



Mass General Brigham
Health Plan

Doing business with MGBHP Provider Overview

January 2025

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Plan Insurance Company.

Agenda

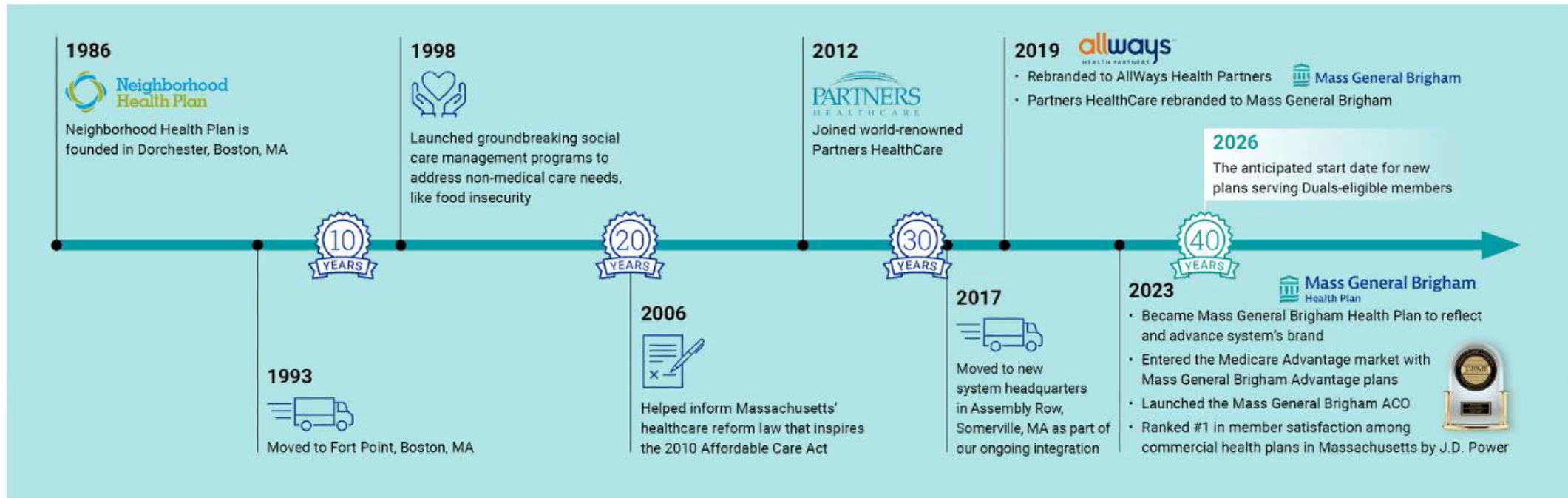
- Mass General Brigham Health Plan Legacy
- Mass General Brigham Membership/Id Cards
- Our Provider Network
- 2025 Product Portfolio
- Provider Portal
- Provider Resources
- Questions



Building on our legacy as a community-based organization



Our legacy of integration, innovation, and growth drives us forward



Mass General Brigham Membership

MGB ACO MEDICAID 145,061
MGB COMMERCIAL 251,115
MGB MEDICARE ADVANTAGE 6,597

Total Membership

A breakdown by line of business

Membership as of April 1, 2025	
Total Membership	402,773
Commercial	251,115
MassHealth	145,061
Medicare Advantage	6,597

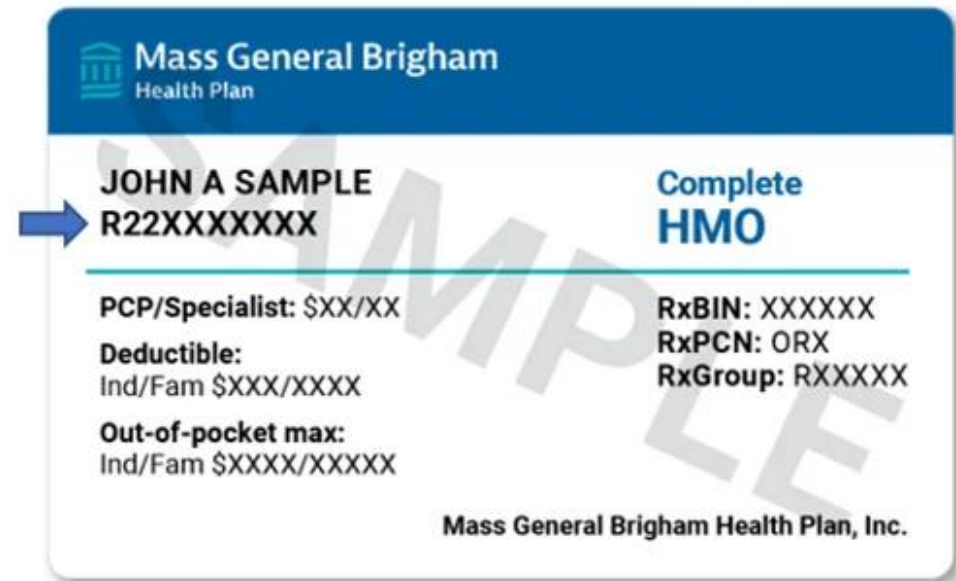


2025 Member ID Cards

For a complete overview of all our products please click on the following link.
<https://massgeneralbrighamhealthplan.org/providers/product-reference>

Highlights:

- Reminder - Mass General Brigham Health Plan had updated member ID numbers and cards for all members effective January 1, 2024. All individuals across membership populations have the same prefix, R22, in their new ID numbers.



Our Provider Network



2025 Product Portfolio



MGB Employee Plans

- The following plans remain in effect:
 - Plus PPO (no change)
 - Select (no change)
- EPO plans with no out of network coverage
- PPO plans with access to out of network coverage for most services at higher cost sharing

New for 1/1/2024

- Core PPO
- High-Deductible Health Plan PPO with HSA
- Premium EPO
- Pharmacy is carved out to CVS caremark

Mass General Brigham
Health Plan

Plus PPO

JOHN A SAMPLE
0000000000

UnitedHealthcare®
Options PPO Network

PCP: \$
PCP Tier 2: 18 and under \$30
Specialist: \$
ER: \$
Tier 1 Deductible: Ind/Fam \$
Tier 2 Deductible: Ind/Fam \$
OON Deductible: Ind/Fam \$
Tier 1 Out-of-Pocket Max: Ind/Fam \$
Tier 2 Out-of-Pocket Max: Ind/Fam \$
OON Out-of-Pocket Max: Ind/Fam \$
Administered by Mass General Brigham Health Insurance Company

CVS caremark®
RXBIN: 004336
RXPCN: ADV
RXGROUP: RX1438

Mass General Brigham
Health Plan

Select

JOHN A SAMPLE
0000000000

UnitedHealthcare®
Options PPO Network

PCP: \$
PCP Tier 2: 18 and under \$30
Specialist: \$
ER: \$
Tier 1 Deductible: Ind/Fam \$
Tier 2 Deductible: Ind/Fam \$
Tier 1 Out-of-Pocket Max: Ind/Fam \$
Tier 2 Out-of-Pocket Max: Ind/Fam \$
Administered by Mass General Brigham Health Insurance Company

CVS caremark®
RXBIN: 004336
RXPCN: ADV
RXGROUP: RX1438

Mass General Brigham
Health Plan

Core PPO

JOHN A SAMPLE
0000000000

UnitedHealthcare®
Options PPO Network

PCP: \$
PCP Tier 2: 18 and under \$40
Specialist: \$
ER: \$
Tier 1 Deductible: Ind/Fam \$
Tier 2 Deductible: Ind/Fam \$
OON Deductible: Ind/Fam \$
Tier 1 Out-of-Pocket Max: Ind/Fam \$
Tier 2 Out-of-Pocket Max: Ind/Fam \$
OON Out-of-Pocket Max: Ind/Fam \$
Administered by Mass General Brigham Health Insurance Company

CVS caremark®
RXBIN: 004336
RXPCN: ADV
RXGROUP: RX1438

Mass General Brigham
Health Plan

Premium EPO

JOHN A SAMPLE
0000000000

UnitedHealthcare®
Options PPO Network

PCP: \$
PCP Tier 2: 18 and under \$30
Specialist: \$
ER: \$
Tier 1 Deductible: Ind/Fam \$
Tier 2 Deductible: Ind/Fam \$
Tier 1 Out-of-Pocket Max: Ind/Fam \$
Tier 2 Out-of-Pocket Max: Ind/Fam \$
Administered by Mass General Brigham Health Insurance Company

CVS caremark®
RXBIN: 004336
RXPCN: ADV
RXGROUP: RX1438

Mass General Brigham
Health Plan

HDHP PPO
with HSA

JOHN A SAMPLE
0000000000

UnitedHealthcare®
Options PPO Network

PCP: \$
PCP Tier 2: 18 and under 20%
Specialist: \$
ER: \$
IN Tier 1 & Tier 2 Deductible: Ind/Fam \$
OON Deductible: Ind/Fam \$
IN Tier 1 & Tier 2 Out-of-Pocket Max: Ind/Fam \$
OON Out-of-Pocket Max: Ind/Fam \$
Administered by Mass General Brigham Health Insurance Company

CVS caremark®
RXBIN: 004336
RXPCN: ADV
RXGROUP: RX1438



Mass General Brigham ACO

Mass General Brigham Health Plan is proud to provide MassHealth insurance coverage to members of Mass General Brigham ACO.

