

Provider Tip Sheet

American Health Advantage of Texas 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 questions, general plan information	855-521-0628 (option 4)
Provider Payment Method Inquiries: Virtual card, ACH, or other payment inquiries	888-834-3511
Customer service: Verify member's benefits / coverage, general benefits questions	855-521-0628 (option 4)
Utilization management: Authorizations for medical services, and continued stay reviews / updates	855-521-0628 (option 4)
Website	TX.AmHealthPlans.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	855-521-0628 (option 1) Fax: 866-439-0073
NAVITUS 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.	866-270-3877

Claims processing

Electronic claims (preferred)	Clearinghouse: Availity	EDI billing number: 31155
Mailing address (paper claims)	P.O. Box 31039 Tampa, FL 33631-3039	
For TIMELY FILING REQUIREMENTS for 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 (NOTE: No authorization is needed for non-emergency transport from hospital to nursing home and nursing home to hospital)	Other Medicare Part B Drugs covered drugs with billed charges in excess of \$250.
Cardiac Rehabilitation and Intensive Cardiac Rehabilitation	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 require prior authorization. (NOTE: No authorization required for Outpatient X-ray Services)	Outpatient Hospital and Ambulatory Services
DME, Prosthetics, and Orthotics with billed charges in excess of \$250	Partial Hospitalization
Genetic Testing	Skilled Nursing Facility Medicare required three midnight stay is waived
Home Health Care	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, etc.	
Medicare Part B Chemotherapy Drugs with billed charges in excess of \$250	NOTE: NO AUTHORIZATION is required for medically necessary emergent services, urgently needed care, or dialysis services.

Authorization forms available at TX.AmHealthPlans.com; fax completed form to 833-434-0553

Identification of American Health Advantage of Texas members

You can identify an American Health Advantage of Texas 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	PATIENTID: 123456	Admission ID: MNC12345	Enterprise ID: None
PATIENTNAME: Doe, Jane A.	Preferred Name	U.S. Citizen	Martial Status
Phone # 731-555-1212	SSN 000-00-0000	Occupation (current or former)	Education Level
		Military Service	Age
			81
			3/6/1937
Primary Residence			
Address 123 ABCRoad	City, State, Zip Somewhere, TN 55512	County	
		Benton	

Admit From XYZ Hospital	Admit Date/Time 2/2/2021 8:00:00 PM	Discharge Date	Org Location B/106/100 Hall/Sta
Medicaid No. ZBCM5555555	Medicare A No. None	Medicare B No. T03001234	Other Insurance 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 DOE, JOHN B.	Preferred Name	Unit	Room/Bed	Admission Date 5/19/2021	In It. Adm. Date 4/23/2021	Orig. Adm. Date 4/23/2021
Previous address 555 Wind Breeze Street, Memphis TN 38116		Previous phone 901-555-5656		Legal Mailing Address Same as Previous Address		
Sex M	Birthdate 5/14/1940	Age 80	Martial Status Widowed	Religion Non Denominational	Race Black or African American	Occupation(s) mechanic
Admitted From Acute care hospital		Admission Location Baptist East		Birth Place		Citizenship U.S.
TN MCO Number 123456789		Medicare (HIC) #		Medicare Beneficiary ID 1Y23Y4GR56		
Social Security # 123-45-6789		Insurance 2		Insurance American Health Advantage		
Policy # T03009876		Insurance Policy # 2				
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 TEXAS TOLL FREE 1-855-521-0628 (TTY/TDD: 1-833-312-0046) ISSUER ID: H6891-001 MEMBER ID: MEMBER: AMERICAN HEALTH ADVANTAGE OF TEXAS  CMS H6891 001	ENROLLEE INFORMATION  Member Services: 1-855-521-0628 (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 <hr/> IMPORTANT PROVIDER INFORMATION TX.AmHealthPlans.com Provider Services: 1-855-521-0628 Pharmacists: 1-866-270-3877 Contracted and non-contracted providers may send claims to: Medical: American Health Advantage of Texas P.O. Box 31039 Tampa, FL 33631-3039 EDI# 31155
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