



Inpatient Admission Notification Instructions

for Tufts Health Provider Connect

January 2016

Inpatient admission notification overview

- An inpatient notification, also known as pre-certification, is a notification by a provider at a facility to Tufts Health Public Plans that a member is being admitted for inpatient care.
- Please notify us when your Tufts Health Public Plans patient is being admitted for inpatient care through:
 - Emergency room
 - Scheduled admission
- Submit an inpatient notification online through our provider portal, *Tufts Health Provider Connect*.
- Inpatient notifications do not take the place of any referral or prior authorization requirements that may be associated with a procedure within a facility.
 - Refer to Chapter 4D of the Tufts Health Public Plans *Provider Manual* at tuftshealthplan.com/provider for complete authorization requirements.

1. Log in to *Tufts Health Provider Connect*.

tuftshealthplan.com

TUFTS
Health Plan

About Us | Contact | English | Login | Site Search

I am a ... | Explore Our Plans | Membership Benefits | Health Insurance 101 | Health + Wellness | Find

Compassion + Innovation.
Tufts Health Plan. Redefining
what a health plan can do.
Explore our plans and products below.

Account Login

Provider

(You must select a division to login.)

Tufts Health Public Plans

LOGIN

Register For Access
(You must select a plan type to register.)

MAIN
OUR PLANS
THE BASICS
HEALTH TOOLS
NEWS + INFO

Select "Provider"

Select "Tufts Health Public Plans"

2. Enter your user ID and password to sign in.

You can access this web page directly via tuftshealthplan.com/providerconnect.

TUFTS
Health Plan

About us → Contact us → Call us at 888-257-1985

Welcome to *Tufts Health Provider Connect*

User ID

Enter user ID

Password

Enter password

[Forgot Your Password?](#) | [Forgot your username?](#) | [New User Registration](#)

Sign In

Use our convenient self-service tool to:

- Confirm member eligibility
- Check the status of a claim
- Check referral and authorization status
- Get useful provider resources and forms
- And more!

Click "New User Registration" if not registered for Tufts Health Provider Connect

Photo of a smiling female doctor in a white coat with a stethoscope.

3. Click on the "Referrals/Auths" link.

AAA

Patient Management

Current Patient:
(None) ▾

[Search Patients](#)

Office Management

[Eligibility](#)
[Claims](#)
[Referrals/Auths](#)
[Provider Directory](#)
[Formulary](#)
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Administration

[User Preferences](#)
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References

[Careinsight](#)
[Medical Emergency Release](#)
[Provider Resources](#)
[test assesment form](#)
[Provider Test](#)

Search Help Files:

About Tufts Health Provider Connect
Welcome to *Tufts Health Provider Connect*, our self-service tool that allows you to handle administrative activities in one portal, where you can:

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

Use the toolbar on the left to access information quickly to manage patients, streamline administration, and search through our provider resources to help answer your questions.

You can also see our *Tufts Health Public Plans Provider Manual* for additional information regarding our policies and procedures.

- [About us](#)
- [Contact us](#)
- Call us at 888-257-1985

4. Click on the "Admission" tab.

AAA

▣ Patient Management

Current Patient:
 ▾

[Search Patients](#)

▣ Office Management

[Eligibility](#)
[Claims](#)
► Referrals/Auths
[Provider Directory](#)
[Formulary](#)
[Code Lookup](#)
[Reports](#)
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▣ Administration

[User Preferences](#)
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[Communication Preferences](#)

▣ References

[CareInsight](#)
[Medical Emergency Release](#)
[Provider Resources](#)
[test assessment form](#)
[Provider Test](#)

Search Help Files:

Specialist

Outpatient

Admission

Home Care

Status

Here you can check the status of an authorization or referral that has been previously submitted to us. If you submitted your referral today it will not be in our system yet. Please check back tomorrow.

Search tips:

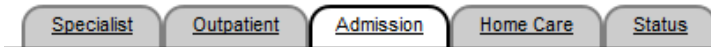
- You can search by request number (the authorization number assigned by us), or any combination of member, requesting provider, servicing provider, authorization status, or date information.
- Change the "start date" field if necessary.

