

a Point32Health company

# Secure Provider Portal User Guide

# For all Tufts Health Plan's products

- For instructions on the MHK Medical Management System, refer to the MHK Portal User Guide (Commercial, Tufts Health Public Plans, Tufts Medicare Preferred).
- For instructions on Behavioral Health Authorizations, refer to the <u>Behavioral Health and Substance</u> <u>Use Disorder MHK Portal User Guide</u> (for Commercial and Tufts Medicare Preferred Plans).
- User Guides are posted under Tufts Health Plan Guides and Resources in the Provider Training Guides section of the provider website.



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# **New User Registration**

## **Registration Instructions**

Determine the type of registration you need to complete. To add an additional provider or providers to your existing account, click "I need additional access" or to register a new account, click "Continue with registration."

#### You will need the following information to add additional providers or create a new account:

- NPI (National Provider Identification)
- · One of the following:
  - Tax ID number (group registrations)
  - Social Security Number (individual registrations)
- · Information from two recent claims submitted by the provider

#### Select Your Role

If you are registering to be the Senior Access Administrator (SAA) of the NPI entered, and there is already an NPI in place, you must select "Replace current SAA" or "Cancel to start over" and select a different role.

#### Are you registering as the provider or on behalf of the provider?

If you are registering as the provider, select "Provider"

· You will need to enter the last four digits of your SSN or your TIN

If you are registering on behalf of the provider, select "On behalf of provider"

- · You will need to provide one of the following to continue:
  - Last four digits of the provider's SSN
  - The provider's TIN
  - Information from two recent claims submitted to THP by the provider
- If you are the provider, you will need to answer security questions to validate your identity. Once you complete the questions correctly, you will be able to access the secure Provider portal.
- If you are registering on behalf of the provider, you will be required to list the provider's email address. An email
  will be sent to the provider requesting that he/she approve or reject your request. The provider will also be asked
  to answer security information to validate his or her identity. If the request is approved, you will receive an email
  indicating you may now access the secure Provider portal.

## **Roles Defined**

- Senior Access Administrator (SAA) can create and modify accounts for Access Administrators (AAs) and/or Authorized Users (AUs).
- Access Administrator (AA) is authorized by the SAA to grant authorized users access to their Tufts Health Plan Secure Provider portal account. The AA may create and modify accounts for AUs.
- Authorized User (AU) is created by a SAA or AA to use functionality on the Tufts Health Plan Secure Provider portal.



## Registering

**Step 1:** From a Mozilla Firefox or Google Chrome web browser, enter: <u>https://providers.tufts-health.com/thp/portal/</u><u>providers/login</u>.

The following screen displays:

|    |  | Contact Us   Login |
|----|--|--------------------|
|    |  |                    |
| Pr | ovider Portal Account Login              |                    |
|    | Forgot?                                  |                    |
|    | Password Forgot?                         |                    |
|    |  |                    |
|    | Don't have an account yet? Register Here |                    |

#### Step 2: Click "Register Here"

Step 3: Enter "National Provider ID" and click "Continue with Registration."

| Provider Portal Registration   | i i i i i i i i i i i i i i i i i i i   |
|--|---|
| 8  |   |
| Need Additional Access?  | First Time Registration   |
| If you are already registered, but need additional<br>access, click below. | If you would like to register for an account, please enter<br>an NPI below to start the registration process. |
| I NEED ADDITIONAL ACCESS<br>BACK   | National Provider ID<br>123456789<br>CONTINUE WITH REGISTRATION   |

Step 4: Select the appropriate Registration NPI or Provider Group.

| R                         | egistration: Requested Level   |
|---------------------------|--|
| Ple                       | ase select the level of registration you are requesting.   |
| Ple<br>the<br>Adi<br>ass  | ase note: If you intend to obtain Senior Access Administration rights for only<br>NPI you entered, select the NPI radio button below. To obtain Senior Access<br>ministration rights for all of the NPIs included in the provider group that is<br>ociated with the NPI you entered, select the Provider Group radio button. |
| 0                         | NPI:   |
| 0                         | Provider Group(s):   |
| * A<br>sele<br>ond<br>acc | Iready registered. One or more providers in the provider organization you<br>steted already has a registered Senior Access Account (SAA). Please note that<br>se you complete your registration, the current SAA will no longer be able to<br>ess this provider's information through the secure provider portal.            |
| С                         |  |



#### **Step 5:** Select the appropriate option to continue.

| Registration: Who is Registering?   |
|---|
| Are you the Provider, or are you creating a Senior Access Administrator account on behalf of the<br>Provider? |
| NPI:  |
| I am the Provider     On behalf of the Provider   |
|   |

Step 6: Select "Account Creation Path" and click "Start."

| Please select an account creatio<br>) will be required to complete | n path below. Please note that an email addres | er for |
|--|--|--------|
|  | the account creation process.                  | ssion  |
| Validate with SSN  | START  |        |
| Validate with CLAIMS   | START  |        |

Step 7: Enter "Last 4 Digits of SSN" and click "Continue."

| Registrat            | ion: SSN V<br>ast four-digits of his o | alidation |
|----------------------|--|-----------|
| NPI:                 | C                                      | 5         |
| Last 4 Digits of SSM | 4                                      |           |
| GO BACK              | CONTINUE                               |           |
|                      |  |           |



# Logging In

**Step 1:** From a Mozilla Firefox or Google Chrome web browser, enter: <u>https://providers.tufts-health.com/thp/portal/</u><u>providers/login</u>.

The following screen displays:

| TUFTS<br>Health Plan |  | Contact Us   Login |
|----------------------|--|--------------------|
|                      |  |                    |
| Pr                   | ovider Portal Account Login              |                    |
|                      | Username<br>Forgot?<br>Password          |                    |
|                      | LOGIN                                    |                    |
|                      | Don't have an account yet? Register Here |                    |
|                      |  |                    |

Step 2: Enter "Username" and "Password," then click "Login."

The following screen displays:





# **Access Management**

Access management allows administrators to distribute access and manage user permissions.

#### **To Use Access Management**

Step 1: Click the "Access Management" tab.



Step 2: Click "Search by Providers."