- Primary care services will be provided by Mass General Brigham and Mass General Brigham affiliated PCPs as well as Lawrence Health Solutions and Community Medical Associates who are affiliated with Lawrence General Hospital.
- Members can change their PCP at anytime as long as the PCP is within the ACO network.
Members must receive all care through ACO.
- Referrals will **NOT** be required for in-Network Providers
- Authorizations will not be required for High Tech Radiology or Cardiac Imaging with in-network providers
- Authorizations/Notifications for other services may be required for MGB ACO members.

Mass General Brigham
Health Plan

Mass General Brigham ACO

EVERY SAMPLE
Health Plan ID # XXXXXXXXXXXX
MassHealth # XXXXXXXXXXXXXX

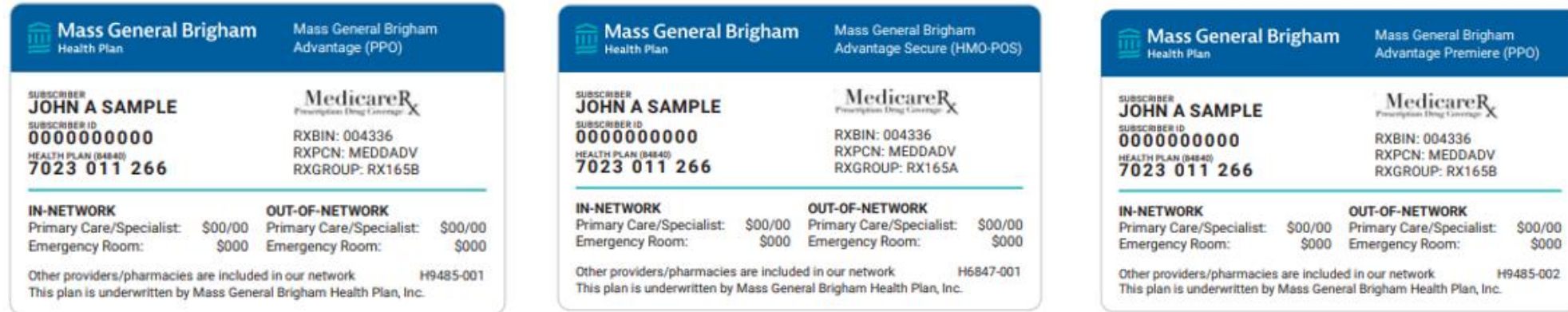
PCP/Specialist: \$0/0
Preventive Services: \$0
Emergency Room: \$0

RxBIN: XXXXXX
RxPCN: ORX
RxGroup: RXXXXX

Coverage through Mass General Brigham Health Plan



Medicare Advantage



- Two main plan types – **PPO and HMO-POS**. Both offer flexibility and choice for members at different levels of premium cost.
- \$0 premium product included as option, biggest trend in local market.
- Low or no cost-sharing for preventive services. Part D **Prescription drug coverage** included for all 3 plans.
- **No referrals** are required for any plan, regular authorization rules apply.
- **Supplemental benefits** (dental, vision, hearing, etc.) included at varying levels across all three plans.



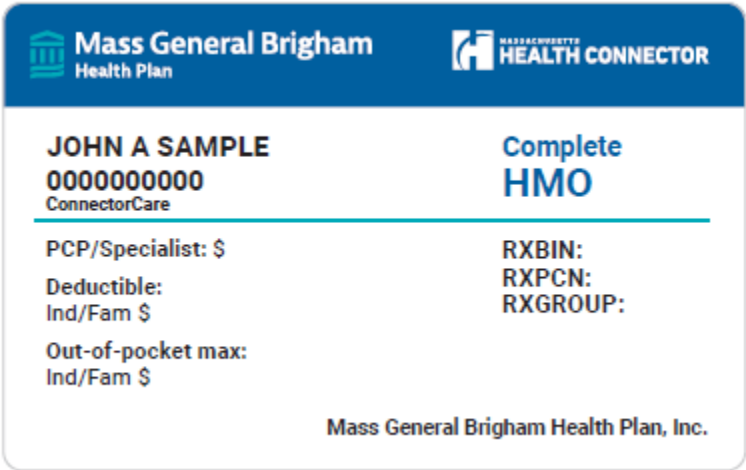
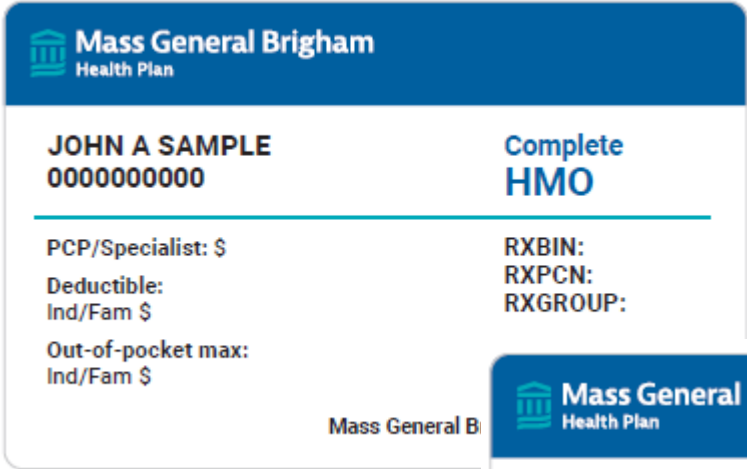
Full network Products



Complete HMO plans

Our Complete HMO plans offer access to our extensive provider network. Members must designate a PCP to manage their medical care and issue referrals.

- Includes contracted providers in the MGB Health Plan network
- Access to national Optum network for Behavioral Health
- A contracted PCP is required
- Referrals are required for some specialty care
- Authorizations required for some services
- Available to Health Connector members
 - Including ConnectorCare members effective 1/1/2024



Complete PPO Plus

Complete PPO Plus members will continue to access the current MGB Health Plan network in Massachusetts and the current MGB Health Plan and PHCS networks in New Hampshire. Outside Massachusetts and New Hampshire, the UnitedHealthcare Options PPO network is available.

- MGB Health Plan provide customer service to our members and Providers
- Access to national Optum network for Behavioral Health
- Continue to utilize Optum's transplant network
- MGB Health Plan provides care management for our members
- Authorization guidelines available at: [PAGuide.pdf](#) (massgeneralbrighamhealthplan.org)
- MGB Health Plan will continue to manage UM.

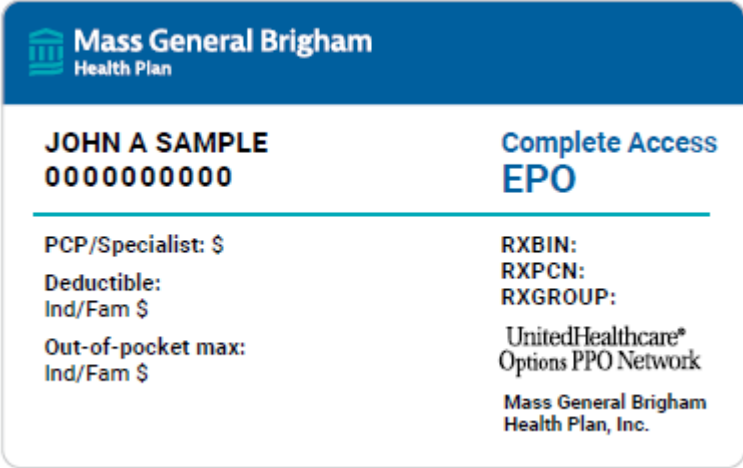
 Mass General Brigham Health Plan	
JOHN A SAMPLE 0000000000	Complete PPO Plus
PCP/Specialist: \$	RXBIN:
Deductible:	RXPCN:
IN Ind/Fam \$	RXGROUP:
OON Ind/Fam \$	UnitedHealthcare® Options PPO Network
Out-of-pocket max:	Mass General Brigham Health Plan, Inc.
IN Ind/Fam \$	
OON Ind/Fam \$	



Complete Access EPO

Complete Access EPO members will continue to access the current MGB Health Plan network in Massachusetts and the current MGB Health Plan and PHCS networks in New Hampshire. Outside Massachusetts and New Hampshire, the UnitedHealthcare Options PPO network is available.

- MGB Health Plan provide customer service to our members and Providers
- Access to national Optum network for Behavioral Health
- A contracted PCP is required for members wanting a MGB Health Plan PCP in MA and NH
- Referrals are required for some specialty care for members with a MGB Health Plan PCP in MA and NH
- Continue to utilize Optum’s transplant network
- MGB Health Plan provides care management for our members
- Authorization guidelines available at: [PAGuide.pdf](https://massgeneralbrighamhealthplan.org/PAGuide.pdf) (massgeneralbrighamhealthplan.org)
- MGB Health Plan will continue to manage UM.
- Effective 1/1/2024 for Large Group fully insured, 7/1/2024 for self-insured*, and **1/1/2025 for Merged Market**



*as of 10/28/2024 no active self-insured groups include EPO

Tiered Network Products



Choice Easy Tier – HMO and PPO Plus

Members have access to our full network, but MGB Health Plan contracted hospitals fall into two tiers. The tiers determine what cost share the member pays.

