

Behavioral Health and Substance Use Disorder Portal User Guide

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

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

Table of Contents

Overview	2
MHK Portal Support and Trouble Shooting	2
Accessing the Portal.....	2
Logging In	2
Notification of 24-hour levels of care, PHP, and IOP or Prior Authorization Requests	4
Submitting Notification of All 24-HR Levels of Care, PHP, IOP	4
Add Requesting Provider.....	6
Add Servicing/Facility Provider.....	9
Add Diagnosis Code	11
Add Primary Procedure Code.....	11
Add Medical/Clinical Documentation	13
View Existing Inpatient Notifications and Prior Authorizations	15
Viewing/Adding Updates to an Existing Inpatient Notification or Prior Authorization	15
Adding Medical/Clinical Notes to an Existing Authorization	18
Adding Discharge Date(s) to an Existing Authorization	19
Tufts Health Plan Secure Provider Portal	20
Enter Inpatient/ILOC Discharge	20

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

Overview

The information contained in this User Guide pertains to submission of notifications or requests for Tufts Health Plan Commercial Plans, including Connector Plans (Tufts Health Direct and Tufts Premier); Tufts Health Plan Medicare Preferred, including Tufts Medicare Preferred Access, Tufts Health Plan Preferred HMO, Tufts Medicare Preferred Supplement and other Tufts Health Plan Medicare Preferred Plans; and Tufts Health Plan Medicaid Plans, including Tufts Health Together and Tufts Health RITogether Behavioral Health Services.

Tufts Health Plan Senior Care Options (SCO) and Tufts Health One Care Plans do not follow these processes. Please refer to the Referrals, Prior Authorizations, and Notifications section of the Tufts Health Plan [Senior Products](#) and [Public Plans](#) Provider manuals for direction on requests for these products.

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

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

MHK Portal Support and Trouble Shooting

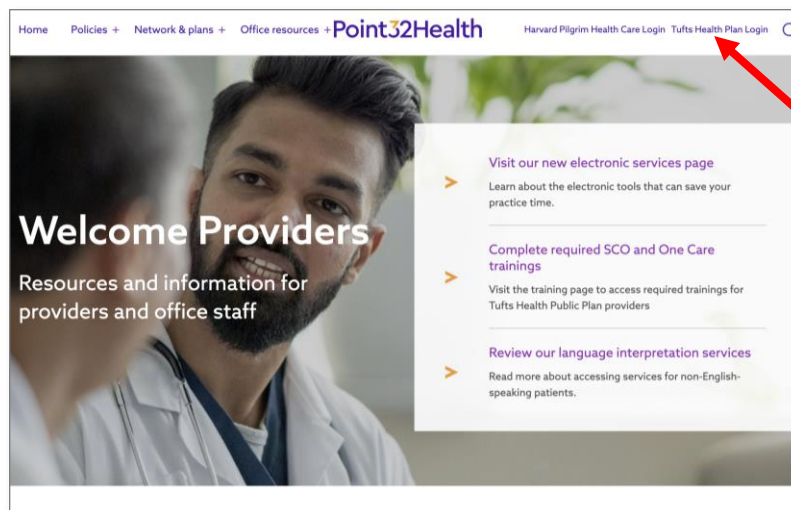
When contacting Provider Services, please be prepared to provide the following information:

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

Accessing the Portal

Logging In

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



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

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

The *Behavioral Health* screen displays:

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

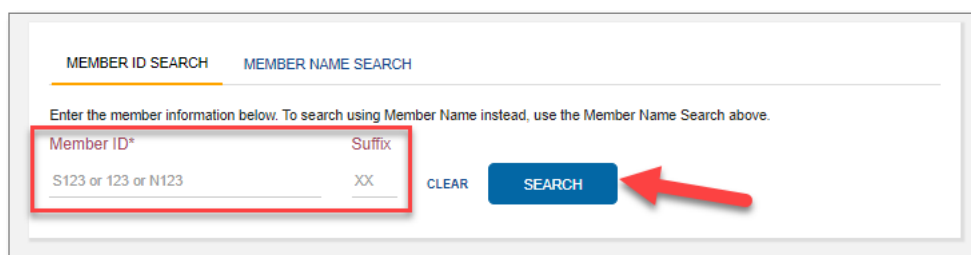
Discharges: All 24-HR Levels of Care, PHP, IOP: Choose this option to update end dates, enter treatment plan, and post discharge follow-up services.

