Tufts Health Provider Connect User Guide
For the Tufts Health RITogether plan

For instructions on the secure Provider portal for Tufts Health Plans Commercial products (including Tufts Health Freedom Plan), Senior Products (Tufts Medicare Preferred HMO and Tufts Health Plan Senior care Options [SCO]) and Tufts Health Public Plans Massachusetts products (Tufts Health Direct, Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans [ACPPs] and Tufts Health Unify), refer to the Tufts Health Plan Secure Provider Portal User Guide.

For instructions on Behavioral Health Authorizations, refer to the Behavioral Health Authorization and Portal User Guide.

User Guides are posted in the Training section of the public Provider website.

Note: Tufts Health Provider Connect is compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
Overview

*Tufts Health Provider Connect* is an online self-service tool that allows providers to handle several administrative activities as well as the ability to:

- Check Member eligibility
- Submit claims
- Check claims and prior authorization status
- Send and receive secure messages
- 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
- **Sending and receiving secure messages**
- **Administration**

**Accessing Tufts Health Provider Connect**

*Tufts Health Provider Connect* is accessible from Tufts Health Plan’s public Provider website by selecting “Login,” clicking the “Provider” tile and then clicking on “Tufts Health RITogether.”
You may also access the *Tufts Health Provider Connect* login page by following this URL: [tuftshealthplan.com/providerconnect](http://tuftshealthplan.com/providerconnect).

**For new *Tufts Health Provider Connect* users**

Providers 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 “RI Providers.”
Providers may also access the Tufts Health Provider Connect “How to Register” box by following this URL: tuftshealthplan.com/providerconnect.

Once you select “RI Providers,” you will be asked to fill out a form like the one below. After completing the first page, click the “NEXT” button at the bottom of the screen.
You will be asked to enter your "Office Information." 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, call the Provider Services number listed below or email us at: connect@tufts-health.com.
For Rhode Island: 866.738.4116

**Completing the User Agreement**

After you register, 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](mailto:connect@tufts-health.com)  
**Mail:** Tufts Health Plan  
  Attn: *Tufts Health Provider Connect* accounts  
  P.O. Box 9193  
  Watertown, MA 02471-9193

**Note:** Providers 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:

![Currently Selected Record: Tufts - Patient Information](image)

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, providers can manage the following functions as listed on the drop-down menu bar:

- ** Eligibility** — View a Tufts Health RITogether 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 a Tufts Health RITogether members’ eligibility on the date of service. Tufts Health Plan will deny claims for members who were not eligible on the date of service.
To view a patient’s eligibility and benefits information:

**Step 1:** Click the “Eligibility” function under “Office Management” on the drop-down menu bar.

**Step 2:** Use the “Eligibility Search” function, which appears automatically, to find out if the patient is an eligible Tufts Health RITogether member. You can search by the patient’s last name, Member ID (the nine-digit Tufts Health RITogether Member ID number) as shown below. You can also search by provider to see that particular provider’s patients.
• **Search by name:** Fill in the “Gender” and “Birth Date” fields to run your search if you search by name.

• **Search by provider:** Select from the PCP list to limit your search to that particular provider’s patients.

**Step 3:** Click the “SEARCH” button to complete your search.

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

**Step 4:** Click 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 Tufts Health Plan paid the claim, if it is pending or if Tufts Health Plan denied it.
• Add and/or submit a CMS-1500 claim to Tufts Health Plan.
To access the “Claims” menu:

**Step 1:** Click the “Claims” function under “Office Management” on the drop-down menu.

**Step 2:** Click 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 RITogether Member ID numbers.

**To view claim details:**
Click 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:

**Step 1:** Select the “Add Claim” tab.

**Step 2:** Search for the member using the “Member ID” or “Last Name,” as shown below

**Step 3:** Click the “SEARCH” button.

**Step 4:** Click the ”SELECT” button to choose the appropriate member for the claim you would like to submit as shown below.
Step 5: 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:
Step 6: 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.

