

REPORTS AVAILABLE TO PRIMARY CARE PROVIDERS ON THE SECURE PROVIDER PORTAL

Community Health Network of Connecticut, Inc. (CHNCT) provides Primary Care Providers (PCPs) with valuable information to assist with the management of HUSKY Health patients attributed to them. This information will contribute to greater effectiveness and efficiency of operations by enabling practices to take the best possible care of their patients.

Reports can be accessed through the HUSKY Health program secure provider portal. Brief descriptions of the reports available on the secure provider portal are listed below, as well as a link to the *'User Registration and Form Completion - How To Guide'* which provides all the necessary information on how to set up a provider portal account and how to register for report access if your practice has not already registered.

Reports are loaded to the secure provider portal on or about the 20th of each month. Practices acquiring access after reports are populated to the secure portal will have access to their reports beginning the following month. Six months of reports are kept on the provider portal. All reports are monthly unless otherwise specified.

For information on registering for secure portal and report access, [click here.](#)

ADULT DIABETES SCREENING TESTS – GAPS IN CARE REPORT

This report will show members 18 to 75 years of age attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID who have had a diabetes diagnosis or diabetic prescription reported within the last two years, and would be considered Type 1 or Type 2 diabetic. It also provides the last service date for HbA1c, LDL-C, Nephropathy testing, or retinal eye exam with an eye care professional.

ADULT PREVENTIVE VISITS: AGE 21 - 49 – GAPS IN CARE REPORT

This report will show all members attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID who are between the ages of 21 and 49, including their last preventive service date, if applicable.

ADULT PREVENTIVE VISITS: AGE 50 - 64 – GAPS IN CARE REPORT

This report will show all members attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID who are between the ages of 50 and 64, including their last preventive service date, if applicable.

CANCER SCREENINGS – GAPS IN CARE REPORT

This report will provide the status for breast cancer and cervical cancer screenings for females between the ages of 24 to 74 attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID.

For breast cancer screenings, the only members that are included are 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, they are considered 'Due.'

For cervical cancer screenings, the members that are included are females between the ages of 24 to 64 without a history of hysterectomy. If a member's last test or service was over three years ago, or if there is no record of a previous test, they are considered 'Due.' If a member has a history of HPV testing in the last five years, they will not be considered 'Due' if their last cervical cytology test also occurred within the past five years.

CHILD DIABETES SCREENING TESTS – GAPS IN CARE REPORT

This report will show members 04 to 17 years of age attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID who have had a diabetes diagnosis or diabetic prescription reported within the last two years and would be considered Type 1 or Type 2 diabetic. It will show the last service date for HbA1c and/or retinal eye exam with an eye care professional.

CHILD WELL-CARE VISITS – GAPS IN CARE REPORT

This report will show all members who are between the ages of 0 and 21 attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID. Well-child visits include children through age 21. Developmental screening applies to children up to 18 years old.

DAILY ADMISSION AND DISCHARGE REPORT

This report will show all members attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID who are either currently admitted to a facility or for whom information about a discharge has been received within the last thirty days.

ED UTILIZATION REPORT

This report will show all members attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID who have had at least one trip to the Emergency Department (ED) for either emergent or non-emergent care that was paid in the prior month and occurred during the previous six months. It will also show the last time a member had a preventive or office visit.

INPATIENT CLAIMS REPORT

This report will show all inpatient hospital claims having a date of service within the past year and that were paid within the last three months for members that are attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID.

PATIENT PANEL REPORT

This report will show members who are attributed to Primary Care Providers (PCPs) for the specified Federal Tax ID. The patient panel report includes member information such as member name, address, telephone number, date of birth, PCP name, attributed effective date, and whether or not the member is dual eligible with Medicare and Medicaid. In addition, an Intensive Care Management (ICM) status shows whether or not the member is currently or was previously active in the ICM program.