



a Point32Health company

# Secure Provider Portal User Guide

For all Tufts Health Plan's products

- 
- > For instructions on the **MHK Medical Management System**, refer to the [MHK Portal User Guide](#) (Commercial, Tufts Health Public Plans, Tufts Medicare Preferred).
  - > For instructions on **Behavioral Health Authorizations**, refer to the [Behavioral Health and Substance Use Disorder MHK Portal User Guide](#) (for Commercial and Tufts Medicare Preferred Plans).
  - > User Guides are posted under **Tufts Health Plan Guides and Resources** in the [Provider Training Guides](#) section of the provider website.

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## New User Registration

### Registration Instructions

Determine the type of registration you need to complete. To add an additional provider or providers to your existing account, click “I need additional access” or to register a new account, click “Continue with registration.”

**You will need the following information to add additional providers or create a new account:**

- NPI (National Provider Identification)
- One of the following:
  - Tax ID number (group registrations)
  - Social Security Number (individual registrations)
- Information from two recent claims submitted by the provider

#### Select Your Role

If you are registering to be the Senior Access Administrator (SAA) of the NPI entered, and there is already an NPI in place, you must select “Replace current SAA” or “Cancel to start over” and select a different role.

#### Are you registering as the provider or on behalf of the provider?

If you are registering **as the provider**, select “Provider”

- You will need to enter the last four digits of your SSN or your TIN

If you are registering **on behalf of the provider**, select “On behalf of provider”

- You will need to provide one of the following to continue:
  - Last four digits of the provider’s SSN
  - The provider’s TIN
  - Information from two recent claims submitted to THP by the provider
- If you are the provider, you will need to answer security questions to validate your identity. Once you complete the questions correctly, you will be able to access the secure Provider portal.
- If you are registering on behalf of the provider, you will be required to list the provider’s email address. An email will be sent to the provider requesting that he/she approve or reject your request. The provider will also be asked to answer security information to validate his or her identity. If the request is approved, you will receive an email indicating you may now access the secure Provider portal.

### Roles Defined

- Senior Access Administrator (SAA) can create and modify accounts for Access Administrators (AAs) and/or Authorized Users (AUs).
- Access Administrator (AA) is authorized by the SAA to grant authorized users access to their Tufts Health Plan Secure Provider portal account. The AA may create and modify accounts for AUs.
- Authorized User (AU) is created by a SAA or AA to use functionality on the Tufts Health Plan Secure Provider portal.

## Registering

**Step 1:** From a Mozilla Firefox or Google Chrome web browser, enter: <https://providers.tufts-health.com/thp/portal/providers/login>.

The following screen displays:

The screenshot shows the 'Provider Portal Account Login' page. At the top left is the TUFTS Health Plan logo, and at the top right are links for 'Contact Us' and 'Login'. The main heading is 'Provider Portal Account Login'. Below this are two input fields: 'Username' and 'Password', each with a 'Forgot?' link to its right. A blue 'LOGIN' button with a right-pointing arrow is centered below the fields. At the bottom, there is a link that says 'Don't have an account yet?' with a red 'Register Here' button below it.

**Step 2:** Click “Register Here”

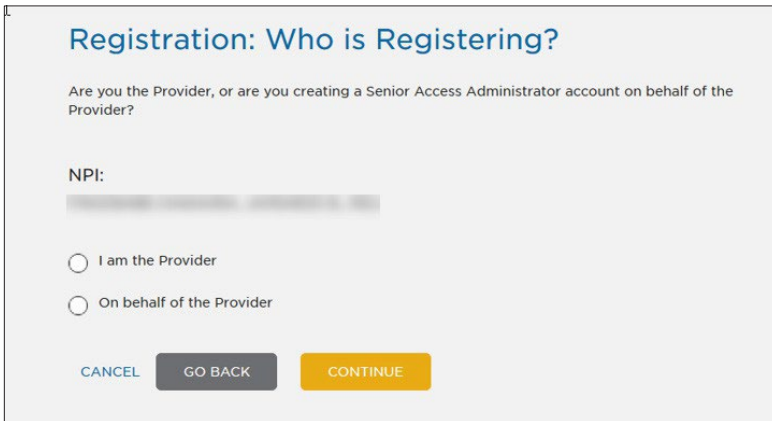
**Step 3:** Enter “National Provider ID” and click “Continue with Registration.”

The screenshot shows the 'Provider Portal Registration' page. It is split into two columns. The left column is titled 'Need Additional Access?' and features a blue circle icon with a white person silhouette. Below the icon, it says 'If you are already registered, but need additional access, click below.' There is a green button labeled 'I NEED ADDITIONAL ACCESS' and a grey 'BACK' button below it. The right column is titled 'First Time Registration' and features a blue circle icon with a white document and checkmarks. Below the icon, it says 'If you would like to register for an account, please enter an NPI below to start the registration process.' There is a text input field for 'National Provider ID' containing the value '123456789' and a yellow 'CONTINUE WITH REGISTRATION' button below it.

**Step 4:** Select the appropriate Registration NPI or Provider Group.

The screenshot shows the 'Registration: Requested Level' page. The heading is 'Registration: Requested Level'. Below it, the text says 'Please select the level of registration you are requesting.' A 'Please note' section explains that users should select the NPI radio button for individual NPI registration and the Provider Group radio button for group registration. There are two radio button options: 'NPI:' and 'Provider Group(s):', each followed by a blurred text field. At the bottom, there are three buttons: 'CANCEL', 'GO BACK', and 'CONTINUE'.

**Step 5:** Select the appropriate option to continue.



**Registration: Who is Registering?**

Are you the Provider, or are you creating a Senior Access Administrator account on behalf of the Provider?

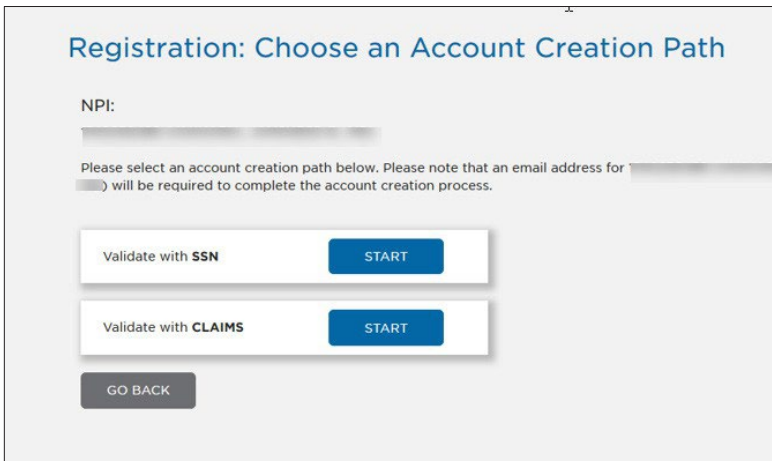
NPI:  
[Redacted]

I am the Provider

On behalf of the Provider

[CANCEL](#) [GO BACK](#) [CONTINUE](#)

**Step 6:** Select “Account Creation Path” and click “Start.”



**Registration: Choose an Account Creation Path**

NPI:  
[Redacted]

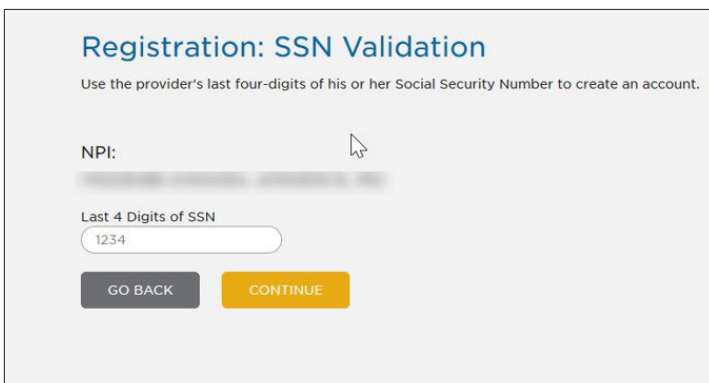
Please select an account creation path below. Please note that an email address for [Redacted] will be required to complete the account creation process.

Validate with **SSN** [START](#)

Validate with **CLAIMS** [START](#)

[GO BACK](#)

**Step 7:** Enter “Last 4 Digits of SSN” and click “Continue.”



**Registration: SSN Validation**

Use the provider's last four-digits of his or her Social Security Number to create an account.

NPI:  
[Redacted]

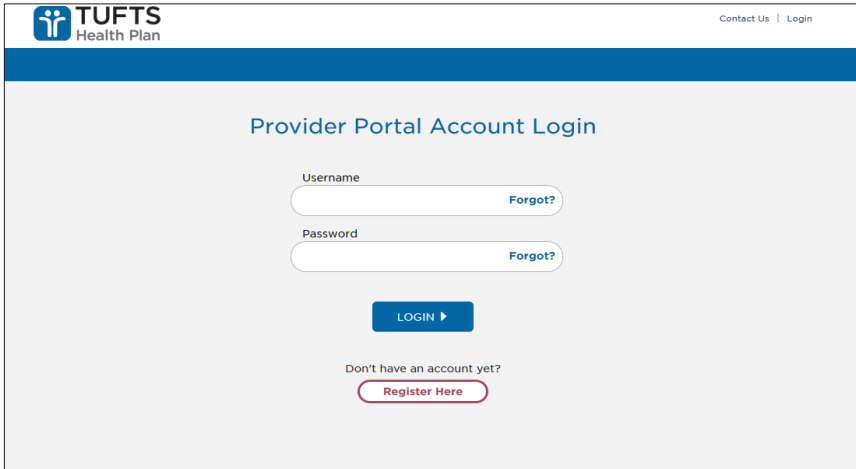
Last 4 Digits of SSN  
[1234]

[GO BACK](#) [CONTINUE](#)

## Logging In

**Step 1:** From a Mozilla Firefox or Google Chrome web browser, enter: <https://providers.tufts-health.com/thp/portal/providers/login>.

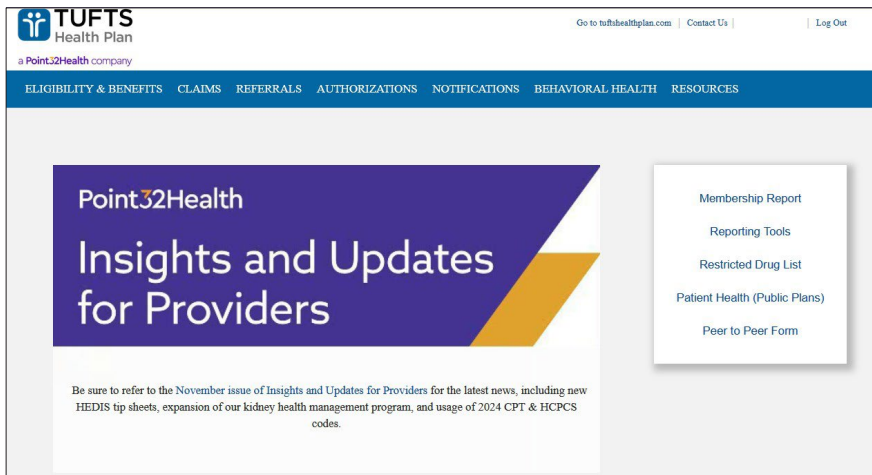
The following screen displays:



The screenshot shows the 'Provider Portal Account Login' page. At the top left is the TUFTS Health Plan logo, and at the top right are links for 'Contact Us' and 'Login'. The main heading is 'Provider Portal Account Login'. Below this are two input fields: 'Username' and 'Password'. Each field has a 'Forgot?' link to its right. Below the password field is a blue 'LOGIN ▶' button. At the bottom, there is a link 'Don't have an account yet?' with a 'Register Here' button below it.