Step 7: 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.

Step 8: Click 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 the “Add Service” button when you have completed the information required for the first screen

Step 9: Complete any fields that are missing data if a screen appears that indicates you must fill in those fields.

Step 10: 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.

Step 11: 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:

Step 1: Type in the appropriate procedure code.
Step 2: Click the “Search” button to the right of the procedure code field.

Step 3: 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.

Step 1: Select the appropriate modifier, if required for that procedure.

Step 2: If the procedure does not require a modifier, you can bypass this by not selecting any modifiers and clicking “Submit.”

Step 3: Click the “Add” button once you complete all the required fields.

The line you entered will appear at the bottom of the screen.

Step 4: To add additional claim lines, enter claim line information and click the “Add” button.

Step 5: Repeat this process until you complete adding all claim lines.

Step 6: Click “Finished.”

A confirmation will 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 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 & 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:
Step 1: Click the “Referrals/Auths” function under “Office Management” on the left-hand side menu bar.

Step 2: Click the “Status” tab to check the status of a referral or authorization.

To check referral or authorization status:

Step 1: Provide information to locate the authorization. You can search by request number (the referral/authorization number Tufts Health Plan assigns), or any combination of Member, requesting provider, request status and date.

Step 2: Change the “Start Date” field, as necessary.

Step 3: Fill in the space to the right of the field to search by request number, start date or end date.

Step 4: Click on the calendar to the right of the date fields to select a date from the calendar.

Step 5: Click on the circle to the left of the Member, requesting provider or servicing provider information for which you want to search.

Step 6: Fill in the appropriate data in the space below the circle on which you clicked.

Step 7: Click the “Search” button after you enter the appropriate information.

Service requests that meet your criteria will appear under “Service Request Search Results.”

Step 8: Click the “Service Request Number” that appears in the “Service Request Number” column that corresponds to the particular service request to view detailed status information.
Referral & Authorizations Status Search Tips

Here you can check the status of submitted referrals. Once submitted, it can take up to 24 hours to reflect in Tufts Health Provider Connect.

**Status**

Search by any combination

<table>
<thead>
<tr>
<th>Status Type</th>
<th>Search Parameters</th>
</tr>
</thead>
</table>
| Patient           | Last Name (Example: Smith, John)  
Member ID (Example: HR55555555) |
| Requesting Provider| Last Name (Example: Smith, John)  
Provider ID |
| Servicing Provider | Last Name (Example: Smith, John)  
Provider ID |

**Specialty Type**

- Select Service
- Specialist
- Outpatient
- Admission
- Transportation
- Home Care

**Request Number**

- Start Date: 6/1/2021
- End Date: 6/30/2021

**Requested Service**

- Service Request Status
- Approved
- Denied
- Modified
- No Action Required
- Contact Plan

**Sort**

- Select Sort
- Ascending

[Search] [Clear]
Document Manager
The “Document Manager” function allows providers 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 Tufts Health Plan sends you. For example, if you choose to download one of the available reports that report will automatically appear in “Current Documents.”

**Step 1:** To download files to your computer click “Document Manager” under “Office Management” on the drop-down menu bar.

**Step 2:** Click the “Current Documents” tab of the “Document Manager.”

**Step 3:** Enter search criteria to narrow your list of documents.

**Step 4:** Click “Download” below the file name that corresponds to the file you want to download to your computer.

To download files to your computer:

**Step 1:** Click on “Document Manager” under “Office Management” in the drop-down menu.

**Step 2:** Click on the “Current Documents” tab of the “Document Manager.”

**Step 3:** Enter search criteria to narrow your list of documents.

**Step 4:** Click “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 Tufts Health Plan and receive secure messages from Tufts Health Plan.

