Provider Updates

From Virtual Office Hours on August 28th, 2025



Virtual Office Hours

- The Virtual Office Hours are designed to provide:
 - An opportunity for providers and their teams to ask questions, share feedback, and receive support during this transition period
 - A forum where the Provider Relations team can share updates, clarify information, and review what has been communicated in the Monday email announcements
- Guidelines for participation
 - Please approach these sessions with respect and understanding
 - Refrain from using negative or disrespectful language

While we recognize and appreciate everyone's frustration, let's work together constructively to ensure communication remains helpful and collaborative.

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*HOLIDAY OFFICE CLOSURE ANNOUNCEMENT

BeneCare and MassHealth offices and call centers will be closed on Monday, September 1st in observance of the labor day holiday. As a result, our weekly provider updates email will be sent on Tuesday, September 2.

Claims payment is on Tuesday, interim payment on Wednesday

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Discussion Topics

- Eligibility Update
- Claims Processing & Payment
- Remittance Advice
- VendorWeb
- Prior Authorization Update
- Portal and Customer Service Update
- Remittances
- Claims Outreach and Submission
- Interim Payment Advances
- Recoupments
- Claims Outreach
- Portal PA Submission
- ORM & Job aid
- Contact Information
- Q & A

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Eligibility Update Delayed

- Due to unsuccessful testing, eligibility data has not yet been fixed as planned
- BeneCare and MassHealth agreed to wait until testing is successful to avoid further issues
- Next Steps: Fix work is underway, and testing is in progress...

Our commitment to you:

We know these ongoing claims processing issues have been frustrating and disruptive. Many of these issues depend on the completion of this eligibility fix currently in progress. Once this fix is in place, we expect claims to process correctly moving forward. We will then begin a remediation process to correct previously denied claims due to eligibility discrepancies, system coding issues, or gaps in treatment history.

BeneCare and MassHealth teams remain fully engaged to resolve these system issues as quickly as possible. Our priority is to give you the information and support you need — now and in the future.



Proof of Eligibility Reminder

- The eligibility fix and following system-wide reprocessing is expected to remediate most incorrect denials.
 - Please do not submit reconsideration or resubmit claims due to incorrect eligibility at this time.
- After system-wide reprocessing, we will assist with any specific claim denials that still need to be corrected.
- Remember to check eligibility on the actual DOS and retain proof of eligibility
 - The member Eligibility Report or Treatment History Report can be saved as proof that eligibility was verified on the date the report was run (i.e. replacing previously required screenshots)

MassHealth Dental program policy is to honor eligibility status as it appears at the time of verification on the date of service.

If a claim is denied due to eligibility, you can submit a reconsideration request with proof of eligibility and we will honor the eligibility status as it appeared when eligibility was verified on the date of service.



Interim Payment Advance Reminder

- MassHealth continues to make payment advances upon request until regular claims payments resume.
- MassHealth considers requests based on the current information that we have regarding your office total payments since the transition (including both claims payments and previous interim payment advances), your historical claims payment volume, next claims payment, and whether you received an advance in the previous week.
- As claims payment issues resolve for providers and payments are close to or more than historical claims payment volumes, fewer requests are being approved. However, specific providers who continue to have low to no claims payments remain eligible.
- If your cash flow continues to be significantly impacted by claims processing issues, you have the option to request an interim payment advance using the <u>online form</u>.

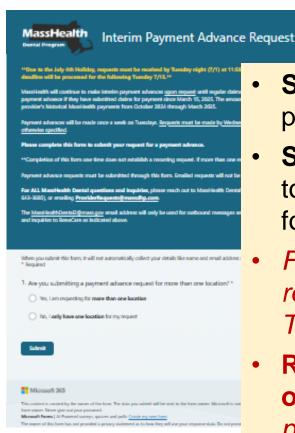
*Note that due to Labor Day holiday, advances approved this week will reach providers on Wednesday, September 3rd.

