

User's Guide to Launching the CHI and CHI-C

Go to:

www.MagellanHealth.com/provider.

Sign in using your secure username and password.

Click on “Manage Outcomes” under the My Outcomes section on the left-hand menu.

To administer a CHI, CHI-C, or CANS, under “Start Self-Assessment” click “Continue.”

(From this screen you also may see if the member has completed previous outcomes reports and access those reports.)

Search for your member

- Enter member name
- Select state
- Enter date of birth
- Click “Search”

Please complete as many fields as possible to accurately identify the member.

Manage Outcomes :: Eligibility Search Help?

Search for the member to start the Outcomes process.

Search for a Member

Your search results will be limited to **ONE** record. The recommended search parameters are Member Name, Date of Birth, and State. At a minimum, you must enter State and Member Name or Member Number.

Last Name: ? First Name: ?

Date of Birth: (mm/dd/yyyy) ? State/Province/Territory: ▼

Member Number: ? Zip Code: ?

Search **Cancel**

[Return to MyPractice Page](#)

You will receive a screen to confirm this is the member you are treating.

Check that the member has a Status of “active” eligibility.

Select the member by clicking on the radio button then “Select this Member.”

Manage Outcomes :: Member Details Help?

Member Information

Member: JOSEPH Member DOB:
 Gender: Male Relationship: Subscriber
 Address: Magellan Member No.:
 City, State, ZIP: Member Benefit Card No.:

Plan Benefits Information

Type Of Plan	Coverage Start	Coverage End	Status

Select this Member **Search Again**

Select and Launch the CHI/CHI-C outcomes tool based on Non-Medicaid or Medicaid.

Note: The CANS (Child and Adolescent Needs and Strengths – Mental Health version) also can be launched from this screen for members under age 21. The button will be gray if you are not actively CANS certified. Please see training requirements on the [Outcomes Library](#).

Manage Outcomes:: Select Assessment

Select and Launch Outcomes Assessment

Non-Medicaid Select this assessment if your member is enrolled in a health plan or employer sponsored program, including Medicare.

or

Medicaid Select this assessment if your member is enrolled in Medicaid and/or other Public Sector program.

or

CANS Select this assessment for members who are between the ages of 3-20 years. It can be used as a decision support tool, a quality improvement tool, or as an outcomes monitoring tool. (Child & Adolescent Needs & Strengths - CANS-MH)

Search Again

[Return to Manage Outcomes](#) | [Return to Search Results](#) | [Return to MyPractice Page](#)

If you select Non-Medicaid, you will see an option to add the member’s email address for the member/caregiver to receive email reminders to complete the CHI or CHI-C at 30, 60, and 90 days. The emailed link for the CHI or CHI-C will be in the language selected. If you do not provide an email address, Magellan will not send reminders

Assessment Information ::

Language Preferred: English ▼

Method: Submit Online Print Fax Generate Email to Member (CHI, CHI-C) ?

Member Email Address:

Completed By: Member ? Provider/Office Staff ?

Provider/Group/Facility/Agency Name: 157623000 ABINGTON MEML HOSP CREEKWOOD CTR ▼

Continue

[Return to MyPractice Page](#)

directly to the member and you (provider) will enter all CHI and CHI-C assessments.

If Medicaid is selected, you will see an option for service type. Service Types may vary depending on location, but at minimum will include:

- Case Management
- Crisis Services
- Medication Management
- Outpatient Therapy
- Residential/24 hr
- Support Services

Note: There is no option for reminder emails directly to Medicaid members at this time.

Select CHI or CHI-C language: English or Spanish

If the member will complete the CHI or CHI-C online, select "Submit Online" and then select "Completed By Member."

Select "Service Type"

Click "Continue."

If the CHI or CHI-C was completed by the member, but you or your office staff will be entering the member's responses online:

Select "Submit Online" and "Completed By: Provider/Office Staff."

Click "Continue."

Note: Upon closure of the CHI or CHI-C report, you will return to the "Start Self-Assessment" page. This allows for batch entry of multiple CHI and CHI-C surveys.

If the CHI or CHI-C will be emailed to the member, select “Generate Email to Member.”

Please note: You will receive a copy of the report (once the member has submitted), viewable via the Manage Outcomes Summary webpage, if the member elects to share it with you.

Click “Continue.”

Assessment Information ::

Language Preferred: English

Method: Submit Online Print Fax Generate Email to Member (CHI, CHI-C) ?

Member Email Address:

Service Type: --Select--

Provider/Group/Facility/Agency Name: 157623000 ABINGTON MEML HOSP CREEKWOOD CTR

Continue

[Return to MyPractice Page](#)

Generate Email to Member

For CHI, CHI-C only

Use this option if you want to automatically send an email to the member which includes a link for them to complete an assessment via the internet. Enter the member email address in the text box below.

If a member is age 14 to 17, you can decide whether you would like to launch the CHI or CHI-C.

Optional - You may select the CHI for the youth, and then re-log on and select the CHI-C for the caregiver to take.

Assessment Information ::

The member selected is in the 14-17 year old age range. You may complete either the CHI or CHI-C assessment type. For a brief description of the different types, hover over the question mark or view our [Description of Assessment Types](#) for a detailed description.

Before administering the CHI to youth, please obtain appropriate caregiver consent as required in your state.

Language Preferred: English

Assessment Type: ? Consumer Health Inventory (CHI) Consumer Health Inventory-Child (CHI-C)

Method: Submit Online Print Fax Generate Email to Member (CHI, CHI-C) ?

Completed By: Member ? Provider/Office Staff ?

