Online Provider Portal User Guide

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LIBERTY DENTAL PLAN.

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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: <u>XXXXXX</u>
[Office Name] [Address] [City, State Zip]			
Dear Provider:			
LIBERTY Dental	Plan welcomes y	you and your team!	
the UBERTY Der number referer claims, and all	ntal Plan (LIBERT) nced above is to correspondence	 network with an effective data be used for all administrative p with LIBERTY. 	as listed above) has been accepted into e of [Date]. The unique Facility ID urposes, including service encounters, your facility are listed below. If a dentist is
still in the crede	entialing process		vide treatment to LIBERTY members until you
License #: [License]	NPI #: [NPI]	Provider Name: [Name]	Activation Date: [Date]
prompt assistan (888)352-7924 d including elect	nce to our netwo or you may conte ronic claims sub	ork dentists. You may reach the act your assigned Network Man mission and real-time eligibility v	ervice and makes every effort to facilitate provider dedicated line by calling ager. [Name]. Additional resources effication are available by visiting our use note that LIBERTY's mailing address is:
		LIBERTY Dental Plan Professional Relation P.O. Box 26110 Santa Ana. CA 92799-	ns
LIBERTY's Provid	ler Reference G		s and an overview of our online service
		on the LDP website.	
	d to working with	h you in providing the best service	ce to your patients and our members.
Sincerely,			
LIBERTY Dental Professional Re			
	dentalplan.com		
www.liberty		P.O. Box 26110	

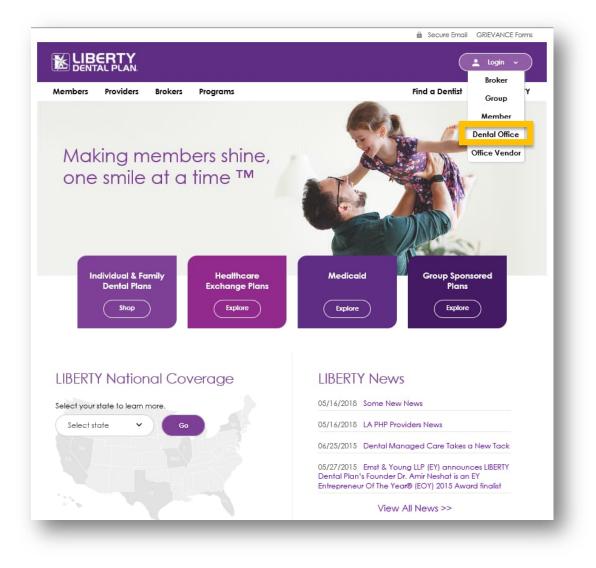


New Office Registration

REGISTER A NEW OFFICE

A designated Office Administrator should be the user to set up the office master primary web 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.
- 2. Click on Login \rightarrow Dental Office.



On the following screen, click the Sign In button. There is no need to enter any other information.

Online Provider Portal User Guide

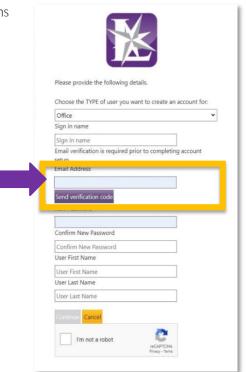
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When the next screen appears select Office from Choose the Type of user you want.

Create Sign In Name – Username may contain any combination of letters, numbers, and special characters except for the following: @, (,)

- Enter Email Address enter the address the account communications and important information should be sent to.
- 2. Click Send verification Code. A Microsoft Access Key will be generated and sent to the email address listed above.





3. Enter the code in the Verification Code field and select, Verify Code.

4	iovember 5, 2029 4:37 PM Dental Plan Provider account emell verification code	1 X
	Verify your email address	Presse provide the following details. Choose the TVPE of user you want to create an account for Office Unitizer
	Thanks for venifying your user@litertydentalplan.com account!	EV3139689
N	comments and according from mendanticity providenticity acceptual	Verification code has been sent to your inbox. Please copy
	Your code is: 396862	it to the input loss below. Email Address
		carda@Bertydentablan.stml
		Verification indie
	Sincerely,	Bindication code
	Liberty Dental Plan Provider	Versity code: Seniel terrer code
		New Password
		New Passound
		Confirm New Password
		Confirm New Payment
		User First Mame
		Liner First Name
		User Last Name
		Liters Last Name

4. When the following screen appears, enter the Access Code located on your welcome letter in the Access Key field. The Office Number is also located on the welcome letter. Enter the office phone number and select Continue.

Please provide the following details.
Access Code
Access Code
Office Number
Office Number
Office Phone Number
Office Phone Number
Continue Cancel

Create a New Password Enter a User First and Last Name Select I'm not a robot Click 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. (!@#\$%&*)

Note: Each user must always sign in with the email address they use to set up their personal access account. This email address may be different than the email address used to set up the office master primary web account.

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
				/
4 1 F F			1 - 2 of 2 items	
lect Provider Type:			Dental	
ow EOP after submitting	a claim:		Yes No	
ow details after submitti	ıg a referral:		Yes ○ No	
fault to Assignment of B	enefits:		● Yes ○ No	
w many items to display	per page:		5	×
ow many days back for cla	ims lookup:		Last Week	~
fault to Place of Service of	on Claim Submission Page (HCFA	claims only):	11-Office	v
bmit a claim default opti	ons:		Service Date(s)	✓.
efault Billing currency:			US Dollars	
ow many checks to displ	ay per page:		5	~
low many days back for c	hecks lookup:		Last Week	~

The Place of Service on Claim Submission page default is set to 11-Office. Another Place of Service can be selected as a default from the drop-down menu.



The Submit a Claim default is set to Service Date(s). The date of service you enter for the first service line will automatically populate when you click in the Service Date box for any additional service lines entered when submitting a claim. (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.

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	
N 4 1 F		s per page		Vice noics	LINDICO	1 - 2 of 2 iter	ms 🕐

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

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

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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 can 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			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 4 1 F H	20 v items	per page					1 - 2 of 2 items	O	

EDIT USER INFORMATION

The Office Administrator can edit a user's information:



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

Manage Users							
User Name			Last Name		User Status		
					ALL	`	~
Email			First Name		Search	Reset	
2 user(s) found.						Charges Chatag	
_	User Name	First Name	Last Name	Roles	User Status	Change Status	
dit	Test User1	Test	User	View Roles	Invited	Enable	-
dit	Test User2	Test	User	View Roles	Enabled	Disable	`
H 4 1	▶ ₩ 20 ▼ items p	er page				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.

