

MassHealth Provider Portal User Guide

Table of Contents

Why use this portal? 4
Supported browsers 4
Navigation Overview 5
Login and Registration 6
Sign in to an existing account 9
Password resets 10
Forgotten password 10
User Profile and requesting a TIN 12
Password change 13
Request access to a TIN 13
Dashboard 16
Member Eligibility 18
Member Details 20
Estimates, Authorizations, and Claims 21
Create a real-time coverage estimate 21
Create a pre-authorization 22
View pre-authorizations 25
Editing and resubmitting a pre-authorization 25
Extending or releasing a pre-authorization 25
Appeal a pre-auth or request a peer to peer consultation 26
Claims 28
Resubmit a claim 32
Appeal a claim 32
Request a peer to peer consultation 33
Void a claim 34
Payments 35
Practice Tools 35
User access 35
User search 36
Add user 36
User profile 37

Edit user permissions and access levels for Third-party users 39
Fee Schedules 39
Billed amounts 40
Resources 41
Training and education center 41
Helpful links 41
Documents, Office Reference Manuals (ORMs) and Forms, Office Reference Manuals (ORMs) and Forms 41
Help Center 42
Revision History 43

We know your time is valuable. Providers.MassHealth-dental.org - This portal was created to make your workday easier by providing digital resources when you need them, to make caring for your patients easier.

Providers.MassHealth-dental.org is for participating providers and their staff members.

Why use this portal?

Providers.MassHealth-dental.org delivers robust digital resources that supply detailed patient benefits and claims information in real time. Features include:

- A detailed summary of the patient's plan information, benefits, treatment history, frequency limits, and more
- A treatment plan cost estimator tool that provides you and your patients with accurate, real-time treatment costs and out of pocket expenses
- Online claims and prior authorization submissions
- Register and manage payments and statements
- View and print panel rosters and fee schedules (as applicable)
- Access Office Reference Manuals, specialty forms, and training guides
- Update, validate, and attest to your demographic information for both your location and providers

Supported browsers

Providers.MassHealth-dental.org is supported by the most up-to-date versions of:

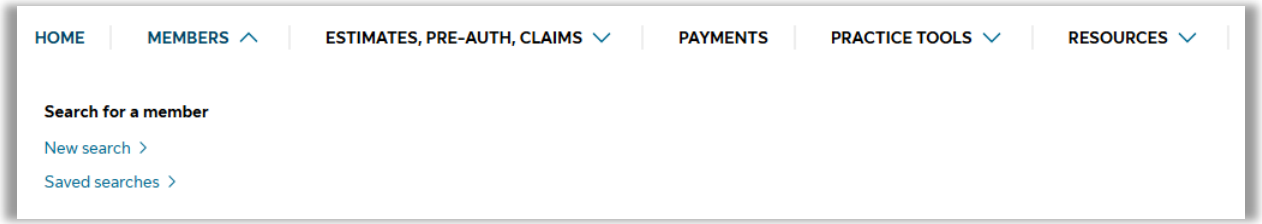
- Google Chrome
- Microsoft Edge
- Mozilla Firefox
- Safari

Navigation Overview

The HOME tab takes you to the *Home* page otherwise known as the dashboard.

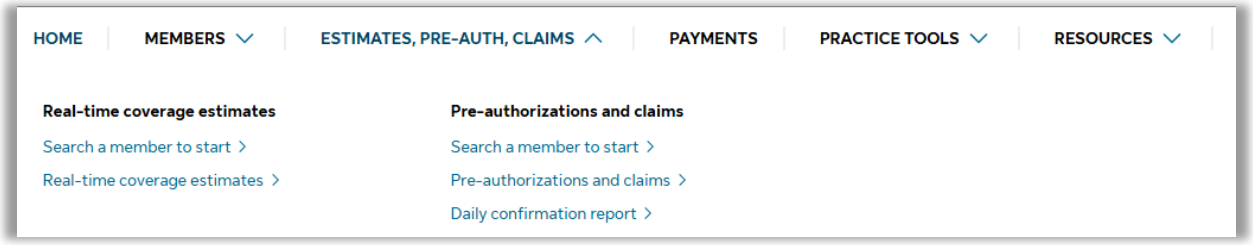
From the MEMBERS tab you can:

- Search eligibility
- Work with your saved searches



From the ESTIMATES, AUTH, CLAIMS tab you can:

- Search for a member
- Create and view real-time coverage estimates
- Create and view pre-authorizations
- Create and view claims
- View the Daily confirmation report

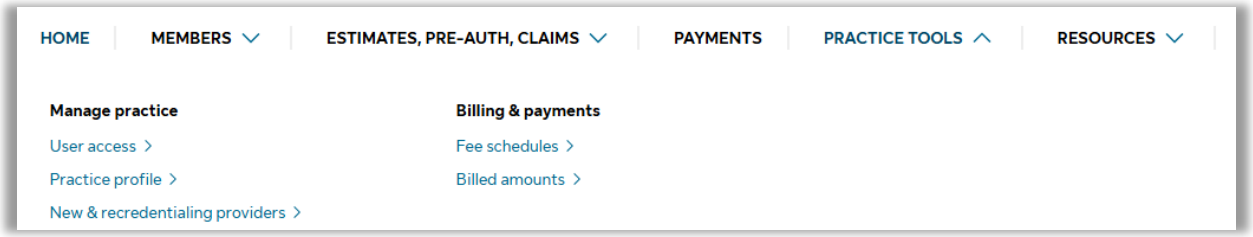


From the PAYMENTS tab you can:

Search and review all payments made to the practice

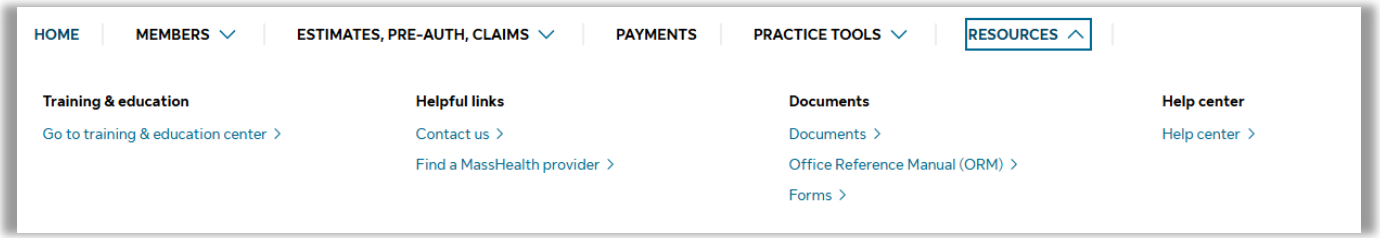
From the PRACTICE TOOLS tab you can:

- Manage user acess
- Manage the practice profile
- Connect to the credentialing page
- View fee schedules
- Create billed amounts lists



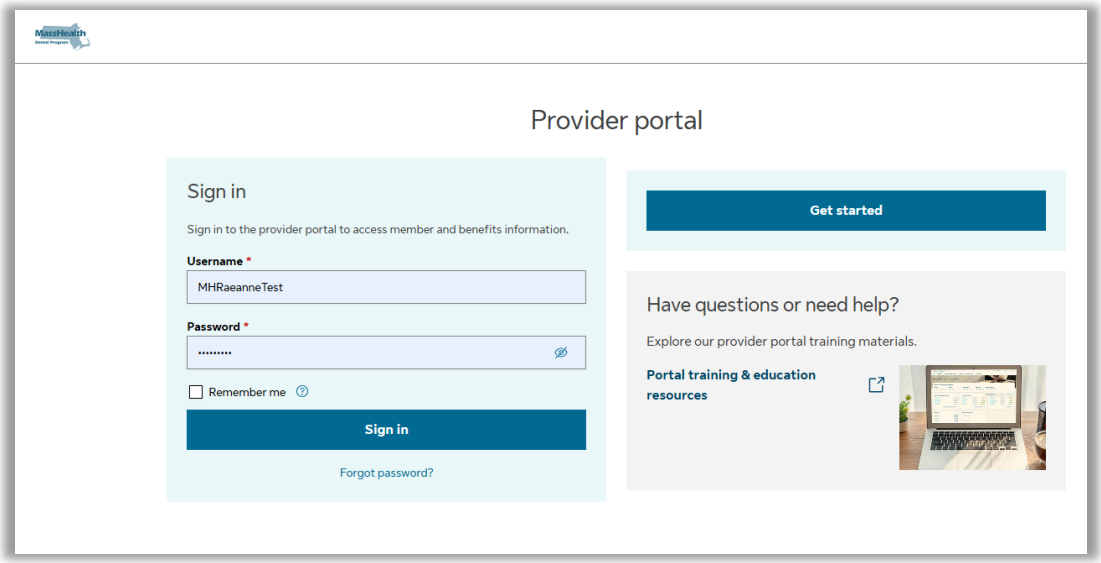
From the RESOURCES tab you can access:

- The training and education center
- Centact information
- The FAD tool
- Documents, ORMs, and forms
- The Help Center

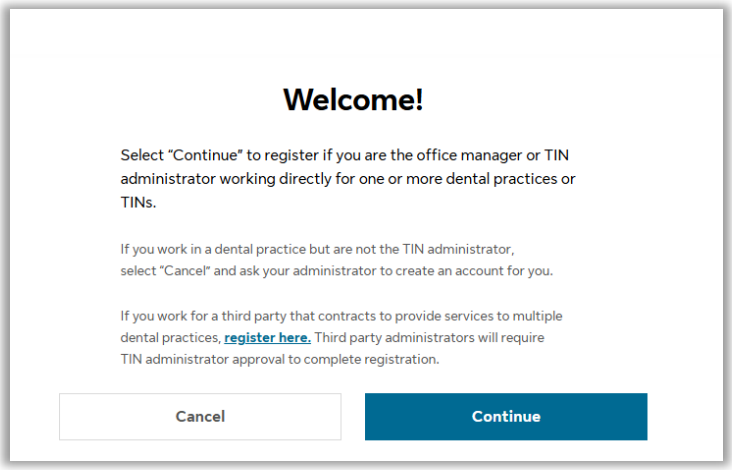


Login and Registration

1. Navigate to Providers.MassHealth-dental.org.
   The *Login and Registration* page is displayed.



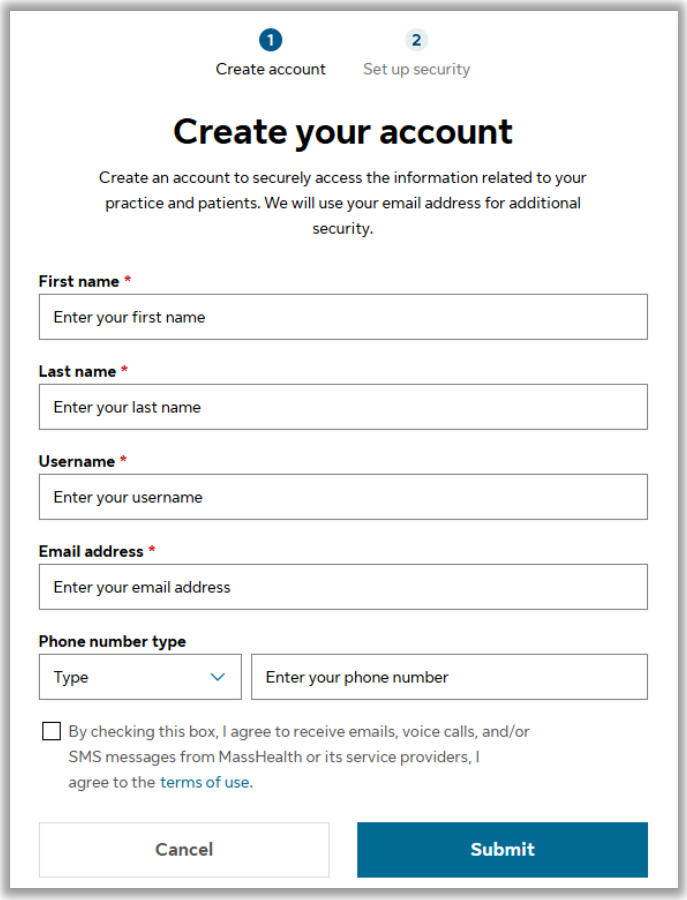
2. Click ***Get started***.
   The *Welcome!* page is displayed.



If you are a practice administrator, click ***Continue***.

Third-party administrators should click ***register here*** and then follow the instructions for creating their account.

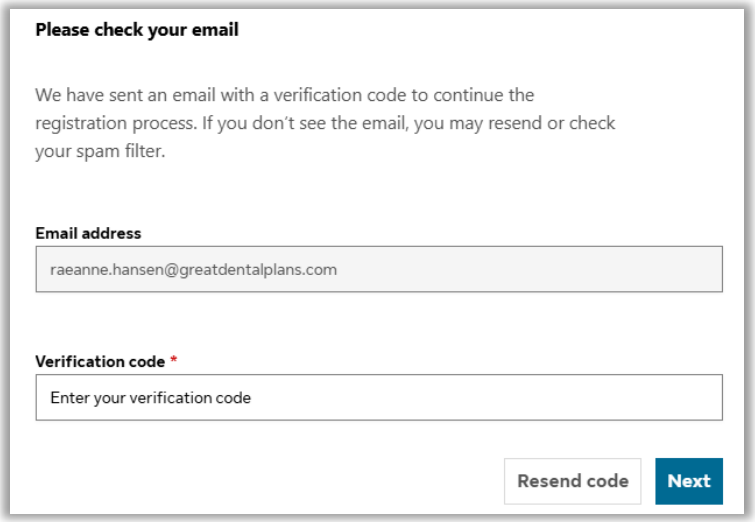
The *Create your account* screen is displayed.



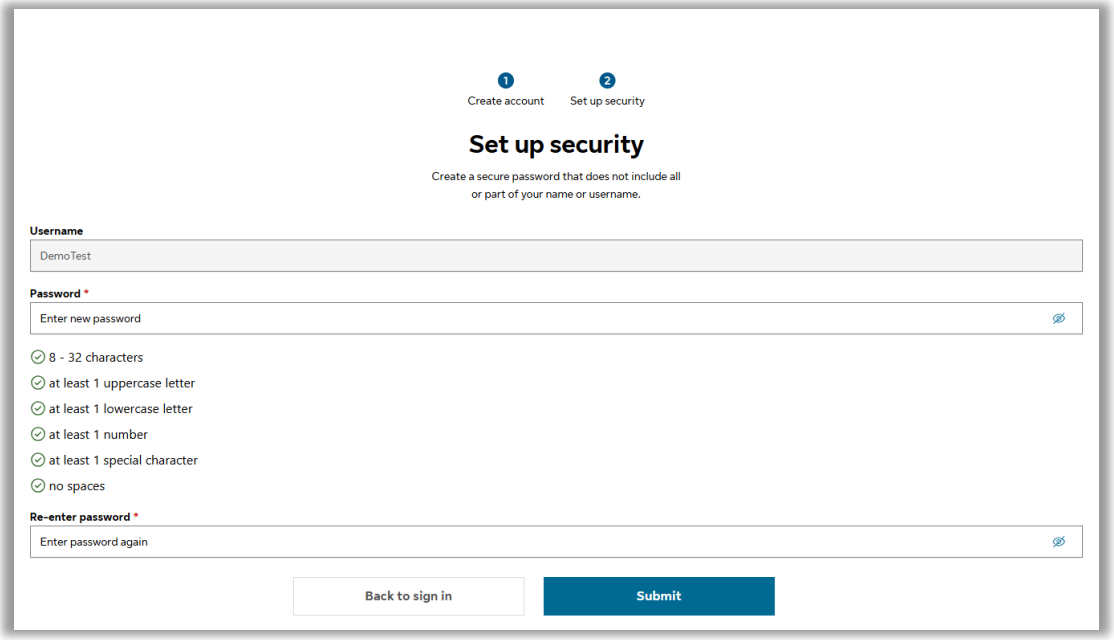
3. Enter the required information.

You MUST use an email you have access to – your work email is fine. Email does NOT need to be unique (i.e. you can register multiple accounts with same email if required, this may not be necessary though). Username must be unique. This information will be visible to others.

4. Click to agree to the Terms and Conditions, and then click ***Submit***.
   The *verification* page is displayed.



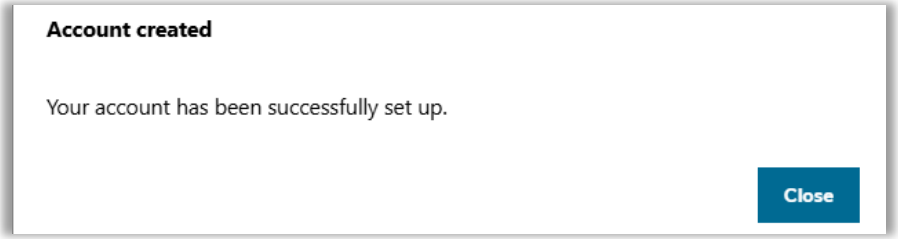
5. Verify your email and then enter the verification code that was sent to your email address.
6. Click ***Next***.
   The *Set up security* page is displayed.



