Behavioral Health MHK Portal User Guide

MHK Behavioral Health Substance Use Disorder Portal User Guide for: Tufts Health Plan Commercial, Medicaid and Medicare Plans (excluding Tufts Health One Care and Tufts Health Plan Senior Care Options Plans)

Note: We recently updated this guide to include ALL products including Medicaid products for Behavioral Health and Substance use requests. For medical requests, please continue to use the MHK Portal User Guide.

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Note: Out-of-network BH providers must continue to use the current fax process. The Out-of-network Outpatient Prior Authorization Request Form can be found in the Resource Center of the provider section of our website under Authorization forms.

Overview

The information contained in this User Guide pertains to when submitting 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 "Authorization" in the Forms section of the Provider Resource Center for further 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 contact center.

MHK PORTAL SUPPORT AND TROUBLE SHOOTING

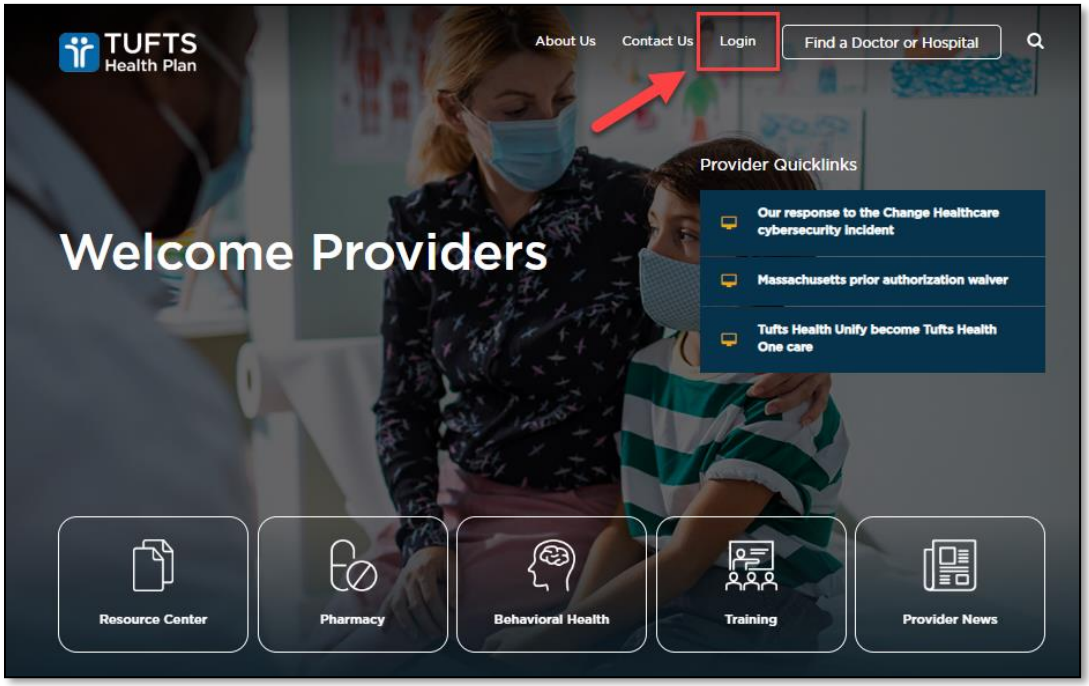
When contacting Provider Services, please be prepared to provide the following information:

- 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).

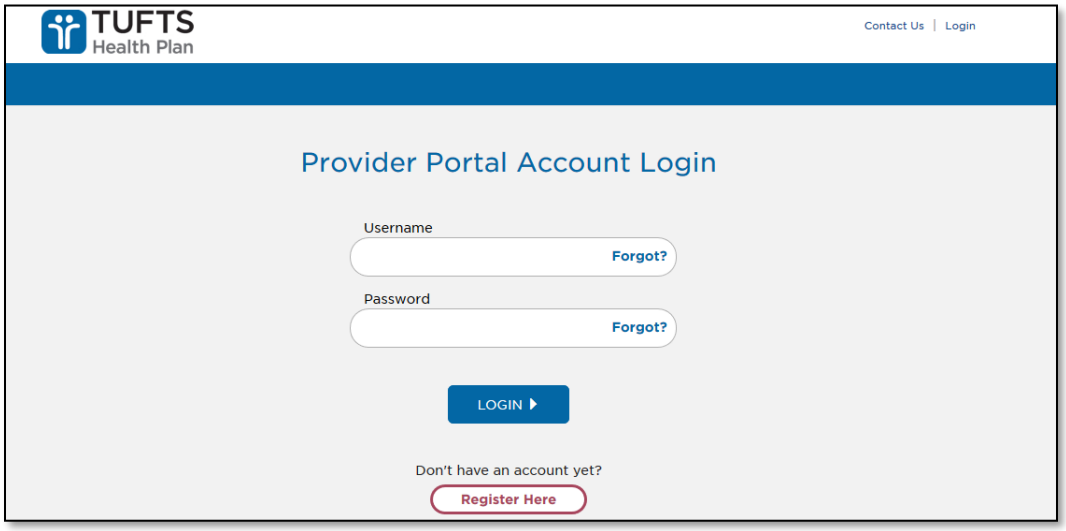
Accessing the Portal

LOGGING IN

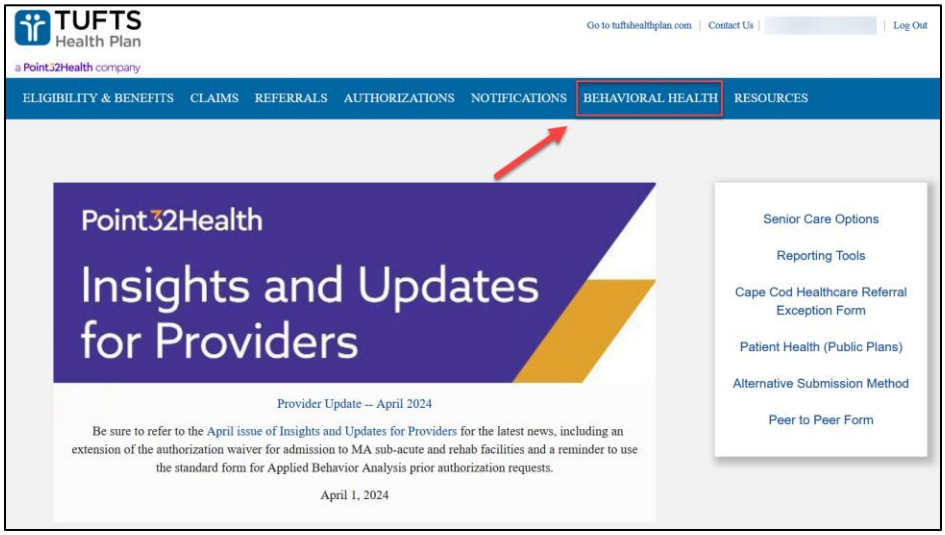
Step 1: Visit the Tufts Health Plan Provider website and click “Login” to continue.



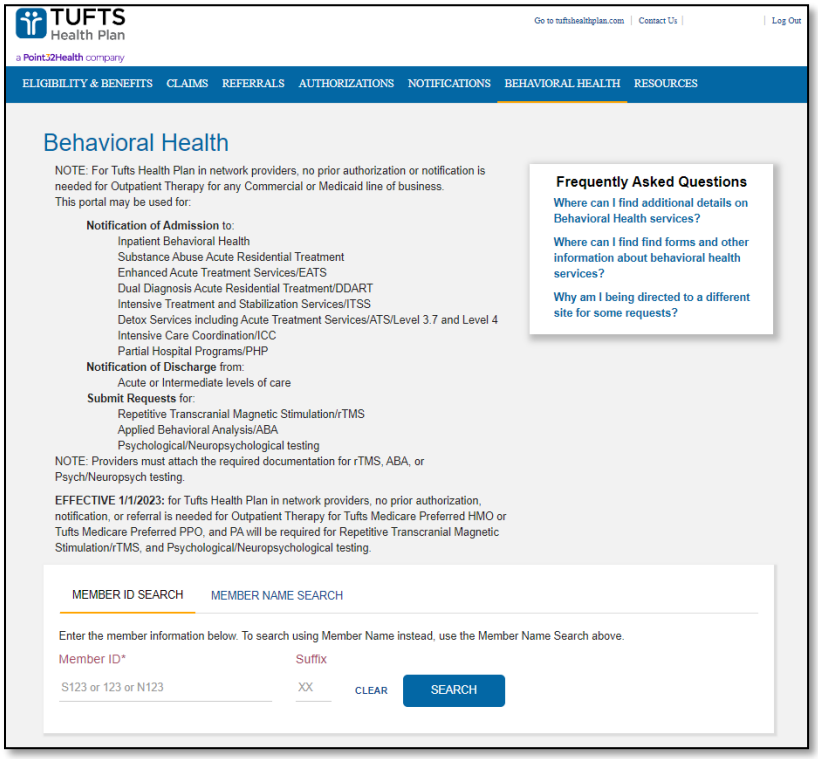
Step 2: Enter your *Username* and *Password* then click “Login”.



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



The *Behavioral Health* screen displays:



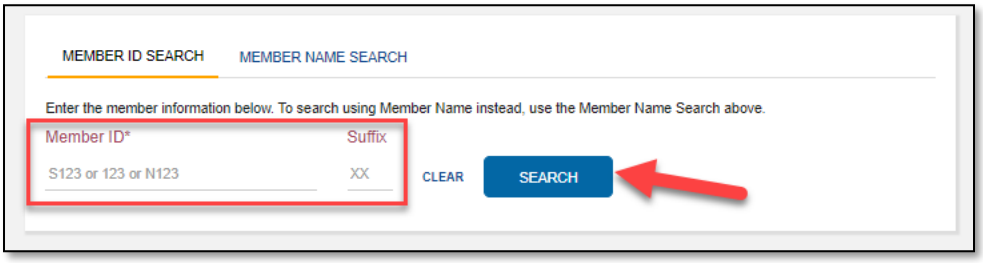
- **Notification: All 24-HR Levels of Care, PHP, IOP:** Choose this option to request an Inpatient Notification, Acute Residential Treatment (ART), Partial Hospitalization or Intensive Outpatient Program (IOP). Be advised that the requester will be redirected to MHK (formerly MedHOK Medical House of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

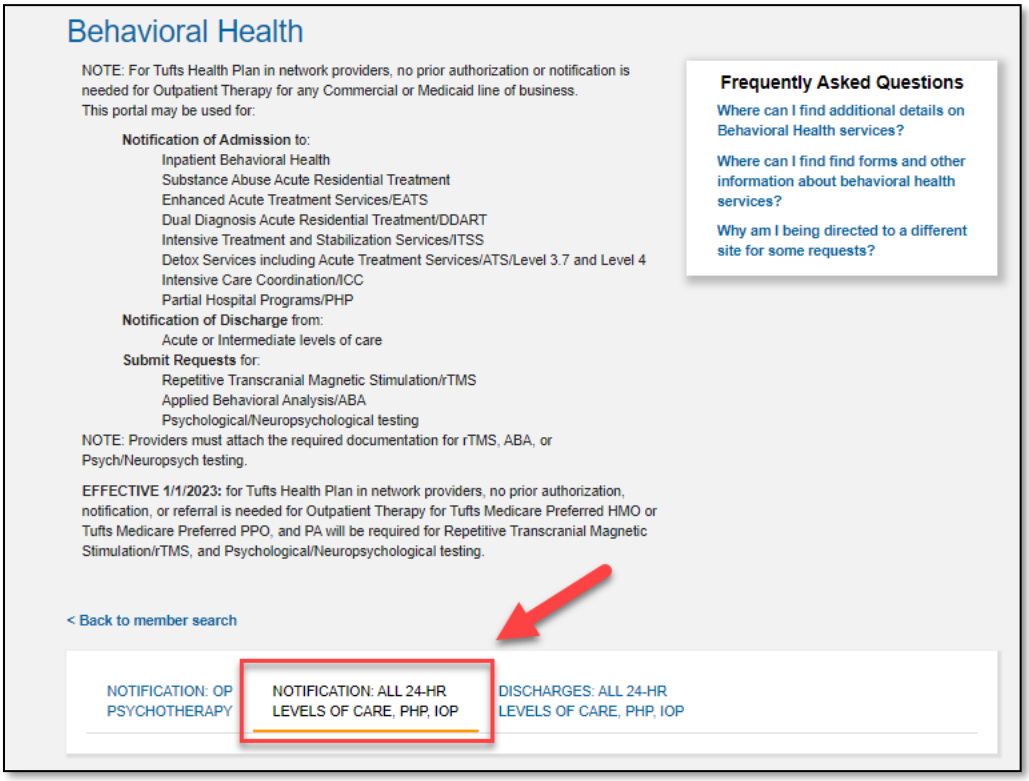
Refer to the steps outlined below to request a notification for all 24-hour levels of care, Partial Hospitalization, or Intensive Outpatient Programs or to request prior authorization through the MHK Medical Management System portal.