Interim payment advances will not be processed for offices with payments already estimated to be close to your historical average.



Interim Payment Advance Request





- Submit the form each week that a payment advance is needed
- Submit by Wednesday night at 11:59PM to receive the payment advance the following Tuesday (4 business days later)
- Forms received after the deadline will receive the advance the second following Tuesday (9 business days later)
- Requests must be received through the online form. Email requests will not be processed.

https://forms.office.com/g/mya0tHDdbp



Interim Payment Recoupments

- Recoupments began again for 6/30 claims payments, was paused for the 7/7 claims payment, and begin again with the 7/14 claims payment. No recoupments applied to the 7/7 claims payment.
- On 7/14 and moving forward, MassHealth will recoup 33% of claims
 payment for each outstanding advance that a provider has received until
 the full advance amount has been recouped.
- Please note that previous recoupments in May were 100% of claims payment. MassHealth has reduced the recoupment percentage from 100% to 33% for each outstanding advance payment.
- For more details about the recoupment process, please review the Recoupment Job Aid available at the <u>Dental Provider Toolkit</u> webpage



Option to Pause Recoupment

 MassHealth is offering the option to temporarily pause the recoupment of interim payment advances for up to eight weeks (**You must OPT IN**)

Pause period:

August 25, 2025 (Run 100848) - October 13, 2025 (Run 100855)

What it means:

- Submit a pause request → no interim payment advance recoupments during after request is processed through 10/13/2025 (Run 100855)
- No action → recoupments continue to apply to your claims payments until the outstanding advance amount has been fully recouped

How to request:

Complete online form by 12:00 PM (noon) Friday → pause will be effective ~6 business days after the Friday deadline (i.e. the 2nd claims payment after the Friday deadline) and remain in effect through 10/13 (Run 100855)

Requests received after this deadline will be applied to the next claims payment cycle



forms.office.com/g/2S4m1EezG9

If a pause request has already been submitted, no further action is required. Approved pause requests will remain in effect through October 13, 2025 (Run 100855), and do not require weekly resubmission.



Recoupment Job Aid

■ The <u>updated</u> **Recoupment Job Aid** – as well as all published job aids – can be found on the Dental Provider Toolkit page as shown below:



Dental Provider Toolkit available at:

massdhp.org/dentalproviders/dental-provider-toolkit

ORM Updates

- Effective August 14, 2025, an updated Office Reference Manual (ORM) is available at: <u>massdhp.com/ORM</u>
- Key Updates:
 - Section 6.00 Documentation Requirements & Exhibit A
 - Suspension of prepayment claim review for crowns & core buildups until 10/1/25
 - Exception: Multiple crowns for members 21+ on the same DOS still require review
 - Section 17.00 Orthodontic Treatment & Exhibit A
 - Simplified PA submission guidelines for orthodontic requests
 - Simplified claim submission guidelines for periodic orthodontic visits
 - Exhibit A Benefit Grid updated
- For a complete summary of the ORM updates, please visit massdhp.org/dental-providers/provider-news-and-updates



Orthodontic Job Aid

 New reference tool to provide an overview of the PA and claim requirements for orthodontic treatment



PROVIDER JOB AID – ORTHODONTICS

Orthodontic Treatment: Prior Auth & Claim Requirements

Comprehensive Orthodontic Treatment (D8080 / D8070 / D8090)

Age Requirement: Comprehensive orthodontic treatment must start before the 21st birthday with initial placement and insertion of fixed or removable orthodontic appliances

Documentation Required for Prior Authorization (PA) Request Submission:

- · Panoramic Radiograph (PAN)
- Cephalometric Radiograph* (Ceph)
- Photos* (Intraoral, including lateral and occlusal views, and extraoral)
- HLD Index Form
- . If applicable, Medical Necessity Narrative and Supporting Documentation
- * Either the Ceph or photos must include a measurement device such as a calibration ruler, wire of known length, embedded measurement device, Boley gauge, disposable ruler, or periodontal probe. If not clearly marked, please include a brief explanation to aid in establishing a scale.

