



Mass General Brigham  
Health Plan

# BREAKFAST WITH BAYCARE

Suzanne Medeiros, **Senior Provider Network Account Executive**

October 2025

# Agenda

- Updates
- Provider Network Contact Reference Guide
- Provider Directory/Enrollment Review
- Provider Portal Request for Claims Review/Appeals
- Provider News/Reminders
- Questions

Updates



# Provider Service Turnaround Times

## Staffing Updates:

- MGBHP has increased staff towards the end of Q3 which has resulted in shorter wait times.
- MGBHP plans to hire additional staff in Q1 2026.

## Actions Taken:

- Provider callers now receive Upfront call messaging which directs them to the provider portal for services that can be managed via the portal which will deflect avoidable calls and hold time.
- Provider Offline teams were established to address inventory backlogs for Provider email, PR Web Support and requested materials.
- All communication channels are current with responses provided within 1 business day.
- Weekly provider call calibrations are underway to enhance first-call resolution and reduce handle time.

## September MTD Service Stats

<b>Calls handled:</b>	<b>11,674</b>
<b>Provider Wait (ASA)</b>	<b>16.53</b>
<b>Average Handle Time (AHT)</b>	<b>10.43</b>



# Appeals/Claims Review Turnaround Times

## Appeals Turn Around Times

- Appeals are reviewed by Mass General Brigham Health Plan's Provider Appeals department. Appeal reviews are completed within 60 calendar days from the date of Mass General Brigham Health Plan's receipt of the appeal request and all supporting documentation.
- Appeals Turnaround times are currently at 45 days or less for services related to authorizations/referrals denials.

## Claims Review Turn Around Times

- Claims correspondence As of 09/29/25
  - Current volume: 22,400
  - Average Age: 178 days

## Correspondence Request For Review Backlog: Strategic Approach - Review and Resolve Issues

1. Deploy a Swat Team to focus exclusively on backlog reduction. [Mass General Brigham Health Plan Provider Portal](#)
2. Build an AI-assisted backlog heat map for tiered prioritization (high-dollar, aged claims, etc.).
3. Configure and automate routing of request to reduce manual intervention.
4. Implement Weekend Blitz Operations with voluntary overtime incentives.

### **Please Note:**

Requests for Appeals / Claims Review can be submitted via the **Claims Submission Portal** on the Provider Portal to ensure timely submission of these requests.

# Medicare/Telehealth Services

Medicare has not extended the COVID telehealth waivers as of September 30, 2025, now that Medicare has stopped allowing telehealth for non-behavioral health services, how will this impact what your company is allowing for non-behavioral practices to be reimbursed for telehealth?

Our Telemedicine PPG continues to indicate Telehealth with the following Place of Service Codes.

[Telemedicine.pdf](#)

- POS 02: Telehealth Provided Other than in Patient's Home:
- POS 10: Telehealth Provided in Patient's Home:

\*\*In the event there should be a change with offering Telemedicine services, communication will be provided to the network in writing via the Provider Newsletter [Admin Newsletter Archive | Mass General Brigham Health Plan](#).

# Provider Enrollment Submission Changes

Provider enrollment has a 30–45-day turnaround time to credential providers. For a quicker turnaround time, providers can utilize the self-service **Provider Enrollment Portal** and ensure CAQH attestations are updated every 90 days.

## **Additionally effective November 1, 2025**

Provider Enrollment will **no longer accept email requests** for the following actions:

- Notification of PCP Panel Changes.
- Updates to a provider's practice location or other demographic Provider directory information.
- Notification of a provider's retirement or termination.
- Confirmation of provider's effective dates.

To ensure timely processing and accuracy, these requests **must** be submitted via our Provider Portal [Mass General Brigham Health Plan Provider Portal](#).

