

# MHK Portal User Guide

## MHK 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:

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

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## Overview

Inpatient notifications and prior authorization requests for outpatient services for Tufts Health Commercial Plans including Tufts Health Direct and Tufts Premier; Tufts Medicare Preferred Plans including Tufts Medicare 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, should be entered into the MHK Care Prominence portal via the [secure Provider portal](#).

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 TROUBLESHOOTING

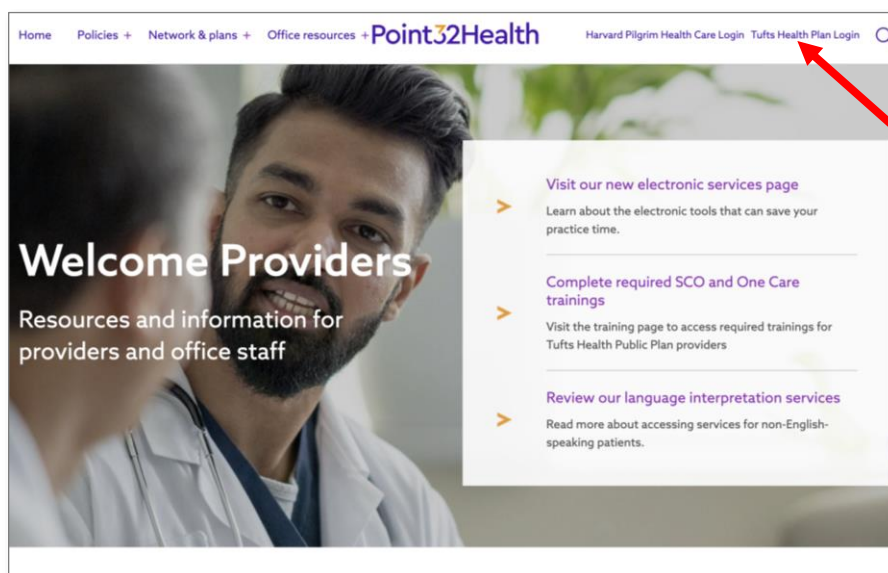
When contacting Provider Services, please be prepared to provide the following information:

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

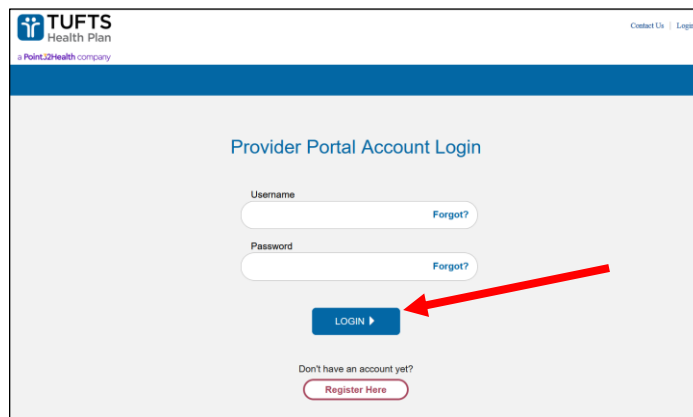
## Accessing the Portal

### LOGGING IN

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



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

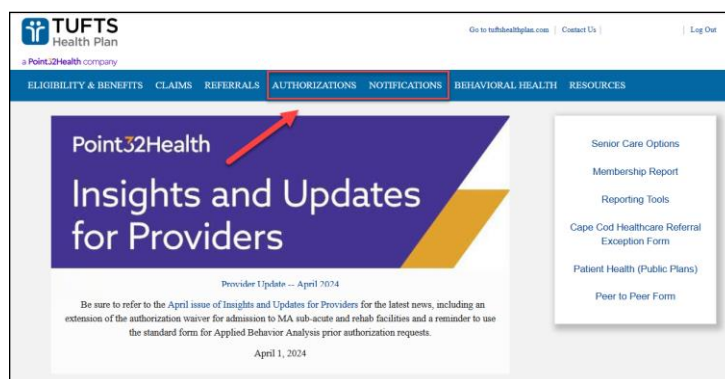


The screenshot shows the 'Provider Portal Account Login' page for TUFTS Health Plan, a Point32Health company. It features a login form with fields for 'Username' and 'Password', each with a 'Forgot?' link. A blue 'LOGIN' button with a right arrow is highlighted by a red arrow. Below the button is a link for 'Don't have an account yet?' with a 'Register Here' button.

