



Elderwood Health Plan  
500 Seneca St.,  
Suite 100  
Buffalo, NY 14204  
1-866-843-7526

## ELECTRONIC NOTICE OPTION LETTER

This is an important letter about notices you get from Elderwood Health Plan. Please read it carefully.

### **Why am I getting this letter?**

You are getting this letter because you can now ask Elderwood Health Plan to send you certain notices electronically.

### **What notices can I get electronically?**

Notices about:

- Services you asked for
- Services you are getting
- Plan appeals
- Complaints; and
- Complaint appeals

These notices have important information about your services and rights.

### **Who gets these notices?**

You and your provider get these notices. You can also choose someone to represent you, like a family member, friend, or lawyer. The person you choose will be able to file a complaint, plan appeal or fair hearing for you. We also send them a copy of your notices.

If you told us before that someone may represent you, we will send that person a letter like this one. If you want someone new to represent you, you and that person must sign and date a statement saying this is what you want. Or, you can both sign and date the attached Electronic Notice Request Form. The person you choose can get copies of your notices electronically if they ask. We will send their notices as required by law. If you have any questions about choosing someone to act for you, call us at: 1-866-843-7526. TTY users call 711.

## What ways can these notices be sent?

Elderwood Health Plan can send these notices to you by email.

Elderwood Health Plan will use an encrypted email function within our security software to send you a secure email. You will need a standard/free .pdf viewer on either your computer or mobile device to open and read the email with your notice attached.

If you need further assistance on opening a secure email, please call Elderwood Health Plan Member Services at 1-866-843-7526 (TTY 711).

For notices pertaining to dental services only, you may elect to receive these via an online portal. Liberty Dental Plan will send you an email notification when your documents are ready for review. The email will have a direct link to the Liberty Dental Plan portal. Your notices about dental services will be available on the Liberty Dental Plan portal. You will need to use the current version of Microsoft Edge, Google Chrome, or Mozilla Firefox to access the Liberty Dental Plan portal.

You will need to initially create your unique login to the Liberty Dental Plan portal by going here: <https://itransact.libertydentalplan.com/LBT/iTransact/Logon/Logon.aspx>

You will need member ID number, first and last name, and date of birth (i.e. XXXX-01, John Smith MMDDYYYY).

The Liberty Dental Plan portal houses all your documents throughout the year for you to have readily available.

If you need assistance utilizing the Liberty Dental Plan portal, please call the Liberty Dental Plan Member Services Department at (888) 442-6395, or you can email Liberty Dental Plan support at [portalsupport@libertydentalplan.com](mailto:portalsupport@libertydentalplan.com).

## How do I ask for electronic notices?

You can contact us by phone, email, online, fax, or mail:

|             |   |
|-------------|---|
| Phone.....  | 1-866-843-7526 (TTY 711)  |
| Email ..... | EHPUM@elderwood.com   |
| Online..... | <a href="https://www.elderwoodhealthplan.com/contact-us/">https://www.elderwoodhealthplan.com/contact-us/</a> |
| Fax.....    | (716) 568-8378  |
| Mail.....   | 500 Seneca St., Suite 100 Buffalo, NY 14204   |

When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, fax number, etc.).

If you would like to request electronic notices by phone, please call Elderwood Health Plan Member Services at 1-866-843-7526 (TTY 711) and tell the representative that you would like to request electronic notices.

If you would like to request electronic notices by email, please send an email to Elderwood Health Plan's Utilization Management team at [EHPUM@elderwood.com](mailto:EHPUM@elderwood.com) and indicate in your message that you would like to request electronic notices. You can use the attached Electronic Notice Request Form, but it is not required.

If you would like to request electronic notices via the Elderwood Health Plan online form, please visit <https://www.elderwoodhealthplan.com/contact-us/>, fill in your information, and indicate in the Comments/Questions area of the form that you would like to request electronic notices.

If you would like to request electronic notices via fax, please send a fax to (716) 568-8378, include your name and phone number, and indicate in your message that you would like to request electronic notices. You can use the attached Electronic Notice Request Form, but it is not required.

If you would like to request electronic notices via mail, please mail your request to 500 Seneca St., Suite 100 Buffalo, NY 14204 and indicate in your message that you would like to request electronic notices. You can use the attached Electronic Notice Request Form, but it is not required.

If your contact information changes, you must let us know. To change your information, contact us at the phone number, email address, web portal, fax number, or mailing address listed above.

## **What happens next?**

Elderwood Health Plan will let you know by mail that you have asked to get notices electronically.

If you ask to get your notices electronically:

- We will send you the notice in a way that lets you save and print the notice.
- You can still ask us to send any of your notices by mail. We will send your notice by mail within 2 working days from the day you asked.
- You can still ask us to send any of your notices in an alternate format to accommodate a disability or language need. We will send your notice within 5 working days from the day you asked. In some cases, it may take us up to 30 days from the date of your request. In those cases, we will call you to help.

If you ask to get your notices electronically and we believe your electronic notice did not go through, we will then send it by mail and we may also call you by phone, as required by law.