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

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

Submitting Notification of All 24-HR Levels of Care, PHP, IOP

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



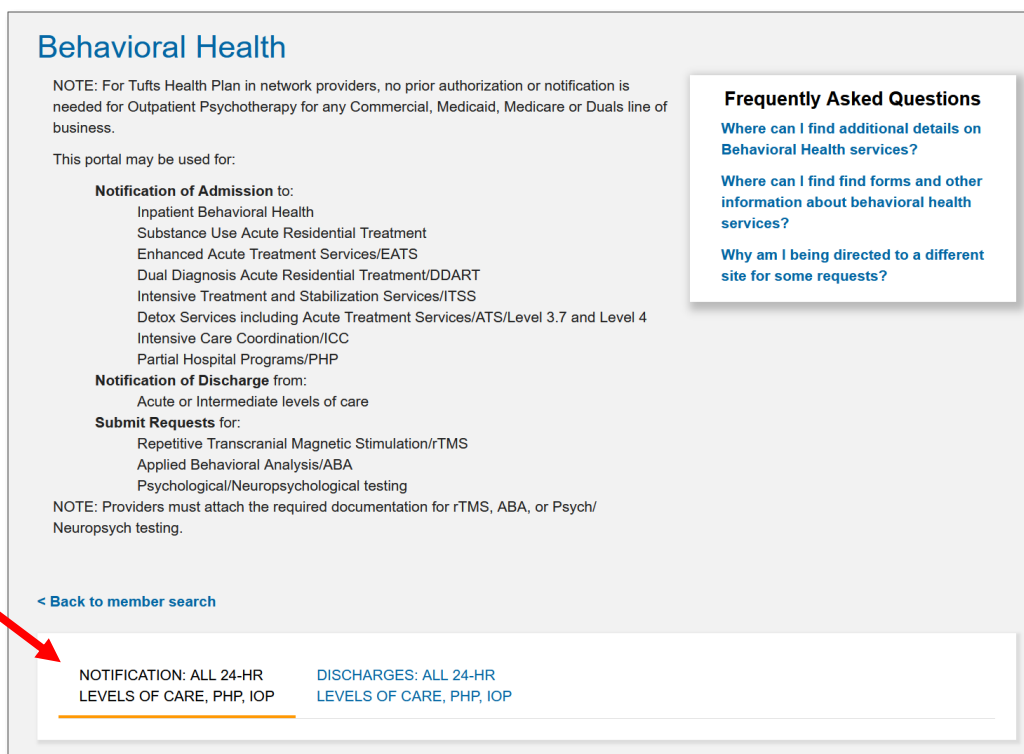
MEMBER ID SEARCH MEMBER NAME SEARCH

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

Member ID* Suffix

S123 or 123 or N123 XX CLEAR SEARCH

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



Behavioral Health

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

This portal may be used for:

Notification of Admission to:

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

Notification of Discharge from:

- Acute or Intermediate levels of care

Submit Requests for:

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

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

[Frequently Asked Questions](#)

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

[< Back to member search](#)

[NOTIFICATION: ALL 24-HR LEVELS OF CARE, PHP, IOP](#) [DISCHARGES: ALL 24-HR LEVELS OF CARE, PHP, IOP](#)

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

Behavioral Health

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

This portal may be used for:

Notification of Admission to:

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

Notification of Discharge from:

- Acute or Intermediate levels of care

Submit Requests for:

- Repetitive Transcranial Magnetic Stimulation/TMS
- Applied Psychotherapy

NOTE: Providers must complete a request for service for all services, including Neuropsych testing.

Frequently Asked Questions

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

Leaving Tufts Health Plan

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

CANCEL **PROCEED TO MHK**

< Back to member services

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

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

mhk

Request Prior Authorization or Notification

Request PA or Notification

View/Update All Requests

View/Update Open Inpatient Requests

View/Update Open Service Requests

Search for Member

Member First Name * : _____ Member Last Name * : _____

Member Date of Birth * : _____ Member ID * : _____

Member DOB (mm-dd-yyyy) _____

Clear **Search**

The *Member Search Results* screen displays:

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

Member Search Results

☐ Show all Eligibility Records

Member Search Results

Show 10 entries

ACTION	FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID	ADDRESS	STATUS	EFFECTIVE DATE	TERM DATE	COMPANY	LINE OF BUSINESS	PLAN CODE	PLAN DESCRIPTION
Select						Eligible	11-22-2022	12-31-3999				

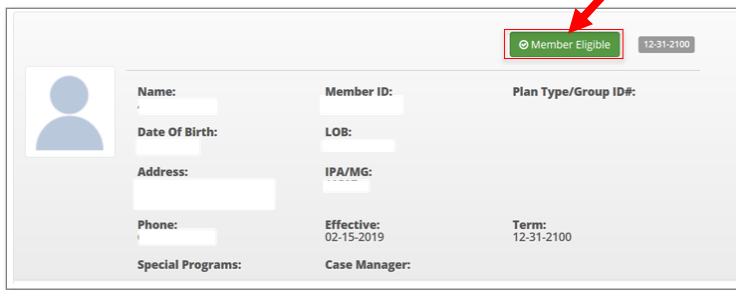
Showing 1 to 1 of 1 entries

Date: _____

Print **Cancel**

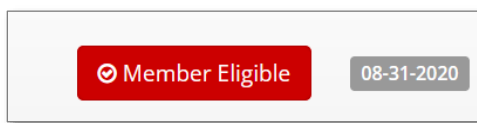
Note: The member is not currently active if “Eligible” is not listed in the *Status* field. Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:



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

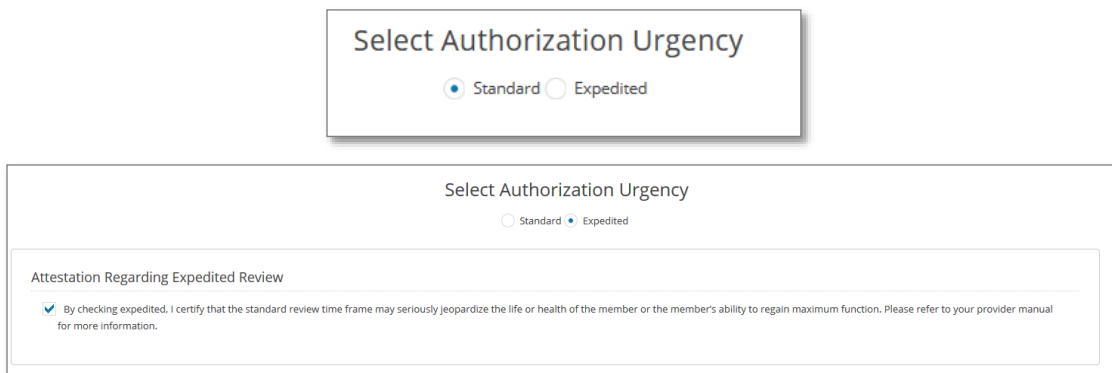
If the “Member Eligible” button is red with a past eligibility date, you selected a record that is not eligible. The date denotes member’s last date of coverage.



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

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

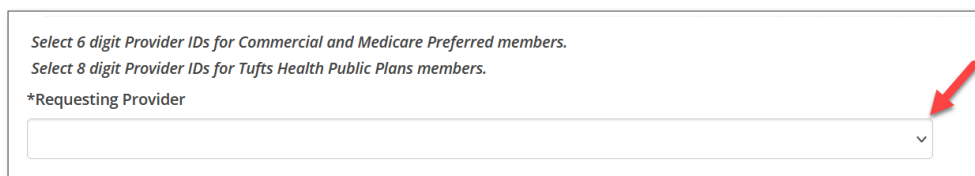
Note: Select the “Expedited” radio button if the authorization requires an expedited review. If expedited, be sure to agree to the *Attestation Regarding Expedited Review*.



Add Requesting Provider

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

Note: If the user has less than or exactly two provider IDs affiliated with their account, the user must select the appropriate *Requesting Provider* from the dropdown menu.



Note: If the user has more than two provider IDs affiliated with their account, the Provider Search option is available, and the user must perform a “Search” using the Provider’s NPI and participating status to select the appropriate *Requesting Provider*.

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider

Specialty

Provider Status

Search

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

Provider Search

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

Provider ID

NPI

Tax Id

First Name

Last Name

Facility/Organization

Zip Code

Participating:

Yes No

Search Clear

Provider Search Results

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

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

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider

Specialty

Provider Status

First Name

Last Name

Organization

Address1

Address2

City

State

Zip

*Requesting Phone Number

*Requesting Fax Number

*NPI

Contact Name

Contact Phone

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

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

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

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

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

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

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

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

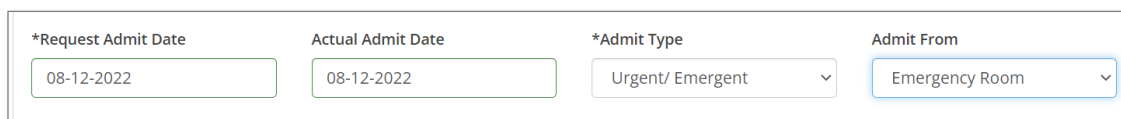
Step 6: If the *Request Type* is “Behavioral Health Inpatient,” select the appropriate *Bed Type* from the options in the dropdown menu:

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

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

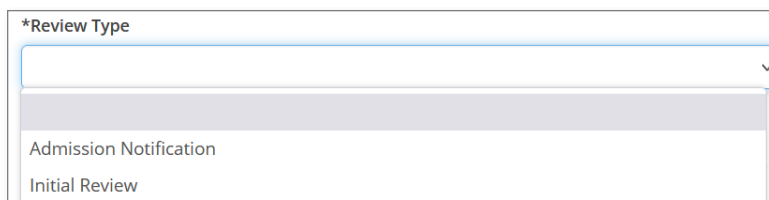
Step 7: Enter the *Request Admit Date* (“MM-DD-YYYY”) and select the appropriate *Admit Type* and *Admit From* option from their respective dropdown menus.

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

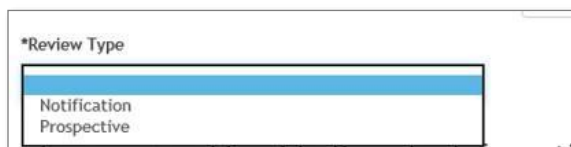
A form with four fields: *Request Admit Date (08-12-2022), Actual Admit Date (08-12-2022), *Admit Type (Urgent/ Emergent), and Admit From (Emergency Room).