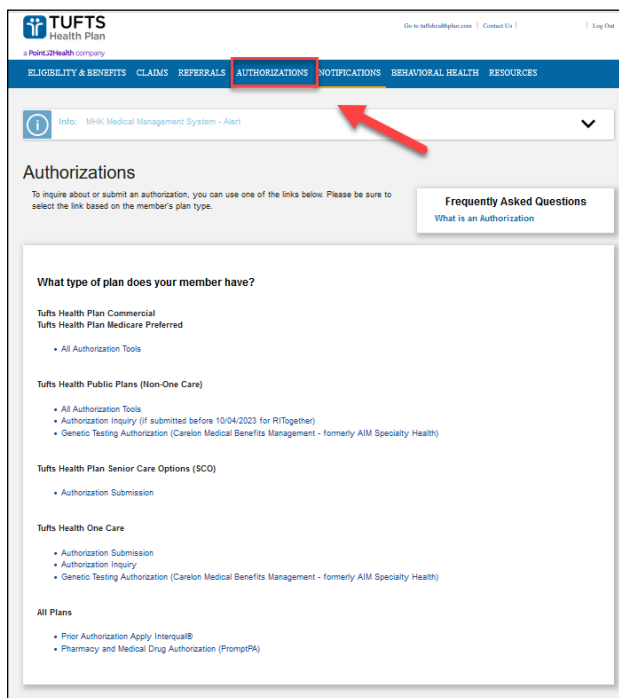
## Accessing MHK Care Prominence from within the Secure Provider Portal

### MIGRATING TO MHK CARE PROMINENCE

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



The following screen is displayed when selecting *Authorizations*:



The following screen is displayed when selecting *Notifications*:

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

Info: MHK Medical Management System - Alert

### Notifications

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

**Frequently Asked Questions**  
[What is a Notification](#)

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

- Tufts Health Plan Commercial
- Tufts Health Plan Medicare Preferred
- Tufts Health Public Plans (Non-One Care)
  - All Notification Tools**
- Tufts Health One Care
- Tufts Health Plan Senior Care Options (SCO)
  - Submit Inpatient Notifications

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

*Example = All Notification Tools for Tufts Health Plan Commercial, Tufts Health Plan Medicare Preferred, and Tufts Health Public Plans (Non-One Care).*

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

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- Tufts Health One Care
- Tufts Health Plan Senior Care Options (SCO)
  - Submit Inpatient Notifications

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

TUFTS Health Plan  
a Point2Health company

Go to tuftshealthplan.com | Contact Us | Log Out

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

### Notifications

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  - Submit Inpatient Notifications

**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 submit your request for service.

Would you like to proceed?

The following screen displays:

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

## Requesting a Prior Authorization or Submitting an Inpatient Notification

### CONDUCTING A MEMBER SEARCH

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

The *Member Search Results* screen displays.

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

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

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

The *Request Prior Authorization or Notification* screen displays:

The screenshot shows a form with fields for Name, Member ID, Plan Type/Group ID#, Date Of Birth, LOB, Address, IPA/MG, Phone, Effective, Term, Special Programs, and Case Manager. A red arrow points to a green button labeled 'Member Eligible' in the upper right corner, next to a date field showing '12-31-999'.

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

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

The screenshot shows a red button labeled 'Member Eligible' next to a date field showing '08-31-2020'.

