



BeneCare & MassHealth 8.11.25 Dental Update

We want to begin this week's communication with full transparency. Despite weeks of prior testing, an all-hands-on-deck commitment, and our very best efforts, the member eligibility validation testing was not successful late Friday afternoon. This caused us to have to halt uploading the refreshed eligibility data over the weekend which had been our plan.

We recognize that many of the ongoing claims issues hinge on this eligibility fix, but BeneCare and MassHealth made the decision to delay the upload until eligibility testing is successful. BeneCare has already begun work efforts to solve for this and testing is expected to resume by mid-week. Since the eligibility fix must take place over a weekend, the next possible opportunity to load the refreshed eligibility data would be August 16-17 pending further validation testing.

We also recognize that our communications via email, virtual office hours, and direct calls to and from our Customer Service and Provider Relations teams continue to ask for your patience. These issues are very complex and have required extensive input from MassHealth and BeneCare's technology teams to resolve.

As we look toward resolution for the eligibility fix and other outstanding items, BeneCare and MassHealth have partnered to develop a high-level timeline to remediate the outstanding priority issues that continue to impact your business. You will see these expected completion timeframes outlined within each section below:

- (1) claims processing
- (2) prior authorization
- (3) portal and customer service
- (4) remittances
- (5) payment advances
- (6) recoupments
- (7) helpful reminders

1) Claims Processing & Payment Update

- Current state:
 - This week's 8/11 claims payment includes a week of recently submitted

claims.

- Recoupments continue to apply for this week's 8/11 claims payment. For more information, please see Section (6) below.
- We are aware that a number of claims are currently denying in error due to a combination of eligibility discrepancies, internal coding issues, and gaps in treatment history logic. We're actively testing and troubleshooting to resolve the eligibility-related issues.
- The following codes have been at the root cause of widespread issues, including:
 - **D8670 and D8999. Testing on D8999 has been completed and will be pushed into production once the eligibility refresh is uploaded.**
 - Testing on D8670 remains in flight, but will also move to production once testing is completed.
- In addition, reporting has shown issues with the following codes which required retrospective analysis of claims denied incorrectly (largely due to eligibility) and/or paid incorrectly. These will be reviewed and reprocessed once the validated eligibility has been pushed into production. These codes include: **D0140, D0190, D1351, and D9450.**
- Next Steps:
 - Next week's 8/18 claims payment will include a week of recently submitted claims.
 - We continue to work through some provider-specific issues and are reaching out to those providers directly. Individual outreach and problem-solving continues to assist providers who continue to receive low or no claims payment.
 - **Please Note:** BeneCare uses a HIPAA-compliant, secure email platform called Barracuda. Please monitor your SPAM and Junk folders for emails sent to you through this secure platform, and add Barracuda to your known senders to ensure that you don't miss these important emails.
 - If you haven't already received outreach from the BeneCare team and you either haven't received any claims payment or your payment remains very low **due to something other than the already known eligibility or configuration issues**, please fill out this [online form](#) so that we can assist you.
 - In addition to eligibility and treatment history remediation, we anticipate that there will be additional remediation to fix any system-wide claim processing errors.
 - Inaccurate claim denials are still being researched and a remediation plan is being determined.
 - If you believe you have claims that were incorrectly denied for a reason unrelated to eligibility or treatment history, please reach out to ProviderRequests@massdhp.com

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

2) Prior Authorization Update

- Current state:
 - PA decisions are available on the portal under “Claims Status” and continue to be mailed out.
 - BeneCare continues to stay current with PA and claim processing and has completed processing prior known backlogged claims and PAs.
 - Manual processing has begun for claims submitted via DentalXChange (DXC) with electronic attachments, as well as Vyne submissions which were addressed via direct email communication to impacted providers last week
 - For PAs requests received on or after 6/23/2025, BeneCare is processing the PA requests with normal turnaround times:
 - An average of no more than 5 business days, and
 - No more than 21 calendar days for any individual request.

Please see below for important clarifications on service authorization request submissions to expedite processing times. To avoid processing issues, please follow these guidelines:

PA requests (non-orthodontic):

- **Prior authorizations must be submitted separately** for procedures that require approval before treatment and must not include a date of service.
 Prior authorization requests that include a date of service may be incorrectly processed as claims.
- Conversely, **claims must include a valid date of service** and should only include procedures already rendered. Submitting claims with future dates of service will delay claims review.
- **Submit prior authorization requests and claims separately.** When both are included on the same submission, it creates processing conflicts and may result in delays or denials.

Orthodontic Prior-Authorization & Claim Payment:

- Orthodontic cases **require prior authorization.** 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.**

New Orthodontic PA request submission process

BeneCare’s system processes orthodontic prior authorization requests and claims differently than the previous administrator. As such, we are updating the orthodontic prior authorization submission process to align with the BeneCare system and to make it simpler for providers.

As previously announced, **providers should no longer include the periodic orthodontic treatment visit codes (8 units of D8670 and 5 units of D8999) when submitting prior authorization requests for comprehensive and limited orthodontic treatment.** If the comprehensive or limited orthodontic treatment PA

request is approved, the periodic orthodontic treatment visits will be automatically approved.

