



# ONLINE PROVIDER PORTAL USER GUIDE

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Making members shine, one smile at a time™

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## GETTING STARTED

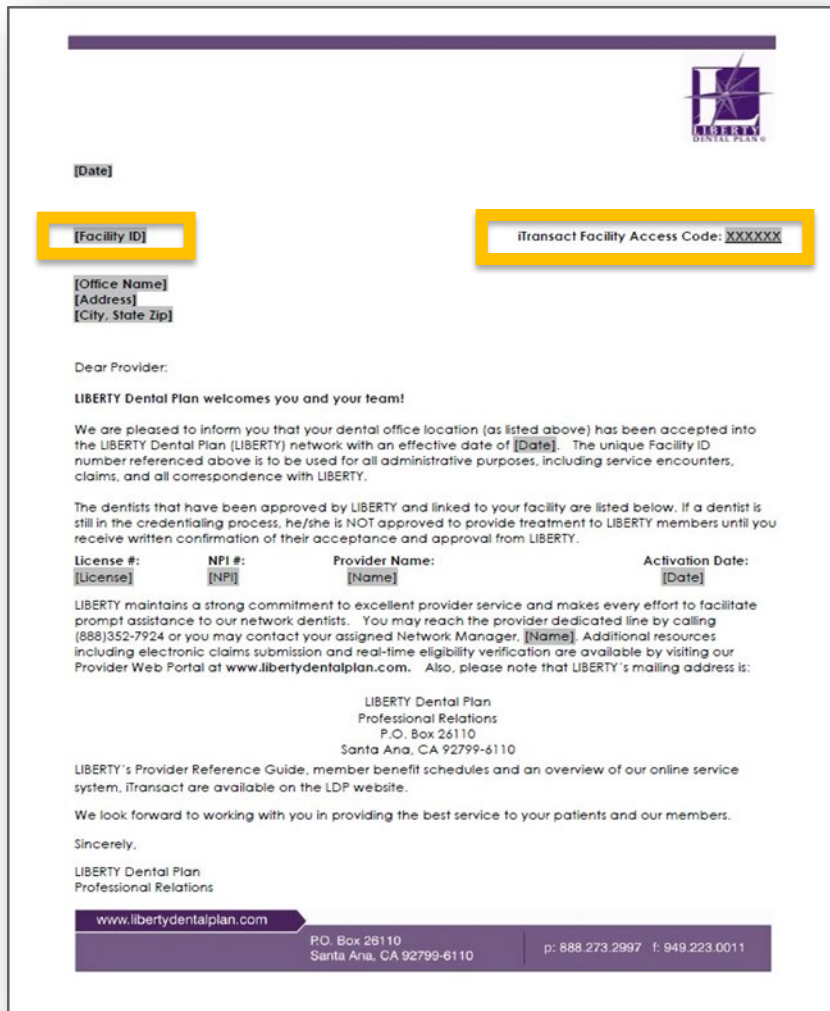
LIBERTY Dental Plan ("LIBERTY") offers 24/7 real-time access to information and tools through our secure Online Provider Portal.

### 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](http://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](http://www.libertydentalplan.com)

P.O. Box 26110  
Santa Ana, CA 92799-6110

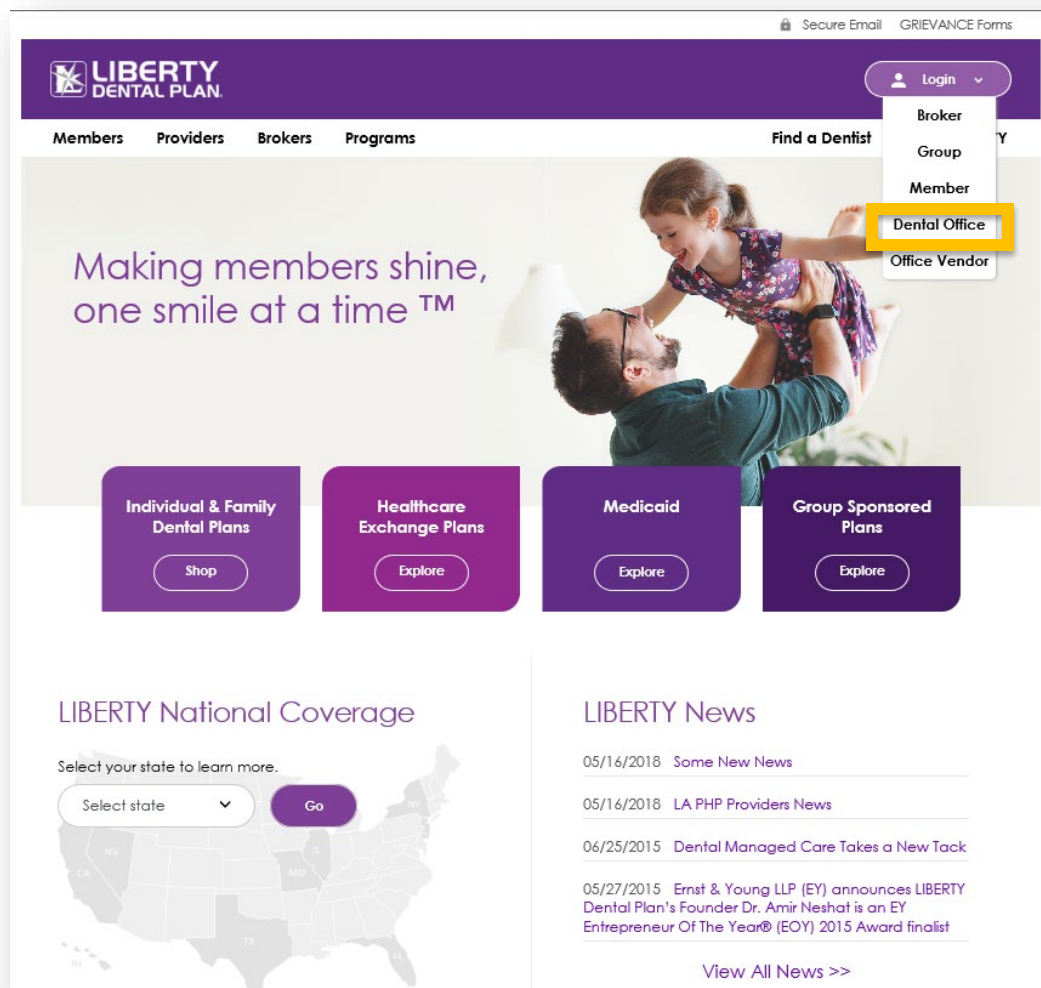
p: 888.273.2997 f: 949.223.0011


## NEW OFFICE REGISTRATION

### REGISTER A NEW OFFICE

A designated Office Administrator should be the user to set up the 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](http://www.libertydentalplan.com)
2. Click on **Login → Dental Office**



Register a New Office *continued*




Please provide the following details.

Choose the TYPE of user you want to create an account for:  
 Office ▼

Sign in name   
Email verification is required prior to completing account setup.  
 Email Address

Send verification code   
 New Password

Confirm New Password

User First Name   
 User Last Name

User First Name   
 User Last Name

Continue

☐ I'm not a robot 

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 Verification code** and then enter the verification code from the email address provided
7. Create New Password
8. Create a User First Name and User Last Name
9. Select the box for **I'm not a robot**
10. 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. (!@#%&\*)



## Register a New Office *continued*

11. Enter Access Key (Code), Office Number, and Office Phone Number

12. Select **Continue**



Please provide the following details.

Access Key

Office Number

Office Phone Number

**Continue** **Cancel**

## MY PREFERENCES

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

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

1. Select Provider:

	NPI	Provider #	Provider Name
<b>Selected</b> ✓	-	0	ALL
Select			

1 - 2 of 2 items

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 on Claim Submission Page (HCFA claims only):

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:

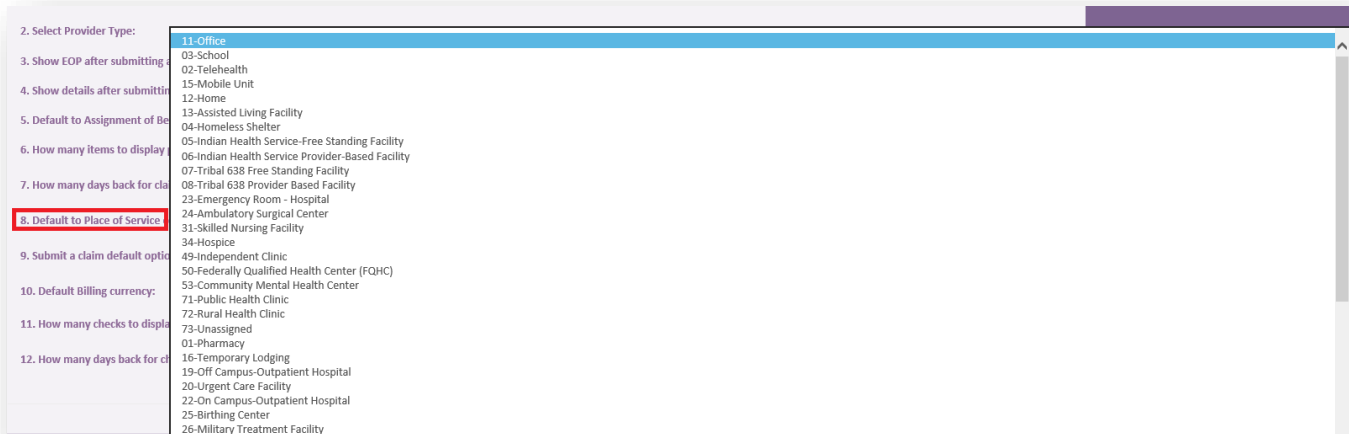
☒ Dental  
☒ Yes ☐ No  
☒ Yes ☐ No  
☒ Yes ☐ No  
5  
Last Week  
11-Office  
Service Date(s)  
US Dollars  
5  
Last Week

Save

**Note:** The Evidence of Payment (EOP) is sent to providers and the Evidence of Benefits (EOB) is sent to members.

## My Preferences *continued*

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.



