



# LIBERTY Dental Plan of Nevada 2018 Medicaid Program Provider Training



Making members shine, one smile at a time™



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# Section 1



LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training



## Medicaid Program Overview

# Medicaid Program Overview

## Welcome!



LIBERTY DENTAL PLAN

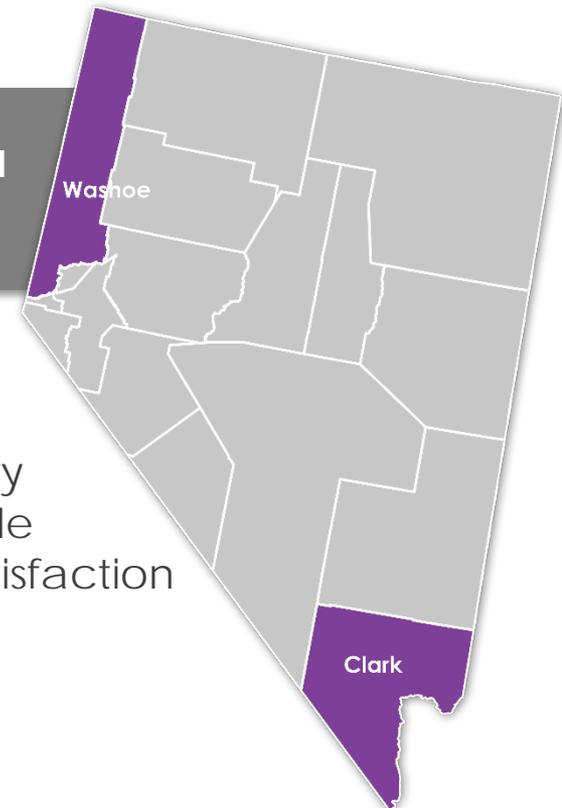
2018 Medicaid Program Provider Training

We are proud to maintain a broad network of qualified dental providers who offer both general and specialized treatment, guaranteeing a widespread access to our members

LIBERTY is expecting to serve over 500,000 Nevada Medicaid Members in Clark and Washoe Counties starting 1/1/2018

## Our Mission:

LIBERTY Dental Plan is committed to being the industry leader in providing quality, innovative, and affordable dental benefits with the utmost focus on member satisfaction





### The state of Nevada requires each eligible Medicaid member to be assigned a dental home

- Medicaid members have the freedom to choose their dental home from LIBERTY's participating network of providers
- If a member does not choose a dental home, LIBERTY will assign a dental home according to the member's zip code
- Identification cards will be sent to the member with the provider assignment and the Member Services toll-free number in the event that the member wants to change the dental home assignment
- Make sure that members are assigned to your office before scheduling an appointment
- If a member has an appointment and is not assigned to your office, the member can call LIBERTY to transfer and be assigned effective immediately
- Members must seek treatment at their assigned dental home otherwise claims may be denied unless a dental emergency is identified

# Medicaid Program Overview

## Eligibility Process



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Your office can verify real-time eligibility via our provider web portal at: [www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid)

- **You will need the following information:**
  - Member last name & first name and any combination of member number, policy number, or date of birth (DOB is recommended for best results)
- Providers are responsible for verifying eligibility for each member prior to their appointment
- Providers should verify that the member is listed under “My Members” in the provider web portal before providing treatment
- A LIBERTY ID card does not guarantee eligibility
- Medicaid ID numbers will be used

# Medicaid Program Overview

## Member ID Card Sample



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LIBERTY Dental Plan  
www.libertydentalplan.com/NVMedicaid  
(866) 609-0418

**NAME** First Name, Last Name

**ID#** Medicaid ID#                      **EFPEC** 01/01/2018

**GRP#** [001234] Group Name

**PLAN** Nevada Medicaid Dental

**PRV#** [001234] Dental Home Name

Dental Home Address

City, State, Zip Code

**TEL#** (xxx) xxx-xxxx

**STATE OF NEVADA MEDICAID TEL# 1-800-992-0900**

### NOTICE TO MEMBER

If you have a dental emergency, you should first contact your Primary Care Dentist for an immediate appointment. If your Primary Care Dentist is not available, contact LIBERTY Dental Plan Member Services for assistance. Please refer to your Member Handbook for specific emergency care coverage.

**EDI Payer ID: CX083**

Member Service/Grievance & Appeals: (866) 609-0418

Normal Business Hours:

Monday – Friday 5:00 a.m. – 5:00 p.m. Pacific Time

To report suspected Fraud, Waste or Abuse: (888) 704-9833

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY**



Your office can submit claims to LIBERTY by one of the following ways:

- Provider Portal: [www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid)
- EDI Clearinghouse: LIBERTY's Payor ID is CX083
  - LIBERTY accepts NEA FastAttach

LIBERTY EDI Vendor	Phone Number	Website
Dental Exchange	800.576.6412	<a href="http://www.dentalexchange.com">www.dentalexchange.com</a>
Emdeon	877.469.3263	<a href="http://www.emdeon.com">www.emdeon.com</a>
Tesia	800.724.7240 x6	<a href="http://www.tesia.com">www.tesia.com</a>

- Timely filing is 180 days; turn around time for clean claims is 30 days
- Electronic submissions increase efficiency, reduce costs, streamline administrative tasks and expedite claim payment turnaround time for your office
- If you are not able to submit claims electronically, you can send paper claims to:  
**LIBERTY Dental Plan of Nevada, Attn: Claims, PO Box 401086, Las Vegas, NV 89140**

# Medicaid Program Overview

## ICD-10 Requirements



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- The state of Nevada requires offices to submit claims with current International Classification of Diseases (ICD) codes to maintain compliance with CMS regulation and policy
- Your office can reference the CDT Code to ICD (Diagnosis) Code Cross-Walk found in the CDT 2018 Coding Companion Guide
- Claims submitted without ICD codes will be denied
  - **Diagnosis Code(s):** Enter up to four applicable diagnosis codes after each letter (A – D). The primary diagnosis code is entered adjacent to the letter "A."
  - **Diagnosis Code Pointer:** Enter the letter(s) from Field 34a that identify the diagnosis code(s) applicable to the dental procedure. List the primary diagnosis pointer first

# Medicaid Program Overview

## ICD-10 – Claim Submission- Web Portal



Patient Acct #:  Referral #:  Authorization #:

Billed Currency:

Remove	Line	Serv. Date From	Procedure Code	Tooth	Quadrant	Surface	POS	Amount	Description
<a href="#">Remove</a>	1	12/4/2017	D0140				11-office		A
<a href="#">Remove</a>	2	12/4/2017	D0220				11-office		A
<a href="#">Remove</a>	3	12/4/2017	D0230				11-office		A
<a href="#">Remove</a>	4						11-office		
<a href="#">Remove</a>	5						11-office		
<a href="#">Remove</a>	6						11-office		
<a href="#">Remove</a>	7						11-office		
<a href="#">Remove</a>	8						11-office		
<a href="#">Remove</a>	9						11-office		
<a href="#">Remove</a>	10						11-office		

Add service line(s) # of lines:

Total Charge:

**Additional Information**

Does the Member have another health plan?