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

The following screen displays:



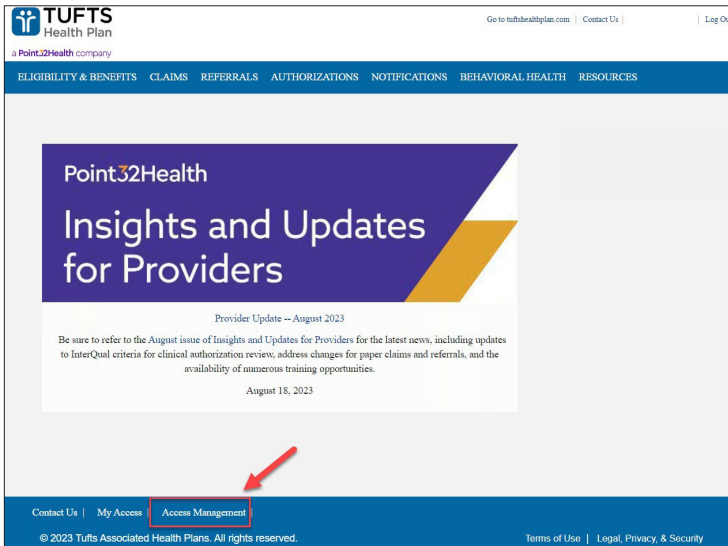
The screenshot shows the dashboard of the Provider Portal. At the top left is the TUFTS Health Plan logo, and at the top right are links for 'Go to tuftshealthplan.com', 'Contact Us', and 'Log Out'. Below the logo is a navigation menu with links for 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', 'AUTHORIZATIONS', 'NOTIFICATIONS', 'BEHAVIORAL HEALTH', and 'RESOURCES'. The main content area features a large banner for 'Point32Health Insights and Updates for Providers'. Below the banner is a text block: 'Be sure to refer to the November issue of Insights and Updates for Providers for the latest news, including new HEDIS tip sheets, expansion of our kidney health management program, and usage of 2024 CPT & HCPCS codes.' To the right of the banner is a list of links: 'Membership Report', 'Reporting Tools', 'Restricted Drug List', 'Patient Health (Public Plans)', and 'Peer to Peer Form'.

## Access Management

Access management allows administrators to distribute access and manage user permissions.

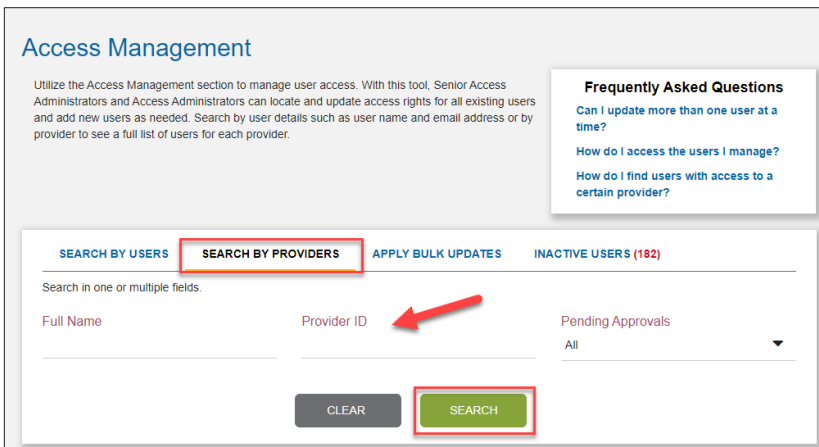
### To Use Access Management

**Step 1:** Click the “Access Management” tab.

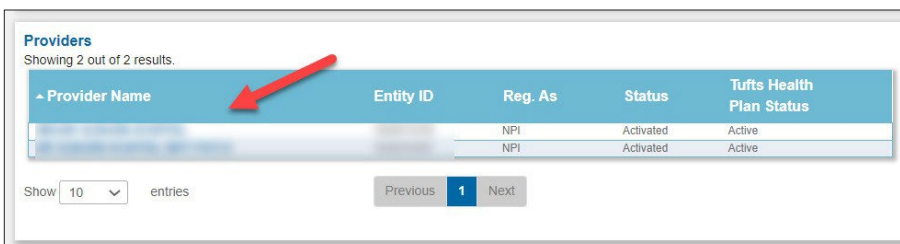


**Step 2:** Click “Search by Providers.”

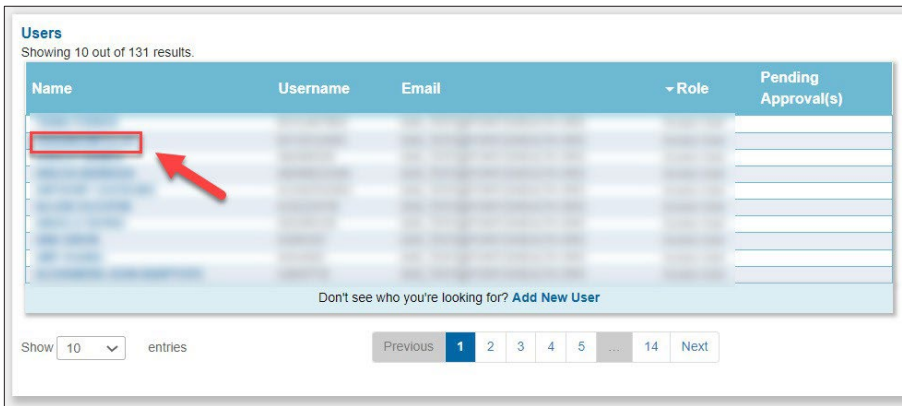
**Step 3:** Type “Provider ID” and click “Search” to continue.



**Step 4:** Click “Provider Name” to view authorized users.



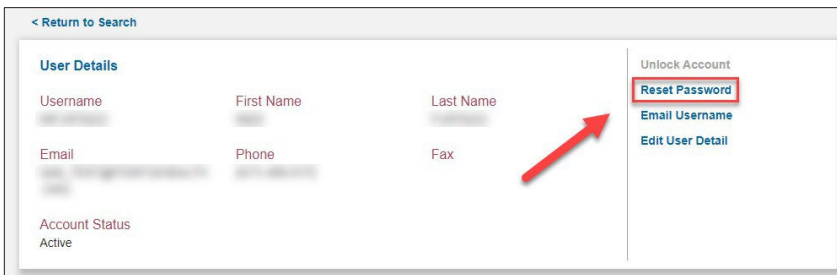
**Step 5:** From the search results screen, click the appropriate user to view additional details.



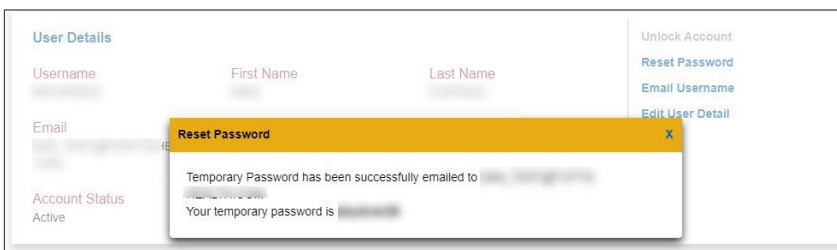
**Step 6:** From here the administrator can unlock the account, reset passwords, etc.

## Resetting a User Password

**Step 1:** From the *User Details* screen, click “Reset Password.”



**Step 2:** User can proceed to email on file to complete password reset steps.

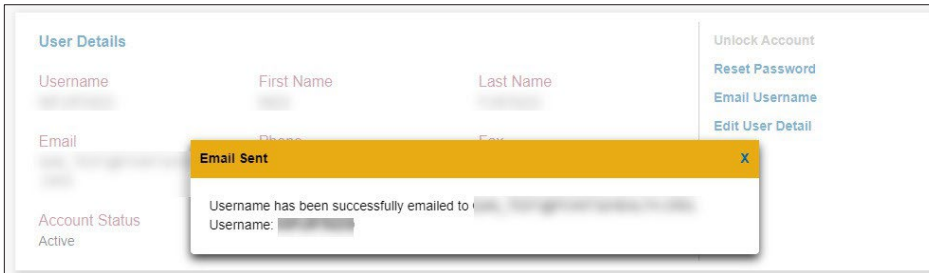


## Email Username

**Step 1:** If the Administrator wants to retrieve one of their User’s emails (“User Name”), from the User Details screen, click “Email Username.”



**Step 2:** User can proceed to email on file to retrieve username.



## Provider Directory Attestation for Facilities

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. Consistent with the No Surprises Act of 2021, Tufts Health Plan requests that providers revalidate their demographic information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update demographic information at least quarterly may result in directory suppression until such information is validated.

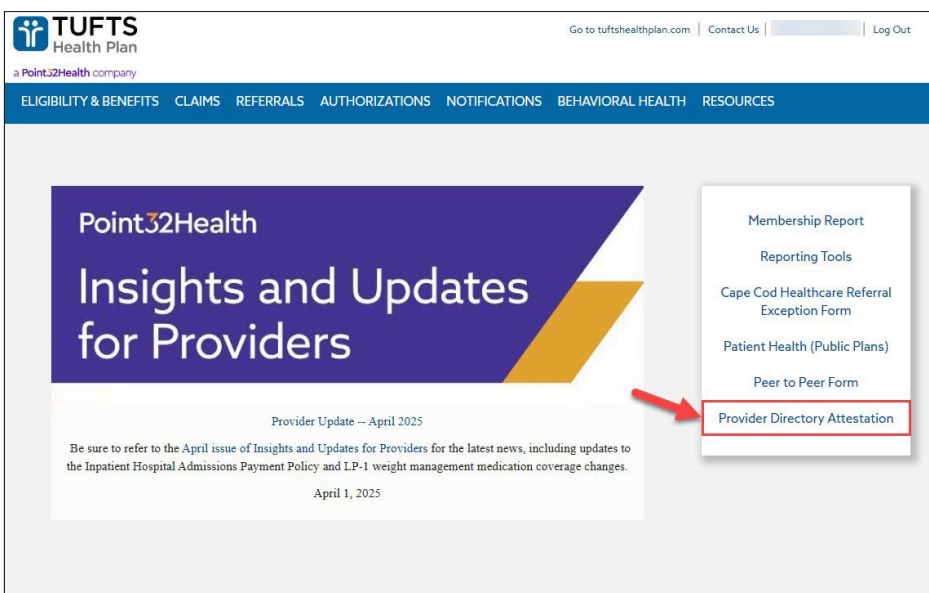
Individual practitioners provide this updated data through a vendor, CAQH. However, CAQH's process does not support non-individuals, such as facilities.

The following Provider Portal screens allow facilities to provide Tufts Health Plan with information critical to the provider directory (e.g., hours of operation, phone numbers, languages spoken by staff, telehealth options). They also offer the user a mechanism to review and confirm this information at a minimum of every 90 days, to help ensure that information in the provider directories is accurate.

