Amerigroup

FQHC Quick Reference Guide

Important phone numbers ■ Provider Services
Benefits and prior authorization/notification requirements

New Jersey

Provider website — Medicaid and Medicare FIDE SNP:
https://provider.amerigroup.com/NJ
Medicaid Provider Services: **800-454-3730**
FIDE SNP Provider Services: **866-805-4589**
Availity* Portal: **https://www.availity.com**

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Ongoing provider communications:

To keep you up-to-date with the information required to work effectively with Amerigroup Community Care and our members, we send you messages through a variety of channels: broadcast faxes, provider newsletters, and news and announcements posted on our provider website (**https://provider.amerigroup.com/NJ**).

Easy access to important information

This guide is a summary and may not contain all of the information you need. For the most up to-date information about provider requirements and member benefits and services, visit our provider website (**https://provider.amerigroup.com/NJ**), access the secure Availity Portal (**https://www.availity.com**), contact Medicaid Provider Services at **800-454-3730**, FIDE SNP Provider Services at **866-805-4589** or your Provider Experience Consultant.

If you have questions about this *FQHC Quick Reference Guide* (*QRG*) or recommendations about how to improve it, contact your Provider Experience Consultant. We want to hear from you!

Provider Experience Program

Medicaid Provider Services • 800-454-3730
FIDE SNP Provider Services • 866-805-4589

Our Provider Services team offers prior authorization/notification services, care and disease management, automated member eligibility, claims status, health education materials, outreach services and more.

Provider Referral Directory

To view the Amerigroup network of participating physicians, hospitals and other health care professionals, go to **https://provider.amerigroup.com/NJ**, select **Resources** and select **Referrals**.

Provider websites are available 24 hours a day, 7 days a week and 365 days a year

Clinical Practice Guidelines, *Medical Policies* and *Clinical UM Guidelines*, reimbursement policies, prior authorization requirements, forms, and general information are available on the provider website (**https://provider.amerigroup.com/NJ**) and on the secure Availity Portal (**https://www.availity.com**).

Can't access the internet?

Call Provider Services and provide your national provider ID when prompted by the recorded voice. The recording guides you through our menu of options — Just select the information or materials you need when you hear it.

Availity • https://www.availity.com • 1-800-AVAILITY (1-800-282-4548)

The Availity Portal offers a variety of online functions to help providers reduce administrative resources by eliminating paperwork and phone calls. The online multipayer portal provides access to multiple payer information with a single, secure login.

The Availity Portal offers the following for Amerigroup providers:

- Eligibility and benefits inquiries.
- Claim status inquiries and submissions for medical, home- and community-based services, behavioral/mental health and substance use disorder, and durable medical equipment services. For dental and vision claims, see the *Our service partners* section.

Availity (cont.)

- A direct link to the Amerigroup provider self-service website for all other functionalities, including PCP member panel listings, submission of prior authorization requests and Patient360 to quickly retrieve treatment and pharmacy history to facilitate care coordination.

If you have questions about Availity or need assistance with registration, contact Availity Client Services at **800-AVAILITY (1-800-282-4548)** or email support@availity.com.

Interpreter and communication services

- Over-the-telephone interpreter services are available 24/7 through Provider Services.
- To request an in-office interpreter or sign language services, contact Provider Services.
- Written materials in the member's language or in large print, audio and accessible electronic formats are available for members upon request.

Eligibility and benefits

Inquiries can be performed at the secure Availity Portal (**https://www.availity.com**) or by contacting Provider Services. Providers can also access the New Jersey Medicaid Management Information System (NJMMIS) Eligibility Verification System at **https://www.njmmis.com**.

For more information about Amerigroup member benefits under NJ FamilyCare and MLTSS, visit the member website at **https://provider.amerigroup.com/nj** or contact Provider Services.

Help identify members who may qualify for MLTSS coverage by contacting the MLTSS department at **855-661-1996 (TTY 711)** or a State of New Jersey health benefits coordinator at **800-701-0710 (TTY 800-701-0720)**.

Health services

24-hour Nurse HelpLine (available 7 days a week and 365 days a year) • 800-600-4441 (TTY 711)

Members may call our 24-hour Nurse HelpLine for medical advice and assistance.

Care Management services • Medicaid: 800-452-7101 or 732-452-6000 ext. 106-134-2111; FIDE SNP: 866-805-4589

- We offer care management services for members with chronic or at-risk conditions or who are likely to have extensive health care needs.
- Our nurse care managers work with providers to develop individualized care plans and provide help with finding specialists, scheduling appointments, securing assistance with transportation, and arranging for medical equipment.
- We work with members to provide health education, monitor compliance with treatment plans, identify community resources and ensure members have access to supportive services.

