Online Provider Portal User Guide

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Getting Started

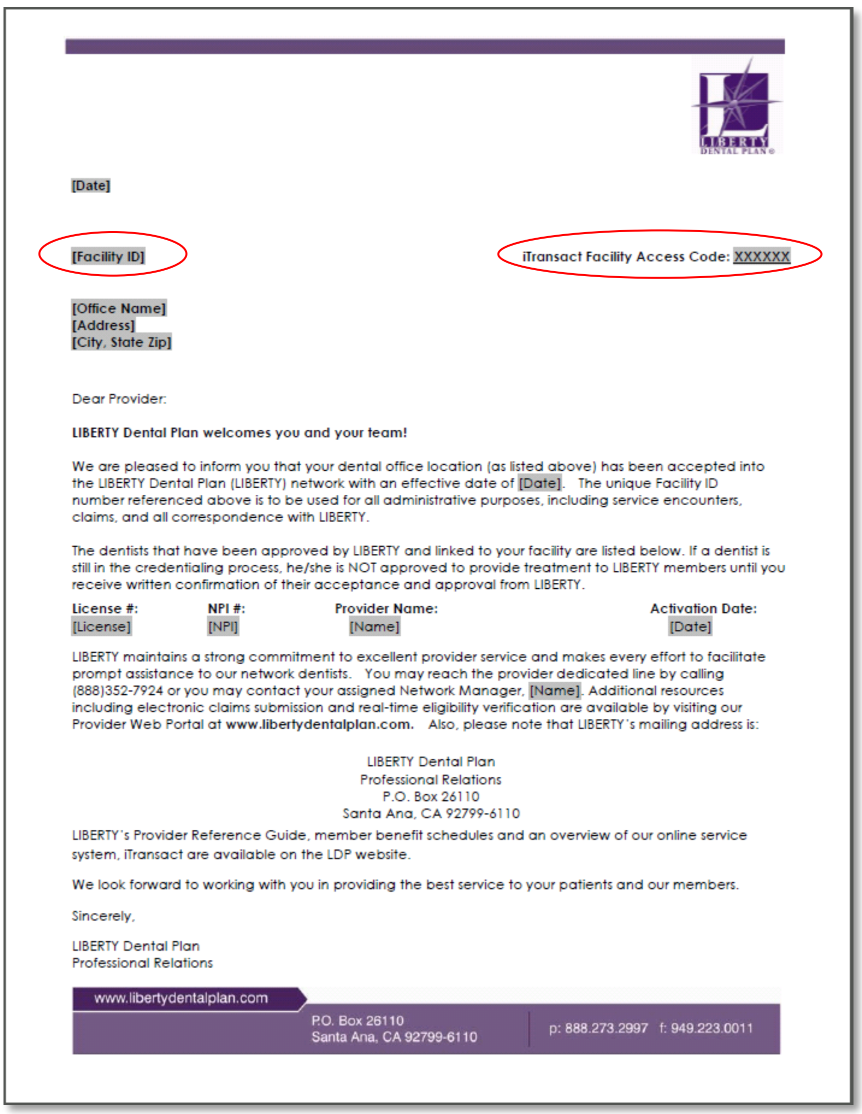
LIBERTY Dental Plan (LIBERTY) offers 24/7 real-time access to information and tools through our secure Online Provider Portal.

System Requirements

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

Office Number and Access Code

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 Professional Relations Department at (888) 352-7924 for assistance.



[Date]

[Facility ID]

iTransact Facility Access Code: XXXXXX

[Office Name]
[Address]
[City, State Zip]

Dear Provider:

LIBERTY Dental Plan welcomes you and your team!

We are pleased to inform you that your dental office location (as listed above) has been accepted into the LIBERTY Dental Plan (LIBERTY) network with an effective date of [Date]. The unique Facility ID number referenced above is to be used for all administrative purposes, including service encounters, claims, and all correspondence with LIBERTY.

The dentists that have been approved by LIBERTY and linked to your facility are listed below. If a dentist is still in the credentialing process, he/she is NOT approved to provide treatment to LIBERTY members until you receive written confirmation of their acceptance and approval from LIBERTY.

License #:	NPI #:	Provider Name:	Activation Date:
[License]	[NPI]	[Name]	[Date]

LIBERTY maintains a strong commitment to excellent provider service and makes every effort to facilitate prompt assistance to our network dentists. You may reach the provider dedicated line by calling (888)352-7924 or you may contact your assigned Network Manager, [Name]. Additional resources including electronic claims submission and real-time eligibility verification are available by visiting our Provider Web Portal at **www.libertydentalplan.com.** Also, please note that LIBERTY's mailing address is:

LIBERTY Dental Plan
Professional Relations
P.O. Box 26110
Santa Ana, CA 92799-6110

LIBERTY's Provider Reference Guide, member benefit schedules and an overview of our online service system, iTransact are available on the LDP website.

We look forward to working with you in providing the best service to your patients and our members.

Sincerely,

LIBERTY Dental Plan
Professional Relations

www.libertydentalplan.com
P.O. Box 26110
Santa Ana, CA 92799-6110
p: 888.273.2997 f: 949.223.0011

New Office Registration

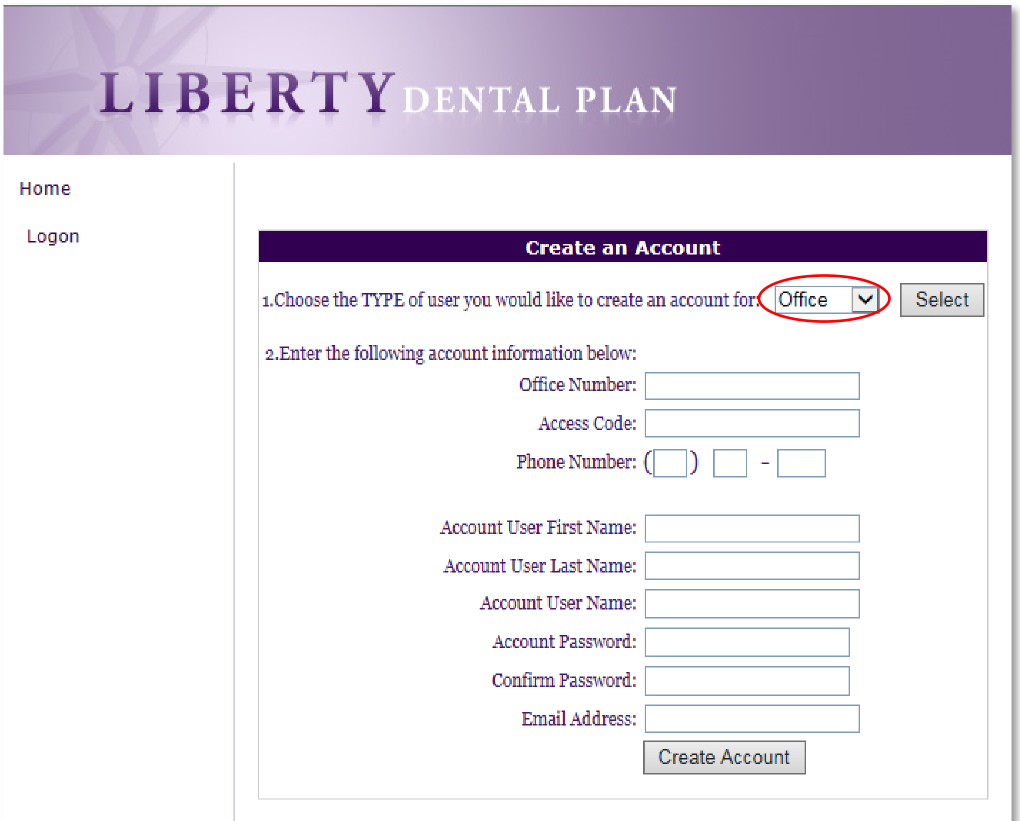
Register a New Office

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: www.libertydentalplan.com
2. Click on **Register**

Register a New Office *continued*

3. Select **Office** from the drop-down menu as the **TYPE** of user

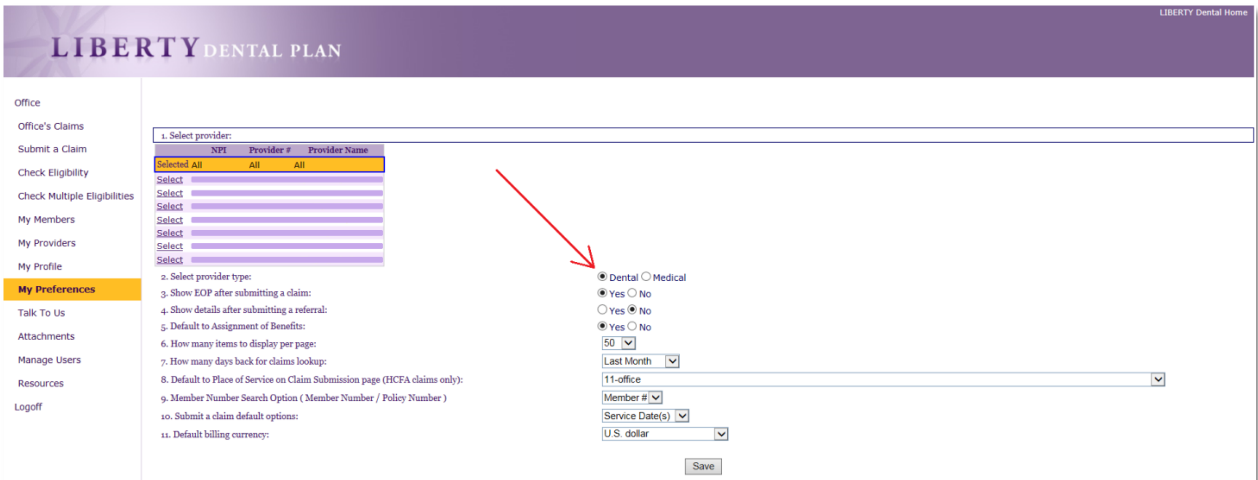


4. Enter the **Account Information**. Enter your 6-digit Office Number (include leading zeros). Enter your Access Code. The Office Number and Access Code can be found in your LIBERTY Welcome Letter. Enter your Phone Number.
5. Create an Account User First Name and an Account User Last Name
6. Create an Account User Name
7. Create an Account 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 lowercase letter, 1 number and 1 symbol character (!@#$%&*).
8. Click **Create Account**

My Preferences

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

1. Make sure that the default for provider type is set to **Dental**



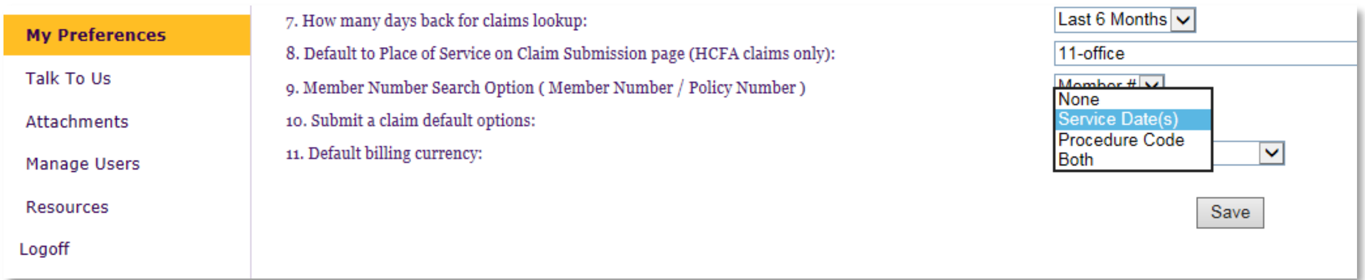
2. Select your office's various **Preferences**

Note: The Evidence of Payment (EOP) is sent to providers and the Evidence of Benefits (EOB) is sent to members.