Codes to include in PA Request Submission:

- D8080/D8070/D8090 (no date of service)
- D8660 (date of service required)

D8660 *Pre-Orthodontic records charge* is only paid if a comprehensive orthodontic PA request has been denied.

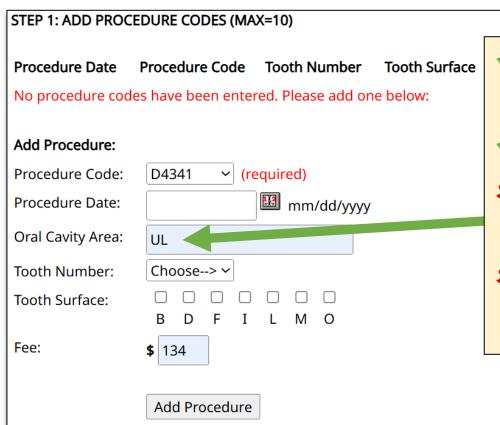
- D8660 is only payable with an associated D8080/D8070/D8090 PA request denial, with a frequency limitation of one per 6 months per provider or location.
- D8660 is not separately billable without a comprehensive or limited orthodontic PA request denial. If a pre-orthodontic visit does not result in a PA request submission (for example, because orthodontic treatment is not vet indicated due to the member's growth and development).



To find this resource and more, please visit: massdhp.org/dental-providers/dental-provider-toolkit/

Portal: Quadrant Detail Entry

Quadrant details are required for claims or PA requests for quadrant-specific codes such as deep cleanings (D4341/D4342)



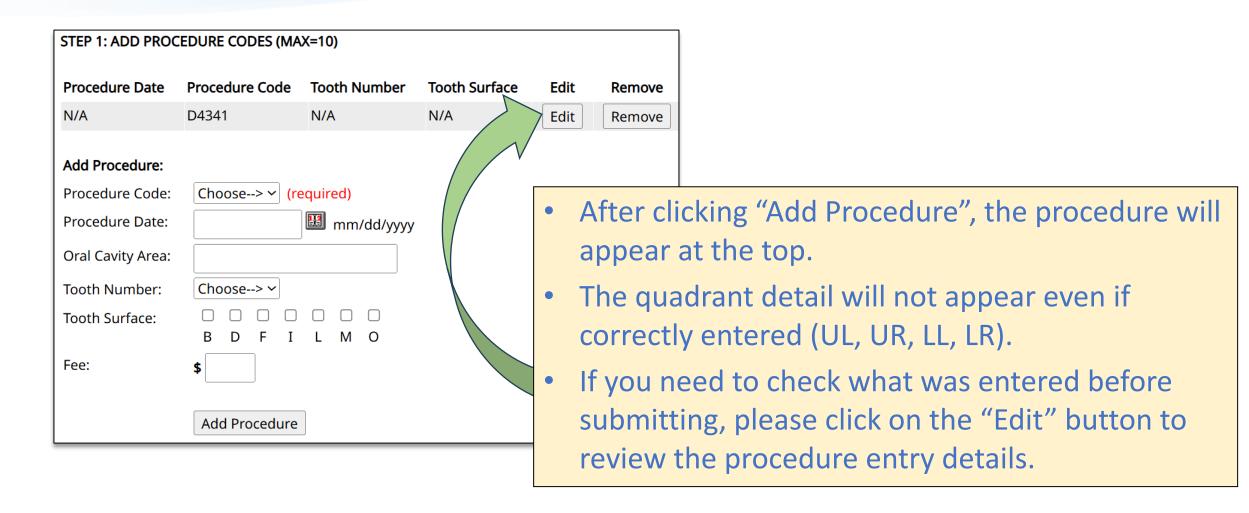
- ✓ Enter the quadrant abbreviation (UR, UL, LL, LR) in the "Oral Cavity Area" field.
- ✓ Add a separate Procedure for each quadrant.
- Do <u>not</u> enter more than one quadrant in the "Oral Cavity Area" field.
- Do not spell out the quadrant as "Upper Right", "Upper Left", "Lower Left", or "Lower Right"



Failure to enter required quadrant detail will delay processing.



