

## Provider Tip Sheet

American Health Advantage of Indiana 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

<b>Provider help desk:</b> General provider contract questions, claims status/payment questions, general plan information	<b>844-657-0447</b> (option 4)
<b>Provider Payment Method Inquiries:</b> Virtual card, ACH, or other payment inquiries	<b>888-834-3511</b>
<b>Customer service:</b> Verify member's benefits / coverage, general benefits questions	<b>844-657-0447</b> (option 3)
<b>Utilization management:</b> Authorizations for medical services, and continued stay reviews / updates	<b>844-657-0447</b> (option 4)
<b>Website</b>	<b>IN.AmHealthPlans.com</b>

### Other important contact information

<b>TruHealth Advanced Practice Provider / RN Case Manager:</b> Share clinical information, request clinical assistance	<b>844-657-0447</b> (option 1) <b>Fax: 866-381-1494</b>
<b>ELIXIR PHARMACY Technical Help Desk:</b> 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.	<b>855-434-8397</b>

### Claims processing

<b>Electronic claims</b> (preferred)	Clearinghouse: Availity	EDI billing number: RP115
<b>Mailing address</b> (paper claims)	P.O. Box 31039 Tampa, FL 33631-3039	
<b>For TIMELY FILING REQUIREMENTS for initial and corrected claims submission, please refer to your provider agreement.</b>		

### Prior Authorization is required for the following covered services

<b>Ambulance Services</b> Medicare covered non-emergency Ambulance transportation services ( <b>NOTE:</b> No authorization is needed for non-emergency transport from hospital to nursing home and nursing home to hospital)	<b>Other Medicare Part B Drugs</b> covered drugs with billed charges in excess of \$250.
<b>Cardiac Rehabilitation and Intensive Cardiac Rehabilitation</b>	<b>Outpatient Observation</b>
<b>Diabetic Supplies</b> with billed charges in excess of \$250	<b>Out-of-Network Providers</b>
<b>Diagnostic Radiological Services</b> e.g. High-Tech Radiology Services including but not limited to MRI, MRA, PET, CTA, CT Scans, and SPECT require prior authorization. ( <b>NOTE:</b> No authorization required for Outpatient X-ray Services)	<b>Outpatient Hospital and Ambulatory Services</b>
<b>DME, Prosthetics, and Orthotics</b> with billed charges in excess of \$250	<b>Partial Hospitalization</b>
<b>Genetic Testing</b>	<b>Skilled Nursing Facility</b> Medicare required three midnight stay is waived
<b>Home Health Care</b>	<b>Therapy Services</b> Physical, Speech and Occupational Therapy NOT performed at LTC residence or other SNF Therapy Setting.
<b>Inpatient Care</b> including but not limited to: Inpatient Acute, Inpatient Psychiatric, etc.	
<b>Medicare Part B Chemotherapy Drugs</b> with billed charges in excess of \$250	<b>NOTE:</b> NO AUTHORIZATION is required for medically necessary emergent services, urgently needed care, or dialysis services.

Authorization forms available at [IN.AmHealthPlans.com](http://IN.AmHealthPlans.com); fax completed form to 844-402-1011

## Identification of American Health Advantage of Indiana members

You can identify an American Health Advantage of Indiana 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 Hall/Sta	
		8:00:00 PM					
Medicaid No.		Medicare A No.		Medicare B No.		Other Insurance	
ZICM55555555		None		T03001234		RUGs Pending - RUG Pend/NA/NA; Private Pay- Pvt Pay/NA/NA; Private Pay - Pat Lab/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	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	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		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

AMERICAN HEALTH ADVANTAGE OF INDIANA

TOLL FREE 1-844-657-0447 (TTY/TDD: 1-833-312-0046)

ISSUER ID: H9690-001      RxBIN: 012312

MEMBER ID:                      RxPCN: PartD

MEMBER:                          RxGRP: H9690001




CMS H9690 001

ENROLLEE INFORMATION 

Member Services: 1-844-657-0447 (TTY: 1-833-312-0046)  
 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

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IMPORTANT PROVIDER INFORMATION

in.amhealthadvantage.com

Provider Services: 1-844-657-0447 Pharmacists: 1-855-434-8397  
 Contracted and non-contracted providers may send claims to:

Medical

American Health Advantage of Indiana  
 P.O. Box 31039  
 Tampa, FL 33631-3039  
 EDI# RP115

Pharmacy:

MedImpact  
 Attn: Appeals Dept  
 10181 Scripps Ct  
 San Diego, CA 92131