

# ONLINE PROVIDER PORTAL USER GUIDE

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Making members shine, one smile at a time<sup>™</sup>



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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]		C	iTransact Facility Access Code: XXXXXX
[Office Name] [Address] [City, State Zip]			
Dear Provider:			
LIBERTY Dental	Plan welcomes y	ou and your team!	
the LIBERTY Der number referer	ntal Plan (LIBERTY	) network with an effective date of be used for all administrative purp	isted above) has been accepted into [Date] The unique Facility ID oses, including service encounters,
still in the crede	entialing process,		ur facility are listed below. If a dentist is e treatment to LIBERTY members until you om LIBERTY.
License #: [License]	NPI #: [NPI]	Provider Name: [Name]	Activation Date: [Date]
prompt assistar (888)352-7924 c including elect	nce to our netwo or you may conto ronic claims subr	rk dentists. You may reach the pro act your assigned Network Manage nission and real-time eligibility verifi	r. [Name]. Additional resources
		LIBERTY Dental Plan Professional Relations P.O. Box 26110 Santa Ana, CA 92799-6111	D
		vide, member benefit schedules an on the LDP website.	d an overview of our online service
We look forwar	d to working with	you in providing the best service t	o your patients and our members.
Sincerely,			
LIBERTY Dental Professional Re			
www.libertu	dentalplan.com		
in the state of th		P.O. Box 26110	p: 888.273.2997 f: 949.223.0011

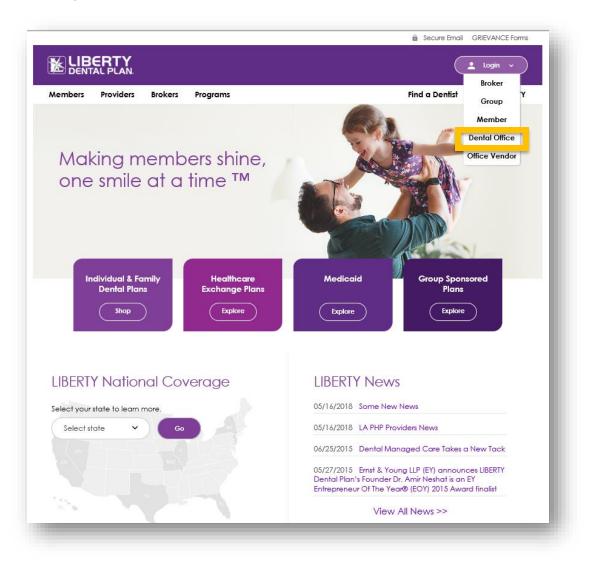


# **NEW OFFICE REGISTRATION**

#### **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: <u>www.libertydentalplan.com</u>
- 2. Click on Login → Dental Office





#### Register a New Office continued

Please provide the following details.
Office
Confirm New Password Confirm New Password User First Name User List Name User Last Name Continue Conti

- 3. Select Office from the drop-down menu as the TYPE of user
- 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 l'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	/
Access Ke	¢γ
Office Nur	nber
Office Nur	nber
Office Pho	ne Number
Office Pho	one 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

	NPI	Provider #	Provider Name	
Selected 🗸			ALL	
Select				Save
				Juic
			~	
I <b>≺ 1 ≻</b> )	•		1 - 2 of 2 items	
elect Provider Type:			Dental	
how EOP after submitt	ng a claim:		● Yes ◯ No	
how details after subm	itting a referral:		● Yes ○ No	
efault to Assignment o	f Benefits:		● Yes ◯ No	
ow many items to disp	lay per page:		5 🗸	
ow many days back for	claims lookup:		Last Week 🗸	
efault to Place of Servi	e on Claim Submission	Page (HCFA claims only):	11-Office 🗸	
ubmit a claim default o	ptions:		Service Date(s)	
Default Billing currency			US Dollars	
How many checks to di	splay per page:		5 ~	
How many days back fo	r checks lookup:		Last Week 🗸	

