

# Provider Portal – Care Plans

Quick Reference Guide (QRG)



This Quick Reference Guide (QRG) will show you how to view a Care Plan, send a message to the Care Team, and print or save a copy of the Care Plan to your computer.

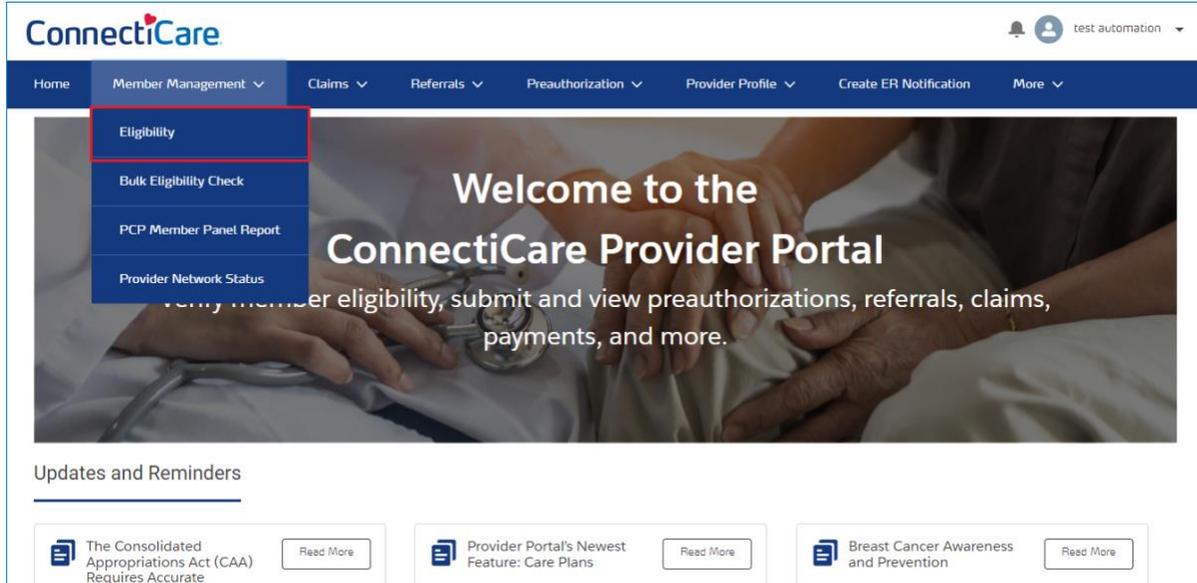
**Purpose: To review and use Care Plans.**



### Step 1:

To find a Care Plan:

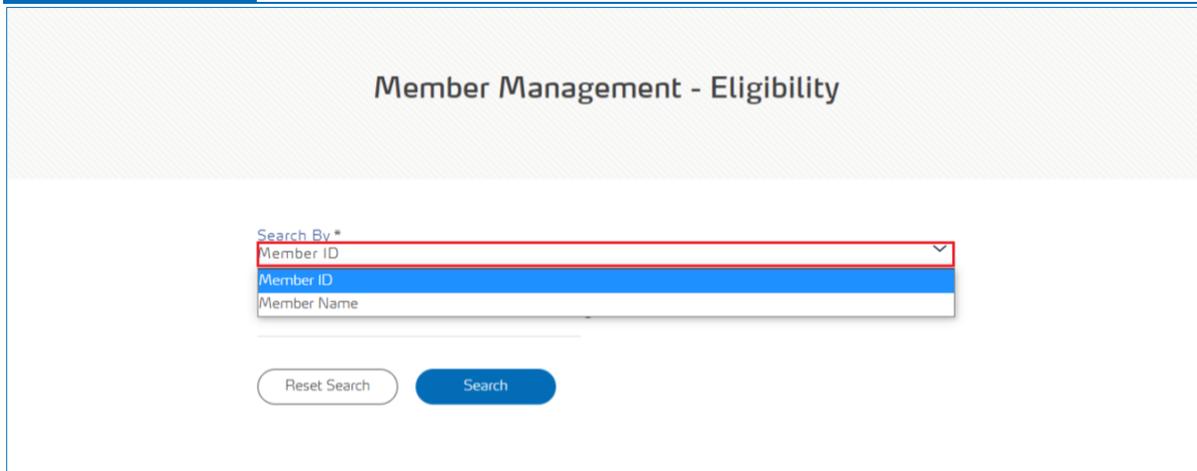
1. Select **Eligibility** from the drop-down list under **Member Management**.



