Mass General Brigham
Health Plan

MGBHP – Tapestry Link Guide [Provider Portal]

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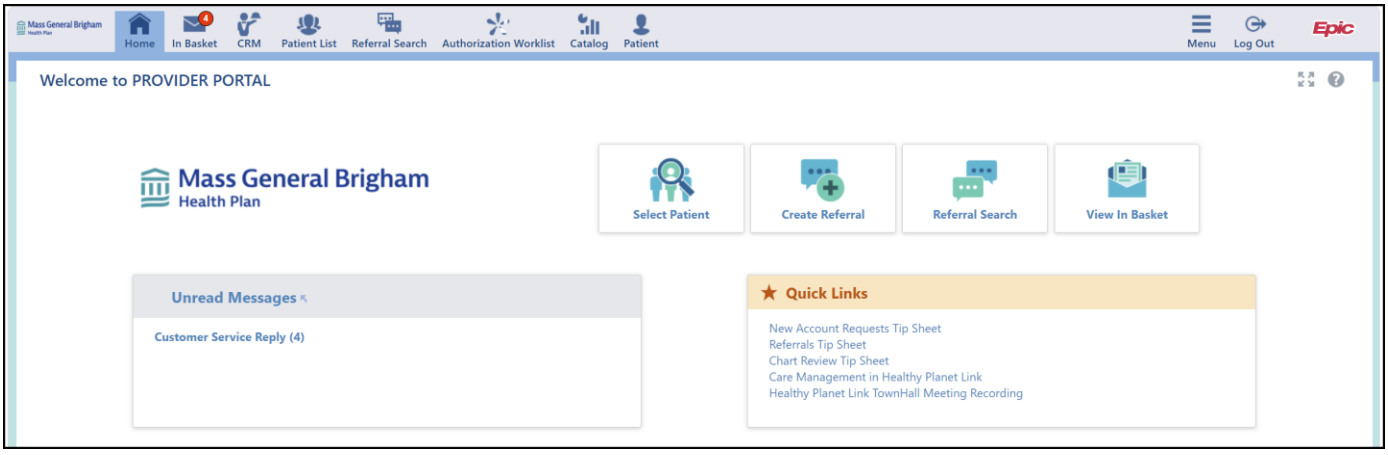
Overview

Tapestry Link is a secure, web based portal that allows providers and provider office staff to interact with Mass General Brigham Health Plan. This guide provides step by step instructions for completing common provider workflows in Tapestry Link.

EpicCare Link is a web-based tool that gives you real-time access to patient data from Mass General Brigham Health Plan (MGBHP). In this portal you can view a patient's demographics, insurance, and primary care provider.

What is Tapestry Link?

Tapestry is an Epic module for handling referrals and authorizations for managed care patients. Inside EpicCare Link, these extra tools are only available to users who work with MGBHP members. This access is called Tapestry Link for short. Tapestry Link is the same portal as EpicCare Link, with added features.



Provider-facing Portal

Providers may use Tapestry Link to:

- Review member eligibility and benefit information
- Determine whether a service may require prior authorization
- Submit and track authorization requests
- Provide notes and supporting documentation
- Review authorization decisions and follow-up items
- Submit and track appeals
- Submit CRMs

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Tapestry Link is one way information can enter Epic. A request submitted by a provider through the portal can become part of the workflows that UM and A&G staff review and complete in Epic Hyperspace.

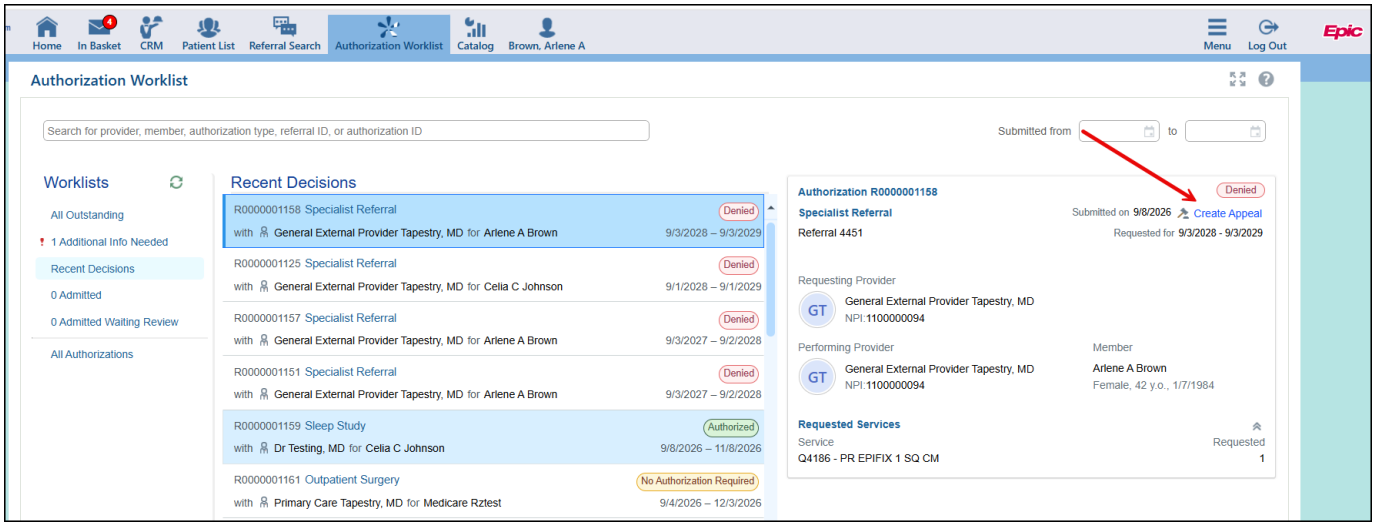
Tapestry Link and Utilization Management

New Referrals

Providers can use Tapestry Link to create and submit a new referral to MGBHP. During referral intake, the provider enters information about the request, including the referring and servicing provider, requested service, diagnosis, and other required information. Once submitted, the request can flow into Epic for the appropriate UM workflow.

Tapestry Link and Appeals & Grievances

Tapestry Link can also support appeals, grievances, and other provider communications. For example, if a provider sees that an authorization was denied, the provider can submit an appeal through the portal and include supporting documentation. Epic can create the corresponding appeal record and link it to the member and denied authorization, giving A&G staff access to the related information during their review.



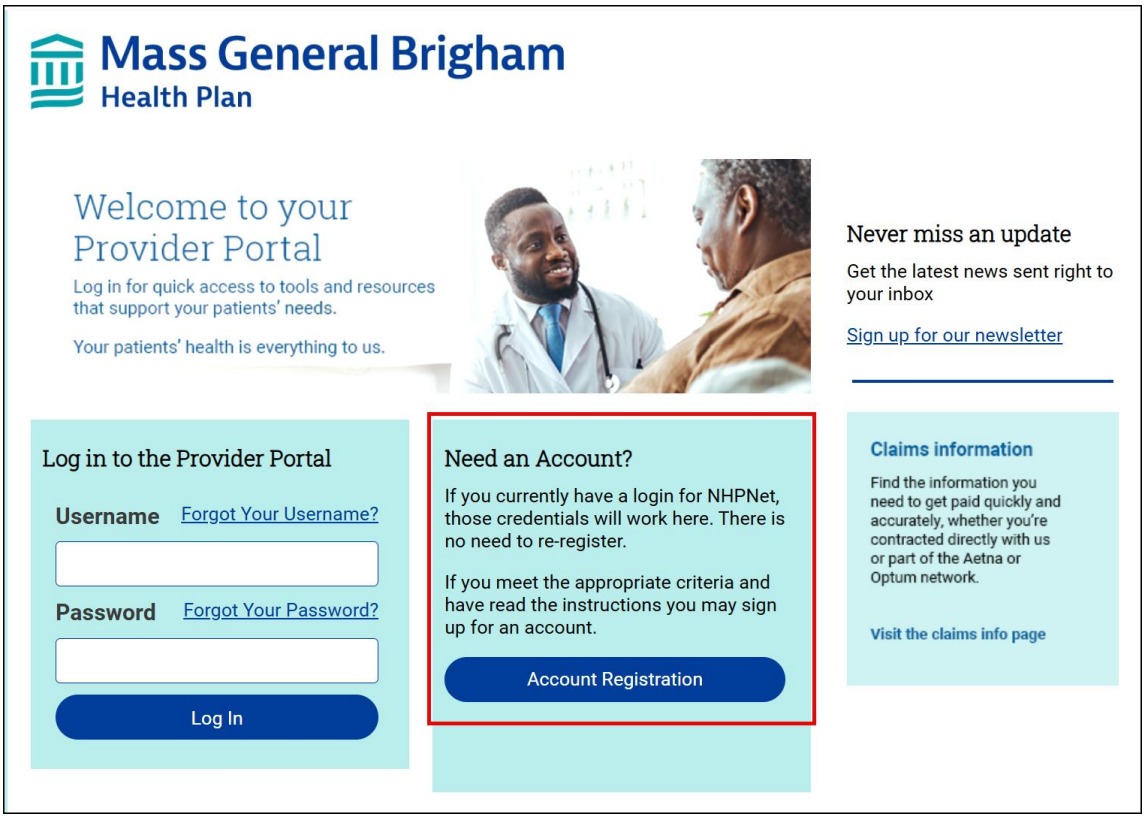
Important: Claim appeals cannot be submitted through this Provider Portal workflow. Grievances are submitted through a Customer Service Request (CRM) from the In Basket.

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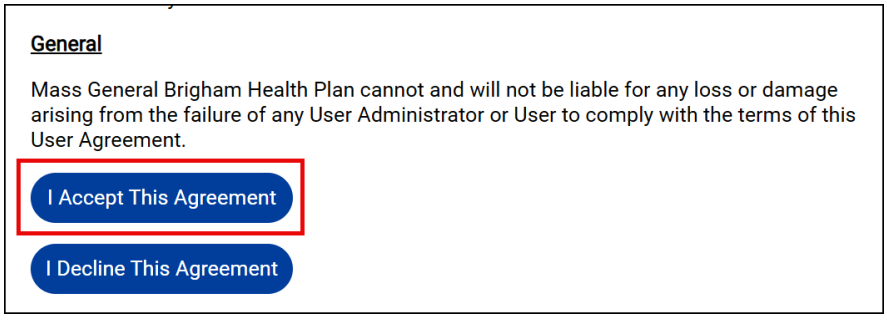
Register for a Provider Portal Account

If you do not already have a Provider Portal account, you can register for one from the login page.

