

Provider Updates

Virtual Office Hours
September 25, 2025



Virtual Office Hours

- As a reminder, the Virtual Office Hours are designed to provide:
 - An opportunity for providers and their teams to **ask questions, share feedback, and receive support** during this transition period
 - A forum where the Provider Relations team can **share updates, clarify information, and review what has been communicated** in the Monday email announcements
- Guidelines for participation
 - **Please approach these sessions with respect and understanding**
 - **Refrain from using negative or disrespectful language**

While we recognize and appreciate everyone's frustration, let's work together constructively to ensure communication remains helpful and collaborative.

Discussion Topics

- **NEW:** MassHealth to indefinitely delay implementation of prepayment claim review
- **NEW:** MassHealth further extending the timely filing limit
- Eligibility and Adjudication Remediation
- Claims Processing and Payment Updates
- VendorWeb Updates
- Interim Payment Advance Reminder and Recoupment Pause Option
- Portal Updates
- Prior Authorization Update
- Claim Review Reminder
- Q&A
- Appendix:
 - Tools, Resources and Reminders
 - Contact Information

Implementation of Prepayment Claim Review Delayed

- As announced on Monday, September 15, **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 will be updated shortly with this new guidance.

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 will be updated in the ORM shortly
 - Please expect a separate communication re: the updated ORM along with highlights of this and other changes

Eligibility Data – Improving Validation

- Validated **eligibility data** in the provider portal and has been synchronized with our **claims system**. This update improves the accuracy and reliability of eligibility data.
- **Next Steps:** Additional testing by MassHealth and BeneCare continues, ensuring that the Adjudication Remediation Plan works smoothly and effectively

Our commitment to you:

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.

BeneCare and MassHealth teams remain fully engaged **to give you the information and support you need — now and in the future.**

Proof of Eligibility Reminder

- The eligibility fix and following system-wide reprocessing is expected to remediate most incorrect denials.
 - *Please do not submit reconsideration or resubmit claims due to incorrect eligibility at this time.*
- After system-wide reprocessing, we will assist with any specific claim denials that still need to be corrected.
- 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.

Adjudication Remediation

- Claims reprocessing will follow our **Adjudication Remediation Plan**
- We have begun testing the plan's logic and coding elements to ensure all issues are fully addressed before implementation
- At a high-level, the **Adjudication Remediation Plan** 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 had been misconfigured 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.

* Please be aware, you may see denials on claim lines that were previously approved as these will reprocess as duplicates since they were already approved and paid.

We will share the reprocessing timeline as soon as possible once finalized.

Claims Processing and Payment

- This week's 9/22 (Run 100852) and next week's 9/29 (Run 100853) payments:
 - Include a week of recently submitted claims.
 - Please note that Run 100852 is the **first claims payment processed with updated eligibility data**. Incorrect denials due to eligibility are not anticipated in this claims payment or moving forward.
 - No system-wide claims reprocessing for all providers
 - Recoupments continue to apply, except for providers who requested a pause
 - Remittance advice continues to be mailed out until we can provide electronic copies on our provider portal. *See Appendix for more info on remits.*

****Please do not resubmit incorrectly processed claims until the system issues are fixed, as they will continue to pay incorrectly. *No resubmission are needed at this time. We will notify you if needed in the future.* ****

DentalXChange (DXC) and Vyne

- There was an issue with DentalXChange (DXC) and Vyne submissions with **electronic attachments**
- DXC and Vyne submissions with electronic attachments **are now being received and processed correctly.**
- The DXC backlog is complete and the Vyne PA request backlog is being addressed.
- Some PA requests from April and May that were not submitted through DXC or Vyne have not been processed. We're actively working on a solution and will share next steps soon, *including whether any provider action is needed.*

****Please do not resubmit incorrectly processed claims until the system issues are fixed, as they will continue to pay incorrectly. *No resubmission are needed at this time. We will notify you if needed in the future.* ****

Outstanding PAs

- As a reminder, standard PA request turnaround times are:
 - 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 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.

