



SECURE PROVIDER PORTAL

Step by step webpage and functionality walkthrough
Updated: 3/12/12

Public Web Portal: www.huskyhealthct.org/providers



[PROVIDERS](#)

[MEMBERS](#)

FIND IT HERE:

Person-Centered Medical Home
Benefits & Authorizations
Provider Directory
Provider Trainings & Events
Policies & Procedures
Fraud & Abuse
Provider News
Provider Manual
Other Services
Health Education Materials/NEMT

PROVIDER PORTAL

[Provider Login](#)

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

WELCOME PROVIDERS

THANK YOU FOR VISITING THE NEW HUSKY HEALTH PROGRAM AND CHARTER OAK HEALTH PLAN PROVIDER WEBSITE

New information will be posted regularly as the new HUSKY Health Program and CharterOak Health Plan are implemented.

If you would like more information about the state's Person-Centered Medical Home (PCMH) initiative, or if you would like to apply to become a PCMH, use the link on the left-hand side of this screen.

Please note: A new HUSKY Health Program provider web portal will be launched in April 2012. Through this portal, you will be able to access provider-specific information.

If you have any questions about the new HUSKY Health Program, please call our Call Center at 1.800.440.5071.

By selecting "Provider Login" in the PROVIDER PORTAL box, the provider is directed to the secure login page.

Links To Other Services

For information about dental, pharmacy or behavioral health services, as well as other useful links, refer to the list on our [Program Links page](#).



[Privacy Statement](#) • [Terms and Conditions](#) • [Site Map](#) • [Acrobat Reader](#)

Provider Main Page



Home

PROVIDERS

You are currently logged in as: Carolyn Clark

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WELCOME CAROLYN

Welcome to the secure portal of the HUSKY Health Program and Charter Oak Health Plan. 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](#).

Action Center

The provider is logged in after registration and is directed to the provider main page. This is also the landing page once a provider logs in from www.huskyhealth.com. The Provider Main Page features the consistent Left-Hand Navigation that runs through the entire website, as well as the links in the green bar at the top of the page.

The Charter Oak Health Plan is an affordable health insurance plan. It is for uninsured adults of all income. That includes young



How can we help you?

For Provider Call Center:

The Provider Call Center is open Monday through Friday from 9 a.m. to 7 p.m. The number is **1.800.440.5071**.

For Provider Relations Representative:

Click [here](#) to find your Provider Relations Rep and region

For Technical Support:

Please contact us at [Web Support](#)

Authorizations

Clear Coverage is a web-based decision tool that will give providers the ability to submit an Authorization Request/Prior Authorization electronically, at the point of care, and receive an immediate, real-time response to their request.

[Clear Coverage](#)

Provider Main Page (cont.)

[Provider Main Page](#)
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Find it here:

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The Action Center provides a space for “Blast” messages to be posted for the entire provider community.

Action Center

Provider Relations is currently planning training sessions for the provider community with regard to our secure provider portal. These sessions will teach you how to best utilize this site. We will contact you via email once these trainings are scheduled.



The new HUSKY Health program has a focus on preventative care. Through this program, we want to ensure that our members get the right care, in the right place, at the right time.

The Charter Oak Health Plan is an affordable health insurance plan. It is for uninsured adults of all income. That includes young people just out of school to early retirees.



How can we help you?

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Click [here](#) to find your Provider Relations Rep and region

For Technical Support:

Please contact us at [Web Support](#)

Authorizations

Clear Coverage is a web-based decision tool that will give providers

The provider is provided with contact information, links to provider relations and CHNCT Web Support.

Patient Panel

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[Patient Panel](#)

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Relations Rep](#)

To view your patient's information, enter the Client ID Number(s) **or** the patient's last name and DOB.

If entering multiple Client ID Numbers, press the "Enter" key after each number.

