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SoonerSelect

MEMBER HANDBOOK

Liberty Dental Plan

JULY 2025

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 toll-free.

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 toll-free. 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 at no cost.

Si el inglés no es su lengua 2odemos2 (o si está leyendo esto en representación de alguien que no lee inglés), 2odemos ayudarle. Comuníquese con 888-700-1093, or TTY 877-855-8039. Puede 2odemos2r la información de este manual en su idioma. Tenemos acceso a servicios de interpretación y 2odemos 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.

Notice of Language Assistance

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.

(Arabic)

الشعار بالعربية 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)

သတပ ြရန်- သဘာဝဘာသာစကားတင်အကအညလို ိက **1-888-700-1093 TTY - 1-877-855-8039** သို့ အကအညများနှင့်ဝန်ဆ တင် လည်း ရရန်ရှိသည်။ ဤဝန်ဆ တင်အကအညများနှင့်ဝန်ဆ တင် လည်း ရရန်ရှိသည်။ ဤဝန်ဆ တင် များသည်အခမ ပြစသည်။

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)

1-888-700-1093 توجه: اگر به کمک در زبان خود نیاز دارید با شماره، TTY: 1-877-855-8039. تماس بگیرید کمکها و خدمات برای افراد دارای معلولیت، مانند اسناد به خط بریل یا چاپ بزرگنما پیشده نی ز 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.

Nqe 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)

ຄວາມສຳຄັນ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ ໃຫ້ໂທຫາ **1-888-700-1093**, TTY: **1-877-855-8039**. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການຕ່າງໆ ສຳລັບຄົນພິການ ເຊັ່ນວ່າ: ເອກະສານທີ່ເປັນຕົວອັກສອນສຳລັບຄົນພິການຕາ ແລະ ພິມເປັນຕົວໃຫຍ່ກວ່າ ມີໃຫ້ອາດໄດ້. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ໄດ້ສອຄ່າ.

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 serbisyonang ito ay libre.

اردو میں ٹیگ لائن

1-888-700-1093 توجہ: اگر آپ کو اپنی زبان میں مدد کی ضرورت ہے کال
TTY: **1-877-855-8039** میں. 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), who is the primary dentist providing care to me. For help with choosing a PCD, call Member Services at 888-700-1093 or TTY 877-855-8039, toll-free.
Get the information in this handbook in another format or language.	Call Member Services at 888-700-1093 or TTY 877-855-8039 toll-free.
Keep better track of my appointments and health services.	My PCD or Member Services at 888-700-1093 or TTY 877-855-8039, toll-free.
Get answers to basic questions or concerns about my health, symptoms or medicines.	My PCD or Member Services at 888-700-1093 or TTY 877-855-8039 toll-free.
<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 or TTY 877-855-8039, toll-free.
Update my address.	Visit 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 or TTY 877-855-8039 toll-free.

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.

Adverse Benefit Determination: A decision your plan can make to reduce, stop or restrict your health care services.

American Indian/Alaskan 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, Alaskan 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 healthcare services.

Benefits: A set of health care services covered by your dental plan.

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.

Copayment: A fee you pay when you get certain health care services or a prescription.

Primary Care Dentist: 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.

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.

Excluded Benefits: Services or benefits that are not covered by the dental plan.

Expedited (faster) Appeal: If you think waiting 30 days for an appeal decision will harm your health, you can request your health plan review — within 72 hours — a decision the plan made about reducing, stopping or restricting your health care services.

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.

Health Insurance: A type of insurance coverage that pays for your health and dental costs. Your Medicaid coverage is a type of insurance.

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 Alaskan Native (AI/AN) may choose an IHCP as their primary care dentist (PCD).

SoonerSelect: An organized way for providers to work together to coordinate and manage all your health needs. You can think of it as a central home for your health.

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 get and stay healthy.

Member: A person enrolled in and covered by a dental plan.

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 arrange to 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 Resolution: Written information the plan sends you if the plan decides against an appeal you have filed with the plan.

Notice of Resolution: Written information the plan sends you after the plan decides about an appeal 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.

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.

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.

Prior Authorization (or Preauthorization): The approval needed from your plan before you can get certain dental care services.

