

# Managed Care Program Annual Report (MCPAR) for Oklahoma: SoonerSelect Dental

<b>Due date</b>	<b>Last edited</b>	<b>Edited by</b>	<b>Status</b>
12/27/2025	04/13/2026	Reginald Mason	In progress

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
<b>Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool?</b>  If "No", please complete the following questions under each plan.	Plan to submit on 12/27/2025

# Section A: Program Information

## Point of Contact

Number	Indicator	Response
A1	<b>State name</b> Auto-populated from your account profile.	Oklahoma
A2a	<b>Contact name</b> First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Stephanie Mavredes
A2b	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	stephanie.mavredes@okhca.org
A3a	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Mavredes Stephanie
A3b	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	stephanie.mavredes@okhca.org
A4	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	12/23/2025

## Reporting Period

Number	Indicator	Response
A5a	<b>Reporting period start date</b> Auto-populated from report dashboard.	02/01/2024
A5b	<b>Reporting period end date</b> Auto-populated from report dashboard.	06/30/2025
A6	<b>Program name</b> Auto-populated from report dashboard.	SoonerSelect Dental

## Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
<b>Plan name</b>	DentaQuest USA Insurance Company Liberty Dental Plan of Oklahoma

## Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
<b>BSS entity name</b>	Oklahoma Health Care Authority Eligibility and Coverage Services Unit  Maximus, Inc.

## Add In Lieu of Services and Settings (A.9)



**Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
<b>ILOS name</b>	

## Section B: State-Level Indicators

### Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<p data-bbox="313 107 586 176"><b>Statewide Medicaid enrollment</b></p> <p data-bbox="313 201 724 516">Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.</p>	1,046,756
BI.2	<p data-bbox="313 569 724 638"><b>Statewide Medicaid managed care enrollment</b></p> <p data-bbox="313 663 724 1041">Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.</p>	620,281

### Topic III. Encounter Data Report

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>BIII.1</b>	<b>Data validation entity</b>  Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff

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## **Topic X: Program Integrity**

Number	Indicator	Response
BX.1	<p data-bbox="313 107 695 180"><b>Payment risks between the state and plans</b></p> <p data-bbox="313 201 727 863">Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	<p data-bbox="760 107 1370 338">The OHCA Program Integrity unit regularly conducts reviews of network providers to identify and address potential fraud, waste and abuse. The OHCA also reviews PAHP operational reports to identify potential over- and under-utilization for further investigation.</p>
BX.2	<p data-bbox="313 919 618 993"><b>Contract standard for overpayments</b></p> <p data-bbox="313 1014 727 1171">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p data-bbox="760 919 1247 949">State has established a hybrid system</p>
BX.3	<p data-bbox="313 1224 634 1339"><b>Location of contract provision stating overpayment standard</b></p> <p data-bbox="313 1360 727 1518">Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p data-bbox="760 1224 1328 1253">Section 1.18.11: Overpayments to Providers</p>
BX.4	<p data-bbox="313 1570 704 1644"><b>Description of overpayment contract standard</b></p> <p data-bbox="313 1665 727 1759">Briefly describe the overpayment standard selected in indicator B.X.2.</p>	<p data-bbox="760 1570 1370 2001">The State allows Contracted Entities (CEs) to retain recovery of overpayments resulting from waste or abuse audits that originated with the CE. If a fraud referral originates from the CE, the State first retains its costs of pursuing the action and actual documented loss; the State pays the remainder to the CE, up to its documented loss. If the State identifies an overpayment to a provider, it may recover the funds from the CE, which in turn may then recover from the provider.</p>

<p><b>BX.5</b></p>	<p><b>State overpayment reporting monitoring</b></p> <p>Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.</p>	<p>Contracted Entities (CEs) must report overpayments due to fraud within three business days of identification or recovery. CEs must report overpayments due to abuse within 30 calendar days of identification or recovery. CEs must report monthly on all payment errors and recoveries. The State monitors compliance as part of regular oversight activities.</p>
<p><b>BX.6</b></p>	<p><b>Changes in beneficiary circumstances</b></p> <p>Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).</p>	<p>The Contracted Entity (CE) is responsible for performing a monthly reconciliation of enrollment roster data against Capitation Payments and notifying OHCA of discrepancies in accordance with 42 C.F.R. § 438.608(c)(3). In addition, the CE must promptly notify OHCA when the CE or a Subcontractor receives information about changes in an Enrollee's circumstances that may affect the Enrollee's eligibility to participate in the program. The information is provided on a weekly basis.</p>
<p><b>BX.7a</b></p>	<p><b>Changes in provider circumstances: Monitoring plans</b></p> <p>Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>	<p>Yes</p>
<p><b>BX.7b</b></p>	<p><b>Changes in provider circumstances: Metrics</b></p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>	<p>Yes</p>
<p><b>BX.7c</b></p>	<p><b>Changes in provider circumstances: Describe metric</b></p> <p>Describe the metric or indicator that the state uses.</p>	<p>Contracted Entities (CEs) must report monthly on provider terminations using a State-developed reporting template. The template does not currently classify by termination type. However, the State is adding a column for this purpose. The State will be monitoring timeliness using the revised template and by documenting the date the termination is</p>

reported through the SoonerSelect dashboard tool. Terminations must be reported within 10 days of their occurrence.