Disease Management/Population Health (DM/PHP) services • 888-830-4300

- We offer 12 core programs to help manage members with chronic diseases to improve health and quality of life through education and self-care efforts. Programs include: asthma, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure, HIV/AIDS, major depressive disorder — adult and child/adolescent, diabetes, schizophrenia, hypertension, substance use disorder, and bipolar disorder.
- Our registered nurse case managers use evidence-based, national practice guidelines to provide collaborative practice models that coordinate care with PCPs and supportive service providers in treatment planning; continuous self-management education including primary prevention, coaching related to healthy behaviors modification and compliance/monitioring; case/care management services for high-risk members; and ongoing communication with providers regarding patient status.

Health Education

- *HealthTips* provides easy-to-follow suggestions that help members manage their health. Specific topics may be requested for placement in your practice.
- Health educators are available upon request to provide free on-site health workshops at your practice.

Precertification/notification requirements

Inpatient services always require prior authorization.

Amerigroup uses *MCG Care Guidelines* for medical necessity reviews, medical acute inpatient concurrent reviews, acute inpatient site of service appropriateness and behavioral health. McKesson InterQual® is used for post-acute inpatient services. Amerigroup guidelines are used for home care services. MCG Criteria are used for all behavioral health reviews related to mental health, and American Society of Addiction Medicine (ASAM) criteria are used for all levels of care related to substance use disorder. Amerigroup *Behavioral Health Medical Necessity Criteria* is used for autism services such as Applied Behavioral Analysis (ABA) and Developmental, Relationship-Based Services (including DIR Floortime and Greenspan approach therapy).

The Amerigroup *Medical Policies* and *Clinical UM Guidelines* available on our website at **https://provider.amerigroup.com/NJ** under *Resources* are used for appropriateness of physical health services.

For FIDE SNP prior authorization and notification guidelines, consult the Medicare provider manual and the Precertification Lookup Tool Online on our provider website (**https://provider.amerigroup.com/NJ**) or contact FIDE SNP Provider Services.

Medical services, home- and community-based services, behavioral/mental health and substance use disorder services, and durable medical equipment (DME)

Prior authorization requests and notifications can be submitted online, by fax or by phone.

- Online: **https://www.availity.com**
- By phone: Medicaid: **800-454-3730;** FIDE SNP: **866-805-4589**
- By fax: Forms are available on our website at **https://provider.amerigroup.com/NJ**. Fax numbers:
  - Inpatient admissions, surgeries and other general requests: **877-244-1723**
  - Behavioral/mental health and substance use disorders (inpatient): **844-451-2794** (Medicaid) and **844-430-1702** (Medicare).
  - Behavioral/mental health and substance use disorders (outpatient): **844-442-8007** (Medicaid) and **844-430-1703** (Medicare)
  - MLTSS: **888-826-9762**
  - Pharmacy (retail drugs): **844-509-9863**
  - Pharmacy (medical injectables): **844-509-9865**

Dental, diagnostic, and therapy services are authorized through our service partners

Dental care
Liberty Dental Plan*
Phone: **833-276-0854**
Online: **www.libertydentalplan.com**

Diagnostic testing, cardiology services, genetic testing, radiation oncology, and sleep studies

AIM Specialty Health® (AIM)*
Phone: **833-419-1491**
Online: **www.aimspecialtyhealth.com**

Therapy services: physical, occupational, and speech therapy

The Therapy Network of New Jersey (TNNJ)*
Phone: **855-825-7818**
Online: **http://mytnnj.com**