Known Claims Processing Issues

- As a result of prior eligibility challenges, **we still cannot process HSN and COB / TPL claims.**
 - These claims are part of the retrospective reprocessing plan and will be addressed with Adjudication Remediation.
- Codes that are currently under investigation: **D0140, D0190** (*PHDH only*), **D0220, D0230, D0330** (*OS frequency limit exception*), **D1110, D1351, D1510, D3120, D7310, D7472** (*OS only*), **D8660, D8670, D9110, D9310, D9450** (*rural and CHC only*)
 - **D0120, D8999** configuration has been fixed going forward
 - For claim questions and inquiries, please reach out to ProviderRequests@massdhp.com
- Additional information on the Adjudication Remediation Plan will be shared in coming weeks.

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

Claims Outreach ****New Form****

- If you are receiving low or no claims payment and we are not already working with you to make sure that your claims are received and processed
- Please reach out to us directly or [fill out this form](#) so that we can assist you.



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

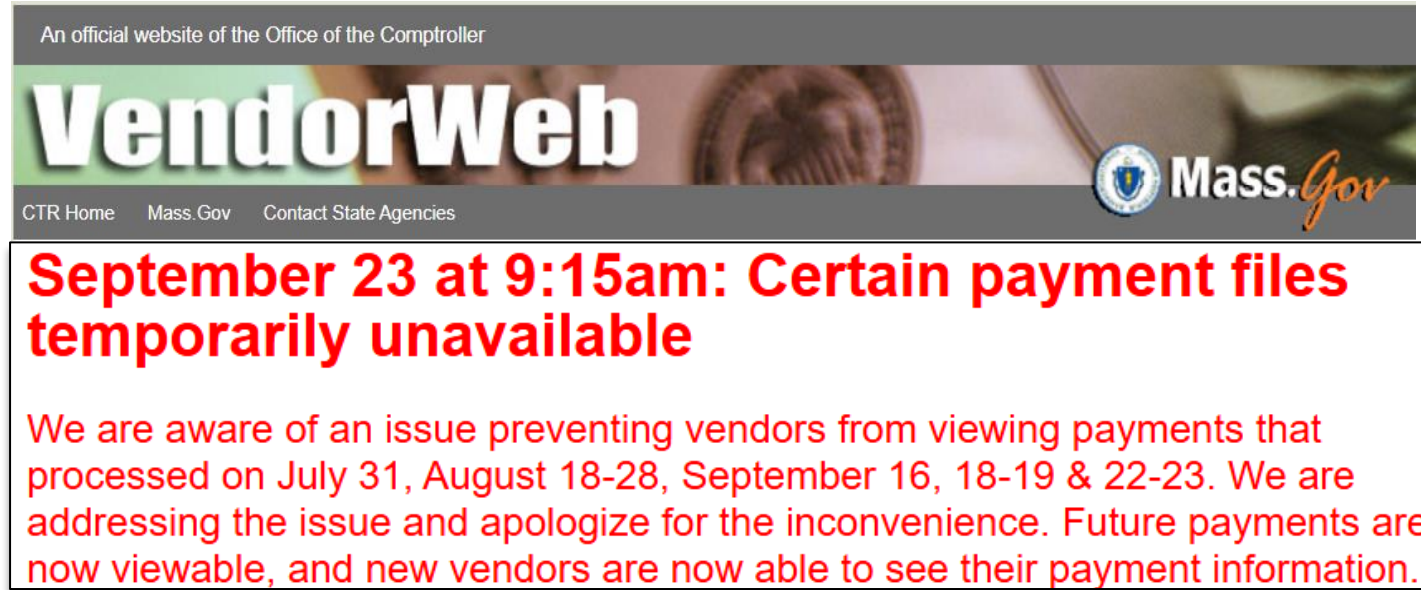
Remittances

- MassHealth remittance advice (remit) continues as a temporary workaround until BeneCare can provide the remits.
 - MassHealth continues to mail remits on a weekly basis
 - As a reminder, The MassHealth has separate EOB reason codes from BeneCare. Refer to the [crosswalk provided.](#)
 - **To request a missing remit**, 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.

