



# NJ FamilyCare Provider Orientation



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NJ FamilyCare Orientation 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 widespread access to our members.

**LIBERTY is currently serving over 4.6 million members nationwide**

## **Our Mission:**

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



- All NJ FamilyCare Members are assigned to a dental home
- Members have the freedom to choose their dental home from LIBERTY's participating network of providers which includes both general and pediatric dentists
- Members can assign themselves to a dental home through the Member Web Portal or by calling LIBERTY's Member Services Department and will be assigned effective immediately
- If a Member does not have a dental home, LIBERTY will assign one based on geographic, cultural and linguistic needs
- New Members are sent a letter from LIBERTY with their dental home assignment



**Your office can verify real-time eligibility via our provider web portal at:**

[www.libertydentalplan.com](http://www.libertydentalplan.com)

- **You will need the following information:**
  - Member last name and first name and any combination of member number, subscriber ID, or date of birth (DOB is recommended for best results)
- Providers are responsible for verifying member eligibility on date of service, prior to services being rendered
- Providers should verify that the member is listed under “My Members” section in the provider web portal before providing treatment
- A Health Plan card does not guarantee eligibility

LIBERTY will only approve services that are “medically necessary” including but not limited to:

- The treatment or supplies are needed to prevent, evaluate, diagnose, correct, prevent the worsening of, alleviate, ameliorate, or cure a physical or mental illness or condition and that meet accepted standards of dentistry;
- Treatment that meets EPSDT guidelines and regulations, following accepted medical and dental practices, provide services in an appropriate clinical setting, and as medically necessary.
- Will prevent the onset of an illness, condition, or disability;
- Will prevent the deterioration of a condition;
- Will prevent or treat a condition that endangers life or causes suffering, pain or results in illness or infirmity;

# Provider Orientation Training

## Claims Submission

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

- Provider Portal: [www.libertydentalplan.com](http://www.libertydentalplan.com)
- EDI Clearinghouse: LIBERTY's Payor ID is CX083
  - LIBERTY accepts NEAFast Attach

LIBERTY EDI Vendor	Phone Number	Website
Dental Exchange	800.576.6412	<a href="http://www.dentalexchange.com">www.dentalexchange.com</a>
Emdeon	877.469.3263	<a href="http://www.emdeon.com">www.emdeon.com</a>
Tesia	800.724.7240 x6	<a href="http://www.tesia.com">www.tesia.com</a>

- Timely filing is 180 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, Attn: Claims, PO Box 401086, Las Vegas, NV 89140**

# Treatment rendered in Operating Room/ Surgical Center



Claims submitted for treatment rendered in operating room/ surgical center must have the treatment location address in Box 56

<b>TREATING DENTIST AND TREATMENT LOCATION INFORMATION</b>	
53. I hereby certify that the procedures as indicated by date are in progress (for procedure multiple visits) or have been completed.	
X _____ Signed (Treating Dentist) <span style="float: right;">Date</span>	
54. NPI	55. License Number
56. Address, City, State, Zip Code	56a. Provider Specialty Code
57. Phone Number ( ) -	58. Additional Provider ID

Billing Entity information must be entered in Box 48-51

<b>BILLING DENTIST OR DENTAL ENTITY</b> (Leave blank if dentist or dental submitting claim on behalf of the patient or insured/subscriber.)		
48. Name, Address, City, State, Zip Code		
49. NPI	50. License Number	51. SSN or TIN
52. Phone Number ( ) -	52a. Additional Provider ID	



## Provider Orientation Training

# Place Of Treatment



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Submit the correct 2-digit Place of Service Code for all claims submitted to LIBERTY. Frequently used codes are:

- **11 = Office**
- **12 = Home**
- **21 = Inpatient Hospital**
- **22 = Outpatient Hospital**
- **31 = Skilled Nursing Facility**
- **32 = Nursing Facility**

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

- **Provider Portal:** [www.libertydentalplan.com](http://www.libertydentalplan.com)
- **EDI Clearinghouse:** LIBERTY's Payor ID is CX083
  - **LIBERTY accepts NEAFast Attach**
- Prior authorizations should be submitted with all necessary information regarding the treatment, including pre-operative radiograph(s) and narratives
- Turnaround time for prior authorizations is 3 business days
- Approved pre-authorizations are valid for:
  - Endodontics - 90 days
  - All other specialties – 180 days
- Prior authorizations are not a guarantee of payment

# Non-Covered Treatment

Members will be financially responsible for non-covered services provided if he/she authorizes the treatment with a signed consent conform.

