

Provider Updates

Weekly Updates as of February 5, 2026

This represents the final weekly updates slides from BeneCare. Going forward, DentaQuest will serve as your primary point of contact and will continue providing support and communications to keep you informed and engaged with the MassHealth Dental Program.



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TPA Transition Updates

The MassHealth Dental Program administration transitioned to DentaQuest effective February 1, 2026.

As of February 1, 2026, please visit masshealth-dental.org or call 866-616-2699 for MassHealth Dental Customer Service, supported by DentaQuest.

- Use the provider portal at masshealth-dental.org to submit credentialing and re-credentialing paperwork, claims, prior authorization requests, and related requests

Transition FAQs, including initial information on further post-transition claims remediation, and other key details are available on the [Dental TPA Transition](#) website. *Additional resources are expected to be added in the near future.*

Please check the [Dental TPA Transition](#) website regularly and **sign up for email updates** through [this request form](#) to stay informed.

TPA Transition Updates - continued

BeneCare customer service will remain available **only** for claims, prior authorization requests, or reconsiderations submitted to BeneCare on or before the transition deadline on Friday, January 30.

- Please reach out to BeneCare by calling 844-MH-DENTL (844-643-3685) and listen carefully to the prompts to select the correct option.
- For BeneCare-processed claims and prior authorization status and remittance advice, providers can continue to access the BeneCare portal for read-only information using this direct link: providers.massdhp.com.
 - The BeneCare portal will be available for read-only access through **September 30, 2026**

Adjudication Remediation Plan

Updated as of February 5, 2025



Adjudication Remediation Plan

- **BeneCare has completed as much of the system-wide reprocessing as was possible prior to the transition.**
 - The 2/16 claims payment (Run 100873) is the final BeneCare-processed claims payment
- **MassHealth recognizes that additional claims remediation is still needed.** MassHealth will share more information on final claims remediation next steps after the transition.
 - Initial information on further post-transition claims remediation is available on the [Dental TPA Transition website](#).
 - MassHealth anticipates sharing additional details and next steps on post-transition claims remediation after the transition through the [Dental TPA Transition website](#) and Dental TPA Transition [email list](#).

Adjudication Remediation Plan Recap

- At a high-level, the **Adjudication Remediation Plan (ARP)** included:
 - 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)
- The ARP was implemented in phases **which are summarized on the next slides.**
- **After the transition, MassHealth will provide details and next steps on final post-transition claims remediation** through the [Dental TPA Transition website](#) and Dental TPA Transition [email list](#).

Only reprocessed claims that qualify for payment were posted.
Reprocessed claims that denied again were not posted.

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 were included in the 1/5/2026 claims payment (Run 100867)

Continued on the next slide

* 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.

ARP Status Summary - continued

	Status		Notes/Next Steps
Phase 5 – Additional Code configurations (D1120 and D0190)	Completed		Reprocessed claims were included in the 1/19/2026 claims payment (Run 100869)
Phase 6 – D1510 (age limit), initial D1351 (PHDH), Resubmitted Claims*	Completed		Reprocessed claims were included in the 1/26 claims payment (Run 100870)
Phase 7 – D1351 (wisdom teeth and remaining PHDH)	Completed		Reprocessed claims were included in the 2/2 claims payment (Run 100871)
Phase 8 – Additional eligibility denial reprocessing**	Completed		Reprocessed claims were included in the 2/9 claims payment (Run 100872)

* Resubmitted claims are claims that were approved for payment in the BeneCare system but had not made it into the MassHealth payment system. Although these claims were marked as payable, payment had not been issued; therefore, BeneCare resubmitted these claims to MassHealth for payment.

** "Services Exceed Annual Max" for MH Standard plans and outstanding eligibility denials that could not be remediated in Phase 1

MassHealth recognizes that additional claims remediation is still needed. After the transition, MassHealth will provide details and next steps on final post-transition claims remediation through the [Dental TPA Transition website](#) and Dental TPA Transition [email list](#).

Phases in the Adjudication Remediation Plan

- Adjudication Remediation Plan (ARP) reprocessing occurred in PHASES as shown below and on the following slides.