- Simple plan design with only 2 tiers for hospital-related services
 - Tier 1 includes community hospitals, teaching hospitals, and independent/freestanding (non-hospital affiliated) facilities
 - Tier 2 includes Academic Medical Centers (AMCs), specialty hospitals and affiliated facilities
- For Choice Easy Tier PPO Plus plans:
 - Same network arrangement as Complete PPO Plus (see previous slide)
 - UnitedHealthcare Options PPO contracted hospitals are not tiered

 Mass General Brigham Health Plan	Tiered Network
JOHN A SAMPLE 0000000000	Choice Easy Tier HMO
PCP/Specialist: \$	RXBIN:
Deductible:	RXPCN:
Ind/Fam \$	RXGROUP:
Out-of-pocket max:	
Ind/Fam \$	
Mass General Brigham Health Plan, Inc.	



Choice Easy Tier Tiering Structure

- Tiered services include:
 - Outpatient short-term rehabilitation (Cardiac, PT/OT and ST)
 - Outpatient diagnostic, imaging and x-rays
 - Outpatient high-tech radiology
 - Outpatient surgery
 - Inpatient acute medical care
- Non-tiered services include:
 - Outpatient labs
 - Office visits with PCP & specialists
 - Behavioral Health
 - Emergency room and urgent care
 - Inpatient Rehabilitation and Skilled Nursing



Group Insurance Commission (GIC)

A tiered network plan where the following are tiered: PCP, Specialty services, Inpatient Acute medical

- PCP is required
- Tiered network:
 - PCP, Specialty and inpatient acute hospital visits are tiered
 - Lower member cost sharing for certain outpatient services at ASCs
- Pharmacy carveout through CVS caremark
- Referrals required for specialty care

The image shows a sample health insurance ID card for the Mass General Brigham Health Plan. The card is blue and white. At the top left is the Mass General Brigham logo and 'Health Plan'. At the top right is the GIC logo. The member's name 'JOHN A SAMPLE' and ID number '0000000000' are in the center. To the right of the ID number is the plan type 'HMO'. Below a horizontal line, the card lists cost-sharing details: 'PCP Office Visit: \$', 'Specialist Office Visit: \$', 'Mental Health/Substance Use: \$', 'Deductible: Ind/Fam \$', and 'Out-of-pocket max: Ind/Fam'. At the bottom right, it states 'Administered by Mass General Brigham Health Insurance Company'.

Mass General Brigham Health Plan	
JOHN A SAMPLE 0000000000	HMO
PCP Office Visit: \$ Specialist Office Visit: \$ Mental Health/Substance Use: \$	
Deductible: Ind/Fam \$	
Out-of-pocket max: Ind/Fam	Administered by Mass General Brigham Health Insurance Company



High-Performance Network Products

Products that meet our customer's needs for high-quality, cost-effective care

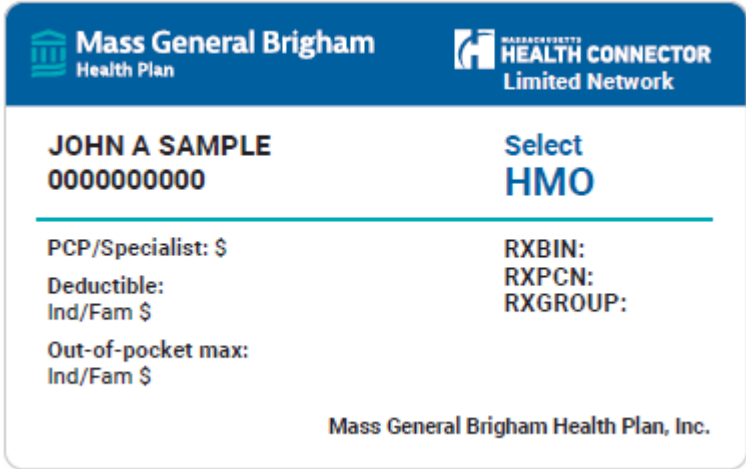
- Select HMO
- Allies HMO / Allies Choice HMO



Select HMO

Select HMO members have in-network access to Select HMO network. Members have access to comprehensive benefits through this limited network of high-quality providers.

- Available to Health Connector members
 - Including ConnectorCare members
- A contracted Select HMO PCP is required
- Limited-Service Area – includes the following MA counties:
 - Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth, Suffolk



Select HMO Network Structure and Referral/Authorization Guidelines

- Limited but comprised of high quality and cost-effective providers, including providers within the MGB system
- National Optum Network available for Behavioral Health Services
- Access to the same ancillary providers as our full network:
 - DME
 - PT/OT/ST
 - CareCentrix
 - Chiropractic
- Referral and authorization guidelines follow the standard rules



Allies HMO / Allies Choice HMO

Allies is an innovative narrow network product centered around strong community-based health systems

- Allies HMO for Large Group
- Allies Choice HMO for Merged Market*
- Dedicated Allies Health Navigator
- National Optum network for Behavioral Health Services
- Limited-Service Area – includes all of Suffolk county and only certain cities in Bristol, Essex, Middlesex, Norfolk, Plymouth, and Worcester. Zip code list can be provided as needed.

*Tiered network



 Mass General Brigham Health Plan		Limited Network
JOHN A SAMPLE 0000000000		Allies HMO
PCP/Specialist: \$	RXBIN:	
Deductible: Ind/Fam \$	RXPCN:	
Out-of-pocket max: Ind/Fam \$	RXGROUP:	
Mass General Brigham Health Plan, Inc.		

 Mass General Brigham Health Plan		Limited Tiered Network
JOHN A SAMPLE 0000000000		Allies Choice HMO
PCP/Specialist: \$	RXBIN:	
Deductible: Ind/Fam \$	RXPCN:	
Out-of-pocket max: Ind/Fam \$	RXGROUP:	
Mass General Brigham Health Plan, Inc.		

Allies Key Features

- Members must select a PCP from South Shore Health, SSH IDN, Harbor Medical Associates, Newton-Wellesley Hospital or Salem Hospital
- Primary and Specialty care managed locally through Newton-Wellesley Hospital, Salem Hospital and South Shore Health, SSH IDN and Harbor Medical Associates
- Access to high-quality PCPs and specialists for outpatient and inpatient services
- Specialty care, as needed, referred to Mass General Hospital, Brigham and Women's Hospital, Massachusetts Eye and Ear, Spaulding and McLean Hospital*
- Other ancillary providers from standard HMO Network
- Referral and authorization guidelines follow the standard rules

*Tiering applies to members enrolled in Allies Choice HMO only



Allies Choice HMO Tiering Information

Tiering modeled after Choice Easy Tier rules – applies to certain facilities and services

Tiered Services:

- Inpatient acute medical services
- Outpatient diagnostic imaging and X-ray, including ultrasound
- Outpatient high-tech radiology (CT Scans, MRIs, etc.)
- Outpatient surgery
- Outpatient short-term rehabilitation (cardiac, physical, occupational, and speech therapy)

Tier 2 Facilities:

- Mass General
- Brigham and Women's
- Mass Eye and Ear
- Affiliated facilities



Value HMO

Available to City of Boston

- Smaller than the Complete HMO network
- High quality/high performance providers
- Massachusetts based:
 - Providers in the MGB Health Plan Network that are in RI and NH will not be included
 - Ancillary facilities – use full network
 - Urgent Care and Limited-Service Clinics (Minute Clinic) – no exclusions
 - National Optum's Behavioral Health network
- PCP and specialty referrals are required

 Mass General Brigham Health Plan	CITY of BOSTON Limited Network
JOHN A SAMPLE 0000000000	Value HMO
PCP/Specialist: \$	RXBIN:
Deductible:	RXPCN:
Ind/Fam \$	RXGROUP:
Out-of-pocket max:	
Ind/Fam \$	
Administered by Mass General Brigham Health Insurance Company	

- Limited-Service Area – includes the following MA counties:
Bristol, Dukes, Essex, Middlesex, Nantucket, Norfolk, Plymouth, and Suffolk



Provider Portal



Provider Portal

The MGBHP provider portal is your one-stop-shop for managing your MGBHP patients.

Through the portal, you have real-time access to:

- Verify patient eligibility
- Verify claims status
- Submit or check authorizations/referrals
- Access your explanation of payments (EOPs)
- Submit a New Claim with or without an invoice
- Submit a request for claims review
- View member and provider roster reports
- Update your practice information
- And much more!

If you do not have access to Our Provider Portal, you can register at:

<https://provider.massgeneralbrighamhealthplan.org/>



Mass General Brigham
Health Plan

Welcome to your Provider Portal

Log in for quick access to tools and resources
that support your patients' needs.

Your patients' health is everything to us.



Log in to the Provider Portal

Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Need an Account?

If you currently have a login for NHPNet, those credentials will work here. There is no need to re-register.

If you meet the appropriate criteria and have read the instructions you may sign up for an account.

