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## BeneCare & MassHealth 9.15.25 Dental Update

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In response to provider concerns on continued transition delays and disruptions, **MassHealth is indefinitely delaying implementation of prepayment claim review**, except for multiple crowns delivered on the same date of service for members 21 years and older. Additionally, **MassHealth is further extending the timely filing limit to 345 days through March 31, 2026**. See Section 2 for more details on prepayment claim review.

Now that the eligibility data has been refreshed and is more accurate and reliable, the Adjudication Remediation plan is being finalized. This reprocessing effort will follow a methodical and efficient timeline to ensure outstanding payments are corrected promptly and accurately for claims that were previously denied in error.

While reprocessing will not begin immediately, careful planning and testing are actively underway. We are committed to implementing the claims remediation with accuracy and reliability to ensure that when reprocessing begins, it will be both fast and dependable.

MassHealth and BeneCare are working together to prioritize this and other items that continue to impact your business. You will see these outlined within each section below:

- (1) claims processing – *including an adjudication remediation plan; timely filing limit further extended*
- (2) prior authorization – *prepayment claim review indefinitely delayed except for multiple crowns for adults*
- (3) portal and customer service
- (4) remittances
- (5) payment advances
- (6) recoupments – *including the option to pause interim payment advance recoupment*
- (7) helpful reminders – *please be sure you have reviewed the ORM updates which were published on August 14.*

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### 1) Claims Processing & Payment Update

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- Further timely filing extension
  - In response to provider concerns about continued claims processing delays, MassHealth has **further extended the timely filing limit to 345 days through March 31, 2026.**
- Current state - eligibility and claims reprocessing:
  - As previously reported, the updated eligibility data was deployed to production over the Labor Day weekend.
  - Member eligibility should now be much more accurate and reliable when you check eligibility and your claims are processed.
- Next steps - eligibility refresh and claims reprocessing:
  - We fully share the urgency to resolve outstanding payments and are committed to doing so with accuracy and reliability.
  - Reprocessing of claims will follow our Adjudication Remediation Plan. We are working to begin the Adjudication Remediation process as soon as dependencies are addressed, necessary testing is successful, and all known issues have been remediated. We will share the timeline once finalized.
  - At a high-level, Adjudication Remediation includes:
    - Reprocessing of claims that had been previously denied based on eligibility inaccuracies.
      - When previously approved claims are reprocessed due to some claim lines being denied, you may now see the previously paid claim lines showing denials as these will reprocess as duplicates having already been approved and paid.
    - Bulk reprocessing for claims with CDT codes that had been misconfigured within the BeneCare system will also begin.
    - Ingesting claims that had been incorrectly adjudicated due to a combination of processing errors (i.e., eligibility + treatment history)
    - Void and resubmission of claims that were paid using incorrect reimbursement amounts.
- Current state - claims status:
  - This week's 9/15 claims payment (Run 100851) includes a week of recently submitted claims.
  - Recoupments continue to apply for this week's 9/15 claims payment, except for providers who requested a recoupment pause. For more information on recoupments, see Section 6 below.
- Next steps - claims status:
  - Next week's 9/24 claims payment (Run 100852) will include a week of recently submitted claims.

- 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.
- 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**, please fill out [this online form](#) so that we can assist you.

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

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## 2) Prior Authorization Update

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- Important prepayment claim review update:
    - In response to provider concerns on continued transition delays and disruptions, **MassHealth is indefinitely delaying implementation of prepayment claim review**, except for multiple crowns delivered on the same date of service for members 21 years and older.
      - Prepayment claim review requirements remain effective for members 21 years or older when more than one crown is delivered on the same date of service, for dates of service on or after 04/01/2025.
      - Additional prepayment claim review requirements will not go into effect for the indefinite future.
    - Please note that the ORM will be updated shortly with this new guidance.
  - Current state:
    - PA decisions are available on the portal under “Claims Status” and continue to be mailed out.
    - Please note the important distinctions in benefit 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 the detail on the back of the letter. Claims letters are followed by remit letters which are currently being sent by MassHealth.
- \*\*Receiving a letter with a service date means that the procedure line was processed as a claim and not a PA request.\*\**

BeneCare continues to process newly identified backlogged PA requests:

- The backlog of PA requests submitted to DentalXChange (DXC) with electronic attachments dating back to early May have been received and manual processing has been completed. DXC PA

- requests with electronic attachments are now being received correctly and will be processed within standard turnaround times.
- An issue with Vyne submissions with electronic attachments has been identified and is in the process of correction. Just over 6,000 submissions have been received and are being loaded for processing. While the backlog is being addressed, new Vyne submissions with electronic attachments are now being received correctly and will be processed with standard turnaround times.
- As a reminder, standard PA request turnaround times are:
  - An average of no more than 5 business days, and
  - No more than 21 calendar days for any individual request.

