

Health Safety Net Dental Billing

November 2011



DIVISION OF
Health Care
Finance and Policy

HSN Eligibility Overview

- The HSN is available to uninsured or underinsured Massachusetts residents whose family income is under 400% of the Federal Poverty Level (FPL).
- HSN Eligibility Categories:
 - HSN Primary: 0-200% FPL with no other health insurance coverage
 - HSN Secondary: 0-200% FPL with other health insurance coverage
 - HSN Partial: 201-400% FPL: Must pay an HSN deductible based on family income; HSN Partial patients with other health insurance are subject to all Secondary eligibility limitations

HSN Secondary

- HSN Secondary is available to individuals with other health insurance, including private insurance, Medicare, and certain MassHealth programs.
- HSN Secondary pays for HSN Eligible Services that are not covered by a patient's primary insurer.
- Providers must bill all other available payers before billing the HSN. The primary insurer's EOB date must be indicated on the claim submitted to the HSN.

Adult Dental Services

- The HSN pays for Adult Dental Services that would have been covered by MassHealth prior to July 1, 2010.
- Adult Dental Services for covered by MassHealth Standard, MassHealth Basic, MassHealth Essential, CommonHealth, Family Assistance/Direct Coverage, and Commonwealth Care Plan Type 1 may be billed without first billing and receiving a denial from MassHealth.
- Dental services may not be billed for children covered by these programs.
- Providers must follow all MassHealth billing restrictions that were in place for adults as of June 30, 2010, and that are currently in place for adults with an affiliation with the Department of Developmental Services (DDS).
- DHCFP may audit providers and retract payments for services billed inappropriately.

HSN Partial

- Patients whose family income exceeds 200% of the Federal Poverty Level are responsible for an HSN deductible.
- At CHCs, patients meet their deductible by paying for 20% of the payment rate for their services until the deductible amount is met.
 - The deductible is considered to be “met” when the patient has incurred expenses in excess of the deductible amount. These bills do not necessarily have to be paid.
- HSN Partial Billing
 - As of October 1, 2011, 20% will be deducted automatically from claims for patients eligible for HSN Partial.
 - If a patient has met their deductible, providers should notify the Division’s Help Desk at dhcfhelpdesk@state.ma.us.
 - Providers should resubmit claims that were overpaid originally in order to correct the overpayment.

Covered Service Clarification

- The HSN Eligible Services regulation, 114.6 CMR 13.00, defines the services paid for by the HSN. Eligible dental services are defined as follows:
 - “The Health Safety Net Office will pay for Dental Services identified in Subchapter 6 of the MassHealth Dental Manual and for Adult Dental Services.”
 - The HSN pays for the dental codes listed on the “Dental” tab of the CHC Billable Procedure Codes list posted on the HSN website. This list corresponds to Subchapter 6 of the MassHealth Dental Manual.
- The HSN Payments and Funding regulate, 114.6 CMR 14.00, defines payment rates for HSN Eligible Services.
 - This regulation sets HSN payment rates for eligible dental services at the rates found in 114.3 CMR 14.00.
 - This does not mean that all of the codes in 114.3 CMR 14.00 are covered by the HSN.
- DHCFP may audit providers and retract payments if payments for non-covered services are identified.