## Accessing the “Provider Directory Attestation” Link

This link will be visible on the homepage to Senior Access Administrators (SAAs) who have at least one facility NPI under their online account.

**Step 1:** Click the “Provider Directory Attestation” link

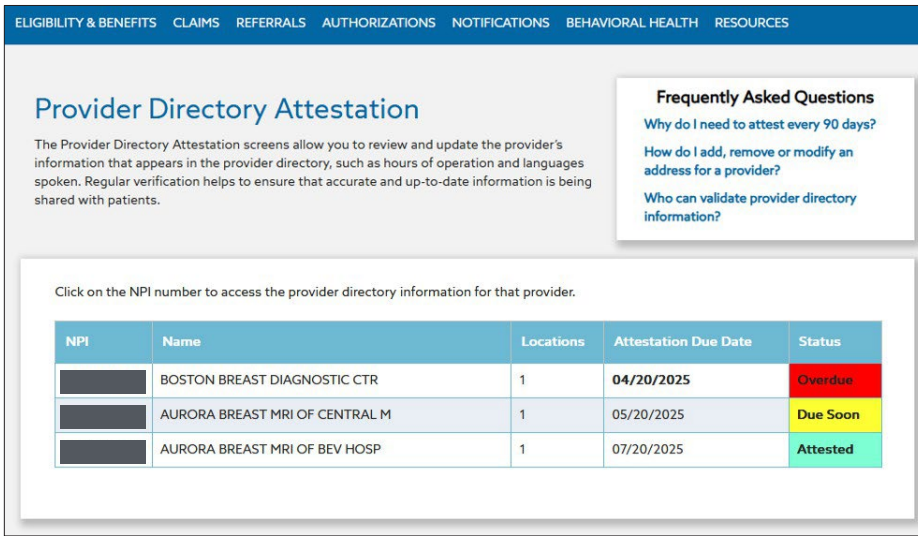


## Selecting an NPI

An initial summary screen shows all NPIs under the account which need to have their provider directory information reviewed and attested to via these screens (instead of CAQH).

This screen will show the current status and whether there are any attestations due soon.

**Step 2:** Click on the **NPI number** to continue to the next screen.



**Provider Directory Attestation**

The Provider Directory Attestation screens allow you to review and update the provider's information that appears in the provider directory, such as hours of operation and languages spoken. Regular verification helps to ensure that accurate and up-to-date information is being shared with patients.

**Frequently Asked Questions**

- Why do I need to attest every 90 days?
- How do I add, remove or modify an address for a provider?
- Who can validate provider directory information?

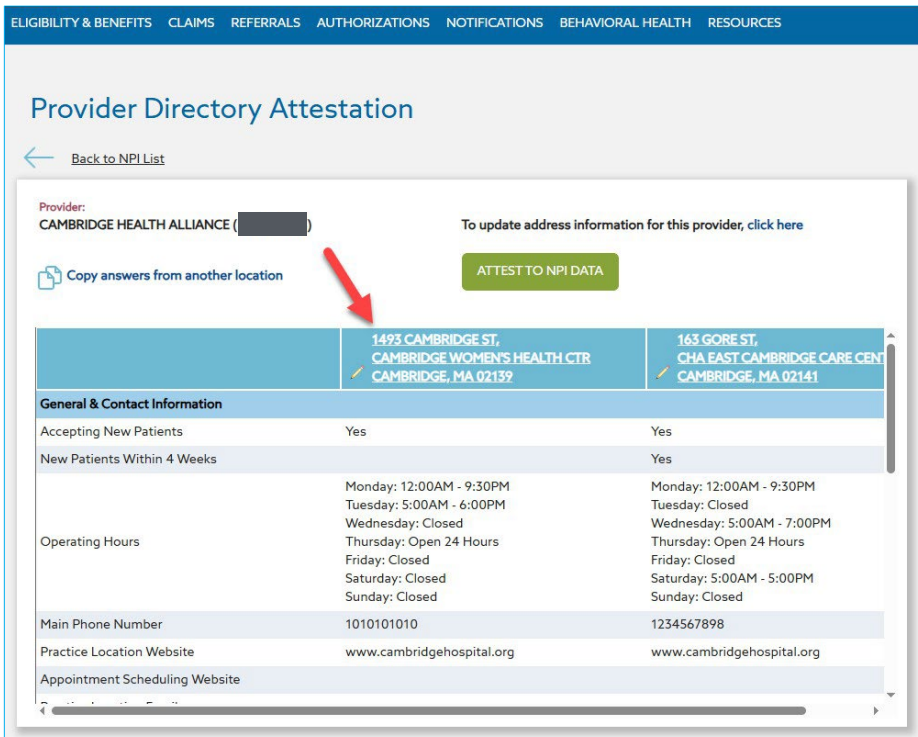
Click on the NPI number to access the provider directory information for that provider.

NPI	Name	Locations	Attestation Due Date	Status
[REDACTED]	BOSTON BREAST DIAGNOSTIC CTR	1	04/20/2025	Overdue
[REDACTED]	AURORA BREAST MRI OF CENTRAL M	1	05/20/2025	Due Soon
[REDACTED]	AURORA BREAST MRI OF BEV HOSP	1	07/20/2025	Attested

## View/Update Location Data

If the NPI has multiple locations, answer the questions for **each** address/location.

**Step 3:** Click on the NPI's **address/location (or pencil icon)**, in the column heading, to edit the answers.



**Provider Directory Attestation**

← [Back to NPI List](#)

Provider: CAMBRIDGE HEALTH ALLIANCE ([REDACTED])

To update address information for this provider, click [here](#)

[Copy answers from another location](#) [ATTEST TO NPI DATA](#)

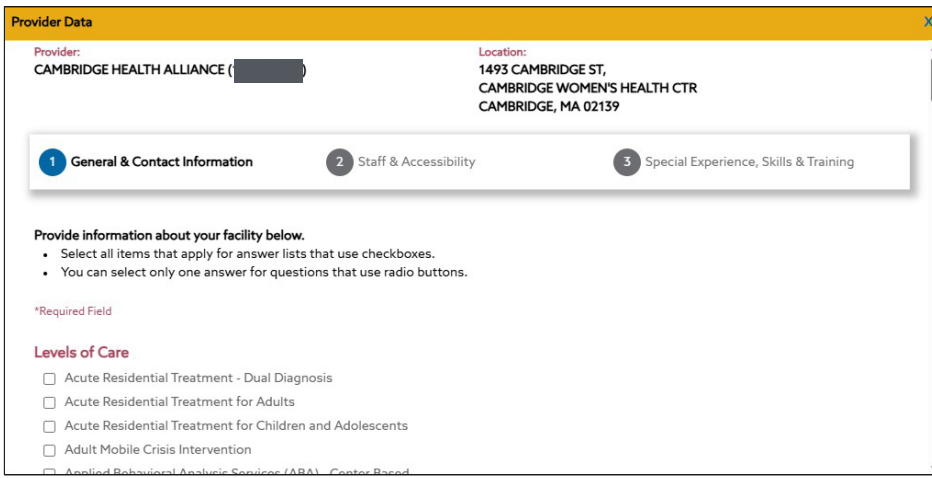
	1493 CAMBRIDGE ST, CAMBRIDGE WOMEN'S HEALTH CTR CAMBRIDGE, MA 02139	163 GORE ST, CHA EAST CAMBRIDGE CARE CENT CAMBRIDGE, MA 02141
<b>General &amp; Contact Information</b>		
Accepting New Patients	Yes	Yes
New Patients Within 4 Weeks		Yes
Operating Hours	Monday: 12:00AM - 9:30PM Tuesday: 5:00AM - 6:00PM Wednesday: Closed Thursday: Open 24 Hours Friday: Closed Saturday: Closed Sunday: Closed	Monday: 12:00AM - 9:30PM Tuesday: Closed Wednesday: 5:00AM - 7:00PM Thursday: Open 24 Hours Friday: Closed Saturday: 5:00AM - 5:00PM Sunday: Closed
Main Phone Number	1010101010	1234567898
Practice Location Website	www.cambridgehospital.org	www.cambridgehospital.org
Appointment Scheduling Website		

## Answering the Questions

A new screen will appear that has questions broken down into three subpages:

1. General & Contact Information
2. Staff & Accessibility
3. Special Experience, Skills & Training

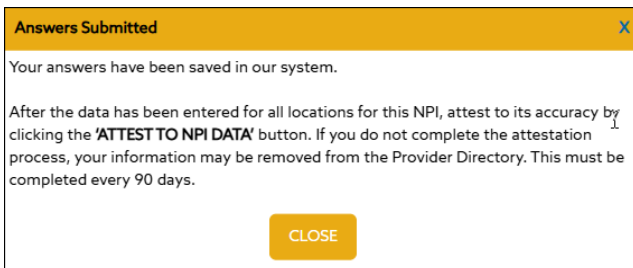
**Step 4:** Answer the questions on the three pages and submit.



The screenshot shows a 'Provider Data' form. At the top, it displays the provider name 'CAMBRIDGE HEALTH ALLIANCE' and the location '1493 CAMBRIDGE ST, CAMBRIDGE WOMEN'S HEALTH CTR, CAMBRIDGE, MA 02139'. Below this is a progress bar with three steps: '1 General & Contact Information' (active), '2 Staff & Accessibility', and '3 Special Experience, Skills & Training'. Underneath, there are instructions: 'Provide information about your facility below.' followed by two bullet points: 'Select all items that apply for answer lists that use checkboxes.' and 'You can select only one answer for questions that use radio buttons.' A '\*Required Field' label is present. The 'Levels of Care' section includes several checkboxes: 'Acute Residential Treatment - Dual Diagnosis', 'Acute Residential Treatment for Adults', 'Acute Residential Treatment for Children and Adolescents', 'Adult Mobile Crisis Intervention', and 'Applied Behavioral Analysis Services (ABA) - Center Based'.

After submission, you will receive a reminder that when you are done with answering for each location, you must take an **additional step** to attest/verify the accuracy of the data.

**Step 5:** Click “Close”



The screenshot shows a confirmation message titled 'Answers Submitted'. The text reads: 'Your answers have been saved in our system. After the data has been entered for all locations for this NPI, attest to its accuracy by clicking the **'ATTEST TO NPI DATA'** button. If you do not complete the attestation process, your information may be removed from the Provider Directory. This must be completed every 90 days.' At the bottom of the message is a yellow 'CLOSE' button.

## Copy Answers from Another Location

If the NPI has multiple locations, there will be an option to “**Copy answers from another location.**” This will only appear if you have already answered the questions for at least one location.



To copy data, select the location you are copying “From” and “To.”

**Copy Location Data**

Provider: CAMBRIDGE HOSPITAL ( [REDACTED] )

*\*Required Field*

You can copy data from a practice address that you have previously answered, in order to more quickly answer the questions for other locations. Doing so will copy (and overwrite) all answers to the other location selected.

Copy From\*

1493 CAMBRIDGE ST,  
CAMBRIDGE, MA 02139

Copy To\*

103 GARLAND ST,  
EVERETT, MA 02149

CANCEL CONTINUE

### Step 6: Attest to NPI Data

After you have answered the questions for all locations the NPI has, you will need to attest to the accuracy of the data. Click “Attest to NPI Data.”

- You will need to complete this attestation process every 90 days.
- Failure to do so may lead to the removal of the provider from the Provider Directory.

ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH RESOURCES

**Provider Directory Attestation**

← Back to NPI List

Provider: CAMBRIDGE HEALTH ALLIANCE ( [REDACTED] )

To update address information for this provider, click here

Copy answers from another location

ATTEST TO NPI DATA

	1493 CAMBRIDGE ST, CAMBRIDGE WOMEN'S HEALTH CTR CAMBRIDGE, MA 02139	163 GORE ST, CHA EAST CAMBRIDGE CARE CENT CAMBRIDGE, MA 02141
<b>General &amp; Contact Information</b>		
Accepting New Patients	Yes	Yes
New Patients Within 4 Weeks		Yes
Operating Hours	Monday: 12:00AM - 9:30PM Tuesday: 5:00AM - 6:00PM Wednesday: Closed Thursday: Open 24 Hours Friday: Closed Saturday: Closed Sunday: Closed	Monday: 12:00AM - 9:30PM Tuesday: Closed Wednesday: 5:00AM - 7:00PM Thursday: Open 24 Hours Friday: Closed Saturday: 5:00AM - 5:00PM Sunday: Closed
Main Phone Number	1010101010	1234567898
Practice Location Website	www.cambridgehospital.org	www.cambridgehospital.org
Appointment Scheduling Website		

### Step 7: Click “Submit”

**Attestation**

Provider: CAMBRIDGE HEALTH ALLIANCE ( [REDACTED] )

By submitting this form, you are attesting to the accuracy of the information for this NPI.

CANCEL SUBMIT

### Step 8: Click “Close”

**Attestation**

Provider: CAMBRIDGE HEALTH ALLIANCE ( [REDACTED] )

Thank you for your submission. You will need to attest to the accuracy of this information every 90 days.

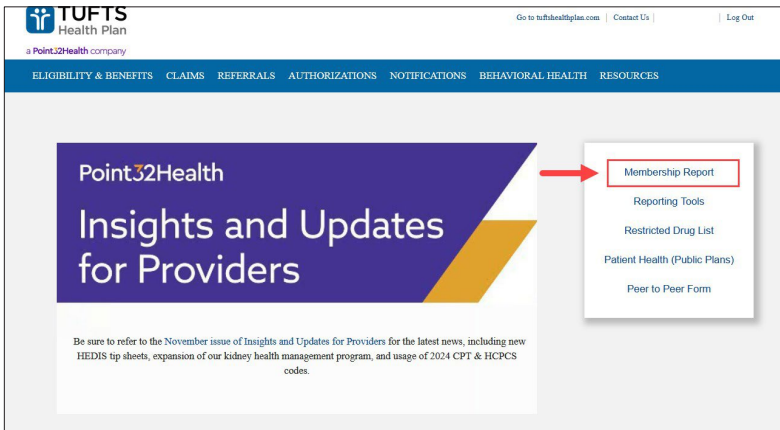
CLOSE

## Membership Reports

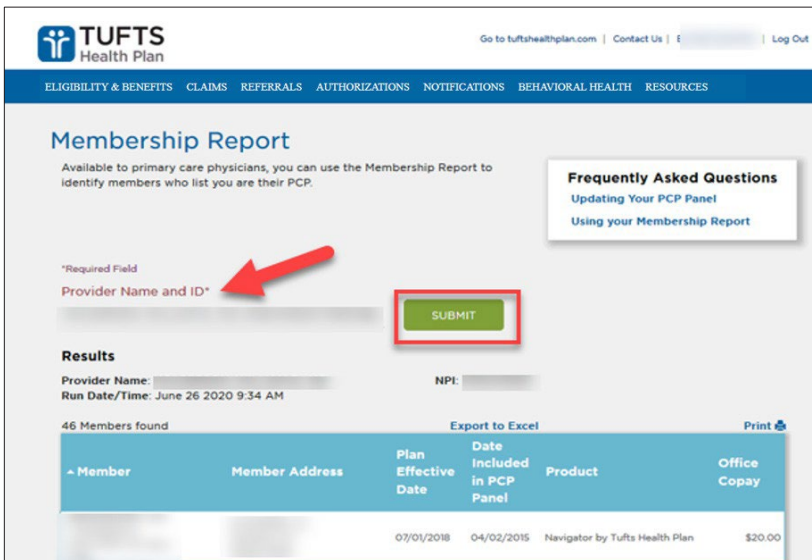
The Tufts Health Plan Secure Provider portal allows PCPs to access their Membership Reports.

### To Access Membership Reports

**Step 1:** Click “Membership Report.”

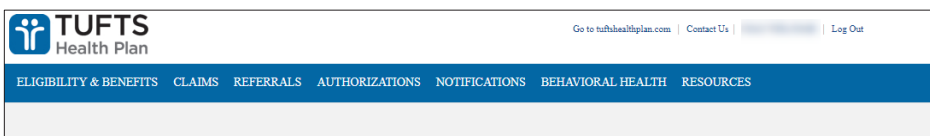


**Step 2:** Enter “Provider Name and ID” and click “Submit” to view the PCP’s Membership Report including Member Name, Member Address, Plan Effective Date, Date Included in PCP Panel and Office Copay.



## Functions

The Tufts Health Plan Secure Provider portal includes multiple tabs that have unique functions including Eligibility & Benefits, Claims, Referrals, Authorizations, Notifications and Behavioral Health.



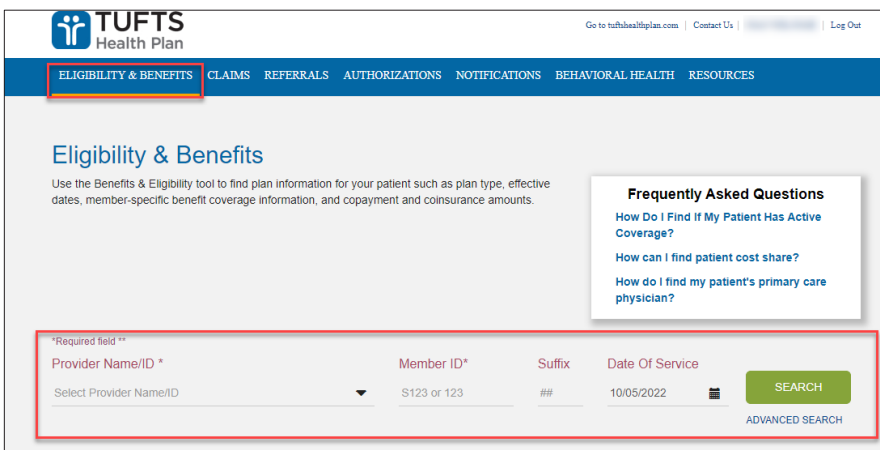
## Member Eligibility

Enter basic member identification data and obtain a concise, online eligibility report and member-specific benefits. Always verify Tufts Health Plan members' eligibility on the date of service. Tufts Health Plan will deny claims for members who were not eligible on the date of service.

### To View a Member's Eligibility

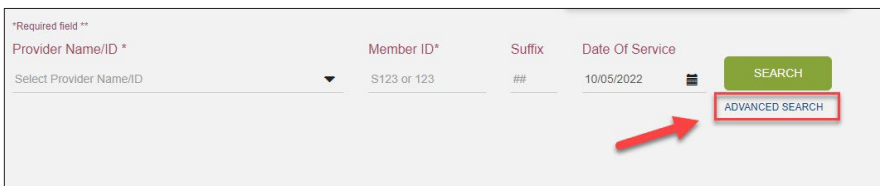
**Step 1:** Click "Eligibility & Benefits" tab.

**Step 2:** Use the "Eligibility Search" function to find out if the patient is an eligible Tufts Health Plan member. You can search by the provider NPI, member ID, and date of service (DOS) as shown below:



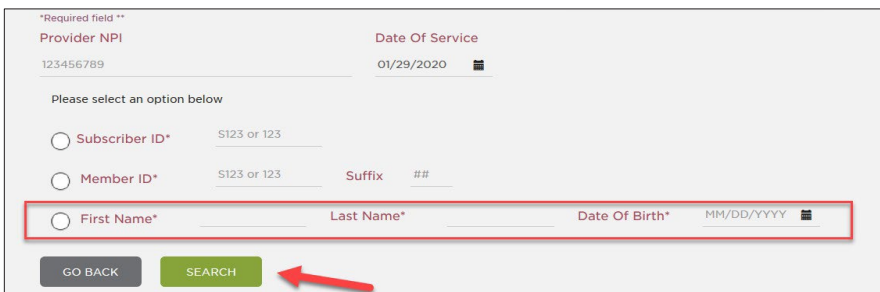
The screenshot shows the Tufts Health Plan portal interface. The top navigation bar has the "ELIGIBILITY & BENEFITS" tab highlighted. Below the navigation bar, the "Eligibility & Benefits" section is visible. A search form is present with the following fields: "Provider Name/ID" (a dropdown menu), "Member ID" (text input with "S123 or 123" as a placeholder), "Suffix" (text input with "##" as a placeholder), and "Date Of Service" (text input with "10/05/2022" as a placeholder). There is a "SEARCH" button and a link for "ADVANCED SEARCH". A "Frequently Asked Questions" box is also visible on the right side of the form.

**Step 3:** To search by member name and date of birth, click "Advanced Search" as shown below:



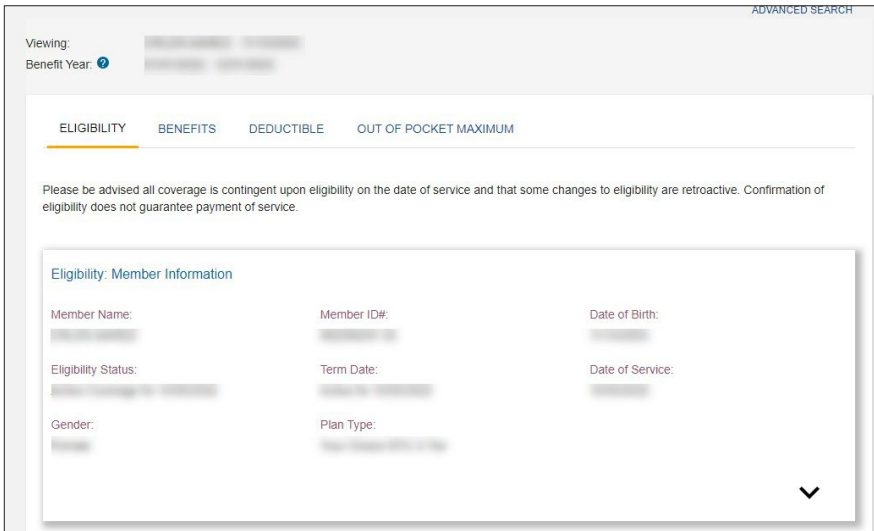
This is a close-up of the search form from the previous screenshot. The "ADVANCED SEARCH" link is highlighted with a red box, and a red arrow points to it from the left.

**Step 4:** Enter member's "First Name," "Last Name," and "Date of Birth" and then click "Search" to view results.



The screenshot shows the advanced search form. It includes fields for "Provider NPI" (with value "123456789") and "Date Of Service" (with value "01/29/2020"). Below these, there are radio button options for "Subscriber ID", "Member ID", and "First Name". The "First Name" option is selected, and its corresponding fields for "First Name", "Last Name", and "Date Of Birth" are highlighted with a red box. At the bottom, there is a "GO BACK" button and a "SEARCH" button, with a red arrow pointing to the "SEARCH" button.

