Tufts Health Provider Connect user guide
For Massachusetts and Rhode Island Tufts Health Public Plans products

For instructions on MedHok please visit:
Tufts Health Provider Connect overview

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

- Check Member eligibility
- Submit claims
- Check claims and prior authorization status
- Send and receive secure messages
- Update a Member’s primary care physician (PCP) – Massachusetts only
- Submit inpatient admission notifications
- Submit behavioral health outpatient requests
- Submit inpatient admission notifications

Refer to this guide for information about:

- Accessing Tufts Health Provider Connect
  - For new Tufts Health Provider Connect users
- Completing the user agreement
- Patient management
- Office management
  - Eligibility
  - Claims
    - To view claims details
  - 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 selecting Tufts Health Public Plans as the division and clicking the LOGIN button.

You may also access the Tufts Health Provider Connect login page by following this URL: www.tuftshealthplan.com/providerconnect.
For new Tufts Health Provider Connect users
You will need to register as a new user if you have never used Tufts Health Provider Connect even if you are already using HealthTrio Connect through your affiliation with another health plan. However, you can register for Tufts Health Provider Connect using your HealthTrio user ID from another health plan. When you use the same ID for both Connect experiences, you can access Tufts Health Provider Connect after conducting transactions with the other health plan without exiting and logging back in.

To register for access to Tufts Health Provider Connect, click the LOGIN button and find the LOGIN screen. On the LOGIN screen, you will see a How to Register box that includes New User Registration. Select your state.

You may also access the Tufts Health Provider Connect How to Register box by following this URL: www.tuftshealthplan.com/providerconnect.
Once you choose MA Providers or RI Providers, you will be asked to fill out a form like the one below. After you complete the first page, click the NEXT button at the bottom of the screen.

You will be asked to enter your Office Information. Please use the 9-digit number without dashes when entering your organization’s tax ID.
Once you complete your office information click the NEXT button.

If you are experiencing technical difficulty please call the provider services number listed below or email us at: connect@tufts-health.com.

For Massachusetts: 888.257.1985
For Rhode Island: 866.738.4116

**Completing the user agreement**

After you register, please print the user agreement from Tufts Health Provider Connect. The user agreement must be signed by your organization’s contract signatory, who must also designate an administrator.

Complete the form along with required documentation and return it to us by fax, email or mail:

**Fax:** 857.304.6150  
**Email:** connect@tufts-health.com  
**Mail:** 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.

Tufts Health Plan will send you an email within nine business days of receiving your signed user agreement confirming that your account was activated. Refer to the user ID and password created during the registration process. You will need this ID to access Tufts Health Provider Connect for the first time.

Once your account is activated and if you registered for Tufts Health Provider Connect using your user ID from another health plan (so you can use the same ID for both Connect experiences), you can access Tufts Health Provider Connect after conducting transactions with the other health plan. Simply click on the underlined role appearing to the right of the “Role” icon to switch accounts.
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 on the drop-down menu bar. With “Patient Management,” you can search for a Member’s record, select the record and add the record to a 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 the Member to the “Current Patient” list, you can select the patient from the “Current Patient” drop-down menu and view his or her eligibility, claims and authorization information shown below:

To access a particular category of information
Click on a 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 drop-down menu bar:

- **Eligibility** — View a Tufts Health Public Plans patient’s eligibility information
- **Claims** — Submit claims and view a claim’s status
- **Referrals/Auths** — View referral or prior authorization status
- **Provider Directory** — Search for a provider who meets your patient’s needs
- **Reports** — Run a patient roster (panel), provider or transaction report
- **Preferred Drug List (PDL)** — View and search our current PDL
- **Code Lookup** — Search for a diagnostic or procedure code
- **File Transfer Agent** — Submit claims files electronically

**ELIGIBILITY**

Always verify Tufts Health Public Plan Members’ eligibility on the date of service. We will deny claims for Members who were not eligible on the date of service.

**To view a patient’s eligibility and benefits information:**
• Click on the “Eligibility” function under “Office Management” on the drop-down menu bar.
• Use the “Eligibility Search” function, which appears automatically, to find out if the patient is an eligible Tufts Health Public Plans Member. You can search by the patient’s last name, Member ID (the nine-digit Tufts Health Public Plans Member ID number that begins with “N”) or Social Security Number, as shown below. You can also search by provider to see that particular provider’s patients.