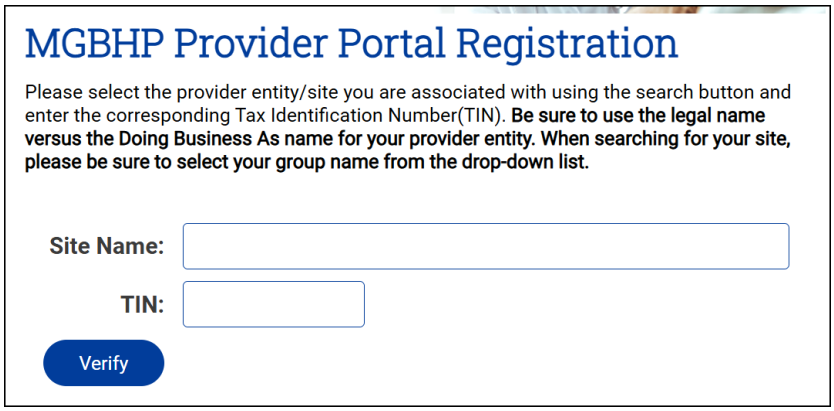
1. Click **Account Registration**.



2. Review the User Agreement and scroll to the bottom of the page. Click **I Accept This Agreement** to continue.



3. On the **MGBHP Provider Portal Registration** page, enter your **Site Name** and **Tax Identification Number (TIN)**.
4. Click **Verify** to verify your provider information and continue the registration process.

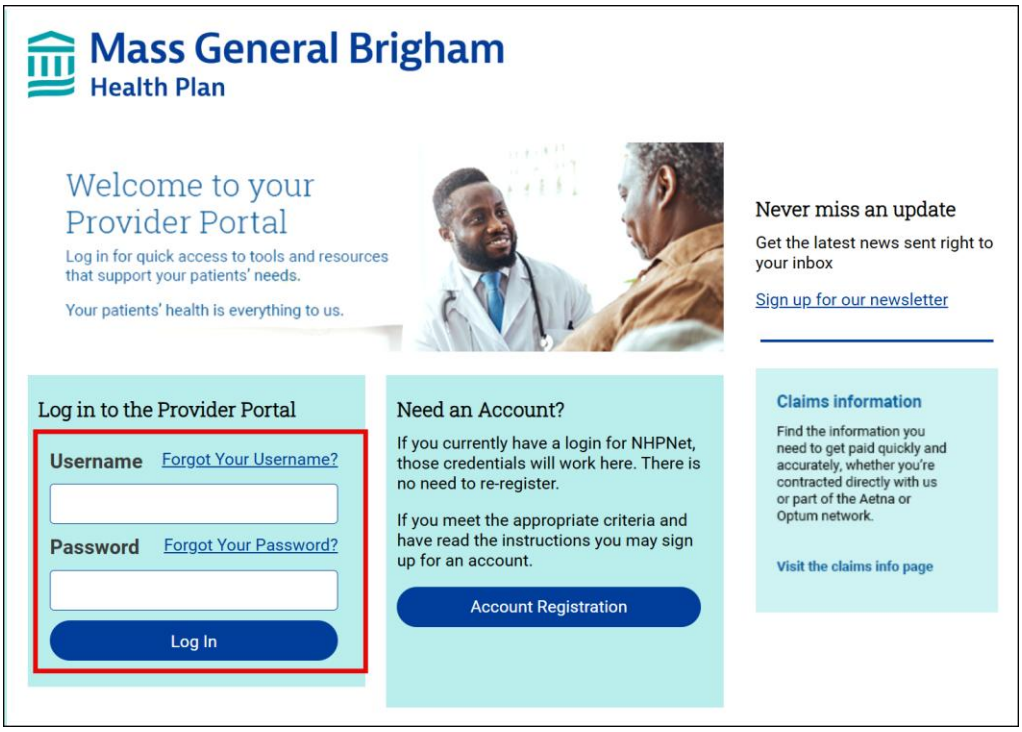


Important: When searching for your site, use the provider entity's legal name rather than the Doing Business As (DBA) name, and select your group name from the available list.

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Log In and Review the Home Page

1. Log in to the MGBHP Provider Portal using your **User ID and password.**



2. **Accept the Terms of Use**
   - The first time you access the Provider Portal**,** you may be prompted to review the Terms of Use**.**
   - Click **Accept** to continue to the Provider Portal.



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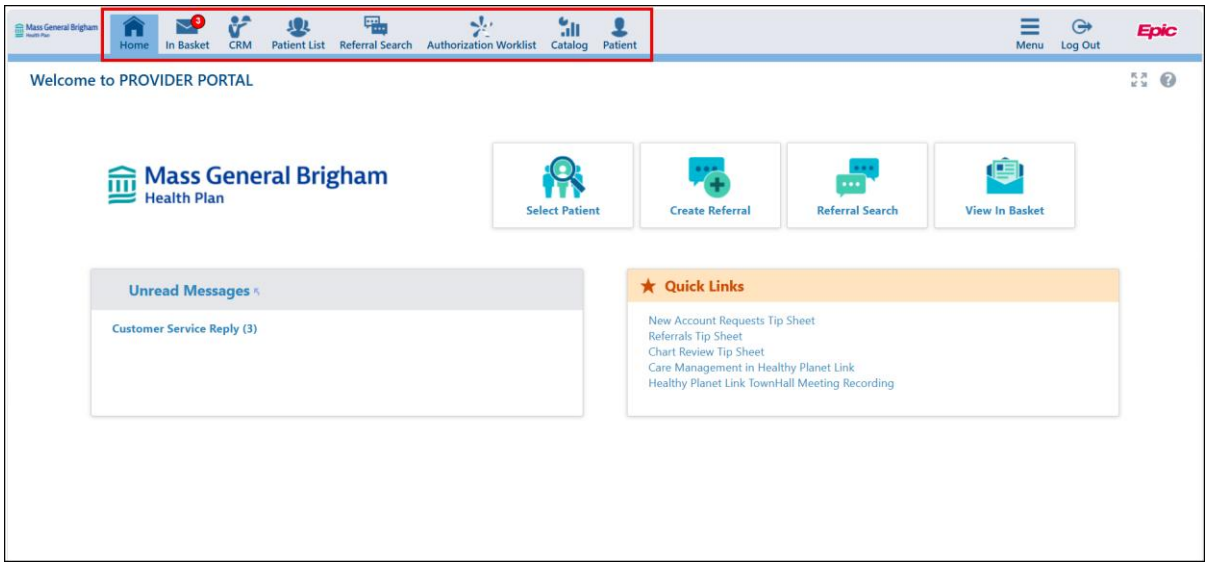
3. Click **Authorizations**, then select one of the following options from the dropdown menu:
    - **Submit an auth** to begin a new authorization request.
    - **View auth status** to search for and review the status of an existing authorization request.



Review the Home Screen

1. After logging in, the **Home** page displays.
    - Take a moment to become familiar with the available navigation options.
    - Across the top of the page are shortcuts to frequently used activities, including **In Basket, CRM, Patient List, Referral Search, Authorization Worklist, Catalog,** and **Patient**.

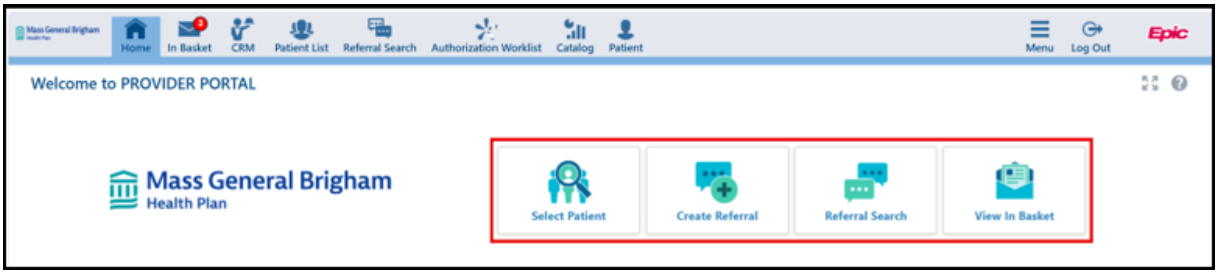
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2. Review the **Unread Messages** section in the center.
    - Any unread messages requiring your attention display here.

Note: A red number over the In Basket icon indicates the number of unread In Basket messages.

3. Use the workflow buttons in the center of the Home page to quickly begin common tasks, including **Select Patient, Create Referral, Referral Search,** and **View In Basket**.

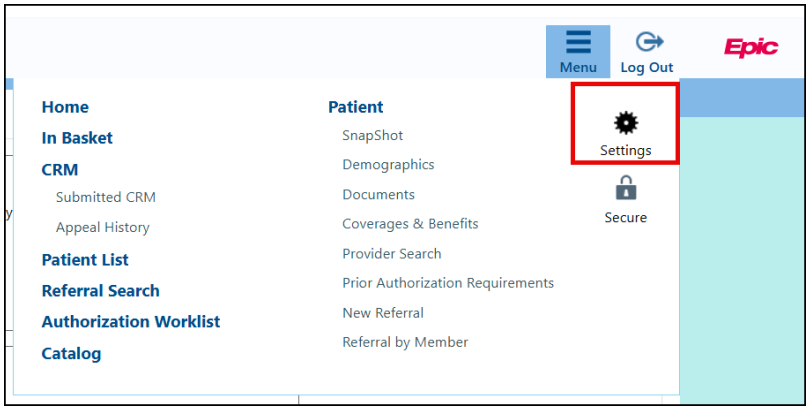


Provider Portal Additional Features

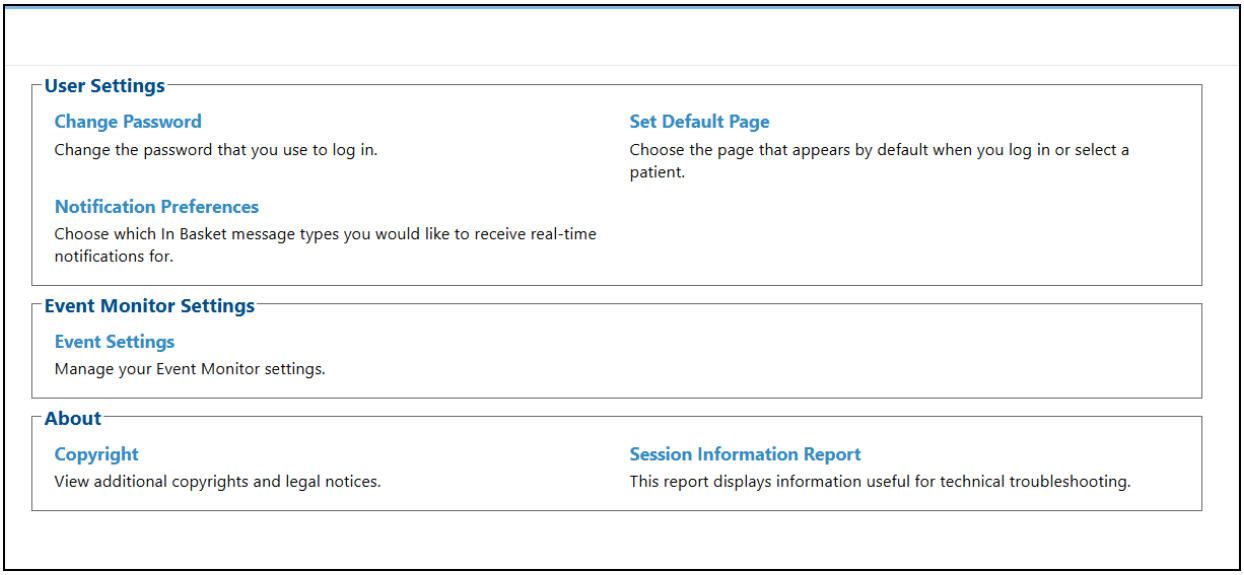
Update Your Settings

You can update your Provider Portal preferences and account settings at any time.

