

# **Direct Practices**

Annual report to the Legislature

December 1, 2013

**Mike Kreidler - Insurance Commissioner**

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## Executive Summary

In 2007, the Washington State Legislature enacted Engrossed Second Substitute Senate Bill 5958, now codified as Chapter 48.150 RCW- creating innovative primary health care delivery.

The legislation requires the insurance commissioner to report annually to the Legislature on direct health care practices, including but not limited to “participation trends, complaints received, voluntary data reported by the direct practices and any necessary modifications to this chapter.”<sup>1</sup>

In a direct health care practice, a health care provider charges a patient a set fee for all primary care services provided in the office, regardless of the number of visits. Patients pay a monthly fee. No insurance plan is involved, although patients may have insurance coverage for more costly medical services. Direct practices are sometimes called retainer or concierge practices.

The 2013 annual report on direct patient-provider primary care practices analyzes two years of annual statements (2012 through 2013).

### Participation trends:

- As of 2013, there were approximately 13,373 patients out of a total Washington State population reported by the U.S. Census Bureau as 6.7 million.
- Overall patient participation increased by 5%, or 744 new patients, from 12,629 in 2012 to 13,373 in 2013.
- The number of practices decreased from 29 to 28. There is one new practice in Lakewood and two practices in Spokane closed.
- Fees at 14 of the direct practices remained the same as last year.
- Three clinics each reported new patient growth over 200 patients.

**Complaints received:** The insurance commissioner’s consumer hotline has received no formal or informal complaints regarding any of the direct patient practices for 2012.

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<sup>1</sup> RCW 48.150.100 (3)

**Voluntary data reported by direct practices:** While all of the registered practices responded to the mandatory questions, less than half of the direct practices chose to report voluntary information. Some reported they did not collect this information. Others did not respond to any of the questions.

**Necessary modification to chapter:** The commissioner is not recommending any modifications to chapter RCW 48.150 at this time.

## Background

In 2007, the Washington Legislature enacted a law to encourage innovative arrangements between patients and providers and to promote access to medical care for all citizens. Engrossed Substitute Senate Bill 5958, known as the direct patient-provider primary health care bill and codified as Chapter 48.150 RCW, identified direct practices as “a means of encouraging innovative arrangements between patients and providers and to help provide all citizens with a medical home”<sup>2</sup>.

Prior to the passage of the 2007 law, the commissioner determined that health care providers engaged in direct patient practices or retainer health care were subject to current state law governing health care service contractors.<sup>3</sup> However, due to the limited nature of the business model, the commissioner recognized that imposing the full scope of regulation under this law was neither practical nor warranted.

The 2007 law permits direct practices to operate without having to meet certain required responsibilities such as financial solvency, capital maintenance, market conduct, reserving, and filing requirements. Without the legislation’s safe harbor, direct practices meet the definition of a health care service contractor under our state law.

The law specifically states that direct practices operated under the safe harbor created by Chapter 48.150 RCW are not insurers, health carriers, health care service contractors or health maintenance organizations as defined in Title 48 RCW.<sup>4</sup> As a result, the commissioner has extremely limited regulatory authority over these practices. For example, they are not subject to financial solvency or market conduct oversight; nor do they have to comply with the Patient’s Bill of Rights.

In 2012, legislation passed repealing RCW 48.150.120. This section of the statute required the commissioner to submit a study to the Legislature by December 1, 2012. With the passage of the Affordable Care Act (ACA) P.L. 111-152 (2010), the information required by the study was no longer relevant.

During the 2013 regular legislative session, Engrossed Substitute House Bill 1480 passed. The bill amended RCW 48.150.040 by allowing the dispensing, at no additional cost to the direct patient, of an initial supply, not to exceed thirty days, of generic prescription drugs prescribed by the direct provider.

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<sup>2</sup> RCW 48.150.005

<sup>3</sup> RCW 48.44.010(3)

<sup>4</sup> RCW 48.150.060

The only remaining explicit regulatory role given to the commissioner is the collection and reporting of an annual report to the Legislature on the information submitted in annual statements by direct practices. The commissioner is required to file annual reports to the Legislature on December 1 of each year.

