SCOPE:
Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:
Health Plan Providers
All Lines of Business

POLICY:
Methods of reimbursement are established through the contracting process upon mutual agreement between Company and the provider. As a reimbursement methodology, “all-inclusive payment rates” encompass a range of services provided for a particular condition, for a determined length of time, or for a specific level of care. One payment rate is established and covers all services regardless of the number or type of services provided. Exceptions are specifically listed in provider contracts.

DEFINITIONS:
Per Diem: A per-day, all-inclusive payment rate. Includes all services provided during one day (24 hours) of care. An example is per-day rates for Skilled Nursing Facility care.

Per Medicare Severity - Diagnostic Related Groupings (MS-DRG): A per-hospital-admission inclusive payment rate that includes all services from inpatient admission through discharge. Rates vary by classification of MS-DRG. Payment rates are established for each MS-DRG admission.

Per Visit: A per-visit payment rate of certain services provided during a visit or a combination of visits on a given day. Examples include: Emergency Department care; outpatient rehabilitation visits which may include several modalities such as physical therapy, speech therapy, or occupational therapy. These may be combined for a per-visit payment rate.

Per Global Payment/Per Case: Includes services provided for a specific condition, treatment, or procedure. Examples are: Comprehensive payment rate for maternity care; ambulatory surgery center rates; end-stage renal disease (ESRD) payments; radiology services that include supplies necessary to perform the procedure.

Per Global Surgical Package: See Coding Policy MC 12.0.

REFERENCE:
Provider Manual
Provider Contracts
CMS/ Medicare Rules and Regulations