The following screen displays:



Viewing: [Redacted] ADVANCED SEARCH  
 Benefit Year: [Redacted]

**ELIGIBILITY** | BENEFITS | DEDUCTIBLE | OUT OF POCKET MAXIMUM

Please be advised all coverage is contingent upon eligibility on the date of service and that some changes to eligibility are retroactive. Confirmation of eligibility does not guarantee payment of service.

**Eligibility: Member Information**

Member Name:	Member ID#:	Date of Birth:
[Redacted]	[Redacted]	[Redacted]
Eligibility Status:	Term Date:	Date of Service:
[Redacted]	[Redacted]	[Redacted]
Gender:	Plan Type:	
[Redacted]	[Redacted]	

▼

**Note:** “PCP Information” is available.

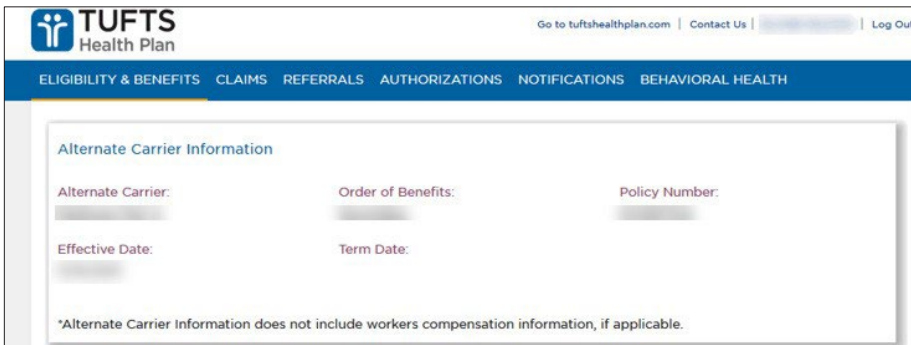


**PCP Information**

PCP ID/Name: [Redacted]      Provider Unit ID/Name: [Redacted]

[CHANGE PRIMARY CARE PHYSICIAN \(PCP\)](#)

**Note:** “Alternate Carrier Information” is also available:



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

**Alternate Carrier Information**

Alternate Carrier:	Order of Benefits:	Policy Number:
[Redacted]	[Redacted]	[Redacted]
Effective Date:	Term Date:	
[Redacted]	[Redacted]	

\*Alternate Carrier Information does not include workers compensation information, if applicable.

## Changing a PCP on Behalf of a Tufts Health Public Plans Member

**Step 1:** Click “Change Primary Care Physician (PCP)” under “Eligibility & Benefits” tab.

The screenshot shows the Tufts Health Plan portal interface. At the top, there is a navigation bar with the following tabs: ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, BEHAVIORAL HEALTH, and RESOURCES. The 'ELIGIBILITY & BENEFITS' tab is selected. Below the navigation bar, there are sub-tabs: ELIGIBILITY, BENEFITS, DEDUCTIBLE, and OUT OF POCKET MAXIMUM. The 'ELIGIBILITY' sub-tab is active. A disclaimer states: "Please be advised all coverage is contingent upon eligibility on the date of service and that some changes to eligibility are retroactive. Confirmation of eligibility does not guarantee payment of service." Below this, there are two expandable sections. The first is 'Eligibility: Member Information', which is expanded to show fields for Member Name, Member ID#, Date of Birth, Eligibility Status, Term Date, Date of Service, Gender, and Plan Type. The second is 'PCP Information', which is also expanded to show fields for PCP ID/Name and Provider Unit ID/Name. A red arrow points to a button labeled 'CHANGE PRIMARY CARE PHYSICIAN (PCP)' located at the bottom left of the 'PCP Information' section.

The following screen is displayed. Click “I agree” to attest and continue or “Cancel” to return to previous screen.

The screenshot shows the same 'Eligibility: Member Information' section as in the previous image. A yellow dialog box titled 'Change PCP Attestation' is overlaid on the screen. The dialog box contains the following text: "By submitting the PCP change, you agree that the member, or parent/legal guardian for members under 18, asked you to initiate this change on their behalf and that the information submitted is accurate." Below the text are two buttons: 'CANCEL' and 'I AGREE'.

## Member Benefits

Enter basic member identification data and obtain a concise, online eligibility report and member-specific benefits.

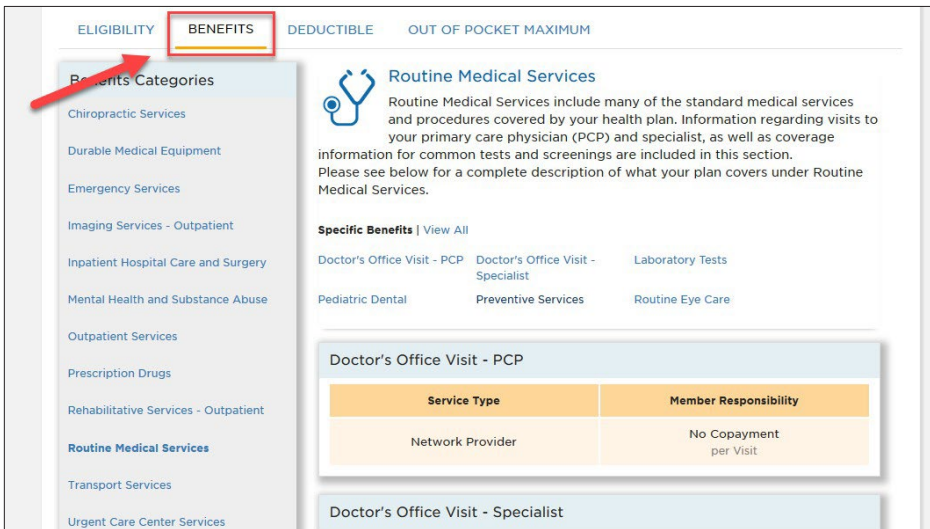
### To View a Member’s Benefits

**Step 1:** Click “Benefits” tab.

**Step 2:** Use the “Benefits Categories” function to find out specific member benefits related to:

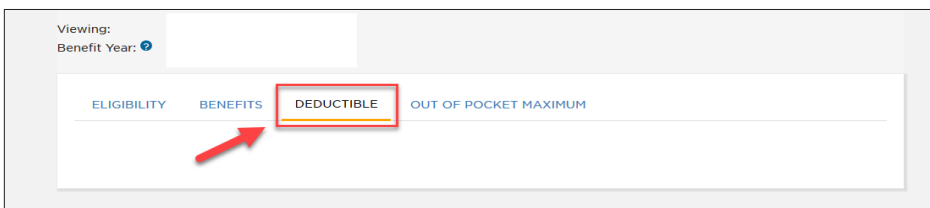
- Chiropractic Services
- Durable Medical Equipment
- Emergency Services
- Imaging Services – Outpatient
- Inpatient Hospital Care and Surgery
- Mental Health and Substance Abuse
- Outpatient Services
- Prescription Drugs
- Rehabilitative Services – Outpatient
- Routine Medical Services
- Transport Services
- Urgent Care Center Services

The following screen displays:



### To View a Member’s Annual Deductible Information (if applicable)

**Step 1:** From the “Eligibility & Benefits” tab, click “Deductible.”



The following screen displays:

**Eligibility & Benefits**

Use the Benefits & Eligibility tool to find plan information for your patient such as plan type, effective dates, member-specific benefit coverage information, and copayment and coinsurance amounts.

**Frequently Asked Questions**

- How Do I Find If My Patient Has Active Coverage?
- How can I find patient cost share?
- How do I find my patient's primary care physician?

\*Required field \*\*

Provider Name/ID \* Member ID\* Suffix Date Of Service

SEARCH ADVANCED SEARCH

Viewing: Benefit Year: 01/01/2020 - 12/31/2020

ELIGIBILITY BENEFITS **DEDUCTIBLE** OUT OF POCKET MAXIMUM

Deductibles do not apply.

The following screen displays for individual and family deductible accumulator:

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ELIGIBILITY & BENEFITS CLAIMS REFERRALS AUTHORIZATIONS NOTIFICATIONS BEHAVIORAL HEALTH

Viewing: Benefit Year: 01/01/2020 - 12/31/2020

ELIGIBILITY BENEFITS **DEDUCTIBLE** OUT OF POCKET MAXIMUM

**In-Network Deductible**

Category	You Met	Limit
Individual	\$3,222.98	\$3,500
Family	\$3,655.54	\$7,000

Raymond has \$277.02 remaining towards meeting the individual in-network deductible.

This page reflects claims processed in our system as of today's date: 06/25/2020 05:00:50 PM. The information above does not include in process, denied or unpaid claims.

## To View a Member's Annual Out of Pocket Maximum

**Step 1:** From the "Eligibility & Benefits" tab, click "Out of Pocket Maximum."

Viewing: Benefit Year: 01/01/2020 - 12/31/2020

ELIGIBILITY BENEFITS DEDUCTIBLE **OUT OF POCKET MAXIMUM**

The following screen displays:

**Eligibility & Benefits**

Use the Benefits & Eligibility tool to find plan information for your patient such as plan type, effective dates, member-specific benefit coverage information, and copayment and coinsurance amounts.

**Frequently Asked Questions**

- How Do I Find If My Patient Has Active Coverage?
- How can I find patient cost share?
- How do I find my patient's primary care physician?

\*Required field \*\*

Provider NPI: [Redacted] Member ID\*: [Redacted] Suffix: 01 Date Of Service: 05/28/2020 [Calendar Icon] **SEARCH**

ADVANCED SEARCH

Viewing: [Redacted]

Benefit Year: 01/01/2020 - 12/31/2020

ELIGIBILITY BENEFITS DEDUCTIBLE **OUT OF POCKET MAXIMUM**

**In-Network Out-of-Pocket Maximum**

You Met  **\$3,400▲**

Note: Because our Tufts Health Plan Senior Care Options plan members also get assistance from MassHealth Standard (Medicaid), very few members of this plan ever reach this out-of-pocket maximum. Members of Tufts Health Plan Senior Care Options plan are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. For complete details, or if you have any questions, look in your Evidence of Coverage (EOC) booklet, or call Customer Relations.

This page reflects claims processed in our system as of today's date: 05/28/2020 12:45:56 PM. The information above does not include in process, denied or unpaid claims.

## Claims

Use the “Claims” function to enter basic member or claim-specific data to obtain detailed claim status information. You can see whether the claim is pending, paid, or denied.

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Health Plan

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

Home > Claims > **Claims Inquiry, Rationale, & Adjustments**

**Claims Status Inquiry**

The Claims Status Inquiry tool allows you to view two years of claims for provider for specific members. You can also use the tool to adjust or dispute eligible claims. To search for a claim, use one of the search functions below, including our freeform search to search by claim number, member id or name, NPI, provider name, procedure code or just about any other piece of information associated with the claim.

**Frequently Asked Questions**

- Are all claims eligible to be adjusted or disputed?
- How many claims can I view?
- Where can I find Tufts Health Plan's payment policies?

## Searching for Claims

For more information about *Freeform Search*, click “Click here to learn more.”

SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO SERVICE PERIOD

You can use the search below to enter any information related to your claim. When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items. **Click here to learn more.**

Search for any information related to claim or claims

**CLEAR** **SEARCH**

The following screen displays:

**About Freeform Search**

**1. You can search for any information related to what you are looking for.**  
 For example say you are looking for a claim from July. Just type the July in to the search box, and all claims that are filed in July will be returned.  
 Here are some other things you may use to refine your search: claim number, provider name, provider id, patient name, patient id, patient date of birth, and so on.

