

Direct health care practices in Washington

Annual report to the Legislature
December 1, 2018

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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 2018 annual report on direct patient-provider primary care practices analyzes two fiscal years of annual statements:

- **Fiscal year 2017:** July 1, 2016 through June 30, 2017.
- **Fiscal year 2018:** July 1, 2017 through June 30, 2018.

Participation trends in fiscal year 2018

- There were approximately 18,268 direct practice patients out of 7.4 million Washington state residents¹, 0.24 percent of the population.
- Overall patient participation increased 23% to 18,268, from the fiscal year 2017 total of 14,790 patients, an increase of 3,478 patients.
- The number of practices registered with the OIC increased from 40 in 2017 to 41 in 2018.
- Based on the direct practices that completed the OIC survey in 2017 and 2018, fees changed in the following ways:
 - 16 direct practices did not change their fees.
 - Five direct practices decreased fees.
 - 11 direct practices increased fees.

Complaints received: The OIC’s consumer advocacy team did not receive any formal or informal complaints regarding direct patient practices.

¹ As reported by the U.S. Census Bureau

Voluntary data reported by direct practices: While all of the registered practices responded to the mandatory questions, a number of the direct practices did not respond to all of the voluntary questions.² Some said they do not collect this information, and others simply did not respond to the supplementary questions.

Necessary modification to chapter: The survey contains mandatory questions that providers are required to answer and voluntary questions that providers are not required to answer. In most survey years, the providers do not answer the voluntary questions. As a result, it is difficult for the OIC to monitor for compliance with Chapter 48.150 RCW without the relevant information concerning the practices. For example:

- RCW 48.150.020 prohibits discrimination by direct providers. However, the questions that seek information about the possibility of discrimination in practices are voluntary and are most often left blank.
- Additionally, RCW 48.150.050 prohibits direct practices from establishing a direct practice agreement with employers, but the questions directed at ascertaining compliance with this provision are voluntary.

There is no practical means for the OIC to monitor direct practices for compliance with Chapter 48.150 RCW. Therefore, the Insurance Commissioner recommends requiring direct practices to answer all of the annual survey questions.

² See Appendix C for details.

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 engaged in direct patient practices were subject to existing 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, and reserve and filing requirements. As a result, the OIC’s regulatory authority over these practices is extremely limited.

During the 2014 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.

The OIC’s regulatory role over direct practices is limited to registering them and collecting the survey information from them each year, which it submits in a report to the Legislature by December 1.

Annual reports

State law requires direct practices to submit annual statements to the OIC by October 1 that 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 has the authority to tell direct practices how to submit the statements, what format to follow in submitting statements, and what data to include.

The information that the OIC submits to the Legislature must include:

- Participation trends.
- Complaints 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 defines direct practices (RCW 48.150.010) as a provider that:

- 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 predetermined, 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 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, the law still prohibits employers from entering into coverage agreements with direct practices.

Physicians who provide direct care say their practices serve fewer patients than conventional practices, and 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.** 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.

2018 direct practice information

Direct practices have been filing annual statements with the OIC since October 2007. For the 2018 report, the OIC sent the survey to the direct practices in September 2017. 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:

- **Fiscal year 2017:** July 1, 2016 – June 30, 2017
- **Fiscal year 2018:** July 1, 2017 – June 30, 2018

Information for prior years is available [on the OIC's website](#).

Table 1. Data summary

Practice name and location	# of patients	# of patients	Monthly fee FY 2017	Monthly fee FY 2018
Affordable Access/ Part of Snoqualmie Hospital - Snoqualmie	Did not respond to 2017 survey	117	Did not respond to 2017 survey	\$40
Anchor Medical Clinic - Mukilteo	140	150	\$99	\$100
Assurance Healthcare & Counseling Center - Yakima	863	863	\$75	\$75
Bellevue Medical Partners - Bellevue	580	560	\$180	\$185
BlissMD - Seattle	398	369	\$174.30	\$174.30
CARE Medical Associates - Bellevue	295	288	\$122.39	\$123.36
The Charis Clinic - Edmonds	11	3	\$59	\$69
Coho Medical Group - Bellevue	80	105	\$59	\$69
Cosmas Primary Care, P.S. - Tacoma	New in 2018	68	New in 2018	\$82.50
Edmonds Health Clinic - Edmonds	12	27	\$95	\$95
Family Care of Kent - Kent	New in 2017	1500	New in 2017	\$60
Family Care of Spokane - Spokane	New in 2018	165	New in 2018	\$68.55
GoodMed Direct Primary Care - Seattle	196	305	\$55	\$50
Guardian Family Care - Mill Creek	278	255	\$94	\$107.50
Jared Hendler, M.D. - Bainbridge Island	95	89	\$195.11	\$247
Heritage Family Medicine - Olympia	12	Did not respond to survey	62	Did not respond to survey

