Nevada Office of HIV

Ryan White Part A

Ryan White Dental Insurance Referral Procedure

Purpose

This document will provide Liberty Dental Portal users on guidance to assist clients with enrolling in the Ryan White Dental Insurance Program.

Process

Step 1. Eligibility Specialists will fill out the Dental Insurance Enrollment Form as part of the Universal Eligibility packet for those clients enrolling in dental coverage. Please view the Sample Demographics Field below, then view the Form Requirements in order to correctly complete step 1 of the Dental Form.

- The Dental Insurance Form **(19-08)** must be completed at every Re-Certification and Annual appointment if the client would like to maintain active dental coverage. The Dental Insurance Form is part of the Universal Eligibility Application; therefore, it is the responsibility of the agency completing the Universal Eligibility Application to confirm Payer of Last Resort. As Nevada Medicaid does not provide **comprehensive dental coverage**, Ryan White Part B has determined that Medicaid eligible clients are under-insured for dental coverage. As such, Ryan White-Medicaid eligible clients may elect to enroll in the Ryan White Dental Insurance Group (Liberty Dental).

Current Ryan White Eligibility	Start Date: 01/01/2019		End Date: 06/01/2019	
Eligibility Specialist Name: SARA SMITH			Direct Phone Number: (775)-123-4567	
Client Legal Last Name: COOK	Client Legal First Name: JOHN		Gender: MALE	
URN: JHCO0102831U	Emergency Dental Request (see above note): ☐ Yes			
Date of Birth: 01/02/1983	Phone Number: (775)-456-7890			
Language Preference: ☒ English ☐ Spanish ☐ Other:	SSN or TIN*: 000-00-0000			
Home Address: 123 WATER DR.	City: RENO	State: NV	Zip: 89512	
Mailing Address** *(if different than home):* 456 AIR LANE	City: RENO	State: NV	Zip: 89511	

Each category must be filled in except, when applicable, the Emergency Dental Request. Please fill this category in only if it is an emergency request. The SSN or TIN category will be used for verification of other health benefits. This category may be left open if the client does not have an SSN or TIN.

Step 2. In order to complete step 2 of the Dental Form, the client must read the form, check the boxes, and sign the form.

Please check **all boxes below** showing that you understand **and agree to** the following program requirements:

- ☐ I understand that in order to receive dental services I will complete my annual certification and re-certification in the time frame established by the Ryan White Program in order to remain eligible for dental services.

- ☐ I understand that in order to receive dental services I must have one dental prevention service every six months.

- ☐ I understand that failure to receive one dental prevention service every six months may lead to discontinuation of dental services.

- ☐ I fully understand that by completing this form, I am divulging personal information that will be used to assist me with benefits associated with the Nevada Medication Assistance Program.

- ☐ I understand this information will be kept confidential but will be used by staff to review my eligibility for this program.

Client Signature: Date:

_____   _____

Once completed, the Dental Insurance Form must be uploaded to Part A/B CAREWare(s) as an attachment with the Universal Application.

Step 3: Now that you have completed the Dental Insurance Enrollment Form you are now ready to enter the client into the Liberty Dental portal. You will need to follow the instruction below to enter clients into the liberty's portal. Please see the Liberty Dental Tutorial starting on page 3.

Step 4. For Ryan White Part A clients wishing to enroll into Liberty Dental, the client will need to be referred for Part B mirroring to ensure the client's latest eligibility information is in the Part B CAREWare for reporting purposes. In order to streamline mirroring referrals, the below assignments have been established. The assigned Part A sub-recipients may only send mirroring referrals to the corresponding Part B NMCM sub-recipient for submission. Part B NMCM sub-recipients are only responsible for mirroring Ryan White Part A's CAREWare information into Ryan White Part B's CAREWare.

