

**AMENDMENT ONE
TO THE CONTRACT BETWEEN
OKLAHOMA HEALTH CARE AUTHORITY
AND
DENTAQUEST USA INSURANCE COMPANY, INC.**

The Oklahoma Health Care Authority (OHCA) and DentaQuest USA Insurance Company, Inc., hereby agree to amend the Contract issued under Solicitation 8070001412 to incorporate Exhibit 1: SoonerSelect Dental Rates Summary into this agreement.

This Amendment shall be effective beginning date of signature by both parties. No other terms or provisions of the Contract are changed or affected.

EXECUTED:

Brett Bostrack
Brett Bostrack (Dec 8, 2023 12:00 CST)
Brett Bostrack

Dec 8, 2023
Date

Kamila Chytil
Kamila Chytil (Dec 12, 2023 13:39 CST)
Kamila Chytil

Dec 12, 2023
Date

Ellen Buettner
Ellen Buettner, CEO

12.15.2023
Date

Exhibit 1 - SoonerSelect Dental Rates Summary

Delivery Date: August 11, 2023

Disclaimer: This deliverable was prepared by Guidehouse Inc. for the sole use and benefit of, and pursuant to a client relationship exclusively with the Oklahoma Health Care Authority ("Client").

The work presented in this deliverable represents Guidehouse's professional judgement based on the information available at the time this report was prepared. The information in this deliverable may not be relied upon by anyone other than Client. Accordingly, Guidehouse disclaims any contractual or other responsibility to others based on their access to or use of the deliverable. This deliverable must be disclosed and shared in its entirety.

SoonerSelect Dental Program
February 1, 2024 – June 30, 2025
Capitation Rates Summary

Region	Population Group	Age/Gender	TPL	Voluntary	Projected Member Months	February 1, 2024 – June 30, 2025 Rate
STATEWIDE	CUST	< 6 Years, Male and Female	N	N	45,065	\$ 13.14
STATEWIDE	CUST	< 6 Years, Male and Female	N	Y	2,257	\$ 14.70
STATEWIDE	CUST	6+ Years, Male and Female	N	N	78,664	\$ 21.72
STATEWIDE	CUST	6+ Years, Male and Female	N	Y	6,097	\$ 18.75
STATEWIDE	CUST	All Ages, Male and Female	Y	N	1,650	\$ 2.56
STATEWIDE	CUST	All Ages, Male and Female	Y	Y	86	\$ 2.11
STATEWIDE	FFC	All Ages, Male and Female	N	N	11,391	\$ 6.93
STATEWIDE	FFC	All Ages, Male and Female	N	Y	941	\$ 5.85
STATEWIDE	FFC	All Ages, Male and Female	Y	N	207	\$ 1.56
STATEWIDE	FFC	All Ages, Male and Female	Y	Y	7	\$ 1.29
EAST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	556,939	\$ 14.19
OKC	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	609,103	\$ 13.12
TULSA	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	484,952	\$ 15.29
WEST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	811,958	\$ 12.87
EAST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	38,433	\$ 16.62
OKC	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	3,037	\$ 18.31
TULSA	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	4,184	\$ 15.35
WEST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	16,598	\$ 12.80
STATEWIDE	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	Y	N	35,614	\$ 3.71
STATEWIDE	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	Y	Y	870	\$ 3.53
EAST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	795,558	\$ 21.91
OKC	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	954,617	\$ 21.32
TULSA	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	710,349	\$ 24.21
WEST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	1,253,067	\$ 21.99
EAST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	86,162	\$ 19.53
OKC	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	8,904	\$ 20.05
TULSA	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	11,118	\$ 21.83
WEST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	39,188	\$ 17.06

