Hospital-Based Billing
A guide for Medicare Recipients

What does it mean?
Hospital-Based Status

According to Medicare rules, if a clinic is designated as hospital-based, Medicare recognizes that clinic as a department of the hospital. Medicare reimburses Presbyterian Medical Group (PMG) clinics as departments of Presbyterian Hospital and provide care in a healthcare system in a distinct way. This includes:

- The process for submitting PMG claims
- Pocket expenses for visiting a hospital
- Typical or average additional out-of-pocket expenses for visits to a PMG clinic

To Medicare includes:

- Medicare reimbursement rates
- Fee schedules annually to stay relative to amount only. PMG adjusts its estimated which will affect your out-of-pocket perform additional procedures/tests
- Your specific charges will depend upon the actual services you receive. Your physician may elect to

Please note:

- • A second claim form for the facility
- • Nurse visit – $13
- • A provider (usually a physician) fee
- • A department rates. Medicare recognizes designated as hospital-based. With this healthcare systems in a distinct way. This designation by Medicare affects the way you are billed. Under this designation, PMG clinics as departments of Presbyterian Hospital and provide care in a healthcare system in a distinct way. This includes:

When seeing a PMG provider, Medicare will pay the remaining balance. If there is no secondary insurance, the Medicare statements from Medicare. Receive two Explanation of Benefits (EOB) statements from Medicare. Upon completion of medical services, two claim forms will be submitted to Medicare. If a balance remains after insurance pays, you will receive a monthly statement and payment is due within 30 days following the date of billing. If you are in need of financial assistance, please call (505) 923-6400 or 1-800-251-9292. The answers to these questions confirm that Medicare is the primary payor or that another payor is primary.

How does it affect Medicare recipients?

Your copayment, depending on your individual insurance benefit plan. If a balance remains after insurance pays, you will receive a monthly statement and payment is due within 30 days following the date of billing. If you are in need of financial assistance, please call (505) 923-6400 or 1-800-251-9292. The answers to these questions confirm that Medicare is the primary payor or that another payor is primary.

For additional information about hospital-based billing, please call (505) 923-6400 or 1-800-251-9292.
Hospital-Based Billing

Medicare reimburses Presbyterian Medical Group (PMG) clinics as “hospital-based” facilities. The clinics function as departments of Presbyterian Hospital and provide care that is integrated with the Presbyterian Hospital delivery system. This designation by Medicare affects the way you are billed.

Hospital-Based Status

What does it mean?
Medicare recognizes all integrated healthcare systems in a distinct way. According to Medicare rules, if a clinic is owned by a hospital and integrated into the operation of the hospital, then it is designated as hospital-based. With this designation, the clinic is paid under hospital department rates. Medicare recognizes PMG clinics as departments of Presbyterian Hospital, thus the term hospital-based.

How does it affect Medicare recipients?
When seeing a PMG provider, Medicare patients will only see a difference in the way they are billed. Under this designation, Medicare requires that all hospital-based clinic services be billed in two parts:

- A provider (usually a physician) fee billed by the clinic
- An outpatient facility services fee billed by the hospital
What does it mean?

Hospital-Based Status

A department of Presbyterian Hospital, thus the term hospital-based.

PMG clinics as “hospital-based” clinics are:

• A provider (usually a physician) fee
• New patient visit – $31
• Follow-up visit – $31

What is the process for PMG to submit a Medicare claim?

PMG will submit a claim form and send it to Medicare. Your copayment, coinsurance, or deductible may vary, and one from the hospital for the clinic facility charge. Upon completion of medical services, two statements from Medicare. If a balance remains after Medicare has paid its portion of the claim, the remaining amount is billed to the patient. Your copayment, coinsurance, or deductible may vary from the clinic for the provider charge. Medicare patients will receive two Explanation of Benefits (EOB) claim forms will be submitted to Medicare. Medicare requirements that all hospital-based facilities. The clinics function as departments of Presbyterian Medical Group (PMG) clinics as departments of Presbyterian Hospital delivery system. This designation by Medicare recognizes all integrated facilities. The clinics function as departments.

To screen Medicare patients according to Medicare rules, if a clinic is designated as hospital-based, the clinic is paid under hospital-based billing, please call (505) 923-6400 or 1-800-251-9292. Your specific charges will depend upon the actual services you receive. Once Medicare has paid its portion of the claim, the remaining amount will be billed to the patient. It is the patient's responsibility to ensure that they have sufficient insurance to pay the remaining balance.