Practice name and location	# of patients	# of patients	Monthly fee FY 2017	Monthly fee FY 2018
Hudson's Bay Medical Group - Vancouver	9	11	\$60	\$60
Lacamas Medical Group - Camas	118	145	\$70	\$60
Lissa Lubinski MD - Port Angeles	13	124	\$42	\$42
The Manette Clinic - Bremerton	578	587	\$67.46	\$67.46
MD ² Bellevue	198	199	\$1079.67	\$1082.40
MD ² Seattle	233	230	\$942.03	\$955.83
Office of Michael Jackson - University Place	New in 2017	1	New in 2017	\$60
Oodle Family Medicine - Renton	New in 2018	61	New in 2018	\$45
Paladina Health - Federal Way, Puyallup, Tacoma, Vancouver	2779	2209	\$69	\$69
Patient Direct Care - Battle Ground	923	2300	\$75	\$42
PeaceHealth Medical Group - Vancouver	26	27	\$82.33	\$85
Pier View Chiropractic - Normandy Park	206	145	\$95.50	\$95.50
RediMedi Clinic - Wenatchee	460	635	\$50	\$50
Ridgefield Family Medicine - Ridgefield	85	53	\$60	\$60
Seattle Medical Associates - Seattle	3003	3113	\$139	\$137
Seattle Premier Health - Seattle	472	526	\$208	\$208.33
Sound Clinical Medicine - Gig Harbor	0	8	\$60	\$60
Sound Medicine and Wellness - Seattle	New in 2018	50	New in 2018	\$200
Swedish Ballard Family Medicine Clinic - Seattle	46	36	\$55	\$55
Total Care Clinics - Kennewick	30	59	\$60	\$60
True North Health Services - Spokane	4	6	\$65	\$65
Urgent Medical Center - Vancouver	33	10	\$60	\$60
Vantage Physicians - Olympia	734	792	\$95	\$93.40
Vintage Direct Primary Care - Poulsbo	664	907	\$62.63	\$62.63
Washington Park Direct Care - Centralia	960	1032	\$49	\$49
Wise Patient Internal Medicine - Seattle	81	138	\$50	\$100
Total number of patients in all direct practices	14,790	15,813		

Locations

In 2018, 41 direct practices were in business.

- Four direct practices opened and/or began reporting to the OIC:
 - Cosmas Primary Care, P.S.
 - Family Care of Spokane
 - Oodle Family Medicine
 - Sound Medicine and Wellness
- Three clinics reported they no longer provide direct practice services:
 - Donald F. Condon, M.D.
 - O'Connor Family Medicine
 - Salmon Creek Family Practice

Direct practices operate in 12 Washington counties:

Benton

- Total Care Clinics

Clallam

- Lissa Lubinski MD

Clark

- Hudson's Bay Medical Group
- Lacamas Medical Group
- Patient Direct Care
- PeaceHealth Medical Group
- Ridgefield Family Practice
- Urgent Medical Center

Douglas

- RediMedi Clinic

King

- Affordable Access
- Bellevue Medical Partners
- BlissMD
- Care Medical Associates

- Coho Medical Group
- Family Care of Kent
- GoodMed Direct Primary Care
- MD²
- Oodle Family Medicine
- Pier View Chiropractic
- Seattle Medical Associates
- Seattle Premier Health
- Sound Medicine and Wellness
- Swedish Ballard Family Medicine Clinic
- Wise Patient Internal Medicine

Kitsap

- Jared Hendler, MD
- The Manette Clinic
- Vintage Direct Primary Care

Lewis

- Washington Park Direct Care

Pierce

- Office of Michael Jackson
- Paladina Health
- Sound Clinical Medicine
- Cosmas Primary Care, P.S.

