







# **Office Portal User Guide**

## **Table of Contents**

Welcome to the Office Portal	3
Getting Started	3
System Requirements	
Office Number and Access Code	
NEW Look: Home Page Features	
New Office Registration	
Register a New Office	
My Preferences	
Add a New User	
Set New User Roles	
Enable and Disable Users	
Edit User Information	
My Profile	
, Mapped Providers	
Accessing Your User Account	15
Login	
Password Reset / Expired Password	
Member Eligibility and Benefits	21
Check Member Eligibility	
Member Utilization Screen	
Check Multiple Member Eligibilities continued	
Member Rosters	
Capitation Plans/Dental Home Assignment	
Claims, Pre-Estimates and Referrals	
Submit a Claim, Pre-Estimate or Referral	
Submission with Additional Information	
Resubmit/Correct a Claim, Pre-Estimate or Referral	
Payments	35
-	
Resources	
My Resources	
Shared Resources - Forms and Provider Reference Guides	
Provider Resource Library	
Talk To Us	
Submitting a Written Inquiry	
Log Off	
To Log Off of the Office Portal	





## Welcome to the Office Portal

LIBERTY Dental Plan ("LIBERTY") offers 24/7 real-time, no cost access to information and tools through our secure Office Portal. The portal features many useful and improved search tools and a more holistic view of member information that provides a more convenient way to connect with us at LIBERTY.

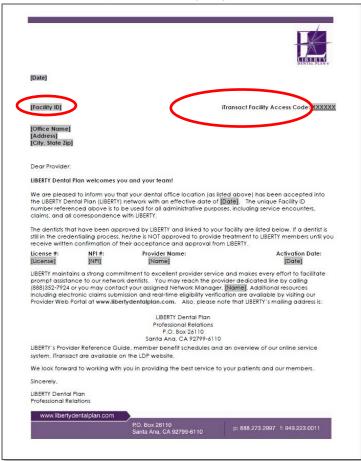
## **Getting Started**

#### System Requirements

- Internet Connection
- (Compatible with Microsoft Edge, Firefox, Chrome, and Internet Explorer 11)
- 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 in your LIBERTY Welcome Letter and are required to register your office on LIBERTY's Office Portal. If you are unable to locate your Office Number and/or Access Code, please contact our Professional Relations Department at (888) 352-7924 for assistance.







## **NEW Look: Home Page Features**

On the Office Portal landing page, you now have quick access to the following features:

- Announcements: view global LIBERTY announcements
- Resources
  - My Resources: view secure office specific documents (formerly "Attachments")
  - Shared Resources: view global/public documents
- Member Eligibility: ability to enter Member# with or without the suffix "-01, etc. "
- Claims Status: quick access to claims
- Invite Others: administrator access to setup new user(s)

Home Claims Eigbility Payments Tail: To Us Manage Users	1
Welcome to the Provider Portal	
Announcements     UBERTY Dental Plan is Pleased to Announce a New Office Plantal     I/L04/2023     Gravel a solators with the weblie is available wordsty through Prides, 826 AM to 5 50 Plant     e Sector differe and Pacifices and Pacifices, and Pacifications, com	Member Eligibility To verify a Member's eligibility, enter the Member # before: Member # Member # Member # Verify
Resources      My Resources      Coning Son      Stand Resources      1020 Simulations 5 021      2020 Simulations 5 021      2020 Simulations 5 021      2020 Simulations - Volume 5 021      2020 Simulations - Volume 5 021      3020 Simulations - Volume 5 021	Claim Status To check a status of a Diaim, enter the Claim Number bolow: Claim # Claim #
	To invite other users to access the Portal, fill out their information biocon.  • User Name: User Name: Low Name: Lo
	- Last Name Last Name - Field Base

The navigation buttons are now located horizontally on the top of the page. Hover over each selection to

view options.

- Claims
- Eligibility
- Payments
- Talk To Us
- Manage Users

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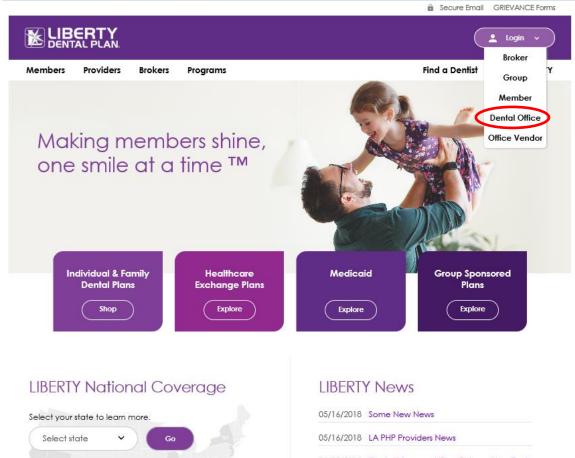
## New Office Registration

#### **Register a New Office**

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

#### 2. Click on Login → Dental Office



06/25/2015 Dental Managed Care Takes a New Tack

05/27/2015 Ernst & Young LLP (EY) announces LIBERTY Dental Plan's Founder Dr. Amir Neshat is an EY Entrepreneur Of The Year® (EOY) 2015 Award finalist

View All News >>





#### Register a New Office continued



- 3. Select Office from the drop-down menu as the TYPE of user
- Create a Sign in name
   Note: The Sign in Name can contain any combination of letters, numbers, and special characters except for the following special characters: @, (,).
- 5. Enter Email Address
- 6. Select Send Verify code and then enter the verification code from the email address provided
- 7. Create New Password

**Note:** The **Password** must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#\$%&\*)

- 8. Create a User First Name and User Last Name
- 9. Check the box for I'm not a robot
- 10. Select Continue





## Register a New Office continued

- 11. Enter Access Code, Office Number, and Office Phone Number
- 12. Select Continue

	LUBERTY DUNTAL PLANS	
Please pro	vide the following details.	
Access Key	/	
Access Ke	ey .	
Office Nur	nber	_
Office Nur	nber	
Office Pho	ne Number	_
Office Pho	ne Number	
Continue	Cancel	





### **My Preferences**

After initial set-up, the user will be directed to the My Preferences tab.

Select your office's various Preferences
 Note: The Evidence of Payment (EOP) is sent to providers and the Evidence of Benefits (EOB) is sent to members.

	NPI	Provider #	Provider Name			
Selected				^		_
Select					Save	
					Save	
				$\sim$		_
H 🔫 1 🕨	н		1 - 2 of 2 it	ems		_
Select Provider Type:			<ul> <li>Dental</li> </ul>			
Show EOP after submit	ting a claim:					_
Show details after subn	nitting a referral:		⊛ Yes 🔿 No			_
Default to Assignment	of Benefits:		● Yes ○ No			_
How many items to dis	play per page:		5	~		_
How many days back fo	r claims lookup:		Last Week	~		_
Default to Place of Serv	ice on Claim Submission Page	(HCFA claims only):	11-Office	~		_
Submit a claim default	options:		Service Date(s)	~		_
0. Default Billing currenc	у:		US Dollars			_
L. How many checks to d	lisplay per page:		5	~		
2. How many days back i	for checks lookup:		Last Week	~		- 1

The Place of Service on Claim Submission page default is set to 11-Office. Another **Place of Service** can be selected as a default from the drop-down menu.