The following screen displays:

The screenshot shows a window titled 'Patient Eligibility History'. It contains a table with the following data:

MEDICAID NUMBER	MEDICARE NUMBER	EFFECTIVE DATE	TERM DATE	TERM REASON	PLAN	COMPANY CODE	COMPANY DESCRIPTION	PRODUCT PLAN
		07-01-2015	12-31-3999			MAPOSSI	MA POS SELF INSURED	
		07-01-2006	06-30-2015			MAPPOSI	MA PPO SELF INSURED	

A link 'Click here to view eligibility history.' is in the top right corner. A 'Cancel' button is in the bottom right corner.

**Step 3:** Select the appropriate urgency for the authorization request as indicated below:

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

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

The screenshot shows a window titled 'Select Authorization Urgency'. It contains two radio buttons: 'Standard' (selected) and 'Expedited'. Below the radio buttons is a section titled 'Attestation Regarding Expedited Review' with a checkbox and text: 'By checking expedited, I certify that the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function. Please refer to your provider manual for more information.'

## ADD REQUESTING PROVIDER

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

**Note:** If the user has less than or exactly two provider IDs affiliated with their account, the user must select the correct *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

**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 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

Search

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

Search

Clear

Provider Search Results

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
<div style="border: 2px solid red; padding: 2px 5px; background-color: #28a745; color: white;">Select</div>							

**Note:** Users may see duplicate records if providers are registered with multiple addresses.

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

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

\*Requesting Provider

Search

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 *Request Type* is selected (below).

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

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

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

A screenshot of a web form showing a dropdown menu labeled "\*Request Type". The menu is open, displaying four options: "Behavioral Health Inpatient", "Behavioral Health Service Request", "Inpatient", and "Service Request". The dropdown has a search bar at the top and a scroll bar on the right.

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

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

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

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

A screenshot of a web form showing a dropdown menu labeled "\*Place Of Service". The menu is open, displaying a list of 18 options: "01-Pharmacy", "02-Telehealth Provided Other than in Patient's Home", "03-School", "04-Homeless Shelter", "05-Indian Health Service Free-Standing Facility", "06-Indian Health Service Provider-Based Facility", "07-Tribal 638 Free-Standing Facility", "08-Tribal 638 Provider-Based Facility", "09-Prison/Correctional Facility", "10-Telehealth Provided In Patient's Home", "11-Office", "12-Home", "13-Assisted Living Facility", "14-Group Home", "15-Mobile Unit", "16-Temporary Lodging", "17-Walk-in Retail Health Clinic", and "18-Place of Employment - Worksite". The dropdown has a search bar at the top and a scroll bar on the right.



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

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

Requesting Provider Same as  
Servicing Provider

☐ YES ☒ NO

Requesting Provider Same as  
Facility

☐ YES ☒ NO

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

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

\*Bed Type

Acute Rehabilitation Level 1  
Acute Rehabilitation Level 2  
CAR-T  
Detoxification  
Gynecology  
ICU/CCU  
Long Term Acute Care Level 1  
Long Term Acute Care Level 2  
Medical  
Newborn ICU Level 1  
Newborn ICU Level 2  
Newborn ICU Level 3  
Newborn ICU Level 4  
Newborn Nursery  
Observation  
Obstetrical  
SNF Level 1A  
SNF Level 1B  
SNF Level 2  
SNF Level 3

**Note:** Tufts Health Plan may authorize medically necessary observation stays greater than 48 hours for Tufts Health Together and Tufts Health RITogether members **ONLY**. For more information, see the [Observation Stay Payment Policy](#).

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

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

\*Request Admit Date

04-22-2024

Actual Admit Date

04-22-2024

\*Admit Type

Urgent/ Emergent

Admit From

Emergency Room

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

**Inpatient Requests:**

\*Review Type

Initial Review

**Service Requests:**

\*Review Type

Prospective

## ADD SERVICING/FACILITY PROVIDER

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

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

Servicing and Facility Provider Information

Servicing and Facility Providers

+ Add Servicing/Facility Provider + Add Unknown Provider

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

Search for Servicing Provider or Facility

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 *Provider Type* dropdown menu and click “Search.” The search results display for *Servicing Provider or Facility*.

