TUFTS Health Plan

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

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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 Medical Management system (formerly known as MedHOK) portal via secure Provider portal.

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 TROUBLESHOOTING

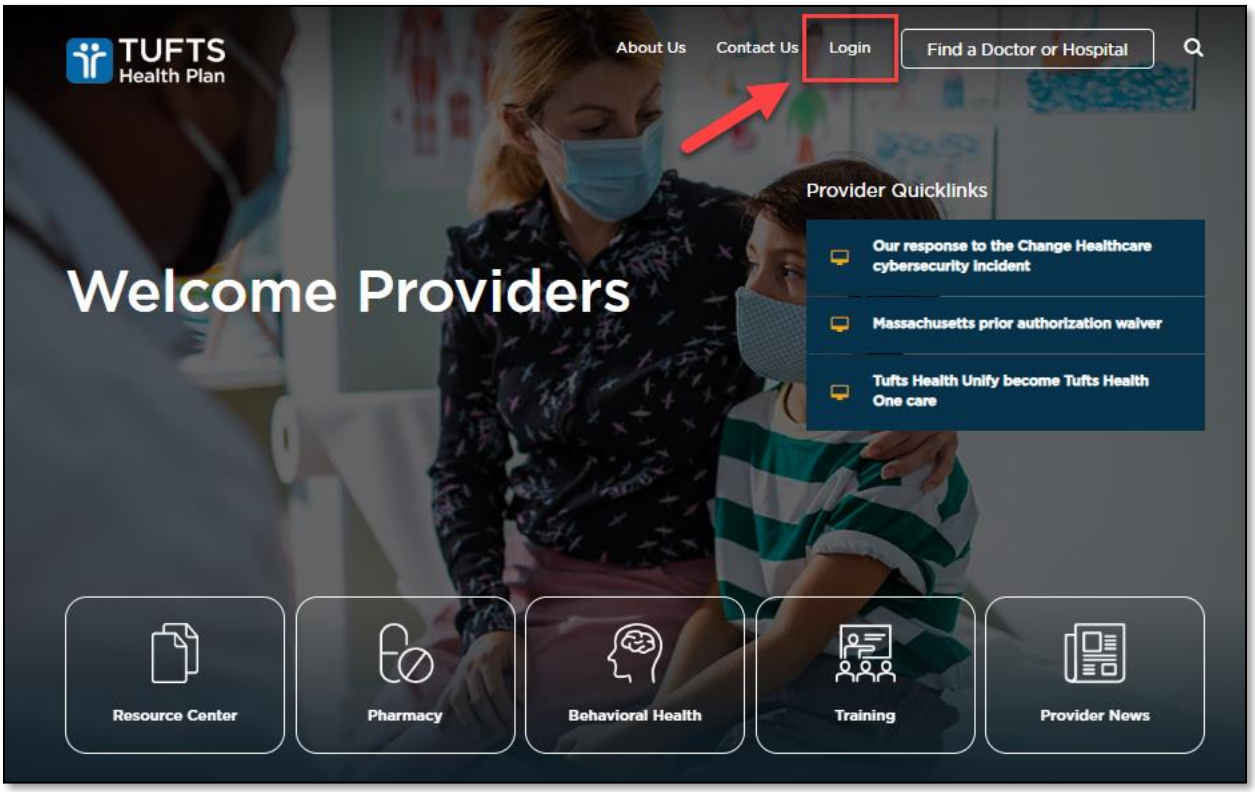
When contacting Provider Services, please be prepared to provide the following information:

- 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).

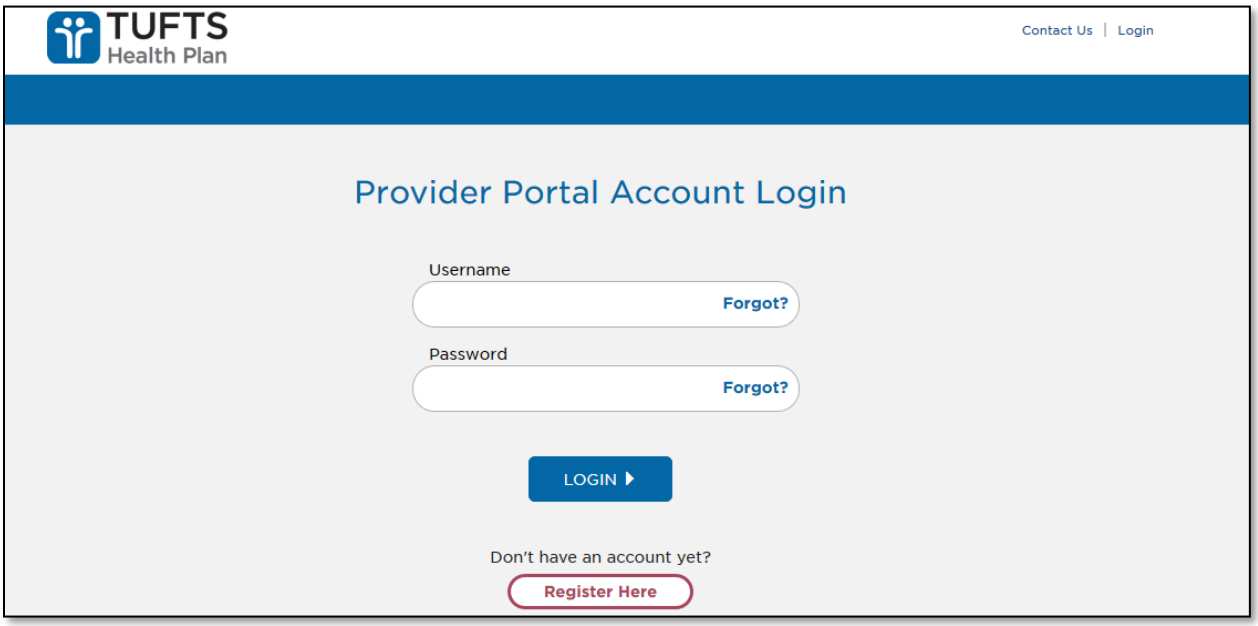
Accessing the Portal

LOGGING IN

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



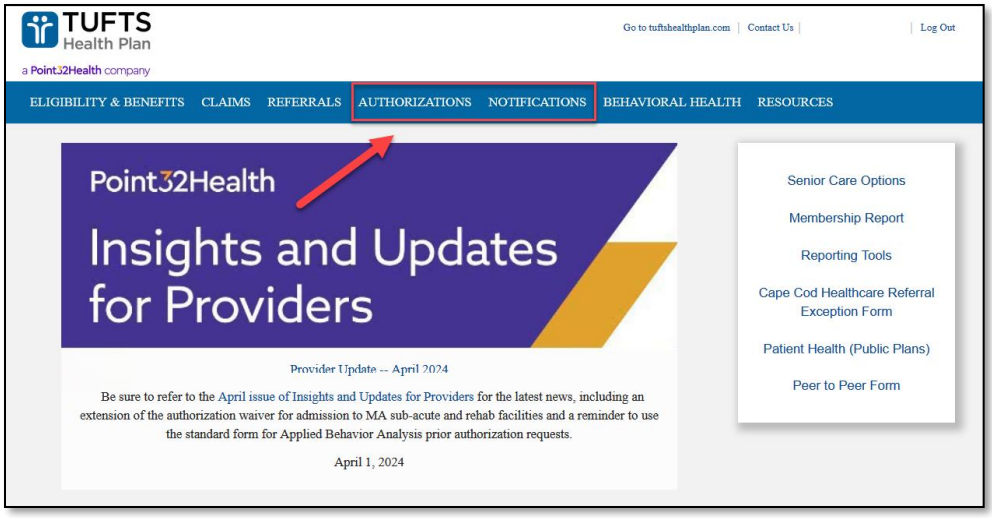
Step 2: Enter your *Username* and *Password* then click “Login.”



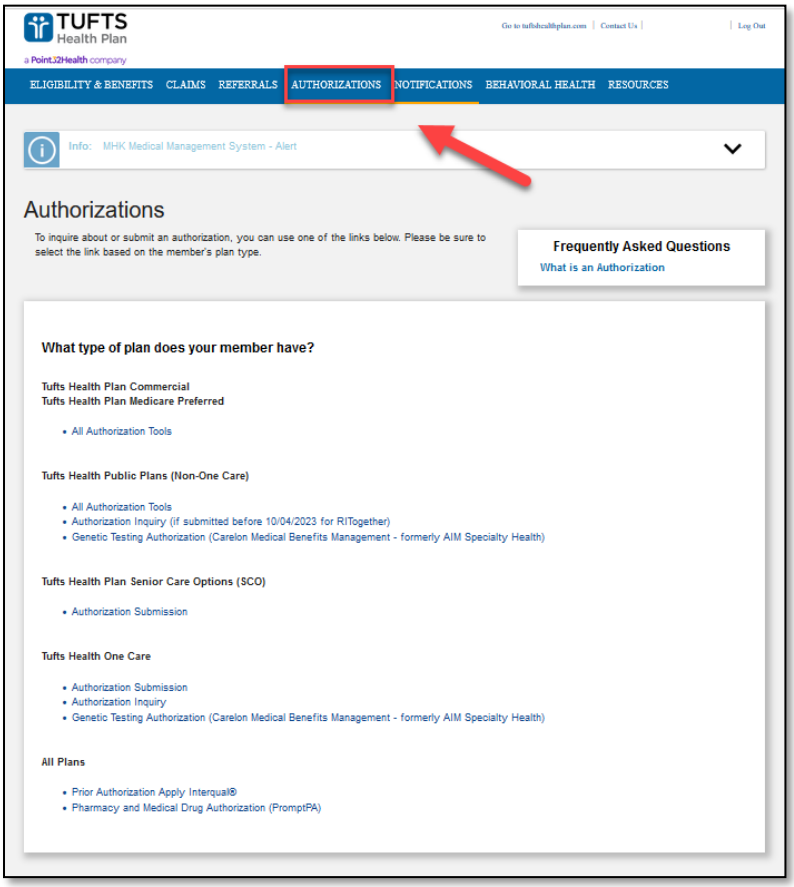
Accessing MHK Medical Management (formerly known as MedHOK) from within the Secure Provider Portal

MIGRATING TO MHK MEDICAL MANAGEMENT (FORMERLY KNOWN AS MEDHOK)

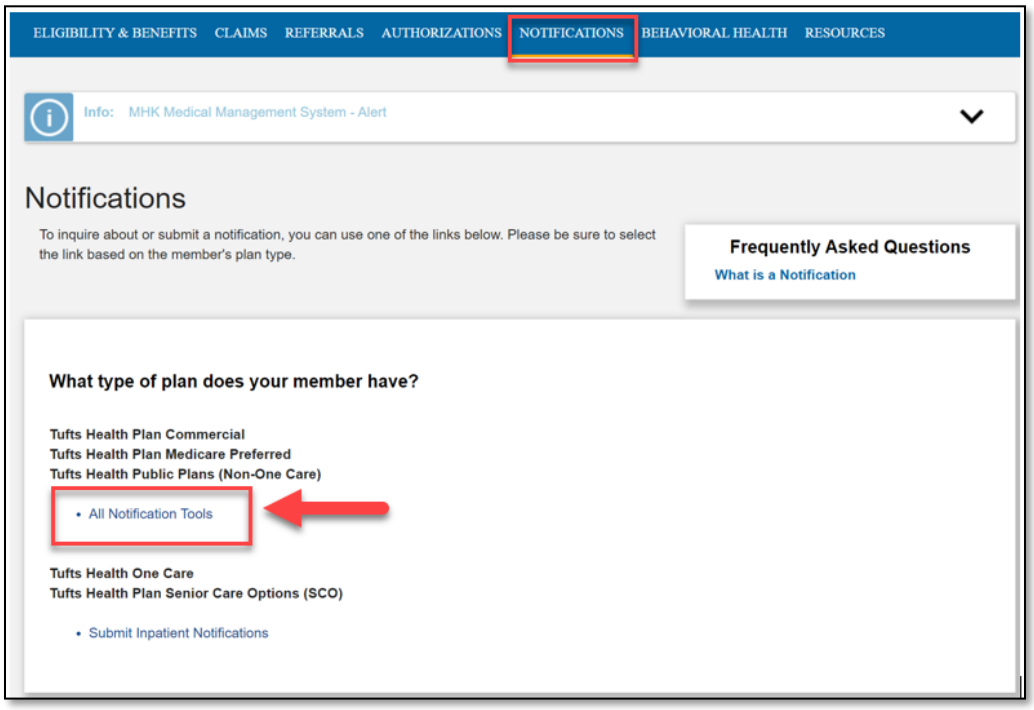
Step 1: To initiate a Prior Authorization, click the “Authorizations” tab or to initiate an Inpatient Notification, click the “Notifications” tab.



The following screen is displayed when selecting *Authorizations:*

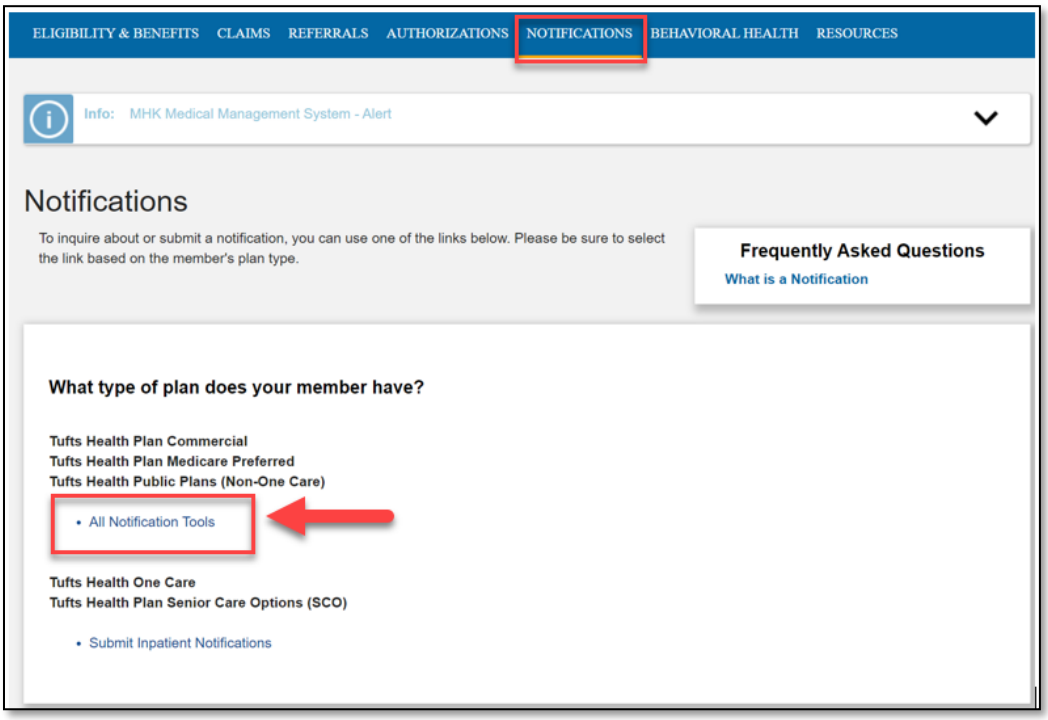


The following screen is displayed when selecting *Notifications:*

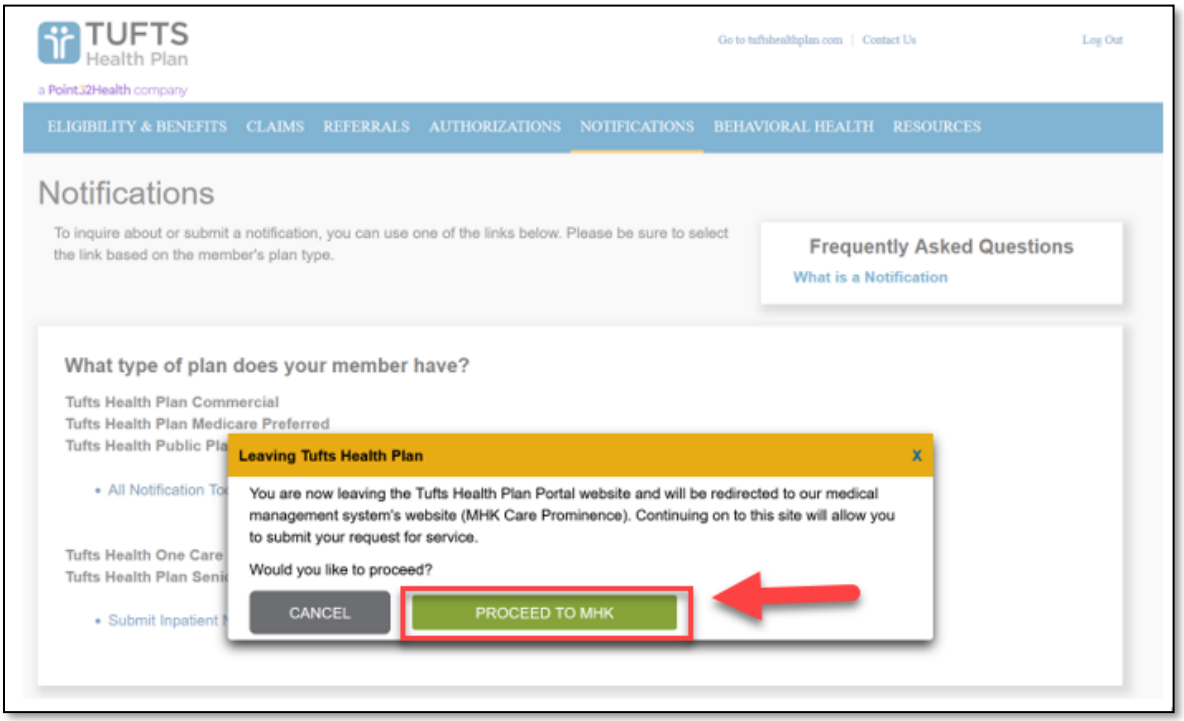


Step 2: Select the appropriate option under the member's plan:

