Member Handbook - Adult Dental Pilot 2019



Important Information

Llámenos si no habla ni lee Inglés

Call us if you do not speak or read English: 1-855-934-9812.

Llámenos si usted no habla o lee Inglés: 1-855-934-9812.

Interpreter services

When you call Customer Service, we will get an interpreter on the phone to help if English is not your first language. When you call, you can ask to get member materials read to you in another language.

If you are deaf or have trouble hearing, call our TTY (for hearing impaired) line: **1-855-934-9816**. For free language services and more information about your rights, see the government notices on **page 19**.

Transportation services

If you need a ride to a dental appointment, transportation may be available to you. For help, call Customer Service at 1-855-934-9812. It is important that you get to all of your appointments. If you know you can't make it to an appointment, call your dentist's office or Customer Service right away.

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What to do in a dental emergency

Customer Service1-855-934-9812

Business days, Monday through Friday 7:30 AM – 6:00 PM

TTY (for hearing impaired)1-855-934-9816

Websitewww.member.MDhealthysmiles.com

Mailing addressSKYGEN USA

Maryland Healthy Smiles Adult Dental Pilot Program PO Box 393 Milwaukee WI 53201

If an emergency is life threatening

If someone's life is at risk, call 911 or go to the emergency room immediately!

If you need emergency care

An emergency is a serious problem that needs immediate attention, such as very bad pain, a lot of bleeding, a bad infection, or serious harm to teeth, gums, or jaw. If you have a serious injury, call 911, or call your Dental Home right away. The phone number is on your Member ID card.

If you need urgent care

Urgent care is when you have a serious dental problem, such as pain, bleeding, or infection that is getting worse every day, but is not life threatening.

If you have an urgent dental problem that is getting worse, but it is not an emergency, call your Dental Home. If you need help getting an urgent care appointment, call Customer Service at **1-855-934-9812**. Our office hours are business days, Monday through Friday, 7:30 AM - 6:00 PM.

Welcome to the Maryland Healthy Smiles Adult Dental Pilot Program!

The Maryland Department of Health (MDH) is pleased to announce that you are eligible to receive limited dental services through Maryland Medicaid. The Pilot provides dental services to adults ages 21 through 64 who are eligible for both Medicaid and Medicare and who are not enrolled in a Managed Care Organization (MCO). The Pilot will cover certain dental services up to \$800 in 2019.

What services are covered under the Pilot?

Some of the covered dental services for adults eligible for the Pilot include:

- Regular checkups with your dentist;
- Teeth cleanings;
- X-rays to check for problems;
- Fillings to treat cavities;
- Extractions to pull unhealthy teeth;
- Anesthesia to stop pain during treatment

To find out if a service is covered under the Pilot, call your Dental Home, or call Customer Service at **1-855-934-9812**.

What is a Global Treatment Plan?

At each visit, the provider and member must sign a **global treatment plan** before any services are started.

By signing the global treatment plan you are stating you understand that:

- You have an annual maximum benefit allowance of \$800 for covered dental services;
- Your maximum benefit allowance for dental services will start over at the beginning of the next calendar year, if you are still eligible for this benefit plan;
- You will be responsible for signing a Non-Covered Service Agreement that will detail your out-of-pocket expenses, if you choose to receive dental services after you have reached your maximum benefit allowance; and
- Your dentist may only ask you to pay up to the Medicaid rate of reimbursement for the services covered under the Pilot (see Appendix A for more details).

What if I need services that are not covered?

Members who are eligible for the Pilot are eligible for services listed in the benefit package (see Appendix A). For services not covered under the Pilot, you will have to sign a Non-Covered Service Agreement form if you agree to pay for the services out-of-pocket. By signing this form, you are agreeing to pay a specific price for a specific service that is not covered by Maryland Medicaid.

The Non-Covered Service Agreement must be written in your native language and should be easily understood. It must include the specific dental codes and costs for any services that you will have to pay. Your dentist is not allowed to charge you for services provided, if you do not sign this agreement before the service is completed.

Do I have to pay for dental services?

If you see a dentist who is actively enrolled in the Maryland Healthy Smiles Dental Program (MHSDP) network, you do not have to pay for dental services that are covered by the Pilot.

You will only be responsible for paying for services if:

- You exceed the \$800 annual benefit allowance and want additional services;
- You want to receive services that are not listed on the Maryland Medicaid Adult Dental Pilot Fee Schedule; or
- If you see a dentist who is not part of the MHSDP network.

How can SKYGEN USA help?

