

Provider-Based or Hospital-Based Outpatient Clinics

Below are frequently asked questions related to Rutland Regional Medical Center's transition to hospital based physician clinics:

Q: What does "Provider-Based" or "Hospital Outpatient Clinic" mean?

A: 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.

Q: What Payers do Rutland Regional Medical Center contract with in-network?

A: The Payers Rutland Regional Medical Center contracts with are the following:

- Aetna Employer Groups (TD Bank, Hannaford a/k/a Delhaize, and The Pines)
- Blue Cross Blue Shield of Vermont (and Affiliates: CBA and participating BCBS plans; excluding Empire Plans)
- CDPHP (not NY Medicaid Plans)
- Cigna (and Affiliates: Great West, NALC, APWU, Tufts; excluding Cigna Behavioral Health Plans)
- Medicare
- Medicare Advantage Plans (check with your carrier)
- Multi-Plan (PHCS Plans only – see full list on their website)
- MVP Plans (not NY Medicaid Plans)
- United Healthcare (and Affiliates – Golden Rule, Oxford, GISC)
- US Family Health (Champus, Tricare, Healthnet)
- Vermont Health Connect Plans
- Vermont Medicaid

Q: Who will bill my insurance company?

A: Rutland Regional will send a standard bill to your insurance company after you provide us with a copy of your insurance card. Your insurance company may ask you for additional information following your visit; please be sure to respond to them. We will then bill patients for balances where the insurance has deemed that amount as patient responsibility.

Q: What if I have commercial insurance?

A: 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.

Q: What should I ask my insurance carrier?

A: 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.



Q: What if I have an insurance plan such as BCBS?

A: Insurance carriers who have a contract with Rutland Regional Medical Center 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.

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

A: 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.

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

A: Depending on the clinical service being provided, additional out-of-pocket expenses may be incurred in the “Provider-Based” clinic. Please contact your insurance company to find out what you may be required to pay.

Q: What if I have secondary insurance coverage?

A: Co-insurance and deductibles may be covered by a secondary insurance policy. Please contact your insurance company to find out what you may be required to pay.

Q: How will I know if a clinic is “Provider-Based”?

A: Ask when scheduling your appointment. “Provider-Based” clinics will have signage reflecting that the clinic is a department of Rutland Regional Medical Center and indicates you are walking into a department of the Hospital.

Q: Who can I call with my financial questions?

A: If you have questions, please contact Patient Financial Services at 802.747.1751 or toll free at 866.460.8277, or visit the Financial Counselors in the main Hospital building. For questions on what your charges will be, please contact the Financial Counselors at 802.747.1648.

Q: What can I do if I have difficulty paying for healthcare services?

A: For questions on financial assistance, please contact the Financial Counselors at 802.747.1648.

Q: Which Rutland Regional Medical Center clinics are “Provider-Based” or “Hospital-Based” departments?

A: Departments of Rutland Regional Medical Center include:

Center for Sleep Disorders

Comprehensive Care & Infectious Diseases Clinic

ENT & Audiology

Foley Cancer Center

Marble Valley Eye Care

Marble Valley Urology

Physical Medicine & Rehabilitation

Rutland Diabetes & Endocrinology Center

Rutland Digestive Services

Rutland General Surgery

Rutland Heart Center

Rutland Kidney Center

Rutland Pulmonary Center

Rutland Regional Behavioral Health

Rutland Regional Neurology Center

Rutland Women’s Healthcare

Vermont Orthopaedic Clinic

Wound Ostomy & Continence Clinic