



Connect 3.0 Enhanced Features

- * Redesigned look and feel
- * Faster performance
- * Local admin capabilities allow user management
- * Ability to retrieve username and password without contacting
 - CHCN



Welcome to CHCN Connect

Resources

Provider Library

Community Health Center Network's Connect is a secure gateway for staff of CHCN member health centers and business partners to access CHCN managed care information and various services. You must be a registered and authorized user to gain access.

Log in

۵	
	Log
FORGOT PASSWORD	

DON'T HAVE AN ACCOUNT? REGISTER HERE.



Health Center Dashboards

Tableau Training Material

APPLICATIONS	RESOURCES	EVENTS & TRAINING	

Manage Users

Only supervisors are able to self-register. You can add users to CHCN Connect or manage their settings.

<1/1>

(+ ADD USERS)

USERNAME	LAST NAME	FIRST NAME	INFORMATION ACCESS	REGISTRATION DATE	
kjohnson	Johnson	Katie	Authorization Search Authorization Submit Remittance Advice	03/08/2016	EDIT DEAUTHORIZE

Authorization Search & Authorization Submission

	APPLICATIONS	RESOL	JRCES	EVENTS & TRAINING	
<	AUTHORIZATIONS	CLAIMS	ELIGIBILITY	DATA & DOWNLOADS	>
		ADVANCE	D SEARCH		
APPROVED		AST 30 DAYS		COMPANY AUTHORIZATIONS	SEARCH

NOTE: Only authorizations in submitted status can be modified. Only authorizations in draft status can be edited.

NEW O COPY DEDIT OMODIFY	1/24	>	
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\bigcirc	AUTHORIZATION		SUBMITTED	SPECIALTY	SERVICE	MEMBER NAME	DOB	STATUS	DECISION	
		۹	03/11/2016	HOS	03/11/2016			APPROVED	03/14/2016 🖉	
		۹	03/11/2016	DIC	03/11/2016			APPROVED	03/14/2016 🖉	
		۹	03/11/2016	OSC	03/11/2016			APPROVED	03/11/2016 🖉	
		۹	03/11/2016	HOS	03/16/2016			APPROVED	03/14/2016 Ø	
		Q	03/11/2016	OSC	03/11/2016			APPROVED	03/11/2016 🔗	

BASIC SEARCH

Please enter your search criteria and select view options to improve your search results. You must enter data in at least one field before you can click on the search button. The maximum number of results is 500 records. To narrow your search results, enter data in as many fields as possible.

8	Health Plan ID	F	Provider Last Name
k	Member ID		
Birthday (MM/DD/YY)	Request/Authorization Number		

NOTE: Only authorizations in submitted status can be modified. Only authorizations in draft status can be edited.



< 1/1 >

SEARCH

RESET

\bigcirc	AUTHORIZATION		SUBMITTED	SPECIALTY	SERVICE	MEMBER NAME	DOB	STATUS	DECISION	
1011	831177000550000	Q		HOS	04/19/2013	S <mark>K</mark>	11/01/102	APPROVED	04/24/2013	0
1811	9770771100550011	Q		INT	07/27/2013	S KI	000017105	APPROVED	08/02/2013	0
1011	4110770003500011	Q		HOS	01/08/2014	S , K	127327407	APPROVED	01/09/2014	0
1814	41127711005500001	Q		INT	01/26/2014	SI , K	847777993	APPROVED		0

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0160304711001400094	Q
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0160318711001400052	۹

በ3/21/2016 OR(03/21/2016	RICHARDSON		04/05/1962	APPROVED
Authorization Details	5				SUBMITTED
AUTH #::		STATUS: APPROVE	ED		APPROVED
AUTH DATE: 03/17/2016		VENDOR:/			APPROVED
DATE REQUESTED: 03/19/2 EXPIRATION DATE: 03/24/	2016	VENDOR ID:			CANCELLED
	2010				APPROVED
MEMBER ID:		PROVIDER: PROVIDER ID:			APPROVED
HEALTH PLAN/PCP*		CASE:			APPROVED
					APPROVED
¢.					APPROVED
DIAG CODE		DESCRIPTION			APPROVED
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Notes					CANCELLED
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APPROVAL LETTER					APPROVED
00,10,2010 110	,,	01 // MILLO 0000 1	, KRIGHE	00/12/1904	APPROVED

Auth Submittal Options

New: submit a new request for services.

