

Tufts Health Plan's 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 [Behavioral Health MHK Portal User Guide \(for Commercial and Tufts Medicare Preferred Plans\)](#).

User Guides are posted in the [Training](#) section of the public Provider [website](#).

Table of Contents

New User Registration	3
Registration Instructions	3
Roles Defined	3
Registering	4
Logging In	7
Access Management	9
Resetting a User Password	10
Email Username	10
Membership Reports	12
Functions	13
Member Eligibility	13
Changing a PCP on Behalf of a Tufts Health Public Plans Member	16
Member Benefits	17
Claims	21
Referrals	27
Authorizations	31
Notifications	32
Behavioral Health	33
Tufts Health Public Plans Outpatient Psychotherapy Requests	34
Accessing Tufts Health Plan's Secure Provider Portal	35

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

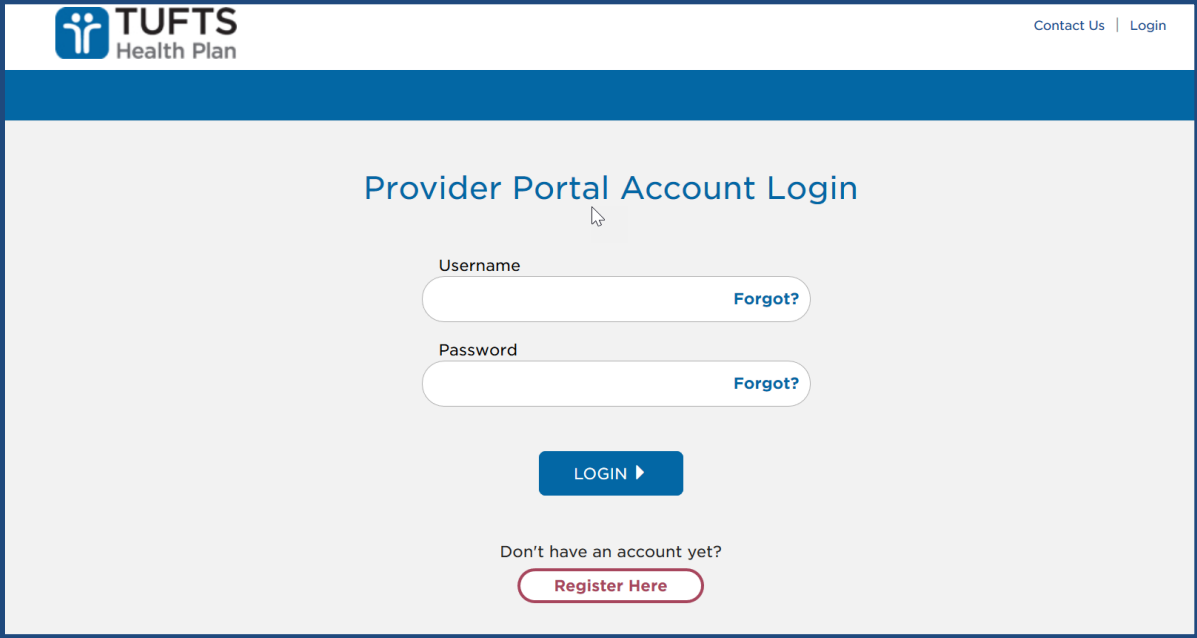
- SAA, Senior Access Administrator, can create and modify accounts for AAs and/or AUs.
- AA, Access Administrator is authorized by the SAA to grant authorized users access to their *Tufts Health Plan Secure Provider portal* account. The AA may create and modify accounts for AUs.
- AU, Authorized User, created by 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: tuftshealthplan.com/login. Click “Login.”

Step 2: Click “Provider”.

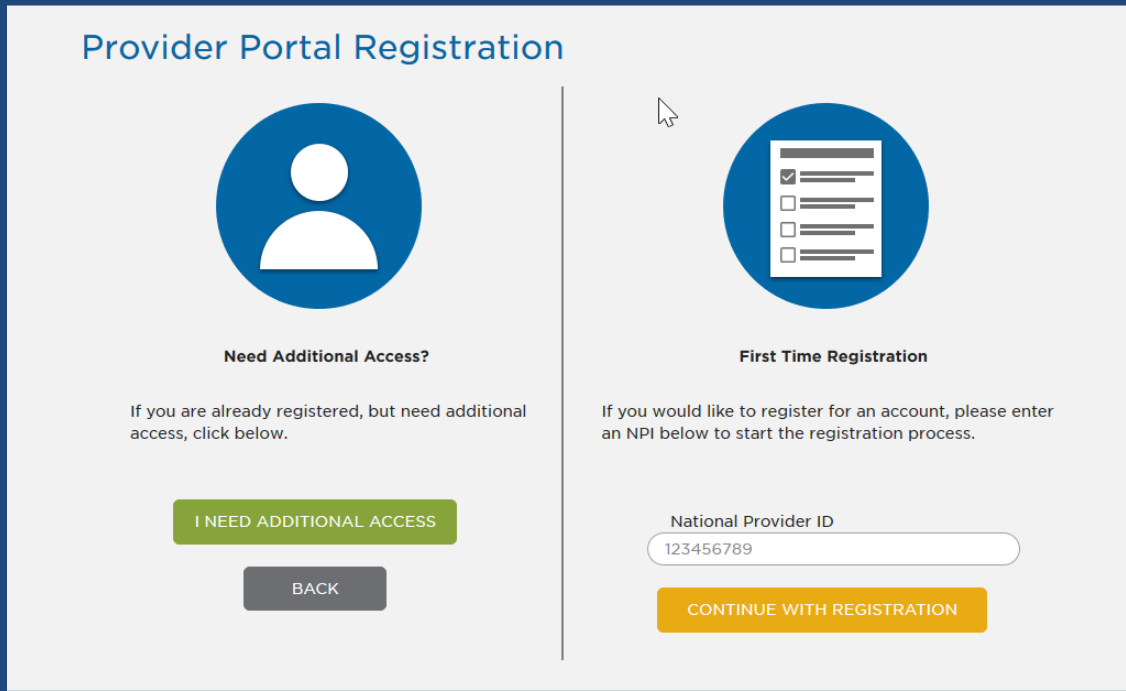
The following screen displays:



The screenshot shows the 'Provider Portal Account Login' page for Tufts Health Plan. At the top left is the Tufts Health Plan logo, and at the top right are links for 'Contact Us' and 'Login'. The main heading is 'Provider Portal Account Login'. Below this are two input fields: 'Username' and 'Password', each with a 'Forgot?' link to its right. A blue 'LOGIN ►' button is centered below the fields. At the bottom, there is a link that says 'Don't have an account yet?' followed by a red-outlined button labeled 'Register Here'.

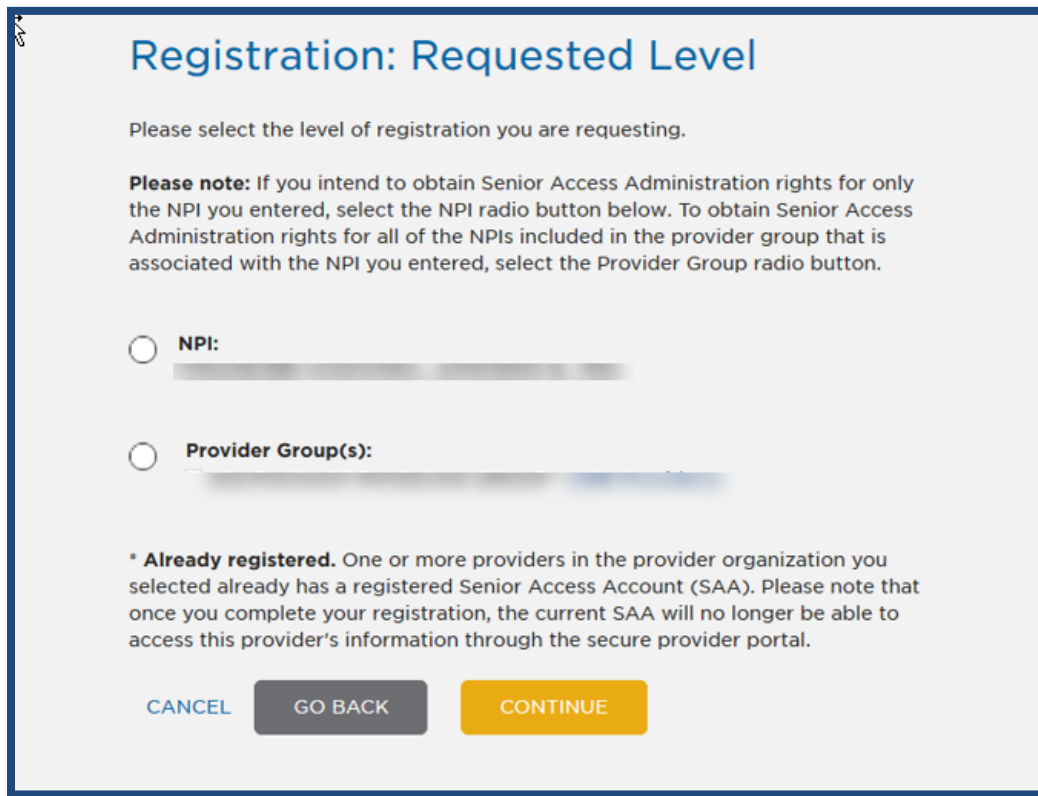
Step 3: Click “Register Here”

Step 4: Enter “National Provider ID” and click “Continue with Registration.”



