

# Adjudication Remediation Plan

*Updated as of December 4, 2025*



# 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.

- **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.

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# Phases in the Adjudication Remediation Plan

- 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 claims that had been previously **denied for configuration or frequency limitation inaccuracies**, including exams, recalls, cleaning, fluoride, and other services
  - This includes reprocessing **CDT code D1351** for incorrect denials teeth 2 and 3
  - This also includes 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

*Continued on the next slide...*

# Adjudication Remediation Plan Phases Continued

## 4 Phase 4

- Reprocessing portal submitted claims with the following CDT codes:
  - **D8670** (periodic ortho payments)
  - **D8999** (interceptive ortho payments)
  - **D2740** (porcelain or ceramic crown)
- Portal claims that submitted with blank exclusion codes

**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.

Please refer to the status/summary recap of the ARP on the next slide:

## 5 Phase 5

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

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

## 6 Phase 6

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

# ARP Status Summary

			Notes/Next Steps
<b>Resubmitted Claims*</b>	<b>Completed</b>		These resubmitted claims were included in the <b>11/17 claims payment (Run 100860)</b> .
<b>Phase 1</b>	<b>Completed**</b>		Reprocessed claims were included in the <b>12/1 claims payment (Run 100862)</b>
<b>Phase 2</b>	<b>Completed</b>		Reprocessed claims will be included in the <b>12/15 claims payment (Run 100864)</b>
<b>Phase 3</b>	In Testing		
<b>Phase 4</b>	In Development		
<b>Phase 5</b>			
<b>Phase 6</b>			

\*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



# 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](#)