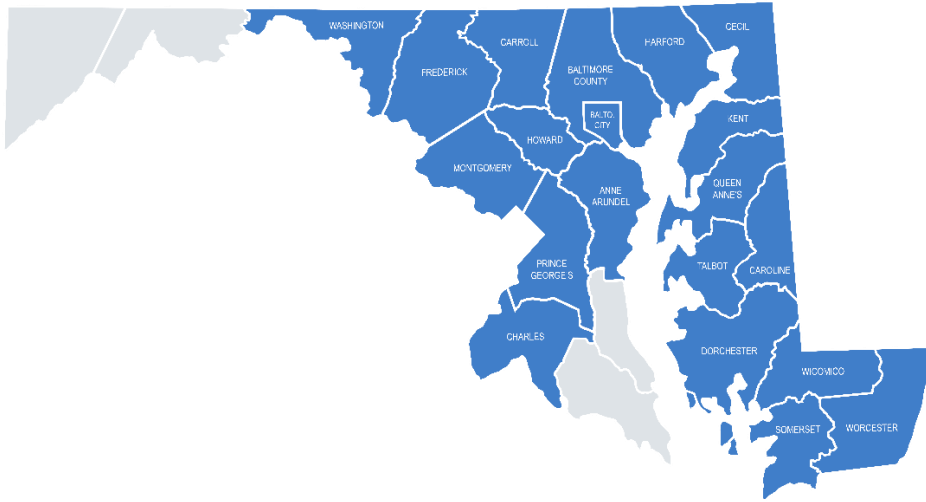


## Overview

- Alterwood Health is a managed care organization offering HMO benefit plans in Maryland under Alterwood Advantage, Inc.
- For 2024, all benefit plans will be offered to Medicare-eligible beneficiaries who reside in one of 19 Maryland counties plus Baltimore City. The counties include Anne Arundel, Baltimore, Caroline, Carroll, Cecil, Charles, Dorchester, Frederick, Harford, Howard, Kent, Montgomery, Queen Anne's, Prince George's, Somerset, Talbot, Washington, Wicomico, and Worcester.



## Important Phone Numbers

Provider Relations	866-274-3265	Utilization Management	866-274-3265
Member Services	866-675-3944	Pharmacy Services/Part D	866-267-3144
EyeMed (Routine Vision)	866-340-0753	Fraud, Waste & Abuse	410-498-7118
DBP* (Routine Dental)	866-340-0813	Optum (Behavioral Health)	866-340-0639
Transportation	866-340-0665		



**PLAN: CHOICE**  
H9306-PBP 001

---

<p>ISSUER: 80840 MEMBER NAME: JANE DOE MEMBER ID: AA00001234 PCP: DR. JOHN SMITH PCP PHONE: 443-555-5555</p>	<p><b>CO-PAYMENTS</b> PCP: \$0.00 SPEC: \$20.00 ER: \$100.00 URGENT: \$0.00</p>
--	---

RXBIN: 012312    RXPCN: PARTD    RXGROUP: H9306001




**www.AlterwoodAdvantage.com**

Member Services: 667-262-9412 or 866-675-3944  
Pharmacy Services: 667-261-8050 or 866-267-3144  
Provider Services: 667-262-9429 or 866-274-3265  
TTY: 711

Please call Alterwood Advantage prior to all non-emergency inpatient admissions.  
Members may obtain emergency or urgent care services at out-of-network facilities.

<p><b>HOSPITAL/MEDICAL CLAIMS (ONLY)</b> Alterwood Health PO Box 981832 El Paso, TX 79998-1832</p>	<p><b>BEHAVIORAL HEALTH CLAIMS</b> Optum Behavioral Services PO Box 30760 Salt Lake City, UT 84130-0760</p>	<p><b>Dental Claims</b> XXX PO Box XXX XXXX, XX 44087</p>
--	---	---

ALTERWOOD ADVANTAGE IS AN ALTERWOOD HEALTH COMPANY 01/01/2024

\*Dental Benefit Providers, Inc.

## Claims and Appeals

Alterwood Health utilizes Change Healthcare for electronic claims submission. Payer ID # RP016.

Although electronic submission of claims is preferred, paper claims may be submitted to the following address using a CMS 1500 or UB04 form:

**Alterwood Health  
PO Box 981832  
El Paso, TX 79998-1832**

Claims must be submitted within one hundred eighty (180) calendar days of the date of service.

Payment Disputes (Appeals) must be submitted within ninety (90) calendar days of the date of denial.

**Alterwood Health  
Appeals & Grievances Department  
PO Box 4175  
Timonium, MD 21094-4175**

**Fax: 410-801-5704**

## Referral and Prior Authorization

- For in-network providers, no referrals are required
- For authorization requests, providers may submit a completed authorization request form and medical records via fax at: 410-801-5701
- Please refer to Alterwood Health's Prior Authorization Summary for a list of services requiring prior authorization