

MHK Portal User Guide

MHK Portal User Guide for: Tufts Health Plan Commercial, Medicare, Medicaid and One Care plans (excluding Tufts Health Plan Senior Care Options)

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

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Overview

Inpatient notifications and prior authorization requests for outpatient services for Tufts Health 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) should be entered into the MHK Care Prominence portal via the [secure Provider portal](#).

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 TROUBLESHOOTING

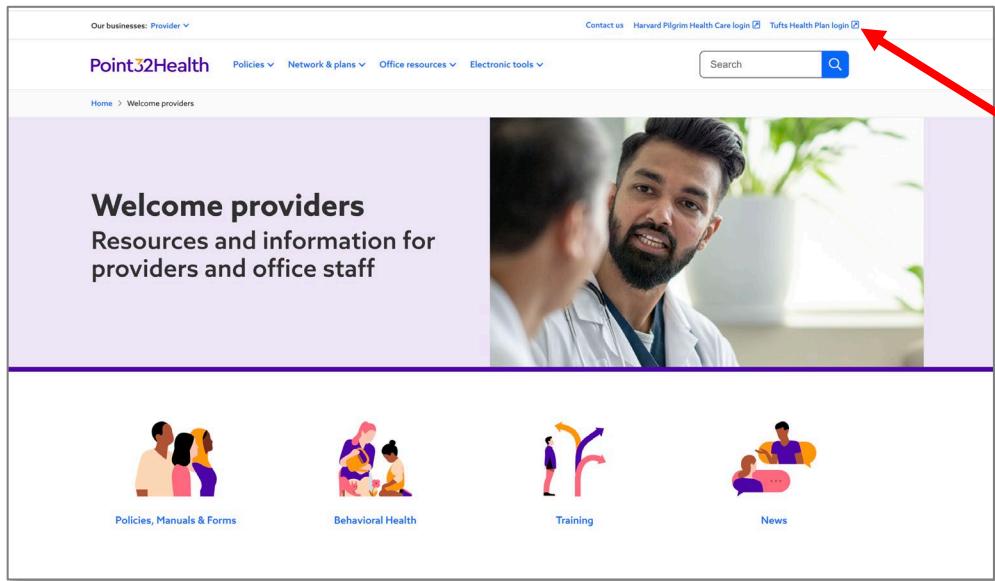
When contacting Provider Services, please be prepared to provide the following information:

- 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.)

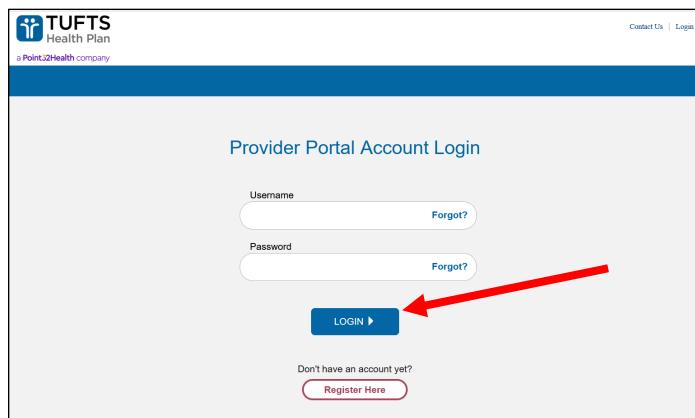
Accessing the Portal

LOGGING IN

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



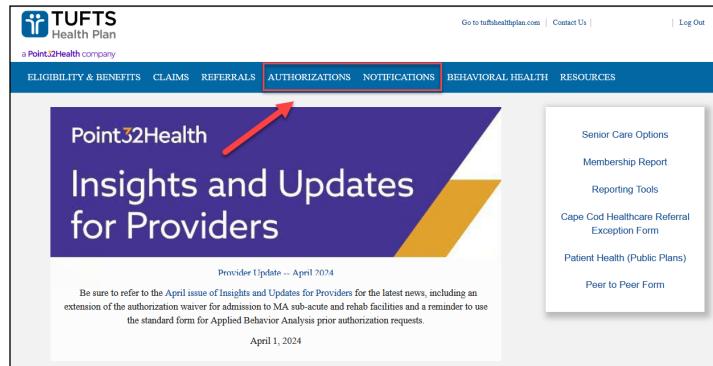
Step 2: Enter your *Username* and *Password* then click “Login.”



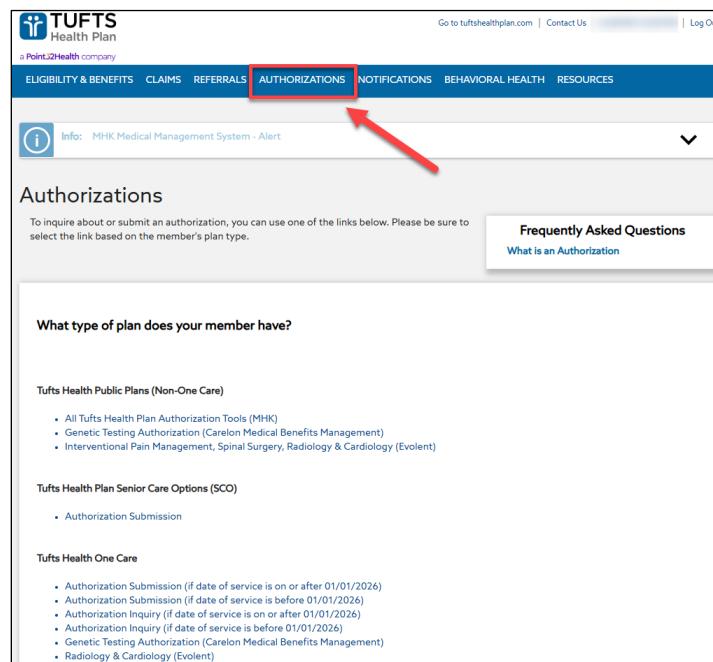
Accessing MHK Care Prominence from within the Secure Provider Portal

MIGRATING TO MHK CARE PROMINENCE

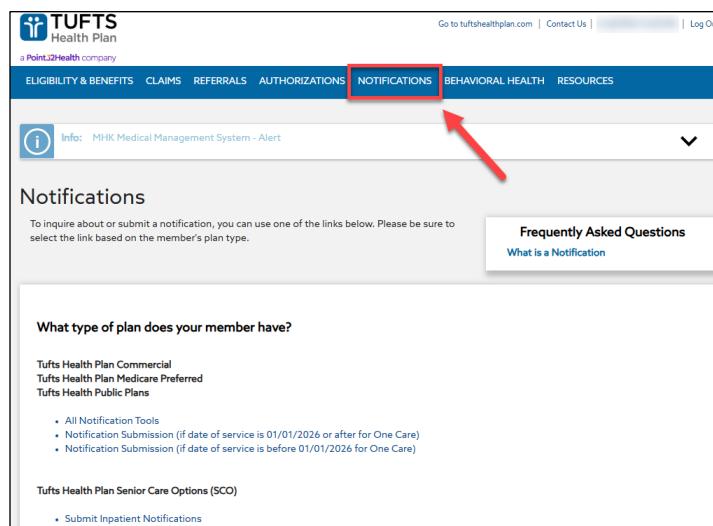
Step 1: To initiate a Prior Authorization, click the “Authorizations” tab or to initiate an Inpatient Notification, click the “Notifications” tab.