Copy: copy information from a previously submitted request.

Edit: edit and complete drafts saved in user's history.

Modify: submit a request to modify a pending request.

The copy feature will copy the following information:

- Authorize to provider
- Place of Service
- Service Codes



Users can edit drafts selected from their submission history:

- New authorization requests not completed will automatically save as a draft.
- Any information that has been entered will be saved.

REQUEST T		PO		
		RO .		
SERVICE S				
NOTE: Please	note that CHCN has up to 5	business days to process routine requests	. Kindly schedule your requested service on or after April 4th 2016	
 REQUEST T ROUTINE 	YPE () E O URGENT O RET	RO		
SERVICE ST	TART DATE 🚯		SERVICE END DATE	
03/28/16		•	06/26/16	
OFFICE CONTAC		RMATION		_
PHONE: 510-297 FAX: 510-297-02	-0200 00		SELECT CLINIC OR OFFICE	
	0		AUTHORIZE TO Contracted: N	
First Name			Provider ID: Name:	
Patient ID			Specialty:	2502(2)
Birthday (MM/	DD/YY)	m	for why you selected this provider:	290H(S)
			Member Request Language	
		SEARCH	Location Continuity of Service	
			Only Provider Available	
			Enter Other	
			Phone number	
			Phone number Fax number	
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Edit Authorization Request

New Authorization Request

Users can request modification for the following:

- Service end date
- Authorize to provider
- Diagnosis codes
- Service code
- Add clinical documentation

EQUEST TYPE				
ROUTINEOURG	ENT O RETRO			
ERVICE START DA	TE O		SERVICE END DATE	
03/28/16		6	06/26/16	Ć
EQUESTING PROV FICE CONTACT: Snowvia F HONE: 510-297-0200 X: 510-297-0200	IDER INFORMATIO	N	CLINIC: #	
				RESET
			AUTHORIZE TO 6	
ime: 4174054292			Contracted: YES	
dienc 10. #174934263			Name:	
inis service is for a New Bo ank.	m, please enter New Born Da	te oi birth. Utherwise, leave	Phone: 5104781000	
New Born Date (MM/DD/Y)	0	m	Fax number	
		RESET		RESET
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New Authorization Request

NOTE: Please note that CHCN has up to 5 bus	siness days to process routine requests	8. Kindly schedule your requested	service on or after March 28th 2016
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- REQUEST TYPE **1**
- ROUTINE O URGENT O RETRO

SERVICE START DATE ()

03/21/16

SERVICE END DATE

06/19/16

Select the location of the provider that is requesting services.

REQUESTING PROVIDER INFORMATION					
OFFICE CONTACT: Anthony Taylor PHONE: 510-297-0241	SELECT CLINIC OR OFFICE	\checkmark			
FAX: 510-297-0222	-SELECT A CLINIC OR OFFICE-				
	ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM ALA	AMEDA HOS			
	ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM ANCILLARY				
	ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM FAI	RMONT HOS			
Last Name	ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM HIGHLAND HOS ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM JOHN GEORGE ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM RADIOLOGY				
First Name					
Patient ID					
Birthday (MM/DD/YY)	ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM SAM	N LEANDRO HOS			
SEARCH	ALAMEDA HEALTH SYSTEM - ALAMEDA HOSPITAL ANCILLAR	Y DEPT			
	ALAMEDA HEALTH SYSTEM - HIGHLAND GENERAL HOSPITAL	. RADIOLOGY			