Step 3: Type "Provider ID" and click "Search" to continue.

| lize the Access Management section<br>Iministrators and Access Administrator<br>d add new users as needed. Search t<br>ovider to see a full list of users for eac | to manage user access. With this tool, Senior Acces<br>is can locate and update access rights for all existin<br>y user details such as user name and email addres<br>h provider. | SS Frequently Asked Questions<br>Can I update more than one user at a<br>time?<br>How do I access the users I manage?<br>How do I find users with access to a<br>certain provider? |
|---|---|--|
| SEARCH BY USERS SEARC   | CH BY PROVIDERS APPLY BULK UPDATES  | S INACTIVE USERS (182)   |
| Full Name   | Provider ID   | Pending Approvals  |
|   |   |  |



| Provider Name     | Entity ID  | Reg. As | Status    | Tufts Health<br>Plan Status |
|-------------------|--|---------|-----------|-----------------------------|
| the second second |  | NPI     | Activated | Active                      |
|                   | and the second sec | NPI     | Activated | Active                      |
| w 10 entries      | Previous 1   | Next    |           |                             |

7



| Jsers<br>Showing 10 out of 131 resu | ults.    | Email                     |                  | - Pole  | Pending     |
|-------------------------------------|----------|---------------------------|------------------|---------|-------------|
| Name                                | Username | Email                     |                  | • Kole  | Approval(s) |
|                                     |          |                           |                  |         |             |
|                                     |          |                           |                  |         |             |
|                                     |          |                           |                  |         |             |
|                                     |          |                           |                  |         |             |
|                                     |          |                           |                  |         |             |
|                                     |          |                           |                  |         |             |
|                                     | Don't    | see who you're looking fo | or? Add New User |         |             |
| Show 10 🗸 entrie                    | es       | Previous 1 2              | 3 4 5            | 14 Next |             |
|                                     |          |                           |                  |         |             |

Step 5: From the search results screen, click the appropriate user to view additional details.

Step 6: From here the administrator can unlock the account, reset passwords, etc.

#### **Resetting a User Password**

Step 1: From the User Details screen, click "Reset Password."

| User Details   |            |           | Unlock Account   |
|----------------|------------|-----------|------------------|
| Username       | First Name | Last Name | Reset Password   |
|                |            |           | Edit User Detail |
| Email          | Phone      | Fax       | Luit osti beam   |
|                |            | · · ·     |                  |
| Account Status |            |           |                  |
| Active         |            |           |                  |

Step 2: User can proceed to email on file to complete password reset steps.

| User Details<br>Username | First Name  | Last Name              | Unlock Account<br>Reset Password<br>Email Username<br>Edit User Detail |
|--------------------------|---|------------------------|--|
| Email                    | Reset Password  |                        | X  |
| Account Status<br>Active | Temporary Password has been s<br>Your temporary password is | uccessfully emailed to | ~  |

## **Email Username**

**Step 1:** If the Administrator wants to retrieve one of their User's emails ("User Name"), from the User Details screen, click "Email Username."

| Return to Search         |            |           |                                  |
|--------------------------|------------|-----------|----------------------------------|
| User Details             |            |           | Unlock Account                   |
| Username                 | First Name | Last Name | Reset Password<br>Email Username |
| Email                    | Phone      | Fax       | Edit User Detail                 |
| Account Status<br>Active |            |           |                                  |



#### Step 2: User can proceed to email on file to retrieve username.



## **Provider Directory Attestation for Facilities**

Provider directories are an important resource for health care consumers, who utilize them to select providers, make appointments, and access care. Consistent with the No Surprises Act of 2021, Tufts Health Plan requests that providers revalidate their demographic information every 90 days to ensure accuracy of the Provider Directory. Failure to review and update demographic information at least quarterly may result in directory suppression until such information is validated.

Individual practitioners provide this updated data through a vendor, CAQH. However, CAQH's process does not support non-individuals, such as facilities.

The following Provider Portal screens allow facilities to provide Tufts Health Plan with information critical to the provider directory (e.g., hours of operation, phone numbers, languages spoken by staff, telehealth options). They also offer the user a mechanism to review and confirm this information at a minimum of every 90 days, to help ensure that information in the provider directories is accurate.

#### Accessing the "Provider Directory Attestation" Link

This link will be visible on the homepage to Senior Access Administrators (SAAs) who have at least one facility NPI under their online account.

| a Point3 | TUFTS<br>Health Plan                          |                                |   |  |  | Go to tuftshealthplan.com           | Contact Us Log Out  |
|----------|---|--------------------------------|---|--|--|-------------------------------------|---|
| ELIGI    | BILITY & BENEFITS                             | CLAIMS                         | REFERRALS   | AUTHORIZATIONS   | NOTIFICATIONS                                    | BEHAVIORAL HEALTH                   | RESOURCES   |
|          | Point32<br>Insig                              | 2Heal<br>ght:<br>Prov          | <sup>th</sup><br>s an<br>vide                     | d Upd<br>rs  | lates  |                                     | Membership Report<br>Reporting Tools<br>Cape Cod Healthcare Referral<br>Exception Form<br>Patient Health (Public Plans) |
|          | Be sure to refer to t<br>the Inpatient Hospit | the April issu<br>al Admission | Provide<br>ie of Insights and<br>ns Payment Polic | r Update – April 2025<br>d Updates for Providers f<br>zy and LP-1 weight mana<br>April 1, 2025 | or the latest news, incl<br>gement medication co | uding updates to<br>verage changes. | Provider Directory Attestation  |

Step 1: Click the "Provider Directory Attestation" link



## Selecting an NPI

An initial summary screen shows all NPIs under the account which need to have their provider directory information reviewed and attested to via these screens (instead of CAQH).

This screen will show the current status and whether there are any attestations due soon.

Step 2: Click on the NPI number to continue to the next screen.

| Provider D<br>formation the<br>poken. Regula<br>nared with par | EFITS CLAIMS REFERRALS AUTHORIZATIONS NO<br>ET Directory Attestation<br>rectory Attestation screens allow you to review and updat<br>it appears in the provider directory, such as hours of opera<br>r verification helps to ensure that accurate and up-to-date<br>ients. | THECATIONS BEHA<br>e the provider's<br>tion and languages<br>information is being | VIORAL HEALTH RESOURC<br>Frequently Ask<br>Why do I need to atte<br>How do I add, remove<br>address for a provider<br>Who can validate prov<br>information? | ed Questions<br>st every 90 days?<br>or modify an<br>?<br>vider directory |
|--|--|---|---|---|
| Click on the   | NPI number to access the provider directory information  | for that provider.  |   |   |
| Click on the   | NPI number to access the provider directory information  | for that provider.  | Attestation Due Date  | Status  |
| Click on the<br>NPI  | NPI number to access the provider directory information Name BOSTON BREAST DIAGNOSTIC CTR  | for that provider.  | Attestation Due Date 04/20/2025   | Status<br>Overdue   |
| Click on the<br>NPI  | NPI number to access the provider directory information Name BOSTON BREAST DIAGNOSTIC CTR AURORA BREAST MRI OF CENTRAL M   | for that provider. Locations 1 1  | Attestation Due Date 04/20/2025 05/20/2025  | Status<br>Overdue<br>Due Soon   |

## **View/Update Location Data**

If the NPI has multiple locations, answer the questions for each address/location.

