Provider-Based or Hospital-Based Outpatient Clinics FAQs

With the formerly known Whitman Medical Group transitioning to operation under Whitman County Public Hospital District #3 (Whitman Hospital and Medical Clinics), the Colfax and St. John clinic locations changed to “Provider-Based” or “Hospital Based” Clinics. Here are several common frequently asked questions relating to this:

What does “Provider-Based”or “Hospital Outpatient Clinic” mean?

A “Provider-Based” or “Hospital 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. “Provider-Based” status is a Medicare status for hospitals and clinics that meet specific Medicare regulations and requires that we bill Medicare in two parts – one bill for the physician service, and another bill for the hospital/facility resources and services.

What payers of Whitman Hospital and Medical Clinics are in-network?

The list of in-network contracts can be found under the Patients & Visitors tab of our website (under Financial Assistance).

What if I have commercial insurance?

You will receive a bill from the hospital for services performed at the outpatient clinic. Each insurance plan is unique and some insurance companies may cover both hospital charges and doctor charges, and some may not.

What should I ask my insurance carrier?

Ask whether the insurance company covers facility charges in an outpatient hospital clinic. If it does, ask what percentage of the charge is covered. Additionally, verify what your hospital outpatient insurance benefits are, as they typically are applied toward a hospital deductible and co-insurance payment.

What if I have an insurance plan such as BCBS?

Insurance carriers who have a contract with Whitman Hospital & Medical Clinics may not require the same billing process as plans such as Medicare or Medicaid. You may

not incur additional expenses but should check with the business office or your insurance plan.

What if I have Medicare, Medicaid, Medicare Advantage Plans or Tricare?

In a hospital-based outpatient clinic, if you have Medicare, Medicaid, Medicare Advantage Plans or Tricare, you may receive two (2) separate bills for services provided in the clinic — one for physician services and another from the hospital.

Will this affect my co-pays, co-insurance or deductibles?

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.

Where can I call with my financial questions or concerns?

If you have questions, please contact the Billing Department at 509-397-3435. For patient estimates, please contact this number as well. 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 healthcare services?

You can contact a Patient Financial Services Representative at 888-292-8810 to discuss available options. You may also refer to our financial assistance page on our website at www.whitmanhospital.org/patients-visitors/financial-assistance.

Why are Colfax and St. John clinics provider based, but not Tekoa?

The Tekoa clinic is not eligible to be a provider based clinic because it does not meet CMS's off-campus distance criteria. It cannot be provider based, if another hospital is located within 35 miles.