We appreciate your cooperation in transitioning to this new process, which will help us serve you more efficiently. If you have any questions or require assistance using our Provider Portal, please contact Provide Service at [HealthPlanProvidersService@mgb.org](mailto:HealthPlanProvidersService@mgb.org)



# Medicaid Bill Changes

- Members are always welcome to call MGBHP Customer Service with questions regarding their benefits and plan for information available at that time.
- Additionally, Members can call MassHealth Customer Service with questions related to eligibility, benefits/coverage.
- The Health Connector hosted a webinar for **Individuals and Families** on **Wednesday, October 1<sup>st</sup>, 2025**. This session focused on Open Enrollment **2026** for those who need health insurance coverage – whether they are an existing member or a new applicant.
- You can reference the social media toolkit for upcoming open enrollment webinars in November and December. If interested can register for the event directly through Eventbrite.
  - The Health Connector team members will be presenting information about [Health Connector Open Enrollment Overview and Shopping Tools](#).
  - Register for event - <https://www.eventbrite.com/cc/open-enrollment-3757979>



# Provider Network Contact Reference Guide

# Provider Network Service Contact Information

## MGBHP Provider Service Contacts:

Mass General Brigham Health Plan has a Provider Service Team ready to assist with answering general questions around provider enrollment, member eligibility, claim, authorization requirements and other inquiries and/or requests. You can reach out to the Provider Service team via the following contact avenues. If they cannot provide you with the necessary support, you can reach out to the Provider Relations team who is able to assist with provider escalations.

Department	Contact information
<b>Provider Service Phone:</b>	<b>855-444-4647</b>
<b>Provider Service Mailbox:</b> General inquiries and requests	<a href="mailto:HealthPlanProvidersService@mgb.org">HealthPlanProvidersService@mgb.org</a>
<b>Mailing Address:</b>	<b>399 Revolution Drive, Suite 810 Somerville, MA 02145</b>

## MGBHP Provider Relations Contacts:

The Provider Relations department works in partnership with provider offices to build and maintain positive working relationships and respond to the needs of contracted providers and assist with any training and education needs.

Department	Contact information
<b>Provider Relations Mailbox:</b> General Inquiries Provider Escalations	<a href="mailto:healthplanprovrelations@mgb.org">healthplanprovrelations@mgb.org</a>

# Provider Network Contact Resources

## MGBHP Department Specific Contacts:

Request Type	Contact information
<b>Claims:</b> Claims, Benefits, Eligibility, and other inquiries/requests) <b>Provider Portal:</b> Claims status, eligibility, EOP	<a href="mailto:HealthPlanProviderService@mgb.org">HealthPlanProviderService@mgb.org</a>  <a href="#">Mass General Brigham Health Plan Provider Portal</a>
<b>Contracting:</b> Rates and Reimbursement Fee Schedules General inquiries	<a href="mailto:mgbhpcontracts@mgb.org">mgbhpcontracts@mgb.org</a>
<b>Provider Portal IT Support:</b> Access to Provider Portal Technical Portal issues	<a href="mailto:HealthPlanweb@mgb.org">HealthPlanweb@mgb.org</a>
<b>Provider Enrollment and Credentialing:</b> Directory Update Requests (panel status changes, hours, etc.)	Fax: 617-526-1982 <a href="mailto:Healthplanpec@mgb.org">Healthplanpec@mgb.org</a>
<b>Audit Denial Inquiries:</b>	<a href="mailto:audit@allwayshealth.org">audit@allwayshealth.org</a>

# Provider Directory/Enrollment Review



# Search Mass General Brigham Health Plan directory

On the Find a Doctor Page: [Find a provider](#)

- **Ways to access the Provider Directory:**
- **Current Member Search:**
  - Members can log into their secure portal by clicking under the “[Current Member Search](#)” category.
- **Search the Network:**
  - Members/Providers can search the MGBHP Provider Directory by clicking **Find a Provider** under the “[Search the network](#)” category.
- **Search for other providers:**
  - Dentists
  - Pediatric Vision
  - Pharmacies
- **Find information on:**
  - Virtual Primary Care
  - About our network providers
  - About our directory

Member portal Employer portal Broker portal Provider portal COVID-19

Mass General Brigham Health Plan

Explore plans **Members** Employers Brokers Providers **Meet us**

## Find a doctor

Whether you're a current Mass General Brigham Health Plan member or considering a plan, here's where you can look to see if your doctors, hospitals, or other care providers are part of our network.

