A Message to

Business Office Managers

AmeriHealth

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

Memorandum

TO: All AmeriHealth Participating Hospitals in New Jersey

FROM: Kathleen Mariano
Manager, Provider Relations

DATE: 9/1/05

SUBJECT: New Small Employer Health (SEH) Products

AmeriHealth is pleased to introduce the following new products to our HMO and POS benefit programs for Small Employer Health Groups.

The AmeriHealth NJ Small Employer SEH HMO Plus: The member must select a PCP in the AmeriHealth Network; however, members can access in-network care without a referral.

The AmeriHealth NJ Small Employer SEH POS Plus: The member must select a PCP in the AmeriHealth Network; however members can access in or out of network care without a referral.

The AmeriHealth NJ Small Employer SEH HMO: Members must select a PCP in the AmeriHealth Network. Referrals are required for all specialty care.

AmeriHealth NJ Small Employer SEH POS: Members must select a PCP in the AmeriHealth Network. Referrals are required for all in-network specialty care

Following are highlights of the changes that will impact hospital billing and precertification procedures.

Copayments:

- **Emergency Room (ER) Copayment:** All of the new SEH Products include a $100 ER copayment. The ER copayment is **not waived** if the member is admitted to the hospital from the ER.

- **Inpatient Copayment:** Copayment amounts vary by benefit program. They may be $200, $300, or $400 a day, for a maximum of five copayments per admission.

- **Outpatient Surgery Copayment:** Copayment amounts vary by benefit program. They may be $100, $150, or $200 per surgical episode.

- **Two levels of member cost-sharing for radiology services provided in an outpatient facility:** Routine radiology/diagnostic services have a lower copayment, while complex services such as MRI/MRA, CT scans, and PET scans have a higher copayment. The applicable copayments are shown on the member's identification card following the SD indicator: SD $30/60, SD $40/80, or SD $50/100, and there is one copayment per date of service, per provider. **Note:** Copayments do not apply to radiology services performed in the ER or in an office setting.

- **Physical therapy, occupational therapy, and speech therapy:** Benefits are limited to 30 visits per calendar year. Copayment amounts vary by benefits program. They may be $30, $40, or $50 per visit.

- **Routine Screening and Diagnostic Mammographies:** Copayments do not apply to routine screening or diagnostic mammographies.

- **Skilled Nursing Facility:** Copayment amounts vary by benefit program. They may be $100, $150, or $200 a day, for a maximum of five copayments per admission.

New Precertification Requirements:

- Precertification requirements are consistent across product lines for the SEH HMO Plus, SEH POS Plus, SEH HMO and SEH POS Products; however, the list of services that require precertification has been changed from our other programs. **The enclosed precertification list applies to the SEH Products outlined in this memorandum only.**

If you have any questions or need additional information regarding the SEH Products, please contact your Hospital Coordinator or the Provider Relations Department at 856-778-6500.

Enclosures