

AMERICAN HEALTH ADVANTAGE OF INDIANA

Quick Reference Guide

IN.AmHealthPlans.com

January 1, 2024 – December 31, 2024

Quick Reference Guide

American Health Advantage of Indiana is a Health Maintenance Organization (HMO) contracted with Medicare and offers Institutional Special Needs Plans specifically designed for eligible Medicare beneficiaries living in one of our participating long-term care nursing homes or assisted living facilities or individuals living in the community that require an institutional level of care. In addition to providing all standard benefits offered by traditional Medicare, we include Part D pharmacy benefits, supplemental benefits not covered by traditional Medicare, and extensive clinical care management to ensure every member receives the services necessary to achieve their short- and long-term care goals. Our plan is contracted with TruHealth Advanced Practice Providers and RN case managers who, along with our clinical pharmacists, work with the member's primary care physician to address each member's full range of medical, functional, and behavioral health care needs in a coordinated and member-centric manner.

The plans offered are:

• American Health Advantage of Indiana (HMO-ISNP) for Medicare Beneficiaries that reside in contracted nursing homes in the plan service area

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Please visit our website at IN.AmHealthPlans.com and click on the Providers and Partners page. Here you will find the full provider manual, provider forms, resources, provider training materials and other important information.

Important plan contact information

| Provider help desk: General provider contract questions, claims status/payment questions, general plan information | 844-657-0447 (option 4) |
|---|----------------------------|
| Customer service: Verify member's benefits / coverage, general benefits questions | 844-657-0447 (option 4) |
| Utilization management: Authorizations for medical services, and continued stay reviews / updates | 844-657-0447 (option 4) |
| Website | IN.AmHealthPlans.com |

Other important contact information

| TruHealth Advanced Practice Provider / RN Case Manager: Share clinical | 844-657-0447 |
|---|-------------------|
| information, request clinical assistance | (option 1) |
| | Fax: 866-381-1494 |
| 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. | 855-434-8397 |

*TTY/TDD: 833-312-0046

American Health Advantage of Indiana 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 Indiana members call the provider help desk at 844-675-0447.

Hours of operation are 8:00 a.m. – 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31; and Monday to Friday (except holidays) from April 1 through September 30.

Claims processing

| Electronic claims (preferred) | Clearinghouse: Availity EDI billing number: RP115 |
|-------------------------------------|--|
| Mailing address (paper claims) | P.O. Box 981604 El Paso, TX 79998-1604 |
| For TIMELY FILING REQUIREM | ENTS for initial and corrected claims, please refer to your provider |
| agreement. See additional claims fi | ing information on the following pages. |

Identification of American Health Advantage of Indiana Members

American Health Advantage of Indiana members are issued a member identification card, a sample of which is below. Members have been asked to bring their ID card at each visit, but many may present for care with a copy of their Nursing Home Medical Record Face Sheet. This may be your primary means of identification rather than the ID card. Please see example copies of the Face Sheet on the next page; these will vary in information and format based on the facility, but all will have a section that identifies the primary payor as American Health Advantage of Indiana. Most of our member have Medicaid as the secondary payor, so you may find the member's Medicaid number on the Face Sheet as well; if not, please contact the Skilled Nursing facility.

AMERICAN HEALTH ADVANTAGE OF INDIANA (HMO I-SNP)

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

ISSUER ID: H9690-001 MEMBER ID: MEMBER:
 RxBIN:
 000000

 RxPCN:
 PartD

 RxGRP:
 H00000



Medicare R Prescription Drug Coverage X

ENROLLEE INFORMATION

MultiPlan

Member Services: 1-844-657-0447 (TTY/TDD: 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

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 PO Box 981604

El Paso, TX 79998-1604 EDI# RP115

Pharmacy:

Elixir

8935 Darrow Rd., PO Box 1208 Twinsburg, OH 44087

Identification of American Health Advantage of Indiana Members

You can also 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. Information and format of the Face

Sheets will vary by facility; below please see example formats.

