



SoonerSelect

2024 MEMBER HANDBOOK

LIBERTY Dental Plan

CREATED 03/31/2023

You can get this handbook and other plan information in large print for free. To get materials in large print, call Member Services at 888-700-1093, or TTY 877-855-8039.

If English is not your first language (or if you are reading this on behalf of someone who doesn't read English), we can help. Call 888-700-1093, or TTY 877-855-8039. You can ask for the information in this handbook in your language. We have access to interpreter services and can help answer your questions in your language.

Si el inglés no es su lengua materna (o si está leyendo esto en representación de alguien que no lee inglés), podemos ayudarle. Comuníquese con 888-700-1093, o TTY 877-855-8039. Puede solicitar la información de este manual en su idioma. Tenemos acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.



Discrimination is against the law. LIBERTY Dental Plan (LIBERTY) follows State and Federal civil rights laws. LIBERTY does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

LIBERTY provides free aids and services to people with disabilities, and free language services to people whose primary language is not English, such as:

- Qualified interpreters, including sign language interpreters.
- Written information in other languages and formats, including large print, audio, accessible electronic formats, etc.

If you need these services, please contact us at 1-888-700-1093.

If you believe LIBERTY has failed to provide these services or has discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with LIBERTY's Civil Rights Coordinator:

- **Phone:** 888-704-9833
- **TTY:** 877-855-8039
- **Fax:** 888-273-2718
- **Email:** compliance@libertydentalplan.com
- **Online:** <https://www.libertydentalplan.com/About-LIBERTY-Dental/Compliance/Contact-Compliance.aspx>

If you need help filing a grievance, LIBERTY's Civil Rights Coordinator 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:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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

LIBERTY's HIPAA Privacy Notice provides you with information about your rights and our legal duties and privacy practices with respect to Protected Health Information (PHI), including how we use and disclose your PHI. You can always request a written copy of our most current privacy notice from LIBERTY's Privacy Officer by calling 888.704.9833, or online at: www.libertydentalplan.com/HIPAA-Privacy-Notice.

ATTENTION: If you need help in your language call **1-888-700-1093 TTY: 1-877-855-8039**. Aids and services for people with disabilities, like documents in braille and large print, are also available. These services are free of charge.

الشعار بالعربية (Arabic)

تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-888-700-1093** ، الهاتف النصي: **1-877-855-8039**. المساعدات والخدمات للأشخاص ذوي الاحتياجات الخاصة متوفرة أيضاً، مثل المستندات المكتوبة بطريقة برايل والأحرف بالطباعة الكبيرة. هذه الخدمات مجانية.

ဗမာဘာသာစကား စာသား (Burmese)

သတိပြုရန် - သင့်ဘာသာစကားတွင် အကူအညီလိုအပ်ပါက **1-888-700-1093 TTY - 1-877-855-8039**

သို့ခေါ်ဆိုပါ။ မျက်မမြင်စာ နှင့် စာလုံးအကြီးတို့ဖြင့် စာရွက်စာတမ်းများကဲ့သို့ မသန်စွမ်းသူများအတွက် အကူအညီများနှင့် ဝန်ဆောင်မှုများကိုလည်း ရရှိနိုင်သည်။ ဤဝန်ဆောင်မှုများသည် အခမဲ့ ဖြစ်သည်။

简体中文标语 (Chinese)

注意：如果您需要语言方面的帮助，请拨打 **1-888-700-1093 TTY: 1-877-855-8039**。
可为残疾人士提供援助和服务，例如盲文版和大字体文件。这些服务是免费的。

فارسی زبان به مطلب (Farsi)

توجه: اگر به کمک در زبان خود نیاز دارید با شماره **1-888-700-1093** تماس بگیرید، **TTY: 1-877-855-8039**. کمک‌ها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل یا چاپ بزرگنمایی‌شده نیز وجود دارد. این خدمات مجانی هستند.

Slogan Français

ATTENTION : Si vous avez besoin d'aide dans votre langue, veuillez appeler le **1-888-700-1093 TTY : 1-877-855-8039**. De l'aide et des services pour les personnes en situation de handicap, comme des documents en braille ou en gros caractères, sont également à votre disposition. Ces services sont gratuits.

Deutscher Slogan (German)

ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, bitte **1-888-700-1093 TTY wählen: 1-877-855-8039**. Hilfsmittel und Dienstleistungen für Menschen mit Behinderungen, wie z.B. Dokumente in Blindenschrift und Großdruck, stehen ebenfalls zur Verfügung. Diese Dienstleistungen sind kostenlos.

Nge Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog nej xav tau kev pab txhais koj yam lus cia li hu **1-888-700-1093**, **TTY: 1-877-855-8039**. Tej khoom pab thiab tej kev pab rau cov neeg uas xiam oob qhab, xws li cov ntaub ntawv uas muaj braille thiab muaj tsiaj ntawv loj, los kuj muaj thiab. Tej kev pab no los pub dawb tsis them nqi li.

한국어 태그라인 (Korean)

주의: 본인이 사용하는 언어로 도움을 받고자 할 경우 **1-888-700-1093**, TTY: **1-877-855-8039** 번으로 연락하시기 바랍니다. 장애인을 위한 점자 또는 큰 활자 문서와 같은 지원 및 서비스도 이용할 수 있습니다. 이러한 서비스는 무료입니다.

ຄຳບັນຍາຍເປັນພາສາລາວ (LAOTIAN)

ຂໍ້ຄວນໃສໃຈ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໃຫ້ໂທຫາ **1-888-700-1093**, TTY: **1-877-855-8039**. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການຕ່າງໆ ສໍາລັບຄົນພິການ ເຊັ່ນວ່າ: ເອກະສານທີ່ເປັນຕົວອັກສອນສໍາລັບຄົນພິການຕາ ແລະ ພິມເປັນຕົວໃຫຍ່ ກໍມີໃຫ້ພ້ອມໃຊ້ງານໄດ້. ການບໍລິການເຫຼົ່ານີ້ ແມ່ນບໍ່ໄດ້ເສຍຄ່າ.

Mensaje en español (Spanish)

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1-888-700-1093**, TTY: **1-877-855-8039**. También se encuentran disponibles ayudas y servicios para personas con discapacidades, como documentos en braille y en letra grande. Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika tumawag sa **1-888-700-1093**, TTY: **1-877-855-8039**. Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking letra, ay makukuha rin. Ang mga serbisyong ito ay libre.

แท็กไลน์ภาษาไทย (Thai)

หมายเหตุ: หากท่านต้องการความช่วยเหลือในภาษาของท่าน ให้โทรไปที่ **1-888-700-1093**, TTY: **1-877-855-8039**. มีทั้งอุปกรณ์ช่วยเหลือและบริการต่าง ๆ สำหรับคนพิการ เช่นเอกสารที่เป็นอักษรเบรลล์หรือตัวพิมพ์ใหญ่ ไม่ต้องเสียค่าใช้จ่ายสำหรับบริการเหล่านี้

اردو میں ٹیگ لائن

توجہ: اگر آپ کو اپنی زبان میں مدد کی ضرورت ہے کال **1-888-700-1093** TTY: **1-877-855-8039**. معذوروں کی امداد اور خدمات، جیسے بریل یا بڑے پرنٹ میں دستاویزات، میں بھی دستیاب ہیں۔ یہ خدمات مفت ہیں۔

Khẩu hiệu tiếng Việt (Vietnamese)

LƯU Ý: Nếu quý vị cần hỗ trợ với ngôn ngữ của quý vị, hãy gọi theo số **1-888-700-1093**, TTY: **1-877-855-8039**. Cũng có sẵn các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu chữ nổi braille và bản in chữ lớn. Các dịch vụ này là miễn phí.

