

Direct Practice

Annual report to the Legislature

December 1, 2015

Mike Kreidler - Insurance Commissioner

www.insurance.wa.gov



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Executive summary

In 2007, the Washington State Legislature enacted Engrossed Second Substitute Senate Bill 5958, which is codified as RCW 48.150. This bill created an innovative primary health care delivery option called “direct practices.”

The bill requires the Office of the Insurance Commissioner (OIC) to report annually to the Legislature on direct health care practices. Under RCW 48.150.100(3), this includes but is not limited to “participation trends, complaints received, voluntary data reported by the direct practices and any necessary modifications to this chapter.”

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 2015 annual report on direct practices analyzes two fiscal years of annual statements:

- July 1, 2013 through June 30, 2014.
- July 1, 2014 through June 30, 2015.

Participation trends:

- In fiscal year 2015, there were approximately 11,504 direct practice patients of 6.7 million Washington state residents, as reported by the U.S. Census Bureau.
- Overall patient participation increased from 8,658 participants in 2014 to 11,504 in 2015; this is a 32 percent increase, a total of 2,846 patients.
- The number of practices increased from 29 to 33. Four new practices opened in:
 - Seattle (two).
 - Bellevue.
 - East Wenatchee.
- Fees changed in the following ways:
 - 13 of the direct practices remained the same as in 2014.
 - Seven direct practices decreased fees.
 - Nine direct practices increased fees.

- For fiscal year 2015, only one direct practice, Q'liance, reported that it participates as a network provider with a health insurance issuer inside the Washington Health Benefit Exchange (Exchange).

Complaints received: The OIC did not receive formal or informal complaints regarding direct patient practices in the past year.

Voluntary data reported by direct practices: While all of the registered practices responded to the mandatory questions, fewer than half of the direct practices chose to report voluntary information. Some said they do not collect this information, and others simply did not respond to the supplementary questions.

Necessary modification to chapter: The OIC does not recommend 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.”

Prior to the passage of this law, the OIC said that health care providers who engaged in direct patient practices or retainer health care were subject to current state law governing health care service contractors. However, due to the limited nature of the business model, the agency recognized that imposing the full scope of regulation under this law was not practical or justified.

The 2007 law specifically says that direct practices operate under the safe harbor created by RCW 48.150 and are not insurers, health carriers, health care service contractors or health maintenance organizations as defined in RCW Title 48. As such, they operate without having to meet certain responsibilities that are required for insurers, including but not limited to financial solvency, capital maintenance, market conduct, or reserve and filing requirements. As a result, the OIC’s regulatory authority over these practices is extremely limited.

In 2012, the Legislature passed a bill repealing RCW 48.150.120, which had required the OIC to submit a study on direct patient-provider primary health care to the Legislature by December 1, 2012. With the passage of the Affordable Care Act (ACA) P.L. 111-152 (2010), the information the study required was no longer relevant.

During the 2013 regular legislative session, the Legislature passed ESSB 1480. This bill amends RCW 48.150.040 to allow direct practices to dispense an initial supply of generic prescription drugs if the supply does not exceed 30 days and does not involve an additional cost to the patient.

In regard to direct practices, the OIC’s only remaining regulatory role is collecting information from direct practices and submitting it to the Legislature on December 1 each year.

Annual reports

State law requires direct practices to submit annual statements to the OIC by October 1 each year. The statements must include:

- The number of providers in each practice.
- The total number of patients.
- The average direct practice fee.
- Names of direct practice providers.
- Business addresses.

The Legislature did not give the OIC rulemaking authority over direct practices. However, the OIC does have the authority to tell direct practice clinics how to submit the statements, what format to follow, and what content to include.

The information in the annual report that the OIC submits to the Legislature must include:

- Participation trends.
- Complaints that the OIC has received.
- Voluntary data that direct practices have reported.
- Any modifications to the chapter that the OIC recommends are necessary.

Definition of direct practices in Washington

Direct patient-provider primary care practices (direct practices) also are called “retainer medicine” or “concierge medicine.” Washington’s definition, which comes from RCW 48.150.010, says that a direct practice:

- Charges 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. RCW 48.150.010(8) defines “primary care services” 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.

