Mass General Brigham
Health Plan

MAPAM

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Senior Provider Network Account Executive

May 16, 2025

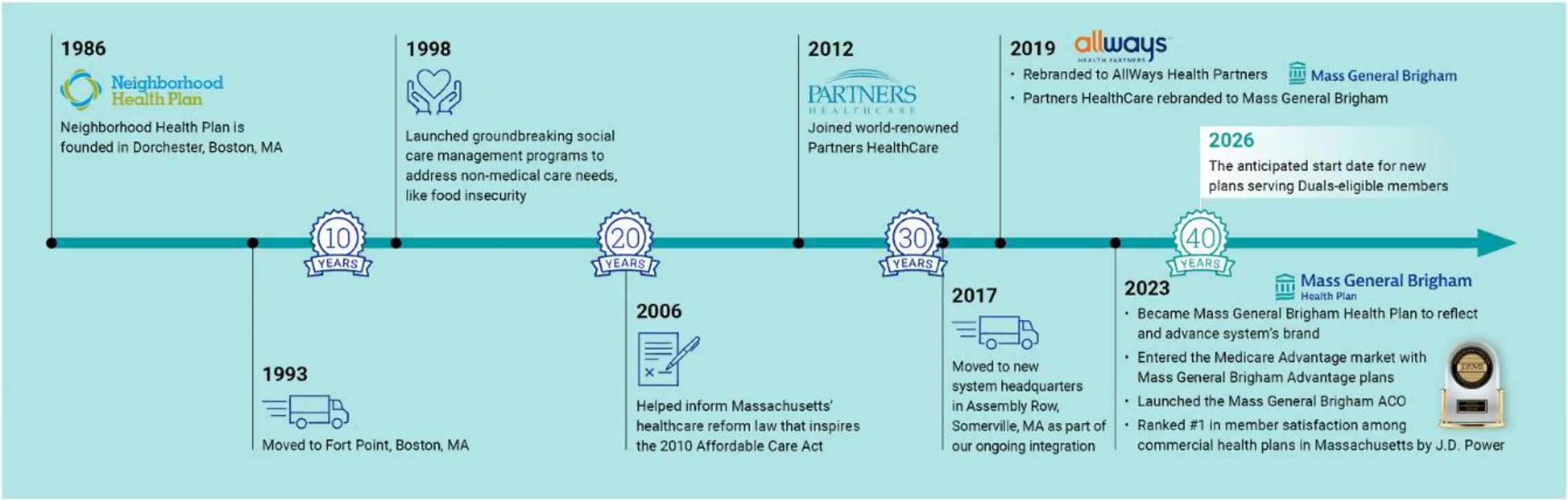
Agenda

- Mass General Brigham Health Plan Legacy
- Membership
- Products and ID Cards
- News/Reminders
- Provider Portal
  - Claim Submission
  - Request For Claims Review/Appeal Submission
- Authorization & Referral Overview
- Provider Resources
- Questions

Building on our legacy as a community-based organization

Mass General Brigham Health Plan

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

Our Provider Network

Southcoast Health

Mass General Brigham
Newton-Wellesley Hospital

Boston Children's Hospital
Until every child is well℠

Beth Israel Lahey Health

UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER

Atrius Health
Part of Optum℠

Boston Medical Center
EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Dana-Farber Cancer Institute

Massachusetts General Hospital
Founding Member, Mass General Brigham

Mass General Brigham
Nantucket Cottage Hospital

Brigham and Women's Hospital
Founding Member, Mass General Brigham

Lawrence General Hospital

CHA Cambridge Health Alliance

Tufts Medicine

Mount Auburn Hospital

South Shore Health

BROWN Health
UNIVERSITY

St. Elizabeth's Medical Center
A BOSTON UNIVERSITY TEACHING HOSPITAL

Mass General Brigham
Martha's Vineyard Hospital

Mass General Brigham
Salem Hospital

Products and ID Cards

Products Reference Page

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

Products

Click the links below to jump to the product description and view a sample member ID card.

Standard plans
Coverage offered by employers or purchased by individuals.

- Complete HMO plans
- Complete PPO Plus plans
- Complete Access EPO plans
- Allies & Allies Choice HMO plans
- Choice Easy Tier plans

Mass General Brigham plans
Coverage available to employees of Mass General Brigham.

- Mass General Brigham Employee Plans

Qualified health plans (QHP)
Affordable plans providing essential health benefits for members.

- Complete HMO Plan - Health Connector
- Select HMO Plan - Health Connector
- Complete PPO Plus - Health Connector

Additional plans
Additional plans offered by employers.

- Value HMO Plan (City of Boston)
- Complete HMO Plan (GIC)

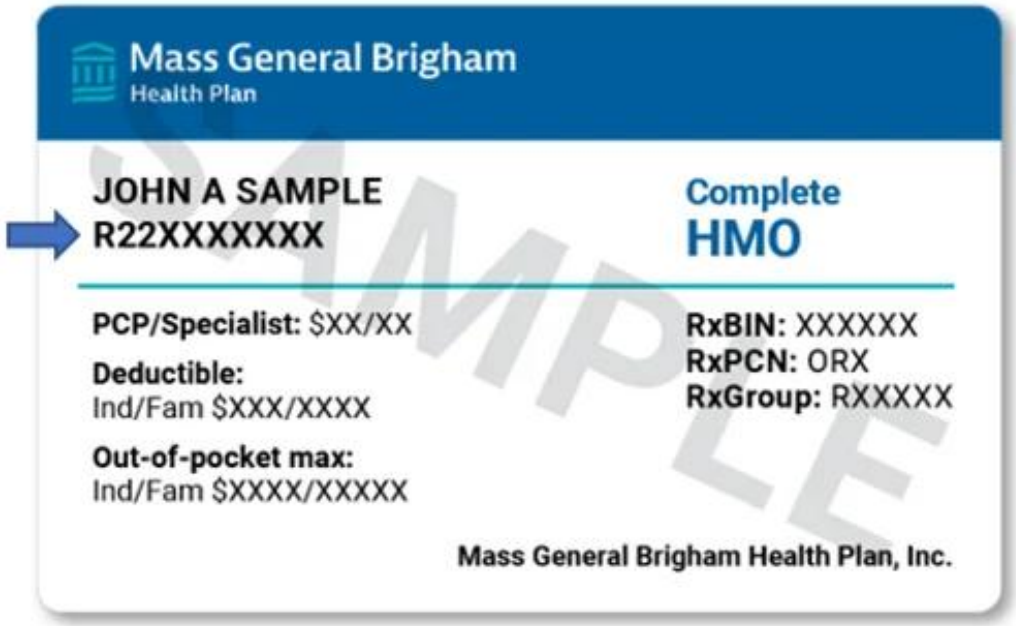
Medicaid and Medicare plans
Coverage for individuals who meet specific age, disability, and/or income criteria.

- Mass General Brigham ACO (MassHealth)
- Medicare Balance
- Medicare Advantage plans

Member ID Cards

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.



News and Reminders

Update to Prior Authorizations for Observation stays

To support timely access to care and reduce the administrative burden, Mass General Brigham Health Plan, is removing the prior authorization requirement for observation stays for our Medicaid and Commercial members.

- **Effective 5/1/25**, Observation stays up to 48 hours (two calendar days) will be covered **without** Prior Authorization. Providers should follow standard prior authorization procedures for the length of stay's greater than 48 hours and inpatient admission is required. Inpatient hospitalization requests require a separate authorization.
- Providers should continue to follow standard clinical documentation and billing practices.
- Observation Payment Policy: ObservationServices.pdf
- Prior Authorization guideline PAGuide.pdf

Changes to MassHealth Pediatric Proton Pump Inhibitor PA requirements

MassHealth updated Prior Authorization requirements in the MassHealth Drug List

(MHDL) for multiple acid-blocking medications (proton pump inhibitors, or PPIs) for pediatric patients. We developed the following guide to clarify which drugs are now available without prior authorization.

Below are the links to the Pediatric Guide and Notification regarding the changes.

Guide to pediatric PPI options for MassHealth patients

Guide to PPIs for pedi patients.pdf

Update To Prior Authorization Review For Transfers From Acute Care To Post-Acute Care Facilities

In accordance with **Chapter 197 of the Acts of 2024** (recent state legislation), we are making changes to our procedures, including our **Prior Authorization review of Transfers from Acute Care to Post-Acute care facilities (Skilled Nursing, Acute Rehab and/or Long-Term Acute Care**).

Authorization transfer requests to Post-Acute facilities made on business days, will be reviewed within 1 business day following receipt of all necessary information to establish medical necessity for the transfer. We are defining "business days" as the days the Health Plan is open.

For members transferring from acute inpatient to post-acute facilities on non-business days or holidays, we will approve the first 3 calendar days of the admission. We are defining "non-business" days as weekends and holidays.

A prior authorization is still required for all post-acute transfers within 1 business day of the transfer, but if it is occurring on a non-business day, the facility will not have to wait to obtain approval from MGBHP before transferring.