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. Citizen | | Martial Status | |
| Doe, Jane A. | | | | Υ | | 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 | 123 ABC Road | | Somewhere, TN 55512 | | Benton | | |
| | | | | | | | |
| Admit From | Admit Date/Time | Admit Date/Time | | 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 | | | | |
| ZECM55555555 | None | None T03001234 F | | RUGs Pending - RUG Pend/NA/NA; Private Pay- Pvt Pay/NA/NA; Private | | | te |

ADMISSION RECORD

Pay - Pat Liab/NA/NA; Medicaid of TN - MCD?12345678912/NA; American Health Adv A - American Health Adv/T03001234/NA

Sample face sheet (2)

| | | RESDIE | NT 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 | Previ | ous phone | | Legal Mail | ling Address |
| 555 Wind Breeze Stre | et, 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 | Baptist East | | | | U.S. |
| TN MCO Number | | Medicare (HIC) # | | | Medicare Beneficiary ID | |
| | 123456789 | | | | 1Y23YJ4GR | 56 |
| | Social Security # | Insurance 2 | | Insurance | | |
| 123-45-6789 | | | | | American Health A | dvantage |
| Policy # | | Insurance Policy # 2 | | | | |
| | T03009876 | | | | | |
| | | | PAYE | R INFORMATION | | |
| Primary Payer | AMERICAN HEALTH ADVANTAGE OF TN | Member ID # | T03009876 | Group # | null | Ins Company |
| Second Payer | Medicaid | Medicaid # | TD987543210 | | | |
| Third Payer | | Policy # | | Group # | | Ins. Company |
| Fourth Payer | | Medicaid # | | Group # | | Ins. Company |

Supplemental benefits offered in 2024

In addition to providing all standard benefits offered by traditional Medicare, Americana Health Advantage of Indiana plan(s) include Part D pharmacy benefits and the following supplemental benefits not covered by traditional Medicare.

Routine podiatry visits: Network Podiatrist provides services in office or nursing home setting; services include routine foot care, nail trimming and nail debridement. American Health Advantage of Indiana plan covers up to twelve (12) visits per year.

Vision benefits: Through Network Vision Providers, one routine eye exam annually. American Health Advantage of Indiana offers an allowance for eyewear (contact lenses, eyeglasses lenses and frames) up to \$300 per year. Administered through Nations Benefits at 877-212-0358.

In home / out of home support services: Ordered by PCP or Plan Care Team for companion to assist member with medical appointments outside of the facility or home or assist with ADL's, comfort and/or supervision in facility/home. American Health Advantage of Indiana plan covers up to 67 hours per member per year.

Hearing – testing and aids: Annual hearing evaluation; one screening per year for hearing aid fitting/evaluation administered through Nations Hearing at 877-212-0358. Includes two (2) hearing aids, up to \$500 allowance per year per ear.

Routine transportation: Routine, non-emergent transportation services by facility-owned van/medical transport to any health-related location. American Health Advantage of Indiana covers up to fifty (50) one-way trips per benefit year per member.

2024 Prior Authorization List

Prior Authorization is required for the following covered services (by service level).

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.

- Ambulance Services Medicare covered non-emergency ambulance transportation services (NOTE: No authorization is needed for non-emergency transport from hospital-to-nursing home or nursing home-to-hospital)
- Cardiac Rehabilitation and Intensive Cardiac Rehabilitation
- Diabetic Supplies with billed charges in excess of \$250
- Diagnostic Radiological Services High tech radiology services including but not limited to MRI, MRA, PET, CTA, CT Scans, and SPECT.
 (NOTE: No authorization required for outpatient x-rays)
- DME, Prosthetics, and Orthotics with billed charges in excess of \$250
- Genetic Testing
- Home Health Care
- **Inpatient Care** including but not limited to Inpatient Acute, Psychiatric, Behavioral Health, etc.
- Medicare Part B Chemotherapy Drugs with billed charges in excess of \$250
- Other Medicare Part B Drugs covered drugs with billed charges in excess of \$250
- Out-of-Network Providers / Services including but not limited to: physicians; cardiac rehab, intensive cardiac rehab; DME, prosthetics, orthotics suppliers; diagnostic tests/procedures; genetic testing; non-emergent ambulance transport; therapeutic radiological services; ambulatory surgery centers; inpatient and outpatient hospital and outpatient hospital observation; home healthcare; outpatient physical, speech / language, occupational therapy; skilled nursing facility care, etc.
- Outpatient Hospital and Ambulatory Services
- Outpatient Hospital Observation
- Partial Hospitalization
- Skilled Nursing Facility Medicare-required three midnight stay is waived
- Therapy Services (Physical, Speech, and Occupational Therapy) Not performed at LTC residence or other SNF Therapy Setting

