



SOONERSELECT MEMBER HANDBOOK

OCTOBER 2023



OKLAHOMA
Health Care Authority

Sooner**Select** 

Denta**Quest** 
a Sun Life company

You can get this handbook and other plan information in large print for free. To get materials in large print, call Member Services at 1-833-479-0687 and TTY/TDY 1-800-466-7566.

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 Member Services Toll-Free at 1-833-479-0687 and TTY 1-800-466-7566. You can ask for the information in this handbook in your language. We have access to interpreter services and can help answer your questions in your language.

Si el inglés no es su lengua materna (o si está leyendo esto en representación de alguien que no lee inglés), podemos ayudarle. Comuníquese con 1-833-479-0687 and TTY 1-800-466-7566. Puede solicitar la información de este manual en su idioma. Tenemos acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

CONTACT DETAILS

Member Services: 833-479-0687, TDD 800-466-7566

Hours of Operation: Monday through Friday, 8:00 a.m. - 5:00 p.m. CT

Plan Website: <https://oklahoma.gov/ohca.html>

Oklahoma City DentaQuest Office:

101 Park Avenue

Suite 1306

Oklahoma City, OK 73102

Dedicated and Handicap Parking at the Oklahoma City DentaQuest Office:

- DentaQuest will have metered parking options at street level on the north, south and east side of our office located at 101 Park Ave. Suite 1306, Oklahoma City, OK. Member will also have the option of parking in the One 11 Garage. The entrance to the garage will be located across the street and to the east located at 111 N Broadway. Oklahoma City, OK.
- Member may have upfront cost associated with parking that will be reimbursed by any DentaQuest staff.
- Handicap metered parking just north of the building entrance. There are additional handicap spots located on the southwest corner of building with additional spots located at street level on the northeast corner of the building.

YOUR DENTAQUEST DENTAL PROGRAM 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 1-833-479-0687.
Get the information in this handbook in another format or language.	Call Member Services at 1-833-479-0687 and TTY 1-800-466-7566.
Keep better track of my appointments and health services.	My PCD or Member Services at 1-833-479-0687.
Get answers to basic questions or concerns about my health, symptoms or medicines.	My PCD or Member Services at 1-833-479-0687.
<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 1-833-479-0687.
Update my address.	Visit www.MySoonerCare.org or call the SoonerCare Helpline at 800-987-7767.
Find my plan's provider directory or other general information about my plan.	Visit my plan's website at www.dentaquest.com or call Member Services at 1-833-479-0687.

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/Alaska Native (AI/AN): An individual who is a member of a federally recognized American Indian tribe; who resides in an urban center and qualifies as a member of an American Indian tribe, Alaska Native, or is considered an Indian under federal regulations; or is considered by the federal government to be an American Indian for any purpose. AI/AN may be used to refer to this population.

Appeal: A request to the plan to review a decision the plan made about reducing, stopping or restricting your health care services.

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.

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 Alaska 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 DentaQuest.

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 DentaQuest.

Primary Care Dentist (PCD): The dental provider who takes care of and coordinates all your dental needs, including referrals and prior authorizations. Your PCD is often the first person you should contact if you need dental care. If you are an individual who is American Indian or Alaska Native (AI/AN), you may pick an Indian Health Care Provider (IHCP) as your PCD.

Provider: A dental professional or a facility 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 are 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.

Teledentistry: Teledentistry.com gives you 24/7 access to a dentist 365 days a year through the convenience of your telephone or video conference on your smartphone or computer.

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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WELCOME TO DENTAQUEST'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 1-833-479-0687 or visit our website at www.dentaquest.com. 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.

DentaQuest 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.dentaquest.com to find the provider directory online. You can also call Member Services at 1-833-479-0687 to get a copy of the provider directory.

When you join DentaQuest, 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 page 11 for details.

HOW TO USE THIS HANDBOOK

This handbook will tell you how DentaQuest 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 1-833-479-0687 and TTY 1-800-466-7566. You can also visit our website at www.dentaquest.com.

HELP FROM MEMBER SERVICES

There is someone to help you at Member Services. Just call Member Services at 1-833-479-0687 and the TTY 1-800-466-7566.

