Virtual Office Hours

May 21st, 2025



Discussion Topics

- Claims Processing and Payment Update and Known Claims Issues
- Remittance Workaround
- Payment Advance Update
- Prior Authorization Status
- Call Center Wait Times
- Customer Relations vs. Provider Relations
- CMSP Annual Max Accumulator & Name and DOB Search
- Access to the historic DentaQuest Portal
- Provider Email List Sign-Up Link
- Q & A

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Claims Processing and Payment

- Overall claims payment remains low, however higher claims payment is anticipated in the first half of June as processing issues are fixed
- Tuesday, 5/27: Third round of claims payments will still be low
 - Recoupments for previous payment advances will apply to next week's claims payment but will then be paused until the week of June 9th
- The backlog of claims dating back to March 15, 2025 will be processed over the month of June. You do not need to resubmit.

^{*}As a reminder, payments that are lower than your typical volume are entirely due to IT and systems issues and do not convey any information about claim approval or denial rates.



Most Significant Claims Issues

1. Incorrect processing of only one claim line:

- Only the first service line on a claim was being loaded and processed.
- This issue has now been resolved going forward and we will reprocess historical claims in the coming weeks to account for missed service lines.

2. Provider data corrections:

- Provider data must be correctly mapped for claims to be received, processed, and paid.
- Our system for mapping provider data is complex and has required significant manual fixes.
- Many providers' data have already been corrected.
- We are actively reaching out to individual providers who still need corrections

No resubmissions are needed at this time. We will notify you if needed in the future.



Claims Remediation

Next steps:

- We have largely remediated these two biggest issues and <u>anticipate higher claims payment</u> volumes starting June 2.
- The claims fixes will allow claims to be processed correctly moving forward. However, previously adjudicated claims will need to be re-processed.
- There is also a backlog of claims dating back to March 15 that will be processed and paid over the month of June.
- The claims fixes and backlog remediation will be complex.
 - For example, when reprocessing to pay the remaining lines of multi-line claims, we anticipate duplicate denials for the previously paid single lines of each claim.
- More information to come on the claims remediation process.

No resubmissions are needed at this time. We will notify you if needed in the future.



Additional Known Claims Issues

- Newly extended 180-day timely filing limit
 - We will identify and correct any timely filing limit denials for which the 180-day timely filing limit should apply
- For CHCs, D9450 is not paying at the correct CHC rate
 - The rate will be corrected in the coming weeks
 - Past payments will be reconciled to the correct rate in the future
- For CHCs and Hospitals, the HSN Secondary claims are not automatically processing after a MH Limited / CMSP denial
 - We will set up the automatic flow of HSN secondary claims and reconcile HSN secondary claims that still need to be processed

No resubmissions are needed at this time. We will notify you if needed in the future.

Remittance Advice

- MassHealth remittance advice (RA) will be used as a <u>temporary</u> workaround until BeneCare can provide the RAs.
- MassHealth will mail RAs until providers can be set up with access to the electronic RAs.
 - The RA for the 5/9 claims payment was mailed out last Thursday 5/15
 - The RA for the 5/19 claims payment will be mailed out today
- MassHealth is re-evaluating whether setting up users to access the separate MMIS POSC portal is the best option.
 - In a separate future notice, MassHealth will provide more information on how to receive electronic RAs.



MassHealth RA Limitations

- No denial reasons
- No tooth number, tooth surface, or quadrant information*
 *MassHealth anticipates receiving the tooth number, tooth surface, and quadrant details in the future so that it can be included in forthcoming MassHealth RAs
- Only one paid service line per claim**
 - **This claims processing has been fixed and will be reflected in forthcoming MassHealth RAs beginning with the 6/2 claims payment. RAs before the 6/2 claims payment will still show this issue.
- Incorrect DOS for claims with more than one DOS
 - If you submitted a claim with more than one date of service, the services under the claim will all show with the same DOS on the RA. The MassHealth system will be updated in the future to receive multiple DOS under one claim. BeneCare has the correct information about the multiple DOS and has processed the claims as such.



MassHealth RA Limitations (cont.)