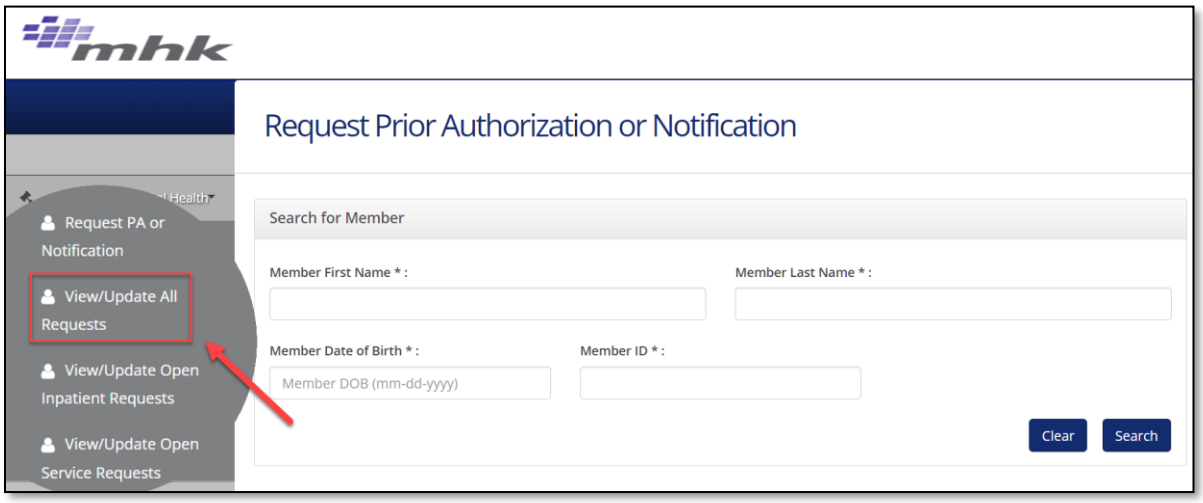
Example = All Notification Tools for Tufts Health Plan Commercial, Tufts Health Plan Medicare Preferred, and Tufts Health Public Plans (Non-One Care).



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



The following screen displays:

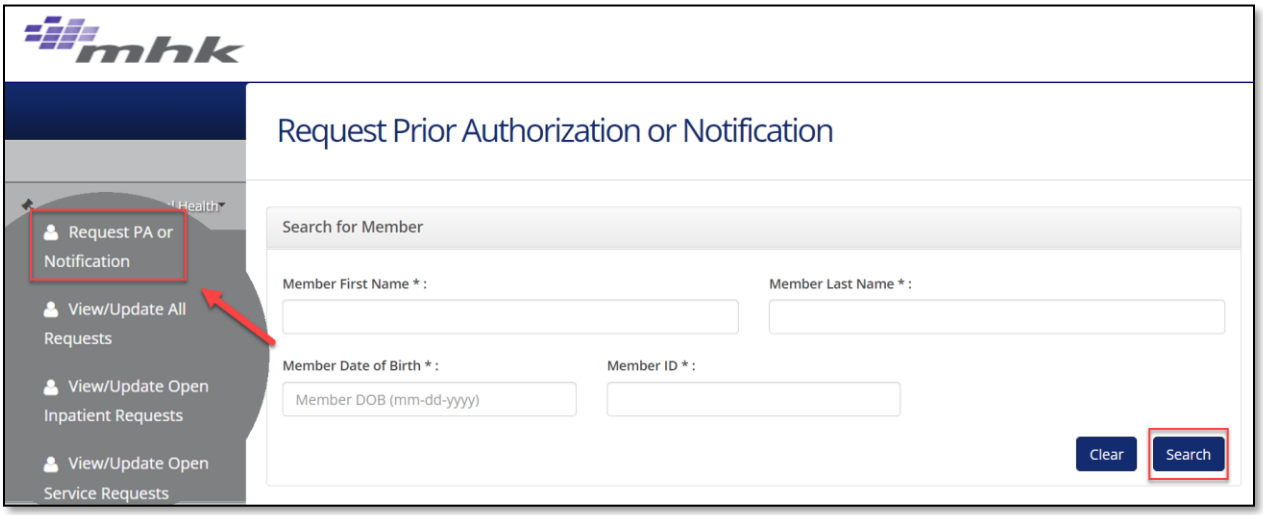


Option	Description
“Request PA or Notification”	Choose this option to initiate a request.
“View/Update All Requests”	Choose this option to view all inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
“View/Update Open Inpatient Requests”	This option is limited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

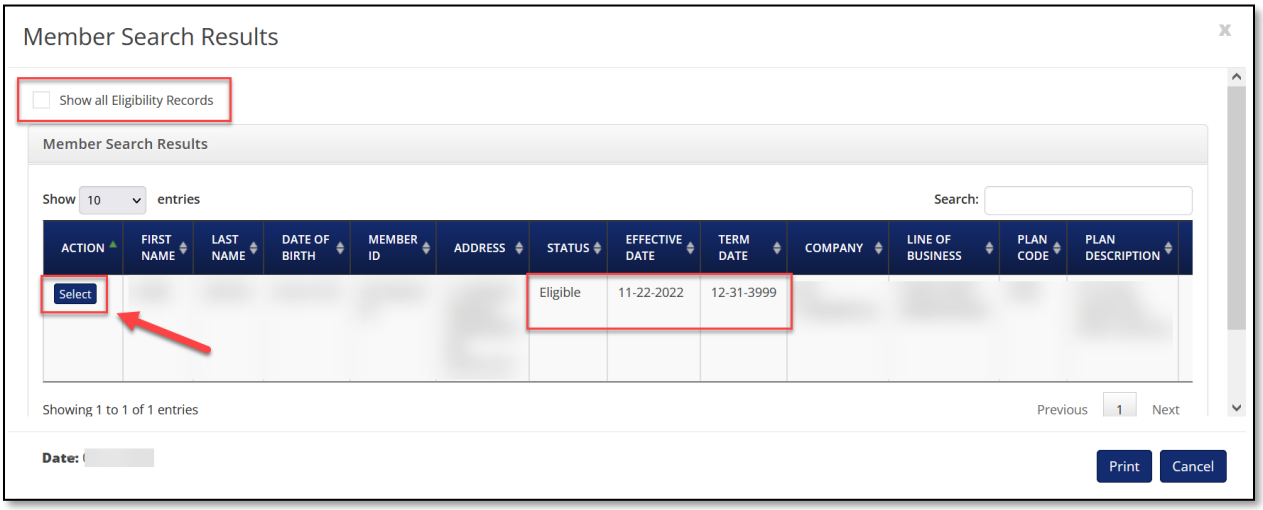
Step 1: Click “Request PA or Notification” and then enter the *Member First Name, Member Last Name, Member Date of Birth* and *Member ID* and click “Search.”



The *Member Search Results* screen displays.

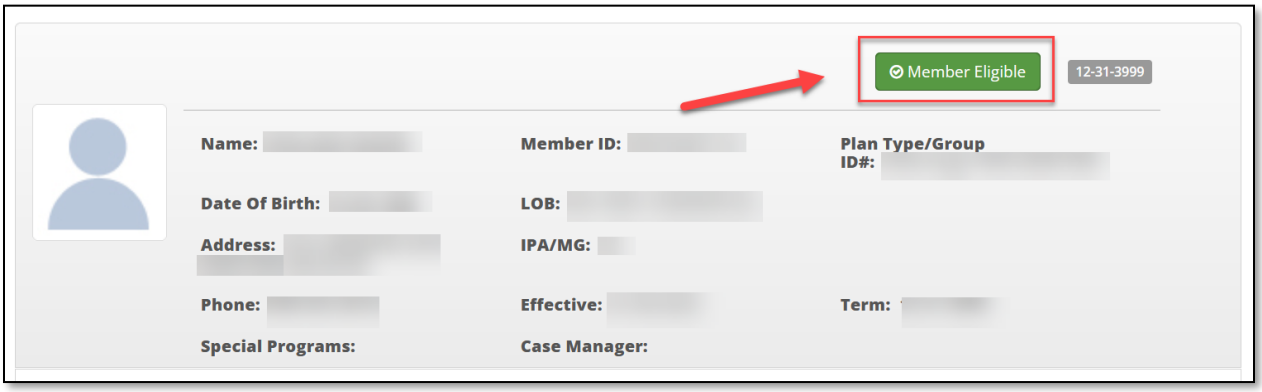
Step 2: Click “Select” in the *Action* field once the appropriate member record is found.

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



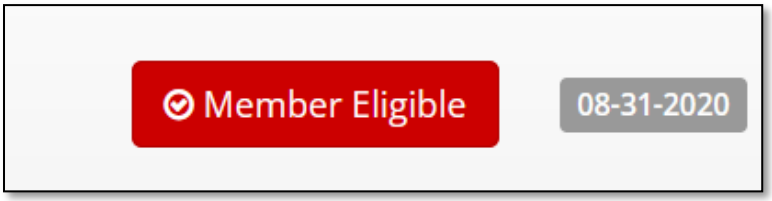
Note: Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:

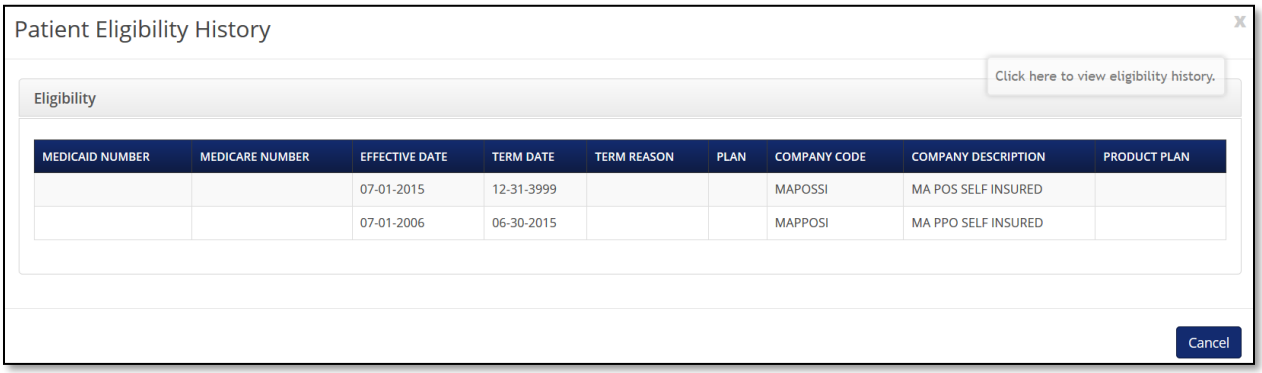


Note: Click "Member Eligible" in upper right-hand section of the screen to review member coverage details.

- 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 following screen displays:

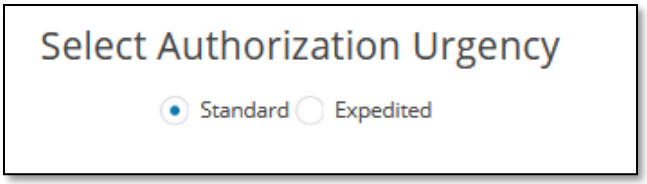


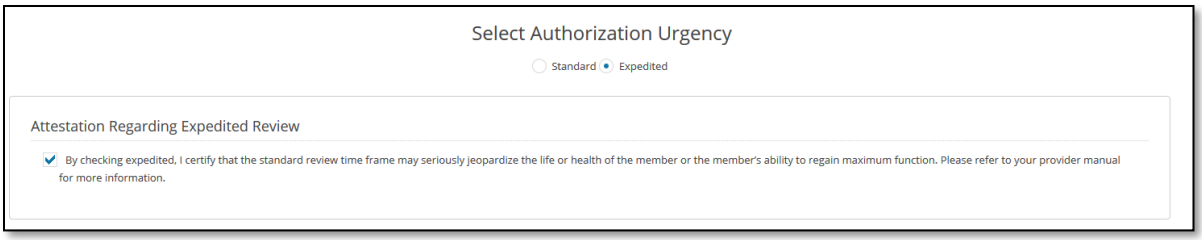
MEDICAID NUMBER	MEDICARE NUMBER	EFFECTIVE DATE	TERM DATE	TERM REASON	PLAN	COMPANY CODE	COMPANY DESCRIPTION	PRODUCT PLAN
		07-01-2015	12-31-3999			MAPOSSI	MA POS SELF INSURED	
		07-01-2006	06-30-2015			MAPPOSI	MA PPO SELF INSURED	

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*.