The following screen is displayed when selecting *Authorizations*:

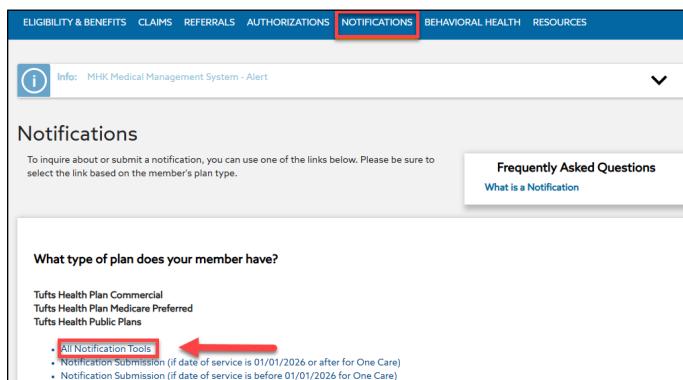


The following screen is displayed when selecting *Notifications*:



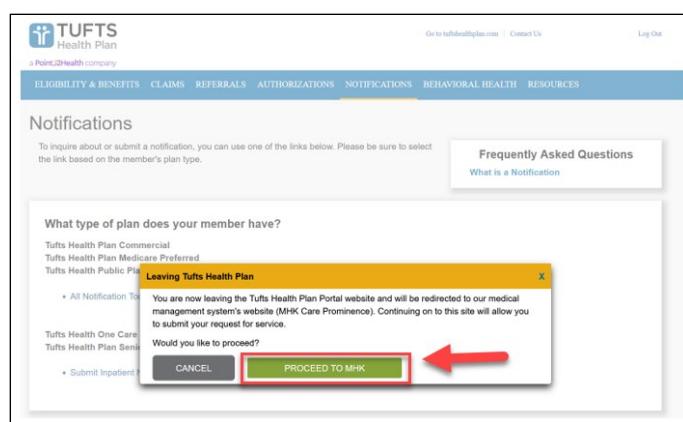
Step 2: Select the appropriate option under the member's plan:

Example = All Notification Tools for Tufts Health Plan Commercial, Tufts Medicare Preferred, and Tufts Health Public Plans.



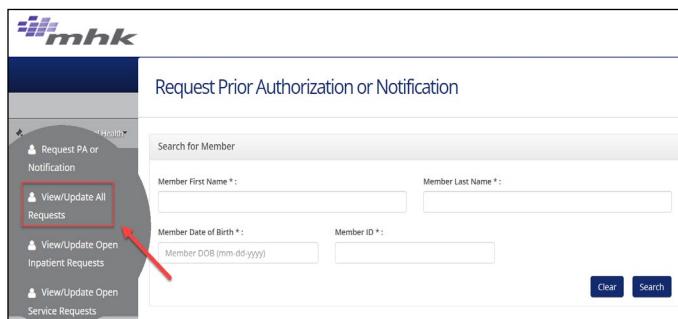
The screenshot shows the MHK Medical Management System interface. The top navigation bar includes links for ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS (which is highlighted with a red box), BEHAVIORAL HEALTH, and RESOURCES. A message box at the top left says 'Info: MHK Medical Management System - Alert'. The main content area is titled 'Notifications' and contains a sub-section 'What type of plan does your member have?'. It lists 'Tufts Health Plan Commercial', 'Tufts Health Plan Medicare Preferred', and 'Tufts Health Public Plans'. Below this is a list of notification tools: 'All Notification Tools' (highlighted with a red box and a red arrow), 'Notification Submission (if date of service is 01/01/2026 or after for One Care)', and 'Notification Submission (if date of service is before 01/01/2026 for One Care)'. A 'Frequently Asked Questions' box is also visible on the right.

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



The screenshot shows the Tufts Health Plan website with the 'Notifications' tab selected. The 'Leaving Tufts Health Plan' dialog box is open, asking if the user wants to proceed. It contains text about being redirected to the MHK Care Prominence website and two buttons: 'CANCEL' and 'PROCEED TO MHK' (highlighted with a red box and a red arrow).

The following screen displays:



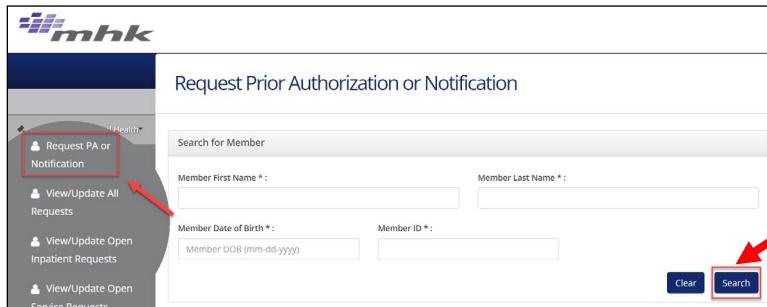
The screenshot shows the MHK Care Prominence interface. The left sidebar has a 'Request PA or Notification' section with four options: 'Request PA or Notification' (disabled), 'View/Update All Requests' (highlighted with a red box and a red arrow), 'View/Update Open Inpatient Requests', and 'View/Update Open Service Requests'. The main content area is titled 'Request Prior Authorization or Notification' and contains a 'Search for Member' form with fields for Member First Name, Member Last Name, Member Date of Birth, and Member ID, along with 'Clear' and 'Search' buttons.

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

Requesting a Prior Authorization or Submitting an Inpatient Notification

CONDUCTING A MEMBER SEARCH

Step 1: Click “Request PA or Notification” and then enter the *Member First Name*, *Member Last Name*, *Member Date of Birth* and *Member ID* and click “Search.”



The screenshot shows the 'Request Prior Authorization or Notification' page. On the left, a sidebar lists navigation options: 'Request PA or Notification' (highlighted with a red box), 'View/Update All Requests', 'View/Update Open Inpatient Requests', and 'View/Update Open Service Requests'. The main area is titled 'Request Prior Authorization or Notification' and contains fields for 'Member First Name', 'Member Last Name', 'Member Date of Birth', and 'Member ID'. A 'Search' button is located at the bottom right of the search area, also highlighted with a red box.

The *Member Search Results* screen displays.

Step 2: Click “Select” in the *Action* field once the appropriate member record is found.

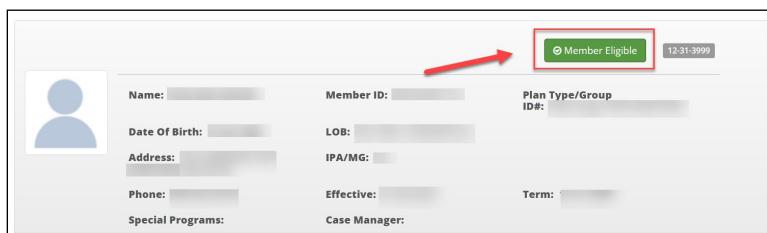
Note: The member is not currently active if “Eligible” is not listed in the *Status* field.



The screenshot shows the 'Member Search Results' page. It includes a 'Show all Eligibility Records' button (highlighted with a red box) and a table with columns: ACTION, FIRST NAME, LAST NAME, DATE OF BIRTH, MEMBER ID, ADDRESS, STATUS, EFFECTIVE DATE, TERM DATE, COMPANY, LINE OF BUSINESS, PLAN CODE, and PLAN DESCRIPTION. A 'Select' button is located in the 'ACTION' column of the first row. The 'Status' field for this row shows 'Eligible' (highlighted with a red box). The table shows 'Showing 1 to 1 of 1 entries'.

Note: Click “Show all Eligibility Records” to view more member eligibility records.

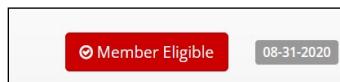
The *Request Prior Authorization or Notification* screen displays:



The screenshot shows the 'Request Prior Authorization or Notification' page. In the upper right, there is a 'Member Eligible' button (highlighted with a red box) and a date '12-31-3999'. The main area contains fields for Name, Member ID, Plan Type/Group ID#, Date Of Birth, LOB, Address, IPA/MG, Phone, Effective, Term, and Special Programs.

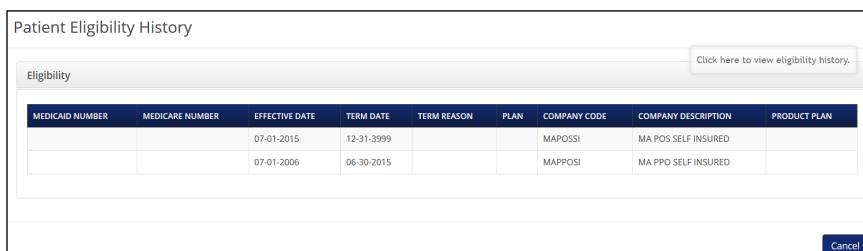
Note: Click “Member Eligible” in upper right-hand section of the screen to review member coverage details.