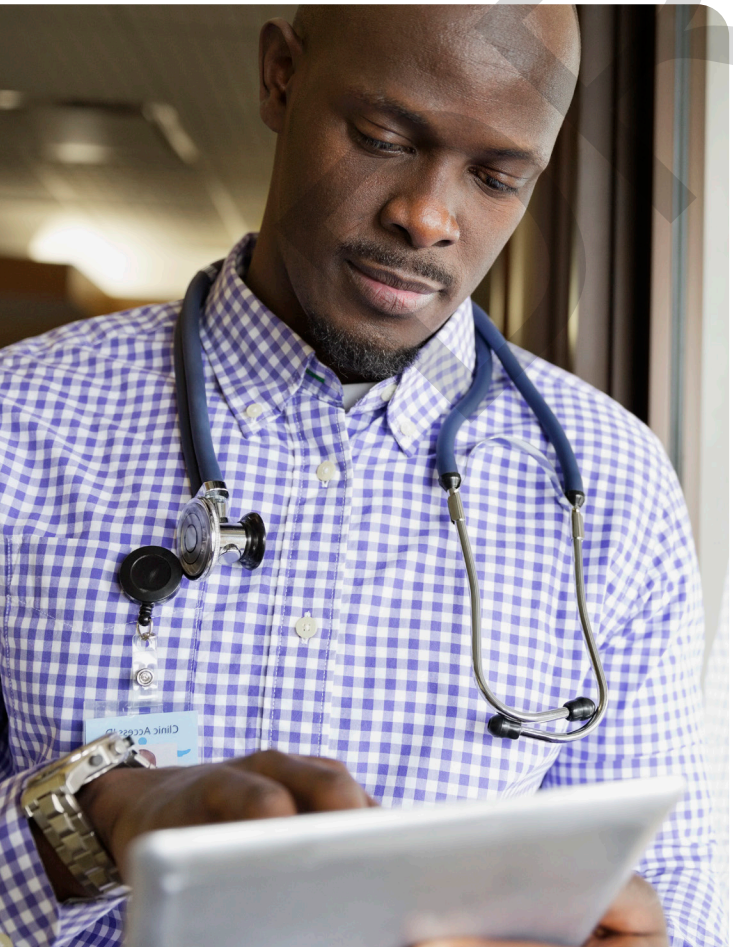
If a request for nonemergency services (home care, home infusion, DME or out-of-network outpatient) was submitted and a response has not been received within 14 days, contact the Health Care Management Services Prior Authorization team at **732-452-7101** or **732-452-6000, ext. 106-103-5260**. Contact Provider Services for the status of all other prior authorization requests for nonemergency services.

For code-specific requirements for all services (including pharmacy), see the Prior Authorization Lookup Tool Online under *Resources* on our provider website at **https://provider.amerigroup.com/NJ**.

Credentialing and provider data services

Enrollment

- Providers (excluding dental, therapy, and vision) that are interested in enrolling a new practice in the Amerigroup network may submit an application request by selecting *Join our Network* on our provider website.
- If your practice is already contracted with Amerigroup and you wish to enroll a new practitioner, contact your Provider Experience Consultant or email NJ_ContractIntake@amerigroup.com.
- For dental, therapy, and vision providers, see the section *Our service* partners.
- Amerigroup reimburses Federally Qualified Health Center (FQHC) providers that join a participating group at the current contracted rate while the providers are in the credentialing process. FQHC providers are given priority and credentialed within 30 days of the receipt of a completed application.



Claims services

It is your responsibility to ensure electronic or paper claims are complete and submitted without rejection to us. AMA- and CMS-approved, *HIPAA*-compliant codes and modifiers must be used appropriately and must accurately identify the member's condition and services rendered.

Claim status and *Explanation of Payment* remittances may be reviewed on the secure provider portal at **https://www.availity.com**. Claim status may also be verified by calling our interactive voice response system (IVR) at **800-454-3730**. You can also use the claims status information for accepted and rejected claims submitted through a clearinghouse.

Timely filing

Timely filing is within 180 calendar days from the last date of service in the course of treatment, which is the date of service for outpatient treatment, or the date of discharge for inpatient treatment.

Coordination of benefits (COB) claims must be submitted within 60 days from the date of the primary insurer's *Explanation of Benefits (EOB)* or 180 days from the last date of service in the course of treatment, whichever is later.

Corrected claims

- Timely filing for corrected claims is within 365 days from the date of service.
- Paper corrected claims must be clearly marked as a corrected claim.
- Electronic submissions must have the applicable frequency code.

Electronic data interchange (EDI)

- Availity is our exclusive EDI Gateway.
- Providers, billing services and clearinghouses that are new to the EDI space can register to exchange 27x self-service and 837 claims electronic transactions with Amerigroup at **https://www.availity.com**.
- Providers may connect directly to the Availity Gateway at no cost for all 837, 835 and 27X transactions. Please visit **https://apps.availity.com/web/welcome/#/empowe**r to learn more.
- If you have any questions, contact Availity Client Services at **1-800-AVAILITY (1-800-282-4548)**.

Claims services (cont.)

Electronic Remittance Advice (835)

The 835 eliminates the need for paper remittance reconciliation.

Use Availity to register and manage ERA account changes with these three easy steps:

- Log in to Availity**.**
- Select **My Providers.**
- Click on **Enrollment Center** and select **Transaction Enrollment**.

Note: If you use a clearinghouse or vendor, please work with them on ERA registration and receiving your ERA's.