Your LIBERTY Dental Plan Quick Reference Guide

| I WANT TO: | I CAN CONTACT: |
|---|--|
| Find a dentist, specialist, or health care service. | My Primary Care Dentist (PCD), is the primary dentist providing care to me. For help with choosing a PCD, call Member Services at 888-700-1093, TTY 877-855-8039 |
| Get the information in this handbook in another format or language. | Call Member Services at 888-700-1093, TTY 877-855-8039 |
| Keep better track of my appointments and health services. | My PCD or Member Services at 888-700-1093, TTY 877-855-8039 |
| Get answers to basic questions or concerns about my health, symptoms, or medicines. | My PCD or Member Services at 888-700-1093, TTY 877-855-8039. |
| <ul style="list-style-type: none"> • Understand a letter or notice I got in the mail from my dental plan. • File a complaint about my dental plan. • Get help with a recent change or denial of my dental care services. | Member Services at 888-700-1093, TTY 877-855-8039. |
| Update my address. | Visit www.MySoonerCare.org or call the SoonerCare Helpline at 800-987-7767. |
| Find my plan's provider directory or other general information about my plan. | Visit my plan's website at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx or call Member Services at 888-700-1093, TTY 877-855-8039. |

Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

- **Abuse:** Provider or member practices that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary.
- **Advance Directive:** A set of directions you give about the health care you would want if you ever lost the ability to make decisions for yourself. This may include a living will, the appointment of a health care proxy, or both.
- **American Indian/Alaska Native (AI/AN):** An individual who is a member of a federally recognized American Indian tribe; who resides in an urban center and qualifies as a member of an American Indian tribe, Alaska Native, or is considered an Indian under federal regulations; or is considered by the federal government to be an American Indian for any purpose. AI/AN may be used to refer to this population.
- **Appeal:** A request to the plan to review a decision the plan made about reducing, stopping, or restricting your health care services.
- **Applicable:** Applies to or refers to affecting someone or something.
- **Beneficiary:** A person who is eligible for SoonerSelect Medicaid benefits. Also known as a member, enrollee, or subscriber.
- **Benefits:** A set of medically necessary dental healthcare services provided by a LIBERTY dentist that are covered through the SoonerSelect Medicaid Dental Program.
- **Care Manager:** A specially trained health professional who works with you and your dentist to make sure you get the right care when and where you need it.
- **Caries:** Another word for tooth decay or cavities.
- **Complaint:** See the definition for “grievance”.
- **Co-payment (Co-pay):** A fee you pay when you get certain health care services or a prescription.
- **Covered services:** See the definition for “benefits”.
- **Dental Services:** Medically necessary treatment of the teeth and associated structures of your teeth, gums, and mouth, including orthodontic treatment.
- **Emergency Services:** Services you receive to evaluate, treat, or stabilize your emergency medical condition.
- **Emergency Medical Transportation:** Ambulance transportation to the nearest hospital or medical facility for an emergency medical condition.
- **Early and Periodic Screening, Diagnosis, and Treatment (EPSDT):** A federal program that requires health care for children under the age of 21 through periodic screenings, diagnostic and treatment services. Dental care is included in the EPSDT program.
- **Eligibility:** To meet the requirements to receive Medicaid benefits.
- **Emergency Care:** A dental examination or evaluation by a LIBERTY dentist or specialist to determine if an emergency dental condition exists, and to provide care to treat any emergency symptoms within the capability of the facility and professionally recognized standards of care.

- **Emergency Dental Condition:** A dental condition that if not treated immediately could reasonably cause harm to the person's life or health, causing severe pain or impairing function.
- **Endodontist:** A dental specialist who limits their practice to treating diseases and injury of the pulp and root of the tooth.
- **Excluded Benefits:** Services or benefits that are not covered by the dental plan.
- **Expedited (fast) Appeal:** If you think waiting 30 days for an appeal decision will harm your dental health or life, a decision the plan made about denying, delaying, modifying, or limiting your dental healthcare services. Approved fast appeals will be done within 72 hours from the time of the request.
- **Fraud:** Intentional trick or dishonest way to gain an unauthorized benefit for yourself or another person.
- **Grievance:** A complaint you can file if you have a problem with your dental plan, provider, care, or services. A complaint can also be made by your authorized representative.
- **Health Insurance:** A type of insurance coverage that pays for your health and dental costs. Your Medicaid coverage is a type of insurance.
- **Identification:** Something that proves who a person is, such as a driver's license.
- **Indian Health Care Provider (IHCP):** A health care program operated by Indian Health Services or by an Indian tribe, tribal organization, or urban Indian organization. IHCP may be used to refer to this kind of provider. Any individual who is an American Indian or Alaska Native (AI/AN) may choose an IHCP as their primary care dentist (PCD).
- **Limitations:** Means the number and types of services allowed, and/or the most affordable dental treatment option.
- **Medicaid:** A health and dental plan that helps some individuals pay for health care. For example, the SoonerSelect plan is a Medicaid health program that pays for health coverage for children.
- **Medically Necessary:** Dental services or treatments that you need to improve or protect health, life, or function, to slow the deterioration of health, life, or function, or for the early screening, prevention, evaluation, diagnosis, or treatment of a disease, condition, illness, or injury.
- **Member:** A person enrolled in and covered by a dental plan. Also known as a beneficiary, member, enrollee, or subscriber.
- **Network (or Provider Network):** A group of dentists and other dental specialists who have a contract with your dental plan to provide dental services for members.
- **Non-Emergency Medical Transportation:** Your plan can help you get to and from your appointments, including personal vehicles, taxis, vans, mini-buses, and public transportation.
- **Non-Participating Provider/Out-of-Network Provider:** A dentist or dental specialist who has not contracted with or is not employed by the dental plan to deliver services under the SoonerSelect dental program.
- **Notice of Adverse Benefit Determination:** A written notice sent by your plan that denies, delays, modifies, or limits a request for authorization of services, payment, or in response to an appeal in which the plan denies, delays, limits, or modifies dental healthcare services.
- **Notice of Resolution:** A written notice the plan sends you after a decision is made about an appeal or grievance you filed with the plan.

- **Oklahoma Health Care Authority (OHCA):** The state agency for Medicaid in Oklahoma and the agency that oversees the SoonerSelect dental program.
- **Oral Surgeon:** A dental specialist who limits their practice to the diagnosis and surgical treatment of diseases, injuries, deformities, defects, and appearance of the mouth, jaws, and face.
- **Orthodontist:** A dental specialist who limits their practice to the prevention and treatment of problems in the way the upper and lower teeth fit together in biting or chewing.
- **Other Health Coverage/Other Health Insurance:** Coverage for dental-related services you may have under any private dental plan, any insurance program, or any other state, or federal dental care program.
- **Out-of-Network Referral:** If your health plan does not have the specialist you need in its provider network, they may find one for you to visit who is outside your health plan.
- **Participating Provider:** A dentist or other dental provider who is contracted with or employed by the dental plan to deliver services under the SoonerSelect dental program.
- **Pedodontist (Pediatric Dentist):** A dental specialist who limits their practice to the treatment of children from birth through adolescence, providing primary and a full range of preventive care treatment.
- **Periodontist:** A dental specialist who limits their practice to the treatment of diseases of the gums and tissue around the teeth.
- **Plan (or Dental Plan):** The company providing you with dental insurance coverage.
- **Premium:** A monthly payment made for health insurance coverage. You do not have a premium in SoonerSelect dental. Plan members do not have to pay a premium.
- **Primary Care Dentist (PCD):** The ongoing relationship between you and your dentist that includes all aspects of oral health care including acute care and preventive services; delivered in a continuous, coordinated and family-centered way.
- **Prior Authorization (or Pre-authorization):** A request sent in by your dentist to the plan before you can get certain dental healthcare services.
- **Prescription Drugs:** A drug that, by law, requires a prescription by a dentist. Prescription drugs are covered by your SoonerSelect medical plan (BCBS OK, Humana Healthy Horizons in Oklahoma, Oklahoma Complete Health or UnitedHealthcare) and not LIBERTY.
- **Prescription Drug Coverage:** Health insurance or plan that helps pay for prescription drugs and medications. Prescription drugs are covered by your SoonerSelect medical plan (BCBS OK, Humana Healthy Horizons in Oklahoma, Oklahoma Complete Health or UnitedHealthcare) and not LIBERTY.
- **Primary Care Dentist (PCD):** The dental provider who takes care of and coordinates all your dental needs, including referrals and prior authorizations. Your PCD is often the first person you should contact if you need dental care. If you are an individual who is American Indian or Alaska Native (AI/AN), you may pick an Indian Health Care Provider (IHCP) as your PCD.
- **Provider:** A dental professional or a facility that delivers dental services to SoonerSelect members.
- **Provider Directory:** A list of all participating providers in the plan's network.
- **SoonerSelect:** An organized way for providers to work together to coordinate and manage all your dental healthcare needs. You can think of it as a central home for your health.

- **Specialist:** A dentist who is trained and practices in a specific area of medicine. Examples of dental specialties are endodontists, periodontists, oral surgeons, and orthodontists.
- **Specialty Care:** Advanced medically necessary dental care that focuses on specific dental conditions and is provided by a specialist.
- **Standard Appeal:** A request to your health plan to review a decision the plan made about reducing, stopping, or restricting your health care services. Your plan will decide on your appeal within 30 days.
- **State Fair Hearing:** A legal process for which you can make your case before an administrative law judge if you are not happy about a final decision your plan made that denies, delays, modifies, or limits your dental healthcare services after you have completed the appeal process with the plan.
- **Urgent Dental Care:** Dental care that cannot wait for routine care by a regularly scheduled appointment. This includes illnesses or injuries that are not life-threatening but need prompt dental intervention to prevent the condition from worsening.
- **Waste:** The overuse or misuse of health care services that increases Medicaid costs.

