TO: Participating hospitals that provide covered services to AmeriHealth New Jersey members

FROM: Claim Operations

DATE: March 29, 2018

SUBJECT: Clarification of documentation needed for claim submission

We are sending this bulletin to notify you that AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey (collectively, AmeriHealth New Jersey) are clarifying the documentation needed to satisfy the "charge information and units" data element required for a claim to be considered a "Clean Claim."

Effective May 1, 2018, in certain circumstances, we will require the submission of an itemized bill for inpatient claims. Specifically, an itemized bill may be required in order to process the charge information and units data for the following types of claims as requested by AmeriHealth New Jersey: (1) inpatient claims paid on a percentage of charge basis with an estimated allowed amount of $50,000 or greater; and (2) inpatient claims with an estimated allowed amount of $50,000 or greater and in excess of the DRG threshold as specified in your Hospital Agreement.

When an itemized bill is required, hospitals will be contacted directly by Equian, LLC, a company that has been engaged by AmeriHealth New Jersey.

The Administrative section of the *Hospital Manual for Participating Hospitals, Ancillary Facilities, and Ancillary Providers* will be updated to reflect the language indicated in red regarding the submission of Clean Claims:

A Clean Claim is a claim for payment for a Covered Service provided to an eligible Member on the date of service, accepted by the AmeriHealth New Jersey EDI system as complete and accurately submitted, and consistent with the Clean Claim definition set forth in applicable federal or State laws and regulations.

The following information is generally required for a Clean Claim:

- patient's full name
- patient's date of birth

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

- valid Member ID number, including prefix

- statement "from" and "to" dates

- diagnosis codes

- facility bill type

- revenue codes

- procedure codes (e.g., CPT® at the line level for Outpatient claims, ICD-10-CM at the claim level for Inpatient claims)

- charge information and units*

- service Provider's name, address, and National Provider Identifier (NPI)

- Provider's TIN

*An itemized bill may be required in order to process the charge information and units data for the following types of claims: (1) inpatient claims paid on a percentage of charge basis with an estimated allowed amount of $50,000 or greater; and (2) inpatient claims with an estimated allowed amount of $50,000 or greater and in excess of the DRG threshold as specified in your Hospital Agreement.

If you have questions regarding these new claim submission requirements, please send an email to forensicreviewservices@amerihealth.com.