1. Click **Menu** in the upper-right corner.
2. Click **Settings**.



3. From **User Settings**, select the option you want to update:
   - **Change Password:** Update the password you use to log in.
   - **Notification Preferences:** Choose which In Basket message types you would like to receive real-time notifications for.
   - **Set Default Page:** Choose the page that displays by default when you log in or select a patient.

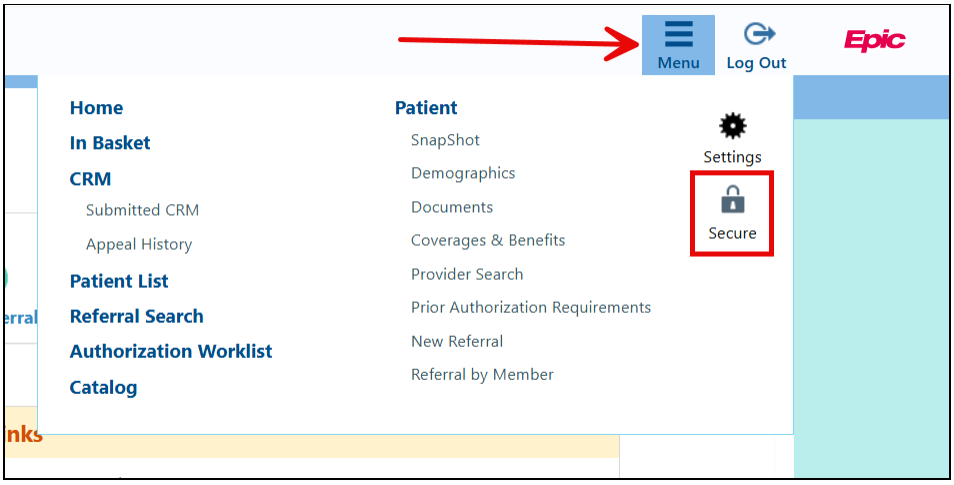


4. Follow the prompts to make and save your changes.

Log Out vs. Secure

To protect patient confidentiality, log out or secure your screen when you finish working or step away from the computer. There are two ways to do this:

1. Click **Log Out** in the upper right corner of the screen. The next time you log in, you'll go to your start page.
2. If you don't want to lose your progress, secure your computer instead. Click the **Menu** button, then **Secure**.



3. When you're ready to continue, re-enter your password and click **Resume** to return to the same place in Link.
    - If you don't resume your session within 10 minutes, the system logs you out automatically.

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Create an Authorization in the MGBHP Provider Portal

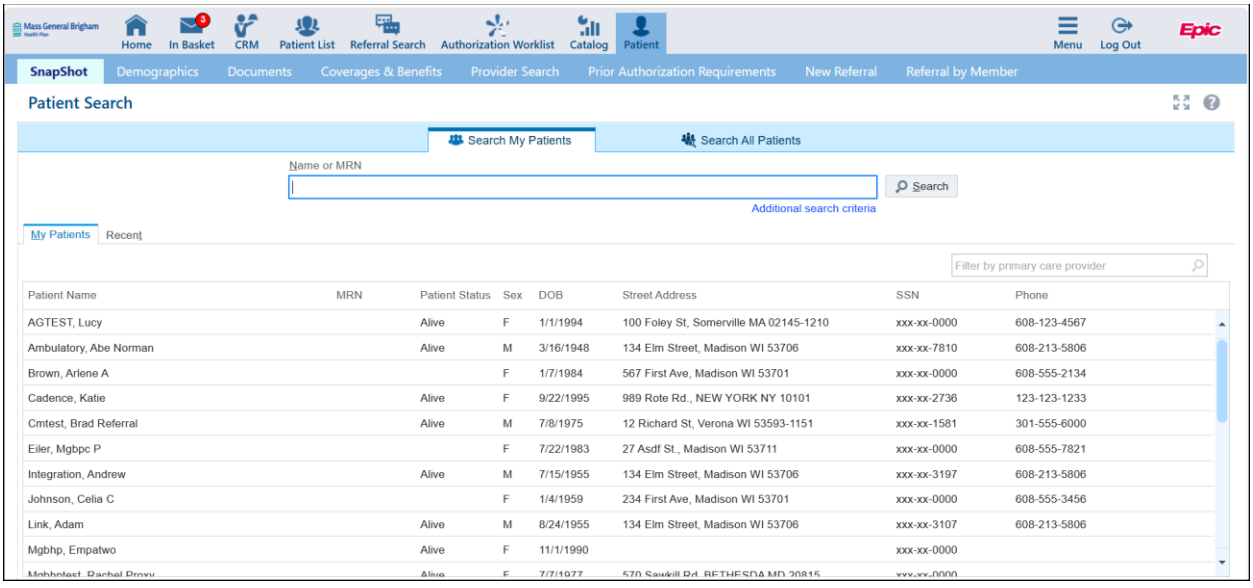
The **MGBHP Provider Portal, powered by Epic Tapestry Link**, allows providers and provider office staff to review member information, determine whether a service requires prior authorization, submit authorization requests, and review previously submitted referrals.

Select a Patient

1. Click **Select Patient**.
2. In **Patient Search**, search for the patient using their **Member ID.**
3. Use the available tabs to help locate the appropriate patient:

Patient Search	
Search My Patients	To streamline your workflow and protect patient confidentiality, start with the Search My Patients tab. It shows patients you've accessed or worked with before, so you can find and manage referrals faster.
Search All Patients	allows you to broaden your search when needed. If a patient isn't on your current list, use Search All Patients. After you find and open the patient, they appear on your Search My Patients tab for 10 days. If a referral or similar event happens, this extends to 90 days.
My Patients	displays your patient list.
Recent	displays patients you recently accessed.

4. Select the appropriate patient from the search results.



5. After selecting a patient, the **SnapShot** opens.

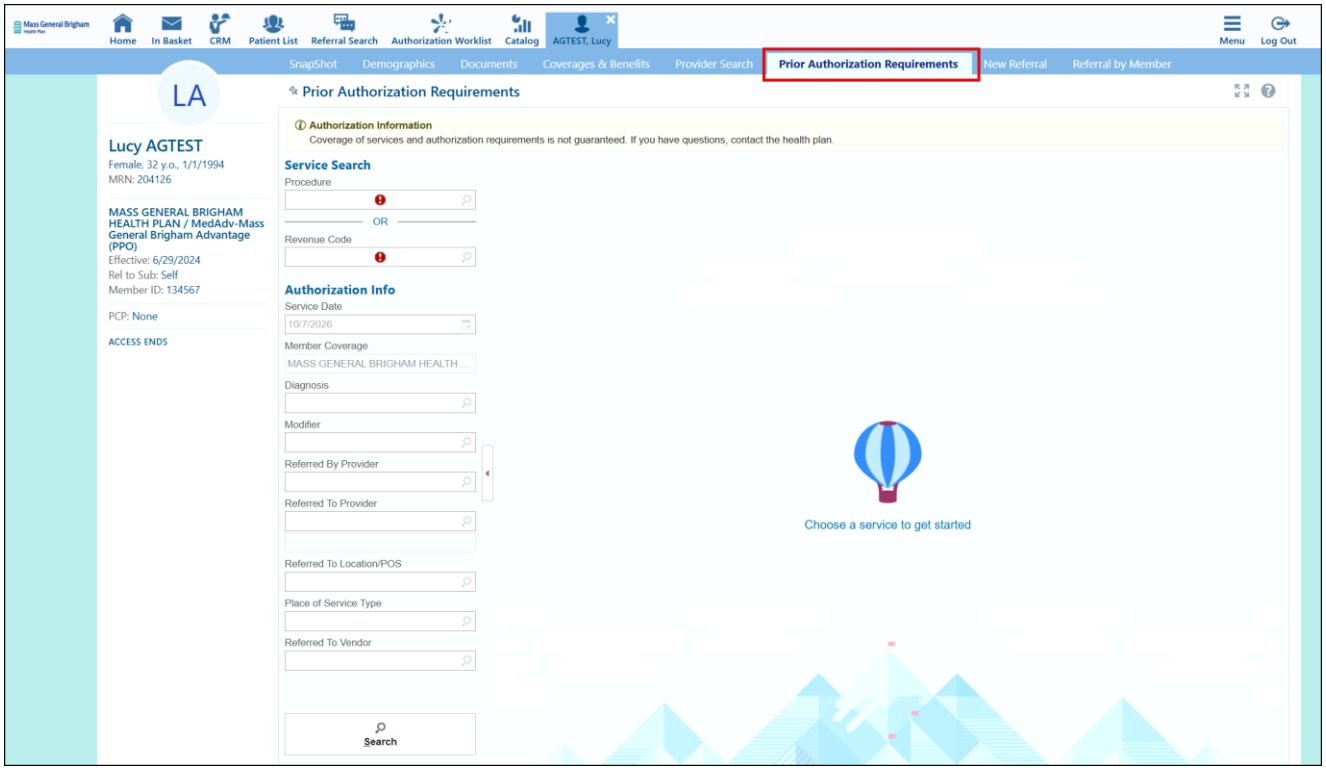
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Determine Whether Prior Authorization Is Required

ⓘ When you're ready to create a referral, select **Prior Authorization Requirements**. If you select **New Referral** instead, you'll be taken back to the Prior Auth screen because that step is required. Tapestry Link uses the Prior Auth Requirements screen to check whether prior authorization is needed.

IMPORTANT: If you leave the **Referred To Provider** field blank, the service will always require prior authorization. The system can only find that no authorization is needed when the referred-to provider is in-network.

1. Select the **Prior Authorization Requirements** tab.



2. In **Service Search**, enter the appropriate **Procedure** or **Revenue Code**.

Note: Include the Provider information in the search without this information, PA Required will appear.

