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## BeneCare & MassHealth 9.22.25 Dental Update

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Important reminders:

- **Prepayment claim review is indefinitely delayed** except for multiple crowns delivered on the same date of service for members 21 years and older. See Section 2 for more details on prepayment claim review.
- **The timely filing limit is further extended** to 345 days through March 31, 2026.
- **The Adjudication Remediation Plan is being finalized and will be shared soon.** Reprocessing is expected to start first with fixing incorrect denials due to inaccurate eligibility.

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 – *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
  - MassHealth has **further extended the timely filing limit to 345 days through March 31, 2026.**

- Current state - eligibility and claims reprocessing:
  - We fully share the urgency to resolve outstanding payments and are committed to doing so with accuracy and reliability, while minimizing administrative impacts to our provide partners.
  - Here's an update on our process:
    - **Claims reprocessing** will follow our **Adjudication Remediation Plan**.
    - We have **begun testing the plan's logic and coding elements** to ensure all issues are fully addressed before implementation.
    - We will **share a timeline once testing is complete** and implementation phases are finalized.
  - At a high-level, Adjudication Remediation includes:
    - Reprocessing 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.
    - Reprocessing claims that have been denied incorrectly as duplicates.
    - Reprocessing claims with CDT codes that had been misconfigured within the BeneCare system.
    - Reprocessing 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 9/22 claims payment (Run 100852) includes a week of recently submitted claims.
    - Please note that Run 100852 is the first claims payment processed with updated eligibility data. Incorrect denials due to eligibility are not anticipated in this claims payment or moving forward.
  - Recoupments continue to apply for this week's 9/22 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 9/29 claims payment (Run 100853) 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.
    - If you have not received your PA decisions in the mail, please let us know by sending an email to [Provider Requests](#) with **"LETTER REQUEST" in the subject line and provide claim information and practice mailing address.** The claims team will resend the PA by mail. *\*\*If you need to send patient information, please request a secure email connection from our Provider Requests team.\*\**
  - 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.\*\**
- There was an issue with DentalXChange (DXC) and Vyne submissions with electronic attachments. DXC and Vyne submissions with electronic

- attachments are now being received and processed correctly.
- The DXC backlog is complete and the Vyne PA request backlog is being addressed.
- Some PA requests from April and May that were not submitted through DXC or Vyne have not been processed. We're actively working on a solution and will share next steps soon, including whether any provider action is needed.
- 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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**If you have a pending PA request that is older than 21 days old**, please email [ProviderRequests@massdhp.com](mailto:ProviderRequests@massdhp.com) with "PA" in the subject line to request a secure email connection.

- **Reminder:** Only send patient information through secure email. You can send information through the secure email connection once sent by Provider Requests.

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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 and a fix is being tested.
  - 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

**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](mailto: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. 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 18-19 for an overview of quadrant detail.
- Current state – customer service:
  - On average, calls are currently being answered in just over 10 minutes.
  - While call volume remains higher than anticipated, we're actively working to reduce wait times by fully staffing our team and expanding cross-training to improve responsiveness. We will continue to work on improving call wait times through staffing improvements.
  - 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.
- **To request a missing remit**, please email [ProviderRequests@massdhp.com](mailto:ProviderRequests@massdhp.com) with "REMIT REQUEST" in the subject line, and include your tax ID or NPI, name of office, and address along

with the run number of the missing remit or date needed.

- As a reminder, the MassHealth remit has separate EOB reason codes from BeneCare. A crosswalk is [available here](#).
  - 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 reports that future payments are now viewable but there is still an issue displaying payment files after July 30.
      - Payments are processing as usual.
      - If you need payment information, please call 844-MH-DENTL (844) 643-3685 or email [ProviderRequests@massdhp.com](mailto:ProviderRequests@massdhp.com)
    - For more information on VendorWeb, please refer to this Job Aid: [How to Use VendorWeb](#) or review the [Virtual Office Hours slide](#) on page 36.
  - 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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- 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.
- For more information and the option to submit a request for an interim payment advance, please use the [online form](#).

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.

### New Portal Feature

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

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