- 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.



The screenshot shows a modal window with a red 'Member Eligible' button and a date '08-31-2020' displayed below it.

The following screen displays:



The screenshot shows the 'Patient Eligibility History' page. It includes a 'Click here to view eligibility history' link and a table with columns: MEDICAID NUMBER, MEDICARE NUMBER, EFFECTIVE DATE, TERM DATE, TERM REASON, PLAN, COMPANY CODE, COMPANY DESCRIPTION, and PRODUCT PLAN. The table shows two rows of data: one for 07-01-2015 (MAPOSSI, MA POS SELF INSURED) and one for 07-01-2006 (MAPPOSI, MA PPO SELF INSURED).

Step 3: 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*.

Select Authorization Urgency

Standard Expedited

Attestation Regarding Expedited Review

By checking expedited, I certify that the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function. Please refer to your provider manual for more information.

ADD REQUESTING PROVIDER

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

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

*Requesting Provider

Specialty

Provider Status

Search

Participating:

Yes No

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.

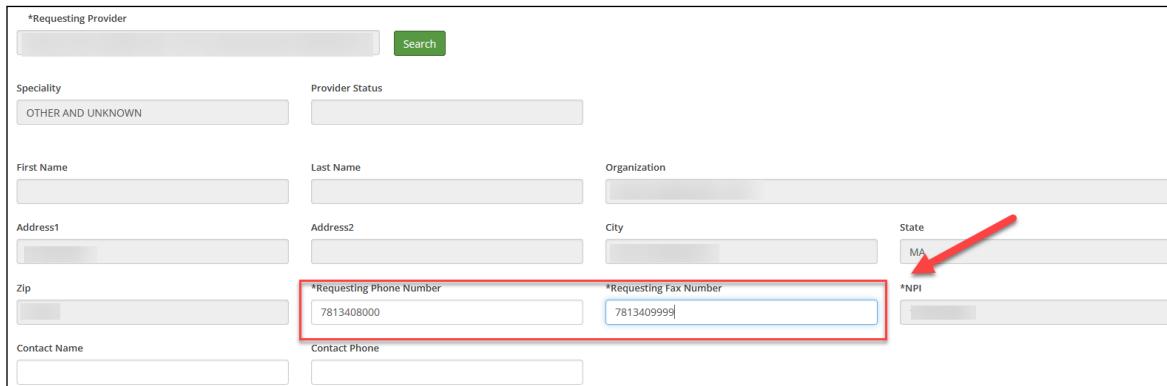
ACTION	Provider Id	NPI	Tax Id	First Name	Last Name	Facility/Organization
Select						
Select						

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.



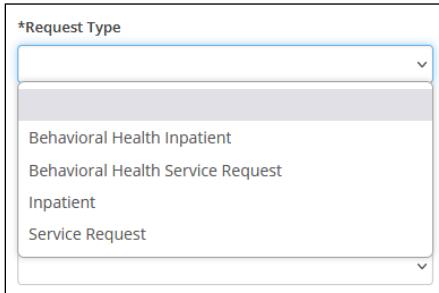
The screenshot shows a search interface for a provider. At the top, there is a search bar labeled "*Requesting Provider" with a "Search" button. Below it, there are fields for "Specialty" (set to "OTHER AND UNKNOWN") and "Provider Status". The main search area contains fields for "First Name", "Last Name", "Organization", "Address1", "Address2", "City", "State" (set to "MA"), "Zip", "Contact Name", and "Contact Phone". Two input fields, "*Requesting Phone Number" (containing "7813408000") and "*Requesting Fax Number" (containing "7813409999"), are highlighted with a red box. A red arrow points to the "State" field, which is set to "MA".

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

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

Request Type	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 a Behavioral Health Inpatient Admission or Service Request, refer to the MHK Behavioral Health Portal User Guide which can be found in the [Provider Training](#) section of website under Tufts Health Plan Guides and Resources.

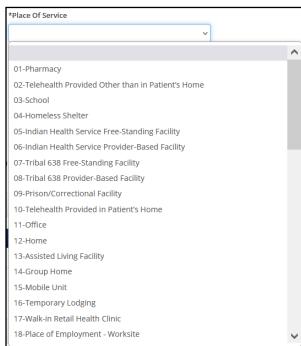


Note: After selecting the appropriate *Request Type*, additional fields may display.

If request type is...	Then complete the following fields marked with an asterisk as required:
Inpatient	<ul style="list-style-type: none"> • Bed Type • Request Admit Date • Admit Type • Review Type
Service Request	<ul style="list-style-type: none"> • Review Type

Step 4: Select the appropriate *Place of Service* from the dropdown menu (e.g., 21- Inpatient Hospital, 11- Office).

Note: Values in step 4 are based on the member's coverage and values displayed may be different.



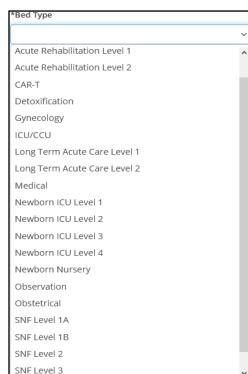
Step 5: Select the "Yes" radio button in the *Requesting Provider Same as Servicing Provider* field if the servicing and requesting provider are the same or in the *Requesting Provider Same as Facility* field if the facility and requesting provider are the same.

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.

Requesting Provider Same as Servicing Provider	Requesting Provider Same as Facility
<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO

Step 6: If *Request Type* is "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.



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 *Admit Type* is "Urgent/Emergent," enter the *Actual Admit Date* (MM-DD-YYYY). The *Actual Admit Date* cannot be dated in the future. Please leave this field blank for scheduled admissions (in the future).

*Request Admit Date 04-22-2024	Actual Admit Date 04-22-2024	*Admit Type Urgent/ Emergent	Admit From Emergency Room
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Step 8: Select the appropriate *Review Type* option from the dropdown menu (e.g., "Initial Review" for Inpatient Requests or "Prospective" for Service Requests).

Inpatient Requests:

*Review Type
Initial Review

Service Requests:

*Review Type
Prospective

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 in authorization matching. If using First Name and Last Name, or Organization/Facility, include the provider's State (abbreviated).

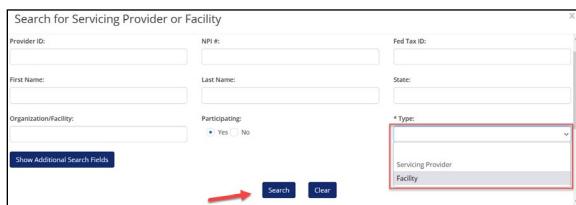
Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Organization/Facility: Participating: Yes No Type:

Step 3: Select the appropriate *Provider Type* from the *Provider Type* dropdown menu and click “Search.” The search results display for *Servicing Provider or Facility*.

Note: If servicing provider/facility are out of network (OON), the user must select the “No” radio button under the *Participating* field.



Search for Servicing Provider or Facility

Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Organization/Facility: Participating: Yes No Type:

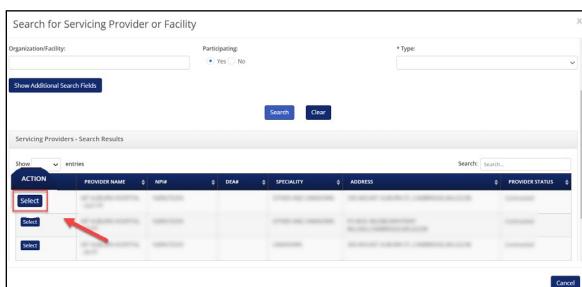
Show Additional Search Fields

Servicing Provider Facility

Search Clear

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:

Show Additional Search Fields

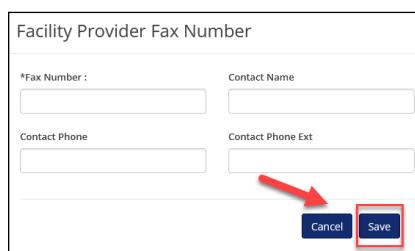
Search Clear

Servicing Providers - Search Results

ACTION	PROVIDER NAME	NPI#	DEA#	SPECIALTY	ADDRESS	PROVIDER STATUS
Select	Provider Name	NPI#	DEA#	Specialty	Address	Provider Status
Select	Provider Name	NPI#	DEA#	Specialty	Address	Provider Status
Select	Provider Name	NPI#	DEA#	Specialty	Address	Provider Status

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

Note: For Inpatient requests, the facility provider fax number should always be the Utilization Review department's fax number.



