Provider Updates

Weekly Updates as of December 11, 2025

BeneCare® DENTAL PLANS

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Adjudication Remediation Plan

Updated as of December 11, 2025

BeneCare® DENTAL PLANS

Adjudication Remediation: High-level

- **Validation and testing for the first phase of system-wide reprocessing has begun and will continue throughout the phased approach outlined in the slides below.** 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

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

Adjudication Remediation Plan Overview

- At a high-level, the **Adjudication Remediation Plan (ARP)** includes:
  - Reprocessing of claims that had been previously denied based on eligibility inaccuracies
  - Reprocessing claims that have been denied incorrectly as duplicates
  - Reprocessing claims with CDT codes that required reconfiguration 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.

- The ARP will be implemented in phases as shown in the next three slides.
  - We will keep you informed when a phase has been completed and when you can expect to see the reprocessed claims reflected in your payments and remits.
  - A status summary can be found after the overview of each phase

Phases in the Adjudication Remediation Plan

- Adjudication Remediation Plan (ARP) reprocessing will occur in PHASES as shown below and on the following slides. We will provide progress updates on a week-to-week basis.

1 Phase 1 – Completed*, Run 100862

- Reprocessing claims that had been previously **denied based on eligibility inaccuracies**
  - This includes denial reason **codes 23 & 24** (Services prior to coverage; Not eligible at this time)

Reprocessed claims from this first phase of reprocessing were included in the **12/1 claims payment (Run 100862)**

- *There are some incorrect eligibility denials that are not included in the first Phase of reprocessing because additional investigation is needed to reprocess correctly, including orthodontic claims.
- We will continue working to identify and correct any outstanding incorrect eligibility denials. Updates will be provided as this investigation unfolds.

A summary recap of the ARP status can be found right after the Phase Overview.

- **Our desired outcome is to complete one reprocessing phase each week.**
- Each phase will be validated before moving on to the next to ensure accuracy.
- 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.

Continued on the next slide…

Phases in the Adjudication Remediation Plan (cont.)

- We will provide progress updates on a week-to-week basis to share the status for each phase in the Plan. You can also see an overall status summary after this section.

2 Phase 2 – Completed*, Run 100864

- Reprocessing claims that **denied for timely filing**

Phase 2 reprocessed claims will be included in the **12/15 claims payment (Run 100864)**

3 Phase 3

Testing for this phase is currently underway

- Reprocessing **CDT code D1351** for incorrect denials teeth 2 and 3

NOTE: To streamline the work, what we previously referred to as Phases 3, 4, and 5 are now combined into a single reprocessing effort, outlined on the next slide.

Continued on the next slide…

Phases in the Adjudication Remediation Plan (cont.)

Continuation of Reprocessing *Currently in development*

- Reprocessing claims that had been previously **denied for configuration or frequency limitation inaccuracies**, including exams, recalls, cleaning, fluoride, and other services
- Reprocessing claims previously denied with **exclusion code 25 for MassHealth Standard plans** (Services Exceed Annual Max)
- Reprocessing **CDT code D0190** (billable by PHDHs only) will be reprocessed for claims missing an adult rate
- Reprocessing CDT code **D1510** denying incorrectly for age for members 20 or younger

Voids

- PAs with future dates of service processed as claims
- PAs with no date of service processed as claims

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

A summary recap of the ARP status can be found on the next slide.

NEXT STEPS: We anticipate additional code-specific reprocessing (such as D3120 and D1206/1208) will be added to the Adjudication Remediation Plan in the future.

ARP Status Summary

			Notes/Next Steps
Resubmitted Claims*	**Completed**		These resubmitted claims were included in the **11/17 claims payment (Run 100860).**
Phase 1 – Initial eligibility denials	**Completed****		Reprocessed claims were included in the **12/1 claims payment (Run 100862)**
Phase 2 – Timely filing denials	**Completed**		Reprocessed claims will be included in the **12/15 claims payment (Run 100864)**
Phase 3 – Sealant denials	In Testing		
Combined Reprocessing***	In Development		
Voids			

* Prior to systematic reprocessing, 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 had not yet been paid.

** There are some incorrect eligibility denials that are not included in the first Phase of reprocessing because additional investigation is needed to reprocess correctly, including orthodontic claims

*** Denials due to configuration or frequency limitation inaccuracies, including exams, recalls, cleaning, fluoride, and other services; "Services Exceed Annual Max" for MH Standard plans; D0190 missing an adult rate; D1510 denying incorrectly for age for members 20 or younger

Other Weekly Touchpoints

- We'll share these ARP-specific slides each week to help reinforce the updates that are communicated weekly via email and posted on our website.
- Weekly Provider Updates emails, slides, and Adjudication Remediation Plan (ARP) updates are available at: Providers News and Updates

Typical Weekly Communication Schedule:

- **Monday**: Weekly Provider Updates email sent to email list
- **Thursday**: Provider Updates PowerPoint slides posted

Claims Processing & Payment Update

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Claims Processing and Payment

- **This week's 12/8 claims payment (Run 100863)** includes a week of recently submitted claims
- **Next week's 12/15 claims payment (Run 100864)** will include a regular week of submitted claims plus reprocessed claims that had been rejected for timely filing (See ARP Section above)
  - As a reminder, MassHealth has further extended the timely filing limit to 345 days through March 31, 2026.

- Run 100852 was the **first claims payment processed with updated eligibility data**
- 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 are included in system-wide reprocessing per the Adjudication Remediation Plan (*see Slides 7-11 for more on the ARP*)

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 TPA transition.

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**
  - Earlier this year, MassHealth provided an interim extension from 90 days to 180 days through 12/31/2025
  - On September 15th, MassHealth further extended the timely filing limit to 345 days through 3/31/2026
- This extension has been updated in the ORM and can be found here: massdhp.org/orm
- Incorrect timely filing denials are part of Phase 2 of the system-wide Adjudication Remediation Plan (*see Slides 7-11 for more on the ARP*)
  - These reprocessed claims are included in the 12/15 claims payment (Run 100864)

Please note that our claims system was recently updated to reflect the extended timely filing limit.

As of 9/26/2025, claims are now processing with the updated 345-day timely filing limit through 3/31/2026.

Any incorrect timely filing denials prior to this update will be part of the system-wide Adjudication Remediation Plan.

Claims Outreach

- 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 form](#) so that we can assist you.

Low / No Pay Help

[bit.ly/LowNoPayHelp](#)


MassHealth
Dental Program

Help Needed with Very Low or No Claims Payment

As we have fixed major claims issues, more providers have begun to receive closer to normal weekly payments. Individual outreach and problem-solving is needed to assist providers who continue to receive low or no claims payment.

If you haven't yet received any claims payment or if your payment remains very low AND if you haven't yet received

For claim questions and inquiries, please reach out to ProviderRequests@massdhp.com

Prior Authorizations (PA Requests)

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Implementation of Prepayment Claim Review Delayed Indefinitely

- As a reminder, **MassHealth is indefinitely delaying implementation of prepayment claim review**
  - 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 and can be found here: massdhp.org/orm

Prior Authorization (PA) Update

- PA decisions are available on the portal under “Claims Status” and continue to be mailed out
- **Standard PA request turnaround times** are:
  - no more than 5 business days on average, and
  - more than 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 and request a secure email connection.
- If you have **not received your PA decisions in the mail**, please email ProviderRequests@massdhp.com with "LETTER REQUEST" in the subject line and provide the PA # and practice mailing address. We will resend the PA letter by mail.