SKYGEN USA manages the Maryland Healthy Smiles Adult Dental Pilot Program, and we're here to help! To reach our Customer Service, call **1-855-934-9812**. (TTY for hearing impaired: **1-855-934-9816**). We can help you:

- Find a dentist close to your home or work
- Make appointments at the dentist office
- Find transportation to the dentist office
- Understand your dental benefits
- Replace a lost Member ID card
- Learn how to use our website
- Get help with special needs or ask for materials in another language
- File a complaint if you are not happy with a dentist or dental services
- File an appeal if you disagree with our decision to deny a covered dental service

What happens if I become pregnant?

The Maryland Healthy Smiles Dental Program covers a robust benefit package for pregnant women. If you become pregnant, or are planning to become pregnant, please contact Customer Service at 1-855-934-9812 for more information about these services.

Finding a dentist

To find a dentist who sees patients in the Maryland Healthy Smiles Adult Dental Pilot Program:

- Call your assigned dentist. The phone number is printed on your Member ID card.
- Call Customer Service: 1-855-934-9812.
- Call TTY (for hearing impaired): 1-855-934-9816.

When you call Customer Service to find a dentist, we can give you the names, addresses, and telephone numbers of dentists who are close to your home. We can also get a dentist's office on the phone with you and make an appointment right away.

If English is not your first language, we can get an interpreter on the phone to help. For free language services and more information about your rights, see the government notices on **page 17**.

What is a Dental Home?

When you become eligible for the Maryland Healthy Smiles Adult Dental Pilot Program, you can choose a Dental Home. You can go to your Dental Home to get regular checkups and most of your dental care. If you don't pick a Dental Home, we will pick one for you that is close to your home and offers the services you need. You can change your Dental Home at any time. To choose a different Dental Home, call Customer Service at **1-855-934-9812** or visit our website any time: www.member.MDhealthysmiles.com, and follow these steps:

- Log in if you are a returning user with your user name and password. Then select the option to change your Dental Home.
- If you are a new user (never registered on the website), click "Register Now" and follow instructions.
 - o To register as a new user, you will need the following information: group number, subscriber ID, and a valid email address.
 - o Instructions on how to register as a new user are also located on our website.

To make an appointment to see a dentist, call your Dental Home. Your Dental Home phone number and address are printed on your Member ID card. The dental professionals at your Dental Home work together to help you get the care you need to stay healthy.

For example, your Dental Home can:

- Help you set up regular dental visits.
- Set up a treatment plan—just for you.
- Refer you to a specialist for needed care.
- Help you learn how to care for your teeth and your dental health.
- Give you tips and information about healthy foods.

Why is a Dental Home important?

By going to the same Dental Home regularly, your dentist will get to know you and your health needs. If you need specialty care, your dentist will refer you to a specialist.

When you visit the same Dental Home regularly, you will get to know your dentist and the people who work at the dental office. You'll know who to call for appointments, how to get answers to your dental questions, and who to call in an emergency.

Get started!

Getting to know your Dental Home is easy—just call the number on your Member ID card and make an appointment. Tell the dentist's office that you are a member of the Maryland Healthy Smiles Adult Dental Pilot Program.

For a healthy life, most people should have regular checkups every six months. Your dentist can help you set up regular dental visits. If you have questions, call Customer Service at **1-855-934-9812**.

How do I choose a different Dental Home?

You can choose any Dental Home that is seeing new patients and is part of the Maryland Healthy Smiles Dental Program network. To choose a different Dental Home, call Customer Service at **1-855-934-9812** or visit our website any time: www.member.MDhealthysmiles.com, and follow these steps:

- Log in if you are a returning user with your user name and password. Then select option to change your Dental Home.
- If you are a new user (never registered on the website), click "Register Now" and follow instructions.
 - o To register as a new user, you will need the following information: group number, subscriber ID, and a valid email address.
 - o Instructions on how to register as a new user are also located on our website.

Which Dental Home can I choose?

If you do not wish to be seen by the Dental Home on your Member ID card, you can choose any Dental Home that:

- Is accepting new patients in the Maryland Healthy Smiles Dental Program.
- Offers the dental services you need.

How soon can we see a new dentist?

Make an appointment with your new Dental Home right away!

Why might I be moved to a different Dental Home?

You may be moved from one Dental Home and assigned to a different one if:

- You don't visit the dentist for regular checkups.
- You miss too many appointments or arrive late for appointments.
- You don't follow the dentist's advice.
- You are loud or disruptive at the dental office.

What if I see a dentist who is not my Dental Home?

You can see any dentist who is a member of the Maryland Healthy Smiles Dental Program network, even if that dentist is not in your Dental Home. When you make an appointment, let the dentist know you are a member of the Maryland Healthy Smiles Adult Dental Pilot Program. When you arrive for your visit, show the dental office your Member ID card.

If you see a dentist who is a member of the Maryland Healthy Smiles Dental Program network, you don't have to pay for dental services that are covered by the program.

What if the dentist is not part of the Maryland Healthy Smiles Dental Program network?