Electronic Funds Transfer (EFT)

Electronic claims payment through electronic funds transfer (EFT) is a secure and fastest way to receive payment reducing administrative processes. EFT deposit is assigned a trace number that is matched to the 835 Electronic Remittance Advice (ERA) for simple payment reconciliation.

Beginning November 1, 2021, if you need to make changes to an existing EFT enrollment or create a new first time account, log onto the EnrollSafe enrollment hub at **https://enrollsafe.payeehub.org** to enroll in EFT.

Paper claims

Submit claims on original claim forms (*CMS-1500* or *CMS-1450*) printed with dropout red ink or typed (not handwritten) in large, black/dark font.

Mail to:
Amerigroup Community Care
New Jersey Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

Coordination of benefits (COB)

Amerigroup follows New Jersey-specific guidelines when COB is necessary. We use covered medical and hospital services whenever available or other public or private sources of payment for services rendered to members.

Providers are prohibited from billing members for the balance of a bill for Amerigroup-covered services or the amount above what we paid for covered services. Providers may not bill or take recourse against a member for denied or reduced claims for services that are otherwise covered services.

After review of the *EOB*, claims are coordinated by calculating the Amerigroup allowable amount minus the third party liability (TPL) payment. Amerigroup will be responsible for any unpaid balance up to the limit of its responsibility or the member's responsibility, whichever is less. This includes copays, deductibles or coinsurance amounts. If the third-party liability did not pay for a service because the member or provider did not follow the third-party payer's guidelines, Amerigroup will not pay for the service. When a medically necessary service not covered by the third-party payer is covered by Amerigroup (for example, dental services, hearing aids, personal care assistant services, medical day care, incontinence supplies, family planning services), Medicaid is the only payer, and the member cannot be billed.

Payment disputes

- Claims payment disputes must be filed within 90 days of the adjudication date on your *Explanation of Payment*.
- Claim payment disputes can be submitted online. Log in to the secure provider portal from the provider website at **https://provider.amerigroup.com/NJ** or through **https://www.availity.com**. For dental and vision claims, see the *Our service partners*.
- Providers can also submit claim payment disputes by mail.
  - Amerigroup Community Care
    Medical Payment Dispute Unit
    P.O. Box 61599
    Virginia Beach, VA 23466-1599
  - Amerigroup Community Care
    Medicare Advantage Payment Dispute Unit
    P.O. Box 110
    Fond Du Lac, WI 54935

Claims services (cont.)

Member appeals

Member medical necessity appeals or grievances (grievances are complaints not related to adverse medical management action or interpretation of medically necessary benefits to deny, reduce, terminate, delay or suspend a covered service) may be initiated by the member or the member's representative, or the provider acting on behalf of the member with the member's written consent. Submit in writing within 60 days to:

- Medicaid Complaints, Appeals & Grievances
  Amerigroup Community Care
  P.O. Box 62429
  Virginia Beach, VA 23466
- Medicare Complaints, Appeals & Grievances
  Attention: Medical Necessity Provider Appeals
  Mailstop: OH0205-A537
  4361 Irwin Simpson Road
  Mason, OH 45040

For appeals of dental procedures, providers may either contact Amerigroup or Liberty Dental directly via one of the following methods:

- Phone: **833-276-0854**
- Email: prinquiries@libertydentalplan.com
- Mail:
  Liberty Dental Plan
  Attn: Professional
  P.O. Box 26110
  Santa Ana, CA 92799-6110

Noncompliant members

We recognize providers may need help in managing noncompliant members. If you have an issue with a member regarding behavior, treatment cooperation or completion, or making or appearing for appointments, please contact Provider Services at **800-454-3730**. We will contact the member by telephone or an outreach associate will visit the member to provide the education and counseling necessary to address the situation and will report the outcome of any counseling efforts to you. We must first approve any reassignments of a member from a provider's panel. For additional details please visit the provider website, **https://provider.amerigroup.com/NJ** and select Resources > Provider Manuals and Guides > Amerigroup Community Care Provider Manual.

Provider Services contact information

For dental, therapy, and vision providers, see the section ***Our service partners***.

Provider Services

(care management services, special needs members, prenatal and perinatal services, authorization assistance, eligibility and benefits, claim inquiries)

- Medicaid: **800-454-3730 (TTY 711)**
- FIDE SNP: **866-805-4589 (TTY 711)**
- Live agents available weekdays from 8 a.m. to 8 p.m. The interactive voice response (IVR) system is available 24/7.

Member Services — 24-hour Nurse HelpLine

- Medicaid: **800-600-4441 (TTY 711)**
- FIDE SNP: **844-765-5160 (TTY 711)**
- Live agents available weekdays from 8 a.m. to 8 p.m. The interactive voice response (IVR) system is available 24/7.