- Prior authorizations must be submitted and denied
- All member appeals or waiver of appeal must be exhausted prior to obtaining a consent for non covered treatment
- Consent for Non-Covered and Alternative Treatment must be obtained
- You may use the Liberty Dental consent forms on the Liberty website at [www.libertydentalplan.com](http://www.libertydentalplan.com) under the [Provider Resource Library](#)

If a Member loses eligibility, LIBERTY will be responsible for continuity of care and reimbursement for the following dental services approved and started during a period of enrollment:

- Endodontic, Crown and Prosthetic (both fixed and removable) services –
  - LIBERTY will continue to provide coverage to completion of these services and any other associated services required for their successful completion after loss of eligibility when such services are approved and initiated under LIBERTY's plan for 90 days following the loss of eligibility.
  - With loss of eligibility where all endodontic treatment and associated restorative services have been approved and endodontic treatment was started during a period of eligibility, all other services required to restore the tooth to form and function shall be covered for completion.
- Limited and Interceptive Orthodontics and treatment with habit appliances
  - Services are reimbursed at the time of insertion and shall be covered for completion.
  - This does not apply to comprehensive orthodontic treatment.

## Specialty Care Referrals are NOT required

However, a Specialty Care Referral Request may be submitted through the provider web portal at [www.libertydentalplan.com](http://www.libertydentalplan.com)

- Turnaround times for Referrals:
  - Standard – 3 days
  - Emergency - 24 hours

# Early and Periodic Screening, Diagnostic and Treatment (EPSDT)



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for eligible Medicaid covered children under the age of 21 require Prior Authorization (PA). This includes:

- Medically necessary dental services not listed in the benefit schedule
- Medically necessary dental services listed in the benefit schedule but are in excess of frequency limitations

Providers requesting a PA or billing for EPSDT services should select the “EPSDT” box in Section 1 of the ADA dental claim form (demonstrated below):

**ADA. Dental Claim Form**

HEADER INFORMATION	
1. Type of Transaction (Check all applicable boxes)	
<input type="checkbox"/> Statement of Actual Services	- OR - <input type="checkbox"/> Request for Predetermination/Preauthorization
<input checked="" type="checkbox"/> EPSDT/Title XIX	

- PA request(s) will be clinically reviewed for medical necessity;
- Approved PA's will be reimbursed based on your current fee schedule

- Coordination of benefits (COB) applies when a member has more than one source of dental coverage
- The purpose of COB is to allow members to receive the highest level of benefits up to 100% of the cost covered services
- Medicaid is always the payor of last resort and secondary to any other coverage the member might have
- If additional coverage is identified by your office, please notate the information on the claim

## Provider Orientation Training

# Benefit Schedules

Current benefit schedules are available within LIBERTY's secure Provider Portal or by contacting Professional Relations.

NJ FamilyCare Benefit Schedules may be accessed by clicking the following link:

**Site:** <https://www.libertydentalplan.com/Secured-Documents.aspx>

**Password:** 2020NJFC

These include a listing of CDT code descriptions, benefit limitations and prior authorization requirements.



# Provider Orientation Training

## Accessibility Standards



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

Type of Appointment	New Jersey LIBERTY Appointment Waiting Time Standards
Routine Care	<b>Within 30 days</b>
Urgent Care	<b>Within 72 hours</b>
Emergency Care	<b>Within 48 hours of request</b>
After-Hours / Emergency Availability	<p><b>24 hours a day, 7 days a week.</b> All providers must have at least one of the following:</p> <ul style="list-style-type: none"> <li>After hours calls must be answered by a person, not voicemail.</li> <li>Answering service that is answered by a person, not voicemail, that will contact provider (or provider on call) on behalf of the member</li> <li>Calls involving life threatening conditions or imminent loss of limb or functions conditions may be referred to <b>911</b>, emergency medical services, emergency room or urgent care facilities in the community (must be answered by a person, not voicemail).</li> </ul>
Scheduled Appointment In- Office Wait Time	<b>Not to exceed 45 minutes.</b> Offices must maintain records indicating member appointment arrival time and the actual time the member was seen by provider

## Provider Orientation Training

# Quality of Dental Care



NJ FamilyCare Orientation Training

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:

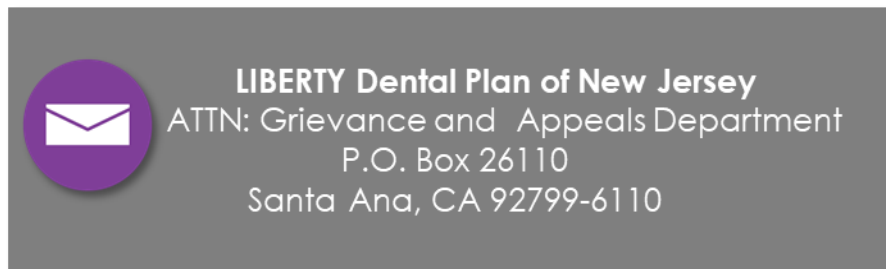
- **Accessibility of Care:** the ease and timeliness with which patients can obtain the care that they need when they need it
- **Appropriateness of Care:** the degree to which the correct care is provided, given the current standard of the community
- **Continuity of Care:** the degree to which the 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

LIBERTY's Quality of Care guidelines apply to all contracted providers. Each contracted provider must have established protocols in place for the following:

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

Providers may submit grievances for matters including administrative issues, not related to payment disputes or utilization management decisions.

- Grievances must be submitted in writing and filed no later than forty-five (45) days from the date that the issue occurred that initiated the grievance.



- Grievances will be acknowledged in writing within five (5) calendar days and resolved within thirty (30) calendar days.

# Provider Appeals

- Providers who are not satisfied with the LIBERTY's resolution to a grievance can request an appeal disputing LIBERTY's decision.
- Appeals must be submitted in writing and filed no later than ninety (90) days from the date grievance determination, or the date of the Explanation of Payment or Denial Letter.



**LIBERTY Dental Plan of New Jersey**  
ATTN: Grievance and Appeals Department  
P.O. Box 26110  
Santa Ana, CA 92799-6110

- Provider appeals will be acknowledged in writing within five (5) calendar days and resolved within thirty (30) calendar days.

# Member Appeals

Member appeals are handled directly by Member's Health Plan. This includes:

- Internal Appeals (disagreement with a determination for a denied service)
- Medicaid Fair Hearings
- Independent Utilization Review Organization (IURO)
- Formal instructions to file an appeal are included in the EOB/EOP that is mailed to both the Member and Provider
- Internal appeals may be initiated telephonically or in writing by contacting the Member's Health Plan
- Providers may file an appeal on behalf of a Member if written consent is provided

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 LIBERTY's Code of Conduct are available on our website
  - [www.libertydentalplan.com](http://www.libertydentalplan.com)
  - Click on **Providers** at the top of the page
  - Select **Provider Training** from the drop-down menu
- After all training modules are completed, you must submit the Provider Training Acknowledgement through the website
- Participating providers are required to complete training each calendar year

The 21<sup>st</sup> Century Cures Act 114 P.L. 255 requires all Medicaid Managed Care Network providers, regardless of specialty, to enroll with the state Medicaid program or risk being removed from the managed care provider network.

The application for enrollment can be accessed directly by visiting [www.libertydentalplan.com](http://www.libertydentalplan.com)

- Click on “**Providers**” at the top of the page
- Select “**Provider Resource Library**”
- In the “**Select State Dropdown**”, choose New Jersey
- Select the “**21<sup>st</sup> Century Cures Application**”



# Personal Health Information (PHI) requirement



In accordance with HIPAA regulations, LIBERTY requires that all emails containing sensitive information such as Personal Health Information (PHI) be encrypted.

- If you are unable to send encrypted emails to LIBERTY, please use our Secure Email Portal to any *@libertydentalplan.com* email address. The setup is easy and will only take a minute or two to complete.

<https://www.libertydentalplan.com/Providers/Provider-Self-Service-Tools/Secure-Encrypted-Email.aspx>

- If you have further questions you can contact the Web Interface Support Team at 888-273-2779 or email [support@libertydentalplan.com](mailto:support@libertydentalplan.com).



**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



**LIBERTY's website offers a multitude of self-service options that promote efficiency and accessibility for your dental practice**

Please use the below links to learn about any of the featured tools available to you today!

