

Behavioral Health Self-Service

> User Guide

Introduction

Tufts Health Plan created this user guide to illustrate how to navigate and use online self-service tools for Behavioral Health. This guide will provide valuable information on the Tufts Health Plan [secure Provider website](#).

This guide contains general guidelines, helpful hints and instructions on how to view a member's benefits, obtain notification numbers for outpatient behavioral health services and view authorizations/notifications and claims.

We hope you find this guide useful. For additional information, visit Tufts Health Plan's public Provider website at tuftshealthplan.com/provider.

Note: *The Interactive Voice Recognition (IVR) system mirrors these steps for requesting prior authorization with one exception.*

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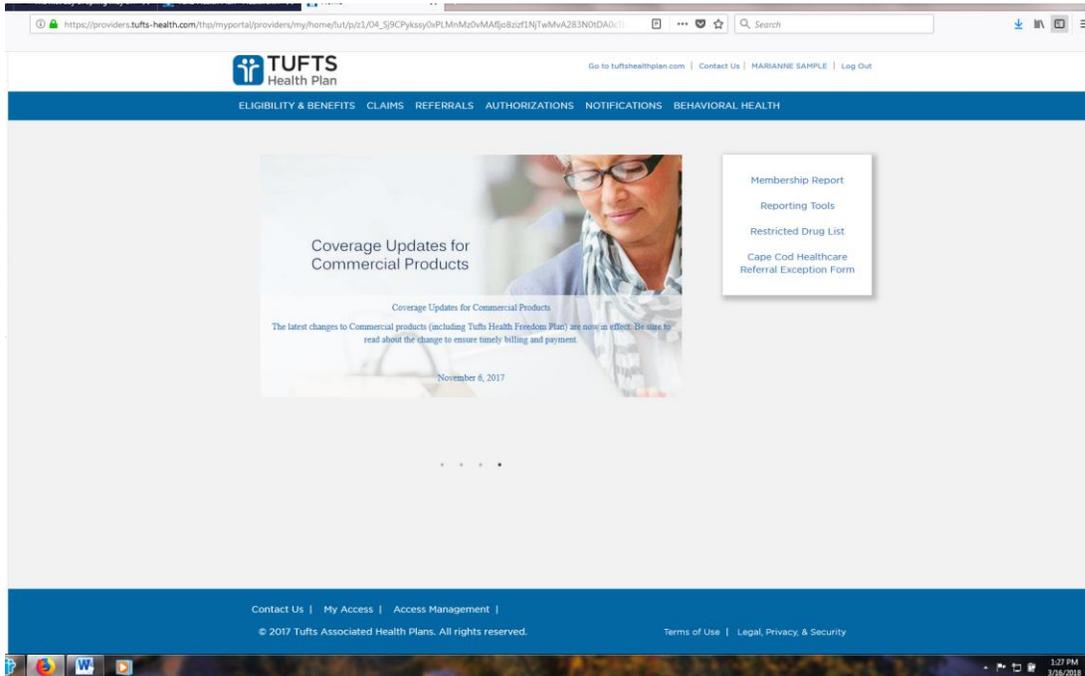
General Guidelines and Helpful Hints

1. Whenever you finish a session, be sure to click the "Log Out" button.
2. As a security measure, passwords expire every 60 days. After 60 days, you will be prompted upon logging in to create a new password. Passwords must be 6 to 12 characters in length and contain both letters and numbers.
3. If multiple people need access to your online information, each person must have an account of his or her own. The individual designated as Access Administrator has the ability to set up additional accounts using the Access Administration link in the Self-Service menu or on the Welcome page.

Viewing a Member's Benefits

Behavioral health and substance use disorder benefits can be viewed online. To access a member's benefits, follow these steps:

1. [Log in](#) with your username and password.
2. Select "Eligibility & Benefits" from the navigation menu.