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

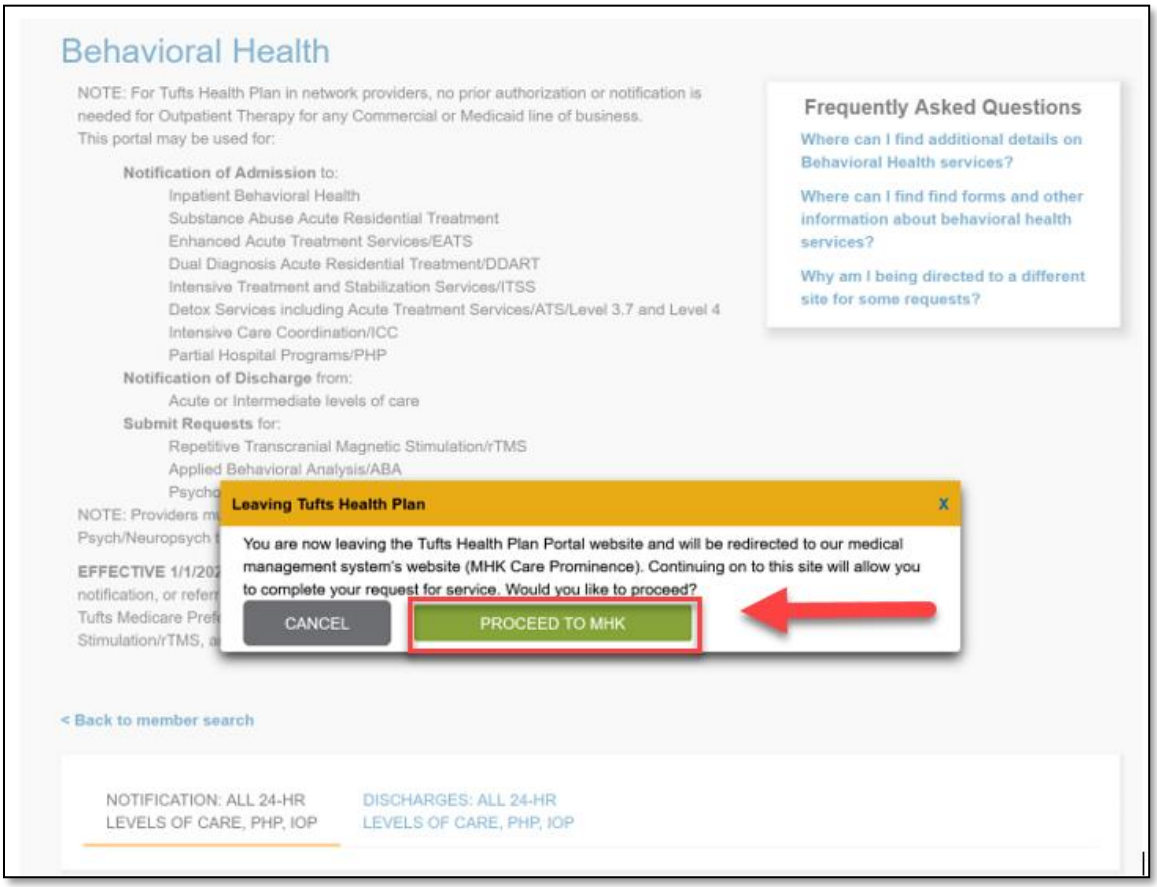
Step 1: Enter *Member ID and Suffix*, then click on Search.



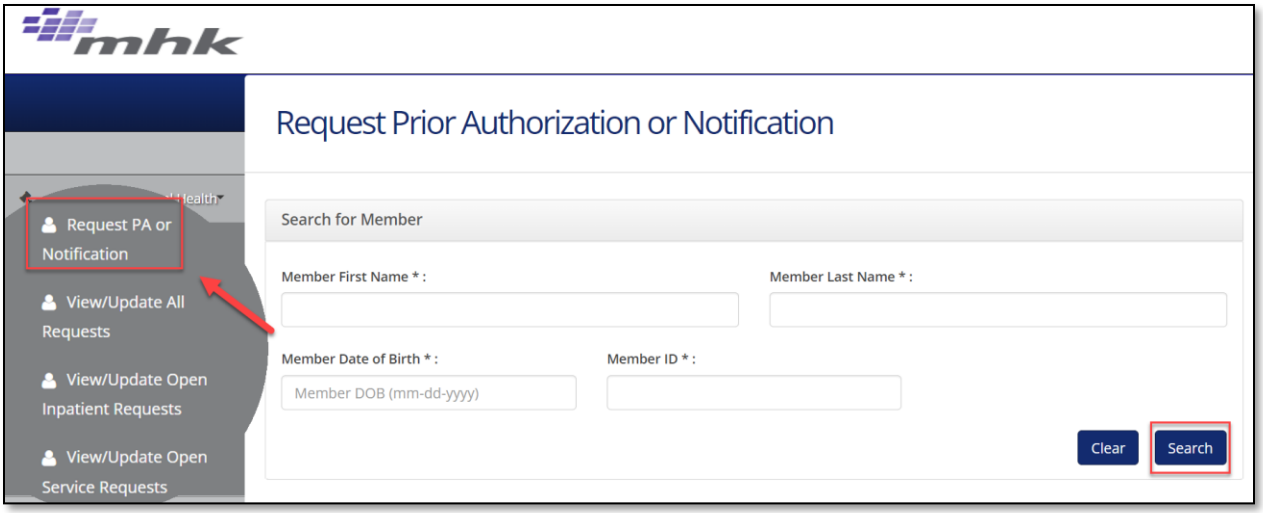
Step 2: Select *Notification: All 24-HR Levels of Care, PHP, IOP*.



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

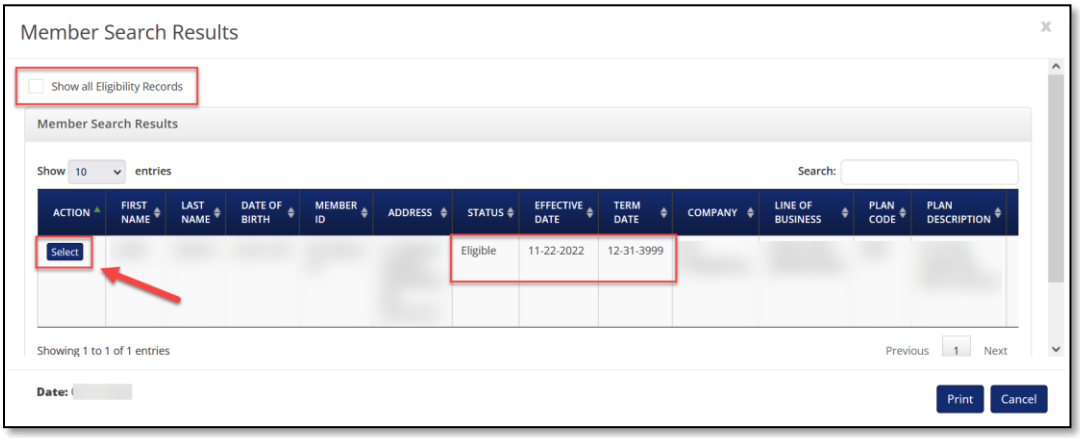


Step 4: Select *Request PA or Notification* and fill out the *Member First Name, Member Last Name, Member Date of Birth* and *Member ID* fields and click Search.



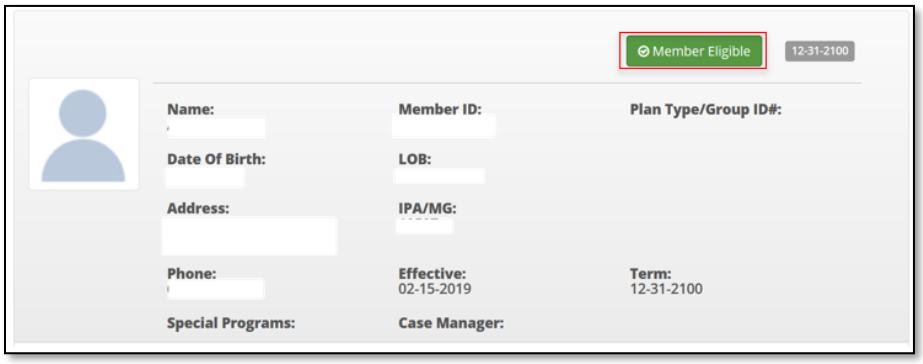
The *Member Search Results* screen displays:

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



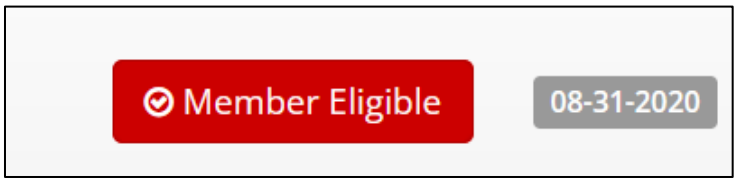
Note: The member is not currently active if “Eligible” is not listed in the *Status* field. Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:



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

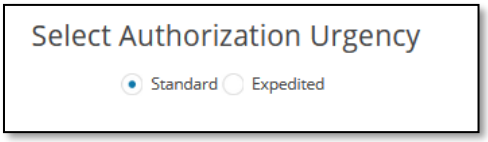
- If the “Member Eligible” button is red with a past eligibility date, you selected a record that is not eligible. The date denotes member’s last date of coverage.

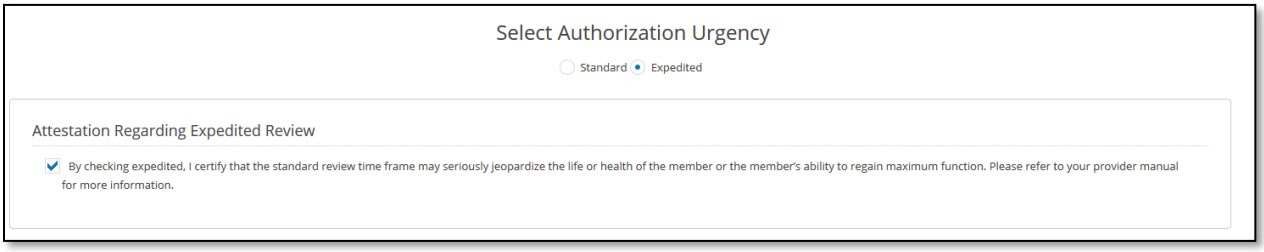


Step 6: Select the appropriate urgency for the authorization request as indicated below:

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

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

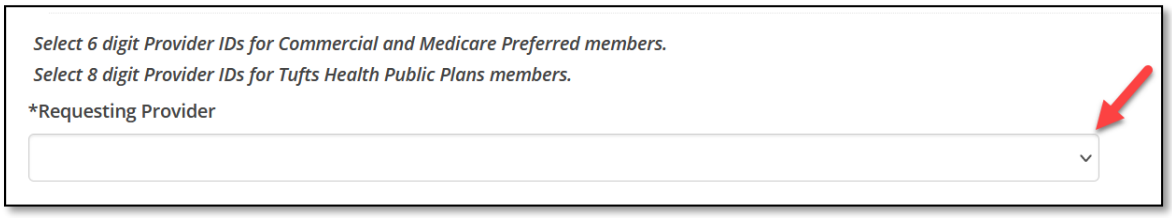




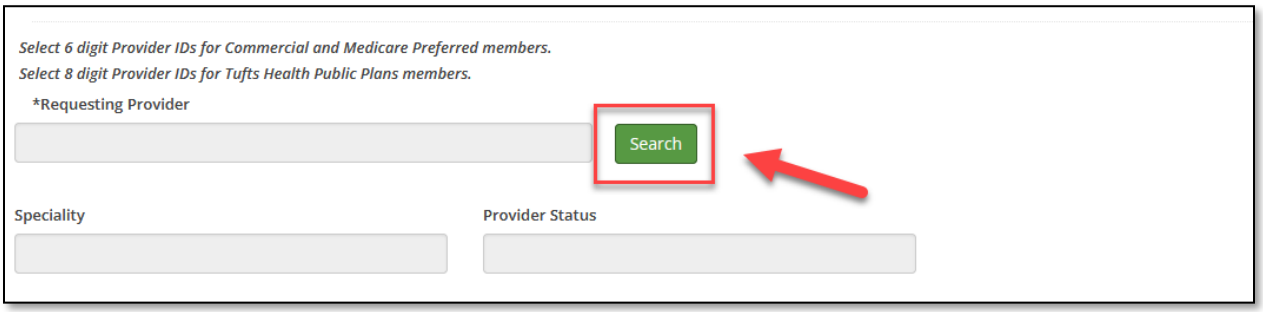
ADD REQUESTING PROVIDER

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

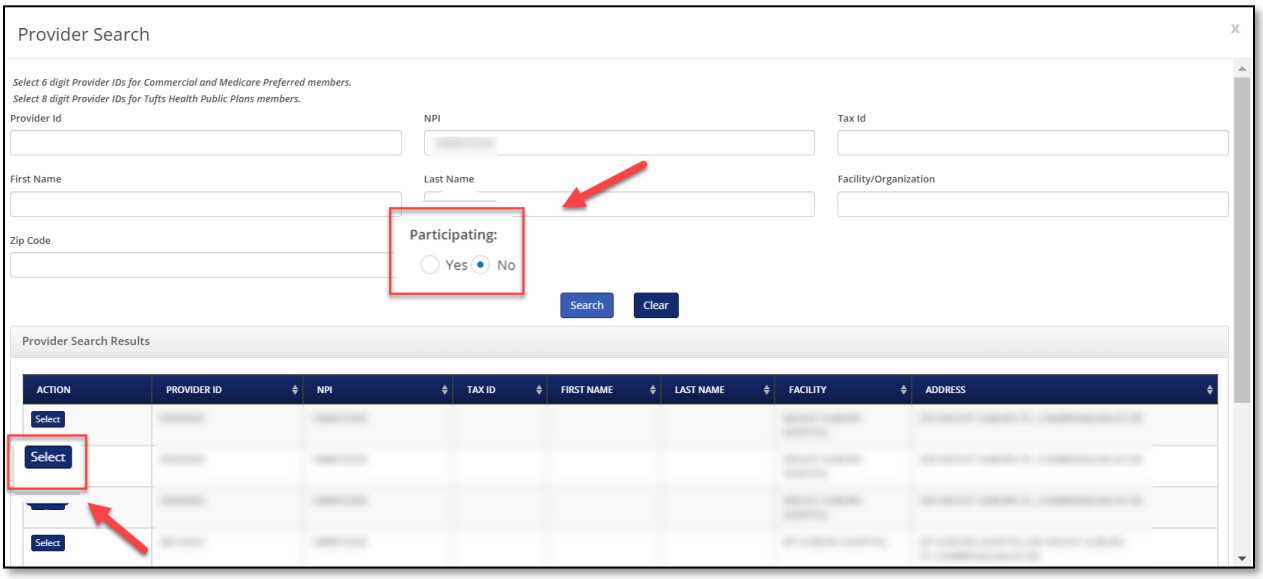
Note: If the user has less than or exactly 20 provider IDs affiliated with their account, the user must select the appropriate *Requesting Provider* from the dropdown menu.



