BeneCare & MassHealth
11.17.25 Dental Update

MassHealth and BeneCare are working together to prioritize the issues and items that continue to impact your business. We hear your frustration, and we sincerely appreciate your continued professionalism in keeping communication constructive and helpful.

Upcoming Holiday Schedule:

Thursday, November 27 (Thanksgiving Day) – MassHealth and BeneCare offices and call centers will be closed.

Friday, November 28 (Day after Thanksgiving) - MassHealth and BeneCare offices and call centers will be closed

- **Please note:** Interim payment advance requests will be due Tuesday 11/25 at 11:59pm (midnight) instead of the normal Wednesday deadline. There are no impacts to the claims payment or interim payment advance issue dates.

Systematic claim reprocessing work continues according to the phased approach outlined in Section 1 below:

(1) **Adjudication Remediation Plan** - *Reprocessing claims for inaccurate eligibility denials is underway; see updated overview*
(2) **Claims processing**
(3) **Prior authorization** – *prepayment claim review indefinitely delayed except for multiple crowns for adults*
(4) **Portal and customer service** – *PDF remits are now available via the Provider Portal*
(5) **Remittances**
(6) **Payment advances** – *see below for holiday impacts for the week of Thanksgiving*
(7) **Recoupments** – *Optional 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*

1) Adjudication Remediation Plan

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

- Prior to systematic reprocessing as outlined in the Adjudication Reprocessing Plan, we first resubmitted claims that were approved for payment in the BeneCare system but had not made it into the MassHealth payment system. These claims were marked to be paid but have not yet been paid. *Please note that this was previously planned to be part of Week 1 but now preceded system-wide reprocessing.*
    - These resubmitted claims are included in today's 11/17 claims payment (Run 100860). These resubmitted claims include claims from Run 10833 – Run 100854
    - Please note that if you had resubmitted these claims, you would have received a duplicate denial because they were already marked to be paid in the BeneCare system.

- **Validation and testing for the first phase of system-wide reprocessing has begun.** Our goal is to complete one reprocessing phase each week. Each phase will be validated before moving on to the next to ensure accuracy.

- **We will provide updates on a week-to-week basis throughout the duration of the Adjudication Remediation Plan reprocessing.** When a reprocessing phase has been validated and completed, we will communicate when you can expect to see the reprocessed claims reflected in your payments and remits.

- Below is a high-level overview of the **Adjudication Remediation Plan.** These phases represent the first reprocessing efforts which will yield the largest overall and financial impacts.
    - **Phase 1:**
        - Reprocessing claims previously denied based on eligibility inaccuracies. This includes BeneCare denial reason codes 23 (Services prior to coverage) and 24 (Not eligible at this time).
        - After validation is completed, we will share when these reprocessed claims can be expected in your payments and remits.
        - Please note that reprocessed claims that previously denied for inaccurate eligibility may still deny for other reasons. For example, you may see duplicate denials if a service has already been paid or if the service was billed more than one time.
        - There may be some incorrect eligibility denials that are not included in the first Phase of reprocessing because additional

investigation is needed to reprocess correctly. We will continue working to identify and correct any outstanding incorrect eligibility denials. Updates will be provided as this investigation unfolds.

- **Phase 2**:
    - Reprocessing claims previously denied for timely filing.
    - Reprocessing claims that were previously denied based on frequency limitation inaccuracies, including exams, recalls, cleaning, and fluoride services
    - Reprocessing CDT code D1351 for incorrect denials teeth 2 and 3

- **Phase 3**:
    - Reprocessing claims previously denied with Exclusion code 25 (Services Exceed Annual Max)
    - CDT code D0190 (billable by PHDHs only) will be reprocessed for claims missing an adult rate
    - D1510 denying incorrectly for age for members 20 or younger)

- **Phase 4:**
    - Portal submitted claims with the following CDT codes will be reprocessed:
        - D8670 (periodic ortho payments)
        - D8999 (interceptive ortho payments)
        - D2740 (porcelain or ceramic crown)
    - Portal claims that submitted with blank exclusion codes

- **Phase 5:**
    - Reprocessing claims that had been paid using incorrect reimbursement amounts, i.e., for adults paid at child rates
    - D9450 (CHC wrap)

- **Phase 6:**
    - PAs with future dates of service processed as claims
    - PAs with no date of service processed as claims

- Please note that we anticipate additional code-specific reprocessing (such as D3120) will be added to the Adjudication Remediation Plan in the future.

