Procedure for Provision of Dental Care Services through Ryan White

PROCESS CHECK-LIST

1. Client meets with case manager if dental need arises
2. Case manager and client assemble eligibility documentation
   a. Proof of income
   b. Proof of HIV diagnosis (CD4 count, viral load, etc.)
   c. CAREWARE datasheet
   d. Dental application
3. Case manager determines client eligibility and whether client meets payer-of-last resort requirements
4. Case manager and client locate dental provider
5. Client signs 2 Release of Information and Confidentiality Policy forms- one for JHF and one for the dental provider
6. Case manager explains funding process to dental provider
7. Case management organization and dental provider establish a Memorandum of Understanding (if they do not already have one)
8. Case manager gives signed Release of Information and Confidentiality Policy form to dental provider
9. Client has first appointment with dental provider for evaluation and treatment plan
10. Dental provider develops treatment plan and send to case manager
11. Case manager coordinates with JHF to determine how much funding is available to cover treatment described in plan
12. Case manager reviews treatment plan and develops Form of Dental Service(s) Approval/Award Letter
   a. Case manager provides this form to client and dental provider
13. Client has follow-up appointment with dental provider
14. Dental provider sends invoice to case manager
15. Case manager submits invoice to JHF along with the following documentation
   (For treatment July 1 - March 30, submit by April 5; for treatment April 1 - June 30, submit by July 5):
   a. Eligibility documentation:
      i. CAREWARE datasheet
      ii. Proof of HIV diagnosis (CD4 count, viral load, etc.)
      iii. Proof of income
      iv. Dental application
   b. Release of Information and Confidentiality Policy form (for JHF)
   c. Dental Service(s) Approval/Award Letter
   d. Dental treatment plan
16. JHF reimburses dental provider directly in a timely manner following receipt of Request for Reimbursement (invoice)
PURPOSE

The Jewish Healthcare Foundation (JHF) has identified a continuing need for dental service assistance among clients who receive dental care outside of AIDS Service Organizations (ASOs). JHF is responsible for administering the dental funds for the Southwestern Pennsylvania region. The following procedure was developed to provide dental service assistance to HIV-positive individuals in the region. This procedure adheres to the Pennsylvania Department of Health funding requirements and ensures client confidentiality. It requires the communication and cooperation between JHF, the ASO, the dental provider, and the client.

PAYER-OF-LAST-RESORT

Federal legislation and JHF’s contract with the Pennsylvania Department of Health require that these funds are administered only as “payer-of-last-resort.” This means that funds can only be used if no other payment is available through 1) a state benefits program, 2) an insurance policy, 3) a federal or state health benefits program, or 4) an entity that provides health services on a prepaid basis. The ASO working with the client must verify that the Ryan White funds for these dental services meet the “payer-of-last-resort” requirement; in other words, the ASO must ensure that no other coverage options are available to the client.

PROCEDURE

Initial Visit & Treatment Plan

When a client first presents to the case manager with a dental services need, the client and case manager responsibilities are as follows:

<table>
<thead>
<tr>
<th>Case manager</th>
<th>Client: eligibility documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Furnish appropriate application and release forms to client</td>
<td>• Complete dental application/assessment</td>
</tr>
<tr>
<td>• Ensure client meets “payer-of-last-resort” requirements and document the assessment and conclusion in the client file</td>
<td>• Provide proof of income</td>
</tr>
<tr>
<td>• Help client locate dental service provider if needed</td>
<td>• Provide proof of HIV/AIDS diagnosis (include CD4, viral load, HAART when possible)</td>
</tr>
<tr>
<td>• Explain funding process to dental provider before initial appointment and establish Memorandum of Understanding (MOU)</td>
<td>• Sign two “Release of Information and Confidentiality Policy” forms, one for JHF and one for the dental provider</td>
</tr>
</tbody>
</table>

After the case manager and client complete the appropriate paperwork and choose a dental provider, the case manager will communicate with the dental provider to ensure an understanding of the process before the first appointment. Most importantly, the case manager should convey to the dental provider that no invoice can be paid until the dentist has provided a treatment plan. Many dentists do not charge for the first visit; alternatively, the dentist can agree to add the costs of the first appointment to the invoice for the next appointment. Note: the ASO and dental provider should have established an MOU before treating clients.

Following the first appointment, the dentist must provide the treatment plan to the case manager. The treatment plan must include procedures and the appropriate billing codes, which will allow the case manager to determine reimbursement rates (based on Medical Assistance rates). After receiving the plan, the case manager may work with JHF to resolve any discrepancies in the treatment plan and available funding.

The result of these conversations and the case manager’s review of the treatment plan is the “Form of Dental Service(s) Approval,” or award letter. This form outlines the amount of funding awarded for the dental
treatment. The case manager will provide this form to the dentist, the client, and will also include it in the dental packet of documentation he or she submits to JHF with invoices.

**Forms & Invoicing**

Before JHF can reimburse the dental provider for services, the case manager must submit the client eligibility documentation to JHF (See Table below). The dental provider is responsible for submitting invoices (Requests for Reimbursement) to the case manager; the case manager then submits invoices to JHF. These invoices must include the date of service, procedures, and procedure codes.

Typically the case manager will submit client eligibility documentation at the same time as invoices. The dental provider should have a completed Request for Reimbursement (invoice) available before or at the time of the appointment.

The case manager should submit Requests for Reimbursement (invoices) to JHF as follows:

1) By April 5th for services occurring between July 1st and March 30th.
2) By July 5th for services occurring between April 1st and June 30th.

The following documentation must be received in order for JHF to pay reimbursements:

<table>
<thead>
<tr>
<th>Documentation</th>
<th>When</th>
<th>Submitted by</th>
<th>Submitted to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental application/assessment</td>
<td>Before first dental appointment</td>
<td>Client</td>
<td>Case manager</td>
</tr>
<tr>
<td>“Release of Information and Confidentiality Policy” form (agreement with dental provider)</td>
<td>Before first dental appointment</td>
<td>Case manager</td>
<td>Dental provider</td>
</tr>
</tbody>
</table>
| Client Eligibility Documentation:  
  - CAREWARE Data Sheet  
  - Client’s completed dental application/assessment  
  - Proof of HIV diagnosis (CD4, viral load, etc.)  
  - Proof of income (ex. Form W-2, 1040, or Social Security benefit statement)  
  - *Updates to client information (ongoing)* | With first invoice | Case manager | JHF |
| “Release of Information and Confidentiality Policy” form (agreement with JHF) | With first invoice | Case manager | JHF |
| Dental Treatment Plan | After first dental appointment | Dental Provider | Case manager |
| | With first invoice | Case manager | JHF |
| Form of Dental Service(s) Approval (award letter) | Following receipt of treatment plan | Case manager | Client, dental provider |
| | With first invoice | Case manager | JHF |
| Invoices for dental service (Request for Reimbursement) | Following dental treatment | Dental provider | Case manager |
| Invoice for dental service (Request for Reimbursement) | For treatment July 1st-March 30th, submit by April 5th.  
For treatment April 1st-June 30th, submit by July 5th. | Case manager | JHF |
Record-keeping & Reporting
The case manager’s ASO and the Jewish Healthcare Foundation will retain copies of reimbursement amounts and eligibility documentation for two years following the dental application. JHF will log client information, dental services provided, and funding expended into the CAREWARE system. JHF will provide a CAREWARE report quarterly to the Department of Health. JHF and the ASO are both responsible for keeping client information up-to-date.