[Account Registration](#)

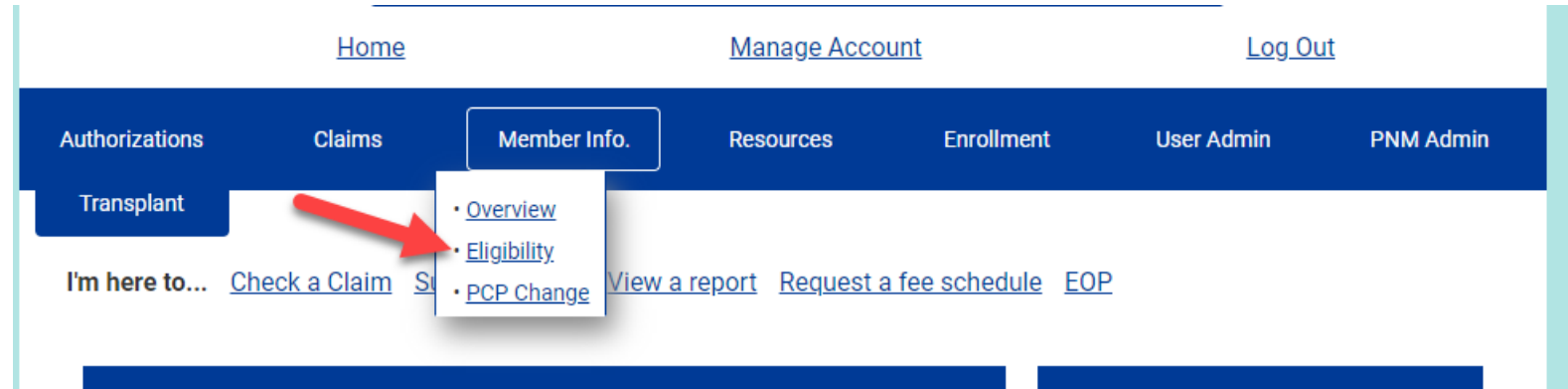


Member Benefits & Eligibility

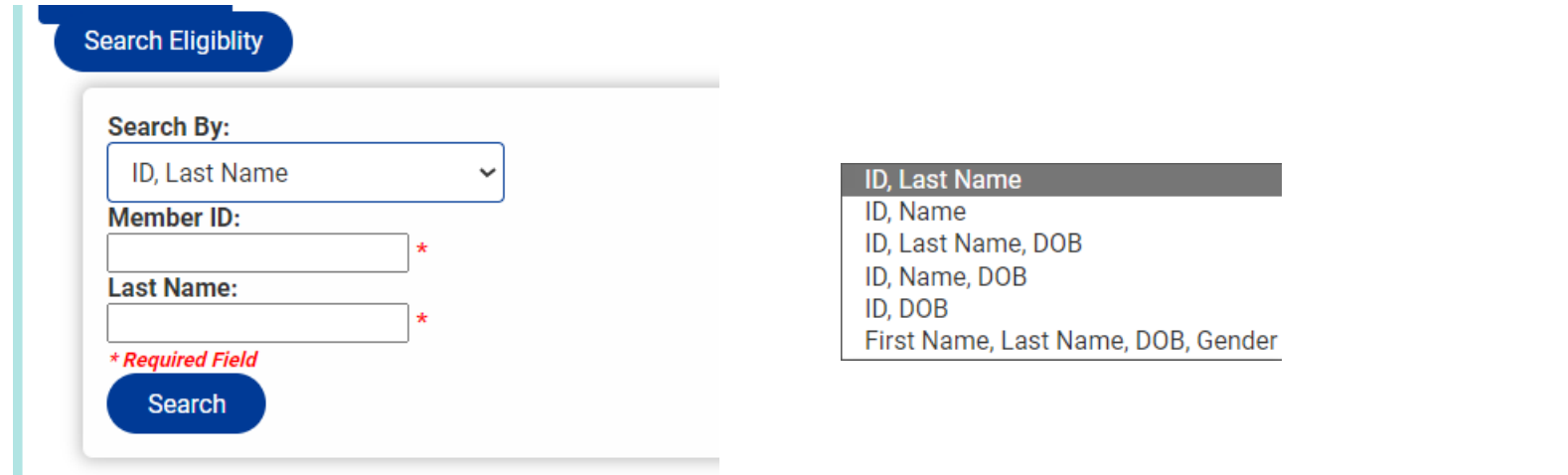


Member Benefits & Eligibility

- From the Home page choose the **Member Info** option and select **Eligibility**
- From there you can use several search options to locate the correct member
- This page will give an overview of member cost sharing and eligibility
- **NOTE:** the information must match exactly (this includes casing & symbols)



The screenshot shows the top navigation bar with links for Home, Manage Account, and Log Out. Below this is a dark blue menu bar with options: Authorizations, Claims, Member Info., Resources, Enrollment, User Admin, and PNM Admin. The Member Info. option is highlighted, and a dropdown menu is visible with the following options: Overview, Eligibility (highlighted with a red arrow), and PCP Change. Below the menu bar, there is a section titled 'I'm here to...' with links for Check a Claim, View a report, Request a fee schedule, and EOP.



The screenshot shows the 'Search Eligibility' form. It has a 'Search By:' dropdown menu with 'ID, Last Name' selected. Below this are two input fields: 'Member ID:' and 'Last Name:', both marked with a red asterisk to indicate they are required fields. A red text label '* Required Field' is positioned below the input fields. A blue 'Search' button is at the bottom of the form. To the right of the form, a list of search options is displayed: ID, Last Name (highlighted), ID, Name, ID, Last Name, DOB, ID, Name, DOB, ID, DOB, and First Name, Last Name, DOB, Gender.



Verifying Prior Authorization Requirements



Outpatient Code Checker

- This tool allows Providers to verify coverage and authorization requirements for most outpatient services.
- You can search by Member ID# and Code
- Coverage and prior authorization requirements will display

Enter Member Id here:

Enter the Code here:

30520

DO Not enter UNLISTED CODES. Coverage information is not available for ANY UNLISTED CODE through this tool. Additional restrictions apply as noted above.

Search

Code	Description	Is Covered	Is PA Required
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF	YES	YES / MASS GENERAL BRIGHAM HEALTH PLAN

Confirmation of coverage and prior authorization does not guarantee payment, which is based on member eligibility on the date of service, plan design, specific payment policies, individual provider contract terms and fee schedules. Mass General Brigham Health Plan applies standard industry billing and coding rules to claims.



Initiating a Prior Authorization Request



Initiating a Prior Authorization Request

- If a service requires Prior Authorization, providers can click on **Submit an auth** on the Provider Portal homepage to initiate a Prior Authorization request.



- | | |
|---|--|
| Select
Authorization/Referral
Type: | <div>Outpatient</div> |
| <p>Enter the member ID or name and then press the Search button to select an eligible member. This request cannot be submitted if you do not search for and select a member.</p> | |
| Patient Search (Member
ID/Name) | <div></div> <div>Search</div> |
| Requesting Provider | <div>FAMILY CARE ASSOCIATES, LLC</div> |
| Contact Name | <div></div> |
| Contact Phone | <div></div> |
| Requested Service | <div>Select One</div> |
| Servicing Facility
(Name/NPI) | <div></div> <div>Search</div> |
| Contact Name | <div></div> |
| Contact Phone | <div></div> |
| Diagnosis | <div></div> <div>Search</div> |
| Procedure Code | <div></div> <div>Search</div> |
| Service start date | <div></div> |
| Service end date | <div></div> |
| Remarks (limited to 255
characters) | <div></div> |

Authorization Response

Response Screen

- Once you complete an Authorization request, you will receive a real-time response.
- You can submit/upload your Supporting Clinical Documents by using the **Submit document** or **Fax document** buttons.
- You can also view documents that have already been attached
- You will be provided a Status of your request once all required information has been submitted.

Authorizations & Referrals Viewer

This cannot be revised because the status is not MEDREVIEW or APPROVED

Authorizations/Referral Information

Authorization/Referral ID:	22348R00000	Member:	
Member ID:		Member Date Of Birth:	01/01/1954
Product:	MEDICARE ADVANTAGE	Member PCP:	
Referred By:	FAMILY CARE ASSOCIATES, LLC (1417969817)	Referred To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Inpatient/Outpatient:	Inpatient	Pay To:	BRIGHAM AND WOMEN'S HOSPITAL (1790717650)
Diagnosis Code:	N50.82	Diagnosis Description:	Scrotal pain
Authorization/Referral Status:	PENDING A -General Medicine	Authorization/Referral Date:	12/14/2022
Service Start Date:	12/14/2022	Service End Date:	12/19/2022

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	PENDING				Inpatient Stay	5	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded	
Clinicals	UserGuideInpatient_2.7.2022.pdf	896KB	12/14/2022 11:40:AM	Download

[Submit Document](#)

[Fax Document](#)



Tips

- **Have the clinical information (medical chart) available**

Review the patient's medical chart to assemble documented clinical indications for the requested service (e.g., review history/physical, testing conducted prior to service, treatment plan). If the authorization pends, you will need to upload the clinical information.