![Eligibility Search](image)

• Search by name: Fill in the “Gender” and “Birth Date” fields to run your search if you search by name.
• Search by provider: Choose from the primary care provider (PCP) list to limit your search to that particular provider’s patients.
• Click on the SEARCH button to complete your search.
• The “Patient Search Results” table will display your search results, including all Tufts Health Public Plans Members meeting your selection criteria. The results will display patients’ Tufts Health Public Plans 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

Use the “Claims” function to:
- Check 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 CMS-1500 claim to us.

To access the “Claims” menu:

- Click on the “Claims” function under “Office Management” on the drop-down menu.
- Click on the tab for the function you want to perform, either “Claim Status,” “Remittance Advice” 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, patient account number, or any combination of Member, provider, claim status, CMS-1500 and CMS-1450/UB-04 claim bill type, and date.
• Change the “Date of Service Start” field, as necessary.
• Click the SEARCH button.

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 claims from a search results list, as shown above. Results will display patients’ Tufts Health Public Plans Member ID numbers.

To view claim details:

• Click on the claim number (in the “Claim Number” column shown above) associated with the claim you want to view.
• The “Claim Status Detail” screen will appear, as shown below:
How to submit a batch of CMS-1500 and CMS-150/UB-04 claims online

Before submitting a batch, contact an Electronic Data Interchange (EDI) Specialist at EDI_Operations@tufts-health.com or call us at 617.972.9400 ext. 54042 and ask to speak with an EDI Specialist.

To submit one CMS-1500 or CMS-1450/UB-04 claim at a time, use the feature below:

- Select the “add claim” tab.
- Search for the Member using the Member ID or last name, as shown below.
- Click on the SEARCH button.

- Click on the SELECT button to choose the appropriate Member for the claim you would like to submit as shown below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Effective Dates</th>
<th>Birth Date</th>
<th>Member ID</th>
<th>Primary Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams, Susan</td>
<td>F</td>
<td>1 Feb 2018-28 Feb 2018</td>
<td>25 Feb 1989</td>
<td>00000087</td>
<td></td>
</tr>
<tr>
<td>Brady, Katie</td>
<td>F</td>
<td>1 Feb 2018-28 Feb 2018</td>
<td>7 Jan 1961</td>
<td>00000088</td>
<td></td>
</tr>
<tr>
<td>Draper, Don</td>
<td>M</td>
<td>1 Feb 2018-28 Feb 2018</td>
<td>7 Jun 1991</td>
<td>00000546</td>
<td></td>
</tr>
</tbody>
</table>
- 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 purple 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 Claims Submission Tips:**

- A purple circle denotes a required field
- Patient Account Number is a provider’s internal number system
- Any time there is a SEARCH button next to an entry box, click it to find the correct value
- To enter modifiers, click the SEARCH button next to the procedure code and then click “Select.” Once select is clicked, the modifier screen will automatically pop up.
- Click on the “Add Service” button when you have completed the information required for the first screen.

• 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 at 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 following screenshot.
• Click on the “Search” button 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’ll see a list of modifiers.
• Select the appropriate modifier, if required for that procedure.
• If the procedure does not require a modifier, you can bypass this by not selecting any modifiers and clicking “Submit.”
• Click on the “Add” button 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 on the “Add” button.
• Repeat this process until you complete adding all claim lines.
• Click on the “Finished” button.
• A confirmation will now appear that shows the claim.

To print summary information for a claim:

• If you want to print your claim, do so before you click “Submit.”
• Click on the “Print Claim” icon (with the graphic of a small printer) in the top left-hand side of the screen.

Complete your claim:

• You must click the “Submit” button to submit your claim.
• You’ll receive confirmation that your claim was submitted.

