



Making members shine, one smile at a time™



Orientation Overview

For Participating Dentists and Staff

Nevada Medicaid Program



Office # _____

Access Code: _____



welcome

LIBERTY Dental Plan of Nevada (LIBERTY) welcomes you as a network provider. We look forward to working together with you and your office staff in providing care to our members. This guide has been prepared to assist you and your staff in the administration of the Nevada Medicaid Program.

Member Eligibility

We recommend that your office staff verify eligibility for each member prior to their appointment. A LIBERTY ID card does not guarantee eligibility. Real-time member eligibility can be verified by visiting our website at www.libertydentalplan.com/NVMedicaid. Members will be assigned to a Dental Home. Select **My Members** on the web portal to confirm that members are assigned to your office before providing treatment.

Medicaid Reimbursement

Contracted Medicaid network dentists are compensated on a fee-for-service reimbursement model.

Electronic Funds Transfer

LIBERTY encourages network dentists to sign up for EFT (direct deposit) so that you receive your payments faster. The EFT form can be obtained online at: www.libertydentalplan.com/NVMedicaid.

Claims Submission

Network dentists are required to submit claims to LIBERTY in a timely manner. To avoid delay in payments, we recommend that you submit claims daily or weekly. Claims may be submitted in one of the following ways:

- Through LIBERTY's secure Provider Portal at: www.libertydentalplan.com/NVMedicaid
- Through your EDI clearinghouse - LIBERTY's Payor ID is CX083
 - LIBERTY accepts NEA FastAttach

If you are not able to submit claims electronically, you can send paper claims to:
LIBERTY Dental Plan of Nevada
Attn: Claims
PO Box 401086, Las Vegas, NV 89140

The state of Nevada requires offices to submit claims with ICD-10 codes to maintain compliance with CMS regulation and policy. Claims without ICD-10 codes will be denied.

The average turnaround time for clean claims is 30 days. Timely filing is 180 days following the date of service for in-network providers.

Prior Authorization Submission

Prior authorization applies to primary dental providers and specialists for certain covered procedures. Please refer to the Nevada Medicaid benefit schedule for services that require prior authorization. Prior authorizations may be submitted in one of the following ways:

- Through LIBERTY's secure Provider Portal at www.libertydentalplan.com/NVMedicaid
- Through your EDI clearinghouse - LIBERTY's Payor ID is CX083
 - o LIBERTY accepts NEA FastAttach

If you are not able to submit claims electronically, you can send paper claims to: LIBERTY Dental Plan of Nevada, Attn: Claims, PO Box 401086, Las Vegas, NV 89140.


The average turnaround time for prior authorizations is 5 business days of receipt. Prior authorizations are valid for 180 days.

Specialty Care Referrals

Services beyond the scope of a General Dentist may require a referral to a contracted LIBERTY Specialist. A Specialty Care Referral can be submitted through LIBERTY's secure Provider Portal at www.libertydentalplan.com/NVMedicaid. A Specialty Care Referral is not required for a Pediatric Dentist for the Nevada Medicaid Program. In all areas of Nevada, orthodontic coverage is provided through the Fee for Service (FFS) benefit plan and requires a dentist's referral. Prior authorization requests and claims for orthodontia must be submitted to Nevada Medicaid, not LIBERTY.

The turnaround time for Specialty Care Referrals is 5 calendar days / 24 hours for emergency care.

Sample of the Member ID card



LIBERTY Dental Plan of Nevada
www.libertydentalplan.com/NVMedicaid
(866) 609-0418

NAME First Name, Last Name

ID# Medicaid ID# EFFEC 01/01/2018

GRP# [001234] Group Name

PLAN Nevada Medicaid Dental

PRV# [001234] Dental Home Name

Dental Home Address
City, State, Zip Code

TEL# [000]000-0000

STATE OF NEVADA MEDICAID TEL# 1-900-992-0900

NOTICE TO MEMBER

If you have a dental emergency, you should first contact your Primary Care Dentist for an immediate appointment. If your Primary Care Dentist is not available, contact LIBERTY Dental Plan Member Services for assistance. Please refer to your Member Handbook for specific emergency care coverage.

EDI Payer ID: CX083

Member Service Grievance & Appeals (866) 609-0418
Normal Business Hours
Monday - Friday 5:00 a.m. - 5:00 p.m. Pacific Time
To report suspected Fraud, Waste or Abuse (888) 704-9333

THIS CARD DOES NOT GUARANTEE ELIGIBILITY



Coordination of Benefits

Coordination of benefits (COB) applies when a member has more than one source of dental coverage. Medicaid is always the carrier of last resort. If additional information is identified by your office, please notate the information on the claim. LIBERTY provides a Third Party Liability (TPL) Questionnaire that can be downloaded from the website at www.libertydentalplan.com/NVMedicaid.