Initial credentialing

- NJ_ContractIntake@amerigroup.com

Re-credentialing

- AGPCred@amerigroup.com

Demographic updates

- NJProviderData@anthem.com

Electronic data interchange (EDI) help desk

- **1-800-AVAILITY (1-800-282-4548)**
- **https://www.availity.com**
- Monday through Friday, 8 a.m. to 8 p.m.

Care Management referrals

- Medicaid:
  - **732-452-6000, ext. 106-103-5260**
  - Nj-carecoordinationcm@anthem.com
- FIDE SNP:
  - **800-611-4287**
  - eastregioncmconcierge@anthem.com

Behavioral/mental health and substance use disorder care management

- Medicaid:**800-454-3730** (TTY **711**)
- FIDE SNP: **866-805-4589** (TTY **711**)
- NJBehavioralHealth@amerigroup.com
- Monday through Friday, 8 a.m. to 8 p.m.

Provider Services contact information (cont.)

Disease Management (DM)
- **888-830-4300**
- Monday-Friday, 8:30 a.m. to 5:30 p.m.

Hearing Impaired Services
- Medicaid: **800-454-3730 (TTY 711)**
- FIDE SNP: **866-805-4589 (TTY 711)**
- Monday through Friday, 8 a.m. to 8 p.m.

Member eligibility and benefits verification
- Medicaid: **800-454-3730 (TTY 711)**
- FIDE SNP: **866-805-4589 (TTY 711)**
- Monday through Friday, 8 a.m. to 8 p.m.
- **https://www.availity.com**

Medicaid member recertification assistance
- Medicaid: **877-453-4080**
- Monday through Friday, 8 a.m. to 5 p.m.
- njmemberretention@anthem.com

FIDE SNP recertification assistance
- **866-705-8732**

MLTSS Care Management

Assessment, eligibility and enrollment
- **855-661-1996** or **732-452-6000, ext. 106-134-5020**
- Monday through Friday, 8 a.m. to 5 p.m.
- nj1mltssprovhelp@amerigroup.com

Hospitals, hospice and MLTSS Provider Services

Assisted living, home- and community-based services, nursing facility, specialty care nursing facility, chore services and other nontraditional MLTSS services

Provider Services

(care management services, special needs members, prenatal and perinatal services, authorization assistance, eligibility and benefits, claim inquiries)
- Medicaid:: **800-454-3730 (TTY 711)**
- FIDE SNP: **866-805-4589 (TTY 711)**
- Live agents available weekdays from 8 a.m. to 8 p.m. The interactive voice response (IVR) system is available 24 hours a day, 7 days a week.

Behavioral/mental health and substance use disorder

Member crisis
- **877-842-7187**

Care Management, including Office Based Addiction Treatment (OBAT)
- Medicaid: **800-454-3730 (TTY 711)**
- FIDE SNP: **866-805-4589 (TTY 711)**
- Monday through Friday, 8 a.m. to 8 p.m.
- NJBehavioralHealth@amerigroup.com

Director, Behavioral Health Services
- Ann Basil
  Ann.Basil@amerigroup.com
  732-623-5835

Provider Experience assosciates
- Atlantic, Bergen, Camden, Cape May, Cumberland, Gloucestor, Mercer, and Salem:
  Avis Skipper, Provider Experience Consultant
  avis.skipper@amerigroup.com
- Hunterdon, Middlesex, Morris, Ocean, Somerset, Sussex, and Warren:
  Cynthia Hardy, Provider Experience Consultant
  cynthia.hardy@amerigroup.com
- Burlington, Essex, Hudson, Monmouth, Passaic, and Union:
  Maria Peralta, Provider Experience Consultant
  maria.peralta@amerigroup.com

Prenatal and perinatal services for women

Provider Services

(care management services, special needs members, prenatal and perinatal services, authorization assistance, eligibility and benefits, claim inquiries)
- Medicaid: **800-454-3730 (TTY 711)**
- FIDE SNP: **866-805-4589** (TTY **711**)
- Live agents available weekdays from 8 a.m. to 8 p.m. The interactive voice response (IVR) system is available 24 hours a day, 7 days a week.

Our service partners — Medicaid and FIDE SNP

Additional vendors are listed in the provider referral directory.