3. Identifying the member: You can enter the member's ID and suffix **or** the first name, last name and date of birth.

i Info: Eligibility Banner summary ▼

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 Name/ID *	Member ID*	Suffix	Date Of Service	
Select Provider Name/ID ▼	S123 or 123	##	04/10/2018	<input type="button" value="SEARCH"/>

[ADVANCED SEARCH](#)

4. To view benefits, click on the "Benefits" navigation shown below.

*Required field

Provider Name/ID * **Member ID*** **Suffix** **Date Of Service**

CAPE COD HOSPITAL (1114984671) ▼ 889232228 02 04/10/2018  **SEARCH**

[ADVANCED SEARCH](#)

Viewing: RUSTICA GANDOLFO - 04/09/1957
 Benefit Year:  01/01/2018 - 12/31/2018 Contract Year:  : 07/01/2017 - 06/30/2018

[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.

5. Go to "Mental Health and Substance Abuse Navigation on the left menu. Click the navigation link for "Mental Health and Substance Abuse." Scroll to the bottom of the page to see both inpatient/outpatient benefits and cost shares.

Mental Health and Substance Abuse

[Nutritional Counseling](#)

[Outpatient Services](#)

[Prescription Drugs](#)

[Rehabilitative Services - Outpatient](#)

[Routine Medical Services](#)

[Transport Services](#)

[Urgent Care Center Services](#)

Mental Health/Substance Abuse - Inpatient and Intermediate Care

Service Type	Member Responsibility
In-Network	\$250 per Admission

[Find a Designated Facility.](#)

Member is eligible for any age appropriate Designated Facility in your plan. This member does not have an out of network benefit. If you have questions please contact us at 1-800-208-9565

This plan conforms with the Federal Mental Health Parity law. The member's plan may determine whether services are medically necessary. Prior authorization may be required for services.

[View more information about the Federal Mental Health Parity law.](#)

Mental Health/Substance Abuse - Outpatient Care

Service Type	Member Responsibility
In-Network	\$15 per Visit

This plan conforms with the Federal Mental Health Parity law. The member's plan may determine whether services are medically necessary. Prior authorization may be required for services.

[View more information about the Federal Mental Health Parity law.](#)

Note: State and/or federal mental health parity information will appear on the member's benefit information screen.

This plan conforms with the Federal Mental Health Parity law. The member's plan may determine whether services are medically necessary. Prior authorization may be required for services.

View more information about the [Federal Mental Health Parity law](#).

Submitting an Outpatient Notification

The [secure Provider website](#) allows you to submit a notification for treatment with a Tufts Health Plan member. You may request to backdate the notification for up to 30 days. To submit a notification online, follow these steps:

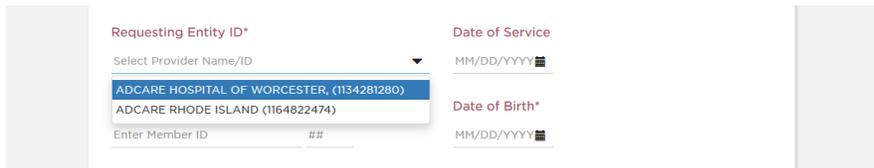
1. Log in with your username and password.
2. Select "Behavioral Health" from the top navigation.



