Building for the future

Delta Dental of Massachusetts

2026

EMPOWERING SMILES from Ahh to Z

DELTA DENTAL®

Agenda

- Background
- Enhanced Service Model
- Claims
- New Provider Portal
- Enrollment & Credentialing
- What to Expect





DELTA DENTAL OF MASSACHUSETTS

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Strengthening Our Foundation and Service

Celebrating 60 years of advancing oral health across Massachusetts

- As Delta Dental of Massachusetts marks 60 years of advancing oral health, our commitment to the customers, partners, and communities we serve remains stronger than ever.
- This milestone reflects both our strong foundation and our continued focus on delivering reliable service and meaningful value.
- Building on this legacy, we will introduce a series of operational updates on June 22, 2026, designed to streamline workflows, improve processing speed, and enhance your overall experience.

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Operational Enhancements

Effective June 22, 2026 | Network Update

Why are we making these changes:

- Dentists shared they need faster, more reliable digital tools and servicing
- Our claims and support systems are being modernized to improve processing speed
- These investments reflect our continued commitment to our valued network

These updates support a broader strategy to build a more digitally enabled, efficient operating model better supporting members and dentists across Massachusetts.

What to expect:

Enhanced service model with dedicated support teams

New digital experience and automation

Updated claims platform to improve speed, accuracy, and consistency.

Changes to claims submission, contact information, and payer IDs

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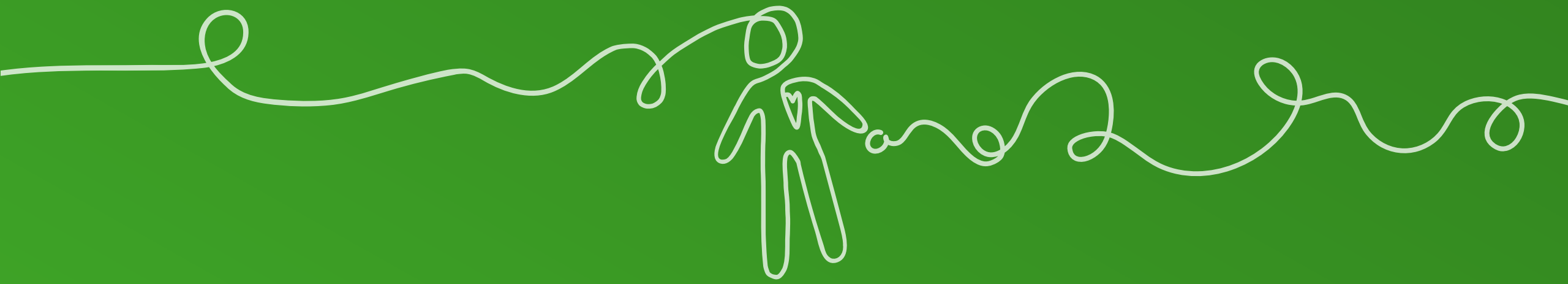


Enhanced Service Model

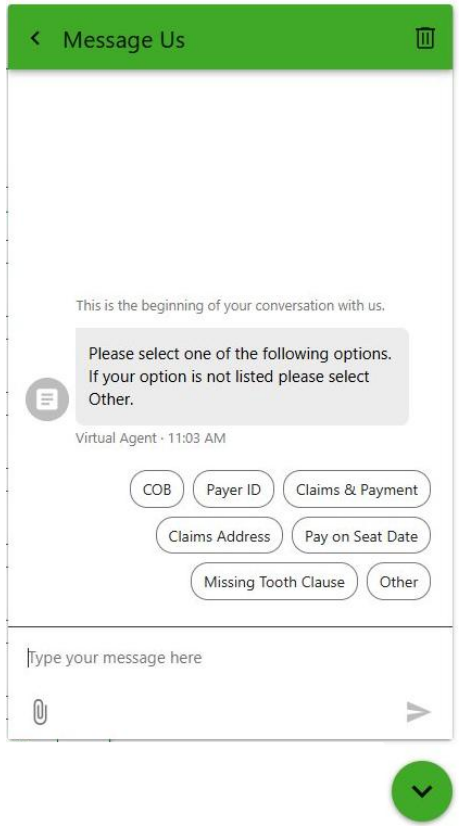
New: Live Chat Support

Virtual Agent & Live Agent Access | Available on the Provider Portal

What you can do with chat:

- Get instant answers on COB, Payer ID, and Claims & Payment
- Look up Claims Address and Pay on Seat Date information
- Clarify Missing Tooth Clause and other policy questions
- Escalate to a live agent when more support is needed

Available through the Provider Portal beginning June 22nd



PROVIDER TIP

- New teams of dedicated customer service representative with extensive knowledge of Delta Dental processing policies and issue resolution are available to support you.

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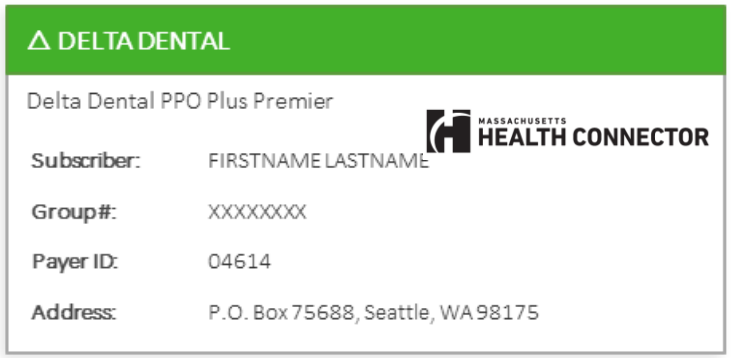
Claims

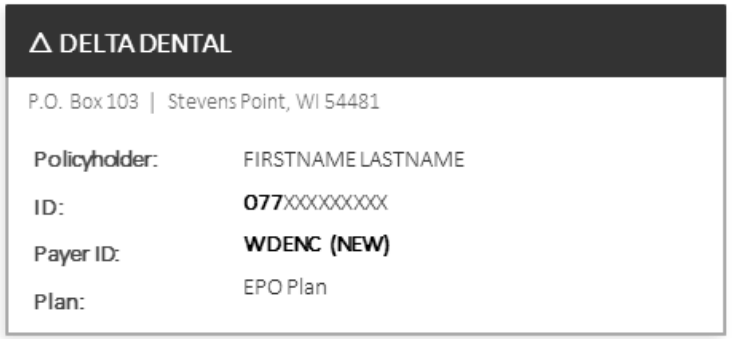
Payer ID and Card Updates: What's Changing

Group & Health Connector	
Payer ID	04614 (no change)
Address	NEW P.O. Box 75688 Seattle, WA 98175
Member ID	No Change
Provider Service #	800-872-0500 (no change)

Sample Group & Health Connector Card



Sample Individual Card



Individual Plans	
Payer ID	WDENC NEW
Address	P.O. Box 103 Stevens Point, WI 54481 NEW
Member ID	077" prefix NEW
Provider Service #	888-899-3734 NEW

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New Payment Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Group & Health Connector Plans			CEOB posted to Provider Portal	EFT payments available in bank account, paper checks mailed			

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Individual Plans		CEOB posted to Provider Portal		EFT payments available in bank account, paper checks mailed			

PROVIDER TIP

Earlier Payment
Currently, CEOBs are available on Thursdays, and direct deposits are posted on Fridays.

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Temporary Claims Processing Suspension

Temporary Claims Processing Suspension

June 5 — Claims processing suspension begins. Continue to submit claims during this period.

June 11 — CEOBs posted for claims submitted prior to June 5; payment timing varies by EFT or paper check. This is the last payment released through our current claims platform.

June 12 — DDMA's secure portal becomes read-only; benefits, eligibility, and historical information remain available. Online claims submission, pre-determination, and authorizations will be unavailable through DDMA's portal. Continue to submit claims through a clearinghouse or by mail.

June 15 — No payment or CEOBs issued this week.

June 22 — New Portal live; claims processing suspension ends and claims begin processing. Submit Individual plan claims using new Member ID ("077" prefix) and Payer ID (WDENC). No payment or CEOBs issued this week.

June 29 — First payments and CEOBs from new platform received this week (payment receipt varies by EFT or paper check). Expect to receive multiple payments this week.

Going Forward — Payments are expected to be issued on Wednesdays.

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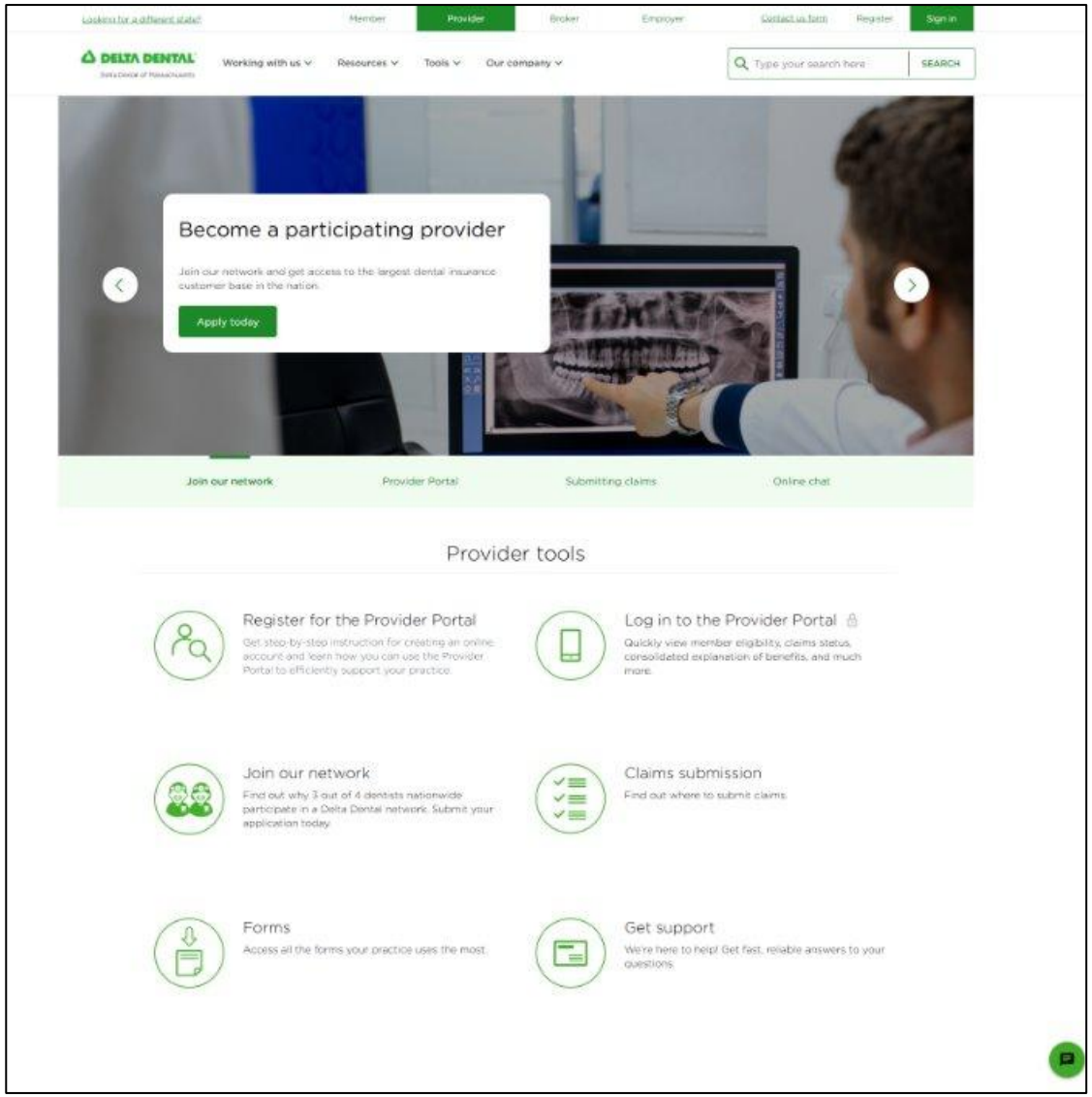
New Provider Portal

Before Logging Into Provider Portal – DeltaDentalMA.com



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First time portal log in scenarios

Scenario 1 Direct Migration

- Your **username** has been **directly migrated** into the portal, simply reset your password and **complete your multifactor** authentication **registration**

Scenario 2 Universal Log in on DDMA Portal

- **Utilize** your current DDPA **username** or out-of-state Delta Dental **username** to log in, simply select the ‘Universal Delta Sign In’ from the ‘Sign In’ page

Scenario 3 New Credentials Needed – In state provider

- You will need to create a new log in utilizing a web code

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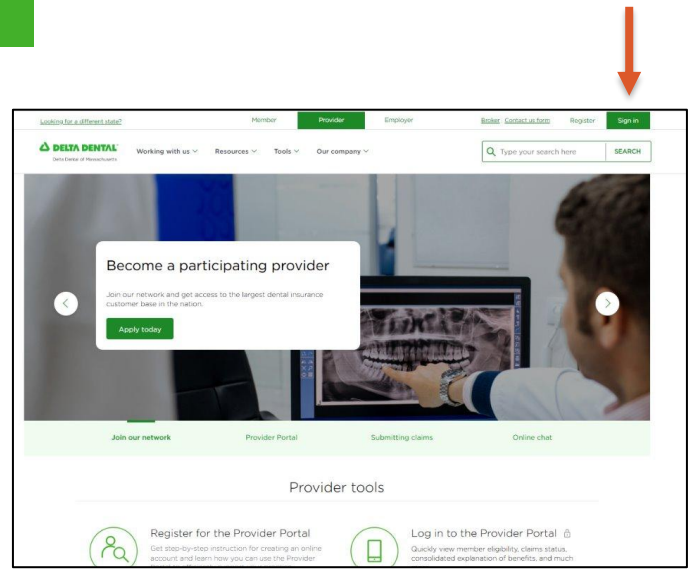
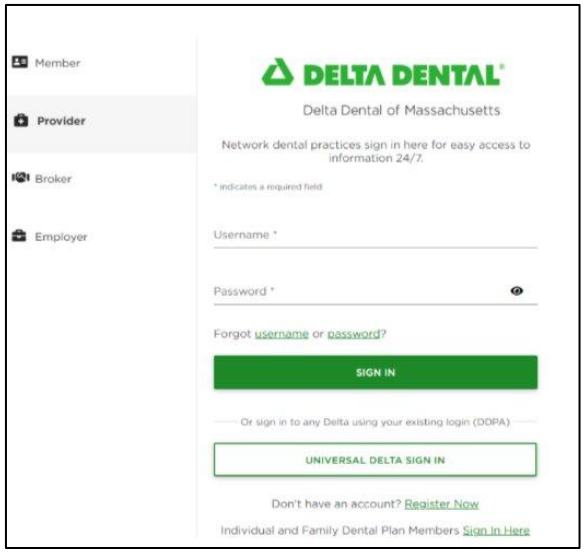
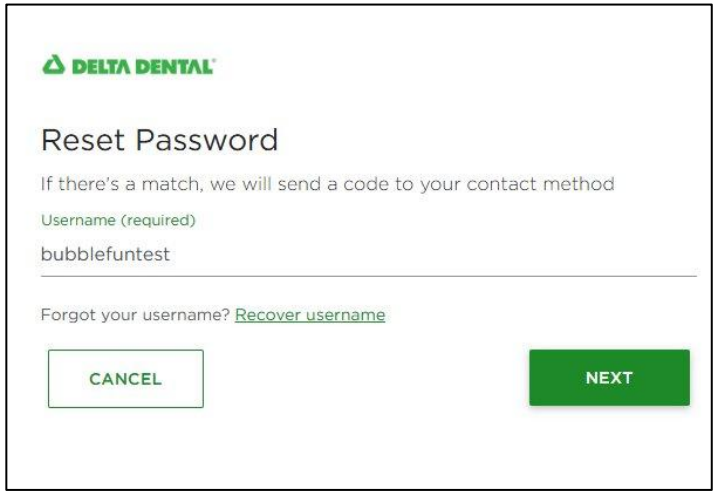
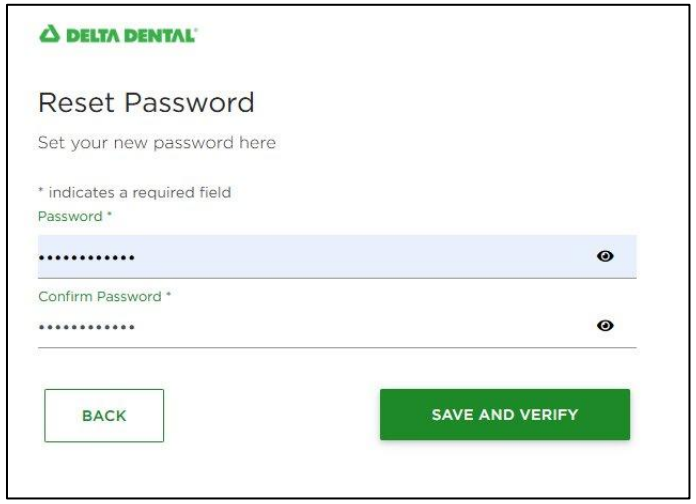
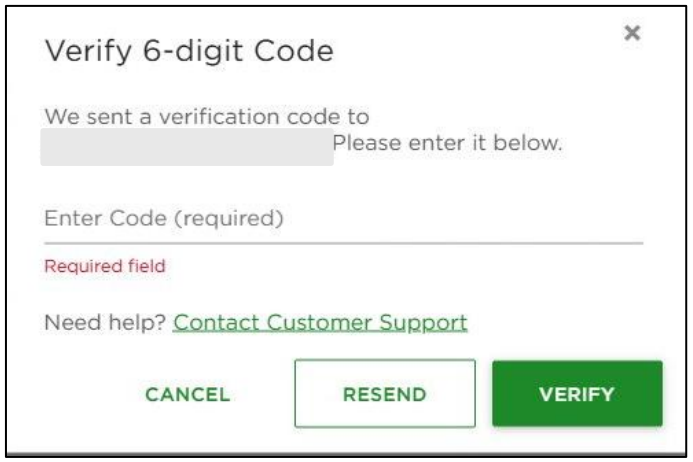
Scenario 1 - Password change is needed

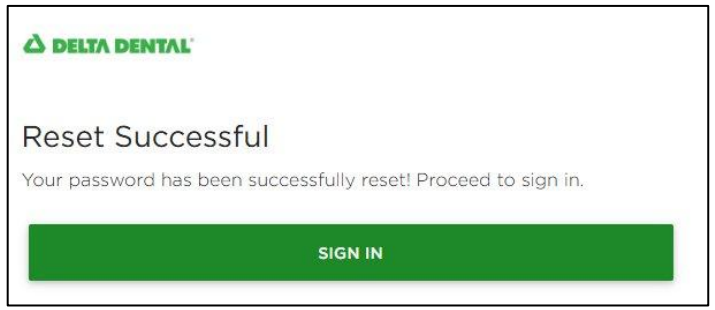




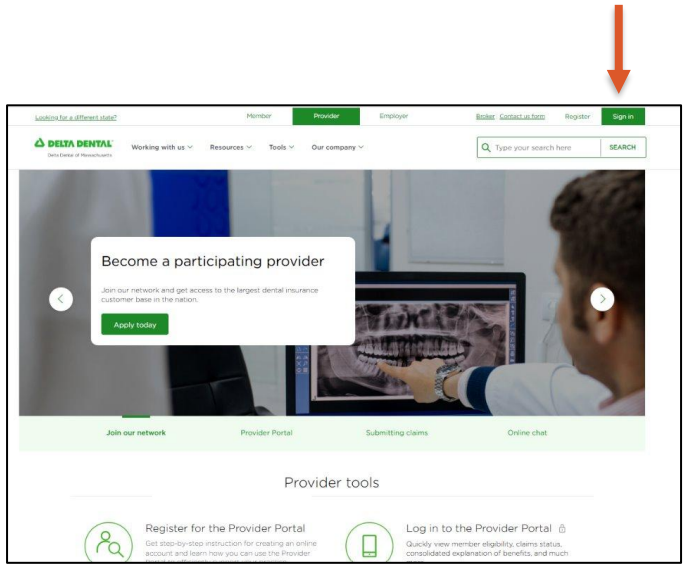


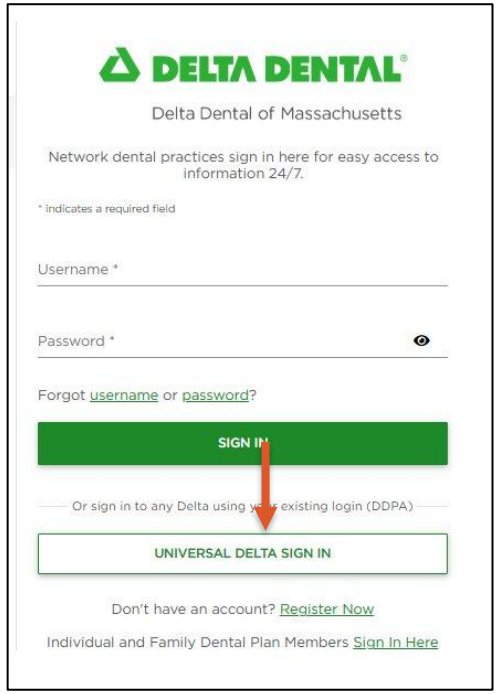


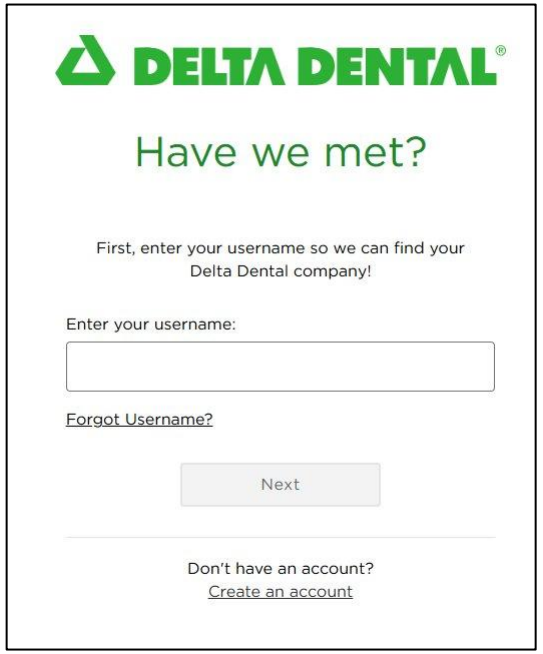


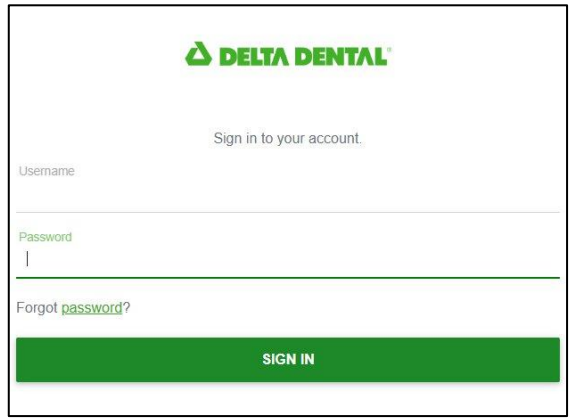


Scenario 2 – Sign in using username created through DDPA or an out of state Delta Dental