Dental

Liberty Dental Plan

- **833-276-0854**
- Monday through Friday, 8 a.m. to 8 p.m.
  www.libertydentalplan.com/AmerigroupNJ
  orProvider manual: **https://www.libertydentalplan.com/Resources/Documents/ma_NJ_FamilyCare_PRG_Amerigroup.pdf**
- Find a Dentist: **https://client.libertydentalplan.com/Amerigroup/anthemnj**

Diagnostic testing and procedures

AIM Specialty Health
(diagnostics, genetic testing, sleep studies)

- **800-714-0040**
- Monday through Friday, 8 a.m. to 8 p.m.
- **www.aimspecialtyhealth.com**

Laboratory services

LabCorp*

- **888-LABCORP (888-522-2677)**
- **https://www.labcorp.com**

Quest Diagnostics*

- **866-697-8378**
- **www.questdiagnostics.com**

Pharmacy services

IngenioRx* Specialty Pharmacy
(self-injectable medications and self-administered oral specialty medications)

- **833-262-1726**
- **833-255-0646**

CVS Caremark*
(physician administered injectable medications)

- **800-378-5697**

Part D coverage decisions (FIDE SNP only)

- **844-765-5160**

Therapy services

The Therapy Network of New Jersey (TNNJ)
(physical, occupational and speech therapy)

- **855-825-7818**
- Monday through Friday, 8:30 a.m. to 5 p.m.
- **http://mytnnj.com**

Vision services

Superior Vision*

- **866-819-4298 (TTY 800-735-2258)**
- Monday through Friday, 8 a.m. to 6 p.m.
- **www.superiorvision.com**

Medicaid services

Early Intervention Services

- **888-653-4463**

Medicaid FFS program
New Jersey Medicaid Management Information System (NJMMIS)

- **800-776-6334**
- **www.njmmis.com**

NJ FamilyCare HelpLine

- **800-356-1561**

NJ Medicaid Fraud Division Hotline

- **888-937-2835**

Health Benefits Coordinator/NJ FamilyCare Enrollment

- **800-701-0710 (TTY 800-701-0720)**

Transportation (nonemergency medical) ModivCare* (formerly LogistiCare)

- **866-527-9933 (TTY 866-288-3133)**

Vaccines for Children (VFC)

- **609-826-4862**
- vfc@doh.nj.gov

** Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care. Liberty Dental is an independent company providing dental benefit management services on behalf of Amerigroup Community Care. AIM Specialty Health is an independent company providing some utilization review services on behalf of Amerigroup Community Care. Therapy Network of New Jersey is an independent company providing physical, occupational and speech therapy services on behalf of Amerigroup Community Care. LabCorp is an independent company providing laboratory and radiology services on behalf of Amerigroup Community Care. Quest Diagnostics is an independent company providing laboratory and radiology services on behalf of Amerigroup Community Care. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Amerigroup Community Care. CVS is an independent company providing pharmacy services on behalf of Amerigroup Community Care. Superior Vision is an independent company providing routine and medical optometry services on behalf of Amerigroup Community Care. ModivCare is an independent company providing transportation services on behalf of Amerigroup Community Care. EnrollSafe is a tool developed by Zelis Payments which is an independent organization offering electronic fund transfer services on behalf of Amerigroup Community Care. ModivCare is an independent organization providing transportation services on behalf of Amerigroup Community Care.*

The intent of this Quick Reference Billing Guide is to familiarize Federally Qualified Health Center ("FQHC") staff with LIBERTY Dental Plan billing and administrative processes.

- Provider Portal Functionality
- Member Eligibility Verification
- Billing and Claims
- Grievances and Appeals

PROVIDER PORTAL

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
- Request Prior Authorization
- Verify Member Eligibility and Benefits
- View Office and Contact Information
- Submit Referrals and Check Status
- Access Benefit Plans
- Print Monthly Eligibility Rosters
- Perform a Provider Search

Provider Portal Registration

To register and obtain immediate access to your office's account by visiting the https://providerportal.libertydentalplan.com/

You will need your LIBERTY issued **Office Number** and **Access Code**. These numbers can be found on your original LIBERTY Welcome Letter and are required to register on LIBERTY's online Provider Portal.

If you are unable to locate your **Office Number** and/or **Access Code**, please contact the Provider Relations Department at 888.352.7924 or email Provider@libertydentalplan.com. For technical assistance, email portalsupport@libertydentalplan.com.

