

The Centers for Medicare and Medicaid Services has designated Heartland Orthopedic Specialists - A Department of Douglas County Hospital as "Provider Based".

Heartland Orthopedic Specialists—  
A Department of Douglas County Hospital will be considered an outpatient hospital department.

## How does this change affect you as a Medicare patient?



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HEARTLAND  
Orthopedic Specialists

*A Department of Douglas County Hospital*

## Provider Based Billing

## What is a Provider Based Clinic?

This is a status defined by Medicare for hospital and clinics that comply with specific Medicare provisions, such as, close proximity, shared licensure, common ownership and control, and integrated clinic services.

## Why the Change to Provider Based Billing?

Medicare has designed this billing process for service areas like ours. Other provider based clinics in the area include .....

In larger areas of the country, this is widely used by providers of all sizes, such as John Hopkins in Baltimore.

## Which Heartland Orthopedic Specialists locations are affected?

-Alexandria

### More Information:

If you have questions or concerns regarding this change, please call our Business Office at 320-762-0857 from 8:00am—4:30 pm, Monday—Friday.

## How will this affect my bill?

When seeing a healthcare provider for any type of clinical outpatient services at Heartland Orthopedic Specialists—A Department of Douglas County Hospital, you will see a change in the way you are billed. Under “Provider-Based” status, Medicare requires that all healthcare provider services be billed in two parts. When your medical services are completed, two claims will be submitted to Medicare:

Facility Fee—Part B

Physician Fee—Part B

**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 verify pertinent information at each visits. This allows for accurate billing.

## How does this change affect you as a Medicare Patient?

### Billing Process:

- ◆ Medicare requires that Provider-Based healthcare provider services be billed in *two* parts:
  - Facility**—Filed to Part B Medicare
  - Physician**— Filed to Part B Medicare
- ◆ 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 Explanations of Benefits (EOB's) for services provided at Heartland Orthopedic Specialists—A Department of Douglas County Hospital.

### Medicare Secondary Payer (MSP) Questions:

- ◆ As a participating Medicare provider, Heartland Orthopedic Specialists— A Department of Douglas County 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.