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<b>BX.8a</b>	<b>Federal database checks: Excluded person or entities</b>	No
	<p>During the state’s federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.</p>	
<b>BX.9a</b>	<b>Website posting of 5 percent or more ownership control</b>	No
	<p>Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.</p>	
<b>BX.10</b>	<b>Periodic audits</b>	No such audits were conducted during the reporting year (year 1). The State and EQRO will conduct audits in future contract years.
	<p>If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter “No such audits were conducted during the reporting year” as your response. “N/A” is not an acceptable response.</p>	

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## Topic XIII. Prior Authorization



**Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
N/A	Are you reporting data prior to June 2026?	Not reporting data

## **Section C: Program-Level Indicators**

### **Topic I: Program Characteristics**

Number	Indicator	Response
C11.1	<p><b>Program contract</b></p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	SoonerSelect Dental Program Dental Contract
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	08/01/2023
C11.2	<p><b>Contract URL</b></p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<a href="https://oklahoma.gov/ohca/soonerselect/contracts.html">https://oklahoma.gov/ohca/soonerselect/contracts.html</a>
C11.3	<p><b>Program type</b></p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Prepaid Ambulatory Health Plan (PAHP)
C11.4a	<p><b>Special program benefits</b></p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p>	Dental
C11.4b	<p><b>Variation in special benefits</b></p> <p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>	N/A
C11.5	<p><b>Program enrollment</b></p> <p>Enter the average number of individuals enrolled in this managed care program per</p>	615,334

month during the reporting year (i.e., average member months).

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**C11.6**

**Changes to enrollment or benefits**

There were no major changes to the population or benefits during the reporting year.

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

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## **Topic III: Encounter Data Report**

Number	Indicator	Response
C1III.1	<p data-bbox="313 107 634 136"><b>Uses of encounter data</b></p> <p data-bbox="313 163 695 317">For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p data-bbox="313 323 727 573">Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p data-bbox="760 107 1222 136">Quality/performance measurement</p> <p data-bbox="760 180 1089 210">Monitoring and reporting</p> <p data-bbox="760 254 987 283">Program integrity</p>
C1III.2	<p data-bbox="313 625 691 697"><b>Criteria/measures to evaluate MCP performance</b></p> <p data-bbox="313 724 727 905">What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p data-bbox="313 911 727 1226">Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p data-bbox="760 625 1240 655">Timeliness of initial data submissions</p> <p data-bbox="760 699 1146 728">Timeliness of data corrections</p> <p data-bbox="760 772 1170 802">Timeliness of data certifications</p> <p data-bbox="760 846 1094 875">Use of correct file formats</p> <p data-bbox="760 919 1094 949">Provider ID field complete</p> <p data-bbox="760 993 1352 1056">Overall data accuracy (as determined through data validation)</p>
C1III.3	<p data-bbox="313 1276 716 1348"><b>Encounter data performance criteria contract language</b></p> <p data-bbox="313 1375 727 1656">Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p data-bbox="760 1276 1360 1348">1.19.5 SoonerSelect Dental Enrollee Encounter Data</p>

<b>C1III.4</b>	<b>Financial penalties contract language</b>  Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	Appendix 1E: Liquidated Damages
<b>C1III.5</b>	<b>Incentives for encounter data quality</b>  Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	N/A
<b>C1III.6</b>	<b>Barriers to collecting/validating encounter data</b>  Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	During the initial months of the program, Contracted Entities (CEs) had difficulties getting all encounters to pass OHCA edits, particularly those related to provider identification. Performance is improving.

## Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p><b>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</b></p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	N/A
C1IV.2	<p><b>State definition of “timely” resolution for standard appeals</b></p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	Timely resolution is defined as no longer than 30 calendar days from the day the Contracted Entity (CE) receives the appeal (see contract section 1.16.7.3: Timeframe for Standard Appeal Resolution).
C1IV.3	<p><b>State definition of “timely” resolution for expedited appeals</b></p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	Timely resolution is defined as no longer than 72 hours after the Contracted Entity (CE) receives the expedited appeal (see contract section 1.16.7.4: Timeframe for Expedited Resolution).

**C1IV.4 State definition of “timely” resolution for grievances**

Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

Timely resolution is defined as no longer than 30 calendar days from the day the Contracted Entity (CE) receives the grievance (see contract section 1.16.6.11: Timeframe for Resolution of Grievance).