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## 3) Portal & Customer Service Updates

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- Current state - portal:
  - As mentioned above, the successful upload of validated eligibility data marks a key step in delivering accurate eligibility information.
- **CMSP Accumulator issue:** We are aware of an issue affecting both the portal display of the CMSP \$750 SFY remaining balance and claims processing. Our team is actively working to resolve this issue as quickly and accurately as possible.
  - For CMSP Accumulator / remaining balance information, please call 844-MH-DENTL (844) 643-3685.
- Despite the eligibility fix, 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 which has been investigated. A Quadrant Detail Job Aid is being developed to address the inconsistencies with submissions, review, and reporting.
  - Quadrant detail entry requirements were a topic of discussion recently during [Virtual Office Hours](#). Please click on the office hours link and refer to slides 17-18 for an overview of quadrant detail.
- Current state – customer service:
  - With the eligibility fix now live, we anticipate lower call volumes due to self-service eligibility verification in the provider portal.
  - 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.)

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## 4) Remittances

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- Current state:
  - MassHealth continues to mail remits on a weekly basis.
  - MassHealth remittance advice (remit) will continue to be used as a workaround until BeneCare can provide the remits. MassHealth continues to work with BeneCare to get providers access to the electronic remits through the BeneCare provider portal.
  - 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.
  - Some providers have reported examples of denied claim lines with the MassHealth EOB reason code 9918 that indicates a paid claim line. This issue is under investigation.
  - 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:

- VendorWeb recently 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 [ProviderRequests@massdhp.com](mailto:ProviderRequests@massdhp.com)
- 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](tel: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 through the BeneCare Portal.

Access VendorWeb

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## 5) Interim Payment Advances

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*\*\*Last week, approved interim payment advances were issued on Friday 9/12 instead of the regular Tuesday issue date due to a loading error that has been fixed.*

***Approved interim payment advances will resume the regular schedule this week and will be issued on Tuesday, September 16th***

- 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 typically 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

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## 6) Recoupments

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**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 until the 10/13 claims payment (Run 100855).

**Pause period:** The recoupment pause is available through claims payments made on October 13, 2025 (Run 100855).

**What it means:** If you choose this option and submit a pause request, 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 before 12:00pm (noon) on Friday will be processed in time for the second claims payment after we receive it (approximately 6 business days after the Friday deadline) and remain in effect through the October 13, 2025 (Run 100855). *Requests received after the Friday noon deadline will be applied to the next claims payment cycle and remain in effect through October 13, 2025 (Run 100855).*

**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 [Recoupment Job Aid](#).

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## 7) Helpful Reminders

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Don't miss these important updates and reminders.

A **NEW feature** has been added to the Provider News & Updates page on [massdhp.org](https://massdhp.org). Our weekly email updates will now be readily available for your reference.

- This email and other recent Provider Update email communications have been saved as pdfs and uploaded here: [Provider News and Updates](#)
- Scroll to the bottom on the page and click on the image to open the email update you may have missed.

### Barracuda Secure Email Platform

- **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.

### 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**
- 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: [Providers News and Updates](#)

### Important clarifications on service authorization request submissions

To avoid processing issues and expedite processing times, 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.**

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.

As previously communicated, BeneCare's system processes orthodontic PA requests and claims differently than the previous administrator.

### **ORM Reminder**

- As outlined above, **the ORM has been updated to address the orthodontic prior authorization submission process and align with the BeneCare system 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](#)
- You will find the recently updated Office Reference Manual (ORM) here: [massdhp.org/orm/](https://massdhp.org/orm/)
- **The ORM and benefit grid was updated effective August 14** to reflect changes in policies, procedures, and regulations. Please refer to the updated benefit grid in Appendix A of the ORM.
  - If you downloaded the prior ORM, please be sure to discard the prior version and replace it with the updated documents from 8/14.
  - *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.*
- Please note that we anticipate releasing a new ORM update soon, including the updated MassHealth guidance for the indefinite delay of prepayment claim review (except for multiple crowns for adults) and further extension of timely filing.

### **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](https://massdhp.org), calling 844-MH-DENTL (844-643-3685), or emailing [ProviderRequests@massdhp.com](mailto:ProviderRequests@massdhp.com).

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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