Direct practices 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. However, state law still prohibits employers from entering into coverage agreements with direct practices.

Physicians who provide direct care say that their practices serve fewer patients than conventional practices, but give patients more time during office visits to ask questions and receive explanations regarding medical care. Some direct practices offer additional services, such as same-day appointments, extended business hours, home visits and 24-hour emergency physician availability.

Direct practices are not:

- **Comprehensive health care coverage**

Direct practices are not comprehensive coverage. Under RCW 48.150.010(4)(d), direct practice services must not include 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.

In fact, RCW 48.150.110(1) requires direct practice agreements to contain this disclaimer: “This agreement does not provide comprehensive health insurance coverage. It provides only the health care services specifically described.”

- **Access fee models**

Some practices in Washington offer a variety of amenities in return for an access fee. Most of these providers offer amenities such as “improved” access 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. These amenities are in addition to an underlying health care agreement and can only apply to non-covered services.

- **Discount health plans**

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 or fee-for-service practices**

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 these providers at the out-of-network rate.

2015 direct practice information

Direct practices originally began filing annual statements with the OIC in October 2007. For the current year’s report, the OIC sent the survey to direct practices on July 16, 2015. The survey collects the mandatory information that state law requires, and asks several voluntary questions.

This report compares data from two fiscal years of annual statements:

- July 1, 2013 – June 30, 2014.
- July 1, 2014 – June 30, 2015.

The following chart summarizes data the OIC collected in fiscal year 2015. The direct practices that have reported annual information to the OIC since 2007 are in bold.

Information for prior years is available in previous years' reports, which are posted at <https://www.insurance.wa.gov/about-oic/reports/commissioner-reports/>.

Table 1. Data Summary

Practice Name Location (Bold = Practices that have reported direct practice data to the OIC since 2007)	# of patients FY 2015	# of patients FY 2014	Monthly Fee FY 2015	Monthly Fee FY 2014
Adventist Health Medical Group Walla Walla	24	28	\$49	\$49
Anchor Medical Clinic Mukilteo	157	170	\$99	\$99
Bellevue Medical Partners Bellevue	550	560	\$180	\$175
CARE Medical Associates Bellevue	302	295	\$123	\$120
Charis Family Clinic Edmonds	13	13	\$59	\$55
Coho Medical Group, PLLC Bellevue	32	N/A (this practice is new for 2015)	\$79	N/A (this practice is new for 2015)
Columbia Medical Associates Spokane	103	154	\$40	\$40
Guardian Family Care Mill Creek	251	250	\$90	\$99
Jared Hendler, MD Bainbridge Island	94	99	\$176.75	\$178
Heritage Family Medicine Olympia	20	27	\$57	\$59
Hirsch Center for Integrative Medicine Olympia	7	51	\$150	\$150
Lacamas Medical Group Camas	45	16	\$70	\$65
MD² Bellevue Bellevue	219	220	\$909	\$910
MD² Seattle Seattle	238	232	\$855	\$868

Practice Name Location (Bold = Practices that have reported direct practice data to the OIC since 2007)	# of patients FY 2015	# of patients FY 2014	Monthly Fee FY 2015	Monthly Fee FY 2014
Meditrinalia Naturopathic	0	N/A (this practice is new for 2015)	Blank	N/A (this practice is new for 2015)
O'Connor Family Medicine Spokane	5	11	\$50	\$50
Paladina Health Tacoma, Federal Way, Vancouver	2410	183 total	\$69 for all three clinics	\$61
PeaceHealth Medical Group Vancouver	52	109	\$82.21	\$84
Physicians Immediate Care & Medical Centers North Richland	14	16	\$69	\$67
Providence Medical Group Colville	4	11	\$57	\$57
Qliance Medical Group of WA Seattle, Kent, Bellevue, Tacoma, Lynnwood	1614	1840	\$95	\$95
Quick Clinic Centralia	800	62	\$49	\$50
Redi Medi Clinic	278	N/A (this practice is new for 2015)	\$50	N/A (this practice is new for 2015)
Rockwood Clinic Spokane	72	151	\$45	\$39
Roth Medical Clinic Spokane	10	15	\$25	\$25
Seattle Medical Associates Seattle	2504	2495	\$139	\$120
Seattle Premier Health Seattle	383	303	\$208	\$208
Snoqualmie Ridge Clinic Snoqualmie	205	233	\$30	\$30
Southlake Clinic Renton	300	220	\$200	\$200

