Direct Practices

Annual report to the Legislature

December 1, 2014

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www.insurance.wa.gov

Washington State
Office of the
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."[1]

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

The 2014 annual report on direct patient-provider primary care practices analyzes two fiscal years of annual statements: July 1, 2012 – June 30, 2013 and July 1, 2014 – June 30, 2014.

Participation trends:

- In fiscal year 2014, there were approximately 8,658 direct-practice patients out of the 6.7 million total Washington State population reported by the U.S. Census Bureau. .
- Overall patient participation decreased by 35 percent, or a total of 4,715 participants, from 13,373 participants in fiscal year 2013.
- The number of practices increased from 28 to 29. There are four new practices, two in Seattle, one in Camas and one in Centralia. Three practices closed, two in Spokane and one in Lakewood.
- Fees at 13 of the direct practices remained the same as last year; seven practices lowered their fees and five practices increased theirs.

[1] RCW 48.150.100 (3)

- For fiscal year 2014, only one direct practice, Q'liance, reported it is participating as a network provider with a health insurance issuer inside the Washington Health Benefit exchange (Exchange). This is a significant change for this direct practice, which has been in operation since 2007 and is one of the original and largest direct practices in the state.

Complaints received: The Insurance Commissioner's consumer hotline received no formal or informal complaints regarding any of the direct patient practices in fiscal year 2014.

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 and others did not respond to any of the supplementary 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"[2].

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.[3] 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 specifically states that direct practices operate under the safe harbor created by Chapter 48.150 RCW and are not insurers, health carriers, health care service contractors or health maintenance organizations as defined in Title 48 RCW.[4] This means they operate without having to meet certain required responsibilities such as financial solvency, capital maintenance, market conduct, reserving, and filing requirements; nor do they have to comply with the Patient's Bill of Rights. As a result, the Commissioner has extremely limited regulatory authority over these practices.

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, ESSB 1480 passed, amending RCW 48.150.040 by allowing the dispensing of an initial supply of generic prescription drugs not to exceed 30 days and at no additional cost to the patient.

The only remaining explicit regulatory role given to the Commissioner is annually collecting and reporting to the Legislature the information submitted in annual statements by direct practices. The Commissioner is required to file these annual reports to the Legislature on December 1 of each year.

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[2] RCW 48.150.005

[3] RCW 48.44.010(3)

[4] RCW 48.150.060

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 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 statements, 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 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[5].

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 patient, but continue to prohibit employers from entering into coverage agreements with direct practices.

Physicians who provide direct 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 <u>not</u>:

Comprehensive health care coverage. Direct practices are not comprehensive coverage. Services provided by direct practice agreements must not include services or supplies including more than an initial 30-day supply of prescription drugs, hospitalization, major surgery, dialysis, high-level radiology, rehabilitation services, procedures requiring general anesthesia, or similar advanced procedures, services or supplies[6].

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."[7]

Access fee model. There are practices in Washington that offer a variety of amenities in return for an access fee. Most of these providers offer patients "improved" access

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[5] RCW 48.150.010(8)

[6] RCW 48.150.010 (d)

[7] RCW 48.150.110 (1).

through some type of same-day office visits, email 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 agreement and can apply only to *non-covered* services.

Discount health plan. Discount health plans are membership organizations that charge a fee for access to 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.

2014 annual report

What the data shows

Direct practices began filing annual statements in October 2007. On July 1, 2014, the Commissioner sent the 2014 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.

This report compares data from two fiscal years of annual statements: July 1, 2012 – June 30, 2013 and July 1, 2014 – June 30, 2014.

Three practices closed during fiscal year 2013: Doctors Clinic of Spokane, Healthcare-4-Life and Liberty Lake, with a total of 74 enrollees. These practices are not listed in Table 1.

The following chart summarizes data collected in fiscal year 2014. **Direct practices that have reported annual information since 2007 are in bold.** Census and fee information prior to 2012 are accessible through past reports, all of which are posted at www.insurance.wa.gov.