Prescription Drugs: A drug that, by law, requires a prescription by a dentist. Prescription drugs are covered by your SoonerSelect medical plan (BCBSOK, 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 (BCBSOK, 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 Alaskan Native (AI/AN), you may pick an Indian Health Care Provider (IHCP) as your PCD.

Provider: A dental professional or a facility who delivers dental services.

Specialist: A dentist who is trained and practices in a specific area of medicine. Examples of dental specialties are endodontists, periodontists and orthodontists.

Specialty Care: Advanced medically necessary dental care that focuses on specific dental conditions or 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 way you can make your case before an administrative law judge if you are not happy about a final decision your plan made that reduced, stopped or restricted your services after your appeal.

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 toll-free or visit our website at www.libertydentalplan.com/Oklahoma/Liberty-Dental-Plan-of-Oklahoma.aspx. 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 www.libertydentalplan.com/Oklahoma/Liberty-Dental-Plan-of-Oklahoma.aspx to find the provider directory online. You can also call Member Services at, 888-700-1093 or TTY 877-855-8039 toll-free 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 How to choose your PCD 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, or TTY 877-855-8039 toll-free. You can also visit our website at www.libertydentalplan.com.

Help from Member Services

There is someone to help you at Member Services. Just call Member Services at 888-700-1093, or TTY 877-855-8039 toll-free.

- For help with non-emergency issues and questions, call Member Services at 888-700-1093, TTY 877-855-8039 Monday through Friday 6AM to 6PM CST. 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 at no cost.** 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 at no cost to you. 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 888-700-1093, or TTY 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 people communicate effectively with us, such as:

- A TTY machines. Our TTY phone number is 888-700-1093, TTY 877-855-8039
- Qualified American Sign Language interpreters.
- Closed captioning.
- Written information in other formats (such as large print, audio, accessible electronic format, and other formats).

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

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, or TTY 877-855-8039 toll-free. 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 Dental Plan

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 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, or TTY 877-855-8039 toll-free. 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 toll-free 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:



SoonerSelect

(888) 700-1093

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

NAME Subscriber First Middle Last Name

ID# Subscriber Number **EFFEC** Effective Date

GRP# Group Number

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

PART I: First Things You Should Know

How to Choose Your PCD

- Your primary care dentist (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, you will have an opportunity to pick your own PCD. To pick your PCD, call Member Services at 888-700-1093, TTY 877-855-8039 toll-free or You can also visit us online at www.libertydentalplan.com/Oklahoma/Liberty-Dental-Plan-of-Oklahoma.aspx . You will be assigned a PCD when you receive your Welcome Packet, and this name will appear on your ID Card. If you have seen a dentist in the SoonerSelect program during the last 12 months, you will automatically be assigned to this office. If you have not been under a dentist's care, you will be assigned a dentist close to your home zip code. (See “How to Change Your PCD” to learn how you can change your PCD.)
- 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 toll-free 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. For instructions for access to the member portal you can visit [On-line Portal Help Guide.pdf](#). You can also call Member Services at 888-700-1093, TTY 877-855-8039 toll-free to get a copy of the provider directory.
- If your provider leaves Liberty, we will tell you within 15 calendar 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 there is not another provider available at the same office.
- 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.

If you are an American Indian/Alaskan Native individual, you may pick an Indian Health Care Provider as your PCD, but you don't have to.

How to Change Your PCD

- When you enroll in Liberty, you can pick a primary care dentist (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 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 do not have to give us a reason for the change. If you'd like to change your PCD, you can do so by calling Member Services at 888-700-1093, TTY 877-855-8039, or by 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 primary care dentist (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 toll-free 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 primary care dentist (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 toll-free 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 toll-free.
- 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. Call Members Services at 888-700-1093 for any additional questions. 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.

If you have a complex dental condition or a special dental care need, you may be able to pick a specialist to act as your PCD

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 toll-free 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

A participating provider is a dentist or other provider who is contracted with or employed by Liberty to deliver services under the SoonerSelect dental program. A non-participating 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 toll-free. 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 at any time, day or night. 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 877-855-8039 toll-free.

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.

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

Care Outside Oklahoma

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 toll-free.

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 Services Covered by Liberty's Network 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 toll-free 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 in the Urgent Care section of this handbook.

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 toll-free if you have any questions or need help with any dental services.

