

Online Provider Portal User Guide

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Getting Started

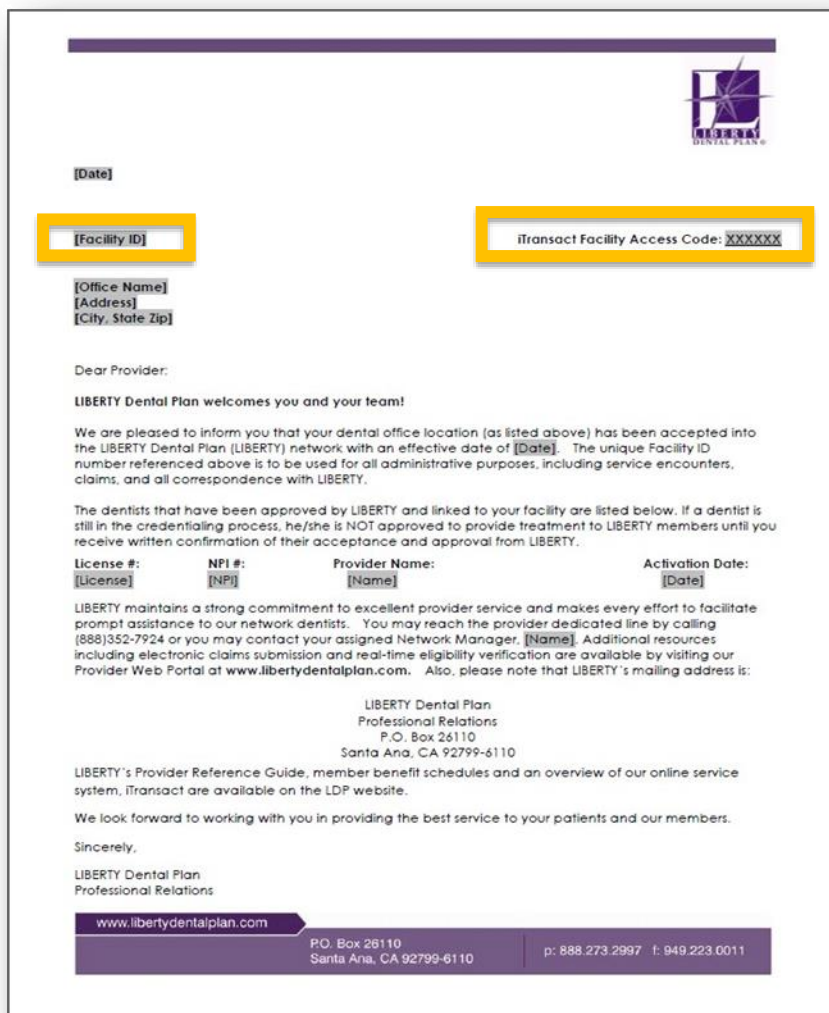
Liberty Dental Plan ("Liberty") offers 24/7 real-time access to information and tools through our secure Online Provider Portal.


SYSTEM REQUIREMENTS

- Internet Connection compatible with Microsoft Edge, Google Chrome, and Mozilla Firefox
- 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

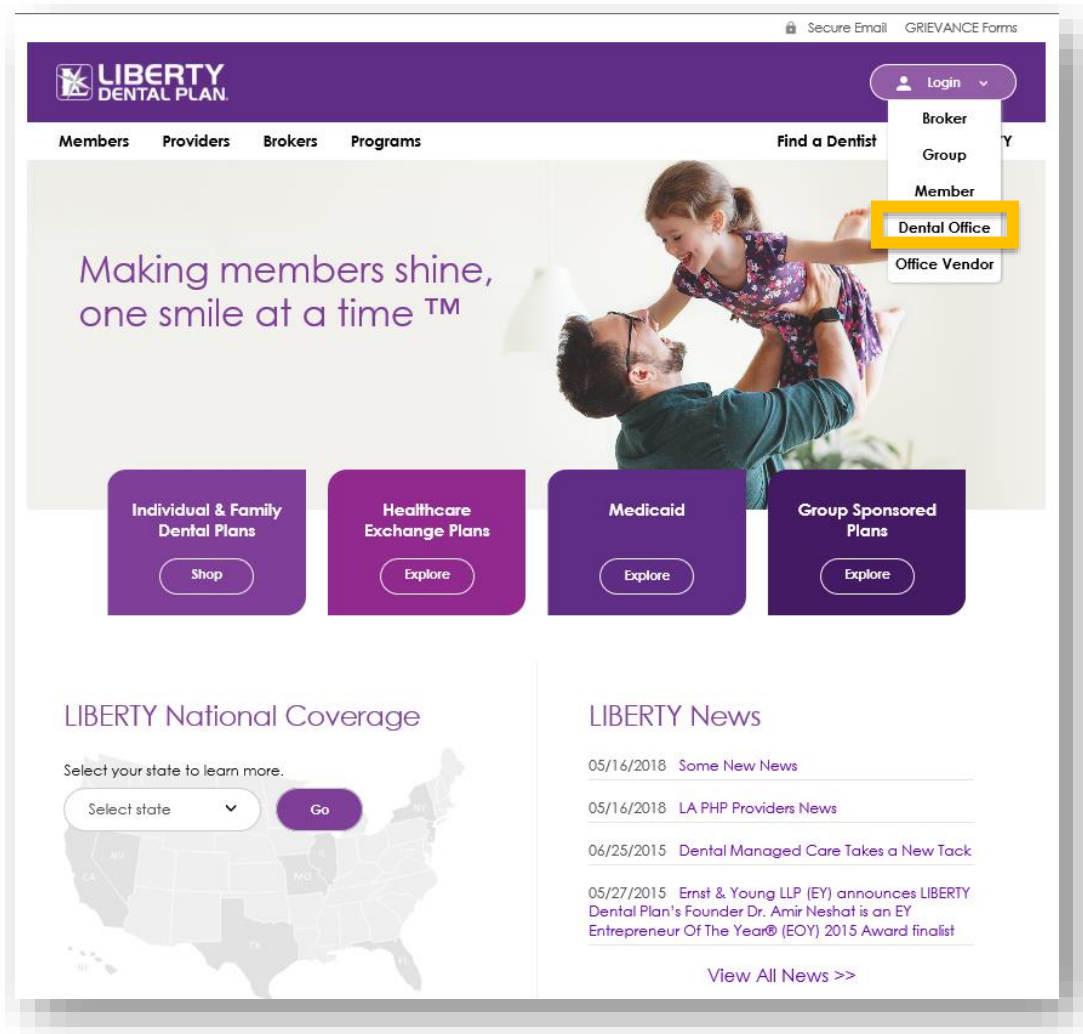
p: 888.273.2997 f: 949.223.0011

New Office Registration

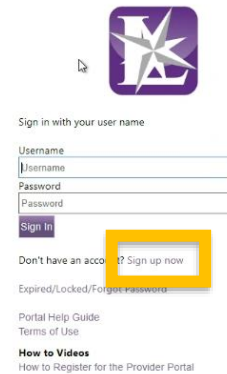
REGISTER A NEW OFFICE

A designated Office Administrator should be the user to set up the office master primary web 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 **Login** → **Dental Office**.



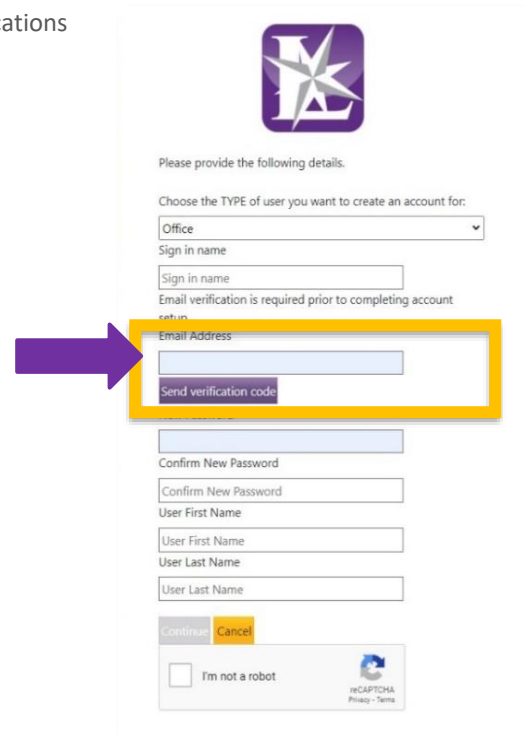
On the following screen, click the **Sign Up Now** button. There is no need to enter any other information.

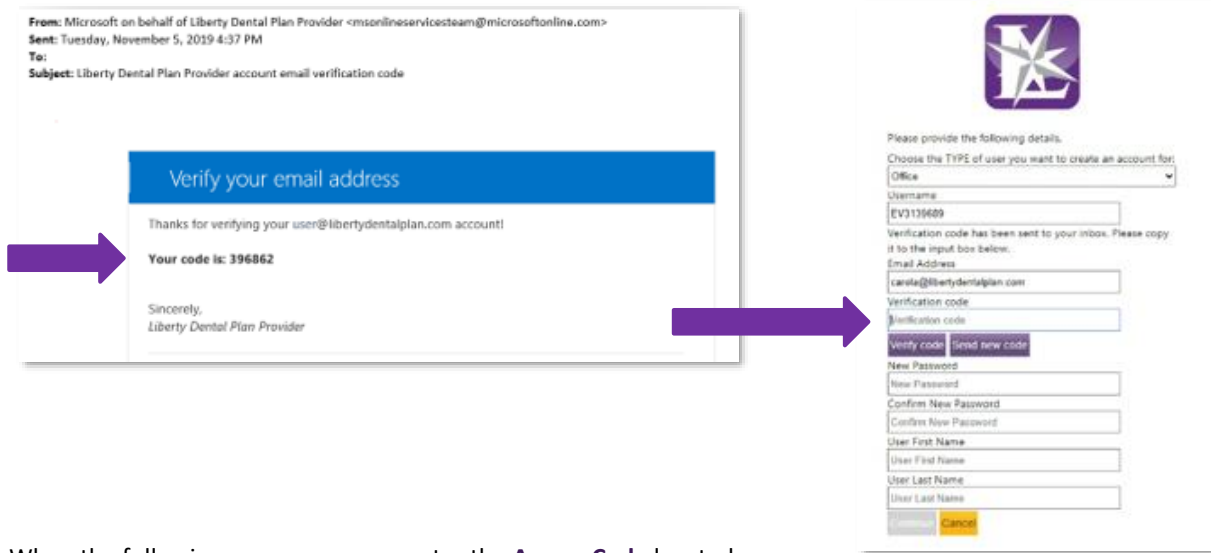
When the next screen appears select **Office** from Choose the Type of user you want.

Create Sign In Name – Username may contain any combination of letters, numbers, and special characters except for the following: @, (,)

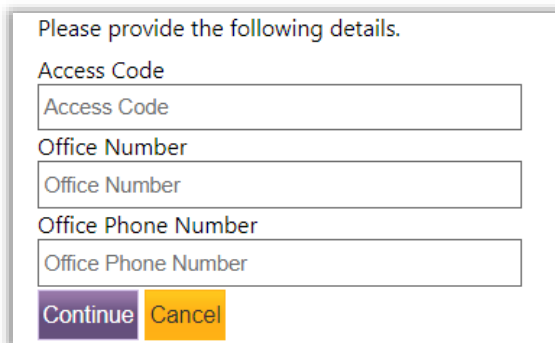
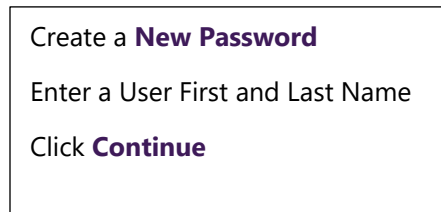
1. Enter Email Address – enter the address the account communications and important information should be sent to.
2. Click **Send verification Code**. A Microsoft **Access Key** will be generated and sent to the email address listed above.



3. Enter the code in the **Verification Code** field and select, **Verify Code**.



4. When the following screen appears, enter the **Access Code** located on your welcome letter in the Access Key field. The **Office Number** is also located on the welcome letter. Enter the office phone number and select **Continue**.

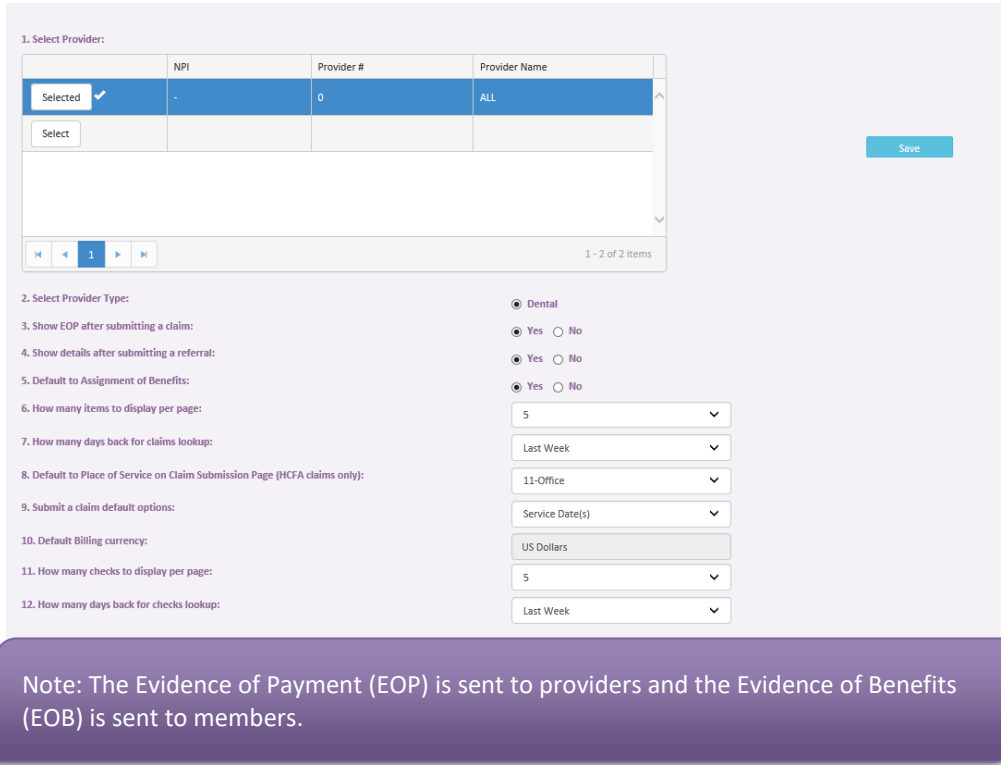
Note: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#%&*)

Note: Each user must always sign in with the email address they use to set up their personal access account. This email address may be different than the email address used to set up the office master primary web account.

MY PREFERENCES

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

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



The screenshot shows the 'My Preferences' form. It includes a table for selecting a provider, followed by 12 numbered settings. A purple callout box at the bottom contains a note about EOP and EOB.

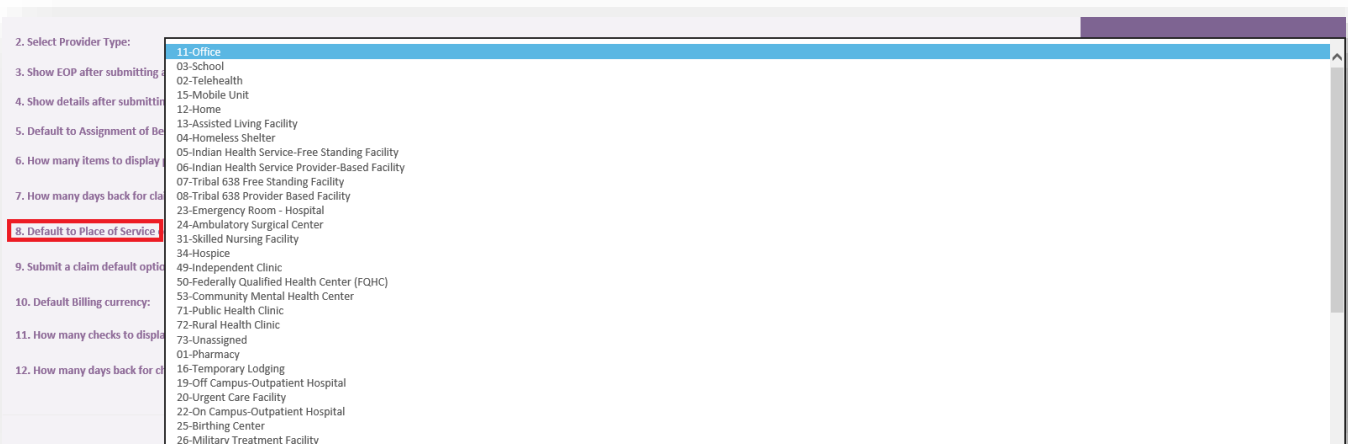
Selected	NPI	Provider #	Provider Name
<input checked="" type="checkbox"/>	-	0	ALL

Save

2. Select Provider Type: ☒ Dental
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: 5
7. How many days back for claims lookup: Last Week
8. Default to Place of Service on Claim Submission Page (HCFA claims only): 11-Office
9. Submit a claim default options: Service Date(s)
10. Default Billing currency: US Dollars
11. How many checks to display per page: 5
12. How many days back for checks lookup: Last Week

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 11-Office. Another Place of Service can be selected as a default from the drop-down menu.



The screenshot shows the '8. Default to Place of Service' dropdown menu. The menu is open, displaying a list of 26 options. The first option, '11-Office', is highlighted in blue.