. Select Provider Type:		
	11-Office	
. Show EOP after submitting	03-School	
-	02-Telehealth	
. Show details after submittir	15-Mobile Unit	
	12-Home	
. Default to Assignment of Be	13-Assisted Living Facility 04-Homeless Shelter	
	05-Indian Health Service-Free Standing Facility	
How many items to display	06-Indian Health Service Provider-Based Facility	
	07-Tribal 638 Free Standing Facility	
. How many days back for cla		
The many days back for cia	23-Emergency Room - Hospital	
	24-Ambulatory Surgical Center	
. Default to Place of Service	31-Skilled Nursing Facility	
	34-Hospice	
. Submit a claim default optic	49-Independent Clinic	
	50-Federally Qualified Health Center (FQHC)	
0. Default Billing currency:	53-Community Mental Health Center	
or benaute bining currency.	71-Public Health Clinic	
1. How many checks to displa	72-Rural Health Clinic	
1. How many checks to displa	/ S-Ollassigned	
	01-Pharmacy	
2. How many days back for cl	16-Temporary Lodging	
	19-Off Campus-Outpatient Hospital	
	20-Urgent Care Facility	
	22-On Campus-Outpatient Hospital 25-Birthing Center	
	25-Birthing Center 26-Military Treatment Facility	





### My Preferences continued

The **Submit a claim** default is set to Service Date(s). The date of service you enter for the first service line will automatically populate when you click in the Service Date box for any additional service lines entered when submitting a claim. (The steps on how to submit a claim, pre-estimate and referral will be explained in further detail; see page 27)

2. Select Provider Type:	<ul> <li>Dental</li> </ul>	
3. Show EOP after submitting a claim:	● Yes 🔿 No	
4. Show details after submitting a referral:	● Yes 🔿 No	
5. Default to Assignment of Benefits:	● Yes 🔿 No	
5. How many items to display per page:	5	~
7. How many days back for claims lookup:	Last Week	~
. Default to Place of Service on Claim Submission Page (HCFA claims only):	11-Office	~
. Submit a claim default options:	Service Date(s)	~
0. Default Billing currency:	US Dollars	
1. How many checks to display per page:	5	~
2. How many days back for checks lookup:	Last Week	~

#### 2. Click Save

Once your preferences have been saved, you will remain on the **Preferences** screen where you can select from the available drop-down features.

Select Provider:					
	NPI	Provider #	Provider Name		
Select		0	ALL		
Select					Save
Select					Save
Select					
H K 1 >			1 - 4 of 4 items		
H < 1 >	н		1 - 4 0r 4 items		
Select Provider Type	:		<ul> <li>Dental</li> </ul>		
Show EOP after sub	nitting a claim:		⊛ Yes 🔿 No		
Show details after s	ibmitting a referral:		⊛ Yes ⊖ No		
Default to Assignme	nt of Benefits:		⊛ Yes ○ No		
How many items to	display per page:		5	~	
How many days bac	t for claims lookup:		Last Week	~	
Default to Place of S	ervice on Claim Submission Pa	ge (HCFA claims only):	11-Office	~	
Submit a claim defa	It options:		Service Date(s)	~	
. Default Billing cum	ency:		US Dollars		
How many checks	o display per page:		5	~	
	ck for checks lookup:		Last Week	~	

Your office's preferences can be updated at any time by hovering over your name in the top right corner and then clicking on the **My Preferences** option in the drop-down menu.





## Add a New User

The Administrator can add additional users by:

1. Click Manage Users from the drop-down menu on the top of the screen

<b>↑</b> Home	Claims	Eligibility	Payments	Talk To Us	Manage Users				Ŧ	
Manage User										
User Name			_		Last Name			User Status		
								ALL		~
Email					First Name			Search	Reset	
2 user(s) found	d.									
		User Name	First	Name	Last Name	Roles	User Statu	IS	Change Status	
Edit		Test User1	Test		User	View Roles	Invited		Disable	
Edit		Test User2	Test		User	View Roles	Enabled		Disable	
K 🔺 1	. н	20 🔻 i	tems per page						1 - 2 of 2 item	ns 🕻
Add a User										

#### 2. Click Add a User

**Note:** All additional users must have their individual assigned User Name and Password. This will avoid multiple users being knocked off the portal due to the same User Name and Password.

3. Input a User Name (must be unique to the user), First Name, Last Name and Email Address. All fields marked with an asterisk (\*) are required.

**Note**: The user will receive an email notifying them to click on the link next to the text to create their password upon first log on attempt.

↑ Home Claim	Eligibility Payments	Talk To Us Manage Users	1
	Addir	ng additional User to	
* User Name			
* First Name			
* Last Name			
* Email Address			

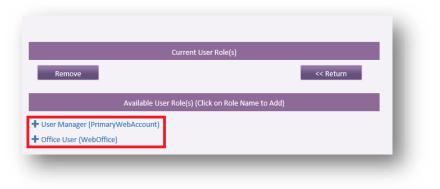
#### 4. Click Add User





#### Set New User Roles

- We recommend that you click on Office User (WebOffice) to grant the user access to view/submit claims and check eligibility. Once you click on each role in Available User Role(s) (Click on Role Name to Add), the roles will move up to Current User Role(s)
- 2. Click Return



Note: The user must have a role mapped to be able to use the portal

#### **Roles:**

- User Manager (PrimaryWebAccount) Allows the user to manage and add additional user accounts for the entire office. This includes resetting passwords, updating user information (First name, Last Name, Email Address), as well as disabling users in the event they should no longer have access to the account.
- Office User (WebOffice) Allows access to all functionality on the portal, except limits access to "Manage Users" tab. The user would only have access to their account and no access to any other user accounts for that office.





## Enable and Disable Users

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

- 1. Click on the Manage Users on the top of the screen
  - If the User Status is **Enabled**, the account is **activated**. To disable the account, click **Disable** under **Change Status**.

If the User Status is **Disabled**, the account is not active. To reinstate the account, click **Enable** under **Change Status**.

Jser Name			Last Name			User Status			
						ALL		~	
mail			First Name			Search	Reset		
user(s) found.									
	User Name	First Name	Last Name	Roles	User Status	i	Change Status		
lit	Test User1	Test	User	View Roles	Invited		Enable	~	Click Enable to activate user
lit	Test User2	Test	User	View Roles	Enabled		Disable	~	Click Disable to deactivate user
	1 20 v item	s per page					1 - 2 of 2 items	C	





## **Edit User Information**

The Office Administrator can edit a user's information:

1. Click on the Manage Users on the top of the screen

Manage Users							
User Name			Last Name		User Status		
					ALL	~	•
Email			First Name		Search	Reset	
2 user(s) found.							
	User Name	First Name	Last Name	Roles	User Status	Change Status	
Edit	Test User1	Test	User	View Roles	Invited	Enable	~
Edit	Test User2	Test	User	View Roles	Enabled	Disable	~
н н 1 н н	20 🔻 items per	page				1 - 2 of 2 items	Q

- 2. Click Edit for the user you would like to edit
- **3.** Update user information

Note: All user information with an asterisk (\*) can be edited.