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

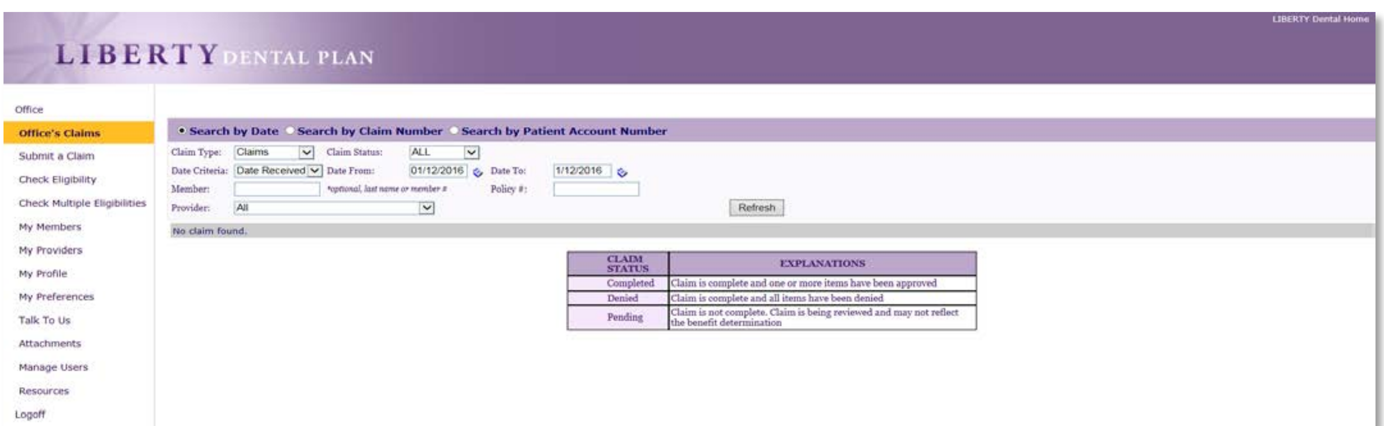
My Preferences *continued*

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. (The steps on how to submit a claim, pre-estimate and referral will be explained in further detail; see pages 21-22)



3. Click **Save**

Once your preferences have been saved, or after login, the **Office's Claims** tab is the default screen. (This screen and its function will be explained in further detail; see page 27)

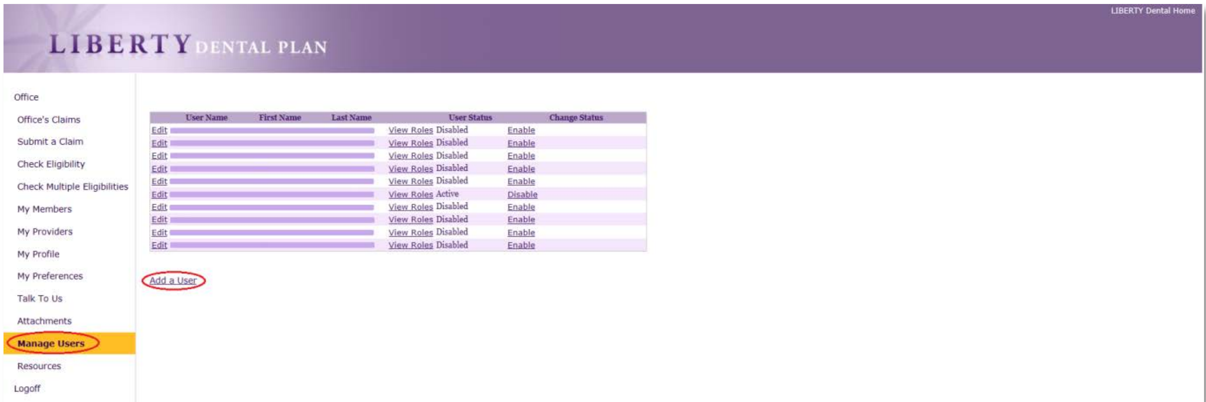


Your office's preferences can be updated at any time by clicking on the **My Preferences** tab on the left side of the screen.

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.

   Note: The password entered on this screen is a temporary password. The user will be asked to create their permanent password upon first log on attempt.

4. Click **Add User**

Set New User Roles

1. 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)**.

2. Check **PrimaryWebAccount** and **WebOffice**, then click **Return**

Roles:

- **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.

Enable and Disable Users

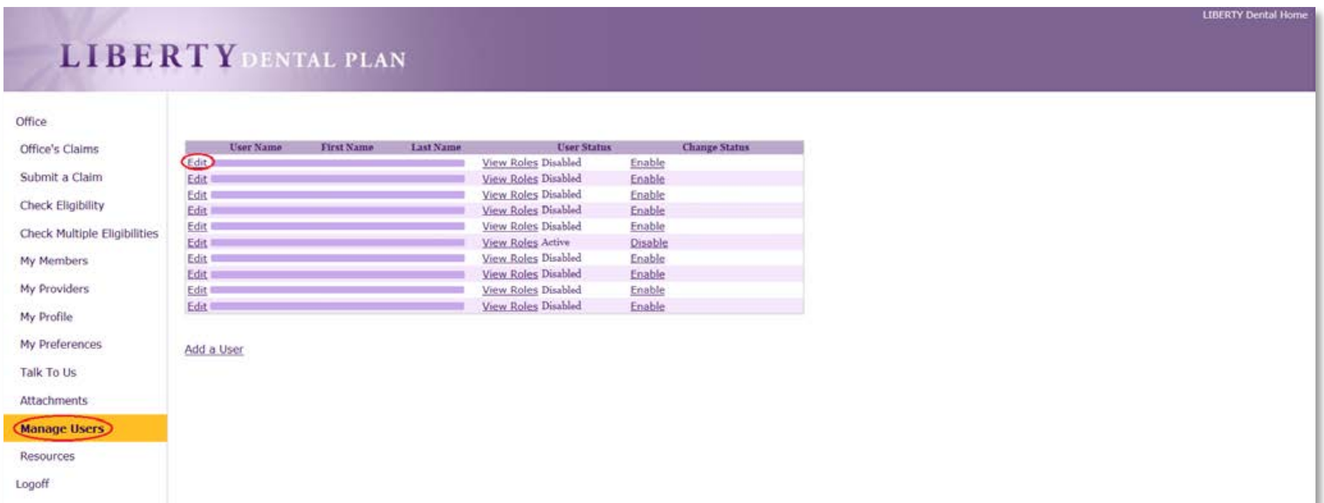
Once a new user is set up, the Office Administrator has the ability to enable or disable their account.

1. Click on the **Manage Users** 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**.

Edit User Information

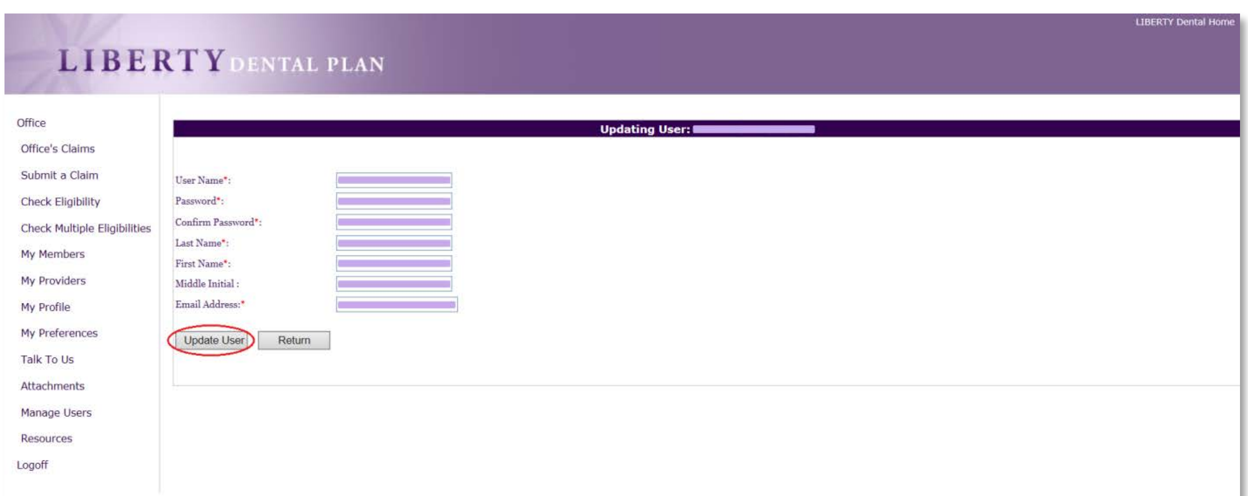
The Office Administrator can edit a user's information:

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



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.



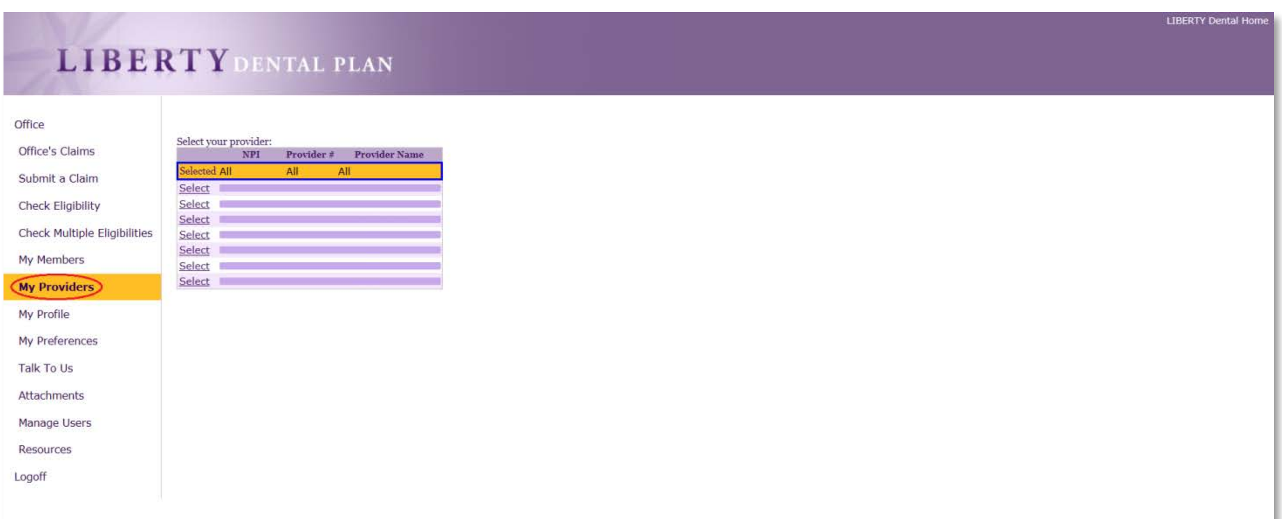
4. Click **Update User**

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 your Professional Relations Network Manager.

