

**ISMA
Commercial Payer Forum**

ADVANTAGE HEALTH SOLUTIONS, Inc. SM

Area Network Offerings: ADV 360, Commercial PHO Networks and MEDICARE ADVANTAGE

ADVANTAGE 360:

- Indiana Statewide
- Direct Provider Contracts
- Please access www.advantageplan.com to view claims and eligibility

MEDICARE PPO:

- Directly contracted with Medicare to administer benefits on behalf of its members
- 49 Indiana counties participate in Medicare PPO
- Coming soon: Access to online claims and eligibility

Special points of interest:

- Medicare Plan Update
- Providers be sure to send ADVANTAGE provider relations your most current demographic information.
- 2014 Prior Auth requirements
- 2014 Advantage web tools
- PR contacts
- Colts TPA Update
- Web resources
- Indiana Care Select

Medicare ADVANTAGE Plan Update

EFFECTIVE June 1, 2014

ALL MEDICARE ADVANTAGE claims should be submitted to the following:

New EDI Payor ID: 35219

or

PO Box 502030 Indianapolis, IN 46250

Please contact Medicare ADVANTAGE provider services for any questions regarding the claims address/payor ID change at 1.877.660.6258

ADVANTAGE RISK 2014 PRIOR AUTH REQUIREMENTS

- **Inpatient hospitalization**
- **Advanced imaging: PET/SPECT & MRI's**
- **Outpatient Surgery, excluding colonoscopies and endoscopies**
- **Durable Medical Equipment > than \$750**
- **Home Health Care**
- **Home IV Therapy**
- **Hospice Care**
- **Skilled Nursing Facility**
- **Dialysis**
- **Chemotherapy/radiation**
- **Cardiac & Pulmonary Rehab**
- **Physical Therapy (after 8 visits)**
- **Occupational Therapy**
- **Speech Therapy**
- **Corrective Appliances/Prosthesis**
- **Biotech Drugs*(See Below)**
- **Wound Treatment**
- **Sleep Study**
- **Pain Management**
- **Transplants**
- **Tertiary/Out of Network Services**

"Prior Authorization does not guarantee payment. Payment is subject to eligibility and benefits at the time of service."

Behavioral Health Prior Authorizations:

Behavior Health (Call phone number on back of card for Prior Authorizations)

Authorization is required for following services:

- All inpatient services,
- Intensive Outpatient Programs
- Electroconvulsive Therapy
- Partial Hospitalizations

Specialty Pharmacy Prior Authorizations:

*Biotech medication requests will be completed by

Envison Specialty Pharmacy:

Prior Authorization Phone: 877.684.0021

Prior Authorization Fax: 330.405.8081



ADVANTAGE Web Tools

ADVANTAGE-*connect* features:

- Online Service Request & Provider Demographic Changes
- View Network Authorization & Precert Requirements
- Verify Member Benefits & Eligibility
- View Claim Status
- Access to Other Health Plan Websites
- Access to Health Guidelines & Preventative Health Information
- Access to ADVANTAGE Announcements

Automated Prior Auth Tool @ www.advantageplan.com

This tool has been built to reduce the time and resources it takes provider offices to request authorizations from ADVANTAGE.

The tool is available 24 hours a day and 7 days a week including weekends and holidays.

The Automated Prior Auth Tool is available 24/7 including weekends and holidays.

*Retro authorizations can not be completed on line.

Interactive Voice Response

Allows providers the ability to check medical claims and current eligibility status for members and dependents.

1. Providers may select an automated interactive voice response and/or a faxed copy of the interactive voice response.
2. To access the IVR system, providers can call 800-553-8933 or 317-573-6228 and select option 1.
3. Be sure to have the following information handy when calling: Provider fax number, TIN, Member ID, DOB & DOS.

The IVR is available by calling 1-800-553-8933 or 317-573-6228.



LOGGING IN TO THE PROVIDER PORTAL

- Click on "**Provider**"
- Click on "**ADVANTAGE-connect Login**"
- Click on "**Sign-Up**" as a new user or use your existing username and password
- Click on "**Agree**" to register as a new user and complete Steps 1-5
- Click on "**Finish**" to complete registration

PROVIDER SERVICES

- Click on "**FAQs**" to review most frequently asked questions and their answers
- Click on "**In-Network Provider Directories**" to view a listing of in-network providers
- Click on "**ADV 360 Provider Manuals**" to view ADV 360 provider policies, ID cards, etc.
- Click on "**Provider Authorizations Requests**" to obtain a listing of patient services requiring prior authorization
- Click on "**Provider Directory**" to review network providers
- Click on "**Provider Notification Form**" to submit demographic changes online
- Click on "**Request EOP**" to request an EOP online
- Click on "**Claims Submission Address**" to identify members network claim information
(Select the "**Eligibility and Benefits Inquiry**" Service and follow the directions indicated)
- Click on "**View ID Card/Network Affiliation**" for directions to identify members network claim information
(Select the "**Eligibility and Benefits Inquiry**" Service and follow the directions indicated)
- Click on "**Care-Advantage/Disease Management/Wellness**" to learn of Advantage wellness opportunities
- Click on "**Pharmacy/Authorization**" to view medication requiring authorization by network
- Click on "**Formulary**" for directions to identify member formulary
(Select the "**Eligibility and Benefits Inquiry**" Service and follow the directions indicated)
- Click on "**Provider Newsletter**" to view the latest provider newsletter written by different networks
- Click on "**Medical Records Confidentiality Guidelines**" to view medical record guidelines
- Click on "**Provider Interactive Voice Response System**" to learn how to retrieve claim and eligibility information from our automated IVR system
- Click on "**Contact Us**" to directly connect to the Provider Relations Department by phone or online