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

Behavioral Health Inpatient Requests:

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

Behavioral Health Service Requests:

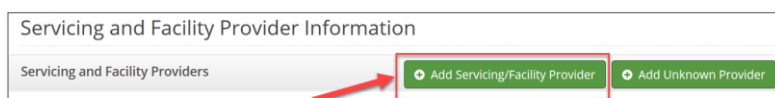
A dropdown menu for Review Type. The options are: Notification and Prospective.

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

Add Servicing/Facility Provider

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

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

A form titled "Servicing and Facility Provider Information". It has a section "Servicing and Facility Providers" with two buttons: "Add Servicing/Facility Provider" (highlighted with a red box and arrow) and "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

Please enter Provider ID or NPI or Fed Tax ID or (First Name and Last Name and State (abbreviated)) or (State and Organization/Facility)

Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

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

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

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

Search for Servicing Provider or Facility

Please enter Provider ID or NPI or Fed Tax ID or (First Name and Last Name and State (abbreviated)) or (State and Organization/Facility)

Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Organization/Facility:

Participating: ☒ Yes ☐ No

* Type:
Servicing Provider
Facility

Show Additional Search Fields

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

Show: entries

ACTION	PROVIDER NAME	NPI#	DEAP	SPECIALITY	ADDRESS	PROVIDER STATUS
Select						
Select						
Select						

Cancel

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

Facility Provider Fax Number

*Fax Number: Contact Name:

Contact Phone: Contact Phone Ext:

Cancel Save

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

Servicing and Facility Providers									
<div><div>Add Servicing/Facility Provider</div><div>Add Unknown Provider</div></div>									
ACTION	PROVIDER NAME	NPI#	DEAP	SPECIALITY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
<div>Remove</div>								Facility	Contracted
<div>Remove</div>								Servicing Provider	Contracted

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

Add Diagnosis Code

Step 1: Click “Add Primary Diagnosis.”



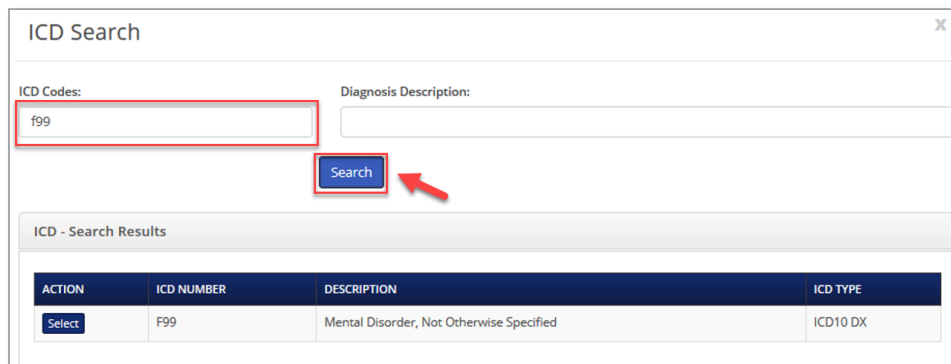
*Diagnosis (*Denotes required field)

ICD - Search Results

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

The ICD Search screen displays.

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



ICD Search

ICD Codes: f99

Diagnosis Description:

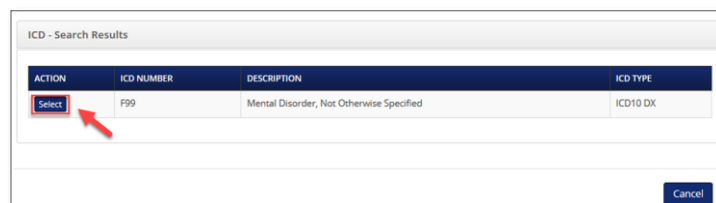
[Search](#)

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	F99	Mental Disorder, Not Otherwise Specified	ICD10 DX

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

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

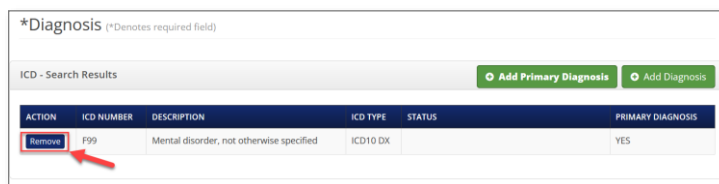


ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	F99	Mental Disorder, Not Otherwise Specified	ICD10 DX

[Cancel](#)

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



*Diagnosis (*Denotes required field)

ICD - Search Results

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

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	STATUS	PRIMARY DIAGNOSIS
Remove	F99	Mental disorder, not otherwise specified	ICD10 DX		YES

Add Primary Procedure Code

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



*Procedure (*Denotes required field)

CPT/HCPCS - Search Results

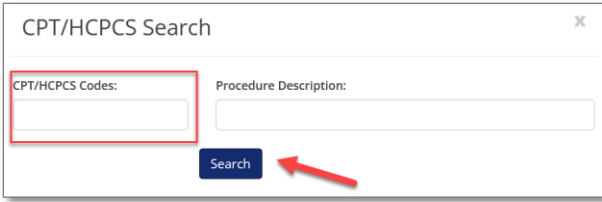
[+ Add Primary Procedure](#) [+ Add Procedure](#)