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.



Accessing Your User Account

Log On

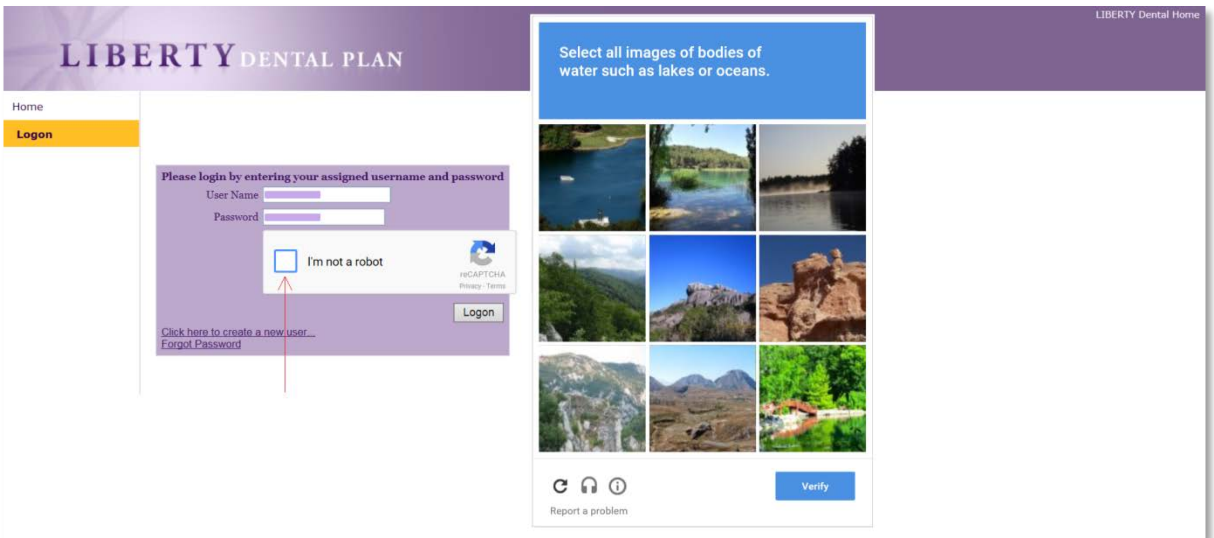
Please visit www.libertydentalplan.com.

1. Click on **LOGIN**

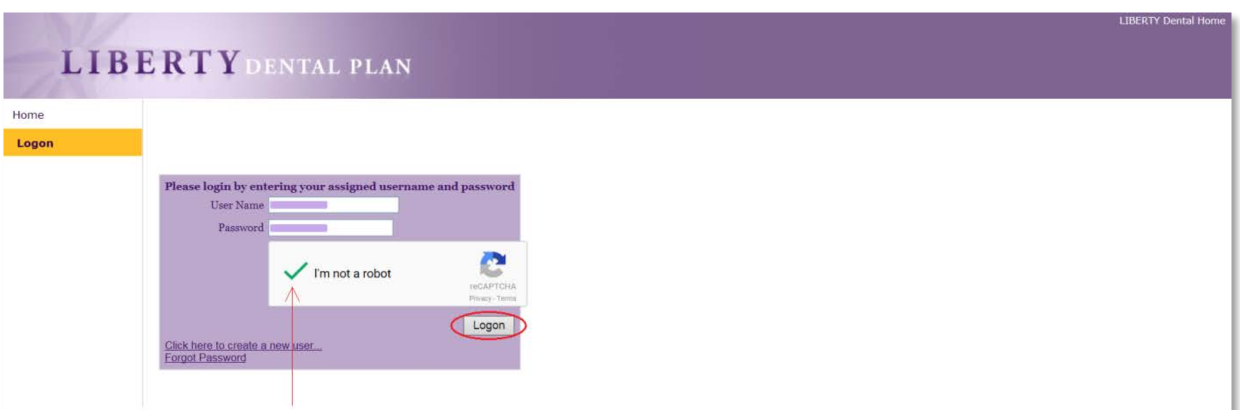
Accessing Your User Account *continued*

On the next 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

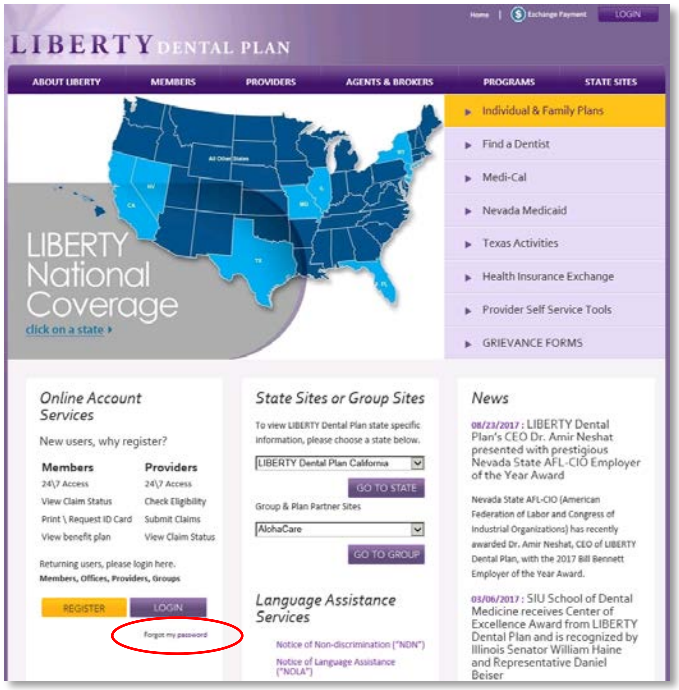


6. Ensure you see a green check mark next to **I'm not a robot**
7. Click **Logon**

Password Reset

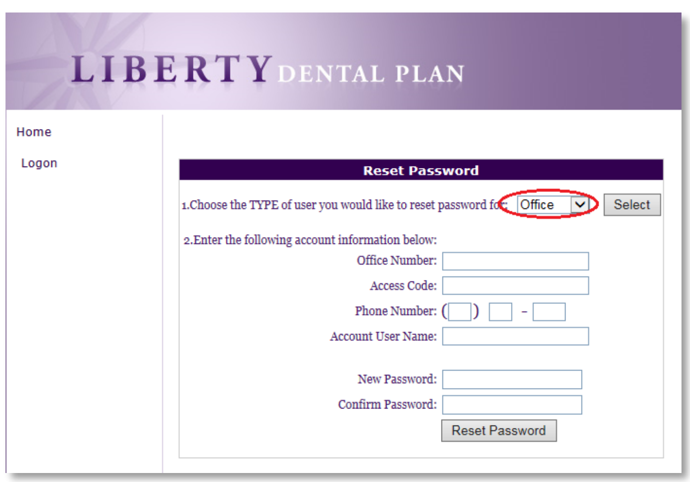
Please visit www.libertydentalplan.com.

1. Click **Forgot my password**



On the next screen:

2. Select **Office** from the drop-down menu as the **TYPE** of user
3. Enter the **Account Information**. The Office Number and Access Code can be found in your LIBERTY Welcome Letter.

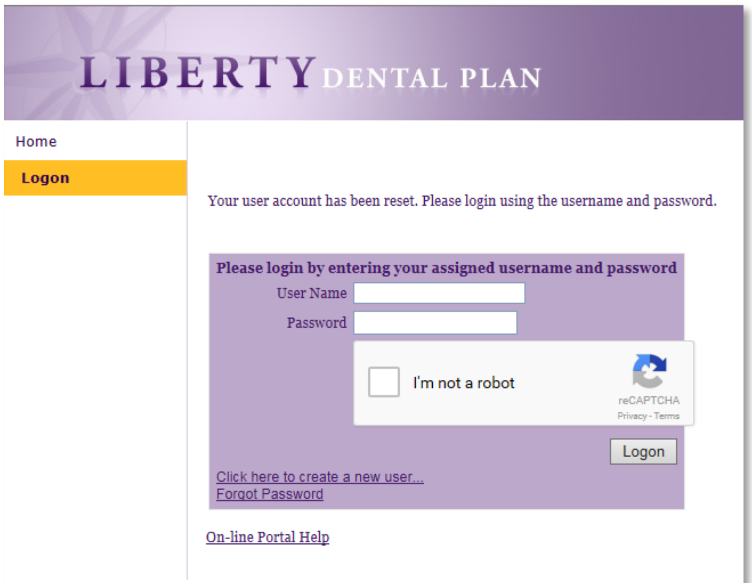


4. Click **Reset Password**

Password Reset *continued*

On the next screen:

5. Type in **User Name** and **Password**



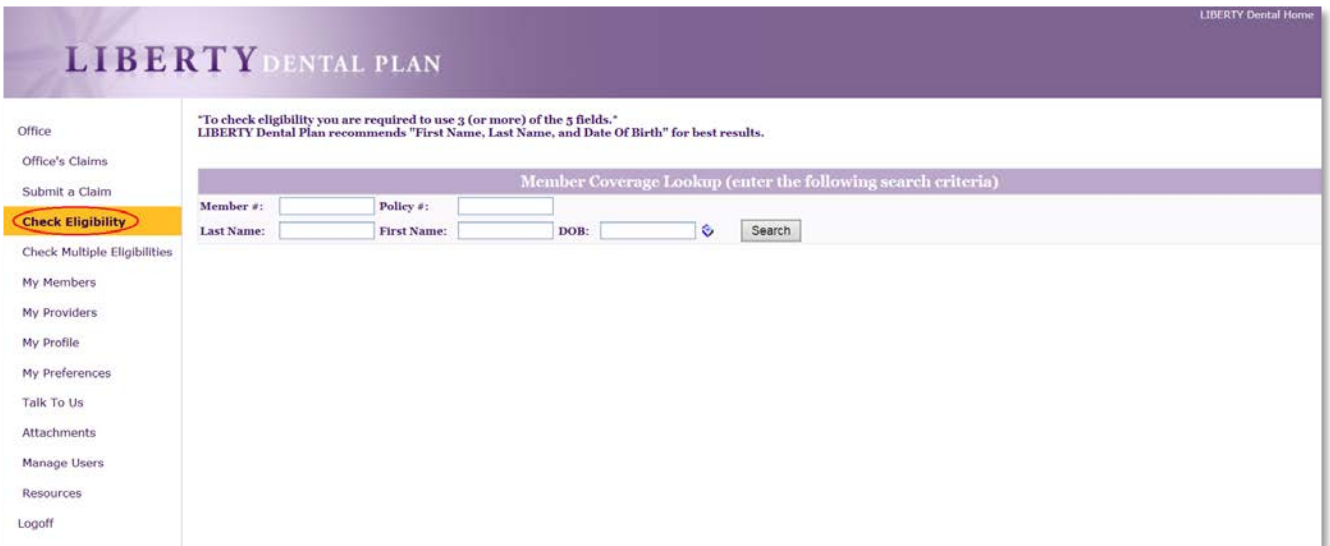
6. Check **I'm not a robot** box to open the reCAPTCHA window
7. Follow the instructions and select the appropriate images in the reCAPTCHA window
8. Click **Verify** in the reCAPTCHA window
9. Ensure you see a green check mark next to **I'm not a robot**
10. Click **Logon**