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#	DEA#	SPECIALTY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
Remove	Provider Name	NPI#	DEA#	Specialty	Network	Address	Fax Number	Facility	Contracted
Remove	Provider Name	NPI#	DEA#	Specialty	Network	Address	Fax Number	Servicing Provider	Contracted

ADD DIAGNOSIS CODE

Step 1: Click “Add Primary Diagnosis.”

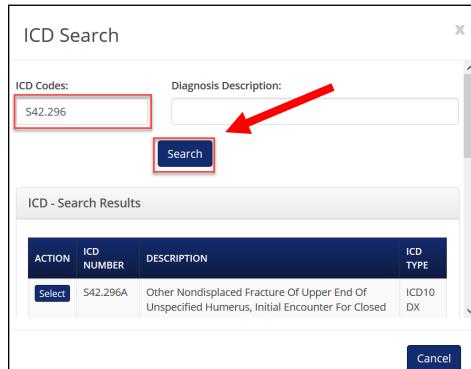


*Diagnosis (*Denotes required field)

ICD - Search Results

Add Primary Diagnosis Add Diagnosis

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



ICD Search

ICD Codes: S42.296 Diagnosis Description:

Search

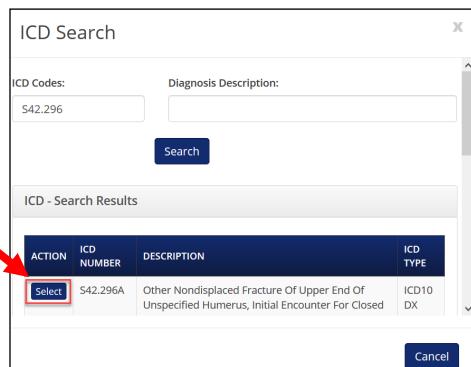
ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	S42.296A	Other Nondisplaced Fracture Of Upper End Of Unspecified Humerus, Initial Encounter For Closed	ICD10 DX

Cancel

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

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



ICD Search

ICD Codes: S42.296 Diagnosis Description:

Search

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	S42.296A	Other Nondisplaced Fracture Of Upper End Of Unspecified Humerus, Initial Encounter For Closed	ICD10 DX

Cancel

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



ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	PRIMARY DIAGNOSIS
Remove	H44.651	Retained (Old) Magnetic Foreign Body In Vitreous Body, Right Eye	ICD10 DX	YES

ADD PRIMARY PROCEDURE CODE

A CPT/HCPSCS code is only required for scheduled surgical admissions or service requests. If submitting an urgent/emergent inpatient notification, this step is not required.

Step 1: Click “Add Primary Procedure” for inpatient requests or click “Add Procedure” for service requests.

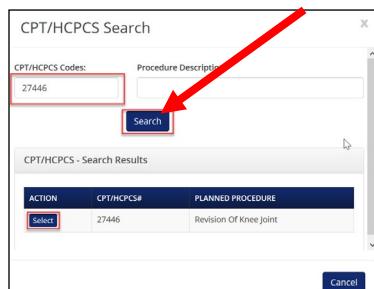


*Procedure (*Denotes required field)

CPT/HCPSCS - Search Results

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

Step 2: Enter the procedure code or description in the **CPT/HCPSCS Codes** field and click “Search.”



CPT/HCPSCS Search

CPT/HCPSCS Codes: 27446

Procedure Description:

Search

CPT/HCPSCS - Search Results

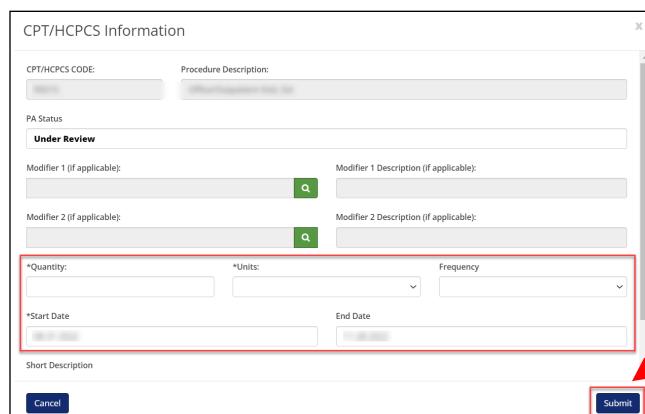
ACTION	CPT/HCPSCS#	PLANNED PROCEDURE
Select	27446	Revision Of Knee Joint

Step 3: Click “Select” to add the procedure code to the request.



ACTION	CPT/HCPSCS#	PLANNED PROCEDURE
Select	27446	Revision Of Knee Joint

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



CPT/HCPSCS Information

CPT/HCPSCS CODE: Procedure Description:

PA Status: Under Review

Modifier 1 (if applicable):

Modifier 2 (if applicable):

*Quantity: *Units: Frequency

*Start Date End Date

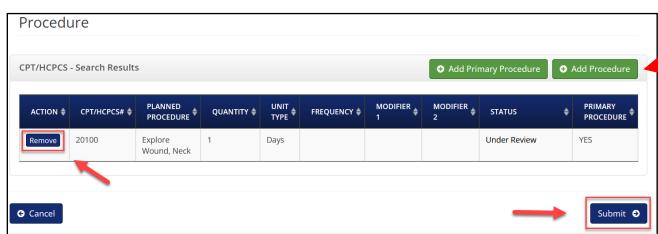
Short Description

Cancel

Submit

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

Note: Click “Add Procedure” and repeat steps to add additional procedure codes. If a procedure code is added in error, click “Remove” in the “Action” field to remove.



Procedure

CPT/HCPSCS - Search Results

ACTION	CPT/HCPSCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	STATUS	PRIMARY PROCEDURE
Remove	20100	Explore Wound, Neck	1	Days				Under Review	YES

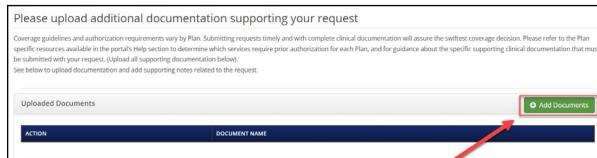
Note: If you are requesting an authorization for PT/OT/ST, Home Care, or post-acute admissions, additional information may be required via an assessment. (Refer to pages 15-18 on *Submitting Assessments*.)

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.



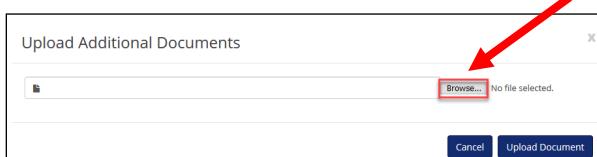
Please upload additional documentation supporting your request
Coverage guidelines and authorization requirements vary by Plan. Submitting requests timely and with complete clinical documentation will assure the swiftest coverage decision. Please refer to the Plan specific resources available in the 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

ACTION	DOCUMENT NAME
Remove	Sample Notes.docx

Add Documents

Step 2: Click “Browse.”