Please ensure that a prior authorization takes place for all days of the admission, to ensure claims.

For transfers made on non-business days, **Concurrent/Continued Stay reviews will proceed on day 4,** to determine appropriateness of level of care.

If a transfer is made on a non-business day**, a retrospective review will not occur** for any days already approved.

In addition, for transfers that take place on regular business days, the health plan will review the authorization request and make a medical necessity determination for admission to a post-acute care facility by the **next business** day following receipt of all medically necessary information to establish medical necessity.

For regular business days, an approval from the health plan is required prior to transfer.

For any post-acute medical necessity denial, **all appeals will be handled on an expedited basis.**

<u>This applies to lines of business as follows:</u>

- Applies to **Medicaid** and **Commercial** Lines of Business
- Applies to in network post-acute facilities **ONLY** (does not apply to out of network facilities)
- **Self-insured ASO** accounts may have applied different guidelines
- Does **not** apply to **Medicare Advantage** Line of Business

Payment Policies/Reimbursement Updates:

Multiple procedure reduction rule in progress; expected completion August 1, 2025

Mass General Brigham Health Plan's update to its multiple procedure reduction rule remains in progress and is expected to be completed by August 1, 2025.Multiple Procedure Reduction Rule: When multiple surgical procedures are performed in the same operative session, the procedure with the highest RVU will be reimbursed at 100% of the allowed amount and all subsequent, lower RVU-valued procedures, will be reduced per the Plan's Modifiers Provider Payment Guidelines, unless otherwise specified in the provider's contract.

Maximum Units Payment Policy: MaximumUnits.pdf

MGB ACO Updates

MassHealth prior authorization updates for APAD and APEC carve-out drugs

MassHealth recently published Managed Care Entity Bulletin 125 related to changes in prior authorization for APAD and APEC carve-out drugs effective April 1, 2025.

These drugs will become a wrap service for MassHealth members. Providers are required to submit prior authorization requests to MassHealth for the drugs but requests for other services related to the care to the health plan. Similarly claims for drugs should be submitted to MassHealth and claims for other associated services should be submitted to Mass General Brigham Health Plan.

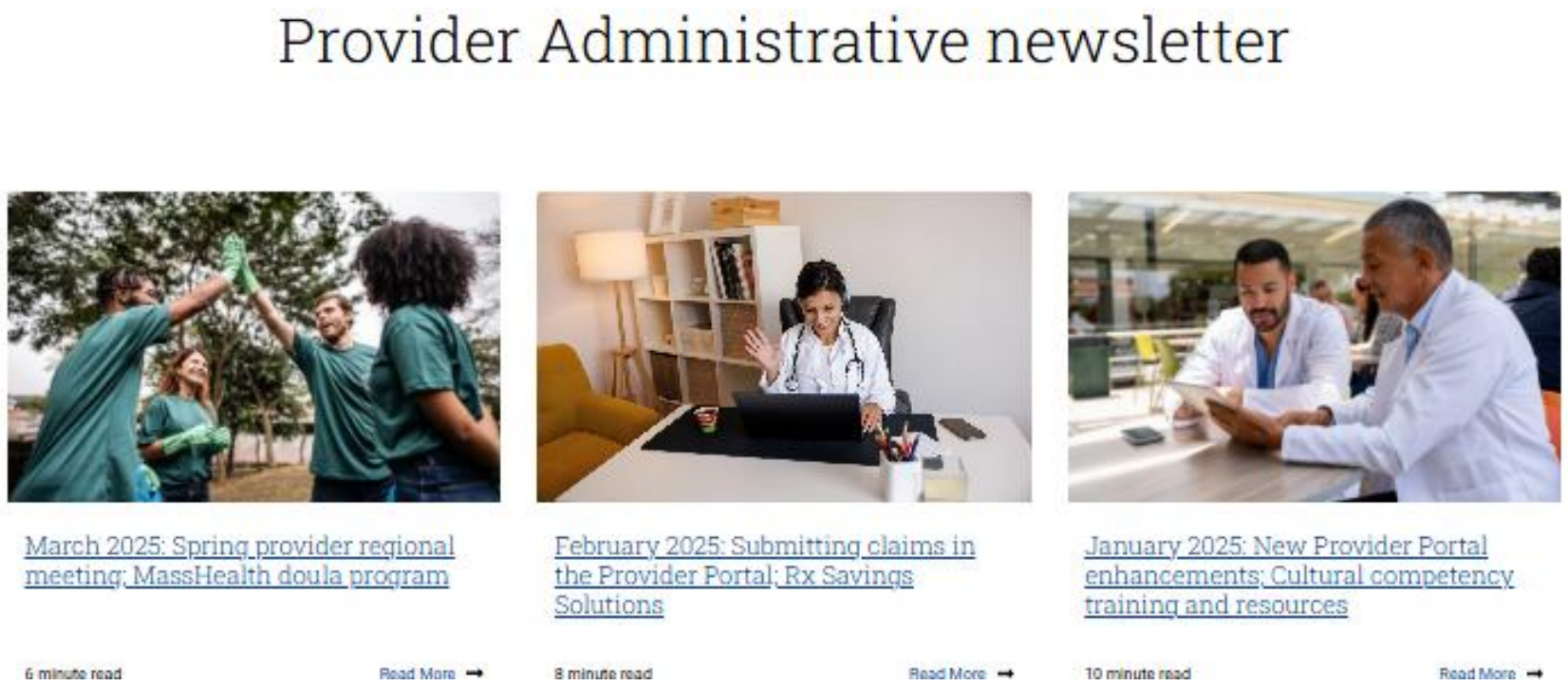
MassHealth RY24 encounter data deadline is July 31

MassHealth has communicated to all plans that 2024 claims must be adjudicated by July 31, 2025. This means all providers must submit claims with a 2024 date of service no later than July 1, 2025, to meet this adjudication deadline. If there are questions or concerns about 2024 claims, please contact Customer Service or your Provider Account Executive. We appreciate your collaboration on these efforts over the coming months

Register Now: Spring Regional Provider Meeting on May 20th

We're excited to invite you to our spring regional provider meeting on Tuesday, May 20, from 9 a.m. to 12 p.m. at our Assembly Row headquarters in Somerville, MA.
Please RSVP here by May 9.

https://massgeneralbrighamhealthplan.org/admin-newsletter/april-2025



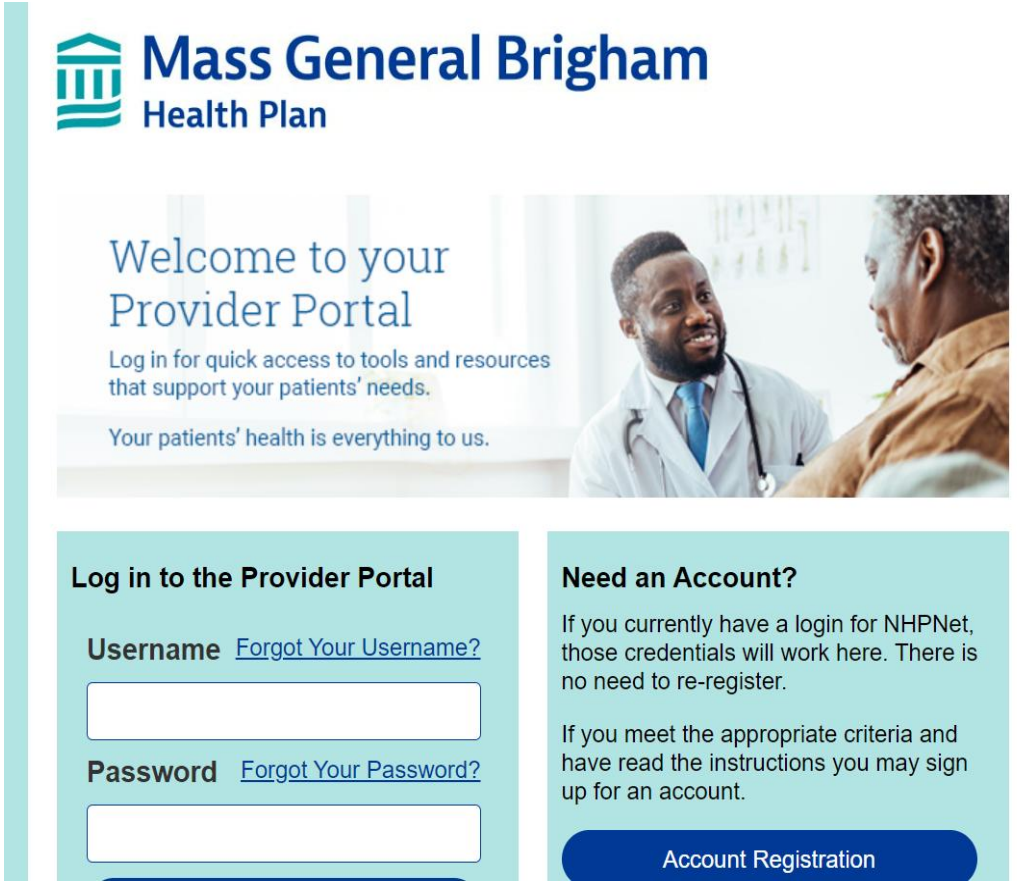
Provider Portal

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)
- 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: Mass General Brigham Health Plan Provider Portal



