

Provider Updates

Weekly Updates as of December 29, 2025



Table of Contents

■ Holiday Office Closures	Slide 4
■ Adjudication Reprocessing Plan:	
■ Overview, key updates, and status summary	Slides 5-12
■ Claims Processing	Slides 13-16
■ Prior Authorization	Slides 17-24
■ Reconsideration Requests	Slide 26
■ Portal and Customer Services – <i>including remit update</i>	Slides 27-36
■ Remittances	Slides 37-42
■ Payment Advances – <i>please note holiday schedule update</i>	Slide 40-42
■ Recoupments – <i>new Recoupment Job Aid</i>	Slide 44
■ APPENDIX: Helpful Reminders & Reference Materials	Slides 45-72
■ See Appendix Table of Contents on slide 44	

- 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



Holiday Office Closures

Upcoming holiday schedule:

- **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.**

Adjudication Remediation Plan

Updated as of December 26, 2025



Adjudication Remediation: High-level

- **Validation and testing for the 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 **which are summarized in a status update on the next slide**. Progress updates are provided on a week-to-week basis.
 - We will keep you informed when additional phases have been completed and when you can expect to see the reprocessed claims reflected in your payments and remits.

We will only post reprocessed claims that qualify for payment.
At this time, we are not posting reprocessed claims that deny again.

ARP Status Summary

	Status		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 were included in the 12/15 claims payment (Run 100864)
Phase 3 – Sealant denials	Completed		Reprocessed claims were included in the 12/22 claims payment (Run 100865)
Phase 4 – Single Service Lines**	Completed		Reprocessed claims will be included in the 1/5/2026 claims payment (Run 100867)
Continued Reprocessing***	In Testing/ Validation		
Voids	In Development		

* 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.

** Denials due to configuration or frequency limitation inaccuracies: D0120, D0140, D0150, D0180, D1110, D1206, D1208, D1351, and D9110 for MassHealth Limited.

*** "Services Exceed Annual Max" for MH Standard plans; D0190 missing an adult rate; D1510 denying incorrectly for age for members 20 or younger

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.

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 were included in the **12/15 claims payment (Run 100864)**

3 Phase 3 – Completed, Run 100865

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

Phase 3 reprocessed claims were included in the **12/22 claims payment (Run 100865)**

3 Phase 4 – Completed, Run 100867

- Reprocessing single service claims lines that had previously denied for non-covered services or code configuration errors, including: **D0120, D0140, D0150, D0180, D1110, D1206, D1208, D1351, and D9110** for MassHealth Limited members.

Phase 4 reprocessed claims will be included in the **1/5/2026 claims payment (Run 100865)**

Phases in the Adjudication Remediation Plan (cont.)

Continuation of Reprocessing *Currently being tested and validated*

- Additional reprocessing of claims that had been previously **denied based on eligibility inaccuracies**, 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.

We will only post reprocessed claims that qualify for payment.
At this time, we are not posting reprocessed claims that deny again.

A summary recap of the ARP status can be found at the beginning of this section.

Voids

- PAs with future dates of service processed as claims
- PAs with no date of service processed as 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](#)

Claims Processing & Payment Update



Claims Processing and Payment

- **This week's 12/29 claims payment (Run 100866)** will include a regular week of submitted claims
- **Next 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 services, frequency limitations, or code 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 apply again starting with the 1/12/26 claims payments (Run 100868). For more information on recoupments, see the Recoupment section below.

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.

Transition updates can be found in the Appendix

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.



bit.ly/LowNoPayHelp



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

Prior Authorizations (PA Requests)



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 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.

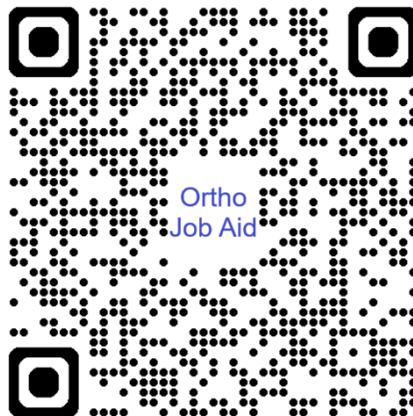
Please ensure your billing teams and vendors are aware of this distinction. Submitting claims and prior authorizations separately will help expedite processing and prevent unnecessary disruptions in care or reimbursement.

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

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.

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

PA and Claim Status 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.*

Reconsideration Requests



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

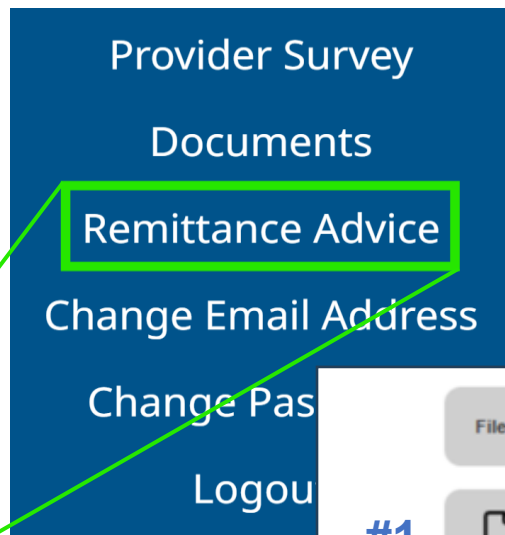
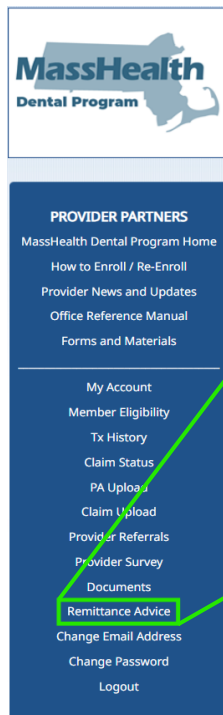
You do not need to submit reconsideration for known claims processing issues that are part of the Adjudication Remediation Plan. These incorrect claim denials will be part of system-wide reprocessing.

Provider Portal & Customer Service



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. **Remits for Runs 100833 and 100834 were recently sent to BeneCare and will be posted soon.**



- 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]**

#1

#2

File	Name	Pay Cycle	Size (KB)	Download
#1	REMIT_123456789_123456789A_100845.pdf	100845	98	↓
	REMIT_123456789_123456789B_100845.pdf	100845	16	↓

Example of 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



PROVIDER PARTNERS

MassHealth Dental Program Home

How to Enroll / Re-Enroll

Provider News and Updates

Office Reference Manual

Forms and Materials

My Account

Member Eligibility

Tx History

Claim Status

PA Upload

Claim Upload

Provider Referrals

Provider Survey

Documents

Remittance Advice

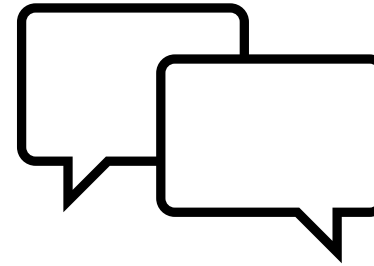
Change Email Address

Change Password

Logout

Remittance Advice Files

File	Name	Pay Cycle - Run	Size (KB)	Download
	REMIT_123456789_123456789A100861	100861	55	
	REMIT_123456789_123456789B100861	100861	49	
	REMIT_123456789_123456789C100861	100861	99	
	REMIT_123456789_123456789D100861	100861	14	
	REMIT_123456789_123456789A100860	100860	80	
	REMIT_123456789_123456789B100860	100860	50	
	REMIT_123456789_123456789C100860	100860	107	



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 working to resolve this issue.
 - **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)

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)

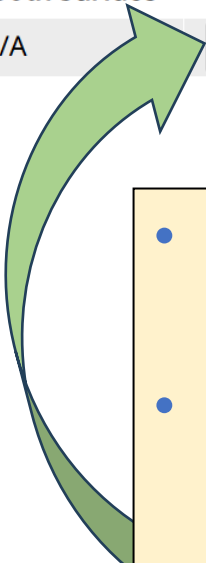
Procedure Date:  mm/dd/yyyy

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.

Customer Service

- While call volume remains high, increased staffing and cross-training members of the BeneCare constituent services teams have resulted in continuous improvements in wait times and abandonment trends.
 - As anticipated, call volumes were not as high on Wednesday, 12/24 before the holiday
- 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.**

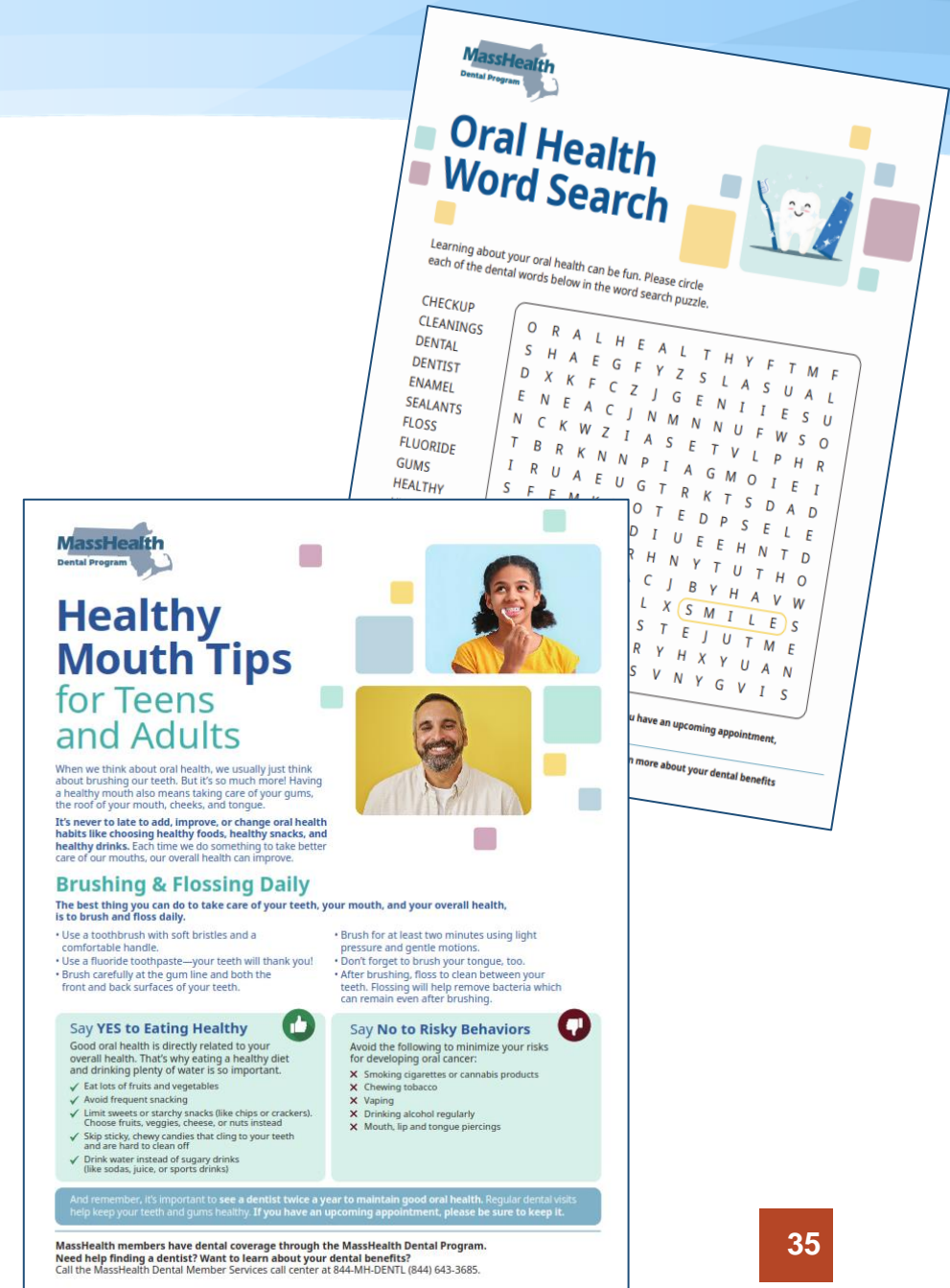


Call the MassHealth Dental Customer Service at **844-MH-DENTL** (844) 643-3685. ****All dental provider calls for member eligibility will be directed to BeneCare at 844-MH-DENTL (844-643-3685) beginning in January 2026. The MassHealth customer service line will no longer be available for dental provider inquiries as of 1/1/2026.****

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:



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



Remittances



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. **The remits for Run 10083 and 10084 were recently sent to BeneCare and will be posted soon.**

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.

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](#).

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.

NEW FAQs have been added to address questions that have arisen from denial codes 30 and 66. Please review these and all FAQs here: <https://massdhp.org/dentistfaq/>

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/

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:

© 2025 Commonwealth of Massachusetts [Email Us](#) [Privacy Policy](#)

- 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.

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



Interim Payment Advance – Holiday Schedule

- 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.

**Requests were due by Wednesday, 12/17, at 11:59 p.m. to be eligible for an advance issued on Tuesday, 12/23.*

- 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.
- 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

Recoupments

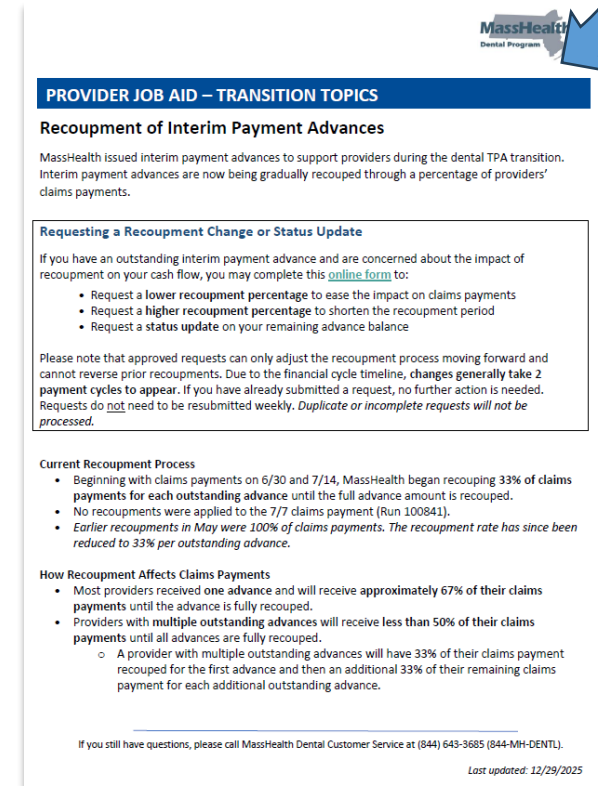


Recoupment Update

New resource in the [Provider Toolkit](#):
Updated [Recoupment Job Aid](#)

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

- MassHealth issued interim payment advances to support providers during the dental TPA transition. **Interim payment advances are now being gradually recouped through a percentage of providers' claims payments.**
- To help ease the transition as paused recoupments resume, a lower recoupment percentage was automatically applied for providers whose recoupments were previously paused.
 - The recoupment percentage was adjusted based on the number of outstanding interim payment advances so that providers will receive **approximately 80% of their claims payments.**
 - MassHealth expects to gradually adjust the recoupment schedules over time.
 - Recoupment will continue at this reduced percentage until outstanding interim payment advances are fully recouped, or the schedule is adjusted.
- **Please review the updated [Recoupment Job Aid](#)** to learn more about recoupments, including additional details about the restart of paused recoupments and a recoupment examples.



Recoupment Change or Status Request

The screenshot shows the 'Interim Payment Advance: Recoupment Hardship Request Form' from MassHealth. It includes a header with the MassHealth logo and title. The main body contains explanatory text about interim payment advances and recoupment. It lists three request options: lower recoupment percentage, higher recoupment percentage, or status update. A note states that approved requests only adjust the recoupment process moving forward and cannot reverse prior recoupments. It also details the current recoupment process, starting with 33% of claims payments, and an optional recoupment pause and restart. At the bottom, there are two required fields: '1. Practice / Entity Name' and '2. Billing National Provider Identifier (NPI) and/or Tax ID', each with an 'Enter your answer' input box.

If you have an outstanding interim payment advance and are concerned about the impact of recoupment on your cash flow, you may complete [this online form](#) to request a:

- **Lower recoupment percentage** to ease the impact on claims payments,
- **Higher recoupment percentage** to shorten the recoupment period, or
- **Status update** on your remaining advance balance

Please note that previously paused recoupments have already been lowered as described on the previous slide and in the [Recoupment Job Aid](#). If you have already submitted a recoupment hardship request, **no further action is needed**. Requests do not need to be resubmitted weekly. *Duplicate or incomplete requests will not be processed.*

For more recoupment info, please see the updated Recoupment Job Aid available on the [Dental Provider Toolkit](#) page

APPENDIX: Helpful Reminders & Reference Material



APPENDIX: Table of Contents

■ Eligibility	Slide 46
■ ORM Updates	Slide 48
■ Third-Party Administrator (TPA) reminder	Slides 49-51
■ Dental Provider Toolkit	Slide 53
■ Subscribe to the MassHealth Email List	Slide 55
■ Barracuda for Secure Email	Slide 56-58
■ Prepayment Claim Review	Slides 59-65
■ Contact Information / Dental Practice Specialists	Slides 66-68
■ Historic DentaQuest Portal Access	Slide 70

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

*A Transition Update was posted on Monday,
December 15, 2025 and can be found here:*

[MassHealth Dental Program Updates | Mass.gov](#)

Important TPA Reminder

- As communicated previously, **MassHealth's Dental TPA will be transitioning back to the prior administrator in February 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](#).

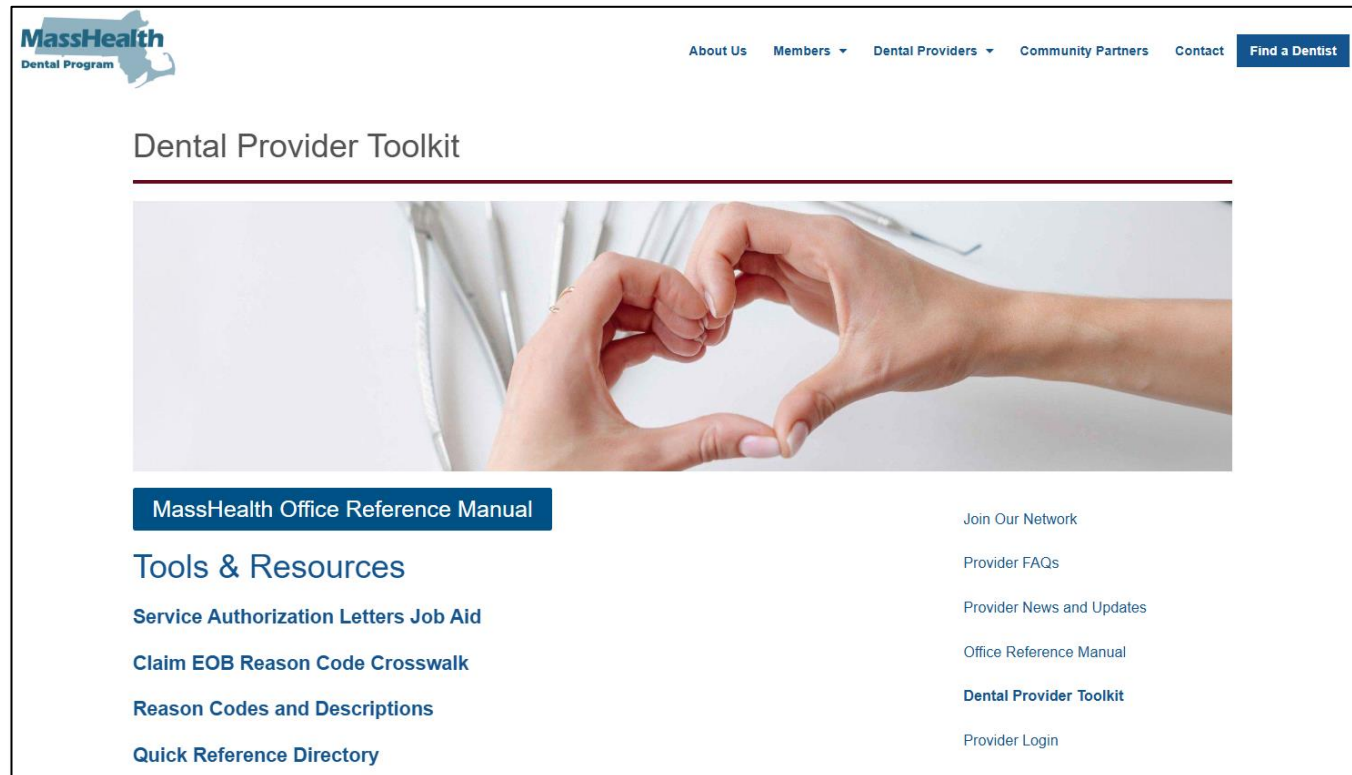
TPA Update continued

- 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

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

survey.massdhp.org/1



Provider Mailing List

Provider Information
Enter the following information.

First Name*

Last Name*

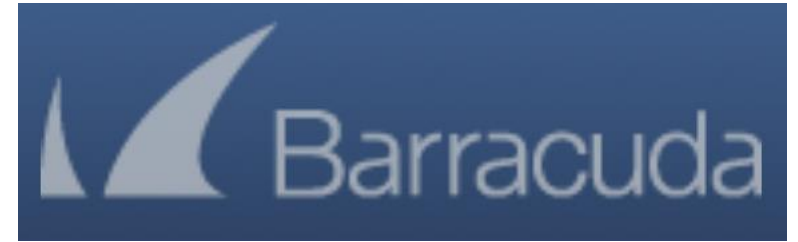
Email*

Please Note:
You can also sign up for future emails about the upcoming TPA transition by completing this [request form](#).

Barracuda Secure Email Notice

Don't Miss Our Secure Emails

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

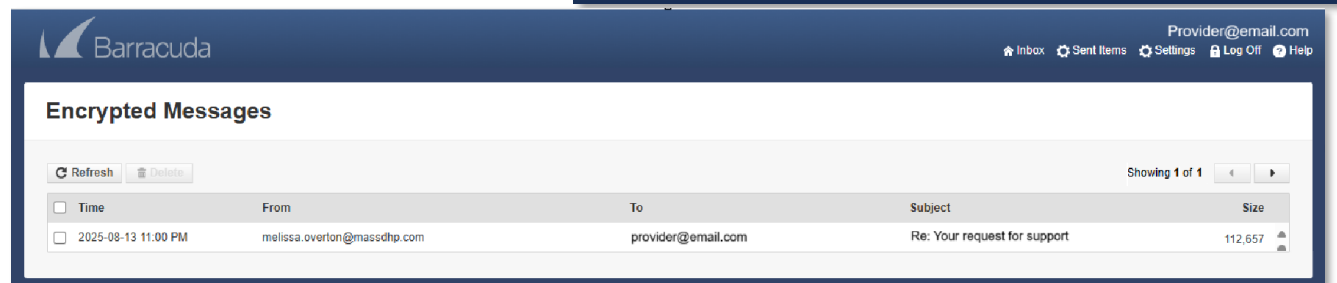
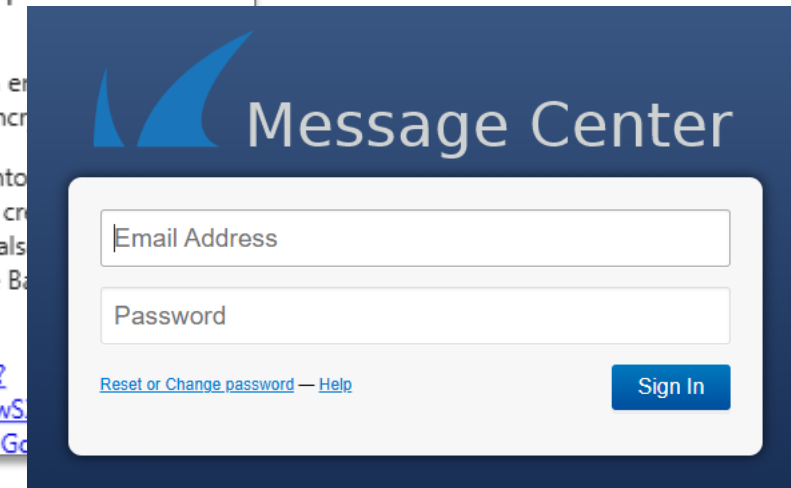
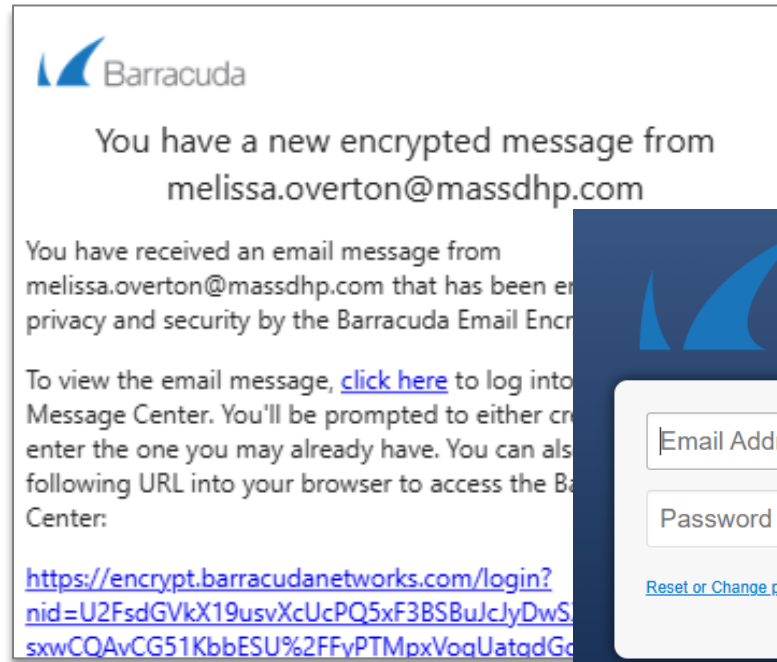


To avoid missing important messages, please:

- ✓ 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



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