Mirroring Assignments

Part A Agencies	Part B NMCM Agencies
• Aids Healthcare Foundation • University Medical Center Wellness Clinic • Track B/Nevada Aids Research and Education Society • Community Counseling Center	• Access to Healthcare Network
• North County Healthcare • Nye County Health and Human Services • Community Outreach Medical Center • Horizon Ridge Clinic	• Aids for Aids Nevada
• Golden Rainbow • Help of Southern Nevada • UNLV School of Dental Medicine • Dignity Health St. Rose Dominican • Huntridge Family Clinic	• Southern Nevada Health District

Account Login

Please follow the below steps to Login to the account:

- Log onto **www.libertydentalplan.com**

Once on the LIBERTY website, click on **"LOGIN"**
    Enter **"Username"** and **"Password"**
    Click **"Logon"**

In order to reset an account password, the following information will be required: Group Name, Group Number, Access Code, and Account User Name. Please reference the Reset Password Guide for all necessary information.

If the Password or Username are forgotten, please contact LIBERTY Dental by e-mailing nationalaccounts@libertydentalplan.com. The system will allow 3 attempts. If the user is unsuccessful, the system will automatically **lock the account** after the 3rd attempt.

Suggestion: Please contact nationalaccounts@libertydentalplan.com after the 2nd attempt to avoid being locked out of the account. We can provide the Username or reset the Password.

Getting Started

"My Preferences" - After a user logs in for the first time, the system will prompt them to select **the number of members to display per page, for "My Subscribers"**, **and how many days back for lookup**. Click **"Continue"** after a selection is made.

Eligibility Rules:

- **Use Standard Time-Slices:** this means that all effective dates must be on the first day of a month and all termination dates must be on the last day of a month.

- **Retro-enrollments and retro-terminations that exceed 3 months back**, require special handling and should be referred to LIBERTY's Eligibility Department at eligibility@libertydentalplan.com.

Viewing Subscribers

Once parameters have been selected, membership can be viewed by referencing the "My Subscribers" tab. Changes made in the portal are in Real Time and are reflected in LIBERTY's system once changes have been saved.

When conducting a member search, the user should select an appropriate "As of Date"

"My Subscribers" – Allows user to do the following tasks:

- Pull up your members to see if they have loaded into our system. Search by SSN (Social Security Number) or Subscriber Number
- View Subscribers by alphanumeric or choose "ALL"
- Edit the subscriber's information or profile (address, phone numbers, email, and other information)
- View their Utilization information
- Term a member's coverage
- Switch groups
- Add a dependent to an existing Subscriber

Please read section "Add or Delete Dependents"

Current Employer

"Current Employer" – Allows users to view search results under different groups, if there is more than one group associated with the account; (Active and Subgroups).

Click **"Change"** to select the desired group.

Click **"Select"** for the appropriate group.

Status will change from **"Select"** to **"Selected"**
System will allow enrollment **ONLY** when the appropriate group (Active or Subgroup) is selected.

Enrolling a Subscriber

"Enroll Subscriber" – Enables the user to add a new subscriber to the system. The user should **ensure** the appropriate group(Active or Subgroup) is selected before proceeding.

- All Fields in **"ORANGE"** are required fields.
- Leave the Policy Number field blank.
- Select a **Tier** from the dropdown list. (**Note:** The Tier should match the number of dependents plus the employee.)
- **Effective Date:** The effective date of coverage must be the first day of the member's coverage. (example: 01/01/2018)
- **Expiration Date:** Please enter 12/31/9999, unless there is an actual expiration date. (**Note:** 12/31/9999 is used by LIBERTY as an infinite end date)
- **Date of birth is a required field**
- **SSN:** Enter the member's Social Security Number without spaces or dashes. (**Example:** 111223333).
- **Provider Assignment:** Not required for all plans. If required, the user can assign a specific, contracted office by selecting **"Find"**. If a provider is required, but not selected, the member will be assigned to a contracted office nearest to their residence.
- **Member Number:** LIBERTY auto-assigns member numbers. Please leave the Auto-Assign box checked.

The image below illustrates the screen to add a new member in the system.