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SoonerSelect

Program

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Welcome to LIBERTY Dental Plan's SoonerSelect Dental Program

This handbook will be your guide to the full range of Medicaid dental care services available to you. If you have questions about the information in your welcome packet, this handbook or your new dental plan, call Member Services at 888-700-1093, TTY 877-855-8039 or visit our website at [LIBERTY Dental Plan of Oklahoma - Oklahoma Homepage](#). We can also help you make an appointment with your dentist and tell you more about the services you can get with your new dental plan.

How SoonerSelect Dental Works

The Plan, Our Providers and You

- Many people get their health benefits through programs like SoonerSelect dental, which works like a central home for your health and helps coordinate and manage all your health care needs.
- LIBERTY has a contract with the Oklahoma Health Care Authority to meet the dental care needs of people with Oklahoma Medicaid. In turn, we partner with a group of dental care providers to help us meet your needs. These providers (dentists and dental specialists) make up our provider network. You will find a list in our provider directory. You can visit our website at [LIBERTY-Dental-Plan-of-Oklahoma](#) to find the provider directory online. You can also call Member Services at 888-700-1093, TTY 877-855-8039 to get a copy of the provider directory.
- When you join LIBERTY, our providers are here to support you. Most of the time, that person will be your Primary Care Dentist (PCD). The PCD is the dental provider who takes care of and coordinates all your dental needs, including referrals and prior authorizations. If you need to see a dental specialist, your PCD can help arrange it.
- PCD after hours or weekends, call and leave a message with details on where or how you can be reached. Your PCD will get back to you as soon as possible. Even though your PCD is your main source for dental care, in some cases, you can go to certain dentists for some services without checking with your PCD. See Section(s) "Get These Services from LIBERTY without a Referral", "Emergencies", and "Urgent Care" for details.

How to Use This Handbook

This handbook will tell you how your LIBERTY Dental Plan will work. This handbook is your guide to dental services. It tells you the steps to take to make the plan work for you.

The first several pages will tell you what you need to know right away. The rest of the handbook can wait until you need it. Use it for reference or check it out a bit at a time.

When you have a question, check this handbook, ask your PCD or call Member Services at 888-700-1093, TTY 877-855-8039. You can also visit our website at [LIBERTY-Dental-Plan-of-Oklahoma](#).

Help from Member Services

There is someone to help you at Member Services. Just call Member Services at 888-700-1093, TTY 877-855-8039. For help with non-emergency issues and questions, call Member Services Monday through Friday 6 AM to 6 PM. The call is toll free. You can also visit us online at any time at [LIBERTY-Dental-Plan-of-Oklahoma](#).

- In case of a medical emergency, call 911. For example, you have a broken jaw, you cannot move, or your life is in danger.
- **You can call Member Services to get help anytime you have a question.** You may call us to choose or change your PCD; to ask about benefits and services; to get help with referrals; to replace a lost ID card; to report the birth of a new baby; or to ask about any change that might affect you or your family's benefits.
- **Non-English speakers:** If you are reading this on behalf of someone who doesn't read English, we can help. We want you to know how to use your dental plan, no matter what language you speak. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help.
- **For people with disabilities:** If you use a wheelchair or have trouble hearing or understanding, call us if you need extra help. If you are reading this on behalf of someone who is blind, deaf-blind, or has difficulty seeing, we can also help. We can tell you if a dentist's office is wheelchair accessible or is equipped with special communications devices. Also, we have services such as:
 - TTY machine. Our TTY phone number is 877-855-8039.
 - Information in large print.
 - Help with making or getting to appointments.
 - Names and addresses of dentists who specialize in your condition.

Auxiliary Aids and Services

If you have a hearing, vision, or speech impairment, you have the right to receive information about your dental plan, care, and services in a format you can understand and access. LIBERTY provides free aids and services to help you communicate effectively with us, such as:

- TTY machine. Our TTY phone number is 877-855-8039.
- Qualified American Sign Language interpreters.
- Written information in other formats (such as Braille, large print, audio, accessible electronic format, and other alternative formats).

These services are available to members for free. To ask for aids or services, call Member Services at 888-700-1093, 877-855-8039.

LIBERTY complies with federal civil rights laws and does not leave out or treat people differently because of race, color, national origin, age, sex, sexual orientation, gender identity, or disability. LIBERTY will not discriminate against anyone because of frequent or high-cost care, health status, need for dental care services, or due to an adverse change in enrollment or re-enrollment with LIBERTY.

If you believe LIBERTY failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at 888-700-1093, TTY 877-855-8039. You can also file a complaint online at any time at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx.

How You Become a Member of the SoonerSelect Dental Program

As an American Indian/Alaskan Native (AI/AN), if you choose not to enroll or later decide to disenroll from the SoonerSelect dental program, you will be able to opt in again during the next open enrollment period. Open enrollment periods happen about every 12 months.

All other individuals who are determined eligible for SoonerCare and the SoonerSelect dental program will be enrolled in the SoonerSelect dental program by SoonerCare. You may not disenroll from the SoonerSelect dental program, but you may change dental plans as discussed below.

How You Become a Member of LIBERTY

As an American Indian/Alaskan Native (AI/AN), if you opt in to the SoonerSelect dental program, you can pick your dental plan when first enrolled and during open enrollment periods. If you opt in to the SoonerSelect dental program and don't pick a dental plan, SoonerCare will assign one to you. You can disenroll from your assigned dental plan and pick a different dental plan any time within the first 90 days after your dental plan benefits begin or during an open enrollment period, about every 12 months.

All other individuals who are enrolled in the SoonerSelect dental program will have the option to pick a dental plan when first enrolled and during open enrollment periods, about every 12 months. If you don't pick a dental plan, SoonerCare will assign one to you.

You can disenroll from your assigned dental plan and choose a different dental plan any time within the first 90 days after your dental plan benefits begin or during an open enrollment period.



Your Dental Plan ID Card

Your LIBERTY ID card is mailed to you 7 days after you enroll in or request a new card from your dental plan. You can visit us online at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx or use our free LIBERTY mobile app on your mobile phone or computer to get an electronic ID card or to request a new ID card.

We use the mailing address on file at Oklahoma Health Care Authority. It will have your Medicaid identification number and information about how you can contact us if you have any questions. Your ID card will have LIBERTY's claims information for providers to use. If anything is wrong on your LIBERTY ID card, call us right away. If you lose your card, we can help. Call Member Services at 888-700-1093, TTY 877-855-8039. Carry your ID card and show it each time you go for care.

If you are experiencing a dental emergency, and have not received your LIBERTY ID card yet, call Member Services for help at 888-700-1093, TTY 877-855-8039. We can help you schedule an appointment and confirm your eligibility with the dental office so you can receive care.

Here is a sample of a LIBERTY ID card to show you what yours will look like:


(888) 700-1093
www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx

NAME Subscriber First Middle Last Name
ID# Subscriber Number **EFEC** Effective Date
GRP# [Group Number] Group Name
PLAN Plan Name
PRV# [Office Number] Office Name
Office Address1 Office Address2
Office City, Office State Office Zip
Office Phone

NOTICE TO MEMBER

In case of an emergency, call 911 or go to your nearest emergency room. Please refer to your Member Handbook for specific emergency care coverage or call your Primary Care Dentist for an immediate appointment.

En caso de una emergencia, llame al 911 o diríjase a la sala de emergencias más cercana. Consulte su Manual para Miembros para obtener información sobre la cobertura de atención de emergencia específica o llame a su dentista de atención primaria para programar una cita inmediata.

Behavioral Health Services toll-free 24-hour hotline: 988
EDI Payer ID: CX083
Member Service/Grievance & Appeals: (888) 700-1093 TTY: (877) 855-8039
Provider toll-free line: (888) 902-0342
Business Hours: Monday – Friday 6:00 a.m. – 6:00 p.m. Central Time
To report suspected Fraud, Waste or Abuse: (888) 704-9833

THIS CARD DOES NOT GUARANTEE ELIGIBILITY

Your Privacy

Your privacy is important to us. You have rights when it comes to protecting your health. Your privacy is important to us. You have rights when it comes to protecting your health information, such as your name, Plan identification number, race, ethnicity, and other things that identify you. We will not share any health information about you that is not allowed by law.