#### 4. Click Update User

L I B E R T Y DEN	TAL PL	AN.					
	ft Home	Claims	Eligibility	Payments	Talk To Us	Manage Users	Ł
						Edit (	Jser Details
	User Name * First Name						
	* Last Name * Email Addre	•<<					
	Update Us	_	mail	Retu	rn		
						_	





### My Profile

You can view your office's current business information by clicking on the **My Profile** on the top right side of the screen. Your current business information can be updated through the Provider Directory Information Verification (DIV) website at <u>www.libertydentalplan.com/ProviderDIV</u>

ft Home Claims E	ligibility Payment:	5 Talk To Us	Manage Users			Ŧ	
							My Profile
	Office Properties				Office	Hours	My Preferenc
Name:				Monday:	08:00 AM - 05:0	0 PM	Change Passw Log Off
Address:				Tuesday:	08:00 AM - 05:0	0 PM	
Contact Name:				Wednesday:	08:00 AM - 05:0	0 PM	
Contact Email:				Thursday:	08:00 AM - 05:00	0 PM	
Phone #:				Friday:	09:00 AM - 05:0	0 PM	
Fax:				Saturday:			
Wheelchair Access:				Sunday:	-		
Available After Hours:							
Number Of Physicians Extenders:							
Facility Operating Number:							
	Mapped Providers	>			Languages	Additiona	l Service(s)
Last Name First Nam	e Number	NPI		Name	Use	No Reco	rds found
				English	Primary		
				Farsi	Secondary		
				Spanish	Secondary		

### Mapped Providers

You can view a list of all the providers linked to your office in our system on the **Mapped Providers** section of the screen. If your office requires edits to a provider such as to add or terminate, you can request a provider change through the Provider Directory Information Verification (DIV) website at <u>www.libertydentalplan.com/ProviderDIV</u>. Your Professional Relations Network Manager will reach out to you for further details.

**New:** Providers with an "Active Contract" within the office will display. If a provider has termed, the provider will display for 6 months and then drop from the **Mapped Providers** screen.

**Note:** Active Providers only identify a provider linked to your facility it does not verify the Line of Business (i.e., Medicaid, Commercial, etc.) the provider is linked to or the provider effective date. Please contact Professional Relations Department to verify the Line of Business and/or effective date for the individual Active provider prior to treating the member.



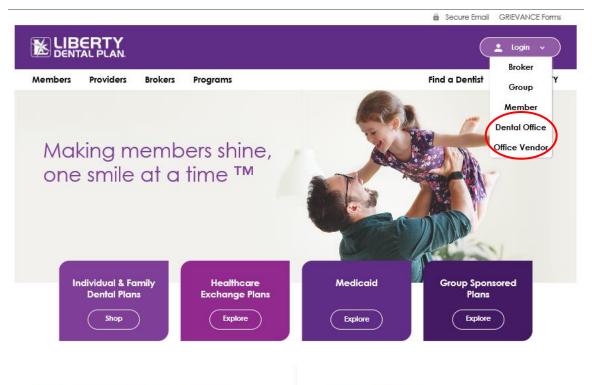


## Accessing Your User Account

#### Login

Please visit www.libertydentalplan.com.

1. Click on Login → Dental Office / Office Vendor



### LIBERTY National Coverage



### **LIBERTY News**

05/16/2018 Some New News

05/16/2018 LA PHP Providers News

06/25/2015 Dental Managed Care Takes a New Tack

05/27/2015 Ernst & Young LLP (EY) announces LIBERTY Dental Plan's Founder Dr. Amir Neshat is an EY Entrepreneur Of The Year® (EOY) 2015 Award finalist

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## Login continued

On the Office Portal Login screen:

- 2. Type in User Name and Password
- 3. Check I'm not a robot box to open the reCAPTCHA window
- 4. Follow the instructions and select the appropriate images in the reCAPTCHA window
- 5. Click Verify in the reCAPTCHA window



- 6. Ensure you see a green check mark next to I'm not a robot
- 7. Click Sign In

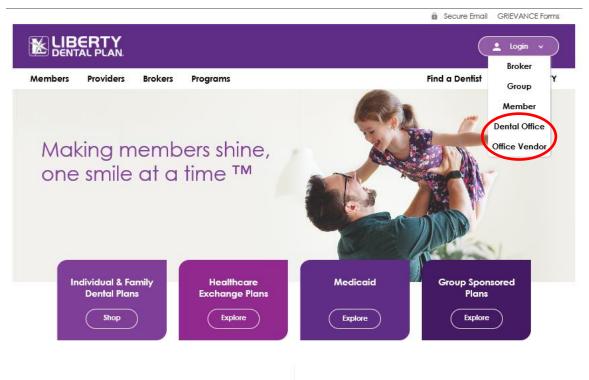




### Password Reset/Expired Password

Please visit <u>www.libertydentalplan.com</u>.

1. Click Login → Dental Office / Office Vendor



### LIBERTY National Coverage



## LIBERTY News

05/16/2018 Some New News

05/16/2018 LA PHP Providers News

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## Password Reset/Expired Password continued

On the Office Portal Login screen:

- 2. Click Forgot your password?
- 3. Type Username and Email Address associated to user account and click Send verification code

	LUBERTY DINISL PLANS	
	Sign in with your user name	
	Username	
	Username	
	Password	
	Password	
	Sign In	
	I'm not a robot	
	Don't have an account? Sign up now	
	Forgot your password?	
	Forgot your password?	
	provide the following details.	
Please	provide the following details.	
Please Sign in Usem: Email v	provide the following details.	
Please Sign in Usemail v	provide the following details.	





## Password Reset/Expired Password continued

4. The following message will appear on your screen directing you to your email address to reset your account.

LIBERTY DIMIAL PLANS	From: Microsoft on behalf of Liberty Dental Plan Provider <msonlineservicesteam@microsoftonline.com> Sent: Tuesday, November 5, 2019 4:37 PM To: Subject: Liberty Dental Plan Provider account email verification code</msonlineservicesteam@microsoftonline.com>
Please provide the following details. Sign in name Username	Verify your email address
Verification code has been sent to your inbox. Please copy it to the input box below. Email Address	Thanks for verifying your user@libertydentalplan.com account!
user@libertydentalplan.com Verification code	Your code is: 396862
Verify code Send new code	Sincerely, Liberty Dental Plan Provider

- 5. Enter the code from the email in the Verification code
- 6. Click Verify Code and then click Continue





### Password Reset/Expired Password continued

On the next screen:

Please provide the following details.
New Password
New Password
Confirm New Password
Confirm New Password
Continue Cancel

#### 7. Type in New Password and Confirm New Password

**Note**: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#\$%&\*)

#### 8. Click Continue

LIB DENT	ERTY al plans
Sign in with your user name	
Username	
Username	
Password	
Password	
Sign In	,
l'm not a robot	reCAPTCHA Privacy - Terms
Don't have an account? Sign	up now

#### 9. Type in User Name and Password

- 10. Check I'm not a robot box to open the reCAPTCHA window
- 11. Follow the instructions and select the appropriate images in the reCAPTCHA window
- **12.** Click **Verify** in the reCAPTCHA window
- 13. Ensure you see a green check mark next to I'm not a robot
- 14. Click Sign In