### Step 2:

The **Member Management – Eligibility** screen displays.

1. Click the **Search By** field and select **Member ID** or **Member Name**.  
**Note:** In this example, we will select Member ID. If Member Name is selected, Member First Name, Last Name, and Date of Birth are required.





**Step 3:**

1. Enter the **Member ID**.
2. Click **Search**.

**Member Management - Eligibility**

Search By \*  
Member ID

Member ID \*

Reset Search Search



**Step 4:**

1. Click the applicable Member ID shown in the search results.

**Member Management - Eligibility**

Search By \*  
Member ID

Member ID \*  
K5500648801

Reset Search Search

Filter By

Q

Member ID	Member Name	Coverage Start Date	Coverage End Date	Coverage Type	Status	Date of Birth	Gender	Product Type
K5500648801	Ayod, Testh F	08/01/2020	12/31/9999	Medical	Active	09/05/1954	Female	Commercial POS

Total Records: 1 < Showing 1 - 1 >



**Step 5:**

The **Member Details** page displays.

1. Click **View Care Plan**.

### Member Details

	<b>Status</b> Active	<b>Member ID</b> K5500648801	<b>Member Name</b> Ayod, Testh F	<b>Date of Birth</b> 09/05/1954
	<b>Gender</b> Female	<b>Member Email</b>	<b>PCP Name</b>	<b>Plan Name</b> PASSAGE GOLD POS PCP
	<b>Product Type</b> Commercial POS	<b>Coverage Start Date</b> 08/01/2020	<b>Coverage End Date</b> 12/31/9999	<b>Recertification Date</b> ⓘ
	<b>Line of Business</b> Commercial	<b>Underwriting Company</b> CBI		
	<hr/> <div style="display: flex; justify-content: space-around; align-items: center;"> <span>Back to Search</span> <span>Create Referral</span> <span>Create Preauthorization</span> <span>Preauthorization Check Tool</span> <span>Ask a Question</span> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <span>Check Provider Network Status</span> <span style="border: 2px solid red; padding: 2px;">View Care Plan</span> <span>Summary of Benefits and Coverage</span> <span>Benefits Summary</span> </div>			



**Step 6:**

An **Alert** will display. You must attest that you are authorized to view the member's Care Plan.

1. Review the **Alert**.
2. Click **Yes** to attest.

**Note:** Each time a user reviews a Care Plan, a record will be created recording the user's name and the date the plan is opened for internal audit purposes only.

### Alert

⚠

By selecting "Yes", you attest that you are a health care provider (or the authorized employee or business associate of a health care provider) that has or had a treatment relationship, with the ConnectiCare member whose Care Plan you are seeking to view, and that you are accessing the Care Plan solely for the purpose of such health care provider's treatment of and/or care coordination for the ConnectiCare member.

Yes
No

**Date of Birth**  
09/05/1954

**Plan Name**  
PASSAGE GOLD POS PCP

**Recertification Date** ⓘ



### Step 7:

The **Care Plan Details** display.

1. The header at the top left of the screen shows when the Care Plan was last updated.
2. Click an “>” to expand a specific part of the Care Plan.
3. Review the Care Plan’s details including the problem, person assigned, goals, and milestones.

**Note:** If a Care Plan contains some sensitive information, those parts of the Care Plan will not be shown in the portal. If the entire Care Plan is sensitive, the Care Plan will not be shown in the portal and an Alert will display, as shown in the next step.

**Note:** Once a Care Plan is completed, it will only be available on the portal for 30 more days.

## Care Plan Details

Member Name Testh Ayod	Member ID K5500648801	Date of Birth 09/05/1954	PCP Name	PCP Phone Number	PCP Location
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This Care Plan was last updated on 06/07/2021

Back
Send a Comment or Question
Print or Download Care Plan

> Problem : compatibility test

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▼ Problem : Asthma Control

Assigned To : User 774055

Goal : Member will follow asthma action plan

Name	Type	Due Date
Care Manager will review asthma action plan with member/caregiver/family	Intervention	07/04/2021
Member/caregiver/family able to teach back member’s asthma action plan	Outcome	07/04/2021
Member/caregiver/family able to teach back when to call their healthcare provider	Outcome	07/04/2021
Care Manager will communicate with treating healthcare provider as necessary regarding member plan of care	Intervention	07/04/2021
Care Manager will assess need for individualized interventions such as office visits, telephone follow-up, education sessions, home visits and mailings	Intervention	07/04/2021
Member/caregiver/family able to teach back when to go to the emergency room/urgent care	Outcome	07/04/2021