Please Note: All patient utilization data with a behavioral health or substance abuse diagnosis has been removed from the utilization reports. If you are a PCP and would like access to this data for your patients, you must ask each patient to sign a consent form, specifically permitting CHNCT, on behalf of the HUSKY Health Program and Charter Oak Health Plan, to provide you (the PCP) with access to the patient's behavioral health and/or substance abuse claims data. A general authorization for the release of medical or other information is not sufficient for this purpose. HUSKY Health and Charter Oak members are not required to sign this consent. However, if a HUSKY Health or Charter Oak member provides consent, CHNCT will include data for such Member(s) in the PCP's utilization reports. Please forward all signed consent forms to CHNCT's Compliance Officer by either fax (203-265-2780) or mail: CHNCT, Attn: Compliance Officer, 11 Fairfield Boulevard, Wallingford, CT, 06492.

Medicaid Number

Current Patient: None Selected

Patient Panel

Name	Product Line	Client ID #	DOB	Gender	Status	Address	PCMH/PCP Provider
DOE, JOHN	HUSKY A	999999999	10/26/1965	M	Active	23 UNITED RD , BRIDGEPORT, CT 06601	CAROLYN CLARK MD
DOE, JANE	HUSKY B	999999999	4/24/1993	F	Active	212 EASTFIELD DR , MIDDLEBURY, CT 06749	CAROLYN CLARK MD
JOHNSON, ABBY	HUSKY A	999999999	8/10/1944	F	Active	17 SILVER LAKE WAY , SHARON, CT 06069	CAROLYN CLARK MD
JONES, APRIL	HUSKY A	999999999	9/26/1943	F	Active	9 WIEBE ST , FAIRFIELD, CT 06824	CAROLYN CLARK MD
NG, JOANIE	HUSKY B	999999999	6/27/1975	F	Active	145 GENERAL ST , MONROE, CT 06468	CAROLYN CLARK MD
SMITH	HUSKY A	999999999	10/10/1965	M	Active	44 MARCROFT ST , MYSTIC, CT 06355	CAROLYN CLARK MD
SMITH	HUSKY B	999999999	6/27/1975	F	Active	60 BUNNEL AVE , GROTON, CT 06340	CAROLYN CLARK MD
SMITH	HUSKY B	999999999	6/27/1975	F	Active	1 COLD ROCK RUN , WILTON, CT 06897	CAROLYN CLARK MD
SMITH	HUSKY A	999999999	10/10/1965	M	Active	44 FOXBORO ST , WALLINGFORD, CT 06492	CAROLYN CLARK MD

When the provider selects Patient Panel, they are directed to a page where they can view their patient roster.

Patient Panel (cont.)

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Please Note: All patient utilization data with a behavioral health or substance abuse diagnosis has been removed from the utilization reports. If you are a PCP and would like access to this data for your patients, you must ask each patient to sign a consent form, specifically permitting CHNCT, on behalf of the HUSKY Health Program and Charter Oak Health Plan, to provide you (the PCP) with access to the patient's behavioral health and/or substance abuse claims data. A general authorization for the release of medical or other information is not sufficient for this purpose. HUSKY Health and Charter Oak members are not required to sign this consent. However, if a HUSKY Health or Charter Oak member provides consent, CHNCT will include data for such Member(s) in the PCP's utilization reports. Please forward all signed consent forms to CHNCT's Compliance Officer by either fax (203-265-2780) or mail: CHNCT, Attn: Compliance Officer, 11 Fairfield Boulevard, Wallingford, CT, 06492.

Medicaid Number 

Current Patient: None Selected

Patient Panel

<u>Name</u>	<u>Product Line</u>	<u>Client ID #</u>	<u>DOB</u>	<u>Gender</u>	<u>Status</u>	<u>Address</u>	<u>PCMH/PCP Provider</u>
DOE, JOHN	HUSKY A	999999999	10/26/1965	M	Active	9 WIEBE ST , FAIRFIELD, CT 06824	CAROLYN CLARK MD

Page 1 of 1

1 record found.

[Download Results](#)

[Show/Hide Search](#)

First Name:

John

Client ID Number

Date of Birth:

10/26/1965

Last Name:

Doe

Search

[View All Patients](#)

By entering in the member's client ID, or Name and DOB combination, the member's record is displayed.

Patient Panel (cont.)

[Provider Directory](#)

[Contact Your Provider
Relations Rep](#)

Current Patient: [JANE DOE](#) | Previous Patient: [JOHN DOE](#)

Patient Panel

If this is an OB patient, you will need to submit an OB Notification Risk Assessment form during the prenatal period and for the postpartum period. Click [here](#) to complete and submit the notification form.