### Search the network

Not a member yet? Search the provider directory to see if your doctor is part of our network. For accurate results, be sure to select the network of the plan you're considering.

[Find a provider](#)

### Current member search

Sign in to the member portal to get the most accurate provider directory for your plan. Once you log in, you can search for providers using the DoctorSmart Directory link under the "Find doctors & care" menu.

[Sign in for personalized results](#)

# Attest to your Provider Directory information in the Provider Portal

**Action required:** Attest to your provider directory information in the Provider Portal as of 7/1/25

In compliance with Massachusetts law and the federal No Surprises Act, health insurance plans are required to keep provider directories current. To meet these broad provider directory requirements, Mass General Brigham Health Plan requests your assistance in verifying your information in the provider directory.

- **If you have an established process with CAQH, please continue utilizing that process**, and we will receive your updates through that channel. It is essential, as part of the DOI initiative, to ensure all information remains current.
- **For facilities and groups**, please visit the Provider Portal, where you can review, update, and attest to your information. Only a User Administrator can attest to this information. Every 90 days the User Administrator will be prompted to complete the attestation. If you need access to the Provider Portal, please register [here](#).

If you have any questions, please contact Provider Services at [HealthPlanproviderservice@mgb.org](mailto:HealthPlanproviderservice@mgb.org).

# Provider Portal Request for Claims Review/Appeals



# Request for Claims Review

## Q: When should a provider submit a request for Claims Review?

A: When disputing a claim denial for one of the following reasons:

- Contract Term(s)
  - COB/TPL issues
  - Corrected Claim
  - Duplicate Claim
  - Filing Limit
  - Non-covered charges
  - Payer Policy, Clinical
  - Payer Policy, Payment
  - Retraction of Payment
- **Exception:** written requests for prior-authorization related denials are considered an **Appeal** and **cannot** be submitted to the Claims Correspondence Address.

## Q: Where should I submit requests for Claims Review?

A: Request for Claims Review can be mailed, faxed or submitted via the **Claims Submission Portal** via the Provider Portal: [Mass General Brigham Health Plan Provider Portal](#)

For more information, reference the Mass General Brigham Health Plan Provider Manuals

- [Commercial Provider manual](#)
- [Mass General Brigham ACO Provider manual](#)
- [Medicare Advantage Provider manual](#)

# Requesting a Provider Appeal

**Q: When can a provider submit a request for appeal?**

**A:** There are 2 Scenarios in which a provider can submit an **Appeal** to Mass General Brigham Health Plan:

1. After the [Request for Claims Review](#) has been reviewed by Mass General Brigham Health Plan and a decision has been made (in writing) to uphold the original claims denial. Claims Denials related to the following clinical denials can be submitted as an appeal to Mass General Brigham Health Plan:
2. To submit an Appeal for:
  - **Pre-Certification/Notification or Prior-Authorization or Reduced Payment**
  - **Referral Denial**

