

Hospital Owned Off-Site Provider-Based Clinic Facility Fee Reporting

In accordance with RCW 70.01.040, all hospitals with off-campus provider-based clinics that bill a separate facility fee shall report information annually to the Department of Health (DOH).

Forms:

Hospitals shall submit the number of off-campus provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee; the number of patient visits at each off-campus provider-based clinic for which a facility fee was charged or billed for the year; the revenue received by the hospital for the year by means of facility fees at each off-campus provider-based clinic; and the range of allowable facility fees paid by public or private payers at each off-campus provider-based clinic using DOH Form 346-094 Hospital Owned Provider-Based Clinic Facility Fee Reporting

[Hospital Owned Provider-Based Clinic Facility Fee Reporting](#)

Please submit the form either by mail or email to the following address:

Washington State Department of Health
 Community Health Systems
 Hospital Financial and Charity Care Section
 MS: 47853
 Olympia, WA 98504-7853
 Fax: (360) 236-2870
 Email: hos@doh.wa.gov

Due dates:

Report the data along with the year-end financial reports submitted to the Department of Health pursuant to RCW 43.70.052. This reporting date is 120 days after the end of the hospital’s fiscal year.

Definitions:

Hospitals shall use the following definitions to complete the DOH Form 346-094 Hospital Owned Provider-Based Clinic Facility Fee Reporting form.

| Required Item | Definition |
|--|---|
| Fiscal Year End | The Month, Day, Year of the last day of the fiscal year |
| Hospital Name | The name of hospital this report covers. |
| Hospital License Number | The DOH assigned license number. |
| The number of provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee | The number of off-campus provider-based clinics owned or operated by the hospital that charge or bill a separate facility fee |

| | |
|--|--|
| The number of patient visits at each provider-based clinic for which a facility fee was charged or billed for the year | The number of patient visits at each off-campus provider-based clinics owned for which a facility fee was charged or billed for the year |
| The revenue received by the hospital for the year by means of facility fees at each provider-based clinic | The revenue received by the hospital for the year by means of facility fees at each off-campus provider-based clinic |
| The range of allowable facility fees paid by public or private payers at each provider-based clinic | The range of allowable facility fees paid by public or private payers at each off-campus provider-based clinic |

More definitions:

RCW 70.01.040 (5)

- (a) **"Facility fee"** means **any separate charge or billing by a provider-based clinic** in addition to a professional fee for physicians' services **that is intended to cover building, electronic medical records systems, billing, and other administrative and operational expenses.**

- (b) **"Provider-based clinic"** means the site of an **off-campus clinic or provider office** that is owned by a hospital licensed under chapter 70.41 RCW or a health system that operates one or more hospitals licensed under chapter 70.41 RCW, **is licensed as part of the hospital, and is primarily engaged in providing diagnostic and therapeutic care including medical history, physical examinations, assessment of health status, and treatment monitoring.** This does not include clinics exclusively designed for and providing laboratory, x- ray, testing, therapy, pharmacy, or educational services and does not include facilities designated as rural health clinics

For more information:

The DOH Hospital Owned Off-Site Provider-Based Clinic Facility Fee Reporting web page has additional information at this link:

<https://doh.wa.gov/data-statistical-reports/healthcare-washington/hospital-and-patient-data/hospital-financial-data/hospital-facility-fees>

<https://www.doh.wa.gov/Portals/1/Documents/2300/HospPatientData/DOHForm346-094.xlsx>