



Making members shine, one smile at a time™



# Orientation Overview

For Participating Dentists and Staff

## Florida Medicaid



Office # \_\_\_\_\_

Access Code: \_\_\_\_\_



# welcome

LIBERTY Dental Plan (LIBERTY) welcomes you as a network provider. We look forward to working together with you and your office staff in providing care to our enrollees. This guide has been prepared to assist you and your staff with the administration of the LIBERTY program.

## Member Eligibility

Providers are responsible for verifying enrollee eligibility before each visit prior to providing dental services. The enrollee's ID card does not guarantee eligibility. Checking eligibility will allow providers to complete medically necessary procedures and reduce the risk of denied claims. Members assigned to a General Dentist as a "PDP" that need to be seen by a Pediatric Dentist should be referred to the LIBERTY Member Services to request a transfer to a Pediatric "PDP." Real-Time Member eligibility can be verified by visiting our website at [www.libertydentalplan.com](http://www.libertydentalplan.com) or by calling our Member Services Department at 833.276.0851, Monday through Friday, 8 am to 8 pm EST.

## Claims & Pre-Estimate Submission

Network dentists are required to submit claims and or encounters to LIBERTY timely each month. To avoid delay in payments, we recommend that you submit within 45 days after treatment is completed. Claims or encounters may be submitted in one of the following ways:

- By submitting data electronically – Payor ID CX083
- By using a standard ADA form
- By using LIBERTY's Provider Portal: [www.libertydentalplan.com](http://www.libertydentalplan.com)

### Mail paper claims to:

LIBERTY Dental Plan, Attn: Claims, P.O. Box 15149, Tampa, FL 33684



## Specialty Care Referrals

Services deemed beyond the scope of a General Dentist may be referred to a contracted LIBERTY network Specialist. All specialty referrals require approval. General Dentists are expected to perform covered services that are considered within the scope of services for a General Dentist. Please refer to the Specialty Care Referral Guidelines in the Provider Reference Guide to determine what services qualify for specialty referrals and how to process a referral.

## Quality of Dental Care

LIBERTY's quality of care guidelines apply to all contracted network providers. Each contracted provider must have established protocols in place for the following:

- Patient confidentiality and protected health information (PHI) security to be maintained
- Documentation of medical and dental history
- Dental records
- Informed patient consent
- Personal protective equipment, face mask, gloves, barrier clothing
- Radiographs
- Continuity of care for maintaining good oral health
- Oral diagnosis and treatment planning procedures

## Second Opinion

Members may request a consultation with another network dentist for a second opinion to confirm the diagnosis and/or treatment plan. Dentist should refer these members to our Member Services Department at 833.276.0850, Monday through Friday, 8 am to 8 pm EST.

## Utilization Management (UM)

LIBERTY's UM program includes review processes such as:

- Retrospective review of claims data
- Utilization trends
- Review of data based on standard deviations amongst peers
- Specialty referrals
- Pre-estimate submissions





## American with Disabilities Act

Participating providers must meet the requirements of all applicable state and federal laws and regulations including the Americans with Disabilities Act (ADA). The Americans with Disabilities Act prohibits discrimination and guarantees that everyone with disabilities are offered the same opportunities as everyone else to participate in the mainstream of American life, including access to care. For more information regarding the ADA, visit: <http://www.ada.gov>.

## Continuity of Care

LIBERTY ensures appropriate and timely continuity of care for SMMC plan members and will honor claims for services previously approved by the state or another carrier for up to 120 days.

## Hearing Impaired, Interpreter & Sign Language Services

Valid hearing-impaired, interpreter, and sign language services are available at no-charge to members who currently have an active plan. Dentists should coordinate these services by contacting LIBERTY's Customer Service at the following number:

**833.276.0850 TTY/TDD: 877.855.8039**

- Valid Interpreter appointments include: Dental
- Requests should be made at least 3 business days in advance and cannot be made more than 30 days in advance of the scheduled appointment date
- After requests have been made, an appointment confirmation by phone will occur between 3 business days up to 3 weeks, depending on the date the interpreter is needed for an appointment
- If interpreter services need to be cancelled, please contact Customer Service. There will be no charge to cancel scheduled interpreter services

## Member Transportation

Members are eligible for non-emergent transportation to doctor appointments. Member Services Representatives will coordinate in cooperation with the member's medical plan for the member.