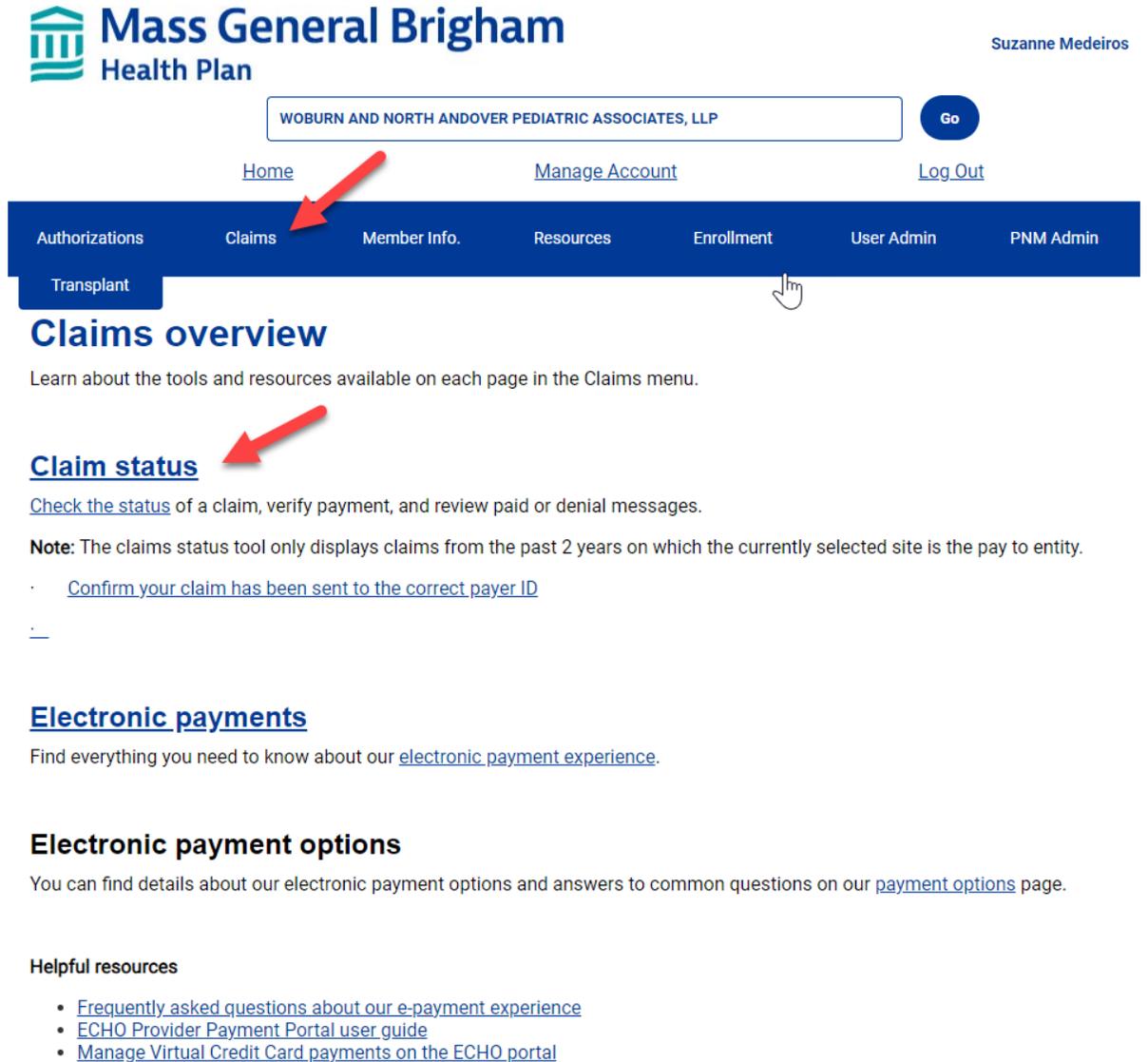
	<b>Pre-Certification/Notification or Prior-Authorization or Reduced Payment:</b> The request for a claim whose original reason for denial or reimbursement level was related to a failure to notify or pre-authorize services or exceeding authorized limits.
	<b>Referral Denial:</b> The claim whose original reason for denial was invalid or missing primary care physician (PCP) referral.

- \*Providers should include additional documentation supporting their appeal:
  - Authorization requests, submission details.
  - Relevant medical notes (not full medical records) such as discharge summaries and other information pertaining to the services being appealed.

**Please Note:** To ensure timely turn around and track your submissions. Use the **Claims Submission Portal** via the Provider Portal: [Mass General Brigham Health Plan Provider Portal](#)

# Submit a request for Claims Review/Appeal via the Provider Portal

- On the Home Screen of the Provider Portal select the **Claims** Category from there click on the **Claims Status Link**



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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

## 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](#)

# View Claim Status

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

**Mass General Brigham Health Plan** Suzanne Medeiros

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[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.