NO AUTHORIZATION IS REQUIRED FOR:

- Medically necessary emergent services
- Urgently needed care
- Dialysis services

Request for Authorization of Services

(Form available at IN.AmHealthPlans.com on Providers and Partners page)

| | ICES E | Y PART | ICIPATING PROV | IDERS. Payment of in the Evidence of | only for the me of Coverage. | edical services | s noted below, a | AND FOR CERTAIN nd is subject to the |
|---------------------------------------|--|--|--|--------------------------------------|---|--|---|---|
| | Memb | er Name _ | | | DOB | | Member ID | |
| | Nursing | g Facility _ | | | | | | |
| | Reque | sting Prov | /ider / Type | | | N | PI/TIN: | |
| | Phone | #: | | | Fax #: | | | |
| Ľ | Primar | ry Diagnos | sis | | | | | |
| Ü | Diagno | oses (ICD- | 10 Codes) Related to | o Auth. Request | | | | |
| AUTHORIZATION REQUEST | Servic | ing Provid | for/Facility: | | | | NDI/TIN- | |
| Z | | | er Phone#: | | Servi | | | |
| 5 | | - | · | | | = | , | cal required to make a |
| ZA | medica | al necessi | ty decision may res | ult in a delay in receiv | ing an authoriza | tion determination | on. | cal lequired to make a |
| ORI | ☐ Inpa | atient Adm | nit Observation | on 🗆 Behavioral F | lealth Admit | ☐ SNF (post ho | spital discharge) | ☐ SIP (Skill in Place) |
| Ĭ | | Start | Date for service chec | ked above | | (this field n | nust be completed) | |
| ΑŪ | □ DMI | = | □ Now Patient | Non-participating P | hysician Office V | "io# □ Follo | ····· - Non-particine | ating Physician Office Visit |
| | | | s)/Quantities: | | - | | | es |
| | | | | (List Test or Procedure) | | | | |
| | Proced | dure Code(s | s) | | | Sche | eduled Date for Servi | ces |
| | , J BEOU | EST FOR I | DART R THERAPY o | ⊔∩ME HEAI TH SEE | OVICES (attach c | ero nian initial e | valuation and mos | t recent therapy notes) |
| | | st is for | | □ Additional vis | , | | ruituuron, | , |
| () | 1 toque | | Requested | Frequency | Procedure | Code(s) | soc | Evaluation |
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| PY / HH(| | | | w w | | | | |
| :RAPY / HH | от | | | W | | | | |
| rHERAPY / HH | OT ST | | | w w | | | | |
| | OT ST HHA | | | w w | | | | N/A |
| | OT ST HHA | | D BY PERSON R | W W W EQUESTING AUT | HORIZATION | | | |
| OB Star | OT ST HHA E COM ndard Au er the CA | uthorizatio MS guidelin | D BY PERSON R on: Authorization Requires. Our goal is 5-7 da | WW | THORIZATION ted and including s | supporting medica | al record documentat | ion)are completed within 14 |
| OB Star ays po | OT ST HHA E COM ndard Au er the CN bedited A | uthorizatio MS guidelin authorizatio | D BY PERSON R on: Authorization Requires. Our goal is 5-7 da | WW | THORIZATION ted and including s | supporting medica | al record documentat | |
| O B Star ays po Exp | OT ST HHA E COM ndard Au er the CN bedited A | uthorizatio MS guidelin Authorization or health in | D BY PERSON R on: Authorization Requ nes. Our goal is 5-7 de toon (Must Read and \$ | WW | THORIZATION ted and including s | supporting medica | al record documentat | ion)are completed within 14 |
| O B Star ays po Exp lembe | OT ST HHA E COM ndard Au er the Ch bedited A er's life, o | uthorizatio MS guidelin Authorization or health in | D BY PERSON R on: Authorization Requ nes. Our goal is 5-7 de toon (Must Read and \$ | WW | THORIZATION ted and including s | supporting medica | al record documentat | ion)are completed within 14 |
| O B Star ays po Exp ember | OT ST HHA E COM ndard Au er the Ch bedited A er's life, o | uthorizatio MS guidelin Authorizatio r health in n Completir Notifi | D BY PERSON R m: Authorization Requ ese. Our goal is 5-7 de on (Must Read and s serious jeopardy. In this Form (please p ication will be faxed | W | THORIZATION ted and including so | supporting medicating for a decision | al record documentat under the standard t oleted: | ion)are completed within 14 ime frame could place the |
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| O Bill Star ays pole Explember SIGNA | OT ST HHA E COM ndard Au er the Ch bedited A er's life, o | uthorizatio MS guidelin Authorizatio or health in Completin Notifi | D BY PERSON R m: Authorization Requ es. Our goal is 5-7 da on (Must Read and s serious jeopardy. mg this Form (please p ication will be faxed tation Notification Fax | W | THORIZATION ted and including s v I certify that waiti please complete Authoriza | supporting medicating for a decision Date Comp the following for | al record documentat under the standard t bleted: or notification of the | ion)are completed within 14 ime frame could place the decision. |
| O Bill Star ays pole Explember SIGNA | OT ST HHA E COM modard Au er the Ch. pedited A er's life, o ATURE: of Persor | uthorizatio MS guidelin Authorizatio or health in Completin Notifi ng Authoriz number: | D BY PERSON R on: Authorization Reques. Our goal is 5-7 de on (Must Read and serious jeopardy. Ing this Form (please ication will be faxed eation Notification Fax This authorization is | W | THORIZATION ted and including s v I certify that waiti please complete Authoriza eligibility or payme oval dates will be | pupporting medication of a decision Date Composite the following for a decision Notification From Lany services subject to denial | al record documentat under the standard t bleted: r notification of the ax number: rendered beyond the of payment. | ion)are completed within 14 ime frame could place the decision. |