Snohomish

- Anchor Medical Clinic
- The Charis Clinic
- Edmonds Health Clinic
- Guardian Family Care

Spokane

- Family Care of Spokane
- True North Health Services

Thurston

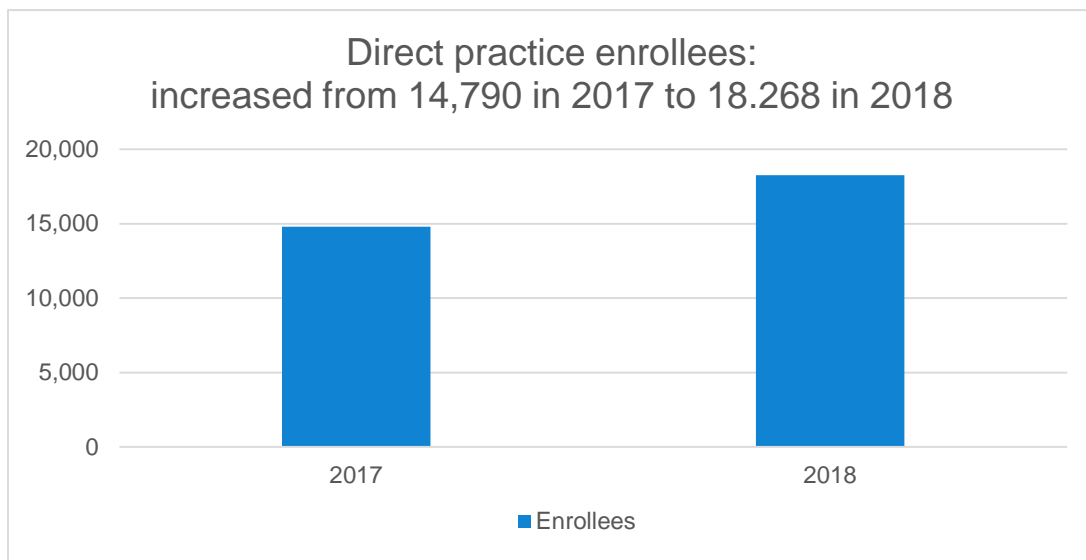
- Heritage Family Medicine
- Vantage Physicians

Yakima

- Assurance Healthcare

Participation in fiscal year 2018

- Enrollment increased at 24 direct practice clinics.
 - There were 14,790 total enrollees in fiscal year 2017 and 18,268 enrollees in fiscal year 2018, an increase of 3,478 enrollees, or 23 percent.
 - One clinic, Patient Direct Care, experienced an enrollment increase of 1,377 patients. It grew from 923 patients in 2017 to 2,300 patients in 2018, a 149 percent increase.
 - Twenty-four clinics reported a total of 3,478 new patients, gaining as few as one patient (Office of Michael Jackson and PeaceHealth Medical) to as many as 1,377 patients (Patient Direct Care).



- Eleven clinics reported a total decrease of 771 patients.
- Nine direct practices voluntarily reported that they participate as in-network providers in a health insurance network in 2018. This is a significant change since 2007, when all direct practices reported that they performed direct-patient provider primary care practices exclusively, and were not included in any health insurance networks.
- Twenty-seven of the practices voluntarily reported the percentage of their business that is direct practice.
 - One practice reported less than 10 percent of its business is direct practice.
 - Four practices reported that less than 5 percent of their business is direct practice.

Fees in fiscal year 2018

- Fees at 16 of the 41 direct practices remained the same as last year.
- Eleven direct practices increased their monthly fees.
 - Seven practices increased their fees by \$5 per month or more.
 - The highest increase was Jared Hendler, M.D., which raised its fees by \$51.89 per month.
- Five direct practices decreased their fees by \$1 to \$20 per month.
- The average monthly fee decreased from \$154.65 in fiscal year 2017 to \$133.43 in fiscal year 2018. Two of the new direct practices for 2018 charge a monthly fee of \$60, and a number of existing practices reduced their fees.
 - The highest monthly fee is \$1,0782.40 at MD² Bellevue.
 - The lowest monthly fee is \$42 at Lissa Lubinski MD and at Patient Direct Care.
- New direct practices' monthly fees range from \$45 (Oodle Family Medicine) to \$200 (Sound Medicine and Wellness).

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 \$42 to over \$1,000.

- Patients at seven direct practices pay between \$100 and \$200 per month.
- Patients at 28 direct practices pay \$100 or less
- Patients at three direct practices pay more than \$200 per month.