****Reminder: Only send patient information through secure email.****
To send patient information, **please request a secure email connections** from our Provider Requests team.
You can send information through the secure email connection once sent by Provider Requests.

PA vs. Claim Letters

- Please Note important distinctions between determination letters:
  - **PA letters <u>will not</u> show service dates** next to service line detail.

No DOS = PA or PreD

Patient Name: FIRST LAST **Claim No:** 1234567

Service Date	Tooth	Surface	Procedure Code	Description	Charge	Notes
		UR	04341	SCL/RTPL QUAD	$250.00	00
		LR	04341	SCL/RTPL QUAD	$250.00	01

  - **Claim, or EOB letters <u>will show service dates</u>** in the first column of each claim line in detail on the back of the letter. Claims letters are followed by remit letters which are currently being sent by MassHealth

DOS = Claim

Patient Name: FIRST LAST **Claim No:** 1234567

Service Date	Tooth	Surface	Procedure Code	Description	Charge	Notes
9/10/2025		UR	04341	SCL/RTPL QUAD	$250.00	00
9/10/2025		LR	04341	SCL/RTPL QUAD	$250.00	01

Submission Instructions

To expedite service authorization request processing:

- **Do not include future dates of service** when submitting any claims or service authorization requests.
- **Submit claims (dated) and service authorization requests (undated) separately.** When claims and service authorization requests are submitted together under one submission, this requires additional administrative steps and creates processing conflicts which may delay processing times.

> Please ensure your billing teams and vendors are aware of this distinction. Submitting claims and prior authorizations separately will help expedite processing and prevent unnecessary disruptions in care or reimbursement.

- **Do not include dates of service for authorization requests on any procedure other than D8660** for orthodontic prior authorization requests.

Orthodontic PA Requests & Claim Payment

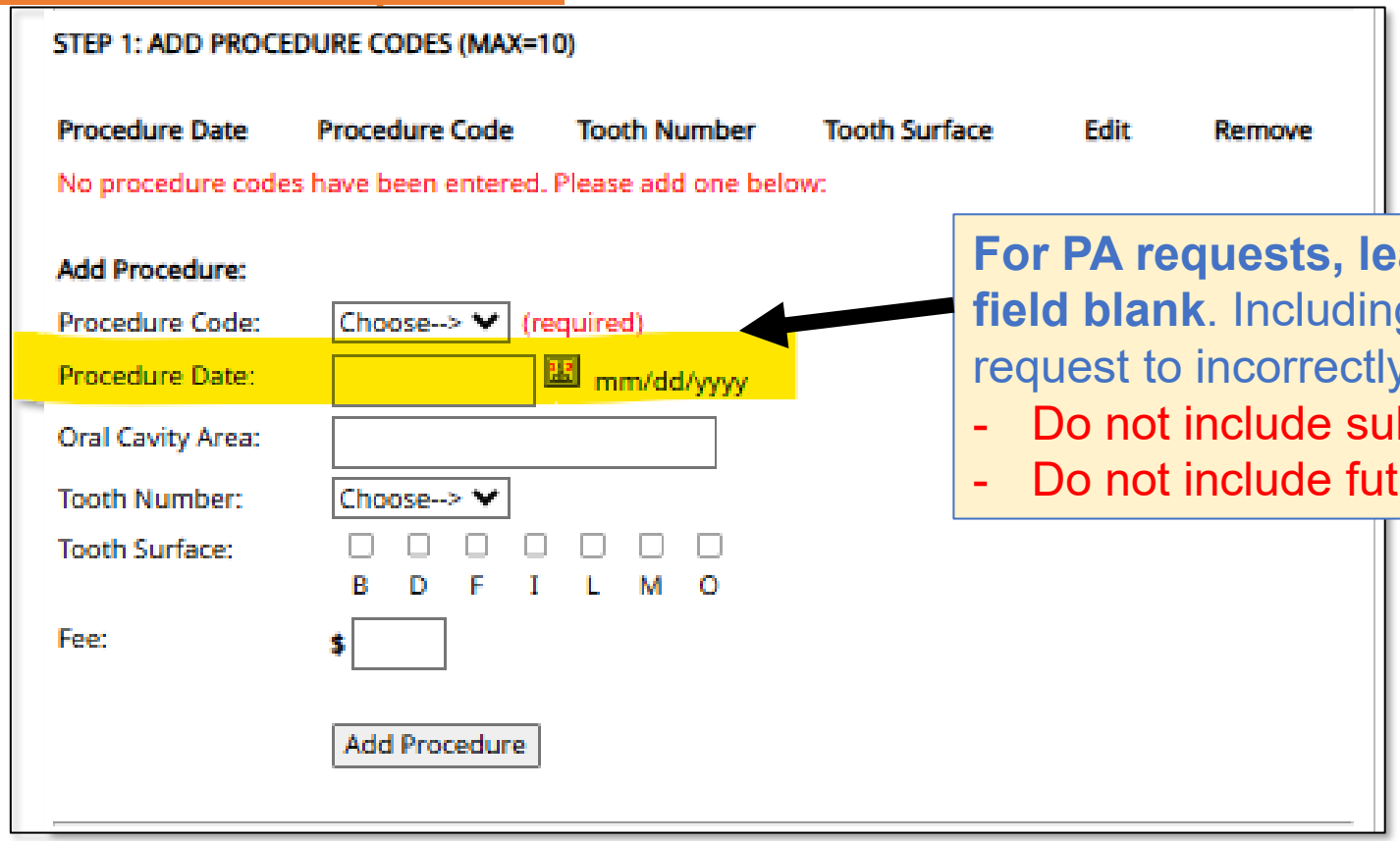
- Orthodontic cases **require prior authorization**. Dentists are to submit the required documentation for review for comprehensive treatment.
- **Claims** must include a date of service. These claims cannot be submitted until the service has been rendered.
- **Orthodontic claims will not be reviewed or paid for future dates of service.**

For more information on orthodontic submissions, please refer to the ORM or review the Ortho Job Aid

To find this resource and more, please visit:
massdhp.org/dental-providers/dental-provider-toolkit/

Portal PA Request Submission

- When submitting PA requests in the portal, **the "Procedure Date" field must be left blank**. Please make sure that no date is entered for PA requests.



For PA requests, leave the "Procedure Date" field blank. Including a date may cause the PA request to incorrectly process as a claim.

- Do not include submission date
- Do not include future date

Reconsideration Requests

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Reconsiderations

- Reconsideration is a disagreement regarding a clinical or administrative claim decision or authorization decision.
  - Submit a reconsideration only when you disagree with a denial and have additional clinical or administrative information that was not considered in the original decision.
  - Reconsideration requests should be sent directly to BeneCare via one of the submission options below. Please submit accompanied by this form.
  - Once a reconsideration request is received, a **receipt of reconsideration** is emailed to the provider.
  - Reconsiderations are logged depending on the type of reconsideration and are subject to a manual, second review by a dental consultant.
- Submitting reconsiderations:
  - **FAX to: 833-627-7347**
  - **Email to:** Grievances@massdhp.com and use "RECONSIDERATION" 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 the Grievances & Appeals (G&A) team
  - **Mail to:** MassHealth Dental Program Claims/G+A, P.O. Box 631, Worcester, MA 01613

You do not need to submit reconsideration for known claims processing issues that are part of the Adjudication Remediation Plan. These incorrect claim denials will be part of system-wide reprocessing.