Step 3: Click on the NPI's address/location (or pencil icon), in the column heading, to edit the answers.

| BILITY & BENEFITS CLAIMS REFERRALS           | AUTHORIZATIONS NOTIFICATIONS BEHA  | AVIORAL HEALTH RESOURCES  |
|--|--|---|
| Provider Directory Att<br>— Back to NPI List | estation   |   |
| Provider:<br>CAMBRIDGE HEALTH ALLIANCE (     | ) To update address inf  | ormation for this provider, click here  |
| Copy answers from another location           | ATTEST TO NPI DA   | ТА  |
|  | 1493 CAMBRIDGE ST,<br>CAMBRIDGE WOMEN'S HEALTH CTR<br>CAMBRIDGE, MA 02139  | 163 GORE ST,<br>CHA EAST CAMBRIDGE CARE CENT<br>CAMBRIDGE, MA 02141   |
| General & Contact Information                |  |   |
| Accepting New Patients                       | Yes  | Yes   |
| New Patients Within 4 Weeks                  |  | Yes   |
| Operating Hours                              | Monday: 12:00AM - 9:30PM<br>Tuesday: 5:00AM - 6:00PM<br>Wednesday: Closed<br>Thursday: Open 24 Hours<br>Friday: Closed<br>Saturday: Closed<br>Sunday: Closed | Monday: 12:00AM - 9:30PM<br>Tuesday: Closed<br>Wednesday: 5:00AM - 7:00PM<br>Thursday: Open 24 Hours<br>Friday: Closed<br>Saturday: 5:00AM - 5:00PM<br>Sunday: Closed |
| Main Phone Number                            | 10101010   | 1234567898  |
| Practice Location Website                    | www.cambridgehospital.org  | www.cambridgehospital.org   |
| Appointment Scheduling Website               |  |   |



#### **Answering the Questions**

A new screen will appear that has questions broken down into three subpages:

- 1. General & Contact Information
- 2. Staff & Accessibility
- 3. Special Experience, Skills & Training

Step 4: Answer the questions on the three pages and submit.

| vider Data  |  |  |  |
|---|--|--|--|
| Provider:<br>CAMBRIDGE HEALTH ALLIANCE (*   | )  | Location:<br>1493 CAMBRIDGE ST,<br>CAMBRIDGE WOMEN'S HEALTH CTR<br>CAMBRIDGE, MA 02139 |  |
| General & Contact Information   | 2 Staff & Accessibility  | 3 Special Experience, Skills & Training  |  |
| Provide information about your facility bek<br>Select all items that apply for answer li<br>You can select only one answer for que<br>"Required Field | W.<br>ists that use checkboxes.<br>estions that use radio buttons. |  |  |
| Levels of Care  |  |  |  |
| 🗌 Acute Residential Treatment - Dual Dia  | agnosis  |  |  |
| <ul> <li>Acute Residential Treatment for Adult</li> </ul>   | s  |  |  |
| Acute Residential Treatment for Child   | ren and Adolescents  |  |  |
| Adult Mobile Crisis Intervention  |  |  |  |
|   |  |  |  |

After submission, you will receive a reminder that when you are done with answering for each location, you must take **an additional step** to attest/verify the accuracy of the data.

Step 5: Click "Close"



#### **Copy Answers from Another Location**

If the NPI has multiple locations, there will be an option to "**Copy answers from another location**." This will only appear if you have already answered the questions for at least one location.

Copy answers from another location



#### To copy data, select the location you are copying "From" and "To.""

| Copy Location L             | 7919  |
|-----------------------------|---|
| Provider:                   | CAMBRIDGE HOSPITAL ( )  |
| *Required Field             | ld  |
| You can cop<br>questions fo | y data from a practice address that you have previously answered, in order to more quickly answer the<br>or other locations. Doing so will copy (and overwrite) all answers to the other location selected. |
| Copy From*                  |   |
| 1493 CAMB                   | BRIDGE ST.  |
| CAMBRIDG                    | ie, MA 02139 👻  |
| Сору То*                    |   |
| 103 GARLA                   | ND ST,  |
| EVERETT, M                  | 1A 02149  |
|                             |   |
| CANCEL                      | CONTINUE  |

#### Step 6: Attest to NPI Data

After you have answered the questions for all locations the NPI has, you will need to attest to the accuracy of the data. Click "Attest to NPI Data."

- You will need to complete this attestation process every 90 days.
- Failure to do so may lead to the removal of the provider from the Provider Directory.

| Provider Directory Attes                   | station  |   |
|--|--|---|
| Back to NPI List                           |  |   |
| Provider:<br>CAMBRIDGE HEALTH ALLIANCE ( ) | To update address informat   | tion for this provider, click here  |
| Copy answers from another location         | ATTEST TO NPI DATA   |   |
|  | 1493 CAMBRIDGE ST,<br>CAMBRIDGE WOMEN'S HEALTH CTR<br>CAMBRIDGE, MA 02139  | 163 GORE ST,<br>CHA EAST CAMBRIDGE CARE CENT<br>CAMBRIDGE, MA 02141   |
| General & Contact Information              |  |   |
| Accepting New Patients                     | Yes  | Yes   |
| New Patients Within 4 Weeks                |  | Yes   |
| Operating Hours                            | Monday: 12:00AM - 9:30PM<br>Tuesday: 5:00AM - 6:00PM<br>Wednesday: Closed<br>Thursday: Open 24 Hours<br>Friday: Closed<br>Saturday: Closed<br>Sunday: Closed | Monday: 12:00AM - 9:30PM<br>Tuesday: Closed<br>Wednesday: 5:00AM - 7:00PM<br>Thursday: Open 24 Hours<br>Friday: Closed<br>Saturday: 5:00AM - 5:00PM<br>Sunday: Closed |
| Main Phone Number                          | 1010101010   | 1234567898  |
| Practice Location Website                  | www.cambridgehospital.org  | www.cambridgehospital.org   |

#### Step 7: Click "Submit"



#### Step 8: Click "Close"





# **Membership Reports**

The Tufts Health Plan Secure Provider portal allows PCPs to access their Membership Reports.

