

# Behavioral Health and Substance Use Disorder Portal User Guide

**Tufts Health Plan Commercial, Medicare, Medicaid, and One Care plans  
(excluding Tufts Health Plan Senior Care Options)**

**Note:** For medical requests, please continue to use the MHK Portal User Guide, which can be found in the [Provider Training Guides](#) section of our website under Tufts Health Plan.

## Table of Contents

<b>Overview</b>	<b>2</b>
MHK Portal Support and Trouble Shooting	2
<b>Accessing the Portal</b>	<b>3</b>
Logging In	3
<b>Notification of 24-hour levels of care, PHP, and IOP or Prior Authorization Requests</b>	<b>5</b>
Submitting Notification of All 24-HR Levels of Care, PHP, IOP	5
Add Requesting Provider	7
Add Servicing/Facility Provider	10
Add Diagnosis Code	11
Add Primary Procedure Code	12
Add Medical/Clinical Documentation	13
<b>View Existing Inpatient Notifications and Prior Authorizations</b>	<b>15</b>
Viewing/Adding Updates to an Existing Inpatient Notification or Prior Authorization	15
Adding Medical/Clinical Notes to an Existing Authorization	18
Adding Discharge Date(s) to an Existing Authorization	19
<b>Tufts Health Plan Secure Provider Portal</b>	<b>20</b>
Enter Inpatient/ILOC Discharge	20

**Note:** Out-of-network behavioral health providers must continue to use the current fax process. Refer to the [Out-of-Network Coverage at In-Network Level of Benefits and Continuity of Care Prior Authorization Form](#) in the [Forms](#) section of our provider website for the appropriate plan fax numbers.

## Overview

The information contained in this user guide pertains to submission of notifications or requests for behavioral health services for Tufts Health Plan Commercial plans, including Tufts Health Direct; Tufts Medicare Preferred HMO and PPO plans; Tufts Medicare Preferred Supplement plans; Tufts Health Plan Medicaid plans, including Tufts Health Together and Tufts Health RITogether; and Tufts Health One Care (HMO D-SNP).

Tufts Health Plan Senior Care Options (SCO) does not follow these processes. Please refer to the Referrals, Prior Authorizations, and Notifications section of the Tufts Health Plan [Senior Products](#) Provider Manual for direction on requests for this product.

Note: If you are using an outdated or unsupported browser, certain features on the secure Provider portal may not function properly. For an improved user experience, upgrade your browser to the latest version of Microsoft Edge, Mozilla Firefox, or Google Chrome.

For questions, please call [Tufts Health Plan Provider Services](#).

### MHK PORTAL SUPPORT AND TROUBLE SHOOTING

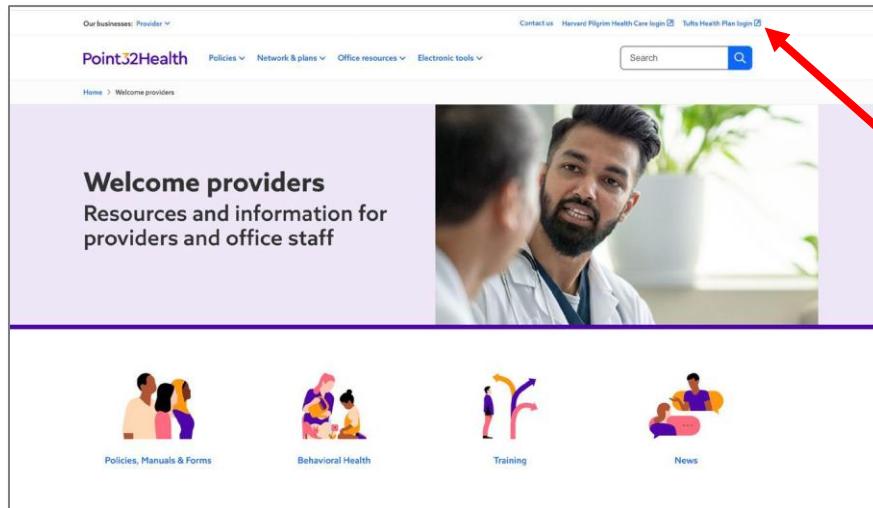
When contacting Provider Services, please be prepared to provide the following information:

- User ID
- First name, last name
- Contact phone number
- Web browser used
- Web browser version
- Is the issue constant or intermittent?
- Are multiple users at the same site experiencing the issue?
- When did the issue start? Is it still happening?
- Provide specifics on issue: Member ID, Reference Number, dropdowns or fields, steps taken to create the issue.
- Have you spoken to anyone else about this issue at your organization (e.g., provider's IT help desk)?
- Screenshots (Please be sure to include any error messages.)

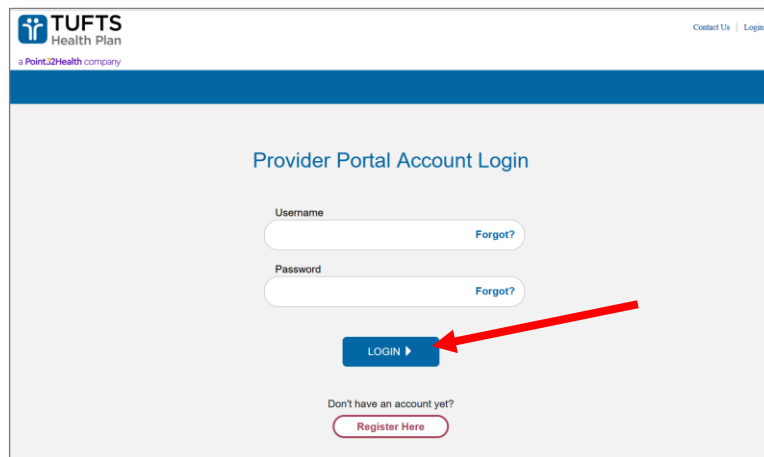
## Accessing the Portal

### LOGGING IN

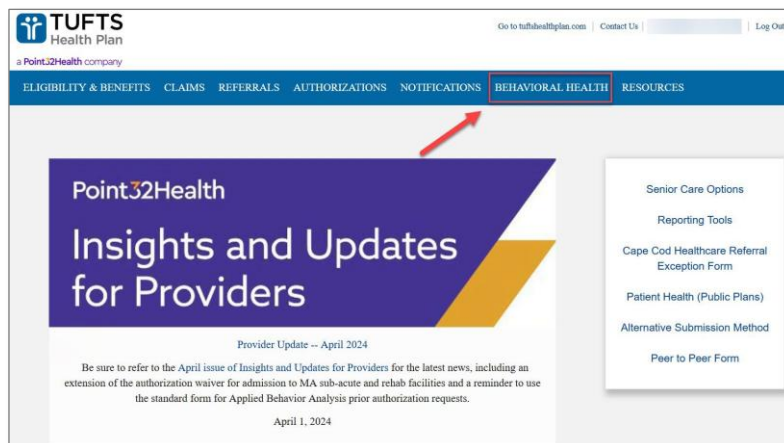
**Step 1:** Visit the Point32Health Provider [website](#) and click “Tufts Health Plan Login” to continue.