Reminder on MassHealth remit limitations: No quadrant information; Claims with more than one DOS will incorrectly show all services with the same DOS (BeneCare has the correct information about the multiple DOS and has 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.

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.

VendorWeb Update



- VendorWeb reports that future payments are now viewable but there is still an issue displaying payment files after July 30
- Payments are processing as usual
- For payment information, please contact 844-MH-DENTL (844) 643-3685

Note: VendorWeb is the State's portal for providers to view scheduled payments and payment history

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](#).



- **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

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

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

Option to Pause Recoupment

- MassHealth is offering the **option to temporarily pause the recoupment** of interim payment advances (****You must OPT IN****)

Pause period:

2 payment cycles after request - October 13, 2025 (Run 100855)

What it means:

- **Submit a pause request** → no interim payment advance recoupments after request is processed through 10/13/2025 (Run 100855)
- **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 ~6 business days after the Friday deadline (i.e. the 2nd claims payment after the Friday deadline) and remain in effect through 10/13 (Run 100855)

Requests received after this deadline will be applied to the next claims payment cycle



forms.office.com/g/2S4m1EezG9

If a pause request has already been submitted, no further action is required. The recoupment pause is available for claim payments made through October 13, 2025 (Run 100855), and do not require weekly resubmission.

Portal Update

- The **successful eligibility data upload** is a pivotal first step in providing you with **reliable, accurate eligibility data**
 - Member eligibility should be much more **accurate and reliable**, for verifying member coverage, claims processing, and fixing past claim denials due to incorrect eligibility.
- **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.
- BeneCare has enabled key updates that have restored claim status functionality and improved timely processing

The next expected portal update: **member eligibility search by name**

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:



Click on the images below to view the corresponding week's Provider Updates email (pdf)



Portal Update cont.

- Despite the eligibility refresh, a portal error is still preventing some claims and/or PA requests from being submitted.
 - Even though the member is eligible, an error message “**Invalid Member ID or Date of Birth**” displays on the Claim/PA upload screen followed by the words “Please try again.”
 - This error is due to a misalignment between member eligibility and claims processing.

If you cannot submit a claim or PA request in the portal due to this error, please:

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
4. 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

- **Quadrant detail may not display properly** and is currently under investigation.
 - Quadrant detail entry will be reviewed on the next slides

Portal: Quadrant Detail Entry

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

STEP 1: ADD PROCEDURE CODES (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface
No procedure codes have been entered. Please add one below:			
Add Procedure:			
Procedure Code:	<input type="text" value="D4341"/> (required)		
Procedure Date:	<input type="text"/> mm/dd/yyyy		
Oral Cavity Area:	<input type="text" value="UL"/>		
Tooth Number:	<input type="text" value="Choose-->"/>		
Tooth Surface:	<input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> I <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> O		
Fee:	<input type="text" value="\$ 134"/>		
<input type="button" value="Add Procedure"/>			

- ✓ 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.)

STEP 1: ADD PROCEDURE CODES (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface	Edit	Remove
N/A	D4341	N/A	N/A	Edit	Remove

Add Procedure:

Procedure Code: (required)

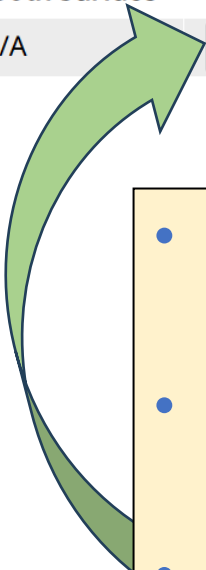
Procedure Date:  mm/dd/yyyy

Oral Cavity Area:

Tooth Number:

Tooth Surface: ☐ B ☐ D ☐ F ☐ I ☐ L ☐ M ☐ O

Fee: \$



- 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.