Goal : Member/caregiver/family will state understanding of the 6 goals of asthma control therapy

Name	Type	Due Date
Care Manager will review asthma triggers with the member/caregiver/family	Intervention	08/04/2021
Care Manager recommends that member use a dust mite cover	Intervention	08/04/2021
Member/caregiver/family able to teach back how to control asthma triggers	Outcome	08/04/2021



**Step 8:**

1. If a member does not have a Care Plan, or due to sensitive information the plan cannot be shown in the portal, the following **Alert** will display. **Note:** If you need a plan that you expected to find, but do not see, please call the Care Team at the number shown in the Alert to request a copy.



**Step 9:**

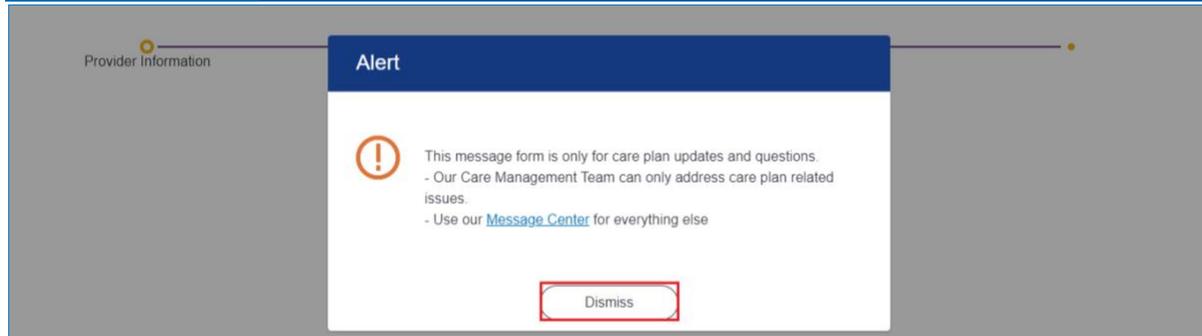
- If you would like to send a comment or ask a question of the Care Team:
1. Click **Send a Comment or Question**.



**Step 10:**

An **Alert** will display stating that this message form is only for care plan updates and questions.

1. Review the **Alert**.
2. Click **Dismiss**.

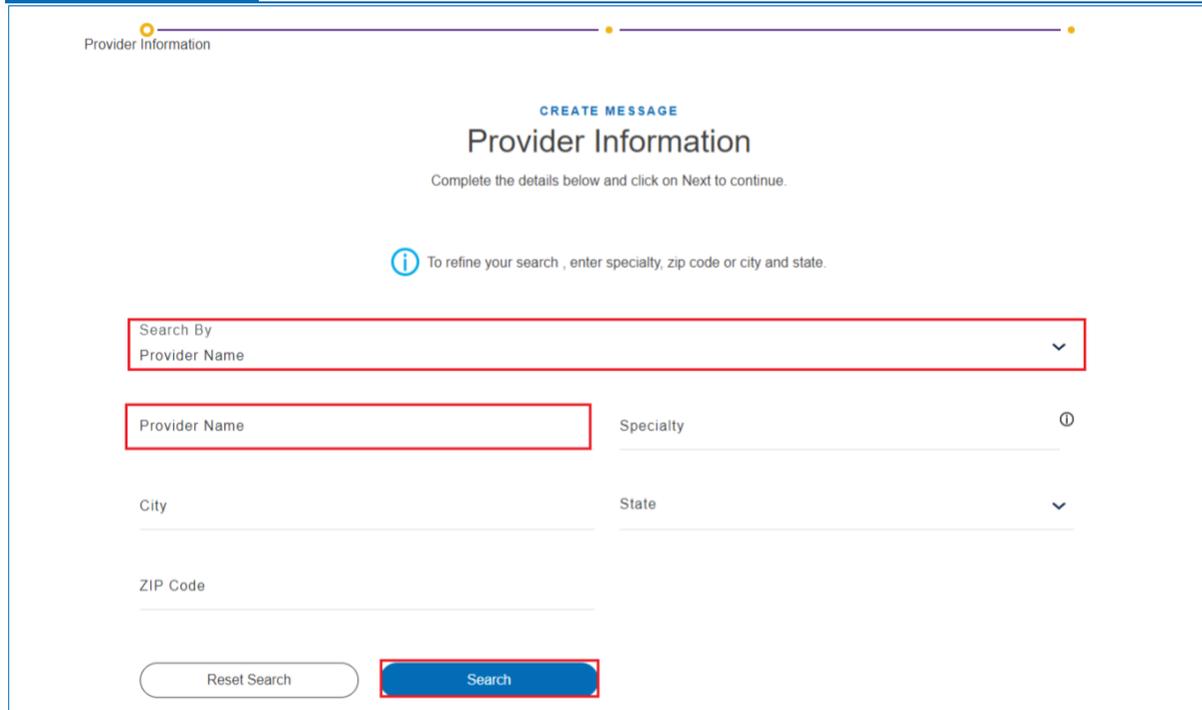


**Step 11:**

The **CREATE MESSAGE Provider Information** screen displays.

