

Provider Tip Sheet

American Health Advantage of Missouri is an Institutional Special Needs Medicare Advantage Plan designed to meet the unique needs of Medicare beneficiaries in certain institutional levels of care. Our plan is contracted with TruHealth Advanced Practice Providers and RN Case Managers who assist the Member's Primary Care Physician in coordinating care.

Important plan contact information

Provider help desk: General provider contract questions, claims status/payment questions, general plan information	844-228-7934 (option 4)
Customer service: Verify member's benefits / coverage, general benefits questions	844-228-7934 (option 3)
Utilization management: Authorizations for medical services, and continued stay reviews / updates	844-228-7934 (option 3)
Website	MO.AmHealthPlans.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	844-228-7934 (option 1) Fax: 866-381-0792
ELIXIR PHARMACY Technical Help Desk: General questions related to Part D drugs. Inquiries may pertain to operational areas related to Part D coverage such as benefit coverage, prior authorization, claims processing, claims submission, and claims payment.	833-661-1990

Claims processing

Electronic claims (preferred)	Clearinghouse: Claimsnet / SSI EDI billing number: MMS01
Mailing address (paper claims)	P.O. Box 93780 Lubbock, TX 79493
TIMELY FILING REQUIREMENTS: for initial and corrected claims submission, please refer to your provider agreement.	

Prior Authorization is required for the following covered services

Ambulance Services Medicare covered non-emergency Ambulance transportation services. Note: no authorization is needed for non-emergency hospital-to-nursing home and nursing home-to-hospital transportation.	Other Medicare Part B Drugs covered drugs with billed charges in excess of \$250 per transaction
Cardiac Rehabilitation and Intensive Cardiac Rehabilitation	Outpatient Observation
Diabetic Supplies with billed charges in excess of \$250	Out-of-Network Providers
Diagnostic Radiological Services e.g. High-Tech Radiology Services including but not limited to: MRI, MRA, PET, CTA, CT Scans and SPECT. NOTE: No authorization is required for Outpatient X-ray Services	Outpatient Hospital and Ambulatory Services
DME, Prosthetics and Orthotics with billed charges for each service or transaction in excess of \$250	Partial Hospitalization
Genetic Testing	Skilled Nursing Facility Medicare required three midnight stay is waived
Home Health	Therapy Services Physical, Speech and Occupational Therapy
Inpatient Care including but not limited to: Inpatient Acute, Inpatient Psychiatric, Behavioral Health, etc.	
Medicare Part B Chemotherapy Drugs with billed charges in excess of \$250 per transaction	NOTE: NO AUTHORIZATION is required for medically necessary emergent services, urgently needed care, or dialysis services.

Authorization forms available at MO.AmHealthPlans.com; fax completed form to 800-513-0740.

Identification of American Health Advantage of Missouri members

You can identify an American Health Advantage of Missouri member when they come into your office or facility by reviewing a copy of their Skilled Nursing Facility face sheet or their Member ID card. See examples below:

Sample face sheet

RESIDENT INFORMATION						
Resident Name	Preferred Name	Unit	Room/ Bed	Admission Date	Init. Adm. Date	Orig. Adm. Date
DOE, JOHN B.				5/19/2021	4/23/2021	4/23/2021
Previous address		Previous phone		Legal Mailing Address		
555 Wind Pkwy Street, Memphis TN 38116		901-555-5656		Same as Previous Address		
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)
M	5/14/1940	80	Widowed	Non Denominational	Black or African American	mechanic
Admitted From		Admission Location		Birth Place		
Acute care hospital		Baptist East		U.S.		
TN MCO Number		Medicare (HIC) #		Medicare Beneficiary ID		
123456789				1Y23Y4GR56		
Social Security #		Insurance 2		Insurance		
123-45-6789				American Health Advantage		
Policy #		Insurance Policy # 2				
T03009876						
PAYER INFORMATION						
Primary Payer	AMERICAN HEALTH ADVANTAGE OF TN	Member ID #	T03009876	Group #	null	Ins Company
Second Payer	Medicaid	Medicaid #	T0987543210	Group #		
Third Payer		Policy #		Group #		Ins. Company
Fourth Payer		Medicaid #		Group #		Ins. Company

Sample ID cards

American Health Advantage of MO (HMO I-SNP)

TOLL-FREE 1-844-228-7934 (TTY/TDD 711)

ISSUER ID: H4490-001 RxBIN: 012312
 MEMBER ID: Z00000003 RxPCN: PARTD
 MEMBER: Test3 Test3 RxGRP: H4490001

AMERICAN HEALTH ADVANTAGE
OF MISSOURI

MedicareRx
Prescription Drug Coverage

CMS H4490 001

ENROLLEE INFORMATION

Member Services: 1-844-228-7934 (TTY/TDD: 711)
 8 AM to 8 PM
 7 days/week, Oct 1st through Mar 31st
 Monday to Friday, Apr 1st through Sep 30th

IMPORTANT PROVIDER INFORMATION
 mo.amhealthplans.com
 Provider Services: 1-844-228-7934 Pharmacists: 833-861-1990
 Contracted and non-contracted providers may send claims to:

Medical: **Pharmacy:**
 American Health Advantage of MO Elixir
 P.O. Box 93780 8935 Darrow Rd., P. O. Box 1208
 Lubbock, TX 79493 Twinsburg, OH 44087
 ED# MMS01

American Health Advantage of MO Premier (HMO I-SNP)

TOLL-FREE 1-844-228-7934 (TTY/TDD 711)

ISSUER ID: H4490-002 RxBIN: 012312
 MEMBER ID: Z00000004 RxPCN: PARTD
 MEMBER: Test4 T Test4 RxGRP: H4490002

AMERICAN HEALTH ADVANTAGE
OF MISSOURI • PREMIER

MedicareRx
Prescription Drug Coverage

CMS H4490 002

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 American Health Advantage of MO Elixir
 Premier 8935 Darrow Rd., P. O. Box 1208
 P.O. Box 93780 Twinsburg, OH 44087
 Lubbock, TX 79493 ED# MMS01

American Health Advantage of MO Choice (HMO I-SNP)

TOLL-FREE 1-844-228-7934 (TTY/TDD 711)

ISSUER ID: H4490-003 RxBIN: 012312
 MEMBER ID: Z00000005 RxPCN: PARTD
 MEMBER: Test5 T Test5 RxGRP: H4490003

AMERICAN HEALTH ADVANTAGE
OF MISSOURI • CHOICE

MedicareRx
Prescription Drug Coverage

CMS H4490 003

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