**Searchable fields**

- Claim Number
- First Service Date
- Receipt Date
- Pay Date
- Total Paid
- Total Billed
- Check Number
- Patient Account
- Member ID
- Subscriber ID
- Member First Name
- Member Last Name
- Member Date of Birth
- Status Code Description
- Status Category Description
- Payee NPI
- Payee Name
- Provider NPI
- Provider Name
- CMS Procedure Code
- Procedure Description

**2. You can search for multiple pieces of information at once.**  
 Feel free to enter as many, or as few, pieces of information

**Note:** Be sure to view options 1 and 2 to determine which is best search criteria when investigating claim status.

## To Search for Claims Using “Search All” (date range)

Click the criteria in which you would like to search: (Ex. Date of Service 1/1/2020 through 1/29/2020)

- SEARCH ALL
- CLAIM NUMBER – to search with a specific Claim number
- PATIENT INFO – to search for a claim with Patient ID and/or First Name, Last Name, and Date of Birth.
- PROVIDER INFO – to search for a claim with Provider Legacy ID or NPI, Start/Admit Date, End/Discharge Date, First Proc Code, or Last Proc Code.

SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO

You can use the search below to enter any information related to your claim. When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items. [Click here to learn more.](#)

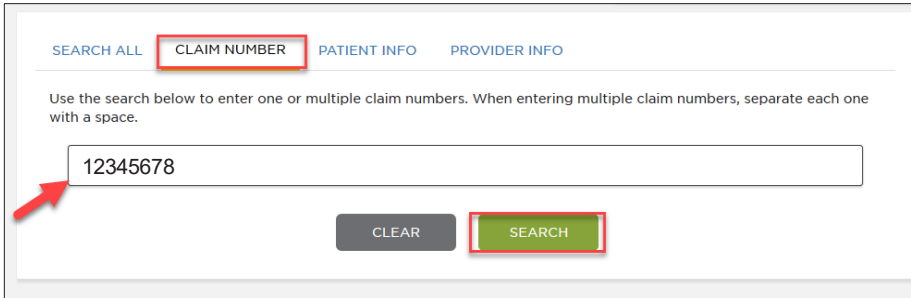
The following screen displays:

Showing 1 to 10 of 438,543 entries Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			<b>12345678</b> Amt. Billed : \$76,955.53    Amt. Paid : \$4,134.00 Status Cat : F1                Status Code : 65 Start Dt : 05/02/2018        Receipt Dt : 06/07/2018 Adjusted? : NO                Adjustable? : <b>Adjust Claim</b>
			Amt. Billed : \$64,681.84    Amt. Paid : \$64,681.84 Status Cat : F1                Status Code : 65 Start Dt : 01/25/2018        Receipt Dt : 01/30/2018 Adjusted? : NO                Adjustable? : <b>Not Adjustable</b>

## To Search for Claims Using the “Claim Number” Tab

Click the “Claim Number” tab, enter the claim number and click “Search.”



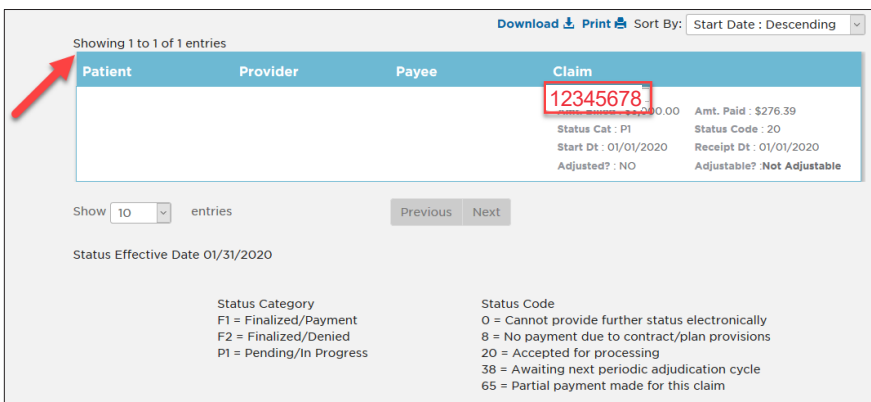
SEARCH ALL **CLAIM NUMBER** PATIENT INFO PROVIDER INFO

Use the search below to enter one or multiple claim numbers. When entering multiple claim numbers, separate each one with a space.

12345678

CLEAR SEARCH

The following screen displays:



Showing 1 to 1 of 1 entries Download [Download](#) Print [Print](#) Sort By: Start Date : Descending

Patient	Provider	Payee	Claim
			<b>12345678</b> Amt. Paid : \$276.39 Status Cat : P1      Status Code : 20 Start Dt : 01/01/2020      Receipt Dt : 01/01/2020 Adjusted? : NO      Adjustable? : <b>Not Adjustable</b>

Show 10 entries Previous Next

Status Effective Date 01/31/2020

Status Category

F1 = Finalized/Payment

F2 = Finalized/Denied

P1 = Pending/In Progress

Status Code

0 = Cannot provide further status electronically

8 = No payment due to contract/plan provisions

20 = Accepted for processing

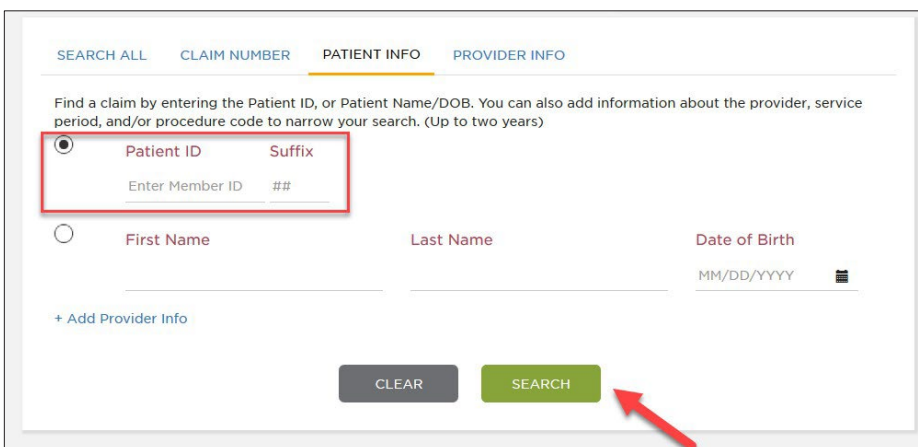
38 = Awaiting next periodic adjudication cycle

65 = Partial payment made for this claim

## To Search for Claims Using the “Patient Info” Tab

Click the “Patient Info” tab, enter “Patient ID” and click “Search.”

**Note:** To search using First Name, Last Name and Date of Birth, click the radio button next to “First Name.”



SEARCH ALL CLAIM NUMBER **PATIENT INFO** PROVIDER INFO

Find a claim by entering the Patient ID, or Patient Name/DOB. You can also add information about the provider, service period, and/or procedure code to narrow your search. (Up to two years)

Patient ID      Suffix  
 Enter Member ID      ##

First Name      Last Name      Date of Birth  
 MM/DD/YYYY

+ Add Provider Info

CLEAR SEARCH

The following screen displays:

Showing 1 to 10 of 438,543 entries Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			<p><b>12345678</b></p> <p>Amt. Billed : \$76,955.53    Amt. Paid : \$4,134.00            Status Cat : F1    Status Code : 65            Start Dt : 05/02/2018    Receipt Dt : 06/07/2018            Adjusted? : NO    Adjustable? : <b>Adjust Claim</b></p>
			<p>Amt. Billed : \$64,681.84    Amt. Paid : \$64,681.84            Status Cat : F1    Status Code : 65            Start Dt : 01/25/2018    Receipt Dt : 01/30/2018            Adjusted? : NO    Adjustable? : <b>Not Adjustable</b></p>

## To Search for Claims Using the “Provider Info” Tab

Click the “Provider Info” tab, enter “Provider NPI” or “Legacy ID number” and click “Search.”

SEARCH ALL   CLAIM NUMBER   PATIENT INFO   **PROVIDER INFO**

Find a claim by entering information about the provider, service period, and/or procedure code. (Up to two years)

Provider Legacy ID or NPI

Start/Admit Date  MM/DD/YYYY  End/Discharge Date  MM/DD/YYYY

First Proc Code  Last Proc Code

Show only Adjustment Claims and/or Requested Adjustments

CLEAR   **SEARCH**

The following screen displays:

Showing 1 to 10 of 438,543 entries Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			<p><b>12345678</b></p> <p>Amt. Billed : \$76,955.53    Amt. Paid : \$4,134.00            Status Cat : F1    Status Code : 65            Start Dt : 05/02/2018    Receipt Dt : 06/07/2018            Adjusted? : NO    Adjustable? : <b>Adjust Claim</b></p>
			<p>Amt. Billed : \$64,681.84    Amt. Paid : \$64,681.84            Status Cat : F1    Status Code : 65            Start Dt : 01/25/2018    Receipt Dt : 01/30/2018            Adjusted? : NO    Adjustable? : <b>Not Adjustable</b></p>

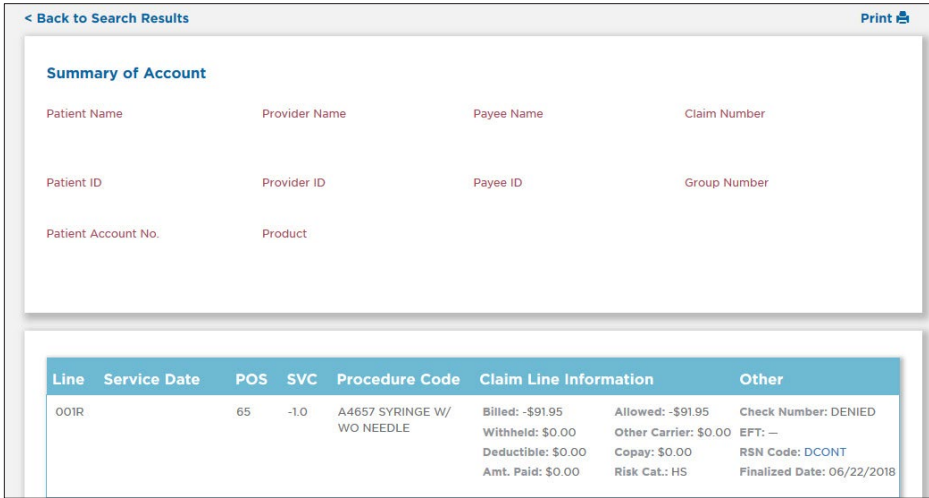
## To View Claim Details and Check Claim Status

From the claim search results screen, click the “Claim ID” number (as shown below).