1. To register a new office, enter the following website address into your browser: www.libertydentalplan.com
2. Click on **Login → Dental Office**
3. Click on **Sign-up now**
4. Select **Office** from the drop-down menu as the **TYPE** of user
5. Create a Sign in name
   Note: The Sign in Name can contain any combination of letters, numbers, and special characters except for the following special characters: ®, (,).
6. Enter Email Address
7. Select **Send verification code** and then enter the verification code from the email address provided
8. Create New Password
   Note: The Password must be a minimum of 8 characters in length and contain at least 3 of the following: 1 uppercase letter, 1 lower case letter, 1 number and 1 special character. (!@#$%&*)
9. Create a User First Name and User Last Name
10. Check the box for **I'm not a robot**
11. Select **Continue**
12. Enter Access Code, Office Number, and Office Phone Number
13. Select **Continue**
14. After initial set-up, the user will be directed to the **My Preferences** tab
    a. Select your office's various **Preferences**
       Note: The Evidence of Payment (EOP) is sent to providers and the Evidence of Benefits (EOB) is sent to members.
       - 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.

    b. Click **Save**

The steps on how to submit a claim and prior approval is further explained in detail in the **Online Provider Portal User Guide** at https://www.libertydentalplan.com/Resources/Documents/ma_Office_Portal_User_Guide.pdf

HOW TO VERIFY ELIGIBILITY

Providers are responsible for verifying member eligibility prior to providing dental services. In addition, your office should ensure the members are listed in the "My Members" section of the portal to ensure the member is assigned to your office. Checking eligibility will allow providers to complete medically necessary procedures and reduce the risk of denied claims.

You can access member eligibility in one of two ways:

1. **Provider Portal at** https://providerportal.libertydentalplan.com/

   a) Main Home screen **Member Eligibility** by entering the **Member #** with or without the suffix "-01, etc." OR

   b) Drop-down menu **Eligibility** on the top of the screen

   1. From the main Home screen enter **Member#** in the field on the right side of the screen Member Eligibility and click **Verify**, or
   2. Click on **Eligibility** at the top of the screen
   3. Users now have the ability to **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)
   4. Click **Search**

2. **Calling our Member Services Department at**: 888.352.7924 to speak with a live Representative from 8 a.m. to 6 p.m. EST

PRIOR AUTHORIZATION

Requesting an Authorization

Providers must obtain authorizations for certain services and procedures. For details regarding services that require authorization and how to submit authorization requests, please refer to LIBERTY's Provider Reference Guide. The following information is generally requested for all authorizations:

- Member name
- Member ID number
- Member Date of Birth
- Treating Provider name
- Diagnosis codes and diagnostic painters
- Any relevant clinical information to support medical necessity of request

Prior Authorization requires:

- The provider obtains written authorization to perform the procedure prior to performing the service.
- Specific documentation to establish medical necessity or justification for the procedure.

You can request prior authorization via the secure online Provider Portal.

Registered providers may log into https://providerportal.libertydentalplan.com/

1. Click **Claims** located on top of the screen, then click **Submit Claim**
   a. You can view **Last Claim** for a treating provider
   b. Choose treating provider from **Select a Provider** drop-down menu (only Active providers are shown)
   c. Choose office/location from Vendor drop-down menu for **(Dental Claim)** or **(Pre-Estimate Claim)** submission (only Active vendors are shown)
   d. 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)
   e. 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)**.

PLEASE NOTE: Authorization does not guarantee payment. All services or procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

CLAIMS

At LIBERTY, we are committed to accurate and efficient claims processing. It is imperative that all information be accurate and submitted in the correct format.

1. **Electronic Submission via LIBERTY's Provider Portal**
   LIBERTY strongly encourages the electronic submission of claims. This convenient feature assists in reducing costs, streamlining administrative tasks, and expediting claim payment turnaround time for providers. Access the Provider Portal at https://providerportal.libertydentalplan.com/
   I. Click **Claims** located on top of the screen, then click **Submit Claim**
      a. You can view **Last Claim** for a treating provider
      b. Choose treating provider from **Select a Provider** drop-down menu (only Active providers are shown)
      c. Choose office/location from Vendor drop-down menu for **(Dental Claim)** or **(Pre-Estimate Claim)** submission (only Active vendors are shown)
      d. 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)
      e. 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)**.

2. **Electronic Submission via Third Party Clearinghouse**
   LIBERTY currently accepts electronic claims/encounters from providers through the clearinghouses listed below. If you do not have an existing relationship with a clearinghouse, please contact the clearinghouse of your choice to begin electronic claims submission. The EDI vendors accepted by LIBERTY are:

LIBERTY EDI VENDOR	PHONE NUMBER	WEBSITE	PAYER ID
DentalXchange	800.576.6412	www.dentalxchange.com	CX083
Emdeon	877.469.3263	www.emdeon.com	CX083
Tesia	800.724.7240 x6	https://www.tesia.com/	CX083

   National Electronic Attachment, Inc. (NEA) is recommended for electronic attachment submission. For additional information regarding NEA and to register your office, please visit www.nea-fast.com, select FASTATTACH™, then select Providers.

