



Mass General Brigham  
Health Plan

# Provider Portal Overview

2024

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

# 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/>



**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](#)



# 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](mailto:HealthPlanprweb@mgb.org).



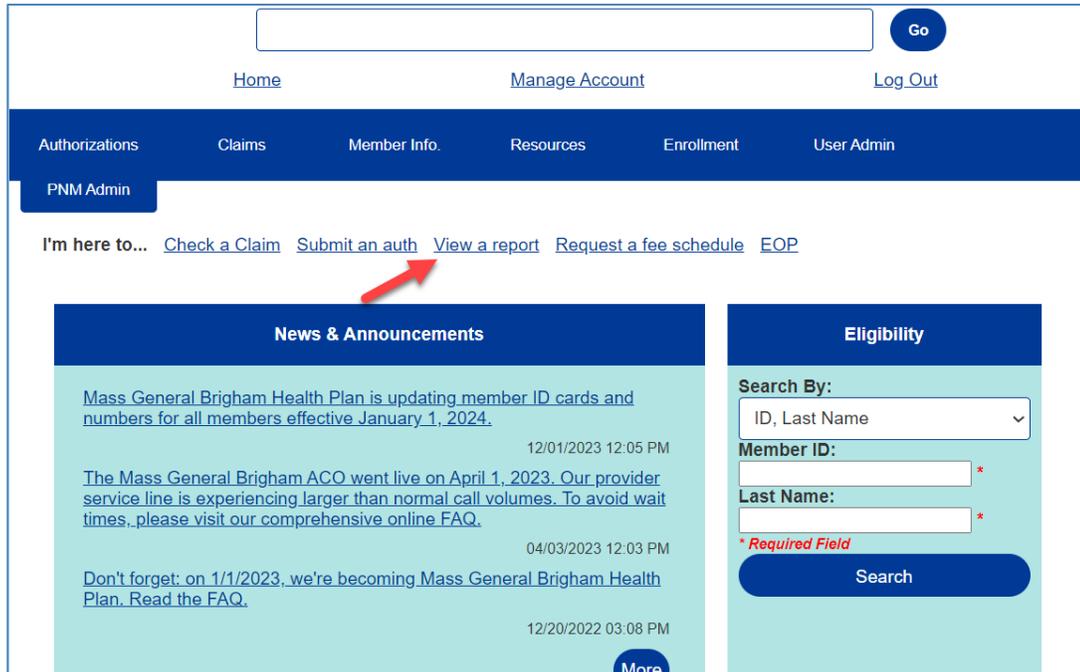
# Accessing Member Rosters



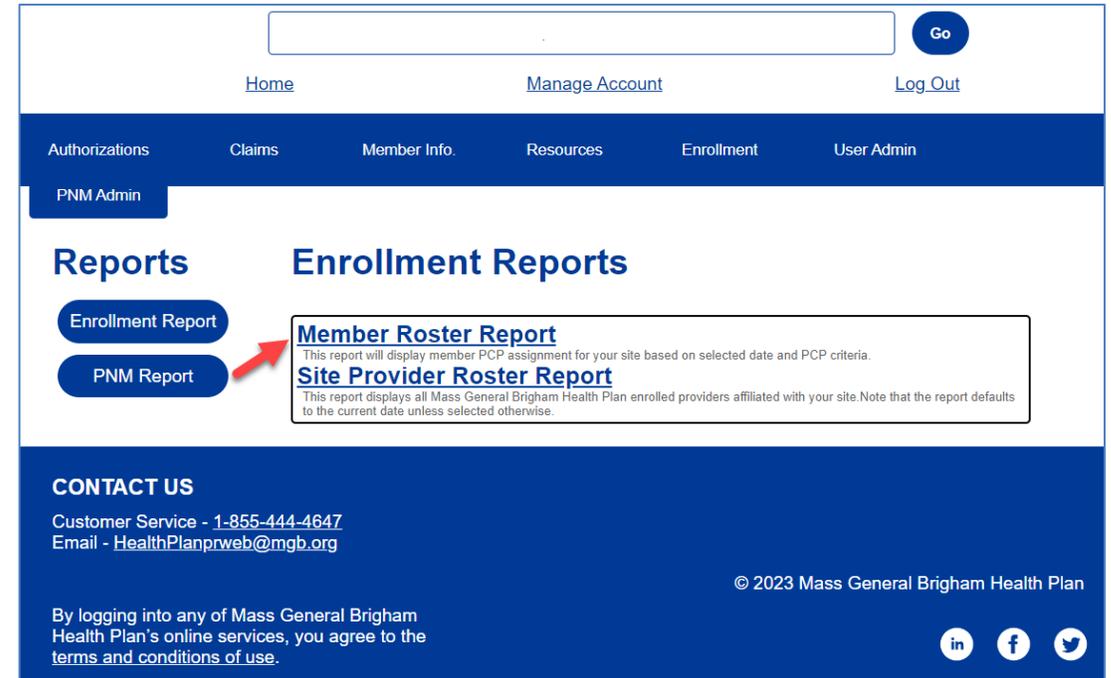
# Accessing the Member Roster in the Portal:

On the main page select *View a Report*.