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

Search for Servicing Provider or Facility

Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Organization/Facility: Participating: Yes No

\* Type: 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: Servicing Provider Facility

Show Additional Search Fields Search Clear

Servicing Providers - Search Results

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

Cancel

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

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

Facility Provider Fax Number

\*Fax Number: Contact Name

Contact Phone Contact Phone Ext

Cancel Save

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

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

## ADD DIAGNOSIS CODE

**Step 1:** Click “Add Primary Diagnosis.”

\*Diagnosis (\*Denotes required field)

ICD - Search Results

Add Primary Diagnosis
Add Diagnosis

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

ICD Search

ICD Codes:
S42.296

Diagnosis Description:

Search

ICD - Search Results

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

Cancel

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

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

ICD Search

ICD Codes:
S42.296

Diagnosis Description:

Search

ICD - Search Results

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

Cancel

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

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

## ADD PRIMARY PROCEDURE CODE

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

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

\*Procedure (\*Denotes required field)

CPT/HCPCS - Search Results

Buttons: Add Primary Procedure, Add Procedure

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

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

CPT/HCPCS Search

CPT/HCPCS Codes: 27446

Procedure Description:

Search

CPT/HCPCS - Search Results

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

Buttons: Cancel

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

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

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

CPT/HCPCS Information

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:

Buttons: Cancel, Submit

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

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

Procedure

CPT/HCPCS - Search Results

Buttons: Add Primary Procedure, Add Procedure

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

Buttons: Cancel, Submit

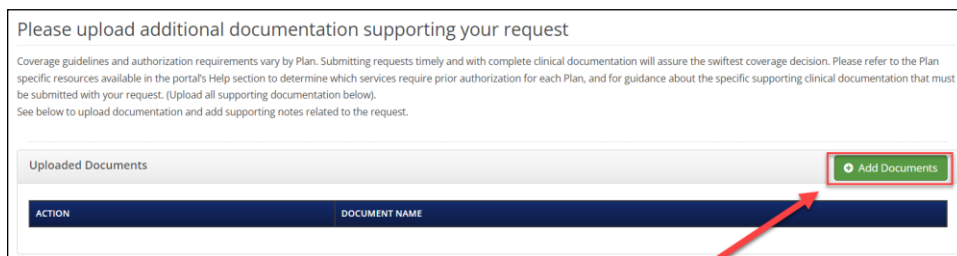
**Note:** If you are requesting an authorization for PT/OT/ST, or Home Care, additional information may be required via an assessment. (Refer to pages 15 and 16 on Submitting Assessments.)

## ADD MEDICAL/CLINICAL DOCUMENTATION

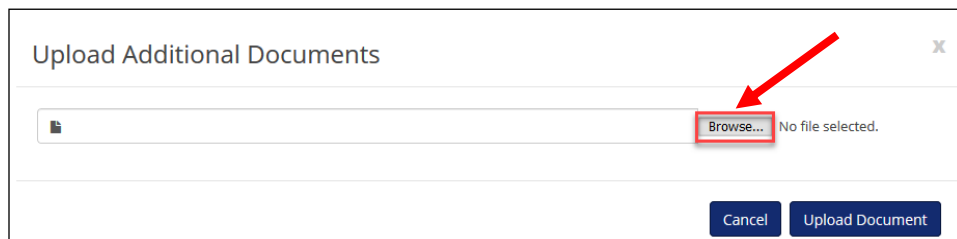
If your request auto cancels or auto approves, this screen will not display.

