

## Provider Tip Sheet



Kansas Health Advantage 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

<b>Provider help desk:</b> General provider contract questions, claims status/payment questions, general plan information	<b>800-399-7524</b> <b>(option 4)</b>
<b>Customer service:</b> Verify member's benefits / coverage, general benefits questions	<b>800-399-7524</b> <b>(option 3)</b>
<b>Utilization management:</b> Authorizations for medical services, and continued stay reviews / updates	<b>800-399-7524</b> <b>(option 3)</b>
<b>Website</b>	<b>KansasHealthAdvantage.com</b>

### Other important contact information

<b>TruHealth Advanced Practice Provider / RN Case Manager:</b> Share clinical information, request clinical assistance	<b>800-399-7524</b> <b>(option 1)</b> <b>Fax: 866-381-0843</b>
<b>ELIXIR PHARMACY Technical Help Desk:</b> 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.	<b>833-502-6757</b>

### Claims processing

<b>Electronic claims</b> (preferred)	Clearinghouse: Change Healthcare Clearinghouse EDI billing number: 71066
<b>Mailing address</b> (paper claims)	PO Box 981604 El Paso, TX 79998-1604
<b>TIMELY FILING REQUIREMENTS:</b> For initial and corrected claims submission, please refer to your provider agreement.	

### Prior Authorization is required for the following covered services

<b>Ambulance Services</b> Medicare covered non-emergency Ambulance transportation services. <b>Note:</b> no authorization is needed for non-emergency hospital-to-nursing home and nursing home-to-hospital transportation.	<b>Other Medicare Part B Drugs</b> covered drugs with billed charges in excess of \$250.
<b>Cardiac Rehabilitation and Intensive Cardiac Rehabilitation</b> - No authorization is required for medically necessary emergent services, urgently needed care, or dialysis services.	<b>Outpatient Observation</b>
<b>Diabetic Supplies</b> with billed charges in excess of \$250	<b>Out-of-Network Providers</b>
<b>Diagnostic Radiological Services</b> e.g., High-Tech Radiology Services including but not limited to: MRI, MRA, PET, CTA, CT scans and SPECT. <b>NOTE:</b> No authorization is required for Outpatient X-ray Services	<b>Outpatient Hospital and Ambulatory Services</b>
<b>DME, Prosthetics and Orthotics</b> with billed charges for each service or transaction in excess of \$250	<b>Partial Hospitalization</b>
<b>Genetic Testing</b>	<b>Skilled Nursing Facility</b> Medicare required three midnight stay is waived
<b>Home Health</b>	<b>Therapy Services</b> Physical, Speech, and Occupational Therapy not performed at LTC residence or other SNF Therapy Setting.
<b>Inpatient Care</b> including but not limited to: Inpatient Acute, Inpatient Psychiatric, Behavioral Health, etc.	
<b>Medicare Part B Chemotherapy Drugs</b> with billed charges in excess of \$250 per transaction	<b>NOTE:</b> NO AUTHORIZATION is required for medically necessary emergent services, urgently needed care, or dialysis services.

Authorization forms available at [KansasHealthAdvantage.com](http://KansasHealthAdvantage.com); fax completed form to 844-363-7493.

## Identification of Kansas Health Advantage members

You can identify a Kansas Health Advantage 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

RESIDENT INFORMATION						
Resident Name	Preferred Name	Unit	Room/Bed	Admission Date	Init. Adm. Date	Orig. Adm. Date
DOE, JOE/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 #	ID987543210			
Third Payer		Policy #		Group #		Ins. Company
Fourth Payer		Medicaid #		Group #		Ins. Company

### Sample Member ID cards

KANSAS HEALTH ADVANTAGE (HMO I-SNP)

TOLL-FREE 1-888-888-8888 (TTY/TDD 711)

ISSUER ID: H1111-001	RxBIN: 000000
MEMBER ID:	RxPCN: PARTD
MEMBER:	RxGRP: H0000000

CMS H1111-001

ENROLLEE INFORMATION

Member Services: 1-800-123-4567 (TTY/TDD 711)

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

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IMPORTANT PROVIDER INFORMATION

KansasHealthAdvantage.com

Provider Services: 1-800-123-4567. Pharmacists: 1-800-555-1234  
Contracted and non-contracted providers may send claims to:

<p><b>Medical:</b> KansasHealthAdvantage.com PO Box 12345 Cityville, ST 12345 EDI# 67890</p>	<p><b>Pharmacy:</b> KansasHealthAdvantage.com PO Box 12345 Cityville, ST 12345 EDI# 67890</p>
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KANSAS HEALTH ADVANTAGE CHOICE (HMO I-SNP)

TOLL-FREE 1-888-888-8888 (TTY/TDD 711)

ISSUER ID: H1111-001	RxBIN: 000000
MEMBER ID:	RxPCN: PARTD
MEMBER:	RxGRP: H0000000

CMS H1111-001

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