Prior Authorization Update

- Service authorization decisions are available on the portal under “Claims Status” and continue to be mailed out.
- Please Note important distinctions between determination letters:
 - PA letters will not 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 will show service dates 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.

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.

STEP 1: ADD PROCEDURE CODES (MAX=10)

Procedure Date	Procedure Code	Tooth Number	Tooth Surface	Edit	Remove
No procedure codes have been entered. Please add one below:					

Add Procedure:

Procedure Code: (required)

Procedure Date:

Oral Cavity Area:

Tooth Number:

Tooth Surface: ☐ B ☐ D ☐ F ☐ I ☐ L ☐ M ☐ O

Fee: \$

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

Orthodontic Prior-Authorization & 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/

Customer Service

- On average, calls are currently being answered in just over 10 minutes.
- 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 through staffing improvements.
- 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.

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

Q & A

Thank You!

Appendix

ORM Updates

Additional ORM updates coming soon: 1) **Prepayment claim review is indefinitely delayed** except for multiple crowns delivered on the same date of service for members 21 years and older; 2) **Timely filing limit further extended** to 345 days through 3/31/2026

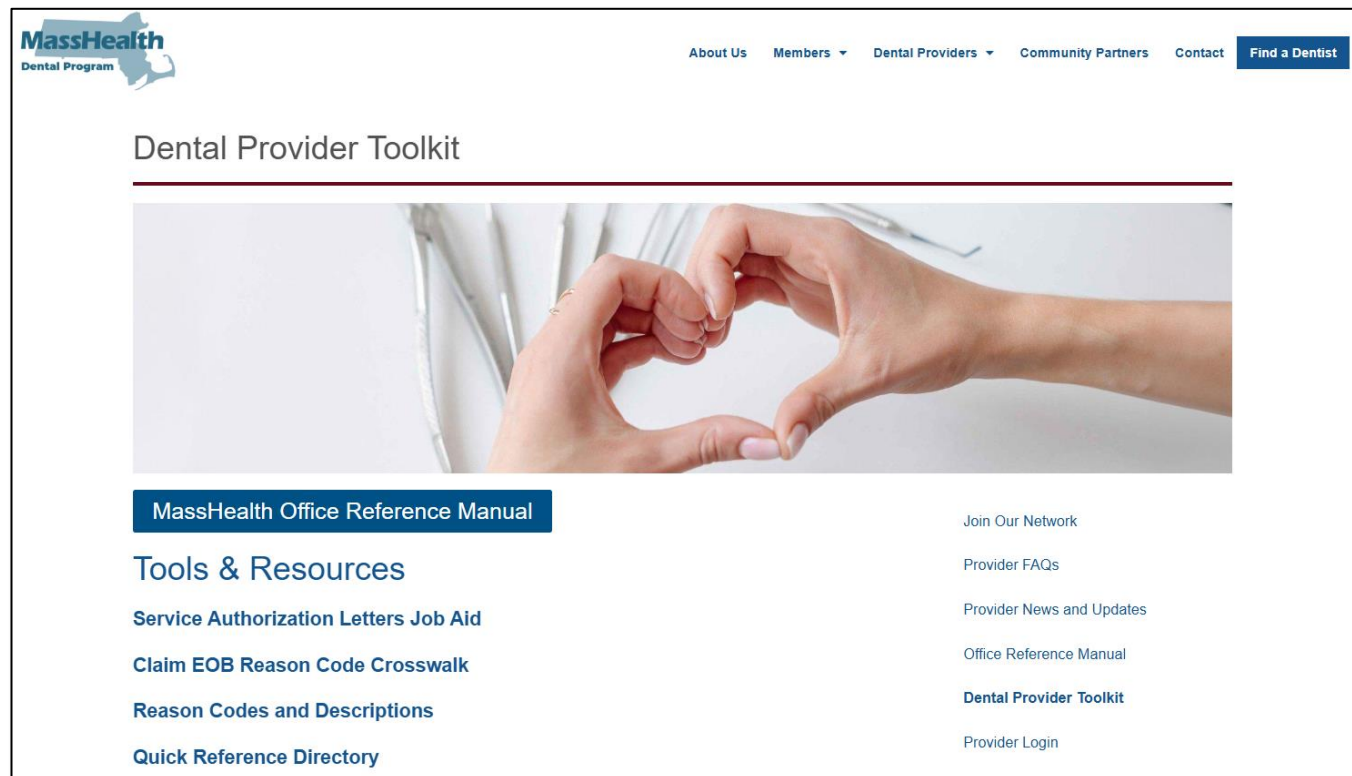
- Effective August 14, 2025, an updated Office Reference Manual (ORM) is available at: massdhp.com/ORM
- Key Updates:
 - **Section 6.00 – Documentation Requirements & Exhibit A**
 - Suspension of prepayment claim review for crowns & core buildups until **10/1/25**
 - *Exception: Multiple crowns for members **21+** on the **same DOS** still require review*
 - **Section 17.00 – Orthodontic Treatment & Exhibit A**
 - Simplified **PA submission guidelines** for orthodontic requests
 - Simplified **claim submission guidelines** for periodic orthodontic visits
 - Exhibit A **Benefit Grid** updated
- For a complete summary of the ORM updates, please visit massdhp.org/dental-providers/provider-news-and-updates