- For help with non-emergency issues and questions, call Member Services Monday – Friday 8 a.m. to 5 p.m. CST. Some providers offer evening or weekend office hours. Call your/your child(ren)'s PCD or visit their website to find out when they are open. Please call Member Services at 1-833-479-0687 (TTY 1-800-466-7566) Monday - Friday from 8 a.m. to 5 p.m. CST. If you call when we are closed, please leave a message. We will call you back the next business day.
- In case of a medical emergency, call 911. For example, you have a broken jaw, you cannot move, or your life is in danger.
- **You can call Member Services to get help anytime you have a question.** You may call us to choose or change your PCD; to ask about benefits and services; to get help with referrals; to replace a lost ID card; to report the birth of a new baby; or to ask about any change that might affect you or your family's benefits.
- **Non-English speakers:** If you are reading this on behalf of someone who doesn't read English, we can help. We want you to know how to use your dental plan, no matter what language you

speak. Just call us and we will find a way to talk with you in your own language. We have a group of people who can help.

- **For people with disabilities:** If you use a wheelchair or have trouble hearing or understanding, call us if you need extra help. If you are reading this on behalf of someone who is blind, deaf-blind, or has difficulty seeing, we can also help. We can tell you if a dentist's office is wheelchair accessible or is equipped with special communications devices. Also, we have services such as:
 - TTY machine. Our TTY phone number is 1-800-466-7566.
 - 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. DentaQuest provides free aids and services to help people communicate effectively with us, such as:

- A TTY machines. Our TTY phone number is 1-800-466-7566.
- 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 aids or services, call Member Services at 1-833-479-0687 and the TTY 1-800-466-7566.

DentaQuest 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. DentaQuest 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 DentaQuest. If you believe DentaQuest failed to provide these services, you can file a complaint. To file a complaint or to learn more, call Member Services at 1-833-479-0687 and the TTY 1-800-466-7566.

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 DENTAQUEST

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 DentaQuest ID card is mailed to you 7 days after you enroll in your dental plan. 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 DentaQuest’s claims information for providers to use. If anything is wrong on your DentaQuest ID card, call us right away. If you lose your card, we can help — call Member Services at 1-833-479-0687 and the TTY 1-800-466-7566. Carry your ID card and show it each time you go for care.

 a Sun Life company	Sooner Select 
Member Name: _____	Plan Name: _____
Member ID: _____	Effective Date: _____
www.DentaQuest.com	
 a Sun Life company	What to Do in Case of an Emergency In case of an emergency, call 911 or go to the nearest emergency room. Please refer to your Member Handbook for specific emergency care coverage or call your Primary Care Dentist. For help with a mental health crisis call 988 or visit: https://988oklahoma.com
DentaQuest Member Services: 1-833-479-0687, TTY 1-800-466-7566	
Provider Services: 1-833-479-1007	
Monday - Friday 8 a.m. to 5 p.m. CST	
Send claims to: DentaQuest PO Box 2906 Milwaukee, WI 53201-2906	
www.DentaQuest.com	
Payer ID: CX014	

PART 1: 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 DentaQuest, you will have an opportunity to pick your own PCD. To pick your PCD log on to the member portal at MemberAccess.DentaQuest.com or by calling customer service at 1-833-479-0687, TTY 1-800-466-7566.
- If you do not pick a PCD within 30 days of your enrollment, we will pick one for you. (See “How to Change Your PCD” to learn how you can change your PCD.) If we pick a provider for you, we will try to find a provider you have seen before. Any provider we pick for you will be close to your home.
- When deciding on a PCD, you may want to find a PCD who:
 - You have seen before.
 - Understands your oral health needs.
 - Is taking new patients.
 - Can serve you in your language.
 - Is easy to get to.
- Each family member enrolled in DentaQuest can have a different PCD, or you can pick one PCD to take care of the whole family. Call Member Services at 1-833-479-0687 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 DentaQuest in our provider directory. You can visit our website at www.dentaquest.com to look at the provider directory online. You can also call Member Services at 1-833-479-0687 to get a copy of the provider directory.
- If your provider leaves DentaQuest, we will tell you within 15 days from when we know about this. If the provider who leaves DentaQuest is your PCD, DentaQuest will automatically assign a new PCD closest to you. If you'd like to change your PCD, you can

do so by calling 1-833-479-0687 or by logging on to the member portal at MemberAccess.DentaQuest.com.

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

How to Change Your PCD

- When you enroll in DentaQuest, 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 DentaQuest's claims information for your provider. If DentaQuest 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 within twenty four (24) hours. 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 1-833-479-0687 or by logging on to the member portal at MemberAccess.DentaQuest.com.

