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# December Part B Network Meeting

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# Introductions

- Name & pronouns
- Agency
- Role
- One thing you're looking forward to this new year!



# Upcoming SAETC Webinars



- Contraception Options for Women Living with HIV on 01-05-2022 @ 11:00 AM (one hour)
- Care of Gender Non-Conforming Patients on 01-11-2022 @ 1:00 PM (one hour)
- Coordinated Team-Based Approach to Opioid Treatment with HIV Primary Care on 01-12-2022 @ 12:00 PM (one hour)
- Cultural Humility in Healthcare on 01-19-2022 @ 1:00 PM (one hour)

<https://www.seaetc.com/calendar/>

# CENTRAL FLORIDA HIV PLANNING COUNCIL UPDATE

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# Delta Dental Overview

# Delta Dental Insurance Plan



- Delta Dental Insures clients for Oral Health Services
- Plan types: PPO or Premier
  - PPO plan discount ~35 to 43%
  - Premier plan discount ~20 to 30%
- Plan assignment determined by Delta Dental
- Yearly Maximum (YM) \$1,500, renews January 1
- Additional benefit to cover Diagnostic and Preventative services

**Note:** Ryan White is payer of last resort.

# Target Population



- Ryan White Part B eligible clients with a dental need
- Priority given to clients with no dental coverage
- Client must be willing to comply with program expectations
- **Oral Health Program expectations:**
  - I. Client willing to utilize Diagnostic, Preventive and Restorative services
  - II. Client must have a Diagnostic & Preventive service every 6 months
  - III. Client will benefit from routine dental care
  - IV. Client must maintain Ryan White Part B eligibility

# When discussing with clients



- Pursue employer insurance
- Plan coverage and limits (Member Booklet Attachment A)
- Cap Max request process
- Program expectations
- Verifying eligibility
- Finding in-network dentists in Florida
- [www.deltadentalins.com](http://www.deltadentalins.com)

## Attachment A Deductibles, Maximums and Contract Benefit Levels

Deductibles & Maximums	
Annual Deductible	None
Annual Maximum	\$1,500
Annual Maximum waived for	Diagnostic & Preventive Services for Delta Dental PPO and Delta Dental Premier Providers

Contract Benefit Levels			
Dental Service Category	Delta Dental PPO Providers <sup>†</sup>	Delta Dental Premier <sup>®</sup> Providers <sup>†</sup>	Non-Delta Dental Providers <sup>†</sup>
Delta Dental will pay or otherwise discharge the Contract Benefit Level shown below for the following services:			
Diagnostic and Preventive Services	100%	100%	0%
Basic Services	100%	100%	0%
Major Services	100%	100%	0%

# Cap Max Exceed Process



1. Client requests a Pre-Treatment Estimate from Delta prior to receiving treatment.
2. Client provides a copy of EOB to the Case Manager or agency contact person.
3. The client schedules an appointment with the Case Manager to complete (and sign) a Cap-Max-Exceed-Request form. Case Manager submits to HFUW with pre-treatment estimate.
4. HFUW reviews pre-treatment estimate and approves/denies the request. Notification provided to agency contact person.
5. If approved, client is scheduled for services and HFUW contacts Delta to reprocess the claim and authorize services above the yearly cap.

**Oral Health Max Services Request**

Client Information			
Last Name:	First Name:	MI:	Birthdate (mm/dd/yyyy):
URN (if applicable)		SSN (if available):	
Oral Health Provider Information			
Provider Name:		Provider Phone Number:	
Provider Address		State:	Zip Code:
<input type="checkbox"/> I have confirmed the above provider is a contracted Delta Dental PPO or Premier Provider			
<input type="checkbox"/> I have confirmed my Oral Health Services eligibility and current end date			
Cap Exceeded Request: (Information found on Pre-Treatment estimate from Delta Dental)			
Submitted Fee:	Accepted Fee:	Amount applied to deductible:	
Delta Dental Pays:	Amount requested : ("PATIENT PAYS" amount on Pre-treatment Estimate):		
<input type="checkbox"/> I have attached my Pre-Treatment Estimate			
Acknowledgements: (Initial below)			
_____ I understand that I am responsible to pay for any services provided by an out of network providers			
_____ I understand that I am responsible to pay for any services provided outside of my eligibility period			
_____ I agree to communicate any appointment dates pertaining to requested work to my case manager			
_____ I agree to allow the Ryan White Part B Program to discuss billing information with the above provider (optional, if left blank I agree to communicate with my provider about billing)			
Decision Notice:			
Please send decision notice by <input type="checkbox"/> Email		Email address(es):	
<input type="checkbox"/> Mail			
Street Address:		State:	Zip Code:
By signing below I understand and will abide by all agreements above and confirm that the information provided is correct.			
Client Signature: _____			Date: _____

# Notes on Cap Max Requests



- The client will be responsible for any services they approve above the yearly maximum without pre-authorization from HFUW.
- Cap-Max-Exceed-Request approval based on the availability of funds.
- Agencies cannot approve Cap-Max-Exceed-Request and should not be listed as secondary insurance with the dental provider.
- Dental providers agree to accept fees approved by Delta as payment in full and cannot bill a client for the difference (balance billing).