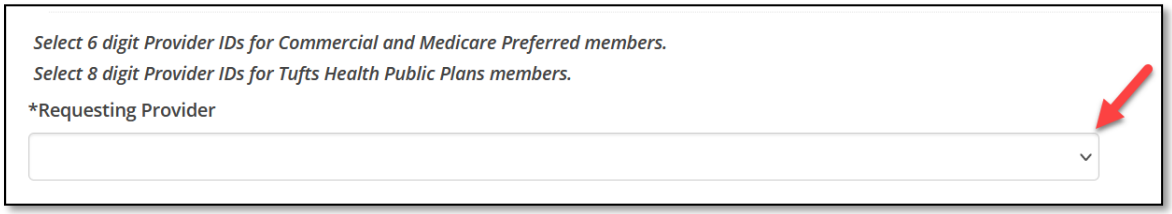




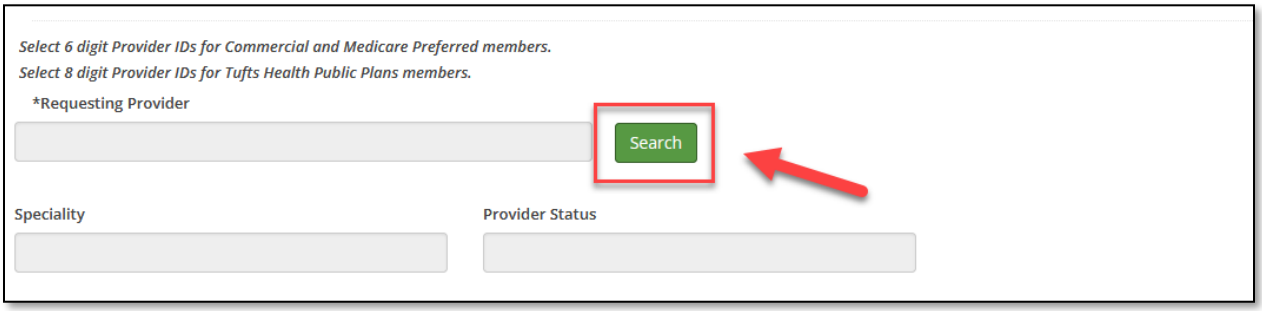
ADD REQUESTING PROVIDER

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

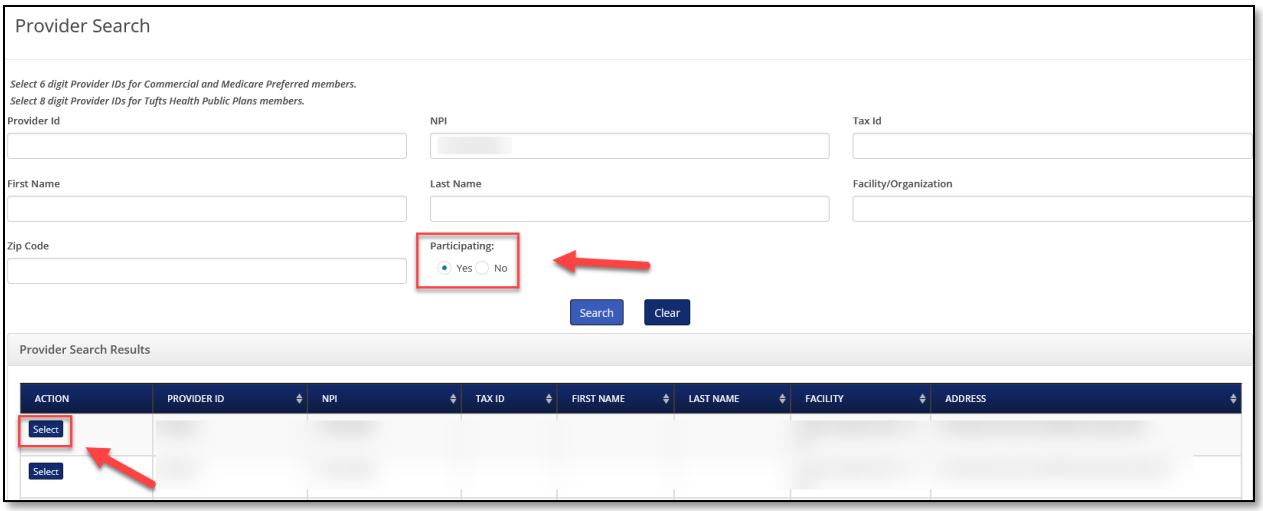
Note: If the user has less than or exactly 20 provider IDs affiliated with their account, the user must select the correct *Requesting Provider* from the dropdown menu.



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*.

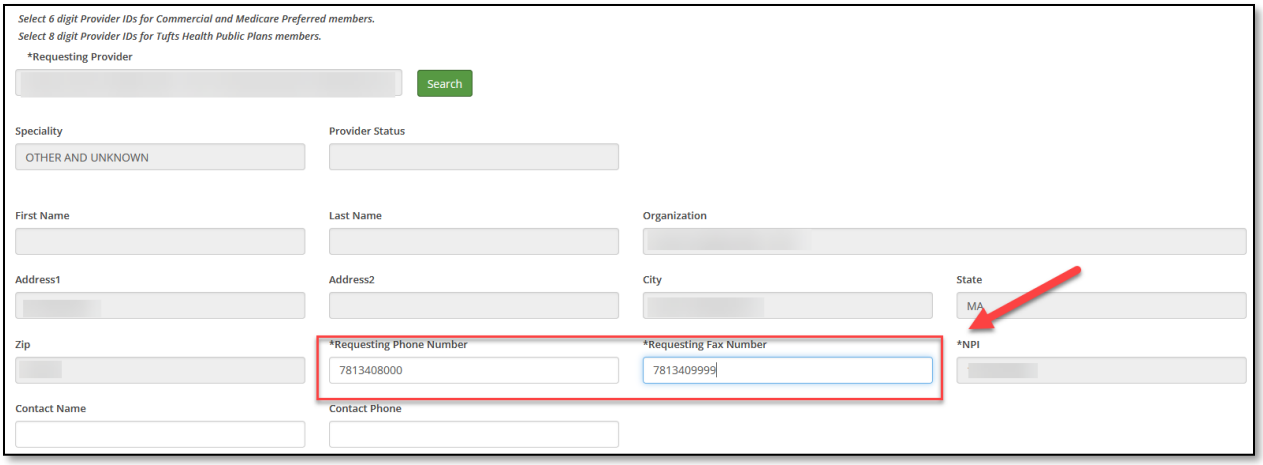


Note: If the *Requesting Provider* is out of network (OON), the user must select the "No" radio button under the *Participating* field, click search and select the appropriate record.



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.

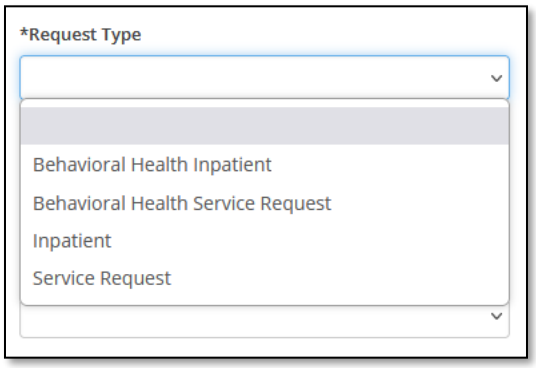


Note: The *Specialty* and *Provider Status* fields will pre-populate based on the selected provider's credentials. The provider status will populate once *Request Type* is selected (below).

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, click the MHK Behavioral Health Portal User Guide.

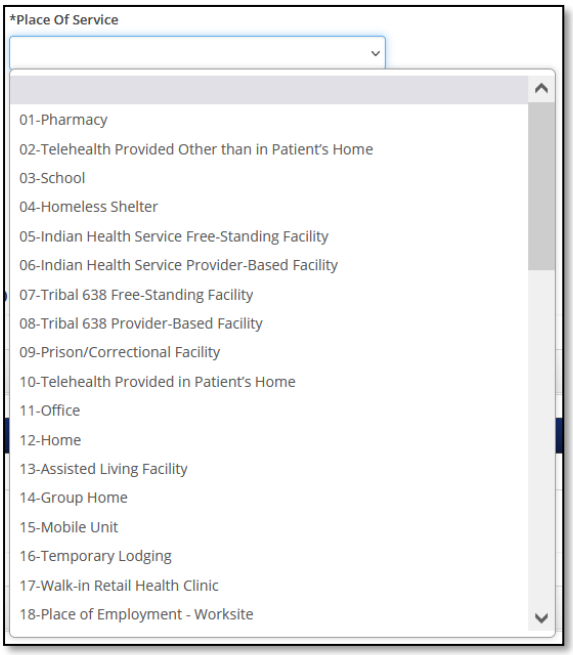


Note: After selecting the appropriate *Request Type* additional fields may display.

If request type is…	Then complete the following fields marked with an asterisk as required:
"Inpatient"	• "Bed Type" • "Request Admit Date" • "Admit Type" • "Review Type"
"Service Request"	• "Review Type"

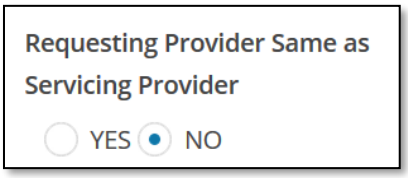
Step 4: Select the appropriate *Place of Service* from the dropdown menu (e.g., 21- Inpatient Hospital, 11-Office).

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



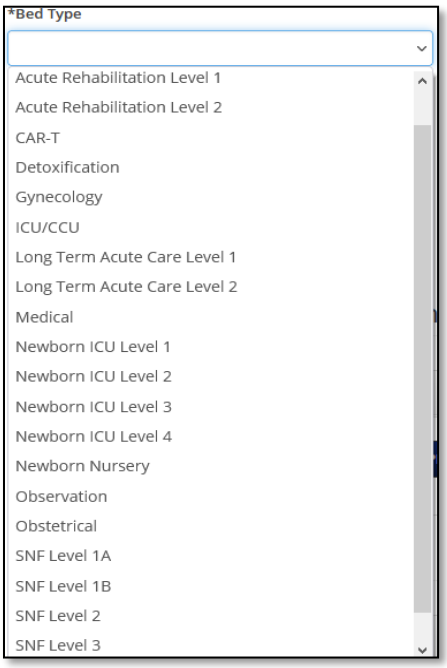
Step 5: Select the “Yes” radio button in the *Requesting Provider Same as Servicing Provider* field if the servicing and requesting provider are the same.

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

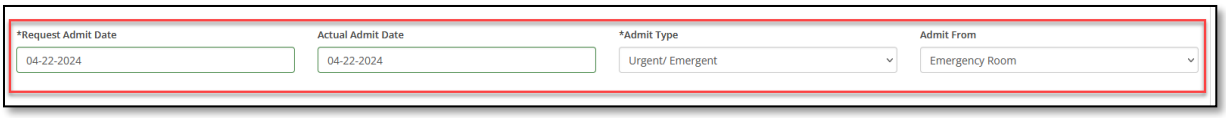
> **Note:** Values in step 6 are based on the member’s coverage and values displayed may be different.



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 Services Facility Payment Policy.

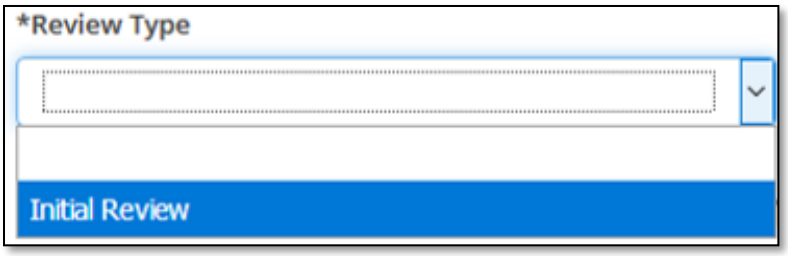
Step 7: Enter the *Request Admit Date* ("MM-DD-YYYY") and select the appropriate *Admit Type* and *Admit From* option from their respective dropdown menus.

> **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).

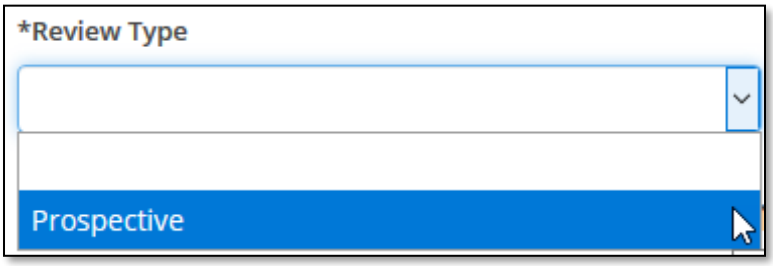


Step 8: Select the appropriate *Review Type* option from the dropdown menu (e.g., "Initial Review" for Inpatient Requests or "Prospective" for Service Requests).

Inpatient Requests:



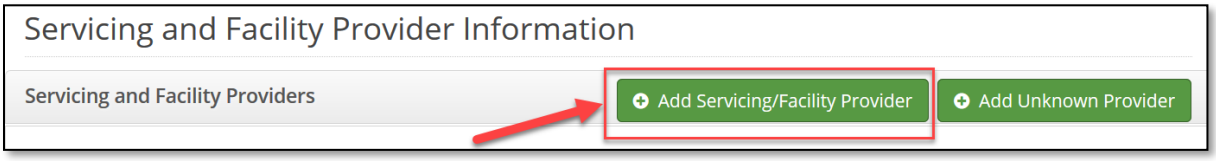
Service Requests:



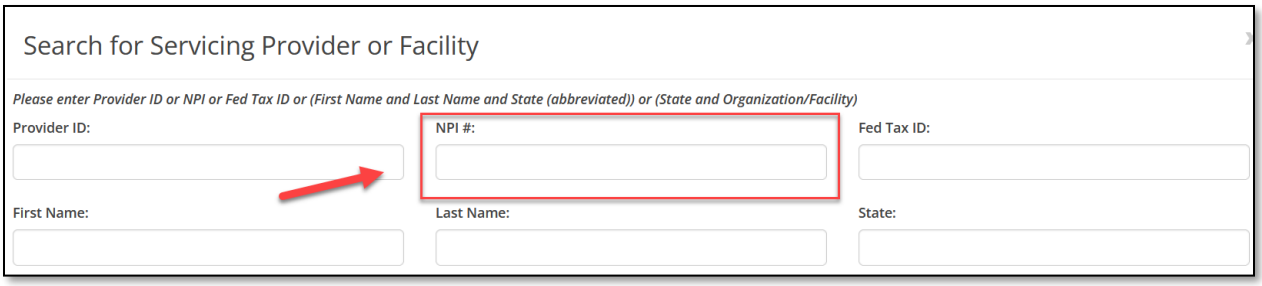
ADD SERVICING/FACILITY PROVIDER

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*.



