Provider Portal Overview
Agenda

1. Accessing Member/Provider Rosters
2. Processing PCP Changes
3. Provider Enrollment/Data Changes
4. Prior Authorizations
5. Claims/EOP
6. Member Eligibility/Benefits
7. Resources
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)
- 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/
Important Information
Important Information

If you do not have access to the Mass General Brigham Health Plan Provider Portal, you can register at: Mass General Brigham Health Plan Provider Portal

Check out the Provider Portal resource page: Provider Portal Resources
• Frequently asked questions about registration
• Information about the role of the User Administrator
• Links to user guides and tip sheets

For information regarding authorization guidelines: Authorization Guidelines

For additional support and registration inquiries, email us at HealthPlanprweb@mgb.org.
Accessing Member Rosters
On the main page select **View a Report**.

Then select **Member Roster Report**
Viewing the Member Roster

• Once you are in the report select the line of business you are interested in viewing: Commercial or Medicaid ACO (or both).

• You can view members assigned to an individual PCP or view them for all of the PCPs at the site. Depending on provider setup or your access, you may have to generate a roster for each site separately.

**Important:** Please allow 1-2 minutes for the report to generate.
Once the report generates you will be able to see information such as:

- Member Name, ID, DOB, date of enrollment & PCP effective date and more!

- This report can be exported to be viewed in Excel, Word, PowerPoint etc. (see red arrow)
Accessing Site Provider Rosters
Accessing the Provider Roster in the Portal:

On the main page select **View a Report**.

Then select **Site Provider Roster Report**
Viewing the Provider Roster

- Once you are in the report you can choose an As of Date to pull a current or a historical view of Provider's that are linked to the practice

**Important:** Please allow 1-2 minutes for the report to generate.
Once the report generates you will be able to see information such as:

- **Provider Name, Primary Specialty, if the provider is a PCP, Effective Date, Panel Status, and if they are active with the Practice**

- **This report can be exported to be viewed in Excel, Word, PowerPoint etc. (see red arrow)**

- **Please note**: this is a helpful way to reconcile Provider rosters and identify any enrollment needs/changes that can be submitted via the Enrollment Tool on the Portal
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.
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
Processing PCP Changes

This is the verification Screen
➢ It will display the member and current assigned PCP information at the top
➢ Please verify the correct site and PCP is displayed in the dropdown
➢ Enter an effective date for the new PCP assignment
➢ Finally confirm consent and click submit

Tip: It is best to choose a date that is not before or the same as the current PCP effective date. If this is done it will often cause an error and will require the Health Plan to manually process the change which may cause delays in the change showing
PCP Change Rules for MGB ACO

• The provider the member is being assigned to must have an open panel.
• The provider the member is being assigned to must accept the member's plan type.
• PCP assignments can be backdated for up to 60 days.
  • MGB ACO – New PCP must be within the same primary care site.
• Future PCP assignments are limited to 60 days from today's date.
• The member must be active on the effective date chosen
• When applicable, PCP assignments will carry over across multiple coverage segments.
• Providers who are enrolled with MGBHP as Covering Physicians cannot be assigned as a PCP.
• Please do not submit duplicate requests.
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
Provider Enrollment Portal Changes

Here you can choose what you’d like to change/adjust
• Practice Info
• Individual Provider info
• You can also add a new provider
Provider Enrollment Portal Individual Provider Changes

This screen will show the current information we have loaded for the individual Provider Including:
- Name
- NPI
- Specialty
- Effective date
- Status
- and more.

- If any data needs to be updated or if a panel needs to be modified, click the Notify Mass General Brigham Health Plan button
When choosing to make an update the screen will show the current information we have on file. You will have the option to make note of any changes in the details field.

- Please make sure to attach any required forms when requesting a change to ensure timely processing.
Choose an option from the dropdown that most closely fits your request. If one does not match choose Name change and include notes in the Details box.