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 DentaQuest.

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 1-833-479-0687 for help.

- It is important to DentaQuest 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 1-833-479-0687.

SoonerSelect 

DentaQuest 
a Sun Life company

INTRODUCING



TELEDENTISTRY.COM
Your Dentist, Anytime Anywhere®



WHAT IS TELEDENTISTRY.COM?

Teledentistry.com gives you 24/7 access to a dentist 365 days a year through the convenience of your telephone or video conference on your smartphone or computer.*

It's a simple, affordable and convenient option for emergency dental care.

*Messaging and data rates may apply

WHEN CAN I USE TELEDENTISTRY.COM?

- When you need dental care now
- If your dentist is unavailable
- If you're considering the ER or urgent care
- When on vacation, on business or away from home

HOW DOES TELEDENTISTRY.COM WORK?

- Download the Teledentistry.com app
- Access the Teledentistry.com app
- Request a video conference



Talk to a Dentist
anytime, anywhere you
happen to be



Receive Quality Care
via phone or video conference



Prompt Treatment



A Network of Dentists
for you and your family



Local Providers
Teledentistry.com can direct
you to a local plan provider for
further care



24/7 Access
Teledentistry.com gives you
24/7 access to state
licensed dentists

DOWNLOAD

the Teledentistry.com app



CALL OR VISIT

866-302-0905

<https://bit.ly/OK-teledentistry>
anytime

QUESTIONS?

Email Teledentistry.com at
support@Teledentistry.com

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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 DentaQuest providers. Talk with your PCD or call Member Services at 1-833-479-0687 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 DentaQuest 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 1-833-479-0687.
- If DentaQuest 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 DentaQuest for approval before you can get an out-of-network referral.
- 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 DentaQuest who can treat you. If you do not agree with our decision, you can appeal our decision. See page 24 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 DentaQuest provider. If you do not agree with our decision, you can appeal our decision. See page 24 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.

Out-of-Network Providers

A participating provider is a dentist or other provider who is contracted with or employed by DentaQuest 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 DentaQuest 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 1-833-479-0687. 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 DentaQuest 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 DentaQuest Member Services at 1-833-479-0687.

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 1-833-479-0687. Tell the person who answers what is happening. They will tell you what to do.

Care Outside Oklahoma

In some cases, DentaQuest may pay for dental services you get from a provider located along the Oklahoma border or in another state. Your PCD and DentaQuest 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, DentaQuest will pay for your care. Enrollee may travel to a bordering state within one hundred (100) miles of the Oklahoma border for covered dental services. Dental services must be

rendered by provider in-network and are in good standing in the state in which they practice. If you cannot reach your PCD, call Member Services at 1-833-479-0687. 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 1-833-479-0687.

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.

DentaQuest will provide or arrange for most dental services you will need. Your dental benefits will add to your overall health.

The section below describes the specific services covered by DentaQuest. Ask your primary care dentist (PCD) or call Member Services at 1-833-479-0687 if you have any questions about your benefits.

You can get some services without going through your PCD.

These include urgent care and services provided by IHCPs to AI/AN members. You can find more information about these services on page 11.

Services Covered by DentaQuest's Network

You must get the services below from the providers who are in DentaQuest'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 1-833-479-0687 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
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

Service	Children (under 21)	Adults
Space maintenance including band and loop type space maintenance and lingual arch bars	Covered	Not covered
Endodontic services	Pulpotomy, pulpectomy, pulp caps, apexification, and root canals covered Allowable once per tooth per lifetime Some services may require a prior authorization	Not covered
Anesthesia	Covered	Covered as needed for medically necessary procedures
Restorative	Covered Amalgam and resin-based restorations, including protective restorations	Covered Amalgam and resin-based restorations
Fixed prosthetics	Covered Prior authorization required	Not covered
Removable prosthetics	Covered Prior authorization required	Covered Prior authorization required
Oral and maxillofacial surgery	Covered Some services may require prior authorization	Covered Oral pathology as medically necessary for malignant lesions
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).
- Healthy Behavior Incentive Program
- Smiling Stork

If you have any questions about any of the benefits above, talk to your PCD or call Member Services at 1-833-479-0687.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

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

- Can get EPSDT services through their dental plan.
- 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.dentaquest.com.

Services NOT Covered

You may have to pay for any service that your PCD or DentaQuest 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; and
- Services provided by providers who are not part of DentaQuest.