SoonerSelect Dental Program
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STATEWIDE	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	Y	N	124,174	\$ 5.53
STATEWIDE	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	Y	Y	5,536	\$ 4.00
EAST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	303,057	\$ 26.67
OKC	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	361,193	\$ 27.87
TULSA	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	255,578	\$ 28.79
WEST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	475,147	\$ 27.42
EAST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	38,310	\$ 21.96
OKC	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	4,518	\$ 25.57
TULSA	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	5,825	\$ 25.43
WEST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	19,260	\$ 22.92
STATEWIDE	TANF/CHIP Child/Adoption	15+ Years, Male and Female	Y	N	64,509	\$ 5.85
STATEWIDE	TANF/CHIP Child/Adoption	15+ Years, Male and Female	Y	Y	3,237	\$ 5.80
EAST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	376,679	\$ 15.73
OKC	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	324,469	\$ 17.91
TULSA	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	251,485	\$ 18.71
WEST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	518,692	\$ 15.13
EAST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	44,220	\$ 11.16
OKC	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	6,583	\$ 15.19
TULSA	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	8,940	\$ 17.41
WEST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	23,247	\$ 8.98
STATEWIDE	TANF Parent/Caretaker	All Ages, Adult Male and Female	Y	N	62,062	\$ 2.75
STATEWIDE	TANF Parent/Caretaker	All Ages, Adult Male and Female	Y	Y	2,572	\$ 1.57
EAST	Expansion	All Ages, Adult Male and Female	N	N	1,178,735	\$ 17.82
OKC	Expansion	All Ages, Adult Male and Female	N	N	955,084	\$ 20.99
TULSA	Expansion	All Ages, Adult Male and Female	N	N	744,688	\$ 19.91
WEST	Expansion	All Ages, Adult Male and Female	N	N	1,485,338	\$ 17.67
EAST	Expansion	All Ages, Adult Male and Female	N	Y	86,455	\$ 11.41
OKC	Expansion	All Ages, Adult Male and Female	N	Y	13,866	\$ 12.92
TULSA	Expansion	All Ages, Adult Male and Female	N	Y	17,207	\$ 18.78
WEST	Expansion	All Ages, Adult Male and Female	N	Y	45,111	\$ 10.16
STATEWIDE	Expansion	All Ages, Adult Male and Female	Y	N	132,515	\$ 3.05
STATEWIDE	Expansion	All Ages, Adult Male and Female	Y	Y	5,393	\$ 1.72
STATEWIDE	All	All	All	All	14,510,704	\$ 18.87

SoonerSelect Dental Program
February 1, 2024 – June 30, 2025
Capitation Rates Summary

Region	Population Group	Age/Gender	TPL	Voluntary	Projected Member Months	February 1, 2024 – June 30, 2025 Rate
STATEWIDE	CUST	All	N	N	123,730	\$ 18.59
STATEWIDE	CUST	All	N	Y	8,354	\$ 17.66
STATEWIDE	CUST	All	Y	N	1,650	\$ 2.56
STATEWIDE	CUST	All	Y	Y	86	\$ 2.11
STATEWIDE	FFC	All	N	N	11,391	\$ 6.93
STATEWIDE	FFC	All	N	Y	941	\$ 5.85
STATEWIDE	FFC	All	Y	N	207	\$ 1.56
STATEWIDE	FFC	All	Y	Y	7	\$ 1.29
STATEWIDE	TANF/CHIP Child/Adoption	All	N	N	7,571,519	\$ 20.45
STATEWIDE	TANF/CHIP Child/Adoption	All	N	Y	275,538	\$ 19.20
STATEWIDE	TANF/CHIP Child/Adoption	All	Y	N	224,297	\$ 5.33
STATEWIDE	TANF/CHIP Child/Adoption	All	Y	Y	9,642	\$ 4.56
STATEWIDE	TANF Parent/Caretaker	All	N	N	1,471,325	\$ 16.51
STATEWIDE	TANF Parent/Caretaker	All	N	Y	82,989	\$ 11.54
STATEWIDE	TANF Parent/Caretaker	All	Y	N	62,062	\$ 2.75
STATEWIDE	TANF Parent/Caretaker	All	Y	Y	2,572	\$ 1.57
STATEWIDE	Expansion	All	N	N	4,363,846	\$ 18.82
STATEWIDE	Expansion	All	N	Y	162,640	\$ 11.97
STATEWIDE	Expansion	All	Y	N	132,515	\$ 3.05
STATEWIDE	Expansion	All	Y	Y	5,393	\$ 1.72
STATEWIDE	All	All	All	All	14,510,704	\$ 18.87
STATEWIDE	Non-Expansion	All	All	All	444,940	\$ 8.88
EAST	Non-Expansion	All	All	All	2,239,358	\$ 19.20
OKC	Non-Expansion	All	All	All	2,272,425	\$ 19.66
TULSA	Non-Expansion	All	All	All	1,732,431	\$ 21.52
WEST	Non-Expansion	All	All	All	3,157,158	\$ 19.14
STATEWIDE	Expansion	All	All	All	137,908	\$ 3.00
EAST	Expansion	All	All	All	1,265,191	\$ 17.38
OKC	Expansion	All	All	All	968,950	\$ 20.87
TULSA	Expansion	All	All	All	761,895	\$ 19.88
WEST	Expansion	All	All	All	1,530,450	\$ 17.45
STATEWIDE	All	All	All	All	582,848	\$ 7.49
EAST	All	All	All	All	3,504,548	\$ 18.54
OKC	All	All	All	All	3,241,375	\$ 20.02
TULSA	All	All	All	All	2,494,326	\$ 21.02
WEST	All	All	All	All	4,687,607	\$ 18.58
STATEWIDE	All	All	All	All	14,510,704	\$ 18.87
STATEWIDE	Non-Expansion	All	All	All	9,846,311	\$ 19.23
STATEWIDE	Expansion	All	All	All	4,664,393	\$ 18.11
STATEWIDE	All	All	All	All	14,510,704	\$ 18.87

