



**AMENDMENT FOUR 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. (hereinafter referred to as Contractor) mutually consent to modify the Agreement associated with Solicitation 8070001412 as enumerated below.

1. All revisions shown in red text; removals are indicated with strikethrough; additions are notated with underlines.

**1.2.1.1 Oklahoma Health Care Authority**

OHCA has appointed a contracts designee responsible for all matters related to the Contract. The designee shall be the Contractor's primary liaison in working with other OHCA staff. The contract designee is ~~Lauren Johnson~~ Leah Price. If a new contract designee is appointed, OHCA will provide written notice of the change to the Contractor.

**1.2.4.1 Notice to OHCA**

~~Lauren Johnson~~ Leah Price

Contracting Officer  
Oklahoma Health Care Authority  
4345 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105

**2. SoonerSelect Dental Capitation Rates**

As documented in the CMS letter referencing "Approval of Oklahoma SoonerSelect Dental Base Contract, Amendment 1, and Amendment 2", dated February 2, 2024, attached hereto and incorporated herein, the capitation rates shown in Appendix B, have been certified to be actuarially sound by CMS covering the period February 1, 2024 through June 30, 2025.

OHCA and the Contractor mutually consent to the capitated rates provided in Appendix B, attached hereto and incorporated herein. Said rates shall govern payment to Contractor for the period from February 1, 2024 through June 30, 2025



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonerCare.org](http://mysoonerCare.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



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

**EXECUTED:**

**Contractor Entity**

*Brett Bostrack*

Brett Bostrack (Jun 3, 2024 09:35 CDT)

Brett Bostrack

*Kamila Chytil*

Kamila Chytil (May 25, 2024 07:39 CDT)

Kamila Chytil

**Oklahoma Health Care Authority**

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Ellen Buettner, CEO



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**Managed Care Group**

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February 2, 2024

Traylor Rains  
State Medicaid Director  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

Re: Approval of Oklahoma SoonerSelect Dental Base Contract, Amendment 1, and Amendment 2

Dear Director Rains:

The Centers for Medicare & Medicaid Services (CMS) completed review of the Oklahoma Healthcare Authority’s SoonerSelect Dental PAHP contract actions outlined in the table below. CMS reviewed these contract actions as required in 42 CFR 438.3(a). This letter is to inform you that CMS is approving these contract actions.

Contract Name/Contractor	State Contract Identifier	State Contract Action Identifier for Approved/Validated Contract Action	Effective Start and End Dates for Approved/Validated Contract Action
<i>DentaQuest</i>	<i>8070001412 – DEN</i>	<i>New Base Contract</i>	<i>02/01/24 – 06/30/25</i>
<i>Liberty Dental</i>	<i>8070001412- LIB</i>	<i>New Base Contract</i>	<i>02/01/24 – 06/30/25</i>
<i>DentaQuest</i>	<i>8070001412 – DEN Amendment 1</i>	<i>Amendment 1</i>	<i>02/01/24 – 06/30/25</i>
<i>Liberty Dental</i>	<i>8070001412- LIB – Amendment 1</i>	<i>Amendment 1</i>	<i>02/01/24 – 06/30/25</i>
<i>DentaQuest</i>	<i>8070001412 – DEN Amendment 2</i>	<i>Amendment 2</i>	<i>02/01/24 – 06/30/25</i>
<i>Liberty Dental</i>	<i>8070001412- LIB – Amendment 2</i>	<i>Amendment 2</i>	<i>02/01/24 – 06/30/25</i>

These contract actions include capitation rates, which CMS reviewed in accordance with 42 CFR 438.7(a). CMS has determined the capitation rates implemented via these contract actions to be actuarially sound in accordance with 42 CFR 438.4(b) for the rating period February 1, 2024 to June 30, 2025.

This letter pertains only to the contract actions identified above and does not apply to other contract actions currently under CMS's review or for contract actions that are not yet submitted to CMS. This letter does not constitute approval of any financing mechanism or claiming methodologies used to support the non-federal share of expenditures associated with these contract actions. All relevant federal laws and regulations apply. CMS reserves its authority to enforce requirements in the Social Security Act and the applicable implementing regulations.