- [LIBERTY Provider Web Portal \(iTransact\)](#)
- [IVR: 888-798-9818](#)
- [Secure/Encrypted Email](#)
- [Electronic Claims/EDI](#)
- [Claim Connect](#)
- [Provider Training](#)
- [Secure Documents](#)
- [Provider Resource Library](#)
- [Join Our Network](#)
- [Provider Newsletters](#)
- [Frequently Asked Questions \(FAQ\)](#)

## LIBERTY DENTAL PLAN PROVIDER CONTACT & INFORMATION GUIDE

IMPORTANT PHONE NUMBERS & GENERAL INFORMATION	ELIGIBILITY & BENEFITS VERIFICATION	CLAIMS INQUIRIES	PROVIDER WEB PORTAL (i-TRANSACTION)
<p><b>LIBERTY MEMBER SERVICES LINE</b> Toll Free <b>888.352.7924</b></p> <p><b>Eligibility &amp; Benefits:</b> Option 1 <b>Claims:</b> Option 2 <b>Prior Authorizations:</b> Option 3 <b>Referrals:</b> Option 4 <b>Request Materials:</b> Option 5 <b>General Information:</b> Option 6</p> <p><b>HOURS</b> An adequate number of LIVE representatives are available Monday – Friday 8 a.m. EST – 8 p.m. EST</p> <p><b>PROFESSIONAL RELATIONS DEPARTMENT</b>  888.352.7924 800.268.0154 (fax)</p> <p>LIBERTY Dental Plan ATTN: Professional Relations P.O. Box 26110 Santa Ana, CA 92799-6110</p> <p><b>EMAIL</b> <a href="mailto:PRinquiries@libertydentalplan.com">PRinquiries@libertydentalplan.com</a></p>	<p><b>PROVIDER PORTAL</b> (i-Transact) <a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a></p> <p>or</p> <p><b>Telephone</b> 888.352.7924, option 1</p>	<p><b>PROVIDER PORTAL</b> (i-Transact) <a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a></p> <p>or</p> <p><b>Telephone</b> 888.352.7924, option 2</p>	<p><a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a></p> <p>LIBERTY Dental Plan offers 24/7 real-time access to important information and tools through our secure online system</p> <ul style="list-style-type: none"> <li>• Electronic Claims</li> <li>• Prior Authorization Submission</li> <li>• Claims Inquiries</li> <li>• Real-time Eligibility Verification</li> <li>• Member Benefit Information</li> <li>• Referral Submission</li> <li>• Referral Status</li> </ul> <p>Please visit:</p> <p><a href="https://www.libertydentalplan.com/Providers/Provider-Self-Service-Tools/ITransact.aspx">https://www.libertydentalplan.com/Providers/Provider-Self-Service-Tools/ITransact.aspx</a> to register as a new user and/or login.</p> <p>Your "Access Code" can be found on your LIBERTY Welcome Letter. If you cannot locate your access code, or need help with the login process, please call: 888.325.7924 for assistance or email: <a href="mailto:support@libertydentalplan.com">support@libertydentalplan.com</a></p>
	<p><b>PRIOR APPROVAL SUBMISSION &amp; INQUIRIES</b></p>	<p><b>CLAIMS SUBMISSIONS</b></p>	
	<p><b>PROVIDER PORTAL</b> (i-Transact) <a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a></p> <p><b>Telephone</b> 888.352.7924, option 3</p> <p><b>EMAIL</b> <a href="mailto:referrals@libertydentalplan.com">referrals@libertydentalplan.com</a></p> <p><b>Regular Referrals by Mail:</b> LIBERTY Dental Plan ATTN: Referral Department PO Box 401086 Las Vegas, NV 89140</p> <p><b>*Emergency Referrals*</b> All requests for emergency specialty care should be made by calling: 888.352.7924, option 4</p>	<p><b>PROVIDER PORTAL</b> (i-Transact) <a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a></p> <p><b>EDI</b> Payer ID #: CX083</p> <p><b>EMAIL</b> <a href="mailto:claims@libertydentalplan.com">claims@libertydentalplan.com</a></p> <p><b>Paper Claims by Mail</b> or <b>Corrected Claims by Mail</b></p> <p>LIBERTY Dental Plan ATTN: Claims Department PO Box 401086 Las Vegas, NV 89140</p>	

It is our mission to foster stronger connections and achieve a higher level of service to our providers using technology; facilitating communications in a more efficient manner. If you are unable to reach Liberty via our web portal you may use the Interactive Voice Response System [IVR: 888-798-9818](tel:888-798-9818)