Accessing the Provider Portal

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

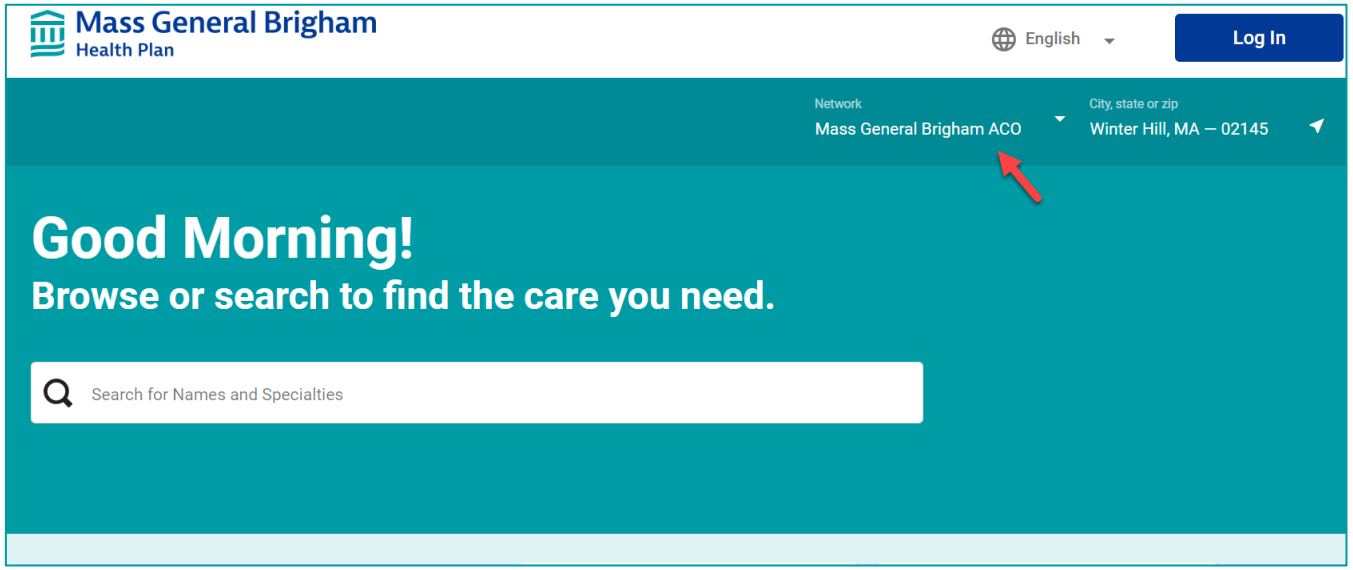
For additional support and registration inquiries, email us at HealthPlanprweb@mgb.org.

Important: Please ensure your site has a registered **User Admin.** for each of your practices to ensure the User Admin can approve registered account access and update User permissions via the Provider Portal

Help us keep our Provider Directory information accurate

- For a compete listing of participating provider please use the MGBHP Provider Directory: Home (sapphirethreesixtyfive.com)

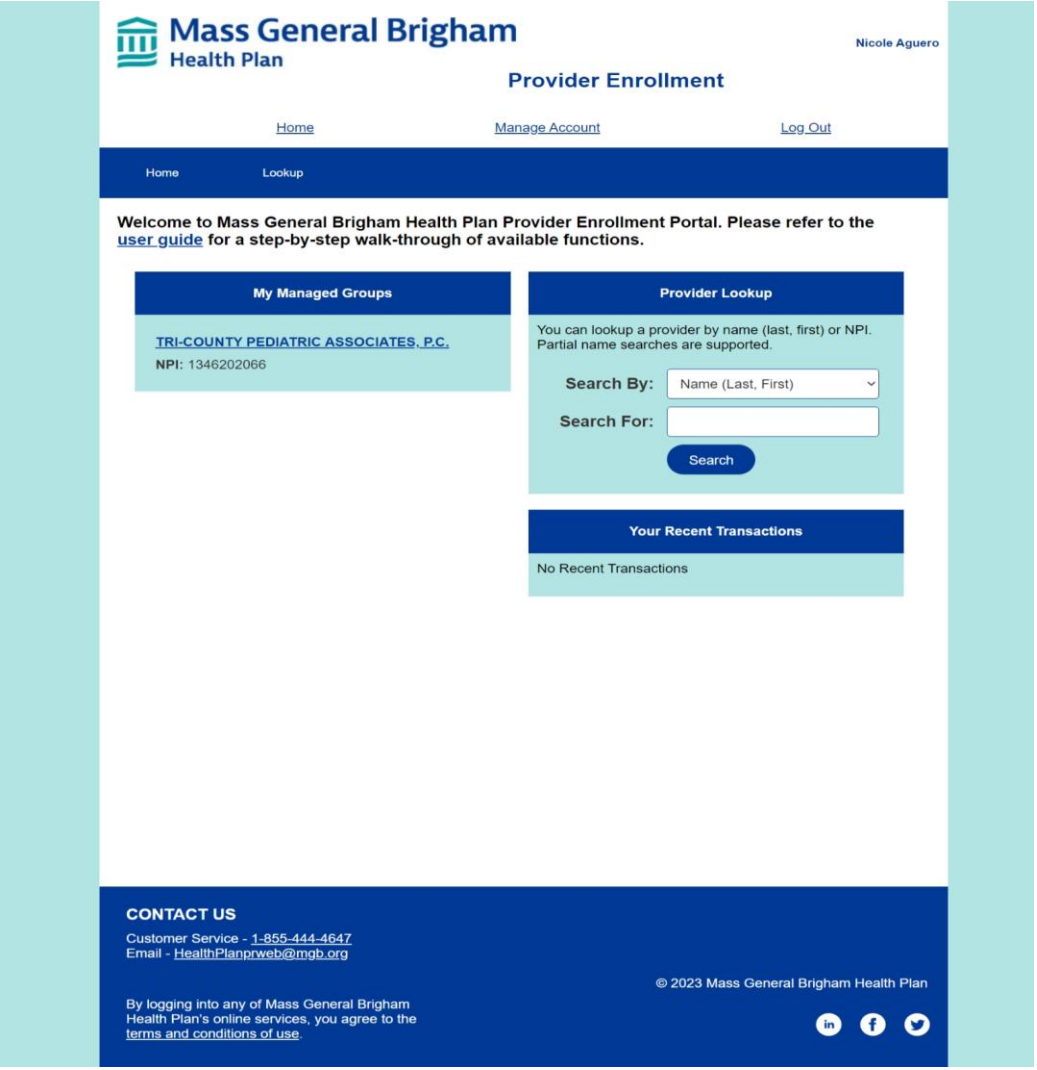
- **Provider demographic information in our Provider Directory must reflect accurate data at all times and should mirror the information members may receive directly from the practice or via patient appointment call centers.**
- **To report any changes to demographic data** or to your address, panel status (open or closed) for each individual provider, institutional affiliations, phone number, or other practice data requests should be reported via the Mass General Brigham Health Plan Provider Portal **provider.massgeneralbrighamhealthplan.org or** by submitting a **Provider Change** via the **Provider-Enrollment-Form** to Mass General Brigham Health Plans **Provider Enrollment Team** by email at **HealthPlanPEC@mgb.org.**
- **On a quarterly basis,** providers should review and verify the accuracy of their demographic data displayed in our Provider Directory.
- **Timely notice of Provider Changes —** As a reminder, notification of address, acceptance of new patients, provider terminations, and other demographic information changes should be submitted at least 30 days in advance



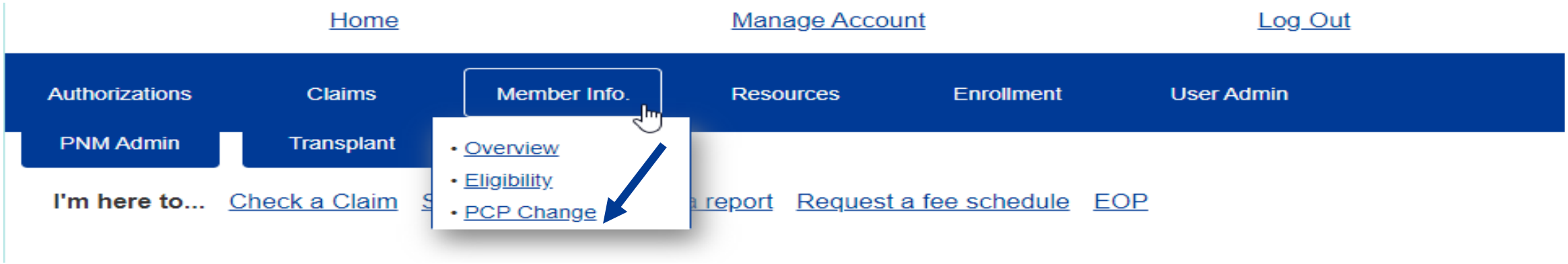
Provider Enrollment Tool

The **Provider Enrollment Portal** gives you online access to submit the following transactions for your practice:

- **Affiliate a new doctor** : Enrollment and Credentialing submissions can take a minimum of 45 days to be fully processed**.** Please remember to review your site/practice roster prior to inquiring on a status request.
- **Download a completed HCAS form**
- **Open or close a panel**
- **Terminate an affiliation:** For providers terminating from a practice, Mass General Brigham Health Plan requires written notification at least 60 days prior to the practitioner's termination date unless otherwise agreed upon.
- **Submit demographic changes to Mass General Brigham Health Plan –** Continue to run provider rosters and regularly review our Provider Directory information.