Member Eligibility and Benefits

Check Member Eligibility

To check member eligibility:

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**

Check Member Eligibility *continued*

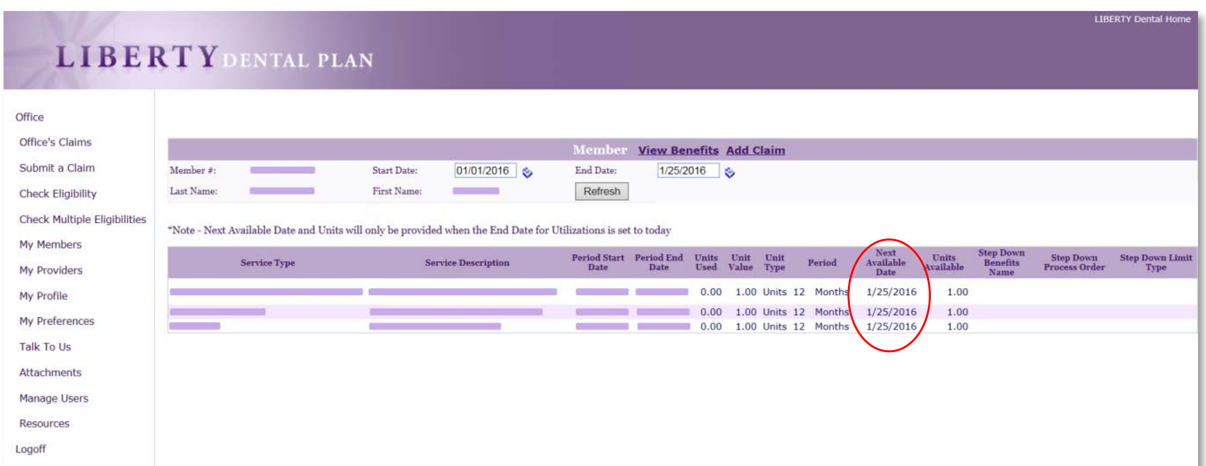
4. To view a member's benefit utilization, click on 'view' under **Utilizations**
5. To view a member's history, click on 'view' under **History**
    a. To print a member's history, click on **Print** at the bottom of the history page

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**

Member Utilization Screen

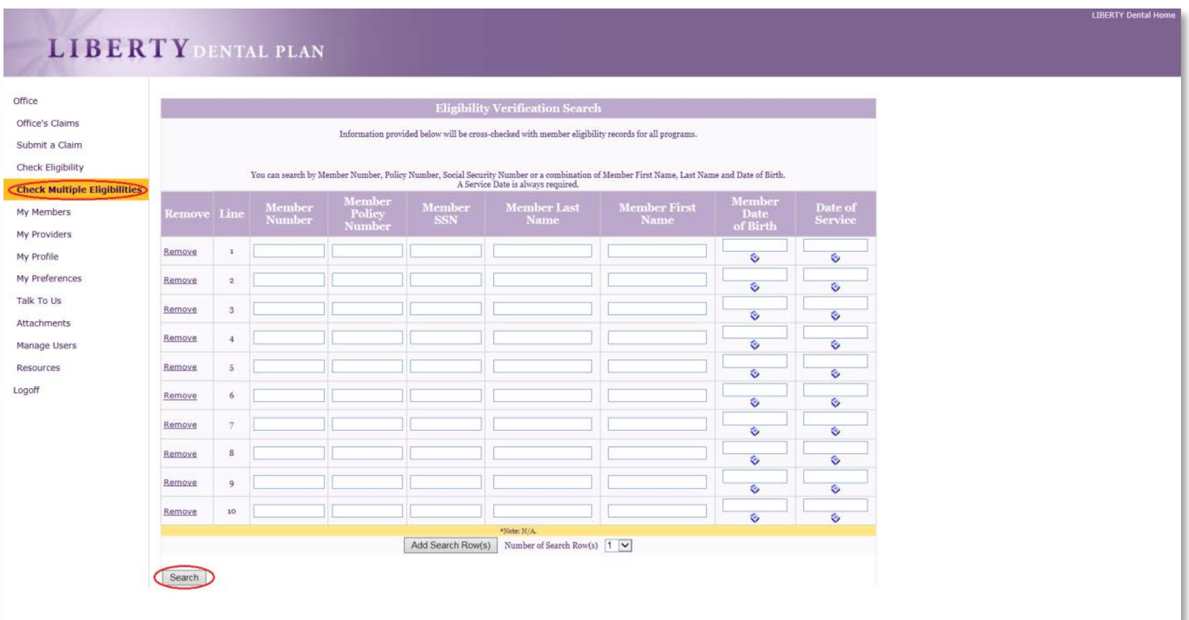
LIBERTY recommends that the user refer to the **Next Available Date** when determining member's next earliest service type.



Check Multiple Member Eligibilities

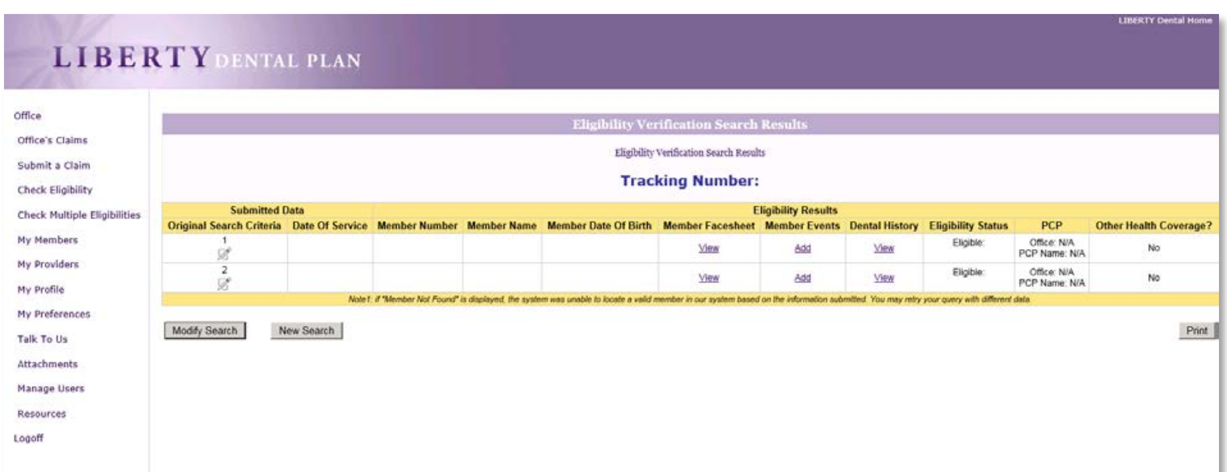
To check the eligibility of multiple members at one time:

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)*



3. Click **Search**

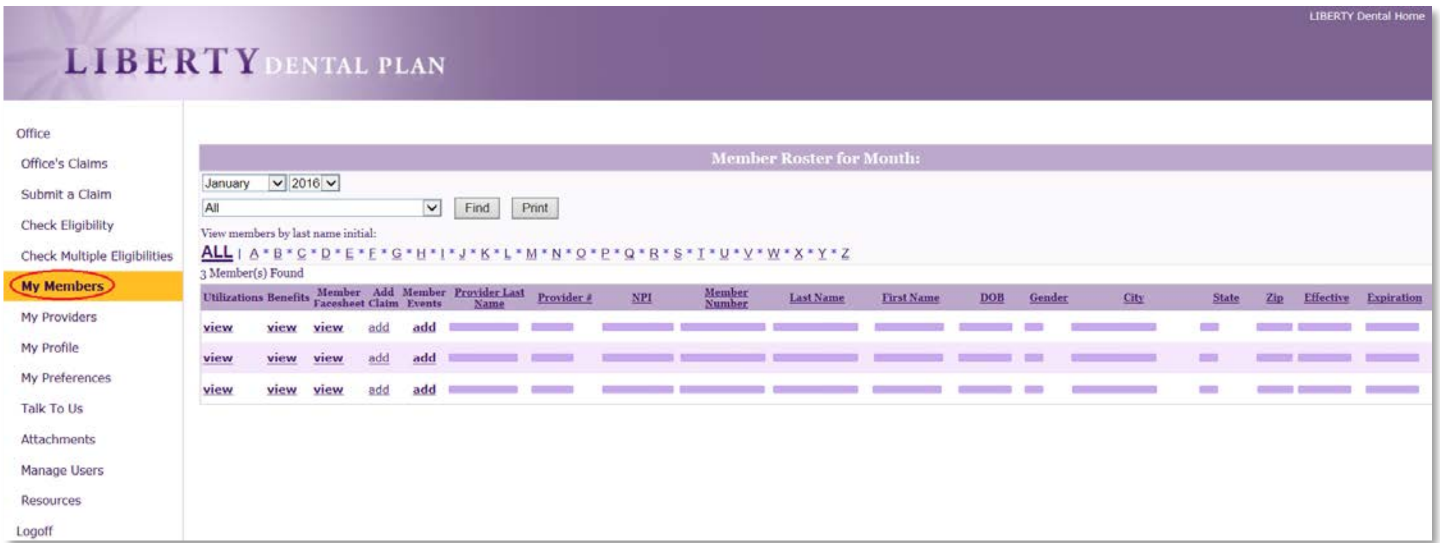
Example of Search Results:



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 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.