Service	Children (under 21)	Adults
Oral examinations	Covered Limited, comprehensive, and periodic evaluations	Covered Limited, comprehensive, and periodic evaluations
Images (X-rays)	Covered as medically necessary for diagnostic purposes	Covered as medically necessary for diagnostic purposes

Service	Children (under 21)	Adults
Preventive services	Covered	Covered
Dental prophylaxis	Covered Once every 6 months	Covered Once every 6 months
Dental sealants	Covered Provided through 18 years of age Once every 36 months	Not covered
Fluoride varnish	Covered Once every 6 months	Covered Once every 6 months
Interim caries arresting medicament application	Covered Provided for primary and permanent teeth once every 184 days for 2 occurrences per tooth in a lifetime	Not covered
Periodontal services including but not limited to scaling and root planning and scaling in the presence of gingivitis	Covered Prior authorization required	Non-surgical periodontal services covered Prior authorization required
Stainless steel crowns	Covered for primary and permanent teeth	Not covered
Space maintenance including band and loop type space maintenance and lingual arch bars	Covered	Not covered

Service	Children (under 21)	Adults
Endodontic services	<p>Pulpotomy, pulpectomy, pulp caps, apexification, and root canals covered</p> <p>Allowable once per tooth per lifetime</p> <p>Some services may require a prior authorization</p>	Not covered
Anesthesia	Covered	Covered as needed for medically necessary procedures
Restorative	<p>Covered</p> <p>Amalgam and resin-based restorations, including protective restorations</p>	<p>Covered</p> <p>Amalgam and resin-based restorations</p>
Fixed prosthetics	<p>Covered</p> <p>Prior authorization required</p>	Not covered
Removable prosthetics	<p>Covered</p> <p>Prior authorization required</p>	<p>Covered</p> <p>Prior authorization required</p>
Oral and maxillofacial surgery	<p>Covered</p> <p>Some services may require prior authorization</p>	<p>Covered</p> <p>Oral pathology as medically necessary for malignant lesions</p>
Tobacco cessation	5 A's counseling	5 A's counseling

Service	Children (under 21)	Adults
Orthodontic services	Covered as per O.A.C. 317:30-5-700 Prior authorization required	Not covered
Medically necessary extractions	Covered	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 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 toll-free.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Plan members under 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 primary care dentist (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 provided by providers who are not part of Liberty.

Liberty can choose not to cover counseling or referral services because of an objection on moral or religious grounds. Currently, Liberty does not object to any services on moral or religious grounds. If this changes in the future, and if you want to leave our plan because of this objection, you have a good cause and the right to do so. See the Disenrollment section of this handbook for more information.

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 toll-free 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 the grievance and appeals section in this handbook for more information. If you have any questions, call Member Services at 888-700-1093, TTY 877-855-8039 toll-free.

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 provider portal, fax or mail. Asking for approval of a treatment or service is called a prior authorization request. To get approval for these treatments or services you 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 the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) section of this handbook 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 make 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 Prior Authorization and Timeframes 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 72 hours after we receive it.
- **Expedited (faster) review:** We will decide about your request, and you will hear from us within 24 hours.

The timeframe for the decision may be extended if you or your provider request an extension, or Liberty proves the need for more information and that the extension is in your best interest. If more information is needed to make the decision, the review could take up to 14 calendar 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 calendar 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.

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 the previous pages on Section III Plan Procedures for more information about prior authorizations and actions), you can file an appeal.
- An appeal is a request for us to review the decision. You have 60 calendar days

after you get a written notice of initial 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 toll-free or visit our website at <https://www.libertydentalplan.com/Oklahoma/SoonerSelect/File-a-Grievance.aspx> if you need help filing an appeal.
- 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 about our decision in writing within 30 calendar days of your appeal.
- **Expedited (fast) appeals:** If we have all the information we need, we will call you and send you written notice of our decision within 72 hours of your appeal. We'll let you know we received your expedited appeal within 24 hours.
- You can file a grievance 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 in writing**, write to: Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799-6110
- **To file an appeal complete and submit the online form at:** <https://www.libertydentalplan.com/Oklahoma/SoonerSelect/File-a-Grievance.aspx>
- To file an appeal by phone, call Member Services toll free at 888-700-1093, TTY 877-855-8039 Monday through Friday 6:00 a.m. to 6:00 p.m. EST.
- **You can also ask your dental office for a grievance and appeals form and for assistance.**
- Before, during, and after 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 or that we used to make our decision(s).
- You can ask questions and give any information (including new documents from your providers) that you think will help us approve your request. You can do that in person, in writing, online, 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 toll free 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 to 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 calendar 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 toll free at 888-700-1093, TTY 877-855-8039 or in writing to Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799-6110.

