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LIBERTY Dental Plan Quarterly

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Celebrating 15 Years of making members shine

Our Mission

LIBERTY Dental Plan is committed to being the industry leader in providing quality, innovative, and affordable dental benefits with the utmost in member satisfaction. LIBERTY is a different kind of plan that is changing the face of oral health. We are managed by Dentists and know what is needed to best serve you and protect your oral health.

Our Oral Health Mission

LIBERTY's mission is to be the industry leader in increasing dental health awareness with the utmost focus on improving our member's oral health outcomes across their lifespan. We recognize that Wellness Programs and Disease Management support overall physical and oral health. We excel at staying on the forefront of development and implementation of such programs.

Our Oral Health Philosophy

Our philosophy is simple and has remained the same since our inception. We are committed to ensuring that our members receive necessary preventative and diagnostic treatments on a routine basis, averting costly and damaging episodic treatment. Additionally, we reach out to members to provide them with valuable oral hygiene instruction and case management when necessary to promote a lifetime of exceptional oral health.



Amir Neshat, DDS
CEO and Founder,
LIBERTY Dental Plan -
Changing the face of oral health

Contact Us



Internet Access

www.libertydentalplan.com

- Verify Member Eligibility
- View Member Claims Submission
- Review Member Benefit Plans
- Submit Claims, Pre-Estimates and Referrals

Professional Services

- Contracting
- Provider Education

Toll Free Office:

Florida: 888.352.7924
 California: 800.268.9012
 Nevada: 888.700.0643
 All other States: 888.352.7924

Toll Free Fax:

Florida: 888.401.1129
 California: 800.268.0154
 Nevada: 888.401.1129
 All other States: 888.401.1129



Continuity of Care and Prior Authorization Process

It is LIBERTY's goal to make our prior authorization and claims payment processes as efficient and timely as possible. How can you help? Be sure to use our Provider Web Portal or complete an ADA claim form for all services and prior authorization requests. Providing as much information as possible for the treatment you are requesting will help us help you! Examples of information that will help expedite the request include (as necessary):

- **Diagnostic Radiographs,**
- **Pocket Charting and**
- **Progress notes and/or a narrative**

One of the main causes for processing delays is prior authorizations or claims received by LIBERTY without sufficient supporting documentation to establish medical necessity.

If you have any questions about LIBERTY's prior authorization process, please consult your Provider Reference Guide or contact LIBERTY at **888.352.7924**.

Continuity of Care Provisions for New Jersey Family Care/Medicaid

Please note that you may not need to request a new prior authorization from LIBERTY for patients on New Jersey FamilyCare and Medicaid plans that have just transitioned into LIBERTY (WellCare NJ FamilyCare) from a prior plan. LIBERTY will honor prior authorizations from newly transitioned patients's previous dental plan for up to six months from their effective date with LIBERTY or until the original authorization expires, whichever is later. For other plans, please contact LIBERTY via phone or using our Provider Web Portal to verify eligibility for your LIBERTY members and to confirm if a patient's authorization from a previous carrier is valid. Logon to our [web portal page](#) where you can verify real-time eligibility and submit pre-authorizations and claims online or, for additional information, you can contact our Member Services Department at **888.352.7924**.

For LIBERTY Providers participating in the **New Jersey FamilyCare and Medicaid** network, LIBERTY will honor prior authorizations from newly transitioned patients's previous dental plan for up to six months from their effective date with LIBERTY or until the authorization expires, whichever is later. Please submit the previous carrier's authorization with your claim.

iTRANSACT WEB PORTAL

To better serve you, LIBERTY has simplified the claim, pre-estimate and referral submissions into a single navigation screen. Our iTransact [Online Provider Portal User Guide](#) has been updated with step-by-step instructions on how to submit claims, pre-estimates and referrals, and is available in the Resources section of the web portal.

We encourage you to logon to our [web portal page](#) where you can quickly do the following:

- **Verify member eligibility**
- **View member claims history**
- **Review member benefit plans**

If you have any questions or need further information on how to register or use our web portal, please view our [Online Provider Portal User Guide](#). LIBERTY appreciates your participation, partnership and our mutual goal to provide your patients and our members the highest quality oral health care.



Billing Bulletin

Protect your dental practice from government scrutiny—
watch for Medicare and Medicaid overpayments (False Claims Act)

Here's a stern warning for dentists. Do NOT keep overpayments from Medicare or Medicaid. This could lead to False Claims Act liability and lawsuits, and no one wants to face the wrath of the US government. Lea Courington is an attorney who specializes in these matters. She explains how you can protect your practice.

