



# Behavioral Health MHK Portal User Guide

MHK Behavioral Health Substance Use Disorder Portal User Guide for: Tufts Health Plan Commercial, Connector, 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

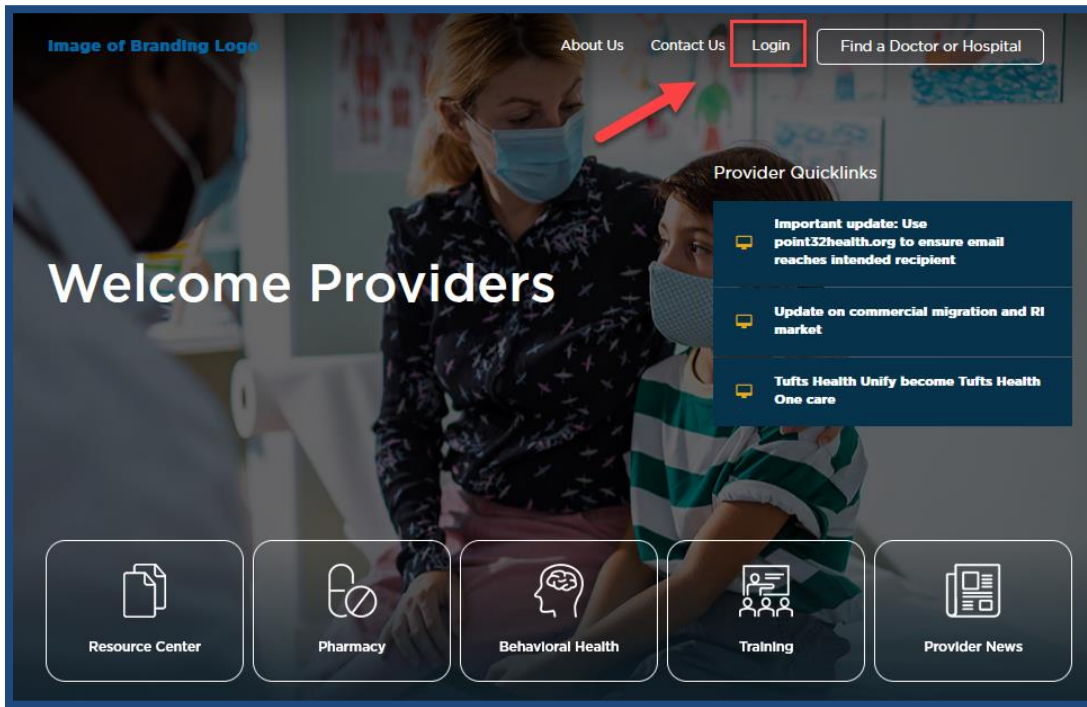
When contacting Provider Services, please be prepared to provide the following information:

- 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).

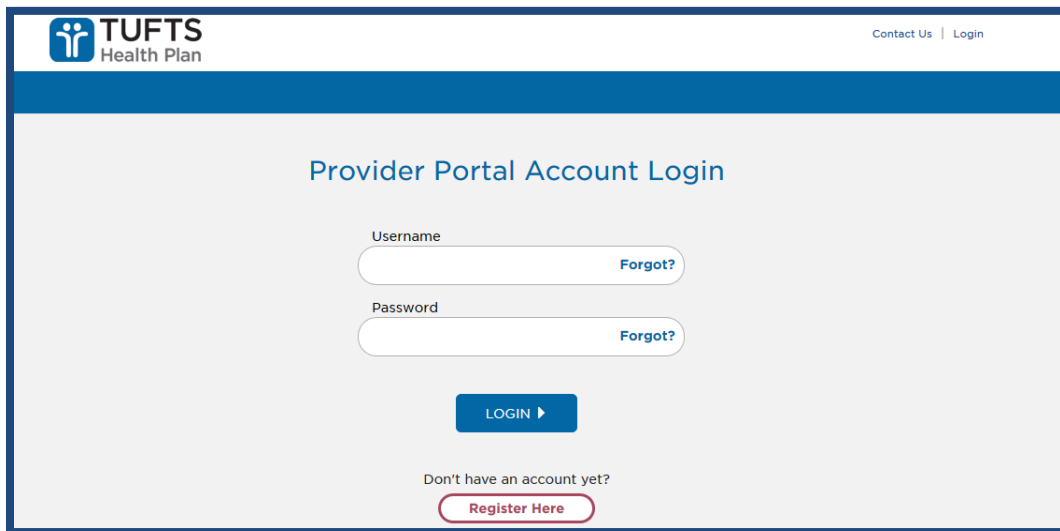
# Accessing the Portal

## LOGGING IN

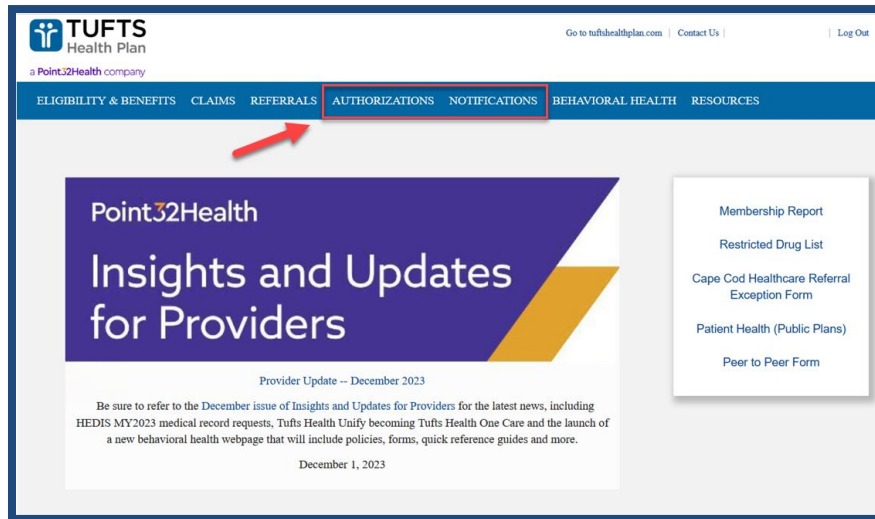
**Step 1:** Visit the Tufts Health Plan Provider [website](#) and click “Login” to continue.



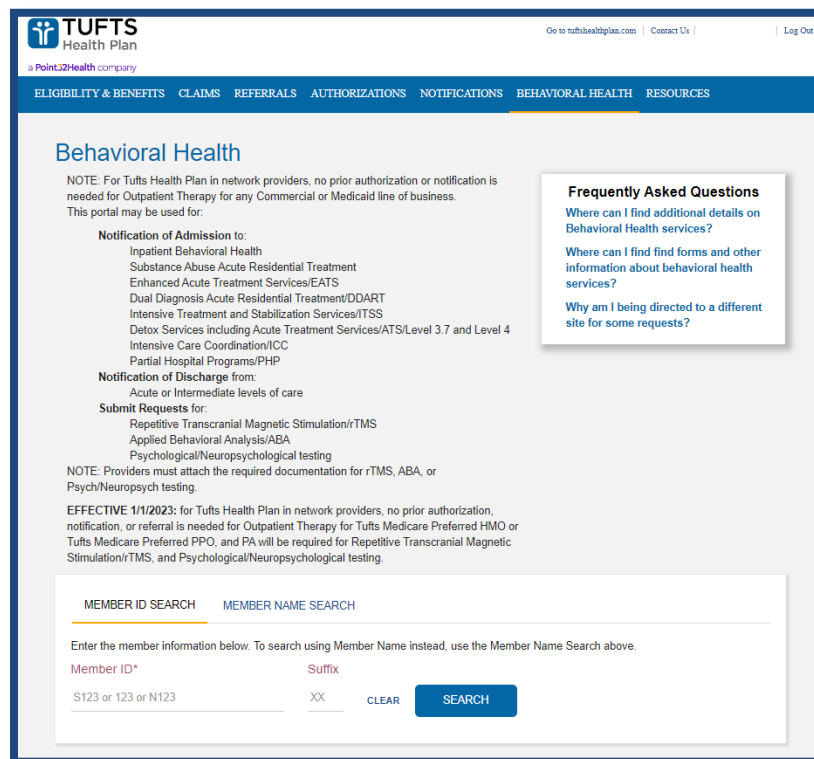
**Step 2:** Enter your *Username* and *Password* then click “Login”.