If you have questions regarding this letter, please contact John Kivisaari at (312)-353-0508 or by email at [john.kivisaari@cms.hhs.gov](mailto:john.kivisaari@cms.hhs.gov).

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks

Director

Division of Managed Care Operations

cc: Sandra Puebla, OHCA

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

Appendix B - SoonerSelect Dental Rates Summary

Region	Population Group	Age/Gender	TPL	Voluntary	Projected Member Months, Original	Projected Member Months, AIAN Update	February 1, 2024 – June 30, 2025 Rate, Original	February 1, 2024 – June 30, 2025 Rate, FDHC Update	February 1, 2024 – June 30, 2025 Rate, AIAN Update
STATEWIDE	CUST	< 6 Years, Male and Female	N	N	45,065	31,730	\$ 13.14	\$ 13.36	\$ 13.13
STATEWIDE	CUST	< 6 Years, Male and Female	N	Y	2,257	1,158	\$ 14.70	\$ 14.96	\$ 14.00
STATEWIDE	CUST	6+ Years, Male and Female	N	N	78,664	58,336	\$ 21.72	\$ 22.06	\$ 22.68
STATEWIDE	CUST	6+ Years, Male and Female	N	Y	6,097	2,140	\$ 18.75	\$ 19.15	\$ 21.29
STATEWIDE	CUST	All Ages, Male and Female	Y	N	1,650	1,328	\$ 2.56	\$ 2.57	\$ 2.59
STATEWIDE	CUST	All Ages, Male and Female	Y	Y	86	35	\$ 2.11	\$ 2.13	\$ 2.16
STATEWIDE	FFC	All Ages, Male and Female	N	N	11,391	8,975	\$ 6.93	\$ 6.93	\$ 6.92
STATEWIDE	FFC	All Ages, Male and Female	N	Y	941	301	\$ 5.85	\$ 5.80	\$ 5.63
STATEWIDE	FFC	All Ages, Male and Female	Y	N	207	170	\$ 1.56	\$ 1.57	\$ 1.55
STATEWIDE	FFC	All Ages, Male and Female	Y	Y	7	3	\$ 1.29	\$ 1.31	\$ 1.30
EAST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	556,939	413,440	\$ 14.19	\$ 14.22	\$ 14.61
OKC	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	609,103	563,541	\$ 13.12	\$ 13.62	\$ 13.51
TULSA	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	484,952	427,278	\$ 15.29	\$ 15.29	\$ 15.46
WEST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	N	811,958	708,174	\$ 12.87	\$ 12.92	\$ 12.79
EAST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	38,433	22,250	\$ 16.62	\$ 16.72	\$ 14.84
OKC	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	3,037	3,872	\$ 18.31	\$ 18.41	\$ 15.15
TULSA	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	4,184	4,994	\$ 15.35	\$ 15.34	\$ 13.31
WEST	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	Y	16,598	12,039	\$ 12.80	\$ 12.86	\$ 13.18
STATEWIDE	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	Y	N	35,614	30,385	\$ 3.71	\$ 3.75	\$ 3.92
STATEWIDE	TANF/CHIP Child/Adoption	< 6 Years, Male and Female	Y	Y	870	652	\$ 3.53	\$ 3.62	\$ 3.05
EAST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	795,558	665,570	\$ 21.91	\$ 22.02	\$ 21.74
OKC	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	954,617	896,332	\$ 21.32	\$ 22.12	\$ 21.90
TULSA	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	710,349	644,871	\$ 24.21	\$ 24.21	\$ 24.08
WEST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	N	1,253,067	1,135,753	\$ 21.99	\$ 22.10	\$ 21.89
EAST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	86,162	36,656	\$ 19.53	\$ 19.70	\$ 19.97
OKC	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	8,904	6,689	\$ 20.05	\$ 20.25	\$ 20.32
TULSA	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	11,118	7,798	\$ 21.83	\$ 21.83	\$ 21.63
WEST	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	N	Y	39,188	20,266	\$ 17.06	\$ 17.16	\$ 18.61