If you have any questions, call Member Services. Our privacy policies and protections are:

A statement describing LIBERTY's policies and procedures for preserving the confidentiality of dental records is available and will be furnished to you upon request. As required by law, this notice is about your rights, our legal duties and privacy practices with respect to the privacy of Protected Health Information (PHI). This notice also talks about the way we may collect, use, and disclose your PHI. We must follow the orders of the notice currently in effect. We keep the right to make changes to this notice from time to time and to make the changed notice effective for all PHI we keep. You can find our most current privacy notice on our website at

libertydentalplan.com/About-LIBERTY/Compliance/HIPAA-Privacy-Notice.aspx

Call our Member Services at 888-700-1093, TTY 877-855-8039 for a written copy of this notice.

PART I: First Things You Should Know

How to Choose Your PCD

Your PCD is a dentist who will care for your dental health, coordinate your needs, and help you get referrals for specialized services if you need them. When you enroll in LIBERTY, a PCD will be assigned to you. You will have an opportunity to change and pick your own PCD. To pick your PCD, call Member Services at 888-700-1093, TTY 877-855-8039. (See “How to Change Your PCD” to learn how you can change your PCD.) You can visit us online at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx.

- If we pick a provider for you, we will try to find a provider you have seen before. Any provider we pick for you will be close to your home.
- When deciding on a PCD, you may want to find a PCD who:
 - You have seen before.
 - Understands your oral health needs.
 - Is taking new patients.
 - Can serve you in your language.
 - Is easy to get to.
- Each family member enrolled in LIBERTY can have a different PCD, or you can pick one PCD to take care of the whole family. Call Member Services at 888-700-1093, TTY 877-855-8039 to get help with picking a PCD who is right for you and your family.
- You can find the list of all the dental providers who partner with LIBERTY in our provider directory. You can visit our website at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx to look at the provider directory online. You can also call Member Services at 888-700-1093, TTY 877-855-8039 to get a copy of the provider directory.
- If you are an American Indian/Alaska Native individual, you may pick an Indian Health Care Provider as your PCD, but you don't have to.
- If your provider leaves LIBERTY, we will tell you within 15 days from when we know about this. If the provider who leaves LIBERTY is your PCD, we will contact you to help you find another PCD.
- If your PCD leaves LIBERTY, you may be able to keep getting services from that provider. This is called continuity of care. LIBERTY will provide continuity of care services if the following terms are met:
 - The services are covered under your dental plan.
 - The services are medically necessary.
 - The services meet our clinical guidelines.
 - You did not have access to a LIBERTY contracted provider.
- LIBERTY will provide continuity of care service for the following when the above terms are met:
 - Services that are not finished by the provider before leaving LIBERTY.
 - Services that are not finished by an out-of-network provider when you become active with LIBERTY.

How to Change Your PCD

- When you enroll in LIBERTY, you can pick a PCD from our network, or we can pick one for you. Your ID card will have your name and LIBERTY's claims information for your provider. If LIBERTY picks a PCD for you, you can change your PCD within the first month and that change will become effective the next business day. After that, or if you pick your own PCD, you can change your PCD any time and the change will be effective.

You can change your PCD at any time. You do not have to give us a reason for the change. If you would like to change your PCD, you can do so by calling Member Services at 888-700-1093, TTY 877-855-8039, visiting your member portal at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx.

How to Get Regular Dental Care

- Regular dental care means regular checkups to keep your teeth healthy, advice on when you need it, and referrals to dental specialists when needed. It means you and your PCD work together to keep you well or to see that you get the care you need.
- Your PCD is only a phone call away. Be sure to call your PCD if you have a dental question or concern. If you call after hours or on weekends, leave a message with details on where or how you can be reached. Your PCD will call you back as quickly as possible. Remember, your PCD knows you and knows how your dental plan works.
- Your PCD will take care of most of your dental care needs, but you must have an appointment to see your PCD. If ever you cannot keep an appointment, call to let your PCD know.
- **Make your first regular dental care appointment.** As soon as you pick or are assigned a PCD, call to make a first appointment. There are several things you can do to help your PCD get to know you and your dental needs. Your PCD will need to know as much about your dental history as possible. Make a list of your dental background, any problems you have now, and the questions you want to ask your PCD. Be sure to include any medications and supplements you are taking. In most cases, your first visit should be within three months of you joining LIBERTY.
- **If you need care before your first appointment,** call your PCD's office to explain your concern. Your PCD can give you an earlier appointment. You should keep the first appointment to talk about your dental history and ask questions.
- **If you need care before you pick or are assigned a PCD,** call Member Services at 888-700-1093, TTY 877-855-8039 for help.
- It is important to LIBERTY that you can visit a dentist within a reasonable amount of time, depending on what the appointment is for. When you call for an appointment, use the appointment guide below to know how long you may have to wait to be seen.

| APPOINTMENT GUIDE | |
|--|---|
| IF YOU CALL FOR THIS TYPE OF SERVICE: | YOUR APPOINTMENT SHOULD TAKE PLACE: |
| Preventive care services like routine checkup) | <ul style="list-style-type: none"> • Within 30 days for routine appointment • Within 24 hours for urgent care |
| Dental specialists | <ul style="list-style-type: none"> • Within 60 days for routine appointment • Within 24 hours for urgent care |

If you are having trouble getting the care you need within the time limits described above, call Member Services at 888-700-1093, TTY 877-855-8039.

How to Get Specialty Care – Referrals

- If you need specialized care that your PCD cannot give, your PCD will refer you to a specialist who can. A specialist is trained to practice in a specific area of medicine (such as a periodontist or an oral surgeon). If your PCD refers you to another dentist or specialist, we will pay for your care. Most of these specialists are LIBERTY providers. Talk with your PCD or call Member Services at 888-700-1093, TTY 877-855-8039 to be sure you know how referrals work.
- If you think a specialist does not meet your needs, talk with your PCD. Your PCD can help you if you need to see a different specialist.
- There are some treatments and services your PCD must ask LIBERTY to approve before you can get them. Your PCD will be able to tell you what they are.
- If you have trouble getting a referral you think you need, contact Member Services at 888-700-1093, TTY 877-855-8039.
- If LIBERTY does not have a specialist in our provider network who can give you the care you need, we will refer you to a specialist outside our plan. This is called an out-of-network referral. Your PCD or another network provider must ask LIBERTY for approval before you can get an out-of-network referral.
- Benefits will not be paid for services performed by an out-of-network provider unless you have written approval from LIBERTY or if it is an emergency situation. You will have to pay for any out-of-network services not pre-approved by LIBERTY.
- It is important that you get a referral before seeing a specialist or an out-of-network provider. If you do not, there may be a delay in services, and you may be responsible for paying for the services out-of-pocket.
- Sometimes we may not approve an out-of-network referral because we have a provider in LIBERTY who can treat you. If you do not agree with our decision, you can appeal our decision. See Section “Appeals” to find out how.
- Sometimes, we may not approve an out-of-network referral for a specific treatment because you asked for care that is not very different from what you can get from a LIBERTY provider. If you do not agree with our decision, you can appeal our decision. See Section “Appeals” to find out how.

LIBERTY's goal is to get you the right care, at the right time, from the right provider. You may qualify for Care Coordination/Case Management if you have a dental condition that requires extra support, or if you have a long-term medical condition, illness, are pregnant, or homeless.

A Case Manager can help you get the care you need. Your Health Plan Case Manager may work with us to coordinate dental care along with other medical services, community-based organizations and/or the State of Oklahoma. Contact Member Services at 888-700-1093, TTY 877-855-8039 to request a Case Manager to assist you with coordinating your dental care needs.

Out-of-Network Providers

An in-network provider is a dentist or other provider who is contracted with or employed by LIBERTY to deliver services under the SoonerSelect dental program. An out-of-network provider is a dentist or other provider who is not contracted with or employed by LIBERTY to deliver services under the SoonerSelect dental program. If we do not have a specialist in our provider network who can give you the care you need, we will get you the care you need from a specialist outside our plan or an out-of-network provider. For help and more information about getting services from an out-of-network provider, talk to your primary care dentist (PCD) or call Member Services at 888-700-1093, TTY 877-855-8039. If you are AI/AN, you may receive services from any Indian Health Care Provider (IHCP), even if the IHCP is out of network.

Get These Services from LIBERTY Without a Referral

You do not need a referral to get these services:

- Preventive care.
- Services provided by IHCPs to AI/AN members.

Emergencies

If you believe you have an emergency, call 911 or go to the nearest emergency room.

You do not need approval from any plan or provider before getting emergency care, and you are not required to use our facilities.

If you're not sure, call your PCD during regular business hours. After hours can be managed by a live service, paging system for call back, or the office voicemail greeting. Tell the person you speak with what is happening. Your PCD's team will:

- Tell you what to do at home.
- Tell you to come to the PCD's office or
- Tell you to go to the nearest urgent care or emergency room.