Portal: Quadrant Detail Entry (cont.)



VendorWeb (as of 8/21, payments after 7/30 are temporarily unavailable on the site)

Providers can view scheduled payments and payment history

massfinance.state.ma.us/VendorWeb/



- To log onto VendorWeb, you will need your Vendor Code and the last 4 digits of your Tax ID.
- If you need to get your Vendor Code, please call 844-MH-DENTL (844-643-3685).
- If you know your MassHealth Provider ID/Service Location (PIDSL or Payee ID), you can call 800-841-2900 to get your Vendor Code.

*Your "Payee ID" or "PAYEE NUMBER" can be found at the top of your remits. It is 9 numbers and a letter: ex. 123456789 A



VendorWeb Currently Down



August 11: Payment Files Currently Unavailable

Due to a processing error, payment files after July 30 are temporarily unavailable. We are working on the issue and hope to have it resolved soon. Please note that the payments themselves are proceeding as usual. If you are a vendor needing assistance with payment information, please reach out to the <u>agency with whom you do business</u>.

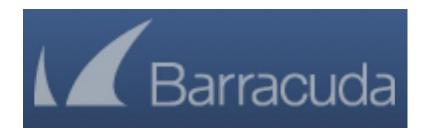
- Payments are processing as usual but the payment files after July 30 are temporarily available.
- For payment information, please contact 844-MH-DENTL (844) 643-3685

Note: VendorWeb is the State's portal for providers to view scheduled payments and payment history



Don't Miss Our Secure Emails

 We use a HIPAA-compliant secure email platform called Barracuda



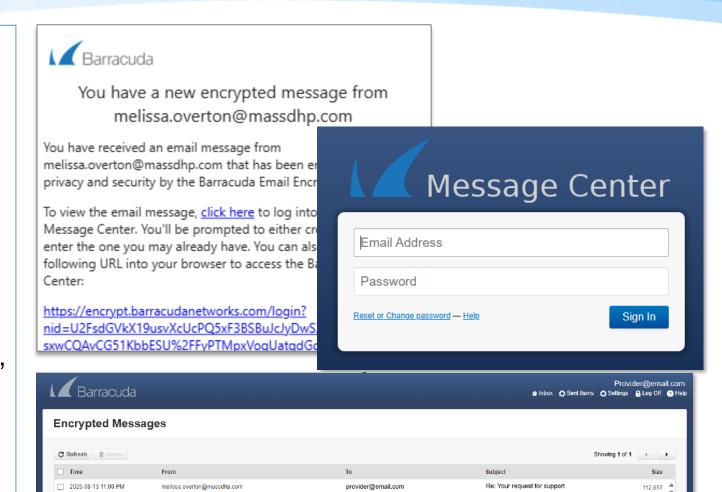
To avoid missing important messages, please:

- ✓ check your Spam or Junk folders and
- ✓ add Barracuda (@barracuda.com) to your safe senders list



Barracuda Email Overview

- Look for notifications from noreply@barracuda.com in your inbox.
- 2. Check your Spam/Junk folders if you don't see the email in your inbox.
- 3. Open the notification email to access your secure message.
- Click the provided link to open the Barracuda Message Center.
- 5. Log in using your Barracuda password, or create a new password if it's your first time.
- 6. Once logged in, view, reply to, or download your secure message.



Note: Barracuda secure messages expire in 30 days. Be sure to download and store a copy securely if needed.