Status

Search by Any Combination

Patient	<input type="text" value="(None)"/> ▾	Or	<input type="radio"/> Last Name <input checked="" type="radio"/> Member ID <input type="radio"/> Member SSN <input type="text"/> <small>(Example: Smith, John) (Example: HP5555555) (Example: 555-55-5555) (Example: 5555555555)</small>
Requesting Provider	No Referred By List	Or	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/> <small>(Example: Smith, John)</small>
Servicing Provider	No Referred to List	Or	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/> <small>(Example: Smith, John)</small>
Request Number	<input type="text"/>	Requested Service	<input checked="" type="checkbox"/> Specialist <input checked="" type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Admission <input checked="" type="checkbox"/> Transportation <input checked="" type="checkbox"/> Home Care
Start Date	<input type="text" value="11/8/2015"/> <input type="button" value="📅"/>	End Date	<input type="text" value="6/5/2016"/> <input type="button" value="📅"/>
Service Request Status	<input checked="" type="checkbox"/> Pended <input checked="" type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> Modified <input checked="" type="checkbox"/> No Action Required <input checked="" type="checkbox"/> Contact Plan <input checked="" type="checkbox"/> Rejected		
Sort	<input type="text" value="Select Sort"/> ▾ <input checked="" type="checkbox"/> Ascending		

5. Complete information at the top of the tab.



Important:

Servicing Provider field requires two provider numbers:

Physician (begins with a 9) and Facility (begins with a 7).

Admission			
<input checked="" type="radio"/> Patient	(Select Patient) ▼	Patient Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Member ID <input type="radio"/> Member SSN <input type="radio"/> Medicaid ID (Example: Smith, John) (Example: HP5555555) (Example: 555-55-5555) (Example: 5555555555) Search
<input checked="" type="radio"/> Requesting Provider	Select Provider	Provider Search	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI (Example: Smith, John) Any Type ▼ Search
Contact Name		Contact Number	Telephone ▼ Search
<input checked="" type="radio"/> Diagnosis		Diagnosis Search	 Search

- Enter member ID number and click "Search"
- Enter PCP last name, provider ID, or NPI number, and click "Search"
- Enter requestor name and phone number
- Enter ICD-10 diagnosis code and click "Search"

= Required Field

6. Complete information in the middle of the tab.

The screenshot shows a form with several sections. A red circle highlights the 'Last Name' dropdown menu, which contains 'John Doe, MD' and 'John Doe Hospital'. Red arrows point from the right-side instructions to the 'Search' button, the 'Contact Name' field, the 'Contact Number' field, the 'Requested Service' dropdown menu, and the 'Location' dropdown menu.

<input checked="" type="radio"/> Servicing Provider	<input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NP1	<input type="text"/>	Any Type <input type="button" value="v"/>	Zip <input type="text"/>	<input type="button" value="Search"/>
	<input type="button" value="Delete"/> John Doe, MD				
	<input type="button" value="Delete"/> John Doe Hospital				
<input checked="" type="radio"/> Contact Name	<input type="text"/>	<input checked="" type="radio"/> Contact Number	telephone <input type="button" value="v"/>	<input type="text"/>	
<input checked="" type="radio"/> Requested Service	<input type="text"/>	<input checked="" type="radio"/> Requested Units	1 <input type="button" value="v"/>	Days <input type="button" value="v"/>	
<input type="radio"/> Location	<input type="text"/>				

- Search for admitting provider *and* facility
- Enter admitting provider's contact name and phone number
- Select requested service
- Select location

= Required Field

7. Complete information at the bottom of the tab.

Procedure Code	<input type="text"/>			<input type="button" value="Search"/>
Procedure Date	<input type="text" value="12/08/2015"/>	<input type="radio"/> Level of Service <input type="radio"/> Start Date	<input type="text" value="12/08/2015"/> <input type="text" value="12/08/2015"/>	<input type="text" value="Select-
Elective
Emergency
Urgent"/>
<input type="radio"/> Release of Information <input type="text" value="-Select-
Informed consent/Med
Signed statement/claims"/>	<input type="text" value="Additional Information"/>			
Remarks (225 charact	<input type="text" value=""/>			
<input type="button" value="Submit"/> <input type="button" value="Clear"/>				

- Enter CPT procedure code and click "Search" (only required for elective admissions)
- Enter date if procedure code is entered
- Select level of service
- Enter comments

- Select release of information status
- Enter admission start date
- If attaching clinical notes, click on "Additional Information" (See next slide for instructions)

= Required Field

8. Add attachment, if necessary.

Additional Information			
Report Type	<input type="text" value="Admission Summary"/>		
Transmission Method	<input type="text" value="-Select- Electronically Only"/>		
Identification Code	<input type="text"/>		
Description	<input type="text"/>		
<input type="button" value="Add"/>			
Delete	Report Type NEW 1. Health Clinic Records	Transmission Method Electronically Only <input type="button" value="Continue"/>	ID Code Doe, John