Provider Portal & Customer Service

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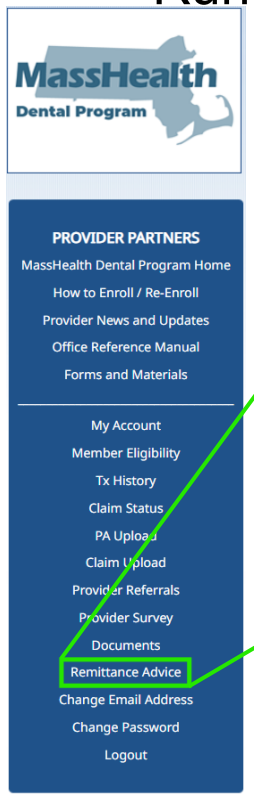
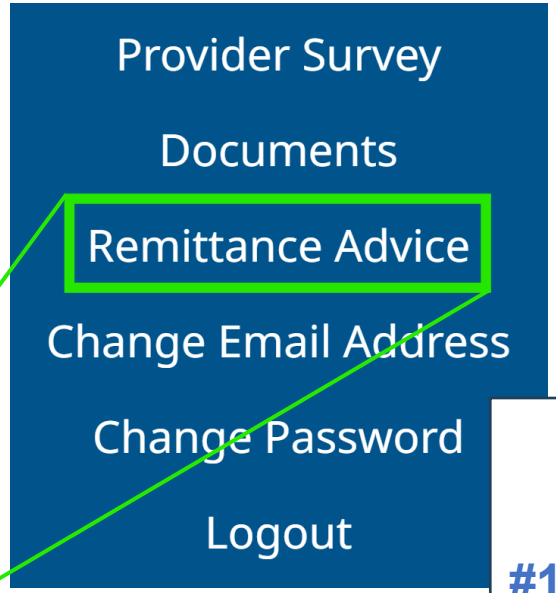
Portal Update – Remittance Advices

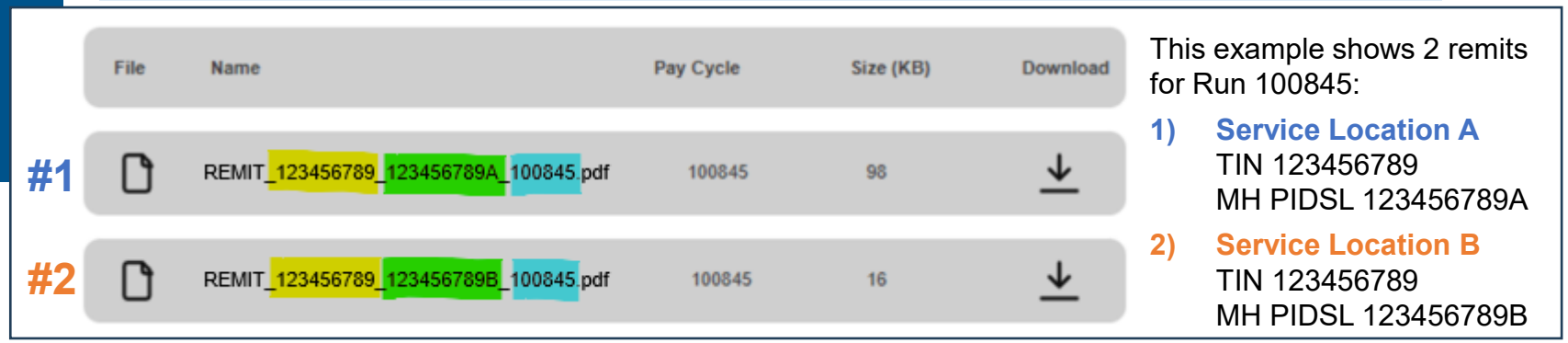
- **PDF remittance advices (remits) are now available on the Provider Portal**
- Remits can be downloaded under the Remittance Advice option in the left navigation menu bar in the Portal (see image below). Remits are usually posted on Wednesday for the upcoming Run.





- For providers with multiple office locations, the remits for different locations are identified by the file name.
- The remit file naming convention is:

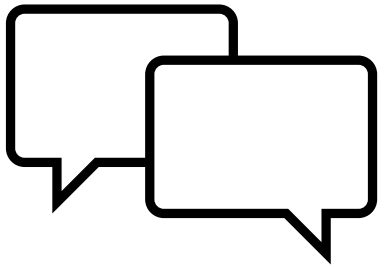
REMIT_[*Provider Tax ID*]_[*MassHealth PIDSL/Payee ID*]_[*Run Number*]



This example shows 2 remits for Run 100845:

1) **Service Location A**
   TIN 123456789
   MH PIDSL 123456789A
2) **Service Location B**
   TIN 123456789
   MH PIDSL 123456789B

Portal Update - Remittance Display



In response to your feedback, we've updated the portal Remittance Advice display:

- The **most recent payment runs appear at the top**
- Offices with multiple locations can easily find their remits **grouped by payment run**

Portal Update

- **TPL Update**: Third Party Liability (TPL) data has been updated in BeneCare 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 CMSP Accumulator / remaining balance information**, please call 844-MH-DENTL (844) 643-3685.
- 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 is now displaying properly.** The previous quadrant display issue is now resolved.
  - Please note that quadrant-based codes such as **D4341 and D4342** require valid quadrant information for processing. Missing quadrant detail will delay processing.

Portal Submission Alternatives

If you continue to see the portal error message (below) when trying to submit a claim or PA request in the portal, please follow these steps:

> Please try again. If you continue to receive this error message after confirming the member information is correct, you may send the claim or PA request via FAX at 833-627-7347.

STEP 1: Check to make sure that member information is correct

STEP 2: After confirming the member information is correct, submit your claim or PA request through an alternative method:

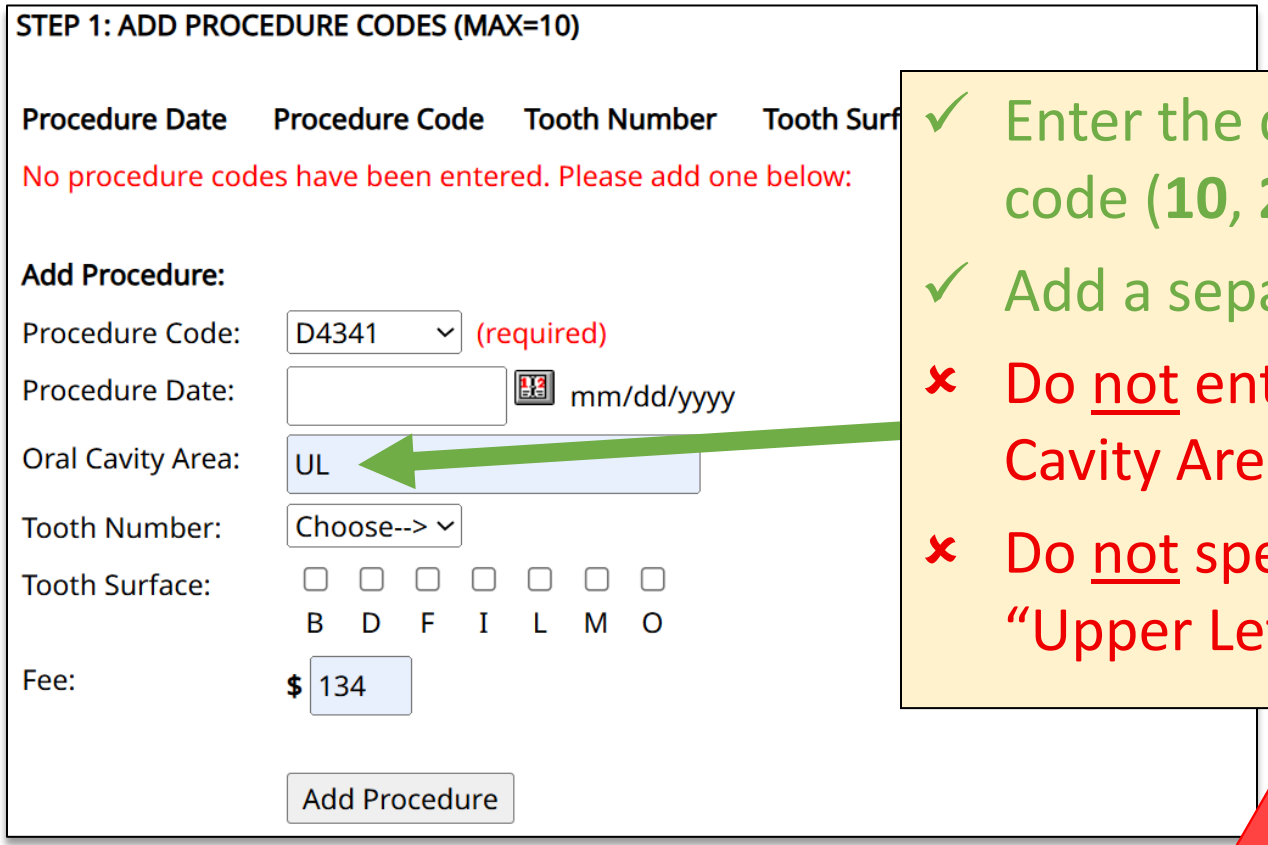
1. **FAX** to: 833-627-7347, or
2. **Submit to EDI**, or
3. **Mail** to: MassHealth Dental Program Claims c/o BeneCare Dental Plans P.O. Box 631 Worcester, MA 01613

Please **do NOT email claims or PA requests directly to BeneCare**.

If you are unable to FAX, submit to EDI, or mail, please request a secure email connection by emailing **ProviderRequests@massdhp.com**

Portal: Quadrant Detail Entry

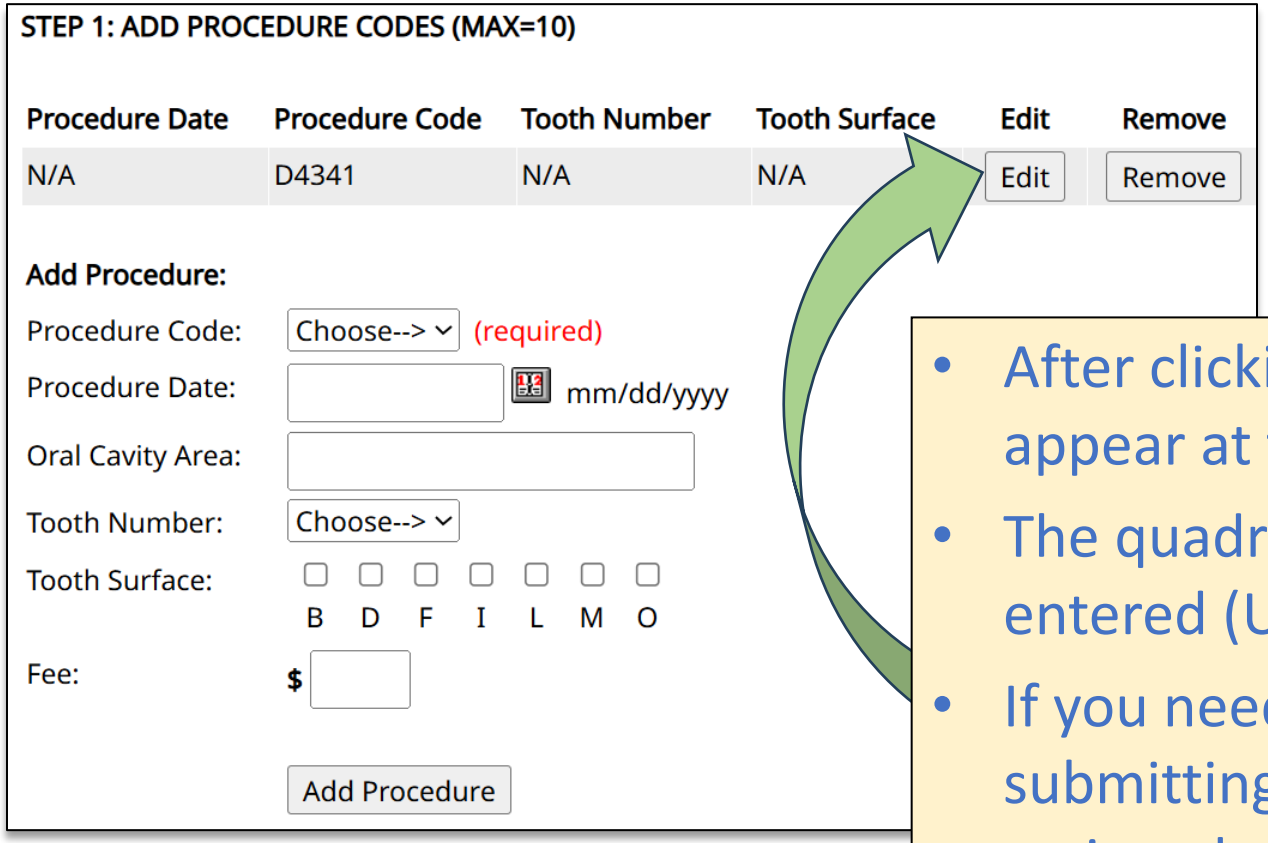
Quadrant details are required for claims or PA requests for quadrant-specific codes such as deep cleanings (D4341/D4342)



- ✓ Enter the quadrant abbreviation (**UR, UL, LL, LR**) or code (**10**, **20**, **30**, **40**) in the "Oral Cavity Area" field.
- ✓ Add a separate Procedure for each quadrant.
- ✘ Do not enter more than one quadrant in the "Oral Cavity Area" field.
- ✘ Do not spell out the quadrant as "Upper Right", "Upper Left", "Lower Left", or "Lower Right"

Failure to enter required quadrant detail will delay processing.

Portal: Quadrant Detail Entry (cont.)



- After clicking “Add Procedure”, the procedure will appear at the top.
- The quadrant detail will not appear even if correctly entered (UR, UL, LL, LR) or (10, 20, 30, 40).
- If you need to check what was entered before submitting, please click on the “Edit” button to review the procedure entry details.