CLINIC: ALAMEDA HEALTH SYSTEM - ALAMEDA HEALTH SYSTEM ALAMEDA HOS



MEMBER 1

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irst Name			
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irthday (MM/I	DD/YY)		
			SEARCH
SEARCH RESULTS	3		×
SEARCH RESULTS	FULL NAME	DOB	РСР
SEARCH RESULTS	FULL NAME	DOB	PCP TVHC TIBURCIO VASQUEZ HEALTH CENTER - UNION CITY
SEARCH RESULTS	FULL NAME	DOB	PCP TVHC TIBURCIO VASQUEZ HEALTH CENTER - UNION CITY TCHC TRI CITY HEALTH CENTER - LIBERTY
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If the request is for a newborn, search and selct the mother information. The newborn DOB field will open once the mother's information is attached.

MEMBER **(**)

Name:

Patient ID:

If this service is for a New Born, please enter New Born Date of Birth. Otherwise, leave blank.



AUTHORIZE TO **1**

SEARCH BY: LAST NAME SPECIALTY

Please enter the Last Name of the Provider



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AUTHORIZE TO 1

SEARCH BY: 🔿 LAST NAME 🔵 SPECIALTY

PODIATRY * --Select a Medical Group (Optional) C RESET SEARCH

AUTHORIZE TO **(**)

CD Cod

SEARCH BY: O LAST NAME O SPECIALTY



If the provider's information is not found, enter the information manually.

DER IN Ior	There are no p	oroviders that	match your criter	ia. Please add t	he unlisted provider b	elow
	or search agai	n.	-			
	Unlisted Provid	ler Name				*
	Address					*
	City	*	State	*	NPI	
					Add Unlisted P	rovider
						RE

Select the Place of Service from the dropdown. If more than one POS code falls into that category select the POS from the second dropdown.





		2		
SEARCH RESULT	s			2
CODE	DESCRIPTION	QUANTITY	MODIFIER	SELECT
99245	OFFICE CONSULTATION	1	T	
99241	OFFICE CONSULTATION	1	•	
99243	OFFICE CONSULTATION	1	•	
99242	OFFICE CONSULTATION	1	•	
99244	OFFICE CONSULTATION	1	•	
4				3
4				

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Upload relevant clinical documentation.



The following are examples of documents needed for clinical review of prior authorization request:

- Most recent H&P
- Lab or test results related to the diagnosis and service requested
- Progress Notes
- Imaging (Radiology) Study results

- Physician orders (when PA requests are received from ancillary providers
- PCP to Specialist or Specialist Referral Notes
- Specialist Consult evaluation notes

5, Revenue Code or De	escription			
	SUBMIT AUTHORIZATION FORM	×		
CODE			Υ	MODIFIER
99212	Are you sure you want to submit the authorization form? (Your authorization is also auto-saved as draft)			
	CANCEL OKAY)		
0				







Submission Confirmation

Thank you for submitting your authorization request. We will confirm member eligibility, benefits, and contract status of the requested provider. Please note that it may take us up to 5 business days to process routine requests. Your authorization request number is the process routine requests. Your your request, log into the CHCN Connect Portal at https://portal.chcnetwork.org and select the Authorizations App from the Applications menu.

Go To Dashboard

Claims Search

Claims Search

Please enter your search criteria and select view options to improve your search results. You must enter data in at least one field before you can click on the search button. The maximum number of results is 100 records. To narrow your search results, enter data in as many fields as possible.

t		Health Plan ID	Start Date (MM/DD/YY)	
S		Patient Acct No	End Date (MM/DD/YY)	***
Birthday (MM/DD/YY)	***	Claim #		
Member ID		Provider Last Name		
			RESET	н

