

VIRGINIA MASON MEMORIAL FACILITY CHARGE FAQ

WHAT IS A FACILITY CHARGE?

Facility charges are hospital expenses for a clinic visit that are separate from the cost of the medical provider. It means that your clinic* has met hospital specific Medicare regulations to have their clinic classified as an outpatient department of the hospital. Most large hospital systems and clinics are classified as departments of the hospital by Medicare, which results in facility based billing.

WHY DOES VIRGINIA MASON MEMORIAL BILL FACILITY CHARGES FOR CLINIC VISITS?

Like most hospitals, Virginia Mason Memorial is experiencing significant changes that impact our reimbursement. We also have an overreaching goal to manage population health and improve the patient experience, while lowering the total cost of care. This proactive step in converting our physician practice locations to outpatient departments of the hospital, enables us to continue to fund transformational care (for example, having behaviorists, pharmacists and care coordinators embedded within our clinics) and reinvest wisely for our patients' and community's future health care needs.

HOW WILL THIS FACILITY CHARGE AFFECT ME?

You may receive two separate bills or two separate Explanation of Benefits (EOB) statements. For all services you receive, we bill your insurance as a courtesy and wait for an assessment of patient responsibility before you receive billing from us.

Most patients will not have to pay any additional dollars out-of-pocket. Below is a summary depending on your insurance coverage. If your insurance plan is:

- ▶ **Medicaid or Apple Health:** these programs cover the full cost of the facility charge. You will not have a balance to pay for the facility charge.
- ▶ **Commercial Plans:** facility charges do not apply. You will not have a balance to pay for the facility charge.

▶ **Medicare:** some insurance plans apply different benefits to facility charges than other charges. This can change how much you owe. For example, you may be responsible for a percentage of the facility charge in addition to your deductible or co-pay. Contact your insurance company to find out what your deductible and coinsurance amount may be for outpatient hospital based facility charges.

▶ **Government or Other:** if you have an insurance plan not listed, please contact your insurance company to learn more about the outpatient hospital based facility charges specific to your insurance plan.

WILL I BE ABLE TO SEE MY REGULAR PHYSICIAN OR PROVIDER?

Yes, and your patient experience will be mostly unchanged at your clinic visit.

HOW MUCH WILL THE FACILITY CHARGES FROM VIRGINIA MASON MEMORIAL COST?

The facility charge for an outpatient hospital clinic visit depends on the type of visit you have. For charges not covered by your insurance, the expected average impact for a typical clinic visit is \$18. This is an estimate of your cost and varies depending on your insurance plan and services provided during your visit. Please ask our staff if you have specific questions related to your clinic visit cost.

WHAT IF I HAVE QUESTIONS ABOUT THE BILLS I GET IN THE MAIL?

If you have any questions about your bill, please call our Business Services Office at (509) 575-8255.

WHAT SHOULD I DO IF I HAVE CONCERNS ABOUT BEING ABLE TO PAY FOR SERVICES?

You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance.

Financial assistance applications are available at all clinic locations; or apply online at [yakimamemorial.org/financialassistance](https://www.yakimamemorial.org/financialassistance)

You may also call (509) 575-8255 to speak with our Business Service Office.

**The following locations are not outpatient departments of Virginia Mason Memorial: Generations OB/GYN, HealthyNow, Lung & Asthma Center, Yakima Gastroenterology Endoscopy Center and Zillah Family Medicine.*