By clicking on the member's name, the member's demographics and Line of Business information are displayed.

Member Information:

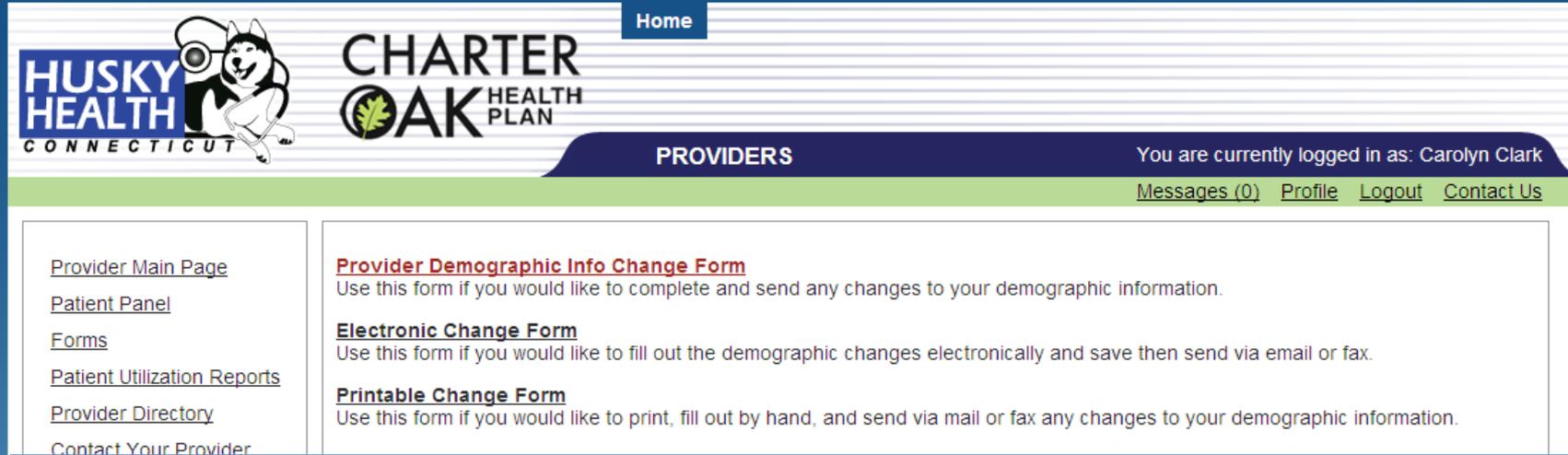
Name:	JANE DOE	Client ID Number:	999999999		
Address:	145 GENERAL ST				
City:	MONROE	State:	CT	Zip Code:	06468
Date of Birth:	04/24/1993	Gender:	Female		
PCMH/PCP Name:	CAROLYN CLARK MD				
PCMH/PCP Address:	1 MEDICAL BLVD WALLINGFORD CT 06492	PCMH/PCP Phone Number:	203-333-4212		
Member's Effective Date with PCMH/PCP:	02/01/2012				

Line of Business:

Status:	Active		
Medical Assistance Program:	HUSKY B		
Effective Date:	01/01/2012	Termination Date:	Active

Important Note:

Forms



The screenshot shows the top navigation bar with the Husky Health Connecticut logo on the left, the Charter Oak Health Plan logo in the center, and a 'Home' button on the right. Below the navigation bar is a dark blue banner with the word 'PROVIDERS' in white. To the right of the banner, it says 'You are currently logged in as: Carolyn Clark' with links for 'Messages (0)', 'Profile', 'Logout', and 'Contact Us'. The main content area is divided into two columns. The left column contains a list of links: 'Provider Main Page', 'Patient Panel', 'Forms', 'Patient Utilization Reports', 'Provider Directory', and 'Contact Your Provider'. The right column contains three sections: 'Provider Demographic Info Change Form' with a description, 'Electronic Change Form' with a description, and 'Printable Change Form' with a description.

[Home](#)

HUSKY HEALTH
CONNECTICUT

CHARTER OAK HEALTH PLAN

PROVIDERS

You are currently logged in as: Carolyn Clark

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[Provider Demographic Info Change Form](#)
Use this form if you would like to complete and send any changes to your demographic information.