**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.

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 Therapy for any Commercial or Medicaid line of business. This portal may be used for:

**Notification of Admission to:**  
Inpatient Behavioral Health  
Substance Abuse 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.

EFFECTIVE 1/1/2023: for Tufts Health Plan in network providers, no prior authorization, notification, or referral is needed for Outpatient Therapy for Tufts Medicare Preferred HMO or Tufts Medicare Preferred PPO, and PA will be required for Repetitive Transcranial Magnetic Stimulation/rTMS, and Psychological/Neuropsychological testing.

< Back to member search

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

**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?

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

The screenshot shows the 'Behavioral Health' portal page. On the left, there is a list of services under 'Notification of Admission to:' and 'Notification of Discharge from:'. A 'Frequently Asked Questions' box is on the right. A yellow dialog box titled 'Leaving Tufts Health Plan' is overlaid in the center, asking '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?'. The dialog has two buttons: 'CANCEL' and 'PROCEED TO MHK'. A red arrow points to the 'PROCEED TO MHK' button. At the bottom of the page, there are links for 'Notification' and 'Discharges' for all 24-hour 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*.

The screenshot shows the MHK portal interface for 'Request Prior Authorization or Notification'. The MHK logo is at the top left. A sidebar on the left contains a menu with four items: 'Request PA or Notification' (highlighted with a red box and arrow), 'View/Update All Requests', 'View/Update Open Inpatient Requests', and 'View/Update Open Service Requests'. The main content area has a 'Search for Member' section with four input fields: 'Member First Name \*', 'Member Last Name \*', 'Member Date of Birth \*' (with a placeholder 'Member DOB (mm-dd-yyyy)'), and 'Member ID \*'. At the bottom right of the search section are 'Clear' and 'Search' buttons, with the 'Search' button highlighted by a red box.

The *Member Search Results* screen displays:

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

ACTION	FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID	ADDRESS	STATUS	EFFECTIVE DATE	TERM DATE	PLAN CODE	PLAN DESCRIPTION	PCP	PCP NAME	IPA CODE	IPA NAME
Select						Eligible	01-01-2021	12-31-3999						
Select														
Select														
Select														
Select														
Select														

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

The *Request Prior Authorization or Notification* screen displays:

**Member Eligible** 12-31-2100

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

**Date Of Birth:** \_\_\_\_\_ **LOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **IPA/MG:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Effective:** 02-15-2019 **Term:** 12-31-2100

**Special Programs:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_

**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*.

Select Authorization Urgency

Standard  Expedited

Select Authorization Urgency

Standard  Expedited

Attestation Regarding Expedited Review

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



## ADD REQUESTING PROVIDER

**Step 1:** Select the appropriate *Requesting Provider* and 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.

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

**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*.

\*Requesting Provider    Unknown Provider Specialty  Provider Status

**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

Provider Search Results

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
<input type="button" value="Select"/>							
<input type="button" value="Select"/>							
<input type="button" value="Select"/>							
<input type="button" value="Select"/>							

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

Speciality: Advanced Heart Fai Provider Status:

First Name:  Last Name:  Organization: ABC Hospital Inc

Address1:  Address2:  City:  State:

Zip:  \*Requesting Phone Number: 617-555-1234 \*Requesting Fax Number: 617-555-4567

Contact Name:  Contact Phone:

Requesting Provider Same as Servicing Provider:  YES  NO

\*Request Type:  \*Place Of Service:

\*Review Type:

**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 "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.

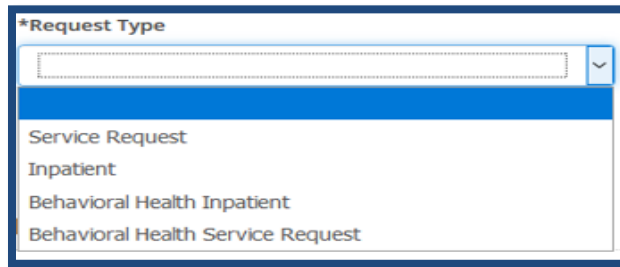
Requesting Provider Same as Servicing Provider

YES  NO

**Step 4:** 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, click the [MHK Portal User Guide](#).

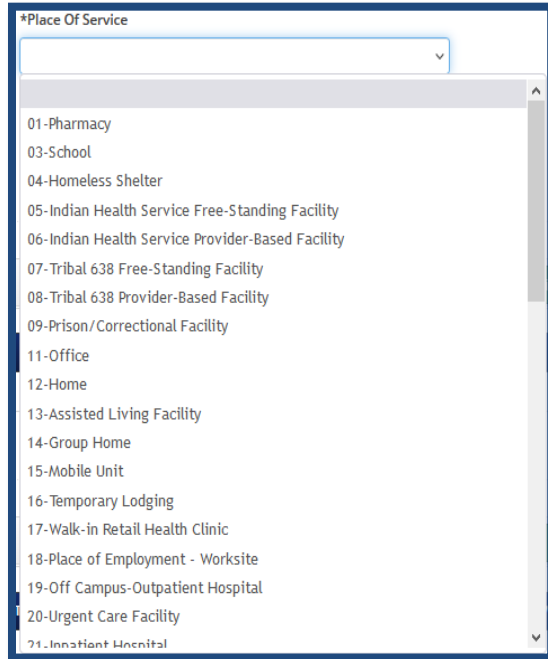


**Note:** After selecting the appropriate *Request Type* additional fields may display.

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

**Step 5:** Select the appropriate *Place of Service* from the dropdown menu (e.g., 21- Inpatient Hospital):

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



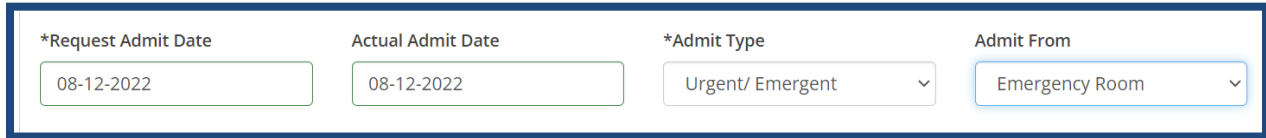
**Step 6:** If the *Request Type* is “Behavioral Health Inpatient,” select the appropriate *Bed Type* from the options in the dropdown menu:

**Note:** Values in step 7 are based on the member’s coverage and values displayed maybe 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.