APPENDIX B  
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, Original	February 1, 2024 – June 30, 2025 Rate, FGHC Update	February 1, 2024 – June 30, 2025 Rate, AIAN Update
					Original	AIAN Update			
STATEWIDE	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	Y	N	124,174	109,147	\$ 5.83	\$ 5.62	\$ 5.56
STATEWIDE	TANF/CHIP Child/Adoption	6-14 Years, Male and Female	Y	Y	5,536	2,784	\$ 4.00	\$ 4.07	\$ 4.13
EAST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	303,057	263,027	\$ 26.67	\$ 26.85	\$ 26.90
OKC	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	361,193	340,410	\$ 27.87	\$ 28.45	\$ 28.44
TULSA	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	255,578	234,401	\$ 28.79	\$ 28.81	\$ 28.41
WEST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	N	475,147	434,973	\$ 27.42	\$ 27.55	\$ 27.30
EAST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	38,310	14,748	\$ 21.96	\$ 22.16	\$ 22.17
OKC	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	4,518	2,589	\$ 25.57	\$ 25.65	\$ 25.45
TULSA	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	5,825	3,024	\$ 25.43	\$ 25.44	\$ 26.99
WEST	TANF/CHIP Child/Adoption	15+ Years, Male and Female	N	Y	19,260	8,443	\$ 22.92	\$ 22.99	\$ 24.09
STATEWIDE	TANF/CHIP Child/Adoption	15+ Years, Male and Female	Y	N	64,509	57,316	\$ 5.85	\$ 6.00	\$ 5.86
STATEWIDE	TANF/CHIP Child/Adoption	15+ Years, Male and Female	Y	Y	3,237	1,490	\$ 5.80	\$ 5.87	\$ 5.85
EAST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	376,679	320,967	\$ 15.73	\$ 16.02	\$ 16.18
OKC	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	324,469	297,331	\$ 17.91	\$ 18.07	\$ 17.98
TULSA	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	251,485	226,861	\$ 18.71	\$ 18.81	\$ 18.33
WEST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	N	518,692	468,952	\$ 15.13	\$ 15.34	\$ 15.38
EAST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	44,220	15,006	\$ 11.16	\$ 11.30	\$ 11.10
OKC	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	6,583	2,812	\$ 15.19	\$ 15.21	\$ 14.50
TULSA	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	8,940	3,450	\$ 17.41	\$ 17.44	\$ 16.54
WEST	TANF Parent/Caretaker	All Ages, Adult Male and Female	N	Y	23,247	8,455	\$ 8.98	\$ 9.07	\$ 8.97
STATEWIDE	TANF Parent/Caretaker	All Ages, Adult Male and Female	Y	N	62,062	55,573	\$ 2.75	\$ 2.79	\$ 2.93
STATEWIDE	TANF Parent/Caretaker	All Ages, Adult Male and Female	Y	Y	2,572	1,032	\$ 1.57	\$ 1.64	\$ 1.58
EAST	Expansion	All Ages, Adult Male and Female	N	N	1,178,735	924,834	\$ 17.82	\$ 18.79	\$ 20.56
OKC	Expansion	All Ages, Adult Male and Female	N	N	955,084	873,031	\$ 20.99	\$ 21.65	\$ 21.49
TULSA	Expansion	All Ages, Adult Male and Female	N	N	744,688	654,188	\$ 19.91	\$ 20.57	\$ 20.41
WEST	Expansion	All Ages, Adult Male and Female	N	N	1,485,338	1,302,876	\$ 17.67	\$ 18.21	\$ 18.67
EAST	Expansion	All Ages, Adult Male and Female	N	Y	86,455	37,996	\$ 11.41	\$ 11.76	\$ 10.58
OKC	Expansion	All Ages, Adult Male and Female	N	Y	13,866	7,369	\$ 12.92	\$ 13.11	\$ 13.05
TULSA	Expansion	All Ages, Adult Male and Female	N	Y	17,207	8,740	\$ 18.78	\$ 18.97	\$ 17.83
WEST	Expansion	All Ages, Adult Male and Female	N	Y	45,111	21,341	\$ 10.16	\$ 10.35	\$ 9.97
STATEWIDE	Expansion	All Ages, Adult Male and Female	Y	N	132,515	116,999	\$ 3.05	\$ 3.25	\$ 3.29
STATEWIDE	Expansion	All Ages, Adult Male and Female	Y	Y	5,993	2,176	\$ 1.72	\$ 1.85	\$ 2.42
STATEWIDE	All	All	All	All	14,510,704	12,527,075	\$ 18.87	\$ 19.23	\$ 19.47