## **Annual Reports**

By October 1, direct practices must submit annual statements to the commissioner specifying the:

- Number of providers in each practice.
- Total number of patients being served.
- Average direct fee being charged, as well as providers' names.
- The business address for each direct practice.

The Legislature did not give the commissioner rule-making authority, but permitted him to instruct the practices on how to submit the statement, in what form, and with what content.

The commissioner is required to submit an annual report to the Legislature on direct practices, including, but not limited to:

- Participation trends.
- Complaints received.
- Voluntary data reported by the direct practices.
- Any necessary modifications to the chapter.

## **Direct Practices in Washington: A Definition**

Direct patient-provider primary care practices (direct practices) also are sometimes called retainer medicine or concierge medicine. Washington's legislative definition states that a direct practice:

- Charges patients monthly fees for providing primary care services.

- Offers only primary care services.
- Enters into a written agreement with patients describing the services and fees.
- Does not bill insurance to pay for any of the patient's primary care services.

A direct practice is a model of care in which physicians charge a pre-determined fixed monthly fee to patients for all primary care services provided in their offices, regardless of the number of visits. Primary care services are defined as routine health care services, including screening, assessment, diagnosis, and treatment for the purpose of promotion of health, and detection and management of disease or injury<sup>5</sup>.

These health care arrangements cannot market or sell to employer groups.

In 2009, the Legislature made minor modifications to the original legislation. The modifications allow direct practices to accept a direct fee paid by an employer on behalf of an employee who is a direct patient, but continue to prohibit employers from entering into coverage agreements with direct practices.

Physicians providing direct practice care describe their practices as caring for fewer patients than conventional practices, and allowing more time for patients during office visits to ask questions and doctors to explain medical care. Some direct practices offer additional services such as same-day appointments or extended business hours, home visits and physicians available for emergency calls on a 24-hour basis.

It is also important to understand what direct practices are not:

**Comprehensive health care coverage** - Direct practices are not “comprehensive coverage.” Services covered under direct practice agreements must not include services or supplies such as prescription drugs, hospitalization, major surgery, dialysis, high-level radiology, rehabilitation services, procedures requiring general anesthesia, or similar advanced procedures, services, or supplies<sup>6</sup>. In fact, direct practice agreements must contain the following disclaimer statement: “This agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described.”<sup>7</sup>

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<sup>5</sup> RCW 48.150.010(8)

<sup>6</sup> RCW 48.150.010 (d)

<sup>7</sup> RCW 48.150.110 (1).

**Access fee model** - There are practices in Washington offering a variety of amenities in return for an “access fee.” Most of these providers offer patients “improved access” through some type of same-day office visits, e-mail or telephone consultation, 24/7 contact by pager or cell phone, lifestyle planning, special tracking and follow-up, etc. These amenities are *in addition* to an underlying health care policy and can apply only to *non-covered* services.

**Discount health plan** - Discount health plans are membership organizations that charge a fee for a list of providers who offer discounted health care services or products.

**Cash-only practices or fee-for-service** - Cash-only practices do not charge a monthly fee. These practices charge patients for non-emergency services on an as-needed basis. Many insurance plans reimburse for these as out-of-network providers.

## 2013 Annual report

### What the data shows

Direct practices began filing annual statements in October 2007. This report compares the last two years of data for 2012 and 2013. On July 1, 2013, the commissioner sent the 2013 data call survey to all direct practices reporting annually since October 2007. The survey is designed to collect not only the mandatory information required in the annual statements, but also asks several voluntary questions. The following chart summarizes data collected in 2013 for 2012. **Direct practices reporting annual information since 2007 are in bold.** Census and fee information prior to 2012 are accessible through past reports, all of which are posted online at [www.insurance.wa.gov](http://www.insurance.wa.gov).

