



December 2015

Dear Provider:

Scion Dental is the benefits administrator for the Maryland Healthy Smiles Dental Program. As a result, we will be responsible for paying for dental services performed on January 1, 2016, or later, provided through Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program for Kids. Our Provider Services team is always to help. You can call **844-275-8753** or reach us by email:

providerservices@sciondental.com.

Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program for Kids

Thank you for your participation as a provider for Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program for Kids. For helpful information regarding the fluoride varnish application service, please see the Office of Oral Health page at the Maryland Department of Health and Mental Hygiene website: <http://phpa.dhmh.maryland.gov/oralhealth/SitePages/mouth-matters.aspx>.

Enclosures

Claim & Payment Procedures. Please find detailed and separate instructions enclosed to both submit claims and receive payments quickly and easily.

- Claim Submission Procedures for Dental Fluoride Varnish Services
- Electronic Payments via Electronic Funds Transfer (EFT)

Electronic Funds Transfer Form. The EFT Authorization Agreement form is also enclosed to process your electronic payments as direct deposits.

Telephone Training for the Provider Web Portal

Scion Dental's Provider Web Portal offers a unique and ideal option for electronic claim submission. Please be assured that the Scion Dental Electronic Outreach Team will contact you or your staff to schedule and then provide over-the-phone, personalized training for online claim submission via the Provider Web Portal. (Again, claim submission procedures for the web portal are also enclosed for your reference.)

Let Us Help!

We are excited to be your partner in the Maryland's Mouths Matter Fluoride Varnish and Oral Health Screening Program for Kids! We look forward to getting to know you and working closely with you. And again—if you have any questions or concerns, please don't hesitate to call us at **844-275-8753** or reach us by email: providerservices@sciondental.com.

Best Regards,

Patrick Ruesch
Director of Provider Services
Scion Dental, Inc.

Claim Submission Procedures for Dental Fluoride Varnish Services

Scion Dental accepts claims submitted in any of the following formats:

- Provider Web Portal, www.provider.MDhealthysmiles.com
- Electronic submission via clearinghouse, Payer ID: **SCION**
- Paper **ADA Dental Claim Form**, available from the American Dental Association

You must use the approved ADA dental code **D1206**, as published in the current CDT (Current Dental Terminology) book, to identify the service line, specifically, the topical application of fluoride varnish for children. Children must be between ages 9 to 36 months old. The **D1206** code can only be billed up to 4 times per year per provider, and each fluoride varnish service must coincide with a well child visit.

Submitting Claims via Provider Web Portal

Providers may submit claims directly to Scion Dental through our Provider Web Portal: www.provider.MDhealthysmiles.com.

Submitting claims via the web portal has several significant advantages:

- The online dental form has built-in features that automatically verify member eligibility, pre-fill the claim form with member information, and make data entry quick and easy.
- Claims enter our benefits administration system faster—which means you receive payment faster.
- As soon as a claim is paid, its status is instantly updated online, and a Remittance Report is available for review.

If you have questions about submitting claims online or accessing the Provider Web Portal, call the Electronic Outreach Team: **855-434-9239**.

Submitting Claims via Clearinghouses

Providers may submit electronic claims to Scion Dental directly via either the Emdeon or DentalXChange clearinghouses. If you use a different clearinghouse, your software vendor can provide you with information you may need to ensure electronic files are forwarded to Scion Dental. Claims submitted via a clearinghouse must be submitted as an ADA Dental Claim.

Scion Dental Payer ID is **SCION**. By using this unique Payer ID with electronic files, Emdeon and DentalXChange can ensure that claims and authorizations are submitted successfully to Scion Dental.

For more information about Emdeon and DentalXChange, visit their websites: www.emdeon.com and www.dentalxchange.com.

