



Online Provider Portal User Guide

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Online Provider Portal User Guide



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



Online Provider Portal User Guide



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**



Online Provider Portal User Guide



Register a New Office *continued*

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

LIBERTY DENTAL PLAN

Home
Ligon

Create an Account

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

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:

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**



Online Provider Portal User Guide



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**

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

1. Select provider:

NPI	Provider #	Provider Name
Selected All	All	All
Select		
Select		
Select		
Select		
Select		
Select		
Select		

2. Select provider type:

☒ Dental ☐ Medical

☒ Yes ☐ No

☐ Yes ☒ No

☒ Yes ☐ No

50

Last Month

11-office

Member #

Service Date(s)

U.S. dollar

Save

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

Talk To Us

Attachments

Manage Users

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Logout

7. How many days back for claims lookup:

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

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

10. Submit a claim default options:

11. Default billing currency:

Last 6 Months

13-A facility whose primary purpose is education

15-A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.

35-adult living care facility

42-ambulance, air or water

22-Outpatient Hospital

41-ambulance, land

25-birthing center

53-community mental health center

61-comprehensive inpatient rehabilitation facility

62-comprehensive outpatient rehabilitation facility

33-custodial care facility

65-end stage renal disease treatment facility

60-federally qualified health center

81-independent laboratory

51-inpatient psychiatric facility

54-intermediate care facility, mental health

60-mass immunization center

26-military treatment center

32-nursing facility

99-other unlisted facility

52-psychiatric facility partial hospitalization

56-psychiatric residential treatment center

65-residential substance abuse treatment facility

72-rural health clinic

71-state or local public health clinic

04-homeless shelter

05-Indian health service-free standing facility

06-Indian Health Service Provider-based facility

07-Tribal 630 Free Standing Facility



Online Provider Portal User Guide



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)

My Preferences	7. How many days back for claims lookup:	Last 6 Months
Talk To Us	8. Default to Place of Service on Claim Submission page (HCFA claims only):	11-office
Attachments	9. Member Number Search Option (Member Number / Policy Number)	Member #
Manage Users	10. Submit a claim default options:	None
Resources	11. Default billing currency:	Service Date(s)
Logoff		Procedure Code
		Both
		<input type="button" value="Save"/>

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)

LIBERTY DENTAL PLAN

Office's Claims

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

Claim Type: Claim Status:

Date Criteria: Date From: Date To:

Member: *optional, last name or member id

Policy #:

Provider:

No claim found.

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

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



Online Provider Portal User Guide



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

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

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.

Adding additional user to

*User Name:

*Password:

*Confirm Password:

*First Name:

*Last Name:

Middle Initial:

*Email Address:

Add User

4. Click **Add User**

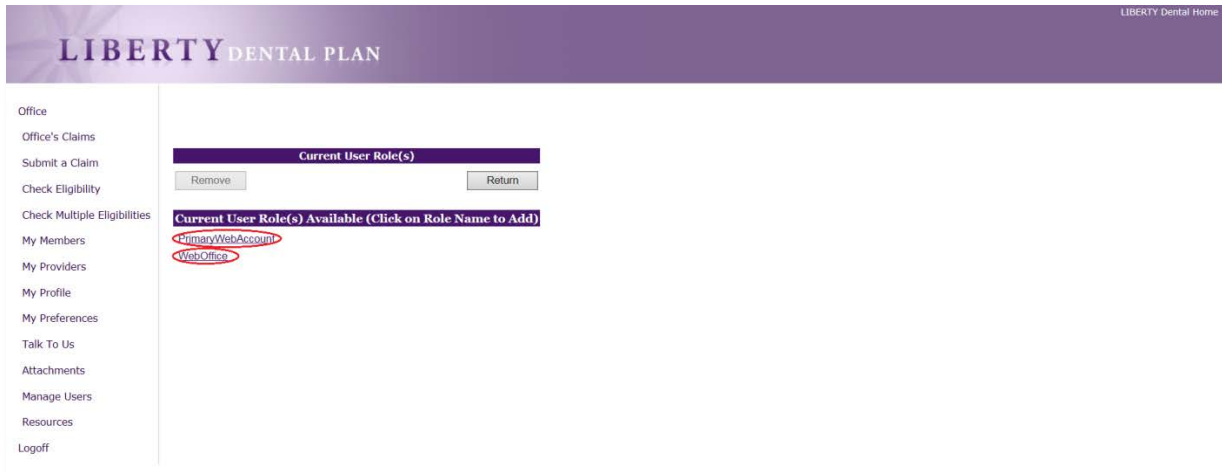


Online Provider Portal User Guide



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.



Online Provider Portal User Guide



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**.

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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

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
Edit			View Roles Disabled	Enable

[Add a User](#)

Click **Enable** to reactivate user account

Click **Disable** to deactivate user account



Online Provider Portal User Guide



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

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

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.

Updating User:

User Name*:

Password*:

Confirm Password*:

Last Name*:

First Name*:

Middle Initial:

Email Address*:

[Update User](#) [Return](#)

4. Click **Update User**



Online Provider Portal User Guide



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.

LIBERTY DENTAL PLAN

Office Properties

Name: [view map](#)

Address:

Contact Name:

Contact Email:

Phone #:

Fax:

Wheelchair Access: ☐

Available After Hours: ☐

Number Of Physicians:

Extensors:

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: 08:00 AM - 05:00 PM

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

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

Select your provider:

NPI	Provider #	Provider Name
Selected All	All	All
Select		
Select		
Select		
Select		
Select		
Select		
Select		



Accessing Your User Account

Log On

Please visit www.libertydentalplan.com.

1. Click on **LOGIN**

The screenshot shows the Liberty Dental Plan website. At the top right, there is a navigation bar with links for Home, Exchange Payment, and a **LOGIN** button, which is circled in red. Below this is a main navigation menu with tabs for ABOUT LIBERTY, MEMBERS, PROVIDERS, AGENTS & BROKERS, PROGRAMS, and STATE SITES. The PROGRAMS tab is selected, showing a list of options: Individual & Family Plans, Find a Dentist, Medi-Cal, Nevada Medicaid, Texas Activities, Health Insurance Exchange, Provider Self Service Tools, and GRIEVANCE FORMS. On the left side, there is a map of the United States with the text "LIBERTY National Coverage" and a link "click on a state". Below the map, there are sections for "Online Account Services" (with links for New users and Returning users), "State Sites or Group Sites" (with dropdown menus for "LIBERTY Dental Plan California" and "AlohaCare"), and "Language Assistance Services" (with links for "Notice of Non-discrimination" and "Notice of Language Assistance"). At the bottom left, there are buttons for "REGISTER" and "LOGIN", with the "LOGIN" button circled in red. A link "Forgot my password" is also present.



Online Provider Portal User Guide



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**



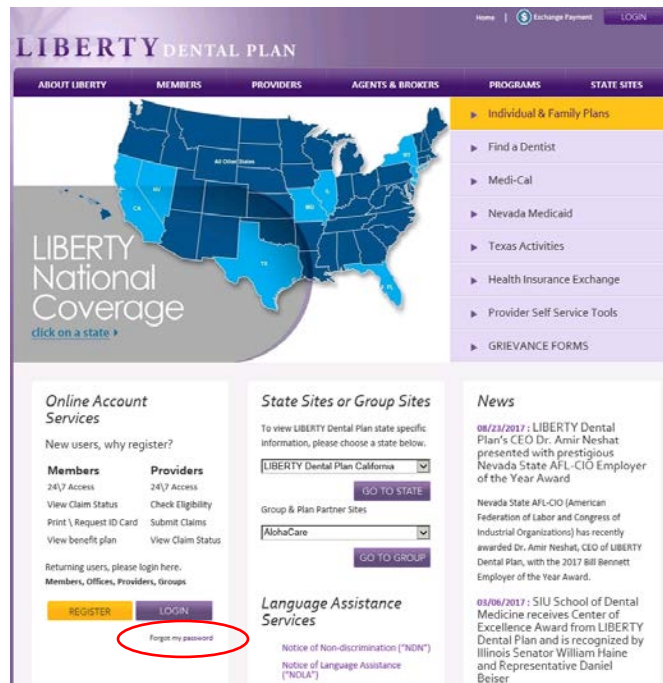
Online Provider Portal User Guide



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**



Online Provider Portal User Guide



Password Reset *continued*

On the next screen:

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

A screenshot of the Liberty Dental Plan online provider portal login page. The page has a purple header with the 'LIBERTY DENTAL PLAN' logo. On the left is a navigation menu with 'Home' and 'Logon' (highlighted in orange). The main content area has a message: 'Your user account has been reset. Please login using the username and password.' Below this is a login form with the heading 'Please login by entering your assigned username and password'. The form contains fields for 'User Name' and 'Password', a checkbox labeled 'I'm not a robot' with a reCAPTCHA icon, and a 'Logon' button. At the bottom of the form are links for 'Click here to create a new user...' and 'Forgot Password'. Below the form is a link for 'On-line Portal Help'.

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)

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

"To check eligibility you are required to use 3 (or more) of the 3 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:

3. Click **Search**



Online Provider Portal User Guide



Check Member Eligibility *continued*

LIBERTY DENTAL PLAN

Office
Office's Claims
Submit a Claim
Check Eligibility
Check Multiple Eligibilities
My Members
My Providers
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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:

3 member coverage(s) found

Utilizations	History	Benefits	Member Facsheet	Member #	Policy #	Last Name	First Name	DOB	Group Name	Effective Date	Expiration Date	Member Events	Add Claims
view	view	view	view									add	add

- To view a member's benefit utilization, click on 'view' under **Utilizations**
 - To view a member's history, click on 'view' under **History**
 - 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.
- 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.

LIBERTY DENTAL PLAN

Office
Office's Claims
Submit a Claim
Check Eligibility
Check Multiple Eligibilities
My Members
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Member **View Benefits** **Add Claim**

Member #: Start Date: End Date:
Last Name: First Name:

*Note - Next Available Date and Units will only be provided when the End Date for Utilizations is set to today

Service Type	Service Description	Period Start Date	Period End Date	Units Used	Unit Value	Unit Type	Period	Next Available Date	Units Available	Step Down Benefits Name	Step Down Process Order	Step Down Limit Type
				0.00	1.00	Units	12 Months	1/25/2016	1.00			
				0.00	1.00	Units	12 Months	1/25/2016	1.00			
				0.00	1.00	Units	12 Months	1/25/2016	1.00			



Online Provider Portal User Guide



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)

LIBERTY DENTAL PLAN

Office
Office's Claims
Submit a Claim
Check Eligibility
Check Multiple Eligibilities
My Members
My Providers
My Profile
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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							

*State N/A
Add Search Row(s) Number of Search Row(s) 1
Search

3. Click **Search**

Example of Search 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
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Eligibility Verification Search Results
Eligibility Verification Search Results
Tracking Number:

Submitted Data				Eligibility Results						
Original Search Criteria	Date Of Service	Member Number	Member Name	Member Date Of Birth	Member Facesheet	Member Events	Dental History	Eligibility Status	PCP	Other Health Coverage?
1					View	Add	View	Eligible	Office: N/A PCP Name: N/A	No
2					View	Add	View	Eligible	Office: N/A PCP Name: N/A	No

Note: If "Member Not Found" is displayed, the system was unable to locate a valid member in our system based on the information submitted. You may retry your query with different data.

Modify Search **New Search** **Print**



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.