- **Answer questions based on the patient's clinical information (medical chart)**

If the appropriate answer isn't available, select "Other clinical information" and add a comment

- **Add Reviewer Comments at the question level to document clinical details**

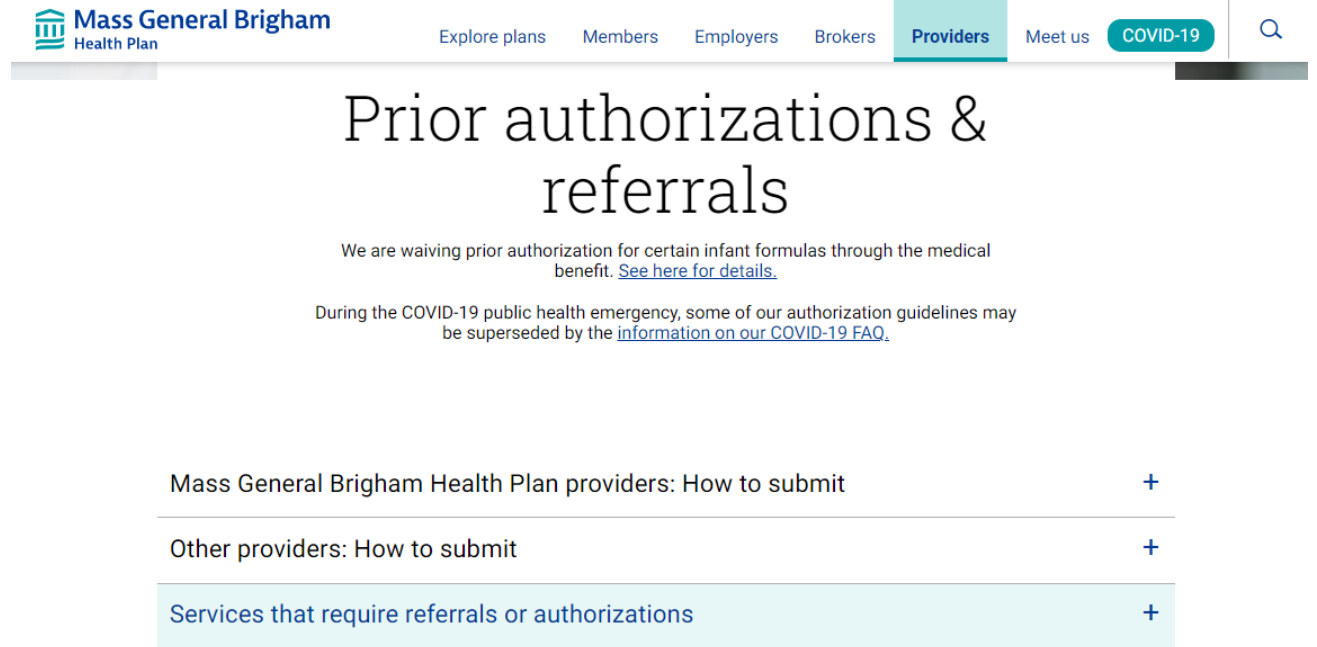
- **Review notes within the criteria;** they serve as a valuable resource in accurately conducting a review by:

- Explaining criteria rationale
- Defining medical terminology
- Detailing new clinical knowledge/evidence



Prior Authorizations & Referrals

- Authorization guidelines available at: <https://massgeneralbrighamhealthplan.org/providers/authorization-guidelines>
- We will continue to manage our UM for our contracted providers.
- Mass General Brigham Health Plan continues to provide care management for our members



The screenshot shows the Mass General Brigham Health Plan website. The header includes the logo, navigation links (Explore plans, Members, Employers, Brokers, Providers, Meet us), a COVID-19 button, and a search icon. The main heading is 'Prior authorizations & referrals'. Below it, there are two paragraphs of text: 'We are waiving prior authorization for certain infant formulas through the medical benefit. [See here for details.](#)' and 'During the COVID-19 public health emergency, some of our authorization guidelines may be superseded by the [information on our COVID-19 FAQ.](#)'. At the bottom, there is a list of links with expand/collapse icons: 'Mass General Brigham Health Plan providers: How to submit', 'Other providers: How to submit', and 'Services that require referrals or authorizations' (which is highlighted).

Mass General Brigham Health Plan

Explore plans Members Employers Brokers Providers Meet us COVID-19

Prior authorizations & referrals

We are waiving prior authorization for certain infant formulas through the medical benefit. [See here for details.](#)

During the COVID-19 public health emergency, some of our authorization guidelines may be superseded by the [information on our COVID-19 FAQ.](#)

- Mass General Brigham Health Plan providers: How to submit +
- Other providers: How to submit +
- Services that require referrals or authorizations +



Claims Overview, Submission, and Request for Claim Review



How to submit a *New* claim



Mass General Brigham
Health Plan

Brandon Veazie

Go

[Home](#)[Manage Account](#)[Log Out](#)

Authorizations

Claims

Member Info.

Resources

Enrollment

User Admin

PNM Admin

Transplant

I'm here to...

• [Overview](#)

• [Submit a claim](#)

• [Claim Status](#)

• [Electronic Payments](#)

• [Request a fee schedule](#)

[a claim](#)[Submit an auth](#)[View a report](#)[Request a fee schedule](#)[EOP](#)

News & Announcements

[12/30 Payment Update](#)

12/30/2024 03:25 PM

More

Eligibility

Search By:

Member ID:

Last Name:

* Required Field

Search

- On the Provider Portal homepage, select **Claims** and then **Submit a Claim**.

Claims Submission Template

New Claim Submission

Verify **that** the Provider information is accurate for the claim you're submitting.

Choose a **Specialty Code**

- If the specialty for your claim is not available, you may choose No Specialty Code

Click **Search** next to the **Patient Field**. You will get a **Pop-Up** window that allows you to choose **search parameters**. Fill them out and click **Search** again.

- ***it is best to use all capital letters***

Verify the patient information is correct

Enter the Date of Service or choose using the calendar

Upload a completed CMS 1500 or UB-04 claim form using the Choose Files button. This will allow you to search for a file on your computer.

- PDF is the preferred format
- If your claim requires an invoice choose “**Claim with Invoice**” from the **Submission Type** drop down. You may attach the invoice using the second Choose File button

Click **Submit** and a confirmation screen will appear.



Claim Submission

Important reminders for claim submission:

- This page is for submission of Medical claim forms UB 04 and 1500 claims forms only. Medical reimbursements, Pharmacy Forms or Dental Forms will be discarded.
- The only attachments accepted will be for invoices for services and supplies that require an invoice such as DME equipment, supplies such as gauzes tapes, home medical products, buy and bill medications.
- Check all claims for accuracy before submitting All required fields are necessary for reimbursement. - *the submitted claim is incomplete you will be notified by mail which will substantially delay your reimbursement.*
- Claims submitted after 5pm EST will be considered received on the following business day.
- Each claim requires a separate submission.

Provider Information:

BRAINTREE EYE ASSOCIATES, PC
1881718658
Brandon Veazie

Provider Specialty

NO SPECIALTYCODE

Enter the member ID or name and then press the **Search** button to select an eligible member. This request cannot be submitted if you do not search for and select a member.

Patient Search (Member ID/Name)

