TUFTS HEALTH PROVIDER CONNECT

Guide for Tufts Health RITogether

Tufts Health Provider Connect is an online self-service tool that allows you to handle many administrative activities in one portal and gives you the ability to:

- Check Member eligibility
- Submit claims
- Check claims and prior authorization status
- Send and receive secure messages

Refer to this chapter for information about:

- Accessing Tufts Health Provider Connect
- Completing the user agreement
- Patient management
- Office management
  - Eligibility
  - Claims
    - Claims status
  - Referrals and Authorizations
  - Provider Directory
  - Code Lookup
  - Reports
  - Document Manager
- Sending and receiving secure messages
- Administration
Accessing Tufts Health Provider Connect

Tufts Health Provider Connect is accessible from our Provider home page on the Tufts Health Plan website by clicking “Login” at the top right-hand corner of the screen or by going directly to https://thpprovider.healthtrioconnect.com.

New users:

If you have never used Tufts Health Provider Connect before, begin the new user registration process.

- Click here to access the User registration page. You can also access this page by clicking the “New User Registration” link on the Tufts Health Provider Connect sign-in page.
• Enter the required information on the screen and click “Next” to enter your office information.

![Office Information Form](image)

• Enter the required office information on the screen and click “Next”

**Please Note:** Make sure you do not add dashes when entering your organization’s tax ID number under “Office Information.” Enter only the nine-digit number to register.

• After you enter all requested information, you can choose to edit or select “Finish.”

• Once you have completed your registration, you will receive a registration acknowledgement email with instructions on submitting a user agreement.

**If you have used Tufts Health Provider Connect before but not with Tufts Health Public Plans**

Even if you are already using HealthTrio Connect through your affiliation with another plan, you must register as a new **Tufts Health Provider Connect** user.

**Please note:** Even if you are already using **Tufts Health Provider Connect** for Massachusetts residents, you must register again for Rhode Island residents.
• Go to the initial Tufts HealthTrio Connect Provider Registration page

• Select “Tufts Health Public Plans (RI)” from the drop-down list and click “Next” to display the User Information page

• On the “User Information” screen, click on the login link at the top and log in. The “User Information” screen will automatically populate with your information.

• If the user information is correct, click “Next” to continue to the “Office Information” page
  o Else if the user information is not correct, make the appropriate updates and then click, “Next”

• If the office information displayed is correct, click “Next to continue”
  o Else if the office information displayed is correct make the appropriate updates to the office information, and then click “Next” to continue.

The next screen will allow you to register additional users with the same ID. Staff members that are already registered with Connect will be populated at the bottom of the screen under “Additional User.”

• To remove users, click “delete” after each name.
• To enter staff not already registered with Connect:
  o Add their names and information in the boxes.
  o After each new name, click “Add User”.
  o When you are done adding staff, click “Next.”

The next “Registration Summary” screen allows you to verify your information

• If the information is correct, select “Finish”
• If the information is not correct, click “Edit” to go back and make the appropriate updates

Once you have completed registration, you will receive a registration acknowledgement email with instructions on submitting a user agreement.

If you registered for Tufts Health Provider Connect using your ID from another health plan (so you are using that user ID for both health plans), you can access Tufts Health Provider Connect after conducting transactions with the other health plan without exiting and logging in again. Simply click on the underlined role appearing to the right of the “Role” icon. The “Role” icon appears to the right of your user name at the top of any page on this site. This will take you to the “Role Selection” screen. Click on the “Select Role” button to the left of the
Tufts Health Plan role. If you are experiencing difficulty logging in, please call us at 866.738.4116 or email us at connect@tufts-health.com.

Completing the user agreement

After you register, please print the user agreement from Tufts Health Provider Connect. The user agreement must be signed by the contract signatory for your organization, who must designate an administrator. Even if you have already completed a user agreement for Tufts Health Provider Connect for Massachusetts residents, you must complete a user agreement for Rhode Island residents.

