



**Mass General Brigham Health Plan Provider Training
Q & A
June, 2023**

Q - Is the "AllWays" MGB website going away to only use "Provider Express"?

A - Provider Express is our Provider Portal. The Mass General Brigham Health Plan website is separate/distinct, managed by the health plan, not Optum. Mass General Brigham Health Plan delegates BH utilization (prior authorizations and utilization management) to Optum, so you will not be able to use the Mass General Brigham Health Plan site for that purpose -- just Provider Express.

Q - If we have an existing Optum login (used by UHC) will this login be transitioning under the new MGB?

A - You do not need to obtain a new login for Provider Express. Your current login is applicable to all secure transactions.

Q - Is the payor ID changing from AllWays to a new one for the new name?

A - No, the payer ID will not change. Please make sure you use the payor ID listed on the member's ID card. [Click here for valuable claims submission tips.](#)

Q - How are notices of admission obtained for ATS/CSS/RRS LOC?

A - Services that require notification only must be called in using the number listed on the back of the member's ID card. For more information on authorization and notification requirements, please review the Mass General Brigham Health Plan Provider Manual: [Mass General Brigham Health Plan Manual Addendum](#)

Q - When will the email regarding the new authentication code login process be sent?

A - Upon registration as a new user of Provider Express, you will receive an authentication code immediately. If you do not receive it, please check your spam folder.

For technical issues including issues with requesting a user ID and password, please call the Provider Express Support Center at (866) 209-9320 from 7 a.m. to 7 p.m. Central time, or click on the "Chat now" button located at the bottom of the [Contact Us page](#) of Provider Express.

Q - Will MGB Plan cover two services happening at the same? For example, someone going to a PHP program during the day and seeing their individual therapist at the same time?

A - Partial Hospitalization program is inclusive of individual therapy and therefore can't be billed separately on the same day.

Q - Where will the presentation be located on Provider Express?

A - The presentation will be posted on our website at: [Welcome Massachusetts](#)



Q - If contracted with Optum do we need to obtain a new contract to accept the new ACO?

A - No, if you are already contracted in the MA Medicaid Network, there is nothing else you need to do.

Q - What are the requirements for clinics to be in network with Optum? Do we need to have a certain number of clinicians on board?

A - There is no clinician threshold for a licensed clinic to join the network. For more information on how to join our network, please visit the [Our Network page](#) on Provider Express.

Q - Are interns not billable for outpatient services?

A - Only licensed providers can be added to the group roster. For all non-licensed practitioners, please bill under a licensed supervising provider within the group.

Q- For patients with MBHP MGB, are providers expected to call Optum/use Provider Express to submit notification of a patient boarding in the ED for inpatient level of care? How are providers expected to give daily updates? How should they submit a notice of admission for inpatient level of care? Currently, we use the MBHP auth portal, is that changing?

A - Yes, please call Optum, using the number on the back of the member's ID card, to notify us of ED boarding. A Care Advocate will work with you to collect the necessary information. Daily updates are still required (this is a MassHealth mandate), and you would call the same number that you did for the initial notification.

For Mass General Brigham ACO members effective April 1, 2023, their BH benefits will be managed by Optum rather than MBHP, so you should no longer use the MBHP authorization portal for those members. Please call the number on the back of member's ID card to alert Optum of an inpatient admission within 72 hours.

An example copy of a member ID card is contained in the training deck, including a copy of the back of the card. The back of the card will be the same for all MGB ACO members, the provider number for Optum is (844) 451-3519.

Q- How are notices of admission to be requested?

A – Services that require notification only must be called in using the number listed on the back of the member's ID card. For more information on authorization and notification requirements, please review the Mass General Brigham Health Plan Provider Manual: [Mass General Brigham Health Plan Manual Addendum](#).

Q - Under Authorization on Provider Express, it only shows "inquiry" and "Review," not submit.

A – You will need to log in into the portal. Once logged in, under the Auth section, you will have two options: 1. auth inquiry or 2. auth request.



Q - If we are contacted with Optum are we automatically contracted to offer CBHI?

A - You will need to contact Optum to notify us of the services provided in your practice to ensure MassHealth provider specifications are met. You will then be listed in our directory as providing these services.

Q - When attempting to register and create a login, it is saying that our facility is not found using our NPI and Tax ID. It says to call 866-209-9320. What am I doing wrong? Do I simply need to call that number?

A - Yes, please call the phone number or use the technical support chat if the issue continues.

Q - Will an authorization be generated prior to and at admission to inpatient behavioral health unit? We've been told there was no authorization for inpatient admission required if the facility is "in network"?

A - An authorization number is not given for services that require notification.

Q - How long does it take for a claim to process?

A - Claims must be submitted within ninety (90) days of the date of service. Clean claims will be adjudicated within forty-five (45) days of receipt of the claim.

Q - Who starts the SCA?

A - A Single Case Agreement (SCA) may be offered in limited circumstances. To inquire about an SCA, please call the number listed on the member's ID card.

Q - Do non-licensed individuals being supervised need to be added to the roster? The current process says it's only for contracted individuals

A - Non-licensed providers can't be added to the group roster. However, all licensed providers providing supervision are required to be rostered.

Q - How can we add providers in Provider Express? We just tried and could not.

A - There are training videos available to assist with navigating [Provider Express Training](#). If you encounter technical difficulties, please call the Provider Express Support Center at (866) 209-9320 from 7:00 a.m. to 7:00 p.m. Central time, or click on the "Chat now" button located at the bottom of the [Contact Us page](#) on Provider Express.

Q - If we have an existing Optum login (used by UHC) will this login be transitioning under new MGB?

A - Your Optum login can only be used for the Optum Provider Express Provider Portal.

Q - Are we able to verify coverage via Nehen/Trizetto?

A - For all Optum plan members/networks, providers should use the Provider Express Secure provider portal to verify eligibility and benefits.



Q - Is outpatient psychotherapy a covered service?

A - Please check the member's eligibility and benefits prior to providing services, you can also call the number listed on member's ID card.

Q - Does the CANS need to be completed within a certain timeline of discharge for CBAT or just at admission?

A - Please refer to page 15 of the MGBHP Manual Addendum : [Mass General Brigham Health Plan Manual Addendum.](#)

Reminder: Please direct any practice specific questions to the escalation mailbox:

ma-nh-me-networkmanagement@optum.com