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

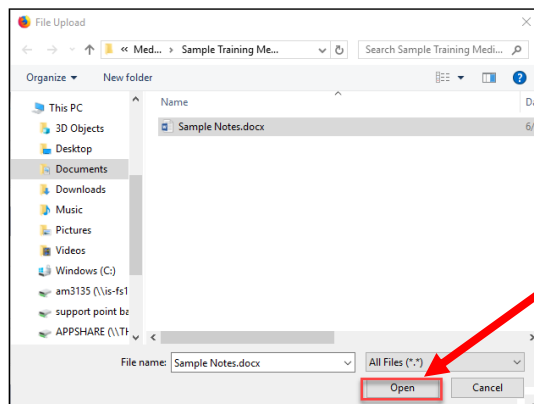
**Note:** In most circumstances, clinical documentation is required to support the request.



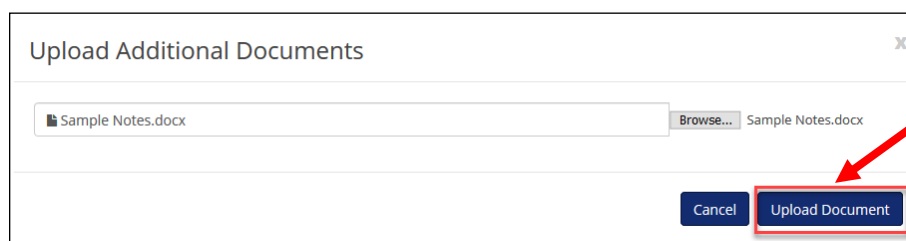
**Step 2:** Click “Browse.”



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



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



The *Uploaded Documents* screen is now populated:



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

Please upload additional documentation supporting your request

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

Uploaded Documents

[Add Documents](#)

ACTION	DOCUMENT NAME
--------	---------------

Notes

[Add Notes](#)

ACTION	NOTE TEXT
--------	-----------

[Submit](#)

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

Please upload additional documentation supporting your request

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

Uploaded Documents

[Add Documents](#)

ACTION	DOCUMENT NAME
<a href="#">Remove</a>	Testfax.pdf

Notes

[Add Notes](#)

ACTION	NOTE TEXT
<a href="#">Remove</a>	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
<a href="#">Remove</a>	Sample Notes.docx

Notes

[Add Notes](#)

ACTION	NOTE TEXT
--------	-----------

[Submit](#)

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

## Submitting Assessments-Commercial Plans

### PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH THERAPY

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

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

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

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

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

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

**Note:** For additional information on coverage for PT/OT and ST services, refer to the applicable medical necessity guidelines for Commercial products:

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

## Submitting Assessments-Tufts Health Public Plans

### PHYSICAL THERAPY/OCCUPATIONAL THERAPY/SPEECH THERAPY

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

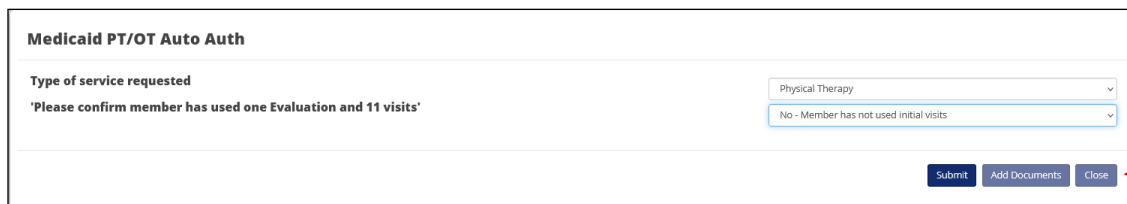
**Step 1:** Select “Physical Therapy” or “Occupational Therapy” from the dropdown menu for the *Type of service requested* field.