Then select *Member Roster Report*



The screenshot shows the top navigation bar with a search box and 'Go' button, and links for Home, Manage Account, and Log Out. Below is a dark blue menu with links for Authorizations, Claims, Member Info, Resources, Enrollment, and User Admin. A 'PNM Admin' dropdown is visible. A breadcrumb trail reads 'I'm here to... > Check a Claim > Submit an auth > View a report > Request a fee schedule > EOP'. A red arrow points to the 'View a report' link. The main content area is split into two columns: 'News & Announcements' on the left and 'Eligibility' on the right. The 'Eligibility' section contains a search form with a dropdown for 'Search By' (set to 'ID, Last Name'), input fields for 'Member ID' and 'Last Name', and a 'Search' button. A red asterisk indicates that the Member ID and Last Name fields are required.



The screenshot shows the 'Reports' section of the portal. It features a dark blue header with navigation links (Home, Manage Account, Log Out) and a menu with 'Authorizations', 'Claims', 'Member Info', 'Resources', 'Enrollment', and 'User Admin'. A 'PNM Admin' dropdown is present. The main content area is divided into 'Reports' and 'Enrollment Reports'. Under 'Reports', there are buttons for 'Enrollment Report' and 'PNM Report'. A red arrow points to the 'Member Roster Report' link, which is highlighted in a box. Below the link, a description reads: 'This report will display member PCP assignment for your site based on selected date and PCP criteria. Site Provider Roster Report. This report displays all Mass General Brigham Health Plan enrolled providers affiliated with your site. Note that the report defaults to the current date unless selected otherwise.' The bottom of the page features a 'CONTACT US' section with customer service and email information, a copyright notice for 2023 Mass General Brigham Health Plan, and social media icons for LinkedIn, Facebook, and Twitter.



# Viewing the Member Roster

Mass General Brigham Health Plan Enrollment Report Viewer

Close Report

Show Members Enrolled Under Company Product: COMMERCIAL, MEDICAID ACO

Show Members Assigned To PCP: BURBA-DICK, ELIZABETH A., MD, CARPE View Report

1 of 6 Find | Next

- 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.



# Viewing the Member Roster

Site: [REDACTED]

As Of Date: 12/7/2023

Products: MEDICAID ACO

PCP: ATA, ELIE I., MD; ATHANASOPOULOS, STELLA, FNP; ELLIS, JAMIE E., MD; FEITOSA RUIVO, FABIOLA M, MD; GARABEDIAN, GARO H., MD; GARABEDIAN, TORKOM, MD; MADORE, ALLISON, FNP; VILLA, SUHAITI, FNP

Last Name	First Name	DOB	Gender	Phone	Member ID	Product	Benefit Plan	Enrollment Date	Current PCP	PCP Effective
						ACO MGB	MGB ACO - COMMONHEALTH/STANDARD	4/1/2023	FEITOSA RUIVO, FABIOLA M	5/3/2023
						ACO MGB	MGB ACO - COMMONHEALTH/STANDARD	4/1/2023	GARABEDIAN, TORKOM	10/2/2023
						ACO MGB	MGB ACO - COMMONHEALTH/STANDARD	4/1/2023	FEITOSA RUIVO, FABIOLA M	4/1/2023
						ACO MGB	MGB ACO - COMMONHEALTH/STANDARD	4/1/2023	GARABEDIAN, TORKOM	4/1/2023

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*.

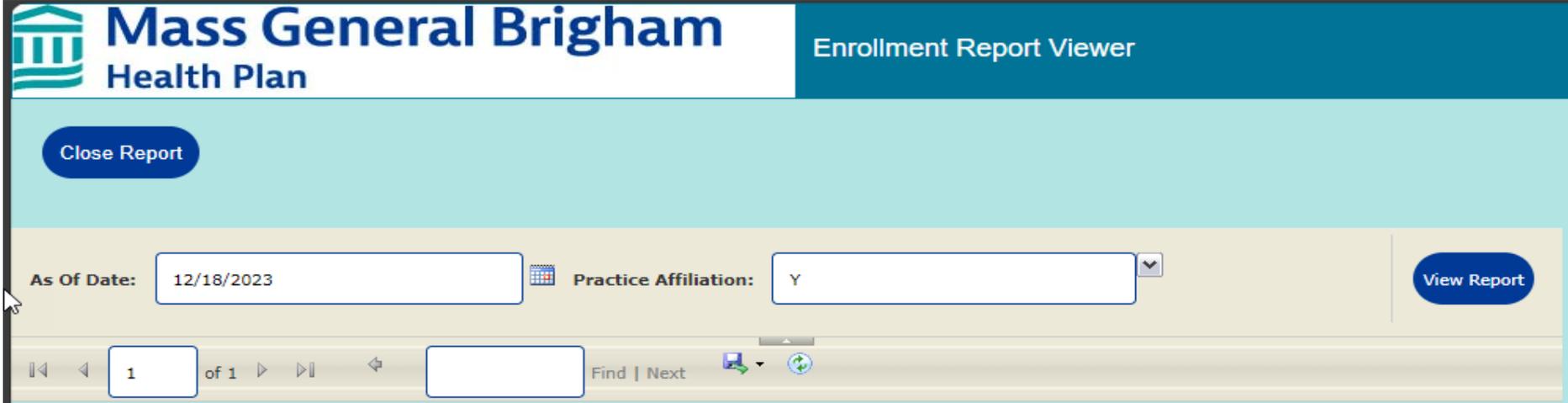
Then select *Site Provider Roster Report*