**Step 2:** Enter your *Username* and *Password* then click “Login”.



**Step 3:** Select *Behavioral Health* from the top navigation tool bar.



The *Behavioral Health* screen displays:

**TUFTS**  
Health Plan  
a Point2Health company

Go to tuftshealthplan.com | Contact Us | [My Account](#) | Log Out

ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS NOTIFICATIONS **BEHAVIORAL HEALTH** RESOURCES

## Behavioral Health

NOTE: For Tufts Health Plan in network providers, no prior authorization or notification is needed for Outpatient Psychotherapy for any Commercial, Medicaid, Medicare or Duals line of business.

This portal may be used for:

**Notification of Admission to:**

- Inpatient Behavioral Health
- Substance Use Acute Residential Treatment
- Enhanced Acute Treatment Services/EATS
- Dual Diagnosis Acute Residential Treatment/DDART
- Intensive Treatment and Stabilization Services/ITSS
- Detox Services including Acute Treatment Services/ATS/Level 3.7 and Level 4
- Intensive Care Coordination/ICC
- Partial Hospital Programs/PHP

**Notification of Discharge from:**

- Acute or Intermediate levels of care

**Submit Requests for:**

- Repetitive Transcranial Magnetic Stimulation/rTMS
- Applied Behavioral Analysis/ABA
- Psychological/Neuropsychological testing

NOTE: Providers must attach the required documentation for rTMS, ABA, or Psych/Neuropsych testing.

**Frequently Asked Questions**

- [Where can I find additional details on Behavioral Health services?](#)
- [Where can I find forms and other information about behavioral health services?](#)
- [Why am I being directed to a different site for some requests?](#)

**MEMBER ID SEARCH** **MEMBER NAME SEARCH**

Enter the member information below. To search using Member Name instead, use the Member Name Search above.

**Member ID\*** **Suffix**

S123 or 123 or N123  XX

**Notification: All 24-HR Levels of Care, PHP, IOP:** Choose this option to request an Inpatient Notification, Acute Residential Treatment (ART), Partial Hospitalization or Intensive Outpatient Program (IOP). Be advised that the requester will be redirected to MHK.

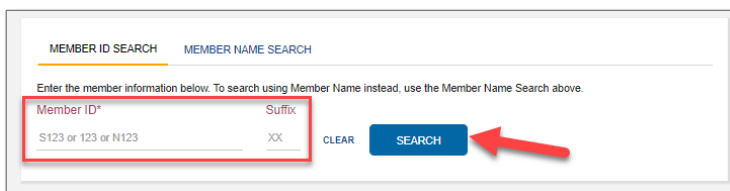
**Discharges: All 24-HR Levels of Care, PHP, IOP:** Choose this option to update end dates, enter treatment plan, and post discharge follow-up services.

## Notification of 24-hour levels of care, PHP, and IOP or Prior Authorization Requests

Refer to the steps outlined below to request a notification for all 24-hour levels of care, Partial Hospitalization, or Intensive Outpatient Programs or to request prior authorization through the MHK portal.

### SUBMITTING NOTIFICATION OF ALL 24-HR LEVELS OF CARE, PHP, IOP

**Step 1:** Enter *Member ID and Suffix*, then click “Search”.



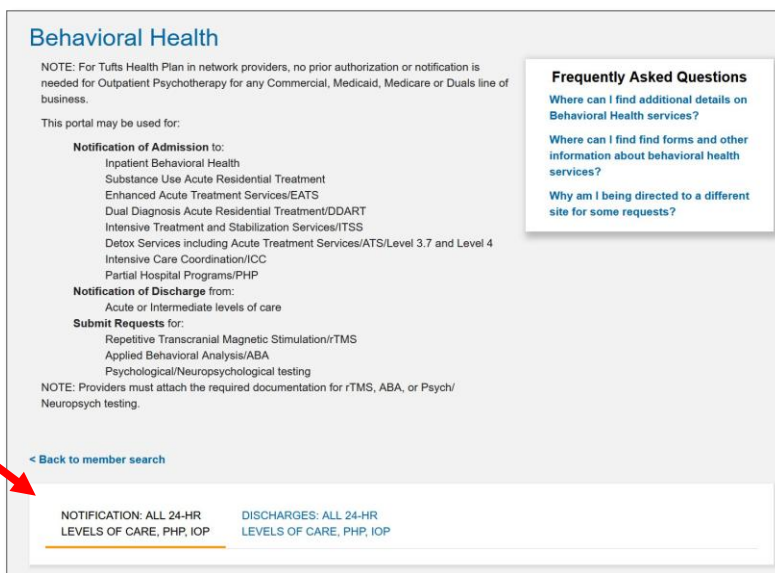
MEMBER ID SEARCH MEMBER NAME SEARCH

Enter the member information below. To search using Member Name instead, use the Member Name Search above.

Member ID\* Suffix

S123 or 123 or N123 XX CLEAR SEARCH

**Step 2:** Select *Notification: All 24-HR Levels of Care, PHP, IOP*.



**Behavioral Health**

NOTE: For Tufts Health Plan in network providers, no prior authorization or notification is needed for Outpatient Psychotherapy for any Commercial, Medicaid, Medicare or Duals line of business.

This portal may be used for:

**Notification of Admission to:**

- Inpatient Behavioral Health
- Substance Use Acute Residential Treatment
- Enhanced Acute Treatment Services/EATS
- Dual Diagnosis Acute Residential Treatment/DDART
- Intensive Treatment and Stabilization Services/ITSS
- Detox Services including Acute Treatment Services/ATS/Level 3.7 and Level 4
- Intensive Care Coordination/ICC
- Partial Hospital Programs/PHP

**Notification of Discharge from:**

- Acute or Intermediate levels of care

**Submit Requests for:**

- Repetitive Transcranial Magnetic Stimulation/rTMS
- Applied Behavioral Analysis/ABA
- Psychological/Neuropsychological testing

NOTE: Providers must attach the required documentation for rTMS, ABA, or Psych/Neuropsych testing.