Table 1. Summary of Required Data Reported by FY2013 Annual Statements						
	Practice Name Location	Provider type	# of patients FY 2013	# of patients FY 2014	Monthly Fee FY 2013	Monthly Fee FY 2014
1	Adventist Health Medical Group Walla Walla	12 MD 4 ARNP	32	28	$49	$49
2	**Anchor Medical Clinic** **Mukilteo**	1 MD	168	170	$99	$99
3	Ballard Community Health Seattle	3 MD 1 ARNP	394	204	$55	$55
4	**Bellevue Med. Partners** **Bellevue**	2 MD	550	560	$200	$175
5	**CARE Medical Associates** **Bellevue**	1 DO	282	295	$120	$120
6	Charis Family Clinic Edmonds	1 ARNP	14	13	$51	$55
7	Columbia Medical Associates Spokane	24 MD 11 ARNP 5 DO 7 PAC	282	154	$40	$40
8	**DirectCareMD/Heritage** **Olympia**	1 MD 1 ARNP 1 DO	53	27	$61	$59
9	**Guardian Family Care** **Mill Creek**	2 MD	400	250	$72	$99
10	Hendler Family practice Bainbridge Island	1MD	108	99	$193	$178
11	Hirsh Holistic Family Medicine Olympia	1MD 1 ARNP	43	51	$100	$150
12	Lacamas Medical Group Camus	1MD 3PAC		16		$65
13	**MD2 Bellevue** **MD2 Seattle**	2 MD 2 MD	223 230	220 232	$905 $877	$910 $868
14	O'Connor Family Medicine, PLLC Spokane	2 MD	11	11	$50	$50
15	Paladina Health Group of WA Tacoma (eliminated self-insured from annual statement for 2014)	2 MD	794	183	$64	$61

Table 1. Summary of Required Data Reported by FY2013 Annual Statements						
	Practice Name Location	Provider type	# of patients FY 2013	# of patients FY 2014	Monthly Fee FY 2013	Monthly Fee FY 2014
16	PeaceHealth Medical Group Vancouver	16 MD 7 PAC 1 DO	430	109	$72	$84
17	Physicians Immediate Care & Medical Centers North Richland	3 MD 3 DO 3 PAC	20	16	$67	$67
18	Providence North East WA. Medical Group Colville	37 Providers	31	11	$57	$57
19	Quick Clinic Centralia	2MD 1DO 1PAC		62		$50
20	**Qliance Medical Group Seattle, Kent, Bellevue, Edmonds, Tacoma**	14 MD 3ARNP	5122	1840	$84	$95
21	Rockwood Clinic Spokane	220 Providers	244	151	$39	$39
22	Roth Medical Clinic Spokane	1 MD	20	15	$25	$25
23	**Seattle Medical Associates Seattle, WA**	3 MD	2493	2495	$122	$120
24	Seattle Premier Health Seattle	2 MD	290	303	$208	$208
25	Snoqualmie Ridge Clinic Snoqualmie	3 MD 2 ARNP	282	233	$30	$30
26	Southlake Clinic Renton	1MD		220		$200
27	Spokane Internal Medicine Spokane	9 MD	177	63	$69	$69
28	**Vantage Physicians Olympia**	2 MD 4 ARNP	606	616	$95	$91
29	Wise patient Internal Medicine Seattle	1MD		11		$90
	Closed practices		74			
TOTALS			13,373	8,658		

Locations

There are four new direct practices reporting enrollees on an annual statement for fiscal year 2014, and three direct practices that closed, bringing the total number of direct practices to 29.

Practices are located in 11 counties:

- King: 11
- Spokane: 3
- Snohomish: 3
- Thurston: 3
- Clark: 2
- Stevens: 1
- Benton: 1
- Lewis: 1
- Pierce: 1
- Yakima: 1
- Walla Walla: 1
- 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 more than 220 physicians in six primary clinic locations.

Participation

- Overall patient participation decreased by 35 percent, or 4,715 enrollees, from 13,373 in fiscal year 2013 to 8,558 in fiscal year 2014.

- Sixteen direct practices reported a total decrease of 5,277 patients with direct practice agreements.

- Seven clinics reported a total of 58 new patients, gaining two to 13 patients per clinic. The monthly fees for these direct practices are between $91 and $208. One of the new clinics reported 220 enrollees with a monthly fee of $200.

- Paladina Health Care Group of WA reported a significant decrease in direct practice enrollment regulated under Title 48. This direct practice also provides services to self-insured groups, which are not regulated by the Office of Insurance Commissioner.