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**View Claims By:**  ▼

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

**Claim Number:**  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.
  - With in **90 days** of the Service Date.

## 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:	<a href="#">Download Corresponding Explanation of Payment</a>		
Date Of Service Start:	07/24/2023	Date Of Service End:	07/24/2023
Patient Control Number:	-----		
Primary Diagnosis:	I10 - ESSENTIAL PRIMARY HYPERTENSION		
Secondary Diagnosis(es):			
Claim Messages:	Line 3: Adjustment of claim # 2020207200 member eligibility change		

### Claim Services

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

Submit Claim Review



# Request for Claims Review

- 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.

\*\*\*Track your Submissions in the Provider Portal

## Claim Submitted Reviews

Claim Number	Member Id	Member Name
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## Request for Claim Review Form

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

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.

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

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

This is a duplicate submission.

Reason for second submission:

**Provider Information**

Provider Name:

Contact Name:

NPI:

Contact Phone:

Contact Fax:

Contact Email:

**Contact Address Information**

Address:

City:

State:

Zip:

**Member/Claim Information**

Member ID:

Member Name:

Date of Service:

Claim Number:

Denial Code:

**Review Type**

Review Type:

Comments:

Upload Document  No file chosen

# Provider News/Reminders



# Mass General Brigham Health Plan Provider Regional Meeting

## Join us for the Fall Regional Provider Meeting on November 10, 2025

- We will be hosting the next [Regional Provider Meeting](#) at Assembly Row in Somerville, MA on November 10. Join us to learn more about doing business with Mass General Brigham Health Plan, get to know your dedicated Provider Network Account Executive as well as other members of our Provider Relations team, hear from members of the Mass General Brigham Health Plan leadership on products and new company initiatives, and network with your peers from around the region.
- **Agenda:**
  - Dual Special Needs Plans (D-SNPs)
  - Medicare annual enrollment period
  - Clinical update and initiatives
  - GLP-1 update
  - Prime Therapeutics
- **Date:** Monday, **November 10, 2025**  
**Time:** Doors open 1 p.m., Presentation from 2 - 3:30 p.m.  
**Address:** Mass General Brigham, 399 Revolution Dr, Somerville, MA, 02145  
**Meeting location:** Markell Conference Room, West Building, 1st Floor  
**Parking:** FREE on-site parking available  
**Registration:** [Save your seat](#)

# AllMed to support utilization management and appeal reviews beginning Sept. 1

- **Provider Update in July Provider Newsletter**
- Mass General Brigham Health Plan will use an additional independent review organization, AllMed, starting on 9/1/2025.
- AllMed will be available to the plan to assist with review of cases where external subject matter expertise or same/similar specialty is necessary.
- All Authorizations will originate from the Mass General Brigham Health Plan
- This is not a process change for the providers, continue to follow current process to submit authorizations or appeals.

# Explanation of Payment (EOP) Changes

- Please review the following Explanation of Payment (EOP) updates going into effect on October 1:

### MGBHP Payment Date field

A new field, **MGBHP Payment Date**, has been added to the Explanation of Payment (EOP) to identify **MGBHP pay date**. Example below:

Claim Number:			Patient Acct #:			Check Number:									
Billing Provider NPI:			Patient Name:			Patient ID:									
Provider:			MGBHP Payment Date: 08/13/2025												
Service Date	Proc/Rev Code (Modifiers)	Units	Explanation Code(s)	Total Charges	Allowed Amount	Contractual Adjustment	COB	Withheld	Other Adjustment	Patient Obligation				Net Payment Amount	
										Co-Ins	Co-Pay	Deductible	Non-Cov		
07/09/25	Q0091	1	96M41	280.00	0.00	280.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
07/09/25	T1015	1	45	280.00	216.00	64.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$216.00
<b>Claim Total:</b>				560.00	216.00	344.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>\$216.00</b>

