Liberty Dental Plan

ON-LINE PROVIDER PORTAL USER GUIDE





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Getting Started

System Requirements

- Internet Connection (Internet Explorer 7 or later)
- Adobe Acrobat Reader

Office Number and Access Code

All contracted network dental offices are issued a unique **Office Number** and **Access Code**. These numbers can be found on your LIBERTY Dental Plan Welcome Letter and are required to register your office on LIBERTY's On-Line Provider Portal.

If you are unable to locate your Office Number and/or Access Code, please contact our Professional Services Department at (888) 700-0643 for assistance.

New Office Registration

1. To register a new office, enter the following website address into your browser: <u>www.libertydentalplan.com</u>



2. Click on Register

A designated Office Administrator should be the user to set up the account on behalf of all providers / staff. The Office Administrator will be responsible for adding, editing and terminating additional users within the office.

1. Select **Office** as the **TYPE** of user

Office	
Office's Claims	Create an Account
Submit a Claim	1.Choose the TYPE of user you would like to create an account for Office Se
Office's Referrals	2.Enter the following account information below:
	Office Number:
Submit a Referral	Access Code:
Check Eligibility	Phone Number: () – –
My Members	
My Providers	Account User First Name:
My Brofile	Account User Last Name:
riy Prome	Account Password
My Preferences	Confirm Password
Other Providers	Email Address:
Talk To Us	Create Account
Manage Users	
Pasourcas	
Resources	

- 2. Fill out necessary information. Enter your 6-digit **Office Number** (include leading zeros). The **Office Number** and **Access Code** can be found in your LIBERTY Dental Plan Welcome Letter
- 3. Click Create Account

My Preferences

After initial set-up, you will be directed to Preferences

- 1. Make sure that your default is set to **Dental**
- 2. Select your office's various **Preferences**

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Office		
Office's Claims		
Submit a Claim	1. Select provider:	
Office's Referrals	NPI Provider # Provider Name	
Submit a Referral	Selected All All All	
Check Eligibility	Select	
My Members	Select	V
My Providers	2. Select provider type:	● Dental ◎ Medical
My Profile	3. Show EOP after submitting a claim:	● Yes ◎ No
My Preferences	4. Show details after submitting a referral:	◎ Yes [®] No
Other Providers	5. Default to Assignment of Benefits:	● Yes [©] No
Talk To Us	6. How many claims to display per page:	50 •
Manage Users	7. How many days back for claims lookup:	Last Month
Resources	8. Default to Place of Service on Claim Submission page (HCFA claims only):	11-office -
Logoff	9. Member Number Search Option (Member Number / Policy Number)	Member # 👻
	10. Submit a claim default options:	Service Date(s)
	11. Default billing currency:	U.S. dollar
		Save
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Please note that **Evidence of Payment (EOP) is sent to providers and **Evidence of Benefits** (EOB) is sent to members.

3. Click Save

Your office's preferences can be updated any time by visiting the **My Preferences** tab on the left of the screen.

Add a New User

The Administrator can add additional users by:

1. Click on the Manage Users tab on the left of screen

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Office's Referrals	Edit dr			View Roles	Active	Disable	
ubmit a Referral	Update Successful.						
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Members	Add a User						
Providers							
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Other Providers							
Talk To Us							
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2. Click Add User

- 3. Input a unique User Name, Password, First Name, Last Name, and Email Address. All fields marked with an asterisk (*) are required.
- 4. Click Add User

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Office's Referrals	*Password:			
Submit a Referral	*Confirm Password:			
Check Eligibility	*First Name:			
My Members	*Last Name ·			
My Providers	Middle Initiale			
My Profile	Middle Initial:			
My Preferences	*Email Address:			
Other Providers	Add User			
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Set New User Roles:

1. We suggest that you click on **PrimaryWebAccount** and **WebOffice** to grant the User access to view and update information for the office. Once you click on each role in Current User Role(s) Available, the roles will move up to Current User Role(s)

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Office Office's Claims Submit a Claim Office's Referrals Submit a Referral Check Elipölity My Providers My Providers My Providers My Providers Other Providers Taik To Us Manage Users Resources	Current User Role(s) Return Current User Role(s) Available (Click on Role Name to Add) PrimaryWebAccount WebOffice	

2. Check PrimaryWebAccount and WebOffice then click Return

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Disable and Enable Users

Once a new User is set up, the Administrator has the ability to enable or disable their account.

- 1. Click on the **Manage Users** tab on the left of screen.
 - If the User Status is Active, the account is **Enabled**. To disable the account, click on **Disable** under **Change Status**.
 - If the User Status is **Disabled**, the account is not active. To reinstate the account, click **Enable** under **Change Status**.