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 were not included in the first Phase of reprocessing because additional investigation was needed to reprocess correctly. These additional reprocessed eligibility denials were included in Phase 8 and in the 2/9 claims payment (Run 100872).

- BeneCare completed as much of the system-wide reprocessing as was possible prior to the transition.
 - The 2/16 claims payment (Run 100873) is the final BeneCare-processed claims payment
- MassHealth recognizes that **additional claims remediation is still needed.**
- After the transition, MassHealth will provide details and next steps on final post-transition claims remediation through the [Dental TPA Transition website](#) and Transition [email list](#).

Continued on the next slide...

Phases in the Adjudication Remediation Plan (cont.)

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 **D1351** for incorrect denials teeth 2, 3

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

4 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 were included in the **1/5/2026 claims payment (Run 100867)**

Continued on the next slide...

Phases in the Adjudication Remediation Plan (cont.)

5 Phase 5 – Completed, Run 100869

- Reprocessing incorrect denials for **D1120** (frequency limitation) and **D0190** (non-covered for members 21+)

Phase 5 reprocessed claims will be included in the **1/20/2026 claims payment (Run 100869)**

6 Phase 6 – Completed, Run 100870

- Reprocessing incorrect denials for **D1510** (age limit) and **D1351*** (PHDHs)
 - *There are some additional incorrect PHDH denials for D1351 which are included in Phase 7 and the 2/2 claims payment (Run 100871)
- **Resubmitted Claims**
 - Claims resubmitted by BeneCare to MassHealth that were approved for payment in the BeneCare system but had not made it into the MassHealth payment system.

Phase 6 reprocessed claims will be included in the **1/26/2026 claims payment (Run 100870)**

Continued on the next slide...

Phases in the Adjudication Remediation Plan (cont.)

7 Phase 7 – Completed, Run 100871

- Reprocessing incorrect denials for **D1351** on teeth 1, 16, 17, 32 (wisdom teeth) and additional incorrect PHDH denials from Phase 6

Phase 7 reprocessed claims were included in the **2/2 claims payment (Run 100871)**

8 Phase 8 – Completed, Run 100872

- Reprocessing of additional eligibility denials, including
 - "Services Exceed Annual Max" for MassHealth Standard

Phase 8 reprocessed claims were included in the **2/9 claims payment (Run 100872)**

MassHealth recognizes that additional claims remediation is still needed. After the transition, MassHealth will provide details and next steps on final post-transition claims remediation through the [Dental TPA Transition website](#) and Dental TPA Transition [email list](#).

Adjudication Remediation Plan: Reminders

- Please note that while many claims were successfully reprocessed, not all qualified for payment. For example, a claim may receive a duplicate denial if the service was already paid or billed more than once.
- **Only reprocessed claims that qualified for payment were posted. Reprocessed claims that denied again were not posted.**
- BeneCare completed as much of the system-wide reprocessing as was possible prior to the transition.
 - The 2/16 claims payment (Run 100873) is the final BeneCare-processed claims payment

Post-Transition Claims Remediation:

- **MassHealth recognizes that additional claims remediation is still needed.**
- After the transition, MassHealth will provide details and next steps on final post-transition claims remediation through the [Dental TPA Transition website](#) and Transition [email list](#).

Claims Processing & Payment Update



Claims Processing

- Starting February 1, 2026, please visit [MassHealth-Dental-org](https://www.masshealth-dental.org) to submit claims and prior authorization requests.
 - Any claim transmitted to BeneCare with a 2/1/2026 or later date of service will be denied.
- **Final BeneCare-processed claims payment: 2/16 claims payment (Run 100873)**
- **Please refer to the claims payment table overview** available in the FAQ section of the [Dental TPA Transition website](#) which outlines the claims payment schedule and responsible TPA during the first five weeks after the TPA transition.

Claims and Payments

- **The 2/2 claims payment (Run 100871)** includes a regular week of submitted claims plus D1351 (wisdom teeth and remaining PHDH) reprocessed claims as part of Phase 7 of the ARP.
- **The 2/9 claims payment (Run 100872)** includes a regular week of submitted claims plus the additional reprocessing of claims that has inaccurately denied for eligibility as part of Phase 8 of the ARP.
- *See next slide for details on the final BeneCare-processed claims payment, 2/16 claims payment (Run 100873)*

- 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 began to apply starting with the 1/12/26 claims payments (Run 100868). For more information on recoupments, see the Recoupment section below.

Claims and Payments cont.

- **The 2/16 claims payment (Run 100873)** is the final BeneCare-processed claims payment.
 - Run 100873 includes claims received by the transition submission deadline that could be finalized within the shortened processing timeline.
 - Due to the transition cutover, this claims payment includes only three days for claims received before 1/30 and processed by 2/3
 - BeneCare anticipates providing a list (by month) on the BeneCare portal of any claims that could not be finalized and require resubmission to DentaQuest.
 - A Job Aid is expected to be developed to help providers use the claim list on the BeneCare portal. This Job Aid is anticipated to be posted on the [Dental TPA Transition website](#).
 - Please also note that due to the Comptroller's Office system upgrade, this 2/16 claims payment (Run 100873) may be issued one or two days *earlier* than usual

Please refer to the upcoming claims payment table available in the FAQ section of the [Dental TPA Transition website](#) which outlines the claims payment schedule and responsible TPA during the first five weeks after the TPA transition.

Future State: Claims

- Future state - claims status:

- For an outline of the upcoming payment schedule, please visit the FAQ section of the [Dental TPA Transition](#) website
- Starting with the 2/23 claims payment (Run 100874), please visit masshealth-dental.org to access the DentaQuest portal for claims status and remittance advice.

Post-Transition Claims Remediation:

- **MassHealth recognizes that additional claims remediation is still needed.**
- After the transition, MassHealth will provide details and next steps on final post-transition claims remediation through the [Dental TPA Transition website](#) and Transition [email list](#).

Comptroller's Office 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-February** 2026.
- As a result, payment issue dates for all MassHealth providers, including dental providers, may shift slightly:
 - Payments for **Run 100873*** (week of Feb. 16) may be issued one to two days **earlier than usual**, and
 - Payments for **Run 100874**** (week of Feb. 23) 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.

* Run 100873 will be the final BeneCare-processed claims payment.

** Run 100874 is the first DentaQuest-processed claims payment.

The upcoming claims payment table available in the FAQ section of the [Dental TPA Transition website](#) outlines the claims payment schedule and responsible TPA during the first five weeks after the TPA transition.

Further Timely Filing Extension

- In response to provider concerns about claims processing delays, MassHealth has **further extended the timely filing limit to 345 days – through March 31, 2026**
 - For more information, please see [Dental Bulletin 56](#)
- Please note: Incorrect timely filing denials were part of Phase 2 of the system-wide Adjudication Remediation Plan
 - These reprocessed claims were included in the 12/15 claims payment (Run 100864)

Prior Authorizations (PA Requests)



Prior Authorization (PA) Update

- Starting February 1, 2026, please visit masshealth-dental.org to submit prior authorization requests.
- BeneCare will determine any PA requests received by the 1/30 transition deadline
 - BeneCare cannot accept any new PA or PA denial reconsideration requests.
 - Providers must submit new PA or PA denial reconsideration requests as new PA requests to DentaQuest via masshealth-dental.org
- Please note: For PA requests submitted on or prior to the January 30 deadline, 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

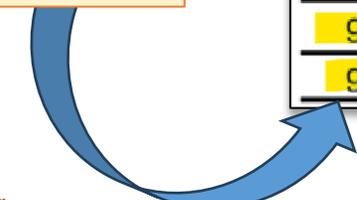
Patient Name: FIRST LAST		Claim No: 1234567				
Service Date	Tooth	Surface	Procedure Code	Description	Charge	Notes
		UR	04341	SCL/RTPL QUAD	\$250.00	00
		LR	04341	SCL/RTPL QUAD	\$250.00	01



- 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



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) was 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.*

Provider Portal & Customer Service

Starting February 1, 2026, please visit [MassHealth-Dental.org](https://www.masshealth-dental.org) to access the DentaQuest provider portal and contact MassHealth Dental customer service.



TPA Transition – Portal Impacts

- Starting February 1, 2026, please visit [MassHealth-Dental.org](https://www.masshealth-dental.org) or call 866-616-2699 to access the DentaQuest provider portal and contact customer service.

The BeneCare portal will continue to be available for **read-only access** through September 30, 2026 at providers.massdhp.com.

- Providers are encouraged to download any necessary information for your records.
- Historical information (such as remittance advice and claims status) will not transfer to the DentaQuest portal. This includes:
 - PDF remits for Runs 100833 through 100873
 - Claim and PA request status for submissions received prior to the 1/30/2026 transition deadline

Customer Service



- Visit masshealth-dental.org or call 866-616-2699 for MassHealth Dental Customer Service, supported by DentaQuest.
- **Please note:** BeneCare customer service will remain available **only** for claims, prior authorization requests, or reconsiderations submitted to BeneCare on or before the transition deadline on Friday, January 30 and for dates of service prior to 2/1/2026.
 - Call 844-MH-DENTL (844-643-3685) and listen carefully to the prompts to select the correct option.

Remittances



Remittances – TPA Transition Impacts

As outlined in the upcoming claims payment schedule available in the FAQ section of the [Dental TPA Transition website](#), the last BeneCare-processed claims payment will be the claims payment on 2/16/2026, Run 100873.

- **Remits for Run 100833 through 100873** will be available on the BeneCare portal by visiting providers.massdhp.com
- **Starting with Run 100874**, remits can be found through the DentaQuest portal by visiting MassHealth-Dental.org.

The BeneCare portal will continue to be available for **read-only access** through September 30, 2026 at providers.massdhp.com. *Providers are encouraged to download any necessary information for your records. Historical information (such as remittance advice and claims status) will not transfer to the DentaQuest portal.*

Remittances

- **Remits for Run 100833 through 100873** are available on the BeneCare portal through September 30, 2026 by visiting providers.massdhp.com
- **Reminder on MassHealth PDF remit limitations:**
 - BeneCare EOB reason codes are different from those listed on the MassHealth remit. The BeneCare EOB reason code represents the actual processing reason and can be found by checking the claim status on the BeneCare portal.
 - MassHealth and BeneCare EOB code crosswalk is available here: bit.ly/EOBcrosswalk2.
 - No quadrant information
 - Up until Run 100857, claims with more than one DOS will incorrectly show all services with the same DOS
 - BeneCare received the correct information about the multiple DOS and processed the claims as such.

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 masshealth-dental.org.

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/

Temporary pause in new information:

VendorWeb is expected to be available during the Comptroller's Office system upgrade in mid-February 2026, but no new information will be posted during the system upgrade.

For more information, please visit: [How to Use VendorWeb](#)

VendorWeb - Login

An official website of the Office of the Comptroller

VendorWeb

CTR Home Mass.Gov Contact State Agencies

Home Contact FAQs Log In

How to Use VendorWeb
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 866-616-2699.
- **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

massfinance.state.ma.us/VendorWeb/

Interim Payment Advances



Interim Payment Advance

Possible temporary pause notice: Due to a Comptroller's Office system upgrade, interim payment advance requests will not be reviewed during the week of February 9.

- 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.
- For more information and the option to submit a request for an interim payment advance, please use the [online form](#).

For continued updates and information regarding interim payment advances and recoupments, please visit the [MassHealth Dental TPA Transition webpage](#).

