## **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

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

# Other important contact information

TruHealth Advanced Practice Provider / RN Case Manager: Share clinical	800-399-7524
information, request clinical assistance	(option 1)
	Fax: 866-381-0843
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.	833-502-6757

## Claims processing

Electronic claims (preferred)	Clearinghouse: Change Healthcare Clearinghouse			
	EDI billing number: 71066			
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. <b>Note</b> : 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.
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
<b>DME</b> , <b>Prosthetics and Orthotics</b> 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 not performed at LTC residence or other SNF Therapy Setting.
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 KansasHealthAdvantage.com; fax completed form to 844-363-7493.

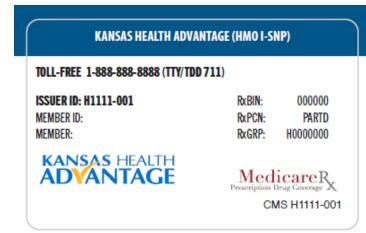
## **Identification of Kansas Health Advantage members**

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

	RESDIENT INFORMATION						
Resident Name	Preferred Name	Unit	Room/Bed	Admission Date	Init.Adm.Date	Orig. Adm.Date	
DOE, JOHNB.				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	Martial Status	Religion	Race	Occupation(s)	
M	5/14/1940	80	Widowed	Non Denominational	Black or African American	mechanic	
	Admitted From	Admission Location		ocation	Birth Place	Citizenship	
	Acute care hospital	Baptist East			J.S.		
	TN MCO Number	Medicare (HIC)#		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#	nul	Ins Company	
Second Payer	Medicaid.	Medicaid#	TD987543210				
Third Payer		Policy#		Group #		Ins. Company	
Fourth Payer		Medicaid#		Group #		Ins. Company	

### Sample Member ID cards



## ENROLLEE INFORMATION MultiPlan

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

#### 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:

#### Medical:

KansasHealthAdvantage.com PO Box 12345 Cityville, ST 12345 EDI# 67890

#### Pharmacy:

KansasHealthAdvantage.com PO Box 12345 Cityville, ST 12345 EDI# 67890

#### 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



MedicareR

CMS H1111-001

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## Pharmacv:

KansasHealthAdvantage.com KansasHealthAdvantage.com PO Box 12345 Cityville, ST 12345 EDI# 67890