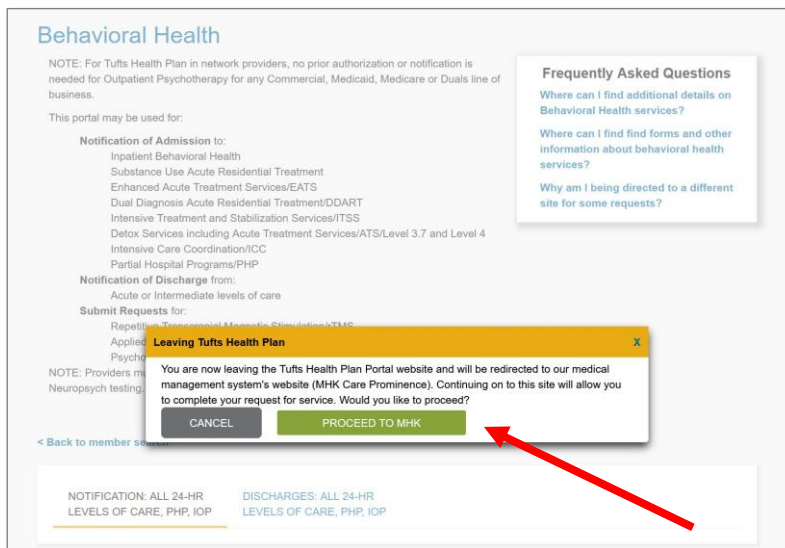
[Frequently Asked Questions](#)

- [Where can I find additional details on Behavioral Health services?](#)
- [Where can I find forms and other information about behavioral health services?](#)
- [Why am I being directed to a different site for some requests?](#)

[Back to member search](#)

**NOTIFICATION: ALL 24-HR LEVELS OF CARE, PHP, IOP** **DISCHARGES: ALL 24-HR LEVELS OF CARE, PHP, IOP**

**Step 3:** Click *Proceed to MHK* to continue.



**Behavioral Health**

NOTE: For Tufts Health Plan in network providers, no prior authorization or notification is needed for Outpatient Psychotherapy for any Commercial, Medicaid, Medicare or Duals line of business.

This portal may be used for:

**Notification of Admission to:**

- Inpatient Behavioral Health
- Substance Use Acute Residential Treatment
- Enhanced Acute Treatment Services/EATS
- Dual Diagnosis Acute Residential Treatment/DDART
- Intensive Treatment and Stabilization Services/ITSS
- Detox Services including Acute Treatment Services/ATS/Level 3.7 and Level 4
- Intensive Care Coordination/ICC
- Partial Hospital Programs/PHP

**Notification of Discharge from:**

- Acute or Intermediate levels of care

**Submit Requests for:**

- Repetitive Transcranial Magnetic Stimulation/rTMS
- Applied Behavioral Analysis/ABA
- Psychological/Neuropsychological testing

NOTE: Providers must attach the required documentation for rTMS, ABA, or Psych/Neuropsych testing.

[Frequently Asked Questions](#)

- [Where can I find additional details on Behavioral Health services?](#)
- [Where can I find forms and other information about behavioral health services?](#)
- [Why am I being directed to a different site for some requests?](#)

[Back to member search](#)

**NOTIFICATION: ALL 24-HR LEVELS OF CARE, PHP, IOP** **DISCHARGES: ALL 24-HR LEVELS OF CARE, PHP, IOP**

**Leaving Tufts Health Plan**

You are now leaving the Tufts Health Plan Portal website and will be redirected to our medical management system's website (MHK Care Prominence). Continuing on to this site will allow you to complete your request for service. Would you like to proceed?

CANCEL PROCEED TO MHK

**Step 4:** Select *Request PA or Notification* and fill out the *Member First Name*, *Member Last Name*, *Member Date of Birth* and *Member ID* fields and click “Search”.

The *Member Search Results* screen displays:

**Step 5:** Click “Select” in the *Action* field once the appropriate member record is found.

**Note:** The member is not currently active if “Eligible” is not listed in the *Status* field. Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:

**Note:** Click “Member Eligible” in upper right-hand section of the screen to review member coverage details.

If the “Member Eligible” button is red with a past eligibility date, you selected a record that is not eligible. The date denotes member’s last date of coverage.

**Step 6:** Select the appropriate urgency for the authorization request as indicated below:

- **Standard:** Default priority for all requests
- **Expedited:** For urgent requests due to medical necessity

**Note:** Select the “Expedited” radio button if the authorization requires an expedited review. If expedited, be sure to agree to the *Attestation Regarding Expedited Review*.

## ADD REQUESTING PROVIDER

**Step 1:** Select the appropriate *Requesting Provider* and then enter their contact information.

**Note:** The user must perform a “Search” using the Provider’s NPI and participating status to select the appropriate *Requesting Provider*.

\*Requesting Provider

Specialty

Provider Status

Search

**Note:** If the *Requesting Provider* is out of network (OON), the user must select the “No” radio button under the *Participating* field, click search, and select the appropriate record.

Provider Search

If the Requesting Provider is the same as the Servicing Provider, please search by Billing NPI or TIN to ensure accurate claims to authorization matching.

Provider Id

NPI

Tax Id

First Name

Last Name

Facility/Organization

Zip Code

Participating:

Yes No

Search Clear

Provider Search Results

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
Select							
Select							

**Note:** Users may see duplicate records if providers are registered with multiple addresses.

**Step 2:** Fill out the *Requesting Phone Number*, *Requesting Fax Number*, and *Contact Name* and *Contact Phone* Information fields.

\*Requesting Provider

Search

Specialty

Provider Status

OTHER AND UNKNOWN

First Name

Last Name

Organization

Address1

Address2

City

State

MA

Zip

\*Requesting Phone Number

7813408000

\*Requesting Fax Number

7813409999

\*NPI

Contact Name

Contact Phone

**Note:** The *Specialty* and *Provider Status* fields will pre-populate based on the selected provider’s credentials. The provider status will populate once the *Request Type* is selected (below).

**Step 3:** Select the appropriate *Request Type* option from the dropdown menu:

Option	Description
Service Request	Used for <u>all</u> medical prior authorization requests (e.g., elective surgeries, DME, etc.).
Inpatient	Used for <u>all</u> medical inpatient admissions.
Behavioral Health Inpatient	Used for <u>all</u> behavioral health inpatient admissions.
Behavioral Health Service Request	Used for <u>all</u> behavioral health prior authorization requests.