3. From the Mental Health Services menu, select "Mental Health Service Request."



4. Select the correct outpatient behavioral health provider from the drop-down box.

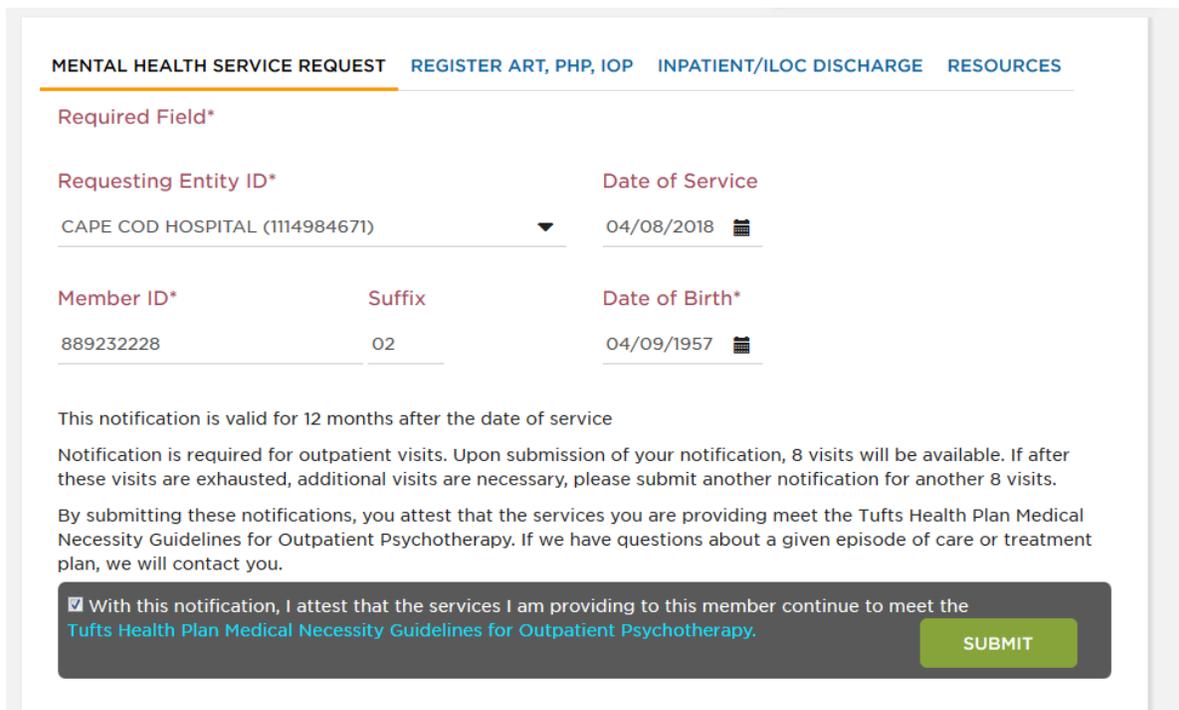


Requesting Entity ID*
Select Provider Name/ID
ADCARE HOSPITAL OF WORCESTER, (1134281280)
ADCARE RHODE ISLAND (1164822474)
Enter Member ID ##

Date of Service
MM/DD/YYYY

Date of Birth*
MM/DD/YYYY

5. Enter the member's ID number, date of birth and date of service on which the visits should begin.



MENTAL HEALTH SERVICE REQUEST REGISTER ART, PHP, IOP INPATIENT/ILOC DISCHARGE RESOURCES

Required Field*

Requesting Entity ID* CAPE COD HOSPITAL (1114984671) Date of Service 04/08/2018

Member ID* 889232228 Suffix 02 Date of Birth* 04/09/1957

This notification is valid for 12 months after the date of service

Notification is required for outpatient visits. Upon submission of your notification, 8 visits will be available. If after these visits are exhausted, additional visits are necessary, please submit another notification for another 8 visits.

By submitting these notifications, you attest that the services you are providing meet the Tufts Health Plan Medical Necessity Guidelines for Outpatient Psychotherapy. If we have questions about a given episode of care or treatment plan, we will contact you.

With this notification, I attest that the services I am providing to this member continue to meet the [Tufts Health Plan Medical Necessity Guidelines for Outpatient Psychotherapy](#).

SUBMIT

6. You need to check the box that says "With this notification, I attest that the

services I am providing to this member continue to meet the [Tufts Health Plan Medical Necessity Guidelines for Outpatient Psychotherapy.](#) Then Click "Submit."

7. After you submit the information, a confirmation screen will appear.

MENTAL HEALTH SERVICE REQUEST REGISTER ART, PHP, IOP INPATIENT/ILOC DISCHARGE RESOURCES

You may print this substance abuse service request in a [print friendly version](#) or submit another [substance abuse service request](#) .

