



BeneCare & MassHealth 12.22.25 Dental Update



As the year draws to a close, we appreciate your continued participation in the MassHealth dental program. With the holidays fast approaching, we want to ensure you're aware of upcoming schedule changes that will affect our call centers and interim payment advance requests.

Upcoming holiday schedule:

- **Thursday, December 25, 2025** – BeneCare and MassHealth offices and call centers will be closed.
- **Wednesday, December 31, 2025** – Last day that MassHealth's customer service line at 800-841-2900 is available to verify member eligibility information. Beginning in January 2026, all dental provider calls for member eligibility will be directed to BeneCare 844-MH-DENTL (844-643-3685).
- **Thursday, January 1, 2026** – BeneCare and MassHealth offices and call centers will be closed.
- **Wednesday, January 7, 2026** – Interim payment advance requests will not be reviewed during the weeks of 12/22 and 12/29. Requests must be received by 1/7 to be considered for an interim payment advance to be issued on Tuesday 1/13.

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.

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

- (1) **Adjudication Remediation Plan** – *Single line reprocessing as outlined below has been completed*
- (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** – *Interim payment advance requests will not be reviewed during the weeks of 12/22 and 12/29. See below for additional info regarding the holiday schedule*
- (7) **Recoupments** – *Paused recoupments will begin to apply again starting with the claims payments made on **January 12, 2026 (Run 100868)***
- (8) **Helpful reminders** – *Including new Provider FAQs to help explain denial reason codes*

1) Adjudication Remediation Plan

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

- Validation and testing for the system-wide reprocessing has begun and will continue throughout the phased approach outlined 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.
- 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 of initial eligibility reprocessing has been completed and includes:
 - 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).
 - **These reprocessed claims were included in the 12/1 claims payment (Run 100862)**
 - There are some incorrect eligibility denials that are not included in the initial reprocessing. Additional discovery has been done to identify and correct any outstanding eligibility denials. Updates are anticipated soon regarding when these remaining incorrect eligibility denials will be reprocessed and included in your payments and remits.
 - Phase 2 has also been completed and includes:
 - Reprocessing claims previously denied for timely filing.

- **These reprocessed claims are included in the 12/15 claims payment (Run 100864)**
- **Phase 3 has been completed and includes:**
 - Reprocessing CDT code D1351 for incorrect denials teeth 2 and 3
 - **These reprocessed claims are included in the 12/22 claims payment (Run 100865)**
- **Phase 4 is completed and includes:**
 - Reprocessing single service claim lines that had previously denied for non-covered service or frequency limitation configuration errors, including exams, recalls, cleanings, fluoride, and other services: D0120, D0140, D0150, D0180, D1110, D1206, D1208, D1351, and D9110 for MassHealth Limited members.
 - **These reprocessed claims will be included in the 1/5/2026 claims payment (Run 100867).**
- **Continuation of Reprocessing:**
 - There will be an additional reprocessing effort in early January including remediation for claims that inaccurately denied for eligibility, including MassHealth Standard claims denied incorrectly for an annual maximum ("Services Exceed Annual Max") and outstanding eligibility denials that could not be remediated in Phase 1.
 - Reprocessing is also expected for additional code configuration and frequency limitation errors.
 - Once testing and validation is completed, we will communicate when to anticipate reprocessed claims by payment date and run number.
- **Voids:**
 - PAs with future dates of service processed as claims
 - PAs with no date of service processed as claims

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.

Please note that while many claims are successfully reprocessed, not all will qualify for payment. As claims are reprocessed for previous configuration issues - such as inaccurate eligibility - some may still deny for other reasons. For example, a claim may receive a duplicate denial if the service was already paid or billed more than once. **We will only post reprocessed claims that qualify for payment. At this time, we are not posting reprocessed claims that deny again.**

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.

You can continue to track the Adjudication Remediation Plan's progress by reviewing updated overview slides which can be found on the [Provider News & Updates](#) page or by [clicking here](#).

Please see below for a preview of the overall status summary slide which is part of the updated overview slides:

ARP Summary	Status		Notes/Next Steps
Resubmitted Claims*	Completed	Green	These resubmitted claims were included in the 11/17 claims payment (Run 100860) .
Phase 1 – Initial eligibility denials	Completed**	Green	Reprocessed claims were included in the 12/1 claims payment (Run 100862)
Phase 2 – Timely filing denials	Completed	Green	Reprocessed claims were included in the 12/15 claims payment (Run 100864)
Phase 3 – Sealant denials	Completed	Green	Reprocessed claims will be included in the 12/22 claims payment (Run 100865)
Combined Reprocessing**	Completed	Green	Reprocessed single claim lines will be included in the 1/5/2026 claims payment (Run 100867)
Additional remediation	Testing	Yellow	Further clean-up for inaccurate eligibility denials and approved yet unpaid claims
Voids	In Development	Red	

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 12/22 claims payment (Run 100865)** will include a regular week of submitted claims plus reprocessed claims that had been inaccurately denied with CDT code D1351 for teeth 2 and 3.
 - **Next week's 12/29 claims payment (Run 100866)** will include a regular week of submitted claims.
 - **The following week's 1/5/2026 claims payment (Run 100867)** will include a regular week of submitted claims plus reprocessed single service claim lines that had previously denied for non-covered service or frequency limitation configuration errors.