## Topic V. Availability, Accessibility and Network Adequacy

### Network Adequacy

Number	Indicator	Response
C1V.1	<p><b>Gaps/challenges in network adequacy</b></p> <p>What are the state’s biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter “No challenges were encountered” as your response. “N/A” is not an acceptable response.</p>	<p>Under fee-for-service, the Medicaid program historically faced challenges with dental provider participation. The SoonerSelect Dental Contracted Entities (CEs) at the start of the program faced the same challenges, which they are working to address.</p>
C1V.2	<p><b>State response to gaps in network adequacy</b></p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>Contracted Entities (CEs) must submit semi-annual network adequacy reports that identify gaps and steps being taken to address. The OHCA reviews these reports and follows-up as appropriate.</p>

## Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p><b>BSS website</b></p> <p>List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p>SoonerSelect member portal of OHCA website is located at:  <a href="https://oklahoma.gov/ohca/soonerselect/choice-counseling.html">https://oklahoma.gov/ohca/soonerselect/choice-counseling.html</a></p>
C1IX.2	<p><b>BSS auxiliary aids and services</b></p> <p>How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)?  42 CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p>	<p>Beneficiary Support Services are available through the internet, by telephone and in-person. All services are offered in English and Spanish; the BSS uses a third-party language line to accommodate individuals with other language needs. Hearing impaired persons can receive telephone assistance via the state's 711 line. The BSS website meets ADA/WCAG requirements. In-person assistance is available through state agency, tribal and community partners with access to the OHCA electronic eligibility application.</p>
C1IX.3	<p><b>BSS LTSS program data</b></p> <p>How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).</p>	N/A
C1IX.4	<p><b>State evaluation of BSS entity performance</b></p> <p>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	<p>The BSS conducts ongoing supervisory audits of customer service representative performance. The BSS provides the OHCA with a monthly Key Performance Indicators report that includes a quality score based on audit findings. The quality score is based, among other factors, on whether the caller is provided appropriate information about programs relevant programs to their circumstances. The BSS also provides data on call center performance, including volume and average time to answer. The data is stratified to break-out Choice Counseling activities from other components.</p>

## Topic X: Program Integrity

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>C1X.3</b>	<b>Prohibited affiliation disclosure</b>  Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

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## **Topic XII. Mental Health and Substance Use Disorder Parity**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>C1XII.4</b>	<b>Does this program include MCOs?</b>  If "Yes", please complete the following questions.	No

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## **Section D: Plan-Level Indicators**

### **Topic I. Program Characteristics & Enrollment**

Number	Indicator	Response
D11.1	<b>Plan enrollment</b> Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<b>DentaQuest USA Insurance Company</b> 273,218
		<b>Liberty Dental Plan of Oklahoma</b> 342,116
D11.2	<b>Plan share of Medicaid</b> What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	<b>DentaQuest USA Insurance Company</b> 26.1%
		<b>Liberty Dental Plan of Oklahoma</b> 32.7%
D11.3	<b>Plan share of any Medicaid managed care</b> What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid managed care enrollment (B.I.2)	<b>DentaQuest USA Insurance Company</b> 44%
		<b>Liberty Dental Plan of Oklahoma</b> 55.2%
D11.4: Parent	<b>Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.</b>  If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.	<b>DentaQuest USA Insurance Company</b>  Sun Life Financial, Inc.
		<b>Liberty Dental Plan of Oklahoma</b>  Liberty Dental Plan Corporation

## Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	<p><b>Medical Loss Ratio (MLR)</b></p> <p>What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience.</p> <p>If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>106.9%</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>92.7%</p>
D1II.1b	<p><b>Level of aggregation</b></p> <p>What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.</p> <p>As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>Statewide all programs &amp; populations</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>Statewide all programs &amp; populations</p>
D1II.2	<p><b>Population specific MLR description</b></p> <p>Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.</p> <p>See glossary for the regulatory definition of MLR.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>TANF - child and parent Expansion Custody and Adoption Former Foster Care</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>TANF - child and parent Expansion Custody and Adoption Former Foster Care</p>
D1II.3	<p><b>MLR reporting period discrepancies</b></p> <p>Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>Yes</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>Yes</p>

**N/A**

Enter the start date.

**DentaQuest USA Insurance Company**

07/01/2024

**Liberty Dental Plan of Oklahoma**

07/01/2024

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**N/A**

Enter the end date.

