

Provider Quick Tips

American Health Advantage of Utah 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 | UT.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: 866-439-0076 |
| 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 UT.AmHealthPlans.com; fax completed form to 833-434-0552.

Identification of American Health Advantage of Utah members

You can identify an American Health Advantage of Utah 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 | | Preferred Name | | U.S. Citizen | | Marital Status | |
| Doe, Jane A | | | | 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 ABC Road | | Somewhere, TN 55512 | | Benton | | | |
| Admit From | | Admit Date/ Time | | Discharge Date | | 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 | | | | |
| ZECM5555555 | 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 | | | | 1Y23Y4GR56 | | | |
| 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 | |

American Health Advantage of UT (HMO I-SNP)

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

| | |
|----------------------|-----------------|
| ISSUER ID: H4232-001 | RxBIN: 012312 |
| MEMBER ID: U00000005 | RxPCN: PartD |
| MEMBER: Test6 | RxGRP: H4232001 |

CMS H4232 001

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

ut.amhealthplans.com
Provider Services: 1-855-521-0627 Pharmacists: 1-833-874-8198
Contracted and non-contracted providers may send claims to:

| | |
|--|--|
| Medical: American Health Advantage of UT P.O. Box 93780 Lubbock, TX 79493 ED# 31145 | Pharmacy: Elair 8935 Darrow Rd., P. O. Box. 1208 Twinsburg, OH 44087 |
|--|--|

American Health Advantage of UT Premier (HMO I-SNP)

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

| | |
|----------------------|-----------------|
| ISSUER ID: H4232-002 | RxBIN: 012312 |
| MEMBER ID: U00000005 | RxPCN: PartD |
| MEMBER: Test7 Test8 | RxGRP: H4232002 |

CMS H4232 002

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

ut.amhealthplans.com
Provider Services: 1-855-521-0627 Pharmacists: 1-833-874-8198
Contracted and non-contracted providers may send claims to:

| | |
|---|--|
| Medical: American Health Advantage of UT Premier P.O. Box 93780 Lubbock, TX 79493 ED# 31145 | Pharmacy: Elair 8935 Darrow Rd., P. O. Box. 1208 Twinsburg, OH 44087 |
|---|--|