### **To Access Membership Reports**

Step 1: Click "Membership Report."



**Step 2:** Enter "Provider Name and ID" and click "Submit" to view the PCP's Membership Report including Member Name, Member Address, Plan Effective Date, Date Included in PCP Panel and Office Copay.

| TUFTS<br>Health Plan                              |  |                        |                     | Go to tuftsh                        | ealthplan.com   Cont                 | act Us   E                                      | 11            |
|---|--|------------------------|---------------------|-------------------------------------|--------------------------------------|---|---------------|
| ELIGIBILITY & BENEFITS C                          | LAIMS REFERRALS                                | AUTHORIZATIONS         | NOTIFIC             | ATIONS BEI                          | HAVIORAL HEALTH                      | RESOURCES                                       |               |
| Membership  | Report   |                        |                     |                                     |                                      |   |               |
| Available to primary ca<br>identify members who l | re physicians, you ca<br>ist you are their PCF | in use the Members     | hip Repo            | art to                              | Frequent<br>Updating Y<br>Using your | ly Asked Que<br>our PCP Panel<br>Membership Rep | stions<br>ort |
| 'Required Field                                   |  |                        |                     |                                     |                                      |   |               |
| Provider Name and I                               | D*   |                        | SUBM                | π                                   |                                      |   |               |
| Results   |  | _                      |                     | _                                   |                                      |   |               |
| Provider Name:<br>Run Date/Time: June 20          | 6 2020 9:34 AM                                 |                        | NPI                 |                                     |                                      |   |               |
| 46 Members found                                  |  |                        | Ex                  | port to Exce                        | 4                                    |   | Print         |
| ▲ Member  | Member Ad                                      | Pla<br>dress Eff<br>Da | in<br>iective<br>te | Date<br>Included<br>in PCP<br>Panel | Product                              | ol  | fice<br>pay   |
|   | 1000   |                        | 01/2018             | 04/02/2015                          | Naviantes hu Tuffe                   | Hardhir Diag                                    | £20.0         |

# **Functions**

The Tufts Health Plan Secure Provider portal includes multiple tabs that have unique functions including Eligibility & Benefits, Claims, Referrals, Authorizations, Notifications and Behavioral Health.





# **Member Eligibility**

Enter basic member identification data and obtain a concise, online eligibility report and member-specific benefits. Always verify Tufts Health Plan members' eligibility on the date of service. Tufts Health Plan will deny claims for members who were not eligible on the date of service.

## To View a Member's Eligibility

Step 1: Click "Eligibility & Benefits" tab.

**Step 2:** Use the "Eligibility Search" function to find out if the patient is an eligible Tufts Health Plan member. You can search by the provider NPI, member ID, and date of service (DOS) as shown below:



**Step 3:** To search by member name and date of birth, click "Advanced Search" as shown below:

| ▼         \$123 or 123         ##         10/05/2022         ■         SEARCH           ADVANCED SEARCH         ADVANCED SEARCH         ADVANCED SEARCH         ADVANCED SEARCH         ADVANCED SEARCH | *Required field **<br>Provider Name/ID * | Member ID*                      | Suffix | Date Of Service |                 |
|---|--|---------------------------------|--------|-----------------|-----------------|
| ADVANCED SEARCH   | Select Provider Name/ID                  | <ul> <li>S123 or 123</li> </ul> | ##     | 10/05/2022      | SEARCH          |
|   |  |                                 |        |                 | ADVANCED SEARCH |
|   |  |                                 |        |                 | -               |
|   |  |                                 |        |                 |                 |

Step 4: Enter member's "First Name," "Last Name," and "Date of Birth" and then click "Search" to view results.

| Please select an option b | elow        |            |                |              |
|---------------------------|-------------|------------|----------------|--------------|
| Subscriber ID*            | S123 or 123 |            |                |              |
| Member ID*                | S123 or 123 | Suffix ##  |                |              |
| First Name*               |             | Last Name* | Date Of Birth* | MM/DD/YYYY 🛗 |



#### The following screen displays:

| ELIGIBILITY BENEFI  | ITS DEDUCTIBLE OUT OF POCKET M                          | XIMUM   |           |
|---|---|---|-----------|
|   |   |   |           |
| lease be advised all coverage                                     | e is contingent upon eligibility on the date of service | and that some changes to eligibility are retroactive. Confirm | mation of |
| ngionity does not guarantee p                                     | ayment of service.                                      |   |           |
|   |   |   |           |
| Eligibility Member Inform   | action  |   |           |
| Eligibility: Member Inform  | nation  |   |           |
| Eligibility: Member Inform<br>Member Name:                        | nation<br>Member ID#:                                   | Date of Birth:  |           |
| Eligibility: Member Inform<br>Member Name:                        | nation<br>Member ID#.                                   | Date of Birth:  |           |
| Eligibility: Member Inform<br>Member Name:<br>Eligibility Status: | nation<br>Member ID#.<br>Term Date:                     | Date of Birth:<br>Date of Service:                            |           |
| Eligibility: Member Inform<br>Member Name:<br>Eligibility Status: | nation<br>Member ID#.<br>Term Date:                     | Date of Birth:<br>Date of Service:                            |           |

Note: "PCP Information" is available.

| PCP Information                     |                        |
|-------------------------------------|------------------------|
| PCP ID/Name:                        | Provider Unit ID/Name: |
|                                     |                        |
| CHANGE PRIMARY CARE PHYSICIAN (PCP) |                        |

Note: "Alternate Carrier Information" is also available:

| IGIBILITY & BENEFITS  | CLAIMS   | REFERRALS | AUTHORIZATIONS | NOTIFICATIONS | BEHAVIORAL HEALTH |
|-----------------------|----------|-----------|----------------|---------------|-------------------|
| Alternate Carrier Inf | ormation |           |                |               |                   |
| Alternate Carrier:    |          | Order     | of Benefits:   | P             | olicy Number:     |
| Effective Date:       |          | Term [    | Date:          |               |                   |



# Changing a PCP on Behalf of a Tufts Health Public Plans Member

Step 1: Click "Change Primary Care Physician (PCP)" under "Eligibility & Benefits" tab.

| GIBILITY & BENEFITS CLAIMS  | REFERRALS AUTHORIZATIONS NO                                    | TIFICATIONS BEHAVIORAL HEALTH RESOURCES                                   |
|---|--|---|
| ELIGIBILITY BENEFITS  | DEDUCTIBLE OUT OF POCKET N                                     | IAXIMUM   |
| lease be advised all coverage is co<br>ligibility does not guarantee paymen | ntingent upon eligibility on the date of serv<br>t of service. | ice and that some changes to eligibility are retroactive. Confirmation of |
| Eligibility: Member Information   |  |   |
| Member Name:  | Member ID#:  | Date of Birth:  |
| Eligibility Status:   | Term Date:   | Date of Service:  |
| Gender:   | Plan Type:   |   |
|   |  | ~   |
| PCP In formation  |  |   |
| PCP ID/Name:  | P  | rovider Unit ID/Name:   |
|   |  |   |

The following screen is displayed. Click "I agree" to attest and continue or "Cancel" to return to previous screen.