The screenshot shows the main page of the portal. At the top, there is a search bar with a 'Go' button. Below it are navigation links: Home, Manage Account, and Log Out. A dark blue navigation bar contains links for Authorizations, Claims, Member Info, Resources, Enrollment, and User Admin. Below this is a 'PNM Admin' button. A breadcrumb trail reads 'I'm here to...' followed by links for 'Check a Claim', 'Submit an auth', 'View a report', 'Request a fee schedule', and 'EOP'. A red arrow points to the 'View a report' link. The main content area is split into two columns: 'News & Announcements' on the left and 'Eligibility' on the right. The 'Eligibility' section includes a 'Search By:' dropdown menu set to 'ID, Last Name', input fields for 'Member ID' and 'Last Name' (both marked with a red asterisk as required), and a 'Search' button.

The screenshot shows the 'Reports' section of the portal. It features a search bar at the top with a 'Go' button and navigation links for Home, Manage Account, and Log Out. The same dark blue navigation bar and 'PNM Admin' button are present. Below the navigation, there are two main sections: 'Reports' and 'Enrollment Reports'. Under 'Reports', there are buttons for 'Enrollment Report' and 'PNM Report'. A red arrow points to the 'Site Provider Roster Report' link, which is highlighted in a box. The box contains the following text: 'Member Roster Report' (with a sub-note: 'This report will display member PCP assignment for your site based on selected date and PCP criteria'), 'Site Provider Roster Report' (with a sub-note: 'This report displays all Mass General Brigham Health Plan enrolled providers affiliated with your site. Note that the report defaults to the current date unless selected otherwise'), and 'CONTACT US' information: 'Customer Service - 1-855-444-4647' and 'Email - HealthPlanprweb@mgb.org'. At the bottom, there is a copyright notice '© 2023 Mass General Brigham Health Plan' and social media icons for LinkedIn, Facebook, and Twitter.



# Viewing the Provider Roster



The screenshot shows the 'Enrollment Report Viewer' interface for the Mass General Brigham Health Plan. At the top left is the logo and name 'Mass General Brigham Health Plan'. To the right of the logo is the title 'Enrollment Report Viewer'. Below the logo is a 'Close Report' button. The main area contains two input fields: 'As Of Date:' with the value '12/18/2023' and a calendar icon, and 'Practice Affiliation:' with the value 'Y' and a dropdown arrow. To the right of these fields is a 'View Report' button. At the bottom, there is a pagination control showing '1 of 1' with navigation arrows and a 'Find | Next' button.

- 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.



# Viewing the Provider Roster

Mass General Brigham Health Plan Enrollment Report Viewer

Close Report

As Of Date: 12/7/2023 Practice Affiliation: Y, N View Report

1 of 1 Find | Next

Site Provider Roster Report

Provider Name	Specialty	PCP	NPI	Effective Date	Panel Status	Practice Affiliation
		Y		6/18/2010	Y	Y
		Y		6/18/2010	Y	Y
		Y		6/18/2010	Y	Y
		Y		4/11/2005	Y	Y
		Y		6/18/2010	Y	Y
		Y		6/18/2010	Y	Y
		Y		6/18/2010	Y	Y
		N		4/11/2005	N	Y
		Y		5/22/2023	Y	Y
		Y		4/30/2010	Y	Y

This report may contain confidential, legally privileged, and/or Protected Health Information (PHI) and may only be used/disclosed in accordance with Federal and State Privacy Laws. If you have received this report in error, please destroy the report and contact the Help Desk (617) 772-5500 at AllWays Health Partners, as soon as possible.

These reports are specific to AllWays Health Partners members enrolled for primary care at the currently selected site.  
This report displays all AllWays Health Partners enrolled providers affiliated with the selected site. Note that the report defaults to the current date unless the user selects otherwise.