**Remarks**

A. 201.20

**Treatment Resulting From**

Occupational illness/injury  Auto Accident  Other Accident

**Is Treatment for Orthodontics?**

Yes  No

Date Appliance Placed:

# Medicaid Program Overview

## ICD-10 – Claim Submission- ADA Form



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RECORD OF SERVICES PROVIDED																			
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee									
1	10/01/2015					D0120	A	1		\$28.00									
2	10/01/2015					D1110	A	1		\$55.00									
3	10/01/2015			30	O	D2140	B	1		\$105.00									
4	10/01/2015			11		D7140	C	1		\$72.00									
5																			
6																			
7																			
8																			
9																			
10																			
33. Missing Teeth Information (Place an "X" on each missing tooth.)						34. Diagnosis Code List Qualifier <u>A</u> <u>B</u> (ICD-9 = B; ICD-10 = AB)			31a. Other Fee(s)										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s) A <u>Z01.21</u> C <u>K03.81</u>		32. Total Fee	\$260.00
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in "A") B <u>K02.62</u> D _____			
35. Remarks																			

# Medicaid Program Overview

## Prior Authorizations



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Your office can submit prior authorizations to LIBERTY by one of the following ways:

- Provider Portal: [www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid)
- EDI Clearinghouse: LIBERTY's Payor ID is CX083
  - LIBERTY accepts NEA FastAttach
- Prior authorizations should be submitted with all necessary information regarding the treatment, including pre-operative radiograph(s) and narratives
- Please refer to the benefit schedule for a list of procedure codes that require prior authorization
- Turnaround time for prior authorizations is 5 business days
- Approved prior authorizations are valid for 180 days



- As of January 1, 2018, LIBERTY will honor claims for services prior authorized by the state for up to 120 days
- Providers are encouraged to attach the original prior authorization to the claim being submitted to expedite processing
- Providers will be reimbursed for these claims according to the current LIBERTY fee schedule

## Medicaid Program Overview

# Specialty Care Referrals



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- Services beyond the scope of a General Dentist may require a referral to a contracted LIBERTY Network Specialist
- A Specialty Care Referral request can be submitted through the provider web portal at [www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid)
- A referral is not required to see a Pediatric Dentist
- Turnaround time for referrals is 5 calendar days/ 24 hours for emergency care
- If there is no contracted LIBERTY Specialist available, Member Services will provide assistance to re-route the member to another provider for specialty services
- The member will be financially responsible for non-covered services provided by the Specialist if he/she authorizes the treatment

## Medicaid Program Overview

# Coordination of Benefits



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- Coordination of benefits (COB) applies when a member has more than one source of dental coverage
- Medicaid is always the carrier of last resort
- Medicaid coverage is secondary to any other coverage a member might have
- If additional coverage is identified by your office, please notate the information on the claim
- LIBERTY provides a Third Party Liability (TPL) Questionnaire that can be downloaded from the website at [www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid)

# Medicaid Program Overview

## Benefit Schedules



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- Please refer to our website at [www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid) for a copy of the benefit schedules

# Medicaid Program Overview

## Accessibility Standards



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LIBERTY is committed to our members receiving timely access to care. Providers are required to schedule appointments for eligible members in accordance to the State standards listed below

### For Primary Dental Providers (PDP)

- Urgent/emergency appointments – within twenty-four (24) hours
- Routine or preventive appointments – within six (6) weeks
- Therapeutic or diagnostic appointments – within fourteen (14) days
- Referrals to specialty care – within thirty (30) days
- Wait time for scheduled appointments – not to exceed one (1) hour

### For Specialists

- Emergency appointments – within twenty-four (24) hours of referral
- Urgent appointments – within three (3) calendar days of referral
- Routine appointments – within thirty (30) calendar days of referral



The Quality Management and Improvement (QMI) Program's activities focus on the following components of quality, which are included in established definitions of high-quality dental care services:

- **Accessibility of care:** the ease and timeliness with which patients can obtain the care that they need when they need it
- **Appropriateness of care:** the degree to which the correct care is provided, given the current standard of the community
- **Continuity of care:** the degree to which the care needed by patients is coordinated among practitioners and is provided without unnecessary delay
- **Effectiveness of care:** the degree to which the dental care provided achieves the expected improvement in dental health consistent with the current standard of the community
- **Safety of the care environment:** the degree to which the environment is free from hazard and danger to the patient



- LIBERTY resolves all grievance and/or appeals within 30 calendar days of receipt
- The LIBERTY Grievance Analyst mails notification of the receipt of the grievance to the member and provider within **5 business days**
- If a member feels his/her health will be harmed by waiting 30 days, an “**expedited grievance and/or appeal**” can be requested, which may result in a decision from LIBERTY within **72 hours**
- Providers may only assist a member with filing a grievance or appeal when the provider has received written consent to do so, from the member
- The Peer Review Committee is responsible for hearing and resolving grievances by monitoring patterns or trends in order to formulate policy changes and generate recommendations as needed

# Medicaid Program Overview

## Provider Claim Disputes



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- Providers may submit claim disputes, challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested or seeking resolution of a billing determination or other contract dispute or disputing a request for reimbursement of an overpayment of a claim
- Provider disputes must be received by LIBERTY within ninety (90) calendar days from LIBERTY's action that led to the dispute
- Provider disputes will be acknowledged by LIBERTY within five (5) business days of the receipt date
- All contracted provider disputes must be sent to the attention of the Quality Management Department at the following address below or faxed to 833.250.1817 or via email at [NVGandA@libertydentalplan.com](mailto:NVGandA@libertydentalplan.com)



LIBERTY Dental Plan of Nevada  
ATTN: Quality Management Department  
PO Box 401086  
Las Vegas, NV 89140



- Participating providers are required to comply with **The Centers for Medicare and Medicaid Services (CMS)** training requirements
- These requirements include General Compliance, Fraud, Waste and Abuse, Code of Conduct, Cultural Competency and Critical Incident Trainings
- Trainings along with our Code of Conduct are available on our website
  - [www.libertydentalplan.com/NVMedicaid](http://www.libertydentalplan.com/NVMedicaid)
  - Click on Providers at the top of the page
  - Select Provider Training from the drop-down menu
- After all training modules are completed, submit the LIBERTY Provider Compliance Attestation form
- Participating providers are required to complete training each calendar year



Online tools are available for billing, eligibility, claim inquiries, referrals and other transactions related to the operation of your dental practice

- We offer 24/7 real time access to important information and tools free of charge through our secure online provider portal. Registered users will be able to:
  - Submit electronic claims
  - Verify Member eligibility and benefits
  - View or print Member rosters
  - View office and contact information
  - Submit referrals and check status
  - Access benefit plans
  - Submit prior authorizations

# Medicaid Program Overview

## Professional Relations (PR)



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LIBERTY's team of network managers is responsible for recruiting, contracting and maintaining our network of providers

- We encourage our providers to communicate directly with their designated network manager to assist with:
  - Plan contracting
  - Education on LIBERTY members and benefits
  - Opening, changing, selling or closing a location
  - Adding or terminating associates
  - Change in name or ownership
  - Tax Payer Identification number (TIN) change
  - Office updates

# Medicaid Program Overview

## Contact Information



LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training



Phone: **888.700.0643**, Hours: M-F, 8am to 5pm PST



Fax: **888.401.1129**



Email: [prinquiries@libertydentalplan.com](mailto:prinquiries@libertydentalplan.com)