## **Member Eligibility and Benefits**

## **Check Member Eligibility**

To check member eligibility:

You can access member eligibility in one of two ways:

- a) Main Home screen Member Eligibility by entering the Member # with or without the suffix "-01, etc." or
- b) Drop-down menu **Eligibility** on the top of the screen
  - 1. From the main Home screen enter **Member#** in the field on the right side of the screen Member Eligibility and click **Verify**, or

Home Claims Eligibility Payments Talk To Us Manage Users	1
Welcome to the Provider Portal	
Announcements	Member Eligibility
LIBERTY Dental Plan is Pleased to Announce a New Office Portal	To verify a Member's eligibility, enter the Member
11/04/2019	below: Member #
General assistance with the website is available Monday through Friday, 8:00 AM to 5:00 PM: <ul> <li>Dental offices and facilities email portalsupport@libertydentalplan.com</li> </ul>	Member #
Resources	Verify
	Claim Status
My Resources	
Coming Soon	To check a status of a Claim, enter the Claim Num below:
	To check a status of a Claim, enter the Claim Nurr below: Claim #
Coming Soon Shared Resources • 2019 Newsletter - Volume 5 01	below:
Coming Soon Shared Resources • 2019 Newsletter - Volume 5 Q1 • 2019 Newsletter - Volume 5 Q2 • 2019 Newsletter - Volume 5 Q3	below: Claim #
Coming Soon Shared Resources • 2019 Newsletter - Volume 5 0,1 • 2019 Newsletter - Volume 5 0,2	below: Claim #
Coming Soon Shared Resources • 2019 Newsletter - Volume 5 Q1 • 2019 Newsletter - Volume 5 Q2 • 2019 Newsletter - Volume 5 Q3	below: Claim # Claim #
Coming Soon Shared Resources • 2019 Newsletter - Volume 5 Q1 • 2019 Newsletter - Volume 5 Q2 • 2019 Newsletter - Volume 5 Q3	below: Claim # Claim #
Coming Soon Shared Resources • 2019 Newsletter - Volume 5 Q1 • 2019 Newsletter - Volume 5 Q2 • 2019 Newsletter - Volume 5 Q3	below: Claim # Claim # Get t





## Check Member Eligibility continued

- 2. Click on **Eligibility** at the top of the screen
- 3. Users now have the ability to enter Partial Last Name, Partial First Name and DOB or Member # (with or without the suffix, -01)

(We recommend using Last Name, First Name and DOB for best results)

View         View         View         11/1/2015         12/31/9999         A           View         View         View         10/31/2015         A	To check eligibility you are rag Check Eligibility edis.*   Check Eligibility c dis.*   Check Eligibility e of Birth* for best results.     Member #: 123456     DDB: mm/dd/yyyy     Last Name: Eist Name:     2 member coverage(s) fourt     View View   View View     View View </th <th>ft Home</th> <th>Claims</th> <th>Eligi</th> <th></th> <th>yments</th> <th>Talk To Us</th> <th>Manage Users</th> <th>Un-impersonate</th> <th>,</th> <th></th> <th>1</th> <th></th> <th></th>	ft Home	Claims	Eligi		yments	Talk To Us	Manage Users	Un-impersonate	,		1		
Member #:       123456       DOB:       mm/dd/yyyy       Image: Comparison of the compari	Member #:       123456       DOB:       mm/dd/yyyy       Image: Comparison of the compari	Liberty Denta	l Plan recomm	req Chec	k Eligibility k Multiple Eligit	bilities of E		sults.						
Last Name:       First Name:       Search Clear         2 member coverage(s) found       2         Utilizations       History       Benefits       Member #       Last Name       First Name       OO8       Plan Name       Group Name       Effective       Dopication       A         View       View       View       View       Iul/J1/2015       12/31/9999       A         View       View       View       View       Iul       Iul       Iul/J1/2015       10/31/2015       A	Last Name:       First Name:       Search Clear         2 member coverage(s) found       2         Utilizations       History       Benefits       Member #       Last Name       First Name       OO8       Plan Name       Group Name       Effective       Dopication       A         View       View       View       View       Iul/J1/2015       12/31/9999       A         View       View       View       View       Iul       Iul       Iul/J1/2015       10/31/2015       A					in criteria)		DOB:		mm/dd/yyyy	÷			
Utilizations     History     Benefits     Member #     Last Name     First Name     DOB     Plan Name     Group Name     Effective Date     Expiration Date     A       View     View     View     View     Image: Comparison of the	Utilizations     History     Benefits     Member #     Last Name     First Name     DOB     Plan Name     Group Name     Effective Date     Expiration Date     A       View     View     View     View     Image: Comparison of the	Last Name						First Name:	:					
View         View         12/1/2009         10/31/2015         Ar	View         View         12/1/2009         10/31/2015         Ar				Member #	Last Name	First Name	DOB	Plan Name	G	roup Name			A
<	<	View	View	View								11/1/2015	12/31/9999	A
		View	View	View								12/1/2009	10/31/2015	A
			1 + 1	20	• items	per page							1 - 2 of 2 items	

#### 4. Click Search





## Check Member Eligibility continued

- 5. To view a member's benefit utilization, click on 'View' under Utilizations
- To view a member's history, click on 'View' under History
   Note: The history page will display all history LIBERTY has on file for the selected member
- 7. To view a Summary of Benefits, click on 'View' under Benefits

berty Dental				of the 4 fields." e, and Date of Bi	rth" for best res	ults.					
Member Co	verage Look	up (enter the	following searc	ch criteria)							
Member #:						DOB:	(	mm/dd/yyyy			
Last Name: 2 member co	overage(s) fo	und				First Name	:			earch Clear	
Jtilizations	History	Benefits	Member #	Last Name	First Name	DOB	Plan Name	Group Name	Effective Date	Expiration Date	Adc
View	View	View							11/1/2015	12/31/9999	Adc ^

### **Member Utilization Screen**

LIBERTY recommends that the user refer to the **Next Available Date** and **Units Available** when determining member's utilizations.

Member #:	Start E	Date:	12/10/2	018	ti i	End Date:	12/10/2019	÷	
Last Name:	First N		12/10/2	.010			12/10/2015		
	te and Units will only be provided when the End Date		today			Refresh			
Note - Next Available Da	te and onits will only be provided when the End Date	ior ounzacions is set to	touay					Units	
ervice Type	Service Description	Unit	ts Used	Unit Value	Unit Type	Period	Next Available Date	Available	
luoride Treatments	Fluoride Treatments	0.00	)	1.00	Units	6 Months	12/10/2019	1.00	^
Denture/Partial Reline - Maxillary	Denture/Partial Reline	0.00	)	2.00	Units	12 Months	12/10/2019	2.00	
Denture/Partial Reline - Mandibular	Denture/Partial Reline - Mandibular	0.00	)	2.00	Units	12 Months	12/10/2019	2.00	
luoride Treatments	Fluoride Treatments	0.00	)	1.00	Units	6 Months	12/10/2019	1.00	
Prophylaxis (routine leaning) Limitation	Prophylaxis (routine cleaning) Limitation	0.00	)	1.00	Units	6 Months	12/10/2019	1.00	
icaling & Debridement of Inflammation, Single mplant	Scaling & Debridement of Inflammation, Single Im	plant 0.00	)	1.00	Units	12 Months	12/10/2019	1.00	
Prophylaxis (routine leaning) Limitation	Prophylaxis (routine cleaning) Limitation	0.00	)	1.00	Units	6 Months	12/10/2019	1.00	~
K ( 1 )	4 20 V items per page							1 - 7 of 7 items	Ċ