The OIC does not collect data regarding the affordability of the fees for direct practice patients.

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 2018 patients	4,574	6,668	1347	4,585	532
FY 2018 practices	4	17	7	5	3
FY 2017 patients	2,556	5,336	1,348	4,554	996
FY 2017 practices	6	18	7	5	3
FY 2016 patients	1511	2581	2167	4151	862
FY 2016 practices	8	8	6	6	2
FY 2015 patients	1519	2651	2737	3757	840
FY 2015 practices	10	10	6	6	3

Direct practices and the insurance market

The OIC survey asks direct practices if they collect information about patients' other health plans when they enroll. For 2018, 20 of the 41 direct practices that responded said they collect this information.

According to the 20 practices that responded, the number of direct practice clients who are uninsured are:

- **Fiscal year 2018:** 317 enrollees, or 1.7 percent.
- **Fiscal year 2017:** 450 enrollees, or 3 percent.

Under state law, direct practices cannot bill insurers for primary care services. As a result, if direct practice patients have private insurance, it makes sense for them to buy a high-deductible health plan, also called a catastrophic plan.

The number of direct practice patients who have private insurance (not Medicare or Medicaid):

- **Fiscal year 2018:** 13 direct practices reported 4,375 patients had private insurance, or 23 percent.
- **Fiscal year 2017:** 13 direct practices reported 5,677 patients had private insurance, or 38 percent.

Thirteen direct practices reported the Medicare enrollment:

- **Fiscal year 2018:** 1,514 patients or 8 percent.
- **Fiscal year 2017:** 2,708 patients or 18 percent.

Thirteen direct practices reported Medicaid enrollment:

- **Fiscal year 2018:** 214 patients or 1 percent.
- **Fiscal year 2017:** 196 patients or 1 percent.

How direct practices evolved

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

Since then:

- The American Medical Association and the American Academy of Family Physicians have 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 [a](#) report 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 state’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), referred to as the Affordable Care Act (ACA). It required the development of health benefit exchanges, beginning in 2015, 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 plan that is not a qualified health plan, and each qualified health plan must meet requirement standards and provide an essential benefit package.

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.

Washington state's Exchange legislation

In 2013, 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, 2015.

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 practices

These statutory provisions raise questions about the direct practice model of care in the following areas:

How do direct practices operate under the ACA?

Direct practices are not insurers and are authorized to offer only primary care services to their patients - 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 an insurer to provide primary care services in a carrier's qualified health plans.

How does the ACA affect consumers who have existing direct practice agreements?

The individual mandate responsibility provision of the ACA requires consumers to purchase health insurance that covers essential health benefits and emergency services. 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 2014 and began selling policies that were effective as early as January 1, 2015. Enrollment inside and outside of the Exchange for the individual market showed a dramatic increase, with approximately 51,000 more health insurance enrollees in 2016 than in 2014.

Consumers who purchase health plans through the Exchange receive numerous 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 cover essential health benefits (EHBs), including but not limited to preventive services and chronic disease management. If a consumer pays a direct practice instead of obtaining a health plan that covers EHBs, the consumer would only receive primary care, preventive services and chronic disease management services, and would have to pay out-of-pocket for any other medical services. Direct practices do not provide access to specialists or emergency care.
- Exchange plans set limits on the maximum out-of-pocket expenses that consumers are responsible for each year. Maximum out-of-pocket expenses include the annual deductible, copayments and coinsurance for high-deductible health plans (HDHP). Premiums do not count toward the maximum. Consumers' costs associated with a direct practice do not count as cost-

sharing expenses for the HDHP. For example, a direct practice provider is not an in-network provider and cannot bill health insurers regulated under chapter 48 RCW for health care services. A consumer would not benefit from direct practice monthly fees counting toward annual maximum out-of-pocket expense limits.

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

There appears to 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 insurance 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 probably still continue to use direct practices.

Recommendations for legislative modifications

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

The OIC's annual survey of direct practices contains mandatory questions that providers are required to answer and voluntary questions that providers are not required to answer. In most survey years, the providers do not answer the voluntary questions. As a result, it is difficult for the OIC to monitor for compliance with Chapter 48.150 RCW without the relevant information concerning the practices. For example:

- RCW 48.150.020 prohibits discrimination by direct providers. However, the questions that seek information about the possibility of discrimination in practices are voluntary and are most often left blank.
- Additionally, RCW 48.150.050 prohibits direct practices from establishing a direct practice agreement with employers, but the questions directed at ascertaining compliance with this provision are voluntary.