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



# Questions?

# Section 2



## Training

# Provider Web Portal Training

## Getting Started



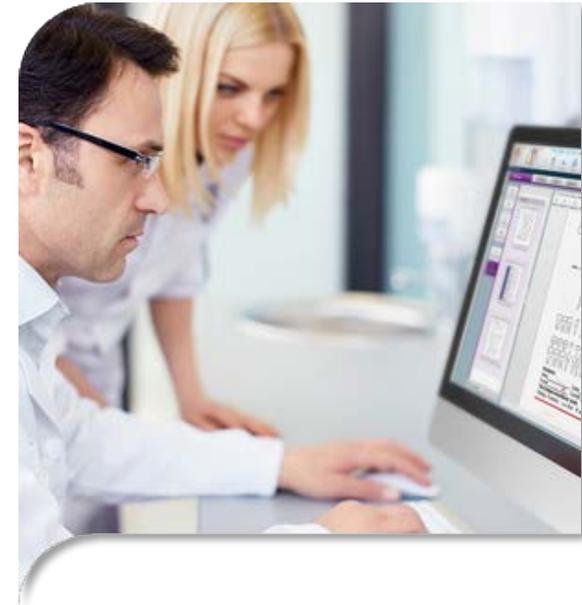
LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training



LIBERTY offers 24/7 real-time access to information and tools through our secure Online Provider Portal

- System Requirements:
  - Internet Connection (Internet Explorer 7 or later)
  - Adobe Acrobat Reader
- Office Number and Access Code



# Provider Web Portal Training

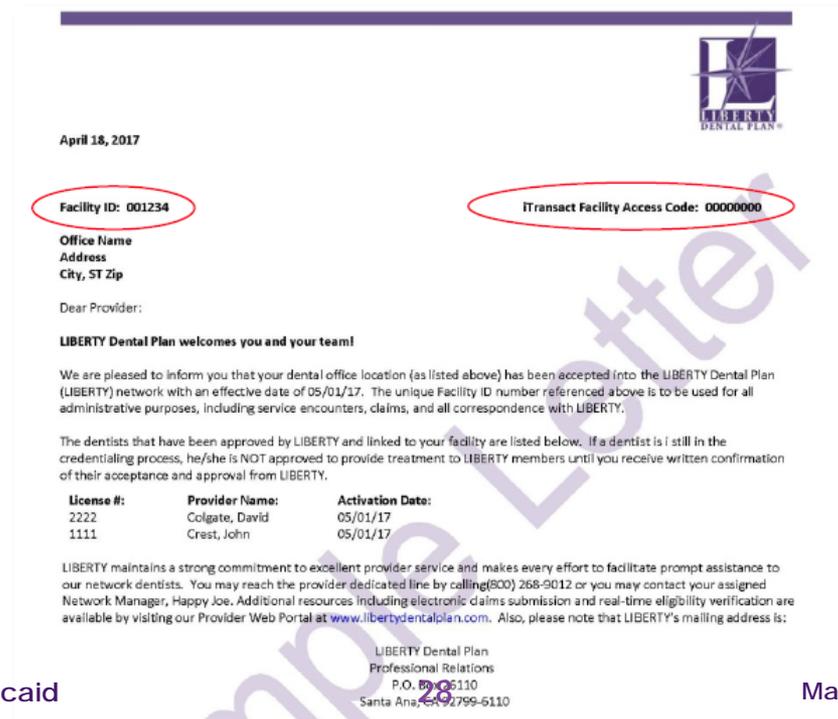
## Office Number & Access Code



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2018 Medicaid Program Provider Training

- 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 Online Provider Portal. If you are unable to locate your Office Number and/or Access Code, please contact our Member Services Department at **888.700.0643** for assistance



# Provider Web Portal Training

## New Office Registration



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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:  
[www.libertydentalplan.com](http://www.libertydentalplan.com)
2. Click on **Register**



# Provider Web Portal Training

## New Office Registration



2. Select **Office** from the drop-down menu as the **TYPE** of user
3. Enter the **Account Information**. Enter your 6-digit Office Number (include leading zeros). Enter your Access Code. The Office Number and Access Code can be found in your LIBERTY Welcome Letter. Enter your Phone Number.
4. Create an Account User First Name and an Account User Last Name
5. Create an Account User Name
6. Create an Account Password
7. **Note:** The Password must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lowercase letter, 1 number and 1 symbol character (!@#\$%&\*).
8. Click **Create Account**

LIBERTY DENTAL PLAN

Home  
Logon

**Create an Account**

1. Choose the TYPE of user you would like to create an account for: **Office** Select

2. Enter the following account information below:

Office Number:

Access Code:

Phone Number: ( ) -

Account User First Name:

Account User Last Name:

Account User Name:

Account Password:

Confirm Password:

Email Address:

Create Account

# Provider Web Portal Training

## My Preferences



- After initial set-up, the user will be directed to the **My Preferences** tab
- Make sure that the default for provider type is set to **Dental**

LIBERTY DENTAL PLAN

LIBERTY Dental Home

Office

Office's Claims

Submit a Claim

Check Eligibility

Check Multiple Eligibilities

My Members

My Providers

My Profile

**My Preferences**

Talk To Us

Attachments

Manage Users

Resources

Logoff

1. Select provider:

NPI	Provider #	Provider Name
<a href="#">Selected All</a>	All	All
<a href="#">Select</a>		

2. Select provider type:  
 Dental  Medical

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

6. How many items to display per page:  
50

7. How many days back for claims lookup:  
Last Month

8. Default to Place of Service on Claim Submission page (HCFA claims only):  
11-office

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

# Provider Web Portal Training

## My Preferences



- Select your office's various **Preferences**
- The Submit a claim default is set to None. We recommend setting it to Service Date(s)
- By doing so, the date of service you enter for the first service line will automatically populate when you click in the Service Date From box for any additional service lines entered when submitting a claim

**My Preferences**

- Talk To Us
- Attachments
- Manage Users
- Resources
- Logoff

7. How many days back for claims lookup: Last 6 Months

8. Default to Place of Service on Claim Submission page (HCFA claims only): 11-office

9. Member Number Search Option ( Member Number / Policy Number ) Member #

10. Submit a claim default options: **Service Date(s)**

11. Default billing currency: Procedure Code

Both

Save

- Click **Save**

# Provider Web Portal Training

## Add a New User



The Administrator can add additional users by:

1. Click on the **Manage Users** tab on the left side of the screen
2. Click **Add a User**
3. Input a **User Name** (must be unique to the user), **Password**, **First Name**, **Last Name and Email Address**. All fields marked with an asterisk (\*) are required
4. Click **Add User**