The screenshot shows the 'Provider Portal Registration' page. It is split into two columns. The left column is titled 'Need Additional Access?' and features a large blue circle icon with a white person silhouette. Below the icon, it says 'If you are already registered, but need additional access, click below.' There is a green button labeled 'I NEED ADDITIONAL ACCESS' and a grey 'BACK' button below it. The right column is titled 'First Time Registration' and features a large blue circle icon with a white document and checklist. Below the icon, it says 'If you would like to register for an account, please enter an NPI below to start the registration process.' There is a text input field labeled 'National Provider ID' containing the number '123456789', and a yellow button labeled 'CONTINUE WITH REGISTRATION' below it.

Step 5: Select the appropriate Registration NPI or Provider Group.



Registration: Requested Level

Please select the level of registration you are requesting.

Please note: If you intend to obtain Senior Access Administration rights for only the NPI you entered, select the NPI radio button below. To obtain Senior Access Administration rights for all of the NPIs included in the provider group that is associated with the NPI you entered, select the Provider Group radio button.

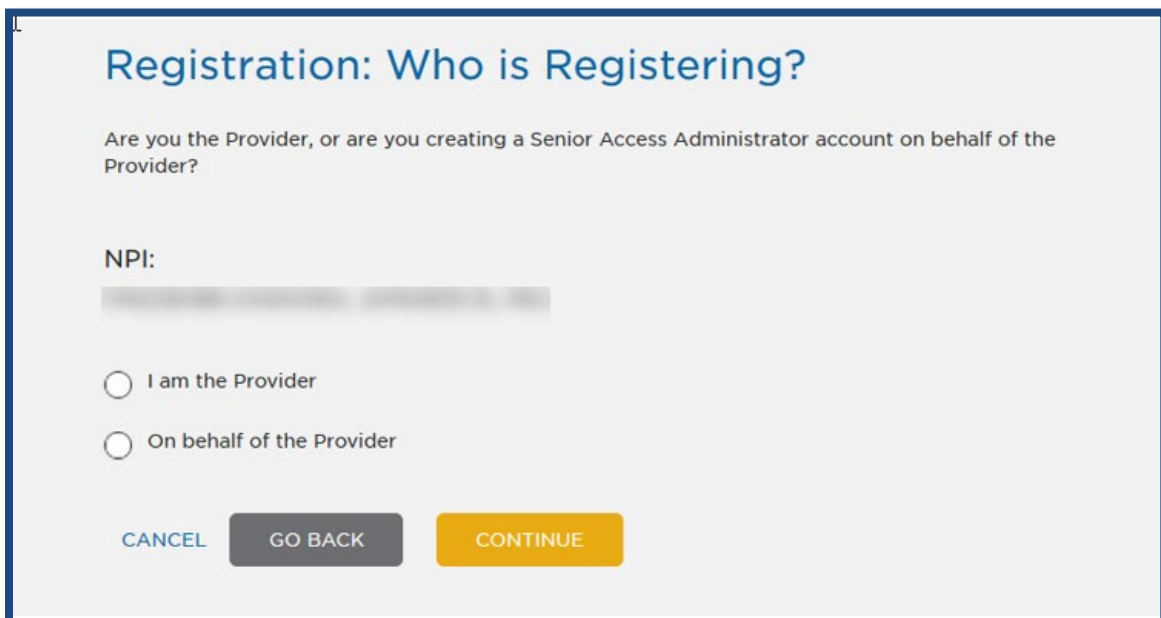
☐ **NPI:**

☐ **Provider Group(s):**

*** Already registered.** One or more providers in the provider organization you selected already has a registered Senior Access Account (SAA). Please note that once you complete your registration, the current SAA will no longer be able to access this provider's information through the secure provider portal.

[CANCEL](#) [GO BACK](#) [CONTINUE](#)

Step 6: 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 Provider?

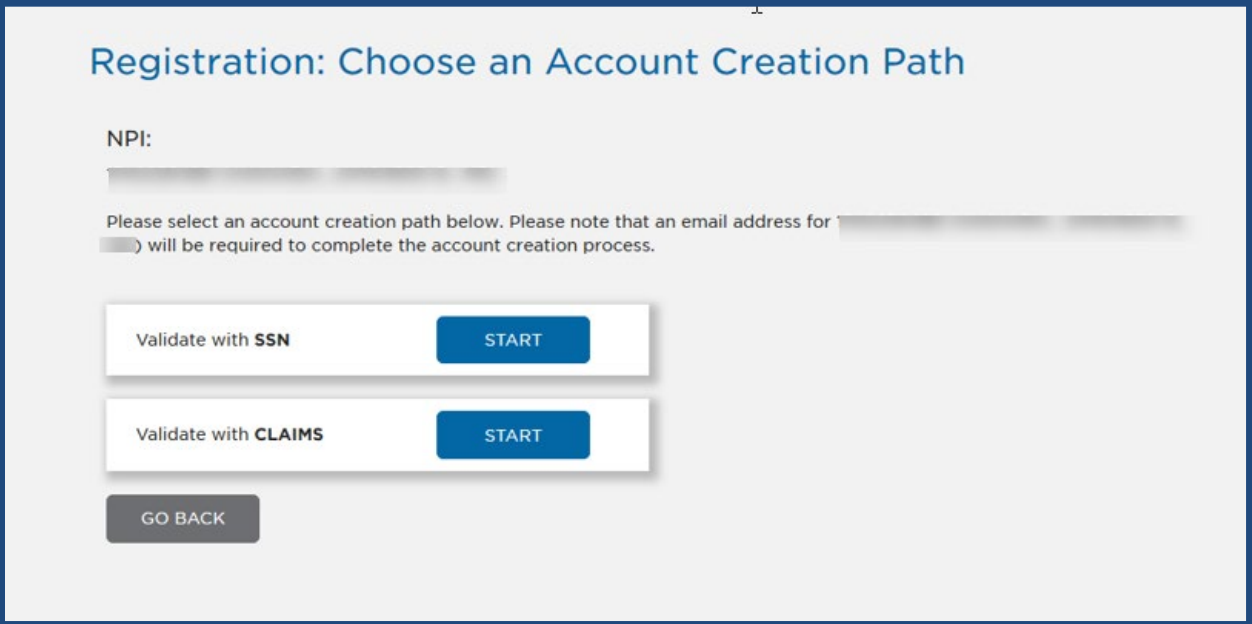
NPI:

☐ I am the Provider

☐ On behalf of the Provider

[CANCEL](#) [GO BACK](#) [CONTINUE](#)

Step 7: Select “Account Creation Path” and click “Start.”