**Note:** You will need to select a provider to be the sender of the message. Many users are able to conduct business on behalf of multiple providers. That is why we need you to tell us which provider is trying to reach us.

1. Click the **Search By** field and select **Provider Name** or **Provider NPI** of the provider sending the message.  
**Note:** In this example, we will select Provider Name.
2. Enter the **Provider Name**.
3. Click **Search**.





### Step 12:

The **Provider Information** search results display.

1. Click the corresponding radio button to select the provider.
2. Click **Next**.

Filter By

Name	Address	Tax ID	NPI	Type	Specialty	In Network
<input checked="" type="radio"/> Adamski, John	80 Seymour St, Hartford, CT, 06102	060646668	1407819535	Allopathic Physician		No

Total Records: 2 < Showing 1 - 2 >

**Next**



### Step 13:

The **CREATE MESSAGE Send a Comment or Question** screen displays. The Category “Care Management” will auto-populate.

1. Click the **Subcategory** field and select **Provider Portal Care Plan Question** to provide a comment, request information, or ask a question about the Care Plan.

**Note:** Select **Provider Portal Care Plan Resources for Members** to inquire about general resources for members.

**CREATE MESSAGE**

## Send a Comment or Question

Please do not send preauthorizations, benefits or claims related questions as part of a care plan message. If you would like to ask a question related to preauthorizations, benefits or claims, please select the appropriate message center category. If you would like to submit a preauthorization please [click here](#).

Choose a category and subcategory for your message. If you need help choosing an option, visit our [help section](#).

<p>Category *</p> <p>Care Management</p> <hr/> <p>Member Name</p> <p>Ayod, Testh F</p> <hr/> <p>Priority *</p> <p>▼</p> <hr/> <p>Message Content *</p> <p><input type="text"/></p> <hr/> <p>Contact Name *</p> <p>test cci automation</p>	<p>Subcategory *</p> <div style="border: 1px solid red; padding: 2px;"> <p>▼</p> <p>Provider Portal Care Plan Question</p> <p>Provider Portal Care Plan Resources for Members</p> </div> <hr/> <p>Provider Name</p> <p>Adamski, John</p> <hr/> <p>Contact Phone *</p> <p>(898) 345-0098</p>
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### Step 14:

1. Click the priority field and select **Urgent, High, Medium, or Low.**

**Note:** The turnaround times to receive a response from the day of submission are:

- Urgent: 1 business day
- High: 2 business days
- Medium: 4 business days
- Low: 7 business days

Responses to inquiries will be made via phone, fax, or email, not the Provider Portal. Requests to update the Care Plan with information provided will result in the revised Care Plan being posted.

CREATE MESSAGE

### Send a Comment or Question

Please do not send preauthorizations, benefits or claims related questions as part of a care plan message. If you would like to ask a question related to preauthorizations, benefits or claims, please select the appropriate message center category. If you would like to submit a preauthorization please [click here](#).

Choose a category and subcategory for your message. If you need help choosing an option, visit our [help section](#).

Category *	Subcategory *
Care Management	Provider Portal Care Plan Question

Member Name	Provider Name
Ayod, Testh F	Adamski, John

Priority *	
<div style="border: 1px solid red; padding: 2px;">             Urgent              High              Medium              Low           </div>	

Contact Name *	Contact Phone *
test cci automation	(898) 345-0098



### Step 15:

1. Click the **Message Content** field and enter your message.
2. Review your **Contact Name** and **Contact Phone** and updated if needed.
3. Click **Submit**.

Choose a category and subcategory for your message. If you need help choosing an option, visit our [help section](#).