- Please make sure to attach any required forms when requesting a change to ensure timely processing.
- Panel Change requests do not require a form.
Provider Enrollment Submission Guidelines

Please note: Most requests can be submitted via the Provider Portal Enrollment Tool
*exceptions are Practice Closures*

All emailed Provider Enrollment transactions should be sent to the to HealthPlanPEC@MGB.ORG
If urgent: Please include Shannon Mulvey (Smulvey@mgb.org)

Panel Changes
PEC updates within 24/48 hours

Practice Closures
Notify the health plan at least 60 days in advance via both emails above
If PCP, notify plan of how the providers panel should be distributed

Individual Provider Term
Notify the plan 60 days in advance.
If PCP, notify plan of how the providers panel should be distributed

Initial Provider Enrollment
TAT 30-45 days

Billing Address Changes
Submitted to PEC with W9 *Please note if you would like the Physical address, business address, or both to be updated*

**As a reminder this slide is an overview of details that were discussed during the RSO meeting with Abbey. Those details are attached to the end of this deck for your reference**
Verifying Prior Authorization Requirements
Verifying Prior Authorization Requirements

Prior authorization verification tool: **Code Checker**
- Obtain PA requirements by entering in a valid CPT/HCPCS code
- Through the Provider Portal, you can verify PA requirements based on a member’s specific plan

Save time and validate prior authorization requirements before you submit a new request

To access the prior authorization verification tool in Provider Portal, go to **Authorizations → Overview → Check authorization requirements by code.**
Verifying Prior Authorization Requirements

- Search by Member ID# and Code
- Coverage and prior authorization requirements will display

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Is Covered</th>
<th>Is PA Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>30520</td>
<td>SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF</td>
<td>YES</td>
<td>YES / MASS GENERAL BRIGHAM HEALTH PLAN</td>
</tr>
</tbody>
</table>

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 the service requires prior authorization, click on **Submit an auth** on the Provider Portal homepage.
Initiating a Prior Authorization Request

• Select the authorization type you would like to complete (i.e. Outpatient)

• Enter all required fields. Required fields are denoted with this small sphere (●) next to the field name.

• When you hit **Submit**, the system will verify whether an authorization is required.
  - If no PA is required, then you will be notified. Please do not proceed with submission.
  - If PA is required, then InterQual Connect will display for you to conduct a criteria review.
Requested Service

Below is the complete list of Requested Services that you could select from the drop-down menu.

Select One

- Acupuncture
- Cardiac Imaging
- Chiropractic
- Dental Accident
- DME Enteral Product
- DME Purchase
- DME Rental
- Early Intensive Behavioral Intervention (EI ABA)
- Experimental and/or Investigational
- High Tech Radiology
- Infertility
- Non Emergent Transportation
- Observation
- Occupational/Physical Therapy
- Oral Surgery
- Orthotics/Prosthetic Device
- Other Medical
- Outpatient Infusion
- Pain Management
- Specialty Medication
- Speech Therapy
- Surgical Day Care
- Transplants
Authorization Response

Response Screen

- Once you complete an authorization, you will receive a real-time response.

Please Note: For surgical Inpatient requests, the immediate response will generate an authorization to the facility and a second authorization to the surgeon.
Uploading Clinical Documentation

- If your submission request doesn’t provide a real-time response, the following message will be displayed: Your request has been received and will be processed at a later time. Please check back in 4 hours or by the following morning to see your updated status.
  - In the interim, you can fax your clinical notes to us at 617-586-1700. Please include the date/time of your online submission on your fax cover sheet. Otherwise, you can wait until the request is in our system and upload clinical notes at that time.

- Click on **Submit Document** button to upload clinical information.

- Click on **Choose File** to search and attach a file. Enter a description and click **Upload**.
Faxing Clinical

- Click on Fax Document if you are unable to submit your documentation electronically. This will generate a fax cover sheet referencing the corresponding authorization number of your request and other pertinent information. You will need to print this cover sheet and include this as part of your fax.

