# Provider Tip Sheet

American Health Advantage of Pennsylvania 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

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|---|---|
| **Provider help desk:** General provider contract questions, claims status/payment questions, eligibility, general plan information | **855-239-1022 (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 | **855-239-1022** (option 4) |
| **Utilization management:** Authorizations for medical services, and continued stay reviews / updates | **855-239-1022** (option 4) |
| **Website** | **PA.AmHealthPlans.com** |

## Other important contact information

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|---|---|
| **TruHealth Advanced Practice Provider / RN Case Manager:** Share clinical information, request clinical assistance | **855-239-1022 (option 1)** **Fax: 877-875-1280** |
| **NAVITUS 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. | **866-270-3877** |

## Claims processing

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|---|---|
| Electronic claims (preferred) | Clearinghouse: Availity EDI billing number: PA901 |
| Mailing address (paper claims) | P.O. Box 31039 Tampa, FL 33631-3039 |
| For TIMELY FILING REQUIREMENTS for initial and corrected claims, please refer to your provider agreement. | |

## Prior Authorization is required for the following covered services

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|---|---|
| **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 are available at PA.AmHealthPlans.com; fax completed form to 844-329-0988.**

## Identification of American Health Advantage of Pennsylvania members

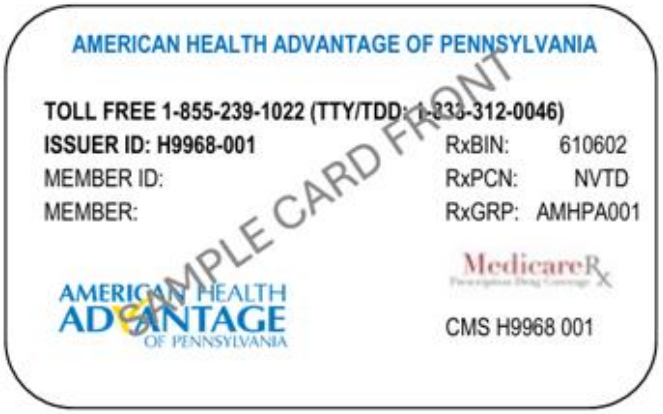
You can identify an American Health Advantage of Pennsylvania member when they come into your office or facility by reviewing a copy of their Skilled Nursing Facility face sheet or their Member ID card. See examples below:

### Sample face sheet (1)

| Run Date/Time: 1/1/2021 3:04:44 PM | | PATIENT ID: 123456 | | Admission ID: MNC12345 | | 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 ABC Road | | 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 | |
| ZBCM55555555 | None | T03001234 | RUGs Pending - RUG Pend/NA/NA; Private Pay- Pvt Pay/NA/NA; Private Pay - Pat Liab/NA/NA; Medicaid of TN - MCD?123456789 12/NA; American Health Adv A - American Health Adv/T03001234/NA | |

### Sample face sheet (2)

| 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 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 | | | | | 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 # | ID987543210 | | | |
| Third Payer | | Policy # | | Group # | | Ins. Company |
| Fourth Payer | | Medicaid # | | Group # | | Ins. Company |

### Sample Member ID Card