Hospital-Based Billing
A guide for TRICARE Recipients

The process for submitting PMG claims

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

- Please note:
  - All ancillary services, such as: nurse visit – $12
  - Established patient visit – $24
  - New patient visit – $36

TRICARE reimbursement rates.

fee schedules annually to stay relative to the term hospital-based.

A second claim form for the facility services fee will be created and sent to TRICARE.

TRICARE requires that all hospital-based

depends 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 amount only. PMG adjusts its fee schedules annually to stay relative to the term hospital-based.

TRICARE recognizes PMG clinics as hospital-based. With this designation, the clinic is paid under hospital department systems in a distinct way. According to TRICARE rules, if a clinic is owned by a hospital and integrated into the operation of the hospital, then it is designated as hospital-based. This designation by Presbyterian Hospital makes PMG Group (PMG) clinics as “hospital-based” facilities. The clinics function as departments of Presbyterian Hospital and provide care as part of the hospital delivery system. This designation by Presbyterian Hospital and the Department of Presbyterian Hospital are need of financial assistance, please call (505) 923-6400 or 1-800-251-9292.

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

TRICARE reimburses Presbyterian Medical Group (PMG) clinics as “hospital-based” under the term hospital-based.

A department of Presbyterian Hospital and the Department of Presbyterian Hospital.

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Hospital-Based Billing

TRICARE 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 TRICARE affects the way you are billed.

Hospital-Based Status

What does it mean?
TRICARE recognizes all integrated healthcare systems in a distinct way. According to TRICARE 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. TRICARE recognizes PMG clinics as departments of Presbyterian Hospital, thus the term hospital-based.

How does it affect TRICARE recipients?
When seeing a PMG provider, TRICARE patients will only see a difference in the way they are billed. Under this designation, TRICARE 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
The process for submitting PMG claims for visiting a PMG clinic are:

The typical or average out-of-pocket out-of-pocket expenses for visits to TRICARE reimbursement rates.

Your specific charges will receive. Your physician may elect to Your specific charges will receive. Your physician may elect to

• All ancillary services, such as

TRICARE requires that all hospital-based services fee will be created and sent TRICARE requires that all hospital-based services fee will be created and sent

• Established patient visit – $24 TRICARE requires that all hospital-based services fee will be created and sent

• New patient visit – $36 services fee will be created and sent

For additional information about:

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Upon completion of medical services, two claim forms will be submitted to TRICARE for clinic services. TRICARE patients will receive two Explanation of Benefits (EOB) statements from TRICARE. Once TRICARE 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 TRICARE 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 TRICARE claim?
All hospitals and clinics are required to screen TRICARE patients according to TRICARE secondary payor rules. At each visit to the clinic, TRICARE patients will be asked to complete or update a TRICARE secondary payor questionnaire. The answers to these questions confirm that TRICARE is the primary payor or that another payor is primary.
The process for submitting PMG claims to TRICARE includes:

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

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

- New patient visit – $36
- Established patient visit – $24
- Nurse visit – $12

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 TRICARE reimbursement rates.
Hospital-Based Billing

TRICARE requires that all hospital-based patients will only see a difference in the way they are billed. Under this designation, if a clinic is owned by a hospital and integrated into the operation of Presbyterian Hospital, then it is designated as hospital-based. With this designation, the clinic is paid under hospital department rates. TRICARE recognizes PMG clinics as hospital-based. In this way, TRICARE reimburses Presbyterian Medical Group clinics as hospital-based departments of Presbyterian Hospital, thus affecting the way you are billed.

What does it mean?

Hospital-Based Status

TRICARE affects the way you are billed. Hospital-Based Status affects how Presbyterian exists to improve the health of the patients, members and communities we serve.