Registration: Choose an Account Creation Path

NPI:

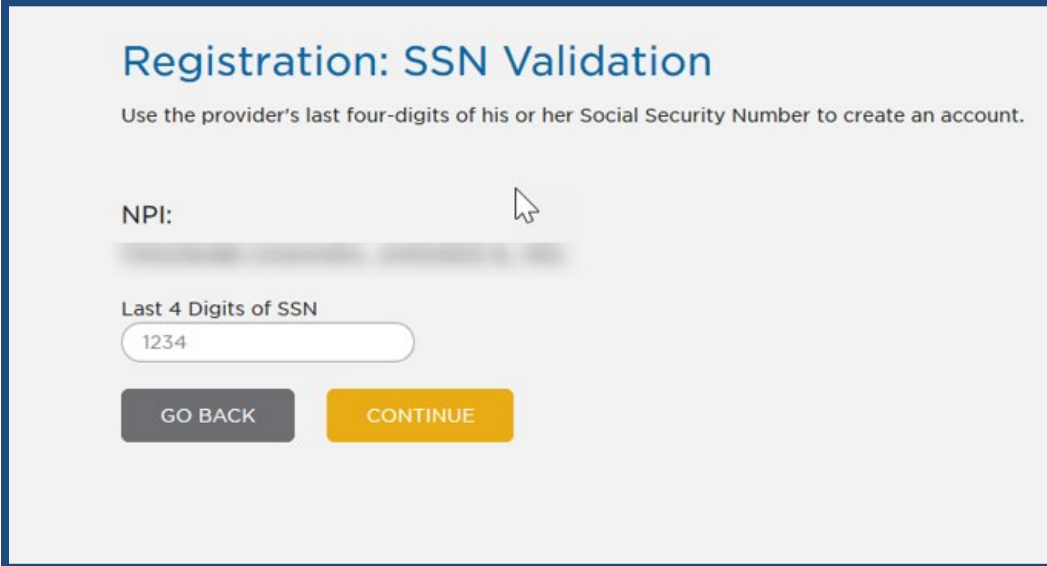
Please select an account creation path below. Please note that an email address for () will be required to complete the account creation process.

Validate with **SSN** **START**

Validate with **CLAIMS** **START**

GO BACK

Step 8: Enter “Last 4 Digits of SSN” and click “Continue.”



Registration: SSN Validation

Use the provider's last four-digits of his or her Social Security Number to create an account.

NPI:

Last 4 Digits of SSN

1234

GO BACK **CONTINUE**

LOGGING IN

Step 1: From a Mozilla Firefox or Google Chrome web browser, enter: tuftshealthplan.com/login. Click “Login.”

Step 2: Click “Provider”

The following screen displays:

The screenshot shows the 'Provider Portal Account Login' page. At the top left is the Tufts Health Plan logo. At the top right are links for 'Contact Us' and 'Login'. The main heading is 'Provider Portal Account Login'. Below this are two input fields: 'Username' and 'Password'. Each field has a 'Forgot?' link to its right. Below the password field is a blue 'LOGIN ►' button. At the bottom, there is a link 'Don't have an account yet?' and a red 'Register Here' button.

Step 3: Enter “Username” and “Password,” then click “Login.”

The following screen displays:

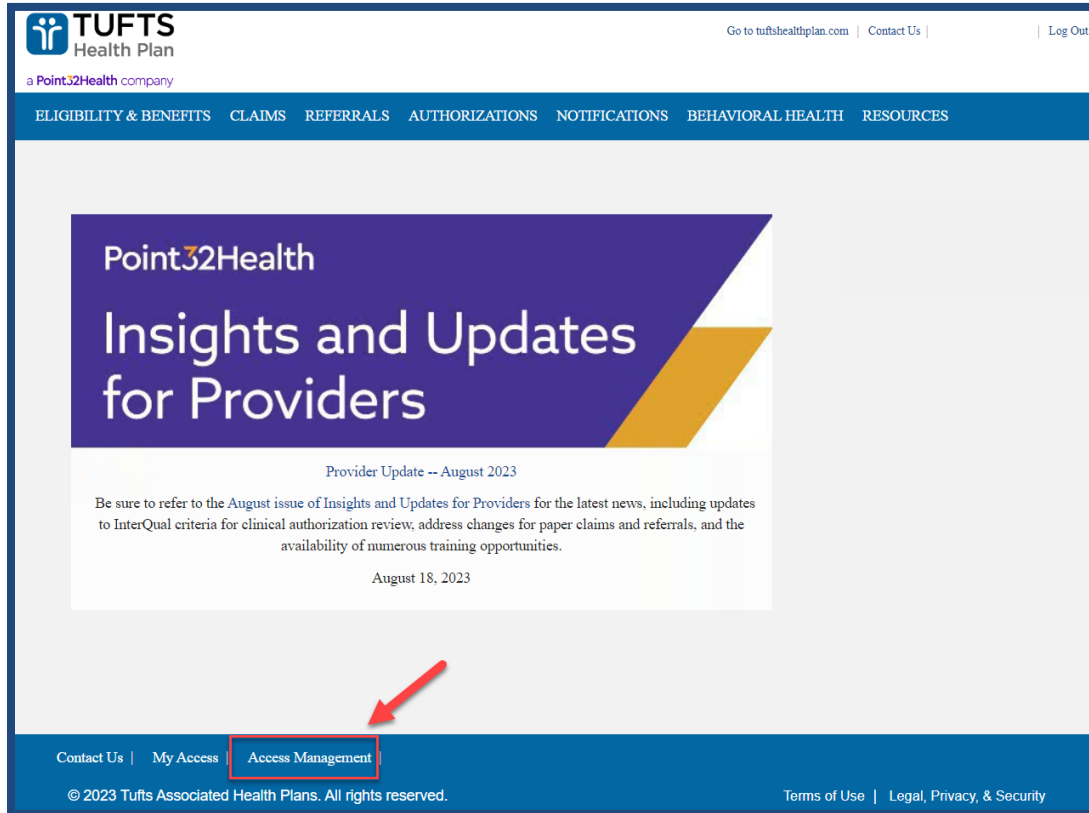
The screenshot shows the provider portal home page. At the top is the Tufts Health Plan logo and a navigation bar with links: 'Go to tuftshealthplan.com', 'Contact Us', and 'Log Out'. Below the logo is the text 'a Point32Health company'. A blue navigation bar contains links: 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', 'AUTHORIZATIONS', 'NOTIFICATIONS', 'BEHAVIORAL HEALTH', and 'RESOURCES'. The main content area features a large purple banner for 'Point32Health Insights and Updates for Providers'. Below the banner is a text block about the November issue of Insights and Updates for Providers. To the right is a white box with a list of links: 'Membership Report', 'Reporting Tools', 'Restricted Drug List', 'Patient Health (Public Plans)', and 'Peer to Peer Form'.

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.

A screenshot of the 'Access Management' page. The page title is 'Access Management'. Below the title is a description: 'Utilize the Access Management section to manage user access. With this tool, Senior Access Administrators and Access Administrators can locate and update access rights for all existing users and add new users as needed. Search by user details such as user name and email address or by provider to see a full list of users for each provider.' On the right, there is a 'Frequently Asked Questions' section. The main content area has a search bar with tabs: 'SEARCH BY USERS', 'SEARCH BY PROVIDERS' (highlighted with a red box), 'APPLY BULK UPDATES', and 'INACTIVE USERS (182)'. Below the tabs, there are input fields for 'Full Name', 'Provider ID' (with a red arrow pointing to it), and 'Pending Approvals'. At the bottom, there are 'CLEAR' and 'SEARCH' buttons, with the 'SEARCH' button highlighted with a red box.

Step 4: Click “Provider Name” to view authorized users.

Providers
Showing 2 out of 2 results.

Provider Name	Entity ID	Reg. As	Status	Tufts Health Plan Status
		NPI	Activated	Active
		NPI	Activated	Active

Show entries Previous **1** Next

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

Users
Showing 10 out of 131 results.

Name	Username	Email	Role	Pending Approval(s)

Don't see who you're looking for? [Add New User](#)

Show entries Previous **1** 2 3 4 5 ... 14 Next

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.”

[< Return to Search](#)

User Details

Username	First Name	Last Name
Email	Phone	Fax
Account Status	Active	

[Unlock Account](#)
[Reset Password](#)
[Email Username](#)
[Edit User Detail](#)

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

The screenshot shows the 'User Details' screen with a modal titled 'Reset Password' in the foreground. The modal contains the text: 'Temporary Password has been successfully emailed to [redacted]' and 'Your temporary password is [redacted]'. The background shows the 'User Details' form with fields for Username, First Name, Last Name, Email, and Phone, and a sidebar with links: 'Unlock Account', 'Reset Password', 'Email Username', and 'Edit User Detail'. The 'Account Status' is 'Active'.

EMAIL USERNAME

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

The screenshot shows the 'User Details' screen with a red arrow pointing to the 'Email Username' link in the sidebar. The sidebar also contains links for 'Unlock Account', 'Reset Password', and 'Edit User Detail'. The background shows the 'User Details' form with fields for Username, First Name, Last Name, Email, and Phone, and the 'Account Status' is 'Active'.