Click **"Enroll"**

Terminating Coverage

Terminating Family Coverage – To terminate coverage <u>for an entire family</u>, locate the subscriber under **"My Subscribers"**. Once the subscriber has been located, click on **"Terminate"**. (<u>**Note:** This Function will terminate the Subscriber and ALL dependents as of the end of the current month.</u>)

Current Employer:		Change				
					Search For Subscribers	
SSN #:	Subscriber #:		As of Date: 1/13/2017		Find	

View members by last name initial:
ALL | **A** * B * C * D * E * F * G * H * I * J * K * L * M * N * O * P * Q * R * S * T * U * V * W * X * Y * Z
10 Member(s) Found

Profile	Group Number	Subscriber Number	Last Name	First Name	DOB	Terminate Coverage Switch Group
View						add terminate switch

Terminating Coverage for Dependents Only – Once the Subscriber has been located, click on **"View"** to proceed to the profile. Repeat the following 'as needed' for multiple dependent terminations:

- Select Dependent to be termed

Coverage
Group				
Plan				
Tier	Employee + Children	Tier as of Date	1/1/2017	Change Tier
Effective Date	1/1/2017	Expiration Date	12/31/9999	Update Time Slice
Member Number		Policy Number		Add Benefit Coverage
Term. Reason				
Subscriber Number				

View/Edit Member Coverage   View/Edit Custom Attributes   Request ID Card

Dependents:
Add Dependent
-03)   (Relationship: Child)   (DOB:
-04)   ...ship: Child)   (DOB:

Riders:
Add Rider

Qualifiers:
Add Qualifier

Coverage
Group				
Plan				
Tier	Employee + Children	Tier as of Date	1/1/2017	Change Tier
Effective Date	1/1/2017	Expiration Date	12/31/9999	Update Time Slice
Member Number		Policy Number	N/A	Add Benefit Coverage
Term. Reason				
Subscriber Number				

View/Edit Member Coverage   View/Edit Custom Attributes   Request ID Card

- Click on **"Update Time Slice"**

- In the **"Expiration Date"** field, enter the appropriate termination date.
- Click **"Save"**

Repeat as needed for multiple dependent terminations.

Adding or Updating a Time Slice

Adding/Updating a Time Slice – If a member needs to be reinstated: Locate the subscriber under **"My Subscribers"**. Once the subscriber has been located, click on **"View"** to proceed to the profile. This Function will only reinstate the subscriber. **Dependents must be reinstated individually, using the same format.**

Follow these steps:

- Under **"My Subscribers"**, search by **"As of Date"** (the member's last known effective date)
- Locate the subscriber under the Last Name list or by their SSN
- Click on **"View"** and update the member's time-slice (period of coverage according to system)

- Click on **"Add Benefit Coverage"**

Select "Tier" (from the dropdown menu), enter "Effective Date", enter "Expiration Date" and click "Add"

Switching Groups

Switching Groups – If there is more than one group associated with the account, occasionally, members will switch from one group to another. The LIBERTY portal allows users to move a subscriber and their dependents from one group to another.

Locate the subscriber under **"My Subscribers"**

Once the subscriber is located, click **"Switch"**

The following screen will appear with member and dependent information:

There are 5 data fields on this screen (Only the 4 highlighted fields will be used):
- Select the new group (Active or Subgroup)
- Tier
- Effective Date
- Expiration Date

- **"Select the new group"** being assigned, the appropriate (matching) **"Tier"**
- Enter the **"Effective Date"** (for the new group)
- Enter the **"Expiration Date"** (12/31/9999)
- Click **"Save"**

The system will also list dependents being switched to the new group.

Requesting an ID

Requesting an ID card – Members may reach out to request a new dental ID card. The portal allows the user to request an ID card and print a temporary, electronic copy for the member.