User Name		
* First Name		
* Last Name		
Email Address		
Update User Resend Email	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.

n Home	Claims	Eligibility	Payments	Assessments	Talk To Us	Manage Users				1	
											My Profile
		Office	e Properties					0	ffice Hours		My Preferences Change Passwor
Name:						Monday:		08:00 AM -	05:00 PM		Log Off
Address:						Tuesday:		09:00 AM -	07:00 PM		
Contact Name:						Wednesday:		08:00 AM -	05:00 PM		
Contact Email:						Thursday:		08:00 AM -	05:00 PM		
Phone #:						Friday:		07:00 AM -	12:30 PM		
Fax:						Saturday:		-			
Wheelchair Acce	ess:					Sunday:					
Available After H	lours:										
Number Of Phys	sicians Extende	rs:									
Facility Operatin	g Number:										
		Mann	ed Providers				Languages			Additional	Service(s)
		mapp	curronacio				rougaoBro			riduntionor	5611166(5)

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.



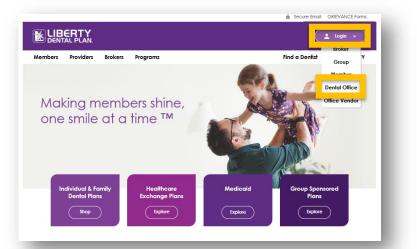
Accessing Your User Account

LOG IN

Users must access their individual accounts with the email address, username, and personal password they created their account with. This may be separate and outside of their master primary web account's email, usernam, and password.

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.





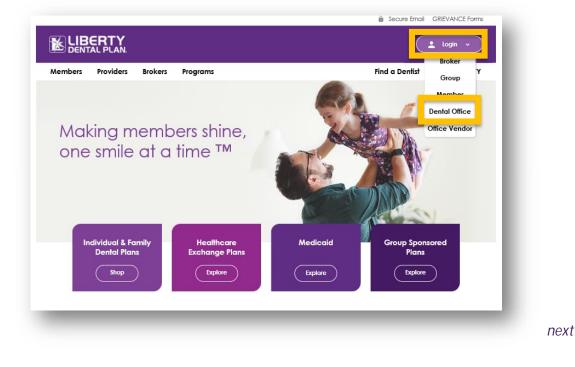
PASSWORD RESET

On the

screen:

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

1. Click on LOGIN.

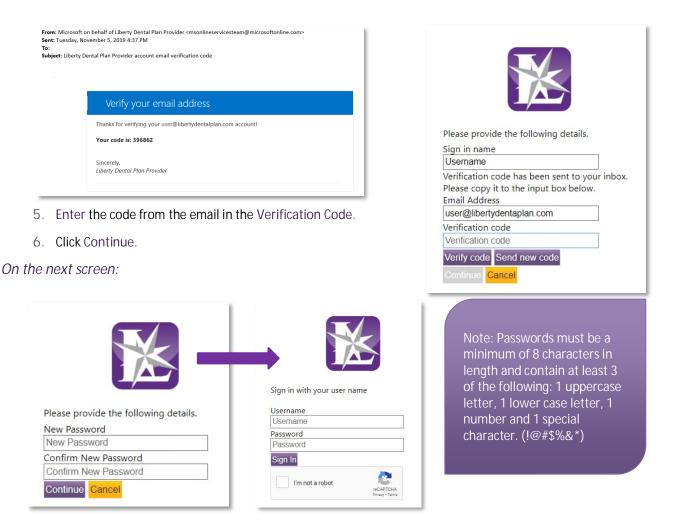


- 2. Click Expired/Locked/Forgot Password.
- 3. Type Username and Email Address associated to user account and click Send verification code.

ign in with your user name	
Jsername	
Username	Please provide the following details.
Password	Sign in name
Sign In	Sign in name
Sign in	Email verification is required as part of the
I'm not a robot	password reset process.
reCAPTCHA Privacy - Terms	Email Address
	Email Address
Don't have an account? Sign up now	
Expired/Locked/Forgot Password	Send verification code
Portal Help Guide	
Terms of Use	

PASSWORD RESET continued

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



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

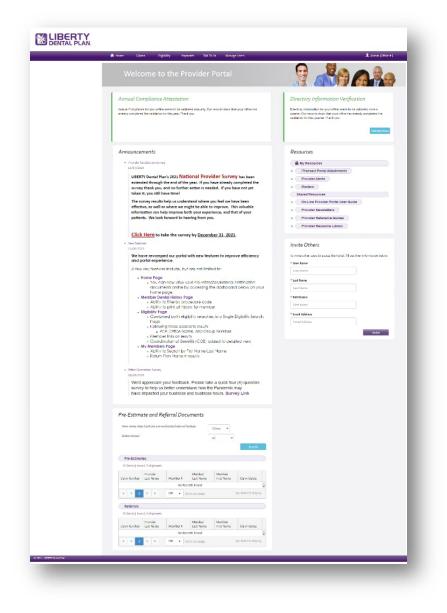
Home Page Features

On the Provider Portal landing page, you have quick access to the following features:

Online Provider Portal User Guide



- 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: Fee Schedules, Contracts, Documents, Communications
 - Shared Resources: Guides, Documents, reference materials
- Pre-Estimate and Referral Documents: notification of UM documents fulfilled
- Invite Others: administrator access to setup new user(s)





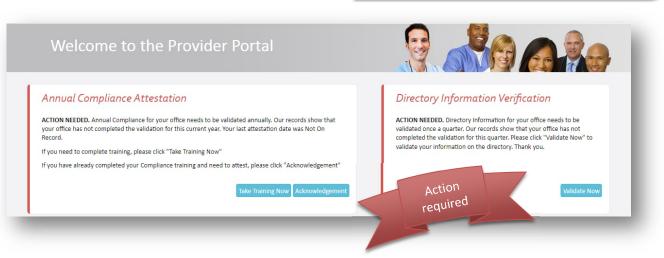
DIRECTORY INFORMATION VERIFICATION (DIV) AND ANNUAL COMPLIANCE ATTESTATION

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.

Action Req	juired	×	Compliance Act	ion Required		×
ectory Validation w" 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 ete training, please click " ompleted your Compliance	validated annually. Our re or this current year. Your las Take Training Now" se training and need to atte	t attestation date
Validate Now	Snooze 3 Day(s)	Close	Take Training Now	Acknowledgement	Snooze 3 Day(s)	Close

MEMBERS RECORD REQUEST

Occasionally requests for member records will be made. A notification banner located at the top of the screen alerts of the need to take action. Click on the Complete Now button.

Welcome to the Provider Portal	
Member Records Request ACTION NEEDED. LIBERTY is requesting additional information from your office, please click "Complete Now" for Please upload documentation for Tracking Number: FL054680318	a list of member(s) we are requesting a chart(s) for. Complete Now

The member's name and identification number will appear on the next screen with a Take Action button. Clicking will open a field for uploading the requested member records. Submit Records will securely and confidentially send the documents to Liberty.

Due	Date: 10/23/2023	Tracing Number: FL054
#	Name	Member Number
1	James	TOI

LIBERTY DENTAL PLAN.

Memb	er Records Reque	st - Due Date: 10/23/2023		×
		5MB. Individual File size allowed is		
#	Name	numeric file names are allowed. I Member Number	Files	
1	James	TO	Select files	
			✓ Submit Records Scane	el
			Submit Records	ei

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-es	timate/referral	lookup:	3 Days 🗸		
Claim Status:				All 🗸		
					Search	
Pre-Estima	tes					
0 Claim(s) four	nd, 0 displayed.					
Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status	
		No Re	cords Found			*
H 4 0	E E	5 v i	tems per page		No items to displa	Y
Referrals						
0 Claim(s) fou	nd, 0 displayed.					
Claim Number	Provider Last Name	Member #	Member Last Name	Member First Name	Claim Status	
		No Re	cords Found			
H 4 0	× H	5 • 1	tems per page		No items to displa	ý



MY RESOURCES

Unique documents specific to your office are located here.

- 1. Click HOME on the top fo the screen to view available documents.
 - a. iTransact Portal Attachments *Fee Schedules, Contracts, and other Liberty proprietary documents
 - b. My Documents Office proprietary documents
 - c. Provider Alerts Important Liberty communications and updates
 - d. Rosters Assigned membership rosters appear if applicable

My Resources	
iTransact Portal Attachments	
My Documents	
Provider Alerts	
927_NY_Medicaid Foster Care_08.12.22.pdf	
VCM Plan Benefit Update 2023.docx	
NY Medicaid - Billed Amount Vs. Allowed Amount.pdf	
Shared Resources	
On-Line Provider Portal User Guide	
Online Provider Portal User Guide	
Provider Portal Update Announcement	
Provider Reference Guides	
New York Provider Reference Guide	
Western New York Provider Reference Guide	
Provider Resource Library	
Provider Complaint & Dispute Form	
Provider Resource Library	

*Fee Schedules – Fee schedules have unusual naming conventions. When

searching iTransact Portal Attachments search using any of the following Network Types, Key Words, Specialty Codes, or Plan Names (listed below):

- Network Types (EPO, EOP, PPO, DHMO, CAP, Medicaid, Medicare, or Exchange)
- Key Words (Fee, Exception, Group Name, etc.)
- Specialty Code (Endo, Hygienist, Oral, Ortho, Pedo, or Perio)
- Plan Name, (GMC, PHP, MGM, SMMC, Healthy Kids, etc.)

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.

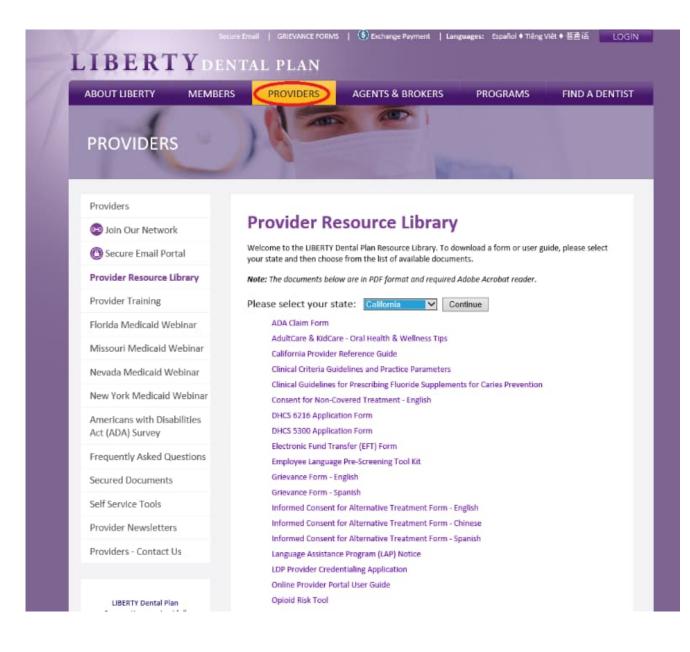
PROVIDER RESOURCE LIBRARY

Reference guides, forms, and various tools may be found in this section.

- 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	1
Welcon	My Members Eligibility	>əvi	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	erification 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	
× Remove	2				mm/dd/yyyy		12/03/2021	
× Remove	3				mm/dd/yyyy	Ċ.	12/03/2021	Ē
× Remove	4				mm/dd/yyyy		12/03/2021	
× Remove	5				mm/dd/yyyy	ä	12/03/2021	
× Remove	6				mm/dd/yyyy		12/03/2021	E



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.

Select or deselect the documents to be printed, click on Print.

×
Print Cancel
`

CHECK PROVIDER ELIGIBILITY

To check a provider's eligibility status, click on Check Provider Eligibility. This enables your office to verify what contract the provider is linked to for that unique member.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select A
٩	04/03/2024	6192	07/27/1966	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim Assessment Demographics	
	Page 1	of1 🕨 🕨			L.			1-1 of 1 iten



Select the provider from the drop-down menu and click on Check Eligibility. The member's plan name and Coordination of Benefit's (COB) precedence's are listed.

heck Eligibility Status	Eligibility Status - Member, Test	
Provider Please select a provider	Provider	* Check Eligitality
Check Eligibility	 Member is eligible for services 	s on 12/03/2021, please consult the plan guidelines for Referrals
	Member Information	
Close	Test Member Member Number	
	Date of Birth	06/
	PCP	
	PCP Office	
	Effective Date	01/01/2021
	Expiration Date	12/31/9999
	Status	Eligible Basic PPO B
Note: If provider is not contracted for member's	Group/Plan Name Other Health Coverage?	Yes
plan, a red banner will display	Other Health Coverage:	163
pian, a reu banner win dispiay	COB Precedence	Primary
	Payer Name	Anthem IN - PPO B
	Effective Date	01/01/2021
	Expiration Date	12/31/9999
	COB Precedence	Secondary
	Payer Name	Anthem IN - OSB3
	Effective Date	01/01/2021
	Expiration Date	12/31/9999

To print, select one or more members, or click on Select All.

