

# Hospital Outpatient Department (HOPD) Clinics

Certain Southwell and Tift Regional Medical Center (TRMC) clinics are now designated by Medicare as a Hospital Outpatient Department (HOPD) Clinic, meeting specific Medicare regulations.

**What is a HOPD Clinic?** A HOPD Clinic is a physician clinic that is clinically integrated into a hospital, allowing for higher quality and seamlessly coordinated care.

## Some key points:

- Your physicians, advanced practice providers, nurses and support team are not changing because of this special status, and your continuum of care will not be affected.
- For a HOPD Clinic, Medicare requires that the patient is billed in two parts – one bill for the physician service, and another bill for the hospital/facility resources and services.

## Which Southwell and TRMC clinics are now HOPD Clinics?

The following clinics at **2227 U.S. Hwy 41 North** in Tifton:

- Arthritis
- Chiropractic
- Neurology
- Pain Management

All clinics at **2225 U.S. Hwy 41 North** in Tifton:

- Southwell Medical Clinic (all specialties)
- ExpressCare

## Frequently asked questions (FAQ)

### **Q: How does “hospital-based” outpatient billing affect patients?**

**A:** Patients may receive two bills for services provided in the hospital-based clinic – one for the services provided by the physician and one for the goods and services provided by the facility. Depending on their insurance coverage, patients may pay more for certain outpatient services and procedures.

### **Q: What if the patient has secondary or supplemental insurance coverage?**

**A:** Coinsurance and deductibles may be covered by a secondary or supplementary insurance policy. The patient should check with his/her benefits or insurance company for detailed answers related to secondary insurance.

### **Q: Does this change apply to patients with private insurance such as Blue Cross Blue Shield, United Healthcare, MedCost, Cigna, or Aetna?**

**A:** No, this will only apply to Medicare, Medicare Advantage, Medicaid and Medicaid Managed Care.

### **Q: How does this affect a patient who has Medicare, Medicare Advantage, or Medicaid?**

**A:** Medicare and Medicaid patients will receive two separate bills for services provided in the clinic – one from the physician and one from the facility. Medicaid patients will be required to pay two co-payments for the clinic visit – one co-payment for the physician visit and one co-payment for the facility visit. For patients covered by Medicare or Medicare Advantage plans, non-physician charges billed by the facility will be subject to co-insurance.

### **Q: What can patients do if they are having difficulty paying for healthcare services?**

**A:** Patients that are having difficulty paying for healthcare services are able to call the financial counseling team at TRMC 229-353-6124, Option 2 to see if they qualify for full or partial assistance.

### **Q: Do I have to make a payment before I receive services?**

**A:** It is our policy to collect the professional charge co-payment prior to or at the time of service. Co-payment and co-insurance amounts for facility charges will be billed to the patient once the insurance claim has been adjudicated.

**If you have questions regarding your bill, please call 229-353-6124, Option 1.**