Practice Name Location (Bold = Practices that have reported direct practice data to the OIC since 2007)	# of patients FY 2015	# of patients FY 2014	Monthly Fee FY 2015	Monthly Fee FY 2014
Spokane Internal Medicine Spokane	49	63	\$69	\$69
Swedish Family Medicine – Ballard Seattle	96	204	\$55	\$55
Vantage Physicians Olympia	631	616	\$95	\$91
West Seattle Wellness Seattle	0	N/A (this practice is new for 2015)	\$50	N/A (this practice is new for 2015)
Wise Patient Internal Medicine Seattle	22	11	\$50	\$90
	Total number of direct practice patients in 2015: 11,504	Total number of direct practice patients in 2014: 8,658		

Locations

Four new direct practices reported enrollees for fiscal year 2015, increasing the number of direct practices to 33. Direct practices are in the following 12 counties:

Benton:

- Physicians Immediate Care and Medical Centers

Clark:

- Lacamas Medical Group
- PeaceHealth Medical Group

Douglas:

- Redi Medi

King:

- Bellevue Medical Partners
- Care Medical Associates
- Coho Medical Group
- MD²
- Meditrinalia Naturopathic
- Qliance Medical Group
- Seattle Medical Associates
- Snoqualmie Ridge Clinic
- Southlake Clinic
- Swedish Family Medicine – Ballard
- West Seattle Wellness
- Wise Patient Internal Medicine
- Seattle Premier Health

Kitsap:

- Jared Hendler, MD

Lewis:

- Quick Clinic

Pierce:

- Paladina Health

Snohomish:

- Anchor Medical Clinic
- Charis Family Clinic
- Guardian Family Care

Spokane:

- Columbia Medical Associates
- O'Connor Family Medicine
- Rockwood Clinic
- Roth Medical Clinic
- Spokane Internal Medicine

Some of the Spokane clinics have multiple locations and providers. For example, Columbia Medical Associates has more than 30 providers in several locations, and Rockwood has about 110 physicians in six clinics.

Stevens:

- Providence Medical Group

Thurston:

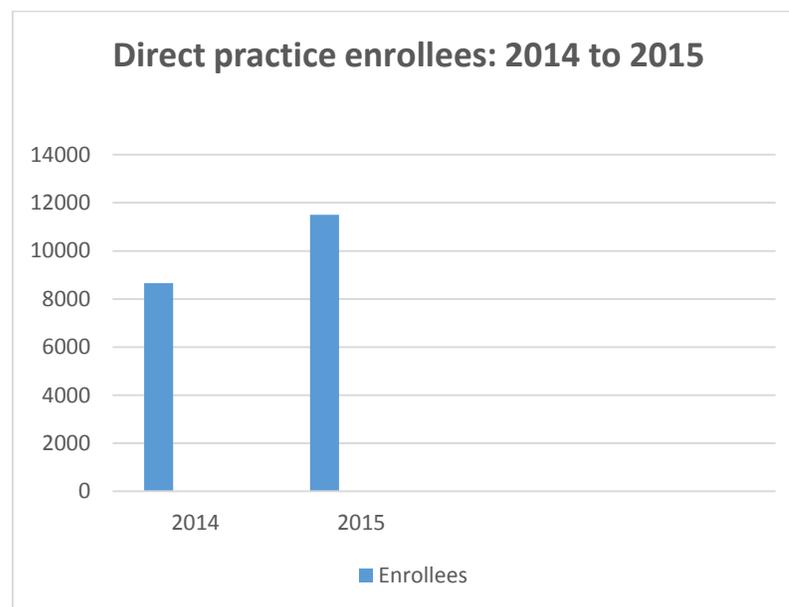
- Heritage Family Medicine
- Hirsch Center for Integrative Medicine
- Vantage Physicians

Walla Walla:

- Adventist Health Medical Group

Participation

- Although enrollment decreased at several direct practice clinics, several clinics increased enrollment in 2015.
 - Two clinics experienced a particularly dramatic increase: Paladina Health grew from 183 patients in 2014 to 2410 patients in 2015, and Quick Clinic grew from 62 patients in 2014 to 800 in 2015.
 - In addition, Redi Medi Clinic, one of the new direct practice providers, has almost 300 patients.
 - There were 8,658 enrollees in fiscal year 2014 and 11,504 enrollees in fiscal year 2015. As a result, the overall direct practice patient participation increased in 2015 by 32 percent or 2,846 enrollees:



- Eighteen clinics reported a total decrease of 667 direct practice patients.
- Eleven clinics reported a total of 3,208 new patients, gaining as few as one patient (Guardian Family Care) up to as many as 2,227 patients (Paladina Health).

- Twenty-two of the direct practices currently participate as in-network providers in a health carrier's network. This is a significant change since 2007, when all direct practices said they performed direct-patient provider primary care exclusively.
- Twenty-eight of these practices reported the percentage of their business that is direct practice.
 - Fifteen practices reported that less than 12 percent of their clients are members of the direct practice. Of these, eight reported that the percentage of their business that is direct practice is less than two percent.

Fees

- Fees at 13 of the direct practices remained the same as last year.
- Nine direct practices increased their monthly fees. Six practices increased their fees by \$5 per month or more, including one practice that increased monthly fees by \$19.
- Seven direct practices decreased their fees, with decreases ranging from as low as \$1 per month to as high as \$40 per month.
- The monthly fees for the new direct practices range from \$50 to \$79 per month.
- Between fiscal years 2014 and 2015, the average monthly fee weighted by the number of patients decreased by 11 percent, from \$150.78 to \$134. At this time, the highest monthly fee is \$909 per month at MD² Bellevue; the lowest is \$25 per month at Roth Medical Clinic in Spokane.

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 reduce emergency room use.

Monthly fees at direct practices vary from \$25 to more than \$900. Most enrollees pay between \$100 and \$200 per month. The OIC does not collect data regarding the affordability of the fees for direct practice patients.

Table 2 provides information about the enrollment in five fee ranges.

A comparison of the annual statement information that the OIC collects shows major growth in fiscal year 2015 for enrollees who pay \$51 to \$75 a month.

One reason for this growth is the dramatic increase in enrollees at Paladina Health, which has clinics in Tacoma, Federal Way and Vancouver and has a \$69 monthly fee. In 2015, the clinic had 2,227 more direct practice patients than in 2014.

Table 2. Changes in practice enrollment, based on monthly fee

Monthly fee	\$ 50 or less	\$51 - \$75	\$76 - \$100	\$101 - \$200	\$201 +
FY 2015 Enrollees	1519	2651	2737	3757	840
FY 2015 Practices	10	10	6	6	3
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 OIC survey asks direct practice clinics if they collect information about patients' other health plans when patients enroll in direct practices. For 2015, 16 of the 33 direct practices said they collect this information. According to these clinics, the number of direct practice patients who are uninsured are:

- Fiscal year 2015: 962 patients, or 8 percent
- Fiscal year 2014: 1,315 patients, or 15 percent

Under state law, direct practices cannot bill carriers for primary care services. As a result, if enrollees have private insurance, it makes sense for patients to have a high-deductible plan in addition to using a direct practice for primary care. For this reason, direct practices often encourage their patients to enroll in high-deductible insurance plans, also called catastrophic plans.

- Fiscal year 2015: 15 direct practices reported 3,385 enrollees who had private (non-Medicare, non-Medicaid) insurance
- Fiscal year 2014: 16 direct practices reported 3,657 enrollees who had private insurance

For fiscal year 2015, 29 percent of direct practice enrollees had private insurance.