7. Create a password and then re-enter the password you created.

Some special characters not accepted. As of Jan 2, 2024, ^ ( ) - _ = + ` ~ { } [ ] ; : ' " \ | , < . > / are *NOT* accepted.

8. Click ***Submit***.
   The *Account created* screen is displayed.



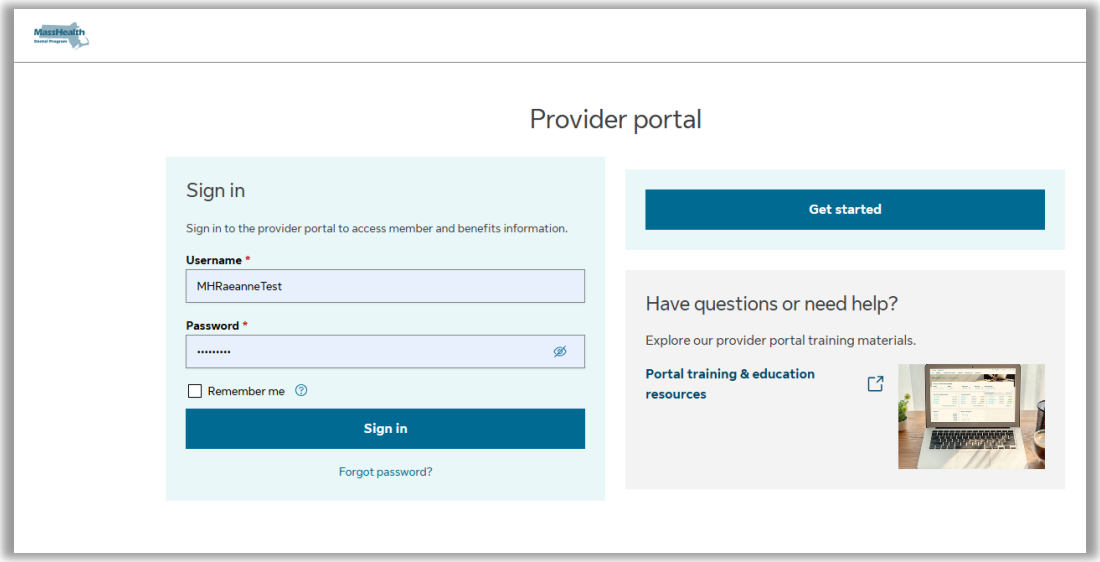
9. Click ***Close***.

   You have now successfully created an Admin account for the Provider Portal. You can now log in and out of the portal. You will be required to sign in again using the username and password you created.

Sign in to an existing account

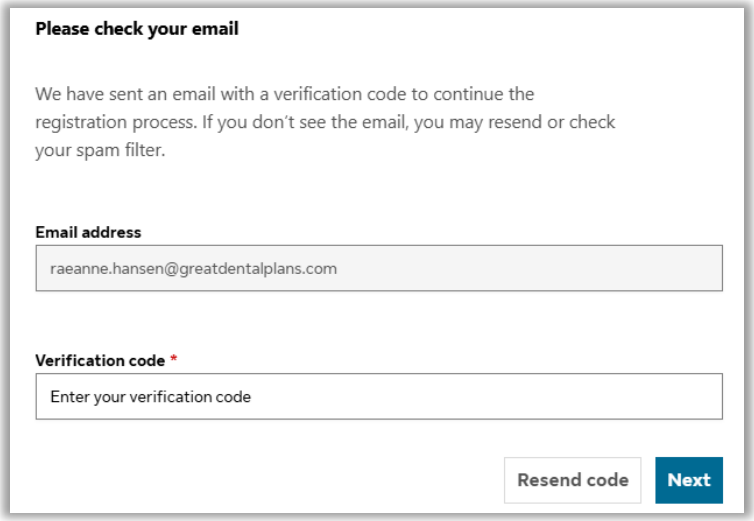
To sign into an existing account, follow the instructions below:

1. Navigate to Providers.MassHealth-dental.org.
   The *Login and registration* page is displayed.



2. Enter your username and password in the appropriate fields, and then click ***Sign in***.
   If the **Password update required** screen is displayed, follow the instructions in the Password expired section of this document.

   The *Verification* page is displayed



3. Access your email and open the email from Okta.
   You can either enter the verification code in the **Verification code** field, and then click ***Next*** or you can click the ***Sign In*** link in the email.

   When the link is clicked, a new window opens taking the user to the *User Profile* page. If the code is entered, the *User Profile* page is displayed.

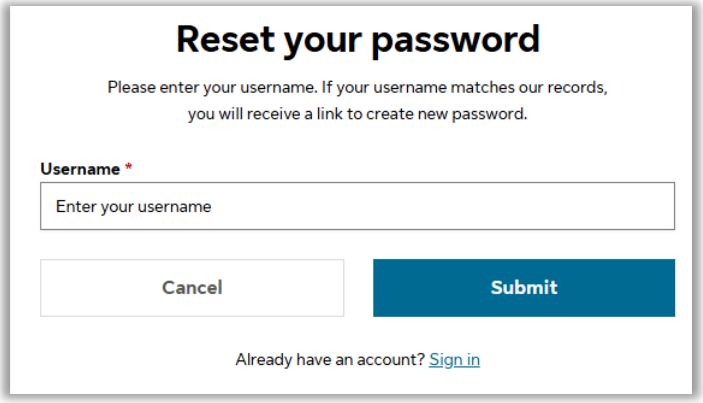
Password resets

Our security policy requires users to regularly update their password. Passwords should be unique and may not be reused. You may request to reset your password by using the Forgot password link on the Login/Registration page. Alternatively, you may see the *Password update required* page or *The session has expired* message upon login.

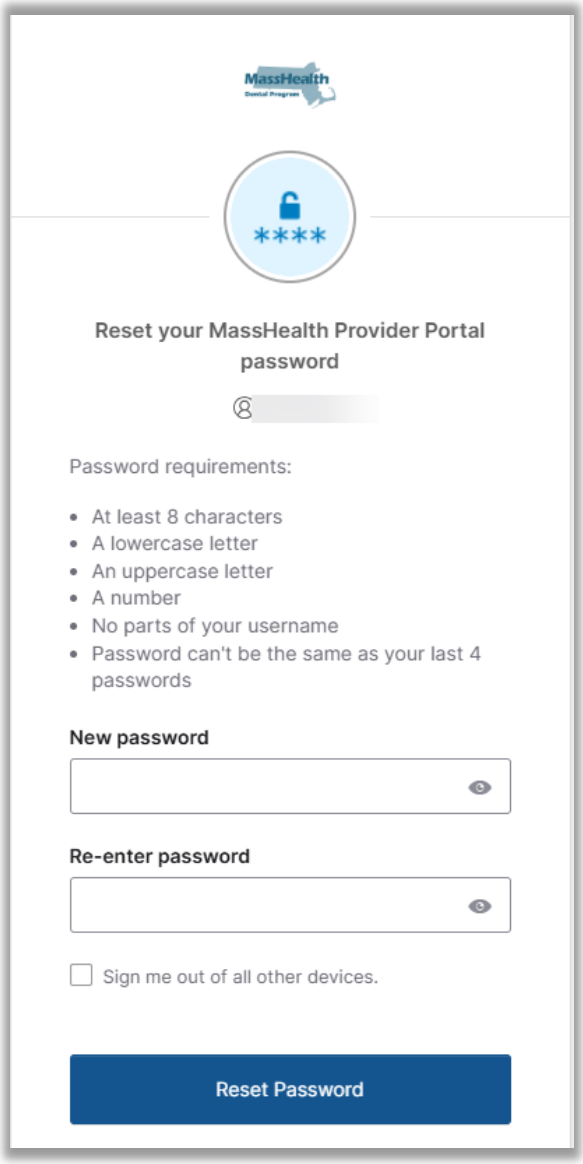
Forgotten password

To reset your password, follow the steps below:

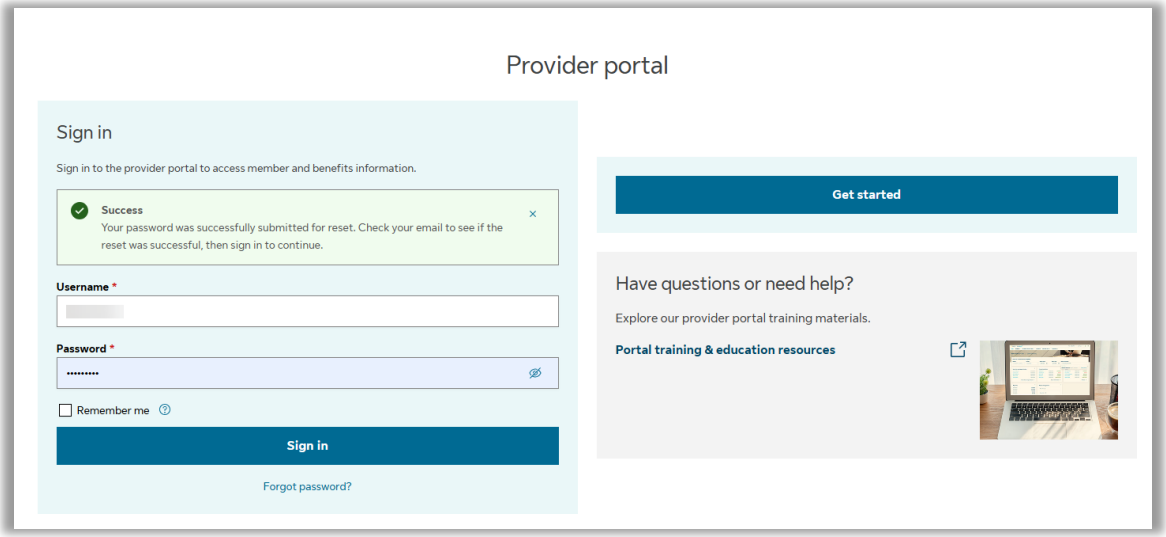
1. Click ***Forgot password***.
   The *Reset your password screen* is displayed.



2. Check your email for the password reset email from Okta. Click the ***Reset password*** link in the email.
   The *Reset your MassHealth Provider Portal password* page is displayed.

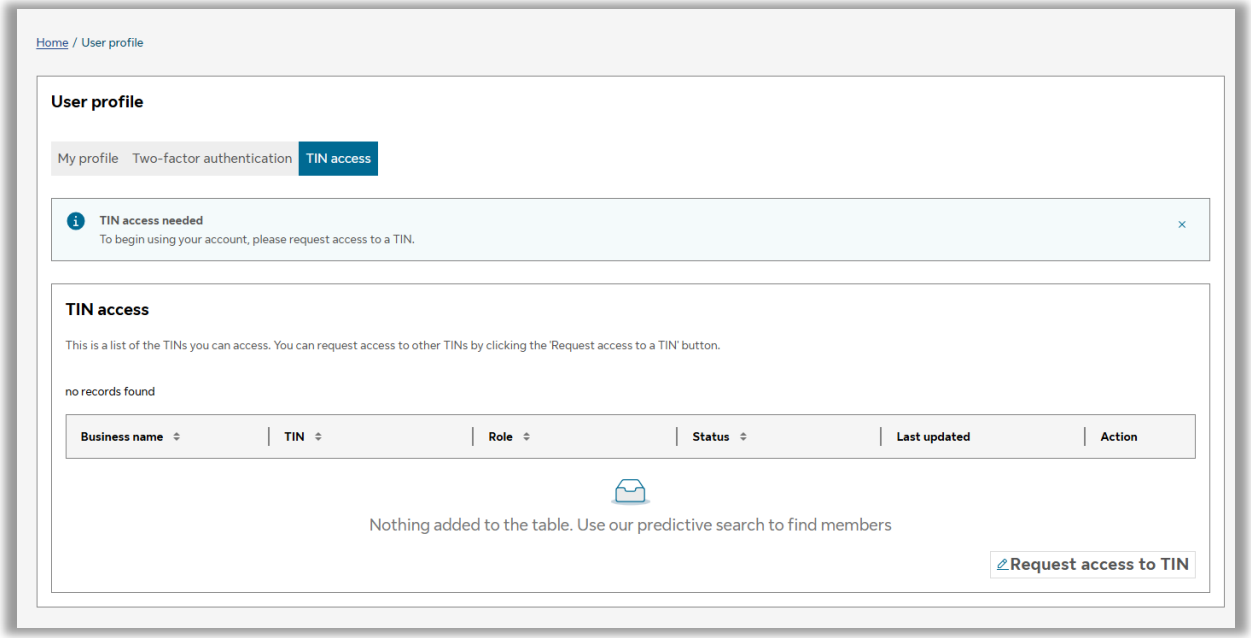


3. Enter your new password in the **New Password** field and then re-enter your password in the **Re-enter password** field.
   Your password must meet the password requirements, or you may be asked to create a new password.
   When your password is accepted, you will be returned to the *Login/registration* page to sign in to your account using your new password. A success message is displayed on the *Login/registration* page.



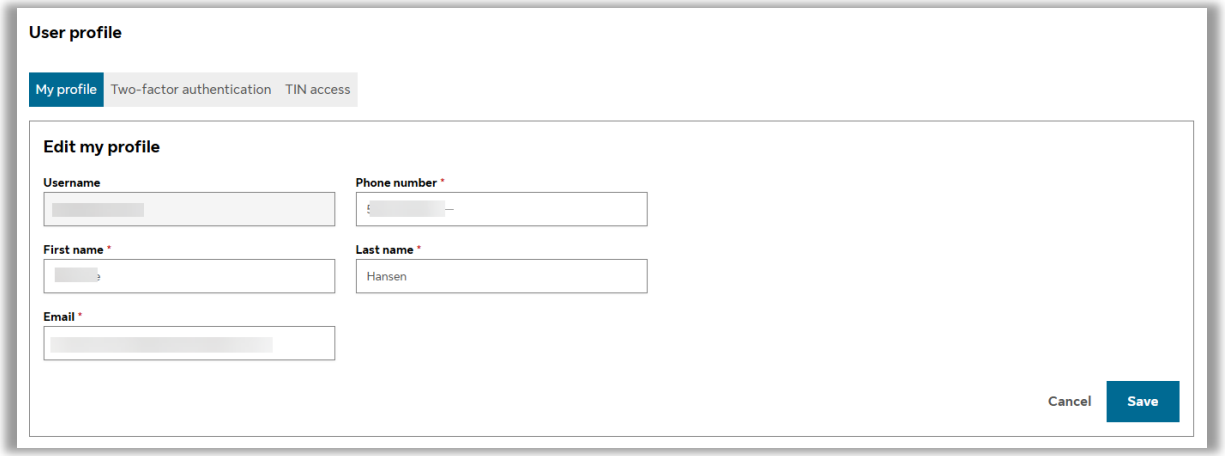
User Profile and requesting a TIN

The user profile page allows the user to manage their profile, two-factor authentication, and TIN access.



To edit the profile information, click the ***My profile*** tab and click ***Edit***.

All fields except the username can be modified.



Change the information in one or more fields, and then click ***Save***.

The *Save changes* message is displayed.

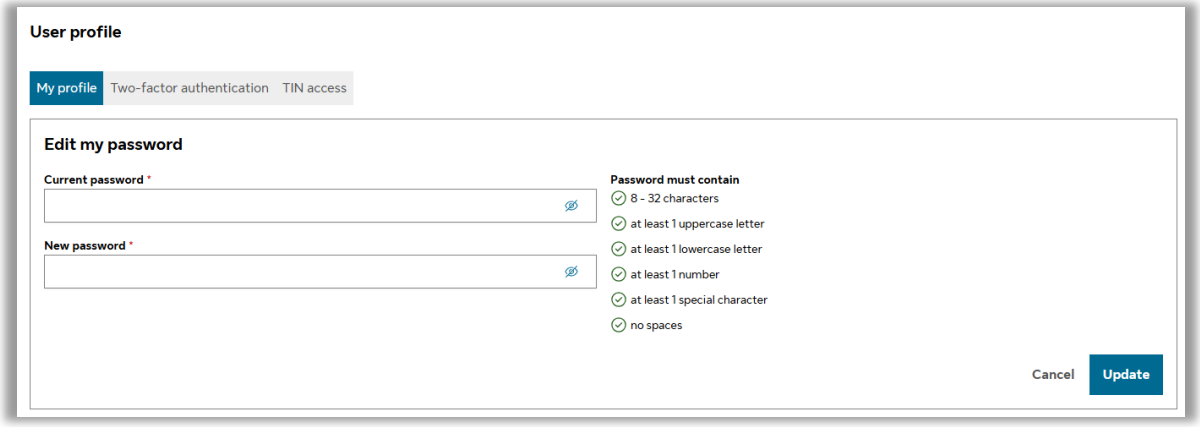
Click ***Save***.

