BeneCare & MassHealth 10.20.25 Dental Update

Interim Payment Alert: Due to a technical delay, the **approved interim payment advances will be issued on Thursday 10/23 instead of Tuesday 10/21**. We apologize in advance for the delay.

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

(1) **Adjudication Remediation Plan**
(2) **Claims processing** – R*ecent processing issue with portal-submitted claims*
(3) **Prior authorization** – D*enial letters and manual processing for remaining backlog of PA requests; PA turnaround times temporarily increased to an average 7-10 business days*
(4) **Portal and customer service**
(5) **Remittances**
(6) **Payment advances continue**
(7) **Recoupments** – O*ptional recoupment pause extended through the claims payment on January 5, 2026 (Run 100867)*
(8) **Helpful reminders** – Office Reference Manual (ORM) updated as of October 2, 2025; Virtual Office Hours discontinued

1) Adjudication Remediation Plan

Here's an update on our progress on the **Adjudication Remediation Plan**.

- Testing and validation of the plan's logic and coding elements remain on track despite some scheduling delays and are **moving into final testing** to ensure all issues are fully addressed before implementation.
- As initially communicated last week, below is a high-level overview of the **Adjudication Remediation Plan.** We will continue to share more details and updates through these weekly emails as the work progresses.
    - **Week 1:**

        - Reprocessing claims previously denied based on eligibility inaccuracies
        - Reprocessing claims that were approved for payment in the BeneCare system but did not successfully make it into the MassHealth payment system. These claims were marked to be paid but have not yet been paid.
    - **Week 2:**
        - Reprocessing claims previously denied with Exclusion code 25 (Services Exceed Annual Max)
        - CDT code D0190 (billable by PHDHs only) will be reprocessed
    - **Week 3:**
        - Reprocessing claims that had been paid using incorrect reimbursement amounts, i.e., for adults paid at child rates
        - Reprocessing claims that were previously denied based on frequency limitation inaccuracies, including exam, cleaning, and fluoride services.
    - **Week 4:** The following CDT codes will be reprocessed:
        - D8670 (Periodic Ortho Payments) and
        - D8999 (interceptive ortho payments)

- **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. Every step in the Adjudication Remediation Plan has been and will continue to be carried out with these key priorities in mind.

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2) Claims Processing & Payment Update

As a reminder, please continue submitting claims, prior authorization requests, and all other routine operational tasks through BeneCare until further instructions are provided regarding the transition.

- Current state - claims status:
    - This week's 10/20 claims payment (Run 100856) and next week's 10/27 claims payment (Run 100857) includes a week of recently submitted claims.
    - As a reminder, **MassHealth has further extended the timely filing limit to 345 days through March 31, 2026**.
    - Please note that Run 100852 was the first claims payment processed with updated eligibility data, and Run 100855 was the first claims payment processed with the further extended timely filing limit.
        - Any incorrect eligibility or timely filing denials prior to these updates will be part of the system-wide Adjudication Remediation Plan (outlined in Section 1)

    - **The issue causing incorrect eligibility denials ("Not eligible at this time") for claims submitted through the provider portal was resolved** on the evening of 10/7.
    - While this issue is no longer affecting portal-submitted claims, we have investigated a different issue affecting portal claim and PA submissions from 10/6 - 10/15.
        - Incorrect claims ingestion occurred and impacted portal-submitted claims for next week's payment (Run 100857).

        - No action is required from Providers. ***Please do not resubmit these portal claims.***
        - The "Not eligible at this time" portal-submitted claims will be reprocessed as part of the system-wide Adjudication Remediation Plan as outlined in Section 1.
        - BeneCare will reload the incorrectly ingested portal claims submitted from 10/6 - 10/15 will be included in the claims payment on 11/3 (Run 100858)
    - Additional quality assurance measures are being deployed to mitigate these untimely issues that negatively impact pay files and claim payments.

- Next steps - claims status:
    - 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.****

Please note: Once the system-wide reprocessing as part of the Adjudication Remediation Plan is complete, our claims team will help resolve any specific claim denials that still need to be addressed.

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3) Prior Authorization Update

- As a reminder, **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.
    - The ORM was updated on 10/2 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 and Vyne backlogs are both complete.

- Some PA requests from April and May that were not submitted through DXC or Vyne have not been processed. Our initial investigation indicates that these pending PA requests are missing documentation.
  - Denial letters were sent last week based on the missing documentation finding. We are now taking the following next steps:
    - We have identified two subsets of impacted PA denials that can be manually reviewed based on MassHealth guidance which are likely to be overturned.
    - One subset involves **crowns**, the other subset includes **buildups, cleanings, and dentures** which were ingested incorrectly. These PA denials are being manually reviewed.
    - This review process is already underway and should be completed within the next two weeks.