If you are out of the area when you have an emergency, go to the nearest emergency room.

Remember: Use the emergency room only if you have an emergency. If you have questions, call your PCD or LIBERTY Member Services at 888-700-1093, TTY 877-855-7039.

You are covered for dental emergencies. An emergency is a situation in which your life could be threatened, or you could be hurt permanently if you don't get care right away. Some examples of an emergency are:

- Uncontrolled bleeding
- Lockjaw
- Trauma

Some examples of non-emergencies are oral exams, preventive services, and cleanings. Non-emergencies may also be a loose crown or filling. These may feel like an emergency, but they are not a reason to go to the emergency room.

Urgent Care

You may have a dental condition that is not an emergency but still needs prompt care and attention. This could be something that requires immediate attention to relieve severe pain or risk of infection to avoid the likely onset of an emergency dental condition. Some examples of urgent care are:

- A chipped tooth
- Lost filling, crown, or bridge
- Dull toothache

Whether you are at home or away, call your PCD any time, day, or night. If you cannot reach your PCD, call Member Services at 888-700-1093, TTY 877-855-8039. Tell the person who answers what is happening. They will tell you what to do.

Care Outside Oklahoma

LIBERTY has In-Network providers outside of the Oklahoma border and Member Services can assist in locating. In some cases, LIBERTY may pay for dental services you get from a provider located along the Oklahoma border or in another state. Your PCD and LIBERTY can give you more information about which providers and services are covered outside of Oklahoma by your dental plan and how you can get them, if needed.

- If you need medically necessary dental emergency care while traveling anywhere within the United States and its territories, LIBERTY will pay for your care.
- LIBERTY covers emergency dental care. A dental emergency can be pain, bleeding, or swelling that can cause harm to you or your teeth if not fixed right away. If you are away from home, you can find a dentist that is close to you to get emergency care. Dentists who are not contracted with LIBERTY may charge you for emergency care. If you pay for emergency care, we will pay you back.
- Your dental plan will not pay for care received outside of the United States and its territories.

If you have any questions about getting care outside of Oklahoma or the United States, talk with your PCD or call Member Services at 888-700-1093, TTY 877-855-8039.

PART II: Your Benefits

The rest of this handbook is for your information when you need it. It lists covered and the non-covered services. If you are having problems with your dental plan, the handbook tells you what to do. The handbook has other information you may find useful. Keep it handy for when you need it.

Benefits

The SoonerSelect dental program provides benefits or dental care services covered by your plan. LIBERTY will provide or arrange for most dental services you will need. Your dental benefits will add to your overall health.

The section below describes the specific services covered by LIBERTY. Ask your primary care dentist (PCD) or call Member Services at 888-700-1093, TTY 877-855-8039 if you have any questions about your benefits.

You can get some services without going through your PCD. These include urgent care and services provided by IHCPs to AI/AN members. You can find more information about these services on Section(s) “Get These Services from LIBERTY without a Referral”, “Emergencies”, and “Urgent Care”.

Services Covered by LIBERTY’s Network

You must get the services below from the providers who are in LIBERTY’s network. Services must be medically necessary and provided by, coordinated by, or referred by your PCD. Talk with your PCD or call Member Services at 888-700-1093, TTY 877-855-8039 if you have any questions or need help with any dental services.

| Service | Children (under 21) | Adults |
|-------------------------------|---|--|
| Oral examinations | <ul style="list-style-type: none">• Covered• Limited, comprehensive,• and periodic evaluations | <ul style="list-style-type: none">• Covered• Limited, comprehensive,• and periodic evaluations |
| Images (X-rays) | <ul style="list-style-type: none">• Covered as medically necessary for diagnostic purposes | <ul style="list-style-type: none">• Covered as medically necessary for diagnostic purposes |
| Preventive services | <ul style="list-style-type: none">• Covered | <ul style="list-style-type: none">• Covered |
| Dental prophylaxis (cleaning) | <ul style="list-style-type: none">• Covered• Once every 6 months | <ul style="list-style-type: none">• Covered• Once every 6 months |
| Dental sealants | <ul style="list-style-type: none">• Covered• Provided through 18 years of age• Once every 36 months | <ul style="list-style-type: none">• Not covered |
| Fluoride varnish | <ul style="list-style-type: none">• Covered• Once every 6 months | <ul style="list-style-type: none">• Covered• Once every 6 months |

| Service | Children (under 21) | Adults |
|---|---|---|
| Interim caries arresting medicament application | <ul style="list-style-type: none"> • Covered • Provided for primary and permanent teeth once every 184 days for 2 occurrences per tooth in a lifetime | <ul style="list-style-type: none"> • Not covered |
| Periodontal services including not limited to scaling and root planning and scaling (deep cleaning) in the presence of gingivitis | <ul style="list-style-type: none"> • Covered • Prior authorization required | <ul style="list-style-type: none"> • Non-surgical periodontal services covered • Prior authorization required |
| Stainless steel crowns | <ul style="list-style-type: none"> • Covered for primary and permanent teeth | <ul style="list-style-type: none"> • Not covered |
| Space maintenance including band and loop type space maintenance and lingual arch | <ul style="list-style-type: none"> • Covered | <ul style="list-style-type: none"> • Not covered |
| Endodontic services | <ul style="list-style-type: none"> • Pulpotomy, pulpectomy, pulp caps, apexification, and root canal covered • Allowable once per tooth per lifetime • Some services may require a prior authorization | <ul style="list-style-type: none"> • Not covered |
| Anesthesia | <ul style="list-style-type: none"> • Covered | <ul style="list-style-type: none"> • Covered as needed for medically necessary procedures |
| Restorative (crowns and fillings) | <ul style="list-style-type: none"> • Covered • Amalgam (silver) and resin-based (white) restorations, including protective restorations | <ul style="list-style-type: none"> • Covered • Amalgam and resin-based restorations |
| Fixed prosthetics (fixed dentures) | <ul style="list-style-type: none"> • Covered • Prior authorization required | <ul style="list-style-type: none"> • Not covered |
| Removable prosthetics (removable dentures) | <ul style="list-style-type: none"> • Covered • Prior authorization required | <ul style="list-style-type: none"> • Covered • Prior authorization required |
| Oral and maxillofacial surgery (tooth removal) | <ul style="list-style-type: none"> • Covered • Some services may require prior authorization | <ul style="list-style-type: none"> • Covered • Oral pathology as medically necessary for malignant lesions |

| Service | Children (under 21) | Adults |
|---------------------------------|--|--|
| Tobacco cessation | <ul style="list-style-type: none"> • 5 A's counseling | <ul style="list-style-type: none"> • 5 A's counseling |
| Orthodontic services | <ul style="list-style-type: none"> • Covered as per O.A.C. 317:30-5-700 • Prior authorization required | <ul style="list-style-type: none"> • Not covered |
| Medically necessary extractions | <ul style="list-style-type: none"> • Covered | <ul style="list-style-type: none"> • Covered |

Other Covered Services

- Services provided to keep you safe after you have had an emergency dental condition.
- Emergency dental care.
- School-based dental-related services.
- Public health clinic services.
- Federally Qualified Health Center (FQHC) services.
- Early and Periodic, Screening, Diagnostic and Treatment (EPSDT).
- Brushing for Two – Pregnant Members receive endodontic services of D3310/D3320/D3330 limited to one per calendar year along with proactive outreach to improve prenatal health.
- Beyond the Benefit – Proactive outreach program and extended coverage for member's that are turning 21 and moving to the adult benefit.
- Connect Program – includes care management and outreach for member's diagnosed with diabetes along with D4910 twice every 12 months; and D9992 Care Coordination D1330 once every 12 months.
- One nutritional counseling session per year, D1330, for those Members that have diabetes, obesity, or chronic conditions .
- Healthy behaviors program gives Members a \$25.00 gift card to use preventive dental benefits. Eligible every 12 months.
- Mom's meals assist with nutritional support after surgery, while pregnant, or to assist with food insecurity. Limited to 10 meals per qualifying event to Members that are actively enrolled in Case Management.

If you have any questions about any of the benefits above, talk to your PCD or call Member Services at 888-700-1093, TTY 877-855-8039.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Plan members under age 21 can get any treatment or service that is medically necessary to treat, prevent or improve a health problem. This special set of benefits is called Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Members who need EPSDT benefits:

- Can get EPSDT services through their dental plan.
- Do not have to pay any copays for EPSDT services.
- Can get help with scheduling appointments and arranging for free transportation to and from the appointments.

Some EPSDT services may require a prior authorization. EPSDT includes services that can help treat, prevent, or improve a member's health issue.