Select/Deselect the documents to be printed, then click Print.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
٩	04/03/2024	6192	BA	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim Assessment Demographics	
4 4	Page 1	of1 🕨 🕨						1 - 1 of 1 items



CHECK MEMBER UTILIZATION

To check a member's benefit utilization, select Utilization from the member's profile.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
٩	04/03/2024	6192	BA	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim Assessment Demographics	
• •	Page 1	of 1 🕨 🕨						1 - 1 of 1 iten

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 Date4
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

CHECK MEMBER HISTORY

To check a member's treatment history, select History for the member's profile.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
٩	04/03/2024	61: D1	BA N 07/	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim Assessment Demographics	
4 4	Page 1	of 1 🕨 🖬						1 - 1 of 1 item

A member's history can be filtered by procedure code and may be exported to a PDF by clicking on Export to PDF.

LIBERTY DENTAL PLAN

1ember #:	92892445A-01 Last Name:	Member	First Name:	Test		🛃 Export to	o PD
Procedure Code	Procedure Name	Tooth	Surface	Procedure Date	Claim Number	Claim Status	ľ
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	

CHECK MEMBER BENEFITS

To check a member's list of benefits, plan limitations, and exclusions, click on **Benefits** under the member's profile.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
٩	04/03/2024	6192	B/	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim Assessment Demographics	
4 4	Page 1	of1 🕨 🕨						1-1 of 1 item

A member's benefit plan may be viewed and exported to a pdf by clicking on Export to PDF.

1 = P 2 = P	AUTHORIZATION TABLE: for authorization is required. for authorization is required. Covered services are for adjacent/ tot Covered	Schedul Coverage, Limitations and P	edicaid - Adult e of Benefits rior Authorization Requirements
Code	Description	Adult Population - Limitations	Pregnancy Population - Limitations
	Diagnostic Services		
0120	Periodic oral evaluation	Not Covered as of 1/1/2023	1 (D0120) every 6 months ¹
0140	Limited oral evaluation	2 (D0140) every 6 months ¹ , considered inclusive and is not payable on the same	2 (D0140) every 6 months ¹ , considered inclusive and is not payable on the same
0140		date of service as preventive services	date of service as preventive services
0150	Comprehensive oral evaluation	 (D0150) every 12 months (VA) effective 1/1/2023, (D0150) every 36 months, covered for members with removable prosthedentics or to diagnosis the need for removable prosthedentics 	1 (D0150) every 12 months ¹
0160	Oral evaluation, problem focused	1 of (D0160, D0170) every 6 months ¹	1 of (D0160, D0170) every 6 months3
0170	Re-evaluation, limited, problem focused	1 of (D0160, D0170) every 6 months	1 of (D0160, D0170) every 6 months
0190	Screening of a patient	1-6/00100 001011 6	
0191	Assessment of a patient	1 of (D0190, D0191) every 6 months	1 of (D0190, D0191) every 6 months
	Intraoral, complete series of radiographic images	1 of (D0210, D0709) every 36 months	1 of (D0210, D0709) every 36 months
	Intraoral, periapical, first radiographic image	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210. 4 additional of (D0220, D0230) every 12 months - (VAF)	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210. 4 additional of (D0220, D0230) every 12 months - (VAF)
0230	Intraoral, periapical, each add 'l radiographic image	12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and /or D0230 may be billed within 12 months. 4 additional of (D0220, D0230) every 12 months. (VAF)	12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and /or D0230 may be billed within 12 months. 4 additional of (D0220, D0230) every 12 months. (VAF)
0240	Intraoral, occlusal radiographic image	2 (D0240) every 12 months	2 (D0240) every 12 months
	Bitewing, single radiographic image		
	Bitewings, two radiographic images	1 of (D0270-D0277, D0708) every 6 months	1 of (D0270-D0277, D0708) every 6 months
	Bitewings three radiographic images	1 of (D0270-D0277, D0708) every 6 months 1 additional (D0274) every 12 months - (VAF)	
	Bitewings, four radiographic images	1 additional (U0274) every 12 months - (VAP)	1 additional (D0274) every 12 months - (VAF)
	Vertical bitewings, 7 to 8 radiographic images		
	Tomographic survey	1 (D0322) every 6 months	1 (D0322) every 6 months
	Panoramic radiographic image	1 of (D0330, D0701) every 36 months	1 of (D0330, D0701) every 36 months



ADD CLAIM

Claims for the member may be submitted by clicking on Add Claim while in the member's profile. You will be redirected to the Add a Claim page where pre-authorizations, referrals, or claims for that member may be submitted.