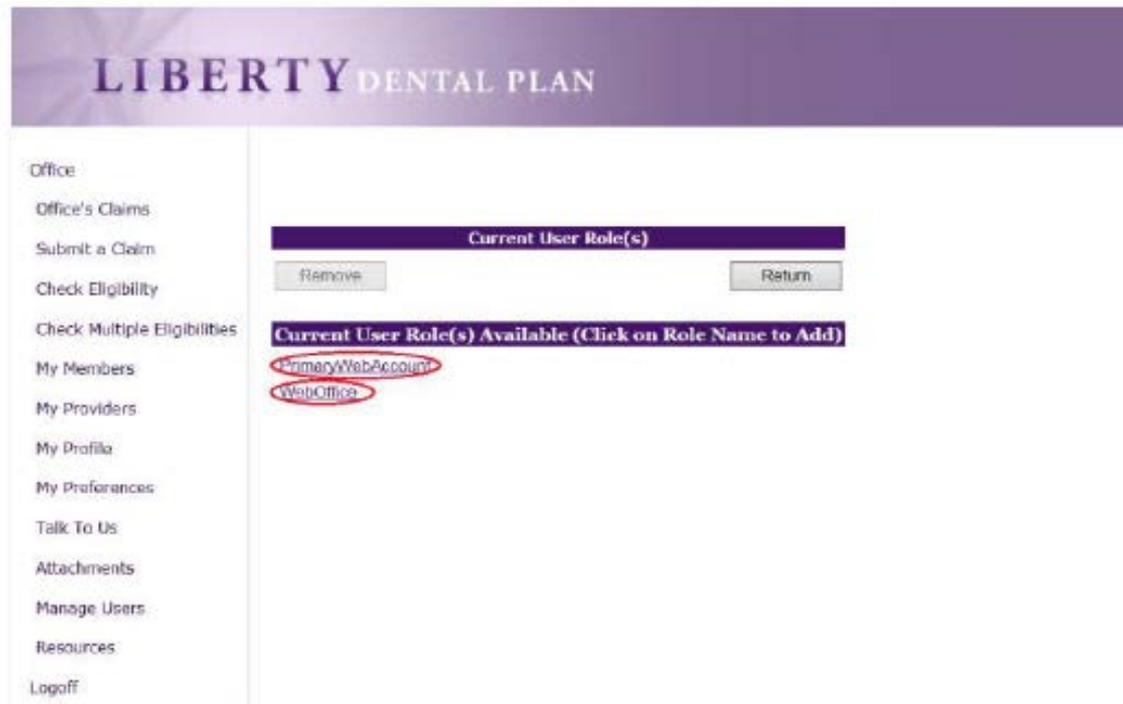
The screenshot displays the Liberty Dental Plan web portal interface. At the top, the logo 'LIBERTY DENTAL PLAN' is visible on the left, and 'LIBERTY Dental Home' is on the right. A navigation menu on the left side includes items like 'Office', 'Office's Claims', 'Submit a Claim', 'Check Eligibility', 'Check Multiple Eligibilities', 'My Members', 'My Providers', 'My Profile', 'My Preferences', 'Talk To Us', 'Attachments', 'Manage Users', 'Resources', and 'Logoff'. The main content area is titled 'Adding additional user to [redacted]'. It contains a form with the following fields: '\*User Name:', '\*Password:', '\*Confirm Password:', '\*First Name:', '\*Last Name:', 'Middle Initial:', and '\*Email Address:'. Each of these fields has a corresponding text input box. Below the form is a button labeled 'Add User', which is circled in red. The top of the form area has a dark purple header with the text 'Adding additional user to [redacted]'.

# Provider Web Portal Training

## Set New User Roles



- We recommend 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)**

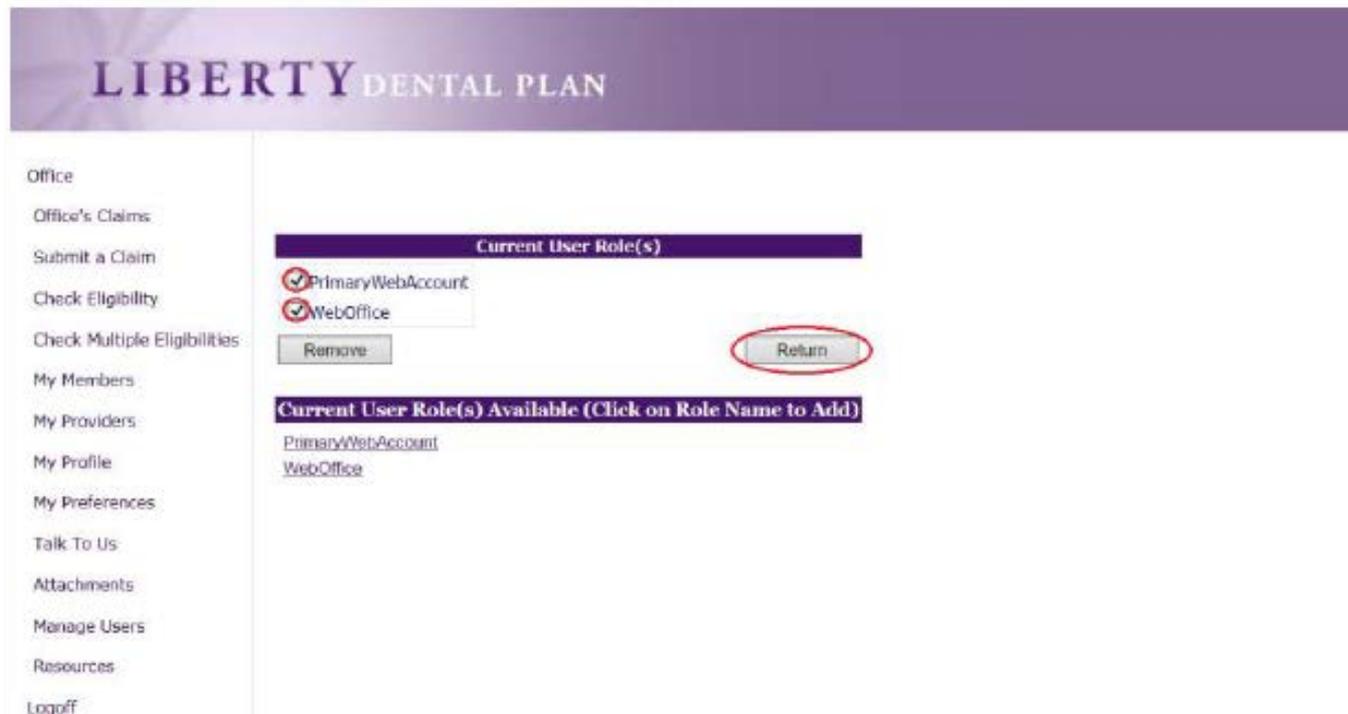


# Provider Web Portal Training

## Set New User Roles



- Check **PrimaryWebAccount** and **WebOffice**, then click **Return**



# Provider Web Portal Training

## Roles



LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training

- **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
- **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

# Provider Web Portal Training

## Enable and Disable Users



- Once a new user is set up, the Office Administrator has the ability to enable or disable their account
  - Click on the **Manage Users** tab on the left side of the screen
  - If the User Status is **Active**, the account is **Enabled**.
  - 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**

User Name	First Name	Last Name	User Status	Change Status
Edit			View Roles Disabled	Enable
Edit			View Roles Disabled	Enable
Edit			View Roles Disabled	Enable
Edit			View Roles Disabled	Enable
Edit			View Roles Disabled	Enable
Edit			View Roles Active	Disable
Edit			View Roles Disabled	Enable
Edit			View Roles Disabled	Enable
Edit			View Roles Disabled	Enable
Edit			View Roles Disabled	Enable

Click **Enable** to reactivate user account

Click **Disable** to deactivate user account

# Provider Web Portal Training

## My Profile



- You can view your office's current business information by clicking on the **My Profile** tab on the left side of the screen. This information can only be updated by contacting the Member Services Department

**LIBERTY DENTAL PLAN**

LIBERTY Dental Home

**Office**

- Office's Claims
- Submit a Claim
- Check Eligibility
- Check Multiple Eligibilities
- My Members
- My Providers
- My Profile**
- My Preferences
- Talk To Us
- Attachments
- Manage Users
- Resources
- Logoff

**Office Properties**

Name:

Address:

Contact Name:

Contact Email:

Phone #:

Fax:

Wheelchair Access:

Available After Hours:

Number Of Physicians Extenders:

Facility Operating Number:

**Office Hours**

Monday: 08:00 AM - 05:00 PM

Tuesday: 08:00 AM - 05:00 PM

Wednesday: 08:00 AM - 05:00 PM

Thursday: 08:00 AM - 05:00 PM

Friday: 08:00 AM - 05:00 PM

Saturday:

Sunday:

**Mapped Providers**

Last Name	First Name	Number	NPI
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Languages**

Name	Use
English	Primary

**Additional Service(s)**

Hospital Privileges  
Sedation

# Provider Web Portal Training

## My Providers



- You can view a list of all the providers linked to your office in our system by clicking on the **My Providers** tab on the left side of the screen. Please contact your Professional Relations Network Manager to add, terminate or request the status of a provider

LIBERTY DENTAL PLAN

Office

Office's Claims

Submit a Claim

Check Eligibility

Check Multiple Eligibilities

My Members

**My Providers**

My Profile

My Preferences

Talk To Us

Attachments

Manage Users

Resources

Logoff

Select your provider:

NPI	Provider #	Provider Name
Selected All	All	All
Select		



1. Click on the **Check Eligibility** tab on the left side of the 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*)
3. Click **Search**

LIBERTY DENTAL PLAN

Office

Office's Claims

Submit a Claim

**Check Eligibility**

Check Multiple Eligibilities

My Members

My Providers

My Profile

My Preferences

Talk To Us

Attachments

Manage Users

Resources

Logoff

**To check eligibility you are required to use 3 (or more) of the 5 fields.  
LIBERTY Dental Plan recommends "First Name, Last Name, and Date Of Birth" for best results.**

**Member Coverage Lookup (enter the following search criteria)**

Member #:  Policy #:

Last Name:  First Name:  DOB:



4. To view a member's benefit utilization, click on 'view' under **Utilizations**
5. To view a member's history, click on 'view' under **History** a. To print a member's history, click on **Print** at the bottom of the history page **Note:** The history page will display **all** history LIBERTY has on file for the selected member
6. To view a Summary of Benefits, click on 'view' under **Benefits**

LIBERTY DENTAL PLAN

Office  
Office's Claims  
Submit a Claim  
**Check Eligibility**  
Check Multiple Eligibilities  
My Members  
My Providers  
My Profile  
My Preferences  
Talk To Us  
Attachments  
Manage Users  
Resources  
Logout

"To check eligibility you are required to use 3 (or more) of the 5 fields."  
LIBERTY Dental Plan recommends "First Name, Last Name, and Date Of Birth" for best results.

Member Coverage Lookup (enter the following)

Member #:  Policy #:   
Last Name:  First Name:  DOB:

3 member coverage(s) found

Utilizations	History	Benefits	Member Facet/est	Member #	Policy #	Last Name	First Name	DOB
x	x	x	x					
x	x	x	x					
x	x	x	x					

# Provider Web Portal Training

## Multiple Member Eligibilities



To check the eligibility of multiple members at one time:

1. Click on the **Check Multiple Eligibilities** tab on the left side of the screen
2. Enter **Last Name, First Name, DOB** and **Date of Service**, or **Member Number** and **Date of Service** (We recommend using **Last Name, First Name, DOB** and **Date of Service** for best results)

**LIBERTY DENTAL PLAN**

office  
Office's Claims  
Submit a Claim  
Check Eligibility  
**Check Multiple Eligibilities**  
My Members  
My Providers  
My Profile  
My Preferences  
Talk To Us  
Attachments  
Manage Users  
Resources  
Logoff

**Eligibility Verification Search**

Information provided below will be cross-checked with member eligibility records for all programs.

You can search by Member Number, Policy Number, Social Security Number or a combination of Member First Name, Last Name and Date of Birth.  
A Service Date is always required.

Remove	Line	Member Number	Member Policy Number	Member SSN	Member Last Name	Member First Name	Member Date of Birth	Date of Service
Remove	1							
Remove	2							
Remove	3							
Remove	4							
Remove	5							
Remove	6							
Remove	7							
Remove	8							
Remove	9							
Remove	10							

\*100% N/A.

Add Search Row(s) Number of Search Row(s) 1

Search

# Provider Web Portal Training

## My Members



Dental homes may view their monthly rosters by clicking on the **My Members** tab located on the left side of the screen. The **My Members** screen allows the user to view all members assigned to the office

The screenshot shows the 'My Members' page in the Liberty Dental Plan provider portal. The page title is 'LIBERTY DENTAL PLAN' and the user is logged in as 'LIBERTY Dental Home'. On the left sidebar, the 'My Members' tab is highlighted. The main content area is titled 'Member Roster for Month:' and shows filters for 'January' and '2016'. A search dropdown is set to 'All' with 'Find' and 'Print' buttons. Below the filters, it says 'View members by last name initial: ALL | A \* B \* C \* D \* E \* E \* G \* H \* I \* J \* K \* L \* M \* N \* O \* P \* Q \* B \* S \* I \* U \* Y \* W \* X \* Y \* Z' and '3 Member(s) Found'. A table displays the member roster with columns for Utilizations, Benefits, Member Facesheet, Add Claim, Member Events, Provider Last Name, Provider #, NPI, Member Number, Last Name, First Name, DOB, Gender, City, State, Zip, Effective, and Expiration. Each row has 'view' links for Utilizations, Benefits, Member Facesheet, and Add Claim, and 'add' links for Member Events.

Utilizations	Benefits	Member Facesheet	Add Claim	Member Events	Provider Last Name	Provider #	NPI	Member Number	Last Name	First Name	DOB	Gender	City	State	Zip	Effective	Expiration
view	view	view	add	add													
view	view	view	add	add													
view	view	view	add	add													

# Provider Web Portal Training

## Submit a Claim



## LIBERTY DENTAL PLAN

Office

Office's Claims

**Submit a Claim**

Check Eligibility

Check Multiple Eligibilities

My Members

My Providers

My Profile

My Preferences

Talk To Us

Attachments

Manage Users

Resources

Logout

THE FOLLOWING STATEMENT IS APPLICABLE TO APPEALS ONLY, AND NOT FOR INITIAL CLAIM OR PRE-ESTIMATE SUBMISSIONS:

Expedited/Emergency services are available if the member is experiencing pain, swelling, bleeding, infection or other life threatening conditions that could jeopardize life, limb or bodily function. The Plan does not consider denture fabrication or periodontal services as expedited/emergency services. In the event that a member is experiencing a dental emergency and you are submitting an expedited appeal on their behalf, please contact the Quality Management Department at 1-888-763-6999 ext. 5383.