Patient Access Standards

LIBERTY appointment standards ensure patient access to dental services within specified time frames.

For Primary Dental Providers:

- Urgent care/emergency appointments Within twenty-four (24) hours
- Routine or preventative dental services Within six (6) weeks
- Diagnostic care Within fourteen (14) days
- Referrals to specialty care Within thirty (30) days
- Lobby waiting time (for scheduled appointments) Not to exceed one (1) hour

For Specialists:

- Emergency appointments Within twenty-four (24) hours of referral
- Urgent appointments Within three (3) calendar days of referral
- Routine appointments Within thirty (30) days of referral

Quality Assurance

LIBERTY is committed to ensuring and optimizing high standards of quality. Our Quality Assurance Management Program oversees the quality of care administered by network dentists.

Areas of plan oversight include:

- Complaint and grievance review
- Utilization Management
- Accessibility monitoring
- Periodic onsite assessments of dental facilities
- Satisfaction surveys
- Credentialing and Re-Credentialing (NCQA Standards)
- Health promotion and preventive care
- Reporting results and implementing corrective actions

Quality of Dental Care

LIBERTY Dental Plan's quality of care guidelines apply to all contracted network providers. Each contracted provider must have established protocols in place for the following:

- Patient confidentiality and protected health information (PHI) security to be maintained
- Documentation of medical and dental history
- Dental records
- Informed patient consent
- Personal protective equipment, face mask, gloves, barrier clothing
- Radiographs
- Continuity of care for maintaining good oral health
- Oral diagnosis and treatment planning procedures

Patient Treatment Plan

Members should receive a written treatment plan and estimate of costs based on the member's explanation of benefits before treatment begins. A dentist may propose alternate treatment to a member including covered and non-covered services.

Treatment Plan Sequencing:

- Procedures for the relief of pain and discomfort, elimination of infection, irritations and trauma
- Treatment of active dental decay, necessary extractions, periodontal treatment, prophylaxis and oral hygiene instructions
- Final restorations and replacement of missing teeth



Second Opinions

Members may request a consultation with another network dentist for a second opinion to confirm the diagnosis and/or treatment plan. Dentists should refer these members to our Member Services Department at: 888-700-0643 Monday through Friday, 8am to 5pm PST.

Appeals

Providers have the right to file an appeal regarding provider payment or contractual issues. Providers may act on behalf of the member with the member's written consent. Providers have 90 calendar days from the original UM decision or claim denial to file a provider appeal.

Send appeals to:

LIBERTY Dental Plan of Nevada
Attn: Quality Management Department
PO Box 401086, Las Vegas, NV 89140

Language Assistance

As part of the Language Assistance Program, LIBERTY offers interpreter services to dentists and their staff. To obtain assistance, please contact LIBERTY's Member Services Department at: 888-700-0643.

Online Services

LIBERTY offers 24/7 real-time access to information and tools through our secure Provider Portal. Please visit www.libertydentalplan.com/NVMedicaid to register as a new user and/or login. Your Office Number and Access Code will be required to register and can be found on your LIBERTY Welcome Letter. Following are a few of the features that can be utilized through our Provider Portal:

- Submit claims, prior authorization and referrals
- Verify Member eligibility and benefits
- View or print Member rosters
- View office and contact information
- Access benefit schedules and member history

For additional information on how to register or login, please refer to the LIBERTY Online Provider Portal User Guide or contact our online administrator at: support@libertydentalplan.com.

Changes to Office Profile

We encourage providers to communicate directly with their assigned Network Manager to assist with:

- Plan contracting
- Education on LIBERTY members and benefits
- Opening, changing, selling or closing a location
- Adding or terminating associates
- Change in name, ownership or tax payer identification number (TIN)
- Office updates

Contact Us - Professional Relations Department

For Claims & Encounters:

LIBERTY Dental Plan of Nevada
Attn: Claims
PO Box 401086
Las Vegas, NV 89140

For General Inquires:

Phone: 888.700.0643 Hours: M-F, 8 am to 5 pm PST **Fax: 888.401.1129**
Email Professional Relations:
pinquiries@libertydentalplan.com
Website: www.libertydentalplan.com/NVMedicaid

Personalized Service

Our Network Managers are available to provide exceptional service. Please contact your assigned network manager when you have questions. His or her contact information is below:

Name of Network Manager: _____

Office Phone: **888.700.0643** Extension: _____ Cell Phone #: _____

Email: _____