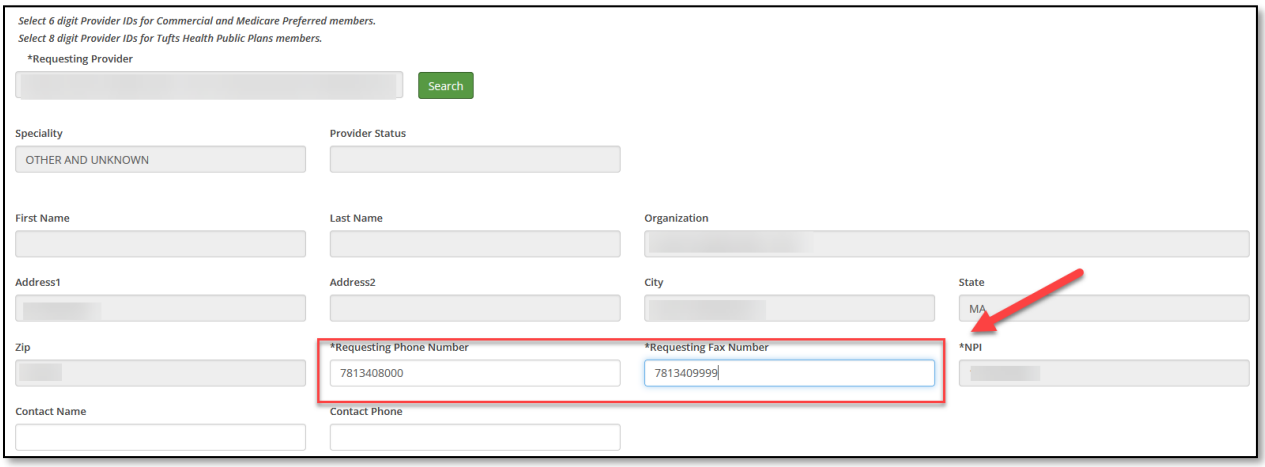
Note: If the user has more than 20 provider IDs affiliated with their account, the Provider Search option is available, and the user must perform a "Search" using the Providers' NPI and participating status to select the appropriate *Requesting Provider*.



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.



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

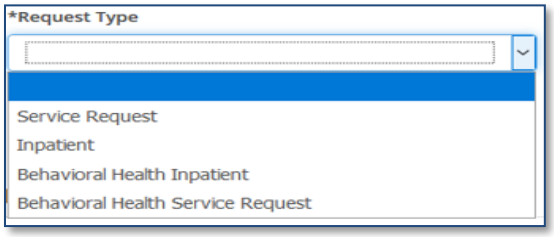


Note: The *Specialty* and *Provider* Status fields will pre-populate based on the selected provider's credentials. The provider status will populate once the *Request Type* is selected (below).

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

Option	Description
"Service Request"	Used for all medical prior authorization requests (e.g., Elective Surgeries, DME, etc.).
"Inpatient"	Used for all medical inpatient admissions.
"Behavioral Health Inpatient"	Used for all behavioral health inpatient admissions.
"Behavioral Health Service Request"	Used for all behavioral health prior authorization requests.

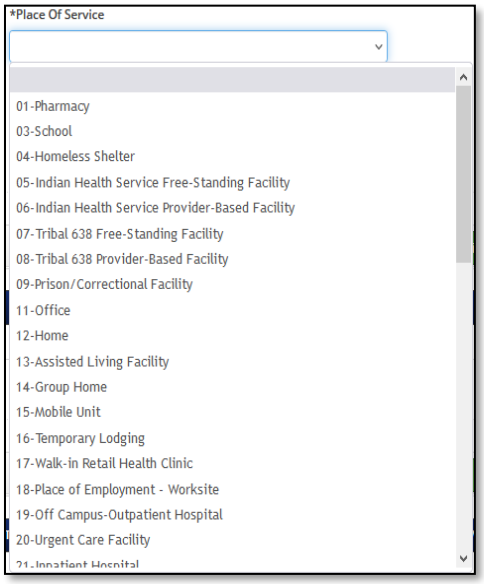
Note: To get instructions on how to submit an Inpatient Admission or Service Request, click the MHK Portal User Guide.



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

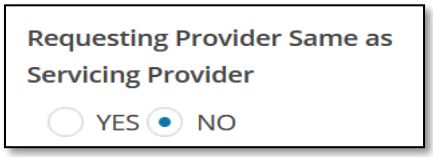
If the Request Type is…	Then complete the field(s) marked with an asterisk as required…
"Behavioral Health Inpatient"	• "Bed Type" • "Request Admit Date" • "Admit Type" • "Review Type"
"Behavioral Health Service Request"	• "Review Type"

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.

> **Note:** The *Requesting Provider Same as Servicing Provider* field defaults to "No." If these are not the same, a *Servicing Provider* must be added to the request.

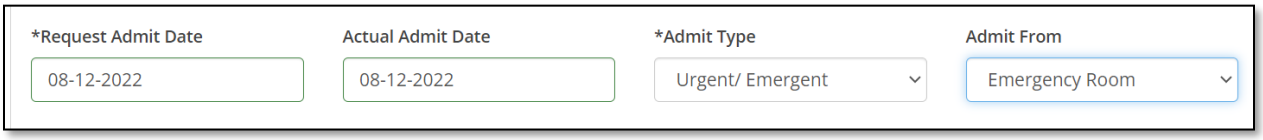


Step 6: If the *Request Type* is "Behavioral Health Inpatient," select the appropriate *Bed Type* from the options in the dropdown menu:

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

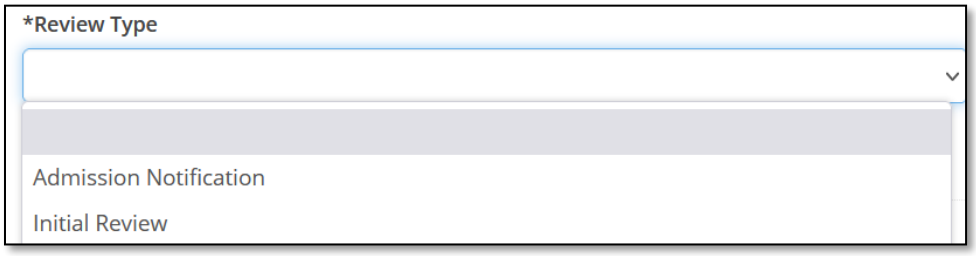
Step 7: Enter the *Request Admit Date* ("MM-DD-YYYY") and select the appropriate *Admit Type* and *Admit From* option from their respective dropdown menus.

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

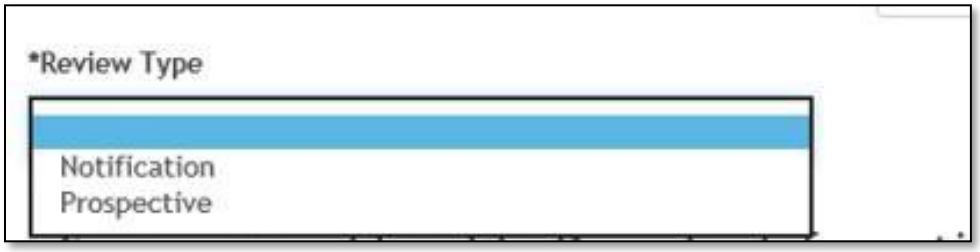


Step 8: Select the appropriate *Review Type* option from the dropdown menu (e.g. "Initial Review" for Inpatient Requests or "Prospective or Notification" for Service Requests).

Behavioral Health Inpatient Requests:



Behavioral Health Service Requests:

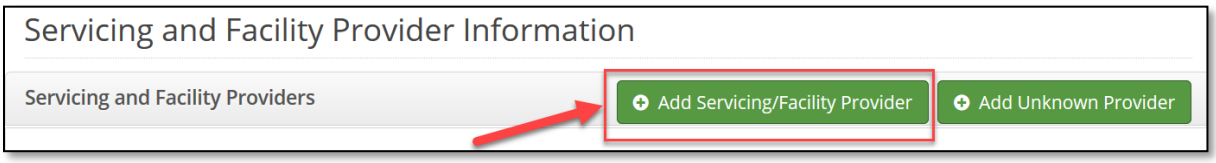


Please Note: Select Notification for services requiring notification only and Prospective for services requiring Prior Authorization. (Refer to the Referrals, Authorizations and Notification chapter of the Commercial, Senior Products, or Tufts Health Public Plans Provider Manual for more information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

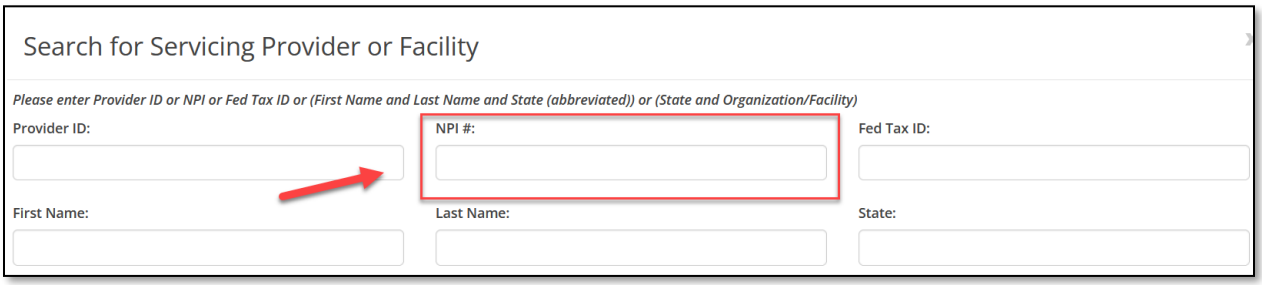
ADD SERVICING/FACILITY PROVIDER

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.



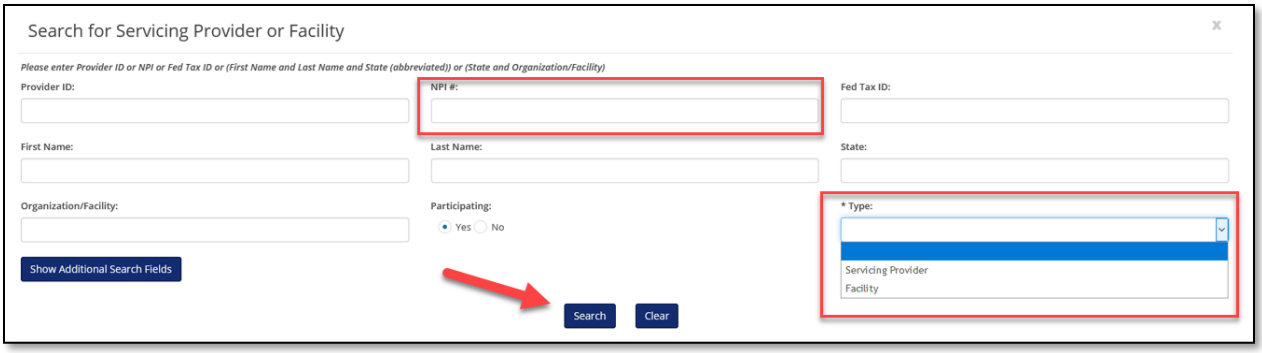
Step 2: *Search for Servicing Provider and/or Facility* by entering the *Servicing/Facility Provider NPI.*



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

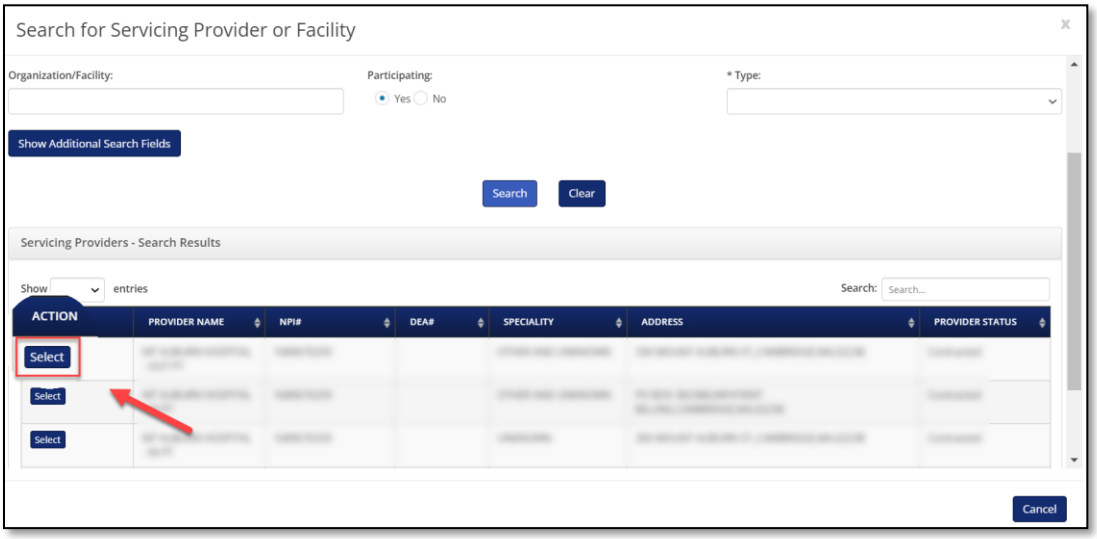
The search results display for *Servicing Provider or Facility*.

