

The intent of this Quick Reference Billing Guide is to familiarize Federally Qualified Health Center (“FQHC”) staff with LIBERTY Dental Plan billing and administrative processes.

- Provider Portal Functionality
- Member Eligibility Verification
- Billing and Claims
- Grievances and Appeals

PROVIDER PORTAL

We offer 24/7 real-time access to important information and tools free of charge through our secure online Provider Portal. Registered users will be able to:

- Submit Electronic Claims
- Request Prior Authorization
- Verify Member Eligibility and Benefits
- View Office and Contact Information
- Submit Referrals and Check Status
- Access Benefit Plans
- Print Monthly Eligibility Rosters
- Perform a Provider Search

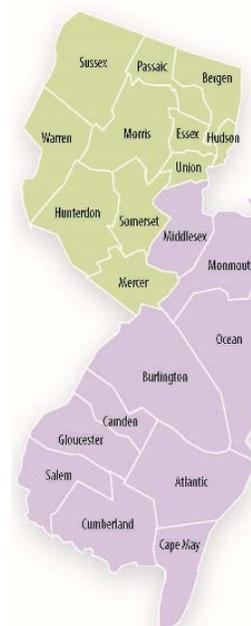
Provider Portal Registration

To register and obtain immediate access to your office’s account by visiting the <https://providerportal.libertydentalplan.com/>

You will need your LIBERTY issued **Office Number** and **Access Code**. These numbers can be found on your original LIBERTY Welcome Letter and are required to register on LIBERTY’s online Provider Portal.

If you are unable to locate your **Office Number** and/or **Access Code**, please contact the Provider Relations Department at 888.352.7924 or email Provider@libertydentalplan.com. For technical assistance, email portalsupport@libertydentalplan.com.

1. To register a new office, enter the following website address into your browser: www.libertydentalplan.com
2. Click on **Login → Dental Office**
3. Click on **Sign-up now**
4. Select **Office** from the drop-down menu as the **TYPE** of user
5. Create a Sign in name
Note: The Sign in Name can contain any combination of letters, numbers, and special characters except for the following special characters: @, (,).
6. Enter Email Address
7. Select **Send verification code** and then enter the verification code from the email address provided
8. Create New Password
Note: The Password must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#\$\$%&*)
9. Create a User First Name and User Last Name
10. Check the box for **I’m not a robot**
11. Select **Continue**
12. Enter Access Code, Office Number, and Office Phone Number
13. Select **Continue**
14. After initial set-up, the user will be directed to the **My Preferences** tab
 - a. Select your office’s various **Preferences**
Note: The Evidence of Payment (EOP) is sent to providers and the Evidence of Benefits (EOB) is sent to members.
 - The Place of Service on Claim Submission page default is set to 11-Office. Another Place of Service can be selected as a default from the drop-down menu.
 - 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.
 - b. Click **Save**



The steps on how to submit a claim and prior approval is further explained in detail in the **Online Provider Portal User Guide** at https://www.libertydentalplan.com/Resources/Documents/ma_Office_Portal_User_Guide.pdf

HOW TO VERIFY ELIGIBILITY

Providers are responsible for verifying member eligibility prior to providing dental services. In addition, your office should ensure the members are listed in the “My Members” section of the portal to ensure the member is assigned to your office. Checking eligibility will allow providers to complete medically necessary procedures and reduce the risk of denied claims.

You can access member eligibility in one of two ways:

1. **Provider Portal at <https://providerportal.libertydentalplan.com/>**
 - a) Main Home screen **Member Eligibility** by entering the **Member #** with or without the suffix “-01, etc.” OR
 - b) Drop-down menu **Eligibility** on the top of the screen
 1. From the main Home screen enter **Member#** in the field on the right side of the screen Member Eligibility and click **Verify**, or
 2. Click on **Eligibility** at the top of the screen
 3. Users now have the ability to **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)
 4. Click **Search**
2. **Calling our Member Services Department at:** 888.352.7924 to speak with a live Representative from 8 a.m. to 6 p.m. EST

PRIOR AUTHORIZATION

Requesting an Authorization

Providers must obtain authorizations for certain services and procedures. For details regarding services that require authorization and how to submit authorization requests, please refer to LIBERTY’s Provider Reference Guide. The following information is generally requested for all authorizations:

- Member name
- Member ID number
- Member Date of Birth
- Treating Provider name
- Diagnosis codes and diagnostic pointers
- Any relevant clinical information to support medical necessity of request

Prior Authorization requires:

- The provider obtains written authorization to perform the procedure prior to performing the service.
- Specific documentation to establish medical necessity or justification for the procedure.