LIBERTY DENTAL PLAN

LIBERTY Dental Home

Office

Office's Claims

Submit a Claim

Check Eligibility

Check Multiple Eligibilities

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Member Roster for Month:

January 2016

All Find Print

View members by last name initial:

ALL | A * B * C * D * E * F * G * H * I * J * K * L * M * N * O * P * Q * R * S * T * U * V * W * X * Y * Z

3 Member(s) Found

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													

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

LIBERTY DENTAL PLAN

Office's Claims
Submit a Claim
Check Eligibility
Check Multiple Eligibilities
My Members
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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 1-888-703-6999 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: Find

Patient Acct #: Billed Currency: U.S. dollar

Remove Line	Serv. Date From	Procedure Code	Tooth	Quadrant	Surface	PDS	Amount	Description
Remove 1						11-office		
Remove 2						11-office		
Remove 3						11-office		
Remove 4						11-office		
Remove 5						11-office		
Remove 6						11-office		
Remove 7						11-office		
Remove 8						11-office		
Remove 9						11-office		
Remove 10						11-office		

Add service line(s) # of lines: 1 Total Charge:

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)**.



Online Provider Portal User Guide



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

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

LIBERTY DENTAL PLAN

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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 1-888-793-6999 ext. 5383.

IF YOU HAVE NOT RECEIVED A DENTAL, 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 >
☐ Emergency Referral
Specialty Category: Primary Care
Specialty Subcategory:

Patient: (Please select a patient)
Member #: Policy #:
Last Name: First Name: DOB: Find

Patient Acct #: Billed Currency: U.S. dollar

Remove Line	Procedure Code	Tooth	Quadrant	Surface	POS	Amount	Description
Remove 1					11-office		
Remove 2					11-office		
Remove 3					11-office		
Remove 4					11-office		
Remove 5					11-office		
Remove 6					11-office		
Remove 7					11-office		
Remove 8					11-office		
Remove 9					11-office		
Remove 10					11-office		

Add service line(s) # of lines: 1 Total Charges:

- 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)**.



Online Provider Portal User Guide



Submission with Additional Information

<input checked="" type="checkbox"/> Additional Information	
Does the Member have another health plan? <input type="text"/>	
Remarks <div><div></div></div>	
Treatment Resulting From <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other Accident Date Of Accident: <input type="text"/> Auto Accident State: <input type="text"/>	Is Treatment for Orthodontics? <input type="radio"/> Yes <input checked="" type="radio"/> No Date Appliance Placed: <input type="text"/> Months of Total: <input type="text"/> Months of Treatment Remaining: <input type="text"/>
Missing Teeth Information separate tooth number by commas <input type="text"/>	Replacement of Prosthesis? <input type="text"/> Date Prior Placement: <input type="text"/>
<div>Add File</div>	
<input checked="" type="checkbox"/> I Agree <small>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.</small>	
<input checked="" type="checkbox"/> I Agree <small>INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described above.</small>	
<div>Submit Claim</div>	

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**



Online Provider Portal User Guide



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

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

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

CLAIM #	Provider Last Name	Provider #	Member #	Policy #	Member Last Name	Member First Name	Patient Acct #	Est. CLM #	Claim Status	Service Date From	Service Date To	Billed Currency	Charges	Date Received	Form Type	Referring Entity	Claim Type
009462189																	

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



Online Provider Portal User Guide



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

- 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 modified.
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 a or more items has been approved.
* Denied : Claim is complete and all items have been denied.
For additional information, please call 888-763-4666

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Resubmit Claim

NOTE: This is to be used for informational purposes only and does not replace the Explanation of Payment mailed to the Provider Office

EXPLANATION OF PAYMENT

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

#	DOS	Code	Procedure Description	Tooth	Surface	Total Charge	Allowed Amt	Co-Pay	Deductible	Co-Insurance	Plan	Total Benefit	CUB
1													
2													
3													

TOTALS:

SERVICE LINE EXPLANATION

PAYMENT HISTORY

Check Date	Check Number	Check Amount	Payment Type	Total Due
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- When **Resubmit Claim** is selected, the information from the claim, pre-estimate or referral will populate on the **Submit a Claim** screen

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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 1-888-703-6000 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:
[Dropdown]
Vendor:
[Dropdown]
Patient: [Dropdown] **Change**

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

Patient Acct #: [Text] Referral #: [Text] Authorization #: [Text]

Billed Currency: [Dropdown] [View Original Claim]

Remove Line	Serv. Date From	Procedure Code	Tooth	Quadrant	Surface	POS	Amount	Description
Remove 1	4/16/2016	D0120				11-office	47.00	
Remove 2	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 10						11-office		

Add service line(s) # of lines: [Dropdown]

Total Charge: \$255.00



Online Provider Portal User Guide



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.