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it a Referral Edit testuser2 Test User2 View Roles Disabled Enable Click Enable to reactivate use	er account.
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Edit User Information

The Administrator can edit a User's information

- 1. Click on the **Manage Users** tab on the left of screen.
- 2. Click **Edit** for the User you would like to edit

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Referral	Edit testuser	Test	Uror2	View Roles Disabled	Enable						
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3. Update User information

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Manage Users Resources ogoff	Update User Retur		

4. Click Update User

My Profile

You can view your Office's information as it is current in our system by clicking **My Profile** in the left tab. This information can only be updated by contacting your Professional Services Network Manager.

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embers	Phone #:				Saturday:		
embers	Fax:				Sunday:		
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rofile	Available After Hou	urs:	N				
references	Number Of Physici	ians Extendors:	1				
Providers	Facility Operating I	Number:					
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irces					Vietnamese	Primary	
					English	Secondary	
					Persian (T)	Secondary	
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My Providers

You can view a list of all Providers linked to your office in our system by clicking **My Providers** on the left side of the screen. Only providers who have completed the LDP credentialing process will appear on the **My Providers** screen. Please contact your Professional Services Network Manager to add, terminate or request the status of a Provider.

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Select your provider:
mit a Claim NP1 Provider # Provider Name
select All All All
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Log On

To access your account, visit <u>www.libertydentalplan.com</u>

1. Enter your **Username** and **Password**. Remember to enter the information exactly as you created it. (Usernames and passwords are case sensitive)



2. Click LOGIN

Member Eligibility & Benefits

Check Eligibility

- 1. Click on the Check Eligibility tab on the left of screen
- 2. Enter Last Name, First Name and any combination of Member Number, Policy Number and DOB (we recommend using Last Name, First Name and DOB for best results)

	LIBERTY Dental Home
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Office	ALERT to all DHMO Capitation Offices: To ensure the enrollee is eligible and assigned to your office, please go to the DMy MembersD Tab for your online roster or contact LIBERTY Dental Plan Membership Service. The Check Eligibility tab only confirms that the members have coverage through LIBERTY Dental Plan.
Office's Claims	
Submit a Claim	Member Coverage Lookup (enter the following search criteria)
Office's Referrals	Member #: Policy #:
Submit a Referral	Last Name: DOB: DOB: Search
Check Eligibility	
My Members	
My Providers	
My Profile	
My Preferences	
Other Providers	
Talk To Us	
Manage Users	
Resources	
Logoff	
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3. Click Search

Benefits

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Office's Claims							
Submit a Claim	Member Coverage	Lookup (enter the follo	wing search criteria)				
Office's Referrals	Member #:	Policy #:					
Submit a Referral	Last Name: User	First Name: Test	DOB: 1/1/2012 😵	Search			
Check Eligibility	1 member coverage(s) f	found					
My Members	Utilizations Ben	nefits Member # Polic	y # Last Name First Name	DOB	Group Name	Effective Date	Expiration Date Add Claim
My Profile	<u>view</u> vi	Iew N/A				9/1/2010	12/31/9999 <u>add</u>
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- 4. To view a member's benefit utilization, click on the **View** under Utilizations
- 5. To view a Summary of Benefits, click on the **View** under Benefits

Example of Member Utilization Screen

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Referrals	Member #	Start Date: 2/1/2011	End Date:	1/10/2012									
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iders Ie	Service Type	Service Description	Period Start Date	Period End Date	Units Used	Unit Value	Unit Type	Period	Next Available Date	Units Available	Step Down Benefits Name	Step Down Process Order	Ste Lin
erences	Prophylaxis (routine cleaning) Limitation	1 Prophylaxis (routine cleaning) per 6 Months	7/11/2011	1/10/2012	0.00	1.00	Units	6 Months	1/10/2012	1.00			
ovidore			1/11/2000	1/10/2012	0.00	1.00	Units	36 Months	1/10/2012	1.00			
roviders	Full Mouth X-Ray Limitation	1 Full Mouth X-Ray per 36 Months	1/11/2009				Unite	6 Months	1/10/2012	1.00			
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roviders Js Users es	Full Mouth X-Ray Limitation Fluoride Treatments Replacement of Existing Full/Partial Maxillary Dentures	1 Full Mouth X-Ray per 36 Months 1 Fluoride Treatment per 6 Months Replace Existing Full/Partial Maxillary Denture/5 Years	7/11/2009 7/11/2011 1/1/2008	1/10/2012 12/31/2012	0.00	1.00 1.00	Units	5 Calendar Years	1/10/2012	1.00			
roviders Js Users es	Full Mouth X-Ray Limitation Fluoride Treatments Replacement of Existing Full/Partial Maxillary Dentures Replacement of Existing Full/Partial Mandibular Dentures	1 Full Mouth X-Ray per 36 Months 1 Fluoride Treatment per 6 Months Replace Existing Full/Partial Maxillary Denture/5 Years Replace Existing Full/Partial Mandibular Denture/5 years	1/1/2009 7/11/2011 1/1/2008 1/1/2008	1/10/2012 12/31/2012 12/31/2012	0.00	1.00 1.00 1.00	Units	5 Calendar Years 5 Calendar Years	1/10/2012	1.00			
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Member Rosters (Capitation plans only)