  Please do not resubmit these PA denials unless specifically requested to do so.

- We have identified 4,500 claim line items that were in accurately pended but should have been approved based on MassHealth guidance. These will be researched, reviewed, and decisions will be mailed out within the next two weeks.

- Please note that **PA request turnaround times will be temporarily extended from an average of 5 business days to approximately 7-10 business days** as we complete the manual review outlined above. We will work to minimize delays and return to standard processing times as quickly as possible. All requests will continue to be processed within the maximum turnaround time of 21 calendar days.

- **If you have a pending PA request that is older than 21 days old**, please email **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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4) Portal & Customer Service Updates

- Current state - portal:
  - **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.

- 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.
  - Quadrant detail entry requirements were a topic of discussion recently during the last **Virtual Office Hours**. Please click on the link for an overview of quadrant detail on slides 22-23.
    - Please note that quadrant-based codes such as **D4341 and D4342** require valid quadrant information for processing. Missing quadrant detail will delay processing.

- Current state – customer service:
  - Calls are being answered within an average wait time of 9 minutes.
  - While call volume remains high, we're actively working to reduce wait times by fully staffing our team and expanding cross-training to improve responsiveness.
  - 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.)

5) Remittances

- Current state:
  - MassHealth remits are being sent to BeneCare in a PDF format. Accessing remits via the Provider Portal is being tested. We will keep you informed and provide an update as soon as the PDF remits become available through the Provider Portal.
  - **To request a missing remit,** please email **Provider**

Requests@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 payment information has now been restored. You should now be able to see all payment information, including future and past - except for 7/31/2025 and 8/18/2025.
        - If you need payment information for 7/31/2025 or 8/18/2025, please email the CTR Solution Desk at **comptroller.info@mass.gov** or call 617-979-2468.
    - For more information on VendorWeb, please refer to the Virtual Office Hours slides or visit: **How to Use VendorWeb**

Access VendorWeb

6) Interim Payment Advances

Due to a technical delay, the **approved interim payment advances will be issued on Thursday 10/23 instead of Tuesday 10/21.** We apologize in advance for the delay.

- 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

7) Recoupments

Important Update: MassHealth has extended the optional recoupment pause through the claims payments made on January 5, 2026 (Run 100867)

If your recoupments are already paused, this extension will be applied automatically - no action is required and you do not need to submit a new pause request.

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.

Pause period: The recoupment pause is available through claims payments made on January 5, 2026 (Run 100867).

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 will be processed approximately 2-3 payment cycles after receipt and remain in effect through the January 5, 2026 (Run 100867).

If a pause request has already been submitted, no further action is required . Approved pause requests will remain in effect through January 5, 2026 (Run 100867), and do not require weekly resubmission. *Duplicate or incomplete requests will not be processed.*

- For more details about the recoupment process, please see the Recoupment Job Aid available on the **Dental Provider Toolkit** page.

8) Helpful Reminders

Don't miss these important updates and reminders.

Office Reference Manual (ORM) updated as of October 2, 2025

- MassHealth has updated the ORM to include guidance for the indefinite **delay of prepayment claim review** (except for multiple crowns for adults) and **further extension of timely filing to 345 days through March 31, 2026.**
- Please refer to the ORM Update Summary and updated ORM by clicking the links below:
  - **ORM Update Summary**
  - **massdhp.org/orm/**
- The benefit grid was also updated. Please refer to the updated benefit grid in

Appendix A of the ORM.
- If you downloaded the prior ORM from 8/14, please be sure to discard the prior version and **replace it with the updated documents from 10/2**
- Please note: If the ORM does not display 'Published October 2, 2025' on the first page, try clearing your website cookies and refreshing the page.

Another New Portal Feature
To assist providers, dental offices, our provider relations teams, and community partners in promoting oral health literacy, member education materials have been created and posted in these locations on the massdhp.org site:
- **Children's Oral Health | BeneCare MassHealth**
- **Dental Provider Toolkit | BeneCare MassHealth**

Additional features on the Provider News & Updates page on massdhp.org
- 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(s) you may have missed.

While **Virtual Office Hours have been cancelled** until further notice, BeneCare is committed to providing the support you need.
- We plan to continue posting slides summarizing the information shared in the weekly email updates. However, there will no longer be an accompanying live Zoom session or Q&A.
- Slides from previous Virtual Office Hours are available here: **Providers News and Updates**. New Weekly Update slides will also be posted on the Provider News and Updates webpage.

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.

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.

Frequently Asked Questions (FAQs)

- 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.**

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

Sincerely,

Provider Relations