Inpatient Notification Form

TUFTS Health Plan
a Point32Health company

I. Instructions

- Submission of an inpatient notification is required for inpatient admissions.
- To submit an inpatient notification to Tufts Health Plan, follow the submission instructions below, which vary by plan:

Member's Plan	Type of Admission	Inpatient Notification Submission Options	Inpatient Notification Form
Commercial products (including Uniformed Services Family Health Plan [USFHP])	• Medical/Surgical • Psychiatric • Substance use disorder	• **Submit** inpatient notification electronically via secure Provider portal • **Complete** section II (*on page 2*) and fax it to 617-972-9590 or 800-843-3553	Required
Tufts Medicare Preferred HMO	• Medical/Surgical • Psychiatric • Substance use disorder	• **Submit** inpatient notification electronically via secure Provider portal • **Complete** section II (*on page 2*) and fax it to 617-972-9590 or 800-843-3553	Accepted
Tufts Health Plan Senior Care Options (SCO)	• Medical/Surgical • Psychiatric • Substance use disorder	• **Submit** inpatient notification electronically via secure Provider portal • **Complete** section II (*on page 2*) and fax it to 617-673-0705	Accepted
Tufts Health Direct*	Medical	• **Submit** inpatient notification electronically via secure Provider portal • **Complete** section II (*on page 2*) and fax it to 888-415-9055	Accepted
Tufts Health RITogether*	Medical	• **Submit** inpatient notification electronically via secure Provider portal • **Complete** section II (*on page 2*) and fax it to 857-304-6404	Accepted
Tufts Health Together*	Medical	• **Submit** inpatient notification electronically via secure Provider portal • **Complete** section II (*on page 2*) and fax it to 888-415-9055	Accepted
Tufts Health One Care*	Medical	• **Submit** inpatient notification electronically via secure Provider portal • **Complete** section II (*on page 2*) and fax it to 857-304-6304	Accepted

*** The following exceptions apply for Tufts Health Public Plans products:**

- For **behavioral health** admissions, providers should continue to submit the ED/CBHC Notification Form or the Behavioral Health Notification Form by fax:
  - Tufts Health Direct and Tufts Health Together: 888-977-0776
  - Tufts Health One Care: 857-304-6304
  - Tufts Health RITogether: 857-304-6404
- For inpatient and outpatient elective (scheduled) medical/surgical procedures, providers should continue to submit the Standardized Prior Authorization Form.

Submitting an inpatient notification to Tufts Health Plan does not guarantee payment. Tufts Health Plan is not obligated to pay claims for an inpatient notification submitted for the following:

- Persons who are not actively enrolled in one of the above-mentioned plans on the date of service
- Persons who fail to meet other eligibility criteria
- Persons who receive care that is determined not to be medically necessary
- Persons who have claims that are subject to COB or subrogation

II. Inpatient Notification Form

- Complete this section and submit using the instructions on page 1.
- As a reminder, providers can submit an inpatient notification to Tufts Health Plan using the secure Provider website, as outlined on page 1.

TUFTS Health Plan
a Point32Health company

Requestor's name:
Requestor's phone: Ext. Requestor's fax:
Member name:
Member ID # Date of birth:
Admitting MD name:
Admitting MD's phone: Admitting MD's NPI #
Admitting facility name:
Admitting facility phone: Admitting facility NPI #
Inpatient admission date: Prior observation date (*if any*):
ICD-10 diagnosis code:
ICD-10 or CPT procedure code:
PCP name:
Is there a PCP referral for this admission? Yes No
Referral number, if available (*referral must indicate "treatment"*):
Prior authorization number, if applicable:
Is this a scheduled surgical procedure? Yes No

- If "*Yes*", elective (*scheduled*) medical/surgical procedures for members of **Tufts Health Plan Public Plans** products that require an inpatient admission should be submitted to Tufts Health Plan on the Standardized Prior Authorization Form.
- Scheduled medical/surgical procedures for **Commercial products (including USFHP)** should be submitted via the appropriate prior authorization request form or InterQual® SmartSheets™.
- Refer to the appropriate medical necessity guidelines.

Requesting

Inpatient Inpatient status changed to observation Inpatient following observation care
Scheduled as SDC – changed to inpatient Hospital at Home
SNF level of care: Level 1A Level 1B Level 2 Level 3 Out-of-area SNF
Rehab level of care: Level 1 R1 Level 2 R2 Out-of-area rehab
Chronic level of care: C1 C2 Out-of-area LTAC
Other level of care: Custodial Respite Hospice
PASRR completed: Yes No N/A

For applicable products, providers can confirm that the process is complete and can obtain an inpatient notification number by accessing the appropriate secure Provider portal at tuftshealthplan.com/login.

CLEAR FORM