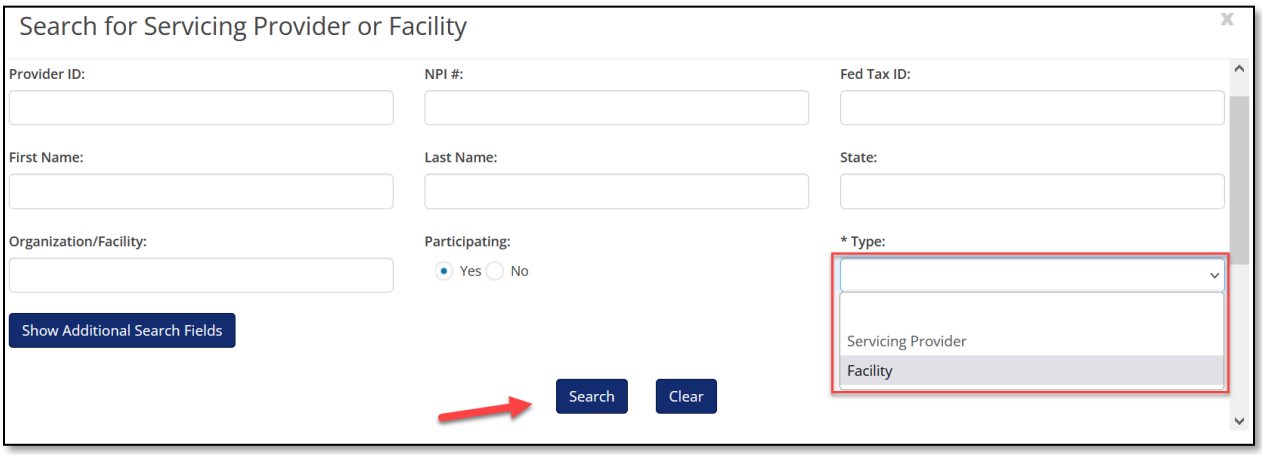
Step 2: *Search for Servicing provider and/or Facility* by entering the *Servicing/Facility Provider NPI.*



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

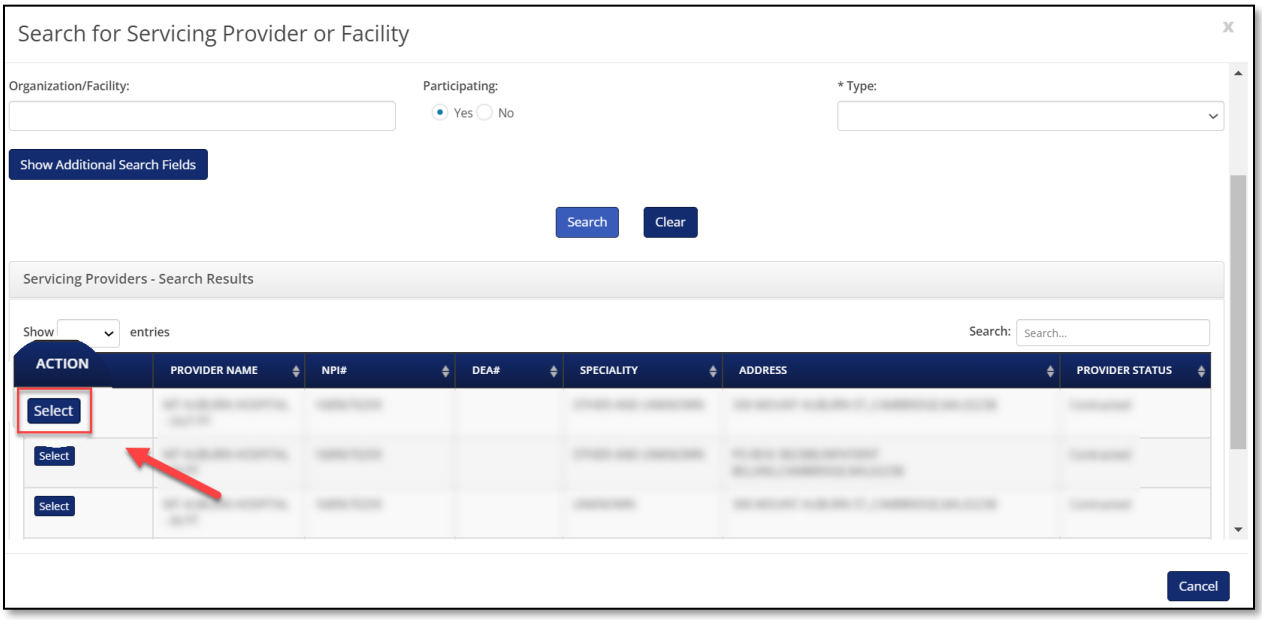
The search results display for *Servicing Provider or Facility.*

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



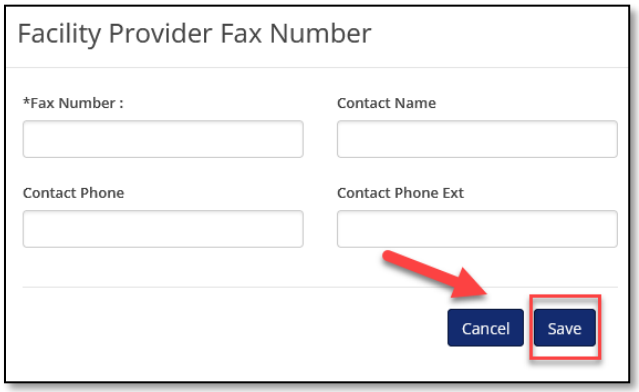
Note: Multiple results may display (e.g., more than one address for the same NPI).

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

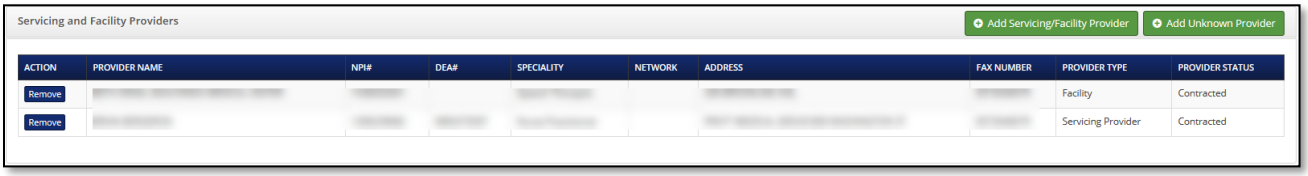


Step 5: Enter the *Servicing and/or Facility Provider’s Fax Number* and click “Save.”

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



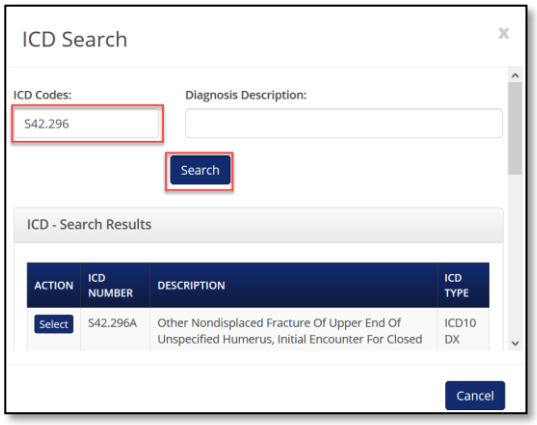
The *Servicing and Facility Providers* section will now be populated:



ADD DIAGNOSIS CODE

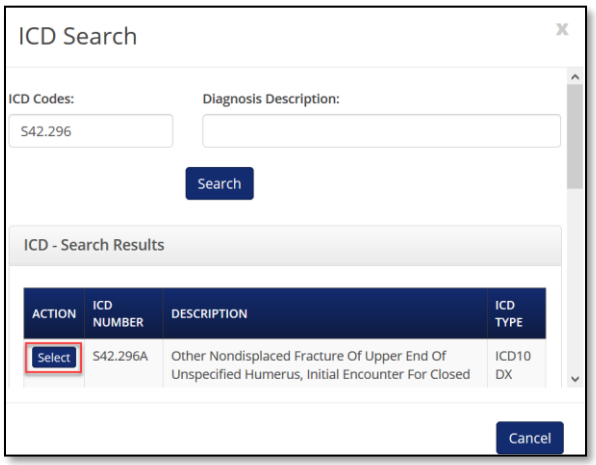
Step 1: Click "Add Primary Diagnosis."

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

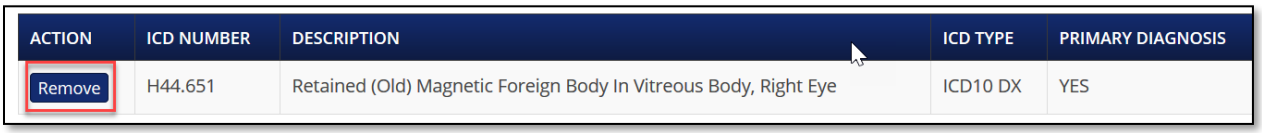


Note: All ICD Codes must be properly formatted (ex: E66.01, not E6601)

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



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

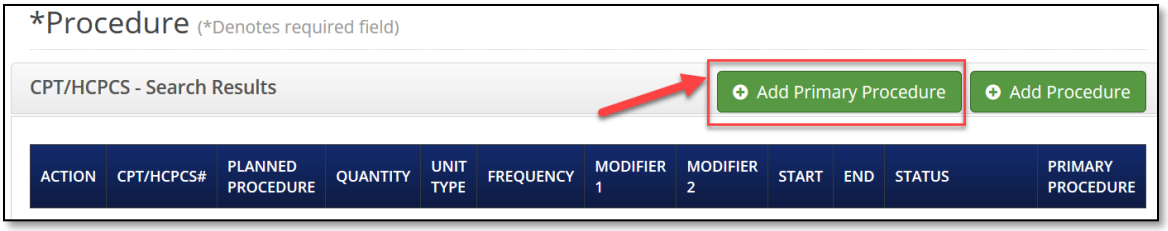


ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	PRIMARY DIAGNOSIS
Remove	H44.651	Retained (Old) Magnetic Foreign Body In Vitreous Body, Right Eye	ICD10 DX	YES

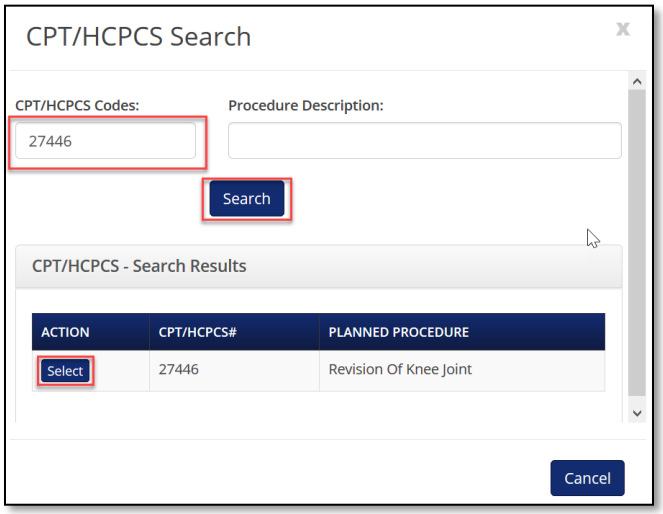
ADD PRIMARY PROCEDURE CODE

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.

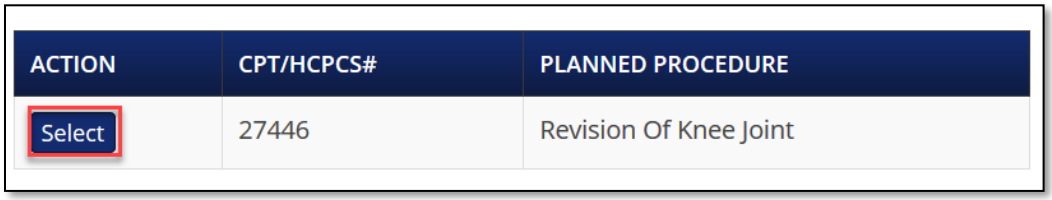
Step 1: Click “Add Primary Procedure” for inpatient requests or click “Add Procedure” for service requests.



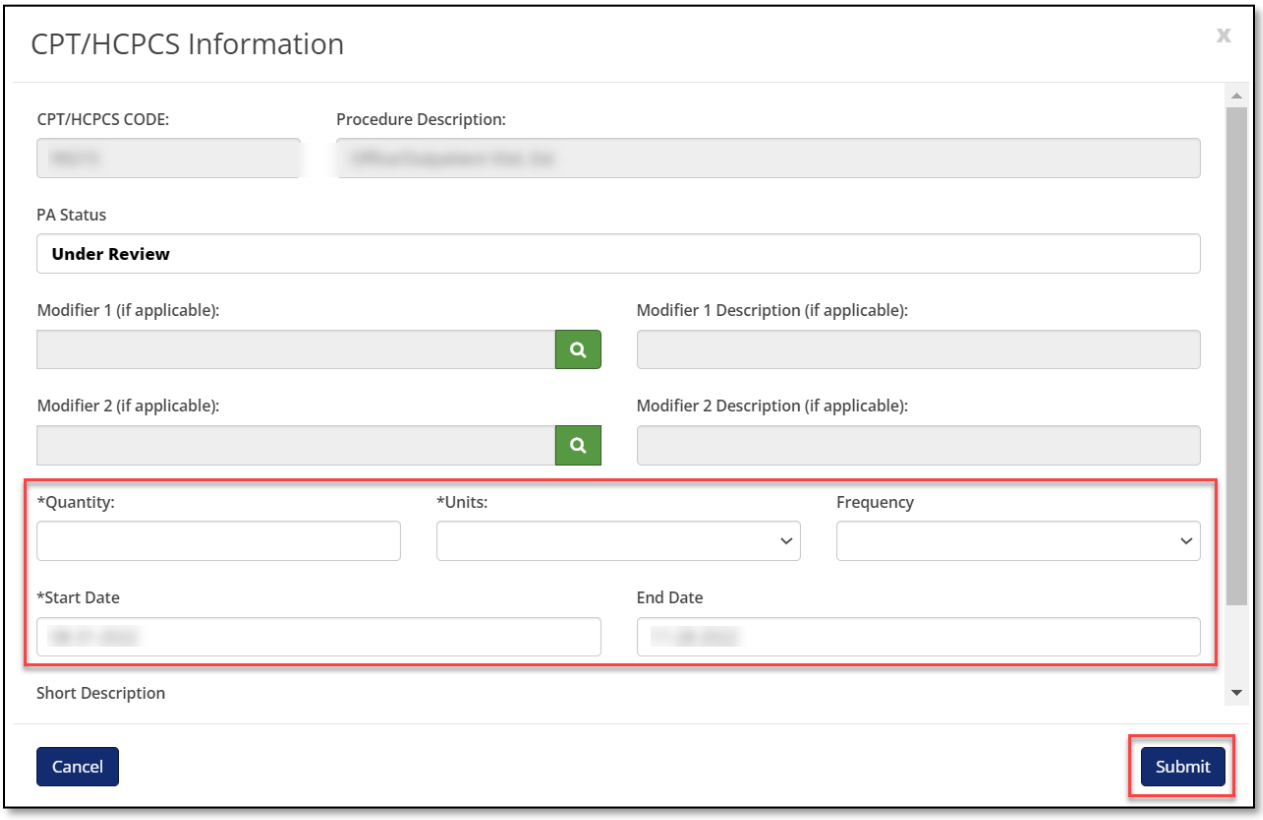
Step 2: Enter the procedure code or description in the *CPT/HCPCS Codes* field and click “Search.”



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

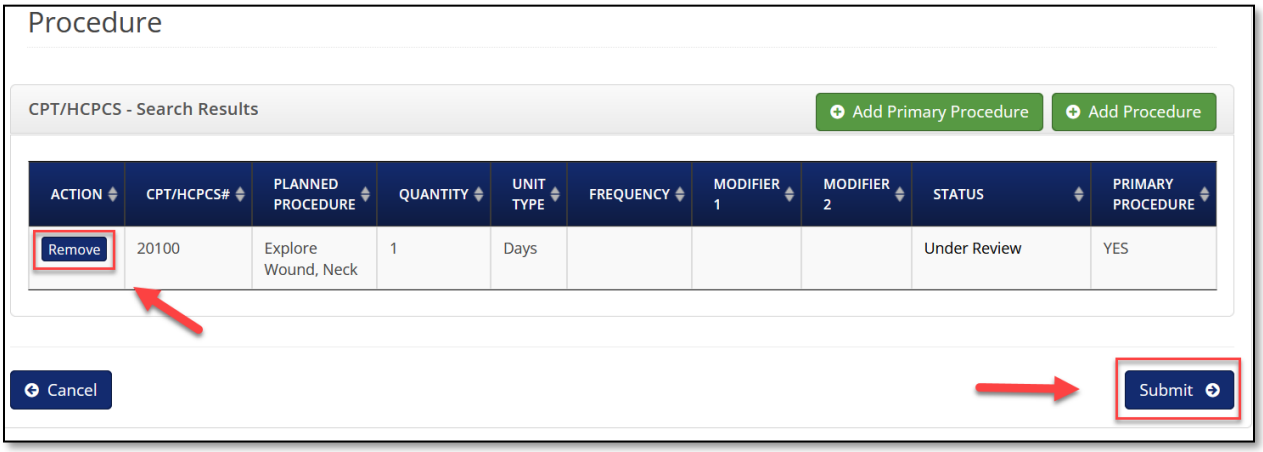


Step 4: Enter *Modifier (if applicable)*, *Quantity*, *Units, Start and End Date* then click "Submit" to continue.



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

Note: 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.