IF YOU HAVE NOT RECEIVED A DENIAL, you may use the form below to submit your claim(s) or pre-estimate to LIBERTY:

**Dental Claim (ADA)**  
  **Pre-Estimate Claim (EST)**  
  **Referral (RES)**

Provider:

< Select a provider >

Vendor:

< Please select a provider first >

Patient: (Please select a patient)

Member #:  Policy #:

Last Name:  First Name:  DOB:

Patient Acct #:  Billed Currency:

Remove	Line	Serv. Date From	Procedure Code	Tooth	Quadrant	Surface	POS	Amount	Description
Remove	1	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	2	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	3	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	4	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	5	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	6	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	7	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	8	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	9	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				
Remove	10	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>				

Add service line(s) # of lines:   Total Charge:

# Provider Web Portal Training

## Submit a Claim



1. Click on the **Submit a Claim** tab on the left side of the screen
2. Click on **Dental Claim (ADA)** or **Pre-Estimate Claim (EST)** radio button (see next page for **Referral (RES)** submission)
  - a. Choose treating provider from **Provider** drop-down menu
  - b. Choose office/location from **Vendor** drop-down menu for **(ADA)** or **(EST)** submission
  - c. Input patient information i.e. **Last Name, First Name** and any combination of **Member #, Policy #** or **DOB** (*We recommend using **Last Name, First Name** and **DOB** for best results*)
  - d. 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)**

# Medicaid Program Overview

## ICD-10 – Claim Submission- Web Portal



LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training

Patient Acct #:  Referral #:  Authorization #:

Billed Currency:

Remove	Line	Serv. Date From	Procedure Code	Tooth	Quadrant	Surface	POS	Amount	Description
<input type="button" value="Remove"/>	1	12/4/2017 <input type="button" value="v"/>	<input type="text" value="D0140"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	A
<input type="button" value="Remove"/>	2	12/4/2017 <input type="button" value="v"/>	<input type="text" value="D0220"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	A
<input type="button" value="Remove"/>	3	12/4/2017 <input type="button" value="v"/>	<input type="text" value="D0230"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	A
<input type="button" value="Remove"/>	4	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	
<input type="button" value="Remove"/>	5	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	
<input type="button" value="Remove"/>	6	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	
<input type="button" value="Remove"/>	7	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	
<input type="button" value="Remove"/>	8	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	
<input type="button" value="Remove"/>	9	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	
<input type="button" value="Remove"/>	10	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="v"/>	<input type="text"/>	11-office <input type="button" value="v"/>	<input type="text"/>	

Add service line(s) # of lines:

Total Charge:

**Additional Information**

Does the Member have another health plan?

**Remarks**

A. Z01.20

**Treatment Resulting From**

Occupational illness/injury  Auto Accident  Other Accident

**Is Treatment for Orthodontics?**

Yes  No

Date Appliance Placed:

# Provider Web Portal Training

## Submission with Additional Info



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 a 2MB limit per attachment
2. Check both **I Agree** boxes
3. Click **Submit Claim**

The screenshot shows the 'Submit a Claim' form with the 'Additional Information' section expanded. The form includes the following fields and options:

- Additional Information:** A checkbox that is checked.
- Does the Member have another health plan?:** A dropdown menu.
- Remarks:** A text area for entering comments.
- Treatment Resulting From:** Radio buttons for Occupational illness/injury, Auto Accident, and Other Accident. Includes a Date Of Accident field and an Auto Accident State dropdown.
- Is Treatment for Orthodontics?:** Radio buttons for Yes and No. Includes a Date Appliance Placed field and a Months of Total field.
- Missing Teeth Information:** A text field with the instruction 'separate tooth number by commas'.
- Replacement of Prosthesis?:** A dropdown menu and a Date Prior Placement field.
- Add File:** A button for attaching files.
- I Agree (Patient):** A checked checkbox with the text: 'PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment above.'
- I Agree (Insured):** A checked checkbox with the text: 'INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described above.'
- Submit Claim:** A button at the bottom right.

# Provider Web Portal Training

## Resubmit/Correct a Claim



1. To resubmit/correct a claim, pre-estimate or referral, click on the **Office's Claims** tab on the left side of the screen
2. Click on **Search by Date**, **Search by Claim Number** or **Search by Patient Account Number** radio buttons to find the claim, pre-estimate or referral that needs to be resubmitted/corrected
3. Once the claim is found, click on the **number** under the Claim # column of the claim that needs to be resubmitted/corrected

LIBERTY DENTAL PLAN

Office

**Office's Claims**

Submit a Claim

Check Eligibility

Check Multiple Eligibilities

My Members

My Providers

My Profile

My Preferences

Talk To Us

Attachments

Manage Users

Resources

Logout

Search by Date
  Search by Claim Number
  Search by Patient Account Number

Claim Type:  Claim Status:

Date Criteria:  Date From:  Date To:

Member:  \*optional, list name or number # Policy #:

Provider:

1 of 1 Claim(s) found. - If Claim(s) found is 500 or more, not all claims will be returned. Please modify your search to ensure all claims are returned.

Claim #	Provider Last Name	Provider #	Member #	Policy #	Member Last Name	Member First Name	Patient Last #	Est. CLM #	Claim Status	Service Date From	Service Date To	Billed Successes	Charges	Date Received
<b>R094621 BY</b>														

CLAIM STATUS	EXPLANATIONS
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

# Provider Web Portal Training

## Resubmit/Correct a Claim



- After the Explanation of Payment is displayed, click on **Resubmit Claim**

**LIBERTY DENTAL PLAN**

Please note our website is under construction and the reports returned may look differently during this process.

This document has been received.  
This document may not reflect the final determination. Please verify the "Claim Status" on the claims screen.

\* Pending = Claim is not complete. Claim is being reviewed and may not reflect the benefit determination.  
\* Complete = Claim is complete and 1 or more items has been approved  
\* Denied = Claim is complete and all items have been denied

For additional information, please call 888-703-6999.

**Las Vegas Sands Corp., LV**  
EXPLANATION OF PAYMENT

PATIENT:  
PATIENT NUMBER:  
CLAIM NUMBER:  
PROVIDER NUMBER:  
PROVIDER NAME:

#	DOI	Code	Procedure Description	Tooth	Surface	Total Charge	Allowed Amt	Co-Pay	Deductible	Co-Insur	Exp From Insur	Total Insur	COB
1	41818	D0125	Dental anal evaluation			47.00	20.00	100	0.00	0.00	0.00	20.00	000
2	41814	D0110	Dentition, x-ray			84.00	40.00	100	0.00	0.00	0.00	40.00	000
3	41818	D0174	Bitewing, four radiographic images			81.00	37.00	100	0.00	0.00	0.00	37.00	000
4	41818	D0429	Intraoral, panoramic, four radiographic images			20.00	17.00	100	0.00	0.00	0.00	17.00	000
5	41818	D0254	Intraoral, periapical, each with 1 radiographic image			21.00	12.00	100	0.00	0.00	0.00	12.00	000
<b>TOTALS:</b>						<b>254.00</b>	<b>127.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>127.00</b>	<b>000</b>

# SERVICE LINE EXPLANATION

PAYMENT HISTORY

Check Date	Check Number	Check Amount	Pay Type	Void Date
------------	--------------	--------------	----------	-----------

The vendor dentist is a qualified PPO provider who "Always Answer" is accepted in payment in full. This includes deductibles, co-payments and provisions not paid due to payment limitations or when the Annual Maximum has been reached. When the amount for "One Year Benefit" for dental is reached in total to reflect the "Always Answer". The number is recorded for the "Total Charge" when the provider is cash-on-hand service.

# Provider Web Portal Training

## Resubmit/Correct a Claim



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

**LIBERTY DENTAL PLAN**

Office's Claims  
**Submit a Claim**  
 Check Eligibility  
 Check Multiple Eligibilities  
 My Members  
 My Providers  
 My Profile  
 My Preferences  
 Talk To Us  
 Attachments  
 Manage Users  
 Resources  
 Logoff

THE FOLLOWING STATEMENT IS APPLICABLE TO APPEALS ONLY, AND NOT FOR INITIAL CLAIM OR PRE-ESTIMATE SUBMISSIONS:  
 Expedited/Emergency services are available if the member is experiencing pain, swelling, bleeding, infection or other life threatening conditions that could jeopardize life, limb or bodily function. The Plan does not consider denture fabrication or periodontal services as expedited/emergency services. In the event that a member is experiencing a dental emergency and you are submitting an expedited appeal on their behalf, please contact the Quality Management Department at 1-818-702-6000, ext. 5383.