<b>Dentist Fees</b>	\$3000
<b>Amount Allowed (Delta Fees)</b>	\$1950
<b>Less Annual Maximum</b>	\$1500
<b>Patient Responsibility</b>	\$450

- RW (HFUW) may reimburse for covered services (\$1500) and patient balance (\$450) with an approved cap max.

# Best Practices



- Schedule the client's first visit as Diagnostic & Prevention service visit.
- Instruct client to verify eligibility with Delta Dental prior to arrival.
- Instruct clients to request that provider submits a pre-treatment estimate to Delta for any non-routine visits.
- Encourage dental providers to contact HFUW with questions related to billing or pre-treatment estimates.

# QUESTIONS & FEEDBACK

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# Service Standards

# Newly Approved: Medical Case Manager Service Standards



- Approved 12-06-2021 by the Central Florida HIV Planning Council
- Summary of Changes
  - 1.1 - Introduces Intensive Case Management services and establishes maximum caseload
  - 1.2 and 1.3 - Staff qualifications and requesting a waiver
  - 2.2 - Establishes new minimum face-to-face and other contact requirements
  - 2.3 - Establishes acuity-based eligibility for MCM/ICM services
  - 2.4 - Care plans and changes to frequency of contacts
  - 4.4 - Establishes criteria for graduation from MCM/ICM services

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**Check-In:  
Revised Acuity Assessment Tool**

# Recap: Changes to the Acuity Assessment

- Higher threshold to be considered MCM
- New level 0 to capture stable and healthy behaviors
- More nuanced MCM level is broken into three categories
- Increased frequency of contact requirements

# Updated Component: Frequency of Contact

*Designates three levels of contact for MCM clients based on weighted acuity assessment score*

## MCM (47-62)

Minimum **monthly** direct participant contact and Intensive coordination with other agencies and/or providers

- Quarterly face-to-face contact
- Two (2) additional contacts required monthly (telephone contact is acceptable)
  - Month 1 = one face to face, two additional
  - Month 2 = two contacts
  - Month 3 = two contacts
  - Month 4 = one face to face, two additional

## MCM (63-78)

Minimum **biweekly** direct participant contact and intensive coordination with other agencies and/or providers

- One (1) monthly face-to-face contact
- Two (2) additional monthly contacts (telephone contact is acceptable)
  - I.e., every month client will have three contacts with MCM

## ICM (79-93)

Minimum **weekly** direct participant contact and intensive coordination with other agencies and/or providers

- Two (2) monthly face-to-face contacts
- Two (2) additional monthly contacts (telephone contact is acceptable)
  - I.e., every month client will have four contacts with MCM

# Polls

1. What has been your experience with the new acuity assessment tool?
2. How have you managed the updated frequency of contact requirements?

# Case Study



- Client is an existing MCM client, and we will be updating her acuity assessment
- Please place your scoring in the chat

# Case Study

*How would you adjust frequency of contact for this existing MCM client if frequency is set currently at level 3?*

Client Mariah is a queer transgender Latinx woman who was diagnosed with HIV (not AIDS) 10 months ago; she is uninsured due to inconsistent income as a personal trainer. She has been in RWHAP since diagnosis and began treatment with medical and dental providers. Client has a strong support system and has disclosed to her family. She lives with her on-again, off-again partner, who provides transportation for client. Client recently began mental health treatment for bipolar disorder and was undetectable in her last labs. She has multiple sexual partners and says that sometimes she forgets to wear protection, as she is not yet “used” to her new diagnosis. Client was recently diagnosed with chlamydia.

# Questions and Experiences



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## Upcoming Events

# Upcoming Events



- **Central Florida HIV Planning Council – Ryan White Community Meeting**

Tuesday, January 18 at 6:00 PM to 8:00 PM

Courtyard Marriott

730 N. Magnolia Avenue, Orlando, FL 32803

<https://centralfloridahivpc.com/calendar/>

- **Part B Network Meeting**

Wednesday, January 26 at 10:00 AM

Topic: Case Notes

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CAREWare Issues

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# Evaluation

# Evaluation Code



Please go to [menti.com](https://www.menti.com)

Code: 8053 4538

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# Provider Announcements & Updates