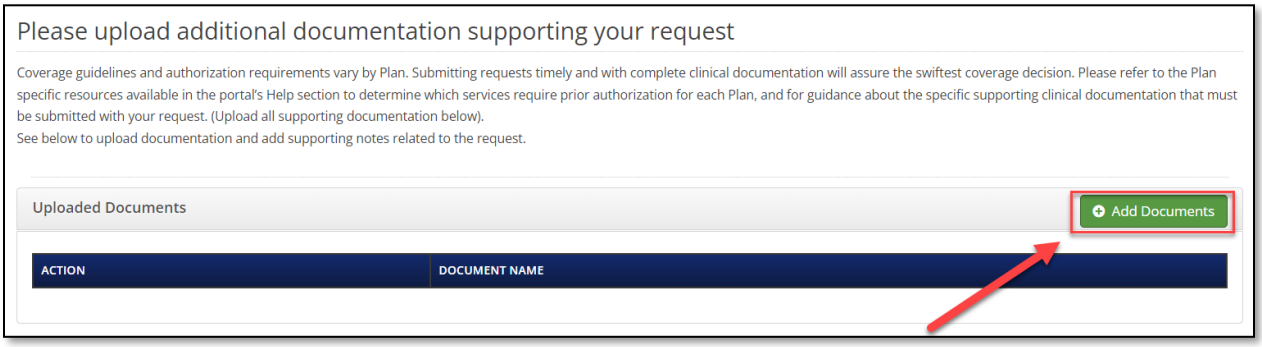
Note: If you are requesting an authorization for PT/OT/ST, Home Care or Inpatient Hospice and Respite, additional information may be required via an assessment. Refer to the section for Submitting Assessments.

ADD MEDICAL/CLINICAL DOCUMENTATION

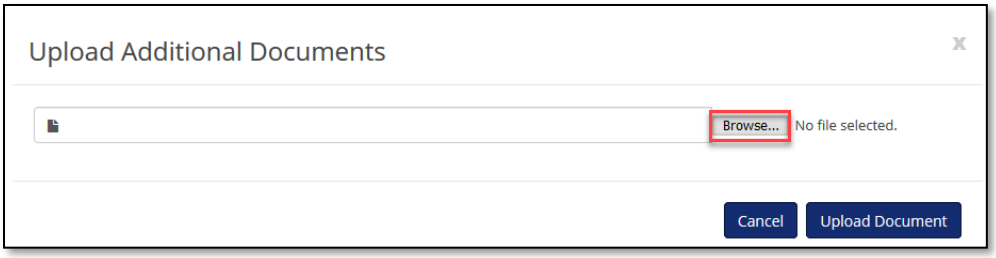
If your request auto cancels or auto approves, this screen will not display.

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

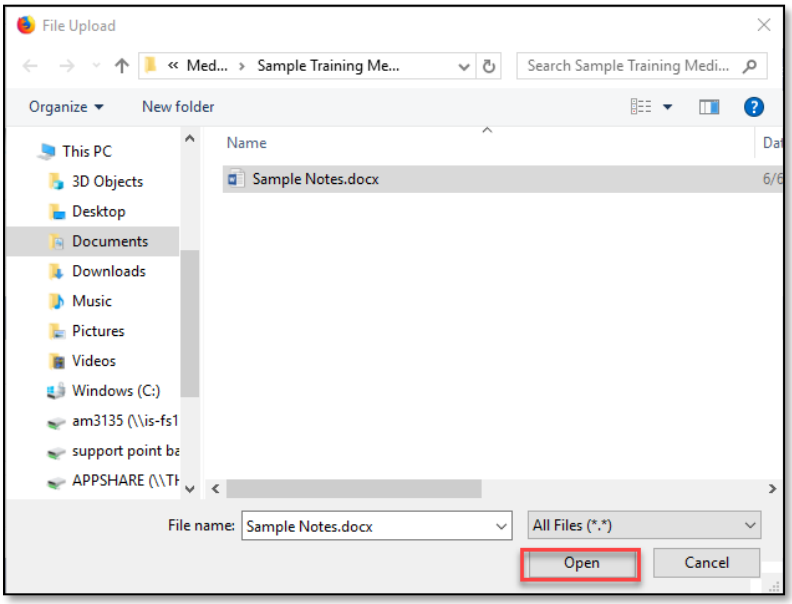
Note: In most circumstances, **clinical documentation is required to support the request**.



Step 2: Click "Browse."

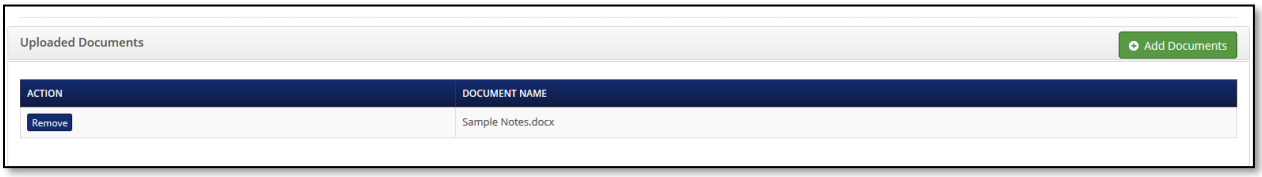


Step 3: Navigate to where the clinical documentation is saved on your computer and click "Open."

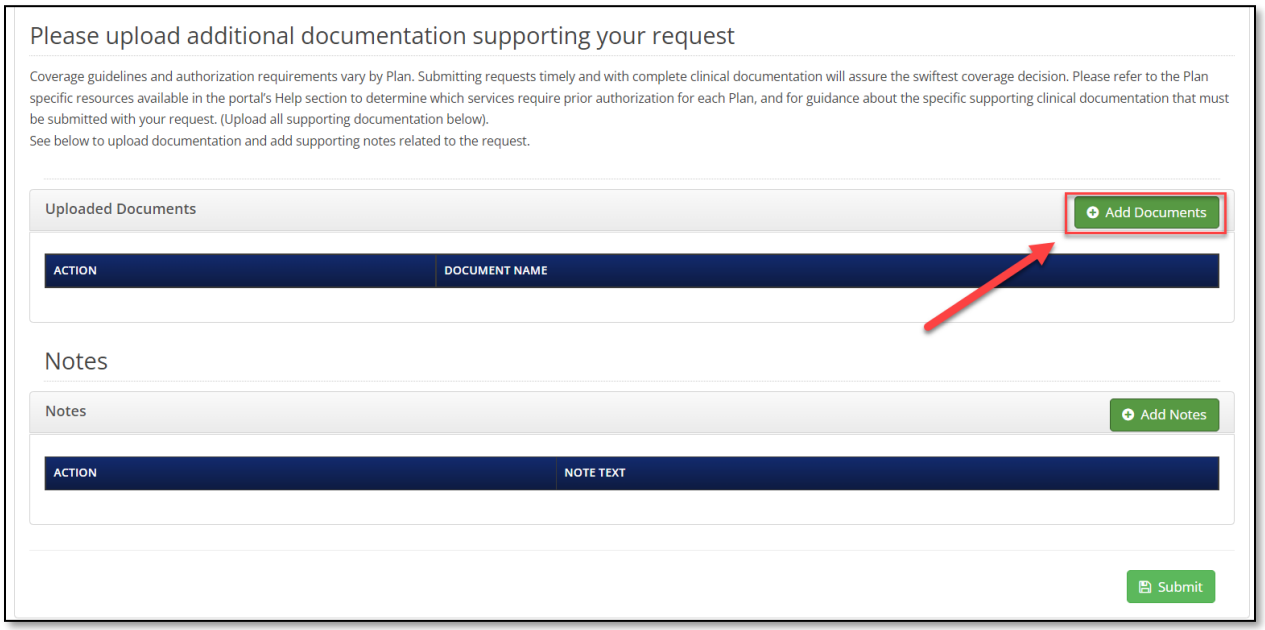


Step 4: Click “Upload Document” to add the attachment.

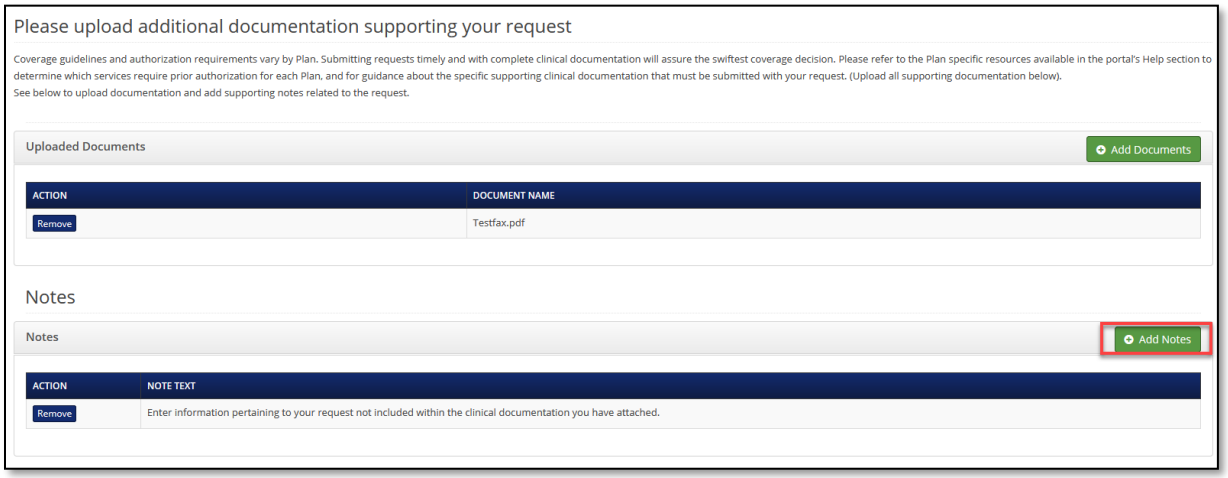
The *Uploaded Documents* screen is now populated:



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

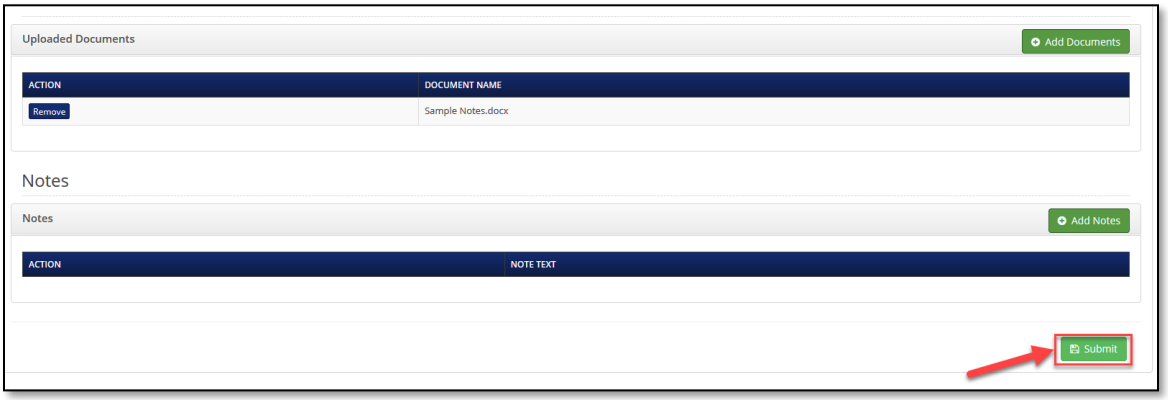


Step 6: Click “Add Notes” to add a note to the request.

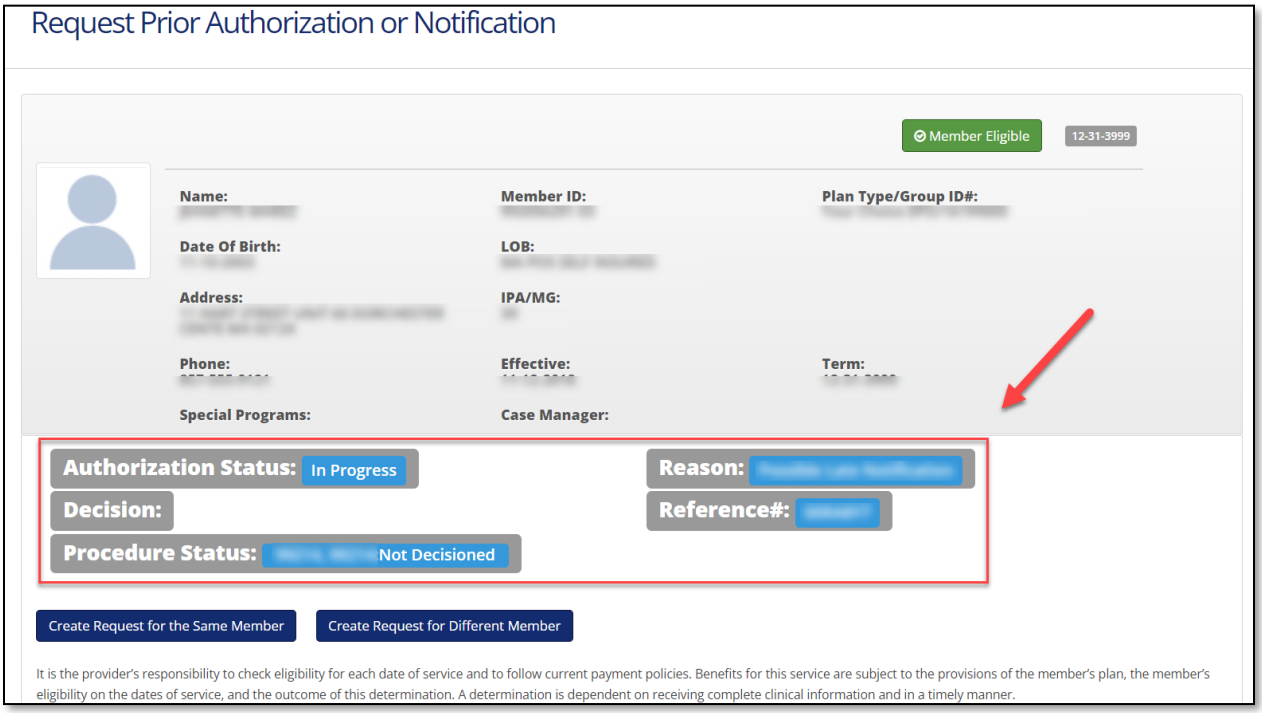


Step 7: The Note Text field will display, enter your note here and click “Add Notes” when your note is completed.

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



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



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.

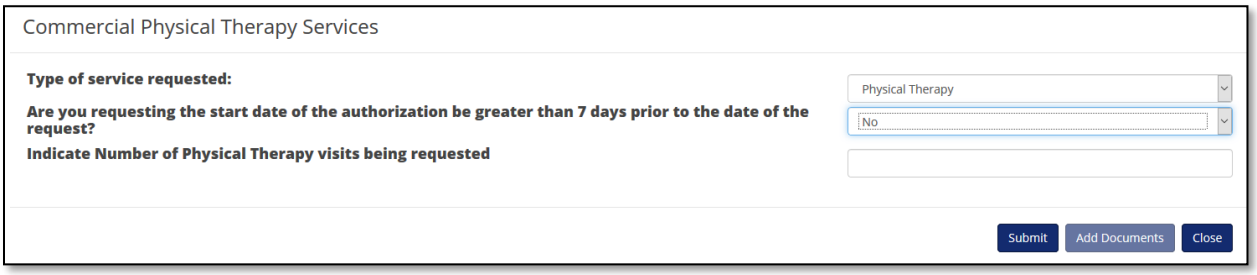
Step 1: Select “Physical Therapy,” “Occupational Therapy,” or “Speech Therapy” from the dropdown menu for the *Type of service requested* field.

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

INPATIENT HOSPICE AND RESPITE

If a Hospice or Respite procedure code is requested, the Comm Inpatient Hospice assessment screen displays. Depending on the clinical information from these assessments, requests may auto approve or pend for clinical review.

Step 1: Confirm if the member has previously received Inpatient Hospice or Respite Care with any provider.