**Note:** To get instructions on how to submit an Inpatient Admission or Service Request, refer to the MHK Portal User Guide, which can be found in the [Provider Training Guides](#) section of our website under Tufts Health Plan.

**Note:** After selecting the appropriate *Request Type* additional fields may display.

If the Request Type is...	Then complete the field(s) marked with an asterisk as required...
Behavioral Health Inpatient	<ul style="list-style-type: none"> <li>• Bed Type</li> <li>• Request Admit Date</li> <li>• Admit Type</li> <li>• Review Type</li> </ul>
Behavioral Health Service Request	<ul style="list-style-type: none"> <li>• Review Type</li> </ul>

**Step 4:** Select the appropriate *Place of Service* from the dropdown menu (e.g., 21-Inpatient Hospital):

**Step 5:** Select the “Yes” radio button in the *Requesting Provider Same as Servicing Provider* field if the servicing and requesting provider are the same or in the *Requesting Provider Same as Facility* field if the facility and requesting provider are the same.

**Note:** The *Requesting Provider Same as Servicing Provider* and *Requesting Provider Same as Facility* fields both default to “No.” If these are not the same, a *Servicing Provider* or *Facility* must be added to the request.



**Step 6:** If the *Request Type* is “Behavioral Health Inpatient,” select the appropriate *Bed Type* from the options in the dropdown menu:

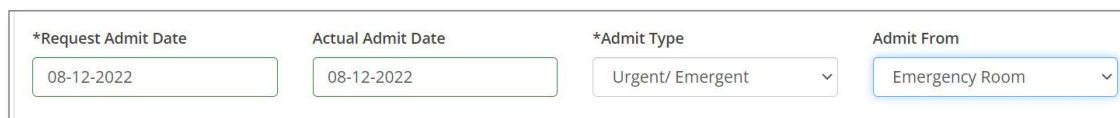
**Note:** Values in step 6 are based on the member's coverage and values displayed may be different.



A dropdown menu showing various bed types. The options are: Acute Treatment Services/Level 3.7, Clinical Stabilization Services/Level 3.5, Community Based Acute Treatment, Community Crisis Stabilization, Detox, Intensive Community Based Acute Treatment, Psychiatric Acute Residential Treatment, **Psychiatric Inpatient** (highlighted), RI Only Substance Use Community Residence Services, RRS - Adults, RRS - Co-occurring Enhanced RRS, RRS - Families, RRS - Pregnant/Post-Partum Women, RRS - Transitional Age, RRS - Youth, SUD Acute Residential Treatment, and Transitional Stabilization Services/Level 3.1.

**Step 7:** Enter the *Request Admit Date* (“MM-DD-YYYY”) and select the appropriate *Admit Type* and *Admit From* option from their respective dropdown menus.

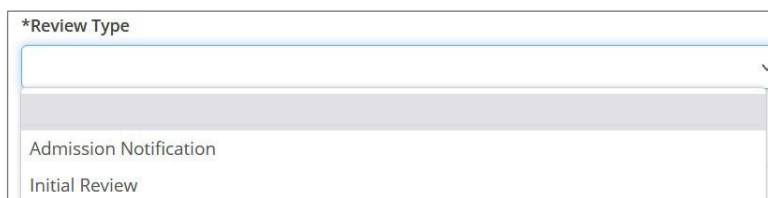
**Note:** If the Admit Type is “Urgent/Emergent,” enter the Actual Admit Date (“MM-DD-YYYY”).



A form with four fields: \*Request Admit Date (08-12-2022), Actual Admit Date (08-12-2022), \*Admit Type (Urgent/ Emergent), and Admit From (Emergency Room).

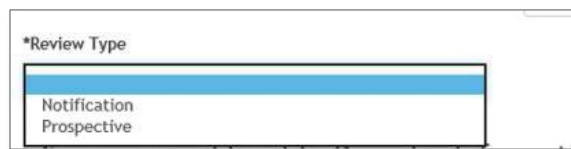
**Step 8:** Select the appropriate *Review Type* option from the dropdown menu (e.g., “Initial Review” for Inpatient Requests or “Prospective or Notification” for Service Requests).

#### Behavioral Health Inpatient Requests:



A dropdown menu for Review Type. The options are: Admission Notification and Initial Review.

#### Behavioral Health Service Requests:



A dropdown menu for Review Type. The options are: Notification and Prospective.

**Note:** Select Notification for services requiring notification only and Prospective for services requiring Prior Authorization. (Refer to the Referrals, Authorizations and Notification chapter of the [Commercial, Senior Products, or Tufts Health Public Plans Provider Manual](#) for more information on referral requirements and processes.)

## ADD SERVICING/FACILITY PROVIDER

**Step 1:** Click “Add Servicing/Facility Provider” if different from the Requesting Provider.

**Note:** For Inpatient requests, a Facility provider must be added in addition to the Servicing provider.

Servicing and Facility Provider Information

Servicing and Facility Providers

[Add Servicing/Facility Provider](#) [Add Unknown Provider](#)

**Step 2:** Search for Servicing Provider and/or Facility by entering the Servicing/Facility Provider NPI.

Search for Servicing Provider or Facility

To search for the correct Provider ID, please search by Billing NPI or TIN to ensure accurate claims to authorization matching. If using First Name and Last Name, or Organization/Facility, include the provider's State (abbreviated).

Provider ID:  NPI:  First Name:  Last Name:  State:  First Tax ID:

Organization/Facility:  Participating: ☐ Yes ☐ No \* Type:

[View Additional Search Fields](#) [Search](#) [Clear](#)

**Step 3:** Select the appropriate *Provider Type* from the dropdown menu and click “Search.”

The search results display for *Servicing Provider or Facility*.

**Note:** If the Servicing Provider/Facility is out of network (OON), the user must select the “No” radio button under the *Participating* field.

Search for Servicing Provider or Facility

Organization/Facility:  Participating: ☐ Yes ☐ No \* Type:

[View Additional Search Fields](#) [Search](#) [Clear](#)

Servicing Providers - Search Results

ACTION	PROVIDER NAME	NPI	DEAP	SPECIALTY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
<a href="#">Select</a>	...	...	...	...	...	...	...	...	...

**Note:** Multiple results may display (e.g., more than one address for the same NPI).

**Step 4:** Locate the appropriate provider record and click “Select.”

Search for Servicing Provider or Facility

Organization/Facility:  Participating: ☐ Yes ☐ No \* Type:

[View Additional Search Fields](#) [Search](#) [Clear](#)

Servicing Providers - Search Results

ACTION	PROVIDER NAME	NPI	DEAP	SPECIALTY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
<a href="#">Select</a>	...	...	...	...	...	...	...	...	...