2. Select Provider Type: 11-Office

3. Show EOP after submitting a claim: 03-School

4. Show details after submitting a referral: 02-Telehealth

5. Default to Assignment of Benefits: 15-Mobile Unit

6. How many items to display per page: 12-Home

7. How many days back for claims lookup: 13-Assisted Living Facility

8. Default to Place of Service: 04-Homeless Shelter

9. Submit a claim default options: 05-Indian Health Service-Free Standing Facility

10. Default Billing currency: 06-Indian Health Service Provider-Based Facility

11. How many checks to display per page: 07-Tribal 638 Free Standing Facility

12. How many days back for checks lookup: 08-Tribal 638 Provider Based Facility

09-Independent Clinic

10-Federally Qualified Health Center (FQHC)

11-Community Mental Health Center

12-Public Health Clinic

13-Rural Health Clinic

14-Unassigned

15-Pharmacy

16-Temporary Lodging

17-Off Campus-Outpatient Hospital

18-Urgent Care Facility

19-On Campus-Outpatient Hospital

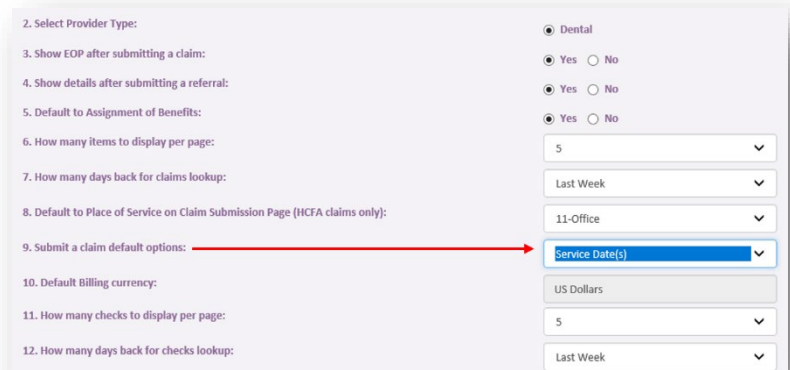
20-Birthing Center

21-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-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: ☒ 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

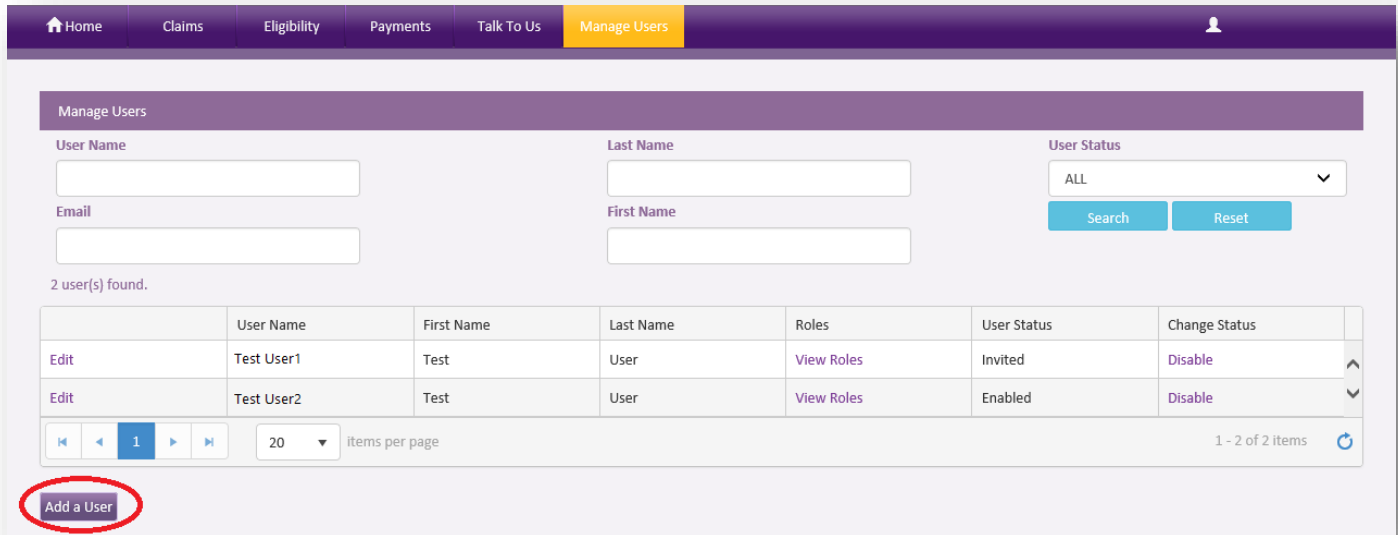
11. How many checks to display per page: 5

12. How many days back for checks lookup: Last Week

## 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



Manage Users

User Name:  Last Name:  User Status:

Email:  First Name:

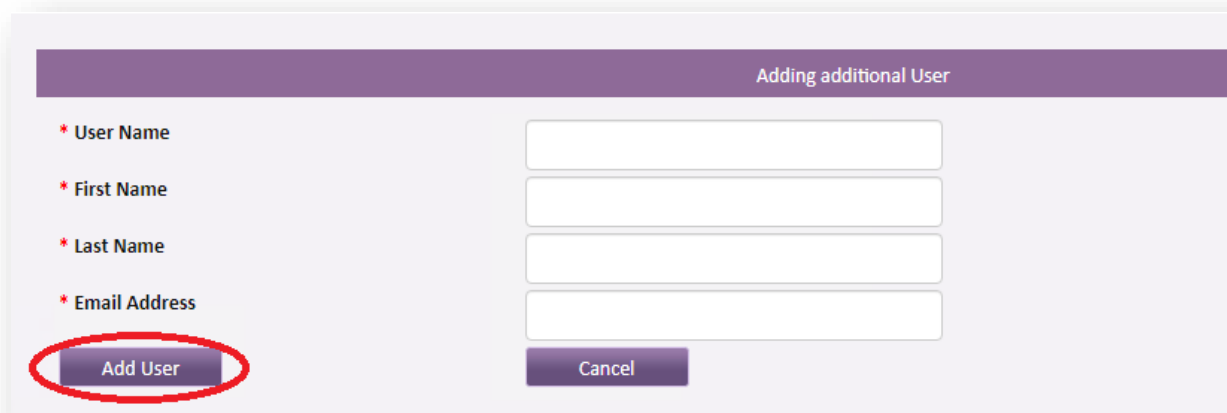
2 user(s) found.

	User Name	First Name	Last Name	Roles	User Status	Change Status
Edit	Test User1	Test	User	<a href="#">View Roles</a>	Invited	<a href="#">Disable</a>
Edit	Test User2	Test	User	<a href="#">View Roles</a>	Enabled	<a href="#">Disable</a>

