

# LIBERTY Dental Plan of Nevada 2018 Medicaid Program Provider Training



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

www.libertydentalplan.com/NVMedicaid

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2018 Medicaid Program Provider Training



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# Section 1



2018 Medicaid Program Provider Training



# Medicaid Program Overview

www.libertydentalplan.com/NVMedicaid

# Medicaid Program Overview Welcome!



2018 Medicaid Program Provider Training

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We are proud to maintain a broad network of qualified dental providers who offer both general and specialized treatment, guaranteeing a widespread access to our members

# **Our Mission:**

LIBERTY Dental Plan is committed to being the industry leader in providing quality, innovative, and affordable dental benefits with the utmost focus on member satisfaction

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# Medicaid Program Overview Dental Home Requirements





The state of Nevada requires each eligible Medicaid member to be assigned a dental home

- Medicaid members have the freedom to choose their dental home from LIBERTY's participating network of providers
- If a member does not choose a dental home, LIBERTY will assign a dental home according to the member's zip code
- Identification cards will be sent to the member with the provider assignment and the Member Services toll-free number in the event that the member wants to change the dental home assignment
- Make sure that members are assigned to your office before scheduling an appointment
- If a member has an appointment and is not assigned to your office, the member can call LIBERTY to transfer and be assigned effective immediately
- Members must seek treatment at their assigned dental home otherwise claims may be denied unless a dental emergency is identified

# Medicaid Program Overview Eligibility Process



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Your office can verify real-time eligibility via our provider web portal at: <a href="https://www.libertydentalplan.com/NVMedicaid">www.libertydentalplan.com/NVMedicaid</a>

- You will need the following information:
  - Member last name & first name and any combination of member number, policy number, or date of birth (DOB is recommended for best results)
- Providers are responsible for verifying eligibility for each member prior to their appointment
- Providers should verify that the member is listed under "My Members" in the provider web portal before providing treatment
- A LIBERTY ID card does not guarantee eligibility
- Medicaid ID numbers will be used

## Medicaid Program Overview Member ID Card Sample



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LIBERTY Dental Plan 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# (xxx) xxx-xxxx STATE OF NEVADA MEDICAID TEL# 1-800-992-0900

#### 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) 704-9833

#### THIS CARD DOES NOT GUARANTEE ELIGIBILITY

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# Medicaid Program Overview Claims and Billing Submission



Your office can submit claims to LIBERTY by one of the following ways:

- Provider Portal: <a href="http://www.libertydentalplan.com/NVMedicaid">www.libertydentalplan.com/NVMedicaid</a>
- EDI Clearinghouse: LIBERTY's Payor ID is CX083
  - LIBERTY accepts NEA FastAttach

LIBERTY EDI Vendor	Phone Number	Website
Dental Exchange	800.576.6412	www.dentalexchange.com
Emdeon	877.469.3263	www.emdeon.com
Tesia	800.724.7240 x6	www.tesia.com

- Timely filing is 180 days; turn around time for clean claims is 30 days
- Electronic submissions increase efficiency, reduce costs, streamline administrative tasks and expedite claim payment turnaround time for your office
- 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

# Medicaid Program Overview ICD-10 Requirements



- The state of Nevada requires offices to submit claims with current International Classification of Diseases (ICD) codes to maintain compliance with CMS regulation and policy
- Your office can reference the CDT Code to ICD (Diagnosis) Code Cross-Walk found in the CDT 2018 Coding Companion Guide
- Claims submitted without ICD codes will be denied
  - Diagnosis Code(s): Enter up to four applicable diagnosis codes after each letter (A – D). The primary diagnosis code is entered adjacent to the letter "A."
  - Diagnosis Code Pointer: Enter the letter(s) from Field 34a that identify the diagnosis code(s) applicable to the dental procedure. List the primary diagnosis pointer first

Medicaid Program Overview ICD-10 – Claim Submission- Web Portal



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<u>Remove</u> 5				~		11-office	✓	
<u>Remove</u> 6				×		11-office	✓	
Remove 7				×		11-office	✓	
<u>Remove</u> 8				×		11-office	✓	
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# Medicaid Program Overview