<b>Table 1. Summary of Required Data Reported by 2013 Annual Statements</b>						
	Practice Name Location	Provider type	# of patients 2012	# of patients 2013	Monthly Fee 2012	Monthly Fee 2013
1	Adventist Health Medical Group Walla Walla	5 MD 2 ARNP	23	32	\$49	\$49
2	<b>Anchor Medical Clinic Mukilteo</b>	1 MD	193	168	\$94	\$99

**Table 1. Summary of Required Data Reported by 2013 Annual Statements**

	Practice Name Location	Provider type	# of patients 2012	# of patients 2013	Monthly Fee 2012	Monthly Fee 2013
3	Ballard Community Health <sup>8</sup>	3 MD 1 ARNP	373	394	\$55	\$55
4	<b>Bellevue Med. Partners/Bellevue</b>	2 MD	300	550	\$200	\$200
5	<b>CARE Medical Associates Bellevue</b>	1 DO	278	282	\$121	\$120
6	Charis Family Clinic Edmonds	1 ARNP	19	14	\$49	\$51
7	Columbia Medical Associates Spokane	24 MD 11 ARNP 5 DO 7 PAC	400	282	\$25	\$40
8	<b>DirectCareMD/Heritage Olympia</b>	1 MD 1 ARNP 1 DO	60	53	\$62	\$61
9	Doctors Clinic of Spokane Spokane	1 MD 1 DO 2 PAC	230	55	\$69	\$69
10	<b>Guardian Family Care Mill Creek</b>	2 MD	500	400	\$64	\$72
11	Healthcare-4-life	1 MD		8		\$100
12	Hendler Family practice Bainbridge Island	1MD	107	108	\$169	\$193
13	Hirsh Holistic Family Medicine Olympia	1MD 1 ARNP	10	43	\$100	\$100
14	Liberty Lake	1 MD	8	11	\$69	\$69
15	<b>MD2 Bellevue MD2 Seattle</b>	2 MD 2 MD	217 224	223 230	\$834 \$886	\$905 \$877
16	O'Connor Family Medicine, PLLC Spokane	2 MD	3	11	\$49	\$50
17	Paladina Health Group of WA Tacoma	2 MD	574	794	\$64	\$64

<sup>8</sup> Formally Swedish Health

**Table 1. Summary of Required Data Reported by 2013 Annual Statements**

	Practice Name Location	Provider type	# of patients 2012	# of patients 2013	Monthly Fee 2012	Monthly Fee 2013
18	PeaceHealth Medical Group <sup>9</sup> Vancouver	16 MD 7 PAC 1 DO	305	430	\$72	\$72
19	Physicians Immediate Care & Medical Centers North Richland	3 MD 3 DO 3 PAC	26	20	\$67	\$67
20	Providence North East WA. Medical Group Colville	37 Providers	32	31	\$57	\$57
21	<b>Qliance Medical Group</b> <b>Seattle, Kent, Bellevue,</b> <b>Edmonds, Tacoma</b>	14 MD 3ARNP	4869	5122	\$67	\$84
22	Rockwood Clinic Spokane	220 Providers	181	244	\$39	\$34
23	Roth Medical Clinic Spokane	1 MD	12	20	\$25	\$25
24	<b>Seattle Medical Associates</b> <b>Seattle, WA</b>	3 MD	2483	2493	\$120	\$122
25	Seattle <sup>10</sup> Premier Health Seattle	2 MD	235	290	\$208	\$208
26	Snoqualmie Ridge Clinic Snoqualmie	3 MD 2 ARNP	247	282	\$30	\$30
27	Spokane Internal Medicine Spokane	9 MD	179	177	\$69	\$69
28	<b>Vantage Physicians/Olympia,</b>	2 MD 4 ARNP	534	606	\$85	\$95
TOTALS			12,629	13,373		

<sup>9</sup> Formally Southwest Medical Group

<sup>10</sup> Formally Swedish Premier Health

## **Location**

There is one new direct practice reporting an annual statement for 2013, and two direct practices that closed, bringing the total number of direct practices to 28.

Practices are located in 11 counties: King (9), Spokane (5), Snohomish (3), Thurston (3), Stevens (1), Benton (1), Pierce (2), Yakima (1), Clark (1), Walla Walla (1), and Island (1).

The Spokane clinics have multiple locations and providers. For example, Columbia Medical Associates has 60 providers in 14 locations, and the Rockwood clinics have over 220 physicians in six primary clinical locations.