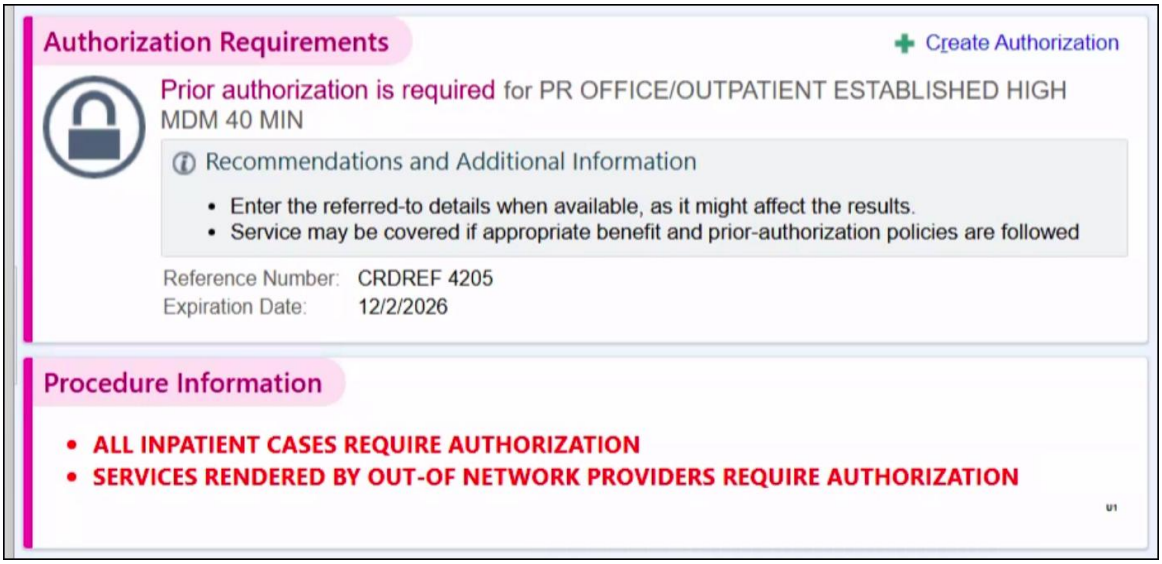
3. Complete additional authorization information as applicable, such as the **Service Date, Member Coverage, Diagnosis,** or **Modifier**.
4. Click **Search** in the bottom left.
5. Review the **Authorization Requirements** results.

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- If prior authorization is required, the results indicate that prior authorization is required for the selected service.

6. Review the authorization requirements results. If prior authorization is required for the selected service, or the request involves an inpatient admission, click **Create Authorization** to begin the request.
    - If this screen shows that no prior authorization is required, you can submit the service directly to claims instead of having MGBHP do an authorization review.

Important: If the authorization is managed by a third party, such as EviCore, the Create Authorization option may not appear. Instead, a link to the appropriate third party portal displays in the upper right of the authorization requirements. Select the link to continue the authorization process through that portal.

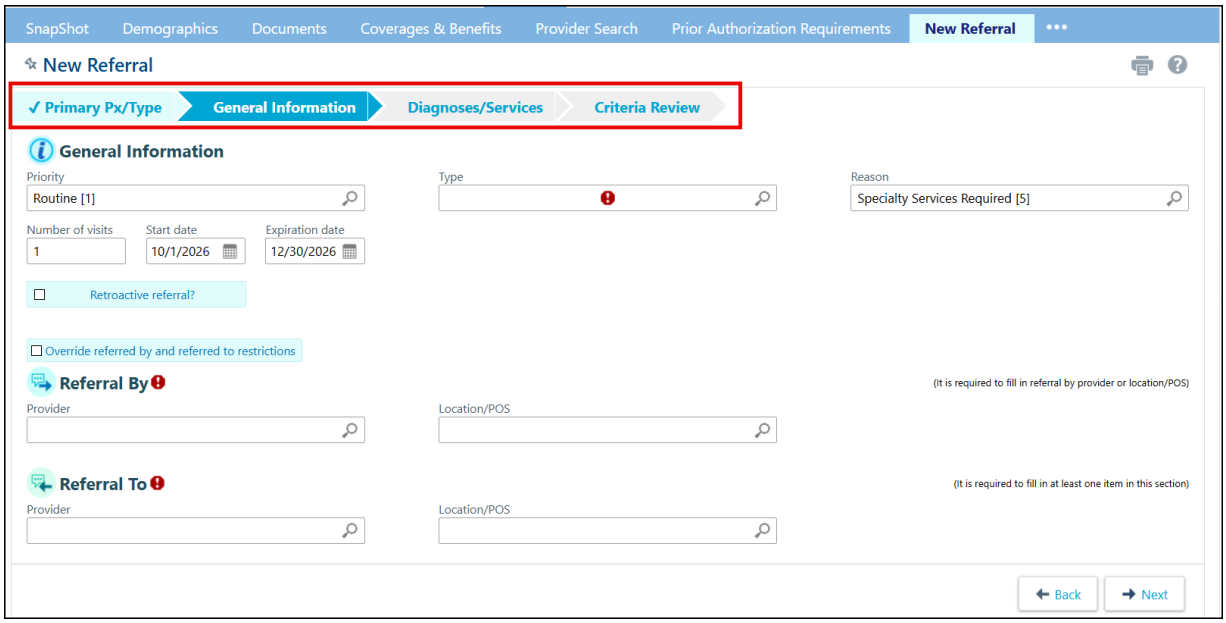


Important: The Provider Portal is configured to check Prior Authorization (PA) Requirements before a new authorization/referral can be opened. Providers must complete the PA Requirements search before beginning the authorization request.

Enter the Authorization Information

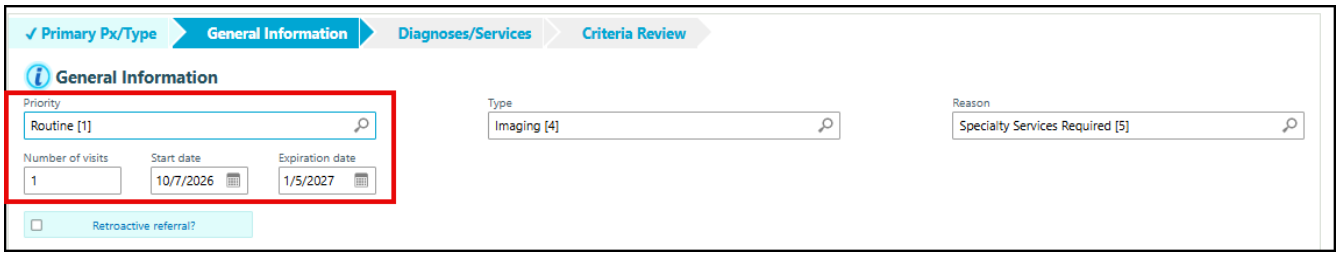
1. Selecting **Create Authorization** takes you directly into the **New Referral** workflow.
2. The progress bar across the top identifies the sections of the workflow, including **Primary Px/Type, General Information, Diagnoses/Services,** and **Criteria Review**.

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Tip: A red hard stop indicates required information. You cannot continue until the required field has been completed.

3. Complete the required information in **General Information**, including the **Type**.
    - Click the magnifying glass to view the available options.
4. Review the **Priority, Number of Visits, Start Date, Expiration Date,** and other information and update as appropriate.

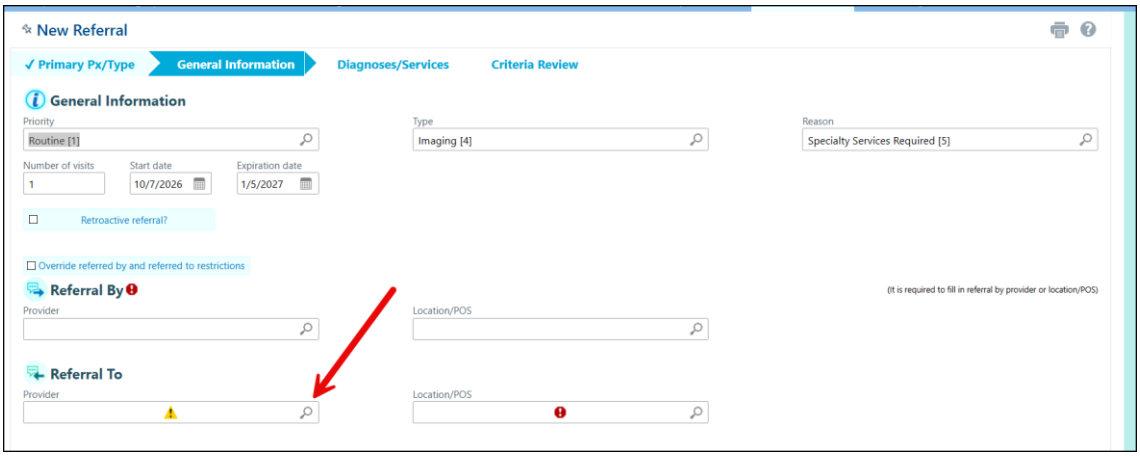


Retroactive Referral: Select this checkbox if the requested service has already been provided and you are submitting the referral after the date of service.

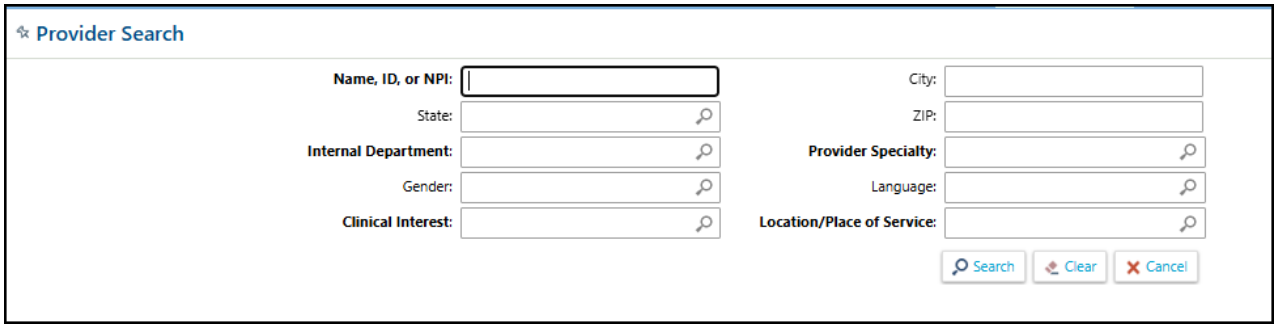
5. Complete the **Referral By** information by entering the appropriate provider or Location/POS.
6. Complete the **Referral To** information, when applicable, by entering the appropriate provider or Location/POS. You can search for a provider in several ways:
    - Type the provider's name.