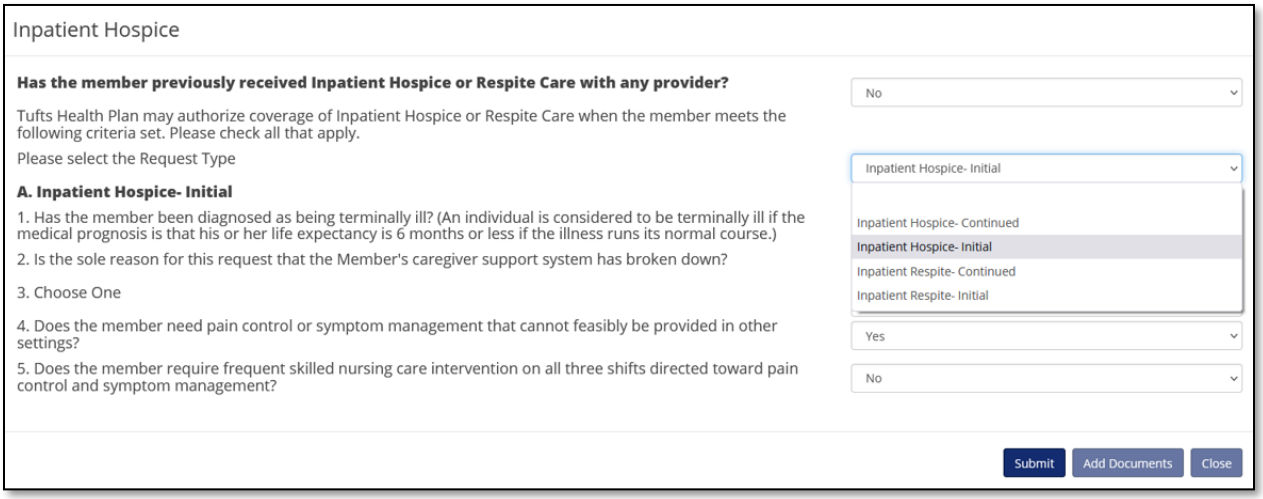
Step 2: Click “Request Type” and select “Initial” or “Continued” services.

Step 3: Complete any additional questions based on the type of service selected.

Step 4: Click “Submit” once assessment is completed.

Step 5: 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 Hospice and Palliative Care Services.

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:

Outpatient Habilitative Services for Physical Therapy, Occupational Therapy and Speech Therapy for Tufts Health Direct.

Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy for Tufts Health Together and Tufts Health RITogether.

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 6 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.

INPATIENT HOSPICE AND RESPITE

If a Hospice or Respite bed type is requested, the Inpatient Hospice assessment screen displays. Depending on the clinical information from these assessments, requests may auto approve or pend for clinical review.

Step 1: Confirm if the member has previously received Inpatient Hospice or Respite Care with any provider.

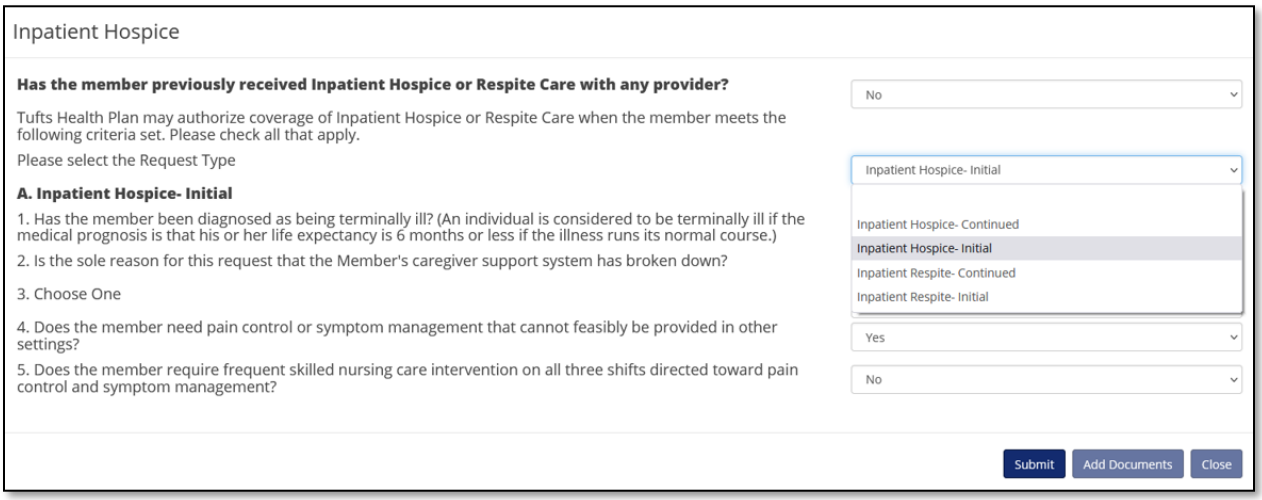
Step 2: Click “Request Type” and select “Initial” or “Continued” services.

Step 3: Complete any additional questions based on the type of service selected.

Step 4: Click “Submit” once assessment is completed.

Step 5: Click “Add Documents” to upload clinical documentation to support your request.

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



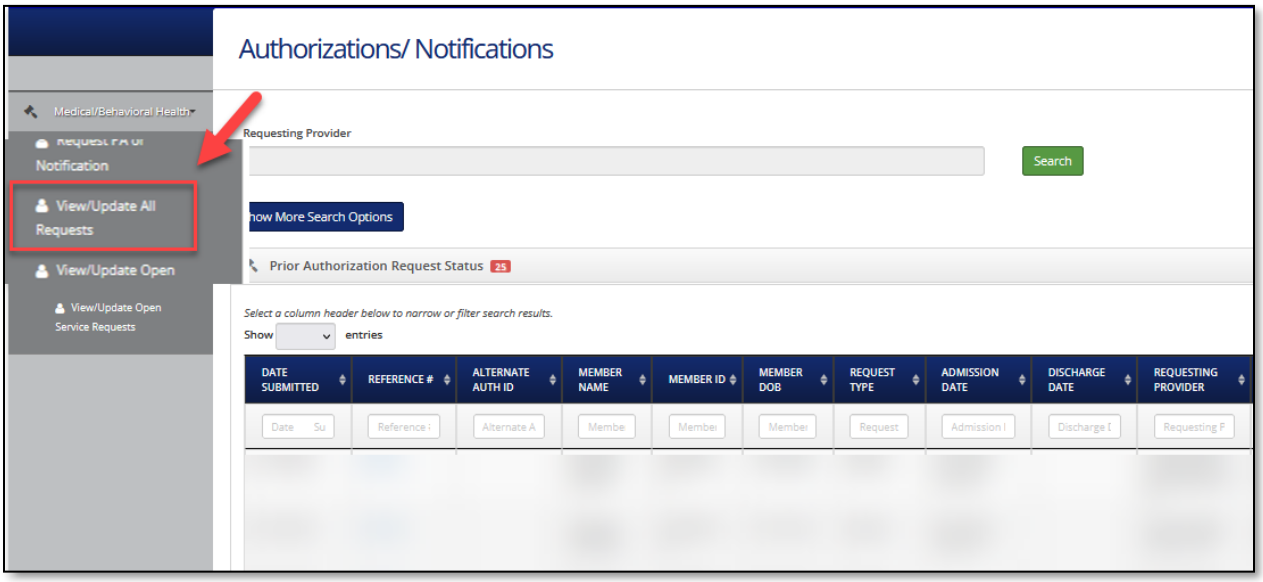
Note: For more information, refer to the medical necessity guidelines for Hospice Services for Tufts Health Direct, Tufts Health Together, Tufts Health RITogether and Tufts Health One Care.

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)

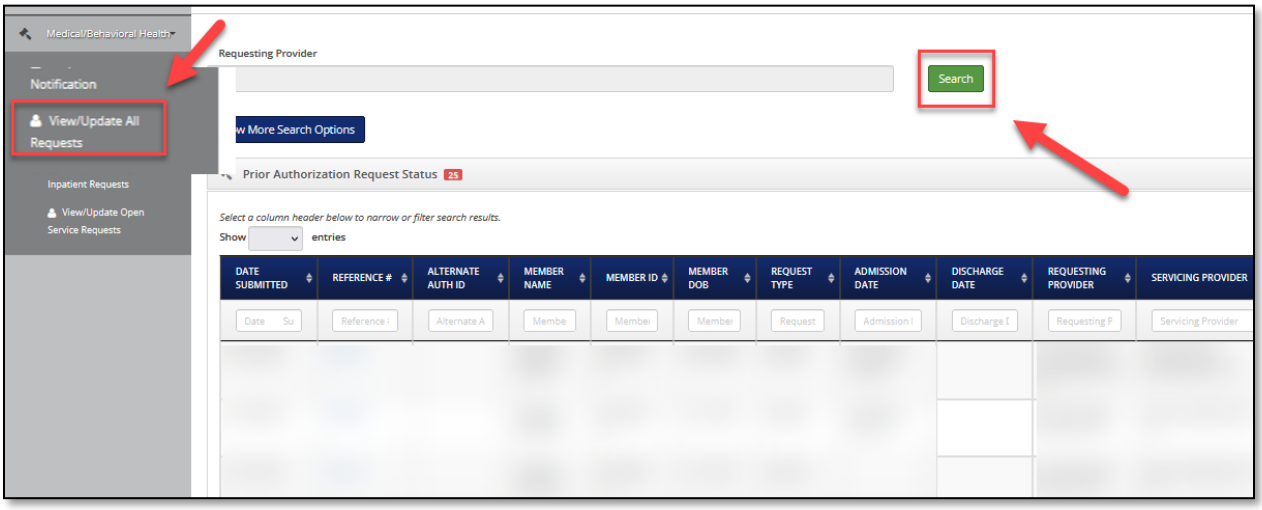
> **Note:** The last seven days of closed (completed/decisioned) cases and all Open events associated with the providers registered to the account will display. If the user has less than or exactly 20 provider IDs affiliated with their account, the user can further refine their search by selecting the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



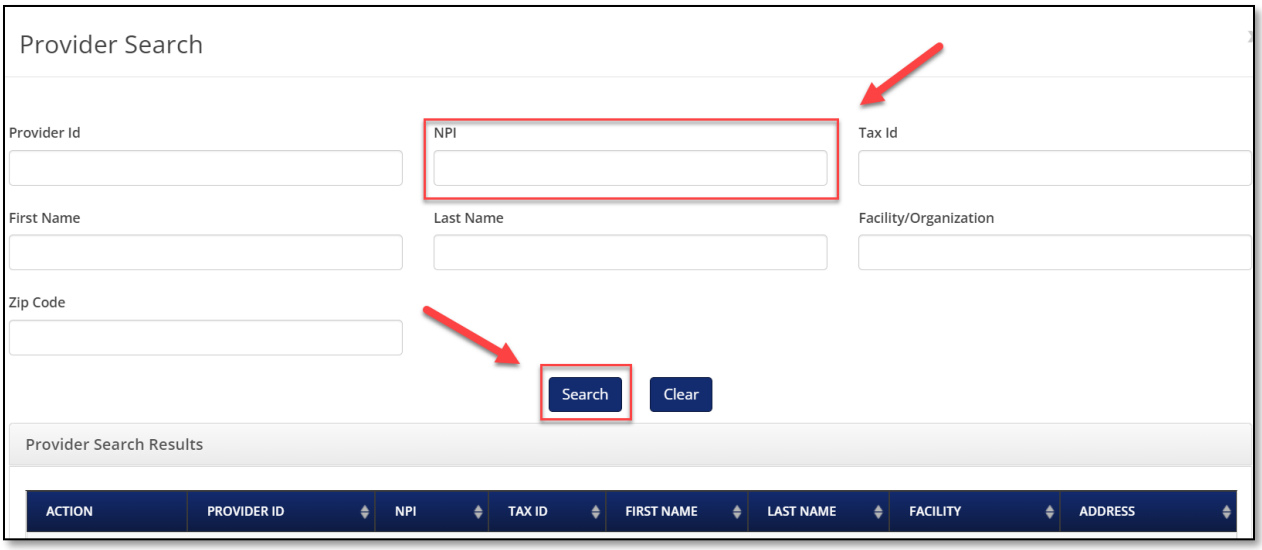
Option	Description
"Request PA or Notification"	Choose this option to initiate a request.
"View/Update All Requests"	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
"View/Update Open Inpatient Requests"	This option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

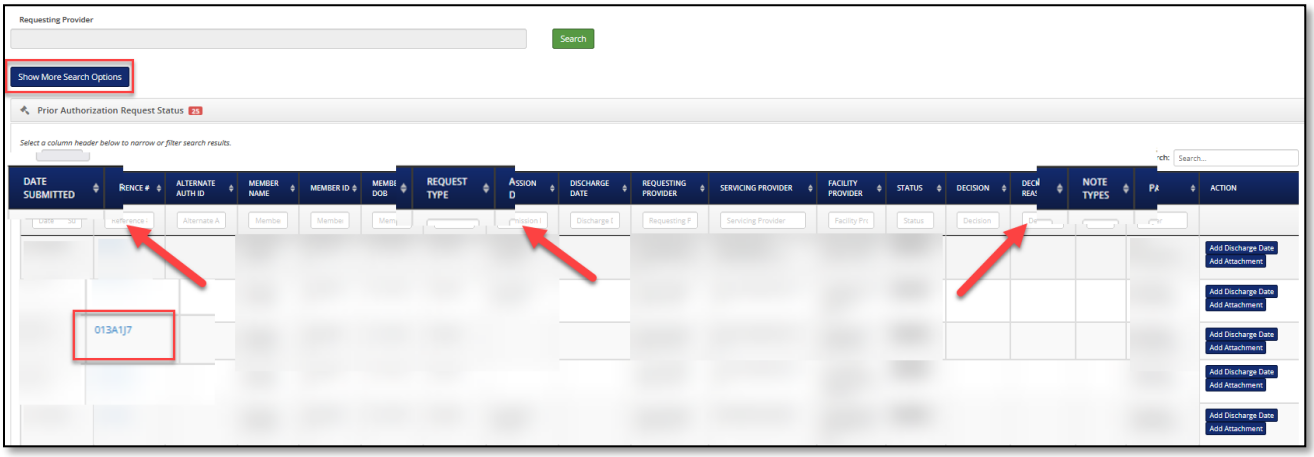
Step 1A (if applicable): Click the Search button next to the Requesting Provider field.



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



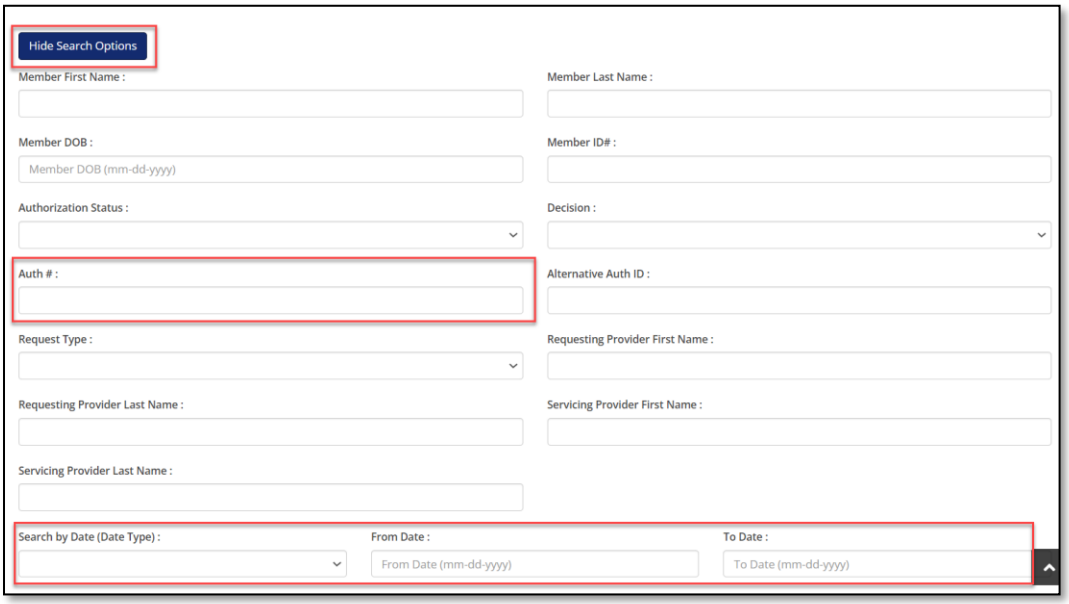
Step 2: Utilize *Show More Search Options* below to enhance your search:



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.

