


Elderwood Health Plan (Elderwood) is a Medicaid Managed Long Term Care (MLTC) Plan that provides members with long term care services and supports. Eligible individuals reside in Erie, Niagara, Monroe, Orleans, Genesee and Wyoming Counties. MLTC members have coverage for essential dental benefits in accordance with New York State MMIS Guidelines.

## RESOURCES AND GENERAL INFORMATION

<b>Provider Toll Free Number (Member Services Department)</b>	(833)276-0853	
<b>Provider Directory Search</b>	<a href="http://libertydentalplan.com/elderwood">http://libertydentalplan.com/elderwood</a>	
<b>Benefit Schedules</b>	<a href="#">Provider Portal - Sign In</a> Available for download in the Provider Portal	
<b>Dental Home</b>	Required	
<b>Specialty Care Referrals</b>	Required	
<b>Coordination of Benefits</b>	Elderwood/LIBERTY is always the payor of last resort. Should a member have dual coverage, providers should submit claims to their primary carrier <i>prior</i> to submitting to LIBERTY.	
<b>ID Card</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid #ccc; border-radius: 15px; padding: 10px; width: 60%;">  <p>Member ID#: EHPXXXXX Member Name: Lastname, Firstname Effective Date: XX/XX/XXXX</p> <p><b>Member and Care Services (Available 24 hours):</b> <b>1-866-THE PLAN (1-866-843-7526)</b> Hearing and Speech Impaired: <b>NY Relay 7-1-1</b> <b>www.ElderwoodHealthPlan.com</b></p> </div> <div style="border: 1px solid #ccc; border-radius: 15px; padding: 10px; width: 35%;"> <p>Emergency: <b>call 911</b> or go to Emergency Room Notify Member Services of ER use or admission to the hospital.</p> <p><b>Prior Authorization is required for selected outpatient services.</b> Prior Authorization and eligibility information: Call 1-866-843-7526 available 24 hrs. / 7 days a week.</p> <p>Dental services provided by LIBERTY Dental Plan 1-866-544-2972 <a href="http://www.libertydentalplan.com">www.libertydentalplan.com</a></p> <p><b>This card is not a guarantee of eligibility, enrollment or payment.</b> Send claims to: <b>Elderwood/Peak TPA</b> 11010 Prairie Lakes Drive, Ste 175 Electronic Claims Payer ID# 03964 Eden Prairie, MN 55344</p> </div> </div>	
<b>Grievances &amp; Appeals</b>	<p>Provider grievances and appeals must be in writing and mailed to:</p> <p style="text-align: center;">LIBERTY Dental Plan Attn: Grievance &amp; Appeals Department PO Box 26110 Santa Ana, CA 92799-6110</p>	
<b>Topic</b>	<b>Provider Grievances</b>	<b>Provider Appeals</b>
Filing Limitation	180 calendar days	90 calendar days
Acknowledgement	15 calendar days	15 calendar days
Resolution	30 calendar days	30 calendar days
Plan request more info.	60 calendar days	60 calendar days