



Secure Provider Web Portal Help Guide

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

Enter the following website URL to go to the public HUSKY Health Homepage:

www.ct.gov/husky

Select “**For Providers**” in the left-hand navigation bar

The screenshot shows the HUSKY Health website interface. At the top left is the HUSKY HEALTH CONNECTICUT logo. To its right is the text 'CONNECTICUT'S HEALTH CARE FOR CHILDREN & ADULTS'. Below the logo is a 'Select Language' dropdown and a 'Translation Disclaimer' link. The main navigation bar includes 'Home', 'About Us', 'Contact Us', 'For Members', and 'For Providers'. On the left side, there is a vertical navigation menu with the following items: 'How to Qualify', 'How to Apply', 'Benefit Overview', 'Behavioral Health', 'Dental', 'For Members', 'For Providers', 'Pharmacy', and 'Useful Links'. The main content area features a large banner image of three healthcare professionals (two men and one woman) in white coats, with the text 'Information for Providers...' overlaid. Below the banner, there are three promotional boxes: 'REGISTER Online to VOTE', 'Regulations of CT State Agencies', and 'CT Alert WE CAN'T ALERT YOU... IF WE CAN'T REACH YOU'. The main text area contains the following content:

Welcome to the HUSKY Health program website! HUSKY Health offers coverage to eligible children, parents, relative caregivers, elders, individuals with disabilities, adults without dependent children, and pregnant women.

In Connecticut, HUSKY Health encompasses Medicaid and the Children's Health Insurance Program. As administering agency, the Department of Social Services partners with Access Health CT, our state's health insurance marketplace, in HUSKY Health enrollment. We also partner with our contracted administrative services organizations and enrolled providers to coordinate medical, dental, pharmacy, behavioral health and other benefits.

HUSKY Health provides a comprehensive health care benefit package, including preventive care, primary care and specialist visits, hospital care, behavioral health services, dental services, and prescription medications. For more information about covered services, [follow this link to Benefit Overview](#).

Getting more information HUSKY Health is easy. To learn more about HUSKY Health in general, please visit the [About Us](#) page of this site. To learn about the different parts of HUSKY, please visit the [How to Qualify](#) page of



Secure Provider Web Portal Help Guide

You are now on the public HUSKY Health Provider homepage.

Provider Home | Member Home

HUSKY HEALTH CONNECTICUT

SEARCH

PROVIDER LOGIN

Community Health Network of Connecticut, Inc.
Home

Find a Doctor | Condition Management Resources | Prior Authorization | Medical Management | Person-Centered Medical Home | Reports & Resources

Smoking Cessation

Help your patients quit smoking today. To give your patients the tools they need to succeed, learn more about the covered services HUSKY Health offers to help members quit smoking. [learn more](#)

Welcome HUSKY Health Providers! HUSKY Health is dedicated to delivering all of the information and

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

Provider Home | Member Home

HUSKY HEALTH CONNECTICUT

SEARCH

PROVIDER LOGIN

Community Health Network of Connecticut, Inc.
Home

Find a Doctor | Condition Management Resources | Prior Authorization | Medical Management | Person-Centered Medical Home | Reports & Resources



Secure Provider Web Portal Help Guide

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](#)

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 1.877.608.5172 Monday through Friday 9:00 a.m. - 4:00 p.m.

[Disclaimer](#) [Privacy Policy](#) [Website Accessibility Policy](#)

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 account.”



Secure Provider Web Portal Help Guide

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.

Restrictions. This website is protected by United States copyright law, international treaty provisions, and trade secret, trade dress and other intellectual property laws. Unauthorized copying of or access to this website is expressly forbidden. You may not copy, disclose, loan, rent, sell, lease, give away, give your password to or otherwise allow access to this website by any other person. You agree to only use this website to process your own data. You agree not to misuse, abuse, or overuse beyond reasonable amounts, this website. You agree not to attempt to view, disclose, copy, reverse engineer, disassemble, decompile or otherwise examine the source program code behind this website. You may be held legally responsible for any copyright infringement or other unlawful act that is caused or incurred by your failure to abide by the terms of this Agreement.

