

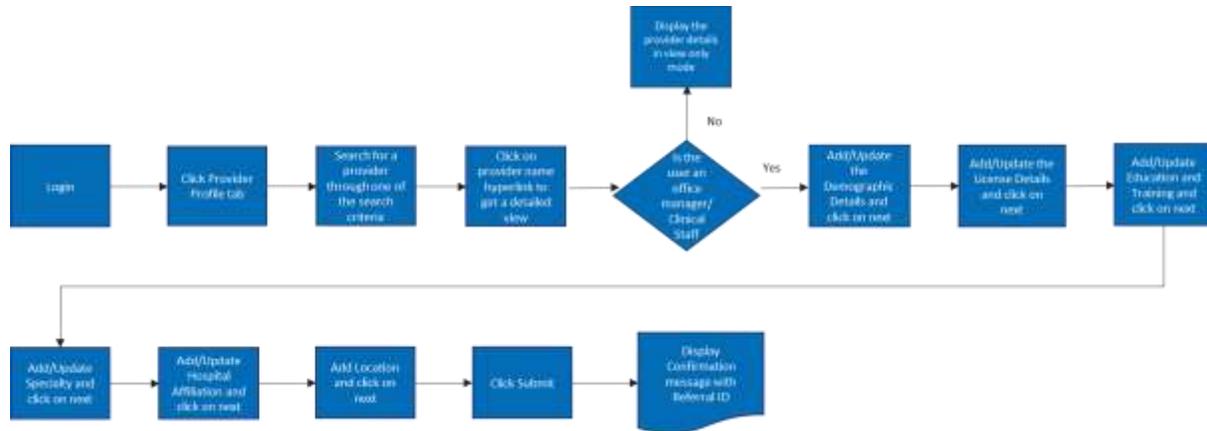
Provider Portal – Update Provider Profile and Upload Documents

Quick Reference Guide (QRG)



This Quick Reference Guide (QRG) will provide an overview of how users with the Administrator/Office Manager role can request updates to a Provider's Profile in the provider portal.

Note: The information in the Provider Profile section is the participation information that appears in our provider directories and is part of our credentialing file for the participating provider. This is not the portal user's information. It is critical for this information to be kept current.



Let us look at the steps in detail to update the Provider profile and upload documents.

Purpose: To Update the Provider Profile and Upload Documents



Step 1:

1. From the **Provider Portal Home** page, select **Provider Profile**.
2. Enter the name of a provider you are affiliated with in the **Provider Name** field.
3. Click **Search**. If you are not authorized to see the provider's information, an error message will be returned.
Note: Wildcard search is based on the first two characters to the last character of the first value entered in the field. Wildcard search does not consider the characters entered after a space.

The screenshot shows the 'Provider Profile' section of the ConnectiCare portal. The navigation bar at the top includes 'Home', 'Member Management', 'Claims', 'Referrals', 'Prior Authorizations', 'Provider Profile' (highlighted with a red box), 'Create ER Notification', 'User Management', and 'More'. Below the navigation bar, the page title is 'Providers'. A subtitle reads: 'Enter a name to begin your search. Select a provider to view their profile.' The search area contains a dropdown menu labeled 'Search By *' with 'Provider Name' selected. Below this is a text input field labeled 'Provider Name *' with a red border. At the bottom of the search area are two buttons: 'Reset Search' and 'Search' (highlighted with a red box).



Step 2:

1. The search results display.
2. Click on the specific Provider Name to view the provider profile.
Note: User can use the **Filter By** option to filter any of the data elements/values in the columns of **Provider Name**, **NPI** or **Provider Type**.

Filter By ⊕

Provider Name	NPI	Provider Type
Abraham, Adam	1679713960	Practitioner
Ackerman, Adam	1666622233	Practitioner
Adam, Amer	1672223344	Practitioner
Adam Dians	1432445443	Practitioner
Adam, Emile	1543222433	Practitioner
Adam Lindsey	1433432225	Practitioner
Adam, George	1532998463	Practitioner
Adam, Ian	1328857648	Practitioner
Adam, Richard	1443299564	Practitioner
Adam, Robert	1547463635	Practitioner

Total Records: 99 < Showing 1 - 6 >



Step 3:

1. The **Provider Profile Details** screen displays.
2. Click **Update** to update the provider profile details.

Note: Only the Office Manager/Clinical Staff persona will be able to access any of the edit sections of the provider profile. If you update any of these sections—(Location, Specialty, Education & Training, and License), you will be required to upload the relevant supporting documents.