2. Select Provider Type:
3. Show EOP after submitting a claim:
4. Show details after submitting a referral:
5. Default to Assignment of Benefits:
6. How many items to display per page:
7. How many days back for claims lookup:
8. Default to Place of Service: 11-Office
9. Submit a claim default options:
10. Default Billing currency:
11. How many checks to display per page:
12. How many days back for checks lookup:

- 11-Office
- 03-School
- 02-Telehealth
- 15-Mobile Unit
- 12-Home
- 13-Assisted Living Facility
- 04-Homeless Shelter
- 05-Indian Health Service-Free Standing Facility
- 06-Indian Health Service Provider-Based Facility
- 07-Tribal 638 Free Standing Facility
- 08-Tribal 638 Provider Based Facility
- 23-Emergency Room - Hospital
- 24-Ambulatory Surgical Center
- 31-Skilled Nursing Facility
- 34-Hospice
- 49-Independent Clinic
- 50-Federally Qualified Health Center (FQHC)
- 53-Community Mental Health Center
- 71-Public Health Clinic
- 72-Rural Health Clinic
- 73-Unassigned
- 01-Pharmacy
- 16-Temporary Lodging
- 19-Off Campus-Outpatient Hospital
- 20-Urgent Care Facility
- 22-On Campus-Outpatient Hospital
- 25-Birthing Center
- 26-Military Treatment Facility

The **Submit a Claim** default is set to Service Date(s). The date of service you enter for the first service line will automatically populate when you click in the Service Date box for any additional service lines entered when submitting a claim. (The steps on how to submit a claim, Pre-Authorization/Estimate and referral will be explained in further detail; see pages 21-24)

2. Click **Save**.

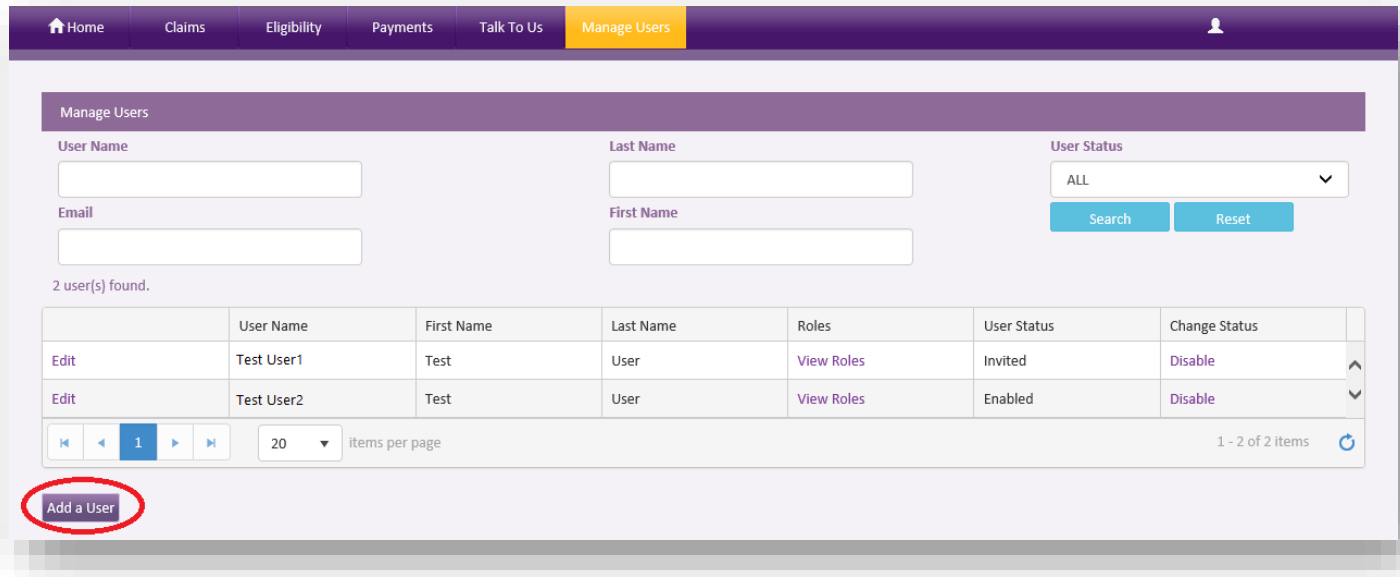
Once your preferences have been saved, you will remain on the **Preferences** screen where you can select from the available drop-down features.

2. Select Provider Type:	<input checked="" type="radio"/> Dental
3. Show EOP after submitting a claim:	<input checked="" type="radio"/> Yes <input type="radio"/> No
4. Show details after submitting a referral:	<input checked="" type="radio"/> Yes <input type="radio"/> No
5. Default to Assignment of Benefits:	<input checked="" type="radio"/> Yes <input type="radio"/> No
6. How many items to display per page:	5
7. How many days back for claims lookup:	Last Week
8. Default to Place of Service on Claim Submission Page (HCFA claims only):	11-Office
9. Submit a claim default options:	Service Date(s)
10. Default Billing currency:	US Dollars
11. How many checks to display per page:	5
12. How many days back for checks lookup:	Last Week

ADD A NEW USER

The Administrator can add additional users by:

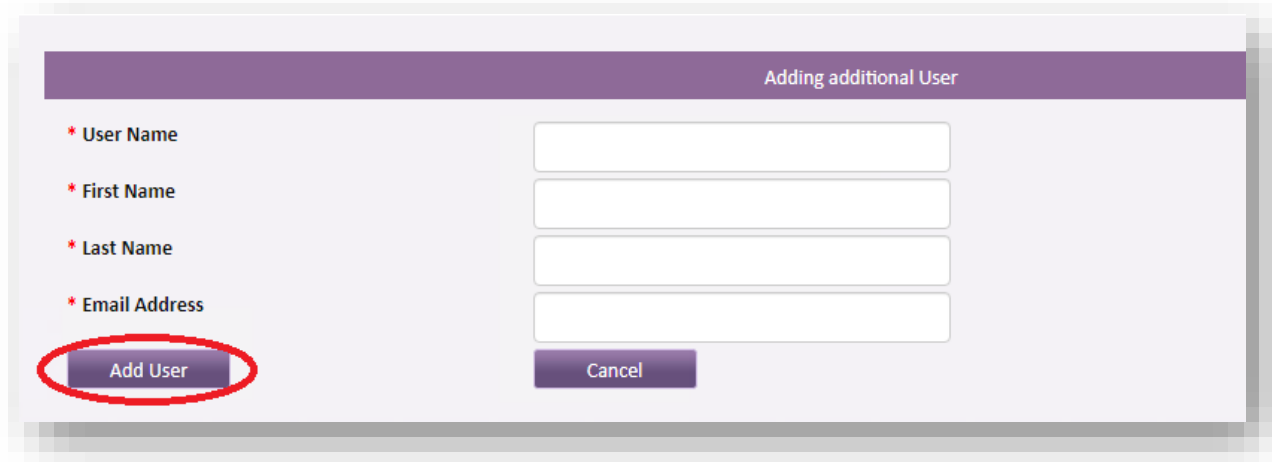
Select **Manage Users** from the drop-down menu on the top of the screen.



The screenshot shows the 'Manage Users' interface. At the top is a navigation bar with links: Home, Claims, Eligibility, Payments, Talk To Us, and Manage Users (highlighted in yellow). Below the navigation bar is a header 'Manage Users'. The main area contains search filters: 'User Name' (text input), 'Last Name' (text input), 'First Name' (text input), 'Email' (text input), and 'User Status' (dropdown menu set to 'ALL'). There are 'Search' and 'Reset' buttons. Below the filters, it says '2 user(s) found.' and displays a table with columns: User Name, First Name, Last Name, Roles, User Status, and Change Status. The table has two rows: 'Test User1' (Invited) and 'Test User2' (Enabled). Each row has an 'Edit' link and a 'View Roles' link. At the bottom of the table is a pagination bar showing '1' of 2 items, '20' items per page, and '1 - 2 of 2 Items'. A red circle highlights the 'Add a User' button at the bottom left of the interface.

	User Name	First Name	Last Name	Roles	User Status	Change Status
Edit	Test User1	Test	User	View Roles	Invited	Disable
Edit	Test User2	Test	User	View Roles	Enabled	Disable

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



The screenshot shows the 'Adding additional User' form. It has a title bar 'Adding additional User'. Below the title bar are four required fields, each with an asterisk: '* User Name', '* First Name', '* Last Name', and '* Email Address'. Each field has a corresponding text input box. At the bottom of the form are two buttons: 'Add User' (highlighted with a red circle) and 'Cancel'.

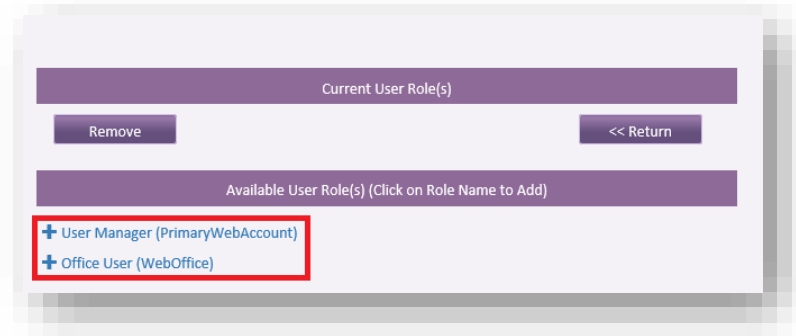
SET NEW USER ROLES

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

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

Roles:

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

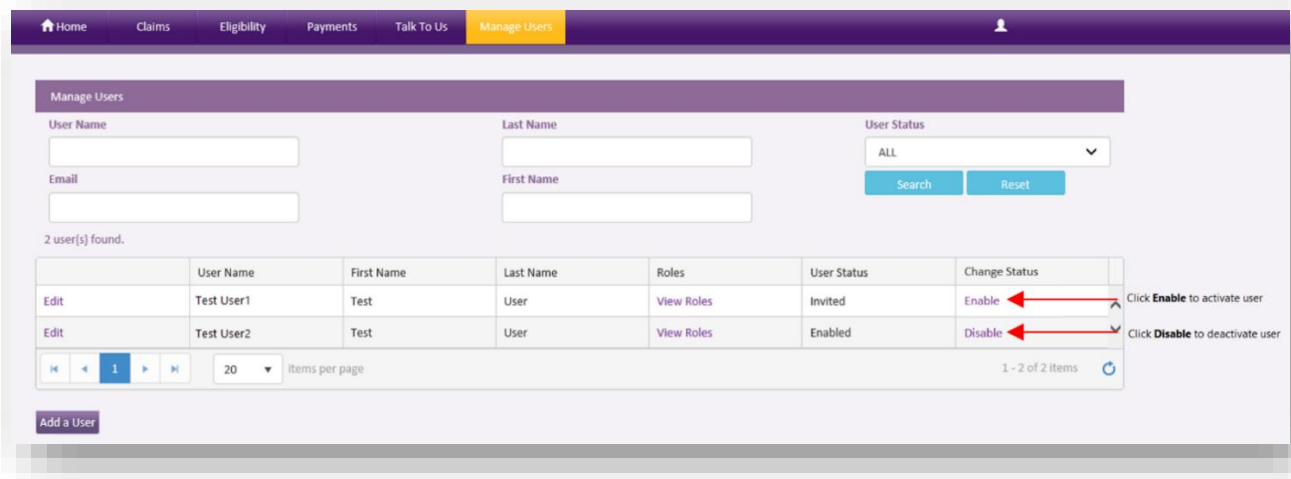


ENABLE AND DISABLE USERS

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

Click on the **Manage Users** on the top 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**.

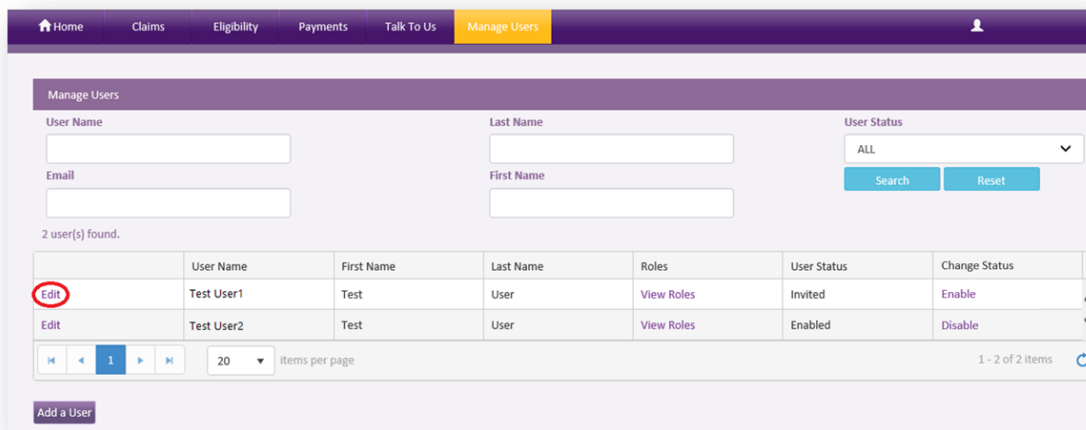


	User Name	First Name	Last Name	Roles	User Status	Change Status
Edit	Test User1	Test	User	View Roles	Invited	Enable
Edit	Test User2	Test	User	View Roles	Enabled	Disable

EDIT USER INFORMATION

The Office Administrator can edit a user's information:

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



Manage Users

User Name: Last Name: User Status:

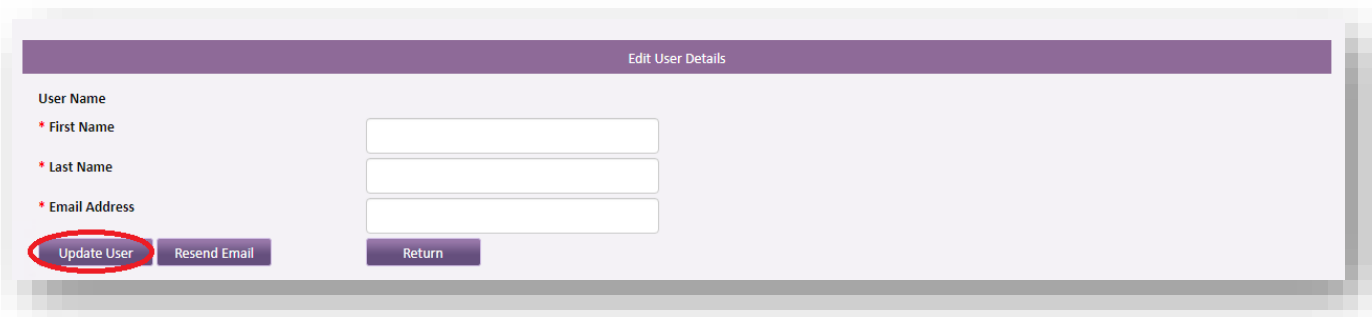
Email: First Name:

2 user(s) found.

	User Name	First Name	Last Name	Roles	User Status	Change Status
Edit	Test User1	Test	User	View Roles	Invited	Enable
Edit	Test User2	Test	User	View Roles	Enabled	Disable

1 - 2 of 2 items

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**.



Edit User Details

User Name:

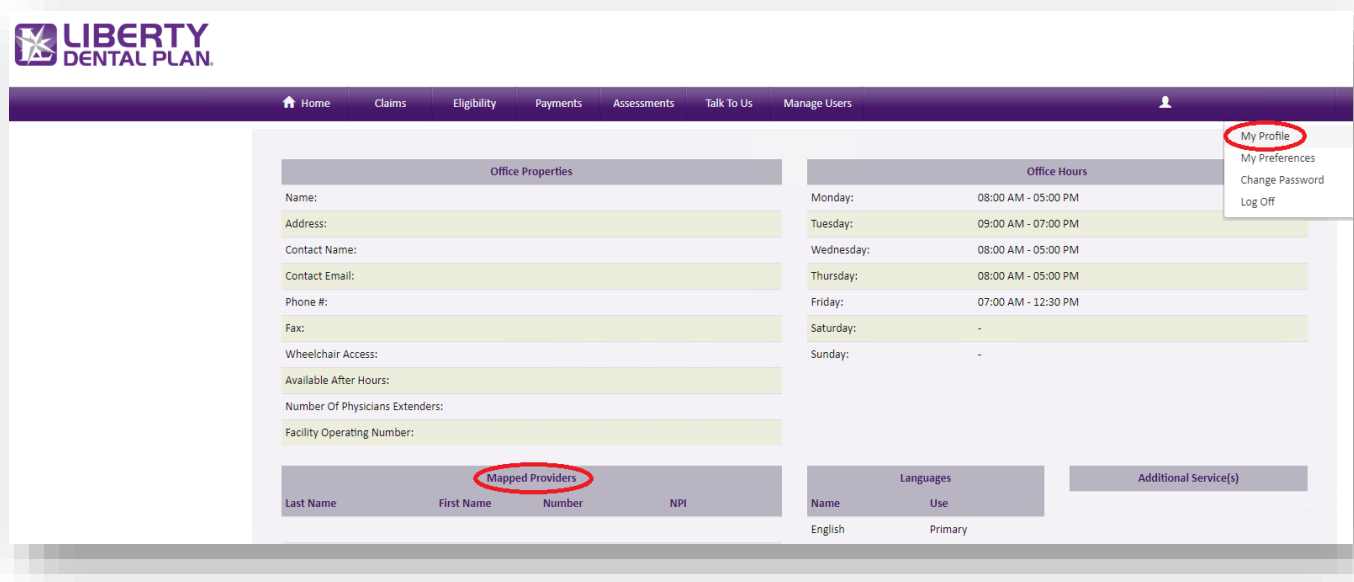
* First Name:

* Last Name:

* Email Address:

MY PROFILE

You can view your office's current business information by clicking on the **My Profile** on the top right side of the screen. This information can only be updated by contacting your Provider Relations Network Manager.



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:	09:00 AM - 07:00 PM
Wednesday:	08:00 AM - 05:00 PM
Thursday:	08:00 AM - 05:00 PM
Friday:	07:00 AM - 12:30 PM
Saturday:	-
Sunday:	-

Mapped Providers			
Last Name	First Name	Number	NPI

Languages	
Name	Use
English	Primary

Additional Service(s)	
-----------------------	--

MAPPED PROVIDERS

You can view a list of all the providers linked to your office in our system on the **Mapped Providers** section of the screen. Please contact your Provider Relations Network Manager to add, terminate or request the status of a provider.

