

March 25, 2025

*THIS LETTER SENT VIA EMAIL*

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**PLAN NAME:** Liberty Dental Plan of California  
**CONTRACT NUMBERS:** 12-89343 and 13-90117  
**AUDIT PERIOD:** July 1, 2023 through June 30, 2024

The Department of Health Care Services (DHCS) has completed the dental audit of Liberty Dental Plan of California (Plan) for the audit period July 1, 2023, through June 30, 2024. This audit was conducted in accordance with California Welfare and Institutions Code section 14456. The audit team evaluated the Plan's compliance with the contract and regulations in the areas of utilization management, case management and coordination of care, access and availability of care, member's rights, quality management, and administrative and organizational capacity.

In accordance with the California Code of Regulations, Title 22, section 51021, an Exit Conference was held with the Plan on February 26, 2025. Prior to the Exit Conference, the Plan received a report of the preliminary findings. This report reflects the evaluation of all relevant information received during the audit. There were no findings of noncompliance in this audit.

If you have any questions, please contact Martin Gomez, Section Chief, Contract and Enrollment Review Division, at (916) 713-8727.

Sincerely,



Martin Gomez

for

Mateo Hernandez, PhD | Assistant Deputy Director  
Audits and Investigations  
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**State of California**  
Gavin Newsom, Governor



California Health and Human Services Agency

Enclosure  
Liberty Dental Plan of California 2024 Audit Report

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DHCS AUDITS AND INVESTIGATIONS  
CONTRACT AND ENROLLMENT REVIEW DIVISION  
SACRAMENTO SECTION

**Report on the Dental Audit of Liberty Dental Plan of  
California Fiscal Year 2023-24**

Contract Number(s): 12-89343 & 13-90117

Audit Period: July 1, 2023 – June 30, 2024

Dates of Audit: November 4, 2024 – November 15, 2024

Report Issued: March 25, 2025

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## **I. Introduction**

Liberty Dental Plan of California (Plan) has a contract with the California Department of Health Care Services (DHCS) to provide dental services to members in Sacramento and Los Angeles Counties. The Plan has a license in accordance with the provisions of the Knox-Keene Health Care Service Plan Act of 1975.

The Plan is a specialty dental health plan with a statewide network of contracted general and specialty dental providers. The Plan provides dental services to members under the Sacramento Geographic Managed Care (GMC) and Los Angeles Prepaid Health Plan (PHP) programs.

The Plan has approximately 403 providers in Sacramento County and has approximately 1208 providers for Los Angeles County.

As of May 2024, the Plan's California membership was composed of 245,562 GMC and 89,874 PHP members.

## **II. Executive Summary**

This report presents the audit findings of the DHCS dental audit for the period of July 1, 2023, through June 30, 2024. The audit was conducted from November 4, 2024, through November 15, 2024. The audit consisted of documentation review, verification studies, and interviews with the Plan's representatives.

An Exit Conference with the Plan was held on February 26, 2025.

The audit evaluated six categories of performance: Utilization Management, Case Management and Coordination of Care, Access and Availability of Care, Member's Rights, Quality Management, and Administrative and Organizational Capacity.

The prior DHCS dental audit for the period of July 1, 2022, through June 30, 2023, was issued on March 28, 2024. This audit examined the Plan's compliance with the DHCS Contract and assessed the implementation of the prior year 2023, Corrective Action Plan.

There were no material findings for the audit period. The summary of the findings by category follows:

### **Category 1 – Utilization Management**

There were no findings noted for this category during the audit period.

### **Category 2 – Case Management and Coordination of Care**

There were no findings noted for this category during the audit period.

### **Category 3 – Access and Availability of Care**

There were no findings noted for this category during the audit period.

### **Category 4 – Member's Rights**

There were no findings noted for this category during the audit period.

### **Category 5 – Quality Management**

There were no findings noted for this category during the audit period.

### **Category 6 – Administrative and Organizational Capacity**

There were no findings noted for this category during the audit period.

### **III. SCOPE/AUDIT PROCEDURES**

#### **SCOPE**

The DHCS, Contract and Enrollment Review Division, conducted the audit to ascertain that dental services provided to Plan members comply with federal and state laws, Medi-Cal regulations and guidelines, and the State Contract.

#### **PROCEDURE**

DHCS conducted an audit of the Plan from November 4, 2024, through November 15, 2024 for the audit period of July 1, 2023, through June 30, 2024. The audit included a review of the Plan's contract with DHCS, policies and procedures for providing services, procedures used to implement the policies, and verification studies of the implementation and effectiveness of the policies. Documents were reviewed and interviews were conducted with Plan administrators and staff.

The following verification studies were conducted:

#### **Category 1 – Utilization Management**

Prior Authorizations: 13 dental services prior authorization files were reviewed. This included four deferred, two modified, and ten denied prior authorizations. The sample was selected to cover the different specialties of dentistry, different age range of members, and to reflect both Sacramento and Los Angeles Counties.

Appeals: 12 dental services appeals were reviewed and included the different specialties in dentistry, including children and adults, and to reflect both Los Angeles and Sacramento Counties.

#### **Category 2 – Case Management and Coordination of Care**

Case Management: 29 files total were reviewed, including 7 for case management, 5 for coordination of care, 5 for children with special health care needs, and 5 for adults with special health care needs, and 2 for fee-for-service to managed care transition.

Oral Health Assessment: Eight Oral Health Assessment files were reviewed.

#### **Category 3 – Access and Availability of Care**

There were no verification studies conducted for the audit review.

## **Category 4 – Member’s Rights**

Grievance Procedures: 10 quality of care and 20 quality of service grievance files were reviewed for timely resolution, compliance, and submission to the appropriate level of review. In addition, 10 exempted grievances and 10 call inquiry files were reviewed.

## **Category 5 – Quality Management**

Potential Quality Issues (PQI): Seven PQI files were reviewed.

Provider Training and Credentialing: 15 provider training files were reviewed.

## **Category 6 – Administrative and Organizational Capacity**

Fraud, Waste, and Abuse (FWA): Five FWA files were reviewed. These were the only FWA cases opened by the Plan during the audit period.