Provider Profile Details

If you update any of the sections below, you may be required to provide supporting documentation.
To make changes to provider information, click Update. To make changes to a location, click View/Edit next to the location name.

Update
Ask a Question

▼ Demographics

Provider Type	NPI	CAQH ID	Provider Name
Practitioner	1432445443	11464834	Adam, Diana
Gender	Birth of Birth	Country of Birth	State of Birth
Female	12/31/1984	USA	Arizona
Ethnicity	Race	Religion	Culture
Hispanic	CAJC	Christian	HJC

1. Update Demographic Information



Step 4:

1. The **Demographic Information** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.

PROVIDER PROFILE
Demographic Information

Profile changes will need to be reviewed and approved before they are reflected here.

Religion Baptists	Culture Christian Science Protestant
Ethnicity Tegulu	Race Asian



Step 5:

1. The **Alert** dialog box displays.
2. Click **Yes** if you want to cancel updating the Demographic Information.
Note: You will lose all the information you just entered, if you select Yes. Click **No** to continue with the update.

Alert

Are you sure you want to cancel? If you click yes, you will lose all the information you have just entered.

Religion Culture
 Ethnicity Race



Step 6:

1. Select the following from the drop-down: **Religion**, **Culture**, **Ethnicity**, and **Race**.
2. Click **Next** after you update the demographic information.

PROVIDER PROFILE

Demographic Information

Profile changes will need to be reviewed and approved before they are reflected here.

Religion ▼	Culture ▼
Ethnicity ▼	Race ▼

[Next](#)

[Cancel](#)

2. Update Licenses



Step 7:

1. The **Licenses** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Next** or **Previous** to navigate to the next or previous screens.
4. Click **Edit/Delete** to edit or delete the newly created records. To edit or delete the existing records, you must contact the Provider Services.
5. Click **Add Licenses** to add any additional license.

PROVIDER PROFILE

Licenses

Profile changes will need to be reviewed and approved before they are reflected here.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
Federal DEA License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Edit Delete

[Add Licenses](#)

[Previous](#) [Next](#)

[Cancel](#)



Step 8:

1. If you click **Cancel** in the **Licenses** screen, the **Warning** dialog box displays.
2. Click **Yes**, if you want to cancel.
Note: You will lose all the information you just entered, if you select Yes. Click **No** to continue with the update.

Warning

Are you sure you want to cancel? If you click yes, you will lose all the information you have just entered.

No Yes

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
Federal Dea License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Edit



Step 9:

1. If you click **Edit/Delete** in the **Licenses** screen, the **Warning** dialog box displays.
Note: If the record already exists in the portal, you may not be able to edit/delete it and will need to contact the Provider Services.
2. Click **OK** to go back to the **Licenses** screen.

Warning

You may only edit the record you just created. To make changes to any other record, please contact Provider Services.

OK

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
Federal Dea License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Edit



Step 10:

1. If you click **Add Licenses** in the **Licenses** screen, the **License Information** dialog box displays.
2. Add all the required fields to add the new license details.
3. Upload the necessary attachments.



Step 11:

1. If the attachment upload is successful, the message **Congratulations! Your File has been uploaded** displays on the screen.



Step 12:

1. If the file name of the attachment matches with the previously uploaded document, the message **Attachment with same already available** displays.

Issue Date: 01/25/2017, Expiration Date: 12/01/2020

Attachments

1. Allowed file types to attach: .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tif, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name
test.xlsx

Attachment: test.xlsx (15.28 KB)

Attachment with same already available

Upload, Cancel, Save



Step 13:

1. If the attachment uploaded is not in the correct format, an error message displays on the screen.

Issue Date: 01/25/2017, Expiration Date: 12/01/2020

Attachments

1. Allowed file types to attach: .pdf, .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tif, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name
test.xlsx

Attachment: test.xlsx (15.28 KB)

Error: Please use one of these supported formats: .pdf, .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tif, .bmp, .pptx, .ppt.