**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.

Select Provider Type:	11-Office	
. Show EOP after submitting a	03-School	, in the second s
	02-Telehealth	
. Show details after submittin	15-Mobile Unit	
in onioni deciano arcer ouorinteni	12-Home	
5. Default to Assignment of Be	13-Assisted Living Facility	
belaute to Assignment of be	04-homeless sherter	
5. How many items to display	05-Indian Health Service-Free Standing Facility	
b. How many items to display	06-Indian Health Service Provider-Based Facility	
	07-Tribal 638 Free Standing Facility	
How many days back for clai		
	23-Emergency Room - Hospital	
Default to Place of Service	24-Ambulatory Surgical Center	
b. Default to Flace of Service	31-Skilled Nursing Facility	
	34-Hospice	
Submit a claim default optio	49-Independent Clinic	
	50-Federally Qualified Health Center (FQHC)	
0. Default Billing currency:	53-Community Mental Health Center	
or benance bining currently.	71-Public Health Clinic	
A THE REPORT OF A DESCRIPTION	72-Rural Health Clinic	
1. How many checks to displa	73-Unassigned	
	01-Pharmacy	
2. How many days back for cl	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-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

Show EOP after submitting a claim:	● Yes ○ No	
Show details after submitting a referral:	Yes   No	
Default to Assignment of Benefits:	● Yes 🔿 No	
How many items to display per page:	5	~
How many days back for claims lookup:	Last Week	~
Default to Place of Service on Claim Submission Page (HCFA claims only):	11-Office	~
Submit a claim default options:	Service Date(s)	~
). Default Billing currency:	US Dollars	
I. How many checks to display per page:	5	~
?. 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

User Name			Last Name		User Status		
					ALL		~
Email			First Name		Search	Reset	
2 user(s) found.							
	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	~
H - 1	▶ ▶ 20 ▼ iten	ns per page				1 - 2 of 2 ite	ms 💍

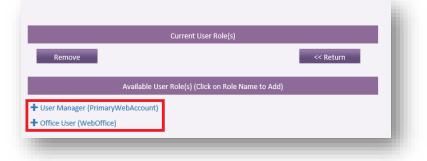
- 2. Click Add a User
- 3. Input a Username (must be unique to the user), First Name, Last Name and Email Address. All fields marked with an asterisk (\*) are required.
- 4. Click Add User

	Adding additional User
User Name	
First Name	
Last Name	
Email Address	
Add User	Cancel



#### SET NEW USER ROLES

 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**.

Manage Users									
User Name			Last Name			User Status			
						ALL		~	
Email			First Name			Search	Reset		
2 user(s) found.									
	User Name	First Name	Last Name	Roles	User State	us	Change Status		
Edit	Test User1	Test	User	View Roles	Invited		Enable	~	Click Enable to activate user
Edit	Test User2	Test	User	View Roles	Enabled		Disable	~	Click Disable to deactivate use
H H 1 F H	20 🔻 items pe	r page					1 - 2 of 2 item	15 🔿	



### EDIT USER INFORMATION

The Office Administrator can edit a user's information:

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

User Name			Last Name		User Status	
					ALL	~
Email			First Name		Search	Reset
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
H 4 1 F	► 20 ▼ items p	ar nage				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	- 1
User Name		
* First Name		
* Last Name		- 1
* Email Address		- 1
Update User Resend Email	Return	- 1
		-



### **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.

☆ Home	Claims	Eligibility	Payments	Assessments	Talk To Us	Manage Users			1	
										My Profile
										My Preferen
		Offic	e Properties				Of	fice Hours		Change Pass
Name:						Monday:	08:00 AM - 0	5:00 PM		Log Off
Address:						Tuesday:	09:00 AM - 0	7:00 PM		
Contact Name:						Wednesday:	08:00 AM - 0	5:00 PM		
Contact Email:						Thursday:	08:00 AM - 0	5:00 PM		
Phone #:						Friday:	07:00 AM - 1	2:30 PM		
Fax:						Saturday:	-			
Wheelchair Ac	cess:					Sunday:				
Available After	Hours:									
Number Of Ph	ysicians Extend	lers:								
Facility Operat										
	0									
		Map	oed Providers	1			Languages		Additional Serv	ice(s)
Last Name		First Name	Number	NF		Name	Use			