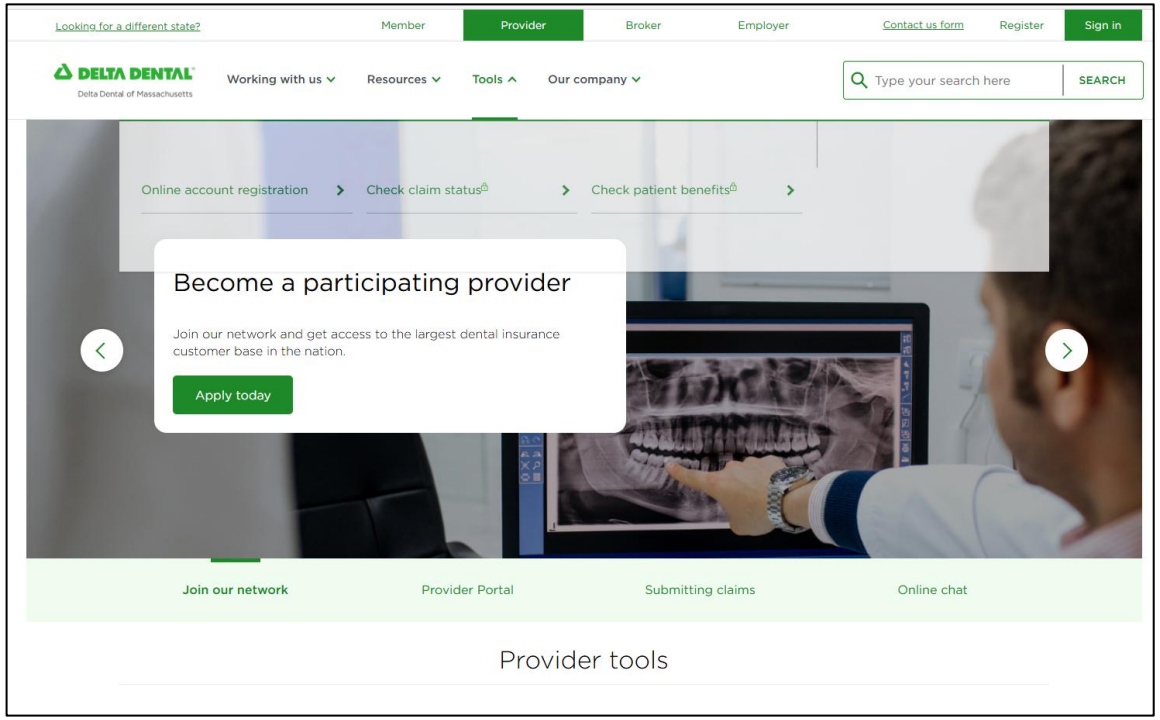


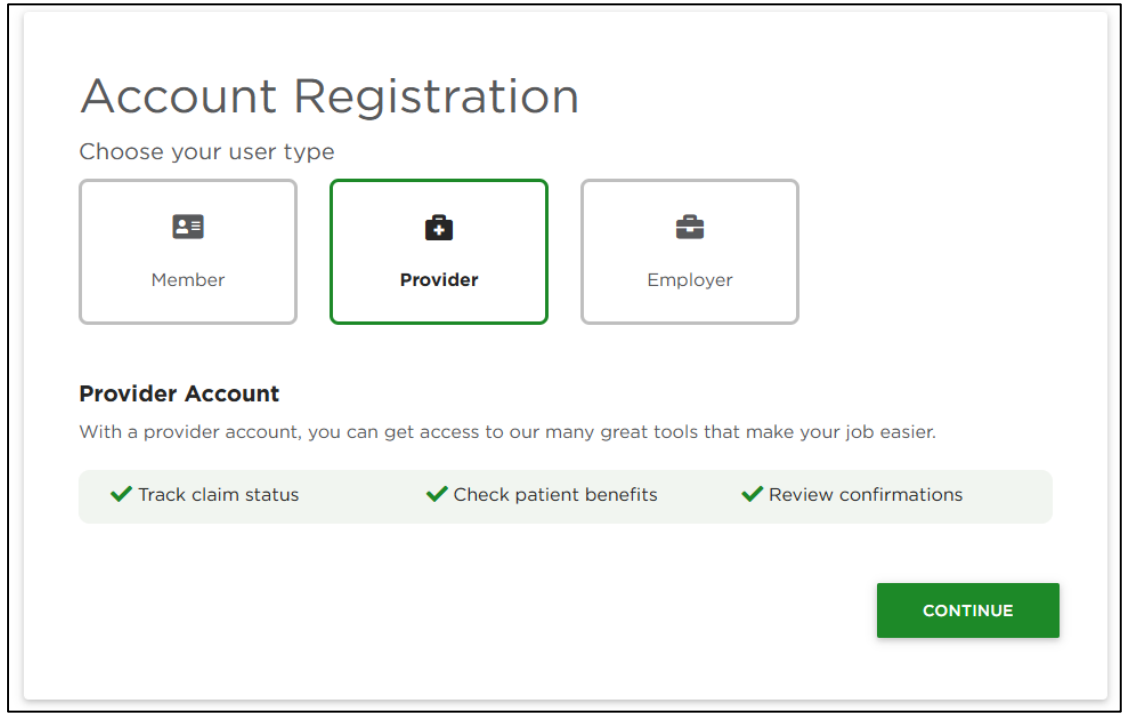




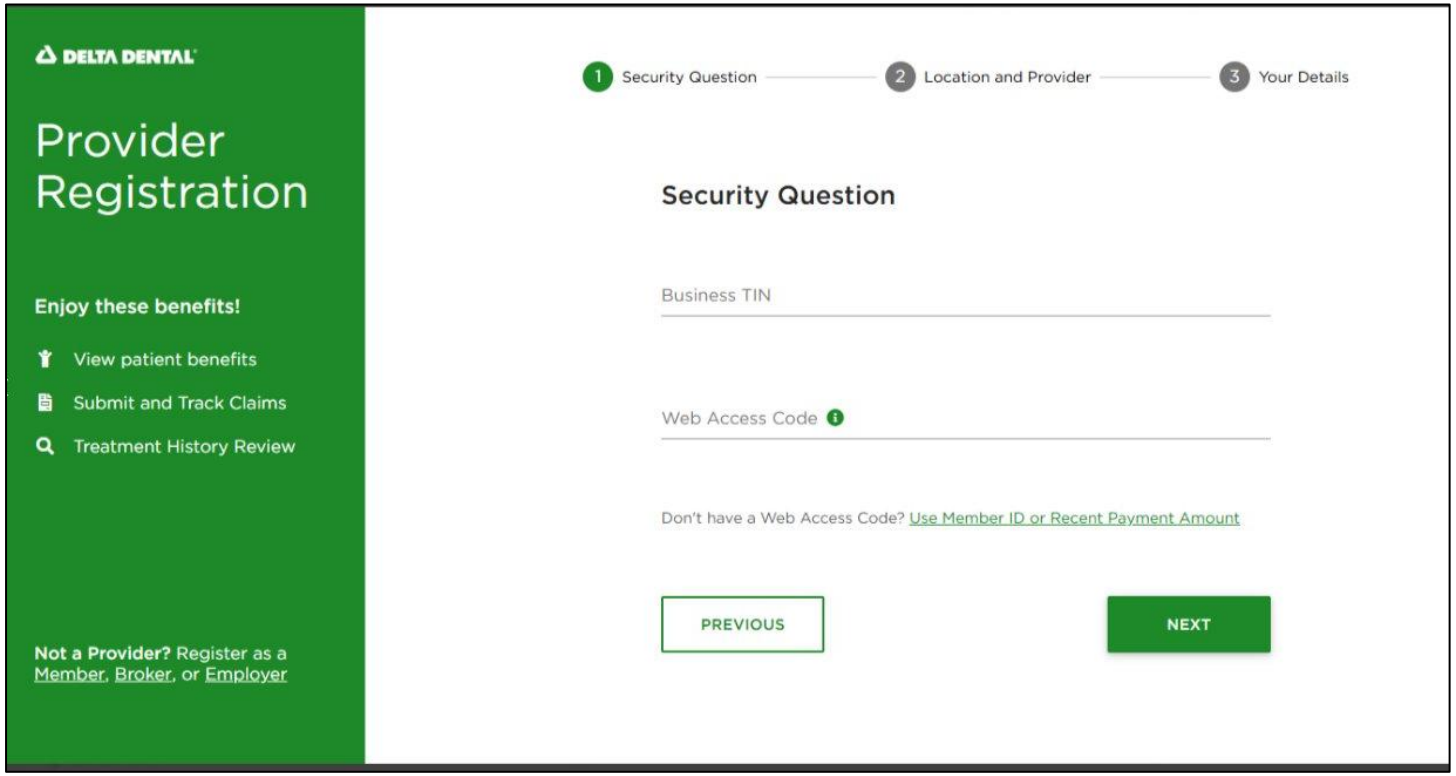


Scenario 3 – Creating a new account during onboarding





Scenario 3 - Continued



Provider in state MA Provider Message: "The web access code for Tax ID (123456789) is **(XXXXXX)**. This code may be used to register all accounts associated with this Tax Identification Number. Please note that, for security purposes, this code is periodically regenerated.

Provider out of state: I'm sorry, web access codes are not available for providers outside the state of Massachusetts. Did you know you don't need to create a new provider account with Delta Dental of Massachusetts? As an out-of-state provider, you can use our Universal Sign-On with any existing Delta Dental login. Just go to the provider login page and select the **'Universal Delta Sign In'** button at the bottom of the screen.

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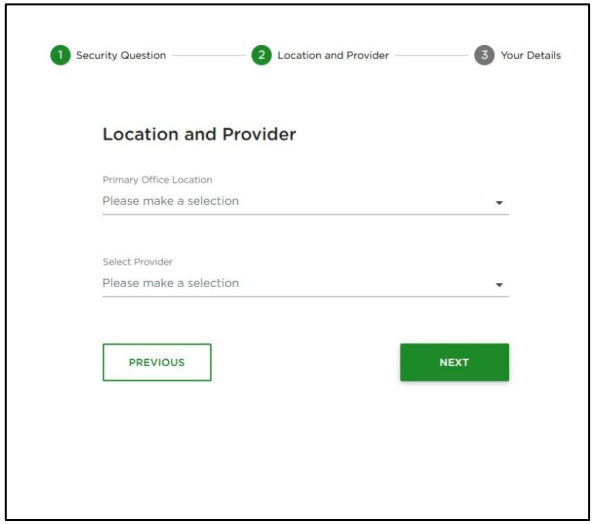
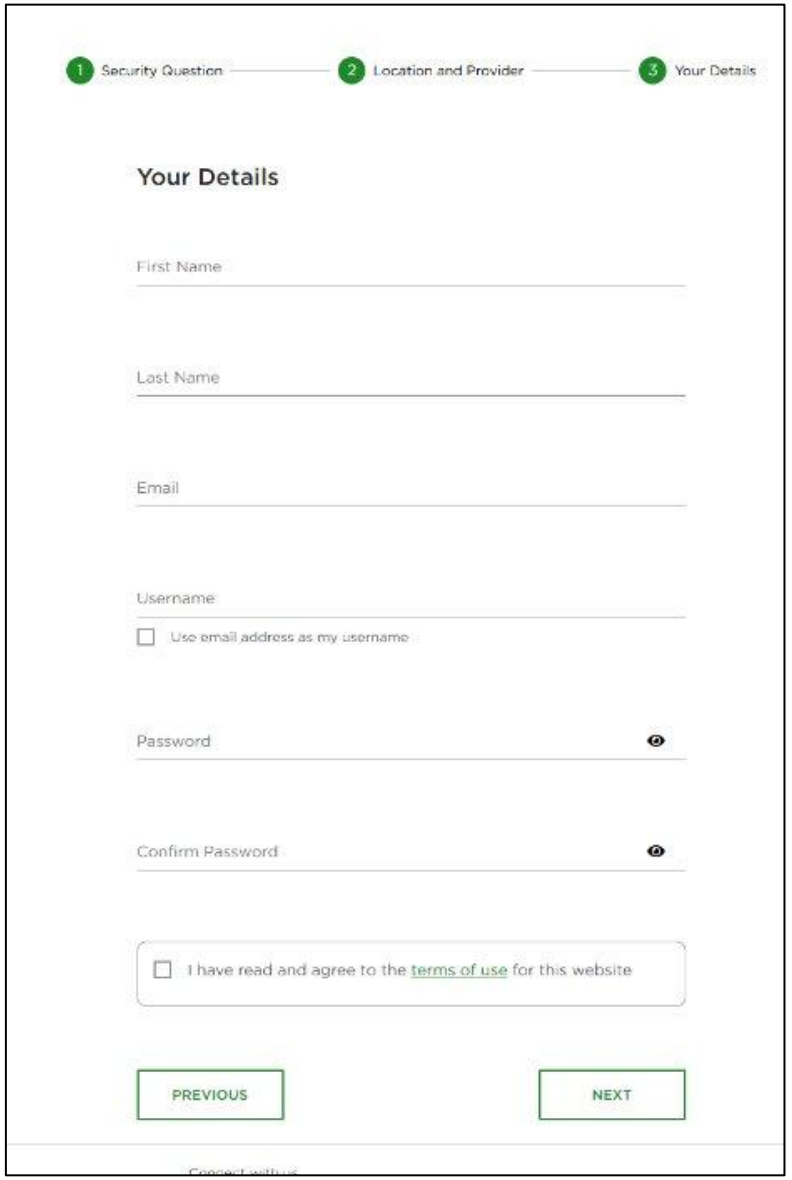
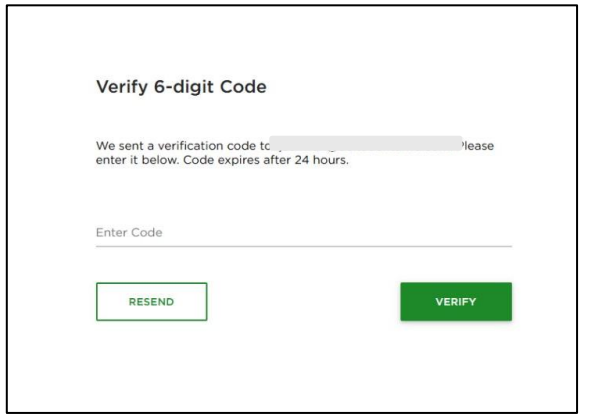
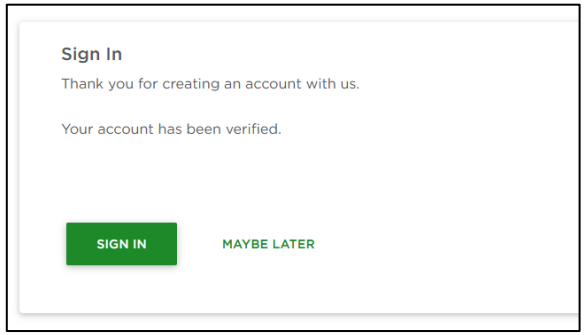
Enter information











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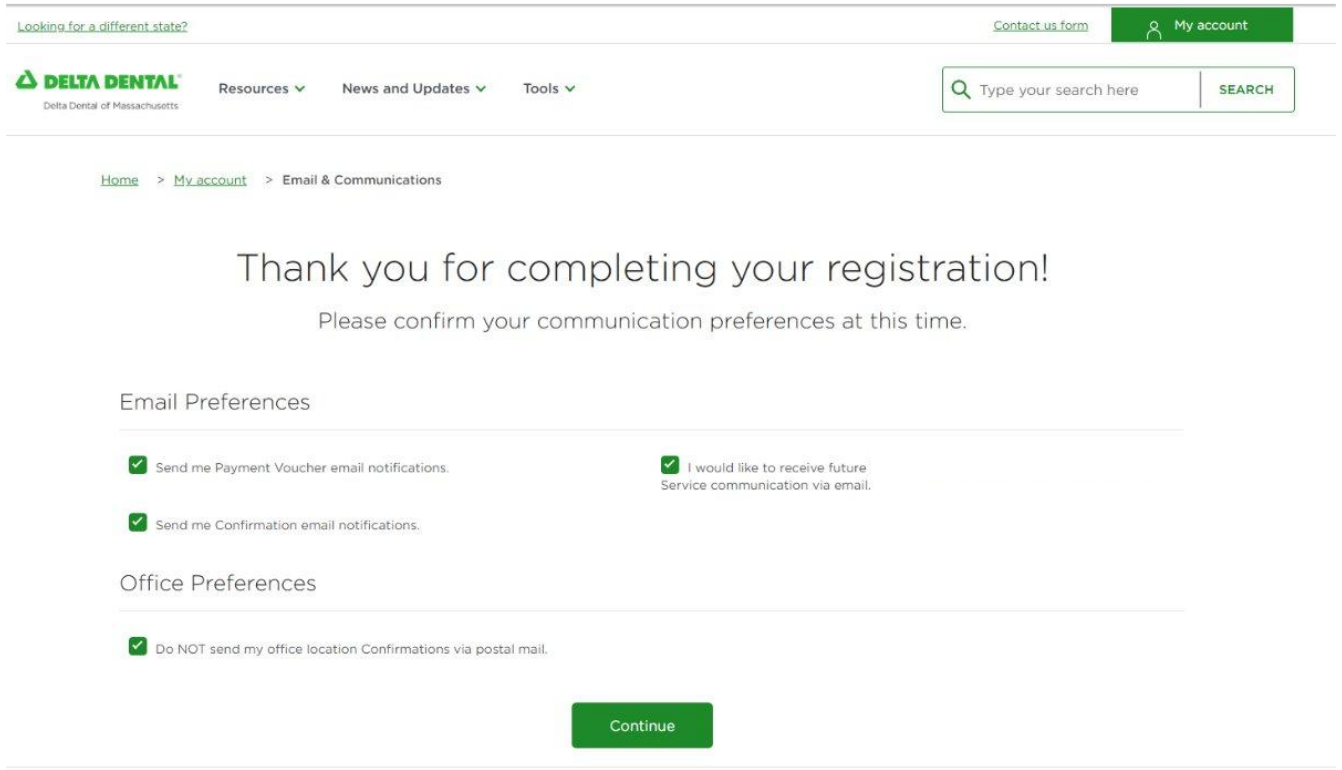
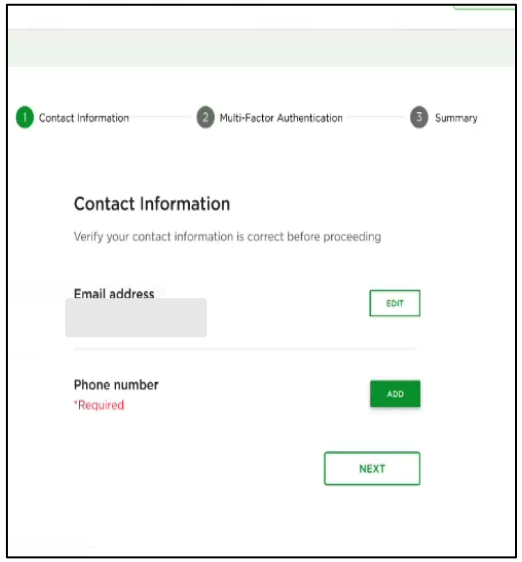
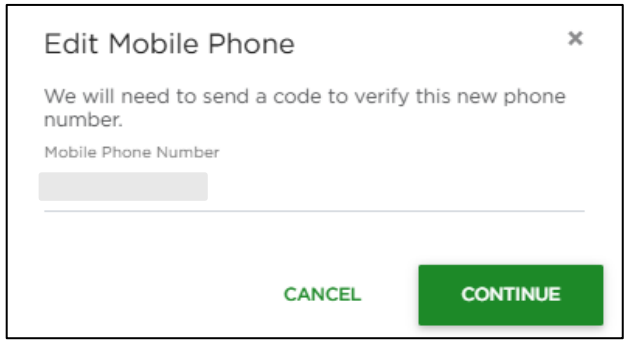
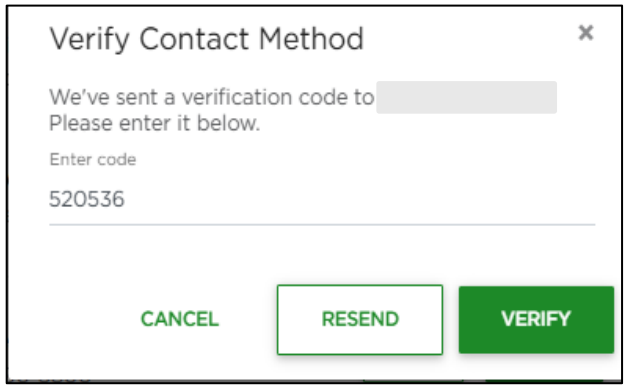
First time sign in