ICD-10 – Claim Submission- ADA Form



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# Medicaid Program Overview Prior Authorizations



Your office can submit prior authorizations to LIBERTY by one of the following ways:

- Provider Portal: <u>www.libertydentalplan.com/NVMedicaid</u>
- EDI Clearinghouse: LIBERTY's Payor ID is CX083
  - LIBERTY accepts NEA FastAttach
- Prior authorizations should be submitted with all necessary information regarding the treatment, including pre-operative radiograph(s) and narratives
- Please refer to the benefit schedule for a list of procedure codes that require prior authorization
- Turnaround time for prior authorizations is 5 business days
- Approved prior authorizations are valid for 180 days

# Medicaid Program Overview Continuity of Care



- As of January 1, 2018, LIBERTY will honor claims for services prior authorized by the state for up to 120 days
- Providers are encouraged to attach the original prior authorization to the claim being submitted to expedite processing
- Providers will be reimbursed for these claims according to the current LIBERTY fee schedule

# Medicaid Program Overview Specialty Care Referrals



- Services beyond the scope of a General Dentist may require a referral to a contracted LIBERTY Network Specialist
- A Specialty Care Referral request can be submitted through the provider web portal at <u>www.libertydentalplan.com/NVMedicaid</u>
- A referral is not required to see a Pediatric Dentist
- Turnaround time for referrals is 5 calendar days/ 24 hours for emergency care
- If there is no contracted LIBERTY Specialist available, Member Services will
  provide assistance to re-route the member to another provider for specialty
  services
- The member will be financially responsible for non-covered services provided by the Specialist if he/she authorizes the treatment

# Medicaid Program Overview 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
- Medicaid coverage is secondary to any other coverage a member might have
- If additional coverage 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 <u>www.libertydentalplan.com/NVMedicaid</u>

# Medicaid Program Overview Benefit Schedules



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Please refer to our website at <u>www.libertydentalplan.com/NVMedicaid</u> for a copy of the benefit schedules

# Medicaid Program Overview Accessibility Standards



LIBERTY is committed to our members receiving timely access to care. Providers are required to schedule appointments for eligible members in accordance to the State standards listed below

### For Primary Dental Providers (PDP)

- Urgent/emergency appointments within twenty-four (24) hours
- Routine or preventive appointments within six (6) weeks
- Therapeutic or diagnostic appointments within fourteen (14) days
- Referrals to specialty care within thirty (30) days
- Wait 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) calendar days of referral

# Medicaid Program Overview QMI Program



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The Quality Management and Improvement (QMI) Program's activities focus on the following components of quality, which are included in established definitions of high-quality dental care services:

- Accessibility of care: the ease and timeliness with which patients can obtain the care that they need when they need it
- Appropriateness of care: the degree to which the correct care is provided, given the current standard of the community
- **Continuity of care**: the degree to which the care needed by patients is coordinated among practitioners and is provided without unnecessary delay
- Effectiveness of care: the degree to which the dental care provided achieves the expected improvement in dental health consistent with the current standard of the community
- Safety of the care environment: the degree to which the environment is free from hazard and danger to the patient

# Medicaid Program Overview Grievances and Appeals



- LIBERTY resolves all grievance and/or appeals within 30 calendar days of receipt
- The LIBERTY Grievance Analyst mails notification of the receipt of the grievance to the member and provider within **5 business days**
- If a member feels his/her health will be harmed by waiting 30 days, an "expedited grievance and/or appeal" can be requested, which may result in a decision from LIBERTY within 72 hours
- Providers may only assist a member with filing a grievance or appeal when the provider has received written consent to do so, from the member
- The Peer Review Committee is responsible for hearing and resolving grievances by monitoring patterns or trends in order to formulate policy changes and generate recommendations as needed

