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)
Provider Payment Method Inquiries: Virtual card, ACH, or other payment inquiries	**888-834-3511**
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 4)
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: Availity	EDI billing number: MMS01
Mailing address (paper claims)	P.O. Box 31039 Tampa, FL 33631-3039	

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 transport from hospital to nursing home and nursing home to hospital)	**Other Medicare Part B Drugs** covered drugs with billed charges in excess of $250.
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 require prior authorization. (**NOTE:** No authorization required for Outpatient X-ray Services)	**Outpatient Hospital and Ambulatory Services**
DME, Prosthetics, and Orthotics with billed charges in excess of $250	**Partial Hospitalization**
Genetic Testing	**Skilled Nursing Facility** Medicare required three midnight stay is waived
Home Health Care	**Therapy Services** Physical, Speech and Occupational Therapy NOT performed at LTC residence or other SNF Therapy Setting.
Inpatient Care including but not limited to: Inpatient Acute, Inpatient Psychiatric, etc.	
Medicare Part B Chemotherapy Drugs with billed charges in excess of $250	**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 (1)

Run Date/ Time: 1/ 1/ 2021 3:04:44 PM		PATIENT ID: 123456		Admission ID: MNC 12345		Enterprise ID: None	
PATIENT NAME:		Preferred Name		U.S. Citizen		Martial Status	
Doe, Jane A.				Y		Widowed	
Phone #	SSN	Occupation (current or former)	Education Level	Military Service	Age	Birthdate	Email
731-555-1212	000-00-0000				81	3/ 6/ 1937	
Primary Residence							
Address		City, State, Zip		County			
123 ABCRoad		Somewhere, TN 55512		Benton			
Admit From	Admit Date/ Time		Discharge Date	Org Location			
XYZ Hospital	2/ 2/ 2021			B/ 106/100 Hall/Sta			
	8:00:00 PM						
Medicaid No.	Medicare A No.	Medicare B No.	Other Insurance				
ZECM55555555	None		RUGs Pending - RUG Pend/ NA/ NA; Private Pay- Pvt Pay/ NA/ NA; Private Pay - Pat Liab/ NA/NA; Medicaid of TN - MCD?12345678912/ NA;				
		T03001234					

American Health Adv A- American Health Adv/ T03001234/ NA

Sample face sheet (2)

RESDIENT 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 Breeze Street, Memphis TN 38116	901-555-5656	Same as Previous Address

Sex	Birthdate	Age	Martial Status	Religion	Race	Occupation(s)
M	5/ 14/ 1940	80	Widowed	Non Denominational	Black or African American	mechanic
Admitted From		Admission Location			Birth Place	Citizenship
Acute care hospital		Baptist East				U.S.
TN MCO Number		Medicare (HIC) #			Medicare Beneficiary ID	
123456789					1Y23YJ4GR56	
Social Security #		Insurance 2			Insurance	
123-45-6789					American Health Advantage	
Policy #		Insurance Policy # 2				
T03009876						

PAYER INFORMATION						
Primary Payer	AMERICAN HEALTH ADVANTAGEOF TN	Member ID #	T03009876	Group #	null	Ins Company
Second Payer	Medicaid	Medicaid #	TD987543210			
Third Payer		Policy #		Group #		Ins. Company
Fourth Payer		Medicaid #		Group #		Ins. Company

Sample Member ID cards