Search

Date of service

Submission Type

Claim

Upload Claim File

Choose Files No file chosen

Submit

Submission Type

Claim with invoice

Upload Claim File

Choose Files No file chosen

Upload Invoice File

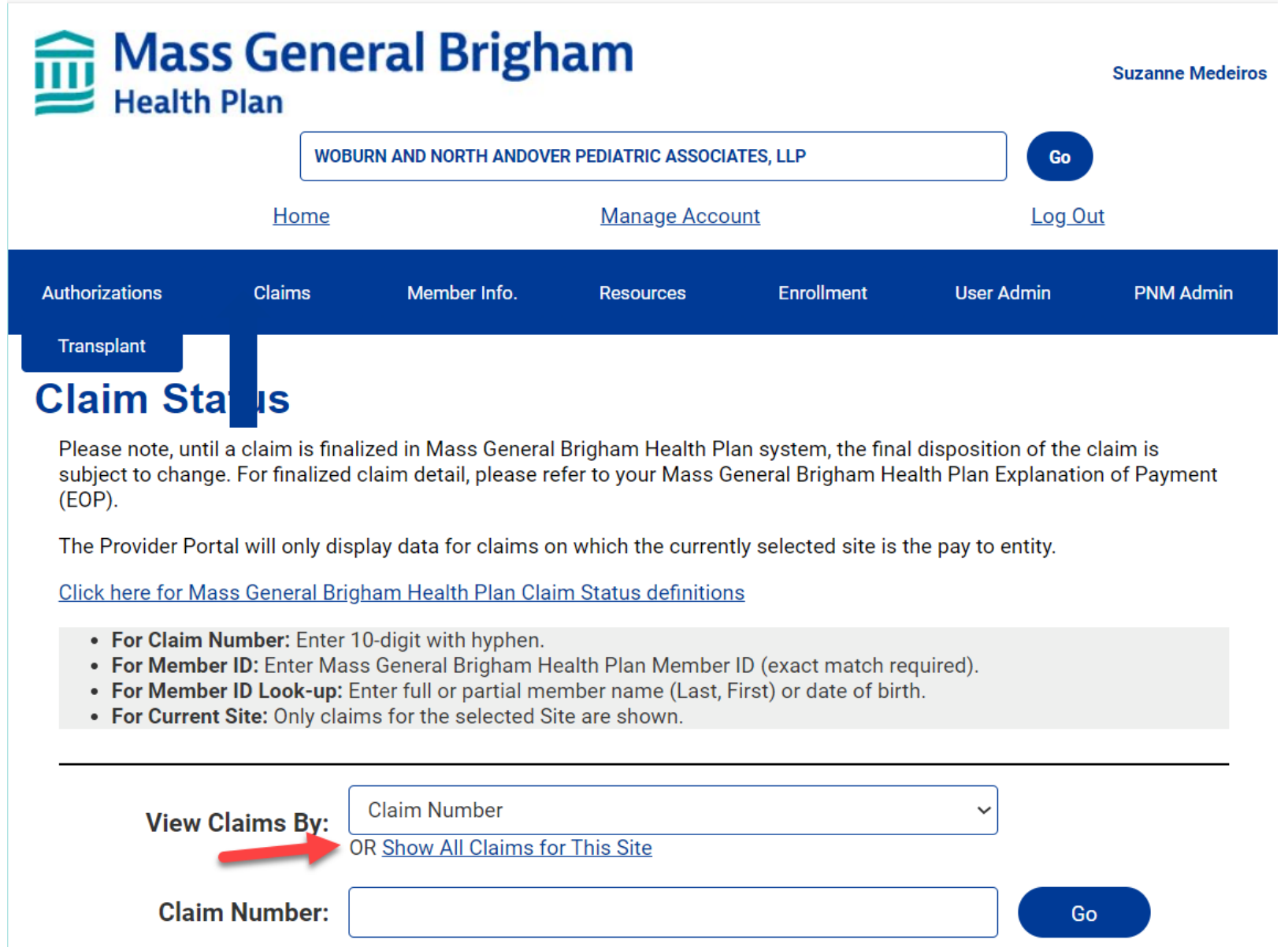
Choose Files No file chosen

Mass C

40

Checking Claims Status

- Providers can check a claim status by choose **Claims** and then **Claims Status** from the toolbar.
- Check individual claim status
- Complete list of claims for your site
- Member specific claims status



The screenshot shows the Mass General Brigham Health Plan Provider Portal. At the top, the logo and name "Mass General Brigham Health Plan" are displayed, along with the user name "Suzanne Medeiros". A search bar contains "WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP" with a "Go" button. Navigation links include "Home", "Manage Account", and "Log Out". A blue toolbar contains links for "Authorizations", "Claims", "Member Info.", "Resources", "Enrollment", "User Admin", and "PNM Admin". The "Claims" link is selected, and a sub-menu shows "Transplant" and "Claim Status". The "Claim Status" page has a heading "Claim Status" and a note: "Please note, until a claim is finalized in Mass General Brigham Health Plan system, the final disposition of the claim is subject to change. For finalized claim detail, please refer to your Mass General Brigham Health Plan Explanation of Payment (EOP).". Below this, it states: "The Provider Portal will only display data for claims on which the currently selected site is the pay to entity." and provides a link: "Click here for Mass General Brigham Health Plan Claim Status definitions". A list of instructions is provided: "For Claim Number: Enter 10-digit with hyphen.", "For Member ID: Enter Mass General Brigham Health Plan Member ID (exact match required).", "For Member ID Look-up: Enter full or partial member name (Last, First) or date of birth.", and "For Current Site: Only claims for the selected Site are shown." At the bottom, there is a "View Claims By:" label with a dropdown menu set to "Claim Number" and a red arrow pointing to it. Below the dropdown is the text "OR Show All Claims for This Site". A "Claim Number:" label is followed by an input field and a "Go" button.

Mass General Brigham Health Plan

Suzanne Medeiros

WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP

Go

[Home](#) [Manage Account](#) [Log Out](#)

Authorizations Claims Member Info. Resources Enrollment User Admin PNM Admin

Transplant

Claim Status

Please note, until a claim is finalized in Mass General Brigham Health Plan system, the final disposition of the claim is subject to change. For finalized claim detail, please refer to your Mass General Brigham Health Plan Explanation of Payment (EOP).

The Provider Portal will only display data for claims on which the currently selected site is the pay to entity.

[Click here for Mass General Brigham Health Plan Claim Status definitions](#)

- **For Claim Number:** Enter 10-digit with hyphen.
- **For Member ID:** Enter Mass General Brigham Health Plan Member ID (exact match required).
- **For Member ID Look-up:** Enter full or partial member name (Last, First) or date of birth.
- **For Current Site:** Only claims for the selected Site are shown.

View Claims By: Claim Number

OR [Show All Claims for This Site](#)

Claim Number:

Go



Claim Status Results

- Providers can view a complete claim status on the Claim screen.
- They can verify payment information including **payment amount** by line, **check number** & date
- There is also a link to the corresponding **EOP**

Claim

Claim Information

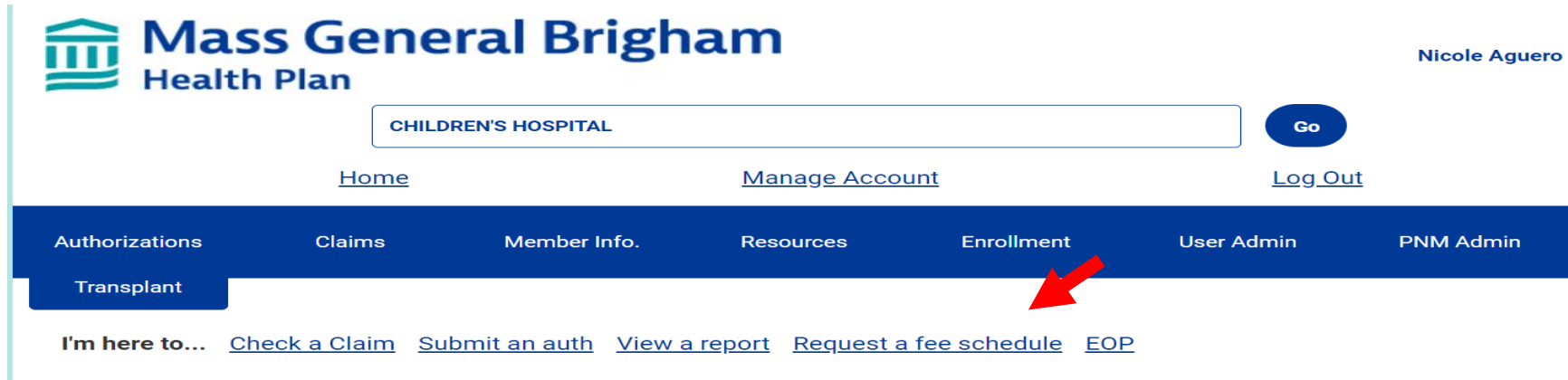
Claim Number:	231 EI	Member ID:	R22
Member Name:		Member Date Of Birth:	1/1/1977
Status:	PAID	Submission Date:	10/28/2024
Servicing Provider:		Servicing Provider NPI:	
Total Charges:	\$385.00	Paid Amount:	
Check Date:		Check Number:	
EOP Link:	Download Corresponding Explanation of Payment		
Date Of Service Start:	07/24/2023	Date Of Service End::	07/24/2023
Patient Control Number:			
Primary Diagnosis:	I10 - ESSENTIAL PRIMARY HYPERTENSION		
Secondary Diagnosis(es):			
Claim Messages:	Error 3: Payment of claim is 20200201200 member ongoing change		

Claim Services

Line	Status	Rev Code	CPT Code	Modifier	Description	Units	Billed	Allowed	COB	Deductible	Co-Insurance	Copay	Withheld	Paid
1	PAID		99213		OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN; BLANK	1	\$385.00	\$171.45	\$0.00	\$0.00	\$0.00	\$60.00	\$11.15	\$111.45



Explanation of Payment (EOP)



Mass General Brigham Health Plan

CHILDREN'S HOSPITAL

Go

Home Manage Account Log Out

Authorizations Claims Member Info. Resources Enrollment User Admin PNM Admin

Transplant

I'm here to... [Check a Claim](#) [Submit an auth](#) [View a report](#) [Request a fee schedule](#) [EOP](#)

Explanation of Payments

Search By:

Check Date:

Go

Manage E-Payments

- To manage your payments click [here](#)
- Visit our e-payment information [page](#) for details about your options
- To register for Electronic Remittance Advice (835) or Electronic funds Transfer (EFT) click [here](#)
- To review payments issued before 02/09/1980, click [here](#)



Submit a Claims Review/Appeal Request

- Allows you to pull a **Claim Status**
- Verify that you have selected:
 - The correct claim
 - Correct member
 - Correct Servicing Provider
- Select the **Submit Claim Review** option.
 - **Reminder:** claim reviews must be submitted within timely filing

Claim

Claim Information

Claim Number:	231 EI	Member ID:	R22
Member Name:		Member Date Of Birth:	/ / 19
Status:	PAID	Submission Date:	10/28/2024
Servicing Provider:		Servicing Provider NPI:	
Total Charges:	\$385.00	Paid Amount:	
Check Date:		Check Number:	
EOP Link:	Download Corresponding Explanation of Payment		
Date Of Service Start:	07/24/2023	Date Of Service End:	07/24/2023
Patient Control Number:			
Primary Diagnosis:	I10 - ESSENTIAL PRIMARY HYPERTENSION		
Secondary Diagnosis(es):			
Claim Messages:	Line 1: Adjustment of claim # 20200201 for member eligibility change		