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 don't 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.**
- When your appeal doesn't change the dental plan's decision, the dental plan may require you to pay for the services you received while waiting for a decision.
- If you are unhappy with the result of your appeal, you can ask for a State Fair Hearing (see the section below on State Fair Hearings).

State Fair Hearings

After you receive a final adverse benefit determination, to your appeal that is not fully in your favor, you can ask for a State Fair Hearing if you still don't agree with the decision, we made that denied, modified, delayed, 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 calendar days after we send you the final adverse benefit determination on your appeal.

If you need help with understanding the State Fair Hearing process, you can call Member Services toll free 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 calendar days after we send you the final adverse benefit determination to your appeal; or
 - 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.
- If 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 final adverse benefit determination before you can ask for a State Fair Hearing. If we don't decide on your appeal within 30 calendar days of your 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 calendar days from the day we send you the final adverse benefit determination.
- To request a Medicaid State Hearing:
 - Call 405-522-7217;
 - Fax 405-530-3444;
- Fill out the [Request for State Fair Hearing form \(LD-1S\)](https://oklahoma.gov/ohca/individuals/forms-guides.html) online at; or <https://oklahoma.gov/ohca/individuals/forms-guides.html>
 - Mail to: Oklahoma Health Care Authority, Grievance Docket Clerk, P.O. Drawer 18497, Oklahoma City, OK 73154-0497.
- Medicaid State Hearings are conducted by a hearing officer from the Oklahoma Health Care Authority (OHCA). Your state hearing will be decided, and a written hearing decision will be sent to you.

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), call Member Services toll free at 888-700-1093, TTY 877-855-8039 or write to Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799-6110.

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 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 online, by phone or in writing at any time.

- To file by phone, call Member Services toll-free at 888-700-1093, TTY 877-855-8039 Monday through Friday 6:00 a.m. to 6:00 p.m. EST.
- To file an appeal, complete the online form at <https://www.libertydentalplan.com/Oklahoma/SoonerSelect/File-a-Grievance.aspx>
- To file in writing, you can write to us with your grievance to Attn: Grievances & Appeals, P.O. Box 26110, Santa Ana, CA 92799-6110.
- You can also ask your dental office for a grievance and appeals form and for assistance.

What Happens Next

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

Your Care When You Change Dental Plans or Dentists

- If you join Liberty from another dental plan, if you choose to leave Liberty, we will share your health information with your new plan within 5 business days (or 30 calendar 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 calendar 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 calendar days.

- If your provider leaves Liberty, we will tell you in writing within 15 calendar 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 calendar 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 toll-free at 888-700-1093, TTY 877-855-8039.

If you have any questions, call Member Services toll free 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.
- Be treated with respect and with due consideration for your dignity and individual privacy, and protection of your need for privacy and/or medical and dental information.
- Receive information on available treatment options and alternatives, in a way you understand.
- Participate in decisions regarding your dental care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Have access to, and where legally appropriately receive copies of, amend, or correct your dental records as specified by federal and State laws and regulations.
- Obtain available and accessible dental care services covered by Liberty.
- The right to file grievance, appeal and State Fair Hearing.

Your Responsibilities

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

- Checking OHCA/Liberty information; correcting inaccuracies; and allowing government agencies, employers, and providers to release records to OHCA or Liberty.
- Notify OHCA or Liberty within 10 calendar days if there are changes in income, the number of people living in the home, address or mailbox changes, or health insurance changes.

- Transfer, assign and authorize to OHCA 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.
- Respond to requests for assistance from the OHS Office of Child Support Services.
- Allow SoonerCare to collect payments from anyone who is required to pay for dental care.
- Share necessary dental information with any insurance company, person, or entity who is responsible for paying the bill.
- Inspect any dental records to see if claims for services can be paid.
- Obtain permission for Oklahoma Human Services (OHS) or OHCA to make payment or overpayment decisions.
- Store your identification card and know your Social Security number to receive dental health care services or prescriptions.
- Confirm that any care received is covered.
- Cost sharing.
- Ensure all information provided to OHCA or Liberty is complete and true upon penalty of fraud or perjury.

