



## Provider-Based Clinic Billing Frequently Asked Questions

Western Missouri Medical Center (WMMC) operates a number of provider-based Clinics. Receiving care from any of our non-rural health providers at our specialty clinics may result in a facility charge as well as a professional or physician charge for outpatient services and/or procedures. **These changes will be reflected on the patient statements you receive for services provided.**

Patients are advised to review their insurance benefits or contact their insurance provider to determine what their policy will cover and identify any out-of-pocket expenses. For more information please contact our Patient Representatives at (660)262-7350 if you have further questions regarding provider-based or hospital-based outpatient billing.

**Q: What does provider-based or hospital-based outpatient mean?**

A: Provider-based or hospital-based outpatient refers to the billing process for services rendered in a hospital outpatient clinic or location. Hospital-based outpatient clinics are subject to stricter government rules, making them more complex and more costly to operate. When you see a non-rural health specialty physician or receive services in a hospital-based outpatient clinic, you are being treated within the hospital rather than the physician's office.

**Q: Are there any facilities that aren't provider-based?**

A: Yes. Central Family & Sports Medicine, Family Practice of Central Missouri – Higginsville, Family Practice of Central Missouri – Warrensburg and Western Missouri Women's Health Center do not operate as provider-based clinics.

**Q: How does this affect my bill?**

A: Under this model, you may potentially receive two (2) bills. One bill represents the facility or hospital charge and one bill represents the professional or physician fee. *These two charges are intended to equal the one charge that would be incurred at a non-provider-based clinic for an office visit.*

**Q: Why does Western Missouri Medical Center do provider-based billing?**

A: Since Western Missouri Medical Center employs physicians, following the same type of billing process for outpatient care rendered at our hospital ensures more appropriate payment for services provided by hospital staff and physicians and distinguishes facilities that function as departments of hospitals from those which are freestanding.



**Q: Does this mean I will pay more for services?**

A: Depending on **YOUR** particular insurance coverage, it is possible benefits may differ for certain outpatient services and procedures at our provider-based clinics. We recommend you review your insurance benefits or contact your insurance provider to determine what your policy will pay and what out-of-pocket expenses you may incur. We intend for the two charges to equal the one charge that our non-“Provider-Based” clinics utilize.

**Q: Does this affect my co-pays, out of pocket expenses or deductibles?**

A: Depending on your specific insurance benefits, additional out-of-pocket expenses may be incurred by the provider-based model.

**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.

**Q: Does this apply if I have private insurance like Blue Cross Blue Shield, United Healthcare, Coventry, Cigna or Aetna?**

A: No. WMMC does not bill commercial based insurance holders with a provider-based billing method.

**Q: How does this affect me if I have Medicare, Medicare Advantage (Medicare replacement) or Medicaid?**

A: In a hospital-based outpatient clinic, Medicare, Medicare Advantage (Medicare replacement), and Medicaid patients will receive two (2) separate bills for services provided in the clinic. Medicare, Medicare Advantage (Medicare replacement) and adult Medicaid patients will be required to pay two copayments for the clinic visit — one copayment for the physician visit and one copayment for the clinic visit. Under Medicare, Medicare Advantage (Medicare replacement) and Medicaid rules, non-physician charges will be subject to coinsurance.

**Q: What if I have Medicare or Medicaid as a secondary insurance coverage?**

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



**Q: My insurance policy manual states that I will not owe my deductible or a co-insurance if my laboratory and/or radiology tests are done at the physician's office. Does that apply?**

A: Since your laboratory tests are processed as hospital-based outpatient tests at Western Missouri Medical Center, your insurance company may apply your outpatient deductible and co-insurance, regardless of the physician, rural health or non-rural health. Check with your insurance carrier or policy manual to see how your deductible and co-insurance will be applied. *If your insurance plan has a separate benefit for lab services, please notify the office where your labs should be sent.*

**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: Where can I call with my questions or concerns?**

A: WMMC states that they understand navigating healthcare may be difficult. If patients have questions about their bill, payment options, payment plans or insurance, they can call (660) 262-7350. During the hours of Monday – Thursday 7:00 am – 6:00 pm and Friday 7:00 am – 4:30 pm, a representative will be available to answer your call. Outside of these hours, patients will receive a call within 48 business hours.

If patients believe that their bill has been inaccurately processed by their insurance company or feel as though their billing issue has gone unresolved, patients are encouraged to call the Patient Accounts Messaging Center at (660) 262-7417. Patient Account Representatives will return calls within 48 business hours.

**Q: What can I do if I am having difficulty paying for healthcare services?**

A: Western Missouri Medical Center offers financial assistance to help qualify patients. Detailed information is available by calling (660) 262-7396.