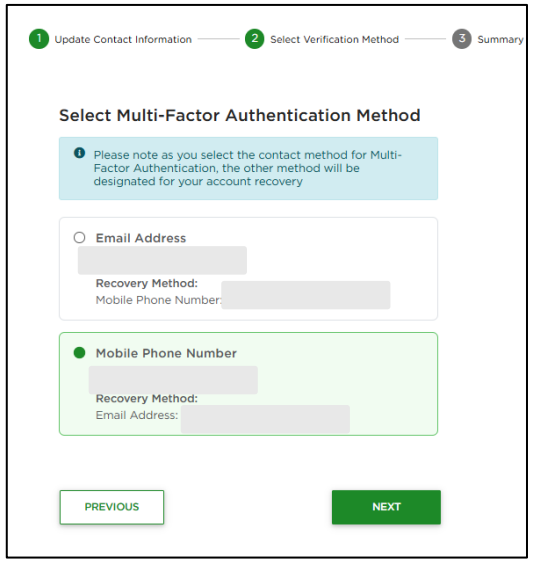


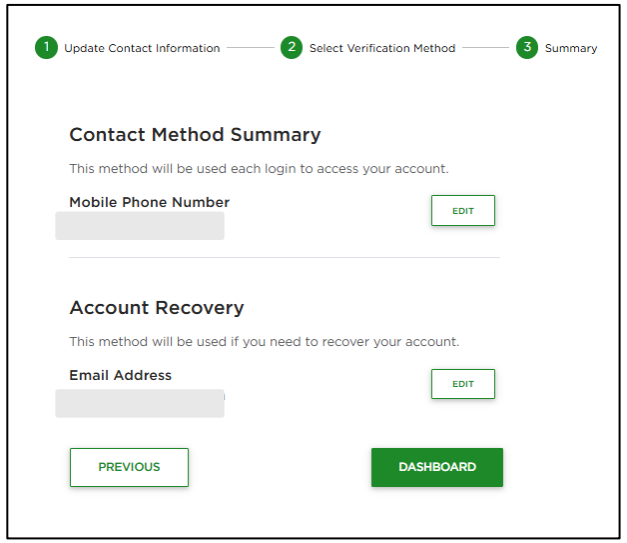
Multifactor Authentication Registration





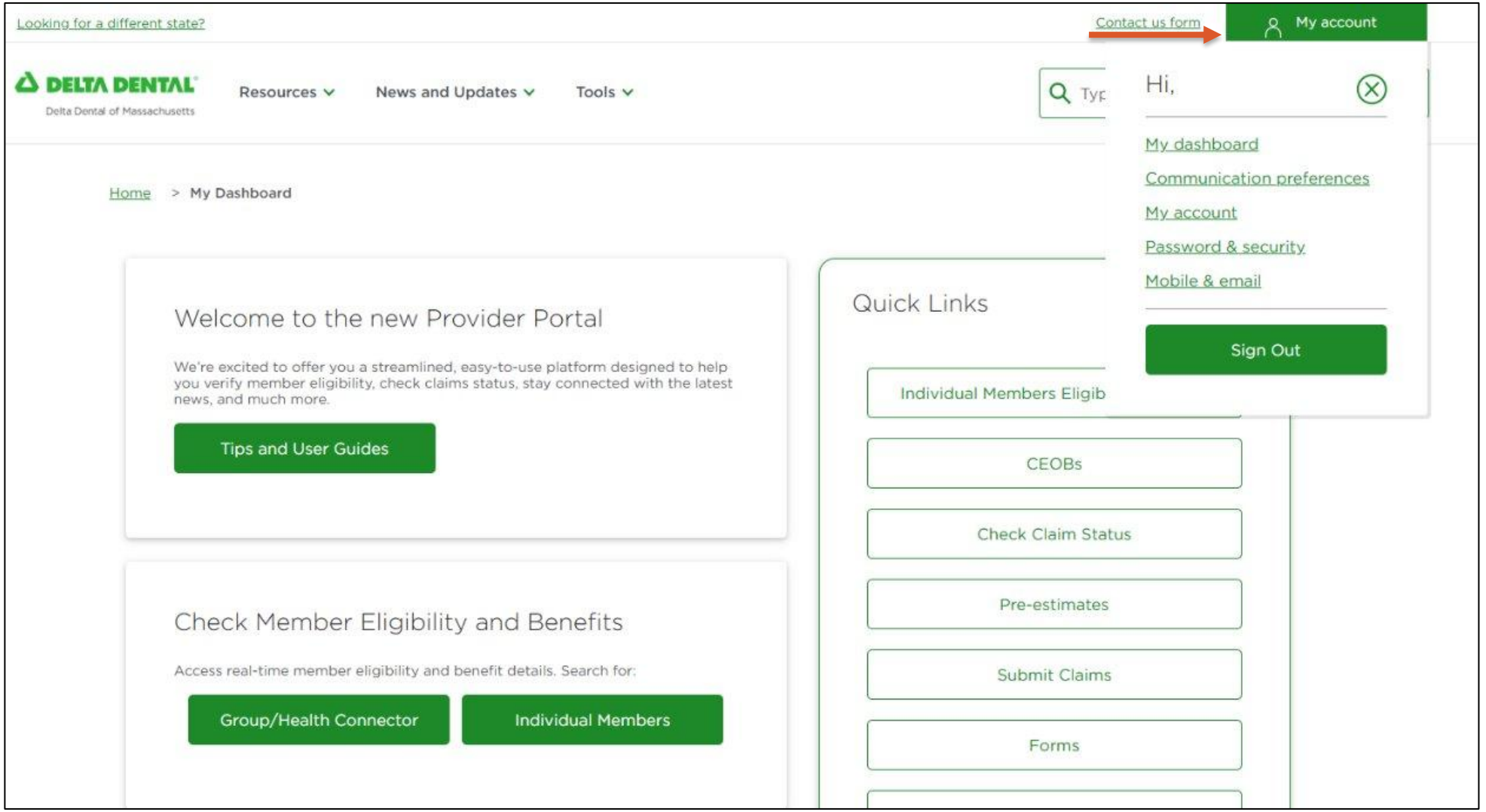




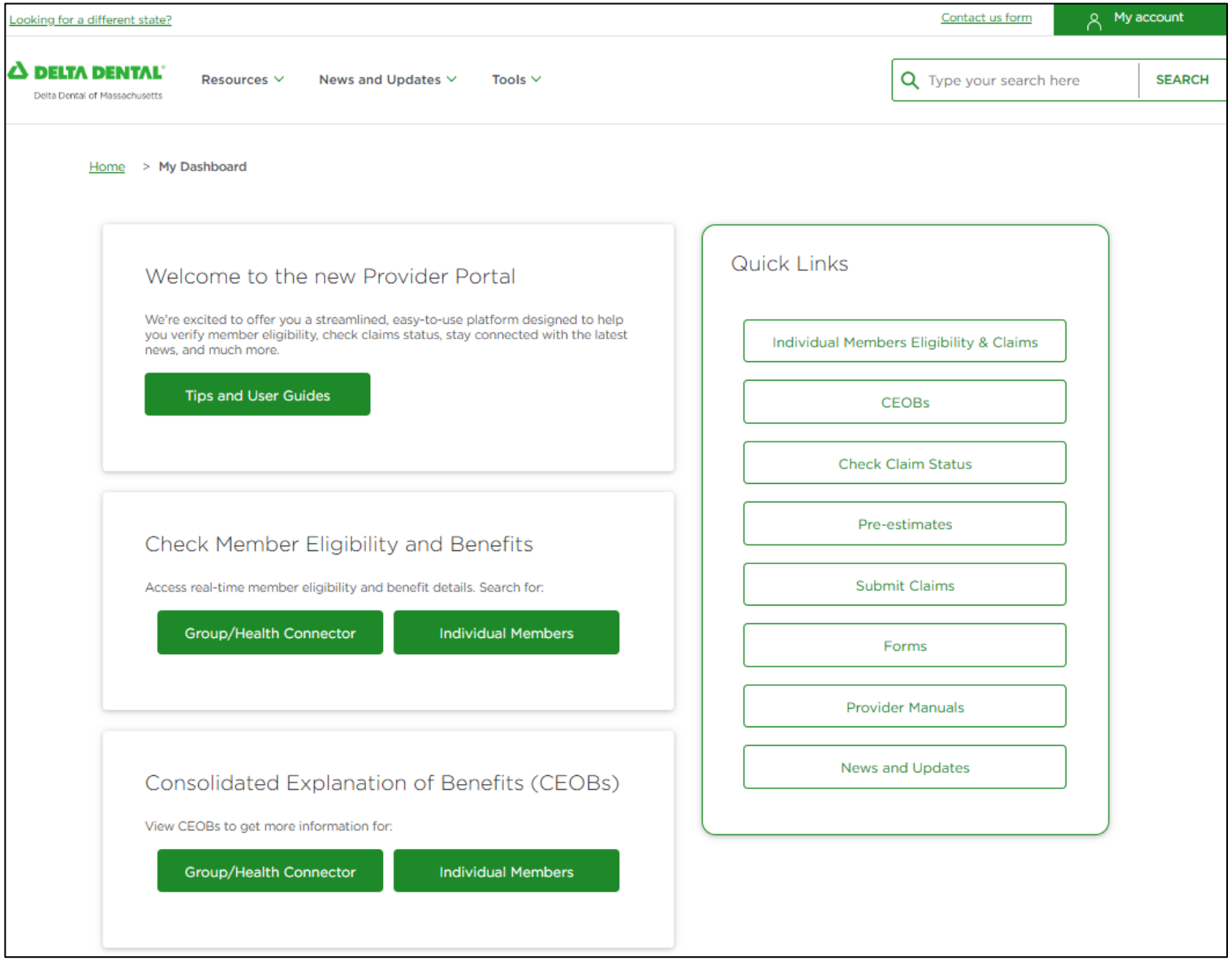


MFA Timeout period: For security purposes, sessions will time out after 8 hours or after a period of 30 minutes of inactivity. Or if a new browser is open.