**DentaQuest USA Insurance Company**

06/30/2025

**Liberty Dental Plan of Oklahoma**

06/30/2025

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### **Topic III. Encounter Data**

Number	Indicator	Response
D1III.1	<p data-bbox="313 107 708 176"><b>Definition of timely encounter data submissions</b></p> <p data-bbox="313 201 708 453">Describe the state’s standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p data-bbox="813 134 1365 579"><b>DentaQuest USA Insurance Company</b></p> <p data-bbox="813 191 1365 579">The Contracted Entity (CE) shall collect and submit Encounter Data to the OHCA MMIS within seven days of adjudication for dental claims. (Refer to Contract Section 1.19.5.3 Timeliness) Within 30 days of receipt of notice by OHCA of encounters being denied or rejected, the CE must accurately resubmit 100 percent of all encounters. (Refer to Contract Section 1.19.5.4 Timeliness Remediation)</p> <p data-bbox="813 621 1365 1058"><b>Liberty Dental Plan of Oklahoma</b></p> <p data-bbox="813 678 1365 1058">The Contracted Entity (CE) shall collect and submit Encounter Data to the OHCA MMIS within seven days of adjudication for dental claims. (Refer to Contract Section 1.19.5.3 Timeliness) Within 30 days of receipt of notice by OHCA of encounters being denied or rejected, the CE must accurately resubmit 100 percent of all encounters. (Refer to Contract Section 1.19.5.4 Timeliness Remediation)</p>
D1III.2	<p data-bbox="313 1115 708 1268"><b>Share of encounter data submissions that met state’s timely submission requirements</b></p> <p data-bbox="313 1293 708 1797">What percent of the plan’s encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.</p>	<p data-bbox="813 1148 1365 1230"><b>DentaQuest USA Insurance Company</b></p> <p data-bbox="813 1203 889 1230">85.6%</p> <p data-bbox="813 1272 1365 1356"><b>Liberty Dental Plan of Oklahoma</b></p> <p data-bbox="813 1329 889 1356">99.4%</p>

**D1III.3 Share of encounter data submissions that were HIPAA compliant**

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?

If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

**DentaQuest USA Insurance Company**

100%

**Liberty Dental Plan of Oklahoma**

100%

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## **Topic IV. Appeals, State Fair Hearings & Grievances**

### **Appeals Overview**

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>D1IV.1</b>	<p><b>Appeals resolved (at the plan level)</b></p> <p>Enter the total number of appeals resolved during the reporting year. An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.</p>	<p><b>DentaQuest USA Insurance Company</b> 1,149</p> <p><b>Liberty Dental Plan of Oklahoma</b> 162</p>
<b>D1IV.1a</b>	<p><b>Appeals denied</b></p> <p>Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.</p>	<p><b>DentaQuest USA Insurance Company</b> 295</p> <p><b>Liberty Dental Plan of Oklahoma</b> 29</p>
<b>D1IV.1b</b>	<p><b>Appeals resolved in partial favor of enrollee</b></p> <p>Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.</p>	<p><b>DentaQuest USA Insurance Company</b> N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b> N/A</p>
<b>D1IV.1c</b>	<p><b>Appeals resolved in favor of enrollee</b></p> <p>Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.</p>	<p><b>DentaQuest USA Insurance Company</b> 77</p> <p><b>Liberty Dental Plan of Oklahoma</b> 10</p>
<b>D1IV.2</b>	<p><b>Active appeals</b></p> <p>Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p><b>DentaQuest USA Insurance Company</b> 49</p> <p><b>Liberty Dental Plan of Oklahoma</b> 10</p>
<b>D1IV.3</b>	<p><b>Appeals filed on behalf of LTSS users</b></p> <p>Enter the total number of appeals filed during the reporting year by or on behalf</p>	<p><b>DentaQuest USA Insurance Company</b> N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p>

of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

N/A

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**D1IV.4**      **Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal**

**DentaQuest USA Insurance Company**

N/A

**Liberty Dental Plan of Oklahoma**

N/A

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

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**D1IV.5a**      **Standard appeals for which timely resolution was**

**DentaQuest USA Insurance Company**

	<p><b>provided</b></p> <p>Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.</p>	<p>1,121</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>148</p>
<p><b>D1IV.5b</b></p>	<p><b>Expedited appeals for which timely resolution was provided</b></p> <p>Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>21</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>14</p>
<p><b>D1IV.6a</b></p>	<p><b>Resolved appeals related to denial of authorization or limited authorization of a service</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>1,094</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>154</p>
<p><b>D1IV.6b</b></p>	<p><b>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>0</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
<p><b>D1IV.6c</b></p>	<p><b>Resolved appeals related to payment denial</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>0</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>

payment for a service that was already rendered.