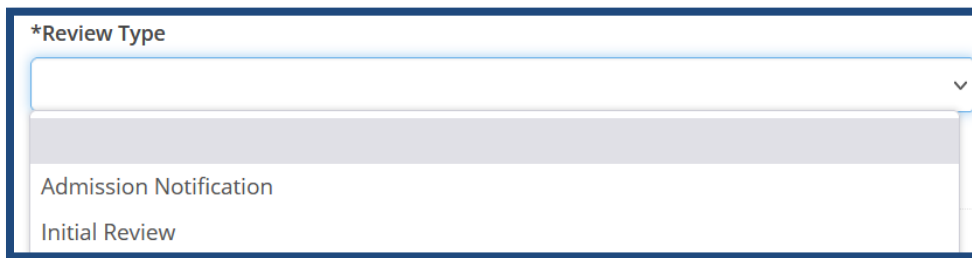
**Note:** If the *Admit Type* is “Urgent/Emergent,” enter the *Actual Admit Date* (“MM-DD-YYYY”).



A screenshot of a form with four input fields. The first field is labeled '\*Request Admit Date' and contains '08-12-2022'. The second field is labeled 'Actual Admit Date' and contains '08-12-2022'. The third field is labeled '\*Admit Type' and is a dropdown menu with 'Urgent/ Emergent' selected. The fourth field is labeled 'Admit From' and is a dropdown menu with 'Emergency Room' selected.

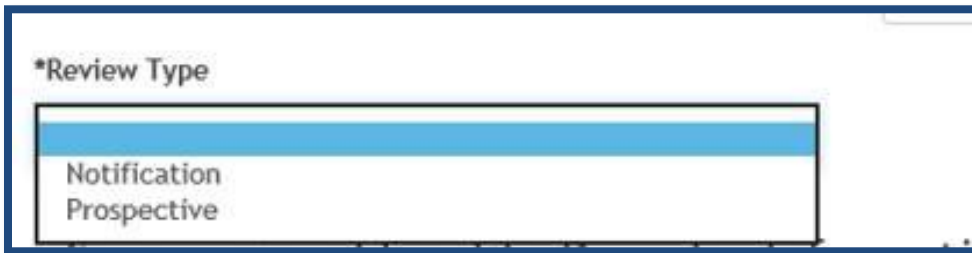
**Step 8:** Select the appropriate *Review Type* option from the dropdown menu (e.g. “Initial Review” for Inpatient Requests or “Prospective or Notification” for Service Requests).

**Behavioral Health Inpatient Requests:**



A screenshot of a dropdown menu titled '\*Review Type'. The menu is open, showing two options: 'Admission Notification' and 'Initial Review'.

**Behavioral Health Service Requests:**



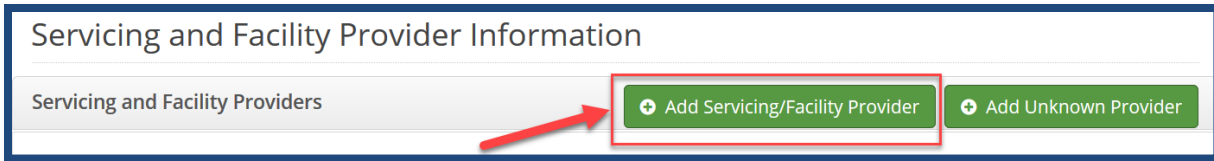
A screenshot of a dropdown menu titled '\*Review Type'. The menu is open, showing two options: 'Notification' and 'Prospective'.

**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.



Servicing and Facility Provider Information

Servicing and Facility Providers

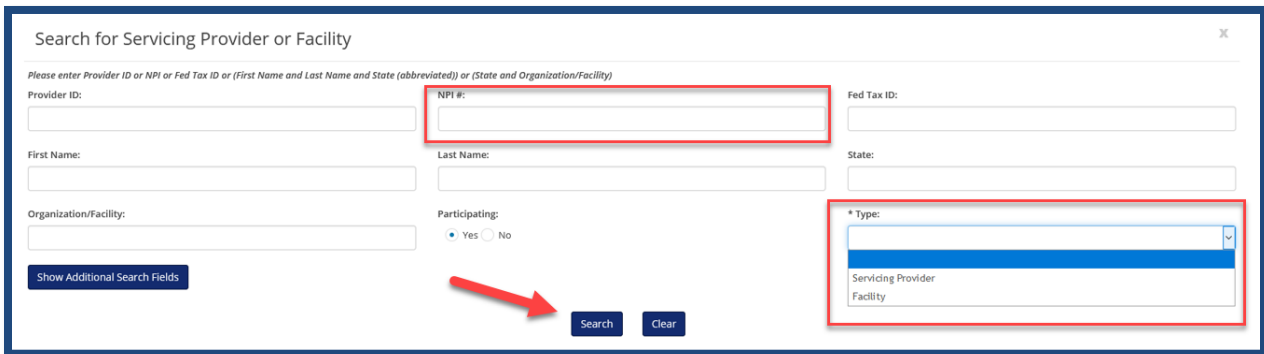
+ Add Servicing/Facility Provider + Add Unknown Provider

**Step 2:** Search for Servicing Provider and/or Facility by entering the Servicing/Facility Provider ID, or NPI, or Tax ID, or Name and State, or Facility Name and 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 Search:

ACTION	PROVIDER NAME	NPI#	DEA#	SPECIALITY	ADDRESS	PROVIDER STATUS
Select	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
Select	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]
Select	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]

Cancel

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

Servicing Provider Fax Number

\*Fax Number :

Contact Name  Contact Phone

Cancel Save

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

Servicing and Facility Providers Add Servicing/Facility Provider Add Unknown Provider

ACTION	PROVIDER NAME	NPI#	DEA#	SPECIALITY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
Remove	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	Facility	Contracted
Remove	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	[blurred]	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	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

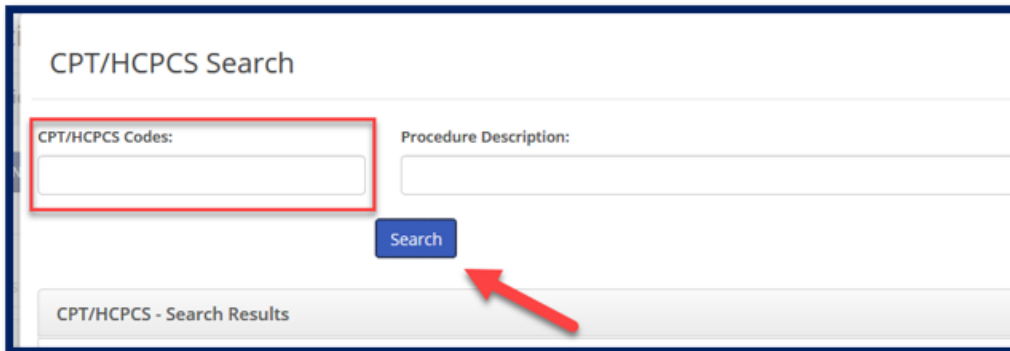
➕ Add Primary Procedure   ➕ Add Procedure

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.”



CPT/HCPCS Search

CPT/HCPCS Codes:

Procedure Description:

Search

CPT/HCPCS - Search Results

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



ACTION	CPT/HCPCS#	PLANNED PROCEDURE
Select		

Cancel

The CPT/HCPCS Information screen displays.