## **Participation**

- Overall patient participation increased by 5%, or 744 new patients, from 12,629 in 2012 to 13,373 in 2013.
- Three clinics each reported new patient growth over 200 patients. Two of these clinics reported voluntary data totaling 1,930 patients who were uninsured.
- Fourteen direct practices reported the number of patients receiving care as only fluctuating between 10 patients from last year or their practice is at capacity and not accepting new patients.
- Three clinics had a notable decrease in enrollment totaling 393 patients.
- Most patients remain with the practice for at least a year.
- Nineteen out of 28 direct practices participate as a network provider in a health carrier's network; this is a significant change since 2007 when direct practices reported that they were exclusively direct-patient provider primary care practices.

## **Fees**

- Fees at 14 of the direct practices remained the same as last year.

- Ten direct practices increased their monthly fees, six practices' increased in amounts ranging from \$1 to \$10, three practices' increased in amounts from \$15 to \$24, while the tenth increased \$71.
- Three direct practices decreased their monthly fees by amounts ranging from \$1 to \$5.

## Affordability of direct practices

A key assumption underlying the legislation was that direct practices could provide affordable access to primary services. In theory, this would reduce pressure on the health care safety net or problems caused by a shortage of primary care physicians, and possibly lower emergency room use.

The range of monthly fees in direct practices varies from \$50 or less to over \$200. The largest concentration of enrollees is in the \$76 to \$100 range. In addition, data is not collected about the affordability of these fees for those enrolled in the direct practice.

Table 2, below, provides information about the census in the five major fee ranges for direct practices. A comparison of the annual statement information collected by the insurance commissioner shows major growth for 2013 for those enrolled in direct practices charging fees between \$76 to \$100 a month. Reasons for this growth include; one direct practice raised its rate and moved up to this category and three direct practices in this range had notable increases in patient enrollment.

**Table 2. Changes in practice census over time, based on monthly fee**

Monthly fee	\$ 50 or less	\$51 to \$75	\$76 to \$100	\$101 to \$200	\$201 +
2012 Enrollees	885	7163	737	3168	676
2012 Practices	7	13	3	4	2
2013 Enrollees	871	2379	5947	3433	743
2013 Practices	6	11	5	4	2

## Impact on the uninsured

The survey asked direct practices if they collected information about other types of health coverage the patient has when they sign a direct practice agreement. Only 13 direct practices out of 28 reported this information. The number of individuals reported as uninsured totaled 2,754, or 20%, of direct practice patients.

Because direct practices are barred by law from billing carriers for primary care services, if enrollees have private insurance, the assumption made is that these patients are combining high-deductible plans with direct practice primary care. Direct practices themselves often recommend that their patients combine direct practice enrollment with a high-deductible insurance plan. Twelve direct practices reported 5,596 individuals with private insurance or 41% of direct practice patients.

In addition, of the 13 practices reporting voluntary information, eight of those practices reported 2,223 patients or 17% having Medicare coverage.

## How direct practices evolved

Washington is the birthplace of direct practices. The origins of this approach are often traced to a provider practice called MD2, which began in 1996. In the last 17 years:

- Both the American Medical Association and the American Academy of Family Physicians established ethical and practice guidelines for retainer practices.
- In 2003, the federal establishment of Health Savings Accounts (HSA) promoted consumer-directed medicine, which includes enrolling in direct practices.
- In 2003, the Society for Innovative Medical Practice Design formed, representing direct practice physicians (its initial name was the American Society of Concierge Physicians).
- In 2004, the federal Office of the Inspector General for the Department of Health and Human Services warned practices about “double dipping,” and began taking enforcement steps against physicians charging Medicare beneficiaries extra fees for already covered services, such as coordination of care with other health care providers, preventative services and annual screening tests. The practices were referred to under various names: concierge, retainer, or platinum practices.
- In 2005, the U.S. Government Accountability Office issued the report Physician Services: Concierge Care Characteristics and Considerations for Medicare<sup>11</sup>. At

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<sup>11</sup> GAO-05-929

that time, nationwide there were 112 “concierge physicians” charging annual fees ranging from \$60 to \$15,000.

- In 2006, Washington’s insurance commissioner determined that retainer practices are insurance. West Virginia’s commissioner made the same ruling in 2006.
- In 2007, Washington became the first state to define and regulate direct patient-primary care practices, and to prohibit direct practice providers from billing insurance companies for services being provided to patients under the direct practice agreement.

