# **Provider Tip Sheet**



American Health Advantage of Oklahoma 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	866-583-4649		
questions, general plan information	(option 4)		
Customer service: Verify member's benefits / coverage, general benefits questions	866-583-4649		
	(option 3)		
Utilization management: Authorizations for medical services, and continued stay	866-583-4649		
reviews / updates	(option 3)		
Website	OK.AmHealthPlans.com		

## Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical	866-583-4649		
information, request clinical assistance	(option 1)		
	Fax: 866-372-1517		
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.	844-633-1063		

### **Claims processing**

Electronic claims (preferred)	Clearinghouse: Change Healthcare Clearinghouse				
	EDI billing number: 31125				
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. <b>Note</b> : 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
<b>DME</b> , <b>Prosthetics and Orthotics</b> 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 OK.AmHealthPlans.com; fax completed form to 844-730-6844.

#### **Identification of American Health Advantage of Oklahoma members**

You can identify an American Health Advantage of Oklahoma 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:

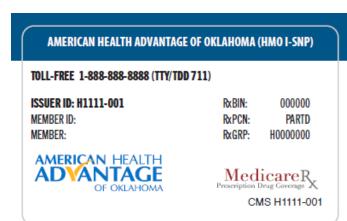
### Sample face sheet (1)

Run Date/Time: 1/1/2021 3:04:44 PM		PATIENT ID: 123456		Admission ID: MNC 12345		Enterprise ID: None	
PATIENT NAME:		Preferred Name		U.S. Offizen	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		Benton	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 B No.	Other Insurance				
ZBCM55555555	None	T03001234	RLCs Pending - RLC 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	I/NA	

### Sample face sheet (2)

		RESDIENT INFORMATION				
Resident Name	Preferred Name	Unit	Room/Bed	Admission Date	Init.Adm.Date	Orig. Adm.Date
DOE, JOHNB.				5/19/2021	4/23/2021	4/23/2021
Previous address		Previous phone			Le gal Mail	ing Address
555 Wind Breeze Street	, Memphis TN 38116	901-	555-5656		Same as Pre	vious Address
Sex	Birthdate	Age	Martial Status	Religion	Race	Occupation(s)
М	5/14/1940	80	Widowed	Non Denominational	Black or African American	mechanic
	Admitted From		Admission L	ocation	Birth Place	Citizenship
Acute care hospital		Haptist East				U.S.
	TN MCO Number	Medicare (HIC)#			Medicare Beneficiary ID	
123456789					1 Y23 Y14CR56	
	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#	nul	Ins Company
Second Payer	Medicaid	Medicaid#	TD987543210			
Third Payer		Policy #		Group #		Ins. Company
Fourth Payer		Me dicaid #		Group#		Ins. Company



### ENROLLEE INFORMATION MultiPlan

Member Services: 1-800-123-4567 (TTY/TDD 711) 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

OK.AmHealthAdvantage.com

Provider Services: 1-800-123-4567. Pharmacists: 1-800-555-1234 Contracted and non-contracted providers may send claims to:

Medical: OK.AmHealthAdvantage.com OK.AmHealthAdvantage.com PO Box 12345 Cityville, ST 12345 EDI# 67890

PO Box 12345 Cityville, ST 12345 EDI# 67890

Pharmacy: