

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](mailto:Provider@libertydentalplan.com). For technical assistance, email [portalsupport@libertydentalplan.com](mailto:portalsupport@libertydentalplan.com).

1. To register a new office, enter the following website address into your browser:  
[www.libertydentalplan.com](http://www.libertydentalplan.com)
2. Click on **Login** → **Dental Office**
3. Select **Office** from the drop-down menu as the **TYPE** of user
4. 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: @, (, ).
5. Enter Email Address
6. Select **Send Verify code** and then enter the verification code from the email address provided
7. 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. (!@#\$\$%&\*)
8. Create a User First Name and User Last Name
9. Check the box for **I'm not a robot**
10. Select **Continue**
11. Enter Access Code, Office Number, and Office Phone Number
12. Select **Continue**
13. 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](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. 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)
  - e. 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. 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)
  - e. 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	<a href="http://www.dentalxchange.com">www.dentalxchange.com</a>	CX083
Emdeon	877.469.3263	<a href="http://www.emdeon.com">www.emdeon.com</a>	CX083
Tesia	800.724.7240 x6	<a href="https://www.tesia.com/">https://www.tesia.com/</a>	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](http://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](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) days from the date grievance determination, or the date of the Explanation of Payment or Denial Letter.

### 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.

### 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/EFTERAinvitation.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/EFTERAinvitation.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](http://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](mailto: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.

Provider grievances must be submitted in writing and filed no later than forty-five (45) days from the date that the issue occurred that initiated the grievance. Provider grievances will be acknowledged in writing within five (5) calendar days and resolved within thirty (30) calendar days.

**ATTN: GRIEVANCE & APPEALS**

**LIBERTY Dental Plan**  
PO Box 26110  
Santa Ana, CA 92799-6110

## PROVIDER APPEALS

Providers who are not satisfied with the LIBERTY's utilization or claim denial decision, or the Plan's resolution to a grievance can request an appeal disputing LIBERTY's decision. Provider appeals must be submitted in writing and filed no later than ninety (90) days from the date grievance determination, or the date of the Explanation of Payment or Denial Letter. Provider appeals will be acknowledged in writing within five (5) calendar days and resolved within thirty (30) calendar days.

### ATTN: GRIEVANCE & APPEALS

**LIBERTY Dental Plan**  
PO Box 26110  
Santa Ana, CA 92799-6110

LIBERTY has thirty (30) days to review the case for Medical Necessity and conformity to applicable guidelines. Cases submitted without the necessary documentation will be denied for lack of information, and the Provider must submit the requested documentation within sixty (60) calendar days of the denial to re-open the case. The case will remain closed if documents and records are received after the sixty (60) calendar day timeframe.