[Electronic Change Form](#)
Use this form if you would like to fill out the demographic changes electronically and save then send via email or fax.

[Printable Change Form](#)
Use this form if you would like to print, fill out by hand, and send via mail or fax any changes to your demographic information.

When the provider clicks on the “Forms” page, they have the opportunity to open and use any form that CHN has loaded onto the website in an electronic format. This list can be expanded to include any form that is appropriate to make available to the provider. As web development continues and new requirements are made known forms will be added to this page.

Forms (cont.)

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The Provider Information form is to update information regarding your office for the HUSKY Health Plan and Charter Oak Program. Demographic changes, such as your address and telephone number, must be submitted to Hewlett Packard (HP) in the form of a letter to:

HP Enterprises
Provider Enrollment
P.O. Box 5007
Hartford, CT 06104

Please complete each of the following changes that apply:

Race/Ethnicity:

Are you functioning as a Primary Care Physician?

Are you located on a Bus Route?

Are you currently accepting new patients?

Do you need to appear in the provider directory?

Have your office hours changed?

If Yes, list any changes below:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Do these office hour changes apply to all locations?

If No, please list the locations for which the hours have changed:

Please check each population that you serve:

The online Provider Information Change form is an example of one of the electronic forms we can have available on the website. The provider enters in the appropriate information on the form and clicks submit. This information is then automatically submitted to CHN as part of a daily process to be worked by our provider services associates.

Patient Utilization Reports

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To access claims information, click [here](#). For instructions on accessing and/or submitting claims, click [here](#).

Please Note: All patient utilization data with a behavioral health or substance abuse diagnosis has been removed from the utilization reports. If you are a PCP and would like access to this data for your patients, you must ask each patient to sign a consent form, specifically permitting CHNCT, on behalf of the HUSKY Health Program and Charter Oak Health Plan, to provide you (the PCP) with access to the patient's behavioral health and/or substance abuse claims data. A general authorization for the release of medical or other information is not sufficient for this purpose. HUSKY Health and Charter Oak members are not required to sign this consent. However, if a HUSKY Health or Charter Oak member provides consent, CHNCT will include data for such Member(s) in the PCP's utilization reports. Please forward all signed consent forms to CHNCT's Compliance Officer by either fax (203-265-2780) or mail: CHNCT, Attn: Compliance Officer, 11 Fairfield Boulevard, Wallingford, CT, 06492.

Patient Utilization Reports

-  Patient Due for Screening Reports
-  Patient Specific Reports
-  Summary Report

Above are some examples of the types of reports being considered for posting on the provider portal.

Patient Utilization Reports (sample

#1)

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Number of Visits for HUSKY Members Using ED Revenue Codes '450' & '456' For Dates of Service: 01/03/2012 - 02/14/2012

MEMBER: 999999001 -XXXXX, ALIA AGE: 9 LOB: HUSKY A TRM DATE: MEMBER CITY: NEW BRITAIN
HEAD OF HOUSEHOLD: 999999001-XXXXX, ALIA HEAD OF HOUSEHOLD PHONE: (203)999-9001
OF VISITS: 1 VENDOR: 111111111-JANE DOE, MD PCP: 999999999 - CAROLYN A CLARK, MD
Last Preventive Care Visit or Last Office Visit Information

Date of Service:	1/4/12	POS:	11	Provider of Service:	111111111-JANE DOE, MD
Diag	V061-vaccination for dtp-dtap				
CPT	90460-im adm thru 18yr any rte 1st/only compt vac/tox				

<u>DOS</u>	<u>Day of Week</u>	<u>Admit Time</u>	<u>Rev Code</u>	<u>CPT</u>	<u>LOB</u>	<u>Diagnosis</u>	<u>Hospital</u>
1/4/12	Wednesday	12:00:00 PM	450	90460	HUSKY A	V061-vaccination for dtp-dtap	BRIDGEPORT

Selecting the report from the folder structure launches the sample report. Reports can be detail, summary or tabular.