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.

- You need services not covered by Liberty for moral or religious reasons. For more information on services not covered for moral or religious reasons, please see the last paragraph in this section.
- You move out of Liberty's service area.
- If you have a good cause reason to disenroll from Liberty, you can submit your request using the grievance process. For more information on the grievance process please see the Grievance section in this handbook. 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/Alaskan Native members may disenroll any time without cause.

Liberty can choose not to cover certain services because of an objection on moral or religious grounds. If you want to leave our plan because of this objection, you have the right to do so. It is considered a good 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 goes 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 line toll-free: 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.

Liberty sent you an email on how to report fraud, waste and abuse as well as privacy/compliance concerns.

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 toll-free.

Important Phone Numbers

- Liberty's Member Services line toll-free: 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 toll-free: 888-700-0643.
- Free Legal Services line toll-free at 405-488-6792.
- Liberty's Fraud, Waste and Abuse Tip Line toll-free at 888-704-9833, TTY 877-855-8039.
- OK Medicaid Fraud, Waste and Abuse Tip Line toll-free at 405-522-2963.
- State Auditor Waste Line toll-free at 1-855-372-8366.
- U.S. Office of Inspector General Fraud Line toll-free at 1-800-447-8477.

Keep Us Informed

Call Member Services at 888-700-1093, TTY 877-855-8039 toll-free 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: <https://www.libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Seniors.aspx>

- Adults: <https://www.libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Adults-1.aspx>
- Adults with Children: <https://www.libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Adults-with-Children.aspx>
- Just for Teens: <https://www.libertydentalplan.com/Members/Oral-Health-Wellness-Tips/Just-for-Teens-1.aspx>
- Just for Kids: <https://www.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.ok.gov 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 Oral Health Risk Assessment

Liberty's Oral Health Risk Assessment (OHRA) is a short survey that helps us meet your health needs. The Survey takes 2-3 minutes to complete and helps us connect you with Liberty services you may need. We can also connect you to other health services and community resources in your area to help improve your quality of life.

To take the survey online, scan the QR code below with your smartphone or go to our website at [Liberty-Dental-Plan-of-Oklahoma](https://www.libertydentalplan.com/).



For assistance in completing the OHRA form you can call our Member Services toll-free at 888-700-1093, TTY 877-855-8039.

Liberty's Healthy Behaviors Program

Liberty's Healthy Behaviors Program is an incentive program for our SoonerSelect members who have not visited a dentist in the last 12 months. Members between the ages of 0-20 years old or who are pregnant will qualify for a \$25 gift card who schedule and complete a dental appointment with their PCD.

You can enroll in our Healthy Behaviors Program to receive oral health and wellness tips by scanning the QR code below with your smartphone or by visiting our website at [Liberty-Dental-Plan-of-Oklahoma](#). Eligible members who complete an OHRA will automatically be enrolled in our Healthy Behaviors Program.



For help scheduling your next dental appointment or for more information on the Healthy Behaviors Program, contact Member Services toll-free at 888-700-1093, TTY 877-855-8039.

Liberty's Community Advisory Committee

We have a group called Community Advisory (previously Public Policy) Committee (CAC). This group is made up of SoonerSelect members, community stakeholders, and Plan support staff. The group talks about how to improve Liberty policies and is responsible for:

- Recommending ways to better serve our members.
- Reviewing quality metrics to ensure member satisfaction.
- Suggesting improvements to Liberty's programs.
- Reviewing Liberty's financial reports.

You can attend Liberty's Community Advisory Committee by scanning the QR code below with your smartphone or by visiting our website at <https://www.libertydentalplan.com/Members/Member-Facing-Committee.aspx>.



Forms

Grievance and Appeals Form



Appeal Request Form

If you have a complaint or grievance, please complete, and submit this form to LIBERTY Dental Plan ("LIBERTY") to start the Grievances/Appeals Process. The completed form must be received by LIBERTY **within sixty (60) days of the triggering event**. This is the date on which the event you are appealing occurred.

Failure to complete and return this form within sixty (60) days can result in dismissal or denial of your grievance or appeal.

