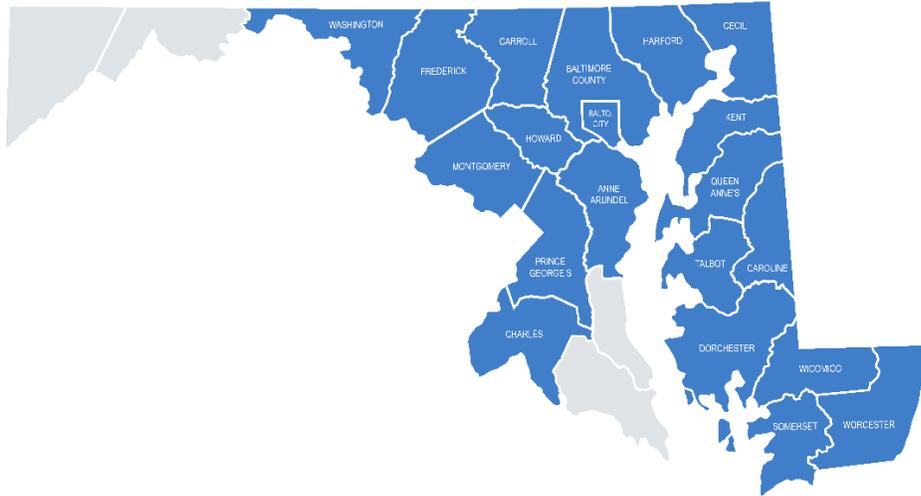


Overview

- 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	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		

ALTERWOOD ADVANTAGE
Quality Care. Better Health. 

PLAN: CHOICE
H9306-PBP 001

ISSUER: 80840	Co-PAYMENTS
MEMBER NAME: JANE DOE	PCP: \$5.00
MEMBER ID: AA00001245	SPEC: \$35.00
PCP: DR. JANE DOE	ER: \$90.00
PCP PHONE: 555-555-5555	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
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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
10090 Red Run Blvd, 2nd Floor
Owings Mills, MD 21117**

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