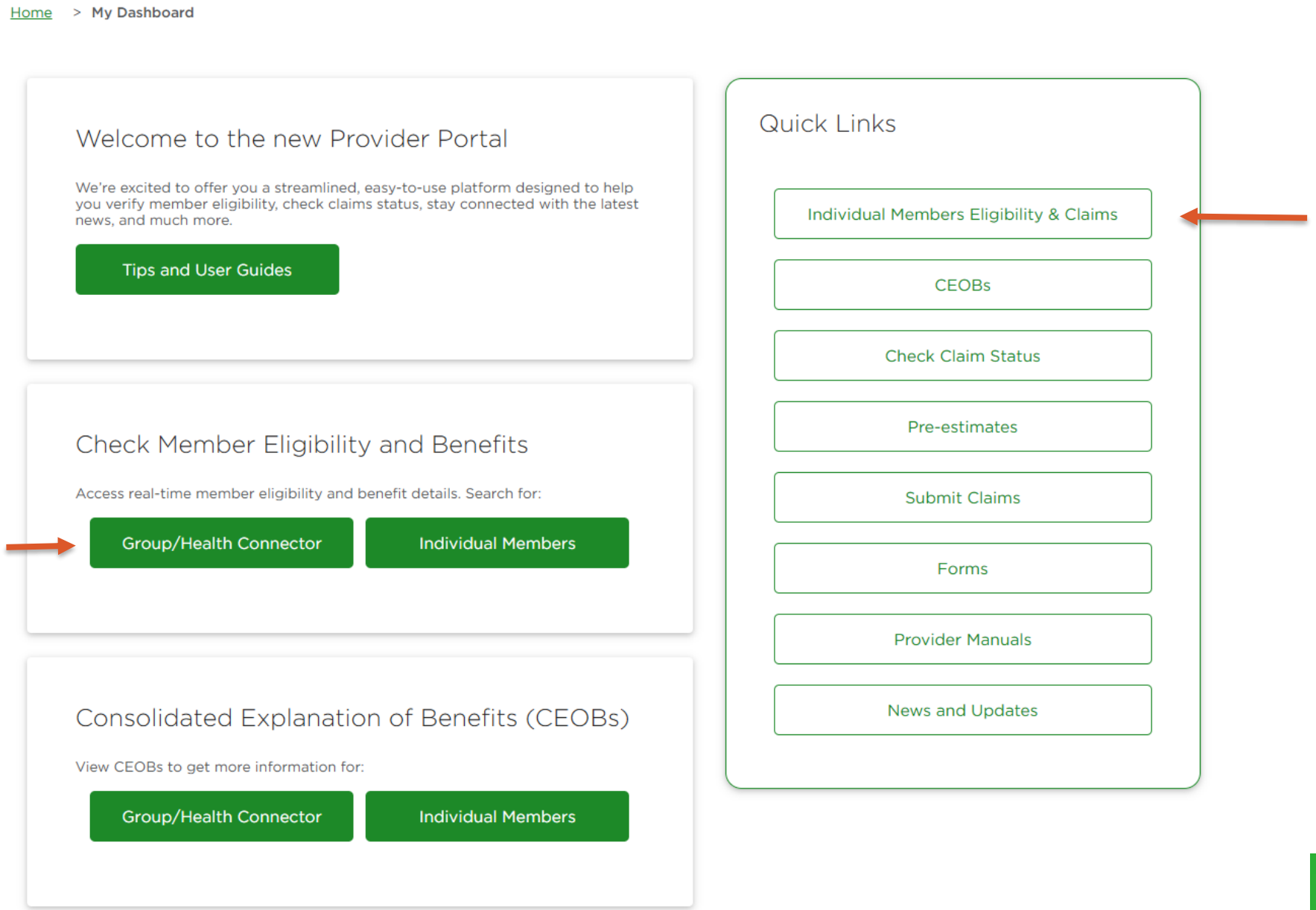
Updating information for web account



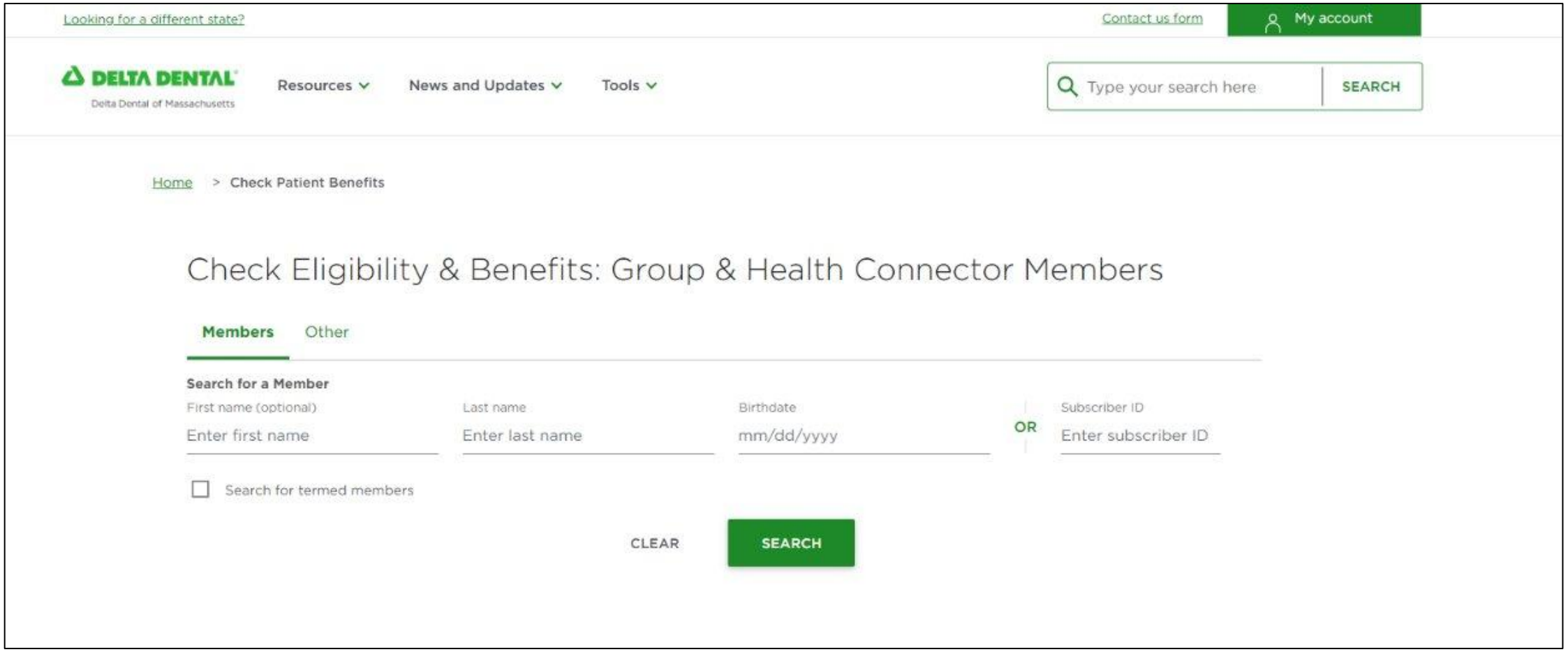
Provider dashboard



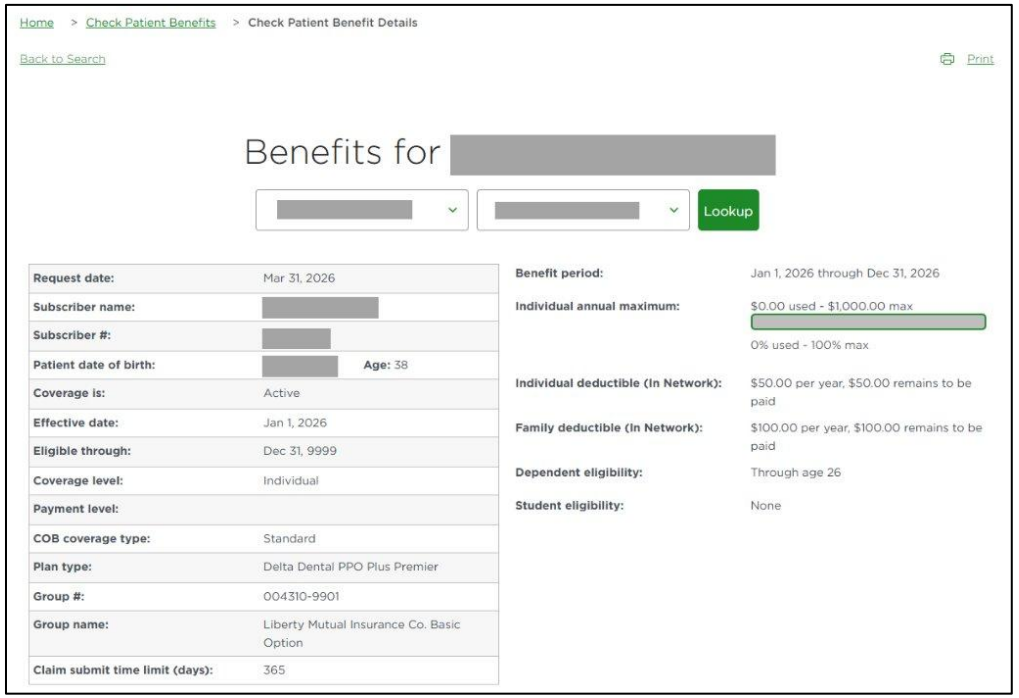
Checking eligibility & benefits

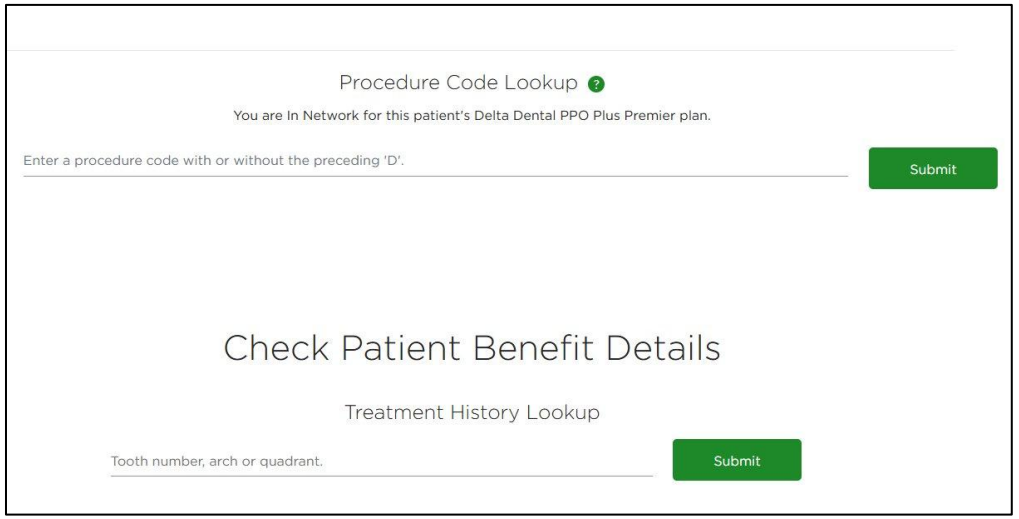


Checking eligibility & benefits

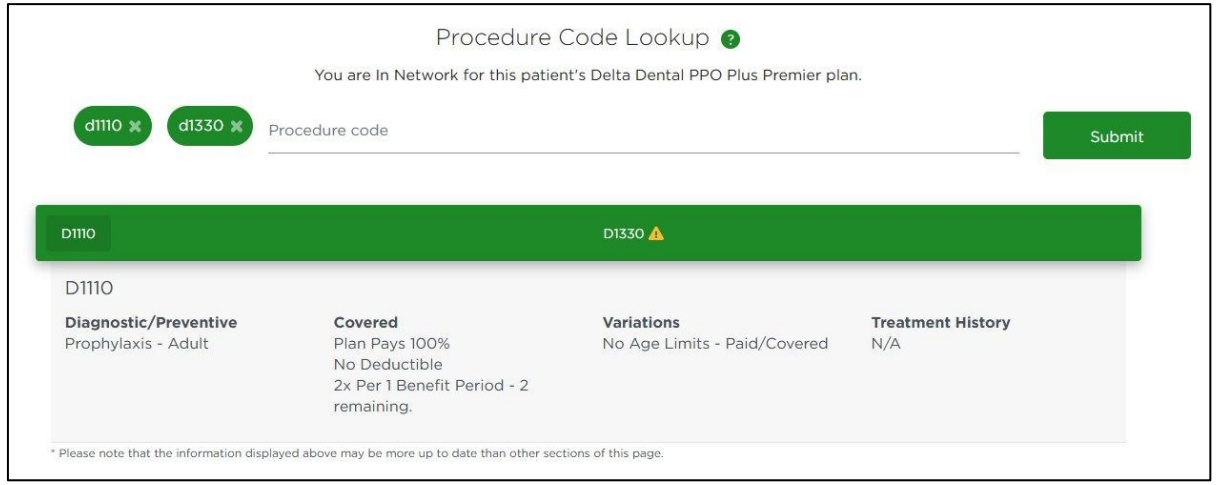


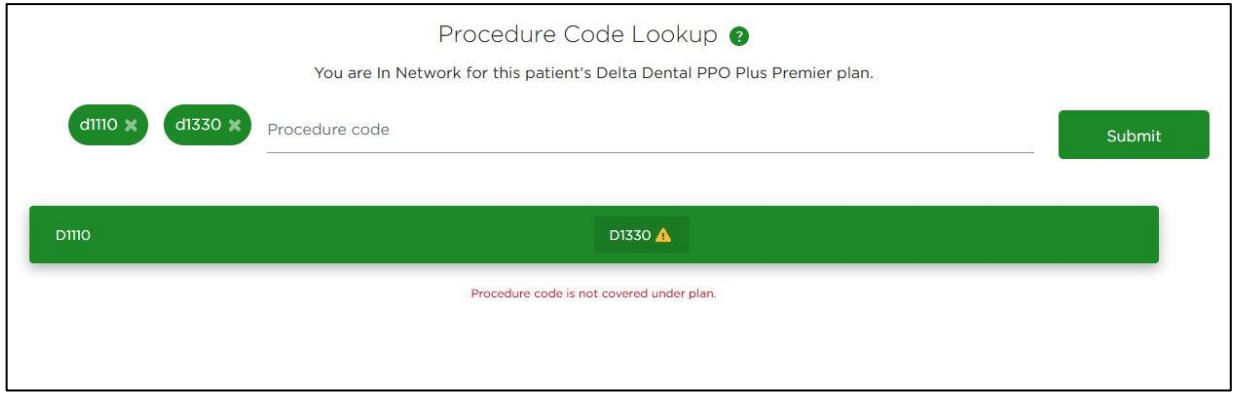
Benefit breakdown

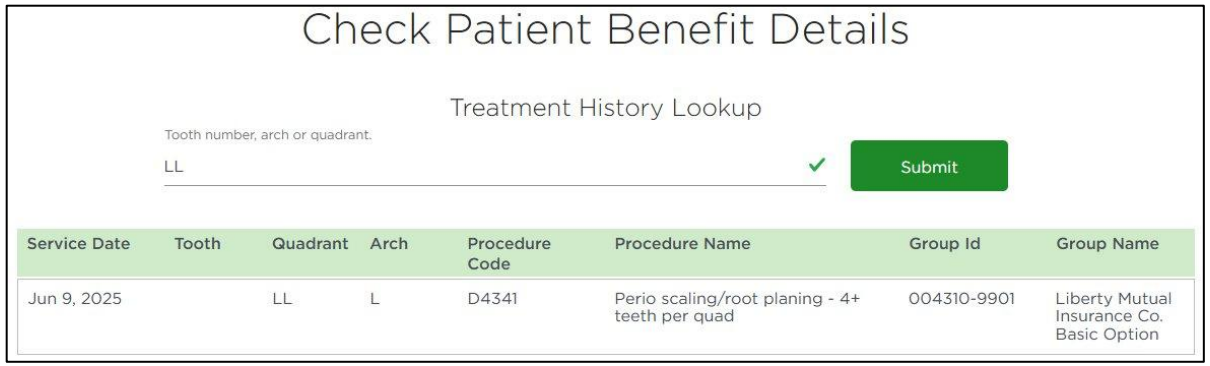




Procedure code and treatment history lookup









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Benefit breakdown details

Eligible Benefits

Showing In Network benefits information
See benefit coverage levels for all networks

Benefit Class	% Plan Pays	Deductible	Waiting Period	Services and Usage
Dental Accident	50%	No	N/A	

Oral Evaluations

Benefit Class	% Plan Pays	Deductible	Waiting Period	Services and Usage
Comprehensive and Periodic Exams	100%	No	N/A	Frequency: 2 per 1 Service Year 1 remaining this period Last Service Date: 01/28/2026 Similar procedures performed impact frequency limitations - D0120,D0145
Limited Evaluation - Problem Focused	100%	No	N/A	Frequency: Whenever Necessary

Preventive

Benefit Class	% Plan Pays	Deductible	Waiting Period	Services and Usage
Antimicrobial Rinse	N/A	N/A	N/A	Not A Covered Benefit
Fluoride	N/A	N/A	N/A	Not A Covered Benefit
Prescription Fluoride Toothpaste	N/A	N/A	N/A	Not A Covered Benefit
Prophylaxis	100%	No	N/A	Frequency: 2 per 1 Service Year 2 of 2 remaining this period Last Service Date: 08/26/2024 Similar procedures performed impact frequency limitations - D1110,D1120,D4346
Prophylaxis	100%	No	N/A	Frequency: 2 per 1 Service Year 2 remaining this period Last Service Date: 08/26/2024 Similar procedures performed impact frequency limitations - D1110,D1120,D4346
Sealants	N/A	N/A	N/A	Not A Covered Benefit

Restorative

Benefit Class	% Plan Pays	Deductible	Waiting Period	Services and Usage
Amalgam	50%	Yes	N/A	Frequency: 1 per tooth every 24 Months
Dental Crowns	50%	Yes	N/A	Frequency: 1 per tooth every 60 Months Age limit: Age 12 and Over
Posterior Resin	50%	Yes	N/A	Frequency: Whenever Necessary

Endodontics

Benefit Class	% Plan Pays	Deductible	Waiting Period	Services and Usage
Endodontics	50%	Yes	N/A	

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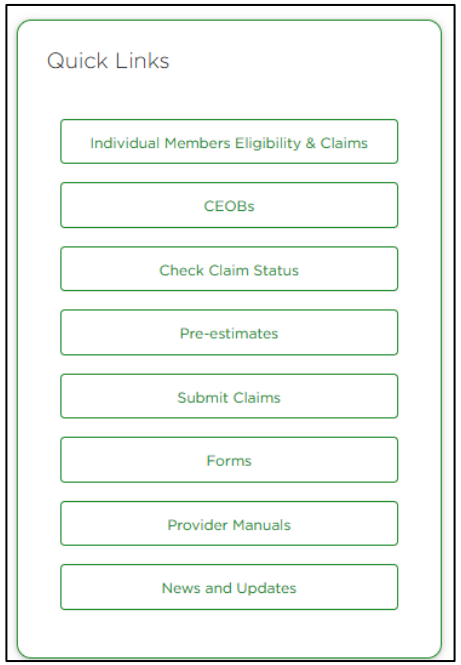
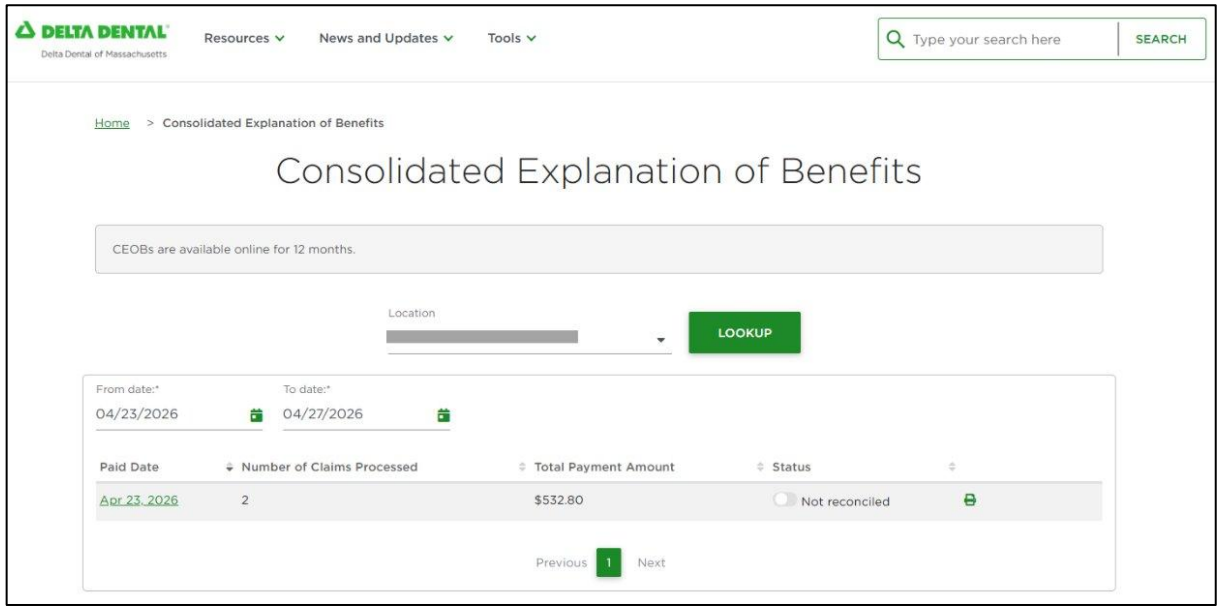
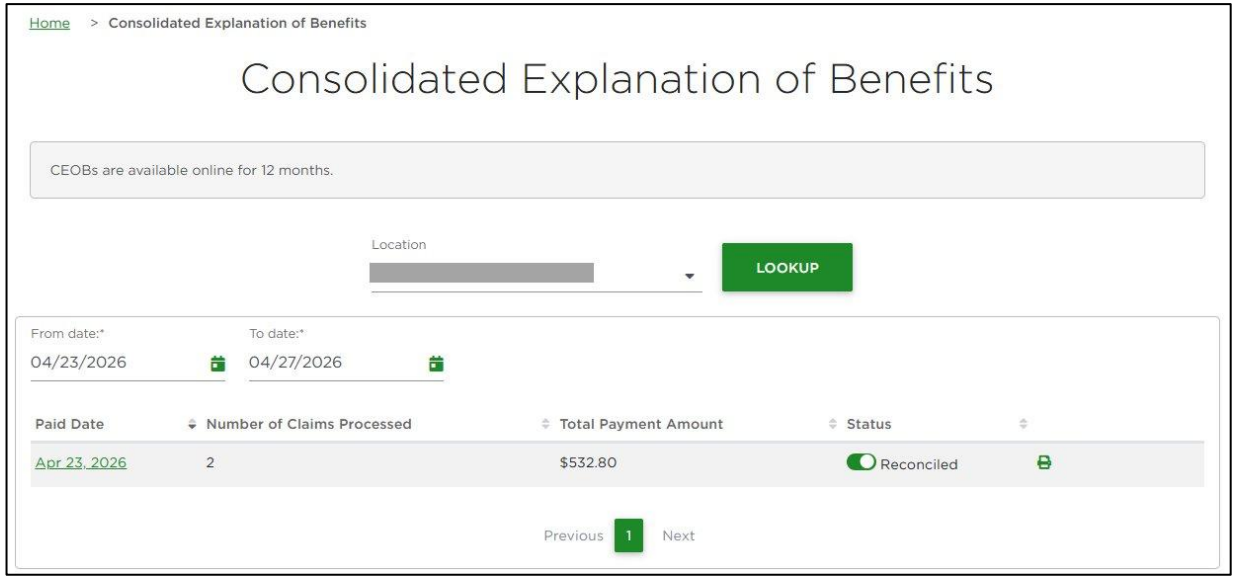
CEOBs







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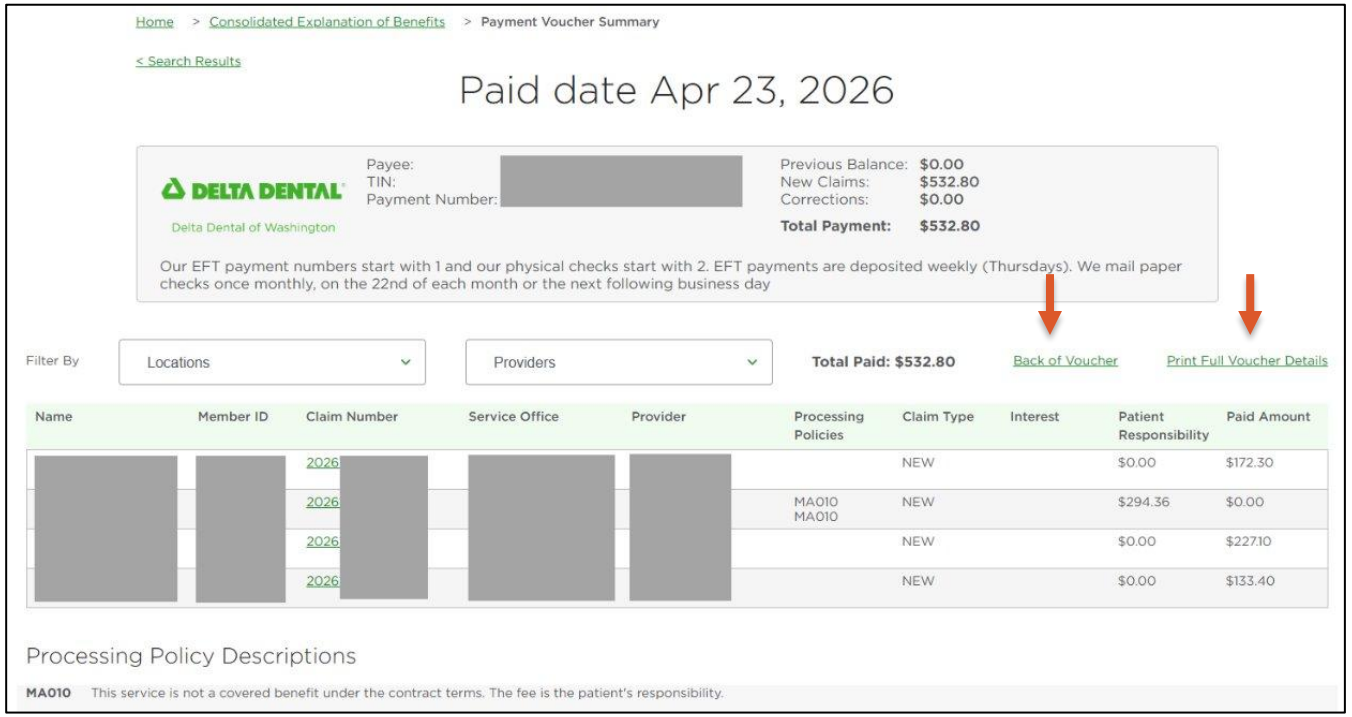
CEOB viewing



Home > Consolidated Explanation of Benefits > Payment Voucher Summary

< Search Results

Paid date Apr 23, 2026

DELTA DENTAL
Delta Dental of Washington

Payee:
TIN:
Payment Number: [redacted]

Previous Balance: $0.00
New Claims: $532.80
Corrections: $0.00
Total Payment: $532.80

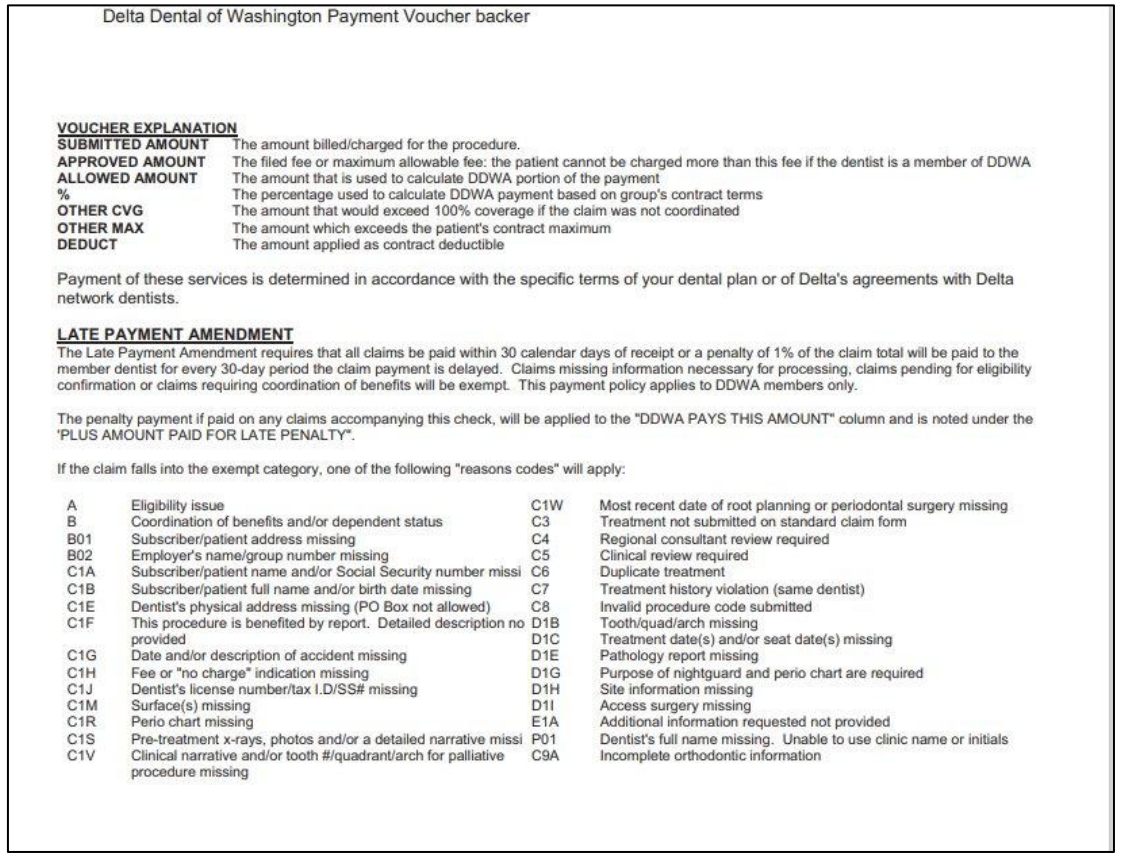
Our EFT payment numbers start with 1 and our physical checks start with 2. EFT payments are deposited weekly (Thursdays). We mail paper checks once monthly, on the 22nd of each month or the next following business day

Filter By | Locations | Providers | **Total Paid: $532.80** | Back of Voucher | Print Full Voucher Details

Name	Member ID	Claim Number	Service Office	Provider	Processing Policies	Claim Type	Interest	Patient Responsibility	Paid Amount
[redacted]	[redacted]	2026 [redacted]	[redacted]	[redacted]		NEW		$0.00	$172.30
		2026			MA010 MA010	NEW		$294.36	$0.00
		2026				NEW		$0.00	$227.10
		2026				NEW		$0.00	$133.40

Processing Policy Descriptions

MA010 This service is not a covered benefit under the contract terms. The fee is the patient's responsibility.



Delta Dental of Washington Payment Voucher backer

VOUCHER EXPLANATION

SUBMITTED AMOUNT	The amount billed/charged for the procedure.
APPROVED AMOUNT	The filed fee or maximum allowable fee: the patient cannot be charged more than this fee if the dentist is a member of DDWA
ALLOWED AMOUNT	The amount that is used to calculate DDWA portion of the payment
%	The percentage used to calculate DDWA payment based on group's contract terms
OTHER CVG	The amount that would exceed 100% coverage if the claim was not coordinated
OTHER MAX	The amount which exceeds the patient's contract maximum
DEDUCT	The amount applied as contract deductible

Payment of these services is determined in accordance with the specific terms of your dental plan or of Delta's agreements with Delta network dentists.

LATE PAYMENT AMENDMENT

The Late Payment Amendment requires that all claims be paid within 30 calendar days of receipt or a penalty of 1% of the claim total will be paid to the member dentist for every 30-day period the claim payment is delayed. Claims missing information necessary for processing, claims pending for eligibility confirmation or claims requiring coordination of benefits will be exempt. This payment policy applies to DDWA members only.

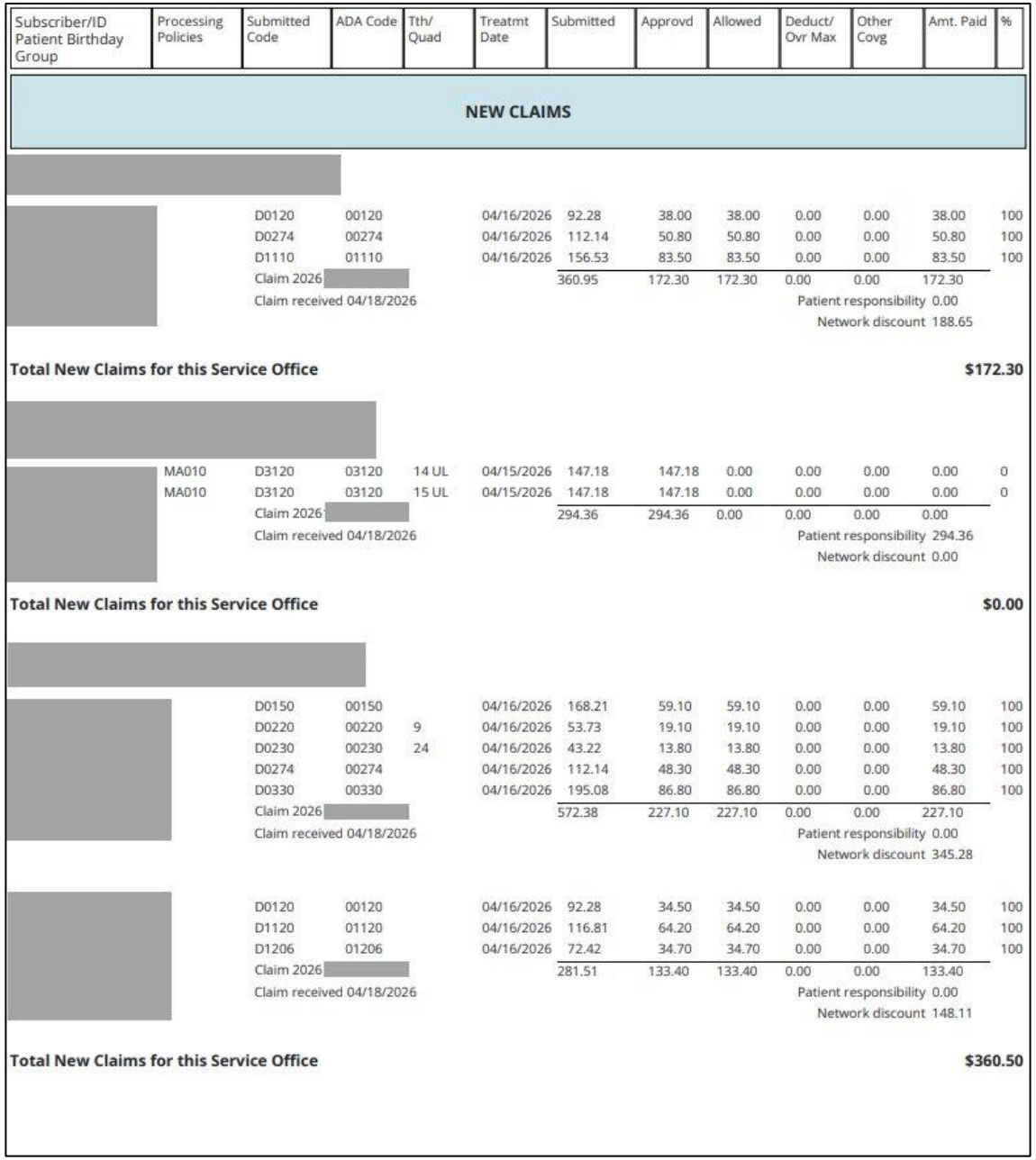
The penalty payment if paid on any claims accompanying this check, will be applied to the "DDWA PAYS THIS AMOUNT" column and is noted under the 'PLUS AMOUNT PAID FOR LATE PENALTY".

If the claim falls into the exempt category, one of the following "reasons codes" will apply:

A	Eligibility issue	C1W	Most recent date of root planning or periodontal surgery missing
B	Coordination of benefits and/or dependent status	C3	Treatment not submitted on standard claim form
B01	Subscriber/patient address missing	C4	Regional consultant review required
B02	Employer's name/group number missing	C5	Clinical review required
C1A	Subscriber/patient name and/or Social Security number missi	C6	Duplicate treatment
C1B	Subscriber/patient full name and/or birth date missing	C7	Treatment history violation (same dentist)
C1E	Dentist's physical address missing (PO Box not allowed)	C8	Invalid procedure code submitted
C1F	This procedure is benefited by report. Detailed description no provided	D1B D1C	Tooth/quad/arch missing Treatment date(s) and/or seat date(s) missing
C1G	Date and/or description of accident missing	D1E	Pathology report missing
C1H	Fee or "no charge" indication missing	D1G	Purpose of nightguard and perio chart are required
C1J	Dentist's license number/tax I.D/SS# missing	D1H	Site information missing
C1M	Surface(s) missing	D1I	Access surgery missing
C1R	Perio chart missing	E1A	Additional information requested not provided
C1S	Pre-treatment x-rays, photos and/or a detailed narrative missi	P01	Dentist's full name missing. Unable to use clinic name or initials
C1V	Clinical narrative and/or tooth #/quadrant/arch for palliative procedure missing	C9A	Incomplete orthodontic information

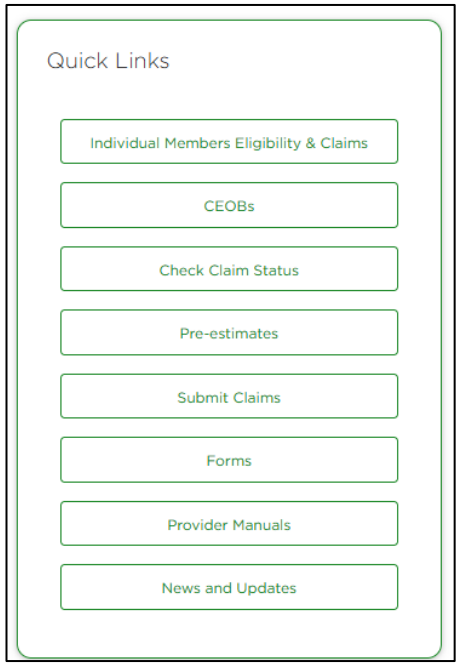
DELTA DENTAL

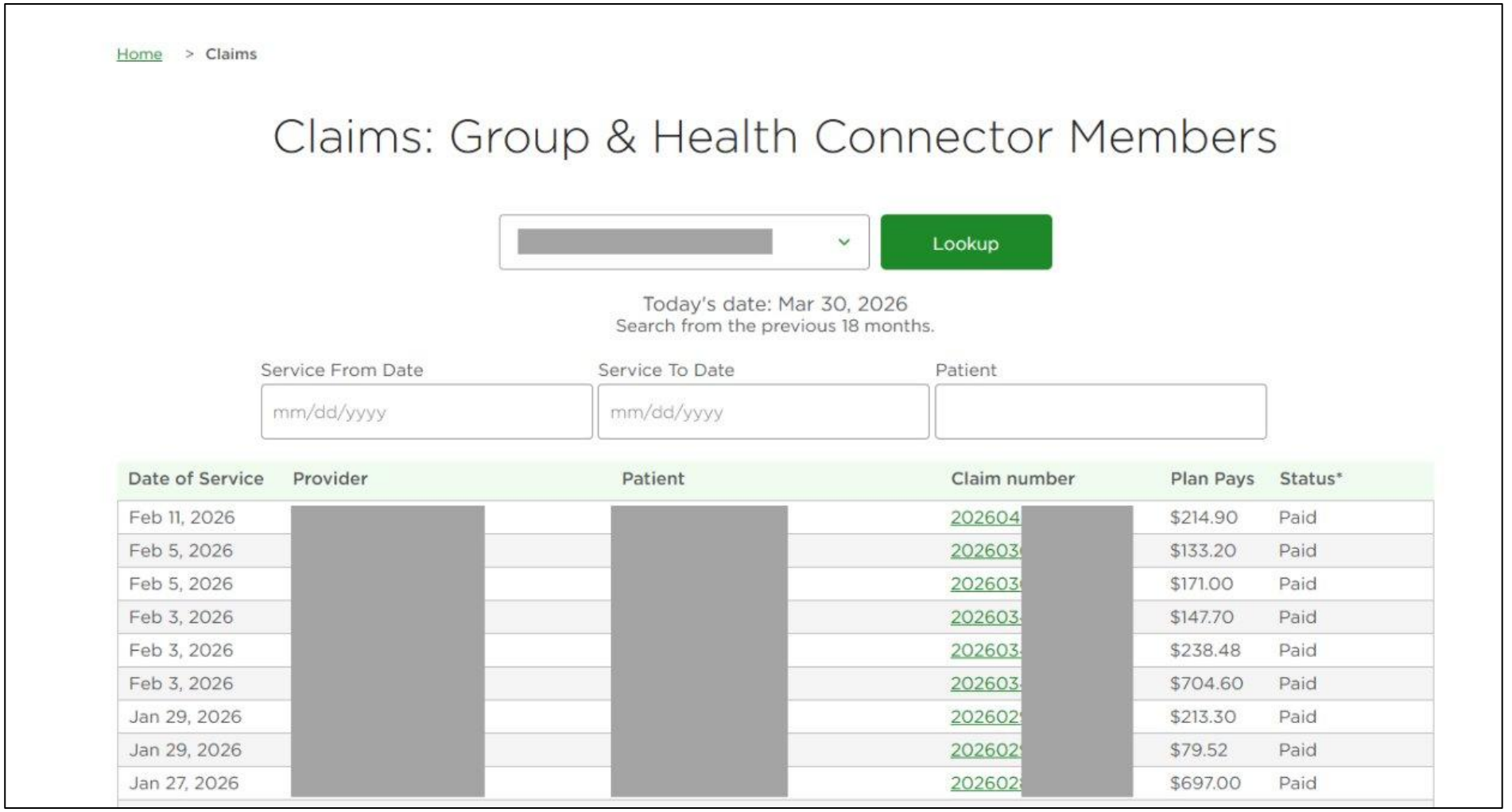
CEOB details



Subscriber/ID Patient Birthday Group	Processing Policies	Submitted Code	ADA Code	Tth/ Quad	Treatmt Date	Submitted	Approvd	Allowed	Deduct/ Ovr Max	Other Covg	Amt. Paid	%
NEW CLAIMS												
[redacted]												
[redacted]		D0120	00120		04/16/2026	92.28	38.00	38.00	0.00	0.00	38.00	100
		D0274	00274		04/16/2026	112.14	50.80	50.80	0.00	0.00	50.80	100
		D1110	01110		04/16/2026	156.53	83.50	83.50	0.00	0.00	83.50	100
		Claim 2026 [redacted]				360.95	172.30	172.30	0.00	0.00	172.30	
		Claim received 04/18/2026							Patient responsibility 0.00			
									Network discount 188.65			
Total New Claims for this Service Office											**$172.30**	
[redacted]												
[redacted]	MA010	D3120	03120	14 UL	04/15/2026	147.18	147.18	0.00	0.00	0.00	0.00	0
	MA010	D3120	03120	15 UL	04/15/2026	147.18	147.18	0.00	0.00	0.00	0.00	0
		Claim 2026 [redacted]				294.36	294.36	0.00	0.00	0.00	0.00	
		Claim received 04/18/2026							Patient responsibility 294.36			
									Network discount 0.00			
Total New Claims for this Service Office											**$0.00**	
[redacted]												
[redacted]		D0150	00150		04/16/2026	168.21	59.10	59.10	0.00	0.00	59.10	100
		D0220	00220	9	04/16/2026	53.73	19.10	19.10	0.00	0.00	19.10	100
		D0230	00230	24	04/16/2026	43.22	13.80	13.80	0.00	0.00	13.80	100
		D0274	00274		04/16/2026	112.14	48.30	48.30	0.00	0.00	48.30	100
		D0330	00330		04/16/2026	195.08	86.80	86.80	0.00	0.00	86.80	100
		Claim 2026 [redacted]				572.38	227.10	227.10	0.00	0.00	227.10	
		Claim received 04/18/2026							Patient responsibility 0.00			
									Network discount 345.28			
[redacted]		D0120	00120		04/16/2026	92.28	34.50	34.50	0.00	0.00	34.50	100
		D1120	01120		04/16/2026	116.81	64.20	64.20	0.00	0.00	64.20	100
		D1206	01206		04/16/2026	72.42	34.70	34.70	0.00	0.00	34.70	100
		Claim 2026 [redacted]				281.51	133.40	133.40	0.00	0.00	133.40	
		Claim received 04/18/2026							Patient responsibility 0.00			
									Network discount 148.11			
Total New Claims for this Service Office											**$360.50**	

Check claim status





Claim information view



Home > Claims > Patient Claims Status Details

Back to Claims Search Results

Claim Number: 2025 [redacted]

Member Name:	[redacted]	Today's date:	Apr 27, 2026
Patient Name:	[redacted]	Provider:	[redacted]
Patient Date of Birth:	[redacted]	Member ID:	[redacted]

Amount Submitted	Amount Paid	Claim Status	Date Paid	Check Number
$408.56	$408.56	Paid	Apr 18, 2026	[redacted]

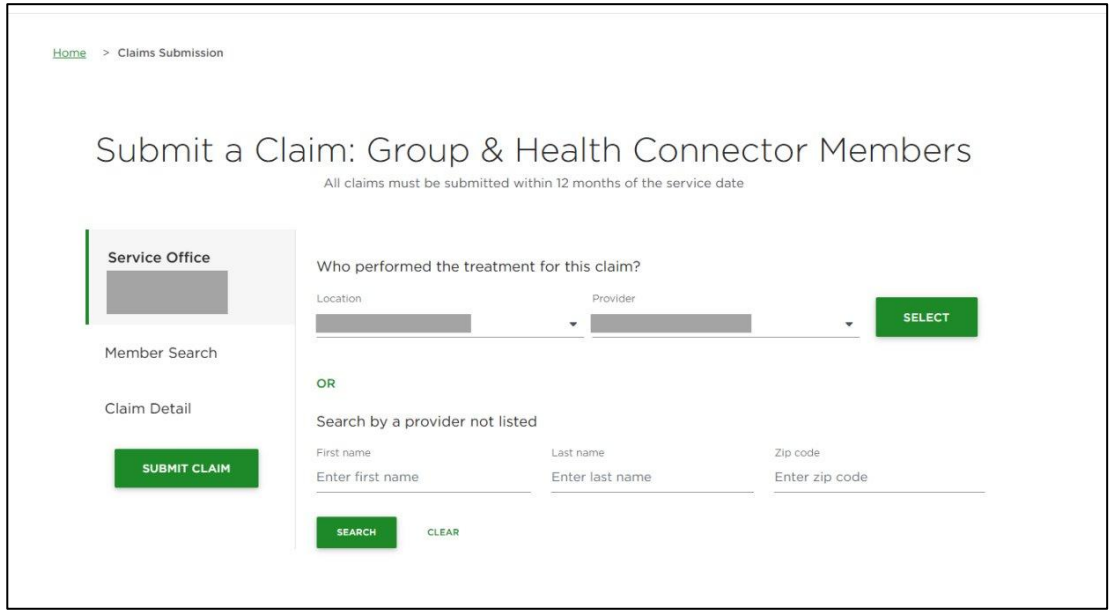
Tooth	Procedure	Date of Service	Submitted	Paid	Processing Policies
N	D8670	Apr 17, 2026	$408.56	$408.56	

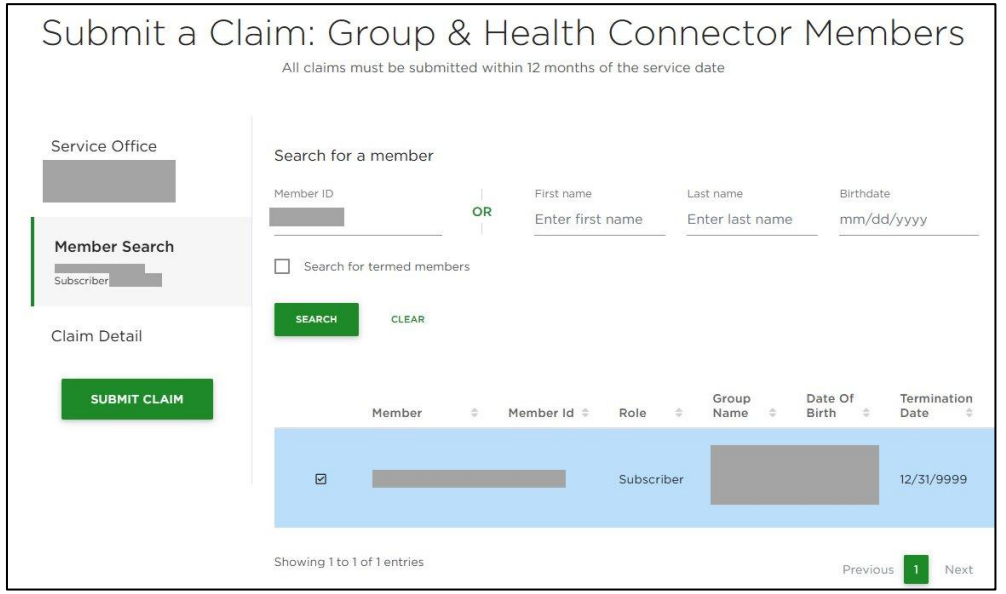
Procedure Codes

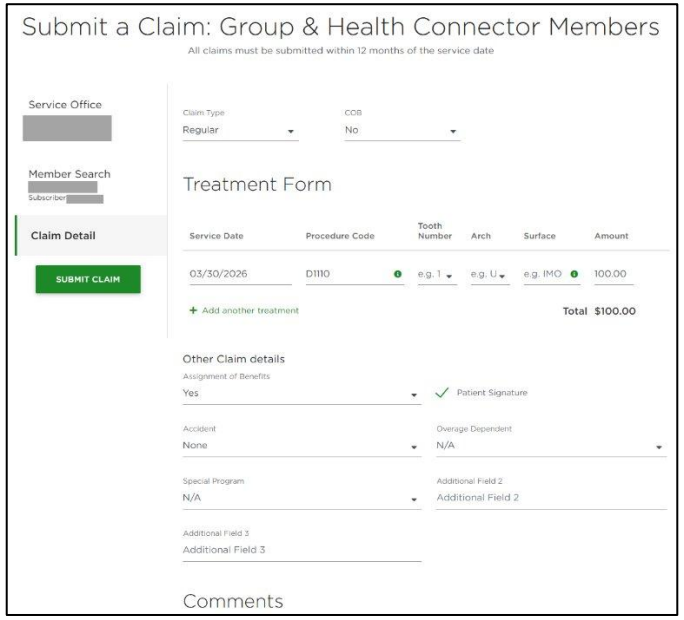
D8670 Periodic Ortho Tmt Visit (as part of contract)

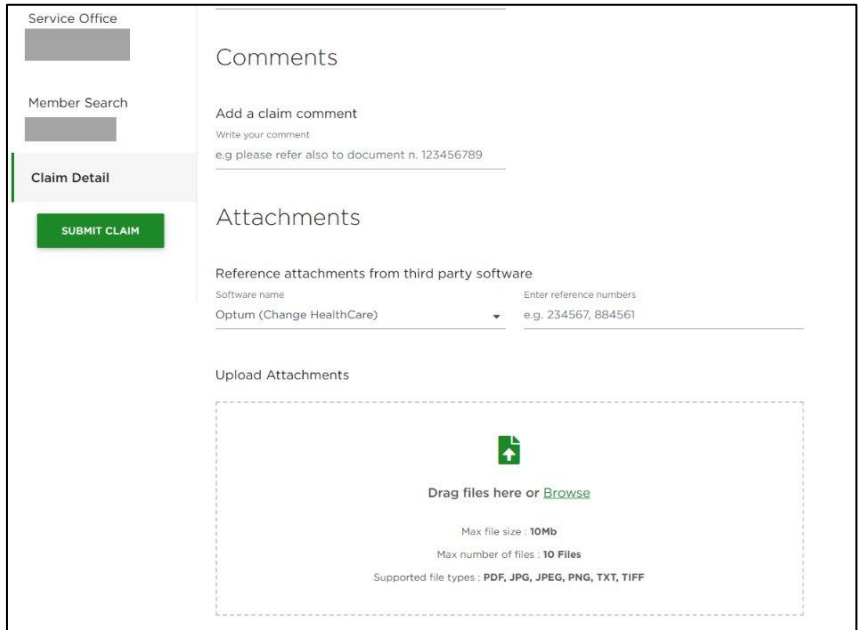
DELTA DENTAL

Submitting an online claim









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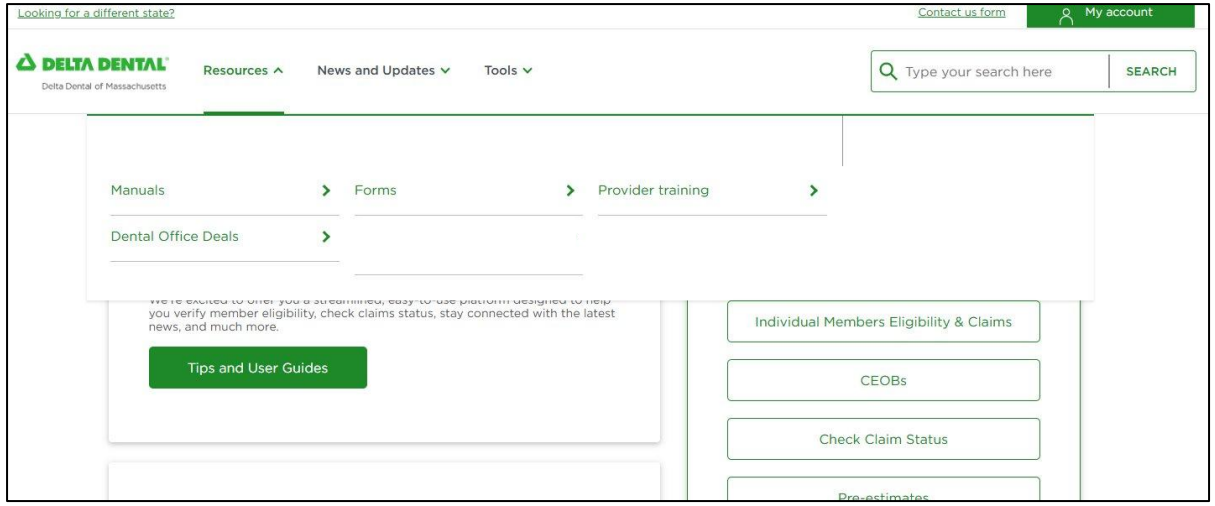
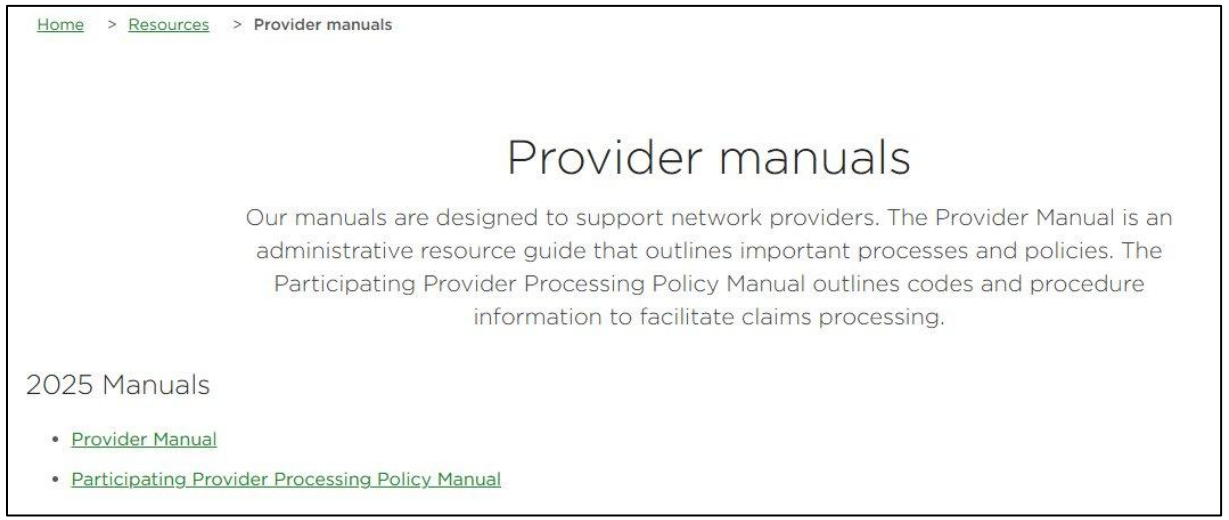
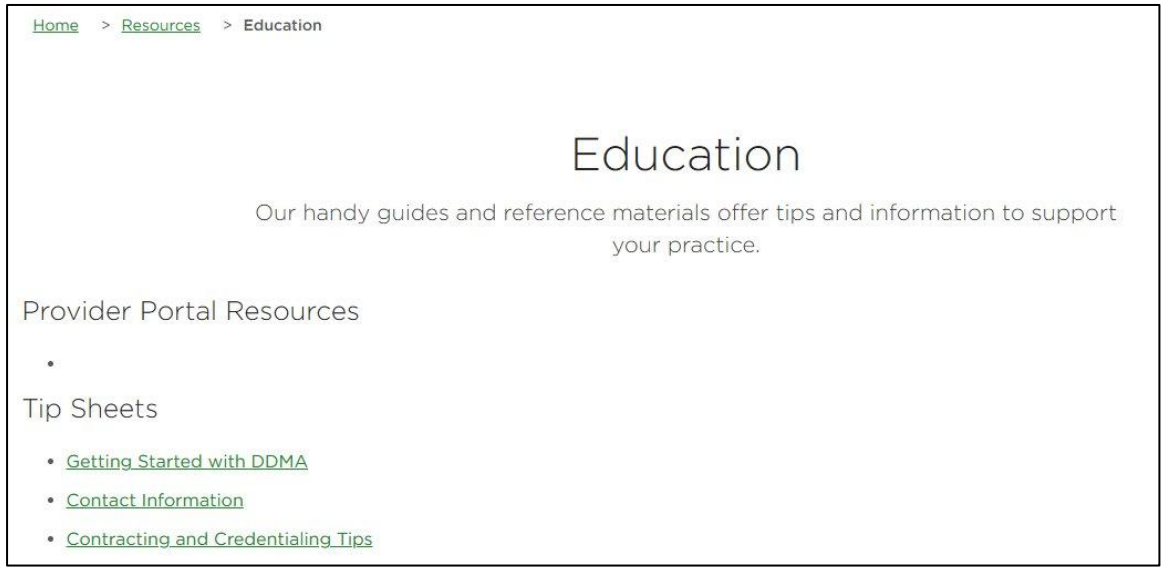
Additional resources on portal







Forms

Provider Forms

Find the forms you need—quickly and easily.

Applications: Join the network, new location, recredentialing and non-participating provider

Join the Network

Thank you for your interest in joining the Delta Dental network.

To contract with Delta Dental and join our Premier network, use the first link below to review our Participating Dentist Rules and Regulations. Then, use the second link to securely complete your application on DocuSign and submit the required documentation. You can also choose to join our PPO network with your application.



1. Review the Participating Dentist Rules and Regulations to learn more about contracting with Delta Dental of Massachusetts



2. Complete the application and submit required documentation



3. Expect to hear back from us within 18-21 business days after submitting your completed application

Add a practice or location to your Delta Dental membership

If you're already a Delta Dental participating Dentist and want to contract at an additional location, follow the steps below.



1. Review the Participating Dentist Rules and Regulations to refresh on contracting with Delta Dental of Massachusetts



2. Complete the application and submit required documentation

Forms on this page

Applications

- Become a Member Dentist
- Add a practice or location
- Recredentialing application
- Non-Participating Provider Application

Business information forms

- Address change
- Tax Id number(TIN) change
- Specialty change request
- Termination request
- Direct deposit
- W-9 form

Clinical forms

- Claims forms
- Time Limitation Exception
- Non-Participating Provider Application

DELTA DENTAL



Online Enrollment & Credentialing

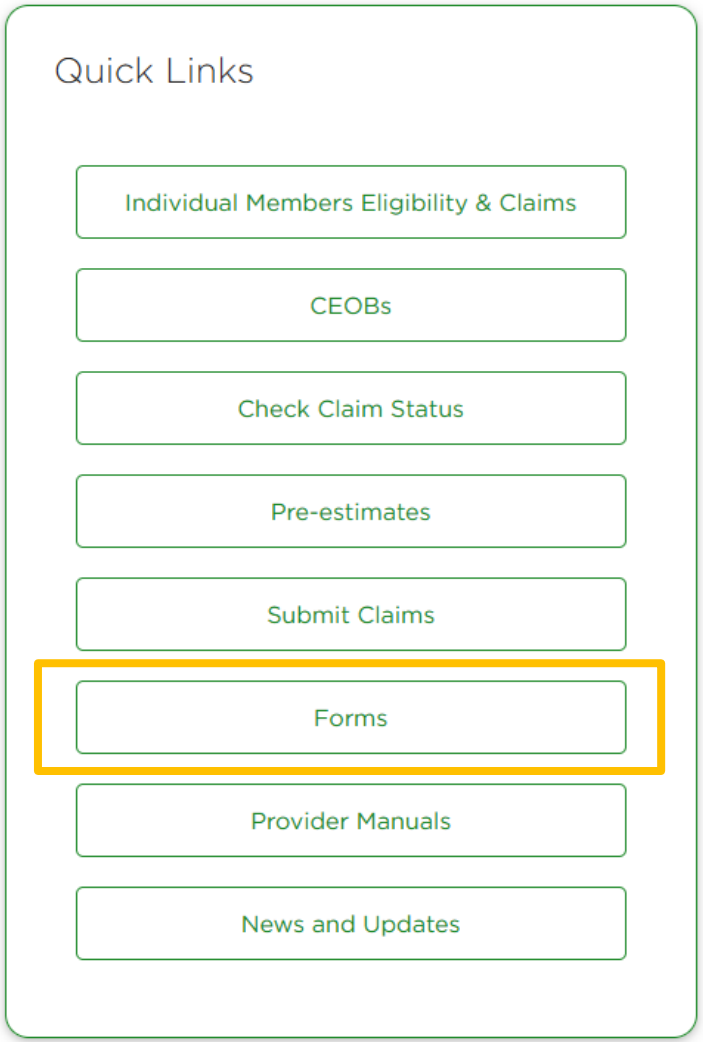
New Online Experience

How It Works

1. Easy access to forms to make office changes.
2. Checklist of information required to complete transaction request.
3. Required fields identified to prevent missing or incomplete information.
4. Improved accuracy and speed of processing.

Online forms include:

- New dentist application
- Add a location
- Recredentialing
- Address change
- TIN change
- Specialty change



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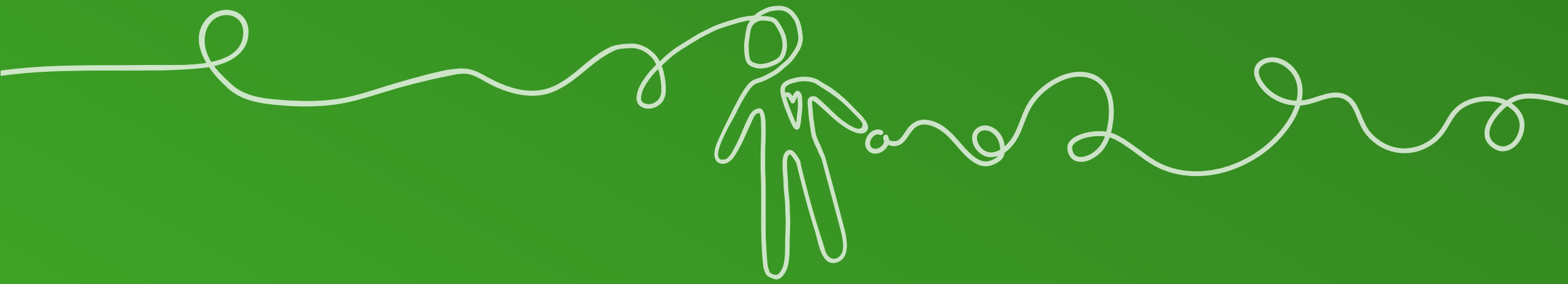

Support

Resource Toolkit

An online toolkit is available as your central hub for resources and information.

Recent Communications

View copies of all recent communications with detailed information.

Tip sheets/resources

Get more detailed tips on how to conduct specific transactions.

Webinar Information

Register to attend a webinar to learn about the changes. Watch a recording if you can't

Key Dates

See the implementation timeline and find out what to expect.



PROVIDER TIP

https://info.deltadentalma.com/toolkit

DELTA DENTAL

How to Contact Us (beginning June 22)

Easy access to all the information you need when you need it

Self Service Options



Live Chat Bot
Chat with a virtual agent directly on the portal for instant answers



Provider Portal
Check real time eligibility, claims status, CEOB's & more



Online Forms:
Available via Quick Link on the portal



Provider Manual & Processing
Available via Quick Links on the portal



FAQ & Toolkit
Answers to most common questions, webinar registration, and resources

Customer Service

Group & Health Connector Plans
Phone: 800-872-0500

Individual Plans
Phone: 888-899-9734

Contracting, Enrollment & Credentialing

Phone: 800-872-0500
Email: Provider@deltadentalma.com

Provider Relations

Phone: Phone: 617-886-1009
Email: ProviderRelations@deltadentalmass.com

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Thank you!