Members should have the following information available when scheduling transportation:

- Medicaid ID number
- Name of doctor or facility
- Address and phone number of doctor or facility

## Patient Treatment Plan

Members should receive a written treatment plan and estimate of costs based on the member's explanation of benefits before treatment begins.

Treatment Plan Sequencing:

- Procedures for the relief of pain and discomfort, elimination of infection, irritations and trauma
- Treatment of active dental decay, necessary extractions, periodontal treatment, prophylaxis and oral hygiene instructions
- Final restorations and replacement of missing teeth
- Placement of an active recall system

## Patient Access Standards

LIBERTY appointment standards ensure patient access to dental services within specified time frames.

- **Urgent Care Services** within twenty four (24) hours of a request for services that do not require prior authorization and within forty eight (48) hours for a request for services that does require prior authorization
- **Routine Sick Patient Care** within seven (7) days
- **Primary Dental Care** within thirty (30) days; and
- **Follow-Up Dental Services** within thirty (30) days **after assessment**



## On-Line Services

LIBERTY offers 24/7 real-time access to information and tools through our secure online Provider Portal. Please visit [www.libertydentalplan.com](http://www.libertydentalplan.com) to register as a new user and/or login. Office's "Access Code" and "Facility ID" will be required to register and can be found on your LIBERTY Welcome Letter. Following are a few of the features that can be utilized through our Provider Portal:

- Real-time member eligibility and benefit information, including status of annual maximum and deductibles
- Submission of claims and x-rays
- Submission of specialty care referrals
- Viewing of claim status, including adjudication results
- Automatic response to provider authorization requests

If you cannot locate your access code and/or facility ID and/or need help with the login process, please contact our on-line administrator at 833.276.0851 for assistance Monday through Friday, 8 am to 8 pm EST or by e-mail at: [support@libertydentalplan.com](mailto:support@libertydentalplan.com).

## Changes to Office Profile

Office changes requiring notification to LIBERTY are:

- Address Updates - such as treatment and/or billing locations
- Tax Identification Number - include a copy of the signed IRS W-9 form
- New Dentists - require a completed and signed LIBERTY Credentialing application
- Ownership Change
- Telephone Number
- Fax Number
- Office Hours
- Language Proficiency

**Send updates to: [flprnquiries@libertydentalplan.com](mailto:flprnquiries@libertydentalplan.com) Or scan below to complete Online DIV(Directory Information Verification)**



## Appeals

Providers participating with SMMC Medicaid have the right to file an appeal regarding provider payment or contractual issues. Providers may act on behalf of the member with the member's written consent. Providers have 90 calendar days from the original UM decision or claim denial to file a provider appeal.

### Appeals must be in writing and mailed to:

LIBERTY Dental Plan, Attention: Appeals, P.O. Box 15149, Tampa, FL 33684-5149

### Appeals should include:

- Specific, pertinent documentation that supports the appeal
- All medical records that apply to the service LIBERTY will review the case for dental necessity and conformity to LIBERTY guidelines. Upon review of the appeal, LIBERTY will either reverse or affirm the original decision and notify the provider within 60 calendar days.

### Appeals may be denied if:

- Appeal was not filed within the applicable time frame
- Appeal lacks necessary documentation

## For General Inquires:

**Provider Service: 833.276.0851**

Hours: M-F, 8 am to 8 pm EST

### Email Professional Relations:

[FLprnquiries@libertydentalplan.com](mailto:FLprnquiries@libertydentalplan.com)

### Website:

[www.libertydentalplan.com](http://www.libertydentalplan.com)

## Personalized Service

Our network managers are available to provide exceptional service. Please contact your assigned network manager when you have questions. His or her contact information is below:

Name of Network Manager: \_\_\_\_\_

Office Phone #: **833.276.0851** Extension: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Email: \_\_\_\_\_