

Aetna Better Health of New York is a Medicaid Managed Long Term Care (MLTC) Plan that provides members with long term care services and supports. Eligible individuals must reside in Bronx, New York, Queens, Kings, Nassau and Suffolk Counties. MLTC member 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>	(855) 225-1727
<b>Provider Directory Search</b>	<a href="#">Liberty Dental Plan : Find A Dentist</a>
<b>Benefit Schedules</b>	<a href="#">Secured Documents - Liberty Dental Plan</a> Password: NYOrientation
<b>Dental Home</b>	Required
<b>Specialty Care Referrals</b>	Required
<b>Coordination of Benefits</b>	Aetna Better Health of New York Medicaid MLTC 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>	Members have a separate <a href="#">LIBERTY Dental Plan</a> identification card.

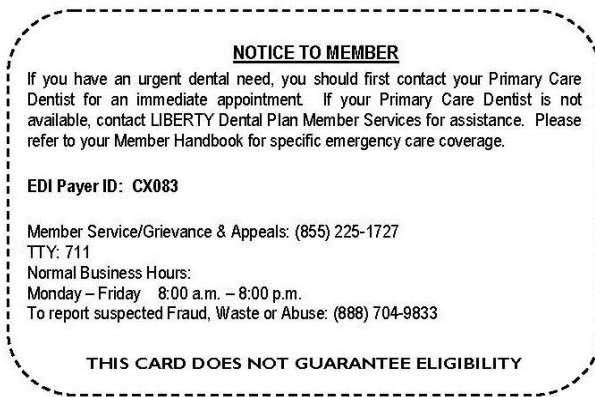
## SAMPLE MEMBER ID CARD



**LIBERTY DENTAL PLAN.** 

(855) 225-1727      www.libertydentalplan.com

**NAME** SubscriberFirstName SubscriberLastName  
**ID#** SubscriberNumber      **EFFEC** EffectiveDate  
**GRP#** [GroupNumber] GroupName  
**PLAN** PlanName  
**PRV#** [OfficeNumber] OfficeName  
                                  OfficeAddress1 OfficeAddress2  
                                  OfficeCity, OfficeState OfficeZip  
                                  ContactPhone



**NOTICE TO MEMBER**

If you have an urgent dental need, you should first contact your Primary Care Dentist for an immediate appointment. If your Primary Care Dentist is not available, contact LIBERTY Dental Plan Member Services for assistance. Please refer to your Member Handbook for specific emergency care coverage.

**EDI Payer ID: CX083**

Member Service/Grievance & Appeals: (855) 225-1727  
 TTY: 711  
 Normal Business Hours:  
 Monday – Friday 8:00 a.m. – 8:00 p.m.  
 To report suspected Fraud, Waste or Abuse: (888) 704-9833

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY**

## GRIEVANCES & APPEALS TIMEFRAMES

Topic	Provider Grievances	Provider Appeals
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