Eleven direct practices reported the following Medicare enrollment:

- Fiscal year 2015: 2,521 enrollees or 22 percent
- Fiscal year 2014: 2,193 enrollees or 25 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.

Since then:

- 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 GAO Report 05-929, called “Physician Services: Concierge Care Characteristics and Considerations for Medicare.” At the time, there were 112 “concierge physicians” nationwide who charged 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 provided to patients under direct practice agreements.

Federal health care reform

On March 23, 2010, President Obama 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.

Under the ACA, an exchange cannot offer any health plan that is not a qualified health plan, and each qualified health plan must meet requirement standards and provide an essential benefit package as described in the ACA. Essential health benefits include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision care

Since September 23, 2010, the ACA has required new health plans to eliminate cost-sharing requirements for evidence-based items or services that have an A or B rating from the United States Preventive Services Task Force.

The Exchange bill

In 2012, the Washington Legislature passed E2SHB 2319, “An act relating to furthering state implementation of the health benefit exchange and related provisions of the affordable care act.” This is called “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 ACA, to be offered in the Exchange beginning on 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 in the following areas:

1. How will direct practices operate under the ACA?

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 the ACA, they are not qualified health plans eligible for sale through the Exchange.

The ACA does specify that a “qualified health plan” may provide coverage “through a qualified direct primary care medical home plan.” As a result, a direct practice may contract with a carrier to provide primary care services in a carrier’s qualified health plans.

For fiscal year 2015, only one direct practice, Q’liance, reported that it participates as a network provider for a health insurance plan (Coordinated Care) sold on 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 the ACA affect consumers who have existing direct practice agreements?

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

The Washington Health Benefit Exchange (Exchange) opened in late 2013 and began selling policies that were effective as early as January 1, 2014. Enrollment both inside and outside of the Exchange for the individual market showed a dramatic increase, with approximately 51,000 more health insurance enrollees in 2015 than in 2013.

Consumers who purchase health plans through the Exchange receive the following benefits:

- If they meet income requirements, they're eligible for subsidies or premium tax credits, which are not available outside of the Exchange. It's possible that consumers who receive these financial incentives might cancel their direct practice agreements.
- Exchange health plans must include coverage for the Essential Health Benefits ("EHBs"), including but not limited to preventive services and chronic disease management. If a consumer enters into a direct practice agreement instead of going on a health plan that provides EHBs, the consumer could pay twice as much but only receive from the direct practice provider some primary care, preventive services and chronic disease management services that are also covered by their insurance plan.
- Limitations on maximum out-of-pocket expenses. A maximum out-of-pocket expense is the total amount 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). 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.

3. Nothing in federal health care reform bars direct practice arrangements from operating outside the Exchange.

There appears to still be a market for exclusive direct practices that cater to wealthier consumers and offer more of a concierge model, as well as for consumers who can't buy health care coverage on the Exchange, such as undocumented immigrants. In addition, some consumers simply join direct practices because they like the personal service, so these consumers will likely continue to use direct practices. It is worth noting that the greatest direct practice enrollment decline since 2013 has been in plans that cost \$76-\$100 per month while the greatest enrollment increase has been in plans that cost less than \$50 per month (see Table 2 on page 13).

Recommendations for legislative modifications

Washington is at the forefront of national regulation of direct primary care practices. Although direct primary care practices have not gained significant market share, they have expanded into 12 counties in the state.

The OIC 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 Report 2015

Please provide the following information by clicking on the shaded boxes. You need to answer the questions marked with an * symbol. For all of the data that you report, please calculate 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 Report form.