**The IVR starts with a greeting then instructs you to make your selection from the following (6) IVR Options:**

- For **Eligibility** and benefit for general dentistry **Press 1**
- For **Claims** **Press 2**
- For **Pre-Estimate** **Press 3**
- For **Referral and Specialty Pre-Authorization** **Press 4\***
- To **Request Materials** **Press 5**
- For **General Information** such as claims mailing address or payers ID **Press 6**

**When selecting from IVR Options 1-3 you will be asked to provide the following information for our system to HIPPA Authenticate you:**

- **Office Zip Code**
- **Office Access Code**
- **Treating Dentist NPI**
- **Member ID you are calling about**
- **Members DOB**

# Provider Orientation Training

## PR Contact Information



NJ FamilyCare Orientation Training



Phone: **888.352.7924**, Hours: M-F, 8am to 8pm EST



Fax: **800.268.0154**



Email: [prinquiries@libertydentalplan.com](mailto:prinquiries@libertydentalplan.com)



Website: [www.libertydentalplan.com](http://www.libertydentalplan.com)

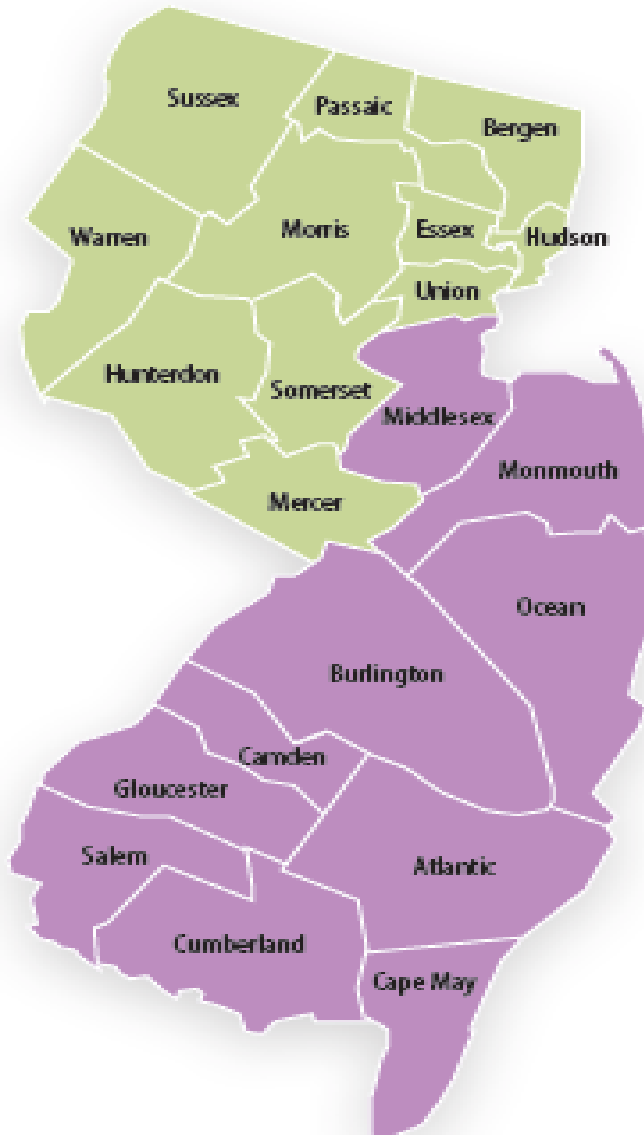


**LIBERTY's team of Network Managers are responsible for recruiting, contracting and maintaining our network of providers**

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
- Taxpayer Identification number (TIN) change
- Office updates

# Professional Relations (PR) Territory Map



**Shazmin Rodriguez, Network Manager**  
 201.410.5190  
[shazmin@libertydentalplan.com](mailto:shazmin@libertydentalplan.com)

Counties:
Bergen
Essex
Hudson
Passaic
Union
Hunterdon
Mercer
Morris
Somerset
Sussex
Warren

**Caroline Salemi, Network Manager**  
 917.231.6858  
[csalemi@libertydentalplan.com](mailto:csalemi@libertydentalplan.com)

Counties:
Cape May
Middlesex
Monmouth
Ocean
Burlington
Atlantic
Camden
Cumberland
Gloucester
Salem

**Nicole Mosca, AVP Provider Relations**  
[nmosca@libertydentalplan.com](mailto:nmosca@libertydentalplan.com)

**Alexis Arguello, Director, Provider Relations**  
[aarguello@libertydentalplan.com](mailto:aarguello@libertydentalplan.com)