Claims submission and claims processing

| Electronic claims (preferred) | Clearinghouse: Change Healthcare EDI billing number: RP115 |
|--------------------------------|--|
| Mailing address (paper claims) | P.O. Box 981604 El Paso, TX 79998-1604 |
| For TIMELY FILING REQUIREM | ENTS for initial and corrected claims, please refer to your provider |
| agreement. | |

If your clearinghouse says they do not show our Payor ID as able to transmit 837 (claims) or 835 (ERA) files please contact the Change Healthcare Helpdesk at 1-866-371-9066 or https://support.changehealthcare.com/customer-support-portals

Important tips for claims submissions

NPI numbers should be entered as follows:

Individual Provider NPI goes in Box 24J on CMS1500

Group NPI goes in Box 33A on CMS 1500

Attending Physician NPI goes in box 76 on UB04

Operating Physician NPI goes in box 77 on UB04

- Place all associated authorization numbers in Box 23 of the CMS1500 or Box 63 of the UB04
- For electronic submission, which is the preferred method, please use the following field locations for authorization numbers: CMS1500: 837p: Loop 2300, 2-180-REF02 (G1) UB04: 837i: Loop 2300, REF02
- Do not include multiple Place of Service codes on an individual claim; submit separate claims for each Place of Service. Claims submitted with multiple Place of Service Codes may be denied.

