

Provider Quick Tips

American Health Advantage of Florida 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	855-521-0626 (option 4)
Customer service: Verify member's benefits / coverage, general benefits questions	855-521-0626 (option 4)
Utilization management: Authorizations for medical services, and continued stay reviews / updates	855-521-0626 (option 4)
Website	FL.AmHealthPlans.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	855-521-0626 (option 1) Fax:866-381-1194
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.	833-674-6196

Claims processing

Electronic claims (preferred)	Clearinghouse: Change Healthcare Clearinghouse EDI billing number: 31150
Mailing address (paper claims)	PO Box 981604 El Paso, TX 79998-1604
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 hospital-to-nursing home and nursing home-to-hospital transportation.	Other Medicare Part B Drugs covered drugs with billed charges in excess of \$250 per transaction
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
DME, Prosthetics and Orthotics 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
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 FL.AmHealthPlans.com; fax completed form to 866-381-1194.

Identification of American Health Advantage of ID members

You can identify an American Health Advantage of FL 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)

PATIENT NAME:		PATIENT ID: 123456		Admission ID: MNC12345		Enterprise ID: None	
Doe, Jane A.		Preferred Name		U.S. Citizen		Marital Status	
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 ABCRoad		Somewhere, TN 55512		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				
ZECM55555555	None	T03001234	RUGs Pending - RUG Pend/NA/NA; Private Pay- Pvt Pay/NA/NA; Private Pay - Pat Liab/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				1Y23YJ4GR56			
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 #	TD987543210				
Third Payer		Policy #		Group #		Ins. Company	
Fourth Payer		Medicaid #		Group #		Ins. Company	