1 - 2 of 2 items

**Add a User**

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



Adding additional User

\* User Name

\* First Name

\* Last Name

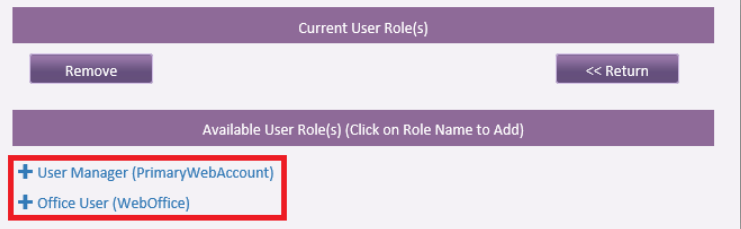
\* Email Address

**Add User**



## 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:

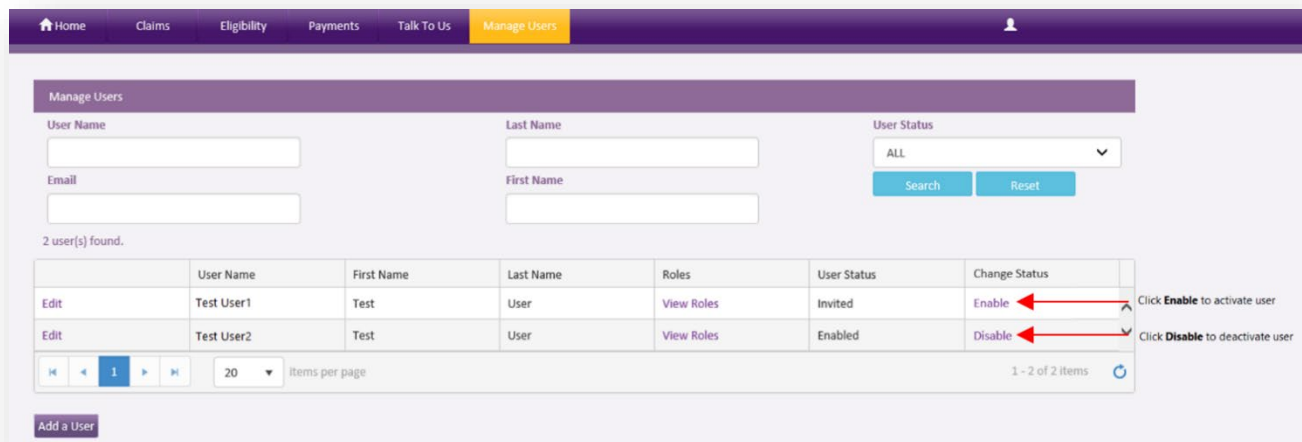
- **User Manager (PrimaryWebAccount)** – Allows the user to manage and add additional user accounts for the entire office. This includes resetting passwords, updating user information (First name, Last Name, Email Address), as well as disabling users in the event they should no longer have access to 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 has the ability to 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**.

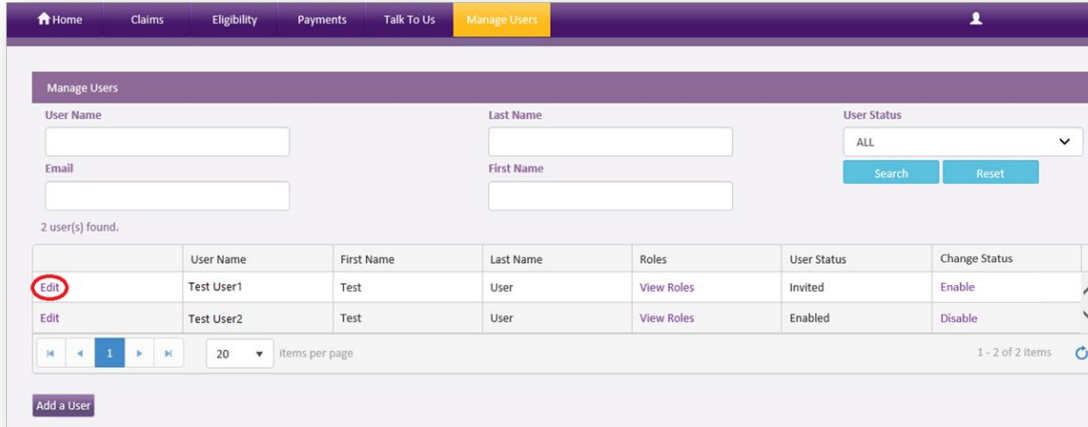


	User Name	First Name	Last Name	Roles	User Status	Change Status
Edit	Test User1	Test	User	View Roles	Invited	Enable
Edit	Test User2	Test	User	View Roles	Enabled	Disable

## EDIT USER INFORMATION

The Office Administrator can edit a user's information:

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



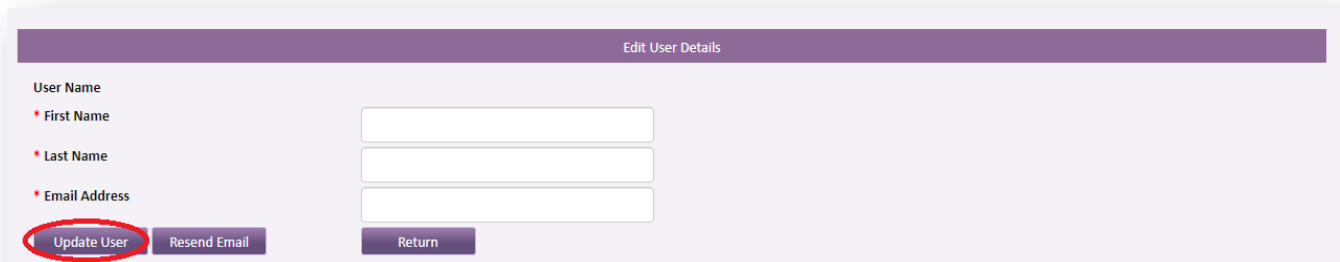
The screenshot shows the 'Manage Users' page. At the top is a navigation bar with links: Home, Claims, Eligibility, Payments, Talk To Us, and Manage Users (highlighted in yellow). Below the navigation bar is a search section with input fields for User Name, Last Name, First Name, and Email, and a dropdown for User Status (set to 'ALL'). Search and Reset buttons are present. Below the search section, it says '2 user(s) found.' and displays a table with user information. The table has columns: User Name, First Name, Last Name, Roles, User Status, and Change Status. Two users are listed: 'Test User1' and 'Test User2'. The 'Edit' link for 'Test User1' is circled in red. Below the table are pagination controls showing '1' of 2 items, '20' items per page, and a refresh button. An 'Add a User' button is at the bottom left.

	User Name	First Name	Last Name	Roles	User Status	Change Status
<a href="#">Edit</a>	Test User1	Test	User	<a href="#">View Roles</a>	Invited	Enable
<a href="#">Edit</a>	Test User2	Test	User	<a href="#">View Roles</a>	Enabled	Disable

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.

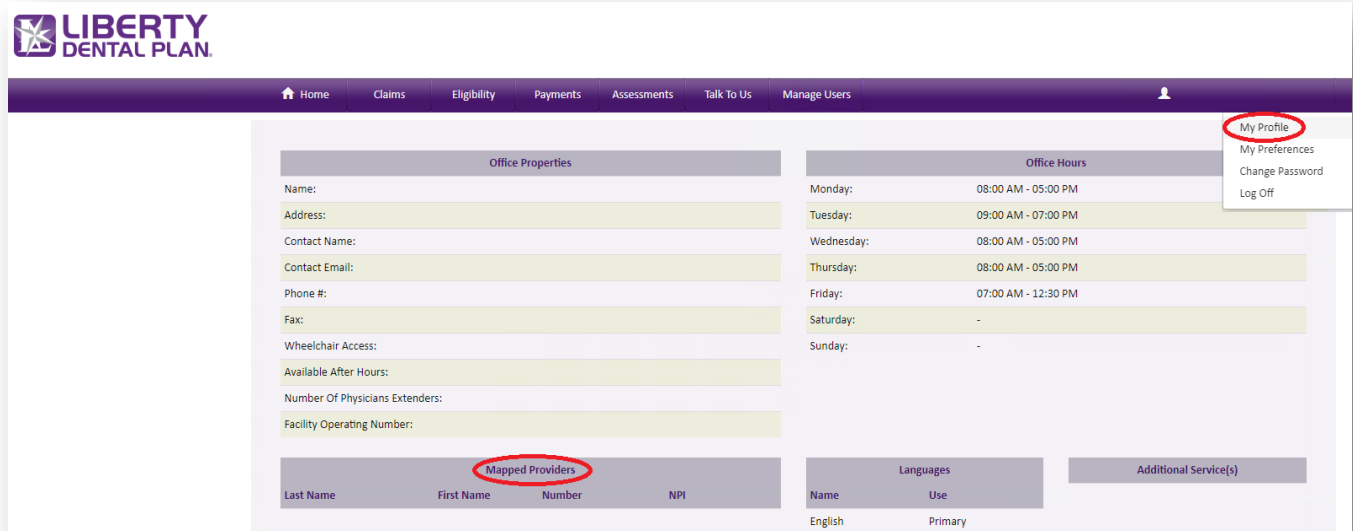
4. Click **Update User**



The screenshot shows the 'Edit User Details' form. It has a purple header bar with the title 'Edit User Details'. Below the header, there are input fields for 'User Name', '\* First Name', '\* Last Name', and '\* Email Address'. The 'Update User' button is circled in red. Other buttons include 'Resend Email' and 'Return'.