NEW FEATURE

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

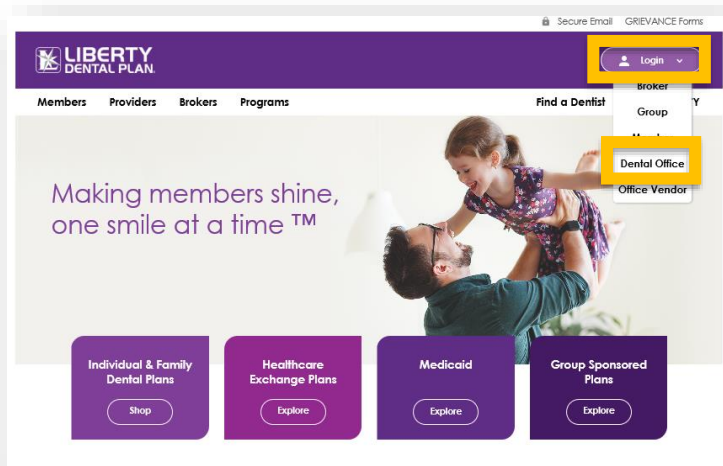
Accessing Your User Account

LOG IN

Users must access their individual accounts with the email address, username, and personal password they created their account with. This may be separate and outside of their master primary web account's email, username, and password.

Please visit www.libertydentalplan.com.

1. Click on **LOGIN**.



On the next screen:

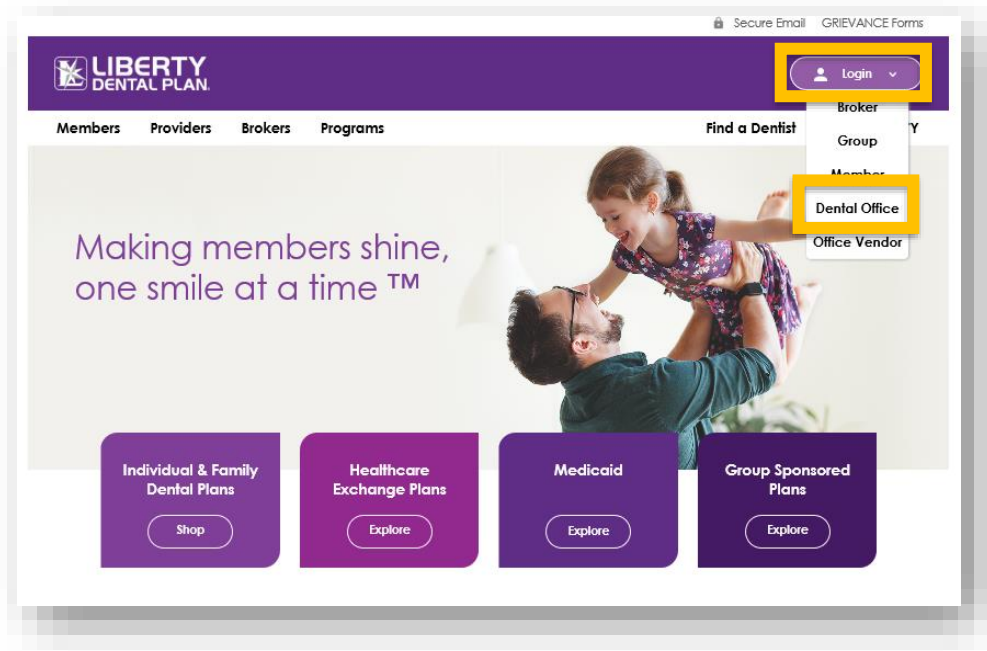
1. Type in **Username** and **Password**.
2. Click **Sign In**.



PASSWORD RESET

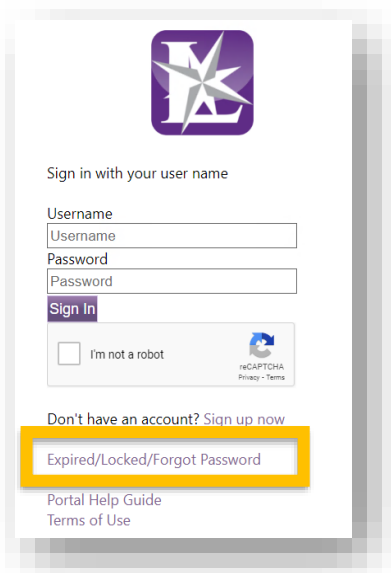
Please visit www.libertydentalplan.com.

1. Click on **LOGIN**.



On the next screen:

2. Click **Expired/Locked/Forgot Password**.
3. Type Username and Email Address associated to user account and click **Send verification code**.




Sign in with your user name

Username

Password

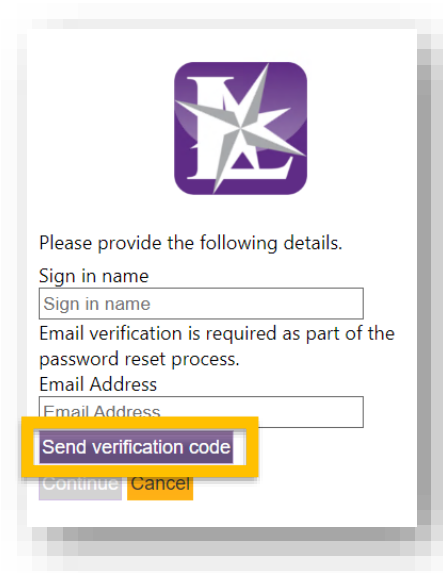
Sign In

☐ I'm not a robot 

Don't have an account? [Sign up now](#)

Expired/Locked/Forgot Password

[Portal Help Guide](#)
[Terms of Use](#)



Please provide the following details.

Sign in name

Email verification is required as part of the password reset process.

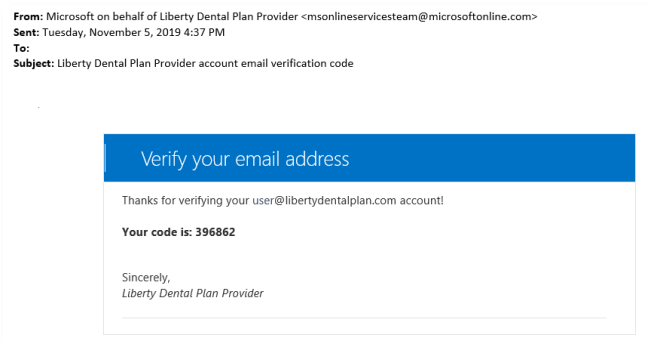
Email Address

Send verification code

[Continue](#) [Cancel](#)

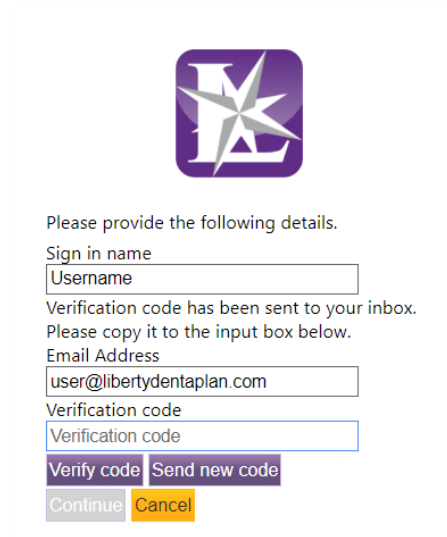
PASSWORD RESET *continued*

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



- Enter the code from the email in the **Verification Code**.
- Click **Continue**.

On the next screen:



Please provide the following details.

Sign in name
 Username

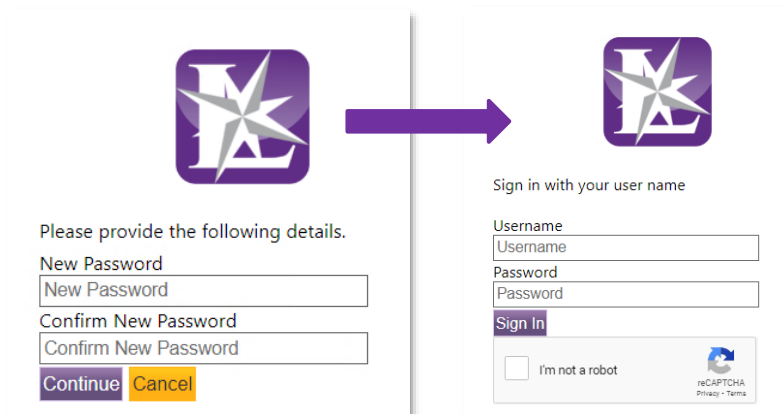
Verification code has been sent to your inbox.
 Please copy it to the input box below.

Email Address
 user@libertydentalplan.com

Verification code
 Verification code

Verify code Send new code

Continue Cancel



Please provide the following details.

New Password
 New Password

Confirm New Password
 Confirm New Password

Continue Cancel

Sign in with your user name

Username
 Username

Password
 Password

Sign In

☐ I'm not a robot

reCAPTCHA
 Privacy - Terms

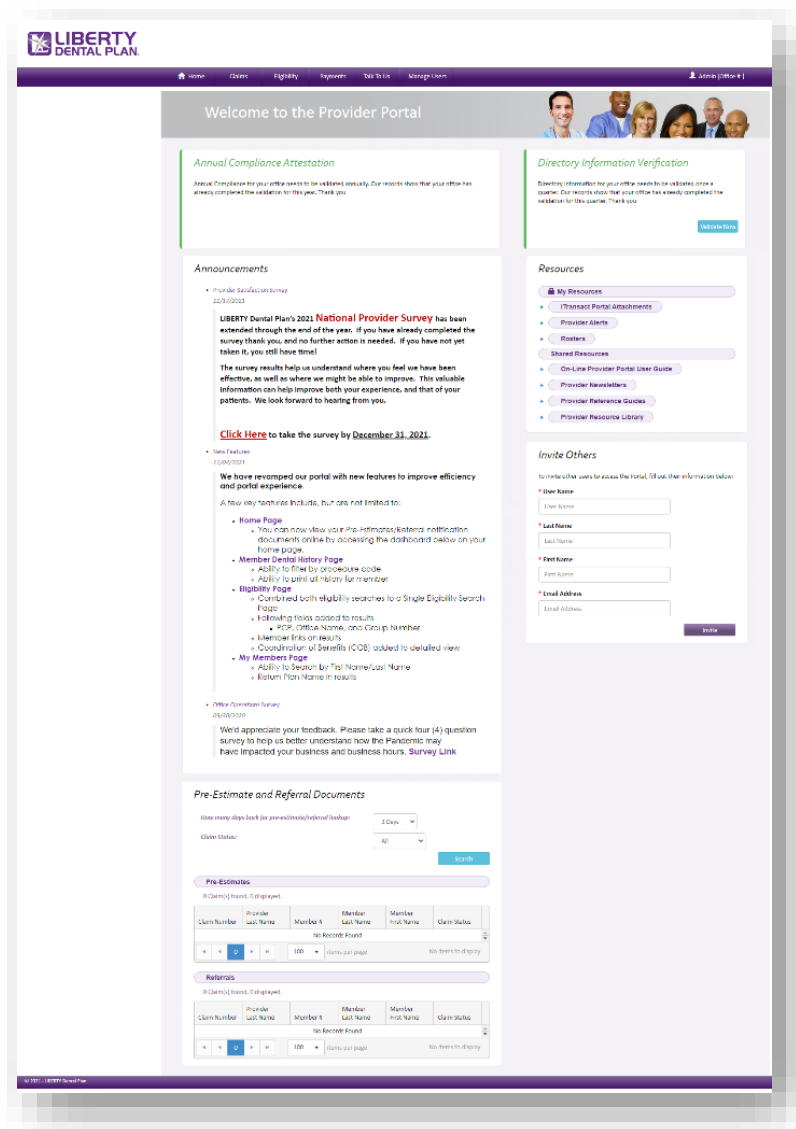
Note: Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#%&*)

- Type in **New Password** and **Confirm Password**.
- Click **Continue**.
- Type in **Username** and **Password**.
- Click **Sign In**.

Home Page Features

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

- **Navigation Buttons:** located horizontally on the top of page. Hover over each selection to view options.
- **Annual Compliance Attestation:** immediately access links to attest or take needed training courses
- **Directory Information Verification:** validate your office's directory information quarterly
- **Announcements:** view global Liberty announcements
- **Resources:** new categories for ease of access
 - **My Resources:** Fee Schedules, Contracts, Documents, Communications
 - **Shared Resources:** Guides, Documents, reference materials
- **Pre-Authorization/Estimate and Referral Documents:** notification of UM documents fulfilled
- **Invite Others:** administrator access to setup new user(s)



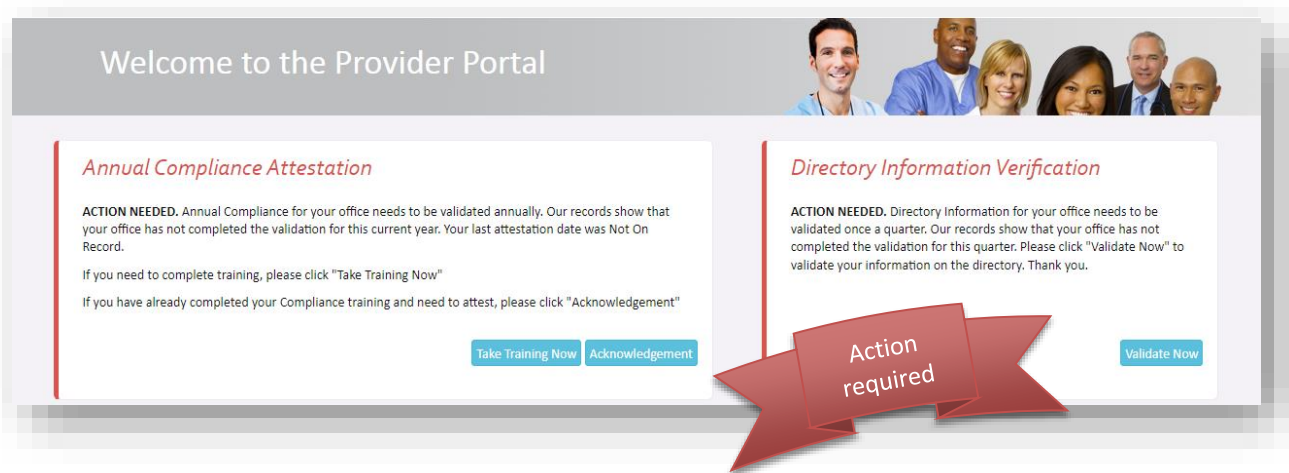
DIRECTORY INFORMATION VERIFICATION (DIV) AND ANNUAL COMPLIANCE ATTESTATION

Self-service online tools to validate your office's directory information or acknowledge and attest your annual compliance training has been added to the home page. Offices no longer need to log in separately or look for your access code. Clicking the links will take the user directly to where they need to go and complete the needed action.

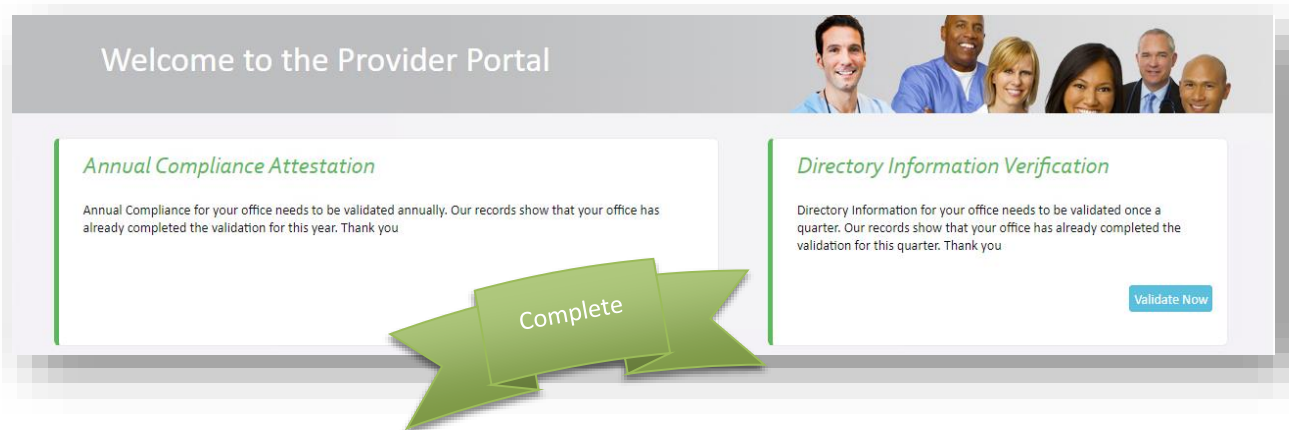
Once the Compliance Attestation or Directory Information

NEW FEATURE

When it is time for your office to take action, reminders at the top of the landing page will turn red and links will become available to directly access the needed webpage(s).

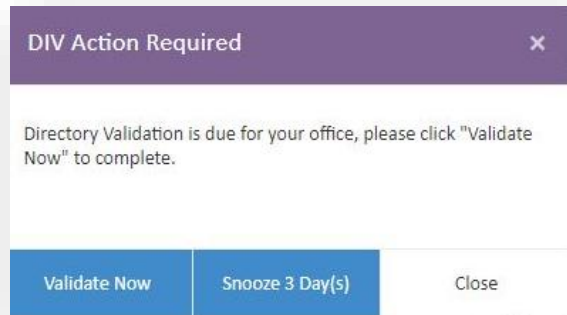


action needed has been resolved, the red bar on the left of the reminder will change to green and action buttons will be removed from the Annual Compliance Attestation.



