

Important Phone Numbers

Provider Help Desk

1-866-583-4649

Care Management Services

1-866-583-4649

Pharmacy

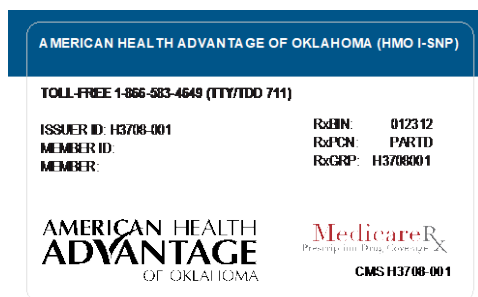
1-844-633-1063

*TTY/TDD: 711

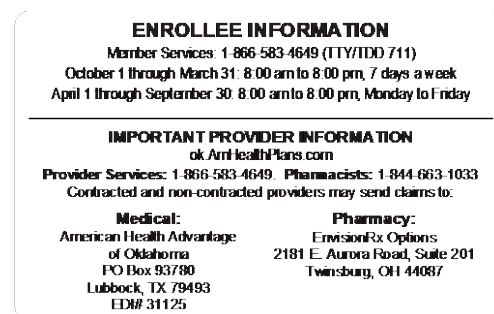
* **American Health Advantage of Oklahoma** provides for interpretation services to our Providers who provide health services to our Members with limited English proficiency and diverse cultural and ethnic backgrounds. If you require the services of a professional interpreter when dealing with one of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

Identification of American Health Advantage of Oklahoma

Each member of an **American Health Advantage of Oklahoma plan** will have an **American Health Advantage of Oklahoma** 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 *electronic claims Payer EDI number, paper claims mailing address* and important phone numbers. Please see the sample card below.



Front of card



Back of card

Authorization Requirements

(effective 1/1/2020)

2020 Prior Authorization

Prior Authorizations are required for the following covered services (by service level)*

- **ALL Inpatient** (including but not limited to: Inpatient Acute, Inpatient Psychiatric, etc.)
- **Skilled Nursing Facility** (Medicare required three midnight stay is waved)
- **Partial Hospitalization**
- **Outpatient Observation**
- **Outpatient Hospital Services**
- **Ambulatory Surgery Services**
- **Home Health Care**
- **DME, Prosthetics and Orthotics** (with billed charges in excess of \$250)
- **Diabetic Supplies** (with billed charges in excess of \$250)
- **Therapy Services** (Physical, Speech and Occupational Therapy)
- **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 is required for Outpatient X-ray Services or Therapeutic Radiology Services)
- **Ambulance Services** (Medicare covered non-emergency Ambulance transportation services)
- **Medicare Part B Chemotherapy Drugs** (Drugs with billed charges in excess of \$250)
- **Other Medicare Part B Drugs** (covered drugs with billed charges in excess of \$250)
- **Opioid Treatment Services**
- **Out-of-Network Providers** (including but not limited to: physicians, DME/Prosthetics suppliers, laboratories, diagnostic tests and/or procedures, non-emergent ambulance, ambulatory surgery center, outpatient hospital, inpatient hospital, home health care, outpatient physical therapy outpatient speech-language therapy, outpatient occupational therapy, outpatient hospital observation, skilled nursing facility, etc.)

❖ **NOTE:** No authorization is required for medically necessary emergent services, urgently needed care or out-of-area dialysis services provided by a Medicare-certified dialysis provider.

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 Advantage of Oklahoma** at (fax) **1-844-730-6844**.

Services must be provided according to American Health Advantage of Oklahoma Coverage Guidelines established in accordance with original Medicare Coverage Guidelines and are subject to review. All medical care, services, items, supplies and equipment must be medically necessary.

Transportation

(Non-Emergent, Routine)

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

Benefit Year 2020 the Plan covers up to **twenty (20) one-way non-emergent wheelchair van transports** per calendar year within the Plan's Service Area. Reimbursement for each one-way non-emergent wheelchair transport trip to an approved health-related location is **\$15.00**.

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 93780, Lubbock, TX 79493

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 and Claim Dispute Resolution

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

Participating Provider Appeal or Reconsideration

A participating provider may file a request for reconsideration of an American Health Advantage of Oklahoma claim determination if the participating provider disagrees with American Health Advantage of Oklahoma's claim determination. The participating provider must complete the American Health Advantage of Oklahoma Request for Reconsideration of a Claim Determination form and mail the completed form including required supporting documents to:

American Health Advantage of Oklahoma
Attn: Contracted Provider Reconsiderations/Disputes
201 Jordan Road, Suite 200
Franklin, TN 37067
Fax: 844-280-5360

Fraud, Waste & Abuse

American Health Advantage of Oklahoma encourages participating providers to implement processes to detect and prevent fraudulent activities from our members and Medicare beneficiaries. Your diligence protects your reputation and revenue, as well as taxpayers' money

Examples of beneficiary fraud, waste, or abuse:

- Misrepresentation of status: A Member or a Medicare beneficiary misrepresents identity, eligibility, or medical condition to illegally receive a medical service, item or prescription drug benefit.
- Identity theft: Perpetrator uses another person's American Health Advantage of Oklahoma Member Identification Card and/or Medicare card to obtain medical services, items or prescription drugs.
- Doctor shopping: A Member or Medicare beneficiary consults several doctors to obtain multiple prescriptions for narcotic painkillers or other drugs.
- Improper Coordination of Benefits: A Member or a Medicare beneficiary fails to disclose all insurance policies or leverages multiple policies to "game" the system and receive more benefits than allowed.
- Prescription forging, altering or diversion: Someone changes a prescription without the prescriber's approval in order to increase quantities or get additional refills of drugs, usually narcotics.

- Resale of drugs on black market: A Member or a Medicare beneficiary falsely reports loss or theft of drugs to fake an illness to obtain drugs for resale on the black market.

How to Report your Concerns

Contact American Health Advantage of Oklahoma Compliance and Ethics Hotline, the U.S. Office of the Inspector General, or Medicare's customer service center if you know of something that needs investigating. You can even provide your report anonymously.

American Health Advantage of Oklahoma

Hotline: 1-866-205-2866 | **Email:** compliance@AmHealthPlans.com

U.S. Office of the Inspector General

Hotline: 1-800-447-8477 | **TTY:** 1-800-377-4950 | **Website:** oig.hhs.gov/report-fraud/index.asp

Mail: U.S. Department of Health and Human Services | Office of Inspector General ATTN: OIG Hotline Operations | PO Box 23489 | Washington, DC 20026

Medicare Customer Service Center: 1-800-633-4227 | **TTY:** 1-877-486-2048 |

Website: medicare.gov/forms-help-resources/help-fight-medicare-fraud/how-report-medicare-fraud

For More Information

Please visit our website at: ok.AmHealthPlans.com under the [Providers & Partners page](#) to locate provider forms, resources, provider training materials and important information.