



BeneCare & MassHealth 1.5.2026 Dental Update

As we begin a new year and work toward the TPA transition, we appreciate your continued participation in the MassHealth dental program.

MassHealth and BeneCare are working together to prioritize the issues and items that continue to impact your business. We sincerely appreciate your continued professionalism to keep communication constructive and helpful.

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

- (1) **Adjudication Remediation Plan** – *Testing and validation are underway for additional claims reprocessing*
- (2) **Claims processing** – *Office of the Comptroller system upgrade*
- (3) **Prior authorization** – *Prepayment claim review indefinitely delayed except for multiple crowns for adults*
- (4) **Portal and customer service** – *As of 1/1/2026, all member eligibility inquiries will be handled by the BeneCare customer service team at 844-MH-DENTL (844-643-3685). The MassHealth customer service line will no longer handle these requests.*
- (5) **Remittances** – *Runs 100833 and 100834 have been posted to the portal*
- (6) **Payment advances** – *Requests will not be reviewed the week of 1/12 due to the Comptroller's system upgrade*
- (7) **Recoupments** – *Paused recoupments will begin to apply again starting with next week's claims payments made on January 12, 2026 (Run 100868); updated Recoupment Job Aid now posted*
- (8) **Helpful reminders** – *Including new Provider FAQs to help explain denial reason codes*

1) Adjudication Remediation Plan

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

- We will provide updates on a week-to-week basis throughout the duration of the Adjudication Remediation Plan reprocessing. When a reprocessing phase has been validated and completed, we will communicate when you can expect to see the reprocessed claims reflected in your payments and remits.
- Below is a high-level overview of the **Adjudication Remediation Plan**. These phases represent the first reprocessing efforts which will yield the largest overall and financial impacts.
 - **Phases 1-4 have been completed.**
 - You can track the Adjudication Remediation Plan's progress by reviewing updated overview slides which can be found on the [Provider News & Updates](#) page or by [clicking here](#).
 - **Continuation of Reprocessing:**
 - An additional reprocessing effort is undergoing testing and validation for claims that inaccurately denied for eligibility, including MassHealth Standard claims denied incorrectly for an annual maximum ("Services Exceed Annual Max") and outstanding eligibility denials that could not be remediated in Phase 1.
 - This reprocessing effort is also expected to include additional code configuration and frequency limitation errors.
 - We will communicate when to anticipate reprocessed claims by payment date and run number.
 - **Voids are being prepared for:**
 - PAs with future dates of service processed as claims
 - PAs with no date of service processed as claims
 - We will communicate when to anticipate voided claims by payment date and run number.

We fully share the urgency to resolve outstanding payments and are committed to doing so with accuracy and reliability, while minimizing administrative impacts to our provider partners. Every step in the Adjudication Remediation Plan has been and will continue to be carried out with these key priorities in mind.

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

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

	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		

2) Claims Processing & Payment Update

As a reminder, please continue submitting claims, prior authorization requests, and all other routine operational tasks through BeneCare until further instructions are provided regarding the transition.

- Current state - claims status:
 - **This week's 1/5/2026 claims payment (Run 100867)** includes a regular week of submitted claims plus reprocessed single service claim lines that had previously denied for non-covered service or frequency limitation configuration errors.
 - **Next week's 1/12/2026 claims payment (Run 100868)** will include a regular week of claims received between 12/24-12/30. Paused recoupments apply again starting next week; for more information on recoupments, see Section 7 below.

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

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

Office of the Comptroller - Upcoming system upgrade:

- The Office of the Comptroller oversees the Commonwealth's financial systems and processes, including MassHealth dental claims payments and VendorWeb.
- The Comptroller's Office is expected to implement a system upgrade in mid-January 2026.
- As a result, payment issue dates for all MassHealth providers, including dental providers, may shift slightly:
 - Payments for **Run 100869** (week of January 19th) may be issued one to two days earlier than usual, and
 - Payments for **Run 100870** (week of January 26th) may be issued one to two days later than usual.
- VendorWeb is expected to be available during the system upgrade, but no new information will be posted during the system upgrade.

- Next steps - claims status:

- We continue to work through some provider-specific claims issues and are reaching out to those providers directly. Individual outreach and problem-solving continues to assist providers who continue to receive low or no claims payment.

If you haven't already received outreach from the BeneCare team and you either haven't received any claims payment or your payment remains very low **due to something other than the already known eligibility or configuration**, please fill out [this online form](#) so that we can assist you.

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

3) Prior Authorization Update

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

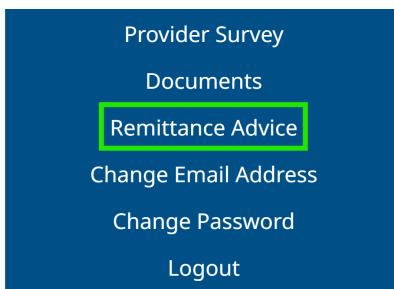
- Prepayment claim review requirements remain effective for members 21 years or older when more than one crown is delivered on the same date of service, for dates of service on or after 04/01/2025.
- Additional prepayment claim review requirements will not go into effect for the indefinite future.
- The ORM was updated on 10/2 with this new guidance.
- Current state:
 - PA decisions are available on the portal under "Claims Status" and continue to be mailed out.
 - If you have not received your PA decisions in the mail, please let us know by sending an email to **Provider Requests** with **"LETTER REQUEST" in the subject line and provide claim information and practice mailing address.** The claims team will resend the PA by mail. ***If you need to send patient information, please request a secure email connection from our Provider Requests team.***
- Please note the important distinctions in benefit determination letters:
 - PA letters will not show service dates next to service line detail.
 - Claim, or EOB letters will show service dates in the first column of each claim line in the detail on the back of the letter. Claims letters are followed by remit letters which are currently being sent by MassHealth.

Receiving a letter with a service date means that the procedure line was processed as a claim and not a PA request.

- Effective 1/1/2026, standard PA requests are being processed within 7 calendar days for any individual request.
- **If you have a pending PA request that is older than 7 days old,** please email ProviderRequests@massdhp.com with "PA" in the subject line to request a secure email connection.
 - Reminder: Only send patient information through secure email. You can send information through the secure email connection once sent by Provider Requests.

4) Portal & Customer Service Updates

- Current state - portal:
 - **CMSP Accumulator issue:** We are aware of an issue affecting both the portal display of the CMSP \$750 SFY remaining balance and claims processing.
 - For CMSP Accumulator / remaining balance information, please call 844-MH-DENTL (844) 643-3685.
- Portal updates:
 - **PDF remits are now available on the Provider Portal.**
 - Remits are usually posted by the Wednesday prior to the claims payment.
 - The remits for Runs 100833 and 100834 were posted to the portal.
 - Remits can be downloaded under the "Remittance Advice" option in the left menu bar in the portal as shown in the image below:



- If you are unable to submit a claim in the portal due to an issue with the member eligibility check, the claim can be submitted through these alternative routes:
 - **FAX to:** 833-627-7347, or
 - **Submit to EDI**, or
 - **Mail to:** MassHealth Dental Program Claims c/o BeneCare Dental Plans P.O. Box 631. Worcester, MA 01613
- **Please do not email claims directly to BeneCare.** If you are cannot FAX, submit through EDI, or mail your claim, you can request a secure email connection by emailing ProviderRequests@massdhp.com.

- Current state – customer service:
 - Beginning **1/1/2026**, all dental provider calls for member eligibility will be directed to BeneCare at **844-MH-DENTL (844-643-3685)**. The MassHealth customer service line will no longer be available for dental provider inquiries as of **1/1/2026**.

5) Remittances

- Current state:
 - **MassHealth remits are now available in the Provider Portal.** Remits will no longer be mailed. See Section 4 above for more information on how to access.
 - The remits for Runs 100833 and 100834 were recently sent to BeneCare and have been posted on the portal.
 - **To request a missing remit**, please email [Provider Requests@massdhp.com](mailto:ProviderRequests@massdhp.com) with "REMIT REQUEST" in the subject line, and include your tax ID or NPI, name of office, and address along with the run number of the missing remit or date needed.
 - As a reminder, the MassHealth remit has separate EOB reason codes from BeneCare. A crosswalk is [available here](#).
 - Some providers have reported examples of denied claim lines with the MassHealth EOB reason code 9918 that indicates a paid claim line. This issue is limited to non-HSN providers receiving denials for treating HSN members.
 - Providers will need to check the portal or call 844-MH-DENTL (844-643-3685) for questions about the claims status or for additional procedure detail on the MassHealth remit.
- VendorWeb:
 - **Temporary pause in new information:** VendorWeb is expected to be available during the Comptroller's Office system upgrade in mid-January 2026, but no new information will be posted during the system upgrade.
 - VendorWeb is the State's portal for providers to view scheduled payments and payment history.
 - For more information on VendorWeb, please refer to the Virtual Office Hours slides or visit: [How to Use VendorWeb](#)

Access VendorWeb

6) Interim Payment Advances

Temporary pause notice: Due to an upcoming Comptroller's Office system upgrade, interim **payment advance requests will not be reviewed during the week of January 12th**. As a result, providers may request either a 2-week or 4-week advance as needed this week. *Reminder that advance payment requests must be submitted by 11:59 PM on Wednesday.*

As a reminder, MassHealth did not review interim payment advance requests during the weeks of 12/22 and 12/29. Requests submitted before the regular Wednesday night deadline will be reviewed for an advance scheduled for Tuesday, 1/13/2026.

- MassHealth will continue to make interim payment advances upon request for providers who payments are below their historical claims payment volumes.
- As claims payment issues resolve and payments have returned to historical claims payment volumes for most providers, fewer requests are being approved. However, specific providers who continue to have low to no claims payments remain eligible.
- For more information and the option to submit a request for an interim payment advance, please use the [online form](#).

[Request a Payment Advance](#)

7) Recoupments

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

- To help ease the transition as 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.

[Requesting a Recoupment Change or Status Update](#)

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
- Request a **higher recoupment percentage** to shorten the recoupment period
- Request a **status update** on your remaining advance balance

Please note that previously paused recoupments have already been lowered as described above 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.*

8) Helpful Reminders

Don't miss these important updates and reminders.

TPA Transition Update

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

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

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

Frequently Asked Questions (FAQs)

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

Common scenarios include: the provider or service location was not active or participating with MassHealth on the date of service, or the member was enrolled in Health Safety Net (HSN), and services were

provided by a non-HSN provider. As a reminder, only acute hospitals and community health centers are eligible to enroll in HSN.

Summary of Portal Feature

- Oral health literacy materials are available to share with providers, dental offices, and community partners to help promote member education. These can be found on the massdhp.org site:
 - [Children's Oral Health | BeneCare MassHealth](#)
 - [Dental Provider Toolkit | BeneCare MassHealth](#)
- **Additional features on the Provider News & Updates page on [massdhp.org](#)**
 - This email and other recent Provider Update email communications have been saved as pdfs and uploaded here: [Provider News and Updates](#)
 - Scroll to the bottom on the page and click on the image to open the email update(s) you may have missed.
 - Slides from previous Virtual Office Hours are also available on the [Providers News and Updates](#) page as well as the NEW Weekly Update slides which replace the weekly Virtual Office Hours which have been discontinued until further notice

Barracuda Secure Email Platform

Please Note: [BeneCare uses a HIPAA-compliant, secure email platform called Barracuda. Please monitor your SPAM and Junk folders for emails sent to you through this secure platform](#) and add Barracuda to your known senders to ensure that you don't miss these important emails.

For ALL MassHealth Dental questions and inquiries, please reach out to MassHealth Dental Customer Service by visiting [massdhp.org](#), calling 844-MH-DENTL (844-643-3685), or emailing ProviderRequests@massdhp.com.

Thank you for your patience, perseverance, and commitment to providing excellent care to members.

Best regards,

Provider Relations

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