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

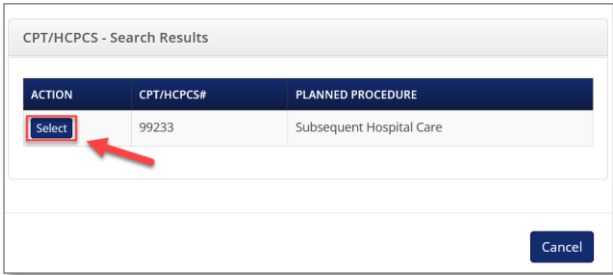
Note: When the *Request Type* field is “Behavioral Health Inpatient,” a procedure code is not required. The user must provide a procedure code for all Behavioral Health Outpatient Services Requests.

The *CPT/HCPCS Search* screen displays.

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

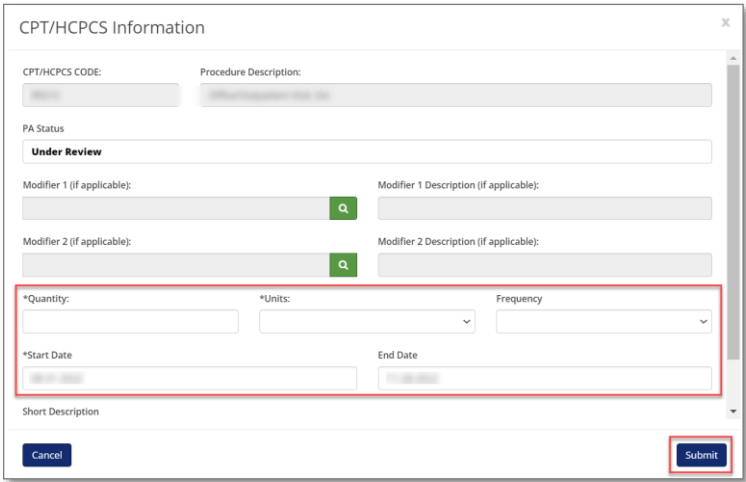


Step 3: In the *Action* field, click “Select” to add code(s).



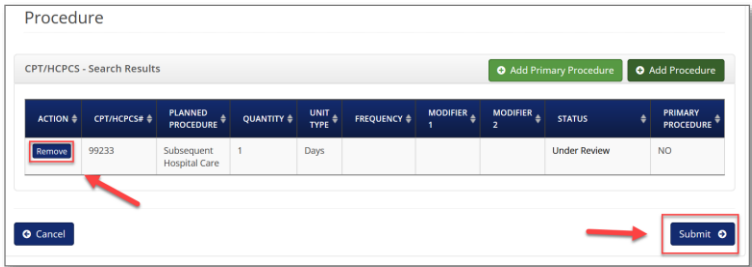
The *CPT/HCPCS Information* screen displays.

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



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

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



Add Medical/Clinical Documentation

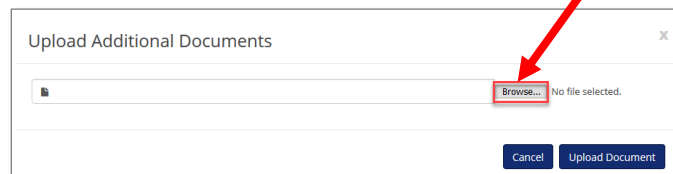
If your request auto cancels or auto approves, this screen will not display.

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

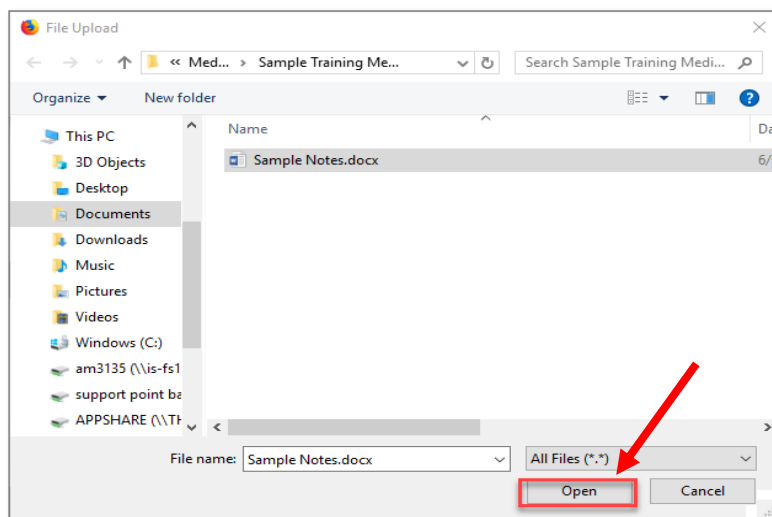
Note: In most circumstances, clinical documentation is required to support the request.