IF YOU HAVE NOT RECEIVED A DENIAL, you may use the form below to submit your claim(s) or pre-estimate to LIBERTY:

Provider:

Vendor:

Patient:  [Change](#)

Member #:  Policy #:  Last Name:  First Name:  DOB:  Group:  Eff. Date:  Exp. Date:

Patient Acct #:  Referral #:  Authorization #:

Billed Currency:  U.S. dollar  [View Original Claim](#)

Remove Line	Serv. Date From	Procedures Code	Tooth	Quadrant	Surface	POS	Amount	Description
Remove 1	4/16/2016	D0120				11-office	47.00	
Remove x	4/16/2016	D1110				11-office	88.00	
Remove 3	4/16/2016	D0274				11-office	66.00	
Remove 4	4/16/2016	D0220				11-office	30.00	
Remove 5	4/16/2016	D0230				11-office	25.00	
Remove 6						11-office		
Remove 7						11-office		
Remove 8						11-office		
Remove 9						11-office		
Remove **						11-office		

Add service line(s) # of lines:  1

Total Charge: \$255.00

# Provider Web Portal Training

## Resubmit/Correct a Claim



- 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 a 2MB limit per attachment
- Check both **I Agree** boxes
- Click **Submit Claim**

**Additional Information**

Does the Member have another health plan?

Remarks

Treatment Resulting From  
 Occupational illness/injury  Auto Accident  Other Accident  
Date Of Accident:  Auto Accident State:

Is Treatment for Orthodontics?  
 Yes  No  
Date Appliance Placed:   
Months of Total:  Months of Treatment Remaining:

Missing Teeth Information separate tooth number by commas

Replacement of Prosthesis?  
 Date Prior Placement:

Add File

I Agree PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment above.

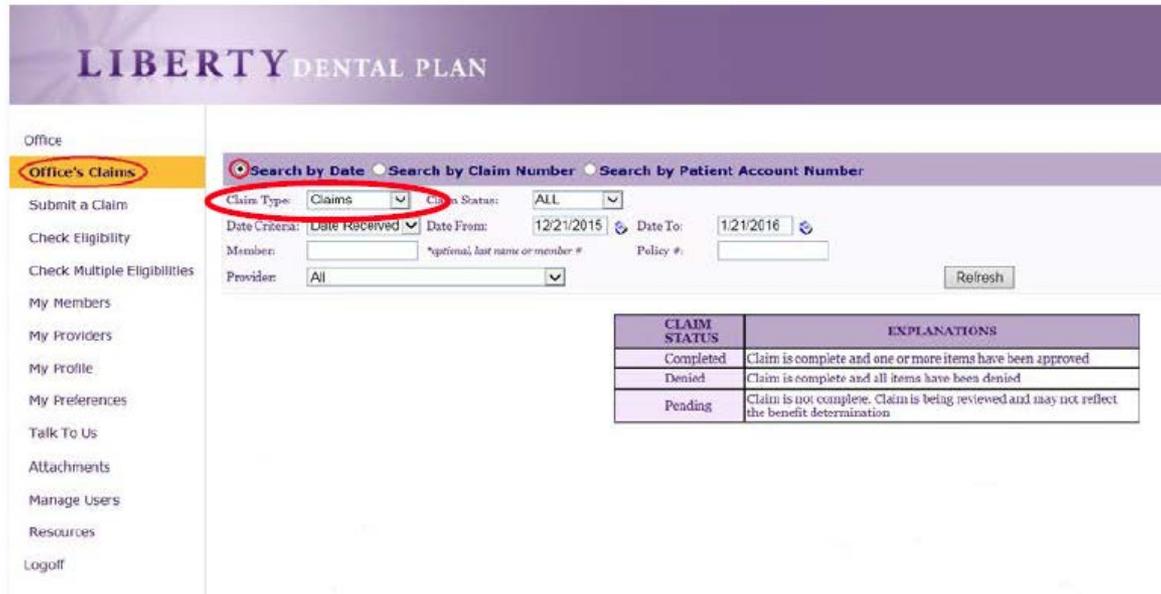
I Agree INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
I authorize payment of medical benefits to the undersigned physician or supplier for services described above.

Submit Claim

# Provider Web Portal Training

## Check the Status of a Claim

1. To view a Claim, Pre-Estimate or Referral associated with your office, click on the **Office's Claims** tab on the left side of the screen
2. Click on **Search by Date**, **Search by Claim Number** or **Search by Patient Account Number** radio buttons
3. When searching by date, use the **Claim Type** drop-down menu to select **Claims**, **Pre-Estimate** or **Referral**



The screenshot displays the Liberty Dental Plan web portal interface. On the left, a navigation menu includes 'Office's Claims', 'Submit a Claim', 'Check Eligibility', 'Check Multiple Eligibilities', 'My Members', 'My Providers', 'My Profile', 'My Preferences', 'Talk To Us', 'Attachments', 'Manage Users', 'Resources', and 'Logoff'. The 'Office's Claims' tab is highlighted. The main content area features search options: 'Search by Date', 'Search by Claim Number', and 'Search by Patient Account Number'. The 'Search by Date' option is selected. Below this, there are search criteria: 'Claims Type' (set to 'Claims'), 'Claim Status' (set to 'ALL'), 'Date Criteria' (set to 'Date Received'), 'Date From' (set to '12/21/2015'), 'Date To' (set to '1/21/2016'), 'Member' (with a note 'Optional, last name or member #'), and 'Provider' (set to 'All'). A 'Refresh' button is located to the right of the search criteria. Below the search area, a table titled 'CLAIM STATUS' and 'EXPLANATIONS' is displayed.

CLAIM STATUS	EXPLANATIONS
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

# Provider Web Portal Training

## Search for a Claim



- Click on the **Search by Claim Number** radio button and enter the claim number

The screenshot shows the Liberty Dental Plan web portal. The header includes the logo and the text "LIBERTY DENTAL PLAN". On the left is a navigation menu with items like "Office", "Office's Claims", "Submit a Claim", "Check Eligibility", "Check Multiple Eligibilities", "My Members", "My Providers", "My Profile", and "My Preferences". The main content area has three radio buttons: "Search by Date", "Search by Claim Number" (which is selected), and "Search by Patient Account Number". Below these is a "Claim number:" input field and a "Search" button. At the bottom right, there is a table with two columns: "CLAIM STATUS" and "EXPLANATIONS".

CLAIM STATUS	EXPLANATIONS
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

- Or click on the **Search by Patient Account Number** radio button and enter the account number

The screenshot shows the Liberty Dental Plan web portal. The header includes the logo and the text "LIBERTY DENTAL PLAN". On the left is a navigation menu with items like "Office", "Office's Claims", "Submit a Claim", "Check Eligibility", "Check Multiple Eligibilities", "My Members", "My Providers", "My Profile", and "My Preferences". The main content area has three radio buttons: "Search by Date", "Search by Claim Number", and "Search by Patient Account Number" (which is selected). Below these is a "Patient Acct #:" input field and a "Providers:" dropdown menu set to "All", followed by a "Search" button. At the bottom right, there is a table with two columns: "CLAIM STATUS" and "EXPLANATIONS".