- Select attachment type
- Select "Electronically Only"
- Name your file
- Click "Add"
- Click "Link" to add your file

Add Linked Document	
File	<input type="text"/> <input type="button" value="Browse..."/>
Description	<input type="text"/>
<input type="button" value="Submit"/>	

- Click "Browse" to select your file
- Click "Submit" to attach your file and return to the "Additional Information" screen

● = Required Field

9. Click "Continue" to return to the Admission screen.

Additional Information				
<input type="radio"/> Report Type	Admission Summary <input type="button" value="v"/>			
<input type="radio"/> Transmission Method	-Select- Electronically Only			
<input type="radio"/> Identification Code	<input type="text"/>			
Description	<input type="text"/>			
<input type="button" value="Add"/>				
<u>Delete</u>	Report Type	Transmission Method	ID Code	Description
Delete	NEW 1. Health Clinic Records	Electronically Only	Doe, John	Link
		<input type="button" value="Continue"/>		

= Required Field

10. Press "Submit" to complete your submission.

Procedure Code	<input type="text"/>			<input type="button" value="Search"/>
Procedure Date	<input type="text" value="12/08/2015"/>	<input checked="" type="radio"/> Level of Service	<input type="text" value="-Select-"/>	
<input checked="" type="radio"/> Start Date	<input type="text" value="12/08/2015"/>	End Date	<input type="text" value="12/09/2015"/>	
<input checked="" type="radio"/> Release of Information	<input type="text" value="-Select-"/>		<u>Additional Information</u>	
Remarks (225 characters max)				
<input type="text"/>				
<input type="button" value="Submit"/> <input type="button" value="Clear"/>				

= Required Field

Quick reference guide

Specialist	Outpatient	Admission	Home Care	Status
Admission				
<input type="radio"/> Patient (Select Patient) <input type="button" value="v"/>	Patient Search <input type="radio"/> Last Name <input checked="" type="radio"/> Member ID <input type="radio"/> Member SSN <input type="radio"/> Medicaid ID <input type="text"/> (Example: Smith, John) (Example: HP5555555) (Example: 555-55-5555) (Example: 555555555)	<input type="button" value="Search"/>		
<input type="radio"/> Requesting Provider Select Provider	Provider Search <input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/> (Example: Smith, John) Any Type <input type="button" value="v"/>	<input type="button" value="Search"/>		
Contact Name <input type="text"/>	Contact Number Telephone <input type="button" value="v"/> <input type="text"/>			
<input type="radio"/> Diagnosis Diagnosis Search	<input type="text"/>		<input type="button" value="Search"/>	
<input type="radio"/> Servicing Provider <input checked="" type="radio"/> Last Name <input type="radio"/> Provider ID <input type="radio"/> Provider NPI <input type="text"/>	Any Type <input type="button" value="v"/>	Zip <input type="text"/>	<input type="button" value="Search"/>	
<input type="radio"/> Contact Name <input type="text"/>	Contact Number Telephone <input type="button" value="v"/> <input type="text"/>	<input type="button" value="Search"/>		
<input type="radio"/> Requested Service Medical Hospice Maternity Newborn Care Psychiatric Skilled Nsg Care Inpt Substance Abuse Surgical Transplants	Requested Units <input type="text"/> Days <input type="button" value="v"/>			
Location				
Procedure Code <input type="text"/>			<input type="button" value="Search"/>	
Procedure Date <input type="text"/> <input type="button" value="cal"/>	<input type="radio"/> Level of Service Select- Elective Emergency Urgent			
<input type="radio"/> Start Date <input type="text"/> <input type="button" value="cal"/>	End Date <input type="text"/> <input type="button" value="cal"/>			
<input type="radio"/> Release of Information Select- Informed consent/Med Signed statement/claims	Additional Information			
Remarks (225 charact)				
Submit Clear				

- Search by member ID number
- Search by PCP last name, provider ID, or NPI number
- Search for ICD-10 diagnosis code
- Search by admitting provider's last name, provider ID, or NPI number
- Enter admitting provider's contact name and phone number
- Select requested service
- Search for CPT procedure code (only required for elective admissions)
- Enter level of service
- Enter date of service
- Select release of information status

Entering complete and accurate information upon the original submission will help ensure that the inpatient notification processes efficiently.