Please provide all requested information, including a complete explanation of the problem/issue. Include the name(s) of any LIBERTY people you have dealt with, and the dates on which specific events occurred. Use more paper if necessary. Attach copies of any supporting documents you would like to be considered.

Enrollee Information

Enrollee Name: _____ Enrollee ID: _____

Enrollee Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Date of Triggering Event: _____

Enrollee's Guardian (if applicable): _____ Guardian Phone: _____

Authorized Representative (if any)

I, _____ authorize _____ to serve as my Representative in connection with the grievance/appeal. I authorize my Representative to present evidence, to obtain information about my grievance/appeal, and to receive notices in connection with my grievance/appeal. I understand that my personal health information (PHI) may be disclosed to my Representative. I understand that my PHI may include information about drug or alcohol disorders or treatment, mental health disorders or treatment, and communicable or non-communicable diseases. By signing this form, I am authorizing disclosures of this information. My Representative will be available to represent me on the date and time of the grievance/appeal hearing as set by LIBERTY. I do not have a legally appointed Guardian, or my legally appointed Guardian hereby consents to this authorization.

Member Signature Date

Authorized Representative Signature Date

Please tell us about your request in the space below. Be as specific as possible and when possible, give the date(s) that the event occurred. Please include what you would like LIBERTY to do about this issue. (If you need more space, use another sheet of paper.)

IMPORTANT NOTICE FOR ENROLLEES OF SOONERSELECT BENEFITS OR SERVICES WHOSE BENEFITS OR SERVICES WERE DISCONTINUED OR REDUCED:

You must request an appeal and your appeal must be received by LIBERTY. Your appeal must be filed within sixty (60) calendar days of the date of your notice. You can ask for your services to continue while your appeal is reviewed. You must ask for services to be continued within ten (10) calendar days of the date of your notice. You can also ask for your services to stop while your appeal is reviewed. If you file for an appeal within 60 calendar days of the date of your notice and do not ask for your services to stop, they will be continued during the review period. When your appeal doesn't change the health plan's decision, the health plan may require you to pay for the services you received while waiting for a decision.

☐ I **do not** want services or benefits to continue while my appeal is being decided.

Enrollee Signature

Date

Please send this form to:

LIBERTY Dental Plan
Attn: Grievances & Appeals
P.O. Box 26110 Santa Ana, CA 92799

Phone: 888-700-1093 or TTY: 877-855-8039
Email: GandA@libertydentalplan.com

ADA Claim Form

ADA American Dental Association® Dental Claim Form

1. Type of Transaction (Mark all applicable boxes)
☐ Statement of Actual Services
☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY)7. Gender
☐ M ☐ F8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number10. Patient's Relationship to Person named in #5
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY)14. Gender
☐ M ☐ F15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above
☐ Self ☐ Spouse ☐ Dependent Child ☐ Other19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY)22. Gender
☐ M ☐ F23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

34. Diagnosis Code List Qualifier ☐ (ICD-9 = B; ICD-10 = AB)
34a. Diagnosis Code(s) A _____ C _____
(Primary diagnosis in "A") B _____ D _____

31a. Other Fee(s) _____
32. Total Fee _____

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X
Patient/Guardian Signature _____ Date _____

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X
Subscriber Signature _____ Date _____

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI _____ 50. License Number _____ 51. SSN or TIN _____

52. Phone Number () - _____ 52a. Additional Provider ID _____

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital)
(Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N) ☐

40. Is Treatment for Orthodontics?
☐ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining ☐ No ☐ Yes (Complete 44)

43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) _____ 47. Auto Accident State _____

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X
Signed (Treating Dentist) _____ Date _____

54. NPI _____ 55. License Number _____

56. Address, City, State, Zip Code _____ 56a. Provider Specialty Code _____

57. Phone Number () - _____ 58. Additional Provider ID _____

©2012 American Dental Association
J430D (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)

To reorder call 800.947.4746
or go online at adacatalog.org

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Liberty Dental Plan

SOONERSELECT MEMBER HANDBOOK

REV.2025.07.01

Child Oral Health Risk Assessment Form

Filling out this form is voluntary. The member will not be denied care based on your answers. This information is private.