Please continue reading to view the Claims Reconsideration and Claims Dispute Resolution.

Participating Provider Reconsiderations and Claim Dispute Resolution

A participating provider may file a request for reconsideration of a American Health Advantage of Indiana claim determination if the participating provider disagrees with the American Health Advantage of Indiana claim determination. Such request must be submitted within 180 calendar days from the date of the initial Explanation of Payment (EOP).

To request a claims review / reconsideration, the participating provider must complete the Request for Reconsideration of a Claim Determination form and mail the completed form including required supporting documents to:

American Health Advantage of Indiana Attn: Claims Dispute 201 Jordan Road, Suite 200 Franklin, TN 37067 Fax: 844-280-5360

Request for reconsideration of a claim determination form

(Form available at IN.AmHealthPlans.com on Providers and Partners page).

| Be specific when compleProvide additional inform | ow form. Fields with an asterisk (*) are required. ting the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME. nation to support the description of the dispute. Mail the vith any required supporting documentation to: |
|---|---|
| 20 | <plan name=""> 01 Jordan Road, Suite 200</plan> |
| | Franklin, TN 37067 |
| | Toll-Free: 1-xxx-xxx-xxxx Or Fax to 1-844-280-5360 |
| *Provider NPI: | *Provider Tax ID: |
| *Provider Name: | Contracted: ☐ Yes ☐ No |
| *Provider Address: | |
| | |
| Provider Type: | |
| ☐ SNF ☐ Hos | pital |
| ☐ Ambulance ☐ DM | E |
| ☐ Rehab ☐ Oth | er(Please specify): |
| CLAIM INFORMATION: ☐ Single | ☐ Multiple (please provide listing) |
| Number of Claims: | 7 (1 7 3) |
| *Patient Name: | |
| *Health Plan ID Number: | Claim Number: |
| *Date of Service: | Original Claim Amount Billed: |
| DISPUTE TYPE: | |
| ☐ Claim Denial | |
| $\hfill \square$ Disputing Request for Reimburse | ment of Overpayment |
| $\hfill \square$ Disputing Underpayment of Clain | n Paid |
| ☐ Other: | |
| *DESCRIPTION OF DISPUTE: | |
| | |
| | |
| EXPECTED OUTCOME: | |
| Control Name | 734 |
| Contact Name: | Title: |
| Signature: Phone#: | Date: |
| rnone#: | Fax #: |
| ¬ | |
| | attached (please do not staple) enial date to file appeal for post service claims. |
| iote. Holi-rai Floviueis liave ou uays iloili u | of Explanation of Payment (EOP) to file a dispute resolution request. |

Frequently Asked Questions

Claims payment and submission

Who do I call if I have a question regarding a claim denial?

The Customer Services Department is available to assist with denial questions about claims. The number is 844-657-0447. You may also contact your local Provider Relations Representative for assistance.

What fee schedule does American Health Advantage of Indiana use to pay providers?

American Health Advantage of Indiana is a product of American Health Plans, Inc. (AHP), a Medicare Advantage organization that holds a Medicare contract to provide these services in several states. AHP uses the current Medicare fee schedule for the state where the services are rendered.

Does American Health Advantage of Indiana automatically cross-over claims to State Medicaid for coordination of benefits?

At this time, there is not automatic cross-over. Providers will need to submit claims directly to State Medicaid along with the American Health Advantage of Indiana Explanation of Payment for payment.

What should I do if I bill Medicare, the claim is denied, and I find out the member had American Health Advantage of Indiana at the time of service, but timely filing has passed?