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

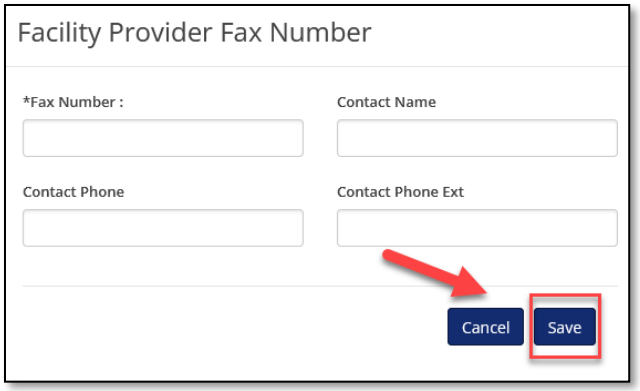


Note: Multiple results may display (e.g., more than one address for the same NPI).

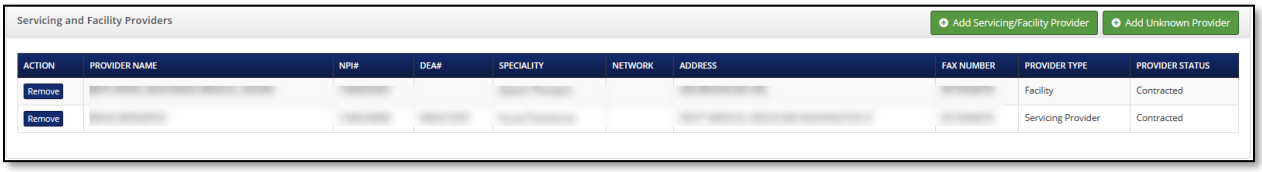
Step 4: Locate the appropriate provider record and click “Select.”



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



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



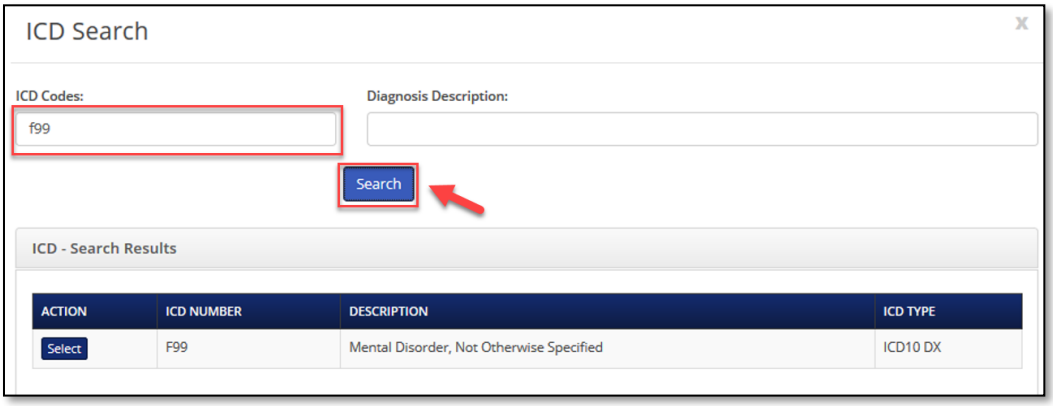
Note: For Inpatient requests, the Facility Provider Fax Number should always be the Utilization Review department’s fax number.

ADD DIAGNOSIS CODE

Step 1: Click "Add Primary Diagnosis."

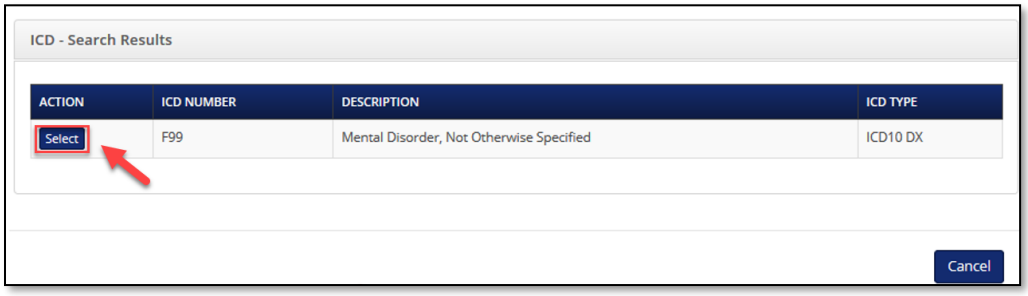
The *ICD Search* screen displays.

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

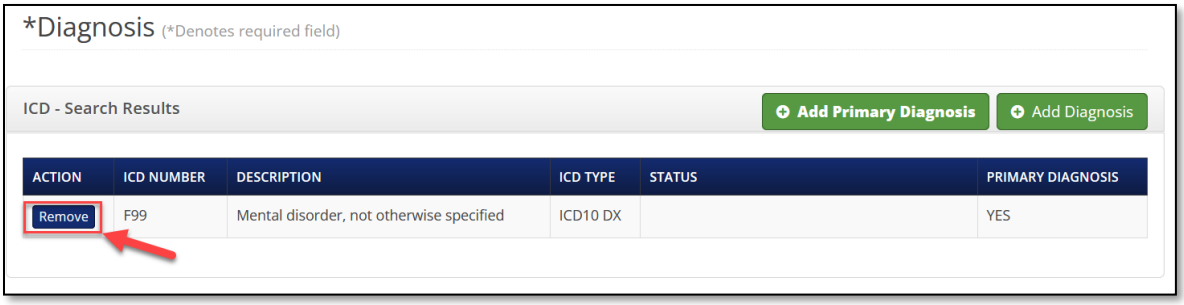


Note: All ICD Codes must be properly formatted (e.g., E66.01, not E6601).

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

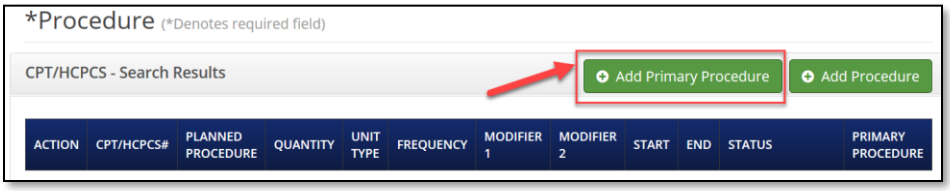


Note: If added in error, click "Remove" in the Action field to remove a diagnosis.



ADD PRIMARY PROCEDURE CODE

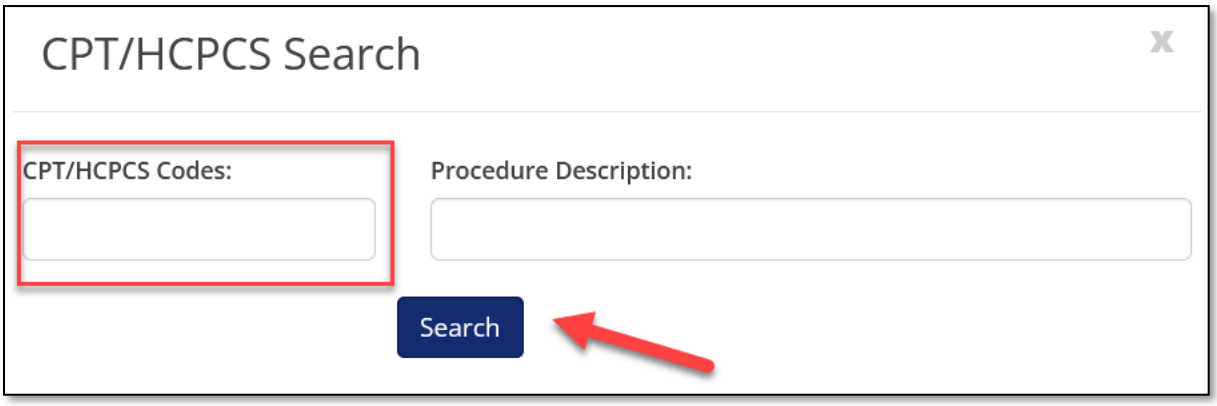
Step 1: Click "Add Primary Procedure" for *Inpatient Requests* OR click "Add Procedure" for *Service Requests*.



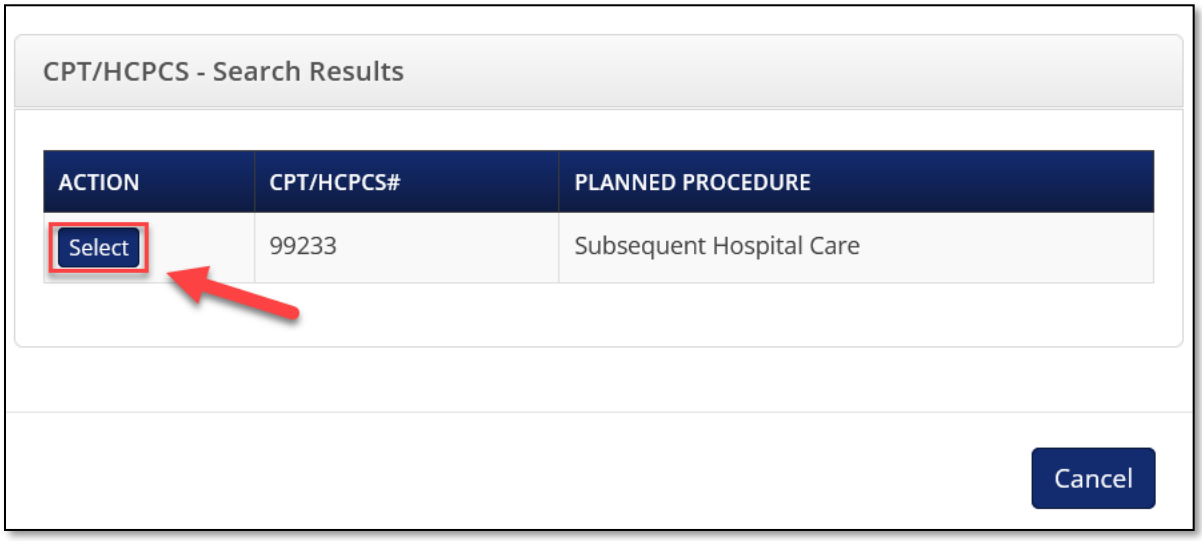
Note: When the *Request Type* field is "Behavioral Health Inpatient," a procedure code is not required. The user must provide a procedure code for all Behavioral Health Outpatient Services Requests.

The *CPT/HCPCS Search* screen displays.

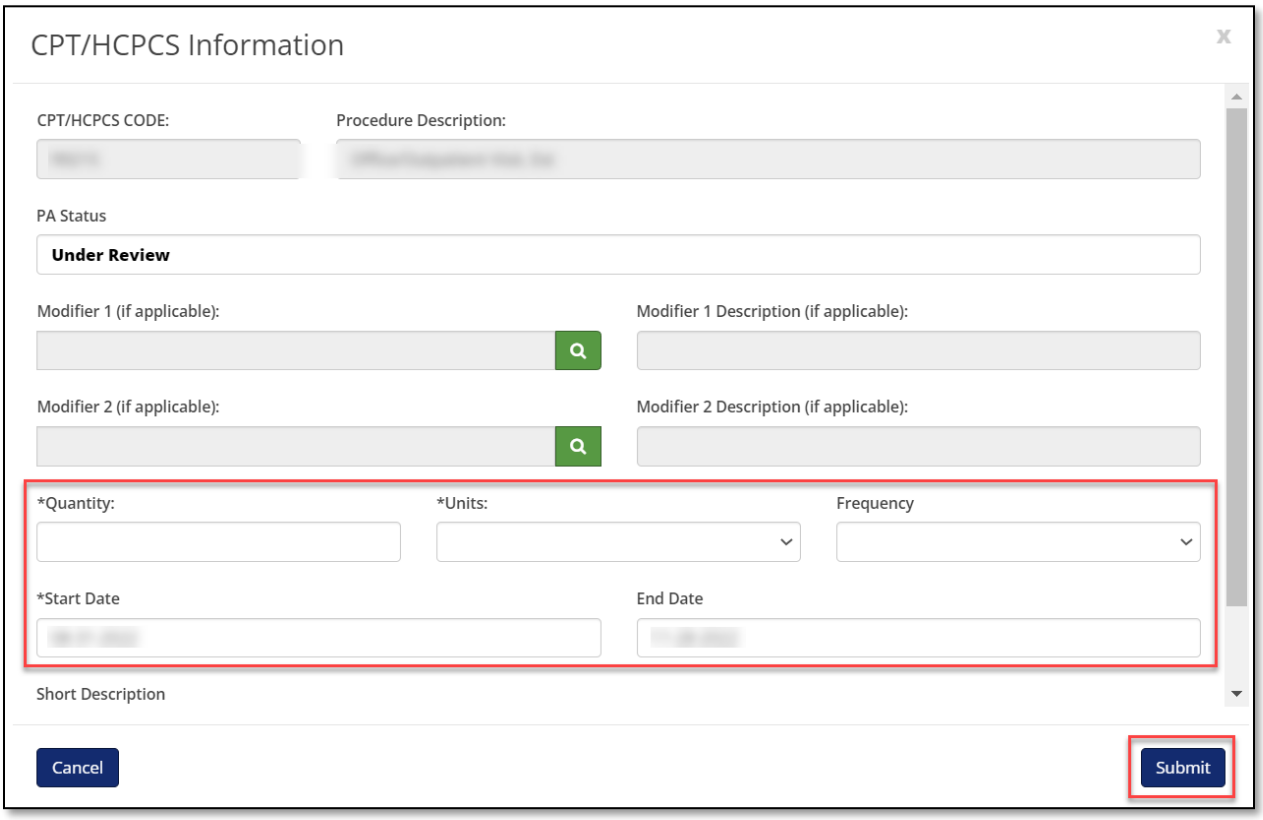
Step 2: Enter the appropriate *CPT/HCPCS Codes* and/or *Procedure Description* and click "Search."