Member's Name:	Date of Birth:	ID Number:
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Please check one:

1. Does the member have a dentist they see often? Yes ☐ No ☐
2. Does the member brush their teeth every day? Yes ☐ No ☐
3. Do the member's teeth hurt when eating cold, hot, or sugary foods? * Yes ☐ No ☐
4. Does the member live in an area with fluoridated drinking water? Yes ☐ No ☐
5. Does the member snack between meals? Yes ☐ No ☐
6. Does the member drink a lot of soda, juices, or energy drinks? Yes ☐ No ☐
7. Does the member have cavities? * Yes ☐ No ☐
8. Does a parent or guardian have a history of cavities? Yes ☐ No ☐
- If yes, relation(s): _____
9. Do the member's teeth look like they have filmy matter called plaque? * Yes ☐ No ☐
10. Does the member go to bed with a bottle of milk, juice, or other drink? * Yes ☐ No ☐
11. Is the member pregnant? Yes ☐ No ☐
12. Does the member see a doctor often for a serious medical condition? Yes ☐ No ☐
- If yes, select all that apply: ☐cancer ☐diabetes ☐kidney disease
- ☐other: _____
13. Does the member have special healthcare needs? Yes ☐ No ☐
14. Has the member been told they have a mental, behavioral, or physical disability? Yes ☐ No ☐
15. Has the member gone to the emergency room for dental problems in the past year? Yes ☐ No ☐
- If yes, explain: _____
16. Are there any non-medical/social conditions that would affect the member's ability to obtain care? Yes ☐ No ☐

If yes, select all that apply: ☐food ☐housing ☐transportation
☐ other: _____

17. Is English the main language spoken at home? Yes ☐ No ☐

If not, what language is spoken: _____

18. I consent to receive text/email messages from Liberty Dental Plan to help manage my oral health. Yes ☐ No ☐

Cell Phone: _____ Email Address: _____

**If you have pain, swelling, bleeding, or infection please contact Liberty for immediate assistance.*

I understand that this information will be disclosed to my new dental plan.

Signature: _____ Date: _____

If not signed by the enrollee, please select one: ☐Parent of minor ☐Guardian

☐Other representative: _____

Please return to: Liberty Dental Plan, P. O. Box 26110, Santa Ana, CA, 92799-6110

Adult Oral Health Risk Assessment Form

Filling out this form is voluntary. The member will not be denied care based on your answers. This information is private.

Member's Name:	Date of Birth:	ID Number:
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Please check one:

1. Has it been more than 12 months since you last saw a dentist? Yes ☐ No ☐
2. Do your teeth hurt when eating cold, hot, or sugary foods? * Yes ☐ No ☐
3. Do you have pain in your mouth or gums? * Yes ☐ No ☐
4. Do you have an infected tooth or teeth? * Yes ☐ No ☐
5. Do you have a broken tooth or teeth? * Yes ☐ No ☐
6. Is your mouth dry? Yes ☐ No ☐
7. Do your gums bleed when you brush or floss? * Yes ☐ No ☐
8. Have you had any gum (periodontal) treatments? Yes ☐ No ☐
If yes, list the last visit date: _____
9. Do you wear full or partial fake teeth? Yes ☐ No ☐
10. Are you pregnant? Yes ☐ No ☐
11. Does the member see a doctor often for a serious medical condition? Yes ☐ No ☐
If yes, select all that apply: ☐cancer ☐diabetes ☐kidney disease
☐other: _____
12. Are you currently receiving radiation or chemotherapy? Yes ☐ No ☐
13. Do you have or have been told you have a mental, behavioral, or physical disability? Yes ☐ No ☐
14. Have you been to the emergency room for dental problems in the past year? Yes ☐ No ☐
If yes, explain: _____
15. Are there any non-medical/social conditions that would affect the member's ability to obtain care? Yes ☐ No ☐
If yes, select all that apply: ☐food ☐housing ☐transportation
☐ other: _____

16. Is English the main language spoken at home? Yes ☐ No ☐

If not, what language is spoken: _____

17. I consent to receive text/email messages from Liberty Dental Plan to help manage my oral health Yes ☐ No ☐

Cell Phone: _____ Email Address: _____

**If you have pain, swelling, bleeding, or infection please contact Liberty for immediate assistance.*

I understand that this information will be disclosed to my new dental plan.

Signature: _____ Date: _____

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