Password change

To change your password, follow the instructions below.

1. Click ***Update*** in the **Password** section.

   The *update password* screen is displayed.



2. Type your current password in the **Current password** field.
3. Type your new password in the **New password** field.
4. Click ***Update***.

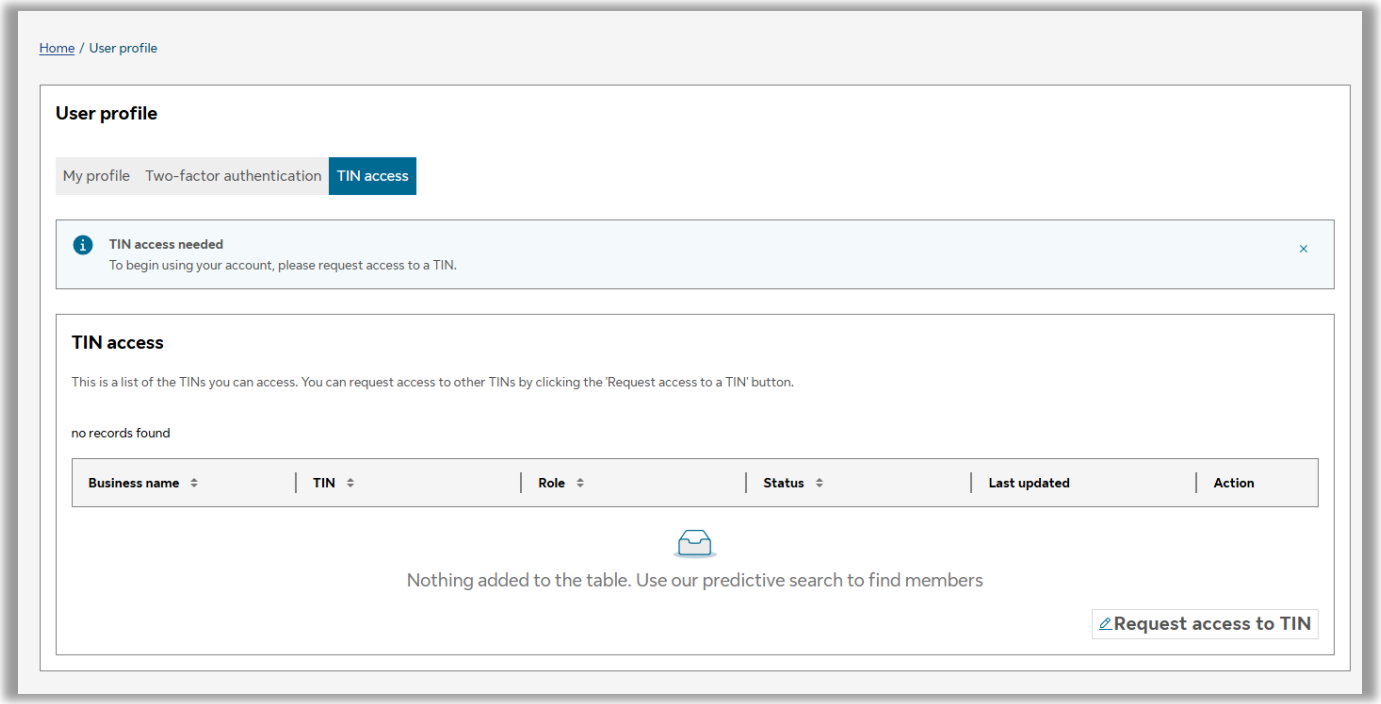
Request access to a TIN

Requesting access to a TIN allows you to see data for the TIN and perform functionality. “Access to a TIN” for the purpose of this document refers to if you can see the TIN in the TIN dropdown.

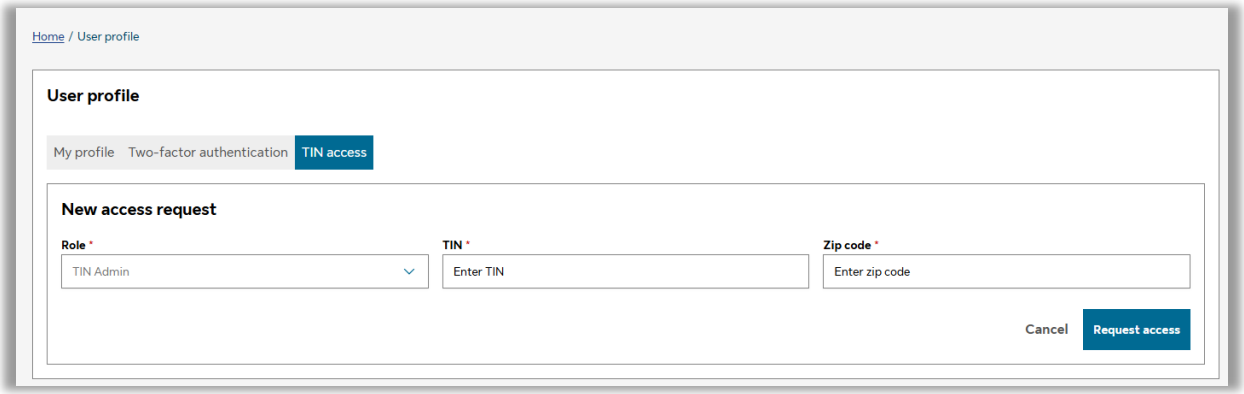
To be able to see a TIN in the dropdown, you will have to request access to the TIN. You will be given TIN Admin or Third-Party access depending on your selection in the very first step of account registration.

To request access to a TIN (as a practice admin), follow the steps below:

1. Click on the drop-down arrow next to your name, and then click ***User Profile***.
2. From the *User Profile* page, click the **TIN access** tab.
   The *TIN access* page is displayed.



3. Click ***Request access to TIN***.
   The *New access request* page is displayed.



4. Enter your role in the **Role** field, a TIN in the **TIN** field and then enter the coordinating Zip code in the **Zip code** field.

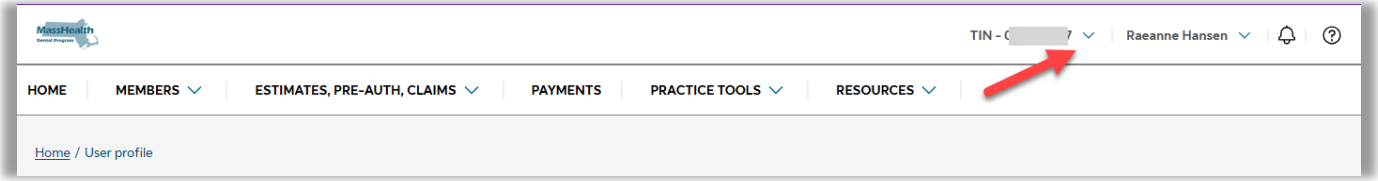
5. Click ***Request access***.

   The *Verify your TIN access* page is displayed

6. Click to accept the terms of use.
7. Enter the Business ID in the **Business ID** field, and then click ***Submit***.
   The business ID can be found on your welcome letter or on an EOB or you can call Portal Customer Service to ask for your business ID.
   Alternatively, you may be able to get a one-time code by selecting the phone number or email address listed (where applicable), clicking ***Send passcode***, and then following the instructions received via voice message or email.

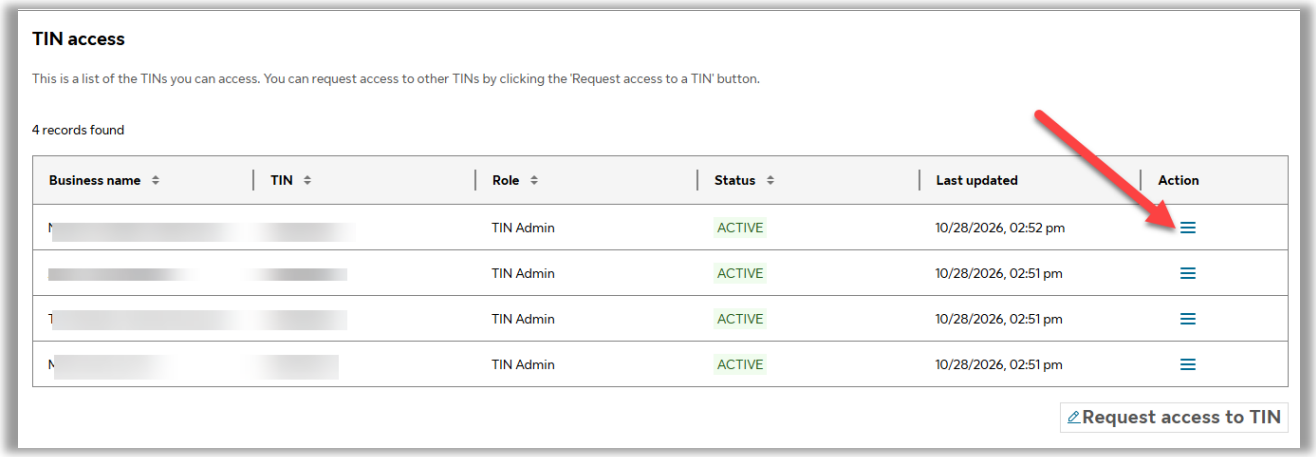


You may repeat this process for each TIN you would like to access. To switch between TINs, click the drop-down arrow at the top right of the page, and then select the appropriate TIN.



To update TIN access, click the ***TIN access*** tab under **User Profile**.

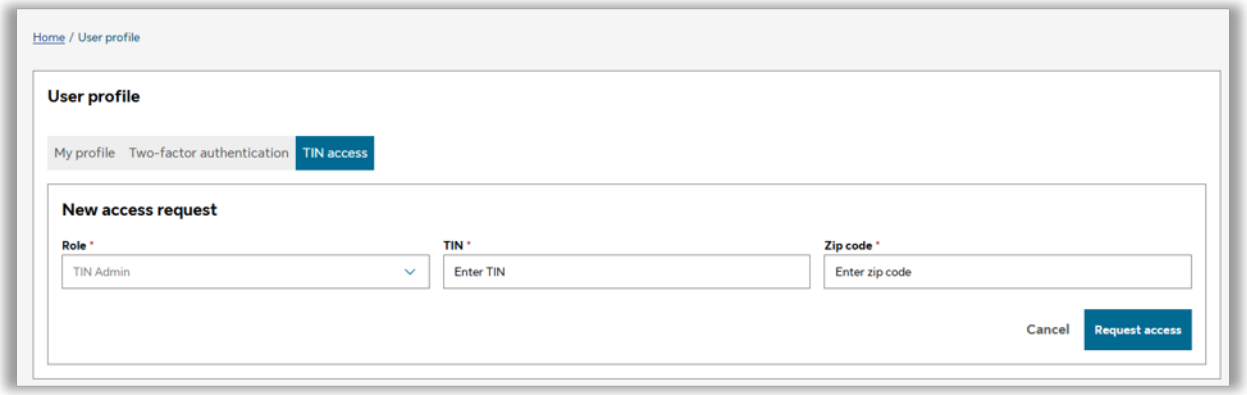
Click the three lines (Action menu) to the right of the line you want to edit, and then click to update the status.



If you are requesting access to a TIN as a third-party administrator, follow the steps below:

1. Click on the drop-down arrow next to your name, and then click ***User Profile***.
2. From the **User Profile** page, click the ***Tin access*** tab.

The *New access request* page is displayed.



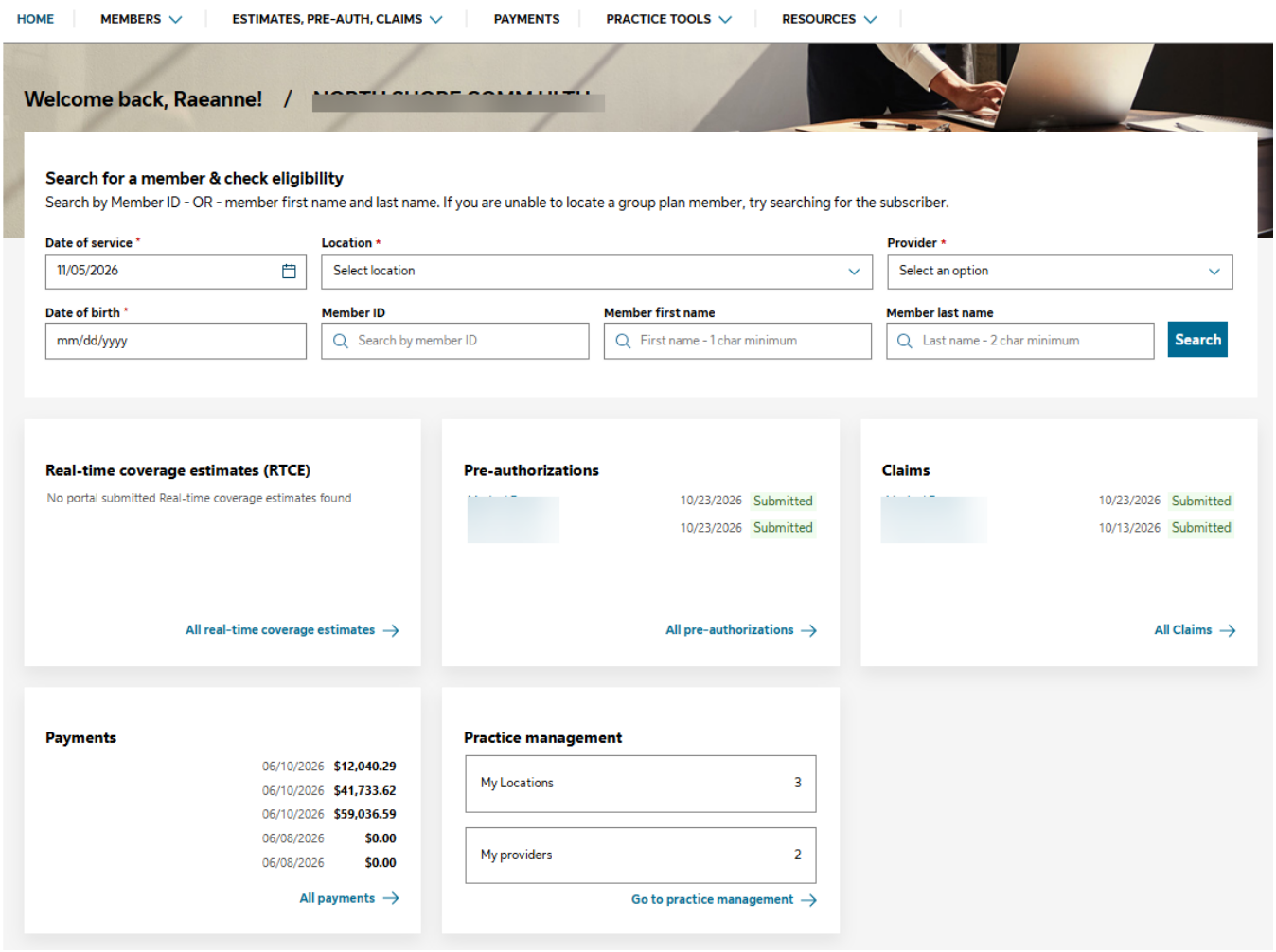
8. Select Third Party from the **Role** field.
9. Enter a TIN in the **TIN** field and then enter the coordinating Zip code in the **Zip code** field.
10. Click ***Request access***.

    The *Request has been sent* page is displayed.

    Access to the TIN will be provided once the TIN admin approves your request. You may want to call the practice admin to ensure your request is approved promptly.

