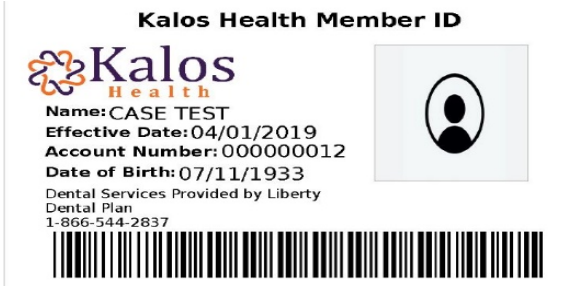



Kalos Health Plan (Kalos) is a Medicaid Managed Long Term Care (MLTC) Plan that provides members with long term care services and supports. Eligible individuals reside in Erie, Niagara, Orleans, Monroe, Genesee and Chautauqua Counties. MLTC members have coverage for essential dental benefits in accordance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

RESOURCES AND GENERAL INFORMATION		
<b>Provider Toll Free Number (Member Services Department)</b>	(866)544-2837	
<b>Provider Directory Search</b>	<a href="#">Liberty Dental Plan: Find A Dentist</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>	Kalos/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>	<p>Members have a separate <a href="#">LIBERTY Dental Plan</a> identification card</p> <div style="text-align: center;">  <p><b>Kalos Health Member ID</b></p> <p><b>Kalos Health</b></p> <p><b>Name:</b> CASE TEST  <b>Effective Date:</b> 04/01/2019  <b>Account Number:</b> 000000012  <b>Date of Birth:</b> 07/11/1933                      Dental Services Provided by Liberty Dental Plan                      1-866-544-2837</p>  </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