There is no practical means for the OIC to monitor direct practices for compliance with Chapter 48.150 RCW. Therefore, the Insurance Commissioner recommends requiring direct practices to answer all survey questions from the Commissioner.

APPENDIX A: Annual survey questions

This year, the OIC replaced its paper survey with an online survey to collect responses from direct practice providers. The questions are provided below.

OFFICE OF THE INSURANCE COMMISSIONER DIRECT PRACTICE ANNUAL SURVEY – 2018
Practice name:
Contact person for this survey:
Practice address:
Names of providers who provide direct practice care:
Name all affiliated or partner direct care providers if you are part of a group of direct care providers:
Total number of patients currently enrolled in your direct practice:
Total number of current direct practice patients who are children:
Total number of current direct practice patients who are adults:
Average monthly fee:
Average annual fee:
Describe all services provided as a part of your direct care agreement:
What is the name and contact information of your person designated to receive and address any patient complaints?

Voluntary questions
Some direct practices use multiple names, so it can be difficult for us to determine which one to use in our annual direct practice report.

If your direct practice uses multiple names, which name do you want our agency to use in our 2018 direct practice report? (To see the name that you asked us to use in 2017, please review the list of direct practices on the OIC website).								
Do any of your clinic's direct practice providers participate as an in-network provider in a health carrier's network?								
What percentage of your business is direct practice?								
If your practice charges more than one fee, what are the differences in the fees and why?								
Are you providing any care to groups of people, such as employer groups as a part of your direct practice?								
Has the practice discontinued any patients?								
If the practice has discontinued patients, how many patients has the direct practice discontinued?								
If your practice has discontinued patients, what is the reason for discontinuation?								
Has the direct practice declined to accept any patients? If yes, how many? If yes, what were the reasons for declining?								
When a new patient signs a direct practice agreement, does your clinic collect information about other health coverage the patient may have?								
If so, how many of your direct practice patients: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Have Medicaid</td> <td style="width: 20%; text-align: center;">_____</td> </tr> <tr> <td>Have Medicare</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Have private health insurance</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Are uninsured</td> <td style="text-align: center;">_____</td> </tr> </table>	Have Medicaid	_____	Have Medicare	_____	Have private health insurance	_____	Are uninsured	_____
Have Medicaid	_____							
Have Medicare	_____							
Have private health insurance	_____							
Are uninsured	_____							

Before you complete the survey, please double-check to make sure you have attached:

The latest copy of your direct practice agreement, including fee structure, disclosure statement, and marketing materials, if applicable.

If you are experiencing difficulties attaching the materials or have any questions, please contact to the Office of the Insurance Commissioner's Policy Division at:

Email: policy@oic.wa.gov / Mail: PO Box 40260 / Olympia, WA 98504-0260 / Fax: (360) 586-3109

APPENDIX B: Direct practices addresses and websites

Direct Practice	Address	Website
Affordable Access	35020 SE Kinsey Street Snoqualmie, WA 98065	http://www.snoqualmiehospital.org/
Anchor Medical Clinic	8227 44 th Avenue West, Suite E Mukilteo, WA 98275-2848	http://www.anchormedicalclinic.com/
Assurance Healthcare & Counseling Center	1020 South 40 th Avenue, Suite A Yakima, WA 98908	http://assurancehealth.org/
Bellevue Medical Partners	11711 NE 12th Street, Suite 2-B Bellevue, WA 98005	http://www.bellevuemedicalpartners.com/
BlissMD	2914 East Madison, Suite 109 Seattle, WA 98112	http://www.blissmd.com/
CARE Medical Associates	1407 116th Avenue NE, Suite 102 Bellevue, WA 98004	http://www.cmadoc.com/
The Charis Clinic	23601 Highway 99, Suite A Edmonds, WA 98026	http://charisclinic.com/
Coho Medical Group	1515 116th Avenue NE, Suite 201 Bellevue, WA 98004	http://www.cohomedical.com/