PCP Changes via the Provider Portal

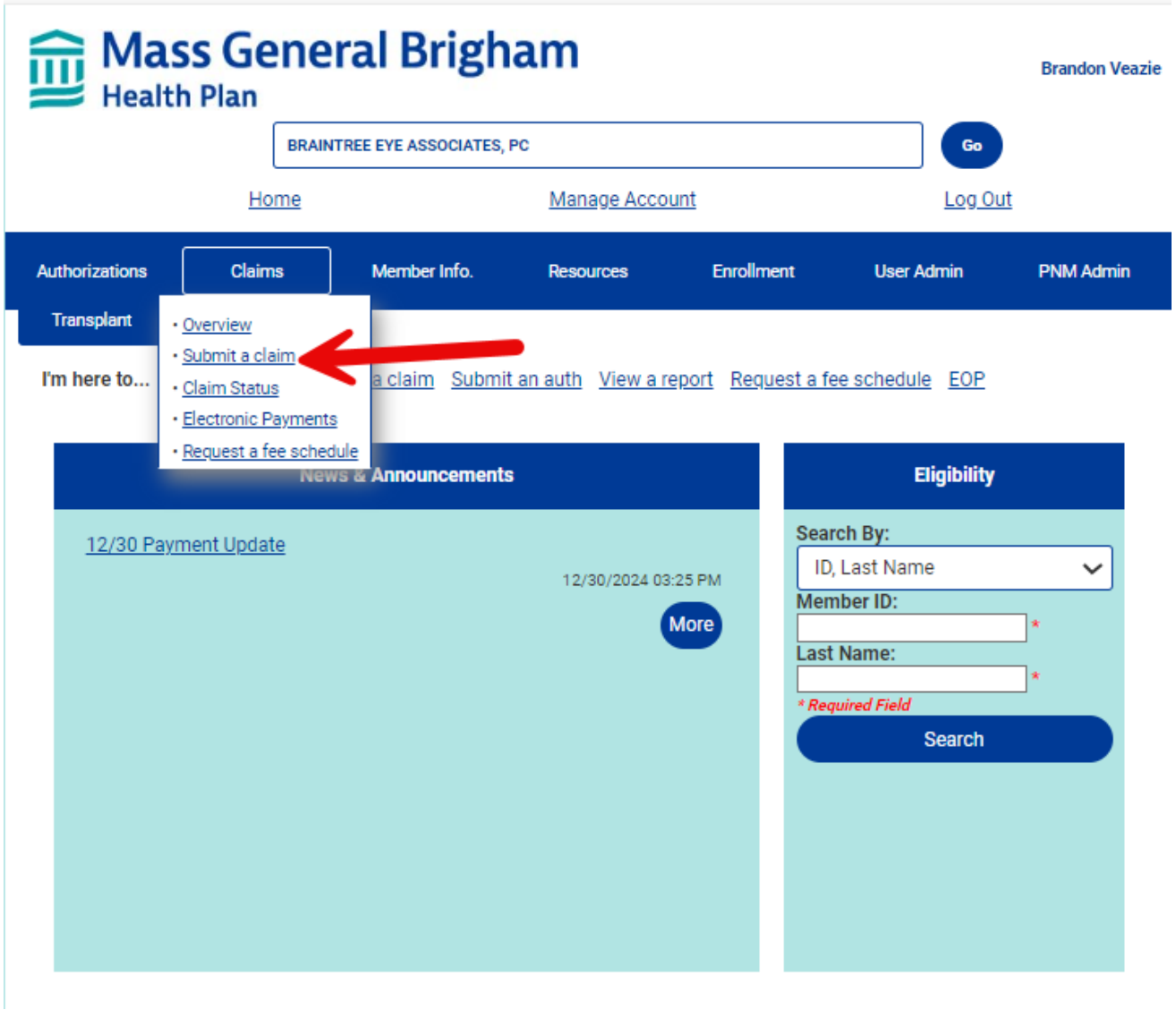


When submitting a PCP change through the provider portal, make sure to follow these tips to prevent any potential errors:

- **Verify member's eligibility prior to submitting a PCP change.**
- **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.**
- **Please do not submit duplicate requests and allow up to 7 business days for the PCP change to process.**

Claim Submission Request For Claims Review Overview via Portal

How To Submit A *New* Claim



- On the Provider Portal homepage, select **Claims** and then **Submit a Claim.**
- If you do not have these options speak with your site's User Administrator.
- If you are the User Administrator for the site, contact HealthPlanprWEB@mgb.org

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****

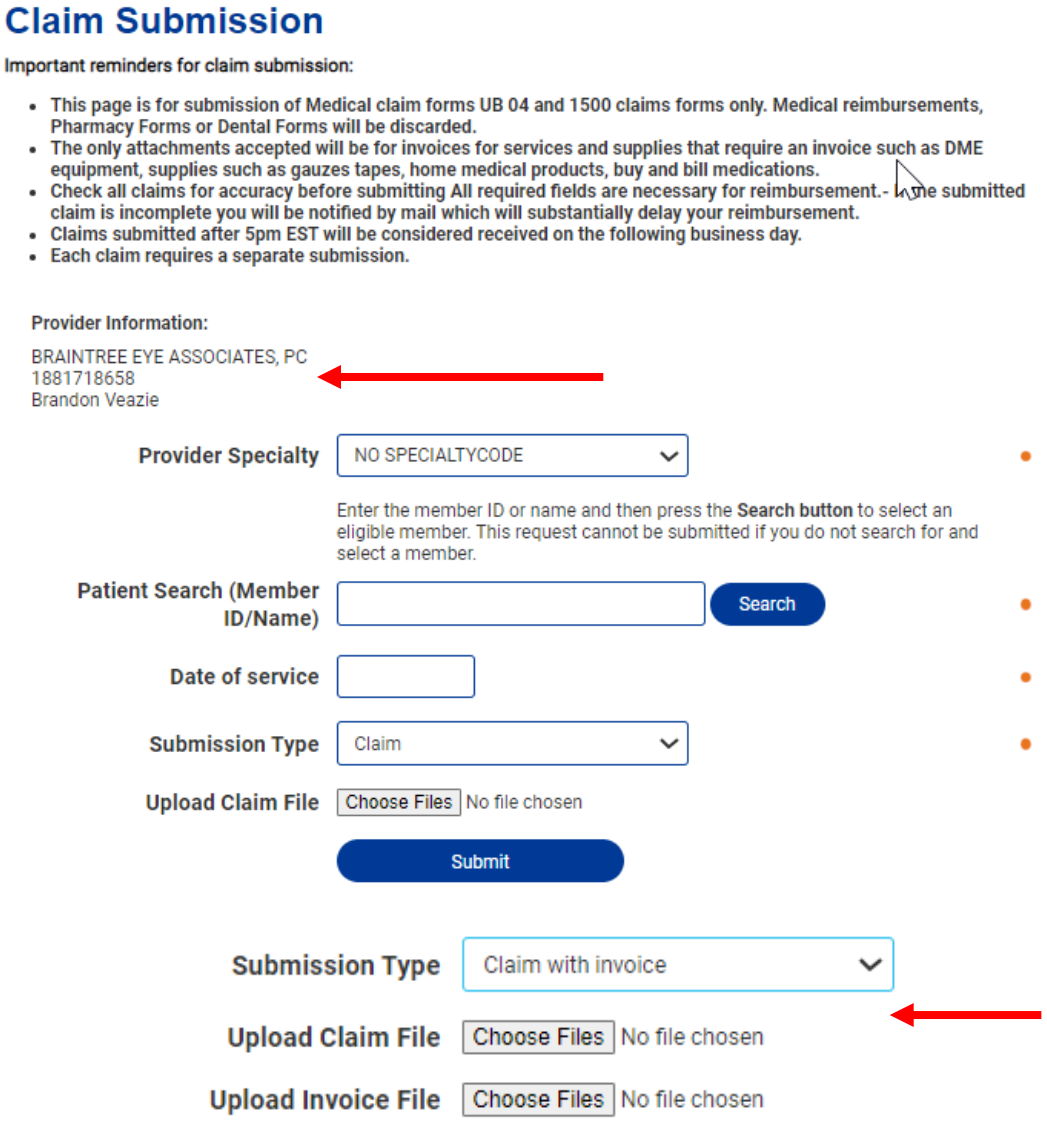
Verify the patient information is correct