If you have any questions regarding this survey please contact:

Bianca Stoner
Senior Health Policy Analyst
Office of Insurance Commissioner

Phone: (360) 725-7041

FAX: (360) 586-3109

BiancaS@oic.wa.gov

APPENDIX B: Websites and addresses for direct practices

Bold = Practices that have reported direct practice data to the OIC since 2007

DIRECT PRACTICE ADDRESS	WEBSITE
Adventist Health Medical Group 1111 South 2 nd Avenue Walla Walla, WA 99362	https://www.adventisthealth.org/walla-walla/pages/services/adventist-health-medical-group.aspx
Anchor Medical Clinic 8227 44 th Avenue West, Suite E Mukilteo, WA 98275-2848	http://www.anchormedicalclinic.com/
Bellevue Medical Partners 11711 NE 12 th Street, Suite 2-B Bellevue, WA 98005	http://www.bellevuemedicalpartners.com/
CARE Medical Associates 1407 116 th Avenue NE, Suite 102 Bellevue, WA 98004	http://www.cmadoc.com/
Charis Family Clinic PLLC 23601 Highway 99, Suite A Edmonds, WA 98026	http://charisclinic.com/
Coho Medical Group, PLLC [NEW FOR 2015] 1515 116 th Avenue NE, Suite 201 Bellevue, WA 98004	http://www.cohomedical.com/
Columbia Medical Associates PO Box 2808 Spokane, WA 99220	http://www.columbiaprimarycare.com/
Guardian Family Care, PLLC 805 164 th Street SE, Suite 100 Mill Creek, WA 98102	http://www.guardianfamilycare.net/
Jared Hendler, MD (Formerly Hendler Family Practice) 231 Madison Avenue South Bainbridge Island, WA 98110	http://www.hendlermd.com/
Heritage Family Medicine (Formerly DirectCare) 4001 Harrison Avenue N.W., Suite 101 Olympia, WA 98502	http://www.heritagefamilymedicine.com/
Hirsch Center for Integrative Medicine (Formerly Hirsch Holistic Family Medicine) 3525 Ensign Road NE, Suite N Olympia, WA 98506	http://doctorevan.com/
Lacamas Medical Group 3240 NE 3 rd Avenue Camas, WA 98607	http://www.lacamasmedicalgroup.com/
MD² Bellevue 1135 116 th Avenue N.E., Suite 610	http://www.md2.com/

Bellevue, WA 98004 MD² Seattle 1101 Madison Street, Suite 1501 Seattle, WA 98104	
Meditrinalia Naturopathic [NEW FOR 2015] 1904 3 rd Avenue, Suite 335 Seattle, WA 98101	http://meditrinalia.com/
O'Connor Family Medicine, PLLC 309 East Farwell Road, Suite 204 Spokane, WA 99218	No website
Paladina Health 1250 Pacific Avenue, Suite 110 Tacoma, WA 98402	http://www.paladinahealth.com/individuals/
PeaceHealth Medical Group 16811 SE McGillivray Boulevard Vancouver, WA 98638	https://www.peacehealth.org/
Physicians Immediate Care & Medical Centers 1516 Jadwin Avenue North Richland, WA 99354	http://www.picmc.com/
Providence Medical Group 1200 East Columbia Avenue Colville, WA 99114	http://washington.providence.org/news/press-releases/2013/01/newmg/
Qliance Medical Group 509 Olive Way, Suite 1607 Seattle, WA 98101	http://www.qliance.com/
Quick Clinic 208 Centralia College Boulevard Centralia, WA 98531	http://www.everydayclinic.com/
Redi Medi [NEW FOR 2015] 230 Grant Road, Ste. B-2 East Wenatchee, WA 98802	http://www.redimedclinic.com/
Rockwood Clinic 400 East Fifth Avenue Spokane, WA 99202	http://www.rockwoodclinic.com/
Roth Medical Clinic 220 East Rowan, Suite 200 Spokane, WA 99207	http://rothmedicalclinic.com/
Seattle Medical Associates 1124 Columbia Street, Suite 620 Seattle, WA 98104	http://www.seamedassoc.com/
Seattle Premier Health 1600 East Jefferson Street, Suite 115 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 South, Suite 440 Renton, WA 98055	http://www.southlakeclinic.com/
Spokane Internal Medicine 1215 North McDonald Road, Suite 101 Spokane Valley, WA 99216	http://spokaneinternalmedicine.com/
Swedish Family Medicine – Ballard (formerly Ballard Community Health) 1801 NW Market Street, Suite 403 Seattle, WA 98107	http://www.swedish.org
Vantage Physicians 3703 Ensign Road, Suite 10A Olympia, WA 98506	http://vantagephysicians.net/
West Seattle Wellness [NEW FOR 2015] aka Goodmedclinic 2600 SW Barton Street, Suite A24 Seattle WA 98126	goodmedclinic.com
Wise Patient Internal Medicine 613 19 th Avenue East, Suite 201 Seattle, WA 98112	http://imwisepatient.com/