Upload, Cancel, Save



Step 14:

1. After you fill all the required fields and upload the required attachments, click **Save** to continue.

State: Connecticut | Status: Active

Issue Date: 01/25/2017 | Expiration Date: 12/01/2020

Attachments

1. Allowed file types to attach: .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name: test.xlsx

Attachment [icon] Upload

Cancel Save



Step 15:

1. You can also edit or delete the existing Licenses records by clicking **Edit** or **Delete** from the drop-down.

PROVIDER PROFILE

Licenses

Profile changes will need to be reviewed and approved before they are reflected here.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
State Medical License	G37983652	Connecticut	Active	01/25/2017	02/20/2020	<div style="border: 1px solid red; padding: 2px;"> Edit Delete </div>
Federal Des License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	

Add Licenses

Previous Next

Cancel



Step 16:

1. If you click **Edit/Delete** for the records just created, the **Confirm** dialog box displays.
2. Select **OK** if you wish to delete the record or **Cancel** to go back to the previous screen.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
State Medical License	G37983652	Connecticut	Active	01/25/2017	02/20/2020	
Federal Dns License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	Edit Delete

Add Licenses

3. Update Education and Training



Step 17:

1. The **Education and Training** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Next** or **Previous** to navigate to the next or previous screens.
4. Click **Edit/ Delete** to edit or delete the newly created records. To edit or delete the existing records, contact Provider Services.
5. Click **Add Education and Training** to add the additional details.

PROVIDER PROFILE
Education and Training

Profile changes will need to be reviewed and approved before they are reflected here.

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicine	Edit Delete

[Add Education and Training](#)

[Previous](#) [Next](#)

[Cancel](#)



Step 18:

1. If you click **Cancel** in the **Education and Training** screen, a **Warning** dialog box displays.
2. Click **Yes**, if you want to cancel.
Note: You will lose all the information you just entered, if you select Yes. Click **No** to continue with the update.

Warning

Are you sure you want to cancel? If you click yes, you will lose all the information you have just entered.

[No](#) [Yes](#)



Step 19:

1. If you click **Edit/Delete** in the **Education and Training** screen, the **Warning** dialog box displays.
2. If the record already exists in the portal, you may not be able to edit or delete it and will need to contact the Provider Services.
3. Click **OK** to go back to the **Education and Training** screen.

The screenshot shows the ConnectiCare interface with a navigation bar at the top containing links like Home, Member Management, Claims, Referrals, Prior Authorizations, Provider Profile, Create ER Notification, User Management, and More. The main content area displays a 'Warning' dialog box with a red border. The dialog box contains a warning icon and the text: 'You may only edit the record you just created. To make changes to any other record, please contact Provider Services.' Below the text is an 'OK' button. In the background, a table lists education records with columns for Category, Education Type, Institution Type, Start Date, End Date, Institution Name, Degree, and Area of Study. A table row is visible with the following data: Education, University, US or Canadian, 10/15/2010, 10/31/2012, Yale School of Medicine, Master in Science, Internal Medicine. Below the table is an 'Add Education and Training' button and 'Edit' and 'Delete' options for the table row.

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Education	University	US or Canadian	10/15/2010	10/31/2012	Yale School of Medicine	Master in Science	Internal Medicine	Edit Delete



Step 20:

1. If you click **Add Education and Training**, **Education and Training Information** dialog box displays.
2. Enter the required fields.
3. Click **Institution Name** to select the Institution Name.



Step 21:

1. The **Institution Information** dialog box displays.
2. Enter the required **Institution Name**.
3. Click **Search**.
4. Select the appropriate Institute from the search results.
5. Click **Save** to continue.

Institution Names	Institution Names
Yale Medical School	333 Cedar St, New Haven, CT 06510



Step 22:

1. The selected **Institution Name** appears.
2. Enter the other required details.
3. Upload the necessary documents.

Institution Name *
Yale Medical School

Degree
Doctor of Medicine

Area of Study
Cardiology

Address Line 1
333 Cedar St

Address Line 2

City
New Heaven

State
Connecticut

Zip Code
06510

Email

Attachments

1. Allowed file types to attach: .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name
Attachment

Upload



Step 23:

1. If the attachment upload is successful, the message **Congratulations! Your File has been uploaded** displays on the screen.
2. Click **Save**.

Zip Code
06510

Email

Attachments

1. Allowed file types to attach: .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name
test.xlsx

Attachment

Upload

Congratulations! Your File has been uploaded.