Customer Service

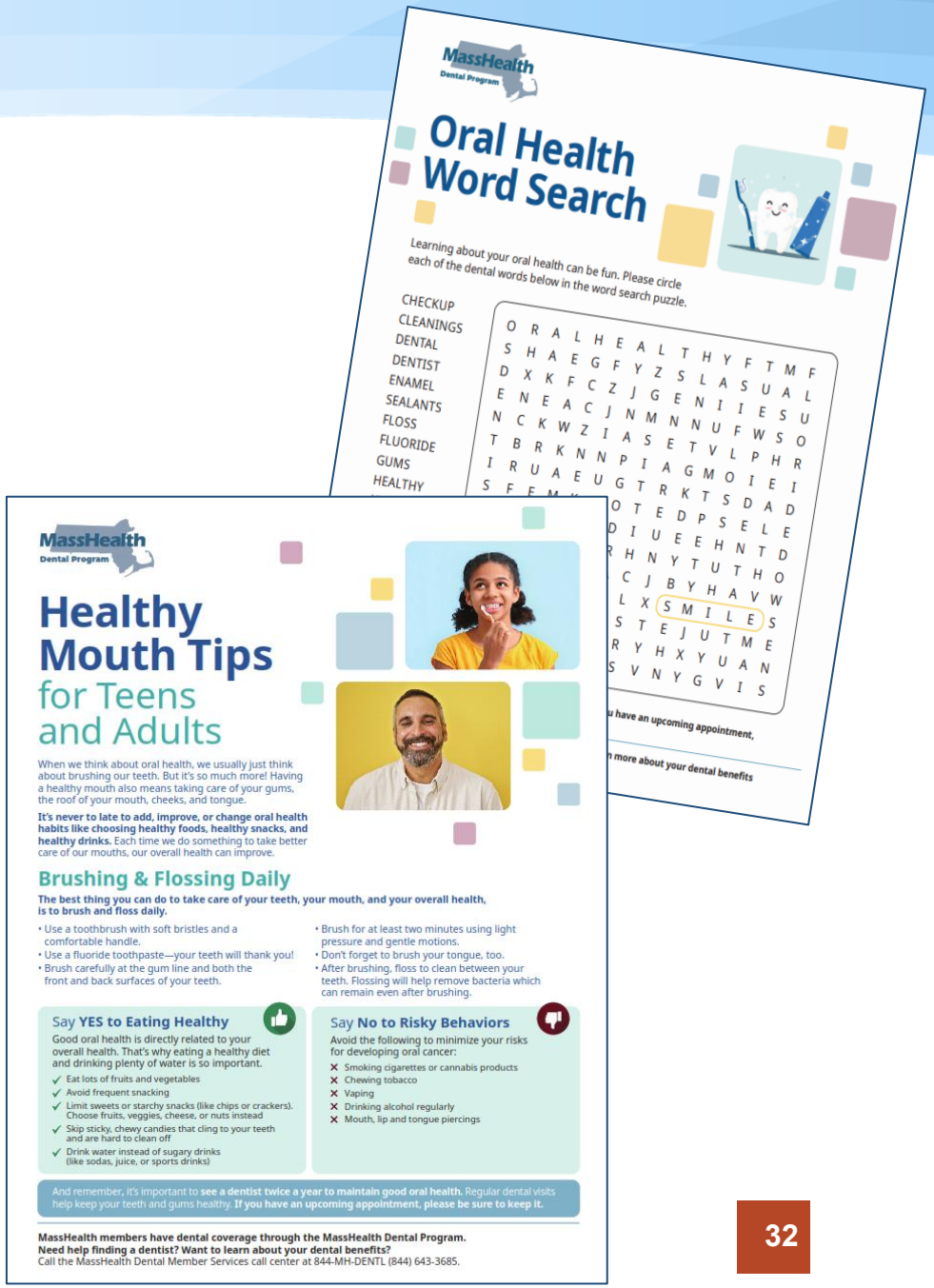
- While call volume remains higher than anticipated, we're actively working to reduce wait times by fully staffing our team and expanding cross-training to improve responsiveness.
- We will continue to work on improving call wait times by aligning our staffing model to best meet the needs of members and providers.
- Providers can also continue to call MassHealth's customer service line at 800-841-2900 if member eligibility information is still needed.
  - 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.

Call the MassHealth Dental Customer Service at
844-MH-DENTL (844) 643-3685.

NEW Website Feature

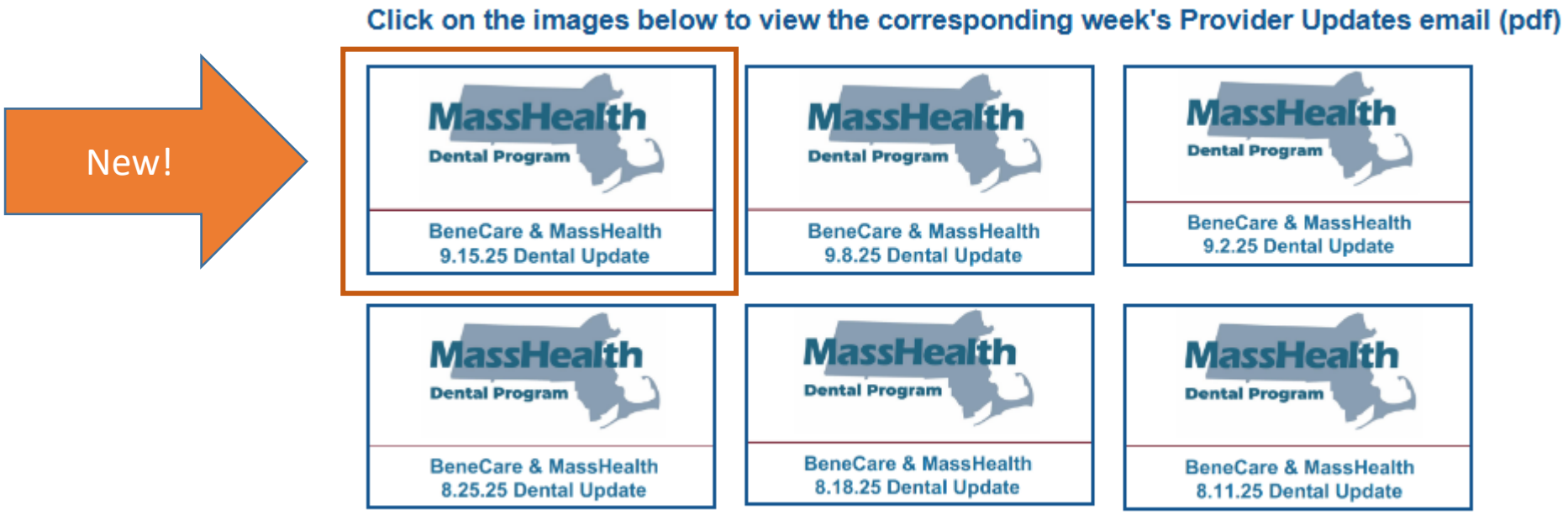
To assist providers, dental offices, our provider relations teams, and community partners in promoting oral health literacy, member education materials have been created and posted in these locations on the massdhp.org site:

- [Children's Oral Health | BeneCare MassHealth]
- [Dental Provider Toolkit | BeneCare MassHealth]



NEW Website Feature

- In an effort to make important news and information readily available at your fingertips, we have saved the recent Provider Update emails as pdfs
- When you visit the **Provider News and Updates** page, you can **click on the image** to pull up which ever week's email you are looking for:



Remittances

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Remittances

- **MassHealth remits are now posted on the Provider Portal** (*see Slide 26 for more info on how to access the remits on the portal*). **Remits will no longer be mailed.**
- Remits are usually posted on Wednesday for the upcoming run.

To request a missing remit that is not on the Portal, please email 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.
For remits before the BeneCare transition (Run 100829 or earlier), please visit the historic DQ portal.

Please **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.