### **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.

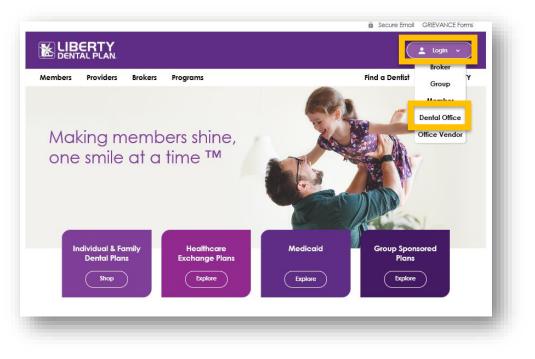


# ACCESSING YOUR USER ACCOUNT

### LOG IN

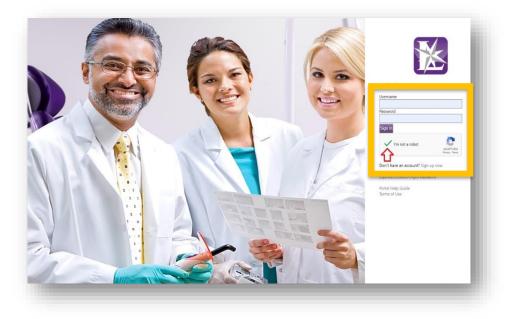
Please visit <u>www.libertydentalplan.com</u>.

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
- Ensure you see a green check mark next to I'm not a robot
- 6. Click Sign In

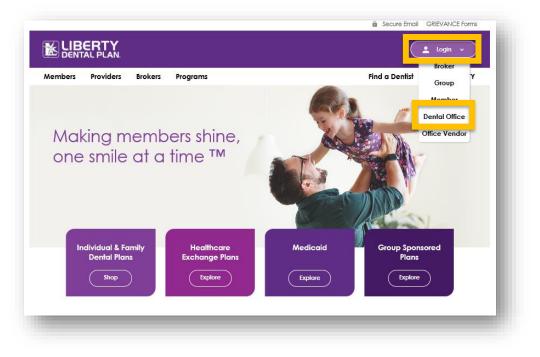




### **PASSWORD RESET**

Please visit <u>www.libertydentalplan.com</u>.

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

			$\leq$	
Sign ir	n with your us	ser nam	e	
Userna	ame			
Usern	ame			
Passwo	ord			
Passv	vord			
Sign I	n			
	I'm not a robot		reCAPTCI Privacy - Te	
Don't	have an acco	unt? Sig	n up no	W
Expire	d/Locked/For	got Pas	sword	
Portal Terms	Help Guide of Use			





#### Password Reset continued

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

	<ul> <li>5.Enter the code from the email in the Verificati code</li> <li>6.Click Continue</li> </ul>
Please provide the following details. Sign in name	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</msonlineservicesteam@microsoftonline.com>
Username	
Verification code has been sent to your inbox. Please copy it to the input box below. Email Address user@libertydentaplan.com Verification code Verification code Verify code Send new 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:

- 7. Type in New Password and Confirm Password
- 8. Click Continue

	Sign in with your user name
Please provide the following details. New Password New Password Confirm New Password Confirm New Password Continue	Username Username Password Password Sign In I'm not a robot PreCAPTCHA Prinag- Terms
	Don't have an account? Sign up now Expired/Locked/Forgot Password
ote: Passwords must be a minim	Portal Help Guide Terms of Use

