

Changes in the insurance landscape...

There is a lot happening in the world of health care and medical insurance, and as you probably know the general trend of costs is continuing upward at an unsustainable pace. This has created a scramble to find ways to share cost and decrease risk. I (Dr. Biemer) feel strongly that large plans are being forced into tough decisions by spiraling costs, and that some MAJOR changes in the way our country pays for and provides for insurance will be forthcoming. In the meantime, it's likely to be a rocky and ever-changing road.

At the end of 2017, about 10 months ago, we were first alerted that some of the INDIVIDUAL insurers were going to narrow their provider panels substantially and REQUIRE all covered patients to select a primary doctor from within specific health care systems. Frequently these are groups Medical Homes (see this link if you're interested in more detail on the medical home model and why it has gained momentum <http://www.ncsl.org/research/health/the-medical-home-model-of-care.aspx>). By the beginning of 2019, all local individual insurers will follow suit in sending their insured into narrow networks. I.e. those insured by Providence will see Providence care providers, Regence insurance will see OHSU, Moda insurance will see Legacy etc.

In addition, we've heard recently that a limited number of Medicare Advantage plans and commercial plans that we have accepted in the past may make similar changes by narrowing their provider network in return for a lower premium to the patient. Specifically, we are aware of a new Providence EPO option and a Providence Medicare Advantage plan that will limit patients to Providence Medical Homes for primary care.

How this may affect you...

If you are on one of these plans, you will be responsible for 100% of the cost incurred at your visit with our clinic. In some cases, this could also prevent our clinic from making necessary referrals into your network so that specialist care would also be billed directly to you and prohibit us from authorizing necessary tests and services. We currently know this to be true of some Providence plans.

Direct care option

We are considering an alternative payment model so that we can continue to provide you with impeccable care. This would be made available to our patients below Medicare age (65 and under), at this time.

Around the country a number of physicians have moved from "concierge care" to "direct care" or some blend/variation of both. Direct care refers to an arrangement where the patient makes an annual payment directly to the physician (as in a concierge arrangement) but this payment covers all primary care visits that are needed. In our case this would include physical exams, all additional "sick" or follow up visits, and any phone or electronic/virtual visits that might be a more efficient way of taking care of you. Notably, plans that do not allow us to make referrals such as Providence, may not be a good compliment to this option, as our inability to provide in-network specialist referrals could present a barrier to care.

This is a frustrating situation for our clinic as well as for many of our patients and we are committed to guiding you through it to the best of our abilities. We will do our best to continue gathering information about your options and welcome any insight, feedback, or questions. Please do not hesitate to contact us.

Sincerely, Dr. Biemer