

# Provider-Based or Hospital-Based Outpatient Clinic FAQs

Lane Cancer Center, Lane Family Practice, Lane Gastroenterology, Lane OB/GYN, Lane Pediatrics, and Lane Surgery Group are Hospital-Based Outpatient Clinics of Lane Regional Medical Center. This clinical integration allows for higher quality and seamlessly coordinated care.

“Hospital-Based” is a Medicare status for hospitals and clinics that meet specific Medicare regulations. As a result, Medicare recipients will notice that when they receive services at Lane Cancer Center, Lane Family Practice, Lane Gastroenterology, Lane OB/GYN, Lane Pediatrics, and Lane Surgery Group care will be classified as care at a ‘hospital-based outpatient clinic of Lane Regional Medical Center.’ It also requires that we bill Medicare in two parts – one bill for physician services and another bill for hospital services.

Your billing statement will show services in two categories as noted below:

- **Professional Services:** cover your physician and clinical professional service fees.
- **Technical Services:** cover the use of the room and any medical or technical services, supplies, testing or equipment. (Lane Regional Medical Center’s charge for technical services will be shown here, even if the visit takes place at Lane Cancer Center, Lane Family Practice, Lane Gastroenterology, Lane OB/GYN, Lane Pediatrics, and Lane Surgery Group.)

Laboratory and Radiology services are provided by Lane Regional Medical Center and are billed by the hospital regardless of the type of insurance.

## **If You Have Medicare:**

You may experience a change in your out-of-pocket expenses. Because Lane Cancer Center, Lane Family Practice, Lane Gastroenterology, Lane OB/GYN, Lane Pediatrics, and Lane Surgery Group are now hospital-based outpatient clinics of Lane Regional Medical Center, you may be responsible for coinsurance amounts related to Lane Regional Medical Center’s charge for technical services and for the physician’s professional services.

In addition:

- You will receive one Medicare Summary Notice (MSN) for Part B.
- If you have secondary insurance, we will submit any balance to that insurance company.
- If your secondary insurance does not cover the remaining balance, or if you do not have secondary insurance, the balance will be billed to you.
- If you have questions about the amount covered by your secondary insurance, we encourage you to contact your insurance carrier.

### **Contact Information**

If you have additional questions concerning your bill, you may contact one of our Patient Financial Services representatives at 225-658-4346.

## **Frequently Asked Questions (FAQs) related to provider-based or hospital-based outpatient clinics such as Lane Cancer Center, Lane Family Practice, Lane Gastroenterology, Lane OB/GYN, Lane Pediatrics, and Lane Surgery Group:**

**Q: What does “Hospital-Based Outpatient Clinic” mean?**

A: Hospital-based outpatient clinics are considered part of the hospital; “private” physician offices are not (generally, these are smaller physician offices out in the community).

Clinics located miles away from the main hospital campus may still be considered part of the hospital. Hospital-based outpatient clinics are subject to stricter government rules, making them more complex and more costly to operate.

When you see a physician or receive services in a hospital-based outpatient clinic, you are being treated within the hospital rather than the physician’s office.

**Q: What is different about a hospital-based outpatient clinic?**

A: According to Medicare billing rules, when you see a physician in a private office setting, all services and expenses are bundled in a single charge. When you see a physician in a hospital-based outpatient clinic, physician and hospital charges are billed separately.

For patients with insurance, physician services are processed under physician benefits which are generally subject to patient liabilities in the form of copayments while hospital services are processed under hospital benefits subject to deductibles and coinsurance amounts.

Providing services in a hospital-based outpatient clinic costs more and depending on your insurance plan, may result in greater out-of-pocket expenses for you; particularly if you are covered by Medicare, have insurance with companies with which Lane Regional Medical Center does not have a contract (non-contracted private payers), or if you don't have insurance.

**Q: What should I ask my insurance carrier?**

A: Making informed healthcare purchasing decisions is important. Ask your insurance company if your benefit plan covers facility charges in a hospital-based outpatient clinic and how much of the charge is covered or will be applied to your deductible or subject to coinsurance.

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

A: Many private insurance companies do not require that we follow the same billing rules required by Medicare. For patients with private insurance, the facility component of the physician office visit will be billed as part of the physician bill and will be processed by the insurance company under the patient's physician benefits.

Insurance benefits vary significantly by insurance company, but in general, physician services are processed under the benefit plan's physician benefits and are subject to co-payment amounts from the patient.

Laboratory and radiology services are provided by the hospital and are billed by the hospital regardless of the type of insurance. Hospital services are generally processed under the benefit plan's hospital benefits and are subject to deductibles and coinsurance amounts.

**Q: How does this affect a patient who has Medicare?**

A: In a hospital-based outpatient clinic, Medicare patients will receive two separate bills for services provided in the clinic – one from the doctor and one from the hospital. Non-physician charges billed by the hospital will be subject to coinsurance.

**Q: What if a Medicare patient has secondary insurance coverage?**

A: Coinsurance and deductibles may be covered by a secondary insurance. Check your benefits or with your insurance company for details.

**Q: Why does the Medicare Secondary Payer (MSP) questionnaire need to be completed?**

A: As a participating Medicare provider, we are required to screen Medicare patients according to the MSP rules. At each visit, you will be asked the MSP questions. These questions help us confirm if Medicare or another payer should process your insurance claim as primary.

**Q: What can patients do if they have financial questions or concerns or are having difficulty paying for healthcare services?**

A: They may contact a Patient Financial Services representative at 225-658-4346 to discuss available options.