If you have questions about EPSDT services, talk with your child's PCD. You can also find more information on EPSDT services online by visiting our website at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx.

Services NOT Covered

You may have to pay for any service that your PCD or LIBERTY does not approve. Or, if before you get a service, you agree to be a private pay or self-pay patient, you will have to pay for the service. This includes:

- Services not covered.
- Unauthorized services.
- Services done by providers who are not part of LIBERTY.

If You Get a Bill

In most cases, you do not have to pay for SoonerSelect dental services and should not get a bill from a provider. You may have to pay if you agreed in writing to pay for services not covered by LIBERTY.

If you get a bill for a treatment or service you do not think you should pay for, do not ignore it. Call Member Services at 888-700-1093, TTY 877-855-8039 right away. We can help you understand why you may have gotten a bill. If you are not responsible for payment, LIBERTY will contact the provider and help fix the problem for you.

You have the right to file an appeal if you think you are being asked to pay for something Medicaid or LIBERTY should cover. See Section "Appeals" for more information. If you have any questions, call Member Services at 888-700-1093, TTY 877-855-8039.

Transportation Services

- **Emergency:** If you need emergency transportation (an ambulance), call 911.
- **Non-emergency:** For members who are enrolled with a SoonerSelect dental plan, your SoonerSelect dental plan will arrange and pay for your transportation to help you get to and from your dental appointments for Medicaid-covered care. This service is free to you. AI/AN members who choose to remain in SoonerCare Choice for their health plan will have transportation to dental appointments provided by SoonerCare.

PART III: Plan Procedures

Prior Authorization and Actions

LIBERTY will need to approve some treatments and services before you receive them. LIBERTY may also need to approve some treatments or services for you to continue receiving them. This is called prior authorization. For a list of services that require prior authorization, please see the chart in the ‘Services Covered by LIBERTY’s Network’ section of this handbook.

- Typically, your PCD will submit the prior authorization to LIBERTY for you through the electronically, provider portal, fax, or mail. Emergency Referrals can also be submitted over the phone at 888-700-1093, TTY 877-855-8039. Asking for pre-approval of a treatment or service is called a prior authorization request.
- There are some services that are covered but you must get pre-authorization before you can get them done. That means LIBERTY has reviewed the services your PCD or dental specialist has requested and agrees that the care is medically necessary (needed). To get approval for these treatments or services your PCD need to:
 - Send LIBERTY the request with the needed information to decide if the services are medically necessary. The request will be reviewed by LIBERTY and you, and your PCD will be notified in writing of the decision to approve or deny the services requested.

Prior Authorization Requests for Children Under Age 21

Special rules apply to decisions to approve dental services for children under age 21 receiving Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. To learn more about EPSDT services, see Section “Early and Periodic Screening, Diagnostic and Treatment (EPSDT)” or visit our website at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx.

What Happens After We Get Your Prior Authorization Request?

LIBERTY has a review team to be sure you get the services we promise. Qualified dental care professionals are on the review team. Their job is to be sure the treatment or service you asked for is covered by your plan and that it will help with your dental condition. They do this by checking your treatment plan against medically acceptable standards.

After we get your request, we will review it under either a standard or an expedited (faster) process. You or your dentist can ask for an expedited review if a delay will cause serious harm to your health. If your request for an expedited review is denied, we will tell you and your case will be handled under the standard review process. In all cases, we will review your request as fast as your dental condition requires us to do so, but no later than described in the next section of this handbook.

We will tell you and your provider in writing if your request is approved or denied. We will also tell you the reason for the decision. We will explain what options you will have for an appeal if you don't agree with our decision.

Any decision to deny a prior authorization request or to approve it for an amount that is less than requested is called an adverse benefit determination. These decisions will be made by a dental health care professional. You can request the specific dental standards, called clinical review criteria, used to make the decision for actions related to medical necessity.

Prior Authorization and Timeframes

We will review your request for a prior authorization within the following timeframes:

- **Standard review:** We will decide about your request within 3 days after we receive it.
- **Expedited (faster) review:** We will decide about your request, and you will hear from us within 24 hours.

If more information is needed to make the decision, the review could take up to 14 days longer. If this happens, LIBERTY will send you a written notice along with information about how to file an appeal on the extension.

- In most cases, if you are receiving a service and a new request is made to keep receiving a service, we must tell you at least 10 days before we change the service if we decide to reduce, stop, or restrict the service. If we approve a service and you have started to receive that service, we will not reduce, stop, or restrict the service during the approval period unless we determine the approval was based on information that was known to be false or wrong.
- If we deny payment for a service, we will send a notice to you and your provider the day the payment is denied. These notices are not bills.

Notice of Adverse Benefit Determination

The Plan must send you a written Notice of Adverse Benefit Determination (NABD) when we deny, delay, modify, or limit an authorized for requested services. This includes decision made due to medical necessity, appropriateness, type, or level of service, setting, or effectiveness of covered services.

We must also send you a NABD if we reduce, suspend, or terminate previous approved services, and if we deny payment for services already completed. It is also considered a NABD if LIBERTY does not provide services in a timely manner, if we fail to meet the required timeframes for resolving a grievance or appeal, deny your request to dispute financial liability, or if we deny a rural area member's request to have services completed out-of-network.

Once we make a decision, we will issue the written NABD to you that includes the reason(s) and clinical guidelines we used to deny, limit, or modify the services in a manner that is clear and easy for you to understand. The NABD will also include information on the grievance and appeals process and explain how long you have to file and what steps to take.

If we make a decision on your prior-authorization request or payment of services that you do not agree with you can file a grievance or appeal. For more information on how to file an appeal, see the "Appeals" and "If you have a Problem with Your Dental Plan" on the pages below.

Appeals

If you are not satisfied with our decision about your care, you have the right to file an appeal:

- If you are not satisfied with an action we took or what we decided about your prior authorization request (see Section "Prior Authorizations and Actions for details"), you can file an appeal. An appeal is a request for us to review the decision. You have 60 days after you get a written notice of adverse benefit determination from us to file an appeal.
- You can do this yourself or, with your written consent, your authorized representative or your provider can call Member Services at 888-700-1093, TTY 877-855-8039 or visit our website at www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx
- The appeal can be made by phone or in writing. You don't have to use any specific or legal terms; just clearly state that you are dissatisfied with the decision we made. We can help you complete the appeal form. If needed, additional aids and services will be provided to you free upon request.
- If your appeal review needs to be reviewed more quickly than the standard timeframe because you have an immediate need for dental services, you may file an expedited appeal instead of a standard appeal.
 - **Standard appeals:** If we have all the information we need, we will tell you our decision in writing within 30 days from your appeal.
 - **Expedited (faster) appeals:** If we have all the information we need, we will call you and send you a written notice of our decision within 72 hours from your appeal. We'll let you know we received your expedited appeal within 24 hours.

- You may file a grievance (see Section “If You Have Problems with Your Dental Plan”) if your request for an expedited appeal is denied.
- We will not treat you any differently or act badly toward you because you file an appeal.

To file an appeal online, visit us at:

www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx

- **To file an appeal in writing**, write to:
Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799
- **To file an appeal by phone**, call Member Services at 888-700-1093, TTY 877-855-8039.
- Before and during the appeal, you or your representative can see your case file, including dental records and any other documents and records, being used to decide on your case.
- You can ask questions and give any information (including new documents from your providers) that you think will help us approve your request. You may do that in person, in writing, or by phone.
- If you need help with the appeals process, have questions or want to check the status of your appeal, you can call Member Services at 888-700-1093, TTY 877-855-8039.

More Information for Appeals

If we need more information to make either a standard or an expedited decision about your appeal, we will:

- Write you and tell you what information is needed. For expedited appeals, we will call you right away and send a written notice later.
- Explain why the delay is in your best interest.
- Decide no later than 14 days from the day we asked for more information.
- If you need more time to get your documents and information, just ask. You, your provider, or someone you trust may ask us to delay your case until you are ready. We want to make the decision that best supports your health. You can ask for more time by calling Member Services at 888-700-1093, TTY 877-855-8039 or writing to Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799.

Your Care While You Wait for a Decision

- When the dental plan’s decision reduces or stops a service you are already receiving, you can ask to continue the services your provider had already ordered while we are deciding on your appeal. You can also ask an authorized representative to make that request for you. Providers are not allowed to ask for your services to continue for you.
- While you are waiting for us to decide on your appeal, if you want to continue services you were already receiving, be sure to ask us to continue those services within 10 days after we mail the adverse benefit determination or before the effective date of our adverse benefit determination, whichever is later. Under most circumstances, that will be enough to continue the services you were receiving. Some services you were already receiving must be continued even if you do not ask us to continue them.