# Medicaid Program Overview Provider Claim Disputes



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- Providers may submit claim disputes, challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested or seeking resolution of a billing determination or other contract dispute or disputing a request for reimbursement of an overpayment of a claim
- Provider disputes must be received by LIBERTY within ninety (90) calendar days from LIBERTY's action that led to the dispute
- Provider disputes will be acknowledged by LIBERTY within five (5) business days of the receipt date
- All contracted provider disputes must be sent to the attention of the Quality Management Department at the following address below or faxed to 833.250.1817 or via email at <u>NVGandA@libertydentalplan.com</u>



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

# Medicaid Program Overview CMS Training



- Participating providers are required to comply with The Centers for Medicare and Medicaid Services (CMS) training requirements
- These requirements include General Compliance, Fraud, Waste and Abuse, Code of Conduct, Cultural Competency and Critical Incident Trainings
- Trainings along with our Code of Conduct are available on our website
  - <u>www.libertydentalplan.com/NVMedicaid</u>
  - Click on Providers at the top of the page
  - Select Provider Training from the drop-down menu
- After all training modules are completed, submit the LIBERTY Provider Compliance Attestation form
- Participating providers are required to complete training each calendar year

# Medicaid Program Overview Online Services



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Online tools are available for billing, eligibility, claim inquiries, referrals and other transactions related to the operation of your dental practice

- We offer 24/7 real time access to important information and tools free of charge through our secure online provider portal. Registered users will be able to:
  - Submit electronic claims
  - Verify Member eligibility and benefits
  - View or print Member rosters
  - View office and contact information
  - Submit referrals and check status
  - Access benefit plans
  - Submit prior authorizations

# Medicaid Program Overview Professional Relations (PR)





LIBERTY's team of network managers is responsible for recruiting, contracting and maintaining our network of providers

- We encourage our providers to communicate directly with their designated 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 or ownership
  - Tax Payer Identification number (TIN) change
  - Office updates

# Medicaid Program Overview Contact Information







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# **Questions?**

# Section 2



2018 Medicaid Program Provider Training



# Training

www.libertydentalplan.com/NVMedicaid

# Provider Web Portal Training Getting Started



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LIBERTY offers 24/7 real-time access to information and tools through our secure Online Provider Portal

- System Requirements:
  - Internet Connection (Internet Explorer 7 or later)
  - Adobe Acrobat Reader
- Office Number and Access Code



## Provider Web Portal Training Office Number & Access Code



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 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 Member Services Department at 888.700.0643 for assistance



#### www.libertydentalplan.com/NVMedicaid

LIBERTY Dental Plan Professional Relations P.O. **By C**6110 Santa Ana **20**2799-6110

# Provider Web Portal Training New Office Registration



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 Register



# Provider Web Portal Training New Office Registration



- 2. Select **Office** from the drop-down menu as the **TYPE** of user
- 3. Enter the Account Information. Enter your 6-digit Office Number (include leading zeros). Enter your Access Code. The Office Number and Access Code can be found in your LIBERTY Welcome Letter. Enter your Phone Number.
- 4. Create an Account User First Name and an Account User Last Name
- 5. Create an Account User Name
- 6. Create an Account Password
- Note: The Password must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lowercase letter, 1 number and 1 symbol character (!@#\$%&\*).
- 8. Click Create Account

	Create an Account
1	Choose the TYPE of user you would like to create an account for Office
2	Enter the following account information below:
	Office Number:
	Access Code:
	Phone Number: ()
	Account User First Name:
	Account User Last Name:
	Account User Name:
	Account Password:
	Confirm Password:

Log

# Provider Web Portal Training My Preferences



- After initial set-up, the user will be directed to the My Preferences tab
- Make sure that the default for provider type is set to Dental



# Provider Web Portal Training My Preferences



- Select your office's various **Preferences**
- The Submit a claim default is set to None. We recommend setting it to Service Date(s)
- By doing so, the date of service you enter for the first service line will automatically populate when you click in the Service Date From box for any additional service lines entered when submitting a claim

My Preferences	7. How many days back for claims lookup:	Last 6 Months
Talk To Us	<ol> <li>9. Member Number Search Option ( Member Number / Policy Number )</li> </ol>	Mombor # X
Attachments	10. Submit a claim default options:	Service Date(s)
Manage Users	11. Default billing currency:	Both
Resources		Save
Logoff		