If you have not filed your claim to American Health Advantage of Indiana, please do so. In order for the claim to be considered for payment, it must be filed to Georgia Health Advantage within 180 days of the date of the Medicare EOP (Explanation of Payment). Upon receipt and processing by American Health Advantage of Indiana, you will receive a timely filing denial for the claim. At that point, you may submit a Provider Dispute Resolution form along with supporting documentation as evidence that (1) your initial verification showed that the member had Medicare and (2) that the initial claim was sent to Medicare according to the timely filing requirements of your Georgia Health Advantage provider agreement. Along with your Dispute Resolution Request, please submit a copy of the Medicare Explanation of Payment (EOP) for purposes of determining that the claim was initially filed to Medicare within this timely filing requirement. If that is the case, your claim will be adjudicated for payment according to the member's coverage and benefits. If not, the Resolution Request and claim will be denied due to this contractual provision.

In what fields on the claim form should the NPI numbers be entered?

- The individual provider's NPI number goes in Box 24J on the CMS 1500
- The group NPI number goes in Box 33A on the CMS 1500
- The attending physician's NPI number goes in Box 76 on the UB-04
- The operating physician's NPI number goes in Box 77 on the UB-04

Coverage and benefits

Can a medical provider dispense DME items?

If a medical provider is a licensed DME supplier and is contracted with American Health Advantage of Indiana to supply DME, the provider may dispense DME items. Please see Prior Authorization DME requirements in the Quick Reference Guide. In addition, Prior Authorization is required for All DME items with billed charges greater than \$250. Submit your authorization request to the fax number indicated on the prior authorization form.

Is there an annual limit for Physical Therapy, Occupational Therapy or Speech Therapy like Medicare?

American Health Advantage of Indiana does not have an annual limit for Physical Therapy, Occupational Therapy or Speech Therapy. Benefits are based on medical necessity and Prior Authorization is required. Submit your authorization request to the fax number indicated on the prior authorization form.

How does American Health Advantage of Indiana determine if non-emergency ambulance transportation is covered?

American Health Advantage of Indiana uses Medicare guidelines to determine if a nonemergency ambulance transport meets medical necessity. All non-emergent ambulance transports require prior authorization. Submit your authorization request to the fax number indicated on the prior authorization form.

Credentialing

How often are participating providers required to be re-credentialed?

Participating providers are required to be re-credentialed every three years.

How will I know when my new provider has been credentialed?

The credentialing process includes final approval from the Medical Advisory Committee (MAC). Upon completion of the process, a letter is sent advising the provider of his/her acceptance into the network.

Member billing

Can I bill the patient if my payment from American Health Advantage of Indiana was not what I anticipated?

The member should not be billed any more than the copay, coinsurance or deductible. Please note that copays, coinsurance and deductible amounts for dual eligible members should be billed to the appropriate state Medicaid program. If you believe the payment is inconsistent with the current Medicare fee schedule or the denial reason is incorrect, please submit a Claims Reconsideration Request with the appropriate documentation to support your belief. You may also contact your local Provider Relations Representative for further assistance.

Fraud, waste or abuse

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

Contact information for fraud, waste or abuse:

American Health Advantage of Indiana

Hotline: 1-866-205-2866

Email: Compliance@AmHealthPlans.com

U.S. Office of Inspector General

Hotline: 1-800-447-8477 TTY: 1-800-377-4950

Website: oig.hhs.gov/report-fraud/index.asp

Medicare Customer Service Center

Hotline: 1-800-633-4227 TTY: 1-877-486-2048

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

Hours: 24 hours a day / 7 days per week

Examples of beneficiary fraud, waste, or abuse

- **Misrepresentation of status** identity, eligibility, or medical condition to illegally receive a medical service, item, or prescription drug benefit.
- **Identity theft** uses another person's Georgia Health Advantage member identification card and/or Medicare card to obtain medical services, items, or prescription drugs.
- **Doctor shopping** Member or Medicare beneficiary consult several doctors to obtain multiple prescriptions for narcotic painkillers or other drugs.
- **Improper coordination of benefits** Member or 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 Member or Medicare beneficiary changes a
 prescription without the prescriber's approval to increase quantities or get additional refills.
- Resale of drugs on black market Member or Medicare beneficiary falsely obtain drugs for resale.



Toll-free: 1-844-657-04475
(TTY/TDD users call 833-312-0046)
IN.AmHealthPlans.com