CLAIM STATUS	EXPLANATIONS
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

# Provider Web Portal Training

## Attachments



LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training

- Here you will find unique documents available specific to your office

A screenshot of the Liberty Dental Plan web portal. The header is a dark purple bar with the text "LIBERTY DENTAL PLAN" in white. Below the header is a navigation menu on the left side, listing various options: Office, Office's Claims, Submit a Claim, Check Eligibility, Check Multiple Eligibilities, My Members, My Providers, My Profile, My Preferences, Talk To Us, Attachments (highlighted with a yellow background and a red oval), Manage Users, Resources, and Logoff. The main content area on the right displays the message "You do not have any attachments at this time" in a light purple font.

# Provider Web Portal Training

## Resources

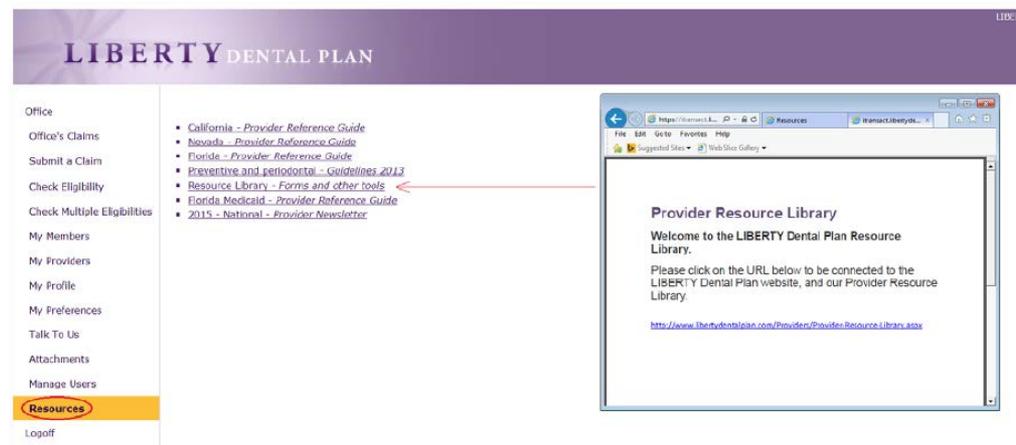


LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training

Forms and Provider Reference Guides can be downloaded from the iTransact/LIBERTY website

1. Click on the **Resources** tab on the left side of the screen to view and download the following:
  - a. Provider Reference Guides
    - a. Preventative and Periodontal Guidelines
    - b. Provider Newsletters
    - c. Online Provider Portal User Guide
2. Click on **Resource Library – Forms and other tools** which will launch a new web browser
3. Click on the link provided at the bottom of the web page to launch the **Provider Resource Library**



# Provider Web Portal Training

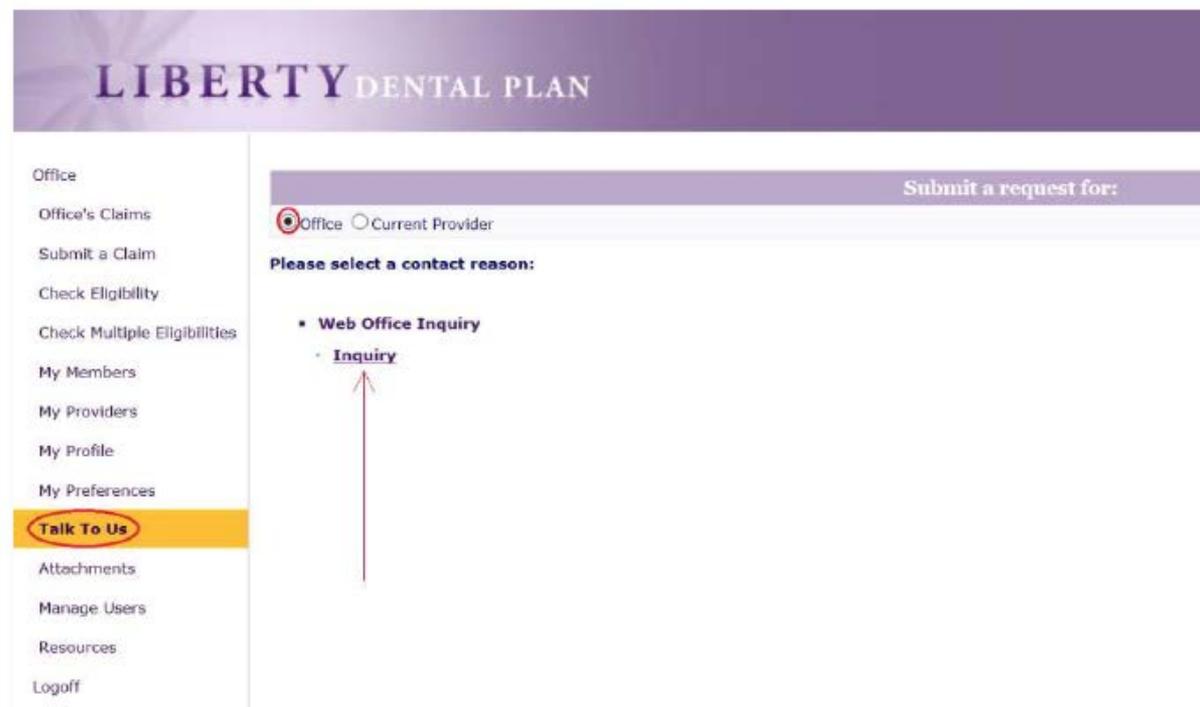
## Talk to Us



LIBERTY DENTAL PLAN

2018 Medicaid Program Provider Training

- A LIBERTY Representative can be contacted through the Online Provider Portal by clicking the **Talk To Us** tab on the left side of the screen
  1. Click on **Office** radio button
  2. Click **Inquiry**





3. Enter the **Subject**
4. Enter the **Details**
5. Attach any pertinent files
6. Process Request

LIBERTY DENTAL PLAN

Office

Office's Claims

Submit a Claim

Check Eligibility

Check Multiple Eligibilities

My Members

My Providers

My Profile

My Preferences

Talk To Us

Attachments

Manage Users

Resources

Logoff

**Talk To Us:** (Please be sure to fill out all required fields)

Contact Reason: **Inquiry**

Description: Inquiry

\*Subject:

\*Details:

Attachment(s):

# Provider Web Portal Training

## Don't Forget to Logoff



- Click Logoff located at the bottom

The screenshot shows the Liberty Dental Plan provider web portal. The header includes the logo and the text "LIBERTY DENTAL PLAN". A left sidebar contains navigation links: Office, Office's Claims (highlighted), Submit a Claim, Check Eligibility, Check Multiple Eligibilities, My Members, My Providers, My Profile, My Preferences, Talk To Us, Attachments, Manage Users, Resources, and Logoff (circled in red). The main content area has search tabs: Search by Date (selected), Search by Claim Number, and Search by Patient Account Number. Search criteria include Claim Type (Claims), Claim Status (ALL), Date Criteria (Date Received), Date From (01/12/2016), Date To (1/12/2016), Member (optional last name or member ID), and Provider (All). A Refresh button is present. Below the search area, it says "No claim found." and a table with the following data:

CLAIM STATUS	EXPLANATIONS
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



# Questions?



LIBERTY Dental Plan of Nevada

# Thanks You

For participating in our 2018 Medicaid Program Provider Training