When reviewing the AllWays Health Partners Provider Roster Report please note the following:

PCP	Panel	Explanation
Y	Closed	Practitioner is currently closed to new patients
Y	Open	Practitioner is open to patient assignments



Once the report generates you will be able to see information such as:

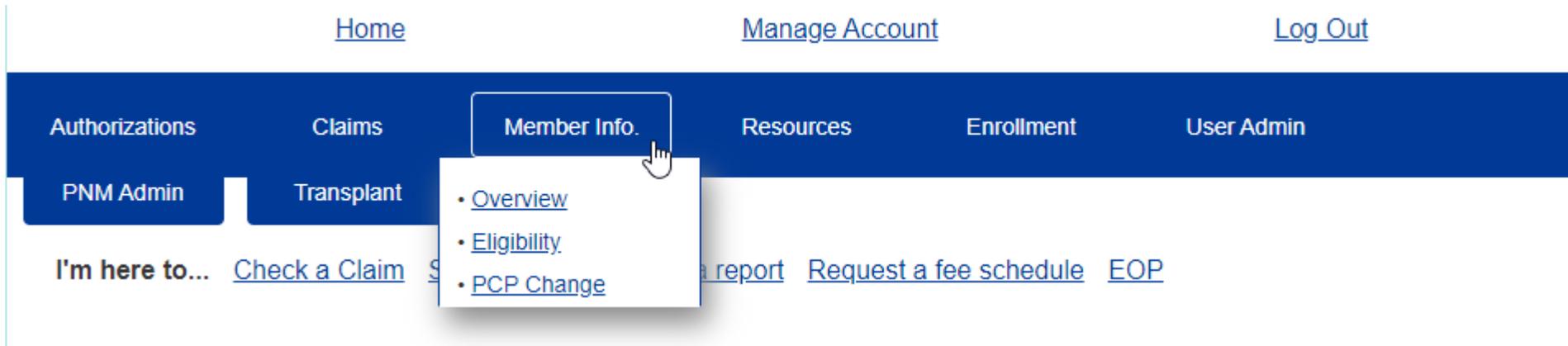
- Provider Name, Primary Specialty, if the provider is a PCP, Effective Date, Panel Status, and if they are active with the Practice
- This report can be exported to be viewed in Excel, Word, PowerPoint etc. (see red arrow)
- **Please note:** this is a helpful way to reconcile Provider rosters and identify 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

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

[Authorizations](#)    [Claims](#)    [Member Info.](#)    [Resources](#)    [Enrollment](#)    [User Admin](#)

[PNM Admin](#)    [Transplant](#)

## Primary Care Provider (PCP) Changes

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

Search By:

Member ID:  \*      
Last Name:  \*      
\* Required Field

Name	ID	Gender	Date of Birth	Current PCP	Choose Member
Jones, Jessica	R228133404	Female	2/2/1994 12:00:00 AM	MARSTERS, EMILY S.	<a href="#">Select</a>



# 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: [blurred]  
Member ID: [blurred]  
Date Of Birth: [blurred]  
Member Active: [blurred]  
Gender: [blurred]  
Current PCP Effective Date: [blurred]  
Current PCP: [blurred]

Show  Search:

entries

Name	Accepting New Patients	Choose New PCP
[blurred]	Yes	<a href="#">Select</a>

Showing 1 to 10 of 105 entries

Previous  2 3 4 5 ... 11 Next



# 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

## Primary Care Provider (PCP) Changes

[Return to Member Search](#)

Member Name: Jones, Jessica  
Member ID: R22  
Date Of Birth:   
Member Active: Active  
Gender: Female  
Current PCP Effective Date: 01/01/2024  
Current PCP: MARSTERS, EMILY S.

[Choose a different PCP](#)

Site: QUINCY PEDIATRIC ASSOCIATES

New PCP Name: BELCHER, DAVID M.  
New PCP Effective Date:

I confirm that I have the authority to make this change to our practice and acknowledge that at the time of this transaction.

January 2024						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

**CONTACT US**  
Customer Service - 1-855-  
Email - [HealthPlanprweb](#)

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**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.

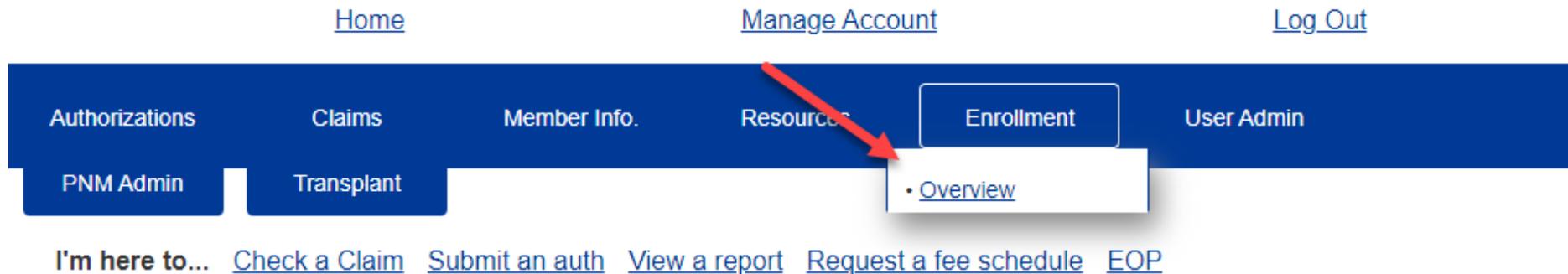


# Provider Enrollment/Data Changes



# 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

**Mass General Brigham Health Plan** Nicole Agüero

**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:

**Your Recent Transactions**

No Recent Transactions

**CONTACT US**  
Customer Service - 1-855-444-4647  
Email - [HealthPlanprweb@mgb.org](mailto:HealthPlanprweb@mgb.org)

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[in](#) [f](#) [t](#)