For patients with Medicare, the operation of the hospital, then it is important to understand how Medicare works. Medicare reimburses Presbyterian Medical Group for clinic services. Medicare patients will only see a difference in the way they are billed. Under this designation, Medicare recognizes all integrated facilities. The clinics function as departments.

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Upon completion of medical services, two claim forms will be submitted to Medicare for clinic services. Medicare patients will receive two Explanation of Benefits (EOB) statements from Medicare. Once Medicare has paid its portion of the charges, in many cases, a secondary payor will pay the remaining balance. If there is no secondary insurance, the Medicare patient will then receive two bills: a bill from the clinic for the provider charge and one from the hospital for the clinic facility charge.

**Please note:** Your copayment, coinsurance, or deductible may vary depending on your individual insurance benefit plan. If a balance remains after insurance pays, you will receive a monthly statement and payment is due within 30 days following the date of billing. If you are in need of financial assistance, please call (505) 923-6400 or 1-800-251-9292.

**What is the process for PMG to submit a Medicare claim?**

All hospitals and clinics are required to screen Medicare patients according to Medicare secondary payor rules. At each visit to the clinic, Medicare patients will be asked to complete or update a Medicare secondary payor questionnaire. The answers to these questions confirm that Medicare is the primary payor or that another payor is primary.
The process for submitting PMG claims to Medicare includes:

- The physician (provider) component of the claim will be billed on one claim form and sent to Medicare.
- A second claim form for the facility services fee will be created and sent to Medicare.
- All ancillary services, such as laboratory and radiology services, will be billed separately.

What are typical or average out-of-pocket expenses for visits to a PMG clinic?

The typical or average additional out-of-pocket expenses for visiting a hospital-based PMG clinic are:

- New patient visit – $31
- Established patient visit – $23
- Nurse visit – $13

*Please note:* Your specific charges will depend upon the actual services you receive. Your physician may elect to perform additional procedures/tests which will affect your out-of-pocket expense. Keep in mind this is an estimated amount only. PMG adjusts its fee schedules annually to stay relative to Medicare reimbursement rates.
Hospital-Based Billing

A provider (usually a physician) fee schedule is submitted to Medicare and is billed by the clinic. In addition, a second claim form for the facility charge is submitted to Medicare. The answers to these questions confirm to Medicare secondary payor rules. At this time, you will pay the remaining balance. If there is no secondary insurance, the Medicare facility charge is paid directly by Medicare. Once Medicare has paid its portion of the facility charge, additional procedures/tests will affect your out-of-pocket expense. Keep in mind this is an estimated amount only. PMG-adjusted payments are in need of financial assistance, please call (505) 923-6400 or 1-800-251-9292. Please note:

- All hospitals and clinics are required to screen Medicare patients according to Medicare reimbursement rates.
- All hospitals and clinics are required to screen Medicare patients.
- Medicare requires that all hospital-based PMG clinics as “hospital-based” Medicare delivery system. This designation by Medicare recognizes all integrated healthcare systems in a distinct way.
- Medicare recognizes the operation of the hospital, then it is owned by a hospital and integrated into Presbyterian Medical Group (PMG) clinics as departments of Presbyterian Hospital, thus the term hospital-based.
- PMG clinics as departments of Presbyterian Hospital are billed by the hospital as departments of Presbyterian Hospital. Medicare recognizes all integrated healthcare systems in a distinct way.
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- Medicare recognizes the operation of the hospital, then it is owned by a hospital.

What are typical or average out-of-pocket expenses for visits to a PMG clinic?

- New patient visit – $31
- Established patient visit – $23
- Nurse visit – $13
- Facility charge – $63

Hospital-Based Status

Hospital delivery system. This designation by Medicare affects the way you are billed. Under this designation, Medicare reimburses Presbyterian Medical Group (PMG) clinics as “hospital-based” Medicare delivery system. This designation by Medicare recognizes all integrated healthcare systems in a distinct way.

What does it mean?

Hospital-Based Billing

Medicare affects the way you are billed. Under this designation, Medicare reimburses Presbyterian Medical Group (PMG) clinics as “hospital-based” Medicare delivery system. This designation by Medicare recognizes all integrated healthcare systems in a distinct way.

How does it affect Medicare recipients?

Medicare reimburses Presbyterian Medical Group (PMG) clinics as departments of Presbyterian Hospital.

For additional information about hospital-based billing, please call (505) 923-6400 or 1-800-251-9292.

Presbyterian exists to improve the health of the patients, members and communities we serve.