Step 2: Click “Browse.”



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

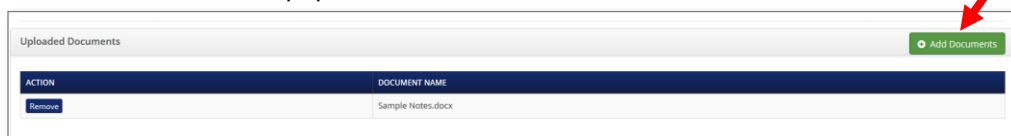


Step 4: Click “Upload Document” to add the attachment to the request.



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

The *Uploaded Documents* screen is now populated:



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

Please upload additional documentation supporting your request

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

Uploaded Documents Add Documents

ACTION	DOCUMENT NAME
Remove	TestFax.pdf

Notes Add Notes

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

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

Notes

Note Text

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

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

Uploaded Documents Add Documents

ACTION	DOCUMENT NAME
Remove	Sample Notes.docx

Notes Add Notes


ACTION	NOTE TEXT
Remove	

[Submit](#)

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

Request Prior Authorization or Notification

Member Eligible 12-31-2999

 **Name:** **Member ID:** **Plan Type/Group ID#:**

Date Of Birth: **LOB:**

Address: **IPA/MG:**

Phone: **Effective:** **Term:**

Special Programs: **Case Manager:**

Authorization Status: In Progress **Reason:** Request for Prior Authorization

Decision: Not Decided **Reference#:** 123456789

Procedure Status: Not Decided

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

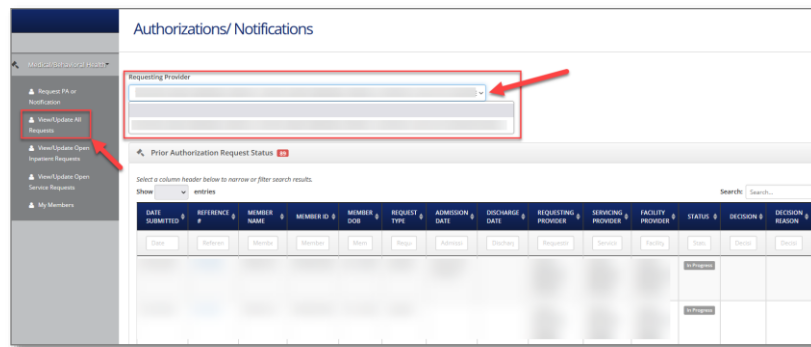
It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies. Benefits for this service are subject to the provisions of the member's plan, the member's eligibility on the dates of service, and the outcome of this determination. A determination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

View Existing Inpatient Notifications and Prior Authorizations

Viewing/Adding Updates to an Existing Inpatient Notification or Prior Authorization

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

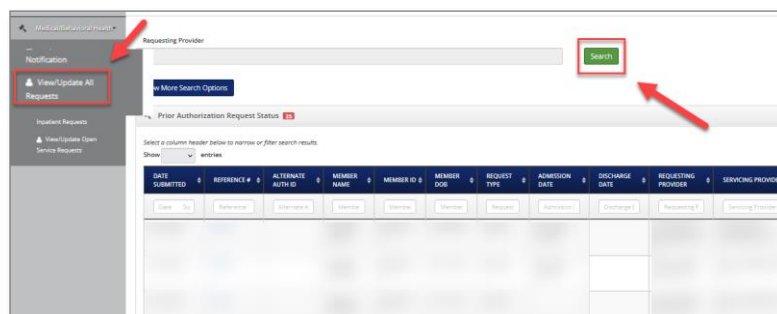
Note: The last seven days of closed (completed/decisioned) cases and all Open events associated with the providers registered to the account will display. If the user has less than or exactly 20 provider IDs affiliated with their account, the user can further refine their search by selecting the appropriate *Requesting Provider* from the dropdown menu.



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.

Note: Although not mandatory, MHK users can narrow their search when by utilizing the *Requesting Provider* dropdown as illustrated in Step 1. If more the requesting provider has more than 20 affiliates, please follow the steps beginning with 1A below. The Provider Search option is available, and the user can further refine their search using the Providers' NPI.