- Twenty-one of 29 direct practices participate as in-network providers in a health carrier's network; this is a significant change since 2007, when all direct practices reported they were exclusively direct-patient provider primary care practices.

- Twenty-five of these practices reported the percentage of their business that is direct practice. Twelve practices, or 48 percent, reported a less than 12 percent (1 in 9 patients); eight of the practices reported less than 2 percent.

Fees

- Fees at 13 of the direct practices remained the same as last year.

- Six direct practices increased their monthly fees; five practices' increased fees $4 to $17 per month, and one practice increased fees by $50 per month.

- Seven direct practices decreased their fees by$2 to $5 per month.

- The four new direct practices' fees range from $50 to $200 per month.

- Between fiscal years 2013 and 2014, the average monthly fee weighted by the number of patients increased by 23.4 percent, from $122.18 to $150.78.

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 relieve problems caused by a shortage of primary care physicians, and possibly lower emergency room use.

Monthly fees at direct practices vary from $50 or less to more than $200. Most enrollees pay $101 to $200 per month. Data is not collected about the affordability of these fees for the people who are enrolled.

Table 2 below provides information about the census in five fee ranges for direct practices.

A comparison of the annual statement information collected by the Commissioner shows major growth in fiscal year 2014 for enrollees who pay $101 to $200 a month.

Reasons for this growth include: a rate increase at one direct practice that moved enrollees up to this category and the addition of 220 new enrollees in this category at a new direct practice.

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

Monthly fee	$ 50 or less	$51 - $75	$76 - $100	$101 - $200	$201 +
FY 2014 Enrollees	654	533	2996	3720	755
FY 2014 Practices	7	7	6	6	3
FY 2013 Enrollees	871	2379	5947	3433	743
FY 2013 Practices	6	11	5	4	3

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 16 direct practices out of 29 reported this information. The number of individuals reported as uninsured were:

- Fiscal year 2014: 1,315 or 15 percent
- Fiscal year 2013: 2,754, or 21 percent

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 often recommend that their patients combine direct practice enrollment with a high-deductible insurance plan.

- Fiscal year 2014: 16 direct practices reported 3,657 enrollees who had private insurance

- Fiscal year 2013: 10 direct practices reported 5,596 enrollees who had private insurance

The percentage of enrollees with private insurance was 42 percent for fiscal years 2013 and 2014.

Ten direct practices reported the following Medicare enrollment:

- Fiscal year 2014: 2,193 enrollees, 25 percent
- Fiscal year 2013: 2,223 enrollees, or 17 percent

How direct practices evolved

Washington is the birthplace of direct practices. The origins of this approach are often traced to a practice called MD2 that began in 1996.

In the last 18 years:

- Both the American Medical Association and the American Academy of Family Physicians established ethical and practice guidelines for direct practices.
- In 2003, the federal establishment of Health Savings Accounts (HSA) promoted consumer-directed medicine, which includes 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 who charged 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"[8]. At the time, there were 112 "concierge physicians" nationwide who charged annual fees ranging from $60 to $15,000.

[8] GAO-05-929

- 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), commonly referred to as the Affordable Care Act (ACA). It required the development of health benefit exchanges, beginning in 2014, to help individuals and small businesses purchase health insurance and qualify for subsidies that are available only for plans that are sold through an exchange.

An exchange cannot offer any health plan that is not a qualified health plan.[9] A qualified health plan must meet requirement standards and provide an essential benefit package as described in PPACA.[10] 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.
(H) Laboratory services.
(I) Preventive and wellness services and chronic disease management.
(J) Pediatric services, including oral and vision

[9] PPACA, Pub. L. No 111-148,§ 1301(a)(1)

[10] PPACA, Pub. L No 111-148,§ 1302(b)

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

In 2012, the Washington state Legislature passed E2SHB 2319, “An act relating to furthering state implementation of the health benefit exchange and related provisions of the affordable care act,” 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 PPACA , 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 the 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."[11] Thus, a direct practice may contract with a carrier to provide the primary care services included in the carrier's qualified health plans.

In fiscal year 2014, only one direct practice, Q'liance, reported it is participating as a network provider with an health insurance issuer in the Exchange. This is a significant change for this direct practice, which has been in operation since 2007 and is one of the original direct practices as well as one of the largest.

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

   The individual mandate responsibility provision of the ACA required the purchase of health insurance no later than March 31, 2014. Direct practice agreements provide primary care services only and do not qualify as health insurance so they do not meet the individual mandate requirement.

