

Provider Overview Webinar 6/25/25

Questions and Answers

1. **Why do some ID cards have a UHC mark?**
 - a. Some of our **PPO Plans** have access to the UHC network when seeing providers out of MA. This information is indicated on the front of their ID card.
2. **Are specialists considered "in network" if they are members of an ACO which is not the same ACO as the PCP?**
 - a. If the specialist has an **MGB ACO** Contract they are part of our ACO.
 - b. Please check the **MGB ACO Provider Directory** [MGB ACO PROVIDER DIRECTORY](#) for your participation in this product.
3. **How do we obtain an auth in advance of PT/OT/ST sessions without any clinical information or medical necessity?**
 - a. **PT OT ST** initial evals do not require a PA. Services after the Eval will require authorization.
 - b. Please reference the MGBHP Authorization grid [PAGuide.pdf](#) for more information.
4. **It is my understanding that Chiropractic care still needs PA for anything over 20 visits. But when the codes are entered into the Auth system, it says that PA is not required.**
 - a. Chiropractic services do not require a PA when a member is within their limit. Anything above the member limit requires authorization.
 - b. Please reference the **Medical Policy Chiropractic Services** for more information regarding authorization guidelines [ChiropracticServices.pdf](#)
5. **Is there a place on your website to see referrals for new patients, which MassHealth is now starting to require again? I had to login to the state website to look for this, but maybe I was missing a tab**
 - a. The **MGB ACO** plan does not require any referrals.
 - b. **Specialty Referrals** submitted by a member's PCP can be seen on the **Provider Portal** by looking up active referrals/authorization using the member's ID.
6. **Has the functionality changed, which will allow multiple documents to be uploaded on the Provider Portal?**
 - a. Only 1 document can be uploaded when submitting a **Request for Claim Review** or **Appeal** at this time
 - b. Multiple documents can be uploaded when entering an authorization request.
7. **I've been noticing some claims staying in PEND status recently for 30+ days. How long should we normally expect claims to be processed?**
 - a. Claims can take 30-45 days to process.
 - b. If you have questions regarding your pended claims, you can contact HealthPlanProvidersService@mgb.org
8. **When will the Provider Portal provide benefit accumulators for service types that have benefit limits?**
 - a. This functionality is not currently available; Mass General Brigham Health Plan is looking into potential future updates.
 - b. This information can be verified via the 270/271 transaction process as we do return this information to providers.