Submitting Claims on Paper Forms

To ensure timely processing of paper claims, the following information must be included on the current ADA Dental Claim Form:

- Member Name
- Member Medicaid ID Number (available on the Maryland Healthy Smiles Dental Program **Member ID Card**)
- Member Date of Birth
- Provider Name
- Provider Location
- Billing Location
- Provider NPI
- Payee Tax Identification Number (TIN)
- Date of Service

Missing, incorrect, or illegible information could result in the claim being returned to the submitting provider's office, causing a delay in payment. Use the proper postage when mailing bulk documentation. Mail with postage due will be returned. Mail paper claims to:

Maryland's Mouths Matter: Claims
PO Box 2186
Milwaukee, WI 53201

Electronic Payments

Electronic Funds Transfer (EFT)

Scion Dental offers all providers the option of Electronic Funds Transfer (EFT) for claims payments. With EFT, we can pay claims more efficiently—and you can receive payments faster—because funds are deposited directly into payee bank accounts, eliminating the steps of printing and mailing paper checks.

To receive claims payments through the EFT program:

1. Complete and sign the **EFT Authorization Agreement**. The form is available from the Provider Web Portal: www.provider.MDhealthysmiles.com.
2. Include a voided check with the EFT Authorization Agreement. The transaction cannot be processed without a voided check.
3. Send the EFT Authorization Agreement form and voided check to Scion Dental by fax or email:
 - Fax: **262-721-0722**
 - Email: providerservices@sciondental.com

Allow up to six weeks for the EFT program to be implemented after we receive your completed paperwork. Once you are enrolled in the EFT program, you will no longer receive paper remittance statements through postal mail. Instead, your Remittance Reports will be posted online and made available from the Provider Web Portal as soon as your claims are paid: www.provider.MDhealthysmiles.com.

Once you are enrolled in the EFT program, notify Scion Dental of any changes to bank accounts, including changes in Routing Number or Account Number, or if you switch to a different bank. Use the EFT Authorization Agreement form to submit your changes. Allow up to three weeks for changes to be implemented after we receive your change request. Scion Dental is not responsible for delays in payment if we are not properly notified, in writing, of banking changes.

Electronic Remittance Reports

If you enroll in the Scion Dental EFT program, your Remittance Reports will be made available automatically from the Provider Web Portal. For help registering for the portal or accessing your Remittance Reports, call the Scion Dental Electronic Outreach team: **855-434-9239**.

If you prefer to receive paper checks rather than electronic funds transfers, you can still eliminate paper Remittance Reports and access your payment reports online. To have quick, easy access to Remittance Reports as soon as your claims are paid, send an email message to Provider Services to request electronic remittances: providerservices@sciondental.com.

As soon as the Provider Services team processes your request, paper Remittance Reports will no longer be mailed to you. Your Remittance Reports will be available online through the Provider Web Portal. For help, or for more information about electronic Remittance Reports, call the Scion Dental Electronic Outreach team: **855-434-9239**.



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

To enroll in Scion Dental’s EFT payment program, please fill out this form and you **must return this form with a voided check or the agreement will not be valid.**

PART I – REASON FOR SUBMISSION

Reason for Submission: New EFT Authorization Revision to Current EFT setup (e.g. account or bank changes)

PART II – PROVIDER OR SUPPLIER INFORMATION

Name of Payee: _____

Tax Identification Number: (Designate SSN or EIN) _____

Address of Payee (City, State, Zip): _____

PART III – DEPOSITORY INFORMATION (Financial Institution)