Under the [Affordable Care Act](#), health-care providers must report and return Medicare or Medicaid overpayments within 60 days after an overpayment is identified, or the date a corresponding cost report is due, whichever is later. But it can be challenging to figure out what constitutes an “identified” overpayment. Does the 60-day clock start when a health-care provider actually knows there is an overpayment, or is suspicion about a possible overpayment enough to start the 60-day clock?

It's an important question. If a health-care provider misses the 60-day deadline, particularly if the government can demonstrate that the provider did not investigate a suspicion or concern about possible overpayment, the government can assert that an identified overpayment has been “knowingly concealed” or “knowingly and improperly avoided.” Looking the other way to avoid knowing of the overpayment never protects the provider from having to repay an overpayment, but it could lead to False Claims Act liability, potentially triggering treble damages, civil monetary penalties, and, even worse, exclusion from federal health-care programs.

Here are some things you can do to protect yourself from being caught in a similar situation. First, conducting regular self-audits and compliance checks will help you catch errors early, when they're small and easier to correct. If you discover you were erroneously reimbursed for incorrectly coded services, promptly repay the amounts. This not only avoids False Claims Act liability, but will demonstrate to the government that your compliance efforts are serious.

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Next, if you're surprised by something—such as learning that a patient death occurred prior to the service date on a claim, or finding that services were provided on your behalf

by someone who was excluded from health care programs but didn't tell you, or by a provider that may not have had the certifications they claimed to have—promptly investigate the matter. For example, if someone didn't have the proper certifications, were the services billed as though they did? If the services were billed as though someone did, which patients' claims were billed? Were the claims paid?

Next, watch for sudden spikes in reimbursement without any obvious explanation for the spike, such as bringing a new partner into the practice, which you would expect to increase reimbursements. When you investigate the situation, you may find another explanation that justifies the spike, or you may find overpayments that need to be repaid.

The standard imposed by the False Claims Act for reporting and returning overpayments is an exacting standard with dire consequences for missteps. The government is likely to continue its strong enforcement. Each year the federal government and states recover larger amounts of allegedly fraudulent payments, and as health care costs increase, so does the incentive to recover these fraudulent payments.

At the same time, health-care providers are often inundated with claim and billing information, some of which could be characterized as identified overpayments. Providers should take a critical and comprehensive look at their billing and compliance processes and create a streamlined process to review claim and billing information, investigate reports of possible noncompliance, and report and return overpayments within 60 days.

An excerpt from Dentistry iQ **Practice Management Article: Protect Your Dental Practice from Government Scrutiny**—Watch for Medicare and Medicaid Overpayments. [Click here](#) for full Article.



Critical Awareness Training

Did you know providers are required to report critical incidents to LIBERTY Dental Plan and the proper authorities? To help you comply with this requirement, LIBERTY has supplied a Critical Incident Awareness Training on our website, which providers must complete within 60 days of contract effective date.

Members participating in Medicaid and Medicare programs may be vulnerable to abuse or neglect due to their health condition, age, social isolation and economic situation. There are a number of critical incidents to look out for, which have been identified by CMS. These critical incidents include:

- **Abuse**
- **Neglect**
- **Exploitation**
- **Serious, life threatening event requiring immediate emergency evaluation**
- **Disappearance**
- **Death**
- **Seclusion and restraints**
- **Suicide Attempt**