## **Federal Health Care Reform**

On March 23, 2010, the president signed The Patient Protection and Affordable Care Act (PPACA). This act requires the development of exchanges, beginning in 2014, to help individuals and small businesses purchase health insurance coverage and qualify for subsidies that will only be available for plans sold through the exchange.

An exchange cannot offer any health plan that is not a qualified health plan.<sup>12</sup> A qualified health plan must meet requirement standards and provide an essential benefit package as described in PPACA.<sup>13</sup> Essential health benefits include at least the following general categories and the items and services covered within the categories:

- (A)** Ambulatory patient services.
- (B)** Emergency services.
- (C)** Hospitalization.
- (D)** Maternity and newborn care.
- (E)** Mental health and substance use disorder services, including behavioral health treatment.
- (F)** Prescription drugs.
- (G)** Rehabilitative and habilitative services and devices.

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<sup>12</sup> PPACA, Pub. L. No 111-148, § 1301(a)(1)

<sup>13</sup> PPACA, Pub. L. No 111-148, § 1302(b)

**(H)** Laboratory services.

**(I)** Preventive and wellness services and chronic disease management.

**(J)** Pediatric services, including oral and vision

Since September 23, 2010, PPACA requires new health care plans to eliminate any cost-sharing requirements with respect to evidence-based items or services that have in effect a rating of A or B in the current recommendation of the United States Preventive Services Task Force.

## **The Exchange Bill**

The Legislature passed E2SHB 2319, “An act relating to furthering state implementation of the health benefit exchange and related provisions of the affordable care act” during the 2012 legislative session, generally referred to as “The Exchange Bill.”

Section 8 (3) of the bill, now codified as RCW 43.71.065(3), allows the Exchange Board to permit direct primary care medical home plans, consistent with section 1301 of the Affordable Care Act, to be offered in the Exchange beginning January 1, 2014.

Section 1301 (a)(3) TREATMENT OF QUALIFIED DIRECT PRIMARY CARE MEDICAL HOME PLANS.

The Secretary of Health and Human Services shall permit a qualified health plan to provide coverage through a qualified direct primary care medical home plan that meets criteria established by the Secretary, so long as the qualified health plan meets all requirements that are otherwise applicable and the services covered by the medical home plan are coordinated with the entity offering the qualified health plan.

## **The Future of Direct Practice**

These provisions raise questions about the direct practice model of care. Specifically, in the following areas:

1. How will direct practices operate under PPACA?

Direct practices are not insurers and are authorized to offer only primary care services to their direct practice patients and not comprehensive health care.

Under PPACA, they cannot be a qualified health plan eligible for sale through the state Health Benefits Exchange.

PPACA does specify that a “qualified health plan” may provide coverage “through a qualified direct primary care medical home plan.”<sup>14</sup> Thus, a direct practice may contract with a carrier to provide the primary care services included in the carrier’s qualified health plans.

2. How does PPACA affect consumers with existing direct practice agreements?

- The limited data collected from direct practices providing voluntary information on other health care coverage at the time of enrollment indicates that some consumers are combining high-deductible health plans (HDHP) with a direct practice agreement.
- In 2014, when the individual mandate responsibility of obtaining insurance is effective, it may not be financially beneficial for a consumer to pay a direct practice for primary care services, as the agreement may not satisfy the coverage participation requirements.
- PPACA also requires all health plans to cover essential health benefits, including preventive services and chronic disease management.
- A consumer who enters into a direct practice agreement with a primary care provider outside of the Exchange most likely would be paying twice for some primary care, preventive services and chronic disease management that is also covered by their plan.
- PPACA sets limits for maximum out-of-pocket expenses. A maximum out-of-pocket expense is the sum of the plan’s annual deductible and other annual out-of-pocket expenses (other than premiums) that the insured is required to pay, such as copayments and co-insurance for a HDHP.<sup>15</sup> Consumers’ costs associated with a direct practice outside of the Exchange may not count as cost-sharing expenses for the HDHP. For example, a direct practice provider is not a network provider and cannot bill health carriers regulated under chapter 48 RCW for health care services. The consumer would not benefit from direct practice monthly fees counting toward their maximum out-of-pocket expense limits.

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<sup>14</sup> PPACA, Pub. L. 111-148, §1301(c)(3)

<sup>15</sup> Section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986

- Consumers who purchase qualified health plans through the Exchange will be entitled to subsidies or premium tax credits if they meet certain income requirements. These financial incentives are not available outside of the Exchange, and may result in enrollees abandoning direct practice arrangements.
3. Nothing in federal health care reform bars direct practice arrangements from operating outside the Exchange.

Exclusive direct practices that cater to wealthier consumers and offer more of a concierge model of care would most likely still have a market. On the other end of the spectrum, a market exists for direct practice agreements to individuals not entitled to buy health care coverage through the Exchange, such as undocumented immigrants. Additionally, some consumers join direct practices because they like the personal services offered and will continue with their direct practice agreements.

## **Recommendations for legislative modifications**

Washington is at the forefront of national regulation of direct primary care practices. Since passage of the 2007 law, direct primary care practices have not gained significant market share, but have expanded into 11 counties in the state.

The upcoming changes required by health care reform on January 1, 2014, including an operational Exchange, will most likely impact direct practices. Until qualified health plans are certified for use in the Exchange, it is uncertain how many direct practices will form partnerships with health carriers to offer coordinated care consistent with federal requirements.

The commissioner does not have any recommendation for the Legislature to consider other than continuing to monitor direct practices using annual statements and consumer complaints.

**APPENDIX A**

**ANNUAL STATEMENT FORM**

**DIRECT PRACTICE ANNUAL STATEMENT REPORT 2012**

Please provide the following information by clicking on the shaded boxes. The questions marked with an \* symbol are required to be answered. All data reported should be calculated from the date your direct practice began.

\*Practice Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*List the name of the providers participating in direct practice care. \_\_\_\_\_

Do any of these providers participate as a network provider in a health carrier's network?

Check one:  Yes  No

What percentage of your business is direct practice?

Check one:  Don't know \_\_\_\_\_ percent

Has the practice discontinued any patients?

Check one:  Yes  No

If yes, how many \_\_\_\_\_, and please check the reasons:

- The patient failed to pay the direct fee under the terms of the direct agreement.
- The patient performed an act that constitutes fraud.
- The patient repeatedly fails to comply with the recommended treatment plan.
- The patient is abusive and presents an emotional or physical danger to the staff or other patients of the direct practice.
- Other

Has your direct practice declined to accept any patients?

Check one:  Yes  No

If yes, how many \_\_\_\_\_, and please check the reasons:

- The practice has reached its maximum capacity.
- The patient's medical condition is such that the provider is unable to provide the appropriate level and type of health care services in the direct practice.
- Other

\*How many direct practice patients are enrolled in your program? \_\_\_\_\_

How many are children? \_\_\_\_\_ How many are adults? \_\_\_\_\_

*(Please continue to page 2)*

**\*What is your average monthly fee? \_\_\_\_\_**

**\*What is your average annual fee? \_\_\_\_\_**

Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?

Check one:  Yes  No

If yes, what is the total number of patients with:

Medicaid \_\_\_\_\_  
Medicare \_\_\_\_\_  
Private health insurance \_\_\_\_\_  
Uninsured/No prior health coverage \_\_\_\_\_

**Please include a copy of your direct practice agreement including your fee structure, disclosure statement, and any marketing materials you use with your completed Direct Practice Annual Statement Report form.**

- I did not provide this information for the 2011 report and it is included with this report.
- I did provide this information for the 2011 report and it has not changed so I do not need to provide it for 2012.
- I did provide this information for the 2011 report but information changed and it is include with this report.