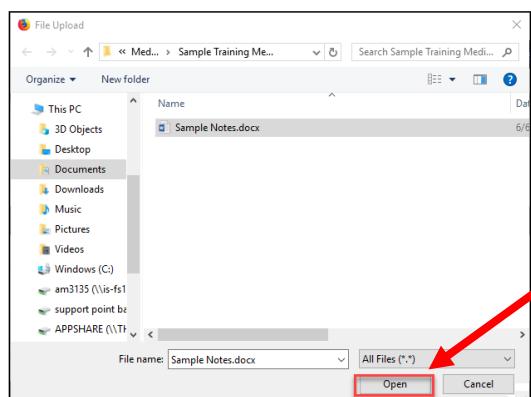


Upload Additional Documents

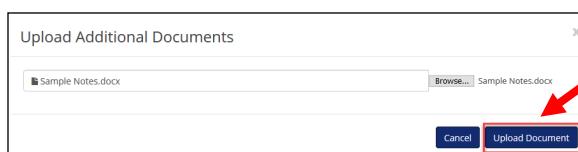
Browse... No file selected.

Cancel **Upload Document**

Step 3: Navigate to where the clinical documentation is saved on your computer and click “Open.”



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



Upload Additional Documents

Sample Notes.docx

Upload Document

The *Uploaded Documents* screen is now populated:

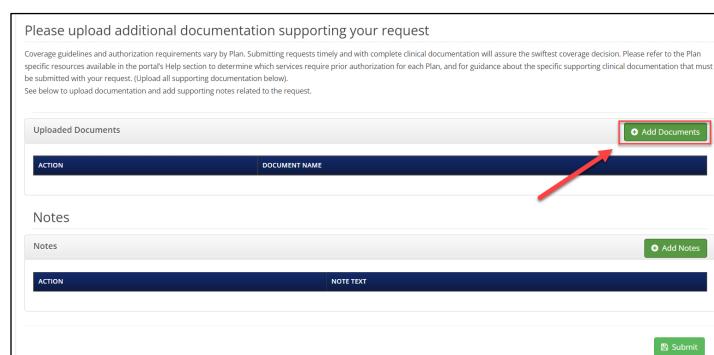


Uploaded Documents

ACTION	DOCUMENT NAME
Remove	Sample Notes.docx

Add Documents

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



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

ACTION	DOCUMENT NAME
Remove	Sample Notes.docx

Add Documents

Notes

ACTION	NOTE TEXT
Notes	Notes

Add Notes

Submit

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

ACTION	DOCUMENT NAME
Remove	TestFax.pdf

Notes

ACTION	NOTE TEXT
Remove	Enter information pertaining to your request not included within the clinical documentation you have attached.

Add Notes

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

ACTION	DOCUMENT NAME
Remove	Sample Notes.docx

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 12313999

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

Authorization Status: In Progress **Reason:** [REDACTED]

Decision: [REDACTED] **Reference#:** [REDACTED]

Procedure Status: Not Decisioned

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.

Submitting Assessments – Commercial Plans

PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH THERAPY

If a PT/OT or ST procedure code is submitted, the *Commercial Physical Therapy Services* assessment screen displays. Depending on the clinical information from these assessments, requests may auto void for authorization not required or pend for clinical review.

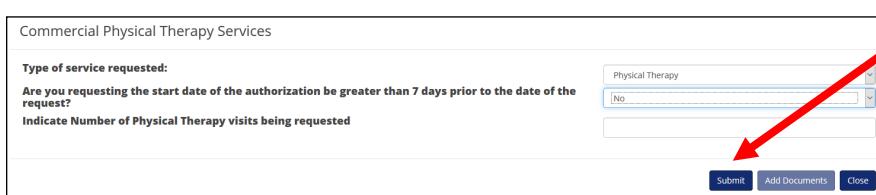
Step 1: Select “Physical Therapy,” “Occupational Therapy,” or “Speech Therapy” from the dropdown menu for the *Type of service requested* field.

Step 2: Complete any additional questions based on the type of service selected.

Step 3: Click “Submit” once assessment is completed.

Step 4: Click “Add Documents” to upload clinical documentation to support your request-Required.

Step 5: Click “Close” to close the assessment.



Commercial Physical Therapy Services

Type of service requested: Physical Therapy

Are you requesting the start date of the authorization be greater than 7 days prior to the date of the request? No

Indicate Number of Physical Therapy visits being requested

Submit Add Documents Close

Note: For additional information on coverage for PT/OT and ST services, refer to the applicable Medical Necessity Guidelines for Commercial products:

- [Medical Necessity Guidelines: Rehabilitative Services: Occupational Therapy](#)
- [Medical Necessity Guidelines: Rehabilitative Services: Physical Therapy](#)
- [Medical Necessity Guidelines: Rehabilitative Services: Speech Therapy](#)
- [Medical Necessity Guidelines: Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy](#)

Submitting Assessments – Tufts Health Public Plans

PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH THERAPY

If a PT or OT procedure code is submitted, the *Medicaid PT/OT* assessment screen displays. Depending on the clinical information from these assessments, requests may auto void for authorization not required or pend for clinical review.

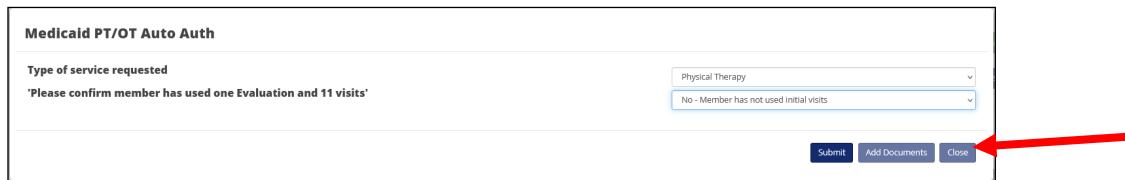
Step 1: Select “Physical Therapy” or “Occupational Therapy” from the dropdown menu for the *Type of service requested* field.

Step 2: Complete any additional questions based on the type of service selected.

Step 3: Click “Submit” once assessment is completed.

Step 4: Click “Add Documents” to upload clinical documentation to support your request.

Step 5: Click “Close” to close the assessment.



Medicaid PT/OT Auto Auth

Type of service requested: Physical Therapy

Please confirm member has used one Evaluation and 11 visits:

Submit Add Documents Close

Note: For additional information on coverage for PT/OT services, please refer to the applicable Medical Necessity Guidelines:

For Tufts Health Direct:

- [Medical Necessity Guidelines: Rehabilitative Services: Occupational Therapy](#)
- [Medical Necessity Guidelines: Rehabilitative Services: Physical Therapy](#)
- [Medical Necessity Guidelines: Rehabilitative Services: Speech Therapy](#)
- [Medical Necessity Guidelines: Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy](#)

For Tufts Health Together and Tufts Health RITogether:

- [Medical Necessity Guidelines: Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy](#)

HOME HEALTH CARE FOR TUFTS HEALTH TOGETHER AND TUFTS HEALTH RITOGETHER

If a home health care procedure code is submitted for Tufts Health Together and Tufts Health RITogether, the *THPP Homecare Assessment* screen displays. Depending on the clinical information from these assessments, requests may auto void for authorization not required or pend for clinical review.

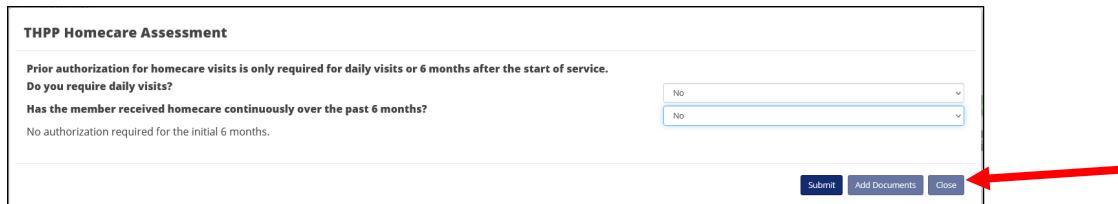
Step 1: Confirm if member requires daily visits for home health care.

Step 2: Confirm if the member has received continuous home care over the past six months.

Step 3: Click “Submit.”

