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

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: How will providers know about the Pilot's covered services and annual maximum benefit allowance?
A: (1) The Department will send a transmittal to all Medicaid enrolled dentists;
(2) SKYGEN USA will host provider trainings focused on the Pilot and how it works; and
(3) The MHSDP Provider Manual will be updated to include detailed information about the Pilot.

Q: What are the Program's rates for services covered by the Pilot?
A: The rates for services are on the Adult Dental Pilot Program Fee Schedule which will be included in the Provider Manual, Version 7 and posted on the Department's website and SKYGEN USA's Provider Web Portal. Reimbursement rates for the Pilot are consistent with the current Maryland Medicaid Dental Fee Schedule.

Q: Which providers will be part of this network?
A: All general dentists and oral surgeons participating in the MHSDP are part of the Adult Dental Pilot's network. No additional enrollment or contracting activities will be required for the Pilot.

Q: Will providers need to do anything differently for the Pilot?
A: Yes, providers will need to make 2 phone calls to SKYGEN USA at 844-275-8753:

(1) When scheduling the appointment, providers should select **Option 1** to verify member eligibility;
(2) On the date of service, providers should select **Option 5** to verify that the member remains eligible for the Pilot, and to confirm funds available in the member's annual benefit allowance; and
(3) Review and sign the member's global treatment plan outlining recommendations and costs for services.

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 will a dentist know what fee may be charged to a member after the maximum benefit allowance has been reached?

A: Once the member's maximum benefit allowance has been reached, the member can choose to pay out-of-pocket for additional services. Providers may not charge the member in excess of the Medicaid fee for any services covered under the Adult Dental Pilot's benefit plan. If the service needed is not a covered service under the Pilot, the dentist may charge the member up to their usual and customary charge. Additional details can be found in SKYGEN USA's Provider Manual.

Q: Which claims are going to be paid first? First claims filed or first services performed?

A: Claims will be reimbursed in the order they are submitted to SKYGEN USA. Valid claims will be paid up to the $800 maximum benefit allowance for each member annually. For example, if there is only $25 remaining and the claim equals $50, then $25 will be reimbursed by Medicaid and the provider is able to charge the member for the remaining balance at the Medicaid rate, as long as the member signs a Non-Covered Service Agreement.

Q: What happens if a dentist performs service(s) and then finds out that the member's annual maximum benefit allowance has been reached? How will the claim be paid? Will the Department cover the financial overage?

A: Claims shall only be approved and reimbursed up to the $800 maximum benefit allowance. If a member signs a Non-Covered Service Agreement before additional services are rendered, the member will be responsible for the overage. If an Non-Covered Service Agreement is NOT signed, the provider will be responsible for the balance. MDH will not be responsible for any amounts not paid, beyond the annual maximum.

Q: How will providers know when a new member has been assigned to them as a dental home?

A: Providers can visit SKYGEN USA's Provider Web Portal to view a roster of members assigned to them at any time, by following these steps after logging into the portal: (1) Click on *Report* at the top of the toolbar; (2) Click *Primary Care Assignments*; (3) Keep default at "All" for location and provider; and (4) Click *Print Report* to export to PDF or Excel.