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

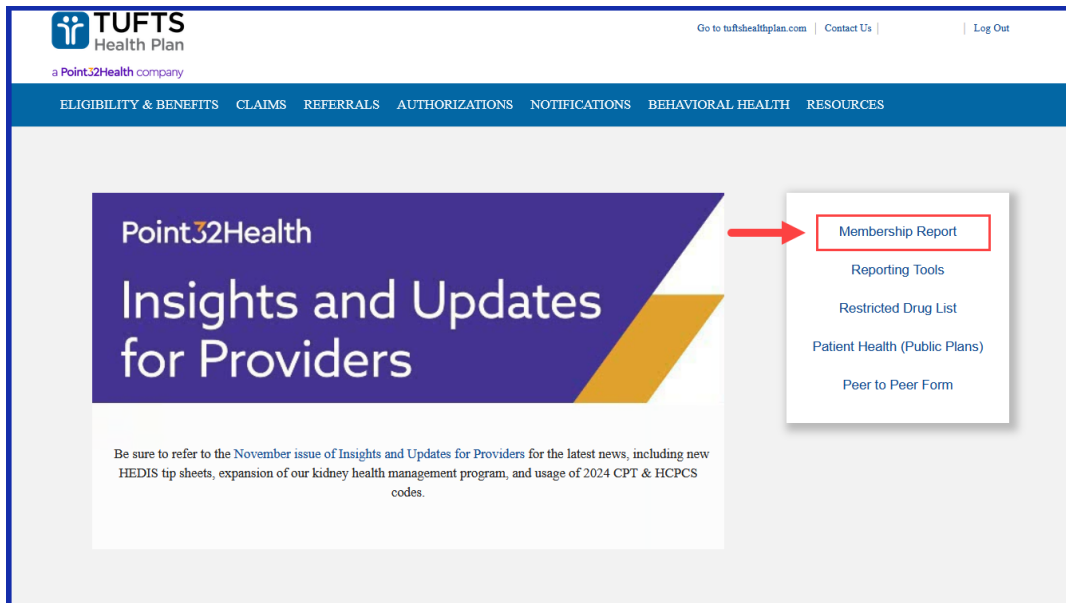
The screenshot shows the 'User Details' screen with a modal titled 'Email Sent' in the foreground. The modal contains the text: 'Username has been successfully emailed to [redacted]' and 'Username: [redacted]'. The background shows the 'User Details' form with fields for Username, First Name, Last Name, Email, and Phone, and a sidebar with links: 'Unlock Account', 'Reset Password', 'Email Username', and 'Edit User Detail'. The 'Account Status' is 'Active'.

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.”



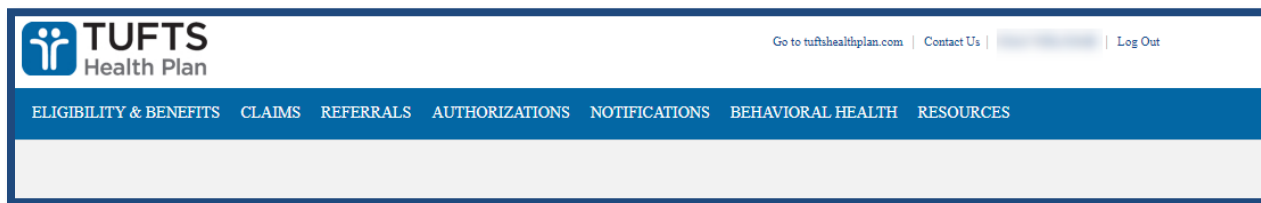
Step 2: Enter “Provider Name and ID” and click “Submit” to view the PCP’s Membership Report including Member Name, Member Address, Plan Effective Date, Date Included in PCP Panel and Office Copay.

The screenshot shows the 'Membership Report' page. The header is identical to the previous screenshot. The main content area has the title 'Membership Report' and a description: 'Available to primary care physicians, you can use the Membership Report to identify members who list you are their PCP.' Below this is a form with a label '*Required Field' and 'Provider Name and ID*'. A red arrow points to this field. To the right of the field is a green 'SUBMIT' button, which is also highlighted with a red box. Below the form, there is a 'Results' section showing 'Provider Name:', 'Run Date/Time: June 26 2020 9:34 AM', and 'NPI:'. Below the results, it says '46 Members found' and provides links for 'Export to Excel' and 'Print'. At the bottom, there is a table with the following columns: Member, Member Address, Plan Effective Date, Date Included in PCP Panel, Product, and Office Copay. The first row of data shows: [redacted], [redacted], 07/01/2018, 04/02/2015, Navigator by Tufts Health Plan, and \$20.00.

Member	Member Address	Plan Effective Date	Date Included in PCP Panel	Product	Office Copay
[redacted]	[redacted]	07/01/2018	04/02/2015	Navigator by Tufts Health Plan	\$20.00

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:

A screenshot of the 'Eligibility & Benefits' section of the Tufts Health Plan portal. The 'ELIGIBILITY & BENEFITS' tab is highlighted in the navigation bar. The section title 'Eligibility & Benefits' is followed by a brief description of the tool. A 'Frequently Asked Questions' box is on the right. Below, a search form is outlined with a red box. It includes fields for 'Provider Name/ID *' (a dropdown menu), 'Member ID*' (text input), 'Suffix' (text input), and 'Date Of Service' (date picker). A green 'SEARCH' button is to the right of these fields, and a blue 'ADVANCED SEARCH' link is below it. A red arrow points from the 'SEARCH' button to the 'ADVANCED SEARCH' link.

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

A close-up screenshot of the search form from the previous image. The 'SEARCH' button is green, and the 'ADVANCED SEARCH' link is blue. A red arrow points from the 'SEARCH' button to the 'ADVANCED SEARCH' link.

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

*Required field **

Provider NPI: 123456789

Date Of Service: 01/29/2020

Please select an option below

☐ Subscriber ID* S123 or 123

☐ Member ID* S123 or 123 Suffix ##

☐ First Name* Last Name* Date Of Birth* MM/DD/YYYY

GO BACK SEARCH

The following screen displays:

ADVANCED SEARCH

Viewing: [Redacted]

Benefit Year: [Redacted]

ELIGIBILITY BENEFITS DEDUCTIBLE OUT OF POCKET MAXIMUM

Please be advised all coverage is contingent upon eligibility on the date of service and that some changes to eligibility are retroactive. Confirmation of eligibility does not guarantee payment of service.

Eligibility: Member Information

Member Name:	Member ID#:	Date of Birth:
[Redacted]	[Redacted]	[Redacted]
Eligibility Status:	Term Date:	Date of Service:
[Redacted]	[Redacted]	[Redacted]
Gender:	Plan Type:	
[Redacted]	[Redacted]	

▼

Note: "PCP Information" is available:

PCP Information

PCP ID/Name: [Redacted]

Provider Unit ID/Name: [Redacted]

CHANGE PRIMARY CARE PHYSICIAN (PCP)

▼

Note: “Alternate Carrier Information” is also available:

The screenshot shows the 'TUFTS Health Plan' header with navigation links: 'Go to tuftshealthplan.com', 'Contact Us', and 'Log Out'. Below the header is a blue navigation bar with tabs: 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', 'AUTHORIZATIONS', 'NOTIFICATIONS', and 'BEHAVIORAL HEALTH'. The 'Alternate Carrier Information' form contains fields for 'Alternate Carrier:', 'Order of Benefits:', 'Policy Number:', 'Effective Date:', and 'Term Date:'. A disclaimer at the bottom states: '*Alternate Carrier Information does not include workers compensation information, if applicable.'

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

TO CHANGE A PCP ON BEHALF OF A TUFTS HEALTH PUBLIC PLANS MEMBER

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

The screenshot shows the 'TUFTS Health Plan' header with navigation links: 'Go to tuftshealthplan.com', 'Contact Us', and 'Log Out'. Below the header is a blue navigation bar with tabs: 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', 'AUTHORIZATIONS', 'NOTIFICATIONS', 'BEHAVIORAL HEALTH', and 'RESOURCES'. The 'ELIGIBILITY & BENEFITS' tab is selected, showing sub-tabs: 'ELIGIBILITY', 'BENEFITS', 'DEDUCTIBLE', and 'OUT OF POCKET MAXIMUM'. A disclaimer states: 'Please be advised all coverage is contingent upon eligibility on the date of service and that some changes to eligibility are retroactive. Confirmation of eligibility does not guarantee payment of service.' The 'Eligibility: Member Information' section contains fields for 'Member Name:', 'Member ID#:', 'Date of Birth:', 'Eligibility Status:', 'Term Date:', 'Date of Service:', 'Gender:', and 'Plan Type:'. The 'PCP Information' section contains fields for 'PCP ID/Name:' and 'Provider Unit ID/Name:'. A red arrow points to the 'CHANGE PRIMARY CARE PHYSICIAN (PCP)' button, which is highlighted with a red box.