DentaQuest can choose not to cover counseling or referral services because of an objection on moral or religious grounds.

If you want to leave our plan because of this objection, you have good cause and the right to do so. See 28 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 DentaQuest. 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 1-833-479-0687 right away.

We can help you understand why you may have gotten a bill. If you are not responsible for payment, DentaQuest 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 DentaQuest should cover. See the grievance and appeals section on pages 24 and 27 in this handbook for more information. If you have any questions, call Member Services at 1-833-479-0687.

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

DentaQuest will need to approve some treatments and services before you receive them. DentaQuest 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 DentaQuest's Network' section of this handbook on Page 14.

- Typically, your PCD will submit the prior authorization to DentaQuest for you through the provider portal, mail or fax 1-262-834-3589. Asking for approval of a treatment or service is called a prior authorization request.
- PCDs may also submit your prior authorization request in writing completing ADA form (2006 version or greater) to PO Box 2906, Milwaukee, WI 53201-2906.

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 page 16 or visit our website at www.dentaquest.com.

What Happens After We Get Your Prior Authorization Request?

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

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

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

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

Prior Authorization and Timeframes

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

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

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

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

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 pages 19-20) about prior authorizations and actions), you can file an appeal. An appeal is a request for us to review the decision. You have 60 days after you get a written notice of adverse benefit determination from us to file an appeal.
- You can do this yourself or, with your written consent, your authorized representative or your provider can call Member Services at 1-833-479-0687 or visit our website at www.MySoonerCare.org 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 our decision in writing within 30 days from your appeal.
- **Expedited (faster) appeals:** If we have all the information we need, we will call you and send you a written notice of our decision within 72 hours from your appeal. We'll let you know we received your expedited appeal within 24 hours.
- You may file a grievance (see page 24 for more about grievances) 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:
PO Box 2906
Milwaukee, WI 53201
 - **To file an appeal by phone,** call Member Services at 1-833-479-0687.
- Before and during the appeal, you or your representative can see your case file, including dental records and any other documents and records, being used to decide on your case.
- You can ask questions and give any information (including new documents from your providers) that you think will help us approve your request. You may do that in person, in writing, or by phone.
- If you need help with the appeals process, have questions or want to check the status of your appeal, you can call Member Services at 1-833-479-0687.

More Information for Appeals

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

- Write you and tell you what information is needed. For expedited appeals, we will call you right away and send a written notice later.
- Explain why the delay is in your best interest.
- Decide no later than 14 days from the day we asked for more information.

If you need more time to get your documents and information, just ask. You, your provider, or someone you trust may ask us to delay your case until you are ready. We want to make the decision that best supports your health. You can ask for more time by calling Member Services at 1-833-479-0687 or writing to PO Box 2906, Milwaukee, WI 53201.

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.
- If you are unhappy with the result of your appeal, you can ask for a state fair hearing (see next section in this handbook).

State Fair Hearings

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

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

If you need help with understanding the state fair hearing process, you can call Member Services at 1-833-479-0687. You don't have to use any special legal or formal language to ask for a state fair hearing.

Your Care While You Wait for a Decision

- If you asked for and received continued services during your appeal, we must continue providing those services until you do one of the following:
 - You withdraw your appeal or your request for a state fair hearing;
 - You don't ask for a state fair hearing and continuation of benefits within 10 days after we send you notice of an adverse resolution to your appeal; 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. When your state fair hearing case doesn't change the decision, you may be required to pay for the services you received while waiting for a decision.

Requesting a State Fair Hearing

- You don't have to use any special legal or formal language to request a state fair hearing.
- You must first file an appeal with DentaQuest and receive our decision before asking for a state fair hearing. If we don't decide your appeal within 30 days of your appeal request, you can also ask for a state fair hearing.

- You don't need an attorney for your state fair hearing, but you may use one.
 - You may represent yourself or allow someone else to represent you.
 - If you let someone else represent you, they will have to show proof in writing that you asked for their help.
- Without this written proof, your appeal will be rejected.
- You can ask for a state fair hearing at any time within 120 days from the day we send you notice of adverse resolution.
- You can use one of the following ways to request a fair hearing: insert appropriate contact information below]
 - By phone – 1-833-479-0687, TDD/TTY 711
 - By fax – (262) 834-3589
 - By internet – www.MySoonerCare.org
 - By mail – PO Box 2906, Milwaukee, WI 53201

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 at 1-833-479-0687 or write to PO Box 2906, Milwaukee, WI 53201.