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



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

Provider Search

Provider Id: _____ NPI: _____ Tax Id: _____

First Name: _____ Last Name: _____ Facility/Organization: _____

Zip Code: _____

Search **Clear**

Provider Search Results

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

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

Showing Provider: _____

Show More Search Options

Member First Name: _____ Member Last Name: _____

Member DOB: _____ Member DOB (mm-dd-yyyy): _____

Member GP: _____

Authorization Status: _____ Decision: _____

Auth #: _____ Alternative Auth ID: _____

Request Type: _____ Requesting Provider First Name: _____

Requesting Provider Last Name: _____ Servicing Provider First Name: _____

Servicing Provider Last Name: _____

Search by Date (Date Type): _____ From Date: _____ To Date: _____

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

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

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

Hide Search Options

Member First Name: _____ Member Last Name: _____

Member DOB: _____ Member DOB (mm-dd-yyyy): _____

Member GP: _____

Authorization Status: _____ Decision: _____

Auth #: _____ Alternative Auth ID: _____

Request Type: _____ Requesting Provider First Name: _____

Requesting Provider Last Name: _____ Servicing Provider First Name: _____

Servicing Provider Last Name: _____

Search by Date (Date Type): _____ From Date: _____ To Date: _____

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

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

Hide Search Options

Member First Name: _____ Member Last Name: _____

Member DOB: _____ Member DOB (mm-dd-yyyy): _____

Member GP: _____

Authorization Status: _____ Decision: _____

Auth #: _____ Alternative Auth ID: _____

Request Type: _____ Requesting Provider First Name: _____

Requesting Provider Last Name: _____ Servicing Provider First Name: _____

Servicing Provider Last Name: _____

Search by Date (Date Type): _____ From Date: _____ To Date: _____

Search **Clear**

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

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

TTID	REFERENCE #	ALTER	MEMBER NAME	MEMBER ID	MEMBER POS	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS
	013A18											

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

REVIEW NUMBER	REVISION	REVIEW TYPE	PRIORITY	DECISION	REOPEN
110013299	1	Initial Review	Concurrent		

The *Auth Review Details* page displays:

ID#	DESCRIPTION	MOD 1	MOD 2	FROM	THRU	REQUESTED	UNITS	DECISION	DECISION REASON	APPROVED
40226	Upper GI Endoscopy			01-10-2019	04-10-2019	3.0		Procedure		

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

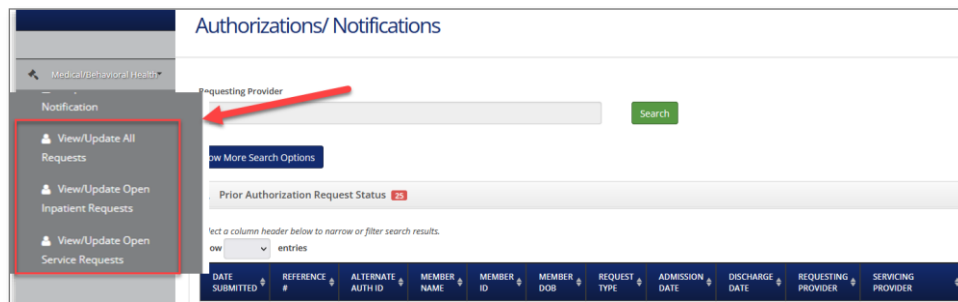
DOCUMENT NAME	TYPE
Clinical Attachment	Member Document

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

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

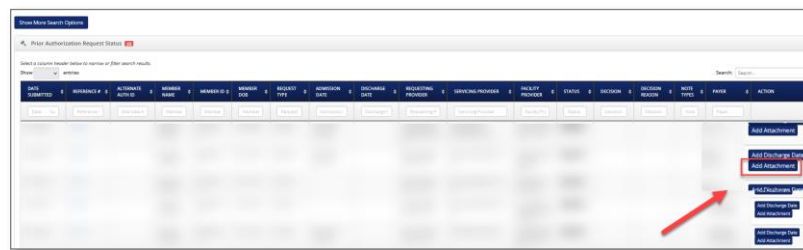
Adding Medical/Clinical Notes to an Existing Authorization

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

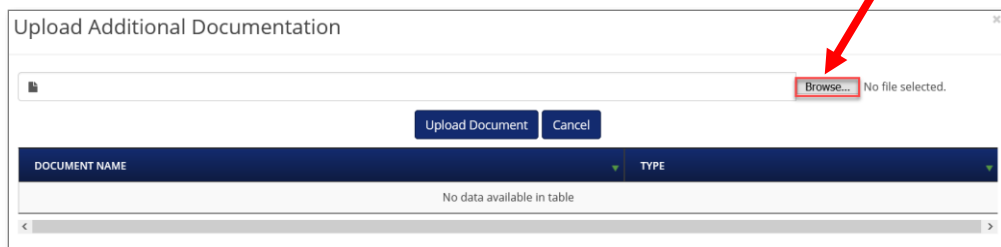


Step 2: After locating the existing request, click “Add Attachment” in the *Action* column.

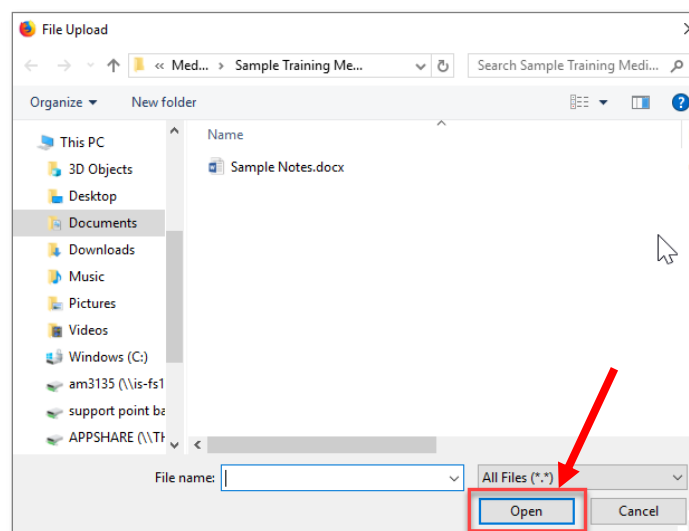
Note: Attachments should only be added to requests that are still In Progress



Step 3: Click “Browse.”