- If we continue the services, you were already receiving, we will pay for those services if your appeal is decided in your favor. **Your appeal might not change the decision the dental plan made about your services.**
- If you are unhappy with the result of your appeal, you can ask for a state fair hearing (see next section in this handbook).

State Fair Hearings

After you receive a notice of adverse resolution to your appeal, you can ask for a state fair hearing if you still don't agree with the decision, we made that reduced, stopped or restricted your services. A state fair hearing is your opportunity to give more information and ask questions about the decision in front of an administrative law judge. The judge in your state fair hearing is not a part of your dental plan in any way.

If you want to continue benefits while you wait for the administrative law judge's decision about your state fair hearing, you must request a state fair hearing and continuation of benefits within 10 days after we send you the notice of adverse resolution on your appeal.

If you need help with understanding the state fair hearing process, you can call Member Services at 888-700-1093, TTY 877-855-8039. You don't have to use any special legal or formal language to ask for a state fair hearing.

Your Care While You Wait for a Decision

If you asked for and received continued services during your appeal, we must continue providing those services until you do one of the following:

- You withdraw your appeal or your request for a state fair hearing.
- You don't ask for a state fair hearing and continuation of benefits within 10 days after we send you notice of an adverse resolution to your appeal.
- A state fair hearing officer or administrative law judge issues a hearing decision that disagrees with you.

You can also ask a trusted representative to make that request for you. If you ask your dental plan to continue services you already receive during your state fair hearing case, the dental plan will pay for those services if your case is decided in your favor. Your state fair hearing might not change the decision the dental plan made about your services. When your state fair hearing case doesn't change the decision, you may be required to pay for the services you received while waiting for a decision.

Requesting a State Fair Hearing

You don't have to use any special legal or formal language to request a state fair hearing.

You must first file an appeal with LIBERTY and receive our decision before asking for a state fair hearing. If we don't decide your appeal within 30 days of your appeal request, you can also ask for a state fair hearing.

- You don't need an attorney for your state fair hearing, but you may use one.
 - You may represent yourself or allow someone else to represent you.
 - If you let someone else represent you, they will have to show proof in writing that you asked for their help.
- Without this written proof, your appeal will be rejected.
- You can ask for a state fair hearing at any time within 120 days from the day we send you notice of adverse resolution.
- You can use one of the following ways to request a fair hearing:
 - By phone – 888-700-1093, TTY 877-855-8039.
 - By fax – 833-250-1814.

By internet – visit us online at

www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx

- By mail – Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799.

If You Have Problems with Your Dental Plan

We hope our dental plan serves you well. If you have a problem, talk with your primary care dentist (PCD), visit us online at

www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx, call Member Services at 888-700-1093, TTY 877-855-8039 or write to Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799.

Most problems can be solved right away. If you have a problem with your dental plan, care, provider, or services, you can file a complaint with LIBERTY. This is called a grievance. Problems that are not solved right away over the phone and any grievance that comes in the mail will be handled according to our grievance procedures described below.

You can ask someone you trust (your authorized representative) to file the complaint for you. If you need our help because of a hearing or vision impairment, if you need translation services, or help filling out the forms, we can help you. We will not make things hard for you or take any action against you for filing a grievance.

How to File a Grievance

If you are unhappy with your dental plan, provider, care, or your dental services, you (or an authorized representative) can file a grievance (a formal complaint) with LIBERTY. You can file a grievance by phone or in writing at any time.

To file online visit us at

www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx

- **To file by phone**, call Member Services at 888-700-1093, TTY 877-855-8039 Monday through Friday 6AM to 6PM EST.
- **To file in writing**, you can write us with your grievance to Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799.

What Happens Next

We will let you know in writing that we got your grievance within 10 days of receiving it. We will review your grievance and tell you how we resolved it in writing within 30 days from receiving your complaint.

Your Care When You Change Dental Plans or Dentists

If you join LIBERTY from another dental plan, we will ask you for the name of your previous plan, so we can add your health information, such as your dental records and prescheduled appointments, into our records.

If you choose to leave LIBERTY, we will share your health information with your new plan within 5 business days (or 30 days if the information is not electronic) of hearing from your new plan.

You can finish receiving any services that have already been authorized by your previous dental plan or SoonerCare, even if the provider you are seeing is an out-of-network provider. Prior authorizations will be honored until the services are used or 90 days after your new plan benefits begin, whichever comes first. After that, we will help you find a provider in our network to get any additional services if you need them.

- In almost all cases, your dentists will be LIBERTY providers. There are some instances when you can still see another provider that you had before you joined LIBERTY. You can continue to see your dentist if:
 - At the time you join LIBERTY, you are receiving an ongoing course of treatment or have an ongoing special health condition. In that case, you can ask to keep your provider for up to 90 days.
- If your provider leaves LIBERTY, we will tell you in writing within 15 days from when we know about this. We will tell you how you can choose a new PCD or choose one for you if you do not make a choice within 30 days. If you are in the course of treatment with a provider that is no longer with LIBERTY, you may request continuity of care services by contacting Member Services at 888-700-1093, TTY 877-855-8039.
- If you have any questions, call Member Services at 888-700-1093, TTY 877-855-8039.

Member Rights and Responsibilities

Your Rights

As a member of LIBERTY, you have a right to:

- Receive information on the SoonerSelect dental program and LIBERTY, including covered services, dental providers, and your rights/responsibilities.
- Be treated with respect, be considered your rights to dignity and privacy and the need to maintain confidentiality of medical and dental information.
- Choose a PCD within the LIBERTY network, including specialists if you have a chronic condition.
- Change your PCD or specialist in the plan's network when you request it.
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost of benefit coverage.
- Participate in decisions regarding your dental care, including the right to refuse treatment.
- Be free from any form of consequences, restraint, or seclusion used as a means of coercion, discipline, convenience, or retaliation when making decision about your care.
- Have access to, and where legally appropriately, receive copies of, amend, or correct your dental records as specified by federal laws.
- Obtain available and accessible dental care services covered by LIBERTY.
- File a grievance, either verbally or in writing, about the organization or care received.
- Ask for an appeal, either verbally or in writing, of a decision made by LIBERTY that is not in your favor.
- Ask for a State Hearing if a service was denied, and you have already filed an appeal with LIBERTY, and you are not happy with the decision, or if the plan did not give you a decision within 30 days, including when an expedited hearing is possible.
- No-cost written member information and materials in other forms (braille, large-size font, audio, and accessible electronic formats) upon request and in a timely manner based on the type needed.
- Ask for verbal interpretation services in your preferred language at no cost to you.
- Prepare advance directives.
- Take part in LIBERTY member facing committee and make recommendations.
- Receive fully translated written member information in your preferred language, including grievance and appeals notices.
- Disenroll from LIBERTY or SoonerSelect upon request.
- Receive informed consent when you have treatment for covered and non-covered services.
- Receive a truthful written diagnosis and treatment plan (description of your dental problem and recommended services).
- Be provided information about the definition of emergency case in case you have a life-threatening illness or injury.
- Have an appointment when you need one.
- Access Minor Consent Services.
- Ask for a second opinion, at no cost.

- Ask for continuity of care if your dentist leaves the plan's network.
- Know and understand why the plan has denied, delayed, or limited a service or treatment.
- Access to the plan's health education program and outreach services to improve dental health.
- Free legal help at your local legal aid office or other group.
- Freedom to exercise these rights without adversely affecting how you are treated by the plan, dental providers, or the state.

Your Responsibilities

As a member of LIBERTY, you agree to the following responsibilities:

- Reading your Member Handbook.
- Checking LIBERTY information; correcting inaccuracies; and allowing government agencies, employers, and providers to release records to OHCA or LIBERTY.
- Notifying OHCA or LIBERTY within 10 days if there are changes in income, the number of people living in the home, address or mailbox changes, or health insurance changes.
- Transferring, assigning, and authorizing OHCA for all claims you may have against health insurance, liability insurance companies, or other third parties. This includes payments for dental services made by OHCA for any dependents.
- Working on requests for assistance from the Office of Child Support Services.
- Allowing SoonerCare to collect payments from anyone who is required to pay for dental care.
- Sharing necessary dental information with any insurance company, person, or entity who is responsible for paying the bill.
- Inspecting any dental records to see if claims for services can be paid.
- Obtaining permission for Oklahoma Human Services (OHS) or OHCA to make payment or overpayment decisions.
- Storing your identification card and know your Social Security number to receive dental health care services or prescriptions.
- Confirming that any care received is covered.
- Cost sharing, including paying any fees to your dental office when agreeing to complete service not covered under your plan.
- Ensuring all information provided to OHCA or LIBERTY is complete and true upon penalty of fraud or perjury.
- Showing up to your dental visits on time. If you need to cancel, let the PCD or specialist know at least 24 hours before your visit to reschedule.
- Taking part in your dental health by seeing your provider regularly and following what your provider agrees is best for you.
- Giving your provider honest and detailed dental and health information.
- Understanding your dental plan and benefits, the services that you can get, what is not covered, and any limits on covered services.
- Treating the provider, dental office staff, and LIBERTY staff with respect and courtesy.