Complete the form along with required documentation and return it to us by fax to 857.304.6150, email at connect@tufts-health.com or mail to:

Tufts Health Plan
Attn: Tufts Health Provider Connect Accounts
P.O. Box 9193
Watertown, MA 02471-9193

Note: You must submit a completed user agreement within 30 days of registering for Tufts Health Provider Connect or you will need to re-register.

We will send you an email within nine business days of receiving your signed user agreement telling you if your account was confirmed for activation. Please print a copy of your temporary user ID and password as instructed during the registration process. You will need this temporary ID to access Tufts Health Provider Connect for the first time.

Patient Management

The “Patient Management” function allows you to confirm eligibility and view two years’ worth of claims and authorizations for a particular member. You can find this feature at the top of the left-hand side menu bar.

With “Patient Management,” you can search for a Member’s record, select the record and add the record to the “Current Patient” list for easy access.

The “Current Patient” drop-down list:

- Holds up to 50 entries
- Automatically drops the oldest entry on the list when the number of entries exceeds 50
After adding a Member to the “Current Patient” list, you can select him or her from the “Current Patient” drop-down menu and view his or her eligibility, claims and authorization information as shown below:

To access a particular category of information for the selected Member:
Click on that category, such as “Eligibility” or “Claims,” by selecting it from the menu that appears under “Patient Management.”

**Office management**
With the “Office Management” tools, you can manage the following functions as listed on the left-hand side menu bar.

**Eligibility:**
Always verify a Member’s eligibility on the date of service. We will deny claims for Members who were not eligible on the date of services. For more information on Member eligibility, see [Chapter 2 Doing Business with us](#).

**To view a Member’s eligibility and benefits information:**
- Use the “Eligibility Search” function, which appears automatically, to find out if the Member is an eligible member on the date of service. You can search by the Member’s last name, member ID (the nine-digit Tufts Health Public Plans Member ID number that begins with “R”) or social security number, as shown below. You can also search by provider to see that particular provider’s Members.
• Click on “Eligibility” under “Office Management” on the left-hand side menu bar.

• To search by provider: Choose from the primary care provider (PCP) list to limit your search to that particular provider’s Members.

• Click “Search” to complete your search.

• The “Patient Search Results” table will display your search results, including all Members meeting your selection criteria. The results will display Member ID numbers, regardless of the search criteria you chose.

• Click on the name of the Member for whom you wish to verify eligibility.
Claims:
For more information on claims, see Chapter 8.

Use the “Claims” function to:

- Check on the status of a previously submitted claim. You can see whether we paid the claim, if it is pending or if we denied it.
- Add and/or submit a CMA-1500 claim to us

To access the “Claims” menu:
- Click on “Claims” under “Office Management” on the left-hand side menu bar.
- Click on the tab for the function you want to perform, either “Claim Status” or “Add Claim.”
To check claim status:

- Provide information to locate the claim as shown in the “Claim Status Search” screen above. Search by claim number, Member identification or any combination of Member, provider, claim status, CMS-1450 or UB-04 claim bill type, and date.
- Change the “Date of Service Start” field, as necessary.
- Click “Search”

The claim you are checking may be the only one that appears, depending on how much you narrow your search. You may need to select the claim from a search results list, as shown above.
To view claim details:
The “Claim Status Detail” screen will appear as shown below:

To submit a batch of CMS-1500 and CMS-1450/UB-04 claims electronically:
Before submitting a batch, contact an Electronic Data Interchange (EDI) Specialist at EDI_operations@tufts-health.com or call 866.738.4116 to test this functionality.

To submit one CMS-1500 claim at a time, use the feature below:

- Select the “Add Claim” tab at the top of the screen.
- Search for the Member using the Member ID or last name, as shown below.
- Click “Search”

- Click on “Select” to choose the appropriate Member for the claim you are trying to submit.
Complete the two claims entry screens. After you select the Member, the first claims entry screen will appear, called “Create Professional Services Claim,” as shown below:
- Complete information for any field that has a circle to the left of it. If the “Date of Current Illness or LMP” is not available, use the service start date.
- Once you search for and select the appropriate provider’s name, the “Practice Name” field (vendor number) and tax ID number will populate automatically. If a provider has more than one remittance address, click on his or her name and look at the “Contact” field to ensure you have the right remittance address for the claim.
• Click on the “Search” button to select additional codes if you need to enter multiple diagnosis codes (DX Codes).