8.14.25 ORM
Update Summary



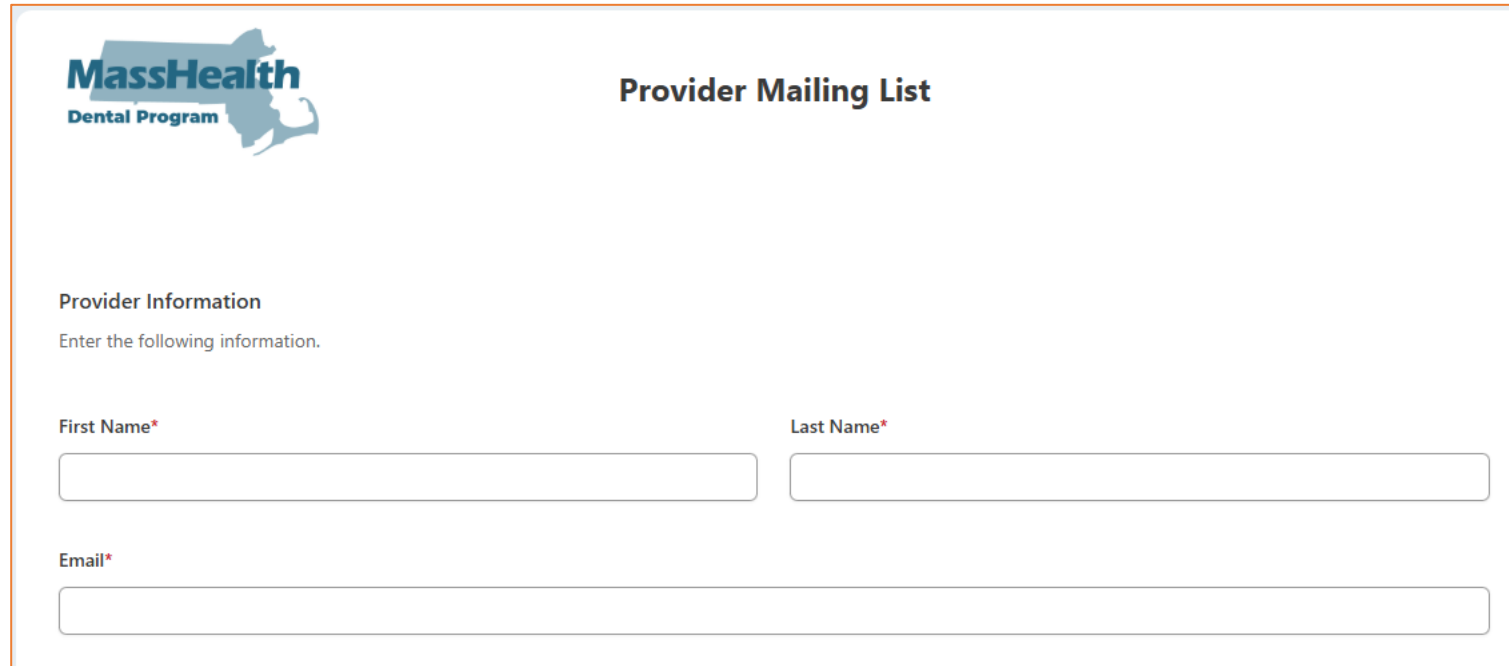
Dental Provider Toolkit

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



Provider Email List Sign-up Link

survey.massdhp.org/1



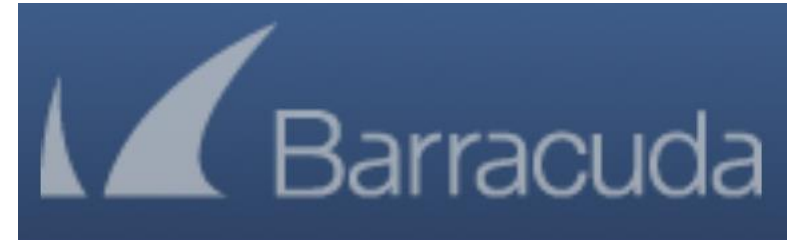
The screenshot shows a web form titled "Provider Mailing List" for the "MassHealth Dental Program". The form is enclosed in an orange border. It contains the following elements:

- MassHealth Dental Program** logo in the top left corner.
- Provider Mailing List** title in the top right corner.
- Provider Information** section with the instruction "Enter the following information."
- Two input fields for "First Name*" and "Last Name*", each with a red asterisk indicating a required field.
- A single input field for "Email*" with a red asterisk indicating a required field.