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

CPT/HCPCS CODE:  Procedure Description:

PA Status  
**Under Review**

Modifier 1 (if applicable):   Modifier 1 Description (if applicable):

Modifier 2 (if applicable):   Modifier 2 Description (if applicable):

\*Quantity:  \*Units:  Frequency:

\*Start Date:  End Date:

Short Description:

**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.

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
<input type="button" value="Remove"/>				Days	Daily			04-13-2020	07-12-2020	Under Review	NO

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

\*Procedure (\*Denotes required field)

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
<input type="button" value="Remove"/>			3	Visits				05-29-2020	08-27-2020	Under Review	NO

## ADD MEDICAL/CLINICAL DOCUMENTATION

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

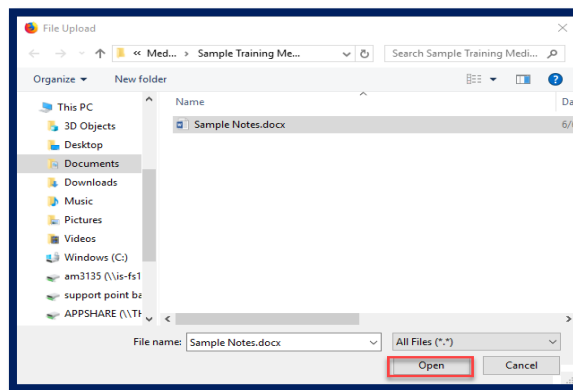
**Note:** In most circumstances, clinical documentation is required to support the request.



**Step 2:** Click “Browse.”



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

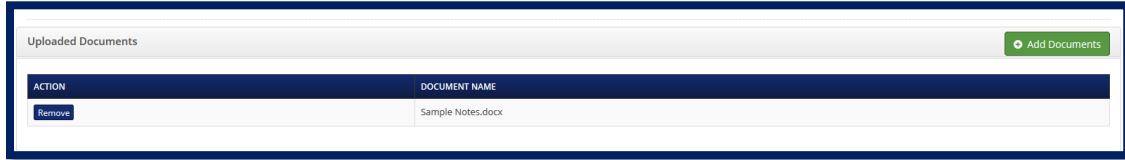


**Step 4:** Click “Upload Document” to add the attachment to the request.

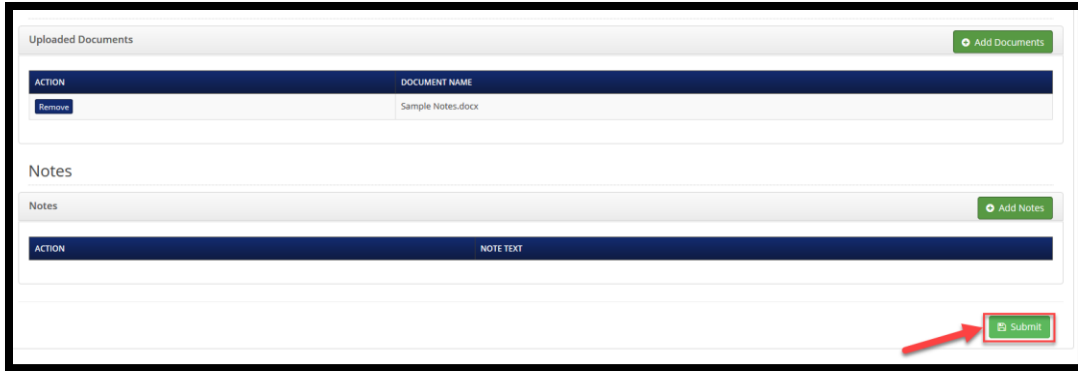


**Step 5:** Click “Add Documents” and repeat steps to add additional attachments.

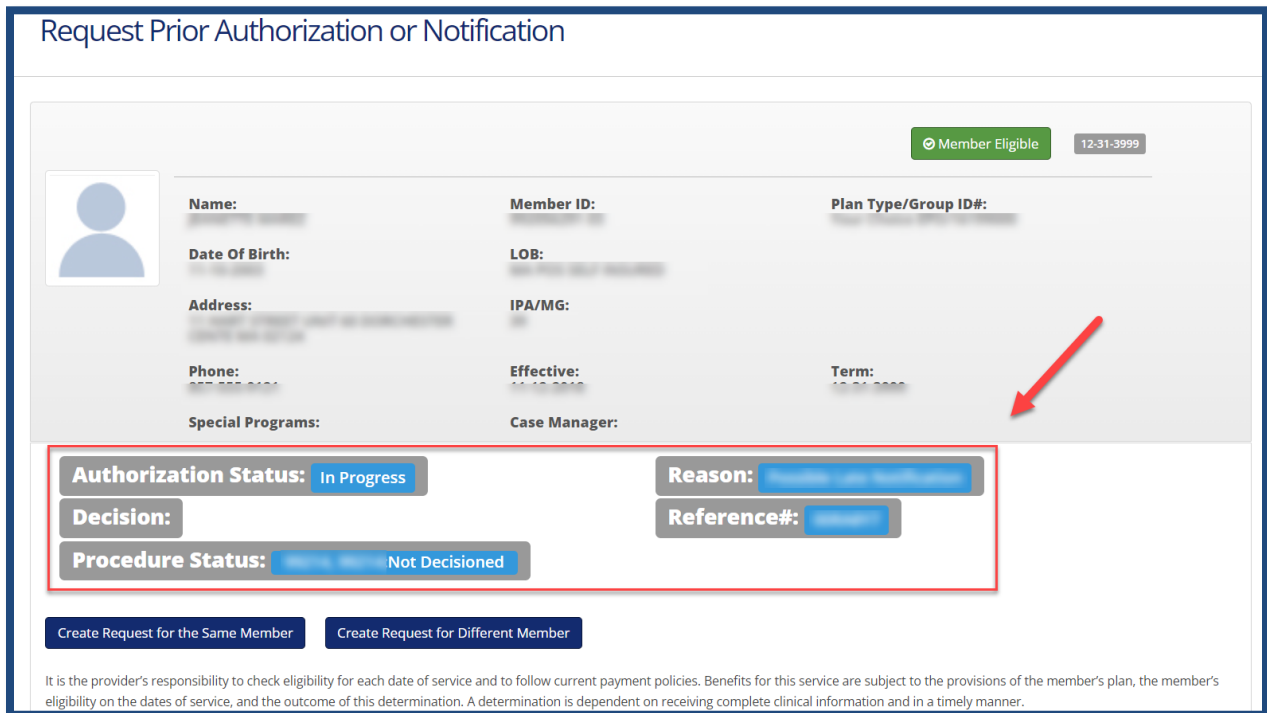
The *Uploaded Documents* screen is now populated:



**Step 6:** Click “Submit” to move to the next page.



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

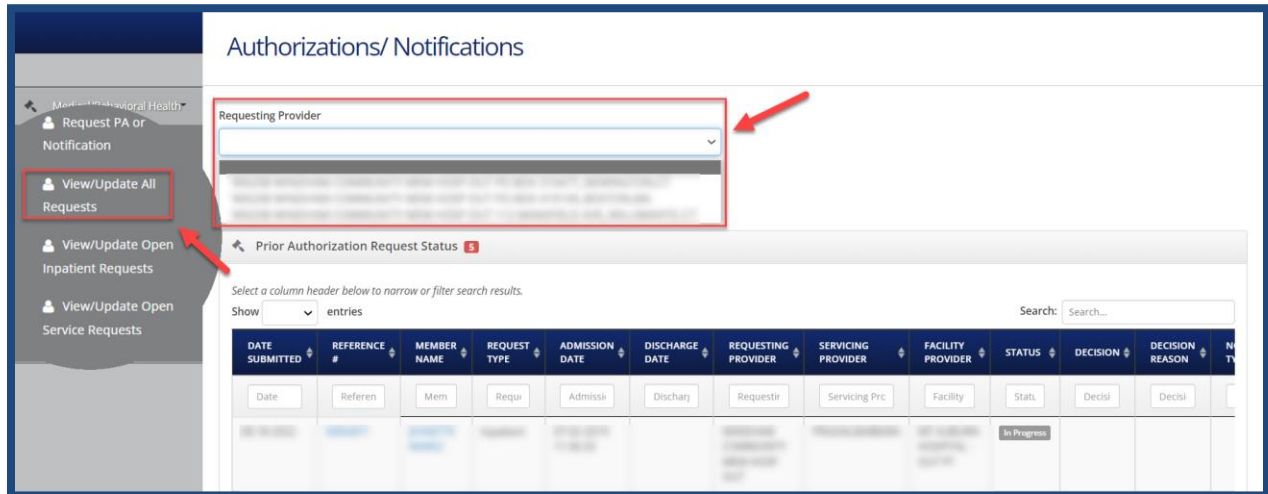


## View Existing Inpatient Notifications and Prior Authorizations

### 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.

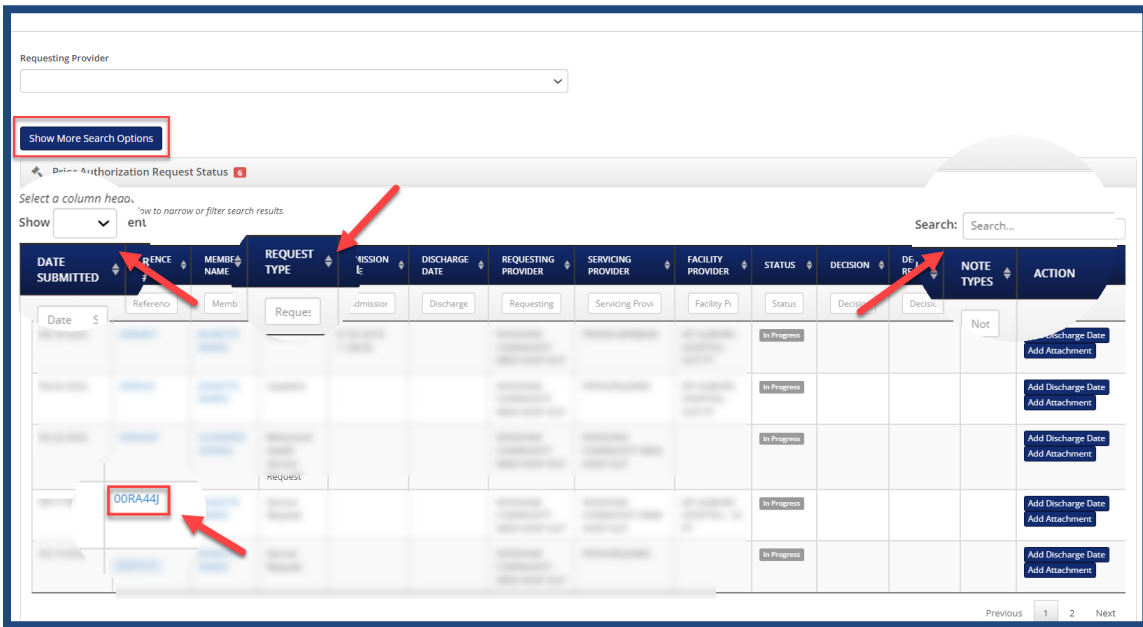
**Step 1A (if applicable):** Click the Search button next to the Requesting Provider field.

The screenshot shows the 'Authorizations/ Notifications' page. On the left is a navigation menu with 'Medical/Behavioral Health' selected. Underneath, there are several options: 'Request PA or Notification', 'View/Update All Requests' (highlighted with a red box), 'View/Update Open Inpatient Requests', and 'View/Update Open Service Requests'. The main content area has a 'Requesting Provider' search field with a green 'Search' button next to it, also highlighted with a red box. A red arrow points from the 'Search' button to the 'Requesting Provider' field. Below the search field is a 'Show More Search Options' button. Further down, there is a section for 'Prior Authorization Request Status' with a red '0' indicator. Below that, there is a text prompt 'Select a column header below to narrow or filter search results.' and a 'Show' dropdown menu set to 'entries'. At the bottom, there is a table header with columns: DATE SUBMITTED, REFERENCE #, ALTERNATE AUTH ID, MEMBER NAME, REQUEST TYPE, and ADMISSION DATE.

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

The screenshot shows the 'Provider Search' page. It features several input fields: 'Provider Id', 'NPI' (highlighted with a red box), 'Tax Id', 'First Name', 'Last Name', 'Facility/Organization', and 'Zip Code'. A red arrow points from the 'NPI' field to the 'Search' button. Another red arrow points from the 'Search' button to the 'NPI' field. Below the input fields are 'Search' and 'Clear' buttons. At the bottom, there is a section for 'Provider Search Results' with a table header containing columns: ACTION, PROVIDER ID, NPI, TAX ID, FIRST NAME, LAST NAME, FACILITY, and ADDRESS.

**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”:

The screenshot shows the advanced search options form. A "Hide Search Options" button is highlighted with a red box. The form contains the following fields:

- Member First Name :
- Member Last Name :
- Member DOB :
- Member ID# :
- 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:

The screenshot shows a search form with various fields. The 'Auth #' field is highlighted with a red box, and a red arrow points to it. The 'Search' button is also highlighted with a red box and a red arrow. Below the search form, there is a table with the following columns: DATE SUBMITTED, REFERENCE #, MEMBER NAME, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVICING PROVIDER, FACILITY PROVIDER, and STATUS. The first row of the table shows the date 08-18-2022 and the reference number 00RASY7, which is also highlighted with a red box.

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

The screenshot shows the search form with the 'Search by Date (Date Type)' dropdown menu open, highlighting the 'Actual Admission' option. The 'From Date' and 'To Date' fields are also highlighted with red boxes, and a red arrow points to the 'Search' button.



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

DATE SUBMITTED	REFERENCE #	MEMBER #	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS
	00RA8Y7								In Progress
									In Progress
									In Progress

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

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

The *Auth Review Details* page displays:

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

**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.

The screenshot displays the 'Member Auth Details' interface. It features two main sections: 'Uploaded Documents' and 'Correspondence'. The 'Uploaded Documents' section includes a table with columns for 'DOCUMENT NAME' and 'TYPE', showing a single entry: 'Clinical Attachment' with type 'Member Document'. The 'Correspondence' section includes a table with columns for 'NAME', 'CORRESPONDENCE TYPE', and 'RECEIVED DATE', showing two entries: 'Comm IP Initial RFMI' (UM RFMI Facility Provider Fax) and 'CC Member' (UM CC Member), both received on 11-15-2020 at 20:49:23. A green 'Add Documents' button is located in the top right of the 'Uploaded Documents' section, and 'Print' and 'Cancel' buttons are at the bottom right of the entire window.