- **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.

- 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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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 11/17 claims payment (Run 100860) will include a week of recently submitted claims as well as the resubmitted claims from Run 100833 through Run 100854 that were marked to be paid but had not yet been paid or included in a remit because the claims had not made it into the MassHealth payment system.
    - Due to last week's Veteran's Day holiday, next week's 11/24 claims payment (Run 100861) will include 6 days of submitted claims. Please note the following week (Run 100862) will include 8 days of 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)
    - Recoupments continue to apply, except for providers who requested a recoupment pause. For more information on recoupments, see Section 7 below.
- Next steps - claims status:
    - **CDT codes D1206 and D1208** are inaccurately denying and are under investigation.
    - 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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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..

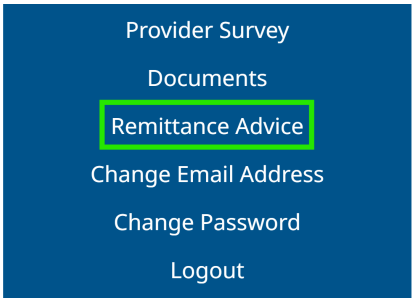
    - Please note that **PA request turnaround times have been temporarily extended from an average of 5 business days to approximately 7-10 business days for another week.** We will work to minimize delays and return to standard processing times as quickly as possible. All requests will continue to be processed 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.

4) Portal & Customer Service Updates

- Current state - portal:
  - **TPL Update: Third Party Liability (TPL) data has been updated in BeneCare's systems**. The TPL data is now accurate and current
  - **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 quality assurance.
    - For CMSP Accumulator / remaining balance information, please call 844-MH-DENTL (844) 643-3685.

- Portal updates:
  - PDF remits are now available on the Provider Portal.
  - Remits can be downloaded under the "Remittance Advice" option in the left menu bar in the portal as shown in the image below:



  - **Quadrant detail is now displaying properly**. The previous quadrant display issue is now resolved.
  - Quadrant detail entry requirements are outlined on slides 22-23 in the discussion slides here: **Virtual Office Hours**.
    - Please note that quadrant-based codes such as **D4341 and D4342** require valid quadrant information for processing. Missing quadrant detail will delay processing.
  - If you are unable to submit a claim in the portal due to an issue with the member eligibility check, the claim can be submitted through these alternative routes:
    - **FAX** to: 833-627-7347, or
    - **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 cannot FAX, submit through EDI, or mail your claim, you can request a secure email connection by emailing **ProviderRequests@massdhp.com.**

- Current state – customer service:

- Incoming calls during the week of 11/1- through 11/14 were answered within an average wait time of 8-9 minutes representing a significant improvement over the prior week.
- While call volume remains high, we're actively working to reduce wait times with additional staffing 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.

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5) Remittances

- Current state:
  - MassHealth remits are being sent to BeneCare in a PDF format. **Accessing remits via the Provider Portal is now available**. See Section 4 above for more information on how to access.
  - **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 is the State's portal for providers to view scheduled payments and payment history.
  - For more information on VendorWeb, please refer to the Virtual Office Hours slides or visit: **How to Use VendorWeb**

Access VendorWeb

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6) Interim Payment Advances

- **As noted above, interim payment advance requests will be due on Tuesday, 11/25 by 11:50pm (midnight) instead of the normal Wednesday deadline.**
    - There are no impacts to the interim payment advance issue dates.

- 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

Unless a provider has requested an optional recoupment pause, recoupments will continue to apply to your claims payments until the advance amount has been fully recouped.

- For more details about the recoupment process, including the option to pause recoupments through the claims payment on January 5, 2026 (Run 100867), 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.

Summary of Portal Feature

- Oral health literacy materials are available to share with providers, dental offices, and community partners to help promote member education. These can be found 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.
  - Slides from previous Virtual Office Hours are also available on the **Providers News and Updates** page as well as the NEW Weekly Update slides which replace the weekly Virtual Office Hours which have been discontinued until further notice

- **Frequently Asked Questions (FAQs)**
  - As always, please bookmark the **Provider FAQ page** as new questions and updates are reflected here for your convenience.

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.

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