Claim Services

Line	Status	Rev Code	CPT Code	Modifier	Description	Units	Billed	Allowed	COB	Deductible	Co-Insurance	Copay	Withheld	Paid
1	PAID		99213		OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN; BLANK	1	\$385.00	\$171.45	\$0.00	\$0.00	\$0.00	\$60.00	\$11.15	\$111.45
Total											\$0.00	\$0.00	\$60.00	

Submit Claim Review



Provider Correspondence Portal

- Enter all required information in the **Request for Claim Review Form**.
- Select appropriate **Review Type** from the dropdown menu. This ensures the upload is triaged to the appropriate area.
- Use the **Choose File** button to upload your attachment.
- Click **Submit** once you've completed

Important notes:

- A **claim review form** must be completed and attached to this request. Please add any other supporting documentation for review to the claim review form and **upload as one document**.
- If previous correspondence has been submitted to Mass General Brigham Health Plan, we ask that you not resubmit via the Correspondence Portal.
- Please indicate if this is a duplicate submission and the reason why.
- Validate your submission was received via Claims Submitted Reviews on the Provider Portal



Claim Submitted Reviews

Claim Number	Member Id	Member Name
--------------	-----------	-------------

Request for Claim Review Form

COMPLETE ALL INFORMATION REQUIRED ON THE "REQUEST FOR CLAIM REVIEW FORM".

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.

Please direct any questions regarding this form to the lan to which you submit your request for claim review.

[Download a claim review form here.](#)

☐ This is a duplicate submission.

Reason for second submission:

Provider Information

Provider Name:

Contact Name:

NPI:

Contact Phone:

Contact Fax:

Contact Email:

Contact Address Information

Address:

City:

State:

Zip:

Member/Claim Information

Member ID:

Member Name:

Date of Service:

Claim Number:

Denial Code:

Review Type

Review Type: Contract term(s): The provider believes the previously proce

Comments:

Upload Document No file chosen

Mass Ger

Claims Information Page

<https://massgeneralbrighamhealthplan.org/providers/claims>

Highlights:

- Clear guidance for where to send claims
- ID card images to help you identify plans
- Provider Refund/Claims Retraction FAQ
- Request for Claim Review Form

Additional claims resources

Here you'll find additional resources and forms related to the Mass General Brigham Health Plan claims processes.

- [Provider Refund/Claims Retraction FAQ](#)
- [Request for Claim Review Form](#)
- [Timely Filing Best Practices](#)
- **Video:** [Provider Portal claims and correspondence submission overview](#) and [slides](#)



The screenshot shows the 'Claims information' page of the Mass General Brigham Health Plan. The page header includes the organization's name and navigation links. The main content area is titled 'Claims information' and provides instructions on how to use the page, including a list of questions to ensure accurate submission. Below this, there is a section for 'Mass General Brigham Employee plans' with two plan options: 'Select' and 'Plus PPO'. Each plan option includes a sample ID card for 'JOHN A SAMPLE' with various details like PPO, Specialist, ER, Deductible, and Out-of-Pocket Max. The page also includes a section for 'Medical: Mass General Brigham Health Plan network and non-contracted providers in Massachusetts' and a table for 'Medical: Non-contracted providers outside of Massachusetts' and 'Behavioral health'.

Mass General Brigham Health Plan

Explore plans Members Employers Brokers Providers Meet us COVID-19

Claims information

Payer ID numbers and addresses for submitting medical and behavioral health claims.

How to use this page

To ensure accurate submission of your claims, answer these three questions:

1. What plan is it? Mass General Brigham plans have instructions specific to them.
2. What type of plan is it? Check the section on HMO, PPO, or POS. Plus plans for instructions specific to those plan types.
3. What state are you located in? Your state will help determine where you should submit your claims.

On this page:

- [Mass General Brigham Employee plans](#)
- [Mass General Brigham Health Plan](#)
- [Provider Refund/Claims Retraction FAQ](#)
- [Request for Claim Review Form](#)
- [Timely Filing Best Practices](#)

Mass General Brigham Employee plans

Mass General Brigham employee plan members have access to the Mass General Brigham Health Plan network and the UnitedHealthcare Options PPO network outside of Massachusetts.

Mass General Brigham Health Plan	Select	Mass General Brigham Health Plan	Plus PPO
JOHN A SAMPLE 0000000000	UnitedHealthcare® Options PPO Network	JOHN A SAMPLE 0000000000	UnitedHealthcare® Options PPO Network
PDP: SLS Specialist: DOK ER: DOKX Deductible: Individual: \$10,000/000000 Out-of-Pocket Max: Individual: \$10,000/000000	CVS Caremark® RXBIN: 004336 RCPIN: 000000 RXGROUP: 1001430	PDP: SLS Specialist: DOK ER: DOKX In Deductible: Individual: \$10,000/000000 Out-of-Pocket Max: Individual: \$10,000/000000 Out-of-Pocket Max: Individual: \$10,000/000000 Out-of-Pocket Max: Individual: \$10,000/000000	CVS Caremark® RXBIN: 004336 RCPIN: 000000 RXGROUP: 1001430
Administered by Mass General Brigham Health Insurance Company			

Medical: Mass General Brigham Health Plan network and non-contracted providers in Massachusetts

Mass General Brigham Health Plan network providers in all states and non-contracted providers in Massachusetts should submit claims directly to Mass General Brigham Health Plan.

Mass General Brigham Health Plan
Provider Service: 855-444-4647
Payer ID: 04292
Paper Claims: PO Box #322, Glen Burnie, MD 21060

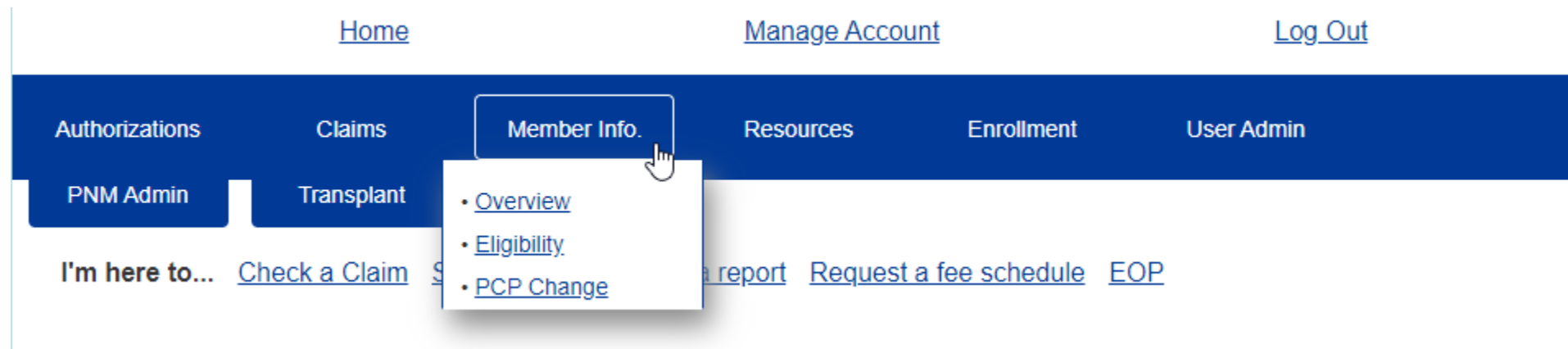
Medical: Non-contracted providers outside of Massachusetts	+
Behavioral health	+

Processing a PCP Change



Processing PCP Changes

- On the main page select **Member Info** then **PCP Change**.



Important : If this option is not available you may not have permission to do so. Please speak with your site's User Administrator to have your access updated to include this function

Note: please verify you are under a site that has PCPs attached to it. This includes satellite locations



Processing PCP Changes

- Choose a search option that best fits the information you have for the patient, fill in the fields, and then click search
- Verify you have the correct information and then click Select

Important : The fields are character and case specific

[Home](#)[Manage Account](#)[Log Out](#)

AuthorizationsClaimsMember Info.ResourcesEnrollmentUser Admin

PNM AdminTransplant

Primary Care Provider (PCP) Changes

Enter any one of the following member information criteria to search for a member.

Search By:

ID, Last Name

Member ID:

Last Name:

* Required Field

Search

ID, Last Name

ID, Name

ID, Last Name, DOB

ID, Name, DOB

ID, DOB

First Name, Last Name, DOB, Gender

Name	ID	Gender	Date of Birth	Current PCP	Choose Member
Jones, Jessica	R225133404	Female	2/2/1994 12:00:00 AM	MARSTERS, EMILY S.	Select



Processing PCP Changes

- This screen will show you all PCPs at your location
- There may be multiple pages
- You can search for a specific PCP at your location using the search box
- Choose Select once you find the correct PCP's name

Primary Care Provider (PCP) Changes

[Return to Member Search](#)

Member Name:
Member ID:
Date Of Birth:
Member Active:
Gender:
Current PCP Effective Date:
Current PCP:



Show

10



entries

Search:

Name	Accepting New Patients	Choose New PCP
	Yes	Select
	Yes	Select
	Yes	Select
	Yes	Select
	Yes	Select
	Yes	Select
	Yes	Select
	Yes	Select
	Yes	Select



Showing 1 to 10 of 105 entries

Previous

1

2

3

4

5

...