Dashboard

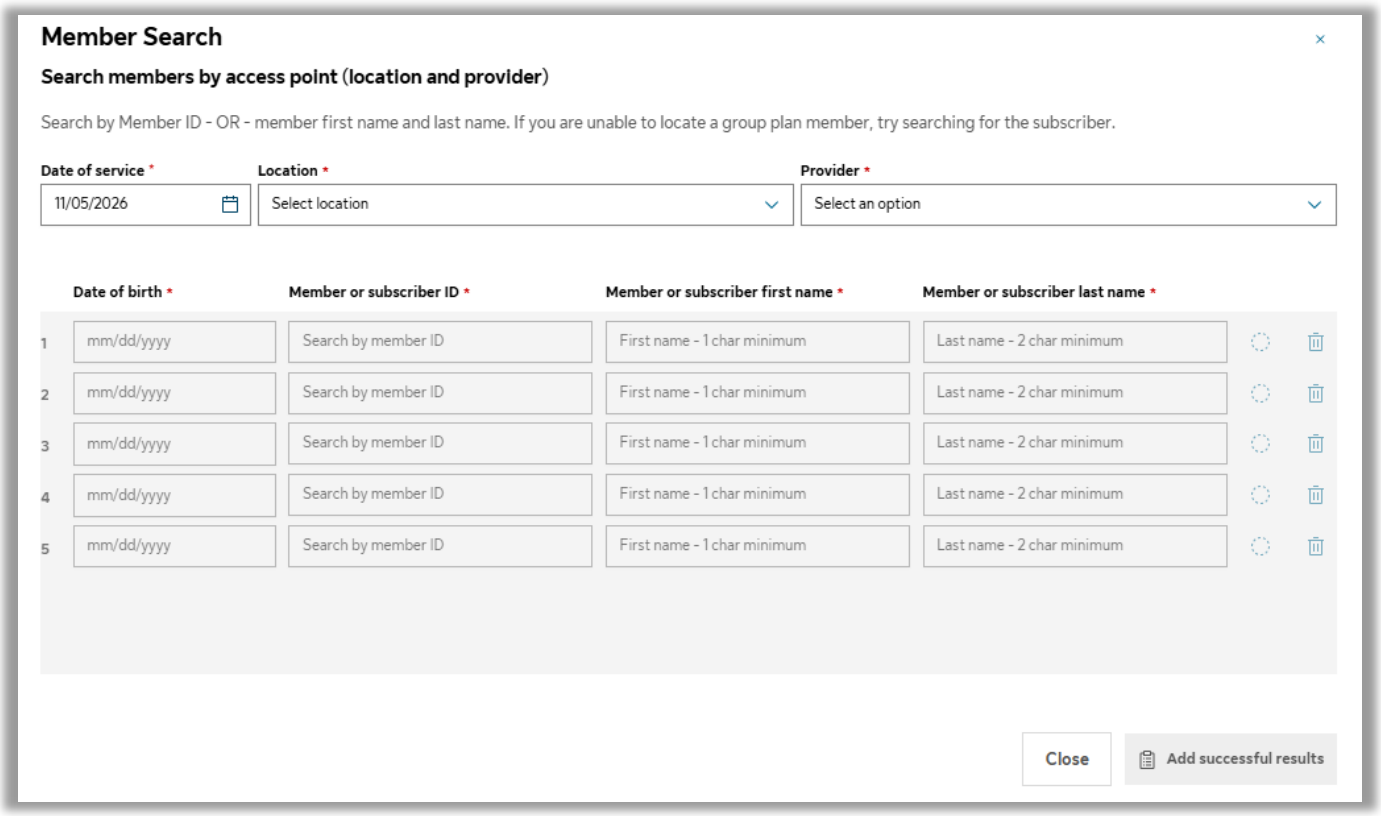
The Dashboard is the home page for the portal. From the dashboard users can run an eligibility search, change the TIN, and view the most recent pre-treatment estimates, pre-authorizations, claims, payments, and more.


HOME
MEMBERS
ESTIMATES, PRE-AUTH, CLAIMS
PAYMENTS
PRACTICE TOOLS
RESOURCES
Welcome back, Raeanne! /
Search for a member & check eligibility
Search by Member ID - OR - member first name and last name. If you are unable to locate a group plan member, try searching for the subscriber.
Date of service *
11/05/2026
Location *
Select location
Provider *
Select an option
Date of birth *
mm/dd/yyyy
Member ID
Search by member ID
Member first name
First name - 1 char minimum
Member last name
Last name - 2 char minimum
Search
Real-time coverage estimates (RTCE)
No portal submitted Real-time coverage estimates found
All real-time coverage estimates
Pre-authorizations
10/23/2026 Submitted
10/23/2026 Submitted
All pre-authorizations
Claims
10/23/2026 Submitted
10/13/2026 Submitted
All Claims
Payments
06/10/2026 $12,040.29
06/10/2026 $41,733.62
06/10/2026 $59,036.59
06/08/2026 $0.00
06/08/2026 $0.00
All payments
Practice management
My Locations 3
My providers 2
Go to practice management

Member Eligibility

You can access the member eligibility search from the Dashboard (click ***Home***) or from the **Members** tab by clicking on ***New Search***.

The *Member search* page is displayed.



To search for a member, complete the steps below:

1. Enter the appropriate date of service in the **Date of Service** field. The current date will default.
2. Select the desired location from the **Location** field.
3. Select the appropriate provider from the **Provider** field.
4. Enter the member's date of birth in the **Date of birth** field.
5. Either enter the member's ID number in the **Member or subscriber ID** field or enter the member's first and last name in the appropriate fields.

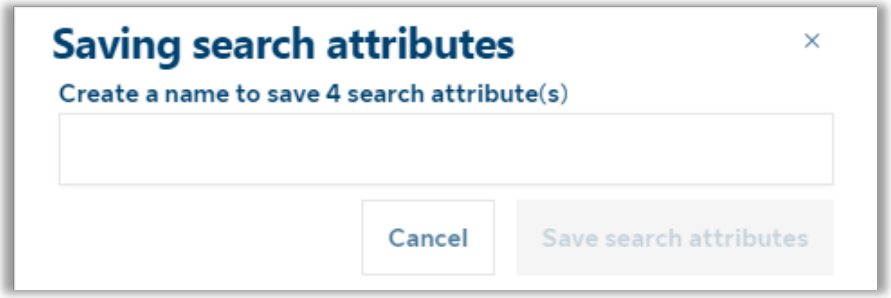
   Repeat steps 4 and 5 to add as many members as needed.

6. Click ***Add successful results*** to add the members to your member search list.

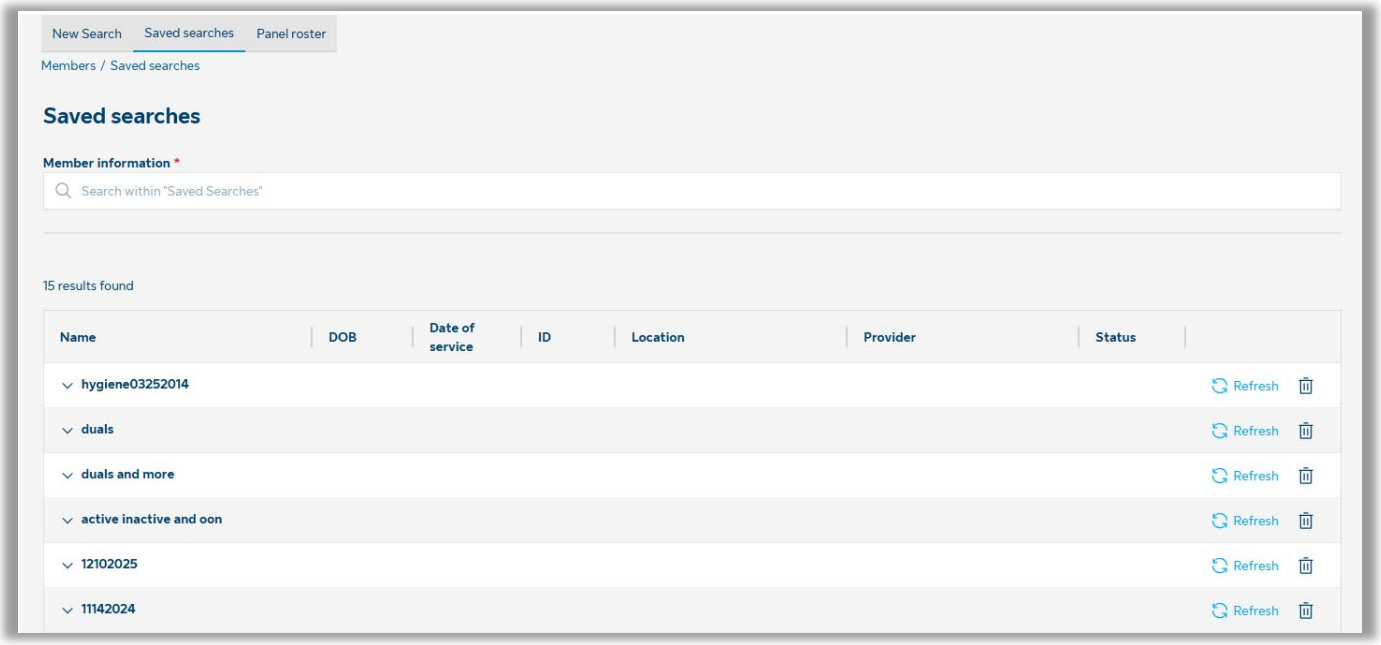
To save a search, complete the steps below:

1. Click ***Save search*** from the top of the page.

   The *Saving search attributes* page is displayed.



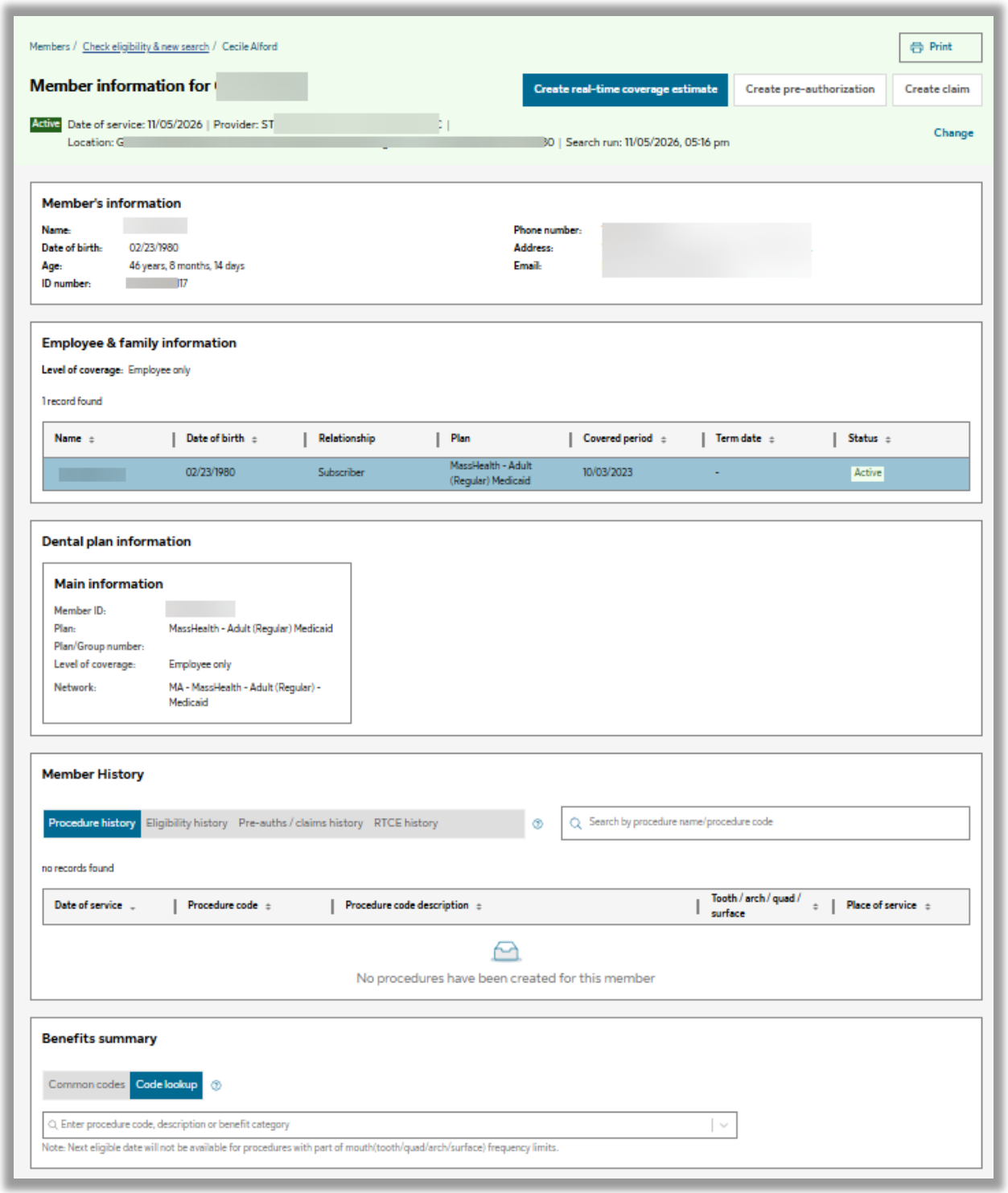
2. Create a name for your search, and then click ***Save search attributes***.
   The *Saved searches* page is displayed.



Member Details

To view the member details, click on the desired member name from the eligibility search.

The *Member details* page is displayed.



From the *Member details* page, you can dig deeper into the members eligibility and benefits information. Depending on the members plan, you may not see all the sections listed below.

- Member's information – member personal information like date of birth, age, address, and phone number, If the member is assigned to a provider, the primary care dentist will be listed.
- Employee & family information – the member and any other covered family members will be listed. You can click on a family member's name to navigate to their member detail page.
- Dental plan information – information about the plan including member ID, plan name, level of coverage, and network.
- Deductibles & maximums – in-network and out of network benefits and maximums as well as how much has been satisfied.
- Coordination of benefits – COB information including the line of business coverage type, effective dates, insurer name, ID number, and policy number.
- Benefits summary – common codes, waiting periods, deductibles, frequencies, and more. Click on code lookup to search for the summary of a specific code.
- Member history – tabs for treatment history, real time coverage estimate, pre-authorizations, claims, and eligibility

Estimates, Authorizations, and Claims

From this tab you can search for a member, create a real-time cost estimate (RTCE), pre-authorization, or claim, and view previously submitted RTCE's, pre-auths, and claims.

Create a real-time coverage estimate

To create a real-time cost estimate, follow the steps below:

1. From the member details page, click ***Create a real-time coverage estimate***.

   The *Create a real-time coverage estimate* page is displayed.

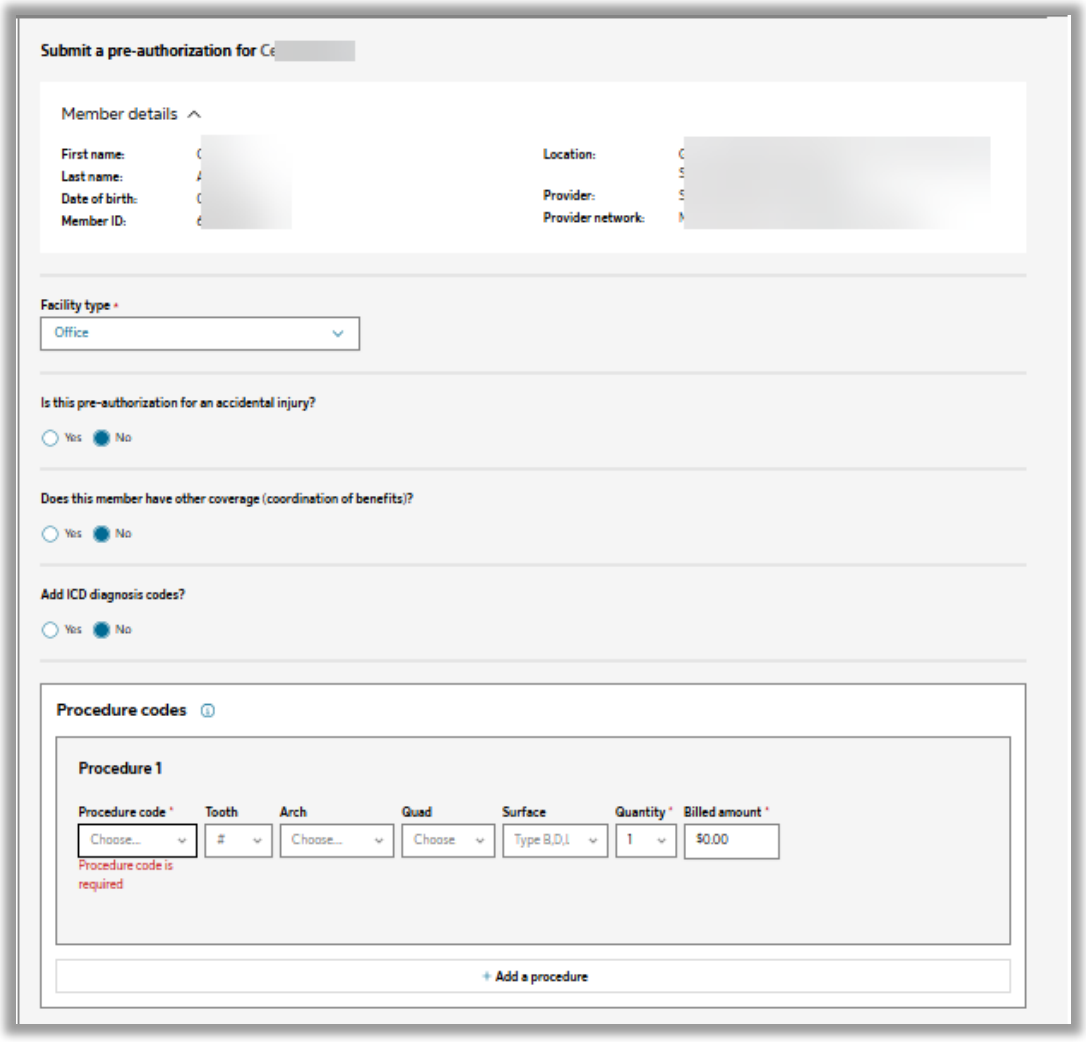
2. Select a facility type from the **Facility** *type* drop-down menu.
3. Enter the procedure code in the **Procedure code** field. You can search for a specific procedure code by clicking on the arrow and then clicking in the search field and typing the code.
4. Enter the tooth, arch, quad, surface, as necessary. You can select multiple surfaces.
5. Enter the Quantity in the **Quantity** field.
6. Enter the billed amount in the **Billed amount** field.
7. Click ***Add a procedure***, and then follow steps 5-9 above until you have added all the necessary procedures.
8. Click ***Generate estimate***.
   The *Real-time coverage estimate* page is displayed.

