

# PROVIDER Bulletin



January 5, 2016

This Provider Bulletin applies to the lines of business and provider types checked below:

- PHP (Medicare)     
  Primary Care Physicians     
  Specialists  
 PHC (Medicaid)     
  Ancillary     
  Hospitals

**Effective with dates of service on or after Jan. 1, 2016**, Providers will notice a change in both the PHP (Medicare) and PHC (Medicaid) Claims Remittance Advice (RA). See below for a sample Claim Remittance Advice.

Summary of changes:

- The Member's identification number will no longer include a PHP or PHC prefix.
- Each line item will indicate the amount of co-payment or co-insurance if applicable.
- Each claim will have its Claim Explanation Code at the line item indicating the claim payment, denial or contested reason.
- The Claim Explanation note(s) will be located at the end of each claim processed; you will no longer have to go to the final page to review the explanation code reason.

**Providers may contact the Claims Customer Service line at 855.318.4387 with any questions.**

AHF Page Number: 1

Date: 12/28/15  
Check Number: 111111114

PHYSICIAN PROVIDER GROUP      Check Total: \$266.00  
 PO BOX 11111      Provider ID#: 000000999  
 MAIN STREET, FL 33316      Provider NPI: XXXXXX1111  
 Fed Tax ID#: 11-1111111

STATEMENT OF REMITTANCE

---

Provider Name / Number

Patient ID#	Clin Control Nbr	Service Dates	# of Procedure	Units	Code	Amount Billed	Amount Approved	Copy Amount	COB Amount	Provider Return	Amount Paid	Reason Codes
		From	Thru									

AHF Page Number: 2

PHYSICIAN PROVIDER GROUP / 000000999

999999999      123456789

SMITH, JOHN	10/30/15	10/30/15	1	99214	256.00	100.00	0.00	0.00	0.00	0.00	100.00	
SMITH, JOHN	10/30/15	10/30/15	4	90320	0.00	0.00	0.00	0.00	0.00	0.00	0.00	593
Total For SMITH, JOHN						256.00	100.00	0.00	0.00	0.00	100.00	
Total for PHYSICIAN PROVIDER GROUP						256.00	100.00	0.00	0.00	0.00	100.00	
TOTAL FOR CHECK NUMBER 111111114						256.00	100.00	0.00	0.00	0.00	100.00	

Claim Explanation Notes:

**593** PROCEDURE NOT COVERED IN CUSTOMER BENEFITS

Provider should understand that this patient is a member of an at-risk HMO program and bears no financial liability other than that specifically stated on this Remittance. Provider also agrees that in accepting payment it will under no circumstances bill member for any amount not specifically stated herein.

**This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to [remon.walker@positivehealthcare.org](mailto:remon.walker@positivehealthcare.org).**