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

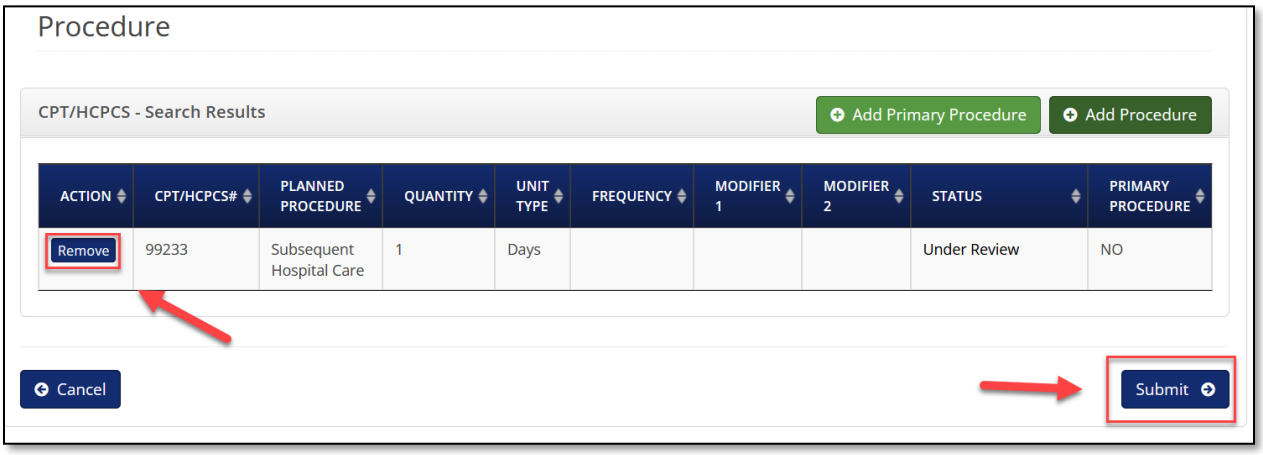


The *CPT/HCPCS Information* screen displays.
Step 4: Enter *Modifier (if applicable)*, *Quantity*, *Units, Start and End Date* then click “Submit” to continue.



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

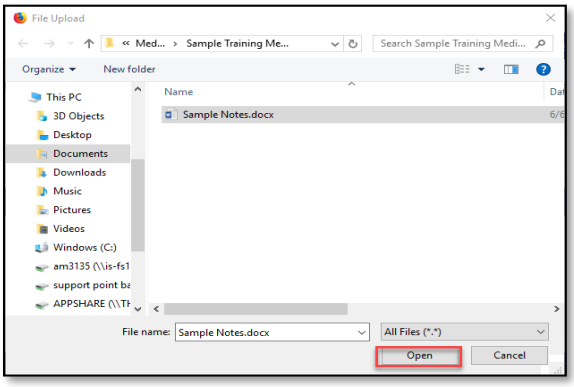
If your request auto cancels or auto approves, this screen will not display.

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."

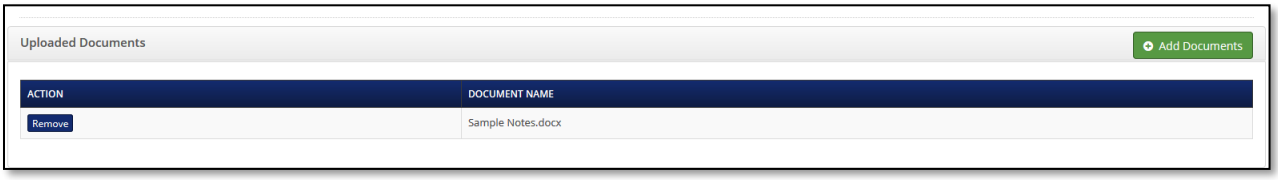
Step 3: Navigate to the medical notes saved on the computer, select them, and click "Open."



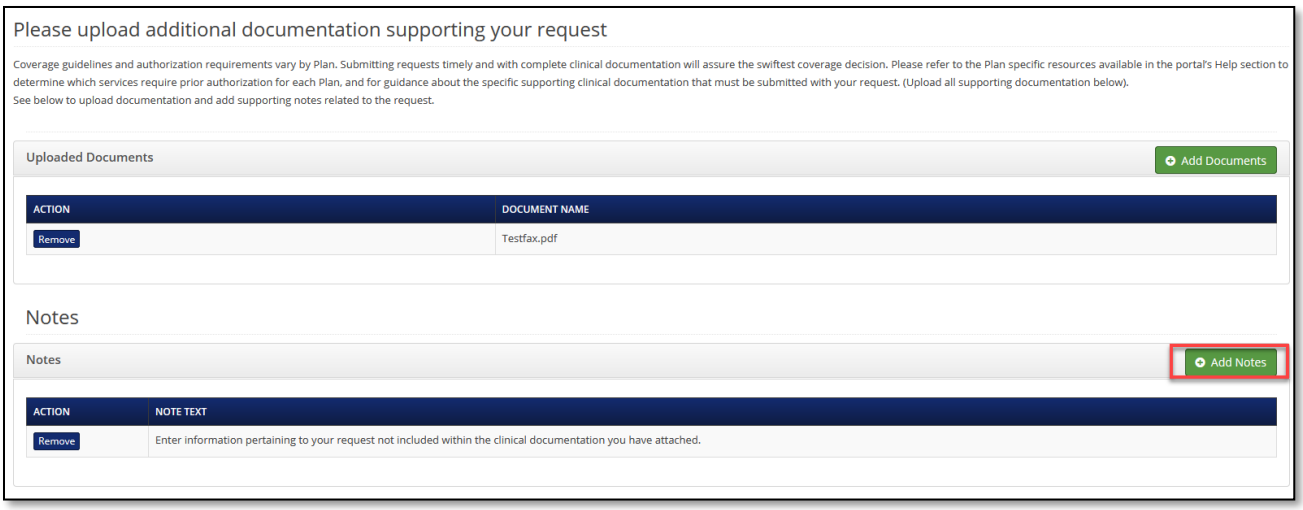
Step 4: Click "Upload Document" to add the attachment to the request.

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

The *Uploaded Documents* screen is now populated:

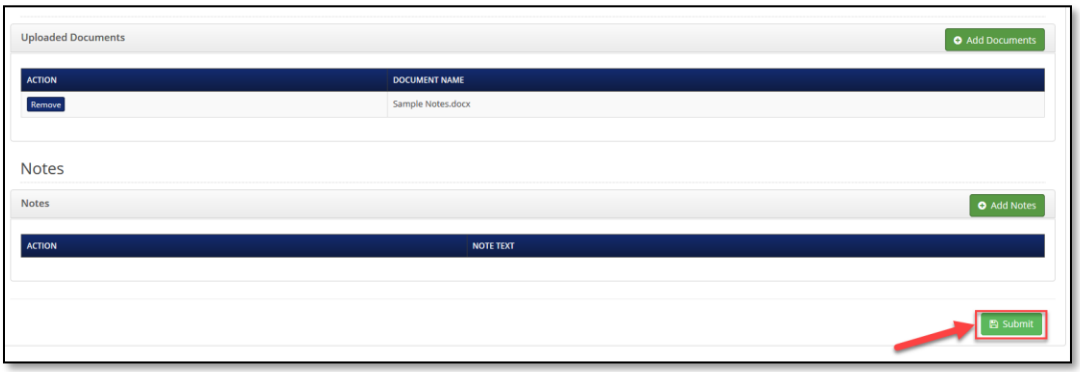


Step 6: Click “Add Notes” to add a note to the request.

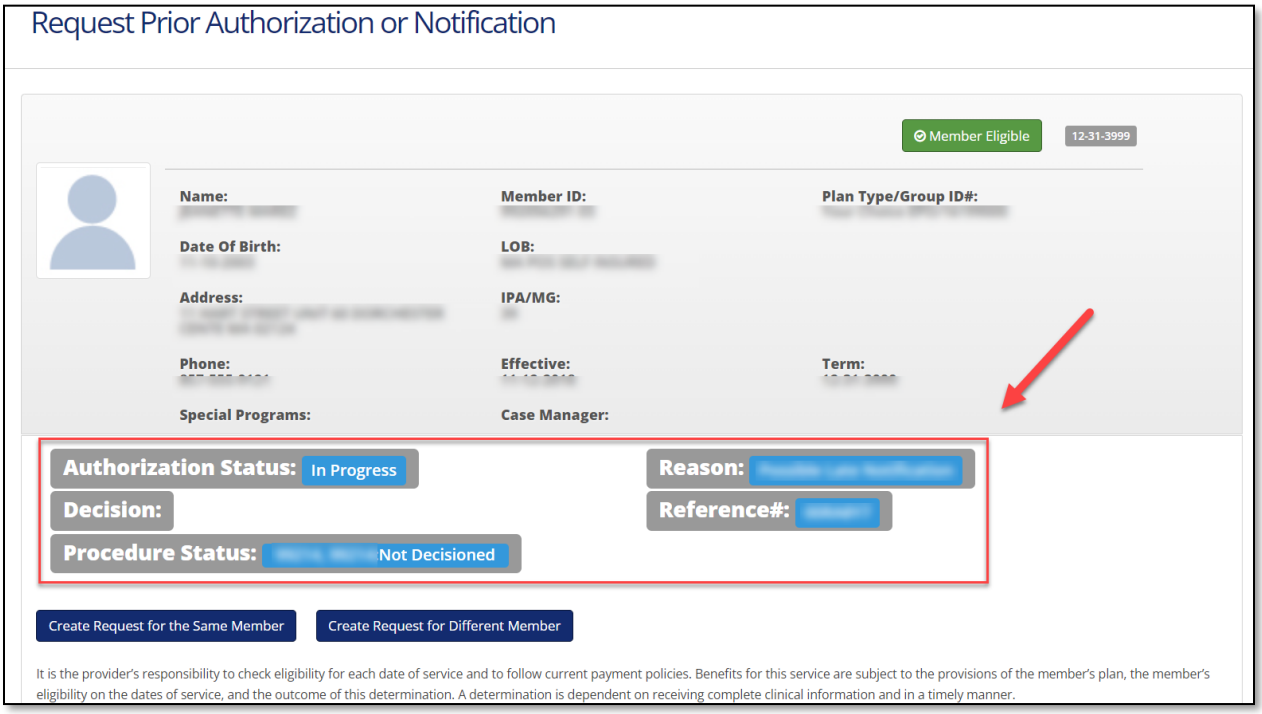


Step 7: The Note Text field will display, enter your note here and click “Add Notes” when your note is completed.

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



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

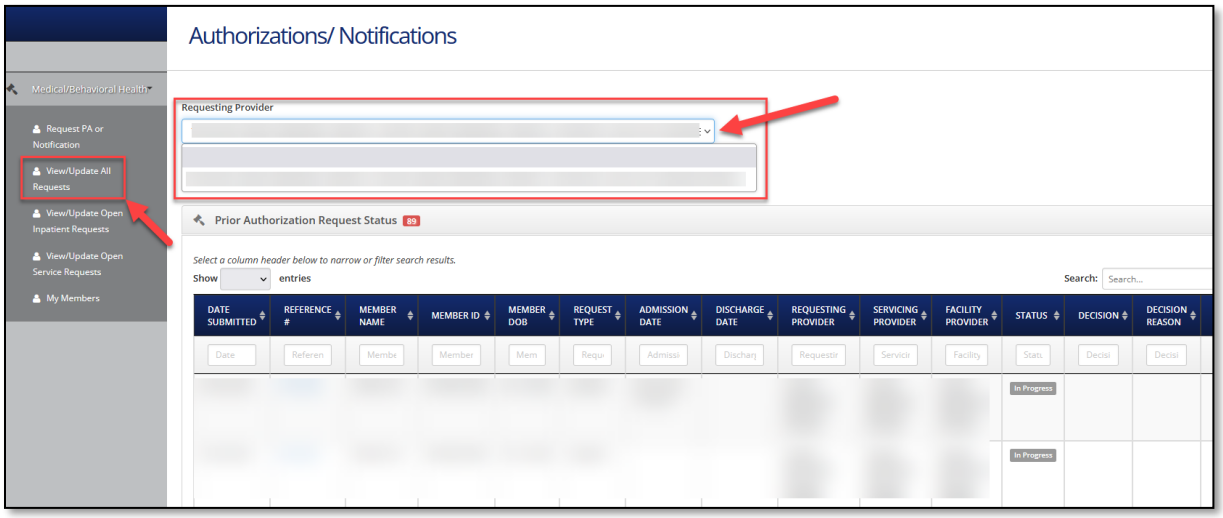


View Existing Inpatient Notifications and Prior Authorizations

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)

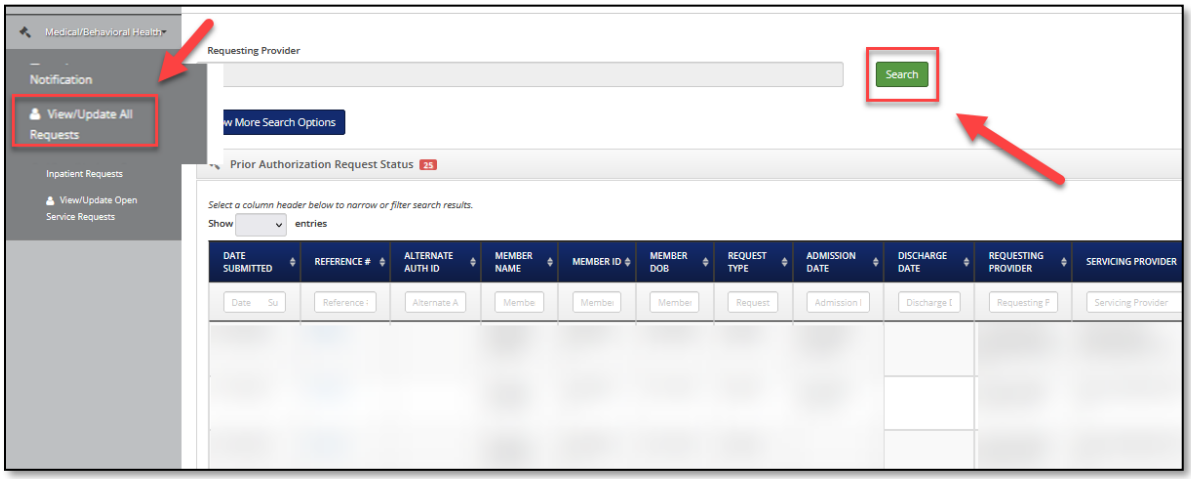
Note: The last seven days of closed (completed/decisioned) cases and all Open events associated with the providers registered to the account will display. If the user has less than or exactly 20 provider IDs affiliated with their account, the user can further refine their search by selecting the appropriate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