Category *	Subcategory *
Care Management	Provider Portal Care Plan Question

Member Name	Provider Name
Ayod, Testh F	Adamski, John

Priority *	
Medium	

<div style="border: 1px solid red; padding: 2px; min-height: 20px;">             Message Content *           </div>	
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Required

<div style="border: 1px solid red; padding: 2px; min-height: 20px;">             Contact Name *              test cci automation           </div>	<div style="border: 1px solid red; padding: 2px; min-height: 20px;">             Contact Phone *              (898) 345-0098           </div>
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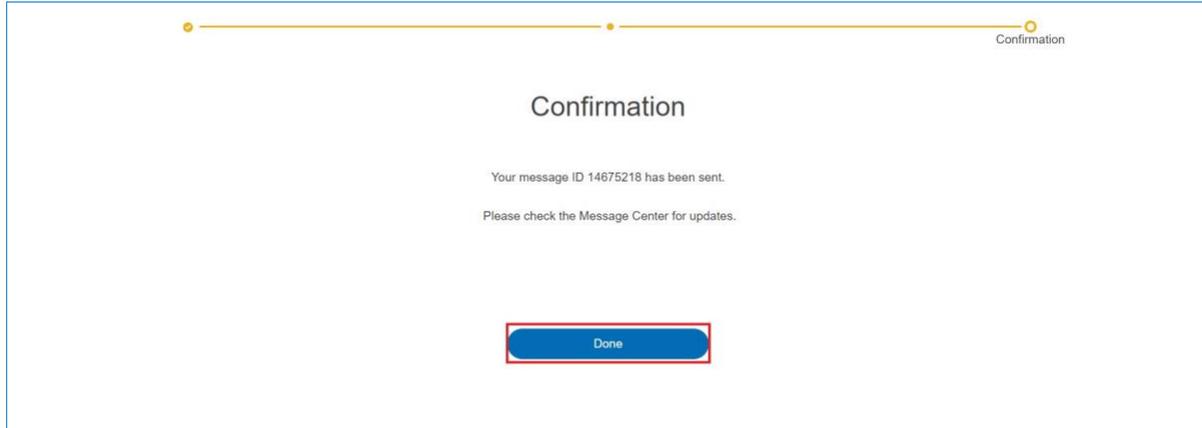
Previous
Submit



**Step 16:**

The **Confirmation** page displays.

1. Click **Done**.

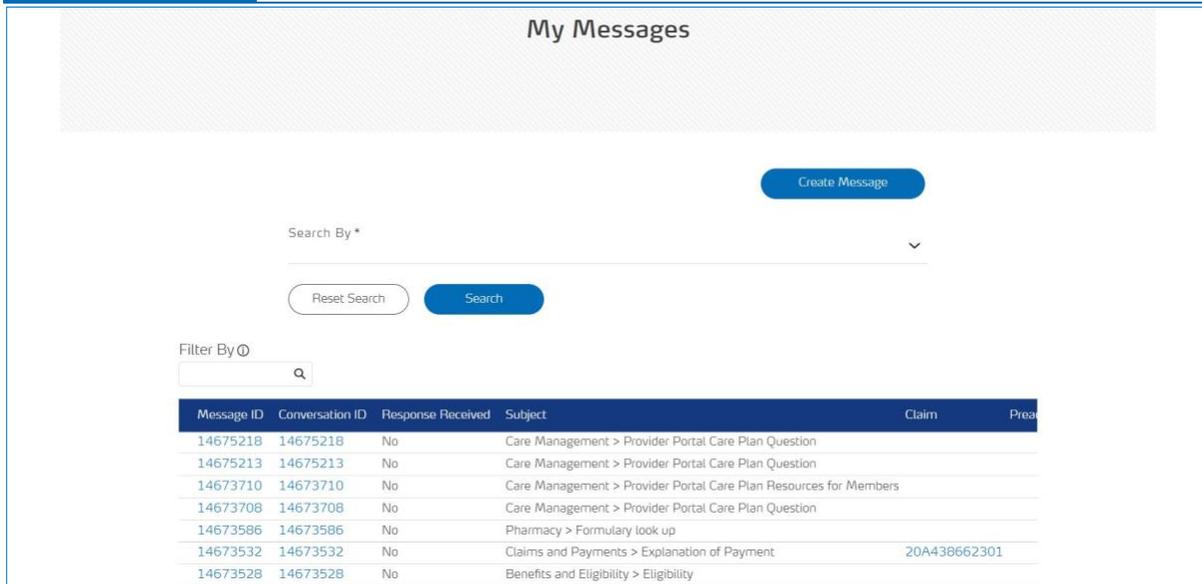


**Step 17:**

The **My Messages** page displays.