If you see a dentist who is not part of the Maryland Healthy Smiles Dental Program network, **you** may have to pay for all of the services.

^{*}Please note - A dentist is required give you 30 days' notice if they will not see you anymore.

Making and keeping dental appointments

Making a dental appointment

To make a dental appointment, you can:

- Call your Dental Home. The phone number is printed on your Member ID card.
- Call Customer Service: 1-855-934-9812.
- Call TTY (for hearing impaired): **1-855-934-9816**.

Calling your Dental Home to make an appointment

When you call your Dental Home to make an appointment, tell the receptionist you are a member of the Maryland Healthy Smiles Adult Dental Pilot Program. Pick a date and time for the appointment, and write it down on a calendar right away.

Calling Customer Service to make an appointment

When you call Customer Service to make a dental appointment, we can give you the names, addresses, and telephone numbers of dentists who are close to your home or work. We can also get a dentist's office on the phone with you and make an appointment right away.

If English is not your first language, we will get an interpreter on the phone to help you set up an appointment.

Keeping a dental appointment

Keeping your appointments for dental care is very important for you and for your dentist's office. To stay healthy, you should see a dentist every six months. Missed appointments are very expensive for your dentist's office. If you don't schedule regular appointments with your Dental Home, or if you miss too many appointments, your dentist may ask that you move to a different Dental Home. **When you make an appointment, write it down on a calendar right away.**

When you visit the dentist

Each time you visit the dentist:

- Be on time for your appointment
- Show the dentist your Maryland Healthy Smiles Dental Program Member ID card
- Tell the dentist if you have other insurance coverage
- Tell the dentist if you have been to another dentist recently
- Tell the dentist if you have had care in an emergency room within 24 hours
- Answer all questions about your health that will help your dentist take care of you
- Follow your dentist's advice for dental care
- Talk about recommended treatment
- Sign a Global Treatment Plan outlining services to be provided
- Follow your dentist's advice for dental care

How do I cancel an appointment?

If you can't keep an appointment, call the dentist's office right away. The Dental Home phone number is printed on your Member ID card.

If you miss too many appointments, your Dental Home or dental specialist will let us know. We will try to get in touch with you by telephone or by mail to remind you to set up another appointment.

Getting a ride to an appointment

If you need a ride to a dental appointment, transportation may be available to you. For help with transportation, you can:

- Call the Transportation Coordinator at your local health department. You can find a list of phone numbers in Appendix D of this handbook and also on our website: www.member.MDhealthysmiles.com.
- Call Customer Service: 1-855-934-9812
- Call TTY (for hearing impaired): 1-855-934-9816

Getting help for special needs

If you have special needs, call Customer Service at **1-855-934-9812**. We can help you find a dental office that offers the services you need.

How to use your Member ID card

Bring your Maryland Healthy Smiles Dental Program Member ID card with you when you visit the dentist. Your Member ID card has important information printed on it that your dentist needs. The card also has your Dental Home phone number printed on it.

What if I lose my Member ID card?

If your Member ID card is lost or stolen, you can log on to our website and order a new card: www.member.MDhealthysmiles.com. Or you can call Customer Service at **1-855-934-9812**. We will mail a new card to you.

Can I share my Member ID card?

No! Keep your card in a safe place, and never let anyone else use it. **Letting someone else use** your **Member ID card to get dental services is against the law.**

Your rights and responsibilities

Your rights

As a member of the Maryland Healthy Smiles Adult Dental Pilot Program, you have the right to:

- Always be treated with respect and privacy
- Always be treated fairly
- Receive information about SKYGEN USA, the Maryland Healthy Smiles Dental Program, and your dentist
- Choose any dentist who is in the Maryland Healthy Smiles Dental Program network
- Refuse care from any dentist
- Get information about covered services available to you through the Maryland Healthy Smiles Adult Dental Pilot Program
- Make your own decisions about your dental care
- Complain about SKYGEN USA or a dentist and ask for the issue to be solved
- Disagree with a decision SKYGEN USA has made to deny a service, and ask that the decision be reviewed
- Be notified 30 days in advance if your dentist will no longer be able to provide you with care

Your responsibilities

To help make the Maryland Healthy Smiles Adult Dental Pilot Program successful, you need to:

- Make and keep regular appointments with your Dental Home
- Call and cancel as soon as possible if you can't keep an appointment
- Follow your dentist's advice for dental care
- Take care of your teeth
- Never allow anyone else to use your Member ID card for dental services
- Call Customer Service at 1-855-934-9812 if your Member ID card is lost or stolen
- Tell your dentist if you have other insurance coverage
- Answer questions about health that will help your dentist take care of you
- Call Customer Service at **1-855-934-9812** if you move to a different address or get a different telephone number

What if I have a problem with my benefits or dentist?