**To access your mailbox:**

**Step 1:** Click the “Messages” link.
You will be directed to this page:

**Inbox Messages for Tufts Health Public Plans**

<table>
<thead>
<tr>
<th>From</th>
<th>Subject</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>System</td>
<td>Payor Administrative Report 01/28/2018 01:01:01</td>
<td>Jan 28, 2018 3:01:09 AM</td>
</tr>
<tr>
<td>System</td>
<td>Payor Administrative Report 01/21/2018 01:01:02</td>
<td>Jan 21, 2018 3:01:09 AM</td>
</tr>
<tr>
<td>John Smith</td>
<td>My coverage</td>
<td>Jan 15, 2018 11:16:07 PM</td>
</tr>
<tr>
<td>System</td>
<td>Payor Administrative Report 01/14/2018 01:01:16</td>
<td>Jan 14, 2018 3:01:23 AM</td>
</tr>
<tr>
<td>System</td>
<td>Payor Administrative Report 01/07/2018 01:01:03</td>
<td>Jan 7, 2018 3:01:11 AM</td>
</tr>
<tr>
<td>System</td>
<td>Payor Administrative Report 12/31/2017 01:01:02</td>
<td>Dec 31, 2017 3:01:00 AM</td>
</tr>
<tr>
<td>System</td>
<td>Payor Administrative Report 12/24/2017 01:01:02</td>
<td>Dec 24, 2017 3:01:00 AM</td>
</tr>
<tr>
<td>System</td>
<td>Payor Administrative Report 12/17/2017 01:01:02</td>
<td>Dec 17, 2017 3:01:00 AM</td>
</tr>
<tr>
<td>System</td>
<td>Payor Administrative Report 12/10/2017 01:01:00</td>
<td>Dec 10, 2017 3:01:00 AM</td>
</tr>
</tbody>
</table>

**To view a message:**

**Step 1:** Click the subject name.

**To send a message:**

**Step 1:** Click on the “New Message” on the top right of the page to bring up the following page:
Step 2: In the “To” section under the box, there is a link called “Add Recipients.” Click that link to add appropriate recipient names.

Step 3: Use the “Recipient Type” drop-down menu to select “Department.”
Step 4: Click “Add” next to the Tufts Health RITogether team to whom you want to send a message (e.g., Connect assistance, EDI, claims).

Step 5: Type your message and click “Send Message.” You will receive confirmation that your email has been sent.

To receive email notification of a new message in your “Inbox” folder:

Step 1: Click “Settings” on the top right of the page to bring up the following page:

Step 2: 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.
**Step 3:** 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:**

**Step 1:** Click on “User Preferences” under “Administration” on the drop-down menu.

**Step 2:** Click the “User Information” tab, as shown next.
**Step 3:** Type in your changes.

**Step 4:** Click “Submit” to save changes.

**To change your password:**

**Step 1:** Click on “User Preferences” under “Administration” on the left-hand side menu bar.

**Step 2:** Click the “Change Password” tab, as shown next.
Step 3: Type in the appropriate information.

Step 4: Click “Submit” to save changes.

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, 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.”

Step 1: 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.

Step 2: Click the “Add User” button to add a new staff member.

Step 3: Complete the user’s demographic information. When you have completed it, do not click the “Submit” button.

Step 4: Click the “Add” button. The “Role Selection” screen will appear.

Step 5: Select the appropriate role for the new user.

Step 6: Click the “Submit” button.

The “User Maintenance” screen will appear again. You will see the new staff member’s role at the bottom.

Step 7: Review the information to ensure it is accurate.

Step 8: Click “Submit.” The “Registration Summary” will appear.

Step 9: 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.

**Note:** 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, email connect@tufts-health.com.

**Step 1:** Click on “System Administration” under “Administration” on the left-hand side menu bar. The “User Maintenance” screen will appear.

**Step 2:** This screen will list the “Office Manager” as well as any staff members and their registration status.

**Step 3:** Click on the underlined name of the staff member to edit his or her information.