. D	Member E		555555555	F	HUSKY D	3/6/1980	Hospital B	CT	Dr. W	8/12/2015	8/14/2015	787.01	nausea with vomiting	PENDING

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

Community Health Network of CT, Inc.
 xxxxxxxxxx - PRACTICE NAME

ED Utilization Detail
 Excludes Dual Eligible and Opt-Out Members

PCP Full Name	Last Name	First Name	Date Of Service	Admit Diag Code Desc	Other Diag Code 1 Desc	Day Of Week	Time Of Day	Hospital Name	LPV Date Of Service
Dr. A	Member A	A	4/27/2015	PAIN IN LIMB	GOUTY ARTHROPATHY NOS	MONDAY	0000	Hospital A	1/1/1900
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

LPV Provider Name	LPV Procedure Code	LPV Procedure Code Desc	LPV Diag Code Desc	LOV Date Of Service	LOV Provider Name	LOV Procedure Code	LOV Procedure Code Desc	LOV Diag Code Desc	ICM Case Status
Dr. J	99396	PREV VISIT EST AGE 40-64	ROUTINE GYN EXAMINATION	6/30/2015	Dr. F	99213	OFFICE/OUTPATIENT VISIT EST	BACKACHE NOS	CLOSED
Dr. K	99386	PREV VISIT NEW AGE 40-64	HEALTH EXAM-GROUP SURVEY	7/28/2015	Dr. G	99212	OFFICE/OUTPATIENT VISIT EST	HYPERLIPIDEMIA NEC/NOS	CLOSED
				8/3/2015	Dr. H	99213	OFFICE/OUTPATIENT VISIT EST	ADMINISTRTRVE ENCOUNT NEC	CLOSED
				7/13/2015	Dr. I	99212	OFFICE/OUTPATIENT VISIT EST	CARBUNCLE OF BUTTOCK	ACTIVE
Dr. L	99397	PER PM REEVAL EST PAT 65+ YR	ROUTINE MEDICAL EXAM	11/21/2014	Dr. J	99214	OFFICE/OUTPATIENT VISIT EST	HYPERTENSION NOS	

Inpatient Claims Report

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

Community Health Network of CT, Inc.
 xxxxxxxx - PRACTICE NAME

Inpatient Stay Claim Activity
 Excludes Dual Eligible and Opt-Out 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
xxxxxxx	Dr. A	Member A		111111111	M	8/10/1989	HUSKY C	0121	med-sur-gy/2bed	7/8/2015	7/9/2015	5409	acute appendicitis nos	Hospital A	
xxxxxxx	Dr. B	Member B		222222222	F	7/22/1982	HUSKY D	0206	icu/intermediate	7/10/2015	7/11/2015	34831	metabolic encephalopathy	Hospital A	CLOSED
xxxxxxx	Dr. C	Member C		333333333	F	4/29/1965	HUSKY C	0121	med-sur-gy/2bed	7/2/2015	7/2/2015	4588	hypotension nec	Hospital A	ACTIVE
xxxxxxx	Dr. C	Member D		444444444	F	9/28/1967	HUSKY D	0121	med-sur-gy/2bed	7/13/2015	7/15/2015	6822	cellulitis of trunk	Hospital B	
xxxxxxx	Dr. D	Member E		555555555	F	10/7/1965	HUSKY D	0121	med-sur-gy/2bed	7/1/2015	7/8/2015	1536	malign neo ascend colon	Hospital C	CLOSED

For illustrative purposes only

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.

xxxxxxxx - PRACTICE NAME

Patient Panel

Name	Client ID Number	Address	CityStateZip	DOB	Gender	PCP Number	PCP Name	Member's Effective Date with PCP	Program Name	Dual Eligible	Attribution Type	ICM Status
Member A	111111111	Street A	City State Zip	x/xx/xxxx	F	xxxxxxxx	Dr. A	3/1/2015	HUSKY A	NO	Attribution	
Member B	222222222	Street B	City State Zip	x/xx/xxxx	F	xxxxxxxx	Dr. A	3/1/2015	HUSKY A	NO	Attribution	
Member C	333333333	Street C	City State Zip	x/xx/xxxx	M	xxxxxxxx	Dr. A	6/1/2015	HUSKY A	NO	Attribution	CLOSED
Member D	444444444	Street D	City State Zip	x/xx/xxxx	F	xxxxxxxx	Dr. A	5/1/2015	HUSKY A	NO	Attribution	
Member E	555555555	Street E	City State Zip	x/xx/xxxx	F	xxxxxxxx	Dr. A	7/1/2015	HUSKY A	NO	Attribution	PENDING

For illustrative purposes only

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 Call Center	
Telephonic Support	1.800.440.5071
Fax	1.855.755.0855
Intensive Care Management (ICM) Referrals	
Telephonic Referrals for ICM	1.800.440.5071, extension 2024
Fax Referrals for ICM	1.866.361.7242
Register for the Provider 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 Assistance	
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?