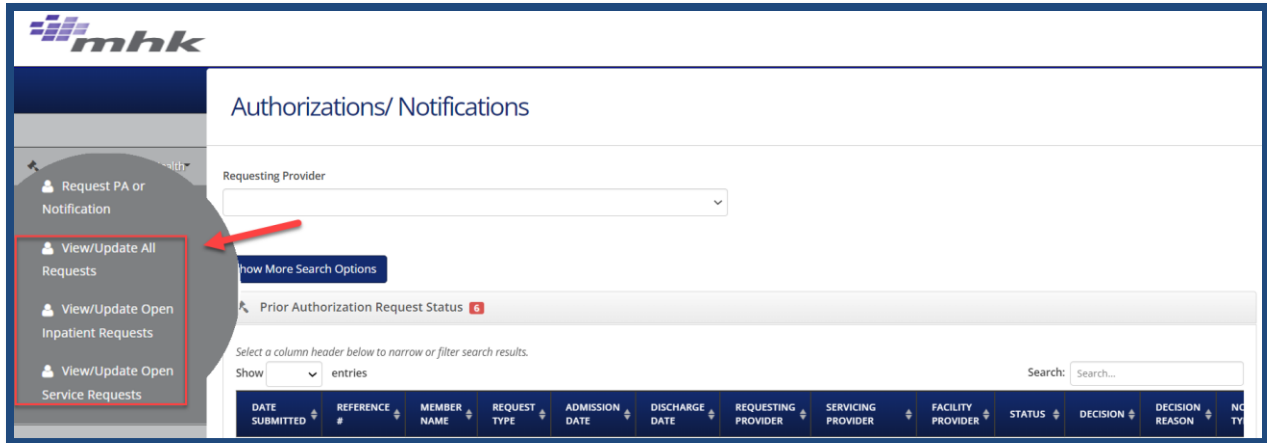
DOCUMENT NAME	TYPE
Clinical Attachment	Member Document

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

## ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

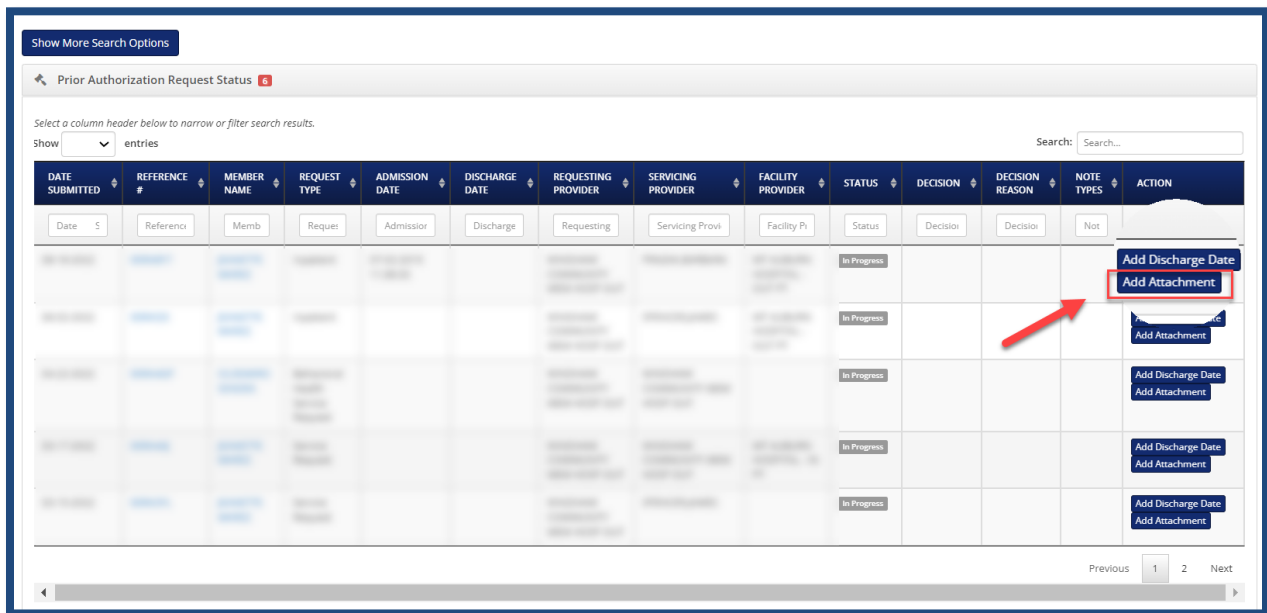
**Step 1:** From the MHK home page, select any one of the subsections on the left-hand navigation bar to “View/Update All Requests” or “View/Update Open Inpatient or Service Requests.”



The screenshot shows the MHK portal interface. The left-hand navigation bar is visible, with a red box highlighting the 'View/Update All Requests' option. A red arrow points to this option. The main content area is titled 'Authorizations/ Notifications' and includes a search bar, a 'Requesting Provider' dropdown, and a 'Prior Authorization Request Status' section. Below this is a table with columns for DATE SUBMITTED, REFERENCE #, MEMBER NAME, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVICING PROVIDER, FACILITY PROVIDER, STATUS, DECISION, DECISION REASON, and ACTION.

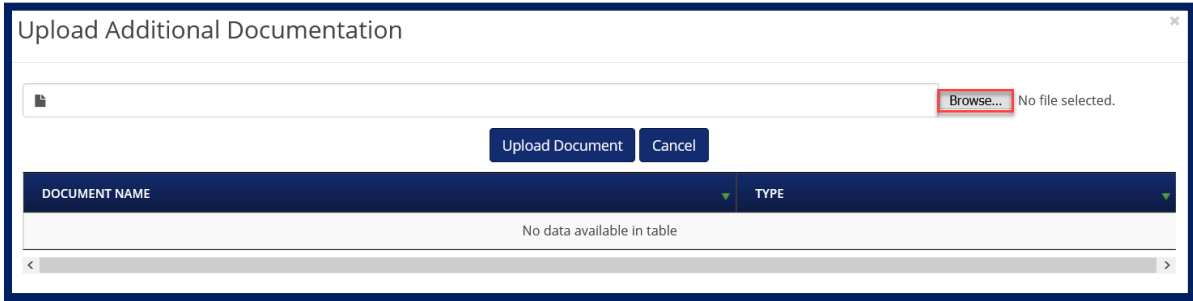
**Step 2:** After locating the existing request, click “Add Attachment” in the *Action* column.

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

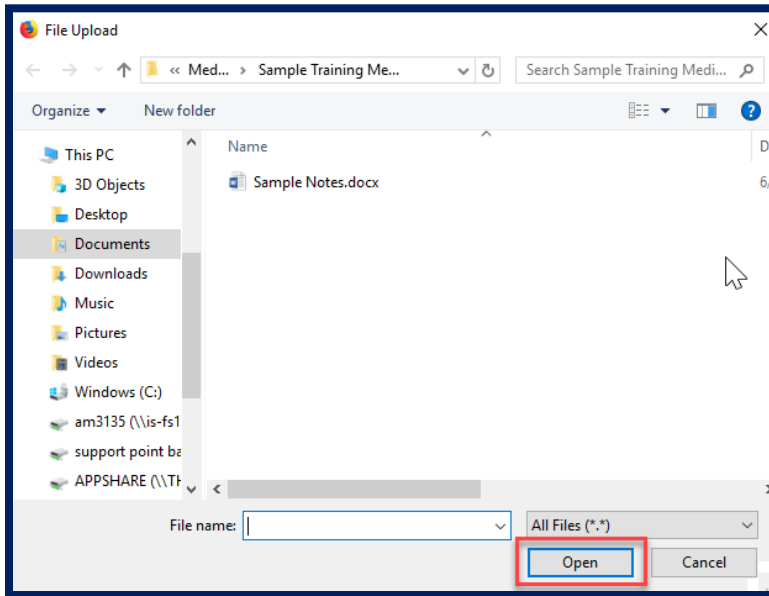


The screenshot shows a detailed view of the 'Prior Authorization Request Status' table. The table has columns for DATE SUBMITTED, REFERENCE #, MEMBER NAME, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVICING PROVIDER, FACILITY PROVIDER, STATUS, DECISION, DECISION REASON, NOTE TYPES, and ACTION. The first row is highlighted, and the 'ACTION' column contains buttons for 'Add Discharge Date' and 'Add Attachment'. A red box highlights the 'Add Attachment' button, and a red arrow points to it. The table also includes a search bar and a 'Show More Search Options' button.

