A Message to

Business Office Managers

8000 Midlantic Drive, Suite 333, Mt. Laurel N.J. 08054

Memorandum

TO: Business Office Managers at AmeriHealth Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: April 29, 2005

SUBJECT: REVISION TO CLAIM TIMELY FILING REQUIREMENTS

In an effort to increase operational efficiencies, AmeriHealth and its affiliates have been reviewing current claim timely filing requirements as set forth in the Hospital Agreement, Billing and Payment. As you are aware, the current requirement for timely submission of a clean claim is 60 calendar days following the day the member was discharged or received outpatient services. In the past, we may have accepted clean claims for processing beyond this timeframe. (The received date of the claim(s) is the date it is accepted electronically by AmeriHealth.)

Effective for dates of service **on or after June 1, 2005,** hospitals must use their best efforts to submit claims within this 60 day timeframe. However, clean claims submitted to AmeriHealth within 180 calendar days from the date the member was discharged or received covered outpatient services will be accepted for processing and payment *until further notice.*

Please Note: Claims will not be accepted for payment if submitted more than 180 calendar days from (1) the date the member was discharged or received covered outpatient services, or (2) where AmeriHealth is the secondary payor, the date the primary payor has made payment or denied the claim. In accordance with the terms of your contract, members may not be billed for claims denied because they are not timely filed.

If you have any questions about this bulletin, please call your Hospital Service Coordinator or the Provider Relations Department at 856-778-6500.