# 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

The screenshot displays the provider enrollment portal interface. At the top, there are fields for group information: Group Type, NPI, Physical Address, Phone, PCP Panels Open, Tax ID, Billing Address, and Fax. A red arrow points to a button labeled "Notify Mass General Brigham Health P". Below this is a section for "Service Locations".

The main section is titled "Current Roster As Of 12/19/2023 For QUINCY PEDIATRIC ASSOCIATES". A red arrow points to a button labeled "Enroll A New Provider Under This Group". Below this is a table with columns for Name, NPI, and Type. The table lists several providers, all of whom are PHYSICIANS. A red arrow points to the "Manage" button for the second provider in the list.

Name	NPI	Type
		PHYSICIAN <a href="#">Manage</a>



# 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

The screenshot displays a form for individual provider information. The fields are organized as follows:

- Name:** [Redacted]
- NPI:** [Redacted]
- Provider Type:** [Redacted]
- Social Security Number:** [Redacted]
- Gender:** [Redacted]
- Email:** [Redacted]
- Languages Spoken:** [Redacted]
- Primary Specialty:** [Redacted]
- Specialty:** [Redacted]
- Effective:** [Redacted]
- Type:** [Redacted]
- Termination:** [Redacted]
- Status:** CERTIFIED
- Secondary Specialties:** None
- License Number:** [Redacted]
- License Expiration:** [Redacted]
- Medicare Number:** [Redacted]
- DEA Number:** [Redacted]
- DEA Number Expiration:** [Redacted]
- MMIS Number:** [Redacted]

A red arrow points to a blue button labeled "Notify Mass General Brigham Health Plan".

Current Transactions			
Transaction Number	Type	Created	Status
No Current Transactions			



# Provider Enrollment Portal Practice Changes

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.

## Request Other Change For QUINCY PEDIATRIC ASSOCIATES

Group:		Tax ID:	
Group Type:		Billing Address:	
NPI:		Fax:	
Physical Address:			
Phone:			
Type Of Change:	<input type="text" value="Choose..."/>		
Details:	<input type="text"/>		
Attach File:	<input type="button" value="Choose File"/> No file chosen		



# Provider Enrollment Portal Individual Provider Changes

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

## Request Other Change For BELCHER, DAVID M.

**Provider:** BELCHER, DAVID M.  
**Provider Type:** PHYSICIAN  
**NPI:** 1578554713  
**Gender:** M  
**Title/Degree:** MD - Medical Doctor  
**Date Of Birth:** 01/06/1962

**Type Of Change:**

**Details:**

**Attach File:**  No file chosen

- Choose...
- Date Of Birth Correction
- Name Change



# 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](mailto:HealthPlanPEC@MGB.ORG)

If urgent: Please include Shannon Mulvey ([Smulvey@mgb.org](mailto: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

Enter Member Id here:

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



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 the service requires prior authorization, click on **Submit an auth** on the Provider Portal homepage.

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MASSACHUSETTS GENERAL HOSPITAL [Go](#)

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

[Authorizations](#) [Claims](#) [Member Info.](#) [Resources](#) [Transplant](#)

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





# 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.

## 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:	<b>PENDING</b> 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	<a href="#">Download</a>

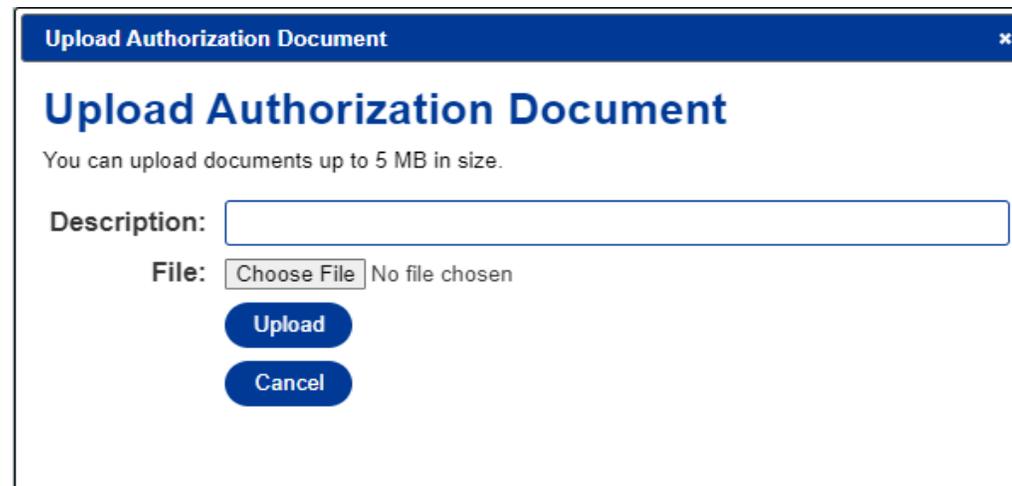
[Submit Document](#)