DIV AND ANNUAL COMPLIANCE ATTESTATION *continued*

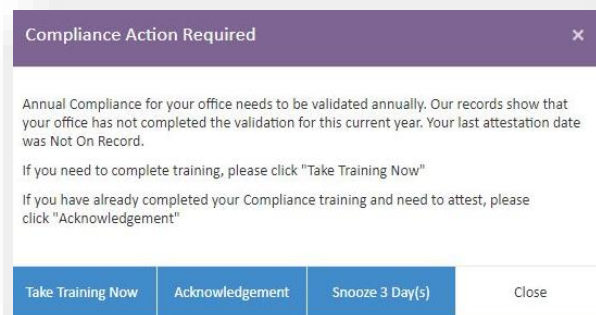
The following pop-up reminder(s) will appear if an office needs to complete their DIV or Annual Compliance Attestation. The user can take action, snooze for 3 days, or close the pop-up.



DIV Action Required [X]

Directory Validation is due for your office, please click "Validate Now" to complete.

[Validate Now](#) [Snooze 3 Day\(s\)](#) [Close](#)



Compliance Action Required [X]

Annual Compliance for your office needs to be validated annually. Our records show that your office has not completed the validation for this current year. Your last attestation date was Not On Record.

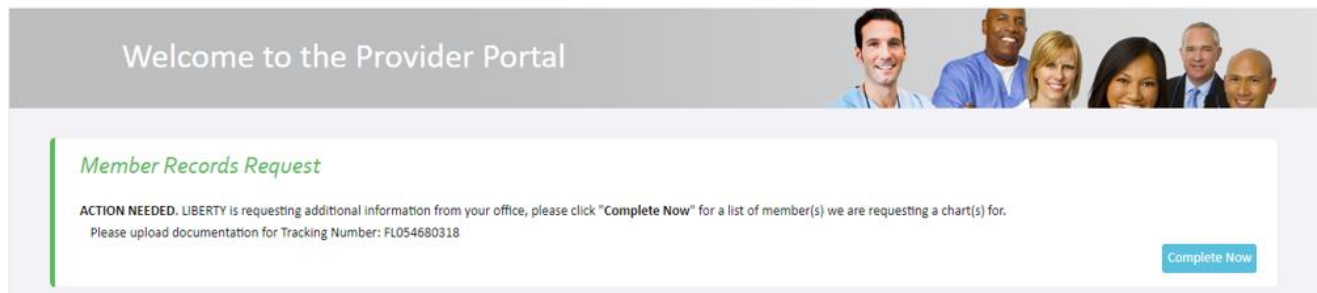
If you need to complete training, please click "Take Training Now"

If you have already completed your Compliance training and need to attest, please click "Acknowledgement"

[Take Training Now](#) [Acknowledgement](#) [Snooze 3 Day\(s\)](#) [Close](#)

MEMBERS RECORD REQUEST

Occasionally requests for member records will be made. A notification banner located at the top of the screen alerts of the need to take action. Click on the **Complete Now** button.



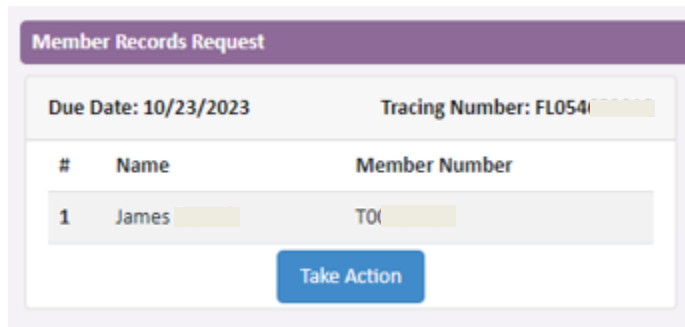
Welcome to the Provider Portal

Member Records Request

ACTION NEEDED. LIBERTY is requesting additional information from your office, please click "**Complete Now**" for a list of member(s) we are requesting a chart(s) for.
Please upload documentation for Tracking Number: FL054680318

[Complete Now](#)

The member's name and identification number will appear on the next screen with a **Take Action** button. Clicking will open a field for uploading the requested member records. Submit Records will securely and confidentially send the documents to Liberty.



Member Records Request

Due Date: 10/23/2023 **Tracing Number:** FL054680318

#	Name	Member Number
1	James	TO

[Take Action](#)

Member Records Request - Due Date: 10/23/2023

Total File size allowed is 25MB. Individual File size allowed is 8 MB.

* Please Note - Only alphanumeric file names are allowed. No special characters permitted.

#	Name	Member Number
1	James	TOI

Files

Select files...

✓ Submit Records

⊗ Cancel

PRE-AUTHORIZATION/ESTIMATE AND REFERRAL DOCUMENTS

Providers have ease-of-access to their fulfillment documents for Pre-Authorization/Estimates and referrals via the home page. Users can select look back of 3, 7, 30 days along with claims status.

Pre-Estimate and Referral Documents

How many days back for pre-estimate/referral lookup:

Claim Status:

Search

Pre-Estimates

0 Claim(s) found, 0 displayed.

Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status
No Records Found					

Navigation: [Previous] [0] [Next] | 5 items per page | No items to display

Referrals

0 Claim(s) found, 0 displayed.

Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status
No Records Found					

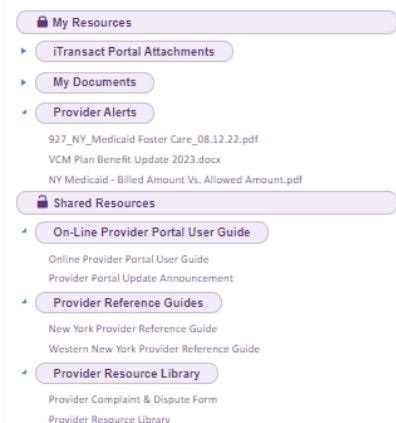
Navigation: [Previous] [0] [Next] | 5 items per page | No items to display

MY RESOURCES

Unique documents specific to your office are located here.

1. Click **HOME** on the top fo the screen to view available documents.
 - a. **iTransact Portal Attachments** – ***Fee Schedules**, Contracts, and other Liberty proprietary documents
 - b. **My Documents** – Office proprietary documents
 - c. **Provider Alerts** – Important Liberty communications and updates
 - d. **Rosters** – Assigned membership rosters appear if applicable

Resources



***Fee Schedules** – Fee schedules have unusual naming conventions. When searching **iTransact Portal Attachments** search using any of the following Network Types, Key Words, Specialty Codes, or Plan Names (listed below):

- Network Types (EPO, EOP, PPO, DHMO, CAP, Medicaid, Medicare, or Exchange)
- Key Words (Fee, Exception, Group Name, etc.)
- Specialty Code (Endo, Hygienist, Oral, Ortho, Pedo, or Perio)
- Plan Name, (GMC, PHP, MGM, SMMC, Healthy Kids, etc.)

SHARED RESOURCES

Forms and Provider Reference Guides

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

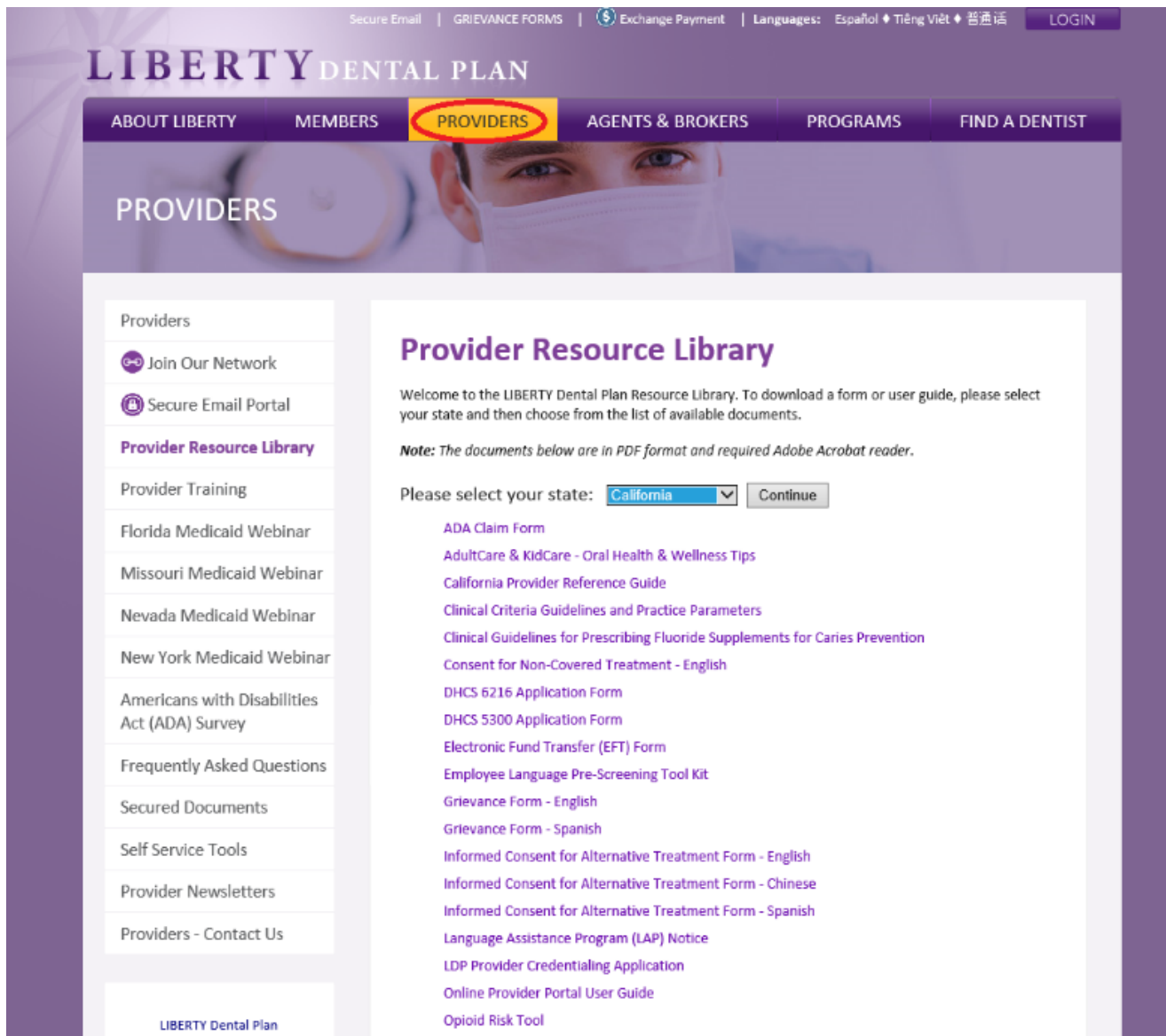
1. Click on the **Shared Resources** section of the screen to view and download the following:
 - a. Provider Reference Guides
 - b. Preventative and Periodontal Guidelines
 - c. Provider Newsletters
 - d. Online Provider Portal User Guide
2. Click on **Resource Library – Forms and other tools** which 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

Reference guides, forms, and various tools may be found in this section.

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.

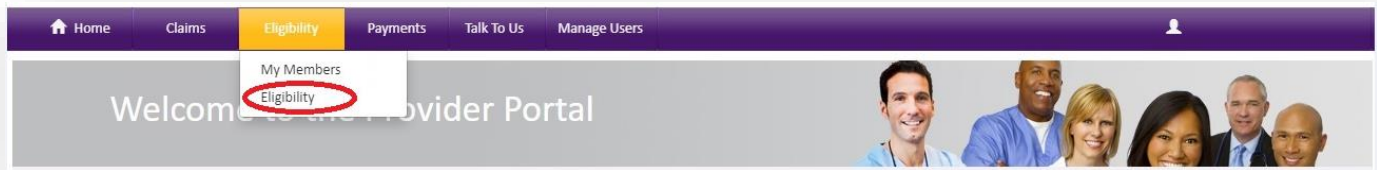


The screenshot shows the Liberty Dental Plan website's Provider Resource Library. At the top, there's a navigation bar with links for Secure Email, GRIEVANCE FORMS, Exchange Payment, Languages (Español, Tiếng Việt, 普通话), and a LOGIN button. Below this is a main menu with tabs for ABOUT LIBERTY, MEMBERS, PROVIDERS (highlighted with a yellow circle), AGENTS & BROKERS, PROGRAMS, and FIND A DENTIST. The main content area is titled 'PROVIDERS' and features a sidebar on the left with various links like 'Join Our Network', 'Secure Email Portal', 'Provider Resource Library' (highlighted), 'Provider Training', and several Medicaid webinars. The main content area is titled 'Provider Resource Library' and includes a welcome message, a note about PDF format, a state selection dropdown (set to California), and a list of available documents such as 'ADA Claim Form', 'AdultCare & KidCare - Oral Health & Wellness Tips', 'California Provider Reference Guide', and others.

Member Eligibility and Benefits

CHECK MEMBER ELIGIBILITY

Access the Eligibility tab at the top of the screen, Click on **Eligibility**.



Enter **Partial Last Name**, **Partial First Name** and **DOB**, or **Member # (with or without the suffix, -01)**.

We recommend using **Last Name**, **First Name** and **DOB** for best results.

Up to 10 additional rows may be added for multiple members.

Click **Search**.

Information provided below will be cross-checked with member eligibility records for all programs.
 You can search by **Member Number** or a combination of **Last Name**, **First Name** and **Date of Birth**.
 Service Date is always required.

Eligibility Verification Search						
	Line	Member Number	Member Last Name	Member First Name	Member Date of Birth	Date of Service
<input type="button" value="X Remove"/>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="Calendar"/>	12/03/2021 <input type="button" value="Calendar"/>
<input type="button" value="X Remove"/>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="Calendar"/>	12/03/2021 <input type="button" value="Calendar"/>
<input type="button" value="X Remove"/>	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="Calendar"/>	12/03/2021 <input type="button" value="Calendar"/>
<input type="button" value="X Remove"/>	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="Calendar"/>	12/03/2021 <input type="button" value="Calendar"/>
<input type="button" value="X Remove"/>	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="Calendar"/>	12/03/2021 <input type="button" value="Calendar"/>
<input type="button" value="X Remove"/>	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yyyy <input type="button" value="Calendar"/>	12/03/2021 <input type="button" value="Calendar"/>

+ Add Search Rows Number of Search Row(s) 1 ▼

CHECK MEMBER ELIGIBILITY *continued*

To check a member's eligibility status, click on **Check Eligibility**.

Note: This enables your office to verify what plan the Member is linked to and what the contract the provider is linked to.

To view a member's benefit utilization, click on **Utilization**.

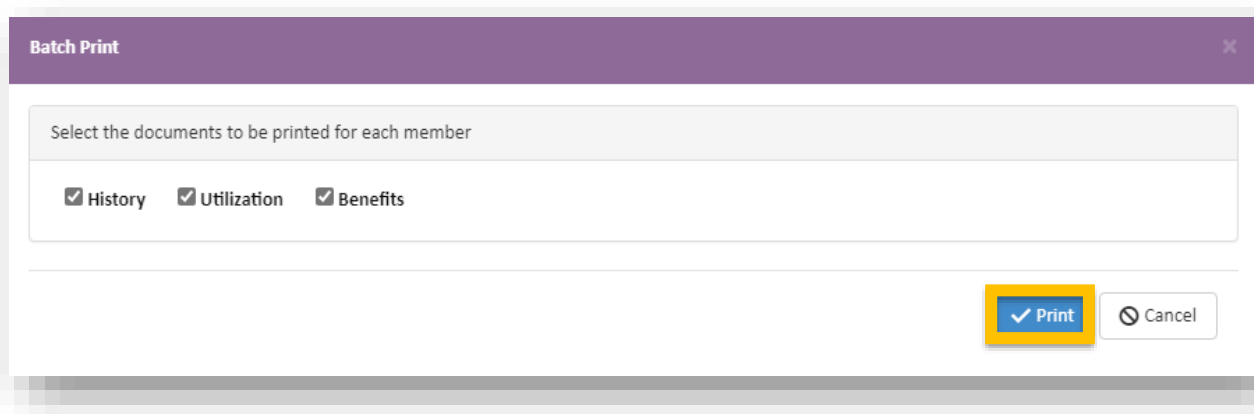
To view a member's history, click on **History**.

Note: The history page will display all history Liberty has on file for the selected member.

To view a Summary of Benefits, click on **Benefits**.

To file a claim, click on **Add Claim** To print, select one or more members, or click on **Select All**.

Select or deselect the documents to be printed, click on **Print**.



Batch Print [X]

Select the documents to be printed for each member

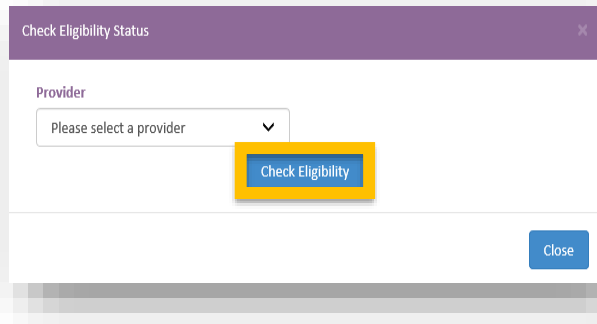
☒ History ☒ Utilization ☒ Benefits

CHECK PROVIDER ELIGIBILITY

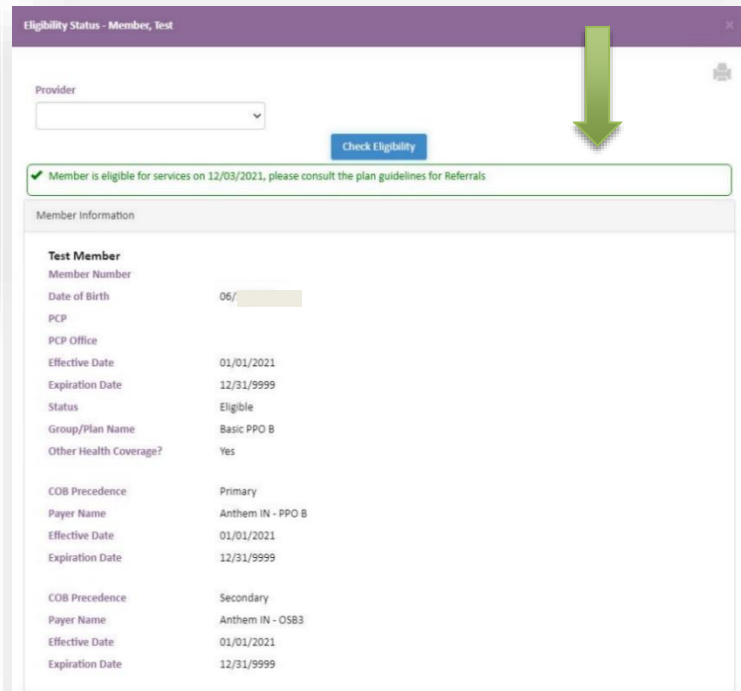
To check a provider's eligibility status, click on **Check Provider Eligibility**. This enables your office to verify what contract the provider is linked to for that unique member.