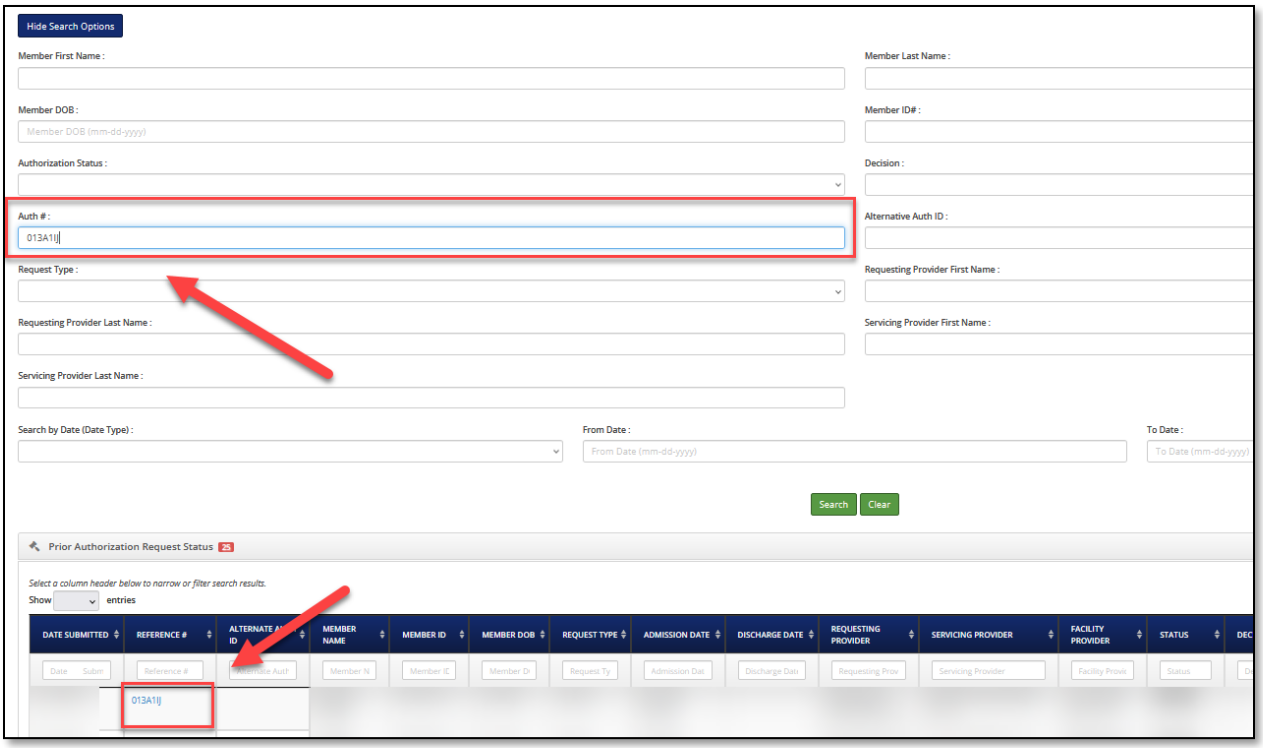
- “Show entries” can display up to 100 records at a time.
- Type in free text field to search for any information listed in columns below – date, request type, etc.
- Use down arrows in column headers to sort your search.
- Type in column filters to search by date, request type, etc.

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

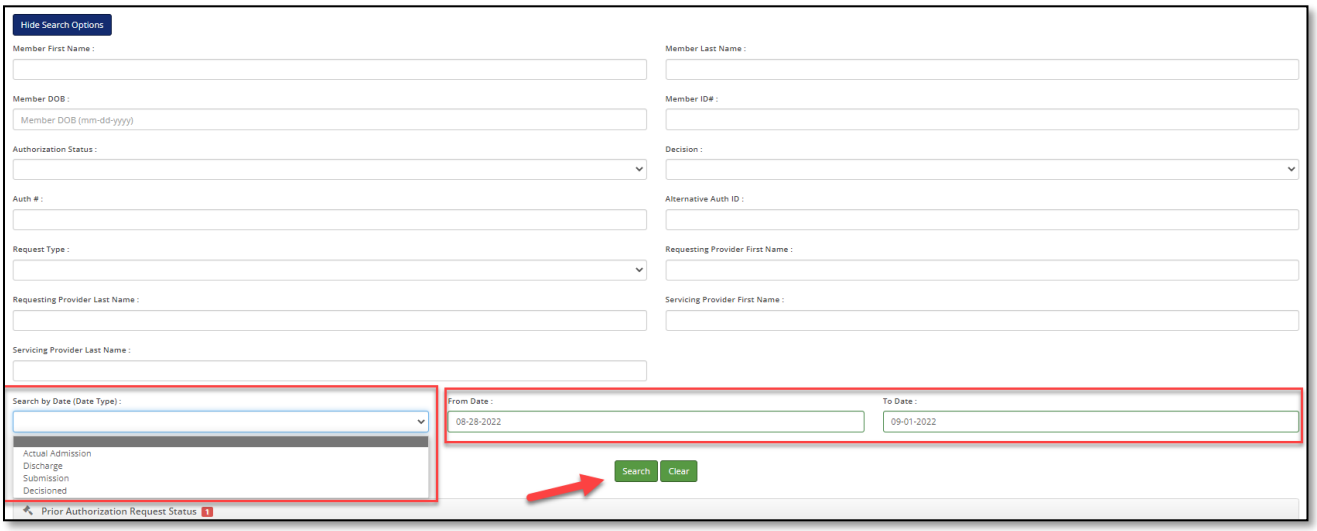


Note: To return to the previous page, click “Hide Search Options.”

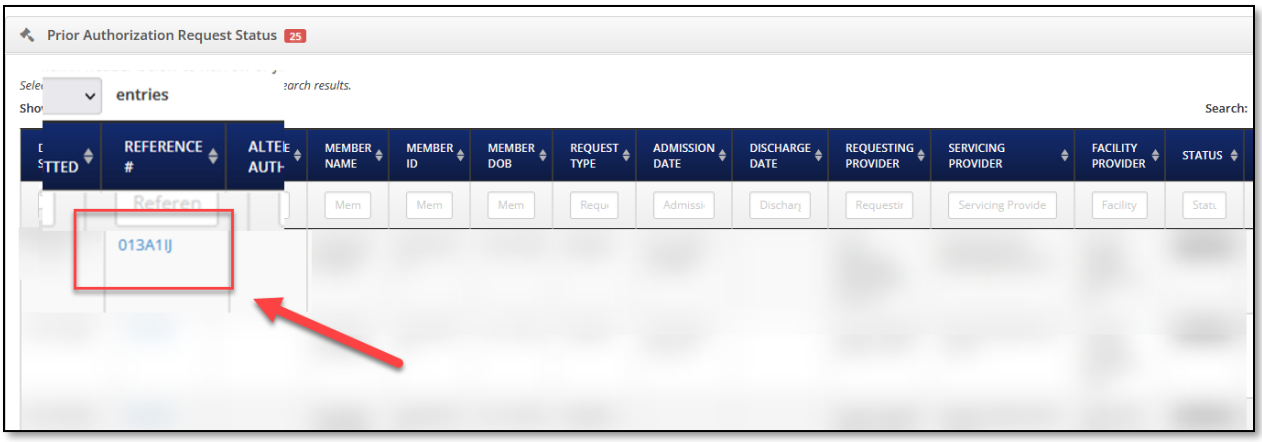
To search by authorization number, please enter the authorization number in the Auth # field then click search:



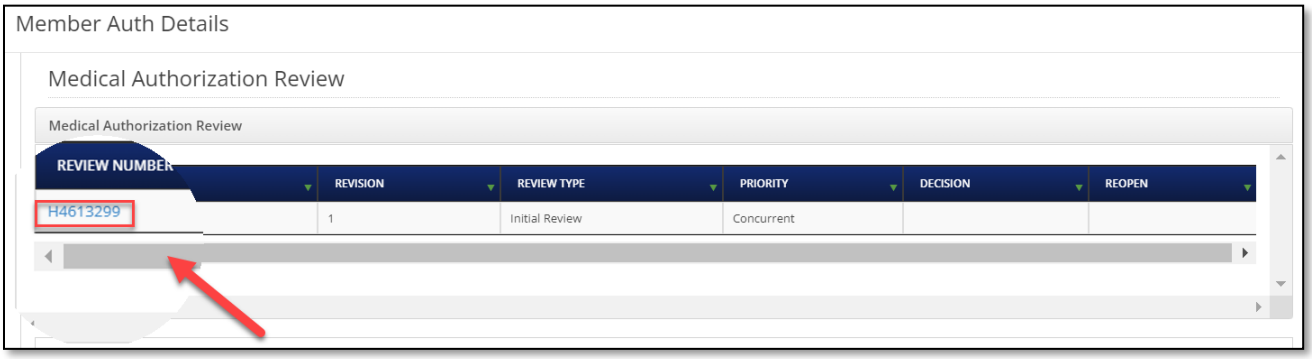
To search by date, please select the appropriate *Date Type*, enter start and end dates, then click search.



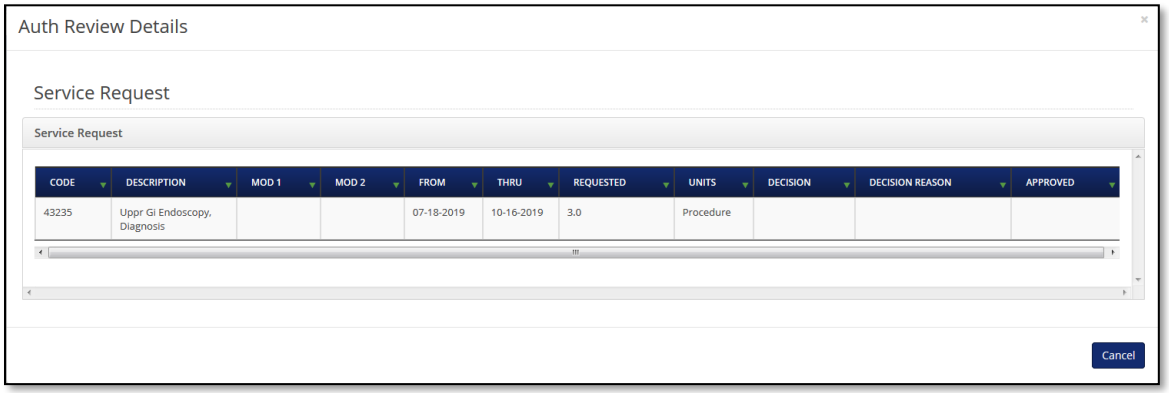
Step 3: Click the Reference # in the *Reference #* column to view additional details on the Prior Authorization or Inpatient Notification.



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

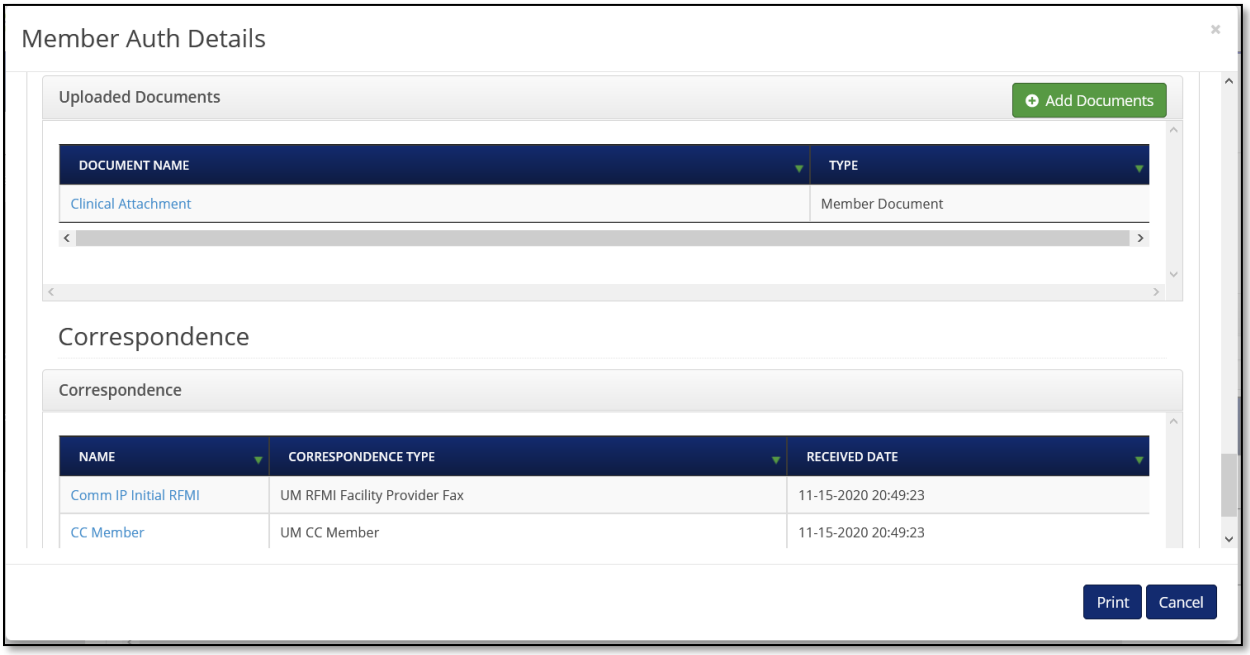


The *Auth Review Details* screen displays:



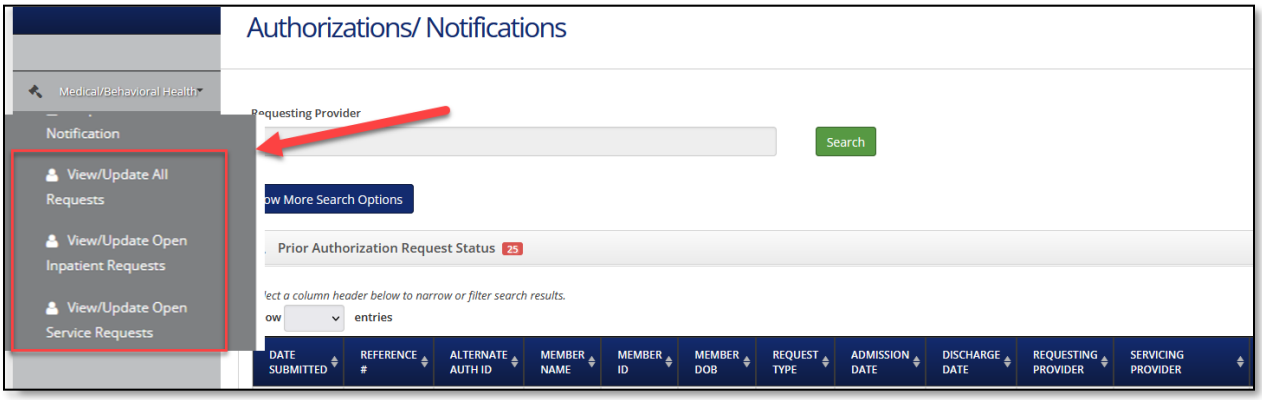
Note: Click “Cancel” to return to the Member Auth Details Screen.

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.