**Step 5:** Enter the *Servicing and/or Facility Provider Fax Number* and click “Save.”

Facility Provider Fax Number

\*Fax Number:  Contact Name:

Contact Phone:  Contact Phone Ext:

[Cancel](#) [Save](#)

The *Servicing and Facility Providers* section will now be populated:

Servicing and Facility Providers

[Add Servicing/Facility Provider](#) [Add Unknown Provider](#)

ACTION	PROVIDER NAME	NPI	DEAP	SPECIALTY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
<a href="#">Remove</a>	...	...	...	...	...	...	...	Facility	Contracted
<a href="#">Remove</a>	...	...	...	...	...	...	...	Servicing Provider	Contracted

**Note:** For Inpatient requests, the Facility Provider Fax Number should always be the Utilization Review department’s fax number.

## ADD DIAGNOSIS CODE

**Step 1:** Click “Add Primary Diagnosis.”



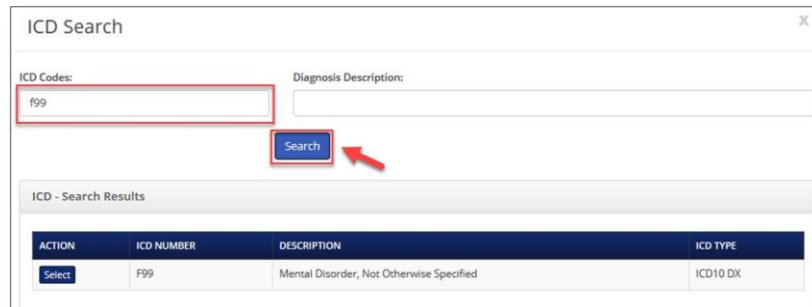
\*Diagnosis (\*Denotes required field)

ICD - Search Results

[Add Primary Diagnosis](#) [Add Diagnosis](#)

The ICD Search screen displays.

**Step 2:** Enter the ICD Code or Diagnosis Description and click “Search.”



ICD Search

ICD Codes:  Diagnosis Description:

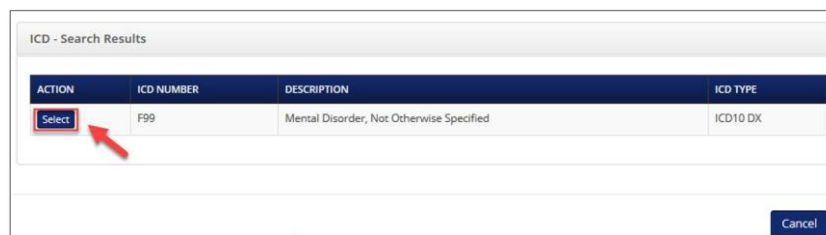
[Search](#)

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
<a href="#">Select</a>	F99	Mental Disorder, Not Otherwise Specified	ICD10 DX

**Note:** All ICD Codes must be properly formatted (e.g., E66.01, not E6601).

**Step 3:** In the *Action* field, click “Select” to add a diagnosis to the request.



ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
<a href="#">Select</a>	F99	Mental Disorder, Not Otherwise Specified	ICD10 DX

[Cancel](#)

**Note:** If added in error, click “Remove” in the Action field to remove a diagnosis.



\*Diagnosis (\*Denotes required field)

ICD - Search Results

[Add Primary Diagnosis](#) [Add Diagnosis](#)

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	STATUS	PRIMARY DIAGNOSIS
<a href="#">Remove</a>	F99	Mental disorder, not otherwise specified	ICD10 DX		YES

## ADD PRIMARY PROCEDURE CODE

**Step 1:** Click “Add Primary Procedure” for Inpatient Requests OR click “Add Procedure” for Service Requests.

\*Procedure (\*Denotes required field)

CPT/HCPCS - Search Results

Buttons: Add Primary Procedure, Add Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
--------	------------	-------------------	----------	-----------	-----------	------------	------------	-------	-----	--------	-------------------

**Note:** When the *Request Type* field is “Behavioral Health Inpatient,” a procedure code is not required. The user must provide a procedure code for all Behavioral Health Outpatient Services Requests.

The *CPT/HCPCS Search* screen displays.

**Step 2:** Enter the appropriate *CPT/HCPCS Codes* and/or *Procedure Description* and click “Search.”

CPT/HCPCS Search

CPT/HCPCS Codes:

Procedure Description:

Search

**Step 3:** In the *Action* field, click “Select” to add code(s).

CPT/HCPCS - Search Results

ACTION	CPT/HCPCS#	PLANNED PROCEDURE
Select	99233	Subsequent Hospital Care

Buttons: Cancel

The *CPT/HCPCS Information* screen displays.

**Step 4:** Enter *Modifier (if applicable)*, *Quantity*, *Units*, *Start and End Date* then click “Submit” to continue.

CPT/HCPCS Information

CPT/HCPCS CODE:

Procedure Description:

PA Status:

Under Review: ☐

Modifier 1 (if applicable):

Modifier 1 Description (if applicable):

Modifier 2 (if applicable):

Modifier 2 Description (if applicable):

\*Quantity:  \*Units:  Frequency:

\*Start Date:  End Date:

Short Description:

Buttons: Cancel, Submit

**Step 5:** Click “Submit” to save and move to the next screen.

**Note:** If necessary, in the *Action* field, click “Remove” to remove a procedure code. Repeat step to update and/or add CPT/HCPCS code information.

Procedure

CPT/HCPCS - Search Results

Buttons: Add Primary Procedure, Add Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	STATUS	PRIMARY PROCEDURE
Remove	99233	Subsequent Hospital Care	1	Days				Under Review	NO

Buttons: Cancel, Submit

## ADD MEDICAL/CLINICAL DOCUMENTATION

If your request auto cancels or auto approves, this screen will not display.