< 1/3 >

CLAIM #		MEMBER	HP PATIENT ID	DATE RECEIVED	FROM D.O.S	TO D.O.S	STATUS
10110417921001100107	Q	TI SI	181/07139338401	04/16/2012	02/05/2012	02/05/2012	PAID
101107709971071603461	Q	T' S	181/07/10038401	06/29/2012	02/05/2012	02/05/2012	PAID
	Q	TI Sł		07/20/2012	07/16/2012	07/16/2012	PAID
	Q	TL., S		07/30/2012	07/10/2012	07/10/2012	PAID
	Q	T I, SI		07/31/2012	07/20/2012	07/20/2012	PAID
	Q	TLINMER, SI		08/28/2012	07/10/2012	07/10/2012	PAID
	Q	TL., S		08/28/2012	07/10/2012	07/10/2012	PAID
101100000571011100341	Q	TI Sł		09/06/2012	08/24/2012	08/24/2012	PAID
-01103409971011103341	Q	TI SI	181/07/10038401	04/05/2013	03/23/2013	03/23/2013	PAID

all	ns Search		
se e n imum	Claim Details	×	. The
nith	CLAIM #:	VENDOR ID:	<u></u>
et Na	MEMBER ID:	PROVIDER ID:	<u>, 10</u>
OLING	HEALTH PLAN/PCP*:	DIAG CODE:	(
thday		AUTH #:	
	PATIENT ACCT #:	TOTAL NET PAID:	
embe			
	DATE RECEIVED: 03/24/2016	VENDOR:	
	MEMBER NAME:	PROVIDER:	
	STATUS: RELEASE TO A/P	DIAG DESC:	CH
	CROSS REF ID:	FACILITY:	
		CASE:	

*AT TIME OF SERVICE

		PROC	MOD MOD MC		D MOD MOD MOD BILLED NET		CHECK	DATE	ADJ	ADJ	REMITT	US			
DOS FROM	DOS TO	CODE	1	2	3	4	AMT	COPAY	PAID	NUMBER	PAID	CODE	DESCR	CODE	TO A/P
03/19/2016	03/19/2016	99284						0.00							10701
00,10,2010	00,10,2010	<i>JJL</i> U <i>T</i>						0.00							TO A/P
															TO A/P
	Q							03/2	24/2016	03/1	0/2016	03/1	10/2016	RELEAS	SE TO A/P

Eligibility Search



Eligibility Search

Please enter your search criteria. You must enter data in at least one field before you click on search button.

S	First Name
Health Plan ID	Member ID
Birthday (MM/DD/YY)	
	RESET SEARCH

Displaying the first 100 records found. Your criteria returned more than 100 records; please refine your search parameters for better results.

< 1/6 >

Eligibility Search

Please enter your search criteria. You must enter data in at least one field before you click on search button.

Health Plan ID Member ID Birthday (MM/DD/YY)	
Birthday (MM/DD/YY)	

Displaying the first 100 records found. Your criteria returned more than 100 records; please refine your search parameters for better results.

< 1/6 >

Member ID	Health Plan ID	Last Name	First Name	Sex	Birthday	РСР	Health Plan	From	То
0111100011	0011081733	S	144014	F	00000000000	тснс	AAML	10/01/2006	01/31/2007
10127700052	1000717761	S	1942010	F	1111111000	LCDLR	AAML	12/01/2013	09/30/2014
0401140073	100114023031	S		F	122708710081	тснс	AAML	10/01/2008	05/31/2009
11110000733	1000110331	S	-	F	1847771995	NAHC	AAML	09/01/2014	
11110000731	1000110331	S	1	F	(84/777106)	NAHC	AAML	09/01/2014	
	1000011000	C	- No. COTTON	F		LMO	A A A 41	02/01/2012	00/00/0010

Member Details

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									СН
Member ID:			Clinic:				Other ID:		
Name:							MCAL ID:		
Address:			Health Plan:				CIN #:		
City:			Health Plan ID:	14			Aid Code: M1		
Zip: (From: 01/01/20	14			Notes:		
Phone:			10.						
Sex: M									1/0 4
Language:									
Status: VERIFIED									То
									1/2010
History									_
	From		То		PCP		Health P	lan	
	Jan 1, 2014				LCDLR		AAMX	(
									1/2013
									1/2011
Potential Othe	er Coverage								1/2011
Тур	e		Outside I	D			From	То	0/2005
20300200	000101040	SIVILLE	ADRIAN	IVI	00/10/1900	LIVIC	AAWA	12/01/2013	12/31/2015
				м	06/10/1955	LMC	AAMX	12/01/2015	12/31/2015

×

Data & Downloads



Data Downloads







Select a Provider: Valley Medical Oncology Consultants 🔻







Select the provider for which you want to retrieve the EOB and click on the **GO** button. Click on the **RESET** button to start over or select a different provider.

