


Independent Health Association (IHA) is a Medicaid and Medicaid Child Health Plus (CHP) Plan that provides members with preventative and comprehensive dental benefits. Eligible individuals reside in Erie and Niagara\* Counties. Medicaid and Medicaid Child Health Plus members have coverage for essential dental benefits in accordance with New York State MMIS Guidelines.

RESOURCES AND GENERAL INFORMATION	
Provider Toll Free Number (Member Services Department)	877-550-4283
Provider Directory Search	<a href="#">Liberty Dental Plan: Find A Dentist</a>
Benefit Schedules	<a href="#">Provider Portal- Sign In</a> Available for download in the Provider Portal
Dental Home	Required
Specialty Care Referrals	Required
Coordination of Benefits	Independent Health Association/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.
ID Card	Members have a separate <a href="#">LIBERTY Dental Plan</a> identification card.

\*Child Health Plus only

### SAMPLE MEMBER ID



**Member Information**

**Name:** JOHN Q. SAMPLE  
**ID:** 999999999-01    **Group:** 999999999

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**Dentist Information**

**Office:** [123456] ABC Dental  
123 Main Street  
New York, NY 99999-9999  
**Phone:** (999) 999-9999

**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 at (877) 550-4283. Please refer to your Member Handbook for specific emergency care coverage.

**EDI Payer ID:** CX083  
**LIBERTY Dental Plan Member Services:** (877) 550-4283  
**TTY:** 711    **Web:** libertydentalplan.com/IndependentHealth

**Please mail all claims to:**  
LIBERTY Dental Plan  
Attn: Claims  
P.O. Box 15149  
Tampa, FL 33684-5149

**THIS CARD DOES NOT GUARANTEE ELIGIBILITY**

### APPEAL TIMEFRAMES

Filing Limitation	60 calendar days
Acknowledgement	15 calendar days
Resolution	60 calendar days

### GRIEVANCE TIMEFRAMES

Filing Limitation	60 calendar days
Acknowledgement	15 calendar days
Resolution	30 calendar days
Plan request more info.	60 calendar days