Welcome to the Maryland Healthy Smiles Dental Program provider network! We are committed to providing our members the best possible care, keeping them healthy, stable, and independent – it’s our reason for being here. We are pleased to welcome you to our team.

We are Scion Dental, Inc., a nationwide leader in managed benefits administration. The State of Maryland has chosen us to administer dental benefits for members enrolled in the Maryland Healthy Smiles Dental Program.

Throughout your ongoing relationship with Scion Dental, refer to this provider manual for quick answers and useful information, including how to contact us, how to submit claims and authorizations, and what benefits are offered to members.

When you need answers, log on to www.provider.MDhealthysmiles.com, send an email message to providerservices@sciondental.com, or call Provider Services: 844-275-8753.

Scion Dental, Inc., retains the right to add to, delete from, and otherwise modify this provider manual. Contracted providers must acknowledge this provider manual and any other written materials provided by Scion Dental as proprietary and confidential.

To read an overview of any Provider Manual: Version 2 changes, please see details in Revision History: Version 2.

This manual describes Scion Dental policies and procedures that govern our administration of dental benefits for the Maryland Department of Health and Mental Hygiene (DHMH). Scion Dental makes every effort to maintain accurate information in this manual; however, we will not be held liable for any damages due to unintentional errors. If you discover an error, please report it to us by calling 844-275-8753. If information in this manual differs from your Participating Agreement, the Participating Agreement takes precedence and shall control.

This document contains confidential and proprietary information and may not be disclosed to others without written permission from Scion Dental, Inc. © 2016 Scion Dental, Inc. All rights reserved.
Quick Reference Guide

Provider Web Portal: Online, All the Time

Getting paid for the high-quality care you’ve provided to patients should be quick, easy, and convenient. Scion Dental’s user-friendly Provider Web Portal offers a full set of self-service tools that help you get more done, faster.

**Everything You Need  ●  When You Need It  ●  24/7/365**

Use the Provider Web Portal to:

- Check real-time eligibility for multiple patients—*at the same time*.
- Submit electronic authorization requests—*with attachments*.
- Step through a decision tree that shows you the same clinical guidelines our consultants use to evaluate your authorization requests.
- Use our claim estimator to find out in advance whether your claim will be paid or denied, and why—*before you render services*.
- Attach supporting documentation, such as EOBs and x-rays—*online, for no charge*.
- Submit *pre-filled* claim forms and review claim history—*with just a few clicks*.
- Check the real-time status of claims and authorizations—*no need to wait for paper letters to arrive by postal mail*.
- View and print provider manuals, remittance reports, and more.

[www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
When You Need Us – We’ll Be There!

Scion Dental is committed to delivering world-class service to you and your patients. Our Maryland-based customer service teams will provide local service with the support of national resources. A dedicated provider relations representative will be available to answer your questions and arrange in-person visits. *When you need us, we’ll be there!*

Contact us any time for assistance, training, or to arrange an onsite visit:

**Call Provider Services:** 844-275-8753  
**Email:** providerservices@sciondental.com

### Quick Contacts

| **Authorization mailing address** | Maryland Healthy Smiles: Authorizations  
| | PO Box 422  
| | Milwaukee, WI 53201 |
| **Claim mailing address** | Maryland Healthy Smiles: Claims  
| | PO Box 2186  
| | Milwaukee, WI 53201 |
| **Corrected Claims mailing address** | Maryland Healthy Smiles: Corrected Claims  
| | PO Box 541  
| | Milwaukee, WI 53201 |
| **Grievances and Appeals address** | Maryland Healthy Smiles: Grievances/Appeals  
| | PO Box 393  
| | Milwaukee, WI 53201 |
| **Contracting Portal** | [www.scionproviders.com](http://www.scionproviders.com) (access code: **MD**) |
| **Credentialing Team** | 855-812-9211  
| | Email: credentialing@sciondental.com |
| **Electronic Funds Transfer** | Fax: 262-721-0722  
| | Email: providerservices@sciondental.com |
| **Electronic Outreach Team** | 855-434-9239  
| | Email: providerportal@sciondental.com |
| **Fraud & Abuse Hotline** | 877-378-5292 |
| **Provider Services** | 844-275-8753  
| | Email: providerservices@sciondental.com |
| **Provider Web Portal** | [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com) |
# Quick Reference to Common Questions

## Member Eligibility
To verify member eligibility, you can either:

- Log on to Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Call Interactive Voice Response (IVR) eligibility hotline: **844-275-8753**

## Authorization Submission
Submit authorizations in one of the following formats:

- Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper ADA Dental Claim Form, sent via postal mail:
  Maryland Healthy Smiles: Authorizations
  PO Box 422
  Milwaukee, WI 53201

Providers are responsible for asking women if they are pregnant, and then submitting authorizations accordingly. See [Submitting Authorizations for Pregnant Women](#) in the Provider Manual.

For help submitting authorizations via Provider Web Portal, call the Scion Dental Electronic Outreach Team: **855-434-9239**.

## Claims Submission
The timely filing requirement is 12 months.

Submit claims in one of the following formats:

- Provider Web Portal: [www.provider.MDhealthysmiles.com](http://www.provider.MDhealthysmiles.com)
- Electronic submission via clearinghouse, Payer ID: **SCION**
- HIPAA-compliant 837D file
- Paper ADA Dental Claim Form, sent via postal mail:
  Maryland Healthy Smiles: Claims
  PO Box 2186
  Milwaukee, WI 53201

Providers are responsible for asking women if they are pregnant, and then submitting claims accordingly. See [Submitting Claims for Pregnant Women](#) in the Provider Manual.

For help submitting claims via Provider Web Portal, call the Scion Dental Electronic Outreach Team: **855-434-9239**.
## Quick Reference to Common Questions

### Grievance and Appeals
To make grievance or file an appeal, either:

- Write to:
  Maryland Healthy Smiles: Grievances/Appeals
  PO Box 393
  Milwaukee, WI 53201

- Call Provider Services: **844-275-8753**

### Provider Appeals – Authorizations
Authorization Appeals must be filed within 30 days following the date the denial letter was mailed. Scion Dental issues a decision within 30 days if an extension was not requested and granted. Expedited resolution is within 3 business days.

To request reconsideration of a denied authorization, write to:

Maryland Healthy Smiles: Grievances/Appeals
PO Box 393
Milwaukee, WI 53201

### Provider Appeals – Claims
Claim Appeals must be filed within 30 days following the date the denial letter was mailed. Scion Dental issues a decision within 30 days if an extension was not requested and granted.

To request reconsideration of a claims denial, write to:

Maryland Healthy Smiles: Grievances/Appeals
PO Box 393
Milwaukee, WI 53201

### Member Appeals
To submit a written appeal on behalf of a member, write to:

Maryland Healthy Smiles: Grievances/Appeals
PO Box 393
Milwaukee, WI 53201

### Credentialing Appeals
To appeal a credentialing decision, send a request for a reconsideration review within 30 days of receiving an adverse recommendation. Write to:

Maryland Healthy Smiles: Credentialing
PO Box 2059
Milwaukee, WI 53201
# Quick Reference to Common Questions

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<th>EFT (Direct Deposit) Enrollment</th>
<th>Send a completed EFT Authorization Agreement form and voided check by either fax or email:</th>
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<tr>
<td></td>
<td>• Fax: 262-721-0722</td>
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<td>• Email: <a href="mailto:providerservices@sciondental.com">providerservices@sciondental.com</a></td>
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