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<b>D1IV.6d</b>	<b>Resolved appeals related to service timeliness</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	0
		<b>Liberty Dental Plan of Oklahoma</b>
		0
<hr/>		
<b>D1IV.6e</b>	<b>Resolved appeals related to lack of timely plan response to an appeal or grievance</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	0
		<b>Liberty Dental Plan of Oklahoma</b>
		0
<hr/>		
<b>D1IV.6f</b>	<b>Resolved appeals related to plan denial of an enrollee's right to request out-of-network care</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	0
		<b>Liberty Dental Plan of Oklahoma</b>
		5
<hr/>		
<b>D1IV.6g</b>	<b>Resolved appeals related to denial of an enrollee's request to dispute financial liability</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.	0
		<b>Liberty Dental Plan of Oklahoma</b>
		0

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## **Appeals by Service**

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<p><b>Resolved appeals related to general inpatient services</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
D1IV.7b	<p><b>Resolved appeals related to general outpatient services</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
D1IV.7c	<p><b>Resolved appeals related to inpatient behavioral health services</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
D1IV.7d	<p><b>Resolved appeals related to outpatient behavioral health services</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>

substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

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<b>D1IV.7e</b>	<b>Resolved appeals related to covered outpatient prescription drugs</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A
<hr/>		
<b>D1IV.7f</b>	<b>Resolved appeals related to skilled nursing facility (SNF) services</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A
<hr/>		
<b>D1IV.7g</b>	<b>Resolved appeals related to long-term services and supports (LTSS)</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A
<hr/>		
<b>D1IV.7h</b>	<b>Resolved appeals related to dental services</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".	1,087
		<b>Liberty Dental Plan of Oklahoma</b>
		138

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<p><b>D1IV.7i</b></p>	<p><b>Resolved appeals related to non-emergency medical transportation (NEMT)</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
<p><b>D1IV.7k:</b></p>	<p><b>Resolved appeals related to durable medical equipment (DME) &amp; supplies</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
<p><b>D1IV.7l:</b></p>	<p><b>Resolved appeals related to home health / hospice</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
<p><b>D1IV.7m:</b></p>	<p><b>Resolved appeals related to emergency services / emergency department</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A".</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
<p><b>D1IV.7n:</b></p>	<p><b>Resolved appeals related to therapies</b></p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>

the managed care plan does not cover this type of service, enter "N/A".

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**D1IV.7o**

**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter "N/A".

**DentaQuest USA Insurance Company**

N/A

**Liberty Dental Plan of Oklahoma**

N/A

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**State Fair Hearings**

Number	Indicator	Response
D1IV.8a	<p><b>State Fair Hearing requests</b></p> <p>Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>4</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>2</p>
D1IV.8b	<p><b>State Fair Hearings resulting in a favorable decision for the enrollee</b></p> <p>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>1</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
D1IV.8c	<p><b>State Fair Hearings resulting in an adverse decision for the enrollee</b></p> <p>Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>2</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
D1IV.8d	<p><b>State Fair Hearings retracted prior to reaching a decision</b></p> <p>Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>0</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
D1IV.9a	<p><b>External Medical Reviews resulting in a favorable decision for the enrollee</b></p> <p>If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>

**D1IV.9b**

**External Medical Reviews  
resulting in an adverse  
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

**DentaQuest USA Insurance Company**

N/A

**Liberty Dental Plan of Oklahoma**

N/A

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## **Grievances Overview**

Number	Indicator	Response
D1IV.10	<p><b>Grievances resolved</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. A grievance is “resolved” when it has reached completion and been closed by the plan.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>169</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>302</p>
D1IV.11	<p><b>Active grievances</b></p> <p>Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>12</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>13</p>
D1IV.12	<p><b>Grievances filed on behalf of LTSS users</b></p> <p>Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>
D1IV.13	<p><b>Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance</b></p> <p>For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been “related” to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>N/A</p>

an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

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<b>D1IV.14</b>	<b>Number of grievances for which timely resolution was provided</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	165
		<b>Liberty Dental Plan of Oklahoma</b>
		280

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## Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	<p><b>Resolved grievances related to general inpatient services</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p><b>DentaQuest USA Insurance Company</b> N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b> N/A</p>
D1IV.15b	<p><b>Resolved grievances related to general outpatient services</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p><b>DentaQuest USA Insurance Company</b> N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b> N/A</p>
D1IV.15c	<p><b>Resolved grievances related to inpatient behavioral health services</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p><b>DentaQuest USA Insurance Company</b> N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b> N/A</p>
D1IV.15d	<p><b>Resolved grievances related to outpatient behavioral health services</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that</p>	<p><b>DentaQuest USA Insurance Company</b> N/A</p> <p><b>Liberty Dental Plan of Oklahoma</b></p>