Eligibility Verification Search							
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	Select All
Q	04/03/2024			NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult		Check Provider Eligibility 05/23/2019 - 12/31/9999	<input type="checkbox"/> <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics
<div> <div> <div>Page 1 of 1</div> <div>1 - 1 of 1 items</div> </div> <div> <div>Modify Search</div> <div>New Search</div> <div>Print All</div> </div> </div>							

Select the provider from the drop-down menu and click on **Check Eligibility**. The member's plan name and Coordination of Benefit's (COB) precedence's are listed.



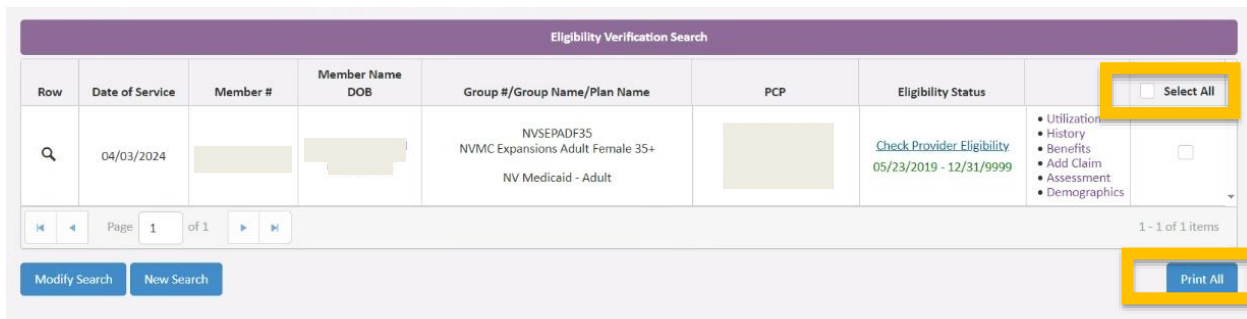
Note: If provider is not contracted for member's plan, a red banner will display



Test Member	
Member Number	
Date of Birth	06/
PCP	
PCP Office	
Effective Date	01/01/2021
Expiration Date	12/31/9999
Status	Eligible
Group/Plan Name	Basic PPO B
Other Health Coverage?	Yes
COB Precedence	Primary
Payer Name	Anthem IN - PPO B
Effective Date	01/01/2021
Expiration Date	12/31/9999
COB Precedence	Secondary
Payer Name	Anthem IN - OSB3
Effective Date	01/01/2021
Expiration Date	12/31/9999

To print, select one or more members, or click on **Select All**.

Select/Deselect the documents to be printed, then click **Print**.



Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	
Q	04/03/2024			NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult		Check Provider Eligibility 05/23/2019 - 12/31/9999	<input checked="" type="checkbox"/> Select All <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1

Modify Search New Search

Print All

CHECK MEMBER UTILIZATION

To check a member's benefit utilization, select **Utilization** from the member's profile.

Eligibility Verification Search

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	
Q	04/03/2024					Check Provider Eligibility 05/23/2019 - 12/31/9999	<input type="checkbox"/> Select All <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1

Modify Search

New Search

1 - 1 of 1 items

Print All

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

Member Utilization										View Benefits Add Claim	
Member #:		92892445A-01		Last Name:		Member		First Name:		Test	
Service Type	Service Description	Units Available	Next Available Date	Units Used	Unit Value	Unit Type	Period Start Date	Period End Date...			
Removal of Torus Palatinus	1 Removal of Torus Palatinus per lifetime	1.00	12/3/2021	0.00	1.00	Units	1/1/1900	12/31/9999			
Immediate Denture, Maxillary	1 Immediate Maxillary Partial Denture in a lifetime	1.00	12/3/2021	0.00	1.00	Units	1/1/1900	12/31/9999			
Immediate Denture, Mandibular	1 Immediate Mandibular Partial Denture in a lifetime	1.00	12/3/2021	0.00	1.00	Units	1/1/1900	12/31/9999			
Periodontal Maintenance (cleaning) Limitation	1 Periodontal Maintenance every Calendar Quarter	1.00	12/3/2021	0.00	1.00	Units	10/1/2021	12/31/2021			
Prophylaxis (routine cleaning) Limitation	1 Prophylaxis or Scaling w/ Inflammation every 12 months	1.00	12/3/2021	0.00	1.00	Units	12/4/2020	12/3/2021			
Fluoride Treatments	1 Fluoride Treatment per 12 months	N/A*	1/4/2022	1.00	1.00	Units	12/4/2020	12/3/2021			

CHECK MEMBER HISTORY

To check a member's treatment history, select **History** for the member's profile.

Eligibility Verification Search

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	
Q	04/03/2024					Check Provider Eligibility 05/23/2019 - 12/31/9999	<input type="checkbox"/> Select All <ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1

Modify Search

New Search

1 - 1 of 1 items

Print All

A member's history can be filtered by procedure code and may be exported to a PDF by clicking on **Export to PDF**.

Member						
Member #:	92892445A-01	Last Name:	Member	First Name:	Test	Export to PDF
Procedure Code	Procedure Name	Tooth	Surface	Procedure Date	Claim Number	Claim Status
D1999	Unspecified preventive procedure, by report			08/16/2021	0033340139	Claim Paying
D1999	Unspecified preventive procedure, by report			08/16/2021	0033165638	Claim Paying
D4910	Periodontal maintenance			08/16/2021	0033165638	Claim Paying
D4910	Periodontal maintenance			08/16/2021	0033340139	Claim Paying
D1999	Unspecified preventive procedure, by report			05/05/2021	0031643110	Claim Paying
D4910	Periodontal maintenance			05/05/2021	0031643110	Claim Paying
D1999	Unspecified preventive procedure, by report			05/05/2021	0031861235	Claim Paying
D4910	Periodontal maintenance			05/05/2021	0031861235	Claim Paying
D1206	Topical application of fluoride varnish			01/04/2021	0030013190	Claim Paying
D1999	Unspecified preventive procedure, by report			01/04/2021	0030013190	Claim Paying

1 - 10 of 119 items

CHECK MEMBER BENEFITS

To check a member's list of benefits, plan limitations, and exclusions, click on **Benefits** under the member's profile.

Eligibility Verification Search								
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	<ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics 	Select All
1	04/03/2024					Check Provider Eligibility 05/23/2019 - 12/31/9999		

1 - 1 of 1 items

[Modify Search](#) [New Search](#) [Print All](#)

A member's benefit plan may be viewed and exported to a pdf by clicking on **Export to PDF**.

Nevada Medicaid - Adult Schedule of Benefits Coverage, Limitations and Prior Authorization Requirements			
Code	Description	Adult Population - Limitations	Pregnancy Population - Limitations
Diagnostic Services			
D0120	Periodic oral evaluation	Not Covered as of 1/1/2023	1 (D0120) every 6 months ¹
D0140	Limited oral evaluation	2 (D0140) every 6 months, considered inclusive and is not payable on the same date of service as preventive services	2 (D0140) every 6 months, considered inclusive and is not payable on the same date of service as preventive services
D0150	Comprehensive oral evaluation	1 (D0150) every 12 months (VAF) effective 1/1/2023, 1 (D0150) every 36 months, covered for members with removable prosthodontics or to diagnose the need for removable prosthodontics	1 (D0150) every 12 months ¹
D0160	Oral evaluation, problem focused	1 of (D0160, D0170) every 6 months ¹	1 of (D0160, D0170) every 6 months ¹
D0170	Re-evaluation, limited, problem focused		
D0190	Screening of a patient	1 of (D0190, D0191) every 6 months	1 of (D0190, D0191) every 6 months
D0191	Assessment of a patient		
D0210	Intraoral, complete series of radiographic images	1 of (D0210, D0709) every 36 months	1 of (D0210, D0709) every 36 months
D0220	Intraoral, periapical, first radiographic image	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210. 4 additional of (D0220, D0230) every 12 months - (VAF)	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210. 4 additional of (D0220, D0230) every 12 months - (VAF)
D0230	Intraoral, periapical, each add 1 radiographic image	12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and/or D0230 may be billed within 12 months. 4 additional of (D0220, D0230) every 12 months - (VAF)	12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and/or D0230 may be billed within 12 months. 4 additional of (D0220, D0230) every 12 months - (VAF)
D0240	Intraoral, occlusal radiographic image	2 (D0240) every 12 months	2 (D0240) every 12 months
D0270	Bitewing, single radiographic image		
D0272	Bitewings, two radiographic images	1 of (D0270-D0277, D0708) every 6 months	1 of (D0270-D0277, D0708) every 6 months
D0273	Bitewings, three radiographic images	1 additional (D0274) every 12 months - (VAF)	1 additional (D0274) every 12 months - (VAF)
D0274	Bitewings, four radiographic images		
D0277	Vertical bitewings, 7 to 8 radiographic images		
D0322	Tenographic survey	1 (D0322) every 6 months	1 (D0322) every 6 months
D0330	Panoramic radiographic image	1 of (D0330, D0701) every 36 months	1 of (D0330, D0701) every 36 months
		1 (D0340) every 36 months. This procedure is only payable when submitted with	1 (D0340) every 36 months. This procedure is only payable when submitted with

ADD CLAIM

Claims for the member may be submitted by clicking on **Add Claim** while in the member's profile. You will be redirected to the **Add a Claim** page where pre-authorizations, referrals, or claims for that member may be submitted.

Eligibility Verification Search							
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	Select All
Q	04/03/2024					Check Provider Eligibility 05/23/2019 - 12/31/9999	<ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics

Page 1 of 1

Modify Search New Search Print All

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 a expedited appeal on their behalf, please contact the Quality Management Department at 1-888-703-6999 ext. 5383.

REMINDER: If you bill less than your contracted amount for service, you will be paid the billed amount.

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

Dental Submission

Switch to Pre-Estimate Claim Switch to Referral Claim

Medical Submission

Switch to Professional Claim Switch to Institutional Claim

Dental Claim

Last claim:

Last claim submitted: Claim # 0043561725 View EOP

Provider:

Select a Provider ***Only Active providers are shown

Vendor:

Please select a provider first

Patient: (Please select a Patient)

Member # DOB: mm/dd/yyyy

Last Name First Name Find

In-office Details:

Patient Acct # Referral #: Authorization #:

Billed Currency: US Dollars

Special Programs:

☐ EPSDT By checking EPSDT, please ensure that proper documentation is submitted. Please include a narrative and/or other evidence that supports your selection of EPSDT Services.

MEMBER ASSESMENT

If the office participates in a Value Based Program, **Caries Risk Assessment** documents may be uploaded by clicking on **Assessment** in the member's profile.

Eligibility Verification Search

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
Q	04/03/2024					Check Provider Eligibility 05/23/2019 - 12/31/9999	<ul style="list-style-type: none"> Utilization History Benefits Add Claim Assessment Demographics 	<input type="checkbox"/>

Page 1 of 1

Modify Search

New Search

1 - 1 of 1 items

Print All

Home

Claims

Eligibility

Payments

Assessments

Talk To Us

Training Library

Un-impersonate

Submit New Form

Complete the information below and click **Continue** to begin a Risk Assessment or Form.
Value Based Providers will have their Claim auto-submitted upon completion of the Assessment.

Assessment Information

1) Select Provider and Vendor for this assessment:

Providers (only active shown)

Select Provider

Vendor

Select Vendor

2) Select the date of assessment:

04/03/2024

Member

3) Enter the Member # or Lastname, Firstname and Birthdate to search for the Member:

Member #

619

or

Last Name, First Name and DOB

Last Name

First Name

mm/dd/yyyy

Search

Reset

4) Select the active Member record with the applicable coverage date range for this Assessment:

	Member #	Last Name	First Name	DOB	Plan Name	Group Name	Effective Date	Expiration Date
Select	61901	AA	B	07/27/1966	NV Medicaid - Adult	NVMC Expansions Adult Female 35+	5/23/2019	12/31/9999

Continue


Online Provider User Guide
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MEMBER DEMOGRAPHICS

A member’s address may easily be accessed by selecting **Demographics** from the member’s profile.

Eligibility Verification Search

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
	04/03/2024					Check Provider Eligibility 05/23/2019 - 12/31/9999	<ul style="list-style-type: none">• Utilization• History• Benefits• Add Claim• Assessment• Demographics	<input type="checkbox"/>

Page 1 of 1

Modify Search

New Search

Print All

Member Demographics - Dental, James (T0002-01)

Member Information

Address

1234 Main Street

City

SYRACUSE

State

NY

ZIP

13207

Close

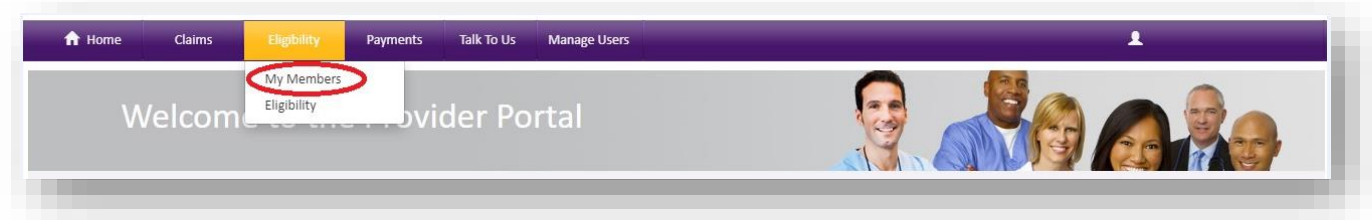
Member Rosters

CAPITATION PLANS/DENTAL HOME ASSIGNMENT

Offices that participate in a capitation program or with a program that requires Dental Home assignment may view their rosters by clicking on **Eligibility** located on top of the screen, then select **My Members**.

The **My Members** screen allows the user to view all members assigned to the office.

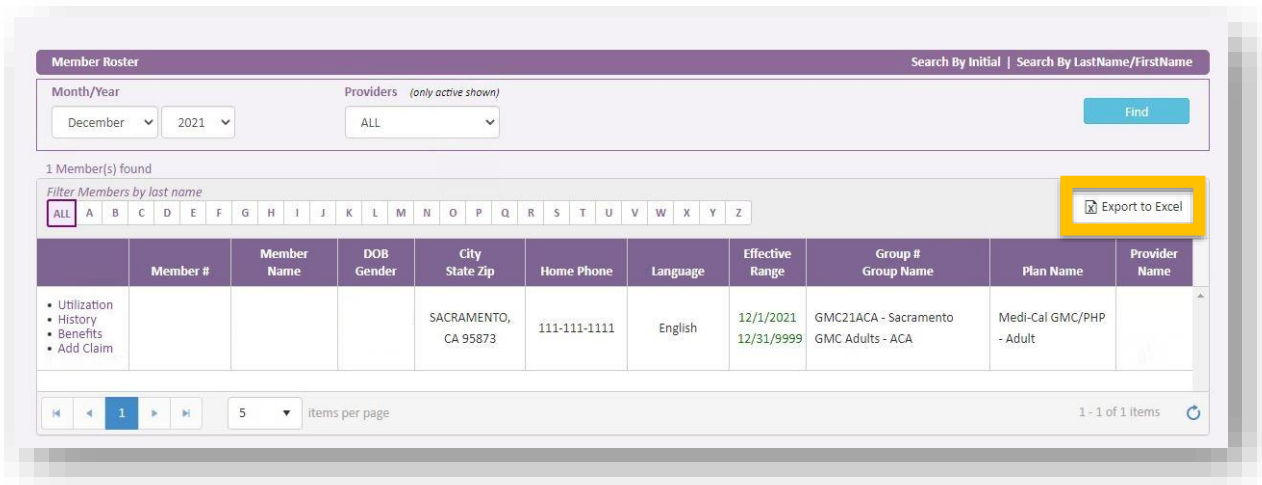
To sort membership assigned to an office by month, use the drop-down menus to select **Month/Year** and select **All**.



Click **Find**.

To sort membership assigned to a specific provider, go to **Providers** and use the drop-down menu to select individual provider. Click **Find**.

To search for specific member, search by **Last Name/First Name**.



	Member #	Member Name	DOB Gender	City State Zip	Home Phone	Language	Effective Range	Group # Group Name	Plan Name	Provider Name
<ul style="list-style-type: none"> Utilization History Benefits Add Claim 				SACRAMENTO, CA 95873	111-111-1111	English	12/1/2021 12/31/9999	GMC21ACA - Sacramento GMC Adults - ACA	Medi-Cal GMC/PHP - Adult	

1 - 1 of 1 items

A roster may be exported to a spreadsheet via the **Export to Excel** feature.