To: Mass General Brigham Health Plan
Fax Number: 617-586-1700
Auth Id: 22348R00000
From: Bill Nolan
Site: FAMILY CARE ASSOCIATES, LLC
NPI: 1417969817
Phone: 508-932-2383
Date: 12/14/2022
Confirming Clinical Has Been Loaded

• Once a document is attached, it will appear at the bottom of the authorization view screen. More documents may be attached at anytime.

• Please note: When submitting clinical information via fax (selecting the fax document button), the upload will be automatically named with the Auth ID#, Date and Time.
Using InterQual
Using InterQual

For each service requested, you will be prompted to go through InterQual Connect (IQC) for medical criteria review. If you have more than 1 service requested, each service will be reviewed one at a time (each IQC criteria will automatically appear, at the completion of each review, per the codes entered).

- Based on the code you specify; a list of possible criteria subsets will appear. Select the appropriate subset for this request.

<table>
<thead>
<tr>
<th>Description</th>
<th>Version</th>
<th>Select</th>
</tr>
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<tbody>
<tr>
<td>Magnetic Resonance</td>
<td>InterQual</td>
<td></td>
</tr>
<tr>
<td>Angiography/Imaging</td>
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</tr>
<tr>
<td>Magnetic Resonance</td>
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<td></td>
</tr>
<tr>
<td>Angiography/Imaging</td>
<td>2020</td>
<td></td>
</tr>
</tbody>
</table>

Click Select to complete the medical necessity criteria for each requested service. In most cases, you will receive a response to your prior authorization request in less than a minute.
Using InterQual

• Review the subset overview and select **Medical Review** to proceed.
• You can also select different views of the criteria:
  - **Book View**: View the medical necessary criteria for the service in Q&A format
  - **Full Subset**: Enables you to see all the clinical scenarios supported by the criteria
  - **Smartsheets**: Access a PDF of a subset that identifies the medical documentation required to support preauthorization
Using InterQual

• A series of question & answers will appear in yes/no or multiple-choice format.
• Select the answers that are applicable based on the patient’s clinical information (medical record).
• The answers you provide will lead to evidence-based recommendations.
• Click on View Recommendations to proceed.
Using InterQual

View Recommendations

• The clinical recommendations will appear.
• As noted in this example, the MI meets criteria and is recommended.

• Click on **Review Summary** to access a printable summary page of the Q&A and recommendations.
• Click on **Complete** to finalize the InterQual medical review.
Using InterQual

Completing the medical review

• When you select **Complete**, the following message will appear to confirm that no further edits can be made after this point.

• Select **Yes** to confirm.

• If you requested additional services for medical review, you will be taken back to step 1 to complete the review for those services.
Using InterQual

• Once you complete the medical review and obtain recommendations for all services that you requested, you will be taken back to the authorization request form. At the bottom of the form, you will see the clinical recommendations for each service requested.

• Press Submit to complete your request.

Important: your authorization is not submitted to Mass General Brigham Health Plan until you complete this step.
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
Claims Overview
Claims Overview

Mass General Brigham Health Plan

Home Manage Account Log Out

Authorizations Claims Member Info Resources Enrollment User Admin PNM Admin

Claims overview
Learn about the tools and resources available on each page in the Claims menu.

Claim status
Check the status of a claim, verify payment, and review paid or denial messages.

Note: The claims status tool only displays claims from the past 2 years on which the currently selected site is the pay to entity.
- Confirm your claim has been sent to the correct payer ID

Electronic payments
Find everything you need to know about our electronic payment experience.

Electronic payment options
You can find details about our electronic payment options and answers to common questions on our payment options page.

Helpful resources
- Frequently asked questions about our e-payment experience
- ECHO Provider Payment Portal user guide
- Manage Virtual Credit Card payments on the ECHO portal
New Claims Submissions via Provider Portal

Starting **June 1**, you can submit **new** claims through the provider portal.