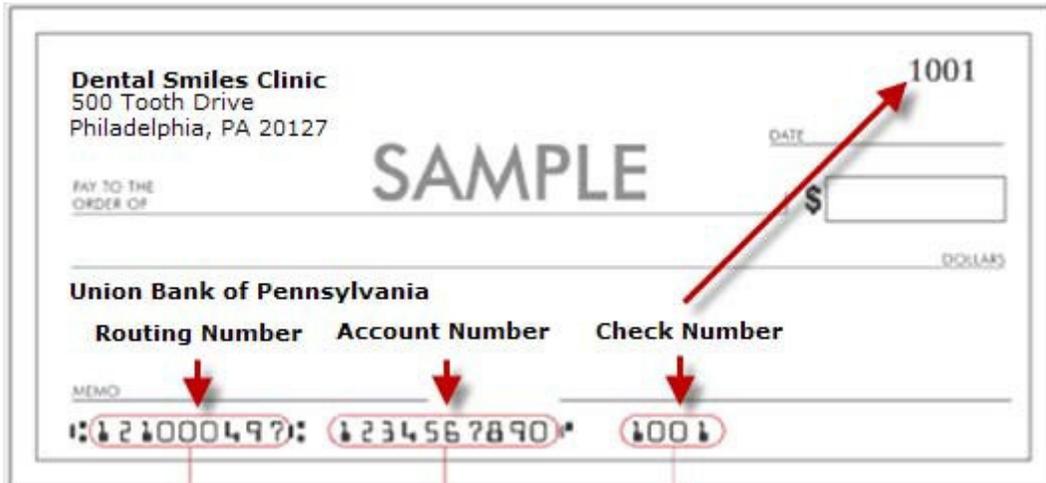
Bank/Depository Name _____

Depository Routing Transit Number (nine digits – include any leading zeros) _____

Depositor Account Number (up to 10 digits – include any leading zeros) _____

Type of Account (check one) Checking Account Savings Account

Please return this form with a voided check or the agreement will not be valid.



PART IV – CONTACT INFORMATION

Name of Billing Contact: _____

Phone Number of Billing Contact: _____

Email Address of Billing Contact: _____

PART V – AUTHORIZATION

I hereby authorize Scion Dental on to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any credit entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above, hereinafter called the DEPOSITORY, to credit the same to such account. This authorization agreement is effective as of the signature date below and is to remain in full force and effect until the CONTRACTOR has received written notification from me of its termination in such time and such manner as to afford the CONTRACTOR and the DEPOSITORY a reasonable opportunity to act on it. The CONTRACTOR will continue to send the direct deposit to the DEPOSITORY indicated above until notified by me that I wish to change the DEPOSITORY receiving the direct deposit. If my DEPOSITORY information changes, I agree to submit to the CONTRACTOR an updated EFT Authorization Agreement.

Signature of Authorized Billing Contact: _____ Date: _____

ELECTRONIC FUNDS TRANSFER (EFT)

Terms of Use

The following terms and conditions, as amended from time to time, ("Agreement") apply to all use of the Scion Dental, Inc.'s ("Scion") Electronic Funds Transfer solution, and the use of any service provided in connection therewith (collectively the "EFT Services"). In this Agreement, the words "you", "your" and "yours" means the individual(s) entity or entities identified on the attached Electronic Fund Transfer (EFT) Authorization Agreement, and the words "we," "our," "us" refers to Scion affiliates and designees. Your enrollment or use of the EFT Services signifies your agreement to be legally bound by the terms and conditions set forth herein.

ACH and Wire Transfers. This Agreement is subject to Article 4A of the Uniform Commercial Code -- Funds Transfer. By signing this Agreement, you authorize Scion, acting directly or indirectly on behalf of or through, any third party administrator, health care coalition, or health plan carrier, or other third party carrier or payer (each a "Carrier") that participates in the EFT Services, to credit or debit the account(s) listed on your Enrollment Form (the "Account" or "Accounts") in connection with processing transactions between you and the Carrier. We may rely upon all Account information and identifying numbers provided by you on the Authorization Agreement to receive payment. We may rely on the routing and account numbers you provided even if they identify a financial institution, person or account other than the one named on the Enrollment Form. You agree to be bound by all applicable law, rules and guidelines related to electronic funds transfers, including, without limitation, 31 CFR Part 210, Article 4A of the UCC and the Automated Clearing House (ACH) Association Rules. The ACH rules provide, among other things, that payments made to you, or originated by you, are provisional until final settlement is made through a Federal Reserve Bank or payment is otherwise made as provided in Article 4A-403(a) of the UCC. If we do not receive such payment, we are entitled to a refund from you in the amount credited to your Account and the Carrier that originated or instructed such payment will not be considered to have paid the amount so credited. We are not required to give you any notice of debits or credits to your Accounts. We may make adjustments to your Accounts whenever a correction or change is required. For example, if we make an error with respect to your Account, you agree that we may correct such error immediately and without notice to you. Such errors may include, but are not limited to, reversing an improper credit to your Account, making adjustments for returned items, and correcting calculation and input errors. Our right to make adjustments shall not be subject to any limitations or time constraints, except as required by law.

