



Provider Training

Sooner**Select** 

March 5, 2024 2:00pm

March 7, 2024 10:00am

March 13, 2024 2:00pm



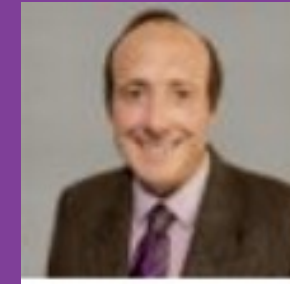
Meet the LIBERTY Team



Lisa Gifford
Plan President



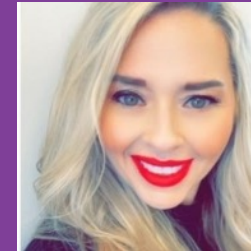
Dr. Leta Langford
Dental Director



Tom Mergen
AVP, Information
Technology
Applications



Paula Crouch
Manager Member
Services



Michelle Eubanks
Director
Provider Relations



Renee McBay
Network Manager
East Territory
DSO Relationships



Semi Duke
Network Manager
West Territory
Tribal and FQHC Relationships



Michelle Jolivette
Practice Transformation
Specialist

Continuity of Care Period



Out of Network Providers
Prior authorizations for
General Dentists
120 days
(6/1/24)



Specialty Referrals
WAIVED FOR 120 DAYS



Required Forms

Continue using DEN-2 form for
Ortho
Specialty Referral Form



CRA Form (BRUSH)
Must be fully contracted to
qualify for Bonus Payments

Out of Network Providers

- ▶ Providers who are not currently contracted must complete required provider agreements, fee addendums and facility information necessary for system set up. Once a provider has completed all necessary documents, these can be emailed to their Network Manager or to okpquiries@libertydentalplan.com for review. If any items are missing or incomplete someone from the Provider Relations team will contact the provider office for further action.
- ▶ Providers who only complete the minimum requirements and do not become fully credentialed will automatically expire on 1/31/2025.
- ▶ Maintaining an active CAQH profile and adding LIBERTY Dental Plan as an authorized company can speed up the process of contracting and credentialing both now and at the time of recredentialing.
- ▶ Only Providers with active Medicaid ID's can see Medicaid members.
- ▶ Claims for services can be sent via clearinghouse, fax, email or USPS and will be reimbursed at the current state rate.

Out of Network Providers Continued

- ▶ Specialty Referrals are waived during the COC period, but Prior Authorization requirements for Specialty procedures remain in place.
- ▶ LIBERTY uses the OHCA DEN-2 orthodontic form
- ▶ LIBERTY enforces all OHCA timely filing guidelines
- ▶ The ADA CRA form can be used for offices who are out of network but upon fully contracting, providers are expected to use the online form in the LIBERTY portal.
- ▶ IT IS HIGHLY RECOMMENDED TO BE FULLY CREDENTIALLED BY THE END OF THE COC PERIOD

Prior Authorizations and Referrals

Overview

- ▶ Prior Authorizations are required for all specified services per the benefit schedule along with necessary and sufficient documentation.
- ▶ Providers must have a prior authorization for certain specified services before delivery of that service, unless the service is provided on an emergency basis.
- ▶ Retro PA's may be requested for up to 5 business days after date of service.
- ▶ **Specialty Care Referrals**
 - ▶ Services deemed beyond the scope of a General Dentist may be referred to a LIBERTY Dental Specialist. If there is no in-network specialist within the General Dentist's office or within a reasonable proximity to the General Dentist's office, provider's office staff may contact LIBERTY's Provider Services Department who will aid in referring the member to a non-contracted Specialist. The LIBERTY Specialty Care Referral Form or an Attending Dentist Statement must be completed when making a referral. Provider must include a narrative statement as to the reasons for the specialty referral.

Urgent Referral Guidelines

- ▶ Urgent Referrals must be obtained when a member is experiencing pain, swelling, bleeding or trauma. The fastest approval process is through the Provider Portal. You may also call the Referral Unit at 888-352-7924, Option 4. (valid for 30 days)

Prior Authorizations and Referrals

Phone

MAIN

888.352.7924

PRE-ESTIMATES

Option 3

REFERRALS & SPECIALTY PRE- AUTHORIZATIONS

Option 4

Fax

PRE-ESTIMATES

949.253.0096

REFERRALS & SPECIALTY PRE- AUTHORIZATIONS

888.334.6033

Email

CLAIMS & PRE- ESTIMATES




oklahomaclaims@libertydentalplan.com

REFERRALS

referralfax@libertydentalplan.com

NON-EMERGENCY SPECIALTY REFERRAL SUBMISSION AND INQUIRIES


General Dentist must submit a referral request to LIBERTY for prior approval. There are three options to submit a specialty care referral:

	LIBERTY Dental Plan ATTN: Referral Department P.O. Box 26110 Santa Ana, CA 92799-6110		888.352.7924, press option 2
	Provider Portal: https://providerportal.libertydentalplan.com/		



Specialty Care Referral Request

LIBERTY's Specialty Care Referral Request form can be found on the LIBERTY website under provider resources.