were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

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<b>D1IV.15e</b>	<b>Resolved grievances related to coverage of outpatient prescription drugs</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".	<b>DentaQuest USA Insurance Company</b>  N/A  <b>Liberty Dental Plan of Oklahoma</b>  N/A
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<b>D1IV.15f</b>	<b>Resolved grievances related to skilled nursing facility (SNF) services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".	<b>DentaQuest USA Insurance Company</b>  N/A  <b>Liberty Dental Plan of Oklahoma</b>  N/A
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<b>D1IV.15g</b>	<b>Resolved grievances related to long-term services and supports (LTSS)</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".	<b>DentaQuest USA Insurance Company</b>  N/A  <b>Liberty Dental Plan of Oklahoma</b>  N/A
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<b>D1IV.15h</b>	<b>Resolved grievances related to dental services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".	<b>DentaQuest USA Insurance Company</b>  169  <b>Liberty Dental Plan of Oklahoma</b>  302
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<b>D1IV.15i</b>	<b>Resolved grievances related to non-emergency medical transportation (NEMT)</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A
<b>D1IV.15k</b>	<b>Resolved grievances related to durable medical equipment (DME) &amp; supplies</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A
<b>D1IV.15l</b>	<b>Resolved grievances related to home health / hospice</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A
<b>D1IV.15m</b>	<b>Resolved grievances related to emergency services / emergency department</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A
<b>D1IV.15n</b>	<b>Resolved grievances related to therapies</b>	<b>DentaQuest USA Insurance Company</b>
	Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or	N/A
		<b>Liberty Dental Plan of Oklahoma</b>
		N/A

respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

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**D1IV.15o**

**Resolved grievances related to other service types**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

**DentaQuest USA Insurance Company**

N/A

**Liberty Dental Plan of Oklahoma**

N/A

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## Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	<p><b>Resolved grievances related to plan or provider customer service</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>4</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
D1IV.16b	<p><b>Resolved grievances related to plan or provider care management/case management</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>0</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
D1IV.16c	<p><b>Resolved grievances related to network adequacy or access to care/services from plan or provider</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>27</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>38</p>
D1IV.16d	<p><b>Resolved grievances related to quality of care</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>71</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>168</p>
D1IV.16e	<p><b>Resolved grievances related to plan communications</b></p> <p>Enter the total number of grievances resolved by the plan during the</p>	<p><b>DentaQuest USA Insurance Company</b></p>

reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

0

**Liberty Dental Plan of Oklahoma**

0

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**D1IV.16f Resolved grievances related to payment or billing issues**

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

**DentaQuest USA Insurance Company**

55

**Liberty Dental Plan of Oklahoma**

0

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**D1IV.16g Resolved grievances related to suspected fraud**

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

**DentaQuest USA Insurance Company**

0

**Liberty Dental Plan of Oklahoma**

0

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**D1IV.16h Resolved grievances related to abuse, neglect or exploitation**

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

**DentaQuest USA Insurance Company**

0

**Liberty Dental Plan of Oklahoma**

0

---

**D1IV.16i Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)**

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

**DentaQuest USA Insurance Company**

0

**Liberty Dental Plan of Oklahoma**

0

<b>D1IV.16j</b>	<p><b>Resolved grievances related to plan denial of expedited appeal</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>0</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
<b>D1IV.16k</b>	<p><b>Resolved grievances filed for other reasons</b></p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>31</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>122</p>

## Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

**D2.VII.1 Measure Name: OEV - Oral evaluation**

1 / 17

**D2.VII.2 Measure Domain**

Dental and oral health services

**D2.VII.3 National Quality Forum (NQF) number**

0897

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

This is part of a standardized national measure set.

**Measure results**

**DentaQuest USA Insurance Company**

48.55%

**Liberty Dental Plan of Oklahoma**

47.80%



Complete

**D2.VII.1 Measure Name: PEV - Periodontal evaluation**

2 / 17

**D2.VII.2 Measure Domain**

Dental and oral health services

**D2.VII.3 National Quality Forum (NQF) number**

TBD

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

HEDIS

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

This is part of a standardized national measure set.

**Measure results**

**DentaQuest USA Insurance Company**

Not Yet Reportable

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: SFM - Sealant receipt on permanent first molars - Rate 1**

3 / 17

**D2.VII.2 Measure Domain**

Dental and oral health services

**D2.VII.3 National Quality Forum (NQF) number**

0830

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

This is part of a standardized national measure set.

**Measure results**

**DentaQuest USA Insurance Company**

Not Yet Reportable

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: SFM - Sealant receipt on permanent first molars - Rate 2**

4 / 17

**D2.VII.2 Measure Domain**

Dental and oral health services

**D2.VII.3 National Quality Forum (NQF) number**

0830

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

0830

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

This is part of a standardized national measure set.

**Measure results**

**DentaQuest USA Insurance Company**

Not Yet Reportable

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: TFL - Topical fluoride**

5 / 17

**D2.VII.2 Measure Domain**

Dental and oral health services

**D2.VII.3 National Quality Forum (NQF) number**

1672

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

There are three metrics for this standardized measure set: (1) dental or oral health services, (2) dental services, and (3) oral health services. Only metric 2 is applicable for the SoonerSelect Dental program.