Create a pre-authorization

To create and submit a pre-authorization, follow the steps below:

1. Click the ***ESTIMATES, AUTHS, CLAIMS*** drop down menu, and then click ***search a member to start***.
2. Click the drop-down menu in the **Location** field to select a location.
3. Click the drop-down menu in the **Provider** field to select a provider.
4. Ensure the desired date is displayed in the **Date of service** field.
5. Enter the member's date of birth in the **Date of birth** field.
6. Enter the member's name or ID number in the **Member Information** field.
7. Click ***Add to the list***.
8. Click the menu button to the right of the member's coverage level, and then click ***Create pre-authorization***.

   The *Submit a pre-authorization* page is displayed.



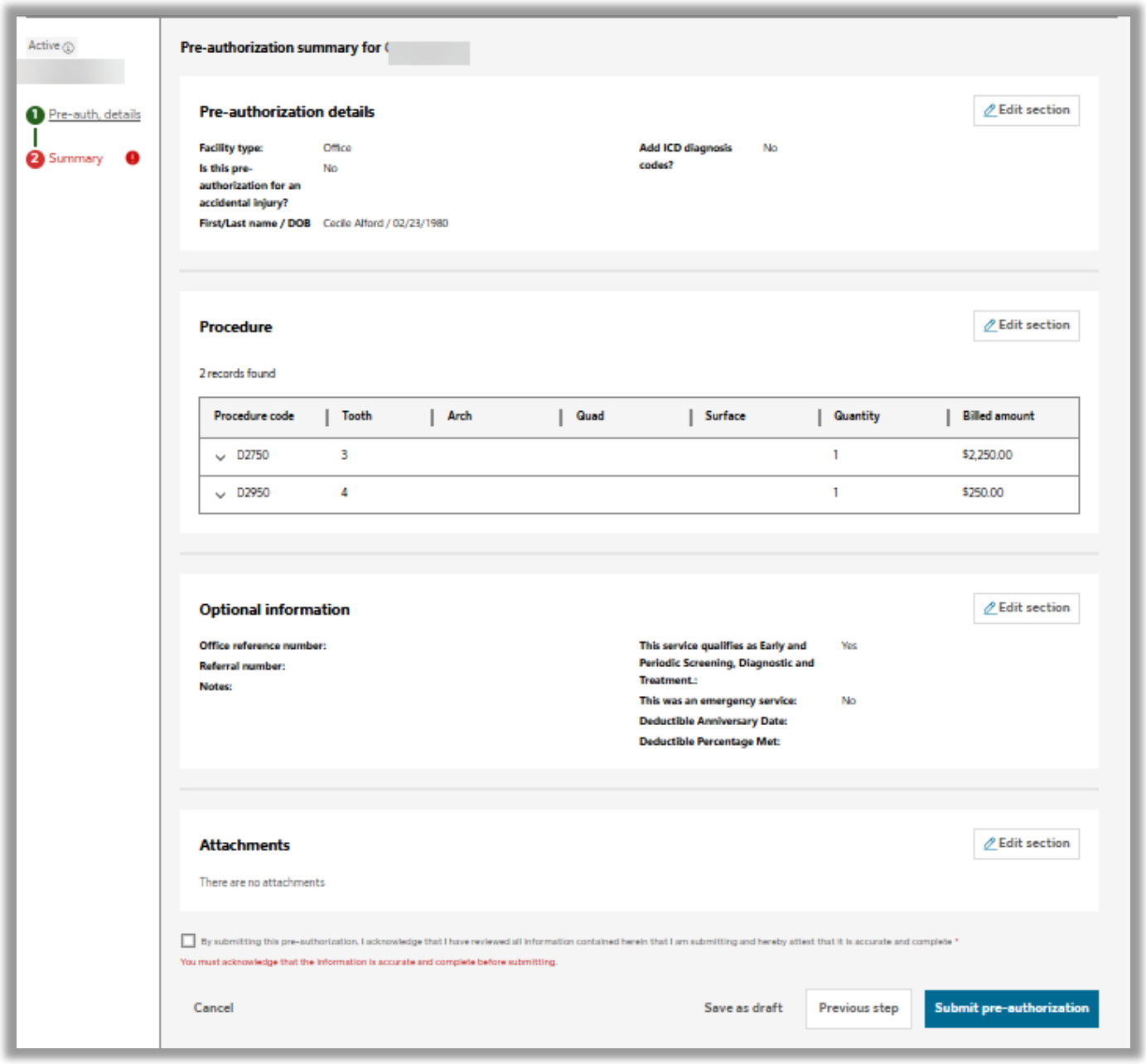
9. Select the Facility type from the **Facility type** drop-down menu.

10. Select ***Yes*** if the pre-authorization is for an accidental injury or select ***No*** if it is not related to an accidental injury.
    - If ***Yes*** is selected, enter the accident type, accident state, and the accident date in the appropriate fields.
11. If the member has other coverage (COB), select ***Yes***, or select ***No*** if the member does not have other coverage.
    - If Yes is selected, in the appropriate fields, enter the member's First name, Last name, Date of birth, as well as the Payer name, Group Number, and Policy number for the additional coverage.
    - Click the **Add another payer** link to add any additional payers and then follow the above step to fill each field.
12. To add an ICD diagnosis code, click ***Yes***. The system defaults to No.
    - When Yes is selected, fields for Primary diagnosis code, 2nd diagnosis code, 3rd diagnosis code, and 4th diagnosis code are displayed. Enter the appropriate code in each field. At least one code must be entered.
13. In the **Procedure Codes** section, enter the following information:
    a. In the **Procedure code** field, enter the appropriate procedure code, and then as necessary, enter the tooth number, arch, quad, surface, and/or quantity in the appropriate fields.

       You can search for a procedure code by clicking the drop-down arrow in the **Procedure code** field and then typing in a specific procedure code. Make sure to enter a capital "D" and then the 4-digit code number.

    b. Enter the billed amount in the **Billed amounts** field.
    c. If any additional procedures need to be added to the pre-treatment estimate, click ***Add a procedure***, and then follow the steps above to add each procedure.
14. If the service qualifies as an Early and Periodic Screening Diagnostic and Treatment, click the toggle button to activate it.
15. If the service is an emergency service, click the ***This was an emergency service*** toggle to activate it. (Pre-Authorizations are not required for emergency services)
16. Enter the deductible anniversary date in the appropriate field, if applicable.
17. Choose and option from the **Deductible Percentage Met** field, if applicable.
18. If you have an office reference number, enter it in the appropriate field.
19. If you have a referral number, enter it in the appropriate field.
20. Enter your notes in the **Notes** field.
21. In the *Attach files* section, click ***Add a file*** to add any appropriate files. You may add up to 100 files.
22. Verify the documents are listed in the **Attach files** section.
23. Click ***Save as draft*** to save the pre-authorization or click ***Next step*** to continue the pre-authorization.

Once Next step is clicked, the *Summary page* is displayed.

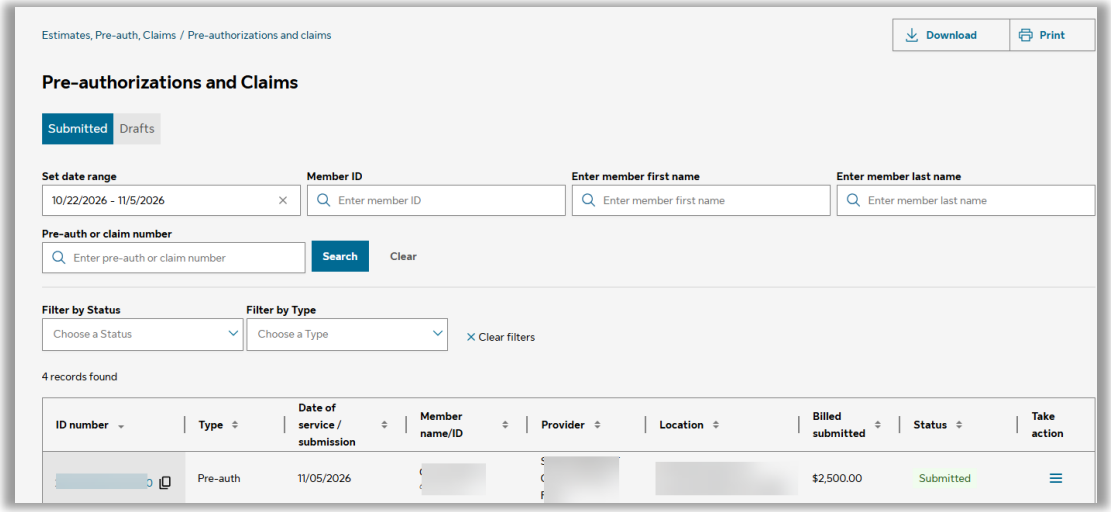


24. Verify all sections on the page. Click ***Edit section*** to make any necessary changes.
25. Click to highlight the attestation at the bottom of the page.
26. Click ***Save as draft*** to save without submitting, or click ***Previous step*** to go back to the last page or click ***Submit pre-authorization*** to submit the pre-auth.

View pre-authorizations

To view pre-authorizations saved as drafts or submitted for approval, click ***ESTIMATES, AUTH, CLAIMS***, and then click ***Pre-authorizations and claims***.

The *Pre-authorizations and Claims* page is displayed.



To view submitted pre-authorizations, enter the appropriate date range, and then click ***Search***. You may also enter the Member ID, Member first and last name, or the pre-auth number.

Editing and resubmitting a pre-authorization

You can edit and resubmit a pre-authorization at any time. Simply navigate to the pre-authorizations and claims page, click on the Take action menu button (three lines) to the right of the status, and then select ***edit and resubmit pre-authorization***. You can alternatively start the process by clicking the button at the top of the page from within the member's pre-auth. Please note, this option should be used to resubmit a pre-auth that is missing pertinent information.

The *Resubmit pre-authorization* message is displayed.

Click ***Proceed***.

The pre-authorization is displayed so you can make the necessary edits and then resubmit the document.

Extending or releasing a pre-authorization

Once a pre-auth is approved, it can be extended or released. You can request and extension from the pre-auth page or from inside the member's pre-auth.

From the *Pre-auth and claims* page, click the menu button to the right of the status. And then click ***Request extension/release***.

From the Member's pre-auth page, click ***Request extension/release***.

On the *Request extension/release* page, follow these instructions to release or extend your pre-authorization:

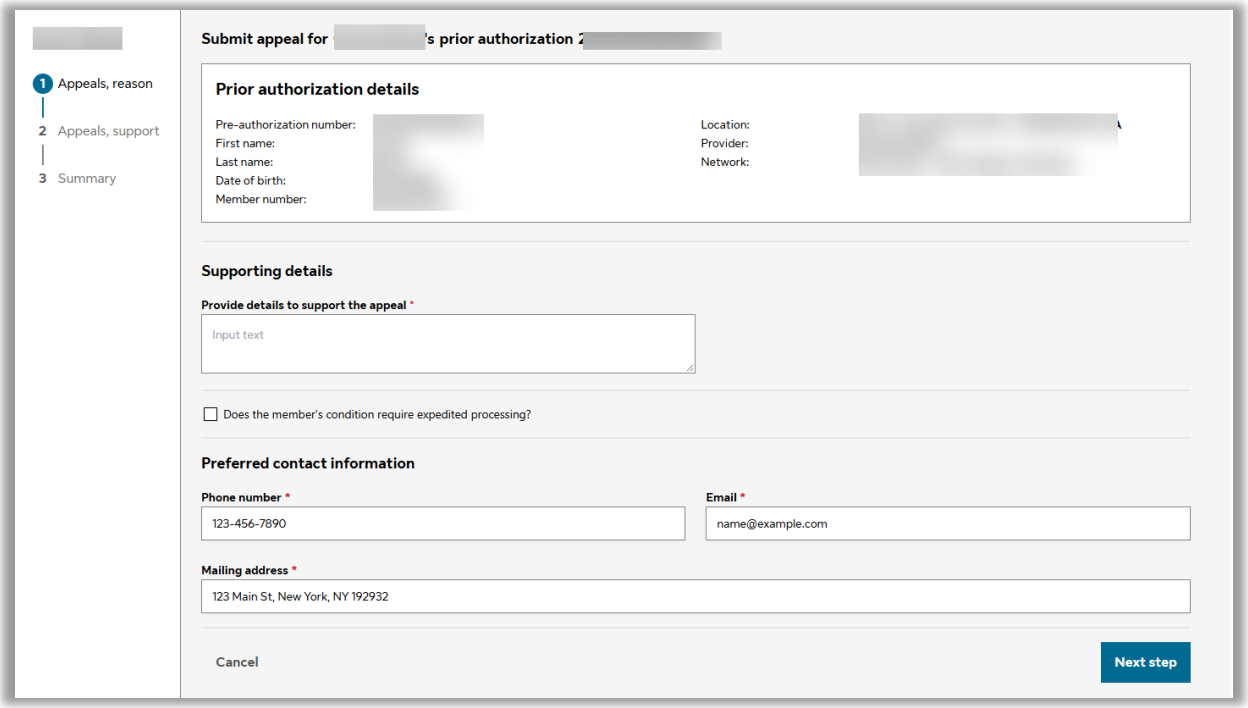
1. Select the type of request (either Extension or Release).
2. Enter the supporting details.
3. Drag and drop any supporting documents or click ***+Add to file*** to add files.
4. Click ***Submit request***.

Appeal a pre-auth or request a peer to peer consultation

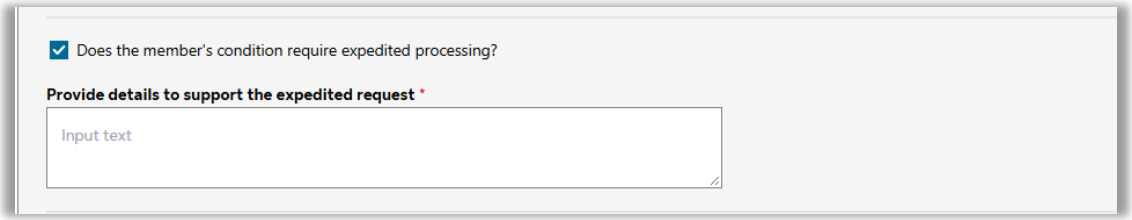
Once a pre-auth is approved, partially approved, or denied, it can be appealed, or you can request a peer to peer consultation.

To submit an appeal, follow the steps below:

1. From the *Pre-authorization* page, click on the three lines to the right of the status, and then select ***Appeal pre-authorization***. You can alternatively start the process by clicking the button at the top of the page from within the member's pre-auth.
   The appeal message is displayed.
2. Click ***Continue***.
   The *Pre-authorizations details* page is displayed.