For Offices that are participating in a capitation program, your monthly rosters can be viewed by clicking on the **My Members** tab located on the left side of the screen

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My Members	1815 Member(s) Found	<u>E.E.G.</u>	<u> 7 . M</u>		<u>O.E.G.R</u>	<u> </u>	<u>vv</u> <u>v</u> <u>r</u>	<u> </u>									
My Providers	Utilizations	Benefits	Provider	Provider #	<u>NPI</u>	Member Number	Last Name	First Name	DOB	Gender	Address	City	State	Zip H	Home Phone	Effective	Expiration	Add
My Preferences	view	view	4	4558		<u></u>			10/9/1997	F		ALISO VIEJO	CA	92656		9/1/2011	12/31/9999	add
Other Providers	view	view	4	4558					10/19/2001	м		ALISO VIEJO	CA	92656		9/1/2011	12/31/9999	add
Talk To Us	view	view	4	14558					9/8/2005	м		LAGUNA	CA	92653		5/1/2011	12/31/9999	add
Manage Users Resources	view	view	4	14558					8/4/2009	м		LAGUNA	CA	92653		9/1/2011	12/31/9999	add
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	view	view	4	14558					2/23/1945	F		MISSION	CA	92692		8/1/2011	12/31/9999	add
	view	view	-	14558					6/2/19/4	E		VIEJO CORONA DL	CA	02625		1/1/2010	12/31/0000	add
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- To sort membership assigned to an office by month, use the drop down menus to select **month/year** and select **All.** Click **Find**
- To sort membership assigned to a specific provider, select month/year and use drop down menu to select individual provider. Click Find

Once you have sorted the membership, you will be able to print monthly rosters from this page by clicking Print

Claims & Pre-Estimates

Submit a Claim or Pre-Estimate

LIBERTY DENTAL PLAN

Office	
Office's Claims	• Dental Claim (ADA) • Pre-Estimate Claim (EST)
Submit a Claim	
Office's Referrals	Provider:
Submit a Referral	Vendor:
Check Eligibility	*** Eff. Date: 1/1/2009 Exp. Date: 12/31/9999 ***
My Members	Patient: (Please select a patient)
My Members	Member #: Policy #:
My Providers	Last Name: DOB: So Find
My Profile	
My Preferences	Patient Acct #: Billed Currency: U.S. dollar
Other Providers	Remove Line Serv. Date From Procedure Code Tooth Quadrant Surface Amount Description
Talk To Us	
Manage Users	
Recourses	Remove 4
Resources	Remove 5 Image: Second se
Logoff	
	Remove 7
	Add service line(s) # of lines: 1

- 1. Click on the Submit a Claim tab on the left of screen
- 2. Select Claim or Pre-Estimate Claim (EST)
 - a) Choose treating provider
 - b) Choose office/location
 - c) Input Patient information i.e.: Last Name, First Name, and any combination of Member #, Policy # and DOB (we recommend using Last Name, First Name and DOB for best results)
 - d) Submit up to 30 claims at a time. To add additional lines, click Add Service Line(s)

Submit Claims with Additional Information:

Additiona 🗹	l Information		
Does the Member have another health plan?			
Remarks	-		
Treatment Resulting From	Is Treatment for Orthodontic	cs?	
□ Occupational illness/injury □ Auto Accident □ Other Accident	⊖Yes ● No	Date Appliance Placed:	
Date Of Accident: 🔗 Auto Accident State: 🗸	Months of Total:	Months of Treatment Remaining:	
Missing Teeth Information separate tooth number by commas	Replacement of Prosthesis?		
	✓	Date Prior Placement:	
Add File			
■ PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to prov of government benefits either to myself or to the party who accepts assignment	cess the claim. I also request payment ent above.		
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	nline for commission described above	Submit C	,laim



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- 3. Check Additional Information at the bottom of the Submit a Claim Screen
 - a) Enter your remarks into the comment box
 - b) Add File this feature can be used to attach digital x-rays or other information pertaining to the claim. (Note: there is a 2MB limit per attachment)
- 4. Check both I Agree boxes
- 5. Click on Submit Claim