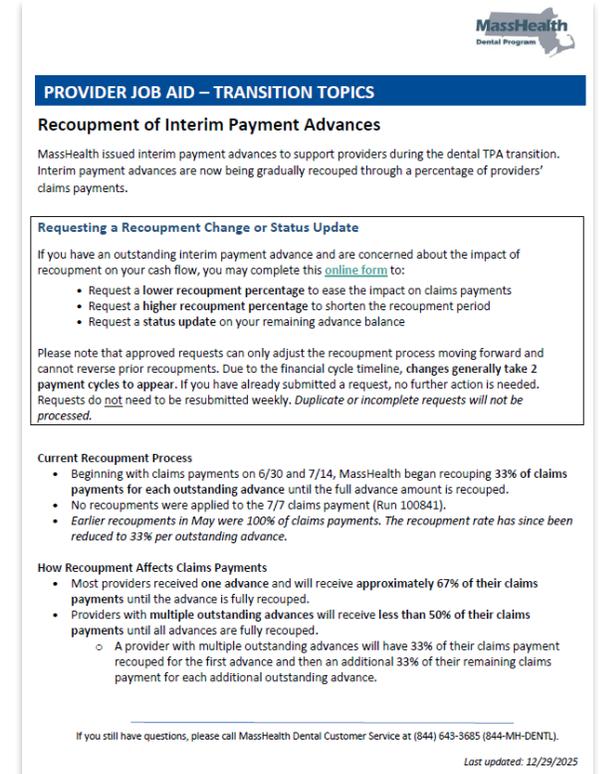
Recoupments



Recoupment Update

Important Update: Paused recoupments began to apply 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.
- For more information about recoupments, including additional details about the restart of paused recoupments and a recoupment example, please see the **updated [Recoupment Job Aid](#)** which is available on the [Dental TPA Transition](#) website.



PROVIDER JOB AID – TRANSITION TOPICS

Recoupment of Interim Payment Advances

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.

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 approved requests can only adjust the recoupment process moving forward and cannot reverse prior recoupments. Due to the financial cycle timeline, **changes generally take 2 payment cycles to appear.** If you have already submitted a request, no further action is needed. Requests do not need to be resubmitted weekly. *Duplicate or incomplete requests will not be processed.*

Current Recoupment Process

- Beginning with claims payments on 6/30 and 7/14, MassHealth began recouping 33% of claims payments for each outstanding advance until the full advance amount is recouped.
- No recoupments were applied to the 7/7 claims payment (Run 100841).
- *Earlier recoupments in May were 100% of claims payments. The recoupment rate has since been reduced to 33% per outstanding advance.*

How Recoupment Affects Claims Payments

- Most providers received one advance and will receive approximately 67% of their claims payments until the advance is fully recouped.
- Providers with multiple outstanding advances will receive less than 50% of their claims payments until all advances are fully recouped.
 - A provider with multiple outstanding advances will have 33% of their claims payment recouped for the first advance and then an additional 33% of their remaining claims payment for each additional outstanding advance.

If you still have questions, please call MassHealth Dental Customer Service at (844) 643-3685 (844-MH-DENTL).

Last updated: 12/29/2025

Recoupment Change or Status Request

MassHealth
Dental Program

Interim Payment Advance: Recoupment Hardship Request Form

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.

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 the form below 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 approved requests can only adjust the recoupment process moving forward and cannot reverse prior recoupments. Due to the financial cycle timeline, changes generally take 2 payment cycles to appear. If you have already submitted a request, no further action is needed. Requests do not need to be resubmitted weekly. Duplicate or incomplete requests will not be processed.****

Current Recoupment Process

- Beginning with claims payments on 6/30 and 7/14, MassHealth began recouping 33% of claims payments for each outstanding advance until the full advance amount is recouped.
- No recoupments were applied to the 7/7 claims payment (Run 100841).**
- Earlier recoupments in May were 100% of claims payments. The recoupment rate has since been reduced to 33% per outstanding advance.

Optional Recoupment Pause and Restart

- Providers who requested a temporary recoupment pause had recoupments paused through the 1/5/2026 claims payment (Run 100867).
- To help ease the transition as recoupments resume, MassHealth automatically applied a **lower recoupment percentage** 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 recoupment schedules over time. Recoupment will continue at this reduced percentage until outstanding interim payment advances are fully recouped or the schedule is adjusted.

For additional details, please refer to the **Recoupment Job Aid** available at: bit.ly/MHDentalToolKit

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

1. Practice / Entity Name *

Enter your answer

2. Billing National Provider Identifier (NPI) and/or Tax ID *

Enter your answer

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.*

Thank you