Cancel

Save



Step 24:

1. If the file name of the attachment matches with the earlier uploaded document, the message **Attachment with same already available** displays on the screen.

Zip Code
06510

Email

Attachments

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name
test.xlsx

Attachment

Upload

Attachment with same already available

Cancel Save



Step 25:

1. If the attachment uploaded is not in the correct format, an error message displays on the screen.

Zip Code
06510

Email

Attachments

1. Allowed file types to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name
test.xlsx

Attachment

Upload

Error: Please use one of these supported formats: .pdf, .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt.

Cancel Save



Step 26:

1. You can **Edit** or **Delete** the newly created records.

PROVIDER PROFILE

Licenses

Profile changes will need to be reviewed and approved before they are reflected here.

License Type	License Number	State	Status	Issue Date	Expiration Date	Action
State Medical License	G37983652	Connecticut	Active	01/25/2017	02/20/2020	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Federal DEA License	MA0009604	Connecticut	Active	02/20/2020	02/20/2025	<input type="button" value="Edit"/> <input type="button" value="Delete"/>



Step 27:

1. If you click **Edit/Delete**, the **Confirm** dialog box displays.
2. Select **OK** to delete record or **Cancel** to go back to the previous screen.

ConnectiCare

Lory Livingston

Home Member Management Claims Referrals Prior Authorizations Provider Profile Create ER Notification User Management More

Confirm

Are you sure that you want to permanently delete the selected item?

Category	Education Type	Institution Type	Start Date	End Date	Institution Name	Degree	Area of Study	Action
Residency	Medical School	US or Canadian	01/01/2013	01/03/2017	Yale School of	Doctor of Medicine	Cardiology	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

4. Update Specialty



Step 28:

1. The **Specialty** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Next** or **Previous** to navigate to the next or previous screens.
4. Click **Edit/Delete** to edit or delete the newly created records. You will not be able to edit or delete the existing records.
5. Click **Add Specialty** to add the additional details.

PROVIDER PROFILE
Specialty

Profile changes will need to be reviewed and approved before they are reflected here.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Secondary	Internal Medicine	Yes	American Board of Internal Medicine	10/31/2012	01/03/2022		Yes	<div style="display: flex; flex-direction: column; align-items: center;"> Edit Delete </div>

Add Specialty
Previous
Next
Cancel



Step 29:

1. If you click **Cancel** in the **Specialty** screen, a **Warning** dialog box displays.
2. Click **Yes**, if you want to cancel.
Note: You will lose all the information you just entered, if you select **Yes**. Click **No** to continue with the update.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Secondary	Internal Medicine	Yes	American Board of Internal Medicine	10/31/2012	01/03/2022		Yes	Edit Delete



Step 30:

1. If you click **Edit/Delete** in the **Specialty** screen, the **Warning** dialog box displays.
2. If the record already exists in the portal, you may not be able to edit it and need to contact the Provider Services.
3. Click **OK** to go back to the **Specialty** screen.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Secondary	Internal Medicine	Yes	American Board of Internal Medicine	10/31/2012	01/03/2022		Yes	Edit



Step 31:

1. If you click **Specialty Information** in the **Specialty** screen, the **Specialty Information** dialog box displays.
2. Add all the required fields to add the new specialty details.
3. Upload the necessary documents.



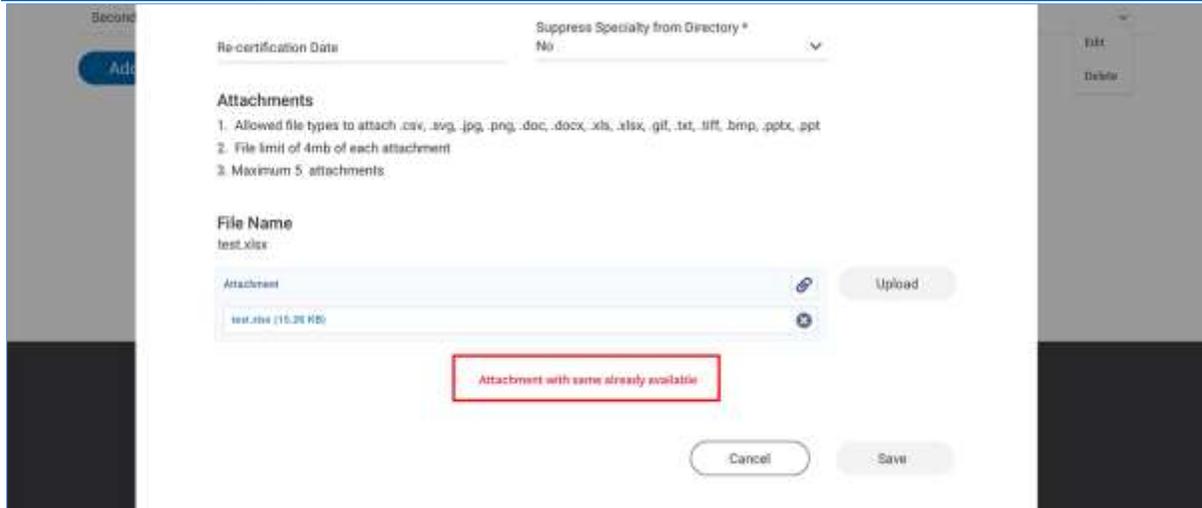
Step 32:

1. If the attachment upload is successful, the message **Congratulations! Your File has been uploaded** displays on the screen.



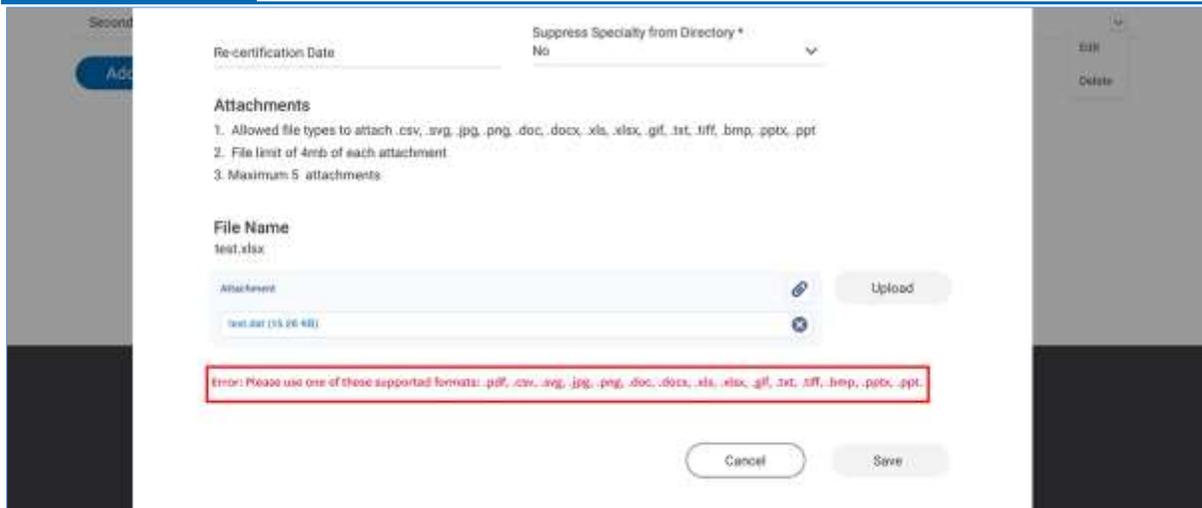
Step 33:

1. If the file name of the attachment matches with the previously uploaded file, the message **Attachment with same already available** message displays on the screen.



Step 34:

1. If the attachment uploaded is not in the correct format, an error message displays on the screen.





Step 35:

1. After you fill all the required fields and upload the required attachments, click **Save** to continue.

Secondary

Re-certification Date: _____ Suppress Specialty from Directory*
No

Attachments

1. Allowed file types to attach .cav, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. File limit of 4mb of each attachment
3. Maximum 5 attachments

File Name
test.xlsx

Attachment: _____ Upload

Congratulations! Your File has been uploaded.

Cancel Save



Step 36:

1. You can **Edit** or **Delete** the newly created records.

PROVIDER PROFILE
Specialty

Profile changes will need to be reviewed and approved before they are reflected here.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Primary	Cardiology	Yes	American Board of Urology	02/01/2018	01/03/2022		No	<div style="border: 1px solid red; padding: 2px;"> Edit Delete </div>
Secondary	Internal Medicine	Yes	10/15/2010	10/31/2012	01/03/2022		Yes	

Add Specialty

Previous Next

Cancel



Step 37:

1. If you click **Edit/Delete**, the **Confirm** dialog box displays.
2. Select **OK** if you wish to delete the record or **Cancel** to go back to the previous screen.