**ADDENDUM
TO
AMENDMENT ONE
TO THE CONTRACT BETWEEN
OKLAHOMA HEALTH CARE AUTHORITY
AND
DENTAQUEST USA INSURANCE COMPANY, INC.**

Federally Qualified Health Centers

1. Purpose of Addendum.

This Addendum (this “Addendum”) is part of Amendment One to the contract between the Oklahoma Health Care Authority (the “Authority”) and DentaQuest USA Insurance Company, Inc. (“DentaQuest”) effective February 1, 2024 (the “Agreement”) and applies to the SoonerSelect dental program (the “Program”). The purpose of this Addendum is to apply special terms and conditions to the Agreement. Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Agreement. Except as specifically amended hereby, the terms and conditions of the Agreement remain the same.

2. SoonerSelect Dental Rates Summary

The Capitation Rates Summary which is the subject of this Amendment One was calculated without including Federally Qualified Health Centers (“FQHC”) dental encounter claims as described in Memo 2023-10 dated October 30, 2023 (the “Memo”), attached and incorporated hereto. DentaQuest and the Authority shall comply with the decisions set forth in the Memo regarding FQHC claims.

3. Reimbursement Regarding FQHC Dental Claims

Within 90 days of the mid-year adjustment of capitation rates to properly account for FQHC dental claims, the Authority shall make a lump sum payment to DentaQuest in an amount representing the difference between what the Authority paid to DentaQuest using the capitated rates set forth in this Amendment and the amount that the Authority would have paid to DentaQuest using the capitated rates set in the mid-year adjustment described in the Memo, both calculated in accord with the Agreement and for the period beginning February 1, 2024 and ending on the date of the mid-year adjustment.



MEMO 2023-10

DATE: October 30, 2023

TO: ALL SOONERSELECT DENTAL, MEDICAL AND CHILDREN'S SPECIALTY PROGRAM
CONTRACTED ENTITIES

SUBJECT: CLAIM AND REIMBURSEMENT PROCESSES WITHIN FQHCs

PURPOSE:

The purpose of this memo is to inform SoonerSelect Dental, Medical and Children's Specialty Program contracted entities (CEs) about claim and reimbursement processes for dental services provided in Federally Qualified Health Centers (FQHCs).

BACKGROUND:

All FQHC encounter claims, including dental claim types, were included in the Medical / Children's Specialty programs' capitation rates. As a result, the Oklahoma Health Care Authority (OHCA) will perform a mid-year capitation rate adjustment to both the Dental and the Medical / Children's Specialty programs' capitation rates to ensure funds are allocated appropriately. Impacted contract reference includes Section 1.3 *Payments to Contractor*.

DECISION:

Dental CEs will contract with FQHCs as expected and FQHCs will submit dental claims to the dental CEs throughout the rating period. All CE capitation rates will be adjusted mid-year to properly account for FQHC dental services and capitation payments will be adjusted from February 2024 – June 2025.

If you have any questions regarding this memo, please email SoonerSelect@okhca.org.

Sincerely,

A handwritten signature in black ink that reads "Traylor Rains".

Traylor Rains, State Medicaid Director
Oklahoma Health Care Authority

DentaQuest Amendment 1 for execution









11.30.23

Final Audit Report

2023-12-12

Created:	2023-12-07
By:	DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)
Status:	Signed
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"DentaQuest Amendment 1 for execution 11.30.23" History

-  Document created by DentaQuest Compliance & Legal (EchoSignLegalCompliance@dentaquest.com)
2023-12-07 - 10:58:45 PM GMT- IP address: 52.14.90.44
-  Document emailed to Brett Bostrack (brett.bostrack@dentaquest.com) for signature
2023-12-07 - 11:00:05 PM GMT
-  Email viewed by Brett Bostrack (brett.bostrack@dentaquest.com)
2023-12-08 - 5:45:53 PM GMT- IP address: 104.47.55.126
-  Document e-signed by Brett Bostrack (brett.bostrack@dentaquest.com)
Signature Date: 2023-12-08 - 6:00:50 PM GMT - Time Source: server- IP address: 52.14.141.67
-  Document emailed to Kamila Chytil (kamila.chytil@greatdentalplans.com) for signature
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-  Email viewed by Kamila Chytil (kamila.chytil@greatdentalplans.com)
2023-12-12 - 7:38:37 PM GMT- IP address: 174.197.73.25
-  Document e-signed by Kamila Chytil (kamila.chytil@greatdentalplans.com)
Signature Date: 2023-12-12 - 7:39:01 PM GMT - Time Source: server- IP address: 174.197.73.25
-  Agreement completed.
2023-12-12 - 7:39:01 PM GMT