Step 4: Click “Add Documents” to upload clinical documentation to support your request.

Step 5: Click “Close” to close the assessment.



THPP Homecare Assessment

Prior authorization for homecare visits is only required for daily visits or 6 months after the start of service.

Do you require daily visits?

Has the member received homecare continuously over the past 6 months?

No authorization required for the initial 6 months.

Submit Add Documents Close

Note: For more information, refer to the [Medical Necessity Guidelines for Home Health Care Services](#) for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care.

PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) FOR TUFTS HEALTH TOGETHER AND TUFTS HEALTH ONE CARE

If a post-acute request is submitted for a Tufts Health Together or Tufts Health One Care member, the *PASRR* screen displays.

Preadmission Screening and Resident Review (PASRR) is a federal- and state-required process that is designed to, among other things, identify evidence of serious mental illness (SMI) and/or intellectual or developmental disabilities (ID/DD) in all individuals (regardless of source of payment) seeking admission to Medicaid- or Medicare-certified nursing facilities.

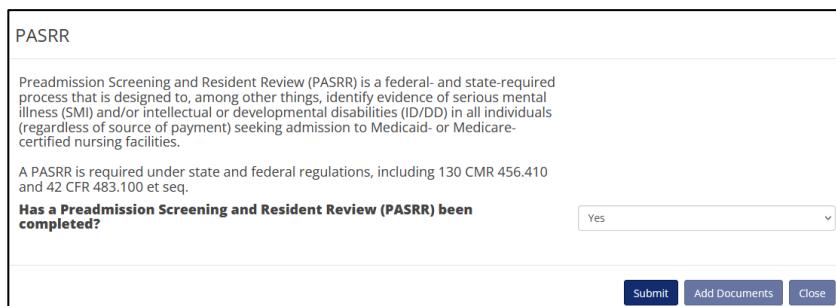
A PASRR is required under state and federal regulations, including 130 CMR 456.410 and 42 CFR 483.100 et seq.

Step 1: Confirm if Preadmission Screening and Resident Review (PASRR) has been completed.

Step 2: Click “Submit.”

Step 3: Click “Add Documents” to upload clinical documentation to support your request.

Step 4: Click “Close” to close the assessment.



PASRR

Preadmission Screening and Resident Review (PASRR) is a federal- and state-required process that is designed to, among other things, identify evidence of serious mental illness (SMI) and/or intellectual or developmental disabilities (ID/DD) in all individuals (regardless of source of payment) seeking admission to Medicaid- or Medicare-certified nursing facilities.

A PASRR is required under state and federal regulations, including 130 CMR 456.410 and 42 CFR 483.100 et seq.

Has a Preadmission Screening and Resident Review (PASRR) been completed?

Note: For more information, refer to [PASRR materials for providers](#) page on the MassHealth website.

Submitting Assessments – Medicare

MEDICARE NON-EMERGENCY TRANSPORTATION

If a non-emergency ambulance transfer request is submitted for Tufts Medicare Preferred, the *Medicare Non-Emergency Transportation Assessment* screen displays. Depending on the clinical information from these assessments, requests may auto approve for authorization or pend for clinical review.

Step 1: Confirm the type of transportation being requested.

Step 2: Complete any additional questions, if applicable based on the type of transportation selected.

Step 3: Click “Submit.”

Step 4: Click “Add Documents” to upload clinical documentation to support your request.

Step 5: Click “Close” to close the assessment.

The screenshot shows a web-based form titled "Medicare Non-Emergency Transportation Assessment". At the top, there is a note about CMS guidance for Medicare Advantage plan members. Below this, there are three dropdown menus corresponding to questions 1, 2, and 3. Question 1 asks if the request is for non-emergency, basic or advanced life support, ground. Question 2 asks if the member's medical condition is such that use of any other method of transportation is contraindicated, e.g., bed confinement. Question 3 asks to select the modifier combination for the member's non-emergency ambulance transportation from origins to destinations. At the bottom right, there are three buttons: "Submit", "Add Documents", and "Close".

Note:

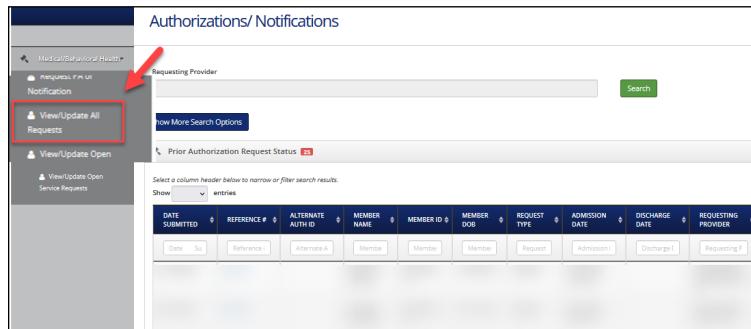
For more information, refer to the [Non-Emergent Ambulance Transportation for Tufts Medicare Preferred \(HMO and PPO\) Medical Necessity Guidelines](#).

View/Add to Existing Inpatient Notifications or 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.)

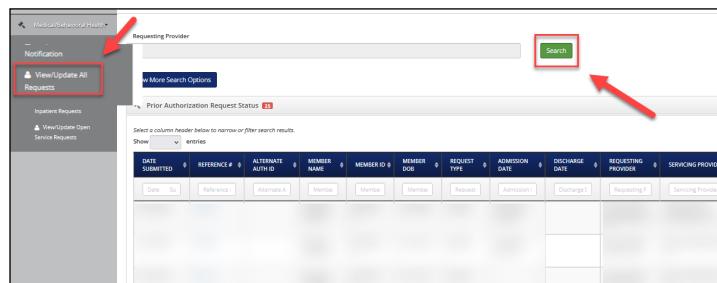
Note: The last seven days of closed (completed/decisioned) cases and all Open events associated with the providers registered to the account will display. The user can further refine their search by selecting the appropriate *Requesting Provider*.



The screenshot shows the MHK home page with a sidebar on the left containing navigation links: 'Medical Behavioral Health', 'Inpatient Requests', 'Notification', 'View/Update All Requests' (which is highlighted with a red box and an arrow), 'View/Update Open Service Requests', and 'View/Update Open Service Requests'. The main content area is titled 'Authorizations/ Notifications' and contains a search bar for 'Requesting Provider', a 'Search' button, and a 'More Search Options' link. Below the search area is a table header for 'Prior Authorization Request Status' with columns: DATE SUBMITTED, REFERENCE #, ALTERNATE AUTH ID, MEMBER NAME, MEMBER ID #, MEMBER DOB, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, and SERVICING PROVIDER. The table body is currently empty.

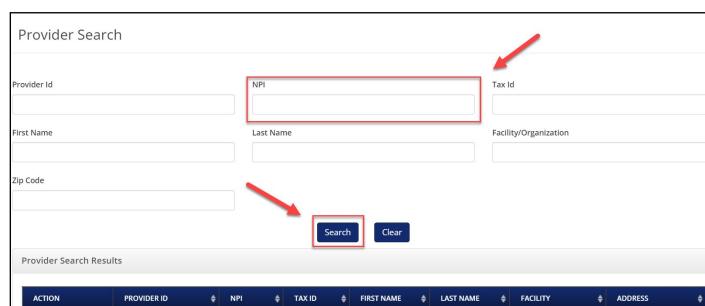
Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited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



The screenshot shows the MHK home page with the 'View/Update All Requests' option highlighted. The main content area shows the 'Requesting Provider' search field with a red box and an arrow, and the 'Search' button to its right, also highlighted with a red box and an arrow. The rest of the interface is identical to the first screenshot.

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



The screenshot shows the 'Provider Search' page. At the top, there are fields for 'Provider Id', 'NPI' (which is highlighted with a red box and an arrow), and 'Tax Id'. Below these are fields for 'First Name', 'Last Name', and 'Facility/Organization'. There is also a 'Zip Code' field and a 'Search' button at the bottom, which is highlighted with a red box and an arrow. The 'Provider Search Results' section at the bottom is currently empty.