Specialty Type	Specialty	Board Certified	Board Name	Initial Certified Date	Expiry Date	Re-certification Date	Suppress Specialty from Directory	Action
Primary	Cardiology	Yes	American Board of Urology	02/01/2018	01/03/2022		No	
Secondary	Internal Medicine	Yes		10/15/2010	10/31/2012	01/03/2022	Yes	Edit Delete

5. Update Hospital Affiliation



Step 38:

1. The **Hospital Affiliation** screen displays.
2. Click **Cancel** to navigate back to the **Provider Profile Details** screen.
3. Click **Previous** to navigate to the previous screen.
4. Click **Edit/Delete** to edit or delete the newly created records. You will not be able to edit or delete the existing records.
5. Click **Add Hospital Affiliation** to add the additional details.

PROVIDER PROFILE
Hospital Affiliation
Profile changes will need to be reviewed and approved before they are reflected here.

Hospital Name	Type	Position	Admitting Privilege	Action
Yale New Haven Hospital	Primary Admitting Hospital	Active/Attending	Yes	Edit Delete

[Add Hospital Affiliation](#)

[Previous](#)
[Submit](#)

[Cancel](#)



Step 39:

1. If you click **Edit** or **Add Hospital Affiliation**, the **Hospital Affiliation Information** dialog box displays.
2. Click the **Hospital Name** to search and select the institute information.



Step 40:

1. The **Hospital Information** dialog box displays.
2. Enter required **Hospital Name**.
3. Click **Search**.
4. Select the Hospital Name from the search results.
5. Click **Save** to continue.

Institution Names	Institution Names
<input checked="" type="radio"/> Yale New Haven Hospital	20 York St, New Haven, CT 06510
<input type="radio"/> Yale New Haven Hospital	20 York St, New Haven, CT 06520



Step 41:

1. Enter the other required details in the **Hospital Affiliation Information** dialog box.
2. Click **Save** to continue.

Hospital Name *
Q Yale Medical School

Type *
Primary Admitting Hospital

Position *
Active/Attending

Admitting Privilege *
Yes

Address Line 1
20 York St

Address Line 2

City
New Haven

State
Connecticut

Zip Code
06510

Country

Phone

Email

Fax

Cancel Save



Step 42:

1. You can **Edit** or **Delete** the newly created records.
2. Click **Submit** to go the Confirmation screen.

PROVIDER PROFILE
Hospital Affiliation

Profile changes will need to be reviewed and approved before they are reflected here.

Hospital Name	Type	Position	Admitting Privilege	Action
Yale New Haven Hospital	Primary Admitting Hospital	Active/Attending	Yes	<div style="border: 1px solid red; padding: 2px;"> Edit Delete </div>

Add Hospital Affiliation
Previous
Submit
Cancel



Step 43:

1. If the updates submitted are successful, the **Confirmation** screen displays.
2. Click **Done** to go back to the **Provider Profile** screen.

Confirmation

Your updates have been submitted.

It may take up to 16 business days to see it in the Provider Profile tab.

Updates, such as changes to your licensing, specialty or education, require verification by our Credentialing department and may take several weeks to appear.

If you have questions, you may go to Provider profile details page and click on "Ask a Question" button.

Done



Step 44:

1. If updates are not successful, **Oops! Your changes could not be submitted at this time** message displays with a **Reference error code**.
2. Click **Done** to go back to the **Provider Profile** screen.

Oops! Your changes could not be submitted at this time.

Please contact Provider Services:

For Commercial members, call 860-674-5850 or 800-828-3407, from 8am to 6pm, Monday - Friday.

For Medicare Members, call 877-224-8230, from 8am to 6pm, Monday - Friday.

Reference error code: xxxxx

Done

6. Update Location



Step 45:

1. The **Provider Profile Details** screen displays. To make changes to a location, click **View/Edit** next to the location name.
2. Click **View/Edit** to update the location details.
3. Click **Add Location** to add more details.

> Licenses

> Education & Training

> Specialty

> Hospital Affiliations

▼ Locations [Add Location](#)

	Location Name ↑	Location Type	Address
View/Edit	Hartford Hospital	Direct	282 Washington St, Hartford, CT, 06106

Total Records: 1 < Showing 1 - 1 >



Step 46:

1. If you do not have access to update location details, an **Alert** dialog box displays.
2. Click **OK** to go back to the **Provider Profile Details** tab.