## Check Multiple Member Eligibilities continued

To check the eligibility of multiple members at one time:

- 1. Click Eligibility on the top of the screen and click Check Multiple Eligibilities
- 2. Users now can enter Partial Last Name, Partial First Name and DOB, Date of Service or Member Number (excluding the suffix) and Date of Service

(We recommend using Last Name, First Name, DOB and Date of Service for best results)

			Eligibility	y Ver	ification Search					
	Line	Member Number	Member Last Name		Member First Name	Member Date of Birth	'n	Date of Service		
× Remove	1	12345				mm/dd/yyyy		12/10/2019		^
× Remove	2		user		test	06/20/1981		12/10/2019		
× Remove	3					mm/dd/yyyy		12/10/2019		
× Remove	4					mm/dd/yyyy	**	12/10/2019		
× Remove	5					mm/dd/yyyy	**	12/10/2019		
× Remove	6					mm/dd/yyyy	**	12/10/2019	**	

#### 3. Click Search

Note: The maximum Number of Search Row(s) you can add per screen at a time is 10

Example of Search Results:

			Eligibility	Verification Search			
Row	Date of Service	Member Number	Member Name	Member Date of Birth	Group/Plan Name	Eligibility Status	
Q	12/10/2019			06/20/1981		Check Eligibility	~
4 4	Page 1 of 1	×				1-10	of 1 items





### Check Multiple Member Eligibilities continued

4. Click Check Eligibility Status to validate if the member is eligible to be seen in your office

New: Within Check Eligibility, LIBERTY has added a status feature. This enables your office to view any provider that is linked to your office contract and what plan the Member is linked to. Note: For plans requiring member assignments via a member roster, please refer to your member roster. Members not appearing on your roster should be referred to LIBERTY Dental Plan to be assigned to your office prior to services being rendered.

5. Click Provider from the drop-down menu then click Check Eligibility

Provider		
Please select a provider	~	
	Check Eligibility	
		Close

Note: After clicking Check Eligibility, one of the following color-coded messages will be displayed: Red: member is not eligible and/or not assigned to your office Green: member is eligible and assigned to your office

Provider		
Alex M	~	
	Check Eligibility	
K Member is not eligible for service	; on 12/10/2019 from Alex M	
Member Information		
JOHN A		
Member Number		
123456789-01		
Date of Birth		
01/28/1989		
PCP		
John Doe		
PCP Office		
ABC Office		
Effective Date		
01/01/2018		
Expiration Date		
12/31/9999		
Status		
Not Eligible		
Group/Plan Name		
ABC Group		
Other Health		
Coverage ?		
null		

6. Click Close to exit the Check Eligibility Status





## **Member Rosters**

## **Capitation Plans/Dental Home Assignment**

Offices that participate in a capitation program or with a program that requires Dental Home assignment may view their rosters by clicking on **Eligibility** located on top of the screen, then click **My Members**. The **My Members** screen allows the user to view all members assigned to the office.

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, go to **Providers** and use the drop-down menu to select individual provider. Click **Find**.

#### New: Export to Excel feature is now available

New: Within the Member Roster, LIBERTY has added Home Phone and Language.

**Note:** Home Phone will display for Medicaid plan members (if applicable) and/or if LIBERTY has a Home Phone on file for the Member.

Member Roste		Check Eligibility								
Month/Year	_	Check Multiple Elig		nly active shown)			_			
December '	✓ 2019 ✓		ALL	~		Find				
15030 Member	(s) found									
Filter Members	-								0	Export to Excel
ALL A B	C D E F	F G H I J K L M N O P Q R S T U V W X Y Z								A Export to Excer
	Member #	Member Name	DOB Gender	City State Zip	Home Phone	Language	Effective Date	Expiration Date	Group # Group Name	Provider Name
<ul> <li>Utilization</li> <li>History</li> <li>Benefits</li> <li>Add Claim</li> </ul>						Arabic	12/1/2018	12/31/9999		^
<ul> <li>Utilization</li> <li>History</li> <li>Benefits</li> <li>Add Claim</li> </ul>						English	10/1/2019	12/31/9999		
<ul> <li>Utilization</li> <li>History</li> <li>Benefits</li> <li>Add Claim</li> </ul>						Other	11/1/2019	12/31/9999		
<ul> <li>Utilization</li> <li>History</li> <li>Benefits</li> <li>Add Claim</li> </ul>						Other	12/1/2018	12/31/9999		
Utilization										~