Helpful claim submission tips:
• A purple dot denotes a required field.
• Patient Account Number is the provider’s internal number system.
• Any time there is a search button next to an entry box, click it for the correct input of the value.
• To enter modifiers, click “Search” next to the procedure code and then click “Select” to the left of the code. After you click “Select,” the modifier screen will pop-up automatically.

Click on “Add Service” when you have completed the information required for the first screen. The screen below will appear:
• Complete any fields that are missing data if a screen appears that indicates you must fill in those fields.
• Fill in the “Start Date” field on the “Add Claim” screen with the date of service. You will need to change the date in most cases because this field automatically defaults to the day you add the claim.
• Fill in the “Place of Service” field by selecting it from the drop-down menu or typing in the industry standard number that corresponds to the place of service. You cannot submit a claim without this information.

**To enter procedure codes**

- Type in the appropriate procedure code, as shown in the middle of the next screenshot.
- Click “Search” to the right of the procedure code field.
- Select the correct procedure from the list that appears.

**To select modifiers**

- If any modifiers apply to your selected procedure, you will see a list of modifiers.
- Select the appropriate modifier, if required for the procedure.
- If the procedure does not require a modifier, you can bypass this by not selecting any modifiers and clicking “Submit.”
- Click “Add” once you complete all the required fields.
- The line you entered will appear at the bottom of the screen.
- To add additional claim lines, enter claim line information and click “Add.”
- Repeat this process until you complete adding all claim lines.
• Click “Finished,” as shown on the following screen.

• Click on “Finished” when you have completed the information required. The screen below will appear:
To print summary information for a claim:

- If you want to print your claim, do so before you click “Submit.” **You must click on the “Submit” button to submit your claim.**
- Click on the “Print Claim” icon (with the graphic of a small printer) in the top, left-hand side of the screen.
Referrals and authorizations:

The “Referrals & Authorizations” function allows you to check the status of an authorization you submitted to us, as shown next, or to submit a behavioral health authorization request for outpatient services.

To access the authorizations menu:

- Click on “Referrals & Authorizations” under “Office Management” on the left-hand side menu bar.
- Click on the “Status” tab to check the status of a referral or authorization.

To check referral or authorization status:

- Provide information to locate the authorization. You can search by request number (the referral/authorization number we assign), or any combination of Member, requesting provider, request status and date.
- Change the “Start Date” field, as necessary.
- Fill in the space to the right of the field to search by request number, start date or end date.
- Check on the circle to the left of the Member, requesting provider or servicing provider information in which you want to search.
- Fill in the appropriate data in the space below the circle on which you clicked.
• Click the “Search” button after you enter the appropriate information.
• Service requests that meet your criteria will appear under “Service Request Results,” as shown below.

<table>
<thead>
<tr>
<th>Service Request Number</th>
<th>Status</th>
<th>Subdept</th>
<th>Service Proposal Date</th>
<th>Requested Services</th>
<th>Requesting Provider</th>
<th>Serving Provider</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RO07655</td>
<td>Approved</td>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11 Sep 2017</td>
<td>5 Apr 2018</td>
</tr>
</tbody>
</table>

• Click on the service request number that appears in the “Service Request Number” column that corresponds to the particular service request on which you want to view detailed status information.