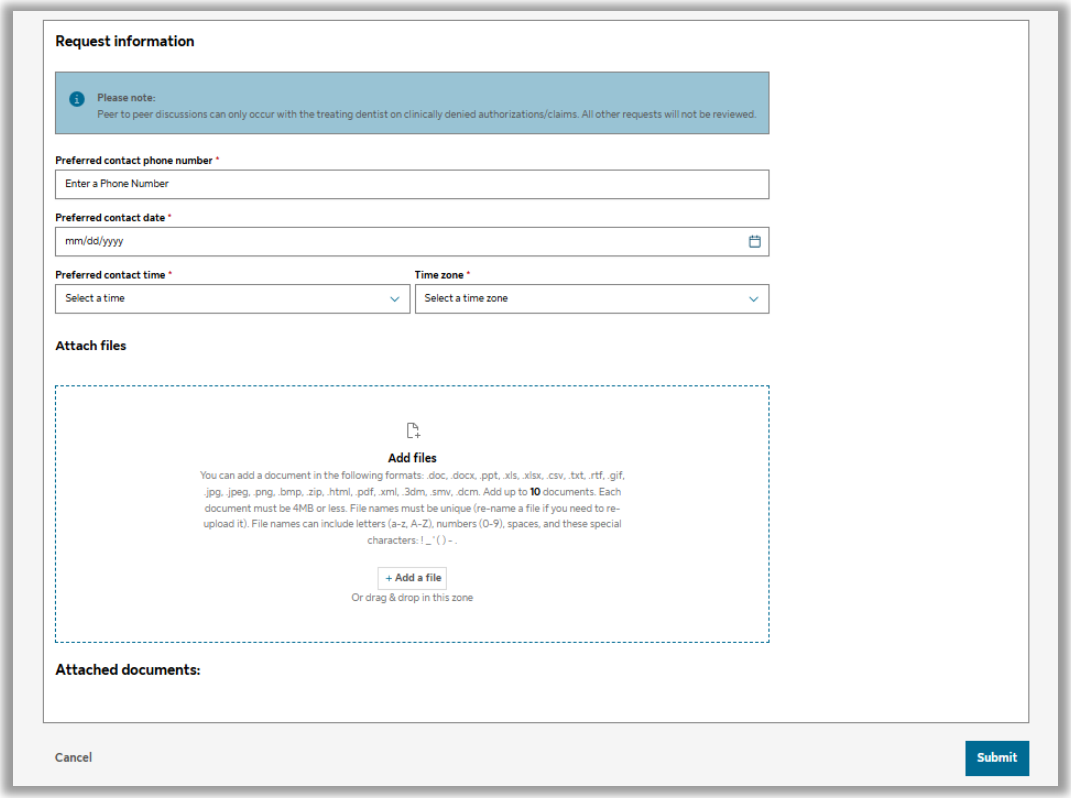
3. Enter the details to support the appeal. If you believe the member's condition requires expedited processing, click to open the expedited request field. Not all requests for expedited processing will be expedited.
4. Enter the reason for the expedited request in the new field.



5. Enter your preferred contact phone number in the **Phone number** field.
6. Enter your preferred email in the **Email** field.
7. Enter your office mailing address in the **Mailing address** field.
8. Click ***Next step***.
9. Drag and drop any attachments or click ***+Add a file***. You may add up to 10 supporting documents.
10. Click ***Next step***.
11. Review the appeal ensuring all information is accurate and any necessary files are attached.
12. Click to highlight the attestation, and then click ***Submit appeal***.
    It may take up to 30 minutes to receive your appeal confirmation.

To request a peer to peer consultation, follow the steps below:

1. From the *Pre-authorization* page, click the three lines to the right of the status, and then select ***Peer to peer consultation request.***
   The *Request information* page is displayed.



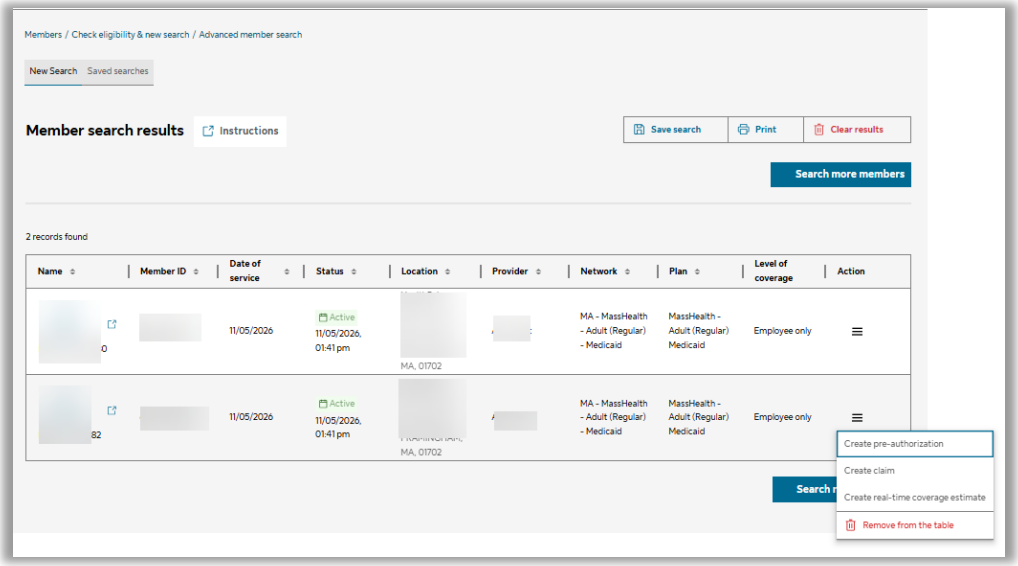
2. Type your contact number in the **Preferred contact phone number** field.

3. Type your contact date in the **Preferred contact date** field.
4. Select a contact time from the **Preferred contact time** field.
5. Select your time zone from the **Time Zone** field.
6. Drag and drop files or click ***+Add a file*** to attach relevant files. You can attach up to 10 documents.
7. Click ***Submit***.

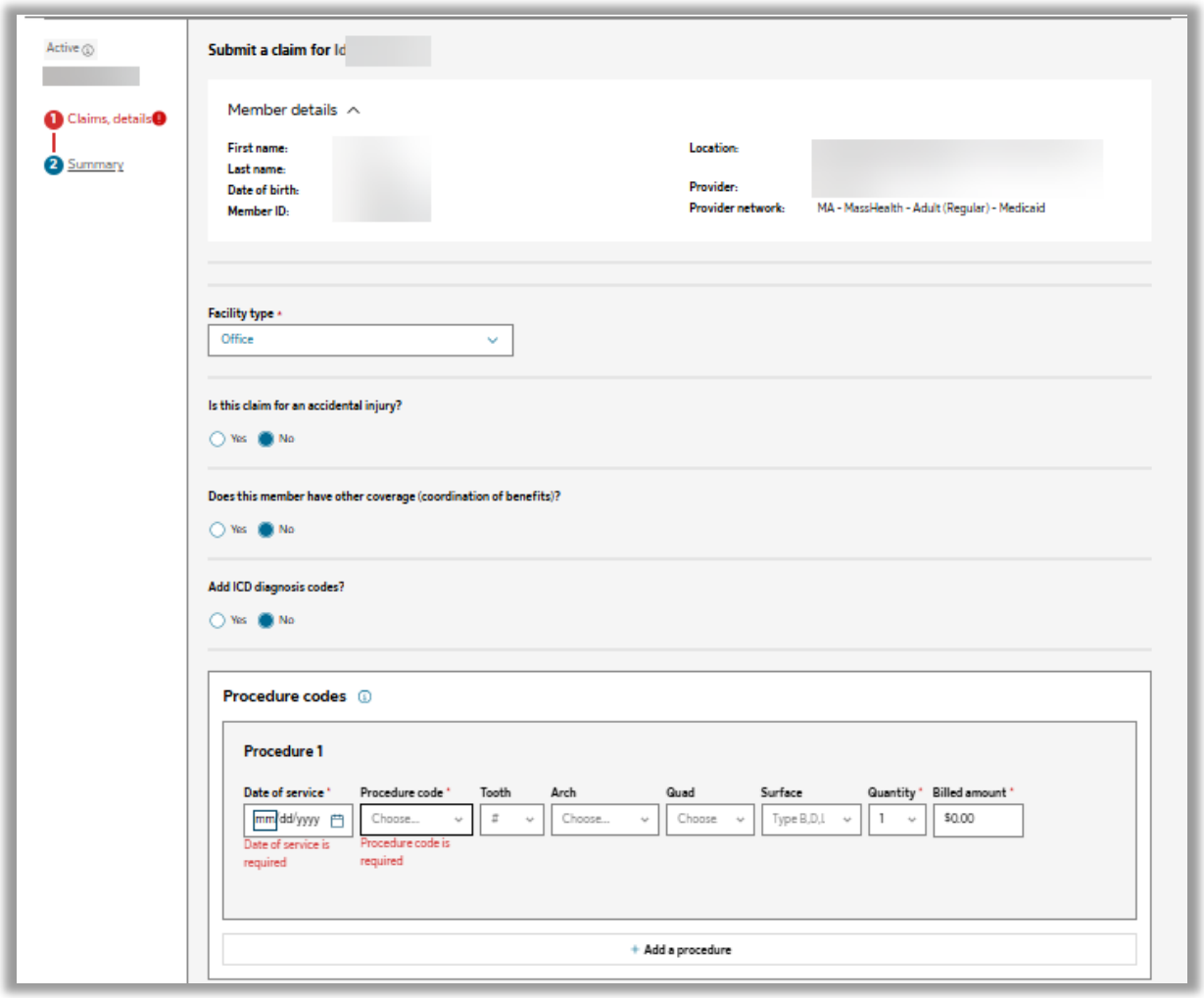
Claims

To submit a claim, following the instructions below:

1. Click on ***ESTIMATES, AUTHS, CLAIMS***, and then click ***search a member to start***. The *Search members* page is displayed.
2. Ensure the desired date is displayed in the **Date of service** field. The field defaults to the current date.
1. Click the drop-down menu in the **Location** field to select a location.
2. Click the drop-down menu in the **Provider** field to select a provider.
3. Enter the member's date of birth in the **Date of birth** field.
4. Enter the member's ID number in the **Member or subscriber ID** field or enter the members first and last name in the **Member or subscriber first name** and **Member or subscriber last** name fields.
   The results of your search are displayed.
5. Click ***Add successful results***.
6. Click the Action menu (three lines) to the right of the level coverage, and then click ***Create claim***.



The *Submit a claim* page is displayed.

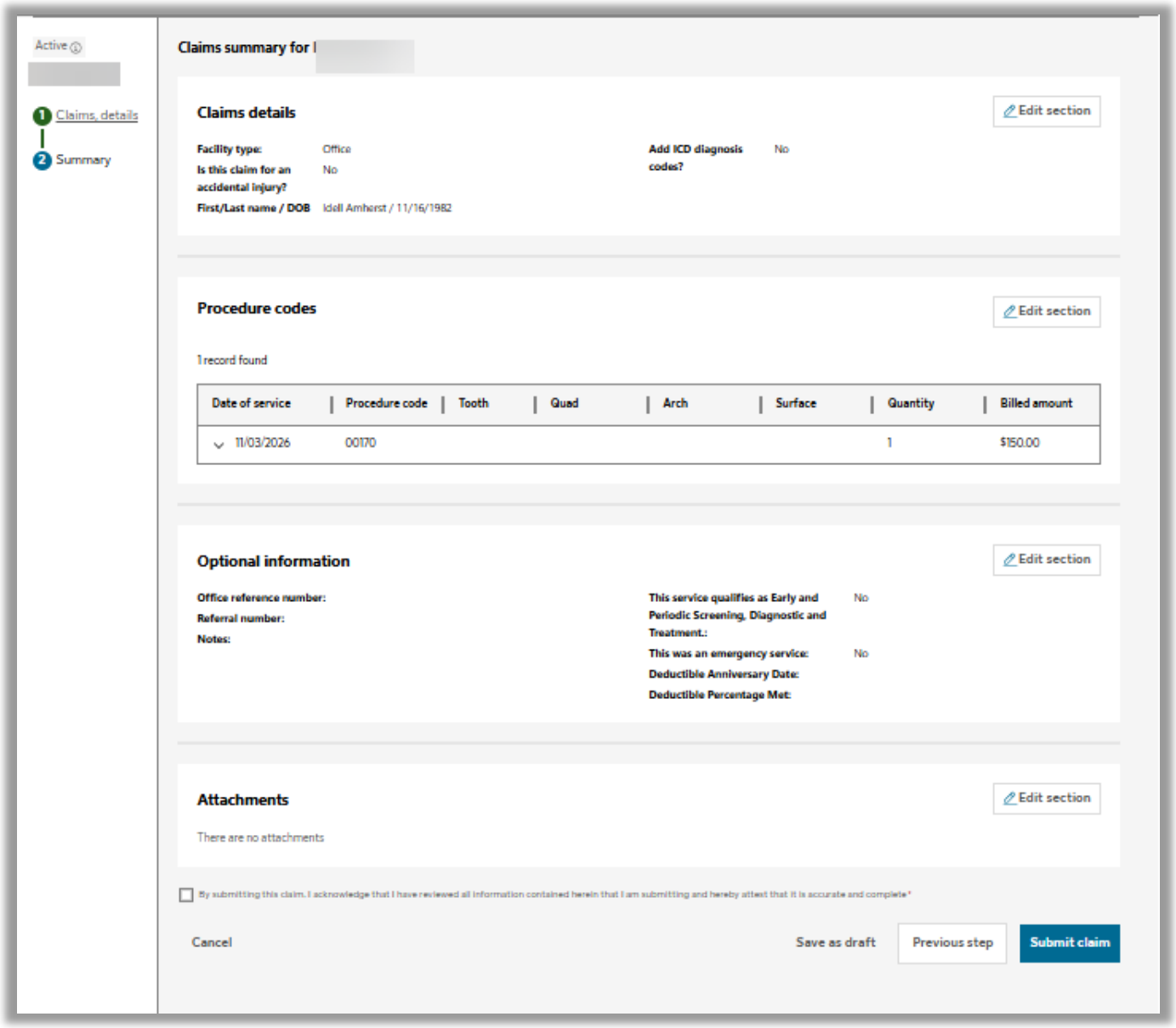


7. Select the facility type from the **Facility type** drop-down menu. The field defaults to Office.
8. Select ***Yes*** if the pre-authorization is for an accidental injury or select ***No*** if it is not related to an accidental injury.
    a. If Yes is selected, enter the accident type, accident state, and the accident date in the appropriate fields.
9. If the member has other coverage (COB), select ***Yes***, or select ***No*** if the member does not have other coverage.
    a. If Yes is selected, in the appropriate fields, enter the member's First name, Last name, Date of birth, as well as the Payer name, Group Number, and Policy number for the additional coverage.
    b. Click ***Add another payer*** to add any additional payers and then follow the above step to fill each field.
10. To add an ICD diagnosis code, click ***Yes***. The system defaults to No.
    a. When Yes is selected, fields for Primary diagnosis code, 2nd diagnosis code, 3rd diagnosis code, and 4th diagnosis code are displayed. Enter the appropriate code in each field. At least one code must be entered.
11. In the **Procedure Codes** section, enter the following information:

a. In the **Date of service** field, enter the date of service.
b. In the **Procedure code** field, enter the appropriate procedure code, and then as necessary, enter the tooth number, arch, quad, surface, and/or quantity in the appropriate fields.
c. Enter the billed amount in the **Billed amount** field.
d. If the member will be using any additional coverage added in the previous step, select ***Coordination of benefits*** by clicking the toggle button.
e. If you need to add any ICD codes, click the ***Diagnosis codes*** toggle button to activate it
f. If any additional procedures need to be added to the pre-treatment estimate, click ***Add a procedure***, and then follow the steps above to add each procedure.

12. If the service qualifies as an ***Early and Periodic Screening Diagnostic and Treatment,*** click the toggle button to activate it.
13. If the service is an emergency service, click the ***This was an emergency service*** toggle to activate it.
14. Enter the deductible anniversary date in the **Deductible Anniversary Date** field, as applicable.
15. Select an option from the **Deductible Percentage Met** menu, as applicable.
16. If you have an office reference number, enter it in the **Office reference number** field.
17. If you have a referral number, enter it in the **Referral number** field.
18. Enter your notes in the **Notes** field.
19. In the **Attach files** section, click ***Add a file*** to add any appropriate files. Multiple files may be selected at once.
20. Verify the documents are listed in the **Attach files** section.
    If you need to delete an attached document, click the trash icon next to the document name.
21. Click ***Save as draft*** to save the pre-authorization, click ***Previous step*** to go back to the previous page (any information entered on this page will not be saved), or click ***Next step*** to continue to submit the claim.

