



PROVIDER BULLETIN
#10-2016

TO: Participating hospitals and ambulatory surgical centers that provide covered services to AmeriHealth Pennsylvania members

FROM: Daniel Brown
Director, Provider Reimbursement

DATE: May 27, 2016

SUBJECT: Changes in reimbursement display

We are sending this bulletin to inform you that during the transition to our new claims processing platform, there was a change in the display of reimbursement for inpatient stay claims. Regardless of payment methodology (i.e., per diem or diagnosis related group [DRG]), the reimbursement for services is displayed across all claim lines.

- **Claims processed on the previous platform.** Reimbursement for an inpatient stay was rolled up and displayed on *one payment line*, as shown below.

Claim ID	Claim line	Rev code	Units of service	Charges	Contracted rate	Reimbursement
0011	1	171	1	\$3,000	\$47 per diem	\$47.00
0011	2	174	1	\$6,000	\$3,489 per diem	\$3,489.00
0011	3	300	5	\$1,000	–	\$0.00
0011	4	636	10	\$2,000	–	\$0.00
Total:				\$12,000	\$3536.00	\$3536.00

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We encourage you to share this information with appropriate members of your staff.

- **Claims processed on the new platform.** Reimbursement for an inpatient stay is displayed on *two or more separate payment lines*, as shown below.

Claim ID	Claim line	Rev code	Units of service	Charges	Contracted rate	Reimbursement
0011	1	171	1	\$3,000	\$47 per diem	\$884.00
0011	2	174	1	\$6,000	\$3,489 per diem	\$1,768.00
0011	3	300	5	\$1,000	–	\$294.67
0011	4	636	10	\$2,000	–	\$589.33
Total:				\$12,000	\$3536.00	\$3536.00

If you have any questions about this bulletin, please contact your Network Coordinator.