T				Eligibility Verification S	earch		
	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status	Select All
	04/03/2024	619 1	BA 07	NVSEPADF35 NVMC Expansions Adult Female 35+	Absolute Dental & Orthodontics	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim
			07	NV Medicaid - Adult	Katelyn Hendricks	0915215018 - 15131/9999	Assessment Demographics
	Page 1	of 1 🕨 🕨					1 - 1 of 1 items
×	earch New Se	arch					Print All
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	A						
1	A Home	Claims E	ligibility Payment	s Assessments Talk To Us Trainin	ng Library Un-impersonate		Lastern Back (Office #0072)
	THE FOLLOW	IG STATEMENT IS AD		NLY, AND NOT FOR INITIAL CLAIM OR PRE-ESTIN	ATE SURMISSIONS		
			available if the member	is experiencing conditions that could jeopardize life, limb or bo	dily function		
				conditions that could jeopardize life, limb or bo tal services as expedited/emergency services.	any function.		
	In the event th	nat a member is expe	riencing a dental emerge	ency and you are submitting a expedited appeal	on their behalf,		
	please contact	the Quality Manage	ment Department at 1-8	88-703-6999 ext. 5383.			
	REMINDER: If	you bill less than you	ir contracted amount for	service, you will be paid the billed amount.			
	IF YOU HAVE N	NOT RECEIVED A DEN	IAL, you may use the for	m below to submit your claim(s) or pre-estimate	e to LIBERTY:		
	Switcl	Claim Switch to	Pre-Es				
	Dental Claim	Contracti to					
						-	_
	Dental Claim	1					
				Las	t claim:		_
		bmitted: Claim # 004	11499934 View EOP	Las			
		bmitted: Claim # 004	11499934 View EOP				
	Last claim su			Prr	t claim:		
			11499934 View EOP	Prr	t claim:		
	Last claim su			Pre	t claim:		
	Last claim su Select a Pr	ovider 🗸 🔹	*Only Active providers a	Pre	t claim:		
	Last claim su Select a Pr		*Only Active providers a	Pre	t claim:		
	Last claim su Select a Pr	ovider 🗸 🔹	*Only Active providers a	Pre	t claim: nvider: ndor:		Change
	Last claim su Select a Pr	ovider 🗸 🔹	*Only Active providers a	Pre re shown Ve	t claim: nvider: ndor:		Chanee D08:
	Last claim su Select a Pr Please sele	ovider v **	*Only Active providers a	Pre re shown Ve Patier	t claim: wider: :ndor: t:		
	Last claim su Select a Pro Please sele Member #: 6192180000	ovider v **	*Only Active providers an Policy #:	Pro re shown Ve Patier Last Name: AARON	t claim: wider: ndor: t: First Name BARBARA		DOB:
	Last claim su Select a Pri Please sele Member #: 6192180000 Group:	ovider v ** ect a provider first v 1-01	*Only Active providers a Policy #: 56589000088	Pro re shown Ve Last Name: AARON Eff. Date:	t claim: wider: indor: t: First Name BARBARA Exp. Date:		DOB:
	Last claim su Select a Pri Please sele Member #: 6192180000 Group:	ovider v **	*Only Active providers a Policy #: 56589000088	Pre shown Ve Last Name: AARON Eff. Date: 05/23/2019	t claim: wider: mdor: t: First Name BARBARA Exp. Date: 12/31/999		DOB:
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	Last claim su Select a Pri Please sele Member #: 6192180000 Group:	ovider v ** st a provider first v 1-01 sions Adult Female 3	*Only Active providers a Policy #: 56589000088	Pre shown Ve Last Name: AARON Eff. Date: 05/23/2019	t claim: wider: mdor: t: First Name BARBARA Exp. Date: 12/31/999		DOB:
	Last claim su Select a Pri Please sele Member #: 6192180000 Group: NVMC Expan	ovider v ••• ect a provider first v 1-01 sions Adult Female 3	*Only Active providers a Policy #: 56589000088	Pre re shown Ve Last Name: AARON Eff. Date: 05/23/2019 In-offi	t claim: wider: mdor: t: First Name BARBARA Exp. Date: 12/31/999		DOB:
	Last claim su Select a Pri Please sele Member #: 6192180000 Group: NVMC Expan	ovider v ••• ect a provider first v 1-01 sions Adult Female 3	*Only Active providers an Policy #: 56589000088	Pro re shown Ve Last Name: AARON Eff. Date: 05/23/2019 In offi Referral #:	t claim: wider: mdor: t: First Name BARBARA Exp. Date: 12/31/999		DOB:

MEMBER ASSESMENT

If the office participates in a Value Based Program, Caries Risk Assessment documents may be uploaded by clicking on Assessment in the member's profile.

Online Provider Portal User Guide

LIBERTY DENTAL PLAN.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select All
٩	04/03/2024	6191	BA 07/27/1966	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim Assessment Demographics	
lodify	Page 1 Search New Se	of 1 F H					1-1	of 1 item Print /

1) Select Provider and Vendor	for this asses	isment:					2) Select the date of asse	ssment:	
Providers (only active shown))		Vendor						
Select Provider		~	Select V	/endor	~		04/03/2024	ti i	
Member 3) Enter the Member # or Last Member #			hdate to search fo					-	
3) Enter the Member # or Last			First Name and D		mm/dd/yyyy		Q. Search Reset		
3) Enter the Member # or Last Member #	or	Last Name, F	First Name and D	OB First Name		ţ.	Q. Search Reset		
3) Enter the Member # or Last Member # 619 L	or ecord with th	Last Name, F	First Name and D	OB First Name		Ē	Q. Search Reset Group Name	Effective Date	Expiration Date

MEMBER DEMOGRAPHICS

A member's address may easily be accessed by selecting Demographics from the member's profile.

Online Provider Portal User Guide

LIBERTY DENTAL PLAN.

Row	Date of Service	Member #	Member Name DOB	Group #/Group Name/Plan Name	PCP	Eligibility Status		Select A
٩	04/03/2024	619 1	BA V 07/27/1966	NVSEPADF35 NVMC Expansions Adult Female 35+ NV Medicaid - Adult	Absolute Dental & Orthodontics Katelyn Hendricks	Check Provider Eligibility 05/23/2019 - 12/31/9999	Utilization History Benefits Add Claim Assessment Demographics	
H 4	Page 1	of 1 🕨 🖬						1 - 1 of 1 iten

Member Demographics - Dental, James (T0002-01)

ember Information		
Address	1234 Main Street	
City	SYRACUSE	
State	NY	
ZIP	13207	

Close



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.

December	✓ 2021 ✓		ALL	(only active shown)						Find	
Member(s) f	ound										
	s by last name								D Ext	port to Excel	
ALL A B	C D E F	G H I J	K L M	N O P Q	R S T U	V W X Y	Z			Jore to Excer	
	Member #	Member Name	DOB Gender	City State Zip	Home Phone	Language	Effective Range	Group # Group Name	Plan Name	Provider Name	
											÷

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.





Submit a Claim or a Pre-Estimate

VIEW OFFICE CLAIMS

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

EIBERTY DENTAL PLAN							
	ft Home	Claims	Eligibility	Payments	Talk To Us	Manage Users	±.
	W	View Office Cl Submit Claim Submit Pre-Es Submit Referm	_{timate} the	e Provid	der Por	tal	

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 Sta	tus:	All	~					
Date Criteria:		Date Re	eceived 🗸	Date From	n:	11/29/	2021	÷	Date To	12/06	5/2021	
Member:		Last nan	ne/Member #									
Provider	_	ALL	~									
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	View EOP	Provider Las	Provider #	Member #	Member Las	Member Firs	Patient Acct #	Ext. CLM #	Claim Status	Service Date	Service Date	Bi
	1		Provider #	Member #		Member Firs ecords Found	Patient Acct #	Ext. CLM #	Claim Status	Service Date	Service Date	Bi
Claim Number	1		Provider #	Member #			Patient Acct #	Ext. CLM #	Claim Status	Service Date	Service Date	
	1		Provider #	Member #			Patient Acct #	Ext. CLM #	Claim Status		Service Date	
Claim Number	View EOP	Provider Las		Member #				Ext. CLM #	Claim Status			+
Claim Number	View EOP	Provider Las	items per page CLAIM			ecords Found EXPLAN	ATIONS		Claim Status			+
Claim Number	View EOP	Provider Las	items per page CLAIM STATUS	Claim is cor	No R	ecords Found EXPLAN more items have	ATIONS been approved		Claim Status			+



SUBMIT A CLAIM, PRE-ESTIMATE OR REFERRAL

Click on Claims located on top of the screen.

