MHK Portal User Guide

Submitting Inpatient Notifications and Prior Authorization requests for Tufts Health Together and Tufts Health Direct
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Overview

Inpatient notifications and prior authorization requests for outpatient services for Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) should be entered into the MHK (formerly known as MedHOK) portal via Tufts Health Plan’s secure Provider portal.

Note: If you are using an outdated or unsupported browser, certain features on MHK’s portal may not function properly. For an improved user experience, upgrade your browser to the latest version of Mozilla Firefox or Google Chrome.

For questions, call Tufts Health Public Plans Provider Services at 888.257.1985 (MA).

Accessing the Portal

LOGGING IN

Step 1: From a Firefox or Chrome web browser, enter: tuftshealthplan.com/login. Click “Login” and then click “Provider.”

Step 2: Click the “Commercial, Senior Products and Tufts Health Public Plans Massachusetts” link:

Step 3: Enter “Username” and “Password,” then click “Login.”
The following screen displays:
MHK Medical Management (MedHOK)

MIGRATING TO MHK MEDICAL MANAGEMENT (MEDHOK):

Step 1: Click the “Authorizations” tab.

Note: To initiate an Inpatient Notification, click the “Notifications” tab and follow the steps below.

Step 2: Select the “All Authorization Tools” option under Tufts Health Public Plans (Non-Unify) to continue.

Step 3: Click “Proceed to MedHOK” to continue.
The following screen displays:

**CHECKING MEMBER ELIGIBILITY**

**Step 1:** Select “Request PA or Notification” and enter "Member First Name," "Member Last Name," "Member Date of Birth" and "Member ID."

**Step 2:** Select the appropriate record under Status (Eligible vs. Not Eligible) and click “Select.”

**Note:** The member is not currently active if Eligible is not listed in the Status field.
Step 3: Click "Member Eligible" in upper right-hand section of the screen to review member coverage details.

Note: If the "Member Eligible" button is red with a past due date, you selected a record that is Not Eligible.

The Patient Eligibility History screen displays:

Prior Authorizations and Inpatient Notifications

VIEWING PRIOR AUTHORIZATIONS AND INPATIENT NOTIFICATIONS

Step 1: From the MHK home page, click "View/Update ALL Requests," enter "Member First Name," "Member Last Name," "Member Date of Birth" and "Member ID." The following options display:

- Request PA or Notification: Choose this option to initiate request.
- View/Update All Requests: Choose this option to view all inpatient, outpatient, medical, and BH requests that are pending or completed.
- View/Update Open Inpatient Requests: This option is limited to medical and behavioral health inpatient events that are in progress.
- View/Update Open Service Requests: This option is limited to medical service requests or behavioral service requests that are in progress.
**Note:** If no records are found, the member does not have any prior authorizations or inpatient notifications on file under the requesting provider’s NPI number.

**Step 2:** Click the “prior authorization number” in the Reference field.

**Step 3:** Click the “hyperlink” in the Review Number column to view additional details.
The Auth Review Details page displays:

**REQUESTING PRIOR AUTHORIZATION AND/OR AN INPATIENT NOTIFICATION**

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

The Member Search Results screen displays.

**Step 2:** Click “Select” in the Action field.

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

The Request Medical Prior Authorizations screen displays:
Step 3: Select the appropriate urgency for authorization request:

- **Standard**: For all requests.
- **Expedited**: For urgent requests due to medical necessity; all urgent requests are processed within 72 hours.

**Note**: The authorization type defaults to *Standard*. Click the "Expedited" radio button only if your authorization requires an expedited review. If expedited, be sure to agree to the *Attestation Regarding Expedited Review*.

Step 4: Enter "Provider’s Contact Name," "Requesting Phone Number," and "Requesting Fax Number."

**Note**: If the user has less than 20 providers affiliated with the account, they must search for *Requesting Provider* from the drop-down. If the user has more than 20 providers affiliated with the account, a search using the *Requesting Provider NPI* is needed. The *Specialty* and *Provider* status fields will pre-populate based on the credentials the provider used to log in.