   The Washington Health Benefit Exchange (Exchange), branded as Washington Heathplanfinder, opened in late 2013 to sell policies effective January 1, 2014. Enrollment both inside and outside of the Exchange for the individual market showed a dramatic increase, with approximately 76,000 more health insurance enrollees than in 2013.[12]

   Benefits for individuals who purchase policies through the Exchange include:

   - Entitlement to subsidies or premium tax credits if they meet income requirements. These financial incentives are not available outside of the Exchange, and receiving them may result in enrollees canceling direct practice agreements.

   - The requirement that all health plans must 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 pay twice for some primary care, preventive services and chronic disease management services that are also covered by their individual insurance plan.

[11] PPACA, Pub. L. 111-148,§1301(c)(3)

[12] Washington State Office of the Insurance Commissioner, Individual health insurance enrollment in Washington state –June 2014

- 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 coinsurance for a High Deductible Health Plan (HDHP)[13] 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 annual maximum out-of-pocket expense limits.

Direct practices reported a significant decline of enrollees for fiscal year 2014, losing 4,715 or 35 percent of their clientele. An assumption could be made that a significant number of these patients either enrolled in health plan through the Exchange or on the individual market. In addition, some individuals probably qualified for Medicaid due to new income requirements.

Two of the direct practices that stopped providing direct practice services reported they referred their patients directly to the Exchange for enrollment.

For direct practices that charged $75 or less a month, patients dropped from 3,250 to 1,187, a decrease of 63 percent.

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, including undocumented immigrants. Additionally, some consumers join direct practices because they like the personal services offered and will continue with their direct practice agreements.

[13] Section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986

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.

Washington's Exchange ran open enrollment for fiscal year 2014 plans from October 2013 and through March 31, 2014. It is highly likely that direct practices were impacted by enrollees switching to comprehensive health insurance during this time. Direct practices reported a 35 percent drop in enrollment for fiscal year 2014, losing a total of 4,715 enrollees. One of the largest direct practices became a network provider for a health insurance issuer in the Exchange for 2014.

Open enrollment begins on November 15, 2014 for 2015 health insurance coverage.

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? _____

***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 attach a current 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.

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

Appendix B – Voluntary Information Reported 2014

	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	Guardian Family Care	Hendler Family Practice	Hirsh Holistic Family Medicine	MD2	Lacamas Medical Group	O'Connor Family Medicine	Paladina Health Group of WA
Do any providers in your practice participate as a network provider in a health carrier's network?	Yes	No	yes	No	Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	Yes
What percentage of your business is direct practice?	Don't Know	100	12	100	80	<5	<1	3.5	100	100	9	100	<1	>1	100
Has the practice discontinued any patients?	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	Blank	No	Yes	No
The patient failed to pay under the terms of the direct agreement.		X	X			X	X	X	X						
The patient performed an act that constitutes fraud?		X							X						
Has your direct practice declined to accept any patients?	No	No	No	Yes	No	Yes	No	No	No	No	No	Blank	No	No	No
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						
Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?	No	Yes	Yes	No	No	Yes	No	No	Yes	Yes	No	Blank	No	No	Yes
Medicaid		4	24	0						0					
Medicare		98	34	280		1				21					
Private health insurance		48	98	252		1				47				1	183
Uninsured/No prior coverage		20	48	28		11				31				10	

Appendix B – Voluntary Information Reported 2014

	PeaceHealth Medical Group	Physicians Immediate Care	Providence NE WA Med. Clinic	Qliance Medical Group	Quick Clinic	Rockwood Clinic	Roth Medical Clinic	Seattle Medical Associates	Seattle Premier Health	Snoqualmie Ridge Med.	Southlake Select	Spokane internal Medicine	Vantage Physicians	Wise Patient Internal Med.	
Do any providers in your practice participate as a network provider in a health carrier's network?	Yes	Yes	Yes	Yes	yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	
What percentage of your business is direct practice?	.005	Don't Know	Don't know	49%	25	Don't Know	<1	100	100	>5	100	1%	100	<2	
Has the practice discontinued any patients?	Yes	Yes	No	Yes	No	No	Yes	Yes	No	Yes	No	No	Yes	No	
The patient failed to pay under the terms of the direct agreement.	X			X			X	X		X			X		
The patient performed an act that constitutes fraud?													X		
Has your direct practice declined to accept any patients?	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	
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.															
Do you collect information about any other type of health coverage the patient has when they sign a direct practice agreement?	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Medicaid				4				0	0	0	0	0	33		
Medicare				310				1084	72	0	119		174		
Private health insurance				943				1411	229	8	101	3	323	9	
Uninsured/No prior coverage	109			583				0	2	225	0	160	86	2	