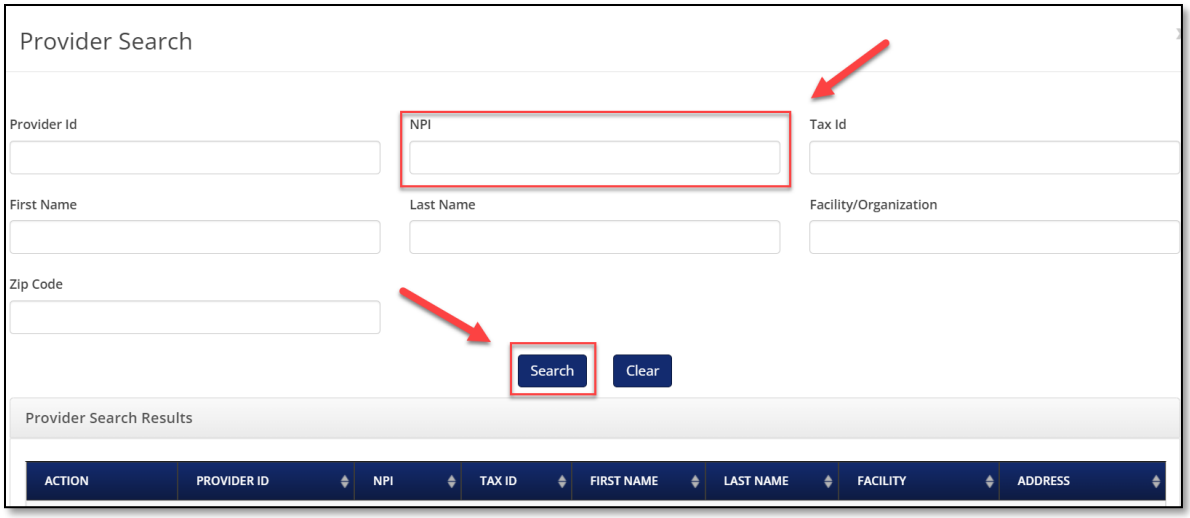
Option	Description
"Request PA or Notification"	Choose this option to initiate a request.
"View/Update All Requests"	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
"View/Update Open Inpatient Requests"	This option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

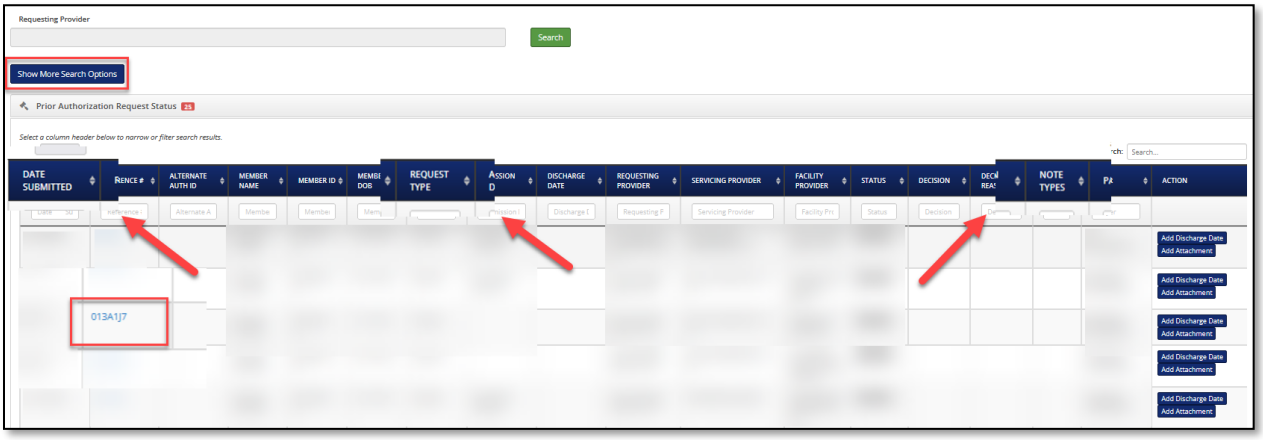
Step 1A (if applicable): Click the Search button next to the Requesting Provider field.



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



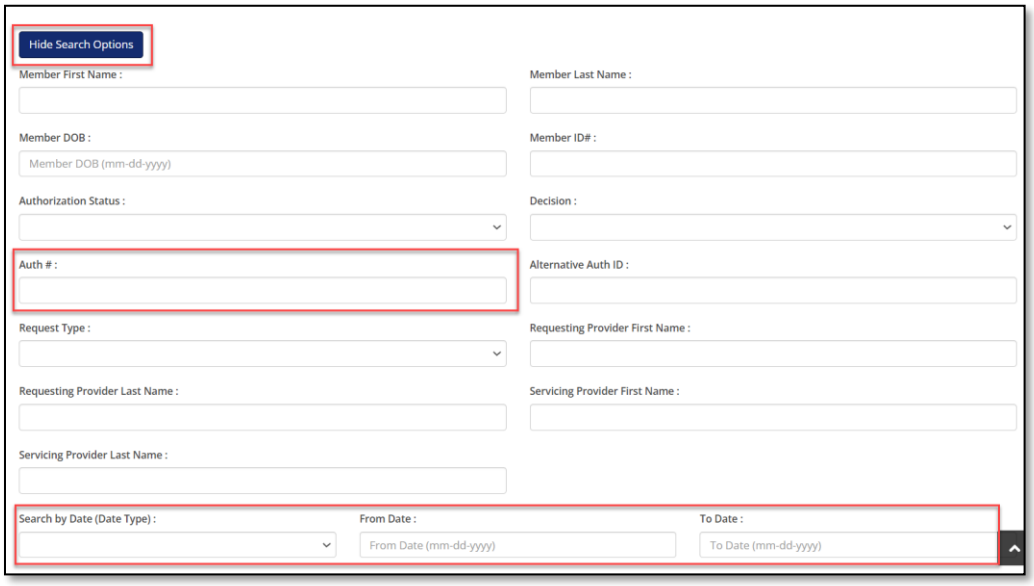
Step 2: Utilize *Show More Search Options* below to enhance your search:



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

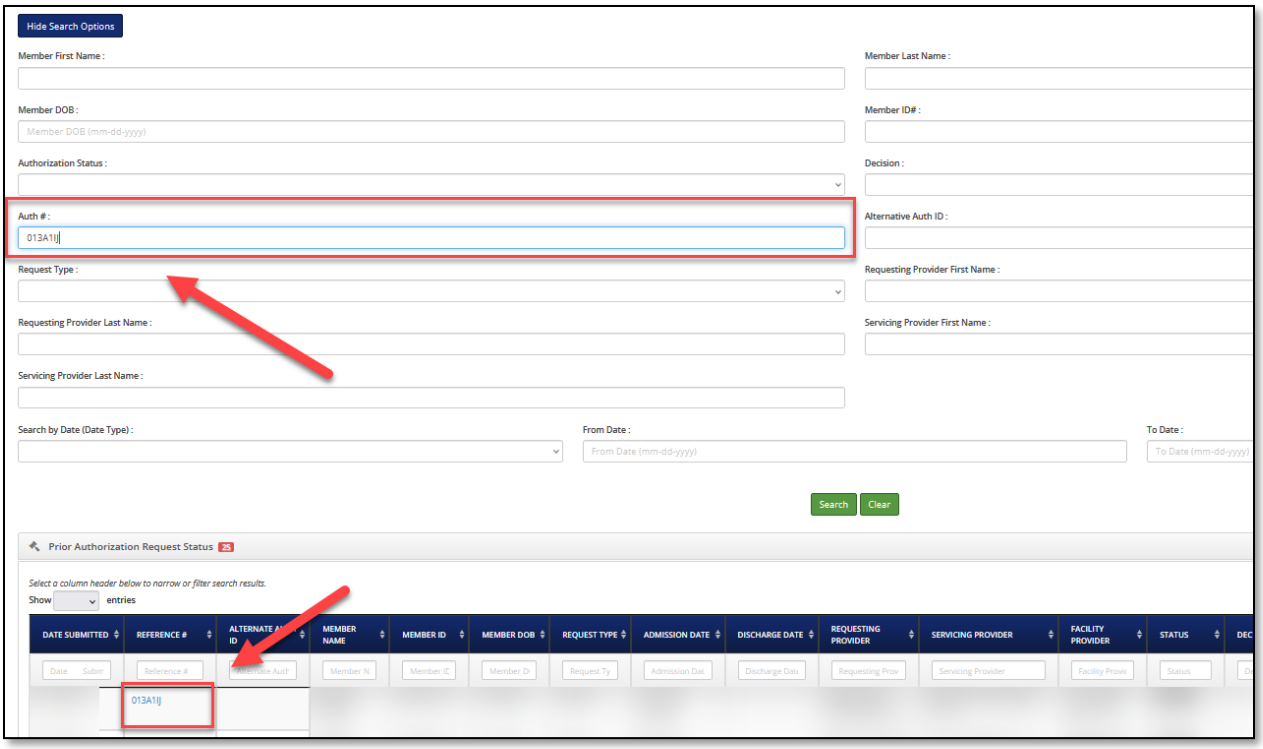
- “Show entries” can display up to 100 records at a time.
- Type in free text field to search for any information listed in columns below – date, request type, etc.
- Use down arrows in column headers to sort your search.
- Type in column filters to search by date, request type, etc.

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

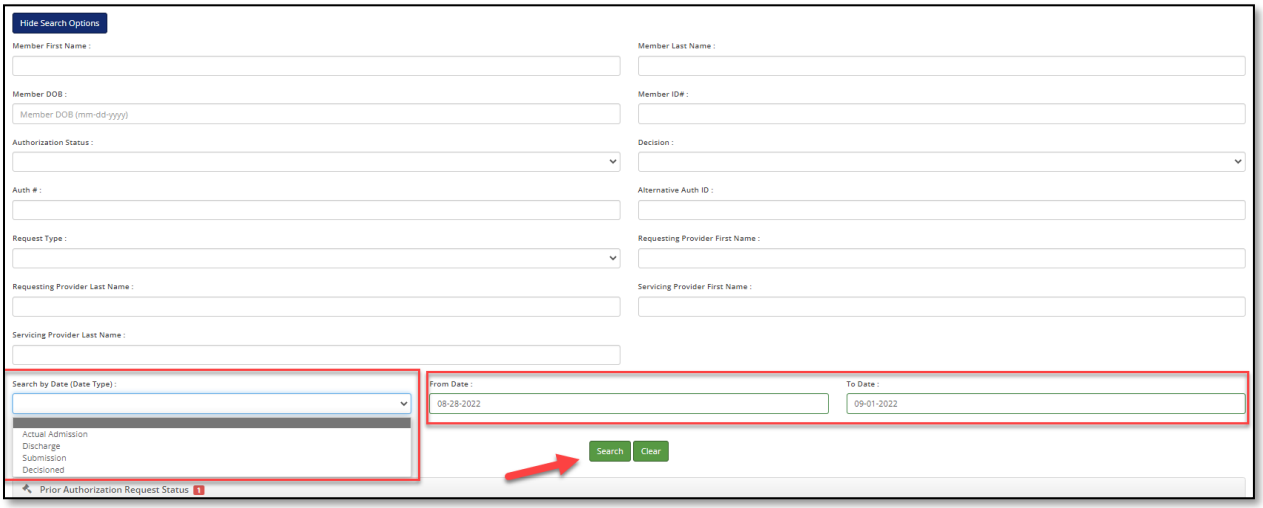


Note: To return to the previous page, click “Hide Search Options.”