## Claims, Pre-Estimates and Referrals

## Submit a Claim, Pre-Estimate or Referral

1. Click Claims located on top of the screen, then click Submit Claim

	ubmit Cla				CLAIM OR F	RE-ESTIMATE SUBMIS	SIONS:					
	ubmit Pro ubmit Re	-Estimate ble if the secol prolife three	member is experiencin eatening conditions the	g it could ienna	rdize life-lie	nb or bodily function.						
he plan does		cation or	periodontal services as	expedited/er	mergency se	rvices. d appeal on their beha	w.					
lease contact the	Quality	Aanagement Departme	ent at 1-888-703-6999 (	ext. 5383.	; a expense	a oppear on trien bena	.,					- 1
F YOU HAVE NOT	RECEIVED	A DENIAL, you may us	se the form below to su	ıbmit your cla	im(s) or pre	estimate to LIBERTY:						
Switch to Referral	Claim S	witch to Pre-Estimate C	Jaim									
Dental Claim												- 1
						Last claim:						
ast claim submitt	ed: Claim	# 0025458475 View E	OP									- 1
						Provider:						
Select a Provi	der 🗸	***Only Active prov	iders are shown									- 1
						Vendor:						
Please select	a provide	r first 🗸										
					Patient: (	Please select a Patient)						
Member #					DOB:		mm	/dd/yyyy				_
Last Name					First Na		many	00011111			nd	
Last Name											10	
Patient Acct #				Referral #:	lr.	-office Details:		Authorization				
Patient Acct #				sererrai #:				Authorization	195			
Billed Currencys												
US Dollars												
						iagnosis Codes						
A.			В.			С.			D.			
A			В.		Apply d	C. efault values to lines			D.			
Service Date Fro	m			P05 11-Offic		_		Apply CI				1
	em (	÷.				efault values to lines						
Service Date Fro	im Line	Service Date From		POS 11-Offic Diag Ptr		efault values to lines	Surface	Apply C		Amount	Additional Information	
Service Date Fro					ce .	efault values to lines	Surface		ear	Amount \$0.00	Additional Information	
Service Date Fro 12/17/2019	Line	Service Date From			ce .	efault values to lines	Surface	POS	ear Units		Additional Information	^
Service Date Fro 12/17/2019 X Remove	Line 1	Service Date From 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office	ear Units	\$0.00	Additional Information	
Service Date Fro 12/17/2019 X Remove X Remove X Remove	Line 1 2 3	Service Date From 12/17/2019 12/17/2019 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office 11-Office 11-Office	ear Units 1 1 1	50.00 50.00 50.00	Additional Information	
Service Date Fro 12/17/2019 X Remove X Remove X Remove X Remove	Line 1 2 3 4	Service Date From 12/17/2019 12/17/2019 12/17/2019 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office 11-Office 11-Office 11-Office	ear Units 1 1	\$0.00 \$0.00 \$0.00 \$0.00	Additional Information	▲ ▲
Service Date Fro 12/17/2019 X Remove X Remove X Remove	Line 1 2 3	Service Date From 12/17/2019 12/17/2019 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office 11-Office 11-Office	ear Units 1 1 1	50.00 50.00 50.00	Additional Information	^ ~
Service Date Fro 12/17/2019 X Remove X Remove X Remove X Remove	Line 1 2 3 4 c	Service Date From 12/17/2019 12/17/2019 12/17/2019 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office 11-Office 11-Office 11-Office	ear Units 1 1 1 1 1 1	\$0.00 \$0.00 \$0.00 \$0.00	>	~
Service Date Fro 12/17/2019 X Remove X Remove X Remove X Remove	Line 1 2 3 4 c te Lines	Service Date From 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office 11-Office 11-Office 11-Office	ear Units 1 1 1 1 1 1	\$0.00 \$0.00 \$0.00 \$0.00	>	~
Service Date Fro 12/17/2019 X Remove X Remove X Remove X Remove A datavia + Add Servic kide Procedure De	Line 1 2 3 4 c te Lines scription	Service Date From 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office 11-Office 11-Office 11-Office	ear Units 1 1 1 1 1 1	\$0.00 \$0.00 \$0.00 \$0.00	>	~
Service Date Fro 12/17/2019 X Remove X Remove X Remove X Remove Addresserve Add Servic Kide Procedure De	Line 1 2 3 4 c te Lines scription	Service Date From 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019			ce .	efault values to lines	Surface	POS 11-Office 11-Office 11-Office 11-Office	ear Units 1 1 1 1 1 1	\$0.00 \$0.00 \$0.00 \$0.00	>	
Service Date Frc 12/17/2019 X Remove X Remove X Remove X Remove A demove + Add Servic lide Procedure De Add Servic	Line 1 2 3 4 c te Lines scription	Service Date From 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019 12/17/2019 13/17/2019		Diag Ptr	ce Tooth	efault values to lines	Surface	POS 11-Office 11-Office 11-Office 11-Office	ear Units 1 1 1 1 1 1	\$0.00 \$0.00 \$0.00 \$0.00	>	
Service Date Fro 12/17/2019 X Remove X Remove X Remove X Remove Addresserve Add Servic Kide Procedure De	Line 1 2 3 4 c te Lines scription	Service Date From 12/17/2019	Procedure Code	Diag Ptr	RE Information	nfalit values to lines		POS 11-Office 11-Office 11-Office 11-Office 11-Office	ear Units 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S0.00 S0.00 S0.00 S0.00 S0.00 S0.00 harge S0.00	>	~

- a. You can view Last Claim for a treating provider
- b. Choose treating provider from **Select a Provider** drop-down menu (only Active providers are shown)
- c. Choose office/location from Vendor drop-down menu for (Dental Claim) or (Pre-Estimate Claim) submission (only Active vendors are shown)
- d. Input patient information i.e. Partial Last Name, Partial First Name and DOB or Member # (with or without the suffix, -01) (We recommend using Last Name, First Name and DOB for best results)
- e. Input Diagnosis Codes and Diagnosis Pointers (Diagnosis Pointers must be letters A-D)
- f. Submit up to 30 service lines at a time by completing the fields in each row. To add additional lines, click **Add service line(s)**.





## Submit a Claim, Pre-Estimate or Referral continued

THE FOLLOWING STATEMENT IS APPLICABLE TO APPEALS ONLY, AND N Expedited/Emergency services are available if the member is experience pain, swelling, bleeding, infection or other-life threatening conditions t The plan does not consider denture fabrication or periodontal services In the event that a member is experiencing a dental emergency and yoo please contact the Quality Management Department at L-888-703-6399 IF YOU HAVE NOT RECEIVED A DENIAL, you may use the form below to	ing hat could jeopardize life, limb or bodily function as expedited/emergency services. a re submitting a expedited appeal on their bel ext. 5383.	raif,	
Switch to Dental Claim Switch to Pre-Estimate Claim			
Referral	Last claim:		
Last claim submitted: Claim # 0025108934 View EOP			
	Provider:		
+**Only Active providers are shown			
Emergency Referral	Specialty Category	Specialty Subcatego	ry .
	Specialist 🗸	Select Specialty St	ubcategory
	Patient: (Please select a Patier	t) Orthodontics Periodontics Oral Surgery	
Member #	DOB:	mm/dd/yyyy Pediatric Dentistri	
Last Name	First Name	redault Dentst	Find
	In-office Details:		
Patient Acct #	Referral #:	Authorization #:	
Billed Currency:			
US Dollars			
	Diagnosis Codes		
А. В.	с.	D.	
	Apply default values to lines		
POS 11-Office	r		
Line Procedure Code Diag Ptr	Tooth Quadrant	Surface POS	Units Additional Information
× Remove 1		11-Office	1
× Remove 2		11-Office	1

- 2. Click on the Claims menu, then click **Submit Referral** from the drop-down menu
  - a. Select the **Provider** referring the patient from the drop-down menu
  - b. For emergency referrals, check the **Emergency Referral** box
  - c. Select the appropriate option from the **Specialty Category** drop-down menu (Defaulted to Specialist)
  - d. Select the appropriate option from the **Specialty Subcategory** drop-down menu
  - e. Input patient information i.e. **Partial Last Name**, **Partial First Name** and **DOB** or **Member # (with** or without the suffix, -01)

(We recommend using Partial Last Name, Partial First Name and DOB for best results)

f. Submit up to 30 service lines at a time by completing the fields in each row. To add additional lines, click **Add service line(s)**.





## Submission with Additional Information

oes the Member have anot	her health plan ?		
lemarks			
reatment Resulting From		Is Treatment for Orthodontics?	
Occupational Illness/Inju	ry 📋 Auto Accident 📋 Other Accident	○ Yes	ce Placed: mm/dd/yyyy
ate of Accident:	Auto Accident State:	Months of Total: N	Nonths of Treatment Remaining:
mm/dd/yyyy	~		
Aissing Teeth Information se	sperate tooth number by commas	Replacement of Prosthesis?	Date Prior Placement
		~	mm/dd/yyyy
Add Files			
I AGREE	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information nece	scarv to process the claim. I also request navment o	f government
	benefits either to myself or to the party who accepts assignment		1 government
I AGREE	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned phys		Submit Claim

- 1. Check the Additional Information box towards the bottom of the Submit a Claim screen
  - a. Enter any comments in the Remarks box
  - b. Add File this feature can be used to attach digital x-rays or other information pertaining to the claim.