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 DentaQuest. This is called a grievance. Problems that are not solved right away over the phone and any grievance that comes in the mail will be handled according to our grievance procedures described below.

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

How to File a Grievance

If you are unhappy with your dental plan, provider, care, or your dental services, you (or an authorized representative) can file a grievance (a formal complaint) with DentaQuest Member Services at 1-833-479-0687 Monday – Friday 8 a.m. to 5 p.m. CST.

- To file in writing, you can write us with your grievance to PO Box 2906, Milwaukee, WI 53201.

What Happens Next

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

Your Care When You Change Dental Plans or Dentists

- If you join DentaQuest from another dental plan, we will ask you for the name of your previous plan, so we can add your health information, such as your dental records and prescheduled appointments, into our records.
- If you choose to leave DentaQuest, we will share your health information with your new plan within 5 business days (or 30 days if the information is not electronic) of hearing from your new plan.
- You can finish receiving any services that have already been authorized by your previous dental plan or DentaQuest, even if the provider you are seeing is an out-of-network provider. Prior authorizations will be honored until the services are used or 90 days after your new plan benefits begin, whichever comes first. After that, we will help you find a provider in our network to get any additional services if you need them.
- In almost all cases, your dentists will be DentaQuest providers. There are some instances when you can still see another provider that you had before you joined DentaQuest. You can continue to see your dentist if:
 - At the time you join DentaQuest, you are receiving an ongoing course of treatment or have an ongoing special health condition. In that case, you can ask to keep your provider for up to 90 days.
- If your provider leaves DentaQuest, we will tell you in writing within 15 days from when we know about this. We will tell you how you can choose a new PCD or choose one for you if you do not make a choice within 30 days. DentaQuest will provide written notification advising provider's termination or departure

from network; effective date; and process to select another provider office, if you choose to do so.

- If you have any questions, call Member Services at 1-833-479-0687.

Member Rights and Responsibilities

Your Rights

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

- Receive information on the SoonerSelect dental program and DentaQuest.
- Be treated with respect and with due consideration for your dignity and privacy.
- 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.
- Request and receive a copy of your dental records, and to request that they be amended or corrected.
- Obtain available and accessible dental care services covered by DentaQuest.

Your Responsibilities

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

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

- Work on requests for assistance from the 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 DentaQuest 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 DentaQuest 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 DentaQuest 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 DentaQuest'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 DentaQuest for moral or religious reasons. For more information on services not covered for moral or religious reasons, please see the next section.
- If you have a good cause reason to disenroll from DentaQuest, you can submit your request using the grievance process on page 24. We will review the request within 10 days from when you filed the grievance. If you are unhappy with the disenrollment decision, we will refer the request to the Oklahoma Health Care Authority for the final decision.
- American Indian/Alaska Native members may disenroll any time without cause.

DentaQuest 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 DentaQuest 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 DentaQuest

You may have to leave DentaQuest 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 DentaQuest.

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 1-833-479-0687 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 bills for services that were not provided or were not medically necessary.

You can report suspected fraud and abuse in any of the following ways:

- Call the Medicaid Fraud, Waste and Program Abuse Tip Line at 1-800-784-5887
- Call the U.S. Office of Inspector General's Fraud Line at 1-800-447-8477, TTY 1-800-377-4950

Important Phone Numbers

- Member Services line 1-833-479-0687, TTY 1-800-466-7566, Monday – Friday 8 a.m to 5 p.m. CST
- SoonerCare Helpline: 1-800-978-7767, Monday – Friday 8 a.m. to 5 p.m. CST
- Provider Service line 1-833-479-1007, Monday – Friday, 8 a.m. to 5 p.m. CST
- Free Legal Services line
- <https://www.legalaidok.org/if-you-need-help/>
- <https://oklaw.org/>