**Step 1:** Click “Add Documents” to add supporting clinical documentation.

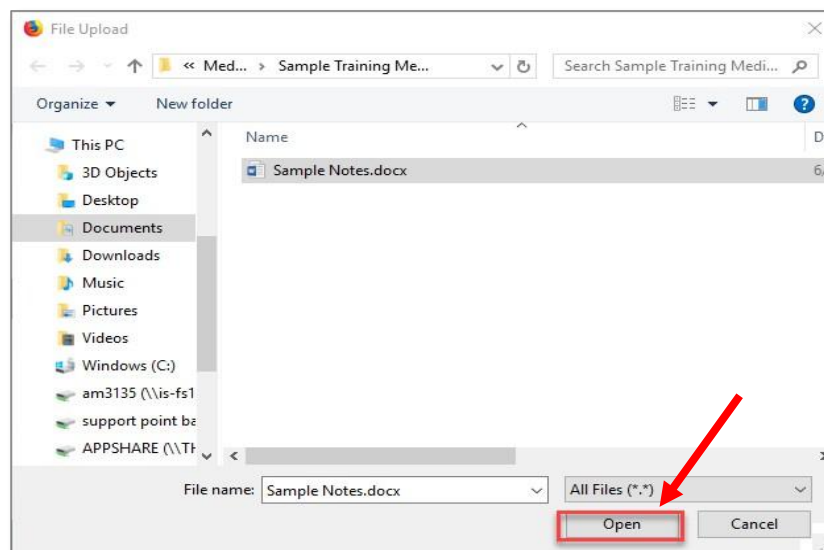
**Note:** In most circumstances, clinical documentation is required to support the request.



**Step 2:** Click “Browse.”



**Step 3:** Navigate to the medical notes saved on the computer, select them, and click “Open.”



**Step 4:** Click “Upload Document” to add the attachment to the request.



**Step 5:** Click “Add Documents” and repeat steps to add additional attachments.

The *Uploaded Documents* screen is now populated:



**Step 6:** Click “Add Notes” to add a note to the request.

Please upload additional documentation supporting your request

Coverage guidelines and authorization requirements vary by Plan. Submitting requests timely and with complete clinical documentation will assure the swiftest coverage decision. Please refer to the Plan specific resources available in the portal's Help section to determine which services require prior authorization for each Plan, and for guidance about the specific supporting clinical documentation that must be submitted with your request. (Upload all supporting documentation below). See below to upload documentation and add supporting notes related to the request.

Uploaded Documents Add Documents

ACTION	DOCUMENT NAME
<a href="#">Remove</a>	Testfax.pdf

Notes Add Notes

ACTION	NOTE TEXT
<a href="#">Remove</a>	Enter information pertaining to your request not included within the clinical documentation you have attached.

**Step 7:** The Note Text field will display, enter your note here and click “Add Notes” when your note is completed.

Notes

Note Text

[Add Notes](#) [Cancel](#)

**Step 8:** Click “Submit” to send the request.

Uploaded Documents Add Documents

ACTION	DOCUMENT NAME
<a href="#">Remove</a>	Sample Notes.docx

Notes Add Notes


ACTION	NOTE TEXT
--------	-----------

[Submit](#)

The *Request Prior Authorization or Notification* screen displays the reference number and status of your request:

Request Prior Authorization or Notification

Member Eligible 12/31/2020

 Name:  Member ID:  Plan Type/Group ID#:   
Date Of Birth:  LOB:   
Address:  IPA/MGI:   
Phone:  Effective:  Term:   
Special Programs:  Case Manager:

**Authorization Status:** In Progress **Reason:** Medical Use Verification  
**Decision:** Not Decided **Reference#:** 12345678

[Create Request for the Same Member](#) [Create Request for Different Member](#)

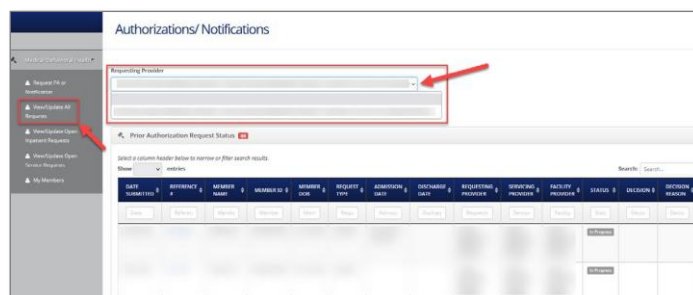
It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies. Benefits for this service are subject to the provisions of the member's plan, the member's eligibility on the dates of service, and the outcome of this determination. A determination is dependent on receiving complete clinical information and in a timely manner.

## View Existing Inpatient Notifications and Prior Authorizations

### VIEWING/ADDING UPDATES TO AN EXISTING INPATIENT NOTIFICATION OR PRIOR AUTHORIZATION

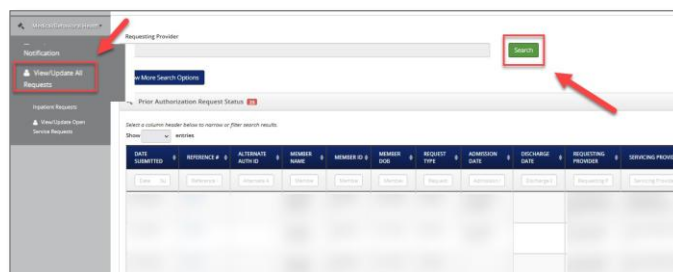
**Step 1:** From the *MHK home page*, select *View/Update All Requests* option on the left-hand navigation bar: (see table below for additional options and their descriptions)

**Note:** The last seven days of closed (completed/decisioned) cases and all Open events associated with the providers registered to the account will display. The user can further refine their search by selecting the appropriate *Requesting Provider*.



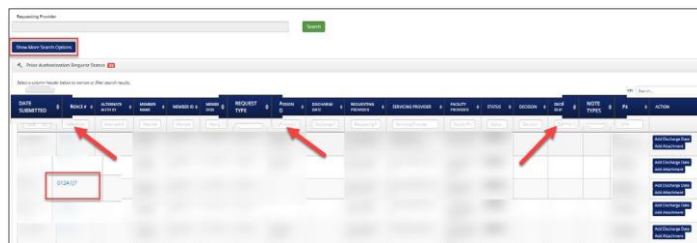
Option	Description
<b>Request PA or Notification</b>	Choose this option to initiate a request.
<b>View/Update All Requests</b>	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
<b>View/Update Open Inpatient Requests</b>	This option is limited to medical and behavioral health inpatient events that are in progress.
<b>View/Update Open Service Requests</b>	This option is limited to medical or behavioral health service requests that are in progress.

**Step 1A (if applicable):** Click the “Search” button next to the Requesting Provider field.



**Step 1B (if applicable):** Enter the Provider NPI and choose the appropriate provider record under the Provider Search Results Section.

**Step 2:** Utilize *Show More Search Options* below to enhance your search:



Click “Show More Search Options” to use advanced search features such as name, date of birth, authorization number, etc. to access older completed events or narrow down recent cases.