Simply visit [Provider.MassGeneralBrighamHealthPlan.org](http://Provider.MassGeneralBrighamHealthPlan.org), navigate to Claims, click on Submit a claim, and follow the onscreen instructions to complete the submission.

**Key points to remember**

Submissions through the portal are limited to **new** claims only.

Only attachments for claims with invoices will be accepted.

Double-check all claims for accuracy before final submission.

Incomplete claims will prompt a notification by mail.

Claims submitted after 5pm EST will be processed the following business day.

Please submit only one claim at a time to ensure efficient processing.
Claims Status

- Check individual claim status
- Complete list of claims for your site
- Member specific claims status
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
Explanation of Payments

Search By: Check Date
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
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
- NOTE: the information must match exactly (this includes casing & symbols)
The top of the page displays member information including Name, DOB, & Address.

You can also see the member’s current and historic PCPs by using the drop down box.

You can also see Current, historic, or future plan type/benefits (when they're loaded).
Member Benefits

- Further down you can see cost sharing for an array of services. If a service is tiered it may have multiple lines.
- The member’s plan documents including an SOB, SBC, and handbook are located at the bottom of the page.

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<th>Benefit Details</th>
<th>Service</th>
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<tbody>
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<td></td>
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<tr>
<td>HOSPITAL - ROOM AND BOARD - T3</td>
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<td></td>
<td>$500/1,000</td>
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<tr>
<td>INFERTILITY-T3</td>
<td>$75.00</td>
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News & Additional Resources
News & Additional Resources

- The news and announcements section will have important information you will want to look at.
- Under Resources we have additional pieces of information that may be useful for you.
- The Additional Resources option has several Portal Training Webinars you can watch at your own pace.
## Mass General Health Plan Contacts

<table>
<thead>
<tr>
<th>Area</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider portal: Claims status, eligibility, EOP</td>
<td>Mass General Brigham Health Plan Provider Portal</td>
</tr>
<tr>
<td>Claims issues, benefits</td>
<td>Provider Service 855-444-4647 <a href="mailto:HealthPlanProviderService@mgb.org">HealthPlanProviderService@mgb.org</a></td>
</tr>
<tr>
<td>Portal IT support</td>
<td><a href="mailto:HealthPlanprWeb@mgb.org">HealthPlanprWeb@mgb.org</a></td>
</tr>
<tr>
<td>Provider enrollment and credentialling, directory issues</td>
<td><a href="mailto:HealthPlanPEC@mgb.org">HealthPlanPEC@mgb.org</a></td>
</tr>
<tr>
<td>Medical policies, payment policies, provider manual, provider directory, drug lookup, forms</td>
<td>Providers</td>
</tr>
<tr>
<td>Audit denial inquiries</td>
<td><a href="mailto:HealthPlanAUDIT@mgb.org">HealthPlanAUDIT@mgb.org</a></td>
</tr>
</tbody>
</table>
Resources

• **Provider Portal** - [Mass General Brigham Health Plan Provider Portal](#)
  - Member management tool, Provider enrollment, Eligibility verification etc.

• **Provider Education Landing Page** - [Provider education | Mass General Brigham Health Plan](#)
  - Access webinars, factsheets, and other tools that make it easy to do business with us.

• **Claims Landing Page** - [Claims information (massgeneralbrighamhealthplan.org)](#)
  - Access Payer ID numbers and addresses for submitting medical and behavioral health claims.

• **Public Website Provider Tab** - [Providers | Mass General Brigham Health](#)
  - We aim to deliver an optimal provider experience with easy-to-use tools that support you, your patients, and your healthcare practice.
Stay connected

Visit the following links to register:

- Admin Newsletter Archive | Mass General Brigham Health Plan
- MGBHP blog

[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 X @MGBHealthPlan
Questions?