

**Maryland Healthy Smiles Dental Program (MHSDP) Adult Dental Pilot
Frequently Asked Questions - Members**

Q: Who is the eligible population for this Pilot?

A: Adults ages 21-64 years old who are eligible for both Medicaid and Medicare.

Q: What materials will be provided to help members understand the Pilot?

A: All eligible members will receive a welcome packet from SKYGEN USA which will include a welcome letter, flyer about how to access dental services, and a member handbook detailing information about the Pilot.

Q: How will members know which providers participate in the Pilot?

A: Members will be assigned a dental home. Members will also be able to call SKYGEN USA's Call Center at 855-934-9812 or log into the member web portal to find a participating provider in their area.

Q: There is an annual \$800 maximum benefit allowance for the Pilot program. How will members keep track of and understand when they reach that maximum?

A: During the initial visit each year, providers will be required to discuss and have the member sign a global treatment plan, which will allow the member to make an informed decision about the services that they wish to receive after reviewing the provider's recommendations and the associated costs. Once the member reaches the maximum benefit allowance for that calendar year, SKYGEN USA will send a letter to the member that will include information about alternative dental resources.

Q: What is a global treatment plan?

A: A global treatment plan is a document that details the dental services recommended by the provider and the costs for those services. The provider and member must review the recommended course of treatment and both parties must sign this form prior to services being rendered at each visit.

Q: How much can my dentist charge me for a service that is included on the Pilot's benefit plan, once the maximum benefit allowance is reached?

A: Your dentist may only charge you up to the Medicaid rate if you choose to pay for a service out-of-pocket. You must sign a Non-Covered Services Agreement prior to services being rendered.

Q: How much can my dentist charge me for a service that is NOT included on the Pilot's benefit plan, once the maximum benefit allowance is reached?

A: Your dentist may charge you any rate they wish, if you choose to pay for a service out-of-

pocket. You must sign a Non-Covered Services Agreement prior to services being rendered.

Q: What appeals process will be provided to members?

A: Members have the right to appeal all denied services within the limits of the Pilot. After the annual maximum benefit allowance is reached, the participant will receive notification from SKYGEN USA that they will no longer be eligible to receive dental services through the Pilot until the next calendar year, if all eligibility requirements are met at that time.