If you have any questions regarding this survey please contact:

Donna Dorris  
Senior Health Policy Analyst  
Office of Insurance Commissioner

Phone: (360) 725-7040  
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[donnad@oic.wa.gov](mailto:donnad@oic.wa.gov)

**Appendix B – Voluntary Information Reported 2013**

	Adventist Health Medical Group	Anchor Med. Clinic	Ballard Community Health	Bellevue Medical Partners LLC	CARE Medical Associates	Charis Family Clinic	Columbia Medical Associates	DirectCareMD Heritage Family	Doctors Clinic of Spokane	Family Medicine Liberty Lake	Guardian Family Care	Health 4 Life	Hendler Family Practice	Hirsh Holistic Family Medicine	Liberty Lake	MD2
<b>Do any providers in your practice participate as a network provider in a health carrier's network?</b>	Yes	No	yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No
<b>What percentage of your business is direct practice?</b>	Don't Know	100	17	100	84	<5	Don't know	3.5	4	Don't Know	100		100	6	<1	100
<b>Has the practice discontinued any patients?</b>	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes		No	No	Yes	Blank
The patient failed to pay under the terms of the direct agreement.		X	X	X		X	X	X	X	X	X				X	
The patient performed an act that constitutes fraud?				X							X					
<b>Has your direct practice declined to accept any patients?</b>	No	Yes	No	Yes	No	Yes	No	No	Yes	No	Yes		No	No	No	Blank
The practice has reached its maximum capacity.				X												
The patient's medical condition is such that the provider is unable to provide the appropriate level and type of health care services.		X				X	X		X		X					
<b>Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?</b>	No	Yes	No	No	No	Yes	No	No	No	No	Yes		No	No	No	Blank
Medicaid		1		0					0		5			0		
Medicare		82		40%					0		150			0		
Private health insurance		49		60%					0		100			3		
Uninsured/No prior coverage		36				14			55		150			7		

**Appendix B – Voluntary Information Reported 2013**

	O'Connor Family Medicine	Palandia Health Group of WA	PeaceHealth Medical Group	Physicians Immediate Care	Providence NE WA Med. Clinic	Qliance Medical Group	Rockwood Clinic	Roth Medical Clinic	Seattle Medical Associates	Seattle Premier Health	Snoqualmie Ridge Med.	Spokane internal Medicine	Vantage Physicians			
<b>Do any providers in your practice participate as a network provider in a health carrier's network?</b>	No	Blank	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No			
<b>What percentage of your business is direct practice?</b>	>1	Blank	1.91	Don't Know	Don't know	49%	Don't Know	<2	100	100	>5	Don't know	100			
<b>Has the practice discontinued any patients?</b>	Yes	Blank	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No	Yes			
The patient failed to pay under the terms of the direct agreement.			X			X		X			X		X			
The patient performed an act that constitutes fraud?													X			
<b>Has your direct practice declined to accept any patients?</b>	No	Blank	Yes	No	No	No	No	No	Yes	No	Yes	No	Yes			
The practice has reached its maximum capacity.									X				X			
The patient's medical condition is such that the provider is unable to provide the appropriate level and type of health care services.																
<b>Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?</b>	No	Blank	Yes	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes			
Medicaid						20			0	0	0	0	11			
Medicare						510			1038	61	0	5	157			
Private health insurance						3092			1455	223	5	12	327			
Uninsured/No prior coverage	11		430			1500			0	3	277	160	111			