- <https://oklegalconnect.org/#/login>
- <https://www.youtube.com/watch?v=xaajF2S8nY0>
- Legal Aid Services of Oklahoma - 60+ Seniors
- Legal Aid Services of Oklahoma - OK-SPLASH Senior Helpline
- Advance Health Care Directive Registry phone number
- Advance Directives (oklahoma.gov)
- OK Medicaid Fraud, Waste and Abuse Tip Line
 - Attorney General 's Medicaid Fraud Unit at: 1-405-522-2963
 - <https://oklahoma.gov/ohca/contact-us/report-suspected-fraud.html>
 - <https://www.oag.ok.gov/medicaid-fraud-control-unit>
- State Auditor Waste Line
 - https://www.sai.ok.gov/report_fraud/
 - To submit a Government Fraud Report, click [HERE](#) or call 1-855-372-8366.
- U.S. Office of Inspector General Fraud Line
 - <https://oig.hhs.gov/fraud/report-fraud/contact/>
 - <https://tips.oig.hhs.gov/>
 - 1-800-HHS-TIPS (1-800-447-8477)
- Member Fraud: Fraud committed by a SoonerCare Member
 - Member Audits
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105
 - 1-855-817-3728
 - 1-405-522-5508 - Oklahoma City
 - member.investigation@okhca.org

All reporters can request to remain anonymous regardless of the method they use to report, and they simply need to request anonymity.

We do not generally release the information, but if anonymity is requested then we completely omit their information from the file.

- OKDHS Fraud Hotline - State of Oklahoma
1-800-784-5887 - Oklahoma City Hotline
- Office of Inspector General - National
1-800-447-8477 - National Hotline
TTY: 1-800-377-4950
Department of Health and Human Services
Attn: Hotline
330 Independence Ave., SW
Washington, DC 20201
- Provider Fraud: Fraud committed by a SoonerCare Provider
Office of Attorney General - Medicaid Fraud Control Unit
313 NE 21st Street
Oklahoma City, OK 73105
1-405-521-3921 - Oklahoma City
1-918-581-2885 - Tulsa
- Provider Audits
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105
Phone: 1-405-522-7421

Keep Us Informed

Call Member Services at 1-833-479-0687 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

Smiling Stork Program

Expecting moms will automatically be enrolled in the Smiling Stork Program. Watch your mail for important tips about what you should know about your oral health and pregnancy. Be sure to tell your dentist if you are pregnant. Dental care during pregnancy is safe and recommended for the health of you and your baby.

Your Dental Home is where you go to see a dentist every six months. Call your Dental Home and make an appointment today. If you have questions about your Dental Home, dental benefits or would like to change your Dental Home, call toll free 1-833-479-0687 or visit our website at www.dentaquest.com.

Please remember: It is important to keep all your appointments and arrive on time.

Tobacco Cessation Program

OKHELPLINE.COM or call 1-800-QUITNOW

OKLAHOMA MEDICAID DENTAL PROGRAM NEW MEMBER SURVEY

Please fill out this form so we can help provide you with the best care. Complete one form for each member of your household who is a DentaQuest Plan member. Once you are done, mail the form(s) back to the mailing address listed below. You can download new member surveys by visiting DentaQuest.com.

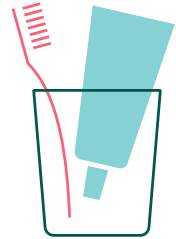
Name: _____

Date of Birth: _____

Phone: _____ (Cell) _____ (Home)

Today's Date (mm/dd/yyyy): _____

DentaQuest Member ID Number: _____



1. Do you have tooth pain or a dental problem right now?

Yes No

2. Have you been to the Emergency Room for a dental problem in the past 12 months?

Yes No

3. Was your last visit to the dentist more than 12 months ago?

Yes No

4. Do you brush your teeth less than twice a day?

Yes No

5. Do you have a special need that makes it hard for you to see the dentist?

Yes No

If yes, which one? (select all that apply)

I have an intellectual and/or physical disability

I am nervous or afraid to visit the dentist

I use a wheelchair or stretcher

Other (please explain) _____

6. Are you pregnant?

Yes No

7. Do you have a health problem or illness that makes it hard for you to see the dentist?

Yes No

If yes, which one? (select all that apply)

Diabetes

Kidney Disease

Heart Disease

Lung Disease

Cancer

Mental Illness or Mental Health Problem

Drug or Alcohol use or abuse

Other (please explain) _____

8. Do you have any other type of problem that makes it hard for you to see the dentist? (For example, "I don't have a way to get to the dentist.")

Yes No

If yes, please explain _____

Mail this form to:

DentaQuest

ATTN: Case Management -

Oklahoma Medicaid Dental Program

11100 W. Liberty Drive

Milwaukee, WI 53224

DQ2101 (9.23) Member Survey



a Sun Life company

HEALTHY BEHAVIORS INCENTIVE PROGRAM FORM

To get your oral health reward fill out the form and return by mail to DentaQuest. Don't forget to have your dentist sign the form if you had sealants or a tooth removed. You can download new Healthy Behaviors Forms by visiting DentaQuest.com.