- “Show entries” can display up to 100 records at a time.
- Type in free text field to search for any information listed in columns below – date, request type, etc.
- Use down arrows in column headers to sort your search.
- Type in column filters to search by date, request type, etc.

The following screen displays if you click “Show More Search Options”:

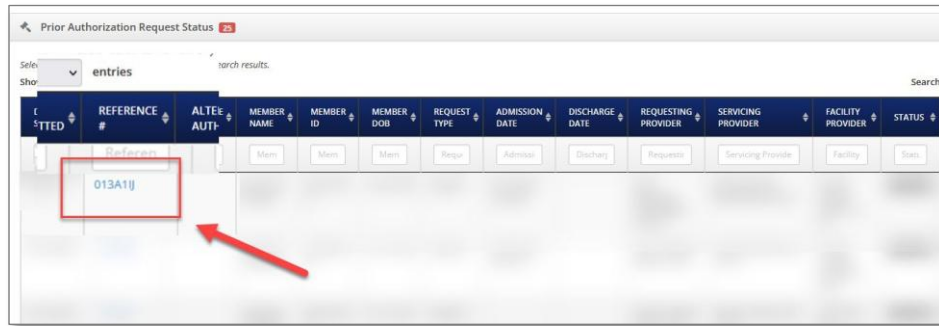
**Note:** To return to the previous page, click “Hide Search Options.”

**To search by authorization number**, please enter the authorization number in the Auth # field then click search:

**To search by date**, please select the appropriate *Date Type*, enter start, and end dates, then click “Search”.

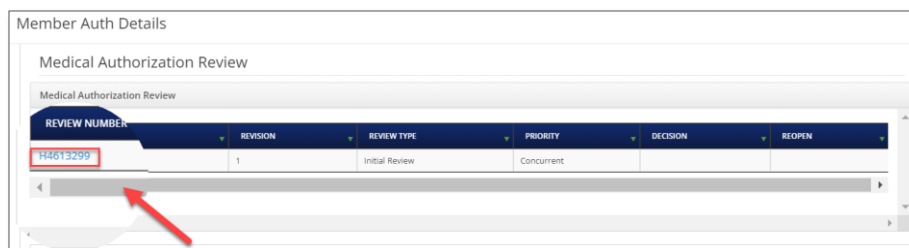


**Step 3:** Click the Reference # in the *Reference #* column to view additional details on the Prior Authorization or Inpatient Notification.



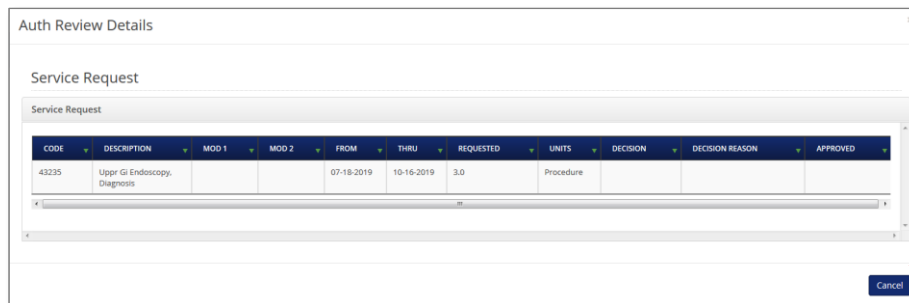
SELECTED	REFERENCE #	ALTEE AUTI	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS
	013A11j		Mem	Mem	Mem	Reque	Admisse	Dischary	Requesto	Servicing Provide	Facility	Statu

**Note:** Click the hyperlink in the *Review Number* column to view details on the procedure, decision, etc.



REVIEW NUMBER	REVISION	REVIEW TYPE	PRIORITY	DECISION	REOPEN
H4613299	1	Initial Review	Concurrent		

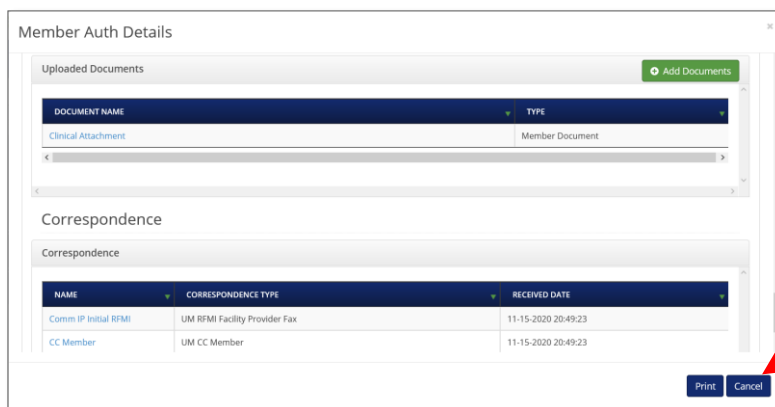
The *Auth Review Details* page displays:



CODE	DESCRIPTION	MOD 1	MOD 2	FROM	THRU	REQUESTED	UNITS	DECISION	DECISION REASON	APPROVED
43235	Upper GI Endoscopy, Diagnosis			07-18-2019	10-16-2019	3.0	Procedure			

Cancel

**Note:** Click “Cancel” to return to the Member Auth Details Screen.



DOCUMENT NAME	TYPE
Clinical Attachment	Member Document

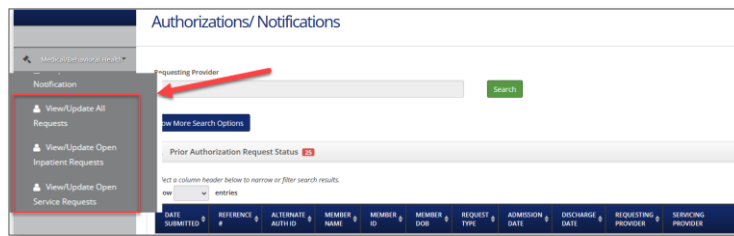
NAME	CORRESPONDENCE TYPE	RECEIVED DATE
Comm IP Initial RFMI	UM RFMI Facility Provider Fax	11-15-2020 20:49:23
CC Member	UM CC Member	11-15-2020 20:49:23

Print Cancel

**Step 4:** To view additional details such as diagnosis, CPT, or provider information and to view attachment, or correspondence letters, scroll through the *Member Auth Details* page.