**Measure results**

**DentaQuest USA Insurance Company**

Not Yet Reportable

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



**D2.VII.1 Measure Name: Rating of Regular Dentist - CAHPS Adult Survey** 6 / 17  
(Average rating on a scale of 0 to 10)

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**  
0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**  
9.01

**Liberty Dental Plan of Oklahoma**  
Not Yet Reportable



**D2.VII.1 Measure Name: Rating of Regular Dentist - CAHPS Child Survey** 7 / 17  
(Average rating on a scale of 0 to 10)

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**  
0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

9.15%

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: Rating of Dental Care - CAHPS Adult Survey  
(Average rating on a scale of 0 to 10)**

8 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

8.85%

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: Rating of Dental Care - CAHPS Child Survey  
(Average rating on a scale of 0 to 10)**

9 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

9.22%

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: Rating of Dental Plan - CAHPS Adult Survey (Average rating on a scale of 0 to 10)** 10 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

8.39

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



**D2.VII.1 Measure Name: Rating of Dental Plan - CAHPS Child Survey  
(Average rating on a scale of 0 to 10)**

11 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

9.02

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



**D2.VII.1 Measure Name: Rating of Care from Dentists and Staff  
(Composite) - CAHPS Adult Survey (Percent rating usually or always)**

12 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality  
Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

94.00%

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: Rating of Care from Dentists and Staff (Composite) - CAHPS Child Survey (Percent rating usually or always)**

13 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

95.00%

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



Complete

**D2.VII.1 Measure Name: Access to Dental Care (Composite) - CAHPS Adult Survey (Percent rating usually or always)**

14 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

76.00

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



**D2.VII.1 Measure Name: Access to Dental Care (Composite) - CAHPS Child Survey (Percent rating usually or always)** 15 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**

0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

73.00

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable



**D2.VII.1 Measure Name: Dental Plan Services (Composite) - CAHPS Adult Survey (Percent rating usually or always)**

16 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**  
0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**  
68.00%

**Liberty Dental Plan of Oklahoma**  
Not Yet Reportable



**D2.VII.1 Measure Name: Dental Plan Services (Composite) - CAHPS Child Survey (Percent rating usually or always)**

17 / 17

**D2.VII.2 Measure Domain**

Health plan enrollee experience of care

**D2.VII.3 National Quality Forum (NQF) number**  
0007

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**  
Medicaid Child Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**  
No, 02/01/2024 - 12/31/2024

**D2.VII.8 Measure Description**

NA

**Measure results**

**DentaQuest USA Insurance Company**

74.00%

**Liberty Dental Plan of Oklahoma**

Not Yet Reportable

## **Topic VIII. Sanctions**

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

1 / 8

**D3.VIII.2 Plan performance issue**

Reporting (timeliness, completeness, accuracy)

**D3.VIII.3 Plan name**

DentaQuest USA Insurance Company

**D3.VIII.4 Reason for intervention**

Failure to meet reporting requirements for data quality and timeliness.

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

5

**D3.VIII.6 Sanction amount**

\$37,500

**D3.VIII.7 Date assessed**

06/06/2025

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

2 / 8

**D3.VIII.2 Plan performance issue**

Contract Compliance

**D3.VIII.3 Plan name**

DentaQuest USA Insurance Company

**D3.VIII.4 Reason for intervention**

Failure to meet call center performance standards for timeliness

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

5

**D3.VIII.6 Sanction amount**

\$170,000

**D3.VIII.7 Date assessed**

06/06/2025

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: Liquidated damages

3 / 8

**D3.VIII.2 Plan performance issue**

Contract Compliance

**D3.VIII.3 Plan name**

DentaQuest USA Insurance Company

**D3.VIII.4 Reason for intervention**

Failure to meet prior authorization performance standards for timeliness

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

5

**D3.VIII.6 Sanction amount**

\$25,000

**D3.VIII.7 Date assessed**

06/06/2025

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

### D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)

4 / 8

**D3.VIII.2 Plan performance issue**

Contract Compliance

**D3.VIII.3 Plan name**

DentaQuest USA Insurance Company

**D3.VIII.4 Reason for intervention**

Failure to incorporate appropriate credentialing performance standards for timeliness in policies and procedures.

#### Sanction details

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

\$0

**D3.VIII.7 Date assessed**

**D3.VIII.8 Remediation date non-compliance was corrected**

05/17/2024

Yes, remediated 09/10/2024

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

5 / 8

**D3.VIII.2 Plan performance issue**

Contract Compliance

**D3.VIII.3 Plan name**

Liberty Dental Plan of Oklahoma

**D3.VIII.4 Reason for intervention**

Failure to meet prior authorization performance standards for timeliness.