Your this substance abuse service request has been submitted successfully.

Certification Number (Authorization number)	Quantity of visits authorized	Provider Number
K293050	8	1114984671

Member Name	Member Identification	Age
RUSTICA GANDOLFO	889232228 02	61

Product	Service Date
PPA Plan is eligible for federal parity	04/09/2018

Member Responsibility
\$15 copay per visit

Notification is required for outpatient visits. Upon submission of your notification, 8 visits will be available. If after these visits are exhausted, additional visits are necessary, please submit another notification for another 8 visits.

By submitting these notifications, you attest that the services you are providing meet the Tufts Health Plan Medical Necessity Guidelines for Outpatient Psychotherapy. If we have questions about a given episode of care or treatment plan, we will contact you.

[NEW SUBSTANCE ABUSE SERVICE REQUEST](#) Print 

Visits expire one year from start date of the notification. When additional visits are needed, please submit another notification request. You will receive a certification number for these visits.

Viewing Referrals

The [secure Provider website](#) allows you to look up notifications to see how many visits are approved and how many have been used. To view notifications, follow these steps:

1. Log in with your username and password.
2. Select "Referrals" from the top navigation menu.

i Info: Referral Inquiry Summary
▼

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

Use the search below to enter one or multiple referral numbers. When entering multiple referral numbers, separate each one with a comma and/or a space.

Enter one or multiple referral numbers separated by a space or comma

CLEAR
SEARCH

3. To locate the authorization, search by:
 - Provider ID number (view up to 31 days of your authorizations)
 - Notification/Authorization number
 - Member's ID **or** by the member's first and last names
4. A page displays a list of all authorizations/notifications meeting your search criteria
5. For more details, click on the authorization/notification number.

Provider Home
Account Services
Reporting Tools

[Prescription Submission](#) | [Referral Submission](#) | [Claims Status Inquiry, Ratemile & Adjustments](#) | [Advanced Search](#) | [Eligibility and Benefits Inquiry](#) | [Provider Registration/Notification](#) | [Referral Inquiry](#) | [Poor Auth Applying InterQual](#)

Referral Inquiry

Referral Inquiry Results

[View a Print-Friendly Version](#)

Date issued	Referred From	Referred To	Product Type				
Member ID	Status	Referral ID	Name	Referred From	Referred To	Referral Start Date	Product
77812345601	Approved	K123456	Brady Smith	Mental Health	Phoebe Hartwell, LICSW	03/31/2015	HMO
88812345601	Approved	K456789	William Mitchell	Mental Health	Phoebe Hartwell, LICSW	03/15/2015	EPO
77698765401	Denied	K012345	Walter Day	Mental Health	Phoebe Hartwell, LICSW	03/05/2015	POS

[Check Another Member](#)

The Referral Details page displays additional information such as referral ID, date range, number of visits approved and the number of visits utilized based on submitted claims.

[Provider Home](#) | [Account Services](#) | [Reporting Tools](#)

[Preregistration Submission](#) | [Referral Submission](#) | [Claims Status Inquiry, Rationale & Adjustments](#) | [Advanced Search](#) | [Eligibility and Benefits Inquiry](#) | [Provider Preregistration Notification](#) | [Referral Inquiry](#) | [Prior Auth Applying InterQual®](#)

Referral Inquiry

Referral Details

Referral ID:	K123456
Referring physician ID:	Mental Health
Referred To physician ID:	0123456789 Phoebe Hartwell, LICSW
Member ID:	776123456 01 Brady Smith
Date of Birth:	08/03/1977
Product Type:	Your Choice 3 Tier
Referral Start Date:	03/31/2015
Referral End Date:	03/31/2016
Procedure Code:	
Procedure Description:	
Number of visits authorized:	8
Number of visits used:	5
Number of visits remaining:	3

[Return to Summary List](#)

Viewing Claims

The [secure Provider website](#) allows you to look up claims that you have submitted to Tufts Health Plan, and to see claims that are paid, pending and denied. To view claims online, follow these steps:

1. Log in with your username and password.
2. Select "Claims Status Inquiry" from the navigation menu.

Claims Status Inquiry

The Claims Status Inquiry tool allows you to view two years of claims for provider for specific members. You can also use the tool to adjust or dispute eligible claims. To search for a claim, use one of the search functions below, including our freeform search to search by claim number, member ID or name, NPI, provider name, procedure code or just about any other piece of information associated with the claim.