# 9. Type in Username and Password

**10.** Check **I'm not a robot** box to open the reCAPTCHA window

**11.** Follow the instructions and select the appropriate images in the reCAPTCHA window

**12.** Click **Verify** in the reCAPTCHA window

**13.** Ensure you see a green check mark next to **I'm not a robot** 

14. Click Sign In

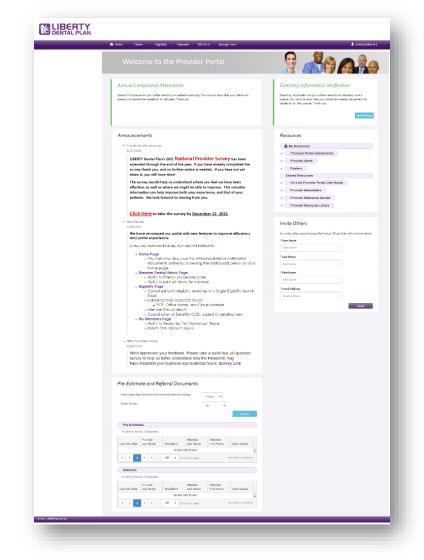
special character. (!@#\$%&\*)



# 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).

Welcome to the Provider Portal	
Annual Compliance Attestation	Directory Information Verification
ACTION NEEDED. 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"	ACTION NEEDED. Directory Information for your office needs to be validated once a quarter. Our records show that your office has not completed the validation for this quarter. Please click "Validate Now" to validate your information on the directory. Thank you.
If you have already completed your Compliance training and need to attest, please click "Acknowledgement"           Take Training Now         Acknowledgement	Action Required

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.

Annual Compliance Attestation		Directory Information Verification
Annual Compliance for your office needs to be validated annually. Our already completed the validation for this year. Thank you	records show that your office has	Directory Information for your office needs to be validated once a quarter. Our records show that your office has already completed the
		validation for this quarter. Thank you
	Complete	Validate Now



#### **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.

V Action Rec	Juired	×	Compliance Act	ion Required		>
rectory Validation ow" to complete.	is due for your office, plea	se click "Validate	your office has not co was Not On Record. If you need to comple	mpleted the validation for the training, please click " ompleted your Compliance	validated annually. Our re or this current year. Your la: Take Training Now" e training and need to atte	st attestation date
Validate Now	Snooze 3 Day(s)	Close	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.

How many day	s back for pre-est	imate/referral loo	okup:	3 Days 🗸	
Claim Status:				All 🗸	
					Search
Pre-Estima					
0 Claim(s) four	nd, 0 displayed.				
Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status
		No Reco	rds Found		
M 4 0	► ►	5 🔹 iter	ns per page	Γ	Io items to display
Referrals					
0 Claim(s) four	nd, 0 displayed.				
Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status
		No Reco	rds Found		
M 4 0	► ►	5 🔹 iter	ns per page	Ν	Io items to display



Resources

▶ (

Mv Resources

Provider Alerts

Rosters

Shared Resources

iTransact Portal Attachments

Provider Newsletters
 Provider Reference Guides

Provider Resource Library

On-Line Provider Portal User Guide

#### **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

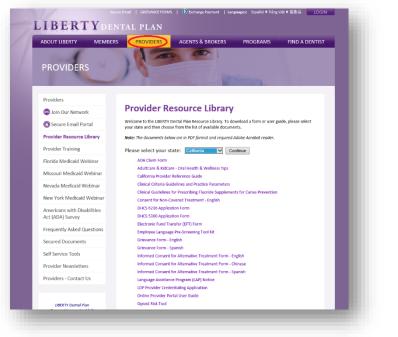
Forms and Provider Reference Guides can be downloaded from the Provider Portal/LIBERTY website.