Showing 1 to 10 of 438,543 entries Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			<p><b>12345678</b></p> <p>Amt. Billed : \$76,955.53    Amt. Paid : \$4,134.00            Status Cat : F1    Status Code : 65            Start Dt : 05/02/2018    Receipt Dt : 06/07/2018            Adjusted? : NO    Adjustable? : <b>Adjust Claim</b></p>
			<p>Amt. Billed : \$64,681.84    Amt. Paid : \$64,681.84            Status Cat : F1    Status Code : 65            Start Dt : 01/25/2018    Receipt Dt : 01/30/2018            Adjusted? : NO    Adjustable? : <b>Not Adjustable</b></p>

The following screen displays:



Line	Service Date	POS	SVC	Procedure Code	Claim Line Information	Other
001R		65	-1.0	A4657 SYRINGE W/ WO NEEDLE	Billed: -\$91.95 Withheld: \$0.00 Deductible: \$0.00 Amt. Paid: \$0.00	Allowed: -\$91.95 Other Carrier: \$0.00 Copay: \$0.00 Risk Cat.: HS Check Number: DENIED EFT: -- RSN Code: DCONT Finalized Date: 06/22/2018

For online claim adjustment instructions, refer to the [Quick Reference Guide: Online Claim Adjustments.](#)

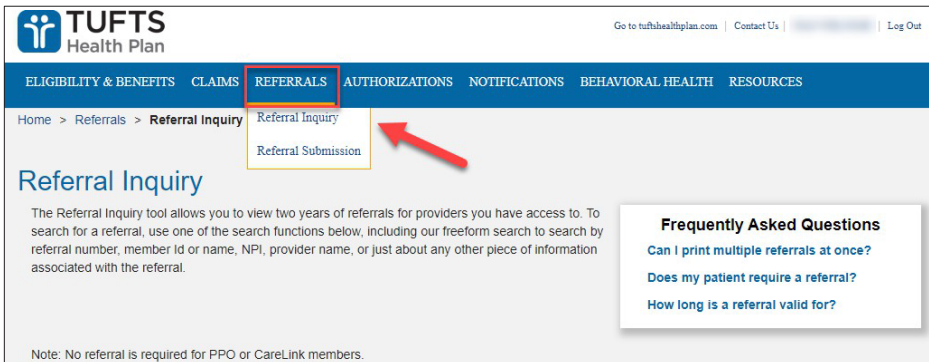
## Referrals

Submit referrals online directly to Tufts Health Plan and instantaneously receive a referral authorization.

### To Access the Referrals Menu

**Step 1:** Click the “Referrals” tab.

**Step 2:** Select “Referral Submission.”



Home > Referrals > **Referral Inquiry**

- Referral Inquiry
- Referral Submission**

**Frequently Asked Questions**

- Can I print multiple referrals at once?
- Does my patient require a referral?
- How long is a referral valid for?

Note: No referral is required for PPO or CareLink members.

**Step 3:** Enter the “Referring Physician’s Name and ID,” “Member ID,” “Suffix,” “Date of Birth” and “Date of Service.”

**Note:** All fields with an asterisk (\*) are required fields.

**Step 4:** Click “Continue” to view the Online Referral Form:

### Submit Referral (Initial Specialty Care Review)

Use the referral submission tool to submit specialty care reviews. Specialty Care Reviews encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist.

**Frequently Asked Questions**

[Does my patient need a referral?](#)

[Why am I not able to submit a referral?](#)

\*Required Field

Referring Physician Name and ID*	Member ID*	Suffix*	Date of Birth*
Select Provider Name/ID	S123 or 123 or N123	##	MM/DD/YYYY

Date of Service

**CONTINUE**

**Note:** Out of network referrals (specialty care certification requests) require the signature of the Provider Unit’s Physician Reviewer. Payment for services is subject to the member’s benefits, eligibility on the service date(s), and any applicable utilization management program. An accepted referral (specialty care certification) is not a guarantee of claim payment. Commercial Referrals (specialty care certifications) are valid for twelve months from date of request or until quantity of visits indicated is exhausted, whichever occurs first. For authorization for commercial outpatient mental health/substance abuse treatment call 1-800-208-9565. Tufts Health Plan Medicare Preferred referrals (specialty care certifications) are valid for six months from date of request or until quantity of visits indicated is exhausted, whichever occurs first.

## Online Referral Form

**Step 1:** Click “Continue” to view the Online Referral Form.

**Step 2:** Enter all required fields marked with an asterisk and click “Continue.”

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

ELIGIBILITY & BENEFITS
CLAIMS
REFERRALS
AUTHORIZATIONS
NOTIFICATIONS
BEHAVIORAL HEALTH
RESOURCES

\*Required Field

Referred to Provider ID\* (Service Provider ID)

#####

Diagnosis Code	Number of Visits*
XXX - XXXX <a href="#">Q Search for a Diagnosis code</a>	1-99

Service Type Requested\* (Please select one)

- Consultation - One visit only. Contact PCP prior to initiating treatment or diagnostic studies
- Consultation - Second opinion. One visit only. Procedures or diagnostic studies are NOT to be performed by this provider
- Consultation/Diagnostic - Consultative opinion and diagnostic studies
- Consultation/Diagnostic/Medical Care - Consultative opinion and necessary diagnostic studies and treatment
- Consultation - Early intervention (Department of Public Health approved providers only)
- Physical Medicine - Physical Therapy
- Occupational Therapy
- Speech Therapy
- Maternity - May include: pre-natal, post-natal, and delivery. Referrals required for POS members to obtain care at the authorized level of benefits with an out of network provider

**Note:** Out of network referrals (specialty care certification requests) require the signature of the Provider Unit’s Physician Reviewer. Payment for services is subject to the member’s benefits, eligibility on the service date(s), and any applicable utilization management program. An accepted referral (specialty care certification) is not a guarantee of claim payment. Referrals (specialty care certifications) are valid for twelve months from date of request or until quantity of visits indicated is exhausted, whichever occurs first. For authorization of outpatient mental health/substance abuse treatment call 1-800-208-9565.

CANCEL
CONTINUE

Online referral form continued:

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

### Submit Referral (Initial Specialty Care Review)

Use the referral submission tool to submit specialty care reviews. Specialty Care Reviews encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist.

**Frequently Asked Questions**

[Does my patient need a referral?](#)

[Why am I not able to submit a referral?](#)

1 Referral Information | **2 Review/Confirm Referral** | 3 Referral Completed

**Confirm your information**

Click Submit to process your request, or click Edit to make a change. You must click Submit to receive a referral (specialty care certification) number before your request is complete.

Referring Physician Name/ID (Requester Name/ID)

Member ID | Date of Birth

Referred to Provider ID (Service Provider ID) | Date of Service

Diagnosis Code: Z01.419 | Number of Visits: 1

Service Type Requested: Consultation - One visit only. Contact PCP prior to initiating treatment or diagnostic studies

Note: Out of network referrals (specialty care certification requests) require the signature of the Provider Unit's Physician Reviewer.

**SUBMIT** | EDIT | CANCEL

## Referral Status Inquiry

Check the status of submitted referrals and high-tech imaging authorizations.

To access the referral menu:

**Step 1:** Click the "Referrals" tab.

**Step 2:** Select "Referral Inquiry."

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

Home > Referrals > **Referral Inquiry**

Referral Inquiry

Referral Submission

### Referral Inquiry

The Referral Inquiry tool allows you to view two years of referrals for providers you have access to. To search for a referral, use one of the search functions below, including our freeform search to search by referral number, member Id or name, NPI, provider name, or just about any other piece of information associated with the referral.

**Frequently Asked Questions**

[Can I print multiple referrals at once?](#)

[Does my patient require a referral?](#)

[How long is a referral valid for?](#)

**Step 3:** Enter “Provider Info,” “Referral Number,” “Patient Name,” or “Patient ID” to continue. Click “Search.”

### Referral Inquiry

The Referral Inquiry tool allows you to view two years of referrals for providers you have access to. To search for a referral, use one of the search functions below, including our freeform search to search by referral number, member id or name, NPI, provider name, or just about any other piece of information associated with the referral.

**Frequently Asked Questions**

- [Can I print multiple referrals at once?](#)
- [Does my patient require a referral?](#)
- [How long is a referral valid for?](#)

Note: No referral is required for PPO or CareLink members.

SEARCH ALL   PROVIDER INFO   REFERRAL NUMBER   PATIENT NAME   PATIENT ID

---

Find a referral by entering the Patient Name and Date of Birth.

First Name                      Last Name                      Date of Birth

\_\_\_\_\_                      \_\_\_\_\_                      MM/DD/YYYY

CLEAR
SEARCH

## Authorizations

### Authorization Status Inquiry

The Authorizations function allows providers to check the status of an authorization submitted to Tufts Health Plan or to submit a behavioral health authorization request for outpatient services.

**To access the authorizations menu:**

**Step 1:** Click the “Authorizations” tab.

**Step 2:** Select the appropriate option.

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a Point32Health company

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

### Authorizations

To inquire about or submit an authorization, you can use one of the links below. Please be sure to select the link based on the member's plan type.

**Frequently Asked Questions**

[What is an Authorization](#)

**What type of plan does your member have?**

**Tufts Health Plan Commercial**

**Tufts Health Plan Medicare Preferred**

- [All Authorization Tools](#) ←

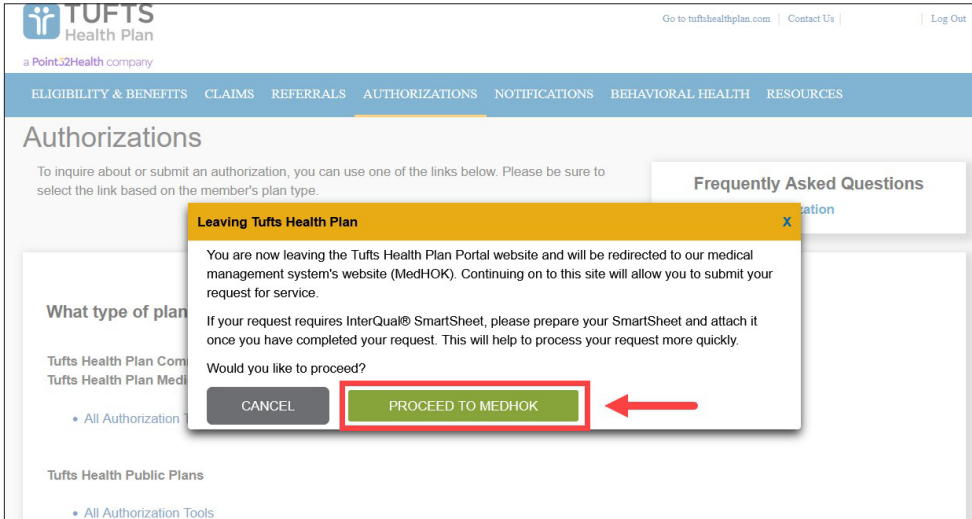
**Tufts Health Public Plans**

- [All Authorization Tools](#) ←
- Authorization Inquiry (if submitted before 10/04/2023 for RITogether)
- Genetic Testing Authorization (Carelon Medical Benefits Management - formerly AIM Specialty Health)

**Tufts Health Plan Senior Care Options (SCO)**

- Authorization Submission

**Step 3:** Select “Proceed to MEDHOK” to be redirected to the MHK Medical Management System for authorization inquiries and requests. **Note:** Refer to the [MHK Portal User Guide \(Commercial, Tufts Health Public Plans, Tufts Medicare Preferred\)](#) for additional details.