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

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

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

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



**Note:** For additional information on coverage for PT/OT services, please refer to the applicable medical necessity guidelines:

**For Tufts Health Direct:**

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

**For Tufts Health Together and Tufts Health RITogether:**

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

## HOME HEALTH CARE FOR TUFTS HEALTH TOGETHER AND TUFTS HEALTH RITOGETHER

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

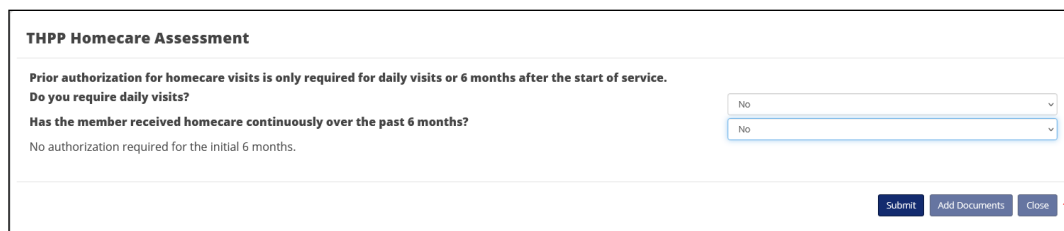
**Step 1:** Confirm if member requires daily visits for home health care.

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

**Step 3:** Click “Submit.”

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

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



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

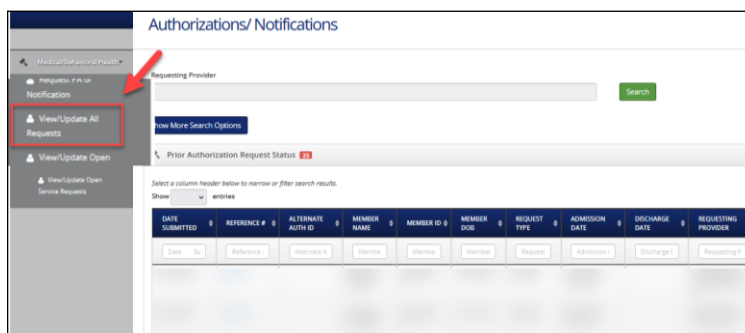


## View/Add to Existing Inpatient Notifications or Prior Authorizations

### VIEWING/ADDING UPDATES TO AN EXISTING INPATIENT NOTIFICATION OR PRIOR AUTHORIZATION

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

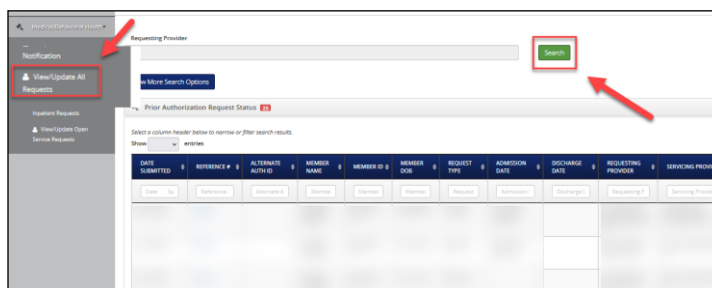
**Note:** The last seven days of closed (completed/decisioned) cases and all Open events associated with the providers registered to the account will display. If the user has less than or exactly 20 provider IDs affiliated with their account, the user can further refine their search by selecting the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

First Name

Last Name

Zip Code

NPI

Last Name

Facility/Organization

Tax Id

Facility/Organization

Search

Clear

Provider Search Results

ACTION

PROVIDER ID

NPI

TAX ID

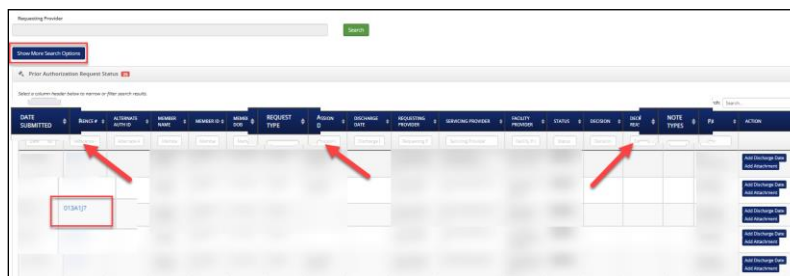
FIRST NAME

LAST NAME

FACILITY

ADDRESS

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



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

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

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

Hide Search Options

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

Hide Search Options

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 :

Search

Clear

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

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

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

The *Auth Review Details* screen 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 attachments or correspondence letters, scroll through the “Member Auth Details” page.