PROVIDER INQUIRIES

- Click on "**Claims and EOPs/EOBs**"
(Providers have three search options: Dates of Service, Patient Search or Claim Number)
- Click on "**Eligibility and Benefits Inquiry**"
(Providers have two search options: Member ID Search or Patient Name Search)

ADVANTAGE has a team of dedicated Provider Relations staff available to assist you with questions about our products and services.

Contact Us: 877-901-2237 Fax: 317-663-1895

- | | |
|------------------|---|
| Sandy Thorne | - Director of Provider Relations |
| Lisa Fennig | - Provider Relations Specialist II |
| Tenise Hill | - Provider Relations Specialist |
| Kathrina Settle | - Provider Relations Specialist |
| Candace Ervin | - Provider Relations Trainer/Auditor |
| Shannon Sellars | - Provider Relations Project Assistant |
| Renae Green-Hart | - Provider Relations Coordinator |
| Jacque Driver | - Provider Relations Credentialing Coordinator |
| Kevin Goodwin | - Provider Relations Database Coordinator |
| Sierra Barnett | - Provider Relations Credentialing & Data Coordinator Assistant |
| Laura Berry | - Provider Relations Credentialing & Data Coordinator Assistant |

ADVANTAGE HEALTH SOLUTIONS, INC.

...rising above the service you expect

9045 River Road
Suite 200
Indianapolis, IN
46240

Indianapolis Colts TPA Change



EFFECTIVE June 1, 2014

ALL CLAIM dates of service 6.1.14 and there after for the INDIANAPOLIS COLTS should be submitted to:

PO BOX 503486

INDIANAPOLIS, IN 46250

EDI PAYER ID 35199

claim dates of service prior to 6.1.14 should continue to be submitted to Anthem

Please contact ADVANTAGE HEALTH SOLUTIONS, INC. customer service for claims, eligibility and benefit inquiries at

1.866.661.6860 or 317.587.8550

Prior authorization requests are managed by contacting 888.482.0198

Important Website Resources:

Resources

[2013 Quality Improvement and Workplan](#)

[2013 Clinical Practice Guidelines](#)

[Preventive Guidelines](#)

[Individual Immunization Schedules – Birth-18](#)

[Individual Immunization Schedules – Adult](#)

[ChooseMyPlate.gov](#)

[Women's Preventive Services](#)

[Member Appeal Rights](#)

[Glossary of Health Coverage and Medical Terms](#)

[Member Quick Reference Guide](#)

[Rx Savings Card Brochure](#)

[Tobacco Cessation](#)

[Caregiver Tips](#)

[Alcohol and Diabetes](#)

[Alcohol and Cardiovascular Disease](#)

ADVANTAGE Care Select Member Services: (800) 784-3981

For the hearing impaired: (866) 859-7812

Director of Network Development Contracts

Kelvin Orr (317) 573-6572

Provider Relations/Contracting Specialist

Dan Green (317) 816-6760

Provider Relations Specialist

Katie Shull (317) 573-2795



Prior Authorization Submission by Mail:

Written requests for PA are submitted, (using an Indiana Prior Review and Authorization Request form), to one of the following address's listed below based on the program the member is associated to, which can be determined by the eligibility verification obtained on the member.

ADVANTAGE Health Solutions – FFS
Prior Authorization Department
P.O. Box 40789
Indianapolis, IN 46240

ADVANTAGE Health Solutions -
Care Select
Prior Authorization Department
P.O. Box 80068
Indianapolis, IN 46280

ADVANTAGE Health Solutions
MRO Prior Authorization
Prior Authorization Department
P.O. Box 40789
Indianapolis, IN 46240

Prior Authorization Submission by Phone or Fax:

- By Fax – Providers may fax ADVANTAGE Health Solutions – FFS and ADVANTAGE Health Solutions – *Care Select* PA requests (using an Indiana Prior Review and Authorization Request form) to: 1-800-689-2759.
- By Fax – Providers may fax ADVANTAGE Health Solutions – MRO Prior Authorization requests (using an Indiana Prior Review and Authorization Request form) to: 1-866-541-3977.\
- Please send them on a daily basis. **Please do not send large weekly batches of PA requests**
- By Phone – The following PA department telephone numbers are as follows:
- ADVANTAGE – FFS & MRO: (800) 269-5720
- ADVANTAGE – *Care Select*: (800) 784-3981

The WebInterchange application on the IHCP website allows providers to submit non-pharmacy PA requests and to inquire on request via WebInterchange.

Indiana Prior Review and Authorization Request Forms are available at:

The IHCP website at: www.indianamedicaid.com
List of [Prior Authorization Request Forms](#)