

# **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

<b>Provider help desk:</b> 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 3)		
Utilization management: Authorizations for medical services, and continued stay reviews /			855-521-0628		
updates			(option 3)		
Website			TX.AmHealthPlans.com		
Other important contact inform	nation				
TruHealth Advanced Practice Provi	der / RN Case Manager:	Share clinical information,	855-521-0628		
request clinical assistance			(option 1)		
			Fax: 866-439-0073		
ELIXIR PHARMACY Technical Help					
Inquiries may pertain to operational ar coverage, prior authorization, claims p	833-674-6201				
Claims processing					
Electronic claims (preferred)	Clearinghouse: Chang EDI billing number: 37	nge Health Care Clearinghouse 31155			
Mailing address (paper claims)	PO Box 981604	604			
For TIMELY FILING REQUIREMENTS	El Paso, TX 79998-16		your provider agreement		
Prior Authorization is required					
Ambulance Services Medicare covered in		Other Medicare Part B Drugs co	vered druas with billed		
Ambulance transportation services. <b>Note</b> : no authorization is needed for non-emergency hospital-to-nursing home and nursing home-to-hospital transportation.		charges in excess of \$250.			
<b>Cardiac Rehabilitation and Intensive Cardiac Rehabilitation –</b> 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			
<b>Diagnostic Radiological Services</b> e.g. High-Tech Radiology Services including but not limited to: MRI, MRA, PET, CTA, CT Scans and SPECT. <b>NOTE:</b> No authorization is required for Outpatient X-ray Services		Outpatient Hospital and Ambulatory Services			
DME, Prosthetics and Orthotics with billed charges for each		Partial Hospitalization			
service or transaction in excess of \$250 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 limite					
Inpatient Psychiatric, Behavioral Heal	n, etc.		equired for medically		
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 insert TX.AmHealthPlans.com; fax completed form to 833-434-0553.

#### Identification of American Health Advantage of Texas members

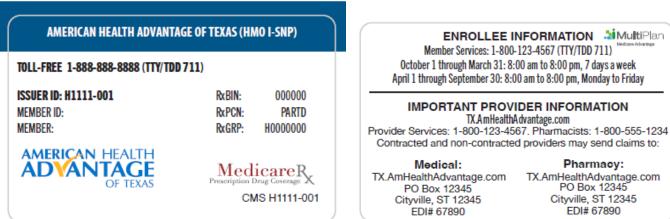
You can identify an American Health Advantage of Texas member when they come into your office or facility by reviewing a copy of their Skilled Nursing Facility face sheet or their Member ID card. See examples below:

# Sample face sheet (1)

Run Date/Time: 1/1/2021 3	Date/Time: 1/1/2021 3:04:44 PM PATIENT ID: 123456		Admission ID: MNC 12345		Enterprise ID: None			
PATIENTNAME: Preferred Name		Preferred Name		U.S. Otizen		Martial Status		
Doe, Jane A.				Y	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,	City, State, Zp		County			
123 ABCRoad		Somewhere, TN	Somewhere, TN 55512		Benton			
		1		•				
Admit From	Admit Date/Time	Admit Date/Time		OrgLocation				
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 - MCD212345678912/N			12/NA;			
			American Health Ad	v A - American Health A	dv/T0300123	4/NA		

## Sample face sheet (2)

		<b>RESDIENT INFORMATION</b>					
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	Previ	Previous phone		Legal Mailing Address		
555 Wind Breeze Stre	eet, 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	тесћаніс	
	Admitted From	Admission Location		ocation	Birth Place	Citizenship	
	Acute care hospital	Baptist East			U.S.		
	TN MCO Number	Medicare (HIC) #		Medicare Beneficiary ID			
	123456789	112312		1 Y23 YI4 GR	3856		
	Social Security #	Insurance 2		Insurance			
	123-45-6789				American Health A	dvantage	
	Policy #	Insurance Policy # 2					
	T03009876				]		
			PAYE	R 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	



Pharmacy: PO Box 12345 Cityville, ST 12345 EDI# 67890