WEBSITES AND ADDRESSES FOR DIRECT PRACTICES

DIRECT PRACTICE ADDRESS	WEBSITE
Adventist Health Medical Group 111South 2nd Ave Walla Walla, WA 99362	http://www.wwgh.com/clinics.php
Anchor Medical Clinic 8227 44th Ave. W. Suite E Mukilteo, WA 98275-2848	http://www.anchormedicalclinic.com/
Ballard Community Health Medical Home 5300 Tallman Ave. N.W. Seattle, WA 98107	http://www.swedish.org
Bellevue Medical Partners LLC 1750 112th Ave. N.E. A-102 Bellevue, WA 98004	http://www.bellevuemedicalpartners.com/
CARE Medical Associates 1407 116th Ave. N.E. #102 Bellevue, WA 98004	http://www.cmadoc.com/
Charis Family Clinic PLLC 23601 Hwy99, Ste A, Edmonds, WA 98026	http://charisclinic.com/
Columbia Medical Associates PO Box 2808 Spokane, WA 99220	http://www.columbiaprimarycare.com/
DirectCareMD/Heritage Family 3333 Harrison Ave N.W. Olympia, WA 98502	http://www.heritagefamilymedicine.com/
Guardian Family Care, PLLC 805 164th St. SE #100 Mill Creek, WA 98102	http://www.guardianfamilycare.net/
Hendler Family Practice 231 Madison Avenue South Bainbridge Island, WA 98110	http://www.hendlermd.com/
Hirsh Holistic Family Medicine 3525 Ensign Rd NE, Suite N Olympia, WA 98506	http://doctorevan.com/
Lacamas Medical Group 3240 NE 3rd Ave Camas, WA 98607	http://www.lacamasmedicalgroup.com/
MD2 Bellevue 1135 116th Ave N.E., S# 610 Bellevue, WA 98004 **MD2Seattle** 1101 Madison St. Suite 1501 Seattle, WA 98104	http://www.md2.com/concierge-medical-offices.php?ofx=2
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	http://www.paladinahealth.com/individuals/
PeaceHealth Medical Group 16811 SE McGillivray Blvd Vancouver, WA 98638	http://www.sw- medicalgroup.org/directprimarycare
Physicians Immediate Care & Medical Centers 1516 Jadwin North Richland, WA 99354	http://www.picmc.com/
Providence North East Washington Medical Group 1200 East Columbia Ave. Colville, WA 99114	http://www.newmg.org/
Quick Clinic 208 Centralia College Blvd Centralia, WA 98596	http://www.everydayclinic.com/
Qliance Medical Group of Washington 509 Olive Way, Suite 1607 Seattle, WA 98101	http://www.qliance.com/
Rockwood Clinic 400 East Fifth Ave. Spokane, WA 99202	http://www.rockwoodclinic.com/
Roth Medical Clinic 220 E. Rowan #200 Spokane, WA 99207	http://rothmedicalclinic.com/
Seattle Medical Associates 1221 Madison #920 Seattle, WA 98104	http://www.seamedassoc.com/
Seattle Premier Health 600 Broadway Suite 340 Seattle, WA 98122	http://www.seattlepremierhealth.com/
Snoqualmie Ridge Clinic 35020 SE Kinsey Street Snoqualmie, WA 98065	http://www.snoqualmiehospital.org/
Southlake Clinic 4011 Talbot Road S. #430 Renton, WA 98055	http://www.southlakeclinic.com/
Spokane Internal Medicine 1215 N. McDonald Rd. Suite 101 Spokane, WA 99216	http://spokaneinternalmedicine.com/
Vantage Physicians 3703 Ensign Rd #10A Olympia, WA 98506	http://vantagephysicians.net/
Wise Patient Internal Medicine 613 19th Ave E. Suite 201 Seattle, WA 98112	No website at this time