To submit a behavioral health outpatient authorization request:
• Click on “Outpatient Tab”
• Enter required member and provider information on the “Outpatient Tab”; select “psychotherapy” for the requested service type and complete all fields including what services are requested (CPT code and number of units requested)
• Complete the Behavioral Health Referral Questionnaire prior to submitting the above information.
• Once the Behavioral Health Referral Questionnaire is completed, an immediate response will be displayed with either and “Approved” or “Pended” message and a confirmation number. If the request was approved, please print a copy for your records as this is your authorization number for the requested services. You will no longer receive a faxed approval letter. If the request was pended, it will be reviewed by a behavioral health clinician and you will be notified via faxed letter of the decisions.

Provider directory:
You can search for in-network providers using the “Provider Directory” function under “Office Management” on the left-hand side menu bar.
To search for a provider:
You can search by name or National Provider Identifier (NPI) number. You can also search by a provider’s specialty, location or general information (network status), as shown below. Additionally, you can search by a provider’s demographic information, including gender and languages the provider speaks.

- Type the required data in the appropriate field and/or select criteria from the appropriate drop-down menu.
- Click “Search” to get your results. For details on a specific provider found in your search, click on the provider’s name in the left-hand column of the “Provider Search Results” chart.

Code lookup:
As shown below, you can use our “Code Lookup” function to search for procedure and diagnosis codes under “Office Management” on the left-hand side menu bar.
To conduct a diagnosis or procedure code search:

- Click on “Code Lookup” under “Office Management” on the left-hand side menu bar.
- Click on the circle to the left of either “Diagnosis” or “Procedure” to indicate the type of code on which you want to search.
- Fill in the data for the full or partial name of the procedure or diagnosis for which you want to obtain a code.
- Click the “Find” button. You will get a list of search results with names similar to the procedure or diagnosis on which you searched and the affiliated ICD-10 or CPT codes. The following example shows results for a search on an appendicitis diagnosis.

<table>
<thead>
<tr>
<th>Code Set</th>
<th>Code</th>
<th>Description</th>
<th>Related Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>786.09</td>
<td>Abdominal pain, other specified site</td>
<td>View</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>541.0</td>
<td>Acute appendicitis with generalized peritonitis</td>
<td>View</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>541.1</td>
<td>Acute appendicitis with peritoneal abscess</td>
<td>View</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>541.9</td>
<td>Acute appendicitis without mention of peritonitis</td>
<td>View</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>540</td>
<td>Acute appendicitis</td>
<td>View</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>035.8</td>
<td>Ameloblastic neoplasm of other sites</td>
<td>View</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>541</td>
<td>Appendicitis, unspecified</td>
<td>View</td>
</tr>
</tbody>
</table>

Reports:

The “Reports” function allows you to run your own reports in the format you prefer, with the data you want.

To access available reports

- Click on “Reports” found under “Office Management” on the left-hand side menu bar.
- Click on the “Report List” tab.
The types of reports available include:

- **Member Roster by Access List** — allows users to obtain a list of all Members assigned to their access list(s) (TIN). Users are only able run Member roster reports for their Members.
- **Member Roster by PCP (Panel Report)** — allows users to obtain a list of all Members assigned to a PCP.
- **Member Roster by Practice** — allows users to obtain a list of Members assigned to their practice.
- **Provider Report** — allows users to obtain a list of providers who meet criteria you set, such as those belonging to a particular specialty.
- **User Environment Statics CSV** — allows users to look at the user browser details by access list in a CSV format.
- **User Environment Statics PDF** — allows users to look at the user browser details by access list in PDF format.
- **Transaction Report** — allows users to look at the various transactions you have conducted with Tufts Health Provider Connect over a particular time, such as the number of submitted authorizations in the past three months.

To run a Member roster by PCP report:

- Click on the “Reports” function found under “Office Management” on the left-hand side menu bar.
- Click on the “Report List” tab.
- Click on “Member Roster by PCP” in the left-hand column, as shown in the previous screenshot.
- Next you will see this screen:
To ensure the report has the data you need:

- Select **Type of Members** — use the drop-down menus in this section to select the group of Members for the report (e.g., active Members, terminated Members or all Members)
  - Use the second drop-down menu to select type of date to search
    - *As of* — view all Members on a specific date
    - *Termination effective date* — the date a Member left Tufts Health Public Plans
    - *Added effective date* — the date a Member joined Tufts Health Public Plans
  - Use the third drop-down menu to select the date for the report. Click on “Calendar” to the right of the date field to select a date.
- Select **Provider** — search provider by Provider ID, NPI, UPI and name (Smith, John)
- Click “Continue” to select your display results.
- Next you will see this screen:

  ![Report - Member Roster by PCP](image)

- Select the report format (a delimited file or a PDF) from the drop-down menu.
- Click “Submit” to run your report.