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- Enter the provider's NPI.
- **Or** click the magnifying glass in the Referral To Provider field to open the **Provider Search** screen and select a provider.



7. Search by provider name or by specialty (you must fill in one of them).
   - If you don't enter a location, you'll see all available providers regardless of how close they are to the patient.



8. Click **Next**.

Enter the Diagnosis & Services

1. In **Diagnoses** section, enter the appropriate **Diagnosis**.
2. To add additional diagnoses, click Add and enter each diagnosis as needed.
3. In the **Services** section, review the service that was carried over from the Prior Authorization Requirements search.
   - Add additional services/procedures as appropriate.

Complete the Contact Information Questionnaire

Complete the Questionnaire by entering the appropriate contact information for MGBHP to use if additional information is needed. Important: Fields marked with a **red hard stop** icon are required.

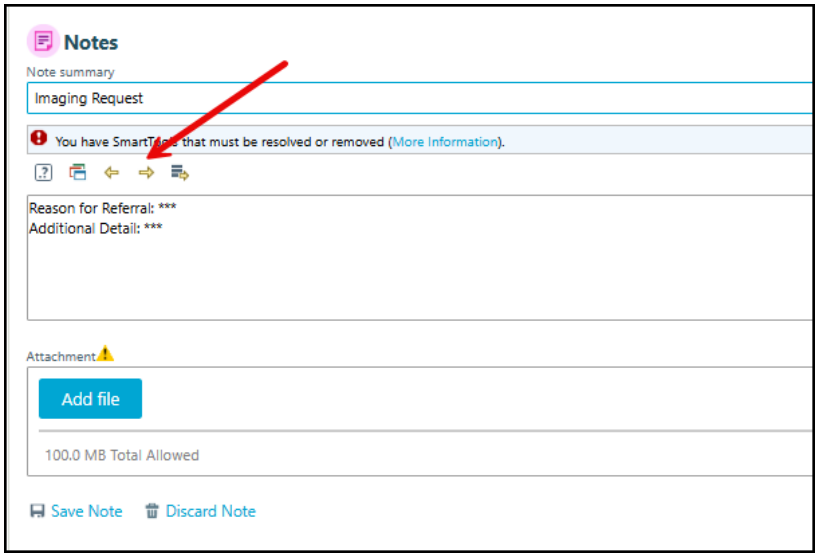
- **Contact Name**: Person MGBHP should contact with questions.
- **Contact Phone Number:** Best phone number to reach the contact.
- **Contact Fax Number:** Fax number where MGBHP correspondence should be sent.

Comments (Optional): Enter any additional information that may be helpful.

Notes

You can add provider comments, letters, messages, procedure notes, or patient instructions.

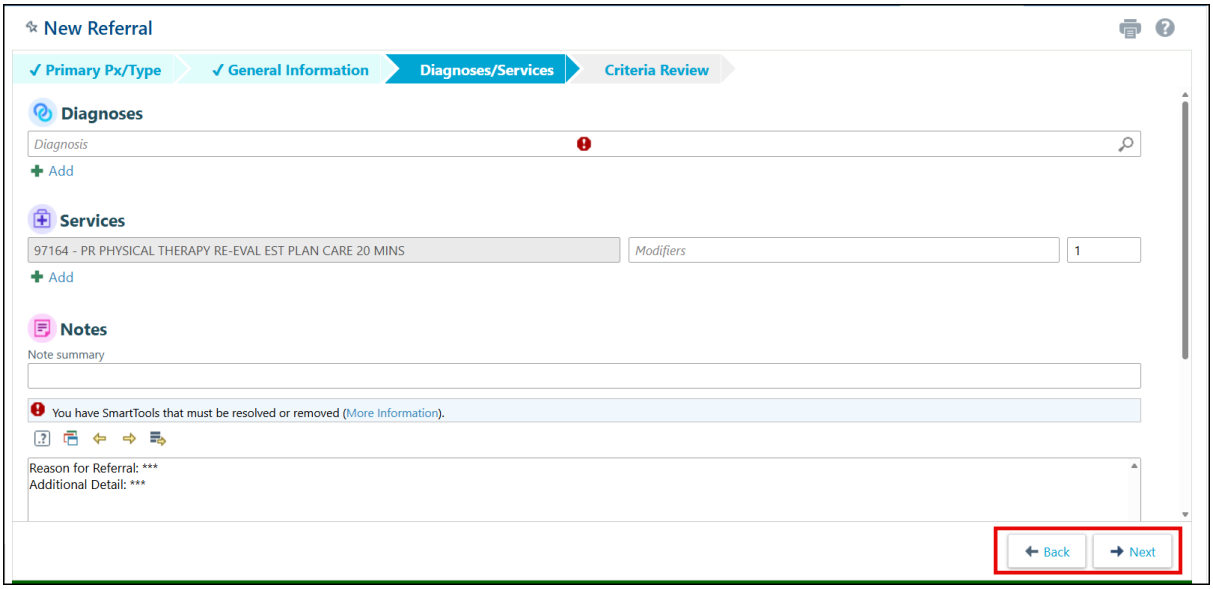
1. Complete the **Note** section.
2. Add a **Note summary** if preferred, this is more of a subject line.
3. Address each required wildcard (***). Click directly on a wildcard and enter the appropriate information.
4. You can also click the **yellow arrows** to jump through required documentation within a note.



   - If a wildcard is not applicable, remove it as appropriate.
5. Click the **More Information** hyperlink to learn all about SmartTools.
6. To attach supporting documentation, click **Add File** and select the file you want to upload.
   - Attach any relevant documentation that supports the referral request.
   - Allowed file types: PDF, JPG, JPEG, TIFF, TIF, TXT, and PNG

Tip: All required SmartTool placeholders must be resolved or removed before you can complete the workflow.

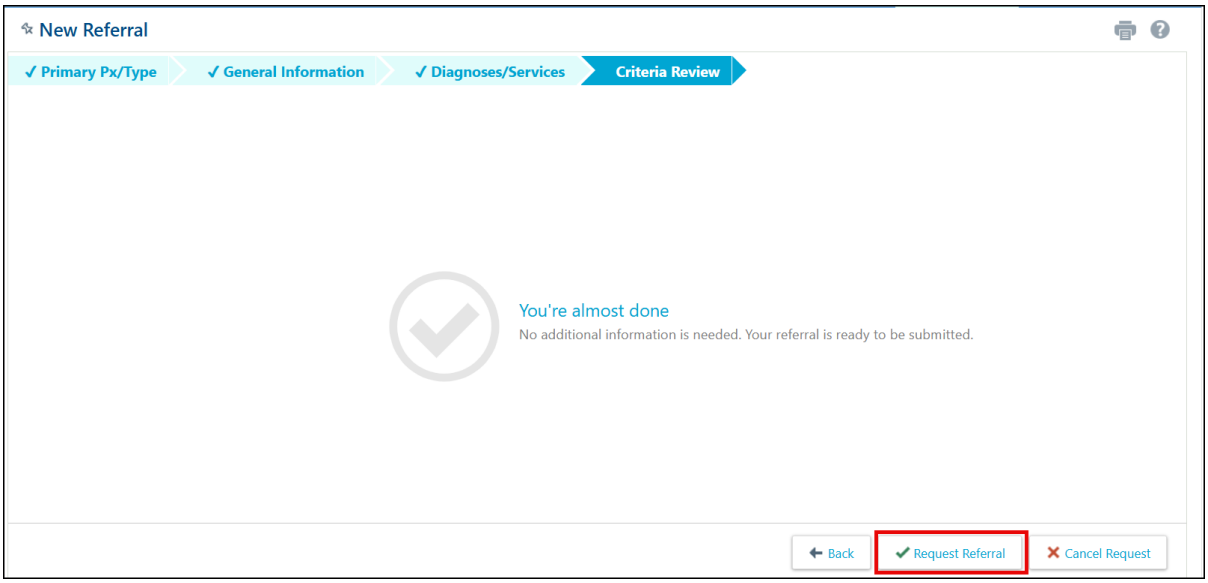
4. Review the information you entered and then click **Next** to proceed to the next page.
    - You can select **Back** before submitting if you need to return to a previous section and make changes.



5. Continue through any remaining required information in the workflow.
6. When the authorization request is complete, click **Request Referral**.

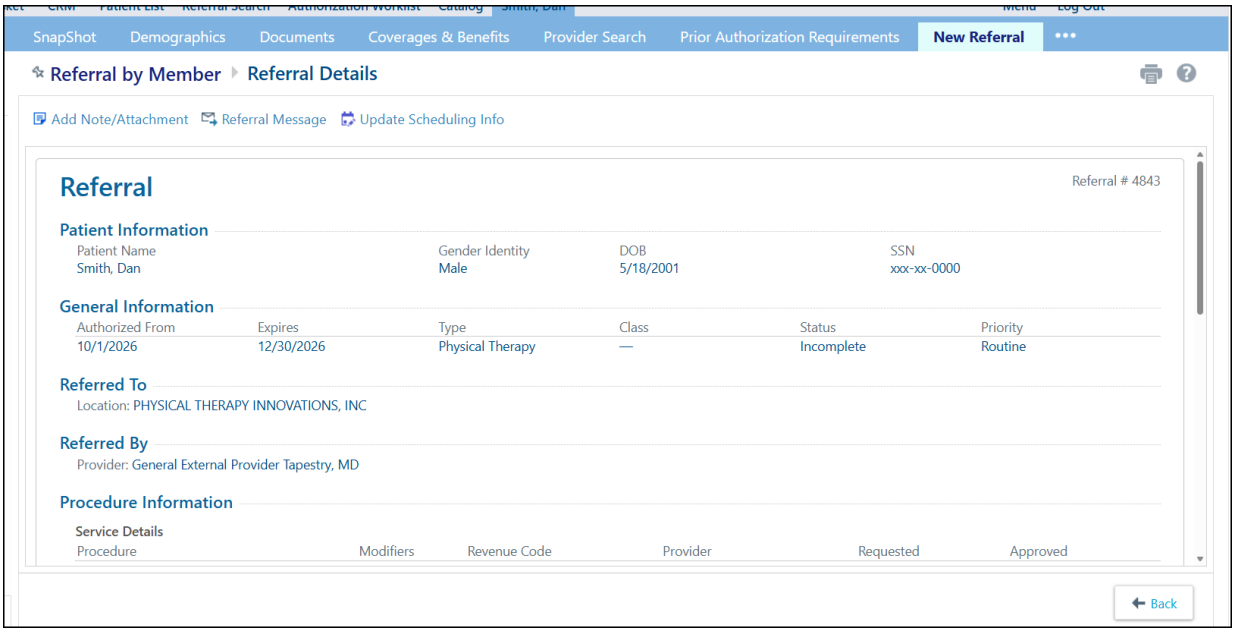
Note: Depending on the procedure code selected, you may be prompted to complete InterQual criteria during the Criteria Review step. Complete any required criteria before submitting the authorization request.