As a member of the Maryland Healthy Smiles Adult Dental Pilot Program, you have the right to complain about the service you received or the way you were treated by SKYGEN USA, a dentist, or someone at the dentist's office. You also have the right to disagree with a decision SKYGEN USA has made to deny a service, and ask that the decision be reviewed.

Complaints about a dentist or dental care

A complaint is when you call or send us a letter to tell us you are not happy with your care in the Maryland Healthy Smiles Adult Dental Pilot Program. *If you tell us about a problem, we can help get it fixed.* Please let us know if:

- You can't find a dentist close to your home
- You can't get an appointment in a reasonable amount of time
- You are not treated fairly by someone in your dentist's office
- You are worried about the quality of care you are getting from a dentist
- You have any other concerns or complaints about your dentist, your dental care, or the Maryland Healthy Smiles Adult Dental Pilot Program

Making a complaint

If you have a complaint, you can either call us at: Call Customer Service: 1-855-934-9812. Call TTY (for hearing impaired): 1-855-934-9816, or write to us:

Maryland Healthy Smiles Dental Program: Complaints and Appeals PO Box 393
Milwaukee, WI 53201

When we receive your complaint, we will look into the problem, and we'll get back to you with an answer. For urgent dental problems, we will give you an answer by the end of the next business day. For dental problems that are not urgent, we will give you an answer within five days. For all other problems, we will give you an answer within 30 days.

Appealing a denied service

If you disagree about a decision we have made to deny a covered service, you can file an appeal and ask us to review our decision. If you believe your health, or your child's health, is in danger because of a denied service, you can ask for an urgent appeal.

To file an appeal, write to us within 30 days after we send you a denial notice. You can file the appeal yourself, or you can name someone else to act for you, such as a relative, friend, attorney, or your dentist. Others may already be authorized under State law to act for you.

If you want to name someone to help you with an appeal, you and the authorized person must sign, date, and send us a written statement naming that person.

What to include in an appeal

When you write to us to file an appeal, include in your letter:

- Your name, address, and Member ID number
- The reason you disagree with the decision
- Medical records and letters from your doctor or dentist, or other medical information that explains why we should provide the service. Call your doctor or dentist for help sending us medical information.

Filing an appeal

Send a letter to:

Maryland Healthy Smiles Dental Program: Complaints and Appeals PO Box 393
Milwaukee, WI 53201

What happens next

When we receive your appeal, we will look into the problem, and we'll get back to you with an answer. For urgent dental problems, we will send you a written answer within three business days. For dental problems that are not urgent, we will send you a written answer within 30 days.

If you don't agree with our decision

If we deny your appeal, you can send us a written request for a Fair Hearing through the State of Maryland. To ask for a Fair Hearing, write to us within 30 days after we deny your appeal. When we receive your letter for a Fair Hearing, we will send it to the State of Maryland for their review. Send a letter to:

Maryland Healthy Smiles Dental Program: Complaints and Appeals PO Box 393
Milwaukee, WI 53201

Complaints about SKYGEN USA

Filing a complaint about SKYGEN USA

If you have a complaint about our service, you can either call Customer Service: 1-855-934-9812. Call TTY (for hearing impaired): 1-855-934-9816, or write to us at:

Maryland Healthy Smiles Dental Program: Complaints and Appeals PO Box 393
Milwaukee, WI 53201

What happens next

When we receive your complaint, we will look into the problem, and we'll get back to you with an answer within 30 days. If you are still unhappy with our service, call the **State Enrollee Help Line: 1-800-284-4510**.

Fraud and abuse alert!

Anyone who knowingly makes a false statement to receive benefits, or to increase their benefits or payments received, can be charged with fraud—*and may face criminal penalties*.

Maryland Healthy Smiles Dental Program members who commit fraud may lose their own coverage under the Program. Dental providers who commit fraud or abuse will be removed from the Maryland Healthy Smiles Dental Program network and may lose their dental licenses.

If you are worried your dentist may be performing harmful, abusive, or unnecessary services, or if you have questions about fraud or abuse, call our fraud and abuse hotline: **1-877-378-5292**.

Examples of Medicaid and Medicare fraud or abuse

Examples of Medicaid fraud or abuse that a dental practice might commit include:

- Asking you to pay for services that are already covered by the Maryland Healthy Smiles Adult Dental Pilot Program.
- Performing services that aren't needed, like pulling healthy teeth.
- Billing for services they didn't provide.
- Billing for the same service more than once.

Examples of Medicaid fraud that might be committed by a Maryland Healthy Smiles Adult Dental Pilot Program member include:

- Letting someone else use your Member ID card to get dental services.
- Selling drugs that have been prescribed for you.
- Using Medicaid benefits in Maryland while living in another state.