	LIBERTY Dental Plan Specialty Care Referral Request		Eligibility Verified: Yes No Verifiers Initials: Date & Time:
	P.O. Box 401086 Las Vegas, NV 89140 Phone: 888-401-1128 Fax: 888-401-1129		
<input type="checkbox"/> Specialty Referral (Mail to LDP with x-ray & documents) <input type="checkbox"/> Emergency Referral (Call 888-359-1087)			
Provider Name: _____ Phone: _____ ID#: _____ Address: _____ City, State, Zip: _____		Referring Specialist Specialist Name: _____ Phone: _____ ID#: _____ Address: _____ City, State, Zip: _____	
Member Member Name: _____ ID #: _____ Eligibility Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Patient Name: _____ DOB: _____ Verifiers Initials: _____ Address: _____ Phone: _____ Date & Time: _____ City, State, Zip: _____			
Treatment Request			
CDT Code	Procedure Code Description	Tooth #	Surface
PLEASE CHECK ALL THAT APPLY IN EACH SPECIALTY CATEGORY:			
Endodontics (must submit PA & BWX)	<input type="checkbox"/> Prognosis (circle one): good / poor <input type="checkbox"/> Reason for Referral _____ Additional Information _____		
Oral Surgery (must submit PA or Pano)	<input type="checkbox"/> Reason for Referral _____ Additional Information _____ *In absence of Pathology extractions of impacted teeth and roots are not a benefit		
Pediatric Dentistry	<input type="checkbox"/> Reason for Referral (Please document behavioral problems occurring at initial exam): Date(s) _____ <input type="checkbox"/> Age of Child _____ Additional Information _____		
Periodontics	Referral limited to D9310 Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician (circle one) Case Type I, II, III, IV Dates of Root Planning UR _____ UL _____ LR _____ LL _____ Additional Information _____		
Orthodontics	Notes: _____		
I hereby certify that the above noted treatment request has met the criteria for specialty referral and acknowledge that the final claim for payment is subject to clinical review. Dentist Signature: _____ Date: _____			
Dental plan use only <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Pend Dental Consultant Signature _____			

Caries Risk Assessment (CRA)

- ▶ The CRA is completed by the General Dentist office and can be accessed through the provider portal. A roster of patients with completed CRA's will be housed on the portal for recall purposes.
- ▶ Completing a CRA in the provider portal will automatically create a claim for this service. All other services completed on the same day, will need to be billed separately.



Universal Caries Risk Assessment Form (ALL AGES)			
Patient's First Name:		Patient's Last Name:	
Provider Name:		Date of Birth:	
		Date of Assessment:	
	Low Risk (0 Points)	Moderate Risk (1 Point)	High Risk (2 Points)
Contributing Conditions		Check all conditions that apply	
1. Fluoride Exposure (drinking water, supplements, professional applications, toothpaste)	<input type="radio"/> Yes	<input type="radio"/> No	
2. Sugary Foods or Drinks (juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	<input type="radio"/> At mealtimes		<input type="radio"/> Frequent or prolonged exposure
3. Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 0-14 only)	<input type="radio"/> No carious lesions in last 24 months	<input type="radio"/> Carious lesions in last 7-23 months	<input type="radio"/> Carious lesions in last 6 months
4. Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="radio"/> Yes	<input type="radio"/> No	
General Health Conditions		Check all conditions that apply	
1. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="radio"/> No	<input type="radio"/> Yes (> 14 years)	<input type="radio"/> Yes (ages 0-14)
2. Chemo/Radiation Therapy (patients >6 years old only)	<input type="radio"/> No		<input type="radio"/> Yes
3. Eating Disorders (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
4. Medications that Reduce Salivary Flow (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
5. Drug/Alcohol (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
Clinical Conditions		Check all conditions that apply	
1. Visual or Radiographically Evident Restorations/ Cavitated or Non-cavitated (incipient) Carious Lesions	<input type="radio"/> No (No carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (1-2 carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (≥3 carious lesions or restorations in last 24 months) (4 POINTS)
2. Teeth Missing Due to Caries	<input type="radio"/> No		<input type="radio"/> Yes
3. Visible Plaque	<input type="radio"/> No	<input type="radio"/> Yes	
4. Dental/Orthodontic Appliances Present (fixed or removable)	<input type="radio"/> No	<input type="radio"/> Yes	
5. Salivary Flow	<input type="radio"/> Visually Adequate	<input type="radio"/> Visually Inadequate (< 6 y/o)	<input type="radio"/> Yes (Severe dry mouth >6 y/o)
6. Exposed Root Surfaces Present (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
7. Restorations with Overhangs and/or Open Margins; Open contacts with Food Impaction (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
8. Unusual Tooth Morphology that compromises oral hygiene (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
Overall Caries Risk	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH
	0-1 Points	2-4 Points	5+ Points

Modified from the ADA Caries Risk Assessment

Contracting and Credentialing

▶ LIBERTY complies with requirements for providers to be fully credentialed within 45 days of a clean submission.