- 1. Click on Submit Dental Claim or Submit Pre-Estimate.
- 2. Last Claim: View last claim submitted for a treating provider.
- 3. Provider: Choose treating provider from Select a Provider drop-down menu (only Active providers are shown).
- 4. Vendor: Choose office/location from Vendor drop-down menu for (Dental Claim) or (Pre-Estimate Claim) submission (only Active vendors are shows).
- 5. Patient: 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*).
- 6. In-Office Details: Enter the data if available to include Patient Accout #, Referral #, and Authorization #.
- 7. Diagnosis Codes: Add appropriate Diagnosis codes and Diagnosis Pointers (Diagnosis Pointers must be letters A-D).

	ubmit Cla		PEALS ONLY, AND NO		L CLAIM OR PI	RE-ESTIMATE SUBM	SSIONS:					
	ubmit Pro ubmit Re		nember is experiencin atening conditions that		ardize life, lim	b or bodily function						
e plan does		cation or p	eriodontal services as	s expedited/	emergency ser	vices.						
ease contact the	Quality I	Management Departme	nt at 1-888-703-6999	axt. 5383.	off a experiment	abben on men on						
YOU HAVE NOT F	RECEIVED	O A DENIAL, you may use	the form below to su	ubmit your d	taim(s) or pre-	estimate to LIBERTY						
witch to Referral	Claim S	witch to Pre-Estimate Cla	im .									
Dental Claim												
						Last claim:						
est claim submitte	ed: Claim	# 0025458475 View EC	IP									
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						Vendor:						
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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 REFERRAL

1. 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-down menu



(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).

ease contact the Qualit	200000000000000000				ı(s) or pre⊣	estimate to LIBER	TY:						
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Member#					DOB:		n	nm/dd/yyyy	Endo	dontics stric Dentistr	2		
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A. POS 11-Office				Tooth	Quadra	int	Surface	1.000	S -Office		Units	Additional Information	^

INITIAL SUBMISSION WITH ADDITIONAL INFORMATION

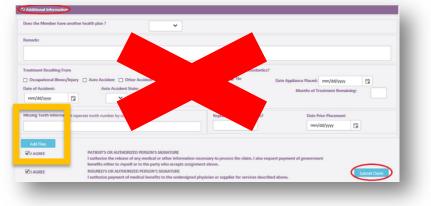
When initially submitting documentation for the processing of a claim, pre-estimate, or a referral, additional documentation may be included. To attach chart notes, x-rays, or other important information, do the following.

- 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.

LIBERTY DENTAL PLAN

- 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 PREVIOUSLY SUBMITTED CLAIM, PRE-ESTIMATE OR REFERRAL

When a claim, pre-estimate, or referral that has previously been submitted requires additional documentation to complete the adjudication process, attach those documents as follows.

- 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.

A Home	Claims	Eligibility
	View Office Cla	ims
• Search	Submit Pre-Esti	mate im Numb
Claim Typ	Submit Referral	Claims
Date Crite	eria:	Date F

• Search By D	Nate Search	by Claim N	mber										
Claim Type:		0	ares 👻		Claim State	us:	All	~					
Date Criteria:		D	te Received 🗸	•	Date From	2	12/20/	2019	6	Date To:	12/20	/2019	曲
Member:		i la	t name/Memi	ber #									
Provider		A	L	~									
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0 Claim(s) foun	t, 0 displayed. View EOP	Provider	as Provid	ur #	Member #	Member Las	Member Firs	Patient Acct #	Ext. CLM #	Claim Status	Service Date	Service Date_	. 0
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0 Claim(s) foun Claim Number	View EOP	Provider	• items p	a page	Claim is core	No R	xord: Found	1310NS been approved	Dit. CLM #	Claim Status			>

- 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.



002551774 View Image: Completed in the second	ate Criteria			Claims	~			m Status:		All	~					
Last name/Member # AL Search	Jute enteria.			Date Re	ceived 🗸		Dat	e From:		12/13/2	019 Ē	3	Date To	12/13	2019	ti i
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STATUS EXPLANATIONS Completed Claim is complete and one or more items have been approved Denied Claim is complete and all items have been denied	4 4 1	2 3	4 5	5	Þ H		5 🔻	items per page							L - 5 of 59 items	Ċ
Completed Claim is complete and one or more items have been approved Denied Claim is complete and all items have been denied										EXPLAN/	TIONS					
Denied Claim is complete and all items have been denied							Clain	is complete and	l one or	more items have	been approved					
Pending Claim is not complete.Claim is being reviewed and may not reflect the benefit determination					1	Denied	Clain	is complete and	l all iten	ns have been deni	ed					
					F	ending	Clain	is not complete	.Claim is	s being reviewed a	nd may not refle	ct the benefit de	termination			
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	Note: Th	here is	an 8	8MB	limit	per	attac	hment a	and	up to 25	MB in to	tal.				
Note: There is an 8MB limit per attachment and up to 25MB in total.								ed at on								

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.

• Search By Date O Sea	rch by Claim Number				
Claim Type:	Claims 🗸	Claim Status:	All 🗸		
Date Criteria:	Date Received V	Date From:	12/13/2019	Date To: 12/13/2019	
Member:	Last name/Member #				
Provider	ALL				

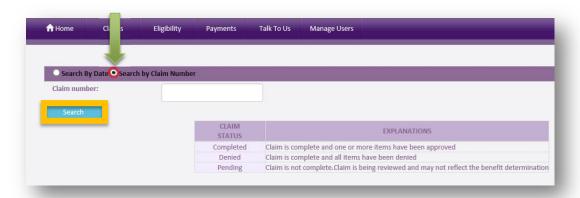
5. Click Search. Example of Search Results:



♠ Home Clums Eligibility Payments Talk To Us Manage Ust ● Search By Date ● Search by Claim Number Claim 5 talus: Claim 5 talus: Date Citeria: Date Received ♥ Date From:	15 All ▼ 12/13/2019 🛱	Date To: 12/13/2019	6	All data fields will remain the same, except when searching for a Referral. The Referring Entity column will display a 'Y' instead of 'N.'
A Home Claims		ayments Ta	lk To Us	Manage Users
	Cl	aim	2	
Welcome	to the ca	pitation	_Pot	tal
0025517738 View		Completed 11/14/2019 11/14/	2019 U Y	
H 4 1 2 3 4 5 ► H 5 ▼ Items per page		1 - 5 of 59	items 🕐	
STATUS Completed Claim is complete and one Denied Claim is complete and all it	EXPLANATIONS or more items have been approved tems have been denied n is being reviewed and may not reflect the benefit de	termination	- 1	
	_	_		

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.



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.

The below image will populate. Cleared Date indicates date the paper check cleared.

