

FAQ - Provider-based Billing Rules (02/25/2020)

Most Truman Medical Center (TMC) clinics are provider-based, or hospital-based, clinics. Services provided in these clinics may be billed differently than in a traditional doctor's office.

What does hospital-based or provider-based outpatient clinic mean?

A provider-based or hospital-based outpatient clinic refers to services provided in hospital outpatient departments that are clinically integrated into a hospital. The clinical integration allows for higher quality and seamlessly coordinated care. Hospital-based outpatient clinics are considered part of the hospital and are not a physician office.

Why are the clinics at Truman Medical Center provider-based clinics?

TMC is continually trying to find ways to provide the highest quality of care. The care provided at TMC has always met a very high standard and will continue to participate in The Joint Commission (TJC) accreditation process, which works to improve healthcare for the public and helps organizations provide a safe and effective quality of care. As a hospital outpatient department, TMC is required to meet hospital accreditation standards.

Medicare acknowledges the value of providing care in an integrated, collaborative environment. Hospital-based outpatient clinics are held to nationally recognized service and patient care standards, leading to high quality care for patients. In addition, we will be able to better coordinate your care across our facilities and your medical record will also be better consolidated making it easier for you when visiting TMC.

Are services at hospital-based clinics billed differently?

Yes. The hospital-based designation is a Medicare status for hospitals and clinics that meet specific Medicare regulations and requires that we bill in two parts: one bill for the physician service, and another bill for the hospital/facility resources and services. The hospital/facility resources include the operating and overhead costs related to the building, service provided by our clinical and support staff, supplies and equipment, as well as administrative costs. Patients will be responsible for any copays, coinsurance, or deductibles as outlined in their plan.

How does this affect patients with private health insurance?

Insurance carriers who have a contract with TMC may not require the same billing process as Medicare or Medicaid. Each insurance plan is unique and some insurance companies may cover both hospital charges and doctor charges, and some may not.

It's important to ask your insurance company these questions:

- Does your health insurance benefit plan cover hospital charges in a hospital-based outpatient clinic?
- How much of the charge is covered?
- How much will be applied to the deductible?
- How much will your coinsurance be after meeting the deductible?

Will this affect my co-pay, co-insurance or deductible?

Depending on the clinical service being provided, additional out-of-pocket expenses may be incurred in the "Provider-Based" clinic.

What if I have secondary insurance coverage?

Co-insurance and deductibles may be covered by a secondary insurance policy. Check with your benefits or insurance company for details related to your secondary coverage. For instance, you may ask whether the secondary insurance company covers facility charges or provider-based billing. If it does, ask what percentage of the charge is covered. Verify what your hospital outpatient insurance benefits are, as they typically are applied toward your deductible and co-insurance.

Who can I call if I have financial questions?

If you have questions, please contact 816-404-3040, or visit our Financial Counseling Center. For patient estimates, please contact 816-404-3040. If you already have received services and have questions pertaining to your statement, please call the telephone number referenced on your bill.

What can I do if I have difficulty paying for my healthcare services?

You can contact the Financial Counseling Center at 816-404-3040 to discuss available options.