The following screen is displayed: (click I agree to attest and continue or cancel to return to previous screen)

The screenshot shows a web interface for 'Eligibility: Member Information'. The background form contains fields for Member Name, Member ID#, Date of Birth, Eligibility Status, Term Dates, Date of Service, and Gender. A yellow modal box titled 'Change PCP Attestation' is overlaid on the form. The modal contains the text: 'By submitting the PCP change, you agree that the member, or parent/legal guardian for members under 18, asked you to initiate this change on their behalf and that the information submitted is accurate.' Below the text are two buttons: 'CANCEL' and 'I AGREE'. A close button (X) is in the top right corner of the modal. A downward arrow is visible in the bottom right corner of the background form.

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

The following screen displays:

The screenshot displays the Tufts Health Plan Member Benefits portal. The 'BENEFITS' tab is selected and highlighted with a red box. A red arrow points to the 'Benefits Categories' list on the left, which includes 'Routine Medical Services'. The main content area shows 'Routine Medical Services' with a description and a list of specific benefits: Doctor's Office Visit - PCP, Doctor's Office Visit - Specialist, Laboratory Tests, Pediatric Dental, Preventive Services, and Routine Eye Care. Below this, a table shows the member responsibility for 'Doctor's Office Visit - PCP' as 'No Copayment per Visit' for 'Network Provider'.

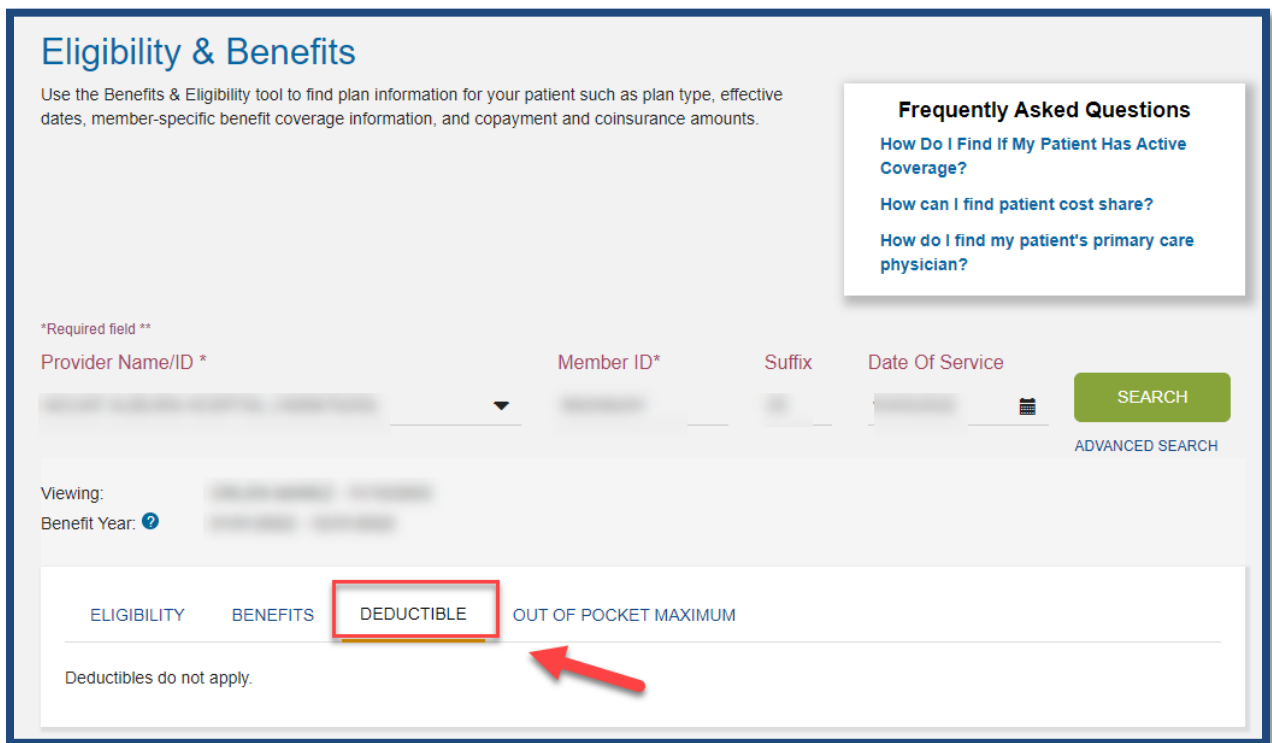
Service Type	Member Responsibility
Network Provider	No Copayment per Visit

TO VIEW A MEMBER'S ANNUAL DEDUCTIBLE INFORMATION (IF APPLICABLE)

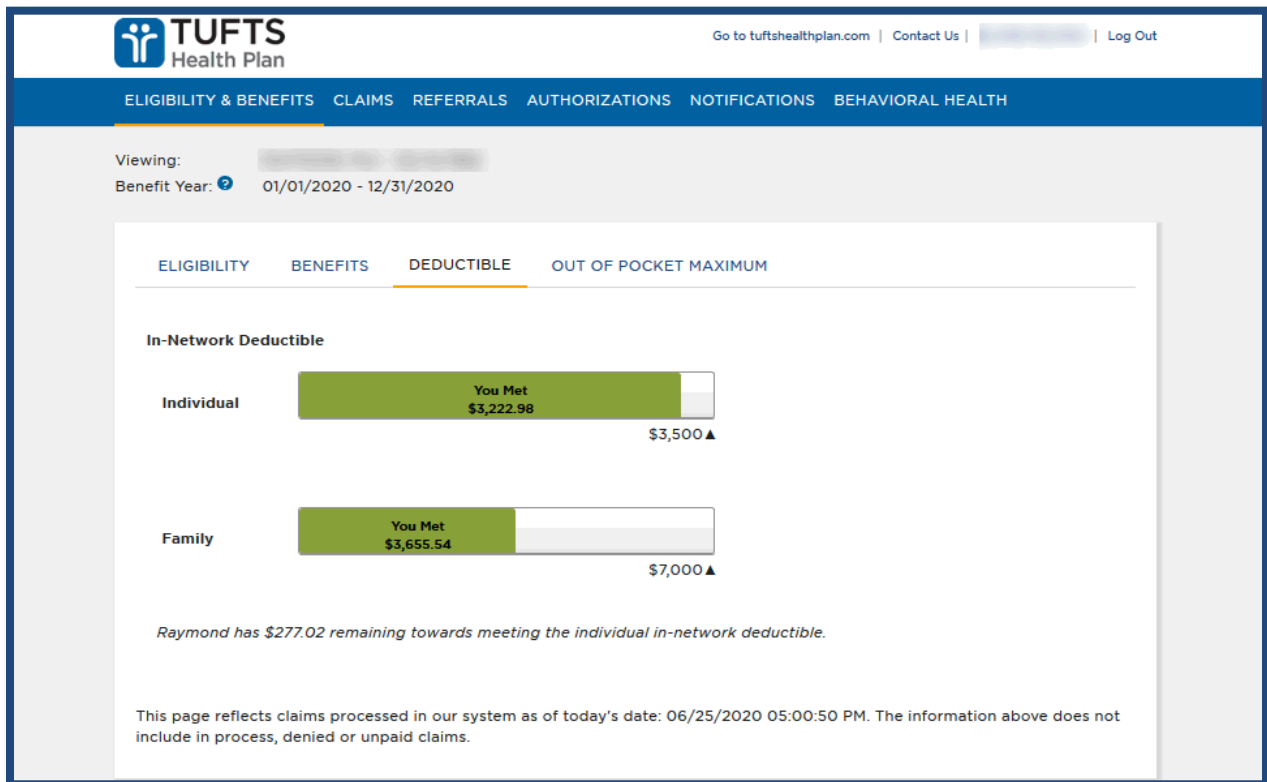
Step 1: From the *Eligibility & Benefits* tab, click "Deductible."