You can request prior authorization via the secure online Provider Portal.

Registered providers may log into <https://providerportal.libertydentalplan.com/>

1. Click **Claims** located on top of the screen, then click **Submit Claim**
 - a. You can view **Last Claim** for a treating provider
 - b. Choose treating provider from **Select a Provider** drop-down menu (only Active providers are shown)
 - c. Choose office/location from Vendor drop-down menu for **(Dental Claim)** or **(Pre-Estimate Claim)** submission (only Active vendors are shown)
 - d. Select **POS 50- Federally Qualified Health Center**
 - 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 Last Name, First Name and DOB for best results)
 - f. Submit up to 30 service lines at a time by completing the fields in each row. To add additional lines, click **Add service line(s)**.



PLEASE NOTE: Authorization does not guarantee payment. All services or procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

CLAIMS

At LIBERTY, we are committed to accurate and efficient claims processing. It is imperative that all information be accurate and submitted in the correct format.

1. Electronic Submission via LIBERTY's Provider Portal

LIBERTY strongly encourages the electronic submission of claims. This convenient feature assists in reducing costs, streamlining administrative tasks, and expediting claim payment turnaround time for providers. Access the Provider Portal at <https://providerportal.libertydentalplan.com/>

- I. Click **Claims** located on top of the screen, then click **Submit Claim**
 - a. You can view **Last Claim** for a treating provider
 - b. Choose treating provider from **Select a Provider** drop-down menu (only Active providers are shown)
 - c. Choose office/location from Vendor drop-down menu for **(Dental Claim)** or **(Pre-Estimate Claim)** submission (only Active vendors are shown)
 - d. Select **POS 50- Federally Qualified Health Center**
 - 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 Last Name, First Name and DOB for best results)
 - f. Submit up to 30 service lines at a time by completing the fields in each row. To add additional lines, click **Add service line(s)**.

2. Electronic Submission via Third Party Clearinghouse

LIBERTY currently accepts electronic claims/encounters from providers through the clearinghouses listed below. If you do not have an existing relationship with a clearinghouse, please contact the clearinghouse of your choice to begin electronic claims submission. The EDI vendors accepted by LIBERTY are:

LIBERTY EDI VENDOR	PHONE NUMBER	WEBSITE	PAYER ID
DentalXchange	800.576.6412	www.dentalxchange.com	CX083
Emdeon	877.469.3263	www.emdeon.com	CX083
Tesia	800.724.7240 x6	https://www.tesia.com/	CX083

National Electronic Attachment, Inc. (NEA) is recommended for electronic attachment submission. For additional information regarding NEA and to register your office, please visit www.nea-fast.com, select FASTATTACH™, then select Providers.

3. Paper Claims

Paper claims must be submitted on an ADA approved claim forms. Please mail all paper claim/encounter forms to:

ATTN: CLAIMS DEPARTMENT

LIBERTY Dental Plan
PO Box 401086
Las Vegas, NV 89140

For further instructions on claim submission via our secure online Provider Portal, you may access: https://www.libertydentalplan.com/Resources/Documents/ma_Office_Portal_User_Guide.pdf



Claim Payment Disputes

The claim payment dispute process is designed to address claims when there is disagreement regarding reimbursement. Claim Payment Disputes must be submitted to LIBERTY in writing within ninety (90) calendar days from the adjudication date on the Explanation of Payment (EOP).

Claim Status

LIBERTY encourages you to check the status of your authorization requests online in the following ways:

Via our secure Provider Portal at <https://providerportal.libertydentalplan.com/>

1. To view a Claim, Pre-Estimate or Referral associated with your office, click on the **Claims** menu, then click **View Office Claims** from 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-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**

Via Interactive Voice Response (IVR) System

Alternatively, you can use LIBERTY’s self-service IVR to check the status of a claim for full or partial payments. You can access the IVR by calling the toll-free number 888.354.7924 and select Option 2.