To run Member rosters by practice, follow the same steps as above, except the provider search will be replaced with a drop-down menu of your associated practice.

To run a Member roster by access list, follow the same steps as a member roster by PCP, except the provider search will be replaced by a drop-down menu of access lists.

**To run a Provider Report:**

- Click on the “Reports” function found under “Office Management” on the left-hand side menu bar.
- Click on the “Report List” tab.
• Click on “Provider Report” in the left-hand column.

To ensure the report has the data you need, fill in:

• **Any Type** — use this drop-down menu to select the desired group for the report (e.g., clinician, facility, pharmacy or vendor)
• **Any Specialty** — use this drop-down menu to indicate the specialty type to report
• **PCP** — to report PCPs, select the ‘PCP’ checkbox
• Next you will see your results displayed on the screen.

![Provider Report]

**Provider Report**

**Number of Records:**

<table>
<thead>
<tr>
<th>Specialty Name</th>
<th>SubNetwork Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Network Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Type</th>
<th>City</th>
<th>State</th>
<th>Address</th>
<th>Zip Code</th>
<th>County</th>
<th>Phone</th>
<th>Specialty</th>
<th>Status</th>
<th>Practice</th>
<th>Name</th>
<th>ID</th>
<th>NPI</th>
<th>TIN</th>
</tr>
</thead>
</table>

- **Display Results** — use the icons to the far right, below the “Back” button, to select the format (a delimited file or a PDF) to download

**To run a User Environment Statics Report:**

- Click on “Reports” under “Office Management” on the left-hand side menu bar.
- Click on the “Report List” tab.
- Click on “User Environment Statistics CSV or PDF” in the left-hand column.
To ensure the report has the data you need, fill in:

- **Date Selection** — type in the “Start Date” and “End Date” fields to indicate the time period for the report. Click on the calendar button to the right of the date fields to select a date.
To run a Transaction Report:

- Click on the “Reports” function under “Office Management” on the left-hand side menu bar.
- Click on the “Report List” tab.
- Click on “Transaction Report” in the left-hand column.

To ensure the report has the data you need, fill in:

- **Select a Report** — select either transaction counts or transaction type counts
- **Portal Type** — select either all (by access list type), which will provide a group count, or all (by user), which will provide a count by each user
- **Present Date Range as** — select a specified period, daily specified period or year to date
- **File Type** — select either PDF or CSV as your desired file format
- Click “Submit.”
- Next click “Continue” to run your report.
- If you selected report type transaction type counts or present date range as specified period or daily specified period, you will need to narrow your search on the next screen.
• **Data Selection** — type in the “Start Date” and “End Date” fields to indicate the time period for the report. Click on the calendar button to the right of the date fields to select a date.

• **Optional Selection** — use this menu to select the transaction type to report. You can view all transactions you have completed with *Tufts Health Provider Connect* or you can view a particular type of transaction, such as eligibility searches.

• Click “Continue” to run your report.

On each report screen you have the option to select batch report status. If any of the reports that you create have over 1,000 records, they will run within 24 hours. You can see the status of batch reports by selecting the “Batch Report Status” tab. Once the report finishes running, you can see it within the document manager, as described next.
Document Manager:
The “Document Manager” function allows you to manage, store and share secure files.

To use “My Documents”:
“My Documents” stores the files you download while using Tufts Health Provider Connect, as well as any files we send you. For example, if you choose to download one of the available reports that report will automatically appear in “My Documents.”