- 1. Click on the **Shared Resources** section of the screen to view and download thefollowing:
  - a. Provider Reference Guides
  - b. Preventative and Periodontal Guidelines
  - c. Provider Newsletters
  - d. Online Provider Portal User Guide
- 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





# **MEMBER ELIGIBILITY AND BENEFITS** CHECK MEMBER ELIGIBILITY

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

A Home	Claims	Eligibility	Payments	Talk To Us	Manage Users	*
W	/elcom	My Members Eligibility		der Po	rtal	

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

			Eligibility Ve	rification Search				
	Line	Member Number	Member Last Name	Member First Name	Member Date o	f Birth	Date of Serv	ice
× Remove	1				mm/dd/yyyy		12/03/2021	ä
× Remove	2				mm/dd/үүүү	t:	12/03/2021	ä
× Remove	3				mm/dd/үүүү	<b>**</b>	12/03/2021	Ë.
× Remove	4				mm/dd/үүүү	t:	12/03/2021	ä
× Remove	5				mm/dd/үүүү	t:	12/03/2021	ä
× Remove	6				mm/dd/yyyy	t:	12/03/2021	ä

# **Online Provider Portal User Guide**



#### 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

				Eligibility Verification Search				
Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	РСР	Eligibility Status		Select All
۹	12/03/2021			GMC21ACA Sacramento GMC Adults - ACA Medi-Cal GMC/PHP - Adult		<u>Check Eligibility</u> 10/01/2019 - 12/31/9999	<ul> <li>Utilization</li> <li>History</li> <li>Benefits</li> <li>Add Claim</li> </ul>	
4		of1 🕨 🕨				10/01/2019 - 12/31/9999	<ul> <li>Benefits</li> </ul>	1 - 1 of 1 iter

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

h Print	
elect the documents to be printed for each member	
History 🗹 Utilization 🗳 Benefits	
	✓ Print 🛇 Cancel



### Check Member Eligibility continued

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

Check Eligibility Status	Eligibility Status - Member, Test
Provider Please select a provider Check Eligibility	Provider Check Eligibility
	Member is eligible for services on 12/03/2021, please consult the plan guidelines for Referrals  Member Information
Close Note If provider is not contracted for member's plan, a red banner will	Test Member         Member Number         Date of Birth       06/11/1959         PCP         PCP Office         Effective Date       01/01/2021         Expiration Date       12/31/9999         Status       Eligible         Group/Plan Name       Baic PPO B         Other Health Coverage?       Yes         COB Precedence       Primary         Payer Name       Anthem IN - PPO B
display	Effective Date 01/01/2021 Expiration Date 12/31/9999 COB Precedence Secondary Payer Name Anthem IN - 0583
	Effective Date 01/01/2021 Expiration Date 12/31/9999
	Close

### MEMBER UTILIZATION SCREEN

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

Member #:	92892445A-01 Last Name:		Member		Firs	t 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** 

/lember #:	92892445A-01 Last Name:	Member	First Name:	Test		Ł Export to PDI
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



# **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.

A Home Claims Eligibility Payments Talk To Us Manage	Users
Welcom	

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.

December	× 2021 ×		ALL	ionly active shown)						Find
1 Member(s) fo Filter Members										_
		G H I J	K L M	N O P Q	R S T U	v w x y	z		Exp Exp	port to Excel
		Member	DOB	City			Effective	Group #		Provider
	Member #	Name	Gender	State Zip	Home Phone	Language	Range	Group Name	Plan Name	Name
							12/1/2021	GMC21ACA - Sacramento	Medi-Cal GMC/PHP	*
<ul> <li>Utilization</li> <li>History</li> <li>Benefits</li> <li>Add Claim</li> </ul>				SACRAMENTO, CA 95873	111-111-1111	English		GMC Adults - ACA	- Adult	
<ul> <li>History</li> <li>Benefits</li> </ul>					111-111-1111	English				

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.