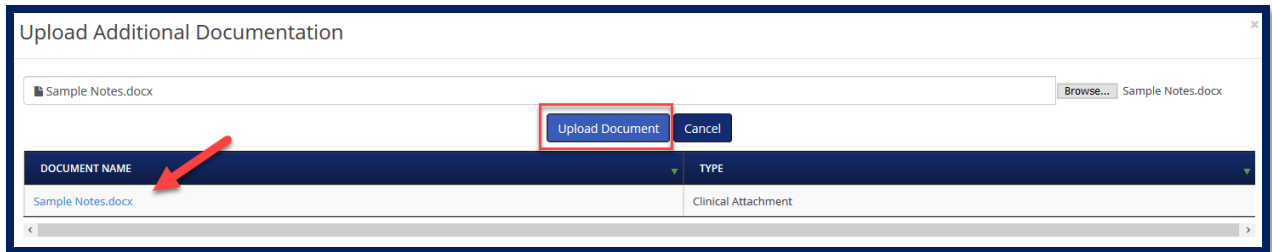
**Step 3:** Click “Browse.”



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

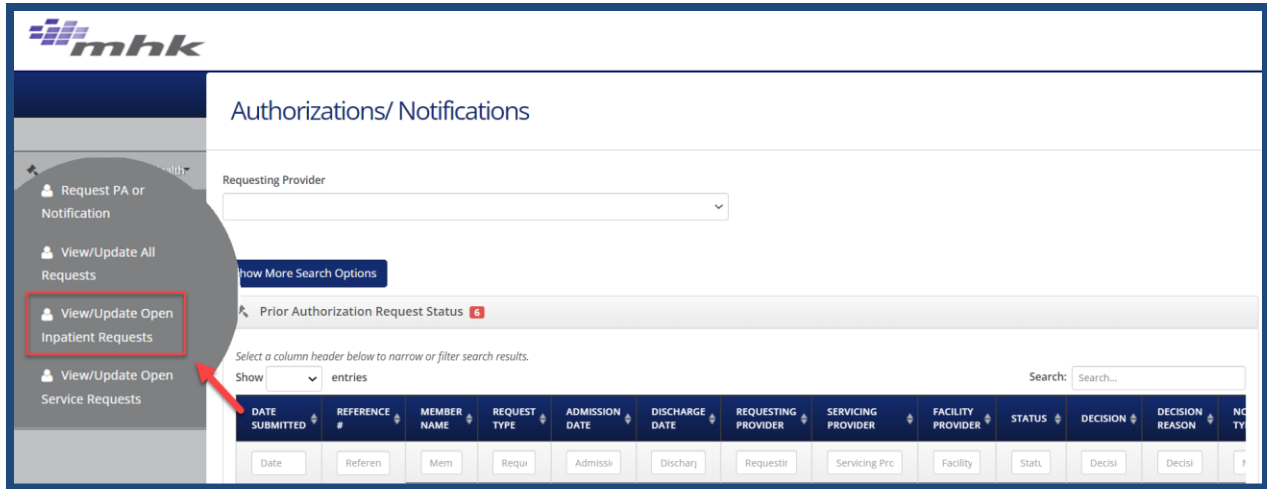


**Step 5:** Click “Upload Document.”

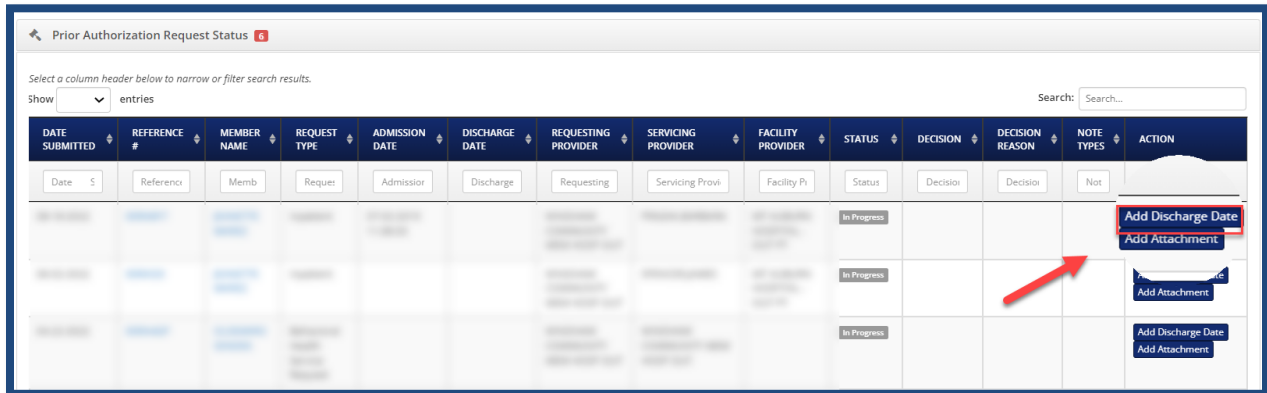


## ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

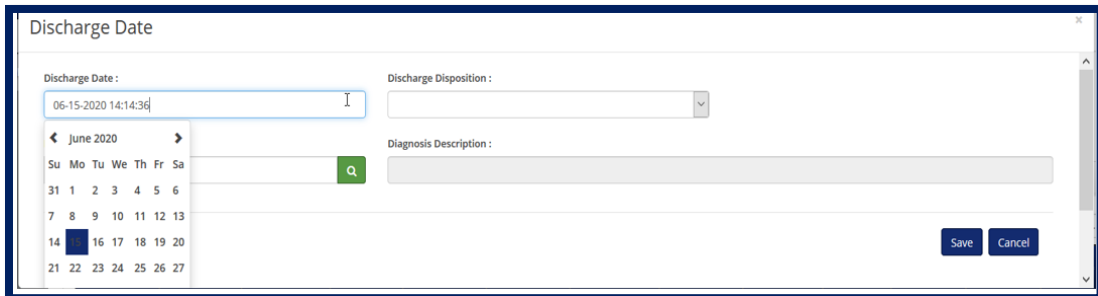
**Step 1:** Discharge dates can be updated by selecting either the “Open Inpatient Requests” or “View/Update All Requests” subsections on the left-hand navigation bar.



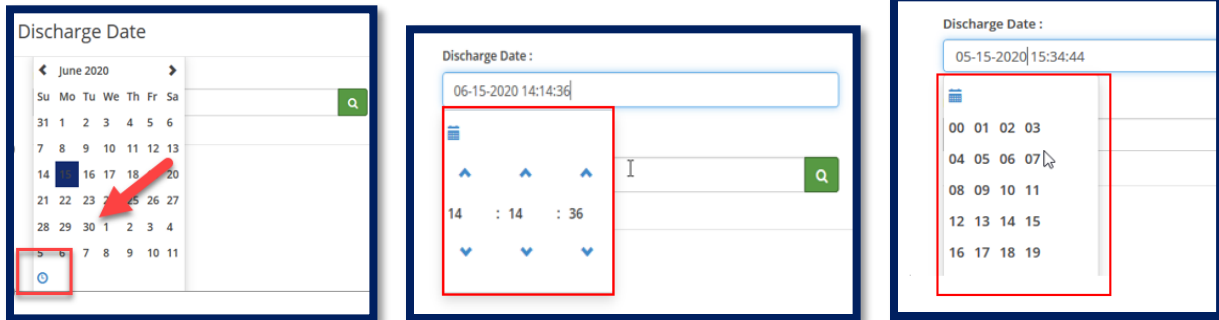
**Step 2:** From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click “Add Discharge Date” in the *Action* column.