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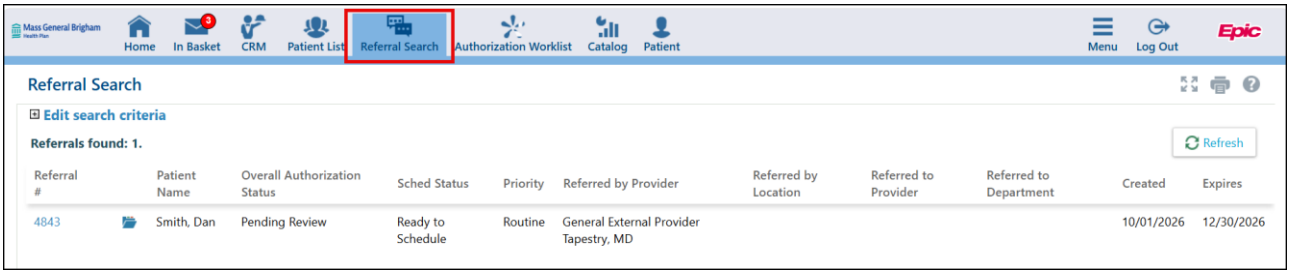
Review the Submitted Referral

1. After the request is submitted, the **Referral Details** page displays the information entered for the referral.
2. Locate the **Authorization Number** associated with the submitted request. Use the Authorization Number when referencing or following up on the authorization.



3. If supporting documentation needs to be added, use the available **Add Note/Attachment** option from the Referral Details page.
4. To locate the referral again later, use **Referral Search** from the Provider Portal navigation.

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Tip: When you search for a referral, you can navigate to other screens and return to the Referral Search tab. Your most recent search results will remain available, allowing you to easily pick up where you left off.

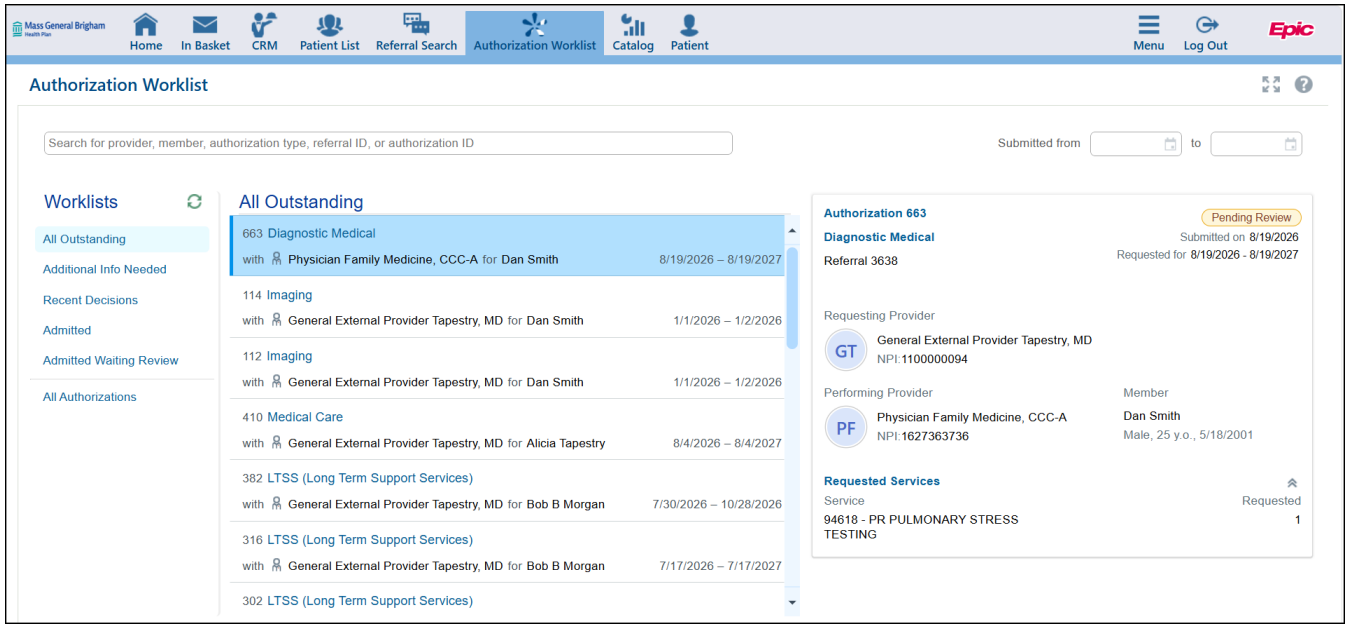
5. To start a new referral search, click **Edit search criteria** in the upper-left corner of the **Referral Search** tab. This allows you to clear or update your previous criteria and begin a new search.

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Review the Authorization Worklist

The **Authorization Worklist** provides a centralized location to search for and review authorization requests and their current status.

1. Select **Authorization Worklist** from the toolbar at the top of the Provider Portal.

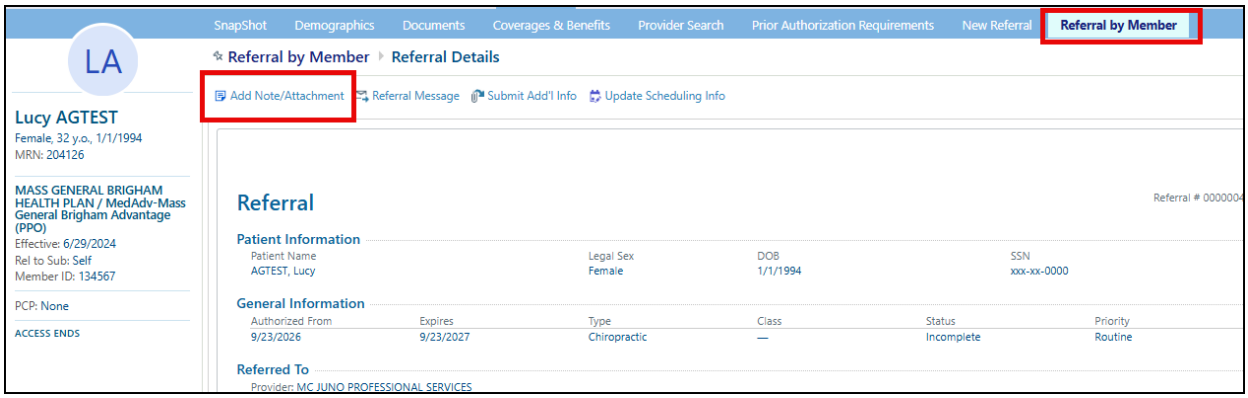


2. Use the **Search** field at the top of the page to locate an authorization. You can search by **provider, member, authorization type, referral ID, or authorization ID**.
3. To further narrow your results, use the **Submitted from/to** date fields in the upper-right corner to search within a specific submission date range.
4. Use the **Worklists** on the left to filter authorizations based on where they are in the workflow.
5. Single-click an authorization from the results in the center of the screen to preview it.
    - Review the details in the panel on the right. Depending on the authorization.

Add a Note or Attachment to an Existing Referral

If you need to provide additional information or supporting documentation after a referral has been created, you can add a note or attachment to the existing referral.

1. Click the **Referral by Member** tab at the top of the screen.
2. Locate and select the appropriate member.
3. Select the member's referral to open Referral Details.
4. Click **Add Note/Attachment** at the top of the page.

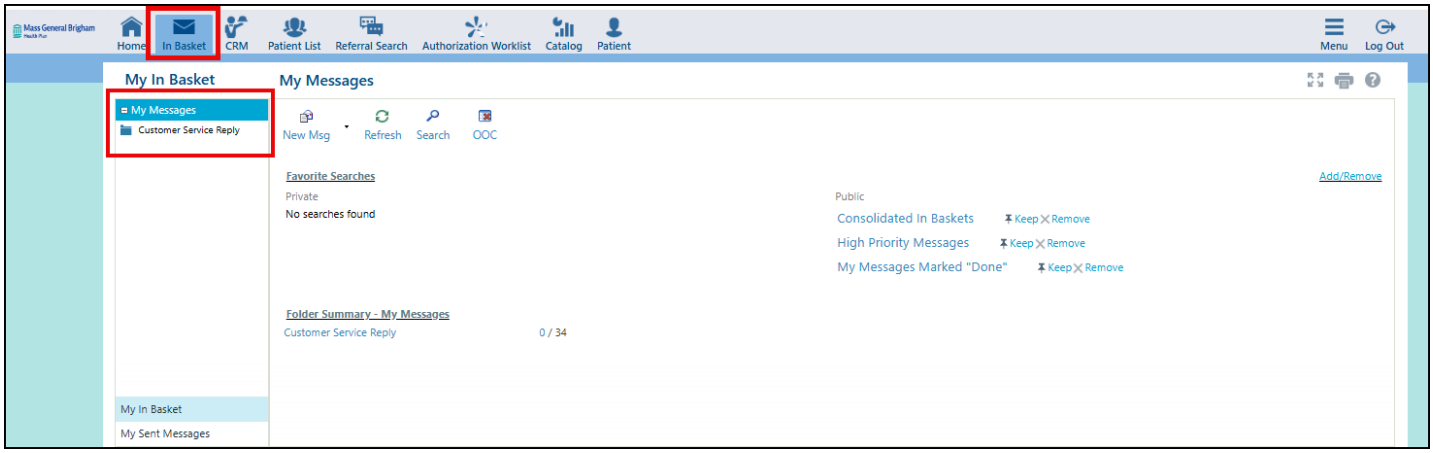


5. Enter a note or attach supporting documents, as needed.
6. Review your information and save or submit as prompted.

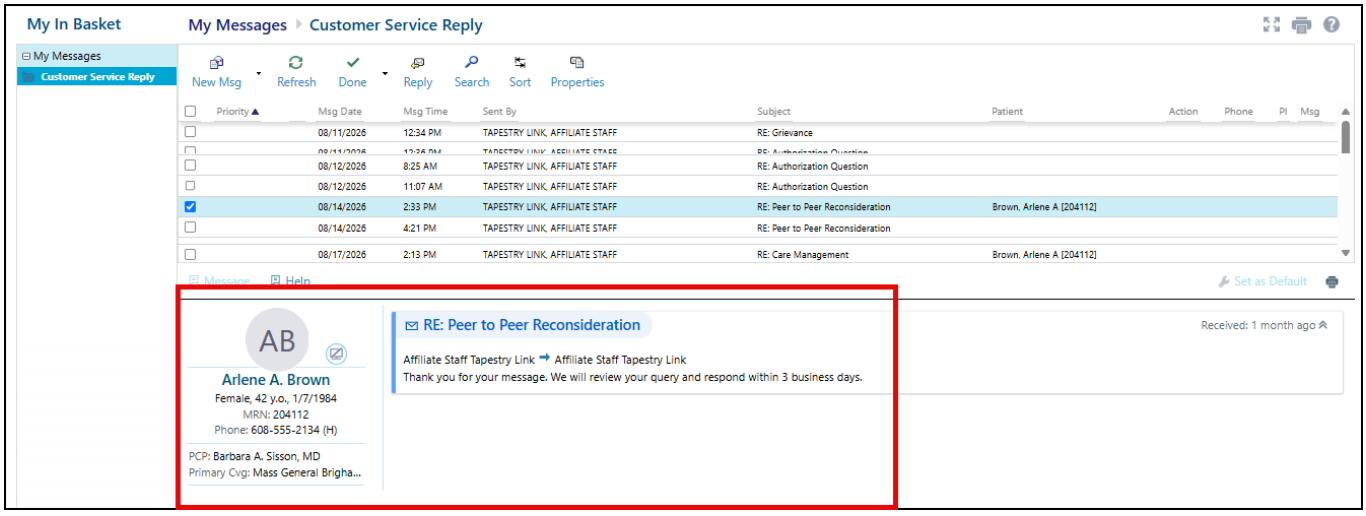
In Basket

ⓘ In Basket is a tool for sending and receiving secure messages with clinicians and staff. You can view and sort messages, search them by several criteria, and reply.