As a reminder, MassHealth has **further extended the timely filing limit to 345 days through March 31, 2026**.

- Recoupments continue to apply, except for providers who requested a recoupment pause. Paused recoupments will begin to apply again starting with the claims payments made on January 12, 2026 (Run 100868). For more information on recoupments, see Section 7 below.
- 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.***

3) Prior Authorization Update

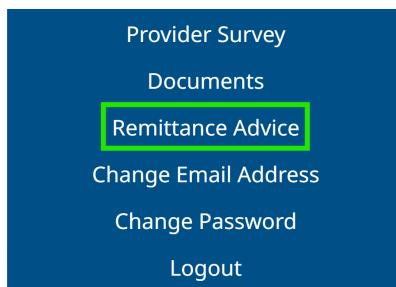
As a reminder, **MassHealth is indefinitely delaying implementation of prepayment claim review, except for multiple crowns delivered on the same date of service for members 21 years and older.**

- 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.**.*
- PA requests are being processed within the standard turnaround times:
 - An average of no more than 5 business days, and
 - No more than 21 calendar days for any individual request
- **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:
 - **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 working to test corrective measures to remediate this issue.
 - 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 are usually posted by the Wednesday prior to the claims payment.
 - 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

- Current state – customer service:
 - Incoming calls during the week of 12/15-19 were answered within an average wait time of just over 3 minutes.
 - Increased staffing and cross-training members of the BeneCare constituent services teams have resulted in continuous improvements in wait times and abandonment trends.
 - Until the end of December, providers can also continue to call MassHealth's customer service line at 800-841-2900 for member eligibility information.
 - ****All dental provider calls for member eligibility will be directed to BeneCare at 844-MH-DENTL (844-643-3685) beginning in January 2026. The MassHealth customer service line will no longer be available for dental provider inquiries as of 1/1/2026.****

5) Remittances

- Current state:
 - **MassHealth remits are now available in the Provider Portal.** Remits will no longer be mailed. See Section 4 above for more information on how to access.
 - **To request a missing remit, please email [Provider Requests@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 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](#)

6) Interim Payment Advances

HOLIDAY SCHEDULE UPDATE:

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

Requests submitted after the 12/17 deadline will be reviewed for an advance scheduled for Tuesday, 1/13/2026.

- 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: Paused recoupments will begin to apply again starting with the claims payments made on **January 12, 2026 (Run 100868)**

- When recoupments restart, providers who were previously granted a lower recoupment percentage (i.e. below the standard 33% per outstanding interim payment advance) will automatically continue with the lower recoupment percentage.

MassHealth gave the option to temporarily pause the recoupment of interim payment advances. Providers were required to opt-in.

Providers who requested a recoupment pause through the online form have their recoupments paused through the 1/5/2026 claims payment (Run 100867).

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. Paused recoupments will apply again starting with the claims payment on January 12, 2026 (Run 100868).

8) Helpful Reminders

Don't miss these important updates and reminders.

TPA Transition Update

MassHealth updated the transition timing from "early 2026" to "February 2026". This update can be found here: [MassHealth Dental Program Updates | Mass.gov](#)

Moving forward, MassHealth will communicate directly with dental providers to issue additional information about the Dental TPA transition. Please bookmark this webpage and visit regularly for updates.

In addition, sign up for email updates through [this request form](#) to stay informed about the transition.

Frequently Asked Questions (FAQs)

- Please bookmark the [Provider FAQ page](#) as new questions and updates are reflected here for your convenience. Two new FAQs were added just last week, so be sure to check back often.
- **NEW FAQs**
 - **Q: What does the status "NOT SUPPORTED BY DOCUMENTATION" mean?**
 - **A:** BeneCare's reason code 66 (NOT SUPPORTED BY DOCUMENTATION) is used when documentation was not received. Please resubmit your service authorization request or claim with all of the required documentation.
 - **Q: What does it mean that my services were denied with reason code 30 "DENIED, CONSIDER ALTERNATIVE TREATMENT"?**
A: Reason code 30 denials (DENIED, CONSIDER ALTERNATIVE TREATMENT) indicate that the services were rendered by a provider or location that was not participating in the member's assigned network on the date of service.

Common scenarios include: the provider or service location was not active or participating with MassHealth on the date of service, or the member was enrolled in Health Safety Net (HSN), and services were provided by a non-HSN provider. As a reminder, only acute hospitals and community health centers are eligible to enroll in HSN.

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

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 patience, perseverance, and commitment to providing excellent care to members.

Happy Holidays!

Provider Relations

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