11

Next

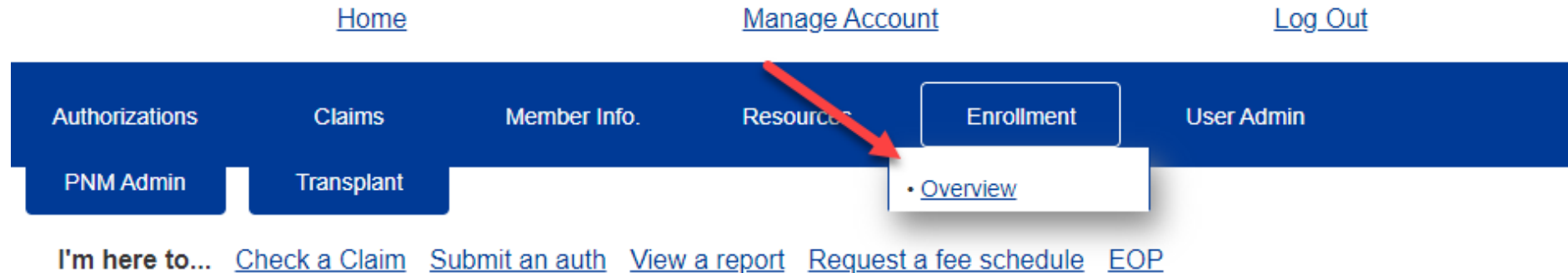


Provider Enrollment/Data Changes



Accessing Provider Enrollment Portal

- On the main page select **Enrollment** then **Overview**



Important : If this option is not available you may not have permission to do so. Please speak with your site's User Administrator to have your access updated to include this function.



Provider Enrollment Portal Changes

The **Provider Enrollment tool** lets you manage updates, changes, and additions to your practice.

- This page will indicate the sites/locations you have access to make enrollment changes for.
 - Available sites will show in **My Managed Groups**
- This page will show you a timeline of your in-progress submissions.
- The tool allows you to submit requests for provider enrollment, disenrollment, address/phone number changes, and other additional provider data changes.

Mass General Brigham Health Plan Nicole Aguero

Provider Enrollment

[Home](#) [Manage Account](#) [Log Out](#)

[Home](#) [Lookup](#)

Welcome to Mass General Brigham Health Plan Provider Enrollment Portal. Please refer to the [user guide](#) for a step-by-step walk-through of available functions.

My Managed Groups

[TRI-COUNTY PEDIATRIC ASSOCIATES, P.C.](#)
NPI: 1346202066

Provider Lookup

You can lookup a provider by name (last, first) or NPI. Partial name searches are supported.

Search By:

Search For:

[Search](#)

Your Recent Transactions

No Recent Transactions

CONTACT US
Customer Service - 1-855-444-4647
Email - HealthPlanprweb@mgb.org

By logging into any of Mass General Brigham Health Plan's online services, you agree to the [terms and conditions of use](#).

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News & Additional Resources



News & Additional Resources

- The **News and Announcements** section will provide you with recent Provider Communications and updates.
- Under **Resources** you will find additional tools and informational material.
- The **Additional Resources** option has several **Portal Training Webinars** available for review.

The screenshot displays the Mass General Brigham Health Plan portal interface. At the top, there are navigation links: [Home](#), [Manage Account](#), and [Log Out](#). Below these, a dark blue navigation bar contains several menu items: [Authorizations](#), [Claims](#), [Member Info.](#), [Resources](#), [Enrollment](#), [User Admin](#), and [PNM Admin](#). A yellow arrow points to the **Resources** menu item. A dropdown menu is visible under **Resources**, listing: [Medicare Resources](#), [Site Documents](#), [Upload Site Document](#), [Additional Resources](#), and [Newsletters](#). A red arrow points to the **News & Announcements** section header. Below this header, there is a list of updates with links and timestamps:

Update Link	Timestamp
Change Healthcare Update: 4/11/2024	04/11/2024 04:11 PM
Change Healthcare Update- 3/23/2024	03/23/2024 03:01 PM
Change Healthcare Update- 3/4/2024	03/11/2024 01:04 PM

A **More** button is located at the bottom right of the News & Announcements section. To the right of the News & Announcements section is the **Eligibility** section, which includes a **Search By:** dropdown menu (currently set to **ID, Last Name**), input fields for **Member ID:** and **Last Name:** (both marked with a red asterisk), a red text label *** Required Field**, and a **Search** button.

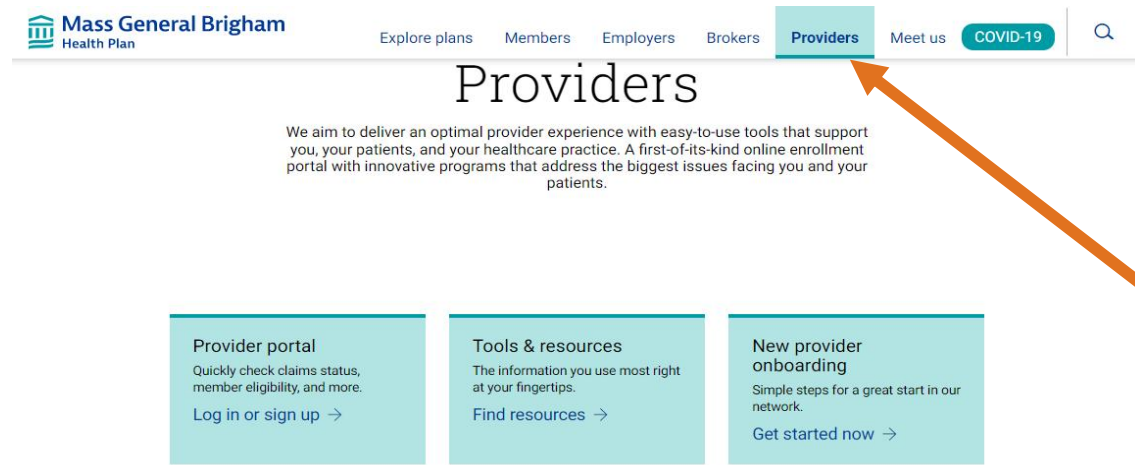


Provider Resources

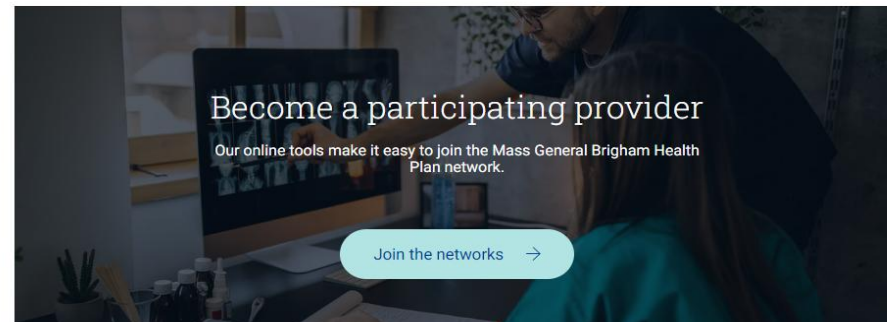


Mass General Brigham Health Plan Provider Page

- <https://massgeneralbrighamhealthplan.org/providers>
- Our public site has important information and resources for providers, such as:
 - Authorization guidelines
 - Claims Information
 - Medical Policies
 - Medical Specialty and Pharmacy Policies
 - Payment Policies
 - Care Management Information
 - Provider Resources
 - Product Reference
 - Provider Administrative Newsletter



Click Here
for a full
menu



Web Resources

- **Provider Portal**

- <https://massgeneralbrighamhealthplan.org/>
- Member management tool
- Provider enrollment

- **Public Webpage**

- <https://massgeneralbrighamhealthplan.org/>
- General information and resources for providers, members, employers
- **Dedicated Provider Resources site**
- [Provider resources | Mass General Brigham Health Plan](#)
- **MGB ACO Provider Landing Page**
- [Mass General Brigham ACO | Mass General Brigham Health Plan](#)
- **Medicare Advantage Provider Landing Page**
- [Medicare Advantage for Providers | Mass General Brigham Health Plan](#)



Provider Contact Resources



Mass General Health Plan Contacts

Provider portal: Claims status, eligibility, EOP	Mass General Brigham Health Plan Provider Portal
Claims issues, benefits	Provider Service 855-444-4647 HealthPlanproviderservice@mgb.org
Portal IT support	HealthPlanprweb@mgb.org
Provider enrollment and credentialling, directory issues	HealthPlanpec@mgb.org
Medical policies, payment policies, provider manual, provider directory, drug lookup, forms	Providers Mass General Brigham Health Plan
Audit denial inquiries	healthplanaudit@mgb.org



Stay connected

Visit <https://massgeneralbrighamhealthplan.org/admin-newsletter> to register

Administrative Newsletter (monthly)

Includes important
administrative updates
that make it easier for your
practice to do business
with us

Best Practice Provider Blog (twice per week)

Get the latest in health
and health insurance
trends, news, and tips



Follow us on Twitter **@MGBHealthPlan**



Q & A





Mass General Brigham
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