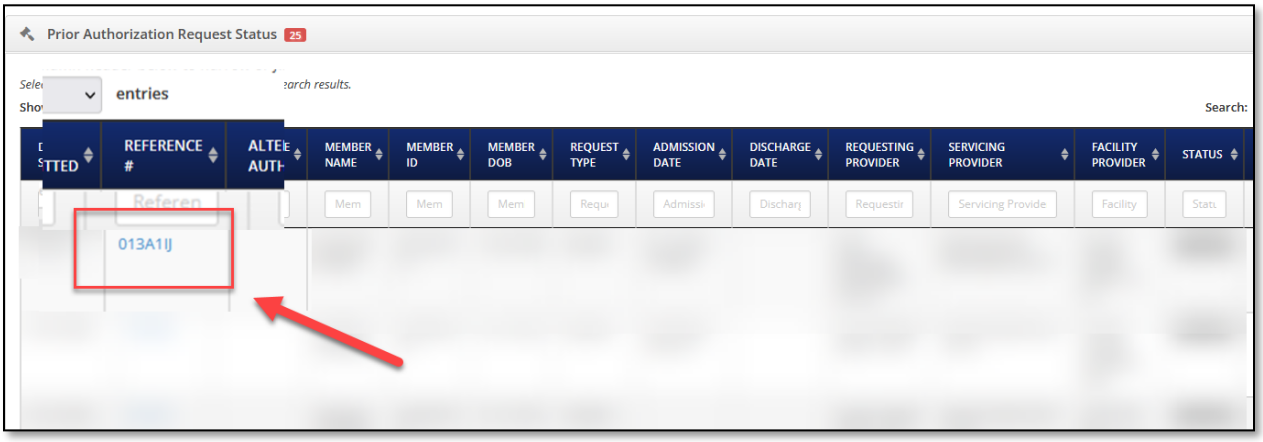
To search by authorization number, please enter the authorization number in the Auth # field then click search:



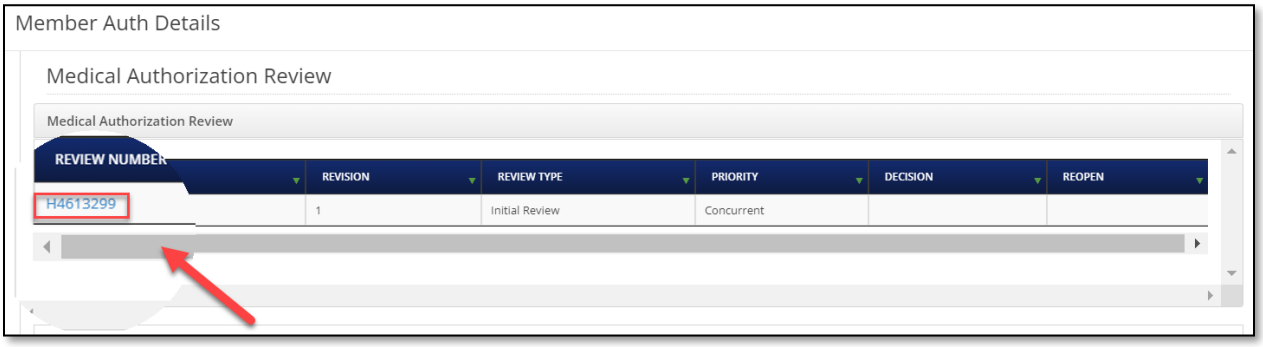
To search by date, please select the appropriate *Date Type*, enter start, and end dates, then click search.



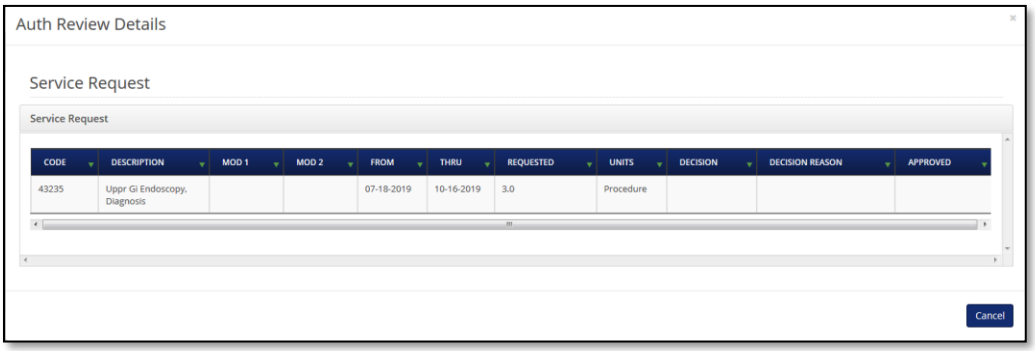
Step 3: Click the Reference # in the *Reference #* column to view additional details on the Prior Authorization or Inpatient Notification.



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

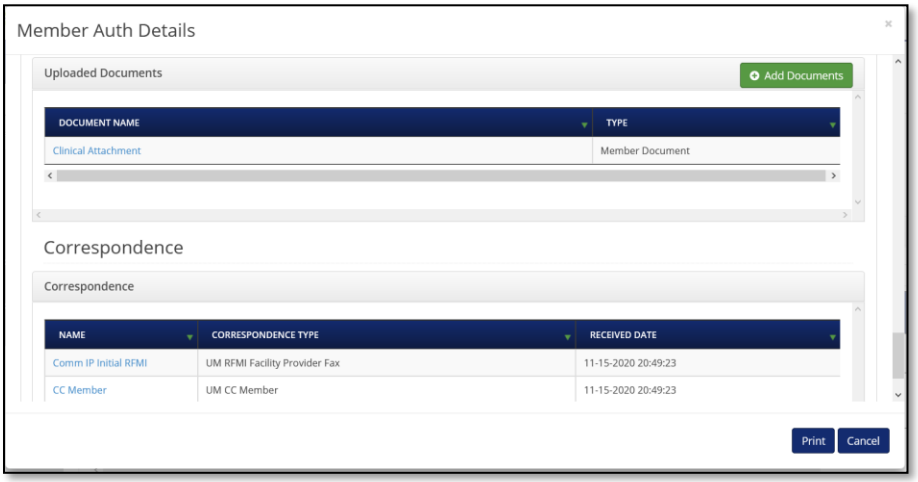


The *Auth Review Details* page displays:



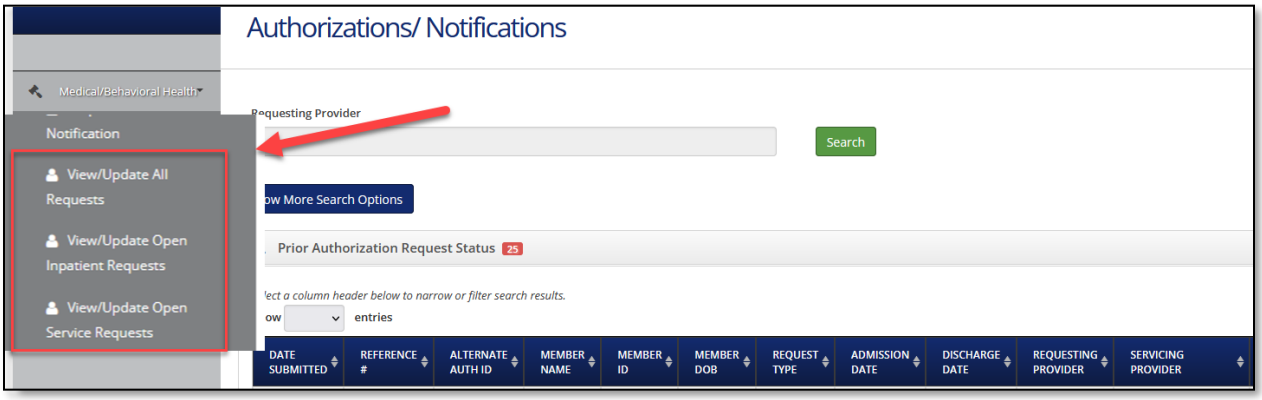
Note: Click “Cancel” to return to the Member Auth Details Screen.

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



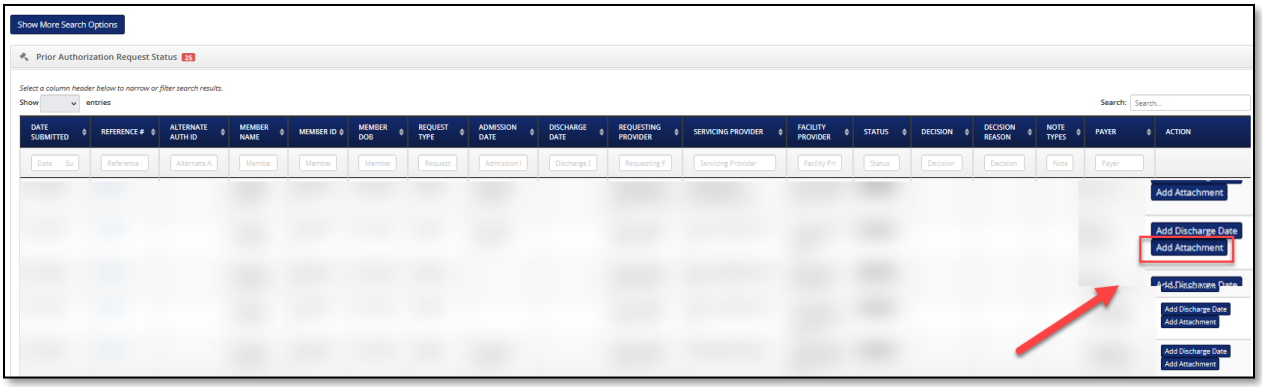
ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

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

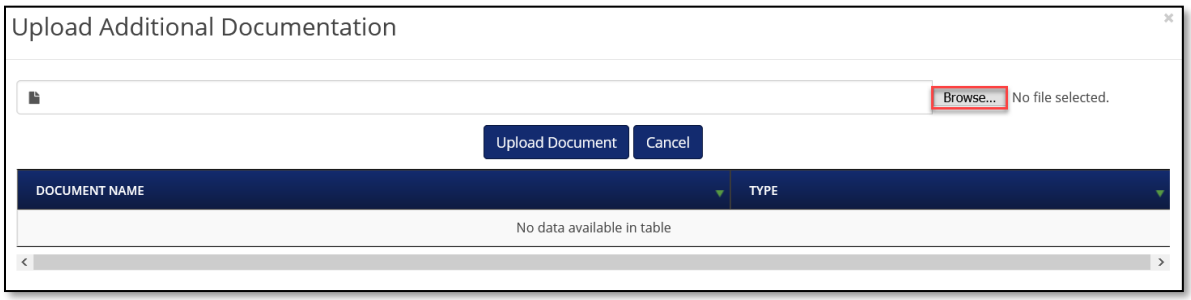


Step 2: After locating the existing request, click "Add Attachment" in the *Action* column.

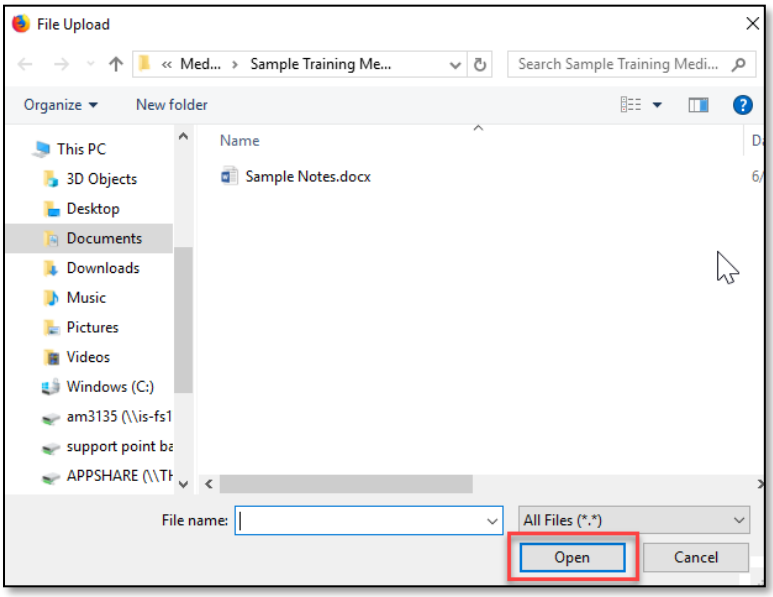
Note: Attachments should only be added to requests that are still In Progress



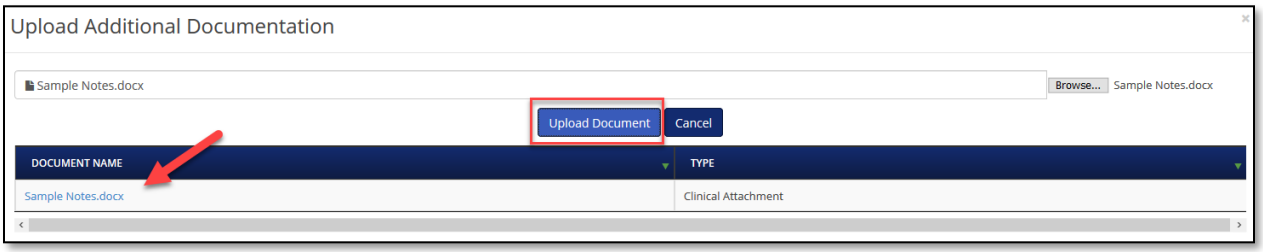
Step 3: Click "Browse."



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

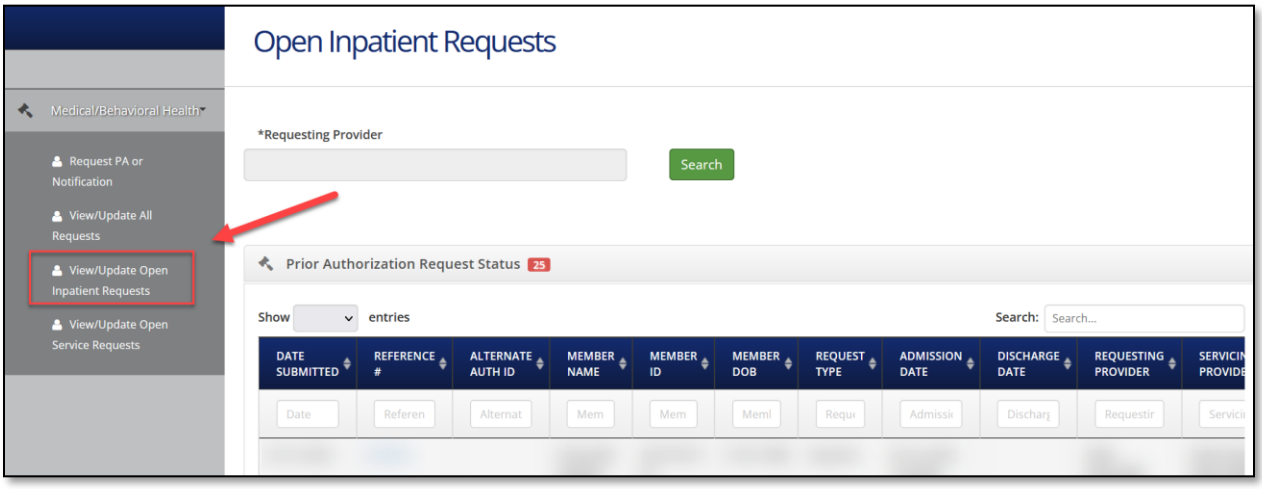


Step 5: Click “Upload Document.”