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.

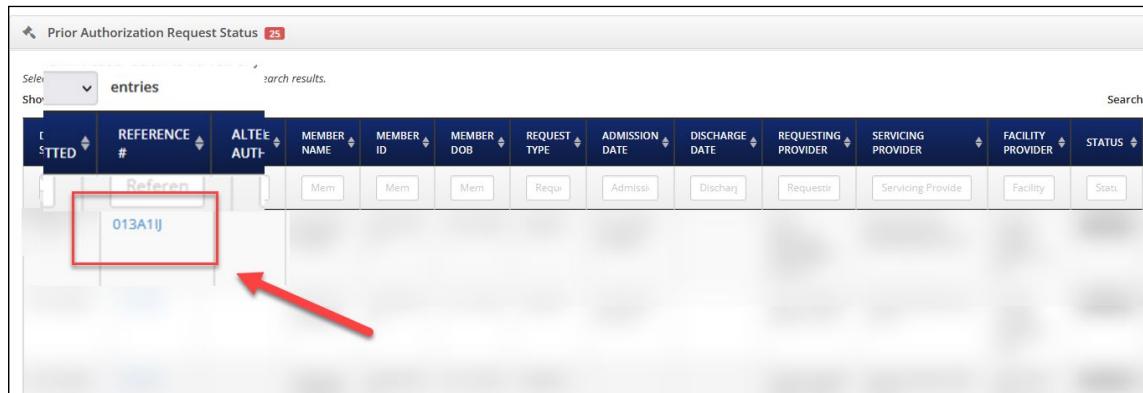
The following screen displays when you click “Show More Search Options”:

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

To search by authorization number, enter the authorization number in the **Auth #** field then click “Search.”

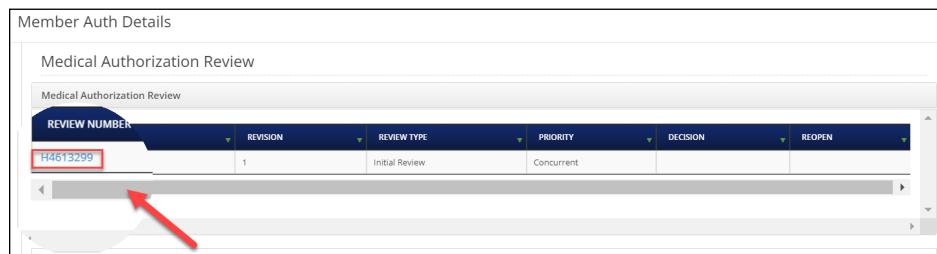
To search by date, select the appropriate **Date Type**, enter start and end dates, then click “Search.”

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



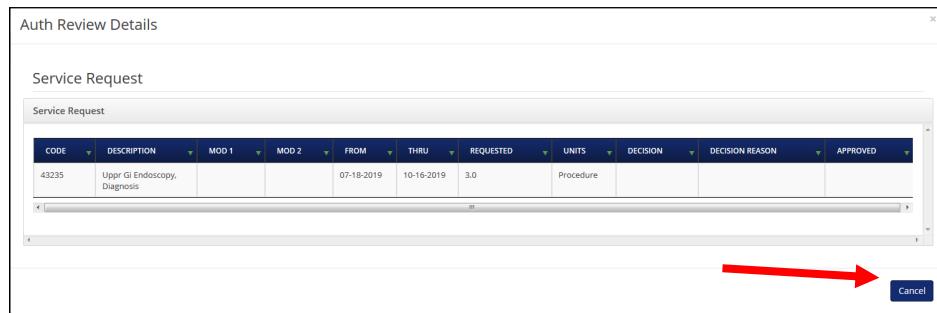
The screenshot shows a table with columns: STATUS, REFERENCED #, ALTEEE AUTH#, MEMBER NAME, MEMBER ID, MEMBER DOB, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVICING PROVIDER, FACILITY PROVIDER, and STATUS. The 'REFERENCED #' column is highlighted with a red box, and a red arrow points to the value '013A1J' in the first row.

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



The screenshot shows a table with columns: REVIEW NUMBER, REVISION, REVIEW TYPE, PRIORITY, DECISION, and REOPEN. The 'REVIEW NUMBER' column is highlighted with a red box, and a red arrow points to the value 'H4613299'.

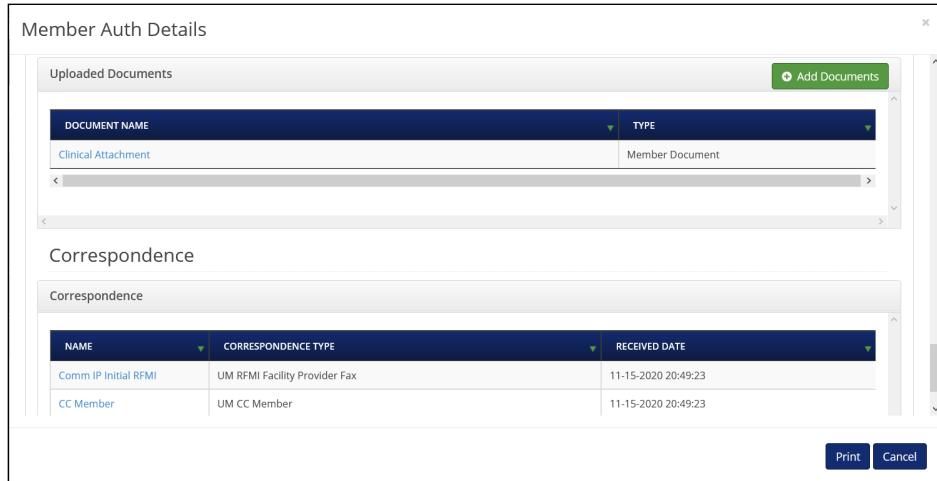
The *Auth Review Details* screen displays:



The screenshot shows a table with columns: CODE, DESCRIPTION, MOD 1, MOD 2, FROM, THRU, REQUESTED, UNITS, DECISION, DECISION REASON, and APPROVED. The 'APPROVED' column is highlighted with a red box, and a red arrow points to the 'Cancel' button in the bottom right corner.

Note: Click "Cancel" to return to the *Member Auth Details* screen.

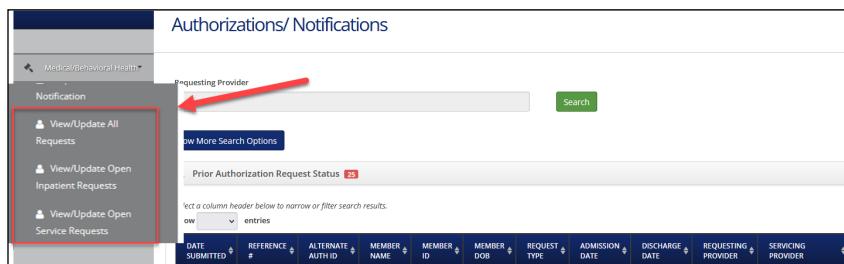
Step 4: To view additional details such as diagnosis, CPT, or provider information and to view attachments or correspondence letters, scroll through the *Member Auth Details* page.



The screenshot shows the 'Uploaded Documents' section with a table and an 'Add Documents' button. It also shows the 'Correspondence' section with a table and a 'Print' button in the bottom right corner.

ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

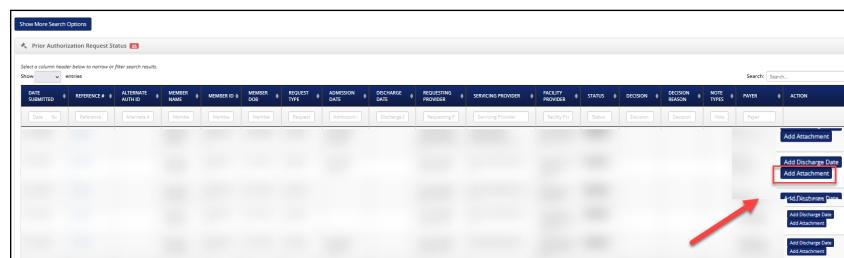
Step 1: From the *MHK home page*, select any one of the subsections to “View/Update All Requests” or “View/Update Open Inpatient or Service Requests” on the left-hand navigation bar.