Provider:	Audrey Morris	~					
Vendor:	Southern Nevada	General Dentistry Prada 🗢					
Fener:	04/02/2023	Ca Inc	03/26/2024	G			
Search)							
1282 Check(s) found							
Check #	Amount	Check Date	Method of Payment	Cleared Date	Record ID	Detail PDF	
411	\$36,641.52	04/03/2023	Paper Check		141641457	94069374	
41	\$1,439.28	04/03/2023	Paper Check		********	AARADDAA	
411	\$914.90	04/03/2023	Paper Check			94843754	
201	\$0.00	04/03/2023	Paper Check		*******		
KPT	\$0.00	04/04/2023	LFT				
	257 • * 5 •					1276-1280 of 1282 0	. O

Provider:	Select a Provider	~			
Vendor:	Select a Vendor 🗸				
From:	12/23/2019		To:	12/30/2019	**

EOB – EXPLANATION OF BENEFITS

View the Explanation of Benefits for each claim paid on a check by line item.

🔒 Home Claims	Eligibility	Payments	Manage Users	Un-impersonate
• Search by Date •	search by Check Numb	Claim Capitation		
Provider:	Select a	Provider	~	
Vendor:	Select a	Vendor 🗸		
From:	10/14/2	024	To:	10/21/20

- 1. Click Payments on the top of the screen.
- 2. Select Claim.





• Search by D	ate O Search by Check Num	ber				
Provider:	Selec	ct a Provider	~			
Vendor:	Seler	ct a Vendor 🗸	4			
From:	10/1	4/2024	12	To:	10/21/2024	63

- 3. Select a Provider from the Provider menu.
- 4. Select a Vendor from the Vendor menu.
- 5. Enter Date Range of payments to be viewed.
- 6. Click Search.

LIBERTY DENTAL PLAN.

A Lough by Date	Search by Check Number						
Provider:	Adam						
Aendor:	Advanced	~					
rom:	30/14/2024	G ¹⁶	10/21/2024				
Searth							
Check(s) found							
heck#	Amount	Check Date	Method of Payment	Cleared Date	Record ID	Detail PDF	
67	\$356.80	10/19/2024	Paper Check		2(12474	
	\$174.00	10/19/2024	Paper Check		281	and a second	
6		10/19/2024	Paper Check		28	32474	
	\$222.00				28	1247	
67	\$222.00 \$535.00	10/19/2024	Paper Check				

7. Click on the Dental PDF for the Check Number of the EOB to be viewed.

ENDOR NAME: Advanced Check Numb ENDOR NUMBER 01: Check Date: B Date Of: Code Tooth Surface Procedure Description Submitted Allow Service B - Address: 31	10/19/2 ed Co-Pay	1024	
Service # Amount Amou			
		Total*	Plan Pair Amount
Patent: OHP Active Group: NY Anthem BCBS -			
LAM: Orgnal			
	00 0.00	0.00	30.00
	00.0 00.00	0.00	43.00
06/17/24 D1208 Q00 Topical application of fuoride, excluding varnish 65.00 14	0.00	0.00	14.00
06/17/24 D0272 Ellewings, two radiographic images 44.00 14	00.0	0.00	0.00
	00.00	0.00	0.00
06/17/24 D1351 3 Sealant, per tooth 63.00 33.			35.00
06/17/24 D1351 14 Sealart, per tooth 65.00 35		0.00	35.00
06/17/24 D1351 19 Sealant, per tooth (5.00 35	00.0 0.00	0.00	35.00
06/17/24 D1361 30 Bealant, per tooth 63.00 33.	.00 0.00	0.00	35.00
06/17/24 D0330 Pavoramic radiographic image 240.00 33.	00.0	9.90	35.6K
1 06/17/54 D0230 Interrational, each and 1 radiographic image 13.00 5.	00.0	0.00	0.00
payment is advect. 17 Payment for this procedure is deniest. A penores is considered a full mouth s-ray. This additional s-ray is part of a fi payment is allowed.	al mouth e-ray.	No additio	nai
	and the later was seen.		
NET PAYMENT FO	R PATIENT:		262,0
Potent : Plan Child Act Group NY Anthem E			262,0
Potent : Plan Child Act Group NY Anthem E			262,04
Potent : Plan Chick Act Group NY Anthem E LAB: (Original) 05/30/24 D0220 Intracral, periapical, find tadographic image 20.00 6.	3C85	0.00	6.40
Patent: Plan: Child Act Group NY Anthem E LAM: (Original) 05/30/24 D0220 Integrals, periapical, finit radiographic image 20.00 6 05/30/24 D0230 Integrals, periapical, each add 1 radiographic image 6.00 6	40 0.00 00 0.00	0.00	6.40
Patent: Plan Child Act Group NY Anthem E LABA: (Original) 05/3024 00220 Integral, perapical, feet addographic image 20.00 6 05/3024 00230 2 Integral, perapical, feet add 1 radiographic image 6.00 6.00 05/3024 0120 Ptophylasia, child 120.00 34	40 0.00 00 0.00 40 0.00	0.00	6.40 6.00 34.40
Patent: Plant: Child Act Group: NY Anthem E LAM. (Original) 002020 Intervent, periapical, find tadiographic image 20.00 6 05/0024 D02020 Intervent, periapical, each add 1 molographic image 20.00 6 05/0024 D0200 Intervent, periapical, each add 1 molographic image 6.00 6 05/0024 D1200 Pephylaxa, child 120.00 34 05/0024 D1206 Topical application of fluoride samish 6.50.00 34	40 0.00 00 0.00 40 0.00 00 0.00	0.00 0.00 0.00	6.40 6.00 34.40 24.00
Pater Child Act Group NY Anthem E LAM (Orignal) 05/0024 00220 Intraoral, periapical, finit radiographic image 20.00 6 05/0024 00230 2 Intraoral, periapical, finit radiographic image 6.00 6 05/0024 01020 2 Intraoral, periapical, each add 1 radiographic image 6.00 6 05/0024 01020 Prophysias, child 120.00 34 05/0024 01050 Topical application of function saminth 65.00 24 05/0024 0150 Comprehensive onit evaluation 70.00 24	40 0.00 00 0.00 40 0.00 00 0.00 00 0.00	0.00 0.00 0.00 0.00	6.40 6.00 34.40 24.00 24.00
Patent: Patent: Child Act Orough NY Anthem E LABA: (Original) 05/3024 002030 Integrated, perapsical, find radiographic image 20.00 6 05/3024 D02030 Integrated, perapsical, end and tradiographic image 6.00 6 05/3024 D0230 Integrated, perapsical, end and tradiographic image 6.00 6 05/3024 D1120 Prophysias, child 120.00 34 05/3024 D1050 Topord application of function semilen 65.00 4 05/3024 D0150 Comprehensive onel evablation 70.00 24 05/3024 D0120 Integrate, each add Tradiographic image 4.00 4	40 0.00 40 0.00 40 0.00 00 0.00 00 0.00 00 0.00 00 0.00	0.00 0.00 0.00	6.40 6.00 34.40 24.00 24.00
Pater: Plan: Child Act Group: NY Anthem E LAM: (Original) (65:0024 002030 Integrad, periapical, ends addigraphic image 20:00 6 05:0024 D02030 Integrad, periapical, ends addi 1 midiographic image 20:00 6 05:0024 D02030 Integrad, periapical, ends addi 1 midiographic image 20:00 34 05:0024 D1206 Topical application of fuoride samiath 65:00 24 05:0024 D0150 Comprehensive onel estutation 70:00 24 05:0024 D0230 Integrad, ench add 1 midiographic image 4:00 4 05:0024 D0230 Integrad, each add 1 midiographic image 4:00 4 05:0024 D0230 Integrad, each add 1 midiographic image 4:00 4	40 0.00 40 0.00 40 0.00 00 0.00 00 0.00 00 0.00 00 0.00	0.00 0.00 0.00 0.00	6.40 6.00 34.40 24.00 24.00 94.90
Patent: Pain Child Act Orough NY Anthem E LAM. (Original) (000000000000000000000000000000000000	40 0.00 40 0.00 40 0.00 40 0.00 40 0.00 40 0.00 00 0.00 00 0.00 N0 0.00 N0 0.00 N1 0.00 will be made: 1	0.00 0.00 0.00 0.00 0.00 0.00	6.40 6.00 34.40 24.00 0.00 94.90 94.90 94.90
Potent: Plan; Child Ad: Group: NY Anthem E LUM: (Original) 65/03/2 0.00 6 65/03/2 D02/00 Interacral, periapical, end adographic image 20.00 6 65/03/2 D02/00 Interacral, periapical, each add 1 radiographic image 6.00 6 65/03/2 D12/00 Topical application of fucable warrish 120.00 34 65/03/2 D12/00 Topical application of fucable warrish 6.5.00 24 65/03/2 D12/00 Topical application of fucable warrish 6.5.00 24 65/03/2 D12/00 Topical application of fucable warrish 70.00 24 65/03/2 D12/00 Topical application of fucable warrish 70.00 24 65/03/2 D12/00 Interacritication of transfer addition topication of fucable warrish 70.00 24 65/03/2 D12/00 Interacritication of transfer addition topication of fucable warrish 70.00 24 65/03/2 D12/00 Interacritication of transfer addition topication of thoma 215.00 91.1 <	40 0.00 40 0.00	0.00 0.00 0.00 0.00 0.00 0.00	6.40 6.00 34.40 24.00 0.00 94.90 94.90 FP3D7 rmuit 94.80
Pain Child Act Group NY Anthem E LAM. (Original) 65/03/2 Enternit, periapical, finit tadographic image 20.00 6 65/03/2 D0230 Interactil, periapical, each add 1 malographic image 20.00 6 65/03/2 Enternit, periapical, each add 1 malographic image 6.00 6 65/03/2 Dipoine application of fuorities sensitieh 65.00 34 65/03/2 D0150 Comprehensive one enstantion 700.00 24 65/03/2 D0230 Interom, periapical, each add 1 malographic image 4.00 4 65/03/2 D0230 Interom, periapical, each add 1 malographic image 25.00 96.32 65/03/2 D0230 Interom, periapical, each add 1 malographic image 4.00 4 65/03/2 D0230 Interom, periapical, each add 1 malographic image 20.00 96.33 CLAIM TOTALS: 285.00 96.3 Stervice Line Explanation A three (2) time every tar (2) months where a guardine to the time and three (2) time and periapical into a payment be the three (2) time an approved pre-authorization for this procedure and on paym	40 0.00 40	0.00 0.00 0.00 0.00 0.00 0.00	6.40 6.00 34.40 24.00 0.00 94.90 94.90 94.90