1. Click **In Basket** in the toolbar to open your messages.

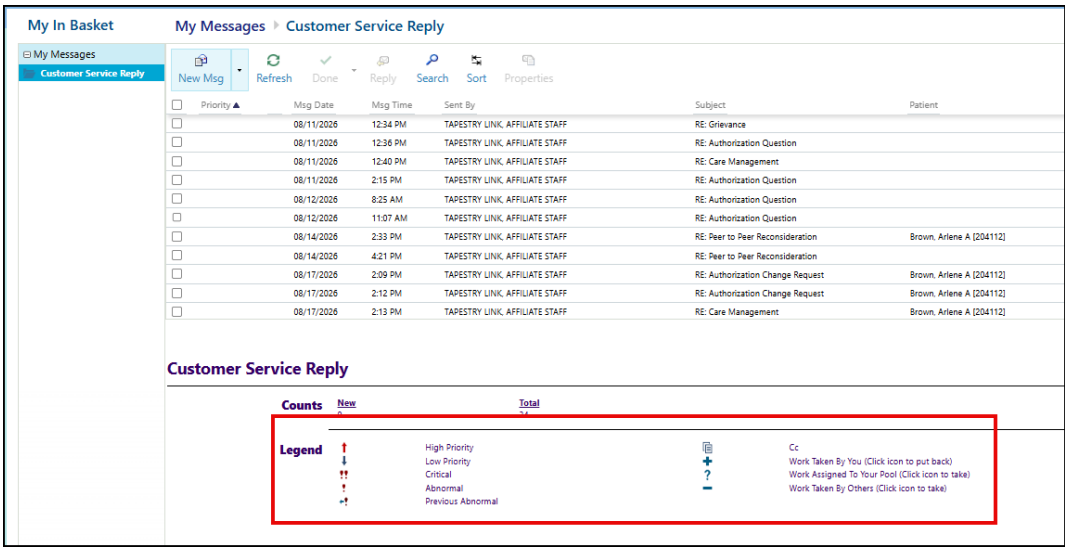


2. Under **My Messages** on the left, select a folder to view its messages.
   - Folders with new messages appear in bold, with the number of new messages displayed in parentheses.
   - Unread messages appear in bold.
   - High-priority messages display a red arrow in the Priority column.
3. Select a message to review its details.



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4. The first time you open an In Basket folder, a **legend** for the message icons in that folder appears in the bottom panel.



5. You can open the patient linked to an In Basket message.
6. After you review a message, mark it **Done** to clear its unread status.
    - This doesn't delete or hide the message.

Referral Notifications

The Referral Notifications folder shows each message's status, patient, referral number, event type, message date, and message time.

The event type gives a short summary of the referral's status, such as referral denied, authorized, or more information requested. For full details, see the referral letter with the same referral ID.

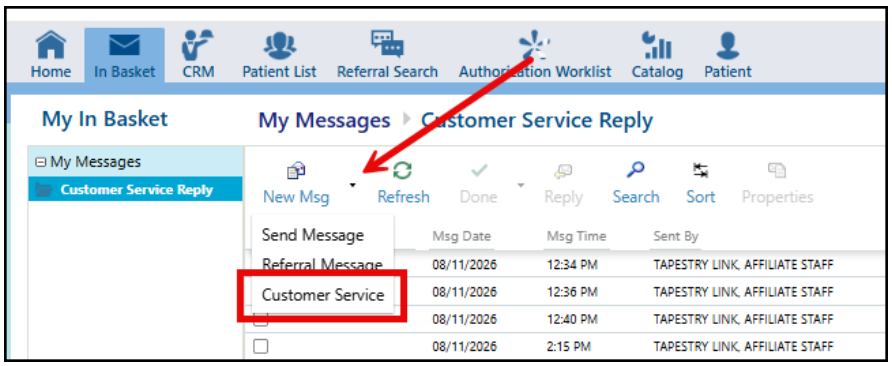
Referral Notification Letter In Basket

You'll receive letters in your In Basket directly from MGBHP's Utilization Management team.

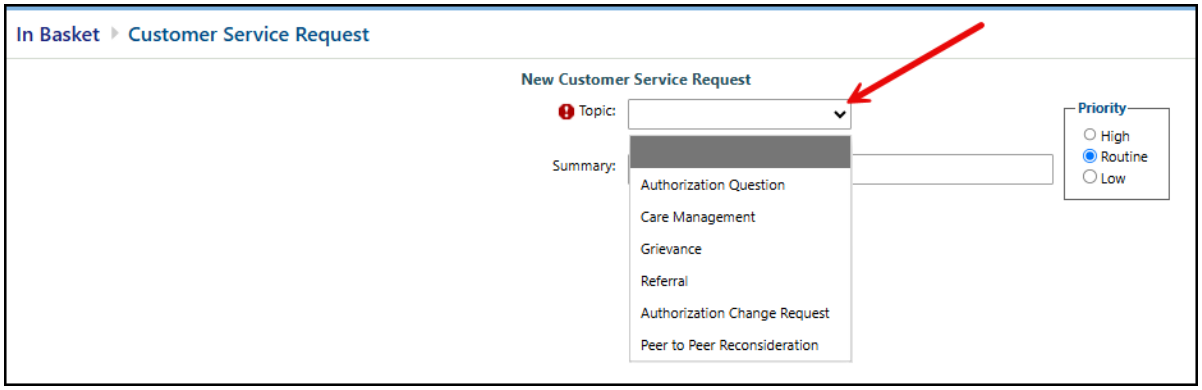
In Basket - Send a Customer Service Request

In addition to viewing messages, you can use In Basket to communicate with the Health Plan's Customer Service team by submitting questions or requests.

1. From **In Basket**, click the **New Msg** dropdown.
2. Select **Customer Service.**



3. In the **New Customer Service Request** window, select the appropriate Topic:



   - *Authorization Question*
   - *Care Management*
   - *Grievance*
   - *Referral*
   - *Authorization Change Request*
   - *Peer to Peer Reconsideration*

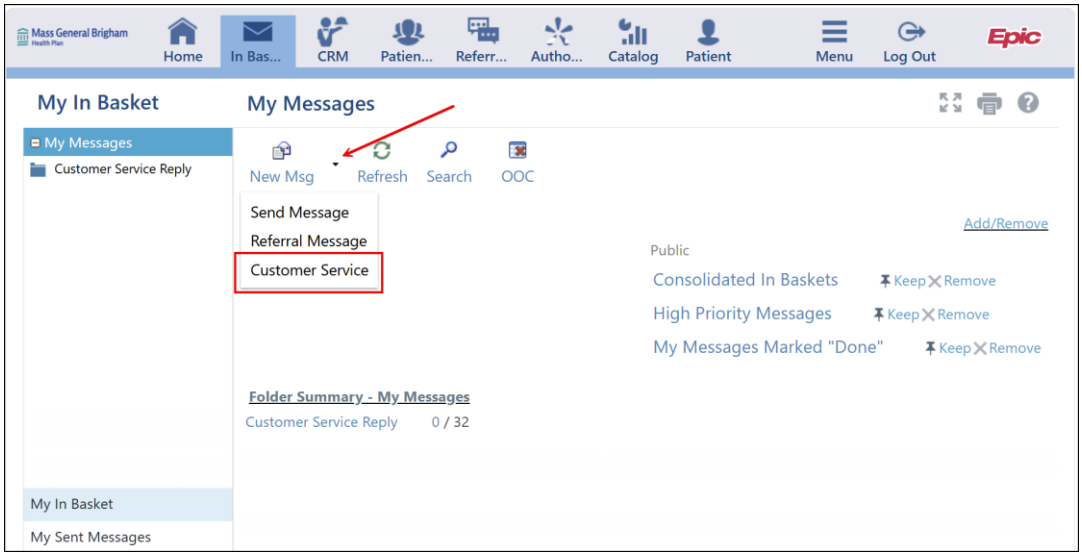
4. Complete the required fields, including the Subtopic, when applicable, and provide details about your request.
5. Select the appropriate Priority and attach supporting documents, if needed.
6. Review your information and click **Submit.**

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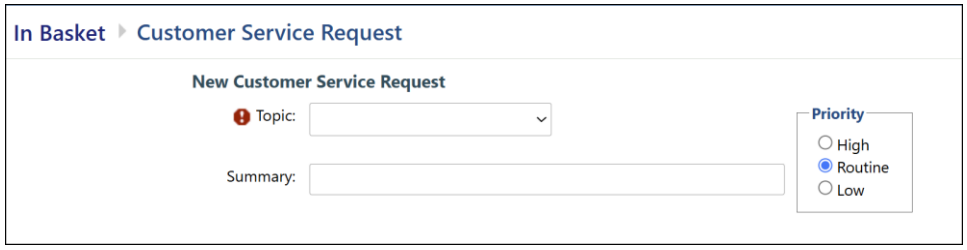
In Basket - Submit a Grievance Workflow

Providers can submit a grievance through the **In Basket** using a Customer Service Request.

1. Click **In Basket** from the toolbar.
2. Click **New Msg**.
3. Select **Customer Service**.



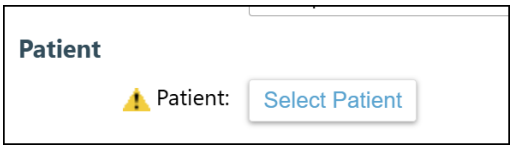
4. In the **New Customer Service Request** window, select **Grievance** for the appropriate **Topic/Subtopic.**





5. Click the **Select Patient** button to locate the appropriate member.

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6. Enter a brief **Summary** and the grievance information in **Details**.
7. Attach supporting documentation, if applicable.
8. Complete and Submit the request.