☒ **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

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



Online Provider Portal User Guide



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**

The screenshot shows the Liberty Dental Plan Online Provider Portal. On the left is a navigation menu with 'Office's Claims' highlighted. The main area has three radio buttons for search criteria: 'Search by Date' (selected), 'Search by Claim Number', and 'Search by Patient Account Number'. Below these are search filters: 'Claim Type' (set to 'Claims'), 'Claim Status' (set to 'ALL'), 'Date Criteria' (set to 'Date Received'), 'Date From' (12/21/2015), 'Date To' (1/21/2016), 'Member' (empty), 'Policy #' (empty), and 'Provider' (set to 'All'). A 'Refresh' button is present. Below the filters 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

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

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



Online Provider Portal User Guide



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.

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Search by DateSearch by Claim NumberSearch by Patient Account Number

Claim Type: Claims Claim Status: ALL

Date Criteria: Date Received Date From: Date To:

Member: *optional, last name or member # Policy #:

Provider: All Refresh

6 of 6 Claim(s) found. * If Claim(s) found is 501 or more, not all claims will be returned. Please modify your search to ensure all claims are returned.

Claim #	Provider LastName	Provider #	Member #	Policy #	Member LastName	Member FirstName	Patient Acct #	Ext. CLM #	Claim Status	Service Date From	Service Date To	Billed Currency	Charges	Date Received	Form Type	Claim Type	Referring Entity
---------	----------------------	---------------	----------	-------------	--------------------	---------------------	----------------	------------	-----------------	----------------------	--------------------	--------------------	---------	------------------	--------------	---------------	---------------------

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

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



Online Provider Portal User Guide



Search a Claim by Claim Number

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

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☐ Search by Date ☒ **Search by Claim Number** ☐ Search by Patient Account Number

Claim number:

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

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



Online Provider Portal User Guide



Search a Claim by Patient Account Number

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

The screenshot shows the Liberty Dental Plan online provider portal. The header includes the Liberty Dental Plan logo and the text "LIBERTY DENTAL PLAN". The left sidebar contains a list of 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. The main content area features three radio buttons for search criteria: "Search by Date", "Search by Claim Number", and "Search by Patient Account Number" (which is selected). Below these are input fields for "Patient Acct #:" and "Provider:" (with a dropdown menu set to "All"), followed by a "Search" button. A table titled "CLAIM STATUS" and "EXPLANATIONS" is displayed, showing three rows: "Completed" (Claim is complete and one or more items have been approved), "Denied" (Claim is complete and all items have been denied), and "Pending" (Claim is not complete. Claim is being reviewed and may not reflect the benefit determination).

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

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





Online Provider Portal User Guide



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

Welcome to the LIBERTY Dental Plan Resource Library.

Please click on the URL below to be connected to the LIBERTY Dental Plan website, and our Provider Resource Library.

<http://www.libertydentalplan.com/Providers/Provider-Resource-Library.aspx>



Online Provider Portal User Guide



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



Online Provider Portal User Guide



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

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Submit a request for:

☒ Office ☐ Current Provider

Please select a contact reason:

- Web Office Inquiry
 - Inquiry**

2. Click [Inquiry](#)



Online Provider Portal User Guide



Submitting a Written Inquiry *continued*

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

6. Click **Process Request**



Online Provider Portal User Guide



Logoff

To Log Off of the Online Provider Portal

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

LIBERTY DENTAL PLAN

Office

Office's Claims

Submit a Claim

Check Eligibility

Check Multiple Eligibilities

My Members

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

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) Policy #:

Provider: All

No claim found.

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



Online Provider Portal User Guide



Making members shine, one smile at a time™