## 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

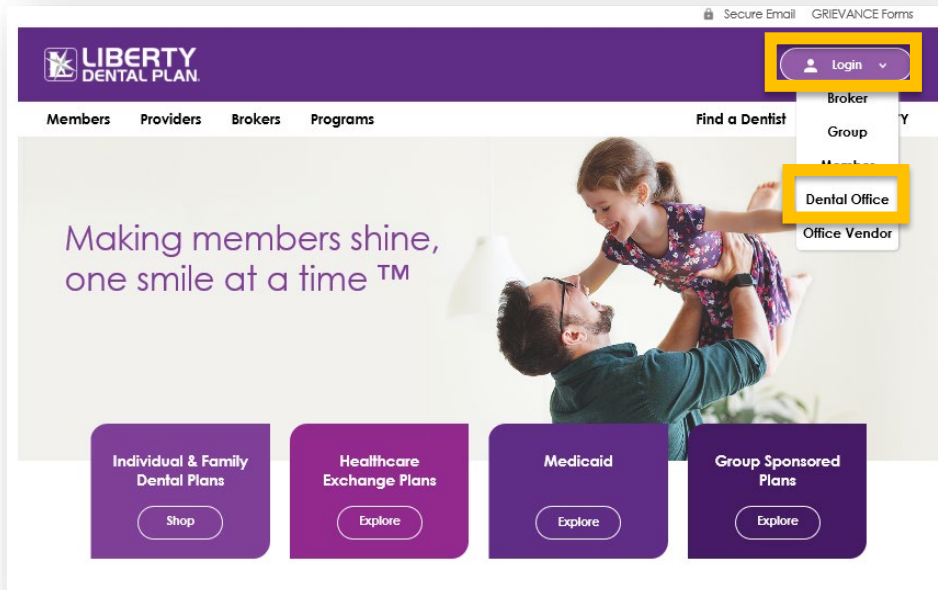
Providers with an "Active Contract" within the office will display. If a provider has termed, the provider will display for 6 months and then drop from the Mapped Providers screen.

## ACCESSING YOUR USER ACCOUNT

### LOG IN

Please visit [www.libertydentalplan.com](http://www.libertydentalplan.com).

1. Click on **LOGIN**



### On the next screen:

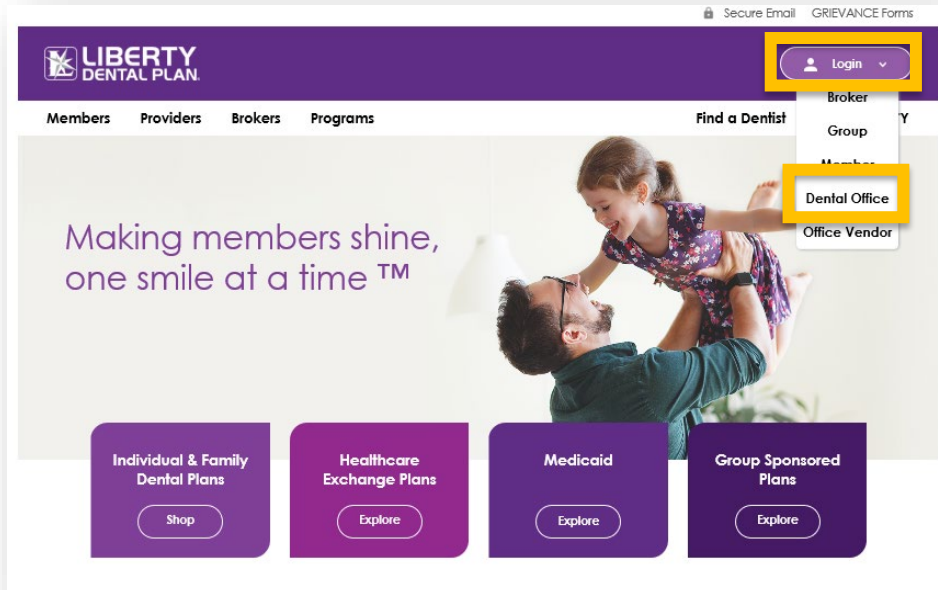
1. Type in **Username** and **Password**
2. Check **I'm not a robot** box to open the reCAPTCHA window
3. Follow the instructions and select the appropriate images in the reCAPTCHA window
4. Click **Verify** in the reCAPTCHA window
5. Ensure you see a green check mark next to **I'm not a robot**
6. Click **Sign In**



## PASSWORD RESET


Please visit [www.libertydentalplan.com](http://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.



Please provide the following details.

Sign in name

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

Email Address

Verification code

[Verify code](#) [Send new code](#)

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

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

**From:** Microsoft on behalf of Liberty Dental Plan Provider <msonlineservicesteam@microsoftonline.com>  
**Sent:** Tuesday, November 5, 2019 4:37 PM  
**To:**  
**Subject:** Liberty Dental Plan Provider account email verification code

---

**Verify your email address**


Thanks for verifying your user@libertydentalplan.com account!

**Your code is: 396862**

Sincerely,  
 Liberty Dental Plan Provider

## On the next screen:

- Type in **New Password** and **Confirm Password**
- Click **Continue**




Please provide the following details.

New Password

Confirm New Password

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




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](#)

- Type in **Username** and **Password**
- Check **I'm not a robot** box to open the reCAPTCHA window
- Follow the instructions and select the appropriate images in the reCAPTCHA window
- Click **Verify** in the reCAPTCHA window
- Ensure you see a green check mark next to **I'm not a robot**
- Click **Sign In**

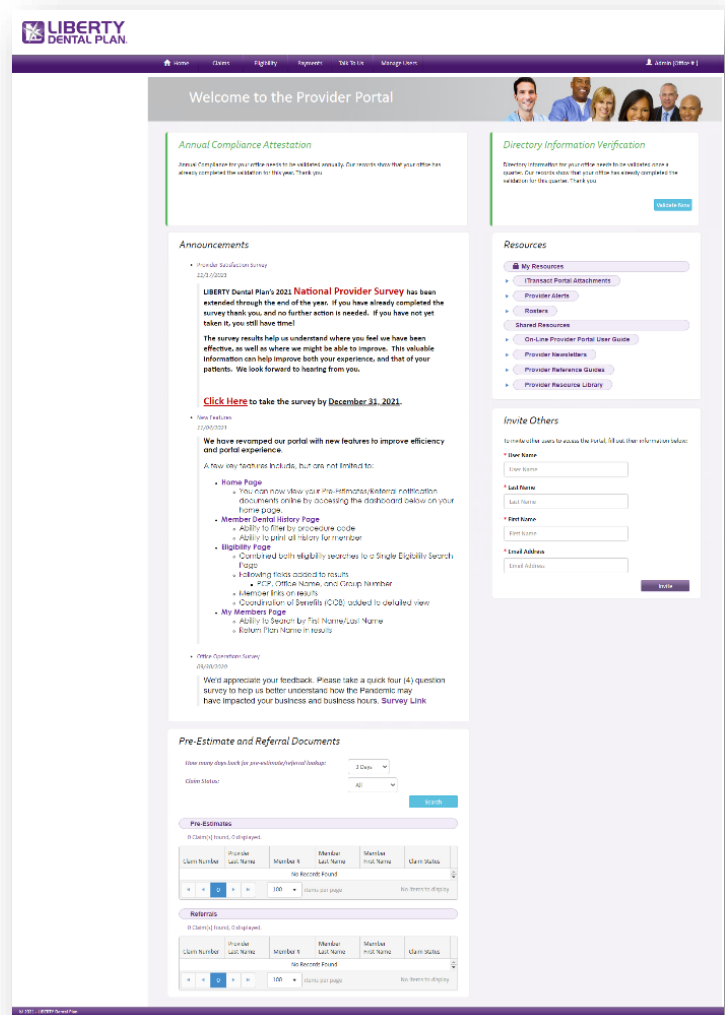
**Note:** Passwords must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#\$\$%&\*)



## 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: view secure office specific documents (formerly "Attachments")
  - Shared Resources: view global/public documents
- **Pre-Estimate and Referral Documents:** notification of UM documents fulfilled
- **Invite Others:** administrator access to setup new user(s)