To sort membership assigned to an office by month, use the drop-down menus to select **Month/Year** and select **All**. Click **Find.**

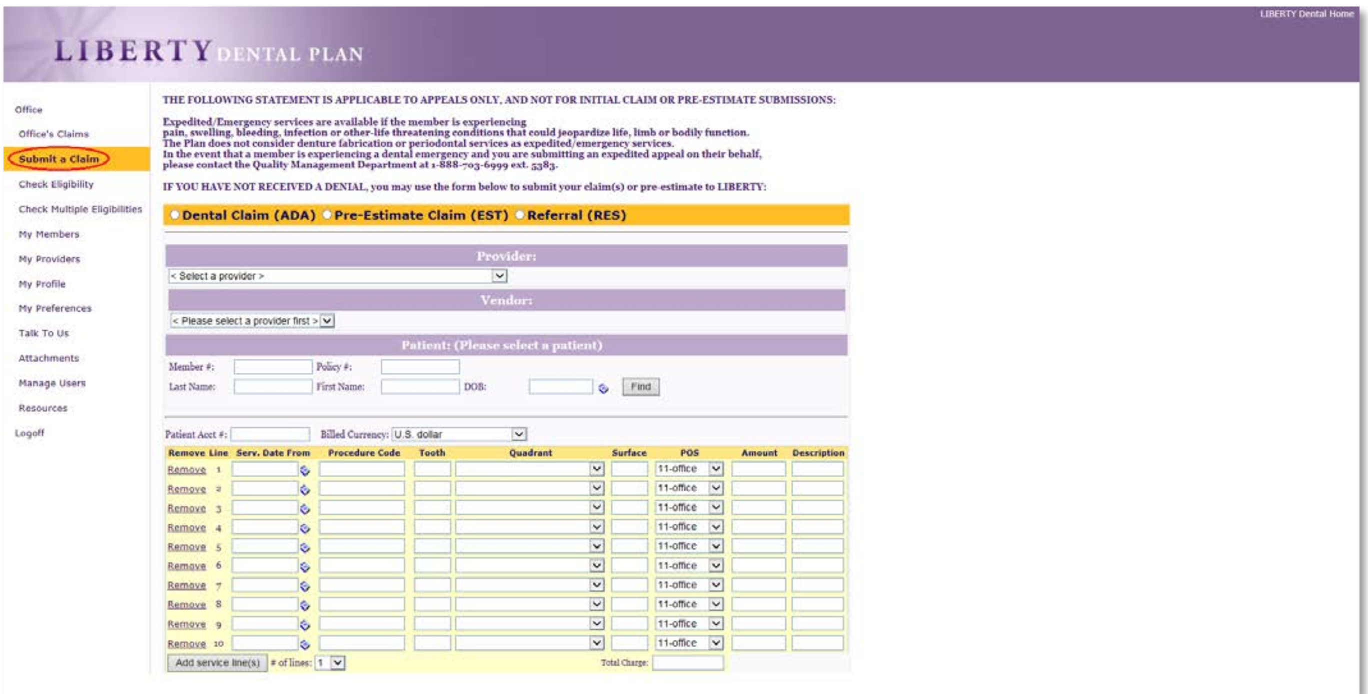
To sort membership assigned to a specific provider, select **Month/Year** and use drop-down menu to select individual provider. Click **Find.**

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

Claims, Pre-Estimates and Referrals

Submit a Claim, Pre-Estimate or Referral

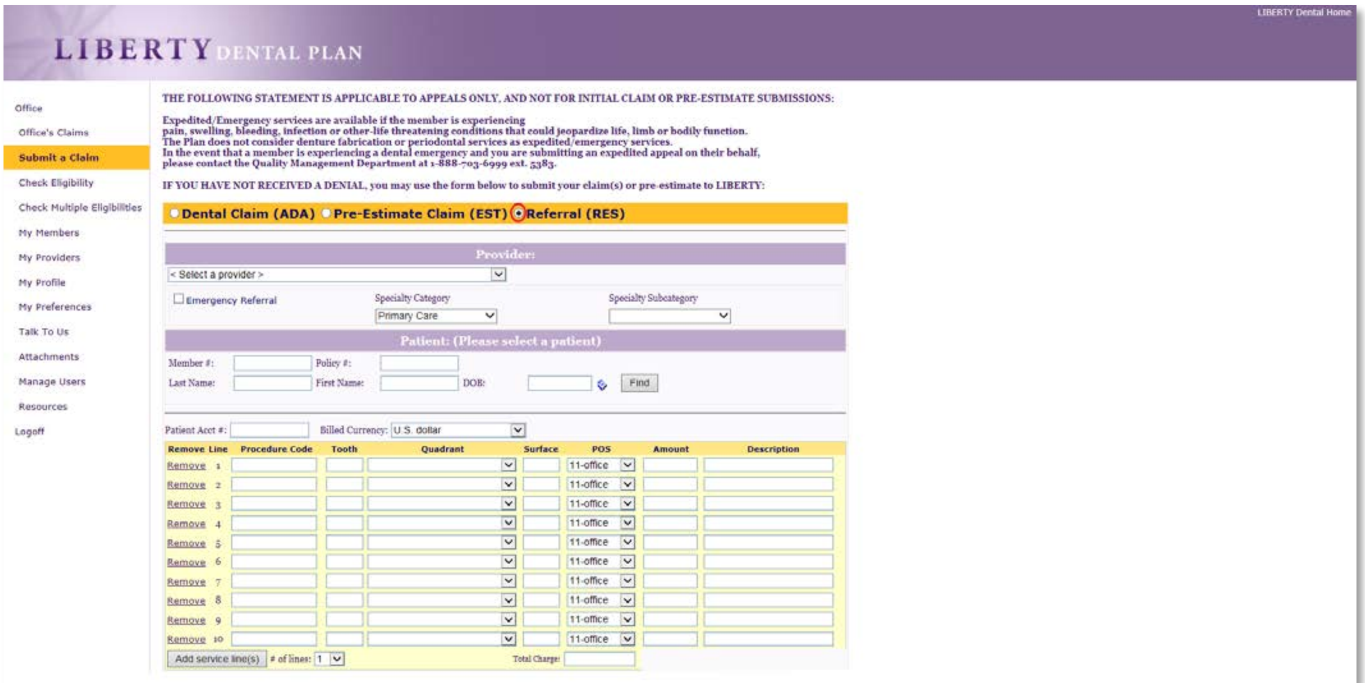
1. Click on the **Submit a Claim** tab on the left side of the screen



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)**.

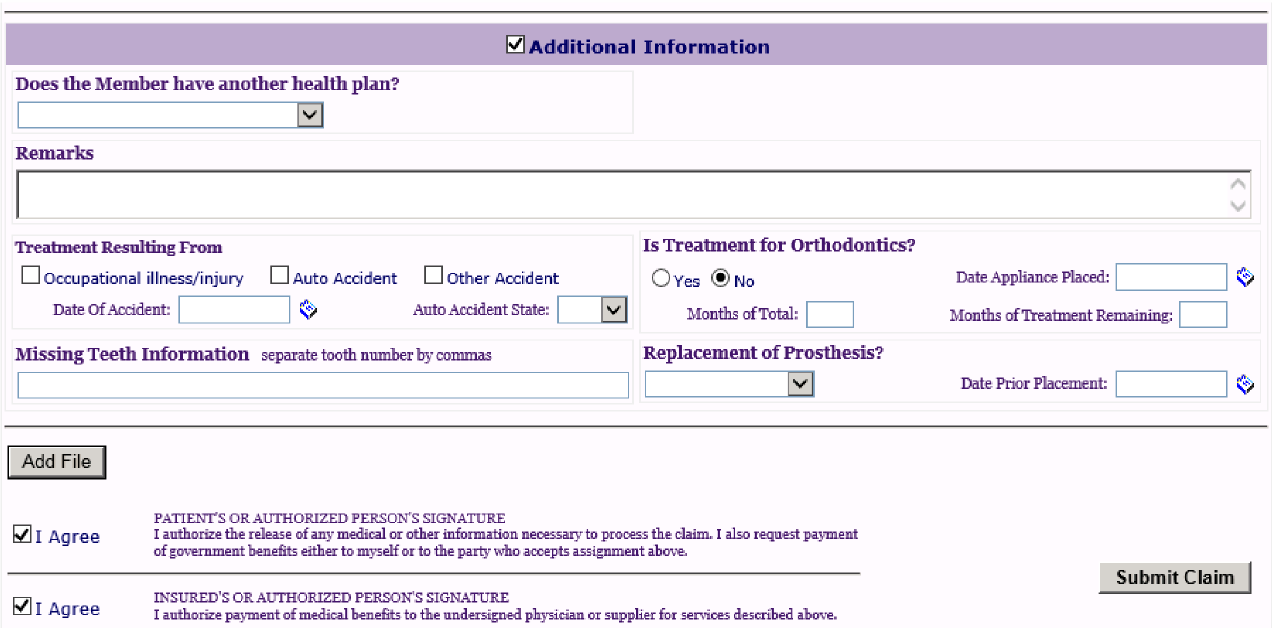
Submit a Claim, Pre-Estimate or Referral *continued*

3. Click on **Referral (RES)** radio button



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
d. Select the appropriate option from the **Specialty Subcategory** drop-down menu
e. 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)*
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)**.

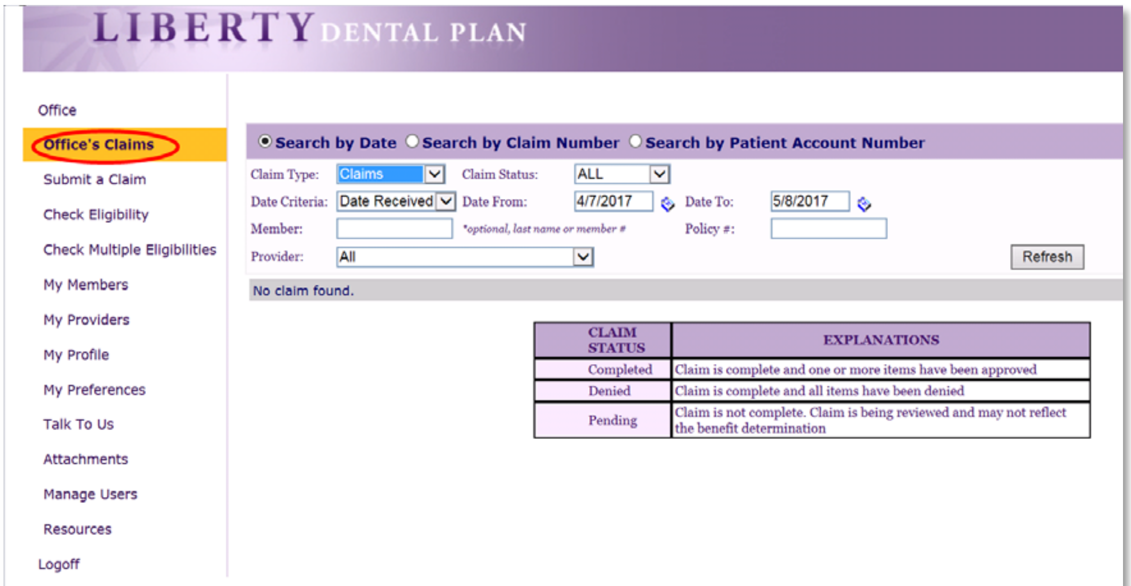
Submission with Additional Information



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**

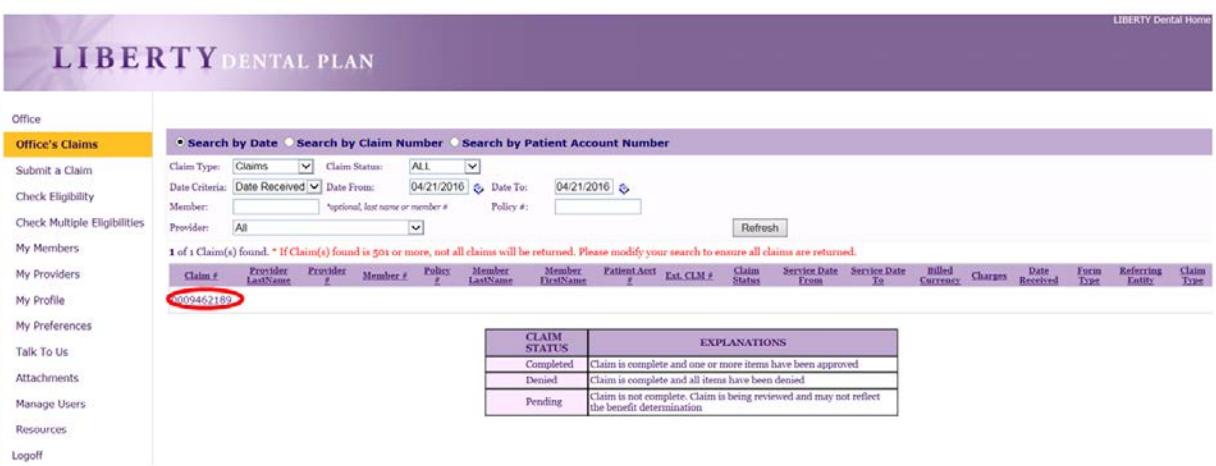
Resubmit/Correct a Claim, Pre-Estimate or Referral