Direct Practice	Address	Website
Cosmas Primary Care, P.S.	2115 S. 56th St., Ste. 103 Tacoma, WA 98409	http://cosmasprimarycare.com
Edmonds Health Clinic	221 4th Avenue North Edmonds WA 98020	http://edmondshealthclinic.com/
Family Care of Kent	10024 SE 240 th Street Kent, WA 98031	http://familycareofkent.com/
Family Care of Spokane	9631 N Nevada St, Suite 202 Spokane, WA 99218	http://www.doctorcondon.com/
GoodMed Direct Primary Care	6553 California Avenue SW, Suite A Seattle WA 98146	http://goodmedclinic.com/
Guardian Family Care, PLLC	805 164th Street SE, Suite 100 Mill Creek, WA 98102	http://www.guardianfamilycare.net/
Jared Hendler, M.D.	231 Madison Avenue South Bainbridge Island, WA 98110	http://www.hendlermd.com/
Heritage Family Medicine	4001 Harrison Avenue N.W., Suite 101 Olympia, WA 98502	http://www.heritagefamilymedicine.com/
Hudson's Bay Medical Group	100 East 33 rd Street Vancouver, WA 98663	http://hudsonsbaymed.com/
Lacamas Medical Group	3240 NE 3rd Avenue Camas, WA 98607	http://www.lacamasmedicalgroup.com/
Lissa Lubinski MD	816 East 8 th Street Port Angeles, WA 98326	http://www.lissalubinskimd.com/

Direct Practice	Address	Website
The Manette Clinic	1100 Wheaton Way Suite F and G Bremerton WA 98310	http://themanetteclinic.com/
MD² Bellevue	1135 116th Avenue NE., Suite 610 Bellevue, WA 98004	http://www.md2.com/
MD² Seattle	1101 Madison Street, Suite 1501 Seattle, WA 98104	http://www.md2.com/
Office of Michael Jackson	5350 Orchard Street West, Suite 202 University Place, WA 98467	No website
Oodle Familt Medicine	401 Olympia Ave. NE, #305, Box #48 Renton, WA 98056	http://oodlemd.com
Paladina Health	1250 Pacific Avenue, Suite 110 Tacoma, WA 98402	http://www.paladinahealth.com/individuals/
Patient Direct Care	209 East Main Street, Suite 121 Battle Ground, WA 98604	http://www.ptdirectcare.com/
PeaceHealth Medical Group	16811 SE McGillivray Boulevard Vancouver, WA 98638	https://www.peacehealth.org/
Pier View Chiropractic	19987 1 st Avenue South, Suite 102 Normandy Park, WA 98148	https://www.pierviewchiropractic.com/

Direct Practice	Address	Website
RediMedi Clinic	230 Grant Road, Suite B-2 East Wenatchee, WA 98802	http://www.theredimedclinic.com/
Ridgefield Family Medicine	8507 South 5 th Street Ridgefield, WA 98642	http://ridgefieldfamilymedicine.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/
Sound Clinical Medicine	6718 144 th Street NW Gig Harbor, WA 98332	https://www.soundclinicalmedicine.com/
Sound Medicine and Wellness	3216 NE 45th Place Seattle, WA 98105	http://soundmedicineandwellness.com
Swedish Ballard Family Medicine Clinic	1801 NW Market Street, Suite 403 Seattle, WA 98107	http://www.swedish.org
Total Care Clinics	1029 North Kellogg Street Kennewick, WA 99336	https://www.totalcaretricity.com/
True North Health Services	5901 North Lidgerwood Street, Suite 21B Spokane, WA 99208	http://tnhs1.com
Urgent Medical Center	9430 NE Vancouver Mall Drive Vancouver, WA 98662	No website
Vantage Physicians	3703 Ensign Road NE, Suite 10A Olympia, WA 98506	http://vantagephysicians.net/

Direct Practice	Address	Website
Vintage Direct Primary Care	19319 7th Avenue NE, Suite 114 Poulsbo, WA 98370	http://vintagedpc.com/
Washington Park Direct Care	208 Centralia College Boulevard Centralia, WA 98531	http://washingtonpark.md/
Wise Patient Internal Medicine	613 19th Avenue East, Suite 201 Seattle, WA 98112	http://imwisepatient.com/