To download files to your computer
- Click on “Document Manager” under “Office Management” on the left-hand side menu bar.
- Click on the “Current Documents” tab of the “Document Manager” menu bar.
- Enter search criteria to narrow your list of documents.
- Click on “Download” below the file name that corresponds to the file you want to download to your computer.
Sending and receiving secure messages

On the top of every page, you’ll see a “Message Center” link. The Tufts Health Provider Connect message center allows you to send secure messages to us and receive secure messages from us.

To access your mailbox:

- Click on the “Message Center” link.

- The following screen will appear.

To view a message:

- Click on the subject name.
To send a message:

- Click on “New Message” on the top right of the page to bring up the following page:

  ![Compose Message for Jared Turner](image)

  - Click on the “Add Recipient” link to appropriate Recipient names

  ![Add Recipients](image)

  - Use the “Recipient Type” drop-down menu to select “Department”
• Click “Add” next to the Tufts Health Public Plans team to whom you want to send a message (e.g., Connect assistance, EDI, claims).
• Click on “Send Message” once you type your message. You will receive confirmation that your email has been sent.
To receive email notification of a new message in your “Inbox” folder:

- Click on “Settings” on the top right of the page to bring up the following page:

- Fill in your email address in the box under “Notifications” (shown next) to receive external notification of emails sent by us to your “Inbox” folder.

- Click “Save”
Administration

The “Administration” function accessible from the left-hand menu bar has two primary features:

- **User Preferences** — allows you to change your password and user information, and choose whether you want us to notify you when you get messages in your “Inbox”
- **System Administration** — allows you to add a new staff member to Tufts Health Provider Connect (only your office’s Tufts Health Provider Connect “Office Manager” can access this function)

User preferences:

**To modify your user information:**

- Click on “User Preferences” under “Administration” on the left-hand side menu bar.
- Click on the “User Information” tab, as shown next.

- Type in your changes.
- Click “Submit” to save changes.
To change your password:

- Click on “User Preferences” under “Administration” on the left-hand side menu bar.
- Click on the “Change Password” tab, as shown next.

- Type in the appropriate information.
- Click “Submit” to save changes.

Please note: *Tufts Health Provider Connect* uses passwords to fulfill HIPAA’s requirement to confirm a user’s identity. To keep the information you access through *Tufts Health Provider Connect* confidential, please do not share your password(s) or user ID(s) within your office.

Password rules:

- You cannot use your user ID as a password.
- You cannot use your first or last name as a password.
- All passwords are case sensitive.
System administration:

To add a new staff member:

- You must be a Tufts Health Provider Connect “Office Manager” and, depending on which screen you are viewing, either the “Main Office Contact” or “Local Administrator.”
- Click on “System Administration” under “Administration” on the left-hand side menu bar. The “User Maintenance” screen will appear. This screen will list the “Office Manager” as well as any staff members and their registration status.
- Click on the “Add User” button to add a new staff member.
- Complete the user’s demographic information. When you have completed it, do not click the “Submit” button.
- Click on the “Add” button. The “Role Selection” screen will appear.
- Select the appropriate role for the new user.
- Click on the “Submit” button.
- The “User Maintenance” screen will appear again. You will see the new staff member’s role at the bottom.
- Review the information to ensure it is accurate.
- Click “Submit.” The “Registration Summary” will appear.
- Click “Print.”
- The “Office Manager” will receive a user ID and temporary password for the new staff member via email. Share this email with the new staff member.
- Temporary passwords must be updated within 24 hours of adding a new staff member.
To edit staff member information:

- You must be the *Tufts Health Provider Connect* “Office Manager” and, depending on which screen you are viewing, either the “Main Office Contact” or “Local Administrator.” If you need to get these permissions, please contact us.
- Click on “System Administration” under “Administration” on the left-hand side menu bar. The “User Maintenance” screen will appear, as shown below.
- This screen will list the “Office Manager” as well as any staff members and their registration status.
- Click on the underlined name of the staff member to edit his or her information.