The following screen displays:

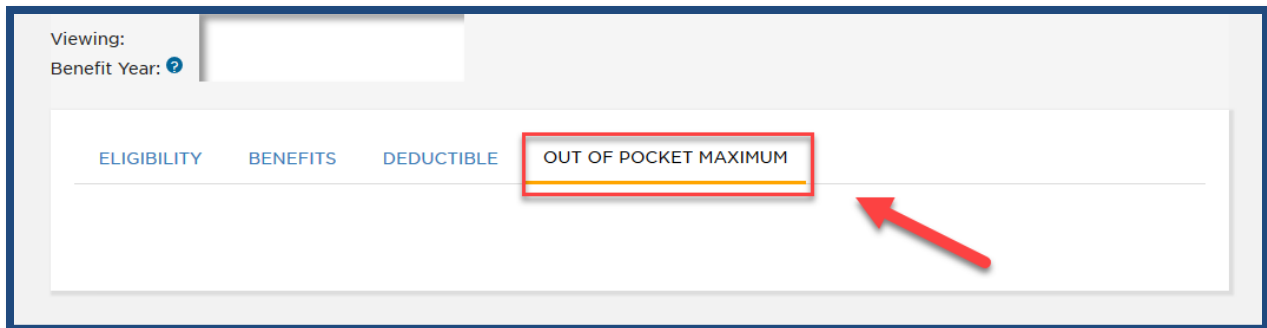


The following screen displays for individual and family deductible accumulator:



TO VIEW A MEMBER'S ANNUAL OUT OF POCKET MAXIMUM

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



The following screen displays:

Eligibility & Benefits

Use the Benefits & Eligibility tool to find plan information for your patient such as plan type, effective dates, member-specific benefit coverage information, and copayment and coinsurance amounts.

Frequently Asked Questions

- [How Do I Find If My Patient Has Active Coverage?](#)
- [How can I find patient cost share?](#)
- [How do I find my patient's primary care physician?](#)

*Required field **

Provider NPI	Member ID*	Suffix	Date Of Service	
<input type="text"/>	<input type="text"/>	01	05/28/2020	

SEARCH

ADVANCED SEARCH

Viewing:

Benefit Year: 01/01/2020 - 12/31/2020

ELIGIBILITY

BENEFITS

DEDUCTIBLE

OUT OF POCKET MAXIMUM

In-Network Out-of-Pocket Maximum

You Met

\$0

\$3,400▲

Note: Because our Tufts Health Plan Senior Care Options plan members also get assistance from MassHealth Standard (Medicaid), very few members of this plan ever reach this out-of-pocket maximum. Members of Tufts Health Plan Senior Care Options plan are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. For complete details, or if you have any questions, look in your Evidence of Coverage (EOC) booklet, or call Customer Relations.

This page reflects claims processed in our system as of today's date: 05/28/2020 12:45:56 PM. The information above does not include in process, denied or unpaid claims.

Claims

USE THE “CLAIMS” FUNCTION TO

Enter basic member or claim-specific date and obtain detailed claim status information. You can see whether the claim is pending, paid, or denied.

The screenshot shows the Tufts Health Plan website. The top navigation bar includes links for ELIGIBILITY & BENEFITS, CLAIMS (highlighted with a red box), REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, BEHAVIORAL HEALTH, and RESOURCES. Below the navigation bar, the breadcrumb trail reads: Home > Claims > Claims Inquiry, Rationale, & Adjustments. The main heading is "Claims Status Inquiry". The text below explains that the tool allows viewing two years of claims for provider for specific members and can be used to adjust or dispute eligible claims. It lists search criteria: claim number, member Id or name, NPI, provider name, procedure code, or any other piece of information associated with the claim. On the right, a "Frequently Asked Questions" box contains three questions: "Are all claims eligible to be adjusted or disputed?", "How many claims can I view?", and "Where can I find Tufts Health Plan's payment policies?".

SEARCHING FOR CLAIMS

For more information about *Freeform Search*, click “Click here to learn more.”

The screenshot shows the "Freeform Search" interface. At the top, there are five tabs: SEARCH ALL (highlighted with an orange underline), CLAIM NUMBER, PATIENT INFO, PROVIDER INFO, and SERVICE PERIOD. Below the tabs, a text box explains that users can enter any information related to their claim and that searching for multiple pieces of information at once is possible by using commas and/or spaces. A red box highlights the link "Click here to learn more." with a red arrow pointing to it. Below the text box is a search input field with the placeholder text "Search for any information related to claim or claims". At the bottom, there are two buttons: "CLEAR" and "SEARCH".

The following screen displays:

About Freeform Search

1. You can search for any information related to what you are looking for.

For example say you are looking for a claim from July. Just type the July in to the search box, and all claims that are filed in July will be returned.

Here are some other things you may use to refine your search: claim number, provider name, provider id, patient name, patient id, patient date of birth, and so on.

robert wilson

CLEAR SEARCH

Searchable fields

- Claim Number
- First Service Date
- Receipt Date
- Pay Date
- Total Paid
- Total Billed
- Cheack Number
- Patient Account
- Member ID
- Subscriber ID
- Member First Name
- Member Last Name
- Member Date of Birth
- Status Code Description
- Status Category Description
- Payee NPI
- Payee Name
- Provider NPI
- Provider Name
- CMS Procedure Code
- Procedure Description

2. You can search for multiple pieces of information at once.

Feel free to enter as many, or as few, pieces of information

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 1/1/20201 through 1/29/2021)

- 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.

SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO

You can use the search below to enter any information related to your claim. When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items. [Click here to learn more.](#)

1/1/2020 - 1/29/2020

CLEAR SEARCH

The following screen displays:

Showing 1 to 10 of 438,543 entries

Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			12345678 Amt. Billed : \$76,955.53 Amt. Paid : \$4,134.00 Status Cat : F1 Status Code : 65 Start Dt : 05/02/2018 Receipt Dt : 06/07/2018 Adjusted? : NO Adjustable? : Adjust Claim
			Amt. Billed : \$64,681.84 Amt. Paid : \$64,681.84 Status Cat : F1 Status Code : 65 Start Dt : 01/25/2018 Receipt Dt : 01/30/2018 Adjusted? : NO 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 below to enter one or multiple claim numbers. When entering multiple claim numbers, separate each one with a space.

123456789

CLEAR SEARCH

The following screen displays:

Showing 1 to 1 of 1 entries

Download Print Sort By: Start Date : Descending

Patient	Provider	Payee	Claim
			987654321 Amt. Paid : \$276.39 Status Cat : P1 Start Dt : 01/01/2020 Adjusted? : NO Status Code : 20 Receipt Dt : 01/01/2020 Adjustable? : Not Adjustable

Show 10 entries Previous Next

Status Effective Date 01/31/2020

Status Category

F1 = Finalized/Payment

F2 = Finalized/Denied

P1 = Pending/In Progress

Status Code

0 = Cannot provide further status electronically

8 = No payment due to contract/plan provisions

20 = Accepted for processing

38 = Awaiting next periodic adjudication cycle

65 = Partial payment made for this claim

TO SEARCH FOR CLAIMS USING THE “PATIENT INFORMATION” 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.”

SEARCH ALL CLAIM NUMBER **PATIENT INFO** PROVIDER INFO

Find a claim by entering the Patient ID, or Patient Name/DOB. You can also add information about the provider, service period, and/or procedure code to narrow your search. (Up to two years)

☒ **Patient ID** Suffix
 Enter Member ID ##

☐ **First Name** Last Name Date of Birth
 MM/DD/YYYY

+ Add Provider Info

CLEAR SEARCH

The following screen displays:

Showing 1 to 10 of 438,543 entries

Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			12345678 Amt. Billed : \$76,955.53 Amt. Paid : \$4,134.00 Status Cat : F1 Status Code : 65 Start Dt : 05/02/2018 Receipt Dt : 06/07/2018 Adjusted? : NO Adjustable? : Adjust Claim
			Amt. Billed : \$64,681.84 Amt. Paid : \$64,681.84 Status Cat : F1 Status Code : 65 Start Dt : 01/25/2018 Receipt Dt : 01/30/2018 Adjusted? : NO Adjustable? : Not Adjustable

TO SEARCH FOR CLAIMS USING THE “PROVIDER INFORMATION” TAB

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

SEARCH ALL CLAIM NUMBER PATIENT INFO **PROVIDER INFO**

Find a claim by entering information 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 Claims and/or Requested Adjustments

CLEAR **SEARCH**

The following screen displays:

Showing 1 to 10 of 438,543 entries

Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			12345678 Amt. Billed : \$76,955.53 Amt. Paid : \$4,134.00 Status Cat : F1 Status Code : 65 Start Dt : 05/02/2018 Receipt Dt : 06/07/2018 Adjusted? : NO Adjustable? : Adjust Claim
			Amt. Billed : \$64,681.84 Amt. Paid : \$64,681.84 Status Cat : F1 Status Code : 65 Start Dt : 01/25/2018 Receipt Dt : 01/30/2018 Adjusted? : NO Adjustable? : Not Adjustable