## WEBSITES AND ADDRESSES FOR DIRECT PRACTICES

DIRECT PRACTICE ADDRESS	WEBSITE
Adventist Health Medical Group 111 South 2 <sup>nd</sup> Ave Walla Walla, WA 99362	<a href="http://www.wwgh.com/clinics.php">http://www.wwgh.com/clinics.php</a>
Anchor Medical Clinic 8227 44 <sup>th</sup> Ave. W. Suite E Mukilteo, WA 98275-2848	<a href="http://www.anchormedicalclinic.com/">http://www.anchormedicalclinic.com/</a>
Ballard Community Health Medical Home 5300 Tallman Ave. N.W. Seattle, WA 98107	<a href="http://www.swedish.org">http://www.swedish.org</a>
Bellevue Medical Partners LLC 1750 112 <sup>th</sup> Ave. N.E. A-102 Bellevue, WA 98004	<a href="http://www.bellevuemedicalpartners.com/">http://www.bellevuemedicalpartners.com/</a>
CARE Medical Associates 1407 116 <sup>th</sup> Ave. N.E. #102 Bellevue, WA 98004	<a href="http://www.cmadoc.com/">http://www.cmadoc.com/</a>
Charis Family Clinic PLLC 23601 Hwy99, Ste A, Edmonds, WA 98026	<a href="http://charisclinic.com/">http://charisclinic.com/</a>
Columbia Medical Associates PO Box 2808 Spokane, WA 99220	<a href="http://www.columbiaprimarycare.com/">http://www.columbiaprimarycare.com/</a>
DirectCareMD/Heritage Family 3333 Harrison Ave N.W. Olympia, WA 98502	<a href="http://www.heritagefamilymedicine.com/">http://www.heritagefamilymedicine.com/</a>
Doctors Clinic of Spokane Franklin Park Med. Building 220 E. Rowan Suite 300 Spokane, WA 99207	<a href="http://www.doctorsclinicspokane.com/">http://www.doctorsclinicspokane.com/</a>
Guardian Family Care, PLLC 805 164 <sup>th</sup> St. SE #100 Mill Creek, WA 98102	<a href="http://www.guardianfamilycare.net/">http://www.guardianfamilycare.net/</a>
Hendler Family Practice 231 Madison Avenue South Bainbridge Island, WA 98110	<a href="http://www.hendlermd.com/">http://www.hendlermd.com/</a>
Hirsh Holistic Family Medicine 3525 Ensign Rd NE, Suite N Olympia, WA 98506	<a href="http://doctorevan.com/">http://doctorevan.com/</a>
Liberty Lake 23801 East Appleway Ave Suite 250 Liberty Lake. WA 99019	No website at this time
<b>MD2 Bellevue</b> 1135 116 <sup>th</sup> Ave N.E., S# 610 Bellevue, WA 98004 <b>MD2Seattle</b> 1101 Madison St. Suite 1501 Seattle, WA 98104	<a href="http://www.md2.com/concierge-medical-offices.php?ofx=2">http://www.md2.com/concierge-medical-offices.php?ofx=2</a>

O'Connor Family Medicine, PLLC 309 E. Farwell #204 Spokane, WA 99218	No web site at this time
Paladina Health Group of Wa, PC 1250 Pacific Ave, Suite 110 Tacoma, WA 98402	<a href="http://www.paladinahealth.com/individuals/">http://www.paladinahealth.com/individuals/</a>
PeaceHealth Medical Group 16811 SE McGillivray Blvd Vancouver, WA 98638	<a href="http://www.sw-medicalgroup.org/directprimarycare">http://www.sw-medicalgroup.org/directprimarycare</a>
Physicians Immediate Care & Medical Centers 1516 Jadwin North Richland, WA 99354	<a href="http://www.picmc.com/">http://www.picmc.com/</a>
Providence North East Washington Medical Group 1200 East Columbia Ave. Colville, WA 99114	<a href="http://www.newmg.org/">http://www.newmg.org/</a>
Qliance Medical Group of Washington 509 Olive Way, Suite 1607 Seattle, WA 98101	<a href="http://www.qliance.com/">http://www.qliance.com/</a>
Rockwood Clinic 400 East Fifth Ave. Spokane, WA 99202	<a href="http://www.rockwoodclinic.com/">http://www.rockwoodclinic.com/</a>
Roth Medical Clinic 220 E. Rowan #200 Spokane, WA 99207	<a href="http://rothmedicalclinic.com/">http://rothmedicalclinic.com/</a>
Seattle Medical Associates 1221 Madison #920 Seattle, WA 98104	<a href="http://www.seamedassoc.com/">http://www.seamedassoc.com/</a>
Seattle Premier Health 600 Broadway Suite 340 Seattle, WA 98122	<a href="http://www.seattlepremierhealth.com/">http://www.seattlepremierhealth.com/</a>
Snoqualmie Ridge Clinic 35020 SE Kinsey Street Snoqualmie, WA 98065	<a href="http://www.snoqualmiehospital.org/">http://www.snoqualmiehospital.org/</a>
Spokane Internal Medicine 1215 N. McDonald Rd. Suite 101 Spokane, WA 99216	<a href="http://spokaneinternalmedicine.com/">http://spokaneinternalmedicine.com/</a>
Vantage Physicians 3703 Ensign Rd #10A Olympia, WA 98506	<a href="http://vantagephysicians.net/">http://vantagephysicians.net/</a>