Enter the Date of Service or choose using the calendar

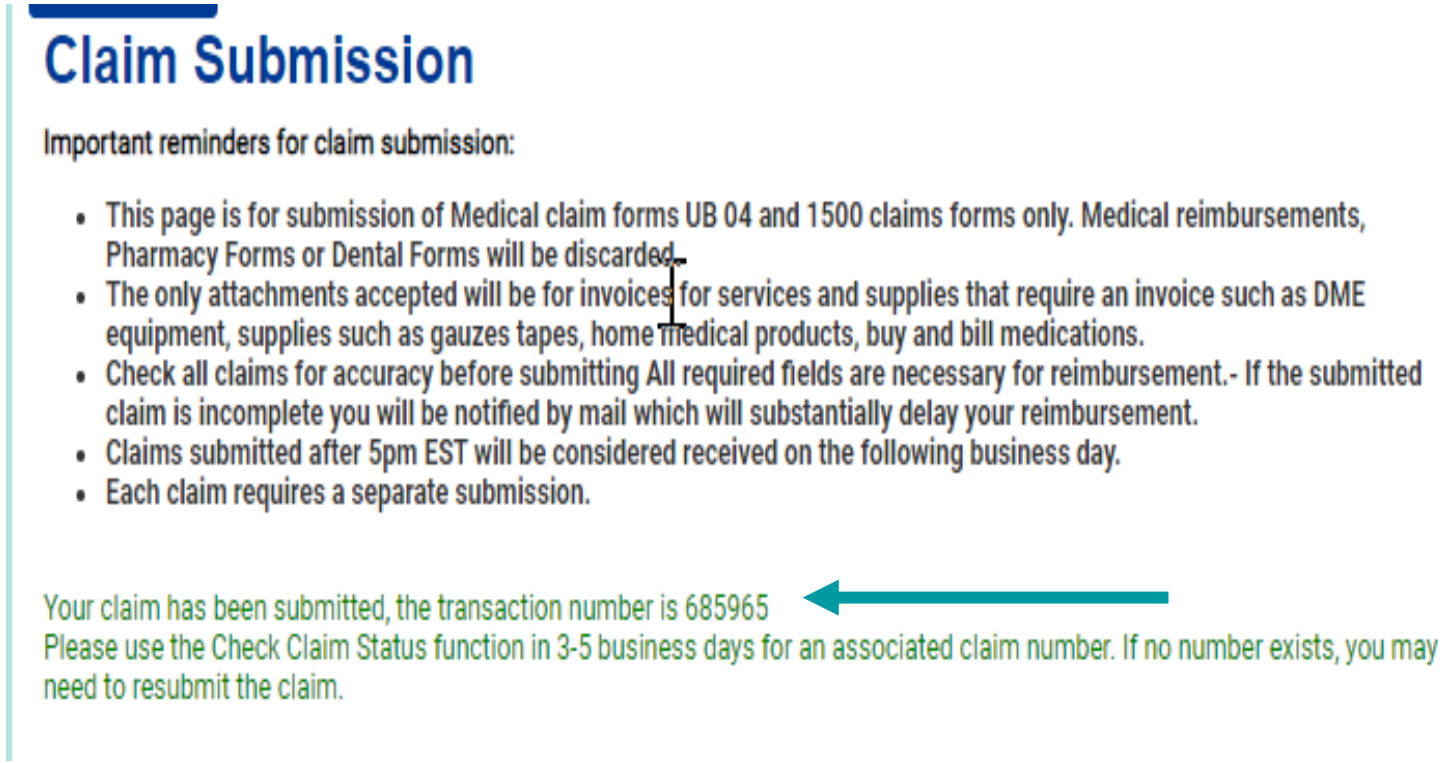
Upload a completed CMS 1500 or UB-04 claim form using the Choose Files button. This will allow you to search for a file on your computer.

- 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



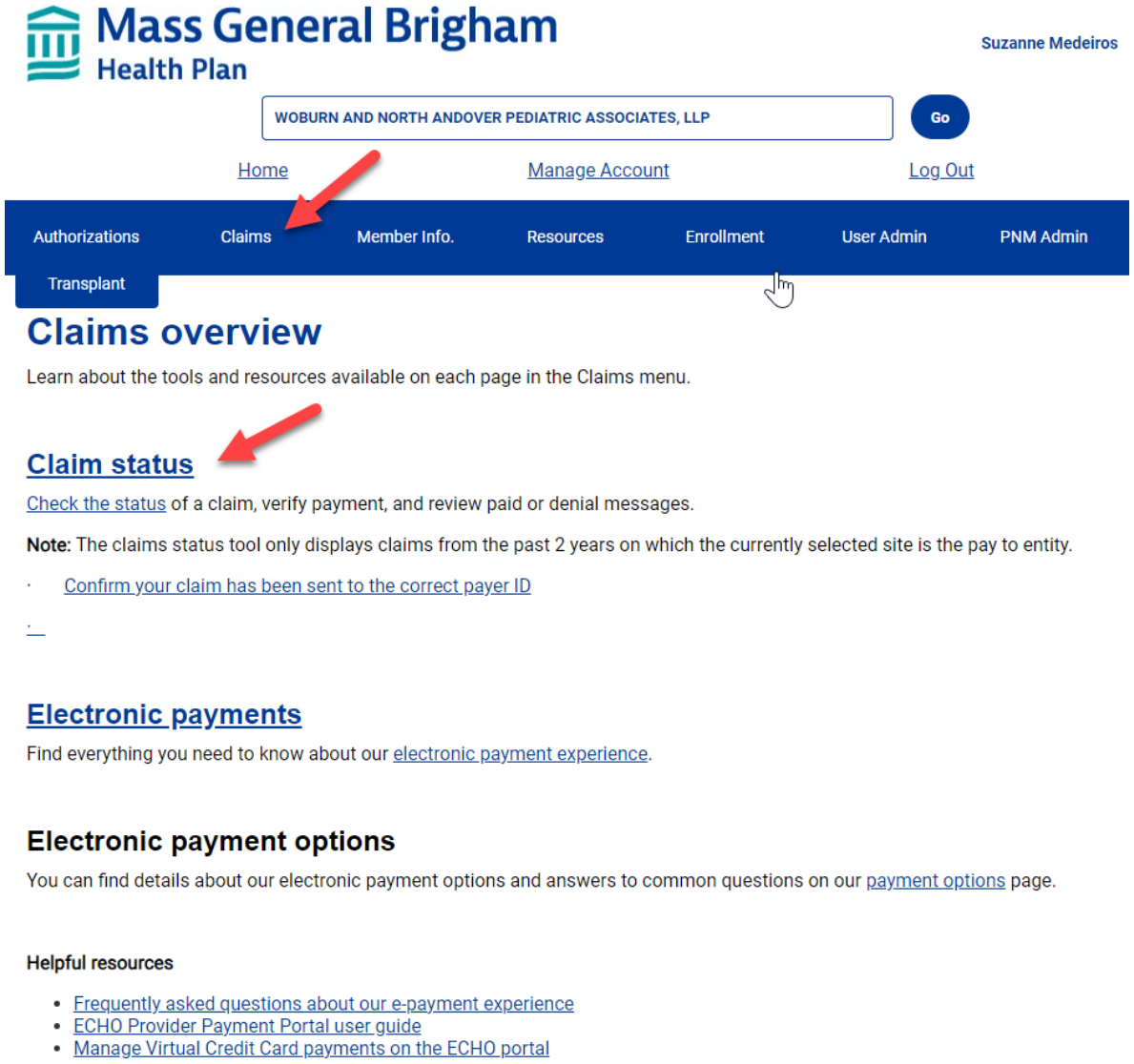
Claims Submission Confirmation Screen



- Once submitted, please allow 3-5 business days for the claim to be entered before verifying a claim status.
- Once assigned a claim number, it should process within the standard processing time.
- The confirmation screen will also provide you with a **Transaction ID number** for your submission.