## **Can I change the way I get these notices later?**

You can change the way you get your notices at any time. To change the way you get notices, you can contact us at the phone number, email address, web portal, fax number, or mailing address listed in the *How do I ask for electronic notices* section above.

If you ask for a change by phone, email, web portal, or fax, we have 5 working days from the date we got your request to make the change. If you ask for a change by mail, we have 10 working days from the date we got your letter to make the change.

## **What If I don't want electronic notices?**

You will keep getting these notices by mail and we may also call you by phone. We will not send these notices electronically unless you ask.

You can still ask us to send these notices in a different way because of a disability or language need. Elderwood Health Plan will not treat you differently if you do not want to get these notices electronically.

## **Other help:**

You can call Elderwood Health Plan at 1-866-843-7526 if you have any questions about this notice.

Sincerely,

Elderwood Health Plan

Enclosure(s): Electronic Notice Request Form

**ELDERWOOD HEALTH PLAN ELECTRONIC NOTICE REQUEST FORM**

**Mail this form to:**

Elderwood Health Plan  
500 Seneca St., Suite 100  
Buffalo, NY 14204

**Fax to:** (716) 568-8378

**Email to:**

EHPUM@elderwood.com

**Enrollee:**

Name:

Enrollee Number:

**Instructions:** Complete this form to ask Elderwood Health Plan to send your notices electronically. You **must** select an electronic option in #1 and #2 below.

1. Instead of getting a notice by mail, I want Elderwood Health Plan to send me these notices by:

Email

Portal (Dental Services Notices Only)

2. Instead of getting a notice by phone call, I want Elderwood Health Plan to send me these notices by:

Email

Portal (Dental Services Notices Only)

**Contact Information:** Enter your contact information for your choices above.

E-mail: \_\_\_\_\_

{Insert for enrollee notice}

[You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

• Have you authorized this person with Elderwood Health Plan before?  YES  NO

• Do you want this person to act for you for complaints, all steps of an appeal or fair hearing? You can let us know if change your mind.  YES  NO

**Designee Information (person you want to represent you)**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

**Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ ]

**Enrollee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NOTICE OF NON-DISCRIMINATION

Elderwood Health Plan complies with Federal civil rights laws. Elderwood Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Elderwood Health Plan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call Elderwood Health Plan at 1-866-843-7526. For TTY/TDD services, call 711.

If you believe that Elderwood Health Plan has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Elderwood Health Plan by:

Mail: 500 Seneca St., Suite 100 Buffalo, NY 14204  
Phone: 1-866-843-7526 (for TTY/TDD services, call <711>)  
Fax: (716) 568-8378  
In person: 500 Seneca St., Suite 100 Buffalo, NY 14204  
Email: [healthplaninfo@elderwood.com](mailto:healthplaninfo@elderwood.com)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH  
Building Washington, DC 20201  
Complaint forms are available at:  
<http://www.hhs.gov/ocr/office/file/index.html>  
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

|  |               |
|--|---------------|
| <b>ATTENTION: Language assistance services, free of charge are available to you. Call 1-866-843-7526 &lt;TTY 711&gt;</b>   | English       |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-843-7526 <TTY 711> .                            | Spanish       |
| AS.:toAfgVIIMI21135c,fgwIIV.REOSEVIVIRFA.iiitiva 1-866-843-7526 <TTY 711> .  | Chinese       |
| مقرب لصنا. ناچم لآب اكل رفاوتت ؤيوغلا ؤدعاسم لا تامدخ نإف ، ؤغلا ركذا ؤدحتت تنك اذا : ؤظوح لم 1-866-843-7526 <TTY 711> (مكب لآو مصلا فتاه مقر                    | Arabic        |
| -12.1: 7:"Li-q012 11-scitd-A1le 7c1.-, fli01 XI?al Ai1:11스2 -1= 1료로 01-scitd-실 T °leiLIEF<br>1-866-843-7526 <TTY 711> .  | Korean        |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-843-7526 (телетайп: <TTY 711> ).                          | Russian       |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-843-7526 <TTY 711> . | Italian       |
| ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-843-7526 <TTY 711> .                     | French        |
| ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-843-7526 <TTY 711> .   | French Creole |
| אפ יירפ סעסיוורעס פליה פארפיש רייא ראפ אהראפ אענעז, שידיא טדער ריא ביוא : אמאקערעמפיו טפור .לאצפא <TTY 711> א 1-866-843-7526                                     | Yiddish       |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-843-7526 <TTY 711>                                      | Polish        |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-843-7526 <TTY 711> .          | Tagalog       |
| ল~ ক~নঃ যিদ আপিন বাংলা, কথা বলেত পােরন, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপল~ আছ। েফান ক7.-ন ১-1-866-843-7526 <TTY 711>                                      | Bengali       |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore , pa pagesë. Telefononi në 1-866-843-7526 <TTY 711> .                       | Albanian      |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-843-7526 <TTY 711>           | Greek         |
| نیرک لاک - نیہ بایئسد نیم تفم تامدخ ی ک دم ی ک نلز وک پآ وت نیہ ےتلوب وبرا پآرگا : رادرخ 8-1-66-843-7526 <TTY 711>   | Urdu          |