Provider Tip Sheet



American Health Advantage of Mississippi 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	844-917-0642 (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	844-917-0642 (option 3)
Utilization management: Authorizations for medical services, and continued stay reviews / updates	844-917-0642 (option 4)
Website	MS.AmHealthPlans.com

Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical information, request clinical assistance	844-917-0642 (option 1) Fax: 877-319-5573
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.	833-661-1993

Claims processing

Electronic claims (preferred)	Clearinghouse: Availity	EDI billing number: 31135			
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	Other Medicare Part B Drugs covered drugs with billed
transportation services (NOTE: No authorization is needed for non-	charges in excess of \$250.
emergency transport from hospital to nursing home and nursing home to	
hospital)	
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.	
	NOTE: NO AUTHORIZATION is required for medically
	necessary emergent services, urgently needed care,
Medicare Part B Chemotherapy Drugs with billed charges in excess of \$250	or dialysis services.
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Authorization forms available at MS.AmHealthPlans.com; fax completed form to 844-917-0641

Identification of American Health Advantage of Mississippi members

You can identify an American Health Advantage of Mississippi 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: MNC 12345		Enterprise ID: None		
PATIENT NAME:		Preferred Name		U.S. Citizen		Martial Status	
Doe, Jane A.				Y		Widowed	
Phone #	SSN	Occupation (current or former)	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				
ZBCM55555555	None	T03001234	RLGs Pending - RLG Pend/NA/NA; Private Pay- Pvt Pay/NA/NA; Private			te	
			Pay - Pat Liab/NA/NA; Medicaid of TN - MCD? 12345678912/NA;				
			American Health Adv A - American Health Adv/T03001234/NA				

Sample face sheet (2)

	RESDIENT INFORMATION					
Resident Name	Preferred Name	Unit	Room/Bed	Admission Date	In it. Adm. Date	Orig. Adm.Date
DOE, JOHN B.				5/19/2021	4/23/2021	4/23/2021
	Previous address	Previ	ous phone	s phone Legal Mailing		
555 Wind Breeze Stre	eet, Memphis TN 38116	901-	555-5656		Same as Pre	vious Address
Sex	Birthdate	Age	Martial Status	Religion	Race	Occupation(s)
M	5/14/1940	80	Widowed	Non Denominational	Black or African American	mechanic
	Admitted From		Admission L	ocation	Citizenship	
	Acute care hospital	Paptist Fast				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

Sample Member ID Card



