

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

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 3)
Utilization management: Authorizations for medical services, and continued stay reviews / updates	855-239-1022 (option 4)
Website	PA.AmHealthPlans.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	855-239-1022 (option 1) Fax: 877-875-1280
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.	855-476-5952

Claims processing

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

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		Marital 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 Hh/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?12345678912/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	In it. 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	Marital Status	Religion	Race	Occupation(s)
M	5/14/1940	80	Widowed	Non Denominational	Black or African American	mechanic
Admitted From		Admission Location		Birth Place		
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