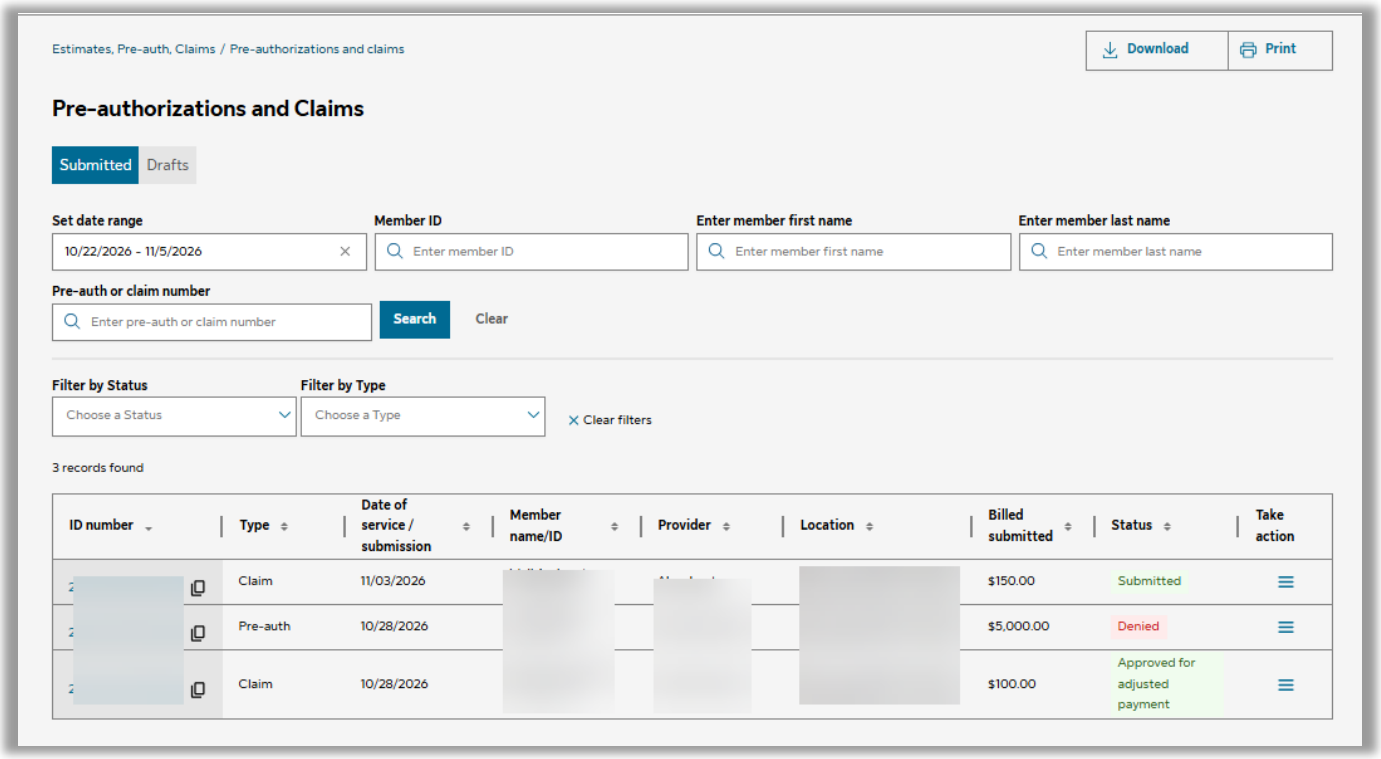
    The *Claims summary* page is displayed.



22. In the **Claim details** section, click ***Edit section*** and then edit an area of that section.
23. In the **Procedure** section, click ***Edit section*** and then edit an area of that section.
24. In the **Optional information** section, click ***Edit section*** and then edit an area of that section.
25. In the **Attachments** section, click ***Edit section*** and then edit an area of that section.
26. Click to highlight the attestation, and then click ***Submit claim***.

To view your submitted and draft claims, click ***ESTIMATES, AUTH, CLAIMS***, and then click ***Pre-authorizations and Claims***.

The *Pre-authorizations and Claims* page is displayed



To act on a particular claim, click on the ***Take action*** menu button to the right of the claim status, and then select the appropriate action.

To review a claim, click on the claim number to open the claim. You can edit and resubmit a claim from the claim details page.

Resubmit a claim

You can edit and resubmit a claim at any time. Simply navigate to the claims page, click on the three lines to the right of the status, and then select ***Resubmit***. You can alternatively start the process by clicking the resubmit button at the top of the page from within the member's claim.

Please note, this process creates a NEW claim and should only be used to resubmit a claim that is missing information and within timely filing deadlines.

The *Resubmit claim* message is displayed.

Click ***Proceed***.

The claim is displayed, and you can edit any of the fields and then resubmit for approval.

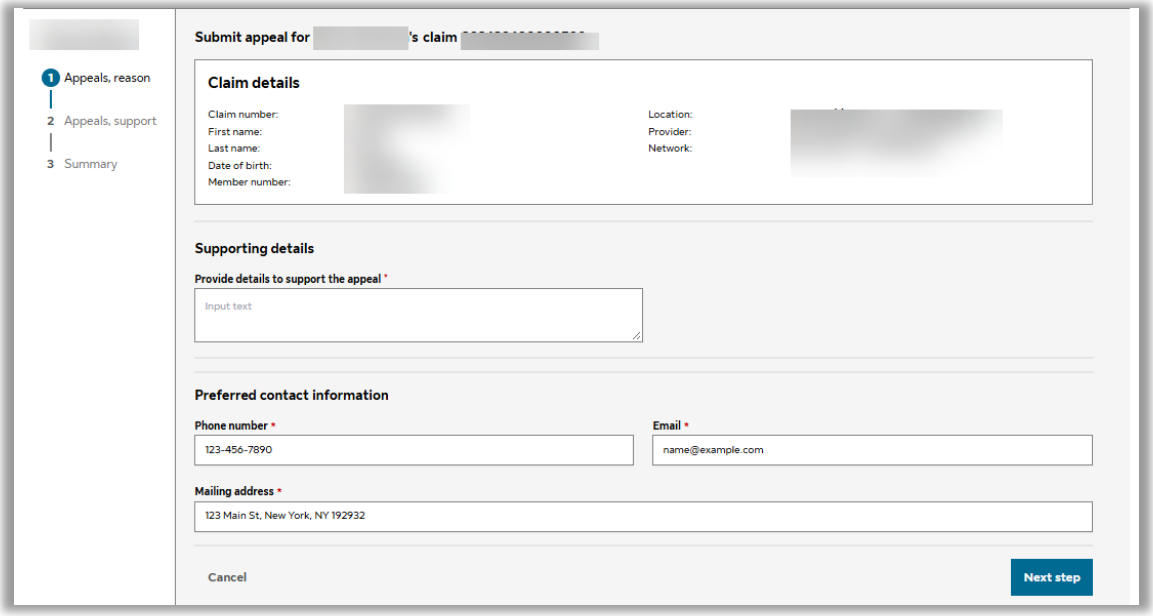
Appeal a claim

Once a claim is approved, partially approved, or denied, it can be appealed.

To submit an appeal, follow the steps below:

1. From the claims page, click on the ellipsis to the right of the status, and then select ***Appeal***. You can alternatively start the process by clicking the button at the top of the page from within the member's claim.

2. Click ***Continue***.
   The *Claim details* page is displayed.



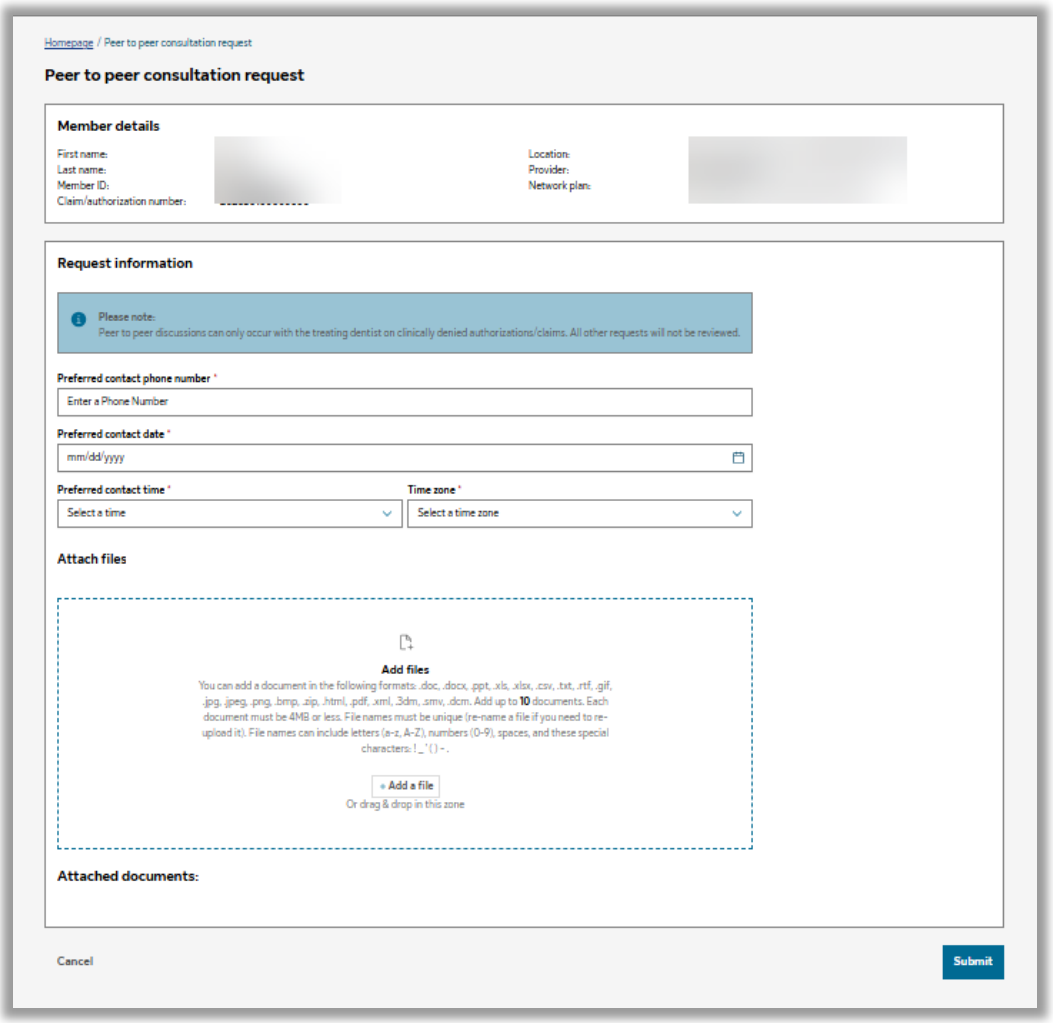
3. Enter the details to support the appeal.
4. Enter the preferred office contact phone number, email address and mailing address in the required fields, and then click ***Next step***.
   The *Appeal support* page is displayed.
5. Drag and drop files or click ***+Add a file*** to attach relevant files. You can attach up to 10 documents.
6. Click ***Next step***.
7. Review the appeal ensuring all information is accurate and any necessary files are attached.
8. Click to highlight the attestation, and then click ***Submit*** appeal.

   It may take up to 30 minutes to receive your appeal confirmation.

Request a peer to peer consultation

You can request a peer to peer consultation by following the steps below:

1. From the claims page, click the three lines to the right of the status, and then select ***Peer to peer consultation request***. You can alternatively start the process by clicking the button at the top of the page from within the member's claim.
   The *Request information* page is displayed.



2. Type your contact number in the **Preferred contact phone number** field.
3. Type your contact date in the **Preferred contact date** field.
4. Select a contact time from the **Preferred contact time** field.
5. Select your time zone from the **Time Zone** field.
6. Drag and drop files or click ***+Add a file*** to attach relevant files. You can attach up to 10 documents.
7. Click ***Submit***.

Void a claim

You can void a claim that has been partially paid, paid, or denied. To void a claim, complete the steps below:

1. From the claims page, click on the ellipsis (three dots) to the right of the status, and then select ***VOID***. You can alternatively start the process by clicking the button at the top of the page from within the member's claim.
   The *Void Claim* page is displayed.
2. Select the reason for the void request from the drop-down menu.

If you need to void only specific line items on the claim, select ***Other (please explain)*** as the reason and then include all the pertinent information for the claim void in the **Describe the reason** field.

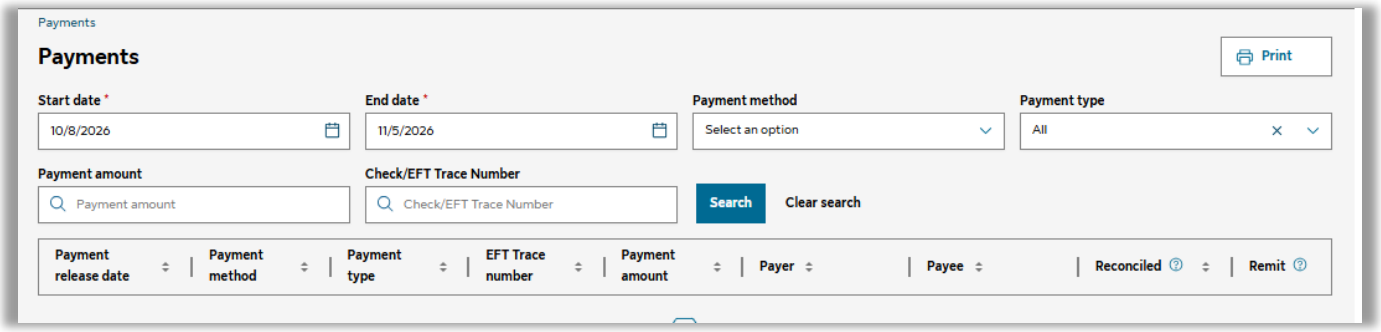
3. Click to highlight the attestation, and then click ***Submit void***.
   The *Confirmation page* is displayed.

Payments

To view payments, follow the steps below:

1. Click on the ***Payments*** tab at the top of the page.
2. Enter a date range (within 2 years) in the **Start date** and **End date** fields.

   You may also select a payment method, payment type, payment amount, or Check/EFT Trace number in the appropriate fields to narrow down your search.



4. Click on the ***Remit*** icon to view the EOB.
5. Click the reconciliation radio button to change the status from Not reconciled to Reconciled. (this is for your records only)

Practice Tools

This page is utilized by the Admin user to manage user profiles, the practice profile, view fee schedules, and set billed amounts.

User access

To manage a user profile, follow the steps below:

1. Click the **PRACTICE TOOLS** tab, and then select ***User access***.
2. To update the status of a user, click the three lines (Action menu) to the right of the user access, and then select the appropriate action.

   You may activate a user, send a username, or send a reset password link.

User search

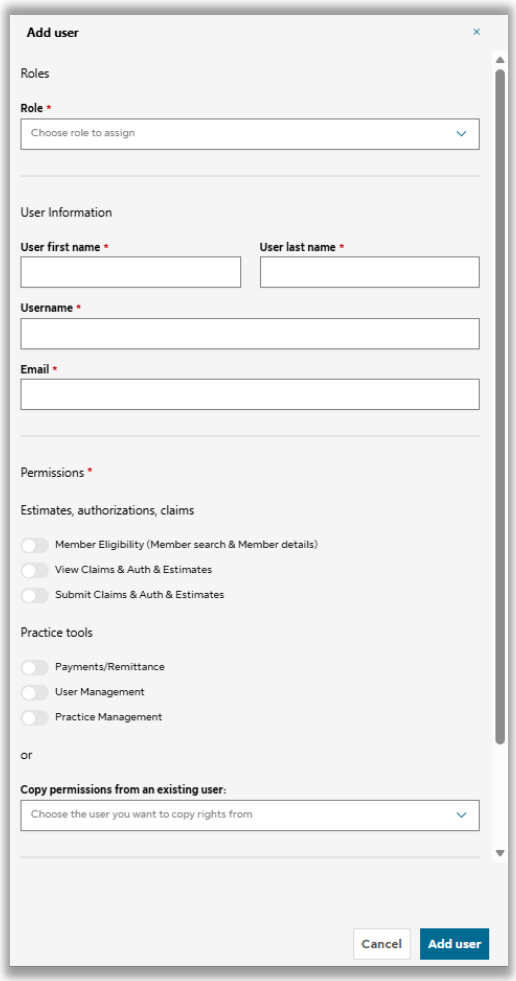
To search for a user, follow the steps below:

1. In the **User search** field, enter the name or username of the user you want to find.
2. Click the arrow in the **Status** field, and then select the appropriate status.
3. Click the arrow in the **Role** field, and then select the appropriate role.
4. Click on the appropriate name to display the detail page for that user.

Add user

To add a user, follow the steps below:

1. To add a user, click ***Add user***.
   The *Add user* drawer is displayed.



2. Click the arrow in the **Role** field, and then select the appropriate role for the new user.
3. Type the first name of the user in the **User first name** field.
4. Type the last name of the user in the **User last name** field.
5. The **Username** field is reserved for the user to complete.
6. Type the user's email address in the **Email** field.
7. Type the user's preferred phone number in the **Phone number** field.

8. Click the appropriate button(s) to toggle the preferred permissions for the user or click the arrow in the **Copy rights from an existing user** field to select a user you want to copy rights (permissions) from.
9. Click the arrow in the User can see all information for field to select the user's access to locations and providers.
    a. Depending on the selected option, a second drop-down menu may display.
    b. You may select specific location and providers, all locations and providers, or no locations or providers. Selecting no locations or providers will limit the available functionality and pages on the portal.
10. Click ***Add user*** to add the user or click ***Cancel*** to cancel the add user process.
    The *Invite has been sent* message is displayed once ***Add user*** is clicked.