The screenshot shows the MHK home page with a sidebar on the left. The sidebar has a heading 'Medical/behavioral Health' and a 'Notification' section. Under 'Notification', there are three options: 'View/Update All Requests', 'View/Update Open Inpatient Requests', and 'View/Update Open Service Requests'. A red arrow points to the 'View/Update All Requests' option. The main content area is titled 'Authorizations/ Notifications' and shows a search bar for 'Requesting Provider' with a 'Search' button. Below the search bar are 'Show More Search Options' and 'Prior Authorization Request Status' with a count of 25. A table header is visible with columns: DATE SUBMITTED, REFERENCE, ALTERNATE AUTH ID, MEMBER NAME, MEMBER ID, MEMBER DOB, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVICING PROVIDER, FACILITY PROVIDER, STATUS, DECISION, DECISION REASON, NOTE TYPES, and ACTION.

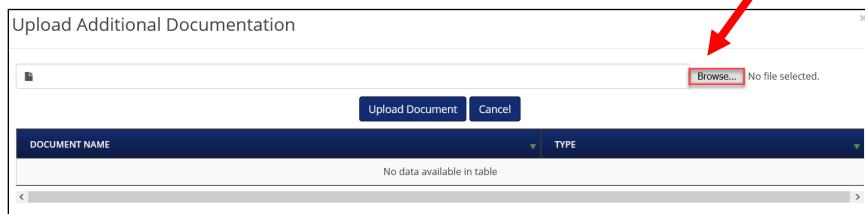
Step 2: After locating the existing request, click “Add Attachment” in the *Action* column.

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



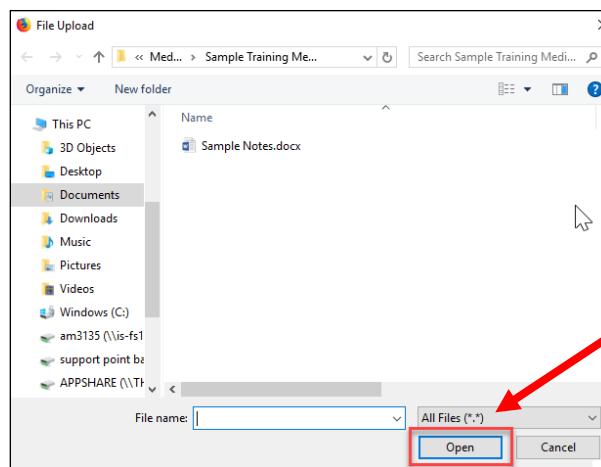
The screenshot shows a table titled 'Prior Authorization Request Status' with various columns. A context menu is open over a row in the table, showing options like 'Add Attachment', 'Add Discharge Date', 'Add Discharge Date', 'Add Discharge Date', 'Add Discharge Date', and 'Add Discharge Date'. A red arrow points to the first 'Add Attachment' option in the menu.

Step 3: Click “Browse.”



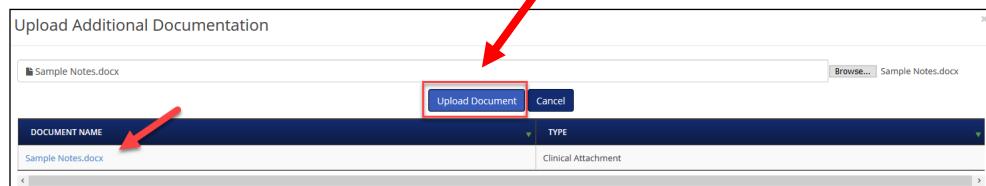
The screenshot shows a 'Upload Additional Documentation' dialog box. It has a 'Browse...' button with the text 'No file selected.' A 'DOCUMENT NAME' input field and a 'TYPE' dropdown are also visible. A red arrow points to the 'Browse...' button.

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



The screenshot shows a 'File Upload' dialog box from Windows File Explorer. It displays a list of files in the 'Documents' folder, including 'Sample Notes.docx'. A file selection dialog is open, showing a 'File name:' dropdown with 'Sample Notes.docx' selected, a 'Type' dropdown with 'All Files (*.*)', and 'Open' and 'Cancel' buttons. A red arrow points to the 'Open' button.

Step 5: Click “Upload Document.”



The screenshot shows the 'Upload Additional Documentation' dialog box again. The 'DOCUMENT NAME' field now contains 'Sample Notes.docx'. A red arrow points to the 'Upload Document' button. The 'Browse...' button is also visible.

ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

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

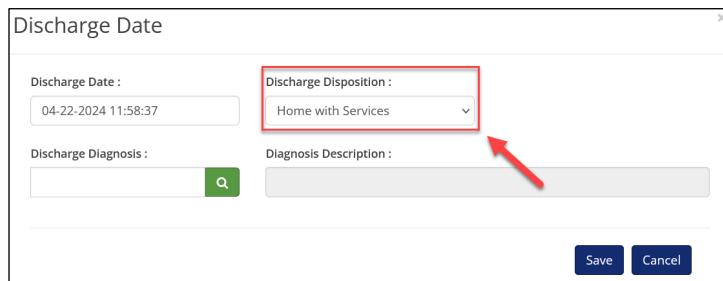
Step 2: From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click "Add Discharge Date" in the *Action* column.

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 *Discharge Diagnosis*, then click “Save.”



Discharge Date

Discharge Date : 04-22-2024 11:58:37

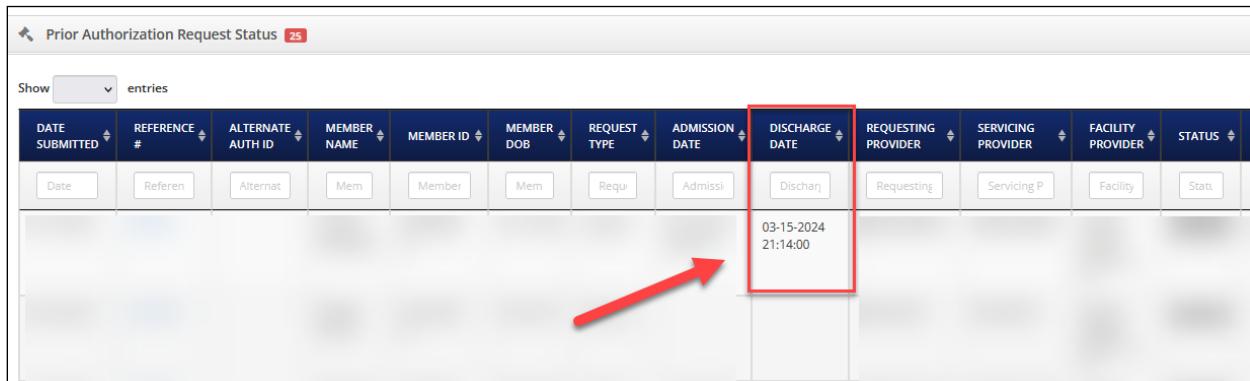
Discharge Disposition : **Home with Services**

Discharge Diagnosis :

Diagnosis Description :

Save Cancel

The following screen displays with the discharge date and time:



Prior Authorization Request Status 25													
<input type="button" value="Show"/> <input type="button" value="▼"/> entries													
DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS	
<input type="button" value="Date"/>	<input type="button" value="Referen"/>	<input type="button" value="Alternat"/>	<input type="button" value="Mem"/>	<input type="button" value="Member"/>	<input type="button" value="Mem"/>	<input type="button" value="Requ"/>	<input type="button" value="Admissi"/>	<input type="button" value="Dischar"/>	<input type="button" value="Requesting"/>	<input type="button" value="Servicing P"/>	<input type="button" value="Facility"/>	<input type="button" value="Stat"/>	
								03-15-2024 21:14:00					

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