Reminder on MassHealth remit limitations: No quadrant information; Up until Run 100857, claims with more than one DOS will incorrectly show all services with the same DOS (BeneCare recieved the correct information about the multiple DOS and processed the claims as such). BeneCare has **separate EOB reason codes** from the EOB reason codes listed on the MassHealth remit. MassHealth and BeneCare EOB code crosswalk: bit.ly/EOBcrosswalk.

VendorWeb

VendorWeb is the State's portal for providers to view scheduled payments and payment history. Providers can view scheduled payments and payment history at: **massfinance.state.ma.us/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**).
- **If you know your MassHealth Provider ID/Service Location (PIDSL or Payee ID)**, you can call 800-841-2900 to get your Vendor Code.

Note:

*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

Interim Payment Advances

Updated to reflect holiday schedule changes

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Interim Payment Advance – Holiday Schedule

- Interim payment advance requests **will not be reviewed during the weeks of 12/22 and 12/29.**

  - Providers may request either a 2-week or 4-week advance between Thursday, 12/11, and Wednesday, 12/17.
  - All requests must be received by Wednesday, 12/17, at 11:59 p.m. to be eligible for an advance issued on Tuesday, 12/23.
  - Requests submitted after the 12/17 deadline will be reviewed for an advance scheduled for Tuesday, 1/13/2026.

Interim payment advances will not be processed for offices with payments already estimated to be close to your historical average.

Interim Payment Advance Reminder

- 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.**

- ***Please note the holiday schedule changes on the previous slide***

- **Submit the form each week** that a payment advance is needed
- **Submit by Wednesday night at 11:59PM** to receive the payment advance the following Tuesday* (4 business days later)
- *Forms received after the deadline will receive the advance the second following Tuesday (9 business days later)*
- **Requests must be received through the online form**. *Email requests will not be processed.*

forms.office.com/g/mya0tHDdbp

For more details about the recoupment process, please review the **Recoupment Job Aid** available in the Dental Provider Toolkit at massdhp.org/dental-providers/dental-provider-toolkit

Interim payment advances will not be processed for offices with payments already estimated to be close to your historical average.

Recoupments

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Optional Recoupment Pause Extended

- **Important Update: MassHealth is extending the optional recoupment pause** of interim payment advances **through the claims payments made on January 5, 2026** (Run 100867) ***(**If you haven't already done so, you must OPT IN**)***

What it means:

- **Submit a pause request** → no interim payment advance recoupments after request is processed through 1/5/2026 (Run 100867)
- **No action** → recoupments continue to apply to your claims payments until the outstanding advance amount has been fully recouped

How to request:

Complete **online form** by **12:00 PM (noon) Friday** → pause will be effective about 1-2 payment cycles after approval and will remain in effect through 1/5/2026 (Run 100867)

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 January 5, 2026 (Run 100867), and do not require weekly resubmission. *Duplicate or incomplete requests will not be processed.*

For more recoupment info, please see the Recoupment Job Aid available on the **Dental Provider Toolkit** page

APPENDIX: Helpful Reminders & Reference Material

APPENDIX: Table of Contents

Eligibility

Proof of Eligibility Reminder

- Remember to check eligibility on the actual DOS and retain proof of eligibility
  - The member Eligibility Report or Treatment History Report can be saved as proof that eligibility was verified on the date the report was run (i.e. replacing previously required screenshots)

MassHealth Dental program policy is to honor eligibility status as it appears at the time of verification on the date of service.

If a claim is denied due to eligibility, you can submit a reconsideration request with proof of eligibility and we will honor the eligibility status as it appeared when eligibility was verified on the date of service.

Office Reference Manual

Office Reference Manual (ORM)

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.

The Office Reference Manual (ORM) is a resource designed to assist dental providers and their teams in understanding the MassHealth Dental Program. It provides key information on covered services, claim submission, and other important policies and procedures. The ORM is regularly updated to reflect changes in policies, procedures, and regulations, so please check back frequently for updates.

Please note: If there is a conflict between the ORM and official MassHealth regulations, the regulations take precedence in every case. *Please refer to the MassHealth website for complete Dental and All Provider Manuals which contain the regulations: **www.mass.gov/lists/dental-manual-for-masshealth-providers**.*

TPA Transition

Important TPA Reminder

- As communicated previously, **MassHealth's Dental TPA will be transitioning back to the prior administrator in early 2026.**

- BeneCare will continue to provide services as our Dental TPA through the transition period. MassHealth is committed to correctly processing all claims and service authorizations and will be working hard with BeneCare and providers to resolve any issues over the next few months.

- Moving forward, MassHealth will communicate directly with dental providers to issue additional information regarding the Dental TPA transition, including more details about timing. To stay informed, please:

  - Bookmark our new Dental TPA Transition webpage. MassHealth will update this page regularly.
  - Sign up for future emails about the transition by completing this request form.

TPA Update continued

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

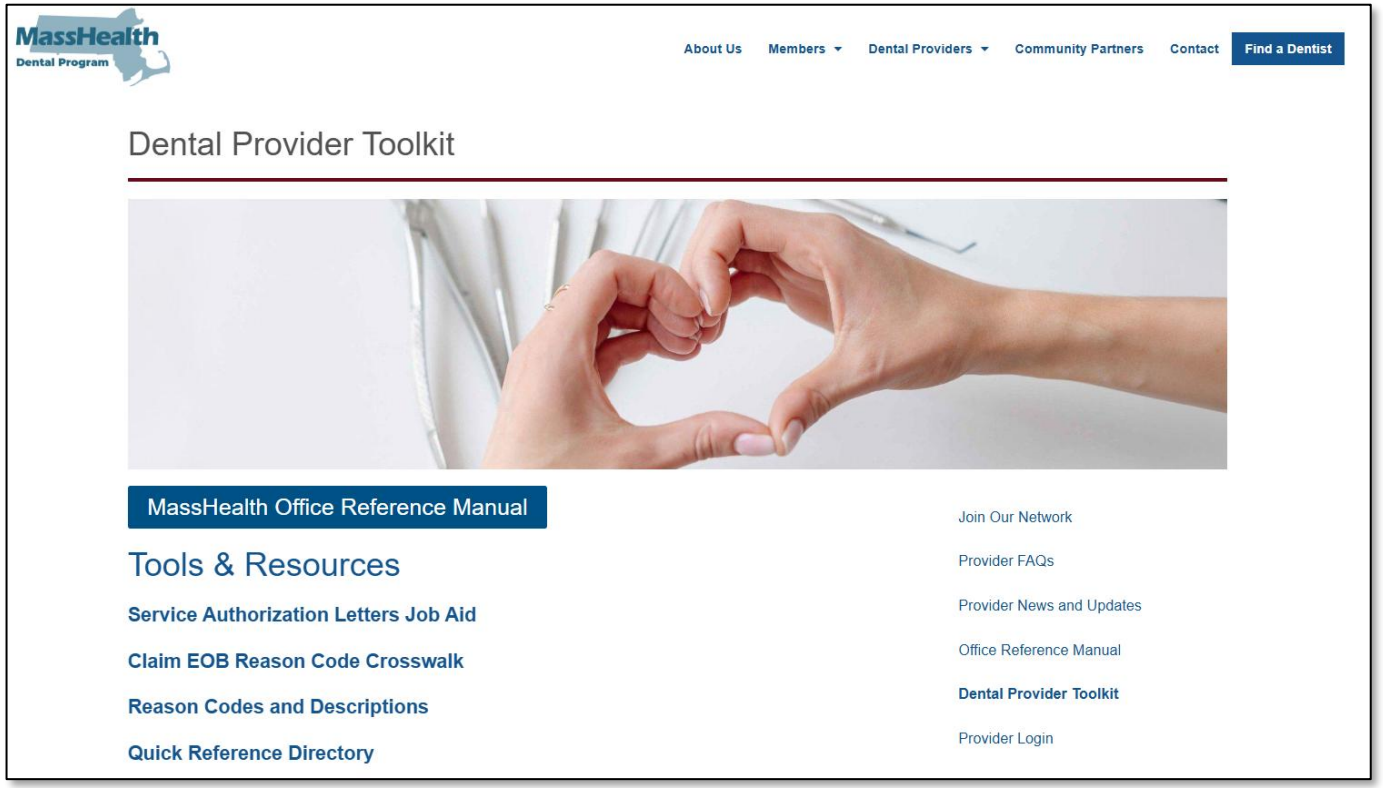
- This transition **will not affect your status as a MassHealth provider or your MassHealth provider contract**. MassHealth's current rates and coverage for dental services will also not be affected by the Dental TPA transition.