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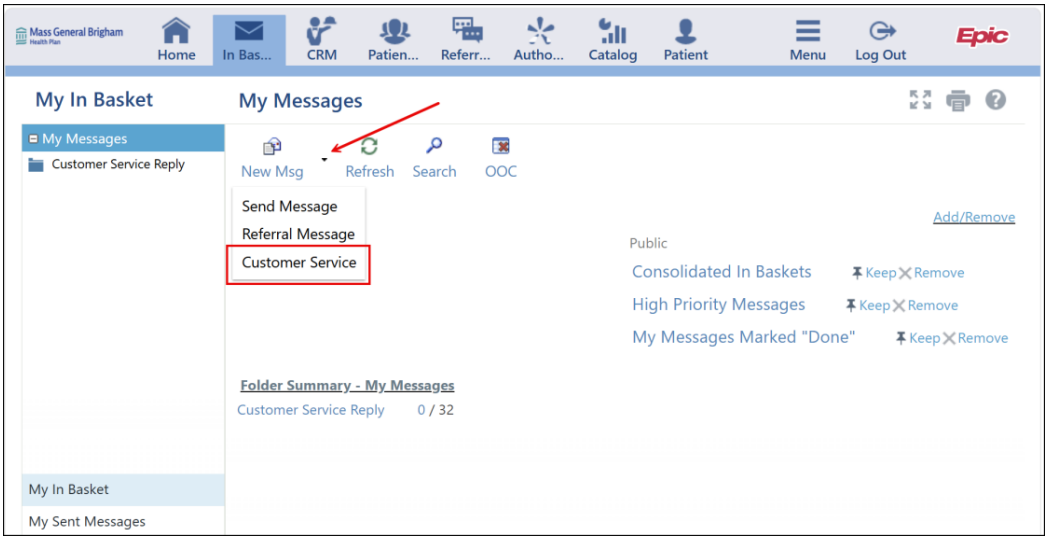
In Basket - Submit a Peer to Peer Reconsideration Request Workflow

A provider can submit a **Peer to Peer Reconsideration** request through Tapestry Link when they would like to discuss an authorization decision with the health plan.

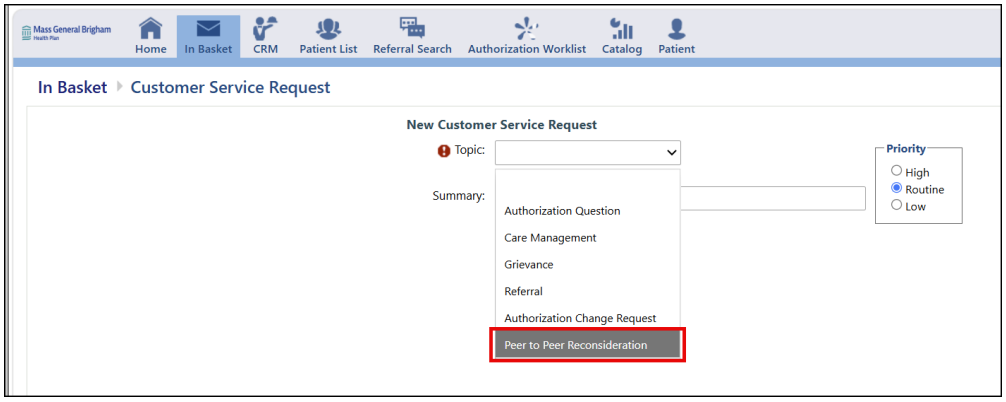
Important: A Peer to Peer Reconsideration is not an appeal. It provides the requesting provider an opportunity to discuss the authorization decision with the health plan Medical Director.

Submit the Request

1. From **In Basket**, create a new **Customer Service Request** using the same steps used to submit a Grievance above.



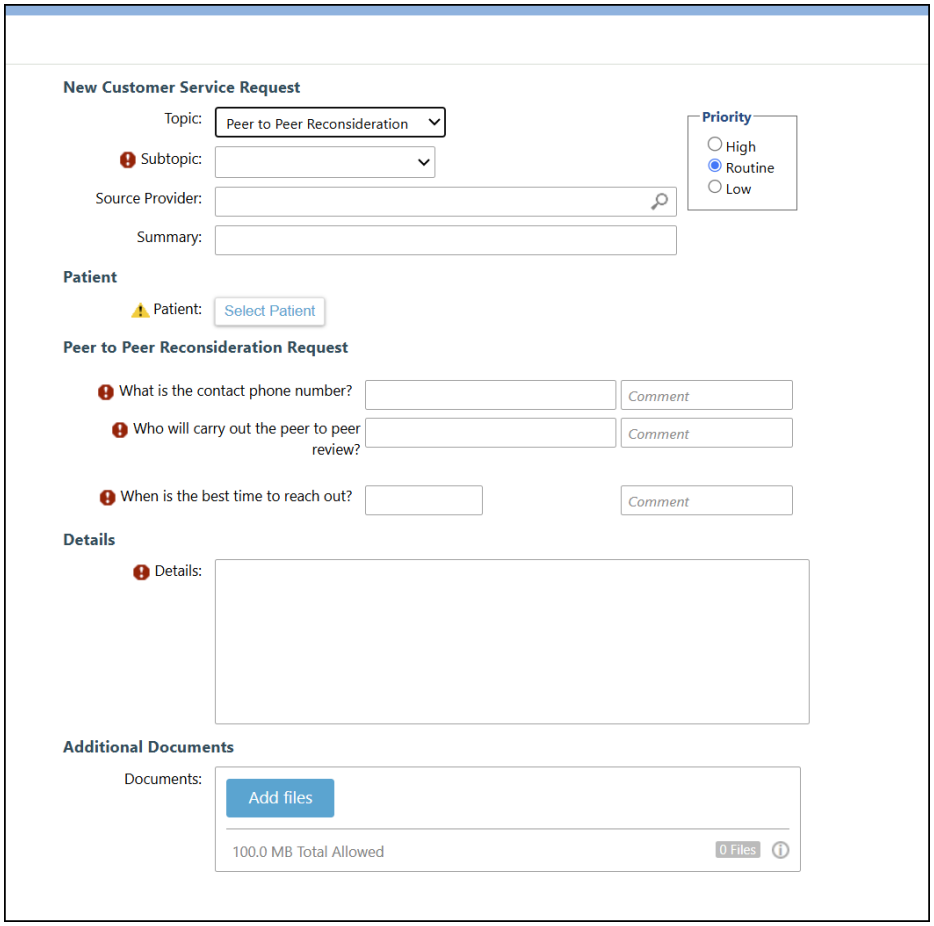
2. In the **Topic** field, select **Peer to Peer Reconsideration**.
3. In the **Subtopic** field, select **Peer to Peer Reconsideration**.



4. In **Source Provider**, select the provider submitting the request.
5. Enter a brief **Summary** of the request.

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6. Select the appropriate **Priority**.
7. Click **Select Patient** and locate the member associated with the authorization.
    - After selecting the patient, attach the authorization associated with the Peer to Peer Reconsideration request.



Enter the Peer to Peer Reconsideration Details

Complete the required information in the **Peer to Peer Reconsideration Request** section:

1. ***What is the contact phone number?***
    - Enter the best phone number for the health plan to use when contacting the provider.
2. ***Who will carry out the peer to peer review***?
    - Enter the name of the provider who will participate in the P2P discussion.
3. ***When is the best time to reach out***?
    - Enter the provider's availability for the P2P.
4. ***Details***:
    - Enter additional information about the request, including the related auth and any other information that may help the health plan review the request.
5. If additional supporting documentation is available, click **Add files** to attach it to the request.

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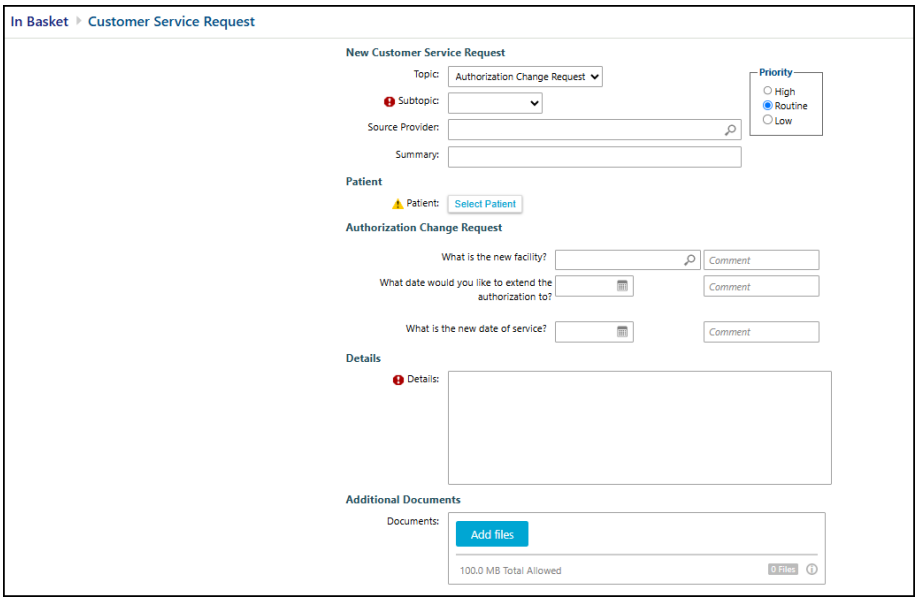
6. Review the information for accuracy, and then click **Submit**.

What Happens Next? After the request is submitted, the health plan receives the Peer to Peer reconsideration request and continues the appropriate review and scheduling workflow.

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In Basket – Change Request Workflow

1. From the In Basket, click **New Msg** and select **Customer Service.**
2. In the Topic dropdown, select **Authorization Change Request.**



3. Select **Change Request** for the **Subtopic.**
4. Complete the **Source Provider, Summary**, and **Priority fields** as applicable.
5. Click **Select Patient** to identify the member associated with the authorization.
6. In the Authorization Change Request section, complete only the fields relevant to the requested change, such as:
    - *What is the new facility?*
    - *What date would you like to extend the authorization to?*
    - *What is the new date of service?*
7. Enter an explanation of the requested change in the Details: field.
8. If needed, click **Add files** to attach supporting documentation.
9. Review the information and click **Submit** to send the request to MGBHP.

Important: You do not need to answer every question in the Authorization Change Request section. Complete only the fields that apply to your request. Questions left unanswered will not appear on the submitted request. Fields marked with a red hard stop icon are required.

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