Check the Status of a Claim or Pre-Estimate

- 1. To view the **Claim and Pre-Estimate** activity associated with your office, click on the **Office's Claims** tab on the left of screen.
- 2. Click on Search by Date, Search by Claim Number or Search by Patient Account Number
- 3. Use drop down menu to select Claims or Pre-Estimate

Search a Claim by Date(s), Member or Policy

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i ce's Claims mit a Claim	Search by Date Search by Claim Number Search by Patient Account Number	
e's Referrals hit a Referral k Eligibility lembers	Claim Type: Claims Claim Status: ALL Date Criteria: Date Received Date From: 12/10/2011 Date To: 1/10/2012 Member: *optional, last name or member # Policy #:	
roviders rofile references r Providers To Us ige Users urces f	No claim found.	

You can narrow your search results by: Claim Status, Date(s), Members, Providers

- 4. Click Refresh
- 5. Click Search

Example of Search Results for All Claims Status by Date

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CLAIM	EXPLANATION
STATUS	
Completed	Claim is complete and one or more items have been
	approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete. Claim is being reviewed and may not
	reflect the benefit determination

Search a Claim by Claim Number

View Claims	CTransact/Office/ViewClaimStatics.atps		×0+0× ♠ ★
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- 1. Enter **Claim Number** in the search field
- 2. Click Search

Search a Claim by Patient Account Number

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1. Enter Patient Account Number

- 2. Select All Providers or Select Individual Treating Provider from drop down menu
- 3. Click Search

Specialty Care Referrals

Submit a Referral

1. Click on the **Submit a Referral** tab on the left of screen.

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Office's Deferrals	< Select a provider > •		
Once's Referrals	Patient: (Please select a patient)		
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	1/10/2012 Image: 2/10/2012 Image: 1/10/2012 Image: 2/10/2012 Image: 2/10/2012		
	Primary Diagnosis Code: Secondary Diagnosis Code: Notes:		
	External Referral Number: Number Of Radiographs: External Radiograph #:		
	Add File		
	Submit		
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- 2. Select the **Provider** referring the patient from the drop-down menu
- 3. Select either Search By Member # or Search By Policy # and enter the patient's Last Name, First Name and DOB
- 4. Select the **Provider Type**, **Sub-type** and **Specialty** from the drop-down menus
- 5. For emergency referrals, check the Emergency Referral box OR for regular referrals, check the Consultation with Treatment box
- 6. Enter the ADA code(s) being requested along with tooth/teeth numbers in the Notes field
- 7. Click Add File if you have x-rays or other files that pertain to the patient's referral
- 8. Click Submit

Search for a Referral

- 1. Click on the Office's Referrals tab on the left of screen
- 2. Select your search criteria from the top drop down menus
- 3. Click Search

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Resources

Providers can download the following from iTransact/LIBERTY website:

- 1. ADA Claim Form
- 2. Access to Medical Care For Mobility Disabilities
- 3. Informed Consent for Alternative Treatment Form
- 4. Newsletters
- 5. On-line Provider Portal User Guide
- 6. Preventative and Periodontal Guidelines
- 7. Provider Contact and Information Guide
- 8. Provider Reference Guide
- 9. Specialty Care Referral Form



Talk to Us

If you would like to contact a LIBERTY Representative about your Office, you can do so through our Provider Portal by clicking **Talk To Us** tab on the left side of your screen

1. Choose Office

Office	Submit a request for:
Office's Claims	
Submit a Claim	Please select a contact reason:
Subinica Claim	
Office's Referrals	Web-Office Inquiry
Submit a Referral	Inquiry
Check Eligibility	
My Members	
My Providers	
My Profile	
My Preferences	
Other Providers	
Talk To Us	

2. Click Inquiry

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3. Enter your matter then click on **Process Request**

Password Reset

- 1. Visit <u>www.libertydentalplan.com</u>
- 2. Choose Forgot My Password (located below the "Login" button)

Returning users, pleas	e login here.
Members, Offices,	Providers, Groups
Username	
Password	
REGISTER	LOGIN
	Forgot my password

- 3. Choose Office as TYPE
- 4. Fill out necessary information. Enter your 6-digit **Office Number** (include leading zeros) and Access Code exactly as they are listed on your Welcome Letter

Reset Password	
1.Choose the TYPE of user you would like to reset password for: Office 🗸	Select
2.Enter the following account information below:	
Office Number:	
Access Code:	
Phone Number: ()	
Account User Name:	
New Password:	
Confirm Password:	
Reset Password	

5. Click **Reset Password**