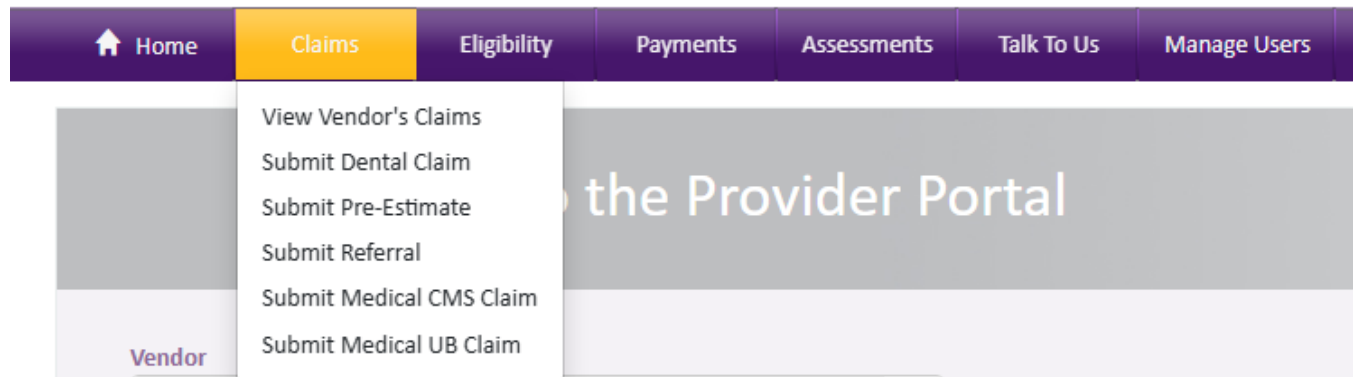
Within the Member Roster, Liberty has added Home Phone and Language.

Note: Home Phone will display if the Member's plan is a Medicaid plan and/or if Liberty has a Home Phone on file for the Member.

Submit a Claim or a Pre-Authorization/Estimate

VIEW OFFICE CLAIMS

Dental and Medical Claim information may be accessed from the **Claims** tab at the top of the page.

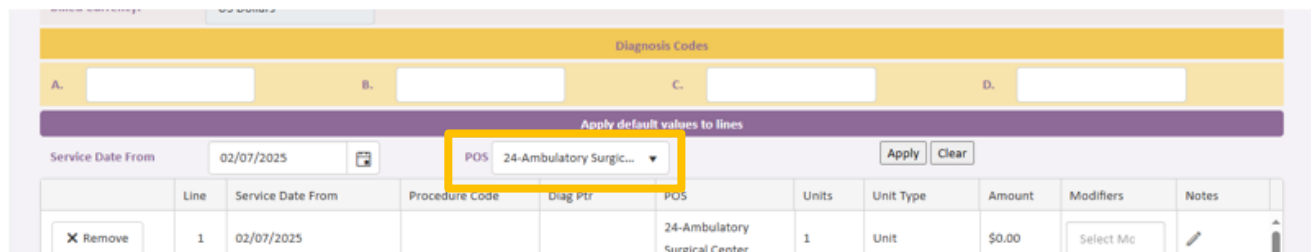


- **Dental** Submission options are located on the upper **left** of the screen.
- **Medical** Submission options are located on the upper **right** of the screen.



MEDICAL CLAIMS: Follow the instructions provided for Dental Claims, however, please note the following.

When selecting Medical Submission, the **POS** field defaults to 24-Ambulatory Surgical Center. **Select** the appropriate POS type from the drop-down menu.



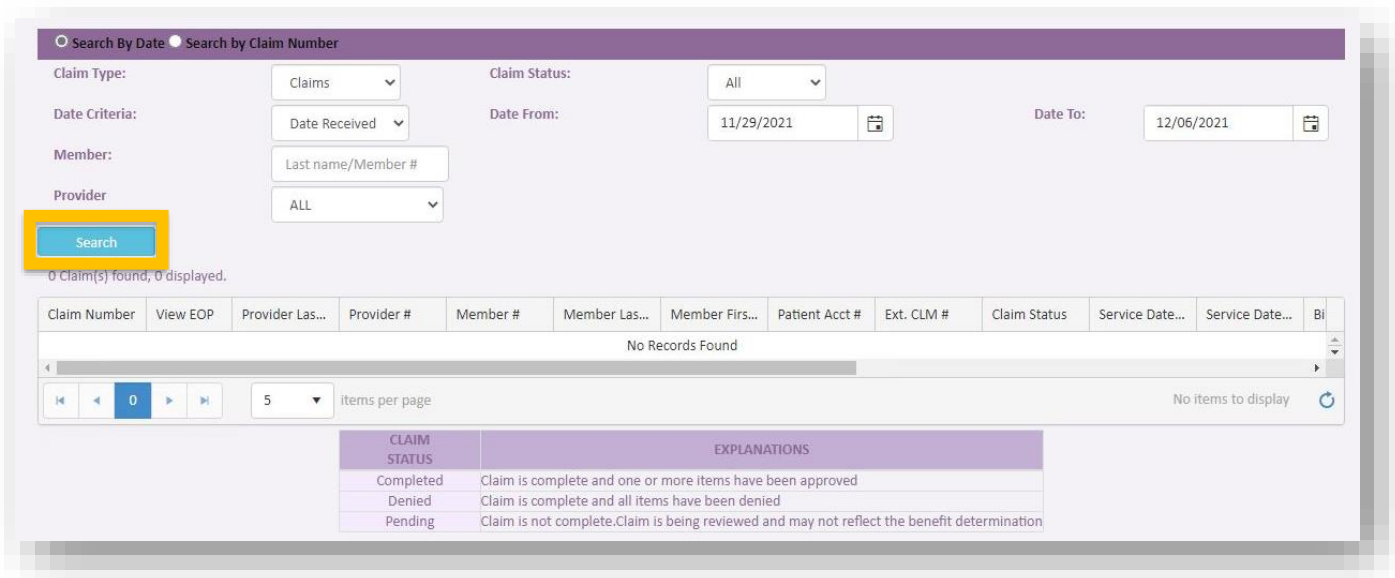
- Multiple **modifiers** may be selected for each line if appropriate.



DENTAL CLAIMS:

Complete the data fields in the various search boxes then click, **Search**.

- Claim Type** – choose Claims, Pre-Authorization/Estimate, or Referral
- Claim Status** – choose from All claims, Claims completed, Claims Denied, or Pending Claims
- Date Criteria** – enter Date Received or Service Date
- Date Range** – enter the range of dates to be searched
- Member** – enter the member's Last name or member number
- Provider** – select the name of the treating provider



Search By Date | Search by Claim Number

Claim Type: Claim Status:

Date Criteria: Date From: Date To:

Member:

Provider:

Search

0 Claim(s) found, 0 displayed.

Claim Number	View EOP	Provider Las...	Provider #	Member #	Member Las...	Member Firs...	Patient Acct #	Ext. CLM #	Claim Status	Service Date...	Service Date...	Bi
No Records Found												

5 Items per page

No items to display

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

SUBMIT A CLAIM, PRE-AUTHORIZATION/ESTIMATE OR REFERRAL

Click on **Claims** located on top of the screen.

- Click on **Submit Dental Claim or Submit Pre-Authorization/Estimate**.
- Last Claim:** View last claim submitted for a treating provider.
- Provider:** Choose treating provider from **Select a Provider** drop-down menu (only Active providers are shown).
- Vendor:** Choose office/location from **Vendor** drop-down menu for **(Dental Claim)** or **(Pre-Authorization/Estimate Claim)** submission (only Active vendors are shows).
- Patient:** Input patient information i.e. **Partial Last Name, Partial First Name and DOB** or **Member # (with or without the suffix, -01)** (*We recommend using Last Name, First Name and DOB for best results*).
- In-Office Details:** Enter the data if available to include Patient Account #, Referral #, and Authorization #.
- Diagnosis Codes:** Add appropriate Diagnosis codes and Diagnosis Pointers (Diagnosis Pointers must be letters A-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)**.

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.

REMINDER: If you bill less than your contracted amount for service, you will be paid the billed amount.

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

Dental Submission
[Switch to Pre-Estimate Claim](#) [Switch to Referral Claim](#)

Medical Submission
[Switch to Professional Claim](#) [Switch to Institutional Claim](#)

Dental Claim

Last claim:

Last claim submitted: Claim # 0043561725 View EOP

Provider:

Select a Provider ***Only Active providers are shown

Vendor:

Please select a provider first

Patient: (Please select a Patient)

Member # DOB: mm/dd/yyyy

Last Name First Name

In-office Details:

Patient Acct # Referral # Authorization #

Billed Currency: US Dollars

Special Programs:

☐ EPSDT By checking EPSDT, please ensure that proper documentation is submitted. Please include a narrative and/or other evidence that supports your selection of EPSDT Services.

Diagnosis Codes

A. B. C. D.

Apply default values to lines

Service Date From 02/10/2025 POS 11-Office

	Line	Service Date From	Procedure Code	Diag Ptr	Tooth	Quadrant	Service	POS	Units	Amount	Notes	
<input type="button" value="✕ Remove"/>	1	02/10/2025						11-Office	1	\$0.00	<input type="button" value="📝"/>	<input type="button" value="⬆"/>
<input type="button" value="✕ Remove"/>	2	02/10/2025						11-Office	1	\$0.00	<input type="button" value="📝"/>	
<input type="button" value="✕ Remove"/>	3	02/10/2025						11-Office	1	\$0.00	<input type="button" value="📝"/>	
<input type="button" value="✕ Remove"/>	4	02/10/2025						11-Office	1	\$0.00	<input type="button" value="📝"/>	
<input type="button" value="✕ Remove"/>	5	02/10/2025						11-Office	1	\$0.00	<input type="button" value="📝"/>	<input type="button" value="⬆"/>

1 \$0.00

Hide Procedure Description

Additional Information

☒ 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 A REFERRAL

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

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

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

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 a expedited appeal on their behalf, please contact the Quality Management Department at 1-888-703-6999 ext. 5383.
REMINDER: If you bill less than your contracted amount for service, you will be paid the billed amount.
IF YOU HAVE NOT RECEIVED A DENIAL, you may use the form below to submit your claim(s) or pre-estimate to LIBERTY:

Dental Submission

[Switch to Pre-Estimate Claim](#)
[Switch to Referral Claim](#)

Medical Submission

[Switch to Professional Claim](#)
[Switch to Institutional Claim](#)

Dental Claim

Last claim:

Last claim submitted: Claim # 0043561725 View EGP

Provider:

Select a Provider ***Only Active providers are shown

Vendor:

Please select a provider first

Patient: (Please select a Patient)

Member #

DOB: mm/dd/yyyy

Last Name

First Name

Find

In-office Details:

Patient Acct #

Referral #:

Authorization #:

Billed Currency:

US Dollars

Special Programs:

☐ EPSDT By checking EPSDT, please ensure that proper documentation is submitted. Please include a narrative and/or other evidence that supports your selection of EPSDT Services.

Diagnosis Codes

A.

B.

C.

D.

Apply default values to lines

Service Date From

02/10/2025

POS

11-Office

Apply

Clear

	Line	Service Date From	Procedure Code	Diag Ptn	Tooth	Quadrant	Surface	POS	Units	Amount	Notes
<input checked="" type="checkbox"/> Remove	1	02/10/2025						11-Office	1	\$0.00	
<input checked="" type="checkbox"/> Remove	2	02/10/2025						11-Office	1	\$0.00	
<input checked="" type="checkbox"/> Remove	3	02/10/2025						11-Office	1	\$0.00	
<input checked="" type="checkbox"/> Remove	4	02/10/2025						11-Office	1	\$0.00	
<input checked="" type="checkbox"/> Remove	5	02/10/2025						11-Office	1	\$0.00	

+ Add Service Lines

1

Total Charge

\$0.00

Hide Procedure Description

Additional Information

Add Files

☒ 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

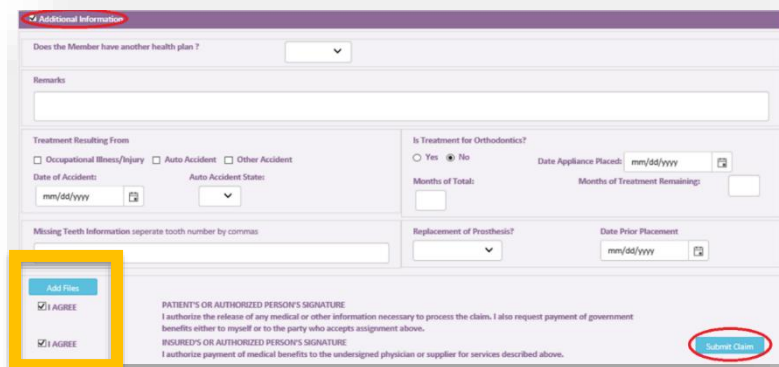
INITIAL SUBMISSION WITH ADDITIONAL INFORMATION

When **initially** submitting documentation for the processing of a claim, Pre-Authorization/Estimate, or a referral, additional documentation may be included. To attach chart notes, x-rays, or other important information, do the following.

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

Note

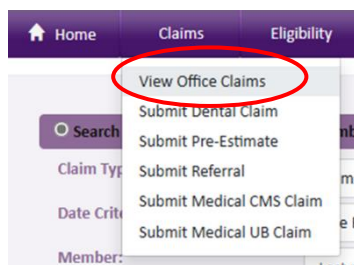
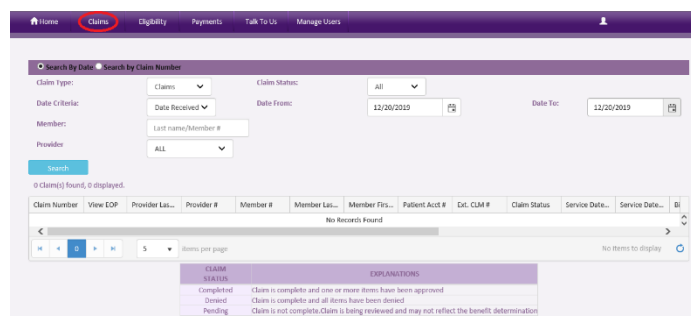
There is an 8MB limit per attachment and up to 25MB in total. Multiple Attachments can be uploaded at once.



RESUBMIT OR CORRECT A PREVIOUSLY SUBMITTED CLAIM, PRE-AUTHORIZATION/ESTIMATE OR REFERRAL

When a claim, Pre-Authorization/Estimate, or referral that has **previously** been submitted requires additional documentation to complete the adjudication process, attach those documents as follows.

1. To resubmit/correct a claim, Pre-Authorization/Estimate, or referral, click on **View Office Claims**.
2. Click on **Search by Date** or **Search by Claim Number** radio buttons to find the claim, Pre-Authorization/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.

4. After the Explanation of Payment is displayed, click on **Resubmit Claim**
5. When **Resubmit Claim** is selected, the information from the claim, Pre-Authorization/Estimate, or referral will populate on the **Submit Claim** screen.
6. Check the **Additional Information** box towards the bottom of the **Submit Claim** screen.

8. Click **Submit Claim**.

Search By Date

Search by Claim Number

Claim Type:

Claims

Claim Status:

All

Include voided claims:☒

Date Criteria:

Date Received

Date From:

03/01/2024

Date To:

02/11/2025

Members:

Last name/Member #

Provider:

ALL

Search

500 Claim(s) found, 500 displayed.

Claim Number	View EOP	Provider Las...	Provider #	Member #	Member Las...	Member Firs...	Patient Acct #	Ext. CLM #	Claim Status	Voided	Service Date...	Service Date...
									Completed		01/18/2025	01/18/2025
			Pending		01/18/2025	01/18/2025						
			Completed		01/18/2025	01/18/2025						
			Pending		01/18/2025	01/18/2025						
			Pending		01/18/2025	01/18/2025						

1

2

3

4

5

...

5

items per page

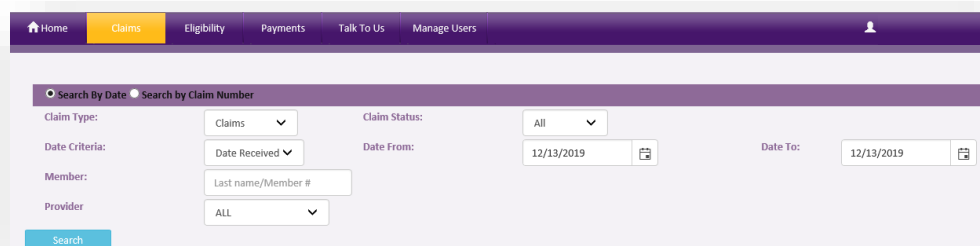
1 - 5 of 500 items

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

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

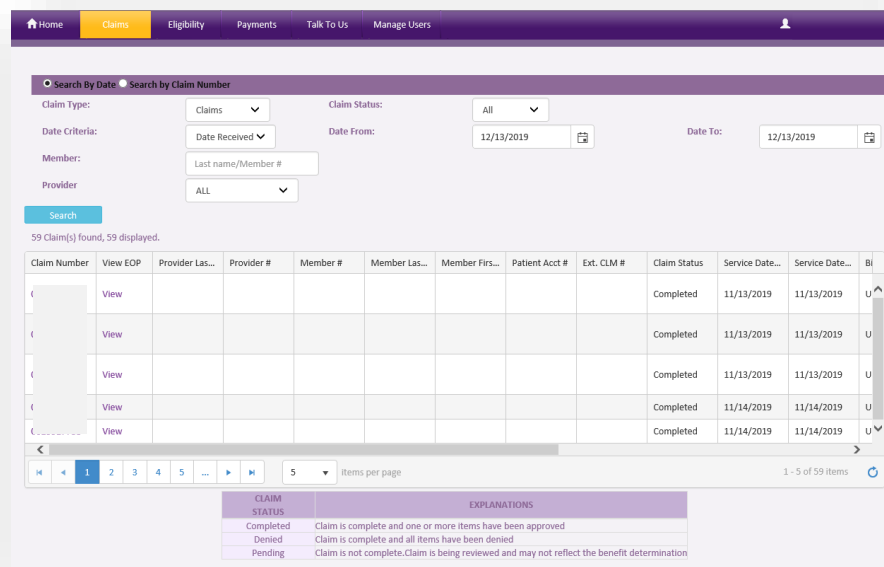
CHECK THE STATUS OF A CLAIM, PRE-AUTHORIZATION/ESTIMATE OR REFERRAL

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



The screenshot shows the 'Claims' section of the portal. The 'Search By Date' radio button is selected. The 'Claim Type' dropdown is set to 'Claims'. The 'Date Criteria' dropdown is set to 'Date Received'. The 'Date From' and 'Date To' fields are both set to '12/13/2019'. The 'Member' field is set to 'Last name/Member #' and the 'Provider' dropdown is set to 'ALL'. A 'Search' button is at the bottom left.