**Note**: There is an 8MB limit per attachment and up to 25MB in total. Multiple Attachments can be uploaded at once.

loes the Member have another	r health plan ?		
Remarks			
	Attachments		ж
Freatment Resulting From	Total File size allowed is 25MB.		
Occupational Illness/Injury	At General Attachments	Radiograph Attachments	yyy 🛱
ate of Accident:		Allowed file types are .tifftiffgifjpg	maining:
mm/dd/yyyy	Select files	Select files	ernamning:
Vissing Teeth Information sepe	wate to		Close ent
Add Files	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other infon benefits either to myself or to the party who accept	mation necessary to process the claim. I also request payment of governme x assistment above.	nt
I AGREE	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	a angy many above.	Submit Claim
da Pronte.	I authorize normant of medical hapefits to the under	ersigned physician or supplier for services described above.	Submit Claim

- 2. Check both I Agree boxes
- 3. Click Submit Claim





## Resubmit/Correct a Claim, Pre-Estimate or Referral

1. To resubmit/correct a claim, pre-estimate or referral, click on the **Claims** menu, then click **View Office Claims** from the drop-down menu

Search By E	Date Search	by Claim Num	per									
Claim Type:		Claim	s 🗸	Claim Statu	IS:	All	~					
Date Criteria:		Date	Received 🗸	Date From:		12/20/2	019	Ť.	Date 1	0: 12/20	/2019	Ë.
Member:		Last r	ame/Member #									
Provider		ALL	~									
	d, 0 displayed											
0 Claim(s) foun	d, 0 displayed View EOP	Provider Las	. Provider #	Member #	Member Las	Member Firs	Patient Acct	# Ext. CL!	A # Claim Status	Service Date	Service Date	Bi
0 Claim(s) foun			. Provider #	Member #		Member Firs ecords Found	Patient Acct	# Ext. CL!	A # Claim Status	Service Date	Service Date	Bi
0 Claim(s) foun			. Provider #	Member #			Patient Acct	# Ext. CL?	Л # Claim Status	Service Date		^
0 Claim(s) foun Claim Number	View EOP			Member #			Patient Acct	# Ext. CL!	И # Claim Status			\$
0 Claim(s) foun Claim Number	View EOP	Provider Las		Member #				# Ext. CL!	A # Claim Status			>
0 Claim(s) foun Claim Number	View EOP	Provider Las	items per page		No Re	ecords Found	TIONS		/l # Claim Status			>
0 Claim(s) foun Claim Number	View EOP	Provider Las	items per page CLAIM STATUS	d Claim is comp	No Re	ecords Found	TIONS Deen approved		/l # Claim Status			>

- 2. Click on Search by Date or Search by Claim Number radio buttons to find the claim, preestimate or referral that needs to be resubmitted/corrected
- 3. Once the claim is found, click on the **number** under the Claim Number column of the claim that needs to be resubmitted/corrected

Claim Type:		Claims	~	Claim Sta	tus:	All	~					
Date Criteria:		Date Re	ceived 🗸	Date From	n:	12/13/2	019 Ē	2	Date To:	12/13	2019	Ċ.
Member:		Last nam	ie/Member #									
Provider		ALL	~									
Search												
59 Claim(s) foun	d, 59 displaye	ed.										
Claim Number	View EOP	Provider Las	Provider #	Member #	Member Las	Member Firs	Patient Acct #	Ext. CLM #	Claim Status	Service Date	Service Date	Bi
0025517747	View								Completed	11/13/2019	11/13/2019	^ں
025517744	View								Completed	11/13/2019	11/13/2019	U
025517743	View								Completed	11/13/2019	11/13/2019	υ
0025517740	View								Completed	11/14/2019	11/14/2019	U
0025517738	View								Completed	11/14/2019	11/14/2019	v٧
<												>
H 4 1	2 3	4 5	F H	5 🔹 item	s per page						1 - 5 of 59 items	Q
			CLAIM STATUS Completed Denied Pending	Claim is cor	nplete and one or nplete and all item t complete.Claim is	is have been deni	been approved ed					





## Resubmit/Correct a Claim, Pre-Estimate or Referral continued

4. After the Explanation of Payment is displayed, click on Resubmit Claim

		or more items has been approved tems have been denied					- 1
	iormation, please cal	# 888-703-6999					- 1
submit Claim							
		Health	Net Sacramento GMC Adult Provider Claim Summary	s over 21			
ote: This is to be	used for information	nal purposes only and does not replace the Explananti	on of Payment mailed to th	e Provider Office			
			Patient				- 1
			Patient Claim #		25517747		_
							_
DS	Code	Procedure Description	Tooth	Surface	Total Charges	Allowed Amount	
L-13-2019	D2391	Resin-based composite, one surface, posterior	2	0	\$0.00	\$0.00	^
1-13-2019	D2392	Resin-based composite, two surfaces, posterior	3	MD	\$0.00	\$0.00	~
otal					\$0.00		
	ь н					1 - 2 of 2 item	s 🔿

5. When **Resubmit Claim** is selected, the information from the claim, pre-estimate or referral will populate on the **Submit Claim** screen

Note: You can correct any missing teeth#, surfaces, quadrant, etc. that require correction

- 6. Check the Additional Information box towards the bottom of the Submit Claim screen
  - a. Enter any comments in the Remarks box
  - b. Add File this feature can be used to attach digital x-rays or other information pertaining to the claim.

**Note**: There is an 8MB limit per attachment and up to 25MB in total. Multiple Attachments can be uploaded at once.

Does the Member have	another health plan ?	
Remarks		
Freatment Resulting Fre	m	Is Treatment for Orthodontics?
Occupational Illness	/Injury 🗌 Auto Accident 📋 Other Accident	○ Yes  No Date Appliance Placed: mm/dd/yyyy  ☐
Date of Accident:	Auto Accident State:	Months of Total: Months of Treatment Remaining:
mm/dd/yyyy		
Vissing Teeth Informat	ion seperate tooth number by commas	Replacement of Prosthesis? Date Prior Placement
		✓ mm/dd/yyyy 🛱
Add Files		
I AGREE	PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	
	I authorize the release of any medical or other information nece benefits either to myself or to the party who accepts assignment	ssary to process the claim. I also request payment of government t above.
I AGREE	INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Submit Claim
	I authorize payment of medical benefits to the undersigned physical sectors and the sector of the se	sician or supplier for services described above.