▶ General Guidelines for contracting:

▶ Using LIBERTY's online Provider Enrollment platform allows for ease of submission and the collection of all pertinent contracting needs.

▶ A clean submission is required for contracting. It is necessary to provide all documents at the time of submission to ensure there are no delays.

▶ Credentialing timelines do not start until a clean contracting submission is received.

▶ Signing up for Electronic Fund Transfer at the time of contracting is required and ensures no delay in payments being received

▶ Portal Access is not allowed until contracting documents are processed

▶ Contact Information- okprinquies@libertydentalplan.com

▶ Network Managers Contact:

▶ Semi Duke

▶ Cell: (405) 617-6790

▶ Fax: (949) 880-2046

▶ Email: sduke@libertydentalplan.com

▶ Calendly: calendly.com/sduke-2

▶ Renee McBay

▶ Cell: (918)240-5871

▶ Fax: (714) 417-9184

▶ Email: rmcbay@libertydentalplan.com

▶ Calendly: <https://calendly.com/rmcbay>

Dental Home- Soft Assignments

- ▶ Dental home means a usual source of dental care where dental care services are provided in a primary care setting where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent.
- ▶ Dental Homes consist of general or pediatric providers only. Other dental specialties do not qualify as a dental home.
- ▶ Dental Homes have assigned rosters that can be accessed in your online portal. These rosters can be used to create recare lists or new outreach lists of non-utilizers.
- ▶ Any Medicaid General/Pediatric provider can see any member at any time. It is NOT required for the member to be assigned to your office at the time of service. LIBERTY's claim system will assign this member to your office once a claim has been received. If the member is only being seen in an interim situation, neither the member nor the office need do anything to allow the member to return to their previous dental home.
- ▶ To see all ages of members, provider offices would need to sign both child and adult fee addendums.

It's important to note that emergency treatment does not have to be rendered by the member's dental home.

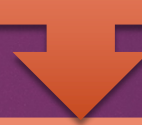
Quick Reference

Claims Submission Options

- ▶ Provider Portal
- ▶ Clearinghouse: Payor ID **CX083** (NEA FastAttach accepted)
- ▶ Fax: 949-270-0103
- ▶ Emailed: oklahomacclaims@libertydentalplan.com
- ▶ Mail: LIBERTY Dental Plan of Oklahoma
PO Box 15149
Tampa, FL 33684
- ▶ Provider Relations: 888-902-0342
- ▶ M-F 6:00 am to 6:00 pm CST

Easy to use provider portal, faster than calling

LIBERTY's new web portal is designed to reduce your administrative overhead and save you money!



No need to call – You have 24/7 access to real time data.

Check patient eligibility status	Confirm Dental benefits	Review Dental History	Ability to export list of assigned member to Microsoft Excel
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Prior-authorization submissions are easy

Turn around time for pre authorizations is 14 days <ul style="list-style-type: none">• Provider can attach supporting documents directly to authorizations• Pre-operative radiographs and narratives	Check status of Pre-authorization
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Portal Demonstration

Access/User Set Up/ Assigning Roles

Password Reset

Claims/Claim Status/Prior Authorization

Referrals

Eligibility

Member Roster

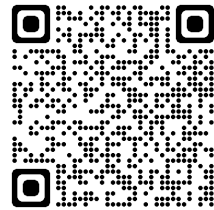
BRUSH

Talk to Us

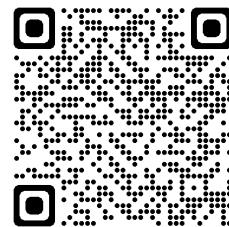
Compliance (CMS/DIV)

Alerts/Resources

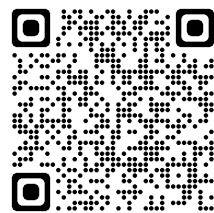
Semi Duke Calendly Link



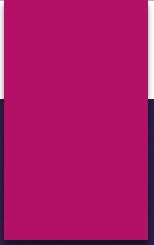
Renee McBay Calendly Link



Michelle Jolivette Calendly Link



QR Code PR Training or Outreach Scheduling



Online Provider Portal



Online Provider Directory Validation



Provider Online Enrollment



LIBERTY Dental of OK Home Page



QR Code LIBERTY Sites



QUESTIONS?



LIBERTY
DENTAL PLAN®

The End