Secure Provider Portal User Guide 2025

# **Member Benefits**

Enter basic member identification data and obtain a concise, online eligibility report and member-specific benefits.

#### To View a Member's Benefits

Step 1: Click "Benefits" tab.

Step 2: Use the "Benefits Categories" function to find out specific member benefits related to:

- · Chiropractic Services
- Durable Medical Equipment
- Emergency Services
- · Imaging Services Outpatient
- · Inpatient Hospital Care and Surgery
- Mental Health and Substance Abuse

- Outpatient Services
- Prescription Drugs
- · Rehabilitative Services Outpatient
- Routine Medical Services
- Transport Services
- Urgent Care Center Services

|   | ELIGIBILITY                             | BENEFITS           | DEDUCTIBLE              | OUT OF F   | POCKET MAXIMUM   |   |
|---|---|--------------------|-------------------------|--|--|---|
|   | Bo .erits Cate                          | gories             | \$2                     | Routine M  | ledical Services   |   |
| 1 | Chiropractic Servi<br>Durable Medical E | ces<br>quipment    | informatio              | Routine Med<br>and procedu<br>your primary<br>on for commo | lical Services include i<br>ires covered by your h<br>i care physician (PCP)<br>n tests and screening: | many of the standard medical services<br>health plan. Information regarding visits to<br>o and specialist, as well as coverage<br>s are included in this section. |
|   | Emergency Servic                        | es                 | Please see<br>Medical S | below for a ervices.                                       | complete description   | of what your plan covers under Routine  |
|   | Imaging Services                        | Outpatient         | Specific Be             | nefits   View All  |  |   |
|   | Inpatient Hospital                      | Care and Surgery   | Doctor's Of             | fice Visit - PCP   | Doctor's Office Visit -<br>Specialist  | Laboratory Tests  |
|   | Mental Health and                       | Substance Abuse    | Pediatric D             | ental  | Preventive Services  | Routine Eye Care  |
|   | Outpatient Service                      | 95                 | Destau                  | - Office Mich  |  |   |
|   | Prescription Drugs                      | 5                  | Doctor                  | 's Office vis  | IT - PCP   |   |
|   | Rehabilitative Serv                     | vices - Outpatient |                         | Service  | Туре   | Member Responsibility   |
|   | Routine Medical S                       | ervices            |                         | Network I  | Provider   | No Copayment<br>per Visit   |
|   | Transport Service                       | 5                  |                         |  |  |   |
|   | Urgent Care Cente                       | er Services        | Doctor                  | 's Office Vis  | it - Specialist  |   |

## To View a Member's Annual Deductible Information (if applicable)

Step 1: From the "Eligibility & Benefits" tab, click "Deductible."

| Viewing:<br>Benefit Year: 🛛 |          |            |                       |
|-----------------------------|----------|------------|-----------------------|
| ELIGIBILITY                 | BENEFITS | DEDUCTIBLE | OUT OF POCKET MAXIMUM |

The following screen displays:



Secure Provider Portal User Guide 2025

#### The following screen displays:

| Eligibility & Benefits<br>Use the Benefits & Eligibility tool to find plan information for y<br>dates, member-specific benefit coverage information, and cop | Frequently As<br>How Do I Find If My<br>Coverage?<br>How can I find patien<br>How do I find my pat<br>physician? | ked Questions<br>Patient Has Active<br>Int cost share?<br>Lient's primary care |                 |                           |
|--|--|--|-----------------|---------------------------|
| *Required field ** Provider Name/ID *  | Member ID*   | Suffix   | Date Of Service |                           |
| 10.07 1.00.00 1.0775, 1007103  | -  |  | =               | SEARCH<br>ADVANCED SEARCH |
| Viewing:<br>Benefit Year: 0  |  |  |                 |                           |
| ELIGIBILITY BENEFITS DEDUCTIBLE  | OUT OF POCKET MAXIMU   | ЛМ   |                 |                           |
| Deductibles do not apply.  |  |  |                 |                           |

The following screen displays for individual and family deductible accumulator:

| TUFTS<br>Health Plan   |  | Go to tuftshealthp | lan.com   Contact Us     Log Ou       | t |
|--|--|--------------------|---------------------------------------|---|
| ELIGIBILITY & BENEFITS CLAIMS  | REFERRALS AUTHORIZATIONS                           | NOTIFICATIONS      | BEHAVIORAL HEALTH                     |   |
| Viewing:<br>Benefit Year: <b>0</b> 01/01/2020 - 12/31                      | /2020  |                    |                                       |   |
| ELIGIBILITY BENEFITS   | DEDUCTIBLE OUT OF POCKE                            | T MAXIMUM          |                                       |   |
| In-Network Deductible  |  |                    |                                       |   |
| Individual   | You Met<br>\$3,222.98                              | 500.4              |                                       |   |
|  | ردې.   |                    |                                       |   |
| Family \$3   | su Met<br>655.54<br>\$7,                           | 000                |                                       |   |
| Raymond has \$277.02 remaining   | towards meeting the individual in-                 | network deductible | 1                                     |   |
| This page reflects claims processed<br>include in process, denied or unpai | l in our system as of today's date: 0<br>d claims. | 06/25/2020 05:00:5 | 50 PM. The information above does not |   |

## To View a Member's Annual Out of Pocket Maximum

Step 1: From the "Eligibility & Benefits" tab, click "Out of Pocket Maximum."

| Vi<br>Be | ewing:<br>enefit Year: 🛛 |          |            |                       |  |
|----------|--------------------------|----------|------------|-----------------------|--|
|          | ELIGIBILITY              | BENEFITS | DEDUCTIBLE | OUT OF POCKET MAXIMUM |  |
|          |                          |          |            |                       |  |



#### The following screen displays:



# **Claims**

Use the "Claims" function to enter basic member or claim-specific data to obtain detailed claim status information. You can see whether the claim is pending, paid, or denied.