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

Note: The Requesting Provider Same as Servicing Provider field defaults to “No.” If these are not the same, a Servicing Provider must be added to the request.

Step 6: Select the appropriate “Request Type” from the drop-down menu.

- **Service Request**: Used for all prior authorization requests (e.g., Elective Surgeries, DME, etc.).
- **Inpatient**: Used for all inpatient admissions.

Step 7: Select the appropriate “Place of Service” from the drop-down menu (e.g., 21- Inpatient Hospital, 11- Office).
Note: After selecting the appropriate Request Type and Place of Service, several additional fields display. Bed Type, Request Admit Date, Admit Type, and Review Type fields are marked with an asterisk and are required.

Step 8: Select the appropriate type from the options in the drop-down menu:
- If the Admit Type is “scheduled,” select “Surgical” as bed type or Obstetrical for Labor and Delivery notifications.
- If the Admit Type is “urgent/emergent,” select “Medical” as bed type.
**Step 9:** Enter the “Request Admit Date (mm-dd-yyyy)” and select the appropriate “Admit Type” and “Admit From” from their respective drop-down menu.

**Note:** Change Admit Type to “Urgent/Emergent” and enter the “Actual Admit Date” only for urgent/emergent admissions.

![Request Admit Date and Admit Type](image)

**Step 10:** Select the appropriate “Review Type” from the drop-down menu (e.g. Initial Review, Observation, etc.).

![Review Type](image)

**Note:** Tufts Health Public Plans requires prior authorization for in-network observation services exceeding 48 hours, and for all non-preferred in-network and out-of-network observation services. For more information, see the Observation Services Facility Payment Policy.

**Step 11:** Click “Add Servicing/Facility Provider.”

![Add Servicing/Facility Provider](image)

**Step 12:** Enter the “Servicing Provider NPI” or “Fed Tax ID,” then select the appropriate Provider “Type” from the drop-down menu and click “Search.”

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

![Search for Servicing Provider or Facility](image)

*The Servicing Providers-Search Results screen displays:*
**Note:** Multiple results may display (e.g. more than one address for the same NPI).

**Step 13:** Locate the appropriate provider record and click "Select."

**Step 14:** Enter the Servicing or Facility Provider’s "Fax Number" and click "Save."

**Step 15:** Click "Add Primary Diagnosis."
**Step 16:** Enter the diagnosis code or description and click "Search."

**Note:** All ICD 10 codes must be properly formatted (ex: E66.01, not E6601)

**Step 17:** Click "Select" in the *Action* field to add a diagnosis to the request.

**Note:** Click “Remove” in the *Action* field to remove a diagnosis.

**Step 18:** Click “Add Primary Procedure.”

**Note:** The Primary Procedure code is only required for scheduled surgical admissions. If submitting an urgent/emergent inpatient notification, this step is not required.
**Step 19:** Enter “CPT/HCPCS Codes” and click “Search.”

Note: Click “Select” to add a procedure code to request.

**Step 20:** Click “Select” in the Action field to add another code.

**Step 21:** Enter “Modifier (if applicable),” “Quantity,” and “Units” then click “Submit” to continue.

Note: Click “Remove” in the Action field to remove a procedure code.
Step 22: Click "Submit" to save and send your request.

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

Step 23: Click "Add Documents" to add medical notes.

Step 24: Click "Browse."

Step 25: Navigate to where the medical notes are saved on your computer and click "Open."
Step 26: Click “Upload Document” to add the attachment.

The following screen displays:

Note: Click “Add Notes” and repeat steps 23-26 to add additional notes.

Step 27: Click “Submit” to send the request.

The following screen displays:
Medical Records

**ADDING MEDICAL/Clinical Notes To An Existing Authorization**

**Step 1:** From the MHK home page, click “View/Update ALL Requests,” enter “Member First Name,” “Member Last Name,” “Member Date of Birth,” “Member ID” and then click “Search.”

**Step 2:** From the Authorizations/Notifications screen, click “Add Attachment.”
Step 3: Click “Upload Document“ and “Browse“ to continue.