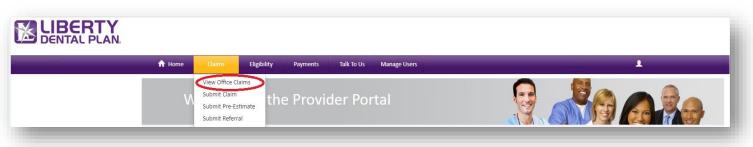
**Note** Home Phone will display if the Member's plan is a Medicaid plan and/or if LIBERTY has a Home Phone on file for the Member.



# 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

- a. Claim Type choose Claims, Pre-Estimate, or Referral
- b. Claim Status choose from All claims, Claims completed, Claims Denied, or Pending Claims
- c. Date Criteria enter Date Received or Service Date
- d. Date Range enter the range of dates to be searched
- e. Member enter the member's Last name or member number
- f. Provider select the name of the treating provider

Claim Type:		Claims	~	Claim State	us:	All	~					
Date Criteria:		Date Re	eceived 🗸	Date From	:	11/29/	2021		Date To	12/06	j/2021	
Member:		Last nan	ne/Member #									
Provider	_	ALL	~									
Claim(s) found	d, 0 displayed.											
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			items per page CLAIM STATUS	Claim is com	No R	ecords Found EXPLAN	ATIONS been approved	Ext. CLM #	Claim Status			÷



### 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)
  - 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 shows)
  - 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. Input **Diagnosis Codes** and **Diagnosis Pointers** (Diagnosis Pointers must be letters A-D)
  - 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).
- 3. 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-downmenu (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)**.

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

Referral               I act claim:	ase contact the Qual YOU HAVE NOT RECE vitch to Dental Claim	IVED A DENIAL,	you may use the fo			or pre-estimate to LIBER	TY:				
Provider:      Provider:         Specialty Category        Specialty Category        Specialty Category        Specialty Category        Specialty Category           Specialty Category           Specialty Category <b>Section State Constitution B: Category C</b>	Referral					Last claim:					
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	US Dollars		A			opply default values to lin		POS 11-Office		Additional Information	

### SUBMISSION WITH ADDITIONAL INFORMATION

loes the Member have another health plan ?			
Remarks			
reatment Resulting From	Is Treatment for Orthodontics?		
Occupational Illness/Injury Auto Accident Other Accident	○ Yes	pliance Placed: mm/dd/yyyy	8
Date of Accident: Auto Accident State:	Months of Total:	Months of Treatment Remainin	g:
mm/dd/yyyy			
Missing Teeth Information seperate tooth number by commas	Replacement of Prosthesis?	Date Prior Placement	
	· ·	mm/dd/yyyy	
	ormation necessary to process the claim. I also request payme	ent of government	
Denefits either to myself or to the party who accep I AGREE INSURED'S OR AUTHORIZED PERSON'S SIGNATURE		7	
	Jersigned physician or supplier for services described above.		Submit Claim



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

- 1. Check the Additional Information box towards the bottom of the Submit a Claimscreen
  - 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

		2 Additional Information	
2.	Check both <b>I Agree</b> boxes	Does the Member have another health plan ?	
3.	Click Submit Claim	Remarks	
		Attachments	x
The at	ote ere is an 8MB limit per tachment and up to 25MB total. Multiple Attachments an be uploaded at once.	Treatment Resulting From       Tetal file size allowed is 25Mb.         Occopational liness/(hijury LA       General Attachments         Date of Accidents:       Attachments         Imm/64/yww       Select files.         Musing Teeth Informson superate ts         PATENTS OR AUTHORIZED PERSON'S SIGNATURE         Informet         PATENTS OR AUTHORIZED PERSON'S SIGNATURE         Informet         Informet	Submit Claim