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

Don't Miss Our Secure Emails

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

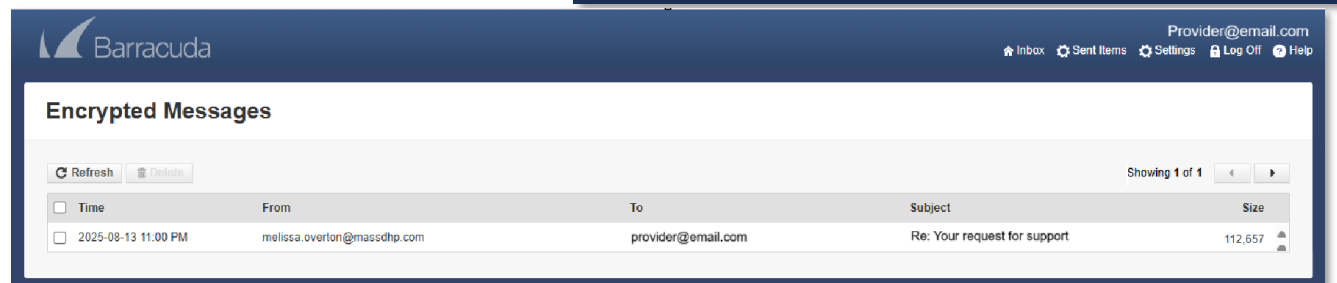
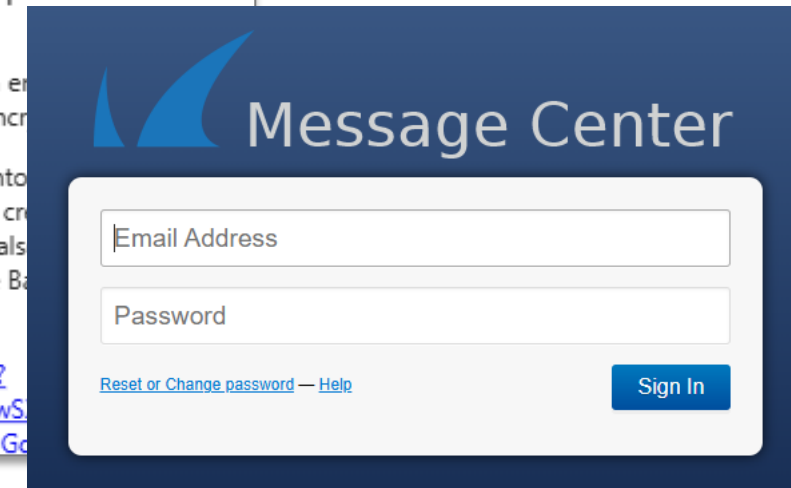
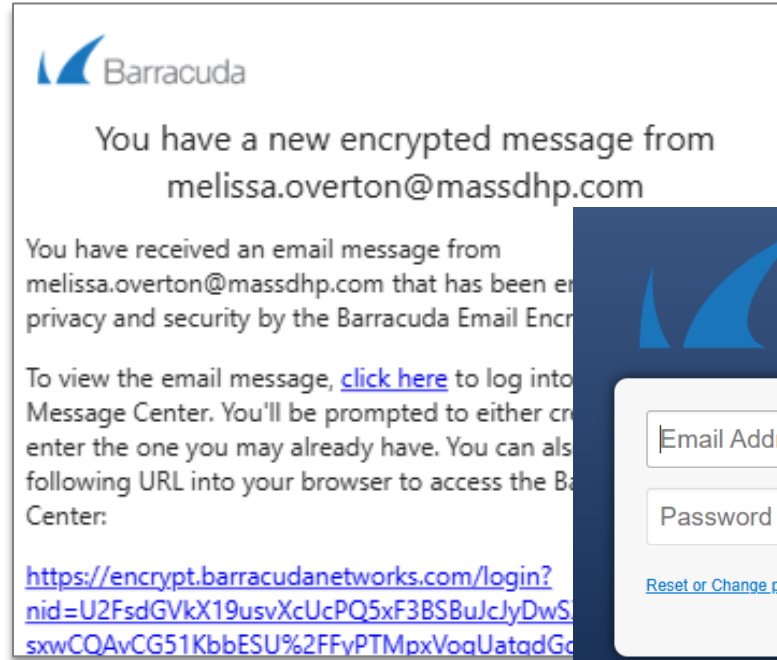


To avoid missing important messages, please:

- ✓ 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.

VendorWeb

Providers can view scheduled payments and payment history

massfinance.state.ma.us/VendorWeb/

An official website of the Office of the Comptroller

VendorWeb

CTR Home Mass.Gov Contact State Agencies

[How to Use VendorWeb](#) [Home](#) [Contact](#) [FAQs](#) [Log In](#)

[MassHealth Providers](#) [Vendor Resources](#) [1099 FAQs](#)

VendorWeb

New to VendorWeb? Please see the "[How to Use VendorWeb](#)" job aid for a description of system features and instructions.

Welcome to VendorWeb. Using this website, vendors to the Commonwealth of Massachusetts can easily and quickly view scheduled payments, payment history, and tax Forms 1099. Please contact the Office of the Comptroller Solution Desk at comptroller.info@mass.gov or 617-973-2468 if you require assistance.

Vendor Login

To log in, enter your 12-digits alpha/numeric Vendor Code and last 4-digits Taxpayer Identification Number (TIN), then click "Login".

Vendor Code:

Last 4-digits TIN:

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- 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**](tel: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.

*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

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

Refer to the ORM for Details

NOTE: As of 9/15/25, **Prepayment claim review is indefinitely delayed** except for multiple crowns delivered on the same date of service for members 21 years and older *The ORM will be updated to reflect this shortly.*

- **Required documentation:** ORM Section 6.00
- **Clinical criteria:** ORM Section 16.00
- **Code-by-code coverage and limitations:** ORM Exhibit A

The ORM is available at massdhp.org/orm.

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.

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

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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

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