1. To resubmit/correct a claim, pre-estimate or referral, click on the **Office's Claims** tab on the left side of the screen



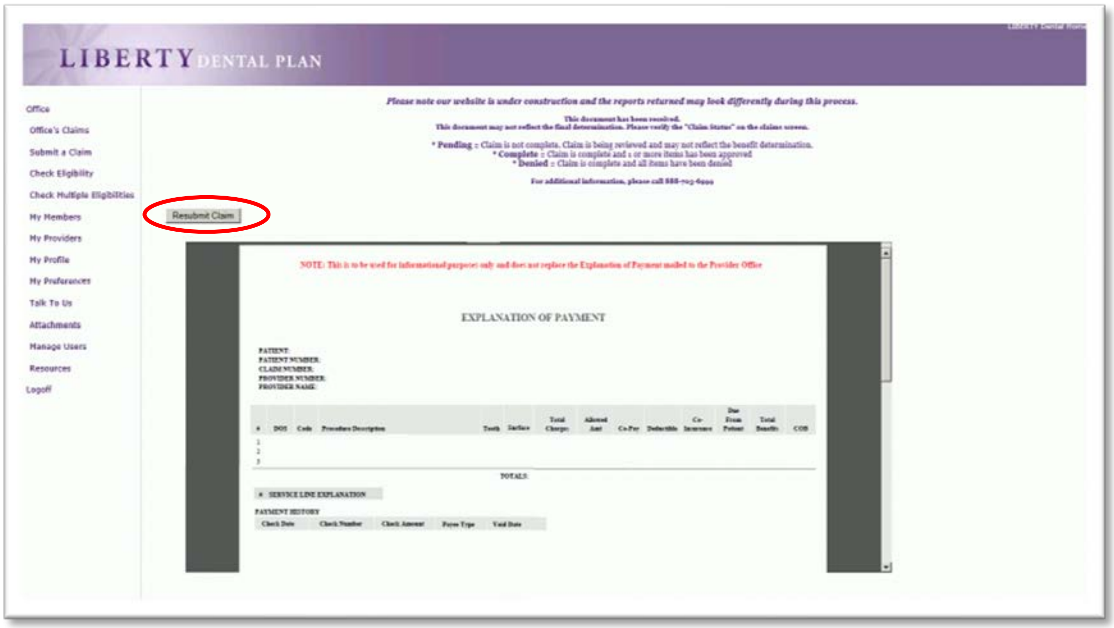
2. Click on **Search by Date**, **Search by Claim Number** or **Search by Patient Account Number** radio buttons to find the claim, pre-estimate or referral that needs to be resubmitted/corrected

3. Once the claim is found, click on the **number** under the Claim # column of the claim that needs to be resubmitted/corrected



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

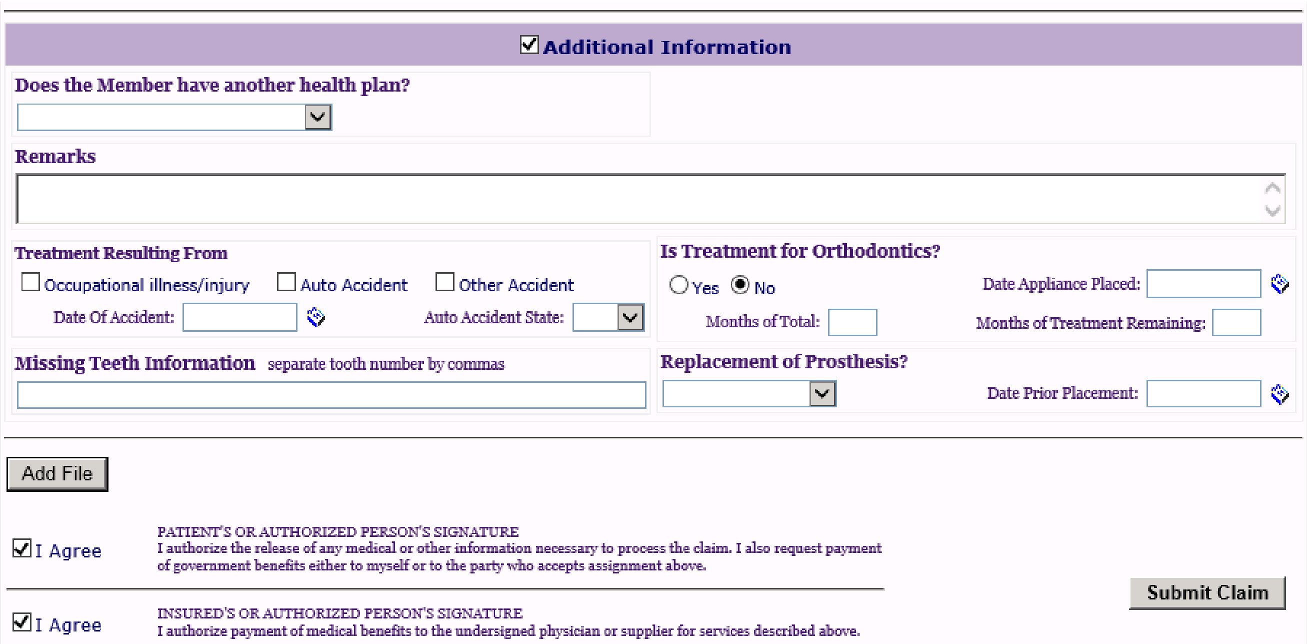
4. After the Explanation of Payment is displayed, click on **Resubmit Claim**



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

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

6. 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.

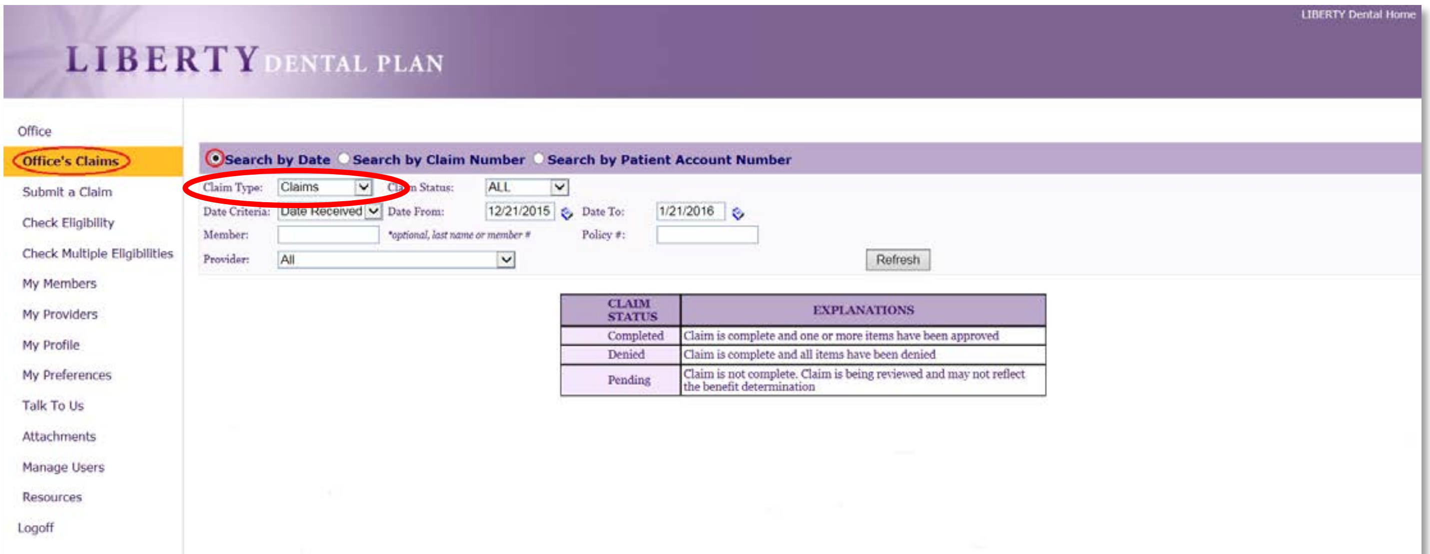


7. Check both **I Agree** boxes

8. Click **Submit Claim**

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

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**



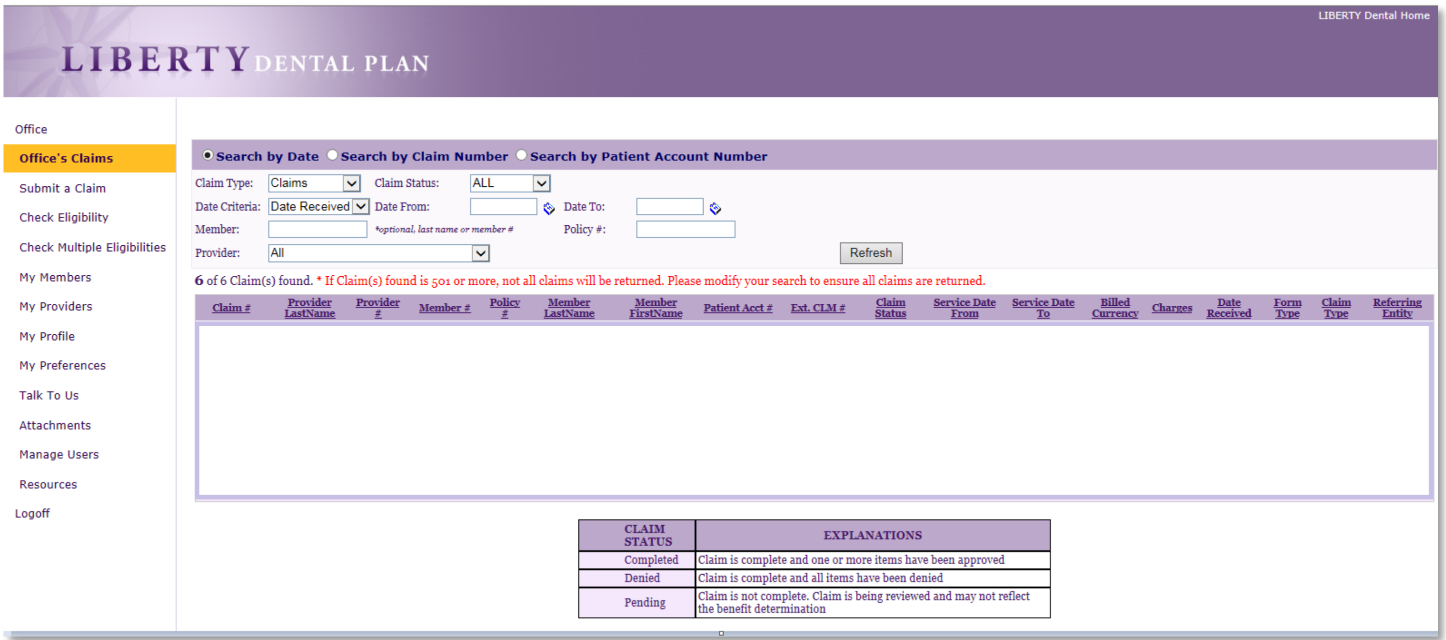
You can narrow your search results using the **Claim Status** drop-down menu, **Member** or **Policy #** boxes.

