

Provider Quick Tips

American Health Advantage of Idaho 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	855-521-0627 (option 4)
Customer service: Verify member's benefits / coverage, general benefits questions	855-521-0627 (option 3)
Utilization management: Authorizations for medical services, and continued stay reviews / updates	855-521-0627 (option 3)
Website	ID.AmHealthPlans.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	855-521-0627 (option 1) Fax: 833-434-0552
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: Claimsnet / SSI EDI billing number: 31145
Mailing address (paper claims)	P.O. Box 93780 Lubbock, TX 79493
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	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 ID.AmHealthPlans.com; fax completed form to 833-434-0552.

Identification of American Health Advantage of ID members

You can identify an American Health Advantage of ID 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: Doe, Jane A		Preferred Name		U.S. Citizen Y		Marital Status Widowed	
Phone # 731-555-1212	SSN 000-00-0000	Occupation (current or former)	Education Level	Military Service	Age 81	Birthdate 3/6/1937	Email
Primary Residence							
Address 123 ABC Road		City, State, Zip Somewhere, TN 55512		County Benton			
Admit From XYZ Hospital		Admit Date/ Time 2/2/2021		Discharge Date		Org Location B/106/100 Hall/ Sta	
		8:00:00 PM					
Medicaid No. ZECM55555555	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 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 DOE, JOHN B.	Preferred Name	Unit	Room/ Bed	Admission Date 5/19/2021	Init. 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	Marital 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 #	TD987543210				
Third Payer		Policy #		Group #		Ins. Company	
Fourth Payer		Medicaid #		Group #		Ins. Company	

American Health Advantage of ID (HMO I-SNP)

TOLL-FREE 1-855-521-0627 (TTY/TDD 711)

ISSUER ID: H4232-003 RxBIN: 012312
MEMBER ID: U00000006 RxPCN: PartD
MEMBER: Test7 Test8 RxGRP: H4232003




CMS H4232 003

ENROLLEE INFORMATION

Member Services: 1-855-521-0627 (TTY/TDD: 711)
8 AM to 8 PM
7 days/week, Oct 1st through Mar 31st
Monday to Friday, Apr 1st through Sep 30th

IMPORTANT PROVIDER INFORMATION

id.amhealthplans.com

Provider Services: 1-855-521-0627 Pharmacists: 1-833-674-6196
Contracted and non-contracted providers may send claims to:

Medical:
American Health Advantage of ID
P.O. Box 93780
Lubbock, TX 79493
EDI# 31145

Pharmacy:
Elixir
8935 Darrow Rd., P. O. Box. 1208
Twinsburg, OH 44087