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

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

🖲 Search By Date 🔍 Sea	rch by Clai	im Numbe	r									
Claim Type:		Claims	~	Claim Sta	tus:	All	~					
Date Criteria:		Date Re	ceived 🗸	Date From	n:	12/20/	019	<b>:</b>	Date To:	12/20/	/2019	Ċ.
Member:		Last nam	ne/Member #									
Provider		ALL	~									
Search												
	red.											
) Claim(s) found, 0 display		ider Las	Provider #	Member #	Member Las	Member Firs	Patient Acct #	Ext. CLM #	Claim Status	Service Date	Service Date	Ві
Claim(s) found, 0 display		ider Las	Provider #	Member #		Member Firs ecords Found	Patient Acct #	Ext. CLM #	Claim Status	Service Date		0
Claim(s) found, 0 display laim Number View EO	P Prov		Provider #				Patient Acct #	Ext. CLM #	Claim Status			^
Claim(s) found, 0 display laim Number View EO	P Prov			2			_	Ext. CLM #	Claim Status			>
D Claim(s) found, O display Claim Number View EO	P Prov		items per pag	2 S ed Claim is co		ecords Found EXPLAN. more items have	TIONS been approved	Ext. CLM #	Claim Status			>

- 2. Click on Search by Date or Search by Claim Number radio buttons to find the claim, preestimate 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
- Check the Additional Information box towards the bottom of the Submit Claim screen
  - a. Enter any comments in the Remarks box
  - 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

Claim Type:			Claims	~		Claim	itatus:	All	~					
Date Criteria:			Date Re	ceived 🗸	•	Date F	rom:	12/13/2	2019	Ċ.	Date To:	3/ <mark>2019</mark>	ti i	
Member:			Last nan	ne/Memb	ber#									
Provider			ALL		~									
Search														
59 Claim(s) four	nd, 59 displaye	≥d.												
Claim Number	View EOP	Provid	der Las	Provide	er#	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	^ں
0025517744	View										Completed	11/13/2019	11/13/2019	U
0025517743	View										Completed	11/13/2019	11/13/2019	υ
0025517740	View										Completed	11/14/2019	11/14/2019	U
0025517738	View										Completed	11/14/2019	11/14/2019	u٧
<														>
H 🔫 1	2 3	4 3	5	F H		5 <b>v</b> it	ems per page						1 - 5 of 59 items	Q
				S Co	CLAIM TATUS impleted Denied		complete and one or complete and all iten not complete.Claim i	ns have been deni	been approved ed					

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

• Search By Date 🔍 Sear	ch by Claim Number				
Claim Type:	Claims 🗸	Claim Status:			
Date Criteria:	Date Received 🗸	Date From:	12/13/2019	Date To:	12/13/2019
Member:	Last name/Member #				
Provider	ALL 🗸				



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

Example of Search Results:

Search By	Date 🔍 Sear	ch by Claim Num	ber									
Claim Type:		Claim	ns 🗸	Claim St	tatus:	All	~					
Date Criteria: Date			Received 🗸	Date From:			12/13/2019			io: 12/	13/2019	8
Member:		Last r	name/Member #									
Provider		ALL	· · · · · · · · · · · · · · · · · · ·									
		ALL	•									
Search												
59 Claim(s) fou	nd, 59 displaye	ed.										
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	۰^
0025517744	View								Completed	11/13/2019	11/13/2019	U
0025517743	View								Completed	11/13/2019	11/13/2019	υ
0025517740	View								Completed	11/14/2019	11/14/2019	U
0025517738	View								Completed	11/14/2019	11/14/2019	υV
<												>
н н 1	2 3	4 5	н	5 🔹 item	s per page						1 - 5 of 59 items	Q
			CLAIM			EXPLAN	ATIONS					
			STATUS Complete	d Claim is con	nplete and one or	more items have	been approved					
			Denied		nplete and all item	ns have been deni	ed		termination			

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

ff Home	Cl	Eligibility	Payments	Talk To Us	Manage Users
O Search B	y Date OSearc	h by Claim Number			
Claim numb	er:				
Carach					
Search					
			CLAIM STATUS		EXPLANATIONS
			Completed	Claim is con	nplete and one or more items have been approved
			Denied		nplete and all items have been denied
			Pending		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")