#### **Searching for Claims**

For more information about Freeform Search, click "Click here to learn more."





#### The following screen displays:

| About Freeform Search   |   |   | x |
|---|---|---|---|
| 1. You can search for any i<br>for.<br>For example say you are lo<br>type the July in to the sear<br>filed in July will be returnen<br>Here are some other thing<br>search: claim number, prov<br>name, patient id, patient d | nformation related to wh<br>poking for a claim from Ju<br>rch box, and all claims that<br>d.<br>s you may use to refine y<br>vider name, provider id, p<br>ate of birth, and so on. | <b>at you are looking</b><br>Ily. Just<br>at are<br>our<br>aatient  | ^ |
| robert wilson<br>CLEAR<br>Searchable fields<br>Claim Number<br>First Service<br>Date<br>Receipt Date<br>Pay Date  | • Member ID<br>• Subscriber ID<br>• Member First<br>Name<br>• Member Last   | <ul> <li>Payee NPI</li> <li>Payee Name</li> <li>Provider NPI</li> <li>Provider Name</li> <li>CMS Procedure</li> </ul> |   |
| Total Paid     Total Paid     Total Billed     Cheack Number     Patient Account  | Name<br>Member Date of<br>Birth<br>Status Code<br>Description<br>Status Category<br>Description<br>iple pieces of informatio  | <ul> <li>Code</li> <li>Procedure</li> <li>Description</li> </ul>  |   |
| Feel free to enter as many,   | , or as tew, pieces of info   | rmation   | ~ |

Note: Be sure to view options 1 and 2 to determine which is best search criteria when investigating claim status.

#### To Search for Claims Using "Search All" (date range)

Click the criteria in which you would like to search: (Ex. Date of Service 1/1/2020 through 1/29/2020)

- SEARCH ALL
- · CLAIM NUMBER to search with a specific Claim number
- PATIENT INFO to search for a claim with Patient ID and/or First Name, Last Name, and Date of Birth.
- PROVIDER INFO to search for a claim with Provider Legacy ID or NPI, Start/Admit Date, End/Discharge Date, First Proc Code, or Last Proc Code.



The following screen displays:

| howing 1 to 10 of | 438,543 entries |       | Downlo | ad 🛓 Print 🖨 Sort By:   | Relevance  |
|-------------------|-----------------|-------|--------|---|--|
| Patient           | Provider        | Payee |        | Claim   |  |
|                   |                 |       |        | Amt. Billed : \$76,955.53<br>Status Cat : F1<br>Start Dt : 05/02/2018<br>Adjusted? : NO | Amt. Paid : \$4,134.00<br>Status Code : 65<br>Receipt Dt : 06/07/2018<br>Adjustable? :Adjust Claim |
|                   |                 |       |        | Amt. Billed : \$64,681.84<br>Status Cat : F1  | Amt. Paid : \$64,681.84<br>Status Code : 65  |
|                   |                 |       |        | Start Dt : 01/25/2018<br>Adjusted? : NO   | Receipt Dt : 01/30/2018<br>Adjustable? :Not Adjustable   |



## To Search for Claims Using the "Claim Number" Tab

Click the "Claim Number" tab, enter the claim number and click "Search."

| SEARCH ALL                   | CLAIM NUMBER          | PATIENT INFO       | PROVIDER INFO   |
|------------------------------|-----------------------|--------------------|---|
| Use the search with a space. | below to enter one or | multiple claim num | bers. When entering multiple claim numbers, separate each one |
| 123456                       | 78                    |                    |   |
|                              |                       | CLEAR              | SEARCH  |

#### The following screen displays:

|                       |   |          | Downlo                 | oad 🛓 Print 🖨 Sort By:   | Start Date : Descendin   |
|-----------------------|---|----------|------------------------|--|--|
| Showing 1 to 1 of 1 e | entries   |          |                        |  |  |
| Patient               | Provider  | Payee    |                        | Claim  |  |
|                       |   |          |                        | 12345678<br>Status Cat : P1<br>Start Dt : 01/01/2020<br>Adjusted? : NO | Amt. Paid : \$276.39<br>Status Code : 20<br>Receipt Dt : 01/01/2020<br>Adjustable? :Not Adjustal |
|                       |   |          |                        |  |  |
| Show 10 -             | entries   | Previous | Next                   |  |  |
| Status Effective Dat  | te 01/31/2020                                   |          |                        |  |  |
|                       | Status Category                                 |          | Status Co              | de   |  |
|                       | F1 = Finalized/Payment<br>F2 = Finalized/Denied |          | 0 = Canno<br>8 = No pa | ot provide further status<br>syment due to contract/r                  | electronically<br>plan provisions  |
|                       | P1 = Pending/In Progress                        |          | 20 = Acce              | epted for processing   |  |
|                       |   |          | 38 = Awa               | iting next periodic adjud  | lication cycle   |

## To Search for Claims Using the "Patient Info" Tab

Click the "Patient Info" tab, enter "Patient ID" and click "Search."

Note: To search using First Name, Last Name and Date of Birth, click the radio button next to "First Name."

| •       | Patient ID      | Suffix |           |               |
|---------|-----------------|--------|-----------|---------------|
|         | Enter Member ID | _ ##   |           |               |
| 0       | First Name      |        | Last Name | Date of Birth |
|         |                 |        |           | MM/DD/YYYY    |
| + Add I | Provider Info   |        |           |               |



The following screen displays:

| howing 1 to 10 of | 438,543 entries |       | Downio | and Print B Soft By.  | Relevance   |
|-------------------|-----------------|-------|--------|---|---|
| Patient           | Provider        | Payee |        | Claim   |   |
|                   |                 |       |        | Amt. Billed : \$76,955.53<br>Status Cat : F1<br>Start Dt : 05/02/2018<br>Adjusted? : NO | Amt. Paid : \$4,134.00<br>Status Code : 65<br>Receipt Dt : 06/07/2018<br>Adjustable? :Adjust Claim    |
|                   |                 |       |        | Amt. Billed : \$64,681.84<br>Status Cat : F1<br>Start Dt : 01/25/2018<br>Adjusted? : NO | Amt. Paid : \$64,681.84<br>Status Code : 65<br>Receipt Dt : 01/30/2018<br>Adjustable? :Not Adjustable |

## To Search for Claims Using the "Provider Info" Tab

Click the "Provider Info" tab, enter "Provider NPI" or "Legacy ID number" and click "Search."