Frequently Asked Questions

[Are all claims eligible to be adjusted or disputed?](#)

[How many claims can I view?](#)

[Where can I find Tufts Health Plan's payment policies?](#)

SEARCH ALL CLAIM NUMBER PATIENT INFO PROVIDER INFO SERVICE PERIOD

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.](#)

Search for any information related to claim or claims

CLEAR

SEARCH

3. To locate the claim, you can search by:
 - Claim number
 - Member's ID number and claim service period **or** by the member's first and last names, date of birth and claim service period
 - Provider (this option will show up to 31 days of claims based on the search criteria)
4. A page displays a list of all claims meeting your search criteria.

Claims Status Inquiry, Rationale & Adjustments

Claims Status Inquiry - Claim Level Summary [View a Print-Friendly Version](#)

Claim Service Period: 03/15/2015 - 4/30/2015
 Number of Claims Selected: 2
 Page 1 of 1

Select a tab to sort

Patient ID Claim No. Status Category Patient Account No. Adjustments

Patient ID	Name	Birth Date	Claim No.	Claim Amount	Amount Paid	Status Category	Status Code	Patient Account No.	Adjusted?	Adjustable
776123456 01	Brady Smith	08/03/1977	1234ABCD	650.00	0.00	F2	8	974784V961	N	<input type="button" value="Yes"/>
776123456 01	Brady Smith	08/03/1977	5678EFGH	300.00	0.00	F1	65	974784V961	N	<input type="button" value="Yes"/>

Status Effective Date: 05/24/2013

Status Category:
 F1 = Finalized / Payment
 F2 = Finalized / Denial
 P1 = Pending / In Process

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

- For more details, click on the member's ID number. A new page will display detailed information on the claim.

Patient Name: BRADY SMITH				Patient ID: 776123456 01		Patient Account No: 974784V961		Claim No: 2006AKWF				
Provider Name: Phosbe Hartwell, LICSW				Provider ID: 0123456789		Process Type: Original		Pay Date: 04/27/2015				
Payee Name: Phosbe Hartwell, LICSW				Payee ID: 0123456789				Check No: 50-001421427				

Service Date	POS	No. SVC	Procedure Code	Description	Amount Billed	Amount Allowed	Amount Disallowed	Co-ins.	Deduct.	Copay Taken	Amount Paid	Msg Code	Edit Rationale
03/31/2015	OFF	1	99214	OFFICE OR OTHER OUTPATIENT	208.00	121.74	0.00	0.00	0.00	40.00	81.74		NO
CLAIM TOTALS:					208.00	121.74	0.00	0.00	0.00	40.00	81.74		

Clicking on a claim will provide further information that is identical to the information contained on the corresponding Explanation of Payment (EOP). This information will display in a new pop-up window.

Contact Information

For questions on eligibility and benefit information, or for assistance on obtaining an authorization, contact the Tufts Health Plan Behavioral Health Department:

Phone: [800.208.9565](tel:800.208.9565)

For training on this or other tools within Tufts Health Plan's secure Provider website, contact Provider Education:

Web: tuftshealthplan.com/provider | Training

Email: provider_education@tufts-health.com

Phone: [888.306.6307](tel:888.306.6307), option #7

For technical assistance with registering for secure access on the secure Provider website, contact Provider Services:

Email: network_tech@tufts-health.com

Phone: [888.884.2404](tel:888.884.2404), option #1

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