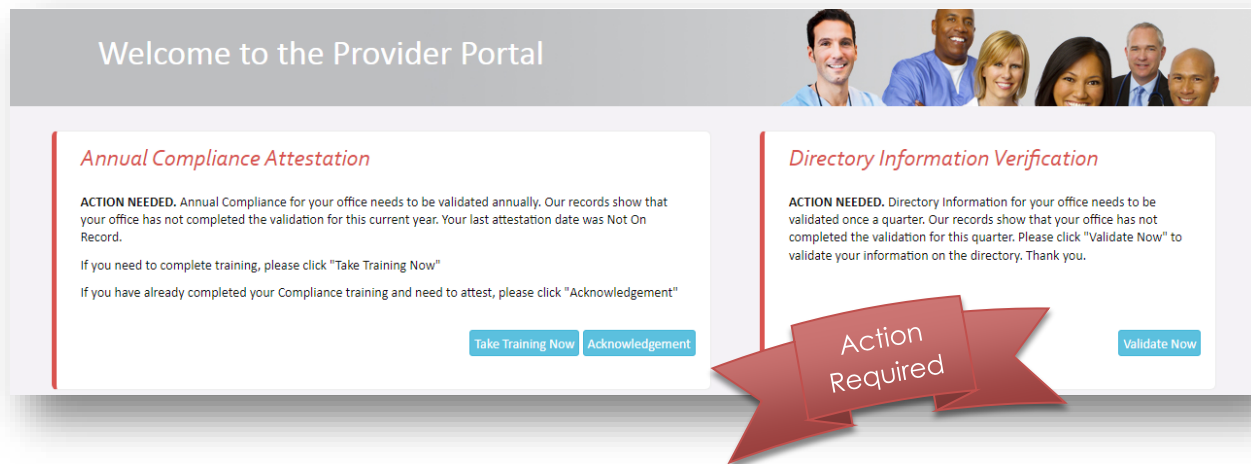


## DIRECTORY INFORMATION VERIFICATION (DIV) AND ANNUAL COMPLIANCE ATTESTATION

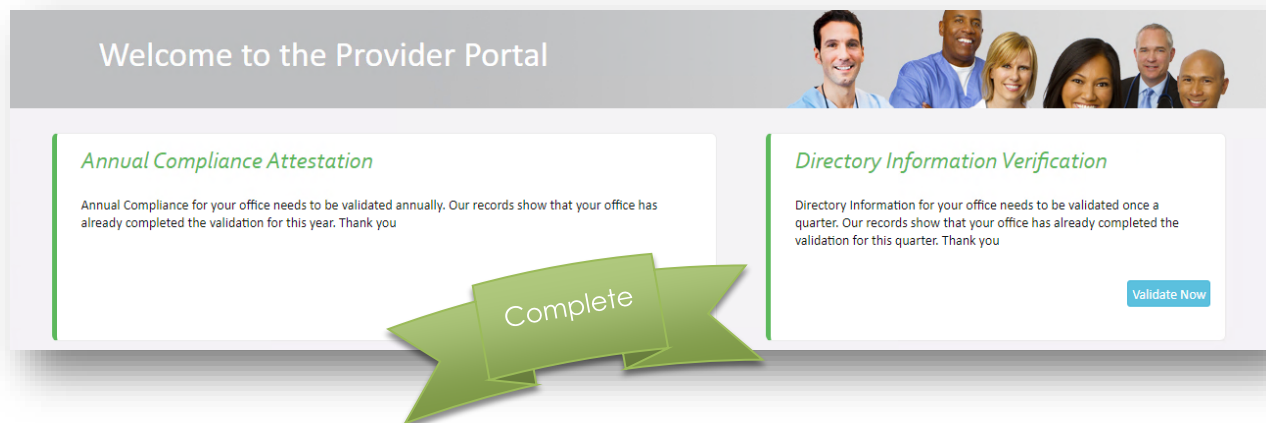
Self-service online tools to validate your office's directory information or acknowledge and attest your annual compliance training has been added to the home page. Offices no longer need to log in separately or look for your access code. Clicking the links will take the user directly to where they need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

### 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).



Once the Compliance Attestation or Directory Information 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

×

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

Validate Now

Snooze 3 Day(s)

Close

Compliance Action Required

×

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

## PRE-ESTIMATE AND REFERRAL DOCUMENTS

Providers have ease-of-access to their fulfillment documents for pre-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:

3 Days

Claim Status:

All

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					

⏪

⏩

0

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					

⏪

⏩

0

5 items per page

No items to display

## MY RESOURCES

Here you will find unique documents specific to your office.

1. Click **Home** on the top of the screen to view available documents (My Resources is formerly "Attachments")

## 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

## PROVIDER RESOURCE LIBRARY

1. Select the state from the **Please select your state** drop-down menu
2. Click **Continue**
3. Click on the form(s) needed to view and/or print

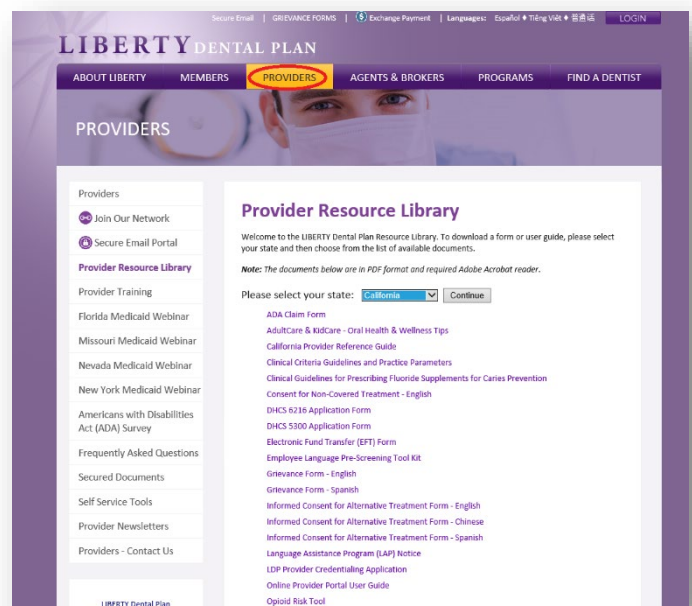
### Resources

#### My Resources

- ▶ iTransact Portal Attachments
- ▶ Provider Alerts
- ▶ Rosters

#### Shared Resources

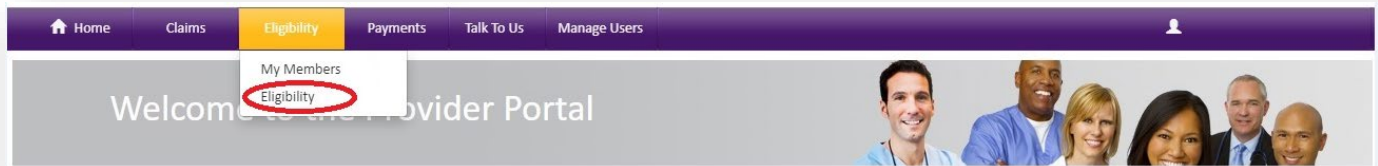
- ▶ On-Line Provider Portal User Guide
- ▶ Provider Newsletters
- ▶ Provider Reference Guides
- ▶ Provider Resource Library



## 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"/>

Number of Search Row(s)

## 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**

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								
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		<input type="checkbox"/> Select All
Q	12/03/2021			GMC21ACA Sacramento GMC Adults - ACA Medi-Cal GMC/PHP - Adult		<a href="#">Check Eligibility</a> 10/01/2019 - 12/31/9999	• Utilization • History • Benefits • Add Claim	<input type="checkbox"/>

Page 1 of 1

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

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

**Batch Print**

Select the documents to be printed for each member

☒ History
 ☒ Utilization
 ☒ Benefits



## Check Member Eligibility *continued*

From the drop-down menu, select the provider, click on **Check Eligibility**

Check Eligibility Status

Provider

Please select a provider

Check Eligibility

Close

### Note

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

Eligibility Status - Member, Test

Provider

Check Eligibility

Member is eligible for services on 12/03/2021, please consult the plan guidelines for Referrals

Member Information

Test Member

Member Number

Date of Birth

PCP

PCP Office

Effective Date

Expiration Date

Status

Group/Plan Name

Other Health Coverage?

COB Precedence

Payer Name

Effective Date

Expiration Date

## MEMBER UTILIZATION SCREEN

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		

## MEMBER HISTORY SCREEN

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	<a href="#">Export to PDF</a>
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

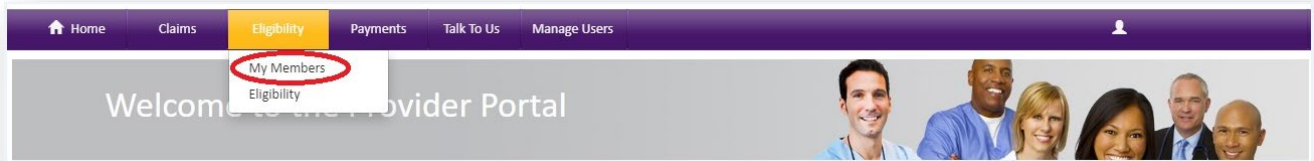
1 2 3 4 5 ... 10 items per page

1 - 10 of 119 items

## MEMBER ROSTERS

### CAPITATION PLANS/DENTAL HOME ASSIGNMENT

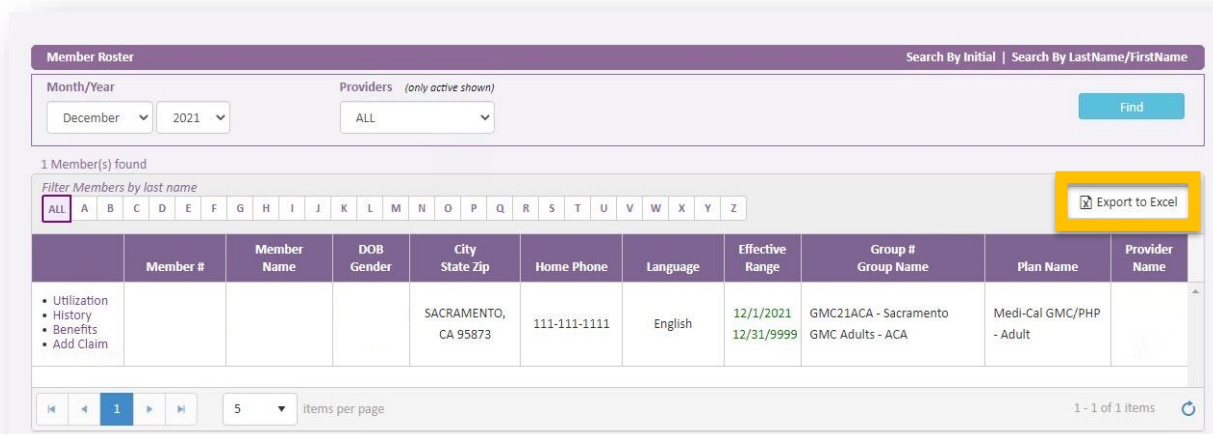
Offices that participate in a capitation program or with a program that requires Dental Home assignment may view their rosters by clicking on **Eligibility** located on top of the screen, then select **My Members**. The **My Members** screen allows the user to view all members assigned to the office.