| SEARCH ALL CLAIM NUME           | 3ER PATIENT INFO PROVIDER INFO   |
|---------------------------------|--|
| Find a claim by entering inform | ation about the provider, service period, and/or procedure code. (Up to two years) |
| Provider Legacy ID or NPI       |  |
|                                 |  |
| Start/Admit Date                | End/Discharge Date   |
| MM/DD/YYYY                      | MM/DD/YYYY   |
| First Proc Code                 | Last Proc Code   |
| Show only Adjustment Claim      | s and/or Requested Adjustments   |
|                                 | CLEAR SEARCH   |
|                                 |  |

The following screen displays:



## To View Claim Details and Check Claim Status

From the claim search results screen, click the "Claim ID" number (as shown below).

| howing 1 to 10 of | 438,543 entries |       | Downloa | nd 🛃 Print 🖨 Sort By:   | Relevance  |
|-------------------|-----------------|-------|---------|---|--|
| Patient           | Provider        | Payee |         | Claim   |  |
|                   |                 |       | /       | 12345678<br>Amt. Billed : \$76,955.53<br>Status Cat : F1<br>Start Dt : 05/02/2018<br>Adjusted? : NO | Amt. Paid : \$4,134.00<br>Status Code : 65<br>Receipt Dt : 06/07/2018<br>Adjustable? : <b>Adjust Claim</b> |
|                   |                 |       |         | Amt. Billed : \$64,681.84<br>Status Cat : F1<br>Start Dt : 01/25/2018<br>Adjusted? : NO             | Amt. Paid : \$64,681.84<br>Status Code : 65<br>Receipt Dt : 01/30/2018<br>Adjustable? :Not Adjustable      |



The following screen displays:

| Back to             | Search Results |     |           |                               |  |   | Print   |
|---------------------|----------------|-----|-----------|-------------------------------|--|---|---|
| Summ                | ary of Account |     |           |                               |  |   |   |
| Patient I           | Name           | Pro | ovider Na | ime                           | Payee Name   | Claim Nu  | mber  |
| Patient I           | D              | Pro | ovider ID |                               | Payee ID   | Group N   | umber   |
| Patient Account No. |                | Pro | oduct     |                               |  |   |   |
|                     |                |     |           |                               |  |   |   |
|                     |                |     |           |                               |  |   |   |
| Line                | Service Date   | POS | svc       | Procedure Code                | Claim Line Infor   | mation  | Other   |
| 001R                |                | 65  | -1.0      | A4657 SYRINGE W/<br>WO NEEDLE | Billed: -\$91.95<br>Withheld: \$0.00<br>Deductible: \$0.00 | Allowed: -\$91.95<br>Other Carrier: \$0.00<br>Copay: \$0.00 | Check Number: DENIED<br>EFT: —<br>RSN Code: DCONT |

For online claim adjustment instructions, refer to the Quick Reference Guide: Online Claim Adjustments.

# Referrals

Submit referrals online directly to Tufts Health Plan and instantaneously receive a referral authorization.

## To Access the Referrals Menu

**Step 1:** Click the "Referrals" tab.

Step 2: Select "Referral Submission."





Step 3: Enter the "Referring Physician's Name and ID," "Member ID," "Suffix," "Date of Birth" and "Date of Service."

Note: All fields with an asterisk (\*) are required fields.

**Step 4:** Click "Continue" to view the Online Referral Form:

| compass those transactions where a provider requi<br>nother provider, generally a specialist. | ests permission to refer or send a patient to    | Freq<br>Does m<br>Why an | uently Asked Question:<br>ny patient need a referral?<br>n I not able to submit a referra |
|---|--|--------------------------|---|
| Required Field  |  |                          |   |
| eferring Physician Name and ID*   | Member ID*                                       | Suffix*                  | Date of Birth*  |
| select Provider Name/ID   | <ul> <li>\$123 or 123 or \$123</li> </ul>        | ###                      | MM/DD/YYYY  |
| ate of Service  | tion requests) require the signature of the Prov | vider Unit's Phy         | rsician Reviewer. Payment for   |

#### **Online Referral Form**

Step 1: Click "Continue" to view the Online Referral Form.

Step 2: Enter all required fields marked with an asterisk and click "Continue."





#### Online referral form continued:

| TUFTS<br>Health Plan  | Go t   | to tufishealthplan.com   Contact Us   Log Out   |
|---|--|---|
| ELIGIBILITY & BENEFITS CLAIMS REFERRAL  | S AUTHORIZATIONS NOTIFICATIONS BE  | EHAVIORAL HEALTH RESOURCES  |
| Submit Referral (Initial S  | pecialty Care Review)  |   |
| Use the referral submission tool to submit spe<br>encompass those transactions where a provid<br>patient to another provider, generally a speciali: | cialty care reviews. Specialty Care Reviews<br>er requests permission to refer or send a<br>st | Frequently Asked Questions<br>Does my patient need a referral?<br>Why am I not able to submit a referral? |
| Referral Information  | 2 Review/Confirm Referral  | 3 Referral Completed  |
| Referring Physician Name/ID (Requester Name/ID)   | Date of Birth  |   |
| Member ID   | Date of Birth  |   |
|   |  |   |
| Referred to Provider ID (Service Provider ID)   | Date of Service  |   |
| Diagnosis Code<br>Z01.419   | Number of Visits<br>1  |   |
| Service Type Requested<br>Consultation - One visit only. Contact PCP p  | rior to initiating treatment or diagnostic studies   | 5   |
| Note: Out of network referrals (specialty care  | certification requests) require the signature of   | the Provider Unit's Physician Reviewer.   |
|   |  |   |
| SU  |  |   |

## **Referral Status Inquiry**

Check the status of submitted referrals and high-tech imaging authorizations.

#### To access the referral menu:

Step 1: Click the "Referrals" tab.

Step 2: Select "Referral Inquiry."





Step 3: Enter "Provider Info," "Referral Number," "Patient Name," or "Patient ID" to continue. Click "Search."

| e Referral inquiry<br>arch for a referral,<br>erral number, mer<br>sociated with the r | tool allows you to view tu<br>use one of the search fu<br>nber Id or name, NPI, pro<br>eferral. | vo years of referraits for providers<br>nctions below, including our freefc<br>volder name, or just about any oth | you have access to. To<br>orm search to search by<br>er piece of information | Frequently Asked Question<br>Can I print multiple referrals at once<br>Does my patient require a referral?<br>How long is a referral valid for? |
|--|---|---|--|---|
| SEARCH ALL   | PROVIDER INFO   | REFERRAL NUMBER P   | ATIENT NAME PATIE  | ENTID   |
| First Name   |   | Last Name   |  | Date of Birth   |
|  |   |   |  |   |

# **Authorizations**

#### **Authorization Status Inquiry**

The Authorizations function allows providers to check the status of an authorization submitted to Tufts Health Plan or to submit a behavioral health authorization request for outpatient services.

