

# BeneCare & MassHealth 8.18.25 Dental Update

To start this week's updates, we wanted to revisit three key announcements that were communicated last week:

- Option to Pause Interim Payment Advance Recoupment
   We recognize that the system fixes needed to resolve ongoing eligibility and claims
   issues have been delayed longer than expected. We understand this continued
   disruption is frustrating and creates real challenges for your work and your patients.
   Please see Section 6 below for a complete outline of the Option to Pause, including
   how to request a pause request.
- An updated Office Reference Manual (ORM) was published on Thursday, 8/14.
   The updated ORM is now available via the Portal at: <a href="massdhp.org/orm">massdhp.org/orm</a>

Please note: If the ORM does not display 'Published August 14, 2025' on the first page, try clearing your website cookies and refreshing the page.

#### New Orthodontic Job Aid available

The BeneCare team has also created an **Orthodontic Job Aid** as a reference tool for you and your staff with an overview of prior authorization and claim requirements for orthodontic treatment. A link to the Job Aid can be found in the Reminders section below

Unfortunately, an issue found during last week's eligibility testing has caused a further delay in refreshing eligibility data. While unplanned, the additional fix will help improve claims processing and support the upcoming remediation of previously processed claims. Additional testing is planned for Tuesday, 8/19. If successful, the eligibility fix will be deployed to production beginning at midnight on Friday 8/22.

As we look toward corrective actions for 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 backlog DentalXChange submissions with electronic attachments new received and in process
- (2) prior authorization
- (3) portal and customer service portal Claim Status issue under investigation
- (4) remittances VendorWeb down, call or email from payment info
- (5) payment advances
- (6) recoupments including the option to pause interim payment advance recoupment

# 1) Claims Processing & Payment Update

#### Current state:

- This week's 8/18 claims payment (Run 100847) includes a week of recently submitted claims.
- Recoupments continue to apply for this week's 8/18 claims payment.
- 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 upcoming eligibility refresh is a critical first step toward resolving these issues.
- The following codes have been at the root cause of widespread issues, including:
  - D8670 and D8999. <u>Testing on D8999 has been completed</u> 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 8/25 claims payment (Run 100848) will include a week of recently submitted claims as well as a backlog of auto-adjudicated claims submitted to DentalExchange (DXC) with electronic attachments dating back to early May. Backlog DXC claims with electronic attachments that require manual processing will be included in future payments.
- Vyne submissions are also being investigated and direct outreach to potentially impacted providers was made at the beginning of this month.
- If you requested a recoupment pause by the 12pm (noon) deadline last Friday 8/15, recoupments will be paused starting next week (Run 100848) until the 10/13 claims payment (Run 100855). For more information, please see Section (6) below.
- We continue to work through some provider-specific claims 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, <u>secure email platform called Barracuda</u>. <u>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.
  </u>
- 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 <u>online form</u> 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. Careful planning is in progress to ensure autoadjudication and reprocessing begin as efficiently as possible once the
  eligibility fix is implemented and our claim system is synchronized with
  the Portal.
- If you believe you have claims that were incorrectly denied for a reason unrelated to eligibility or treatment history, please reach out to <u>ProviderRequests@massdhp.com</u>

## 2) Prior Authorization Update

#### Current state:

- PA decisions are available on the portal under "Claims Status" and continue to be mailed out.
- Please note that, in addition to PA decision letters, some Claim letters have also been mailed:
  - PA letters will <u>not</u> show service dates next to service line detail.
  - Claim, or EOB letters <u>will show service dates</u> in the first column of each claim line in the detail on the back of the letter.
     Claims letters are followed by remit letters which are currently being sent by MassHealth.
- BeneCare continues to stay current with PA processing and is working to process newly identified backlogged PA requests.
  - A backlog of PA requests submitted to DentalExchange (DXC) with electronic attachments dating back to early May have been received and manual processing has begun.
  - Vyne submissions are also being investigated.
- 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

<sup>\*\*</sup> No resubmissions are needed at this time. We will notify you if needed in the future.\*\*

- 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 <u>must include a date of service</u>. 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 these distinctions.

<u>Submitting claims and prior authorizations separately will help expedite</u>

<u>processing and prevent unnecessary disruptions in care or reimbursement.</u>

As previously communicated, <u>BeneCare's system processes orthodontic PA</u> requests and claims differently than the previous administrator. As such, the ORM has been updated to outline the orthodontic prior authorization submission process to align with the BeneCare system and to make it simpler for providers.