User profile

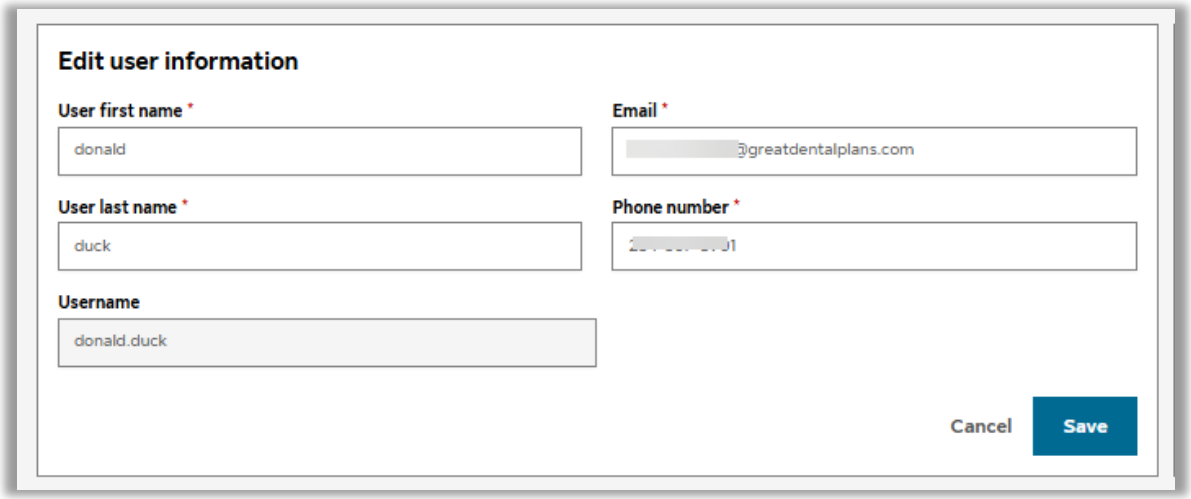
To view the user profile, click on the appropriate user's Name on the **User Access** page.

The *User profile* is displayed.

You can edit the **User information**, **Permissions**, **Roles**, and **Access level** by clicking the ***Edit*** button in that section. You can only make edits for users, and not to admin accounts.

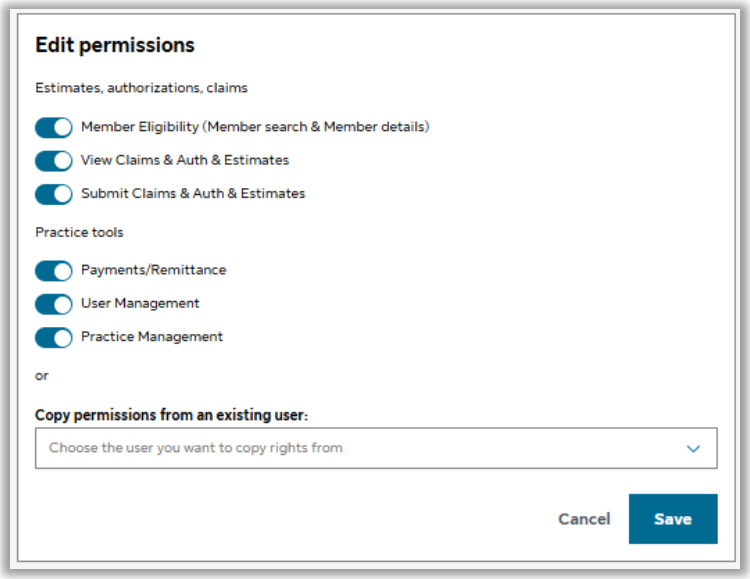
1. To edit the user information, click the ***Edit*** button in the **User information** section.

The *Edit user information* card is displayed.



    a. Type the updated first name in the **User's first name** field.
    b. Type the updated last name in the **User's last name** field.
    c. Type the updated email in the **Email** field.
    d. Type the updated phone number in the **Phone number** field.
    e. The username cannot be updated.
    f. Click ***Save*** to save the changes.
2. To edit the user's permissions, click ***Edit*** in the **Permissions** section.

The *Edit permissions* card is displayed.



a. Click the toggle buttons to select or deselect the permissions or you can select a user from the **Copy permissions from an existing user** field and copy their rights (permissions) to the selected user.
b. Click ***Save*** to save the changes.

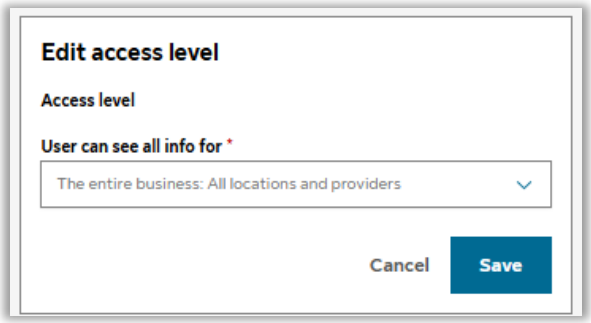
3. To change the user's role, click the ***Edit*** button in the **Roles** section.
   The *Edit access level* card is displayed.



a. Click the drop-down arrow in the **Role** field, and then select the appropriate role.
b. Click ***Save.***

4. To change the user's access level, click the ***Edit*** button in the **Access level** section.

The *Edit access level* card is displayed.



a. Click the drop-down menu in the **User can see all info for** field, and then select the appropriate access level.
b. Click ***Save*** to save the changes.

Edit user permissions and access levels for Third-party users

You can edit the permissions of a third-party user by accessing their user profile as detailed above.

From the **User profile** page, follow the instructions below to edit permissions and access levels:

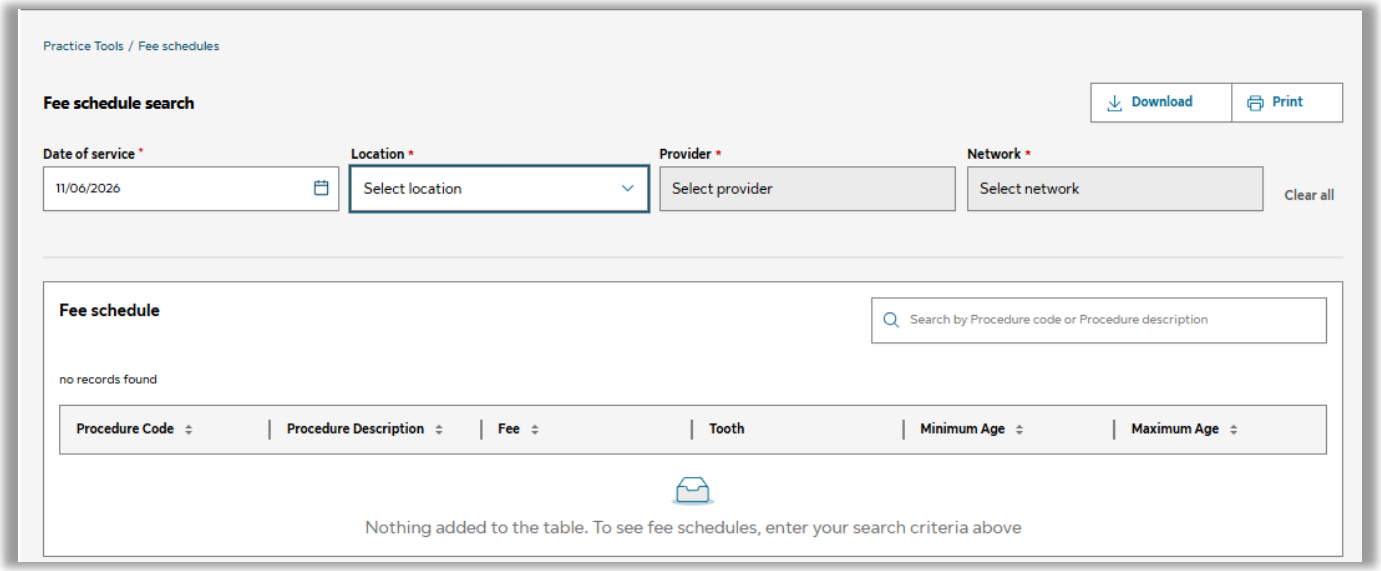
1. In the **Permissions** field, click ***Edit***.

The profile cards are expanded.

a. The **User information** fields cannot be changed.
b. Click the toggle buttons to select or deselect the permissions or you can select a user from the **Copy permissions from an existing user** field and copy their rights (permissions) to the selected user.
c. Click ***Save*** to save the changes.
d. To change the role, click the arrow in the **Row** field, and then select the appropriate role.
e. Click the arrow in the **User can see all info for** field to change the user access level. Additional fields may display based on selection.
f. Click ***Save user*** to save the changes or click ***Cancel*** to return the profile to the previous state.

Fee Schedules

To access fee schedules, click ***Fee schedules*** from the **Practice Tools** tab and then follow the instructions below:



1. Enter the desired date of service in the **Date of service** field. (the current date will populate)
2. Select the desired location from the **Location** drop-down menu.
3. Select the desired provider from the **Provider** drop-down menu.
4. Select the appropriate network from the **Network** drop-down menu.
   The *Fee schedule* is displayed. If any of the boxes are gray or a fee schedule does not display, there are no fee schedules available based on the selected criteria.
   You can click ***Clear all*** at the top right of the criteria fields to start over.

   You can search for a specific procedure by entering the procedure code or procedure description in the **Search** field. You can also sort the fee schedule using the arrows at the top of the **Procedure Code**, **Procedure Description**, **Fee**, **Minimum Age**, or **Maximum Age** fields.

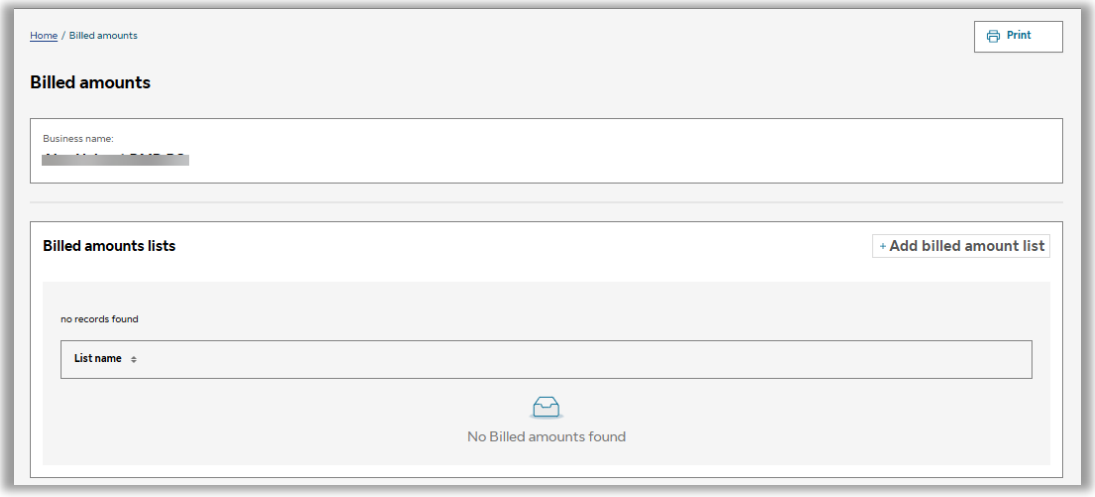
Billed amounts

Creating a billed amounts list allows you to have fees pre-populate on the RTCE, pre-authorization, and claims pages. You can set fees for locations and providers.

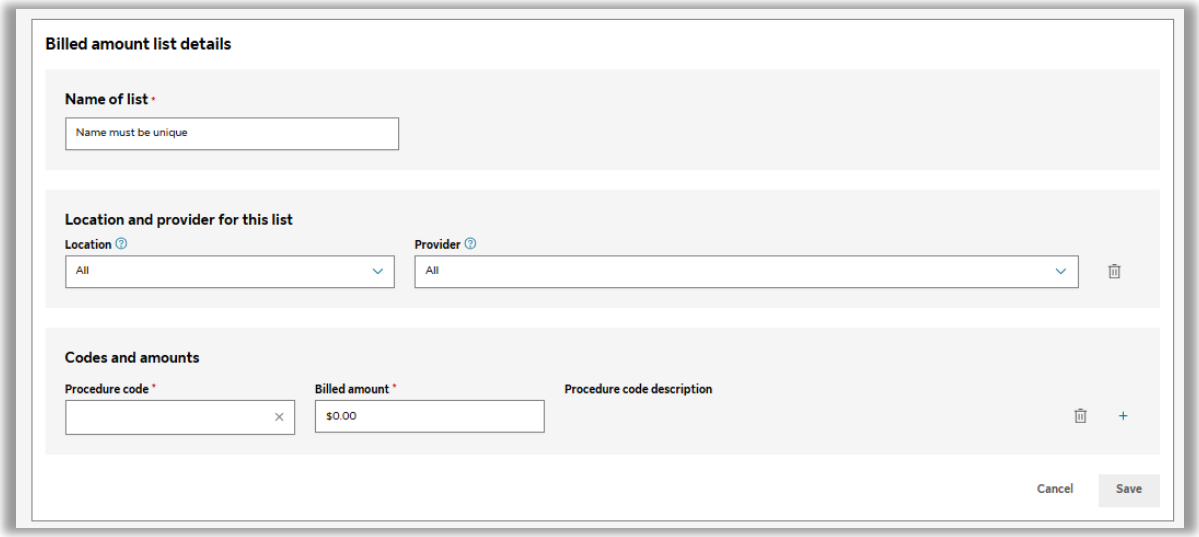
To create a billed amount list, follow the directions below:

1. Click ***Practice Tools***, and then click ***Billed amounts*.**

   The *Billed amounts* page is displayed.



2. Click ***+Add billed amount list***.
   The *Billed amount list details* page is displayed.



3. In the **Name of list** field, type a name for your list.
4. Select a location (or all locations) from the **Location** field.
5. Select a provider (or all providers) from the **Provider** field.
6. Enter a procedure code in the **Procedure code** field.
7. Enter the preferred billed amount in the **Billed amount** field.
8. Click **+** (plus button) to add additional codes to the list
9. Click ***Save*** to save the list.

Resources

The Resources tab takes you to links for our *Training & education center*, *Contact us* page, *Find a provider* webpages, documents, office reference manuals, forms, and a link to our *Help Center*.

Training and education center

Click the link to our ***Training and education center*** to find our *Provider Portal Resource Hub*.

The Provider Portal Resource Hub includes the portal registration link as well as a library of other resources and documents.

Helpful links

Click ***Resources*** and then **Helpful links** to access our *Contact us* page as well as the *Find a MassHealth provider* links.

Your Provider Engagement Representative is always your best resource, but you can also receive assistance by calling the MassHealth Provider Services team at 866-616-2699.

Documents, Office Reference Manuals (ORMs) and Forms, Office Reference Manuals (ORMs) and Forms

Additional state and network documents, training materials, forms, and general information can be found on our *Documents* page.

You can filter your results by entering the name of the item in the **Document search** field or by selecting the appropriate document category from the **Category** field.

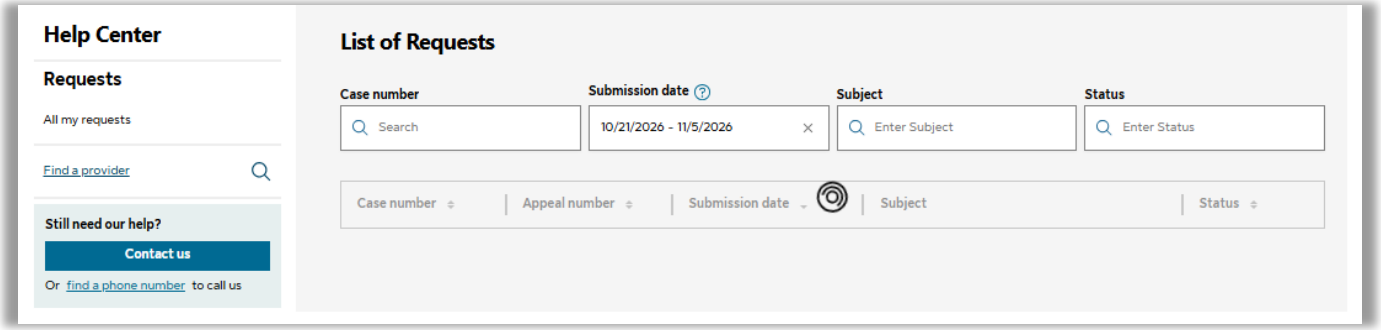
The document categories are:

- Office Reference Manual
- Dental Home Materials
- Fax Blasts
- Forms
- General
- News Archive
- Prepaid Compensation Schedule
- Newsletters
- Bulletin
- Provider Training

Alternatively, you can search for Office Reference Manuals or forms by clicking ***Office Reference Manuals (ORMs***) or ***Forms*** from the **Resources** tab.

Help Center

The Help Center is where you will find your list of requests. Requests are listed by case number or appeal number.



You can filter your results by case number, submission date, subject, or status.

Revision History

V.	Date	Author	Description
1.0	01/22/2024	Raeanne	Initial draft