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 the “Referrals/Auths” function 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.
- Click on the calendar to the right of the date fields to select a date from the calendar.
- Click on the circle to the left of the Member, requesting provider or servicing provider information for which you want to search.
- Fill in the appropriate data in the space below the circle on which you clicked.
- Click on the “Search” button after you enter the appropriate information.
- Service requests that meet your criteria will appear under “Service Request Search Results.”
- Click on the “Service Request Number” that appears in the “Service Request Number” column that corresponds to the particular service request to view detailed status information.
To submit a behavioral health outpatient authorization request

The secure provider portal allows you to submit authorization requests for outpatient behavioral health services. This new self-service tool provides the benefits of submitting requests 24/7/365 and receiving an immediate approval response if the required criteria are met. This new process will be easier and more efficient for office staff and eliminates the need for faxing. (You may still submit fax requests for outpatient behavioral health services, but you will not receive an immediate response. You will be notified of the decision via faxed letter).

- Click on the “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 an “Approved” or “Pended” message, along with 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 decision.
**PROVIDER DIRECTORY**

You can search for in-network providers using the “Provider Directory” function in the “Office Management” drop-down menu.

To search for a provider:

- You can search for a provider by name, National Provider Identifier (NPI) number, provider specialty, location or contract 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 on the SEARCH button 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.

To conduct a diagnosis or procedure code search:

- Click on the “Code Lookup” function in the “Office Management” drop-down menu. You will be directed to our code search area.
- Click on the circle to the left of either “Diagnosis,” “Procedure” or “Modifier” to indicate the type of code for 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 on the FIND button. You will get a list of search results with names similar to the procedure or diagnosis for which you searched and the affiliated ICD-9 or CPT codes.
Reports

The “Reports” function allows you to run your own reports in the format you prefer, with the data you want. You can run three types of reports, as shown below:

To run a Member Roster report by Access list:

- Click on the “Reports” function found under “Office Management” on the menu bar.
- Click on the “Report List” tab.
- Click on one of the three “Member Roster” options in the drop-down tab, as shown in the previous screenshot.
- Next, you will see this screen:
To run a Member roster by PCP report:

- Click on the “Reports” function found under “Office Management” from the drop-down menu
- Click on the “Report List” tab
- Click on “Member Roster by PCP,” 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 the SUBMIT button to select your display results.
- You will see the following screen:
• Select the report format (a delimited file or a PDF) from the drop-down menu.
• Click “Submit” to run your report.

To run a Provider Report:

• Click on the “Reports” function found under “Office Management” on the menu bar.
• Click on the “Report List” tab.
• Click on “Provider Report.”

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

• Providers — 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, check the box to the left of “PCP.”
• **Display Results** — Use this drop-down menu to select how you want your results displayed (e.g., a delimited file, an MS Excel file or a PDF).
• Click the CONTINUE button to run your report.

**To run a Transaction Report**

• Click on the “Reports” function under “Office Management” on the drop-down menu.
• Click on the “Report List” tab.
• Click on “Transaction Report.”

**Transaction Report Options**

**Select a Report**
- Report Type
  - Transaction Counts
  - Transaction Type Counts
- Portal Type
  - All (by access list type)
  - All (by user)
  - Member (by user)
  - Non-Member (by user)
  - Non-Member (by access list)

**Output Criteria**
- Present Date Range as
  - Specified Period
  - Daily Specified Period
  - Year to Date
- File Type
  - PDF
  - CSV

**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.

**To run a Search Practice report**

- You can now select a practice from this list.
- Click the SEARCH button for the next step.
- **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 drop down menu.
- Click on the “Report List” tab.
- Click on “User Environment Statistics CSV” or “User Environment Statistics PDF” depending on the format you need.

**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.
Document manager

The “Document Manager” function allows you to manage, store and share secure files.

To use “Current Documents”:

- “Current 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 “Current Documents.”
- To download files to your computer click on “Document Manager” under “Office Management” on the drop-down menu bar.
- Click on the “Current Documents” tab of the “Document Manager.”
- 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.

To download files to your computer:
• Click on “Document Manager” under “Office Management” in the drop-down menu.
• Click on the “Current Documents” tab of the “Document Manager.”
• 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 “Messages” link.
You will be directed to this page:

**Inbox Messages for Tufts Health Public Plans**

To view a message:
Click on the subject name.

To send a message:
Click on the “New Message” on the top right of the page to bring up the following page:
• In the “To” section under the box, there is a link called “Add Recipients.” Click that link to add appropriate recipient names.

• 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).
• Type your message and click on “Send 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 the “Save” button.

**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 drop-down menu.
- 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.
  o 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 email connect@tufts-health.com.
- 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 underlined name of the staff member to edit his or her information.