4. Click **Refresh** when searching by date

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

Example of Search Results:

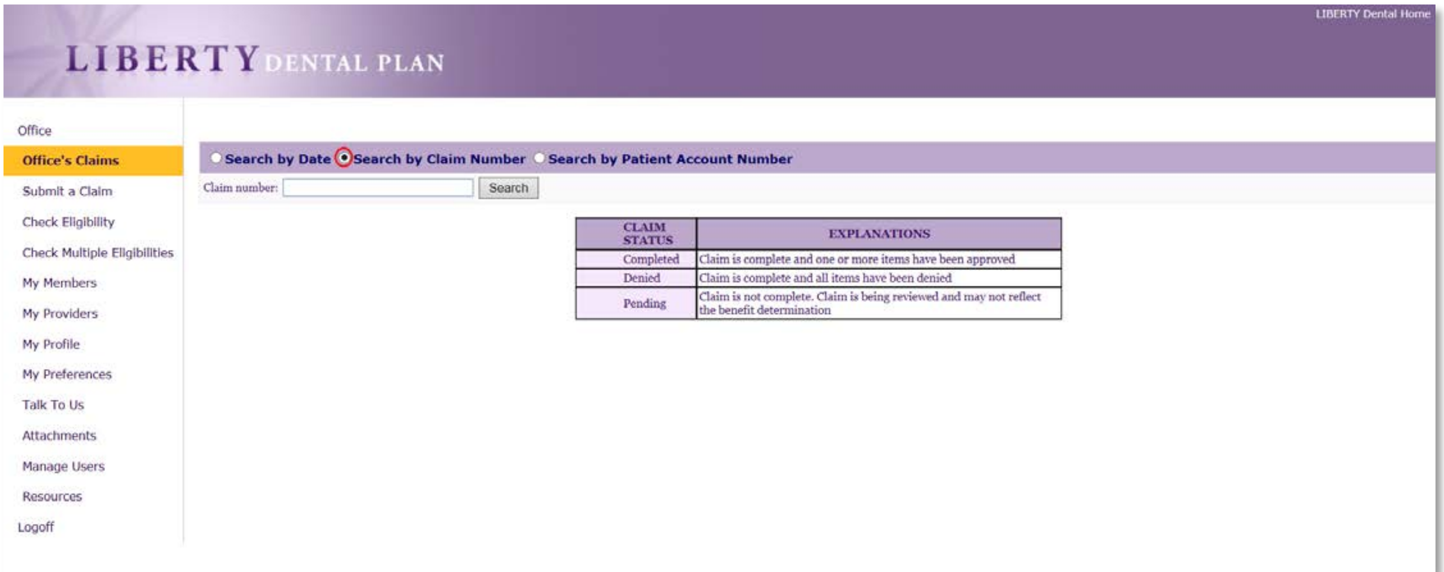
Note: If Claim(s) found is 501 or more, not all claims will be returned. Please modify the search to ensure all claims are returned.



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

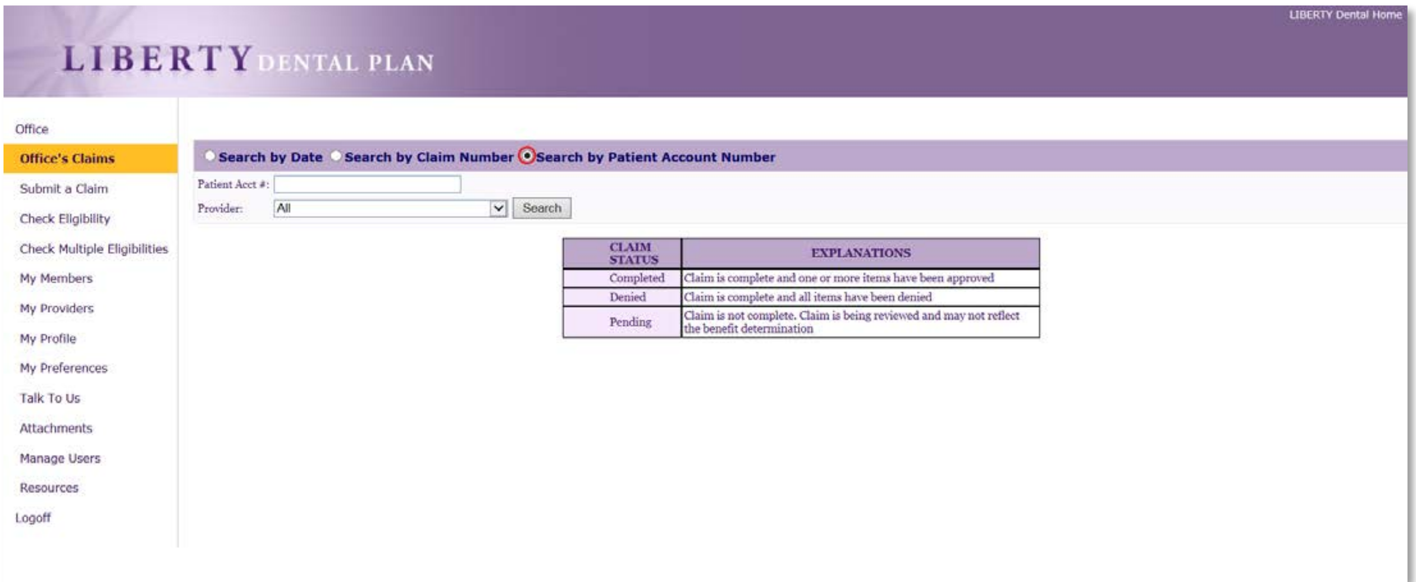
1. Click on the **Search by Claim Number** radio button



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

Search a Claim by Patient Account Number

1. Click on the **Search by Patient Account Number** radio button



2. Enter account number in the **Patient Acct #** box
3. Select **All** or select the specific treating provider from the **Provider** drop-down menu
4. Click **Search**

Attachments

Available Documents

Here you will find unique documents specific to your office.

1. Click on the **Attachments** tab on the left side of the screen to view available documents

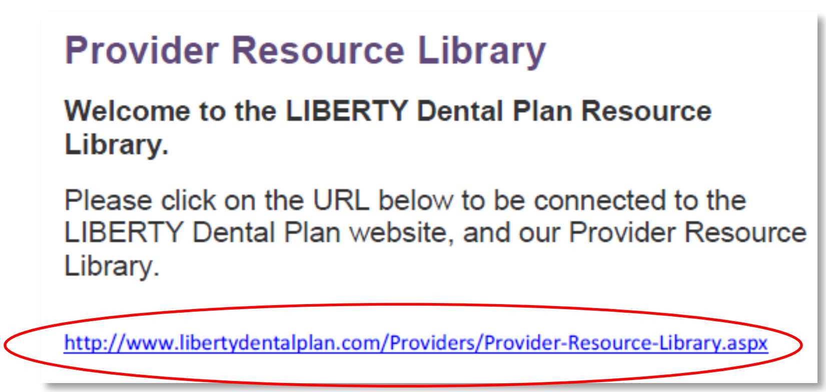
Resources

Forms and Provider Reference Guides

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

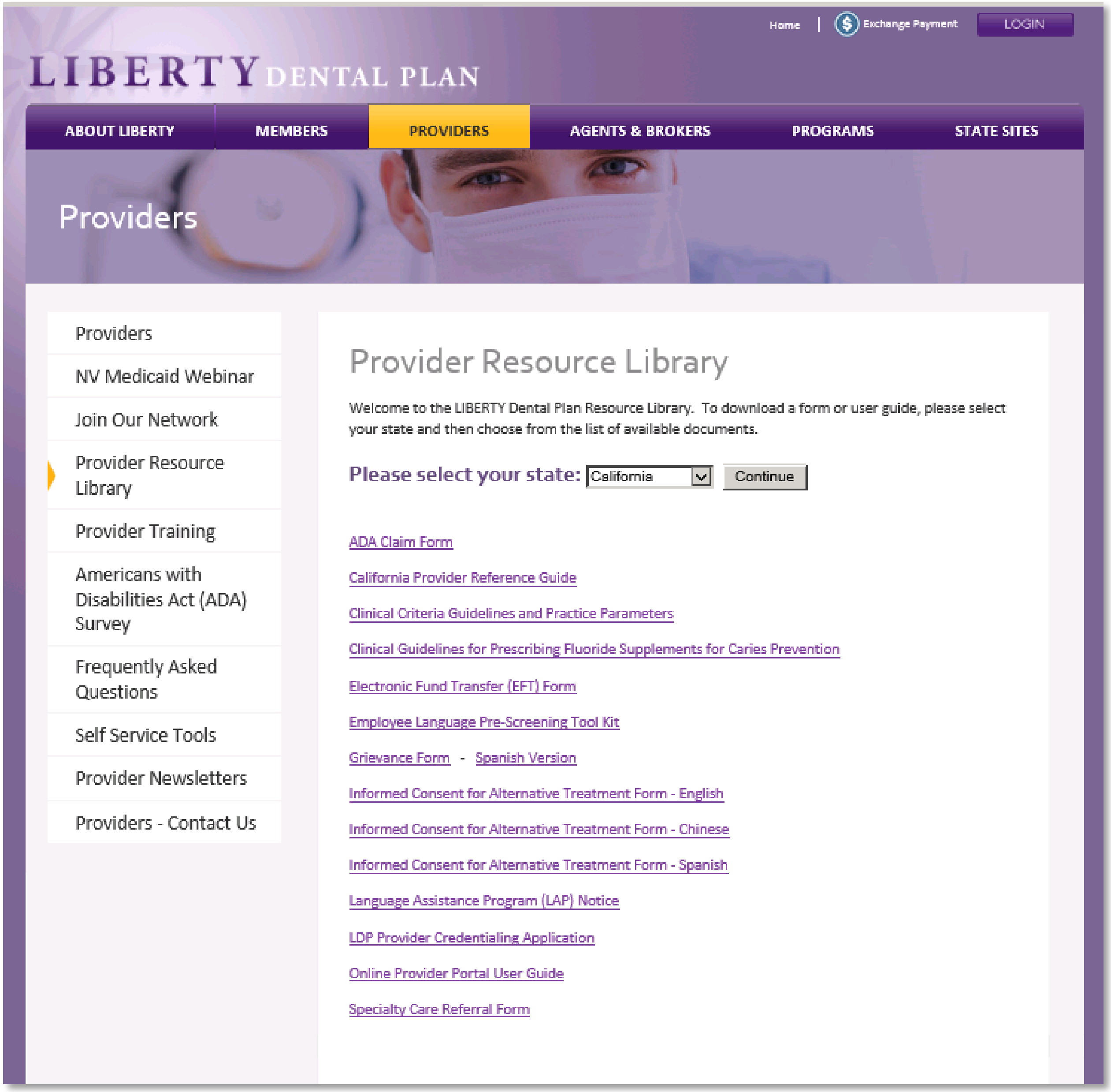
1. Click on the **Resources** tab on the left side of the screen to view and download the following:
   a. Provider Reference Guides
   b. Preventative and Periodontal Guidelines
   c. Provider Newsletters
   d. Online Provider Portal User Guide