TO VIEW CLAIM DETAILS AND CHECK CLAIM STATUS

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

Showing 1 to 10 of 438,543 entries

Download Print Sort By: Relevance

Patient	Provider	Payee	Claim
			12345678 Amt. Billed : \$76,955.53 Amt. Paid : \$4,134.00 Status Cat : F1 Status Code : 65 Start Dt : 05/02/2018 Receipt Dt : 06/07/2018 Adjusted? : NO Adjustable? : Adjust Claim
			Amt. Billed : \$64,681.84 Amt. Paid : \$64,681.84 Status Cat : F1 Status Code : 65 Start Dt : 01/25/2018 Receipt Dt : 01/30/2018 Adjusted? : NO Adjustable? : Not Adjustable

The following screen displays:

< Back to Search Results Print

Summary of Account

Patient Name	Provider Name	Payee Name	Claim Number
Patient ID	Provider ID	Payee ID	Group Number
Patient Account No.	Product		

Line	Service Date	POS	SVC	Procedure Code	Claim Line Information	Other
001R		65	-1.0	A4657 SYRINGE W/ WO NEEDLE	Billed: -\$91.95 Allowed: -\$91.95 Withheld: \$0.00 Other Carrier: \$0.00 Deductible: \$0.00 Copay: \$0.00 Amt. Paid: \$0.00 Risk Cat.: HS	Check Number: DENIED EFT: — RSN Code: DCONT Finalized Date: 06/22/2018

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 REFERRAL MENU

Step 1: Click the “Referral” tab.

Step 2: Select “Referral Submission.”

The screenshot shows the Tufts Health Plan website. The navigation bar includes links for ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, BEHAVIORAL HEALTH, and RESOURCES. The REFERRALS tab is highlighted with a red box. Below the navigation bar, a dropdown menu is open for the REFERRALS tab, showing options for Referral Inquiry and Referral Submission. A red arrow points to the Referral Submission option. The main content area is titled "Referral Inquiry" and contains text about the tool's functionality. A "Frequently Asked Questions" box is also visible on the right side of the page.

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*:

The screenshot shows the "Submit Referral (Initial Specialty Care Review)" form. The form includes a description of the tool and a "Frequently Asked Questions" box. The main form area contains several required fields, each marked with an asterisk (*): "Referring Physician Name and ID*", "Member ID*", "Suffix*", and "Date of Birth*". Below these fields is a "Date of Service" field. A red box highlights the required fields. A red arrow points to the "CONTINUE" button. At the bottom of the form, there is a "Note" section providing additional information about the referral process.

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 “Submit.”

 **TUFTS**
Health Plan

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

***Required Field**

Referred to Provider ID* (Service Provider ID)

#####

Diagnosis Code Number of Visits*

XXX - XXXX [Q Search for a Diagnosis code](#) 1-99

Service Type Requested* (Please select one)

☐ Consultation - One visit only. Contact PCP prior to initiating treatment or diagnostic studies

☐ Consultation - Second opinion. One visit only. Procedures or diagnostic studies are NOT to be performed by this provider

☐ Consultation/Diagnostic - Consultative opinion and diagnostic studies

☐ Consultation/Diagnostic/Medical Care - Consultative opinion and necessary diagnostic studies and treatment

☐ Consultation - Early intervention (Department of Public Health approved providers only)

☐ Physical Medicine - Physical Therapy

☐ Occupational Therapy

☐ Speech Therapy


☐ Maternity - May include: pre-natal, post-natal, and delivery. Referrals required for POS members to obtain care at the authorized level of benefits with an out of network provider

Note: Out of network referrals (specialty care certification requests) require the signature of the Provider Unit's Physician Reviewer. Payment for services is subject to the member's benefits, eligibility on the service date(s), and any applicable utilization management program. An accepted referral (specialty care certification) is not a guarantee of claim payment. Referrals (specialty care certifications) are valid for twelve months from date of request or until quantity of visits indicated is exhausted, whichever occurs first. For authorization of outpatient mental health/substance abuse treatment call 1-800-208-9565.

CANCEL

CONTINUE

Online Referral Form Continued:

Go to tuftshealthplan.com | [Contact Us](#) | [Log Out](#)

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

Submit Referral (Initial Specialty Care Review)

Use the referral submission tool to submit specialty care reviews. Specialty Care Reviews encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist.

Frequently Asked Questions
[Does my patient need a referral?](#)
[Why am I not able to submit a referral?](#)

✓ Referral Information

2 Review/Confirm Referral

3 Referral Completed

Confirm your information

Click Submit to process your request, or click Edit to make a change. You must click Submit to receive a referral (specialty care certification) number before your request is complete.

Referring Physician Name/ID (Requester Name/ID)	
<input type="text"/>	
Member ID	Date of Birth
<input type="text"/>	<input type="text"/>
Referred to Provider ID (Service Provider ID)	Date of Service
<input type="text"/>	<input type="text"/>
Diagnosis Code	Number of Visits
Z01.419	1
Service Type Requested	
Consultation - One visit only. Contact PCP prior to initiating treatment or diagnostic studies	

Note: Out of network referrals (specialty care certification requests) require the signature of the Provider Unit's Physician Reviewer.

SUBMIT

EDIT

CANCEL

REFERRAL STATUS INQUIRY

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

To access the referral menu:

Step 1: Click the “Referral” tab.

Step 2: Select “Referral Inquiry.”

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Health Plan

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

Home > Referrals > **Referral Inquiry**

Referral Inquiry
Referral Submission

Referral Inquiry

The Referral Inquiry tool allows you to view two years of referrals for providers you have access to. To search for a referral, use one of the search functions below, including our freeform search to search by referral number, member Id or name, NPI, provider name, or just about any other piece of information associated with the referral.

Frequently Asked Questions

- [Can I print multiple referrals at once?](#)
- [Does my patient require a referral?](#)
- [How long is a referral valid for?](#)

Note: No referral is required for PPO or CareLink members.

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

Referral Inquiry

The Referral Inquiry tool allows you to view two years of referrals for providers you have access to. To search for a referral, use one of the search functions below, including our freeform search to search by referral number, member Id or name, NPI, provider name, or just about any other piece of information associated with the referral.

Frequently Asked Questions

- [Can I print multiple referrals at once?](#)
- [Does my patient require a referral?](#)
- [How long is a referral valid for?](#)

Note: No referral is required for PPO or CareLink members.

SEARCH ALL PROVIDER INFO REFERRAL NUMBER PATIENT NAME PATIENT ID

Find a referral by entering the Patient Name and Date of Birth.

First Name Last Name Date of Birth

MM/DD/YYYY

CLEAR SEARCH

Authorizations

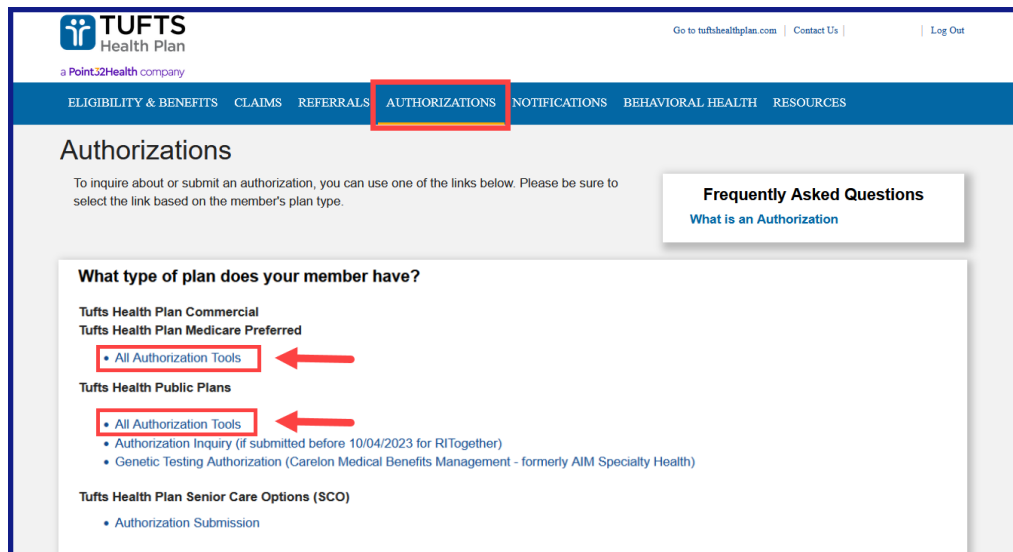
AUTHORIZATION STATUS INQUIRY

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.