Accounts. You represent and warrant that (a) you are the owner of each of the Accounts and (b) none of the Accounts is used primarily for personal, family or household purposes.

Disclosures of Account Information to Others. We may disclose information to third parties about you and your Account(s) and transactions as follows: (i) pursuant to agreements with third parties that assist us in the provision of EFT Services; (ii) to verify the existence and condition of an Account; and (iii) as otherwise necessary for us to provide services or facilitate payments to you.

Amendments and Termination. Scion may add, remove, change or otherwise modify any term of this Agreement at any time. We may also terminate or discontinue some or all of the EFT Services at any time without notice to you.

Governing Law and Venue. The laws of the State of Wisconsin shall govern this Agreement and all disputes arising hereunder. You hereby consent that jurisdiction and venue are proper in the State of Wisconsin for the resolution of any dispute arising under this Agreement.

Severability. If any provision of this Agreement is found to be unenforceable according to its terms, all remaining provisions will continue in full force and effect.

Cooperation. You agree to cooperate fully with us in furnishing any information, documentation or performing any action requested by us. You shall furnish us, upon forty-eight (48) hours' notice, with true, accurate and complete copies of such records, documentation or any other information we or our authorized employees, representatives, agents and any regulatory agencies may request; provided, however, that you shall not be required to divulge any records to the extent prohibited by applicable law.

Ownership. Except as provided in this Agreement, Scion shall have and own all rights, title and interests in the EFT Services and any information arising from or in connection therewith. You hereby acknowledge the specific ownership interests of Scion as set forth herein and you shall not acquire any ownership rights by virtue of this Agreement.

Relationship of the Parties. The relationship between both parties under this Agreement is that of independent parties contracting at an arm's-length with each other. Nothing herein contained shall be construed as constituting a partnership, joint venture or agency between the parties hereto.

Entire Agreement. This Agreement constitutes the only agreement between the parties hereto relating to the subject matter hereof, except where expressly noted herein, and all prior negotiations, agreements and understandings relating to the subject matter hereof, whether oral or written, are superseded or canceled hereby.

Force Majeure. Scion shall not be liable for a delay in performance or failure to perform any obligation under this Agreement to the extent such delay is due to causes beyond our control, including, but not limited to, governmental requests, regulations or orders, utility or communications failure, delays in transportation, national emergency, war, civil commotion or disturbance, war conditions, fires, floods, storms, earthquakes, tidal waves, failure or delay in receiving electronic data, equipment or systems failure or communication failures.

Warranties, Indemnification and Limitation of Liability. SCION HEREBY DISCLAIMS ALL WARRANTIES WITH RESPECT TO THE SERVICES AND PRODUCTS PROVIDED HEREUNDER, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR USE FOR A PARTICULAR PURPOSE. Scion is entering into this agreement as an accommodation and convenience to you, and you will indemnify and hold Scion free and harmless from and against any and all claims, demands, actions, suits damages and costs, whether groundless or otherwise, whether based on contract, negligence or otherwise, and as may arise out of any act or failure to act on the part of Scion. Scion shall incur no liability to you or any other person in the event the intended party does not receive the funds if Scion shall have acted reasonably in transmitting the funds in accordance with your instructions. Scion shall not be held liable or responsible for failures, delays, errors, claims or damages in the execution or effectuation of any transfer occasioned by the fault or negligence of any correspondent bank, agent, or agency for purposes of making or completing transfer of funds. IN NO EVENT SHALL SCION, ITS PARENT, AFFILIATES, SUBSIDIARIES, DIRECTORS, OFFICERS, EMPLOYEES, AGENTS OR REPRESENTATIVES BE LIABLE FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES OR CLAIMS BY YOU OR ANY THIRD PARTY RELATIVE TO THE TRANSACTIONS HERE UNDER.