Click Save

# Provider Web Portal Training Add a New User



The Administrator can add additional users by:

- 1. Click on the Manage Users tab on the left side of the screen
- 2. Click Add a User
- 3. Input a User Name (must be unique to the user), Password, First Name, Last Name and Email Address. All fields marked with an asterisk (\*) are required
- 4. Click Add User

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Office						
Office's Claims	-		Adding add	itional user to		
Submit a Claim	*User Name: *Password:					
Check Eligibility	*Confirm Password:					
Check Multiple Eligibilities	*First Name:					
My Members	·Last Name : Middle Initial:					
My Providers	*Email Address:					
My Profile	Add User					
My Preferences						
Talk To Us						
Attachments						
Manage Users						
Resources						
Logoff						

# Provider Web Portal Training Set New User Roles



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 We recommend that you click on PrimaryWebAccount and WebOffice to grant the user access to view and update information for the office. Once you click on each role in Current User Role(s) Available, the roles will move up to Current User Role(s)

LIBER	<b>TY</b> DENTAL PI	.AN	
Office Office's Claims	Current	User Role(s)	
Submit a Claim Check Eligibility	Remove	Return	
Check Multiple Eligibilities	Current User Role(s) Availa	ble (Click on Role Name to Add)	
My Members My Providers	Cimery/WebAccourt		
My Profile			
My Proforences			
Talk To Us			
Attachments			
Manage Users			
Resources			
Logoff			

www.libertydentalplan.com/NVMedicaid

# Provider Web Portal Training Set New User Roles



Check PrimaryWebAccount and WebOffice, then click Return

LIBER	<b>RTY</b> DENTAL PLAN
Office Office's Claims Submit a Claim Check Eligibility Check Multiple Eligibilities My Providers My Providers My Proferences Talk To Us Attachments Manage Users Resources	Current User Role(s) PrimaryWebAccourt @WebOffice Remove Current User Role(s) Available (Click on Role Name to Add) PrimaryWebAccount WebOffice

# Provider Web Portal Training Roles



- 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
- 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

# Provider Web Portal Training 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 tab on the left side 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**

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My Providers My Profile My Preferences Talk To Us	Edit Formation and the second			<u>View Roles</u> Disabled <u>View Roles</u> Disabled	Enable		
Attachments Manage Users Resources Logoff							

# Provider Web Portal Training My Profile



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You can view your office's current business information by clicking on the My
Profile tab on the left side of the screen. This information can only be updated
by contacting the Member Services Department

Office Pro	perties				Office Hours
visw.ma	1				
1			Monday:	08:00 AM - 05:00 PM	
	and the second se		Tuesday:	08:00 AM - 05:00 PM	
			Wednesday:	08:00 AM - 05:00 PM	
			Thursday:	08:00 AM - 05:00 PM	
			Saturday:	08:00 AM - 05:00 PM	
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# Provider Web Portal Training My Providers



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 You can view a list of all the providers linked to your office in our system by clicking on the My Providers tab on the left side of the screen. Please contact your Professional Relations Network Manager to add, terminate or request the status of a provider

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My Members	Select		
My Providers	Select		
My Profile			
My Preferences			
Talk To Us			
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Actachments			
Manage Users			
Resources			

# Provider Web Portal Training Eligibility



- 1. Click on the Check Eligibility tab on the left side of the screen
- Enter Last Name, First Name and any combination of Member Number, Policy Number and DOB (We recommend using Last Name, First Name and DOB for best results)
- 3. Click Search

ce's Claima	LIBERTY Dental Plan	ou are required to use 3 (or in a recommends 'First Name, La	iore) of the 5 fields." ast Name, and Date Of Bi	rth" for best re	sults.	
nit a Claim			Member Coverag	ge Lookup (	enter the following search c	riteria)
	Member #:	Pollcy #:				
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# Provider Web Portal Training Eligibility