Number of Visits for HUSKY Members Using ED Revenue Codes '450' & '456' For Dates of Service: 01/03/2012 - 02/14/2012

MEMBER: 999999002 -XXXXX, ANTHONY AGE: 36 LOB: HUSKY A TRM DATE: MEMBER CITY: STAFFORD
HEAD OF HOUSEHOLD: 999999002-XXXXX, ANTHONY HEAD OF HOUSEHOLD PHONE: (203)999-9002

Patient Utilization Reports (sample

#2)

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[Provider Main Page](#)

Patient Utilization Reports

Patient Due for Screening Reports

	A	B	C	D	E	F	G	H	I	J
	Service Begin Date	Diagnosis Code	Diagnosis Description	Procedure Code	Procedure Code Description	Performing Provider ID	Performing Provider Full Name	Member ID	Member First Name	Member Last name
1	1/4/2012	V061	vaccination for dtp-dtap	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999001	ALIA	XXXXX
3	1/4/2012	810	fx clavicle nos-closed	99213	office outpatient visit 15 minutes	111111111	JANE DOE, MD	99999002	ANTHONY	XXXXX
4	1/4/2012	810	fx clavicle nos-closed	90655	influenza virus vacc split prsrv free 6-35 mo im	111111111	JANE DOE, MD	99999002	ANTHONY	XXXXX
5	1/4/2012	810	fx clavicle nos-closed	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999002	ANTHONY	XXXXX
6	1/3/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999003	JORDAN	XXXXX
7	1/5/2012	V202	routin child health exam	99393	periodic preventive med est patient 5-11yrs	111111111	JANE DOE, MD	99999004	TYLER	XXXXX
8	1/5/2012	V061	vaccination for dtp-dtap	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999005	NATHAN	XXXXX
9	1/6/2012	V053	need prphyl vc vrl hepat	90460	im adm thru 18yr any rte 1st/only compt vac/tox	222222222	JOHN DOE, MD	99999006	COREY	XXXXX
10	1/9/2012	49302	ext asthma w(acute) exac	99213	office outpatient visit 15 minutes	333333333	JULIE JOHNSON, MD	99999007	ABIGAIL	XXXXX
11	1/9/2012	V053	need prphyl vc vrl hepat	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999008	BRANDON	XXXXX
12	1/6/2012	78900	abdmnal pain unspcf site	99214	office outpatient visit 25 minutes	111111111	JANE DOE, MD	99999009	JULIA	XXXXX
13	1/6/2012	78900	abdmnal pain unspcf site	81002	urnls dip stick/tablet rgnt non-auto w/o micrscp	111111111	JANE DOE, MD	99999009	JULIA	XXXXX
14	1/6/2012	78900	abdmnal pain unspcf site	94664	demo&/eval of pt utiliz aersl gen/neb/inhlr/ippb	111111111	JANE DOE, MD	99999009	JULIA	XXXXX
15	1/6/2012	78900	abdmnal pain unspcf site	94760	noninvasive ear/pulse oximetry single deter	111111111	JANE DOE, MD	99999009	JULIA	XXXXX
16	1/9/2012	38200	ac supp otitis media nos	99213	office outpatient visit 15 minutes	111111111	JANE DOE, MD	99999010	ASHER	XXXXX
17	1/6/2012	V053	need prphyl vc vrl hepat	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999011	CAIDEN	XXXXX
18	1/9/2012	7862	cough	99213	office outpatient visit 15 minutes	111111111	JANE DOE, MD	99999012	EVAN	XXXXX
19	1/9/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999013	JADEN	XXXXX
20	1/9/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999014	JOSIAH	XXXXX
21	1/13/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999015	XANDER	XXXXX
22	1/13/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999016	GIOVANNI	XXXXX
23	1/16/2012	4660	acute bronchitis	99214	office outpatient visit 25 minutes	111111111	JANE DOE, MD	99999017	COLE	XXXXX
24	1/16/2012	4660	acute bronchit							
25	1/13/2012	V063	vaccin for dtp + polio							
26	1/17/2012	51911	acute bronchos							
27	1/17/2012	51911	acute bronchos							
28	1/17/2012	51911	acute bronchos							
29	1/18/2012	V063	vaccin for dtp + polio							
30	1/19/2012	37924	vitreous opacit							
31	1/19/2012	37924	vitreous opacit							
32	1/19/2012	37924	vitreous opacit							
33	1/19/2012	37924	vitreous opacities nec	92226	ophthalmoscopy extended retinal drawing i&r sbsq	444444444	HELEN HILL, MD	99999021	NICHOLAS	XXXXX
34	1/23/2012	V053	need prphyl vc vrl hepat	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999022	KATHRYN	XXXXX
35	1/23/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999023	FARRAH	XXXXX
36	1/23/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999024	CALEB	XXXXX
37	1/25/2012	78079	malaise and fatigue nec	99214	office outpatient visit 25 minutes	111111111	JANE DOE, MD	99999025	KAYLA	XXXXX
38	1/25/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999026	GABRIEL	XXXXX
39	1/25/2012	V063	vaccin for dtp + polio	90460	im adm thru 18yr any rte 1st/only compt vac/tox	111111111	JANE DOE, MD	99999027	ZADA	XXXXX
40	1/5/2012	1101	dermatophytosis of nail	99212	office outpatient visit 10 minutes	555555555	CHARLES WHITE, MD	99999028	ANGELA	XXXXX
41	1/10/2012	3670	hypermetropia	92015	determination refractive state	444444444	HELEN HILL, MD	99999029	JOSEPH	XXXXX
42	1/10/2012	3670	hypermetropia	99214	office outpatient visit 25 minutes	444444444	HELEN HILL, MD	99999029	JOSEPH	XXXXX
43	1/10/2012	3670	hypermetropia	92226	ophthalmoscopy extended retinal drawing i&r sbsq	444444444	HELEN HILL, MD	99999029	JOSEPH	XXXXX
44	1/10/2012	3670	hypermetropia	V2020	Vision svcs frames purchases	444444444	HELEN HILL, MD	99999029	JOSEPH	XXXXX