Location Information

Alert

You do not have access to update this provider profile.

OK

Edit Location

▼ Locations

Location Name	Correspondence Address
Hartford Hospital	282 Washington St, Hartford, CT, 06106

▼ Address Information

Service Address	Correspondence Address
282 Washington St, Hartford, CT, 06106	282 Washington St, Hartford, CT, 06106



Step 47:

1. Click **View Participating Plans** to view Participating Plans at the location level.

Location Information

View Participating Plans

Edit Location

▼ Locations

Location Name	Location Type
Hartford Hospital	Delegated

▼ Address Information

Service Address	Correspondence Address
282 Washington St, Hartford, CT, 06106	282 Washington St, Hartford, CT, 06106



Step 48:

1. Participating Plans Information dialog box displays.

Participating Plans Information

Filter By Enter at least 3 characters to refine.

Participating Plans
Choice HMO 30/45 \$3000Ded CNT 06
Choice HMO 30/45 \$3000Ded CNT 07
Choice HMO 30/45 \$5000Ded CNT 06
Choice HMO 30/45 \$5000Ded CNT 07
Choice HMO HSA \$3000/\$6000Ded CNT 06
Choice HMO-0A-CAL-30-45-500-500D-26
Choice HMO-0A-CAL-30-45-500-500D-29
Choice HMO-0A-CNT-30-45-1500HospDed-38
Choice HMO-0A-CNT-30-45-300-500D-01
Choice HMO-0A-CNT-30-45-500-500D-16
ConnectiCare Choice Part B Saver (HMO)
ConnectiCare Choice Plan 1 (HMO)
ConnectiCare Choice Plan 2 (HMO)
ConnectiCare Choice Plan 3 (HMO)
ConnectiCare Employer Group Plan (HMO)
ConnectiCare Employer Group Plan (HMO-POS)
ConnectiCare Flex Plan 1 (HMO-POS)
ConnectiCare Flex Plan 2 (HMO-POS)
ConnectiCare Flex Plan 3 (HMO-POS)
Data Migration Product

Close



Step 49:

1. Click **Edit Location** to edit the location details.
Note: You will not be able to edit a location with the **Location Type** which shows **Delegated**. The **Edit Location** button will be disabled for locations which fall under delegated credentialing arrangements.

Location Information

View Participating Plans
Edit Location

▼ Locations

Location Name Hartford Hospital	Location Type Direct
---	--------------------------------

▼ Address Information

Service Address 282 Washington St, Hartford, CT, 06106	Correspondence Address 282 Washington St, Hartford, CT, 06106
---	--



Step 50:

1. Edit the required fields and scroll down to view more fields.

▼ Contact Information

Address Type	Contact Type	Contact Value	Is Preferred
Service Address	WorkPhone1	(847) 123-4567	Yes
Correspondence Address	WorkPhone1	(847) 456-7890	No

▼ Additional Details

Open Panel Yes	Directory Suppress No	Specialty Cardiology	Minimum Age 18
Maximum Age 999	Phone Coverage Type In Person	24 hours/7 Day week phone coverage Yes	Access Type Wheelchair, Handicap
Languages Spanish			



Step 51:

1. After you have updated the fields, click **Close** to go back to the previous screen.

Additional Details

Open Panel Yes	Directory Suppress No	Specialty Cardiology	Minimum Age 18
Maximum Age 999	Phone Coverage Type In Person	24 hours/7 Day week phone coverage Yes	Access Type Wheelchair, Handicap
Language Spanish			

Practice Hours ⊙

SHIFT 1 Start	SHIFT 1 End	SHIFT 2 Start	SHIFT 2 End	Shift 3 Start	Shift 3 End	Shift 4 Start	SHIFT 4 End

Close



Step 52:

1. Click **Add Location** to add the location details.

- > Licenses

- > Education & Training

- > Specialty

- > Hospital Affiliations

- ▼ Locations Add Location

Location Name ↑	Location Type	Address
View/Edit	Hartford Hospital	Direct
		282 Washington St, Hartford, CT, 06106

Total Records: 1 < Showing 1 - 1 >



Step 53:

1. The **Location Information** screen displays.
2. You can enter the required details in the fields on this screen.
Note: Tax ID is a mandatory field. Scroll down to add more details.