Reporting Medicaid and Medicare fraud or abuse

If you suspect Medicaid fraud, or to report abusive dental practices, call us or write to us.

• Call Fraud and Abuse Hotline: 1-877-378-5292.

Write to:

Maryland Healthy Smiles Dental Program Attn: Fraud and Abuse 10201 N Port Washington Rd Mequon, WI 53092

How we keep your health information private

SKYGEN USA is responsible for protecting your personal health care information. We will not give out private information without your written permission, unless there is a legal reason, such as a court order or signs of child abuse. We do not sell information with your name on it to any other company.

We use secure computer systems with passwords to protect your health information. We use data to find new ways to improve service to our members, but we use the data in a way that protects your personal information.

We protect the privacy of your health information in many ways, including:

- All of our employees are trained to follow strict company policies to keep your personal health information private.
- All of the dentists and dental offices who provide services for the Maryland Healthy Smiles Adult Dental Pilot Program sign a contract to keep your personal health information private.
- When you call Customer Service, you will be asked to identify yourself. Our Customer Service staff will not give out health information over the phone to anyone but you.

What's on our website

It's easy to use our website. Just visit www.member.MDhealthysmiles.com. From our website, you can:

- Find a phone number for help getting transportation to dental appointments
- Get a copy of this Member Handbook
- Learn more about a Dental Home
- Change your Dental Home
- Ask for a new Member ID card
- Learn more about dental health for you

U.S. Government notices

For free language services and more information about your rights, see the government notices on the next page.





Notice to the Public

Non-Discrimination Statement and Accessibility Requirements

SKYGEN USA, LLC complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

SKYGEN USA, LLC upon request:

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, such as:
 - o Qualified sign language interpreters.
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters.
 - o Information written in other languages.

If you need these services, please contact SKYGEN USA, LLC directly.

If you believe that SKYGEN USA, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Steven Berryman, Chief Legal Officer, SKYGEN USA, W140 N8981 Lilly Rd., Menomonee Falls, WI 53051, SKYGEN USA Compliance and Ethics: 1-844-809-9449, civilrightscoordinator@skygenusa.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Steven Berryman is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 1-800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.





Aviso al público

Declaración de no discriminación y requisitos de accesibilidad

SKYGEN USA, LLC cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. SKYGEN USA, LLC no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

SKYGEN USA, LLC:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - o Intérpretes de lenguaje de señas capacitados.
 - o Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - o Intérpretes capacitados.
 - o Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con SKYGEN USA, LLC

Si considera que SKYGEN USA, Inc. no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona: Steven Berryman, Director de Asuntos Legales, SKYGEN USA, W140 N8981 Lilly Rd., Menomonee Falls, WI 53051, SKYGEN USA Cumplimiento y ética: 1-844-809-9449, civilrightscoordinator@SKYGEN USA.com.

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Steven Berryman está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Puede obtener los formularios de reclamo en el sitio web http://www.hhs.gov/ocr/office/file/index.html.





Language Accessibility Statement

Interpreter Services Are Available for Free

ATTENTION: If you speak [language], language assistance services, free of charge, are available to you. Call 1-855-934-9812 (TTY: 1-855-934-9816).

Español/Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-934-9812 (TTY: 1-855-934-9816).

አጣርኛ /Amharic

ማስታወሻ: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-855-934-9812 (መስማትለተሳናቸው: 1-855-934-9816).

Arabic/ العربية

Ɓàsɔɔ̂ -wùdù-po-nyò /Bassa

Dè $d\varepsilon$ nìà $k\varepsilon$ dyé $d\varepsilon$ gbo: O jǔ $k\varepsilon$ m̀ [Bàsó ɔ̀ -wùdù-po-nyɔ̀] jǔ ní, nìí, à wudu kà kò dò po-poɔ̀ $b\varepsilon$ ìn m̀ gbo kpáa. Đá 1-855-934-9812 (TTY: 1-855-934-9816).

中文/Chinese

注意: 如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-934-9812 (TTY: 1-855-934-9816).

Farsi/ فارسى

ئوجھ: اگر بھ زبان نارسي گفنگو مي كزېد، ئسھيالت زباني بصورت رائگان براي شما بگيريد ئماس 9812-934-855-1-85. . (TTY: 1-855-934-9816). با. باشد مي فر

Français/French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-934-9812 (ATS: 1-855-934-9816).

ગજરાતી/Gujarati

સચના: જો તમે ગજરાતી બાોલતા હાો, તો ના:શ**ં** ક ભાષા સહાય સેવાઓ છે.તમાારા માટે ઉપલ**હ**ોન કરો 1-855-934-9812 (TTY: 1-855-934-9816).

kreyòl ayisyen/Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-934-9812 (TTY: 1-855-934-9816).