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

Print Cancel

## ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

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

Authorizations/ Notifications

Medical/Behavioral Health

Notification

View/Update All Requests

View/Update Open Inpatient Requests

View/Update Open Service Requests

Requesting Provider

Search

Show More Search Options

Prior Authorization Request Status 25

Select a column header below to narrow or filter search results.

OW entries

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER
----------------	-------------	-------------------	-------------	-----------	------------	--------------	----------------	----------------	---------------------	--------------------

**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

Show More Search Options

Prior Authorization Request Status 25

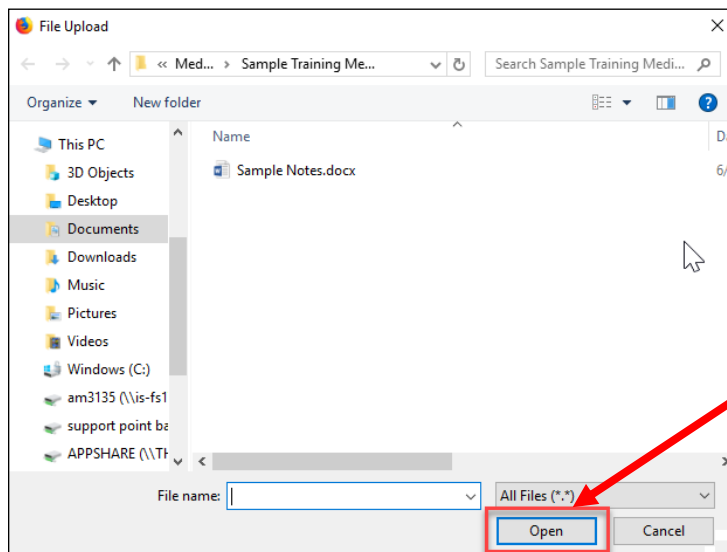
Select a column header below to narrow or filter search results.

Show 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	DECISION	DECISION REASON	NOTE TYPES	PAYER	ACTION
												In Progress					Add Attachment Add Discharge Date Add Attachment Add Discharge Date Add Attachment Add Discharge Date Add Attachment

**Step 3:** Click “Browse.”

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

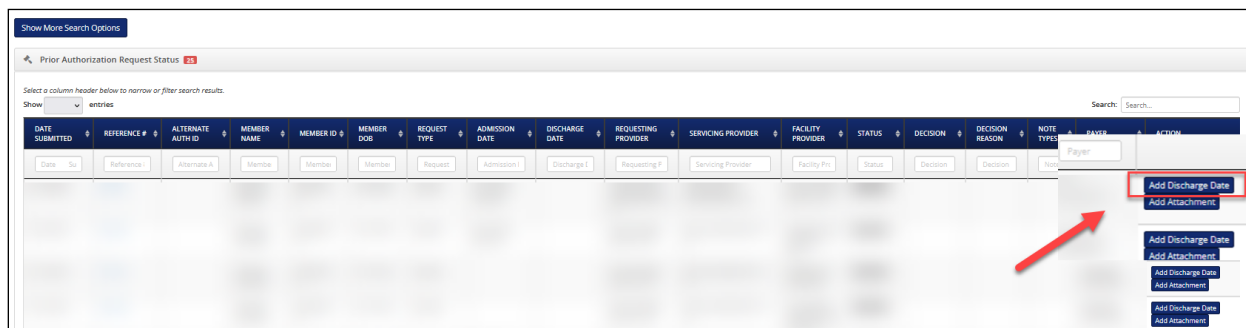


**Step 5:** Click “Upload Document.”

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

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

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



The *Discharge Date* screen displays:

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

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

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

The following screen displays with the discharge date and time:

Prior Authorization Request Status 25												
Show ▾ 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	Admissi	Dischar	Requesting	Servicing P	Facility	Statu
								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.