Check the portal or contact us at BeneCare if you need claim detail that is not available on the MassHealth RA, including:

- Procedure details: tooth number, tooth surface, or quadrant
- Questions about the claim status, including denial reasons
- Confirm specific dates of service for claims with more than one date of service



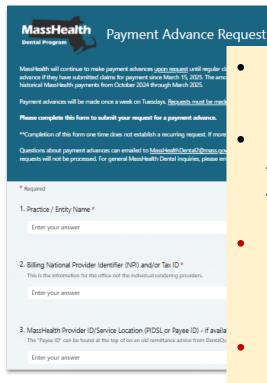
Payment Advance Update

- MassHealth will continue to make payment advances upon request until regular claims payments resume.
- Payment advances will be made once a week on Tuesdays. Requests must be made by noon the previous Thursday to receive an advance the following Thursday.
- These new payment advances will not be recouped until the week of June 9, 2025.
 - Previous payment advance recoupments will apply to next week's claims payment but will then be paused until the week of June 9th
- Providers must submit a separate payment advance request form each week that an advance payment is needed. Payment advance requests cannot be made as an automatic recurring request using a single form.



Payment Advance Request Form





- Submit the form each week that a payment advance is needed
- Submit by Thursday at noon to receive the payment advance the following Tuesday (3 business days later)
- Forms received after Thursday at noon will be receive the advance the second following Tuesday (8 business days later)
- Requests must be received through the online form. Email requests will not be processed.

https://forms.office.com/g/mya0tHDdbp



Prior Authorization Update

- We continue working through the backlog of outstanding prior authorization (PA) and optional pre-determination request and are making progress
- Additional staff have been pulled in and the backlog is anticipated to be addressed by the end of May.
- Normal PA turnaround times are expected to be restored in June:
 - An average of no more than 5 business days, and
 - No more than 21 calendar days for any individual request

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Call Center Wait Times

Additional customer service representatives have been hired and will start taking calls by the end of this week

Providers can also call MassHealth's customer service line at 800-841-2900 for member eligibility information.

Note: MassHealth's customer service can only answer questions about member eligibility, not claims, prior authorization requests, or other items. Please continue to call our customer service center for this information.

Call Center vs. Provider Relations

When calling BeneCare for assistance, please contact the following departments:

Dental Customer Service

1-844-MH-DENTL (844-643-3685)

8:00 A.M. to 6:00 P.M. Monday through Friday

- Member Eligibility & Benefits
- Claims
- Payment information

Provider Relations

1-844-MASSDHP (844 627-7347)

8:30 A.M to 4:30 P.M. Monday through Friday

- Contracting
- Credentialing & Recredentialing
- Training & Education

ProviderRelations@massdhp.com

CMSP Annual Max Accumulator & Name and DOB search

Coming soon: expected to go-live in the next week, subject to testing

Preview: CMSP Accumulator

This update is currently in testing. This is a preview of how we expect the update will appear once live.

Printed on 5/20/2025



Disclaimer: Eligibility for Medicaid can change daily. Member eligibility should be verified on the date of service. The claim history reflected below is based on the latest claims received, and does not include claims in process, claims incurred but not yet received or any denied services. If you have any questions about the eligibility or claim listing below please call the MassHealth Dental Program at 844-MH-DENTL (844-643-3685).

CMSP Benefit Remaining Amount: \$452.00

Member ID N	Name	Date of Birth	Eligibility as of 5/20/2025	Coverage Type	Age Band
				Children Medical Security Plan	Child (<21)

Note: Members who have only CMSP coverage or choose to see a provider who is not a Health Safety Net (HSN) participating provider may have a patient responsibility once the \$750 maximum has been reached. Providers may charge the member up to the MassHealth allowable fee for any service after the annual maximum has been reached.

For Childrens Medical Security Plan (CMSP) members, the **remaining balance of the \$750 state fiscal year maximum** (July 1 – June 30) will display at the top of the eligibility report.

\$750 – The member has used \$0 and their full \$750 benefit remains.

\$1-\$749 – The member has partially used their benefit and the amount displayed is what remains.

\$0 – The member has used their full \$750 benefit and has NO remaining benefit until the start of the new SFY on July 1, 2025.

Historic DentaQuest Portal

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

https://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 will remain available for read-only access until September 30, 2025
- We encourage you to download any necessary information as soon as possible

FAQs & webinars now available on the portal!

Provider Email List Sign-up Link

HTTPS://SURVEY.MASSDHP.ORG/1

MassHealth Dental Program	Provider Mailing List	
Provider Information Enter the following information.		
First Name*	Last Name*	
Email*		

Q&A

THANK YOU!

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