Any file that we promote to the folder structure can be viewed by the user.

Provider Directory

FIND IT HERE:

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- Member Trainings & Events
- Other Services
- Community Resources
- Health Educational Materials

PROVIDER DIRECTORY

Search" button below.

start search

[Search for a Behavioral Health provider here.](#)

[Search for a Dental Health provider here.](#)

Please note the important information below regarding other services available to you through your HUSKY Health Program or Charter Oak Health Plan:

Services	Name	Phone Number	Hours	Website
Dental HUSKY A, B, C, D	CT Dental Health Partnership	Client Services: 855-283-3682 Provider Services: 888-445-6665	Monday through Friday 8 a.m. to 5 p.m.	www.ctdhp.com
Behavioral Health HUSKY A, B, C, D, Charter Oak	CT Behavioral Health Partnership	877-55CTBHP (877-552-8247) TTY: 866-218-0525	Monday through Friday 8 a.m. to 7 p.m.	www.ctbhp.com
Prescriptions HUSKY A, B, C, D, Charter Oak	Pharmacy Assistance (through the Department of Social Services)	General Assistance: 866-409-8430 Prior Authorization Assistance: 866-409-8386 (toll-free in state) 860-269-2030 (in Farmington, CT area) 860-269-2035 (fax) 866-759-4110 (toll-free fax) 866-604-3470 (TTY/TDD line)		www.ctdssmap.com
Transportation	Transportation to	If you live in the Greater		
HUSKY D				

Clicking on Provider Directory launches the Provider Directory from the Public Site in a new window.

Logout



CONNECTICUT'S HEALTH CARE FOR CHILDREN & ADULTS

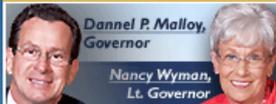
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Information for Providers...

Latest News

Tuesday, January 17, 2012

[HUSKY Health Program Forums](#)

Some exciting changes are underway in our HUSKY and Medicaid programs. As of January 1, 2012, the new HUSKY Health program includes Medicaid for adults in the program known as *fee-for-service* or *Title 19* (Medicaid for the

The logout function returns the user to www.huskyhealth.com

program and let us how we can serve you better.

[Click here to see the forum schedule](#)

25 Sigourney Street Hartford, CT 06106-5033 | Phone: 1-877-CT-HUSKY (1-877-284-8759)

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