**Note:** The most recent message sent is listed at the top of the table.

1. Click the **Message ID** to review the details of the message you sent.





### Step 18:

- To print or download the Care Plan:
1. Click **Print or Download Care Plan**.

## Care Plan Details

Member Name Testh Ayod	Member ID K5500648801	Date of Birth 09/05/1954	PCP Name	PCP Phone Number	PCP Location
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This Care Plan was last updated on 06/07/2021

Back
Send a Comment or Question
Print or Download Care Plan

- > Problem : compatibility test
- > Problem : Asthma Control



### Step 19:

- The print screen displays.
1. Click the **Destination** drop-down to select a printer or select **Print to PDF** to download a copy of the document.  
**Note:** In this example, we will choose **Print to PDF**.
  2. Click **Print**.

The screenshot shows the 'Care Plan Details' page with a print overlay on the right. The overlay includes a printer icon, the text '3 sheets of paper', a 'Destination' dropdown menu with 'Microsoft Print to PDF' selected (highlighted with a red box), 'Pages' set to 'All', and 'Color' set to 'Color'. At the bottom of the overlay are 'Print' and 'Cancel' buttons.

ConnectiCare Care Plan Details 08/09/2022, 10:37:43

Member Name Testh Ayod	Member ID K5500648801	Date of Birth 09/05/1954	PCP Name	PCP Phone Number	PCP Location
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This Care Plan was last updated on 06/07/2021

- > Problem : compatibility test
 

Assigned To: Lior 774055	Goal:	
Name	Type	Due Date
NO RECORDS TO DISPLAY		
- > Problem : Asthma Control
 

Assigned To: Lior 774055	Goal:	
Member will follow asthma action plan		
Name	Type	Due Date
Care Manager will review asthma action plan with member&anghe/Family	Intervention	07/04/2021
Member&anghe/Family able to teach back member's asthma action plan	Outcome	07/04/2021
Member&anghe/Family able to teach back when to call their healthcare provider	Outcome	07/04/2021
Care Manager will communicate with treating healthcare provider as necessary regarding member plan of care	Intervention	07/04/2021
Care Manager will assess need for individualized interventions such as office visits, telephone follow-up, education sessions, home visits and mailings	Intervention	07/04/2021
Member&anghe/Family able to teach back when to go to the emergency room/urgent care	Outcome	07/04/2021
Goal:		
Member&anghe/Family will state understanding of the 6 goals of asthma control therapy		
Name	Type	Due Date
Care Manager will review asthma triggers with the member&anghe/Family	Intervention	08/04/2021
Care Manager recommends that member use a dust mite cover	Intervention	08/04/2021
Member&anghe/Family able to teach back how to control asthma triggers	Outcome	08/04/2021
- > Problem : Asthma Disease Understanding
 

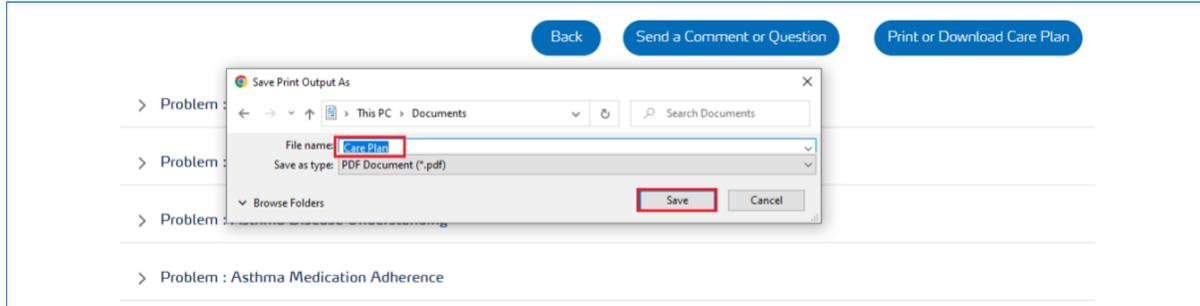
Assigned To: Lior 774055	Goal:	
Member&anghe/Family will state an understanding of the asthma disease process, including disease classification		
Name	Type	Due Date
Care Manager will educate the member&anghe/Family on the disease process	Intervention	07/04/2021
Care Manager will educate the member&anghe/Family on asthma disease classification	Intervention	07/04/2021
Member&anghe/Family is able to teach back the asthma disease process	Outcome	07/04/2021



Step 20:

The **Save Print Output As** screen displays.

1. Choose the location on your computer where you want to save your file.
2. Enter a **File name**.
3. Click **Save**.



Thank  
You