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



Step 5: Click “Upload Document.”

Upload Additional Documentation

Sample Notes.docx

Upload Document Cancel

DOCUMENT NAME	TYPE
Sample Notes.docx	Clinical Attachment

Adding Discharge Date(s) to an Existing Authorization

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

Open Inpatient Requests

*Requesting Provider

Prior Authorization Request Status

Show entries

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICE PROVIDER
Date	Referral	Alternate	Member	Member	Member	Request	Admission	Discharge	Requester	Service

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

Prior Authorization Request Status

Search

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICE PROVIDER	ACTION
											Add Discharge Date

The *Discharge Date* screen displays:

Discharge Date

Discharge Date: 06-15-2020 14:14:36

Discharge Disposition:

Diagnosis Description:

Save Cancel

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

Discharge Date

Discharge Date: 06-15-2020 14:14:36

Discharge Date: 06-15-2020 14:14:36

Discharge Date: 06-15-2020 15:34:44

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

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

Discharge Date

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

Discharge Disposition : Home with Services

Discharge Diagnosis : [Search Icon]

Diagnosis Description : [Text Field]

Save Cancel

The following screen displays with the discharge date and time:

Prior Authorization Request Status 25

Show [Dropdown] 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
Date	Referen	Alternat	Mem	Member	Mem	Requ	Admiss	Dischar	Requesting	Servicing P	Facility	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.

Tufts Health Plan Secure Provider Portal

Enter Inpatient/ILOC Discharge

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

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

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

Required Field*

Requesting Entity ID* Admission Date*

Select Provider Name/ID MM/DD/YYYY

Member ID* Suffix Date of Birth*

Enter Member ID ## MM/DD/YYYY

SUBMIT

The following screen displays:

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

Requesting Provider: _____ Admission Date: _____

Member Name: _____ Member ID: _____ Date of Birth: _____

Required Field*

Discharge Date*
MM/DD/YYYY

Member is being discharged from?*

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

Patient discharged to?*

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

Primary Discharge Diagnosis Code*:

Secondary discharge Diagnosis Code:

Medical Conditions:

CANCEL SUBMIT

Step 2: Complete the *Discharge Date* field.

Discharge Date*
MM/DD/YYYY

Mar 2020

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

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

Member is being discharged from?*

- Inpatient Care
- Acute Residential
- Partial Hospital
- Intensive Outpatient

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

Was care provided at*:

☐ This Facility

☐ Another Facility

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

Patient discharged to?*

Residential or Acute Residential

Partial Hospital

Intensive Outpatient

Skilled Nursing Facility

Another Inpatient Facility

Home with VNA Services

Home

AMA

Shelter

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

Admissions diagnosis Class*:

☐ Behavioral Health

☐ Substance use disorder

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

Primary Discharge Diagnosis Code*:

Secondary discharge Diagnosis Code:

Medical Conditions:

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

Was Medication Reconciliation completed with the patient or the patient's caregiver as part of the discharge?*

☐ Yes

☐ No

☐ Not Discharged on Medication

Please enter the names of all additional providers who will be providing follow up behavioral health services to the member, also include provider phone number and next appointment date*

Provider	Phone Number	Date of next Appt
	(xxx) xxx-xxxx	MM/DD/YYYY
Provider	Phone Number	Date of next Appt
	(xxx) xxx-xxxx	MM/DD/YYYY
Provider	Phone Number	Date of next Appt
	(xxx) xxx-xxxx	MM/DD/YYYY

Was the PCP notified of this admission?*

☐ Yes

☐ No

Was there a conversation with the patient's outpatient provider(s) during this admission?*

☐ Yes

☐ No

☐ No Outpatient Provider

CANCEL SUBMIT

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

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

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

Thank you for completing a Mental Health Facility discharge questionnaire. Below is a summary of the information that you provided for us today. If you have questions, please contact Tufts Health Plan Behavioral Health Services Department at 800-208-9565. Monday to Friday 8:30AM to 5:00PM. Furthermore, if you do have questions, your confirmation number is: [REDACTED] | Mon Nov 13 16:39:49 EST 2023

Requesting Entity Id	Member ID
[REDACTED]	[REDACTED]
Date of Birth	Member Name
[REDACTED]	[REDACTED]
Admission Date	
[REDACTED]	
Discharge Date	
[REDACTED]	
Member is being discharged from	Was care provided at
[REDACTED]	[REDACTED]
Admission diagnosis class	Patient discharged to
[REDACTED]	[REDACTED]