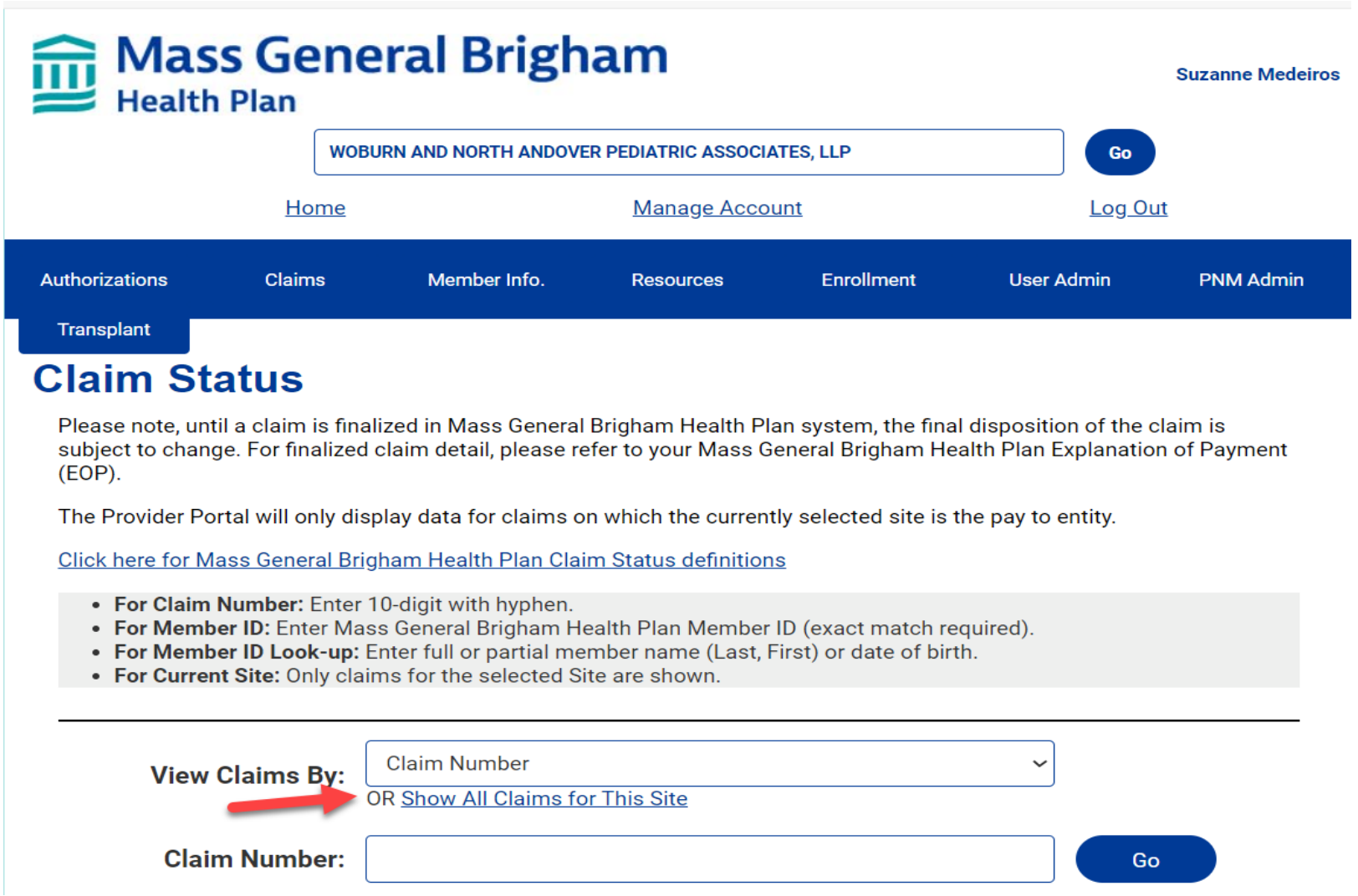
Request For Claims Review and Appeal via Portal

- On the Provider Portal homepage, select **Claims** and then **Claims Status**



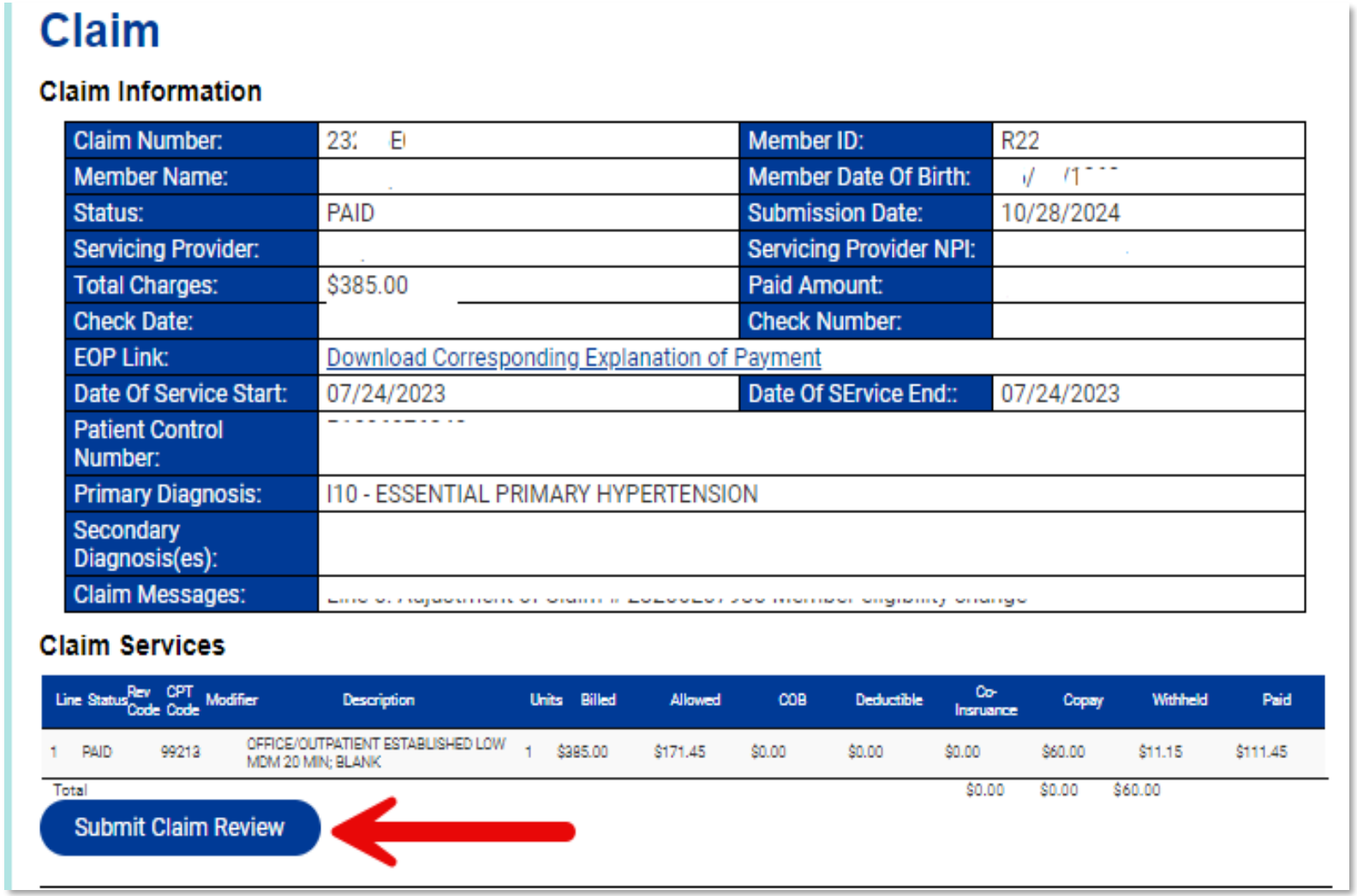
Verifying Claim Status

- Select to view claim by **Member ID** or **Claim Number**.
- Enter the Member ID or Claim Number and select **Go**.



Claim Status Review

- 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:	23 EI	Member ID:	R22
Member Name:		Member Date Of Birth:	/ /1
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:			