**Step 4:** Select appropriate file and click “Open“ to continue.

**Step 5:** Click “Upload Document“ to continue.

**ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION**

**Step 1:** Discharge dates can be updated via Open Inpatient Requests or View/Update All Requests subsections on left-hand navigation bar. From the View/Update Open Inpatient Requests section, locate the appropriate authorization and update discharge information by clicking on “Add Discharge Date.”
Note: See below for other ways to refine your search:

1. Show entries can display up to 100 records at a time.
2. Type in free search any information listed in columns below – date, request type, etc.
3. Use down arrows in Member Name column to refine your search by name.

Note: If multiple entries are listed, use Show More Search Options to use advanced search features such as name, date of birth, authorization number, etc.

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

**Step 2:** After locating the authorization, click “Add Discharge Date” to continue.

The following screen displays:

**Step 3:** After choosing the appropriate date, click the “clock icon” to enter time of discharge.
**Note:** Submitter can click into the hour, minute, or second fields and it will populate military hours 0-23, minutes 0-55 in 5-minute increments, or seconds 0-55 in 5 second increments.

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

The following screen displays with the discharge date and time:
Note: When entering the discharge date, be sure to use the calendar accordingly. Copy and pasting the discharge date will cause the time to default to 12:00 am.

Submitting Assessments

If an authorization for PT/OT/GI/Endoscopy or Home Health Care Services is requested, additional information will be required.

**PHYSICAL THERAPY / OCCUPATIONAL THERAPY**

If a PT or OT procedure code is submitted, the Medicaid PT/OT assessment screen displays.

**Step 1:** Select “Physical Therapy” or “Occupational Therapy” from the drop-down menu for the *Type of service requested* and confirm whether the member has used one evaluation and 11 visits, then click “Submit.”

![Medicaid PT/OT Auto Auth](image)

**Note:** For additional information on coverage for PT/OT services, refer to the medical necessity guidelines for [Habilitative Services for Physical Therapy, Occupational Therapy, and Speech Therapy](#) for Tufts Health Direct.

**Step 2:** Click “Close” to close the assessment

If the member has used the evaluation and initial 11 visits, the screen below will display when the request is submitted.

![Authorization Status](image)

If a request for authorization is submitted for a member who has used less than 11 visits, the status screen will show that the authorization request has been voided and that prior authorization is not required. Prior authorization is not required if the member has not used 11 visits.

**GI / ENDOSCOPY**

If prior authorization is requested for a(n) GI/Endoscopy procedure code, the *Upper GI/Endoscopy Assessment* screen displays.

In this assessment, the member’s scenario must be selected (e.g. Anemia, Celiac Disease, etc.). More than one option can be selected by holding the CTRL key down. Clinical documentation must be submitted to support each scenario chosen.

**Note:** For more information, refer to the medical necessity guidelines for [Upper GI Endoscopy: Certain Elective Procedures](#).
**Step 1:** Select the member’s clinical scenario, upload medical notes/documentation and click “Submit.”

![Upper GI Endoscopy Assessment](image)

**Step 2:** Click “Close” to close the assessment.

The status screen will show that the authorization request is complete, and the request for coverage of the procedure may be auto approved if member meets clinical criteria.

![Authorization Status](image)

**HOME HEALTH CARE**

If a procedure code for home health care services is submitted, the *THPP Homecare Assessment* screen displays. The questions in the assessment correspond with the coverage criteria outlined in the medical necessity guidelines for Home Health Care Services for *Tufts Health Direct* and *Tufts Health Together*.

**Step 1:** Using the corresponding drop-down menus, answer the required questions regarding daily visits and if the member has received continuous homecare over the past 6 months. Add documents (if applicable) and click “Submit.”

![THPP Homecare Assessment](image)
**Note:** The screen displays that no authorization is required if daily home care visits are not required and the member has not received home care services continuously for the past 6 months.

**Step 2:** Click “Close” to close the assessment.

The status screen will show the authorization request has been voided and prior authorization is not required when the request is submitted.

**Note:** Click “Create Request for the Same Member” to enter another record or click “Create Request for Different Member” to enter another record. To change NPI’s, start from the beginning to proceed.