

### **Dental Provider Rights**

### WHAT ARE IMPORTANT PROVIDER RIGHTS TO BE AWARE OF?

✓ All SoonerSelect dental plans must honor OHCA Prior Authorizations (PAs) for all participating and non-participating providers until May 1, 2024.

During the 90-day continuity of care period, February 1, 2024 to May 1, 2024, PAs may not be denied on the basis that the authorizing provider is not part of a dental plan's provider network.

- Payments to non-participating providers for these services must be made at the current Medicaid fee schedule and in accordance with timeliness standards.
- ✓ Providers should receive payment from a SoonerSelect dental plan within 14 days of receipt of a "clean claim" in most instances.

Dental plans must pay 90% of clean claims (i.e., a claim that is submitted without any errors or omissions and can be processed without additional information or verification) within 14 days of receipt.

- ✓ Providers may request a peer-to-peer review process for all PA denials.
  - After an adverse determination, providers may request the dental plan for a peer-to-peer assessment with licensed clinical staff of the same or similar specialty, such as Oklahoma-licensed clinical staff.
- ✓ Providers can file a complaint, request for reconsideration, and/or an appeal regarding the denial of claims or payment.
  - Regardless of whether a provider is participating or non-participating, they have the right to file a complaint, request for reconsideration, and/or appeal directly with the dental plan.
- ✓ Providers may request SoonerSelect dental plan policies and procedures (P&Ps).

Dental plans have written PA P&Ps and must share all requested P&Ps with providers.

### HOW DOES A PROVIDER FILE A COMPLAINT ABOUT THEIR EXPERIENCE?

Any provider who is not satisfied with a dental plan's actions or decisions may file a complaint with the dental plan in writing, verbally, or in person. **To file a complaint**, contact the dental plan directly.

### **DentaQuest**

Attention: DentaQuest – Provider Appeals Phone: 855-343-4262

FAX: 262-834-3452

### **LIBERTY Dental Plan**

Attention: Quality Management
Department
Phone: 888-703-6999
FAX: 833-250-1814





### GandA@libertydentalplan.com

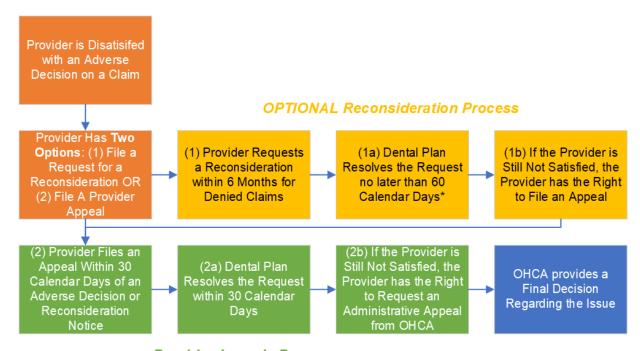
After receiving a complaint, the dental plan must send the provider timely written notification of resolution or results of the complaint within 30 days or 72 hours for the expedited notice process.

## WHAT STEPS CAN A PROVIDER TAKE TO REQUEST RECONSIDERATION OF DENIED CLAIM?

Providers can file a request for reconsideration and/or an appeal to challenge any denied claims. A request for reconsideration is an optional level prior to an appeal for a provider to request the dental plan to review a previously denied claim. A request for reconsideration does not have to be filed for a provider to request an appeal.

A provider can submit a request for reconsideration or an appeal after an adverse decision on payments or claims. The process to file a request for reconsideration and/or an appeal is outlined in **Figure 1**.

Figure 1. Request for Reconsideration and Appeal Process



**Provider Appeals Process** 

- 98% of provider reconsiderations within 30 calendar days, and
- 100% of provider reconsiderations within 60 calendar days.



<sup>\*</sup>Please note that CEs must meet the following requirements for resolving provider reconsiderations based on the SoonerSelect Dental contract:

# SoonerSelect

Providers may file a request for reconsideration or an appeal using the contact information below:

### **DentaQuest**

Attention: DentaQuest – Provider
Appeals
PO Box 2906
Milwaukee, WI 53201-2906
Fax: 262-834-3452

Providers have the option to request an appeal in the DentaQuest provider portal. Providers will need to open the denied claim or authorization and click the 'Request Appeal' button to initiate the process.

### **LIBERTY Dental Plan**

Attention: Quality Management
Department
PO Box 26110
Santa Ana, CA 92799-6110
Fax: 833-250-1814
GandA@libertydentalplan.com

Providers have the option to use: <u>LIBERTY</u>

<u>Provider Dispute/Appeal Request Form</u>

### WHERE CAN I FIND MORE INFORMATION?

For more information on provider rights, dental plan P&Ps, or how to file complaints/requests for resolution/appeals, providers should directly contact the SoonerSelect dental plans.

### **DentaQuest**

855-343-4262

<u>DentaQuest Provider Portal</u>
<u>DentaQuest.com</u>

### **LIBERTY Dental Plan**

888-703-6999

LIBERTY Dental Plan Provider Portal
LibertyDentalPlan.com

If questions or concerns are not answered by contacting the SoonerSelect dental plans directly, providers may contact OHCA on the **OHCA Provider Helpline** at (800) 522-0114, Option 1.