[Fax Document](#)



# 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**.



The screenshot shows a web form titled "Upload Authorization Document" with a close button (x) in the top right corner. Below the title, it states "You can upload documents up to 5 MB in size." There is a text input field labeled "Description:". Below that, there is a "File:" label followed by a "Choose File" button and the text "No file chosen". At the bottom of the form, there are two buttons: "Upload" and "Cancel".



# 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.

## Authorizations & Referrals Viewer

Revise Request

### 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:	APPROVED 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	APPROVED				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	<a href="#">Download</a>

Submit Document

Fax Document



# Using InterQual



# Using InterQual

For each service requested, you will be prompted 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.

## Guideline Search ×

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.

Description	Version	
Magnetic Resonance Angiography/Imaging	InterQual 2022	Select
Magnetic Resonance Angiography/Imaging	InterQual 2020	Select



# 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

CHANGE HEALTHCARE | InterQual

FAMILY CARE ASSOCIATES, LLC (MEDICARE) HELP

## Subset Overview

Subset Notes

**National Coverage Determination (NCD)**

**Magnetic Resonance Imaging (220.2)**

<https://www.cms.gov/medicare-coverage-database/details/nod-details.aspx?NCDId=177&nodver=8&DocID=220.2&SearchType=Advanced&bc=EAAAAAgAAAA&>

Effective Date: 04/10/2018  
Implementation Date: 12/10/2018

Tests included:

- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)

First Coast Service Options, Inc.

**Magnetic Resonance Angiography (MRA) (L34372)**

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34372&ver=22&Date=8&DocID=L34372&SearchType=Advanced&bc=EgAAAAIAAAAA&>

Original Effective Date: 10/01/2015  
Revision Effective Date: 07/01/2020

Tests included:

- Magnetic Resonance Angiography (MRA)

This Policy refers directly to the NCD for coverage criteria: "Please refer to CMS IOM Publication 100-03, Medicare National Coverage Determination.

**MEDICAL REVIEW** **BOOK VIEW** **FULL SUBSET** **SMARTSHEETS**



# 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.

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FAMILY CARE ASSOCIATES, LLC (MEDICARE) HELP

**Medical Review** *Magnetic Resonance Angiography/Imaging* CLINICAL REFERENCE

COMMENTS ⓘ

Individual with an implanted cardiac device *Required* ⓘ

✓  Yes  
 No

Implanted device, Choose one: *Required* ⓘ

✓  Pacemaker  
 Cardioverter Defibrillator (ICD)  
 Cardiac Resynchronization Therapy Pacemaker (CRT-PP, or Cardiac Resynchronization Therapy Defibrillators (CRT-D)  
 Other clinical information (add comment)

*No remaining questions. Click View Recommendations to continue.*

PREVIOUS VIEW RECOMMENDATIONS ⓘ

CRITERIA REVIEW



# 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.

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FAMILY CARE ASSOCIATES, LLC (MEDICARE) Signed in as HELP

### Recommendations

Recommended *Evidence supports services as medically necessary.*

✓ Magnetic Resonance Imaging (MRI) - NCD Show codes

CRITERIA MET

PREVIOUS COMPLETE REVIEW SUMMARY



# 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.

### Warning

Completing the Medical Review will lock it from any further edits.

Continue?

YES

NO



# 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.



Code	Criteria Status
30520	Criteria Met
A4615	Criteria Not Met

# 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



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Go

[Home](#)

[Manage Account](#)

[Log Out](#)

Authorizations

Claims

Member Info.

Resources

Enrollment

User Admin

PNM Admin

Transplant

## 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](https://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.

The screenshot displays the Mass General Brigham Health Plan Provider Portal. At the top, the user is logged in as Richard Karski. The navigation menu includes Home, Manage Account, Log Out, Authorizations, Claims, Member Info, Resources, Enrollment, User Admin, and PNM Admin. The 'Claims' menu is expanded, showing options like Transplant, Submit a claim, Check a claim, Submit an auth, View a report, Request a fee schedule, and EOP. A red arrow points to the 'Submit a claim' link. Below the navigation, the 'Claim Submission' page is shown, featuring a 'Provider Information' section with fields for Provider Specialty, Patient Search (Member ID/Name), Date of service, Submission Type, and Upload Claim File. The 'Submit' button is visible at the bottom of the form.