- Thank you for your dedication to providing excellent care to our members. We truly appreciate your continued participation and partnership as we work to transition our dental program.

Dental Provider Toolkit

Dental Provider Toolkit

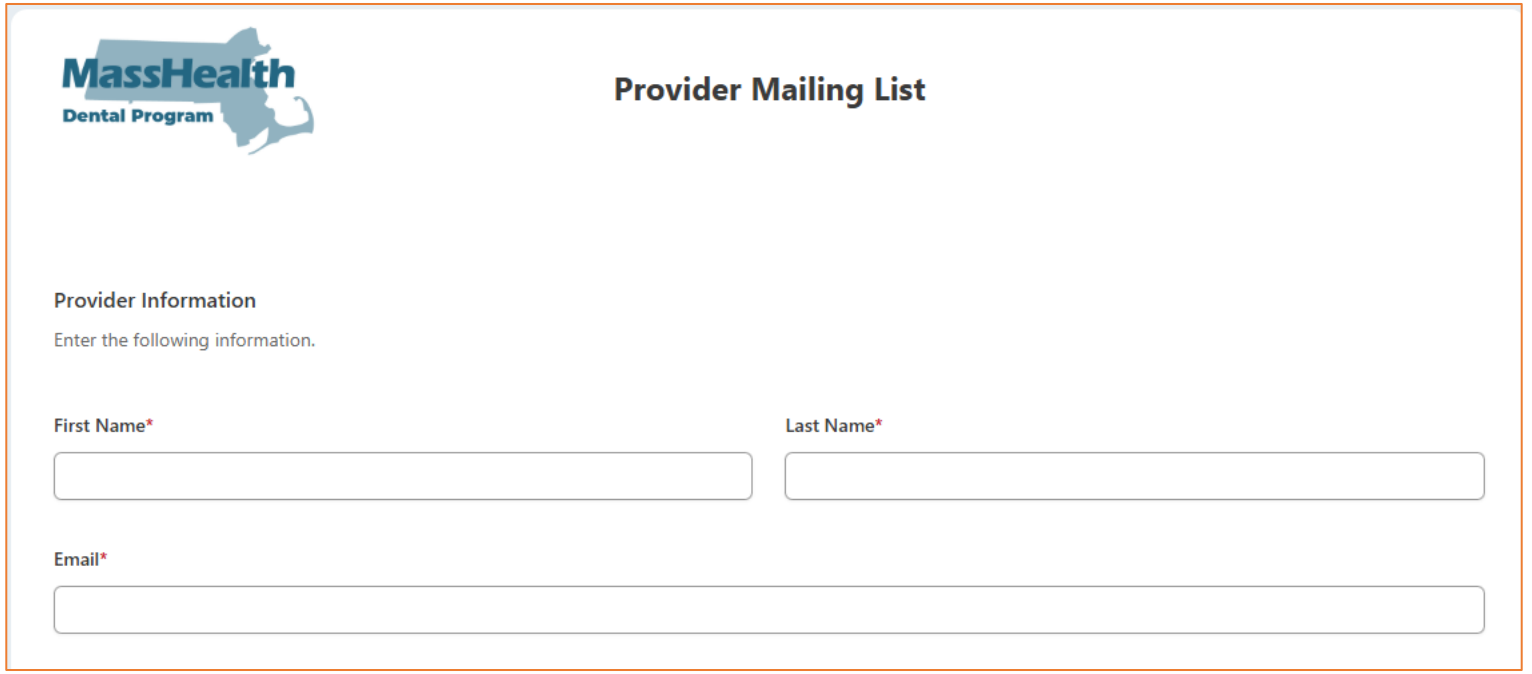
- Tools and Resources can be found on the MassHealth Dental program website: massdhp.org/dental-providers/dental-provider-toolkit



Email List Sign-up

Provider Email List Sign-up Link

survey.massdhp.org/1

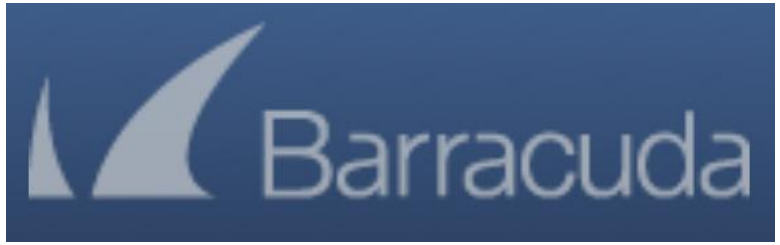


Sign up for the email list to receive the latest updates. You can add as many emails as you would like.

Barracuda Secure Email Notice

Don’t Miss Our Secure Emails

- We use a HIPAA-compliant secure email platform called Barracuda



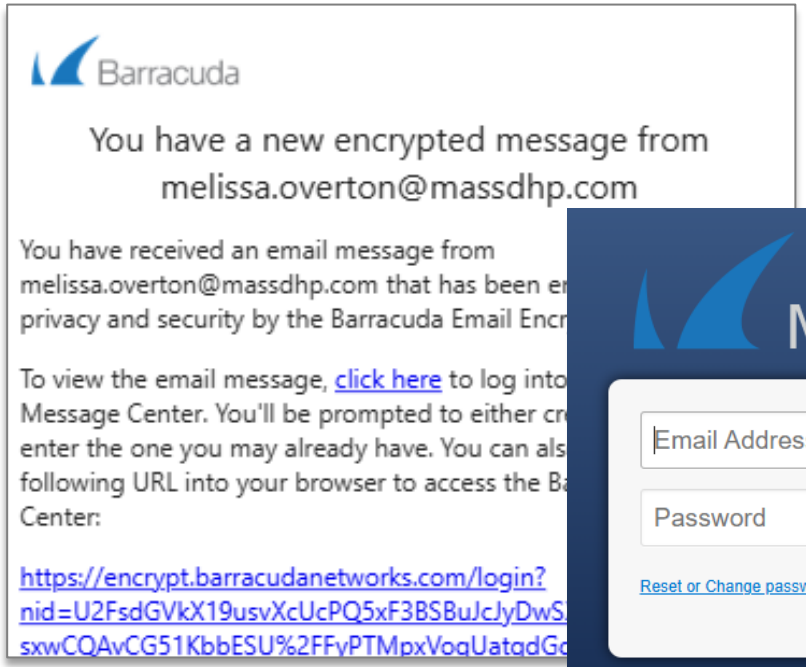
To avoid missing important messages, please:

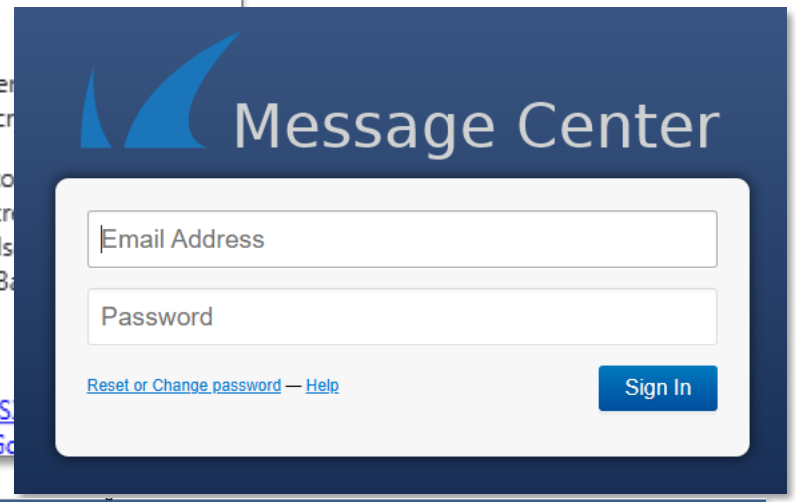
✓ check your Spam or Junk folders and

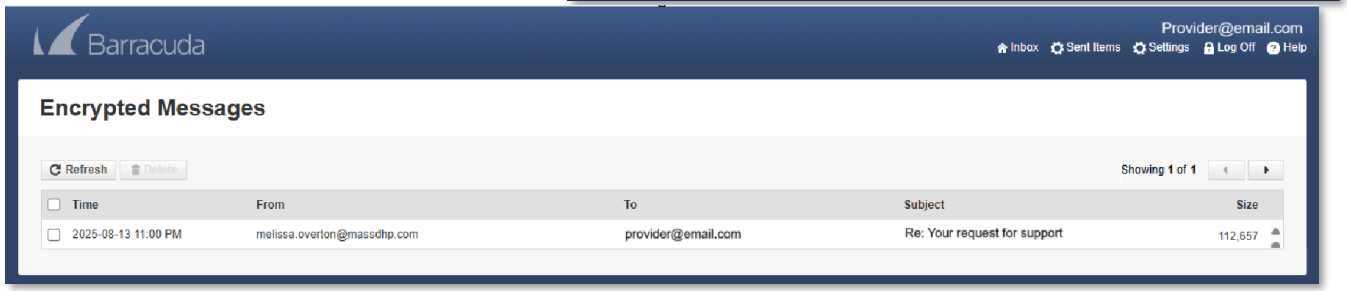
✓ add Barracuda (@barracuda.com) to your safe senders list

Barracuda Email Overview

1. **Look for notifications** from noreply@barracuda.com in your inbox.
2. **Check your Spam/Junk folders** if you don't see the email in your inbox.
3. **Open the notification email** to access your secure message.
4. **Click the provided link** to open the Barracuda Message Center.
5. **Log in** using your Barracuda password, or **create a new password** if it's your first time.
6. Once logged in, **view, reply to, or download** your secure message.







Note: Barracuda secure messages expire in 30 days. Be sure to download and store a copy securely if needed.

Prepayment Claim Review

Prepayment Claim Review

- This is a new process to ensure claims align with MassHealth regulations **before payment** is made.
- This review includes but is not limited to:
  - **member eligibility** determination;
  - **provider eligibility** determination;
  - **benefit coverage** determination and/or **coordination of benefit**;
  - determination that the service is **medically necessary** and meets the applicable **standards of care** and is **not duplicative** of another service.
- When clinical review is needed for prepayment claim review, **documentation must be submitted with the claim**.

Prepayment Claim Review (cont.)

- **Prepayment claim review** is conducted in accordance with the MassHealth rules and regulations, including but not limited to 130 CMR 450.000: *Administrative and Billing Regulations*
- MassHealth regulations, including but not limited to 130 CMR 450.205(A) and 130 CMR 450.204(B) require providers to:
  - **keep documentation** that substantiates the provision and medical necessity of services
  - **provide such documentation** to MassHealth upon request
- MassHealth services are not payable without such documentation, and prepayment claim review is a MassHealth request for such documentation

Prepayment Claim Review (cont.)

Previous Requirements	- maintain documentation - submit documentation *when requested*
New Requirements	- maintain and submit documentation *for all claims that are subject to prepayment claim review* (i.e. documentation is requested for services subject to clinical claim review)

Claim review is not prior authorization. PA requirements remain the same.

Prepayment Claim Review (cont.)

Providers can submit documentation before OR after providing a service:

Before treatment: Request an optional predetermination review to ensure the proposed treatment meets coverage guidelines.

With the claim: Verify compliance with MassHealth regulations, coverage policies, and clinical guidelines before payment.

Optional Predetermination

- Before treatment, providers have the option to submit documentation in advance to check if the proposed treatment is anticipated to meet MassHealth coverage criteria.
- Providers are **not required to request predetermination**

Prepayment claim review and optional predetermination are not prior authorization requirements. MassHealth **prior authorization requirements remain the same and have not changed**.

Benefits of Claims Review

Lower retrospective recoupment audit risk

Clarity on covered benefits

Improved claims accuracy with effective feedback and support

Consultants are making benefit determinations, not treatment recommendations

Intent is to assist providers in adhering to coverage guidelines

Use pre-determination as a service whenever questions on covered services arise

Contact Information and Provider Reps

Contact Information

- **For 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:
  - For General Inquiries, **CustomerService@massdhp.com**
  - For Claims, Claims Payments, Copies of Remits, Benefits, Eligibility, **ProviderRequests@massdhp.com**
  - For Contracting, Credentialing, Training, Education, **ProviderRelations@massdhp.com**

Dental Practice Specialists

- **Our practice specialists are aligned by county as shown below:**

Brianna Jones

E: brianna.jones@massdhp.com

P: 774.351.2718

Lower Berkshire County*, Essex County, Hampden County, Hampshire County, and Worcester County

*Towns in Lower Berkshire County: Alford, Becket, Egremont, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlborough, Otis, Richmond, Sandisfield, Sheffield, Stockbridge, Tyringham, Washington, and West Stockbridge

Nataly Santos

E: nataly.santos@massdhp.com

P: 508.972.0028

Upper Berkshire County*, Franklin County, Middlesex County, and Norfolk County

*Towns in Upper Berkshire County: Adams, Cheshire, Clarksburg, Dalton, Florida, Hancock, Hinsdale, Lanesborough, New Ashford, North Adams, Peru, Pittsfield, Savoy, Williamstown, and Windsor

Melissa Overton

E: melissa.overton@massdhp.com

P: 774.425.7694

Barnstable County, Bristol County, Dukes County, Nantucket County, Plymouth County, and Suffolk County

MassHealth Dental Program

Historic DQ Provider Portal

Historic DentaQuest Portal

The previous DentaQuest provider portal can be accessed through this direct link:

provider.masshealth-dental.net

As a reminder:

- Historical information (such as remittance advice and inquiries) will not transfer to the new portal
- The DentaQuest portal is still available for **read-only access**
- We encourage you to download any necessary information as soon as possible

Thank you