The *Discharge Date* screen displays:

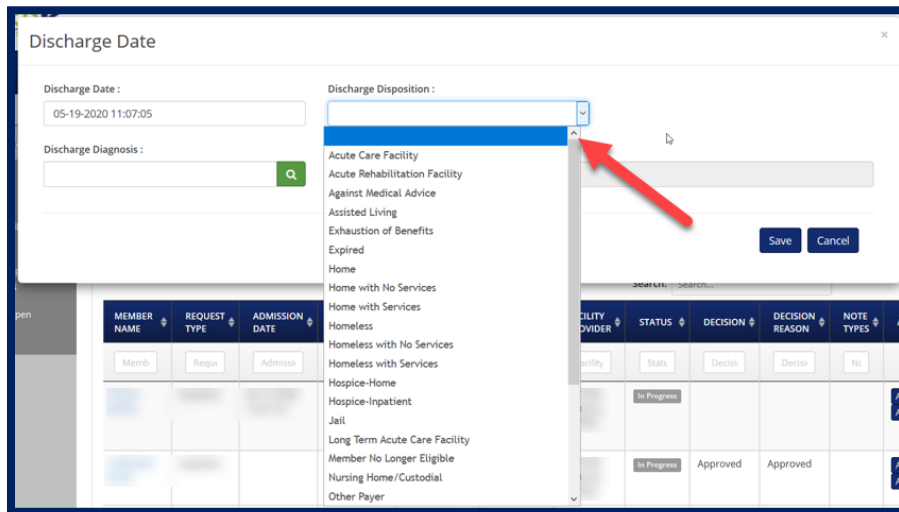


**Step 3:** Choose the appropriate *Discharge Date* and click the “clock icon” to enter the time of discharge.

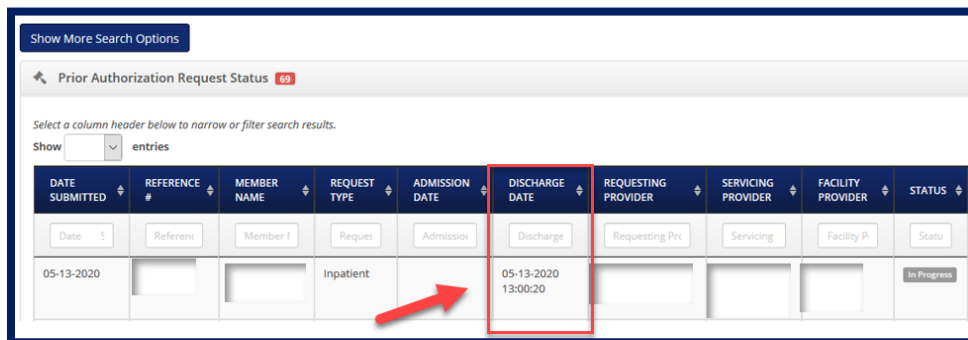


**Note:** The submitter can click or use the arrows for the hour, minute, or second fields and the discharge time will display in military time.

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



The following screen displays with the discharge date and time:



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

## Tufts Health Plan Secure Provider Portal ENTER INPATIENT/ILOC DISCHARGE

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

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

Required Field\*

Requesting Entity ID* Select Provider Name/ID	Admission Date* MM/DD/YYYY	
Member ID* Enter Member ID	Suffix ##	Date of Birth* 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

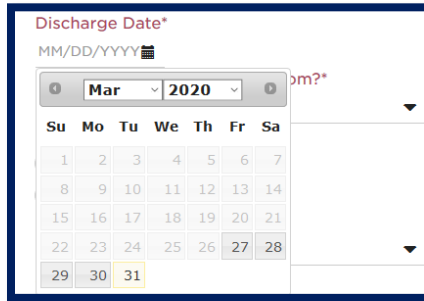
Patient discharged to?\*

Admissions diagnosis Class\*:  
 Mental Health  
 Substance use disorder

Primary Discharge Diagnosis Code\*:  
Secondary discharge Diagnosis Code:  
Medical Conditions:

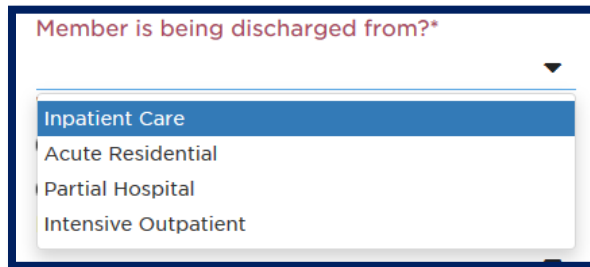
CANCEL      SUBMIT

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



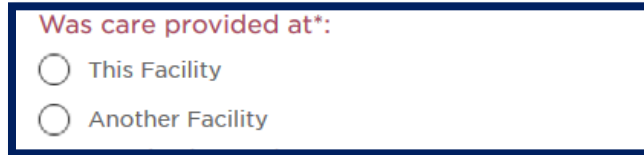
The screenshot shows a date selection interface for the "Discharge Date\*" field. It includes a text input with the format "MM/DD/YYYY" and a calendar for the month of March 2020. The calendar grid shows days from 1 to 31, with the 31st highlighted in yellow. To the right of the calendar is a dropdown arrow.

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



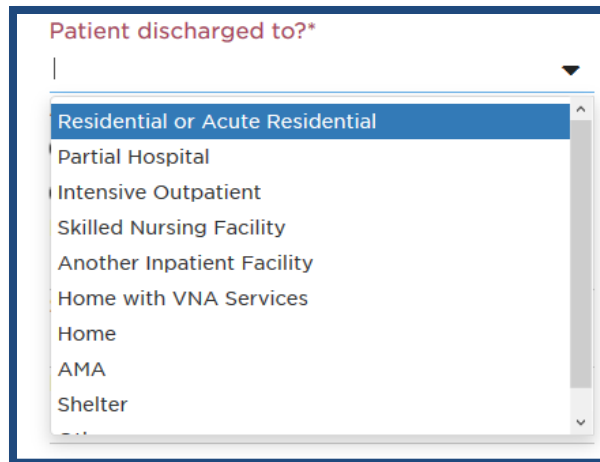
The screenshot shows a dropdown menu for the "Member is being discharged from?\*" field. The menu is open, displaying four options: "Inpatient Care" (highlighted in blue), "Acute Residential", "Partial Hospital", and "Intensive Outpatient".

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



The screenshot shows a radio button selection field for "Was care provided at?:". There are two options: "This Facility" and "Another Facility", each with an unselected radio button.

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



The screenshot shows a dropdown menu for the "Patient discharged to?\*" field. The menu is open, displaying a list of options: "Residential or Acute Residential" (highlighted in blue), "Partial Hospital", "Intensive Outpatient", "Skilled Nursing Facility", "Another Inpatient Facility", "Home with VNA Services", "Home", "AMA", and "Shelter".



**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\***

<b>Provider</b>	<b>Phone Number</b>	<b>Date of next Appt</b>
_____	(xxx) xxx-xxxx	MM/DD/YYYY 📅
<b>Provider</b>	<b>Phone Number</b>	<b>Date of next Appt</b>
_____	(xxx) xxx-xxxx	MM/DD/YYYY 📅
<b>Provider</b>	<b>Phone Number</b>	<b>Date of next Appt</b>
_____	(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

The *Inpatient//LOC 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
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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 or Tufts Health Freedom Plan Behavioral Health Services Department at 800-547-5186. Monday to Friday 8:30AM to 5:00PM. Furthermore, if you do have questions, your confirmation number is: [REDACTED] || Tue Aug 01 11:10:30 EDT 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]
Primary Discharge Diagnosis Code	
[REDACTED]	
Was the PCP notified of this admission?	
<input type="checkbox"/>	
Was there a conversation with the patient's outpatient provider(s) during this admission?	
<input type="checkbox"/>	