Select a Provider:	Alameda Health System	-	GO	RESET
ocicor a ritoriaci.	Authout Houth Oystern		00	RESI

Memo for Specialty Providers: MISDIRECTED CLAIMS SUBMISSION TO THE ALLIANCE

Select the date paid and check number for the EOB you want to download and click on the GO button.

Select Date - Check Number / EFT Trace #: 01/13/16 - 1 GO



		APPLICATIONS	RES	DURCES	EVENTS & TRAINING	
	<					>
		AUTHORIZATIONS	CLAIMS	ELIGIBILITY	DATA & DOWNLOADS	
1	Select the provider for which you button to start over or select a	ou want to retrieve the EOB an different provider.	d click on the GO buttor	n. Click on the RESET		
	Select a Provider:	1.11.11.1 ₁ .1.1.1		GORESET		
	Memo for Specialty Providers:	MISDIRECTED CLAIMS SUBM	ISSION TO THE ALLIAN	ICE		
1	Select the date paid and check	number for the EOB you want	to download and click	on the GO button.		
	Select Date - Check Number / EF	T Trace #: 02/18/16 -	20000302	▼ GO		
	Provider	If th	is is the correct EOB, choos	se a download file below. If		
	TaxID	this	is not the correct EOB, sele	ect a different date and check		

number and click on the GO button. Total Net Paid \$ Total Billed \$ Use this file for importing into a Download CSV Total Interest \$ 0.00 spreadsheet or database Download PDF Date Paid 2/18/2016

Check Number / EFT

Trace #

Adobe Acrobat Reader is required to open or download this format.

Searching for a Specialist



Search for a specialist by Last Name and City or by Specialty and Medical Group. Enter your search criteria below then click on the Go button.

Search By Last Name	Search By Specialty			
kale				
City (Optional)				
			RESET	SEARCH
				< 1/0 >



Find A Specialist

Search for a specialist by Last Name and City or by Specialty and Medical Group. Enter your search criteria below then click on the Go button.





Find A Specialist

Search for a specialist by Last Name and City or by Specialty and Medical Group. Enter your search criteria below then click on the Go button.

Search By Last Name	Search By Specialty
kale	
City (Optional)	
	RESET SEARCH

< 1/1 >

Last Name	First Name	Speciality	Medical Group	City
KALE	ASHAY		MISSION PEAK ORTHOPAEDIC MED GRP, INC.	FREMONT
KALE	ASHAY		MISSION PEAK ORTHOPAEDIC MED GRP, INC.	PLEASANTON
KALE	ASHAY		MISSION PEAK ORTHOPAEDIC MED GRP, INC.	HAYWARD
KALEVAR	ANANDA		ALAMEDA HEALTH SYSTEM	OAKLAND

Specialist Details

Finc Search fo

Seal

kale

Specialty #: ORTHOPEDIC Name: ASHAY A KALE Medical Group: MISSION PEAK ORTHOPAEDIC MED GRP, INC. Street: 39350 CIVIC CENTER DR., #300 City: FREMONT Zip: 945382331 Phone: 510-797-3933 Fax: 510-797-5184 Notes: Language(s): FARSI, HINDI, SPANISH, TAGALOG, VIETNAMESE Hospital Affiliation(s): ST ROSE HOSPITAL, WASHINGTON HOSPITAL

City (Optional)







For questions or more information about the portal please contact us at portalsupport@chcnetwork.org or 510-297-0480.