Claims Processing and Payment

- This week's 8/26 payment:
 - Includes a week of recently submitted claims.
 - No system-wide claims reprocessing for all providers
 - Recoupments continue to apply
- Next week's 9/2 claims payment:
 - Includes a week of recently submitted claims
 - Vyne Submissions are being investigated and direct outreach to potentially impacted providers was made at the beginning of this month.

Please do not resubmit incorrectly processed claims until the system issues are fixed, as they will continue to pay incorrectly.

No resubmissions are needed at this time. We will notify you if needed in the future.



Known Claims Processing Issues

- As a result of the eligibility challenges, we still cannot process HSN and COB / TPL claims.
 - We expect this to be resolved with the eligibility fixes.
- Codes that are currently under investigation: D0140, D0190 (PHDH only),
 D1351, D9450 (rural and CHC only), D8670, D8999
 - For claim questions and inquiries, please reach out to <u>ProviderRequests@massdhp.com</u>
- After eligibility is fixed, we anticipate remediation to fix system-wide claim processing errors.
 - More info to be shared in coming weeks.

No resubmissions are needed at this time. We will notify you if needed in the future.

Claims Outreach **New Form**

• If you are receiving low or no claims payment and we are not already working with you to make sure that your claims are received and processed, please reach out to us directly or fill out this form so that we can assist you.





Remittances

- MassHealth remittance advice (remit) continues as a <u>temporary workaround until BeneCare</u> can provide the <u>remits</u>.
 - MassHealth continues to mail remits on a weekly basis
 - At the beginning of June, Masshealth EOB reason codes became available. Refer to the crosswalk provided as BeneCare has separate EOB reason codes from the EOB reason codes listed on the Masshealth remittance advice.

Please **check the portal** or **call 844-MH-DENTL (844-643-3685)** for questions about the claims status or for additional procedure detail on the MassHealth remit.

Reminder on MassHealth remit limitations: No quadrant information; Claims with more than one DOS will incorrectly show all services with the same DOS (BeneCare has the correct information about the multiple DOS and has processed the claims as such). BeneCare has separate EOB reason codes from the EOB reason codes listed on the MassHealth remit. MassHealth and BeneCare EOB code crosswalk: bit.ly/EOBcrosswalk.



Prior Authorization Update

- Service authorization decisions are available on the portal under "Claims Status" and continue to be mailed out.
- Please Note important distinctions between determination letters:
 - PA letters will not show service dates next to service line detail.
 - Claim, or EOB letters will show service dates in the first column of each claim line in detail on the back of the letter. Claims letters are followed by remit letters which are currently being sent by Masshealth
- We are processing recently submitted PA requests with normal turnaround times and we have completed processing the backlog with the exception of:
 - Recently received PA requests due to DentalXChange and mail delivery delays
 - HSN

For PAs received on or after 6/23/2025, you can expect **normal turnaround times**:

- An average of no more than 5 business days, and
- No more than 21 calendar days for any individual request.



Submission Instructions

To expedite service authorization request processing:

- Do not include future dates of service when submitting any claims or service authorization requests.
- Submit claims (dated) and service authorization requests (undated) separately. When claims and service authorization requests are submitted together under one submission, this requires additional administrative steps and creates processing conflicts which may delay processing times.

Please ensure your billing teams and vendors are aware of this distinction. Submitting claims and prior authorizations separately will help expedite processing and prevent unnecessary disruptions in care or reimbursement.

 Do not include dates of service for authorization requests on any procedure other than D8660 for orthodontic prior authorization requests.