MULTI-STEP PROCEDURES

It is expected that multi-step dental procedures be completed within the timeframes set forth below. If there is a medically necessary reason why a procedure exceeds these timeframes, FQHC’s may submit for an encounter for each additional date of service that exceeds the visit or “unit” threshold. **Prior authorization including documentation of medical necessity and visit dates for each service is required.**

Category	Procedure Code(s)	Visit/“Unit” Threshold	Encounter Code to be submitted for visits that exceed threshold
Crowns	D2720 – D2752, D2790-D2799	3 units per tooth	D2999
Fixed Bridgework (Pontics)	D6210-D6212, D6240-D6242, D6250-D6252	1 unit per pontic	D6999
Fixed Bridgework (Abutments)	D6720-D6722, D6750-6752, D6790-D6792	3 units per abutment tooth	D6999
Fixed Bridgework (Bonded Retainer)	D6545	2 units per service	D6999
Endodontics	D3310-D3331, D3346-D3348	3 units per tooth	D3999
Prosthetics (Dentures)	D5110-D5226	6 units per single denture 8 units per two dentures fabricated at the same time	D5999
Prosthetics (Repair, Rebase, Reline)	D5511-D5671, D5710-5721, D5750-D5761	2 units per service or 3 unites per both dentures	D5899
Orthodontics (Limited and Interceptve)	D8010-D8060	12 units per service (per year)	D8999
Orthodontics (Harmful Habit Appliances)	D8210-D8220	8 units per service	D8999
Orthodontics (Repair, Replacement)	D8696-D8704	3 units per service (per year)	D8999
Occlusal Guard	D9944-D9945	3 units per service	D0999
All other dental services with a laboratory component		2 units per service	D0999

ELECTRONIC FUNDS TRANSFER (EFT)

LIBERTY offers a payment solution through ECHO Health, Inc. (ECHO®). You can enroll in EFT/ACH by logging into: <https://enrollments.echohealthinc.com/EFTERInvitation.aspx?tp=MDAXMzk=>

EFT enrollment is verified after banking account information is provided to ECHO. **PLEASE NOTE: If you do not sign up for ECHO Health EFT/ACH, you will be enrolled in Virtual Card Services.** Virtual Cards allow your office to process payments as credit card transactions. Your office will receive fax notifications, each containing a virtual card number unique to that payment transaction. Once the number is received, you simply enter the code into your office's credit card terminal to process the payment as a regular card transaction. Normal transaction fees apply based on your merchant acquirer relationship.

- There are no fees to enroll and receive EFT payment **if you select the LIBERTY only option:** <https://enrollments.echohealthinc.com/EFTERAIInvitation.aspx?tp=MDAxMzk=>
- If your office opts to enroll in EFT payments through the above link, you will need to wait for the first payment to be issued as a virtual card and reference the draft number provided on the virtual card.

You may register at www.ProviderPayments.com to access a detailed explanation of payment for each transaction, to elect to receive email notifications of payments, and to access ERAs (835s) associated with your payments.

If you have any questions or need further information regarding this notification, please contact ECHO Health, Inc. at **833.629.9725** or email EDI@ECHOHealthInc.com.

Paper Checks

If you prefer to receive paper checks, and paper explanation of payment you must elect to opt out of Virtual Card Services.

To opt out, of virtual cards or EFT payments, please call 833.629.9725.

PROVIDER GRIEVANCES

Network and non-network providers may submit grievances for matters including administrative issues, not related to payment disputes or utilization management decisions. Formal provider grievances address issues where a provider is not satisfied with LIBERTY's policies and procedures. Providers will not be penalized for filing a grievance. All provider grievances will be resolved fairly, in accordance with the covered benefits and consistent with LIBERTY's policies and procedures.

ATTN: GRIEVANCE & APPEALS
LIBERTY Dental Plan PO Box 26110 Santa Ana, CA 92799-6110

PROVIDER APPEALS

Claim Payment Disputes: Providers who are not satisfied with a LIBERTY claim denial decision can request a claim appeal (dispute). Provider payment appeals must be submitted in writing and filed no later than ninety (90) calendar days from the adjudication date on the Explanation of Payment (EOP).

ATTN: GRIEVANCE & APPEALS
LIBERTY Dental Plan PO Box 26110 Santa Ana, CA 92799-6110

Utilization Management (UM): UM appeals are handled by the Health Plan through the Member Appeal process. Providers can request a UM appeal on behalf of the member with the member's written consent. UM appeals must be filed no later than sixty (60) days from the date of the adverse benefit determination. Appeals will be resolved within thirty (30) calendar days of receipt. Please see the 'Member Appeals' section of the NJ FamilyCare Provider Reference Guide for UM appeals filed on behalf of the member.

The provider grievances and appeals process outlined above are not applicable to disputes between LIBERTY and the provider regarding the terms, conditions or termination or any other matter arising under contract. If you have concerns related to contracting issues, please contact the Provider Relations Department for further assistance.