### Requesting an administrative appeal

Requests for Claims Review/Appeal requests must be submitted in writing, within 90 days of the Explanation of Payment (EOP) along with any relevant information and documentation to support the request. Requests received beyond the 90-day appeal window (or, for Level II requests, beyond the 60-day appeal window from the Level I decision) cannot be considered.. When submitting a provider appeal, please use the [Request for Claim Review Form](#) (available on MGBHP.org) and submit your request via the Provider Portal ([Provider.MGBHP.org](#)). Additional information on appeal submission requirements is available via the Provider Manual at [MGBHP.org](#). **As a reminder, request for reviews should be submitted within 90 days of the EOP Payment Date as opposed to the MGBHP Payment Date.**

### Non-contracted Medicare providers

If a claim is partially or fully denied for payment, a non-contracted provider must request reconsideration of the denial within 65 calendar days from the remittance notification date. When submitting the reconsideration of the denial of payment of a signed Waiver of Liability form must be included. You can locate this form at: <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms>  
 The purpose of this Waiver of Liability form is to hold the enrollee harmless regardless of the outcome of the appeal. With the appeal, the non-contracted provider should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the providers request for reimbursement. Please submit your appeal in writing to:

Mass General Brigham Health Plan  
 Appeals & Grievances  
 399 Revolution Drive  
 Suite 850  
 Somerville, MA 02145

# New claims process for Part D vaccines when administered in a provider's office

## Provider Update in September Provider Newsletter

If a member receives a Part D vaccine in a provider's office, rather than at the pharmacy, you may now access the **TransactRx** application to submit Part D Vaccine claims electronically to the PBM. The portal is currently available and will be required beginning January 1, 2026.

After completing a one-time, online enrollment process, on the **TransactRx** portal you can:

- Verify a member's eligibility and benefits in real-time
- Advise members of their appropriate out-of-pocket cost share
- Submit Part D vaccine claims electronically
- Receive reimbursement information in real-time

## **To Get Started**

To learn more, and enroll, please visit **TransactRx** at <https://www.transactrx.com/enrollment>

# Prime Therapeutics: Specialty Drug Management Upcoming Webinars

## Provider Update in September Provider Newsletter

- Mass General Brigham Health Plan will be implementing a change in the way we manage certain specialty drugs that fall under the medical benefit. This new program will be administered by the Medical Pharmacy Solutions team at Prime Therapeutics (Prime).
- Beginning December 22, 2025, providers should begin contacting Prime to obtain prior authorizations via web, fax, or phone or the in-scope drugs for our members with dates of service on or after **January 1, 2026**. Please note the drugs considered in-scope vary by member plan.
- **The Medical Pharmacy Solutions team at Prime will host web-based training sessions in November and December 2025.** Please watch your email for the October and November newsletters and our provider resources page [MGBHP.org/providers](https://MGBHP.org/providers) for FAQs, updates, and additional information about our training sessions.
- We appreciate your support to ensure that our members continue receiving high-quality and clinically appropriate care. If you have questions, please contact the Mass General Brigham Health Plan provider service line at 855-444-4647 or [HealthPlanproviderservice@mgb.org](mailto:HealthPlanproviderservice@mgb.org).

# Provider Resources



# Mass General Health Plan Provider Resources

<b>Provider Portal:</b> Claims status, eligibility, EOP	<a href="#">Mass General Brigham Health Plan Provider Portal</a>
<b>Provider Newsletter</b>	<a href="#">Admin Newsletter Archive   Mass General Brigham Health Plan</a>
<b>Provider Service Center</b>	Provider Service 855-444-4647 <a href="mailto:HealthPlanproviderservice@mgb.org">HealthPlanproviderservice@mgb.org</a>
<b>Portal IT support</b>	<a href="mailto:HealthPlanprweb@mgb.org">HealthPlanprweb@mgb.org</a>
<b>Claims Landing Page</b>	<a href="#">Claims information   Mass General Brigham Health Plan</a>
<b>Medical policies, payment policies, provider manual, provider directory, drug lookup, forms</b>	<a href="#">Providers   Mass General Brigham Health Plan</a>
<b>Provider Resource Center</b>	<a href="#">Provider resources   Mass General Brigham Health Plan</a>
<b>Audit denial inquiries</b>	<a href="mailto:healthplanaudit@mgb.org">healthplanaudit@mgb.org</a>



# 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?