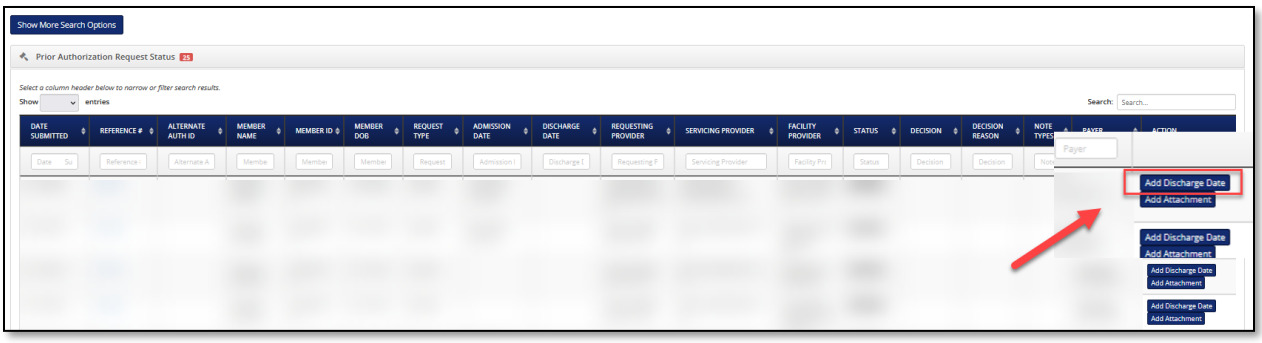


ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

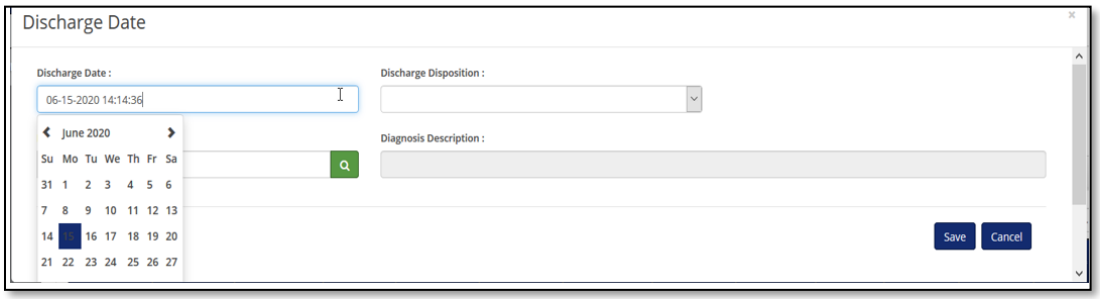
Step 1: Discharge dates can be updated by selecting either the "Open Inpatient Requests" or "View/Update All Requests" subsections on the left-hand navigation bar.



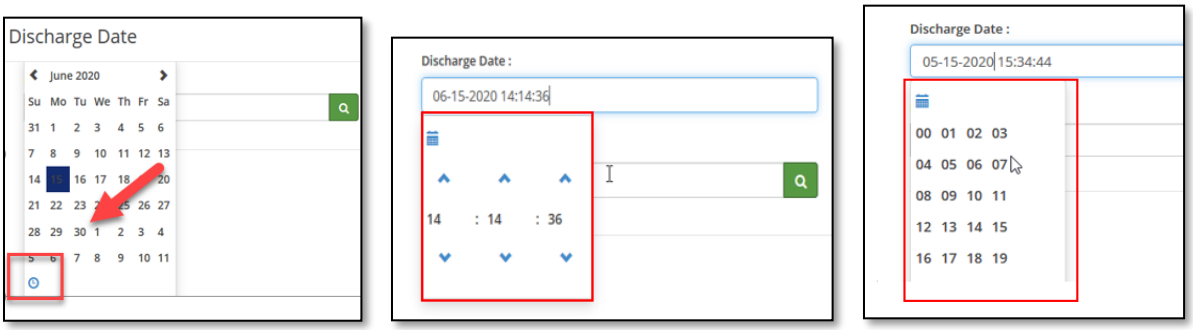
Step 2: From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click "Add Discharge Date" in the *Action* column.



The *Discharge Date* screen displays:

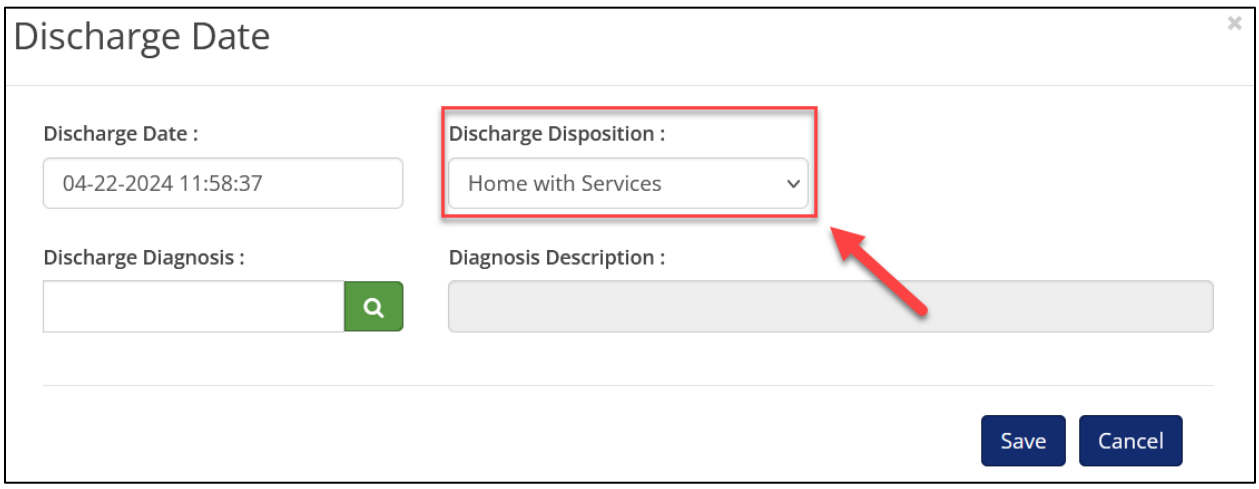


Step 3: Choose the appropriate *Discharge Date* and click the "clock icon" to enter the time of discharge.

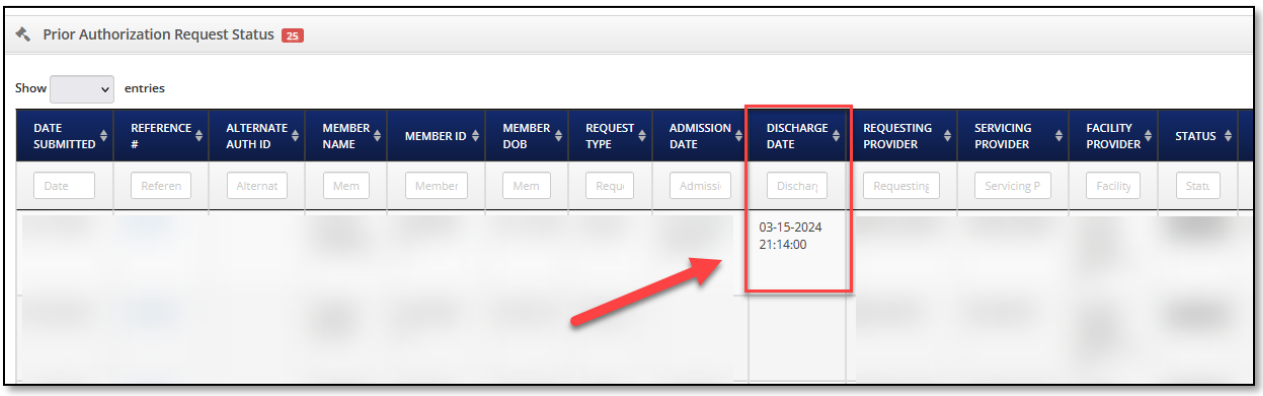


Note: The submitter can click or use the arrows for the hour, minute, or second fields and the discharge time will display in military time.

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



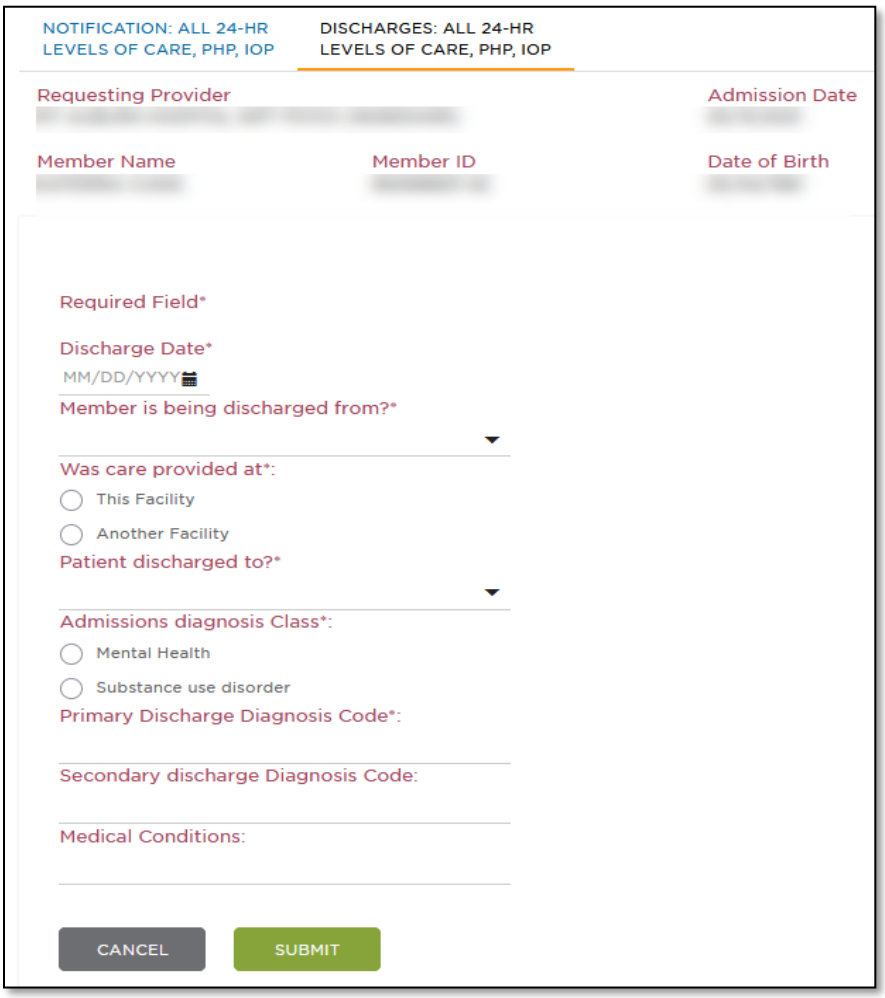
The following screen displays with the discharge date and time:



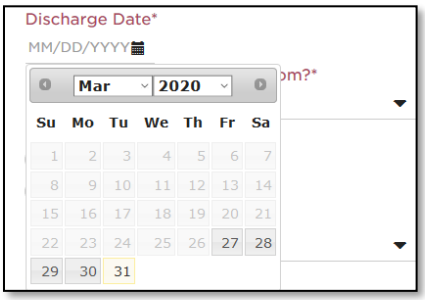
Note: When entering the discharge date, use the calendar to ensure the system captures the accurate discharge date and time.

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

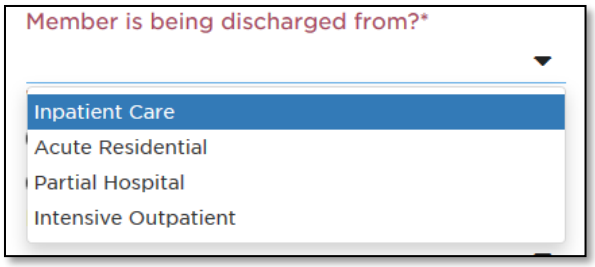
The following screen displays:



Step 2: Indicate where the patient was residing prior to this admission and complete the *Discharge Date* field.

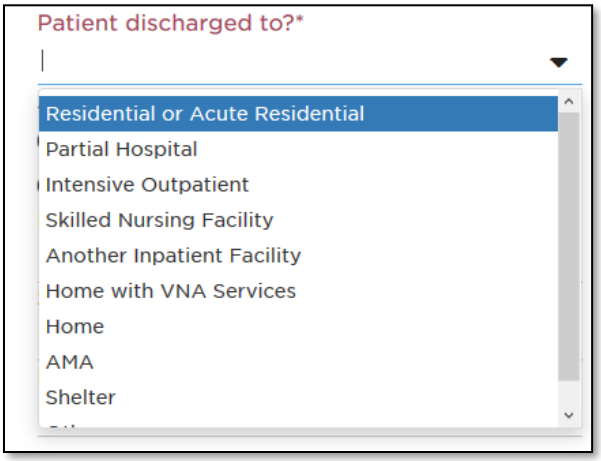


Step 3: Select the appropriate option from the *Member is being discharged from?* dropdown menu.



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

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



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

Admissions diagnosis Class*:

- ◯ Mental 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.

Step 9: Click “Submit.”

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: I||Mon Nov 13 16:39:49 EST 2023

Requesting Entity Id

Member ID

Date of Birth

Member Name

Admission Date

Discharge Date

Member is being discharged from

Was care provided at

Admission diagnosis class

Patient discharged to