

**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, and who are not enrolled in an MCO.

Q: What if an eligible member of the Pilot becomes pregnant?

A: If a member of the Pilot becomes pregnant, she is eligible to receive services under the Maryland Healthy Smiles Dental Program benefit package for pregnant women. This benefit package covers additional dental services until the member gives birth. Once she gives birth, the member will once more receive dental benefits under the Pilot program if she remains eligible.

Q: How does someone know they are eligible for the Pilot?

A: Individuals who are eligible for the Pilot will receive a welcome packet and a separate letter containing their member ID card from SKYGEN USA. If a member has any questions about their eligibility for the Pilot, the member should call SKYGEN USA's Call Center at 855-934-9812.

Q: How will a member show proof of eligibility for the Pilot at a dental appointment?

A: Eligible members will receive a welcome packet from SKYGEN USA and a separate mailing with a member identification card that the member should take with them to all dental appointments.

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

A: All eligible members will receive a welcome packet from SKYGEN USA. This welcome packet will include a flyer about how to access dental services, FAQs, 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 provider. Members can also 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. Members do not have to see the dental home provider assigned to them.

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 each dental visit, providers will be required to discuss 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.

Both the provider and the member must sign the global treatment plan at each visit and the member should be given a copy. 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. Urgent issues should be prioritized.

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. Members 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: If a member chooses to pay for a service out-of-pocket, the dentist may charge their standard rate. Members must sign a Non-Covered Services Agreement prior to services being rendered.

Q: Can my dentist require me to sign a Non-Covered Service Agreement prior to verifying that I have reached my \$800 maximum benefit allowance?

A: No, your dentist cannot ask you to sign a Non-Covered Services Agreement prior to verifying that you will exhaust your \$800 benefit allowance during that visit. However, your provider can have you sign a Non-Covered Services Agreement if you wish to obtain a service that is not in the Pilot program's benefit package and if you agree to pay for this service out-of-pocket.

Q: What if the member has a legal guardian or authorized representative?

A: Legal guardians and authorized representatives are responsible for making arrangements to be available to discuss treatment and/or sign documents at each appointment, prior to dental services being rendered to the member.

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.

Q: Does Medicaid transportation cover rides to and from dental appointments?

A: Yes, Medicaid transportation covers rides to and from the dentist as long as the appointment is for services that are covered by Medicaid. Rides will not be covered by Medicaid transportation, once the member has reached their maximum benefit allowance. Members are encouraged to call SKYGEN USA's Call Center at 855-934-9812 if they require assistance obtaining transportation to a dental visit. Additional county transportation resources may also be available.

Q: What is the process for a member to update their contact information?

A: If you received your Medicaid eligibility through the Maryland Health Connection, please report demographic changes by calling 1-855-642-8572 or TTY: 1-855-642-8573. If you received your Medicaid eligibility through your local Department of Social Services (DSS office), please contact your case manager to have your information updated.