# **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,	844-228-7934	
general plan information	(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 /	844-228-7934	
updates	(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
<b>ELIXIR PHARMACY Technical Help Desk:</b> 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: Change Health Care Clearinghouse			
	EDI billing number: MMS01			
Mailing address (paper claims)	PO Box 981604			
	El Paso, TX 79998-1604			
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. <b>Note</b> : 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		
<b>DME, Prosthetics and Orthotics</b> with billed charges for each service or transaction in excess of \$250	Partial Hospitalization		
Genetic Testing	<b>Skilled Nursing Facility</b> 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	<b>NOTE:</b> 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**

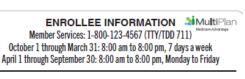
You can identify an American Health Advantage of MIssouri member when they come into your office or facility by reviewing a copy of their Skilled Nursing Facility face sheet or their Member ID card. See examples below:

## Sample face sheet

		RESDIENT INFORMATION				
Resident Name	Preferred Name	Unit	Room/Bed	Admission Date	Init.Adm.Date	Orig. Adm.Date
DOE, JOHNB.				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)
М	5/14/1940	80	Widowed	Non Denominational	Black or African American	mechanic
	Admitted From	Admission Location		Birth Place	Citizenship	
A	Acute care hospital	Haptist East			J.S.	
	TN MCO Number	Medicare (HIC)#		Medicare Beneficiary ID		
	123456789			1Y23Y4CR56		
	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#	nul	Ins Company
Second Payer	Medicaid	Medicaid#	TD987543210			
Third Payer		Policy #		Group #		Ins. Company
Fourth Payer		Me dicaid #		Group #		Ins. Company

Sample ID cards





#### IMPORTANT PROVIDER INFORMATION

M0.AmHealthAdvantage.com
Provider Services: 1-800-123-4567. Pharmacists: 1-800-555-1234
Contracted and non-contracted providers may send claims to:

Medical: Pharmacy:

MO.AmHealthAdvantage.com
PO Box 12345
Cityville, ST 12345
EDI# 67890

MO.AmHealthAdvantage.com
PO Box 12345
Cityville, ST 12345
EDI# 67890

EDI# 67890



# ENROLLEE INFORMATION Member Services: 1-800-123-4567 (TTY/TDD 711) October 1 through March 31: 8:00 am to 8:00 pm, 7 days a week April 1 through September 30: 8:00 am to 8:00 pm, Monday to Friday IMPORTANT PROVIDER INFORMATION M0.AmHealthAdvantage.com Provider Services: 1-800-123-4567. Pharmacists: 1-800-555-1234 Contracted and non-contracted providers may send claims to: Medical: M0.AmHealthAdvantage.com PO Box 12345 Cityville, ST 12345 EDJ# 67890 EDJ# 67890 Member Services: 1-800-555-1234 Cityville, ST 12345 EDJ# 67890 EDJ# 67890