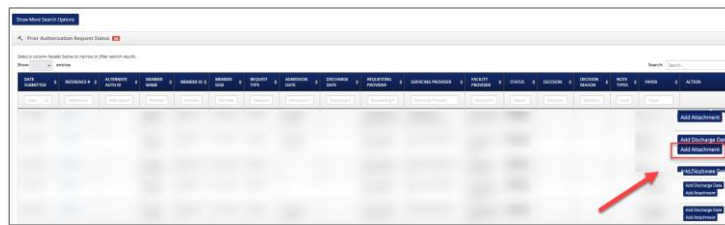
## ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

**Step 1:** From the MHK home page, select any one of the subsections on the left-hand navigation bar to “View/Update All Requests” or “View/Update Open Inpatient or Service Requests.”

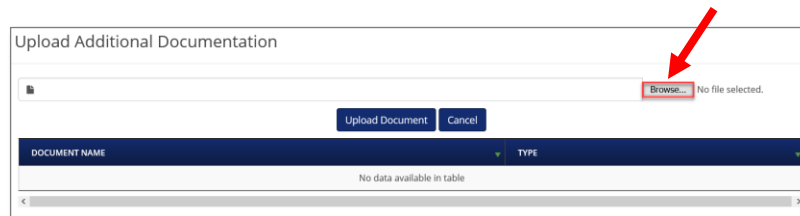


**Step 2:** After locating the existing request, click “Add Attachment” in the *Action* column.

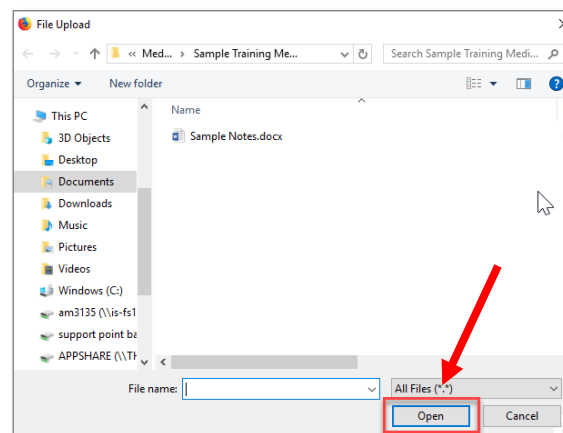
**Note:** Attachments should only be added to requests that are still In Progress



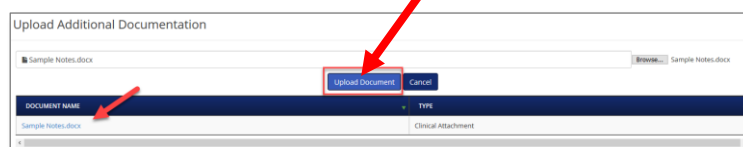
**Step 3:** Click “Browse.”



**Step 4:** Navigate to where the clinical documentation is saved on your computer and click “Open.”



**Step 5:** Click “Upload Document.”



## ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

**Step 1:** Discharge dates can be updated by selecting either the “Open Inpatient Requests” or “View/Update All Requests” subsections on the left-hand navigation bar.



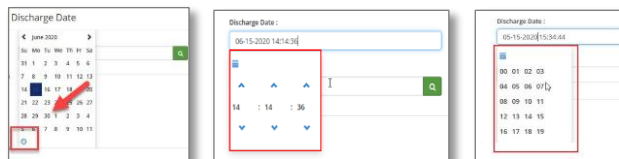
**Step 2:** From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click “Add Discharge Date” in the *Action* column.



The *Discharge Date* screen displays:

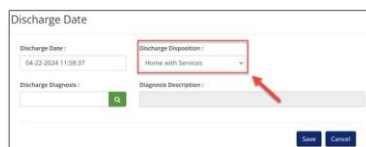


**Step 3:** Choose the appropriate *Discharge Date* and click the “clock icon” to enter the time of discharge.



**Note:** The submitter can click or use the arrows for the hour, minute, or second fields and the discharge time will display in military time.

**Step 4:** Enter *Discharge Disposition* and *Diagnosis*, then click “Save.”



The following screen displays with the discharge date and time:



**Note:** When entering the discharge date, use the calendar to ensure the system captures the accurate discharge date and time.

# Tufts Health Plan Secure Provider Portal

## ENTER INPATIENT/ILOC DISCHARGE

**Step 1:** Complete the *Requesting Entity ID*, *Admission Date*, *Member ID*, *Suffix* and *Date of Birth* fields then click “Submit.”

NOTIFICATION: ALL 24-HR LEVELS OF CARE, PHP, IOP      DISCHARGES: ALL 24-HR LEVELS OF CARE, PHP, IOP

Required Field\*

Requesting Entity ID\*      Admission Date\*  
Select Provider Name/ID      MM/DD/YYYY

Member ID\*      Suffix      Date of Birth\*  
Enter Member ID      ##      MM/DD/YYYY

SUBMIT

The following screen displays:

NOTIFICATION: ALL 24-HR LEVELS OF CARE, PHP, IOP      DISCHARGES: ALL 24-HR LEVELS OF CARE, PHP, IOP

Requesting Provider      Admission Date

Member Name      Member ID      Date of Birth

Required Field\*

Discharge Date\*  
MM/DD/YYYY

Member is being discharged from?\*

Was care provided at\*:  
☐ This Facility  
☐ Another Facility

Patient discharged to?\*

Admissions diagnosis Class\*:  
☐ Mental Health  
☐ Substance use disorder

Primary Discharge Diagnosis Code\*:

Secondary discharge Diagnosis Code:

Medical Conditions:

CANCEL      SUBMIT

**Step 2:** Complete the *Discharge Date* field.

Discharge Date\*  
MM/DD/YYYY

Mar 2020

Su Mo Tu We Th Fr Sa

1 2 3 4 5 6 7  
8 9 10 11 12 13 14  
15 16 17 18 19 20 21  
22 23 24 25 26 27 28  
29 30 31

**Step 3:** Select the appropriate option from the *Member is being discharged from* dropdown menu.

Member is being discharged from?\*

Inpatient Care  
Acute Residential  
Partial Hospital  
Intensive Outpatient

**Step 4:** Select the appropriate option from the *Was care provided at* field.

Was care provided at\*:

☐ This Facility  
☐ Another Facility

**Step 5:** Select the appropriate option from the *Patient Discharged to* dropdown menu.

**Step 6:** Select the appropriate option from the *Admissions diagnosis Class* field.

**Step 7:** Complete the *Primary Discharge Diagnosis Code*, *Secondary discharge Diagnosis Code*, and *Medical Conditions* fields.

**Step 8:** Complete the *Medication Reconciliation*, *follow-up provider name*, and *phone number* fields then click “Submit”.

The *Inpatient/ILOC Discharge* screen re-displays with the information populated.