**Mass General Brigham Health Plan**  
Richard Karski  
MASSACHUSETTS GENERAL HOSPITAL  
Go  
Home Manage Account Log Out

Authorizations Claims Member Info Resources Enrollment User Admin PNM Admin

Transplant

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

**Mass General Brigham Health Plan**  
Richard Karski  
MASSACHUSETTS GENERAL HOSPITAL  
Go  
Home Manage Account Log Out

Authorizations Claims Member Info Resources Enrollment User Admin PNM Admin

Transplant

### 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. - If 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:  
MASSACHUSETTS GENERAL HOSPITAL  
1023049236  
Richard Karski

Provider Specialty

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

Upload Claim File  No file chosen

**Submit**

**CONTACT US**  
Customer Service - 1-855-444-4647  
Email - [HealthPlanrweb@mgb.org](mailto:HealthPlanrweb@mgb.org)

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



# Claims Status

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

**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**



# Claims Report

 **Mass General Brigham**  
Health Plan

Claims At Status(s):  Limit Results By:

Start Date:  End Date:

1 of 13 Find | Next

**Claims For This Site**

 **Mass General Brigham**  
Health Plan

<b>Site:</b>	WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP
<b>Status(s):</b>	DENY; PAY; PEND; REV; DENIED; PAID; REVERSED
<b>Where:</b>	Submission Date Between 3/3/2024 And 4/1/2024 12:00:00 AM ( Claims in Pend status as of 4/2/2024 )

Claim Number	PCN	Member Name	Member Id	Member DOB	Claim Status	Submission Date	Servicing Provider	Servicing Provider NPI	Total Charges	Paid Amount	Withhold Amount	Net Pay(Less Withhold)	Check Date	Check Number	Date Of Service Start	Date Of Service End	Diagnosis Related Group	Primary Diagnosis
--------------	-----	-------------	-----------	------------	--------------	-----------------	--------------------	------------------------	---------------	-------------	-----------------	------------------------	------------	--------------	-----------------------	---------------------	-------------------------	-------------------



# Claims Information Page

## Claims information (massgeneralbrighamhealthplan.org)

### 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

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 Plans & PPO 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](#)
- [HMO Plans & PPO Plus plans](#)
- [DV Care Family plans](#)
- [Medicare Advantage plans](#)
- [Additional claims resources](#)

### 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
<b>JOHN A SAMPLE</b> 0000000000	UnitedHealthcare® Options PPO Network	<b>JOHN A SAMPLE</b> 0000000000	UnitedHealthcare® Options PPO Network
PCP: XXX Specialist: 000 ER: XXX	CVS pharmacy	PCP: XXX Specialist: 000 ER: XXX	CVS pharmacy
Deductible: Ind/Fam \$10000/30000	RKBR: 014335 RXPEN: ADV RKGRUP: R01430	Ind Deductible: Ind/Fam \$10000/30000 ODN Deductible: Ind/Fam \$10000/30000	RKBR: 014335 RXPEN: ADV RKGRUP: R01430
Out-of-Pocket Max: Ind/Fam \$10000/30000	Administered by Mass General Brigham Health Insurance Company	Ind Out-of-Pocket Max: Ind/Fam \$10000/30000 ODN Out-of-Pocket Max: Ind/Fam \$10000/30000	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: 04293  
Paper Claims: PO Box #323, Glen Burnie, MD 21060

Medical: Non-contracted providers outside of Massachusetts +

Behavioral health +



# EOP



CHILDREN'S HOSPITAL

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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



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 screenshot shows a navigation bar with links for Home, Manage Account, and Log Out. Below this is a dark blue menu with options: Authorizations, Claims, Member Info., Resources, Enrollment, User Admin, and PNM Admin. The Member Info. option is highlighted, and a dropdown menu is open, showing sub-options: Overview, Eligibility, and PCP Change. A red arrow points to the Eligibility option. Below the menu, there are links for 'I'm here to...' including 'Check a Claim', 'View a report', 'Request a fee schedule', and 'EOP'.

The screenshot shows a 'Search Eligibility' form with the following fields:

- Search By:** A dropdown menu currently showing 'ID, Last Name'.
- Member ID:** A text input field with a red asterisk indicating it is a required field.
- Last Name:** A text input field with a red asterisk indicating it is a required field.

Below the form is a blue 'Search' button. A red asterisk with the text '\* Required Field' is positioned below the Member ID and Last Name fields.

