Provider Tip Sheet



American Health Advantage of Texas 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	855-521-0628 (option 4)
Customer service: Verify member's benefits / coverage, general benefits questions	855-521-0628 (option 4)
Utilization management: Authorizations for medical services, and continued stay reviews / updates	855-521-0628 (option 4)
Website	TX.AmHealthPlans.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	855-521-0628 (option 1) Fax: 866-439-0073
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.	833-674-6201

Claims processing

Electronic claims (preferred)	Clearinghouse: Change Health Care Clearinghouse				
	EDI billing number: 31155				
Mailing address (paper claims)	PO Box 981604				
	El Paso, TX 79998-1604				
For TIMELY FILING REQUIREMENTS	- 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.
Cardiac Rehabilitation and Intensive Cardiac Rehabilitation – No authorization is required for medically necessary emergent services, urgently needed care, or dialysis services.	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 NOT performed at LTC residence or other SNF Therapy Setting.
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 insert TX.AmHealthPlans.com; fax completed form to 833-434-0553.

Identification of American Health Advantage of Texas members

You can identify an American Health Advantage of Texas 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:

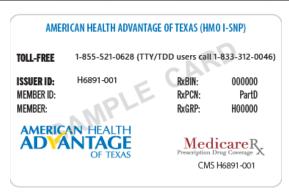
Sample face sheet (1)

Run Date/Time: 1/1/2021 3:04:44 PM		PATIENTID: 123456		Admission ID: MNC 12345		Enterprise ID: None	
PATIENTNAME		Preferred Name		U.S. Citizen	Martial Status		
Doe, Jane A.				Y		Widowed	
Phone #	SSIN	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			
XYZHospital	2/2/2021			B/106/100 Hall/Sta			
	8:00:00 PM						
Medicaid No.	Medicare A No.	Medicare BNo.	Other Insurance				
ZECM55555555	None	T03001234	RUGs Pending - RUG Pend/NA/NA; Private Pay- Pvt Pay/NA/NA; Private				te
			Pay - Pat Liab/NA/NA; Medicaid of TN - MCD?12345678912/NA;				
			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 Stree	et, Memphis TN 38116	901-	555-5656		Same as Previous Address			
Sex	Birthdate	Age	Martial Status	Religion	Ra ce	Occupation(s)		
M	5/14/1940	80	Widowed	Non Denominational	Hack or African American	mechanic		
		Admission L	ocation	Birth Place	Citizenship			
Acute care hospital			Baptist E	ast		U.S.		
TN MCO Number		Medicare (HIC) #			Medicare Beneficiary ID			
	123456789				1 Y23 Y14 GR56			
	Social Security #	Insurance 2			Insurance			
	123-45-6789				American Health A	dvantage		
	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#	TD987543210					
Third Payer		Policy#		Group #		Ins. Company		
Fourth Payer		Medicaid#		Group #		Ins. Company		



ENROLLEE INFORMATION MultiPlan Member Services: 1-855-521-0628 (TTY/TDD: 1-833-312-0046) 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 TX.AmHealthAdvantage.com Provider Services: 1-855-521-0628 Pharmacists: 1-833-674-6201 Contracted and non-contracted providers may send claims to: Medical: Pharmacy: American Health Advantage of Texas Elixir PO Box 981604 8935 Darrow Rd., PO Box 1208 Twinsburg, OH 44087 El Paso, TX 79998-1604 EDI# 31155