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

Region	Population Group	Age/Gender	TPL	Voluntary	Projected Member Months, Original	Projected Member Months, AIAN Update	February 1, 2024 – June 30, 2025 Rate, Original	February 1, 2024 – June 30, 2025 Rate, FQHC Update	February 1, 2024 – June 30, 2025 Rate, AIAN Update
STATEWIDE	CUST	All	N	N	123,730	90,065	18.59	18.89	19.32
STATEWIDE	CUST	All	N	Y	8,354	3,299	17.66	18.02	18.73
STATEWIDE	CUST	All	Y	N	1,650	1,328	2.56	2.57	2.59
STATEWIDE	CUST	All	Y	Y	86	35	2.11	2.13	2.16
STATEWIDE	FFC	All	N	N	11,391	8,975	6.83	6.83	6.82
STATEWIDE	FFC	All	Y	Y	941	301	5.85	5.80	5.63
STATEWIDE	FFC	All	Y	N	207	170	1.56	1.57	1.55
STATEWIDE	FFC	All	Y	Y	7	3	1.29	1.31	1.30
STATEWIDE	TANF/CHIP Child/Adoption	All	N	N	7,571,519	6,727,772	20.45	20.67	20.68
STATEWIDE	TANF/CHIP Child/Adoption	All	Y	Y	275,538	143,967	19.20	19.33	18.87
STATEWIDE	TANF/CHIP Child/Adoption	All	Y	N	224,297	196,848	5.33	5.43	5.39
STATEWIDE	TANF/CHIP Child/Adoption	All	Y	Y	9,642	4,926	4.56	4.63	4.51
STATEWIDE	TANF Parent/Caretaker	All	N	N	1,471,325	1,314,110	16.51	16.71	16.67
STATEWIDE	TANF Parent/Caretaker	All	Y	Y	82,989	29,722	11.54	11.65	11.45
STATEWIDE	TANF Parent/Caretaker	All	Y	N	62,062	55,573	2.75	2.79	2.93
STATEWIDE	TANF Parent/Caretaker	All	Y	Y	2,572	1,032	1.57	1.64	1.58
STATEWIDE	Expansion	All	N	N	4,363,846	3,754,928	18.82	19.52	20.09
STATEWIDE	Expansion	All	N	Y	162,640	75,447	11.97	12.26	11.49
STATEWIDE	Expansion	All	Y	N	132,515	116,999	3.05	3.25	3.29
STATEWIDE	Expansion	All	Y	Y	5,393	2,176	1.72	1.85	2.42
STATEWIDE	All	All	All	All	14,510,704	12,527,075	18.87	19.23	19.47
STATEWIDE	Non-Expansion	All	All	All	444,840	362,554	8.88	9.03	8.60
EAST	Non-Expansion	All	All	All	2,239,358	1,751,664	19.20	19.33	19.60
OKC	Non-Expansion	All	All	All	2,272,425	2,113,576	19.66	20.24	20.14
TULSA	Non-Expansion	All	All	All	1,732,431	1,562,677	21.52	21.54	21.46
WEST	Non-Expansion	All	All	All	3,157,158	2,797,054	19.14	19.25	19.24
STATEWIDE	Expansion	All	All	All	137,908	119,175	3.00	3.20	3.27
EAST	Expansion	All	All	All	1,265,191	962,830	17.38	18.31	20.17
OKC	Expansion	All	All	All	968,950	880,400	20.87	21.53	21.42
TULSA	Expansion	All	All	All	761,895	662,928	19.88	20.53	20.38
WEST	Expansion	All	All	All	1,530,450	1,324,217	17.45	17.98	18.53
STATEWIDE	All	All	All	All	562,848	481,729	7.49	7.65	7.28
EAST	All	All	All	All	3,504,548	2,714,494	18.54	18.97	19.80
OKC	All	All	All	All	3,241,375	2,983,976	20.02	20.63	20.52
TULSA	All	All	All	All	2,494,326	2,215,605	21.02	21.23	21.14
WEST	All	All	All	All	4,667,607	4,121,271	18.58	18.83	19.01
STATEWIDE	All	All	All	All	14,510,704	12,527,075	18.87	19.23	19.47
STATEWIDE	Non-Expansion	All	All	All	9,846,311	8,577,526	19.23	19.44	19.49
STATEWIDE	Expansion	All	All	All	4,664,393	3,949,549	18.11	18.79	19.42
STATEWIDE	All	All	All	All	14,510,704	12,527,075	18.87	19.23	19.47