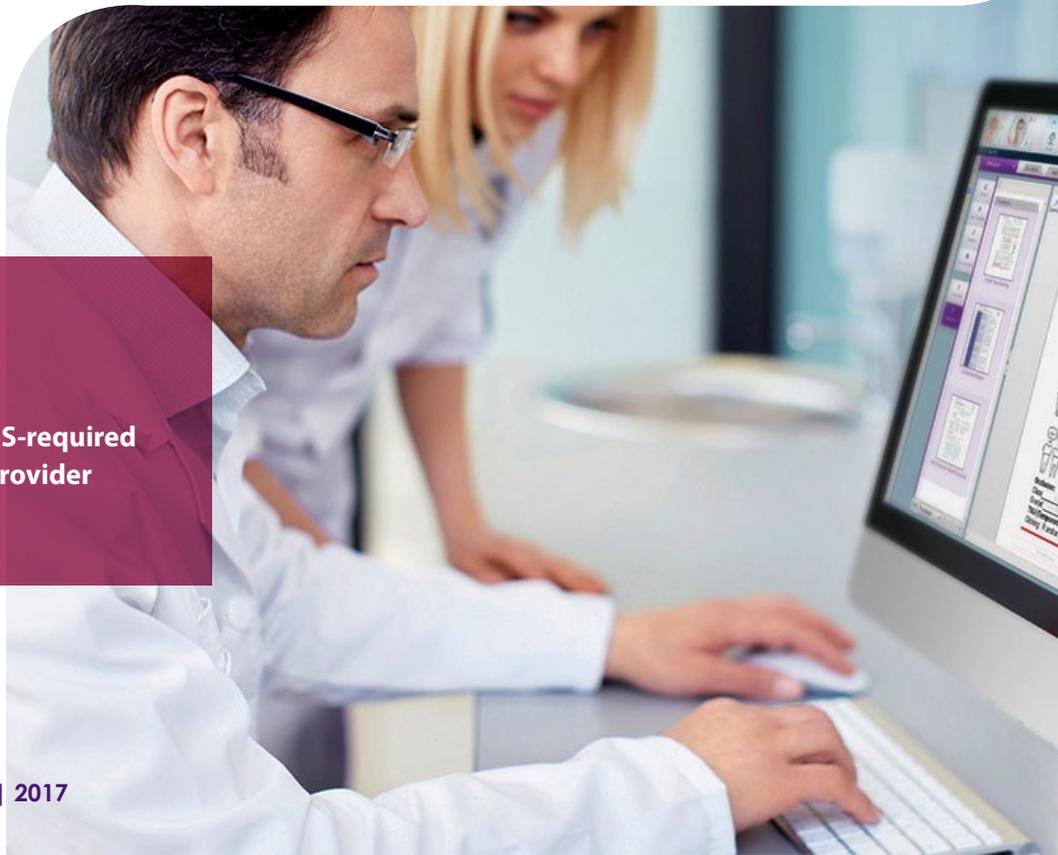
To find out more about this requirement, please visit www.cms.gov. There may be additional state-specific requirements in your state.

did you know

LIBERTY provides online training for Providers

Be compliant

To comply with and complete this CMS-required online training [click here](#) or call our Provider Relations Team at 888.352.7924



New Business for 2017!

LIBERTY is pleased to announce that we have been selected to administer the Dental Benefits for the following new groups:

Effective 1/1/2017

California

A Bright Future
ACM - Equilibrium - Legacy Packing
Alpha Wholesale Produce, Inc.
American Tex-Chem Corporation
Autocrib, Inc.
Brentwood Home, LLC
CA IND Exchange
California Mantel & Fireplace, Inc.
CASE Medical Group, Inc./
Cypress Hybrid
Con J Franke Electric/Cypress Hybrid
Ctrust Staffing
Elite Athletic Services
FirstMedicare Direct
Grandcare Health Services, LLC/
Cypress Hybrid
Herfindahl Chiropractic, INC.
KeyPoint Credit Union
Millennium Corporate Solutions

Nextivity, Inc./Cypress Hybrid
Pasatiempo, Inc./Cypress Hybrid
Patava Management, INC.
Rhodes-Stockton Bean Co-op
Teamsters Executive Retirees
Local 396
The Garlic Company

Colorado

Denver Health Plan DSNP

Florida

BPQR, LLC
EON Health Plan
FL IND Exchange
J & J Educational Bootcamp
Peterson Consulting Services LLC
Struble, P.A.

Illinois

Fresenius High

Missouri

Med-Staff Home Health, LLC
MO IND Exchange

Nevada

Amusement Industry, Inc.
Byrd Underground, LLC
JSW Real Estate Investment, LLC
Nevada Senior Services, Inc.
Newage Lake Las Vegas
SLS Las Vegas, LLC
Vector Media Holding Corp.
Warren Distributing, Inc.
Wedgewood

New York

Fresenius High

Texas

Vista Health Plan, Inc. dba Vista
360 Health

Wisconsin

Security Health Plan

Effective 2/1/2017

California

Fathomers
Fresno Precision Plastics

Nevada

Medical Group at Sun City, LLC

Florida

Central FL Jobs with Justice

Effective 3/1/2017

California

Rhino Trucking, LLC
Opotek, Inc./Cypress Hybrid

Nevada

Li Guang
New Hope of Las Vegas

U Deed, LLC
North American Deed Company
Rancho Mart



Compliance Corner

How do I report Compliance, Privacy, Ethics, or Fraud, Waste & Abuse concerns?

Anyone can report concerns, 24 hours a day, 7 days a week, including employees, members, providers, vendors, etc. LIBERTY enforces a strict policy of non-retaliation. Retaliation against anyone who reports compliance concerns in good faith is strictly prohibited. If you see retaliation or believe it has occurred, you must report it.

Call: 888.704.9833

Email: compliance@libertydentalplan.com

Fax: 714.389.3529

Mail: Compliance Officer
LIBERTY Dental Plan
340 Commerce, Suite 100
Irvine, CA 92602

Provider Resource Library

- > To access our Provider Resource Library [click here](#)
- > Select Provider Resource Library from the sidebar menu,
- > Select Your State,
- > Then click continue