Bold = Practices that have reported direct practice data to the OIC since 2007

	Do any providers in your practice participate as a network provider in a health carrier's network?	What percentage of your business is direct practice?	Has the practice discontinued any patients?	Has your direct practice declined to accept any patients?	Do you collect information about other types of health coverage that the patient has when they sign the direct practice agreement?	Medicaid	Medicare	Private health insurance	Uninsured / no prior coverage
Adventist Health Medical Group	Yes	Don't know	Blank	Blank	Blank	n/a	n/a	n/a	n/a
Anchor Medical Clinic	No	100%	No	No	Yes	2	96	43	16
Bellevue Medical Partners	No	100%	Yes	No	Yes	0	50%	50%	0
CARE Medical Associates	Yes	80%	No	Yes	No	n/a	n/a	n/a	n/a
Charis Family Clinic	Yes	5%	Yes	No	Yes	0	1	2	8
Coho Medical Group	No	100%	No	Yes	No	n/a	n/a	n/a	n/a
Columbia Medical Associates	Yes	<1	No	No	No	n/a	n/a	n/a	n/a
Guardian Family Care	No	99%	Yes	Yes	Yes	5	60	220	24
Jared Hendler, MD	No	100%	No	No	Yes	1	24	47	22
Heritage Family Medicine	Yes	3%	Yes	No	No	n/a	n/a	n/a	n/a
Hirsch Center for Integrative Medicine	Yes	1.7%	No	No	No	n/a	n/a	n/a	n/a
Lacamas Medical Group	Yes	<1%	Yes	No	Yes	0	0	20	25

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MD²	No	100%	blank	blank	blank	n/a	n/a	n/a	n/a
Meditrinalia Naturopathic	Yes	0%	No	No	Yes, but practice doesn't have any patients	n/a	n/a	n/a	n/a
O'Connor Family Medicine	Yes	>1%	Yes	No	Yes	0	0	1	4
Paladina Health	blank	blank	blank	blank	blank	n/a	n/a	n/a	n/a
PeaceHealth Medical Group	Yes	.03%	Yes	Yes	Yes				52
Physicians Immediate Care and Medical Centers	Yes	Don't know	blank	blank	blank	n/a	n/a	n/a	n/a
Providence Medical Group	Yes	Don't know	blank	blank	blank	n/a	n/a	n/a	n/a
Qliance Medical Group	Yes	6%	Yes	No	Yes	4	272	827	511

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Quick Clinic	No	75%	No	Yes	Yes (but provider didn't fill in numbers for each type of insurance)				
Redi Medi Clinic	No	20%	No	No	No	n/a	n/a	n/a	n/a
Rockwood Clinic	Yes	Don't know	Blank	Blank	No	n/a	n/a	n/a	n/a
Roth Medical Center	Yes	<1%	Yes	Yes	No	n/a	n/a	n/a	n/a
Seattle Medical Associates	No	100%	Yes	Yes	Yes	0	1354	1150	0
Seattle Premier Health	Yes	100%	No	No	Yes	0	119	262	4
Snoqualmie Ridge Clinic	Yes	<5%	Yes	Yes	Yes	0	0	10	195
Southlake Clinic	Yes	Don't know	No	No	Yes	0	130	170	0

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Spokane Internal Medicine	Yes	<1%	No	No	Yes	0	0	5	37
Swedish Family Medicine - Ballard	Yes	<5%	Yes	No	No	n/a	n/a	n/a	n/a
Vantage Physicians	No	100%	Yes	Yes	Yes	46	187	337	61
West Seattle Wellness	Yes	0%	No	No	Yes, but provider doesn't currently have any patients	n/a	n/a	n/a	n/a
Wise Patient Internal Medicine	Yes	1.1%	No	No	Yes	0	3	16	3