Example of Search Results:



59 Claim(s) found, 59 displayed.

Claim Number	View EOP	Provider Las...	Provider #	Member #	Member Las...	Member Firs...	Patient Acct #	Ext. CLM #	Claim Status	Service Date...	Service Date...	Bi
C...	View								Completed	11/13/2019	11/13/2019	U
C...	View								Completed	11/13/2019	11/13/2019	U
C...	View								Completed	11/13/2019	11/13/2019	U
C...	View								Completed	11/14/2019	11/14/2019	U
C...	View								Completed	11/14/2019	11/14/2019	U

1 - 5 of 59 items

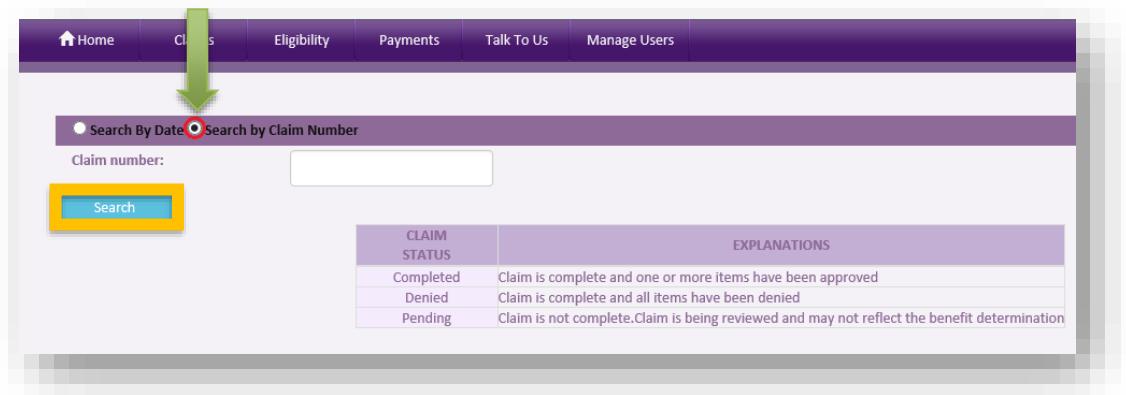
CLAIM STATUS	EXPLANATIONS
Completed	Claim is complete and one or more items have been approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete.Claim is being reviewed and may not reflect the benefit determination

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

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.

- Click **Search**.



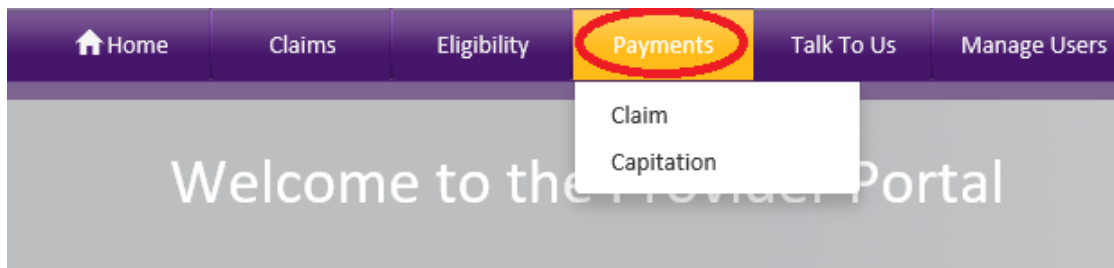
CLAIM STATUS	EXPLANATIONS
Completed	Claim is complete and one or more items have been approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete. Claim is being reviewed and may not reflect the benefit determination

Payments

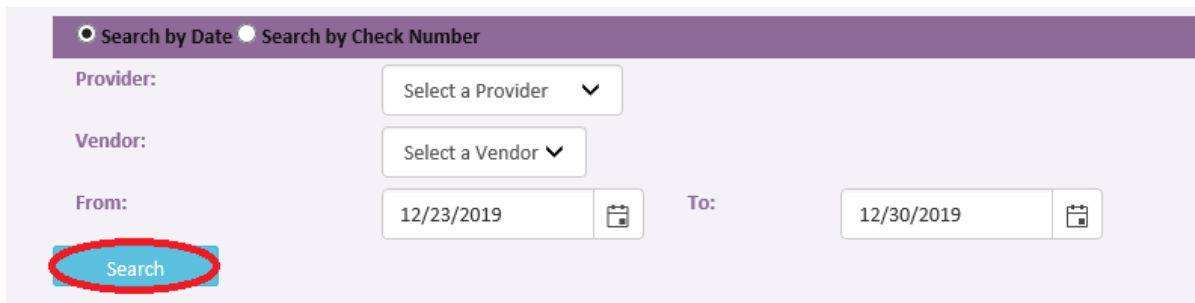
PAID CHECKS

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

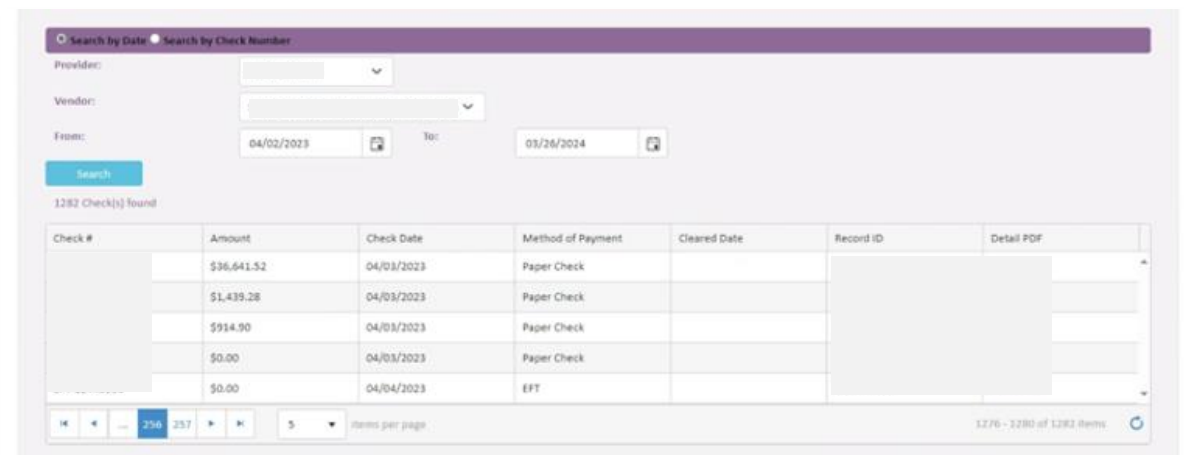
- Click **Payments** on the top of the screen to view available (Payments is formerly “My Checks”).
- Select which **Payment Type** to review the details of the payment.
- Click on **Search by Date**, or **Search by Check Number** radio buttons.
- Select **Provider** and **Vendor**.
- Input Date range.



- Click **Search**.



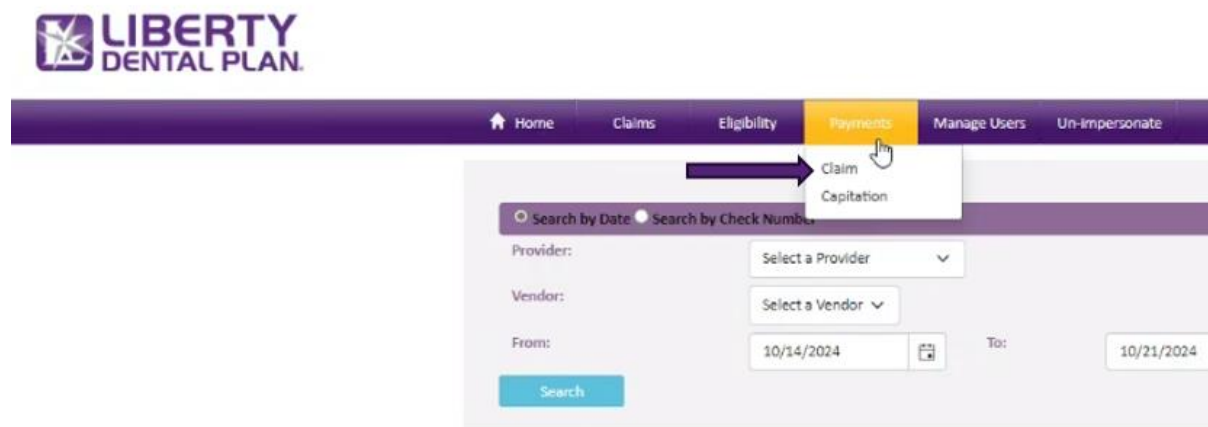
The below image will populate. **Cleared Date** indicates date the paper check cleared.



Check #	Amount	Check Date	Method of Payment	Cleared Date	Record ID	Detail PDF
	\$36,641.52	04/03/2023	Paper Check			
	\$1,439.28	04/03/2023	Paper Check			
	\$914.90	04/03/2023	Paper Check			
	\$0.00	04/03/2023	Paper Check			
	\$0.00	04/04/2023	EFT			

EOB – EXPLANATION OF BENEFITS

View the Explanation of Benefits for each claim paid on a check by line item.



1. Click **Payments** on the top of the screen.
2. Select **Claim**.



Home Claims Eligibility Payments Manage Users Un-impersonate

Search by Date Search by Check Number

Provider: Select a Provider

Vendor: Select a Vendor

From: 10/14/2024 To: 10/21/2024

Search

3. Select a **Provider** from the Provider menu.
4. Select a **Vendor** from the Vendor menu.
5. Enter **Date Range** of payments to be viewed.
6. Click **Search**.

Home Claims Eligibility Payments Manage Users Un-impersonate Alex

Search by Date Search by Check Number

Provider: Adam

Vendor: Advanced

From: 10/14/2024 To: 10/21/2024


Search

8 Check(s) found

Check #	Amount	Check Date	Method of Payment	Cleared Date	Record ID	Detail PDF
261	\$356.80	10/19/2024	Paper Check		21	12474
26	\$174.00	10/19/2024	Paper Check		28	12474
267	\$222.00	10/19/2024	Paper Check		28	12474
267	\$535.00	10/19/2024	Paper Check		28	12474
25	\$971.00	10/18/2024	Paper Check		28	12474

1 - 5 of 8 Items

7. Click on the **Dental PDF** for the Check Number of the EOB to be viewed.


LIBERTY Dental Plan
PO Box 26110
Santa Ana, CA 92799

PAYMENT DETAILS

VENDOR NAME: **Advanced**
 VENDOR NUMBER: **01**
 Check Number: **PDF**
 Check Date: **10/19/2024**

#	Date Of Service	Code	Tooth Surface	Procedure Description	Submitted Amount	Allowed Amount	Co-Pay Amt	Total	* Plan Paid Amount
OFFICE: Advanced - Address: 31									
Patient: Plan: CHIP Active Group: NY Anthem BCBS									
CLAIM: (Original)									
1	06/17/24	D0150		Comprehensive oral evaluation	80.00	30.00	0.00	0.00	30.00
2	06/17/24	D1120		Prophylaxis, child	120.00	43.00	0.00	0.00	43.00
3	06/17/24	D1208 Q00		Topical application of fluoride, excluding varnish	65.00	14.00	0.00	0.00	14.00
4	06/17/24	D0272		Bitewings, two radiographic images	44.00	14.00	0.00	0.00	0.00
5	06/17/24	D0220		Intraoral, periapical, first radiographic image	27.00	8.00	0.00	0.00	0.00
6	06/17/24	D1351 3		Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
7	06/17/24	D1351 14		Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
8	06/17/24	D1351 19		Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
9	06/17/24	D1351 30		Sealant, per tooth	65.00	35.00	0.00	0.00	35.00
10	06/17/24	D0330		Panoramic radiographic image	240.00	35.00	0.00	0.00	35.00
11	06/17/24	D0230		Intraoral, periapical, each add 1 radiographic image	13.00	5.00	0.00	0.00	0.00
CLAIM TOTALS:					849.00	289.00	0.00	0.00	262.00

SERVICE LINE EXPLANATION
 4 Payment for this procedure is denied. A panorex is considered a full mouth x-ray. This additional x-ray is part of a full mouth x-ray. No additional payment is allowed.
 5 Payment for this procedure is denied. A panorex is considered a full mouth x-ray. This additional x-ray is part of a full mouth x-ray. No additional payment is allowed.
 11 Payment for this procedure is denied. A panorex is considered a full mouth x-ray. This additional x-ray is part of a full mouth x-ray. No additional payment is allowed.

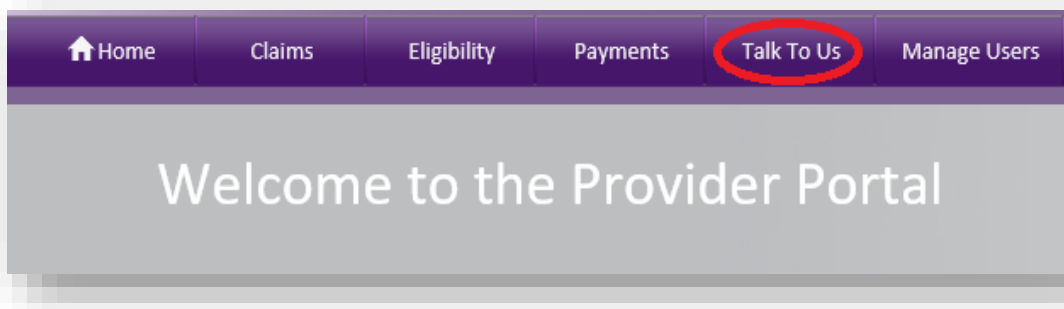
NET PAYMENT FOR PATIENT: 262.00
 Patient: **Plan: Child Act Group: NY Anthem BCBS**
 CLAIM: (Original)
 1 05/30/24 D0230 Intraoral, periapical, first radiographic image 20.00 6.40 0.00 0.00 6.40
 2 05/30/24 D0230 2 Intraoral, periapical, each add 1 radiographic image 6.00 6.00 0.00 0.00 6.00
 3 05/30/24 D1120 Prophylaxis, child 120.00 34.40 0.00 0.00 34.40
 4 05/30/24 D1206 Topical application of fluoride varnish 65.00 24.00 0.00 0.00 24.00
 5 05/30/24 D0150 Comprehensive oral evaluation 70.00 24.00 0.00 0.00 24.00
 6 05/30/24 D0230 Intraoral, periapical, each add 1 radiographic image 4.00 4.00 0.00 0.00 0.00
 CLAIM TOTALS: 285.00 98.80 0.00 0.00 94.80
SERVICE LINE EXPLANATION
 6 Based on state rules, this is covered three (3) time every six (6) months unless it qualifies under EPSDT. Pre-authorization is required for all EPSDT payment consideration. Our records do not show an approved pre-authorization for this procedure and no payment will be made. The member must be held harmless and cannot be billed.

NET PAYMENT FOR PATIENT: 94.80
 Original Claims: 356.80
 Interest: 0.00
 Adjustments: 0.00
TOTALS PER OFFICE: 356.80
 OFFICE:

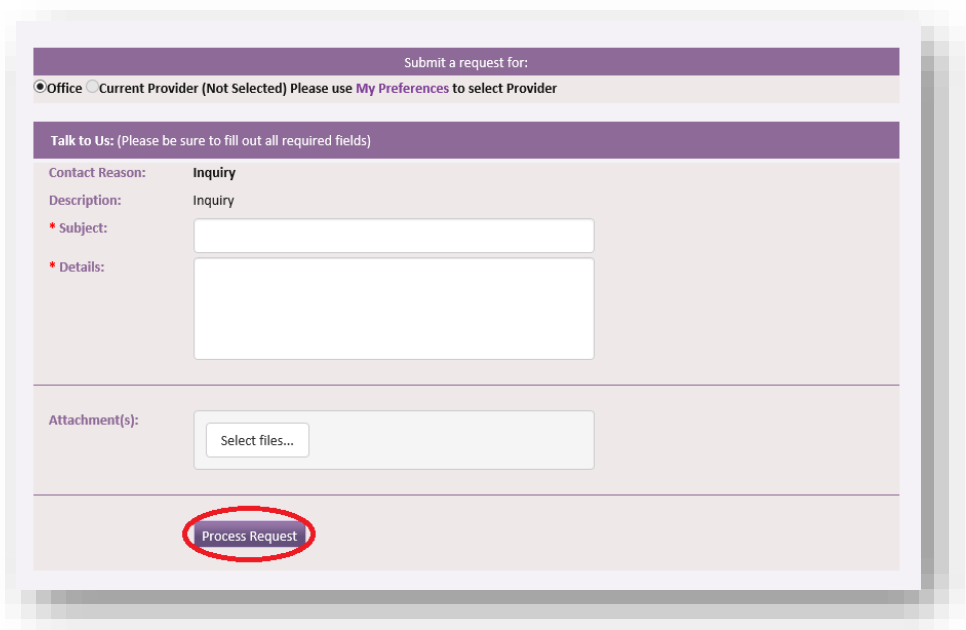
Talk to Us

SUBMITTING A WRITTEN INQUIRY

A Liberty Representative can be contacted through the Online Provider Portal by clicking the **Talk To Us** on the top of the screen.