2. Click on **Resource Library – *Forms and other tools*** 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**



Provider Resource Library

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



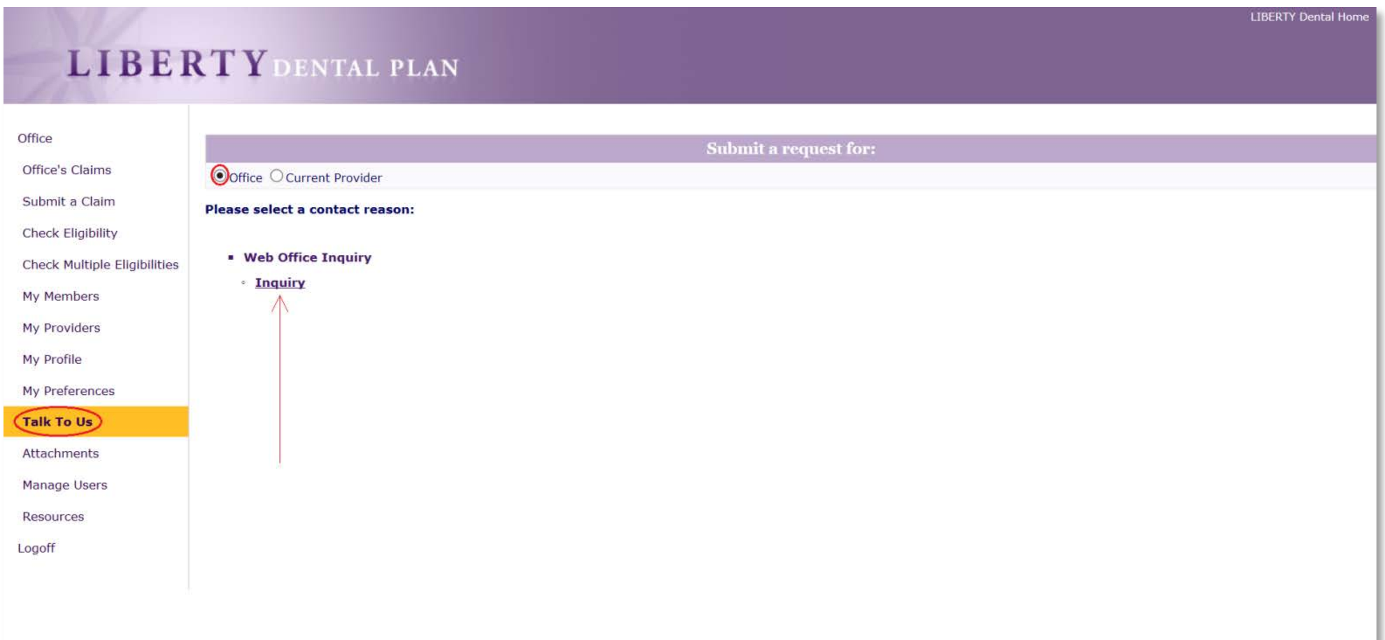
3. Click on the form(s) needed to view and/or print

Talk To Us

Submitting a Written Inquiry

A LIBERTY Representative can be contacted through the Online Provider Portal by clicking the **Talk To Us** tab on the left side of the screen.

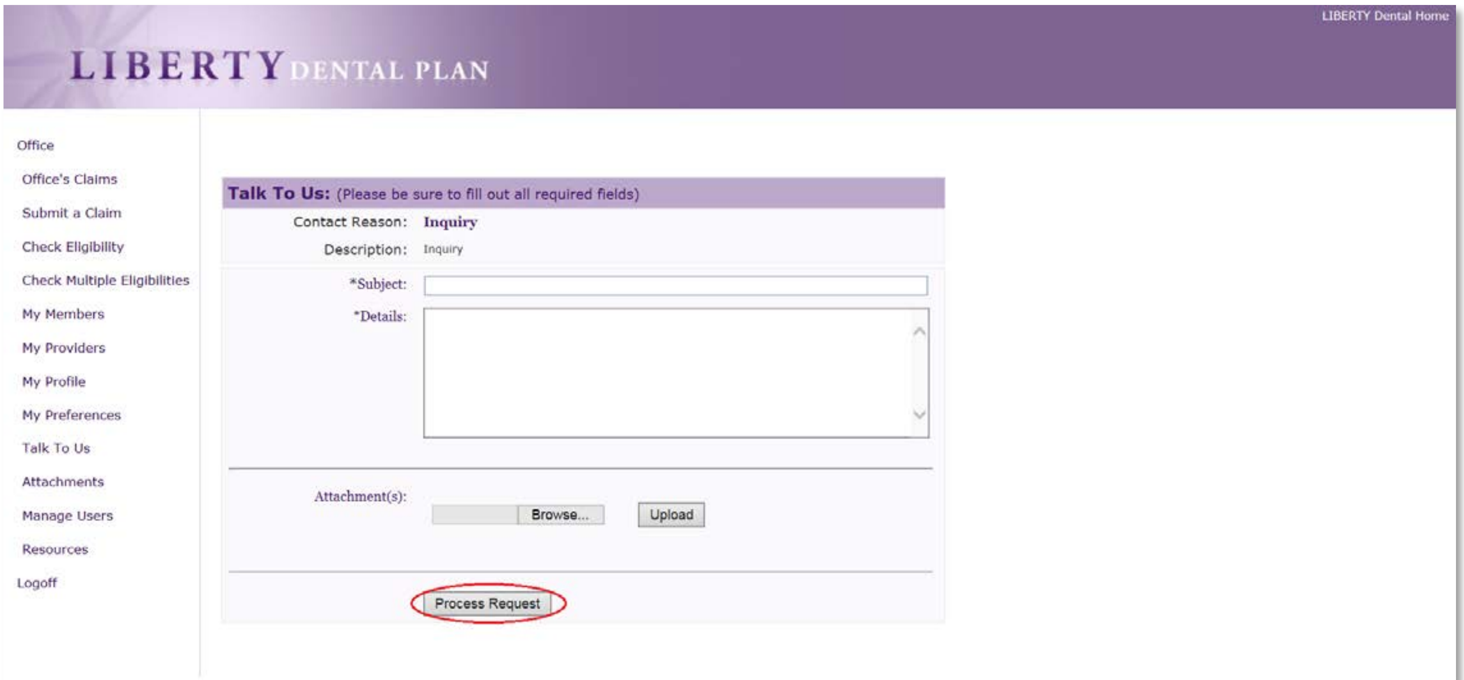
1. Click on **Office** radio button



2. Click **Inquiry**

Submitting a Written Inquiry *continued*

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

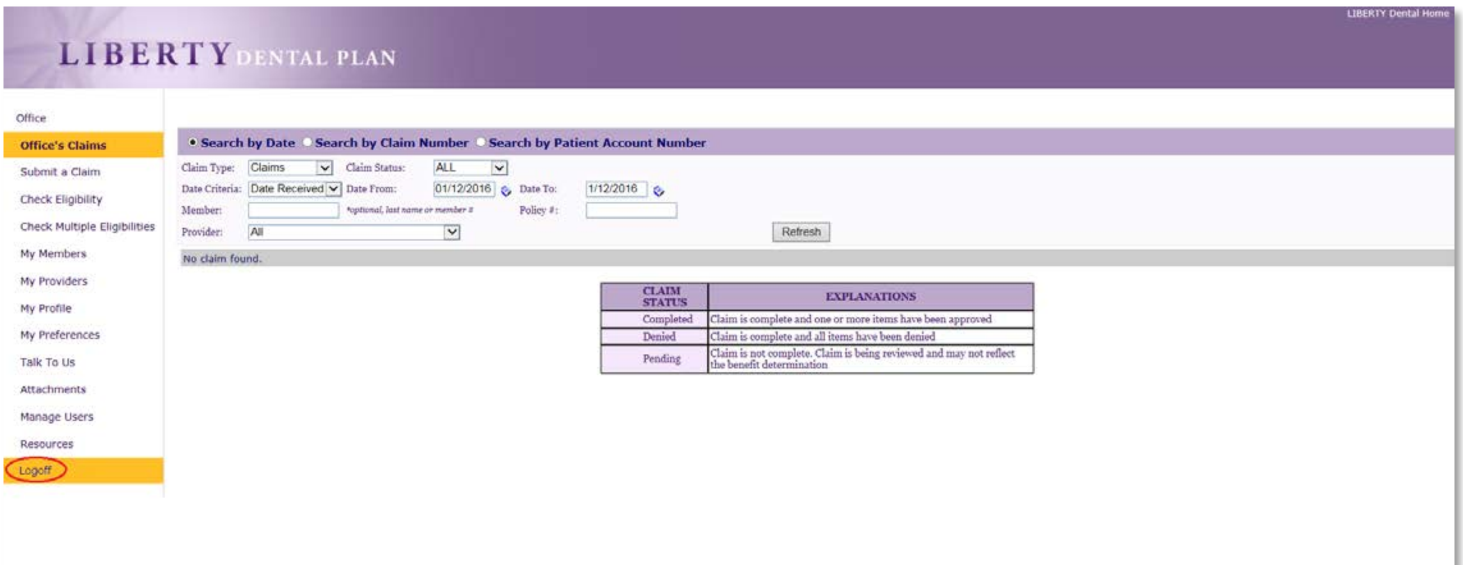


6. Click **Process Request**

Logoff

To Log Off of the Online Provider Portal

1. Click the **Logoff** tab on the left side of the screen



Making members shine, one smile at a time™