- Please refer to the ORM Update Summary, updated ORM, and the new Orthodontic Job Aid by clicking the links below:
  - ORM Update Summary
  - Ortho Job Aid

**Updated ORM** 

# 3) Portal & Customer Service Updates

#### Current state - portal:

- As mentioned above, BeneCare and MassHealth continue to work to ensure that eligibility testing is successful so that accurate eligibility date can be uploaded. The validated eligibility data 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.
   Providers have reported the portal Claim Status function is currently not

- working. Our team is actively investigating the issue and working to restore this function as quickly as possible.
- 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

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

ProviderRequests@massdhp.com

#### Portal updates:

- The portal now shows more up-do-date Paid status for claims and service authorization requests that have been processed. <u>Please note</u> 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 which has been investigated. A Quadrant Detail Job Aid is being developed to address the inconsistencies with submissions, review, and reporting.

#### • <u>Current state – customer service:</u>

- BeneCare's average wait times for the week of August 11-15 had been in the double-digits earlier in the week but had settled in at an average of 9 minutes by Friday.
- Wait times are consistently higher at the start of the week and during the morning hours.
- 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.
- MassHealth continues to mail remits on a weekly basis.
- At the beginning of June, MassHealth EOB reason codes became available. As previously communicated, please <u>click here</u> 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:

- Last week, VendorWeb posted an ALERT to notify users that the portal was down.
- Payments are processing as usual, but the payment files after July 30 are temporarily unavailable.
- If you need payment information, please call 844-MH-DENTL (844)
   643-3685 or email <u>ProviderRequests@massdhp.com</u>
- Job Aid: How to Use VendorWeb
- To log onto <u>VendorWeb</u>, 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 <u>644-643-3685</u>). 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 through the BeneCare Portal.

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 <u>online form</u>.
- 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

**Important Update:** To help ease the financial burden caused by delays in resolving claims processing issues, MassHealth is offering the **option to temporarily pause the recoupment** of interim payment advances **for up to eight weeks**.

<u>Pause period:</u> The recoupment pause is available for eight weeks, <u>beginning with claims</u> payments made on August 25, 2025 (Run 100848) through claims payments made on October 13, 2025 (Run 100855).

What it means: If you choose this option <u>and submit a pause request</u>, no interim payment advance amounts will be recouped from your claims payments during this time.

\*\*If no action is taken and you do not submit a pause request, recoupments will continue to

apply to your claims payments until the advance amount has been fully recouped.

How to request: Please complete this online form to request a pause in your interim payment advance recoupment. Requests received after the 12pm (noon) deadline last Friday 8/15 and before 12:00 PM (noon) this Friday, August 22 will be effective for the claims payment on September 2, 2025 (Run 100849) until October 13, 2025 (Run 100855). Requests received after this deadline will be applied to the next claims payment cycle.

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. *Duplicate or incomplete requests will not be processed.* 

For more details about the recoupment process, please see this <u>Recoupment</u>
 Job Aid.

## 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 <u>register here.</u>
- The purpose of the Virtual Office Hours is to provide an opportunity for the Provider Relations team to share updates, clarify information, and review or revisit material that has been communicated. Our goal is to work together constructively to ensure communication remains helpful and collaborative.
- Slides from previous Virtual Office Hours are available here: <u>Providers News</u> and <u>Updates</u>

#### **ORM Reminder**

- You will find the recently updated Office Reference Manual (ORM) here: <u>massdhp.org/orm/</u>
- The ORM and benefit grid was updated effective August 14
- Please refer to the updated benefit grid in Appendix A of the ORM.
- The ORM is regularly updated to reflect changes in policies, procedures, and regulations, so please check back frequently for the most current information.
- If you downloaded the prior ORM, <u>please be sure to discard the prior version and replace it with the updated documents from 8/14.</u>
- Please note: If the ORM does not display 'Published August 14, 2025' on the first page, try clearing your website cookies and refreshing the page.

#### **Frequently Asked Questions**

 As always, please bookmark the <u>Provider FAQ page</u> 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 <u>massdhp.org</u>, calling 844-MH-DENTL (844-643-3685), or emailing <u>ProviderRequests@massdhp.com</u>.

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

Sincerely,

Provider Relations

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