Igbo

Ntj: O buru na asu Ibo, asusu aka oasu n'efu, defu, aka 1-855-934-9812 (TTY: 1-855-934-9816).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-934-9812 (TTY: 1-855-934-9816).)번으로 전화해주십시오.

Português/Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-934-9812 (TTY: 1-855-934-9816).

Русский/Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-934-9812 (телетайп: 1-855-934-9816).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-934-9812 (TTY: 1-855-934-9816).

Urdu/اردو

خبر دار : اگر آپ ار دو بولت میں، تو آپ کو زبان کی مدد کی خدمات منت میں دس کواب میں ۔ کال . (785-851 - 178) -855-934-9812 کال .

Tiếng Việt/Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-934-9812 (TTY: 1-855-934-9816).

Yorùbá/Yoruba

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlowo lori èdè wa fun yin o. E pe ero-ibanisoro yi 1-855-934-9812 (TTY: 1-855-934-9816).

Keeping track of checkups

When you make a dental appointment, use this handy form to write down the time and date. If you can't keep an appointment, call the dentist office to cancel as soon as you can.

Appointment for:		
Checkup date:	Time:	
Dentist name:	Phone number:	
Appointment for:		
Checkup date:	Time:	
Dentist name:	Phone number:	
Appointment for:		
Checkup date:	Time:	
Dentist name:	Phone number:	
Appointment for:		
Checkup date:	Time:	
Dentist name:	Phone number:	
Appointment for:		
Checkup date:	Time:	
Dentist name:	Phone number:	
Appointment for:		
Checkup date:	Time:	
Dentist name:	Phone number:	

Resources

Oral Health Guide Link

https://phpa.health.maryland.gov/oralhealth/Documents/OralHealthResourceGuide.pdf

Maryland Healthy Smiles Dental Program

https://mdmwp.sciondental.com/MWP/Landing

<u>Appendices</u>

Appendix A - Maryland Medicaid Adult Dental Pilot Fee Schedule

Code Description Fee

Description	ree
Diagnostic codes	
Periodic oral evaluation - established patient	\$29.08
Limited oral evaluation	\$43.20
Comprehensive oral evaluation - new or established	
patient	\$51.50
Note: Limit one (1) D0120 or D0150 per patient per 6	
month period.	
•	
Note: Limit one (1) D0150 per patient per 36 month period.	
Diagnostic Imaging	
Bitewing- Single Radiographic Image	\$9.00
Bitewings- Two Radiographic Images	\$15.00
Bitewings- Three Radiographic Images	\$18.00
Bitewings- Four Radiographic Images	\$22.00
Note: Limit one (1) per patient per 12 months period for D0270, D0272, D0273, and D0724.	
Intraoral - Complete Series of Radiographic Images	\$57.00
Intraoral – Periapical First Radiographic Image	\$9.00
Intraoral – Periapical Each Additional	
Radiographic Image	\$6.00
Panoramic Radiographic Image	\$42.00
Note: Limit six (6) per patient per 12 month period	
for D0210 and D0330.	
Preventive Care	
	\$58.15
	γ30.13
period.	
Restorative Care	
Amalgam – One Surface, Permanent	\$70.00
Amalgam – Two Surfaces, Permanent	\$88.00
-	\$104.00
Amalgam – Four or More Surfaces, Permanent	\$104.00
Resin-Based Composite - One Surface, Anterior	\$84.00
	Diagnostic codes Periodic oral evaluation - established patient Limited oral evaluation Comprehensive oral evaluation - new or established patient Note: Limit one (1) D0120 or D0150 per patient per 6 month period. Note: Limit one (1) D0140 per patient per 12 month period. Note: Limit one (1) D0150 per patient per 36 month period. Note: Limit one (1) D0150 per patient per 36 month period. Diagnostic Imaging Bitewing- Single Radiographic Image Bitewings- Two Radiographic Images Bitewings- Four Radiographic Images Bitewings- Four Radiographic Images Note: Limit one (1) per patient per 12 months period for D0270, D0272, D0273, and D0724. Intraoral - Complete Series of Radiographic Images Intraoral - Periapical First Radiographic Image Intraoral - Periapical Each Additional Radiographic Image Panoramic Radiographic Image Note: Limit six (6) per patient per 12 month period for D0230. Note: Limit one (1) per patient per 36 month period for D0210 and D0330. Preventive Care Prophylaxis - Adult (Permanent Dentition) Note: Limit one (1) D1110 per Patient per 6 month period. Restorative Care Amalgam - One Surface, Permanent Amalgam - Two Surfaces, Permanent Amalgam - Three Surfaces, Permanent