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

4

**D3.VIII.6 Sanction amount**

\$20,000

**D3.VIII.7 Date assessed**

06/06/2025

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

6 / 8

**D3.VIII.2 Plan performance issue**

Contract Compliance

**D3.VIII.3 Plan name**

Liberty Dental Plan of Oklahoma

**D3.VIII.4 Reason for intervention**

Failure to meet claims adjudication performance standards for timeliness.

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

\$10,000

**D3.VIII.7 Date assessed**

06/06/2025

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: Liquidated damages**

7 / 8

**D3.VIII.2 Plan performance****issue**

Reporting (timeliness, completeness, accuracy)

**D3.VIII.3 Plan name**

Liberty Dental Plan of Oklahoma

**D3.VIII.4 Reason for intervention**

Failure to meet reporting requirements for data quality, timeliness, incorrect template, incorrect reporting period and failure to submit a required report.

**Sanction details****D3.VIII.5 Instances of non-compliance**

21

**D3.VIII.6 Sanction amount**

\$80,000

**D3.VIII.7 Date assessed**

06/06/2025

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

No



Complete

**D3.VIII.1 Intervention type: All compliance-related notices or letters (e.g. warnings, non-compliance)**

8 / 8

**D3.VIII.2 Plan performance****issue**

Contract Compliance

**D3.VIII.3 Plan name**

Liberty Dental Plan of Oklahoma

**D3.VIII.4 Reason for intervention**

Modification to process for routing of call center overflow calls

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

1

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

04/01/2024

**D3.VIII.8 Remediation date non-compliance was corrected**

Yes, remediated 06/10/2024

**D3.VIII.9 Corrective action plan**

No

**Topic X. Program Integrity**

Number	Indicator	Response
D1X.1	<p><b>Dedicated program integrity staff</b></p> <p>Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>4</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>6</p>
D1X.2	<p><b>Count of opened program integrity investigations</b></p> <p>How many program integrity investigations were opened by the plan during the reporting year?</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>5</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>49</p>
D1X.4	<p><b>Count of resolved program integrity investigations</b></p> <p>How many program integrity investigations were resolved by the plan during the reporting year?</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>1</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>5</p>
D1X.6	<p><b>Referral path for program integrity referrals to the state</b></p> <p>What is the referral path that the plan uses to make program integrity referrals to the state? Select one.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>Makes some referrals to the SMA and others directly to the MFCU</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>Makes some referrals to the SMA and others directly to the MFCU</p>
D1X.7	<p><b>Count of program integrity referrals to the state</b></p> <p>Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>0</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>0</p>
D1X.9a:	<p><b>Plan overpayment reporting to the state: Start Date</b></p> <p>What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>07/01/2024</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>07/01/2024</p>

<b>D1X.9b:</b>	<p><b>Plan overpayment reporting to the state: End Date</b></p> <p>What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>06/30/2025</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>06/30/2025</p>
<b>D1X.9c:</b>	<p><b>Plan overpayment reporting to the state: Dollar amount</b></p> <p>From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>\$7,919.95</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>\$299,438.01</p>
<b>D1X.9d:</b>	<p><b>Plan overpayment reporting to the state: Corresponding premium revenue</b></p> <p>What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>\$78,651,336</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>\$101,873,916</p>
<b>D1X.10</b>	<p><b>Changes in beneficiary circumstances</b></p> <p>Select the frequency the plan reports changes in beneficiary circumstances to the state.</p>	<p><b>DentaQuest USA Insurance Company</b></p> <p>Weekly</p> <p><b>Liberty Dental Plan of Oklahoma</b></p> <p>Weekly</p>

## Topic XI: ILOS



**Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	<b>ILOSs offered by plan</b> Indicate whether this plan offered any ILOS to their enrollees.	<b>DentaQuest USA Insurance Company</b>  Not answered  <b>Liberty Dental Plan of Oklahoma</b>  Not answered

### Topic XIII. Prior Authorization



**Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

Number	Indicator	Response
N/A	<b>Are you reporting data prior to June 2026?</b>  If “Yes”, please complete the following questions under each plan.	Not reporting data

## Topic XIV. Patient Access API Usage



Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	<b>Are you reporting data prior to June 2026?</b>  If “Yes”, please complete the following questions under each plan.	Not reporting data

## Section E: BSS Entity Indicators

### Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
<b>EIX.1</b>	<b>BSS entity type</b> What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Oklahoma Health Care Authority Eligibility and Coverage Services Unit</b> State Government Entity  <b>Maximus, Inc.</b> Enrollment Broker
<b>EIX.2</b>	<b>BSS entity role</b> What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Oklahoma Health Care Authority Eligibility and Coverage Services Unit</b> Beneficiary Outreach  Other, specify – Operation of state enrollment web portal  <b>Maximus, Inc.</b> Enrollment Broker/Choice Counseling

## Section F: Notes

### Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to “Review & submit.”

Number	Indicator	Response
<b>F1</b>	<b>Notes (optional)</b>	Not answered