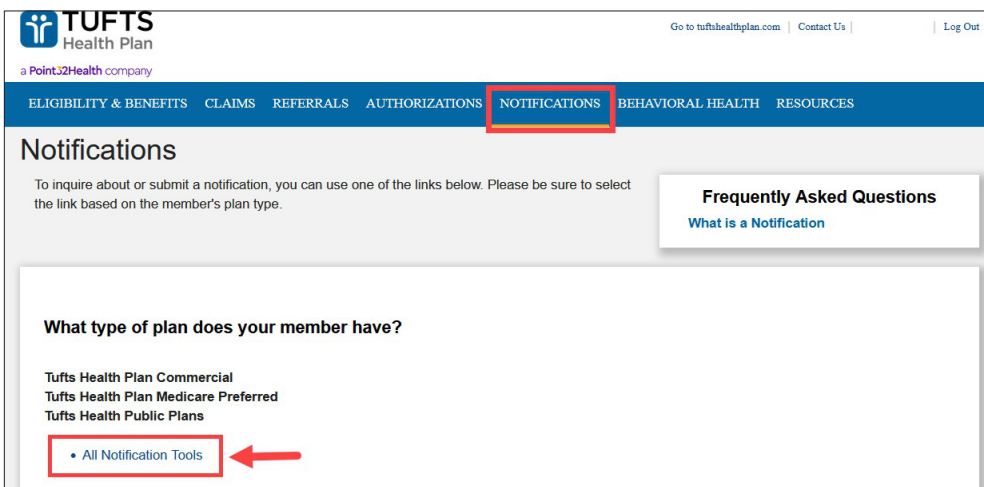
## Notifications

Submit inpatient notifications or check on the status of notifications already submitted.

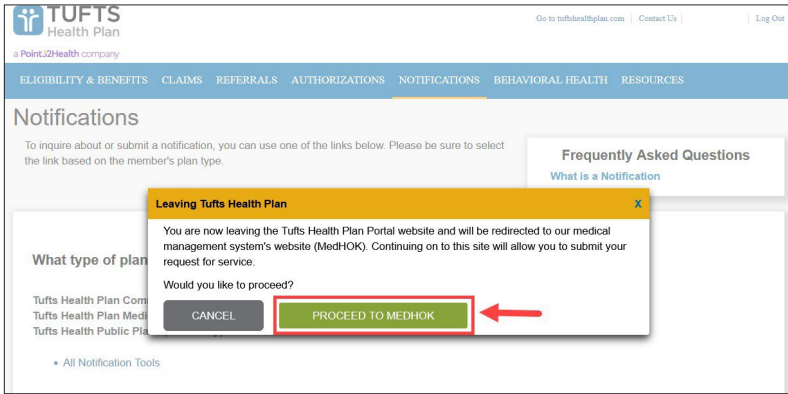
### To Access the “Notifications” Menu

**Step 1:** Click the “Notifications” tab.

**Step 2:** Select the appropriate option.



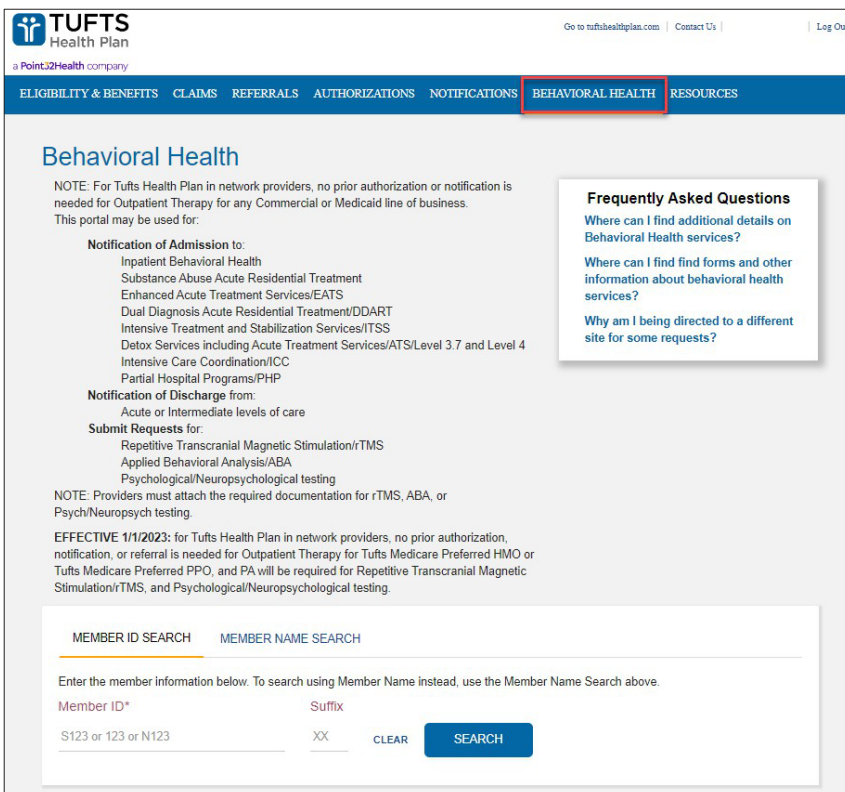
**Step 3:** Select “Proceed to MEDHOK” to be redirected to the MHK Medical Management System for authorization inquiries and requests. **Note:** Refer to the [MHK Portal User Guide \(Commercial, Tufts Health Public Plans, Tufts Medicare Preferred HMO\)](#) for additional details.



## Behavioral Health

For Tufts Health Plan Commercial and Medicare Preferred members, the behavioral health submission forms can be used to report the admission of patients to: Substance Use Acute Residential Programs, Partial Hospital Programs, Intensive Outpatient Programs or Outpatient Psychotherapy; or discharges from Inpatient and sub-acute levels of care. For Tufts Health Public Plans MA Together and MA Direct members, the behavioral health submissions forms can be used for Outpatient Psychotherapy notifications and authorization requests.

### To Access the “Behavioral Health” Menu



**Step 1:** Click the “Behavioral Health” tab.

**Step 2:** Enter “Member ID” and “Suffix” and click “Search.”

**Step 3:** Enter all required fields in the screen. Click the attestation box and click “Submit.”

**Note:** Additional directions can be found in the [Behavioral Health MHK Portal User Guide](#).

# Tufts Health Public Plans Outpatient Psychotherapy Requests

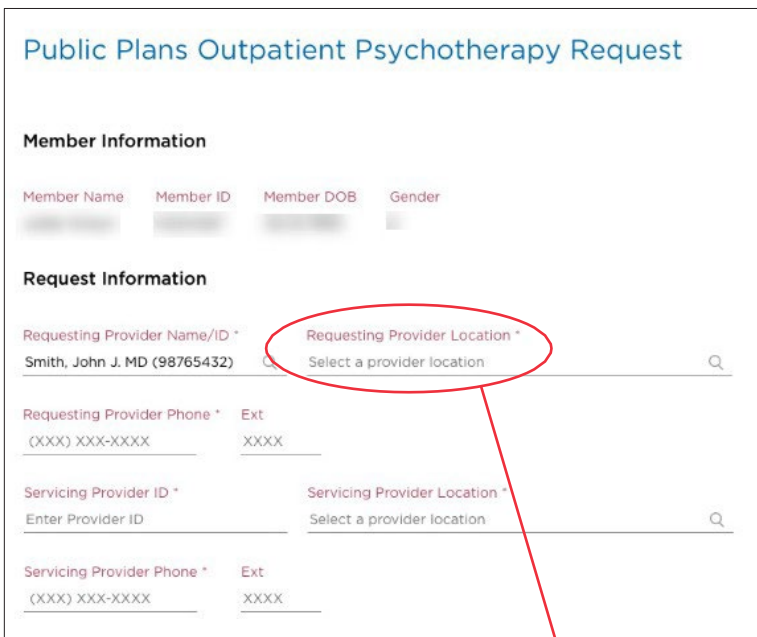
For Tufts Health Public Plans members, the behavioral health submission forms can be used for outpatient psychotherapy notifications and authorization requests.

## To Begin an Outpatient Psychotherapy Request

**Step 1:** Enter the “Requesting Provider Name/ID”

**Step 2:** Click the “Requesting Provider Location” field and from the pop-up menu select the correct location address of the requesting provider.

**Step 3:** Enter the Requesting Provider’s phone number



**Public Plans Outpatient Psychotherapy Request**

**Member Information**

Member Name    Member ID    Member DOB    Gender

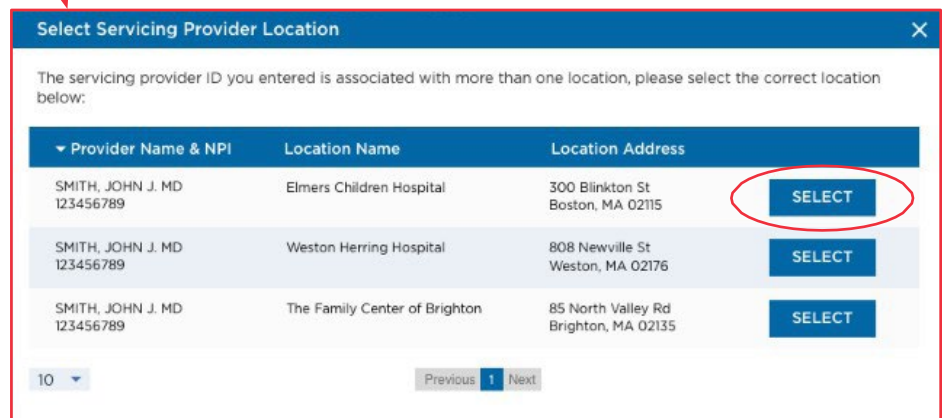
**Request Information**

Requesting Provider Name/ID \*    Requesting Provider Location \*  
 Smith, John J. MD (98765432)    Select a provider location

Requesting Provider Phone \*    Ext  
 (XXX) XXX-XXXX    XXXX

Servicing Provider ID \*    Servicing Provider Location \*  
 Enter Provider ID    Select a provider location

Servicing Provider Phone \*    Ext  
 (XXX) XXX-XXXX    XXXX



**Select Servicing Provider Location**

The servicing provider ID you entered is associated with more than one location, please select the correct location below:

Provider Name & NPI	Location Name	Location Address	
SMITH, JOHN J. MD 123456789	Elmers Children Hospital	300 Blinkton St Boston, MA 02115	<b>SELECT</b>
SMITH, JOHN J. MD 123456789	Weston Herring Hospital	808 Newville St Weston, MA 02176	<b>SELECT</b>
SMITH, JOHN J. MD 123456789	The Family Center of Brighton	85 North Valley Rd Brighton, MA 02135	<b>SELECT</b>

10    Previous 1 Next

**Step 4:** Repeat steps 1-3 to enter the Servicing Provider’s ID, location, and phone number.

**Step 5:** To complete the form, enter the applicable information in the following fields and click “Submit.”

## Accessing Tufts Health Plan's Secure Provider Portal

If providers have issues with new user registration or logging into the Tufts Health Plan Secure Provider portal, contact Provider Services:

<b>Tufts Health Plan Commercial</b> Provider Services	888-884-2404
<b>Tufts Health Public Plans (MA)</b> Provider Services	888-257-1985
<b>Tufts Health Public Plans (RI)</b> Provider Services	844-301-4093
<b>Tufts Health Plan Medicare Preferred and Tufts Health Plan Senior Care Options</b> Provider Relations	800-279-9022

For technical inquiries, contact Provider Services at the numbers listed above, or email [Tufts Health Plan Provider Technical Support@point32health.org](mailto:Tufts_Health_Plan_Provider_Technical_Support@point32health.org).