If you have recently received an approval for comprehensive or limited orthodontic treatment but the periodic ortho treatment visit codes (D8670 or D8999) were denied, the D8670 / D8999 denials are an error. Once the approved comprehensive or limited orthodontic treatment has been billed, you can bill the periodic ortho treatment visits (up to 8 units D8670 every 90 days after banding or up to 5 units D8999 after appliance delivery).

Please note: Further instruction on the ortho submission process will be provided via updates to the ORM, a companion Job Aid, and a dedicated training session provided by BeneCare.

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

3) Portal & Customer Service Updates

- Current state - portal:
 - As mentioned above, BeneCare and MassHealth have been testing the eligibility data and search functions over the past few weeks to ensure that your inquiries will return accurate results. The validated eligibility file upload is a pivotal first step in providing you with reliable, accurate eligibility data.
 - BeneCare also continues to work on addressing the provider portal slowness and intermittent performance issues to improve system speed and reliability.
 - 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

Please do NOT email claims directly to BeneCare.

If you are unable to FAX or submit your claim through EDI, please request a secure email connection by emailing

- Portal updates:
 - The portal now shows more up-to-date Paid status for claims and service authorization requests that have been processed. 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. A Quadrant Detail Job Aid is being developed to address the inconsistencies with submissions, review, and reporting.
- Current state – customer service:
 - BeneCare's saw above average wait times for the week of August 4-8.
 - BeneCare has revisited their staffing model which should yield measurable improvements this 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.)
- Next steps:
 - Eligibility accuracy and reliability will continue to be a shared priority. The eligibility data upload is the first step toward delivering accuracy and restoring confidence.

4) Remittances

- Current state:
 - MassHealth remittance advice (remit) will continue to be used as a workaround until BeneCare can provide the remits.
 - The remit for the 8/4 claims payment was mailed out last week.
 - The remit for today's 8/11 payment will be mailed out soon.
 - At the beginning of June, MassHealth EOB reason codes became available. As previously communicated, please [click here](#) to refer to the crosswalk provided as BeneCare has separate EOB reason codes from the EOB reason codes listed on the MassHealth remittance advice.
 - Providers will need to 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.

- VendorWeb:

- As a reminder, providers can view scheduled payments and payment history using [VendorWeb](#).
- Job Aid: [How to Use 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
- Next steps:
 - MassHealth will continue to mail remits until providers can be set up with access to the electronic remits. In the future, BeneCare is anticipated to generate the remits directly.

Access VendorWeb

5) Interim Payment Advances

- MassHealth will continue to make interim payment advances upon request for providers who payments are below their historical claims payment volumes.
- As claims payment issues resolve and payments have returned to historical claims payment volumes for most providers, 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 [online form](#).
- Interim payment advances will be made once a week on Tuesdays. Requests must be received by Wednesday night before 11:59pm using the [online form](#).
- **Submit the online form each week** that a payment advance is needed.
Interim payment advances are issued in 2-week amounts and therefore not generally approved in 2 subsequent weeks.
- **Requests must be received through the online form. Email requests will not be processed.**
- **Requests are not recurring.** If more than one request is needed, your office must make a separate request each week.
- Duplicate or incomplete requests will not be processed. Requests that are received in the same week are considered duplicates and will not be processed.
- **Interim payment advances will not be processed for offices with payments already estimated to be close to your historical average.** We

will send written notice if your request is not processed because your office payments are up to your historical average.

[Request a Payment Advance](#)

6) Recoupments

As a reminder, below is an outline of the interim payment advance recoupment schedule.

- 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.
- Most providers have received one advance; they will receive 67% of claims payments until the advance has been recouped.
- Providers with more than one advance will receive less than 50% of claims payments until the advances have been fully recouped. They will have 33% of claims payments recouped for the first outstanding advance and then an additional 33% of the remaining claims payments for each additional outstanding advance.
- For more details about the recoupment process, please see this [Recoupment Job Aid](#).
- Providers who have received more than one interim payment advance and are concerned about the impact of the recoupment schedule to their cash flow can submit a hardship request for consideration of a more gradual recoupment schedule using this [online form](#).

7) Reminders

Virtual Office Hours Reminder

- Weekly Virtual Office Hours **will be held each week on Thursdays from 12-1pm**. Please note that we've changed to Thursdays instead of Wednesdays
- Please **register here**.
- Slides from previous Virtual Office Hours are available here: [Providers News and Updates](#)

ORM Reminder

- The Office Reference Manual (ORM) is available at massdhp.org/orm/
- The ORM is regularly updated to reflect changes in policies, procedures, and regulations, so please check back frequently for the most current information.
- The ORM will be updated shortly to incorporate helpful information for orthodontic claims, PA submissions, and documentation requirements.

Frequently Asked Questions

- As always, please bookmark the [Provider FAQ page](#) as new questions and updates are reflected here for your convenience.

For ALL 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 ProviderRequests@massdhp.com.

The MassHealthDental2@mass.gov email address will only be used for outbound messages and is **no longer monitored**. Please direct all MassHealth Dental questions and inquiries to BeneCare as indicated above.

Thank you for your commitment to providing excellent care to members, and for your perseverance during this transition.

Sincerely,

Provider Relations

MassHealth Dental Program | P.O. Box 612 | Worcester, MA 01613 US

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