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

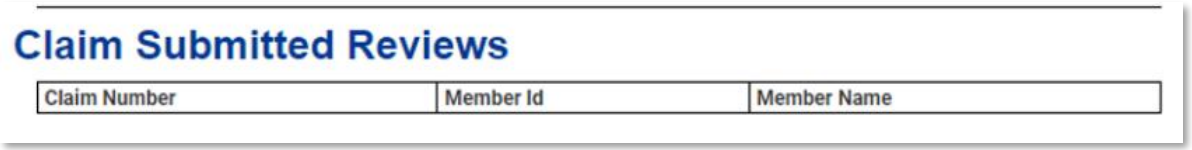
Provider Correspondence Portal

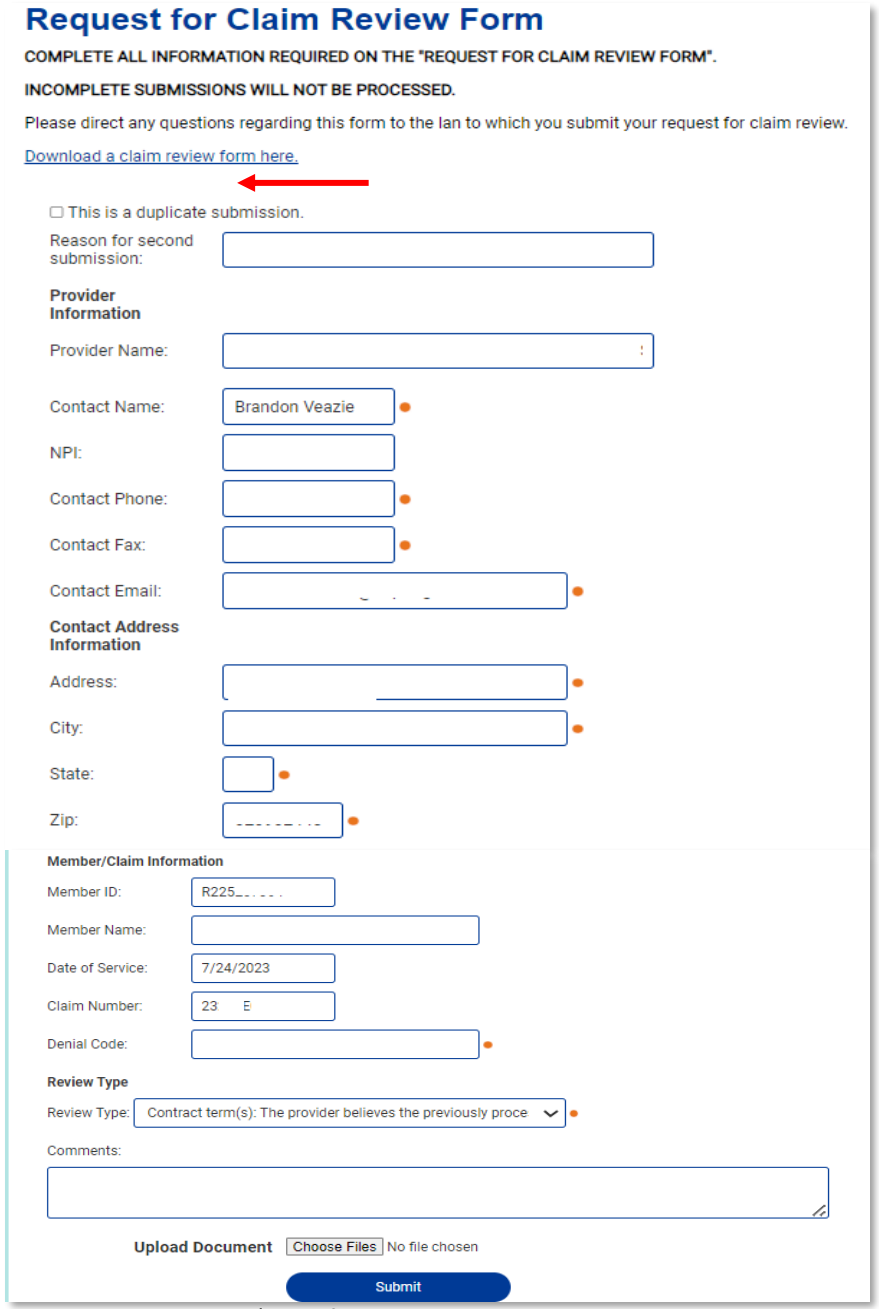
- Enter all required information in the **Request for Claim Review Form**.
- Select appropriate **Review Type** from the dropdown menu. This ensures the upload is triaged to the appropriate area.
- Use the **Choose File** button to upload your attachment.
- Click **Submit** once you've completed