Orthodontic Prior-Authorization & Claim Payment

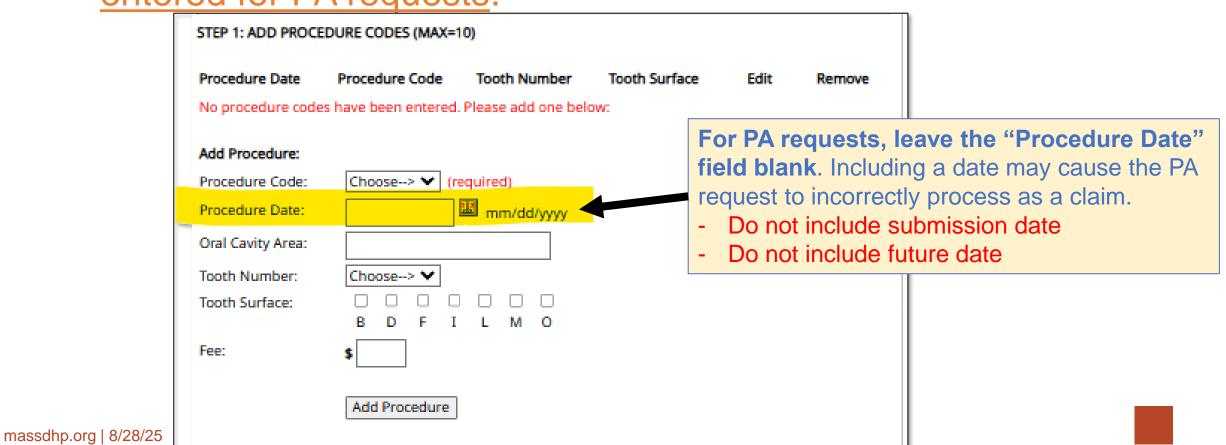
- Orthodontic cases <u>require prior authorization</u>. Dentists are to submit the required documentation for review for comprehensive treatment.
- Claims must include a date of service. These claims cannot be submitted until the service has been rendered.
- Orthodontic claims will not be reviewed or paid for future dates of service.

Please ensure your billing teams and vendors are aware of this distinction. Submitting claims and prior authorizations separately will help expedite processing and prevent unnecessary disruptions in care or reimbursement.



Portal PA Submission

• When submitting <u>PA requests</u> in the portal, the "Procedure Date" field must be left blank. Please make sure that <u>no date is</u> entered for <u>PA requests</u>.



Portal Update

Currently in testing, expected after eligibility fix

The next expected portal update: member eligibility search by name

- The validated eligibility data upload is a pivotal first step in providing you with reliable, accurate eligibility data
- BeneCare has enabled key updates that have restored claim status functionality and improved timely processing
- The portal is now responding much faster across all functions.
- A portal error is preventing some claims and/or PA requests from being submitted.
 - Even though the member is eligible, an error message "Invalid Member ID or Date of Birth" displays on the Claim/PA upload screen followed by the words "Please try again."
 - This error is due to a misalignment between member eligibility and claims processing.

If you cannot submit a claim or PA request in the portal due to this error, please:

- 1. FAX to: 833-627-7347, or
- 2. Submit to EDI, or
- 3. Mail to: MassHealth Dental Program Claims c/o BeneCare Dental Plans P.O. Box 631 Worcester, MA 01613
- 4. Please do NOT email claims or PA requests directly to BeneCare.

If you are unable to FAX, submit to EDI, or mail, <u>please request a secure email connection</u> by emailing **ProviderRequests@massdhp.com**



Portal Update cont.

- Eligibility accuracy and reliability remains a priority issue.
 - We have begun the process to fix eligibility issues and this fix is expected soon. We will let you know when this work has been completed.
- The portal now shows the Paid status for claims.
 - Please note that there is about a 1-week lag in the portal status being updated to "Paid" after the claims payment has been issued.
- Quadrant detail may not display properly and is currently under investigation.