# Sooner Select Amendment 4 Dental Draft-for internal approvals

Final Audit Report

2024-05-16


Created:	2024-05-13
By:	Leah Price (leah.price@okhca.org)
Status:	Signed
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## "Sooner Select Amendment 4 Dental Draft-for internal approvals" History


-  Document created by Leah Price (leah.price@okhca.org)  
2024-05-13 - 9:16:50 PM GMT
-  Document emailed to Sandra Puebla (Sandra.Puebla@okhca.org) for signature  
2024-05-13 - 9:16:56 PM GMT
-  Document emailed to Stephanie Mavredes (Stephanie.Mavredes@okhca.org) for signature  
2024-05-13 - 9:16:56 PM GMT
-  Document emailed to traylor.rains@okhca.org for signature  
2024-05-13 - 9:16:56 PM GMT
-  Document emailed to Aaron Morris (aaron.morris@okhca.org) for signature  
2024-05-13 - 9:16:56 PM GMT
-  Document emailed to Debra Johnson (debra.johnson@okhca.org) for signature  
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-  Document emailed to Leah Price (leah.price@okhca.org) for signature  
2024-05-13 - 9:16:57 PM GMT
-  Document e-signed by Leah Price (leah.price@okhca.org)  
Signature Date: 2024-05-13 - 9:17:12 PM GMT - Time Source: server
-  Email viewed by Stephanie Mavredes (Stephanie.Mavredes@okhca.org)  
2024-05-13 - 9:33:48 PM GMT
-  Document e-signed by Stephanie Mavredes (Stephanie.Mavredes@okhca.org)  
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 Email viewed by Aaron Morris (aaron.morris@okhca.org)  
2024-05-14 - 1:40:50 PM GMT


 Document e-signed by Aaron Morris (aaron.morris@okhca.org)  
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 Email viewed by Debra Johnson (debra.johnson@okhca.org)  
2024-05-14 - 3:30:30 PM GMT


 Document e-signed by Debra Johnson (debra.johnson@okhca.org)  
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 Email viewed by Sandra Puebla (Sandra.Puebla@okhca.org)  
2024-05-14 - 8:42:51 PM GMT

 Document e-signed by Sandra Puebla (Sandra.Puebla@okhca.org)  
Signature Date: 2024-05-14 - 8:57:26 PM GMT - Time Source: server

 Email viewed by traylor.rains@okhca.org  
2024-05-16 - 3:25:40 PM GMT

 Signer traylor.rains@okhca.org entered name at signing as Traylor Rains  
2024-05-16 - 3:26:04 PM GMT

 Document e-signed by Traylor Rains (traylor.rains@okhca.org)  
Signature Date: 2024-05-16 - 3:26:06 PM GMT - Time Source: server

 Agreement completed.  
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