

Important Phone Numbers

Provider Help Desk

1-866-583-4649

Care Management Services

1-866-583-4649

Pharmacy

1-844-633-1063

*TTY/TDD: 711

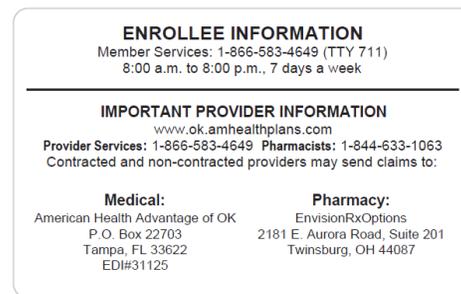
* **American Health Advantage of Oklahoma** provides for interpretation services to our Providers who provide health services to our Members with limited English proficiency and diverse cultural and ethnic backgrounds. If you require the services of a professional interpreter when dealing with one of our **American Health Advantage of Oklahoma** members call Provider Help Desk at 1-866-583-4649.

Identification of American Health Advantage of Oklahoma

Each member of an **American Health Advantage plan** will have an **American Health Advantage** identification card and has been instructed to present it at each visit. The card will provide most of the information you need to process the patient through your system, including co-payment information and important phone numbers. Please see the sample card below.



Front of card



Back of card

Authorization Requirements

(effective 1/1/2019)

- All Inpatient Hospital (Acute and Psych)
- Skilled Nursing Facility (Medicare three-day hospital stay waived)
- Partial Hospitalization
- Home Health Services
- Therapy Services (Physical, Occupational Therapy, Speech-Language Pathology)
- Diagnostic Radiological Services (ex: High Tech Services such as MRI, MRA, PET, CTA, CT Scans, SPECT Scans)
- Outpatient Hospital Services
- Outpatient Observation
- Ambulatory Surgical Center Services
- DME items greater than **\$250** billed charges per month
- Prosthetics/Medical Supplies greater than **\$250** billed charges per month
- Diabetic Supplies & Services greater than **\$250** billed charges per month
- Dialysis Services
- Ambulance Services (Medicare covered non-emergency Ambulance transportation services)
- Medicare Part B Chemotherapy Drugs (Drugs with billed charges in excess of \$250 each month)
- Other Medicare Part B Drugs (covered drugs with billed charges in excess of \$250 each month)

Additional information regarding the authorization requirements for these services can be found on our website at ok.amhealthplans.com

The Provider must obtain a prior authorization from **American Health Plans** at (fax) **1-844-730-6844**.

Services must be provided according to the Medicare Coverage Guidelines and limitations and are subject to review. All medical care, services, supplies and equipment must be medically necessary.

Transportation

(Non-Emergent, Routine)

Routine Transportation is a trip to a scheduled medical appointment within a defined service area when the need for transportation is not based on medical necessity. Providers may bill for non-emergent transportation within the following guidelines:

The plan covers up to **four one-way trips calendar** area year within the Plan's Service Area. Reimbursement for each one-day trip is **\$50 .00**.

The billing code for this service is:

A0130 Non-emergency transportation: wheelchair van

Please contact the Provider Help Desk with any questions about this benefit or for more information on how to use this service at **1-866-583-4649**.

Claims Processing

Paper Claims / Mailing Address

American Health Advantage of Oklahoma, P.O. Box 22703, Tampa, FL 33622

Electronic Claims / Clearinghouses: **Claimsnet**

EDI billing number: **31125**

Place all associated authorization numbers in Box 23 of the CMS1500 or Box 63 of the UB92 and UB04. If you are submitting your claims via the preferred method by electronic submission, please submit using the following field locators:

- HCFA 1500: 837p: Loop 2300, 2-180-REF02 (G1)
- UB92/UB04: 837i: Loop 2300, REF02

Timely Filing of Claims: 120 days from date of service

Timely Filing of Corrected Claims: 180 days from original Explanation of Payment

Participating Provider Reconsiderations (Appeals) and Claim Dispute Resolution

Submission Time Frame: 180 calendar days from date of initial Explanation of Payment (EOP)

Participating Provider Appeal or Reconsideration

A contracted provider may file an appeal when a claim has denied due to lack of prior authorization. Mail the completed Contracted Provider Reconsideration (Appeal) Form and required supporting documents to:

American Health Advantage of Oklahoma
Attn: Contracted Provider Appeals
909 S Meridian Ave. Suite 425
Oklahoma City, OK 73108
Fax: 844-280-5360

Claims Dispute

A provider may dispute the processing of a claim for all other denials unrelated to an authorization requirement. Mail the completed Claims Dispute Resolution Form and required supporting documents to:

American Health Advantage of Oklahoma
Attn: Contracted Provider Appeals
909 S Meridian Ave. Suite 425
Oklahoma City, OK 73108
Fax: 844-280-5360

Fraud, Waste & Abuse

- Examples of beneficiary fraud, waste, or abuse:
- Misrepresentation of status: A Medicare beneficiary misrepresents identity, eligibility, or medical condition to illegally receive the drug benefit.
- Identity theft: Perpetrator uses another person's Medicare card to obtain prescriptions.
- Doctor shopping: Consulting a number of doctors to obtain multiple prescriptions for narcotic painkillers or other drugs.

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- Improper Coordination of Benefits: Beneficiary fails to disclose multiple coverage policies or leverages various coverage police to “game” the system.
 - Prescription forging, altering or diversion: Where prescriptions ae altered, by someone other than he prescriber or pharmacist with prescribe approval, to increase quantity or number or refills, especially narcotics.
 - Resale of drugs on black marker: Beneficiary falsely reports loss or theft of drugs of feigns illness to obtain drugs for resale on the black market.

How to Report your Concerns

American Health Advantage of Oklahoma
Phone: 1-866-583-4649

Inspector General Hotline
Phone: 1-800-447-8477

Write:

Office of the Inspector General
HHS TIPS Hotline
P.O. Box 23489,
Washington, DC 20026

Suspicious of fraud or abuse

Report to Medicare’s Customer Services Center at:

1800 Medicare: 1-800-633-4227
TTY Toll-Free: 1-866-226-1819 or
online at www.medicare.gov

For More Information

Please visit our website under the Provider tab at: ok.amhealthplans.com to locate all Provider Forms.