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"> <li>Utilization</li> <li>History</li> <li>Benefits</li> <li>Add Claim</li> </ul>				SACRAMENTO, CA 95873	111-111-1111	English	12/1/2021 12/31/9999	GMC21ACA - Sacramento GMC Adults - ACA	Medi-Cal GMC/PHP - Adult	

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.

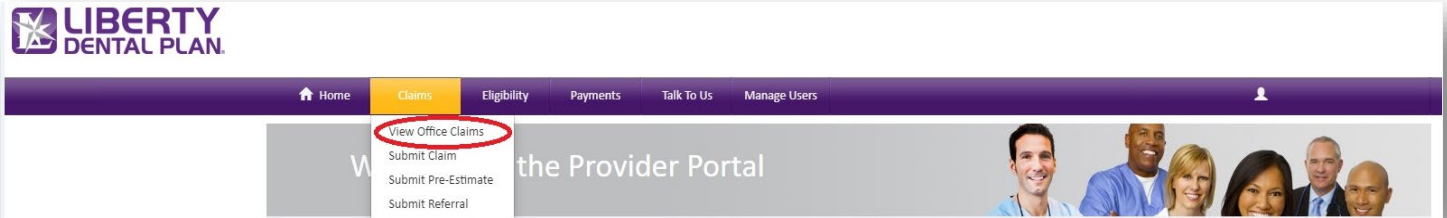
#### Note

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.

## CLAIMS, PRE-ESTIMATES AND REFERRALS

### VIEW OFFICE CLAIMS

To view claims for an office, select **View Office Claims** from the **Claims** tab at the top of the screen



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

- Claim Type** – choose Claims, Pre-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:

Member:

Provider:

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

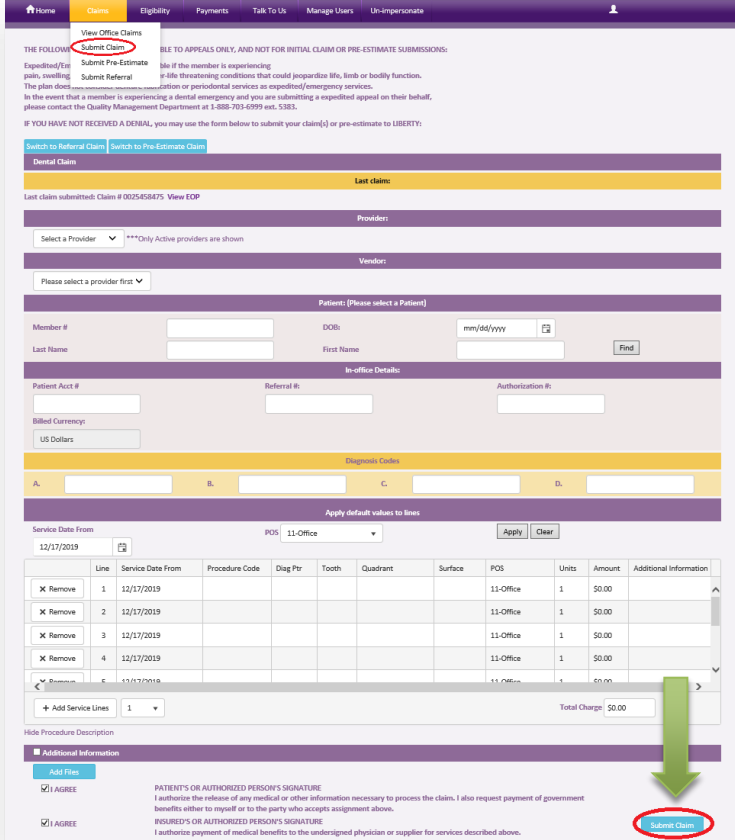
CLAIM STATUS	EXPLANATIONS
Completed	Claim is complete and one or more items have been approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete. Claim is being reviewed and may not reflect the benefit determination

## SUBMIT A CLAIM, PRE-ESTIMATE OR REFERRAL

1. Click **Claims** located on top of the screen, then select **Submit Claim**

2. Click on **Submit Dental Claim**, **Submit Pre-Estimate** or **Submit Referral** (see next page for **Referral** submission)

- You can view **Last Claim** for a treating provider
- Choose treating provider from **Select a Provider** drop-down menu (only Active providers are shown)
- Choose office/location from **Vendor** drop-down menu for (**Dental Claim**) or (**Pre-Estimate Claim**) submission (only Active vendors are shown)
- 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)
- Input **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 INFORMATION IS REQUIRED FOR ALL CLAIMS. PLEASE COMPLETE ALL FIELDS. IF YOU HAVE NOT RECEIVED A DENTAL, you may use the form below to submit your claim(s) or pre-estimate to LIBERTY:

Switch to Referral Claim | Switch to Pre-Estimate Claim

**Dental Claim**

Last claim submitted: Claim # 0025458475 View EOP

Providers: Select a Provider (Only Active providers are shown)

Vendor: Please select a provider first

Patient: (Please select a Patient)

Member # [ ] DOB: mm/dd/yyyy [ ] [Find]

Last Name [ ] First Name [ ]

In-office Details:

Patient Acct # [ ] Referral # [ ] Authorization # [ ]

Billed Currency: US Dollars

Diagnosis Codes:

A. [ ] B. [ ] C. [ ] D. [ ]

Apply default values to lines

Service Date From: 12/17/2019 [ ] POS: 11-Office [ ] [Apply] [Clear]

Line	Service Date From	Procedure Code	Diag Ptr	Tooth	Quadrant	Surface	POS	Units	Amount	Additional Information
X Remove 1	12/17/2019						11-Office	1	\$0.00	
X Remove 2	12/17/2019						11-Office	1	\$0.00	
X Remove 3	12/17/2019						11-Office	1	\$0.00	
X Remove 4	12/17/2019						11-Office	1	\$0.00	
X Remove 5	12/17/2019						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**

3. Click on **Submit Referral** from the drop-down menu

- Select the **Provider** referring the patient from the drop-down menu
- For emergency referrals, check the **Emergency Referral** box
- Select the appropriate option from the **Specialty Category** drop-down menu (Defaulted to Specialist)
- Select the appropriate option from the **Specialty Subcategory** drop-down menu
- 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)
- 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)**.

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

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.

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

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

**Referral**

Last claim: \_\_\_\_\_

Last claim submitted: Claim # 0025108934 View EOP

Provider: \_\_\_\_\_

☐ Emergency Referral

Specialty Category: **Specialist**

Specialty Subcategory: **Select Specialty Subcategory**  
 Orthodontics  
 Periodontics  
 Oral Surgery  
 Endodontics  
 Pediatric Dentistry

Member # \_\_\_\_\_ DOB: mm/dd/yyyy  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**In-office Details:**

Patient Acct # \_\_\_\_\_ Referral #: \_\_\_\_\_ Authorization #: \_\_\_\_\_

Billed Currency: US Dollars

**Diagnosis Codes**

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_ D. \_\_\_\_\_

Apply default values to lines

POS: 11-Office

	Line	Procedure Code	Diag Ptr	Tooth	Quadrant	Surface	POS	Units	Additional Information
<input checked="" type="checkbox"/> Remove	1						11-Office	1	
<input checked="" type="checkbox"/> Remove	2						11-Office	1	

## SUBMISSION WITH ADDITIONAL INFORMATION

☒ Additional Information

Does the Member have another health plan? \_\_\_\_\_

Remarks: \_\_\_\_\_

Treatment Resulting From:  
☐ Occupational Illness/Injury ☐ Auto Accident ☐ Other Accident

Date of Accident: mm/dd/yyyy Auto Accident State: \_\_\_\_\_

Is Treatment for Orthodontics?  
☐ Yes ☒ No Date Appliance Placed: mm/dd/yyyy

Months of Total: \_\_\_\_\_ Months of Treatment Remaining: \_\_\_\_\_

Missing Teeth Information separate tooth number by commas: \_\_\_\_\_

Replacement of Prosthesis? \_\_\_\_\_ Date Prior Placement: mm/dd/yyyy

☒ I AGREE ☒ 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.

INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
 I authorize payment of medical benefits to the undersigned physician or supplier for services described above.



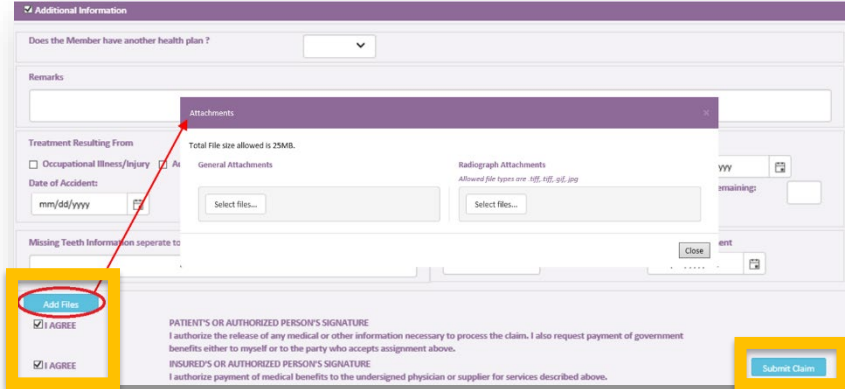
## Submit a Claim, Pre-Estimate or Referral *continued*

1. Check the **Additional Information** box towards the bottom of the Submit a Claims 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**

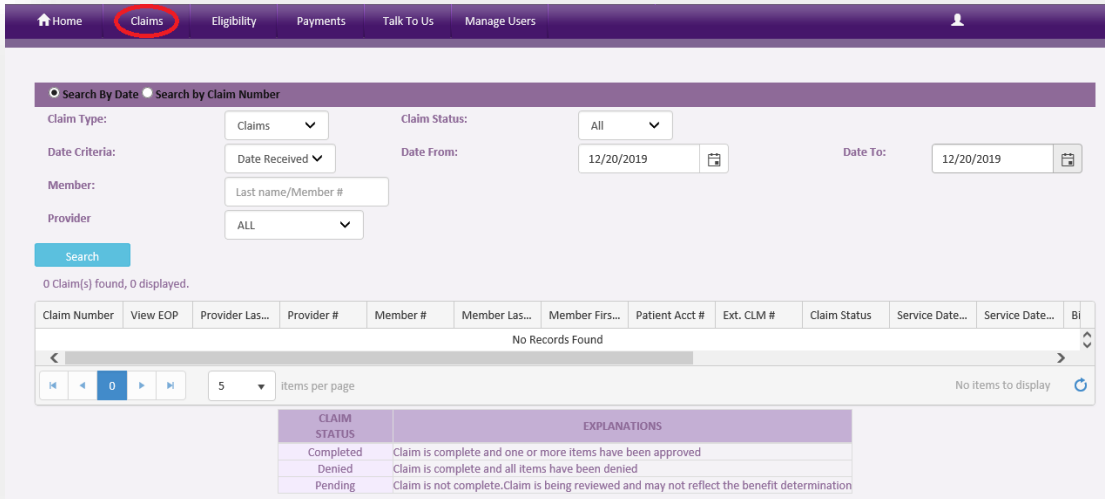
### Note

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



## RESUBMIT/CORRECT A CLAIM, PRE-ESTIMATE OR REFERRAL

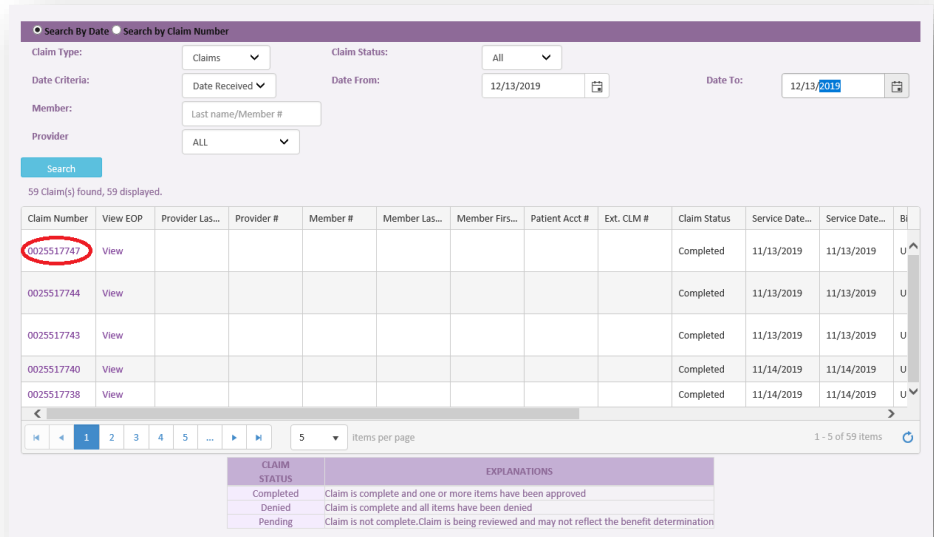
1. To resubmit/correct a claim, pre-estimate or referral, click on **View Office Claims**



2. Click on **Search by Date** or **Search by Claim Number** radio buttons to find the claim, pre-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

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

4. After the Explanation of Payment is displayed, click on **Resubmit Claim**
5. When **Resubmit Claim** is selected, the information from the claim, pre-estimate or referral will populate on the **Submit Claim** screen
6. Check the **Additional Information** box towards the bottom of the **Submit 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.
7. Check both **I Agree** boxes
8. Click **Submit Claim**



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
0025517747	View								Completed	11/13/2019	11/13/2019	U
0025517744	View								Completed	11/13/2019	11/13/2019	U
0025517743	View								Completed	11/13/2019	11/13/2019	U
0025517740	View								Completed	11/14/2019	11/14/2019	U
0025517738	View								Completed	11/14/2019	11/14/2019	U

1 - 5 of 59 items

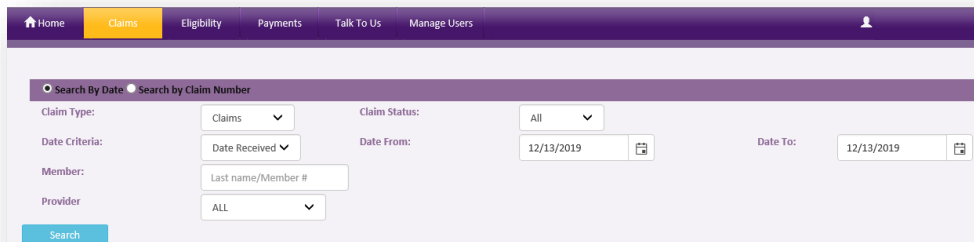
CLAIM STATUS	EXPLANATIONS
Completed	Claim is complete and one or more items have been approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete. Claim is being reviewed and may not reflect the benefit determination

### 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-ESTIMATE OR REFERRAL

1. To view a Claim, Pre-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-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**



Home Claims Eligibility Payments Talk To Us Manage Users

Search By Date Search by Claim Number

Claim Type: Claims Claim Status: All

Date Criteria: Date Received Date From: 12/13/2019 Date To: 12/13/2019

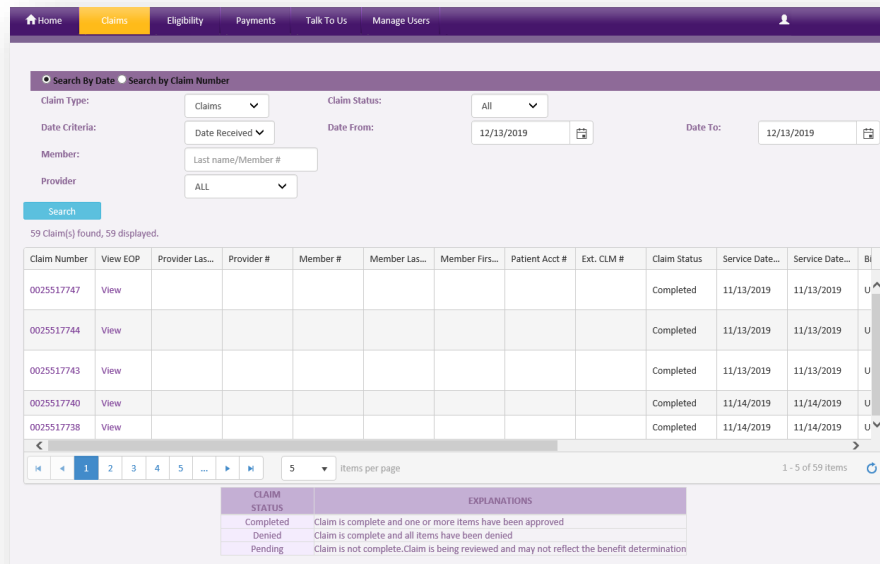
Member: Last name/Member #

Provider: ALL

Search

## Check the Status of a Claim, Pre-Estimate or Referral *continued*

Example of Search Results:



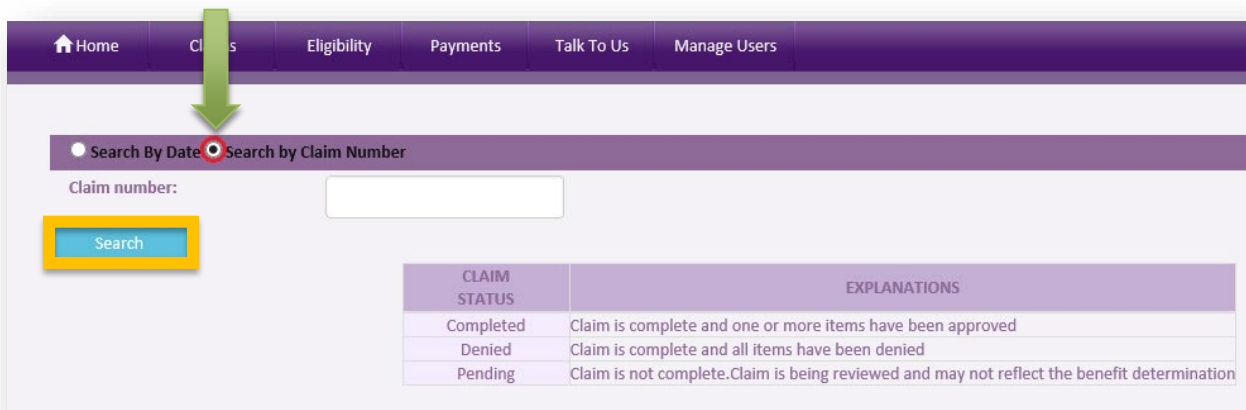
The screenshot shows the 'Claims' section of the portal. The 'Search By Claim Number' radio button is selected. The search criteria include 'Claim Type' (Claims), 'Claim Status' (All), 'Date Criteria' (Date Received), 'Date From' (12/13/2019), 'Date To' (12/13/2019), 'Member' (Last name/Member #), and 'Provider' (ALL). A 'Search' button is present. Below the search bar, it states '59 Claim(s) found, 59 displayed.' A table of results is shown with columns: Claim Number, View EOP, Provider Las..., Provider #, Member #, Member Las..., Member Firs..., Patient Acct #, Ext. CLM #, Claim Status, Service Date..., Service Date..., and Bi. The table lists several completed claims. At the bottom, there is a legend for 'CLAIM STATUS' with three entries: Completed, Denied, and Pending, each with an explanation.

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
3. Click **Search**



The screenshot shows the 'Claims' section of the portal. The 'Search by Claim Number' radio button is selected. The 'Claim number:' field is empty. A 'Search' button is highlighted with a yellow border. A green arrow points to the 'Search by Claim Number' radio button. Below the search bar, there is a legend for 'CLAIM STATUS' with three entries: Completed, Denied, and Pending, each with an explanation.

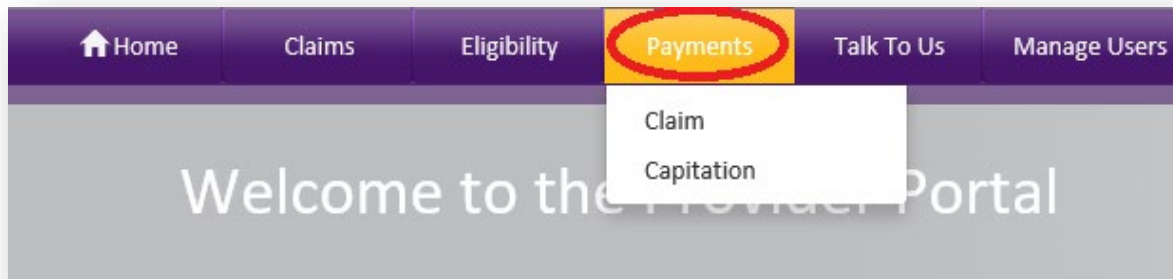
CLAIM STATUS	EXPLANATIONS
Completed	Claim is complete and one or more items have been approved
Denied	Claim is complete and all items have been denied
Pending	Claim is not complete.Claim is being reviewed and may not reflect the benefit determination

## PAYMENTS

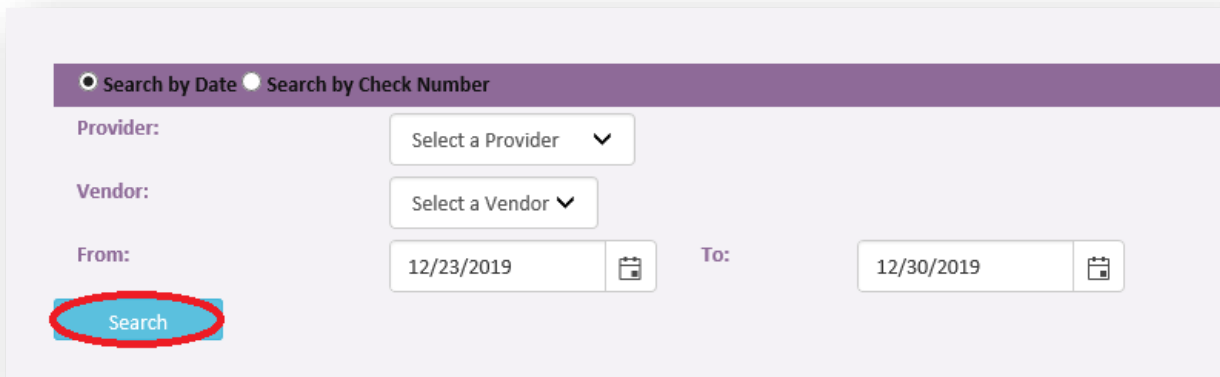
### PAID CHECKS

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

1. Click **Payments** on the top of the screen to view available (Payments is formerly “My Checks”)



2. Select which **Payment Type** to review the details of the payment
3. Click on **Search by Date**, or **Search by Check Number** radio buttons
4. Select **Provider** and **Vendor**
5. Input Date range
6. Click **Search**



☒ Search by Date ☐ Search by Check Number

**Provider:**

**Vendor:**

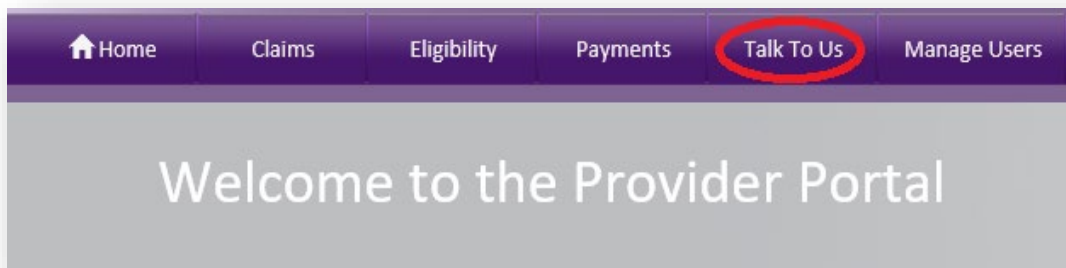
**From:**

**To:**

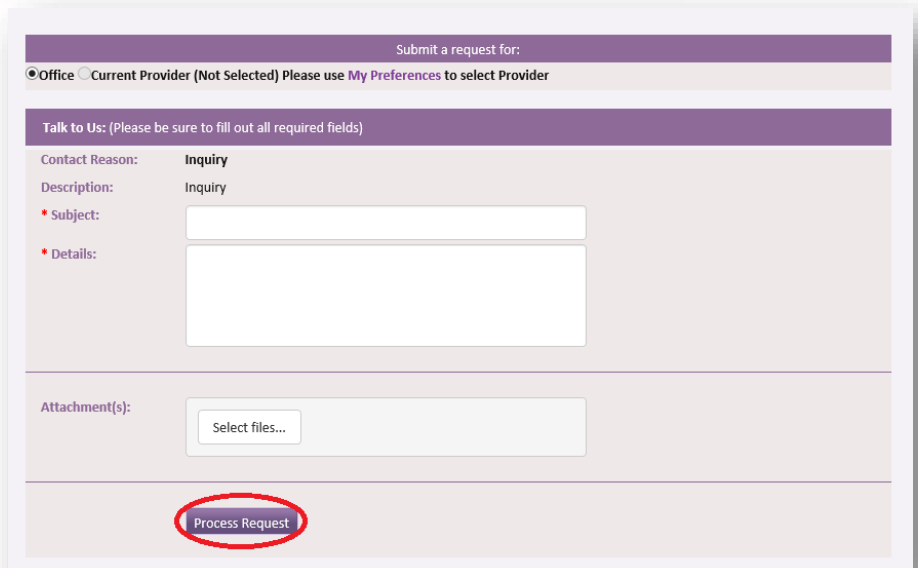
## TALK TO US

### 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**



## LOGGING OFF

### HOW TO LOG OFF OF THE ONLINE PROVIDER PORTAL

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

