



Mass General Brigham
Health Plan

Provider Portal Claims and Correspondence Submission Overview

Accessing MGBHP's Provider Portal

Link to the Provider Portal:

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

Contact Us

For questions about Mass General Brigham Health Plan provider portal, you can contact us at HealthPlanprweb@mgb.org or call [1-855-444-4647](tel:1-855-444-4647).

Provider Portal Registration

Overview

The Provider Portal is Mass General Brigham Health Plan's Web-based transaction service for providers. The Provider Portal capabilities include the ability to verify patient eligibility; view claim status and a patient's personal health record (PHR)/Protected Health Information (PHI); create/view notification of specialty referrals/authorizations; view/download your electronic Explanation of Payment (remittance advice); and PCP assignment changes.

Conditions of Use

Mass General Brigham Health Plan may change any term in this User Agreement at any time. The changes will appear in this User Agreement, and your use of the Provider Portal after any changes have been posted will constitute your agreement to the modified User Agreement and all of the changes. Therefore, you should read this User Agreement each time you access the Provider Portal.

By accessing and using the Provider Portal, you are also agreeing to be legally bound by the Provider Portal Terms of Use. For more information, see the full Terms of Use.

You may not use the Provider Portal for any unlawful purpose, or any purpose not approved by 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?](#)

Log In

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

Never miss an update

Get the latest news sent right to your inbox.

[Sign up for our newsletter](#)

Claims information

Find the information you need to get paid quickly and accurately, whether you're contracted directly with us or part of the Aetna or Optum network.

[Visit the claims info page](#)

CONTACT US

Customer Service - [1-855-444-4647](tel:1-855-444-4647)

Email - HealthPlanprweb@mgb.org

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

© 2025 Mass General Brigham Health Plan



How to submit a *New* claim

Mass General Brigham Health Plan

Brandon Veazie

BRAINTREE EYE ASSOCIATES, PC

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

Authorizations **Claims** Member Info. Resources Enrollment User Admin PNM Admin

Transplant

I'm here to...

- [Overview](#)
- [Submit a claim](#)
- [Claim Status](#)
- [Electronic Payments](#)
- [Request a fee schedule](#)

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

News & Announcements

[12/30 Payment Update](#) 12/30/2024 03:25 PM

Eligibility

Search By:

Member ID: *

Last Name: *

* Required Field

- 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

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:

BRAINTREE EYE ASSOCIATES, PC
1881718658
Brandon Veazie

Provider Specialty

NO SPECIALTYCODE

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

Patient Search (Member ID/Name)

Search

Date of service

Submission Type

Claim

Upload Claim File

Choose Files No file chosen

Submit

Submission Type

Claim with invoice

Upload Claim File

Choose Files No file chosen

Upload Invoice File

Choose Files No file chosen

Claims Submission Confirmation Screen

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.

Your claim has been submitted, the transaction number is 685965

Please use the Check Claim Status function in 3-5 business days for an associated claim number. If no number exists, you may need to resubmit the claim.

- 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.

Provider Correspondence Portal



Provider Correspondence Portal

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

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](#)

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

Verifying Claim Status

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

The screenshot shows the Mass General Brigham Health Plan website interface. At the top left is the logo and name "Mass General Brigham Health Plan". At the top right, the user name "Suzanne Medeiros" is displayed. Below the logo is a search bar containing the text "WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP" and a blue "Go" button. A navigation bar below the search bar includes links for "Home", "Manage Account", and "Log Out". A dark blue menu bar contains several options: "Authorizations", "Claims", "Member Info.", "Resources", "Enrollment", "User Admin", and "PNM Admin". The "Transplant" option is highlighted in a lighter blue box. Below the menu bar, the heading "Claim Status" is displayed in large blue font. A paragraph of text explains that claim disposition is subject to change until finalized. Below this is a link to "Click here for Mass General Brigham Health Plan Claim Status definitions". A grey box contains a list of instructions for entering claim information. At the bottom, there is a "View Claims By:" label with a dropdown menu set to "Claim Number" and a red arrow pointing to it. Below the dropdown is the text "OR [Show All Claims for This Site](#)". To the right of this is a "Claim Number:" label and an empty input field, followed by a blue "Go" button.

Mass General Brigham Health Plan

Suzanne Medeiros

WOBURN AND NORTH ANDOVER PEDIATRIC ASSOCIATES, LLP **Go**

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

Authorizations Claims Member Info. Resources Enrollment User Admin PNM Admin

Transplant

Claim Status

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

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

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

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

View Claims By: **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

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:	Line 1: Adjustment of claim # 2020201200 member eligibility change		

Claim Services

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

Submit Claim Review



Provider Correspondence Portal

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

Important notes:

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

Claim Submitted Reviews

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

Request for Claim Review Form

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

INCOMPLETE SUBMISSIONS WILL NOT BE PROCESSED.

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

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

This is a duplicate submission.

Reason for second submission:

Provider Information

Provider Name:

Contact Name:

NPI:

Contact Phone:

Contact Fax:

Contact Email:

Contact Address Information

Address:

City:

State:

Zip:

Member/Claim Information

Member ID:

Member Name:

Date of Service:

Claim Number:

Denial Code:

Review Type

Review Type:

Comments:

Upload Document No file chosen

Resources & Reminders



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

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](#)
- [My Care Family plans](#)
- [Medical Service 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
JOHN A SAMPLE 0000000000	UnitedHealthcare® Options PPO Network	JOHN A SAMPLE 0000000000	UnitedHealthcare® Options PPO Network
PPO: 500 Specialist: 500 ER: 5000	CVS Caremark RKBIN: 004255 SOPON: ADV RKGROUP: R01430	PPO: 500 Specialist: 500 ER: 5000	CVS Caremark RKBIN: 004255 SOPON: ADV RKGROUP: R01430
Individual: Ind Fam \$10000/\$10000 Out-of-Pocket Max: Ind Fam \$10000/\$10000		Individual: Ind Fam \$10000/\$10000 Out-of-Pocket Max: Ind Fam \$10000/\$10000	Individual: Ind Fam \$10000/\$10000 Out-of-Pocket Max: Ind Fam \$10000/\$10000
Administered by Mass General Brigham Health Insurance Company		Administered by Mass General Brigham Health Insurance Company	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 +

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 credentialing, 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 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 Twitter **@MGBHealthPlan**

Questions?