- 7. Check both I Agree boxes
- 8. Click Submit Claim





## Check the Status of a Claim, Pre-Estimate or Referral continued

- 1. To view a Claim, Pre-Estimate or Referral associated with your office, click on the Claims menu, then click View Office Claims from the top of the screen
- 2. Click on Search by Date or Search by Claim Number radio buttons
- 3. When searching by date, use the Claim Type drop-down menu to select Claims, Pre-Estimate or Referral
- 4. You can narrow your search results using the Claim Status drop-down menu or Member Last Name box
- 5. Click Search

Search By Date O Search	h by Claim Number						
Claim Type:	Claims 🗸	Claim Status:	All	~			
Date Criteria:	Date Received 🗸	Date From:	12/13/20	019	Date To:	12/13/2019	
Member:	Last name/Memb	er#					
Provider	ALL	~					
Search							

Example of Search Results:

<ul> <li>Search By</li> </ul>	Date Sear	ch by Claim Num	ber									
Claim Type:		Claim	s 🗸	Claim S	tatus:	All	~					
Date Criteria		Date	Received 🗸	Date Fr	om:	12/13	/2019	ä	Date 1	To: 12,	/13/2019	ti i
Member:		Last n	ame/Member #									
Provider		ALL	~									
Search												
9 Claim(s) four	ıd, 59 display	ed.										
aim Number	View EOP	Provider Las	Provider #	Member #	Member Las	Member Firs	Patient Acct #	Ext. CLM #	Claim Status	Service Date	Service Date	Bi
025517747	View								Completed	11/13/2019	11/13/2019	^ ں
025517744	View								Completed	11/13/2019	11/13/2019	U
25517743	View								Completed	11/13/2019	11/13/2019	υ
025517740	View								Completed	11/14/2019	11/14/2019	U
025517738	View								Completed	11/14/2019	11/14/2019	υ¥
<												>
4 4 I	2 3	4 5	► H	5 v item	s per page						1 - 5 of 59 items	Q
			CLAIM			EXPLAN	ATIONS					

All data fields will remain the same, except when searching for a Referral. The **Referring Entity** column will display a 'Y' instead of 'N'





## Search a Claim by Claim Number

1. Click on the Search by Claim Number radio button

O Search By	DateOSearch I	by Claim Number				
Claim numbe	er:					
Search						
			CLAIM STATUS			EXPLANATIONS
			Completed	Claim is com	plete and one or m	ore items have been approved
			Denied	Claim is com	plete and all items	have been denied
			Pending	Claim is not	complete.Claim is l	peing reviewed and may not reflect the benefit determination

- 2. Enter the Claim Number in the search field
- 3. Click Search





## **Payments**

View checks paid to the vendor, along with the details of the payment

1. Click **Payments** on the top of the screen to view available claim payments (Payments is formerly "My Checks")

<b>↑</b> Home	Claims	Eligibility	Payments	Talk To Us	Manage Users
V	/elcom	e to th	Claim Capitation	-Por	tal

Provider:	Select a Provider 🗸	
Vendor:	Select a Vendor 🗸	
From:	12/23/2019 <b>To:</b> 12/30/2019	•••

- 2. Click which Payment Type to review the details of the payment
- 3. Click on Search by Date, or Search by Check Number radio buttons
- 4. Click Provider and Vendor
- 5. Input Date range
- 6. Click Search





## Resources

#### My Resources

Here you will find unique documents specific to your office.

1. Click **Home** on the top of the screen to view available documents (My Resources is formerly "Attachments")

Home Claims Eligibility Payments Talk To Us Manage Users	1
Welcome to the Provider Portal	
Announcements	Member Eligibility
Announcement	To verify a Member's eligibility, enter the Member # below:
10/01/2019	Member #
Coming Soon!	Member #
Resources	Claim Status
Coming Soon	
Shared Resources	To check a status of a Claim, enter the Claim Number below:
Provider Resource Library     LDP On-Line Provider Portal User Guide	Claim # Claim # Get Status





## Resources

### Shared Resources - Forms and Provider Reference Guides

Forms and Provider Reference Guides can be downloaded from the Office Portal/LIBERTY website.

- 1. Click on **Home** on top of the screen then refer to the **Shared Resources** section of the screen to view and download the following:
  - a. Provider Reference Guides specific to your state
  - b. Provider Newsletters
  - c. Office Portal User Guide

Welcome to the Provider Portal	
Announcements  • Announcement	Member Eligibility To verify a Member's eligibility, enter the Member #
10/01/2019 Coming Soon!	below: Member # Member #
Resources	Verify
My Resources	Claim Status
Coming Soon Shared Resources	To check a status of a Claim, enter the Claim Number below:
Provider Resource Library     LDP On-Line Provider Portal User Guide	Claim #
	Get Status

2. Click on **Provider Resource Library** which will launch a new web browser Click on the link provided at the bottom of the web page to launch the **Provider Resource Library** 

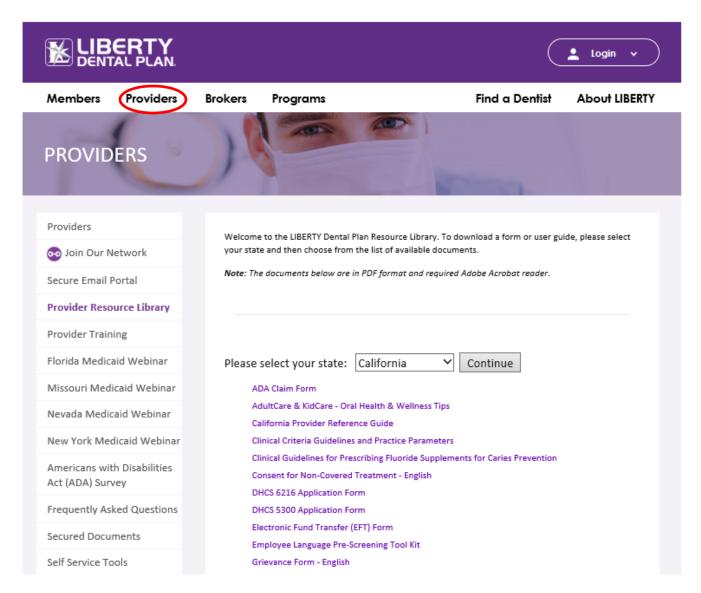
https://www.libertydentalplan.com/Providers/Provider-Resource-Library.aspx





## **Provider Resource Library**

- 1. Select the state from the Please select your state drop-down menu
- 2. Click Continue



3. Click on the form(s) needed to view and/or print

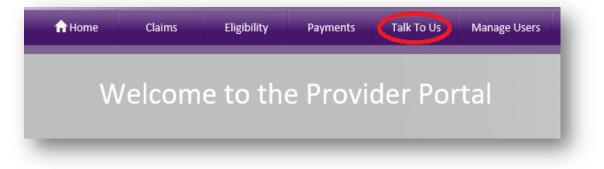




## Talk To Us

## Submitting a Written Inquiry

A LIBERTY Representative can be contacted through the Office Portal by clicking the **Talk To Us** on the top of the screen.



- 1. Enter the Subject
- 2. Enter the **Details**
- 3. Attach any pertinent files by clicking on Select File(s)...

Contact Reason:	be sure to fill out all required fields) Inquiry	
Description:	Inquiry	
Subject:		
Details:		
Attachment(s):	Select files	
	Select files	

4. Click Process Request

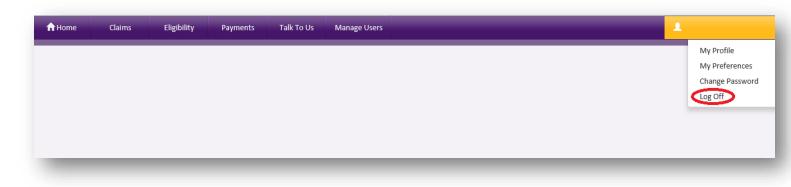




## Log Off

## To Log Off of the Office Portal

 Click the Log Off on the right side of the screen Note: You will be automatically logged off within 5 minutes of inactivity









Making members shine, one smile at a time<sup>TM</sup>