Service Type: --Select--

Provider/Group/Facility/Agency Name: 157623000 ABINGTON MEML HOSP CREEKWOOD CTR

Continue

[Return to MyPractice Page](#)

Choose “Individual Not Selected or Listed” if member will not be associated with a staff person who has an MIS number (Magellan provider identification number).

Assessment Information ::

Please select the provider that is requesting the survey and click "Select this Provider."

Select This Provider

Select	Provider Name	MIS Number
<input type="radio"/>	Individual Not Selected or Listed	000000000
<input type="radio"/>	NANCY A	001
<input type="radio"/>	SUSAN P	579

This is the normal warning that you are leaving Magellan’s secure website and going to Quality Metric’s secure website. You must disable pop-up blockers or you will not access the Quality Metric site, and the Magellan site also will close.

Message from webpage

? WARNING: You have selected the option to complete an online outcomes assessment. If you click OK, you will be signed out of Magellan's provider Website and you will be connected to the Outcomes Assessment Application.

OK **Cancel**

Select "Launch CHI" or "Launch CHI-C" (this will be determined based on the age of the member from eligibility).

Assessment Information::

Language: English
 Service Type: Case Management
 Provider/Group/Facility/Agency Name: ABINGTON MEML HOSP CREEKWOOD CTR / 157623000
 Provider Name/MIS No.: Unknown / 000000000
 Member Name: JOSEPH

Launch CHI **Cancel**

Have the member or parent/caregiver begin here.




Welcome to the Consumer Health Inventory™
 - a simple step on your recovery path.

The Consumer Health Inventory™ will help you track how you feel and your progress. When done, you and your provider will get your results right away. If treatment is for an individual aged 14-17 in your care, please have him or her complete the self-assessment and share the report with his or her health care professional.

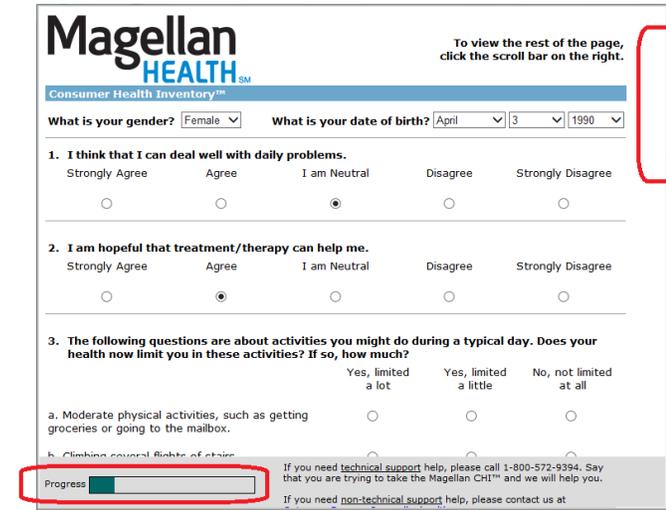
The Consumer Health Inventory™ is one page long. It will take about 5 minutes to finish.

Note: Your personal and medical information are not stored on this website.

If you have questions about tracking health and recovery, please ask your health care professional.

Continue

The member must answer each question in order for you to receive reports.



Magellan HEALTH

To view the rest of the page, click the scroll bar on the right.

Consumer Health Inventory™

What is your gender? What is your date of birth?

1. I think that I can deal well with daily problems.
 Strongly Agree Agree I am Neutral Disagree Strongly Disagree

2. I am hopeful that treatment/therapy can help me.
 Strongly Agree Agree I am Neutral Disagree Strongly Disagree

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate physical activities, such as getting groceries or going to the mailbox.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing several flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Progress

If you need technical support help, please call 1-800-572-9394. Say that you are trying to take the Magellan CHI™ and we will help you.
 If you need non-technical support help, please contact us at

Notice the "Progress" bar at the bottom. As a member completes each question the bar will show his/her progress.

Notice the phone number below for technical assistance.

Progress bar shows the member's progress as he or she continues to complete the survey.

Once the survey is complete, the member must click the red button, "Click here for your Report."
Notice the progress bar is complete.

11. On a typical drinking day, how many drinks do you have?
7 or more 6 5 4 3 2 1 0 Prefer not to answer

12. How often did you use drugs other than those prescribed for you?
Every day Almost every day 3 - 4 days a week 1 - 2 days a week Less than once a week Never Prefer not to answer

13. What statement best describes your use of tobacco products, if any?
Currently use Quit less than 5 years ago Quit over 5 years ago Never used

Thank you for taking the Consumer Health Inventory™

[Click here for your Report](#)

Please click here if you do not want to share the results of this assessment with your provider.

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Progress

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You then will return to the page with the member's results. You must click on each link to access each type of report (you may want to print them).

Once you close this window you will not be able to access these reports again until an overnight data feed is completed. The Provider Report of Member will be viewable via the Manage Outcomes Summary page.

The phone number for Quality Metric is provided for technical assistance with the CHI or CHI-C.

Providers should access Magellan's website at www.MagellanHealth.com/provider.

Click "Close" when finished and the CHI or CHI-C window will close. You will have access to CHI and CHI-C Provider Report of Member under Manage Outcomes Summary.

Magellan HEALTH
Consumer Health Inventory™

Thank you for taking the Consumer Health Inventory™

[Click here for your Report](#)

[Click here for your Provider Report](#)

For valuable health and wellness information, tools and resources to help with life's challenges as well as opportunities, please visit the [Magellan Health Website](#)

[Click here for immediate access to online savings on products and services at GNC, The Vitamin Shoppe, Nutrisystem, Reebok, Adidas, Sears and more!](#)

Close

If you need technical support help, please call 1-800-572-9394. Say that you are trying to take the Consumer Health Inventory™ and we will help you.

If you need non-technical support help, please contact us at OutcomesSurveys@magellanhealth.com.