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.

NA.	/ - 		- Duraul	den Des	tel.
V	/eicom	e to th	e Provi	der Por	tal

- 1. Enter the Subject.
- 2. Enter the Details.
- 3. Attach any pertinent files by clicking on Select File(s).
- 4. Click Process Request.

ontact Reason:	Inquiry
escription:	Inquiry
Subject:	
Details:	
.ttachment(s):	Select files

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.

Member Records Request Actio	n Required	×
ACTION NEEDED. The following charts are Please upload documentation for Tracking	~ · · · · · · · · · · · · · · · · · · ·	m
Complete	Close	эг ү

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:

- 1. Select Talk to Us tab.
- 2. Select Member Records Request.

DENTAL PLAN.					
	A Home Claims	Eligibility Payments	Assessments Nill To Lin	Training Library Ma	lanage Users
	Welco	ome to the Pro	Member Rec Member Rec	ords Request	9
				"Complete Now" for a list o	of member(s) we are requesting a chart(s) for.
	Annual Compliance fo	oliance Attestation r your office needs to be wildeted on for this yeer. Thenk you	annually. Our records show that yo	ar office has already	Directory Information Verification Action NEEDED. Directory information for your office needs to be wildeted once a quarter. Our records show that your office has not completed the wildetan for this quarter. Priese cite, "Validate Now" to validate your information on the directory. Thank you.

- 3. The "Member Records Request" window will appear, as show below.
- 4. Click Take Action.



X	u	В	E	R	T١	Y
	DE	NT	Άl	. P	LA	N.

🔒 Home	Claims	Eligibility	Payments	Assessments	Talk To Us	Training Library	Manage Users
Please us	e this page to uploar	d the requested N	lember document	ation. All informat	on will be kept o	onfidential and used	internally only.
Member F	lecords Request						
Due Dat	e: 08/10/2022	Tracing	Number: FL03827	1702			
	lame	Member N	umber				
1 1	fest Member	123456785	-01				
		Take Action					

- 5. 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.
- 6. Click Submit Records.

Ple	ase Note - Only alpha	numeric file names are allowed.	No special characters permitted.	
#	Name	Member Number	Files	
1	Test Membe	123456789-01	Select files	
			Test Document.docx	3

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

Please use this page to upload the requested Member documentation. All information will be kept confidential and used internally only.
Member Records(s) have been successfully submitted.
Member Records Request
No Member Records Request found.



Logging Off

HOW TO LOG OFF OF THE ONLINE PROVIDER PORTAL

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

