

FAQs: Hematology Oncology Associates' Partnership with Asante

Hematology Oncology Associates (HOA) is partnering with Asante to provide our patients with additional services, such as clinical trials, nurse navigators and better access for covering care for those who are underinsured or uninsured. **This new partnership goes into effect Jan. 1, 2022.**

HOA staff will become Asante employees in January, but HOA providers will remain independent. Here are answers to some frequently asked questions about what this new partnership will mean.

Q: What benefits can I expect from this new partnership?

A: You and your caregivers will receive many benefits from HOA and Asante joining together in your cancer care, including:

- Easy coordination among your primary care physician and cancer specialists. Your oncology teams will have greater access to other hospital specialists and can communicate your critical information faster.
- A treatment plan created especially for you by a multidisciplinary team of specialists who meet regularly to review newly diagnosed cases.
- Greater access to nurse navigators, social workers, dietitians, financial counselors and genetic counseling.

Q: Is my doctor leaving for Asante?

A: No. Your HOA doctor will care for you in the Asante hematology oncology clinics inside the newly expanded Helen K. Spears Cancer Center at Asante Three Rivers Medical Center, 510 SW Ramsey Ave., Grants Pass, and the new Mary and Dick Heimann Cancer Center at Asante Rogue Regional Medical Center, 3011 E. Barnett Road, Medford, both opening on Jan. 17, 2022. HOA offices at 1879 Williams Highway, Grants Pass, and at 2828 E. Barnett Road and 2900 Doctors Park Drive, Medford, will close once the two centers open.

Q: Will I be covered with my current insurance?

A: Yes. Asante and HOA contract with the same insurance plans.

Q: Will my out-of-pocket cost change?

A: In some cases. Your physician and infusion bill will now come from Asante.

The Spears and Heimann cancer centers are hospital-based outpatient departments, also known as provider-based outpatient departments. The Spears Cancer Center is licensed as part of

Asante Three Rivers Medical Center and will operate as a provider-based outpatient department of that hospital. The Heimann Cancer Center is licensed as part of Asante Rogue Regional Medical Center and will operate as a provider-based outpatient department of that hospital.

The way your insurance company treats hospital-based outpatient departments may change your out-of-pocket costs. You may receive a separate charge or billing for facility fees in addition to any professional fees for services, which may result in higher out-of-pocket expenses. Asante and HOA are working very hard to minimize the impact on patients' out-of-pocket costs.

Q: What does “hospital-based outpatient department” or “provider-based outpatient department” mean?

A: Both refer to services provided in hospital outpatient departments that are integrated into a hospital/health system. A hospital-based or provider-based outpatient department operates as a department of the applicable hospital. The integration allows for higher quality and seamlessly coordinated care in one convenient location for you and in a more comprehensive and collaborative setting for your cancer providers.

Q: What is a “hospital facility fee”?

A: Because the Spears and Heimann cancer centers are Asante hospital departments, you will see a “hospital facility fee” on your statement when you receive lab or imaging services at the cancer centers. Facility fees help pay for operating and overhead costs, services provided by our clinical and support staff, supplies, equipment and administrative costs. The income we receive from individual treatment and other services does not cover all the costs of running our hospitals.

We will continue to work with you through financial counselors to be transparent on costs and find every opportunity to minimize the financial impact of your cancer care.

Q: I do not have cancer, so why am I receiving this letter?

A: Hematology/blood therapy and non-chemotherapy infusion and injection services also will be provided at the new cancer centers.

Q: Can I pick up my prescriptions at the cancer centers?

A: The Heimann Cancer Center will offer specialty pharmacy services in-house and available for pickup, though you can continue to use your own pharmacy or have your prescriptions delivered from either cancer center if you desire. In Grants Pass, there is a pharmacy inside Asante Three Rivers Medical Center next-door to Spears.

Q: Will my medical records change?

A: Your doctor will use the Epic electronic medical record system used throughout Asante. This will provide you with access to MyChart, which helps you schedule appointments, track lab results and more. You can sign up for MyChart at asante.org/mychart.

Q: What do I need to do because of this change?

A: We want you to be an active participant in all aspects of your care. We hope you will take advantage of the increased availability of patient navigators, social workers, dietitians and other important services offered throughout your cancer care journey.

Q: Will the staff change?

A: Mostly not. Asante and HOA worked very hard to transition HOA staff to the new partnership and prevent disruption in your clinical care.

Q: What prompted this partnership?

A: Asante and HOA seek to provide a comprehensive spectrum of cancer services at state-of-the-art cancer centers. This new partnership focuses on clinical integration and improved quality of care, while remaining focused on the rising cost of health care and lower reimbursement.

Q: What payers does Asante contract with in-network?

A: Asante contracts with the following:

COMMERCIAL

- AETNA PPO
- ALLCARE PACE
- CIGNA PPO
- FIRST CHOICE HEALTH - PPO
- HEALTHNET OF OREGON -HMO PPO
- HUMANA CHOICE CARE-PPO
- LIBERTY HEALTHSHARE PLAN
- MULTIPLAN PHCS- PPO
- MODA HEALTH
- PACIFIC SOURCE-PPO & HMO
- PACIFICSOURCE SMART CHOICE
- PROVIDENCE HEALTH PLAN
- PROVIDER NETWORK OF AMERICA PPO NETWORK (PNOA)
- REGENCE BCBSO-Par & PPO
- TRICARE West
- TRIWEST VA CCN Prior Authorizations Only
- UNITED HEALTHCARE -PPO

- ATRIO MEDICARE ADVANTAGE
- CAREOREGON PLUS
- HEALTHNET MEDICARE ADVANTAGE
- MODA MEDICARE ADVANTAGE
- PACIFICSOURCE MEDICARE ADVANTAGE
- REGENCE MEDADVANTAGE
- SUMMIT HEALTH Medicare Advantage

MEDICAID CCOs

- ALLCARE CCO
- CASCADE HEALTH ALLIANCE CCO
- JACKSON CARE CONNECT CCO
- ODS COMMUNITY HEALTH OHP/EASTERN OREGON CCO

WORKERS COMPENSATION

- Providence MCO
- Majoris MCO

MEDICARE ADVANTAGE PLANS

- AETNA MEDICARE ADAVANTAGE PPO, HMO, & POS PLANS
- ALLCARE ADVANTAGE

Asante will send a standard bill to any verifiable insurance that is deemed out-of-network. You may be responsible for submitting additional information as requested by your insurance company. Asante will 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 cancer centers. Each insurance plan is unique and coverage may vary based on the specific insurance plan.

Q: What should I ask my insurance carrier?

A: Ask whether your insurance company covers facility charges in an outpatient hospital department. If it does, ask what percentage of the charge is covered. Additionally, verify what the 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 BlueCross BlueShield?

A: Insurance carriers who have a contract with Asante may not require the same billing process as plans such as Medicare or Medicaid. You may not incur additional expenses but should check with Asante's Patient Financial Services or your insurance plan.

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

A: You will receive a single bill for services provided in the clinic, including physician and hospital services.

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 hospital-based departments.

Q: What if I have secondary insurance coverage?

A: Co-insurance and deductibles may be covered by a secondary insurance policy. You should ask whether the secondary insurance company covers facility charges or provider-based billing. If it does, you should ask what percentage of the charge is covered. You should verify what your hospital outpatient insurance benefits are, as they typically are applied toward your deductible and co-insurance.

Q: Where can I call with questions or concerns?

A: Call us at 541-774-5853.