Term and Termination. This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement which by their nature extend beyond the termination of this Agreement shall survive termination of this Agreement, including but not limited to the sections relating to Restrictions, Content of the Website, Links to Third Party Websites, Disclaimer of Warranties, Limitation of Liability, and Governing Law.

Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the products, data, or any information about the products. We are not liable for errors in data or transmission or for lost data. Any questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

Links to Third Party Websites. The hypertext links in the website let you leave our website. The linked websites are not under our control, and therefore we are not responsible for the contents of any linked website. We are providing these links to you only as a convenience, and the inclusion of any link does not imply any endorsement by the producers of the site.

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.



Secure Provider Web Portal Help Guide

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 sign up.

“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.



Secure Provider Web Portal Help Guide

To view the list of providers associated by Tax ID, first enter a valid Provider Tax ID Number (TIN) and choose **“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 to the Tax ID.

Confirm the selected providers by choosing **“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"/>			

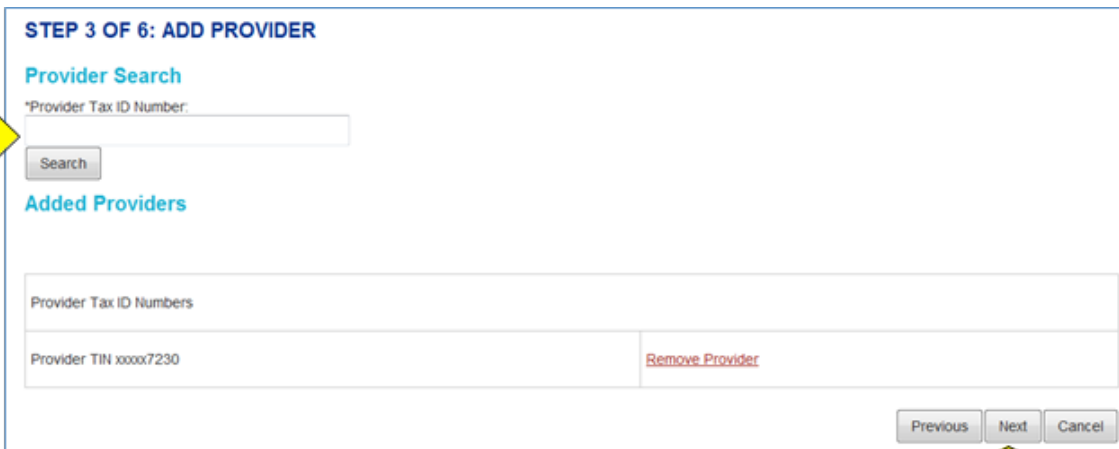
A provider confirmation page will be displayed showing the selected providers. Review the list to ensure all appropriate providers have been selected. Once reviewed, click **“Add Providers.”**

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"/>			

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:

Added Providers

Provider Tax ID Numbers
Provider TIN xxxxx7230 Remove Provider

A yellow arrow points to the search input field, and another yellow arrow points to the 'Next' button.

You can add another provider by entering another Tax ID and repeating the steps outlined above or choose **“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 choose **“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

[Disclaimer](#) [Privacy Policy](#) [Website Accessibility Policy](#)

A yellow arrow points to the role selection dropdown menu.



Secure Provider Web Portal Help Guide

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 at least 8 characters in length, at least 1 letter, at least 1 digit, at least 1 character: ! \$ ^ * () _ - = [] { } \ / , . ?

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

Choose “**Next**” to continue.

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:

*Secret Answer:



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 completing the online registration form . To do so, click on the “**Patient Reports**” tab on the “**Home Page**”. (Please see page 11 of this “**How to Guide**” for more information about online report registration.)



Secure Provider Web Portal Help Guide

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 choose **“Finish”** to complete the sign up process for your account set up. At this point, you have successfully set up your user account. If the information is incorrect, choose **“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.