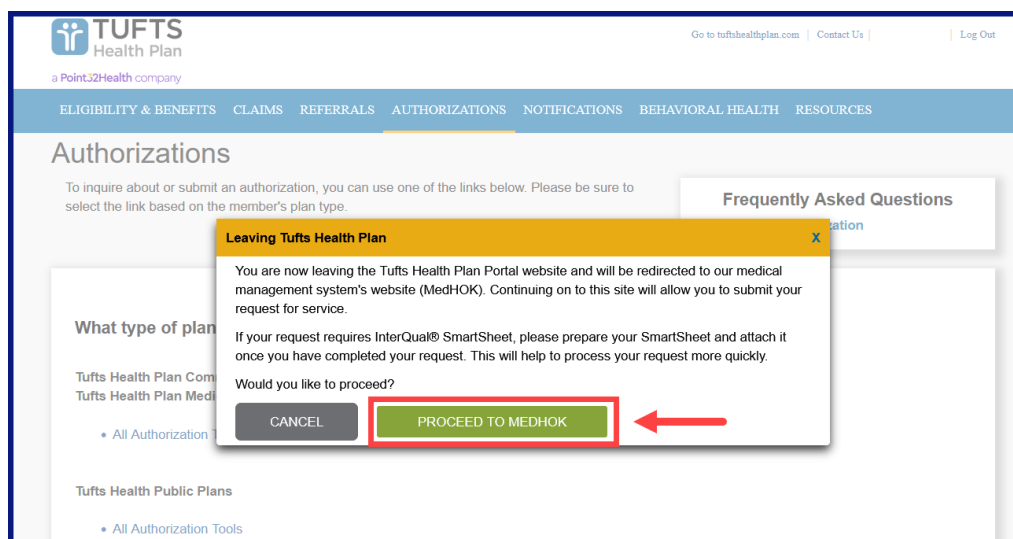
To access the authorizations menu:

Step 1: Click the “Authorization” 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 [MHK Portal User Guide \(Commercial, Tufts Health Public Plans, Tufts Medicare Preferred\)](#) for additional details.



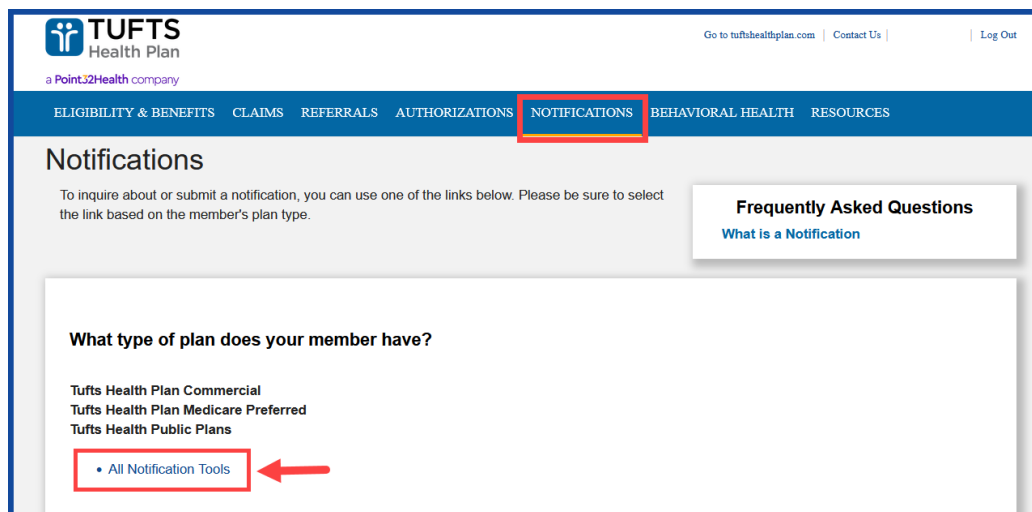
Notifications

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

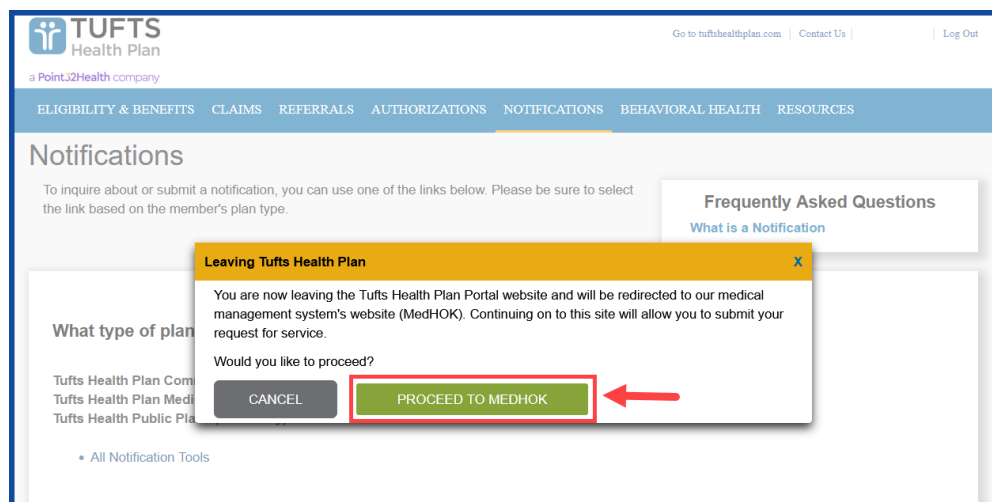
TO ACCESS THE “NOTIFICATIONS” MENU

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 [MHK Portal User Guide \(Commercial, Tufts Health Public Plans, Tufts Medicare Preferred HMO\)](#) for additional details.



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 below, click the attestation box and click “Submit.” **Note:** Additional directions can be found in the [Behavioral Health Provider Resource Guide](#) and the [Behavioral Health MHK Portal User Guide](#).



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

Behavioral Health

NOTE: For Tufts Health Plan in network providers, no prior authorization or notification is needed for Outpatient Therapy for any Commercial or Medicaid line of business. This portal may be used for:

Notification of Admission to:

- Inpatient Behavioral Health
- Substance Abuse Acute Residential Treatment
- Enhanced Acute Treatment Services/EATS
- Dual Diagnosis Acute Residential Treatment/DDART
- Intensive Treatment and Stabilization Services/ITSS
- Detox Services including Acute Treatment Services/ATS/Level 3.7 and Level 4
- Intensive Care Coordination/ICC
- Partial Hospital Programs/PHP

Notification of Discharge from:

- Acute or Intermediate levels of care

Submit Requests for:

- Repetitive Transcranial Magnetic Stimulation/rTMS
- Applied Behavioral Analysis/ABA
- Psychological/Neuropsychological testing

NOTE: Providers must attach the required documentation for rTMS, ABA, or Psych/Neuropsych testing.

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

Frequently Asked Questions

[Where can I find additional details on Behavioral Health services?](#)

[Where can I find forms and other information about behavioral health services?](#)

[Why am I being directed to a different site for some requests?](#)

MEMBER ID SEARCH | MEMBER NAME SEARCH

Enter the member information below. To search using Member Name instead, use the Member Name Search above.

Member ID*

S123 or 123 or N123

Suffix

XX

CLEAR

SEARCH

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

Servicing Provider Phone * Ext.
(XXX) XXX-XXXX XXXX

Select Servicing Provider Location

The servicing provider ID you entered is associated with more than one location, please select the correct location below:

Provider Name & NPI	Location Name	Location Address	
SMITH, JOHN J. MD 123456789	Elmers Children Hospital	300 Blinkton St Boston, MA 02115	SELECT
SMITH, JOHN J. MD 123456789	Weston Herring Hospital	808 Newville St Weston, MA 02176	SELECT
SMITH, JOHN J. MD 123456789	The Family Center of Brighton	85 North Valley Rd Brighton, MA 02135	SELECT

10 Previous 1 Next

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 Plan Senior Care Options Provider Relations:** 800-279-9022

For technical inquiries, contact Provider Services at the numbers listed above, or email [Tufts Health Plan Provider Technical Support@point32health.org](mailto:TUFTS_Health_Plan_Provider_Technical_Support@point32health.org).