To the right of the form is a list of search criteria options:

- ID, Last Name
- ID, Name
- ID, Last Name, DOB
- ID, Name, DOB
- ID, DOB
- First Name, Last Name, DOB, Gender



# Member Benefits & Eligibility

- 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)

## Mass General Brigham Health Plan Eligibility for ALEX [REDACTED] - [REDACTED]

Eligibility data last updated: 04/18/2024 09:30 AM

**Current Enrollment Status:** ACTIVE

**Last Name:** [REDACTED]

**First Name:** ALEX

**Middle Initial:** [REDACTED]

**Member ID:** R22 [REDACTED]

**Date of Birth:** [REDACTED]

**Gender:** M

**Address:** [REDACTED]

**City:** [REDACTED]

**State:** [REDACTED]

**Zip Code:** [REDACTED]

**Phone:** [REDACTED]

**Preferred Language:** No Language

### Primary Care Provider Details

**Period:** Current : MILLET, SUSAN K. [dropdown arrow]

**PCP Name:** MILLET, SUSAN K.

**PCP NPI:** 1730270240

**Site Name:** ATRIUS HVMA- PEABODY

**Site Phone:** 978-532-6000

**Site Address:** 2 Essex Center Dr.

**Effective Date:** 01/01/2024

**End Date:** 03/31/2035

### Enrollment Details

**Period:** 01/01/2024 - Current : Commercial ASO [dropdown arrow]

**Plan Type:** Commercial ASO

**Benefit Plan:** COMPLETE HMO FOR GIC MEMBERS

**Group Number:** XJNMG

**Enrollment Type:** Subscriber

**Effective Date:** 01/01/2024

**Termination Date:** 03/31/2035

**Anniversary Date:** 07/01/2024



# 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

## Benefit Details

Service	Copay	Deductible	Coinsurance
ACUPUNCTURE	\$20.00		
ALLERGY SHOTS	No copayment	\$500/1,000	
ANESTHESIA	No copayment		
CARDIAC REHAB	\$20.00		
CHIRO VISITS COVERED	\$20.00		
CHIRO VISITS COVERED AUTH < AGE 13	\$20.00		
CONSULTATION - SPECIALTY - T1	\$30.00		
CONSULTATION - SPECIALTY - T2	\$60.00		
CONSULTATION - SPECIALTY - T3	\$75.00		
DIAGNOSTICS	No copayment	\$500/1,000	
DIALYSIS SVCS & SUPPLIES OUTPT/HOME	No copayment	\$500/1,000	
DME AUTH		\$500/1,000	20%
DRUGS	No copayment		
DURABLE MEDICAL EQUIPMENT		\$500/1,000	20%
EMERGENCY SERVICES	\$100.00	\$500/1,000	
HEARING EXAMS-T1	\$30.00		
HEARING EXAMS-T2	\$60.00		
HEARING EXAMS-T3	\$75.00		
HOME HEALTH CARE	No copayment	\$500/1,000	
HOSPICE	No copayment	\$500/1,000	
HOSPITAL - AMBULATORY SURGICAL	\$150.00	\$500/1,000	
HOSPITAL - AMBULATORY SURGICAL	\$250.00	\$500/1,000	
HOSPITAL - EMERGENCY ACCIDENT	\$100.00	\$500/1,000	
HOSPITAL - EMERGENCY MEDICAL	\$100.00	\$500/1,000	
HOSPITAL - ROOM AND BOARD - T1	\$275.00	\$500/1,000	
HOSPITAL - ROOM AND BOARD - T2	\$500.00	\$500/1,000	
HOSPITAL - ROOM AND BOARD - T3	\$1,500.00	\$500/1,000	
INFERTILITY-T1	\$30.00		
INFERTILITY-T2	\$60.00		
INFERTILITY-T3	\$75.00		



# 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.](#)

The screenshot displays a web portal interface with a dark blue header and navigation bar. The header includes links for [Home](#), [Manage Account](#), and [Log Out](#). Below the header, a secondary navigation bar contains links for [Authorizations](#), [Claims](#), [Member Info.](#), [Resources](#), [Enrollment](#), [User Admin](#), and [PNM Admin](#). A yellow arrow points to the [Resources](#) link. A dropdown menu is open under [Resources](#), listing [Medicare Resources](#), [Site Documents](#), [Upload Site Document](#), [Additional Resources](#), and [Newsletters](#). A red arrow points to the [Additional Resources](#) option in the dropdown. Below the navigation, there is a section titled [Transplant](#) and a breadcrumb trail: [I'm here to...](#) [Check a Claim](#) [Submit an auth](#) [View](#). The main content area is divided into two columns. The left column is titled [News & Announcements](#) and contains a list of updates: [Change Healthcare Update: 4/11/2024](#) (04/11/2024 04:11 PM), [Change Healthcare Update- 3/23/2024](#) (03/23/2024 03:01 PM), and [Change Healthcare Update- 3/4/2024](#) (03/11/2024 01:04 PM). A blue [More](#) button is located at the bottom right of this section. The right column is titled [Eligibility](#) and features a search form with a [Search By:](#) dropdown menu (set to [ID, Last Name](#)), [Member ID:](#) and [Last Name:](#) input fields (both marked with a red asterisk), a [\\* Required Field](#) note, and a blue [Search](#) button.



# Mass General Health Plan Contacts

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



# 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?





**Mass General Brigham**  
Health Plan