D2331	D2331 Resin-Based Composite – Two Surfaces, Anterior	
Resin-Based Composite – Three Surfaces, D2332 Anterior		\$125.00
	Resin-Based Composite – Four or More Surfaces	
D2335	or Involving Incisal Angle (Anterior)	\$151.00
D2391	Resin-Based Composite – One Surface, Posterior	\$93.00
D2392	Resin-Based Composite – Two Surfaces, Posterior	\$120.00
D2393	Resin-Based Composite – Three Surfaces, Posterior	\$150.00
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	\$150.00
	Note: Limit one (1) restoration per patient per tooth per surface per 36 months.	
	Non-Surgical Periodontal Service	
D4355	Comprehensive Evaluation and Diagnosis On a Subsequent Visit	\$100.00
	Note: Limit one (1) full mouth dedbridement per patient per twenty four (24) month period	
	Oral Surgery	
D7140	Extraction, Erupted Tooth Or Exposed Root	\$103.01
D7210	Surgical Removal – Erupted Tooth, Removal of \$103.01 Bone/Sectioning of Tooth	
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$18.00
	•	

^{*} These fees are consistent with the fees on the current Maryland Medicaid Dental Fee Schedule

Appendix B - Maryland Adult Dental Global Treatment Plan

Instructions: At each visit, the provider and member must sign this agreement prior to services being rendered. If rendering any services that are not covered by the Adult Dental Pilot, or that exceed the patient's maximum benefit allowance, a signed Non-Covered Services Agreement will also be required.

CDT						Member	
Code	Description Diagnostic Procedure	Medicaid Fee	Visit 1	Visit 2	Visit 3	Initial	
Oral Evaluations							
D0120	Periodic oral evaluation - established patient	\$29.08					
D0140	Limited oral evaluation	\$43.20					
D0150	Comprehensive oral evaluation - new or established patient	\$51.50					
	Diagnostic Imaging			1	T		
D0270	Bitewing- Single Radiographic Image	\$9.00					
D0272	Bitewings- Two Radiographic Images	\$15.00					
D0273	Bitewings- Three Radiographic Images	\$18.00					
D0274	Bitewings- Four Radiographic Images	\$22.00					
D0210	Intraoral - Complete Series of Radiographic Images	\$57.00					
D0220	Intraoral – Periapical First Radiographic Image	\$9.00					
D0230	Intraoral – Periapical Each Additional Radiographic Image	\$6.00					
D0330	Panoramic Radiographic Image	\$42.00					
	Preventive Care (C	leanings)					
D1110	Prophylaxis – Adult (Permanent Dentition)	\$58.15					
	Restorative Care (Cav	rity Fillings)					
D2140	Amalgam – One Surface, Permanent	\$70.00					
D2150	Amalgam - Two Surfaces, Permanent	\$88.00					
D2160	Amalgam – Three Surfaces, Permanent	\$104.00					
D2161	Amalgam – Four or More Surfaces, Permanent	\$104.00					
D2330	Resin-Based Composite - One Surface, Anterior	\$84.00					
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$102.00					
D2332	Resin-Based Composite – Three Surfaces, Anterior	\$125.00					
	Resin-Based Composite – Four or More Surfaces or Involving						
D2335	Incisal Angle (Anterior)	\$151.00					
D2391	Resin-Based Composite – One Surface, Posterior	\$93.00					
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$120.00					
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$150.00					
D2394	Resin-Based Composite – Four Or More Surfaces, Posterior	\$150.00					
	Non-Surgical Periodo	ntal Service					
	Full Mouth Debridement to Enable a Comprehensive						
D4355	Evaluation and Diagnosis On a Subsequent Visit	\$100.00					
	Oral Surger	·y					
D7140	Extraction, Erupted Tooth Or Exposed Root	\$103.01					
	Surgical Removal – Erupted Tooth, Removal of						
D7210	Bone/Sectioning of Tooth	\$103.01					
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$18.00					
	8	1		 	-		

D7140	D7140 Extraction, Erupted Tooth Or Exposed Root \$103.01					
	Surgical Removal – Erupted Tooth, Removal of					
D7210	Bone/Sectioning of Tooth	\$103.01				
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$18.00				
	Total Funds Needed for Visit (All-Inclusive	e Rate for FQHCs)				
Ι,	(member r	name), understand th	nat Marylaı	nd Adult De	ental Pilot Pi	ogram has an
	0.00 maximum benefit allowance for covered dental services. I		5			
	l be reset at the beginning of the next calendar year, if I am still	-	_			
	enefit allowance during this calendar year, I understand that I v		0 0			C
that will deta	ail my out-of-pocket expenses. I also understand that I can only	y be required to pay	up to the N	Medicaid rat	te of reimbu	rsement for
the services	listed above.					
Member Sig	gnature			Date		
Provider/Of	Provider/Office Representative Signature Date					



Appendix C - Non-Covered Services Agreement

AddressCity, State, Zip				
elephone	<u> </u>			
EmailWebsite				
Provider MA# _				
		, understand that the following p		
		l Program. I further understand that by signing that live is the signing that the side is a speciated with thes		
te of Service	Code	Description of Service	Cost	
tal Amount D	ue by Recipier	it		
Patient Name	/Patient MA#			
Patient/Guardi	an/Beneficiary	Name – Relationship to Patient		
Patient/Guardi	an/Beneficiary		Date	
Dentist Name				



This form must be kept on file and a copy of which available upon request.