<b>↑</b> Home	Claims	Eligibility	Payments	Talk To Us	Manage Users
V	/elcom	e to th	Claim Capitation	Por	tal
-					

- 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

Provider:	Select a Provider 🗸	
Vendor:	Select a Vendor 🗸	
From:	12/23/2019 <b>To:</b>	12/30/2019



# 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.

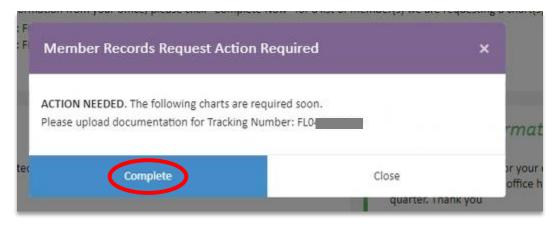
	Eligibility	Payments	Talk To Us	Manage Users	
Welcome	to the	Provi	der Por	tal	
			_		
Enter the <b>Subject</b>	Office Current	Provider (Not Selected)	Submit a re Please use My Preferences to		
Enter the <b>Details</b>					
Attach any pertinent files	Talk to Us: (Pleas Contact Reason:	e be sure to fill out all re	quired fields)		
by clicking on <b>Select</b> File(s)	Description:	Inquiry			
Click <b>Process Request</b>	* Subject:				
CICK HOCESS REQUESI	* Details:				
	Attachment(s):				
		Select files			
		$\frown$			
		Process Reques	<b>y</b>		



# 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.** 

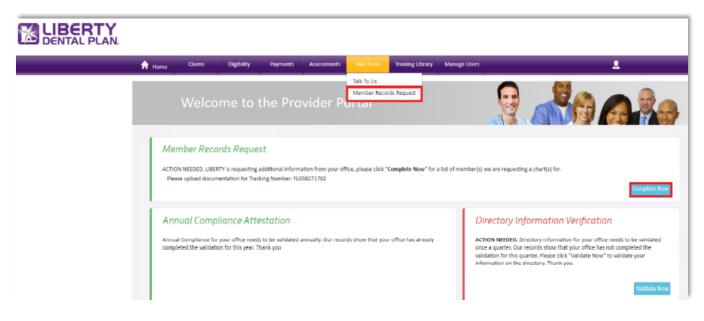


**Please Note:** If selecting "Complete" from the pop-up notification, the Members Records Request screen will open in a new tab.

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

Select Talk to Us tab

Select Member Records Request





The "Member Records Request" window will appear, as show below.

Click Take Action

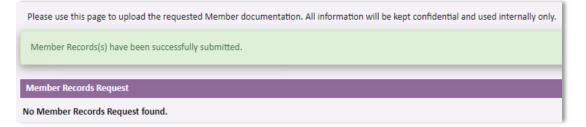
DENTAL PLAN								
	🔒 Home	Claims	Eligibility	Payments	Assessments	Talk To Us	Training Library	Manage Users
		his page to uploa cords Request	d the requested N	Aember documer	itation. All informat	ion will be kept o	confidential and used	internally only.
		08/10/2022	Tracing	Number: FL0382	71702			
	# Na	me	Member N	lumber				
	1 Tes	t Member	123456785	9-01				
		Q	Take Action					

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.

#### Click Submit Records.

Mem	ber Records Req	uest - Due Date: 08/10/2	2022 >	K
		5MB. Individual File size allowe numeric file names are allowe	ed is 8 MB. ed. No special characters permitted.	
#	Name	Member Number	Files	
1	Test Member	123456789-01	Select files	
			Test Document.docx ×	,
			Submit Records Cancel	

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





# LOGGING OFF

## HOW TO LOG OFF OF THE ONLINE PROVIDER PORTAL

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

ft Home	Claims	Eligibility	Payments	Talk To Us	Manage Users				1	
									_	My Profile
										My Preferences
										Change Password
										Log Off