- 4. To view a member's benefit utilization, click on 'view' under Utilizations
- 5. To view a member's history, click on 'view' under History a. To print a member's history, click on Print at the bottom of the history page Note: The history page will display all history LIBERTY has on file for the selected member
- 6. To view a Summary of Benefits, click on 'view' under Benefits

office's Claims	"To check eligibility you are required to use 3 (or more) of the 5 fields." LIBERTY Dental Plan recommends "First Name, Last Name, and Date Of Birth" for best results.									
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ly Members Iv Profile Iv Prefile Iv Preferences alk To Us Attachmenta Ianage Users	Visor Visor	Peneling Menaber Facesheet	Member I	Polsy / Last Nr	ane Fla	fl Name	DOB			

# Provider Web Portal Training Multiple Member Eligibilities



To check the eligibility of multiple members at one time:

- 1. Click on the Check Multiple Eligibilities tab on the left side of the screen
- 2. Enter Last Name, First Name, DOB and Date of Service, or Member Number and Date of Service (We recommend using Last Name, First Name, DOB and Date of Service for best results)

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			Information prov	rided below will be cross	-the-field with member sligibility	v records for all pooprams.		
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# Provider Web Portal Training My Members



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Dental homes may view their monthly rosters by clicking on the **My Members** tab located on the left side of the screen. The **My Members** screen allows the user to view all members assigned to the office

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Office																		
Office's Claims								Meml	er Roster for	Mouth								
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Check Eligibility	View members by	last nam	s initial:															
Check Multiple Eligibilities	ALL   A * B *	Q D ad	.E.E.	6-H-1	-1-R-F-	W.N.Ö.	E. 8. 8.	8.1.ñ.X	-M-X-J-S									
My Members	Utilizations Bene	fits Me	mber Add	Mamber	Provider Las	Provider #	NPI	Member	Last Name	Tirst Name	DOB	Gend	er	00	State	Zig	Effective	Expiration
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My Profile	view view	v vier	w add	add	_	-	-	_	_	_		-	-	_	-	-	_	
My Preferences	ulau ula	a star	w odd	add		-	-			-		a second	-	_	-	_		
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# Provider Web Portal Training Submit a Claim



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# Provider Web Portal Training Submit a Claim



- 1. Click on the **Submit a Claim** tab on the left side of the screen
- 2. Click on **Dental Claim (ADA)** or **Pre-Estimate Claim (EST)** radio button (see next page for **Referral (RES)** submission)
  - a. Choose treating provider from **Provider** drop-down menu
  - b. Choose office/location from **Vendor** drop-down menu for **(ADA)** or **(EST)** submission
  - c. Input patient information i.e. Last Name, First Name and any combination of Member #, Policy # or DOB (We recommend using Last Name, First Name and DOB for best results)
  - 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)**

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#### www.libertydentalplan.com/NVMedicaid

Medicaid Program Overview

LIBERTY DENTAL PLAN

# Provider Web Portal Training Submission with Additional Info



- 1. Check the **Additional Information** box towards the bottom of the Submit a 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. Note: There is a 2MB limit per attachment
- 2. Check both I Agree boxes
- 3. Click Submit Claim

✓ Addition	al Information
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Remarks	
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Occupational illness/injury Auto Accident Other Accident	O Yes  No Date Appliance Placed:
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Missing Teeth Information separate tooth number by commas	Replacement of Prosthesis?
	Date Prior Placement:
A11 E3-	
Add File	
PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to pro of government benefits either to myself or to the party who accepts assignment	cess the claim. I also request payment tent above.
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or su	pplier for services described above.



- 1. To resubmit/correct a claim, pre-estimate or referral, click on the **Office's Claims** tab on the left side of the screen
- Click on Search by Date, Search by Claim Number or Search by Patient Account 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

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2018 Medicaid Program Provider Training

• After the Explanation of Payment is displayed, click on Resubmit Claim





• When **Resubmit Claim** is selected, the information from the claim, pre-estimate or referral will populate on the **Submit a Claim** screen

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- Check the Additional Information box towards the bottom of the Submit a 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. Note: There is a 2MB limit per attachment
- Check both I Agree boxes
- Click Submit Claim