PROVIDER PROFILE
Location Information
 Profile changes will need to be reviewed and approved before they are reflected here.

Location Name Hartford Hospital	Location Type Direct
Tax ID * 062234522	Print Directory Suppress No
Print Directory Suppress Reason	Maximum Age 999
Minimum Age 18	Phone Coverage Type
24 hour/7 day a week phone coverage No	Servicing Gender



Step 54:

1. Enter the **Service Address** details.

Languages:
 Spanish

ADA Accessibility
 ASL Services
 Building Access

Service Address	
Address Line 1 282 Washington St	Address Line 2
State CT	Country
City Hartford	Zip 06106
Correspondence Address	
Address Line 1 282 Washington St	Address Line 2



Step 55:

1. Enter the **Correspondence Address** details, if the Correspondence address is not the same as Service address.

Address Line 1
282 Washington St

Address Line 2

State
CT

Country

City
Hartford

Zip
06106

▼ Correspondence Address

Address Line 1
282 Washington St

Address Line 2

State
CT

Country

City
Hartford

Zip
06106

Address Type	Contact Type	Contact Value	Is Preferred	Action
Service Address	WorkPhone1	(847) 123-4567	Yes	⌵



Step 56:

1. Click **Add Contact Information** to add your contact details.
Note: An error message appears if the email address and contact details are not in the correct format.

Correspondence Address same as Service Address ?

No Yes

▼ Correspondence Address

Address Line 1

Address Line 2

State

Country

City

Zip

Address Type	Contact Type	Contact Value	Is Preferred	Action
Add Contact Information				

For the Service Address enter Office Number as Phone 1 and mark as the Preferred Contact.

Practice Hours ⓘ



Step 57:

1. The **Add Contact Information** dialog box displays.
2. Enter the **Address Type, Contact Type, Contact value** based on the Contact Type selected, and the contact preference in the **IS Preferred** field.

Note: An error message appears if the email address and contact details are not in the correct format.

Add Contact Information

Address Type *
Correspondance Address

Contact Type *
Phone 1

Contact Value *
(847) 456-7890

Is Preferred *
No

Cancel Save

Print Directory Supress Reason

Maximum Age
999

Minimum Age
18

Phone Coverage Type



Step 58:

1. You can edit the newly added record by clicking **Edit** or delete the record by clicking **Delete**.

City
Hartford

Zip
06106

Address Type	Contact Type	Contact Value	Is Preferred	Action
Service Address	WorkPhone1	(847) 123-4567	Yes	▼
Correspondance Address	WorkPhone1	(847) 456-7890	No	Edit Delete

Add Contact Information ⓘ

Practice Hours ⓘ

	Shift 1 Start	Shift 1 End	Shift 2	Shift 2 End	Shift 3	Shift 3 End	Shift 4	Shift 4 End
Monday	08:00 AM	12:00 PM	02:00 PM	05:00 PM				
Tuesday	08:00 AM	12:00 PM	02:00 PM	05:00 PM				



Step 59:

1. Enter the doctor's shift details in the **Practice Hours** section.

Note: Enter the Clinician's Practice Hours and not the Office's Hours.

Practice Hours ⓘ

	Shift 1	Shift 1 End	Shift 2	Shift 2 End	Shift 3	Shift 3 End	Shift 4	Shift 4 End
Monday	<input type="text"/>							
Tuesday	<input type="text"/>							
Wednesday	<input type="text"/>							
Thursday	<input type="text"/>							
Friday	<input type="text"/>							
Saturday	<input type="text"/>							
Sunday	<input type="text"/>							

Attachments

1. You will be allowed to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. There is a limit of 4mb of each attachment
3. Minimum 1 attachment required
4. Required attachments W9 and ADA



Step 60:

1. You can upload the required documents to add your location details in this section.

2. Click **Submit** to save the location details you have entered.

Attachments

1. You will be allowed to attach .csv, .svg, .jpg, .png, .doc, .docx, .xls, .xlsx, .gif, .txt, .tiff, .bmp, .pptx, .ppt
2. There is a limit of 4mb of each attachment
3. Minimum 1 attachment required
4. Required attachments W9 and ADA

File Name

Attached: 

Thank
You