Ages 6-14 years: I had my molars sealed today! Or, I had a dental check-up today!
Please send my \$15 Amazon gift card.

To qualify, the Enrollee's parent/guardian must register for the Enrollee portal and the child must receive either a 1) preventive visit within 90 days of enrollment or 2) a qualifying dental sealant service (6-14 years of age).

Ages 21 years and older: I had a tooth removed and took the online pain medication safety course!
Please send my \$15 Amazon gift card.

For more information on the online pain medication safety course, please visit DentaQuest.com.



Member Information

First Name	Last Name	Date of Birth
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Mailing Address

City, State	Zip Code	Phone
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DentaQuest Member ID Number

Dentist Information

(Please sign or stamp to confirm the member above received these services)

Location Name (please print)	Provider Name (please print)
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Provider Signature	Date of Service
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Provider NPI Number

Mail the completed form to DentaQuest

Mail this form to:

DentaQuest
ATTN: Case Management -
Oklahoma Medicaid Dental Program
11100 W. Liberty Drive
Milwaukee, WI 53224

If you have questions, please call DentaQuest Member Services at 1-833-479-0687 (TDD/TTY 711 or 1-800-466-7566) Monday through Friday from 8 a.m. to 5 p.m.

DO2103 (9.23) Healthy Behaviors

SoonerSelect 

DentaQuest 
a Sun Life company

NONDISCRIMINATION NOTICE

DentaQuest follows the Federal civil rights laws. DentaQuest does not treat people differently because of race, color, national origin, age, disability, sex, religion, gender identity or sexual orientation.

DentaQuest will:

- Give you free help if you have a disability. These services are to help you communicate with us.

We can give you:

- Skilled sign language interpreters
- Written information in other formats (large print, audio, and clear electronic formats)

- Give you free language services if you do not speak English.

We can give you:

- Skilled interpreters
- Information written in other languages

To get these free services, call 1-833-479-0687

(TTY: 1-800-466-7566) or visit our website.

Our website address is: <http://www.dentaquest.com/members/>.

You can file a complaint if you feel we have treated you differently because of your race, color, national origin, age, disability, sex, religion, gender identity or sexual orientation. You can file the complaint with:

Civil Rights Coordinator
Compliance Department
96 Worcester Street
Wellesley Hills, MA 02481

Fax: 617-886-1390 | Phone: 888-278-7310 TTY: 711 | Email:

FairTreatment@greatdentalplans.com

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, we can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint online or by mail or phone at:

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)

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

Foreign Language Assistance

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-833-479-0687 (TTY: 1-800-466-7566)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-479-0687 (TTY: 1-800-466-7566)**.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-479-0687 (TTY: 1-800-466-7566)**.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-833-479-0687 (TTY: 1-800-466-7566)**。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-833-479-0687 (TTY: 1-800-466-7566)** 번으로 전화해 주십시오.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-833-479-0687 (TTY: 1-800-466-7566)**.

Arabic: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك
(رقم هاتف الصم والبكم : 1-833-479-0687 بالمجان. اتصل برقم 1-
466-7566.)

Burmese: Dè dè nìà kè dyédqé gbo: ၵုၵ်းမိၵ်း [Bàsòw-wùdù-po-nyò] jù ní, ní, à wudu kà kò dò po-poò béin n̄ gbo kpáa. **Đá 1-833-479-0687 (TTY: 1-800-466-7566)**.

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-833-479-0687 (TTY: 1-800-466-7566)**.

Tagalog (Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-833-479-0687 (TTY: 1-800-466-7566)**.

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-479-0687 (ATS : 1-800-466-7566)**.

Laotian: ໂປດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕາພາສາ, ໂດຍບໍ່ຄ່ອງ ອາ, ຄ່າບໍລິການ ບໍ່ມີ ທ່ານ. ໂທ 1-833-479-0687 (TTY: 1-800-466-7566).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-833-479-0687 (TTY: 1-800-466-7566)**.

Urdu: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔
کال کریں **1-833-479-0687 (TTY: 1-800-466-7566)**.

Cherokee: Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call **1-833-479-0687 (TTY: 1-800-466-7566)**.

Farsi (Persian): وجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان
برای شما فراهم می باشد. با
تماس بگیرید.



**11100 W. Liberty Drive
Milwaukee, WI 53224**

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