

What does “Provider Based” designation mean?

This is a Medicare status for hospitals and clinics that comply with specific Medicare regulations. Medicare has determined that OMC has met these regulations and has now been designated as such. This status requires that OMC bill Medicare in two parts.

How does “Provider Based” affect my billing?

When seeing an OMC healthcare provider for any type of outpatient services, you will see a change in the way you are billed. Under “Provider Based” status, Medicare requires OMC to bill all healthcare provider services in two parts. When your medical services are completed, OMC will submit two claims to Medicare:

- Facility fee – Part A
- Healthcare provider fee – Part B

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 payor. If there is a balance after the secondary insurance processes the claim, or if you do not have 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.

Estimate of charges

Medicare requires that we provide you with an estimate of your Part A and Part B coinsurance amounts. These amounts will vary based on the type and number of services received.

Estimate of coinsurance amounts:

	<u>Part A</u>	<u>Part B</u>
Office Visit	\$11 to \$17	\$2 to \$27
Radiology	\$20 to \$40	\$2 to \$12
Minor Procedure	\$10 to \$50	\$5 to \$10

Certain tests such as colonoscopies and endoscopies have Part A coinsurance amounts that range from \$143 to \$186, and Part B coinsurance amounts that range from \$24 to \$40.

Why does the Medicare Secondary Payor (MSP) Questionnaire need to be completed?

As a participating Medicare provider, OMC is required to screen Medicare patients according to the Medicare Secondary Payor (MSP) rules. At each visit, business services representatives will ask you the MSP questions. These questions will help to confirm if Medicare or another payer should process the claim as primary.

Thank you for choosing Olmsted Medical Center as your healthcare provider.

Medicare has designated OMC’s outpatient clinics as “Provider Based” facilities. As Medicare recipients, this designation affects the way your services are billed to Medicare. OMC is committed to providing you with the highest standard of medical care.

If you have any questions regarding Provider Based Billing, please feel free to contact us at **507.287.2780** or toll free at **866.287.2780**.