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

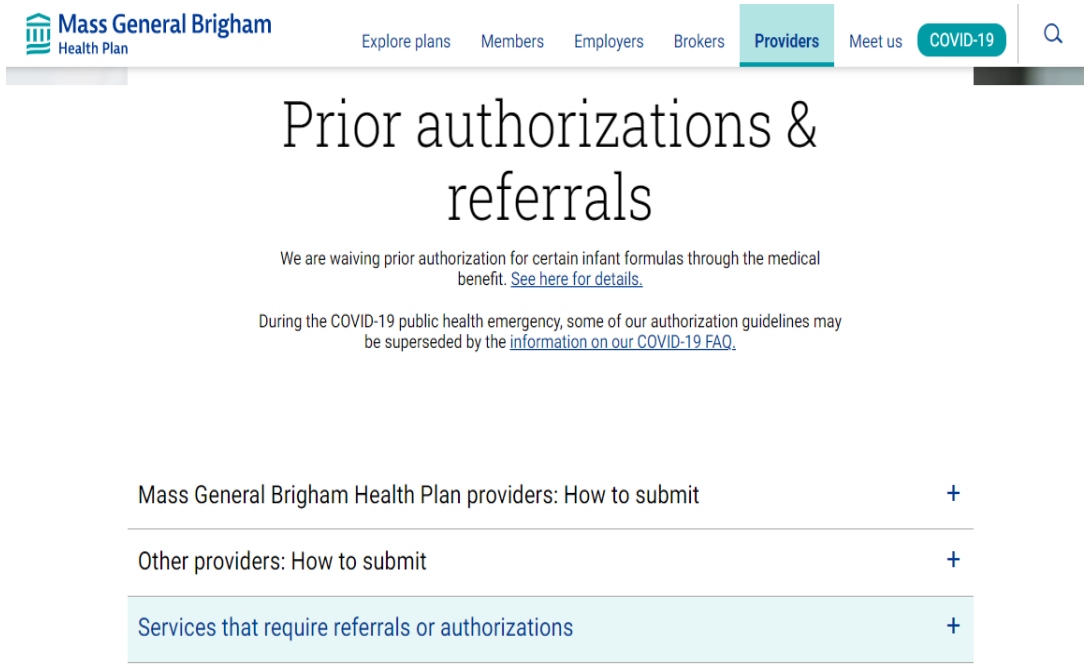


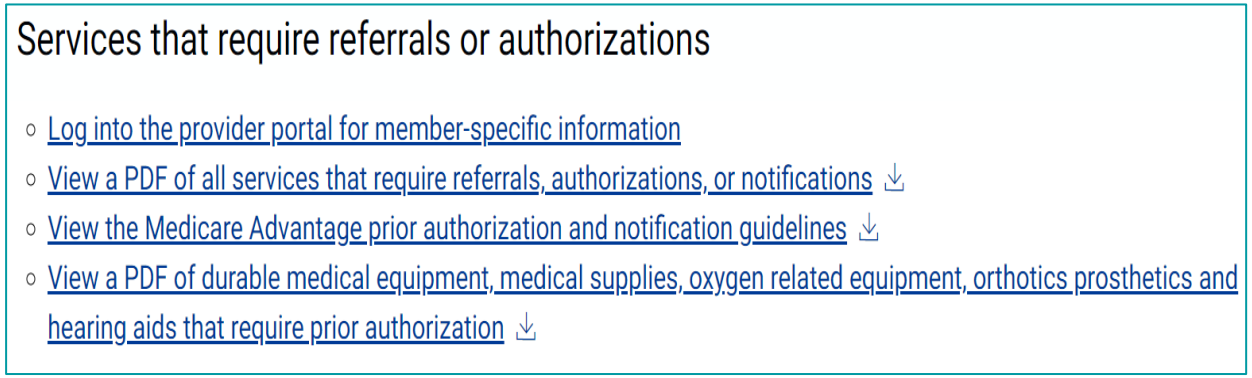


Authorization & Referral Overview

Prior Authorizations & Referrals Tools and Resources

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



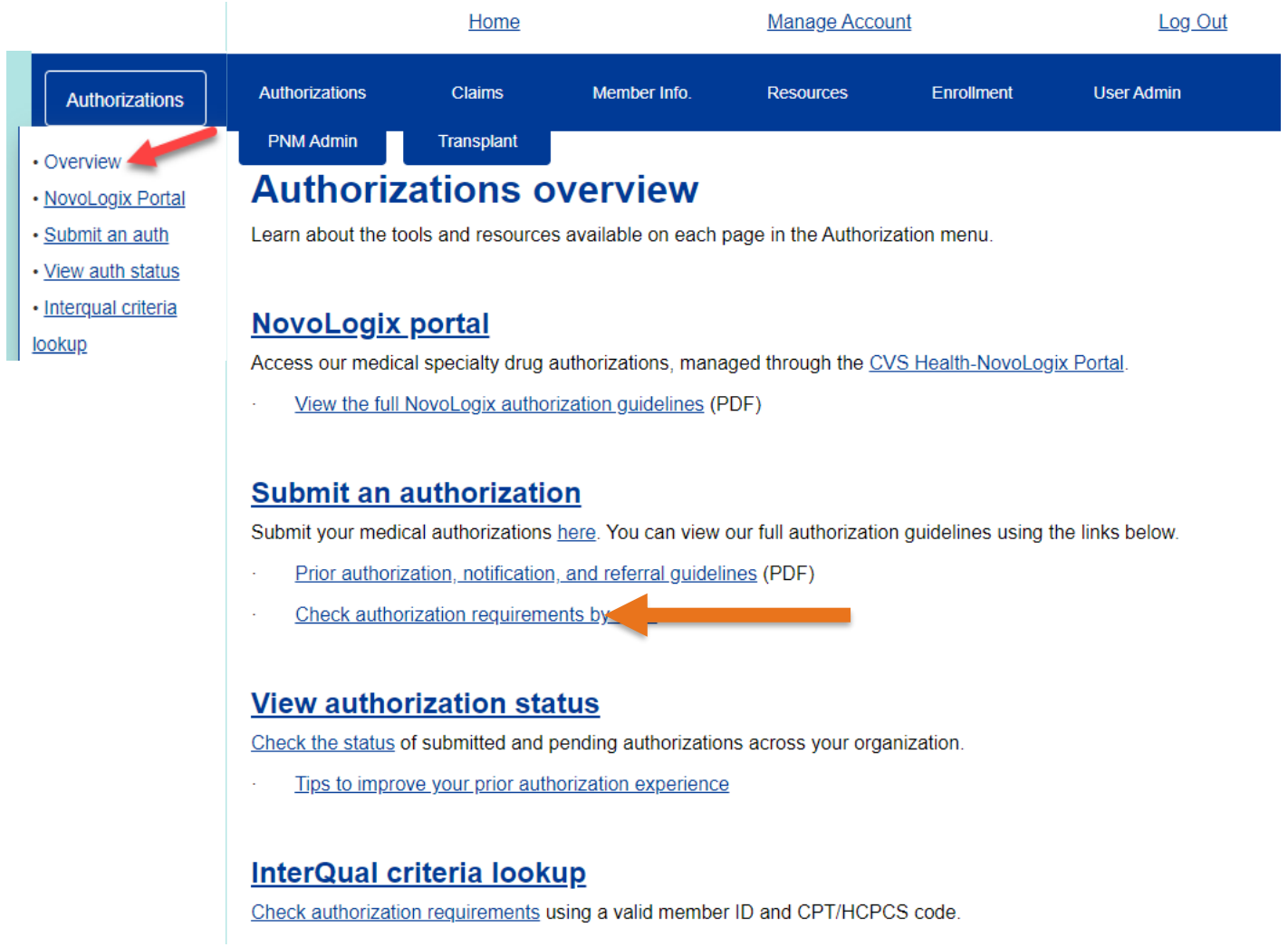


Provider Portal Authorization Overview

Prior authorization verification tool: Code Checker

- Through the Provider Portal, you can verify PA requirements based on a member's specific plan
- Obtain PA requirements by entering in a valid CPT/HCPCS code
- 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**.



Outpatient Prior Authorization Code Checker

- Search by Member ID# and Code
- Coverage and Prior Authorization requirements will display
- Do not use the Code Checker for Unlisted Codes

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.

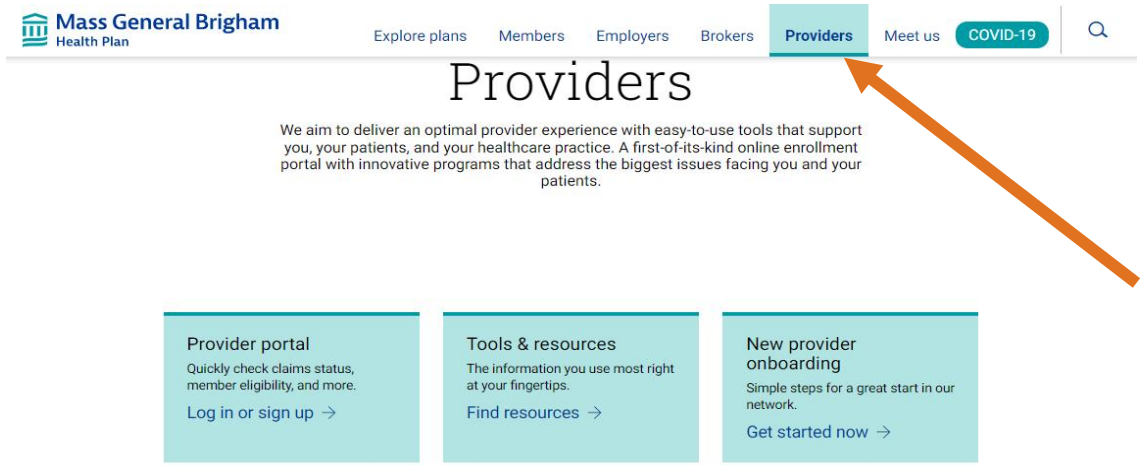
Helpful Tips

- **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

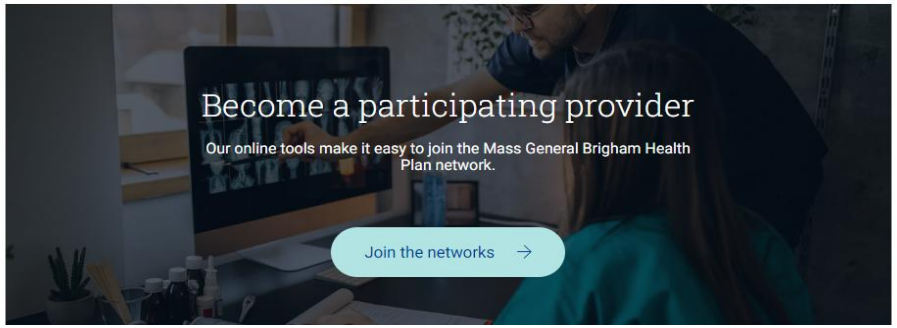
Provider Resources

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



Claims Information Page

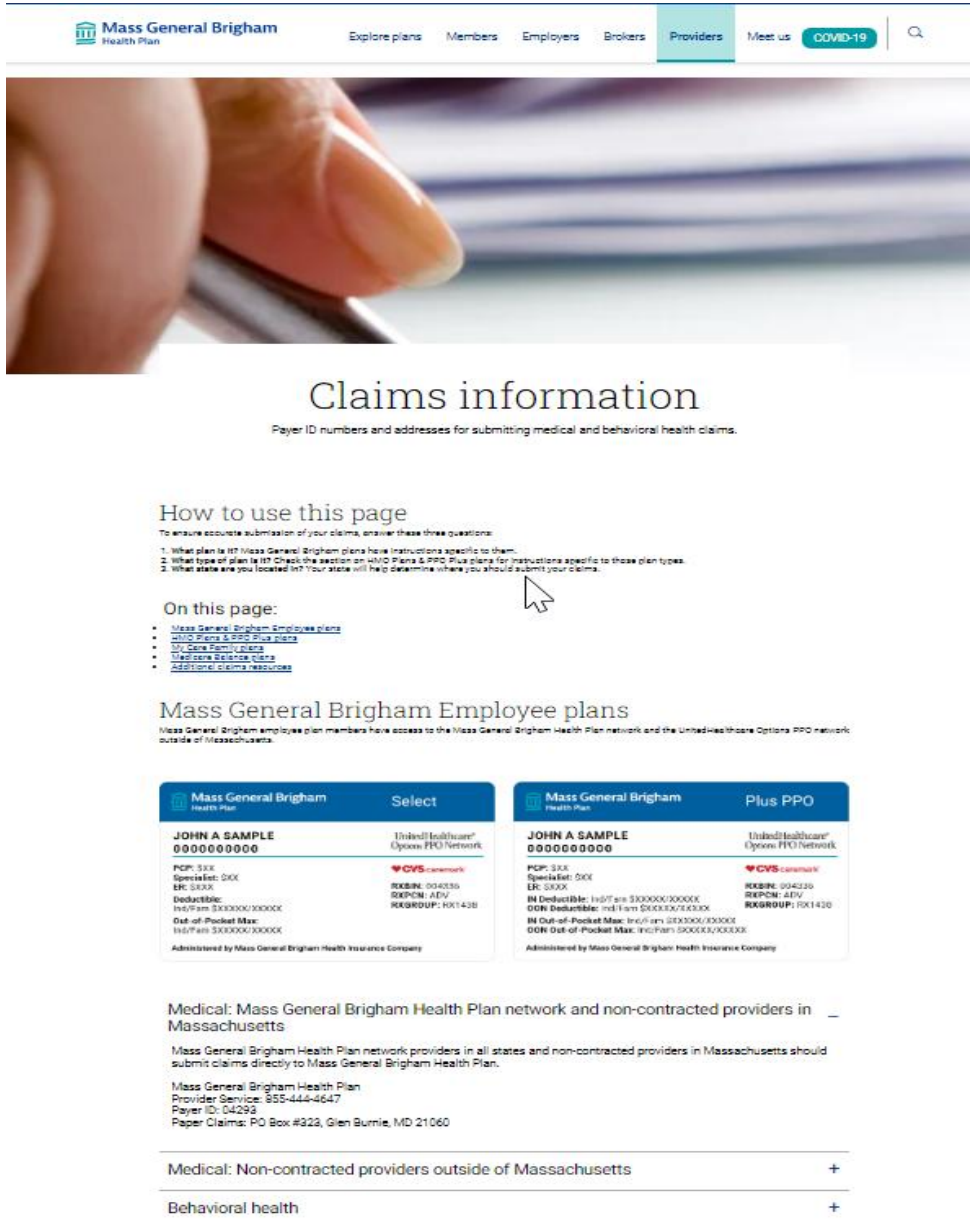
https://massgeneralbrighamhealthplan.org/providers/claims

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



MGB Health Plan Provider Resources

- **MGBHP conducted virtual trainings** for operational staff on the utilization authorization process which are available on the Provider Education Landing Page
- **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.
- **Provider Resource Page-. Provider resources | Mass General Brigham Health Plan**
- **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.

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 **@MGBHealthPlan***

Q & A

Mass General Brigham
Health Plan