

# ORAL HEALTH SERVICES

Source: 2/1/07 TDH Policy

## **Definition:**

**Oral health care** includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

The services are provided to people living with HIV/AIDS with the following three goals:

- Control or eliminate oral/dental infection.
- Provide treatment for acute pain, swelling, hemorrhage or trauma.
- Correct a condition, which is preventing a person from eating.

Providers must demonstrate strong linkages with dental providers.

## **Purpose:**

The purpose of this policy is to establish procedures providing oral health care services to eligible Ryan White Services clients.

## **Eligibility Criteria:**

The following criteria must be met for a client to be eligible for services under Ryan White Services:

- Clients must contact their Medical and/or Non-Medical Case Manager for evaluation and determination of eligibility. Client must be a resident of Tennessee.
- Client must have clinically tested positive for HIV
- Dental services must be provided on an out-patient basis
- Verification in writing from insurance carrier stating the service to be covered by Ryan White, **Part B** is not covered under clients existing insurance policy
- Dental services to be provided must be directly related to HIV status and clients health. No cosmetic dental services will be approved.

## **Priority:**

Clients will be served in the order listed below:

1. Clients who have initiated but not completed treatment, from an approved dental treatment plan, at the end of the previous grant year.
2. Clients currently on a waiting list. (In the order they were added).
3. First come, first served until funding is exhausted; at that time a waiting list will be established.

## **Procedures:**

1. Client contacts the Medical/Non-Medical Case Manager, by phone or in person, and establishes eligibility for oral health care services under Ryan White, Part B.
2. Medical/Non-Medical Case Manager or designee explores available resources, (i.e. Insurance, etc.) before certifying a client eligible for services under Ryan White, Part B; establishes client eligibility; then refers client to an approved oral health care provider.
3. The Medical/Non-Medical Case Manager will ensure that both, the provider and client are familiar with the Ryan White Part B Oral Health Care Policy and expenditure limitations. All costs in excess of the established expenditure limitations are the sole responsibility of the client.
4. Client receives oral health care services from an approved dental provider.
5. Approved oral health care provider must list the tooth number and the scaling quadrant on the HCFA-1500 and the PH-3475 forms.
6. Approved oral health care provider submits an invoice (HCFA-1500) within 30 days from the

- date of service to the designated oral health care recipient.
7. The designated oral health care recipient verifies receipt of Medical/Non-Medical Case Managers referral form and remits payment to the approved oral health care provider within 60 days of the receipt of the invoice.

**Disbursement of Funds:**

The recipient will be responsible for reporting Oral Health Care Program activities to the regional Fiscal Agent.

**Provider Reimbursement:**

Payment will be contingent upon referral/approval form completed by Medical/Non-Medical Case Manager or designee. The dollar amount of annual oral health care coverage will be determined by **each region**.

**Dental Providers:**

Recipient will provide a list of approved oral health care providers for use by Medical/Non-Medical Case Managers and the person responsible for record keeping and payment. Only oral health care providers who have been approved by the Fiscal Agent and who are on the approved provider list will receive reimbursement from Ryan White, Part B Program.

**Maintenance of Records:**

A file must be maintained on each client receiving services funded by Ryan White, Part B. The file is to be located at the designated oral health care recipient's office. Included in the file must be a copy of the Patient Eligibility Form and a copy of the paid invoice (HCFA-1500). Client files must be stored in a locked filing cabinet/drawer. Information contained in the client dental record is not to be shared with anyone without prior consent of the client. Record must be maintained for three years.

**Quality Assurance Monitoring/Evaluation:**

Each recipient will receive a Quality Improvement (QI) Monitoring Review annually. The QI Monitoring Review will include all components of the contract between the State, Ryan White Part B Services and the Fiscal Agent regarding the Dental Program.

Any areas out of compliance with this policy will be brought to the attention of the Fiscal Agent in writing with a copy to the Grantee. An action plan will be developed by the recipient and the Fiscal Agent with a time line for completion. A follow-up date will be set at the time of the initial review.

When the follow-up site visit is conducted, if all areas are in compliance, a letter stating the oral health care recipient is in compliance will be submitted by the Fiscal Agent.

If the agency is not in compliance with the contract within 3 months, the state will work with the Fiscal Agent to designate another Dental Program recipient. Until another recipient is in place, Contact Administrator will be responsible for processing dental invoices.

If no Dental Program recipient is in place within 60 days of date removal, the regional Fiscal Agent will be responsible for returning remaining funds designated for dental services to the state Ryan White Part B Office.

**Dental Program Definitions:**

Approved Dental Provider - A provider of dental services who has been approved by the state to provide dental services to HIV positive clients.

Established Clients - Clients who have accessed dental services previously through the Ryan White Services.

Medical/Non-Medical Case Manager - An individual responsible for assisting HIV positive persons to access medical/dental services available in Tennessee.

New Client - Client who has never accessed dental services through Ryan White Part B.

Services Directly Related to HIV Status - Dental services which improve the health of the HIV positive person rather than services provided for aesthetic purposes.

**Units of Service for:**

Units of service need to be reported by the number of individual contacts. A unit of service is defined as face to face oral health visits.

## Oral Health Services Standards

**Standard 1:** Providers must demonstrate strong linkages with dental providers.

**Measure:** Discussion with provider on how they coordinate and link

**Standard 2:** Verification in writing from insurance carrier stating the service to be covered by Ryan White, **Part B** is not covered under clients existing insurance policy

**Measure:** Client's file includes: documentation of compliance

**Standard 3:** Dental services to be provided must be directly related to HIV status and clients health. No cosmetic dental services will be approved.

**Measure:** Client's file includes: documentation of compliance

**Standard 4:** Clients will be served in the order listed below:

1. Clients who have initiated but not completed treatment, from an approved dental treatment plan, at the end of the previous grant year.
2. Clients currently on a waiting list. (In the order they were added).
3. First come, first served until funding is exhausted; at that time a waiting list will be established.

**Measure:** Discussion with provider, including system used to meet this standard

**Standard 5:** A file must be maintained on each client receiving services funded by Ryan White, Part B. The file is to be located at the dental recipient's office. Included in the file must be a copy of the Patient Eligibility and a copy of the paid invoice (HCFA-1500).

**Measure:** Client's file includes: documentation of Eligibility form and documentation of paid invoice