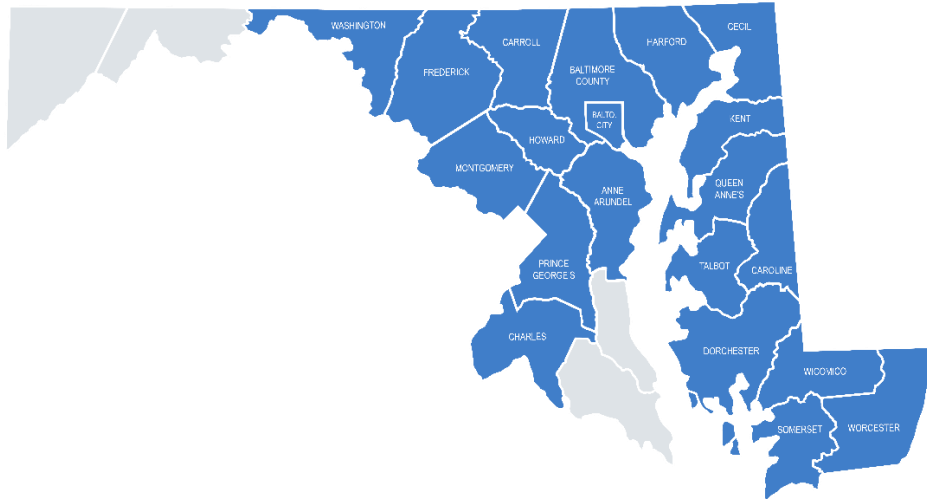


Overview

- Alterwood Health is a managed care organization offering HMO benefit plans in Maryland under Alterwood Advantage, Inc.
- For 2025, 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
Member Services	866-675-3944
EyeMed (Routine Vision)	866-340-0753
DBP (Routine Dental)	866-340-0813
Transportation	866-340-0665

Utilization Management	866-274-3265
Pharmacy Services/Part D	866-267-3144
Fraud, Waste & Abuse	410-498-7118
Optum (Behavioral Health)	866-340-0639



PLAN: CHOICE
H9306-PBP 001

ISSUER: 80840
MEMBER NAME: JANE DOE
MEMBER ID: AA00001245
PCP: DR. JANE DOE
PCP PHONE: 555-555-5555

Co-PAYMENTS
PCP: \$5.00
SPEC: \$35.00
ER: \$90.00
URGENT: \$40.00

RXBIN: 012312 RXPCN: PARTD RXGROUP: H9306001



IMPORTANT PHONE NUMBERS

Member Services: 667-262-9412 or 866-675-3944
Pharmacy Services: 667-261-8050 or 866-267-3144
Behavioral Health Services: 866-340-0639
Dental Services: 866-340-0813
Hearing Services: 866-340-0492
Vision Services: 866-340-0753
Routine Transportation: 866-340-0665
OTC / Products: 866-340-0627
TTY: 711

**PLEASE CALL
ALTERWOOD ADVANTAGE
PRIOR TO ALL NON-EMERGENCY
INPATIENT ADMISSIONS**

HOSPITAL/MEDICAL CLAIMS (ONLY)

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

BEHAVIORAL HEALTH CLAIMS

Optum Behavioral Services
PO Box 30760
Salt Lake City, UT 84130-0760

PHARMACY CLAIMS

Elixir - DMR
PO Box 1208
Twinsburg, OH 44087

ALTERWOOD ADVANTAGE IS AN ALTERWOOD HEALTH COMPANY

01/01/22

Claims and Appeals

Alterwood Health utilizes *Availity* 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 1290
Troy, MI 48099-1290**

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**

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