

The Centers for Medicare and Medicaid Services will designate health care providers as “Provider-Based”.

With this designation, St. Anthony Clinics will be considered an outpatient hospital department.

PROVIDER BASED BILLING



What is provider-based clinic?

This is a status defined by Medicare for hospitals and clinics that comply with specific Medicare provisions such as: close proximity; shared licensure; common ownership and control; and integrated clinical services.

Why the change to provider-based billing?

Medicare has designed this billing process for integrated providers like us. Throughout the county, this is widely used by providers of all sizes.

Which St. Anthony facilities are affected?

St. Anthony Clinic- Carroll
St. Anthony Clinic- Breda
St. Anthony Clinic- Coon Rapids
St. Anthony Clinic- Mental Health
St. Anthony Clinic- Manning
St. Anthony Clinic- Wall Lake
St. Anthony Clinic- Westside

How will this affect my bill?

When seeing an St. Anthony Clinic provider for any type of outpatient service, you will see a change in the way you are billed. Under "Provider-Based" status, Medicare requires St. Anthony Hospital to bill all health care provider services in two parts. When your medical services are completed, St. Anthony Clinic will submit two claims to Medicare:

- ♦ FACILITY FEE
- ♦ HEALTH CARE PROVIDER (PROFESSIONAL) FEE

You will receive two Medicare Summary Notices (MSNs) from Medicare. Once Medicare has processed their portion of the charges, the balance will be submitted to a

secondary payer. If there is a balance after the secondary insurance processes the claim, or if you do not have a secondary insurance, you will receive a bill for the remaining balance.

PLEASE NOTE:

The total cost of charges for Medicare patients will not exceed charges incurred by non Medicare patients receiving the same services.

Why does Medicare ask so many questions?

Not unlike other insurance companies, Medicare requires every patient to very pertinent information at each visit. This allows for accurate billing.

What are Medicare Secondary Payer (MSP) questions and how often are they asked?

As a participating Medicare provider, St. Anthony Hospital is required to ask Medicare Secondary Payer (MSP) questions. The MSP program was created to preserve Medicare funds by establishing who the primary payer should be for a patient's medical expense.

Who should patients call if they have questions regarding provider-based billing?

If a patient has a question or a concern regarding provider-based billing, they can call 712-794-5242 and ask for their patient account manager. Business office representatives are available Monday- Friday 8am-4:30pm.

How does this change affect you as a Medicare patient?

Billing process:

- ♦ Medicare requires that provider-based health care provider services be billed in two parts:
 - ♦ FACILITY FEE
 - ♦ HEALTHCARE PROVIDER (PROFESSIONAL) FEE
- ♦ The total cost of both charges for Medicare patients will not exceed charges incurred by other non-Medicare patients receiving the same services.
- ♦ Medicare patients will receive two Medicare Summary Notices (MSNs) for services provided at St. Anthony Hospital.

Medicare Secondary Payer (MSP) questions and how often are they asked?

- ♦ As a participating Medicare provider, St. Anthony Hospital will be required to ask our Medicare patients the MSP questions. These questions are designed to determine if any other insurance should pay before Medicare.
- ♦ These MSP questions will be asked during registration prior to every appointment.

More information

If you have questions or concerns regarding this change, please call our business office at 712-794-5242.