



PROVIDER BULLETIN
#05-2016

TO: Hospitals contracted under Ambulatory Payment Classifications (APC)

FROM: Daniel Brown
Director, Provider Reimbursement

DATE: February 12, 2016

SUBJECT: APC reimbursement

We are sending this bulletin to remind you that effective January 1, 2012, APC reimbursement was added to your Hospital Agreement (Agreement) for certain AmeriHealth HMO, Inc. (AmeriHealth) products. Per your Agreement, the APC Grouper/Pricer and Fee Schedules published and distributed by the Centers for Medicare & Medicaid Services (CMS) are used to determine reimbursement. The reimbursement amount is the product of the CMS APC Pricer amount (or fee schedule amount) and the CMS Pricer Adjustment Factor.

In the event CMS makes updates to APC Grouper/Pricer and/or Fee Schedules, AmeriHealth will update the APC Grouper/Pricer within 60 days* of CMS publishing such updates. The parties agree, however, that retrospective changes made by CMS shall not apply.

If you have a concern regarding the way your claims are reimbursed, we encourage you to use your applicable version of the CMS Outpatient Prospective Payment System (APC Pricer) to verify proper compensation.

If discrepancies remain, or if you have any questions about this bulletin, please contact your Network Coordinator.

**The time frame may vary. Please refer to your specific Agreement with AmeriHealth.*