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



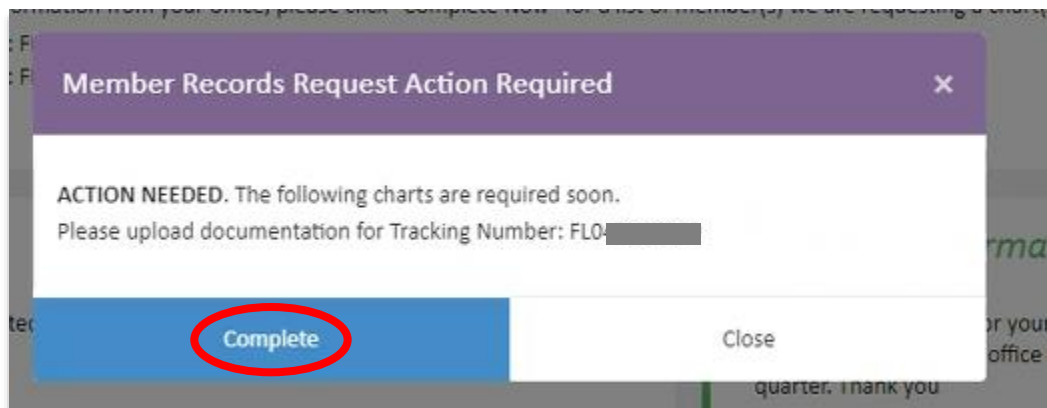
Member Records Request

NOTIFICATION

When a request for a member's chart documents has been submitted to your portal account by Liberty, we have made it easy to send what is needed directly to us. A notice will appear on your portal home page advising of the request.

To upload the requested information:

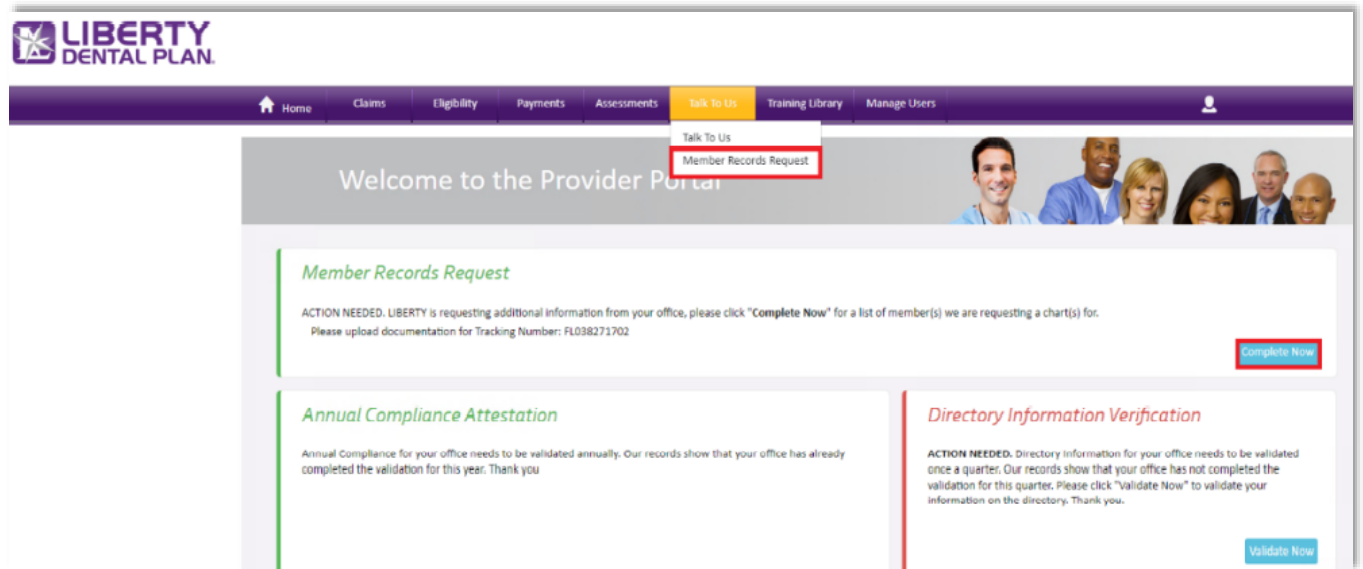
Click **Complete**.



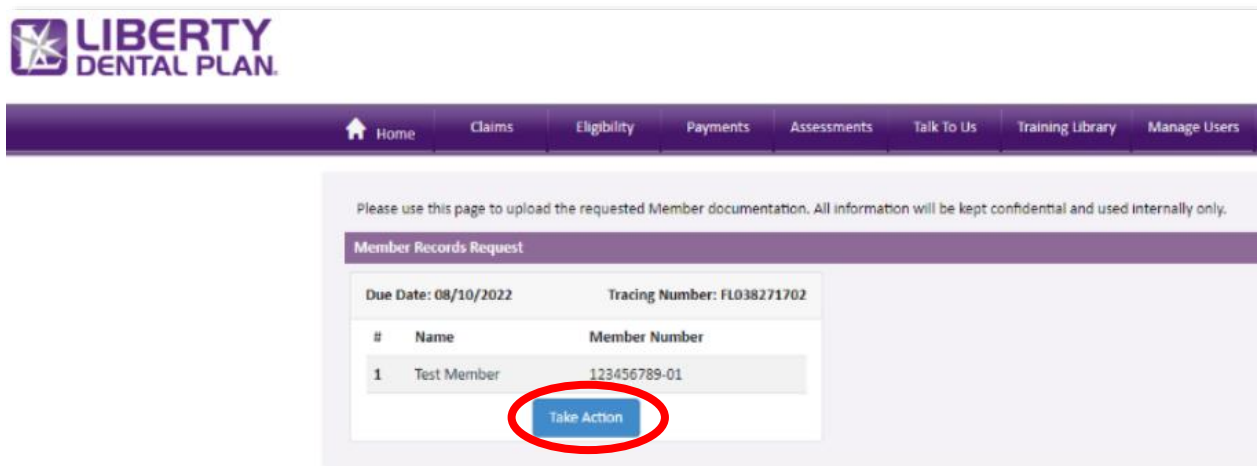
Please Note: If selecting "Complete" from the pop-up notification, the Members Records Request screen will open in a new tab.

You may also navigate to the purple ribbon at the top of your "Home" page:

1. Select **Talk to Us** tab.
2. Select **Member Records Request**.



3. The "Member Records Request" window will appear, as show below.
4. Click **Take Action**.



5. A "Member Records Request" pop-up window appears with the member's name and ID#. Use the **Select Files** button to upload the requested documents.
6. Click **Submit Records**.

Member Records Request - Due Date: 08/10/2022


Total File size allowed is 25MB. Individual File size allowed is 8 MB.

* Please Note - Only alphanumeric file names are allowed. No special characters permitted.

#	Name	Member Number
1	Test Membe	123456789-01

Files

Select files...

 Test Document.docx 11.63 KB

7. Upon successful submission, a confirmation window will appear.

Please use this page to upload the requested Member documentation. All information will be kept confidential and used internally only.

Member Records(s) have been successfully submitted.

Member Records Request

No Member Records Request found.

VENDOR ACCOUNTS

A Vendor account is portal access for all offices accounts under a singular tax ID number.

A group or organization should consider creating a Vendor account:

- If the group or organization (DSO) has multiple service locations and;
- Wants access to all locations under one master account

Multiple vendors with different tax ID numbers can be linked to a singular organization, granting access to all offices under any of the tax ID numbers linked to it.

Creating a Master Vendor Account

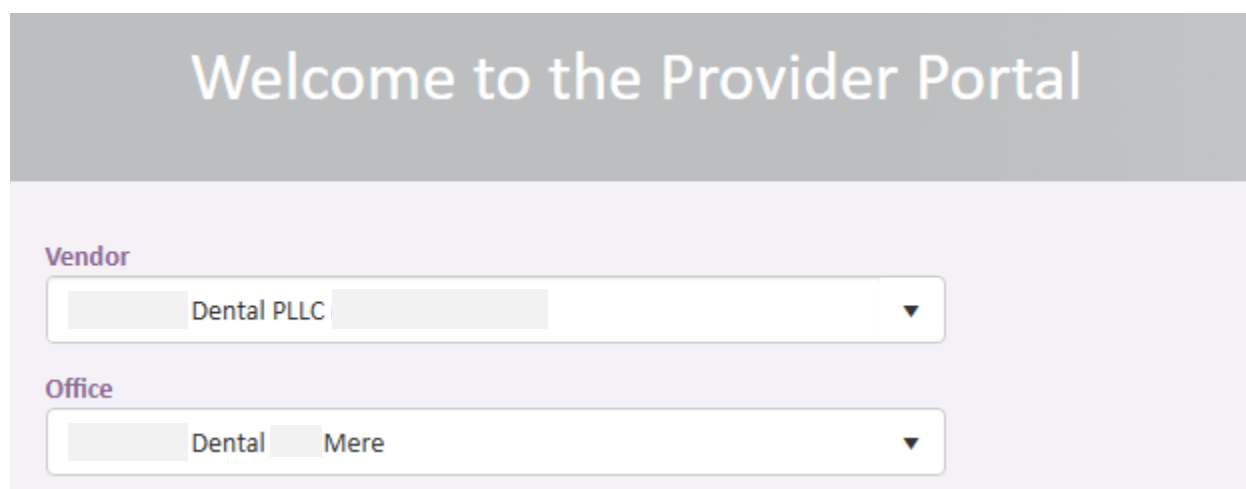
To create a Master Vendor account, go to [Link to Liberty Website](#) and select Office Vendor from the **Login** menu in the upper right of the screen. The first account created for the organization will be recognized as the Master Vendor Account. You will need your **Vendor Access Code** to create and access Vendor accounts via the Provider Portal. Contact Liberty at [888.352.7924](tel:888.352.7924) to obtain your Vendor Access Code.



Follow the same instructions for creating an office account found in the **New Office Registration** section of this manual.

Logging In

Once logged in to the Master Vendor Account, select the **Vendor** then **Office** to be viewed from the drop-down menus.

A screenshot of the 'Welcome to the Provider Portal' page. The page has a grey header with the text 'Welcome to the Provider Portal'. Below the header is a light purple section with two dropdown menus. The first dropdown menu is labeled 'Vendor' and has 'Dental PLLC' selected. The second dropdown menu is labeled 'Office' and has 'Dental' and 'Mere' selected. Both dropdown menus have a downward arrow icon on the right side.

The selected office's account will launch allowing full access to that location's information.

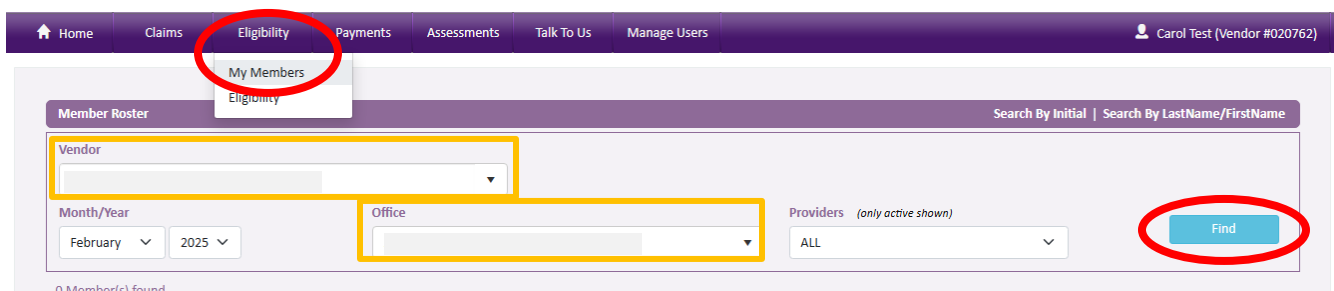
Linking Additional Vendor Accounts

To create and link, additional vendor accounts to the Master Vendor Account contact Liberty at [888.352.7924](tel:888.352.7924) to request assistance. This can only be done by a Liberty team member.

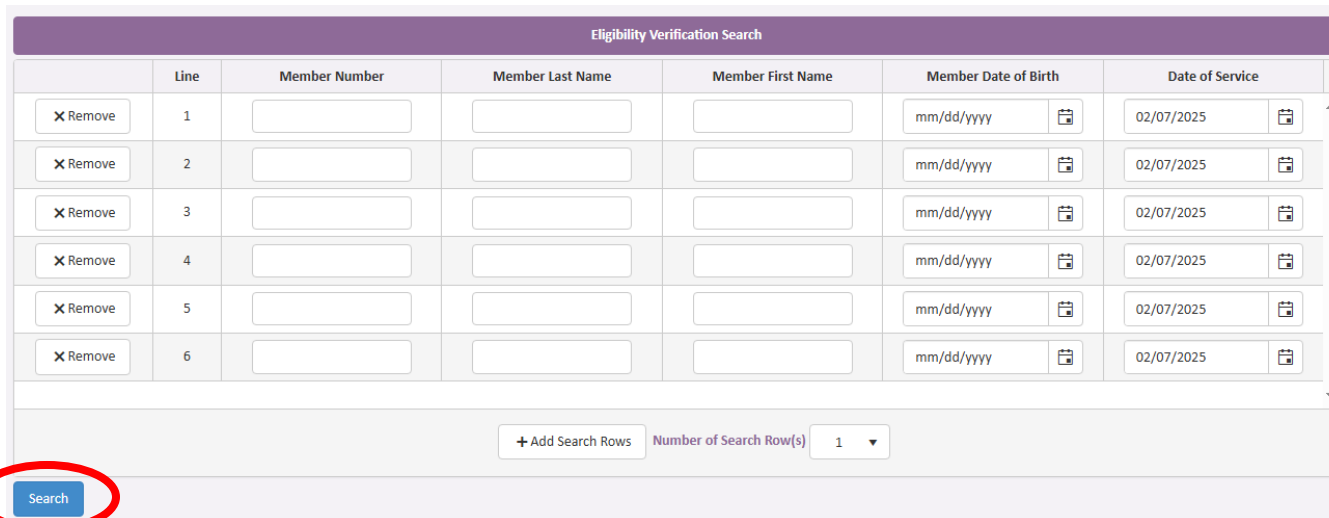
Checking Eligibility

Select **Eligibility** from the tool bar at the top of the page then click on **My Members**.

1. Select the Vendor
2. Choose the Office
3. Click Find



Enter the requested **Member Information** and click **Search**.

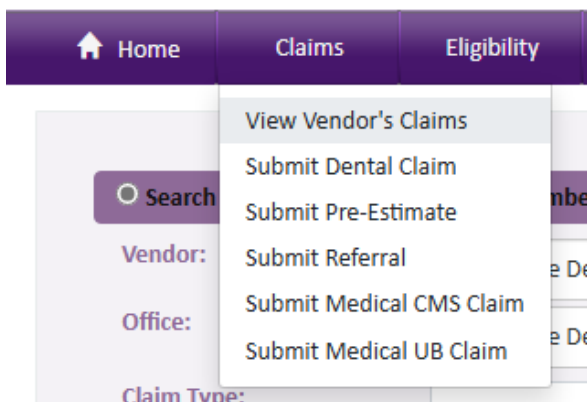


Eligibility Verification Search						
	Line	Member Number	Member Last Name	Member First Name	Member Date of Birth	Date of Service
	1				mm/dd/yyyy	02/07/2025
	2				mm/dd/yyyy	02/07/2025
	3				mm/dd/yyyy	02/07/2025
	4				mm/dd/yyyy	02/07/2025
	5				mm/dd/yyyy	02/07/2025
	6				mm/dd/yyyy	02/07/2025

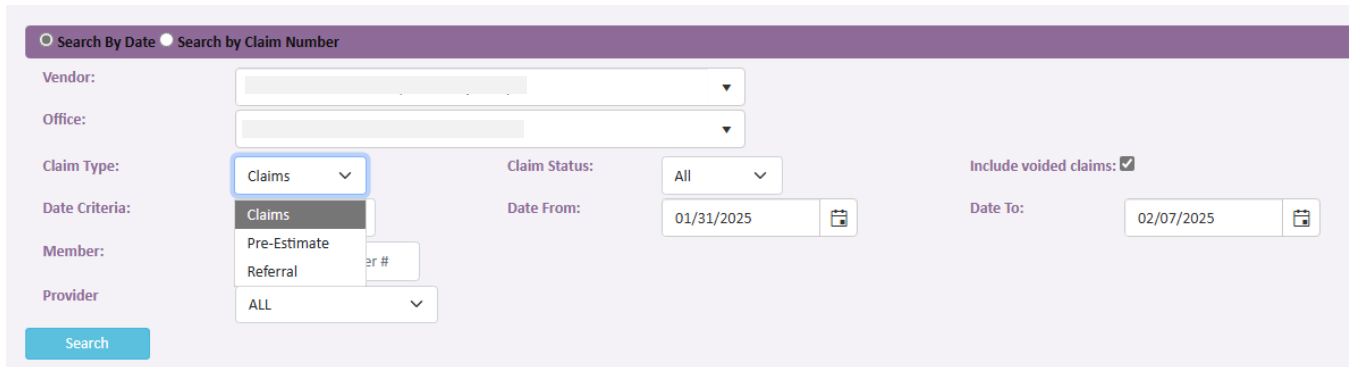
+ Add Search Rows Number of Search Row(s) 1 **Search**

Checking Claims/Pre-Estimates/Referrals

To view or submit a Claim, Pre-Estimate, or a Referral, access these options via the Claims tab at the top of the screen.



When searching for a Claims, Pre-Estimate, or Referral data, a **Vendor** and **Office** must be select to proceed.



Follow the same instructions for submitting a Claim, Pre-Estimate, or a Referral located in **Submit a Claim or Pre-Estimate** section of this manual.

Logging Off

HOW TO LOG OFF OF THE ONLINE PROVIDER PORTAL

1. Click the **Log Off** on the right side of the screen.