3. **Paper Claims**
   Paper claims must be submitted on an ADA approved claim forms. Please mail all paper claim/encounter forms to:

ATTN: CLAIMS DEPARTMENT

LIBERTY Dental Plan
PO Box 401086
Las Vegas, NV 89140

For further instructions on claim submission via our secure online Provider Portal, you may access: https://www.libertydentalplan.com/Resources/Documents/ma_Office_Portal_User_Guide.pdf

Claim Payment Disputes
The claim payment dispute process is designed to address claims when there is disagreement regarding reimbursement. Claim Payment Disputes must be submitted to LIBERTY in writing within ninety (90) calendar days from the adjudication date on the Explanation of Payment (EOP).

Claim Status
LIBERTY encourages you to check the status of your authorization requests online in the following ways:
Via our secure Provider Portal at https://providerportal.libertydentalplan.com/

1. To view a Claim, Pre-Estimate or Referral associated with your office, click on the **Claims** menu, then click **View Office Claims** from 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
5. Click **Search**

Via Interactive Voice Response (IVR) System
Alternatively, you can use LIBERTY's self-service IVR to check the status of a claim for full or partial payments. You can access the IVR by calling the toll-free number 888.354.7924 and select Option 2.

ELECTRONIC FUNDS TRANSFER (EFT)

LIBERTY offers a payment solution through ECHO Health, Inc. (ECHO®). You can enroll in EFT/ACH by logging into: https://enrollments.echohealthinc.com/EFTERAInvitation.aspx?tp=MDAxMzk=

EFT enrollment is verified after banking account information is provided to ECHO. **PLEASE NOTE: If you do not sign up for ECHO Health EFT/ACH, you will be enrolled in Virtual Card Services.** Virtual Cards allow your office to process payments as credit card transactions. Your office will receive fax notifications, each containing a virtual card number unique to that payment transaction. Once the number is received, you simply enter the code into your office's credit card terminal to process the payment as a regular card transaction. Normal transaction fees apply based on your merchant acquirer relationship.

- There are no fees to enroll and receive EFT payment **If you select the LIBERTY only option:** https://enrollments.echohealthinc.com/EFTERAInvitation.aspx?tp=MDAxMzk=
- If your office opts to enroll in EFT payments through the above link, you will need to wait for the first payment to be issued as a virtual card and reference the draft number provided on the virtual card.

You may register at www.ProviderPayments.com to access a detailed explanation of payment for each transaction, to elect to receive email notifications of payments, and to access ERAs (835s) associated with your payments.

If you have any questions or need further information regarding this notification, please contact ECHO Health, Inc. at **833.629.9725** or email EDI@ECHOHealthInc.com.

Paper Checks
If you prefer to receive paper checks, and paper explanation of payment you must elect to opt out of Virtual Card Services.

To opt out, of virtual cards or EFT payments, please call 833.629.9725.

PROVIDER GRIEVANCES

Network and non-network providers may submit grievances for matters including administrative issues, not related to payment disputes or utilization management decisions. Formal provider grievances address issues where a provider is not satisfied with LIBERTY's policies and procedures. Providers will not be penalized for filing a grievance. All provider grievances will be resolved fairly, in accordance with the covered benefits and consistent with LIBERTY's policies and procedures.

ATTN: GRIEVANCE & APPEALS
LIBERTY Dental Plan
PO Box 26110
Santa Ana, CA 92799-6110

PROVIDER APPEALS

Claim Payment Disputes: Providers who are not satisfied with a LIBERTY claim denial decision can request a claim appeal (dispute). Provider payment appeals must be submitted in writing and filed no later than ninety (90) calendar days from the adjudication date on the Explanation of Payment (EOP).

ATTN: GRIEVANCE & APPEALS
LIBERTY Dental Plan
PO Box 26110
Santa Ana, CA 92799-6110

Utilization Management (UM): UM appeals are handled by the Health Plan through the Member Appeal process. Providers can request a UM appeal on behalf of the member with the member's written consent. UM appeals must be filed no later than sixty (60) days from the date of the adverse benefit determination. Appeals will be resolved within thirty (30) calendar days of receipt. Please see the 'Member Appeals' section of the NJ FamilyCare Provider Reference Guide for UM appeals filed on behalf of the member.

The provider grievances and appeals process outlined above are not applicable to disputes between LIBERTY and the provider regarding the terms, conditions or termination or any other matter arising under contract. If you have concerns related to contracting issues, please contact the Provider Relations Department for further assistance.

Amerigroup

https://provider.amerigroup.com/NJ