Customer Service Update

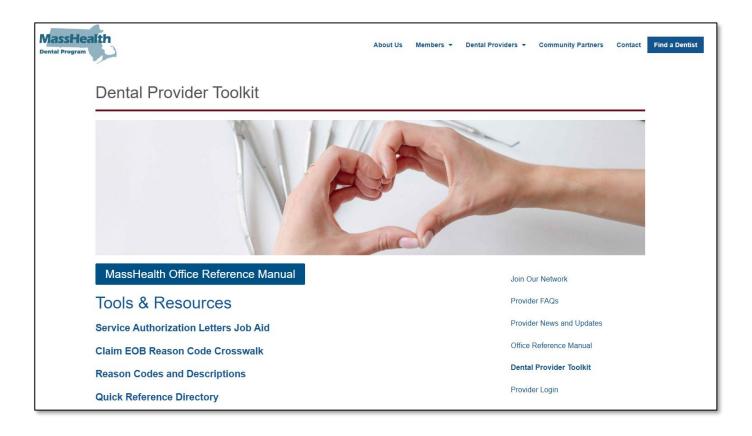
- Benecare saw above average wait times again for the week of August 18-22
- Additional team members began onboarding and training last week.
- Providers can also continue to call MassHealth's customer service line at 800-841-2900 for member eligibility information.
 - Note: MassHealth customer service can only answer questions about member eligibility, not claims, prior authorization requests, or other items. Please continue to call BeneCare's customer service center for this information.



Dental Provider Toolkit

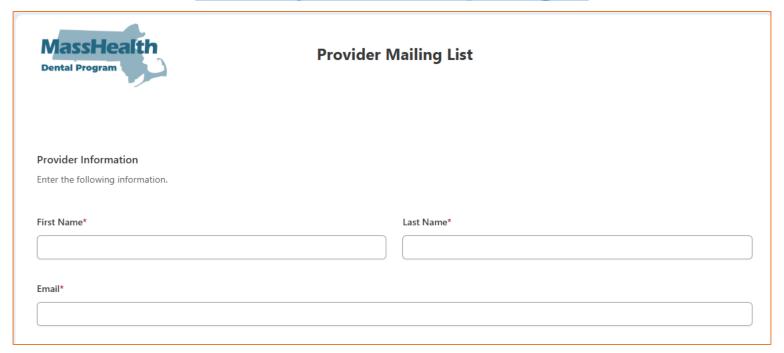
Tools and Resources can be found on the MassHealth Dental program website: massdhp.org/dental-providers/dental-provider-

toolkit



Provider Email List Sign-up Link

survey.massdhp.org/1



Sign up for the email list to receive the latest updates. You can add as many emails as you would like.

Contact Information

- For MassHealth Dental questions and inquiries, please reach out to MassHealth Dental Customer Service by visiting massdhp.org, calling 844-MH-DENTL (844) 643-3685, or emailing:
 - For General Inquiries, <u>CustomerService@massdhp.com</u>
 - For Claims, Claims Payments, Copies of Remits, Benefits, Eligibility, <u>ProviderRequests@massdhp.com</u>
 - For Contracting, Credentialing, Training, Education, ProviderRelations@massdhp.com



UPDATED

Provider Relations Team: Contact Information

Brianna Jones

E: <u>brianna.jones@massdhp.com</u>

P: 774.351.2718

Lower Berkshire County, Essex County, Hampden County, Hampshire County, and Worcester County

Towns in lower Berkshire County: Alford, Becket, Egremont, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlbourough, Otis, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington, and West Stockbridge

Nataly Santos

E: nataly.santos@massdhp.com

P: 508.972.0028

Upper Berkshire County, Franklin County, Middlesex County, and Norfolk County

<u>Towns in upper Berkshire County</u>: Adams, Cheshire, Clarksburg, Dalton, Florida, Hancock, Hinsdale, Lanesbourough, New Ashford, North Adams, Peru, Pittsfield, Savoy, Williamstown, and Windsor

Melissa Overton

E: melissa.overton@massdhp.com

P: 774.425.7694

Barnstable County, Bristol County, Dukes County, Nantucket County, Plymouth County, and Suffolk County

General Inquiries:

CustomerService@massdhp.com

Claims, Claims Payments, Copies of Remits, Benefits, Eligibility:

ProviderRequests@massdhp.com

Contracting, Credentialing, Training, Education:

ProviderRelations@massdhp.com

Q&A

THANK YOU!