Addition	al Information
Does the Member have another health plan?	
Remarks	
	0
Treatment Resulting From	Is Treatment for Orthodontics?
Occupational illness/injury Auto Accident Other Accident	○Yes ●No Date Appliance Placed:
Date Of Accident: 🔅 Auto Accident State:	Months of Total: Months of Treatment Remaining:
Missing Teeth Information separate tooth number by commas	Replacement of Prosthesis?
	Date Prior Placement:
Add File	
PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	
✓I Agree Lautorize the release of any medical or other information necessary to pr of government benefits either to myself or to the party who accepts assign	ocess the claim. 1 also request payment nent above.
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Submit Claim
I authorize payment of medical benefits to the undersigned physician or su	pplier for services described above.

# Provider Web Portal Training Check the Status of a Claim



- 1. To view a Claim, Pre-Estimate or Referral associated with your office, click on the **Office's Claims** tab on the left side of the screen
- 2. Click on Search by Date, Search by Claim Number or Search by Patient Account Number radio buttons
- 3. When searching by date, use the **Claim Type** drop-down menu to select **Claims**, **Pre-Estimate** or **Referral**

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# Provider Web Portal Training Search for a Claim



• Click on the Search by Claim Number radio button and enter the claim number

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 Or click on the Search by Patient Account Number radio button and enter the account number

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				Deried	Claim is complete and all items have been denied
Ay Providers				Pending	Claim is not complete. Claim is being reviewed and may not reflect

# Provider Web Portal Training Attachments



2018 Medicaid Program Provider Training

• Here you will find unique documents available specific to your office

LIBEI	RTY DENTAL PLAN
Office Office's Claims Submit a Claim Check Eligibility Check Multiple Eligibilities My Members My Providers	You do not have any attachments at this time
My Preferences Telk To Us Attachments Manage Users Resources Logoff	

# Provider Web Portal Training Resources



2018 Medicaid Program Provider Training

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

- 1. Click on the **Resources** tab on the left side of the screen to view and download the following: a. Provider Reference Guides
  - a. Preventative and Periodontal Guidelines
  - b. Provider Newsletters
  - c. Online Provider Portal User Guide
- 2. Click on Resource Library Forms and other tools which will launch a new web browser
- 3. Click on the link provided at the bottom of the web page to launch the **Provider Resource**

Office's Claims Submit a Claim Check Eligibility Check Multiple Eligibilities	California - Provider Reference Guide     Novada - Provider Reference Guide     Torida - Provider Reference Guide     Porventive and periodotta - Guidelines 2013     Resource Larry - Forms and other tools     Contada Nedicaid - Provider Reference Guide     Olds Nedicaid - Reference Guide	Control C
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My Profile		Please click on the URL below to be connected to the LIBERTY Denial Plan website, and our Provider Resource Library.
Talk To Us		http://www.lbertydentalpin.com/Providers/Provider.Resource.Library.asax
Attachments		

# Provider Web Portal Training Talk to Us



2018 Medicaid Program Provider Training

- A LIBERTY Representative can be contacted through the Online Provider Portal by clicking the **Talk To Us** tab on the left side of the screen
  - 1. Click on Office radio button
  - 2. Click Inquiry

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LIBEI	TYDENTAL PLAN	
	** * * *********	
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		Submit a request for:
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Submit a Claim	Please select a contact reason:	
Check Eligibility		
Check Multiple Eligibilities	Web Office Inquiry	
My Members	· Inquiry	
My Providers		
My Profile		
My Preferences		
Talk To Us		
Attachments		
Manage Users		
Resources		
Logoff		

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# Provider Web Portal Training Talk to Us



2018 Medicaid Program Provider Training

- 3. Enter the **Subject**
- 4. Enter the **Details**
- 5. Attach any pertinent files
- 6. Process Request

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# Provider Web Portal Training Don't Forget to Logoff



2018 Medicaid Program Provider Training

Click Logoff located at the bottom

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items have been approved
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2018 Medicaid Program Provider Training

# **Questions?**



LIBERTY Dental Plan of Nevada

For participating in our 2018 Medicaid Program Provider Training

![](_page_59_Picture_3.jpeg)

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