Locate the subscriber under **"My Subscribers"**

Click on **"View"**

There are 5 data fields on this screen (Only the 4 highlighted fields will be used):
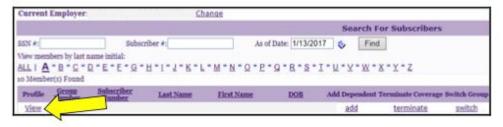
- Select the new group (Active or Subgroup)
- Tier
- Effective Date
- Expiration Date

- **"Select the new group"** being assigned, the appropriate (matching) **"Tier"**
- Enter the **"Effective Date"** (for the new group)
- Enter the **"Expiration Date"** (12/31/9999)
- Click **"Save"**

The system will also list dependents being switched to the new group.
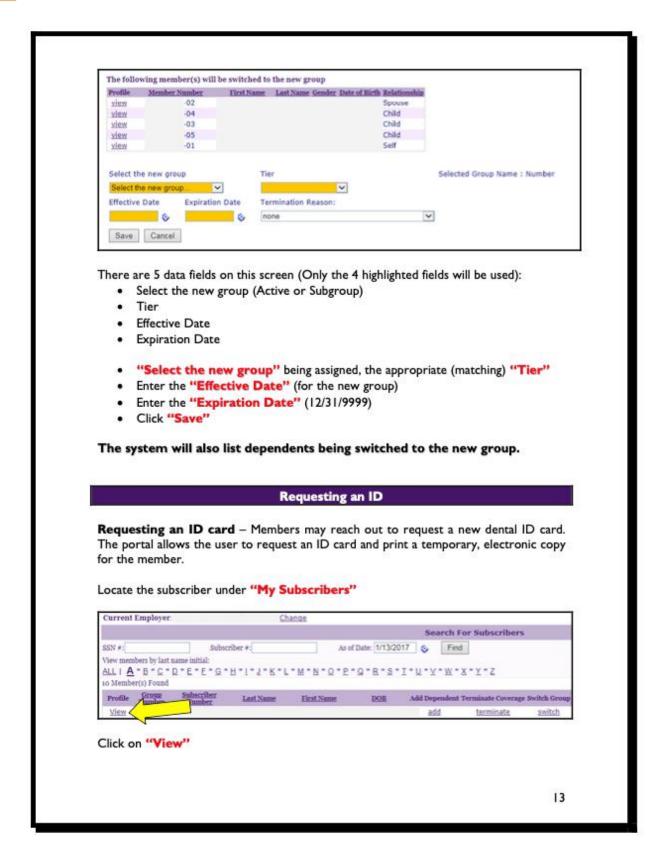
Requesting an ID

Requesting an ID card – Members may reach out to request a new dental ID card. The portal allows the user to request an ID card and print a temporary, electronic copy for the member.

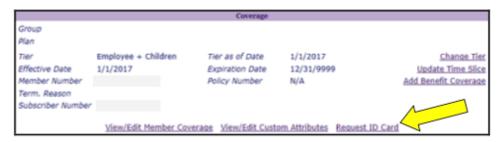Locate the subscriber under **"My Subscribers"**

Click on **"View"**

At this point, it is important confirm the member's address to ensure the ID card will be mailed appropriately.

Coverage				
Group				
Plan				
Tier	Employee + Children	Tier as of Date	1/1/2017	Change Tier
Effective Date	1/1/2017	Expiration Date	12/31/9999	Update Time Slice
Member Number		Policy Number	N/A	Add Benefit Coverage
Term. Reason				
Subscriber Number				
	View/Edit Member Coverage	View/Edit Custom Attributes	Request ID Card	

Click on **"Request ID Card"**
The following message will appear:

> An ID card has been requested successfully.
> If you would like to print a temporary ID card, please click Here

At this point, **a temporary ID card can be printed**, if needed.

Updating a Member's Address

Member Address – The user can also update a member's address. (Note: If membership is being reported electronically, please ensure the electronic file matches all manual changes.)

Locate the subscriber under **"My Subscribers"**
Click **"View"**

Current Employer:		Change						
					Search For Subscribers			
SSN #:		Subscriber #:		As of Date: 1/13/2017	Find			
View members by last name initial:								
ALL | A * B * C * D * E * F * G * H * I * J * K * L * M * N * O * P * Q * R * S * T * U * V * W * X * Y * Z								
10 Member(s) Found								
Profile	Group Number	Subscriber Number	Last Name	First Name	DOB	Add Dependent	Terminate Coverage	Switch Group
View						add	terminate	switch

Once the member account appears, click on **"Edit"**

Edit as needed.

Welcome to Liberty Dental!