APPENDIX C: Voluntary information statistics

Entity	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 the practice declined to accept any patients?	When patients sign the direct practice agreement, do you collect information about their	Number of patients who have Medicaid	Number of Patients who have Medicare	Number of patients who have private health insurance	Number of patients who are uninsured/no coverage
Affordable Access	Yes	2%	No	No	Yes	0	0	3	0
Anchor Medical Clinic	No responses provided								
Assurance Counseling and Healthcare LLC	No	100%	Yes	No	No	N/A			
Bellevue Medical Partners	No	100%	Yes	Yes	Yes	0	50	40	10
BlissMD	No	100%	No	Yes	Yes	0	0	0	0
CARE Medical Associates	No	NA	NA	Yes	Yes	0	60	228	0
The Charis Clinic	Yes	1%	No	No	Yes	0	0	0	3

Entity	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 the practice declined to accept any patients?	When patients sign the direct practice agreement, do you collect information about their	Number of patients who have Medicaid	Number of Patients who have Medicare	Number of patients who have private health insurance	Number of patients who are uninsured/no coverage
Coho Medical	Yes	10-20%	Yes	No	NA	NA			
Cosmas Primary Care	Yes	85%	Yes	No	Yes	38	27	3	0
Edmonds Health Clinic	No responses provided								
Family Care of Kent	Yes	1%	No	No	Yes	NA			
Family Care Spokane	Yes	2.5%	Yes	No	No	NA			
GoodMed Direct Primary Care	No	100%	No	No	No	NA			
Guardian Family Care	No	100%	Yes	Yes	Yes	58	12	120	42

Entity	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 the practice declined to accept any patients?	When patients sign the direct practice agreement, do you collect information about their	Number of patients who have Medicaid	Number of Patients who have Medicare	Number of patients who have private health insurance	Number of patients who are uninsured/no coverage
Heritage Family Medicine	No responses provided								
Hudsons Bay Medical Group	No responses provided								
Jared Hendler, M.D.	No	100%	No	Yes	Yes	0	36	44	9
Lacamas Medical	No responses provided								
Lissa Lubinski MD	No	90%	Yes	Yes	Yes	10	22	77	5
Manette Clinic	Yes	60%	Yes	No	Yes	51	398	408	100
MD² Bellevue and MD² Seattle	No	100%	No responses provided						

Entity	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 the practice declined to accept any patients?	When patients sign the direct practice agreement, do you collect information about their	Number of patients who have Medicaid	Number of Patients who have Medicare	Number of patients who have private health insurance	Number of patients who are uninsured/no coverage
Oodle Family Medicine	No	100%	Yes	No	Yes	N/A			
Optimal Health Centers	No responses provided								
Paladina Health	Yes	100%	Yes	Yes	Yes	N/A			
Patient Direct Care	No	100%	Yes	Yes	No	N/A			
PeaceHealth Medical Group	Yes	100%	Yes	Yes	Yes	0	0	5	22
Pier View Chiropractic	No	82%	Yes	No	Yes	NA			
RediMedi Clinic	No	75%	No responses provided						

Entity	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 the practice declined to accept any patients?	When patients sign the direct practice agreement, do you collect information about their	Number of patients who have Medicaid	Number of Patients who have Medicare	Number of patients who have private health insurance	Number of patients who are uninsured/no coverage
Ridgefield Family Medicine	No responses provided								
Seattle Medical Associates	No	100%	NA	No	Yes	0	524	2589	0
Seattle Premier Health	Yes	100%	No	No	Yes	3	180	342	NA
Sound Clinical Medicine	No responses provided								
Sound Medicine and Wellness	No	100%	No	No	No	N/A			

Entity	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 the practice declined to accept any patients?	When patients sign the direct practice agreement, do you collect information about their	Number of patients who have Medicaid	Number of Patients who have Medicare	Number of patients who have private health insurance	Number of patients who are uninsured/no coverage
Swedish Ballard Family Medicine Clinic	No	6%	Yes	Yes	Yes	2	3	2	29
Total Care Clinics	No responses provided								
True North Health Services	No responses provided								
Urgent Medical Center	No responses provided								
Vantage Physicians	No	100%	Yes	Yes	Yes	52	202	519	119
Vintage Direct Primary Care PLLC	No	100%	No responses provided						

Entity	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 the practice declined to accept any patients?	When patients sign the direct practice agreement, do you collect information about their	Number of patients who have Medicaid	Number of Patients who have Medicare	Number of patients who have private health insurance	Number of patients who are uninsured/no coverage
Washington Park Direct Care	No	75%	Yes	Yes	Yes	Unknown			
Wise Patient Internal Medicine	No	No responses provided							