Appendix D - Transportation Contacts

Local Transportation Contacts

To set up a ride to a dental appointment, call the local health department or Transit Company in your county. Transportation services provide transportation to Medicaid Covered Services. Once the member uses all of their benefit allowance, they will no longer be eligible to receive Medicaid transportation.

County	Number to call (LHD unless	Call Hours	After Hours Transports (Please call after close of business)
	otherwise noted)		
Allegany	301-759-5123	8:00 a.m. – 5:00 p.m	Butler Medical Transport 410-602-4007 or 1-888-602-4007
Anne Arundel	410-222-7152	8:00 a.m2:30 p.m	AAA Transport: 301-952-1193
Baltimore City	Enrollment & Scheduling 410- 396-7633** as of 5/1/18 Problem Resolution 410-396-7635** as of 5/1/18 Facilities & Professional Offices 410-396-7634** as of 5/1/18	7:30 a.m10:45 p.m. Sat 6:00 a.m 8:45p.m.	TransDev 410-783-2465
Baltimore County	, , ,	8:00 a.m5:00 p.m. 8:30 a.m3:45 p.m	Hart to Heart 443-573-2037
Calvert	410-414-2489	8:00 a.m4:30 p.m.	AAA Transport: 800-577-1050
Caroline	410-479-8014	8:00 a.m. – 4:30 p.m	Best Care Ambulance: 410-476-3688
Carroll	410-876-4813	8:00 a.m4:00 p.m.	Butler Medical Transport 410-602-4007 or 1-888-602-4007
Cecil	410-996-5171	7:30 a.m4:00 p.m	Ambulance 410-920-4167
Charles	301-609 6923 or 301-609-6933	8:00 a.m4:30 p.m	AAA 301-952-1193 or 1-800-577-1050
Dorchester	410-901-2426	8:00 a.m12:00 p.m. & 1:00 p.m 3:00p.m.	Best Care Ambulance 410-4763688

Frederick	301-600-3124	8:00 a.m4:30 p.m.	Transit 301-600-2065 Para med 1-800-572-0005 Butler Medical Transport-1-888-602-4007
Garrett	Enrollment &Scheduling 301- 334-7726 Issues & Concerns 301-334-7727	8:30 a.m5:00 p.m	Garrett Medical Transport 301-334-7900
Harford	410-638-1671	8:30 a.m3:30 p.m	Hart to Heart 443-573-2037 Pre-Scheduled Trips: AAA 301-952- 1193
Howard	877-312-6571	8:30 a.m4:00 p.m	Life Star Response 410-546-0809
Kent	410-778-7025	8:00 a.m4:30 p.m.	Best Care Ambulance 410-758-1999
Montgomery	Montgomery Co Dept of Transportation 240-777-5899	8:30 a.m12:00 p.m.	Freestate Transportation 410-609-2156 Butler Medical 1-888-602-4007
Prince George's	301-856-9555	8:00 a.m4:30 p.m	Pro Care Ambulance 410-823-0030 or 410-661-1800 Falcon (Wheelchair Van) 240-595-0960
Queen Anne's	443-262-4462 or 410-758-0720 Ext. 4462	8:30 a.m11:30 p.m. 1:00 p.m. – 3:00 p.m.	Best Care Ambulance 410-476-3688 or 410-758-1999
St. Mary's	301-475-4296	8:00 a.m5:00 p.m	AAA 1-800-577-1050
Somerset	443-523-1722	8:00 a.m4:30 p.m	East Coast Ambulance 410-663-2012
Talbot	410-819-5609	8:00 a.m. – 3:30 p.m.	Best Care Ambulance 410-476-5907
Washington	240-313-3264	8:00 a.m4:15 p.m	AAA 1-800-577-1050
Wicomico	410-548-5142 Option # 1	8:00 a.m4:30 p.m	East Coast Ambulance 410-663-2012
Worchester	410-632-0092 or 0093	8:00 a.m4:00 p.m.	Best Care 410-476-5907 Lifestar 410-546-0809



SKYGEN USA LLC

Adult Dental Member Handbook

Customer Service Center: 1-855-934-9812 | TTY (for hearing impaired): 1-855-934-9816