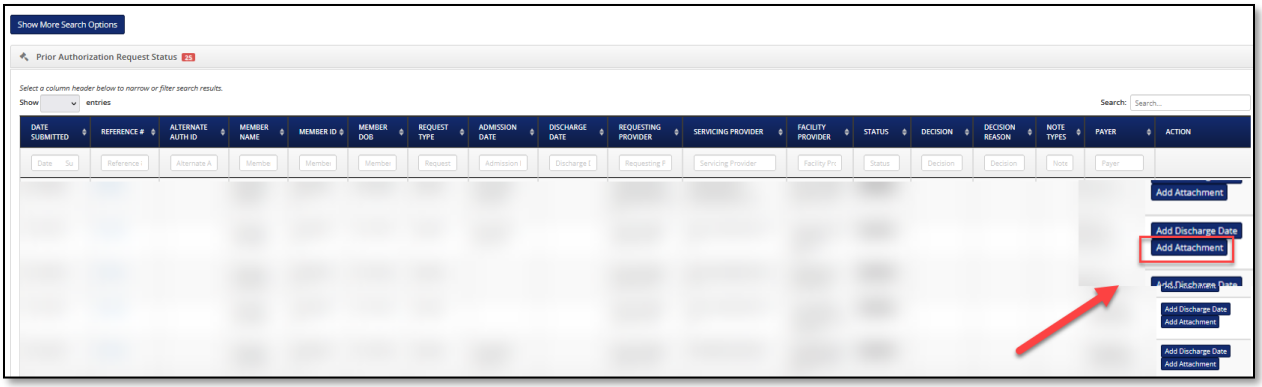
ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

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.

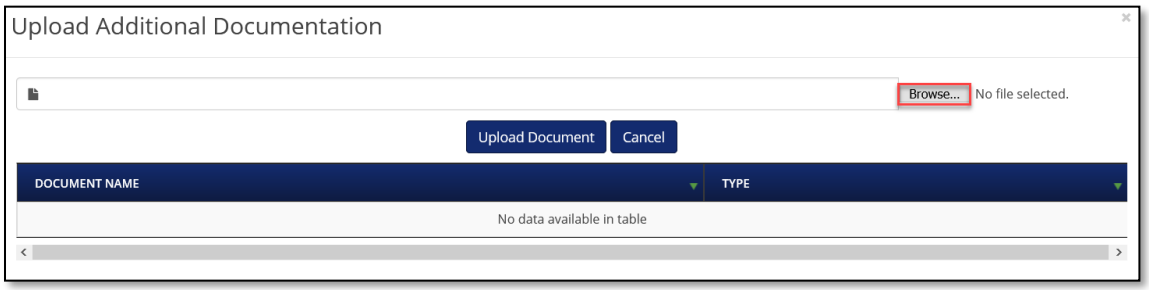


Step 2: After locating the existing request, click “Add Attachment” in the *Action* column.

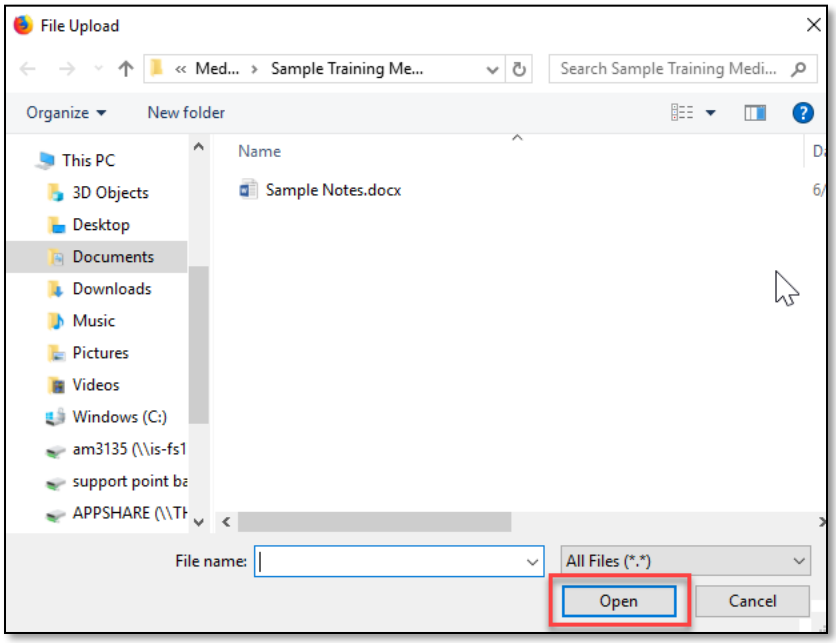
Note: Attachments should only be added to requests that are still In Progress



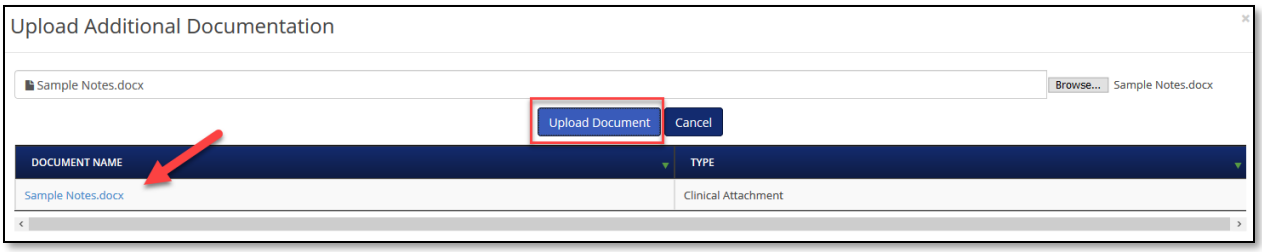
Step 3: Click “Browse.”



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

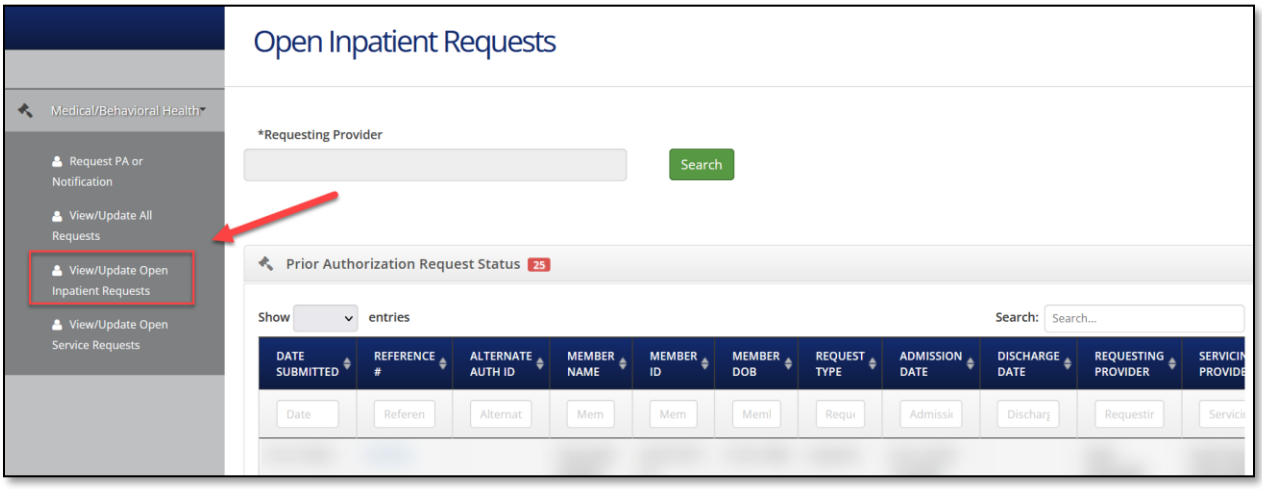


Step 5: Click “Upload Document.”

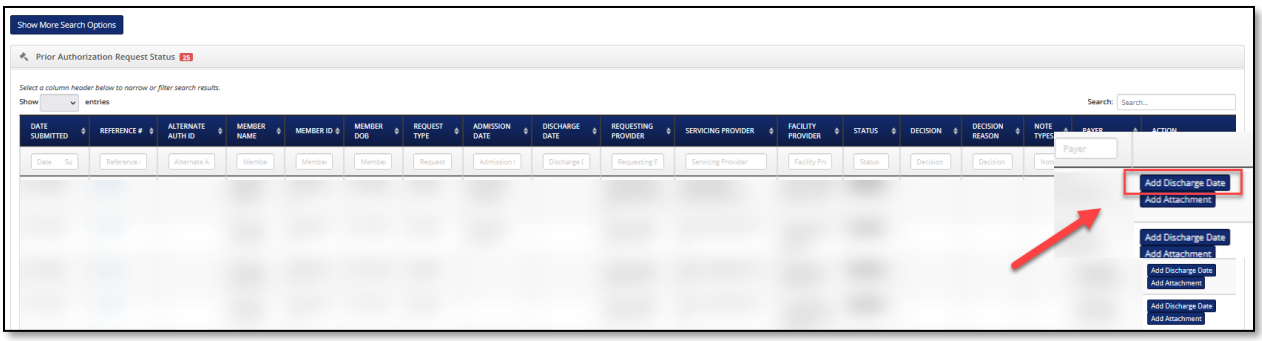


ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

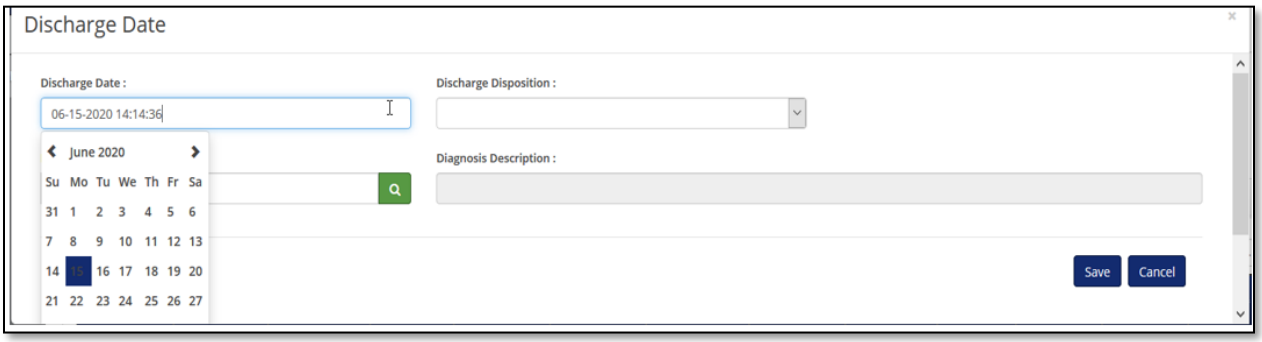
Step 1: Discharge dates can be updated by selecting either the "View/Update Open Inpatient Requests" or "View/Update All Requests" subsections on the left-hand navigation bar.



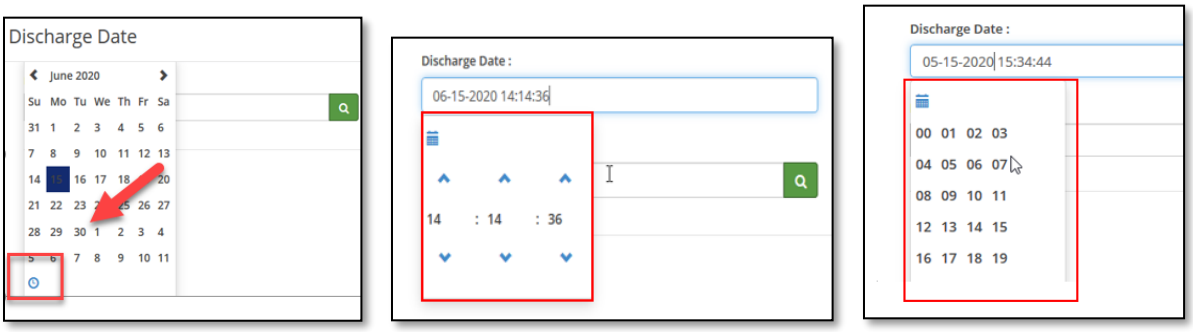
Step 2: From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click "Add Discharge Date" in the *Action* column.



The *Discharge Date* screen displays:

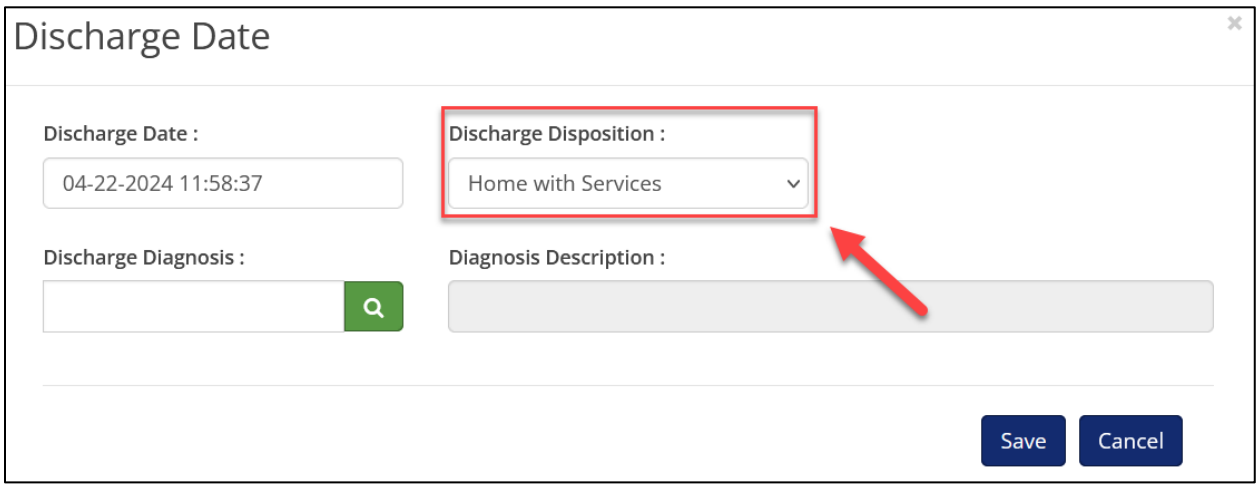


Step 3: Choose the appropriate *Discharge Date* and click the “clock icon” to enter the time of discharge.

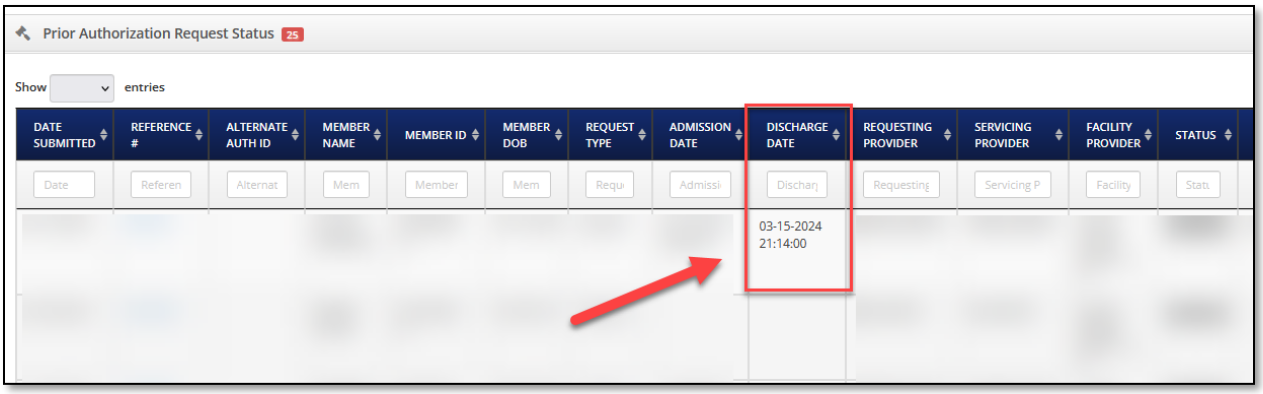


Note: The submitter can click or use the arrows for the hour, minute, or second fields and the discharge time will display in military time.

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



The following screen displays with the discharge date and time:



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