- Using LIBERTY’s grievances and appeals process in this handbook.
- Do not allow other people to use your Medicaid or plan identification cards.
- Letting the plan know if your identification card was lost or stolen.
- Knowing about your dental plan and understand the rules of getting care.
- Following all dental office’s rules about care and conduct.
- Your action if you refuse treatment or do not follow your dentist instructions and advise.
- Tell us if you have another insurance.
- Use the emergency room for true emergencies only.
- Tell us if you think there is provider fraud or abuse.

Disenrollment Options

If You Want to Leave the Plan

- You can try us out for 90 days. You may leave LIBERTY and join another dental plan at any time during the first 90 days without a reason.
- You can also switch dental plans once every 12 months. This change happens through open enrollment.
- If you want to leave LIBERTY at any other time, you can do so only with a good reason (good cause). Some examples of good cause include:
 - You need related services to be performed at the same time, not all services are available within LIBERTY’s network and getting the services separately would put your health at risk.
 - You have a complex dental condition, and another dental plan can better meet your needs.
 - You have filed and won a grievance in a matter that would warrant disenrollment.
 - You were enrolled by mistake.
- If you have a good cause reason to disenroll from LIBERTY, you can submit your request using the grievance process on Section “How to File a Grievance”. We will review the request within 10 days from when you filed the grievance. If you are unhappy with the disenrollment decision, we will refer the request to the Oklahoma Health Care Authority for the final decision.
- American Indian/Alaska Native members may disenroll any time without cause.

You Could Become Ineligible for SoonerSelect Dental

You may have to leave LIBERTY if you:

- Are no longer eligible for Medicaid.
- Begin receiving Medicare.
- Transition to an eligibility group that does not participate in SoonerSelect dental.
- Become a juvenile in the justice system under state custody.
- Become an inmate of a public institution.
- Commit fraud or provide fraudulent information.
- Are ordered by a hearing officer or court.

We Can Ask You to Leave LIBERTY

You can also lose your LIBERTY membership if you:

- Abuse or harm plan members, providers, or staff.
- Were enrolled in error.
- Loaned your ID card to someone else to use.
- Do not fill out forms honestly or do not give true information. This is considered fraud.

Advance Directives

There may come a time when you become unable to manage your own health care and a family member or other person close to you is making decisions on your behalf. By planning now, you can arrange for your wishes to be carried out. An advance directive is a set of directions you give about the health care you would want if you ever lost the ability to make decisions for yourself. For example, some people do not want to be put on life-support machines if they go into a coma.

Making an advance directive is your choice. If you become unable to make your own decisions and you have no advance directive, your provider will consult with someone close to you about your care. Discussing your wishes for treatment with your family and friends now is strongly encouraged, as this will help to make sure that you get the level of treatment you want if you can no longer tell your health care providers what you want. Your advance directives, no matter the type, should be given to your primary care provider and your care manager at LIBERTY.

Oklahoma has three ways for you to make a formal advance directive. These include living wills, health care power of attorney, and advance instructions for treatment.

Living Will

In Oklahoma, a living will is a legal document that tells others that you want to die a natural death if you:

- Become incurably sick with an irreversible condition that will result in your death within a short period of time.
- Are unconscious and your doctor determines that it is highly unlikely that you will regain consciousness; or
- Have advanced dementia or a similar condition which results in a substantial cognitive loss, and it is highly unlikely the condition will be reversed.

In a living will, you can direct your provider not to use certain life-prolonging treatments such as a breathing machine (called a “respirator” or “ventilator”), or to stop giving you food and water through a feeding tube.

A living will go into effect only when your provider and one other doctor determine that you meet one of the conditions specified in the living will. Discussing your wishes with family, friends and your doctor now is strongly encouraged so that they can help make sure that you get the level of care you want at the end of your life.

Health Care Power of Attorney

A health care power of attorney is a legal document in which you can name one or more people as your health care agents to make medical and behavioral health decisions for you as you become unable to decide for yourself, for as long as you choose. You can always say what medical or behavioral health treatments you would want and not want. You should pick an adult you trust to be your health care agent. Discuss your wishes with the people you want as your agents before you put them in writing. Your designated power of attorney will be able to have access to your medical information and medical records, for as long as that person is so designated, up to your death.

Again, it is always helpful to discuss your wishes with your family, friends and your doctor. A health care power of attorney will go into effect when a doctor states in writing that you are not able to make or to communicate your health care choices. If, due to moral or religious beliefs, you do not want a doctor to make this determination, the law provides a process for a non-physician to do it.

Advance Instruction for Mental Health Treatment

An advance instruction for mental health treatment is a legal document that tells doctors and mental health providers what mental health treatments you would want and what treatments you would not want if you later became unable to decide for yourself. It can also be used to nominate a person to serve as guardian if guardianship proceedings are started. Your advance instruction for behavioral health treatment can be a separate document or combined with a health care power of attorney or a general power of attorney. An advance instruction for behavioral health may be followed by a doctor or behavioral health provider when your doctor or an eligible psychologist determines in writing that you are no longer able to make or communicate behavioral health decisions.

You can change your mind and these documents at any time. We can help you understand or get these documents. They do not change your right to quality health care benefits. The only purpose is to let others know what you want if you can't speak for yourself. Talk to your patient-centered medical home (PCMH) or call Member Services at 888-700-1093, TTY 877-855-8039 if you have any questions about advance directives.

Fraud, Waste and Abuse

If you suspect that someone is committing Medicaid fraud, report it. Some examples of Medicaid fraud include, but are not limited to:

- An individual does not report all income or other health insurance when applying for Medicaid.
 - An individual who does not get Medicaid uses a Medicaid member's card with or without the member's permission.
 - A dentist or a clinic bill for services that were not provided or were not medically necessary.
- You can report suspected fraud and abuse in any of the following ways:
- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at 888-704-9833, TTY 877-855-8039.
 - Call the U.S. Office of Inspector General's Fraud Line at 1-800-447-8477.

Important Phone Numbers

- LIBERTY's toll-free Member Services line: 888-700-1093, TTY 877-855-8039.
- SoonerCare Helpline: 800-978-7767 from 8 a.m. to 5 p.m. Monday through Friday.
- LIBERTY's Provider Service Advance Health Care Directive Registry phone number Line: 888-700-0643.
- Free Legal Services line 405-488-6792.
- LIBERTY's Fraud, Waste and Abuse Tip Line 888-704-9833, TTY 877-855-8039.
- OK Medicaid Fraud, Waste and Abuse Tip Line 405-522-2963.
- State Auditor Waste Line 1-855-372-8366.
- U.S. Office of Inspector General Fraud Line 1-800-447-8477.

Keep Us Informed

Call Member Services at 888-700-1093, TTY 877-855-8039 whenever these changes happen in your life:

- You have a change in Medicaid eligibility.
- You become pregnant or give birth.
- There is a change in Medicaid coverage for you or your children.
- Someone in your household goes into state custody.
- You begin receiving Medicare.

PART IV: Health & Wellness Information

General oral health and wellness tips can be located on the LIBERTY homepage under Oral Health and Wellness. Each age group will have their separate link. See list below:

- **Seniors:** libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Seniors.aspx
- **Adult:** libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Adults-1.aspx
- **Adults with Children:** libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Adults-with-Children.aspx
- **Just for Teens:** libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Just-for-Teens-1.aspx
- **Just for Kids:** libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Just-for-Kids.aspx

There are other programs and services for you including:

LIBERTY's Community Smiles Program

LIBERTY's Community Smiles Program is a self-referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, or lack of transportation.

Members can also self-search for programs on our website using the findhelp.org platform to help navigate themselves to any applicable programs. Members can access these resources via

<https://communityresources.libertydentalplan.com/> on a computer or cell phone for more information on our Community Smiles Program.

LIBERTY's Healthy Behaviors Program

LIBERTY's Healthy Behaviors Program is an incentive program for our SoonerSelect members ages 0-20 who have not visited a dentist in the last 12 months. You can enroll in our Healthy Behaviors Program to receive oral health and wellness tips. You will qualify for a \$25.00 gift card if you schedule and complete a dental appointment with your PCD. To request help scheduling your next dental appointment contact Member Services at 888-700-1093, TTY 877-855-8039.