#### To access the authorizations menu:

Step 1: Click the "Authorizations" tab.

Step 2: Select the appropriate option.





**Step 3:** Select "Proceed to MEDHOK" to be redirected to the MHK Medical Management System for authorization inquiries and requests. **Note:** Refer to the <u>MHK Portal User Guide (Commercial, Tufts Health Public Plans, Tufts Medicare Preferred)</u> for additional details.



# **Notifications**

Submit inpatient notifications or check on the status of notifications already submitted.

## To Access the "Notifications" Menu

Step 1: Click the "Notifications" tab.

Step 2: Select the appropriate option.





**Step 3:** Select "Proceed to MEDHOK" to be redirected to the MHK Medical Management System for authorization inquiries and requests. **Note:** Refer to the <u>MHK Portal User Guide (Commercial, Tufts Health Public Plans, Tufts Medicare Preferred HMO)</u> for additional details.

| a Point32Health company  |                                     |  |   |  |                          | Go to tuftshealthplan.c                   | om   Contact | Us           | Log Out |
|--|-------------------------------------|--|---|--|--------------------------|---|--------------|--------------|---------|
| ELIGIBILITY & BENEFITS   | CLAIMS                              | REFERRALS  | AUTHORIZATIONS                                  | NOTIFICATIONS                                    | BEHA                     | VIORAL HEALTH                             | RESOUR       | CES          |         |
| Notifications  |                                     |  |   |  |                          |   |              |              |         |
| To inquire about or submit the link based on the mem                       | a notification<br>ber's plan typ    | , you can use o<br>be.                           | one of the links below.                         | Please be sure to se                             | elect                    | Frequer<br>What is a No                   | ntly Aske    | ed Questions | ;       |
|  | Leaving Tu                          | fts Health Plar                                  | n   |  |                          |   | x            |              |         |
| What type of plan  | You are no<br>managem<br>request fo | ow leaving the '<br>ent system's w<br>r service. | Tufts Health Plan Porta<br>ebsite (MedHOK). Cor | al website and will b<br>atinuing on to this sit | e redirec<br>e will allo | ted to our medical<br>ow you to submit yo | bur          |              |         |
|  | Would you                           | I like to procee                                 | d?  |  |                          |   |              |              |         |
| Tufts Health Plan Com<br>Tufts Health Plan Medi<br>Tufts Health Public Pla | CAN                                 |  | PROCEED TO                                      | MEDHOK   | -                        |   |              |              |         |
| All Notification Too   | ls                                  |  |   |  |                          |   |              |              |         |
|  |                                     |  |   |  |                          |   |              |              |         |

# **Behavioral Health**

For Tufts Health Plan Commercial and Medicare Preferred members, the behavioral health submission forms can be used to report the admission of patients to: Substance Use Acute Residential Programs, Partial Hospital Programs, Intensive Outpatient Programs or Outpatient Psychotherapy; or discharges from Inpatient and sub-acute levels of care. For Tufts Health Public Plans MA Together and MA Direct members, the behavioral health submissions forms can be used for Outpatient Psychotherapy notifications and authorization requests.

## To Access the "Behavioral Health" Menu



Step 1: Click the "Behavioral Health" tab.

**Step 2:** Enter "Member ID" and "Suffix" and click "Search."

**Step 3:** Enter all required fields in the screen. Click the attestation box and click "Submit." **Note:** Additional directions can be found in the <u>Behavioral Health MHK Portal User Guide.</u>



# **Tufts Health Public Plans Outpatient Psychotherapy Requests**

For Tufts Health Public Plans members, the behavioral health submission forms can be used for outpatient psychotherapy notifications and authorization requests.

### To Begin an Outpatient Psychotherapy Request

Step 1: Enter the "Requesting Provider Name/ID"

**Step 2:** Click the "Requesting Provider Location" field and from the pop-up menu select the correct location address of the requesting provider.

Step 3: Enter the Requesting Provider's phone number

| Public Plans Outpatient Psychotherapy Request  |   |  |            |
|--|---|--|------------|
| Member Information   |   |  |            |
| Member Name Member ID Member DOB Gender  |   |  |            |
| Request Information  |   |  |            |
| Requesting Provider Name/ID *     Requesting Provider Location *       Smith, John J. MD (98765432)     Select a provider location     |   |  |            |
| Requesting Provider Phone *     Ext       (XXX) XXX-XXXX     XXXX  |   |  |            |
| Servicing Provider ID *         Servicing Provider Location *           Enter Provider ID         Select a provider location         Q |   |  |            |
| Servicing Provider Phone * Ext<br>(XXX) XXX-XXXX XXXX  |   |  |            |
| Select Servicing Provider  | Location                                  |  | ×          |
| The servicing provider ID you<br>below:  | entered is associated with more the       | in one location, please select the correct | t location |
| Provider Name & NPI     SMITH, JOHN J. MD  | Location Name<br>Elmers Children Hospital | Location Address                           |            |
| 123456789  |   | Boston, MA 02115                           | LECT       |
| SMITH, JOHN J. MD<br>123456789   | Weston Herring Hospital                   | 808 Newville St<br>Weston, MA 02176        | LECT       |
| SMITH, JOHN J. MD<br>123456789   | The Family Center of Brighton             | 85 North Valley Rd<br>Brighton, MA 02135   | LECT       |
| 10 🕶   | Previous 1 N                              | ext  |            |

Step 4: Repeat steps 1-3 to enter the Servicing Provider's ID, location, and phone number.

Step 5: To complete the form, enter the applicable information in the following fields and click "Submit."



# Accessing Tufts Health Plan's Secure Provider Portal

If providers have issues with new user registration or logging into the Tufts Health Plan Secure Provider portal, contact Provider Services:

| Tufts Health Plan Commercial Provider Services   | 888-884-2404 |
|--|--------------|
| Tufts Health Public Plans (MA) Provider Services   | 888-257-1985 |
| Tufts Health Public Plans (RI) Provider Services   | 844-301-4093 |
| Tufts Health Plan Medicare Preferred and Tufts Health<br>Plan Senior Care Options Provider Relations | 800-279-9022 |

**For technical inquiries,** contact Provider Services at the numbers listed above, or email <u>Tufts\_Health\_Plan\_Provider\_</u> <u>Technical\_Support@point32health.org</u>.